



PUBLIC HEALTH FOUNDATION OF INDIA



MONTHLY RMNCH+A UPDATE FOR 6 HPDs OF J&K MONTH OF AUGUST'2015

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Progress on RMNCH+A objectives:

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 has been discussed follows:

Supportive Supervision: As per the GoI mandate Supportive Supervision carried out in all HPDs. 19 facilities were covered in the month of August'15. Three level (L1/L2/L3) of facilities covered during supportive supervision. Availability of common drugs is the major issues at the facility level. In spite of having NBCC inside the labour room, management of ENBC is poor. During supportive supervision the labour room staff oriented on NBCC management. It is good that some facilities started the new standard labour room register and other register. A letter also issued from state level regarding the standardization of different register. Monthly data entry of supportive supervision shared with National RMNCH+A Unit, MoHFW on regular basis.

VHND Strengthening: VHND is a common platform to deliver maximum community outreach programme at doorstep. After regular monitoring and advocacy at district level VHND status has been strengthened but monitoring from block level is also very much essential for quality of service delivery at VHND session. During the month of August'15 five VHND sessions were monitored. All the sites were reviewed as per the standard format and beneficiaries interview were taken to assess the service delivery at VHND session. District Coordinators are providing regular support to district in VHND implementation. It has been decided that VHND micro plan need to be rationalized to improve the service of VHND. Some major changes happened in VHND like ANC started in VHND after regular advocacy.

Strengthening Review mechanism: For strengthening the review mechanism District Coordinator regular submit their weekly feedback to CMO for their action. Each District Coordinator participate in District level monthly meeting and share their monitoring feedback to all officials. Block monthly meeting also attend by District Coordinator and all the monitoring findings also shared with ANM. District Coordinator sensitized the ANM at block level meeting in different topics.

Strengthening Model Delivery Point: Total numbers of 12 delivery point identified from 6 HPDs to strengthen it as a model one. We have implemented the standard labour room register, NBCC register and referral register at 7 delivery points. Other quality parameter like labelling and availability of trays as per MNH tool kit, duty roster of staff have been ensured. A detailed plan for MDP will be prepared within this month for strengthening the delivery points.

Support in DHAP and SPIP: Follow up mechanism of 2015-16 fund released have been developed. Based on state budget sheet (district wise) a HPD budget sheet has been prepared and shared with all District Coordinator-RMNCH+A for monitoring the progress of the fund released. Every month DC's



will submit a monthly monitoring report of programme implementation at district level and it will further share with state officials for their review. A budget monitoring sheet has been developed for District Coordinator to monitor the progress of DHAP 2015-16.

Technical Support provided by State RMNCH+A Unit in the month of August'15:

- Organized two district level RMNCH+A Orientation in Rajouri and Poonch District
- Oriented all the DMEOs and RMNCH+A Consultant on application based Gap Analysis
- Support in developing the revised HBNC format for the State
- Support in developing the SNCU Protocol Posters
- Submit a write up on evidence based budgeting for the NHM Monthly Newsletter
- Support in SNCU data management for the month of July'15
- Prepare a brief analysis on JSY and submitted to MD, NHM
- Developed programmatic factsheet for Global Call to Action in Delhi
- Designed and developed “Coffee Table Book” for Global Call to Action in Delhi

Plan for the month of Septemer'15

- Completion of 3 district level RMNCH+A orientation at Doda, Ramban and Leh
- Monthly Review Meeting of District Coordinator-RMNCH+A in Delhi
- RMNCH+A progress review meeting with Mission Director-NHM
- Meeting with Director Health Services, Jammu
- RMNCH+A Review meeting in Lucknow



Support required form different level to implement the RMNCH+A Strategy in HPDs:

Support Required from State Level:

- ❖ Timely and regular supply of essential drugs & consumable (IFA, Zinc, Misoprostol, Inj. Magnesium Sulfate etc.) and equipment
- ❖ Man power planning and rational deployment of skilled manpower
- ❖ Engaged state officials to monitor the quality of district level training and develop a training monitoring mechanism
- ❖ Special thrust on VHND
- ❖ Special thrust on HBNC, SNCU and CDR

Support Required from District Level:

- ❖ Ensure the quality of SBA, NSSK, IMNCI and other training
- ❖ Rational deployment of SBA trained manpower
- ❖ 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
- ❖ 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
- ❖ Ensure involvement District Coordinator in every NHM programme
- ❖ Standardized VHND reporting system and involve district and block ASHA Coordinator in VHND monitoring
- ❖ Give importance of facility wise feedback shared by District Coordinator-RMNCH+A



District wise Supportive Supervision status:

District Kishtwar

PHC Dachhan:

Brief profile of PHC-Dachhan: PHC-Dachhan is approximately 80 Kms away from District Qtrs.-Kishtwar by road and 30 kms by foot. The catchment population of the facility is near about 5000.

Infrastructure: The infrastructure of the facility is not adequate. There are only 3 Beds available in the ward. There is no ward for PNC, Emergency and no separate examination room is available, even the present infrastructure for OPD is not sufficient. There is only one Quarter for BMO and there is no provision for the quarter for other medical officers. The fabricated Labour Room has been built separately, which is not fully equipped and has some issues like water oozes come out from the floor at some places. Poor communication is one of the key problem in referral mechanism.

Service delivery status of PHC-Dachhan for the month of August'15:

Delivery	Live birth	Birth dose vaccination	Referral	IPD	OPD	IUCD
03	02	02	0	53	680	0

HR and Training:

HR	Sanctioned	Available	
		Through NHM	Regular Side
Block Medical Officer	1	0	1
Medical Officer	7	4	0
Medical Officer(RIS)	1	0	0
Dental Surgeon	1	0	1
Snr.Sup.Pharmacist	1	0	1
Sup. Pharmacist	1	0	1
Jnr.X-ray Tech	1	0	0
Jnr.Lab Tech	1	0	1
Lab Tech	1	1	0
Ophthalmic.Tech	1	0	1
LHV	1	0	0
FMPHW	2	0	2

Drugs/ supplies availability:



- Mifepristone + Misoprostol (MMA) is not available in the facility.
- Zinc tablets (10mg & 20mg), blue IFA, Gentamicin, Ceftriaxone & Trimethoprim & Sulphamethoxazole, IFA tablets, Anti-hypertensive drugs, Inj.Vit K, Syp. Salbutamol, Albendazole, dicylomine are not available in the facility.
- Magsulf is also not available for management of eclampsia & pre-eclampsia

Status of ANC:

- The total ANC registration of the facility for the month of August 14 is 09, out of which 03 have been registered within 12 weeks and only one pregnant mother received 3 ANC.
- Severely anaemic PW's are being managed but there is no line listing available.

LR status including Intra-Partum, Immediate post-partum care:

- Standard protocols for cleaning are not being followed because of lack of water supply and shortage of HR. The toilet is attached to the labour room but there is no provision of 24x7 running water supply.
- Color coded bins and bags are available in the facility, but knowledge about the color coded bins are not adequate.
- Registers like Standard Labour Room Register, referral out/in registers as per protocols are now being followed and protocol posters are displayed properly as per the specification.
- All the trays as per the MNH tool kit not available.
- Hand washing area is designated but without elbow tap and soap.
- Foetoscope is not available

Newborn care management:

- NBCC is available but shoulder roll, thermometer and mucous extractor are not available.

INC status:

- Partograph is not being followed.

PNC Status:

- All the Mothers are not staying for 48 hours after delivery, moreover there is not adequate space in PNC ward.
- There was no provision for free diet previously but it has been started now
- Counseling on Family planning, breast feeding are being followed.



Referral system of the facility:

- There are 2 Ambulances available which are providing referral mechanism under the scheme JSY/JSSK.

