



Monthly RMNCH+A Update For Six HPDs in J&K

For the month of October'2015

State RMNCH+A Unit, J&K

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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 October’15 has been discussed follows:

Progress on VHND strengthening:

During the month of October’15 total number of 9 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 of 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 23 supportive supervision in the month of October’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. A rapid assessment of selected MDP has been conducted by SRU at Banihal CHC. 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:

District level, block level meeting were attended by District Coordinators and Kayakalp workshop, NSSK training were also attended

Other Activities:

- Visit District Leh and different level of health facility and provided handholding support to concern staff of SNCU and labour room and shared identified gaps with CMO, MS and concerned facility in charge.
- Provided HMIS second quarter data analysis of RMNCH+A indicators of all the districts
- Support in developing/compiling the IEC related to adolescent clinics and shared with the PM, RKSK (it is under process)
- Advocacy to streamline the AFHC related issues and later support in drafting and finalizing the relevant letter from the state level.

Support required from District and State level:

Support required from state level

- Timely and regular supply of essential drugs & consumable (IFA, Zinc, Misoprostol, Inj. Magnesium Sulfate etc.)
- Involvement of District Magistrate in the program review through regular DHS meeting.
- Man power planning and rational deployment of skilled manpower at delivery points in HPDs.
- Engaged state officials to monitor the quality of district level training and develop a training monitoring mechanism.
- Special thrust on VHND , HBNC, SNCU and CDR

Support required from District level:

- Ensure essential trays and protocols in labour room as per MNH tool kit.
- Ensure infection prevention practices and safe disposal of hospital waste.
- Training of PPIUCD at district hospital staff and its implementation.
- Rational deployment of SBA trained manpower and quality of SBA, NSSK, IMNCI and other trainings.
- 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.
- Compliance of all JSSK services and display/ mention of such services at each health facility.
- Strengthen the review mechanism of maternal death and establish a standard review mechanism for CDR at district and block level
- Ensure involvement of District Coordinator in every NHM programme.
- Standardized VHND reporting system and involve district and block ASHA Coordinator in VHND monitoring

Plan for the month of November15:

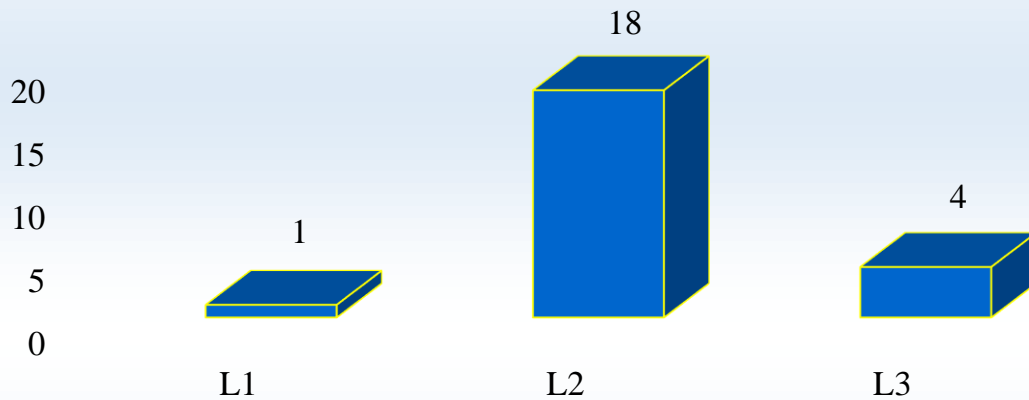
- At least 2 RMNCH+A district level sensitization meetings/ workshops.
- Conduct 15 supportive supervisions in all HPDs
- Monitoring of 12 VHND sessions.
- At least 12 visit in MDP.
- 6 meeting with CMO at district level.

Supportive Supervision status for the month of October'15:

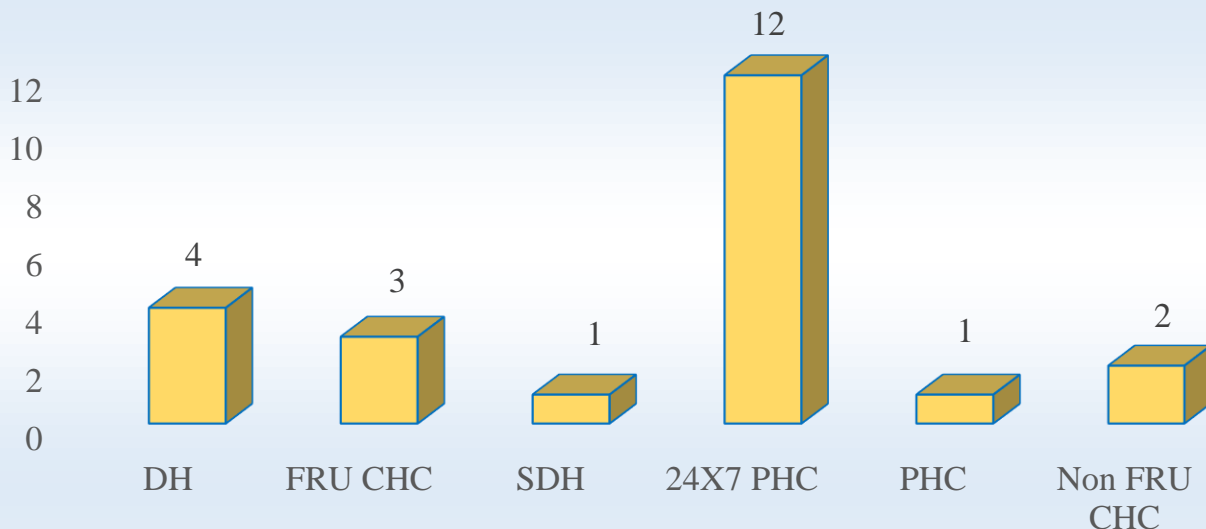
Monitoring status at a glance:

District	No. of Supportive supervision in October	Remarks
Rajouri	5	Total number of 23 supportive supervision conducted in the month of October'15. 18 numbers L2 facility, 4 L3 facilities and 1 L1 facility monitored in this month. The analysis done based on the supportive supervision findings of 23 different level of facilities
Poonch	2	
Doda	4	
Ramban	2	
Kishtwar	4	
Leh	6	
Total	23	

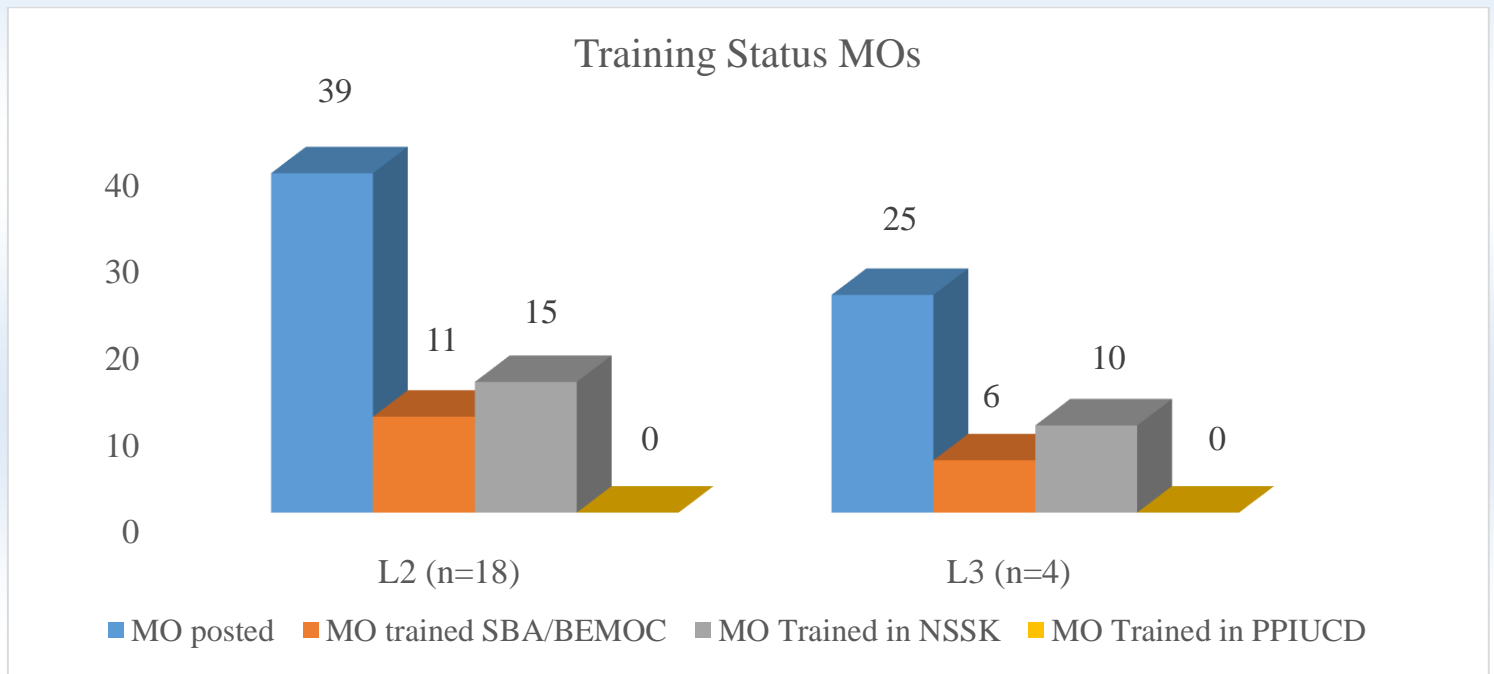
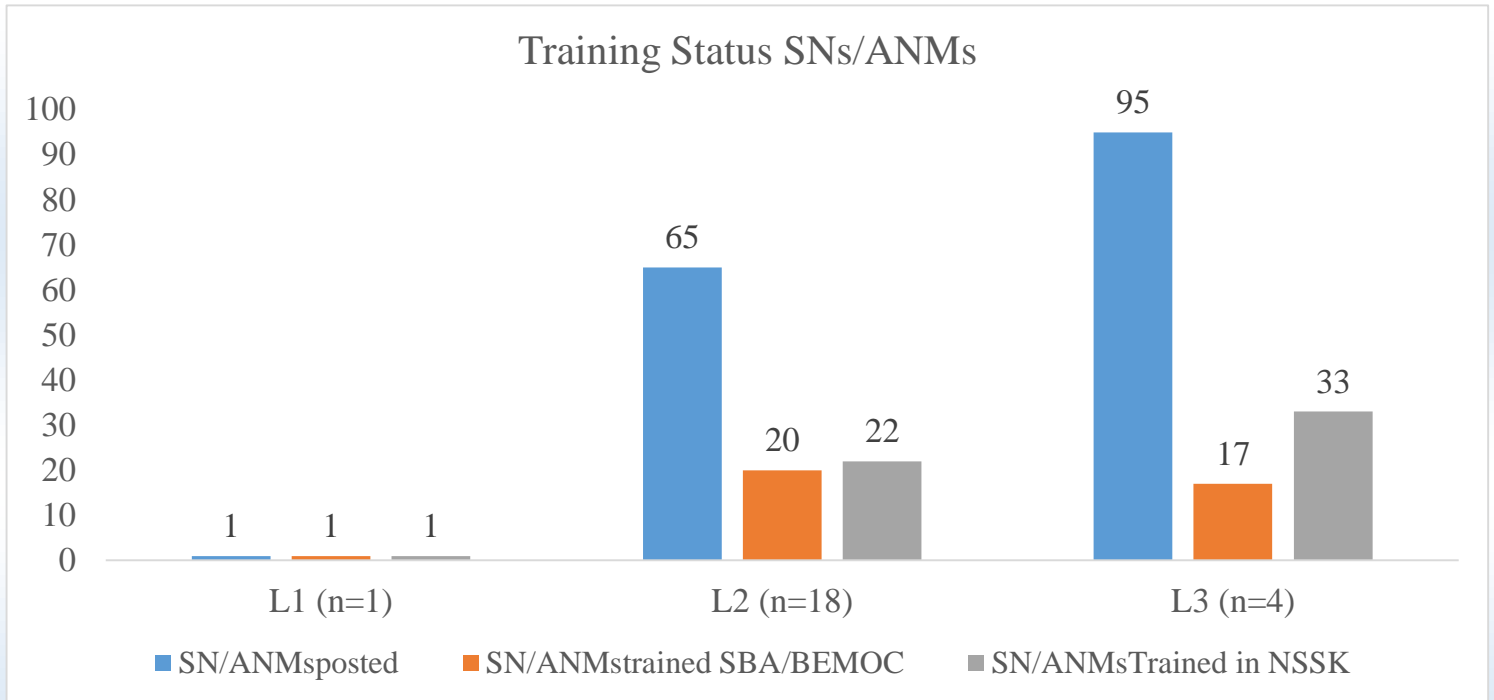
No of visit in different level of facility



