



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

Month of February Year 2015

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## Introduction:

RMNCH+A Plan 2015:

**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 February total number of 8 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 regular sensitization, 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 growth monitoring in VHND not being done and most of the worker doesn't have clear idea about growth monitoring.

**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 12 facilities. It has been observed that lack of essential drugs and supplies became a major constraint of service delivery. Most of the facilities don't have Magsulph, IFA and Misoprostal. Quality of the ANC at SC level is also very poor. There is a strong need of improvement of ENBC at delivery point. We have recommended some support both from district as well as state for improvement of the RMNCH+A service delivery at the facility.

**Progress on objective#3:** For preparation of DHAP extensive exercise have been conducted at state level. We have developed a complete evidence based budgetary recommendation document which was employed by the state to make plans across the state. Follow up of previous year budget is being done at district level by the District Coordinator on regular basis.

**Progress on objective#4:** Total numbers of 12 model delivery points have been selected from 6 HPDs. During the month of February 4 visits have been completed due to bad weather condition. An intervention plan has been prepared for improvement of the quality of labour room like displaying of LR protocol, regular cleanliness, infection management etc. An action plan for model delivery point will be prepared by the end of March for further action and follow up. A checklist will be developed for regular monitoring of model delivery point. Regular feedback has been shared with CMO for the improvement of quality of service of model delivery point.

**Progress on objective#5:** For strengthening review mechanism for RMNCHA at district level total numbers of 13 weekly meetings have been conducted with CMO of respective district by District Coordinator. We are using the platform of Weekly meeting with CMO as a feedback sharing platform for his action. This report details all the meetings held and how they need to be improved. Besides the weekly meeting District Coordinator-RMNCHA are participated in other meeting like WIFS, District monthly review meeting.

## Objective wise achievement

Objectives		Performance for the month of Feb'15	Remarks
<b>Objective#1</b>	To Strengthen VHNDs through supportive supervision	8	VHND session is not being held at Leh and in last week of January15 all DCs were involved in HMIS/MCTS training at State
<b>Objective#2</b>	To conduct supportive supervision visits as per GoI guideline	12 +2 (Block Monitoring)	We conducted almost double the number of required Supportive supervision visits. The detailed analysis is given in the supportive supervision section.
<b>Objective#3</b>	Support in development of RMNCH+A component of DHAP	Yes	Evidence based PIP submitted to state and regular follow up
<b>Objective#4</b>	To facilitate in development of Model Delivery point	4 Visit in Model Delivery point	All the visits were supported with recommended action which was shared with CMO
<b>Objective#5</b>	To establish review mechanism for RMNCH+A	13 Meeting with CMO+ 3 meeting	We have been regularly having meetings with CMOs at district level. State level meetings should start now given the end of budget negotiation phase in March.

## Goals for the month of March'15:

1. Supportive supervision in 12 delivery and potential delivery point
2. Revisit of 80% 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
7. 1 monthly RMNCH+A review meeting

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

## HR Performance Report of District Coordinator:

Name of the RMNCH+A Coordinator	Designation	Total days in month	Total working days (excluding holiday and Sunday)
Umar Nazir	DC-RMNCHA	28	22
Dr. Jahangir	DC-RMNCHA	28	22
Dr. S.K. Gupta	DC-RMNCHA	28	22
Dr. Majid Bhat	DC-RMNCHA	28	22
Raman Kumar	DC-RMNCHA	28	22

Dr Shahid Hassan who was the DC RMNCHA Kishwar has left the organization. His replacement Mr Arshad Beg has been appointed and we will work with the state to shuffle the district coordinators to different locations to enable smoother operations. Arshad has a strong research background with implementation and field level data collection experience.

Mr Kapil Ghai who is the state coordinator has also moved on and will be replaced by Mr Sourabh Porwal who has a strong background in RMNCHA implementation. Mr Porwal will be joining by March 20<sup>th</sup>.

Dr Pratap Kumar Saha has joined our team as the national coordinator. Dr Saha has a strong background in RMNCHA and has been trained in London School of Health and Tropical Medicine. He will be joining us from March 1<sup>st</sup> 2015.

Dr Santosh Gupta DC RMNCHA Ramban has been replaced by Dr Rahul Gupta who has been working in RMNCHA in Assam. Dr Rahul Gupta brings with him wealth of field experience in implementation side and will be an asset to our team. Dr Gupta joins the team on March 15<sup>th</sup>.

With these appointments our positions are now completely filled.