Laboratory test of PW:

- All basic tests are conducted for PW's in the facility except HIV Testing, Hepatitis B testing and CBC.
- 18 pregnant women were tested for Hb.
- Separate ANC register is not being maintained.
- Equipment's like Centrifuge, Glucometer and Semi-Auto Analyzer are not available in the Lab.
- Register for the current year has been started from July' 15, instead of the financial year April' 15.

Status of Family Planning Programme:

- Condoms and EC Pills are available but there is no record available of door step delivery of contraceptive by ASHA's.

Findings on IEC Material:

- Updated Immunization schedule, ASHA incentives, JSY Entitlements were displayed at the facility.
- JSSK Entitlements were available but not updated for Children till 1 year.

Findings on Waste Management and other Programmes:

- Waste pit has been constructed but without concrete lid.
- Waste pit which has been left incomplete and half of its portion comes under the newly constructed fabricated labour room, which needs to be replaced and constructed as per the guidelines including the registration with the concerned department.

Other Findings:

- RBSK teams are in place but there is no provision for mobility support.
- AFHC is in place and the counselor has just now been recruited and will join the services soon.
- The status of WIFS is not available in the facility nor in the district.



PHC-Nali

Brief profile of PHC-Nali: The facility PHC-Nali is approximately 90 Kms away from DH Qtrs.-Kishtwar. The catchment population of the facility is 5000

Infrastructure: The infrastructure of the facility is not adequate. There are only 4 Beds available in the ward. No PNC ward, no INC ward, no emergency ward, and no separate examination room is there in the facility. There are no MO Quarters available, even the present infrastructure for the OPD's is not sufficient. There is no designated place/counter for OPD registration. There is a government proposal of constructing the separate wards and the quarters but it will take some couple years to complete.

Service delivery status of PHC-Nali for the month of Aug'15:

Delivery	Live birth	Birth dose vaccination	Referral	IPD	OPD	IUCD
08	08	08	1	41	780	0

HR and Training:

HR	Permissible	Available	
		Through NHM	Regular Side
Medical Officer	04	04	0
Dental Surgeon	1	0	1
FMPHW	n/a	1	2
Health Educator	1	0	1
ISM Dawasaz	1	1	0
Sweeper	3	0	3

Drugs/ supplies availability:

- Mifepristone + Misoprostol (MMA) in combination is not available in the facility.
- Blue IFA, Zinc tablets (10mg & 20mg), Gentamicin, Oxytocin, Ceftriaxone & Trimethoprim & Sulphamethoxazole, IFA tablets, Anti-hypertensive, Inj.Vit K, Syp. Salbutamol, tablet Albandazole, dicylomine are not available in the facility.



Status of ANC:

- The total ANC Registration of the facility for the month of August is 06 out of which 03 have been registered within 12 weeks and only 02 PW received ANC-3 Checkups.
- Severely anaemic PW's are being managed but there is no line listing available.

LR status including Intra-Partum, Immediate post-partum care:

- Standard protocols for cleaning are not being followed because of lack of water supply and shortage of HR. The toilet is attached in the Labour Room but non-availability of 24x7 running water supply.
- Color coded bins and bags are available in the facility, but facility lacks the segregation as per the color.
- Registers like Standard Labour Room Register, referral out/in registers as per protocols are now being followed and all the protocol posters are very well displayed in the LR.
- Foetoscope is not available.

Newborn care management:

- NBCC is available but shoulder roll and thermometer are not available.
- RW basinet is not clean.

INC status:

- Partograph is not being maintained.

PNC Status:

- All the Mothers are not staying for 48 hours after delivery. Moreover there is not adequate space in PNC ward.
- Free diet was not being provided before, but now that has been started.
- Counseling on Family planning, breast feeding are being followed.

Findings on JSSK Status:

Fund availability:

JSSK fund Status 2015-16	Rs.
Opening balance as on 1st April'15	Nil
Fund Received	N/a
Fund Utilized	
Fund utilized for diet	Rs.4000
Fund utilized for drugs	Rs.22,250
Fund utilized for referral	Nil



Findings on JSY:

Funds availability:

JSY fund Status	Rs.	Remarks
Opening balance as on 1st April'15	Nil	
Fund Received		
Fund Utilized		Liability of Rs 30,800
Fund utilized for payment of mothers		Liability of Rs 30,000

Referral system of the facility:

- *There is no Ambulances available under the scheme JSY/JSSK, private vehicle is being hired for the referral purpose and the beneficiary pays to the driver and later the cheque is given to the beneficiary by the facility in charge.*

Laboratory test of PW:

- All basic tests are conducted in the facility for pregnant women's in the facility, except CBC. However Separate ANC Register is being maintained.
- Equipment's like, Glucometer, water bath and Semi-Auto Analyzer are not available in the Lab.

Status of Family Planning Programme:

- Counselling on family planning is being given to the pregnant women's.

Findings on IEC Material:

- Immunization schedule, ASHA incentives and JSY Entitlements were displayed.
- JSSK Entitlements were available but not updated for Children till 1 year.

Findings on Waste Management and other Programmes:

- Waste pit is available but not as per protocols.

Other Findings:

- RBSK teams are in place but they have not been provided with the mobility support.
- Door step delivery of Contraceptives is not being implemented properly.



PHC-Afti:

Brief profile of PHC- Afti - The facility PHC-Afti is approximately 220 Kms away from DH Qtrs.-Kishtwar by road. The catchment population of the facility is 1500 approximately but it covers around 5000 of the peripheral population.

Infrastructure: The infrastructure of the facility is not adequate. There are only 3 beds available in the ward. There is no dedicated ward for PNC, INC, emergency ward .There is no quarter available for MO. Dedicated space for OPD and registration of patients has been constructed. Poor road connectivity is one of the key problem for referral mechanism.

Service delivery status of PHC Afti for the month of August 15:

Delivery	Live birth	Birth dose vaccination	Referral	IPD	OPD	IUCD
0	0	0	0	25	570	0

HR and Training:

HR	Sanctioned	Available		Training	
		NHM	Regular		
Medical Officer	3	2	0	SBA	NSSK
Dental Surgeon	1	0	0		
Snr.Sup. Pharmacist	1	0	1 (attached in NTPHC-Inshan)		
Lab Tech	1	1	0		
FMPHW	2	2	0	SBA	NSSK
ISM Dawasaz	1	0			

Drugs/ supplies availability:

- Mifepristone + Misoprostol (MMA) in combination is not available in the facility.
- Zinc tablets (10mg & 20mg) are not available.
- Antibiotics like Gentamicin, Ceftriaxone & Trimethoprim, Sulphamethoxazole Anti-hypertensive (alpha methyle dopa/labetalol or nifedipine), Inj. Vit K, and Syp. Salbutamol, tablet Albendazole, tablets Dicylomine are not available.

Status of ANC:

- The total ANC Registration of the facility for the month of August 15 is 05, out of which 02 have been registered within 12 weeks and only 01 received ANC-3 checkups.



- Severely anaemic PW's are being managed but there is no status of line listing available.

LR status including Intra-Partum, Immediate post-partum care:

- In spite of having the trained medical officer, delivery is not being conducted at PHC Afti.
- Labour room with a labour table available at the facility
- There is no provision of the water facility, as per the medical officer it is one of the main reason for not conducting delivery

Referral system of the facility:

- There is only 1 Ambulance available which are providing referral mechanism under the scheme JSY/JSSK.
- Referral register is not available in the facility.

Laboratory test of PW:

- Basic tests are being conducted in the facility for PW's, except HIV Testing, Hepatitis B testing and CBC.
- 15 mothers tested for Hb and none of them was below 7 g/dl.
- Equipment's like water bath and Semi-Auto Analyzer is not available in the Lab.