Supportive Supervision Status according to the facility



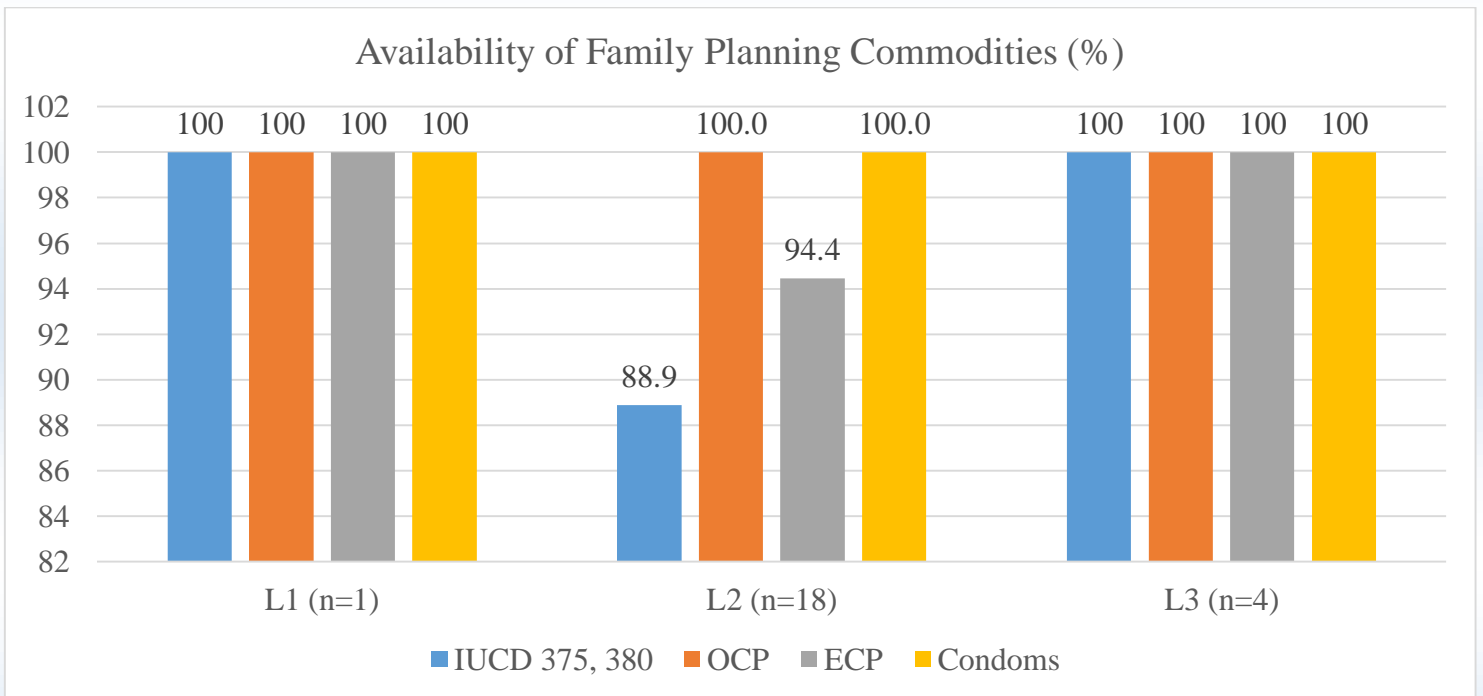
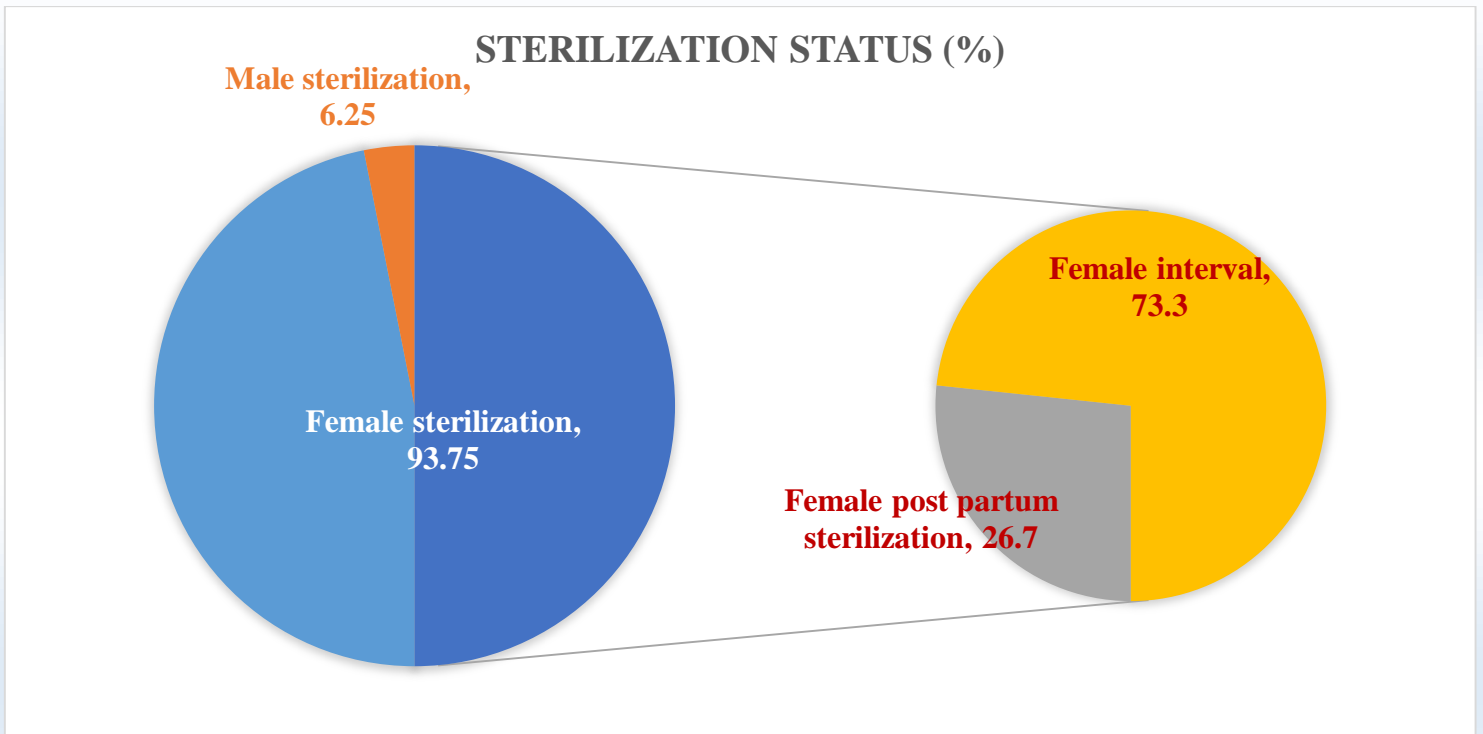
Training status:



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 concern.

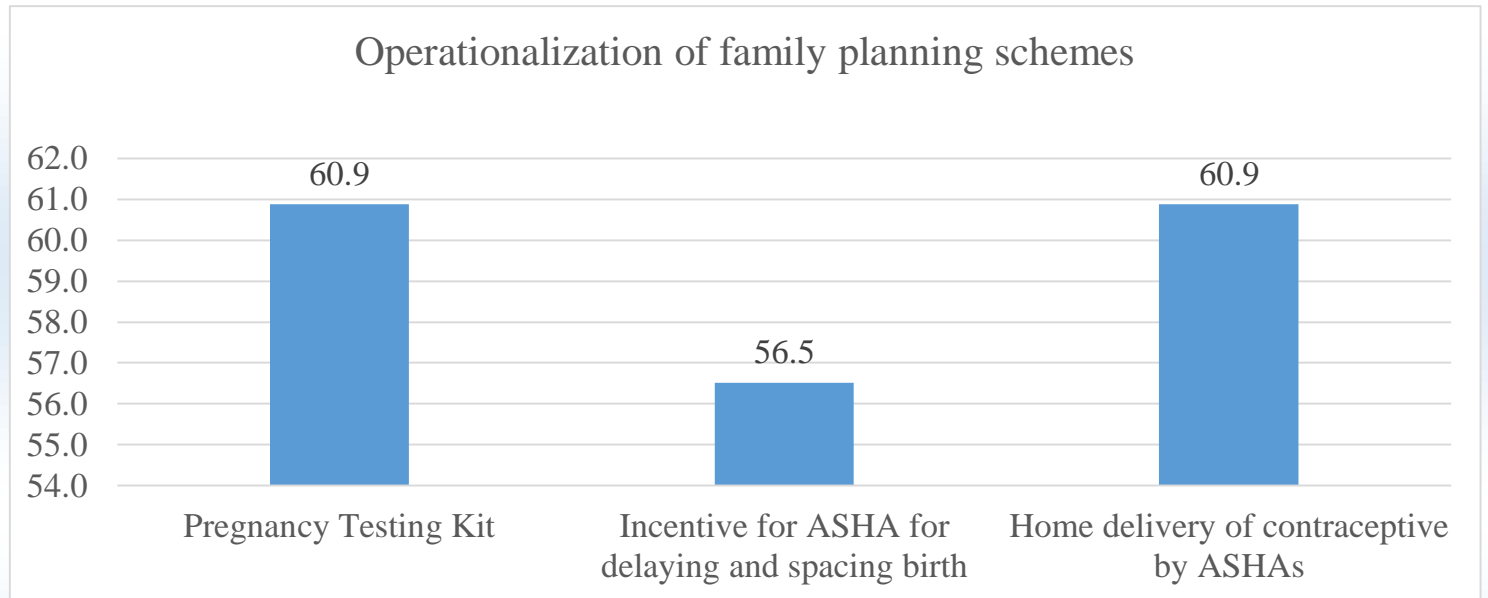
Family Planning:

Sterilization status:



Availability of family planning commodities especially availability of IUCD in L2 level of facility is a major concern.

