



SUPPORTIVE SUPERVISION REPORT OF SIX HPDs

Monthly report from the Supportive Supervision visits to the health facilities under RMNCH+A

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MARCH-DECEMBER'15



Introduction:

The RMNCH+A strategy uses a ‘life cycle approach’ to improve maternal and child health outcomes in the country with a focus on 184 high priority districts. Supportive supervision (SS) is at the core of this strategy. SS is a time-tested approach to promote mentorship, joint problem-solving and communication between supervisors and the supervised. With its emphasis on building local capacities, SS improves overall effectiveness and efficiency of health service delivery. SS further helps identify gaps in real time, and thereby enables the system to address these locally, at sub-district/district and state levels.

In the early phase of implementation of RMNCH+A strategy, emphasis was laid on comprehensive block monitoring. However, even after several rounds of monitoring, status of key services and availability of essential commodities and drugs at health facilities including the trends of improvement after interventions remained unclear. The current supportive supervision checklist takes a minimalistic approach and aims to capture bare essentials of a health facility in its role of a ‘delivery point’.

- The first part of the checklist is on general information and aims to identify a facility - a very important step that helps to create facility wise time-trends.
- The second section gathers data from the facility records on the delivery of services during the previous month.
- A snapshot of the availability of drugs/ supplies and equipment of RMNCH+A commodities comes next and here the checklist attempts to assess selected practices related to maternal, newborn and reproductive health
- The last section deals with the functioning of community level interventions/ schemes.

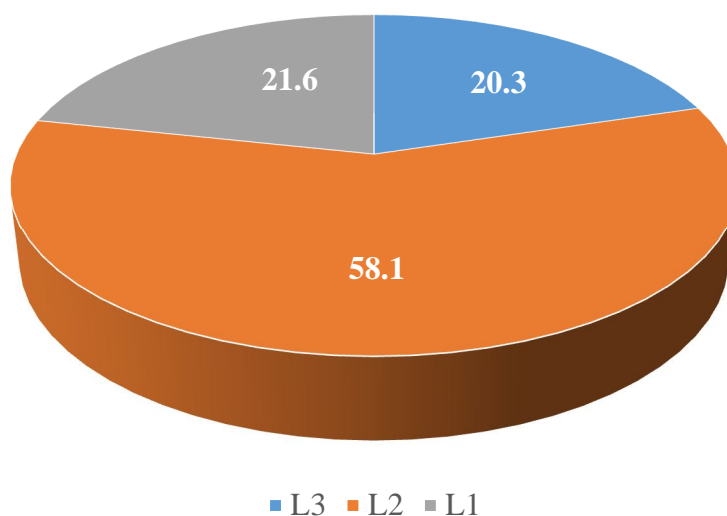
The process of supportive supervision includes physical verification of the commodities and drugs, review of facility records, and interactions with facility in-charge and key staff. The monitor obtains the responses in the form of 'Yes' and 'No' responses. The checklist does not aim at a detailed ‘qualitative assessment’ or ‘measurement’ of the adequacy of supplies.

Executive Summary:

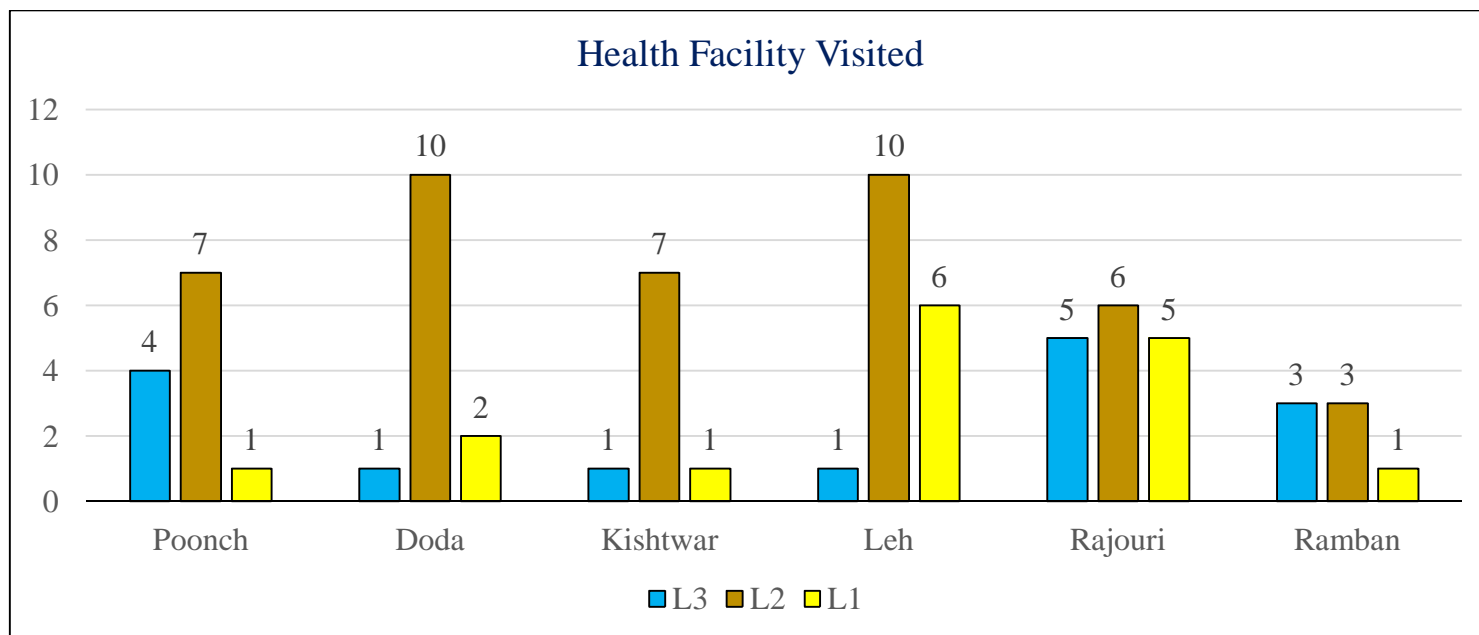
- Since March to December'15 total number of 168 supportive supervision visits conducted in 74 health facilities. 15 L3 level of facilities covered, 43 L2 and 16 L1 facilities during this period.
- Out of total visit 55% visits conducted at L2 level of facilities, 29% at L3 level and 16% visits at L1 level.
- Out of total MOs posted in labour room, 31% are trained in SBA/BEmOC, 31% are trained in NSSK, whereas out of total ANM/SN posted in labour room, 30% are trained in SBA and 32% are NSSK trained.
- In terms of maternal health, 91% facilities have urine albumin kit and 90% facilities are undertaking urine examination during ANC visits. 93% facilities are equipped with haemoglobinometer and 90% facilities are undertaking haemoglobin estimation during ANC visits. Out of total facilities only 5% facilities are using Partograph, 41.9% facilities are equipped with Inj. Magnesium Sulphate and 33.8% facilities are using it. 70% facilities are equipped with Inj. Dexamethasone whereas 43% facilities are using it. 83% facilities are equipped with uterotonics and 71% are using it.
- 73% facilities have designated NBCC, 33.8% are adequately equipped and 36% facilities where providers are aware about the steps of newborn resuscitation. 35% of the total facilities at all levels are equipped with all commodities, 60.8% have functional radiant warmer, 62.2% have bag and mask (with both term and preterm masks), 66% have mucus extractor and 60.8% are equipped with the availability of Vitamin K injection.
- 60.8% facilities have ORS, 21.6% have Zinc and 83.8% facilities have vitamin A syrup.
- With regards to family planning commodities, IUCD, OPC, ECP & Condoms, all four commodities are being extended by 74% facilities.
- In terms of adolescent health, 36.5% facilities have Dicyclomine and 45% have Albendazole.

Total health facility visited			
Total facility visited	L3	L2	L1
74	15	43	16

Health Facilities (L1/L2/L3) Covered (%)



District wise health facilities visited:



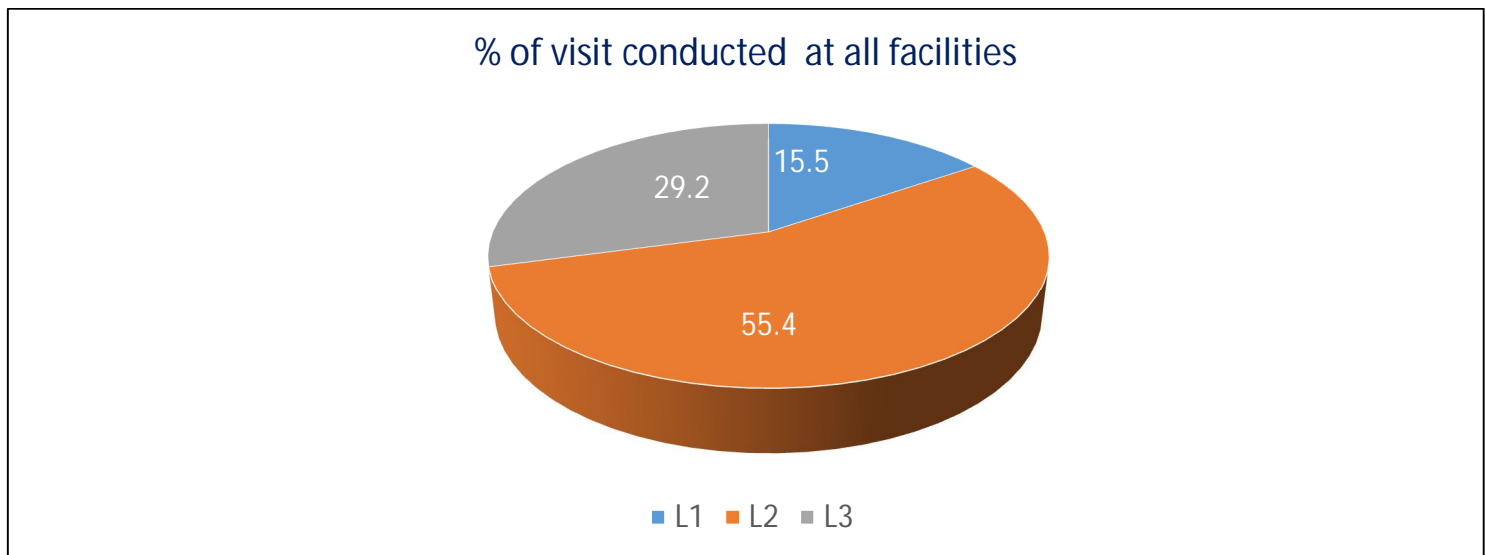
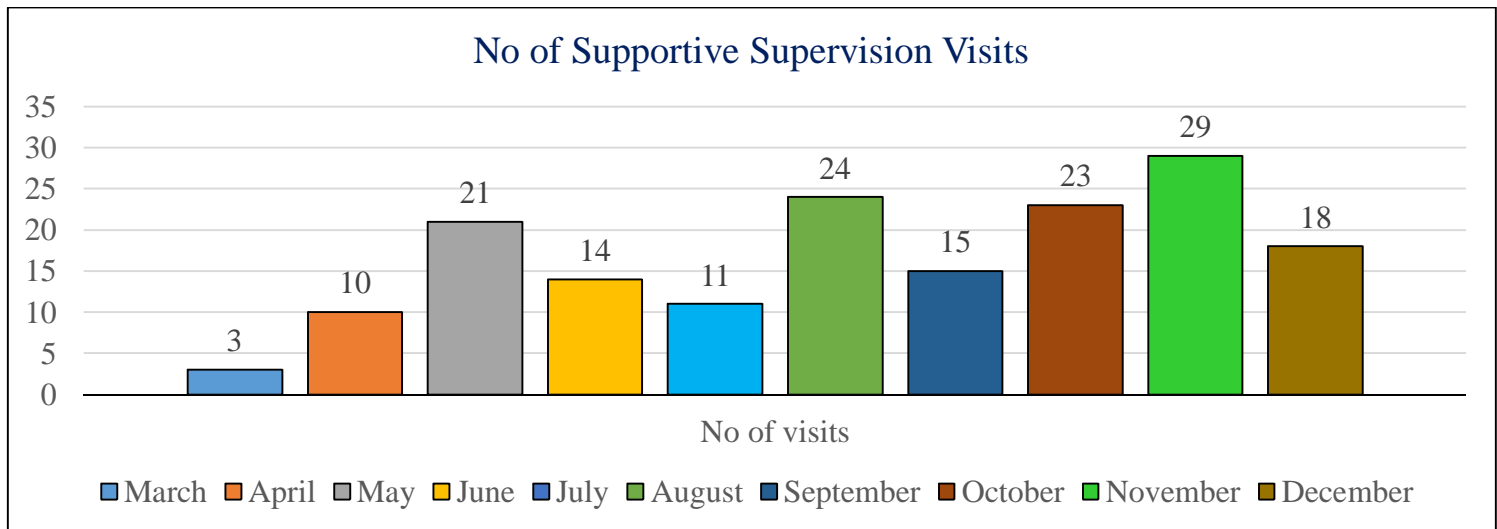
HPDs	Poonch	Doda	Kishtwar	Leh	Rajouri	Ramban	Total
Total health facilities visited	12	13	9	17	16	7	74

Frequency of visits:

Total facilities visited	No of facilities visited once	Facilities visited 2 times	Facilities visited 3 times	Facilities visited 4 times	Facilities visited 5 times	Facilities visited 6 times
74	30	18	13	6	5	2

HPDs	Total visits	No. of Visit conducted at L3	No. of Visit conducted at L2	No. of Visit conducted at L1
Poonch	25	10	14	1
Doda	33	4	25	4
Kishtwar	28	6	20	2
Leh	31	6	17	8
Rajouri	36	13	13	10
Ramban	15	10	4	1
Total	168	49	93	26

Month wise supportive supervision visits:

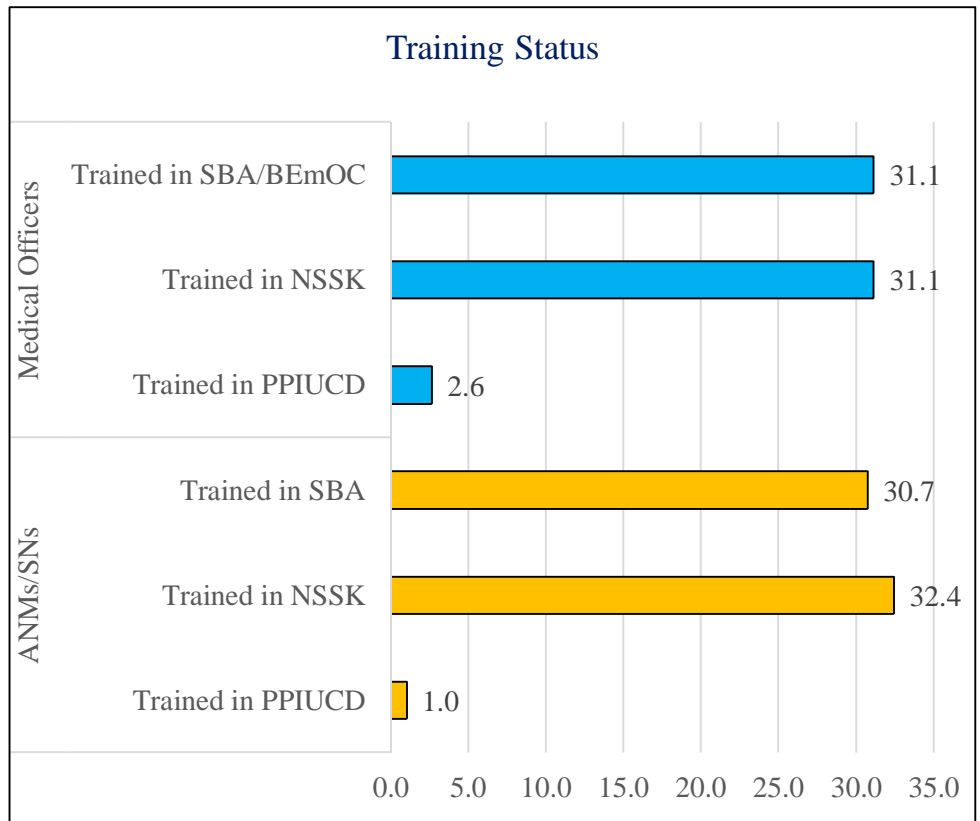


Key Observation:

Training Status:

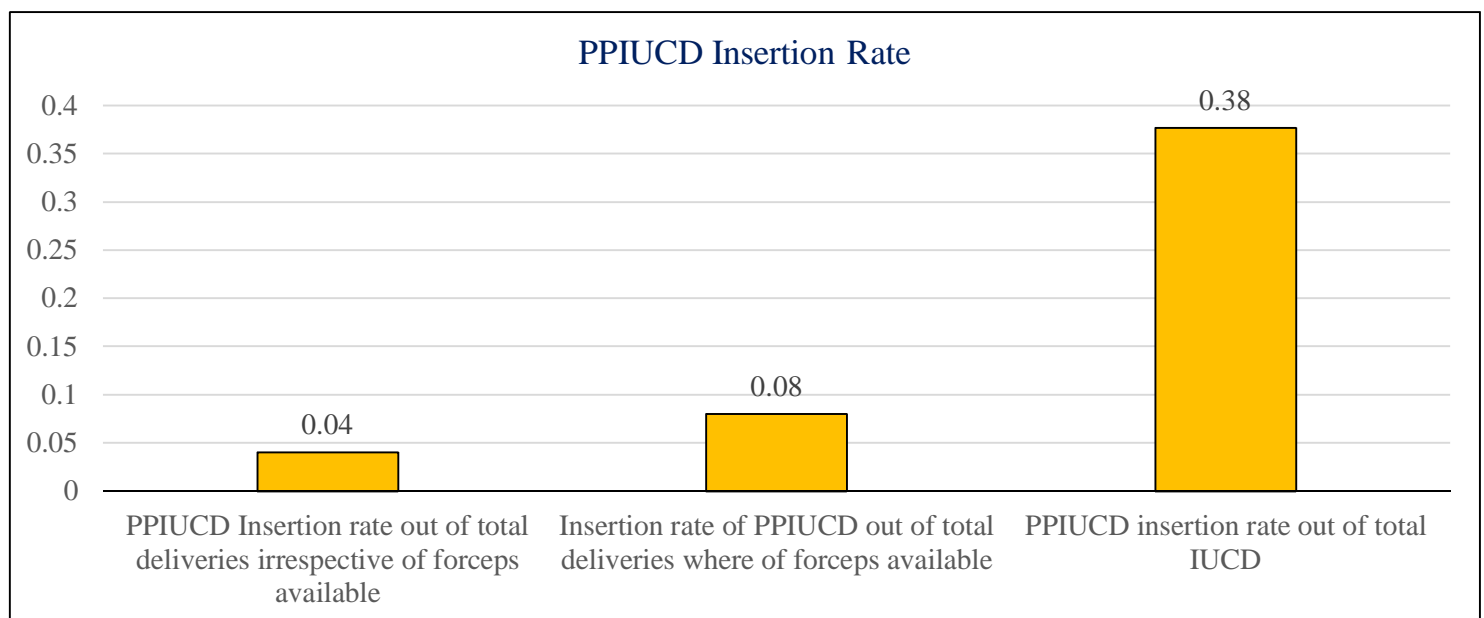
Out of the total MO posted in labour room, 31.1% MOs have been trained in SBA/BEmOC, 31% MOs trained in NSSK and only 2.6% MOs trained in PPIUCD. Similarly, out of total ANMs/SNs posted in labour room only 30.7% are trained in SBA, 32.4% trained in NSSK and only 1% in PPIUCD.

The overall training status shows that there is a need of rational deployment of skilled manpower for labour room. Only 17% SBA trained ANMs/SNs are posted in labour room at Leh and 15% in Doda district, whereas improvement noticed in Kishtwar (100%), Poonch (64%) and Ramban (60.7%).



Only 15% NSSK trained ANMs/SNs are posted in labour room at Rajouri.