Status of Family Planning Programme:

- Condoms and EC Pills are available but there is no record available of door step delivery of contraceptive by ASHA's.

Findings on IEC Material:

- Immunization schedule was available and updated.
- JSSK Entitlements were available but not updated for children till 1 year.
- ASHA incentives were available and updated.
- JSY entitlements were also available.

Findings on Waste Management and other Programmes:

- There is no pit for bio medical waste in the premises.
- Color coded bins and bags are not available in the facility, hence facility lacks the segregation and disposal mechanism.

Fund Position:

- United Fund available as on 1-04-2015 was Rs. 71, 386/-.



CHC-Marwah

Brief profile of CHC-Marwah: The facility is approximately 260 Kms away from DH Qtrs.-Kishtwar. The catchment population of the facility is 3000 (approximately).



Infrastructure: Infrastructure of the facility is not adequate. There are only 3 beds available in the ward. There is no PNC, no INC and no emergency ward and no separate examination room in the facility. There is one MO Quarter available.

The toilet is attached to the Labour Room but water is not available for 24x7. There is no designated place/counter for doing registration, OPD etc.

Service delivery status of CHC-Marwah for the month of August 15:

Delivery	Live birth	Birth dose vaccination	Referral	IPD	OPD	IUCD
17	17	17	0	88	500	0

HR and Training:

HR	Sanctioned	Available		Training			
		NHM	Regular	SBA	NSSK	IUD	IMM
Medical Officer	8	02	0				
Dental Surgeon	1	0	0				
FMPHW	3	2	1	1	1	1	1
Health Educator	1	0	1(Attached to PHC-Dachhan)				
Sweeper	1	1	0				

Drugs/ supplies availability:

- Mifepristone + Misoprostol (MMA) in combination is not available.
- Zinc tablets (10mg & 20mg) are not available in the facility.
- There was no status of WIFS available in the facility.



Status of ANC:

- The total ANC Registration of the facility for the month of Aug is 15, out of which 13 have been registered within 12 weeks, and 17 PW received ANC-3 checkups.
- There is no line listing for severely anaemic PW's

LR status including Intra-Partum, Immediate post-partum care:

- During the visit the Labour room was found clean.
- Standard registers for labour room register, referral out/in registers are not being followed.
- Protocol posters are very well displayed in the LR.
- Labour room trays as per the protocols are available in the LR.
- Hand washing area is designated but is without elbow.
- Foetoscope is available.
- Inj. Ante-natal Corticosteroids, Magsulph, Oxytocin are found available.



Newborn care management:

- NBCC is available but shoulder roll and thermometer are not available.
- RW base and probe is clean.

INC status:

- Partograph not followed.

PNC Status:

- All the Mothers are not staying for 48 hours after delivery.
- In adequate space for PNC ward.
- Free diet is being provided to the beneficiaries.
- Counseling on Family planning, breast feeding are being followed.

Findings on JSSK Status:

Fund availability:

JSSK fund Status 2015-16	Rs.
Opening balance as on 1st April'15	Rs.153123
Fund Received	Rs.173000
Fund Utilized	Rs.153123



Findings on JSY:

JSY fund Status	Rs.
Opening balance as on 1st April'15	Rs.80,000
Fund Received	Rs. 2,00,000
Fund Utilized	Rs.80,000
Fund utilized for payment of mothers	Rs.50,000
Fund utilized for payment of ASHA	Rs.30,000

Referral system of the facility:

- There is one ambulance available at the facility which is non-functional, referral is done through Chopper, due to bad road connectivity and bad weather conditions during winter season.

Laboratory test of PW:

- All basic tests are being conducted at the facility for PW's except CBC.
- 11 PW's tested for Hemoglobin in the month of August'15.
- Separate ANC Register is maintained at laboratory.

Findings on IEC Material:

- Updated immunization schedule was available.
- JSSK Entitlements were available but not updated for Children up to 1 year.
- Updated ASHA incentives were available.
- JSY Entitlements were also available.

Findings on Waste Management and other Programmes:

- Color coded bins and bags are available in the facility, but segregation is not as per the protocols.
- Waste pit is not available in the facility.



District Poonch

CHC Surankote

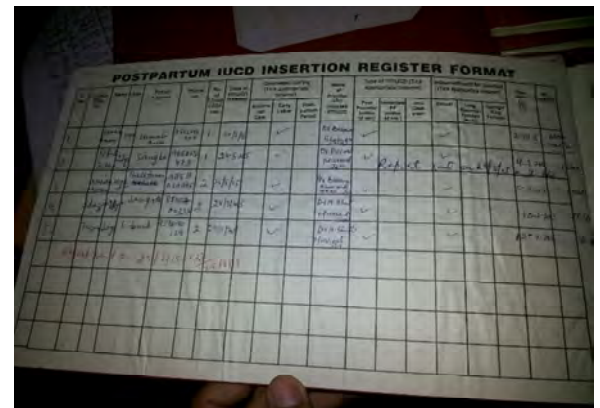
Brief Profile: CHC Surankote is a 30 Bedded health facility. The catchment population is 13000. Power Back up and 24*7 water supply is available. IPD is 67 and OPD 600 in the month of July 15. 4 Ambulances are available for referral services.

Findings:

1. Documentation has improved and registers (Labour room, IUCD, PPIUCD, Referral Registers) as per GOI format have been implemented.
2. Total deliveries conducted in the month of July are 65 (Normal Deliveries). Live Births are 60 and still births are 5. Referred out cases are 43. 13 IUCDs were inserted and no PPIUCD were conducted. 9 Abortions were conducted in the month of July.
3. Tickler box is not maintained and counter foils were incomplete.
4. RCH Register received long back have not been started yet.
5. Contraceptive register is kept however the quantity of it not documented.
6. Register for PTK is available but it is also not maintained.
7. In the open Vials date and time of opening is written in a separate register but not on the vials.
8. Diet under JSSK is not provided to delivery patients.
9. In the month of July 2 severely anemic cases have been treated in the CHC but not reported in the HMIS.
10. No Anesthetist, Pediatrician and Surgeon are presently posted in this CHC.
11. Labour room protocols are displayed.
12. Partograph is not in practice.
13. Maternal deaths are not reported from Block Surankote.
14. NBSU is available but not operational. NBCC is also there in the labour room.
15. Due lists were not available with ANMs.
16. IFA, Zinc is not available.
17. Drugs and supplies not available as per RMNCH+A 5*5 Matrix.



Joint visit of CMO Poonch and District Coordinator



PHC Chandak

Brief Profile: Primary Health Centre Chandak is 5 Bedded 24*7 PHC. The catchment population of 4380. The facility has a well-built labour room with NBCC. Power Back up and 24*7 water supply are available. In the month of July OPD and IPD were 330 and 10 respectively. One ambulance is available in the facility.



NBCC PHC Chandak

Findings:

1. 4 Deliveries have been conducted at PHC in the month of July.
2. 3 IUCD insertions have been conducted at the facility.
3. Partograph is not in practice.
4. Labor room protocols are not displayed in labour room.
5. There are 2 Doctors (1 MBBS and 1 ISM), 2 ANMs, 1 SN, 1 Dawasaz, 1 lab technicians, 1 SW and 2 NOs are posted. Pharmacist has been transferred to other PHC (Lassana).
6. IFA and Zinc were not available.
7. In Lab HIV Kits, Sugar Kits, VDRL Kits, HbsAg kits are not available since last 3 months.
8. In the month of July 2 high risk cases detected.
9. JSY and JSSK entitlement posters are displayed at the facility.
10. Diet is not provided to the mothers.
11. ORS and Zinc are not available with ASHA for community distribution.
12. RCH register is in practice now. However only 1 RCH register has been provided which is about to finish.
13. VHNDs are conducted on monthly basis but growth monitoring is not done during VHNDs.
14. Tickler Box was available but MCP card were incomplete therein.
15. Biomedical waste management practices are poor in the facility.



