



**SUPPORTIVE SUPERVISION  
VISIT REPORT  
KISHTWAR, DODA & RAMBAN**

**NATIONAL HEALTH MISSION  
JAMMU & KASHMIR**

## Supportive Supervision at District Kihstwar, Doda and Ramban

Facility wise Supportive Supervision was carried out by a state team from State Health Society, NHM comprising of State Coordinator RMNCH+A, Asst. Programme Manager (Maternal Health) and Asst. Programme Manager (Child Health), from 30th August to 5th September-2016. Details observations were taken from each facility to evaluate the current situation of the facility functionalities. In addition to this, suggestions for improvement were given to the concern employees of the facility for the betterment of RMNCH+A services.

### Team Members:

Mr. Tapas Chatterjee	State RMNCH+A Coordinator, State RMNCH+A Unit, J&K
Dr. Imtiyaz Shakeel	APM, Child Health, SHS,NHM,J&K
Dr. Irfan Suhail	APM, Maternal Health, SHS,NHM,J&K.

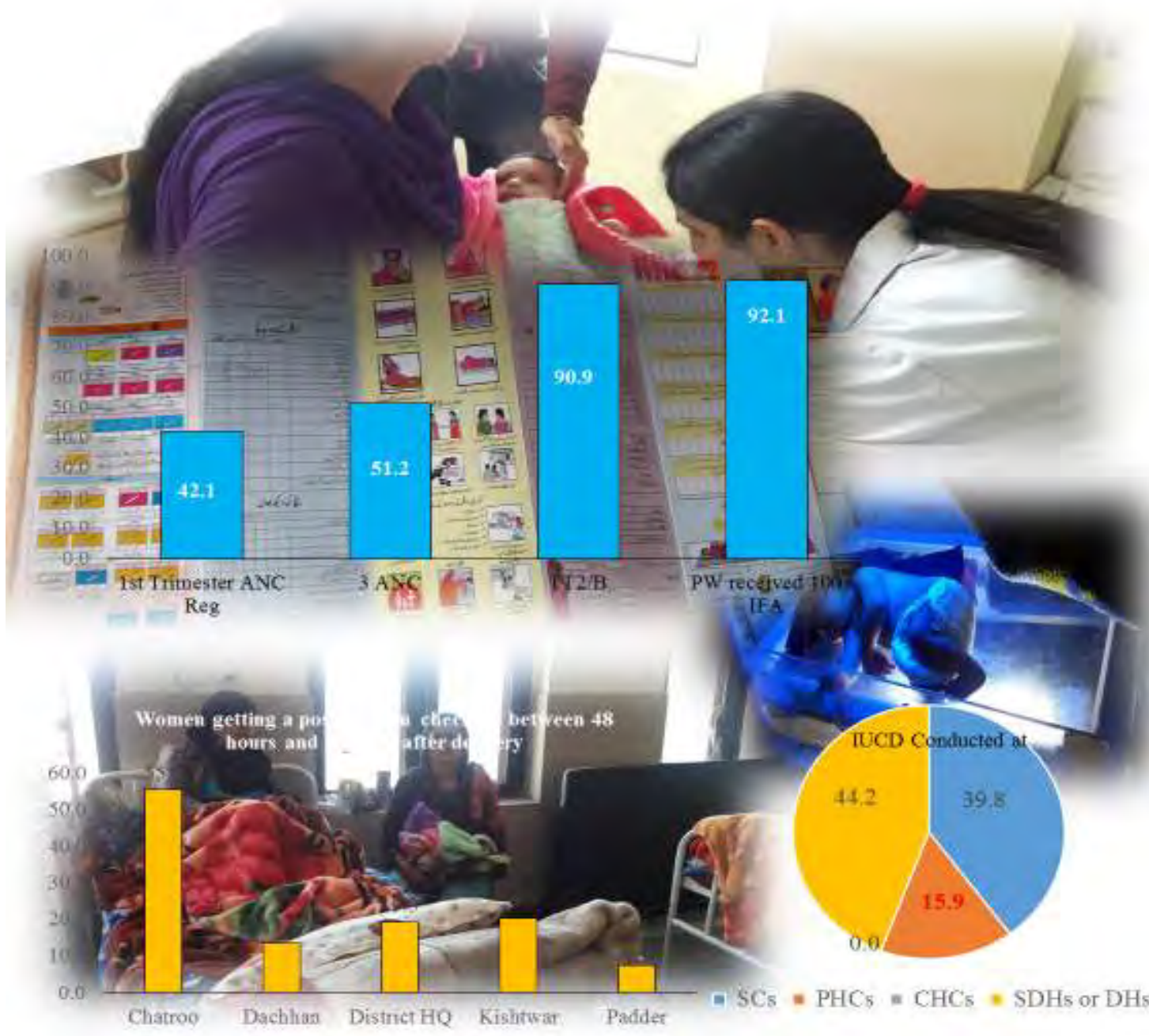
### Facilities covered & activities accomplished:

Sl. No	District	Date	Activities done
1	Kishtwar	30.08.2016	Meeting with CMO, BMOs , DPMU, District Coordinator-RMNC+A & BPMUs on key performance indicators based on HMIS & MCTS
		31.08.2016	Meeting with District ASHA Coordinator (DAC) and BAC along with CMO, Dy.CMO, DHO, DIO, District Coordinator & DPMU
		31.08.2016	Supportive Supervision visit at District Hospital to monitor the progress on RMNCH+A
		31.08.2016	Supportive Supervision visit at PHC Chatroo to monitor the progress on RMNCH+A
2	Doda	01.09.2016	Supportive Supervision visit at CHC Thathri to monitor the progress on RMNCH+A
		01.09.2016	Supportive Supervision visit at PHC Premnagar to monitor the progress on RMNCH+A
		02.09.2016	Supportive Supervision at CHC Bhaderwah, Community monitoring and Meeting with ASHA Facilitator and Block ASHA Coordinator
		03.09.2016	Quarterly RMNCH+A Review Meeting at Doda
		03.09.2016	Supportive Supervision visit at DH Doda
3	Ramban	04.09.2016-05.09.2016	Supportive Supervision visit at DH Ramban and CHC Batote

## District Wise Key Issues

Sl. No	District	Key Issues
1	Kishtwar	<ol style="list-style-type: none"> <li>1. Poor quality of SNCU management. SNs are not aware about Radiant Warmer handling. No bag &amp; musk at SNCU.</li> <li>2. Poor management of SNCU operational cost.</li> <li>3. DEIC is not established though manpower is already hired.</li> <li>4. IYCF Counselling center is not established.</li> <li>5. Hiring of RBSK vehicle is not yet done.</li> <li>6. Poor functioning of ASHA cadre.</li> <li>7. Less number of home visit by ASHA and ANM. HBNC is not as per the desired.</li> <li>8. Poor updation of MCTS data.</li> <li>9. Less number of mothers received postnatal care/post natal visit by ASHAs and ANMs</li> <li>10. ANC registration with 1<sup>st</sup> Trimester at SC level is very poor at Chatroo, Dachhan and Kishtwar blocks.</li> <li>11. IUCD insertion at SC is poor throughout the blocks in the district.</li> <li>12. Poor family planning service delivery.</li> <li>13. Poor monitoring of HMIS and MCTS data at block level.</li> <li>14. Line listing of severely anaemic mothers and their follow up need a special thrust.</li> <li>15. Infant death review not started yet.</li> </ol>
2	Doda	<ol style="list-style-type: none"> <li>1. RBSK team is on roaster duties.</li> <li>2. DEIC is not fully operational in spite of having manpower.</li> <li>3. NRC is not established</li> <li>4. IYCF Counselling center is not established.</li> <li>5. Poor labour room management at Thathri.</li> <li>6. Essential Newborn care is poor.</li> <li>7. ASHA monitoring mechanism need to be strengthened.</li> <li>8. Delivery escorted by ASHA is not as desired. Only 31% delivery escorted by ASHAs.</li> <li>9. ANC registration with 1<sup>st</sup> Trimester at SCs is very poor at Assar block.</li> <li>10. Less number of mothers received postnatal care/post natal visit by ASHAs and ANMs</li> <li>11. IUCD insertion at SC is poor throughout the blocks in the district.</li> <li>12. Poor monitoring of HMIS and MCTS data at block level.</li> <li>13. Line listing of severely anaemic mothers and their follow up need special thrust</li> <li>14. Infant Death review not started yet.</li> </ol>

