



Proshanti U.K Monthly Report

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Designation: Project Coordinator
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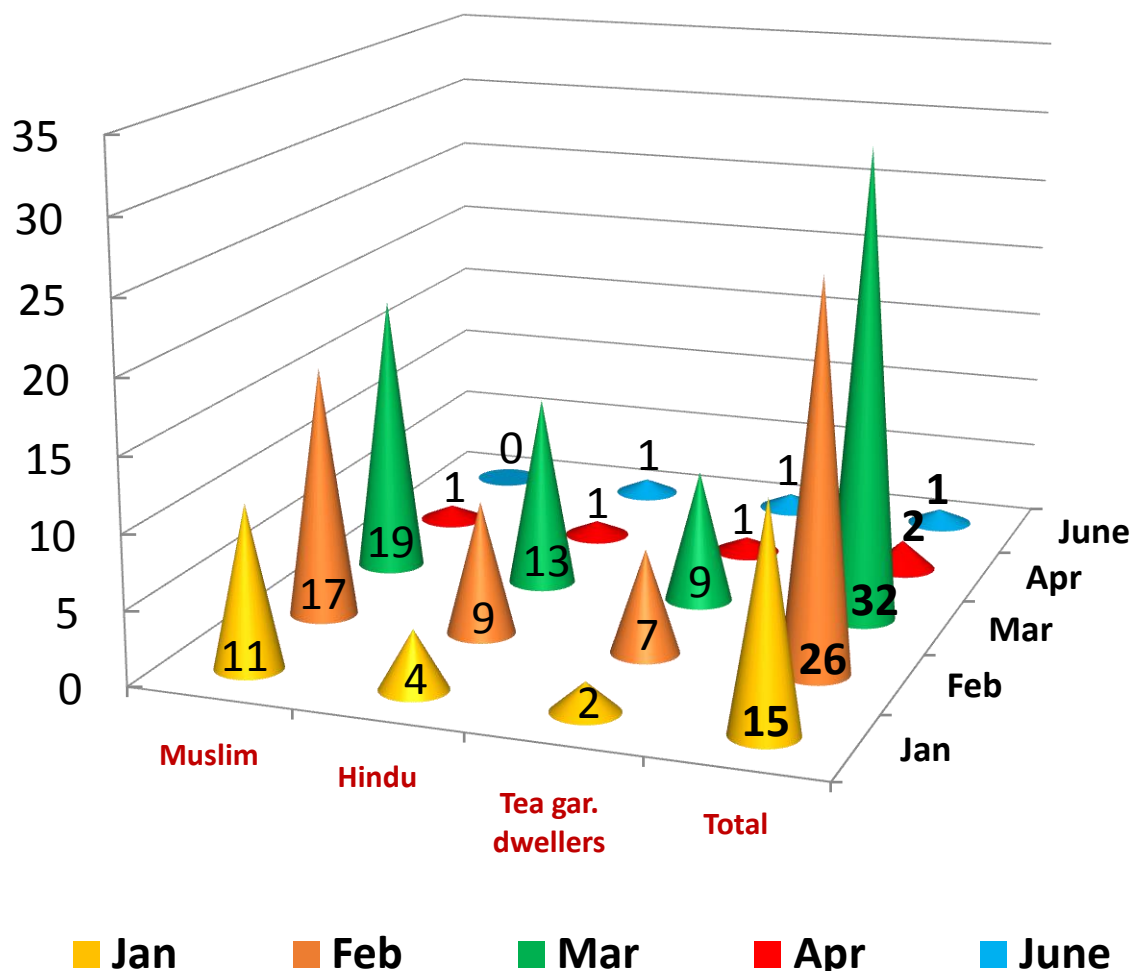
Patient statistics / turnover:

Health is a fundamental right for all citizens but all the indicators of maternal and neonatal health of Sylhet Division doesn't match with the national stats; specially of save delivery. For instance "ANC receiving ratio nationally 60%; in Sylhet it is 47%; home delivery by TBA* - nationally 85%; Sylhet is 91%; delivery with skill birth attendance nationally 18% & Sylhet - 11% (Source BDHS-2011**), but the real maternal and neonatal health scenario of Juri Upazila is more bad then the whole of Sylhet Division. In this situation we are trying to ensure our contribution to achieve MDG goal 4 and 5. So that we focused our activities on quality of ANC & PNC, client counselling & monitoring, health education, strong EDD follow-up, save delivery and control TBA delivery. Present client statuses are given below.

