

# 1975 – PMD – 2017

*(42 Years of Rural Development Service in 150 Villages)*

Regn. No. 19/75, (IT 10-A, Regn.No.U/S. 12-A) FCRA No.076010021

## **MATERNITY HEALTH CENTRE**

### **MHC – QUARTERLY REPORT**

(Period: From 1<sup>st</sup> July 2017 to 30<sup>th</sup> September 2017)

Project Incharge : **Dr.A.Arokiasamy**, President - PMD

Project Administrator: **Mr.A.Anbarasu**, DPC – PMD

MHC – Official Incharge: **Dr.Annie Mary Aruna**, M.B.B.S., D.C.H.,

#### **Our History**

PMD was founded by the first generation Dalit Graduates of our area in 1973 and it was registered under the Societies Registration Act in 1975, under the Foreign Contribution Regulation Act in 1985 and exempted from Income Tax Under 12-A. Approved NGO by TamilNadu Women Development Corporation (TNCDW Lt.,)

#### **Main Focus on**

- Rural Agricultural Development – Environment
- Women Development – Empowerment.
- Empowerment through Education.
- Provision of Home for Homeless – Legal Aid
- Skill Training – Total Sanitation – Health Education
- Milk Co-op for Rural Women – Income Generation.
- Human Rights – Women Rights – Dalit Rights.
- Medical Camp – Mobile Medical service
- MHC – Maternal Health Care – Anaiyeri.
- Micro credit program through NABFINS
- Health and Total Sanitation



#### **Our Objectives**

- Enabling Socio economic development of rural poor and fulfillment of basic needs
- Unifying the divided and scattered forces in villages towards sustainable development

- Ensuring people's role and participation in social change and development
- Promoting reasoning power and bargaining power among people with sustainable development and empowerment
- Capacitating them to fight for their rights and Social Justice
- Making them masters of their own destiny through income generation
- Bringing peace and Religious harmony in the villages
- Provide Health Education and preventive medicines with Total Sanitation
- Promoting of Rural Education and Education Empowerment
- Look after the Welfare of the Aged and Rural Children
- Look after the pre and post natal care for rural poor pregnant women and Lactating mothers and train and thus to stop infant mortality and also to create Local Midwives.

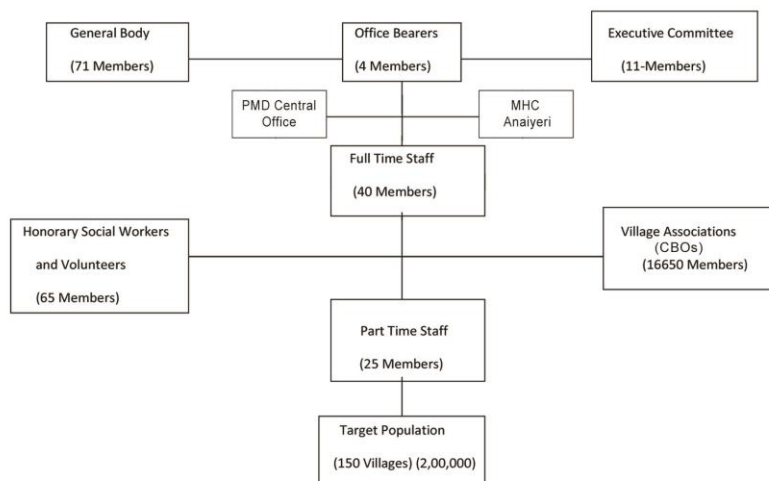
#### **Legal Status and contacts: Established in 1975 (42-years)**

- Registered with – District Registrar of Society – Under the Society, Reg.No.19/75  
- Home Ministry – Delhi – obtained FCRA No. 076010021  
- ITO – 10-A, Registration U/S, 12A
- PMD is one of the Approved NGOs – by TNCDW Ltd. To implement Women Development Programme.
- Regular and Upto date in submission of all returns till date to the State and Central Govt. of India.

We help farmers to adapt to new methods to increase yield, enable every child in school and build skills in women to become entrepreneurs in 150 villages and provision of medical care for pregnant women and Lactation mothers in Villupuram district in Tamil Nadu INDIA.

