Health & Rights

Committed to Improving Sexual and Reproductive Health and Rights (SRHR)

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In this issue

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Access to information on sexual and reproductive health can improve the health status of Bangladesh

"I cannot do anything without my husband's permission. My husband does not want any child right now; so I had to come to doctor for MR service", said Amena (25) sitting in the waiting room before having the services of Menstrual Regulation (MR) in a clinic. This is the second MR for her. Two years ago she did MR for the first time. Amena has one daughter and two sons. She was asked why she has again fall in the become pregnant and her reply was, "I usually have oral pill but it does not suit me well. For this I requested my husband many times to do something from his side. But he did not pay attention to my problem. My menstruation is also very irregular. So, I failed to understand how it has happened."

This is the common scenario of Bangladesh whether in rural or in urban area. Most of the women in Bangladesh cannot take part in the decisions regarding her health status. She even is not aware that health is her fundamental rights. For this reason, she is forced to get married when she is not prepared for it; being pregnant when her body is not ready and also forced for MR or abortion when she may be eager to have the baby.

People need to understand how their bodies work and how they can maintain good sexual and reproductive health and practices his/her rights.

SRHR

Sexual and reproductive health and rights are a relatively new concept worldwide. The concept was first officially recognised at the International Conference on Population and Development (ICPD) in Cairo in 1994. Prior to this, reproductive health programming had focused on family planning, fertility control and safe motherhood, having emerged from concern about population control.

The effects of denying sexual and reproductive rights in Bangladesh

The following statistical estimate shows just some of the terrible effects of denying these human rights:

- o 320 maternal deaths each year per 100,000 live births. Maternal Mortality Rate due to pregnancy and child birth related complications in Bangladesh are estimated to be 100 times higher than that in developed countries (BBS, 2000).
- o Every year 33% of women have unplanned pregnancies, 13% are unwanted against their wishes and 20% are mistimed.
- o Annually 730,000 pregnancies are terminated in Bangladesh - 262,000 induced abortions plus 468000 MRs (Bangladesh National Strategy for Maternal Health, October 2001).
- o 1495 people are infected with HIV across the country as of 1 Dec. '08 (NASP, 2008).
- o Youth, aged 15-24 years, comprise almost one-sixth of the total population of Bangladesh (23 million) are at particular risk of HIV and STI infection because of their limited access to sexual and reproductive health information and services (2008 Ungass Country Progress Report, NASP)
- o Other STIs are often the second most important cause of ill health in Bangladesh among the high risk groups' i.e. commercial sex workers, MSM, injecting drug users etc.
- o Women and girls' rights are violated in a massive way in six South Asian Counties like Bangladesh, India, Pakistan, Sri Lanka, Afghanistan and Nepal through rape, physical assaults, early marriage, and forceful sex trade. (South Asian for Human Rights - SAHR).

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The definition of SRHR agreed in Cairo moved beyond this, and was notable for being broad and comprehensive, and for placing reproductive health in the context of human rights and the right to health. This included rights to sexual health, and focusing not only on problems and diseases, but on what should be positive experiences around pregnancy & parenthood, sexuality & relationships. The key outcome of the conference was a programme of action for universal access to sexual and reproductive health by 2015, which was agreed by 179 countries. This commitment was later reaffirmed in various other international meetings, such as the 1995 World Conference on Women in Beijing.

Reproductive health

Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity in all matters relating to the reproductive system and to its function and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and have the capability to reproduce and the freedom to decide if, when and how often to do so.

Reproductive rights

Reproductive rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. It also includes their right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents. (ICPD PoA Article 7.3).

Photo: RHSTEP

Bangladesh initiatives

To overcome multi-dimensional intersectoral problems and to meet the challenges according to the spirit of ICPD, Cairo, Bangladesh Government has launched Health and Population Sector Program (HPSP) in 1998 to provide a package of essential health care services to the people and to lower the rate of population growth. Now this programme is running under HNPSP. This programme envisions poverty alleviation with services responsive to clients' needs, especially those of children, women and the poor and achieve quality of care with adequate service delivery capacity and financial sustainability.

The main objectives of this program are:

- Reduction of infant mortality and morbidity;
- Reduction of maternal mortality and morbidity;
- Reduction of fertility;
- Improvement of nutritional status of the people.

Sexual health

Sexual health is the integration of somatic, emotional, intellectual and social aspects of sexual being, in ways that are positively enriching and that enhance personality, communication and love, and thus the notion of sexual health implies a positive approach to human sexuality.

