

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

State RMNCH+A Unit (SRU)
O/O-THE MISSION DIRECTOR

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

SI. No	RMNCH+A	Key Issues
1	Reproductive Health	<ul style="list-style-type: none"> • Only 8 % PPIUCD trained MOs and 3% SNs are posted in labour room at L3 level of facilities • Male sterilization out of total sterilization is very poor • PPIUCD insertion rate is very poor through the districts. PPIUCD insertion rate out of total institutional deliveries is only 1% where trained manpower available. • Availability of IUCD, OCP and ECP especially at L1 level of facilities need improvement. • Availability of all 4 family planning (IUCD, OCP, ECP and Condom) commodities at Doda (62.5%) and Leh (62.5%) is a matter of concern.
2	Maternal Health	<ul style="list-style-type: none"> • Only 32% SBA trained SNs/ANMs and 41% NSSK SNs/ANMs are posted in labour room. Doda and Rajouri districts where availability of SBA and NSSK trained SNs/ANMs at labour room is poor. • BP, Haemoglobin measurement, Urine Albumin measurement are being done on regular basis in most of the facilities during ANC • Only 3% facilities are using Partograph. • 53.8% facilities are equipped with Inj. Magnesium Sulphate and 48.1% facilities are using it. • 85 % facilities are equipped with uterotonics drugs and 75% are using it. • Availability of urine albumin kit and its use during ANCs at Doda district need improvement • FHR is not being reported during admission of mother at District Poonch. • 84% facilities where privacy provided to the mothers at the time of delivery.
3	Newborn Health	<ul style="list-style-type: none"> • 86.5% facilities have designated NBCC, 63.5% are adequately equipped and 61% 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 12.5% service providers at Doda are aware about the steps of newborn resuscitation. • Availability of Inj. Vit K1 has improved in most of the districts except Doda. • 94% facilities where EIBF practices are being followed but only in 65% facilities babies are dried with clean and sterile sheet/towels just after delivery and it is very poor at Doda.

4	Child Health	<ul style="list-style-type: none"> 57.7 % facilities have ORS and 34% have Zinc. Availability of ORS & Zinc with ASHA is very poor (only 28%) 36.5% VHND sessions, where Growth monitoring was done.
5	Adolescent Health	<ul style="list-style-type: none"> 53% facilities have Dicyclomine and 50 % facilities have Albendazole. Availability of Dicyclomine and Albendazole is poor at Rajouri district.

Improvement Noticed (December, 2015 & October, 2016)

RMNCH+A	SS Findings December, 2015	SS Findings October, 2016
Comparison of some current RMNCH+A monitoring findings with previous monitoring findings	<ul style="list-style-type: none"> Availability of all family four (IUCD, OCP, ECP & Condoms) planning commodities at Rajouri was found in 87% facilities, 66% at Poonch Availability of Partograph was found in 8% of facilities. Use of uterotonic drugs (Inj. Oxytocin & Misoprostol) was found in 71% facilities. Use of Inj. Dexamethasone was found in 43 % facilities Availability of SBA trained SNs/ANMs at labour room was 30% Only 13% SBA trained ANMs/ SNs were posted in labour room at Kishtwar and 14% at Ramban districts There were 73% facilities where designated NBCC was available. Only 33% NBCC was adequately equipped. 36.5% ANMs/SNs were aware about the steps of newborn resuscitation. 	<ul style="list-style-type: none"> Current SS data reflects that availability of all 4 family (IUCD, OCP, ECP & Condoms) planning commodities have increased specially at Poonch and Rajouri Availability of Partograph has improved and 15% facilities have Partograph with them. Use of uterotonic drugs (Inj. Oxytocin & Misoprostol) has improved from 71% to 75% at all facilities. Use of Inj. Dexamethasone has improved from 43% facilities to 53.8% facilities. Availability of SBA trained SNs/ANMs at labour room is 32 %. Whereas most of ANMs/SNs posted in labour room are SBA trained at Kishtwar and 63% SBA trained ANMs/SNs are posted in labour room at Ramban. 86.5% facilities have designated NBCC 63.5% NBCCs are adequately equipped 61.5% ANMs/SNs are aware about the steps of newborn resuscitation.

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

Total Number of Supportive Supervision visits conducted-123 & total facilities covered-52

Total Health Facility Visited			
Total facility visited	L3	L2	L1
52	19	25	8

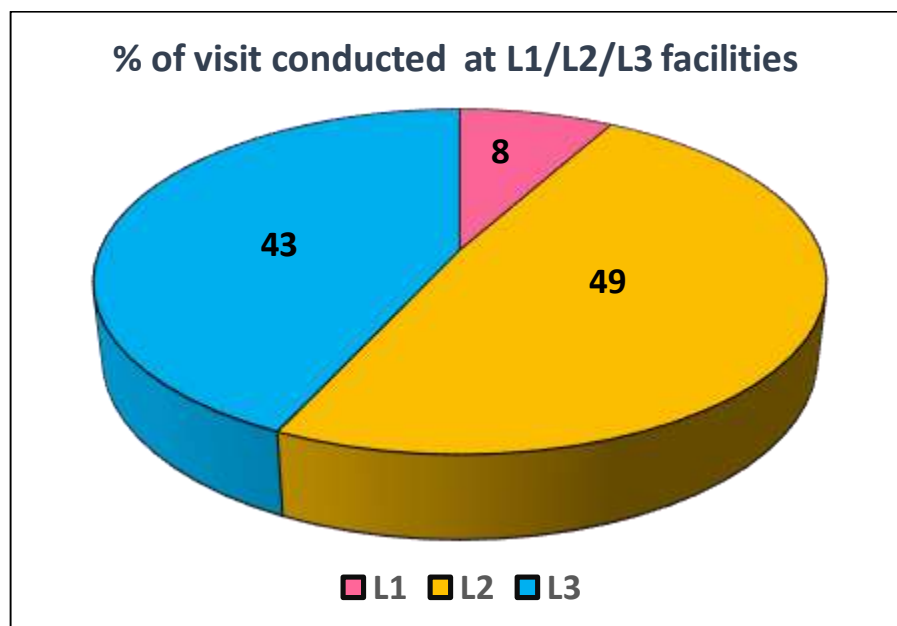
HPDs wise facilities covered and no of visit conducted

HPDs	Total facilities covered	Total visits conducted till October'16
Poonch	10	22
Doda	8	11
Kishtwar	6	29
Leh	8	15
Rajouri	12	15
Ramban	8	31
Total	52	123

Frequency of Supportive Supervision Visits

Total facilities visited	No of facilities visited once	Facilities visited 2 times	Facilities visited 3 times & more
52	22	15	15

Visit Conducted at Different Level of facilities (N=104)

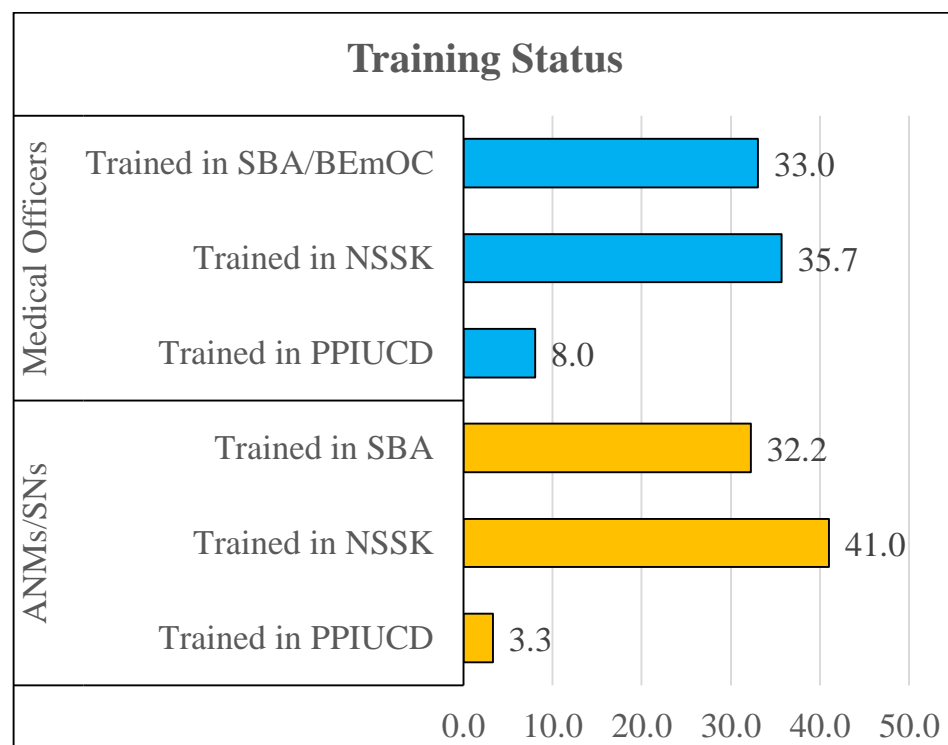


There are 33 Delivery Points in HPDs (as per the delivery point list 2016-17).

