

**SUPPORTIVE SUPERVISION REPORT OF SIX
HIGH PRIORITY DISTRICTS, J&K**
CUMULATIVE FACILITIES WITH RECENT VISIT-STATE AGGREGATES
MAY 2016

STATE RMNCH+A UNIT, J&K

O/O-THE MISSION DIRECTOR, NHM, J&K

KEY ISSUES UNDER RMNCH+A IN HPDs, J&K

Sl. No	RMNCH+A	Key Issues
1	Reproductive Health	<ul style="list-style-type: none"> • PPIUCD insertion rate is very poor through the districts. PPIUCD insertion rate is only 1.2% where trained manpower available. • Only 8.4% MOs and 2.4% SNs are trained in PPIUCD at L3 level of facilities. • Male sterilization out of total sterilization is very poor. • Availability of OCP and ECP especially at L3 and L2 level need improvement. • Only 66% facilities at district Doda and 60% facilities at Kishtwar, where all 4 Family Planning commodities (IUCD, OCP, ECP and Condom) are available.
2	Maternal Health	<ul style="list-style-type: none"> • Only 4.9% facilities are using Partograph. None of the facilities at Rajouri, Poonch, Doda and Kishtwar are using Partograph. • 58.5% facilities are equipped with Inj. Magnesium Sulphate and 36.6% facilities are using it. • 85% facilities are equipped with Inj. Dexamethasone whereas 31.7% facilities are using it. • 95 % facilities are equipped with uterotonics drugs and 78% are using it. • Availability of urine albumin kit at Rajouri and Poonch need improvement. • 72% facilities where privacy was provided to mothers at the time of delivery.
3	Newborn Health	<ul style="list-style-type: none"> • 92.5% facilities have designated NBCC, 62.5% are adequately equipped and 65% facilities where providers are aware about the steps of newborn resuscitation. • None of the ANMs/SNs are aware about the steps of newborn resuscitation at district Poonch. Only 33% service providers at Doda and 14% at Leh are aware about the steps of newborn resuscitation. • Only 87% NBCCs have functional Radiant Warmer and Bag & Mask. • Availability of Inj. Vit K1 is improved. • 85% facilities where EIBF practices are being followed. • Only 60% facilities where babies are dried with clean and sterile sheet/towels just after delivery.
4	Child Health	<ul style="list-style-type: none"> • Only 37.5 % facilities have ORS and 25% have Zinc. Availability of child health commodities at facility level is a matter of concern. • Availability of ORS & Zinc with ASHA at community is very poor (only 15%). • Only 37% VHND sessions where Growth monitoring was done.
5	Adolescent Health	<ul style="list-style-type: none"> • Only 50% facilities have Dicyclomine and 35% facilities have Albendazole. • Availability of Dicyclomine and Albendazole at Rajouri, Ramban, Poonch and Kishtwar are poor. • Implementation of MHS at district Kishtwar is poor.

SUPPORTIVE SUPERVISION STATUS OF 6 HPDs (JAN-MAY'16)

Total health facility visited			
Total facility visited	L3	L2	L1
40	16	20	4

HPDs wise facilities covered and no of visit conducted

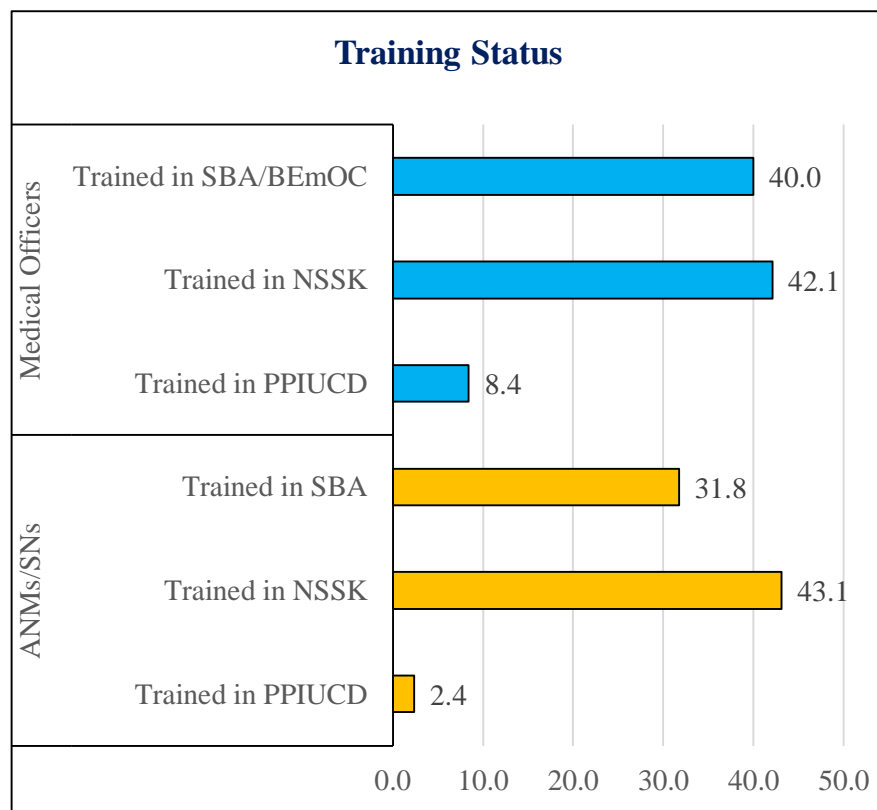
HPDs	Total facilities visited	No of visits conducted
Poonch	8	11
Doda	3	3
Kishtwar	5	13
Leh	7	9
Rajouri	10	11
Ramban	7	15
Total	40	62

Frequencies of SS visit:

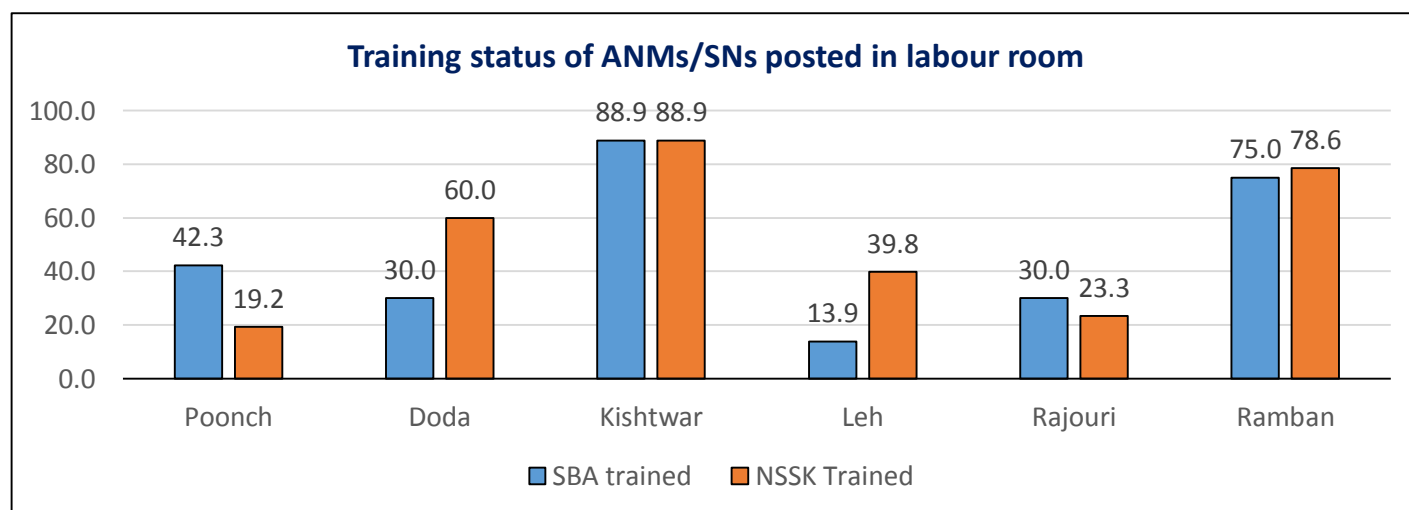
Total facilities visited	No of facilities visited once	Facilities visited 2 times	Facilities visited 3 times & more
Total Facilities (40)	27	10	3
Poonch	5	3	0
Doda	3	0	0
Kishtwar	2	1	2
Leh	6	1	0
Rajouri	9	1	0
Ramban	2	4	1

STATUS OF KEY RMNCH+A INDICATORS

TRAINING STATUS:



Out of the total MOs posted in labour room only 40% MOs are trained in SBA/BEmOC, 42% MOs are trained in NSSK and only 8.4% in PPIUCD. Similarly, out of total ANMs/SNs posted in labour room only 31.8% are trained in SBA, 43% trained in NSSK and only 2.4% in PPIUCD.



