



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

Month of January Year 2015

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Introduction:

RMNCH+A Strategy has been started to provide a Continuum of Care in 4 stages of life cycle. 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:

Objective#1: To Strengthen VHNDs through supportive supervision

Objective#2: To conduct supportive supervision visits as per GoI guideline

Objective#3: Support in development of RMNCH+A component of DHAP

Objective#2: To facilitate in development of Model Delivery point

Objective#5: To establish review mechanism for RMNCH+A

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 January total number of 15 sites have been visited for VHND monitoring by District Coordinator. All these site visits for VHNDs were reviewed as per government checklist. According to the analysis, some strength are clearly visible. First, we found that VHNDs had enthusiastic support from the community and were an opportune moment for interventions. We strongly believe that by orientation and training, ANMS and ASHA along with Anganwadi can vastly improve the quality of VHND and given the community support for such event VHNDs training should be strengthened. We request action at state and district level for delivery and strengthening of VHND training. In Leh, VHNDs were not performed as per the order of CMO. We request that VHNDs be initiated in all districts with adequate training once the weather conditions and other external factors permit so. We also found that in only 6% of the VHNDs growth chart plotting weight taking was being done. This is a major gap and needs to be addressed. Routine immunization is being provided in only 40% of the VHNDs. Again this leaves a significant opportunity in improvement of VHND. Timely supply of essential drugs and logistics

Progress on objective#2 Supportive Supervision is one of the major activities of District and State Coordinator and we were able to provide supportive supervision visits as per GOI norms to 23 facilities. This is more than the stated goal of 14 site visits. We found several positives on our visits. Again community involvement was high and doctors were attending to patients and ANMs had reasonably good training on handling routine cases. However gaps did exist which can be systematically addressed. First family planning services and counseling training is needed and healthcare workers need to be encouraged to give these services. In terms of drugs, IFA, misopristol, MgSO4 are missing across most facilities and limited numbers of facilities do not have Pregnancy Test Kits and Haemoglobin test kits. ORS 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. We will work closely at district level and state level to facilitate the addressal of barriers.

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.

Progress on objective#4Total numbers of 12 model delivery points have been selected from 6 HPDs. All the model delivery points have been visited except one which is being covered in February. We found that in comparison with previous visits to these delivery points, there has been a significant improvement in service delivery and more than 70% of conditions of becoming a model delivery point are being met. From the NHM side, many equipment have been provided and trainings delivered. While HR still remains an issue, it is feasible that model delivery points can be established within the next few weeks. We have identified remaining gaps in each of the facility and request the state and district team to continue the good work and address the gaps systematically.

Progress on objective#5: For strengthening review mechanism for RMNCHA at district level total numbers of 12 weekly meetings have been conducted with CMO of respective district by District Coordinator. 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. At the state level, DHAP meetings dominated January and limited meetings were possible. However we expect that February we will be able to move ahead on our plans for weekly or at least fortnightly meetings. Fortnightly meetings do have significant advantage and we request that meetings be held on a fortnightly basis.

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

Objective wise achievement

Objectives		Target	Achieved	Remarks
Objective#1	To Strengthen VHNDs through supportive supervision	18	15	VHND session is not being held at Leh and in last week of January 15 all DCs were involved in HMIS/MCTS training at State
Objective#2	To conduct supportive supervision visits as per GoI guideline	14	23	We conducted almost double the number of required Supportive supervision visits. The detailed analysis is given in the supportive supervision section.
Objective#3	Support in development of RMNCH+A component of DHAP	Completion of DHAP based on gap analysis within Jan	Yes	Evidence based PIP submitted to state
Objective#4	To facilitate in development of Model Delivery point	12	11	CHC Marwah (Kishtwar) pending
Objective#5	To establish review mechanism for RMNCH+A	12	12	We were able to meet CMOs on a fortnightly

Goals for the month of February'15:

1. Supportive supervision in 12 delivery and potential delivery point
2. Revisit of 70% of model delivery point
3. 12 VHND sessions monitoring
4. 6 Blocks Monitoring
5. 12 Meeting with CMO at district level
6. 4 Block Monthly meetings

We will overall continue to monitor the situation and see if our findings and actions requested in January have led to measurable change in the field.

HR Performance Report

Name of the RMNCH+A Coordinator	Designation	Total days in month	Total working days (excluding holiday and Sunday)	Work done (in days)	Leave Taken
Umar Nazir	DC-RMNCHA	31	25	25	NA
Dr. Shahid Hass	DC-RMNCHA	31	25	25	NA
Dr. Jahangir	DC-RMNCHA	31	25	25	NA
Dr. S.K. Gupta	DC-RMNCHA	31	25	25	NA
Dr. Majid Bhat	DC-RMNCHA	31	25	25	NA
Raman Kumar	DC-RMNCHA	31	26	26	NA

During this month special effort has been given to cover more Supportive Supervision than the target. 9 extra sites have been monitored for Supportive Supervision and total number of 23 delivery and potential delivery points have been covered.

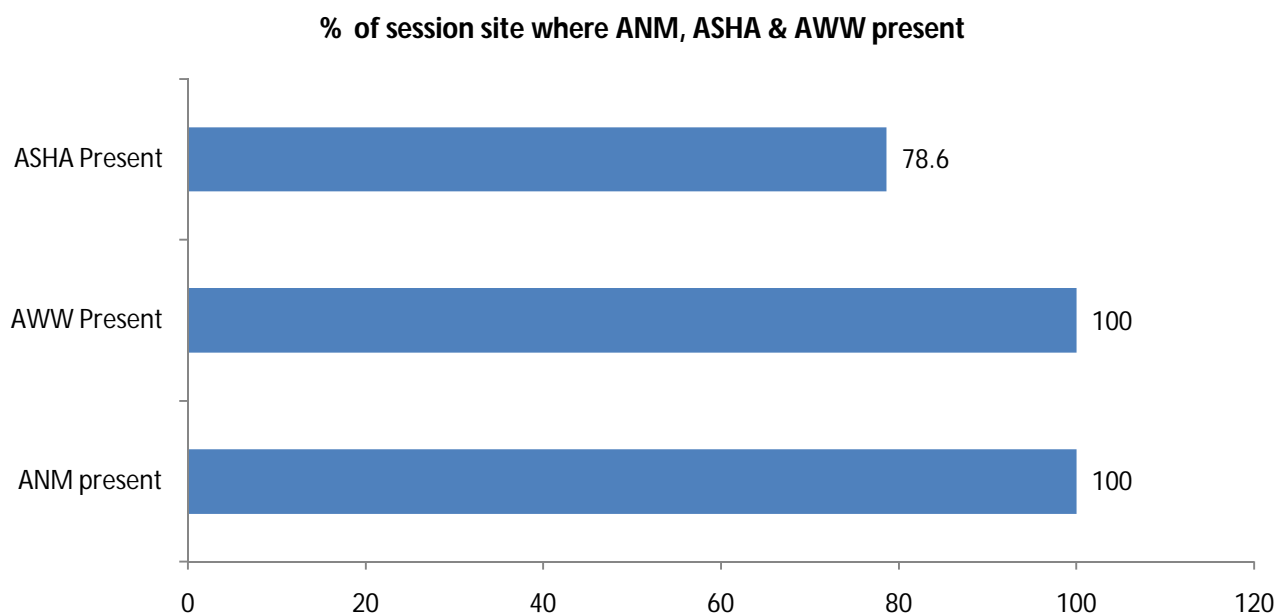
Objective#1: Progress on Strengthening VHNDs through Supportive supervision

VHND monitoring status for the month of January:

HPD	January
	Total
Doda	3
Ramban	3
Kishtwar	3
Rajouri	3
Poonch	3
Leh**	0
Total	15