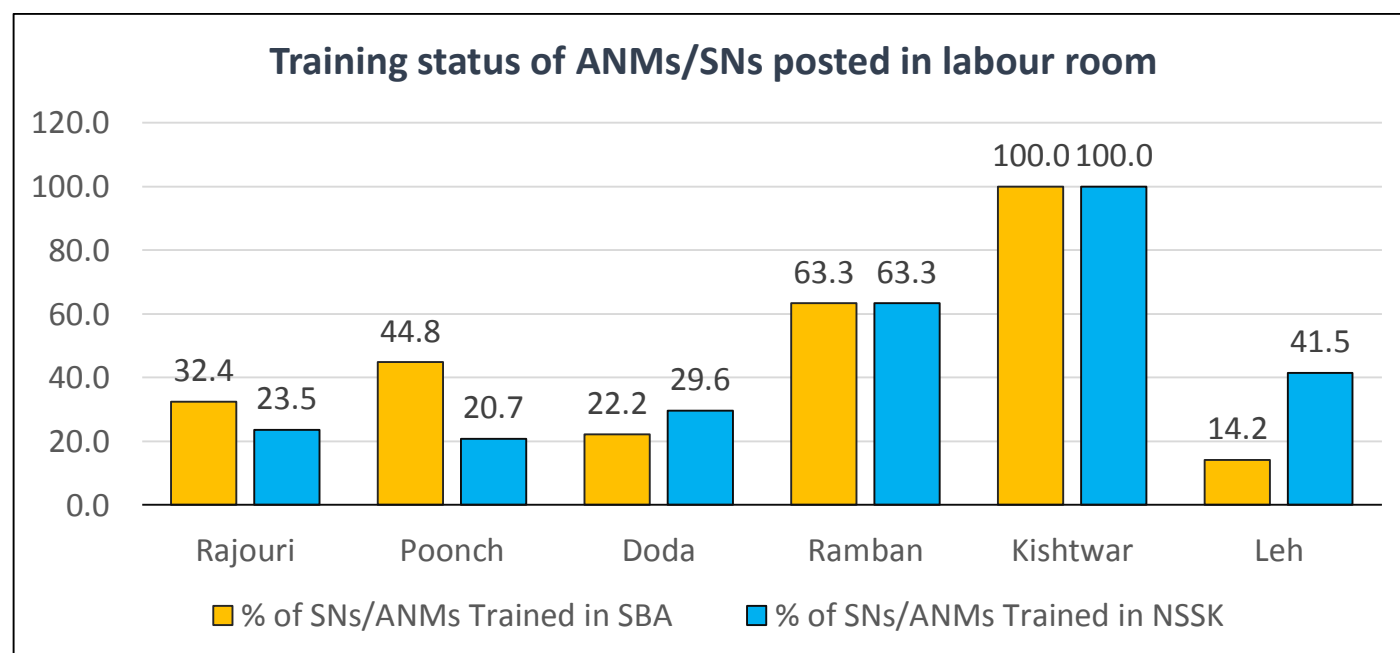
Out of total Supportive Supervision (123) 49% visits conducted at L2 and 43% visits at L3 level of facilities.

STATUS OF KEY RMNCH+A INDICATORS

TRAINING STATUS OF MOS/SNS/ANMS POSTED IN LABOUR ROOM



Out of the total MOs posted in labour room only 33% MOs are trained in SBA/BEmOC, 35.7% MOs are trained in NSSK and only 8% are PPIUCD trained. Similarly, out of total ANMs/SNs posted in labour room only 32% are trained in SBA, 41% trained in NSSK and only 3% in PPIUCD.



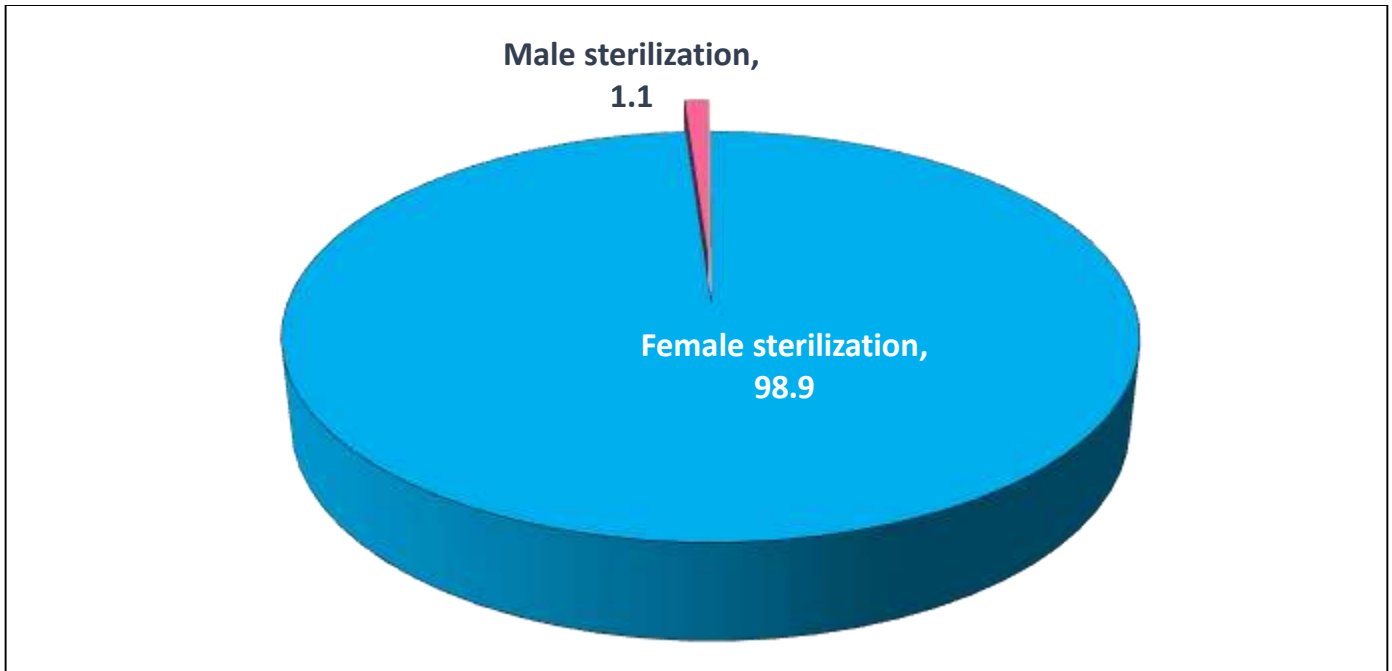
Only 14% SBA trained ANMs/SNs are posted in labour room at Leh and 22 % at Doda district. District, whereas improvement noticed at Kishtwar and Ramban (63%).

20% NSSK trained ANMs/SNs are posted in labour at Poonch and 23% at Rajouri, whereas improvement noticed at Kishtwar and Ramban.