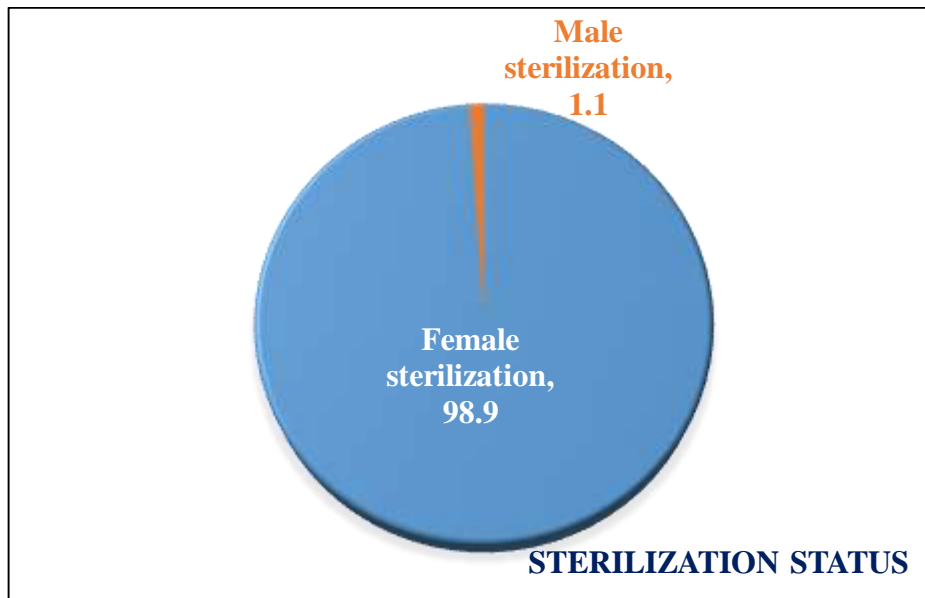
Only 13% SBA trained ANMs/SNs are posted in labour room at Leh, 30% in Doda district and 30% at Rajouri District, whereas improvement noticed at Kishtwar (88.9%), Poonch (42%) and Ramban (75.7%).

19% NSSK trained ANMs/SNs are posted in labour at Poonch and 23% at Rajouri, whereas improvement noticed at Doda, Kishtwar and Ramban.

Overall training status shows that there is a need of rational deployment of skilled manpower for labour room.

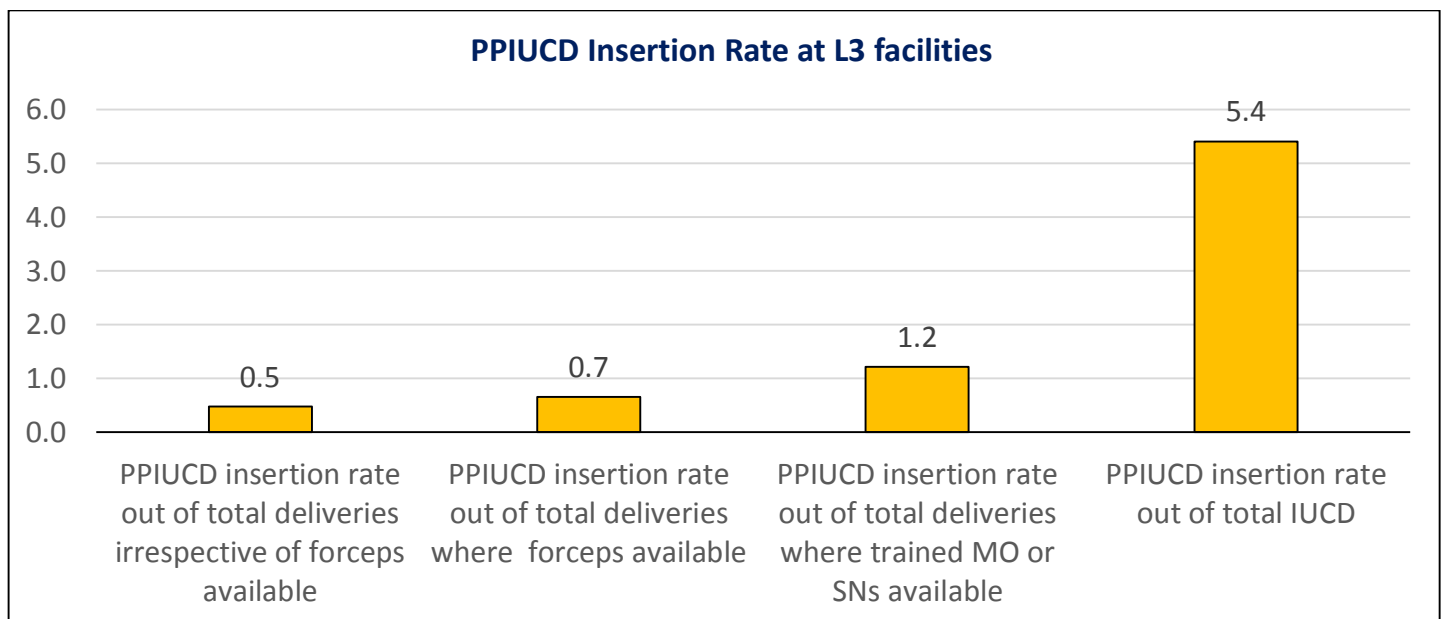
FAMILY PLANNING

Service Delivery



Male sterilization is very poor, as per the service delivery data collected from the facilities only 1% male sterilization is reported.

