



Proshanti U.K Monthly Report

Reported by Md. Golam Sarwar
Month: May, 2015

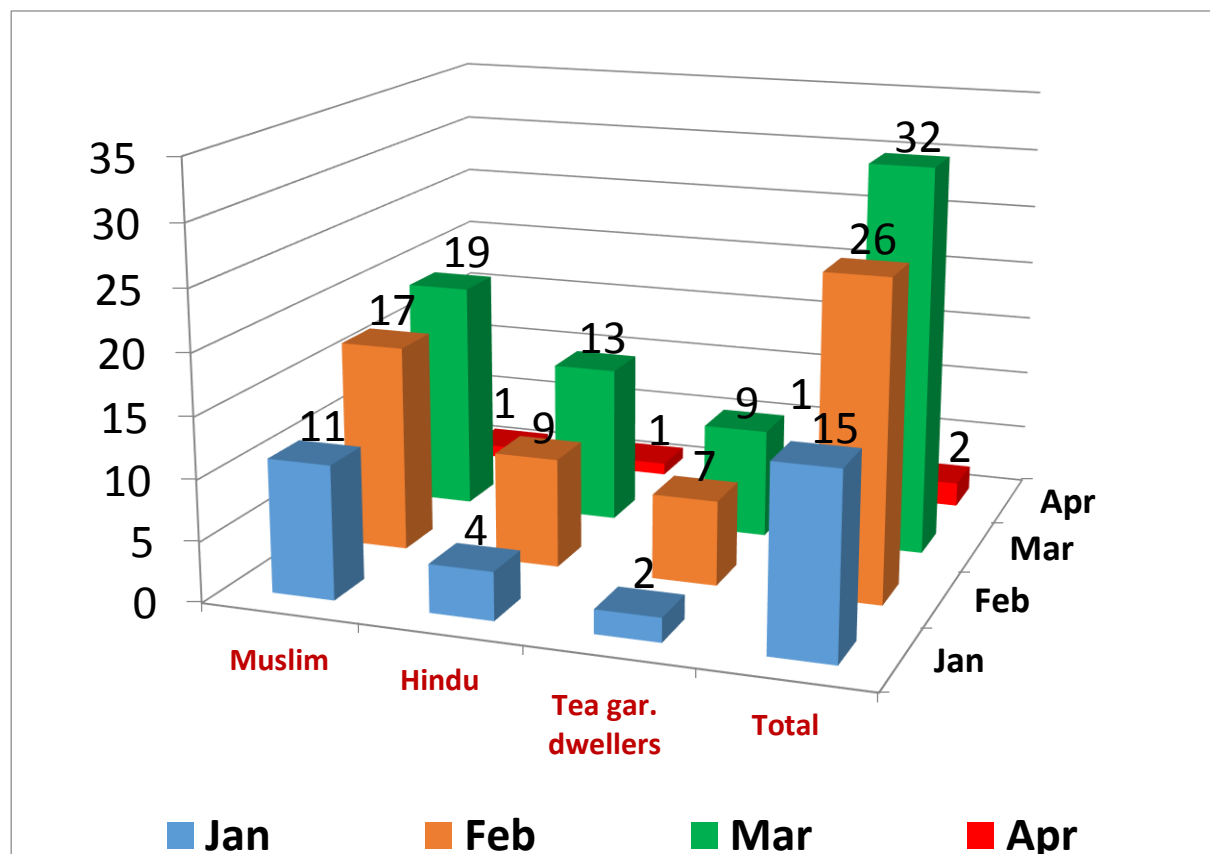
Designation: Project Coordinator
Date of submission: 13/06/2015

Patient statistics / turnover:

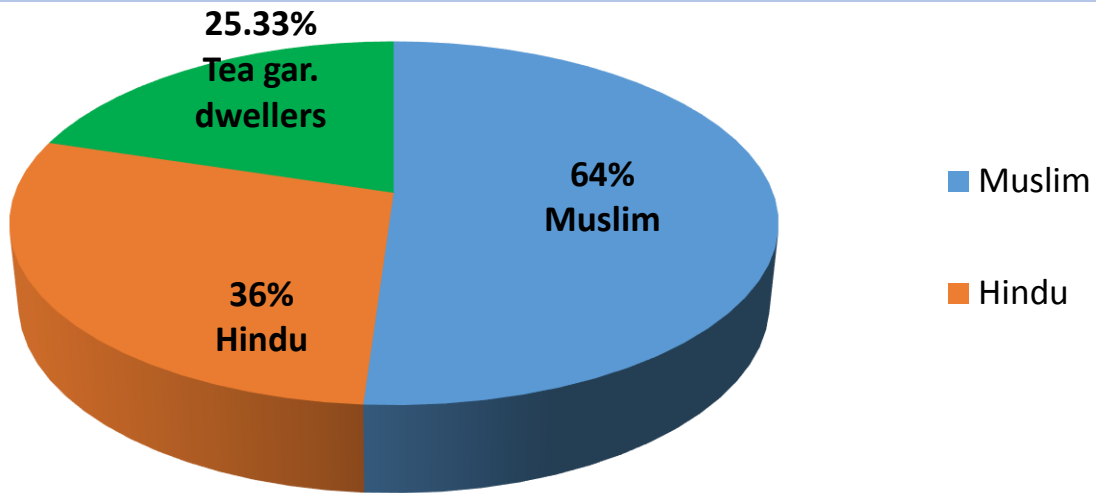
We have completed new client enrolment last month. Present client status is 70 and new enrolled client delivery has been successfully stated from this month under PS (Peter Stebbings) fund. This month we focused our activities on quality of ANC & PNC, client counselling & monitoring, strong EDD follow-up and control TBA delivery as we are committed to stop TBA delivery to avoid any accident. Several of our clients have their EDDs in June, so we'll have a busy month. Present client statues are given below.

