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AFGHAN OBSTETRICS & GYNAECOLOGY HOSPITAL

QUARTERLY NARRATIVE REPORT

A. TITLE PAGE

PROJECT LOCATION: Peshawar, Pakistan
REPORTING PERIOD: 1st October 1992 - 31st December 1992
PERSON SUBMITTING REPORT: Dr. M. Hussain Momand, M.D.
Director

B. SUMMARY OF PROGRESS:

During this quarter, the Afghan Obstetrics & Gynaecology Hospital fulfilled the following goals to a satisfactory degree:

- A) To ensure that its professional and consulting staff provide the best possible health care to its patients.
- B) To educate patients and their women family members through the work of the Health Education Department.
- C) To vaccinate babies born in the hospital and other children visiting with their mothers against the major diseases of childhood.

C. COMPLETED ACTIVITIES:

1. Curative care and vaccinations This quarter, AOGH treated 5,826 outpatients, we had 1,450 admissions and 1266 babies were delivered. Our Afghan female doctors performed 113 minor surgeries and 34 major surgeries, independently or in consultation with and/or assistance from a fully qualified senior consultant. 3,694 children were immunized against the six major infectious diseases of childhood; virtually all infants delivered received the BCG vaccine. 1132 women were given the tetanus vaccine, a slight improvement on last quarter.

In total 7,276 patients benefitted from our care during this quarter, compared with 7,153 last quarter. It is really too soon as yet to see any affect on workload resulting from the repatriation of refugees from NWFP. A monthly breakdown of conditions seen and treated is also appended to this report.

2. Health Education The Health Educators provided health education messages to approximately 9,017 women in the clinic and wards.
3. Implementation of Recommendations of Evaluation Report Most of the recommendations made in the Evaluation Report have been instigated. Work has continued with -
 - a) Introducing a liquidity budget system
 - b) New medical records have been designed and the new system will be introduced in January 1993
4. Training Programs Training of staff from other agencies continued over the three months. These included a refresher course for TBA's from ARC. A MCH training course for doctors from the Swedish Committee. We also had an elective student from Holland and observer student nurses from Germany training in the hospital.

D. UNCOMPLETED OR UNSUCCESSFUL ACTIVITIES:

1. Midwife Training Course Discussions with the Ministry of Health, ISA, and WHO have progressed to formulating the setting up of a MTC in Jalalabad.

E PROGRESS OF MOVE TO NANGRAHAR PROVINCE

Renovation of suitable hospital accommodation in Jalalabad has progressed and the Out Patient Clinic is now ready for opening. The Administration/Delivery complex will be completed by mid-January 1993, the wards and central office buildings will be completed during February.

A staff house and guest house have been located and will be suitably renovated.

It is planned to close the hospital in Peshawar on 7th February 1993 to facilitate the move to Jalalabad. The official opening of the hospital in Jalalabad will take place on 28th March 1993.

F UNANTICIPATED ACTIVITIES

Not applicable.

G WORKPLAN FOR NEXT QUARTER

1. The next three months will be taken up with the move of the hospital facility to Jalalabad. The closure of the hospital in Peshawar has necessitated re-location of staff - as of yet we do not know how many of the staff will be moving to Jalalabad.
2. As well as operating as a functioning unit in Jalalabad we plan with the affiliation of the Ministry of Health, ISA, to develop a midwifery training course in Jalalabad.
3. The Norwegian Ambassador has generously donated a laboratory to the hospital in Jalalabad. This will introduce budget saving measures as well as improving our laboratory administration.
4. A new stock control system will be introduced which should improve budget saving measures and administrative control.
5. To continue to provide the best possible preventative and curative medical care and health education to patients presenting at the hospital.
6. To provide postgraduate training for Afghan female doctors.
7. To vaccinate babies born in the hospital and women and their children attending the Outpatients Department and to improve the uptake rates of these vaccinations, particularly among pregnant women..

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AFGHAN OBSTETRICS & GYNAECOLOGY HOSPITAL
QUARTERLY NARRATIVE REPORT

A. TITLE PAGE

PROJECT LOCATION: Peshawar, Pakistan
REPORTING PERIOD: 1 July 1992 - 30 Sept. 1992
PERSON SUBMITTING REPORT: M. Hussain Momand, M.D.
Director

B. SUMMARY OF PROGRESS:

During this quarter, the Afghan Obstetrics & Gynaecology Hospital fulfilled the following goals to a satisfactory degree:

- A) To ensure that its professional and consulting staff provide the best possible health care to its patients.
- B) To educate patients and their women family members through the work of the Health Education Department.
- C) To vaccinate babies born in the hospital and other children visiting with their mothers against the major diseases of childhood.