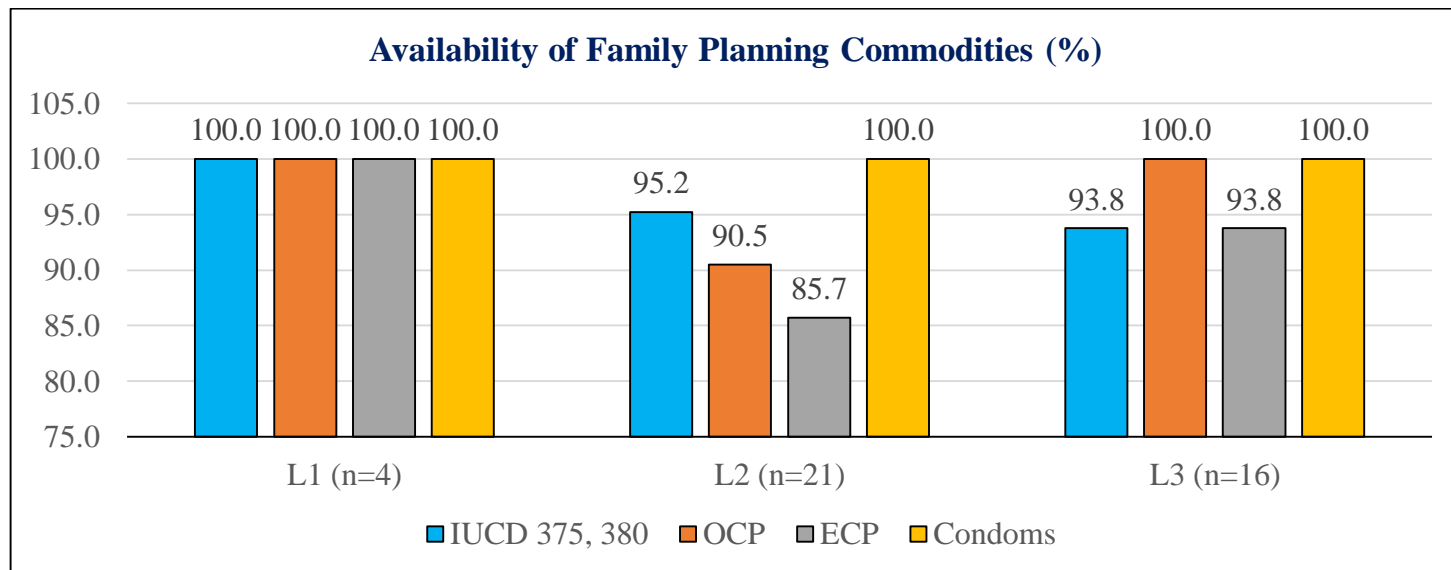
PPIUCD Insertion Rate:



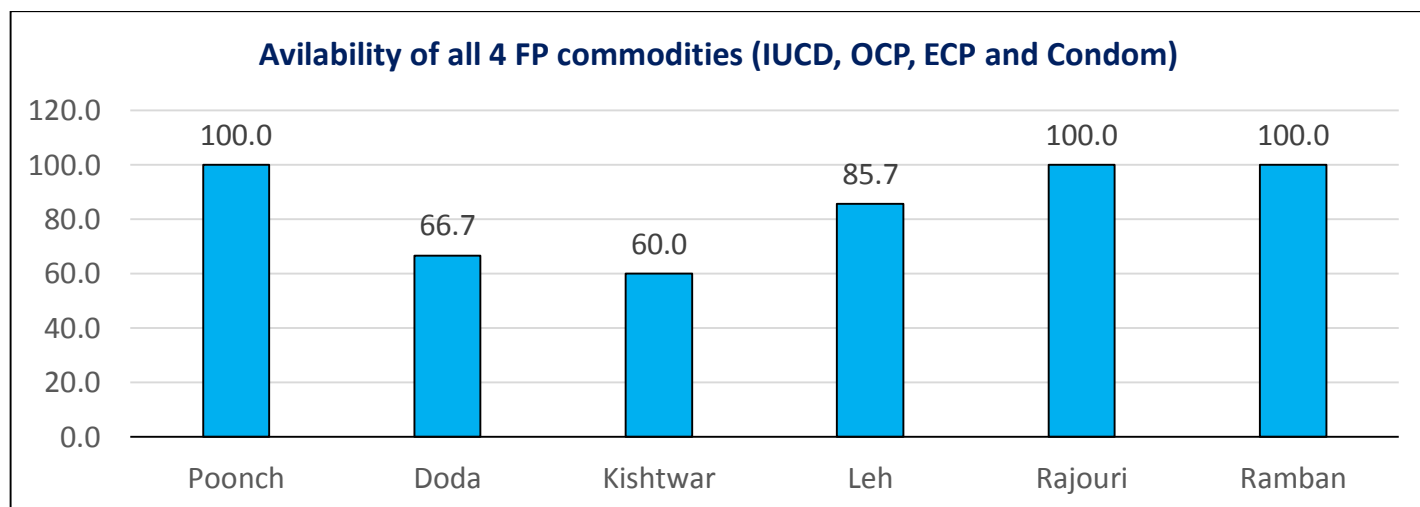
PPIUCD insertion rate also very poor. PPIUCD insertion rate out of total deliveries where PPIUCD trained staffs available is only 1.2%.

It is very essential to increase the PPIUCD insertion rate especially at high case load facilities/L3 facilities where at least trained manpower is available.

Availability of Family Planning Commodities:



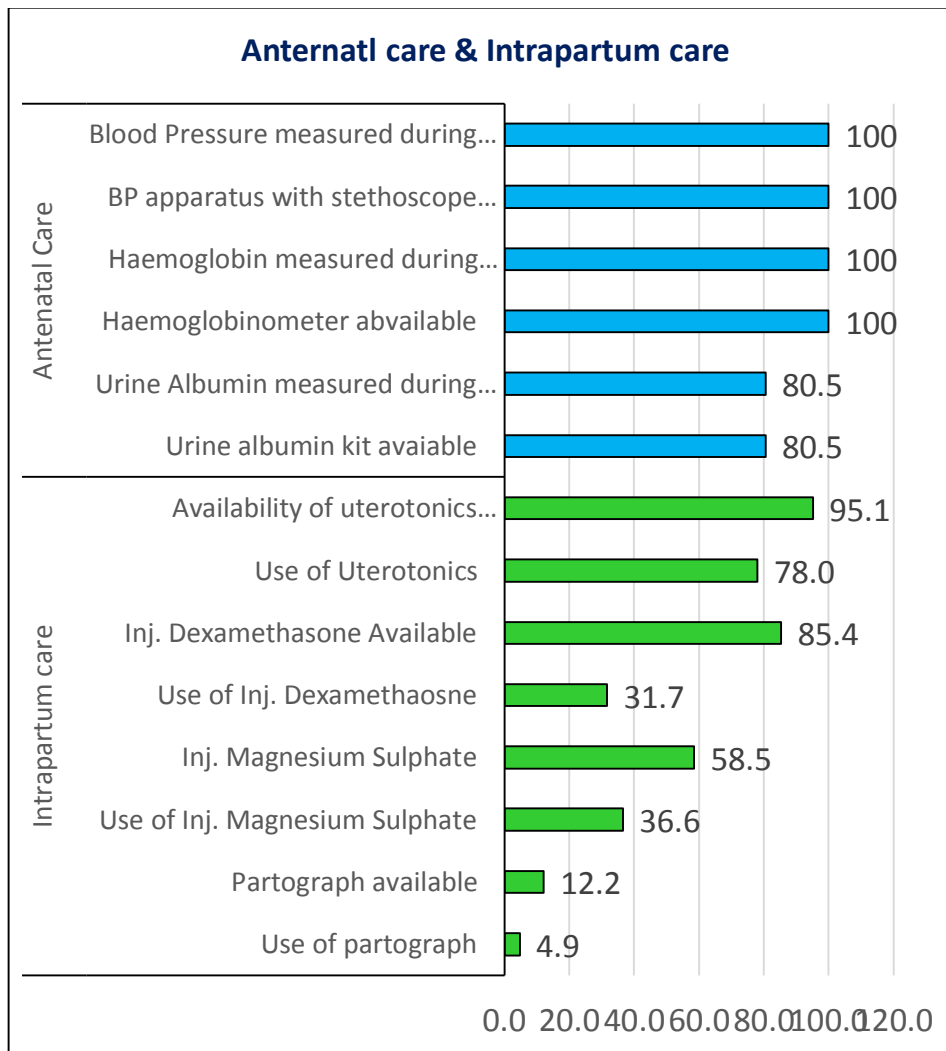
Availabilities of family Planning commodities at L2 is a matter of concern specially availability of ECP and OCP.



Availability of all 4 Family Planning commodities (IUCD, OCP, ECP and Condom) is a matter of concern at Doda and Kishtwar district. Only 66% facilities at Doda and 60% facilities at Kishtwar, where all 4 Family Planning commodities are available.

