

REPORT OF VISIT TO GUNA DISTRICT 27th / 28th FEBRUARY, 2007

OBJECTIVES:

1. To follow up training of skilled birth attendants started in the district in December 2006.
2. Follow up impact of supporting SHC at Fatehgarh (Bamori block) with three staff (one LHV, two ANMs) on institutional deliveries.

PLACES VISITED AND PEOPLE MET:

1. Fatehgarh subcentre – contractual and regular staff, Ayurvedic Medical Officer Dr R B Sharma, Vice-president Fatehgarh Panchayat Mr Mohan, Anganwadi helper, community members.
2. Village Bhagwanpura - family of Mewari.
3. Myana sector PHC – Dr Anil Shukla and LHVs Ms Maya Arunkar, and Annapurna Chaturvedi.
4. District headquarters- Collector Dr. G. K. Saraswat, CMHO I/C Dr Raghuvanshi, Ms Thomas, DPHNO, Ms. Sheila Agnihotri Principal ANMTC. BMOs,
5. District hospital labour room, and patient Rekha referred from Badkheda PHC (Bamori block)

MAIN RESULTS AND CONSTRAINTS / CONCERNS:

- a. Good result of staffing the Fatehgarh subcentre. The team has conducted 90 deliveries in three months from December 2006 to February 2007. The community is appreciative of the centre opening and hardly any home deliveries take place now. This centre is being upgraded to a sector PHC now.
- b. Staff who have undergone the SBA training are more confident in the field and two ANMs who were not conducting deliveries earlier are now doing so. They are also maintaining partographs for women in labour.
- c. Attended the DHS meeting in Guna on 28th. Institutional deliveries are still only around 50% of total deliveries. Maternal death audit findings were presented and discussed. Further analysis needs to be done on socio-cultural factors contributing to maternal deaths.

Concerns:

- d. However, misoprostol is still not supplied to the labour rooms anywhere in the district – the district health authorities hesitate to purchase it as it is expensive. Apparently a letter has just recently been received from the state about procuring this drug locally, so hopefully they will act on this.
- e. At all places visited – SHC, PHC, District hospital labour room – we found Anganwadi workers who had accompanied women in labour. The issue of concern is how the anganwadis are running if many of them are busy bringing women in labour to the hospital.
- f. 10 claims for insurance money in cases of maternal deaths have been submitted; all have been rejected. This needs looking into.

- g. Claim forms sent by the district for Rs. 1000/- for institutional delivery have been rejected by the company on various grounds like the forms being submitted late etc. the district has spent Rs. 500,000/- for which its claims have not been settled.

DETAILS OF THE FIELD VISIT

Visit to Fatehgarh Subcentre, Bamori block 27th February, 2007.

This subcentre is located on the border with Rajasthan, and is 1.5 hours away from Guna across very bad roads. The block headquarters hospital is at Bamori, one hour away by road. The SC was staffed by a single ANM who conducted 2-3 deliveries per month, mainly because she was busy with outreach activities. There is an Ayurvedic dispensary located next to the subcentre, and the medical officer Dr Sharma has been there for over 20 years.

In November UNICEF agreed to support the salaries of two ANMs, an LHV and a sweeper at the Fatehgarh subcentre, to enable deliveries to be conducted there on a regular basis. Equipment and drugs were provided by the district. The retired LHV Ms Komalvalli lives in Fatehgarh village; and the two ANMs currently live in the room which is the lab for the DOTS programme but was not being used.

Data from the subcentre is as follows:

DELIVERY DETAILS AT FATEHGARH SUBCENTRE – DEC 06 TO FEB 07.

	OPD	DELIVERY	REFERRED	STILL BIRTH
DEC 06	27	24	3	1
JAN 07	35	32	3	1
FEB 07	42	35	2	1
TOTAL	104	91	8	3



The team at Fatehgarh subcentre: ANM (regular) Ms. Parvati Chauksey, retired LHV Ms Komalvalli, fresh graduate ANMs Ms Kamala Keni and Ms Niranjana Parihar. Also seen is the AWW of the village. This is the entrance to the Ayurvedic dispensary in which one room is the postnatal ward



Postnatals at the Fatehgarh subcentre, both delivered on the night of 26th February.



Foundation for the labour room behind the ayurvedic dispensary



Road from Fatehgarh to Guna

The subcentre has now been designated to be upgraded to a sector PHC, and the foundations for a regular labour room have already been dug. Plans for the PHC are being finalized and construction will begin soon.

