

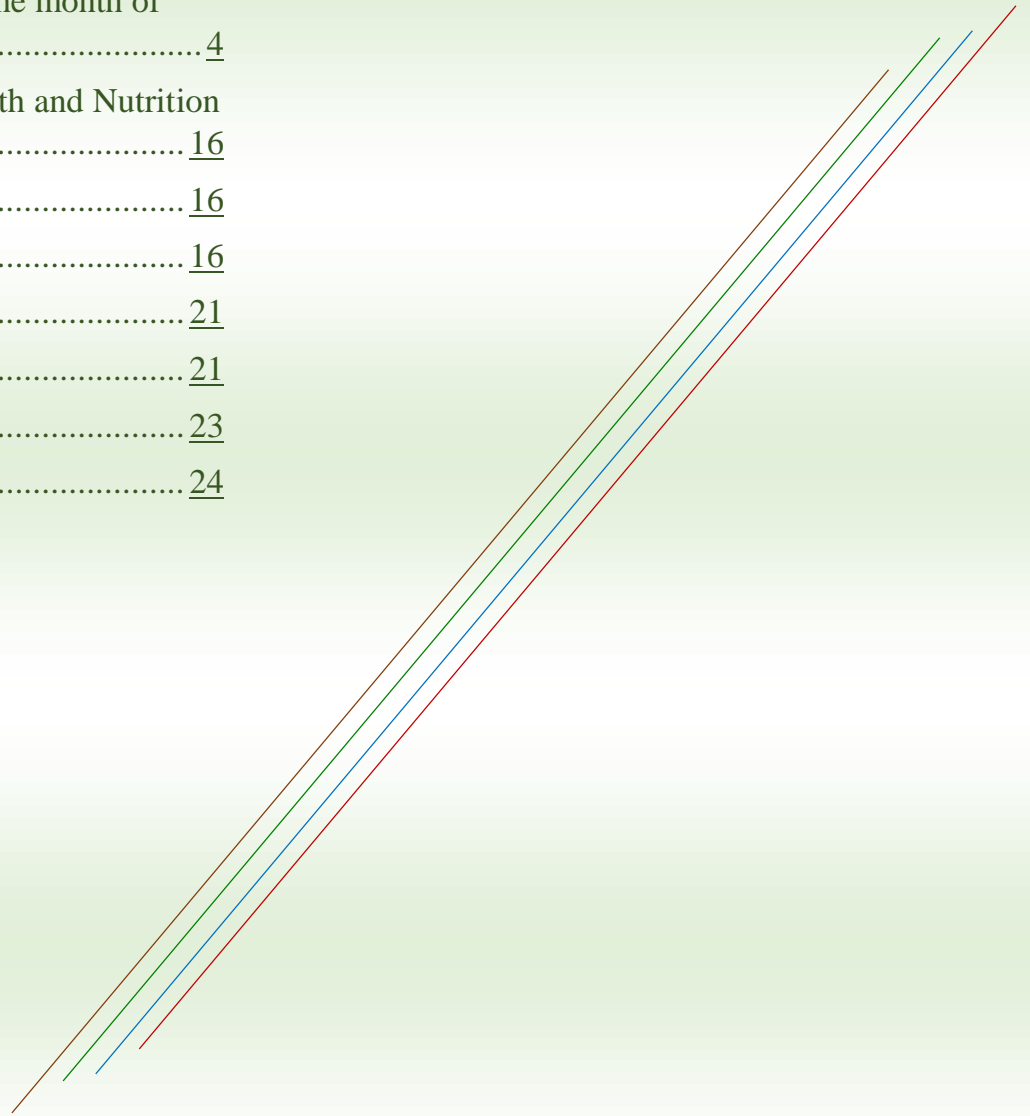


Monthly RMNCH+A Update for 6 HPDs in J&K
For the month of September'15

State RMNCH+A Unit, Jammu & Kashmir
O/O-The Mission Director, NHM

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Introduction:

RMNCH+A Strategy has been started to provide high level of intervention in four stages of life cycle i.e. Reproductive age group, Pregnancy care, Child Birth and Postnatal & Newborn Care. RMNCH+A strategy focuses on “Continuum of Care” at facility level as well as community level. For the state Jammu and Kashmir Norway India Partnership Initiative (NIPI) entrusted as State Lead Partner to provide technical support in implementation of RMNCH+A strategy. NIPI along with Public Health Foundation of India (PHFI) established a team to support state in implementation of RMNCH+A activities in six High Priority Districts (Rajouri, Poonch, Doda, Ramban, Kishtwar and Leh). Six District Coordinators are posted at District Programme Management Unit, NHM to provide technical support in implementation of RMNCH+A strategy under the supervision of Chief Medical Officer. At State level two State Coordinators-RMNCH+A are posted at State RMNCU+A Unit (SRU) for advocacy at state level with different directors for smooth implementation of RMNCH+A in Jammu and Kashmir.

Progress on RMNCH+A Objectives:

For implementation of RMNCH+A strategy in Jammu and Kashmir five (5) major areas have been decided in first State Coordination Committee (SCC) meeting with NIPI, which was held on December, 2014. 5 objectives were identified for the year 2015 to strengthen the RMNCH+A activities in Jammu & Kashmir. However technical support provided to state and district in other domain of RMNCH+A strategy. Objective wise a brief progress report for the month of September’15 has been discussed follows:

Progress on VHND strengthening:

During the month of September’15 total number of 7 VHND sessions have been monitored by District Coordinator. It has been observed that health worker participation has been improved and VHND is conducted regularly. In spite if this there are some

areas where thrust need to be given like service delivery and availability of drugs and logistics.

Progress on Supportive Supervision:

As per the MoHFW, GoI checklist supportive supervision carried out in all HPDs. Total number of 15 supportive supervision in the month of August’15 in different MCH level (L1/L2/L3). Few new initiatives have been taken like implementation of standard labour room register, NBCC register, referral in/out register etc. During supportive supervision focus also given on the availability of different trays as per MNH Tool kit. Labour room staff sensitized in NBCC management during supportive supervision. Monthly SS data are also shared with NRU, MoHFW on regular basis.

Progress on DHAP monitoring:

District wise budget sheet shared with all District Coordinators for follow up. Monitoring of fund released also done during Supportive Supervision visit.

Progress on strengthening 2 delivery points as a MDP:

Twelve number of delivery points selected to be strengthen as a Model Delivery Point at district level. Standard registers, availability of trays have been already done. Advocacy done at district level for SBA and NSSK training of labour room staff especially for MDP. Time to time necessary report has been shared with state on MDP findings. A rapid assessment of selected MDP has been planned by SRU and it will be completed. An action plan will be developed for the coming year and necessary budgeting will be done for the year 2016-17.

Progress on strengthening review mechanism:

For strengthening the review mechanism District Coordinator regular submit their weekly feedback to CMO for their action. District level review meeting was attended by District Coordinator-RMNCH+A of Doda district. ASHA functionality meeting was attended in Leh and RBSK meeting attended at Ramban district also.

Support provided at state level

- Prepared and shared district specific (HPD) issues and shared with Programme Manager, Maternal Health
- Prepared Model Delivery Point wise administrative and financial issues and shared with Programme Manager, Maternal Health
- Develop monitoring tool for AFHCs and pilot testing of the tool and submitted to the state to further roll out at district level
- Visit District Hospital Baramulla with State NHM team for SNCU and labour room monitoring
- Visit to two of the Districts namely Baramulla and Budgam for the assessment of AFHCs and provided hand holding support to the staff of AFHCs and DPMU on the subject matter.
- Submitted a detailed report based on the findings to MD and PM –RKSK with recommendation.
- Supported the state in drafting letter based on the findings.
- Support in developing / compiling the IEC related to adolescent clinics and shared with the PM-RKSK (it is under process)

Support required from State and District level for implementation of RMNCH+A

Support required from state level

- Timely and regular supply of essential drugs & consumable (IFA, Zinc, Misoprostol, Inj. Magnesium Sulfate etc.)
- Man power planning and rational deployment of skilled manpower
- Engaged state officials to monitor the quality of district level training and develop a training monitoring mechanism
- Special thrust on VHND
- Special thrust on HBNC, SNCU and CDR

Support required from District level:

- Ensure the quality of SBA, NSSK, IMNCI and other training
- Rational deployment of SBA trained manpower
- Ensure joint monitoring of DPM/DMEO/DAM and District Coordinator-RMNCH+A in District Hospital.
- Ensure line listing of severe anemic mothers and regular follow up at all levels
- Orientation of labour room staff on Essential New Born Care Management
- Ensure 48 hours retention delivered women and compliance of JSSK services

Plan for the month of October' 15

- Conduct 15 supportive supervisions in all HPDs
- Monitoring of 12 VHND sessions
- At least 12 visit in MDP
- 6 meeting with CMO at district level

Supportive Supervision Status for the month of September

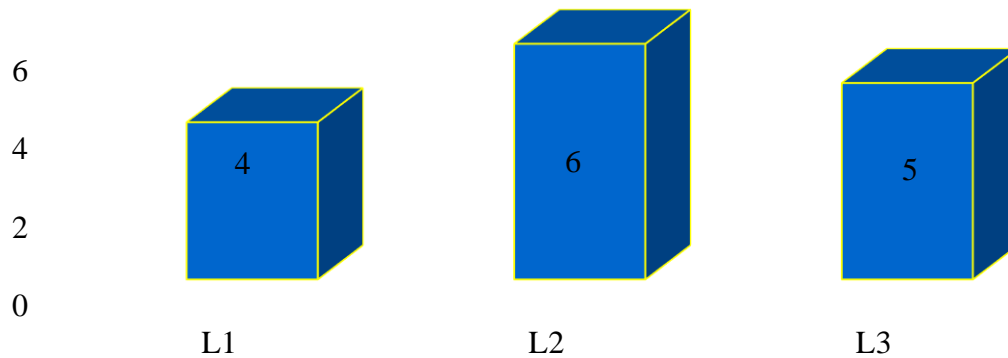
Monitoring status at a glance

District	No of Supportive supervision visit
Rajouri	2
Poonch	2
Doda	5
Kishtwar	2
Ramban	2
Leh	2
Total	15