PHC Chandimarh

Brief Profile: Chandimarh is non 24X7 PHC having 5 Bed. The catchment population of PHC is 14753. IPD is zero and OPD is 102 in the month of July. One ambulance is available in the facility.

Findings:

- No Institutional delivery has been conducted in the last quarter
- There are 2 MOs (ISM), 1 ANM, 1 NO, 1 SW, 1 LT, 1 Pharmacist, 1 Driver and 1 chowkidar posted in the PHC.
- ANM was not available at the time of visit and family planning and labour room were locked. Hence record / registers related to it could not checked.
- As per the discussion with the staff, Chowkiadar is absent from his duties from last 6 Months.
- 1 MO Dr. Nusrat is on Yatra duty but there is no document available in the PHC for the same.
- In Laboratory Hb tests has not been conducted since 13/11/14.
- IFA is available in the stock but pharmacy was locked and the keys where with the pharmacist who was on leave. **(One anemic lady has come for treatment and MO could not provide her IFA as the same was under lock.)**
- No sign board is displayed outside PHC.
- Approach road to PHC is in sloppy condition.
- Power back up and water supply is not available.
- One ILR is there which is nonfunctional. Therefore vaccines are not kept in the PHC. There is vaccination day every month and on that day vaccines are delivered by Tikka express.
- PHC premises was very unclean although the cleaning staff is available there.
- Untied fund register not shared / shown by the facility staff.
- MO Quarter is under construction.



PHC Bufliaz

Brief Profile: PHC Bufliaz is a 3 Bedded health facility. The catchment population is 4000. Power Back up and 24*7 water supply is available. IPD is 0 and OPD 60 in the month of July. 4 Ambulances available.

Findings:

- PHC is not visible from the main road and no sign board is displayed outside PHC.
- Delivery not conducted at the PHC since last quarter.
- There is at present 1 MO (ISM), 1 LHV, 2 NO, 1 SW, 1 Pharmacist, 1 ANM and 2 JSN.
- MO and JSN Shazia Akhter were not present and no leave application available in the PHC.
- One Junior Assistant is posted however no work has assigned to him from last 1 year.
- Labor room protocols are displayed in labour room.
- IFA and Zinc tablets are not available.
- HIV Kits, Sugar Kits, VDRL Kits, HbsAg kits are not available in laboratory.
- Tickler box is not maintained.
- High risk pregnancies are not detected and reported.
- JSY and JSSK entitlement posters are displayed.
- ORS and Zinc are not available with ASHA for community distribution.
- RCH register is available but not maintained.
- VHNDs are conducted on monthly basis but growth monitoring is not done at VHNDs.
- Tickler Box is not available and MCP card counter foils were also incomplete.
- Biomedical waste management practices are poor at facility.



PHC Ajote (24X7 PHC):

Brief Profile: Primary Health Centre Ajote is 5 bedded 24*7 PHC catering 1700 population. There is one Ambulance in the facility. There is no provision of delivery since last one year though it has well-structured labour room with NBCC. Power Back up and 24*7 water supply are also available. 2 ANM, 1 SN and 2 LT are posted in the PHC. One Medical Officer is attached to CHC Mandi since last one year.



1 st Visit: 30/6/15	2 nd Visit: 17/8/2015
<ol style="list-style-type: none"> 1. No sign board was displayed outside PHC. 2. No Deliveries have been conducted in the PHC from last one year. There is a well-equipped labour room and NBCC with proper space. 3. Labor room protocols are not displayed in labour room. 4. JSY and JSSK entitlement posters are available but kept down in a corner. 5. Documentation is very poor and there were many columns left blank in immunization register and HMIS also. 6. RCH register has been started but many sections in the register are left blank. 7. There are 2 ANMs and 1 SN. 8. Abortion which was done in DH Poonch was shown by the PHC in their HMIS in the month of May. 9. Under JSSK only transport facility is provided. 10. In the revenue register IPD charges are shown (Rs. 100 and Rs. 240) in the month of May and June but in HMIS IPD is shown as zero. 11. In lab Mfg. and Exp. Date on urine strips was scrapped. 	<ol style="list-style-type: none"> 1. No sign board was displayed outside PHC. 2. All the ANMs, Senior Assistant, Lab Technician were found on leave not sanctioned by any authority. 3. No Deliveries have been conducted in the PHC from last one year. There is a well-equipped labour room and NBCC with proper space. 4. There is 1 Doctor 2 ANMs and 1 SN, 2 pharmacists, 2 lab technicians. 5. Labor room protocols are not displayed in labour room. 6. Ayush Pharmacist was found treating the Mother and Child patients. 7. No Separate registers are maintained to document Ayush and Allopathic OPD. 8. Family Planning and Labour room were found under lock and keys were with staff who were absent from duties. 9. In Lab there is no cleanliness and HIV Kits, Sugar Kits, VDRL Kits, HbsAg kits and Vida kits are not available from last 3 months. 10. JSY and JSSK entitlement posters are displayed now. 11. Documentation is very poor and there were many columns left blank in immunization register and HMIS also.



<p>12. Counter foil is kept but tickler box is not maintained.</p> <p>13. Due lists of drop outs and unvaccinated children was not available.</p> <p>14. VHND calendar was displayed but VHND register and VHND reports were not available.</p> <p>15. Waste Management status is very poor. No Colour coded bins were available.</p> <p>16. IFA, Zn , oxytocin, Albendiazole, WIFS were not available.</p> <p>17. Very poor HMIS data quality and validation.</p> <p>18. In the Month of June 2 deliveries are shown in the HMIS reported but the deliveries were conducted at DH. Also pregnancy outcome in the HMIS for the same month is entered as 2 male, 2 female and 2 still birth.</p> <p>19. All the charges pertaining to Family welfare, HMIS, MCTS and Immunization are given to FMPHW under NHM attached in the PHC who is handicapped.</p> <p>20. ANM posted in place of Staff Nurse under NHM in the PHC have not been given any responsibilities.</p> <p>21. No severe anemic case was detected in the PHC from last one year.</p>	<p>12. RCH register has been started but many sections in the register are left blank.</p> <p>13. Waste Management status is very poor. No Colour coded bins were available.</p> <p>14. IFA, Zinc and oxytocin were not available.</p> <p>15. Very poor HMIS data quality and validation.</p> <p>16. One MBB doctor from regular side is attached at CHC Mandi from last 1 year.</p>
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District Rajouri

Name of the Site: PHC Dalhori, Block:Kalakot

Key Findings:

Drugs/Supply Availability:

- Mifepriston+Misoprostol (MMA) was not available.
- OCP and condom, IFA, Antihypertensive drug, Inj Magnesium sulfate, ORS, Zinc, Syrup Salbutamol, Tab Albendazole etc. are not available.
- Oxygen cylinder is non-functional.

Labor Room:

- Labor room is equipped with essential equipment's like labor table, light, basic instruments etc. but still no delivery is being conducted since March 15.
- Designated ANC services are given inside the adjoining room of LR
- Standardized protocol poster are not display on recommended location.
- Elbow operated tap is not fitted in hand washing area.
- Standardized printed register like labor room register, referral in/out register, NBCC, IUCD were not as per MNH toolkit standard.
- Essential equipment's / accessories like functional wall clock and seconds hand/Digital clock, wall mount thermometer, BP Apparatus, stethoscope, fetoscope/Doppler, foot step, filled oxygen cylinder with key and clean hood, liquid soap, thermometer, hub cutter etc. are not available

Laboratory Testing:

- HIV and Hepatitis B tests are not conducted in laboratory.
- Running water supply is not available in the lab.