## Objective#1: Progress on Strengthening VHNDs through Supportive supervision

Total number of 8 VHND sessions monitored during this month due to heavy rainfall and bad weather condition. District wise VHND monitoring Status given below:

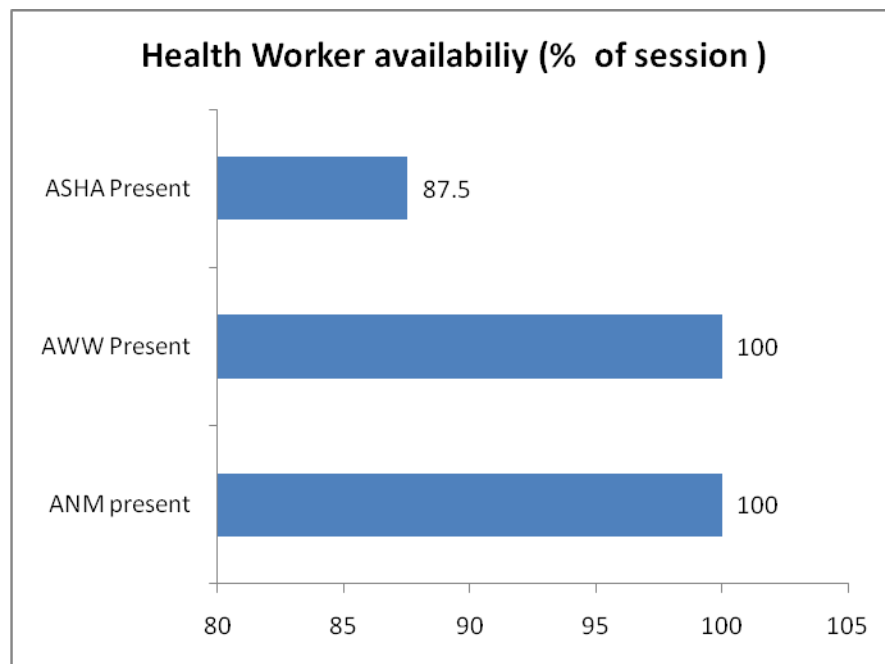
HPD	VHND Monitoring During Feb'15
Ramban	3
Rajouri	3
Poonch	2
Leh**	0
Doda***	0
Total	8

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

\*\*\* Dr Majid Bhat's wife has a high risk pregnancy and she needed to be taken care of. His leave was approved.

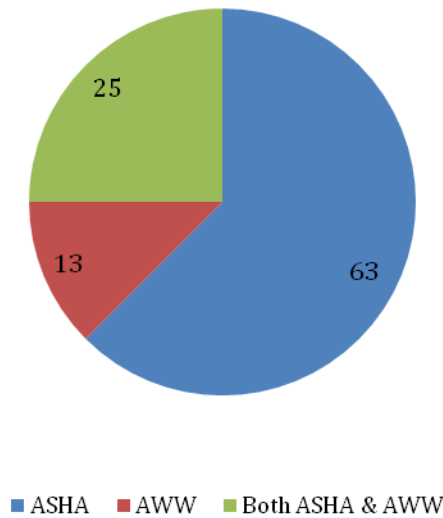
### VHND Monitoring Findings Analysis:

Total numbers of 8 VHND sessions have been monitored during the month of February'15. We have used a standard monitoring format for capturing the data. Based on the analysis following findings have been come out:



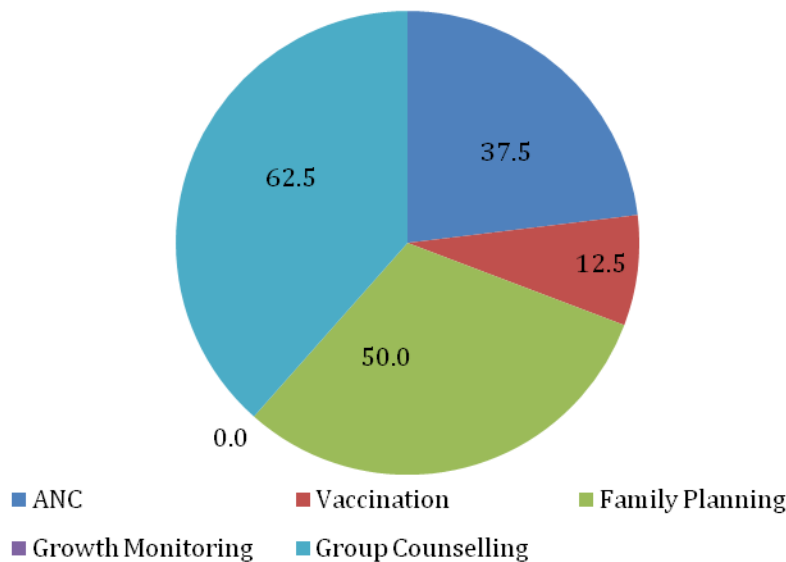
ANM and AWW workers were present in all session but ASHA was not present at one session under Rajouri district. The attendance of the health worker has been improved after regular monitoring of VHND session.

**% of session site where beneficiaries mobilized by:**



Beneficiary’s mobilizations in most of the sessions are done by ASHA. Both ASHA and AWW are mobilizing beneficiaries in 25% session site. In 13% sessions where beneficiaries are mobilized by only AWW. VHND is a platform for convergence so ASHA and AWW should work together to mobilized the beneficiaries.

