

Annual Progress & Performance Report entitled
“Integrated Rural Health Support Program”

Reporting Period: January to December – 2019

Project Report Format

Section 1: The organization

Name of the organisation: Aloshikha R.S.D. Centre

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Purpose and aims of the organisation:

The poor and extreme poor people of rural Bangladesh have limited access to reliable professional health care services that are culturally sensitive and affordable. The unskilled and local medical practitioner deal the rural patients with their limited knowledge, tools and medicines. These community are also not aware enough on health education and hygiene. Majority people who are from extreme poor community living in remote and rural location have limited opportunity to receive modern and improved treatment during critical and emergency period. They also seek cheaper alternative care providers with limited skill and knowledge, which sometimes threaten their lives. Even the lucky poor fellows who managed to reach nearby Health Complex, gain experience poor and discriminating services and suffers a lot. As a result rural and marginal populations including women and children often live with chronic diseases and common illness such as diarrhoea and pneumonia without having proper untreated.

Since 1996 in order to reduce the gaps between health services and the community, and to raise awareness amongst the poor for availing health services, the Maria Mother & Child Health Care Clinic under the control of Aloshikha RSD Centre has been established and later became a general hospital with strong referral system in the community of remote villages under Barishal district in Bangladesh. Our program staffs of this general hospital have identified the health problems of the communities through series of consultations and practices. Our selective activities are also aligned with Bangladesh government Upazila Health and Family Planning mandates, and practicing the best approaches to improve health care and family planning issues of the marginalised and vulnerable peoples. Our underpinning range of community consultation approaches and guidance from local Upazila Health Officer ensured the success of the health programme. Our 12 female Health Motivators are working in the field levels under this programme and they are always active to identified primary health problem and recorded in to referral slips. Patients are visiting with those slips to nearby Maria general hospital to take the preferential treatment. This referral slips are helping for health practitioners, and doctors to provide better treatment quickly as the diseases defined by the health motivator at field level. However the main focus of the program is to provide low cost medical services delivery amongst poor people in the intervention areas, especially who are not able to access health services, due to their acute poverty and adverse surroundings. In such cases, the health

motivators take the responsibilities to identify gaps between the patients and provide them counselling what they should be done during pregnancy if any complicated have seen. They also to be active to provide how they reach postnatal and antenatal care and all sorts of primary health care services amongst poor community.

Section 2: The project

<i>Title of the project:</i>	Integrated Rural Health Support Programme
<i>Duration of the project:</i>	4 years
<i>Starting date of the project:</i>	01 January 2018
<i>Expected finishing date of the project:</i>	31 December 2021

Project background information:

This report considers evidence of the effectiveness of a non-governmental organization here the Aloshikha RSD Centre Bangladesh, and its health wing locally well known as Maria Mother Child Health Care Clinic, reputed for its low cost, quality health service delivery in rural Bangladesh. The integrated Rural Health Support Program is one of the meticulous and emergency health care service delivery programs which is strongly financed and sponsored by the SAKO Foundation the Netherlands. The program is actually works for identifying gaps between the health problems for rural poor population who are not access to primary health care services due to their acute poverty. In order to collect pregnant mother from rural areas (Field level) for safe child delivery, total 12 female Health Motivators are working in the field level. Our comprehensive health services are also including strong referral system, for any complicated case, Patients are advised by the health motivators to admit to specialized hospital for improved treatment. In addition they are active to collect data and arranged community discussion and interviews with the community members. It is based on data from the program management information system and also reported by health motivators based on their field experience and depth consultation with community which indicated that high coverage has been achieved for reproductive and child health services, as well as lowering infant and child mortality. On the basis of the crude indicators of socio-economic status, the program is poverty focused. There is good service is coverage among the poorest one- third and others, and the infant and child mortality differential has been eliminated over the recent years. A rapid decline in infant mortality and malnutrition's among rural poor children that reflects a reduction in neonatal mortality and 100% nutrition coverage has also made.