Total Client Enrolled	Drop Out / Miscarriage	Total delivered	Present Clients Stats
76	06	14	56

Client enrollment status Jan - June, 2015

Muslim-48, Hindu-28 & Tea garden dwellers- 20



* TBA: Traditional Birth Attendance, **Bangladesh Demographic Health Survey - 2011

A.N.C Coverage in June, 2015

ANC-1	ANC-2	ANC-3	ANC-4+	Total ANC
01	00	25	18	44

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 18 clients out of 44 ANC. Here is a short brief about ANC:

Obstetrical information to be asked/reviewed (Number and type of previous pregnancies (ectopic pregnancies, premature and large babies, still birth) including abortions, Outcome of previous pregnancies and dates of delivery, mode of delivery, sex of babies, neonatal death or any complications, History of menstrual and contraceptives; Date of last delivery, Date of the first day of her last menstrual period and regularity of menses, History of violence or abuse during pregnancy). **Medical history to be reviewed in the card, or asked and recorded** (Full or partial tetanus toxoid immunization; Allergies (medical or other); Current medications and/or herbal treatments, Any history of diabetes, tuberculosis, hypertension, heart diseases, urinary track infections/STI, malaria or others; Any history of surgical interventions (specify), Current use of tobacco or other harmful substance). **General physical exam** (Checks Weight; BP; Hb; Sugar, Albumin, Observes presence of oedema in face and members; Checks the conjunctiva and palms of hands for anaemia, Checks presence of Jaundice (check eye, skin colour, Perform any additional exam as necessary). **Obstetric examination** (Measures fundal height, If after 20 weeks, listens to the fetal heart rate, If after 36 weeks, determines fundal height, presentation, if necessary fetal lie, Perform vaginal examination if necessary). **Birth plan and emergency readiness plan should include**



Joni Das (Midwife) is facilitating a Health Session

Popi Akther (PS-46) told about the health education session “we enjoyed this session very much within this session we learn about health related various issue specially maternal & neonatal health I am a pymeer mother and I did not know the rules of breast feeding now I know it properly and I will be able to feed my baby properly”. 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.

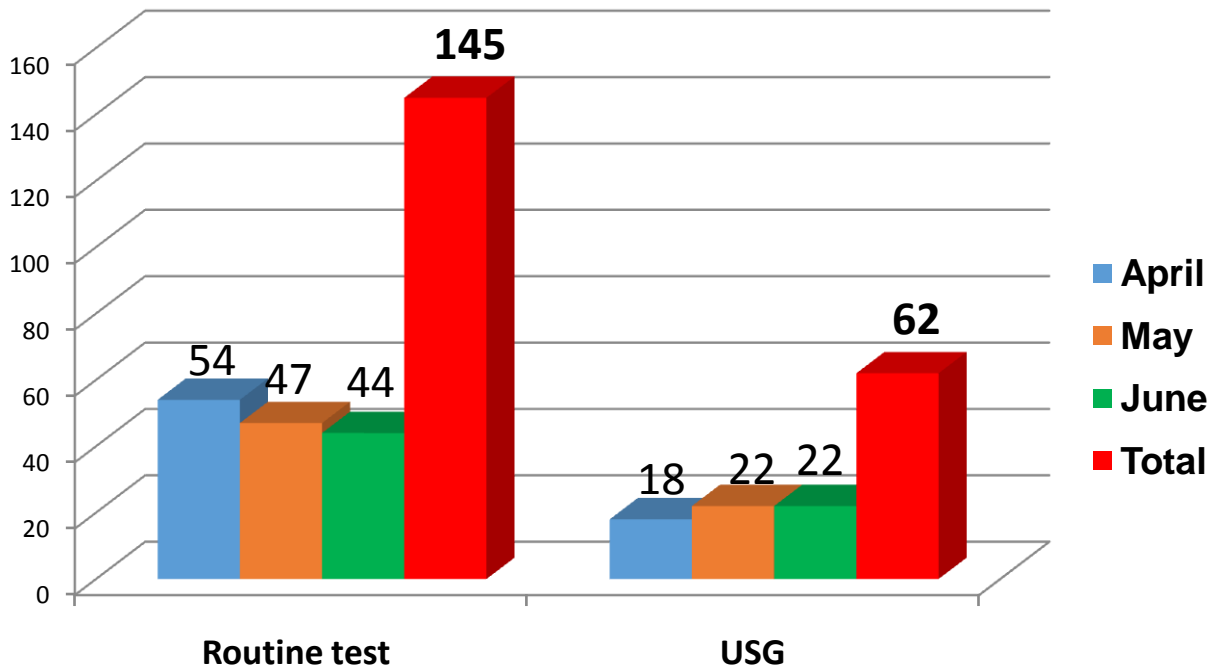
Nutrition is the most important issue during parancey it is also an indicator of quality of care we provide. Last month upon approval of the Proshanti UK Board we started to provide nutritional support to four malnarrowshed clients in the form of food package. They are (i) Salma Begum PS-30, (ii) Rita Suvakar PS-33, (iii) Popi Akther PS-46 & (iv) Mira Rabidas PS-71. This month we carefully observed their change like Weight, B.P, Hb%, Fundal Height, sickness & weakness ratio, etc. Additional nutrition would help the growth of the upcoming child. We are also guiding the clients how to make proper use of the nutrition supplement.