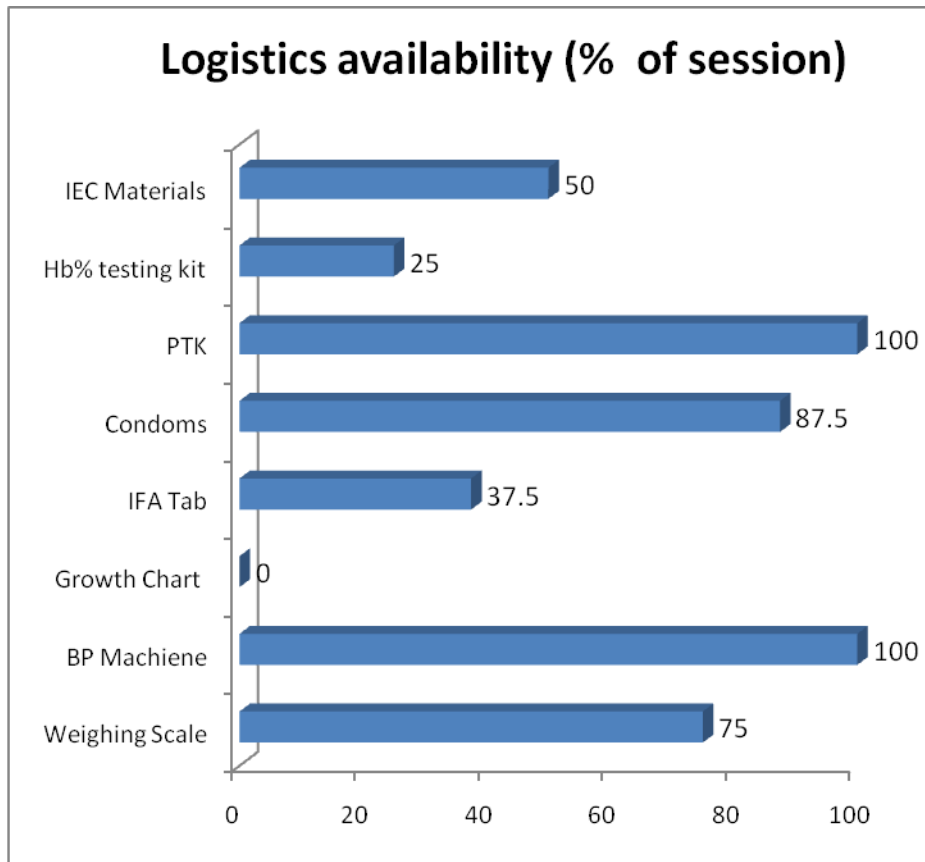
**% of session site where services provided in**



Service part in VHND is a neglected. Group meeting is being conducted in every VHND but the core services of VHND are not providing in all VHND session like ANC, RI, Family planning and growth monitoring. None of the health workers are providing growth monitoring during VHND.

In spite of that after regular monitoring ANC services and family planning counseling have been improved than earlier.





Logistics availability at VHND session is a major challenge. After several monitoring of session availability of some importance logistics like Hb% testing kit, IFA tab, PTK have been increased. WHO standard Growth chart availability is a major challenge. We have planned to distribute a print copy of WHO standard growth chart during VHND session for proper growth monitoring.

## District Wise VHND Monitoring Status:

### Rajouri District

#### VHND Monitoring findings at Dhana Rehan, Rajouri District

- VHND was not carried out as per guidelines.
- Routine Immunization session not being held.
- No women was available for ANC Service.
- All lactating mothers were present during the session
- Breast feeding and complementary feeding was given, no supplementation was given
- Family planning counseling was also given.
- Group Discussion was also done on various topics.
- ANM /ASHA has come without ANC record, Immunization record. ANM has come only with VHND register where she has written names of those who have attended VHND.
- 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

#### VHND Monitoring findings at KalalKass, Rajouri District

- Session is being held as per micro plan.
- No due list of the beneficiaries were found with the ANM
- ANC service are not being given at VHND and beneficiaries are being at the SC for ANC check up.
- Weigh is not being monitored as weighing machine is not available.
- Counselling is being done to the mothers and adolescent.

### **AWC-Chicka Gall ,SHC-Panjhnara at Kandi-Block**

#### **Monitoring Findings:**

#### **Beneficiaries mobilization and due list availability:**

- Before ANM's used to mobilize the community as there was no ASHA available with them but now ASHA is in place and she is mobilizing the community.

#### **Logistics availability**

- The logistics which were not available for running VHND as per the guide lines are as under :-
  - Growth Charts for Boys and Girls and documentation of LBW's ,ORS Sachets,Zinc Tablets, IFA tablets,Haemoglobin testing kit is available in the facility but at session site it was not available, Urine testing kit,IEC material & IPC material, Due list of beneficiaries,Blank RI Cards

#### **RI services:**

- Generally RI Sessions are being held at the facility but that day was not the RI Session

#### **ANC services:**

- ANC Services are being provided but not complete they only fetch the information and asks them to come for further management to the facility which should not be followed. There was no PW women for ANC registration.

#### **Growth monitoring:**

- Growth monitoring is not being followed properly the management is being done but not with the proper documentation like plotting of graph.
- Community growth chart is not available.

#### **Status of family planning counseling**

- Family planning is done in effective manner but very less population of eligible Women/Couples is targeted.
- Contraceptives with the proper counseling are being given and there is no shortage of contraceptives.

- The record was not with them it was in the facility.

