

**MINUTES OF THE OF DISTRICT HEALTH SOCIETY REVIEW
MEETING HELD ON 21st NOVEMBER 2024 IN THE CONFERENCE
HALL OF THE DISTRICT COMMISSIONER'S OFFICE, GOALPARA.**

District Health Society review meeting was held on 21st November 2024 under the chairmanship of the District Commissioner, Goalpara in the Conference Hall, Office of the District Commissioner, Goalpara from 11:00 PM. onwards.

Dr. Jayanta Kumar Das, the Joint Director of Health Services-cum-Member Secretary, DHS, Goalpara explained the objective of the meeting and requested all concerned to implement the resolutions and also requested the chairperson to initiate the agenda

Name: Munjila Khatun

Age: 27 Years

LMP: 16-01-2024

EDD: Address: 23-10-2024

Cause of Death: Rheumatic heart disease, with severe mitral stenosis

1. Munjila Khatun, a 27-year-old woman, G3P2, wife of Mofidul Islam, and a resident of , 4 No. Balad Mari Char, Part 2, was 34 weeks pregnant with a history of tuberculosis (TB) and rheumatic heart disease (RHD). Diagnosed with RHD five years ago, Munjila and her family claimed she had been cured and was no longer experiencing symptoms.

On 06-03-2024, during her ANC registration at Baladmari Chair, ANM questioned her decision to conceive again, given her medical history and the fact that she already had two children. She disclosed that her family was intent on having a male child, as her previous two children were female born. Despite earlier counseling about family planning methods such as oral contraceptive pills (OCP), she and her family were adamant about continuing with the pregnancy.

We counseled her extensively about the risks to her and her baby's lives, advising her to seek specialized care from a gynecologist. However, the family maintained that her heart disease was cured and posed no threat.

Throughout her pregnancy, Munjila was carefully monitored, undergoing eight ANC check-ups at Baladmari Char AAM. Routine investigations, including PMSMA at Goalpara Civil Hospital, were conducted.

On September 27, 2024, at 7 AM Munjila began experiencing breathing difficulties. She was admitted to the ICU at Goalpara Civil Hospital later that evening at 5 p.m. Despite intensive care, her condition continued to worsen, and on September 28, 2024, she was referred to Guwahati Medical College and Hospital (GMCH).

At GMCH, she was admitted to the ICU, but her health deteriorated further. On October 1, 2024, an emergency lower segment cesarean section (LSCS) was performed at 12 p.m., and a baby boy weighing 2 kg was delivered. Due to Munjila's critical condition, the baby could not be breastfed as she remained in the ICU.

On 2nd October 2024, 7 AM Munjila Khatun, passed away due to complication from her condition. Cause of death as reported from GMCH is Rheumatic heart disease, with severe mitral stenosis

2. After reviewing the history, the house opined that as the deceased pregnant woman was suffering from TB and Rheumatic heart disease, with severe mitral and in such health condition , she was not fit for pregnancy . She should be counseled by respective ASHA, ANM ,CHO to prevent her pregnancy.

3. The DPM, NHM, Goalpara informed the house that this year from 1st April 2024 to 30th October 2024, 131 nos of Child Deaths have occurred in the district. In this regard, The Chairperson asked the Jt. DHS, Goalpara and concerned medical officers to strengthen NBSU services and also to instruct the ANM to orient the mother on neo natal care at the time to discharge and he also asked to orient the ASHA on neo natal care and emphasis on HBNC visit. He also added that from now onwards ASHA will be responsible for any child death of her village or area.

The Jt.DHS, Goalpara asked concerned MO to do the verbal autopsy and submit the report on time and to give stress on quality ANC.

4. The DDM, NHM, Goalpara presented the first ANC registration performance and in the presentation it has shown that the first ANC registration performance of Goalpara Urban, Agia BPHC and Lakhipur BPHC are in decreasing trend . Chairman inquired the reason for poor performance and in reply District Urban Health Co-ordinator informed the house that Urban ASHAs very much reluctant and they involved themselves in other activities rather than their assigned duty. In this regard, chairman asked Jt. DHS to submit a proposal to reshuffle Urban ASHA. Further, Chairman directed all concerned to review the first ANC registration and ANC performance fortnightly and asked Jt. DHS, Goalpara to review the ANC registration of private hospital.

5. Chairman asked Jt. DHS, Goalpara to call block wise review meeting of ASHAs and analysis the reason of poor performance.

Further, Chairman asked Jt.DHS to prepare a mechanism to monitor everyone responsibility.

1ST ANC Registration

6. The DPM, NHM, Goalpara presented block wise 1st ANC registration status and he informed the house that slight improvement has been seen in comparison to last year. In this regard, Jt. DHS, Goalpara requested all concerned to ensure eligible couples line listing & to ensure availability of Pregnancy testing kits with ASHA.

4th ANC performance

7. The DPM, NHM, Goalpara presented the block wise 4th ANC performance and it has been revealed that the 4th ANC performance of Mornoi, Matia and Rangjuli BPHC are in decreasing trend. Chairman inquired the reason for poor performance and in reply the BPM, Matia and Rangjuli BPHC informed the house that late registration, pre term delivery and abortion are the main reason for decreasing 4th ANC performance . Chairman was not satisfied with the reason stated by BPMs and directed all BPMs to take ownership to improve performance of respective health block.

