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

Month of April 2015

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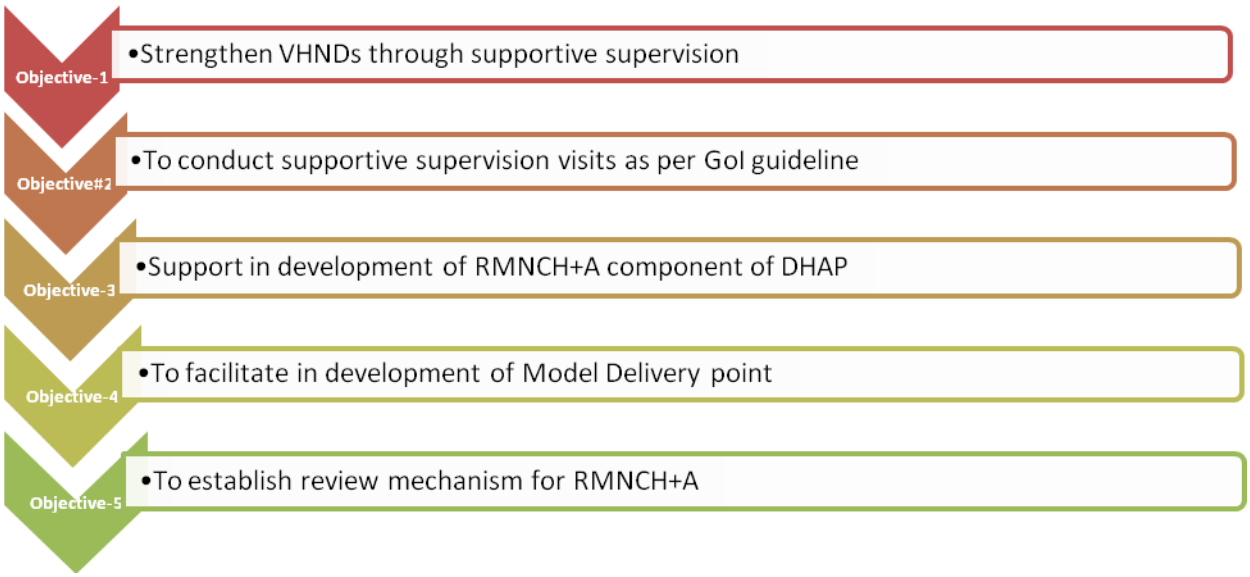
Introduction:

RMNCH+A approach has been launches in 2013 and it essentially looks to address the major causes of mortality among women and children as well as the delays in accessing and utilizing health care and services. The RMNCH+A strategic approach has been developed to provide an understanding of 'continuum of care' to ensure equal focus on various life stages. Priority interventions for each thematic area have been included in this to ensure that the linkages between them are contextualized to the same and consecutive life stage. For the year 2015 five major objectives have been selected by the State Lead Partner, J&K to implement the RMNCH+A Strategy in J & K which are as follows:



Keeping in view the above objective work plan for the DCs have been prepared to cover the 5 major objectives.

Progress on objective#1: During the Month of April total number of 4 sites have been visited for VHND monitoring by District Coordinator. All these site visits for VHNDs were reviewed as per standard checklist. Though it quite low as per the required visits however as per the previous analysis improvement is clearly visible.

Progress on objective#2: Supportive Supervision is one of the major objective under RMNCHA strategy to address the gaps identified and to provide supervision in supportive manner. District Coordinator conducted supportive supervision visits as per GOI norms to 11 facilities in the month. We found several positives on our visits. However gaps does exists which can be systematically addressed.

It is still observed that the some of the very essential consumables such as IFA, Misoprostol, MgSO4, Sterile pads etc are not regularly available even at the DH. Numbers of facilities do not have Pregnancy Test Kits and Haemoglobin test kits. ORS and Zinc are also not available in many facilities. There is a need to improve drug availability and we request the state and district team to ensure availability of these drugs.