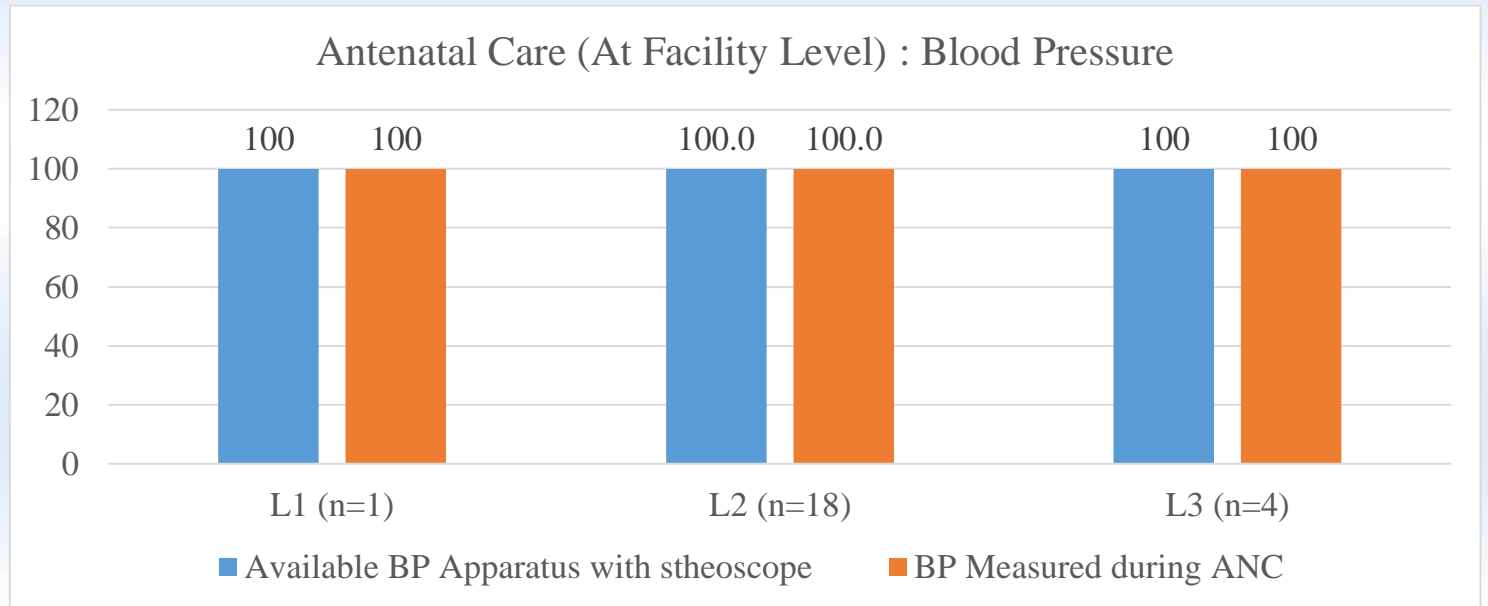
Status of family planning scheme:



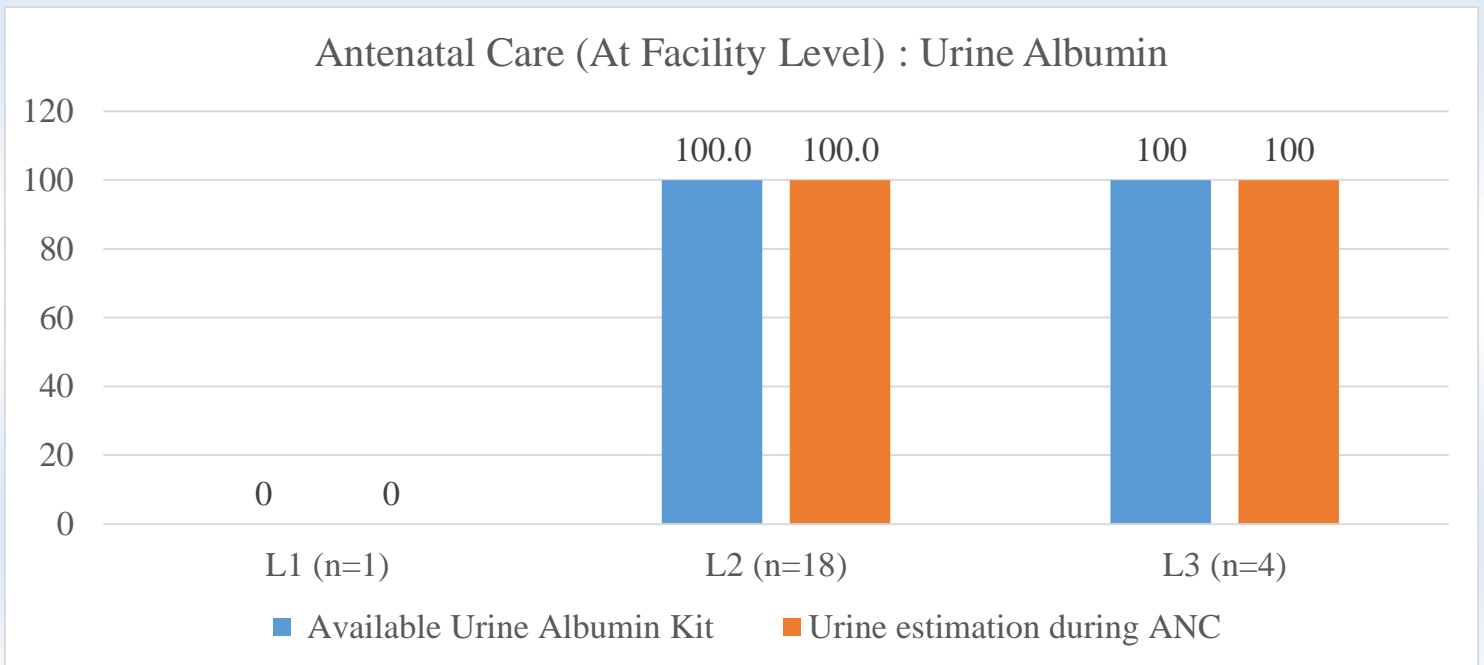
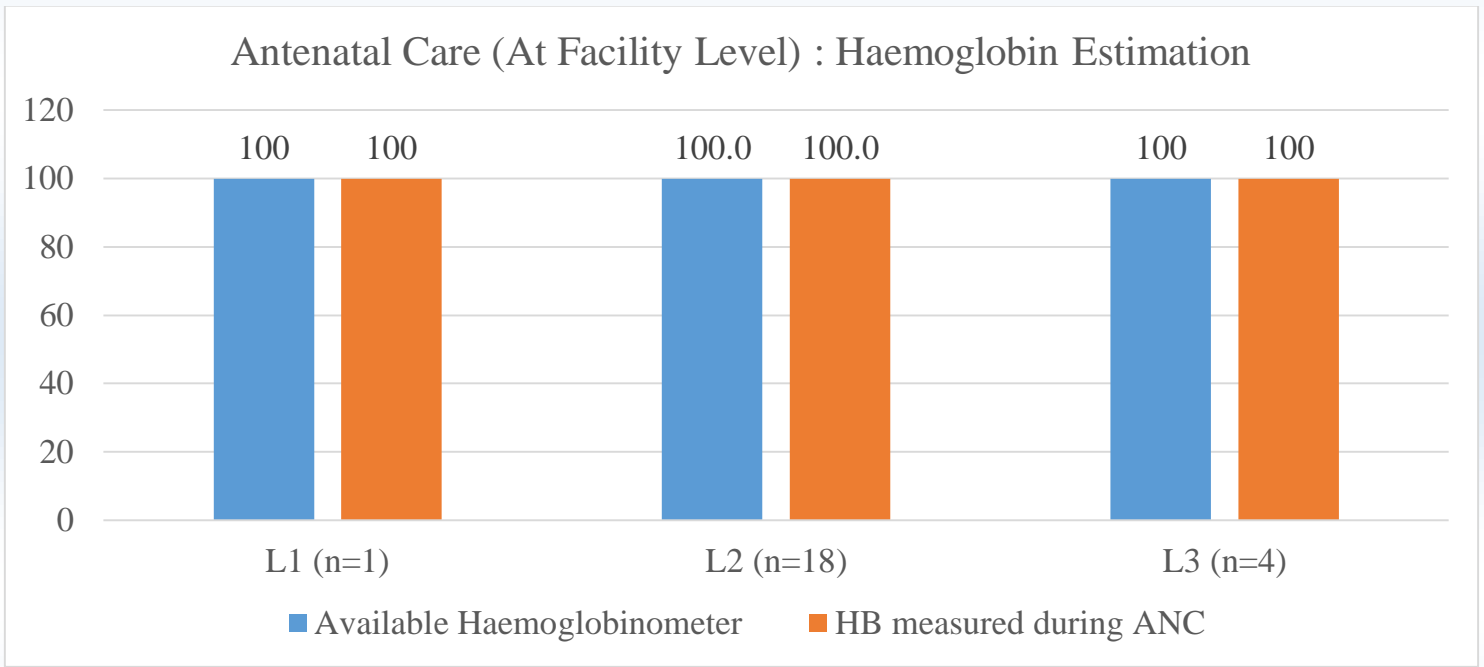
Incentive of ASHA for delaying and spacing birth not being paid on time basis.

Maternal Health:

Antenatal Care:

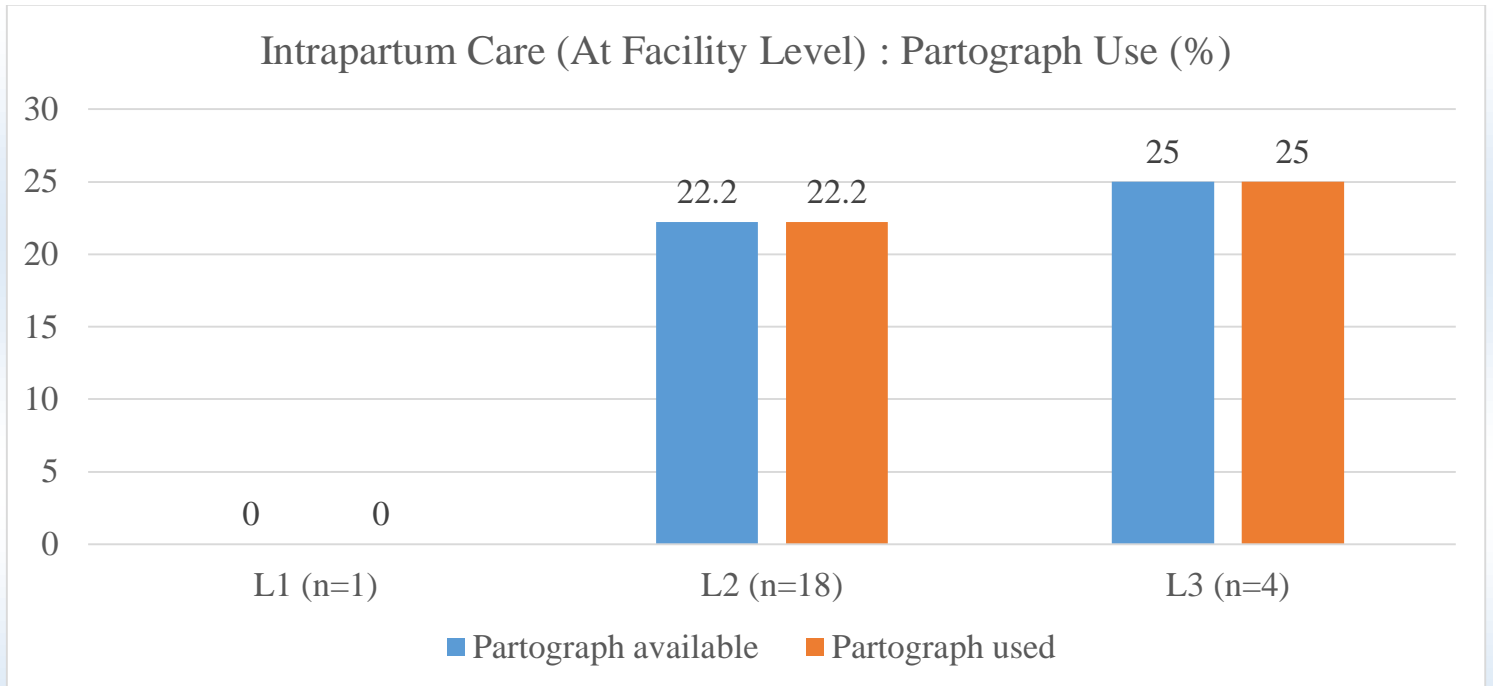


Blood pressure is measured during ANC at level.

