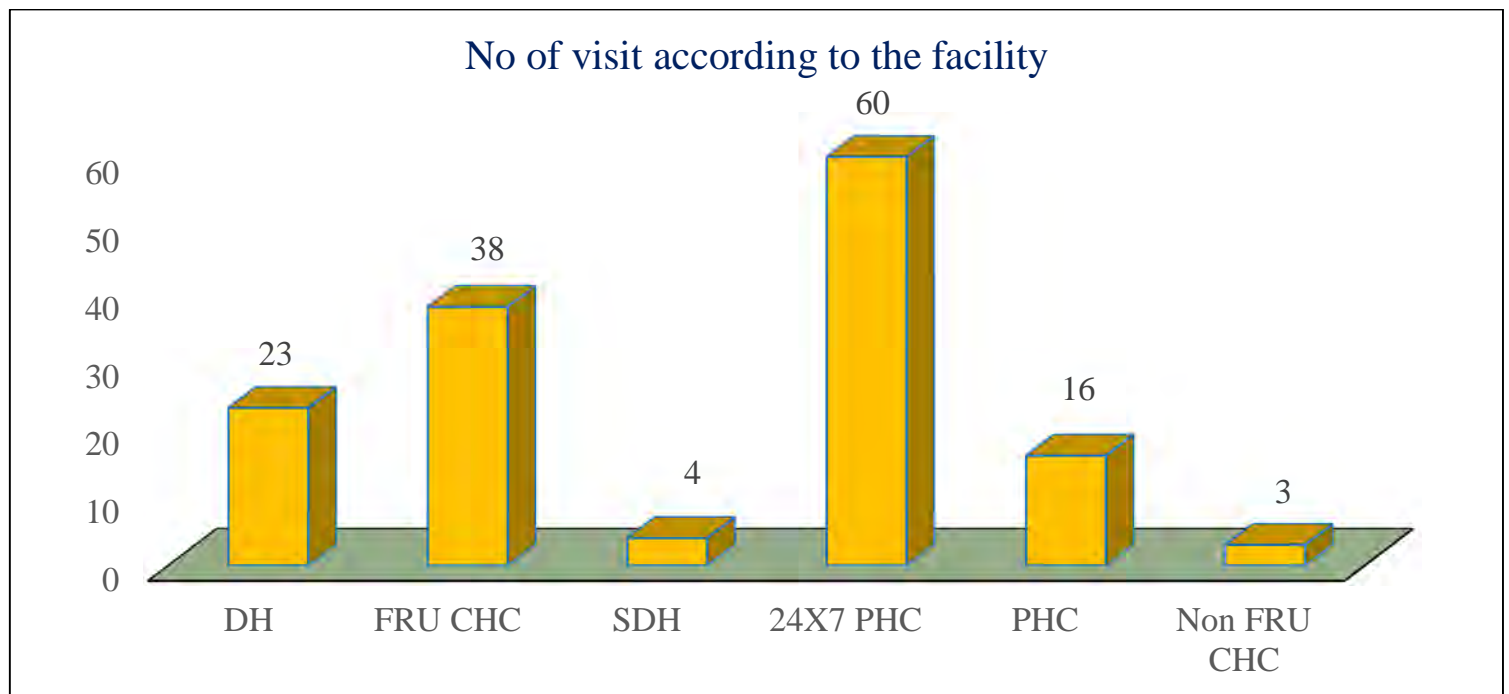
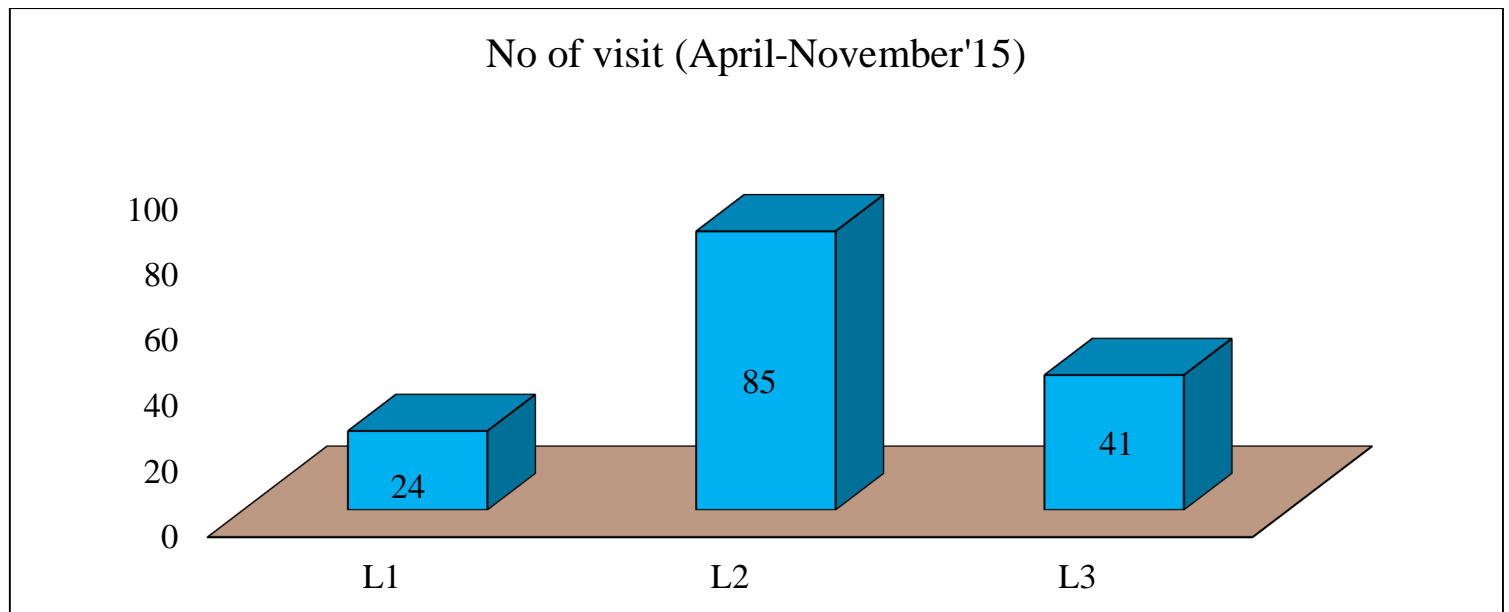




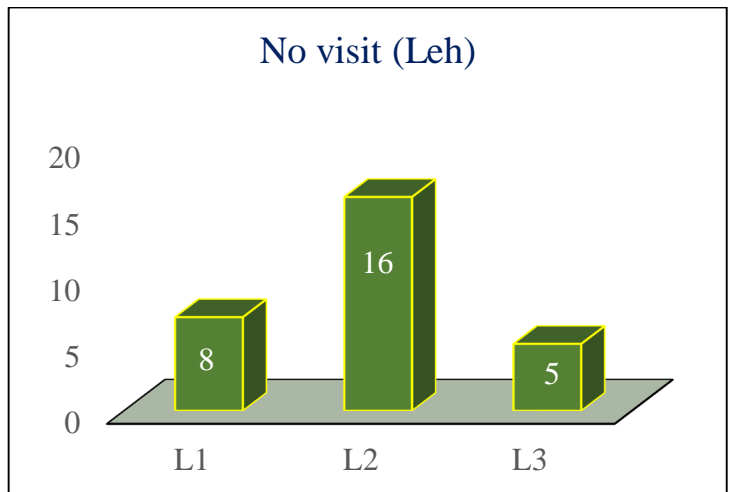
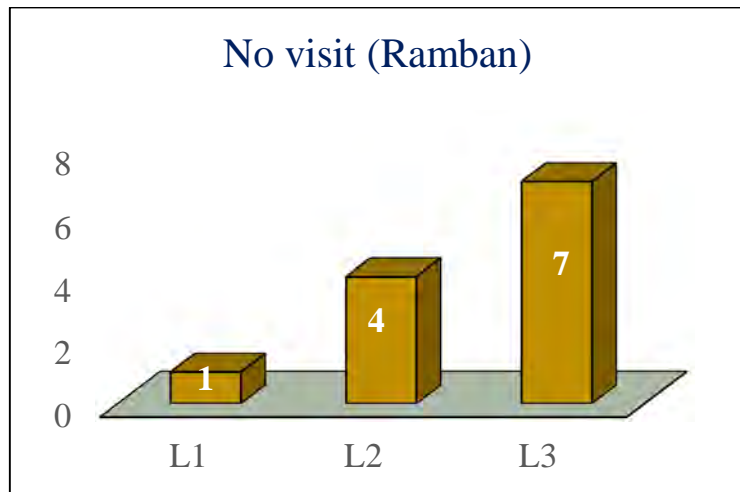
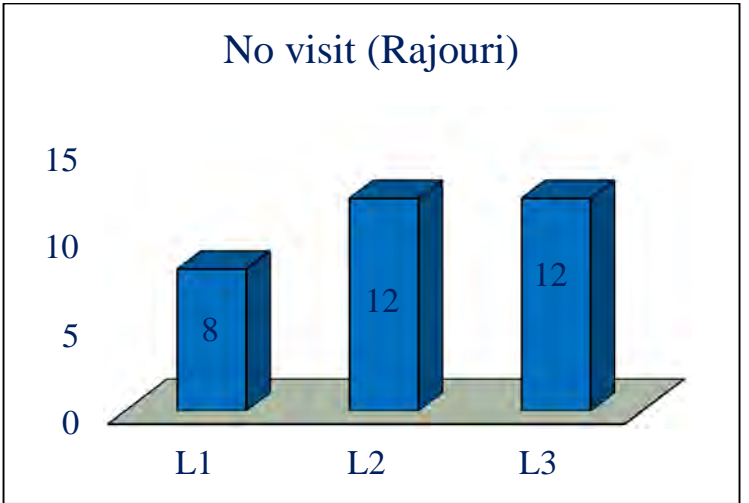
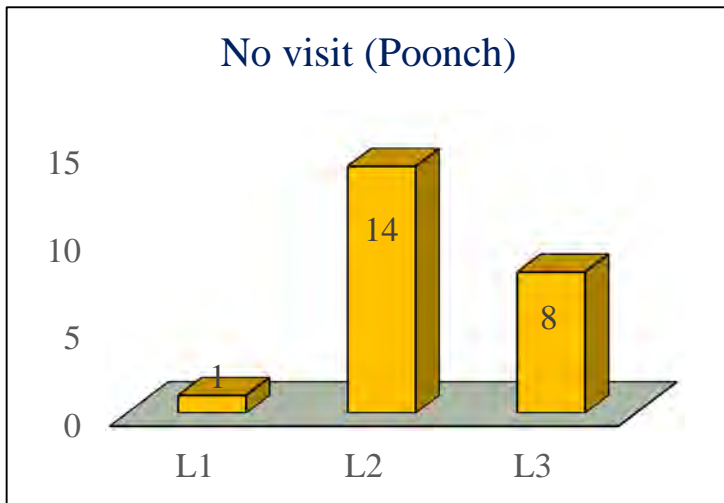
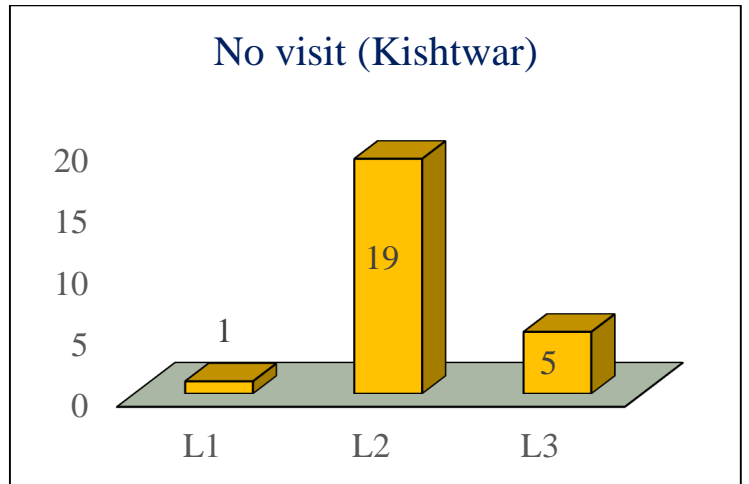
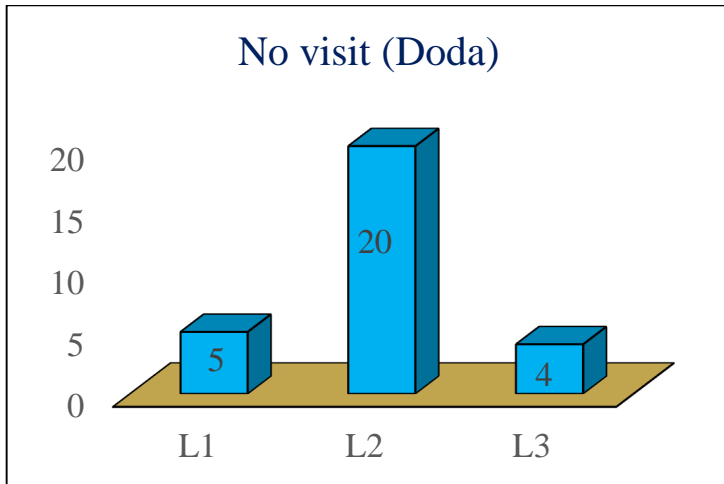
**SUPPORTIVE SUPERVISION REPORT  
SIX HPDs, J & K  
(APRIL-NOVEMBER'15)**

## Supportive Supervision Status April-November'15:

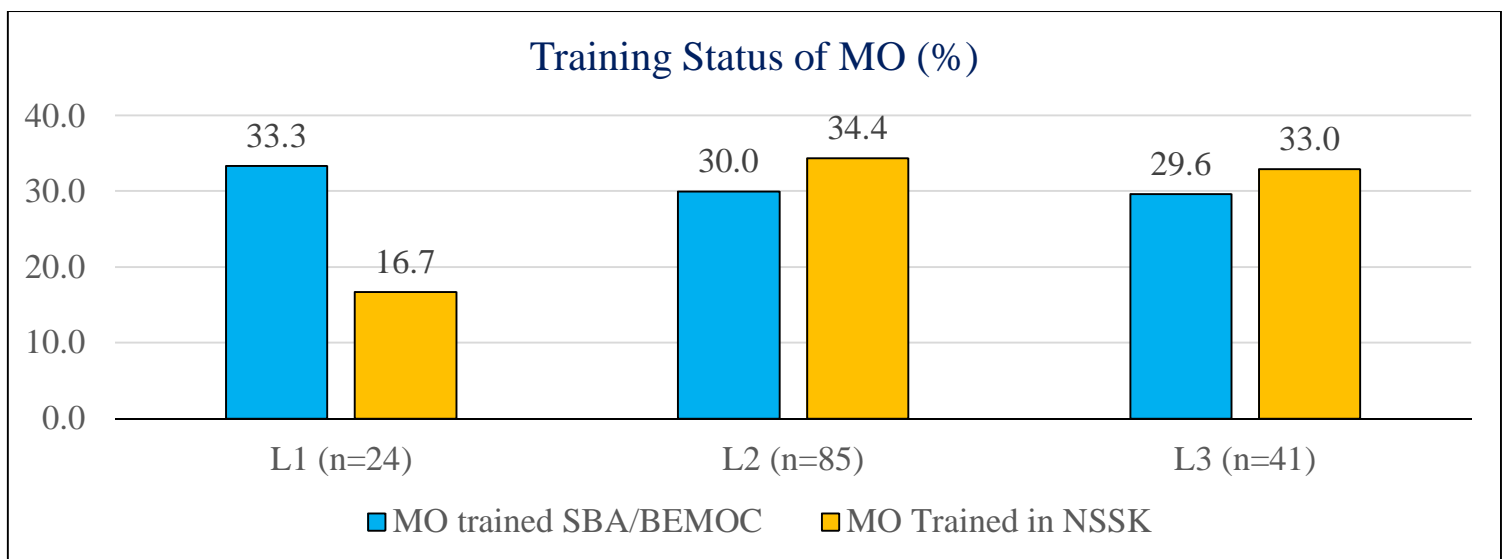
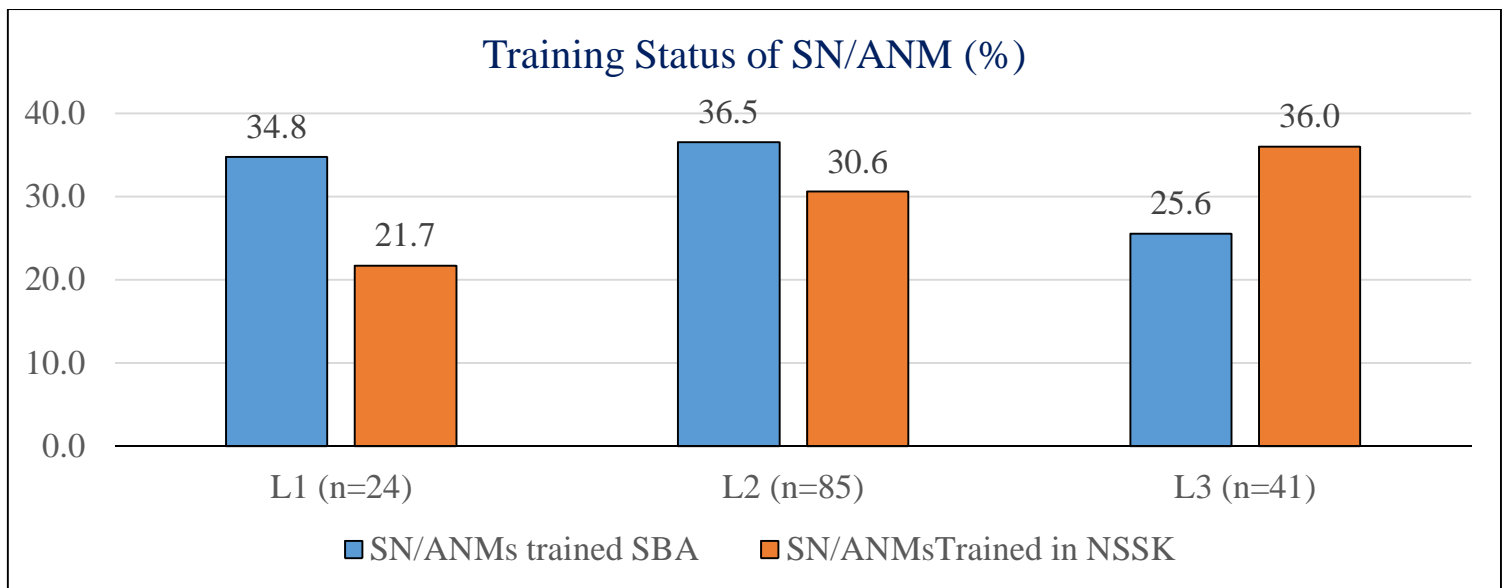
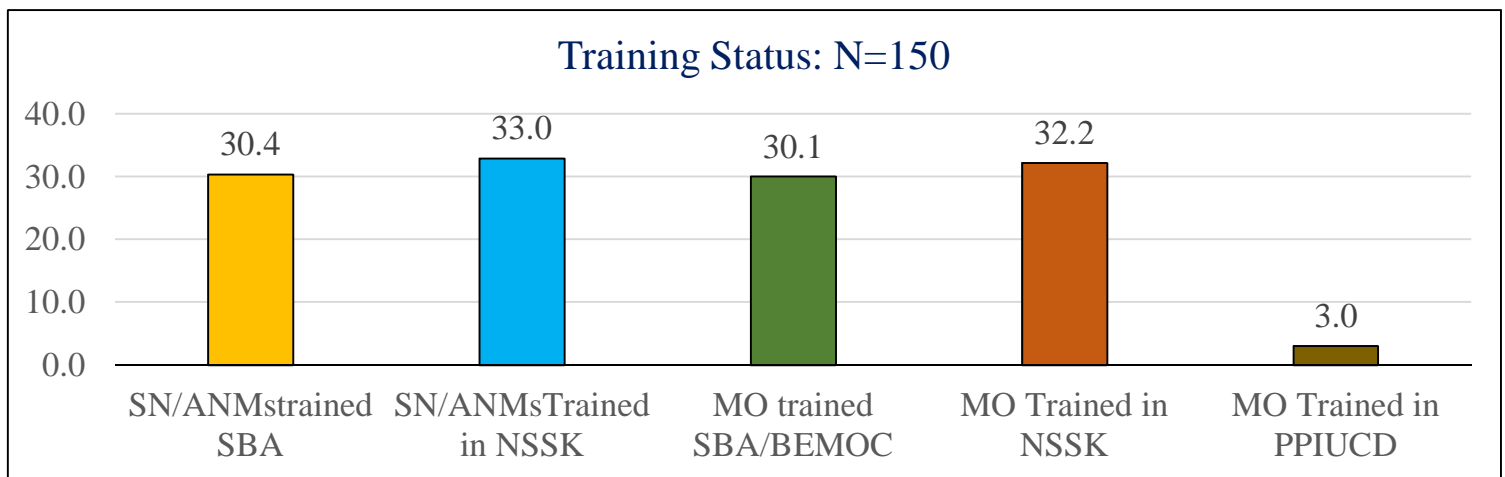
A total number of 150 supportive supervision visits conducted by District Coordinator RMNCH+A in 6 HPDs. Each level of facilities covered during Supportive Supervision.