MATERNAL HEALTH

Antenatal and Intrapartum Care:

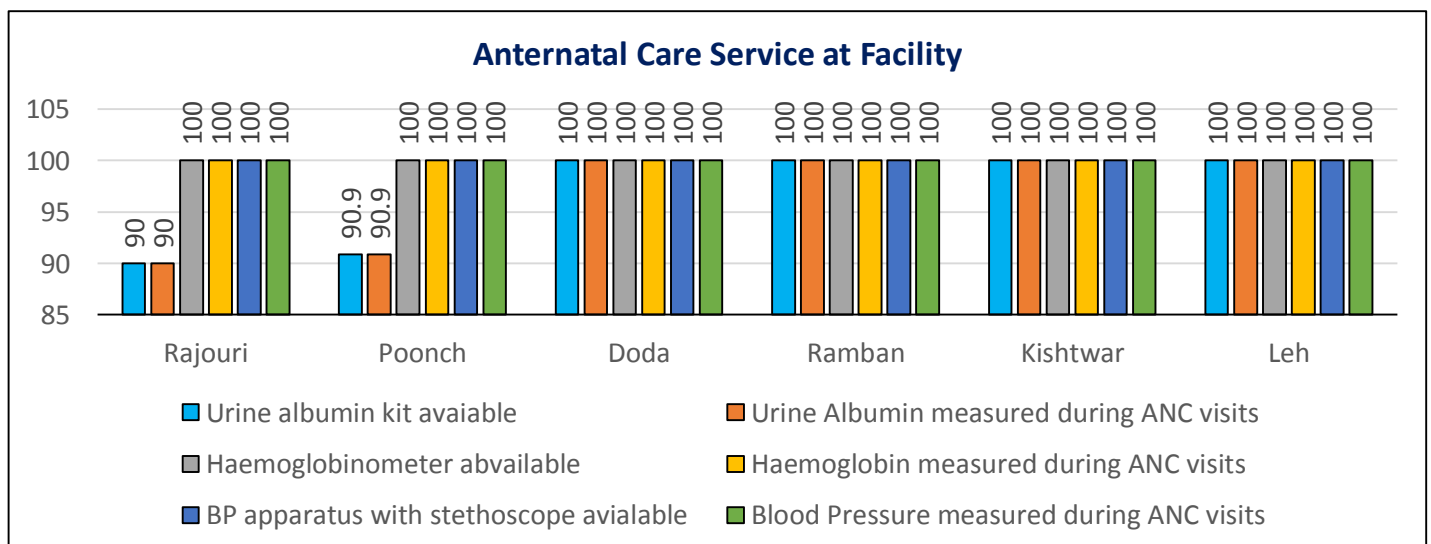


Measurement of BP, estimation of Hb%, urine albumin, use of Partograph, uterotonics and Magnesium Sulphate are some of the key service in antennal and Intrapartum care that are being extended at the facility level.

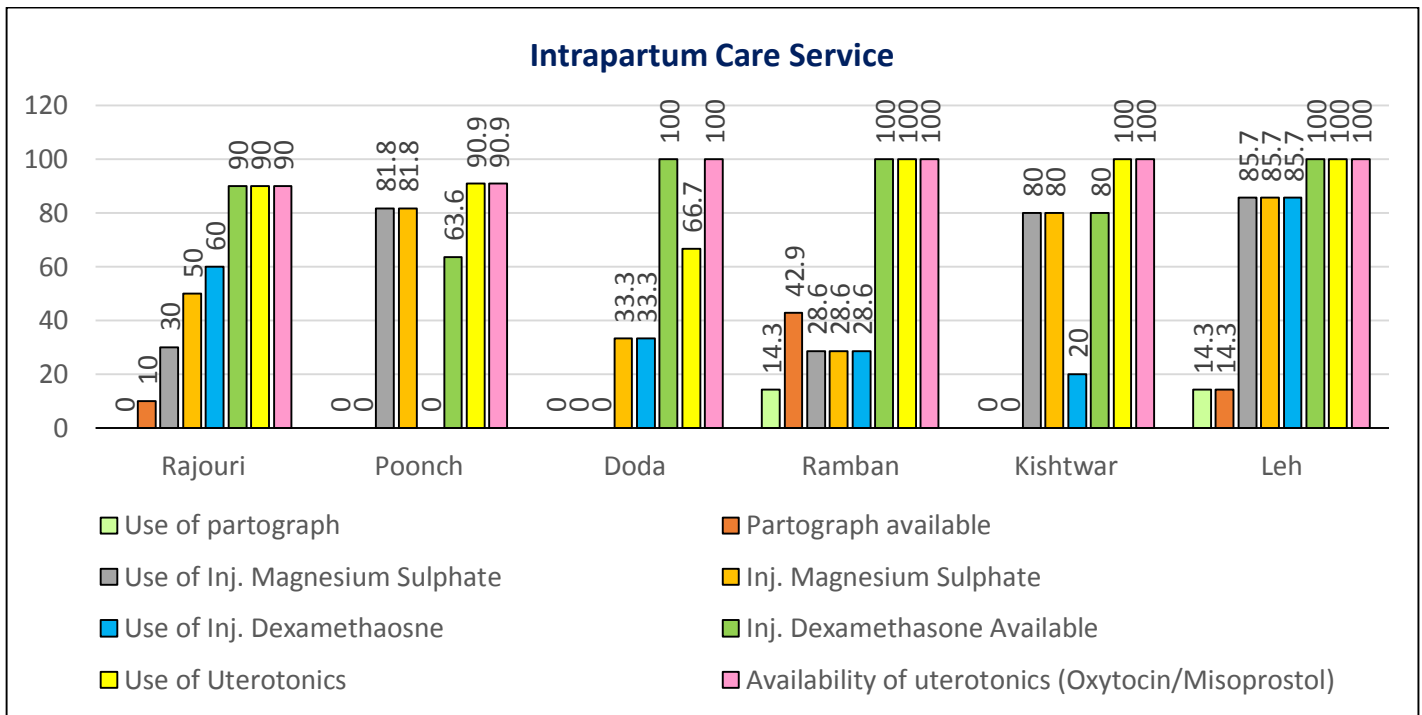
At all levels (L1/L2/L3), 80.5% % facilities have urine albumin kit and 80.5 % facilities are undertaking urine examination during ANC visits.

All the facilities are equipped with haemoglobinometer and all the facilities are conducting Hb.