C. COMPLETED ACTIVITIES:

1. Patient care and vaccinations.

This quarter, AOGH treated 6,363 outpatients, we had 1,390 inpatient admissions, and 1,101 babies were delivered. Our Afghan female house staff doctors performed 183 minor surgeries and 52 major surgeries, independently or in consultation with and/or assistance from a fully qualified senior consultant. 2,967 children were immunized against the six major infectious diseases of childhood; virtually all infants delivered received the BCG vaccine. 1,077 women were given the tetanus vaccine.

In total, 7,753 patients benefitted from our care during this quarter, compared with 7,153 during the previous reported quarter. Interestingly, during the corresponding period of July - September of last year, 1991, 7,622 patients were seen; thus this quarter has exceeded the same period in 1991 in number of patients seen. As you can see, we have remained extremely busy. During this quarter, we have noted a definite change in the patient population, presumably reflecting new refugees arrivals from Kabul--i.e., the new ones are predominantly Farsi speakers, they are on the by and large more sophisticated than their provincial sisters, and tend to be more educated. Within this new population we also have noted an increase in the number of requests for birth spacing.

A look at the attached 1991 vs 1992 monthly figures will give the examiner an opportunity to notice that in spite of reported large numbers of refugee returnees, to Afghanistan, that there remains still a great need for OB GYN facilities in Peshawar for Afghan refugee women.

2. Health Education:

The Health Educators provided health education messages to approximately 11,000 women in the clinic and on the wards during the reported quarter.

3. Implementation of Recommendations of Evaluation Report.

This quarter at AOGH with the continued untiring help of consultant Leila Ugland of NRC/NCA, progress towards implementing recommendations made in the evaluation report made headway. Notably:

Mainly under the impetus and activity again of Mrs. Ugland and with the valuable aid of Julie Bolger, Hospital Administrator, the staff was advised of the new order, and organizational structure was tightened; managers were appointed over department managers meetings were begun. Said managers seemed quite happy with their new responsibilities, and it is hoped that the hospital will run on a more efficient basis in the future.

5

Revised clinic and hospital rules and regulations, job descriptions and employee contracts have been completed in English and are still being translated into Pashto for the proposed employees' handbook.

Dr. Julia McEwan, Malaysian national obstetrician and gynecologist from VSO joined AOGH during August to assume the previously vacant position of Medical Manager, and in her first months has already been active in this role. She had introduced inservice training for the house staff a few afternoons a week. She is also working closely with the house staff and assessing their strengths and weaknesses. She is encouraging our Sr. staff to take a more active role in guiding their junior colleagues. Dr. Julia feels that clinically our doctors are quite competent; however they do require help with management of their time and in being more organized. Julia also has taken over the acceptance and placing and monitoring of the volunteer staff, an area also badly in need of attention. All in all, Dr. McEwan's expertise, interest and enthusiasm will be a tremendous asset in the day to day running of the hospital, as well as in the ongoing monitoring of the medical staff, and their post graduate training.

A paper on ways of reducing costs had been submitted to the Board of Directors/Donors meeting in June. It has been generally agreed that a fee for service will not be implemented in Peshawar at this late date. However, it is envisioned that a registration fee/fee for service will be initiated when the hospital moves to Jalalabad, and that we will only carry a minimum of essential items in the new outpatient pharmacy, i.e., antenatal vitamins, antimalarials, etc., with the patients expected to purchase others on the bazaar.

4. Proposed future plans for AOGH hospital

Several plans have been drawn up on the future of the hospital as the situation in Afghanistan and the new government's view on the role of NGO's evolve. The present plan is to begin work on reconstructing accommodation in Jalalabad as soon as possible and to relocate the hospital in early 1993 if possible.

We have also planned to begin a modest OPD in Jalalabad in the Fall, which will see mainly antenatal patients and those seeking child spacing in the mornings, and to perform minor surgeries in the afternoons. Emergencies will be referred elsewhere for the time being--possibly to Peshawar.