Family Planning:

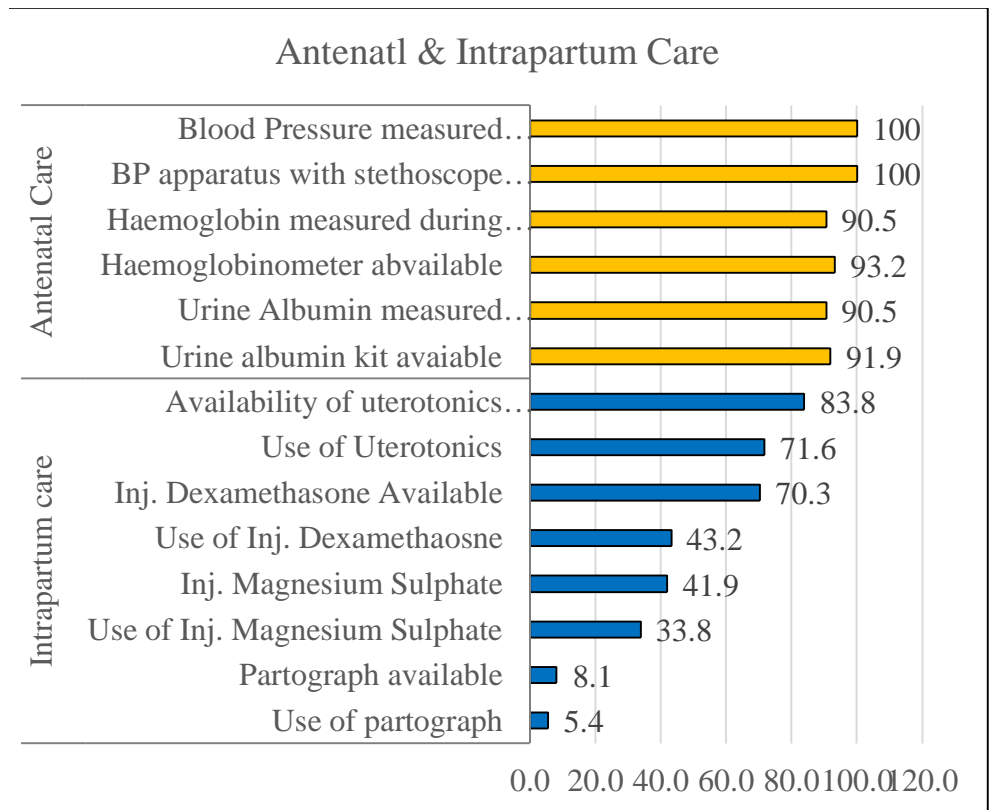


Antenatal and Intrapartum Care:

Measurement of BP, estimation of Hb%, urine albumin, use of Partograph, uterotonics and Magnesium Sulphate are some of the key service in antenatal and Intrapartum care that are being extended at the facility level.

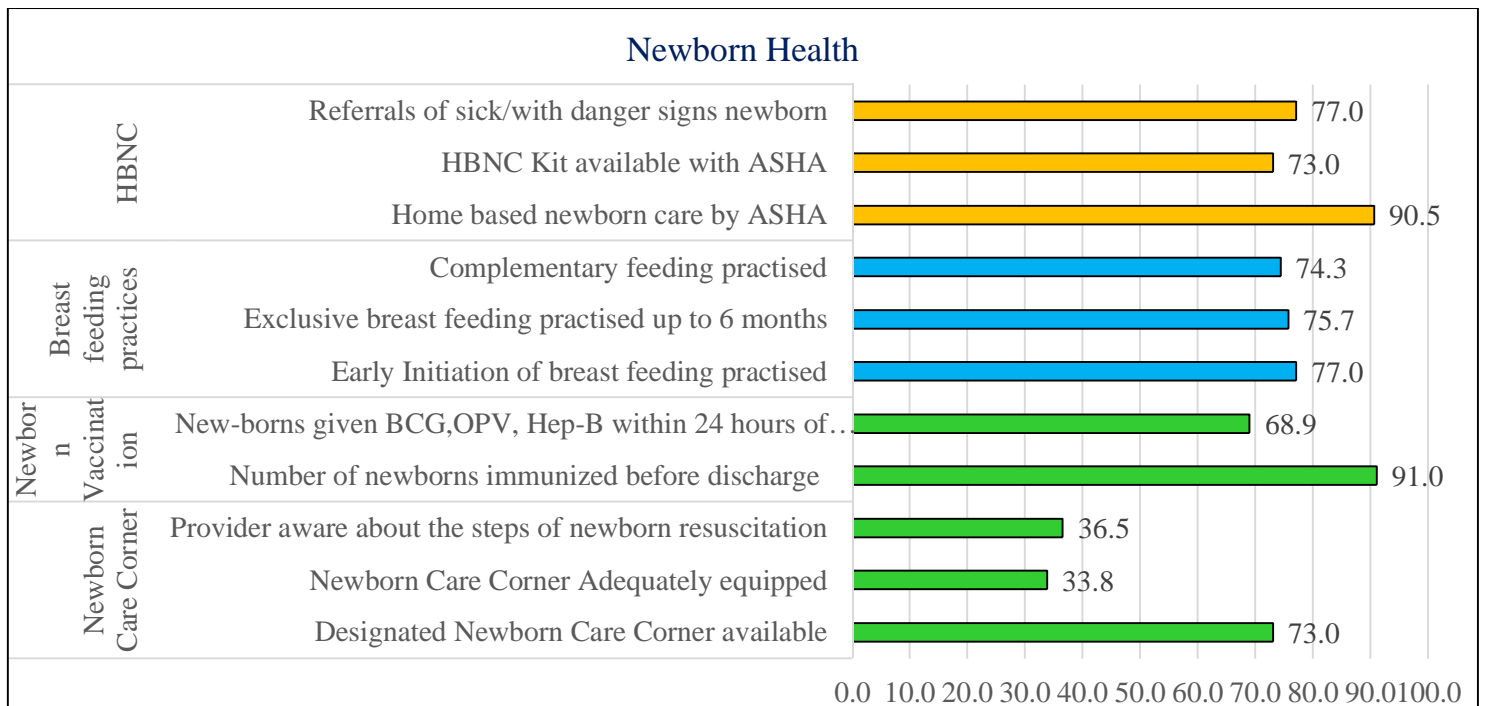
At all levels (L1/L2/L3), 91% facilities have urine albumin kit and 90% facilities are undertaking urine examination during ANC visits. 93% facilities are equipped with haemoglobinometer and 90% facilities are undertaking haemoglobin estimation during ANC visits.

Out of total facilities only 5% facilities are using Partograph,



41.9% facilities are equipped with Inj. Magnesium Sulphate and 33.8% facilities are using it. 70% facilities are equipped with Inj. Dexamethasone whereas 43% facilities are using it. 83% facilities are equipped with uterotonics and 71% are using it.

Newborn Health:



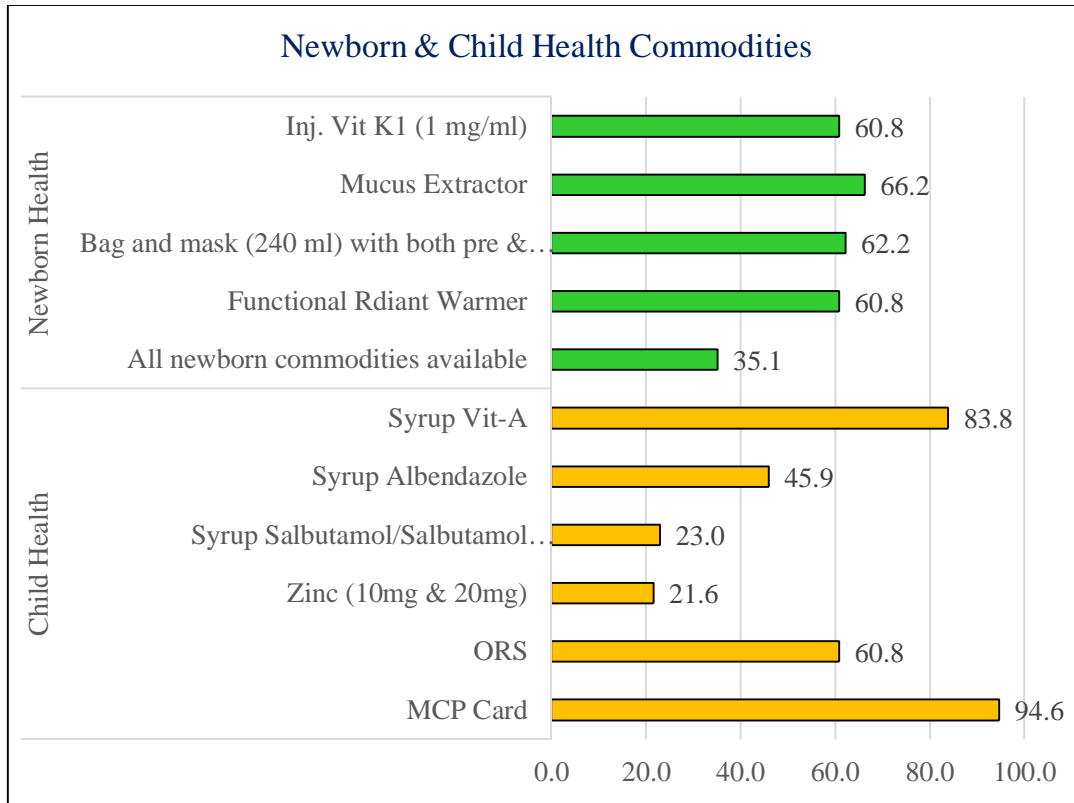
With regards to newborn health, the data reflects that 73% facilities have designated NBCC, 33.8% are adequately equipped and 36% facilities where providers are aware about the steps of newborn resuscitation.

The data reflects that out of total delivery 91% newborn immunized before birth whereas only 68% facilities are giving BCG, OPV & HepB with 24 hours of delivery.

73% have HBNC kit with ASHA whereas 90% have ASHAs conducting HBNC.