% of Newborns received OPV 0 against Total Live Births – 2024-25 (Apr-Oct)

8. The DIO, Goalpara presented the immunization coverage and stated that OPV0 against total live birth of Rangjuli BPHC is poor. In this regard, the BPM, Rangjuli BPHC informed the house that one private Nursing Home namely Hiranyav Nursing Home Private Limited , Dudhnoi has started delivery but they do not administer OPV 0 dose, So the performance of Rangjuli BPHC in this regard is found to be poor. Chairman asked Jt. DHS to issue show cause notice to Hiranyav Nursing Home under Clinical establishment Act and he also requested Jt.DHS to develop a format of monthly reporting for private hospital, laboratory and also to call a meeting with private nursing home.

9. Chairman reviewed the full immunization coverage of Goalpara district. The DIO, Goalpara informed the house that the full immunization coverage is 89%. Chairman asked DIO to take corrective steps to increase full immunization coverage. Further he asked all concerned not to administer any delayed doses and to ensure timely vaccination.

IDSP

10. Chairman reviewed Sick cell and National Viral Hepatitis Programme and asked ADC(Health) to review the surveillance activity fortnightly.

11. The Vector Borne Disease Consultant presented the status of Dengue patient and their treatment. Chairman directed all concerned to activate surveillance mechanism at all level and to create awareness on Vector Borne Disease.

NTEP

12. The District TB officer, Goalpara presented the performance of NTEP and he also added that percentage of Presumptive TB Testing for the month of October -2024 of Goalpara district is 13.12% and the performance of Goalpara DTC, MCHC, Dudhnoi FRU, Lakhipur BPHC and Matia BPHC are below 15% against total adult OPD patient. Chairman asked all concerned to take necessary steps to increase the presumptive TB testing rate and asked all MO to refer 15% adult OPD patient for presumptive TB testing.

The District TB officer, Goalpara requested all SDM&MO to nominate one medical officer from each block as nodal officer of NTEP activities.

RBSK

13. The I/C RBSK Co-ordinator presented the RBSK performance and he also stated about the co-ordination and support required from Education and Social Welfare department. In this regard, Chairman requested ADC(Health) to call a meeting of the line departments to improve the performance of RBSK. Further Chairman asked all concerned to monitor the birth defects cases of each and every delivery points and take all necessary steps for the management of the same.

NRC

14. Chairman reviewed the Nutrition Rehabilitation Centre performance. The I/C RBSK Co-ordinator informed the house the NRC bed occupancy rate NRC is only 40%. In this regard, chairman asked all concerned to organize block wise SAM screening camp in collaboration with Woman and Child development Department and also to necessary steps to increase the NRC admission as well as bed occupancy rate.

NCD

15. The DPC, NHM, Goalpara presented the NCD performance health institution wise and she added that the NCD screening and updation in portal of SC-HWCs are better than PHC-HWCs. In this regard, Chairman asked DPC, NCD to communicate with the MOs of PHC-HWCs to increase the performance.

CIVIL WORKS

16. Chairman reviewed the ongoing construction works and he also instructed Assistant Engineer, NHM, Goalpara to place the plan and estimate of respective construction work at construction site and

also to place the same at public domain. Further chairman also directed AE,NHM to submit his advance tour diary to Jt. DHS, Goalpara.

17.The Deputy Superintendent of Bikali Model Mospital requested the house to take necessary steps to construct boundary wall at Bikali SD Old campus ,Chairman directed AE,NHM to put the proposal in the next near PIP.

Further,the MO,I/C of Dhumergat SD requested the house to take necessary steps for construction of boundary wall and quarters . Chairman directed AE,NHM to put the proposal in the next near PIP .

Human Resource

18.The SDM&HO,Agia BPHC informed the house that Dr. Gayatri Kalita,Medical Officer is very much irregular in her duty and she does not follow any instruction issued by him. In this regard, chairman asked Jt. DHS to look into the matter and communicate with higher authority for necessary action.

19.Jt. DHS ,Goalpara presented the manpower status as well as the requirement . In this regard, Chairman asked to prepare a proposal of requirement of manpower and to submit it to government.

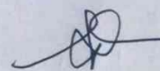
20.The SDM&HO,Agia BPHC informed the house that 2nos CHO post under Bardamal SD sector are lying vacant.In this regard, Chairman asked Jt. DHS to communicate with MD, NHM,Assam for posting of CHOs in vacant HWCs under Goalpara district.

ABDM

21. Chairman reviewed the performances made under ABDM. The DME, NHM,Goalpara informed the house that in comparison to other district the ABHA ID creation status of Goalpara district is poor and till now only 50% ABHA ID have been created. He requested chairman to instruct Education department to coordinate with health department to create AHBA IDs of school students. In this regard, Chairman asked ADC (H) to call a meeting with Education department to make strategies for ABHA ID creation.

In the concluding remarks chairperson asked all concerned to work hard and work as a team to overall improvement of health indicator in the district.

The meeting ended with vote of thanks from the chair.



District Commissioner cum Chairman
DHS,Goalpara