Rita Suvakar PS-33, Husband: Ranjit Suvakar, Vill: Ratna tea garden, Union: Goalbari, told about nutritional support, “It’s a blessing of God that I’m selected for this support. Before this support started I was always hungry and could not eat to full satisfaction because we did not have enough. Many days their was no food at all in my house and I had to wait for food but now I eat when I feel hungry and store this food in my house. That’s not all, Proshanti also allocated transport fair for me so now I don’t miss ANC visits”.



Popi Akther PS-46 received S. food

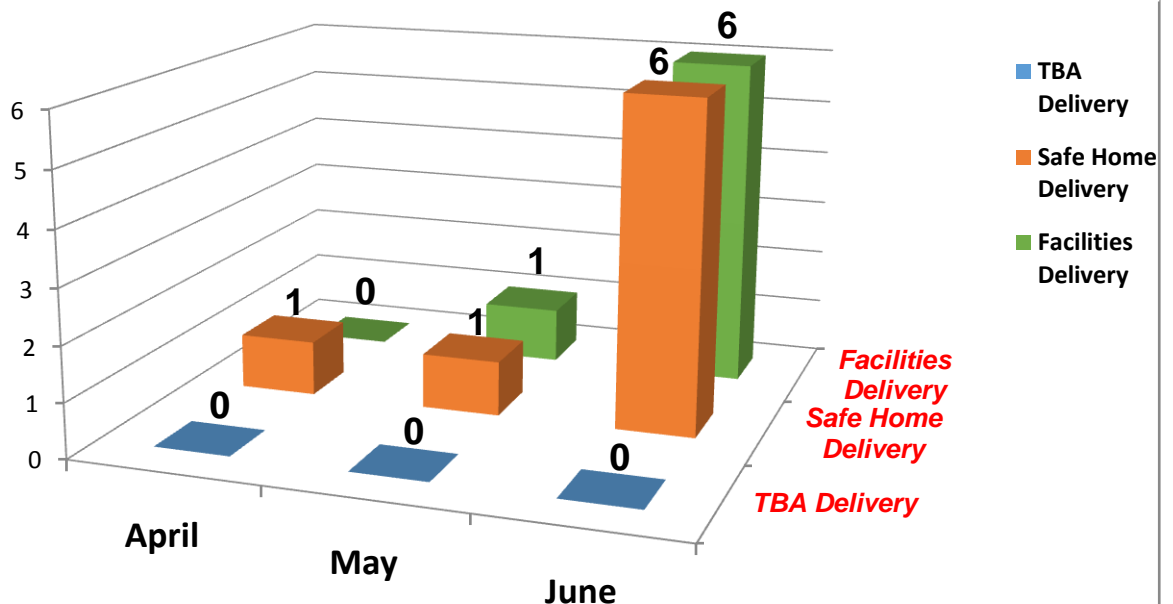
Clinical test status of Apr - June, 2015



Delivery Conducted						
Month	LUCS	NVD Facilities	Safe NVD home	TBA	Total	Remarks
April-2015	00	00	01	00	01	Muslim
May-2015	00	01	01	00	02	Muslim 01, Hindu 01
June-2015	01	06	06	00	12	Muslim 06, Hindu 06

Though It is a big challenge to eliminate TBA delivery but we are committed to stop 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. We have been able to control TBA delivery from March to June, 2015.

Delivery status of April - June, 2015



P.N.C Service June, 2015

<i>P.N.C-1</i>	<i>P.N.C-2</i>	<i>P.N.C-3+</i>	Total	<i>Remarks</i>
11	06	00	15	

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 visits midwives are counselling mothers on different issues like postpartum nutrition, importance of exclusive breast feeding, system and rules of breast feeding, infant and young child feeding, child vaccination, postpartum family planning etc. As a result of PNC visits 05 mothers took Family Planning methods in June, 2015 for ensuring postpartum mother health. In June we have been able to ensure 100% postpartum IFA and vitamin 'A'.