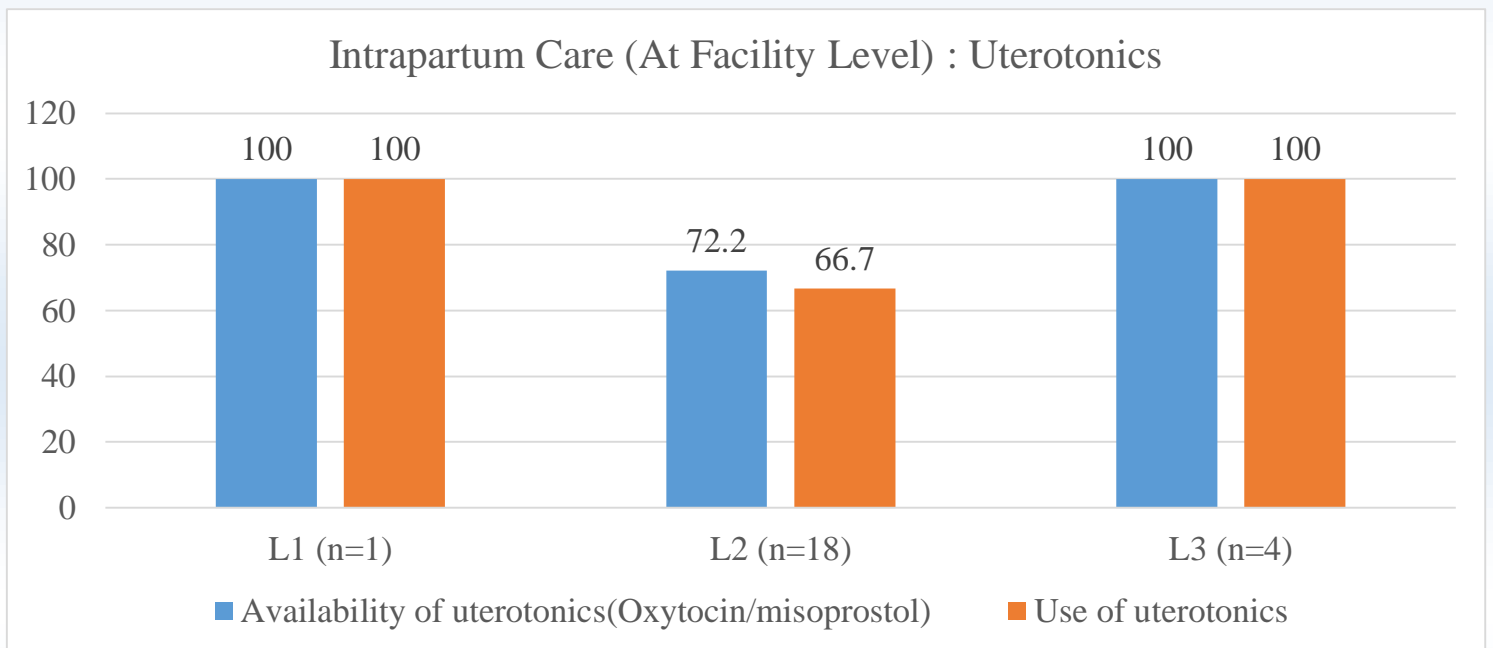


Urine albumin kit is not available at L1 level of facility.

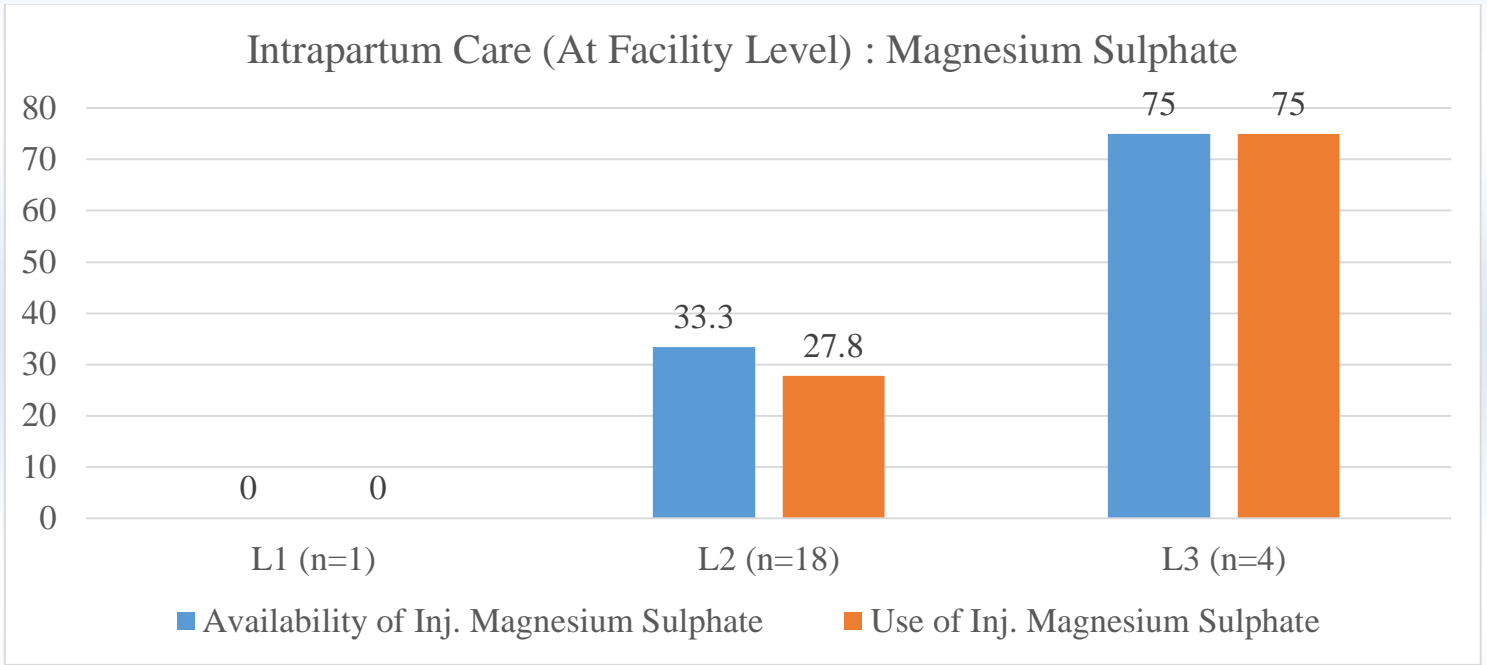
Intra partum care



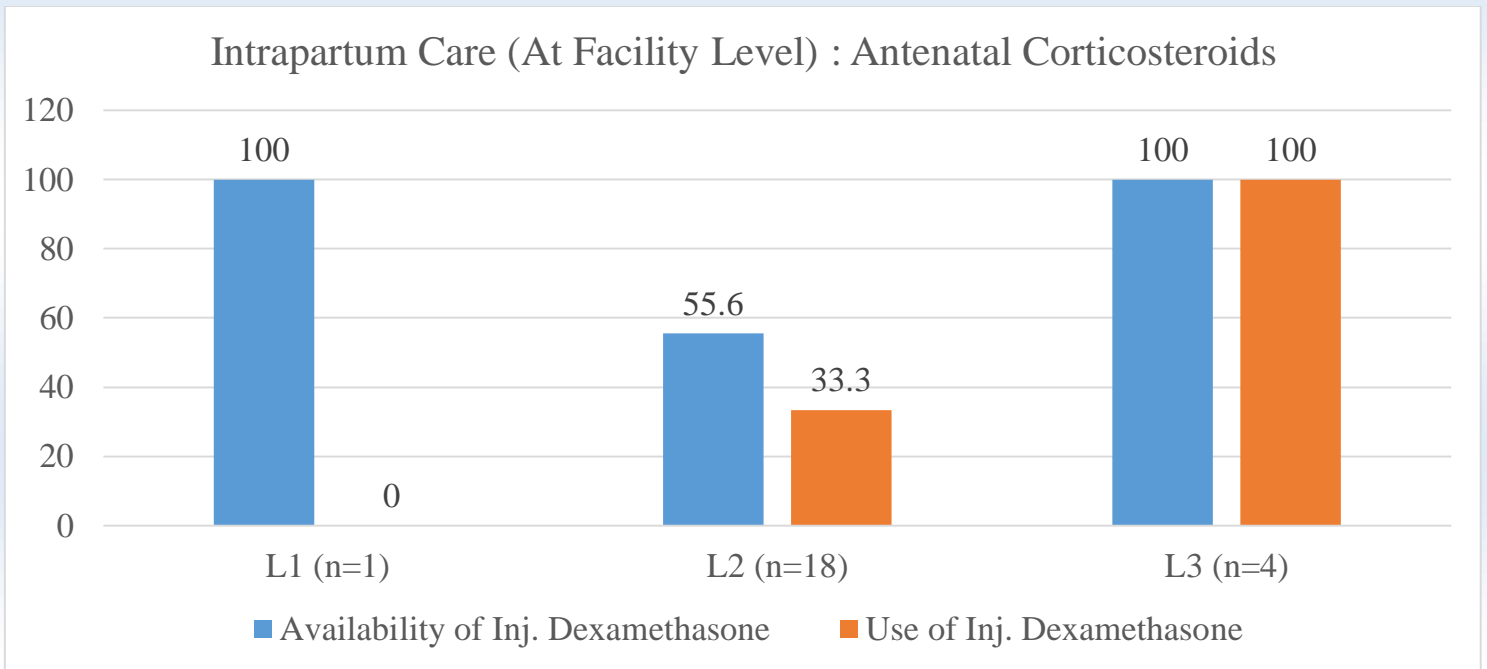
Availability of Partograph and its use is a major concern. Only 22% L2 facilities whereas 25% L3 facilities are using Partograph for monitoring of labour.



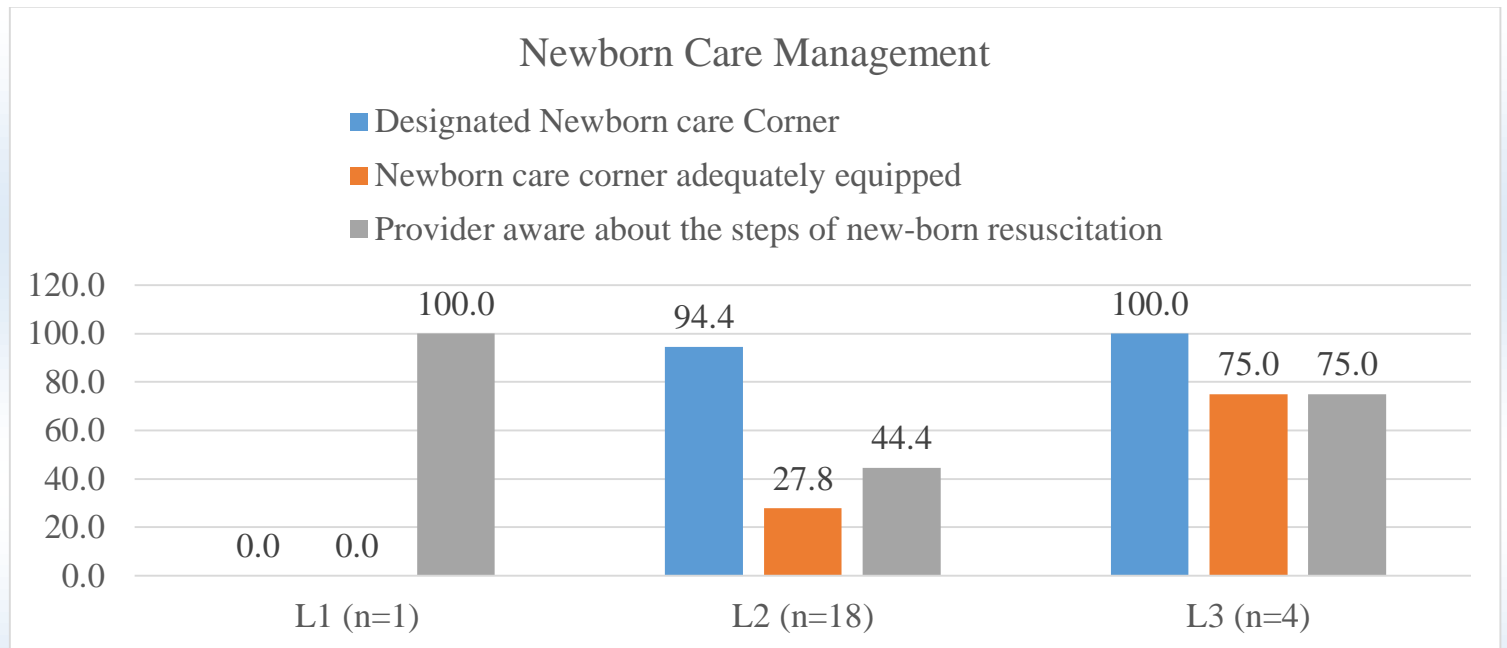
Only 72% L2 facilities have Uterotonics drugs and out of them 66% facilities are using Oxytocin/Misoprosotol.



