



## Proshanti U.K Monthly Report

Reported by Md. Golam Sarwar  
Month: April, 2015

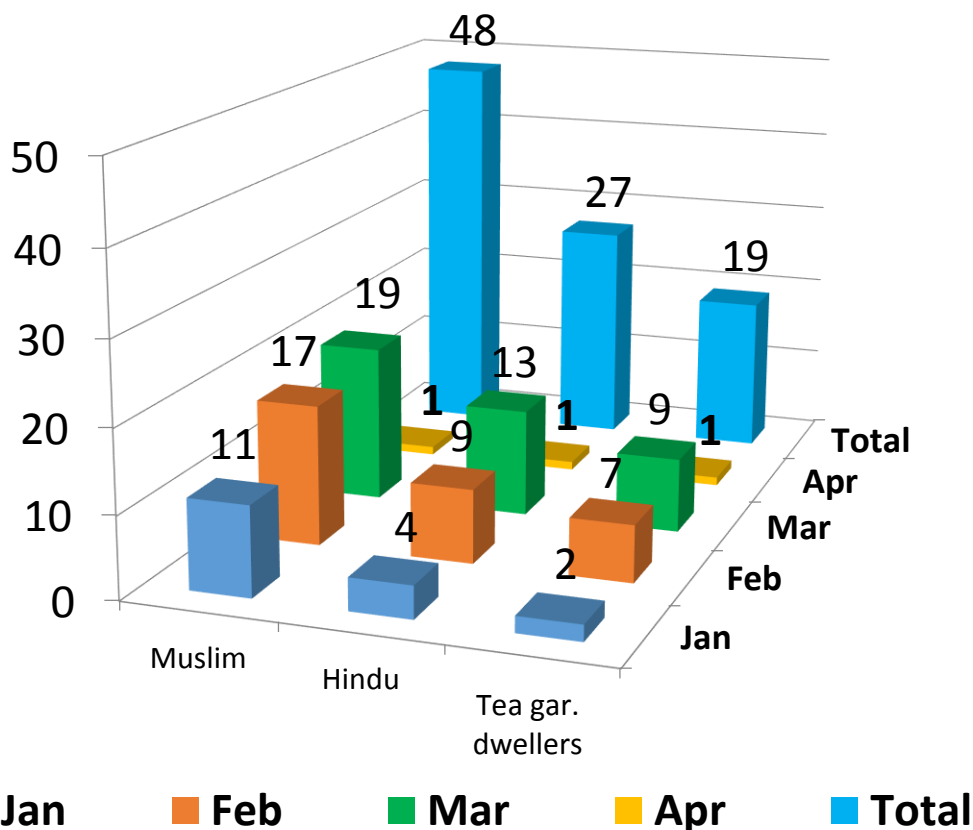
Designation: Project Coordinator  
Date of submission: 13/05/2015

### Patient statistics/turnover:

In April only 02 new clients were enrolled. Currently we have a total of 71 clients that fulfils the Peter Stebbings commitment. New client enrolment was started from 01 January 2015 under PS fund. Hope new client delivery will be stated from next month. Present client statuses are given below.

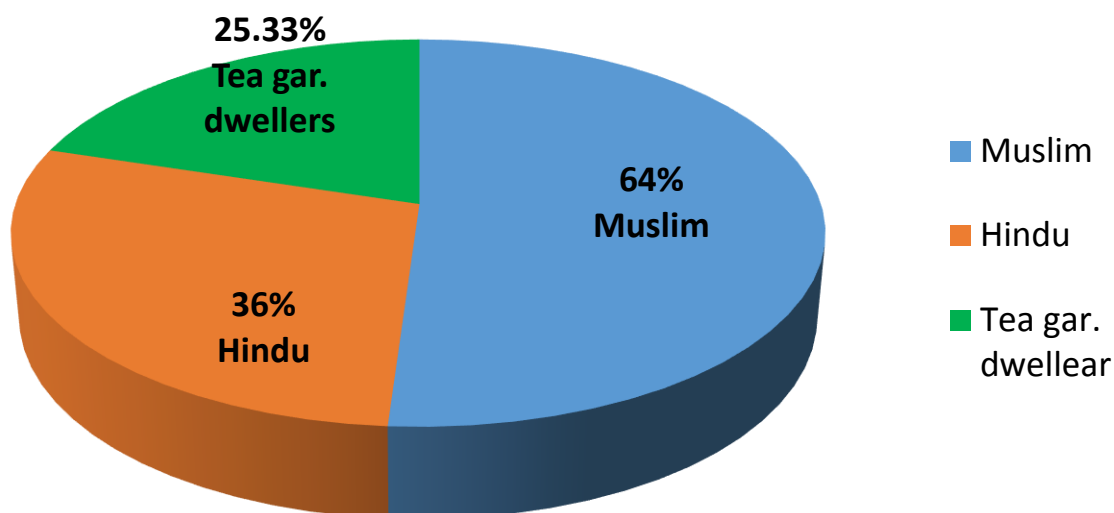
Client Status	Jan, 2015	Feb, 2015	Mar, 2015	Apr, 2015	Drop Out	Remarks
Old Client	27	14	06	01	-	-
New Client	15 (Mus-11, Hin-4)	26 (Mus-17, Hin:09)	32 (Mus-19 Hin-13)	02 (Mus:1, Hin:1)	01	Tea garden dwellers 01

