7

Recommendations

7.1 Recommendations for overcoming shortage of Staff.

In order to implement a successful programme throughout the state and to scale up the programme, Many steps need to be taken. The important steps that can be taken are selecting motivated trainees, implementing teh training as it was designed, improving support for trainees, and ensuring suitable staff and infrastructure for trainees at their respective facilities before they return from training

- In order to fill in the gap for shortage of specialist Staff, the postings of the specialist staff needs to be streamlined. All the trained CEmOC and LSAS who are posted in non FRU centers should be posted in FRU centers where there non availability of staff.

- Whenever the specialist staffs are moved to or re-deployed at another FRU center, it is recommended that his/ her new posting should be done at centers nearby and convenient to the specialists’ current FRU center. It should also be ensured that once a specialist is posted at any FRU, he/she should not be moved to another location or should not be sent for other trainings at least for three years. In case of exceptional reasons, a NOC should be obtained by the department of health prior to moving out of any FRU by a specialist.

- Obtaining “Surgeon Sahyog” or assistance from General surgeons who are available in adequate numbers at both FRUs and Non-FRU centers for performing CEmOC services by providing them with trainings on CEmOC skills. This way a General surgeon can act as a back-up or even compensate for the non-availability of the specialist staff.

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• By having proper utilizations of skilled manpower or right persons at right place, FRU which have been non functional or partially functional due to lack of specialist staff can be made fully functional and their facilities and be imparted to a full extent.

7.2 Recommendations for Blood Supply at FRUs:

Based on the comprehensive analysis of the State’s Blood Storage Units, a few recommendations are drawn as mentioned below:

• On priority basis 3 Blood Storage Units (CHC-Anjar from Kutch Dist., CHCs-Manavadar & Keshod from Junagadh Dist.) which needs renewal from FDCA for their BSU functioning, should immediately apply for their license renewal.

• As per the GSCBT and PIU information, since 2008 onwards Rs.4.0 Lakhs per BSU has not been released by PIU to GSCBT from Rs. 10 Lakhs per BSU. Thus, PIU should be requested to release the pending amount to GSCBT. Furthermore GSCBT can work towards to procurement issues with the help of CMSO department.

• As per the MOH&FW guideline for State FRU, one of the mandatory components is to have Blood Storage facility at FRU. Out of 109 designated Blood Storage Units from the State, 78 BSUs are FRU centers (i.e. 73CHCs, 2DHs & 3SDHs), whereas the total number of State FRUs (CHC) are 96. Among the remaining 23 (96-73) FRU-CHCs, which were not earlier designated to have BSU facility can be now designated to have Blood Storage Units by the State.

• As per the State PIU data, 43 centers work has not been started (construction/renovation/installation). Thus these 23 (CHC-FRUs) can be replaced by the earlier designated non FRU centers.

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• Preference can be given to FRU centers where PIU work is pending or not started, thereby more number of FRU-CHCs Blood Storage Units can obtain FDCA license for having BSU.

7.3 Recommendations for increasing Institutional deliveries

FRUs are contributing to a large extent in improving the health of mothers and new born babies by providing the necessary emergency health services. However the village people, especially the women can be benefited only when they reach the FRU centers and opt for Institutional deliveries, Many women still opt for home deliveries due reasons such as misbelieve, unable to access a FRU center and complete un awareness about the benefits of FRUs. Hence the following methods can be adopted to increase the Institutional deliveries and thereby bringing down the maternal mortality rate.

• Increasing ANC visits will offer a window of opportunity to advice women on institutional delivery.

• By strengthening or improving major health promotional components, eg. Incentives to ASHA for per institutional delivery and early ANC, ANC & PNC visits for women, effective implication of RSBY for tribal and BPL women, JSY & Chiranjeevi Yojana.

• By effective implementation of “Kasturba Poshan Sahay Yojna”.

• Focusing on the Below Poverty Line Women - Implementation in rural areas.

• Allowing choice to BPL women -Public and private Choice
• Counsel to encourage women who have undergone Institutional Deliveries to increase awareness within their community.

• By Strengthening Public Health transport (Ambulances like EMRI-108, BLS, ACLS, MHU, MMU, Hospital Vehicles of PHC/CHC) and Local transport (by Panchayat Raj initiative).

• By Strengthening Communication content: An important focus of message should be increasing the perception of risk associated with home delivery among all stakeholders. Delivery preparedness is an important component that needs to be emphasized by ASHA. As final decision-makers on place of delivery, focused audience-specific messages should be designed and disseminated through different media channels.

• By Segmentation of audience: At the macro level, the major audience segmentation could be families living in smaller and remote villages / isolated hamlets that are generally inhabited by poor and less educated persons; these audiences can be reached mainly by radio, including community “Bhavais/Natak/Radio”. The use of mid-media such as wall paintings, posters and leaflets may also be effective.

• By Segmentation of families by place of previous delivery: Families follow past practices for delivery women whose previous delivery was at home again and hence need focused attention and encouragement to motivate them to shift from home to the institution for their next delivery.

• By providing SBA training to AYUSH doctors and incorporating them for performing Normal deliveries at these institutions.
- State has 29,635 ASHAs, making one ASHA available per 1000 population. These ASHAs will counsel women with their EDD for promoting Institutional delivery. Thereby the community Health facilities eg. Sub-Centre, PHC, 24X7 PHC, CHC and further Sub-District Hospital / District Hospital (nearby community First Referral Unit) can be well prepared before-hand.

- Beneficiaries and Community health service providers along with ASHA can share the EDD details through Text Message under E-mamta programme thereby increasing the institutional delivery.

7.4 Recommendation for Birth waiting Homes (Mamata Ghar)

Peripartum and early Post Partum period are very vulnerable in respect to Maternal & Child Health. Women from interior habitations are unable to reach nearest health facility if any emergency can occurred during this period due to Geographical and Socio-economical hindrance. Many studies have shown that delay in seeking care especially in tribal areas is major contributing factor in Maternal & Infant Mortality.

To prevent Maternal & Infant Deaths it is essential that Women from interior habitations can reach the PHCs before the expected date of delivery so as to prevent complications of delayed labour and unsafe delivery.

Birth Waiting Home (Mamta Ghar) concept is proposed to establish a mechanism to provide a place with basic amenities to Women and her attendant.
Initially 10 Mamta Ghar are proposed in high delivery load CHCs/PHCs in tribal districts.

Develop facilities for 10 persons (5 beneficiaries & 5 attendants) per site in identified CHCs/PHCs wherein the women can timely avail service of safe institutional delivery.

Sites are selected looking to the need to improve indicators including institutional delivery, MMR and IMR, available space in CHC/PHC, etc.

Funding for providing capital expenditure and funds for security, housekeeping and diet for mother and one attendant for is proposed.

Gynecologist/Medical Officer daily monitor progress of pregnant women stayed in Mamta Ghar.
• Services of self help groups will be taken for outsourcing these services to the extent possible. Some basic orientation of these attendants will be done for mother and child care

• IEC activity will also be undertaken for strengthening child care and nutrition practices at home once discharged from the facility.

• Even home delivered beneficiaries will be admitted to the facility if willing. For this advocacy efforts will be taken up with local tribal religious leaders.