### **Group meeting status with major topics discussion**

- All the major topics are being covered but it becomes difficult for them to manage the counseling in a group at times.
- Register is being maintained but not in a proper way, all the topics are not being mentioned and covered.

### **Ramban District:**

#### **VHND Monitoring findings at Digdol, Ramban District**

- Counseling is being done on the following issues like: - Birth Spacing and its Important, Breast Feeding, ANC Checkups, Menstrual Hygiene and Institutional Delivery.
- Tab Zinc Not available.
- PTK/Sanitary Napkins were available.
- OCP/ORS packets available
- Hb testing kit were available

#### **VHND Monitoring findings at Khari, Ramban District**

- Beneficiaries was mobilized by ASHA and AWW
- During ANC, BP, weighing and IFA tablets are being provided to the beneficiaries
- Counseling is being done on the following issues like: - Birth Spacing and its Important, Breast Feeding, ANC Checkups, Menstrual Hygiene and Institutional Delivery.
- BP, Stethoscope, weighing scale, IFA and PTK are available but HB testing kit, due list of the beneficiaries were not available.
- No IEC was displayed
- OCP/ORS packets available

### **Poonch District**

#### **VHND Monitoring findings at Kropni, District Poonch**

- 5 Pregnant ladies, 6 Adolescent girls, 6 children, 6 Women, 5 Eligible couples were present at VHND session.
- Except BCG and Hepatitis all other vaccines were available.
- ASHA has mobilized the community but not prepared any list of pregnant women and children.
- Mothers were not carrying MCP cards with them.
- Counseling not being done to Mothers and Child.
- Weighing of mothers and child not being recorded due to not availability of weighing machine.
- IFA tablets / IFA syrup, Zinc were not available.

#### **AWC Panni Walaorganized by SC NoonaBandi in block Mandi**

- VHND was not carried out as per guidelines. Only medicines, pregnancy testing kits and sanitary napkins were distributed.
- ANM ASHA has come without ANC record, Immunization record. She has come only with VHND register where she has written names of those who have attended VHND. What services are being provided to attendees have not been documented.
- BP apparatus, weighing scale new born was available. They have measured BP but have not documented it .They were without Hemoglobinometer, weighing machine adult and vaccine carrier.
- Immunization was not carried out.
- Group meetings were not conducted.
- IEC material was not displayed.
- Mothers were not carrying MCP cards with them.
- Growth charts are not being maintained.
- Nutrition was not provided as stock has finished in the AWC
- IFA tablets were not available.

#### 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

### 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; during the month of February 12 Supportive Supervision visits have been completed in HPD. Total numbers of 12 delivery & potential delivery points have been covered during this month.

### Week wise Supportive Supervision Status by District Coordinator:

HPD	February				
	WK-1	WK-2	WK-3	WK-4	Total
Doda	0		0	0	0
Ramban	1		0	0	1
Kishtwar	0		0		0
Rajouri	2	1	3	1	7
Poonch	1		0	1	2
Leh	1		0	1	2
Total	5	1	3	3	12

### District wise facilities covered for Supportive Supervision:

District	Date of Visit	Facility Name
Ramban	4/2/2015	NTPHC Chanderkote

Poonch	2/2/2015	CHC Surankote
	23/2/15	DH Poonch
Leh	04/02/2015	PHC Thiksay
	23/2/15	PHC Tangtse
Rajouri	04-02-15	SDH-Sunderbani
	05-02-15	CHC-Kandi
	09-02-15	CHC-Nowshera
	16-02-2015	CHC-Kalakote
	18-02-2015	PHC-Moughla
	19-02-2015	SHC-Tattapani
	23-02-2015	CHC-Thanamandi

#### Facility wise Service Delivery Status:

Services in last month					
Facilities	Deliveries in last month	No of newborn immunized	IPD Load	OPD load	IUCD
NTPHC Chanderkote	2	2	2	78	0
CHC Surankote	44	30	180	8004	12
DH Poonch	416	412	1266	16327	5
CHC Kandi	29	28	194	2730	6
CHC-Thanamandi	52	51	364	9001	14
PHC-Moughla	20	20	112	275	0
SHC-Tattapani	2	2	0	230	2
CHC-Nowshera	92	92	565	10405	19
CHC-Kalakote	52	51	364	9001	14
PHC Manjakote	22	22	NA	NA	3
PHC Thiksay	4	4	42	6604	18

PHC Tangse	5	5	7	5392	5
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Major findings:

- Family planning service delivery is poor in most of the facilities.
- Status of IUCD is also very poor in NTPHC Chanderkote and PHC-Moughla
- Birth dose vaccination given to almost all newborn babies