Commodities:

Newborn and child Health:



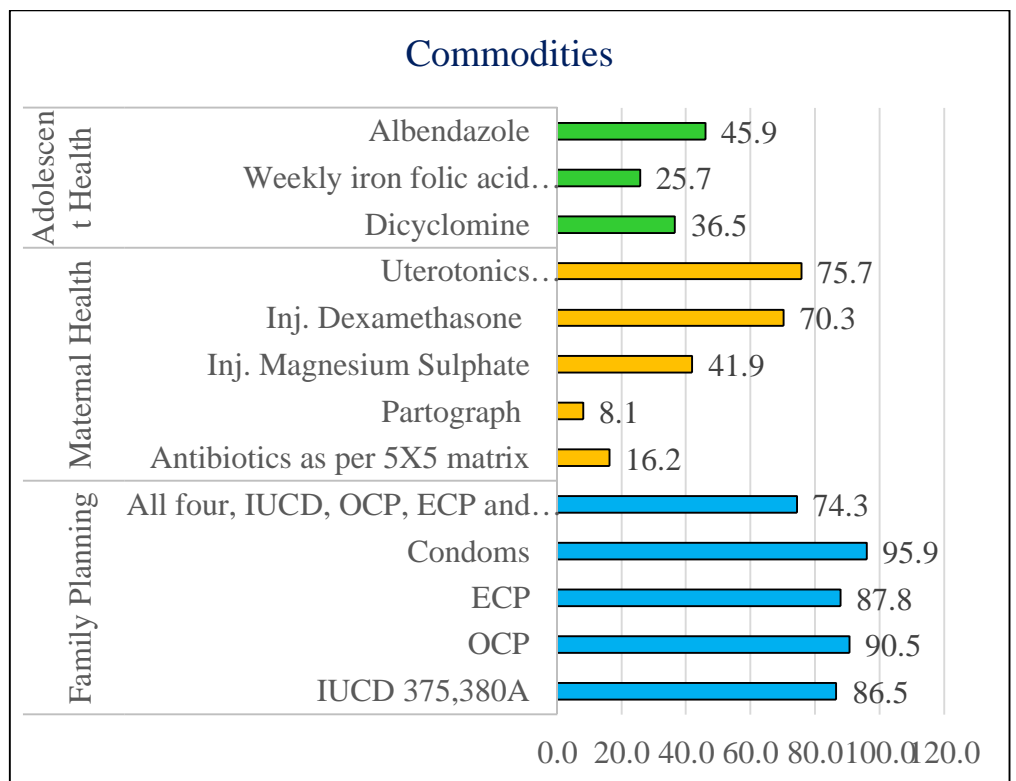
With respect to newborn health commodities, 35% of the total facilities at all levels are equipped with all commodities, 60.8% have functional radiant warmer, 62.2% have bag and mask (with both term and preterm masks), 66% have mucus extractor and 60.8% are equipped with the availability of Vitamin K injection.

With regards to supplies of commodities under child health 60.8% facilities have ORS, 21.6% have Zinc and 83.8% facilities have vitamin A syrup.

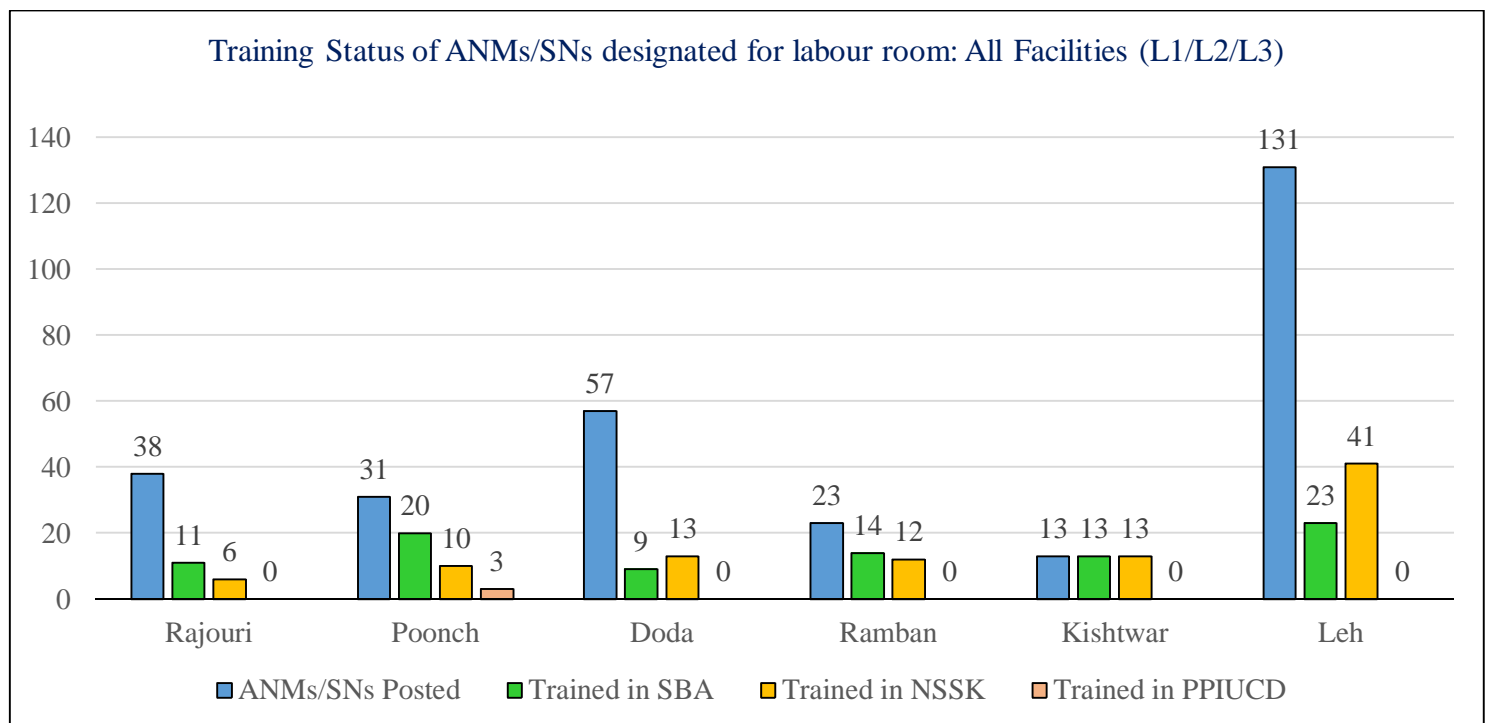
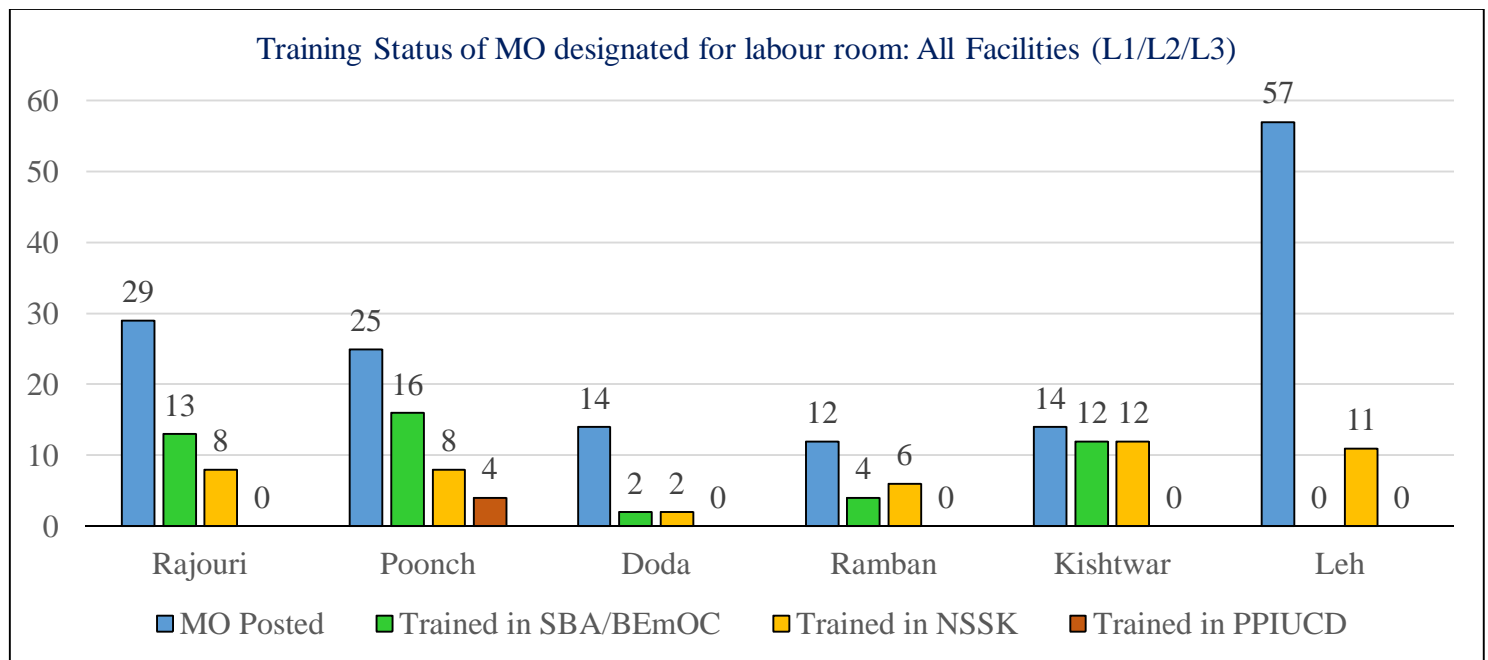
With regards to family planning commodities, IUCD, OPC, ECP & Condoms, all four commodities are being extended by 74% facilities.

Antibiotics availability as per 5X5 matrix is a major concern. 16% facilities have equipped with all antibiotics as per 5X5 matrix. 41.9% have Inj. Magnesium Sulphate, 70% have Inj. Dexamethasone and 75% have equipped with uterotonics.