Progress on objective#3: For preparation of DHAP extensive exercise have been conducted at state level. At first facility wise gap analysis has been line listed then the gaps have been prioritized on thematic areas. Then thematic area wise budgeting was prepared for final approval. Total amount of Rs. 850.59 have been proposed for 6 HPDs. We have developed a complete evidence based budgetary recommendation document which was employed by the state to make plans across the state. We facilitated the training of district teams and compilation of the budgets beyond the 6 HPDs enabling RMNCHA focused budgets to be developed across the entire state. Follow of the previous year fund approved for the HPD is one of the priority jobs of State and District Coordinator. Fund approved last year for security and heating system are regularly followed up by the district coordinator.

Progress on objective#4: Total numbers of 12 model delivery points have been selected from 6 HPDs. 2 of the model delivery points have been visited except one which is being covered in March. We found that in comparison with previous visits to these delivery points, there has been a significant improvement in service delivery however efforts are needed in terms cleanliness and Universal precaution practices, readiness of NBCC and standard register needs to be as per the MNH tool kit. Trainings to enhance the skills of medical officers and other staff are pre requisite for better delivery of services. More efforts are needed in terms of practices in the maternity wing such as follow the filling Partograph, follow the delivery practices as per the SOP etc.

Progress on objective#5: For strengthening review mechanism for RMNCHA at district level weekly meetings and reviews are conducted with CMO of respective district by District Coordinator. However number is not as per the mandate due to meetings as State and DC involvement in the Mission Indradhanush. We established a mechanism to share our findings and then record action taken through minutes of meetings. This report details all the meetings held and how they need to be improved.

A key finding for us lied in comparing model delivery points surveyed in 2014 to model delivery points in 2015 which showed a clear improvement. With VHND strengthening, better review mechanisms and continued inputs on facilities through supportive supervision we can enable a better framework

Activities proposed for the month of May 15:

1. Supportive supervision in 14 delivery and potential delivery points
2. Revisit of 70% of model delivery point
3. 10 VHND sessions monitoring
4. 6 Blocks Monitoring
5. Participation in 6 District Monthly review meetings
6. 4 Block Monthly meetings
7. Support in Mission Indra Dhanush at district level.

We look to achieve the set goals in the month and continue with our efforts to improve the existing situation in the district with support from the State officials.

Objective#1: Progress on Strengthening VHNDs through Supportive supervision

VHND monitoring status for the month of April:

HPD	Number
Doda	1
Ramban	0
Kishtwar	0
Rajouri	1
Poonch	1
Leh**	1
Total	4

VHND Monitoring Findings: Total numbers of 4 VHND sessions have been monitored during the month of April 15. Standard monitoring format for capturing the data were used. Some of the findings of visits are as follows -

Leh –

At SHC Nurla of Khaltsi Block session site was visited / observed however session was not conducted as per the VHND guidelines. Here ASHA did not mobilized the Community members. Both ANM and ASHA come without ANC record, Immunization record also BP apparatus, stethoscope, weighing machines adult / (baby) Newborn, hemoglobin meter, IEC material etc., were not available at session site.

ANM has come only with VHND register where she has written names of those who have attended VHND. And only 3 women and 4 children were present.

Doda-

At awc Khara session was planned but session could not be conducted as ANM was not present.

Action Taken by district coordinator:

- Sensitized ANM, ASHA and AWW about VHND guidelines and schedule of VHND Activities.
- Mothers were interviewed to understand their view on VHND

- Discussion made with the staff about the micro plan and due lists
- Interviewed mothers and explained them about advantages they can take from VHNDs. Also explained them about schemes like JSSK, JSY
- All ANM's were advised to do counseling to adolescent girls on various health issues
- ANM and ASHA have been instructed for proper community mobilization.

Action required from district:

1. Initiatives to bring convergence with ICDS for VHND session.
2. Build understanding on VHND session and its importance among block and Below level official and functionaries.
3. Develop a reporting and monitoring mechanism
4. VHND sessions as one of the agenda point for discussion at block and district monthly meeting
5. Handholding as well as sensitization of ANM on VHND.

Support required from state:

- ✓ Initiatives to bring convergent action to streamline the entire process including monthly reporting system of VHND from SC, Block and as well as district
- ✓ Timely supply of essential drugs and logistics at session sites.
- ✓ Mandatory visits of state (Nodal Officer for district) and district officials during session.
- ✓ Preparation and supply of IEC material pertaining to VHND at each session sites.
- ✓ Rationalization of VHND microplan and merged with RI microplan.

