



MONTHLY RMNCH+A UPDATE FOR 6 HPDs OF JAMMU AND KASHMIR

MONTH OF MAY'2015

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Key findings:

- ❖ 23 supportive supervision visits were conducted in HPDs in the month of May'15.
- ❖ Common drugs are not available in most of the facilities.
- ❖ Inj. Magnesium Sulphate is not available in most of the facilities
- ❖ Partograph is not being followed in most of the facilities
- ❖ There is a major problem of birth dose vaccination in Poonch and Kishtwar.
- ❖ Standard labour room register started at 4 HPDs : Rajouri (partially), Poonch, Doda, Leh (partially)
- ❖ Color coded bins are not maintained properly in most of the facilities
- ❖ Cleanliness of the labour room is a major concern
- ❖ Infant death review need to be strengthen
- ❖ ENBC Management is poor. Labour room staff is not oriented in ENBC management
- ❖ Protocol posters are available in most of the facility but need proper use of it
- ❖ 24X7 running water supply is not available in some facilities

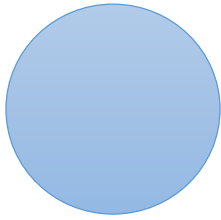
Support required form different level to implement the RMNCH+A Strategy in HPDs:

Support requested from State:

- ❖ Timely and regular supply of essential drugs & consumable (IFA, Zinc, Misoprostol, Inj. Magnesium Sulphahte etc.) and equipment
- ❖ Emphasis on Functional NBCC at all delivery points and Gynae. OT, NBSU at all FRUS and SUCU at all the District hospital.
- ❖ Develop more IEC on VHND for community level intervention
- ❖ To ensure the availability of Hb testing kit, Urine albumin testing kit at all facility.
- ❖ Develop more IEC on IUCD and other family planning services at village level
- ❖ Standardization of register for proper reporting and documentation
- ❖ Special focus on all the HPDs and their model delivery points.
- ❖ Man power planning and rational deployment of manpower.

Support Required from District

- ❖ Ensure regular availability of essential drugs and other supplies.
- ❖ Ensure availability of all necessary register in all the delivery points.
- ❖ Ensure all essential trays in the Labor Room as per the level (L1, L2, and L3).
- ❖ Nominate Labor Room staff for various trainings and rational deployment of skilled staff.
- ❖ Strengthen the review mechanism of maternal death and establish a standard review mechanism for CDR at district and block level.
- ❖ Strengthen the AFHC (Adolescent Friendly Health Clinic) at district level.
- ❖ Display of all essential services and facilities at all the facilities.
- ❖ Ensure 48 hours retention delivered women and compliance of JSSK services.
- ❖ Arrange Refresher training of Labor Room staff on Partograph, NBCC and Record keeping.
- ❖ Rationalization of VHND micro plan and merged with RI microplan
- ❖ Develop a reporting and monitoring mechanism of VHND.
- ❖ Ensure line listing of severe anemic mothers and regular follow up at all levels
- ❖ Ensure display of “Diet Chart” at prominent places in all delivery points
- ❖ More emphasis should be given on IUCD insertion at all delivery points
- ❖ Cleanliness and sterilization protocols must be followed as per MNH tool kit at all facilities.
- ❖ Ensure the birth dose vaccination at delivery point
- ❖ Orientation of labour room staff on Essential New Born Care Management



Progress on 5 objectives.....

Five major objectives were identified for the year 2015 to strengthen the RMNCH+A activities in Jammu & Kashmir. However technical support provided to state and district in other domain of RMNCH+A strategy. Objective wise a brief progress report has been discussed follows:

1. Supportive Supervision:
2. VHND monitoring:
3. Strengthening review mechanism
4. Strengthening delivery point as Model Delivery Point
5. Support in SPIP and DHAP

Supportive Supervision: As per the GoI mandate Supportive Supervision carried out in all HPDs. 23 facilities were covered in the month of May'15. Three level (L1/L2/L3) of facilities covered during supportive supervision. Availability of common drugs is the major issues at the facility level. In spite of having NBCC inside the labour room, management of ENBC is poor. During supportive supervision the labour room staff oriented on NBCC management. It is good that some facilities started the new standard labour room register and other register.

VHND Strengthening: During the month of May'15 a few number of VHND sessions were monitored. All the sites were reviewed as per the standard register. Some major changes happened in VHND session like ANC started at VHND after the intervention and even Hb% test of PW started at Doda district during VHND session. But there is strong need of rationalization of VHND microplan and merger of RI and VHND microplan to enhance the outreach service.

Strengthening Review mechanism: For strengthening the review mechanism District Coordinator regular submit their weekly feedback to CMO for their action. The HMIS performance analysis for the year 2014-15 was shown during the District level monthly meeting at Rajouri and Kishtwar. One meeting with attended with ASHA coordinator at district Leh.

Strengthening Model Delivery Point: Total numbers of 12 delivery point identified from 6 HPDs to strengthen it as a model one. We have implemented the standard labour room register, NBCC register and referral register at 7 delivery points. Other quality parameter like labelling and availability of trays as per MNH tool kit, duty roster of staff have been ensured. A detailed plan for MDP will be prepared within this month for strengthening the delivery points.

Support in DHAP and SPIP: Follow up mechanism of 2015-16 fund released have been developed. Each DC-RMNCH+A will follow up the progress report of fund released. It has been fixed that every quarter a report will be submitted to state regarding the follow up and progress of fund released based on gap analysis.

Other technical support at State level:

- ❖ CMO, DPM, DMEO and District RMNCH+A Consultant of 20 districts of Jammu and Kashmir oriented on Gap Analysis and Supportive Supervision: All the CMOs (except Leh and Kargil), DPM DMEOs and few number of District RMNCH+A Consultant were oriented on Supportive supervision and gap analysis.
- ❖ Participation in Health Camp at Basholi District

Activities Planned for the Month of June'15.....

At District Level:

- ➔ Monitoring of 15 VHND sessions
- ➔ 20 Supportive Supervisions
- ➔ Minimum one visit per Model Delivery Point
- ➔ Active participation in 6 District Monthly Review Meeting
- ➔ Active participation in 6 block level meeting
- ➔ Monitoring of Mission Idradhanush

State Level:

- ❖ Supportive supervision at two HPDs
- ❖ Technical support to state on strengthening CDR
- ❖ Technical support for strengthening SNCU and monitoring of SNCUs
- ❖ Support in training of District RMNCH+A Consultant

Supportive Supervision Status for the month of May'2015

Total number of 23 facilities were visited for supportive supervision in the month of May. Three level (L1/L2/L3) of facilities covered during the supportive supervision visit.

Facilities covered for supportive supervision for the month of May'15:

Rajouri	Kishtwar	Poonch	Leh	Doda
SDH Sundarbani	DH Kishtwar	CHC Surankote	SHC Shayok	PHC Gandoh
SDH Nowshera	PHC Kiroo	CHC Mandi	PHC Turtuk	CHC Bhaderwah
PHC Manjakot	PHC Chatroo	CHC Mendhar	SHC Tyakshi	CHC Thatri
CHC Darhaal	PHC Atholi	DH Poonch		
PHC Ghambir Mugla	PHC-Dacchan			
PHC Kalla Chatyar				
PHC Thanamandi				

Facility wise details observation of Rajouri District

SDH Sundarbani

Major Findings of SDH Sundarbani:

Drugs/ supplies availability:

- Mifepristone + Misoprostol (MMA) and MVA/VA Kit are short in Supply.
- Sterile pads and IFA tablets are also short in Supply.
- Partograph is not being used.
- Zinc tablets (10mg & 20mg are not available in the facility as per the in charge this is supplied in the community by ASHA's).
- Color coded bins was not available.

LR status:

- Standard Labour Room Register, referral out/in registers are available
- Protocol posters were not well displayed in the LR.
- There is no partition between the Labour Tables for the privacy, only one partition given from the front side.
- Only one tray was available instead of 6 Trays in the Labour Room.
- Hand washing area is designated but there is no elbow tap present
- There is not attached toilet inside the Labour Room.

