



DR. M. L. DHAWALE MEMORIAL
HOMOEOPATHIC INSTITUTE

**SMT MALINI KISHORE SANGHVI HOSPITAL & EDUCATION
COMPLEX**

KARJAN

DIST- VADODARA

GUJARAT

REPORT

OF

***“INTEGRATED HEALTH CARE DELIVERY SYSTEM IN MOTHER & CHILD
CARE SECTOR BY SUPPLEMENTARY HOMOEOPATHIC INTERVENTION”***

November-2008 to December-2010



SMT. MALINI KISHORE SANGHVI HOSPITAL & EDUCATIONAL COMPLEX

KARJAN, DIST- VADODARA

NAME OF PROJECT: Integrated Health care delivery system in Mother and child Sector by Supplementary Homoeopathic Intervention.

Brief overview of project proposal

a. Main Objectives –

1. To effectively use the Preventive, promotive and curative properties of the Homoeopathic system of Medicine in effecting Mother and Child Services in the community
2. To orient & train the Community in the Concept of Holistic Health Care through Homoeopathy.
3. To develop & train a cadre of (Homoeopathic) Community Health Volunteers (CHVs) from the Community who will lead the programme in terms of its priorities, direction and also participate in planning and evaluation.
4. To reduce the nutrition related illnesses of women from the adolescent age till reproductive age, with the help of a judicious combination of advise on hygiene, healthy and affordable nutritional dietary supplements and Constitutional Homoeopathic Medicines.
5. To reduce the IMR and MMR of the area with timely interventions.
6. To reduce the severity of malnutrition in vulnerable children through timely detection and treatment.
7. To reduce the number and spread of seasonal epidemics prevalent in the area with appropriate public health measures and homoeopathic medicines
8. To build a team comprising of the various health functionaries – CHV, MPW, MO, and to network with the existing PHC / Sub centre staff including doctors of the allopathic stream, ANM, Aanganwadi staff for effecting health delivery.
9. To serve as a Community Health Care Model for AYUSH especially Homoeopathic Institutions in the country.

b. Duration:

Three years

c. Location:

Karjan Taluka, Dist. Vadodra Guarat State.

d. Unique aspects of the project:

- This is the first time Homeopathy is taking steps on a larger scale (at taluka level) and participating in community health with a unique purpose of mainstreaming AYUSH (homeopathy).
- This is the first time that Homoeopathy will be used in Mother and Child Care at the taluka level.
- This is the first time that a Homoeopathic NGO is partnering with state government and sharing common resources like Arogya mitra, Anganwadi workers, & PHC level staff and material resources under a unique MOU with Gujarat state government.
- This is the first time MPW (link workers) are being created who will be oriented to Holistic health care.
- This is the first time medical social workers are being introduced in community health at the taluka level.

The objective has been of spreading awareness of homoeopathy and to provide services by addressing to the health issues of mother and child segment as a part of National Campaign of Healthy mother and Happy child initiated by the Dept of AYUSH, MoHFW, and GOI. The Project tenure is for 3 years. [2009- 2012]

e. Expected Outcomes:

The following will be the expected outcomes at the end of **three years**:

- Improving ANC visit by 60% from current state.
- Improving Immunization 50% from current state.
- Reduction in the anemia of pregnancy to 20% from the current state.
- Reduction of IMR 30% from the current state.
- Reduction of MMR by 50%
- Improving institutional deliveries by 20% from current state.

f. Date of Approval by Ayush:

Institute has received Fund of Rs. 1 crore on 19th November 2008. Thereafter as per process stated in proposal, the Institute has started with the recruitment of the Field Staff and Professional Staff.

The Institute has signed an MoU with Govt. of Gujarat on 23rd December 2008 to avoid duplication with the Govt. on common tasks and functions The government provided manpower to assist the effort.

g. Methodology:-

- Done through the Medico-Social model.
- Applying effectively the Preventive, Promotive and Curative mode of Homoeopathic system of Medicine in Mother and Child Health Services.
- Orienting & training the Community in the Concept of Holistic Health Care through Homoeopathy.
- Reducing the nutrition related illnesses of women from the adolescent age till reproductive age, with the help of a judicious combination of advice on hygiene

and healthy, affordable nutritional dietary supplements and Constitutional Homoeopathic Medicines.