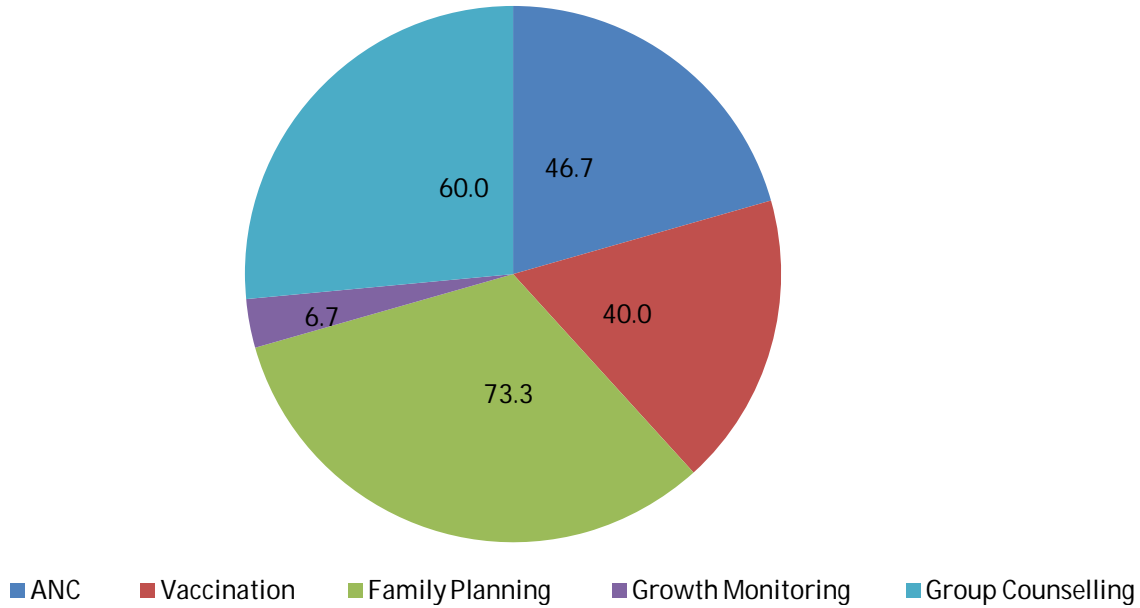
** VHND is stopped at Leh till March'15 due to too much cold

VHND Monitoring Findings:



ANM and AWW were present in 15 sessions where as the ASHA was present in only 78 % session.

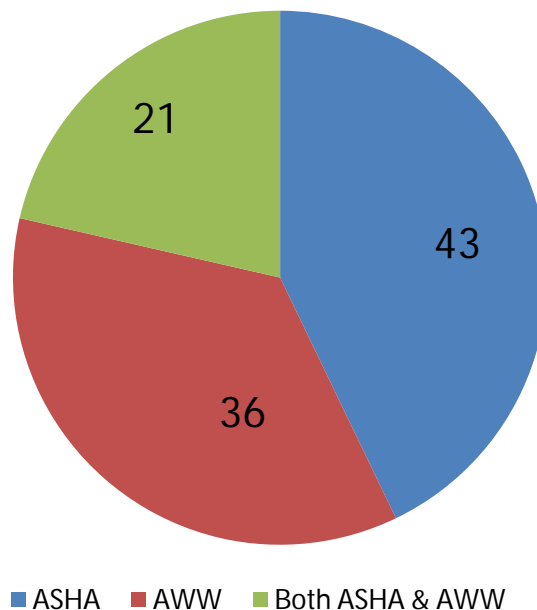
% of session site where services provided



Service delivery in VHND:

1. Only in 40% session Routine Immunization services are being provided
2. Family planning in terms of condom distribution and counseling is being rendered in 73.3% session
3. Only in 46.7% session ANC services are being provided
4. In 60% sessions group counseling was held with women and adolescent girls
5. 6% session where growth monitoring such as weighing, plotting and counseling have been done

% of session site where beneficiaries mobilized by:



1. Only in 21% session where beneficiaries are mobilized by both ASHA and AWW
2. 43% session where beneficiaries are mobilized by ASHA only
3. In 36% session beneficiaries are mobilized by AWW only

Site specific findings of VHND:

Poonch: ICDS Sagra Blar(NTPHC DebrajMehanderBlock): VHND was not carried out as per guidelines. Except distribution of medicines to the beneficiaries nothing is being done. ANM has come without ANC record, Immunization record. She has come only with VHND register where she had registered the names of pregnant women and children who require ANC checkups and immunization. BP apparatus, weighing scale adult was available. They have measured BP and weight but have not recorded it or plotted in growth chart. There was no Hemoglobinometer, weighing scale for newborn etc. Immunization was not carried out. Group meeting was not conducted by ANM/AWW/ASHA. IEC material was not displayed.



Poonch District: AWC-Haveli (Bhainch SC)

- VHND was not carried out as per guidelines. Only some medicines were distributed and pulse polio was discussed among VHND Members.
- There was no ANC record, Immunization record to ANM and ASHA. Types of services given to beneficiaries not recorded in VHND register
- BP apparatus, weighing scale new born was available. BP measurement done but there is no provision of documentation
- There was no Hemoglobinometer, weighing machine adult.
- Immunization was not carried out.
- A group meeting was conducted and discussion made on pulse polio.
- IEC material was not displayed.
- In VHND register only attendance is being taken.
- Mothers were not carrying MCP cards with them.
- Nutrition was not provided as stock has finished at AWC.
- IFA tablets were not available.



VHND at AWC Bella in block Surankote :District Poonch

- VHND was not carried out as per guidelines. Only participants were educated about safe drinking water.
- ASHA has not mobilized the community
- ANM /ASHA have come without ANC record, Immunization record. ANM has come only with VHND register where she has written names of those who have attended VHND.
- Services register not available with ANM
- BP apparatus, stethoscope, weighing machines adult / (baby) New born, Hemoglobinometer was not available.
- Immunization was not carried out.

- IEC material was not displayed.
- In VHND register only attendance is being taken. Services provided are not documented.
- Mothers were not carrying MCP cards with them.
- Nutrition was not provided as stock has finished at AWC.
- IFA tablets were not available.

Doda District:

Doda District: AWC-Chaitroo (Bhagwa SC)

- The ANMs and ASHAs and AWW were not fully aware about VHND guidelines.
- There was no record keeping register for ANC, Immunization, eligible couples and pregnant mothers at VHND
- At VHND session out of 4 PW only 2 have received ANC check up and 2 PW didn't receive any ANC. All of them are coming first time at VHND session.



Doda AWC Nai Basti: ANM and ASHA are not fully aware about the various activities to be carried during VHND. No ante natal services were provided. Growth monitoring was not done. Counseling status was also poor. Immunization service provided to the children.

VHND Session at AWC Dunassa : District Doda

- There was no record of VHND maintained by ANMs from July 2014.
- Essential drugs like PTKs, Hb meter and IFA were not available.
- The ANM was not fully aware what to do on VHNDs.
- Micro plan was not available.



Rajouri District:

Rajouri: AWC-Behrote ward No-06: VHND session was held as per plan but there was no proper microplan for VHND. Basic services of VHND such as health service, growth monitoring and counseling were not provided at session site. There was no provision of ANC at session site.



Rajouri District: AWC-Chapar Dhara (Gambir Brahmna SC)

- Micro plan not available
- No zipper bag is available for proper placing of vaccines.
- Functional Hub cutter, red & black bag, Nutritional Supplements, due list of beneficiaries, counterfoils of previous session, ORS Packets and IFA tablets are not available.
- Growth Chart for boys and girls is not available in the AWC.
- Non-availability of foetoscope, Urine testing Kits, Zinc tablets, Anti-helminthic tabs, IFA (Large & small) , Haemoglobin Testing kit ,material for IPC , IEC material ,necessary register and Reporting formats.
- No nutritional supplement available at AWC since August'14.

VHND at SHC-Prori in Kandi Block: District Rajouri

- Sessions are being held as per microplan but it is not being documented
- ASHA was not presented during VHND
- Non-availability of functional Hub cutter , red & black bags , nutritional supplements , due list of beneficiaries , ORS packets , IFA tablets , paracetamol , weighing machine , BP Apparatus , stethoscope , growth chart , foetoscope , urine testing kit , zinc tablets , ant-helminthic tablets , cotrimoxazole , PTK's and thermometer .
- ANC are not being done during VHND and mother are being called at SC level for routine check up
- Counseling on different topics like early initiation of breast feeding, JSY . JSSK schemes are being discussed during VHND



Kishtwar District

Kishtwar: AWC Diwaru B under SHC Malan:

VHND session held as per plan. ASHA mobilized the children to the session but there was no due list of beneficiaries with them. Not a single beneficiary came with MCP Card. There was no provision of ante natal check up at VHND site. Examination couch, weight machine and BP Instrument were not available at the site. Group meeting was held but without documenting any records.