### Facility wise Status of drugs and supplies:

Facility Name	Reproductive health	Maternal health	Newborn health	Child health	Adolescent health	Vaccines & Vit
NTPHC Chanderkote	IUCD and OCP not available	Tab. Misoprostal, urine albumin testing kit, Hb testing meter, LR protocol not available	NBCC not functional	Zinc not available	Dicyclomine, albendazole, IFA not available	All vaccines are available
CHC Surankote	IUCD, OCP & ECP are available but MVA not available	Tab. Misoprostal, Magsulph, IFA are not available	Inj. Vit-K not available	Zinc not available	Dicyclomine, albendazole, IFA not available	All vaccines are available
CHC Kandi	Mifepristone and Misoprostol not available.	Tab Misoprostol , inj Magnesium Sulphate not available.	Clean linen for receiving New born not available.	Zinc , Syrup Albendazole and Syp. Salbutamol not available.	Dicyclomine and IFA not available	All vaccines are available.
PHC Thiksay	IUCD, OCP & ECP are available	Oxytocin, Magsulph, IFA, Urine albumin kit & other essential drugs are available	RW, Mucus extractor available	Zinc not available	Dicyclomine, albendazole, IFA are available	All vaccines are available
PHC Manjakote	IUCD, OCP & ECP are available but Mifepristone ,Misoprostol and MVA not available	Tab. Misoprostal, Sterilized pads, IFA Tablets and LR protocol not available	NBCC fully functional	Zinc , Syrup Albendazole and Syp. Salbutamol not available.	All essential drugs are available	All vaccines are available
CHC-Thanamandi	IUCD, OCP & ECP are available	Oxytocin, Magsulph, IFA, Urine albumin kit & other essential drugs are available	Mucus extractor not available	ORS, Zinc , Syrup Albendazole and Syp. Salbutamol not available.	Dicyclomine, albendazole, IFA are available	All vaccines are available



Facility Name	Reproductive health	Maternal health	Newborn health	Child health	Adolescent health	Vaccines & Vit
DH Poonch	IUCD, OCP & ECP are available	Tab. Misoprostal, IFA Tablets and LR protocol not available	Vit-K not available	Zinc & ORS Available	Dicyclomine, albendazole, IFA are available	All vaccines are available
PHC-Moughla	IUCD, OCP & ECP are available	Oxytocin, IFA, Urine albumin kit available & Magsulph not available	RW, Mucus extractor available	Zinc not available but ORS Available	Dicyclomine not available, no status of WIFS	All vaccines are available
SHC-Tattapani	IUCD, OCP & ECP are available	Misoprostal, IFA not available	Vit-K sort supply	RW not available	Dicyclomine, albendazole are not available	All vaccines are available
CHC-Nowshera	IUCD, OCP & ECP are available	Misoprostal, IFA available but Magsulph not available	Mucus extractor not available	Zinc not available but ORS Available	Dicyclomine, albendazole, IFA are available	All vaccines are available
CHC-Kalakote	IUCD, OCP & ECP are available	IFA available but Magsulph and Misoprostal not available	RW, Mucus extractor available	Zinc not available but ORS Available	Dicyclomine not available, no status of WIFS	All vaccines are available
PHC Tangtse	IUCD, OCP & ECP are available	Sterile Pads not available	RW, Mucus extractor available	Zinc not available	Dicyclomine, albendazole, IFA are available	All vaccines are available

## Facility wise service details and gaps:-

Facility Name	RMNCH+A Services				
	Ante Natal Care	Intra- partum and Immediate post-partum practice	Essential New born care (ENBC) and New-born Resuscitation (NRR)	Family Planning	Functionality in community
NTPHC Chanderkote	Hb, blood glucose and urine albumin are not being measured during ANC	Partograph not followed	NBCC not available	Interval IUCD being done	poor service in HBNC
CHC Surankote	Hb, blood glucose and urine albumin are measured during ANC	Partograph not followed	NBCC is functional and ENBC is being provided, birth dose vaccination given	Interval IUCD being done	HBNC kit available with ASHA, Poor services in VHND
CHC Kandi	All the services are being provided during ANC check up of the pregnant women at the institution.	Partograph and Magnesium Sulphate for managing pre-Eclampsia not available.	NBCC available.	Post Partum IUCD not being done.	Awareness among the community not being done. Incentive to ASHA not being paid on regular basis.
PHC Thiksay	All essential services are being provided during ANC	Partograph not followed	NBCC is functional and ENBC is being provided, birth dose vaccination given	Interval IUCD being done	HBNC kit not available with ASHA
PHC Manjakote	All the services are being provided during the ANC to pregnant women.	Partograph not followed	NBCC fully functional will the essential components.	Interval IUCD being done	Poor service in HBNC.
CHC-Thanamandi	All the services are being provided during the ANC to pregnant women except Blood glucose measuring	Partograph not followed	NBCC is functional and ENBC is being provided, birth dose vaccination given	Interval IUCD being done	VHND services is poor as well as HBNC