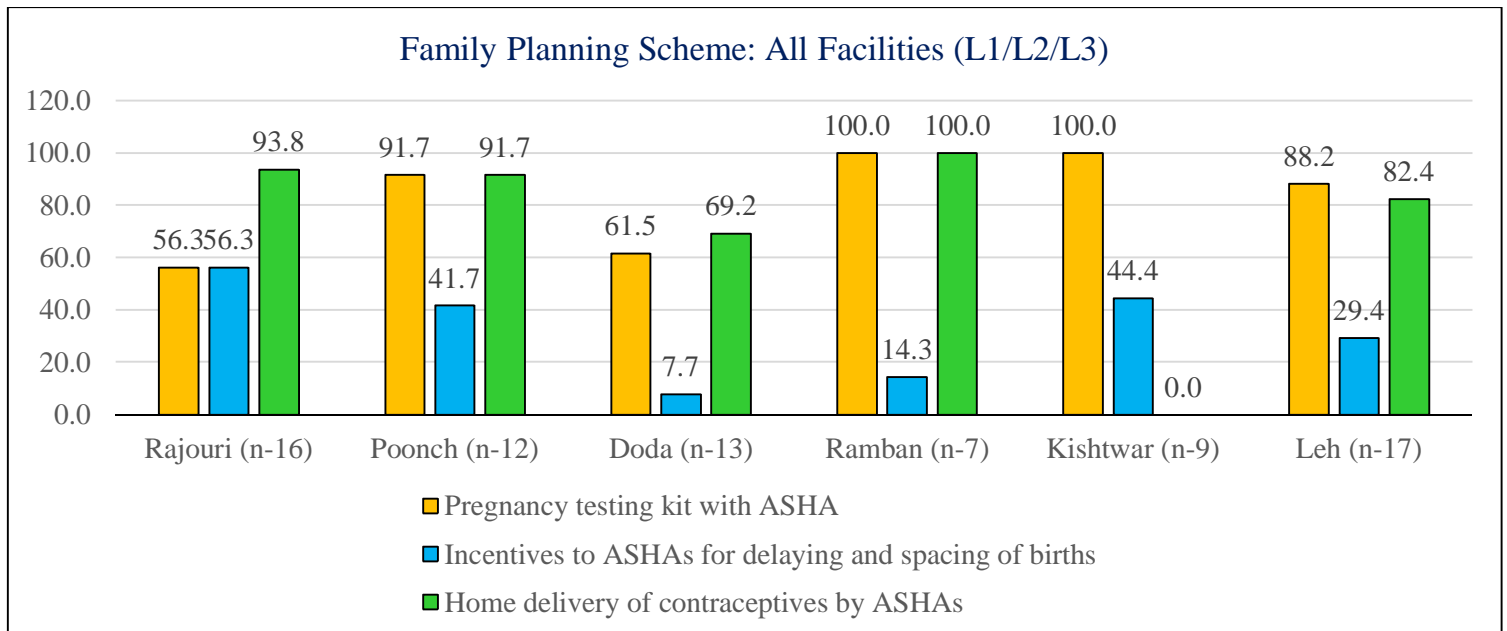
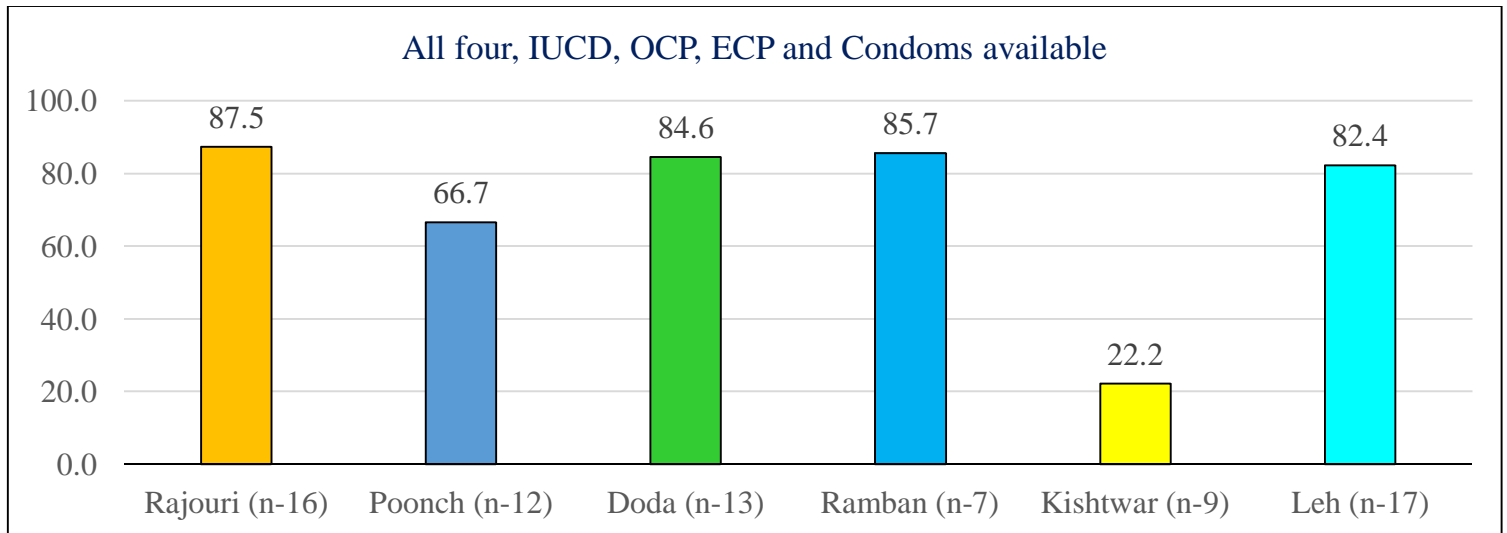
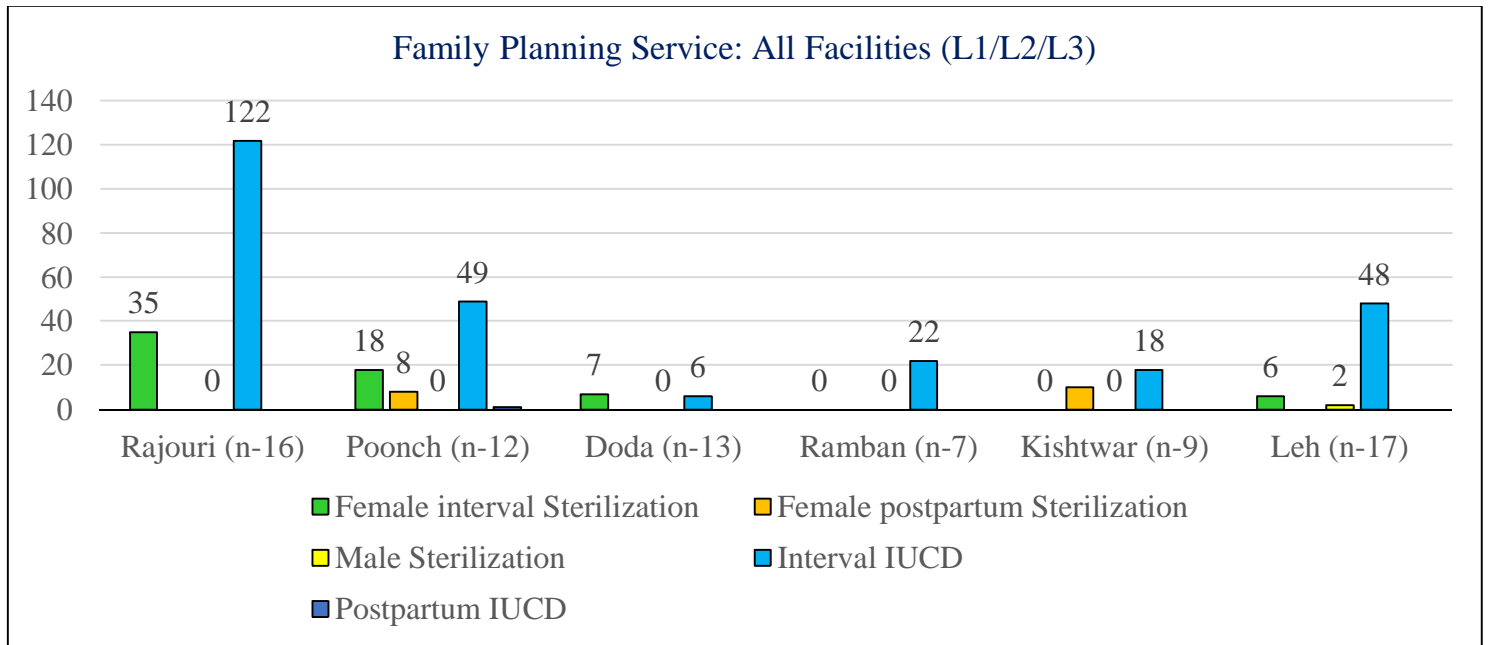
With regards to adolescent health, 36.5% facilities have Dicyclomine and 45% have Albendazole.