Progress Report on Supportive Supervision:

As per the GoI mandate Supportive Supervision has been initiated in the HPD. It was finalized that each district coordinator will visit 2 facilities for supportive supervision total 12 visits; during the month of April in all 11 Supportive Supervision visits were conducted in HPD.

District	Facility visited for Supportive Supervision
Poonch	**PHC Mankato**
	PHC Lasagna
	CHC Surankote
Rajouri	District Hospital Rajouri
	CHC Kandi
	CHC Darhal
Leh	PHC Saspal
	SHC Chuchot gongma
	PHC Chuchot
Doda	**CHC Gandoh**
	SDH Bhaderwah

Facility Wise Major Findings:

Leh : PHC Suspal Date of Visit - Leh : 30 / 03/2015

Findings:

As per the data available only 2 deliveries are conducted at the PHC in the previous financial year 14-15. However the total OPD was 2685 and total IPD was 9 of the facility. Here to mention that the total population of the catchment is 1089. As per the logistics and other consumables are concerned Misoprostol tablets, Sterile pads, Fetoscope/Doppler, Toilet near LR, Zinc, Inj. Vitamin K is not available nor NBCC established in the facility.

Leh: PHC Chuchot Gangma (24x7 PHC) Date of Visit: 09/04/15

Findings:

This facility is functional as 24 x 7 PHC and in the last financial year 43 delivery took place however IUCD need to be promoted intensively as no IUCD inserted in the whole year.

The labor Room need to improve in terms of central heating team, availability of all essential trays and also Bag , Mask and clean linen etc., need to be kept in the Labor Room. Knowhow of the staff of Labor Room is also limited .Bio Medical protocols and sterilization related protocols must be followed.

Doda: CHC Gandoh Date of Visit: 01/04/15

Findings:

In last month 38 deliveries were conducted here. There is no PPIUCD insertion done because no staff is trained in PPIUCD insertion. No ARSH clinic at CHC Gandoh.

As per the logistic is concerned there is non availability of IUCD 380, zinc, Dicyclomine etc., more over cleanliness is another cause of concern in labour 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. However the new building is under construction. Facility is providing free diet and drugs to mothers under JSSK.

Doda: SDH Bhaderwah, Date of Visit: 31/04/15

Findings:

In last month 40 deliveries were conducted and 3 IUCD inserted however, there is no PPIUCD insertion done because no staff is trained in PPIUCD insertion. And all the 41 new born given the zero dose vaccine within 24 hrs.

There is no availability of IUCD 380 A, zinc and Dicyclomine in the stock. However IFA is made available now.

The cleanliness is still a cause of concern in labour room and PNC ward. And Labor Room and PNC registers are also not in GOI format. Partograph is not in practice, it is also observed that JSSK funds are not available and some of the essential drugs recommended for pregnant women have to buy from open market. More over RTI/ STI and MVA/ EVS kits are also not available at the facility. Serve anemia is tracked and iron sucrose is also given but there is not system of follow up and tracking.

Poonch: PHC Lassana, Date of Visit: 30/3/2015

Findings:

PHC Lassana is a 24x7 PHC having 6 staff comprising of 1 MO, 1 JSN, 1LT, 1ANM, 1 SW, 1 NO and other then that 1 JSN, 1 LT, 1 Pharmacist and 1 Dawasaaz are attached at other health facilities. Total delivery is quite low and in the month of February only 2 deliveries conducted and 3 were referred. However MO and JSN are SBA trained.

Presently Diet has not yet been started. In the last two quarters no IUCD is inserted.

NBCC is also not established. Some of the very essential drugs like IFA, Mifepristone + Misoprostol (MMA) , Tab Misoprostol , Antihypertensive , MVA Kit/EVA for pregnant and other female beneficiaries and Zinc, IFA Syrup, Syp. Salbutamol for children are not available.

During the visit record keeping and reporting gaps were also visible as Severely anemic cases detected and treated are not reported similarly High risk , RTI/STI related beneficiaries although are treated but are not reported.

Poonch: PHC Mankote, Date of visit: 31/3/2015

Findings:

PHC Mankote conducted 7 deliveries in the month and referral cases are 4. Facilities OPD and IPD are subsequently 600(all) and 0 meaning by deliveries are not been retained for 48 hours. MO and ANM are SBA trained. Number of IUCD Insertions are 0 in February and in last 2 quarters are just 7.