## District Wise Status of supportive Supervision (April-November'15)

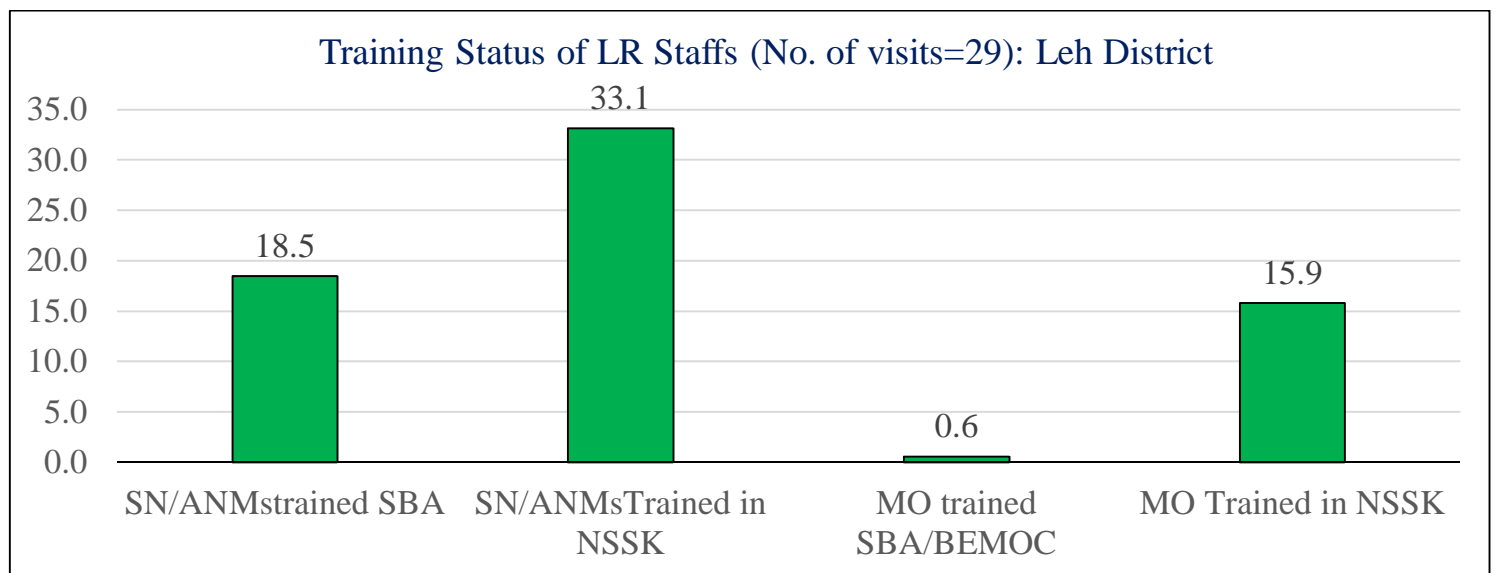
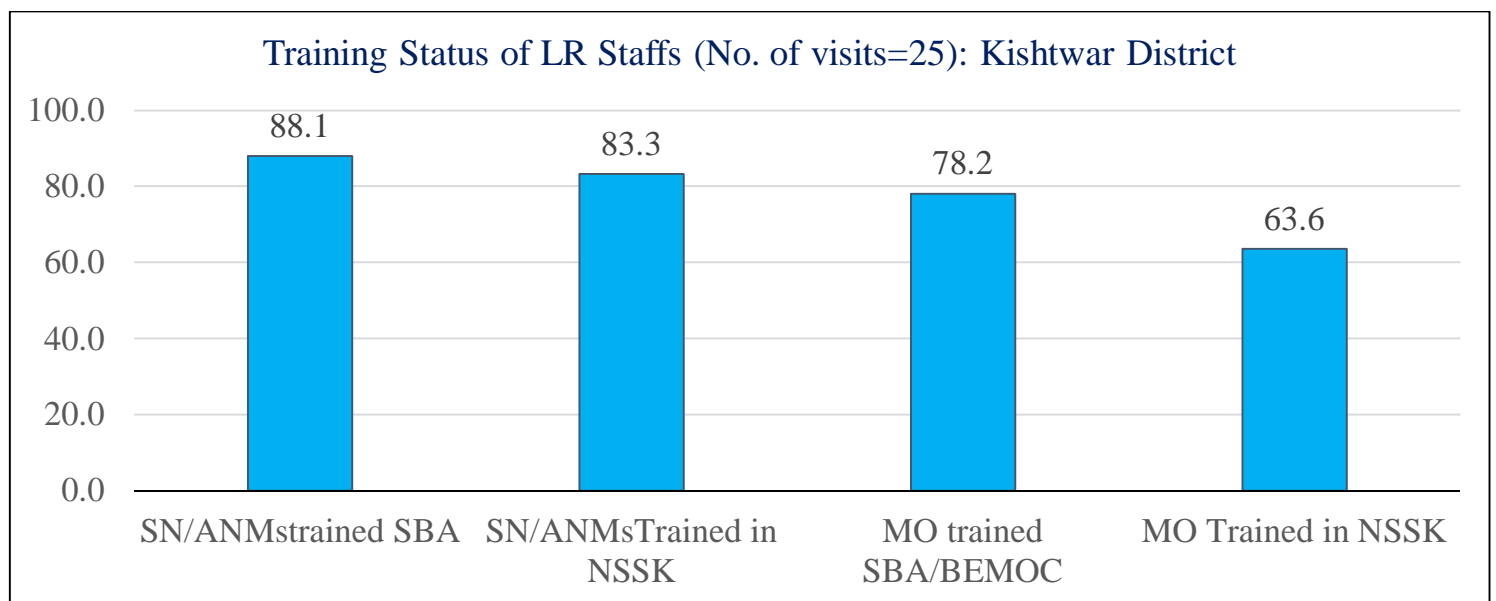
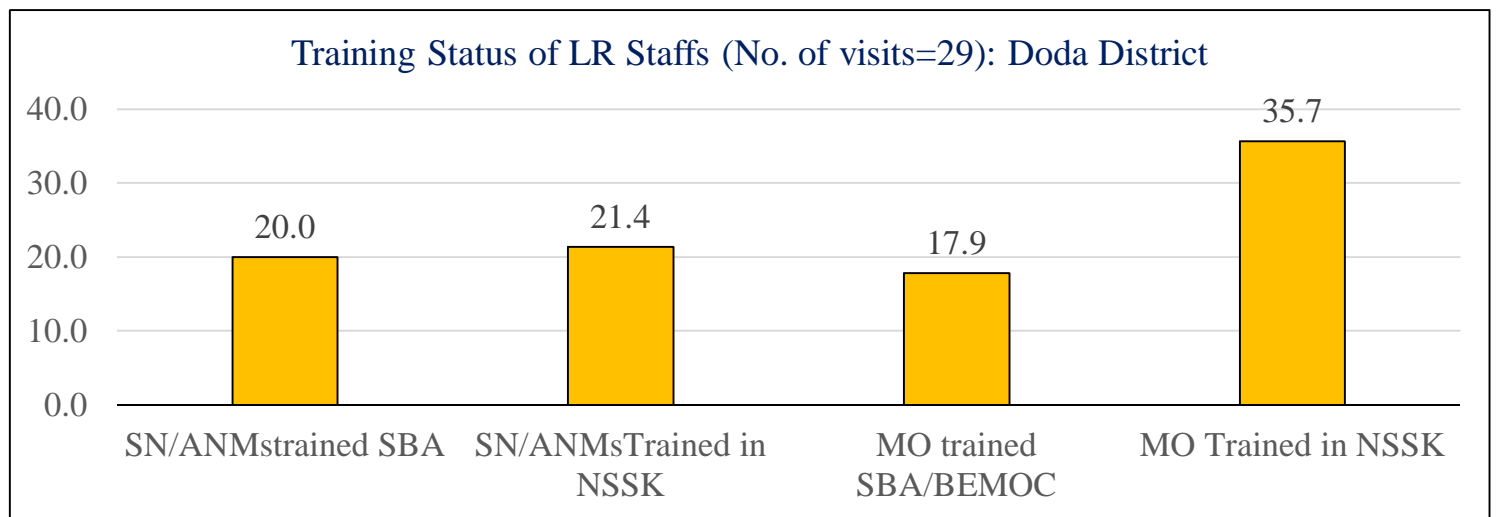


## Training Status of labour room staffs:

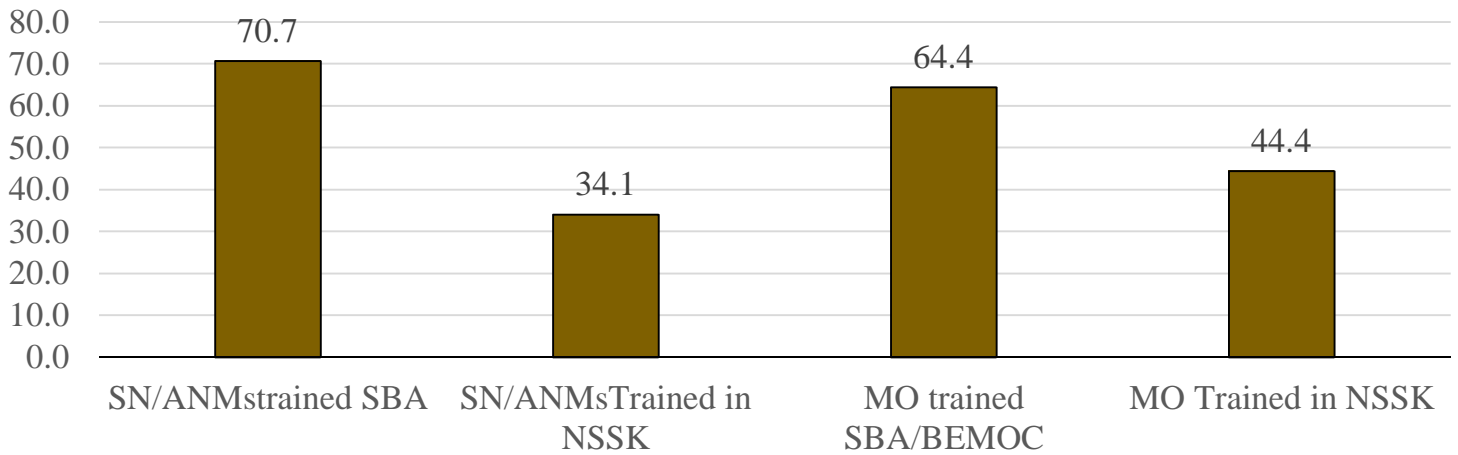


Availability of skilled manpower for labour room is a major concern though the districts have adequate number of trained manpower (SBA, NSSK) but they are looking after other ward or posted in non-delivery points. . There is an unrest need to post SBA, NSSK trained staff at labour room.

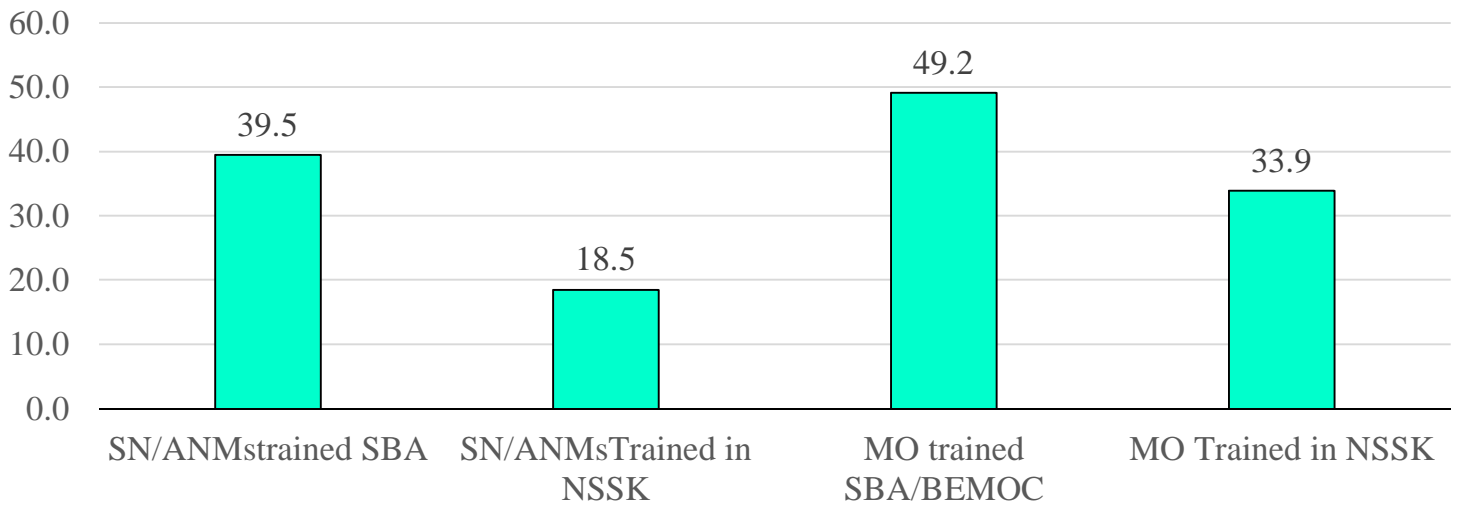
## District Wise Training Status:



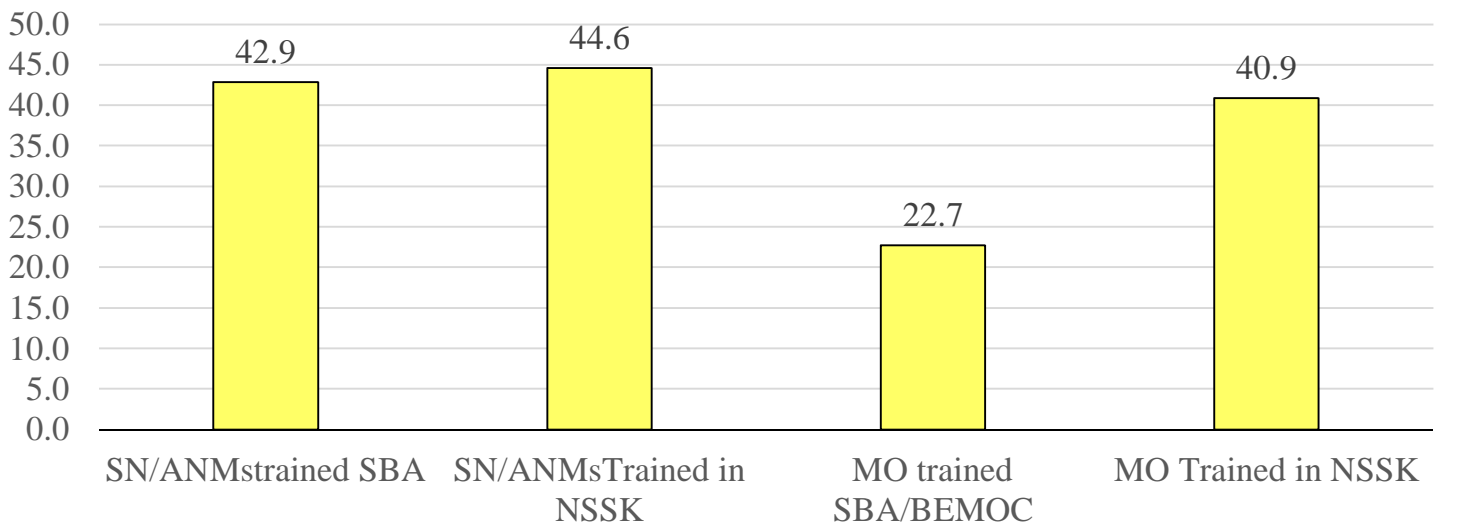
Training Status of LR Staffs (No. of visits=23): Poonch District



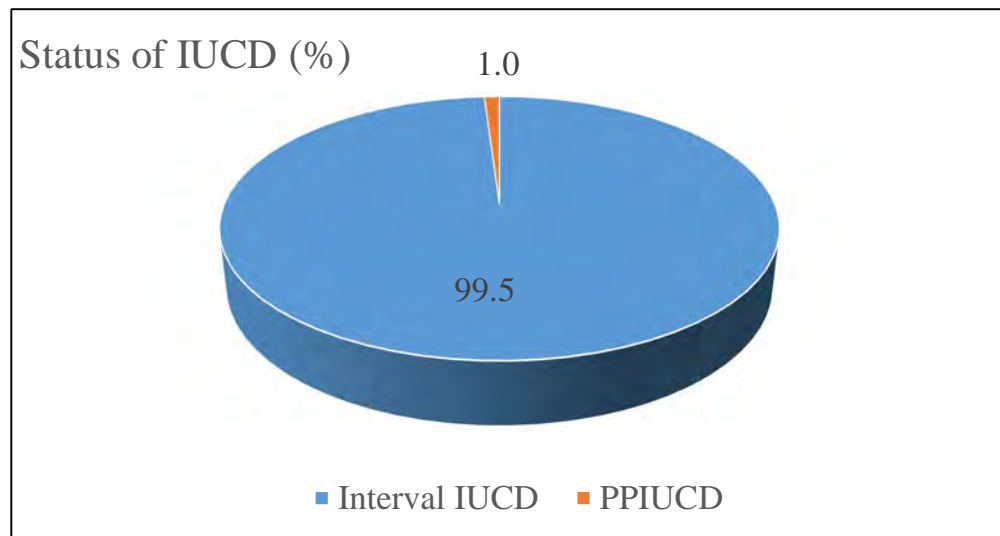
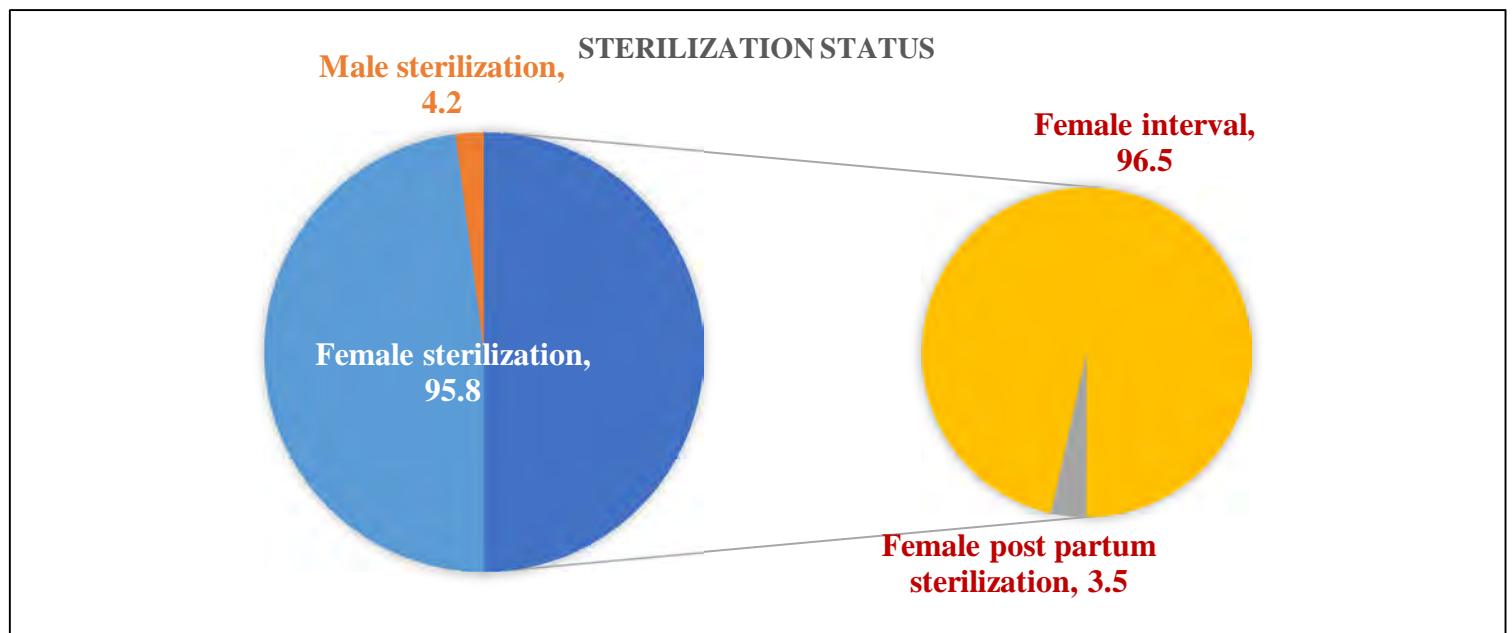
Training Status of LR Staffs (No. of visits=32): Rajouri District