- Bringing about awareness and behavior change in the community through Professional Social Workers and specially trained AYUSH Swasthya Karyakar [ASKs] under the Project.

Activities undertaken:

a. Before Approval:

A primary information survey was conducted in June 2008, the base for the same was rooted in different small studies carried out in the past by the organization. The information survey was focused on finding out the health and hygiene aspects of women and children with socio-cultural aspects for diet, delivery of the child and also to have the actual status of institutional delivery of women in villages of Karjan Taluka.

b. After approval:

1. Signed an MOU with Gujarat government and participation in Vibrant Gujarat:
 - Exhibition to display importance given by center & state government to AYUSH & homeopathy specifically in public health.
2. Creating Project Office near the Hospital complex:
3. Selection of Project staff viz. Medical Social Workers & Homeopathic Doctors
 - It is done through proper advertisement & by experts from both fields.
 - 2 doctors & 3 social workers have enrolled for the project at the outset.
4. Recruitment Procedure for Multi purpose workers (MPW):
 - Process from 5th December 2008. Advertisements are being done in villages. It is being conducted in 2 ways:
 - a) Propagation through posters.
 - b) Meeting with the key persons who would in turn inform the villagers about the employment opportunity.
 - All Applications were written giving their motives of joining, interest in health service, skills of communication and preparedness for Training was tested through written test, tasks & interviews.
 - 33 MPWs from the taluka are subjected to training.
5. Training program of MPW:
 - Modules were derived from Arogya mitra program of YCMOU Maharashtra.
 - Skills of medical, social & communication was imparted in different sessions.
 - Information & Knowledge about government Health system has been imparted.
 - Field demonstration is done on survey format.
6. Survey: Was devised after study of WHO format.
7. Village level meetings cover the following points .
 - Health and hygiene during the months of pregnancy (including nutrition) and myths associated with it.
 - Pre-natal and post-natal care.

- Importance of institutional deliveries.
 - Hazards of delivery at homes.
 - Importance of breast feeding and myths associated with it.
8. CBC & USG camp for pregnant woman: on 25th to 27th February.
 - Total 101 Patient covered from 4 PHCs. New USG machine & gynecologist did impressive work & could detect high risk pregnancy
 9. Meeting with Talatis in the presence of Mamlatdar: on 5th January 2009. The main objective for the meeting was to share fact that institute is entering in to the project which requires village level support along with “Arogya Mitra” contribution
 10. Sensitizing medical staff at PHC level in role of homeopathic intervention in mother and child health.

PHC, AYUSH doctors are briefed about project and shown enthusiasm for working for the objective. They are looking forward for training as well to utilize homeopathic kit available at PHC. They are eagerly waiting for former order from authority to get involved completely.

All the above activities have been undertaken with the following human resource (Exclusively for M & C Project)

Table 1: Manpower in the PHI Project at Karjan

Sr No	Man Power	Number
1	Project Coordinator	2
2	Consultant Gynecologist	1
3	Consultant Pediatrician	1
4	Homoeopathic Consultants	2
5	AYUSH Medical Officers	5 (1 for each PHC)
6	Social Workers	5(1 for Each PHC)
7	AYUSH Swasthya Karyakars	40 (1 per 3000 to 4000 Population)
8	Nurse	1
9	Pathology Lab Technician	1
10	Multi-Purpose Workers	4
12	Data Operator	1
13	Accountant	1

c. Interventions:

These have been as follows:

1. Clinical
2. Community Mobilization activity
3. Training to field workers, social workers and Medical Officers
4. Camps

Details of each of the above interventions are being given below.

1. Clinical

The project is to reach across a population of 1, 42,000 population [except Karjan Town] of the Karjan block of Dist Vadodara having about 93 villages. According to Government statistics there are a total of 3958 (approx) pregnant women in Karjan rural. We have targeted 3875 pregnant women in 2009-2010 through AYUSH Swasthya Karyakar (ASK). Our AYUSH Medical Officers have screened 2697 pregnant women and 1597 have taken homoeopathic treatment. 1100 pregnant women were counseled and advised diet with the help of social workers & ASK.