Drugs and consumables are not available at the facility such as Mifepristone + Misoprostol (MMA), IFA tablets, Tab Misoprostol, Antihypertensive (alpha methyldopa/Labetalol or Nifedipine) and MVA Kit/EVA etc.

NBCC is established here but Register is not maintained. And out of 7 live births only 0 have been given OPV 0 and Hepatitis 0 dose. All 7 has received BCG. However Staff is not trained on IYCF.

Poonch: CHC Surankote, Date of Visit: 6/4/2015

Findings:

Total deliveries conducted in the month of March are 80 where live births are 73. This facility has not started C- Sections as Blood Storage facility is not functional yet. OPD and IPD load are 8892 and 80 respectively. Partograph is not maintained. There is no separate ANC Ward and ANC Clinic in the facility moreover none of the Medical officer is trained on BEmOC. Here maternal and Infant Death review are not conducted. Also Emergency drug tray is not maintained in labour room nor BMW management practices not followed.

Drugs and consumables status is more or less same as Mifepristone + Misoprostol (MMA) , Tab Misoprostol ,Antihypertensive (alpha methyldopa/Labetalol or Nifedipine) are not available and also MVA Kit/EVA.

Reporting and recording formats such as Labour room register has been sent for printing where format was given to them by DC but NBCC register is available. Some of the essential services such as Obs Gynae complications, severe anemia/ High risk pregnancies are attended but not reported reason unknown.

Out of 73 live births only 26 have been given BCG. OPV-0 have been given to 52 and Hepatitis B to 0. Pentavalent 1 to 39 and pentavalent to 30.There is improvement in providing birth dose vaccines compared to previous months.

PPIUCD Insertions are not conducted as PPIUCD forceps are not available. However 98 RTIs have been treated in the month of March. 17 IUCDs and 2 MTPs have been conducted at the facility.

Rajouri: District Hospital Rajouri, Date of visit: 11/04/2015

Findings:

District Coordinator visited the facility along with the state team and find that some of the very essential drugs like Misoprostol and Mifepristone combination, Tab Nifedipine, IFA tablets etc., are not available in the facility. Child related tablet Zinc (10 mg &20 mg) is also not available and MCP cards are also short in supply. Which was discuss with Medical Superintendent of District Hospital.

Rajouri: CHC Kandi Date of visit: 15/04/2015

Findings:

CHC Kandi has the same issue related to non-availability of essential drugs such as Misoprostol and Mifepristone combination, Tab Nifedipine, IFA tablets in the facility. Partograph is not maintained. Here maternal and Infant Death register is not maintained. Also Emergency drug tray is not maintained in labour room nor are BMW management practices followed. Protocols are also not displayed in the Labor Room of the facility.

As per the RMNCH+A essential drug list except metronidazole and ceftriaxone remaining drugs were not available. Bio Medical Protocols are not followed and cleaning and other staff needs orientation.

Inverter battery found in NBSU unit that is harmful for new born health as it emits toxic which can be harmful for infants. Tab Zinc (10 mg &20 mg), Albendazol and Dicyclomine are also not available.

Rajouri: CHC Darhal Date of visit: 16/04/2015

Findings:

As per the observation here also very essential drugs and consumables such as Misoprostol, and Mifepristone combination, Tab Nifedipine, IFA tablet are not available in the facility. Protocols are not displayed in the LR nor are some of the essentials like hub cutter, fetoscope, all the essential trays etc., available in the Labor Room. Here Toilet is outside the LR and Partograph is also not filled for every delivery. Invertor Batteries are kept in the Labor Room itself. MTP register were not maintained.

NBCC is not functional in the facility. Essential drugs like Zinc and Albendazol and Dicyclomine is also not available. As per the RMNCH+A essentials Amoxyciline, Ampicillin, metronidazole and ceftriaxone were available but remaining are not available. Here to mention that Deep Freezer is also not functional.

As per the bio medical waste is concerned Color Coded bins were not available at facility which is not safe neither for medical staff nor for the hospital beneficiaries.