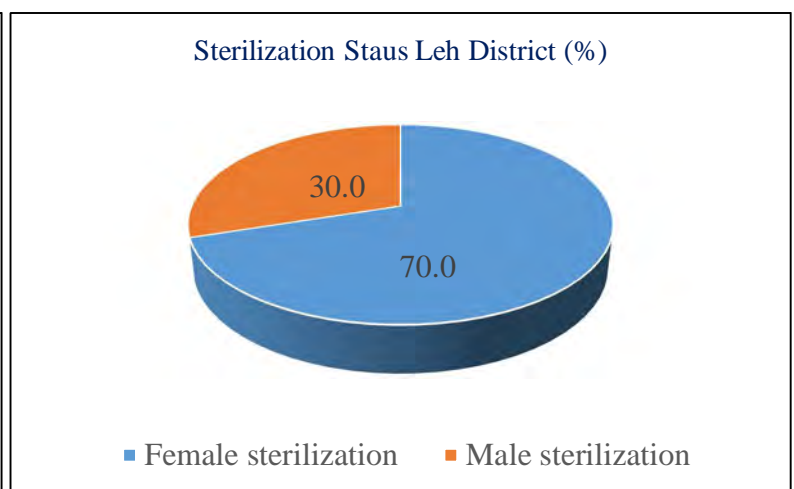
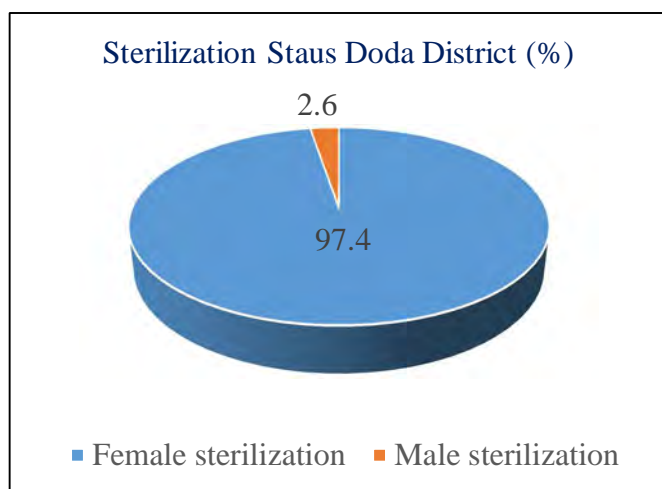
Training Status of LR Staffs (No. of visits=12): Ramban District

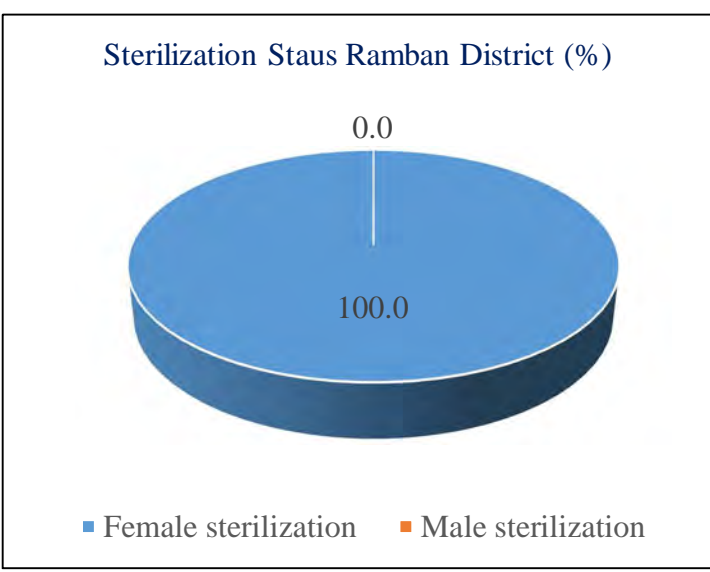
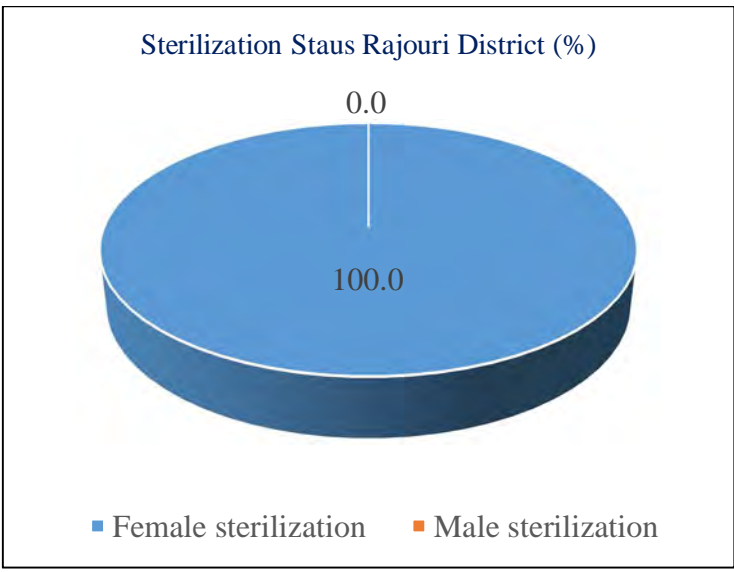
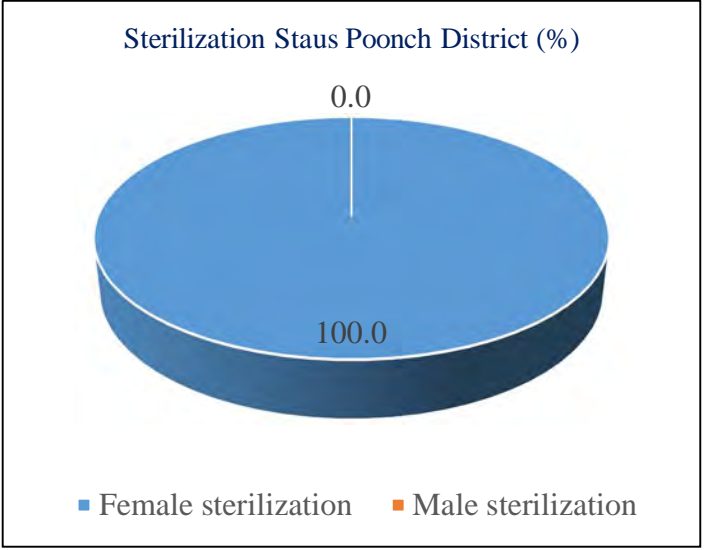
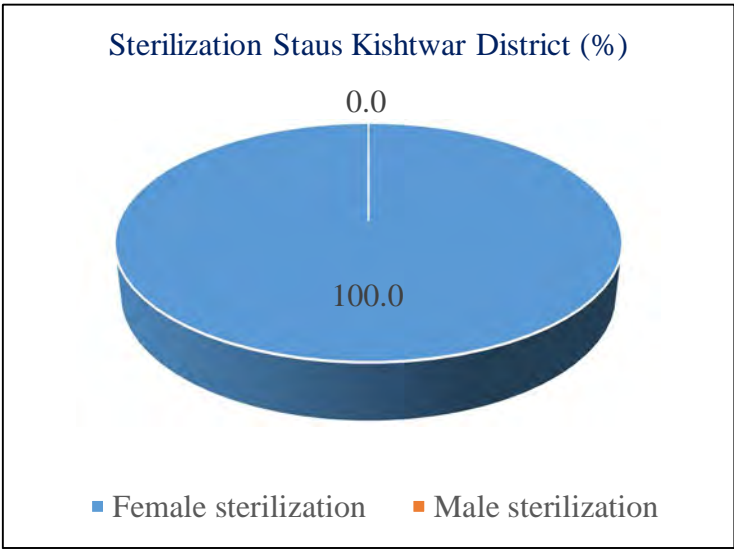


## Status Family Planning:



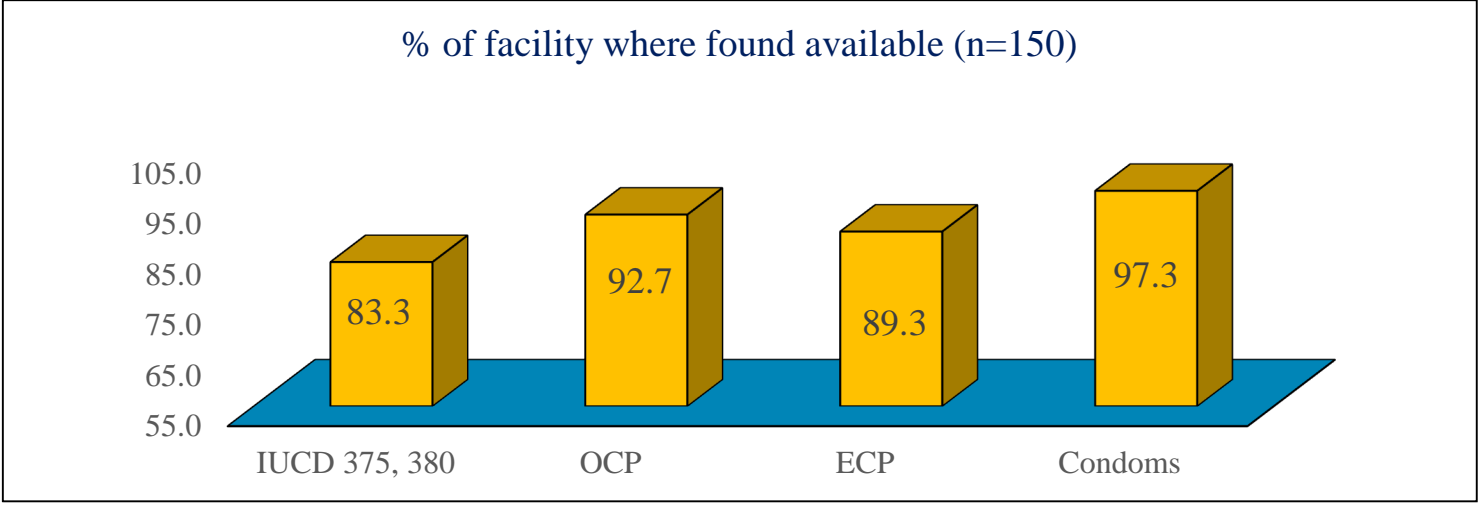
## District Wise Status of Family Planning as Per Supportive Supervision Data:



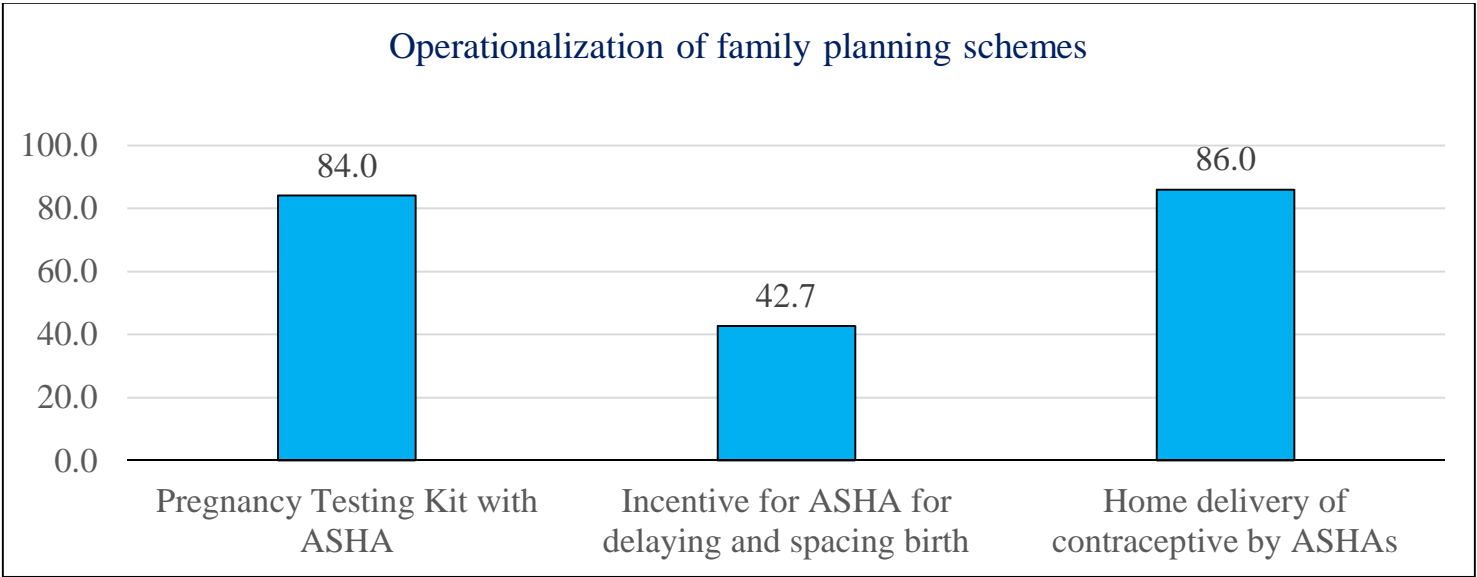
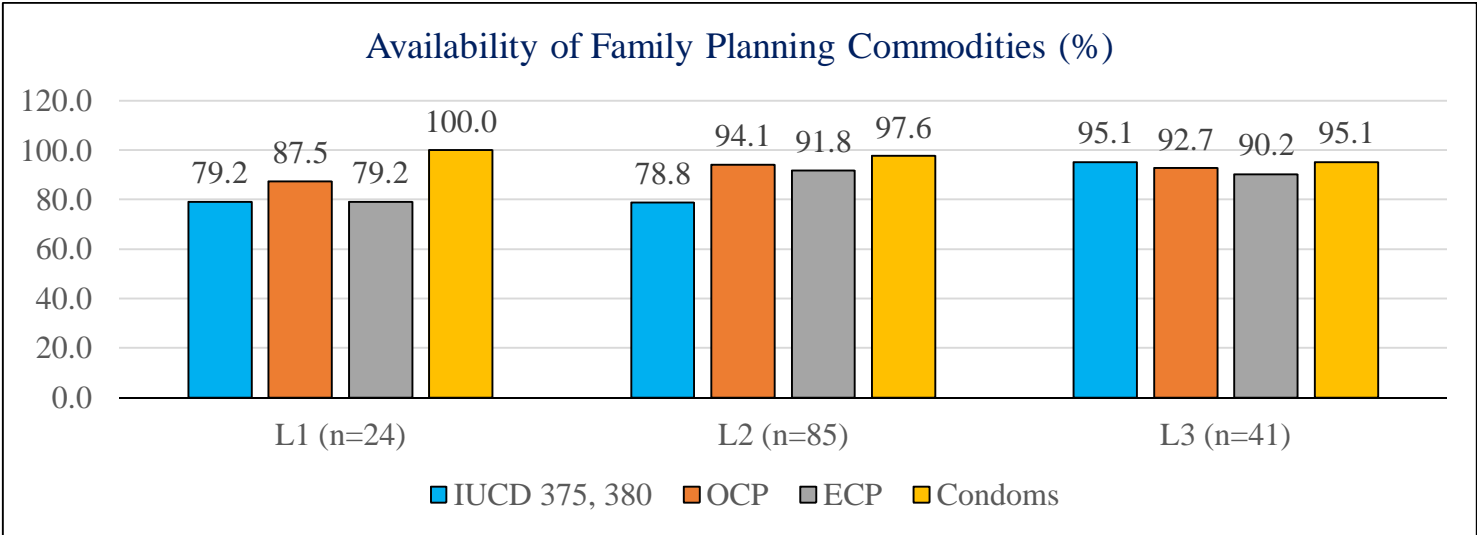


Family planning services throughout the districts are very poor. Especially Male sterilization is very poor in comparision to other family planning services.