3	Ramban	<ol style="list-style-type: none"> <li>1. Condition of labour room at District Hospital is poor.</li> <li>2. SNCU is not fully functional</li> <li>3. Service delivery at AFHC is not as desired. As per record adolescent came with cough, fever and back pain were counselled.</li> <li>4. Ensure quality of ANC at all level and special thrust on organizing PMSMA.</li> <li>5. Poor family planning service delivery.</li> <li>6. Poor monitoring of HMIS and MCTS data at block level.</li> <li>7. Line listing of severely anaemic mothers and their follow up need a special thrust.</li> <li>8. Infant death review not started.</li> <li>9. Less number of mothers received postnatal care/post natal visit by ASHAs and ANMs</li> <li>10. Home visit by ASHA is not as per desired level.</li> <li>11. DEIC is not operationalized at DH</li> <li>12. Poor cold chain management at DH</li> </ol>
<p><b>Cross cutting issues</b></p> <ul style="list-style-type: none"> <li>• <b>Pick up of pregnant women from home under JSSK is very poor in all districts. Most of the beneficiaries are hiring vehicle from their own to reach to the facility.</b></li> <li>• <b>Out pocket expenses- procurement of drugs by beneficiaries after delivery.</b></li> <li>• <b>Poor tracking of Pregnant Women and Children by ASHAs and ANMs.</b></li> <li>• <b>Irrational deployment of manpower.</b></li> <li>• <b>Poor monitoring of HMIS and MCTS data by DPMU and BPMU</b></li> <li>• <b>Poor Coordination among ANM-ASHA and DAC-DPMU and BAC-BPMU</b></li> <li>• <b>Poor HBNC visit by ASHA</b></li> <li>• <b>Use of MCPC Card is poor</b></li> <li>• <b>Infant death review not started by districts.</b></li> <li>• <b>Less importance in organizing PMSMA.</b></li> </ul>		



## DISTRICT KISHTWAR

Date	Activities done
30.08.2016	Meeting with CMO, BMOs , DPMU, District Coordinator-RMNC+A & BPMUs on key performance indicators based on HMIS & MCTS
31.08.2016	Meeting with District ASHA Coordinator (DAC) and BAC along with CMO, Dy.CMO, DHO, DIO, District Coordinator & DPMU
31.08.2016	Supportive Supervision visit at District Hospital to monitor the progress on RMNCH+A
31.08.2016	Supportive Supervision visit at PHC Chatroo to monitor the progress on RMNCH+A



## Meeting with CMO-Kishtwar, Dy.CMO, DHO, BMOs, DPMU, District Coordinator and BPMUs

A review meeting was conducted on 30th August 2016 regarding the key performance indicators of district Kishtwar. Followings are the key issues which were discussed during the meeting:



✓ 1st trimester registration of pregnant women is very poor. Only 42% pregnant women registered within 1<sup>st</sup> trimester in the district. Block Dachhan, Kishtwar and Chatroo are the poor performing in the district.

✓ As per HMIS only 51% pregnant women

received 3 ANC whereas as per MCTS it is only 12%. Chatroo and Dachhan are the poor performing blocks in the district

- ✓ Women getting post natal care within 48 hours of delivery is very poor at Dachhan (26%), Kishtwar (10%) and Padder (7%) blocks.
- ✓ Women getting post natal care between 48 hours to 14 days after delivery is very poor at Dachhan (13%), Kishtwar (20%) and Padder (7%).
- ✓ Newborn visited within 24 hours of home delivery is very poor throughout the block. As per HMIS data none of the newborn visited within 24 hours of home delivery by ASHA or ANM at Chatroo and Padder. Home visit by ASHA for HBNC is very poor in the district.
- ✓ Not a single IUCD inserted at SC level at block Chatroo, Dachhan and Padder.
- ✓ Poor updation on MCTS. As per the Immunization data presented in 30<sup>th</sup> August only 2 infants received Pentavalent3 whereas it was 1486 as per HMIS.
- ✓ Issues regarding poor home visit by ASHA and ANM also raised by the BMOs. It was also decided that there must be a strong monitoring mechanism for ASHA.
- ✓ It was decided that every block should analyze the SC wise data and discuss it with ANMs during block monthly meeting.
- ✓ Special thrust will be given on line listing of severely anaemic mother and their follow up.

## Meeting with District ASHA Coordinator & Block ASHA Coordinator

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A Meeting was conducted with District ASHA Coordinator (DAC) and Block ASHA Coordinators (BAC) on 31st August, 2016 at the chamber of CMO along with District Programme Management Unit, Dy. CMO, DIO, DHO and District Coordinator-RMNCH+A. Following issues were flagged and discussed:

- ASHA Cadre monitoring mechanism- It was observed that in spite of having DAC and BACs there is no such monitoring mechanism of ASHA's performance at ground level. During discussion it was found that there was no such records of monitoring even DAC doesn't know the claiming process of filed visit.
- BACs were not aware about the ASHA monitoring mechanism.
- When DAC was asked about the HBNC, she replied that no home visits were reported by her but as per the HBNC report it was 60.
- There is a lack of clarity about their role and ASHA's job profile
- No such cluster meetings were conducted by BACs
- As per DHO (in charge BMO, Chatroo) there is no coordination with BAC and BMO. It was also flagged by the BMO Chatroo that the agenda or discussion point for monthly ASHA meeting didn't share by BAC ever and the date of the said meeting should not be clubbed with block monthly meeting with ANMs.
- Issues were also raised during meeting that the ANMs should be taken out from the charge of DAC and BACs. They should be focused on their prime job.

### Decision taken

- It was decided in the meeting that every BMO shall review the ASHA's performance during monthly ASHA meeting at block level.
- A district level sensitization workshop on ASHA monitoring mechanism will be conducted in coming month with DAC, BAC and AF.
- District ASHA Coordinator shall submit monthly HBNC report to DM&EO on regular basis after proper verification.
- District ASHA Coordinator shall submit a monthly monitoring plan to CMO for approval and after completion of monitoring she will submit a monitoring report or feedback to CMO.

## Key issues: Maternal Health

- Bed condition at post natal ward was unhygienic and there was no clean bed sheet.
- During interview of post natal mothers it was observed that beneficiaries purchased drugs from outside the hospital and it was prescribed by hospital staff.
- It was also observed that none of the MCP Card of post natal mothers was found filled up during ANC and neither ASHA nor ANM visited their home during pregnancy.
- Not a single mother received pic up service under JSSK, all of them used their own vehicle or hired vehicle. As per the report available 28 mothers received drop back facilities, 3 mothers & 2 babies were referred to higher facilities in last month out of 318 deliveries.
- None of the mother escorted by ASHA at the time of delivery.
- Diet was provided to the beneficiaries but diet chart was not found in the facilities.
- There was no dustbin inside the post natal ward.
- Designated Newborn Care Corner (NBCC) is available in the labour room.
- Essential drugs like oxytocin, Inj. Magnesium Sulphate, Inj. Dexamethasone, Inj. Vit-k 1 etc. are



- available in the labour room.
- Labour room protocol posters were displayed properly.
- Standard labour room registers and referral registers were found available and maintained by labour room staff. Records maintenance was very good.

- Vit-K 1 given to all newborn.
- There was no security guard or any restriction of entry at post natal ward.
- Toilet of Post Caesarian section was very dirty and in unhygienic condition.