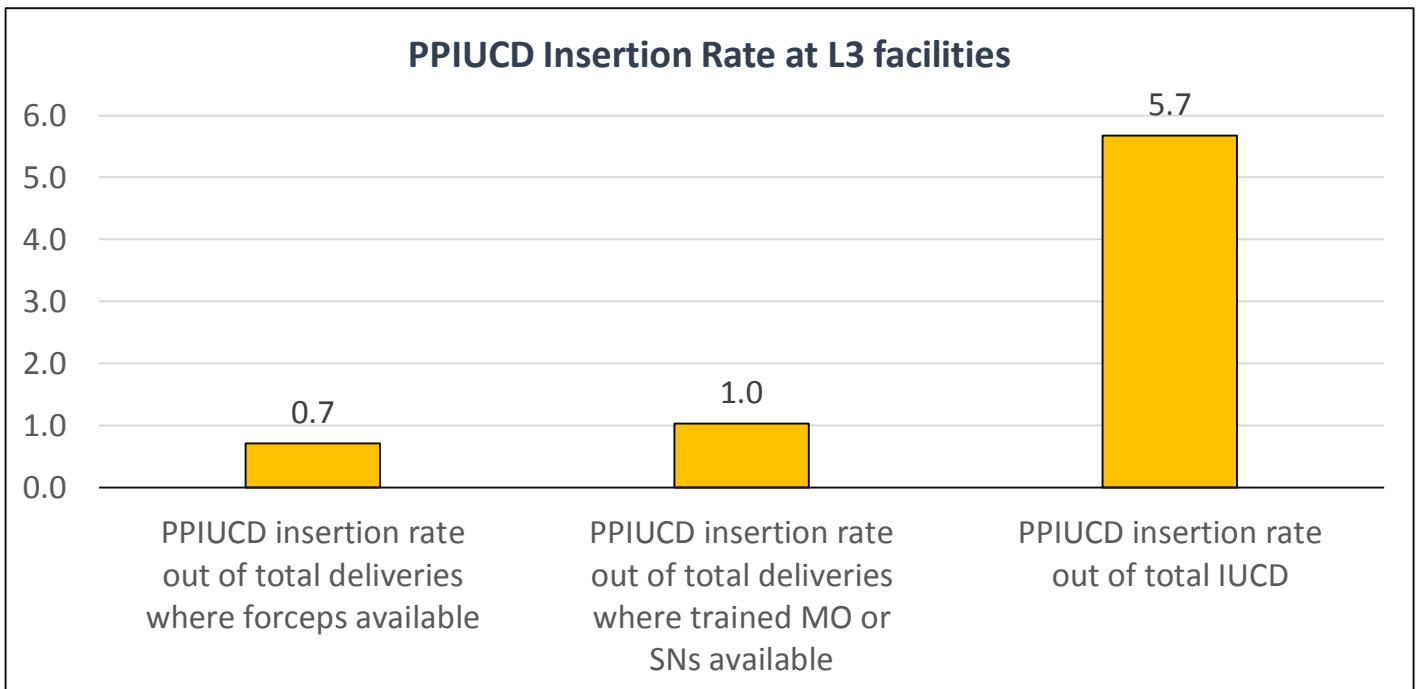
Overall training status shows that there is a need of rational deployment of skilled manpower for labour room.

FAMILY PLANNING

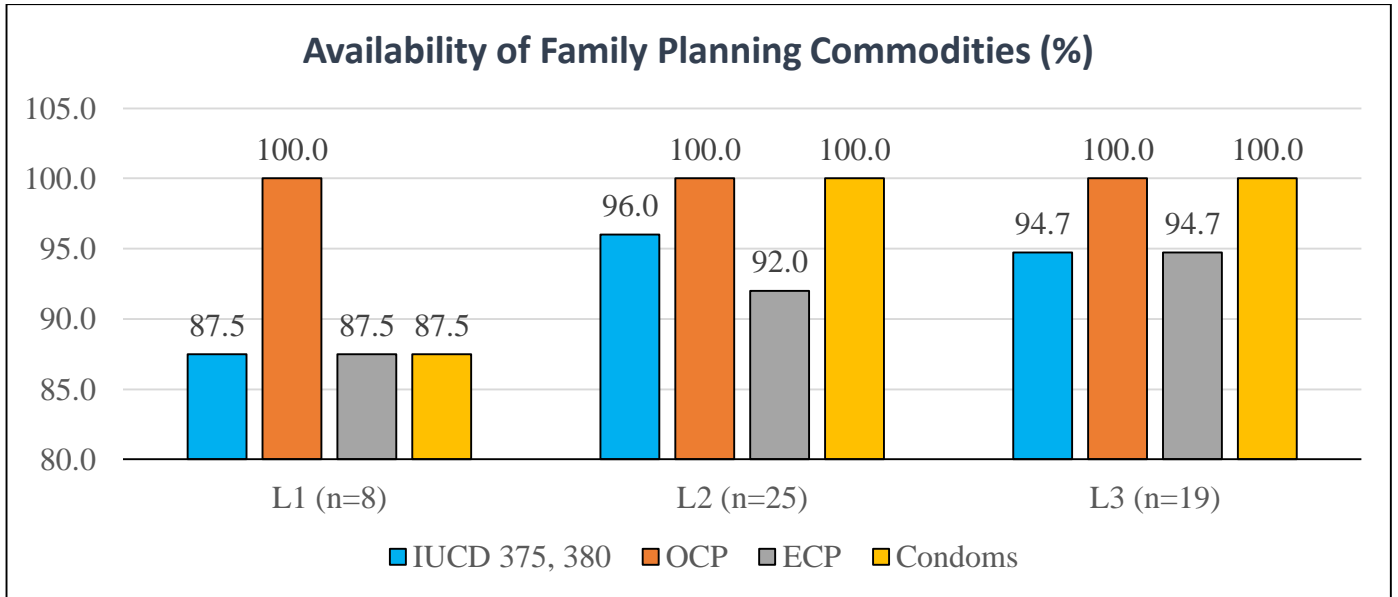
Service Delivery



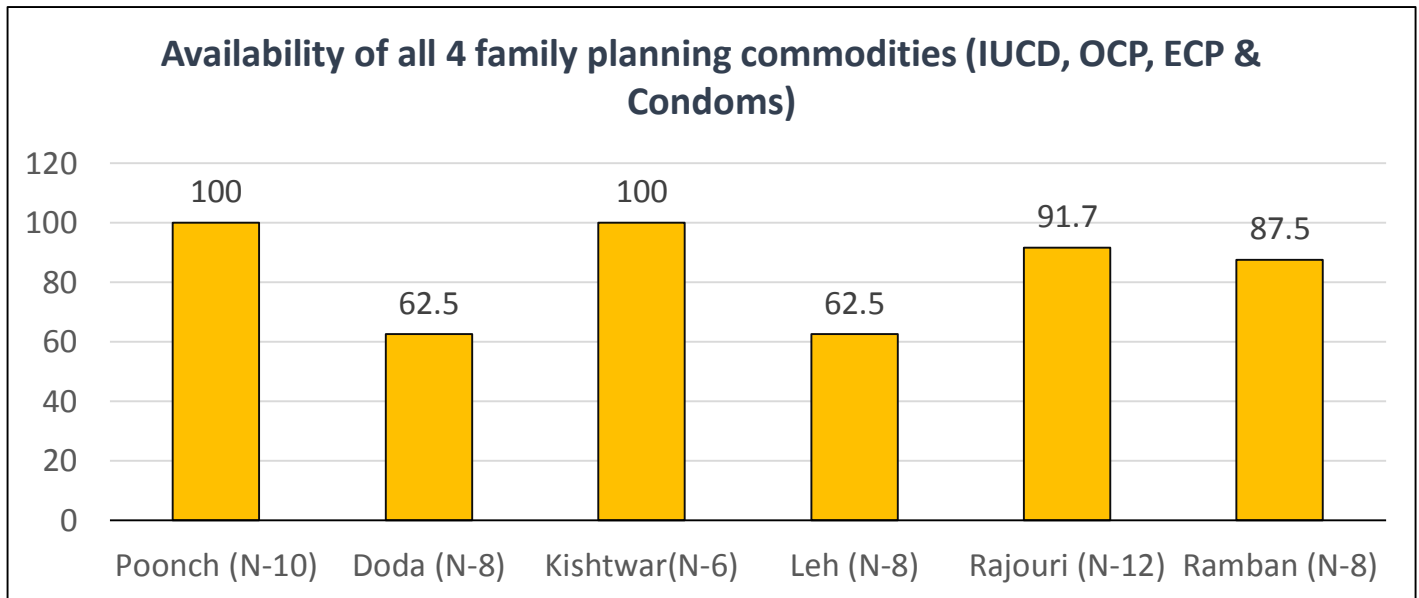
Male sterilization is very poor, as per the service delivery data collected from the facilities only 1% male sterilization is reported.