Objectives of the project:

1. To prevent growth faltering among children under five years old.
2. To educate the poor mothers how to manage child nutrition from local resources.
3. To ensure monthly growth monitoring of child.
4. To motivate the mothers to avoiding pregnancies before the age of 18 and significantly improve their health by spacing birth at least two years apart.
5. To reduce the vulnerability of all pregnant women to regular visit health centre for prenatal care and convince them to give child birth under the assisted of a trained person.
6. To motivate the mothers to practice bread feeding the child for six months after the birth and provide nutritious foods.
7. To ensure immunisation that protects against several diseases which can causes poor growth, disability and even death.
8. To create awareness on health and personal hygiene and practicing washing hands with soaps and water after using the toilet and before handling food; by keeping food and water clean and by boiling drinking water.
9. To give women the opportunity to discuss female and sexual diseases openly with a female health motivator.

Section 3: The activities

- Nutrition Camps
- Patient Statisticians
- Health Motivations
- Health Supervisor
- Monthly Meeting of Health Staff
- Future plan for six month

Monthly meeting of health staff

<i>Month</i>	Agenda of the meeting	Points for action
<i>Jan-19</i>	<ol style="list-style-type: none"> 1. Last meeting minutes read, analysed & has approved 2. The activities have been implemented as per target. 3. Place selection for Nutrition Camp was done as per advance schedule. 4. Counselling amongst pregnant mother to raise awareness on the issue discussed through pregnant related books that were published by Aloshikha. 	<p>As same way to continue the monthly meeting:</p> <ol style="list-style-type: none"> 1. No feedback on last meeting 2. Health motivators have to be active to collect pregnant mother in collaboration with TBA mothers and Maria Mother General Hospital. 3. The Nutrition Camp will be held on at the village of Kandirpar at home of Narayan Adhikary. 4. The health motivators will responsible to counsel pregnant mothers and explain them through books.
<i>Feb-19</i>	<ol style="list-style-type: none"> 1. Last meeting minutes read, analysed & has approved 2. Discussion on activities that have already done as targeted. 3. Selection of service receiver for nutrition camp. 4. Discussion on Hospital services with the community 	<p>As same way to continue the monthly meeting and do not have feedback about last meeting</p> <ol style="list-style-type: none"> 1. No feedback received on the last meetings minutes and has been approved accordingly. 2. The more attention should be given to the health motivators to collect patients from the field levels as to their individual target are to collect LUCS/ Normal deliver -5 dental patients -6 general-7. 3. A nutrition camp held at Bashil, the home of Kamal Fakir. 4. The doctors has been given advice to show good behaviour or polite attitude towards patients.
<i>Mar-19</i>	<ol style="list-style-type: none"> 1. Last meeting minutes has been approved 2. To discussion on activities that have already done so far as targeted in action plan. 3. Place selection for nutrition camp. 	<p>There were no feedback last meeting minutes and thereof has been approved.</p> <ol style="list-style-type: none"> 1. To advise all of the health motivators to increase patients number because it often seen that patients flow is relatively decreased than before, and what reason behind it, though a potential and highly qualified doctors are working in this hospital. So that all have to moved forward to the field levels in collaboration with village doctors to try to increase the patients flow. 2. A nutrition camp will be held on at village Ranta at home Jamal Howlader.