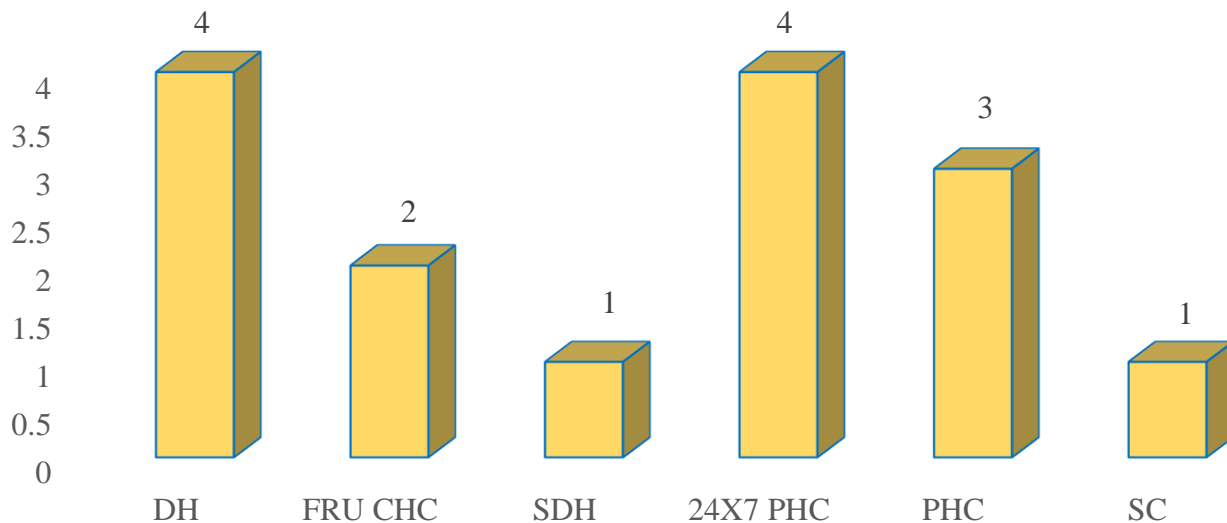
In the month of September'15 a total number of 14 facilities were supervised by District Coordinator-RMNCH+A.

All level (L1/L2/L3) of facilities are covered during

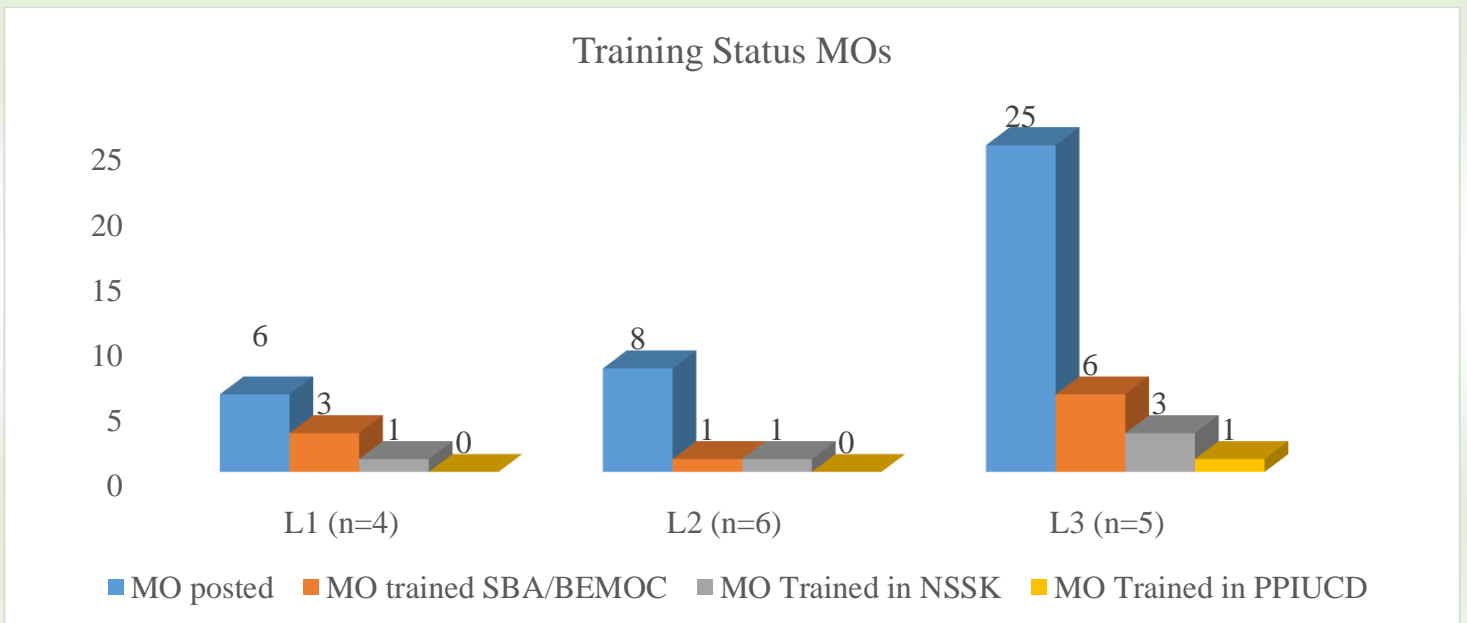
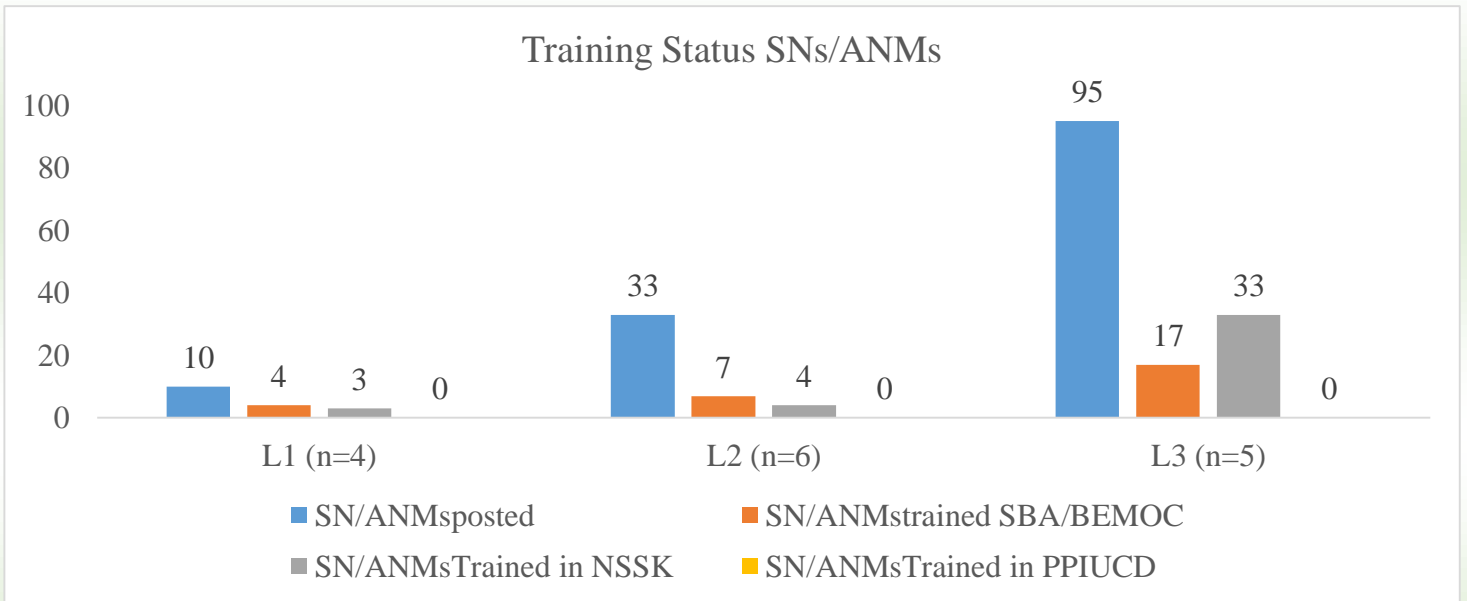
Visit conducted in the month of September'15 at different level



Supportive Supervision Visit at Different Facilities



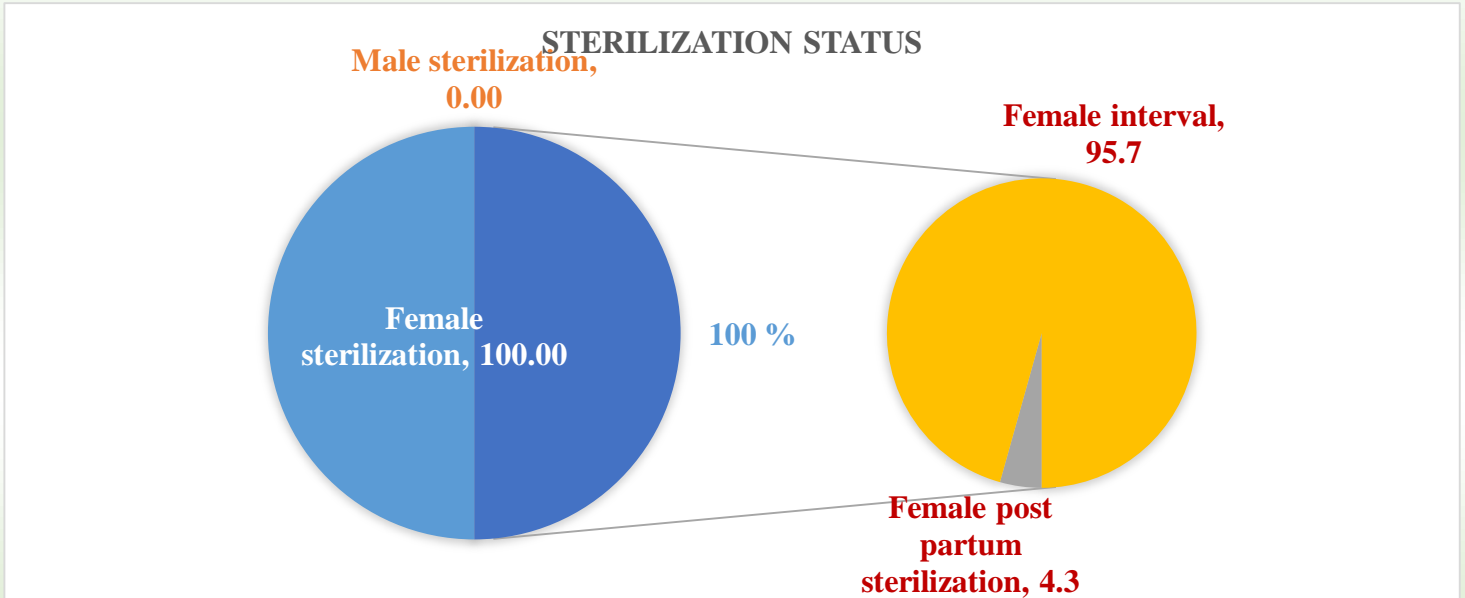
Training Status:



