



HMIS REPORT AND SCORE CARD ANALYSIS

1ST QUARTER (APRIL-JUNE), 2016-17

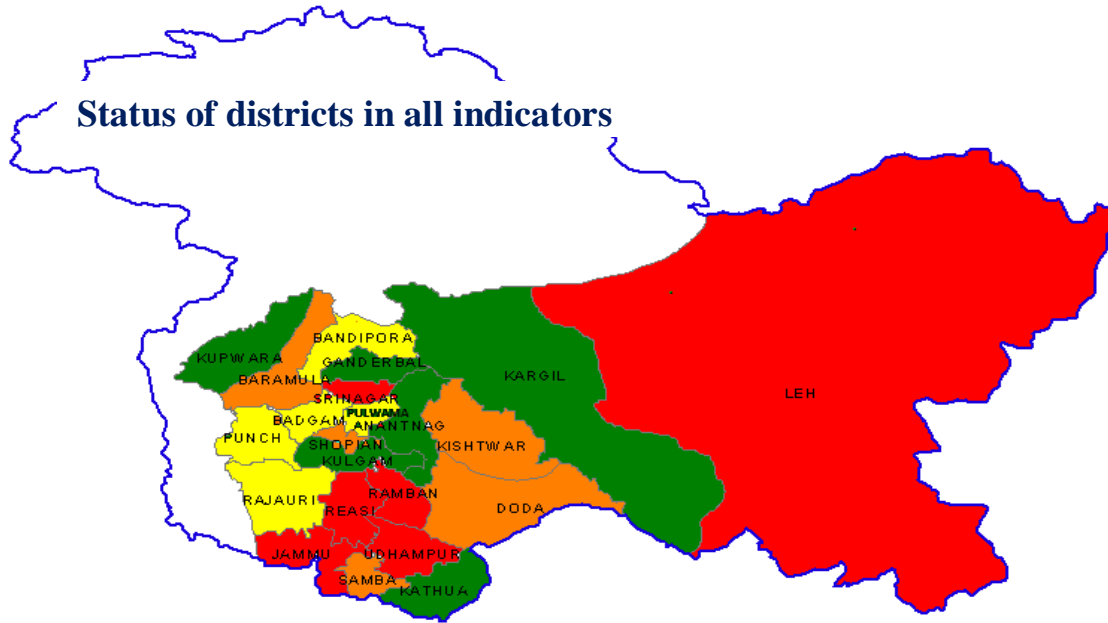
JAMMU & KASHMIR



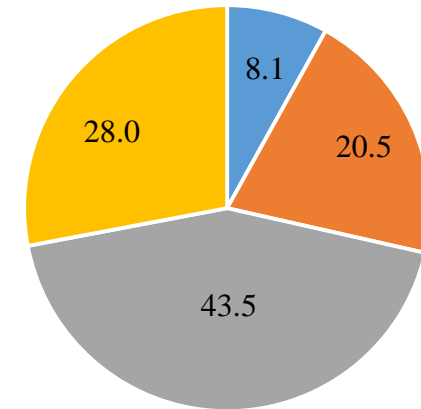
**National Health Mission
Jammu & Kashmir**

Prepared by
State RMNCH+A Unit, J&K, NIPI-PHFI
O/O-The Mission Director, NHM
Jammu & Kashmir

STATE STATUS AT A GLANCE (DATA AS ON 22nd JULY, 2016)

