



Proshanti UK: Field Activity Report February 2015

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Month: Feb, 2015

Designation: Project Coordinator
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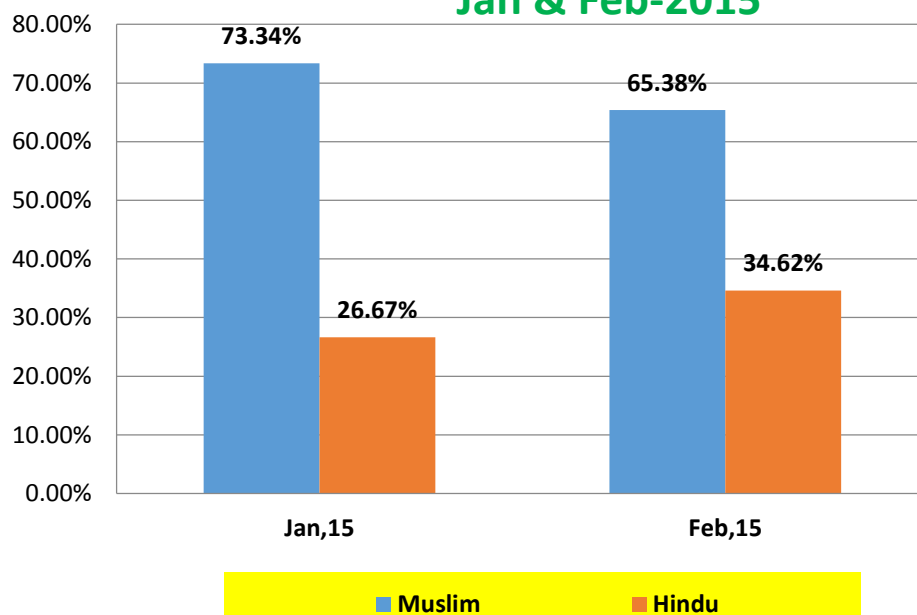
Patient statistics/turnover:

New client enrolment has been going on from 01 January 2015; it will be continued till we reach 70 patients to fulfil the Peter Stebbings commitment. Present client statuses are given below.

Client Status	Jan, 2015	Feb, 2015	Drop Out	Remarks
Old Client	15	07		
New Client	15 (Muslim-11, Hindu-04)	26 (Muslim-17, Hindu-09)	Jan-02, Feb-01	Drop out are tea garden dwellers 10

We are trying to enrol client from 6 unions of Juri Upazila following Proshanti's client selection guideline but emphasis on minority groups like, Tea garden dwellers, Hindus and Saontal group. Last two months we have enrolled 10 tea garden dwellers. 03 (Jan-01 & Feb-02) clients has been dropped out due to unwanted miscarriage and information hide.