### Month wise client enrolment Jan-Apr, 2015



We try to enrol client from 06 unions of Juri Upazila following Proshanti's client selection guideline but emphasis is given on minority groups like, tea garden dwellers, Hindus and Sauntal community. We did not get enough response from Fultalla and Sagarnal unions due to long distance and difficult road communication. Last month we have enrolled 01 tea garden dweller out of 02 clients. In April 01 client was dropped as she never appeared after the registration was done. The primary information that she gave was wrong so we couldn't find her in her given address.

## Percentage of faith wise new client enrolment of Jan -Apr, 2015



**Muslim-48, Hindu-27 & Tea garden dwellers- 19**

### A.N.C Coverage in April-2015

ANC-1	ANC-2	ANC-3	ANC-4+	Total ANC
02	21	12	01	<b>36</b>



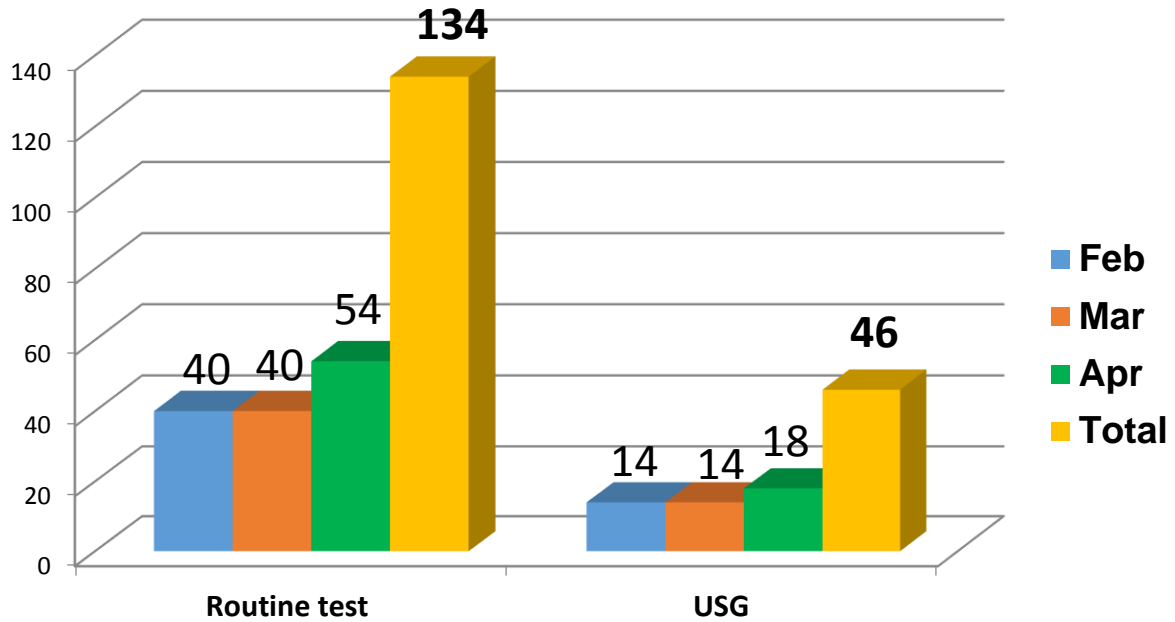
We are committed to ensure quality care of A.N.C that's why we ensured weekly checking of equipment and randomly cross checking is going on of clinical tests and medicines. We have ensured urine sugar and albumin test & records of every client on every A.N.C. This month we rechecked Hb% of 22 clients out of 36 ANC.

**Health Education Season:** It is an effort to develop life skills of the pregnant mothers. Everyday this session is held on after the completion of clinical tests at ANC and this session is facilitated by our Midwife. They discuss with mothers on different issues and their life style using different materials. As an effect of this midwives are receiving frequent calls from the clients.



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### Clinical test status of Feb – Apr, 2015