Action Taken by District Coordinator-RMNCH+A:

- ❑ Feedback of current practices to BMO and CMO for corrective actions.
- ❑ NBCC register format is provided to BMO and CMO for printing.
- ❑ Advocacy to keep record of all the cases of high risk, anaemic pregnancy cases.
- ❑ Advocacy to purchase essential medicine from untied funds.
- ❑ Sensitised labour room staff regarding importance of birth dose vaccines.
- ❑ Labour room staff to maintain Partograph.
- ❑ Sensitized to MO and ANM for maintain clean LR.

Support Required from District:

- ❑ Ensure availability essential drugs and other supplies.
- ❑ Conduct training as per the requirement of the facility of SBA, IYCF and IUCD/ PPIUCD.
- ❑ Major focus need to be given on partograph & sensitization of ANM/SNs.
- ❑ Availability of color coded bins & bags at facility level.
- ❑ Timely issue of fund to block and facilities.

Support Requested from State:

- ❑ Ensure the availability of essential drugs and supply at all levels like Misoprostal, Zinc, and Vit-K etc.
- ❑ Timely release of funds to district for smooth functioning.
- ❑ Training of staff posted at delivery points on SBA, LSAS, IMNCI, MTP / MVA, IYCF, BEmOC / CEmONC. Blood storage unit, PPIUCD etc.
- ❑ Strengthening NBCC at all delivery point in terms of functional equipment, power back up, training and refresher training of labour room staff.
- ❑ 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.
- ❑ More focus on partograph use on SBA training.

Progress on Model Delivery Point

2 delivery points in each HPD have been selected to strengthen it in a model point. Total 12 Model Delivery points have been selected in 6 HPDs. Every month it is mandatory to visit the model delivery point. DCs are responsible for minimum one visit per month to the MDP.

Doda	Ramban	Kishtwar	Rajouri	Poonch	Leh
•DH Doda •PHC Assar	•CHC Banihal •PHC Sangaldan	•CHC Marwah •PHC Chatroo	•CHC Sundarbani • PHC Manjakote	•CHC Mendhar •PHC Loran	•SDH Disket •PHC Bogdang

Activities followed for MDP:

1. Model delivery point wise action plan prepared
2. Focus given on some thematic areas
3. Based on the gap analysis budgetary recommendation for the year 2015-16 for model delivery point already completed

Intervention planned for Model Delivery Point:

1. **Availability of protocol poster inside the labour room at appropriate place.**
2. **Duty roster board outside labour room.**
3. **Month wise service delivery/performance chart in front of labour room.**
4. **Registers as per the MNH tool kit in labour room with proper orientation to LR staff.**
5. **Ensure availability of 6 trays (if L3 then 7 trays) in LR.**
6. **To ensure privacy of women all the window and door of LR must have curtains/ arrangements.**
7. **Proper record maintenance like BHT of mothers & Partograph (motivate the staff to use Partograph in low case load facility at first).**
8. **Ensure strengthening of NBCC.**

    a. Availability of functional RW: Regular advocacy with CMO/BMO to make it available

    b. Suction machine, Bag and mask availability for ENBC

    c. Cleanliness of basinet of RW

    d. Orientation of LR staff on NBCC through available resource like FIMNCI/NSSK trained MO

9. **Ensure proper reporting of NBCC admission with cause and management.**

10. **Ensure availability of essential drugs inside the LR specially Inj. Oxytocin, Inj. Magsulph, Inj. Dexamethasone, Misoprostal Tab, Vit-K etc.**

Other services:

- Ensure Cleanliness of Labour room including sleeper and stand for LR- through regular monitoring and advocacy.
- Ensure Proper ANC service- Lab test, proper Check up, Counseling, follow up, record maintenance, line listing of severe anaemic mother etc
- Advocacy for proper Family Planning Service- especially IUCD, PPIUCD (at DH/CHC level), sterilization etc.
- Advocacy to ensure Adolescent Health Service at least at DH and CHC
- Ensure proper record maintenance regarding maternal and child health service delivery

Progress so far……

1. Standard labour room register started in Gandoh CHC, and under printing process in Poonch and Doda district.
2. Protocol displayed in all Model Delivery points.
3. Labeling of different trays started.
4. Duty roster displayed in Poonch and Doda.
5. Other standard register like NBSU, NBCC, IUCD, Referral are in progress.