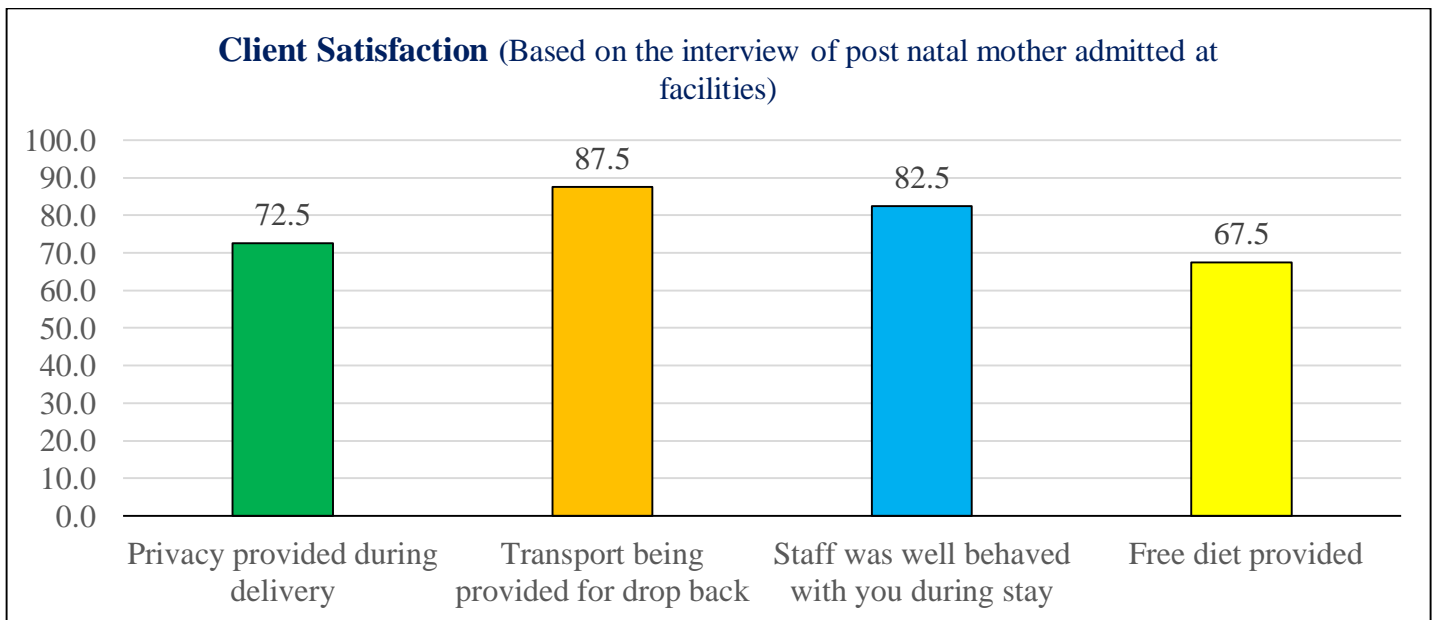
Out of total facilities only 4.9% facilities are using Partograph. 58.5% facilities are equipped with Inj. Magnesium Sulphate and 36.6% facilities are using it. 85% facilities are equipped with Inj. Dexamethasone whereas 31.7% facilities are using it. 95 % facilities are equipped with uterotonics and 78% are using it.



Availability of urine albumin kit at Rajouri and Poonch need improvement.



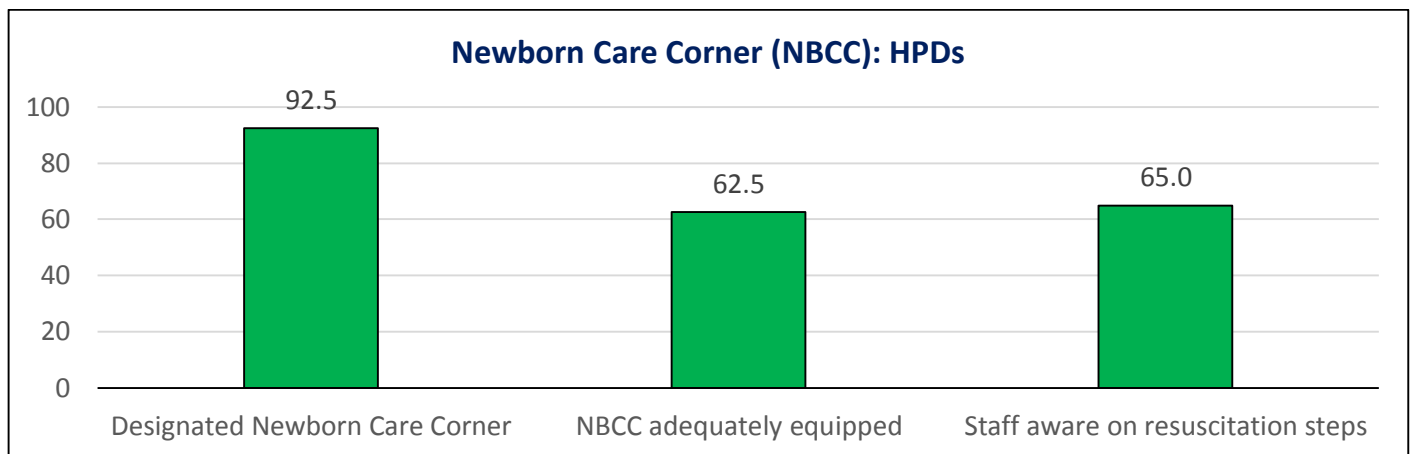
Except Ramban (14%) and Leh (14%) none of the facilities are using Partograph out of the total facilities visited. It is a matter of concern that in spite of so many SBA trainings less number of facilities have Partograph and a minimum number of facilities are using it.



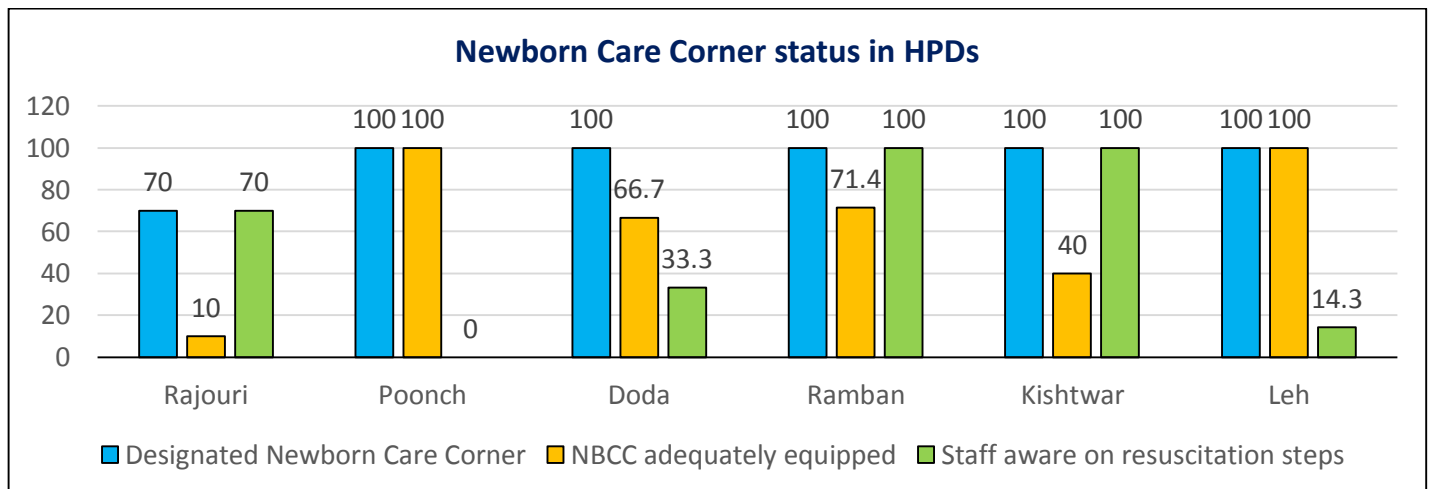
72% facilities where privacy provided to the mothers at the time of delivery, 87.5% where drop back facilities were provided to mothers and free diet provided at 67.5% facilities (based on the interview of postnatal mothers).

