Trip Report of High Priority Districts of Purnea & Araria on 16th -18th December , 2013.

1.Facilities Visited:

Name of the district	Name of the Facility	Type of Facility
Purnea	1. APHC, Gaddighat	L1
Purnea	2. Referral Hospital, Rupauli	L2-24X7 PHC
Purnea	3. District Hospital	L3-DH
Araria	4.District Hospital	L3-DH
Araria	5. SDH Forbesganj	L3-FRU

2. Meetings Attended:

i. ANM Tuesday Meeting at Referral Hospital Rupauli, Purnea.

ii. IMNCI training for CDPOs and Lady Supervisors by UNICEF.

iii. Meeting with CS, Purnea, DS, District Hospital Purnea and SDH, Forbesganj.

Issues & Gaps identified in L_1 level Facilities

1. Under utilization of services available in APHC: The APHC at Gaddighat in Purnea district is a fully operationalized L1 level facility. It has one Medical Officer(AYUSH), one Grade-A Nurse, one ANM, One Grade-IV employee in position. The additional PHC is giving 24X7 delivery services to the community. The ANM is staying in APHC building. The **APHC caters a population of 40,000.** The **OPD attendance (16 per day) and number of deliveries conducted (10 per month)** are not as per expectation (100 deliveries per month). **The team is not working as a unit.**

2. No NBCC in Labour room: As per GoI norm every facility with a delivery point should have a New Born Care Corner which is lacking at APHC, Gaddighat, Purnea.

3. Infrastructure Gaps (Less number of indoor beds): The APHC should have 6 beds. Though the facility has enough rooms to accommodate 6 beds, only 2 beds are in place.

4.Skill Gaps (Infection Prevention & Control practices): The infection control practices by care providers need to be improved.

Issues and Gaps identified in L2 level Facilities

1. Poor Infrastructure: The facility building of Referral Hospital, Rupauli in Purnea is old and not maintained properly. They either need complete renovation of this building or construction of a new building to run Referral Hospital as per norms and guidelines.

2. FRU services: Though the facility at Rupauli is declared to be a FRU level facility, it is not providing CEmONC level services.

3. Labour Room: Every labour room nurse working in RH, Rupauli is trained on SBA. But they need to improve their skills in infection control practices.

4. HR gaps: Being a referral Hospital, the facility does not have a full time Obstetrician and Paediatrician.

5. NBSU: Being a referral Hospital the facility doesn't have a functional New Born Stabilization Unit.

6. Blood Transfusion Services: Being a Referral Hospital the facility doesn't have blood transfusion services.

7. Skill gaps: 1.Though the ANMs are SBA trained they hesitate to manage complications like Eclampsia in the absence of Medical Officers before referral to higher level facility. **Even they know how to administer Magnesium Sulphate to women in eclampsia but don't administer until the on-duty Doctor recommends to do so. For management of complications the nurses need to be more clinically empowered by on-duty Doctors.**

2. The care providers including Medical Officers and Nurses need to adopt better infection control practices.

8. Outreach Issues:

1. Home Delivery: The outreaches ANMs are actively conducting home deliveries in Rupauli block. The ANMs need to be trained on Skilled Birth Attendance. Only 6 outreach ANMs out of 36(16%) are SBA trained.

2. Outreach ANMs need more orientation and sensitization on data entry and data utilization.

3. Antenatal Care examination by outreach ANMs are not happening.

Issues and Gaps identified in L_3 level Facilities

1. DH Purnea: The district hospital in Purnea is delivering services to the people of entire district and 4 neighboring districts(Madhepura, Kishanganj, Katihar and Araria) as a L_3 facility. **They are providing CEmONC services including C-Section to complicated delivery, Blood Transfusion and Sick New Born Care services. Their SCNU is under construction. They are going to run a new separate OT exclusively for C-section.**

ii. HR gaps: Though providing surgical services to people of 5 districts, the DH in purnea doesn't have required OT trained nurses.

iii. Blood Transfusion Services: A fully functional blood bank is running inside premises of DH, Purnea. This is catering the need of 5 districts. Taking need of 5 districts into consideration this blood bank requires a **Blood Component Separator.**

iv. Skill Gaps: The nurses working in labour room, OT, SCNU **need skill based training on management of Maternal Complications, Sick New Born Care and OT Procedures.**

2.DH Araria:

i.HR Gaps: The district hospital Araria, doesn't have full time Obstetrician and Paediatrician. Though they have a huge load of deliveries and an OT, they refer the complicated cases to District Hospital,

Purnea. **Even in the absence of a Paediatrician they are running their NBSU with help of Grade-A nurses.**

Skill Gaps: i. The nurses working in labour room, OT, NBSU **need skill based training on management of Maternal Complications, Sick New Born Care and OT Procedures.**

ii. Blood Transfusion Services: Though they have a blood storage unit, it is sometimes become impossible for them to supply required group of blood to surgical cases.

3.SDH Forbesganj:

i. HR Gaps: Even absence of Obstetrician, the surgeon in SDH, Forbesganj with the help of other 2 Lady MBBS doctors they are providing C-Section services.

ii. Blood Transfusion Services: The SDH has a functional Blood Storage Unit but it is not working 24X7.

iii. Infrastructure Gaps: (a)The facility needs renovation of their labour room as per technical norms and guidelines.

(b) Their OT needs renovation as per OT Procedures.

Suggestion:

1. Blood Banks should be established and Functional in every District Hospitals which will facilitate C-Section services.

2. Initiatives should be taken to ensure and operate Blood Storage Unit at each FRU/Referral Hospital/SDH/DH Hospital of Bihar.

3. Initiatives should be taken to ensure and operate NBSU at each FRU/Referral Hospital/SDH in state of Bihar.

4. More Obstetricians and Paediatricians should be recruited and placed at L_3 level facilities on priority basis.

5. The CEMoNC services like C-Section provided by the Doctors and Nurses at L_3 should be incentivized in order to boost their efforts in patient care.

6. Local Obstetricians and Paediatricians could be hired to provide CEmONC services at L_3 level facilities.