Newborn care management:

- NBCC is available but shoulder roll and thermometer is not available.
- RW basinet is not clean.
- The labour room staff doesn't have clear idea
- Yellow bin were not available inside LR

INC status:

- Partograph is not being maintained.

PNC Status:

- Most of the mothers prefer to go home before 48 hours.
- Free diet is being provided according to the diet chart.
- Counseling on Family planning, breast feeding are being followed.
- Client feedback is satisfactory.

Referral system of the facility:

- There are Ambulances available which are providing referral mechanism under the scheme JSY/JSSK.

SDH Nowshera:

Brief profile of Sub District Hospital Nowshera: the SDH Nowshera is 40 km away from district rajouri.the bed capacity of this facility is 50.

Drugs/ supplies availability:

- Mifepristone + Misoprostol (MMA) and MVA/VA Kit are short in Supply.
- Sterile pads and IFA tablets are also short in Supply.
- Magnesium Sulfate is not available.
- Antihypertensive Nifedipine not available

- Zinc short in supply
- Partograph is not being used.

LR status:

- Protocol posters were not well displayed in the LR.
- NBSU unit not functional
- There is no partition between the Labor Tables for the privacy, only one partition given from the front side.
- Only one tray was available instead of 7 Trays in the Labor Room.
- Hand washing area is designated but there is no long handled tap present to prevent infection spread.
- NBCC is available
- Partograph is not being maintained.

PNC Status:

- Most of the mothers prefer to go home before 48 hours.
- Free diet is being provided according to the diet chart.
- Counseling on Family planning, breast feeding are being followed.
- Client feedback is satisfactory but privacy during pregnancy was issue raised by attendant of PW.

Referral system of the facility:

- There are Ambulances available which are providing referral mechanism under the scheme JSY/JSSK.

PHC Manjakote:

Drugs/ supplies availability:

- Mifepristone + Misoprostol (MMA) and MVA/VA Kit are short in Supply.
- Zinc short in supply
- Sy Salbutamol and Tab Albandazol short in supply.
- Partograph is not being used.
- Zinc tablets (10mg & 20mg are not available in the facility as per the in charge this is supplied in the community by ASHA's.
- Antibiotic as per RMNCH+A 5*5 matrix not available.

LR status:

- Protocol posters were not well displayed in the LR.
- Two Radiant Warmer was available only one was functional.
- No Trays was Maintain inside the LR.
- Fetoscope Doppler was not available.

- Clean linen towel was not available.
- Color coded bins was not available inside the LR.
- Hand washing area is designated but there is no elbow tap present
- NBCC is available.
- RW basinet is not clean.
- Partograph is not being maintained.

PNC Status:

- Most of the mothers prefer to go home before 48 hours.
- Free diet is being provided according to the diet chart.
- Counseling on Family planning, breast feeding are being followed.
- Client feedback is satisfactory.
- There are Ambulances available which are providing referral mechanism under the scheme JSY/JSSK.

CHC Darhal:

Major findings:

1. Privacy in labor room is not maintained as door is always remain open due to broken
2. Color coded bin were not functional and staff was unaware of utilization
3. Oxytocin was store in Almira as per guideline it should be store in Fridge
4. Long elbow handled tap was not in LR
5. Standard Labor room protocol were not display in Labor room
6. According standard labor room trays were not placed in labor room
7. Inj. Magsulf was not there
8. There is not attached toilet inside LR.
9. Inverter battery found in Labour Room that is harmful for new born health battery release the toxic while charging.
10. Misoprostol and Mifristone combination were not available
11. Hub cutter was nonfunctional in LR
12. Fetoscope was not available in LR
13. Deep freezer was nonfunctional.
14. IFA tablet short in supply
15. Tab Zinc (10 mg & 20 mg) not available and short in supply
16. Antibiotic like Amoxicillin, Ampicillin, metronidazole and ceftriaxone were available,
17. Syrup Vitamin A was not available.

PHC Ghambir Mugla

Findings

Drugs/ supplies availability:

- IUCD 380A is available, OCP's are short in supply, ECP's are also short in supply, Mag Sulf not available
- Sterile pads and IFA tablets are also short in Supply.
- Partograph is not being used.
- Zinc tablets (10mg &20mg) are not available in the facility.
- Tab salbutamol not available.
- The toilet is attached in the Labour Room but there is no provision of 24x7 water supply

LR status:

- Protocol were not display inside the labor room.
- All such registers like Standard Labour Room Register, referral out/in registers etc.
- There is no partition between the Labour Tables for the privacy, only one partition given from the front side.
- Only one tray was available instead of Trays in the Labour Room.
- Hand washing area is designated but there is no long handled tap present to prevent infection spread
- Cleaning staff Is not there
- Sleeper Rack is not there outside the LR
- Curtain was transparent inside the LR that emerge privacy issue

Newborn care management:

- NBCC is available but shoulder roll and thermometer is not available.
- RW base is not clean
- Need to strengthen NBCC

INC status:

- Partograph is not being maintained.

PNC Status:

- All the Mothers are not staying 48 hours after delivery
- Free diet is being provided according to the diet chart.
- Counseling on Family planning, breast feeding are being followed.

Laboratory test of PW:

- Hb% test is being conducted regularly
- HIV screening , Hepatitis B screening were not done

Action taken at the facility:

- BMO at PHC Ghambir Mugla instructed to hire a cleaning staff on for three months.

- LR poster Xerox hand over to In charge and BMO order to print the poster and change the Curtain of Labor room
- Sensitized all ANM's on keeping counter foils , placement of tickler box , hand holding on ILR/DF , keeping track record for full ANC Coverage , preparing due list of beneficiaries for immunization , functionality of ASHA's and Segregation of waste management in color coded bins.
- Facilitated the procurement of Essential drugs and supplies from the fund available and keeping buffer stock.
- Advocate them the importance of cleanliness of labor room and use of Hypochlorite Solution floor cleaning,
- Sensitized the In charge and the LR Staff on how to maintain a labour Room through a visual video also shown to them.

PHC Kalla Chatyar

Drugs/ supplies availability:

- Inj. Mag Sulf was available
- Sterile pads and IFA tablets are also short in Supply.
- Partograph is not being used.

LR status:

- Labor room was unclean and unsystematically
- There is no privacy inside the labor room, NBCC is not designated
- No thermometer was there
- Radiant warmer was unclean and surgical equipment was kept on base of RW
- Protocol were not display inside the labor room.
- There is no partition between the Labour Tables for the privacy
- Standard Labour Room Register, referral out/in registers were not there
- All trays were unavailable in the Labour Room.
- Hand washing area is designated but there is no long handled tap present to prevent infection spread
- Cleaning staff is not there
- Sleeper Rack is not there outside the LR
- Color coded bins was not available in the PHC
- The toilet is not attached in the Labour Room and 24x7 water supply was not there
- No water supply at all inside the PHC.
- Partograph is not being followed

PNC Status:

- All the Mothers are not staying 48 hours after delivery
- Free diet is being provided according to the diet chart.

- Counseling on Family planning, breast feeding are being followed.

Referral system of the facility:

- There are Ambulances available which are providing referral mechanism under the scheme JSY/JSSK.

Laboratory test

- HIV screening , Hepatitis B screening were not done

Action taken at the facility:

- Shifted some bins inside the LR .
- Sensitized all ANM's on keeping counter foils , placement of tickler box , hand holding on ILR/DF , keeping track record for full ANC Coverage , preparing due list of beneficiaries , due list for immunization , functionality of ASHA's and Segregation of waste management in color coded bins.
- Facilitated the procurement of Essential drugs and supplies from the fund available and keeping buffer stock.
- Advocate them the importance of cleanliness of labor room and use of Hypochlorite Solution floor cleaning,
- Sensitized the In charge and the LR Staff on how to maintain a labour Room through a visual video also shown to them.