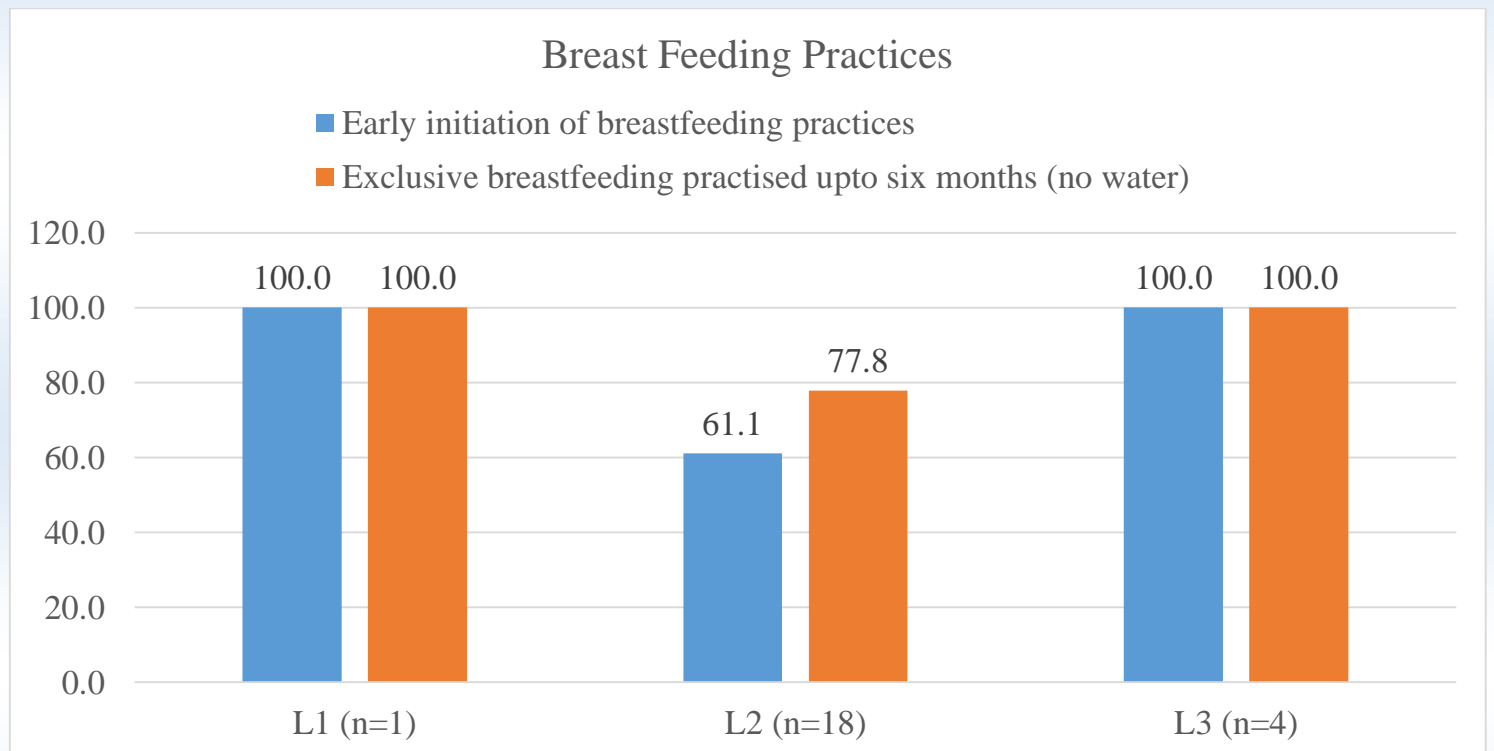
Availability of Inj. Magnesium Sulphate and use of Magnesium Sulphate is also a major concern. Only 33% L2 facilities and 75% L3 facilities have Inj. Magnesium Sulphate.



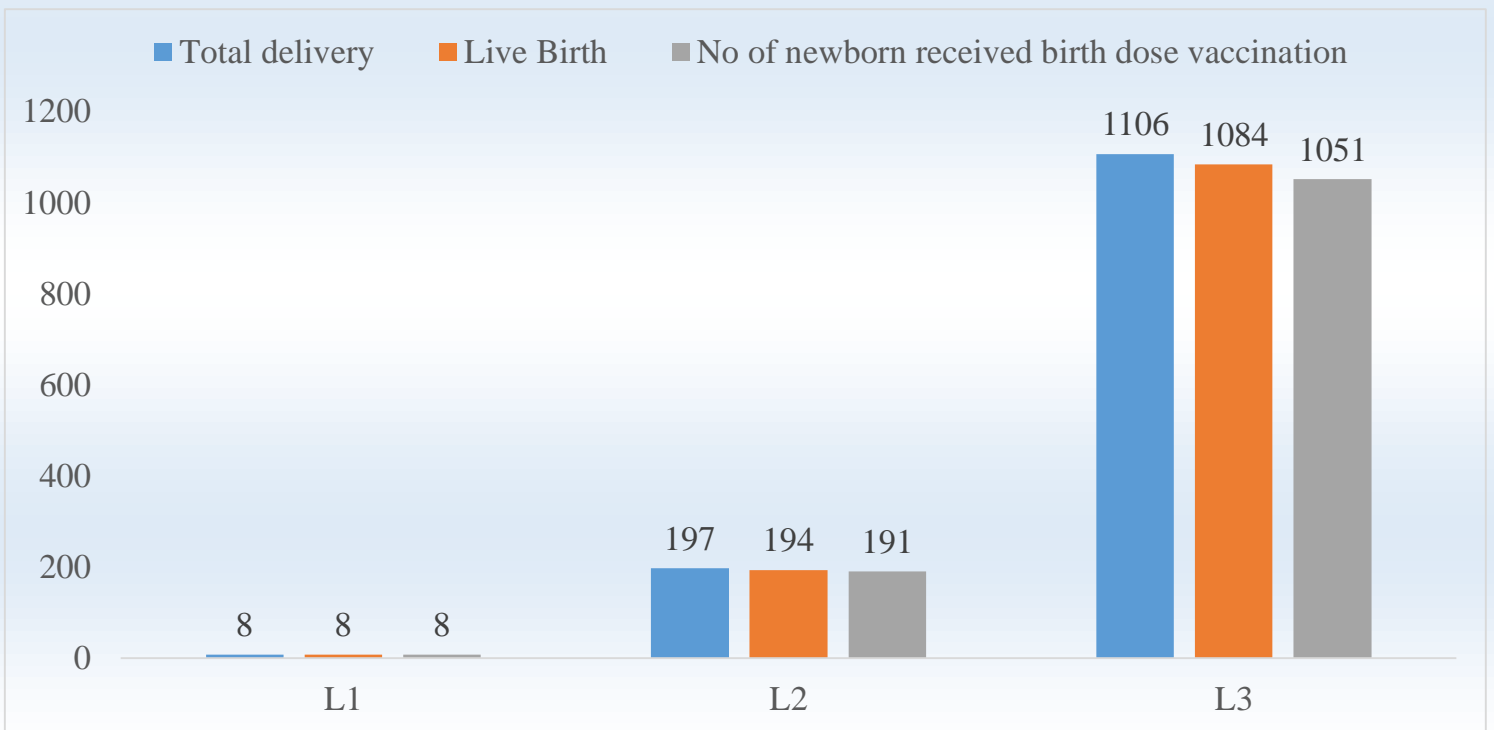
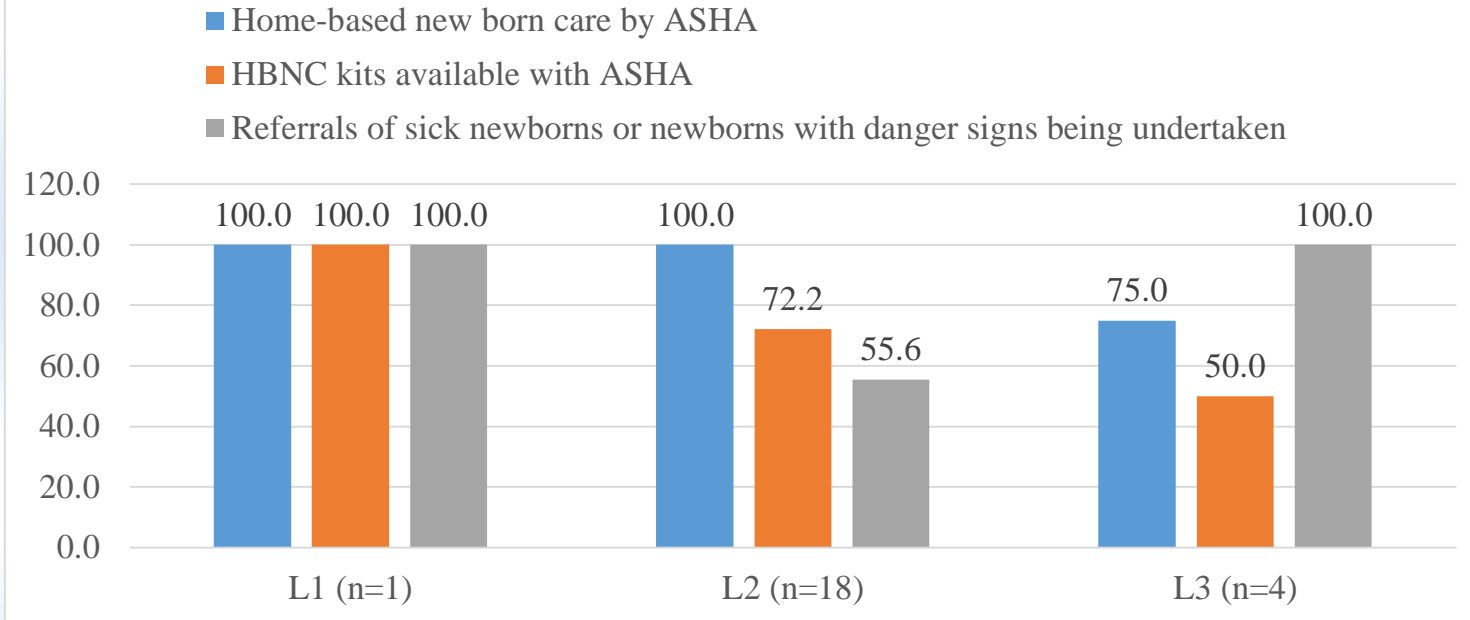
Newborn Health:



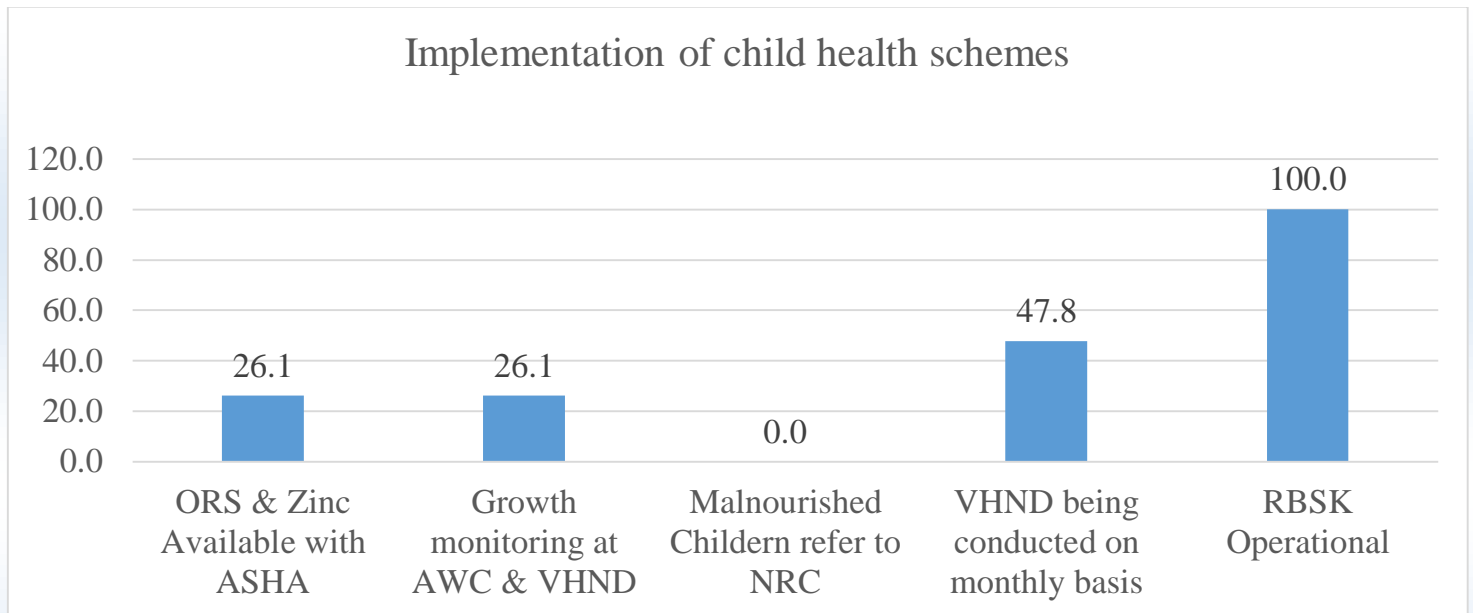
Though 94% L2 facilities have designated Newborn Care Corner but only 27.8% facilities have adequately equipped NBCC