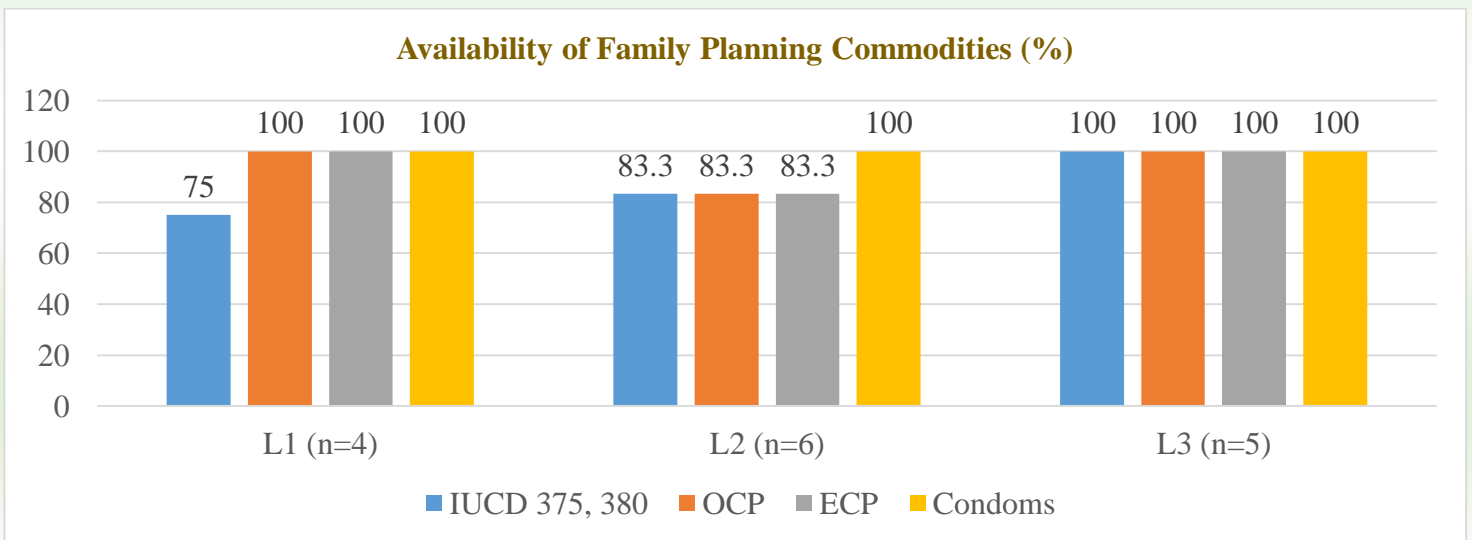
Training of staff nurses/ANMs in NSSK and SBA is poor at all level of facilities as well as for Medical officers. Availability of SBA trained manpower at delivery points is a major concerned.

Family planning Status:

Sterilization Status:

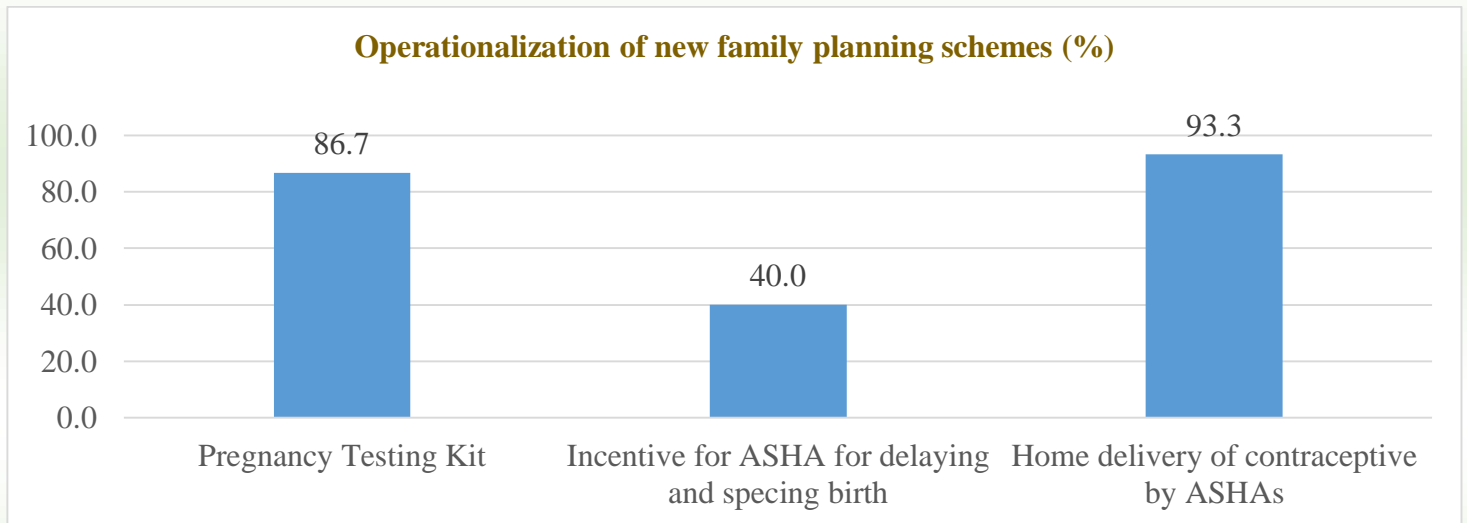


Availability of new family planning commodities:



Male sterilization is very poor throughout the facility. Availability of IUCD, OCP and ECP is not adequate at L2 level of facility.

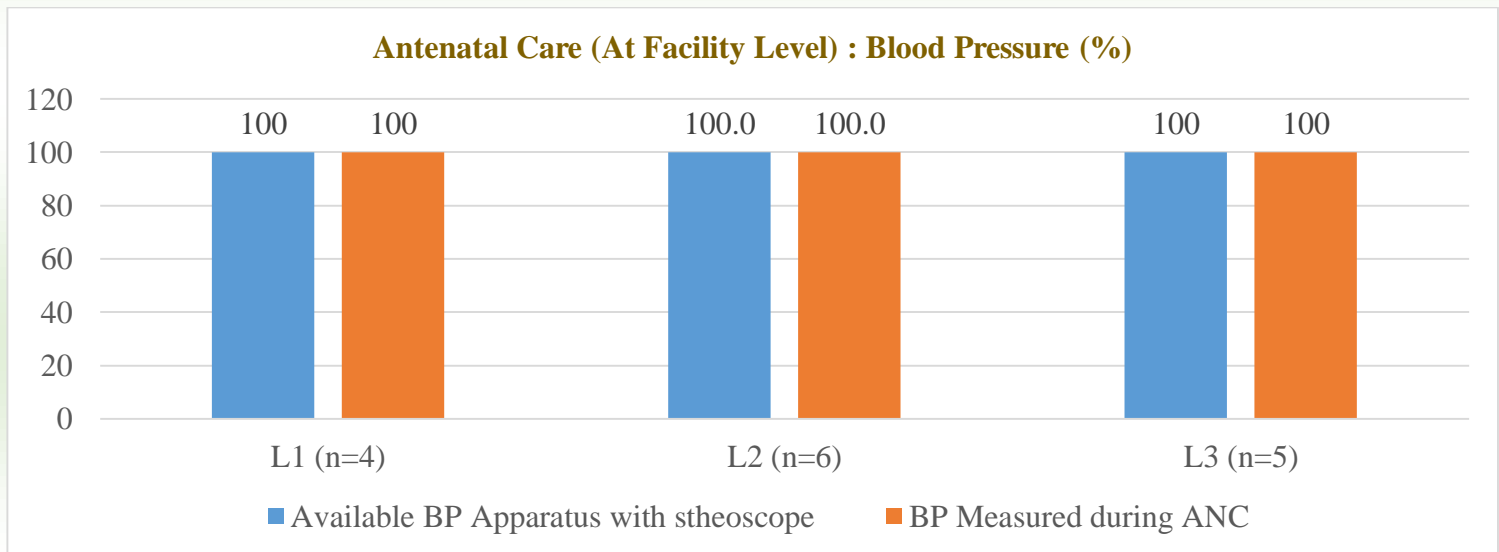
Operationalization of new family planning schemes:



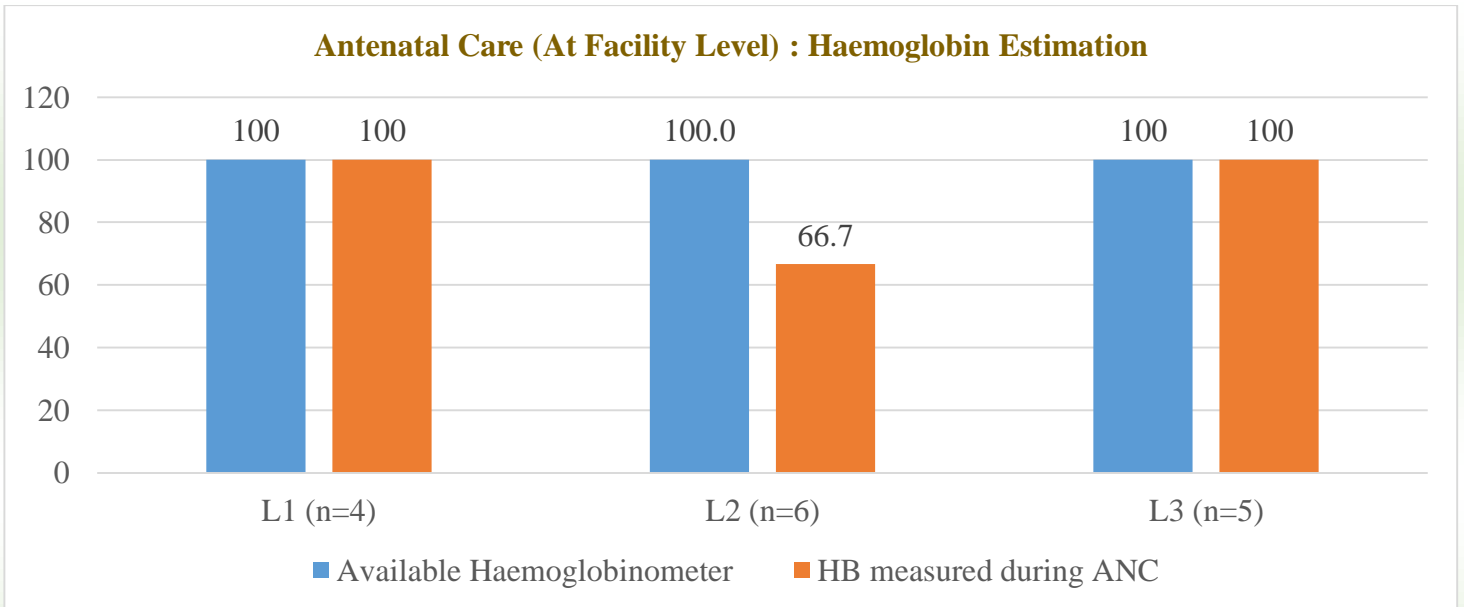
40% facilities are provided incentive of ASHA for delaying and spacing at birth. Incentive for ASHA provided at Leh, Poonch and Rajouri as per the monitoring report for the month of September'15.