ANC status:

- Discrepancy was observed in ANC register and lab register in Hb% test record.
- Tickler box was not maintained.
- No line listing of severe anemic cases has been maintained and staff also unaware of it.
- Open vaccine vials were found without date and time on them.
- ILR and deep freezer lock is not working since long time.



Action taken at the facility:

- Sensitized all ANM's to keep counter foils , hand holding on ILR/DF, Keeping track record of full ANC Coverage , preparing due list of beneficiaries, functionality of ASHA's and segregation of waste management in color coded bins and use of hub cutter .

District / State support:

- As per the discussion with community members regarding the home deliveries , it is been found that there is no female doctors in PHC, hence pregnant women / members of her family prefer to avoid going to PHC for delivery. Therefore appointing one female doctor at PHC would surely increase institutional deliveries.
- Orientation on Bio Medical waste, infection control practices etc. are required.

PHC Moughla (Block:Kalakot)

Drugs/Supply Availability:

- Mifepriston+Misoprostol(MMA) was not available.
- OCP and condom, IFA, Antihypertensive drug, Inj Magnesium sulfate, ORS, Zinc, Syrup Salbutamol, Tab Albendazole etc. are not available.
- Oxygen cylinder is non-functional.
- RTI/STI kit not available in PHC.

Labor Room:

- Labor table and beds found in unhygienic condition.
- Oxytocin was kept inside the Almira instead of refrigerator.
- Labor room ANM/SN are not SBA trained and not aware of the labor room protocol.
- Slipper stand and adequate no of sleepers are not available.
- Privacy arrangement is not adequate in labor room because delivery table is near to window and that too transparent.
- Protocol poster are not display on recommended location.
- Essential trays of labor room are not kept and mentioned in labor room.
- Elbow tap is not fitted in hand washing area and water supply not available.
- Standardized printed register like labor room register referral in/out register, NBCC, IUCD not being used as per MNH toolkit standard.
- Essential equipment's like functional wall clock and seconds hand/Digital clock, wall mount thermometer, BP Apparatus, stethoscope, fetoscope/Doppler, Foot step as per labor table, filled oxygen cylinder with key and clean hood, liquid soap, thermometer, hub cutter etc. are not kept /maintained in labor room.



New Born Care:

- Radiant warmer is not functioning properly as on start, its temperature goes very high.
- Clean towels, sterile cord cutting equipment are also not available.
- NBCC is not functional as per the protocols.

Laboratory Testing:

- Blood group kit, test tube 3 ml and 5 ml, pregnancy kit, Widal test kits are not available in lab.
- Running water supply in the lab is not available.

ANC status:

- In ANC register it has been notice that lot of information was not recorded. Few records found misreported like HB test. Blood pressure were recorded normal when we cross check lab register it was different.
- Hub cutter not available in PHC and other section.
- Tickler box are not maintained
- No line listing of severe anemic cases and staff also unaware of it.
- Open Vaccine vials were found without date and time on them.

Suggestive Intervention:

- Standardized protocol poster are need to be display on recommended location.
- Standardized printed labor room register, NBCC, IUCD, Referral in /out register should be implemented in PHC.
- Toilet attached in labor room and adjoining ward must be functional and clean.
- Color coded bin needs to be placed in all section of facility along with guideline poster.
- Duty in the labor room should be given to SBA trained staff nurse or ANM and ensure that trained staff should not change.
- Privacy of the patient must be ensuring during labor.
- Essential tray of labor room should be kept and maintained as per the level of facility as per MNH Tool kit.



CHC Kalakot (Block: Kalakot)

Drugs/Supply Availability:

- Mifepriston+Misoprostol(MMA) was not available.
- Sterile pads are not available.
- Inj Magnesium sulfate, IFA tablet, ORS, Zinc, Syrup Salbutamol, Tab Albandazole etc. are not available.
- RTI/STI kit was also not available.

Labor Room Status:

Cleaning status of the CHC is satisfactory and color coded bins are placed in building premises. Labor room is found clean.

Some key finding of labor room and PNC are mentioned below.

- Duty Roster was not displayed outside the labor room.
- Toilet is not attached to the labor room.
- Shoes rack is not available outside the labor room.
- Oxytocin was not store in the refrigerator.
- Partograph is not in use.
- Protocol posters were not well displayed in the LR.
- Trays as per the level of facility is not available in Labor room.

Newborn care management:

- NBCC is available but shoulder roll and thermometer is not available.

Point to be improved:

- Standardized protocol poster are need to be display on recommended location
- Standardized printed labor room register, NBCC, IUCD, Referral in /out register should be implemented in CHC.
- SBA trained staff nurses should be deputed for labour room only
- Privacy of the patient must be ensuring during labor.
- Essential tray of labor room should be kept and maintained as per MNH Tool kit.



CHC Treyat (Block: Kalakot)

Drugs/Supply Availability:

- Mifepriston+Misoprostol (MMA) was not available.
- Antihypertensive drug, Inj Magnesium sulfate, IFA, ORS, Zinc, Syrup Salbutamol, Tab Albendazole tablet were not available.
- Sterile pads not available.
- Oxygen cylinder is non-functional
- RTI/STI kit not available.
- No color coded bins were available.

Labor Room:

- Although the new building of the CHC has been constructed still CHC is running in old building where space is very limited, which is affecting the services delivery. Labour room and PNC ward both are in same room which is not convenient to the PNC patient at times when delivery patient comes to facility.
- Privacy arrangement is not adequate in labor room.
- Labor table and bed were not clean.
- Oxytocin was kept in the Almira instead of refrigerator.
- Slipper stand with adequate no of sleeper was not available.
- Standardized protocol poster are not display on recommended location.
- Essential trays of labor room are not kept and mentioned in labor room.
- Elbow operated tap is not fitted in hand washing area and water supply is not available.
- Standardized printed register like labor room register referral in/out register, NBCC, IUCD were not in use as per MNH toolkit standard.
- Essential equipment's like functional wall clock and seconds hand/Digital clock, wall mount thermometer, BP Apparatus, stethoscope, fetoscope/Doppler, Foot step as per labor table, filled oxygen cylinder with key and clean hood, liquid soap, thermometer, hub cutter etc. are not kept mentioned in labor room.

New Born Care:

- NBCC not designated at the facility.

Laboratory Testing:

- Blood Grouping, HIV and Hepatitis B tests are not conducting in laboratory.
- Running water supply is not available in the lab.



ANC status:

- In ANC register it has been noticed that lot of information was not recorded and few records found incorrect like HB test, blood pressure etc.
- Hub cutter was not available in ANC section.
- Tickler box are not kept
- No line listing of severe anemic cases was prepared moreover staff also found unaware of it.
- ILR is out of order since 05/08/2015 which is being intimated to the higher authority.

PNC Status:

- JSSK services such as diet is not provided to the beneficiaries as CHC does not have facility /provision for 48 hours stay.

Suggestive Intervention:

- SBA trained SN/ANM should be deputed in labour room
- Sterilization of the labor table, equipment and instruments floor should be ensured. Disinfectant such bleaching powder must be used for decontamination.
- Standardized protocol posters needs to be display on recommended location.
- Standardized printed labor room register, NBCC, IUCD, Referral in /out register should be implemented.
- Color coded bin need to place in all section of facility along with guideline poster.
- Essential tray of labor room should be kept and maintained as per the level of facility.

District Doda

District Hospital Doda

Family Planning:

- In district hospital those female who availed spacing method there records were maintained in indoor register, whereas it should be maintained separately in copper -T register, which was discussed with medical superintendent.
- EC pills were not available.