Kishtwar District: AWC-Pandit Gaon (Berrabhata SC)

- Beneficiaries are mobilized by the ASHA worker,
- Measles, tOPV, Pentavalent, DPT, TT, was available at the session site,
- All the vaccines are with VVM and placed in a zipper bag in vaccine carrier having 4Ice packs.
- Growth monitoring chart was not available and no system of growth monitoring at VHND
- ANC services are not being provided
- Family planning services are being provided through condom distribution and family planning counseling

Ramban:

Ramban: Garh Siroda: VHND session held as per microplan but not in organized way. Essential equipments were not available at session site such as Stethoscope, BP Instrument and NO OCP/ECP and Condoms. No provision of ANC at VHND site. Growth monitoring of children not done as because there was no weighing machine and growth chart available

Ramban District: AWC-Thopal (Thopal SC)



Following logistics were not available at VHND session

- ✓ Nishay Kit
- ✓ HB Kit
- ✓ Malaria testing Kit
- ✓ Blank JSY Card
- ✓ IEC Material
- ✓ Weighing machine
- ✓ Sanitary Napkin

ANM, ASHA and AWW were present at VHND session. 6 Pregnant Women, 4 lactating women and 11 Adolescent Girls were available at session site.

Following topics were discussed during the session:-

Birth spacing

- ✓ Nutrition for Pregnant Women and Lactating Women
- ✓ Menstrual Hygiene

VHND Session at AWC Pernote : District Ramban

- ✓ Stethoscope was not available.
- ✓ Growth Chart as per WHO was not available at AWC.
- ✓ Health education was done by ANM.
- ✓ Weighing machine was available and weight of children was recorded.
- ✓ AWW and AWH were aware about VHND and activities.
- ✓ ANM was not carrying Sanitary napkins at the time of session

Action Taken by district coordinator:

- Sensitized ANM, ASHA and AWW about VHND guidelines and schedule of VHND Activities.
- Handholding support provided on documentation of VHND.
- Mothers were interviewed to understand their view on VHND
- Beneficiaries were counseled on JSSK and JSY scheme
- 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.
- Due list of PW and Children to be carried at the time of session

Action required from district:

- ✓ Rationalization of VHND microplan and merged with RI microplan
- ✓ Develop a reporting and monitoring mechanism
- ✓ Discussion of VHND performance at block and district monthly meeting
- ✓ Convergence meeting with department of Women and Child Development
- ✓ Block level sensitization of ANM on VHND
- ✓ Sensitization of AWW on growth monitoring

District specific support required:

Poonch:

Orientation of ANM, ASHA and AWW on VHND at monthly meeting of health department and ICDS department

Strengthening the monitoring and supervision system at district and sub district level

Kishtwar: Block level orientation on VHND is extremely required for ANM and ASHA on VHND

Ramban: Requirement of all necessary equipments and essential commodities for VHND

Doda: Training of ANMs and ASHAs on VHND is required and regular supply of drugs and testing kits like Urine albumin and pregnancy testing kits need to be ensured from district level.

Rajouri:

- To ensure the availability of essential logistics.
- To ensure the sensitization Programme on Micro plan and Due lists

Support required from state:

- ❖ Strengthening of monthly reporting system of VHND from SC, Block and as well as district
- ❖ Ensure participation of CDPO/representative from ICDS at block level monthly meeting with ANM
- ❖ Strengthen the VHND Monitoring system at district level through DPM, District Monitor & District Coordinator
- ❖ Timely supply of essential drugs and logistics
- ❖ Develop more IEC on VHND for community level intervention

Objective#2: Progress Report on Supportive Supervision:

As per the GoI mandate Supportive Supervision has been initiated in the HPD from this month. It was finalized that each district coordinator will visit 2 facilities for supportive supervision total 12 visits but during the month of January 23 Supportive Supervision visits have been completed in HPD. Total numbers of 23 delivery & potential delivery points have been covered during this month.

Weekly monitoring status of Supportive supervision

HPD	January				
	WK-1	WK-2	WK-3	WK-4	Total
Doda	1	1	1	1	4
Ramban	1	1	1	1	4
Kishtwar	1	1	1	1	4
Rajouri	0	2	1	1	4
Poonch	1	1	0	1	3
Leh	1	2	0	1	4
Total	5	8	4	6	23

Date wise visit status of Supportive supervision:

District	Facility visited for Supportive Supervision	Date of visit
Doda	SC BhejjaCharialla	05.01.2015
	CHC Bhaderwah	16.01.2015
	CHC Thathri	21.01.2015
	PHC Assar	27.01.2015
Kishtwar	PHC Chatroo	03.01.2015
	PHC Kiroo	14.01.2015
	PHC Atholi	20.01.2015
	DH Kishtwar	27.01.2015
Ramban	CHC Gool	06.01.2015
	CHC Batote	16.01.2015
	PHC Ukheral	21.01.2015
	DH Ramban	27.01.2015
Poonch	CHC Mendhar	03.01.2015
	PHC Loran	12.01.2015
	PHC Sawjian	27.01.2015
Leh	SC Ullaytokpo	08.01.2015
	CHC Khaltsi	12.01.2015
	PHC Nyoma	27.01.2015
	DH Leh	13.01.2015
Rajouri	CHC Darhal	12.01.2015
	PHC Manjakote	14.01.2015
	PHC Buddhal	19.01.2015
	DH Rajouri	27.01.2015

Service Delivery Status of the Facility: - During the month of December'14:

Facilities	Deliveries conduct	No of newborn immunized	IPD Load	OPD load	IUCD	Female sterilization
PHC Chatroo	11	11	48	1280	0	0
CHC Gool	30	30	350	1680	0	0
CHC Mendhar	77	77	753	7220	15	27
SC Bhejja Charialla	0	0	0	124	0	0
SC Ullaytokpo	0	0	0	435	0	0
SDH Bheaderwah	28	26	152	4568	0	0
PHC Kiroo	5	5	35	356	0	0
CHC Batote	20	20	36	1371	0	0
PHC Loran	4	4	18	467	3	0
CHC Darhal	24	24	152	1912	3	0
PHC Manjakote	18	18	0	982	2	0
PHC Atholi (Till Dec'14)	67	67	348	6088	37	0
PHC Budhal	22	22	43	1180	20	0
CHC Thathri	17	17	76	2223	4	0
PHC Ukhrel	31	31	45	961	0	0
PHC Assar	4	0	115	293	3	0
PHC Sawjin	7	0	30	969	1	0
DH Rajouri	483	483	.*	17085	62	0
DH Ramban	107	107	455	6330	0	0
PHC Nyoma	16	11	88	4283	13	0
DH Kishtwar (Till Dec'14)	2308	2235	10865	122316	119	87

*data not collect from facility

From the above table it is clear that all IUCD and female sterilization status is very poor in most of the facilities.

Facility wise Drugs availability status

Facility wise status of non-availability of major drugs and supplies							
Name of the Institution	Reproductive Health	Maternal health	Newborn health	Child health	Adolescent	Vaccines & Vit	Others
CHC Mendhar	IUCD, OCP & ECP Available	Inj. Magnesium Sulphate, Partograph not available	All essential drugs and logistics are available	Zinc not available	Albendazole, Diclomine and Weekly IFA were available	All vaccines and Vit-A available	MCP Card, Color coded bins & bags. Foetoscope/Doppler not available
PHC Chatroo	IUCD not available	Tab. Misoprostol not available	Mucus extractor not available	Zinc not available	Albendazole, Diclomine and Weekly IFA were available	Vit-A not available	Color coded bins & bags not available. Fetoscope / Doppler not
CHC Gool	Except MVA kit all available	Partograph and protocol poster in labour room not available	Inj. Vit-K not available Bag (ambu) & Mask not available	Zinc not available	Albendazole, Diclomine and Weekly IFA were available	Vit-A not available	Foetoscope/Doppler not
SC Bhejja Charialla	IUCD not available	PTK, Hb% testing kit not available	All essential drugs and logistics are available	Zinc not available	Albendazole, Diclomine and Weekly IFA were available	Vit-A not available	
SC Ullaytokpo	IUCD, OCP & ECP Available	Misoprostol tab not available	All essential drugs and logistics are available	Zinc not available	Albendazole, Diclomine and Weekly IFA were available	All vaccines and Vit-A available	Color coded bins & bags not available
SDH Bhaderwah	IUCD, OCP & ECP Available	Partograph not available	Vit-K inj. Not available	ORS, Zinc not available	No ARSH Clinic	All vaccines and Vit-A available	