Sexual rights

Sexual rights embrace human rights that are already recognised in national laws, international human rights documents and other consensus statements. They include the right of all persons, free of coercion, discrimination and violence (The Beijing Platform for Action, paragraph 96), to:

- the highest attainable standard of sexual health, including access to sexual and reproductive health care services;
- seek, receive and impart information related to sexuality;
- sexuality education;
- respect for bodily integrity;
- choose their partner;
- decide to be sexually active or not;
- consensual sexual relations;
- consensual marriage;
- decide whether or not, and when, to have children; and
- pursue a satisfying, safe and pleasurable sexual life. The responsible exercise of human rights requires that all persons respect the rights of others.

In this backdrop, sexual and reproductive health is essential element of the right to health. It is the state of physical, mental and social wellbeing in everything concerned with the reproductive system and function. It is very personal and concerns every one, young or old, male or female for a large part of their lives. Proper understanding of Sexual and Reproductive Health and Rights, according to the International Planned Parenthood Federation (IPPF) are as follows:

1. The right to life
2. The right to liberty and security of the person
3. The right to equality and to be free from all forms of discrimination
4. The right to privacy
5. The right to freedom of thought
6. The right to information and education
7. The right to choose whether or not to marry and to found and plan a family
8. The right to decide whether or when to have children
9. The right to health care and health protection
10. The right to the benefits of scientific progress
11. The right to freedom of assembly and political participation
12. The right to be free from torture and ill treatment.

For better practices of SRHR and maintaing of sound reproductive health, one should have the right to know the elements of reproductive health as a whole. These elements are as follows:

- Reproductive choice
- Family planning
- Marriage
- Safe motherhood

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- Reduction of infant and child mortality
- Protection from HIV/AIDS
- Nutrition
- Education
- Protection from Harmful Traditional Practices
- Abortion

Conclusion

For achieving the success, massive awareness is required, especially for the people living at the grass-root levels to make them understand SRHR.

Secondly, sexual and reproductive health services should be accessible to all especially to the disadvantaged.

Thirdly, confidential counselling is essential for any health related advices to all sexually active people including young people and;

Fourthly, men's involvement should be increased along with sharing of responsibility.

Finally, strong collaboration among the different stakeholders including Government, NGOs and mass media is needed to increase awareness on SRHR related issues in the society.

WHO-Bangladesh support to national MNH programme

The Bangladesh country office of WHO has contributed to the increased access of rural women to basic midwifery care through the designing and piloting of the Community-based skilled birth attendants (SBA) training programme. This programme is designed to equip Family Welfare Assistants (FWAs) and Female Health Assistants (FHAs) with skills to provide antenatal care, conduct normal deliveries, ensure postnatal and newborn care, and early detection and referral of complications.

The Goal of the WHO-supported Reproductive Health Programme in Bangladesh is to reduce morbidity and mortality and improve general health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy ageing for all individuals.

The objectives of the programme are as, to:

- strengthen human resources for Maternal and Newborn Health (MNH) and management of MNH/Reproductive health (RH) programmes;

Photo: WHO

- improve quality of care for maternal and newborn health through adaptation of norms, standards and guidelines, improved programme management;
- strengthen capacity of key national institutions in research training, research and in promoting evidence-based standards, guidelines and tools in maternal and newborn health and reproductive health;
- improve practices of health providers and communities for newborn care;
- promote involvement of families/ communities in maternal and newborn health;
- advocate adolescent right to information and access to quality health services;
- promote operational research on Adolescent Friendly Health Services and support expansion of Adolescent/Youth friendly health services;
- address issues of Gender Based Violence (GBV);
- advocate and promote healthy and active aging.

Achievements

Considerable progress has been made for the achievement of the programme goal:

- Human resources assessment has been conducted to identify the needs and actions to be taken for maternal and child health human resource development.
- The UN joint project "Accelerating progress toward maternal and neonatal mortality reduction" is being implemented.
- A project "Strengthening National Menstrual Regulation Programme for Reduction of Maternal Mortality and Morbidity" is being implemented.
- A competency 6-month basic midwifery training courses for Family Welfare Assistants (FWA) and Female Health Assistants (HA) has been continuing and the Ministry of Health and Family Welfare is currently scaling up the training and services. Support was also given for the development of an accreditation system to regulate the quality of the training and a supervisory mechanism to enhance the contribution of Community-based SBAs. A curriculum for 3-month additional training for Community-based skilled birth attendants has been developed and utilized to further strengthen the skills of the Community-based SBAs.
- Essential Newborn Care Training courses have been conducted for both trainers and service providers in order to further strengthen their skills in neonatal care and resuscitation.
- Training modules and tools for training of health service provider on prevention and control of micronutrient malnutrition especially in pregnant and lactating mothers has been developed.
- WHO is providing technical assistance for the development of a major Demand Side Financing initiative, which is a maternal health voucher scheme. The aim is to increase utilisation of quality maternal health services through creating equity of access irrespective of the patient's ability to pay for the same. Under this scheme an estimated 100,000 poor pregnant women will receive free maternal health services annually.

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- Tools on District Team Problem Solving (DTPS) adapted for Local level planning have been developed and are in use in 4 districts for planning Maternal and Newborn Health care.

- Working groups have been formed to review documents and to discuss matters related to services and human resource development for Maternal, Neonatal and Child Health (MNCH). A plan has been developed to start the process of reviewing the National Maternal Health Strategy 2001 and developing the National Maternal, Neonatal and Child Health 2009.

- An orientation on capacity building for operation research on maternal, newborn and reproductive health has been provided to selected government officials. Training in operational research is in process.

- Development of Curriculum for Essential Newborn Care training adapted from WHO-PCPNC is under way.

- TOT training courses for District Trainers on Essential Newborn Care (ENCC) have been conducted.

- A model for improving MIS system for maternal and newborn health has been formulated for consideration.

- Two batches of TOT for Districts Trainers on 3-month additional training for Community-based SBA with 15 participants per batch have been conducted for three districts (Tangail, Comilla and Naryangonj).

- One batch of training on 3-month additional training for Community-based SBA has been conducted in each of the 3 districts (Comilla, Tangail and Narayngonj).

- One batch of National Trainers Orientation on Supportive supervision for Community-based SBA has been conducted.

- Two batches of TOT for District Trainers on Supportive supervision for Community-based SBA have been conducted.

- Developing a 6-month advanced midwifery curriculum for existing nurse-midwives is in process.

- Adolescent Reproductive Health Strategy has been developed and operationalised

- Adaptation of WHO Orientation Package (OP) for the health care providers has been completed.

- Training on the WHO Orientation Package and orientation training on the adolescent friendly strategy and standards of Adolescent Friendly Health Services (AFHS) have been conducted at district level.

- Proposals for challenge funds of the project "Strengthening National Menstrual Regulation Programme for Reduction of Maternal Mortality and Morbidity" have been obtained for reviews.

The support of the technically competent organisations like WHO will positively impact the programme of safe MR and reducing maternal mortality in Bangladesh.

(Source: www.whoban.org)

BAPSA organised three important seminars on health issues

angladesh Association for Prevention of Septic Abortion (BAPSA) during the month of April, May and June 2009, organised three in-house Seminars. The first seminar was on Associate Risk Factors and Prevention of HIV/AIDS in Bangladesh on April 09, 2009; the second one on Adolescent Reproductive Health: Present Scenario and Future Dimensions in Bangladesh on 18 May, 2009 and the third one on Quality Care of MR Services and its Impact on Women's Reproductive Health on June 25, 2009. The purpose of organising these seminars was manifold, such as, to enhance and update the knowledge of the service providers in the pertinent areas and define the strategies to improve the service standards of the centers; to improve the inter-organisational communications and mutual understanding among the service providers in providing services in a uniform manner and express their opinion freely for improving the service conditions at their respective centres.

It was observed that such type of dissemination of knowledge provide impetus to the programme, especially among those who are closely related with the reproductive health services being provided by BAPSA. Moreover, the involvement of the guest-lectures from the reputed institutions helped the participants to develop more professional attitudes. The participants were selected from the BAPSA's seven clinics of which three of them are from outside Dhaka. This also helped to foster better understanding among the participants of different service centers.

