

Report on Kurigram field visit	
Date of Report-	23/11/2017
Travel dates-	13/11/2017 to 16/11/2017
Place visited-	<ol style="list-style-type: none"> 1. Kurigram district hospital 2. Fulbari UHC 3. Nageshwari UHC 4. Rowmari UHC 5. Ulipur UHC
Purpose of travel-	For appraisal of EMEN status in 5 facilities by using the checklist along with standards tools.
Persons met-	<ul style="list-style-type: none"> • Civil surgeon • Supernatant of District hospital, Kurigram • UH&FPOs • RMOs • Medical officers • Nurses • Counselors
Brief description of key findings on EMEN standard	<p>Standard 1</p> <ul style="list-style-type: none"> • Nurses at ANC/PNC room was keeping record as per new EMEN register. In UHC nurses face challenge to record anemia or level of hemoglobin because it need blood taste and this pathological test is not free, so most of the pregnant mothers are not interested to do this. • District hospital and all UHCs has waiting space with basic needs of clients, except Fulbari UHC don't have any drinking water facility in ANC area. • Available privacy screen is present in all facilities. <p>Standard 2</p> <ul style="list-style-type: none"> • It was really appreciated that maternal ward were keeping record as per new EMEN register and filling up partograph for eligible delivery patients. • All women received oxytocin within 1 min of delivery and record it on register book. Except Rowmari UHC all other facilities has oxytocin supply right now. • Newborns received immediate newborn care and early Brest feeding within 10 to 50 minutes as per record.

	<p>Standard 3</p> <ul style="list-style-type: none"> Only cesarean delivery mothers stayed more than 24 hrs in the facility, otherwise if there is no complication most of the normal delivery patients take self-discharge within 6 to 12 hours as per their record. Danger signs identification for maternal and neonatal they use admission form, EMEN register book don't have specific row for danger sign. <p>Standard 4</p> <ul style="list-style-type: none"> Suggestion boxes are present but not functioning. The patient in district hospital said they informed about their options and they chose their own, In case of cesarean delivery they have complication or at first they try at home. All UHCs only have normal delivery facility. <p>Standard 5</p> <ul style="list-style-type: none"> In District hospital and Nageswari UHC QIC and WITs conduct their meeting regularly and maintain regular meeting minutes. There is some irregularities in Fulbari, Ulipur and Rowmari UHCs meeting. <p>Standard 6</p> <ul style="list-style-type: none"> Overall cleanliness of all facility was good and external and internal signage for direction in District hospital, Fulbari UHC and Ulipur is good. Fulbari UHC take some new idea for more visible direction. Adequate waste bins was not available in all facilities, especially in District hospital. Waste disposable was not done as per SOP. They recommended a training on waste disposable. <p>Standard 7</p> <ul style="list-style-type: none"> Almost 75% stuffs are trained on 5s and 50% on MNH by formal or local training. <p>Standard 8</p> <ul style="list-style-type: none"> In District hospitals maternal ward some essential drugs are not available, patients bought from outside if needed. Except Rowmari UHC all other UHCs had available drug supply. In Rowmari Oxytocin was out of stock. <p>Standard 9</p> <ul style="list-style-type: none"> Complete record keeping was done by all facilities. MPDSR initiated in facility- MPDSR sub committees was formed in all facility. District hospital, Nageswari UHC and Rowmari UHC were conducted meeting on MPDSR in last three month and take some action plan.
--	---

	Standard 10 <ul style="list-style-type: none"> Meeting with community representatives in last 6 months- Only Nageshwary UCH did a meeting.
Recommendations	<ul style="list-style-type: none"> SCANU of District hospital need to give especial focus on attendance control and parents counseling. Ensure essential drugs for every mother and child. Some of the facilities have only one bed in ANC/PNC corner, it make waiting time longer. Increase number of sitting arrangement in facilities to manage overcrowd in patients ward. Regular monitoring for QIC and WIT activities and there action plans. Monitoring for MPDSR activities and data upload. Training for the counselors of EMEN project. Established suggestion box mechanism. Take initiatives for early Brest feeding as soon as possible.
Report submitted by	Dr.Kaniz Fatema Tuz Zahura Divisional Quality Improvement Coordinator, Rangpur.