**Availability of family planning commodities:**







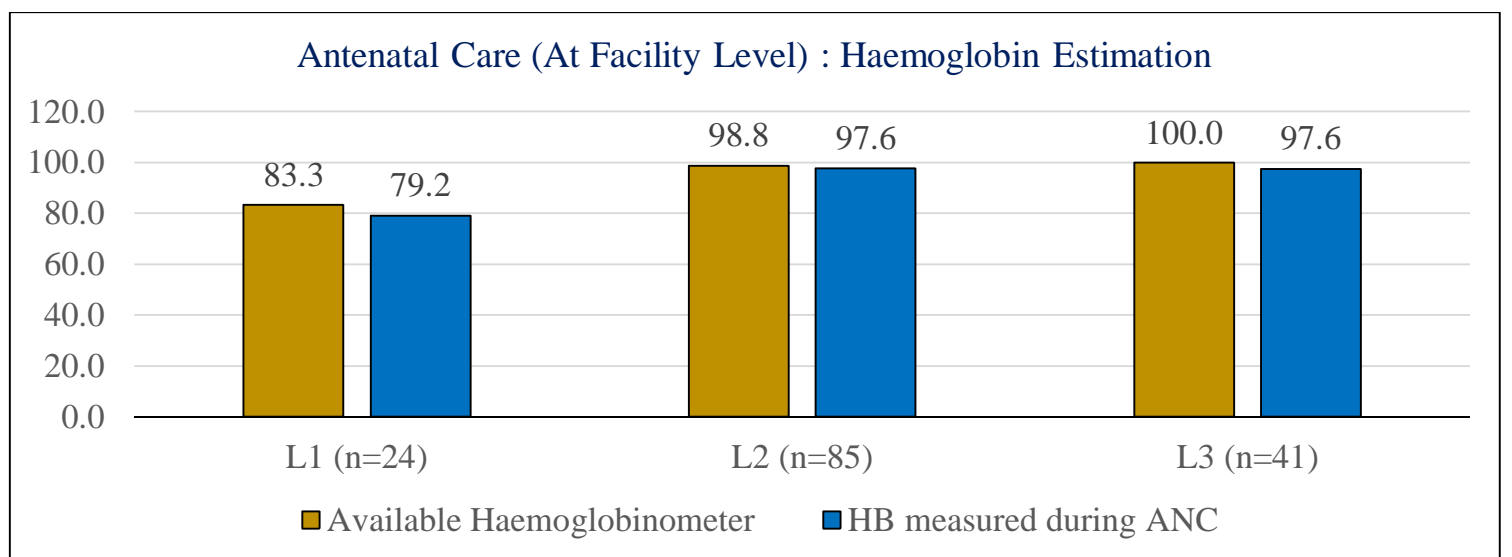
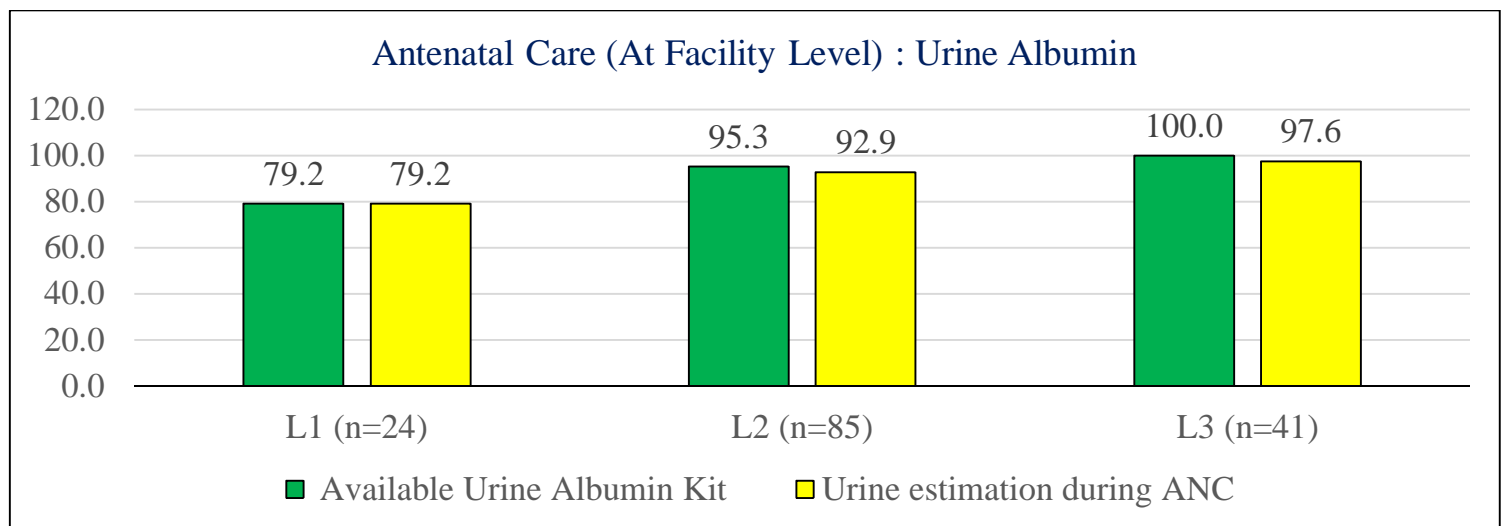
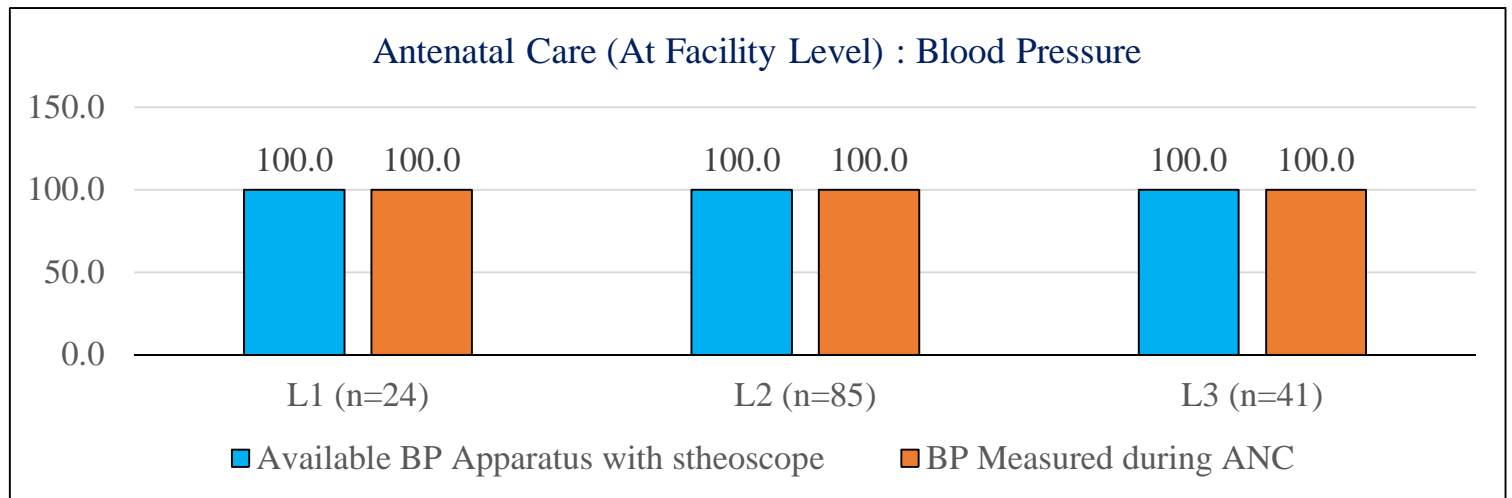
**Reproductive Health Indicator status of HPDs as on November' 15:**

**Reproductive Health Indicators Status**

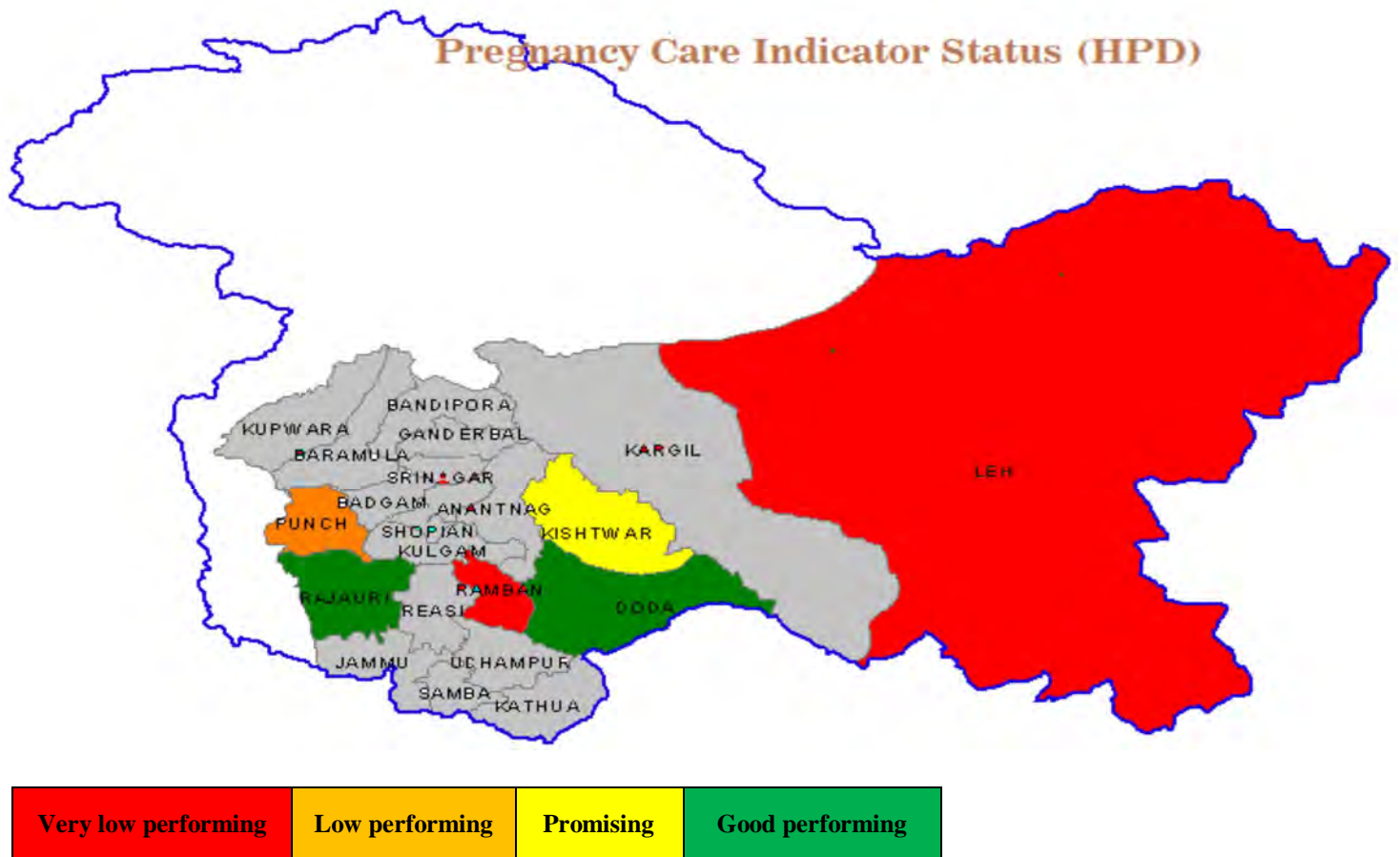


## Maternal Health:

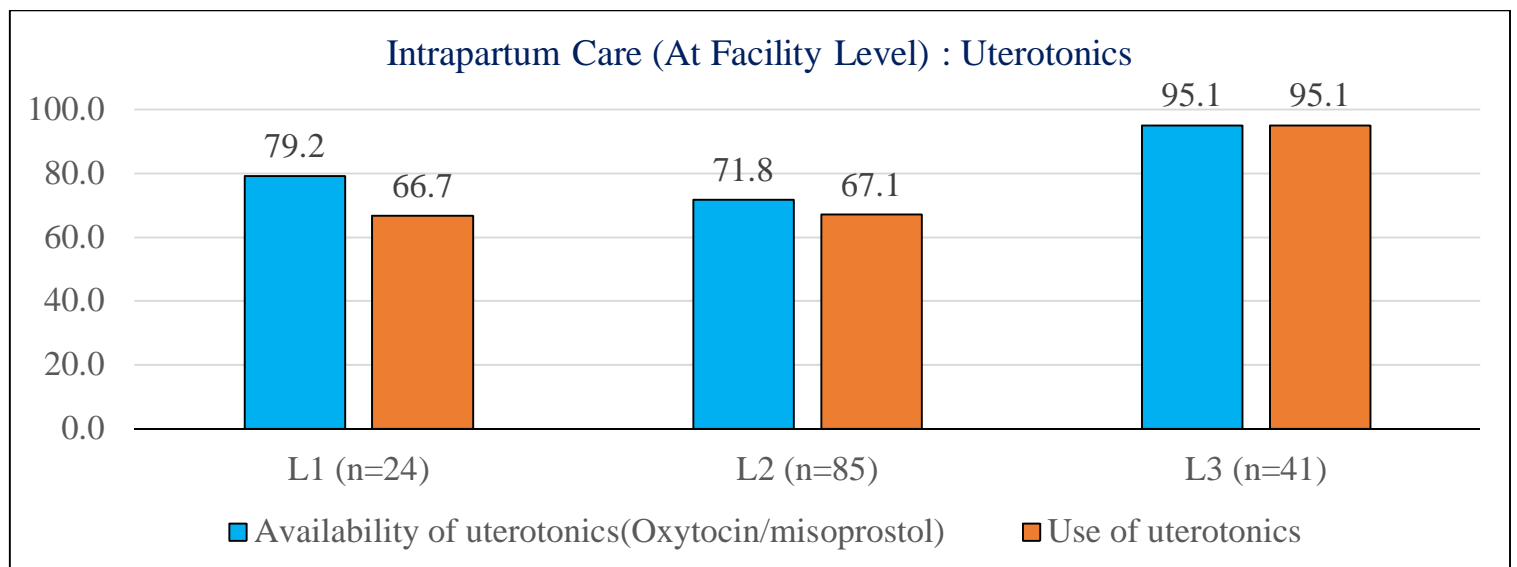
### Antenatal Care:

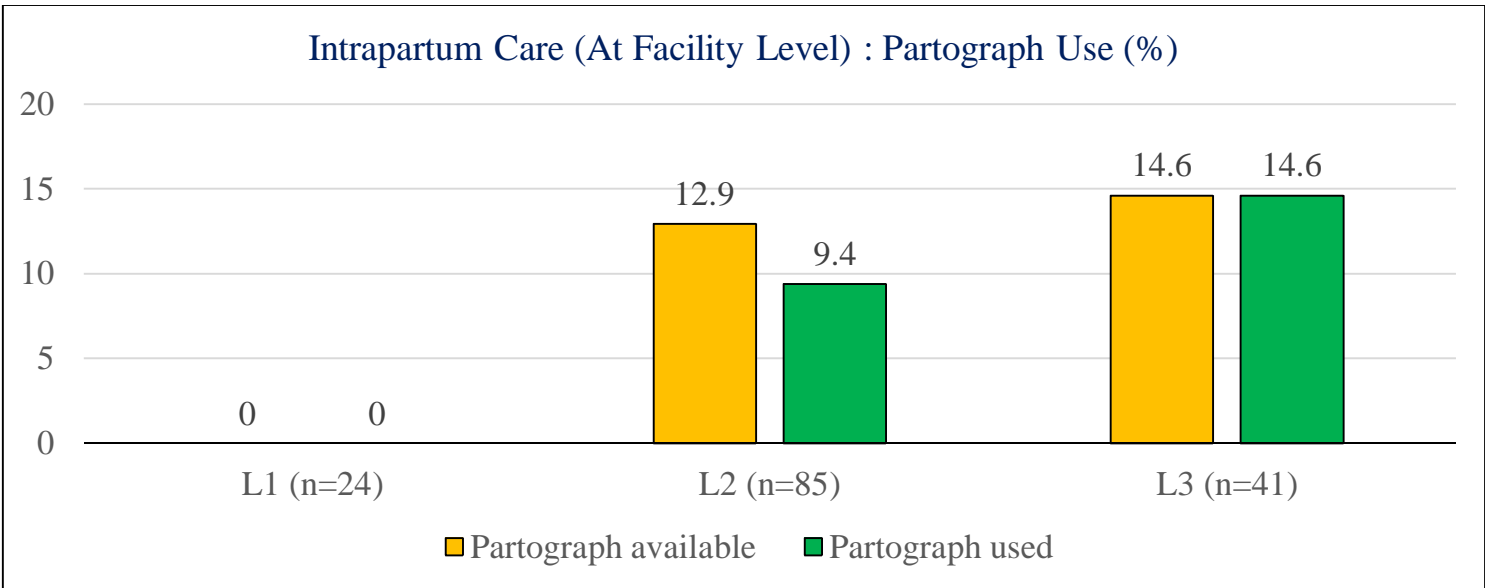
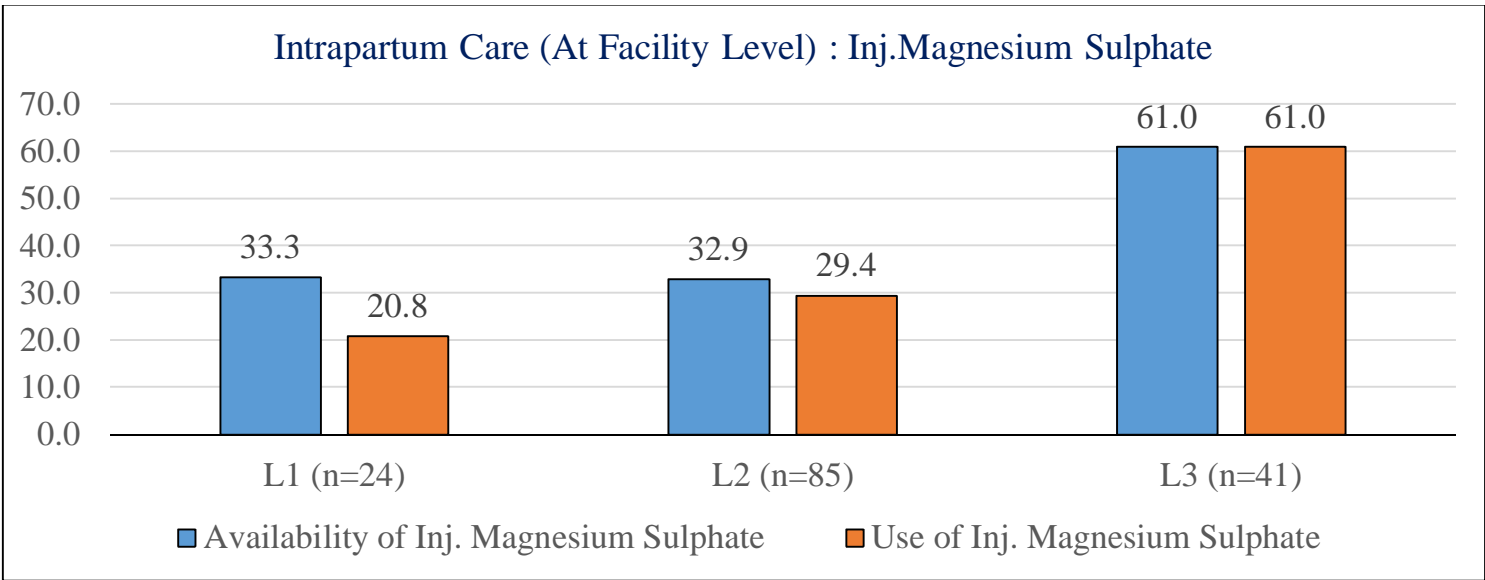
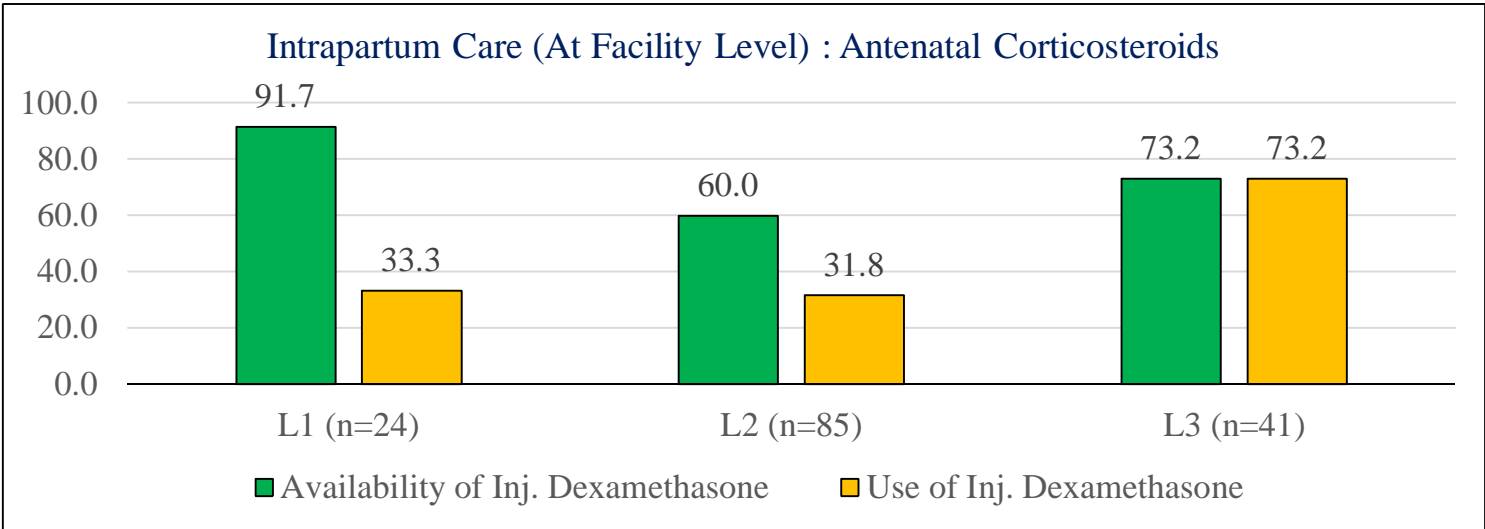