## Key findings: Newborn and Child Health

### SNCU



- SNCU is functioning at District Hospital Kishtwar but poorly managed.
- 5 RWs and 3 Phototherapy Units were in place inside the SNCU and 6 RWs, Portable X-Ray machine and incubator and suction machine were kept in the store room beside the SNCU.
- Standard Protocol posters were displayed in the SNCUs but not followed.
- There was no bag and mask inside the SNCU but it was found that the ambo bag was stored in the store room but there must be a bag & mask with each Radiant Warmer.
- A baby was admitted in SNCU with complaint of congenital jaundice kept at phototherapy unit covered by a dirty rag.
- Basinet of most of the radiant warmer were found wet and unclean.
- Drap sheets were not found on RW.
- There was no color coded bins available in the SNCU.
- The SNCU Staff Nurse (in-charge) was not

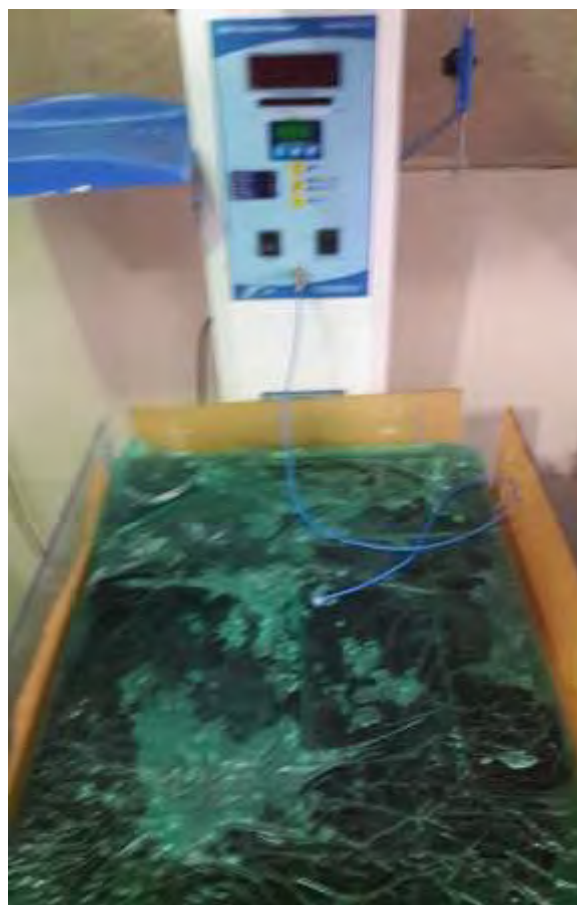
aware how to operate the RW and even she doesn't know how to regulate the temperature but she is handling SNCU since long time.

- There was no provision of computer system and telecommunication system in the SNCU.
- Average admission per day was 2.
- No drug trolley was found inside the SNCU.
- SNCU is not functioning as per standard in spite of having manpower, equipments and funds.
- The Data Entry Operator who is currently handling the accounts of District Hospital never discussed the approved operational cost i.e.



5 lakhs /year with in charge Medical Officer which was released in last F.Y-2015-16.

- During investigation it was found that an amount of Rs 1.65 lakhs were utilized in the month of April'16 for the procurement of SNCU drugs rather than for utilized in consumables and as well as in maintenance of SNCU as per the FBNC guidelines but the SNCU in charge (Medical Officer) have no idea about fund utilization and it was found that maximum number of required consumable were not available.
- National Health Mission J&K in collaboration with UNICEF conducted 2 days orientation training on SNCU Data Management for Medical officers, Staff Nurses & Data Entry Operators at SHS, NHM, J&K. at Divisional office NHM, for daily up loading of SNCU data in SNCU Software portal. But it was observed that no daily up loading of data entry through SNCU Software Portal from last two months at DH Kishtwar. Also monitoring of SNCU data entry is poor.



#### SNCU Staff position-

Staff	NHM	Remark	Training
Pediatrician	1/0	2 Regular Pediatrician are deployed on roster basis.	One of the Pediatricians is trained in F- IMNCI.
MO	4/4	All four Medical Officers are in position.	1 Medical Officer is Trained in FBNC
SN	5/5	1 Regular SN are also deployed on roster basis	Two are trained in FBNC ( 1 Regular and 1 NHM)
LT	1/1	In position	
Cleaning Staff		No dedicated staff is available at present	

## DEIC & RBSK

- DEIC is not established till date in DH though all the manpower are already in place.
- There was a slow pace in establishment of DEIC, CMO ensured that within 2-3 months he will establish the same as per the guideline approved by the MoHFW, GoI.
- Funds have already been transferred to Medical Supplies Corporation, J&K for procurement of essential equipments but till date not a single equipments received by the district.
- When the issue was flagged with Chief Medical Officer Kishtwar regarding the low screening of children by RBSK team, said that there is an issue from last two years regarding the hiring of RBSK vehicle. It was ensured by the chair that the screening will be improved definitely after hiring of vehicles.

## Infant Young Child Feeding (IYCF) Counselling Center

- IYCF Counseling Centre is not established at District Hospital though several communication disseminate from state to district.

## Immunization Section



- Cold Chain maintenance is very poor at Immunization session.
- Staffs have poor knowledge on vaccine and cold chain management.

## Key findings: Adolescent Friendly Health Clinic (AFHC)

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- Both counsellors (male and female) are in place at AFHC.
- There was no adolescent specific IEC at AHFC.
- Necessary equipments for AFHC were not available.
- There was no flipchart or and materials for counseling.
- Outreach activities started recently and monthly 3 to 4 outreach activities conducted by the counsellor
- There is no mechanism for community awareness for adolescent.

# PHC CHATROO

## Key findings: Maternal Health



- Labor room is well maintained and very clean.
  - Step Stool, IV stand, wall clock, wall tiling up to 6ft, Spot lamp, suction machine, and Oxygen cylinder with key and hood, New born weighing scale etc. are available and maintained.
  - Labour protocol posters were displayed in the LR (PPH, AMTSL, labour Room Sterilization, Neonatal resuscitation, and eclampsia).
  - Labour room trays with proper labeling were available as per the MNH tool kit.
  - Running Water is available in the LR.
- Toilet is attached with the LR.
  - NBCC is in place and bag & masks are available.
  - Labour room trays are available with proper labelling.
  - Post Natal Ward also found very clean and in good condition.

## Key findings: Child Health

- Birth dose vaccination given to all newborn babies
- Cold chain found in a good condition with proper vaccine and logistics management.
- Infant death review not started yet.

## Key findings: availability of drugs and consumable

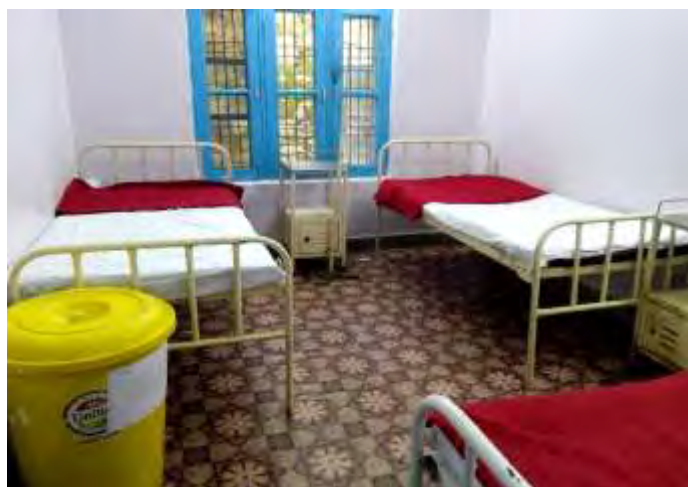
- Inj. Oxytocin is available
- Inj. Vit K, ORS, Zinc are available at the facility
- Mifepristone & Misoprostol available in LR
- Antihypertensive drugs available in LR
- IV Fluids available in the LR
- Inj. Dexamethasone available in the LR
- Antibiotics as per RMNCH+A 5\*5 matrices were found in the facility
- IV Sets & other consumables were found in the facility.
- Pads were available in the LR.



## Key findings: ASHA

A meeting was conducted with 7 ASHA Facilitators at PHC Chatroo and followings are the key observation:

- Role clarity of ASHA Facilitator is not cleared among them.
- As per BMO Chatroo none of the ASHA Facilitators are monitoring ASHAs properly and their report submission is also very poor.
- None of Asha Facilitator visited home of pregnant women or postnatal mothers along with ASHA in last months.
- 2 ASHA Facilitators (ANM) were unauthorized absent from their duty as per BMO in last month and their Sub Centre also found closed at the time of monitoring by BMO.
- Poor Coordination among ASHA Facilitator and Block ASHA Coordinator.

