



## Proshanti U.K Monthly Report

**Reported by Md. Golam Sarwar**  
**Month: March, 2015**

**Designation: Project Coordinator**  
**Date of submission: 06/04/2015**

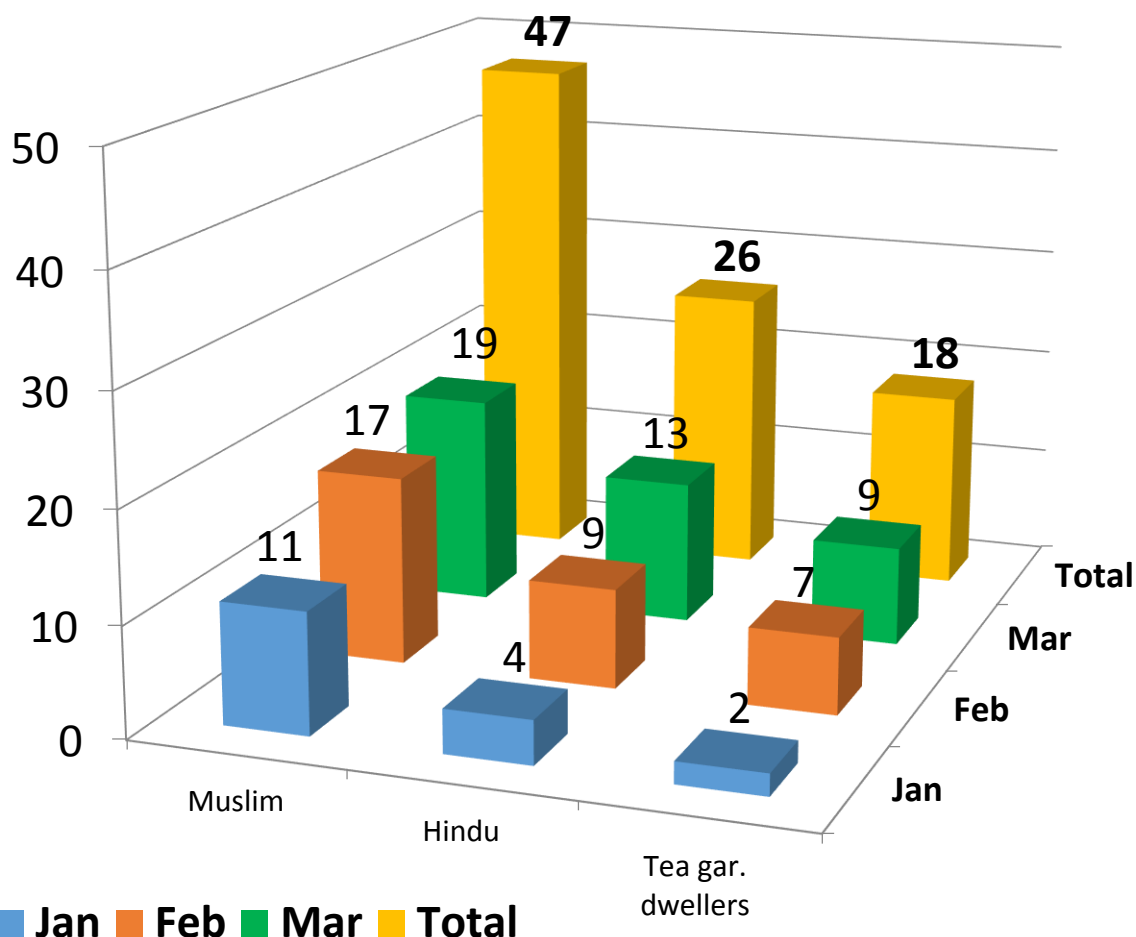
### Patient statistics/turnover:

This month new client has been enrolled 32. At present new client status is 70 and successfully fulfils the Peter Stebbings commitment. New client enrolment has been started from 01 January, 2015 under PS fund. Present client statuses are given below.

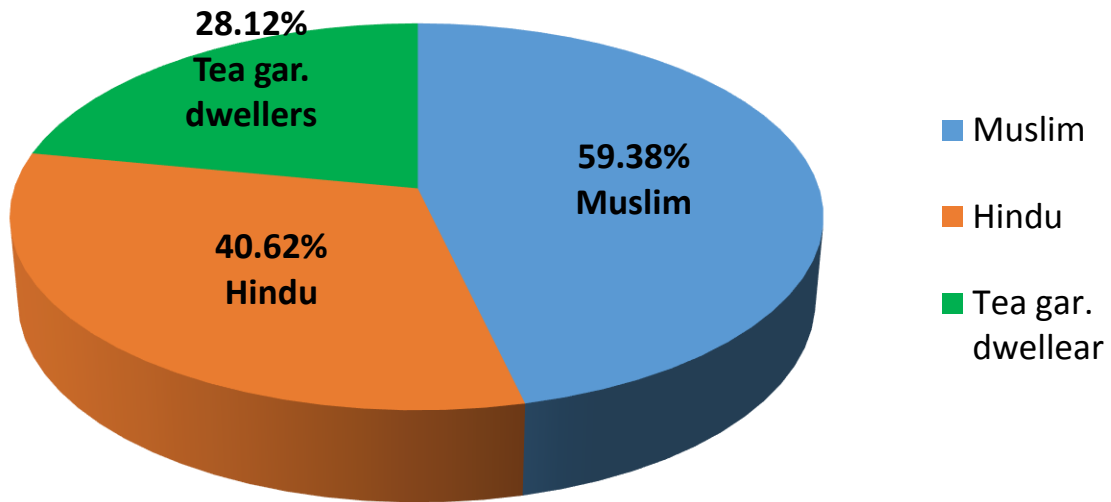
| Client Status | Jan, 2015                | Feb, 2015                | Mar, 2015               | Drop Out | Remarks                |
|---------------|--------------------------|--------------------------|-------------------------|----------|------------------------|
| Old Client    | 27                       | 14                       | 06                      | -        | -                      |
| New Client    | 15 (Muslim-11, Hindu-04) | 26 (Muslim-17, Hindu-09) | 32 (Muslim-19 Hindu-13) | 01       | Tea garden dwellers 09 |