Clinical issues:

This month 59 clinical test has been done by ACC and Janasheba Diagnostic Centre within these tests 18 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 two critical high risk clients, Trishna Das (22) PS-54, Husband: Dipon Das, Vill: Voyai, Union: Jayfornagar, Distance near about 06 Km from the ACC. Her husband is auto-rickshaw driver and Joya Rani Das (25) PS-10, Husband: Sreekanta Das, Vill: Uttar Vabanipur, Union: Phacshim Juri, Distance near about 03 Km from the ACC Her husband is day labor they were under our intensive care and finally we managed the cases successfully. Now they are leading a happy life with their family.

This month we have identified a still birth by Shiba Rani Pal (20) PS-05, delivery date 15/6/2015 at 10.30pm at home, Aprna Rudra Pul (Midwife Proshanti UK) has conducted the delivery and did not feel babies breath so she immediately refer to AAMC near about 10.45 pm and the concern doctor did not find breathe and the baby was **Pigeon Chest**. Before the date of delivery she was suffering with abdominal pain and we referred to Dr. K. Zaman dated on 14/06/2015; at 02.30pm, he suggests for a urine test and provided medication. Her LMP- 12/10/2014, LMP EDD-19/07/2015, As per 1st USG EDD – 30/05/2015 and 2nd USG EDD – 07/07/2015. Her last (ANC) Visit date was 14/06/2015 during the last ANC she was "Weeks-37, Weight-45kg, B.P-110/80, Sugar-Neg, Albumin-Neg, Oedema- (+), Fundal Height-36 cm, Fetal Hear Rat-155, Fetal Movement Felt-(+), Problems found: Abdominal pain".

This month we have also identified a **Neonatal Death** of Sabitree Rudra Pal (25) PS-26, Husband: Sajal Rudra Pal, Vill: Basa Line, Ratna tea garden, Un: Goal Bari, Uz; Juri, delivery conduct by Aparna Rudra Plal (Midwife Proshanti UK) at home dated on 15/06/2015 at 11.00am. The newborn was premature, during the delivery period Sabitree was 32 weeks. Aparna referred the neonate with mother and discuss with her family about critical situation and necessary of refer and tried more than 2.30 hour to carry both baby and mother with her, but Sabitree's family was not interested to refer and they did not permit to refer with her. Every day several time we called her husband for quick refer, her husband told us several time " I will send them tomorrow" but he did not do this and they were busy with playing religious activities on the other hand the baby was not enable to survive more day and died in 17/06/2015 at afternoon. Her last (ANC) Visit date was 31/05/2015 during the last ANC she was "Weeks-30, Weight: 44kg, BP: 100/60, Hb%: 60, Sugar: Neg, Albumin: Neg, Oedema: (-), Fundal Height: 30cm, Fetal Heart Rat: 135, Fetal Movement Felt: (+), Problems found: Gastro logy". Her LMP: 15/11/2014, LMP EDD: 22/08/2015, USG EDD: 10/08/2015.

We have saved a **Mother Life** on this month name Sabitree Rudra Pal (25) PS-26, Husband: Sajal Rudra Pal, Vill: Basa Line, Ratna tea garden, Un: Goal Bari. Her husband is a tea garden worker. After delivery Sabitree's physical condition was rapidly going bad and after then she lost her spiking power and attack with acute malnutrition.



Every day we called several time to her husband and family to collect information about her physical condition and requested them for quick refer. After delivery she did not get enough food from her family because of religious barrier and mentally she was fully broken after the death of her baby.

After a long run with the help of concern Local Government Leader we bound her husband to refer her at AAMC dated on 24/06/2015 and immediate transferred 03 bag blood as per doctor instructions after necessary treatments she was discharged on 27/06/2015. Now she is well.

Staff issues:

Joni Das joined as a Midwife/ Nurse this month. As she is a new staff we organized a 10 day on job training for her and trained her about how to select a client, how to manage a client, ANC protocol of Proshanti, how to ensure quality of ANC & PNC, high risk mother identification, how to ensure the quality of clinical tests, management of high blood pressure, eclampsia and postpartum hemorrhage, how to manage delivery patients & ensure safe delivery, helping babies breath & resuscitation, postpartum family planning, breast feeding, infant and young child feeding, all Proshanti's activities, rules and responsibilities.



After competition on job orientation Joni Das is providing ANC to Client

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 different 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:

- Sometimes clients hid primary information to get admission under this project.
- The different geographical context 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.