Support required from District and State to achieve the proposed intervention:

- PHC kalla Chatyar new building is ready just need ensure the water supply and white wash in the new building than it could be shifted to new building.
- Ensure the 24*7 water supply inside the Health facility
- Ensure the cleanliness of labour room and proper sterilization as per protocol.
- SNs of LR should be well oriented on ENBC Management.
- Ensure standard register for labour room, referral out registers, duty register etc.
- Ensure the proper waste management in the LR and as well as in the facility.

CHC Thanamandi

Major Findings:

Drugs/ supplies availability:

Reproductive Health

- ECP are short in supply,
- Mifepristone + Misoprostol (MMA) not available
- MVA EVA kit is not available

Maternal Health

- Oxytocine was not stored in Fridge
- Tab misoprostol not available
- Antihypertensive drug not available
- IFA not available since long time
- Inj. Mag Sulf was not available
- Sterile pads and IFA tablets are also short in Supply.
- HIV and Hepatitis B screening is not being done in Lab
- Partograph not being used

New Born Health

- Mucus extractor not available
- Clean linen towel for receiving the baby is not available
- Cord cutting equipment not available

Child Health

- Zinc (10 mg & 20 mg) not available
- Syp salbutamol and tab not available
- Tab Albendazole not available

Vaccines

- Syp Vitamin A not available
- DPT Vial was open and converted to solid was stored in ILR
- ANM do not how to check the Temp of ILR

Other Essential supplies

- PPIUCD Forceps not available
- Color coded bins not in practice at all facility level
- Electricity backup not available inside facility as it is CHC cold chain center
- MCP Card Not available
- Dicyclomine not available
- Antibiotics as per RMNCH+A 5*5 Matrix not available

LR status:

As labor room is under construction therefor it has been shifted to temporary room, they have fix the Labor table and Radiant warmer only in that room below finding based on the observation, it is been observed as there are two ANM deployed in the Labor room only one of them was able to explain ENBC practices

- Privacy was not there inside the room window was without curtain.
- Door remain unlock of Labor room all the time
- There is no Hand washing area
- Labor room was unclean and unsystematically placed
- There is no privacy inside the labor room, NBCC is not designated
- No thermometer was there
- Radiant warmer was unclean and surgical equipment was kept on open in a bowl
- Protocol were not display inside the labor room.
- There is no partition between the Labor Tables for the privacy
- Standard Labor Room Register, referral out/in registers was not there
- Color coded bins are not there
- Partograph is not being maintained

Newborn care management:

- Radiant warmer is available and functional
- RW base is not clean
- Clean linen towel is not available
- Bag and mask , shoulder roll, oxygen source , thermometer , clock are not available

Finding as per verbal interview of Health provider:

- All Mothers are not staying 48 hours after delivery
- Free diet is being provided according to the diet chart under JSSK.
- Counseling on Family planning, breast feeding are being followed.

Action taken at the facility:

- Shifted some bins inside the LR.
- Take the session on how to keeping counter foils , placement of tickler box , hand holding on ILR/DF , keeping track record for full ANC Coverage , preparing due list of beneficiaries , due list for immunization , functionality of ASHA's and Segregation of waste management in color coded bins.
- Advised procurement of Essential drugs and supplies from the fund available and keeping buffer stock.
- Advocate them the importance of cleanliness of labor room and use of Hypochlorite Solution floor cleaning,

Support required from District and State to achieve the proposed intervention:

- Immunization orientation is required among ANM who is giving the Vaccine time to time basis.
- Trained ANM need to attach at CHC so that smoothly work could be possible.
- Ensure the Electricity Back up of the CHC as it is Cold chain center.
- Ensure the 24*7 water supply inside the Health facility
- Ensure the cleanliness of labor room and proper sterilization as per protocol.
- SNs of LR should be well oriented on ENBC Management.
- Ensure standard register for labor room, referral out registers, duty register etc.
- Ensure the proper waste management in the LR and as well as in the facility.

Facility wise details observation of Kishtwar District

DH Kishtwar:

Brief profile of District Hospital: The Hospital is approximately 15 Kms away from the DH Qtrs.: Kishtwar and caters almost whole of the population. The bed capacity of this facility is 100. The facility is almost well equipped and renders services to whole of the District as well as the peripheral areas.

Drugs/ supplies availability:

- IUCD 380A is available, OCP's are short in supply, ECP's are also short in supply, Condoms are also short in supply and Mifepristone + Misoprostol (MMA) is short in Supply.
- Sterile pads and IFA tablets are also short in Supply.
- Partograph is not being used.
- Zinc tablets (10mg & 20mg are not available in the facility as per the in charge this is supplied in the community by ASHA's.
- There was no status of WIFS available as in charge said it has been distributed in the field level through BMO's in the community.
- The toilet is attached in the Labour Room with 24x7 water supply.

Status of ANC:

- The total ANC Registration of District Hospital for the financial year (2014-2015) is 541, out of which 75 have been registered within 12 weeks and 441 PW's have got 3 ANC checkups but need more strengthening on registration within 12 weeks, advocated them to strengthen the tracking mechanism and cover the dropouts by preparing the due list for beneficiaries.
- IFA tablets are short in supply which are procured need based under JSSK/JSY and almost all tests are being done including the family planning counseling services.
- Line listing of severely anaemic PW's is being maintained monthly wise on the prescribed formats.

LR status:

- Standard protocols for cleaning are not being followed because of high case load and shortage of HR.
- Protocol posters are very well displayed in the LR.
- There is no partition between the Labour Tables for the privacy, only one partition given from the front side.
- Only one tray was available instead of 7 Trays in the Labour Room.
- Hand washing area is designated but there is no long handled tap present to prevent infection spread.
- Partograph is not being maintained.

Newborn care management:

- NBCC is available but shoulder roll and thermometer is not available.
- RW base is not clean.

PNC Status:

- All the Mothers are not staying 48 hours after delivery
- Free diet is being provided according to the diet chart.
- Counseling on Family planning, breast feeding are being followed.
- Client feedback is satisfactory.

Referral system of the facility:

- There are Ambulances available which are providing referral mechanism under the scheme JSY/JSSK.

Action taken at the facility:

- Sensitized all ANM's on keeping counter foils , placement of tickler box , hand holding on ILR/DF , keeping track record for full ANC Coverage , preparing due list of beneficiaries , due list for immunization ,functionality of ASHA's and Segregation of waste management in color coded bins.
- Facilitated the procurement of Essential drugs and supplies from the fund available and keeping buffer stock.
- Advocate them the importance of cleanliness of labor room and use of Hypochlorite Solution floor cleaning, use of 70% Alcohol solution for the electric and other items available in LR, and use of Carbolic acid for decontamination of Gloves/Gowns etc., if contaminated.
- Sensitized the In charge and the LR Staff on how to maintain a labour Room through a visual video also shown to them.

PHC Keeru:

Brief profile of District Hospital: The facility PHC-Keeru is approximately 45 Kms away from the Block Office-BMO-Kishtwar. The catchment population of the facility is 5000 approximately but it covers more than 20,000 of the peripheral population. The bed capacity of this facility is 10. The no of ASHA's catering the facility are 07.

Drugs/ supplies availability:

- Mifepristone + Misoprostol (MMA) is short in Supply and non-availability of MVA/EVA kit.
- Sterile pads and IFA tablets are also short in Supply.
- Partograph is not being used.
- Zinc tablets (10mg & 20mg) are not available in the facility for management of Diarrhoea.
- There was no WIFS available in the facility.

- The toilet is not attached in the Labour Room and non-availability of 24x7 running water supply.
- Mucous extractor and clean linen/towels for receiving new born are not available.
- Color coded bins and bags are not available in the facility.

Status of ANC:

- The total ANC Registration of the facility is quite low, advocated them to strengthen the tracking mechanism and cover the dropouts by preparing the due list for beneficiaries and maintain the line list of beneficiaries for the last and the current year.
- IFA tablets are short in supply and procured as per need under JSSK/JSY and almost all tests are being done including the family planning counseling services.
- Line listing of severely anaemic PW's is being maintained month wise on the prescribed formats.