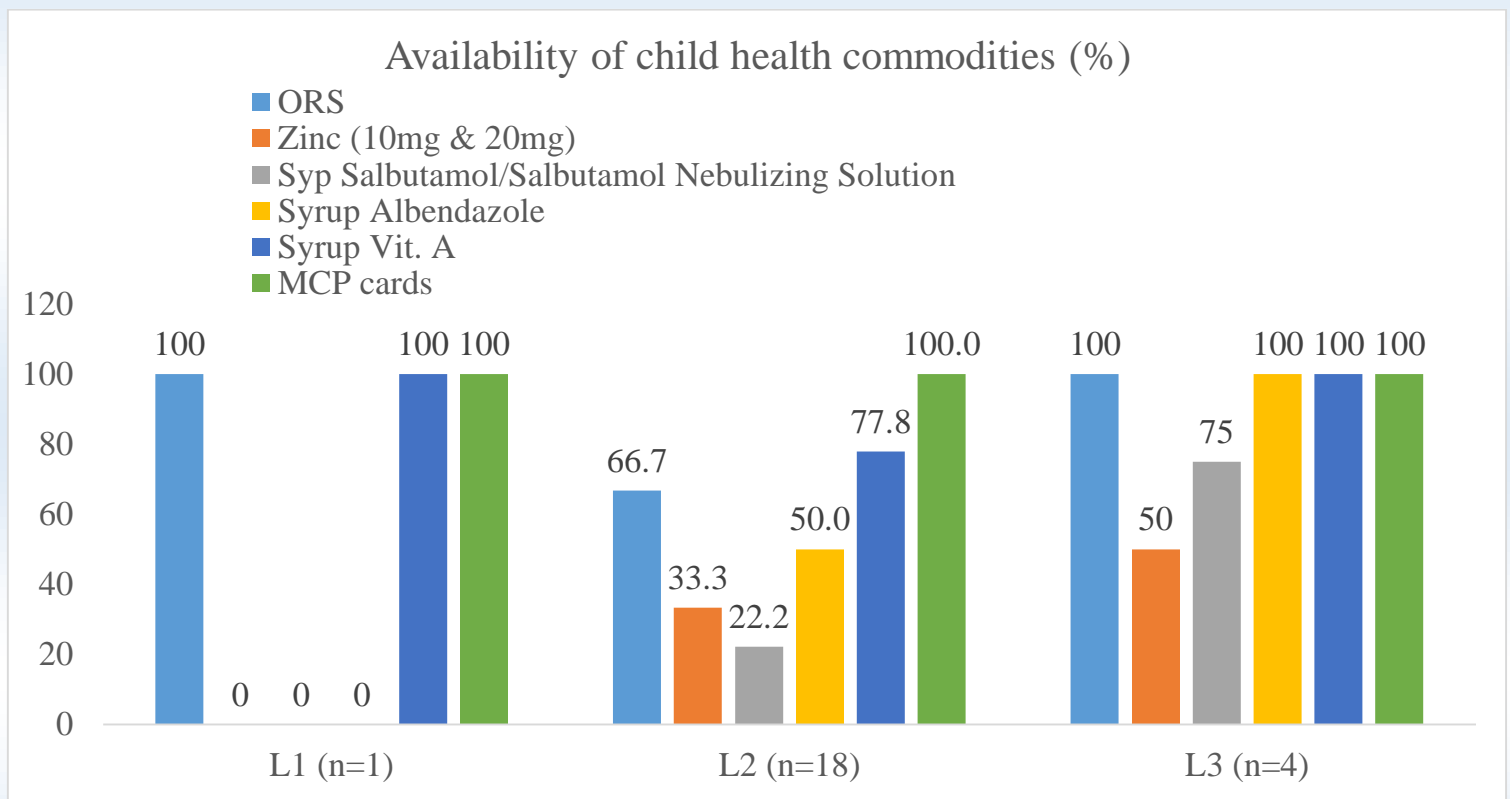
Home based newborn Care



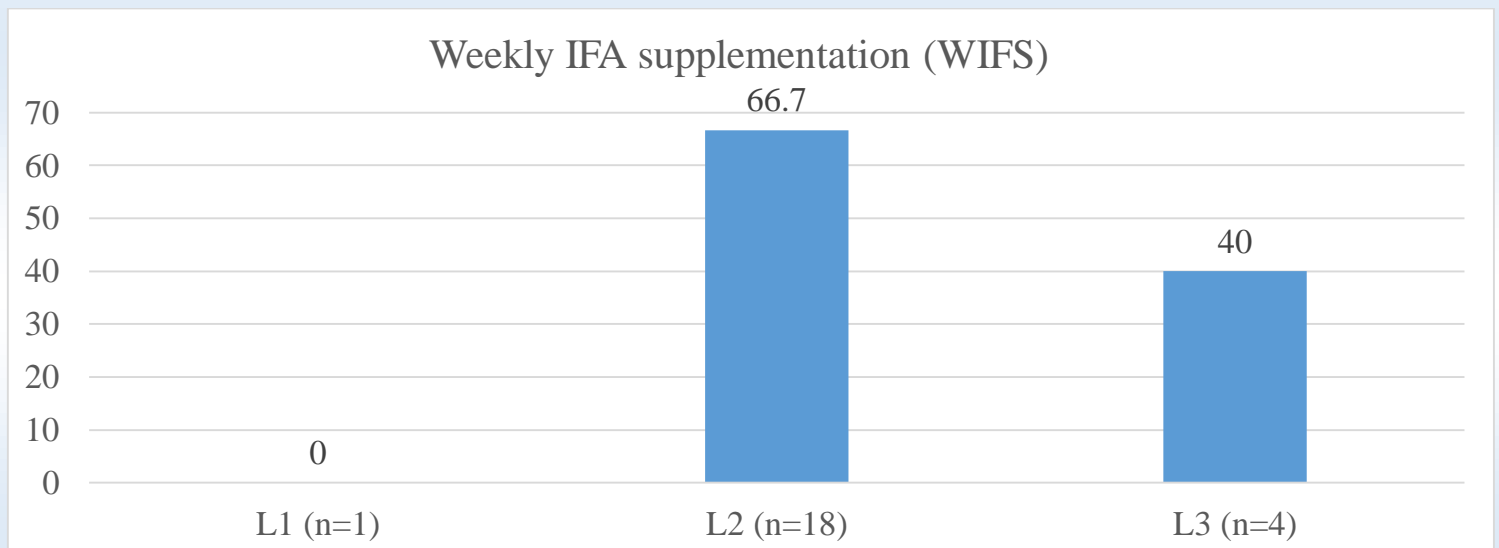
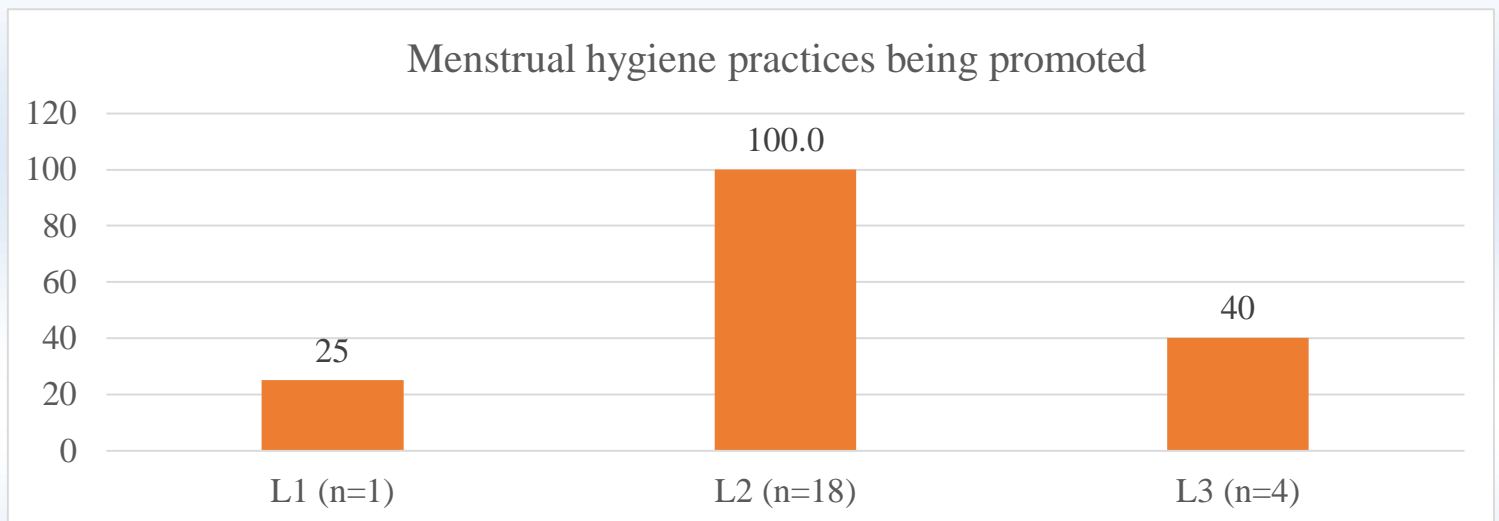
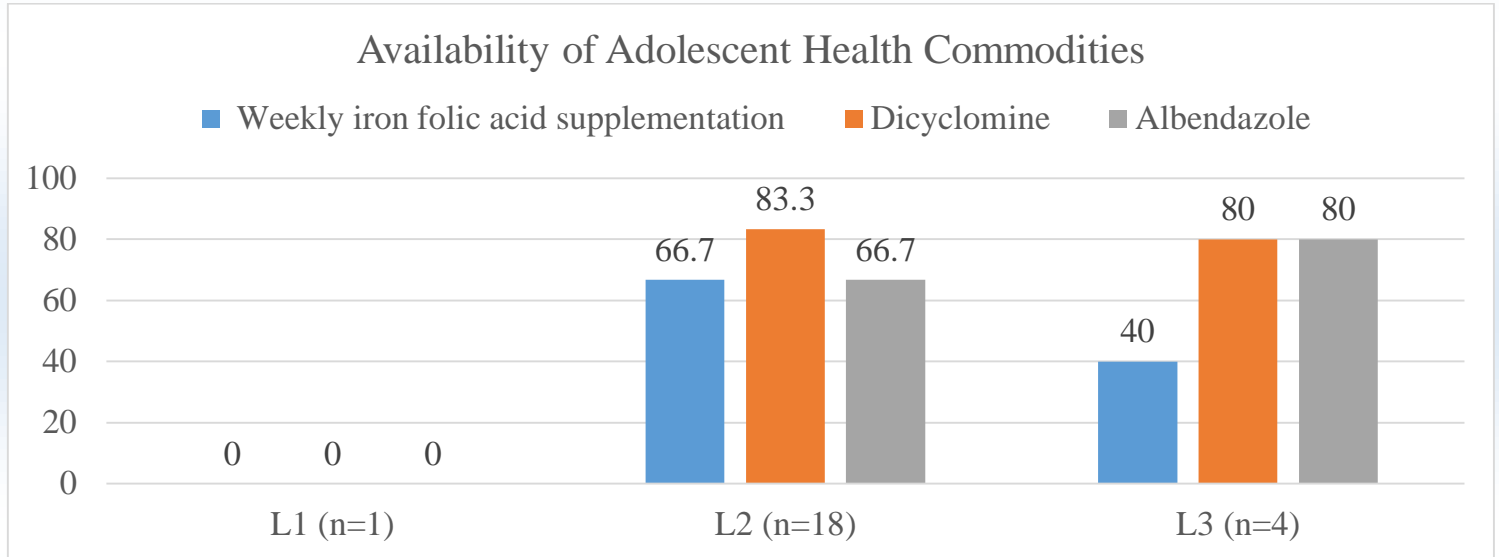
Child Health:



Availability of ORS and Zinc is a major problem throughout the districts, only 26% facilities have ORS and Zinc with ASHAs.