The administrative staff of AOGH made several trips to Jalalabad during this quarter for fact-finding purposes; the general consensus being that the present University Hospital and Public Health hospitals have too little space allotted to OB GYN. Even reported figures of 30 beds did not look feasible to our staff, who felt that even 20 beds would be too many for the space allocated.

4. Introduction of Improved Budgetary Control System.

A new accounting system with expenditure divided across different units devised with the help of Trude Larsen of NRC, was put into effect in July, and appears to be working well.

The AOGH underwent an audit during this quarter and received a certificate from the Pakistani firm which had been engaged in this activity.

D. UNCOMPLETED OR UNSUCCESSFUL ACTIVITIES:

1. Training Programs.

Work on the nurse-midwife program essentially halted when our expatriate nurse midwife instructor left earlier this year. Since funds were not forthcoming to enable us to even consider beginning this course, and since we plan to move into Afghanistan in a short period anyway, it was decided expeditious to keep plans for this program on hold for the present time and reconsider it at a later date.

A new qualified pharmacist joined the staff in July, and has been at work improving the stock control system. A complete inventory was done and a control system devised. Dr. McEwan also has gone over the drug formulary and cut out a lot of items, which should be reflected in the hospital drug expenditure shortly.

We have decided not to establish a laboratory on the Peshawar site, however will plan for one in Jalalabad and are already budgeting for same.

E. SOLUTIONS PROPOSED.

1. Training Programs. In view of the current uncertainty regarding the future of AOGH and its staff and patients, most outside training activities remained suspended. However, as mentioned above, Dr. McEwan has been a valuable addition and is expected to make a significant contribution to the training of postgraduate medical staff.

F. UNANTICIPATED ACTIVITIES:

Not applicable.

G. WORKPLAN FOR NEXT QUARTER

1. To continue to provide the best possibly preventative and curative medical care and health education to patients presenting at the hospital.
2. Continue to provide postgraduate training for Afghan female doctors.
3. Vaccinate babies born in the hospital and women and their children attending Outpatient Department, and to improve the uptake rates of these vaccinations, particularly among pregnant women.
4. Continue to act on the recommendations made in the evaluation report, particularly in the following areas:
 - a) Implementing the revised organizational structure to ensure better defined areas of responsibility and clearer lines of control.
 - b) continuing to improve administrative and personnel practices and documentation.
 - c) introducing budget-saving measures, particularly where pharmacy and laboratory expenses are concerned.

5. Continue to develop and revise plans for the future of AOGH in Afghanistan and in Pakistan, in line with developments in the political and security situation.
6. To renovate suitable hospital accommodation in Jalalabad City, Afghanistan, with a view towards moving the hospital to its new site in the Spring of 1993 if the political and security situation so permits, and to start a small outpatient facility in the autumn months of 1992.

AFGHAN OBSTETRICS & GYNAECOLOGY HOSPITAL
COMPARISON OF ACTIVITY: JAN-DEC 1991-1992

MONTH	DELIVERIES		MAJOR SURGERY		MINOR SURGERY	
	1991	1992	1991	1992	1991	1992
JAN	319	446	14	20	62	63
FEB	277	439	16	21	46	76
MAR	302	399	15	18	69	77
APR	250	319	4	17	82	107
MAY	238	279	11	18	83	87
JUN	265	288	8	10	66	65
JUL	283	314	12	19	84	51
AUG	388	367	11	25	65	74
SEP	371	367	12	8	77	58

MONTH	INPATIENT ADMISSIONS		OUTPATIENT VISITS		TOTAL PATIENTS	
	1991	1992	1991	1992	1991	1992
JAN	441	584	1975	1927	2416	2511
FEB	399	573	1814	2009	2213	2582
MAR	429	508	1920	1776	2349	2284
APR	394	448	2034	1780	2428	2228
MAY	403	402	2230	2378	2633	2780
JUN	400	413	2076	1732	2476	2145
JUL	377	393	2244	2279	2621	2672
AUG	544	484	2045	2020	2589	2504
SEP	506	477	1906	2064	2412	2541

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AFGHAN OBSTETRICS & GYNAECOLOGY HOSPITAL

QUARTERLY NARRATIVE REPORT

A. TITLE PAGE

PROJECT LOCATION: Peshawar, Pakistan
REPORTING PERIOD: 1 October 1991 - 31 December 1991
PERSON SUBMITTING REPORT: Dr. M. Hussain Momand, M.D.
Director

B. SUMMARY OF PROGRESS:

During this quarter, the Afghan Obstetrics & Gynaecology Hospital fulfilled the following goals to a satisfactory degree:

- A) To ensure that its professional and consulting staff provide the best possible health care to its patients.
- B) To educate patients and their women family members through the work of the Health Education Department.
- C) To vaccinate babies born in the hospital and other children visiting with their mothers against the major diseases of childhood.