Maternal Health:

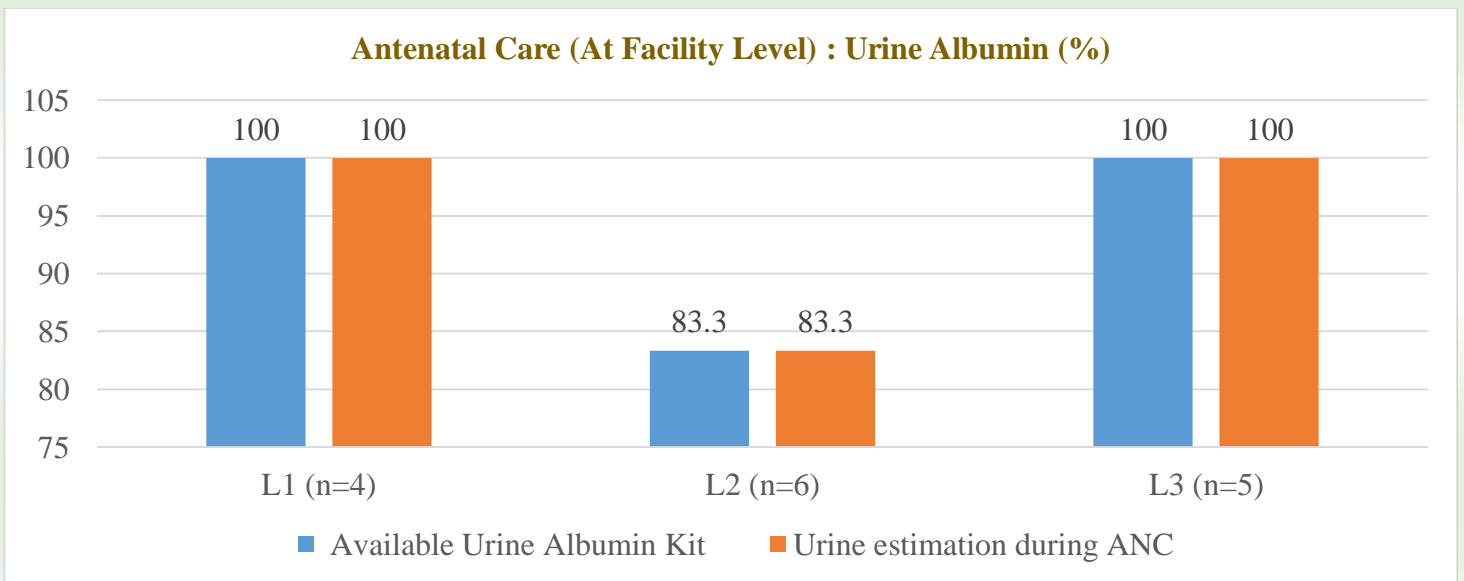
Antenatal Care:



BP is being taken at all level during ANC.

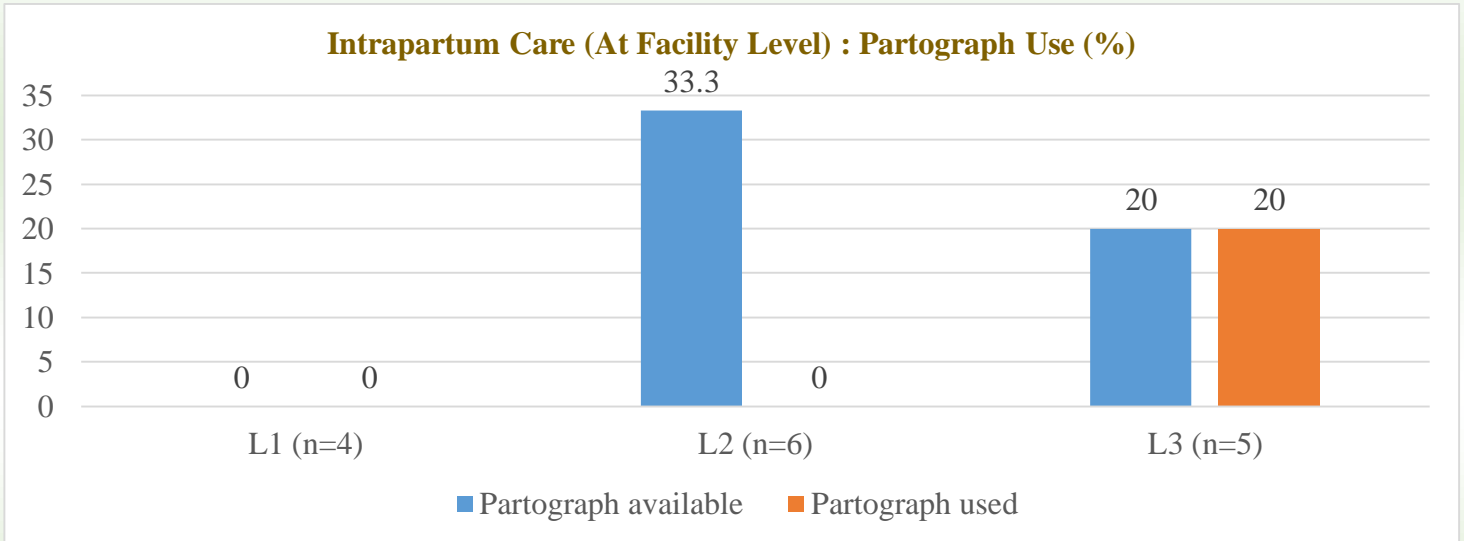


Except L2 level of facility Haemoglobin is measured, only 66.7% facilities measured Haemoglobin during ANC. HB% not being conducted at SC Sigdi (Kishtwar) and PHC Bhatadurian (Poonch).

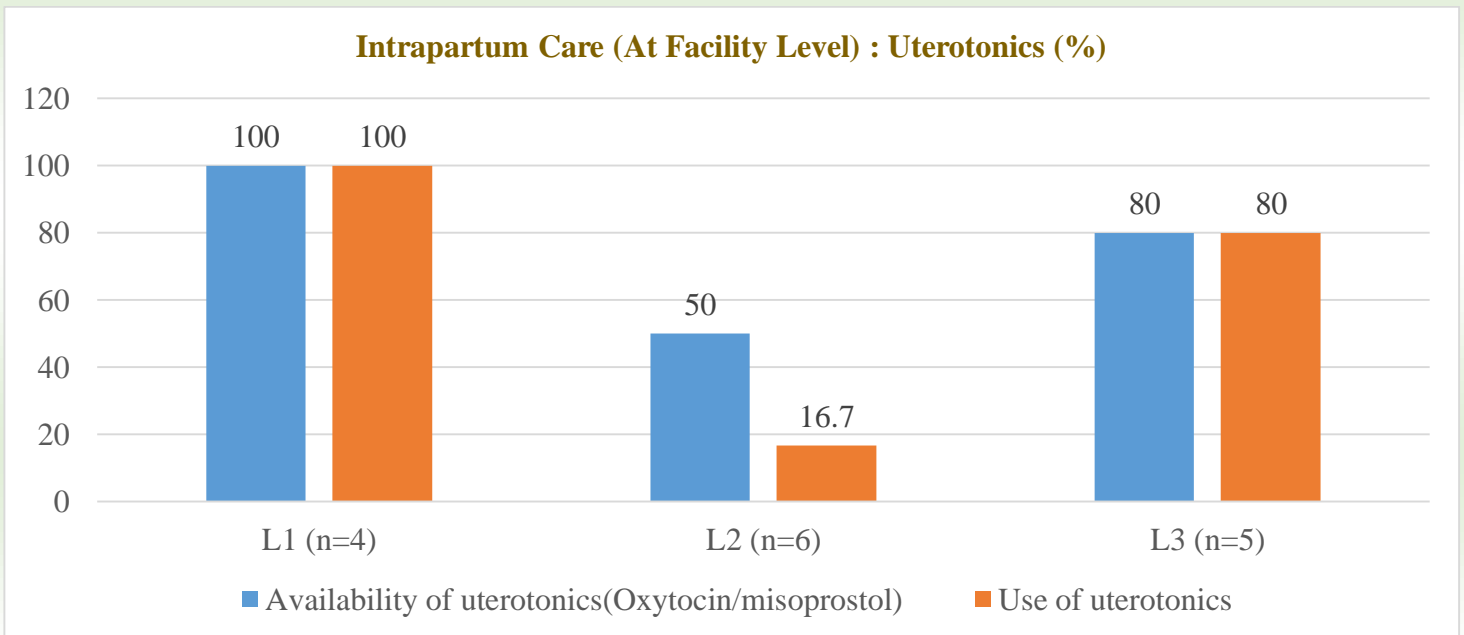


All the L1 and L3 facilities are conducting Urine Albumin Tests during ANC but it was found that only 83% L2 facilities have urine albumin testing kit. There is no provision of Urine Albumin testing kit at S Sigdi (Kishtwar).