Table 2: Record of Mothers and Children seen and treated in the Project

Sr No	Activities undertaken on Mamta divas, Field & In the hospital	Total no. of Patients from April 2009 to May 2010	Update from June-10 to December-2010
1	Approximately pregnant woman in Karjan Rural	4036	3990
2	Registered ANC/PNC Women by ASK*	2518	1357
3	Total Ante-natal women screened by Medical Officer	1736	961
4	ANC /PNC women treated-By Medical Officer	1001	596
5	Total Children (0-5 Years) screened by Medical Officer	809	819
6	Children treated by Medical Officer	692	741
7	Blood & urine Investigated ANC by Lab technician	1680	991
8	Hospital deliveries (MKSH & EC-KARJAN)	189	121
9	ANC investigated USG by Gynecologist	467	235

Outcome:-

1. We have targeted 98% beneficiaries through ASK, 68% through AYUSH Medical Officers and 40% were treated for pregnancy related complaints through Homoeopathy.
2. Those antenatal women who had taken Homoeopathic treatment during pregnancy had not faced any complication during delivery as well as post-natal. Out of these, only 2% women have faced complications in the post-natal period like post-natal psychosis, anemia, post-partum hemorrhage, etc.

3. In those cases where Iron Folic Acid [IFA] tablets were producing side effects and pt. had discontinued the IFA, we have prescribed Ferrum Phos-6x. 90% of these patients showed clinical improvement.
4. The sample study reveals that earlier the average Hb % was **9.26 gm%** (101 ANC women covered in camp of Feb-2009) and now the Hb% is **10.32 gm%** (Camp-May-2010 in Rarod & Handod PHC-322 Ante-natal & Post-natal and according to December-2010 camp of Hb in 2 PHC (Handod & Rarod- 156 ANC), the average Hb % is **10.77 gm%**. This shows a gradual but steady improvement in the state of Anemia in the Community.

Table 3: State of Anemia discovered in ANC Camps

Date	Place	No. of ANC women Investigated for Hb in Camp	Average of Hb
February, 2009	MKS Hospital	101	9.26
May 2010	Rarod & Handod PHC	322	10.32
Dec 2010 & January 2011	Rarod & Handod PHC	156	10.77

Table 4: Status of Anemia in Karjan Block

Total No. of Investigated ANC-HB (2009-2010)- 2573

Year	No. of women Investigated ANC- Hb	No. of women ANC (<10 gm%)	%
2009	776	465	60
2010	1797	828	46
Total	2573	1293	Reduction by 14%

Conclusion: - Karjan block consist of 5 PHCs and 93 villages. The number of mothers investigated during ANC has increased by 43%. The reduction of Anemia has occurred by 14% in Karjan Block.

5. Identification of High risk Pregnancies through Blood & Urine investigation has helped us save the lives of Mothers & Children through proper co-ordination with Higher/tertiary centers like Sir Sayajirao General Hospital, Vadodara.

Table 5: High risk pregnancies detected and transferred to Higher centres

HIV 1 & 2	4
HbsAG (Viral Hepatitis)	18

6. Mamta Day attendance by AYUSH Swasthya Karyakar, AYUSH Doctor and social worker has effectively helped in Counseling regarding utilizations of various government schemes such as Chiranjivi Yojana, Immunization, Institutional Delivery, etc. It also helps to identify the high risk cases through properly organized Man power and their activities on Mamta Day.
7. Below mentioned are Homoeopathic Medicines that have proved very effective in community for mothers in their ANC or PNC associated clinical conditions prevailing in the area:

Table 6: Clinical conditions and Homoeopathic Remedies in ANC-PNC women

Sr No	Clinical condition	No. of patients	Name of Medicine
1	Backache	46	Rhus Tox, Kali Carb
2	Hyper emesis Gravidarum	107	Ars.Alb, Ipecac, Nux Vomica, Phos.
3	URTI	97	Merc Sol, Ars.Alb, Kali carb, Puls
4	Constipation	18	Nux Vom, Alumina
5	Heartburn	9	Nux Vom, Ars. Alb,
6	Agalactorrhea	6	Lac Can. Lac Def, Nat.Mur
7	Poor IFA Consumption & Anemia	802	Ferrum Phos-6x, & Constitutional Medicine.
8	Other	121	Prescribed Constitutional Medicine
9	UTI	28	Pulsatilla, Cantharides
10	Leucorrhoea	49	Pulsatilla, Sepia