In the first seminar on Associate Risk Factors and Prevention of HIV/AIDS in Bangladesh two speakers presented their papers. First speaker presented the paper on worldwide and country situation on HIV/AIDS and its risk factors, prevention and treatment. In her presentation, Dr. Tahmina Sultana, Project Co-coordinator, HASAB, mentioned the global and Bangladesh situation on HIV/AIDS. She noted that Human Immuno Deficiency Virus (HIV) has created mainly medical, political, economic and social issues. The second paper of the first seminar was on: HIV/AIDS among Transgender (TG) MSM

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and MSW and it was presented by Farhana Zarif Kanta, Senior Officer, Training, Bandhu Social Welfare Society. In her presentation she mainly described the MSM, Terminology those are being used

among the Transgender, the working areas of BANDHU, the risk factors of spreading HIV/AIDS in Bangladesh and the role of Hijra and other pertinent issues. They typically live on the fringes of society, face discrimination and earn their living in various ways including begging which is often accompanied by singing and dancing. Other sources of income is prostitution e.g. sex worker hijra. Bandhu Social Welfare Society has been working for a long time with the Hijras and helping them to live a healthy life. To lessen the STI/RTI and HIV infection among the hijras, Bandhu contact hijras, educate them on healthy life style, distribute condom, lubricant and other BCC materials among them.

In the second seminar two papers were presented: One is on Present Situation of Adolescent Reproductive Health and Adolescent Strategy in Bangladesh, and it was presented by Mr. Avik Rahman, Consultant BCC and Advocacy of British Broadcasting Corporation (BBC). Mr. Rahman detail out-lined the strategy development process and mentioned that in the first step in 2003, inter-ministerial committee was established. During the development of the strategic planning there was wide participation from eight ministries of the government, UN agencies and other development partners, local national and international NGOs, local government representatives, other stakeholders like teachers, representatives from religions institutions, and Adolescents Representatives, Scouts, Guides, and Youth Clubs. The objectives of the Adolescent Strategy was to: improve the knowledge of adolescents on reproductive health issues, create positive change in the behavior and attitude of the gatekeepers of adolescents (parents/guardians/teachers, religious leaders etc.) towards reproductive health, reduce the incidence of early pregnancy among adolescents, reduce the incidence and prevalence of STIs including HIV/AIDS among the adolescents, provide easy access of all adolescents to adolescent friendly health services and other related services; a socio-political condition where adolescents are not subjected to violence or abuse and which discourage substance abuse and other risk taking behaviors among adolescents. Second paper on adolescent reproductive health and violence against women, particularly to adolescents, was presented by Dr. Saria Tasnim, Associate Professor, Gynecologists & Surgeon (ICMH), Dhaka. At the beginning of the presentation she outlined that her presentation includes: Social context, education and employment, nutrition, reproductive health issues, marriage and child bearing, fertility and contraception, sexually transmitted infection, reproductive rights and gender violence, access to services. The current information and services that are available are not specific to adolescents and the quality of such information and services is often poor or inappropriate for this age group. In her concluding remarks she mentioned that adolescents are emerging as a priority group and should be ensured safe caring environment at home, institution and society. The context of adolescents are changing therefore providing information, education and counseling to adolescents is the need of the moment to ensure healthy sexual behavior. Reproductive health education should be included in school curriculum. All these should be supplemented with adolescent friendly clinics for information and service according to the need of the adolescents.

In the 3rd seminar, Quality of MR Services and its Impact on Women's Reproductive Health held on June 25, 2009, two papers namely: Quality of Care: Client's Perspective and Gender by Dr. Reena Yasmin, Director, Services, Marie Stopes Clinic Society was presented. In her presentation she outlined the following: Client's perception of Quality, perception of long waiting hours which is very much related to the client's satisfaction about services; privacy and confidentiality, client-provider relationship, comfortable environment and clients feedback.

The other paper titled "Proper Screening of MR Clients & Post MR Complication Management" was presented by Dr. Aklima Banno, Program Consultant, RHSTEP. For rendering quality MR services proper screening is important. In her presentation she emphasised proper screening of MR clients, classified the post-MR complications and also emphasised management and detailed the post-MR management issues. She added that proper screening of MR clients depends on the taking of history from the clients: menstrual history, obstetric and gynecological history, medical history and physical examination. She elaborated that MR is a very simple procedure and if done properly, by trained providers using proper technique, there is a very little chance of getting complications. She mentioned three types of complications - immediate complication which occurs during the procedure, complication in the recovery room occurring immediately after the

complication of the MR procedure; and delayed or late complication may occur after the patient has been discharged from the center. She also detailed the management of the complications at every stage.

Sharing meeting between RHSTEP and garments authorities

A sharing meeting between RHSTEP and different Garments authorities was held on June 17, 2009 at CRP, Mirpur, Dhaka with the call to strengthen greater participation and thus extend the support and services to garments workers who are at health risk in our society.