#### **PMD Organogram**

(42 – Years of Rural Development Service)



### 3-MONTHS -ACTIVITIES IMPLEMENTED THROUGH MHC – ANAIYERI

S:No:	ACTIVITIES	NUMBERS
1	Ultra Sound scan	48
2	MHC(ANC) Check-ups	243
3	Deliveries	3
4	Postnatal-Home visit	177
5	Village visits	41
6	School visits& Children Health Class	12
7	Training &Yoga class	28
8	Referred cases	9
9	Nurses Training	14
10	Staff Meetings	14
11	Advertising MHC activities	42
12	SHG Meetings	39
13	SHG Trainings	39
14	<b>Total Deliveries so far</b>	<b>127</b>

#### ULTRA SOUND SCAN & CHECKUPS:

A total of “48” Ultra sound scan and “243”checkups were conducted in MHC for pregnant women. After the check-ups& ultra sound scan the pregnant women will be given the report of the check-ups. For anomaly scans and further consultations the pregnant women are sent to Dr.Gowri (Gynaecologist) and to private scan centres. The ultra sound scan report contains the following,

- The presentation of the baby in the womb
- Level of amniotic fluid
- Location of placenta
- Umbilical cord
- Cardiac activity
- Urine bladder presentation
- Stomach and



- h. The estimated foetal weight.

**The check-ups for the pregnant women includes**



- a. Blood test to find the haemoglobin(Hb) level
- b. Blood pressure(BP)
- c. Urine test
- d. Weight of the pregnant women
- e. Cardiotocography(CTG) test and
- f. Height of the pregnant women etc;
- g. Anomaly scan report

**DELIVERIES:**

So far “127” deliveries have been conducted in MHC till date. All deliveries conducted were normal deliveries and good health care was given to the new born babies and to the delivered mothers. The delivered mothers were given good hygienic food and comfortable accommodation during their stay in MHC.

In this quarter a total of “3” deliveries was conducted in MHC. The delivered women were from “Kanakankupam” village, “Ananthapuram” village and from “Varikal” village. After delivery the PMD-MHC nurses take the new-born baby to the “Ananthapuram-Primary Health Centre(PHC)” or to “The Government Hospital-Gingee” for “Hepatitis-B” vaccination and “Oral Polio” vaccine. “Vitamin-K injection” is given for the new born baby in MHC itself.



**PRE-NATAL HOME VISIT:**



MHC staffs goes to prenatal home visits. They go to homes of the pregnant women to villages who had been for checkups previously in MHC. During the prenatal visit the MHC staffs check the BP level, Hb level, urine test, fundal palpation tests etc; for the pregnant women. They also discuss to the women about her health issues and respond to the questions and doubts of the pregnant women.



The MHC staffs also advice and explain about the nutrition food intake for the good growth of the baby and the mother. The parents and also the husband of the pregnant women will be explained about the good health care to be given to the pregnant women. The pregnant women were also advised to take an “Anomaly” scan at the 5<sup>th</sup> month of pregnancy to know about the growth of body parts of the baby inside the womb. Eg: spina bifida, hydrocealus, meningomyocele, etc..;

#### **POST-NATAL HOME VISIT:**

After the delivery postnatal home visits are made. The physical examination is done for the delivered mother during the visit. These check-ups include the BP level, body temperature, examining the suture done part, breast check-ups etc; later the weight, temperature, skin colour, sucking reflex, bowel & bladder system of the new born baby is examined and all the details of the examination is noted in the postnatal check-up report for identifying the differences during the next home visit. In some cases pregnant women who had delivered in PHC's or in any other private hospitals come to MHC for postnatal check-up's and even home visits are also made for them as per their request.



#### **VILLAGE VISITS:**



MHC staffs go to village visits to check the pregnant women and postnatal women and also meet the SHG members. The SHG women of PMD & staffs of PMD play a vital role in organising these village visits. Even the pregnant women who come for checkups in MHC and also the women who had delivered in MHC arrange for village visits. The pregnant women are met in a common place and

the MHC staffs brief them about the MHC facilities & services for the pregnant women and also give them the pamphlet of MHC with MHC contact number. Then the pregnant women are explained about the health issues during the pregnancy and the remedies to overcome it, food intake during pregnancy and to come to MHC for frequent checkups and for a safer delivery. The pregnant women are then checked one by one with BP, Hb, abdominal examinations etc; those women who have very low haemoglobin (Hb) levels are given Iron syrup or tablets to boost up their Hb levels for the good growth of the baby and for safer delivery. All women (1-3 months pregnant) “first trimester” are given “folic acid” tablets to avoid congenital abnormalities.