NEWBORN HEALTH

Newborn Care Corner:

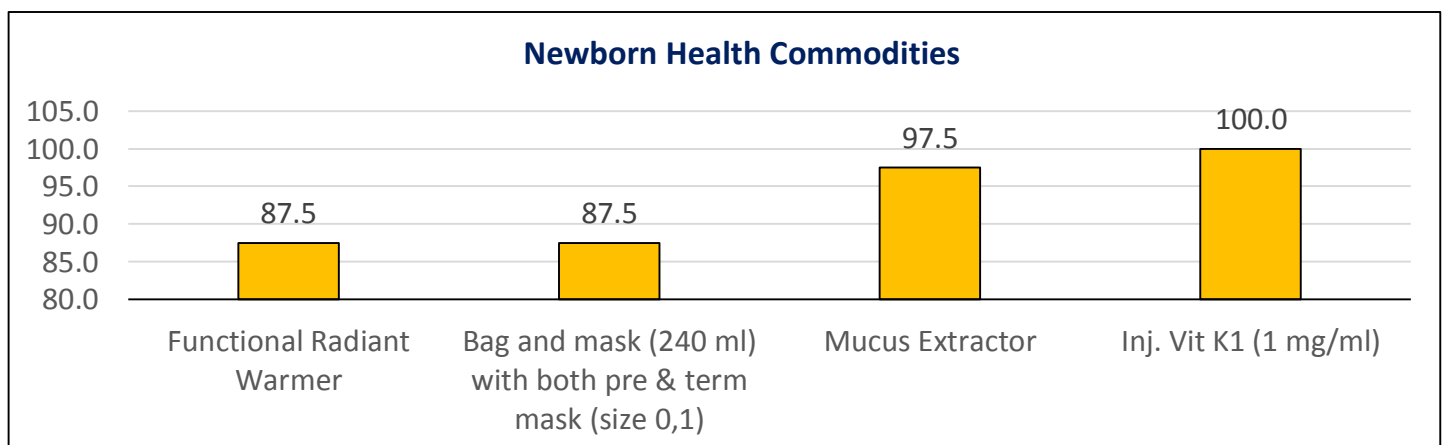


With regards to newborn health, the data reflects that 92.5% facilities have designated NBCC, 62.5% are adequately equipped and 65% facilities where providers are aware about the steps of newborn resuscitation.

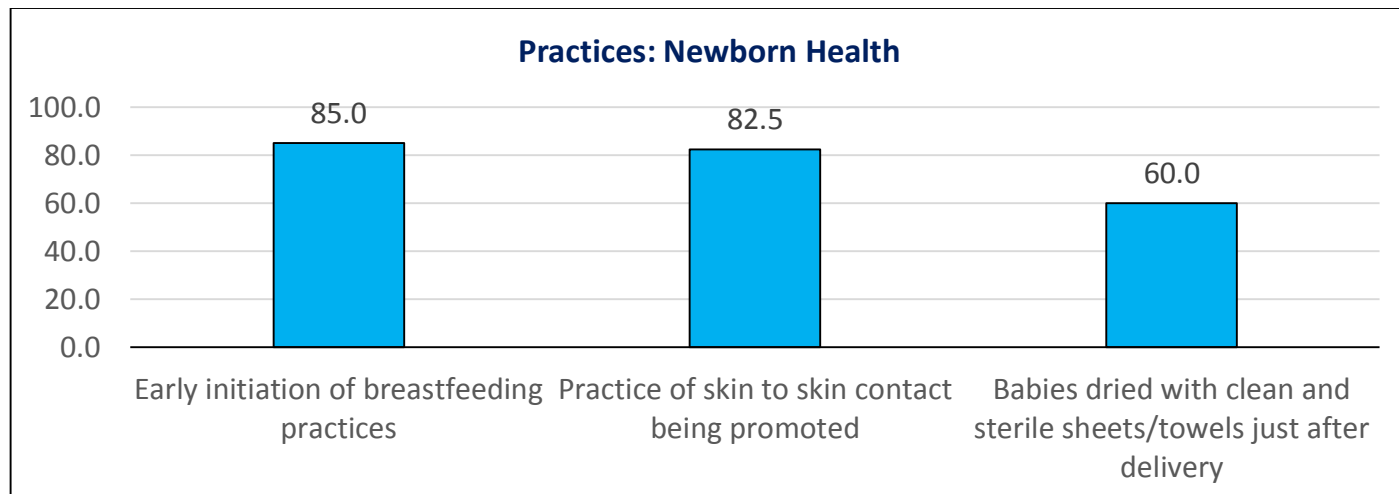


Except Rajouri all the facilities covered in other HPDs have designated NBCC. It is a matter of concern that most of the NBCCs are not adequately equipped at Rajouri, Doda, Ramban and Kishtwar. None of the ANMs/SNs are aware about the steps of newborn resuscitation at district Poonch. Only 33% service providers at Doda and 14% at Leh are aware about the steps of newborn resuscitation.

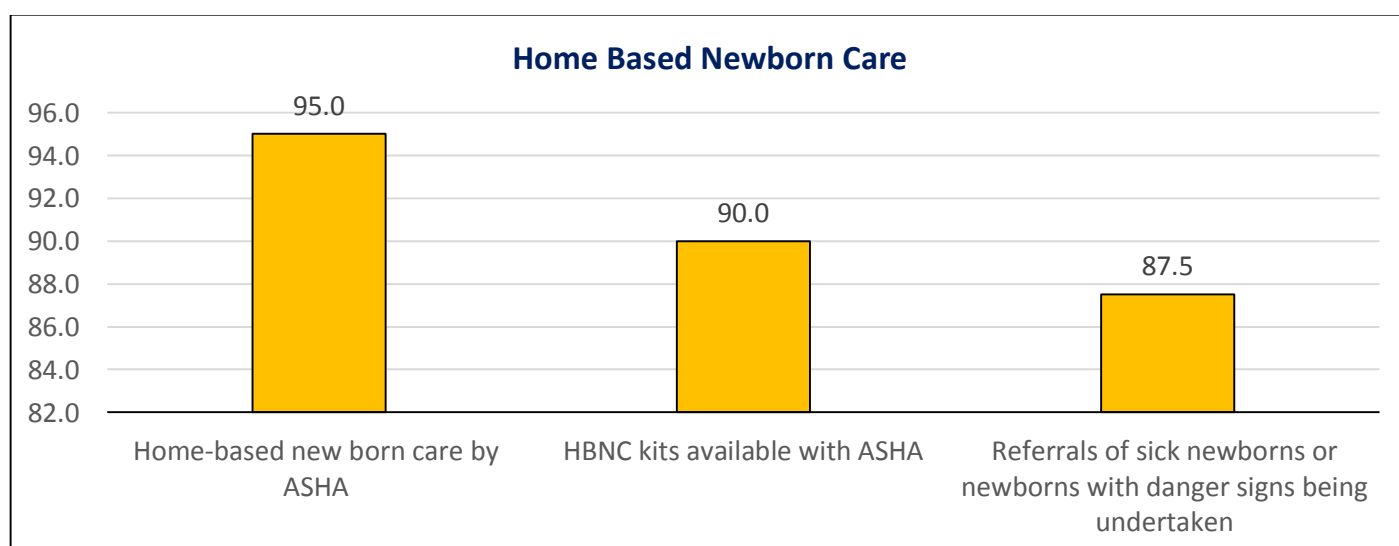
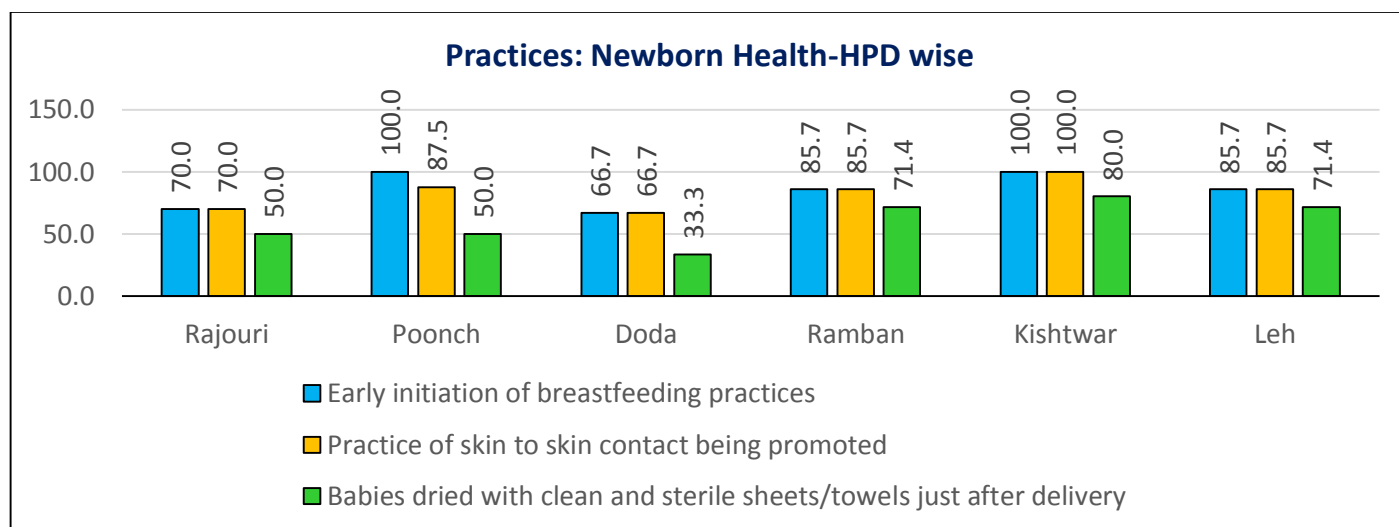
It is very essential to improve the quality of NSSK training at district level.