Pregnancy Care Indicator status of HPDs as on November'15:

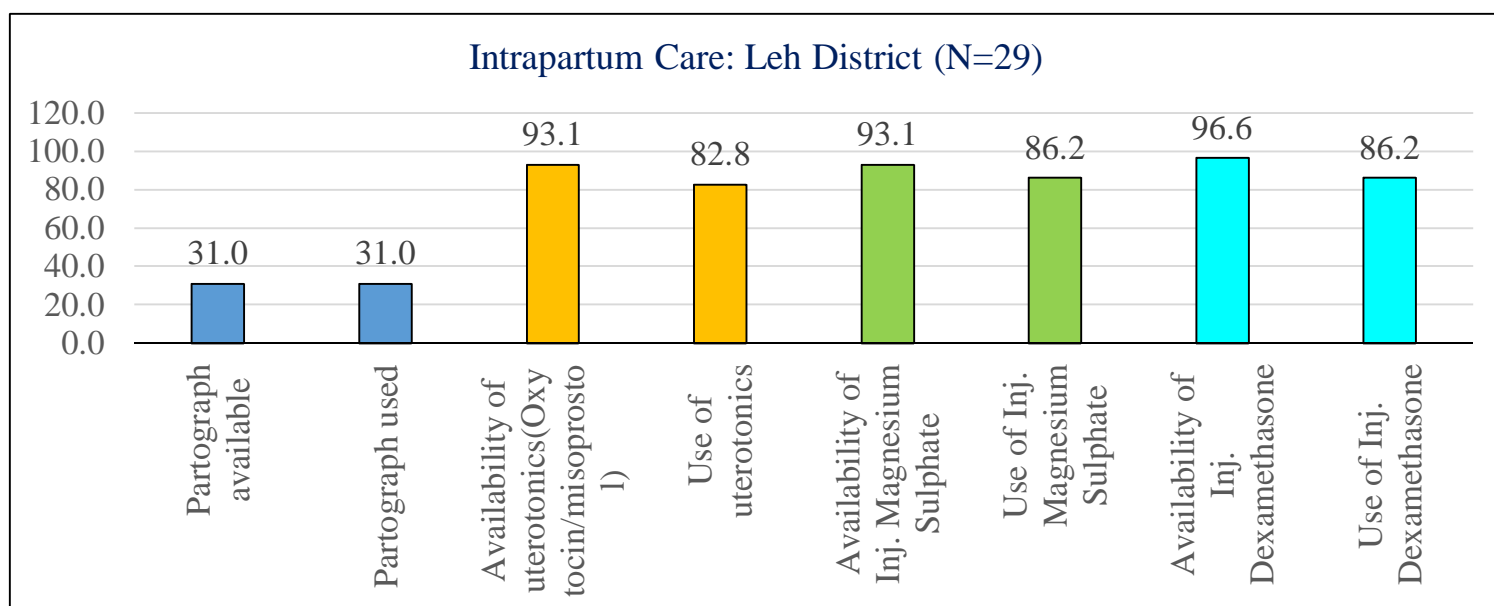
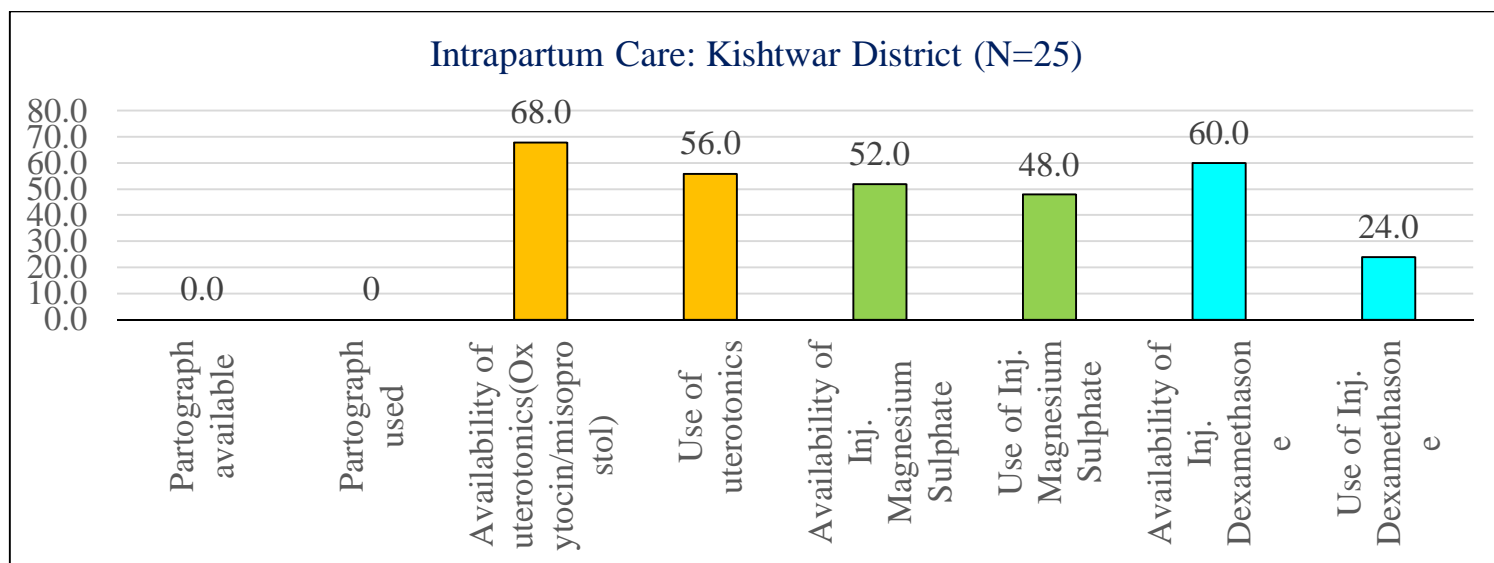
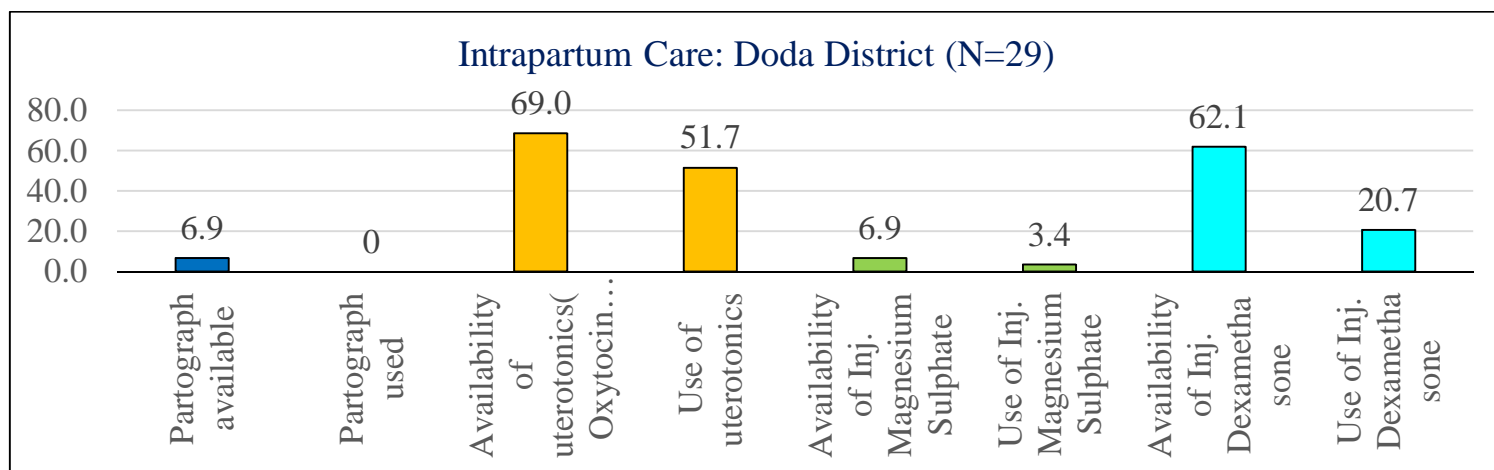


**Intra partum care:**

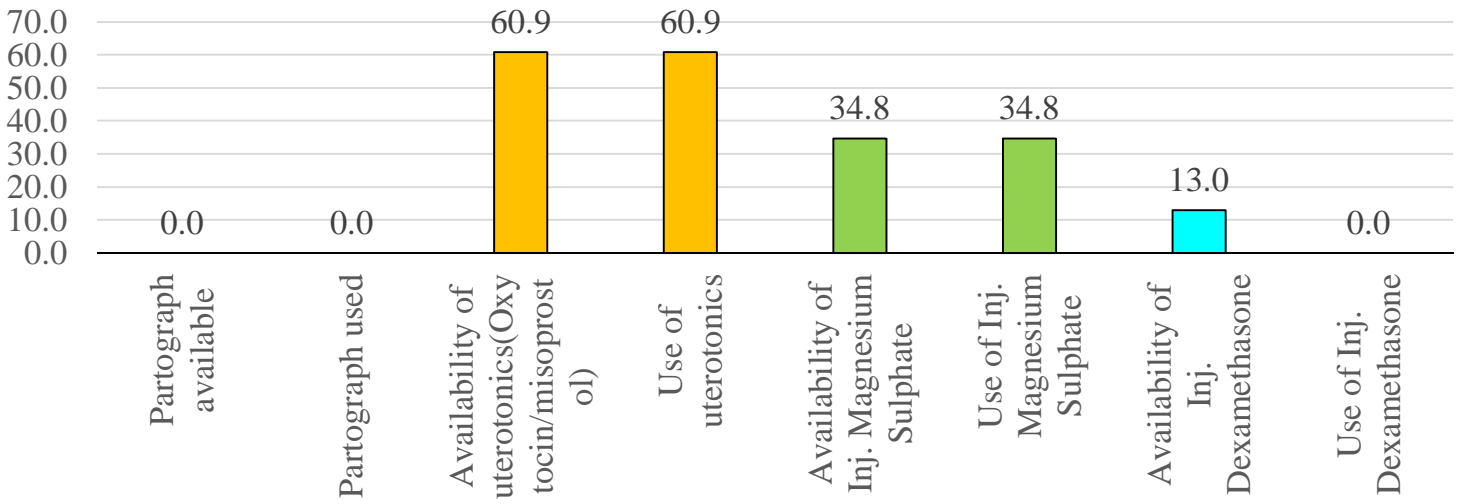




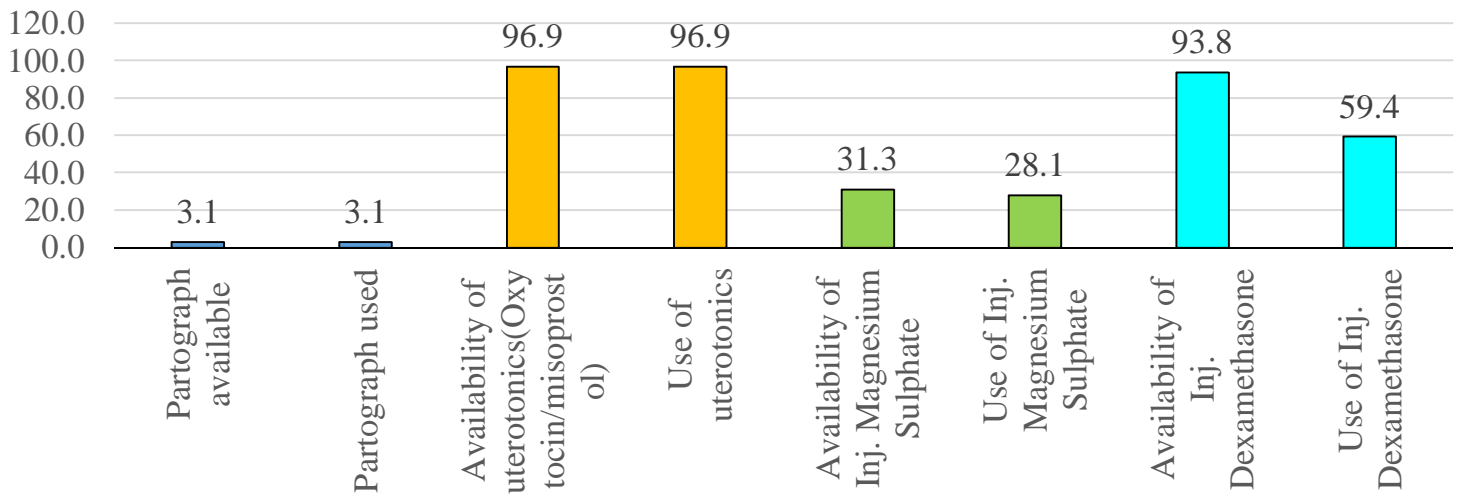
## District wise status of Intra partum care



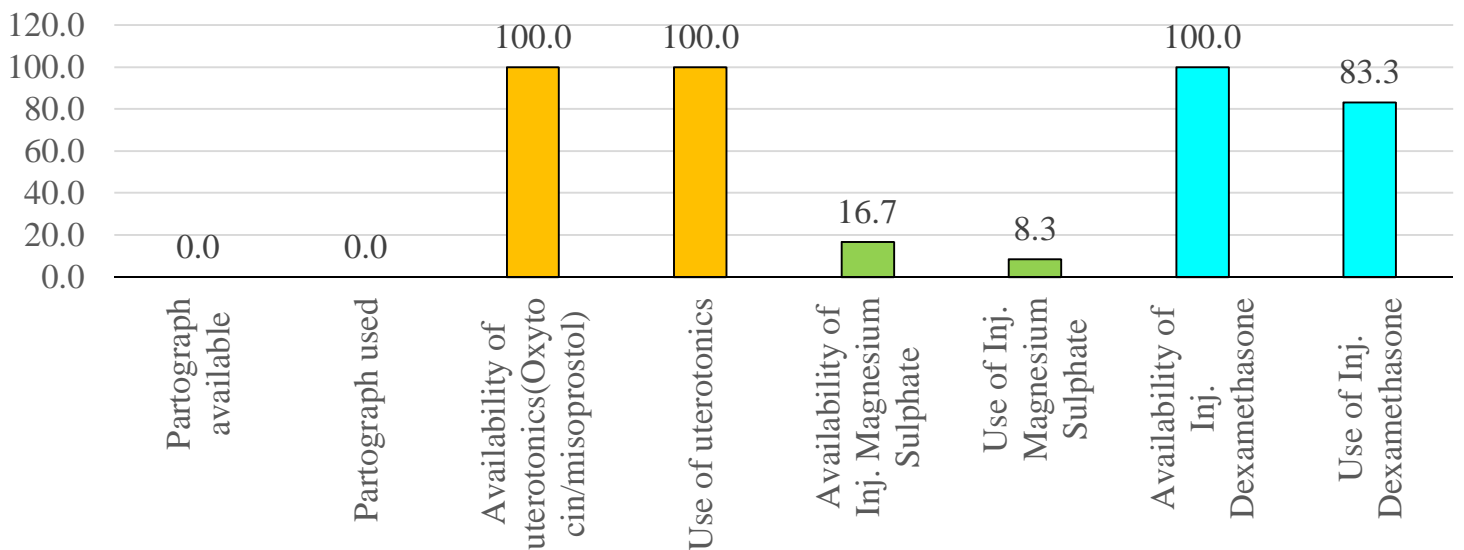
Intrapartum Care: Poonch District (N=23)



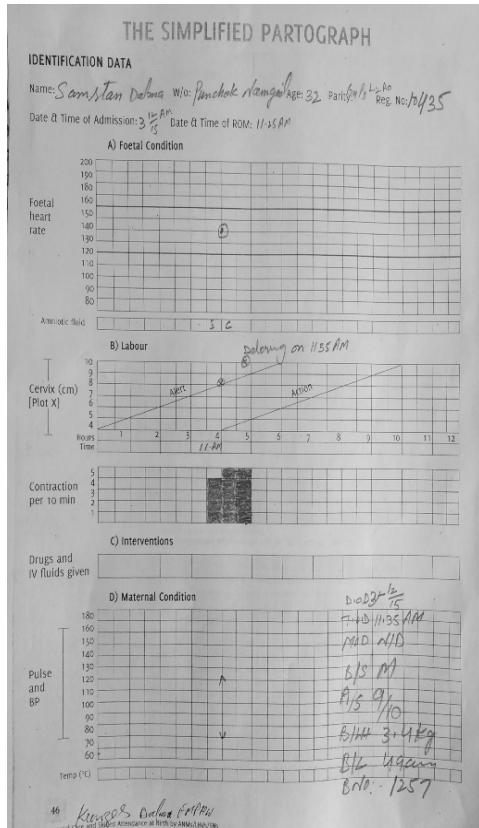
Intrapartum Care: Rajouri District (N=23)



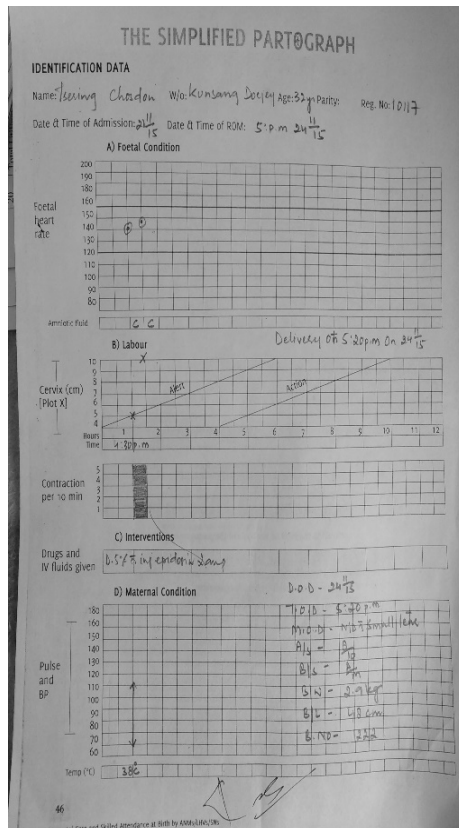
Intrapartum Care: Ramban District (N=12)



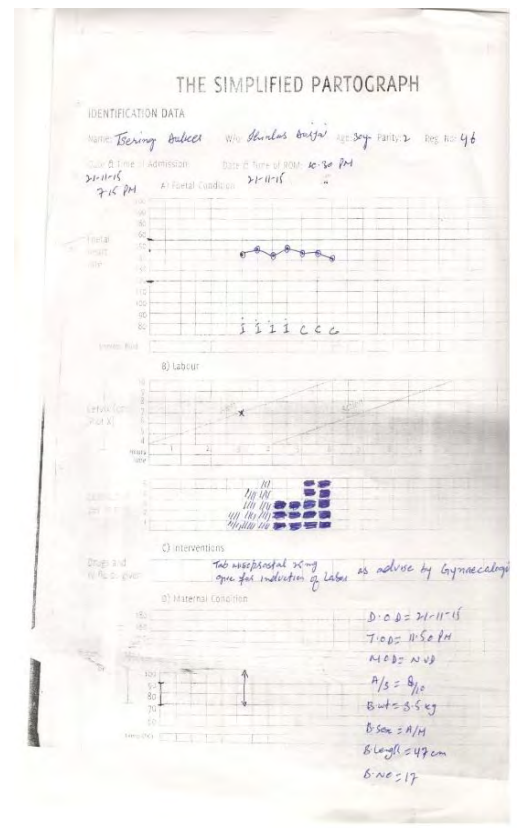
# Glimpses of monitoring findings: Partograph Availability