8. Below are the clinical conditions in children seen and the medicines prescribed.

Table 7: Clinical conditions seen by Medical Officer and medicines in children

Sr No	Name of Disease	No. of Pts	Name of Medicine
1	Common cold	148	Ars.Alb, Kali Carb, Hep.Sulph, Puls
2	URTI	163	Ars.Alb, Kali Carb, Hep.Sulph, Puls
3	Impetigo	21	Merc.Sol, Sulphur
4	CSOM	14	Hep.Sulph, Merc.sol
5	Acute GE	64	Ars.Alb, Phos
6	Boils	78	Hep.Sulph, Merc.sol, Sulphur
7	Failure to Thrive	18	Cal. Phos, Cal. Carb
8	Dermatitis	23	Sulphur, Rhus tox, Merc Sol
9	Dentition Diarrhea	15	Ars.Alb, Aeth.Cyn, Cal. Carb, Cal. Phos
10	Scabies	13	Sulphur, Merc Sol
11	Viral Fever	22	Ars.Alb, Rhus Tox

12	MRCP	4	Cal. Phos, Cal. Carb
13	Other	92	Prescribed Constitutional Medicine

9. Follow up management

a. Follow ups have been taken once in a month by doctors in the field as well as at the hospital.

b. In between doctor's visit, follow up is taken by ASK and doctor / social workers are informed by Mobile phones [CUG]. As a result all patients are monitored by Medical officers.

c. Social workers also take follow ups of high risk patients and inform the consultant / Medical officers. They also do the necessary counseling to the beneficiary and their family members.

d. Difficulties for Maintaining Follow up

1. Many a times patient goes to her Mother's place as a cultural norm for delivery. Hence it is difficult to Investigate or do Physical check up of the Pt.

2. Poor Transport facility from villages to the hospital.

3. Weather related i.e. rainy season- when villages get cut off from the main roads.

2. Community Mobilization Activity

Various activities are intended to bring a change in the Community behavioral patterns at large so that awareness about Health in general & Pregnancy related issues in particular increases within the community. These are mentioned below:

Table 8: Nature of Community Intervention undertaken

Sr No	Name of Activities	No. of activities
1	ANC meeting	77 Villages
2	Health competition	8
3	Rally	24
4	Exhibition	5
5	Movie show	26
6	Night Meetings	14
7	Sibir	13

3. Training

The ASK workers are empowered through effective training programs. They are proving to be very competent & efficient in the field of Mother & Child-Care.

- Workers are trained in basic knowledge of Normal Pregnancy, knowledge of Diet & Nutrition with Hygiene.
- Training imparted in measurement of clinical parameters like P/BP/Temp/FHS/Apgar score
- Workers are trained in noting normal & abnormal parameters in cases of Pregnancy & Children.
- Workers trained with basic knowledge of Homoeopathy and its basic Principles.
- As a result of this they are able to take primary homoeopathic screening of pregnant mothers, PNC and Children.

Table 9: Training days for various categories of project Personnel

Training	No. of training days
A S K	66
Medical Social Worker	40
AYUSH Medical Doctor	48

After intensive training of ASK, periodic evaluation tests were taken. These tests include theory as well as Viva voce & Practical evaluation Method. Till now, 2 Exams have been conducted of ASK.

4. Camps

The following Camps were held through the period.

- a. CBC (Hb) & USG camp for pregnant woman: on 25th to 27th February 2009. Total 101 Patients were covered from 4 PHCs.
- b. Demonstration & distribution of Nutritional Kit to 100 pregnant mothers.
- c. Hb detection camp in the field was held through May-2010. 322 ANC / PNC women were targeted.
- d. Hb detection Camps were organized in the field in December-10 and January -11 where total 156 ANC women were examined.
- e. Neonatal & Pediatric disease diagnostic camp was organized in August-2010. Approximately 230 children took treatment (Homoeopathic & Allopathic) without cost.
- f. 6 Blood donation camps were organized to help anemic antenatal woman in crucial situations needing Blood transfusion. More than 180 Units of blood were collected.
- g. Documentation
 - We have created Data Base Management System to measure progress of M & C Project.
 - Format of monitoring system for Team as well as Target group to fulfill the goals of Project.