Facility wise status of non-availability of major drugs and supplies							
Name of the Institution	Reproductive Health	Maternal health	Newborn health	Child health	Adolescent	Vaccines & Vit	Others
PHC Kiroo	No IUCD and ECP	Misoprostal, PTK, Partograph not available	Sterile cord cutting equipment not available	ORS, Zinc, Sulbutamolsyp. & albendazole not available	Dicyclomine not available	Vit-A not available	No running water supply
CHC Batote	Except MVA/EVA kit all supply/drugs were available	Partograph not available	Inj. Vit. K, Mucous extractor and sterile cord cutting were available	ORS/Zinc Tab and salbutamol were available	Albendazole, Diclomine and Weekly IFA were available	All vaccines and Vit-A available	
PHC Loran	Mifepristone and Misoprostol not available MVA Kit/ EVA not available	Tab Misoprostol Inj. Magnesium Sulfate, Sterile pads, IFA Tablet are not available. Urine albumin kit not available. Partographs not available	Inj. Vit K (1 mg/ml) not available Bag and mask (240 ml) with both pre & term mask (size 0,1) not available NBCC not available	ORS, Zinc, Sulbutamolsyp. & albendazole not available	Albendazole, Diclomine and Weekly IFA were available	All vaccines and Vit-A available	Color coded bins are not available

Facility wise status of non-availability of major drugs and supplies							
Name of the Institution	Reproductive Health	Maternal health	Newborn health	Child health	Adolescent	Vaccines & Vit	Others
CHC Darhal	Mifepristone + Misoprostol (MMA) & MVA/EVA Kits not available	Misoprostol, Partograph and LR protocol not available	RW is not functional & Ambo bag mask not available	Zinc & Sulbutamol syp. not available	Dicyclomine tablets not available	All vaccines and Vit-A available	Color coded bins are not available
PHC Manjakote	IUCD, OCP & ECP Available	Partograph and LR protocol available	All essential equipment's at NBCC are available	Zinc not available	Albendazole(syp.), Diclomine and Weekly IFA were available	All vaccines and Vit-A available	
PHC Atholi	MVA / EVA kit not present	Misoprostol, IFA are not available	All the essentials drugs for Newborn care are available at the institutions	Zinc and Syp Salbutamol not available	Dicyclomine and albendazole are not available	All vac. And Vit A available	Color coded bins are not available

Name of the Institution	Reproductive Health	Maternal health	Newborn health	Child health	Adolescent	Vaccines & Vit	Others
PHC Sawjian	Mifepristone and Misoprostol not available MVA Kit/ EVA not available.	Inj. Oxytocin not stored in cold box/refrigerator.(The temp is 0 deg Celsius there.) Tab Misoprostol Inj. Magnesium Sulfate, Sterile pads, IFA Tablet are not available. Urine albumin kit not available. Partographs are not made.	Inj. Vit K (1 mg/ml) not available Bag and mask(240 ml) with both pre & term mask (size 0,1) not available	ORS not available Zinc (10mg & 20 mg) not available Syp Salbutamol/ Salbutamol Nebulizing Solution not available	All essential drugs are available	All are available	Refrigerator, RTI/ STI Kit, Fetoscope/ Doppler Autoclave, Colour coded bins and bags and MCP cards are not available.
District Hospital, Kishtwar	Mifepristone Misoprostol, MVA/EVA Kit not available	Tab Misoprostol Inj. Magnesium Sulfate, Sterile pads, IFA Tablet are not available.	Zinc (10mg & 20 mg) not available	All essential drugs are available	All essential drugs are available	All essential drugs are available	RTI/STI Kit, Bleaching powder not available
District Hospital, Rajouri	Non-availability of Mifepristone + Misoprostol (MMA)	Non-availability of Partograph	Bag and Mask , Clean linen/towels for new born not available	Non-availability of Zinc Tablets.		All are available	Non-availability of Refrigerator in LR and Bleaching powder

Name of the Institution	Reproductive Health	Maternal health	Newborn health	Child health	Adolescent	Vaccines & Vit	Others
PHC, Nyoma	MVA/EVA kits not available	Inj. Magnesium Sulphate and sterile pads not available. Also, the ANM who is trained in SBA doesn't know how to use Partograph.	Inj. Vit K not available. Bag and Mask with both Pre and term mask not available.	Zinc Tablets and Syrup Salbutamol is out of stock.	Sanitary Napkins are not available at the facility. In fact, Menstrual Hygiene Management scheme is not functional in the District.	All the vaccines are available in stock	A dedicated Refrigerator, RTI/STI kit, PPIUCD Forceps, Autoclave for Labour Room, Toiler near Labour Room not available.
DH, Ramban	IUCD 380A, OCP and ECP available	Inj. Oxytocin, Tab-Misoprostol TT and all essential drugs were available. Blood Bank not available	Inj. Vit. K, Mucous extractor available but need maintenance and repair. Clean towel, sterile cord cutting available.	ORS/Zinc Tab and Salbutamol was available.	Albendazole, Diclomine and Weekly IFA were available.	All the vaccines are available in stock	
PHC Assar, District Doda	All essential are available	Except magnesium Sulphate and Blood bank are all available.	Inj. Vit. K, Mucous extractor, Bag and Musk etc are all available.	None of the essential drugs are available in the institution.	Essential drug not available.	All the vaccines are available in stock	RTI/ STI Kit, Bleaching powder and MCP card are not available.

Facility wise service details and gaps:-

Services/Facility	Ante Natal Care	Intra- partum and Immediate post- partum practice	Essential New born care (ENBC) and	Family Planning
CHC Mendhar	BP, Hb% test, urine albumin test, blood glucose measured are being done at the time of ANC	Partograph not maintained	All essential new born care services are being provided	Interval IUCD and female sterilization are being done
PHC Chatroo	Blood glucose Urine Albumin not measured during ANC	Partograph not maintained	All essential new born care services are being provided	No IUCD insertion or other family planning services
CHC Gool	Blood glucose Urine Albumin not measured during ANC	Mother temperature & BP not recorded at the time of admission. Partograph not maintained	All essential new born care services are being provided	No IUCD insertion or other family planning services
PHC Atholi	Blood glucose is not measured during ANC. There is no provision of Urine Albumin measurement.	Partograph is not being followed	All the essential new born care services are being provided	Only interval IUCD is being done and fixed day approach is being implemented.
PHC Budhal	All the essential services are being provided to pregnant women like measuring of BP, Haemoglobin, Urine Albumin, Family Planning counseling.	Partograph is not being followed. To manage Pre - Eclampsia, magnesium Sulphate is not present in the institution.	Except new born resuscitation to the new born, are other services are being provided to the newborns.	Only interval IUCD is being done and fixed day approach is being implemented.
CHC Thathri	All the essential services are provided to the pregnant women for ANC	Partograph is not being followed	New clean sterilized towels are not being used.	Post-partum sterilization not being done.
PHC Ukhrel	All the essential services are provided to the pregnant women for ANC	Partograph is not being followed	All the essential services are being provided	No status of IUCD insertion
PHC Atholi	Blood glucose is not measured during ANC. There	Partograph is not being followed	All the essential new born care services are being	Only interval IUCD is being done and fixed day approach

Services/Facility	Ante Natal Care	Intra-partum and Immediate post-partum practice	Essential New born care (ENBC) and	Family Planning
	is no provision of Urine Albumin measurement.		provided	is being implemented.
PHC Budhal	All the essential services are being provided to pregnant women like measuring of BP, Hemoglobin, Urine Albumin, Family Planning counseling.	Partograph is not being followed. To manage Pre - Eclampsia, magnesium Sulphate is not present in the institution.	Except new born resuscitation to the newborns, are other services are being provided to the newborns.	Only interval IUCD is being done and fixed day approach is being implemented.
CHC Thathri	All the essential services are provided to the pregnant women for ANC	Partograph is not being followed	New clean sterilized towels are not being used.	Post-partum sterilization not being done.
PHC Ukhrel	All the essential services are provided to the pregnant women for ANC	Partograph is not being followed	All the essential services are being provided	No status of IUCD insertion
PHC Sawjian	Blood Pressure / Haemoglobin is measured during ANC visits Blood Glucose is not measured during ANC visits Urine Albumin measured during ANC visits Appropriate management/referral of high risk clients (identified on the basis of High BP/ Blood sugar/Haemoglobin) is being done Family Planning Counseling is being done during ANC visits	Fetal Heart Rate (FHR) Mother's temperature and BP is recorded at the time of admission Partograph is not used to monitor progress of labour Antenatal corticosteroids are not used for preterm labour Magnesium Sulphate is not used to manage severe Pre-Eclampsia and Eclampsia cases and such cases are referred. Uterotonic (Oxytocin or Misoprostol) is given to mother immediately after birth of baby.	New-born care corner is not there. Funds have been released for the same and ordered by BMO. Counseling on Early initiation of breastfeeding practices is being done and are followed. Practice of skin to skin contact is being promoted Babies are dried with clean and sterile sheets/towels just after delivery The MO is aware about the steps of new-born	Family planning counseling is being done Postpartum IUCD insertions are not being done Interval IUCD insertions are being done Sterilization procedures are not being done but they motivate mothers register them, carry out necessary tests and refer them to CHC Mandi. Postpartum sterilization are not being done