A total of 16 garments authorities and officials from different garment factories attended the meeting. The programme highlighted the opportunities and constraints of garments health care programmes of RHSTEP and explored suggestions from the participants to overcome the challenges for improving the health status of the garments workers.

The participants pointed out the necessity of having child care units in garment factories, increase reproductive health education for male workers, reduce treatment cost particularly in delivery cases, educate pregnant mothers at risk during pregnancy, provide advance training to create a focal person in each garment factory for disseminating health messages and finally publish handbook on reproductive health issues.

Over 28 lac people in Dinajpur district receive services from RHSTEP clinic

RHSTEP is now serving more than 28 lac people of Dinajpur district through its clinic situated at Dinajpur Medical College Hospital, Dinajpur. The facts were presented by Dr. Luna Chakma, Manager - Programme, RHSTEP in the formal opening ceremony of the clinic on 31 May '09 at Loko bhaban, Dinajpur.

The report showed that the clinic is performing MR successfully from the very beginning. The clinic is also performing well in increasing contraceptive prevalence rate as about six thousand men and women are now under the family planning services of this clinic. Besides, a huge number of women come to visit the clinic every year for antenatal and postnatal care, RTI/STI management, Pap's Smear Test for screening cervical cancer etc.

The opening ceremony was presided by Dr. Md. Matiar Rahman, Civil Surgeon and Superintendent of Dinajpur Medical College Hospital and Project Advisor, RHSTEP, Dinajpur clinic, while Dr. Sabera Rahman, Specialist- Obs./Gyn. and President, RHSTEP executed Welcome Address and Quazi Suraiya Sultana, Executive Director, RHSTEP illustrated the journey of RHSTEP in the development sector since 1983.

Mr. Md. Nazrul Islam, Additional Deputy Commissioner- Education & Development was Chief Guest, while Dr. Md. Shahabuddin, Deputy Director, Family Planning, Dinajpur was Special Guest of the programme. About three hundred representatives from family planning and health departments, medical professionals including doctors, nurses, paramedics etc., NGO personnel, media and other officials besides members of Executive Council and General Council of RHSTEP attended the programme.

The discussion focused on addressing the reproductive age group to make the programme a success; work more on adolescent issues particularly mobilise the community against early marriages as it is one of the major reproductive health problems of the adolescents in Bangladesh; prevention of violence against women; strengthen GO-NGO and media collaboration and finally dissemination of accurate information about reproductive health along with the places to get the services etc.

RHSTEP inaugurates 33rd clinic at Rangamati

RHSTEP has opened its 33rd clinic adjacent to Rangamati Sadar Hospital, Rangamati on 28 June '09. The programme was organised at Tribal Cultural Institute of Rangamati chaired by Dr. Md. Abdullah, Civil Surgeon and Superintendent of Rangamati Sadar Hospital as well as Project Advisor of RHSTEP Rangamati clinic.

His Excellency Raja Devasish Roy, Circle Chief, Rangamati inaugurated the opening ceremony as Chief Guest while Dr. Nikhil Chandra Barua, Deputy Director, Family Planning and Mr. Uday Shankar Dewan, Deputy Civil Surgeon, Rangamati were present as Special Guests. Dr. Nihar Ranjan Nandi, Consultant - Gynae & Obs, Rangamati Sadar Hospital, Rangamati and Technical Advisor of RHSTEP clinic addressed the Programme, while Dr. Sabera Rahman, Specialist-Obs./Gyn. and President, RHSTEP rendered welcome address and Quazi Suraiya Sultana, Executive Director, RHSTEP portrayed the evolution of RHSTEP.

Dr. Luna Chakma, Manager-Programme, Project Management Team, RHSTEP presented on existing health situation of CHT as well as available SRHR services and trianing provided by RHSTEP including awareness and BCC activities field level.

The main focus of the clinic is ensuring general and reproductive health services and medicare totally free of cost. Besides, the clinic will arrange transportation cost for the clients living in the remote outlying areas. Topics pertaining to sexual and reproductive health and rights issues will be projected in various sessions at clinics, schools, clubs, communities, neighbourhood levels from time to time. Besides, RHSTEP clinic is the only clinic in Rangamati district providing the Pap's Smear test services for screening cervical cancer, which is a crying need of the women of our society.