Partograph used in DH Leh

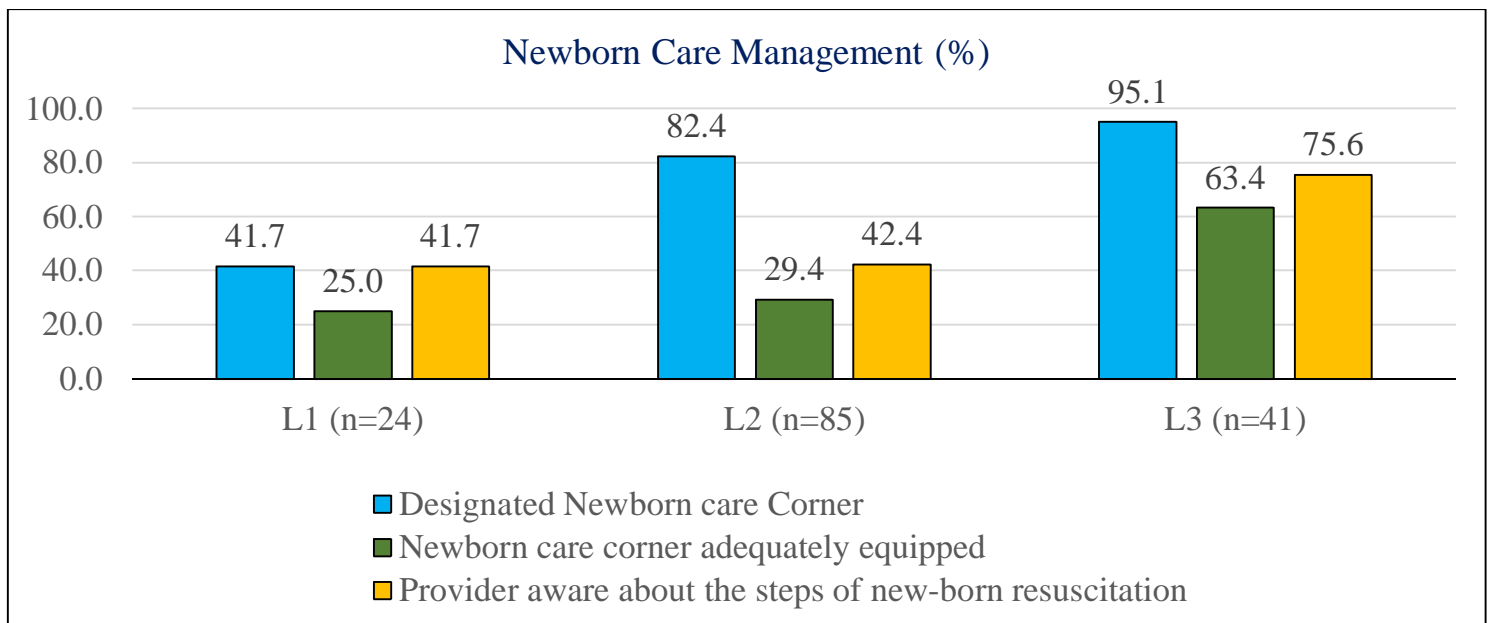


Partograph Used in SDH Nubra

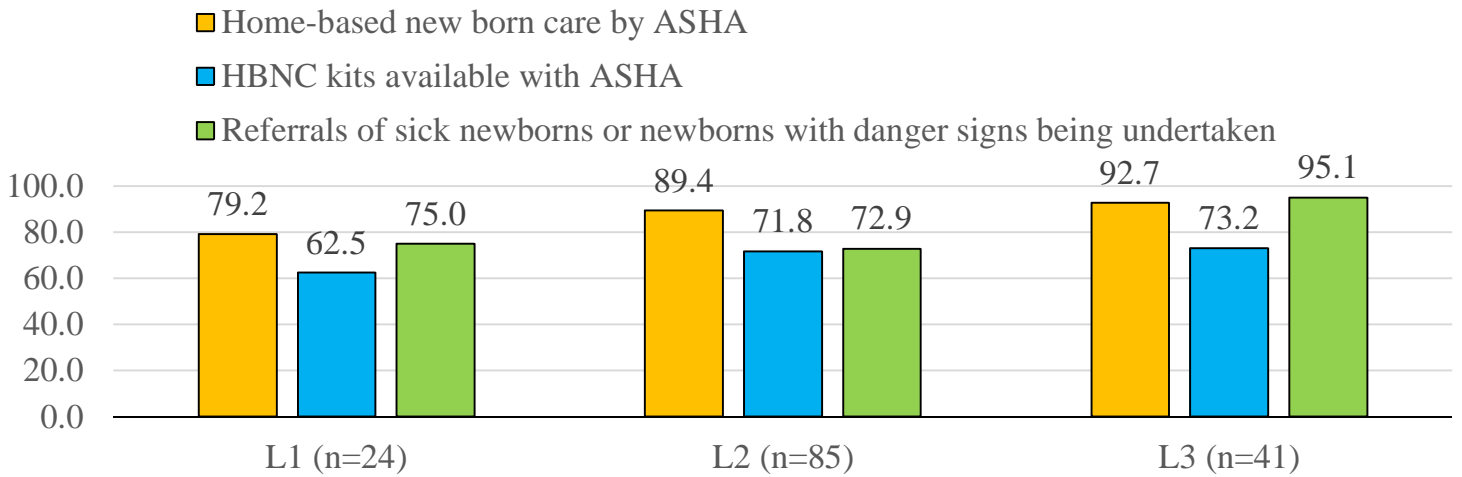


Partograph used in Khaltis

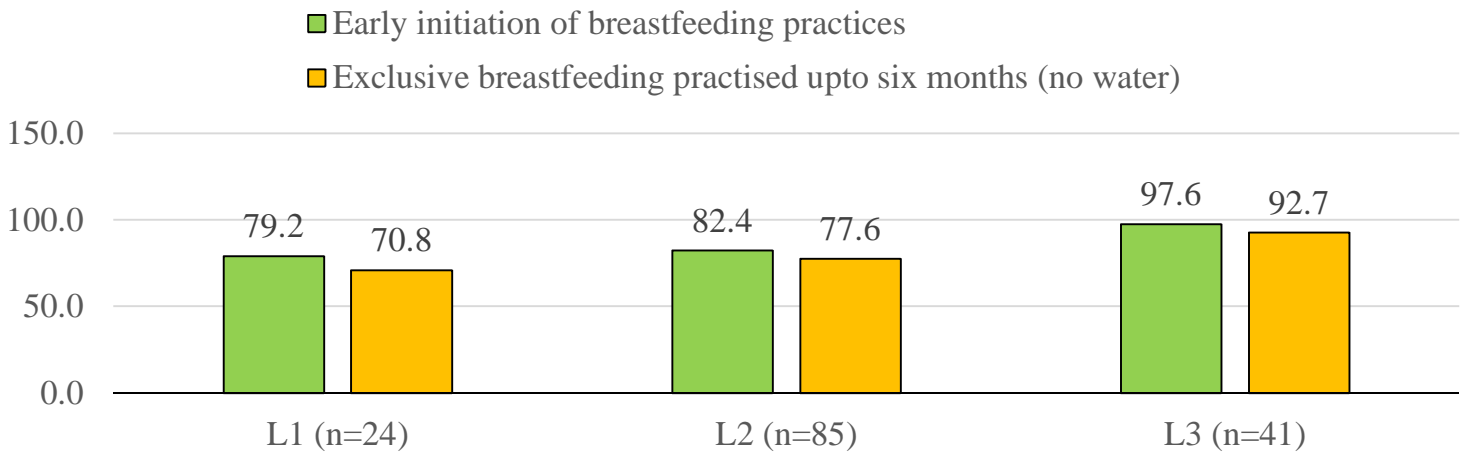
## Newborn Health & Postnatal Care:



### Home based newborn Care (%)

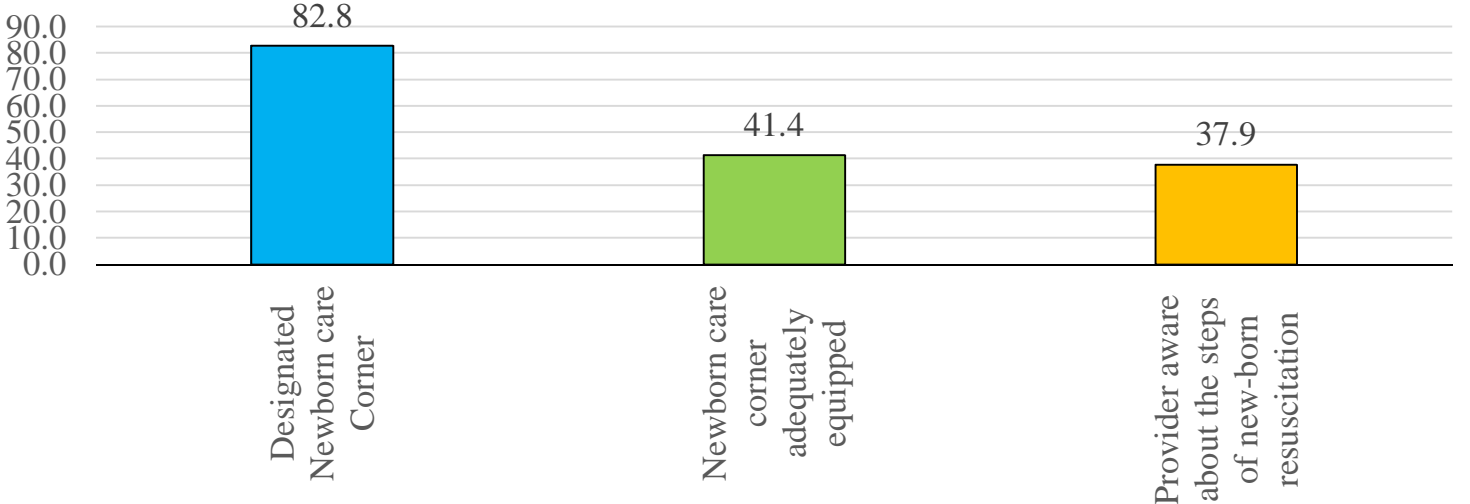


### Breast Feeding Practices (%)



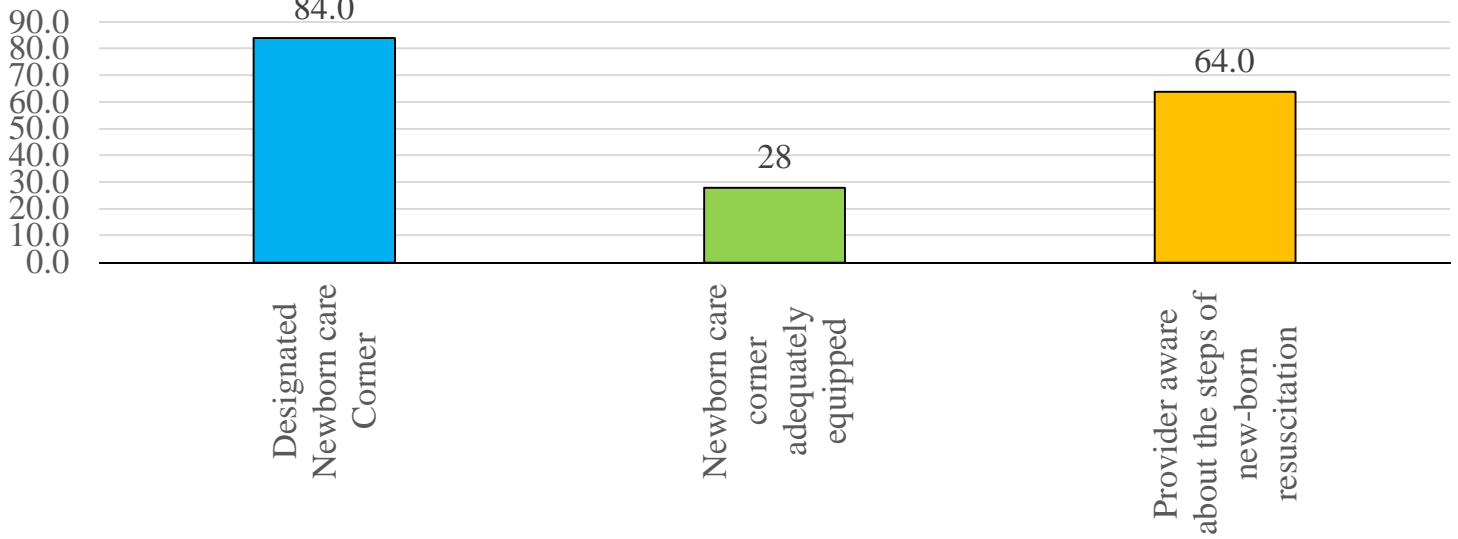
### District Wise Status of NBCC:

#### Newborn Care: Doda District (N=29)

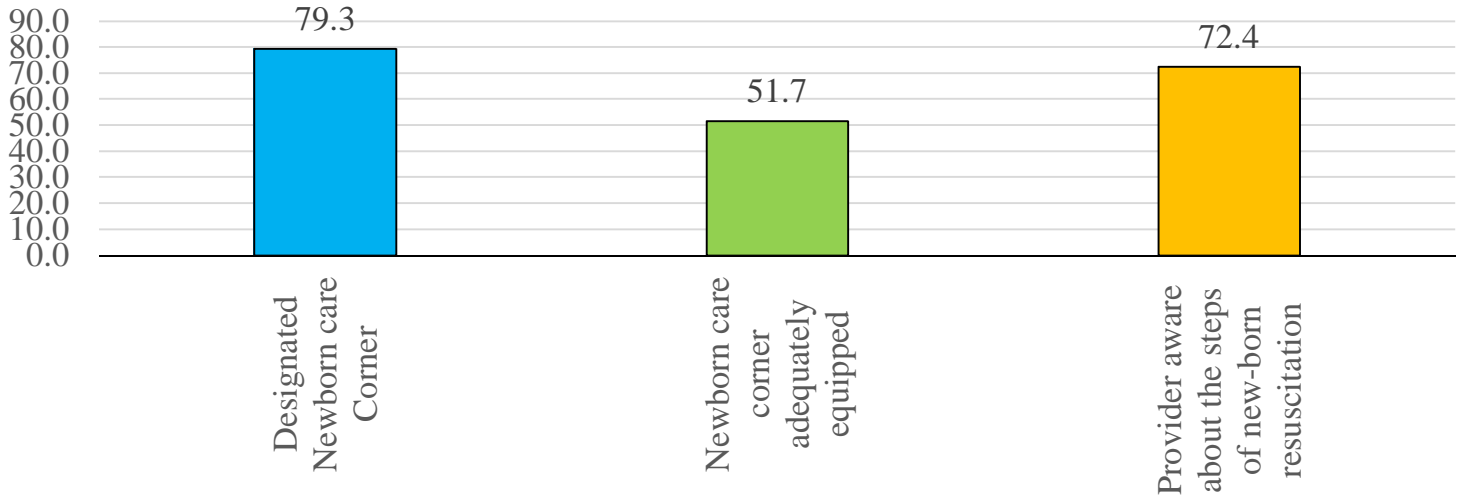




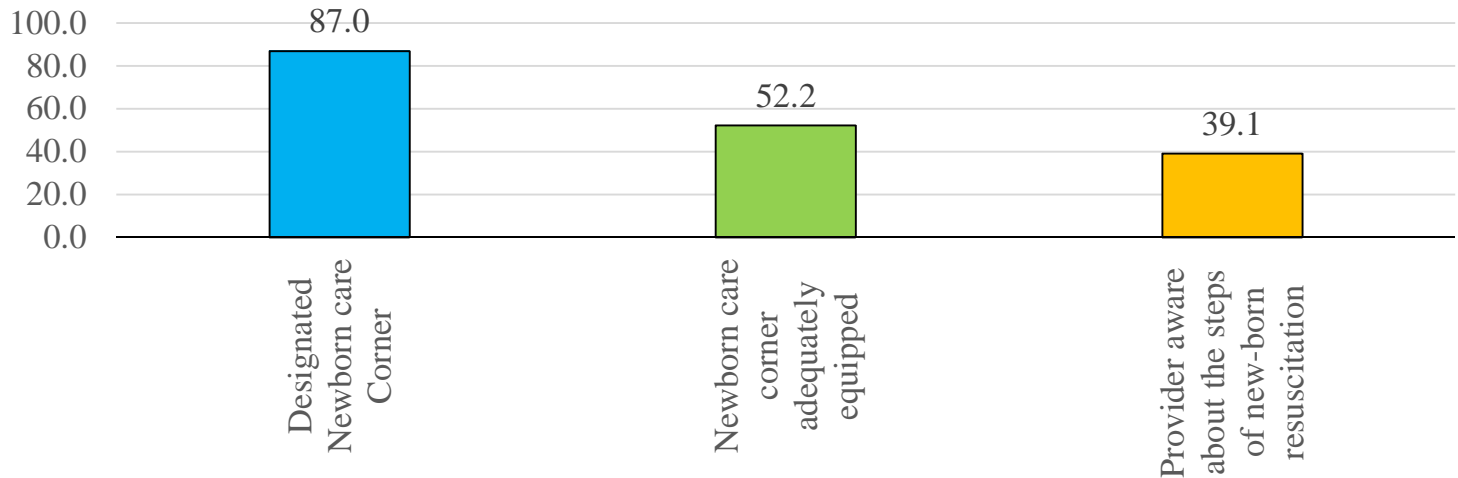
Newborn Care: Kishtwar District (N=25)