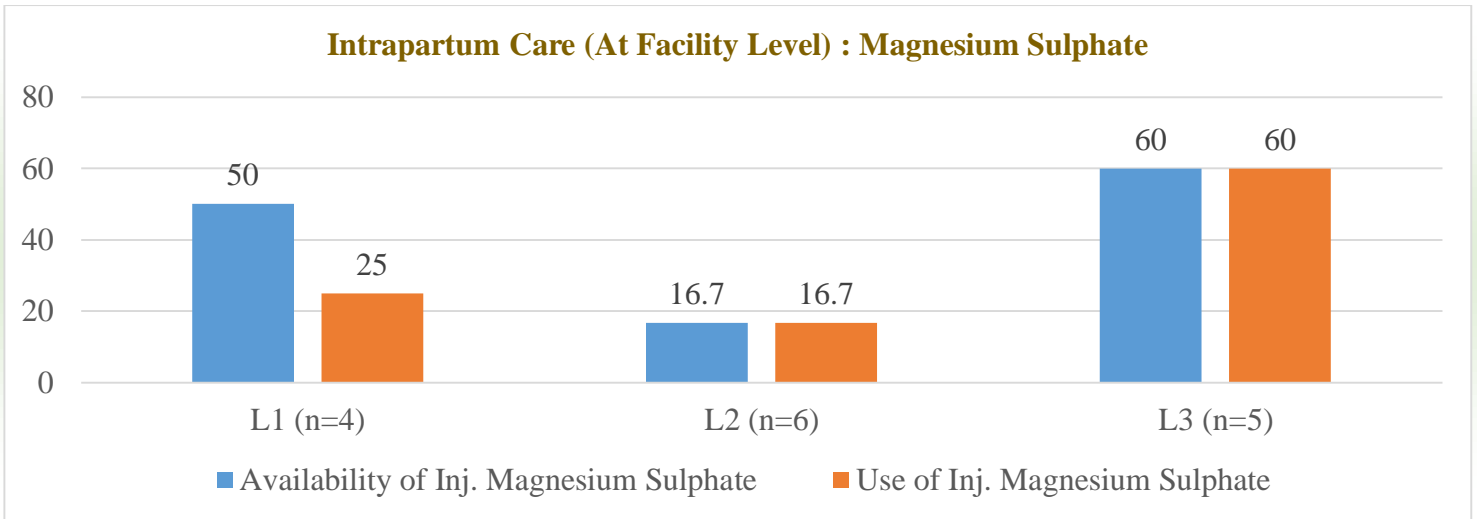
Intra partum Care:



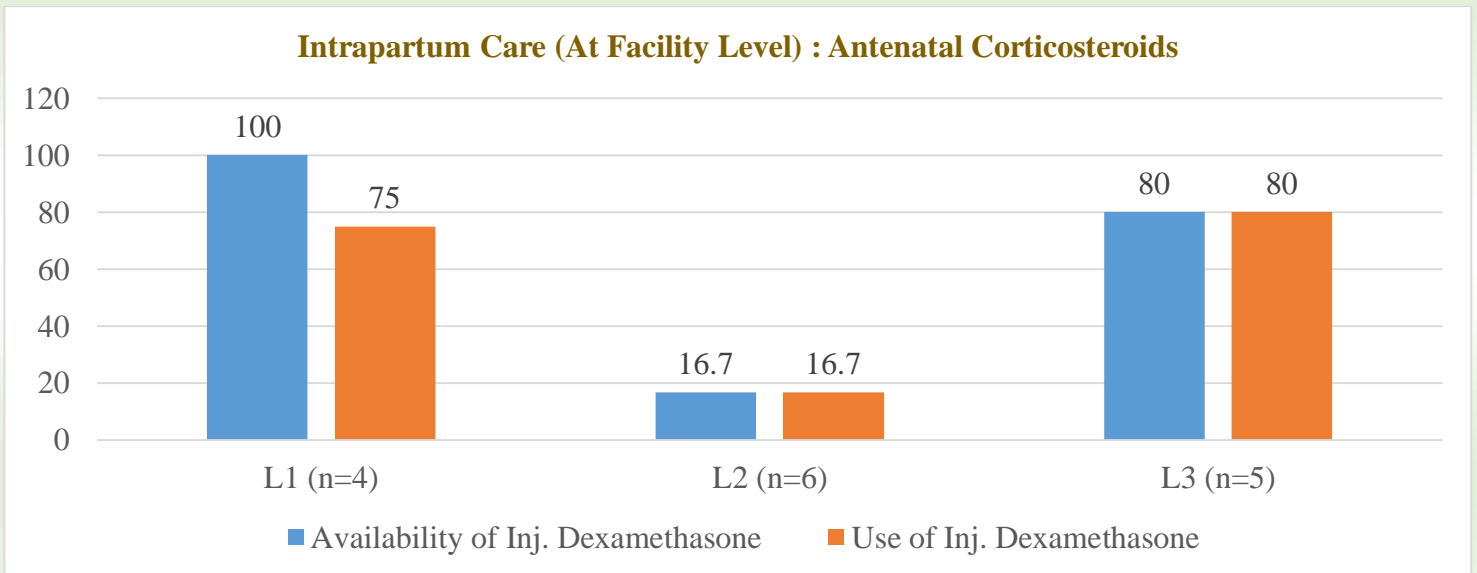
Partograph availability and its use is a major problem throughout all level of facilities. Only 20% L3 facilities are followed Partograph for monitoring the progress of labour.



It was found that 50% L2 facilities have uterotonic drugs (Oxytocin/Misoprostol) and its used in only 16.7% L2 facilities. 20% L3 facilities doesn't have the uterotonic drugs (Oxytocin/Misoprostol). None of L2 facilities used uterotonic drugs.

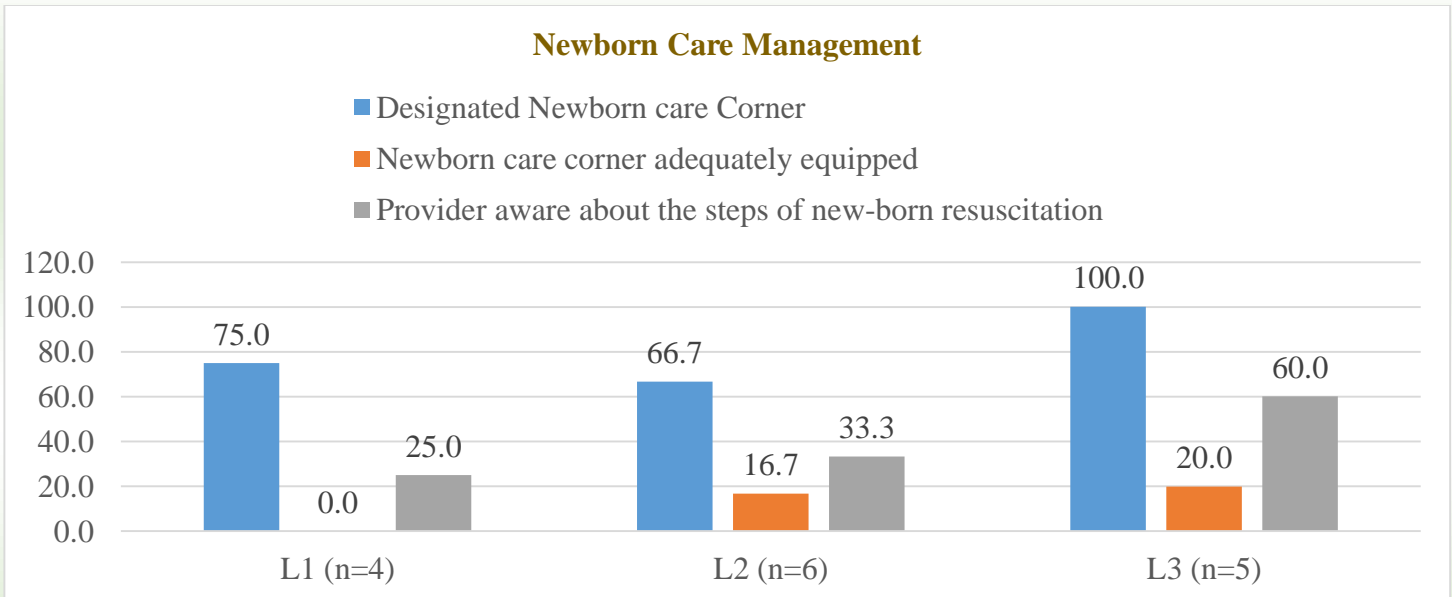


Use of Inj. Magnesium Sulphate for management of eclampsial and Pre-eclampsia is a major concern at all level of facilities. 16.7% L2 facilities are providing the Inj. Magsulph. 40% L3 facilities don't have Inj. Magnesium Sulphate at the time of monitoring.

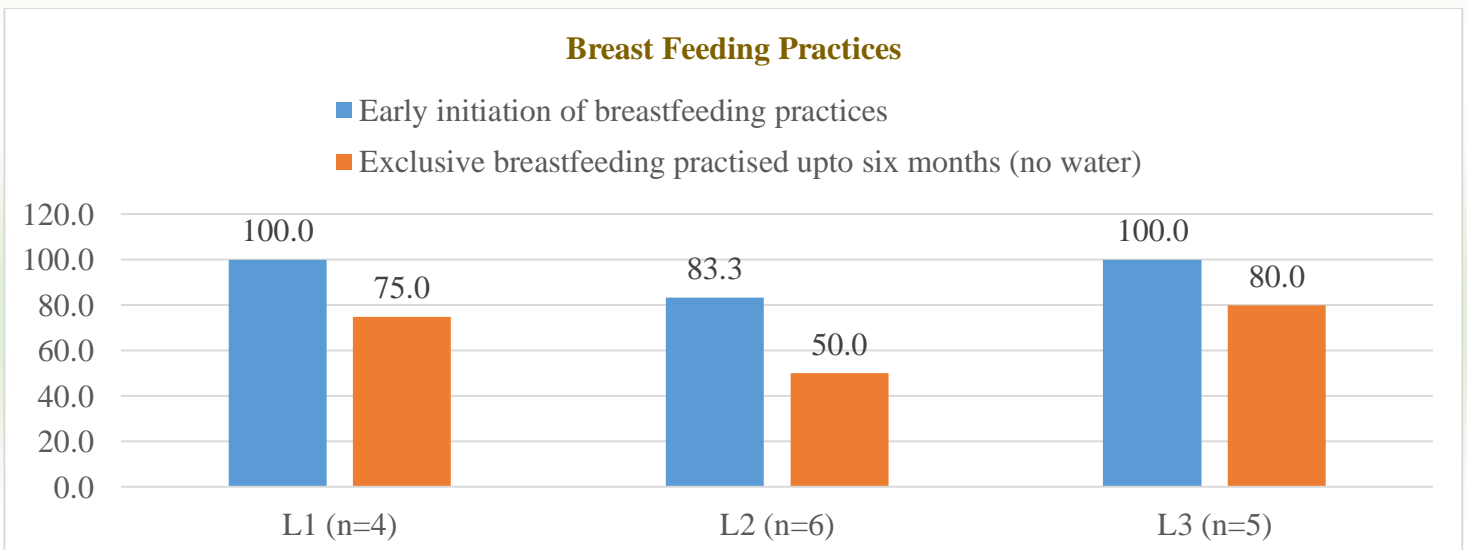


Use of Antenatal Corticosteroids is also a major problem at L2 level of facilities. Doda and Ramban districts have major problem in administrating Inj. Dexamethasone.