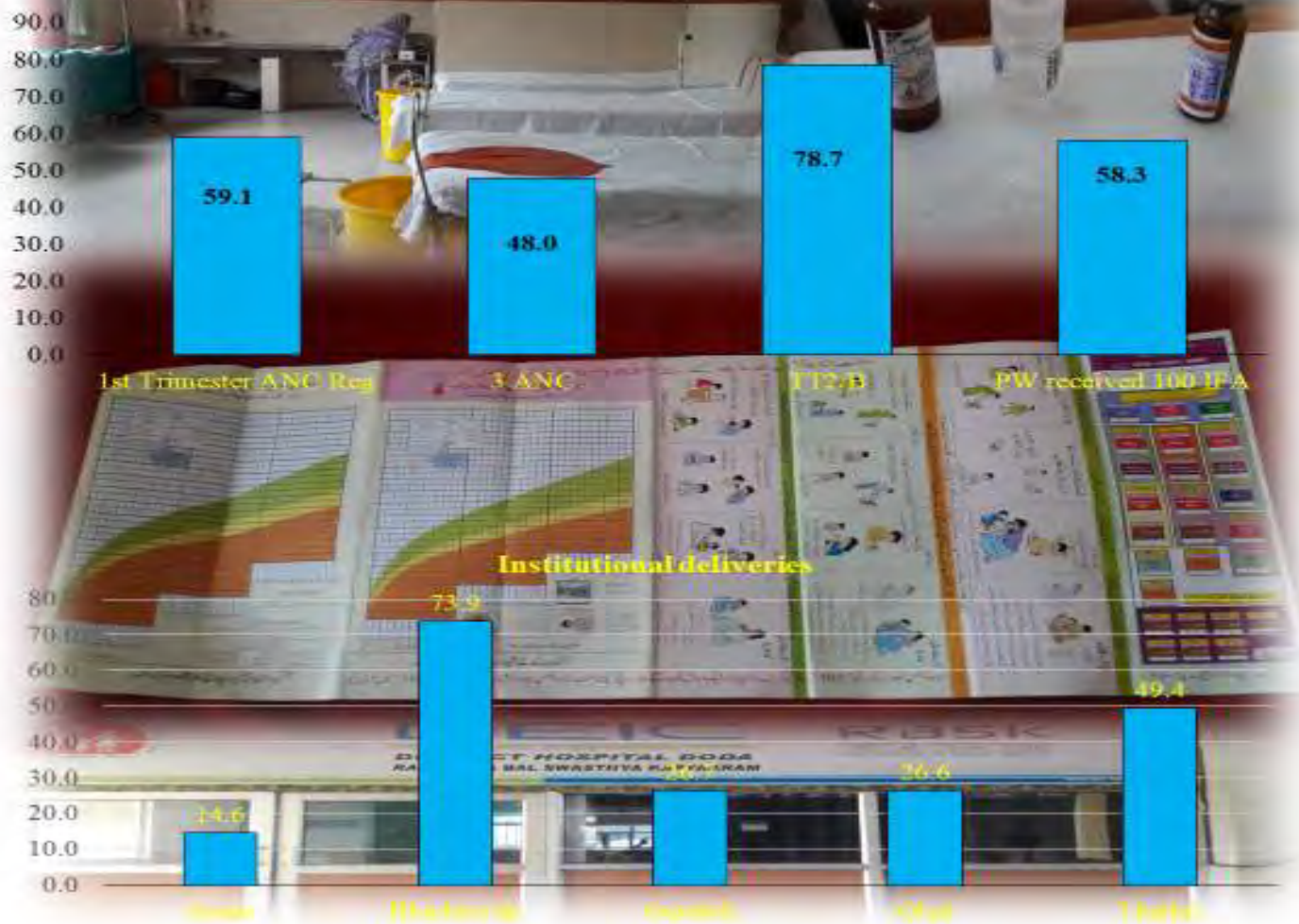




## RECOMMENDATION FOR SERVICE DELIVERY IMPROVEMENT-KISHTWAR

Sl. No.	Key areas	Major recommendation
1	Reproductive Health	<ul style="list-style-type: none"> <li>• Ensure IUCD insertion at SC level especially where IUCD trained ANMs are available.</li> <li>• PHCs under Chatroo and Dachhan blocks should instruct to insert IUCDs.</li> <li>• Home delivery of contraceptive through ASHA need to be strengthened.</li> <li>• Fixed day family planning services need to be reinforced.</li> <li>• PPIUCD insertion rate need to be improved.</li> <li>• Special thrust on NSV, Mila-lap and LS.</li> </ul>
2	Maternal Health	<ul style="list-style-type: none"> <li>• Ensure line listing of severely anaemic mother and their follow up by ANM and ASHA.</li> <li>• Ensure quality of ANC at all level and special thrust on organizing PMSMA.</li> <li>• Home visit by ASHA and ANM need to be ensured.</li> <li>• Labour room must be well organized as per MNH tool kit and all the labour room trays need to be kept in the labour room.</li> <li>• Restriction in entrance of postnatal ward at DH should be done. Security system should be in place at DH Kishtwar.</li> <li>• Referral mechanism under JSSK especially pick up of pregnant women from home to facility should be in place.</li> <li>• Proper use of MCP Card need to be ensured. MCP Card must be filled up properly by ANM</li> <li>• PMSMA should be organized as per guideline.</li> <li>• JSSK scheme should be implemented properly and as per guideline; no out pocket expense for mother.</li> <li>• Ensure the duty of SBA/NSS trained SNs/ANMs at labour room not in other ward.</li> <li>• Implementation of Performance Based Incentives.</li> </ul>
3	Newborn and Child Health	<ul style="list-style-type: none"> <li>• Quality of care at SNCU must be ensured at DH</li> <li>• SNCU in charge SN should sensitize on Radiant Warmer handling and Essential Newborn Care Management.</li> <li>• SNCU Protocol should be followed by the SNCU staffs</li> <li>• Online data entry of SNCU must be streamlined.</li> <li>• Operational cost for SNCU should be used rationally.</li> <li>• Establishment of DEIC on a priority basis and ensure availability of DEC equipments.</li> </ul>

		<ul style="list-style-type: none"> <li>• IYCF Counselling center need to be operationalized and timely report submission to state</li> <li>• Strengthening vaccine &amp; logistics management with a special thrust on cold chain management.</li> <li>• Line listing of all Infant and Child death and its review as per guideline.</li> </ul>
4	Adolescent Health	<ul style="list-style-type: none"> <li>• Improvement of service delivery at AFHC as per operational guideline</li> <li>• Outreach services need to be improved</li> <li>• Equipments for AFHC need to be made available on a priority basis.</li> <li>• Travelling allowance for AFHC Counsellor for conducting outreach activities should be released to them.</li> <li>• Timely and quality of reporting</li> <li>• AFHC report should be verified by concerned facility in charge.</li> </ul>
5	HMIS and MCTS	<ul style="list-style-type: none"> <li>• Timely submission of HMIS data on HMIS portal.</li> <li>• HMIS data must be reviewed by DM&amp;EO and BM&amp;EOs on regular basis. DM&amp;EO should submit an analysis report on key performance indicators to CMO every month whereas BM&amp;EO should analysis the SC wise HMIS data on monthly basis and discuss it with all ANMs during block monthly meeting.</li> <li>• Timely updation of MCTS data both for mother and child.</li> <li>• A monthly review of HMIS and MCTS performance should be done by district on regular basis.</li> <li>• BM&amp;EO should visit at least one PHC and 3 poor performing SCs every month.</li> <li>• Monitoring of regular data entry performance of DEO by district and block.</li> </ul>
6	ASHA	<ul style="list-style-type: none"> <li>• All the ASHA Cadre should be sensitized on ASHA monitoring mechanism.</li> <li>• Quality of monthly meeting of ASHA need to be ensured and BMO should chair the ASHA monthly meeting.</li> <li>• There is a certain need to build proper coordination among Block ASHA Coordinator and BMO.</li> <li>• Block ASHA Coordinator should submit the monthly ASHA meeting agenda to BMO two days prior to the meeting.</li> <li>• Monthly meeting of ASHA at district level should be done under the chairmanship of CMO.</li> <li>• District ASHA Coordinator should submit monthly monitoring report on regular basis to CMO and BAC shall submit their monitoring report to BMO.</li> </ul>
7	<b>Other recommendation:</b> <ul style="list-style-type: none"> <li>• DPMU should visit DH and other facilities on regular basis</li> <li>• DEO at DH Kishtwar who is currently dealing with accounts should be released from the charge of accounts so that he can do his prime job (which is very much lacking).</li> </ul>	



## DISTRICT DODA

Date	Activities done
01.09.2016	Supportive Supervision visit at CHC Thathri to monitor the progress on RMNCH+A
01.09.2016	Supportive Supervision visit at PHC Premnagar to monitor the progress on RMNCH+A
02.09.2016	Supportive Supervision at CHC Bharderwah, Community monitoring and Meeting with ASHA Facilitator and Block ASHA Coordinator
03.09.2016	Quarterly RMNCH+A Review Meeting at Doda
03.09.2016	Supportive Supervision visit at DH Doda

## Key findings: Maternal Health

- Adequate space available for labour room; but labour room management is poor.
- There was no Macintosh on the labour table and labor table found in poor condition.