Services/Facility	Ante Natal Care	Intra-partum and Immediate post-partum practice	Essential New born care (ENBC) and	Family Planning
			resuscitation (Positioning, stimulation, suctioning, repositioning , PPV using Ambu bag) New-borns are given OPV, Hep-B within 24 hours of birth. BCG is given on Immunization day which is once every month.	
DH, Rajouri	BP, Hb% test, urine albumin test, blood glucose measured are being done at the time of ANC	Non-availability of Partograph for monitoring progress of labour	Non-availability of Sterile towels for drying of babies.	Post-partum sterilization is not being done but fixed day services are being given on Every Wednesday and Saturday
DH, Ramban	Special focus has shown for tracking drop out.	Not practising, Instructed for same.	Available and functional.	FP Services available
PHC Nyoma	Complete ANC package given to all the women registered.	No equipment available for Fetal Heart Rate Monitoring. Partograph is not being used for monitoring the progress of labour.	All protocols are being followed.	There have been 13 Interval IUCD insertions since April to December 2014. But the Post-Partum IUCD insertions have been nil as none of the staff is trained in the same.
PHC, Assar	All services are being provided.	Partograph for monitoring progress of labour is not being monitored. Antenatal corticosteroid is not being used for preterm labour.	Early initiation of breast feeding not promoted. Skin to skin contact not being promoted.	Family planning services are being promoted. Except PPIUCD are the services are being done.

Major findings came out during supportive supervision:

Service delivery:

- Family planning status is very poor throughout all facility

Drugs/supplies availability

- Misoprostal & Inj.MgSO4 is not available in many of the facilities
- IFA not available in most of the facilities, some facilities have purchased from their available resource
- IUCD not available in some facilities
- PTK, Hb% testing kit not available in some facilities
- Most of the facilities don't have Inj. Vit-K for newborn
- ORS, Zinc not available for diarrhoea management
- Color coded bins for waste management not available
- MCP Card not available

Service Quality:

Antenatal Care:

- Blood Glucose, Hb measurement, Urine Albumin tests are not being done in some facilities during ANC.

INC & Immediate Post-partum care:

- None of the facilities are followed Partograph
- FHR not recorded in some facilities
- Eclampsia management is very poor due to non availability of Magnesium Sulphate

Family Planning:

- PPIUCD is very poor in all facilities

Action Taken by District Coordinator-RMNCH+A:

- Sensitised the staff about recording of High risk pregnancies managed.
- Suggested BMO to purchase IFA
- Sensitised labour room staff the importance of providing birth dose vaccines.
- Instructed labour room staff to maintain partograph
- Sensitized to MO and ANM for maintain clean LR.



- ANC check-up and follow up of drop out need to monitor.
- Feedback shared with BMO and CMO for corrective actions.

Support Required from District:

- Strengthening of Monitoring and evaluation of labour room and develop block level monitoring system through BMO
- Ensure availability essential drugs and other supplies
- Major focus need to be given on partograph & sensitization of ANM/SNs posted at delivery point on partograph and register maintain Ensure the availability of color coded bins & bags at facility level
- Ensure the availability of labour room protocol poster inside the labour room
- All the necessary services under ANC need to be ensured at all level
- Block wise sensitization for IUCD performance
- Ensure the availability of color coded bins & bags at facility level

Support Requested to State:

- Strengthening NBCC at all delivery point
- Ensure the availability of essential drugs and supply at all levels like Misoprostal, Zinc, Vit-K etc.
- 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
- Standardize labour room register as per MNH Tool Kit
- More focus on partograph use on SBA training
- Strengthen the monitoring system through DPM & District Monitor
- Completion of SBA and NSSK of all ANM/SNs posted at delivery point
- Initiate the new labor room register as per MNH Tool kit

Follow up plan:

All the facilities monitoring during the month of January will be monitored again in last week of February and March.

All the findings have been shared with CMO and concerned Medical Officer for follow up action and regular monitoring will be done from the end of District Coordinator and State Coordinator for improvement.

Objective#3: Progress on Implementation of DHAP

Status of last year approved budget:-

An approval amounting to Rs 6.56 Cr was approved in the ROP for the year 2014-15 for high priority districts. This amount is over and over the normal plan to strengthen the delivery points and potential delivery points to improve mother and child care services in 6 district namely Doda, Kishtwar, Ramban, Poonch , Rajouri and Leh.

The amount approved is for strengthening New Born care, Procurement of equipment's to strengthen labour rooms and OT suite, Central heating system, Security and laundry services and D. G. sets for round the clock electric supply.

Out of the total an amount of Rs 222.60 were conveyed to districts through budget sheet for the year 2014-15. An amount of Rs 433.82 is to be released to Director Health Service, Jammu / Kashmir for procurement of D.G. Sets, Equipment's and Construction & repairs.

The district wise approved amount for strengthening of services is as under:-

S.No	Name of the District	Amount Approved
1	Doda	92.65
2.	Kishtwar	69.11
3	Ramban	48.35
4.	Rajouri	39.51
5.	Poonch	155.65
6.	Leh	121.15
7.	Director Health Services , Jammu for construction	130.00
	Total	656.42

District wise follow up status of approved budget for the year 2014-15

District Poonch

Name of the line items	Fund approved in 2014-15 PIP	Current Status
Central Heating System For PHC Loran, CHC Surankote, CHC Mandi and CHC Mendhar	Fund approved @ 4lakh	In process will be completed in a week as per accounts manager
Security for DH Poonch	Approved @ Rs 9 lakh	In process will be completed in week as per accounts manager
Housekeeping for DH	Approved @ Rs 10.80 lakh	Not started

District Doda

Name of the line items	Fund approved in 2014-15 PIP	Current Status
Heating and air-conditioning for CHC Gandoh	3.00 lakhs	Rs.3 lakhs for heating and air-conditioning of CHC Gandoh is released from district health society.
Security and housekeeping for DH	19.8	Tender in process

District Rajouri

Name of the line items	Fund approved in 2014-15 PIP	Current Status
Central Heating System for SHC-Tatapani, CHC-Kandi & PHC-Budhal	Rs. 4.50 lakhs for procurement and running cost	Amount has been released to the concerned Blocks for procurement
DH-Security & Housekeeping	Rs.9.00 security and Rs.10.80 for housekeeping	Agency has been hired for DH-Security and Housekeeping

District Ramban

Name of the line items	Fund approved in 2014-15 PIP	Current Status
D.G.set for PHC Ukheral and PHC Khari	40.00 lakhs	Procurement done through DHS, Jammu
LR Equipments PHC Ukheral , CHC Batote, CHC Banihal , DH Ramban and PHC Khari	3.5 lakhs	

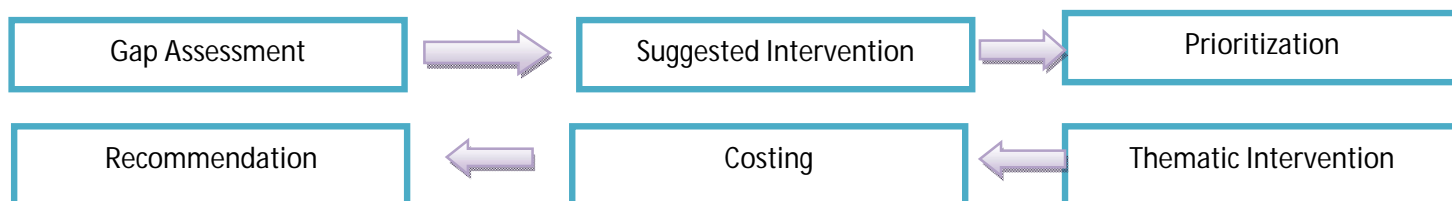
District Kishtwar

Name of the line items	Fund approved in 2014-15 PIP	Current Status
Security for DH	10.80 lakhs	25% amount to the District Hospital for start the process
Housekeeping for DH	9.00 lakhs	25% amount to the District Hospital for start the process

Support provided in 2015-16 PIP:

From the beginning the all the District Coordinators were involved in gap analysis process. Near about 400 facilities were completed throughout the year in HPD. Based on the gap analysis an evidence based budgeting has been prepared.