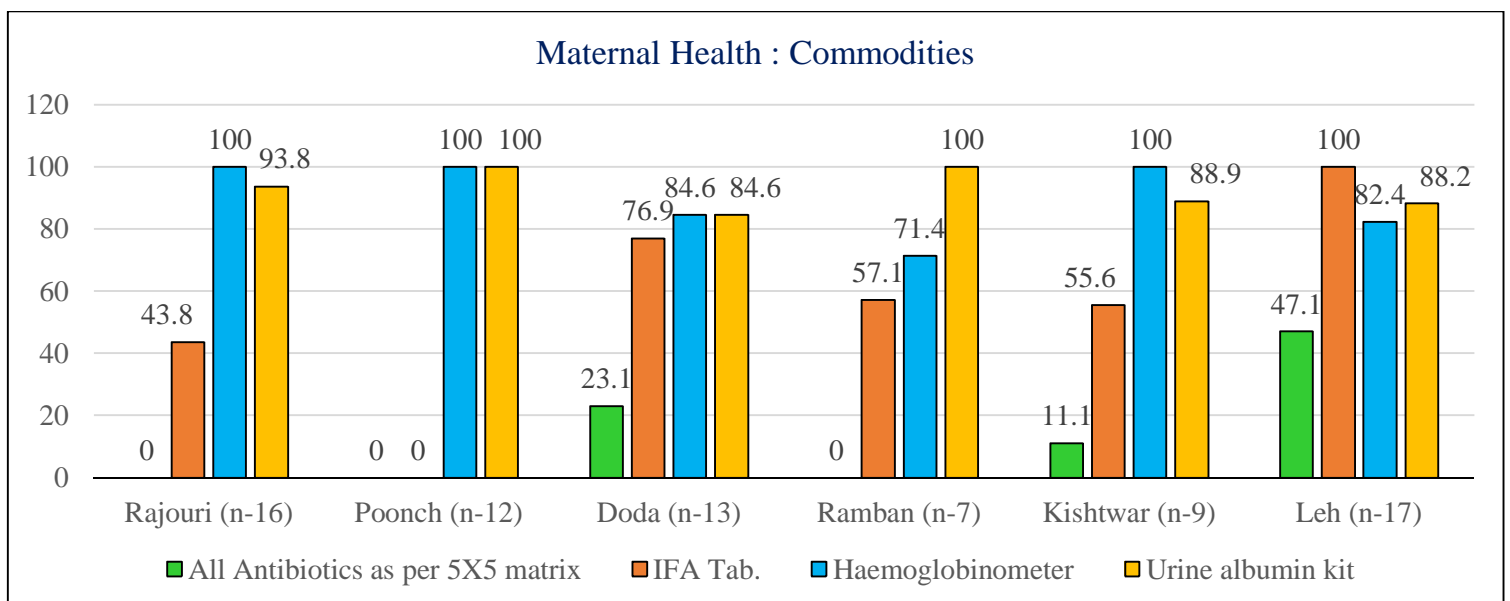
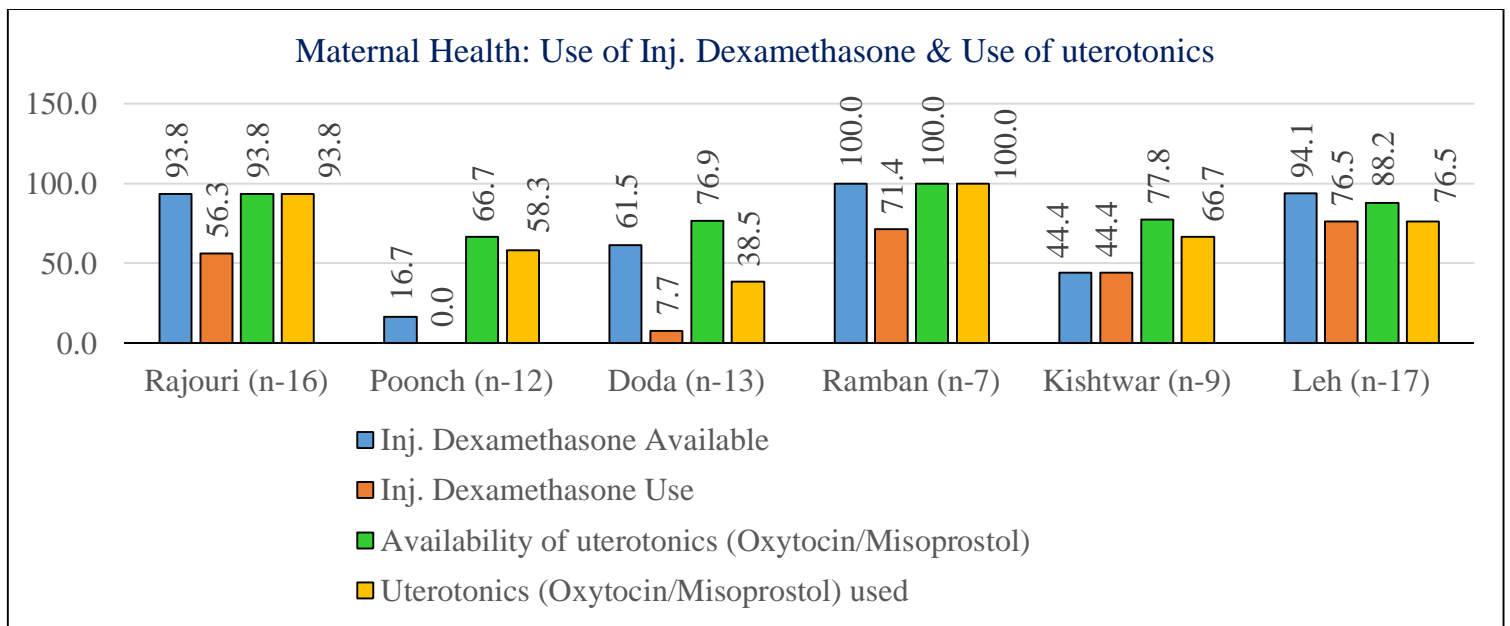
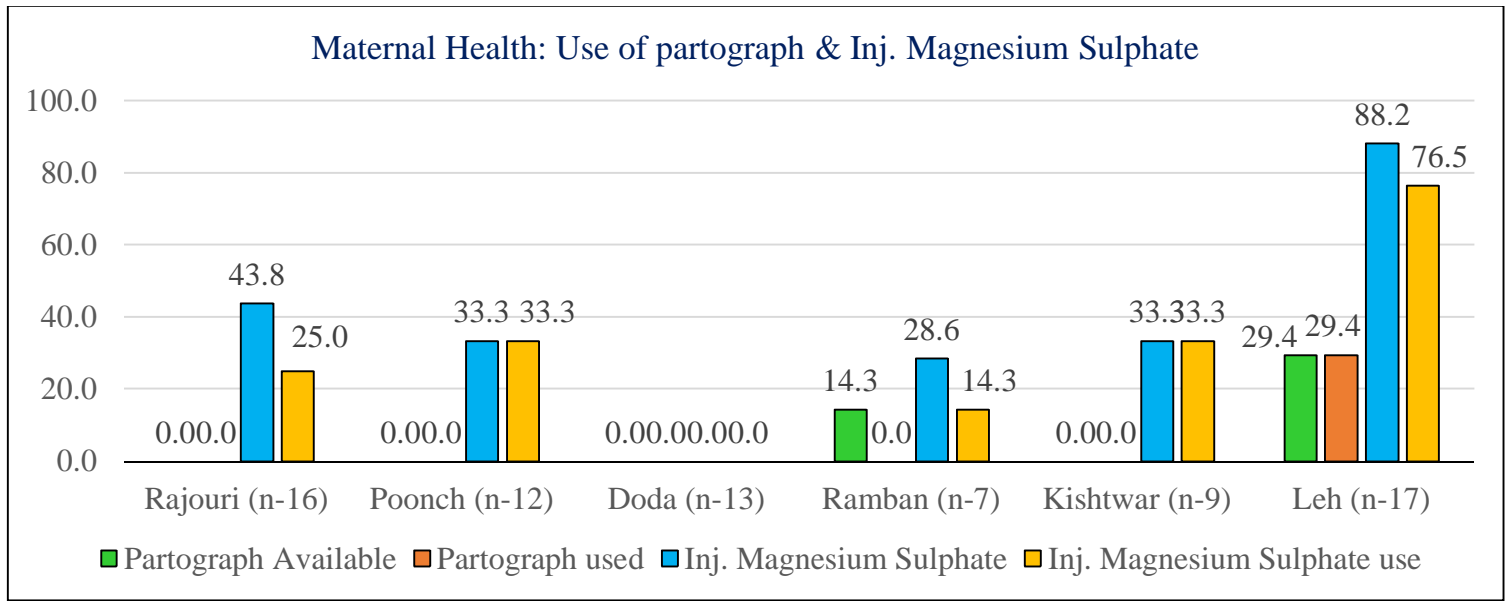
Training Status of MO and ANMs/SNs