Support Required from District

- ❑ To ensure the essential logistics and supplies.
- ❑ Ensure the new labour room register for all delivery point.
- ❑ Nominate staff for essential trainings on priority basis.
- ❑ Nominate any district official (Gynecologist / Child specialist) for Monitoring and hand holding support to staff of delivery point.
- ❑ Regular review of MDP in District level meeting.

Support Requested from State:

- ❑ Fund Flow as per the requirement of the district so to have all essential drugs and supply at delivery point
- ❑ Training gap Assessment of delivery / potential delivery point and Ensure all essential trainings are provided to staff.
- ❑ Bio medical waste supplies and training on sterilization and infection prevention services at the each delivery point.

Support in Mission Indra Dhanush in Five HDPs of the state.

District and block level workshop was organized all 5 Indradhanush Districts. Here it mention that the status of block level micro plan throughout the districts were not satisfactory.

Duelist was not available in most of the session sites visited by the DC also the IEC activities throughout the districts was missing. Though ANMs were trained in block level workshop but there was no training conducted for ICDS frontline functionaries like AWW hence the participation during the sessions. Mid Media and social mobilization plan was totally missing.

District Specific findings of session monitored by District Coordinator-RMNCH+A:

Poonch District:

District level workshop was organized on 18th March which was attended by District Magistrate, CMO, Dy CMO, BMOs, District Coordinator RMNCH+A and other concerned officers.

1. **Block: Surankote , Session site: Lassana Doba , Date: 8/4/2015**
2. **Block : Mandi , Session Site : Danogam, Dated : 9/4/2015**

Common Findings of the visited sites -

- ✓ Session was not as per micro plan.
- ✓ ANM & ASHA didn't prepare micro plan.
- ✓ Most of the Mothers, children came without MCP cards.
- ✓ Due list was not available
- ✓ No banners, poster, Hoarding or any other IEC material was found displayed in the village and session site.
- ✓ Hub cutter, black and red bags were not available.
- ✓ Date and time was not marked on the opened vile.
- ✓ 4 key messages were not given to the beneficiaries
- ✓ Mission Indradhanush message "Be wise, fully immunize your child" was not displayed anywhere.
- ✓ ASHA was not aware of the incentives.

Rajouri District: The campaign was inaugurated in Rajouri district by DDC Rajouri near Salani bridge slum area, the programme attended by CMO/CEO Rajouri, CDPO Rajouri, and NGO.

1. **Block:Kalakot, Session site: Ghalaan, Date: 8/4/2015**
2. **Block:** Manjakot ,Session site**-Salani Bridge Date- 07/04/2015**

- ✓ Due list was not available.
- ✓ No banners, poster, Hoarding or any other IEC material was found displayed in the village and session site.
- ✓ Hub cutter, black and red bags were not available.
- ✓ ANM is not giving 4 key messages to caregivers.
- ✓ Mission Indradhanush message "Be wise, fully immunize your child" was not displayed anywhere.
- ✓ ASHA was not aware of the incentives.
- ✓ 4 key messages were not given to caregivers.

Doda District:

Block: Ghat, Session Site: Puldoda, Date: 7th April 2015

Findings-

- There is no IEC material regarding Indradhanush at any of the site visited.
- The vaccine from cold chain point to session site was carried by ANMs and ASHAs.
- Due list of beneficiaries was not available
- Beneficiaries are mobilized by ASHA.

In all 5 session sites were visited in 3 Districts by the District coordinators and it is charily evident that more efforts are needed in terms of sessions' micro planning, IEC distribution, involvement of ICDS functionaries and more monitoring by health officials.

There is urgent need of proper planning, better convergence, monitoring and adequate logistic support at every level for better results under the Mission Indra Dhaunsh.

In the month of May also monitoring would be done of the session site by the district coordinator and feedback will be provided to block and district official for further improvement.

Progress of Strengthening Review Mechanism

To provide regular feedback and actionable suggestion to the block and district official of the respective district coordinator pay visit to CMO and BMO. Some of the discussion points during the various district level meeting (monthly/ weekly) are as follows -

Weekly Review Meeting

With CMO Doda- Dated: 4/4/2015

Review on VHND action plan of Blocks for which CMO office issued letter to all the block however no block has submitted it to the CMO office
Discussed about the availability of labour room register as per the MNH tool kit as well as NBCC register and referral in & referral out register which is not in practice.
Discussion on gaps of supportive supervision and VHND Monitoring with CMO, BMOs and other concerned.