Above 28 weeks the pregnant women are given “albendazole” tablet (400mg) for “deworming”(to kill worms in the stomach) purpose. Other than pregnant women older people and many men also prefer to check their blood pressure (BP) levels. The staffs check them and also guide them to seek immediate medical attention if any of them are found to have very high or very low blood pressure levels. Villages which were covered in this quarter are Melarungonam ( 3 times), Kosapalayam, Konakuttai, Mathur ( 3 times), Pulivandhi ( 2 times), Karai (3 times), Thatchampatu, Pudhur, Sangitamangalam ( 3 times), Varikal ( 5 times), Kalyanampoondi ( 3 times), Siruvallikuppam (2 times), Mullore, Mataparai, Ottampattu, Kavarai, Panamalai, Mavatambadi, Nangatoor ( 2 times), Ananthapuram ( 2 times), Muttathoor, Kallery and Salavanoor villages.

### **HEALTH TRAINING & YOGA:**



Prenatal & postnatal women are being given health training & taught Yoga class. Topics on pregnancy care, postnatal care are taught in the training. The vaccination & immunizations for the new born babies and for pregnant and delivered mothers are briefed in the training session. They are also explained about the various government schemes available and implemented by the TamilNadu government for women.

Yoga exercises namely “Nadhisudhana-breathing exercise”, “Cow-cat exercise-relief for back & leg pain” and “Vrikshana-exercise for pelvic bones” and postnatal exercises etc; are taught in the yoga class. The women are also taught about the “XX” & “XY” chromosomes which are responsible for the sex (male/female) of the baby inside the womb. After the yoga class the women are provided tea, biscuits and fruits (bananas), sometimes even lunch are provided and then dropped back to their respective homes by MHC car.

### **REFEREED CASES:**

In case of any pregnant women who are unable to deliver in a normal process or, if the heartbeat of the baby in the womb is not even or, if the baby position is not in normal way or, if the pregnant women needs to be done an caesarean section or any other complications during delivery or if the delivered patient needs specialsewtcher(perennial tear) the MHC staffs refer the patient immediately with due care at once to the nearby Government Hospital or to private multi-speciality hospitals for further medical attention by MHC ambulance. Home visits are also done to these patients after their discharge from the government hospital.



### **SPECIAL CARE & REFERRED:**

#### **1. Mrs.Sandhya- Anaieri Village:**



Mrs.Sandhya a pregnant patient from Anaierivillage came to our MHC with preterm contraction. The nurses referred her to “JIPMER-Hospital-Pondicherry” by MHC Ambulance for further management.

### **GENERAL TREATMENT & EMERGENCY CASES:**

S.No:	NATURE OF TREATMENT	No: OF CASES
1	Snake Bites	1
2	Scorpion & other poison insect bites	4
3	Dog bites	0
4	Emergency patients given first aid & referred to Government hospital	2



For snake bite cases patients are given first aid and then referred to government hospitals. Some people met with minor accident come to MHC for swtcher and bandage of their wounds. Children with first degree burns are also given treatment. Patients with diabetics and with diabetic wounds are coming to MHC for treatment and for medical consultation.

### **CLASS & TRAINING FOR NURSES**

Dr.Soundharajan conducts training sessions for the nurses. When any German midwives like Mrs.Danielaor Dr.Horter Weber from Germany arrive to MHC they also conduct trainings to the nurses. The nurses also discuss with themselves about any special case patients history or about the emergency situation during deliveries and infant care. The training session also includes audio/video





presentations about complicated deliveries and how deliveries are being conducted in different countries in a simple and healthy way. Exams are also conducted for Indian nurses to test their knowledge and to improve their skills for conducting a safer delivery. The nurses also share their own views of the medical process and also give their suggestions on how to improve the MHC medical activities.