FINAL OUTCOME AT END OF 2 YEARS

[In terms of Objectives specified in MoU]

1. Objective:- Improving ANC visit by 60% of current status.

Observation:- Data collected In the Pre project survey, it showed that 51% of pregnant female attended to 3 ANC visits during their pregnancy. The observation at the end of 2 years was that 79% of pregnant females have attended to 3 ANC visits during their ANC.

Conclusion:- The ANC visits by Pregnant woman has improved over the desired outcome.

2. Objective:- Improving Immunization by 50% from Current status.

Observation:- – it showed that 47.5% was the data obtained from secondary sources other than pre project survey). It was observed that at the end of 2 years, 98% of children were immunized.

Conclusion:- The Immunization to children has improved over the desired outcome.

3. Objective:- Reduction in the anemia of pregnancy by 20% from current status.

Observation:- Data collected from the Secondary sources, other than pre project survey showed 49.5% pregnant female were anemic. The observation at the end of 2 years was that we have been able to reduce upto 46%.

Conclusion:- There has been a change in the reduction in the anemic status by about 8 % in prevalence of anemia in pregnancy. It should be also noted that the data of anemic status in pregnancy is now more realistic for better evaluation in coming year.

4. Objective:- Reduction of IMR 30% from current status

Observation:- In the pre project survey, it was observed that IMR was 66. The observation at the end of 2 year was that the IMR is 31.35.

Conclusion:- As per the above observation, the IMR has reduced substantially.

5. Objective:- Reduction of MMR by 50%

Observation;- Data from secondary survey it showed that 2.53 was MMR. At the end of 2 year we have been able to reach till 1.57.

Conclusion:- So, the MMR has substantially improved.

6. Objective:- Improving institutional deliveries by 20% from current state.

Observation:- Data from Pre-project survey showed institutional deliveries were 62.80%. At the end of 2 year, these are 85%.

Conclusion:- The rate of institutional deliveries has improved.

CONCLUSION

This has been a unique effort launched jointly by the Department of Family Welfare, GOG and Smt. Malini Kishore Sanghvi Hospital and educational Complex under an MOU signed for the purpose. We have received financial assistance from the Department of AYUSH in a sensitive area of Mother and Child Care in the Community through Homoeopathy.

The MOU has enabled us and the District Health system to synergize our efforts and avoid duplication. Thus, the project when completed and the lessons compiled, carry the potential to be replicated in other parts of the country in similar partnerships. We hope to continue and complete the project as envisaged by the Project proposal.

Abbreviation

ASK:- Ayush Swasthya Karyakar
AGE:- Acute Gastro Enteritis
Ars. Alb.:- Arsenicum Album
Alum.- Alumina
ANC:- Ante-natal care
BP:- Blood Pressure
CHV:- Community Health Volunteers
CSOM:- Chronic Suppurative Otitis Media
FHS:- Fetal Heart Sound
GoG:- Government of Gujarat
GoI:- Government of India
Hb:- Hemoglobin
IFA:- Iron folic Acid
IMR:- Infant Mortality Rate
Ipecac:- Ipecacuanha
Kali Carb:- Kali Carbonicum
Lac Can:- Lac caninum
Lac Def.:- Lac Defloratum
MMR:- Maternal Mortality Rate
Merc. Sol:- Mercurius Solubilis
MSW:- Medical Social Worker
MPW:- Multi Purpose Worker
MO:- Medical Officer
MRCP:- Mental Retardation with Cerebral Palsy
Nat. Mur:- Natrum Muriaticum
Nux. Vom.:- Nux Vomica
P:- Pulse
PHC:- Primary Health Centre
PNC:- Post-natal Care
Puls:- Pulsatilla Nigricans
Rhus Tox:- Rhus Toxicodendron
Sumeru:- Smt. Malini Kishore Sanghvi Hospital-Karjan
URTI:- Upper Respiratory Tract Infection
UTI:- Urinary Tract Infection
YCMOU:- Yashwant Rao Chavan Maharashtra Open University.