LR status:

- Standard protocols for cleaning are not being followed because of lack of water supply and shortage of HR.
- All such registers like Standard Labour Room Register, referral out/in registers as per protocols are not being followed.
- Protocol posters are very well displayed in the LR.
- There is no partition between the Labour Tables.
- Only one emergency medicine tray was available instead of 5 Trays in the Labour Room.
- Hand washing area is not designated.

Newborn care management:

- NBCC is available but shoulder roll and thermometer are not available.
- RW base is not clean.

INC status:

- Partograph is not being maintained.

PNC Status:

- All Mothers are not staying for 48 hours after delivery
- Free diet is being provided according to the diet chart.
- Counseling on Family planning, breast feeding are being followed.

Referral system of the facility:

- There are Ambulances available which are providing referral mechanism under the scheme JSY/JSSK.

Action taken at the facility:

- Sensitized all ANM's on keeping counter foils , placement of tickler box , hand holding on ILR/DF , keeping track record for full ANC Coverage , preparing due list of beneficiaries for immunization , functionality of ASHA's and Segregation of waste management in color coded bins.
- Facilitated the procurement of Essential drugs and supplies from the fund available and keeping buffer stock.

- Advocate them the importance of cleanliness of labor room and use of Hypochlorite Solution floor cleaning, use of 70% Alcohol solution for the electric and other items available in LR, and use of Carbolic acid for decontamination of Gloves/Gowns etc., if contaminated.
- Sensitized the In charge and the LR Staff on how to maintain a labour Room through a visual video.

PHC Chatroo:

Brief profile of District Hospital: The facility PHC-Chatroo is approximately 35 Kms away from the DH Qtrs.-Kishtwar. The catchment population of the facility is 5050 .The bed capacity of this facility is 10.56 ASHA's are in position in the block.

Drugs/ supplies availability:

- Sterile pads are not available.
- Zinc tablets (10mg & 20mg) are not available in the facility for management of Diarrhoea.
- There was no status of WIFS available in the facility.
- The toilet is attached in the Labour Room and non-availability of 24x7 running water supply.
- Mucous extractor and clean linen/towels for receiving new born are not available.
- Color coded bins and bags are not available in the facility.

Status of ANC:

- The total ANC Registration of the facility in the last month is 23, out of which 5 have been registered within 12 weeks and 3 have been registered for ANC-3, but need more strengthening on registration, advocated them to strengthen the tracking mechanism and cover the dropouts by preparing the due list for beneficiaries and update the beneficiary list on monthly basis.
- IFA tablets are short in supply which are procured need based under JSSK/JSY and almost all tests are being done including the family planning counseling services.
- Line listing of severely anaemic PW's is being maintained month wise on the prescribed formats.

LR status:

- Standard protocols for cleaning are not being followed because of lack of water supply and shortage of HR.
- All such registers like Standard Labour Room Register, referral out/in registers as per protocols are not being followed.
- Protocol posters are very well displayed in the LR.
- There is no partition between the Labour Table in order to maintain the privacy in the room.
- There were only two trays available instead of 5 trays.
- Hand washing area is designated but the tap is not long handled one.
- NBCC is available but shoulder roll and thermometer are not available.
- RW base was not clean.
- Partograph is not being maintained.
-

PNC Status:

- All the Mothers are not staying 48 hours after delivery
- Free diet is being provided according to the diet chart.
- Counseling on Family planning, breast feeding are being followed.

Action taken at the facility:

- Sensitized all ANM's on keeping counter foils , placement of tickler box , hand holding on ILR/DF , keeping track record for full ANC Coverage , preparing due list of beneficiaries , due list for immunization ,functionality of ASHA's and Segregation of waste management in color coded bins.
- Facilitated the procurement of Essential drugs and supplies from the fund available and keeping buffer stock.
- Advocate them the importance of cleanliness of labor room and use of Hypochlorite Solution floor cleaning, use of 70% Alcohol solution for the electric and other items available in LR, and use of Carbolic acid for decontamination of Gloves/Gowns etc., if contaminated.
- Sensitized the In charge and the LR Staff on how to maintain a labour Room through a visual video also shown to them.

PHC Atholi:

Brief profile of PHC-Atholi:

The facility PHC-Atholi is approximately 65 Kms away from DH Qtrs-Kishtwar. The catchment population of the facility is 5000 approximately but it covers more than 20,000 of the peripheral population. The bed capacity of this facility is 10. The no of ASHA's catering the facility are 07.

Service delivery status of District Hospital for the month of April'15:

Delivery	Live birth	Birth dose vaccination	Referral	IPD	OPD	IUCD
09	09	09	03	33	483	0

Drugs/ supplies availability:

- Mifepristone + Misoprostol (MMA) is short in Supply
- IUCD 380A is available.
- Sterile pads and IFA tablets are also short in Supply.
- Partograph is not being used.
- Zinc tablets (10mg & 20mg) are not available in the facility for management of Diarrhoea.

- There was no status of WIFS available in the facility.
- Antibiotics like Trimethoprim & Sulphamethoxazole is not being used, alternative under other brand name is being used.
- The toilet is attached in the Labour Room but non-availability of 24x7 running water supply.
- Mucous extractor and clean linen/towels for receiving new born are not available.
- Color coded bins and bags are not available in the facility.

Status of ANC:

- The total ANC Registration of the facility for the month of April'14 is 20, out of which 5 have been registered within 12 weeks, but need more strengthening on registration within 12 weeks and only 5 got ANC-3 Checkups, advocated them to strengthen the tracking mechanism and cover the dropouts by preparing the due list for beneficiaries and maintain the line list of beneficiaries for the last and the current year.
- IFA tablets are short in supply which are procured need based under JSSK/JSY and almost all tests are being done including the family planning counseling services.
- Line listing of severely anaemic PW's is being maintained monthly wise on the prescribed formats.

LR status:

- Standard protocols for cleaning are not being followed because of lack of water supply and shortage of HR.
- All such registers like Standard Labour Room Register, referral out/in registers as per protocols are not being followed.
- Protocol posters are very well displayed in the LR.
- There is no partition between the Labour Table in order to maintain the privacy in the room.
- Only one emergency medicine tray was available instead of 7 Trays in the Labour Room.
- Hand washing area is designated but is without long handled tap.
- Partograph is not being maintained.

PNC Status:

- All the Mothers are not staying 48 hours after delivery
- Free diet is being provided according to the diet chart.
- Counseling on Family planning, breast feeding are being followed.

Referral system of the facility:

- There are Ambulances available which are providing referral mechanism under the scheme JSY/JSSK.

Action taken at the facility:

- Sensitized all ANM's on keeping counter foils , placement of tickler box , hand holding on ILR/DF , keeping track record for full ANC Coverage , preparing due list of beneficiaries , due list for immunization , functionality of ASHA's and Segregation of waste management in color coded bins.
- Advocate them the importance of cleanliness of labor room and use of Hypochlorite Solution floor cleaning, use of 70% Alcohol solution for the electric and other items available in LR, and use of Carbolic acid for decontamination of Gloves/Gowns etc., if contaminated.
- Sensitized the In charge and the LR Staff on how to maintain a labour Room through a visual video also shown to them.

Support required from District and State to achieve the proposed intervention:

- Ensure the cleanliness of labour room and proper sterilization as per protocol.
- SNs of LR should be well oriented on ENBC Management.
- Ensure standard register for labour room, referral out registers, duty register etc.
- Ensure the proper waste management in the LR and as well as in the facility.

PHC Dachhan:

Brief profile of PHC-Dacchan: The facility PHC-Dacchan is approximately 55 Kms away from DH Qtrs.- Kishtwar and 25 kms by foot. The catchment population of the facility is 2500 approximately but it covers more than 12,500 of the peripheral population. The bed capacity of this facility is 03. The no of ASHA's catering the facility are 16 but only 6 ASHA's are functional. The Block HQtr-PHC-Dacchan has 2 SHC's and 2 NTSHC's.