All three of the contractual staff have undergone SBA training at Guna district hospital, and are using partographs. However, as there is no supply of misoprostol, they continue to use methergine in post-partum women.

The AYUSH dispensary where the postnatal women stay has also been providing medicines to postnatal women to increase lactation and to prevent PPH.

The community at Fatehgarh is glad that this centre is now available 24 hours a day for deliveries : they otherwise had to go to Bamori or Guna, and many had home deliveries by a TBA. We visited the neighbouring village of Bhagwanpura and met Mewari, w/o Kanhaialal. She delivered at the Fatehgarh centre one week ago, on 21st February, and was taken there by tractor. Baby and mother are fine though the mother is quite anaemic. The family expressed satisfaction with the services provided by the delivery facility.

Visit to Myana sector PHC, Bhadora Block 28th February.

PHC converted into a Basic Emergency Obstetric Care centre (BEmOC) from March 2006, when a medical officer Dr Anil Shukla was posted there. Two LHV's Ms Maya Arunkar and Ms Annapurna Chaturvedi, were also posted here. In the past 11 months, they have conducted 540 deliveries. Before this, the deliveries were conducted in the subcentre nearby, about 10-12 per month. Now deliveries are upto 50-70 per month.

PHC is clean, there were three postnatals in the ward. Women in labour are accompanied by AWW, anganwadi helper, or ASHA. Women stay for three postnatal days to avail the JSY benefit. Cases are rarely referred to Guna – like women with retained placenta, or abnormal presentation.

One of the LHV's has undergone SBA training and has been maintaining partographs for women in labour. However, this centre, too, does not use misoprostol post-partum.

Oxygen cylinder available, but no stand has been provided, so it is not used. List of emergency drugs provided by the state, does not include inj. Magnesium sulphate. It also has some non-essential drugs, and the list needs review. Out of the 17 items listed as essential, the PHC has seven.

No warmer available, but budgeted to be procured in the next financial year. ILR/ freezer unit has been ordered. However, most ANMs live in Guna and prefer to collect vaccine from there, rather than come to this sector PHC for the vaccines.

Dr Shukla informed us that two maternal deaths from their sector had taken place in the district hospital – insurance claims for both had been rejected.



Team at Myana sector PHC, carried out 540 deliveries in 11 months, after starting in April 2006.

Visit to District Hospital labour room and wards, 28th February, 2007

Visited the labour room at 1 pm. One broken BP apparatus available. Four labour tables have recently been equipped with mattresses from SBA training funds. Otherwise women were delivering on the rusted surface of the tables. Buckets have also been provided at each labour table now. Warmer and newborn weighing machine are now available in the labour room. The room is clean and well-lit.



Labour room at Guna district hospital with labour table, warmer and newborn weighing scale.

One woman Rekha w/o Kamalprasad, primi, had been referred the previous day from Bishanbada PHC with pre-eclampsia. The referral slip only says BP 160/110, refer to Guna. She delivered at 3.30 am, and in the chart no BP is recorded till 9 am the next morning – 130 /90 mm Hg. She has been prescribed frusemide and diazepam for the swelling in the feet, and the high BP. Baby is low birth weight, borderline preterm, at 2 kg. We found her with difficulty in a corner room, with no special attention given to her or her baby. No paediatrician had been informed about the LBW baby; nor were any instructions written to monitor the mothers' BP. The quality of care at the district hospital leaves much to be desired.

The ANMTC principal Ms. Agnihotri and DPHN Ms Thomas, take most of the theory classes for the trainees for SBA. Proper BP instruments are available for training, but not for use in the LR.

DHS meeting

Chaired by the Collector Dr. Saraswat. Information on the catch-up rounds of immunization was presented, as well as the pulse polio rounds in November 06, January 07 and February 07. Proportion of false Ps has reduced since the last set of rounds, though in some blocks very few houses were verified by the supervisors.

Maternal death audit information was also shared and discussed, though more analysis on socio-cultural factors needs to be done.

The collector reviewed the status of institutional deliveries and regretted that the district is still at only around 50% of institutional deliveries. He appreciated the work being done

at Myana PHC and at Fatehgarh SC. One more SC at Markiamahu is being proposed to be upgraded to sector PHC, and three ANMs are being posted there to start institutional delivery facilities.

The Collector urged the medical officers to use the untied RCH funds given to all of them to provide maximum services to the patients.

- ramani, 2nd march 2007