Client Status	Jan, 2015	Feb, 2015	Mar, 2015	Apr, 2015	Total	Drop Out	G. Total
New Client	15 (Mus-11, Hin-4)	26 (Mus-17, Hin:09)	32 (Mus-19 Hin-13)	02 (Mus:1, Hin:1)	75	05	70

Client status Jan-May, 2015



Percentage of new client of Jan - Mar, 2015 as per faith



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
00	20	19	08	47

We are committed to ensure quality of ANC 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 ANC. This month we rechecked Hb% of 34 clients out of 47 ANC.

Health education is an important part of ANC so we organized Health Education Session on every ANC. It is an effort to develop life skill of the pregnant mothers. Everyday this session is held on after the completion of clinical test of ANC and it also helps us to ensure quality of ANC and safe delivery from the mothers.

Nutrition is the most important issue during parancey it is also an indicator of quality of of care we provide. A pragnant mother need 2447 Kilo Cal. every day (Source: INFS, Dhaka University).

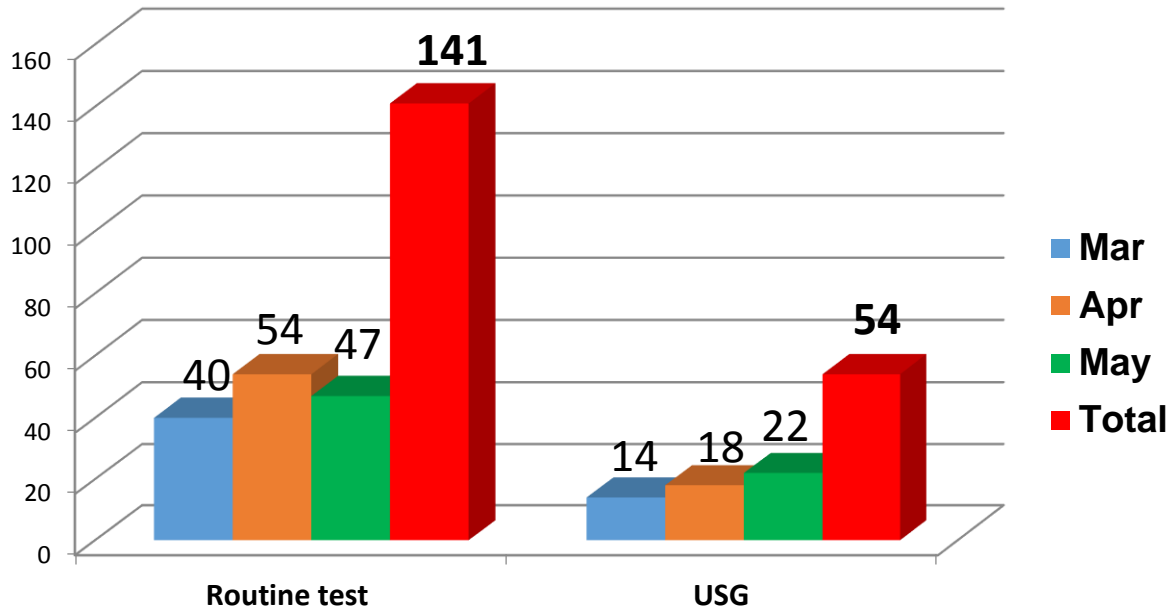
This month upon approval of the Proshanti UK Board we provided nutirional support to four malnaroused clients in the form of food package. They are (i) Salma Begum PS-30, (ii) Rita Suvakar PS-33, (iii) Popi Akther PS-46 & (iv) Mira Rabidas PS-71.

Each food pack for a month contains;
 (i) Flour (white) = 5 kg. (Nutrition value 360 kilo cal per 100gm)
 (ii) Pulse (yellow) = 2.5 kg. (Nutrition value 350 kilo cal per100gm).

It is believed that these food packs will provide the client with 26,750 kilo calories of nutrition every month. Average calculation of calorie intake conducted by an NGO stands to be 1520 – 1600 kilo cal, this additional pack should provide each client an additional nutrition valued to 891 kilo cal that would help the growth of the upcoming child. We are also guiding the clients how to make proper use of the nutrition supplement.