Facility Name	Ante Natal Care	Intra- partum and Immediate post-partum practice	Essential New born care (ENBC) and New-born Resuscitation (NRR)	Family Planning	Functionality in community
DH Poonch	All essential services are being provided during ANC	Partograph not followed	NBCC is functional and ENBC is being provided, birth dose vaccination given	Interval IUCD and sterilization are being done	HBNC kit available with ASHA, doorstep delivery of contraceptive started
PHC-Moughla	Blood glucose not measured during ANC	Partograph not followed, MgSO4 , Corticosteroid not available	NBCC is functional and ENBC is being provided, birth dose vaccination given	Interval IUCD being done	HBNC kit available with ASHA, doorstep delivery of contraceptive started but no record maintained
SHC-Tattapani	Diagnostic test not being done	Magsulph not available	NBCC not available	IUCD is being done	HBNC kit available with ASHA, doorstep delivery of contraceptive started but no record maintained
CHC-Nowshera	All essential services are being provided during ANC	Partograph not followed, Magsulph not available	NBCC is functional and ENBC is being provided, birth dose vaccination given	Interval IUCD and sterilization are being done	HBNC kit available with ASHA, doorstep delivery of contraceptive started but no record maintained
CHC-Kalakote	All essential services are being provided during ANC	Magsulph not available, Partograph not followed	NBCC is functional and ENBC is being provided, birth dose vaccination given	IUCD is being done	HBNC kit available with ASHA, doorstep delivery of contraceptive started but no record maintained
PHC Tangtse	All essential services are being provided during ANC	Partograph not followed and mother temperature and BP not measured at the time of admission	NBCC is functional and ENBC is being provided, birth dose vaccination given	Interval IUCD being done	EBF followed, HBNC kit not available with ASHA

## Major findings came out during supportive supervision:

### Service delivery:

- Family planning status is very poor throughout all facility except DH

### 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

### 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:

- Sensitized the staff about recording of High risk pregnancies managed.
- Suggested BMO to purchase IFA
- Sensitized 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, and 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 the month of April for assess the improvement has been done by the facility in charge.

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

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 above 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.

Follow up status of Poonch District:

Sl.No.	Name of the line items as per PIP approved in 2014-15 for HPD	Fund approved in 2014-15 PIP	Current Status	Reason
1	NBCC	Approved	NBCC established	
2	Labour Room Sets (5 Kits) for PHC Loran @ Rs. 25000	Approved	NOT	Funds not received.
3	Labour Room Sets and Caesarian sets (5 Kits) for CHCs @ Rs. 75000 each	Approved for CHC Mandi, CHC Mendhar, CHC Surankote	NOT	Funds not received.
4.	Labour Room Sets and Caesarian sets(10 Kits) for DH Poonch @ Rs.150000	Approved for DH Poonch	NOT	Funds not received.
5	Ceiling light @ rs 5 lakh and ventilator @ rs 8 lakh for CHC Mendhar	Approved for CHC Mendhar	NOT	Funds not received.
6	DG Set for CHC Mendhar @ Rs 20 lakh and PHC Loran @ Rs 10 lakh	Approved for CHC Mendhar and PHC Loran	NOT	Funds not received.
7	Central Heating System For PHC Loran, CHC Surankote, CHC Mandi and CHC Mendhar @ 4lakh	Approved for PHC Loran, CHC Surankote, CHC Mandi and CHC Mendhar	Installed	
8	DH security @ rs 9 lakh	Approved for DH Poonch	In process. Tenders have been published on Paper	
9	DH Housekeeping @ rs 10.80 lakh	Approved for DH Poonch	In Process. Tenders have been published on Paper	
10	Approved for Full OT Suite	Approved for DH Poonch	NOT	Funds not received.

## Objective#4: 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.

Doda	Ramban	Kishtwar	Rajouri	Poonch	Leh
<ul style="list-style-type: none"> <li>•DH Doda</li> <li>•PHC Assar</li> </ul>	<ul style="list-style-type: none"> <li>•CHC Banihal</li> <li>•PHC Sangaldan</li> </ul>	<ul style="list-style-type: none"> <li>•CHC Marwah</li> <li>•PHC Chatroo</li> </ul>	<ul style="list-style-type: none"> <li>•CHC Sundarbani</li> <li>•PHC Manjakote</li> </ul>	<ul style="list-style-type: none"> <li>•CHC Mendhar</li> <li>•PHC Loran</li> </ul>	<ul style="list-style-type: none"> <li>•SDH Disket</li> <li>•SC Phobrang</li> </ul>

### Weekly Monitoring status of Model Delivery Point:

HPD	February				
	WK-1	WK-2	WK-3	WK-4	Total
Doda	0	0	0		0
Ramban	0	0	0	1	1
Kishtwar	0	0	0		0
Rajouri	1	1	0	1	3
Poonch	0	0	0	0	0
Leh	0	0	0	0	0
Total	1	1	0	2	4

### Monitoring Findings:

#### CHC Banihal (Ramban District)

- Labour room register is not properly filled. Need to implement new LR Register.
- MTP register does not have details of USG Report and duration of pregnancy.
- IFA Tablet and Pregnancy testing kit was available.
- 7 Trays was available in LR.
- Immunization section quipped with Tickler Box.
- Radiant warmer and heating system functioning properly.
- Exclusive breast feeding in practice.

- ANM has SBA training in LR.
- Female ward need proper heating system
- Bed Head Ticket was not available

### **SDH Sundarbani (Rajouri)**

- Labour room protocol posters have been displayed
- Only 4 trays are available and there is no much space to keep all the trays in the LR as per the Doctor.
- At NBCC , RW is available , suction machine ,Bag & mask (Size 0 ,1)
- Doctor and SN's have got orientation on NSSK recently.
- All the essential drugs are available.
- Common drugs under reproductive health like Mifepristone + Misoprostol is not available and MVE/EVA Kit is not available.
- Partograph is not being followed up.
- Clean linen /towels are not being given.
- Zinc tablet are not available.
- Trimethoprim & Sulphamethoxazole is not available.
- Toilet is not attached to LR.