- Macintosh was not seen on the labour table and even Macintosh not available at store room since long time. When issue was flagged the concerned BM&EO said that we have not received from CMO office Doda.

- None of the on duty SNs/ANMs were not trained in SBA or NSSK.
- During supportive supervision it was found that the Staff Nurse (working under RBSK scheme)

was present inside the labour room doing roaster duties.

- Labour room trays as per MNH tool kit were not available and medicine/equipments kept haphazardly.
- **Expiry medicine found; but none of the SNs/ANMs didn't check the expiry date of medicine.**
- Designated NBCC available inside the labour room but none of the SNs/ANMs were aware how to operate the Radiant Warmer (RW).
- Basinet of RW found unclean and blood clotting found on it.
- Knowledge of staff on Essential Newborn Care (ENBC) Management is poor.
- Partograph is not being filled up by any SNs/ANMs posted in labour room.

## Key findings: Child Health

- None of the SNs/ANMs were aware about the Essential Newborn Care Management.
- Quality of training specially NSSK is poor.
- Newborn Stabilization Unit (NBSU) available in the facility but not functional. NBSU become a store room now.
- **All the AYUSH Medical officers & other concerned staff members who are working under RBSK scheme were found in the facility doing roaster duties rather than their prime responsibilities.**
- Vit-K 1 injection available in the facility.
- Birth dose vaccination given to all babies expect BCG.



- Poor management of Cold Chain. Cold Chain handler doesn't have clear idea on temperature monitoring and vaccine arrangement.
- **Not a single Infant death was reviewed till date as per guideline.**



### IEC Displayed:

- JSSK and JSY entitlements posters were displayed in the facility.
- Labour room protocol posters were available and organized in proper manner but not followed.
- ASHA Incentives were displayed at the facility
- RMNCH+A 5X5 matrix were displayed at the facility





## Key Findings: Laboratory



- Laboratory is functional with 2 lab technician (present at the time of monitoring)
- Tab tests for pregnant women are free
- There was a reading error in Hb estimation.
- Less than 7 Hb% mothers detected by the lab technician but it's not reported by the facility. Line listing format for severely anaemic mother shared with lab

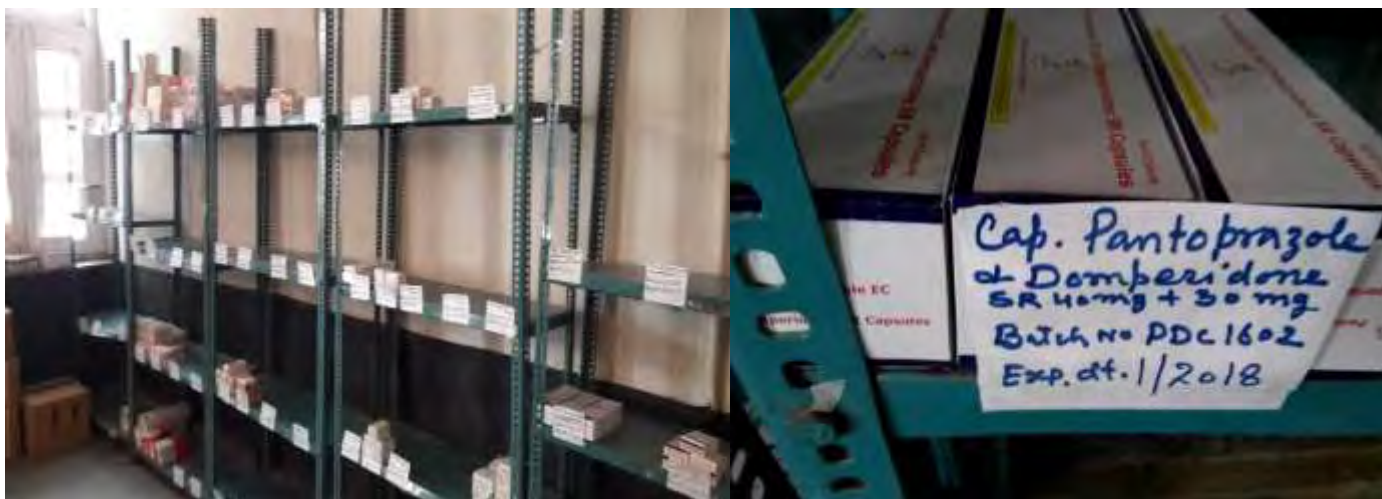
technician and asked them to report it to BM&EO on regular basis as per given format.

## Key findings: ASHA

- During interview with post natal mothers, it was observed that none of the delivery escorted by ASHA.
- Poor home visits by ASHA during antenatal and post natal period of mothers.

## Key findings: Store Room

- Store room is well establish and well managed.
- Labelling of all drugs with date of expiry properly maintained
- Drug stock register was found updated.
- Indent and supply voucher also found updated and properly maintained.



# CHC BHADERWAH

Bhaderwah CHC is running in well-established building with an average per month OPD load 5000, IPD load 500 and average delivery 40 per month.

## Key findings: Maternal Health



- Labour room is well established and clean.
  - Color coded bins were found available.
  - Neither sleeper nor shoe cap available at labour room
  - None of the available SNs/ANMs were trained in SBA
  - Trays as per MNH tool kit were not available.
  - Standard labour room register was found available and maintained
- Partograph not being used by the labour room staffs.
  - Mackintosh not available on the labour table
  - Currently there is no Anesthetics.
  - Oxygen Concentrator was found in non-functional condition.
  - Blood bank available but currently non-functional.
  - ANC services are being provided by Medical Officer but record maintenance is very poor.
  - MCP card is not being filled up properly at ANC clinic as well as Immunization section.

## Key findings: Child Health

- ❖ **SNCU:** SNCU is well established, under 13th Finance Commission adjoining to LR on the second floor of the facility. As per the discussion and observation of unit following issues/ points are noted-
  - SNCU is well established but not functional. As per the discussion with BMO regarding the non-functioning of the SNCU, the main concern was lack of manpower for SNCU.
  - Two dedicated Medical officer were hired by the state Health Society, NHM, J&K on contractual basis for SNCU Bhaderwah but it was found during the supportive supervision that the two Medical officers was submitted their joining repot in the office of Chief Medical Officer Doda, but they didn't join the SNCU Bhaderwah till date.
  - Step down unit is also established adjacent to SNCU.
  - All the protocols posters are displayed inside the SCNU.
  - X ray machine is available in the SNCU.

- Under 13th Finance Commission award SNCUs were approved to be established at CHC Bhaderwah & CHC Gandoh, and also funds were released by Health & Medical Education department in 2014, along with approved manpower for each of these SNCUs i.e. Two Medical Officers (MBBS), Two ANMs, One Lab Technician. But till date the SNCUs has not been operationalized at CHC Bhaderwah.
- Requirement of Two ANMs, One Lab Technician for SNCU is still pending by the District.

❖ Infant death review is not started till date.

#### ❖ Immunization



- Poor knowledge of staff on cold chain management
- All the vaccines available at session site
- Vit A was also available and staffs were aware about vaccination dose, site and administration.
- Knowledge on temperature monitoring was also poor.
- Vaccine kept on frozen ice pack in ILR.
- Poor documentation of immunization data.

- Counterfoil of MCP card is not in use.

### Key findings: ASHA

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- Poor monitoring of ASHAs activities by ASHA Facilitator and Block ASHA Coordinator
- ASHA Facilitator was aware about ASHA incentives
- ASHA performance is being reviewed only through incentive paid but it should be reviewed by some key indicators like number of ANC registration, 1<sup>st</sup> trimester registration, 3 ANC, status of institutional deliveries, fully immunization etc.
- Quality of ASHA meeting is poor at district and block level.

### Key findings: Referral Mechanism

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- Currently there are 4 ambulances at CHC Bhaderwah and 7 drivers to provide referral service to the beneficiaries.
- Pick up of mother from home to facility is very poor.

### Key findings: Laboratory

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- Identification of severely anaemic mother done at laboratory but there is no such reporting and follow up mechanism.