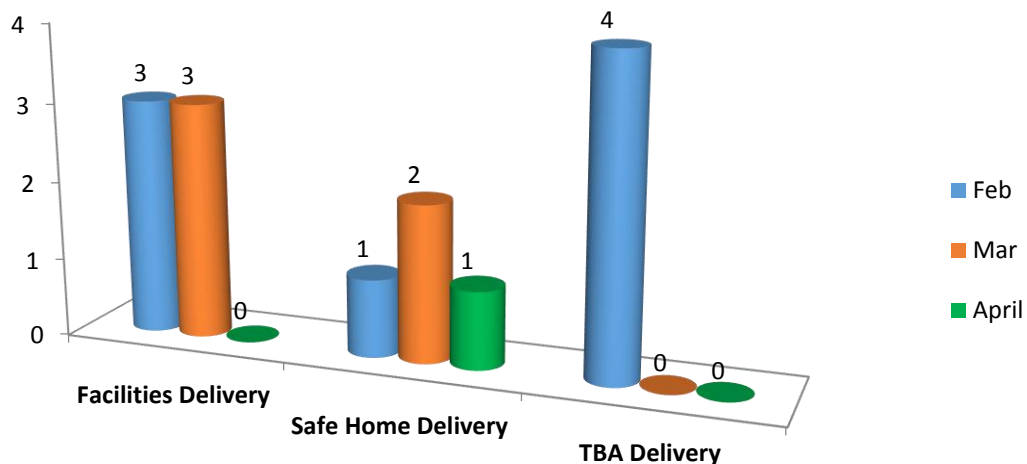


### Delivery Conducted

Month	LUCS	NVD Facilities	Safe NVD home	TBA	Total	Remarks
Feb, 2015	01	02	01	04	08	Muslim-07, Hindu-01
Mar-2015	02	01	02	00	05	Muslim-04, Hindu-01
April-2015	00	00	01	00	01	Muslim

It is a big challenge to eliminate TBA delivery due to lack of birth planning habits & counselling during the ANC. However we are trying to reduce TBA delivery at home level. Though the clients believe in deep social prejudice, family barrier, religious barrier and lack of education, this month we have ensured proper ANC counselling and strong E.D.D follow-up to overcome this challenge.

### Delivery status of Feb - Apr-2015



<b>P.N.C Service March-2015</b>				
<i>P.N.C-1</i>	<i>P.N.C-2</i>	<i>P.N.C-3+</i>	<b>Total</b>	<i>Remarks</i>
<i>01</i>	<i>6</i>	<i>00</i>	<b>07</b>	
<p>We are trying to ensure proper PNC visit at home level so that the foetus can get adequate nutrition from the mothers. As a result of PNC visits 02 mothers took Family Planning methods this month for ensuring postpartum maternal health. We are trying postpartum IFA and vitamin 'A'.</p>				
<b>Clinical issues:</b>				
<p>We have taken a new decision to continue client USG at Janasheba Diagnostic Center due to the level of quality services they offered. This month 54 clinical tests were done by ACC and Janasheba Diagnostic Center within this test 36 was routine test and 18 were USG test. We nagged to ensure proper &amp; quality medication as per prescriptions for our clients. Randomly client's medicine packets were cross checked to ensure that no foul play has been done by the pharmacy. We shall continue to do this every month.</p>				
<b>Critical case report:</b>				
<p>This month we have successfully handled one case without any difficulties at home level through strong EDD follow-up.</p>				
<b>Staff issues:</b>				
<p>We have started weekly sharing and schooling to enhance and established working knowledge to improving quality of work and staff. Documentations crosschecking, on-the-job training, coaching and mentoring are going on to develop staff skills.</p>				
<b>Networking: UHC/UNO/NGOs:</b>				
<p>Networking and coordination with deferent stakeholders are going on especially with the Government part and Local Government. This month we provided monthly progress report to the UH&amp;FPO, UFPO, UNO and DC Offices and attended on 02 GO meeting at UHC and UNO Office.</p>				
<b>AAMC:</b>				
<p>We are continuing daily sharing with AAMC in every service related issues. This month we included 04 AAMC staff in our MNH training and a friendly working environment is staying between AAMC and PROSHANTI.</p>				
<b>Problems encountered:</b>				
<ul style="list-style-type: none"> <li>➤ Sometimes clients hid primary information to get admission under this project.</li> <li>➤ The different geographical contest and various types of communication system/ devices.</li> </ul>				
<b>Overall management concerns:</b>				
<ul style="list-style-type: none"> <li>➤ Immediately arrange a good camera.</li> <li>➤ Need a Multimedia or a Monitor.</li> </ul>				
<b>Any other issues:</b>				
<p style="text-align: center;"><b><u>The Amazing Visit of Honourable Chairperson and Dr. Ian G.L Gibson</u></b></p> <p style="text-align: center;">This month project activity visited by the honourable chairperson Ms. Lilu Ahmed,</p>				



(Chairperson, Board of Trustees in London) and Dr. Ian G.L Gibson. They stayed at Juri from 12 April to 21 April, 2015 during this period they conduct 07 days long MNH training. Issues covered under this training are (i) sign & identify of high risk client during 01<sup>st</sup> ANC; (ii) How to ensure the quality of clinical test (iii) Management of high blood pressure, eclampsia and postpartum hemorrhage; (iv) helping baby's breath & resuscitation, easy system of NVD, placenta's position, Clinical Report Analysis, ( - )iv blood group client management & etc. This is really a useful training for all of us facilitated by Dr. Ian G.L Gibson and Lilu Ahmed. They visited many client houses & met and discussed with clients and their neighbors at Harirampr and Belagoan also attended a Government Meeting and met with UNO and Uz Chairman and others. Really they gave a new charm to the project and all the staffs.

It is necessary to ensure nutrition support for the hard core poor mother and babies as soon as possible. If it possible to establish a personal delivery room for Proshanti we think it will bring more benefit to the project. First -- number of facilities delivery will be increased and second -- clinical costs will be minimised and third -- we will be able to ensure quality of service up to the mark.