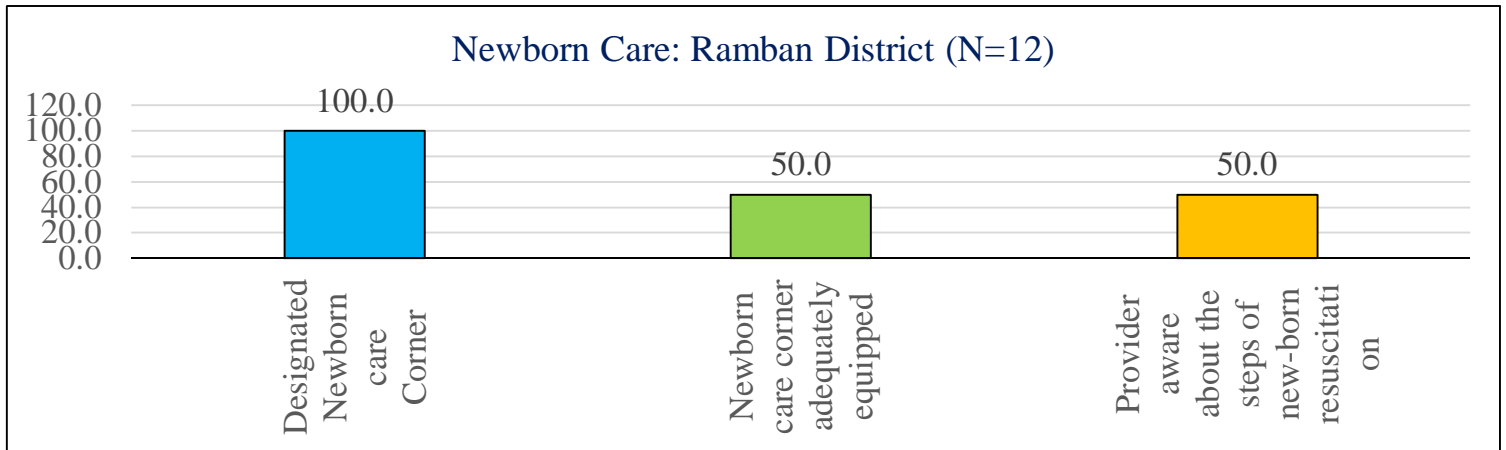
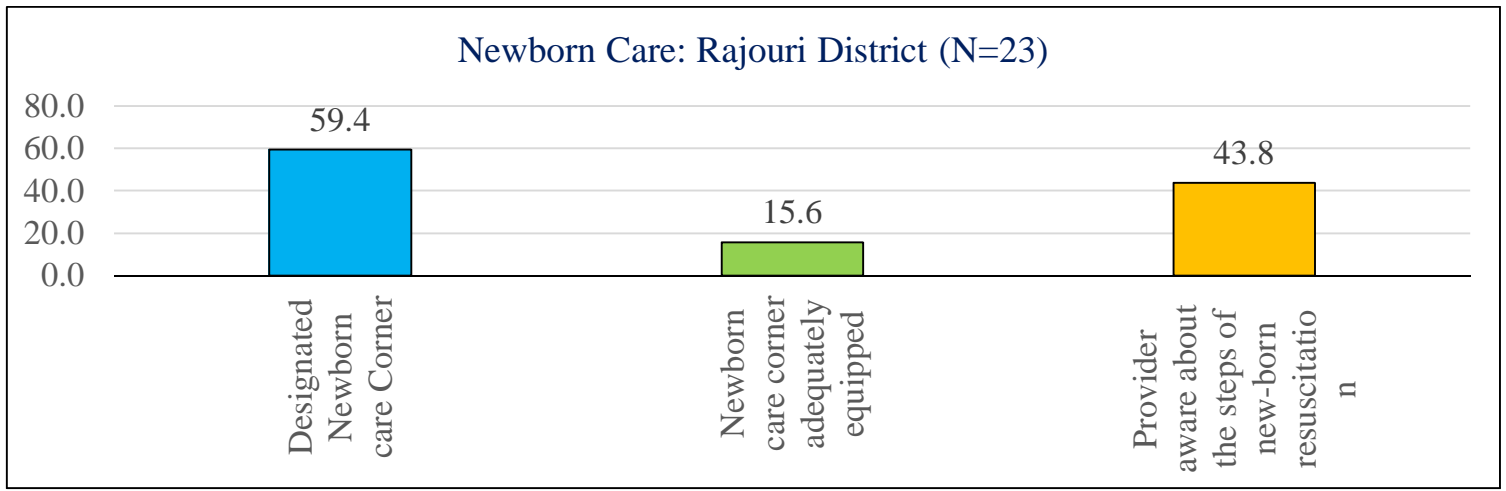


Newborn Care: Leh District (N=29)

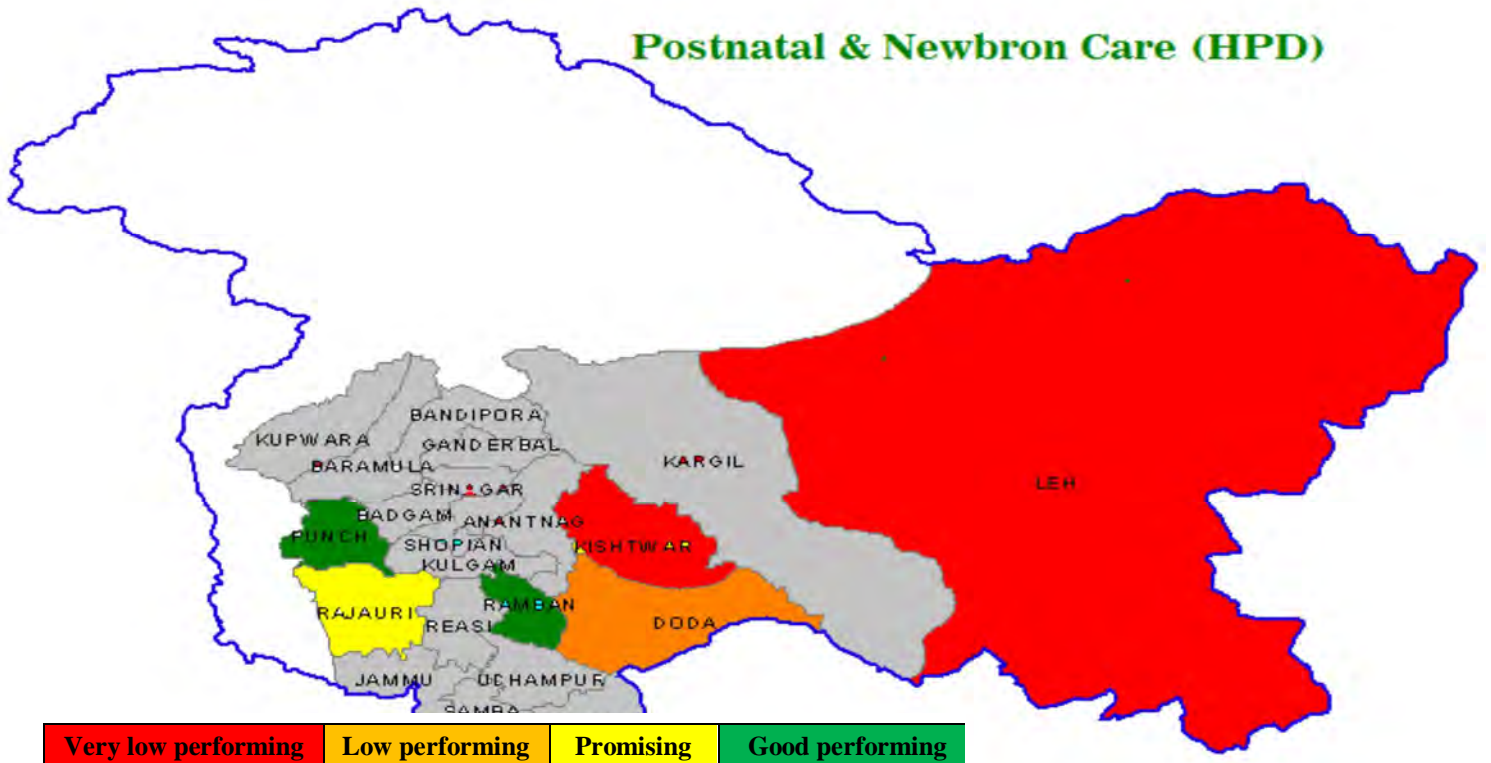


Newborn Care: Poonch District (N=23)

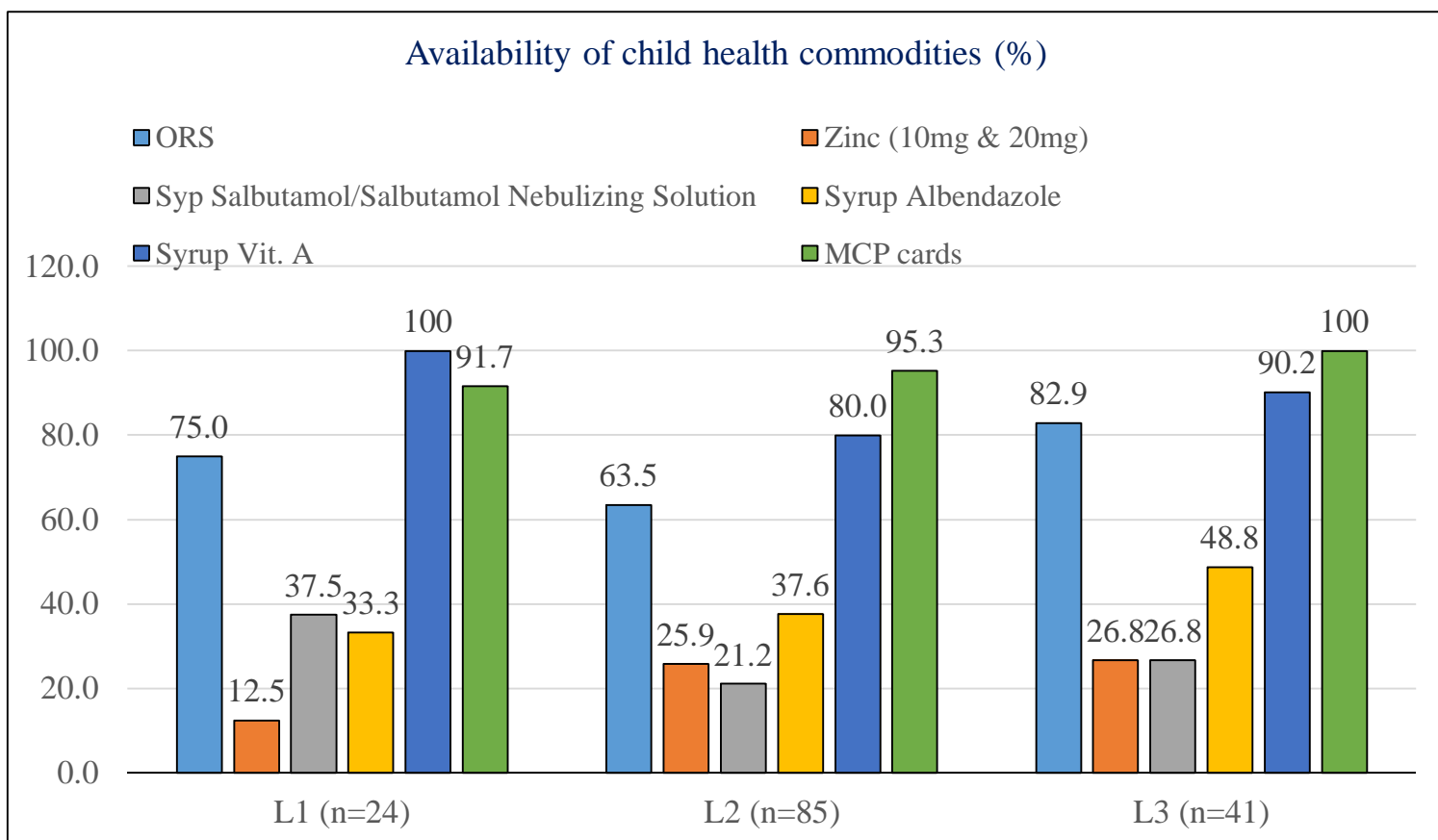
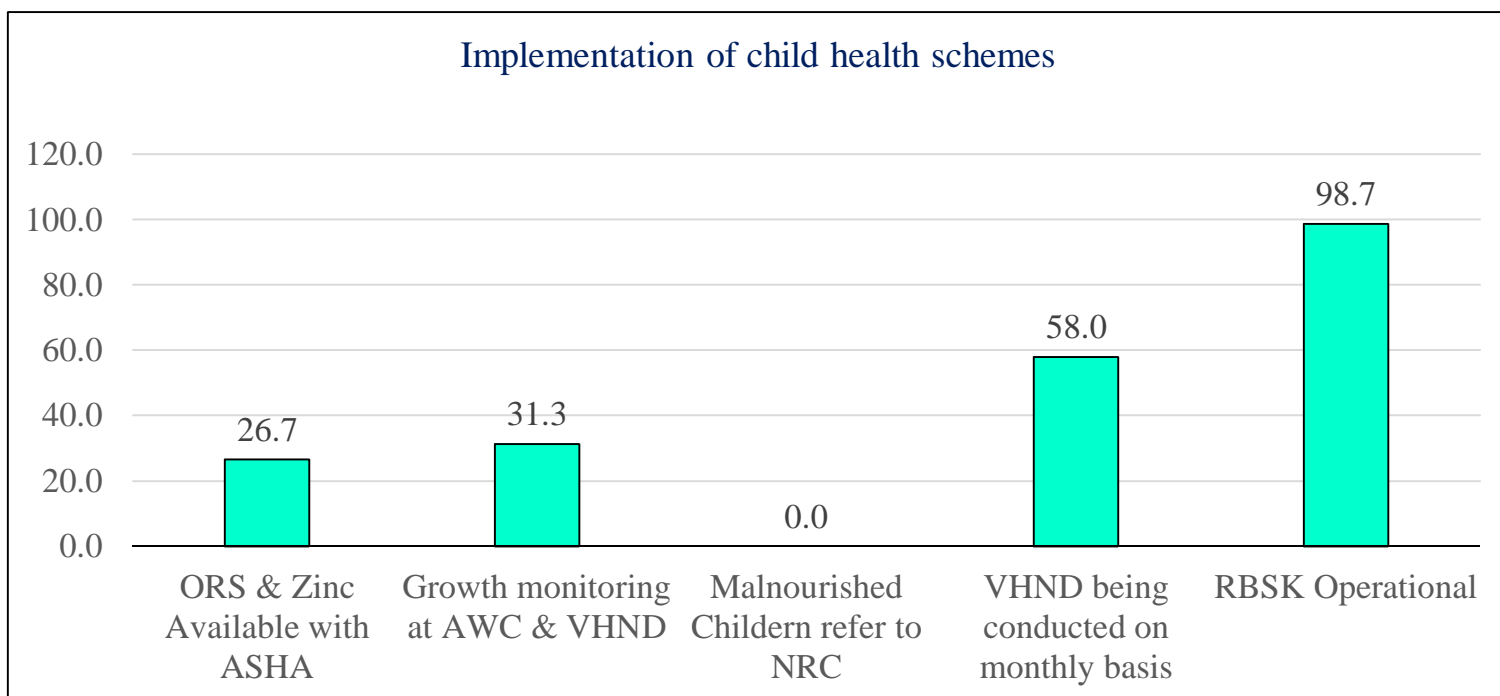




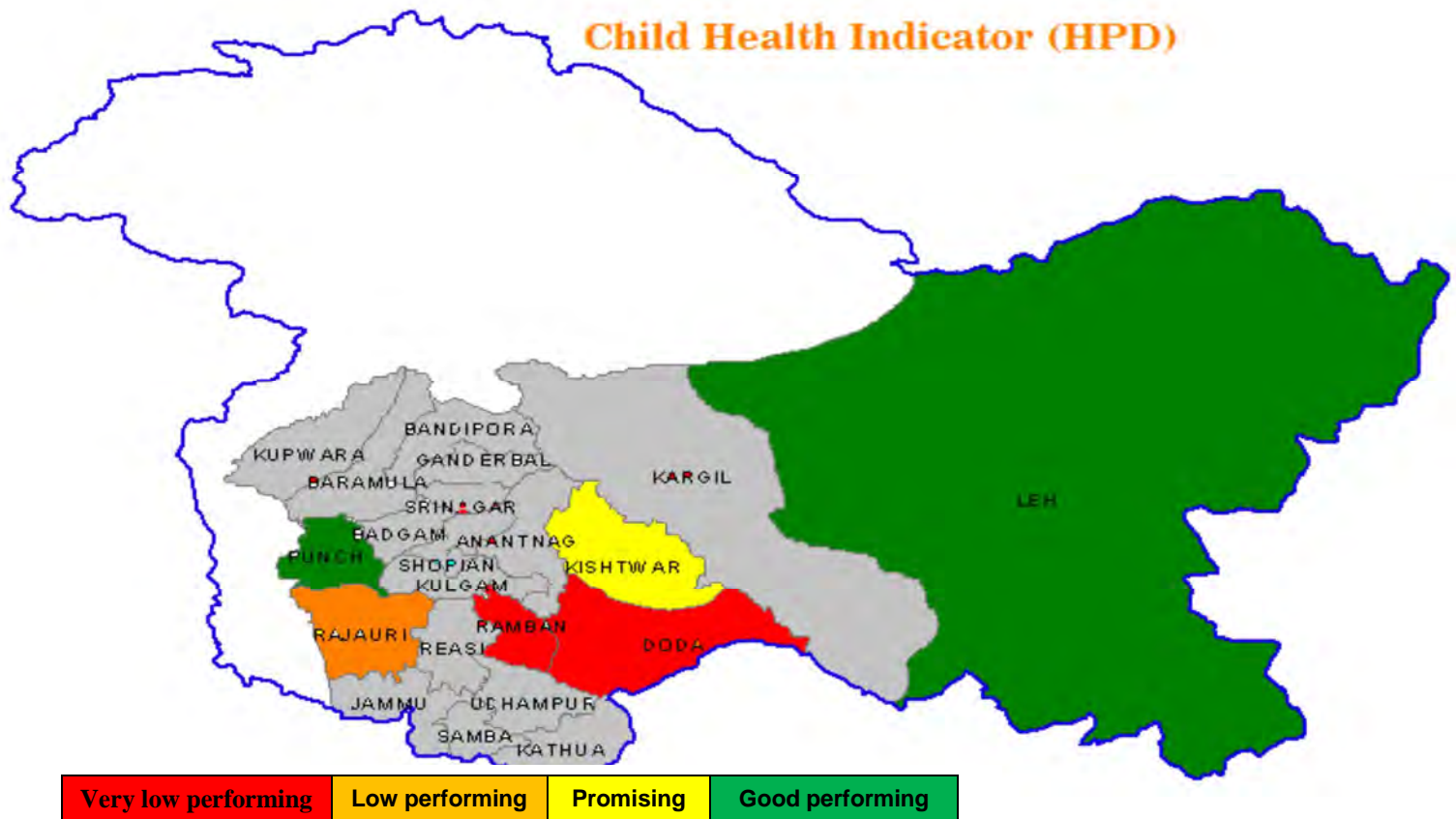
**Postnatal & Newborn Care Indicator Status of HPDs as on November'15:**



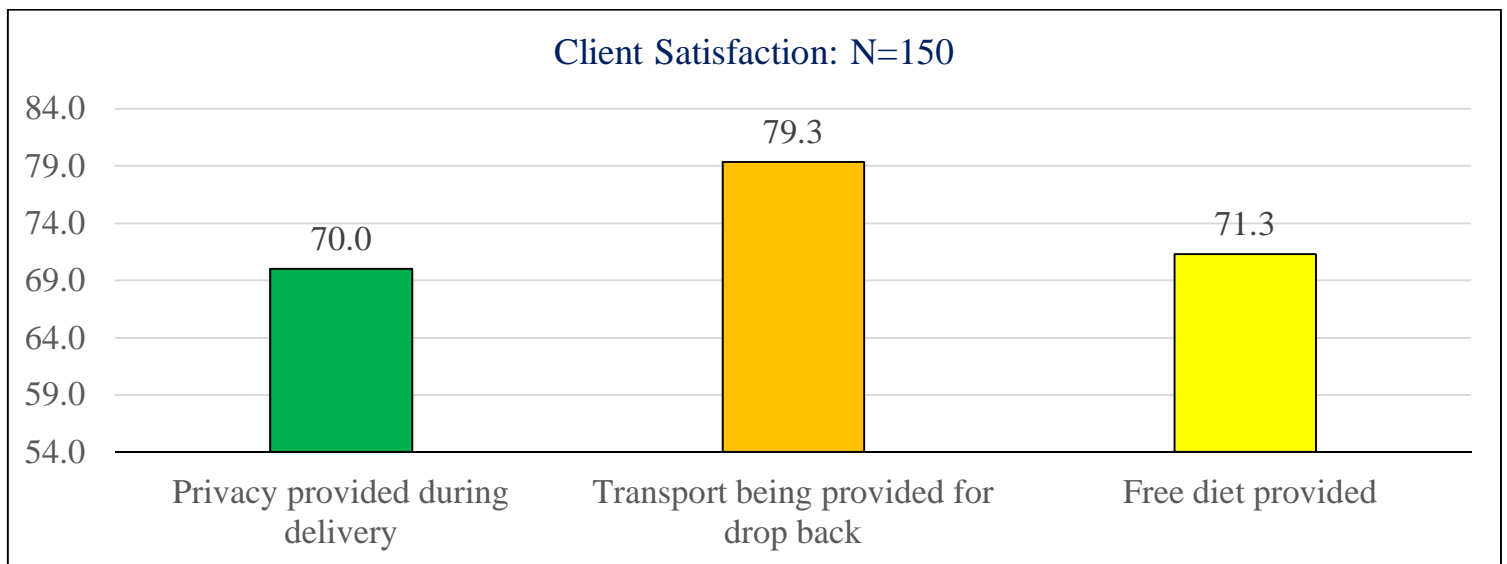
## Child Health:



## Child Health Indicator Status of HPDs as on November'15:



## Client Satisfaction:



## Supportive Supervision findings:

- ❖ Availability of trained (SBA & NSSK) SNs/ANM and Medical Officer in labour room is a major concern. Only 36.5% SBA trained ANMs/SNs are available in L2 level facilities where as only 30% are trained in NSSK. 25.6% SBA trained SNs are posted in labour room at L3 level facilities and only 36% are trained in NSSK. Kishtwar district where more than 80% SBA and NSSK trained SNs/ANMs are posted in labour room and lowest in Leh district ( only 18% SBA trained SNs/ANMs are posted in labour room)
- ❖ Family planning service is also a major concern especially Male sterilization. As per the monitoring data out of total sterilization only 4.2% is Male Sterilization. Special awareness as well as major thrust need to be given on camp based approach on family planning.
- ❖ Family planning commodities especially IUCD 375,380, OCP and ECP need to be made available at all level of facility at all time.
- ❖ ASHA should be more active for home delivery of contraceptive and incentive of ASHA for delaying and spacing birth need to be regularized.
- ❖ Poonch district is very poor performing in all family planning indicators.
- ❖ Only 12 % L2 facilities whereas 14 % 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 71.8% L2 facilities have Uterotonics drugs and out of them 67% facilities are using Oxytocin/Misoprostol. 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 32.9% L2 facilities and 61% L3 facilities have Inj. Magnesium Sulphate. Use of Inj. Magnesium Sulphate need to be ensured.
- ❖ Though 82% L2 facilities have designated Newborn Care Corner but only 29.4% facilities have adequately equipped NBCC whereas only 63% NBCC in L3 facility are adequately equipped. 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.
- ❖ District Leh and Kistwar are very poor performing in postnatal and newborn care indicators.
- ❖ Availability of Zinc tablet, Dicyclomine and Albendazole must be ensured.
- ❖ Ramban and Doda districts are very poor performing in child health indicators.