Maternal Health:

- At the facility some essential drugs were not available like oxytocin, Misoprostol, Magnesium Sulphate etc. due to unavailability of fund.



- Referral-in register was not maintained.
- Staff at facility is using oxytocin before delivery of baby which indicates they are inducing labour pain. However as per the SBA guideline use of oxytocin should be after the delivery of baby and before separation of placenta.

New born Health:

- As per the observation and discussion with staff, administration of vitamin K is not according to guideline.

Matter of Concern –

Adolescent Health:

- No IEC was displayed in AFHC
- Stock was not available in AFHS clinic.
- First quarter report were checked where clinical services data was not mentioned in AFHC Clinic.

Action taken at the facility:

- Oriented the duty staff to fill the Partograph and its importance.
- Demonstration the steps in new born resuscitation to duty staff.

CHC Thatri

Maternal Health:

- Magnesium Sulfate was not available at the facility. Other than that some essential commodity were also not available in labour room like Misoprostol, IFA, and dexamethasone. Trays were not maintained in the LR as per the MNH tool kit.
- It was observed that labour room record are maintained in OPD register (as per staff this one is rough register) and another register for labor room is also maintained where some essential column were found missing. Hence labour room register according to MNH tool kit is yet to be implemented.

New Born Health:

- NBCC is not functional as Radiant Wormer is not functional, some essential commodity/ items such as Wit-k, mucus extractor, bag and mask are not available. NBCC register was also not available.



Action taken at the facility:

- Oriented the duty staff about the Partograph and its importance.
- Trays were not maintained/ available in labour room according to MNH toolkit, which was discussed with BMO, he assured that all trays will be made available and maintained as soon as possible.

CHC Gondoh:

Maternal Health:

- It is observed that infection prevention practices are not satisfactory at the facility. Similarly bio medical waste management practices are also not as per the standard protocols.
- Some essential drugs were not available in labour room like oxytocin, Magnesium Sulphate, Misoprostol, IFA, dexamethasone and kallis pad.

New Born Health:

- Mucus extractor, 0 size mask Bag are not available.
- NBCC register is also not available.

Action taken at the facility:

- Oriented the duty staff about the Partograph and its impotence.
- Trays were not maintained/ available in labour room according to MNH toolkit, which was discussed with BMO, he assured that all trays will be made available and maintained as soon as possible.

Support required from District and State to achieve the proposed intervention:

- For proper record maintenance at all the delivery points, one sample register should be distributed at all facility that would be helpful to maintain uniformity at district level.
- Refresher training should be planned for HMIS for better understanding of data element.



PHC Assar:

Maternal Health:

- Labour room register was not maintained according to MNH tool kit and also infection prevention is very poor.
- Some essential drugs/consumable were not available in labour room like oxytocin, Magnesium Sulphate, Misoprostol, IFA, kallis pad, dexamethasone which was brought in to notice of BMO.

New Born Health:

- Mucus extractor, 0 size mask Bag were not available at NBCC. NBCC register was also not available.

Action taken at the facility:

- Oriented the duty staff about the Partograph and its impotence.
- Trays were not maintained/ available in labour room according to MNH toolkit, which was discussed with BMO, he assured that all trays will be made available and maintained as soon as possible.

Support required from District and State to achieve the proposed intervention:

- For proper record maintenance at all the delivery points, one sample register should be distributed at all facility that would be helpful to maintain uniformity at district level.
- Refresher training should be planned for HMIS for better understanding of data element.

Issue of Concern:

During monthly meeting it is found that in HMIS reporting format, reported delivery conducted in facility is one but live birth is fifteen and as per BMO , during HMIS orientation at district level trainer oriented that “live birth is equal to BCG given”. Such kind of understanding need to be clarified regarding the of data element hence refresher training should be planned.



District Leh

District Hospital

SNM Hospital is located in the main Leh town, caters to the entire district population 1.12 lakh. District Hospital cater to over 85 % of total delivery load of the district. Presently it is 150 bedded hospital.

Service Delivery for the month of July:

Total Deliveries	Normal	C-section	Assisted Vaginal Deliveries	Live births	Interval IUCD	ANC clients with obstetric conditions	New born under 2.5 kg
176	135	50	7	176	9	61	25

Human Resource and training:

Category	Medical Officer	Staff Nurse	ANM
NRHM	3	15	0
Regular	15	42	13

- None of the staff is trained in BEmOC or PPIUCD however 6 staff Nurses and 2 ANMs have been trained in SBA in the district hospital Leh.

SNCU:

- There is a well-equipped SNCU having 10 bed capacity with all functional radiant warmers. However 10 Phototherapy units are not functional.
- A duty roster is displayed having time and other information.
- The knowledge level of the staff about operating Radiant warmers was found satisfactory.

Bio Medical Waste Management

- The general waste of the hospital is carried out by the Municipal Corporation vehicle
- Incinerator has already been arrived at the SNM Hospital and it's soon going to be installed.

Information, Education and Communication.

- Citizen Charter, signage of different wards, RBSK posters, AMTSL, JSY entitlements, JSSK entitlements and other health promotional posters are well displayed in the facility.



Line Listing of severe anaemic mother:

Line listing of severely anemic pregnant women is also prepared at the MCH wing of the District Hospital.

Labour Room:

- There are two labour rooms at the District Hospital.
- As per the staff the quality of the Shoe bags and Gown is of cheap/inferior quality.
- The trays were properly labelled and kept systematically.

JSSK

- A total of 176 women were benefitted from JSSK and 53 infants were also benefitted with the scheme.

JSY

- In the month of July only 35 beneficiaries have got JSY payments due to instruction to stop JSY payments. However payments have again been resumed from the current month.

Following beneficiaries were checked and verified through the phone call:

- Sonam Chuskit, W/o Dawa, Phone-9469730713
- Fatima bano, W/o Ghulam Hussain-Phone- 9469815794
- Tashi Dolker, W/o Rigzen Phunchok, Phone-9419538713

SDH Disket:

Sub District Hospital is located 120 km from Leh caters a total population of 18923.

Service Delivery in the Month of July 2015

Total Deliveries	Normal Deliveries	C-sections	Live Births	Total OPD	Total IPD	IUCD insertions	ANC cases with Obstetric Complications
14	10	4	14	1973	11	13	4

One positive thing is that there have been 13 new IUCD insertion cases in the month of July alone which is a good step forward towards family planning.

AFHC and Reporting

There is a fully operational Adolescent Friendly Health Clinic at SDH Disket (AFHC) which is doing regular counselling to adolescent but it was found that the number of cases are not being uploaded on the HMIS portal for the month of July.



Human Resource

Medical Officers	Gynecologist	Pediatrician	Anesthetist	ANMs	Staff Nurses
6	2	1	1	2	6

Labour Room Observation

As per the discussion with the Gynecologist, Pediatrician and other staff of the labour room following issues needs attention from both district as well as state level -

- The heating system is not very much effective. In winters it can't heat up to the level which is considered safe for operational procedures. In this case, currently the doctors refer patients to the nearby Army hospital for procedures.
- Two more Radiant warmers are required in the NBSU. At present 3 radiant warmers are available- one in Labour Room, one in OT and one in NBSU.
- One phototherapy unit is available at present.
- Ovum forceps for DNC set are required for operational purposes.
- Electricity back up is an issue, generator is available but the availability of fuel is insufficient, that is a major problem. There is no petrol pump in the block and the transport cost from Leh to Nubra is comparatively high due to remote location.
- Labour Room lamp is - immovable/in adjustable and has a very poor focus. It needs replacement with a modern type of lamp.
- As present there is only one labour table available at the facility but it becomes very difficult when two cases appear simultaneously. Hence there is a need to install one more Labour table at the SDH on priority.
- The suction machine is out of order from the time being and needs immediate replacement.