It had moderate success in achieving the following goal:

- D) To train health care provider students seconded from other organizations.
- E) To train M.D. professional staff (see below).

It has improved, although continued to fall short of what was aimed for, in the following goal:

- F) To vaccinate women of child bearing age against tetanus.

There have been no major changes to the program.

C. COMPLETED ACTIVITIES:

This quarter, AOGH treated 6,573 outpatients, we had 1,749 admissions and 1,276 babies were delivered. Our Afghan female doctors performed 190 minor surgeries and 81 major surgeries, independently or in consultation with and/or assistance from a fully qualified senior consultant. 4,430 children were immunized against the six major infectious diseases of childhood; virtually

all infants delivered received the BCG vaccine. 1,282 women were given the tetanus vaccine.

In total 8,322 patients benefitted from our care during this quarter, compared with 7,622 last quarter. A monthly breakdown of conditions seen and treated is also appended to this report.

The Health Educators provided health education messages to approximately 12,000 women in the clinic and wards.

During the last quarter of 1991, AOGH received trainees from the following programs:

International Rescue Committee - Health Educator Training Programme

Ministry of Public Health, Afghan Interim Government - Maternal and Child Health Officer Training Programme

International Medical Corps - refresher training in gynaecology for one doctor.

During this quarter, the hospital's Report for 1988-1990 was finally received from the printers, a copy is appended to this report. The first meeting of the newly expanded Board of Directors was held on 10 December 1991, in future meetings will be held on a six-monthly basis. A number of recommendations were made by the Directors, particularly with regard to more sophisticated budget setting and control.

D. UNCOMPLETED OR UNSUCCESSFUL ACTIVITIES:

1. Midwife Training Program The proposed nurse midwife program was shelved for the foreseeable future due to lack of funding, and the fact that our highly qualified nurse-midwife tutor will be leaving Peshawar in the near future to take up a post elsewhere. We are reluctant to appoint a successor until funding is secured for this project.
2. Outreach Program The project to start mobile clinics in three camps has also been shelved due to lack of funding. Although we have submitted proposals and budgets to the U.S. Bureau of Refugee Affairs (from whom the initial suggestion for the project came), nothing seems to have been decided in Washington regarding this project.
3. Practical Training Program for Students from other Organisations A WHO consultant in mid-level training, Ms. Nancy Jamieson, R.N., MPH and Health Educator, had a look at our practical training program for mid-level health workers and made some helpful comments. The main problem with the training program is the fact that no-one has been appointed specific-

ly to work with the students and closely evaluate their progress. At the moment, this duty is undertaken by the regular personnel who are so busy that the students receive little discipline, sporadic supervision and uneven training. Consequently, although students receive valuable experience, the training does not come up to our expectations.

4. Vaccination Program The number of immunizations performed has not come up to our expectations although the figures have improved over the last quarter (i.e. 1,282 women and 4,430 children this quarter as compared to 1,225 women and 2,896 children last quarter)
5. Overcrowding Although not strictly speaking an uncompleted or unsuccessful activity, this problem affects all the programs of the AOGH. With the ever increasing workload, the pressure on both the Outpatients Department and the In-service Area is becoming acute. Most mornings a ward area designed for a maximum of 24 patients houses well over 30 patients and 40 patients is not unusual. This overcrowding is not only uncomfortable for the patients and difficult for the staff; it also increases the risk of cross infection. We also lack adequate space for Health Education classes.

Although items 3 and 4 cannot be regarded as unsuccessful areas of activity, they are mentioned because room for improvement exists in these areas.