Percentage of faith wise client enrollment, Jan & Feb-2015

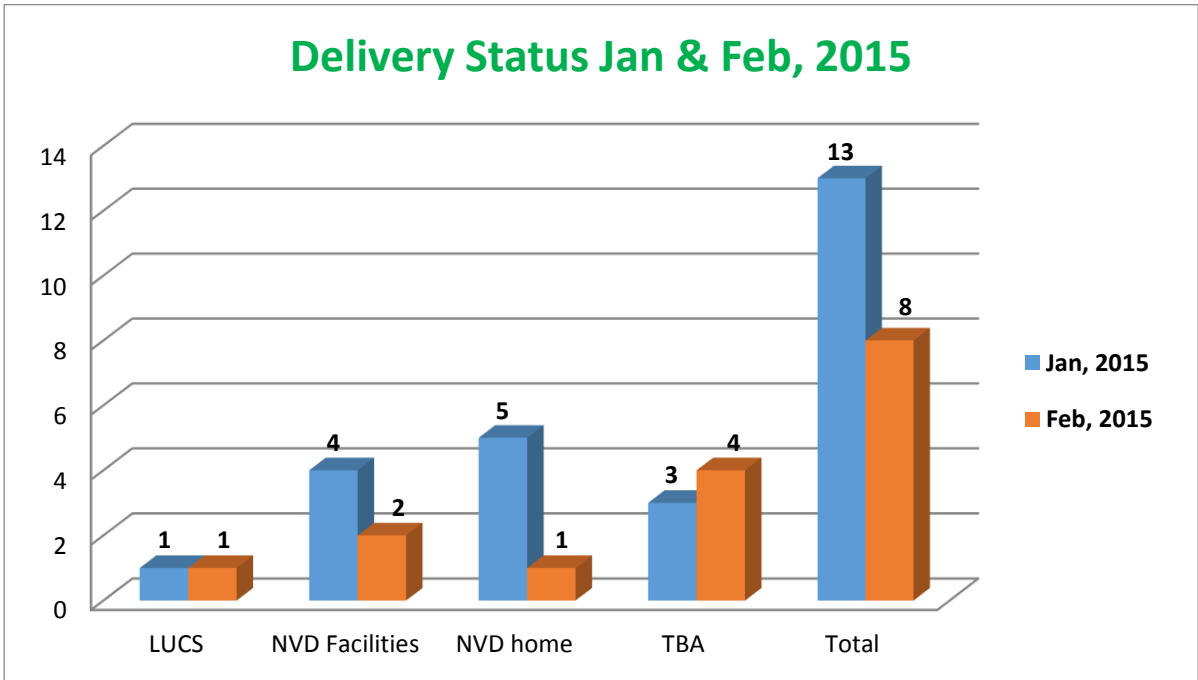


Delivery Conducted

Month	LUCS	NVD Facilities	NVD home	TBA	Total	Remarks
Jan, 2015	01	04	05	03	13	Muslim-09, Hindu-04
Feb, 2015	01	02	01	04	08	Muslim-07, Hindu-01

TBA delivery has been increased in Feb from January 2015. Client Beauty Begum was

suffering with prolong labour we referred her at ACC but she did not come. The other 03 client didn't inform Proshanti midwife due to mid night delivery. It is a big challenge to eliminate TBA delivery due to lack of our birth planning counselling during the ANC visit. On the other hand the clients are sink in too deep social prejudice, family barrier, religious barrier and lack of education.



Clinical issues:

As per new agreement with ACC we are referring USG clients in ACC and the ACC management served clinical test report quickly and correctly. This month 33 clinical tests has been done by ACC. Among these 31 were routine tests and 02 USG tests. However, we have to face a huge challenge on the issue of medicine. Most of the time the pharmacy didn't provide medicine as per prescriptions. We are checking the clients medicine randomly and provided feedback to the concern authorities of ACC. We are trying to ensure quality by random cross check both clinical and non-clinical side. In this month we have ensured Urine Sugar & Albumin tests for every client in every ANC.

Critical case report:

This month we have identified 01 critical high risk client name Miss. Sonara Akther, Father: Rosmed Ali, Mother:Halima, Husband: Masum, of Dhakin Vabanipur, Juri. Distance near about 05 Km from the ACC. She was under our incentive care and finally we manage the case successfully. Her last issue was still birth. She has delivered a healthy male baby at ACC dated on 10.02.2015 at 10.30 pm. Now she is leading a happy life with her family. Her baby's name is Sunny.



Sonara Akther with her baby

Staff issues:

Every staff of the office are maintaining existing office time accordingly but the knowledge gape of two midwives are huge. Especially Shampa's acute knowledge gap and her memory and

coping up capacity are so weak. She doesn't have minimum interest to read materials and discuss topic, she is also very weak in facilitation and counselling. On job training, coaching and mentoring are going on to develop staff skill.

Networking: UHC/UNO/NGOs:

Networking and coordination of different stakeholders are going on. In February we provided monthly progress report to the UH&FPO and UNO and updated them about the progress of the project we also coordinated with the local government on 04 union (Puba Juri, Jayfornagar, Pachim Juri & Sagarnal) and Upzila Vice Chairman of Juri. The local government institute are very happy and congratulated Proshanti for conducting huge number of delivery.

AAMC:

We are trying our heart and soul to coordinate with AAMC in every issue for better service delivery. This month AAMC conducted 03 (02 NVD & 01 LUCS) delivery. There is a problem in AAMC during the delivery period, the concern doctor who attend on the delivery didn't record necessary information of mother and newborn like essential newborn care and essential delivery care. We discussed and counselling with concern authorities of AAMC and doctors.

Problems encountered:

The local management of AAMC did not accept Project Coordinator cordially they thought as their opposition. The different geographical contest and various type of communication system.

Overall management concerns:

As soon as organized MNHFP-N related a residential training for staff development and rearrange midwife's financial facilities as per their capacities, working experience and services. Immediately we need a good camera, printer and a scanner for official use and better documentation.

Any other issues:

If it possible to establish a personal delivery room for Proshanti we think it will make more benefit to the project. First -- number of facilities delivery will be increased and second -- clinical cost will be minimise and third -- we will be able to ensure quality of service up to the mark.