# RMNCH+A REVIEW MEETING

## RMNCH+A Review Meeting



RMNCH+A review meeting was conducted on 3<sup>rd</sup> September under the chairmanship of CMO, Doda. Dy.CMO, DHO, MS along with DPMU were also attended the meeting. All the BMOs along with BMPU were present in the meeting. A details review or RMNCH+A activities was done.

Followings are the key issues which were discussed in the meeting:

- Only 59% pregnant women registered within 1<sup>st</sup> trimester and 48% pregnant women received 3<sup>rd</sup> ANC. Issues raised by the block that tracking of pregnant women by ANMs and ASHAs is poor. It was discussed that Block ASHA Coordinators shall review the physical performances of ASHAs.
- Only 37% PW registered within 1<sup>st</sup> trimester at Assar. 3 ANC is also very poor at Assar, Gandoh, Ghat and Thathri blocks.
- 42 SCs have less than 60% 1<sup>st</sup> trimester registration and maximum number of SCs where none of the PW registered within 1<sup>st</sup> Trimester.
- Institutional delivery is also very poor at Assar (14%), Gandoh (26%), Ghat (26%) and Thathri (49%).
- Delivery escorted by ASHA is very poor at district Doda; only 31% institutional deliveries escorted by ASHA. 21% deliveries escorted by ASHA at District Hospital, 48% at Gandoh and 50% at Ghat block.
- Status of Post Natal Care especially women getting a post-partum checkups between 48 hrs. to 14 days is very poor at Assar (14%), Gandoh (38%) and Thathri (8%).
- Newborn visited within 24 hrs. of home delivery is very poor at Gandoh (less than 1 %).
- None of the SCs have inserted or reported IUCD at Bhaderwah, Gandoh, Ghat and Thathri blocks.
- Line listing and follow up of severely anaemic mother by ANM.
- Home visit by ASHA
- Maternal and Infant Death Review
- Organizing PMSMA
- Establishment of IYCF and DEIC
- NBCC strengthening



Following key decisions were taken in the meeting:

- BM&EO would collect the data of severely anaemic mother from concerned laboratory and shall line list all the severely anaemic mother of the block. During block monthly meeting it will be disseminated with all ANMs.
- DAC, BACs and AFs shall review the physical performance of the ASHA along the performance of concerned SCs.
- Quality of block monthly meeting shall improve.
- BM&EO, BAM and BAC will review the physical performance of ASHA before releasing the incentives to ASHAs.
- Infant Death Review shall start by the facilities on a priority basis.
- HBNC report shall review by BM&EO and BAC on monthly basis.
- BM&EO shall submit a monthly HMIS and MCTS analysis report to BMO for further action.
- Performance Based Incentives as per norms will be implemented.





## Key findings: Maternal Health

- Labour room is well established but poorly managed.
- Labour room protocol posters were available and displayed.
- Color coded bins were found available.
- Trays as per MNH tool kit were not available.
- Standard labour room register was found available and maintained
- Partograph not being used by the labour room staffs.
- Mackintosh not available on the labour table
- Currently there is no Anesthetics.
- Designated NBCC available inside the labour room but poorly managed.
- There are 4 ambulance at the facility but 1 is non-functional. 40 postnatal mothers received drop back to home, 22 mothers referred to higher facilities and 20 newborn referred to higher facilities.
- Since last six month 102 is non-functional but another BSNL number is in place.

## Key findings: Child Health

### SNCU

- SNCU is well established, on the 1st floor of the facility.
- Protocols posters were displayed in the SNCU.
- Dedicated staff nurses for SNCU were posted in other wards whereas staff nurses from NCD cell were handling the SNCU.
- The trained Staff Nurses of SNCU were posted in IPD & OPD areas.
- Computer System was not found in the Nursing Counter for uploading of daily SNCU work done.
- Standard SNCU register implemented but it is too large in size and heavy and difficult to manage. (More than 300 pages).
- Admission Cards are not properly filled by the MOs.
- There was no color coded bins available in the SNCU.
- There was no provision of computer system and telecommunication system in SNCU



- Average admission per day was 1 to 4.
- Daily up loading of SNCU work done through online SNCU portal has been stream lined in District Doda.

### **Establishment of Nutrition Rehabilitation Centres (NRC):**

- Nutrition Rehabilitation Centre (NRC) for the treatment of Severe Acute Malnutrition Children were approved for District Doda, during 2014-15. An amount of Rs 9.8 Lakhs (2 Lakhs establishment cost & 7.8 lakhs operational cost per unit) was provided for this purpose. It was found that the center is established but till date the unit is not been operationalized.

### **Establishment of IYCF Centres at District Hospital**

- Infant and Young Feeding Centre in the District Hospital was approved for Doda district during 2014-15. NRC/ IYCF Counsellor & an amount of Rs 12,500/- per unit was provided for this purpose but till date the units have not been operationalized in the District Hospital.

### **DEIC and RBSK**

- DEIC is established at District Hospital Doda as per the guideline of Ministry of Health & Family Welfare, GoI,
- Equipments for DEIC was not procured and it was informed by DPMU that the approved funds have been transferred to JKMSCL for procurement but till date equipments has not been procured.



- During the FY 2015-16 average per day per team screening in district Doda was (26) very low. As per the report manpower under RBSK is being put on roster duties in some of the health institutions, which affects the screening schedules of Mobile Health Teams.
- In the review meeting which was held in the month of March 2016 under the chairmanship of worthy Chief Secretary, J&K attended by the Commissioner / Secretary to Govt, Health & Medical Education Department, J&K, it was observed that the coverage of school children under RBSK was very low. It was decided that the services of RBSK Mobile Health Team members should exclusively be used for RBSK Programme in the review meeting, held on 10th August -2016 under the chairmanship of Health Secretary. During visit it was found that the RBSK team members are performing roster duties.

- In the month of April 2016 a total number 60 cases were referred in which 35 cases have been received from the blocks.
- In the month of May-2016 total number of referrals received at DEIC 60 cases in which 17 cases have been received from the block headquarters.

### **Key findings: Adolescent Friendly Health Clinic (AFHC)**

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- One female counsellor was available at the time of monitoring.
- There was no IEC at AHFC
- Though AFHC timing is 10.00 am. To 04.00 pm. but generally AFHC closed at 2.00 pm.
- Not a single equipments were available at AFHC
- There was no flipchart or and materials for counseling.
- Poor outreach activities. Outreach activities started recently and last month only 2 schools were visited by the counselors.
- Though all registers are available but only service delivery register was maintained.
- There is no mechanism for community awareness for adolescent.

### **Key findings: ASHA**

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- Delivery escorted by ASHA at District Hospital is very poor, as per the data available with district only 21% delivery escorted by ASHA.
- Poor visit by ASHA of pregnant women during antenatal and post natal period.

# PHC PREMNAGAR

Prem Nagar PHC covers approximate 3000 populations. 4 ASHAs are providing services in these village areas. There are 2 Medical officer AYUSH and One Dental Technician from NHM. PHC Premnagar is running in old building and the condition of the building is poor.

## Key findings

- Delivery is not being conducted in this facilities though labour room, labour table and delivery set are available.
- No separate room for ANC, the standard register for ANC not found during the visit.
- No provision of MCP Card in the facility.
- Only Two employees were found on duty in the facility.
- During supportive supervision it was found in the attendance register that all the concerned staff members except Dental Technician & NO were found absent from their duties. When enquired it was found that all the employees were absent from last 2-4 days without sanctioning of their leave applications from the concerned officer/official. This issue was also raised with CMO, Doda.
- Waste materials were found not properly managed as per the color coded bins at facility.
- One ILR found in cold chain room without temperature monitoring. Other logistics and drugs found in the ILR and even ice pack also kept in the ILR.