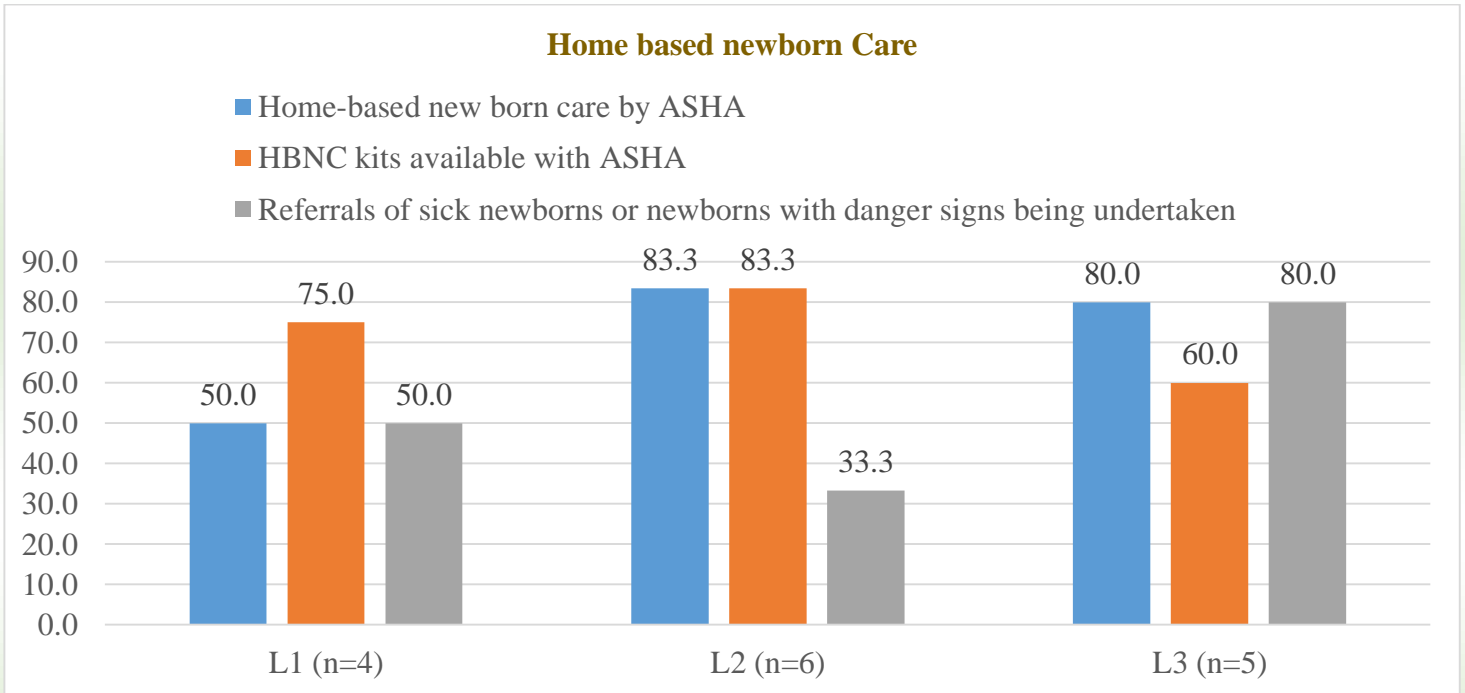
Newborn Health:



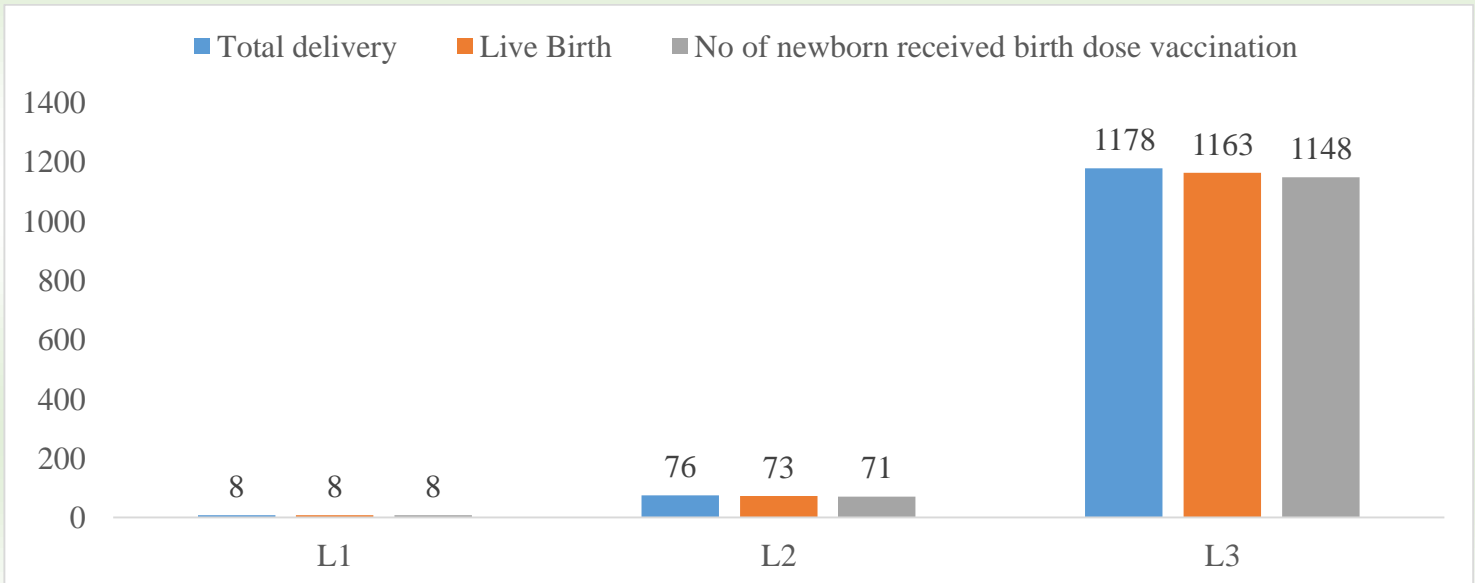
25% L1 level delivery points and near about 33% L2 level facilities don't have designated NBCC. At L3 level only 20% NBCCs are well equipped. Knowledge of labour room staff on newborn resuscitation is very poor throughout all facilities.



Early initiation of breast feeding is being promoted in all level of facilities but the exclusive breast feeding is poor at Doda and Ramban.

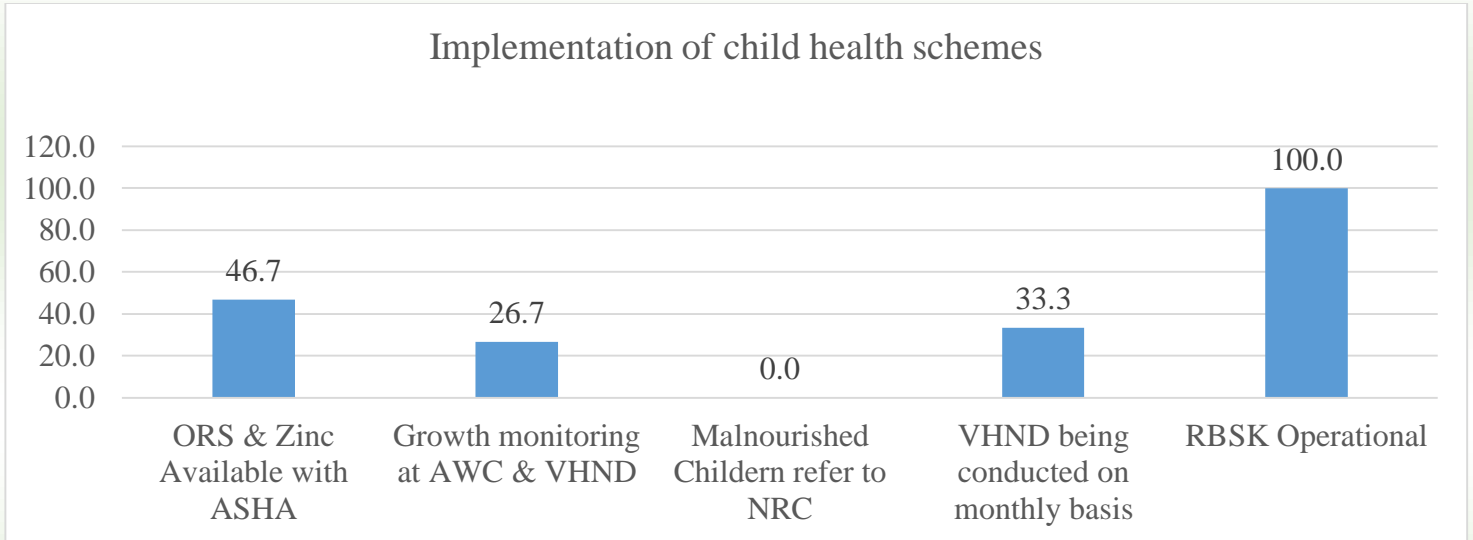


Home based newborn care through ASHA is poor at Kishtwar and Rajouri. Availability of HBNC Kits is also a problem.

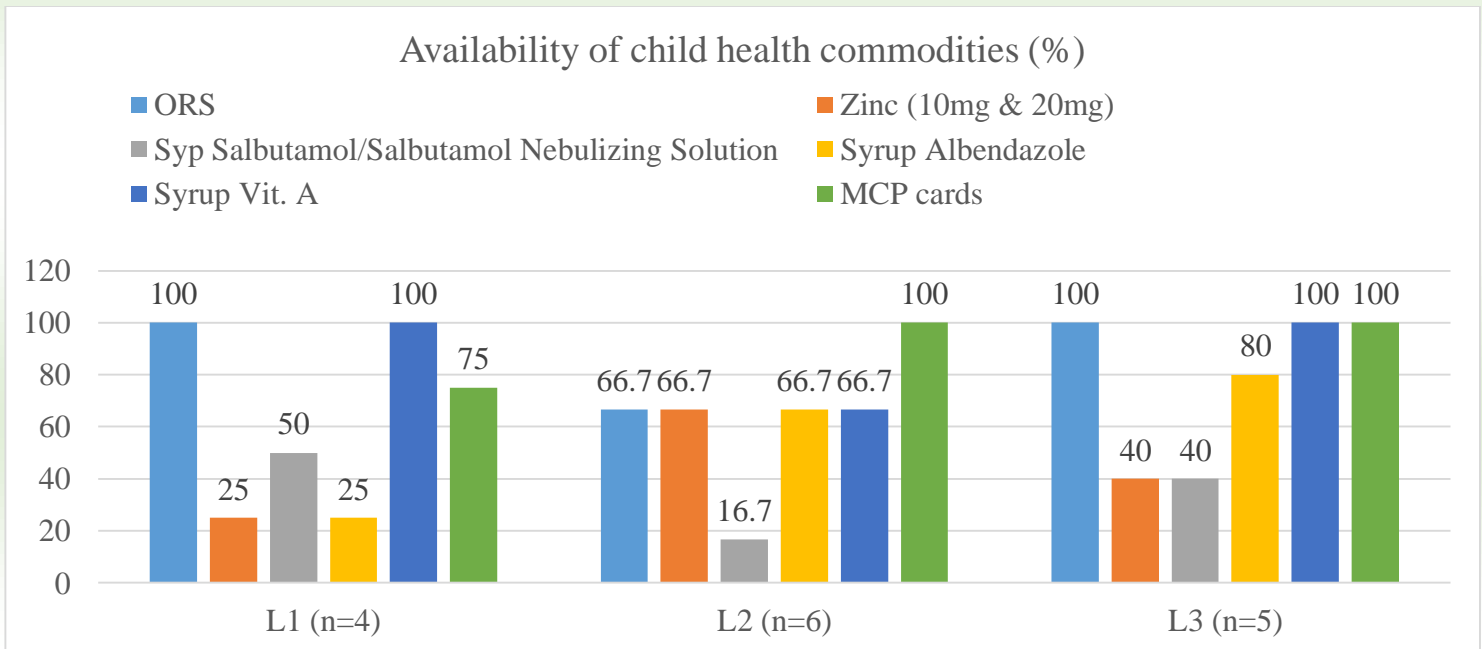


Birth doses of vaccination are being provided in most of the facilities.