We tried to enrol client from 06 union of Juri Upazila following Proshanti's client selection guideline but emphasis on minority group like, tea garden dwellers, Hindus and Sautal community. Last month we have enrolled 09 tea garden dwellers. In March 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.

### Month wise client enrolment Jan-Mar. 2015



### Percentage of faith wise client enrolment of Mar-2015



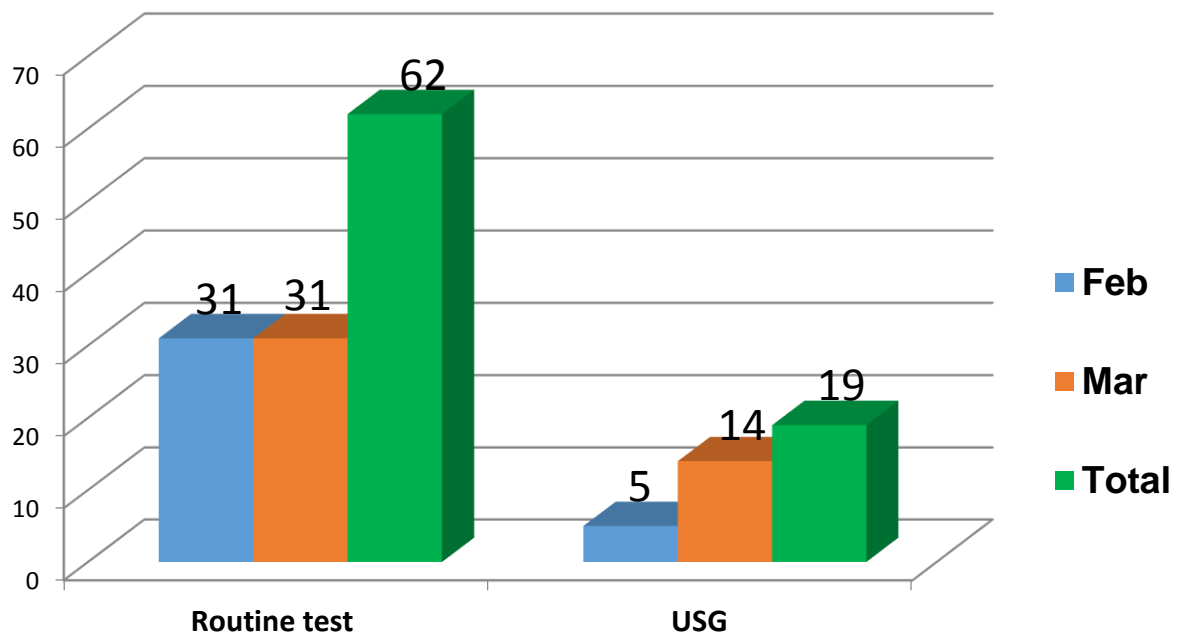
**Muslim-19, Hindu-13 & Tea garden dwellers-9**

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

| ANC-1 | ANC-2 | ANC-3 | ANC-4+ | Total ANC |
|-------|-------|-------|--------|-----------|
| 32    | 19    | 01    | 05     | <b>57</b> |