Activities flow chart is as follows:



Reconciling HMIS and gap assessment results

- There is a clear need to improve reproductive age group indicators in at-least five districts.
- Pregnancy care indicators are linked with ASHA/ANM training and better reporting and management.
- There is also need to improve heat and electricity in our sites to ensure that pregnancy care, child care and postnatal indicators improve substantially.
- Quality of newborn care corner needs to be improved further for postnatal improvement.
- Institutional deliveries can be improved by better institutions and with better infection management.

Funds proposed for the year 2015-16:-

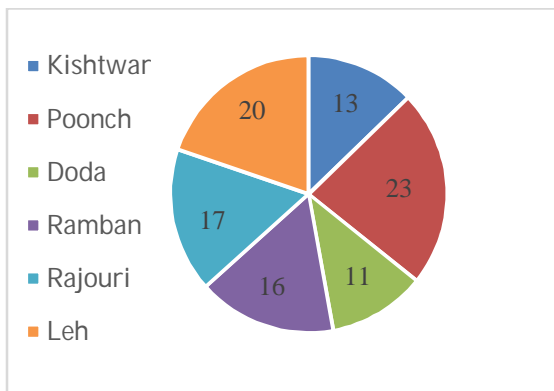
- DHAP represents a unique and important opportunity to create the base for necessary RMNCHA interventions.
- 2015 the exercise of gap assessment was started by NHM is being employed as the basis of evidence based policy making.
- We have data of over 1413 sites all over the state and 356 of sites in 6 HPDs
- Based on this data, we have assembled a list of possible gap redressal interventions
- These interventions have been prioritized based on multiple interacting factors.
- Once prioritized we aimed to create themes of interventions which are system wide efforts to improve parameters of RMNCHA service delivery.
- These themes will allow system wide improvement in parameters thereby allowing a measurable change.
- With these themes, we performed costing and have made a list of final recommendations.
- These recommendations are presented in multiple formats to ensure our budgetary recommendations are supported by evidence.

District Wise Proposed Budget:

The district Wise budget for HPDs is shown below

Kishtwar	Poonch	Doda	Ramban	Rajouri	Leh
108.05	196.1	97.05	137.59	143.65	168.15

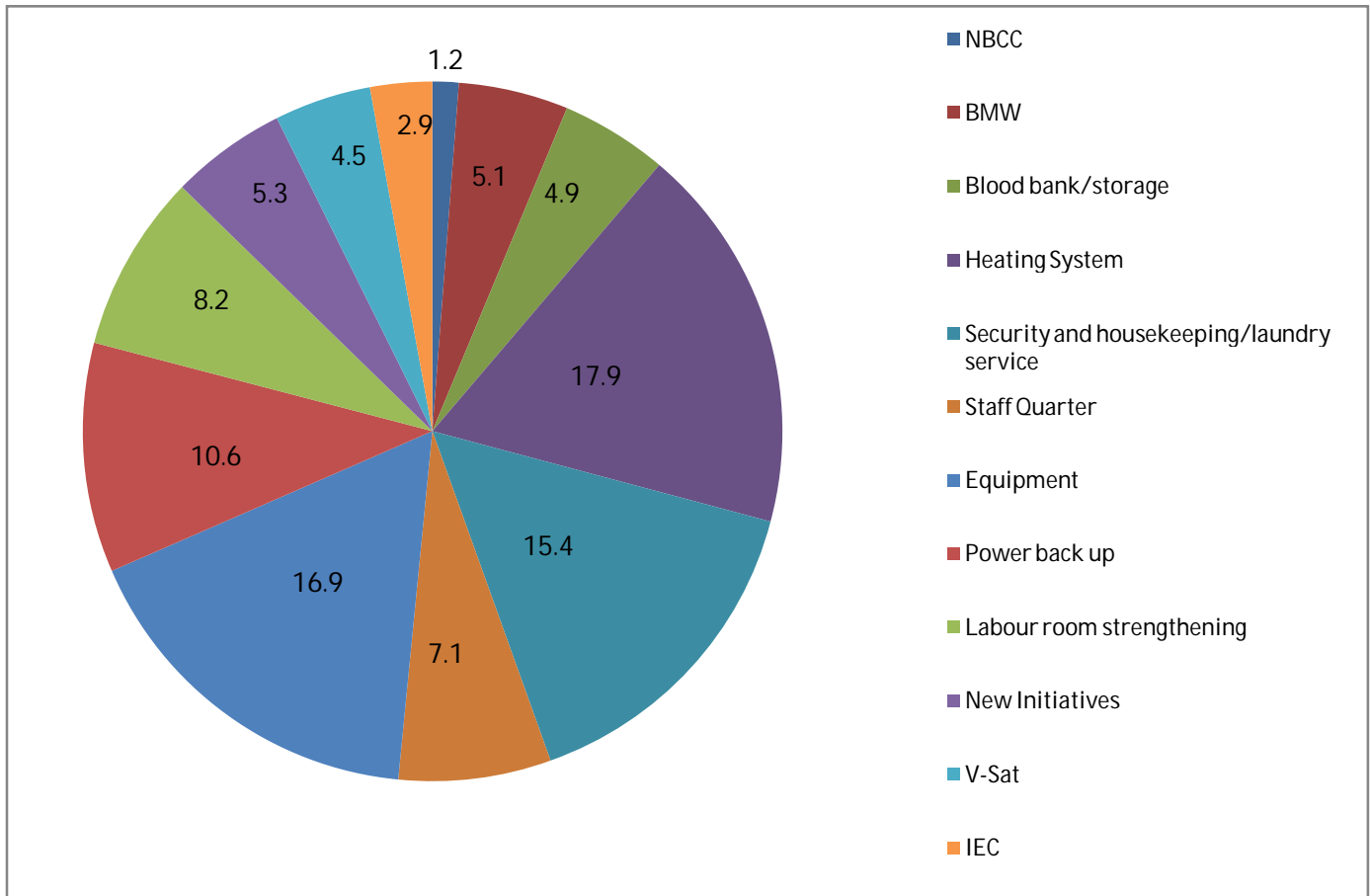
The district wise resource cap is shown below in the pie-chart:-



Thematic are wise details of the proposed budget is as under:-

Line Item	Proposed Budget for 2015-16 (in Lakhs)
NBCC	10.20
Blood Bank	42.00
BMW	43.20
Heating System	152.50
Security & Laundry Service	130.74
Staff Quarter	60.00
Equipment	143.95
Power Back Up	90.00
Labour room strengthening	70.00
New Initiatives	45.50
IEC	24.50
V-Sat	38.00
Total	850.59

Thematic area wise proposed budget (%):



Objective#4: Progress on Model Delivery Point

2 delivery points in each HPD have been selected to strengthen it in a model point.

Doda	Ramban	Kishtwar	Rajouri	Poonch	Leh

Weekly Monitoring status of Model Delivery Point:

HPD	Model DP	January			
		WK-1	WK-2	WK-3	WK-4
Doda	DH Doda				
	PHC Assar				
Ramban	CHC Banihal				
	PHC Sangaldan				
Kishtwar	CHC Marwah				
	PHC Chatroo				
Rajouri	CHC Sundarbani				
	PHC Manjakote				
Poonch	CHC Mendhar				
	PHC Loran				
Leh	SDH Disket				
	SC Phobrang				

Current Status of previous gaps assessment at Model Delivery point:

PHC Assar

Gaps identified in previous (Nov'14) gap assessment	Current Status as on 06.01.2015
Phototherapy unit not available	Same as previous
No color coded bins	Made available
IFA not available	Made available
Very less IEC material	Made available
No 24X7 running water supply	Made available

DH Doda

Previous gaps	Current status
No trays available in labour room and no biomedical waste management protocol followed, No line listing of severe anaemic PWs done and no IFA tablets was available	Trays are now available in labour room and biomedical waste management protocol followed now. The line listing of serve anaemic PWs done and also Iron sucrose is given to them and IFA are now available
No Radiologist No PPIUCD Trained MO	Same as previous
No sodium hypochlorite solution was available in labour room and there were no separate slippers for labour room	Made available
There is no labour room register as per format and There is no funds for construction of blood bank There is no heating system available	Format is now provided to them Funds for construction of Blood bank and heating system have been proposed in 2015-16 PIP
Thermometer and clock was not available in labour room	Made available