Service delivery status of District Hospital for the month of May'15:

Delivery	Live birth	Birth dose vaccination	Referral	IPD	OPD	IUCD
05	05	05	0	44	490	0

Drugs/ supplies availability:

- Mifepristone + Misoprostol (MMA) is short in Supply and non-availability of IUCD-375, only 380A is available.

- MVA/EVA Kit is not available.
- Inj.Oxytocin Tab.Misoprostol, anti-hypertensive, Inj, Magsulf are not available in the facility for proper management.
- Antenatal Corticosteroids are not available for preterm labour.
- Sterile pads and IFA tablets are not available in the facility.
- Zinc tablets (10mg & 20mg) are not available in the facility for management of Diarrhoea.
- There was no status of WIFS available in the facility.
- Antibiotics like Trimethoprim & Sulphamethoxazole is not being used, alternative under other brand name is being used.
- The toilet is not attached in the previous Labour Room but the LR now shifted to newly constructed LR (Fabricated one).
- Mucous extractor and clean linen/towels for receiving new born are not available.
- Oxygen Cylinder is available but empty and the key was not placed on the cylinder.
- Foetoscope/Doppler is not available in LR.
- Autoclave/Boiler is not available even in the facility.
- Color coded bins and bags are not available in the any of the wing, not even it is being followed in LR.
- MCPC are available but are not being used.

Status of ANC:

- The total ANC Registration of the facility for the month of May' 14 is 11(in HMIS 12), out of which 5 have been registered within 12 week and none got ANC-3 Checkups, advocated them to strengthen the tracking mechanism and cover the dropouts by preparing the due list for beneficiaries and maintain the line list of beneficiaries for the last and the current year.
- IFA tablets are not available and are not being given to beneficiaries and almost all tests are being done including the family planning counseling services.
- Line listing of severely anaemic PW's is not being maintained monthly wise on the prescribed formats.

LR status:

- Standard protocols for cleaning are not being followed because of lack of attached toilet in the previous LR.
- All such registers like Standard Labour Room Register, referral out/in registers as per protocols are not being followed.
- Protocol posters are very well displayed in the LR.
- There is no partition between the Labour Table in order to maintain the privacy in the room.
- Not even a single tray was found in LR.
- No hand washing area is designated in previous LR but in new one hand washing area is available but tap without long handle.
- Partograph is not being maintained.

Newborn care management:

- NBCC is available but shoulder roll and thermometer are not available.
- RW base and probe is not clean.
- Bag and mask is not available.
- Sterile cord cutting clamp is also not available.

PNC Status:

- All the Mothers are not staying 48 hours after delivery
- Free diet is not being provided and no Register or slips are being documented and also free medicine not even the register is available. Not even the beneficiary Register is available for incentives under JSSK.
- Counseling on Family planning, breast feeding are being followed but no IUCD insertion have been done.

Referral Mechanism:

- The ambulance for block is non-functional.

Laboratory test of PW:

- PTK's were found expired almost 4000 PTK's.
- Blood Glucose and Urine Albumin are being performed but manually glucometer is not available in the Laboratory.
- RTI/STI Kits are not available in the Laboratory.

Support required from District and State to achieve the proposed intervention:

- Ensure the cleanliness of labour room and proper sterilization as per protocol.
- SNs of LR should be well oriented on ENBC Management.
- Ensure standard register for labour room, referral out registers, duty register etc.
- Ensure the proper waste management in the LR and as well as in the facility.
- Ensure the capacity building of the HR on community programs.
- Ensure the proper monitoring of all the programs.

Facility wise details findings of Poonch District

CHC Surankote:

Findings:

Service Delivery

Total deliveries conducted in the month of April are 76. Referral cases are 37 and live births are 71. 13 IUCD and 8 MTPs are conducted. C- Section are not conducted (Blood storage unit is not functional). Number of the

women who have received IFA tablets in the Month of April are 0. OPD and IPD load are 780 and 71. Month wise service delivery chart is not displayed in front of labour room. Partograph is not maintained.

Drugs & consumable availability:

Drugs and consumables not available are:

- Mifepristone + Misoprostol (MMA)
- MVA Kit/EVA
- Tab Misoprostol
- Antihypertensive (alpha methyldopa/Labetalol or Nifedipine)
- Zinc
- Labour room register is not as per GOI format.
- NBCC register is not maintained in labour room.

Reproductive Health:

103 RTIs have been treated in the month of April. 13 IUCDs and 8 MTPs have been conducted in the month of April. PPIUCD Insertions are not conducted.

PPIUCD forceps are not available.

Maternal Health:

- First trimester registration to total ANC registration has improved.(35% in March15 and 68% in April15)
- Obs Gyne complications attended to reported deliveries are not being documented and reported.
- Severely anemic women detected and treated are reported now.
- High risk conditions are treated but are not reported.
- There is no separate ANC Ward and ANC Clinic.
- Maternal and Infant Death review meetings are not conducted.
- No Medical officer is trained in BEmOC.
- Blood storage unit is not functional.
- PNC complications are not reported in HMIS.

Neonatal Health:

Out of 71 live births 30 have been given BCG. Opv0 and Hepatitis B have been given to 60.

Child Health:

- Child death review meetings are not conducted.
- Staff is not trained on IYCF.
- IFA Syrup is not available.

Adolescent Health:

There is no ARSH clinic in CHC Surankote. Sanitary napkins, contraceptive, condoms and EC pills are given to beneficiaries by ANMs. 10 OCP pills, 60 condoms and no EC pills have been distributed in the month of April 2015.

Action taken at the facility:

1. Informed to BMO about status of PPIUCD insertions. MO and Staff Nurse has received training on PPIUCD insertion and still they are not being conducted.
2. Informed to BMO about the status of registers which are not as per GOI format. Registers has been sent for printing.
3. Sensitized the labour room staff about providing birth dose vaccines and reporting of babies having weight less than 2.5kg.

Proposed Intervention:

1. Suggested to purchase IFA tablets and Syrup from Untied funds
2. Give staff nurse or ANM in labour room the responsibility of providing Birth dose vaccines and in case they fail to do so take strict action against them
3. Blood storage to be made functional by ensuring continuous supply of blood bags from District headquarters.
4. Facility and community based maternal and infant death review meetings to be conducted and documented for necessary corrective and preventive actions.
5. Suggested BMO to direct Labour room staff to conduct PPIUCD Insertions.
6. Provision of diet under JSSK

CHC Mandi:

Service Delivery:

Total deliveries conducted in the month of April are 12. Referral cases are 21 and live births are 12. 12 IUCD and 4 MTPs are conducted. C- Section are not conducted (Blood storage unit is not functional). Number of the women who have received IFA tablets in the Month of April are 0. OPD and IPD load are 706 and 80. Month wise service delivery chart is not displayed in front of labour room. Partograph is not maintained

Drugs & consumable availability:

Drugs and consumables not available are:

1. Mifepristone + Misoprostol (MMA)
2. MVA Kit/EVA
3. Tab Misoprostol
4. Antihypertensive (alpha methyl dopa/Labetalol or Nifedipine)
5. Zinc

Maternal Health:

- First trimester registration to total ANC registration is less(21% in April15)
- Obs Gyne complications attended to reported deliveries are not being documented and reported.
- Severely anemic women detected and treated are documented but are not uploaded on HMIS
- High risk conditions treated are documented but are not reported and uploaded on HMIS.
- There is no separate ANC Ward and ANC Clinic.
- Maternal and Infant Death review meetings are not conducted.
- No Medical officer is trained on BEMOC
- Blood storage unit does not exist there as per BMO.
- PNC complications are not reported in HMIS.
- Protocol posters are not displayed in labour room.
- Except diet all provisions are given under JSSK.
- Labour room register has been implemented.

Child Health:

- Staff is not trained on IYCF.
- IFA Syrup is not available.

Adolescent Health:

There is no ARSH clinic in CHC Mandi. Sanitary napkins, contraceptive, condoms and EC pills are given to beneficiaries by ANMs. 5 OCP pills and 3 EC Pills, no condoms have been distributed in the month of April 2015.