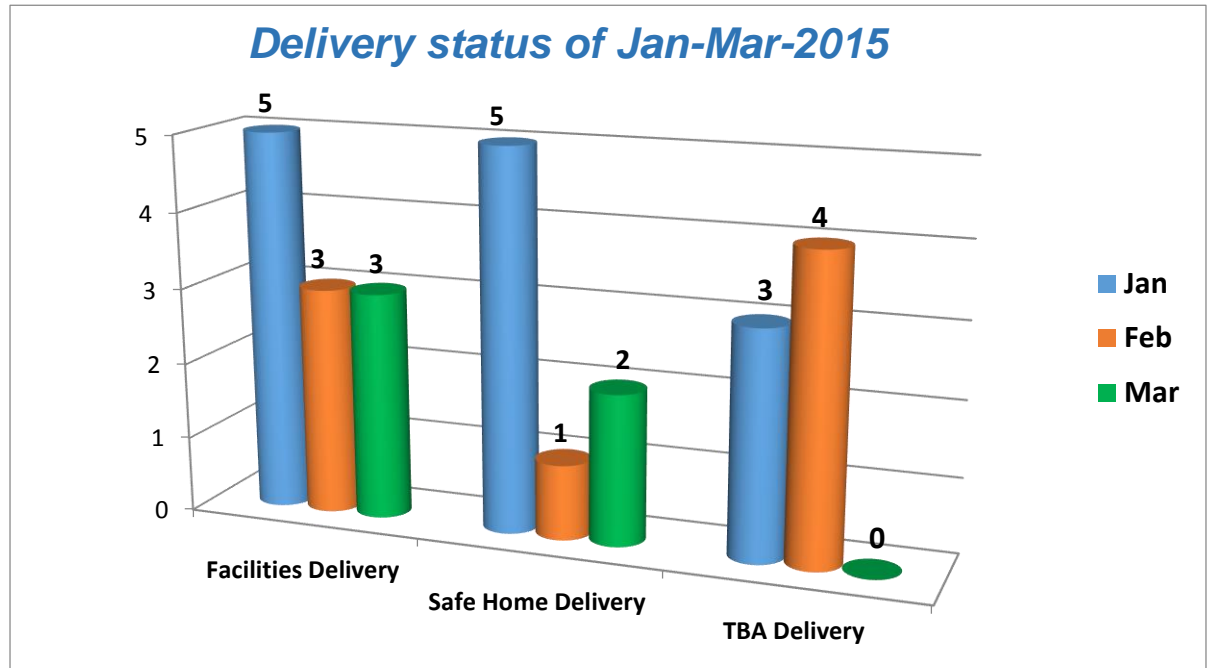
We are committed to ensure quality of A.N.C that's why we ensured weekly checking of equipment and randomly cross checking is going on of clinical tests and medicines. Last month we have ensured urine sugar and albumin test & records of every client on every A.N.C. It is very important to ensure haemoglobin test during every A.N.C so we need logistic and necessary relevant training. So this needs to be arranged as soon as.

### Clinical test status of Feb – Mar. 2015



| Delivery Conducted |      |                |               |     |       |                     |
|--------------------|------|----------------|---------------|-----|-------|---------------------|
| Month              | LUCS | NVD Facilities | Safe 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 |
| Mar-2015           | 02   | 01             | 02            | 00  | 05    | Muslim-04, Hindu-01 |

It is a big challenge to eliminate TBA delivery due to lack of our birth planning counselling during the ANC but we are trying to reduce TBA delivery at home level. Tough 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.



| P.N.C Service March-2015 |         |          |       |         |
|--------------------------|---------|----------|-------|---------|
| P.N.C-1                  | P.N.C-2 | P.N.C-3+ | Total | Remarks |
| 02                       | 11      | 00       | 13    |         |

We are trying to ensure proper PNC visit at home level so that the mother can ensure her child nutrition properly. As a result of PNC visit 03 mothers took Family Planning methods this month for ensuring postpartum mother health but we didn't ensure postpartum 'IFA' and vitamin 'A' yet. I discuss with the Government part they agreed to provide vitamin 'A' to PROSHANTI as soon as possible but we should take decision about postpartum IFA.

**Clinical issues:**

As per new agreement with ACC we are referring USG clients in ACC and the ACC management are serving clinical test report quickly and correctly. This month 54 clinical test has been done by ACC within this test 31 were routine test and 14 USG test. We managed to ensure proper & quality medication as per prescriptions for our clients this month. 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.

**Critical case report:**

This month we have successfully handled two critical case Morjina Akther (20) and Rully Begum (25). They were not high risk clients but they didn't feel delivery pain after 07 days of EDD. We identified them early and ensures close monitoring and follow-up.

**Staff issues:**

Every staff of the office are maintaining existing office time accordingly but the knowledge gap between the two midwives on every aspect of the project could be harmful. Especially Shampa's acute knowledge gap and her memory and coping up capacity are very 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 skills.

**Networking: UHC/UNO/NGOs:**

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&FPO, UNO and DC Office and attended a GO meeting at UNO Office.

**AAMC:**

We are trying our heart and soul to coordinate with AAMC in every issue to ensuring better service. We started daily sharing with AAMC. This month AAMC conduct 03 (01 NVD & 02 LUCS) delivery successfully. We have organized a coordination meeting with AAMC and they are becoming positive day by day.

**Problems encountered:**

- Sometimes clients hide primary information to get admission under this project.
- The different geographical contest and various type of communication system/ devices.

**Overall management concerns:**

- As soon as possible organize MNHFP-N related a residential training for staff development and rearrange midwife's financial facilities as per their capacities, working experience and services.
- To take initiative to ensure Haemoglobin test during every ANC
- To take initiative to ensure postpartum 'IFA'.
- Immediately arrange a good camera and a portable baby scale.

**Any other issues:**

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 cost will be minimised and third -- we will be able to ensure quality of service up to the mark.