The Chief Guest addressed the SRHR issue in the light of human rights and welcomed Swedish support along with this urged and sought GOB's vital role on this issue that should be mainstreamed. He also urged all particularly the local indigenous masses to shake off their age old prejudices and turn back from the risky traditional attitudes to their life and livelihood and avail the health facilities being provided at RHSTEP clinic.

About 150 representatives from family planning and health departments, medical professionals including doctors, nurses, paramedics etc., NGO personnel and members of both Executive Council and General Council of RHSTEP took part in the programme. The programme was covered by various national and local newspaper correspondents.

Workshop on promotion of SRHR for garments workers

RHSTEP organised two daylong workshops titled **"Promotion of Sexual and Reproductive Health and Rights"** for garments workers in two batches on June 18 & 25 and 19 & 26 at Conference Room, Extension building, RHSTEP in Dhaka with a view to making them aware on the issue. About 30 garments workers in each batch attended the training.

Different sexual and reproductive health related issues like menstruation, anatomy and physiology, early marriage, RTI, STI, HIV & AIDS, menstrual regulation, family planning, safe motherhood etc. were discussed in the workshop.

The workshop was facilitated by the trainers' pool of RHSTEP that included Dr. Aklima Banoo, Programme Consultant, Dr. Nasrin Khairunnessa, Programme Coordinator and Dr. Anjuman Ara, Programme Coordinator. Besides, the adolescent team comprised Dr. Meherun Nesa, Coordinator (Adolescent), Ms. Mukta, Counsellor and Ms. Jesmin Hossain, Project Associate (Adolescent) took part in assisting the facilitators.

Mr. Md. Moazzem Hossain, Focal Point (Adolescent), Family Planning Association of Bangladesh (FPAB) also delivered a lively presentation on Life Skills Education.

At the end of the workshop, certificates were handed over to the participants.

Performance statistics

MR services

Type of centre	Last three months (April to June 2009)	Since beginning of financial year (July 2008 to June 2009)	Previous financial year (July 2007 to June 2008)
Training/Service centres (MFSTC, RHSTEP, BAPSA, BWHC, MSCS)	**37,765**	**1,47,200**	**1,13,039**

MR training

Name and Location of the Centre	Year of MR Training Facilities Established	Turnout of Fresh Trainees						Turnout of Refresher Trainees		
		April to June 2009		Jul 2007 to Jun 2008		Total turnout		Apr to Jun'09	Jul 2007 to Jun 2008	Total turnout
		Doctor	Paramedic	Doctor	Paramedic	Doctor	Paramedic	Paramedic	Paramedic	Paramedic
MFSTC	1975	-	-	6	190	399	1,416	-	-	686
RHSTEP	1979									
DMCH	1979	18	2	10	23	1534	364	10	13	755
SSMCH	1979	1	-	3	22	1493	390	8	11	185
CMCH	1979	-	21	2	16	870	682	13	17	269
RPMCH	1980	2	6	22	21	1137	624	13	14	289
SBMCH	1981	-	4	24	17	1282	556	8	9	230
SMCH	1981	-	3	-	11	807	416	16	14	213
MMCH	1981	-	4	8	12	1008	700	11	12	193
PGH	1981	-	-	-	12	266	589	8	11	285
KMCH	1981	7	4	-	10	451	716	11	14	248
RIMCH	1988	3	-	7	12	696	290	12	8	283
NSH	1991	-	-	-	1	27	103	14	13	244
COMCH	1998	6	7	15	13	228	99	9	14	115
FMCH	1989	3	3	12	12	220	74	10	11	85
CBSH	1999	-	-	-	2	10	19	-	-	22
JGH	2001	-	1	-	2	7	9	-	-	19
MCD	2003	-	-	-	-	-	-	-	-	-
BMCH	2005	-	-	-	-	-	-	-	-	-
DIMCH	2005	-	-	-	-	-	-	-	-	-
MAH	2009	1	-			1	-			-
Total		**41**	**55**	**103**	**186**	**9,937**	**5,631**	**143**	**161**	**3,425**
BAPSA	1983									
MRHC-1	2002	-	-		-	-	-	46	38	272
MRHC-2	2002	-	-	-	-	-	-	-	-	-
RRHC	2002	-	-	-	-	-	-	-	-	5
Total		-	-		-	-	-	46	38	277
Grand Total		**41**	**55**	**109**	**376**	**10,336**	**7,047**	**189**	**199**	**4,388**

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