## RECOMMENDATION FOR SERVICE DELIVERY IMPROVEMENT-DISTRICT DODA

Sl. No.	Key areas	Major recommendation
1	Reproductive Health	<ul style="list-style-type: none"> <li>• Ensure IUCD insertion at SC level especially where at least IUCD trained ANMs are available with special focus on Gandoh, Gath, Thathri and Bhaderwah.</li> <li>• Concerned Medical Officer of PHCs under Bhaderwah block should instruct to improve the performance of IUCDs</li> <li>• Home delivery of contraceptive through ASHA need to be strengthened.</li> <li>• Fixed day family planning services need to be reinforced.</li> <li>• PPIUCD insertion rate need to be improved.</li> <li>• Special thrust on NSV, Mila-lap and Post-partum sterilization.</li> </ul>
2	Maternal Health	<ul style="list-style-type: none"> <li>• Ensure proper management of labour room at CHC Thathri.</li> <li>• Sensitization of labour room staffs on Essential Newborn Care Management at CHC Thathri and CHC Bhaderwah.</li> <li>• Ensure line listing of severely anaemic mother and their follow up by ANM and ASHA.</li> <li>• Ensure quality of ANC at all level and special thrust on organizing PMSMA at DH, CHC Thathri and CHC Bhaderwah.</li> <li>• Home visit by ASHA and ANM need to be ensured and it should be reviewed on monthly basis.</li> <li>• Labour room must be well organized as per MNH tool kit and all the labour room trays need to be kept in the labour room.</li> <li>• Referral mechanism under JSSK especially pick up of pregnant women from home to facility should be in place. JSSK scheme should be implemented properly and as per guideline; no out pocket expense for mother.</li> <li>• Proper use of MCP Card need to be ensured. MCP Card must be filled up properly by ANM.</li> <li>• Implementation of performance based incentive for CEmOC team for conducting CS (* as per given criteria) and line listing and follow up till outcome.</li> <li>• Ensure the duty of SBA/NSS trained SNs/ANMs at labour room not in other ward.</li> </ul>
3	Newborn and Child Health	<ul style="list-style-type: none"> <li>• Quality of care at SNCU must be ensured at DH.</li> <li>• Dedicated SNs for SNCU should not be given charge of other ward.</li> <li>• Operationalization of SNCU at CHC Bhaderwah and recruitment of SNCU staff for CHC Bhaderwah.</li> <li>• Establishment of NRC at District Hospital.</li> <li>• Online data entry of SNCU must be strengthened.</li> </ul>



		<ul style="list-style-type: none"> <li>Operational cost for SNCU should be used rationally.</li> <li>RBSK team should not be given roaster duty at the facility.</li> <li>Operationalization of IYCF Counselling center at DH on priority basis.</li> <li>Line listing of all Infant and Child death and its review as per guideline.</li> </ul>
4	Adolescent Health	<ul style="list-style-type: none"> <li>Improvement of service delivery at AFHC as per operational guideline.</li> <li>Outreach services need to be improved.</li> <li>AFHC should open from 10.00 am to 04.00 pm.</li> <li>Ensure IEC materials for AFHC and its proper use.</li> <li>Equipments for AFHC need to be made available on a priority basis.</li> <li>Timely and quality of reporting.</li> <li>AFHC report should be verified by concerned facility in charge.</li> </ul>
5	HMIS and MCTS	<ul style="list-style-type: none"> <li>Timely submission of HMIS data on HMIS portal.</li> <li>HMIS data must be reviewed by DM&amp;EO and BM&amp;EOs on regular basis. DM&amp;EO should submit an analysis report on key performance indicators to CMO every month whereas BM&amp;EO should analysis the SC wise HMIS data on monthly basis and discuss it with all ANMs during block monthly meeting.</li> <li>Timely updation of MCTS data both for mother and child.</li> <li>A monthly review of HMIS and MCTS performance should be done by district on regular basis.</li> <li>BM&amp;EO should visit at least one PHC and 3 poor performing SCs every month.</li> <li>Monitoring of regular data entry performance of DEO by district and block.</li> </ul>
6	ASHA	<ul style="list-style-type: none"> <li>Delivery escorted by ASHA during delivery need to be improved.</li> <li>All the ASHA Cadre should be sensitized on ASHA monitoring mechanism.</li> <li>Quality of monthly meeting of ASHA need to be ensured and BMO should chair the ASHA monthly meeting.</li> <li>Block ASHA Coordinator should submit the monthly ASHA meeting agenda to BMO two days prior to the meeting.</li> <li>Monthly meeting of ASHA at district level should be done under the chairmanship of CMO.</li> <li>District ASHA Coordinator should submit monthly monitoring report on regular basis and BAC shall submit their monitoring report to BMO.</li> </ul>



## DISTRICT RAMBAN

Date	Activities done
04.09.2016-05.09.2016	Supportive Supervision visit at DH Ramban and CHC Batote

## Key findings: Maternal Health



### Labour room

- Average delivery per month is near about 100. Last month 112 deliveries were conducted out of which 8 were CS. 29 pregnant women referred to higher facilities. 3 PPIUCD insertion were done.
- Poorly managed labour room; it was suffocated as there is no ventilation/exhaust in labour room.
- There is no provision of hand washing area in the LR and no toilet.
- Fixed sport light is not available in labour room and a handy sport light is

present in labour room but that too was not in working since 6 Months.

- All protocol posters were printed in a single banner and displayed in labour room; it's look like a single calendar though the specification of displaying protocol posters was shared with district earlier. The same issue was raised by the Sr. Consultant, NRU, MoHFW during his last visit but till date it didn't replace.
- Suction machine was not working in labour room.
- Foetal Doppler is not available in labour room.
- Weighing machine found functional.
- Partograph is not plotted.
- There is no provision of slippers in the labour room.
- All equipments and consumables (Oxygen source, bags and masks, radiant warmer, mucous extractor, thermometer) were not available.
- Early initiation of breastfeeding practice and skin to skin contact is being promoted...
- Essential Medicine like Injection Oxytocin, tablet Misoprostol, Antihypertensive & Inj. Magnesium Sulphate are available in the LR.
- Designated NBCC is available but the SNs/ANMs present at the time of visit were not aware about radiant warmer handling and poor knowledge on essential newborn care.





## Postnatal Ward

- Post natal ward was found clean
- 2 post natal mothers were admitted at post natal ward at the time of visit.
- It was found that the drugs were procure by the beneficiaries.
- None of the post natal mothers were counselled on breast feeding, post natal care and family planning.
- None of the post natal mothers picked up from their home to facility. Vehicle hired by the beneficiaries by their own to reach to the facility.
- Beneficiaries were not aware about the referral mechanism.



## Antenatal Care

- MCP Cards are available at the facility and PW were carrying the MCP Card but it was observed that the MCP cards were not properly filled by staff, most of the section remained blank.
- There is an adequate space for ANC at the facility.
- Blood Pressure was properly measured during ANC visits.
- Appropriate management /referral of high risk PW are identified on basis of High BP/Blood Sugar & Hemoglobin.
- Family planning counselling not being done during ANC visits.
- Record of anemic Mothers was not properly recorded in ANC register.
- Line listing of severe anemic mother was not maintained properly at facility.

## Key findings: Child Health

### SNCU

- 08 bedded SNCU is fully equipped but not properly working as there is no Paediatrician available and the trained MOs are working in OPDs.
  - At the time of visit no babies were admitted in SNCU.
  - SNCU SN was giving duties in dispensary rather than SNCU. Only one ANM was available at the time of visit.
  - As per available records admission at SCNU is negligible and it can managed in NBCC.
  - The purpose of SNCU is not fulfilling.
- As per the record average duration stay is less than 4 hours.





## Immunization

- Separate room for vaccination has been established.
- Temperature recording of ILR and DF is recorded but the ANMs posted at immunization clinic have poor idea on temperature monitoring.
- Poor cold chain management.
- Vaccination is being provided to all children's properly.
- One ILRs & Deep Freezers are functional at facility.
- Records of vaccination are being done.