## Glimpses of support provided by District Coordinators:

### Privacy ensured in Labour room through advocacy: DH Rajouri



### Ensure proper setting up of NBCC and birth dose ensure in Labour Room: DH Rajouri



Advocacy done at district level for printing of SNCU Protocol Posters



Labour Room : CHC Darhal



Protocol Posters displayed in Labour room



Implementation of standard registers (as per MNH tool kit) in labour room  
Kishtwar

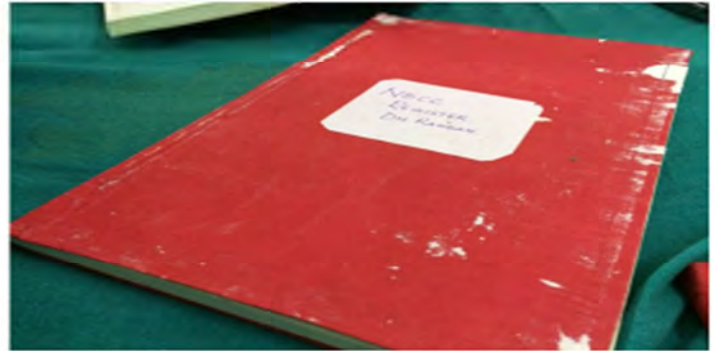


Implementation of standard registers (as per MNH tool kit) in labour room  
Poonch





Implementation of standard registers (as per MNH tool kit) in labour room  
Ramban



Implementation of standard registers (as per MNH tool kit) in labour room



Glimpses of Implementation of labour room trays in labour room



### Glimpses of Visible Changes in PHC Manjakot after advocacy



### Changes happened after regular monitoring and advocacy at CHC Kalakot, Rajouri



### Changes happened after regular monitoring and advocacy at PHC Dalhori, Rajouri



**Not only monitoring but a hand holding support to facility staff:**



## A team work for facility strengthening:

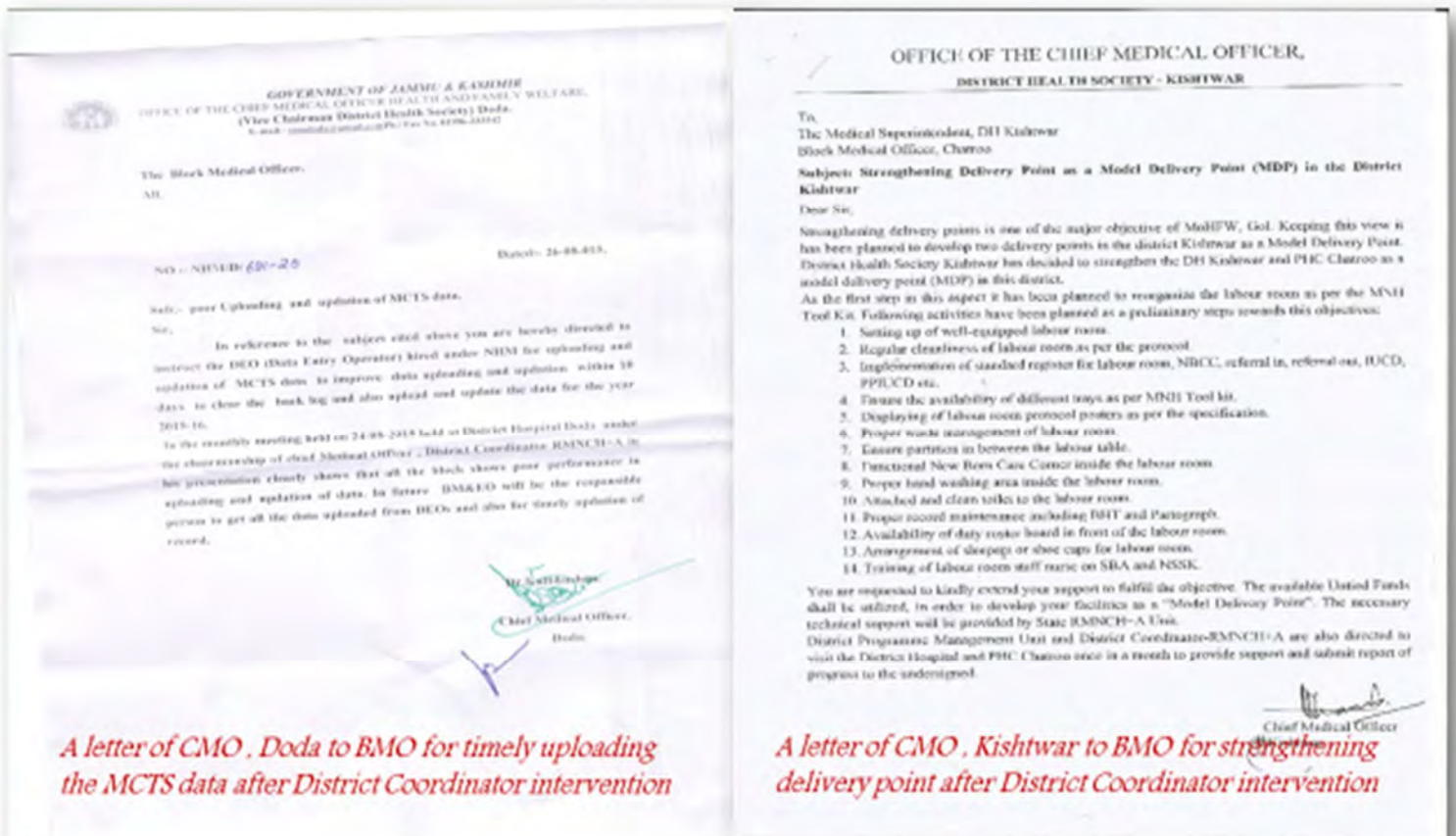
### LABOUR ROOM STATUS OF PHC KERUU (KISHTWAR) AT THE TIME OF VISIT



## LABOUR ROOM STATUS AFTER INTERVENTION AND TEAMWORK



## Glimpses of advocacy done by District Coordinators at District Level:



OFFICE OF THE CHIEF MEDICAL OFFICER, DISTRICT HEALTH SOCIETY -  
KISHITWAR

To,

The Medical Superintendent/Block Medical Officers  
District Hospital, Charzoo, Dasthan, Kishtwar & Paddery  
District - Kishtwar

**Subject: Community and Facility Based Maternal & Infant Death Review**

Dear Sir,

As you all well aware that to review a Death whether maternal or infant is very important for the facility so that the actual cause and the reason of Death is elicited properly. By reviewing we can overcome the various situations and improve likewise through discussions and meetings.

Thus all the Block heads are requested to facilitate the review mechanism as per the formats attached at their respective blocks and document all such cases properly and furnish the necessary reports to us as early as possible.

Kindly comply

Chief Medical Officer  
Kishtwar

Copy to:

1. District Development Commissioner-Kishtwar for information.
2. Mission Director-NHM for information.
3. Medical Superintendent, District Hospital-Kishtwar for information and necessary compliance.
4. All Block Medical Officers for information and necessary compliance.
5. DPM and All BPM Unit for information and follow up.
6. District Coordinator-RMNCH+A for information and follow up.

*"When we are not doing because of a doctor or cannot trust. They are doing because sometimes there are no other people to do the work that they live are worth doing."*

**A letter of CMO, Kishtwar to MS & BMO for MDR after District Coordinator intervention**

**A letter of CMO, Kishtwar to MS for birth dose vaccination MDR after District Coordinator intervention**

OFFICE OF THE CHIEF MEDICAL OFFICER, DISTRICT HEALTH SOCIETY  
DISTRICT KISHITWAR

To,

The Medical Superintendent  
District- Kishtwar

**Subject: Shortfall in Zero Dose (Birth Dose) vaccine OPV & Hepatitis B in Institutional Deliveries.**

Respected Sir,

In reference to the above mentioned Subject that it has been observed and discussed in the monthly meetings that the above mentioned Vaccines are not matching with the no of Institutional Deliveries and show huge discrepancy, especially in the Hepatitis B, which is to be given within 24 Hrs. of Delivery.

It is as such required to please direct the In-charge of your Immunization Section to ensure that none of New Born is discharged without being provided with the Birth Doses (Zero Doses) of OPV and Hepatitis B as well as the BCG vaccination.

The special strategy be made for vaccination to the new born as well as those who are born after 16:00 Hours.

The matter to be treated as most urgent.

Chief Medical Officer  
Kishtwar

Copy to:

1. District Development Commissioner-Kishtwar for information.
2. Director Family Welfare, MCH & Immunization, J&K for information.
3. Mission Director-NHM for information.
4. Dy. CMO, District Kishtwar for information and follow up.
5. District Immunization Officer, Kishtwar for information and follow up.
6. Medical Superintendent, DH Kishtwar for information and to ensure birth dose vaccination at DH Kishtwar.
7. BMOs (all blocks) for information and to ensure birth dose vaccination at all Delivery Point under the block.

OFFICE OF THE CHIEF MEDICAL OFFICER, DISTRICT HEALTH SOCIETY  
DISTRICT KISHITWAR

To,

The District Development Commissioner  
District- Kishtwar

No:

**Subject: Mobility Support of RBSK Programme under NHM-J & K**

Date:

Respected Sir,

You are aware that Rashtriya Bal Swasthya Karyakaram (RBSK) programme under NHM launched to provide child health screening and early intervention of 0-18 years of children through RBSK team.

This is to bring your kind notice that the mobility support for the Rashtriya Bal Swasthya Karyakaram (RBSK) teams has not been finalized since the inception of this Programme, which has badly affected the Programme. RBSK teams are facing difficulty in their day to day field activities and as a result it's ultimately affecting the implementation of RBSK Programme in the district Kishtwar. The approved budget for hiring the mobility support doesn't fulfill the current district requirements. The vehicle hiring cost is high at district level which doesn't match with the state criteria, even ARTO was also involved by the former DDC, but all in vain.

Now we are requesting your good-self to kindly forward the representation to the State Health Society for revising the hiring cost, so that our work don't get affected much.

The matter to be treated as most urgent.

Chief Medical Officer  
Kishtwar

Copy to:

1. Mission Director-NHM-J & K for information.
2. Divisional Nodal Officer-J & K for information and necessary action.
3. Dy. CMO, District Kishtwar for information.
4. Medical Superintendent, DH Kishtwar for information.
5. BMOs (all blocks) for information.
6. District Programme Management Unit, NHM for information and follow up.
7. District Coordinator-RMNCH+A for information and follow up.
8. DEIC-Manager Kishtwar for information and follow up.

**A letter of CMO, Kishtwar to District Development Commissioner**



**District Health Society Poonch**

NATIONAL HEALTH MISSION  
Office Of The Chief Medical Officer Poonch  
District Poonch-185101  
Tels. Fax-01945-220111 E-mail-ahsponch@gmail.com

To

The 2040 Block Masik.

In the month of April 15 one maternal death has occurred in your Block whose facility based review has been done at District Hospital and community based review is pending. We are supposed to conduct community based review within 25 days of maternal death.

Therefore you are requested to conduct the CBMR as soon as possible in the attached format and submit the report to CMO office.

Chief Medical Officer,  
Vice Chairman  
District Health Society Poonch.



Copy to:

1. Mission Director, National Health Mission J&K
2. Director Health Services, Jammu
3. Director Family welfare, MCH and Immunization J&K
4. DDC Poonch

**A letter of CMO, Poonch to BMO for MDR after District Coordinator intervention**



**District Health Society Poonch**  
National Health Mission  
Office Of The Chief Medical Officer Poonch  
District Poonch-185101  
Tele Fax-01965-220111 E-mail-dhspoonch@gmail.com

To  
The BMO Block Mandi.

**Mandi,**  
During Supervision and Monitoring visits of District Coordinator RMNCH+A following deficiencies have been reported which need to be fixed on priority:

1. NBSU is non functional but in the report it has been shown that number of admissions in the month of February is 5.
2. No designated staff for NBSU. You are requested to select a Staff Nurse and an ANM Who will be trained at DH Poonch.
3. Documentation and record keeping is poor. You are requested to implement GDI format registers. Labour room register format has been already shared with you.
4. Staff in Labour is not trained in NBCC. You are directed to request Gynecologist to provide training to labour room staff.
5. No IFA tablets available. You are requested to purchase IFA tablets from IFA tablets.
6. Due lists are not maintained.



*(Signature)*  
Chief Medical Officer,  
Vice Chairman  
District Health Society Poonch.

*A letter of CMO, Poonch to BMO based on the monitoring findings of District Coordinator*



**District Health Society Poonch**  
National Health Mission  
Office Of The Chief Medical Officer Poonch  
District Poonch-185101  
Tele Fax-01965-220111 E-mail-dhspoonch@gmail.com

To  
The BMO Block Mandi, Sarankote and Wundhar.

**Sr/Mandi**  
During Supervision and Monitoring visits by District Coordinator RMNCH+A, it has been found that Diet is not provided to delivery patients under JSSK.

For providing diet funds are being continuously provided to you.  
You are directed to start providing diet to delivery patients as soon possible under intimation to this office.



*(Signature)*  
Chief Medical Officer,  
Vice Chairman  
District Health Society Poonch.

*A letter of CMO, Poonch to BMO based on the monitoring findings of District Coordinator on JSSK diet*

**GOVERNMENT OF JAMMU & KASHMIR**  
**OFFICE OF THE CHIEF MEDICAL OFFICER HEALTH AND FAMILY WELFARE,**  
**DODA**

www.dodaonline.com Tel. No/ fax No: 9196-240211/2102

To  
Block Medical Officer  
Anar/Gias/Bladerwah/Gardoh/Thatri.

No. Scheme/RMNCH+A 1483-72 Dated- 25.05.2015

**Sub: Key RMNCH+A Indicator analysis of District Doda up to 5/2015.**

**Re,**  
Kindly find enclosed herewith the indicative analysis report received from Dr. Majid Bhatt District Coordinator RMNCH+A for the month of May 2015.

In this regard you are directed to go through the analysis indicator and take appropriate to improve the indicator and furnish the action taken report in this regard to this office within two days.

Yours faithfully,  
*(Signature)*  
Chief Medical Officer  
Doda

Copy to:-

1. Mission Director NHM, J&K Jammu for information.
2. State Coordinator RMNCH+A, J&K, Charopura Srivastava for information.
3. Medical Superintendent District Hospital Doda for similar necessary action.
4. District Coordinator RMNCH+A Doda for information and with the direction to provide technical support to MS and BMOs to improve the indicators.

*Letter issued by CMO, Doda based on the RMNCH+A Indicator analysis by District Coordinator*



**District Health Society Poonch**  
National Health Mission  
Office Of The Chief Medical Officer Poonch  
District Poonch-185101  
Tele Fax-01965-220111 E-mail-dhspoonch@gmail.com

To  
The BMO Block Mandi.  
Poor performance of PHC Ajote (24\*7)

**Mandi,**  
During Supervision and Monitoring of District Coordinator RMNCH+A & DM & DO inspection of PHC Ajote was carried out in accordance with defined checklist.

To my great surprise achievements in majority of the components is negligible.  
You are therefore directed to explain your position with the concerns about functioning of PHC as 24\*7 PHC.

Enclosure: 1 Leaf

*(Signature)*  
Chief Medical Officer,  
District Health Society Poonch.

Copy to:-

1. Mission Director NHM, J&K
2. Director Health Services, Jammu
3. Director Family Welfare, MCH & Immunization J&K
4. DDC Poonch
5. State Coordinator, RMNCH+A, PHU

*Letter of CMO, Poonch based on the monitoring findings of 24\*7 PHC by DC-RMNCH+A*

## **Doable recommendation for District for effective implementation of RMNCH+A strategy:**

- Ensure the quality of SBA, NSSK, IMNCI and other training.
- Rational deployment of SBA trained manpower at delivery point.
- Ensure joint monitoring of DPM/DMEO/DAM and District Coordinator-RMNCH+A.
- Ensure line listing of severe anemic mothers and regular follow up at all levels.
- Orientation of labour room staff on Essential New Born Care Management.
- Ensure 48 hours retention delivered women and compliance of JSSK services.
- Ensure display of “Diet Chart” at prominent places in all delivery points.
- Strengthen the review mechanism of maternal death and establish a standard review mechanism for CDR at district and block level.
- Standardized VHND reporting system and involve district and block ASHA Coordinator in VHND monitoring.
- Proper use of HMIS data for performance evaluation of facility.
- Timely updation of MCTS data.
- More emphasis should be given on IUCD insertion and other family planning methods.
- Cleanliness and sterilization protocols must be followed as per MNH tool kit at all facilities.
- Ensure the birth dose vaccination at all delivery points.
- Strengthen the AFHC (Adolescent Friendly Health Clinic) at district level.
- Special focus on cold chain point and RI monitoring.
- Give importance of facility wise findings and feedback shared by District Coordinator-RMNCH+A.

## **Support required from state for effective implementation of RMNCH+A strategy:**

- Timely and regular supply of essential drugs & consumable (IFA, Zinc, Misoprostol, Inj. Magnesium Sulfate etc.).
- 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, MDR and CDR.
- It requested to disseminate monthly monitoring reports with CMO of HPDs on monthly basis.



## **Conclusion:**

RMNCH+A strategy launched to provide a complete service throughout the life cycle. Increasingly, across the globe, there is emphasis on establishing the “Continuum of Care”, which includes integrated service delivery in various life stages including adolescent, pre-pregnancy, childbirth and postnatal period, childhood and 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. Proper review mechanism on the basis of RMNCH +A indicators analysis and monitoring findings need to be established.

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*Prepared by*

**State RMNCH+A Unit, NIPI-PHFI  
O.O-The Mission Director, NHM  
Jammu & Kashmir**