Rajouri District

SDH Sundarbani:

Gaps identified in previous gap assessment	Current Status
Non-availability of attached toilet at LR	No change due to Lack of funds, recently fund received
Non availability of 7 labor room trays	Except PPIUCD tray all trays are made available
Non-functional Autoclave	Same as previous
Labour room register not maintained properly	Maintaining of labour room register has been improved
Partograph not followed	Same as previous

PHC Manjakote

Previous gaps	Current status
Misoprostol (MMA), MVA/EVA Kits was not available	Misoprostal tab still not supply or purchase
Non-availability of Sterile Pads ,Partograph , Protocols in LR	Protocol inside the labour room not available and partograph not maintained
Non-availability of Clean linen/towels for receiving new born ,Zinc ,Syp.Salbutamol ,Tab.Albendazole , Refrigerator , RTI/STI Kit , & Bleaching Powder	Common logistics and drugs are not available

Kishtwar:

PHC Chatroo

Gaps identified in previous gap assessment	Current Status
IFA tab for PW not available	IFA procurement still pending
Inj. Magnesium Sulphate not available	Same as previous
Colour coded bins for biomedical waste disposal not available	Same as previous
Delivery tray not available	Delivery tray now made available

District Poonch:**PHC Loran:**

Gaps identified in previous gap assessment	Current Status as on the day of visit
NBCC not available	Funds have been released and received by BMO and she has ordered for the same.
Ambulance is not functional.	Ambulance still in the same condition and remains out of service at times.
Staff quarters not available for the staff.	Same as previous
Biomedical waste management protocols not followed.	No proper BMW management
Separate Delivery register as per GOI not available.	Same as previous

CHC Mendhar:

Previous gaps	Current status
Gynecologist, Pediatrician, Anesthetist and Surgeon post are vacant.	Pediatrician post has only been filled. Others lie vacant.
Labour room is very congested and old.	No changes happened for renovation of labour room
No quarters for paramedical staff for their 24 hour availability.	Quarter not available but proposed in SPIP 2015-16
IFA tablets not available	IFA tablets are now made available
High risk pregnancies, Obstetric and Gynecological complications treated are not reported.	Reporting of High risk pregnancies treated in the facility has been started through HMIS
Line listing of severely anemic women not documented and reported.	Lines listing of severe anaemic mothers have been started.
First trimester registration to total registration is less	Performance as per HMIS data not improved
Blood storage unit is not functional	Same as previous
PPIUCD Insertions not being conducted.	No trained manpower in PPIUCD
Biomedical waste management protocols and infection control practices are not followed.	Poor Bio Medical Waste Management system
GOI format registers for OPD, IPD and delivery are not available.	No standard register

Ramban District:**PHC Sangaldaan**

Gaps identified in previous gap assessment	Current Status
Lack of adequate manpower	Same as previous
Labor room not well organized	Same as previous
Sterilized delivery tray not available	Sterilized delivery tray available
Partograph not maintained	Same as previous

CHC Banihal:**Findings of Model Delivery Point CHC Banihal:**

- LR equipped with essential commodities.
- Gynecologist and pediatrician were posted in CHC.
- Attached Toilet with LR available and functional
- Grievance redressal mechanism has been established with Complain box.
- Diet being provide to Mother.
- 7 Trays are not available but as per MOIC it will be made available within next 2 days.
- IEC materials are displayed well.
- NBSU equipped and well functional

Plan for monitoring and facilitating in next month

All the facilities will cover again during the month of February.

Support Required from District

- Discuss the monitoring findings of DC with the concerned medical officer
- Ensure all kind of support for establishment of model delivery point

Support Requested to State:

- Provide all kind of technical support for establishment of Model delivery point
- Major focus on HPD
- Ensure the essential drugs and supply at delivery point
- Ensure the essential services at the model delivery point

Objective#5: Progress Report on Strengthening Review Mechanism

Weekly Meeting Status at a glance:

HPD	January				
	WK-1 (3 rd to 9 th Jan'15)	WK-2 (10 th - 16 th Jan'15)	WK-3 (17 th to 23 rd Jan'15)	WK-4 (24 th to 30 th Jan'15)	Total
Doda		1	1		2
Ramban	1	1	1		3
Kishtwar	1	1	1		3
Rajouri		1	1	1	3
Poonch			1		1
Leh					0
Total	2	4	5	1	12

District wise weekly meeting details:

Ramban District:-

Objective of meeting:

- ✓ Discuss on 5 major objectives of RMNCHA Plan 2015
- ✓ Discussion on strengthening Model delivery point
- ✓ Tracking of ANC drop out

Action Taken:

- ✓ CMO suggested to submit the details report of 2 model delivery points
- ✓ Instruct the BMO to improve the ANC status



Kishtwar District:-

Objective of meeting:

- ✓ Feedback of weekly activities and field visit report



- ✓ Discussed the findings of VHND monitoring, model delivery point visit and supportive supervision

Action taken:

- ✓ CMO suggested to submit details report of model delivery point visit
- ✓ Asked BMO Chatroo to make available of essential logistics

Weekly Meeting status for the week: 10th -16th Jan 2014

District: - Ramban

Objectives

- Sharing feedback of last Supervisory Visit
- Necessary corrective action in CHC Gool and PHC Sangaldan.

Action Taken

- 5X5 Matrix will be place in All Facilities
- Prepare report of block level VHND performance
- Ensure Community mobilization through ANM and ASHA

District: - Kishtwar

Objectives: Sharing of monitoring findings and action taken report

Points discussed

- Logistics availability at PHC Kiroo
- Availability of essential drugs at facility
- IUCD performance
- Partograph use for monitoring of labour

Action Taken

Issues discussed with concerned BMOs regarding improvement of current

District: Rajouri

Objectives:

- To discuss the gaps found during supportive supervision at CHC-Darhal.

- To discuss the format of Supportive Supervision done at PHC-Manjakote
- To discuss the monitoring findings of VHND session.
- To discuss the status of fund approved under HPD-Plan (2014-15) for CHC-Kandi, PHC-Budhal and District Hospital for procurement of Central Heating System, Security and Housekeeping.
- To discuss the Gaps found during assessment of LR at PHC-Manjakote for making it a model delivery point.

Points discussed

- Non-availability of MVA/EVA kit , non-availability of BB/BSU , Partograph ,LR Protocols ,bag & mask , non-functional radiant warmer , Zinc tablets , Refrigerator in LR , Foetoscope/Foetal Doppler , MCPC available but short in supply at CHC Darhal
- Non availability of Mifepristone + Misoprostol (MMA), MVA/EVA Kit, Sterile Pads, Non-availability of BB/BSU, Partograph, Protocols in LR, Zinc tablets, Syp. Salbutamol, Albendazole, Refrigerator in LR, and RTI/STI Kits at PHC Manjakote
- Non availability of Zipper Bags , red & black bags , functional hub cutter , Nutritional Supplements , Due lists of beneficiaries , counter foils of previous session , ORS Packets , IFA tablets , zinc tablets , Anti-helminthic , materials for IPC . IEC material, Blank JSY cards, referral cards & IMNCI case assessment forms, foetoscope, urinary testing kit at VHND
- Budget approved for HPD-Plan (2014-15) for CHC-Kandi, PHC-Budhal (Central Heating System), District Hospital (Security & Housekeeping).