## Infant Death Review

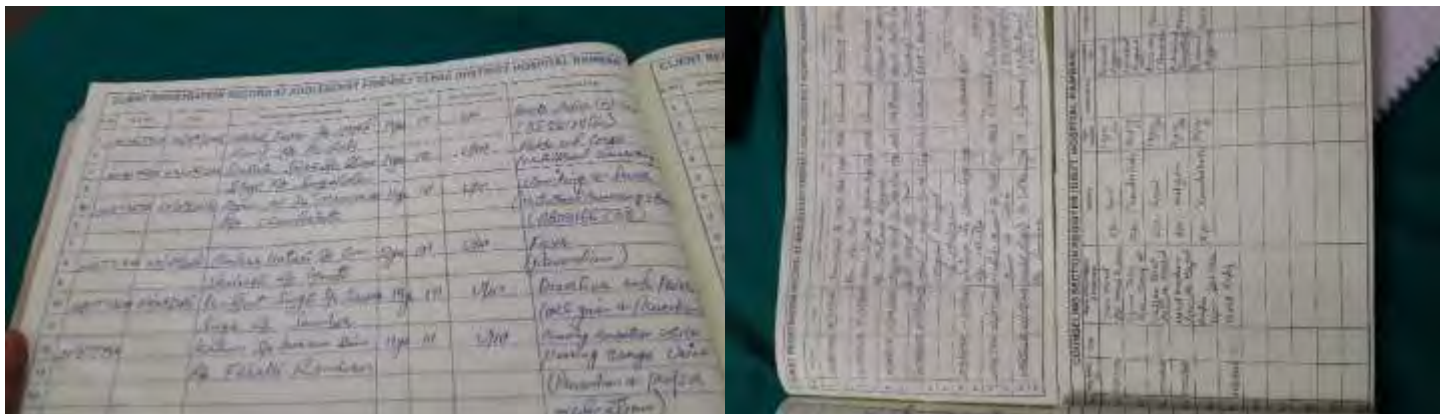
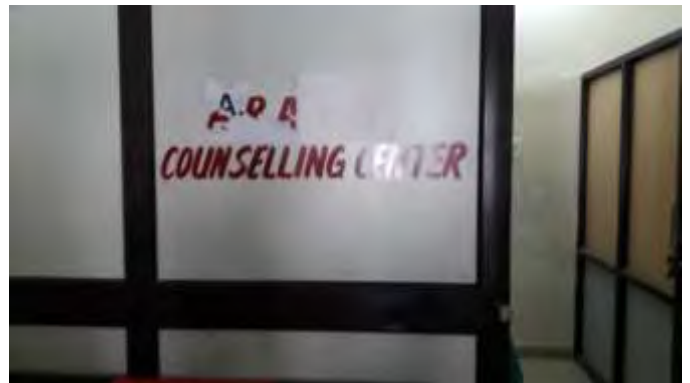
- None of the infant deaths were reviewed by the facility.
- No line listing of infant death was found in the facility.

## Key findings: Referral Mechanism

- There are 6 ambulances in the DH and 6 drivers.
- Poor pick up mechanism.
- Poor awareness on JSSK referral services.

## Key findings: Adolescent Friendly Health Clinic

- Male counselor is appointed but not present when team visited and a female social worker (for DEIC) was present in AFHC clinic.
- The clinic is not fully functional.
- The equipments and commodities are not present in the clinic.
- IEC material is not available in the AFHC.
- No sings or direction to locate the said Clinic.
- The Registers are not properly maintained.
- Average adolescent counselled per day is 2 to 3.
- The reason shown in the register that the adolescent came with cough, fever and back pain and the same records maintained in the register of the social worker present at AFHC clinic.
- No record of outreach activities was found.



## **Key findings: Laboratory**

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- Blood grouping, Complete Blood Count test, HIV screening, Hepatitis B screening, Blood sugar, urine albumin tests are being done in facility. All tests are free for PW as per JSSK.
- Severely anaemic mother detected and reported.
- Records maintenance is good.

## **Key findings: ASHA**

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- Home visit by ASHA after delivery and antenatal period of mother is poor
- Delivery escorted by ASHA not as desired.
- District ASHA Coordinator is aware about ASHA work but he only attended ASHA monthly meeting at block level; no monitoring done by him.
- There was no such ASHA monitoring reports found with DAC and BAC.

# CHC BATOTE

## Key findings



- CHC Batote is functioning in government building.
- Labour room is congested but well organized.
- Labour room protocol displayed properly.
- Labour room trays are available and properly labelled.
- One Gynaecologist (PGD)

recently posted in this facility.

- Diet is being provided to mothers.
- Designated NBCC is available.
- All standard labour room registers, referral registers, IUCD registers and other registers are available and maintained.
- MCP Card found properly filled up by the ANMs posted at MCH Clinic.



- Line listing of severely anaemic mothers maintained and followed up. A register for line listing of severely anaemic mothers is maintained by the facility.
- Cold Maintenance is very good and temperature recording done on regular basis.
- 3 ambulances are providing referral services. There is one driver from regular side and 2 are hired from HDF.
- Infant death review not started yet.
- NBSU is available but not functional.
- IEC materials are displayed properly.

## RECOMMENDATION FOR SERVICE DELIVERY IMPROVEMENT-DISTRICT RAMBAN

Sl. No.	Key areas	Major recommendation
1	Reproductive Health	<ul style="list-style-type: none"> <li>• Ensure IUCD insertion at SC level especially where at least IUCD trained ANMs are available.</li> <li>• Home delivery of contraceptive through ASHA need to be strengthened</li> <li>• Fixed day family planning services need to be reinforced.</li> <li>• PPIUCD insertion rate need to be improved.</li> <li>• Special thrust on NSV, Mila-lap and Post-partum sterilization.</li> </ul>
2	Maternal Health	<ul style="list-style-type: none"> <li>• Ensure proper management of labour room at District Hospital. Labour room must be well organized as per MNH tool kit and all the labour room trays need to be kept in the labour room at DH.</li> <li>• Sensitization of labour room staffs on Essential Newborn Care Management at DH.</li> <li>• Ensure quality of ANC at all level and special thrust on organizing PMSMA at DH Ramban, CHC Batote and other selected facilities.</li> <li>• Home visit by ASHA and ANM need to be ensured and it should be reviewed on monthly basis.</li> <li>• Referral mechanism under JSSK especially pick up of pregnant women from home to facility should be in place. JSSK scheme should be implemented properly and as per guideline; no out pocket expense for mother.</li> <li>• Implementation of performance based incentive for CEmOC team for conducting CS (* as per given criteria) and line listing and follow up till outcome.</li> <li>• Ensure the duty of SBA/NSS trained SNs/ANMs at labour room not in other ward.</li> </ul>
3	Newborn and Child Health	<ul style="list-style-type: none"> <li>• Operationalization of SNCU and quality of care at SNCU must be ensured at DH.</li> <li>• Dedicated SNs for SNCU should not be given charge of other ward.</li> <li>• Strengthening of NBCC</li> <li>• Line listing of all Infant and Child death and its review as per guideline.</li> </ul>
4	Adolescent Health	<ul style="list-style-type: none"> <li>• AFHC should properly functional and must have the provision of all essential services for adolescent.</li> <li>• Improvement of service delivery at AFHC as per operational guideline.</li> <li>• Till date no outreach activities were conducted.</li> <li>• AFHC should open from 10.00 am to 04.00 pm.</li> <li>• Ensure IEC materials for AFHC and its proper use.</li> <li>• Equipments for AFHC need to be made available on a priority basis.</li> </ul>



		<ul style="list-style-type: none"> <li>• Timely and quality of reporting.</li> <li>• AFHC report should be verified by concerned facility in charge.</li> <li>• AFHC counsellor should make his present at AFHC on regular basis.</li> <li>• Implementation of standard register for AFHC</li> </ul>
5	HMIS and MCTS	<ul style="list-style-type: none"> <li>• Timely submission of HMIS data on HMIS portal.</li> <li>• Timely updation of MCTS data both for mother and child.</li> <li>• Special thrust on Banihal and Ukheral on MCTS updation.</li> <li>• HMIS data must be reviewed by DM&amp;EO and BM&amp;EOs on regular basis. DM&amp;EO should submit an analysis report on key performance indicators to CMO every month whereas BM&amp;EO should analysis the SC wise HMIS data on monthly basis and discuss it with all ANMs during block monthly meeting.</li> <li>• A monthly review of HMIS and MCTS performance should be done by district on regular basis.</li> <li>• BM&amp;EO should visit at least one PHC and 3 poor performing SCs every month.</li> <li>• Monitoring of regular data entry performance of DEO by district and block.</li> </ul>
6	ASHA	<ul style="list-style-type: none"> <li>• Delivery escorted by ASHA during delivery need to be improved.</li> <li>• Quality of monthly meeting of ASHA need to be ensured and BMO should chair the ASHA monthly meeting.</li> <li>• Block ASHA Coordinator should submit the monthly ASHA meeting agenda to BMO two days prior to the meeting.</li> <li>• Monthly meeting of ASHA at district level should be done under the chairmanship of CMO.</li> <li>• District ASHA Coordinator should submit monthly monitoring report on regular basis and BAC shall submit their monitoring report to BMO and DAC to state on regular basis.</li> </ul>



## NATIONAL HEALTH MISSION JAMMU & KASHMIR

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