### **PHC Manjakote (Rajouri)**

- Tab. Misoprostal, Sterilized pads, IFA Tablets and LR protocol not available
- Labour room is cleaned
- NBCC fully functional

### **Intervention suggested for Model Delivery Point:**

- 1. Availability of protocol poster inside the labour room with proper displaying by 25<sup>th</sup> March**
- 2. Duty roster board outside labour room within 25<sup>th</sup> March**
- 3. Month wise service delivery/performance chart in front of labour room within 15<sup>th</sup> March**
- 4. Ensure the new standard labour room registers for labour room with proper orientation of LR staff within April'15**
- 5. Ensure availability of 6 trays (if L3 then 7 trays) by the end of April**
- 6. All the window and door of LR should have proper curtains – end of March**
- 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 NBCC through:-----May'15**
  - 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-----April-May15
10. Ensure availability of essential drugs inside the LR specially Inj. Oxytocin, Inj. Magsulph, Inj. Dexamethasone, Misoprostal Tab, Vit-K etc. within April'15 (if not available)
11. Ensure Cleanliness of Labour room including sleeper for LR- through regular monitoring and advocacy
12. Ensure Proper ANC service- Lab test, proper Check up, Counseling, follow up, record maintenance, line listing of severe anaemic mother etc
13. Advocacy for proper Family Planning Service- especially IUCD, PPIUCD (at DH/CHC level), sterilization etc.
14. Advocacy to ensure Adolescent Health Service at least at DH and CHC
15. Ensure proper record maintenance regarding maternal and child health service delivery

#### Support Required from District

- Ensure the new labour room register for all delivery point
- Regular follow up of labour room through proper monitoring'
- To ensure the essential logistics and supplies

#### 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

### Status of weekly meeting done by district coordinator:

HPD	February				
	WK-1	WK-2	WK-3	WK-4	Total
Doda	0	0	0	0	0
Ramban	1	1	1	1	4
Kishtwar					0
Rajouri	1		1	1	3
Poonch		1	1	1	3
Leh	1		1	1	3
Total	3	2	4	4	13

### Weekly Meeting at Ramban District:

Date: 6.02.2015

#### Objective of meeting:

- ✓ Sharing feedback of Supportive supervision and VHND
- ✓ Necessary action for NTPHC Chandrakote

#### Major discussion point:

- Strengthening LR and VHND service

#### Action Taken

- ✓ Instruction passed to the concerned medical officer for improvement
- ✓ Availability of different labour room trays at PHC Chandrakote

Date	10-Feb-15
Objectives	<ol style="list-style-type: none"> <li>1. Sharing feedback of last Supervisory Visit and Findings VHND Monitoring.</li> <li>2. Necessary corrective action according to Monthly Report finding of 6 HPDs</li> <li>3. Improving services and ensuring essential RMNCHA Commodities.</li> <li>4. Close monitoring of LR and making sustainable practice.</li> <li>5. Shared Feedback of VHND and requested for ensuring to follow all</li> </ol>

	protocol.
Points discussed	1. Strengthening LR and other RMNCHA Services at Delivery point and potential delivery point. 2. Strengthening VHND activities and service delivery at session.
Action Taken of previous or current findings	1. Instruction passed to Concern Facility in charge for strengthening all services of MCH. 2. Availability of 7 trays in LR 3. Set Accountability of ANM for Proper VHND

### **Weekly Meeting with CMO**

**Date: 19 Feb 2015**

**Place- CMO Office Ramban**

#### **Objective-**

1. Sharing feedback of RMNCH+A Indicators.
2. Necessary corrective action from Block for filling the gaps
3. Improving services and ensuring essential RMNCHA Commodities.
4. Microplan generation for VHND
5. All essentials commodities for FP Camp proposed in next week.

#### **Action Taken-**

1. Instruction passed to Concern Facility in charge for strengthening IUCD Services.
2. Availability of 7 trays in LR
3. Set Accountability of ANM for Immunization session and drop out ANC Tracking.

**Responsibility-** CMO has ensured and made BMO/BPMU accountable for concern blocks

### **Name of Meeting:- Review Meeting with CMO/DPMU**

**Date: 20 Feb 2015**

**Place- CMO Office Ramban**

#### **Objective-**

1. RBSK Vehicle and Medicine utilization.
2. MMU-Proper utilization and work done monthly.
3. Submission of line listing of Anemia in PW, Block wise status of SC.
4. HMIS/MCTS Data Reset.
5. Implementation of New labour room registers in all delivery and potential delivery point.
6. Implementation of Safe birthing checklist in LR.
7. Status of data entry operator at block level.
8. Training/orientation of HMIS/MCTS/USSD to all Paramedical staff.

## **Weekly Meeting with CMO**

**Date: 25 Feb 2015**

**Place- CMO Office Ramban**

### **Objective-**

- Sharing feedback of Proposed MDP CHC Banihal
- Necessary corrective action at BMO Level for improving services.
- Improving services and ensuring essential RMNCHA Commodities in CHC Banihal.
- Feedback of BM of Block Ukheral and appropriate strategy for filling the gaps.