Regarding newborn health commodities only 87% NBCCs have functional Radiant Warmer and Bag & Mask. Availability of Inj. Vit K1 is improved in HPDs.



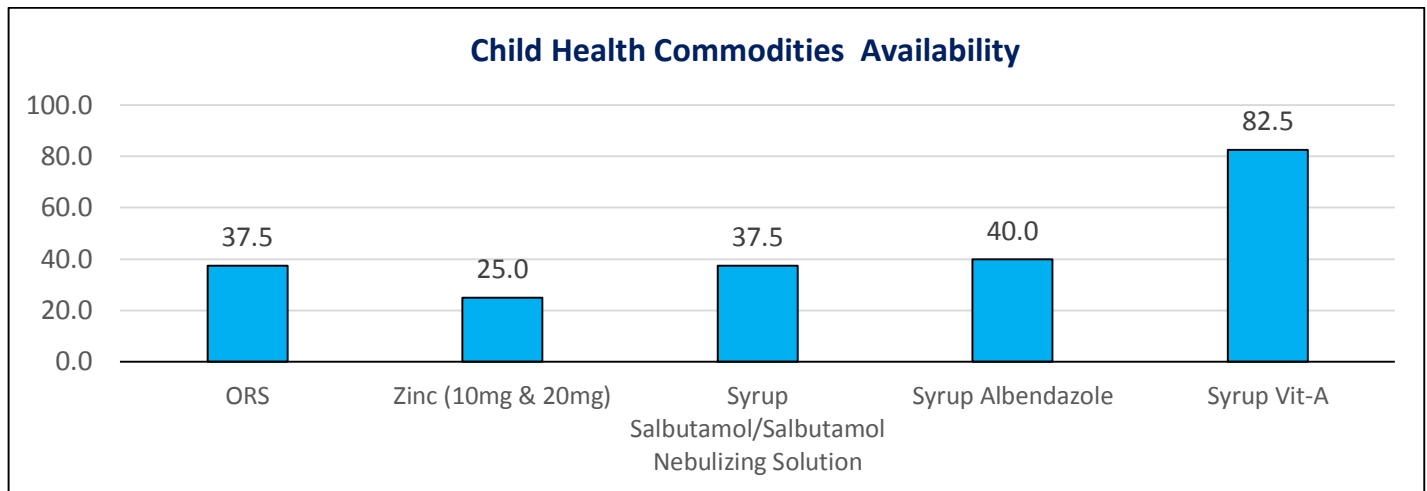
85% facilities where EIBF practices are being followed but only 60% facilities where babies are dried with clean and sterile sheet/towels just after delivery.



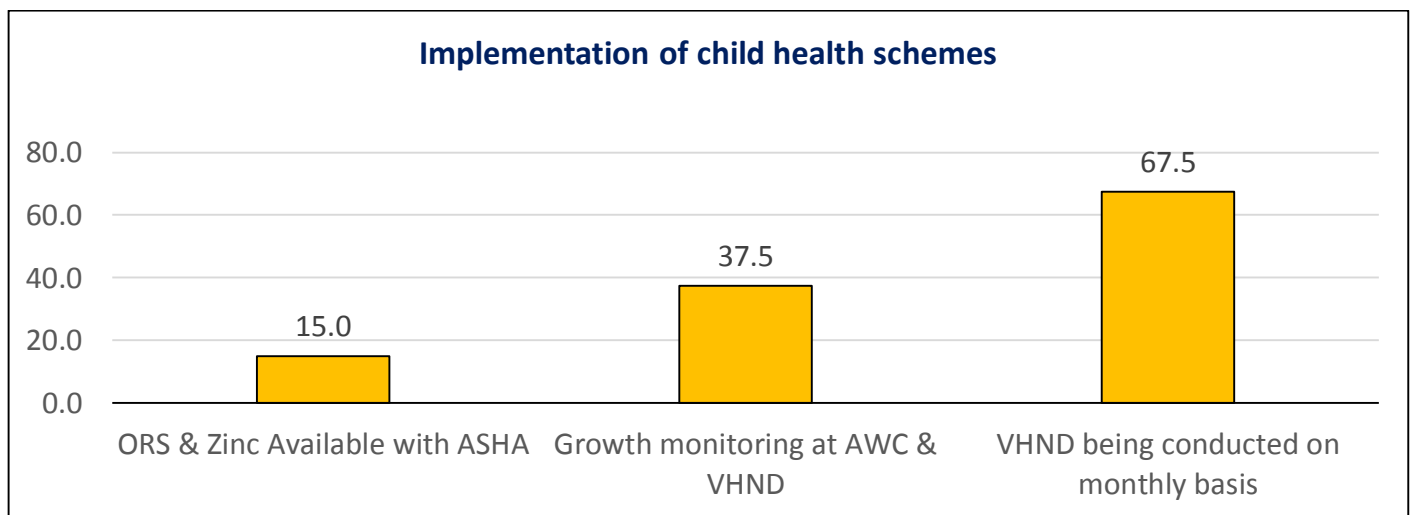
ASHAs are doing home visits but newborn visited within 24 hours of birth is poor.

CHILD HEALTH

Availability of child health commodities:



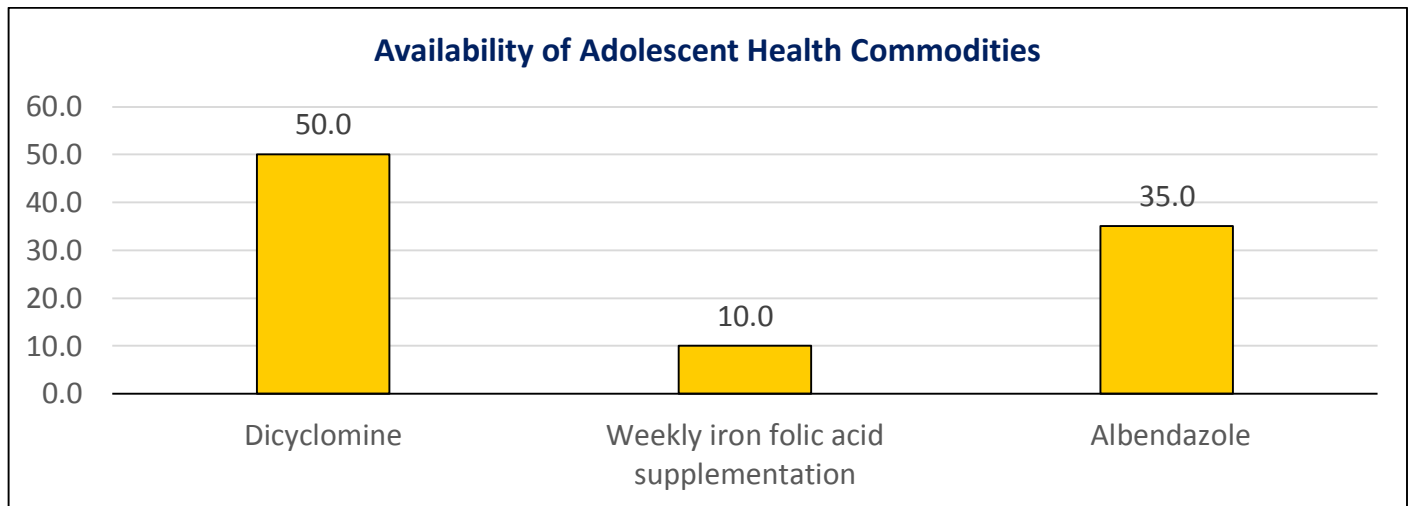
With regards to supplies of commodities under child health, only 37.5 % facilities have ORS and 25% have Zinc. **Availability of child health commodities at facility level is a matter of concern.**