Drugs availability

- Tab Misoprostol, Inj. Magnesium Sulphate, Zinc tablets were found not available during the previous visit but now been made available.

Bio Medical Waste Management:

- The general waste of the hospital is carried out by the Municipal Corporation vehicle

Information, Education and Communication:

- Citizen Charter, Signage of different departments, RBSK posters, AMTSL, JSY Entitlements, JSSK entitlements and other health promotional posters are well displayed in the facility.



Action taken at Session site and Block/District Level:

- The Delivery Register as per the GoI format is now operationalized.
- During the last visit, the Labour Room was cleaned only on need based. Now the staff is practicing it on daily basis. Though a dedicated register is yet to be maintained. This will be taken care of soon.
- Trays in the Labour room are now labelled properly unlike previous visit.

Action required from the state:

- To make available all the equipment recommended by the Pediatrician and Gynecologist and also provide technical support.
- Keeping in view the most number of Child and Neonatal deaths from Nubra block, there is a need to establish a fully operation SNCU in the Block.

District Ramban

District Hospital Ramban

Findings on different component of RMNCH+A:

Reproductive Health:

- IUCD insertion rate is very low.
- No PPIUCD insertion because no staff is trained in PPIUCD insertion.

Maternal Health:

- The Partograph is not being plotted.
- The sterilizer is available in labour room but labour room staffs are not aware about the procedure of sterilization of labour room equipment. The staff has been sensitized about sterilization of labour room equipment.
- There are no color coded bags and bins available inside the labour room.
- The labour tables are without mattress and sheets.
- The protocol poster are not displayed as per guidelines.
- There is no privacy in labour room as windows are without curtains and frosted glasses.
- There are no trays available in labour room.
- There is no pre-delivery area as all the pregnant women are put in the labour room which creates congestion, unhygienic conditions and vulnerable to infections.
- There is NBCC inside the labour room but there is no functional resuscitation kit available.
- There is no hand washing area in labour room the matter discussed with Medical Superintend



- The standard labour room, NBCC and SNCU registers are not in use as they have not been printed. The format was shared with DPM and Medical Superintendent, who assured printing and use of these register at earliest.
- The laboratory staff was sensitized to maintain separate register for severe anaemic PW
- The labour room is not cleaned as per guidelines and staff of labour room was sensitized about cleaning of labour room as per guidelines.

Newborn Health:

- Vitamin K1 and birth dose vaccines are given to newborn.
- There is no Pediatrician in DH Ramban, which is matter of concern.
- The Radiant warmer is functional in labour room but staff is not aware about regulation of temperature.
- There are two ANMs posted in SNCU but none of them received any training.
- Also visited MCH section where staff was sensitized about maintenance of tickler box and recording of time and date on open vaccine vial. The staffs were also sensitized about temperature log book at cold chain point and asked them to create awareness among PWs about family planning and Immunization.

Adolescent Health:

- The Adolescent health clinic is functional in DH Ramban and counseling is being provided to Adolescents.



VHND Monitoring Findings:

Kishtwar District: VHND Site-AWC-Sounder “A” (SC Kibber Nallah & Block: Dachhan)

Major Findings:

- VHND session held as per the plan. Pharmacist, ANM, ASHA, AWW & AWH were present at the session site.
- Routine Immunization services also provided at VHND sessions. 06 children’s were vaccinated and 1 ANC Checkup conducted. Due list was not prepared by any of the staff.
- As per the Pharmacist and AWW, no official visited the session site up till date
- Beneficiaries were mobilized by ASHA.



Logistics/Supplies which was available/not available is as follows:

Available	Should be available
1. Weighing Scale(machine) for baby-new born	1. BP Instrument & Stethoscope
2. AD Syringes	2. Examination table
3. Nutrition supplement from ICDS	3. Weighing Scale(machine) for adults
4. Thermometer	4. Growth chart for boys & girls.
5. Registers	5. Functional Hub Cutter
	6. Zinc tablets
	7. ORS Packets
	8. Anti-helminthic tablets
	9. Cotrimoxazole tablets
	10. IFA Tablets
	11. Oral Contraceptives
	12. Condoms
	13. Emergency Pills
	14. Paracetamol
	15. PTK’s
	16. Hb testing Kit
	17. Urine testing kits
	18. Red & Black bags
	19. IEC material/IPC material
	20. Due list of beneficiaries
	21. MCPC
	22. Referral Cards/Slips



- BCG, Measles (Time of reconstitution was written on vial), Pentavalent and TT were available at the session site.
- Services like weighing, Hb testing, Blood Pressure checkup and other related investigations are done at the facility.
- Counselling services are provided to mothers related to child nutrition and family planning counselling to the visiting mothers.
- AWW was tanking weight of children but records were not available at the session site. Community Growth chart was also not available at the AWC.

Support Required at District Level:

- Sensitization of ANM on VHND along with its micro planning is very much required
- District and block ASHA Coordinator must be engaged in VHND Monitoring.
- Provision of all essential items and consumables at the session site / VHND sites.
- Convergence with line department like ICDS and PRI for better program output.
- Availability of growth charts at the VHND Sites by the ICDS at all the AWCs. And line listing of malnourished / Low birth weights babies.

Poonch District: VHND Site- AWC Baila (Block Mandi)

Major Findings:

- Beneficiaries were mobilized by ASHAs. Antenatal checkups for PW and general checkup of children were carried out by the medical officer.
- Routine Immunization service was also carried out.
- Vitamin-A was also given to children under 5 years of age.
- Nutrition was given to beneficiaries.
- Counselling was also carried out.



Focus need to be given:

- Growth monitoring which is an important aspect of VHND is not being done.
- No due list of pregnant women and infants who need immunization were prepared.
- ASHAs didn't received VHND incentives.
- IEC related to immunization and other schemes is not available.



District Rajouri: VHND Site- AWC Dhani B (NTPHC Nadiyan, Block Darhal)

Major Findings:

A village Health and nutrition day held at AWC Dhani which covers around 800 populations. The FMPHW conducted group counseling of pregnant and lactating mothers. AWW provided diet (khhicchdi). Growth monitoring also done at VHND site. IFA tablets also distributed to the pregnant women and adolescent girl. Counseling session for pregnant women and adolescent were held separately to make them comfortable.



Findings:

Total Participant

Children	12	Diet Given
Adolescent	2	Counseling
Lactating mothers	6	Counseling breastfeeding

- No Due list was prepared by ANM / ASHA
- Both the ANMs (regular and Contractual) were present.
- No IEC materials except Alphabetical chart for children were displayed at AWC.

Action taken at Session site:

- Group counseling sessions were organized for adolescent, pregnant women and lactating mother for Health hygiene and family planning, Birth Preparedness and Institutional Delivery.
- Advocacy with ANMs to prepare due list.
- Sensitize the ANM and AWW about the VHND importance.

Support Required at District Level:

- BPMU staff should be involved in VHND
- VHND session plan of every month should be submitted to block head
- VHND session sites should have adequate logistic.
- ANMs need to be sensitized about VHND importance.



District Ramban: AWC Dalwah



It was found the staff of concerned SHC was not sensitized about VHND guidelines to that extent. They didn't bring the necessary equipment's and other supplies for conducting VHND. The staff was sensitized about VHND guidelines and the staff was sent back to SHC to get necessary equipment's and supplies like MCP cards, sanitary napkins. BP apparatus and weight machine.

The staff were fully sensitized about VHND guidelines and were demonstrated the plotting of weight of children's on growth chart.

The concern BMO was also informed about the non-functioning of weight machine, BP apparatus and non-availability of HB meter. OCPs, IFA tablets and tickler box. He assured that necessary equipment's and supplies shall be made available very soon.