### **Action Taken-**

- Instruction passed to Concern Facility in charge for strengthening IUCD Services.
- Availability of 7 trays in LR
- Set Accountability of ANM for Immunization session and drop out ANC Tracking.

**Responsibility-** CMO has ensured and made BMO/BPMU accountable for concern blocks.

## **Poonch District**

### **Name of the Meeting: RBSK Meeting**

**Date:** 18/2/14

### **Discussion Points & Action Point**

- RBSK teams will orient the AW staff about preparation of growth chart. Block wise RBSK teams are responsible for this and follow up will be taken in next meeting.
- Critically ill patients should be immediately referred and should be not kept on hold. Actions were taken and 17 patients have been referred to Jammu on the next day. List already shared.
- Patients who can be treated in CHCs need not to be referred to DH. DEIC Manager will take follow up.
- RBSK teams block wise are responsible for follow up of referral of critically ill patients.

### **Name of the Meeting: Weekly Meeting with CMO**

**Date:** 20/2/14

**Place:** CMO Office

### **Discussion Points**

1. Line listing of severely anemic women are reported only from CHCs and not from PHCs and SCs.
2. Documentation and reporting of High risk pregnancy treated, Obs and Gyne complications treated, RTI/STI treated.
3. Partograph is not plotted to monitor progression of Labour.

4. Designate a ward as postnatal ward. There is no ward designated as postnatal ward in any of the CHCs.
5. Diet is not being provided regularly to normal delivery despite of sufficient funds released.
6. Labour room registers are not maintained as per GOI format.
7. In MCP cards only Immunization details are entered. ANC details and growth chart is not maintained in MCP card.
8. Strengthening and regular monitoring of VHNDs. ANM, ASHA and AWW are not clear about their roles in VHND. ASHAs are mobilizing the community but are not preparing any list of pregnant women, women who need to come for ANC for first time or for repeated visits, list of Infants who need immunization, were left out or dropped out.

**Action taken:**

- A letter is sent to all BMOs in which they have been directed to take action and submit the action taken report in weeks' time to CMO office. (Letter already shared)
- District coordinator to take follow up.

**Weekly Meeting with CMO: Dated: 27/2/15**

**Place of Meeting: CMO office**

**Agenda:** To discuss the supportive supervision report.

**Members:**

1. CMO Poonch
2. MS District Hospital
3. District Coordinator RMNCH+A

<b><u>S. No.</u></b>	<b><u>Points Discussed</u></b>	<b><u>Action Taken</u></b>
<b>1.</b>	There is no separate ANC Ward and ANC clinic. Intrapartum care is being provided in postpartum ward which is very congested.	No provision for separate ANC ward and ANC clinic. Whatever infrastructure is available we have utilized it to best of our ability.
<b>2.</b>	There is no separate labour room register as per GOI format.	Format has been provided. We will be implementing it soon.
<b>3.</b>	Partographs are not plotted.	Many times labour room staff have directed to plot the partograph but due to less manpower

		and extra work load they are not doing it. Again an instruction will be passed.
4.	Infection Control Management is poor. Biomedical waste management practices are not followed.	Training regarding Biomedical waste management will be provided to staff in month of April 15.
5.	All wards were found congested and unclean. There is no security to control the crowd.	Funds have been released for security arrangement in DH. Tender have been published in the paper regarding the same and security will be soon established most probably in the First week of March.
6.	In the case file of a patient Bindudevi MR No. 996262 Anesthesia section was found blank, Informed consent has not been taken.	On the spot action taken. Surgeon and Anesthetist have been called to the office and case file of many patients have been shown to them. They assure will act accordingly.
7.	IFA and Zn not available.	Funds (17 Lakh) have been approved from DHS Jammu regarding purchase of essential drugs but till now we have received only release letter and funds have not been received.  For time being we will arrange IFA for DH from CHC Mehander

## Next Month Plan and deliverable:

Proposed activities for the month of February:

- Preparation of model delivery action plan
- Implementation of delivery point intervention
- Strengthening of VHND reporting at district level
- Supportive supervision in 12 delivery and potential delivery point
- Revisit of 80% of model delivery point
- 12 VHND sessions monitoring
- 6 Blocks Monitoring
- At least 12 Meeting with CMO
- 4 Block Monthly meetings

## **Support required form 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

- ❑ To ensure the availability of essential drugs and supply at all levels like Misoprostal, Zinc, and Vit-K etc.
- ❑ 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
- ❑ 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
- ❑ 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.

Regular monitoring and supervision can strengthen the quality parameter of the service delivery; keeping in view a monitoring plan has been prepared for all HPD for the year 2015. All of the District Coordinators are working for improvement of RMNCH+A service delivery in the 6 HPDs. Districts should give importance and priority of the monitoring feedback of District Coordinator for gathering real time information and further follow up action.

12 supportive supervisions visit give us a large area for improvement. 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.

VHND is a common platform for community service under NHM. VHND session monitoring we can conclude that the VHND can be utilized to reach women and communities in the village. 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.