Clinical test status of Mar – Apr, 2015

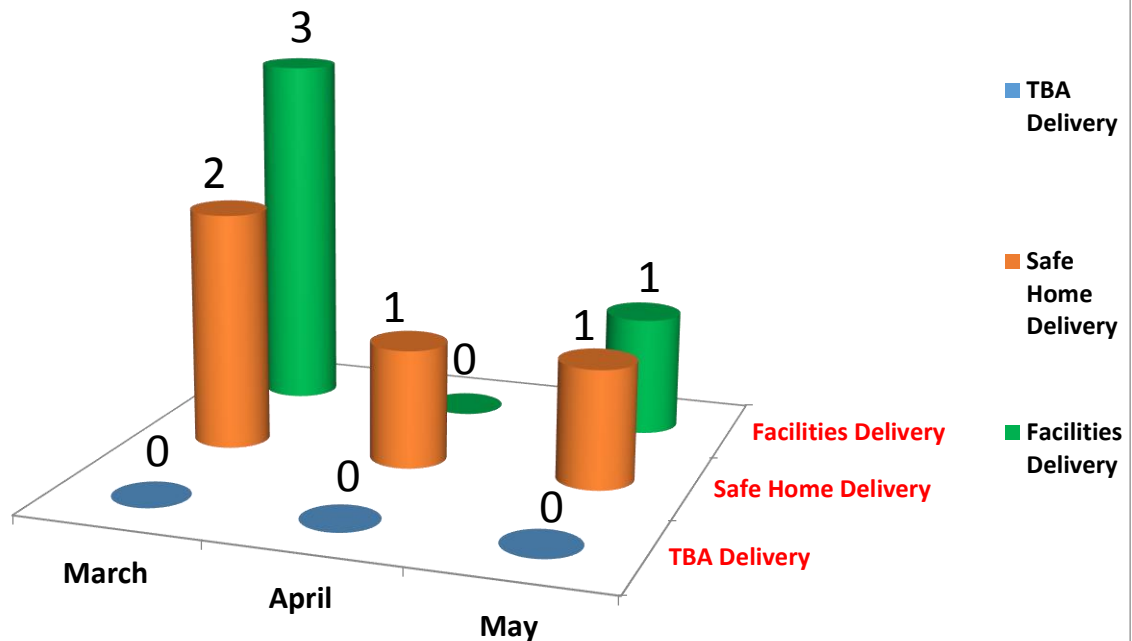


Delivery Conducted

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

It is a big challenge to eliminate TBA delivery but we are trying to reduce TBA delivery at home level. As an action we tried to grow up client awareness during ANC and establish a strong client monitoring system & relationship between Proshanti and its clients to overcome this challenge, though clients believe in deep social prejudice, family barrier, religious barrier and lack of education.

Delivery status of Mar - May-2015



P.N.C Service March-2015				
<i>P.N.C-1</i>	<i>P.N.C-2</i>	<i>P.N.C-3+</i>	Total	<i>Remarks</i>
02	2	02	06	

We are trying to ensure a more focused PNC visit at home with the aim to monitor that the mothers are taking proper nutrition that helps her incoming child. During PNC visit midwife are counselling mothers on different issues like postpartum nutrition, importance of exclusive breastfeeding, system and rules of breastfeeding, infant and young child feeding, child vaccination, postpartum family planning etc. As a result of PNC visit 02 mothers took Family Planning methods in May for ensuring postpartum mother health. In May we ensured postpartum IFA and vitamin 'A'.

Clinical issues:

As per new decision we continued client USG at Janasheba Diagnostic Centre. This month 56 clinical test has been done by ACC and Janasheba Diagnostic Centre within these tests 34 were HB% and 22 USG tests. We nagged to ensure proper & quality medication as per prescriptions for our clients this month. Randomly clients' medicine packets were cross checked to ensure that no foul play was done by the pharmacy. We shall continue to do this every month.

Critical case report:

This month we have identified one critical high risk client, Ms. Shara Akther (22), Husband: Jamal Mia, Vill: Harirampur, Union: Juri, Upazila: Juri, Distance near about 2.5 Km from the ACC. Her husband is a rickshaw puller. She was under our incentive care and finally we managed the cause successfully. Her last issue resulted in a neonatal death. She has delivered a healthy female baby at ACC on 12.05.2015. Now she is leading a happy life with her family.



Staff issues:

We are continuing weekly sharing and coaching to enhance and establish working knowledge to improving quality of work of our staff. Documentation cross-checking, on job training, coaching and mentoring are going on to develop the skills.

Networking: UHC/UNO/NGOs:

Networking and coordination with deferent stakeholders are going on especially with the Local Government. This month we provided monthly progress report to the UH&FPO, UFPO, UNO and DC Office and attended one government meeting at the UNO Office.

AAMC:

We are continuing daily sharing with AAMC in every service related issues and a friendly working environment is prevailing between AAMC and Proshanti UK.

Problems encountered:

- Staffs turn over – Shompa had to leave
- Sometimes clients hide primary information to get admission under this project.
- The different geographical contest and various types of communication system /

devices.

Overall management concerns:

- Immediately arrange a good camera.
- Need a Multimedia or a Monitor.

Any other issues:

It is necessary to ensure nutrition support for the hard core poor mothers and babies as soon as possible. If 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 cost will be minimised and third -- we will be able to ensure quality of service up to the mark.