Adolescent Health



Recommendation based on Supportive Supervision findings:

- ❖ Training of SNs/ANM and Medical Officer in SBA & NSSK is a major area where thrust need to be given. Only 30% SNs/ANMs SBA trained ANMs/SNs are available in L2 level facilities where as only 33% are trained in NSSK. 17% SNs are trained in SBA at L3 level facilities and only 34% are trained in NSSK.
- ❖ Family planning service is also a major concern especially Male sterilization. As per the monitoring data out of total sterilization only 6.2% is Male Sterilization. Special awareness as well as major thrust need to be given on camp based approach.
- ❖ Family planning commodities especially IUCD 375,380, OCP and ECP need to be made available at all level of facility.
- ❖ ASHA should be more active for home delivery of contraceptive and incentive of ASHA for delaying and spacing birth need to be regularized.
- ❖ Only 22% L2 facilities whereas 25% L3 facilities are using Partograph for monitoring of labour. Use of Partograph must be ensured through regular monitoring from district and block level officials/officers. Special focus on Partograph need to be given during SBA training.
- ❖ Only 72% L2 facilities have Uterotonics drugs and out of them 66% facilities are using Oxytocin/Misoprosotol. Use of uterotonics must be ensured at all level.
- ❖ Availability of Inj. Magnesium Sulphate and use of Magnesium Sulphate is also a major concern. Only 33% L2 facilities and 75% L3 facilities have Inj. Magnesium Sulphate. Use of Inj. Magnesium Sulphate need to be ensured.
- ❖ Though 94% L2 facilities have designated Newborn Care Corner but only 27.8% facilities have adequately equipped NBCC. It is very essential to strengthen the NBCC at all delivery point and major thrust need be given on Essential New Born Care Management (ENBC) during NSSK training.
- ❖ HBNC Kit must be made available with ASHA for proper home based new born care.
- ❖ Availability of Zinc tablet, Dicyclomine and Albendazole must be ensured.

Village Health & Nutrition Day Monitoring Status:

District – Doda

Date of visit- 15/10/2015 **Name of the Session Site: Ramgarh,** **Population (approx.) - 3136,**
SC Name – Ramgarh, **Block Name: Assar**

Major Observation:

- Although mobilizer mobilizing the children but they does not have due list for session site.
- All vaccine are available at session site but date and time was not mention on any vaccine.
- 5 ml syringe was not available.
- MCP card, IFA tablet was not available at session site.
- Hub cutter is available but not used by ANM.
- ANM don't know the age of second dose of measles.

Action Taken:

- Discussed about importance of duelist as tool for mobilization and avoid left outs.
- Oriented ASHA of their role in RI session.
- Oriented ANM about national immunization schedule.

Suggestion and Support Required:

- Refresher training is required for health worker.

Date of visit- 29/10/2015 **Name of the Session Site: AWC Daranga** **SC Name - Dharnga**
Block Name: Bhaderwah

Major Observation:

Health Care Service Delivery: In VHND session site frontline workers (ANM, AWW & ASHA) were present that shows the good inter sectorial convergence between the health workers of two different department. At the session site lactating mother and pregnant lady were present at VHND site.

- In session site following logistic was available like BP machine, stethoscope, weight scale (adult), new-born and child weight scale, ORS, IFA, Paracetamol, blank RI card.
- No IEC was displayed in the session site.
- Immunization services were not provided in the session site.
- During VHND site monitoring it is observed that weight is being taken for children of 0-5 years but not plotted on WHO growth chart due to an availability of chart.

Counselling: In VHND session group counselling was done by ANM. Following topics were discussed:

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

VHND Reporting Mechanism of the health worker:

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

Date of visit: 29/10/2015 **Name of the Session Site:** Misrata AWC **SC Name:** Bhalra
Block Name: Bhaderwaha

Major Observation:

In VHND session site frontline worker (ANM, AWW, and ASHA) is present that shows the good inter sectorial convergence between the health workers of two different department. During visit. In session site following logistic was available like BP machine, stethoscope, weight scale (adult) , Nischay kit ,ORS,IFA, Paracetamol, blank RI card Haemoglobiometer and sugar kit .

- No IEC was displayed in the session site.
- Immunization services were not provided in the session site.

Counselling: In VHND session group counselling was done by ANM. Following topics were discussed:

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

VHND Reporting Mechanism of the health worker:

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

Suggestion and Support Required:

- Advocacy required at state level to strengthening VHND.

District – Poonch

Date of visit: 8.10.2015 **Session Site:** Kasalian **Population (approx.)** 1633 **SC Name:** Kasalian
Block Name: Mandi

Major Observation:

Health Care Service Delivery:

1. VHND session was held as per Microplan.
2. Beneficiaries were mobilized to session site by ASHA.
3. 9 children were given Vitamin A and 1 pregnant women counselled for ANC checkups.
4. ANM, AWW, AWH, ASHA, Supervisor from ICDS department were present in the VHND. (Member of VHSC/PRI, supervisor from health department were not present)
5. Logistics like BP instrument, stethoscope, Foetoscope, Weighing scale Adult, Growth chart for boys and girls, vaccines, Paracetamol, ORS, Zn, IFA (large and small), Hemoglobin testing kit, EC Pills, Red and black bag, Blank MCP card, Referral cards were NOT available.
6. Vitamin A, Pregnancy testing kit, Condoms and contraceptives were available.
7. Reproductive and Child health related IEC material like Banner, wall writing, poster, Flip charts, were not available.
8. Due list was not prepared by ASHA the day before VHND.
9. Weighing machine (New born and child) is available but placed in a trunk and hence not used.

10. Counselling on Family planning methods and breast feeding was done.
11. ASHA, ANM and AWW were not aware of their role in VHND.
12. Services provided during VHND were not documented properly.
13. 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 ANC checkups to one pregnant women given.

Drugs/Vaccine and other consumable availability:

- Only Vitamin A, Vitamin C, condoms, pregnancy testing kits 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.

Suggestion and Support Required:

There is a dire need of continuous training on VHND guidelines block wise and involvement of all the concerned authorities to substantial results.

District - Rajouri

Date of visit 07/10/2015 Name of the Session Site: SC Ghambhir Brahmna Population - 1500

Block Name: Manjakot

Major Observation:

- Three FMPHW were present at sub center at the time of visit however only one of them could explain the activities of VHND and vaccination.
- Cold chain was maintained as well as date and time was recorded at vials and register both.
- Tickler box was there but not maintained since long time.
- All vaccines were in first stage.
- Immunization register was not updated as hepatitis dose was not mentioned in the column since long back, here to mention that all children were born in District hospital and ANM do not know whether these child got Hap. B or not.
- No due list was prepared by ANM.
- MCP cards are not available
- Total children immunized 12 and 1 ANC registered.
- Infection prevention practices is neglected in immunization section as Hub cutter is not available.
- Color coded bin was not available in SC.
- Counter foil not maintained.

Action Taken: Sensitize ANM's keeping counter foils, placement of tickler box, Keeping track record for full ANC Coverage , preparing due list beneficiaries, due list for immunization, and segregation of waste management in color coded bins, hub cutter .

Suggestion and Support Required:

- ANC registration and tracking mechanism need to stream line.
- ANC service provider need to strengthen by giving them orientation about vaccination and infection control practices

**Date of visit 08-10-2015 Session Site: AWC Guria Population (900). SC Name: Fatahpur
Block Name: Manjakot**

Major Observation:

A village health and nutrition day was organized at AWC Guria, total population covered by AWC is around 900. Children were weighted on the adult weighing machine. Diet was distributed to children during VHND.

Observation / Findings:

- Total Participant

Children	13	Diet given
Adolescent	3	Health and Hygiene education
Mother Lactating	4	Counseling breast feeding, Family Planning, Health Education etc.
Pregnant Women	1	Registered
Children	2	Vaccination

- Vaccination done at VHND but Hub cutter was not available to cut the syringe.
- ANM, ASHA and AWW was present at VHND.
- All pregnant women has already received ANC services at SC
- OCP, Condom distributed.
- No due list were prepared by ANM.
- Only alphabetical chart to teach children displayed at AWC, other poster were not present.
- Child Health Services e.g. Breastfeeding, danger sign and Family planning services were provided at VHND site
- Vaccination provided at VHND session site.

Action taken at Session site and Block/District Level:

- Group consoling session were organized e.g. Adolescent, and Pregnant women, Lactating Mother for Health hygiene and family planning, Birth Preparedness, Institutional Delivery.
- Advocacy of due list preparedness. And sensitized them about its importance.
- Sensitize ANM about growth monitoring on MCP card and Growth monitoring register maintenance.

Support Required at District Level:

- Instructed all Block level Head, supervisor, BMEO, ASHA Coordinator that they should attend at least one or two session per month.
- Instructed SC to proper VHND session plan and submit to block and further organize it accordingly.

- Need a Weighing Machine at VHND site.
- ANMs need to sensitize about VHND importance.

VHND Reporting Mechanism:

- Staff maintain the VHND register and by the end of the month, submit number of VHND held in monthly work done report to block head quarter.

Date of visit 29-10-2015 Session Site: AWC Danodindia SC Name – Dhanidhara Block: Manjakot

Major Observation:

Health Care Service Delivery:

- Total children came to the VHND were 20 whereas 3 ANC and 5 adolescents visited the site.
- OCP Condom distributed at VHND site
- Children were given hot meal as rice and biscuit.
- ASHA was available in VHND session
- Weighing machine was not functional at VHND site, so no weighing.
- Group meeting was not practice earlier so arrange the group meeting.
- MCP cards were not available at VHND site
- All pregnant women has already received ANC services at SC.
- No Due list was prepared by ANM.
- Both the ANM regular side and NRHM as well present there.
- Only Alphabetical chart to teach children display at AWC, other poster were not present.

Growth Monitoring:

- Growth monitoring was not in practice as they do not have functional weighing machine

Counselling:

- Child Health Services e.g. Breastfeeding, Danger Sign and Family planning services were provided at VHND site
- Group counseling held at session site by ANM.

Drugs/Vaccine and other consumable availability:

- IFA, Vitamin A, Zinc was not available at VHND.
- OCP and Condom were available at session site and distributed

VHND Reporting Mechanism

- They maintained the VHND register and end of the month they send number of VHND held in monthly work done report to block.

Action Taken:

- Group consoling session were organized e.g. Adolescent, and Pregnant women, Lactating Mother for Health hygiene and family planning, Birth Preparedness, Institutional Delivery.
- Advocacy of preparing duelist with ANM's
- Sensitize the ANM and AWW about the VHND importance.

Suggestion and Support Required:

- Instruct all Block level official and supervisor, BMEO, ASHA Coordinator to visit few session per month.
- Instruct the SC that proper VHND session plan of every month submitted to Block head quarter, so that monitoring could take place and documented.
- Need a Weighing Machine at VHND site.
- ANMs need to sensitize about VHND importance.