Availability of Family Planning Commodities:



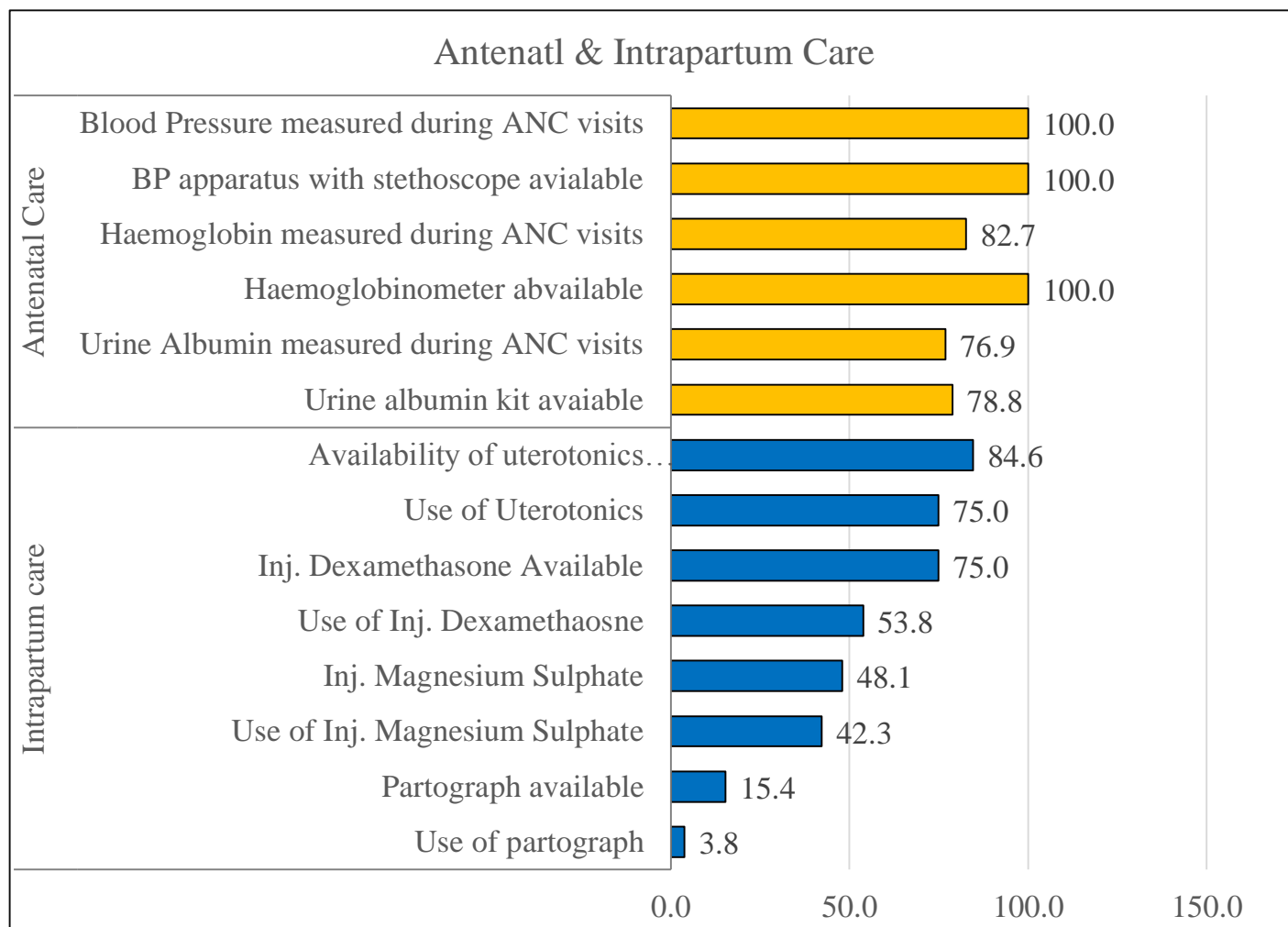
There is a need to improve the availability of ECP at all level and IUCD at L1 level of facilities.



Availability of all 4 Family Planning commodities (IUCD, OCP, ECP and Condom) is a matter of concern at Doda and Leh district. Only 62% facilities at Doda and Leh, where all 4 Family Planning commodities are available.

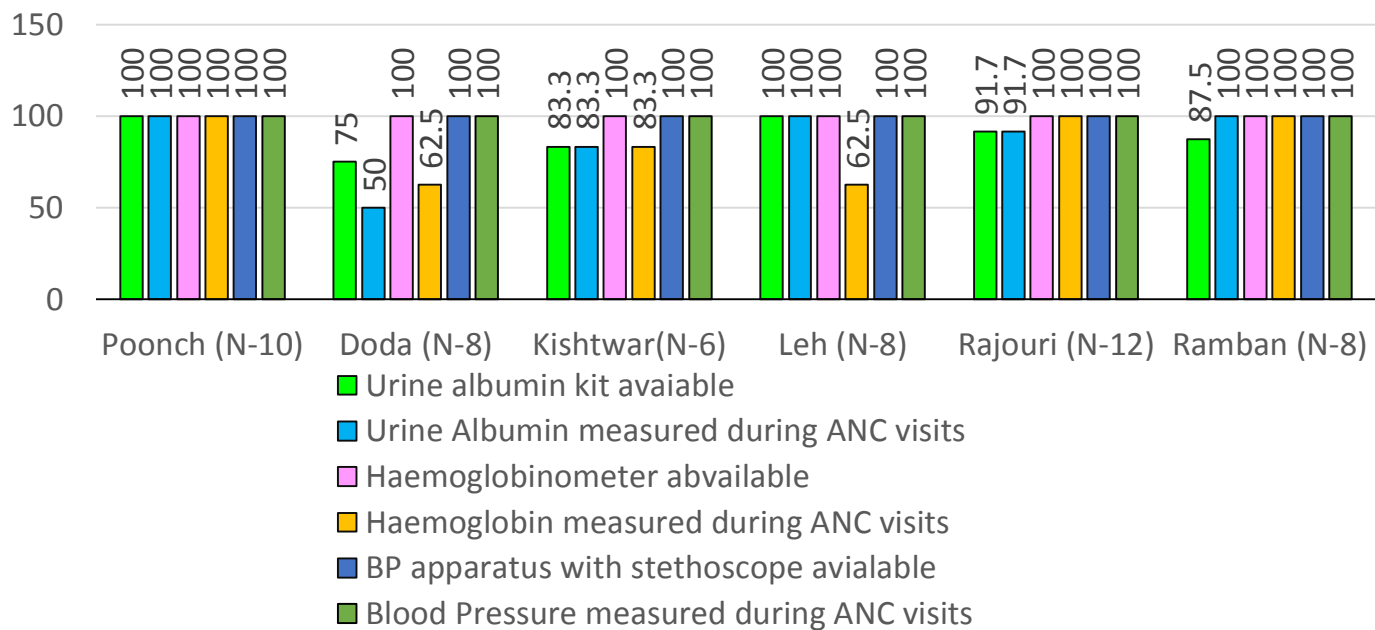
MATERNAL HEALTH

Antenatal and Intrapartum Care:



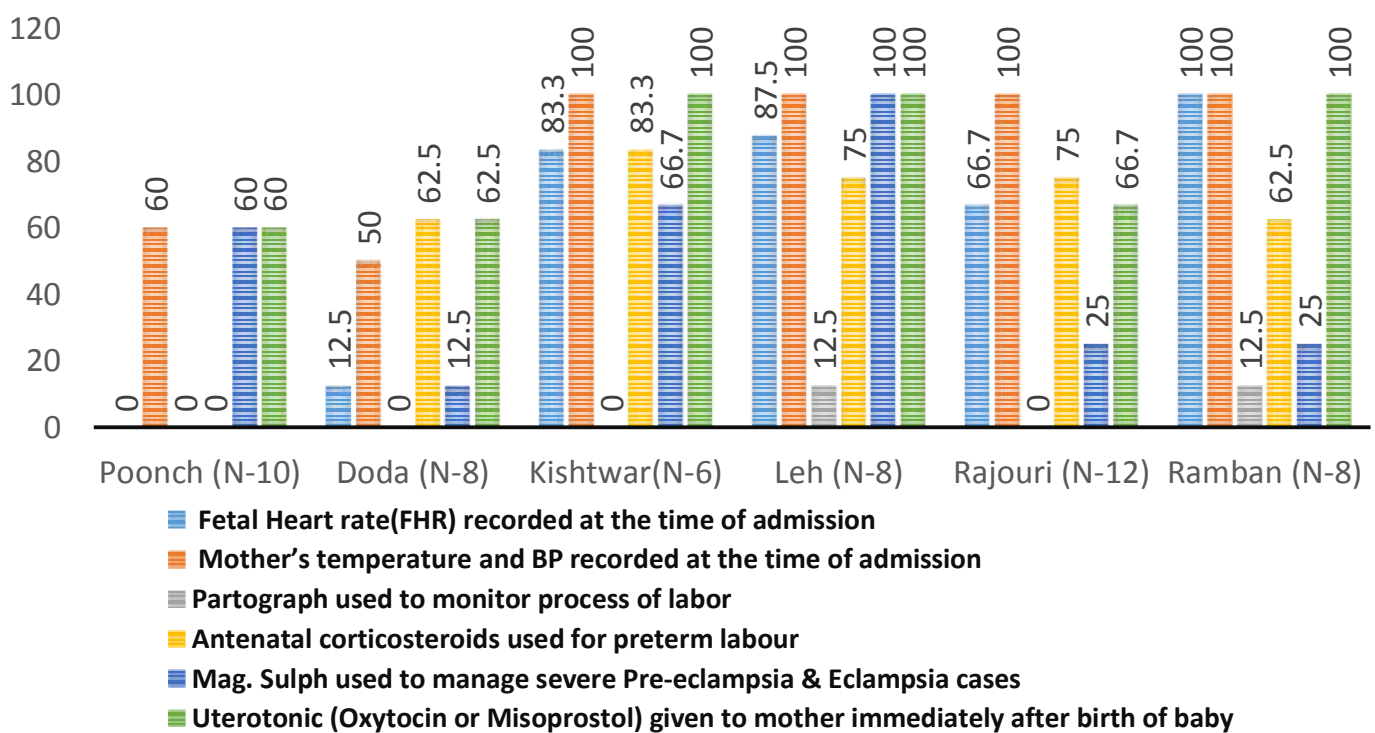
Measurement of BP, estimation of Hb%, urine albumin, use of Partograph, uterotonics and Magnesium Sulphate are some of the key service in antennal and Intrapartum care that are being extended at the facility level. At all levels (L1/L2/L3), 78.8% facilities have urine albumin kit and 76.9% facilities are undertaking urine examination during ANC visits. All the facilities are equipped with haemoglobinometer and 82.7% facilities are conducting Hb. Out of total facilities only 3% facilities are using Partograph. 48% facilities are equipped with Inj. Magnesium Sulphate and 42.3% facilities are using it. 75% facilities are equipped with Inj. Dexamethasone whereas 53.8% facilities are using it. 84.6% facilities are equipped with uterotonics and 75% are using it.

Antenatal Care Service at All Facilities



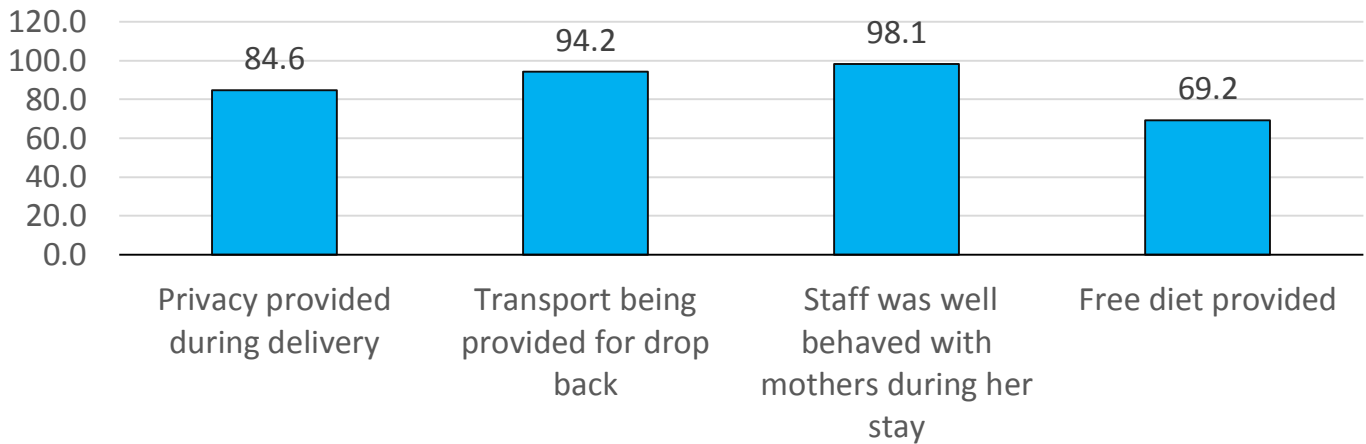
Availability of urine albumin kit & its use during ANC at Doda needs improvement, whereas Haemoglobin measurement during ANC is also poor at Doda and Leh.

INTRAPARTUM CARE SERVICE



Except Ramban and Leh districts, none of the facilities are using Partograph. It is a matter of concern that in spite of so many SBA trainings less number of facilities are using it. FHS not being recorded by the health staffs at the time of admission of mothers at Poonch.

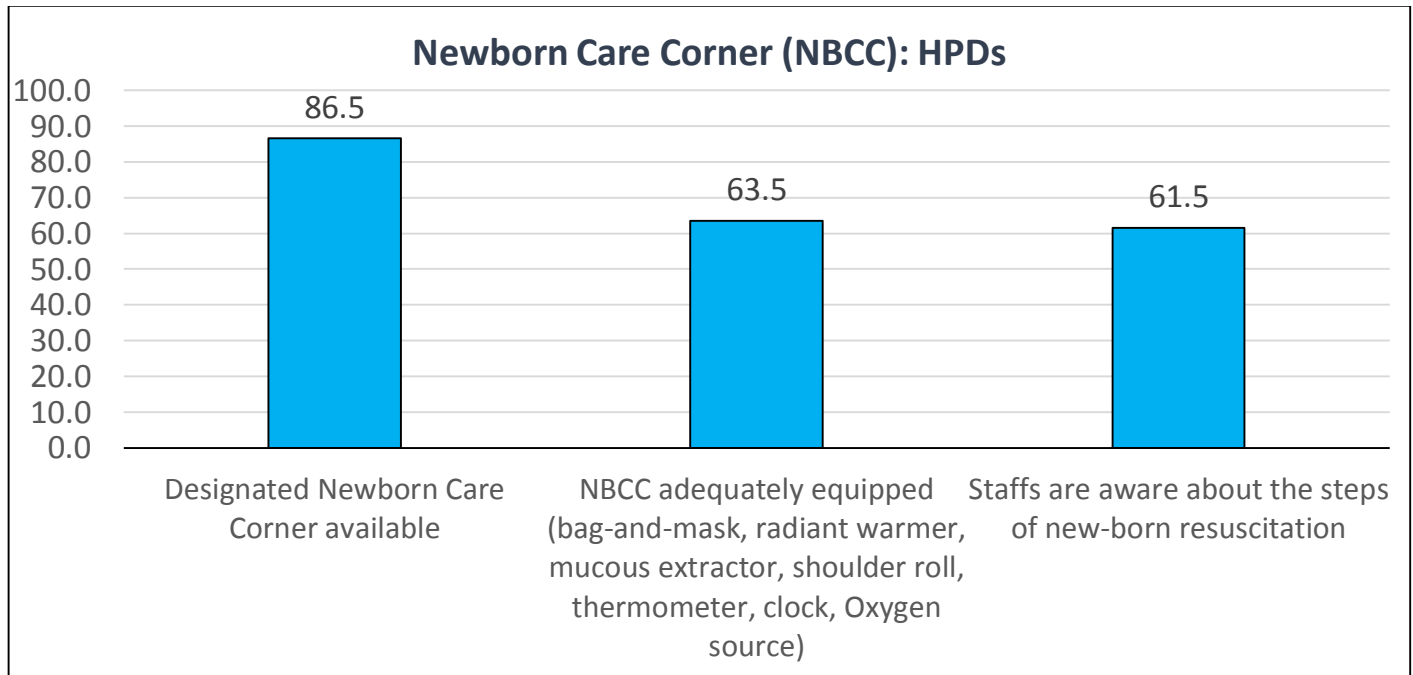
Client Satisfaction (Based on the interview of post natal mother admitted at facilities)