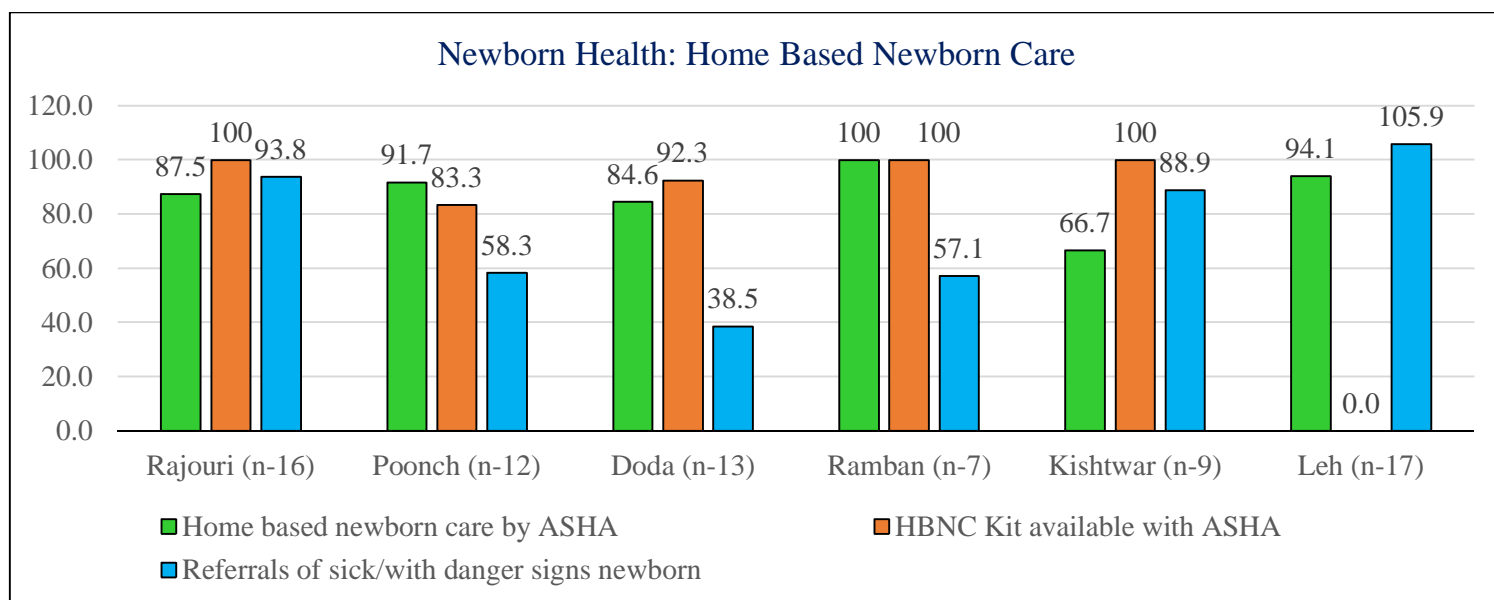
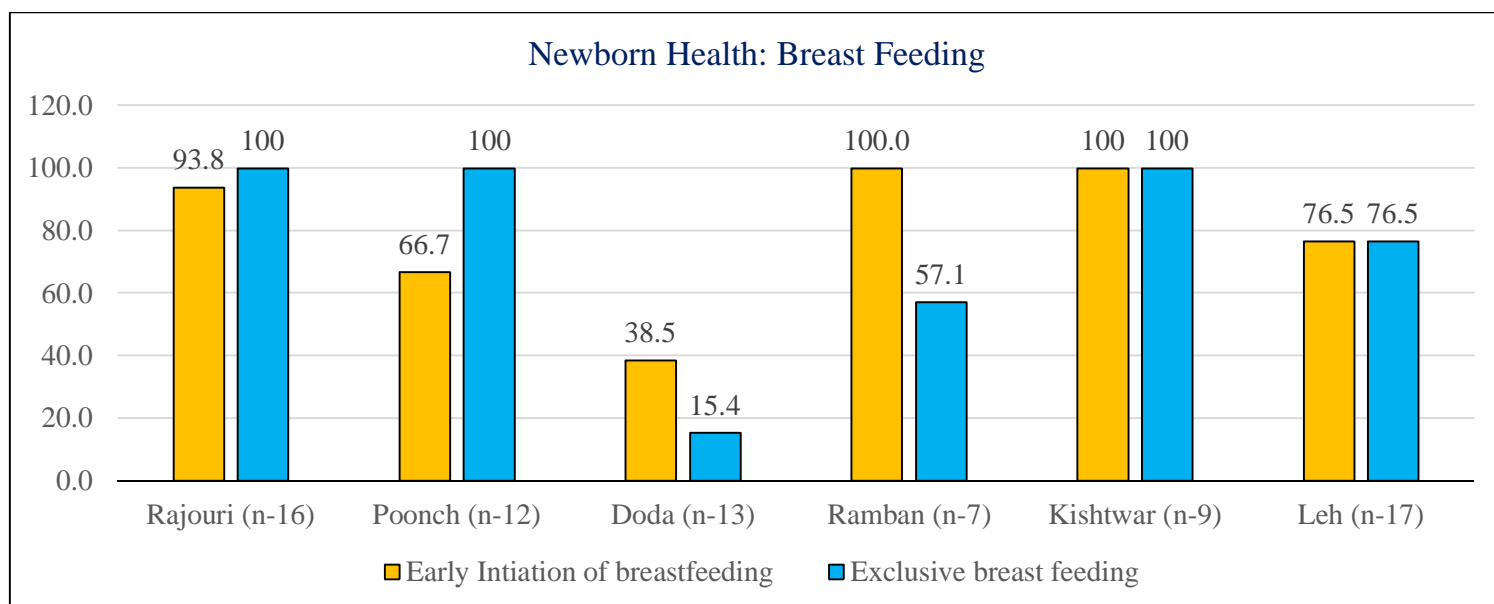
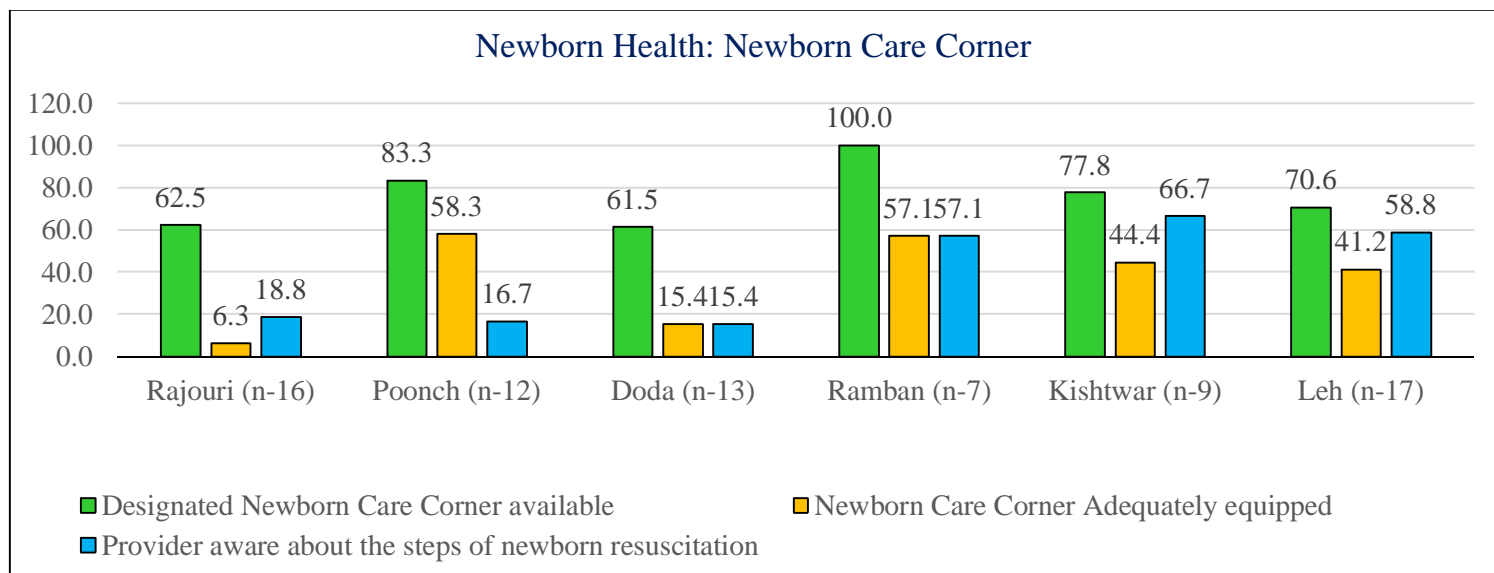
Family Planning:



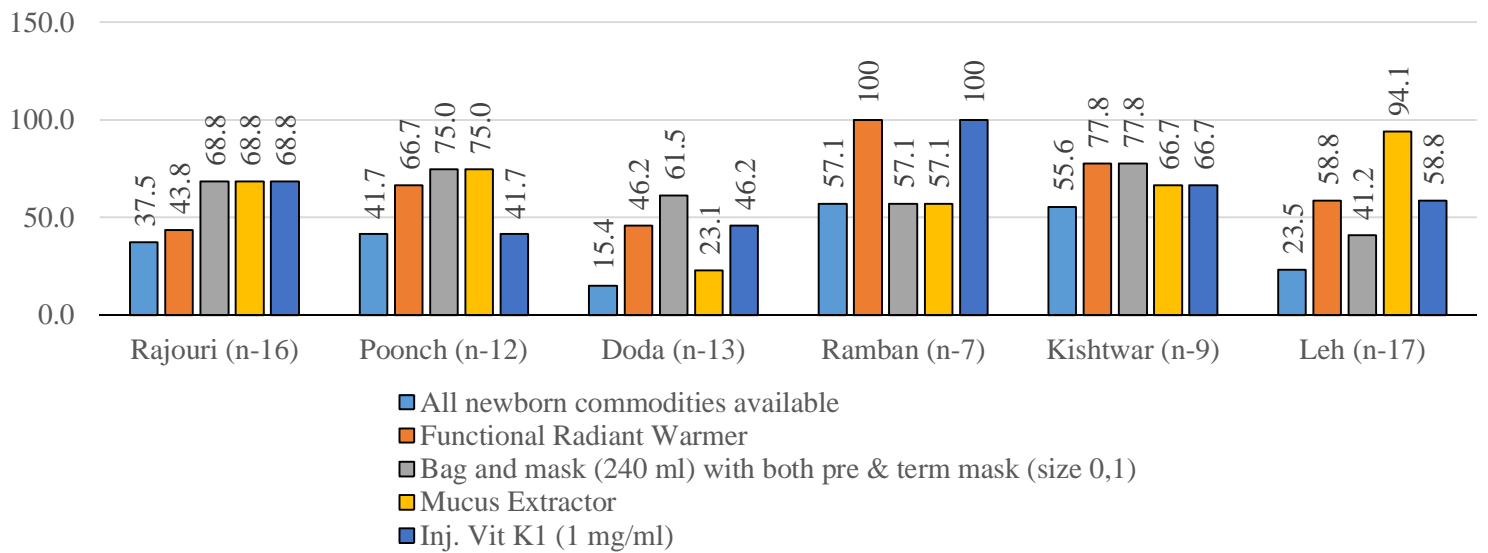
Maternal Health:



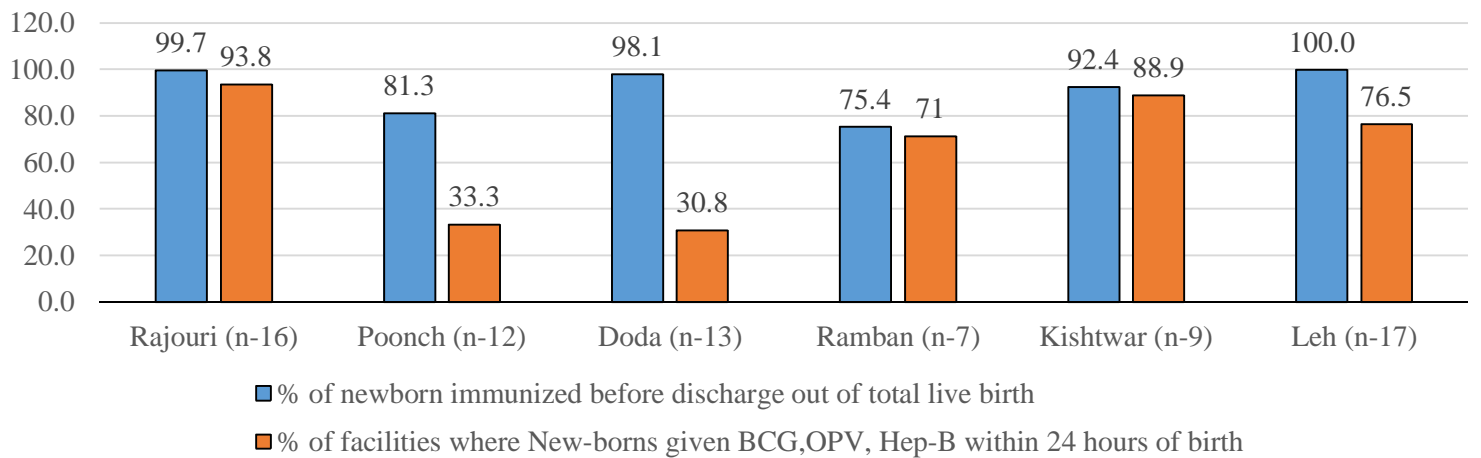
Newborn and Child Health:



Newborn Health: Commodities

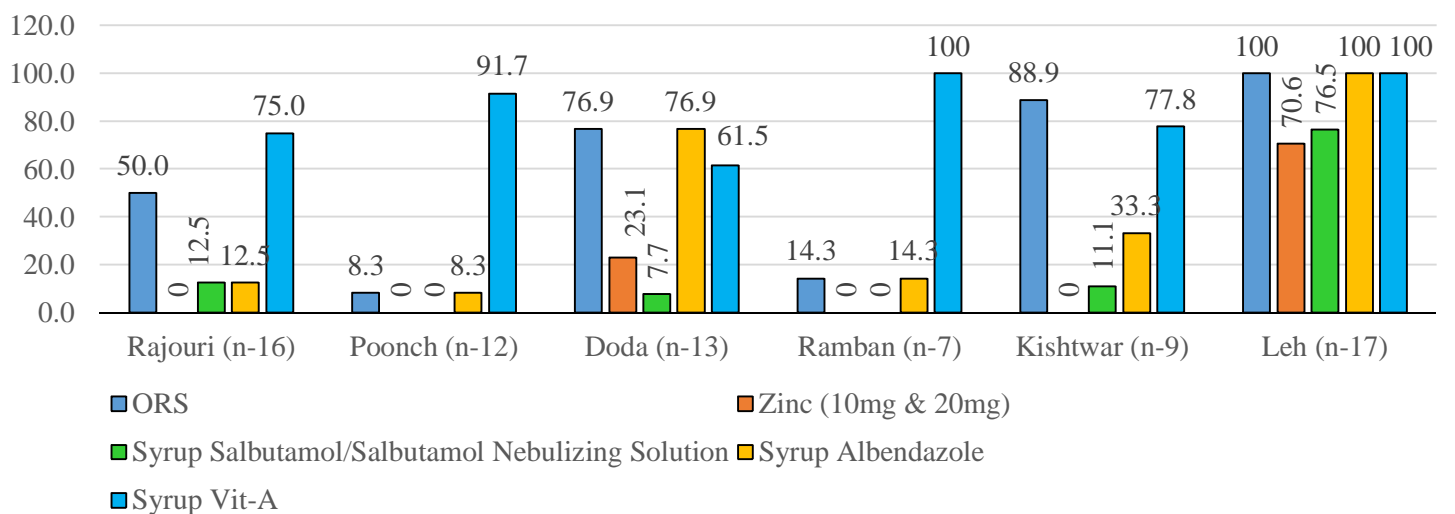


Newborn Vaccination

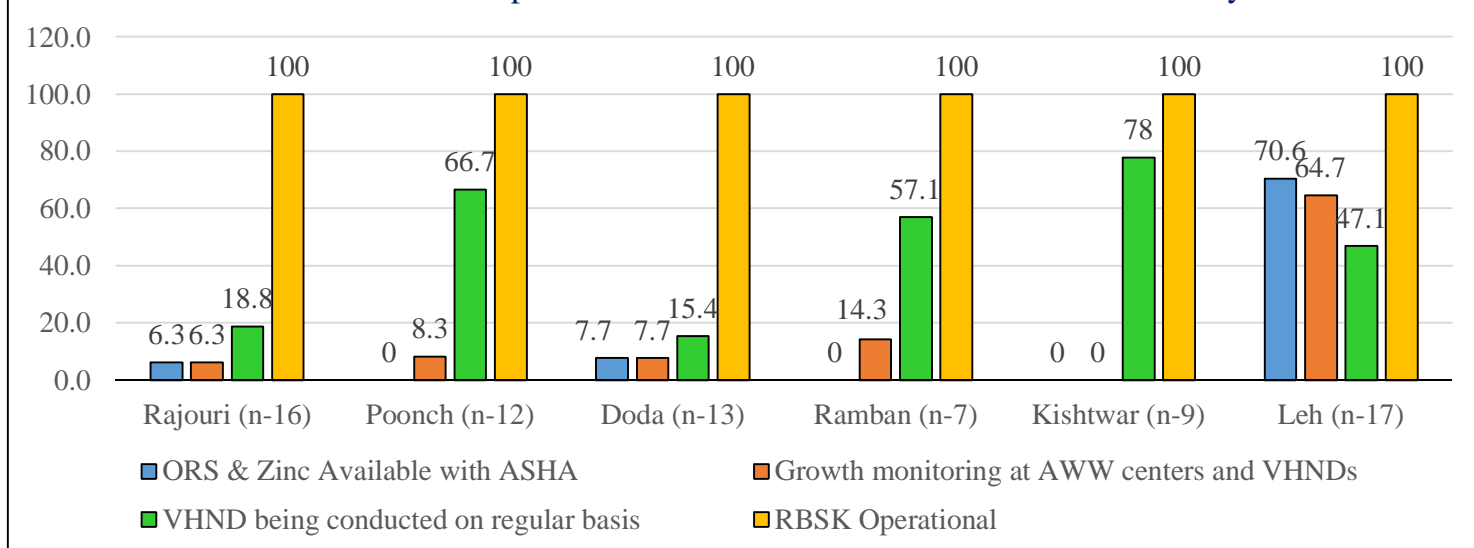


Child Health:

Child Health: Commodities

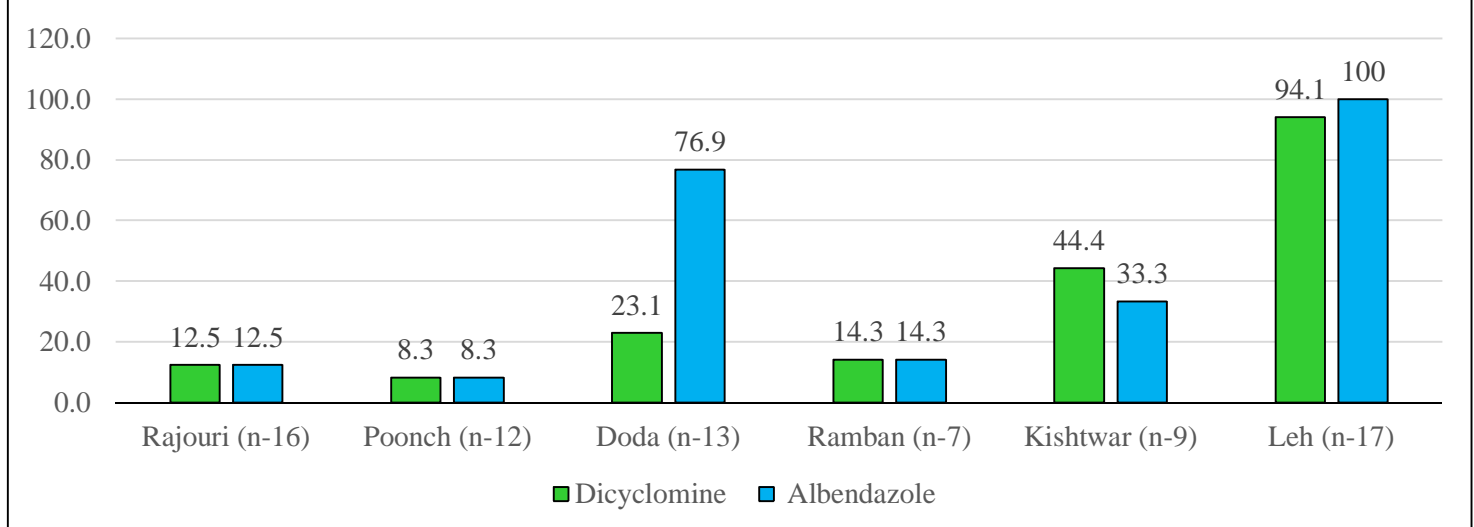


Child Health: Implementation of Child Health Scheme in Community

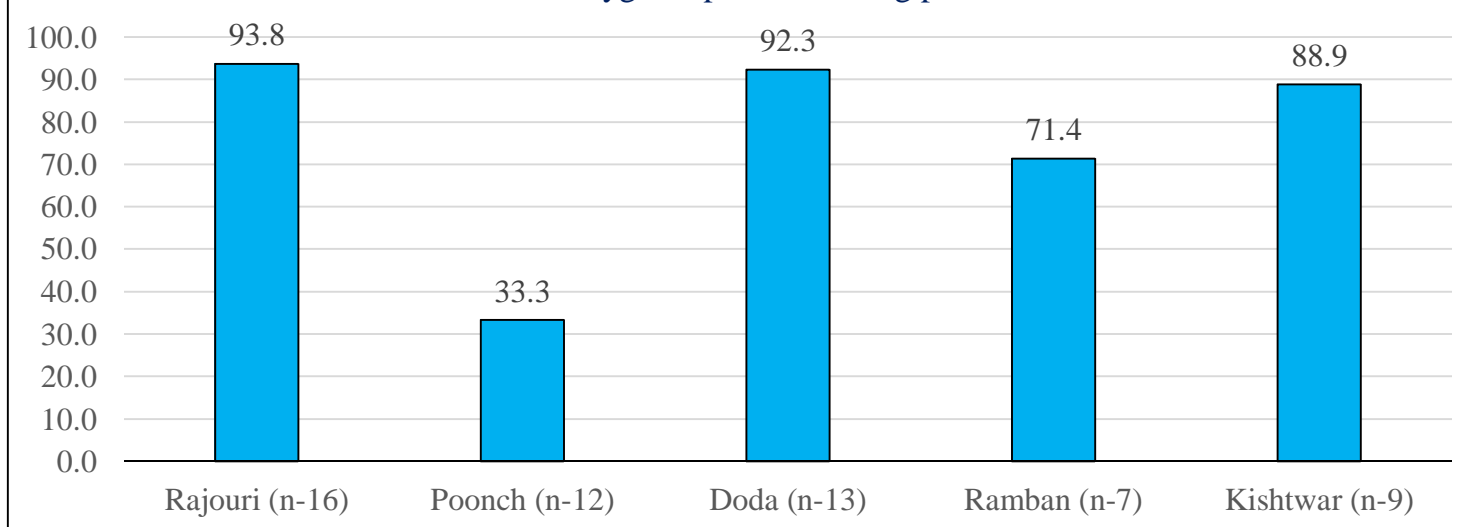


Adolescent Health:

Adolescent Health: Commodities



Menstrual hygiene practices being promoted



Recommendation

- Rational deployment of skilled manpower in labour room. Staffs who are trained in SBA, NSSK must be kept in the Labor Room only.
- Focus must be given on PPIUCD services in high case load facilities.
- Ensure the availability of Reproductive, Maternal, Child Health and Adolescent Health commodities as per 5X5 matrix.
- Ensure quality of training for quality of service delivery.
- All Newborn Care Corner (NBCC) must be well equipped and providers must be aware about newborn resuscitation.
- Focus must be given on filling up of Partograph for monitoring of labour during SBA training.
- Ensure the availability of HBNC kit with ASHA for quality of Home Based Newborn Care.

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