District – Ramban

Date of visit: 28/10/2015 Session Site: DH Ramban Population - 20000-250000 Block Name: Batote

Major Observation:

- The ANM was cutting the needle of AD syringe immediately after administering injection using hub cutter
- The colour coded bins and bags are not available.
- The date and time is mentioned on the opened vials.
- The ANM is giving mother /caregiver 4 key messages.
- The tracking bag is available and is filled with counterfoils.
- The twice daily monitoring of temp is done in respective log books.
- The ILR and deep freezer is not placed on wooden blocks.

Action Taken:

- The negative points which have been observed at RI session have been communicated to Deputy who has assured to complete all the deficiencies within weeks' time.

Suggestion and Support Required:

- It has been observed that equipment's like deep freezer and ILR shall have regular inspections so that they remain functional and operational all the time
- The concerned ANMs needs skills needs to be upgraded timely with refresher courses in the cold chain and immunization

Session Site: AWC Thopal Population – 1200 SC Name: Thopal Block Name: Batote

Major Observation:

Health Care Service Delivery:

There is only one AWC within jurisdiction of SHC Digidol 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 counseling 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

Action Taken:

- Sensitized staff about VHND guidelines

Suggestion and Support Required:

- Periodical training special orientation courses and proper monitoring of VHNDs
- DMEOs and BACs should be engaged in VHND Monitoring

District Wise Meeting Attended Status:

District – Doda

Name of meeting - District monthly review meeting, Date - 20/10/2015 Venue - Bhaderwah

Issued discussed:

The main Purpose of the monthly meeting is to check all the parameters and indicators which should be achieved by all the health institution by putting their best efforts for ensuring the quality of health care facilities provided to the general public. Following are some of the major issues discussed -

- All the reports of should be submitted on 20th of every month by the concern person and IDSP report to be submitted on every Saturday.
- All the in charges should keep the office copy (guard file) of the same report.
- All the in charges should keep the record of house hold visits, under one year children, pregnant ladies & the eligible couple register.
- Assisting the FMPHWs & AWWs in organizing VHND and VHSNC meeting as per the guideline of GOI.
- Maintenance of the register in which all the services provided viz, registration of ANC, Immunization, Oral Pills, IUCD, Sterilization – Male/ Female, referral of sick Newborn/children/infants, spacing methods etc. are recorded with signature of the concerned health person.
- Tracking of PW for early registration in the first timer up to post natal care after Delivery in her respective area.

- All the health institutions should submit their Micro Plan of immunization for the year 2015-16 in the next monthly meeting.
- FMPHWs should ensure the tracking of severely anemic pregnant women and keep the proper record of that case and follow up of these cases.
- For the implementation of (DBT) Direct Benefit Transfer Mode of payment under JSY, all the ASHAs should motivate their patients to open their bank account in to the JK bank before the third ANC of PW and FMPHWs should enter their JK bank A/C in to The MCTS register.
- All the Health institution of Block Bhaderwah should complete their financial record (NHM & NCD) and submit their cash books and bank statements in the concerned section.
- All the health centers should submit their VHND Plan/ calendar in the office so that same will be submitted to Chief Medical Officer Doda.
- Following health centers had not submitted MCTS registration for updating their records:
 - a. Sindra, b. Gutassa, c. Ghuraka, d. Nalthi, e. Kursari
- All the SC centers should keep the record of deliveries & maintain a register in which home deliveries, institutional deliveries in side block and outside block are separately shown.

District - Poonch

Name of meeting - Sector level meeting of ASHA, ANM and AWW at PHC Bandichachiyan,

Date - 9/10/2015 Venue - PHC Bandichachiyan, Block Mandi

Agenda:

1. To discuss the present status of Immunization, VHND and Adolescent health and steps to improve it.

Sl. No	Activity and discussion	Responsibility	Action Taken	Timeline
1	ASHAs, ANMs and AWW to work in coordination.	ASHAs, ANMs and AWW	MO In charge directed ASHAs, ANMs and AWW to work in collaboration with each other to make the programs successful.	Continuous Process.
2	Enhancement of 0 dose vaccination. Preparation of due list before conducting Routine Immunization session	ASHAs, ANMs	ANMs, ASHAs were directed to improve the Birth dose vaccination. HMIS data of previous quarter was shown to them. They were also strictly directed to make due list	Continuous Process.
3	Motivation for IUCD Insertions.	ASHAs, ANMs	ANMs and ASHAs were directed to improve the family planning services.	Next Quarter
4	All ANMs, ASHAs, and AWWs are not aware of their roles in VHND.	ASHAs, ANMs, AWWs	All the present functionaries were sensitized ASHAs, ANMs and AWWs about their role in VHND.	Ongoing
5	ASHAs will prepare due list the day before VHND and share with ANMs and AWWs.	ASHAs, ANMs	MO will check for compliance	Ongoing.

District – Rajouri

Name of the meeting: District Monthly Review Meeting

Date of Meeting: 06/10/2015

Venue: DHQ Rajouri

Time: 10:00 AM

Issued discussed:

- Institutional wise month death report
- Status of Bio Medical waste management
- Kayakalp programme
- Cold chain maintenance issue
- Rationalization of staff
- MCTS updation and uploading
- Status of VHSNC meeting

Action Taken:

- Monthly report should be submitted DHQ in timely manner. A committee has been formed to look after the reporting issues.
- Instruction given to all BMO to submit status of BMW of facilities to DHQ by next week.
- BMEOs were instructed to ensure the MCTS updation on timely bases and BMO will monitor them by taking the weekly activity report.
- Orientation about Kayakalp. BMO and MS were advised to enroll for it.
- Line list the cold chain center and verify the physical infrastructure like ILR functional and power back up.
- Block level officer will monitor immunization sessions in hard to reach areas once in a month.
- Discuss the issue of vaccine wastage as some of blocks wastage are high ask to take appropriate action to reduce the wastage factor.
- Every Sub center will conduct a VHSNC meeting in a month and BAC will be accountable for it and will send the report to the DHQ and Block head quarter as well in monthly work done report.

Name of the activity: Block meeting with ANMs on Documentation and Growth monitoring

Place – Darhal Block. Date: 20-10-2015

Activity Details:

A block level meeting was arranged at Block head quarter Darhal and all CHOs, ANMs and other health facility workers participated in the meeting, meeting was addressed by the BMO of the block and discussed their agenda. Staff was sensitized on documentation and growth monitoring, Dualist preparedness, VHND strengthening, Cold chain maintenance, MCP Card, etc. Here gaps were also discussed which were observed during the visits in various facilities.

Give the orientation on various topics:

- Sensitize the ANMs, and AWW on plotting of growth chart on MCP card during VHND.
- Sensitize the ASHAs, ANMs for prepare the due list before for VHND and organize the VHND session as per guidelines.

- Sensitized ASHAs, ANM and AWW about their role and responsibility in VHND.
- Complete orientation on filling the MCP card and their messages needs to be shared with the pregnant lady, so that she can take care of herself based on sign and symptoms.
- Microplan for reduce the vaccine wastage and cold chain maintenance.
- Sensitize them to maintain the Mother and Child tracking register
- ASHA,s and ANM and AWW to work in coordination
- Enhance 0 dose vaccination and reduce the wastage.
- Breast Feeding practices, Child Health and Nutrition and care during home visit.

Name of the activity: Block meeting with ANMs on Documentation and Growth monitoring

Place –Block Manjakot Date: 12-10-2015

Activity Details:

During the various field visits for supportive supervision and VHND monitoring and other activity it has been notice that lot of sensitization is required on various topic of health worker at all kevel which is creating the gap in performance and indicator of health, there for a block level meeting was arranged at Block head quarter Manjakot and CMO Rajouri and District ASHA Coordinator, CHOs, ANMs and other health facility working participated in the meeting. After the review meeting staff was sensitized on the following issues-

- Sensitize the ANMs, and AWW on plotting of growth chart on MCP card during VHND.
- Sensitize the ASHAs, ANMs for prepare the due list before for VHND and organize the VHND session as per guidelines.
- Sensitized ASHAs, ANM and AWW about their role and responsibility in VHND.
- Complete orientation on filling the MCP card and their messages needs to be shared with the pregnant lady, so that she can take care of herself based on sign and symptoms.
- Microplan for reduce the vaccine wastage and cold chain maintenance.
- Sensitize them to maintain the Mother and Child tracking register
- ASHA,s and ANM and AWW to work in coordination
- Enhance 0 dose vaccination and reduce the wastage.
- Breast Feeding practices, Child Health and Nutrition and care during home visit.

Name of activity - VHNSC Meeting at S/C Thandi Kassi Date: 26/10/2015

Activity Details:

VHSNC meeting was organized under the chairmanship of Sarpanch Thandi Kassi along with district ASHA coordinator and Block ASHA coordinator and other committee members.

Various issues were discussed during the meeting of Thandi kassi and decision taken. Some of the major issues discussed during the meeting are as follows-

- Sanitation/cleaning
- Cleaning of bore well
- Assistance of poor widow
- Referral of poor patient during night hour

- Providing water facility to sub center
- Providing electricity to sub center

Decision Taken

It was decided to approach the XEN PDD for providing the electricity pole near to sub center and XEN PHE to providing water connection also. As there is no toilet facility in the S/C it was decided in VHSNC to approach District Panchayat Institution to provide sanitary latrine in sub center.

District – Kishtwar

Name of activity - Monthly Meeting Date: 29/10/2015

Activity Details:

A brief meeting held on 29.10.15 based on the field visit finding of PHC-Atholi, PHC-Keeru, PHC-Chatroo & District Hospital. The meeting was chaired by CMO, Kishtwar and also attended by the Ms. Monica Sharma, DPM-Kishtwar, Mr. Manoj Kumar, DM & EO-Kishtwar, Mr. Ashish Sharma, Comp. Asstt-Kishtwar and Mr. Umar Nazir, District Coordinator-RMNCH+A.

Following points were discussed and decisions were taken:

1. Essential drugs and other supplies as per Supportive Supervision Checklist, will be made available at PHC-Atholi, PHC-Keeru & PHC-Chatroo. It has been observed that the sustainability and continuity of keeping Essential Drugs and supplies, especially for the delivery cases, is not being followed, thus it was decided that the matter shall be taken up with all the concerning Block Medical Officers for necessary action and correction.
2. Equipment's like Foetoscope/Foetal Doppler and Mucous extractor to be made available at all the said facilities visited. It was decided that the matters shall be taken up with all the concerning officers for the procurement of necessary equipment's for running the services smoothly.
3. For ensuring the use of Partograph, it was decided that the labour room staff will be oriented on Partograph. It was decided that the matter shall be discussed with the concerning Officers for necessary action. District Coordinator was directed to coordinate with the Officers regarding the arrangement of orientation Programme.
4. Six trays to be kept in Labour Room of PHC-Atholi which should be displayed in a proper way and Ten key steps to be followed for ensuring the smooth working of Labour Room as per MNH Tool kit. It was then decided that matter shall be taken up with the concerning officer for necessary action. (BMO-Paddar).

5. The cleaning of the Labour Room which is also a big issue was also discussed and the cleaning should be done as per protocols with the duty roster of cleaner displayed in the Labour Room and Sensitization of the staff on NBCC and its cleaning was also discussed, thus the issue shall be taken up with all the concerning Officers for necessary action.
6. Infection prevention practices to be followed as per MNH Tool kit , which includes the Hand washing ,daily cleaning , safe handling of Sharps , wearing sterile gloves , instrument processing , storage and bio medical waste disposal including the proper segregation of waste in color coded bins. It was decided that the matter shall be taken up with all the concerning officers for necessary correction and action.
7. Sensitization Programme on Active Management at Third Stage of Labour (AMTSL)/PPH etc., and Infection prevention practices for ANM's/SN's for all the said facilities wherein Medical Superintendent of District Hospital will be asked to organize a Sensitization Programme for the said staff. The Programme will be coordinated by the District team along with the District Coordinator-RMNCH+A.

Other Activities:

1. ASHA 6&7 module training attended by District Coordinator-Rajouri
2. NSSK Training at district level by District Coordinators.

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

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 and if possible in the presence of any state official and identified gaps and poor performing blocks must be given necessary instruction and corrective actions be taken to close the gaps.

Annexure: Facility wise details monitoring status

Prepared & Submitted by

State RMNCH+A Unit, Jammu & Kashmir

O/O-The Mission Director, NHM