Action taken at the facility:

1. Informed to BMO about the status of registers which are not as per GOI format.
2. Informed BMO for action taking about the low performance in distribution OCPs, EC pills and condoms.
3. Informed BMO for action taking against continuous low first trimester registration to total ANC registration.
4. Sensitized the labour room staff about providing birth dose vaccines and reporting of babies having weight less than 2.5kg.
5. Informed to BMO about status of PPIUCD insertions. MO and Staff Nurse has received training on PPIUCD insertion and still they are not being conducted.

Proposed Intervention:

- Suggested to purchase IFA tablets and Syrup from Untied funds
- Give staff nurse or ANM in labour room the responsibility of providing Birth dose vaccines and in case they fail to do so take strict action against them

- Facility and community based maternal and infant death review meetings to be conducted and documented for necessary corrective and preventive actions.
- Suggested BMO to direct Labour room staff to conduct PPIUCD Insertions.
- Provision of diet under JSSK
- Workshops on RMNCHA both at district and block level.

CHC Mendhar:

Service Delivery:

Total deliveries conducted in the month of April are 33. Referral cases are 07 and live births are 33. 14 IUCD and 3 MTPs are conducted. 8 PPIUCD Insertions have been conducted in the month of April.

C- Section are not conducted (Blood storage unit is not functional). Number of the women who have received IFA tablets in the Month of April are 0. OPD and IPD load are 769 and 156. Partograph is not maintained.

Drugs & consumable availability

Drugs and consumables not available are:

1. Mifepristone + Misoprostol (MMA)
2. MVA Kit/EVA
3. Tab Misoprostol
4. Antihypertensive (alpha methyldopa/Labetalol or Nifedipine)
5. Zinc

Reproductive Health:

93 RTIs have been treated in the month of April. 14 IUCDs, 8 PPIUCDs and 4 MTPs have been conducted in the month of April.

Maternal Health:

- First trimester registration to total ANC registration is less(44 % in April15)
- Obs Gyne complications attended to reported deliveries are not being documented and reported.
- Severely anemic women detected
- High risk conditions treated are documented but are not reported and uploaded on HMIS.
- There is no separate ANC Ward and ANC Clinic.
- Maternal and Infant Death review meetings are not conducted.
- No Medical officer is trained on BEMOC.
- Blood storage unit does not exist there as per BMO.
- PNC complications are not reported in HMIS.
- Protocol posters are not displayed in labour room.
- Except diet all provisions are given under JSSK

Action taken at the facility:

- Informed to BMO about the status of registers which are not as per GOI format.
- Informed BMO for action taking about the low performance in distribution OCPs, EC pills and condoms.

- Informed BMO for action taking against continuous low first trimester registration to total ANC registration.
- Sensitized the labour room staff about providing birth dose vaccines and reporting of babies having weight less than 2.5kg.

Proposed Intervention:

- Suggested to purchase IFA tablets and Syrup from Untied funds
- Give staff nurse or ANM in labour room the responsibility of providing Birth dose vaccines and in case they fail to do so take strict action against them
- Facility and community based maternal and infant death review meetings to be conducted and documented for necessary corrective and preventive actions.
- Suggested BMO to direct Labour room staff to conduct PPIUCD Insertions.
- Provision of diet under JSSK
- Workshops on RMNCHA both at district and block level.
- Regular and continuous supply of all essential drugs.

DH Poonch

Service Delivery

Total deliveries conducted in the month of April are 327 out of which 309 are live births. C- Section conducted are 91. None of the women have received IFA tablets in the Month of April. No staff nurse/ANM in labour room is SBA trained.

Action Taken: Again Suggested MS to purchase IFA tablets from untied funds. For time being we can take IFA tablets from CHC Mendhar where they are available in surplus number and expiry date is also in the month of August.

Drugs & consumable availability

Following drugs and consumables not available are:

- Mifepristone + Misoprostol (MMA)
- MVA Kit/EVA
- Tab Misoprostol
- Antihypertensive (alpha methyldopa/Labetalol or Nifedipine)
- Inj. Vit K (1 mg/ml)
- IFA and Zn

Action taken:

For Misoprostol funds have been released and will be purchased and distributed after provision of training on Misoprostol guidelines. Labour room register and SNCU register has been implemented.

Reproductive Health

- PPIUCD Insertions are not conducted. One doctor and a staff nurse from DH have got training on PPIUCD in Jammu.
- IUCD insertion rate is less. In the month of April only 5 Interval insertions have been done.

Action Taken:

Reported to Dy.CMO about the same and he called the concerned doctor and staff nurse to start the PPIUCD Insertions

Maternal Health

- First trimester registration to total ANC registration is less.(18.5% in April)
- High risk conditions are reported now.
- There is no separate ANC Ward and ANC Clinic.
- Infant Death review meetings are not conducted.

Action Taken:

Gave the responsibility to Data Entry Operator to collect data from Gyne OPD on monthly basis and upload on HMIS.

Neonatal Health

- Necessary birth dose vaccines are not provided to all.

Action Taken

- Sensitized labour room staff about the same.

Child Health

- Child death review meetings are not conducted.
- Staff is not trained on IYCF.
- IFA Syrup is not available.

Action Taken:

Informed the MS about status of death review meetings. Suggested to purchase IFA tablets and Syrup from Untied funds

Adolescent Health

- Adolescent health services are provided at DH Poonch.
- Total number of patients who received Counselling services in the month of April are 121.
- Albendazole, RTI/STI Kits are not available.

Support required:

- Infant and child death review meetings to be conducted and documented for necessary corrective and preventive actions.
- Labour room staff should be made responsible for provision of birth dose vaccines and action should be taken against the staff who will not follow the directions.
- Child death review meetings for necessary corrective and preventive actions.
- Training of staff on IYCF

Facility wise details findings of Leh District

SHC Shayok

SHC Shayok is located around 100 km from Leh and caters to a total Catchment Population of 144. There have been no deliveries in the last financial year. One of the contributing factors to no deliveries is its very low catchment population. There are two ANMs available along with one Pharmacist.

- None of the staff is trained in SBA.
- The total OPD load in the year 2014-15 has been 1210.
- Mifepristone/ Misoprostol tabs, Urine Albumin Kit, Blood Group Typing, Partograph and Zinc were not available. The staff has been requested to submit a requisition to the concerned BMO.
- The EDL was properly displayed, the eligible couples list has also been kept on display, there is a well-equipped Labour table along with the screen for privacy and the drug stock is properly labelled with the state of expiry.
- The SHC premises is neat and clean and has a welcoming atmosphere.
- There is no provision of routine tests at the SHC and the beneficiaries have to go either to the Block Headquarters or the District Hospital.

Proposed Intervention:

To make available routine tests which are essential during ANC checkups.

SHC Tyakshi

Brief Details:

There was a need to visit SHC Tyakshi due to a special case. The Centre is located near the Pakistan Border. The location is scattered here. People live at some distance from the main road at the hill side. People live in the hill side in the summers and come down in the winters. Hence due to the movement of the villagers the Sub Centre Staff has to move with them also. During winters the hospital staff operates its services from a small room in the Anganwadi center with no labour table and other equipment.

- SHC Tyakshi is located around 200 km from Leh. The total catchment population of Tyakshi Village is 354. About the service at the facility, there hasn't been any delivery at the facility. Nor has been any IUCD insertion or female sterilization case. The total OPD in the last financial year was 1196.
- There is one pharmacist and one Basic health worker. Both of them are males. There is no ANM available at the facility.
- There is no IEC display put for the beneficiary.
- The Main sub centre building at the hill side remains closed because the women (especially elderly and pregnant women find it difficult to reach at the facility because it is located little far from the main locality. Hence we had a word with the Sarpanch, Numbardar and ASHA of the village to locate a permanent location with the consent of all the villagers and as per their majority decision they will submit a Detailed Project Report for the construction of a new building for the villagers to the CMO office.
- Basic routine tests like Hb estimation, Urine test are not done at the facility
- Mifepristone, Misoprostol, Sterile pads, Partograph, IV fluids, Inj Vitamin K, Zinc tab, running water were not available. The staff has been told to arrange the same on priority by submitting a requisition to the concerned BMO.