With CMO Leh - Dated 7/4/2015
Identified gaps pertaining to PHC Bogdang (Model delivery point) were discussed in detail and major actionable points were taken out and accordingly plan was prepared to fill the gap as soon as possible in consultation with CMO.

Meeting with the Deputy CMO – Dated 13 /4/15
Major Focus of the meeting was on Alternate Vaccine Delivery services in the district and crucial point of discussion are as follows –

1. Alternate vaccine delivery is an alternative transport to carry vaccine from State to District @ Rs 40,000/- and from District To the respective blocks @ Rs 18000/-. There are two heads related to Alternate vaccine delivery in the district and details are as follows –

   - Under the head of AVD in hard to reach areas, previous year balance as on April 1, 2014 was Rs 29253/- out of which the total expenditure has been Rs 34908 and the closing balance as on March 31, 2015 is Rs - 64161/-(minus)
   - Under the head of AVD in other areas, no funds have been released to the district whereas Rs 16836/- has been utilized. Hence the closing balance is Rs -16836/- (minus)

2. A Teeka Express is sanctioned for District Leh in the year 2014-15. The funds for POL of the vehicle is not sanctioned though which is required on priority.

3. Funds, under the head of POL for transportation of vaccine from State to the District and District to the state is 1.30 lacs which is not sufficient to carry the load as per the vast geographical area.

4. The consumption of Teeka express vehicle is very high @ Rs 8km/litre. District Leh has got a total amount of 1.30 lacs against the proposed sum of 2 lacs.

Support in Organizing the Zonal Training of District level Monitors on Supportive Supervision

As per the GoI mandate organization supported in organizing the Zonal Training of District level Monitors (DLMs) on supportive supervision from 27- 29 April 2015 at Hotel Grand Lalit , Srinagar . The training was inaugurated by the Dy. Director Health Services, Kashmir Division, and Senior Advisor of NIPI Dr. Ashfaq Ahmad Bhat were present. Over all coordination for the 3 day program was done by Dr. Pratap (National Coordinator) of PHFI.

In all 47 participants from 6 states were part of the training program. Three days training program was comprise of Detailed introduction of each section of Supportive supervision checklist such as Section C which was explained by Dr. Pratap, Section F (Antenatal and reproductive health) as explained by Dr. Nidhi of NRU . Dr. Javed Suri discussed about the Section F – Child health and also demonstrated the new born resuscitation in detail.

Essential drugs and supplies, Family planning, Client satisfaction and functionality of program at community level were also explained and discussed in detail.

A detailed session was taken on Supportive supervision planning by Dr. Neelesh also participants were made to do hands on practice for prioritization of facility based on data.

Field visit was also conducted in three of the facilities namely District Hospital Srinagar, CHC Gausia and PHC Hazratbul for observation and data was also collected based on supportive supervision checklist and later analyzed through Tool provided by the GOI.

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

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.

Support requested from State:

- Timely and regular supply of essential drugs, consumable and equipment
- Bring convergence with other line departments such as ICDS (WCD), Education, Rural development and water and sanitation department for better results in programs such as VHND, VHSNC, WIFS and RBSK.
- Special focus on all the HPDs and their model delivery points.
- Quarterly review of RMNCH+A activities at the state level including CMO and DC- RMNCH+A.
- Man power planning and rational deployment of manpower.
- More emphasis on retention of mother and drop back.
- 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
- Emphasis on availability of reporting formats, correct and timely reporting of all the services provided from the facility.
- 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

Conclusion:

The 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.

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 centre is need of hour for the state.

As per the Government mandates more thrust has to be given on developing model delivery points in HPDs. 2 delivery points are already identified in each HPD to make it a model. It is desired that District should emphasized genuine effort to make these facilities as a model.

Priority must be given on the findings of supportive supervision and gap analysis for the ultimate improvement of the facilities. More efforts are still required for convergence among different department at all level for better results in program like VHND, VHSND, WIFS and RBSK.

Adolescent Health Clinic is vital component under RMNCH+A strategy which must be given due attention for better future of future generation. VHND monitoring checklist has to be institutionalized in the district within health and ICDS functionaries and joint visits must be initiated for streamline the quality service delivery at VHND and for better convergence.