#### **HEALTH AWARENESS CLASS & NUTRITION CLASS FOR SCHOOL CHILDREN:**



Surrounding MHC-Anaiyeri there are many primary and secondary schools. All these schools are situated in rural villages where many children from many different rural villages are studying in these schools. Children in villages are very vulnerable to diseases and they face many health issues. Considering this in mind the German midwives, nurses and PMD management discussed and decided to conduct “Health Awareness class” for these schools. In this quarter schools which were covered are “Primary School-Varikal(2 times)”, “Primary School-Pulivandhi (2 times), and “Government High School-Anaiyeri(3 times)” “Primary School-Ananthapuram ( 4 times) and “Primary School-Tiruvadikonam” . The topics which were covered during the health class for school children are nutrition, types and uses of vitamins, first aid, stay healthy. In the topic nutrition foods which are important for body growth, bone growth and mental growth were explained to the children. Fruits and vegetables which contain vitamins A,B,C, and food which contain protein, carbohydrates and fat were also taught to them. First Aid class on fire burns, drowning, dehydration, giddiness, sunstroke, accident, excessive bleeding, CPR(Cardio Pulmonary Resuscitation) process, animal bites, snake bites and scorpion bites, insect bites etc., were explained. For staying a normal healthy life the children were taught about brushing teeth twice a day, taking bath daily, wearing clean clothes, eating healthy food, eating more vegetables, drinking more clean water, washing hands and ways of



washing hands with soap, playing and physical exercise, going to sleep early and waking up. To overcome dehydration during summer children, were explained and demonstrated about the ORS(Oral Dehydration Solution)i.e. consuming a clean glass of water with salt and sugar. Adolescent and Teenage girls are taught about the menstruation cycle process and also about the puberty changes and hygienic usage of sanitary napkins and proper disposal of the sanitary napkins.

### **STAFF MEETINGS**

Dr.Soundharajan, Dr.Annie and Mr.Anbarasu conduct meetings with the MHC nurses every Saturdays. In the meeting different issues are discussed for the better functioning of MHC. Dr.Annie and Dr.Soundharajan share about the deliveries and share their medical experiences and recent developments and technology used in medical and maternity field. Dr.Annie shares the medical information's and medical experiences which she learnt from the medical trainings and also narrates the type of treatment and medication given to some emergency case babies which she underwent recently. All final decisions regarding the development of MHC are made as a group in the meetings to avoid misunderstandings and for a smooth functioning of MHC.



### **ADVERTISING MHC ACTIVITIES:**



PMD has taken several steps to exhibit MHC activities and its facilities through

- a. Publishing about MHC facilities, free cost services & activities in local newspapers, TV channel
- b. Printing bit notice and handing it to people in public places like bus stands, villages, etc;
- c. Formal meetings with SHG's and informing them about MHC and through many other ways.
- d. Bills and Notices issued during home visits and village visits

- e. Digital banner with pictures of deliveries and checkups have been displayed outside MHC to attract public to know activities of MHC

#### **SHG MEETINGS& TRAININGS:**



The SHG meetings was organised by the PMD staffs were the nurses met the SHG leaders and members and discussed about the facilities of MHC and also health awareness class and trainings were given to them on maternity care, communicable and non-communicable diseases. The SHG members are especially taught about the XY chromosomes and about prevention of breast cancer and breast cancer self examination.

#### **Special Request :** (Reminder)

As the **Santro Car has become very old** and creating problems with repetition of repair works etc., we are in **dire need of a New Car**. We have already placed our request in this regard also. Kindly consider our request for the New Car and do the needful at the earliest.

#### **ACTIVITIESPLANNED FOR NEXT QUARTER:**

- a. To cover other nearby government and government aided schools under school visits
- b. Encourage SHG members to act as supportive team to promote accessibility with MHC.
- c. To cover up more pregnant women in villages other than PMD project area
- d. To promote accessibility with MHC to get quality treatment in the reedy hour on free of Cost.

- e. To provide timely help and medical care with direction to have the safest delivery for the poor rural women in interior villages in the needy hour immediately.
- f. Availability of Ambulance service on Alert for 24-Hours on free of cost.
- g. Construction of individual Toilets at home and maximum utilization of Health and Sanitation program.

**A.Anbarasu,**  
DPC - PMD  
MHC – Anaiyeri

**Dr.A.Arokiasamy**  
President – PMD  
Mangalapuram

Date: 4<sup>th</sup> October 2017

**CC to:** - Mr.LotharKleipas (ILD)-Dr.Wolfgang Donne(PIRAPPU), Mrs.EdithEhmer (AVG).