<i>April-19</i>	<ol style="list-style-type: none"> 1. Last meeting minutes has been approved 2. To discuss on activities that have already done as targeted. 3. Place selection for nutrition camp. 4. Discussion of hospital activities. 5. Discussion on disabled patients. 	<p>No feedback from last meeting</p> <ol style="list-style-type: none"> 1. It have seen that the dental patients has been increased compering before. 2. A nutrition camp held at Bakal Village at home Narayan Shil. 3. All staff of hospital has been advised to boost up and provide standard quality health service. 4. Some of quality wheel chair has been distributed among the disabled patients.
<i>May-19</i>	<ol style="list-style-type: none"> 1. Last meeting minutes has been approved 2. To discussion on activities that have already done as targeted. 3. Place selection for nutrition camp. 4. Discussion of hospital activities and disabled issues. 	<p>As same way to continue the monthly meeting</p> <ol style="list-style-type: none"> 1. No feedback from last meeting received. 2. All health motivators should have to be more active to collect patients from filed levels incorporated with village doctors and applied strategy that achieved from their health training 3. A nutrition camp held at Bahadurpur village. 4. To give more attention to collected dental patients from the field levels and overall cleanliness of hospital.
<i>June -19</i>	<ol style="list-style-type: none"> 1. Last meeting minutes has been approved 2. To discussion on activities that have already done as targeted. 3. Place selection of nutrition camp. 4. Discussion of hospital activities. 	<p>No feedback from last meeting</p> <ol style="list-style-type: none"> 1. To increase number of patients all health worker should have to be more active to collect patients 2. A nutrition camp held on a village of Kodaldhoa. 3. To follow up duties of health services according to every one as per schedule.
<i>July-19</i>	<ol style="list-style-type: none"> 1.Last meeting minutes discussion and has approved. 2.Discussion on activities that has already done as target. 3. Discussion about hospital activities. 4.Discussion on Nutrition Camp selection of places and date etc. 	<ol style="list-style-type: none"> 1. No feed back from last meeting agenda. 2.Advised given to all health motivators to more active on the field activities and prepare a good report. 3. Instruction given to the all health motivators to collect the patient and given advised them to take proper treatment from the hospital. 4. A Nutrition Camp was held on Nowpara Village lead by Anju health motivator.
<i>August-19</i>	<ol style="list-style-type: none"> 1.Last meeting minutes discussion and has approved. 2.Discussion on field levels activities that has already done as target. 3. Discussion about the hospital activities. 4.Discussion on Nutrition Camp selection of places and date etc. 	<ol style="list-style-type: none"> 1.Last meeting minutes discussion and has approved. 2.Discussion on field levels activities that has already done as target. 3. Discussion about the hospital activities. 4.Discussion on Nutrition Camp Ahutibatra

September 19	<ol style="list-style-type: none"> 1.Last meeting minutes discussion and has approved. 2.Discussion on field levels progress activities for health motivators that has already done as target. 3.Discussion on Nutrition Camp selection of places and date etc. 4.Discussion Dental care and treatment. 	<ol style="list-style-type: none"> 1 .Last meeting minutes discussion and approved. 2. Instruction has to be given all health motivators to more active to their job responsibilities and progress and performances their good work. 3.Nutrition Camp was held on Bakal Village lead by Irin health motivator along with health supervisor. 4 There had no important topic the meeting has closed.
October 19	<ol style="list-style-type: none"> 1.Last meeting minutes discussion and has approved. 2.Discussion on field levels progress activities for health motivators that has already done as target. 3. Discussion about the hospital activities. 4.Discussion on Nutrition Camp selection of places and date etc. 5.Discussion on filled up format about Clip left,. clip plate and post burn contracture patients 	<ol style="list-style-type: none"> 1.Last minutes of meeting discussion and approved. 2.Followup report of patients statistic as target, particularly pregnant mother and children that had been their target. 3.Instruction for giving collect more patient from field level as their own working areas. 4. A Nutrition Camp was held on Jobsen village 5. Instruction has given all health motivators to filled up survey format for clop lift, clip plate and post burn contracture patient as field level for surgery..
November 19	<ol style="list-style-type: none"> 1.Last meeting minutes discussion and has approved. 2.Discussion on dental patient collection activities for health motivators that has already done as target. 3. Discussion about hospital activities. 4.Discussion on Nutrition Camp selection of places and date etc. 	<ol style="list-style-type: none"> 1 Last minutes of meeting discussion and approved. 2.A decision has taken that each health motivators will collect at least 6 dental patients from their field level and forwarded to the hospital for treatment where out dentist is available. 3 Instruction had given to the all health motivator to intensive communicate to the hospital Director to know about their new intervention and responsibilities. 4 A Nutrition Camp was held on Rangta Village on lead by Irin Dina, and health supervisor.
December 19	<ol style="list-style-type: none"> 1.Last meeting minutes discussion and has approved. 2.Discussion on dental patient collection activities for health motivators that has already done as target. 3. Discussion about hospital activities. 4.Discussion on Nutrition Camp selection of places and date etc.. 5. Discussion with the VTC student collection 	<ol style="list-style-type: none"> 1.Last minutes of meeting discussion and approved. 2.To follow-up dental patient for hospital Dental surgeon. 3. Instruction have been given to the health motivators to collect pregnant women for delivery at hospital. 4. Anutrition camp was held on Basunda Village lead by Irin Dina Biswas along with health Supervisor. 5. Every health motivator has to target for this month 5 student collection for the VTC.