84% facilities where privacy provided to the mothers at the time of delivery, in 94% facilities where drop back facilities were provided to mothers and free diet provided at 69.2% facilities (based on the interview of postnatal mothers).

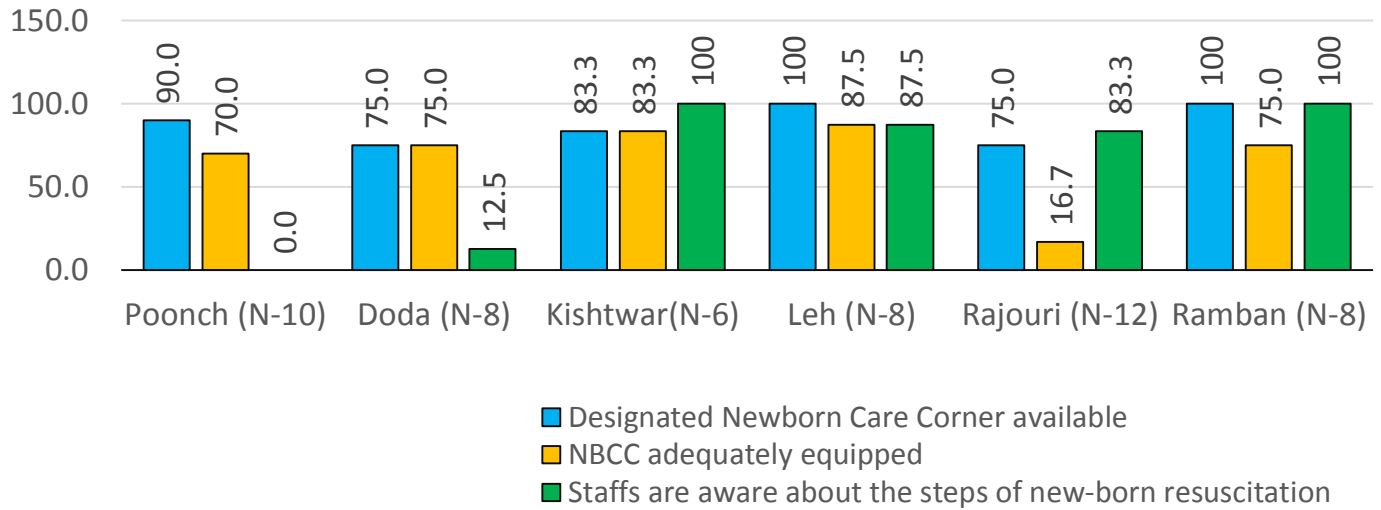
NEWBORN HEALTH

Newborn Care Corner:



With regards to newborn health, the data reflects that 86.5% facilities have designated NBCC, 63.5% are adequately equipped and in 61% facilities, where providers are aware about the steps of newborn resuscitation.

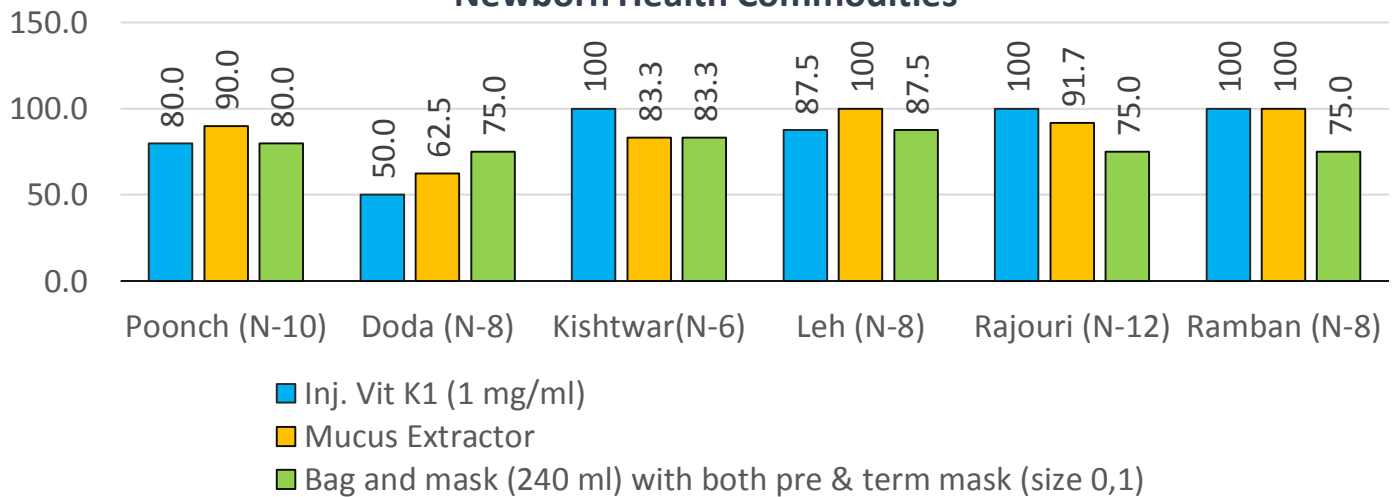
Newborn Care Corner status in HPDs



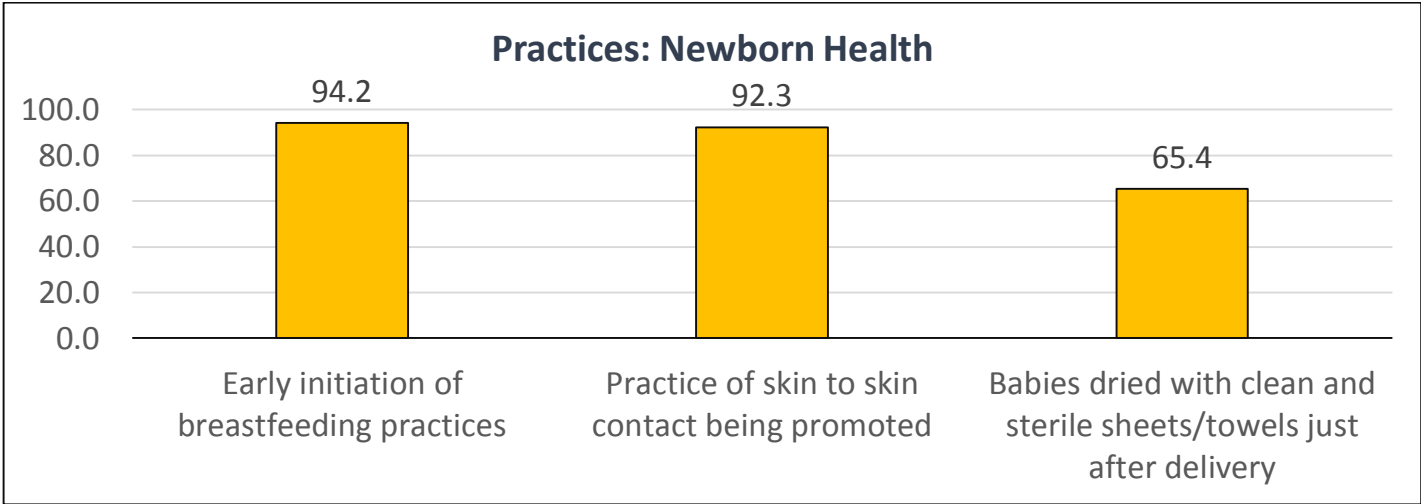
Most of the facilities have designated NBCC (only 75% facilities at Doda have designated place for NBCC). It is a matter of concern that majority of the NBCCs are not adequately equipped at Rajouri, Poonch and Ramban. None of the ANMs/SNs are aware about the steps of newborn resuscitation at district Poonch and only 12% SNs are aware about the steps of newborn resuscitation.