District Ramban: AWC Ganaiepora (SHC Tethar,Block Banihal)

The AWC Ganaiepora is around 2km from SHC Tethar. The staff of concerned SHC was sensitized about VHND guidelines. The ANM was sensitized about the plotting of weight in growth chart, HB testing, proper maintenance of records and how to maintain tickler box.

Model Delivery Point:

Two delivery points from each HPD have been identified to be strengthened as Model delivery Point (MDP) during the year 2015-16. The facilities have been selected based on the following criteria: 1) Delivery load 2) Accessibility and 3) Non-availability of nearest delivery point. The status of MDPs was assessed by using the MNH-toolkit as approved by the MoHFW, Government of India (GoI) guideline. Standard labour room register designed and shared with the HPDs. Till now standard labour room register started

HPDs	Facilities Identified
Doda	DH Doda
	CHC Gandoh
Rajouri	CHC Sundarbani
	PHC Manjakote
Poonch	CHC Mendhar
	PHC Loran
Ramban	DH Ramban
	CHC Banihal
Kishtwar	DH Kishtwar
	PHC Chatroo
Leh	DH Leh
	SDH Disket



at Doda, Poonch, Kishtwar, PHC Manjakote (Rajouri District) and Leh. Implementation of other standard registers like New Born Care Corner (NBCC), NBSU (New Born Stabilization Unit) also started in Doda and Poonch. Different trays as per the MNH Tool kit has been ensured in delivery points. Displaying of labour room protocol supplied by state health society has been ensured. Regular monitoring report has been shared with district and state for further action.

Future plan to strengthen the delivery points:

- Orientation of labour room staff nurse/ ANM in labour room management
- One rapid assessment of labour room by October for future plan development
- Dissemination of labour room action plan by the end of October’15.

Support in DHAP 2015-16:

Follow up mechanism of 2015-16 fund released have been developed. Based on state budget sheet (district wise) a HPD budget sheet has been prepared and shared with all District Coordinator-RMNCH+A for monitoring the progress of the fund released. Every month DC’s will submit a monthly monitoring report of programme implementation at district level and it will further share with state officials for their review. A budget monitoring sheet has been developed for District Coordinator to monitor the progress of DHAP 2015-16.

Strengthening Review Mechanism:

District wise status of meeting attended:

HPDs	District Monthly meeting	Block Monthly Meeting	Other meeting
Rajouri		2	1
Poonch	1	1	
Doda	1	2	
Ramban	1		1
Leh		1	1

Poonch District: Block Monthly Meeting at Mandi Block:

Major Discussion Points:

- Payment of Incentives to ASHAs.
- ANMs, ASHAs and AWWs should work in coordination to make the NHM Programs successful.



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- Record of leaves taken should be kept both at the institution and at block level.
- Proper record maintenance and timely upload of data in HMIS and MCTS.
- Due lists to be prepared by ANMs in coordination with ASHAs.
- PPIUCD insertions to be started at CHC Mandi. (2 staff have already been trained from the CHC)
- Yearly calendar of VHND to be prepared and submitted to BMO office. They in turn will submit to CMO office.
- Block level monitoring by Block ASHA coordinators.

Other support provided at district level:

Monitoring of IDCF:

Provided Support during IDCF: Visited district hospital and block Ghat with national consultant to monitoring IDCF activity at community level as well as facility level. Some of the findings are as follows:

- At AWC a girl demonstrated six step of Hand washing.
- Most of children know about signs and symptoms of diarrhea in one of school of Ghat block.
- At Paul Doda sub center ANM demonstrated how to prepared ORS.
- Zinc was not available.
- No micro planning was done in district as well as at block level.
- No monitoring plan was present in district as well as at block level.

Block Thatri IDCF monitoring findings:

- Most of children know about signs and symptoms of diarrhea in one of school of Thatri block.
- At Kara sub center ANM demonstrated how to prepared ORS.
- No micro planning was done in district as well as at block level.
- No monitoring plan was present in district as well as at block level.



Support Provided by State RMNCH+A Unit:



District level RMNCH+A Orientation in Rajouri and Poonch District:

District level RMNCH+A orientation workshop was planned and organized in Rajouri and Poonch district on 12th and 13th August. All the District and Block officials along with the Programme Management Unit were orientated on RMNCH+A strategy, Kayakalp and Supportive Supervision mechanism. Other stake holders like DPO (ICDS), District Education officer also participated in the said orientation. Role of State Lead

Partner (SLP) also discussed with the participant.

Orientation of DMEO and RMNCH+A Consultant on application based Gap Analysis:

All DMEO and RMNCH+A Consultant of Jammu and Kashmir division oriented on application based Gap Analysis tool on 8th and 10th August'15 at Divisional office of NHM. The DMEOs were oriented on different checklist of Gap Analysis and live demonstration was shown to them regarding the gap analysis. It was decided by the Mission Director, NHM that all DMEOs will start gap analysis by the Swasthya Slate tablet and the District RMNCH+A consultant/Coordinator will follow up the gap assessment and provide technical support in fulfilling the gaps.



Support in developing the revised HBNC format for the State:

Revised and modified the HBNC format as per the state requirement in consultation with the Programme Manager (Child Health), NHM. Disseminate the new HBNC format in the ASHA Quarterly Review meeting at Divisional office of NHM, Chanapora on 31st August.

Support in developing the SNCU Protocol Posters:

Support Child Health division in developing the SNCU Protocol posters. 10 protocol posters were developed as per the FBNC guideline of MoHFW. All the protocol posters along with state order to implement the protocol disseminate with all concerned.



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Analyzed the Quarterly (April-June) HMIS report:

A details comparative report submitted to state based on the HMIS report. The analyzed report share with MD, NHM and Programme Management Unit. The report also shared with all District Coordinators of HPDs for their advocacy at district level.

Accompanied with National Coordinator SNCU, MoHFW, GoI:

As per the direction of state accompanied with National Coordinator SNCU (Dr. R. Srivastab) in SNCU visit. Visited SNCU at L.D. Hospital, G.B Panth Hospital and Budgum DH. Discuss various issues with National Coordinator SNCU for the improvement of SNCU in Jammu and Kashmir.

Support in developing programmatic factsheet and Coffee Table Book for Global Call to Action:

Programmatic factsheet was prepared based on the different programme under National Health Mission. A “Coffee Table Book” also prepared based on the different activities of NHM for Global Call to Action.



Other support provided:

- Prepared two presentation on Evidenced Based Budgeting and RBSK best practices and submitted to MD, NHM as per his request.
- Submit a write up on evidence based budgeting for the NHM Monthly Newsletter.
- Support in SNCU data management for the month of June'15
- Prepare a brief analysis on JSY and submitted to MD, NHM

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



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Conclusion:

RMNCH+A strategy has been launched by MoHFW, GoI to provide a complete package of services throughout the life cycle.

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.

Availability of essential drugs and consumable and skilled manpower, are the crucial determinant to maintain the quality standards and overall performance at facility level. Quality of training is one of the importance part which should be given priority for better service delivery. District should more effective for rational deployment of skilled manpower.

Periodically progress of RMNCH+A indicators need to be reviewed on the monthly basis at state, district as well as block level. HMIS and MCTS report must be scrutinized by the State, District and Block level Health Officials. Monitoring findings and progress in performance indicators must be shown in district and block level monthly meeting.

Henceforth, quality parameter must be ensured at all level which through regular supervision and quality of capacity building.





**MONTHLY RMNCH+A PROGRESS REPORT
FOR THE MONTH OF AUGUST' 15**



Monthly RMNCH+A Progress Report of 6 HPDs for the month of August' 15