Implementation of child health services at community especially the availability of ORS & Zinc with ASHA is very poor. Only 37% VHND sessions where Growth monitoring was done.

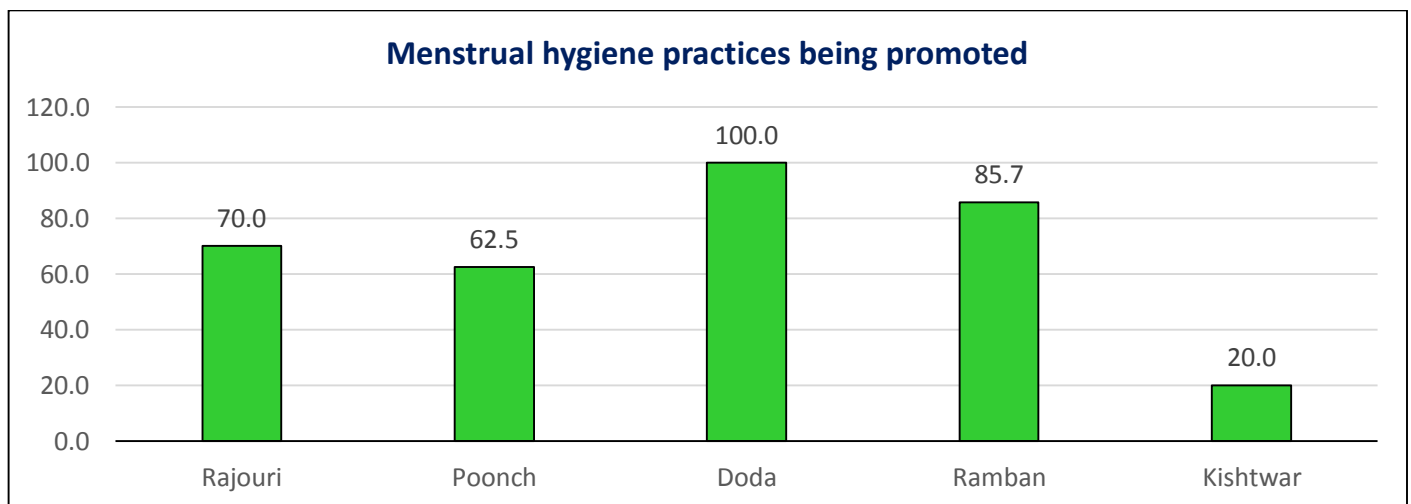
ADOLESCENT HEALTH

Availability of Adolescent Health Commodities:

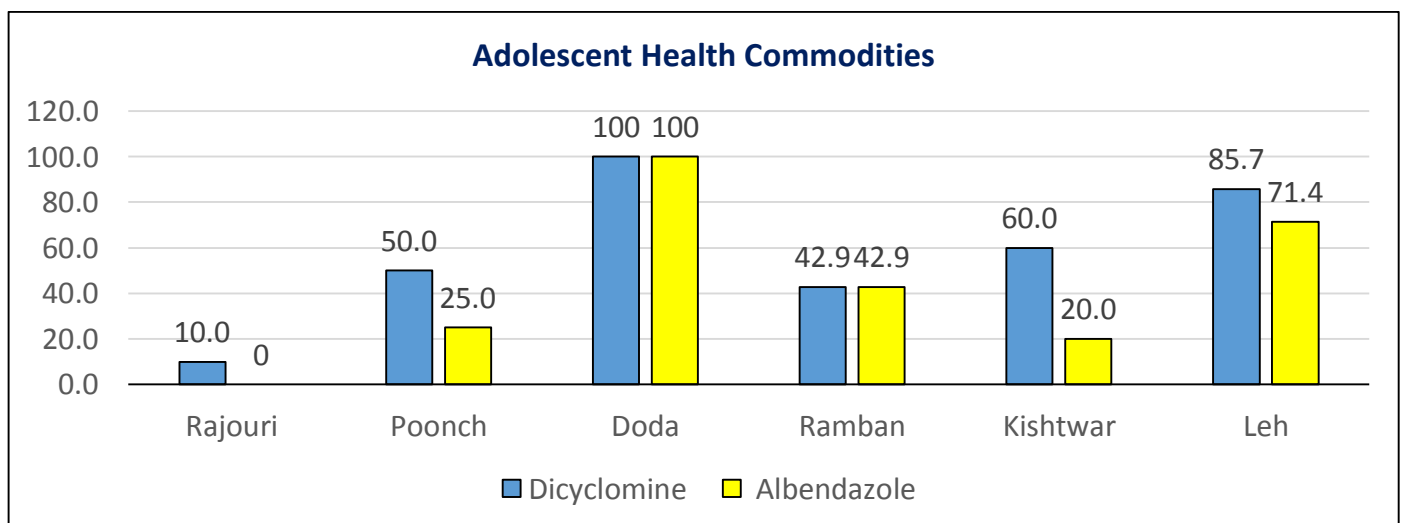


Only 50% facilities have Dicyclomine and 35% facilities have Albendazole.

Menstrual Hygiene Practices:



Implementation of MHS especially at district Kishtwar is a matter of concern.



DOABLE RECOMMENDATION BASED ON THE SS DATA

Sl. No	RMNCH+A	Recommendation for improvement of the key services under RMNCH+A
1	Reproductive Health	<ul style="list-style-type: none"> • Instruction need to be passed to the PPIUCD trained manpower to increase the PPIUCD insertion rate at L3 facilities. • Rationalization of PPIUCD trained manpower. • Ensure the availability of family planning commodities at all level
2	Maternal Health	<ul style="list-style-type: none"> • Quality of SBA training need to be improved and should be as per Gol guideline. • A state training monitoring team may be formed to monitor the trainings at district level. • Availability of all maternal health commodities need to be ensured. • One day refresher training of labour room staff may be organized regarding quality parameter improvement of labour room. Labour room strengthening plan need to be operationalized as early as possible for the improvement of maternal and child health indicators at delivery points.
3	Newborn Health	<ul style="list-style-type: none"> • Quality of NSSK training need to be improved and should be as per Gol guideline. • Instruction need to be passed to all districts to ensure the quality Essential Newborn Care at facility level. • All NBCCs should be adequately equipped. • Availability of all newborn health commodities need to be ensured.
4	Child Health	<ul style="list-style-type: none"> • Availability of all child health commodities need to be ensured, specially zinc and ORS availability.
5	Adolescent Health	<ul style="list-style-type: none"> • Availability of all adolescent health commodities need to be ensured. • Necessary instruction for implementation of MHS (especially for district Kishtwar) need to be passed.

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