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

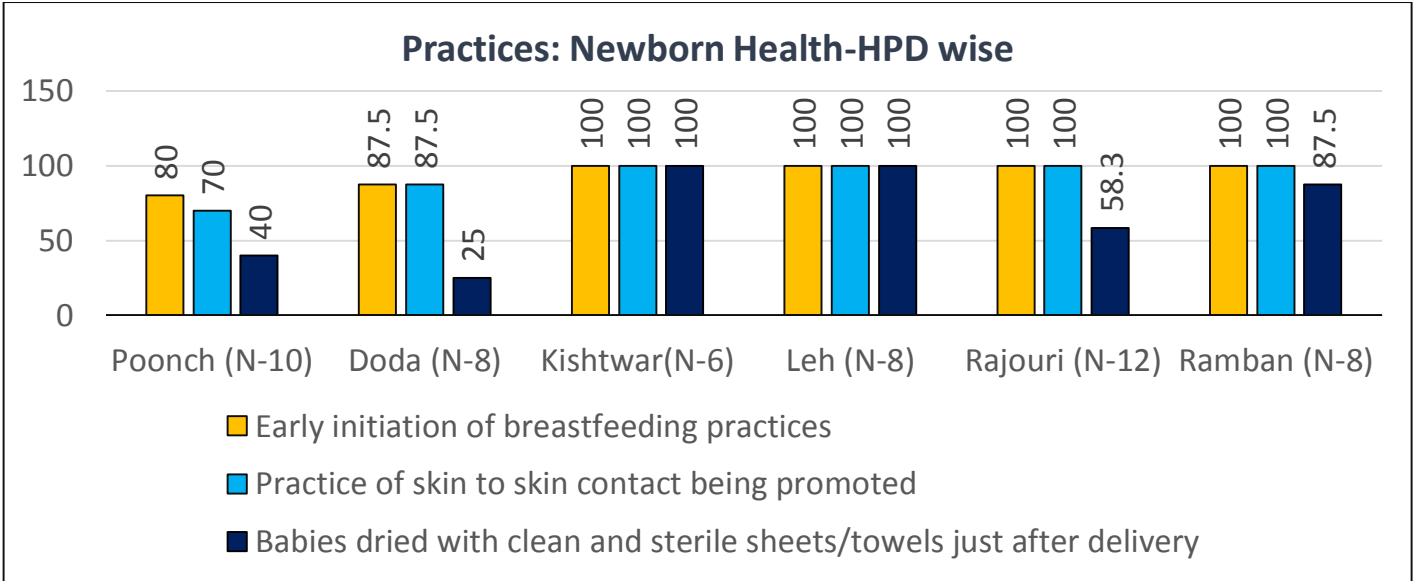
Newborn Health Commodities



Regarding newborn health commodities, availability of Inj. Vit-k 1 is a major concern at Doda district as well as the availability of Mucus Extractor.



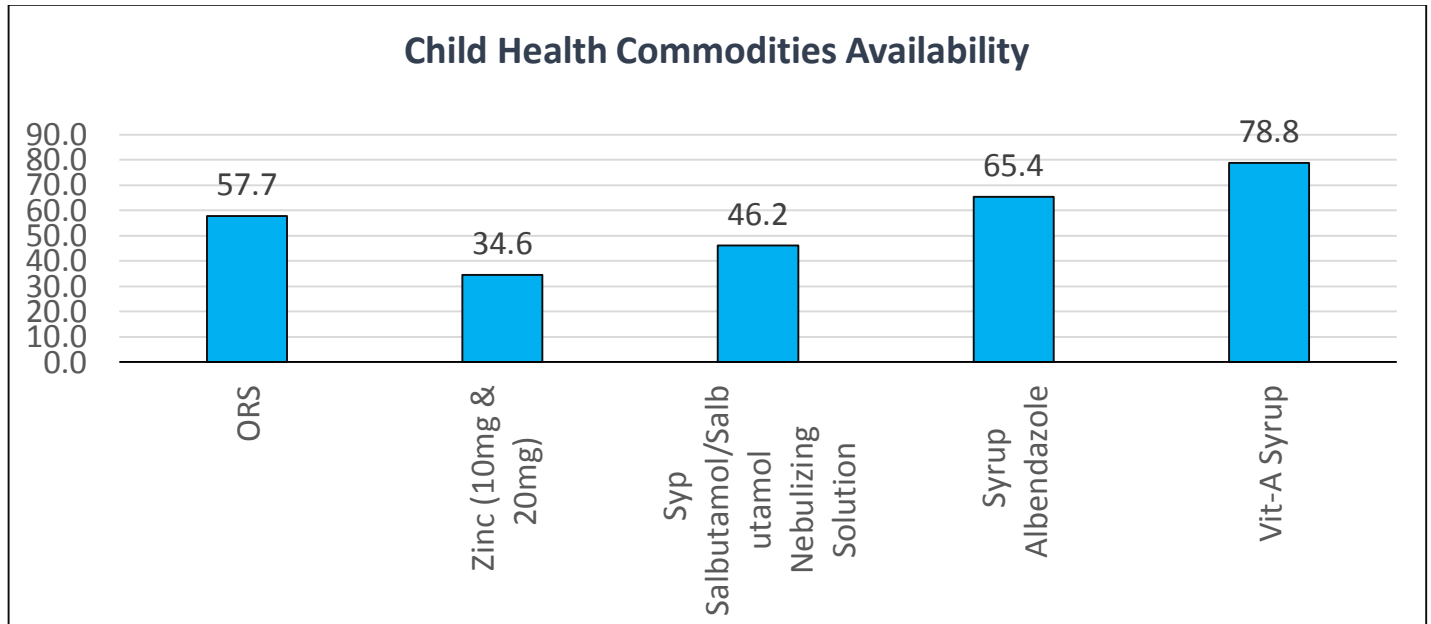
94% facilities where EIBF practices are being followed but **only in 65% facilities where babies are dried with clean and sterile sheet/towels just after delivery.**