Child Health:

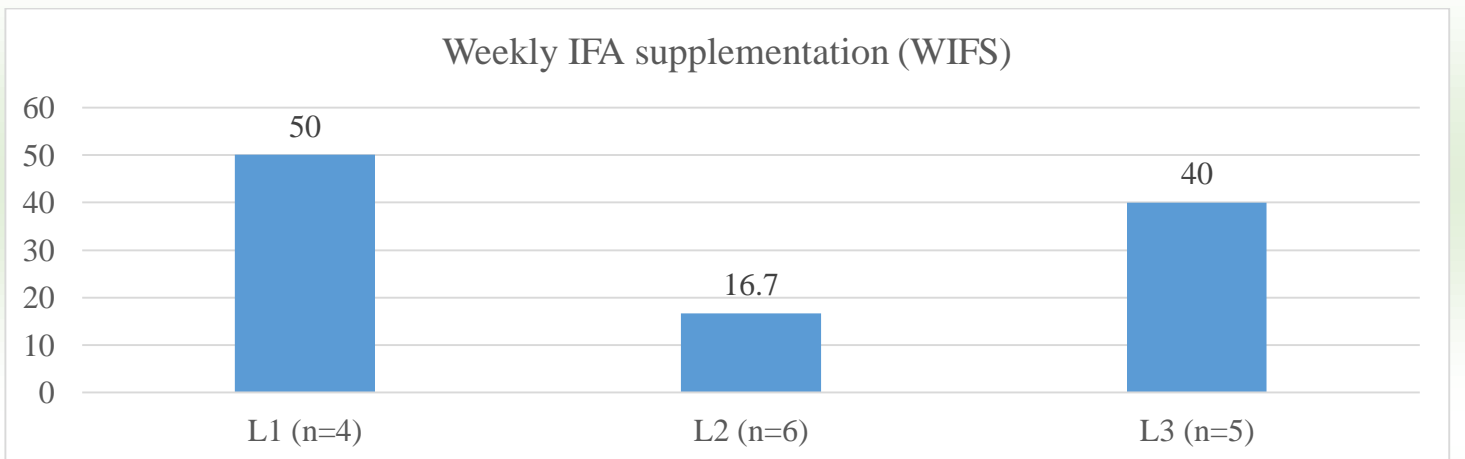
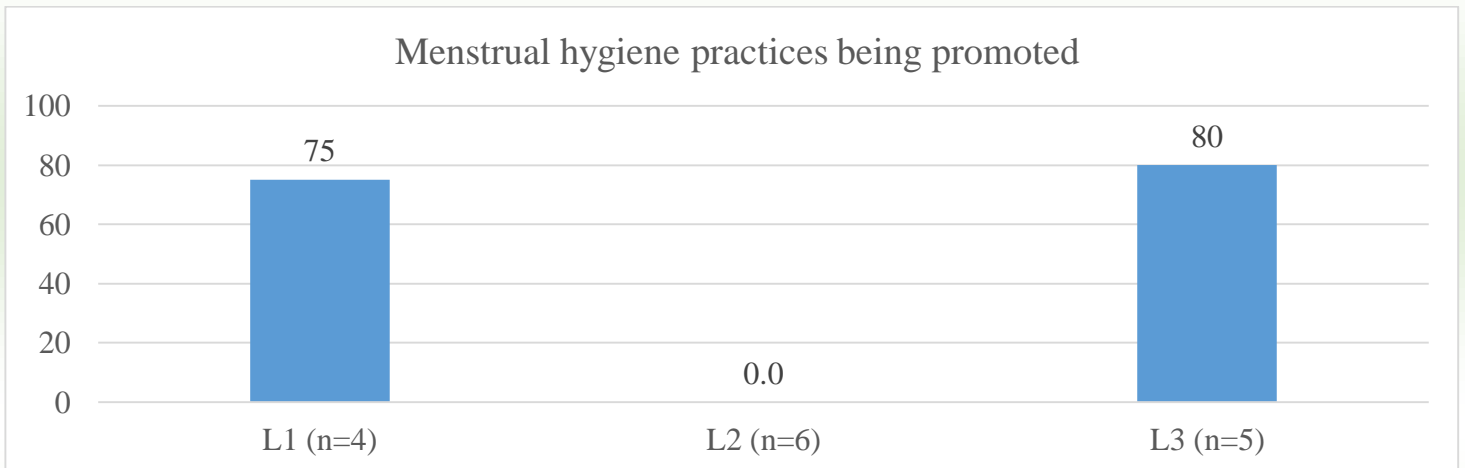
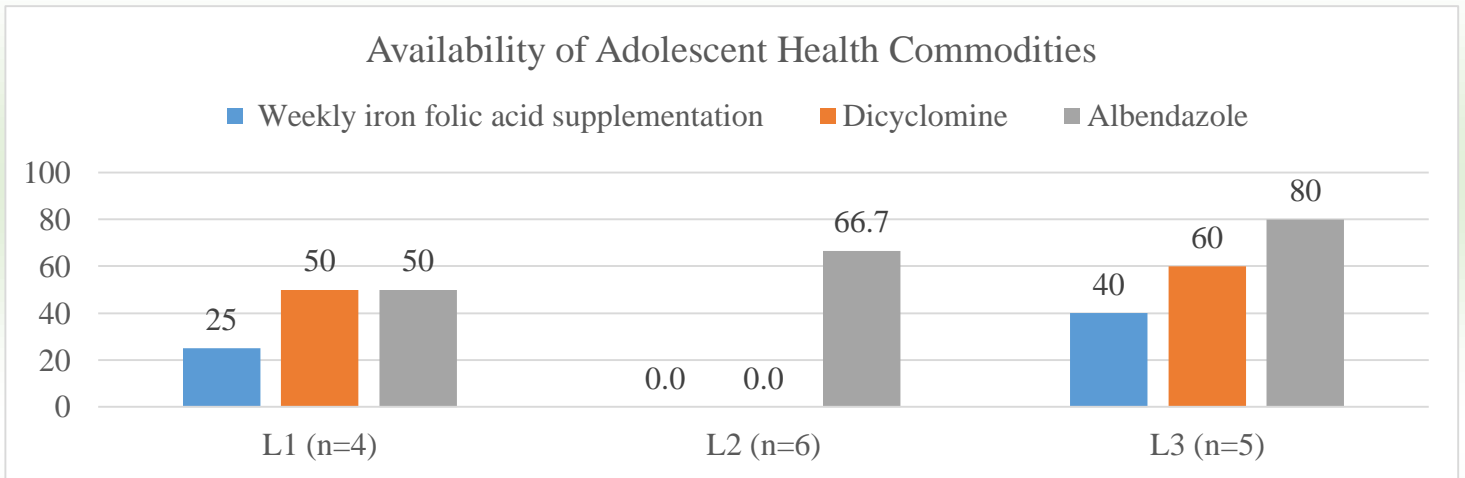


Availability of ORS and Zinc is a major problem throughout the districts, only 46% facilities have ORS and Zinc with ASHAs.



Only 66.7% L2 level facilities have Vit. A syrup. MCP card was not found available at PHC Kala Chatyar. Availability of Zinc is a major problem in districts.

Adolescent Health:



Availability and implementation of adolescent health programme is a major problem in all districts.

District wise Status of Village Health and Nutrition Day (VHND) Monitoring:

District Doda: Kilani AWC-1, SC Name: Malhori, Block Name: Asaar

Health Care Service Delivery: Service delivery part likes immunization, maternal and child health services was not provided at VHND site.

Growth Monitoring: In VHND site growth chart is available but no growth monitoring was done at session site.

Counselling: Following topics were discussed in VHND session:

- Antenatal care

- Nutrition for pregnant women
- Family planning method

Action Taken:

- Review of growth monitoring chart and demonstrate how to fill growth chart.
- Directed to ASHA about HBNC visit and how to identify danger signs in mother as well as new born.

District: Doda Name of the Session Site: Kilani AWC-1, SC Name: Kilani, Block Name: Asaar

Health Care Service Delivery: In VHND session site frontline worker (ANM, AWW ASHA) were present that shows the good inter sectorial convergence between the health workers of two different department. But if we see the service delivery part likes immunization, maternal and child health services were not provided at VHND site.

Growth Monitoring: Growth chart is available but no growth monitoring was done at session site.

Counselling: Following topics were discussed in VHND session

- Antenatal care
- Nutrition for pregnant women
- Family planning method

Drugs/Vaccine and other consumable availability: in session site no drugs and consumable available.

VHND Reporting Mechanism of the health worker:

- On monthly basis health worker reporting to health facility in VHND reporting format

Action Taken: Review of growth monitoring chart and demonstrate how to fill growth chart.

District: Kishtwar, Name of the Session Site: AWC-Dewaroo B SC Name: Melan Block Name: Kishtwar

Major Observation:

Health Care Service Delivery:

1. VHND session held as per the calendar both ANM, AWW & AWH were available including the ASHA.
2. As the day also included the RI Session and almost 06 children's were vaccinated for different types of vaccines, and 1 PW got their ANC Checkup done, the ANM & the ASHA was having due list for beneficiaries as well as for Children's who were on due.
3. While enquiring about the involvement of the officials from Health department, member of VHSNC/PRI or the ICDS Supervisor, the Pharmacist/AWW said that no official show up till now including the ICDS Supervisor.
4. On the day of session the beneficiaries were mobilized by the ASHA after enquiring from some of the beneficiaries.
5. In Immunization service delivery the following vaccines were available at the session site :
 - Measles(Time of reconstitution was written on vial)
 - BCG
 - Pentavalent
 - TT
6. In Maternal Health Service delivery the PW's only get TT doses and counselling on dietary

and other relevant services, and rest of the services like Weight, Hb testing, Blood Pressure checkup and other related investigations are done at the facility.