Action Taken

- CMO assured that the issues will be discussed in the next monthly meeting of the BMO to improve the quality of VHND and gaps find in delivery point

Doda District:

Points discussed / Action taken of previous or current findings:

- The staff of potential delivery point to be given IUCD training and Letter from CMO office sent to BMOs to maintain LR register as per format and copy of format was attached with letter
- CMO directed BMOs to sensitize staff about VHND during monthly meeting and copy of VHND guideline was also attached to letter
- The CMO discussed the availability of PTKs with Dy.CMO and PTKs were supplied to block headquarters for distribution in SHCs
- Discussion with District Accounts Manager about the funds for security and housekeeping provision for DH and fund are released in favor of MS DH Doda

Weekly meeting status for the week: 17th to 23rd Jan 2014

District : Rajouri

Major discussion point:

- ✓ Gaps found during supportive supervision at PHC-Budhal, Block Kandi
- ✓ Cold Chain Monitoring at PHC-Budhal, Block-Kandi
- ✓ Block monitoring findings and block meeting details at Kalakote.
- ✓ VHND monitoring findings at Kandi block, SHC-Priori-AWC-Soker Naka

Action Taken:

- ❑ Facilitated through CMO to the concerning official, the procurement of essential logistics for running services in PHC-Budhal which has conducted almost 22 Deliveries in last month, like the non-availability of Mifepristone + Misoprostol (MMA), MVA/EVA Kit, Sterile Pads, Non-availability of BB/BSU, Partograph, Protocols in LR, Zinc tablets, Syp. Salbutamol, Albendazole, Refrigerator in LR, and RTI/STI Kits. Timeline of one month to be given for necessary correction and action to the concerned Official.
- ❑ Facilitated through CMO to the concerning official, the procurement of necessary logistics in cold chain room like non-availability of charts for correct placement of Vaccine & Diluents, chart for monthly defrosting dates, chart for equipment details, chart for emergency plan, non-availability of blue plastic lids. Timeline of one month to be given for necessary correction and action to the concerned Official.
- ❑ Facilitated through CMO to the concerning official for the recruitment of HR and the availability of essential drugs and supplies at Block Kalakote. Ensured the availability of Stock for at least one month. Timeline of one month to be given for necessary correction and action to the concerned Official.
- ❑ During Block meeting with the Kalakote team the discussed on RMNCH+A 16 Indicators analysis with the possible solution done with the team. The low performing indicators were discussed with the possible outcome; the team suggested the way out and assured to focus more on the indicators. The indicators which need to be focused are the First trimester registrations, ANC Checkups against first trimester registration, no of IFA tablets given and Institutional deliveries against ANC Registration.
- ❑ Facilitated through CMO for necessary procurement of logistics in conducting a smooth VHND in AWC-Soker Naka at SHC-Priori ,like the non-availability of Zipper Bags , red & black bags , functional hub cutter , Nutritional Supplements , Due lists of beneficiaries , counter foils of previous session , ORS Packets , IFA tablets , zinc tablets , Anti-helminthic , materials for IPC . IEC material, referral cards & IMNCI case assessment forms, urinary testing kit. Timeline of one month to be given for necessary correction and action to the concerned Official.

District :- Ramban

Major Discussion point:

Different issues of RMNCHA intervention regulated to CHC Banihal, PHC Ukhrel has been shared.

Action Taken:

- ✓ Instructed all Block officials for corrective action and submitting of ATR.
- ✓ Addressed TOT session regarding Medical triage in disaster and possible casualty during mass gathering.

District:-Ksitwar

Major discussion point:

Discuss Findings according to the Supportive supervision, Routine Immunization and VHND Session

Action taken:

BMO Padder was instructed to immediate purchase all the commodities which is not available as per Supportive Supervision checklist.

District: - Doda

Discussion point:

- Discussed with CMO about 16 indicators in which district Doda is performing low
- Discussed with Dy CMO about non availability of IUCD 375 at blocks
- Discussed the major findings of supportive supervision, VHND and block monitoring

Action Taken:

- The CMO called meeting with BMOs about these indicators and necessary steps to be taken to improve these indicators
- Discussed with Dy. CMO about non availability of IUCD 375 at health faculties of all blocks. There are IUCD 375 available at Dy CMO store and soon will be supplied to blocks as per requirement
- The 16 indicators we have already discussed with CMO and BMOs during monthly meeting and various steps were taken to improve it and data of December and January is comparatively better than previous months

District Poonch:-

Discussion point:

- Data of high risk pregnancies treated and obs and gyne complications treated are not being recorded and reported.
- Partograph is not being plotted.
- Bio medical waste management protocols are not followed. Separate colored bins are there but segregation rules are not followed.
- IFA Tablets and other essential drugs are not available.
- Labour room space is not sufficient that is creating difficulty for staff in conducting procedures.
- First trimester registration to total registration is less. A total of 8796 ANC registrations have been done in the year 2014-2015. Out of which only 3847 have been registered within first trimester.
- Blood storage unit is not functional

Action taken

- Block data entry operators and data entry operators have been categorically told to upload and update the data up to 100% otherwise their salaries will not be withdrawn.
- All the In charges of delivery points and BMOs have been directed to plot and monitor partograph for every delivery within 3 days under intimation to this office
- In Charge BMOs have been directed to guide their staff not to violate pollution control board directives otherwise punitive action will be taken. Capacity building training on Bio medical waste management has been planned in the first fortnight of February. Dy CMO is the officer for the said training.
- IFA supply is short from last one year but now Funds have been specially released from DHS Jammu and office is in process to purchase IFA and other essential drugs.
- For strengthening labour room deficiencies and Gaps have been already submitted in the PIP 2015-2016.
- In charge Institutions have been asked to take strict action against the defaulters who fail to do early First trimester registration. This issue to be discussed again with BMOs in the monthly meeting.
- Blood bank of DH is under renovation. Within a fortnight the required construction will be complete and functioning of Blood bank will start and action down in the blocks will follow.

Weekly meeting status for the week 24th to 30th Jan'15

Rajouri District:

Agenda/Discussion Point:

1. Discussion on gaps found with the possible resolution as per the Supportive Supervision format at District Hospital like non-availability of MVA/EVA kit , maintenance of Partograph at LR ,bag & mask , Zinc tablets , Refrigerator in LR and MCPC available but short in supply.

Action taken:

Facilitated through CMO to the concerning official for the procurement of essential logistics for running services in District Hospital.

Next Month Plan and deliverable:

Proposed activities for the month of February:

7. Supportive supervision in 12 delivery and potential delivery point
8. Revisit of 70% of model delivery point
9. 12 VHND sessions monitoring
10. 6 Blocks Monitoring
11. At least 12 Meeting with CMO
12. 4 Block Monthly meetings

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

Support Required from District

For strengthening the VHND:

- ✓ Rationalization of VHND microplan and merged with RI microplan
- ✓ Develop a reporting and monitoring mechanism
- ✓ Discussion of VHND performance at block and district monthly meeting
- ✓ Convergence meeting with department of Women and Child Development
- ✓ Block level sensitization of ANM on VHND
- ✓ Sensitization of AWW on growth monitoring

For facility service strengthening:

- Strengthening of Monitoring and evaluation of labour room and develop block level monitoring system through BMO
- Ensure availability essential drugs and other supplies
- Major focus need to be given on partograph & sensitization of ANM/SNs posted at delivery point on partograph and register maintain Ensure the availability of color coded bins & bags at facility level
- Ensure the availability of labour room protocol poster inside the labour room

- All the necessary services under ANC need to be ensured at all level
- Block wise sensitization for IUCD performance
- Ensure the availability of color coded bins & bags at facility level

Support requested to State:

Support required from state for strengthening of VHND:

- ❖ Strengthening of monthly reporting system of VHND from SC, Block and as well as district
- ❖ Ensure participation of CDPO/representative from ICDS at block level monthly meeting with ANM
- ❖ Strengthen the VHND Monitoring system at district level through DPM, District Monitor & District Coordinator
- ❖ Timely supply of essential drugs and logistics
- ❖ Develop more IEC on VHND for community level intervention

Support Requested to State for strengthening delivery point:

- Strengthening NBCC at all delivery point
- Ensure the availability of essential drugs and supply at all levels like Misoprostal, Zinc, Vit-K etc.
- 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
- Standardize labour room register as per MNH Tool Kit
- More focus on partograph use on SBA training
- Strengthen the monitoring system through DPM & District Monitor
- Completion of SBA and NSSK of all ANM/SNs posted at delivery point
- Initiate the new labor room register as per MNH Tool kit

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. During this month 23 facilities have been monitored for supportive supervision and other 11 delivery point for strengthening its quality of service. 15 VHNDs have been monitored for assessing the community level activities.

After VHND session monitoring we can conclude that the VHND can be utilized to reach women and communities in the village. So far VHND has contributed to increase coverage of immunization and antenatal care. The VHND site should have the provision of basic amenities. During VHND it has been observed it is only a platform for group counseling rather than any other service. While we can use this VHND platform for providing for all kind of essential service like ANC, Immunization and growth monitoring etc. But there is little improvement in VHND session. Service parts at VHND sessions have been increased.

23 supportive supervisions visit give us a large area for improvement. Supportive supervision within the health care context implies; regular and dependable interaction between a health provider and a more experienced professional: it helps to identify and solve problem, improve services and advance skill and knowledge. During the supportive supervision visit it has been observed that most of the facilities don't have common drugs and other logistics. Services provided under ANC, INC, Family planning and post natal care can be improved with training. Our submitted DHAP can significantly address barrier which require budgetary interventions. However several of the barriers are being addressed through review mechanisms and we will continue to monitor them.