Nutrition Camps

Numbers per month	Jan-19	Feb-19	Mar-19	April-19	May-19	June -19	July – 19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Number of camps organised	1	1	1	1	1	1	1	1	1	1	1	1
Place	Kandirpar	Bashil	Rangta	Bakal	Bahadurpur	Kodalldho a	Nowpar a	Ahutiba tra	Bakal	Jobsen	Rangta	Basunda
Date	6/1/19	12/2/19	19/3/19	15/4/19	21/5/19	24/6/19	27/7/19	21/8/19	24/9/19	16/10/19	26/11/19	24/12/19
Number of mothers attending the camp	30	30	30	30	30	30	30	30	30	30	30	30
Number of children attending the camp	30	30	30	30	30	30	30	30	30	30	30	30
Number of packets distributed	30	30	30	30	30	30	30	30	30	30	30	30

Maria Mother and Child Health Care Clinic Patient statistics Yearly progress report 2019

Numbers per month	Jan-19	Feb-19	Mar-19	April-19	May-19	June -19	July – 19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Number of female patients	85	90	65	89	70	77	170	152	145	140	155	165
Number of pregnant women for check-up	70	65	42	72	50	45	45	40	42	49	55	53
Number of normal deliveries	11	14	7	18	25	31	40	9	14	15	13	17
Number of abnormal deliveries	35	32	25	39	15	25	7	10	14	16	8	25
Number of children	40	41	65	45	66	20	25	30	35	39	27	25
Number of men	15	18	20	23	5	31	30	35	28	26	37	39
Number of total patients	256	260	224	286	231	229	317	276	278	285	295	324
Number of patients referred to other hospitals	2			1	1	1	2	1	2	2	1	3
Number of patients referred to Aloshikha by Other doctors (quack and MBBS).		1	1	1	2		2	1	2	0	2	1
Number of visits outside clinic by doctor	2	1	2	2	1	3	1	2	2	2	1	2
Place of visits	2	2	3	1	1	5	2	2	1	0	1	2

Activity	Jan-19	Feb-19	Mar-19	April-19	May-19	June -19	July – 19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Clinic management, doctor, nurse, medical equipment, medicines etc. assurance for better services.	Continue	Continue	Continue	Continue	Continue	Continue	Continue	Continue	Continue	Continue	Continue	Continue
Expected safe deliveries from the clinic	15	10	16	6	19	23	17	9	22	35	41	31
Expected C/S	22	14	19	10	17	20	21	15	30	15	31	45
HM training	1	2	1	1	1	1	1	2	1	1	1	1
Management meeting of clinic	1	1	1	1	1	1	1	1	1	1	1	1
Ultra-sound	20	35	40	23	36	28	25	55	45	65	53	57



Section 6: **Signature**
Date: 05/01/2020
Place: **Rajihar**
Name: Mr James Mridul Halder