7. In child Health service delivery all related counselling is being provided.
8. In family planning services only counselling is being given.
9. Group meetings are being conducted depending upon the no of beneficiaries available.

Growth Monitoring:

1. Growth monitoring charts for boys and girls are not available in the session site and as per AWW they are monitoring the weight of children's from 0-5 years of age on the old format given by the ICDS Department which was very much visible and maintained.
2. Community Growth chart is not available in the AWC.

Counselling:

Counselling on topics like Antenatal Care, Birth preparedness & complication readiness, Importance of Institutional Delivery, Breast Feeding, Spacing Methods & Hygiene & Sanitation, etc. were covered.

Drugs/Vaccine and other consumable availability:

At the session site the logistics/Supplies which should be available for running a smooth VHND, below mentioned are the logistics/Supplies which were available:

Logistics/Supplies which were available at session site	Logistics which should be available at session site
<ul style="list-style-type: none"> • Weighing Scale(machine) for baby-new born • AD Syringes • Nutrition supplement from ICDS • Thermometer • Registers • ORS Packets • Oral Contraceptives • Condoms • Emergency Pills 	<ul style="list-style-type: none"> • BP Instrument & Stethoscope • Examination table • Weighing Scale(machine) for adults • Growth chart for boys & girls. • Functional Hub Cutter • Zinc tablets • Anti-helminthic tablets • Cotrimoxazole tablets • IFA Tablets • Paracetamol • PTK's • Hb testing Kit • Urine testing kits • Red & Black bags • IEC material/IPC material • Due list of beneficiaries • MCPC • Referral Cards/Slips

For running a smooth VHND session the above mentioned logistics/Supplies should be available so that the beneficiary will get all the services at the door step within the community including the counselling on various health issues which will in turn benefit the community.

VHND Reporting Mechanism of the health worker:

The reporting mechanism of VHND is the monthly format which they are giving on monthly basis and some VHND Reporting details are given in that format and that format goes to the block head for further compilation and updation.

District: Poonch, Name of the Session Site: AWC Kankote Mohalla Malka Ward No. SC Name: Nangali
Sahib Block Name: Mandi

Major Observation (both positive and negative):

Health Care Service Delivery:

1. VHND session was held as per Microplan.
2. Beneficiaries were mobilized to session site by ASHA.
3. ANM, AWW, AWH and ASHA were present in the VHND. (Member of VHSC/PRI, supervisor from health department, supervisor from ICDS department were not present)
4. Logistics like BP instrument, stethoscope, Foetoscope, Weighing scale Adult, Growth chart for boys and girls, vaccines, ORS, Zn, IFA (large and small), Hemoglobin testing kit, EC Pills, Red and black bag, Blank MCP card, Referral cards were NOT available.
5. Paracetamol, Pregnancy testing kit, Condoms and contraceptives were available.
6. Reproductive and Child health related IEC material like Banner, wall writing, poster, Flip charts, were not available.
7. Due list had been prepared by ASHA the day before VHND and submitted to ANM but the same was not carried to VHND site by the ANM.
8. Weighing machine (New born and child) was available but weight was not taken of any beneficiary and hence weight was not plotted on growth charts.
9. Counselling on Family planning methods and breast feeding was done
10. ASHA was aware of her role in VHND but ANM and AWW were not aware of their roles.
11. Documentation was poor. Services provided during VHND were not documented properly.
12. Beneficiaries who had come for services were not carrying MCP card with them.

Growth Monitoring: Growth monitoring is not done. WHO Growth charts for boys and girls are not available.

Counselling: Counselling on Family planning methods and breast feeding was done

Drugs/Vaccine and other consumable availability: Only Paracetamol, condoms, pregnancy testing kits, contraceptives, and sanitary napkins were available

VHND Reporting Mechanism of the health worker: ANM is submitting VHND checklist to BM & EO

Action Taken:

1. Sensitized ANM, ASHA, and AWW about their role in VHND.
2. Sensitized them about how to document services given in VHND
3. Reported to CMO and BMO about the Gaps.

District: Ramban, Name of the Session Site: AWC Digdol Population (approx.): 580.. SC Name: Digdol
Block Name: Batote

Major Observation:

Health Care Service Delivery: There is only one AWC within jurisdiction of SHC Digdol which cater population of 580. The people are generally aware about the immunization and people report for vaccination of their children's on scheduled dates. The total population is 580 out of which 80 are eligible couples. The 30 have already gone sterilization through private and public means. The PWs are aware about ANC checkups. The counter foil of MCP cards are not maintained. The same has been conveyed to staff and asked to maintain the tickler box. The VHND have also geared up and have now started for proper ANC checkups and counseling. The medicines have also being taken to session site which was not in practice before sensitization

Growth Monitoring: The growth monitoring was lacking during VHND but after sensitization the same has started the plotting of weight of children's on chart

Counselling: The counseling was not but after sensitization they started counseling PWs about ANC checkups, vaccines, hygiene and nutrition. The also started counselling the eligible couples about family planning services and also started counseling Adolescent about sanitary napkins and teen age pregnancies

Drugs/Vaccine and other consumable availability: The drugs were carried to the AWC after they were fully sensitized about VHND guidelines.

Meeting Attended Status:

District level monthly meeting attended by District Coordinator Ramban and a presentation on key RMNCH+A indicators was shown in the meeting. Other issues like performance of MCTS, status of MDR were also discussed by the District Coordinator. RKS meeting was attended by District Coordinator Kishtwar and help district in preparation of presentation. ASHA functionality meeting at Leh district was also attended by District Coordinator Leh where monitoring finding on ASHA's activities also presented. District level RBSK meeting attended by District Coordinator of Ramban District.

Model Delivery Point visit:

Twelve number of delivery points selected to be strengthen as a Model Delivery Point at district level. Standard registers, availability of trays have been already done. Advocacy done at district level for SBA and NSSK training of labour room staff especially for MDP. Time to time necessary report has been shared with state on MDP findings. A rapid assessment of selected MDP has been planned by SRU and it will be completed by the end of November'15. An action plan will be developed for the coming year and necessary budgeting will be done for the year 2016-17.

DHAP Monitoring

District wise budget sheet shared with all District Coordinators for follow up. Monitoring of fund released also done during Supportive Supervision visit. A report will be submitted to state by the end of October about the implementation of budget approved based on the previous year gap assessment.

Other Activities:

1. Monitoring of SNCU

SNCU District Hospital Doda:

- There is no separate unit for inborn and out born
- Step down unit present but it is nonfunctional, Medical superintendent assured that step down area may be functional as soon as possible.
- Breast feeding room is not functional.
- Admission criteria not followed in SNCU.
- Standard registers are not available
- SNCU Protocol posters displayed in SNCU

SNCU District Hospital Poonch:

- Care at birth is provided including resuscitation of asphyxiated newborns.
- Sick newborns are managed except mechanical ventilation and major surgical interventions.
- Referral services are provided.
- Weighing of newborns done at the time of admission
- Managing of low birth weight infants.
- Infection prevention practices are followed.
- SNCU register is maintained well.
- Referral register is not maintained (Referral slip is given and copy of referral slip is kept)
- SNCU protocol posters are not displayed.(Have been sent for printing)
- There is no mechanism of follow up.
- Colour coded bins are not available.

SNCU District Hospital Rajouri:

- SNCU Protocol posters are not displayed inside the SNCU
 - Sanction breastfeeding room are used by doctor to sit while mothers are feed their child in waiting area on bench.
 - Drug received and consumption not properly maintained.
 - Two radiant warmer is not working and used as a medicine table.
-

- X-ray machine not working as care giver told.
- FBNC trained staff was not present at time of visit
- Follow up of mechanism is poor of SNCU

SNCU District Hospital Ramban:

- There is no Paedtrician at SNCU
- The Staff posted at SNCU Ramban have not received any training like FBNC,NSSK and IMINCI
- There are no protocol posters displayed in SNCU
- The standard SNCU Register is not implemented
- There is no management of LBW and preterm babies and mostly they are referred
- There are two ANMs posted for SNCU but both have not received any training
- There are 2 doctors posted for SNCU but both are not mostly available in SNCU
- There is no out born case registered at SNCU Ramban
- There are 8 radiant warmers out of which one is non-functional

SNCU District Hospital Kishtwar:

- Endotracheal tubes are not available.
- Only the doctor is doing the resuscitation but rest of the staffs are not well oriented on the resuscitation process.
- Referral is mostly in born, the percentage of out born is less.
- Knowledge and the skill practice need to impart to the supporting staff.
- Follow up is prescribed by the Doctor through a proper prescription mechanism, whether referred outside or managed by the facility.
- All registers and the reporting formats are available.
- Separate cabin for Breast feeding is available but is not in use.
- Follow up at high risk newborns not done
- There is no provision of bed for the mother of out born.
- SNCU protocol posters are not available (printing is in process).

2. Monitoring of AFHC at Doda District:

- Clinical services were not reported in AFHC clinic in the first quarter of the report: A discussion with district program management unit as well as Medical superintendent was held and they said although we were providing clinical services to adolescent in OPD hours but the location of clinics should be in ground floor that would be help to us to start clinical services.
- No IEC was displayed in AFHC clinic : some IEC was shared to district program management unit

3. Monitoring of DEIC, Doda District

On instruction of higher authorities staff engaged under RBSK will perform their roster duty because of this referral from field was decrease.

S.NO.	Month	No of referral
1	May	150
2	June	184
3	July	133
4	August	62

As discussed with DEIC manager in month of august 50% patient comes directly from OPD not in the field because of this RBSK program was hampered.

Recommendation:

- Staff who is trained in the SBA, NSSK be kept in the Labor Room only. They are on roster duty and are placed in other wards / sections too presently.
- Availability of uteronic drugs need to be ensured at delivery points
- Inj. Magnesium Sulphate, Inj. Dexamethasone must be kept in labour room
- NBCC must be well equipped and labour room staff need to be oriented in Essential Newborn Care Management.
- Delivery Trays must be maintained as per MNH tool kit.
- Cleanliness of the Labor Table is one of the weak component observed, nursing staff and cleaning staff must be trained in infection prevention, BMW etc.
- Standardized and printed labor register, reporting formats must be kept in LR, NBCC, SNCU
- LR protocols posters must be displayed as per the specification
- Duty roster, numbers of ambulance driver, diet chart with all details must be displaced at outside the nursing station, inside the nursing station and at prominent places respectively.
- Renewal of Blood Bank license is very much required
- Strengthening of NBCC and ENBC Management through orientation at facility level
- Give importance of monitoring findings of District Coordinator-RMNCH+A

Conclusion

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

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

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

Annexure: Facility wise details monitoring status

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