E. SOLUTIONS PROPOSED

1. Midwife Training Program This has been placed on hold due to a lack of funding, if funding is secured in the future it will still be possible to start the program.
2. Outreach Program No progress can be made on this program until funding is secured from the US Bureau of Refugee Affairs.
3. Practical Training Program for Students from other Organisations A request has been made to the British organisation Voluntary Service Overseas for a nurse-midwife to replace Ms. Banmbuh. This lady will be used chiefly in a training capacity both with students from other organisation and with our own staff. In the meantime, seconding agencies are being encouraged to send a trainer from their organization to work with their students. An Obstetrician/Gynaecologist has also been requested from the Australian Overseas Service Bureau (a volunteer sending agency) to work with our medical staff and with doctors sent to us for training, and we hope that this post will be filled during the next quarter. Both this post and that of the midwife-trainer would be for two years.

4. Vaccination Program Consultation with AVICEN regarding ways to improve our immunization rates has yielded good results, in that AVICEN have trained an Afghan vaccinator for the AOGH (the other vaccinator is a Pakistani and is unable to communicate with all the patients) and has agreed to pay her salary. The vaccinators have been encouraged to be more proactive in getting patients and their children to come to the vaccination room. The Health Educators, of course, continue to emphasize the importance of vaccination.
5. Overcrowding Dr. Momand is currently involved in negotiations with the Ministry of Public Health of the Afghan Interim Government regarding our having use of the MOPH MCH building which adjoins the hospital. If alternative office accommodation was available, we would be able to use the large rooms which currently house the administrative staff for additional ward space. It needs to be emphasized that we are not proposing an expansion of the hospital; merely some way to provide more space to work in and to relieve the intolerable and dangerous overcrowding on the wards.

F. UNANTICIPATED ACTIVITIES

Not applicable.

G. WORKPLAN FOR NEXT QUARTER

- 1) To continue to provide the best possible preventative and curative medical care and health education to patients presenting at the hospital.
- 2) To provide practical training for mid-level health care providers and trainees seconded to us by other agencies.
- 3) To provide postgraduate training for Afghan female doctors.
- 4) To vaccinate babies born in the hospital and women and their children attending the Outpatients Department and to improve the uptake rates of these vaccinations, particularly among pregnant women.
- 5) To act on the recommendations of the Board of Directors particularly with regard to the introduction of more sophisticated budgetary control systems.
- 6) To obtain additional accommodation for the hospital and convert the present offices into ward areas.
- 7) To appoint a volunteer obstetrician/gynaecologist and midwife to train both hospital personnel and trainees from other agencies.

AFGHAN OBSTETRICS & GYNAECOLOGY HOSPITAL
 STATISTICS FOR OUTPATIENTS OCTOBER 1991.

CONDITION	NO.OF PATIENTS
Ante-natal	1555
Post partum visit	73
Bad obstetric history	1
Miscarriage or threatened miscarriage	56
Post miscarriage visit	14
Retained placenta	3
Infertility	81
Child Spacing	123
Anovulation or oligo/ovulation	24
Vaginitis or cervicitis	101
Cervical erosion or cervical polyp	3
Cysto/rectocele	7
Uterine prolapse	17
Fibroid uterus	2
Ovarian cyst	4
Post-operative visit	15
Pelvic Inflammatory disease	2
Endometriosis	7
Urinary tract infection	17
Menstrual abnormalities	261
Menopausal/Pre-menopausal	10
Mole	1
Moniliases	3
No ob/gyn	62
TOTAL:	<hr/> 2442

15

AFGHAN OBSTETRICS & GYNAECOLOGY HOSPITAL
STATISTICS FOR IN-SERVICE OCTOBER 1991.

CONDITION	NO. OF PATIENTS
OBSTETRICS	
Deliveries	371
False Labour	31
Premature Labour	7
Antepartum Haemorrhage	8
Pregnancy with other medical problems	1
Miscarriage or threatened miscarriage	53
Retained placenta	10
Mole	1
Premature rupture of membranes	7
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	489
 GYNAECOLOGY	
Dysfunctional uterine bleeding	2
Uterine prolapse	3
Infertility	6
Cystoectocoele	1
Fibroid Uterus	3
Ovarian cyst	1
Cervicitis	2
Post Operative Visit	1
Moniliasis	3
Post Partum Infection	12
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	34
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TOTAL:	523

AFGHAN OBSTETRICS & GYNAECOLOGY HOSPITAL
 STATISTICS FOR OUTPATIENTS NOVEMBER 1991.