PHC Turtuk

Findings (section wise as per format)

Service Delivery:

- PHC Turtuk is located around 190 km from Leh in Nubra Block.
- PHC Turtuk is conducting 3rd highest deliveries in Nubra Block after SHD Nubra and PHC Bogdang.
- In the last financial year, PHC Turtuk has conducted 11 Normal deliveries. All the deliveries were successful live births.
- Total OPD in 2014-15- 4516
- IPD- 42
- Ayush OPD- 2182
- Interval IUCD insertions- 14
- Sterilization Male/Female- 0

HR Training status

HR	Posted	Trained in SBA	Trained in PPIUCD/BEmOC
Medical Officer	2	1	0
ANM/Staff Nurse	2	1	0

Drugs Supply

- Apart from that Inj. Vitamin K (1mg/ml), Symp Salbutamol, Albendazole, Refrigerator, RTI/STI kit, Toilet near LR were not available.

- All the other essential drugs were available in the stock as per the supportive supervision checklist.

Other findings:

- The ASHA worker is doing a good job. She is keeping contacts with the eligible couples and motivating them for the family planning. Due to her efforts there has been 14 IUCD insertions in the last financial year which is appreciable.
- The IEC display at the facility has been remarkable good. Dr Irfan (Medical officer in charge) has got the display in local Urdu language so as to make the messages understandable to the public.
- Labour table is poor in condition and is an old/outdated model. **He has demanded a new model Labour table for the facility because it is very difficult to manage on the same.**
- VHNDs are organized regularly throughout the year except from November till March due to extreme cold.

Support Required from District:

- To provide one labour table for the facility

Facility wise details findings of Doda District

CHC Gandoh

Brief details of CHC Gandoh: CHC Gandoh is around 70 km from DH Doda . In last month 30 deliveries were conducted and IUCD insertion was 0. There is no PPIUCD insertion done because no staff is trained in PPIUCD insertion. In last month out of 30 new born all 30 new born were give zero dose vaccine within 24 hrs. No ARSH clinic at CHC Gandoh . There is no C Section done at CHC

Logistics, Drugs and consumable availability:

- There is no IUCD 380 A in the stock. . .
- IFA tablets are now available but there is no zinc tablets available

Labour room:

The cleanliness is maintained in labor room and PNC ward. The heating system is available in PNC ward but there is no toilet attached to labor room as the building is old and labor room is congested but the new building is under construction. The labor room register, PNC register and NBCC register are now available as per GO format. The SNCU is under construction. The separate register for serve anemic PWs is now available and iron sucrose is give them as injectable but the rate of IUCD insertion is low

JSSK: Free diet and drugs are being provided to mothers under JSSK.

Quality Parameter:

- The Early Initiation of Breast Feeding practice is followed.
- The family planning counselling is done during ANC and after pregnancy also.
- The line listing of PWs have been started. And iron sucrose as injectable is given to severe anaemic PWs
- The labour room cleanliness is now maintained as per guidelines
- Family planning counselling is done PWs during pregnancy and after pregnancy
- The Vitamin K injection is also give not newborns
- There is low rate of IUCD insertion done
- The 6 trays are now available in labor room
- Zero dose vaccine is given to newborns
- The SNCU is under construction

SDH Bhaderwah

Brief details of SDH Bhaderwah: The SDH Bhaderwah is around 50 km from DH Doda . In last month 20 deliveries were conducted and IUCD insertion was 2There is no PPIUCD insertion done because no staff is trained in PPIUCD insertion. In last month out of 20 new born all the 20new born were give zero dose vaccine within 24 hrs there is no ARSH clinic at CHC

Logistics, Drugs and consumable availability:

- There is no IUCD 380 A in the stock. Mucous extractor is not available. . PTKs are available.
- IFA tablets are now available but there is no stock of Zinc and Dicyclomine tablets

Labour room:

- The cleanliness is maintained in labour room. There is NBCC in labour room and
- PNC and NBCC register is now maintained as per GOI format

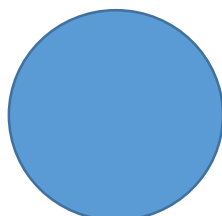
Quality Parameter:

- The Early Initiation of Breast Feeding practice is followed.
- The family planning counselling is done during ANC and after pregnancy also.
- The severe anaemic PWs are detected and Iron Sucrose is given as injectable after that they are not tracked
- The Labour room PNC and NBCC REGISTER IS NOW AVAILABLE and maintained

Issue of Concerns:

- All the drugs are available but the drugs which are not available are purchased by PWs by their own money because no JSSK funds are available.
- Low rate of IUCD insertion.

- No sterilization services available.
- No Partograph is being plotted.
- No PPIUCD insertion done
- High risk pregnancies not treated at SDH Baderwah.
- NO RTI/STI kit available.
- No MVA/EVA kit available.
- Serve anaemic PWs are detected and iron sucrose is given as injectable.



Progress on Model Delivery Point

Two delivery points from each HPD have been identified to be strengthened as Model delivery Point (MDP) during the year 2015-16. The facilities have been selected based on the following criteria: 1) Delivery load 2) Accessibility and 3) Non-availability of nearest delivery point. The status of MDPs was assessed by using the MNH-toolkit as approved by the MoHFW, Government of India (GoI) guideline. Standard labour room register designed and shared with the HPDs. Till now standard labour room register started at Doda, Poonch, PHC Manjakote (Rajouri District) and work in progress at Leh, Ramban and Kishtwar. Implementation of other standard registers like New Born Care Corner (NBCC), NBSU (New Born Stabilization Unit) also in progress. Different trays as per the MNH Tool kit has been ensured in delivery points. Displaying of labour room protocol supplied by state health society has been ensured. Regular monitoring report has been shared with district and state for further action.

HPDs	Facilities Identified
Doda	DH Doda
	CHC Gandoh
Rajouri	CHC Sundarbani
	PHC Manjakote
Poonch	CHC Mendhar
	PHC Loran
Ramban	CHC Banihal
	PHC Sangaldeen
Kishtwar	CHC Marwah
	PHC Chatroo
Leh	SDH Disket
	PHC Bogdang

Progress so far.....

Doda:

- Standard LR , Referral register and NBCC register started
- Labeling of trays already done
- Duty roster available
- Sleepers made available
- Cleanliness ensured

Rajouri:

- Standard LR started at PHC Manjakote

Poonch:

- Standard LR , Referral register started
- Standard LR , Referral register started
- Labeling of trays already done
- Duty roster available in both facilities
- Sleepers made available
- NBCC is available and functional (new Radiant Warmer installed as per the last year approval in March'15)

Leh:

- Standard LR register started at SDH Disket

Model Delivery Point visit: PHC Chatroo

Major Observation:

- 7 trays are not available in the LR instead only two trays are available.
- Sterilizer is non-functional and non-availability of extra delivery sets.
- Doppler/foetoscope is not available in LR.
- Environment of labour room is conducive – cleanliness is not being followed as per protocols, window panes are intact but the glasses are not frosted one and there is no partition between labor tables.
- Radiant warmer is functional with bag & mask.
- Dee Lee's tray is not available in LR.
- Oxygen Cylinder is available but without Key.
- Hand washing area is very well designated but tap is not long handled one.
- Infection prevention protocols are not being followed as per protocols, autoclaving is not being done as per protocols i.e., twice daily (as per delivery load) and 0.5% of Chlorine Solution is not being prepared freshly twice daily.
- Colour coded bins are not available, only black bin is available in LR.

- Partograph is not being maintained and Registers as per protocols are not being followed.
- Wall clock is functional but without second hand.

Action taken by the facility based on interventions/ activities identified from last visit:

- Labour room protocols are very well placed in LR.
- Frosted glass panes are not available but curtains are available.
- Only two trays have been kept available instead of 7 trays.