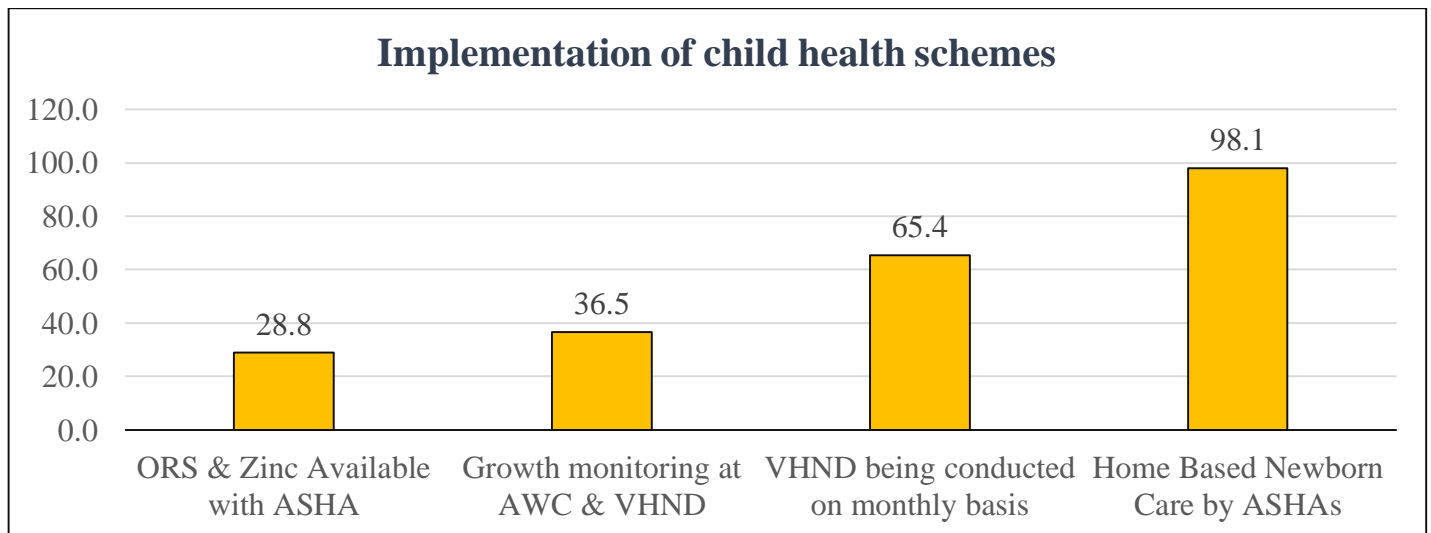
Babies are dried with clean and sterile sheet/towels just after delivery is very poor at Doda followed by Poonch.

CHILD HEALTH

Availability of child health commodities:



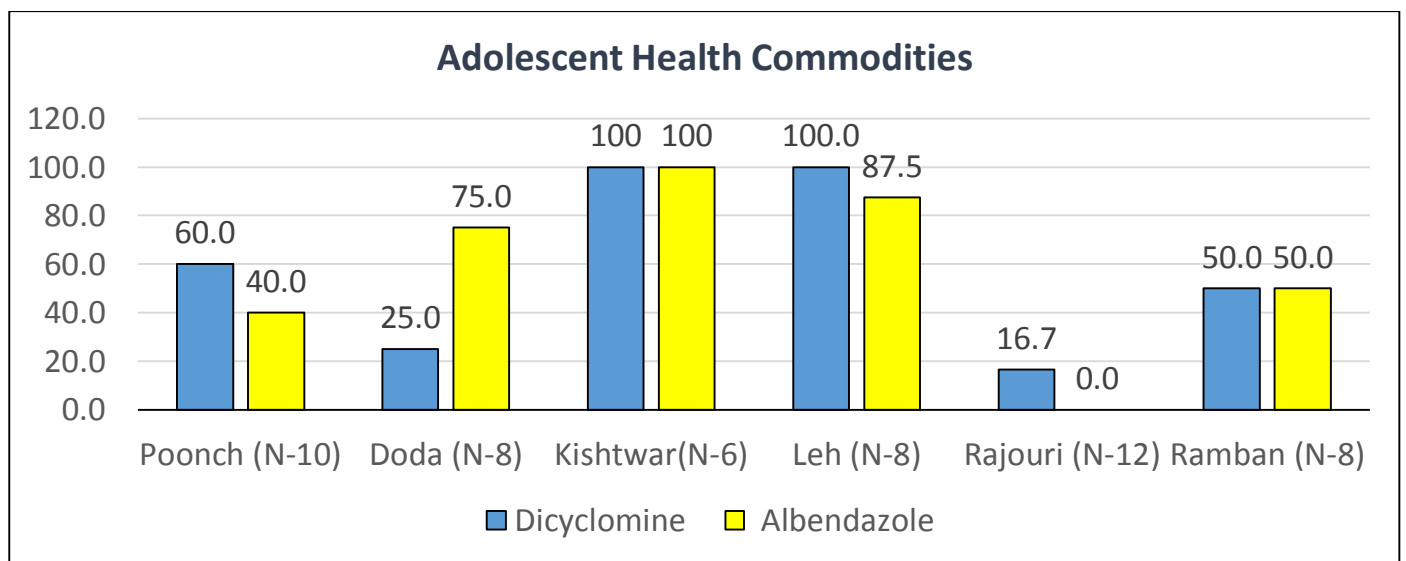
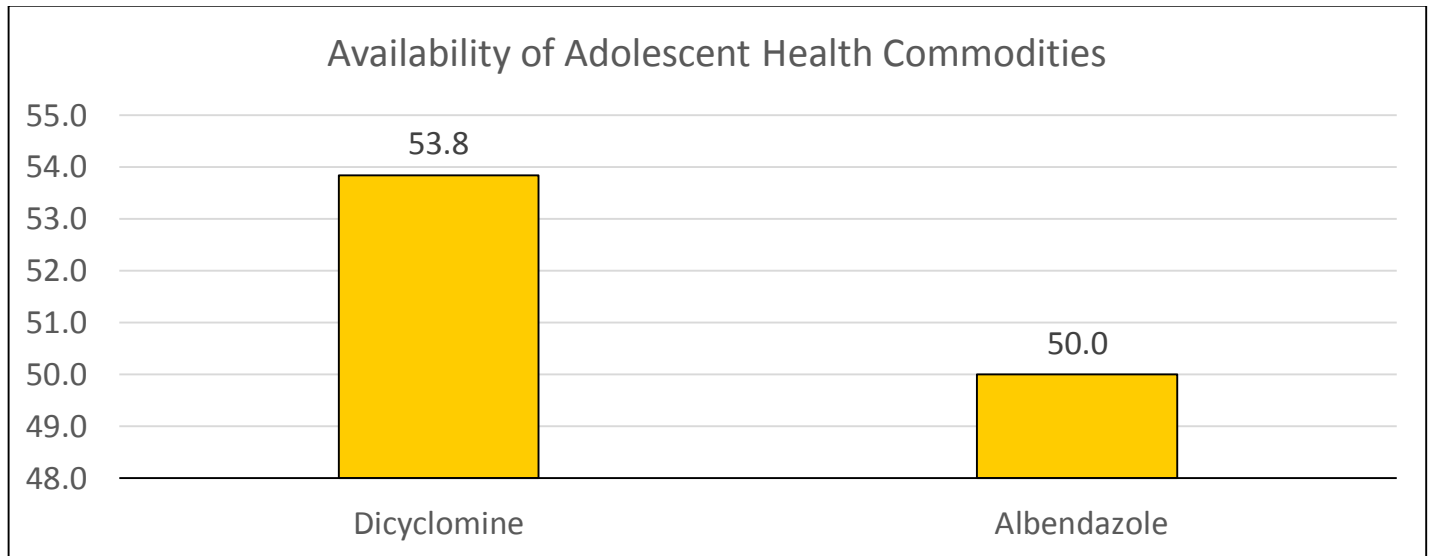
With regards to supplies of commodities under child health, only 57.7 % facilities have ORS and 34.6% have Zinc. **Availability of child health commodities at facility level is a matter of concern.**



Implementation of child health services at community, especially the availability of ORS & Zinc with ASHA is very poor. Only 36.5% VHND sessions where Growth monitoring was done.

ADOLESCENT HEALTH

Availability of Adolescent Health Commodities:



DOABLE RECOMMENDATION BASED ON THE SS DATA

Sl. No	RMNCH+A	Recommendation
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. • 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 training at district level • Rational deployment of SBA/NSSK trained ANMs/SNs in labour room. • Ensure the availability of essential drugs and consumable 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 the concerned district for proper functionalization of NBCC. • 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.

State RMNCH+A Unit (SRU)
Jammu & Kashmir
rmnchaunitjk@gmail.com