CONDITION	NO. OF PATIENTS
Ante-natal	1365
Post Partum Visit	79
Miscarriage or Threatened Miscarriage	41
Post Miscarriage Visit	9
Retained Placenta	2
Infertility	37
Child Spacing	105
Anovulation or Oligo-ovulation	16
Vaginitis or Cervicitis	63
Cervical Erosion or Cervical Polyp	6
Cystocele/Cystorectocele	15
Uterine Prolapse	19
Fibroid Uterus	3
Ovarian Cyst	6
Post-operative Visit	12
Pelvic Inflammatory Disease	3
Endometriosis	1
Urinary Tract Infection	15
Menstrual Abnormalities	187
Menopausal/Pre-menopausal	12
No ob/gyn Problem	64
TOTAL:	<hr/> 2060

AFGHAN OBSTETRICS & GYNAECOLOGY HOSPITAL
 STATISTICS FOR IN-SERVICE NOVEMBER 1991.

CONDITION	NO. OF PATIENTS
OBSTETRICS	
Normal Deliveries	334
Deliveries with Complications*	67
False Labour	29
Premature Labour	8
Antepartum Haemorrhage	14
Pregnancy with other Medical Problems	10
Miscarriage or Threatened Miscarriage	50
Retained Placenta	14
Premature Rupture of Membranes	2
Eclampsia/Pre-eclampsia	3
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	531
 GYNAECOLOGY	
Dysfunctional Uterine Bleeding	7
Infertility	6
Fibroid Uterus	5
Ovarian Cyst	2
Cervicitis	1
Post Partum Infection	6
Dysplasia	2
Child Spacing/Birth Control	1
Laceration	1
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	31
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TOTAL:	562

* Deliveries with complications: These include both acute conditions such as fetal distress, obstructed labour, eclampsia, haemorrhage of various kinds, prolapse of the umbilical cord, which can kill or injure the mother or baby, and those cases with high risk factors such as abnormal fetal position, multiple pregnancy, severe anaemia (Hb less than 7g) or previous Caesarian section.

AFGHAN OBSTETRICS & GYNAECOLOGY HOSPITAL
STATISTICS FOR OUTPATIENTS DECEMBER 1991.

CONDITION	NO. OF PATIENTS
Ante-natal	1432
Post Partum Visit	57
Miscarriage or Threatened Miscarriage	31
Post Miscarriage Visit	7
Bad Obstetric History	2
Infertility	70
Child Spacing	103
Anovulation or Oligo-ovulation	21
Vaginitis or Cervicitis	76
Cervical Erosion or Cervical Polyp	3
Cystocele/Cystorectocele	12
Uterine Prolapse	14
Fibroid Uterus	4
Ovarian Cyst	3
Post-operative Visit	6
Pelvic Inflammatory Disease	4
Urinary Tract Infection	14
Menstrual Abnormalities	152
Menopausal/Pre-menopausal	7
No Ob/gyn Problem	53
TOTAL:	2071

AFGHAN OBSTETRICS & GYNAECOLOGY HOSPITAL
 STATISTICS FOR IN-SERVICE DECEMBER 1991.

CONDITION	NO. OF PATIENTS
OBSTETRICS	
Normal Deliveries	430
Deliveries with Complications*	74
False Labour	21
Premature Labour	8
Antepartum Haemorrhage	6
Pregnancy with other Medical Problems	6
Miscarriage or Threatened Miscarriage	53
Retained Placenta	19
Premature Rupture of Membranes	3
Eclampsia/Pre-eclampsia	1
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	621
GYNAECOLOGY	
Dysfunctional Uterine Bleeding	10
Infertility	11
Uterine Prolapse	5
Fibroid Uterus	4
Ovarian Cyst	3
Cervicitis	1
Post Partum Infection	1
Child Spacing/Birth Control	3
Dysplasia	1
Cervicitis	1
Thrombophlebitis	1
Vesico Vaginal Fistula	2
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	43
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TOTAL:	664

* Deliveries with complications: These include both acute conditions such as fetal distress, obstructed labour, eclampsia, haemorrhage of various kinds, prolapse of the umbilical cord, which can kill or injure the mother or baby, and those cases with high risk factors such as abnormal fetal position, multiple pregnancy, severe anaemia (Hb less than 7g) or previous Caesarian section.