Intervention taken by District Coordinator:

- Advocacy done to BMO Chatroo for fulfilling the required components for making it a model delivery point like availability of trays , sterilizer , delivery sets , Doppler/foetoscope , cleanliness of LR , following infection prevention protocols , availability of Dee Lees tray , long handled tap for designated washing area , colour coded bins to be kept in LR , Partograph to be maintained .
- All registers have been shared to the BMO for printing and video also shared on how to maintain Labour Room. Availability of Slippers for maintaining the Secrecy of Labour Room.

Progress Report:

- Only two trays have been kept till now.
- Protocols have been placed.

Support Required:

- Intervention of district and state required for filling up the above given components with the sensitization program of the LR staff on different aspects like on infection prevention, on registers etc.

Model Delivery Point Visit Status: PHC Manjakote, Rajpuri

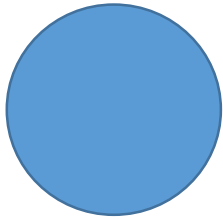
Major Observation

- Labor room protocol poster were not placed.
- LR entrance gate made by glass and aluminum which is transparent.
- Essential tray is not available.
- Long handle tap was not available.
- Step Stool was not available.
- Refrigerator was not available in LR.
- Partograph is being done.
- Color coded bins are not available.
- Autoclave is not there but boiler is there.

Intervention taken by District Coordinator:

- Hand over the LR protocol poster Xerox to BMO and he Ensured that it get printed soon.
- Sensitize the LR staff by showing the Visual video of Standard Labor room protocol.

- Move the R W in a place that is inside the LR and Designated as NBCC.



Progress on Strengthening VHND

VHND Monitoring findings:

Name of the Site: Manas Mohalla
 Name of the SC: Jawahar Nagar
 Name of the Block: Manjakote
 District: Rajouri

Major Findings:

- There is no ASHA attached at this session site community mobilized by AWW.
- There is no weighing machine at AWC manas mohalla they do not weight the children there.
- Both the ANM regular side and NRHM as well present there, they carry logistic along eg.BP apparatus, Vaccination
- IEC material at VHND site was not display , VHND site was very small room henceforth all the activities could be possible there
- Child Health Services eg. Breastfeeding Danger Sign and Family planning services were provided at VHND site
- Growth monitoring was missed at VHND site
- Due to small room group counseling was a major task to held,
- Adolescent was not comfortable to discuss all the Issue due to small space.

Action taken at Session site and Block/District Level:

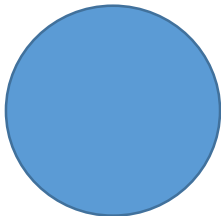
- Group Counseling was not in practice so make the arrangement for that.
- Sensitize the ANM and AWW about the VHND importance

Support Required at District Level:

- Need a Weighing Machine at VHND site
- ANMs need to sensitize about VHND importance
- One ASHA should be attached at this area

VHND session monitoring in Block Mendhar, Poonch District organized by AD Naka Manjhri at AWC Bakerwalan

1. VHND was not carried out as per guidelines. Only attendees were educated about safe drinking water.
2. Only beneficiaries were involved. PRI members, Teachers and other informal leaders, VHSNC members were not involved
3. ASHA mobilized the villagers on the same day and not one day before VHND.
4. No wall writings in the local language and hoardings were displayed anywhere.
5. ANM ASHA has come without ANC record, Immunization record. ANM has come only with VHND register where she has written names of those who have attended VHND.
6. BP apparatus, stethoscope, weighing machines adult / (baby) New born, Haemoglobinmeter were not available.
7. IEC material was not displayed.
8. In VHND register only attendance is being taken. Services provided are not documented.
9. Mothers were not carrying MCP cards with them.
10. Nutrition was not provided as stock has finished at AWC.
11. Other essential supplies like IFA (L/S), Vitamin A, Zn etc. were also not available.
12. ASHA have not received the incentive.



Strengthening Review Mechanism

- DC-RMNCH+A Rajouri, Poonch and Kishtwar attended District level monthly review meeting;
- DC-RMNCH+A Leh attended meeting with ASHA Coordinator and DPMU

Other activities:

A. Creating awareness among all the CMOs of J&K on supportive supervision/gap analysis tool:

In compliance to the order 20 of 2015 dated: 24.4.2015 of Mission Director, NHM, J&K regarding awareness about Swasthya Slate and Gap Analysis/Supportive Supervision Tool in health sector this visit was conducted in 20 districts (except Leh and Kargil) of Jammu and Kashmir from 9th of May of 19th May'2015 by two State Coordinators-RMNCH+A, J&K. Separate report submitted to state for this activity.

Objective of the visit:

- To create awareness among all the CMOs on activities done so far under Gap Analysis
- To sensitize CMOs on new Supportive Supervision Checklist and how to rollout in districts
- To give a brief idea on Swsathya Slate project in J&K

Date Wise District Visit Status:

Jammu Division		Kashmir Division	
Date	District Covered	Date	District Covered
11.05.15	Doda	09.05.2015	Srinagar
	Kishtwar		Budgam
	Kathua	15.05.2015	Meeting with DHS
	Samba		Ganderbal
12.05.2015	Poonch	16.05.2015	Pulwama
	Ramban		Shopian
13.05.15	Rajouri		18.05.2015
	Udhampur	Bandipora	
	Meeting with DHS	Anantnag	
14.05.15	Jammu	Kulgam	
	Reasi	19.05.2015	Kupwara

B. Monitoring of Mission Indradhanush: Mission Indradhanush sessions were monitored by District Coordinator-RMNCH+A in Rajouri, Poonch, Doda and Kishtwar district. All the monitoring report shared with district and the communication plan shared with ITSU.

Major observation on MI Monitoring:

1. Session was carried out as per microplan.
2. Neither ANM, HE nor ASHA has prepared any microplan of Immunization dropouts.
3. Due list was not available.
4. No banners, poster, Hoarding or any other IEC material was found displayed in the village and session site.
5. Hub cutter, black and red bags were not available.
6. ANM is not giving 4 key messages to caregivers.
7. Mission Indradhanush message "Be wise, fully immunize your child" was not displayed anywhere.

Recommendation:

- Staff who is trained in the SBA, NSSK be kept in the Labor Room only. They are on roster duty and are placed in other wards / sections too presently.
- Functional Toilet attached to the LR and gyne ward.
- Delivery Trays must be maintained as per MNH tool kit .
- Present practice of staff is to sterilize used instruments and generally kept there itself, instead they must autoclave and keep them in trays, and these sets must be ready as per the delivery load.
- Cleanliness of the Labor Table is one of the weak component observed, nursing staff and cleaning staff must be trained in infection prevention, BMW etc.
- Standardized and printed labor register, reporting formats be kept at LR, NBCC, SNCU
- Protocols must be placed must be readable.
- Duty roster, numbers of ambulance driver, diet chart with all details must be displaced at outside the nursing station, inside the nursing station and at prominent places respectively.
- Dedicated staff of cleaning for SNCU is required.
- Deep Burial Pit at Different level of facility and their authorization from JK pollution control Board.
- Blood Bank Authorization.
- Strengthening NBCC

Conclusion

RMNCH+A strategy has been planned to provide a complete service throughout the life cycle. Increasingly, across the globe, there is emphasis on establishing the “Continuum of Care”, which includes integrated service delivery in various life stages including adolescent, pre-pregnancy, childbirth and postnatal period, childhood and through reproductive age.

The field visits reveals that there is a need for improving awareness about the standards of performances among service providers. The 5x5 matrix helps us in giving focused attention on different program activities to ensure performance and quality aspects in service delivery.

Skilled manpower is a felt need to maintain the quality standards and overall performance of the State. Hence continuous Skill enhancement center is need of hour for the state. Progress of all 16 indicators need to be reviewed on the monthly basis at state, district as well as Block level. And necessary decisions must be taken based on the data and its analysis with follow up actions. Monthly Review mechanism based on the RMNCH +A indicators must be strengthen and if possible in the presence of any state official and identified gaps and poor performing blocks must be given necessary instruction and corrective actions be taken to close the gaps.