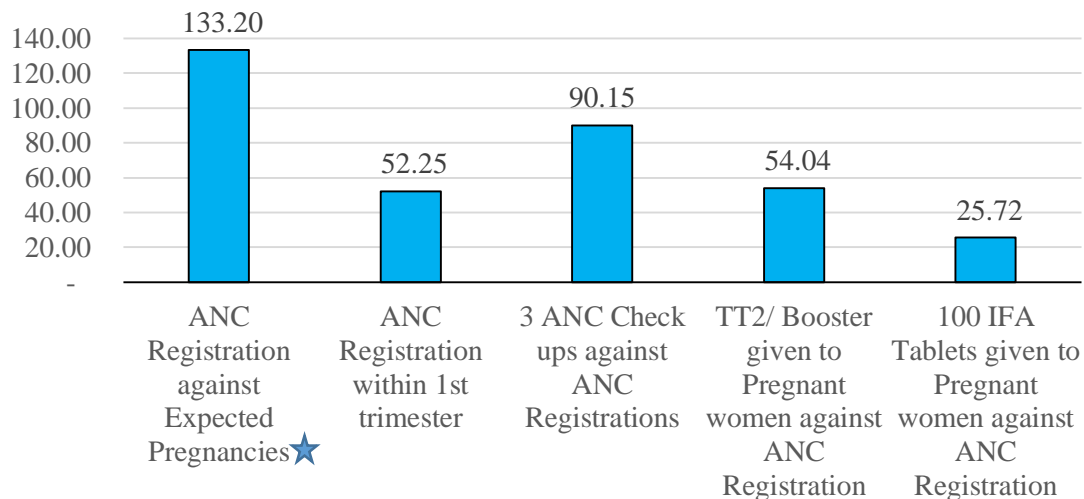


Reported Family Planning Methods

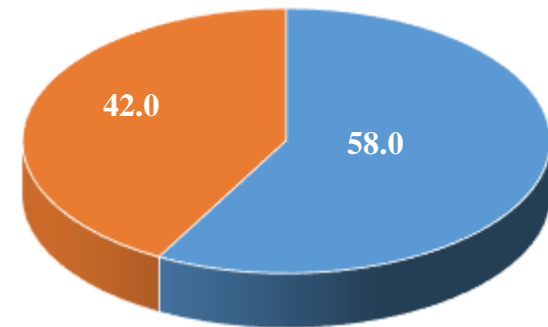


■ Sterilisations ■ IUD ■ Condom Users ■ OCP Users

Antenatal Care



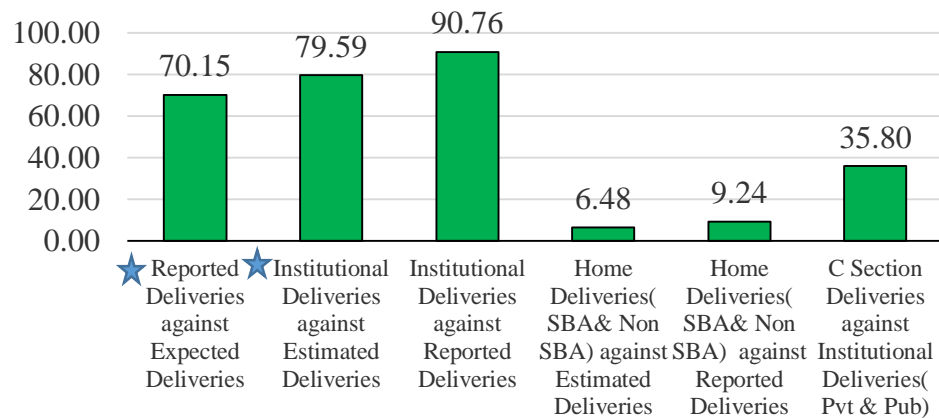
48 hrs. retention after delivery



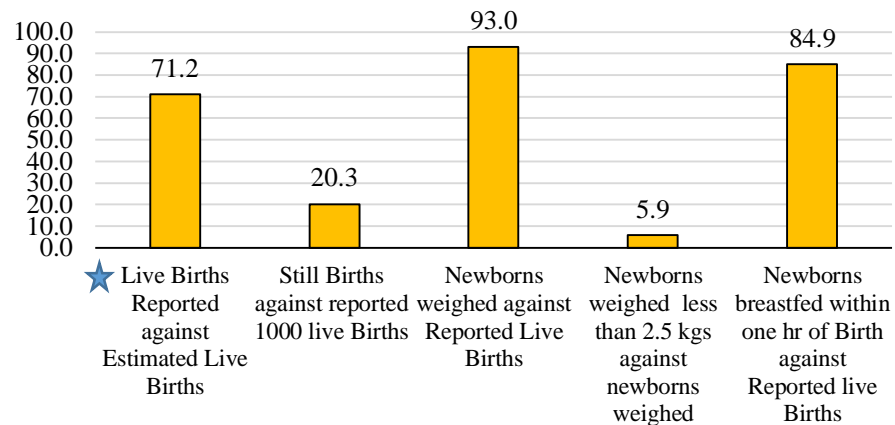
■ Stay for less than 48 hrs after delivery
■ Stay for more than 48 hrs after delivery



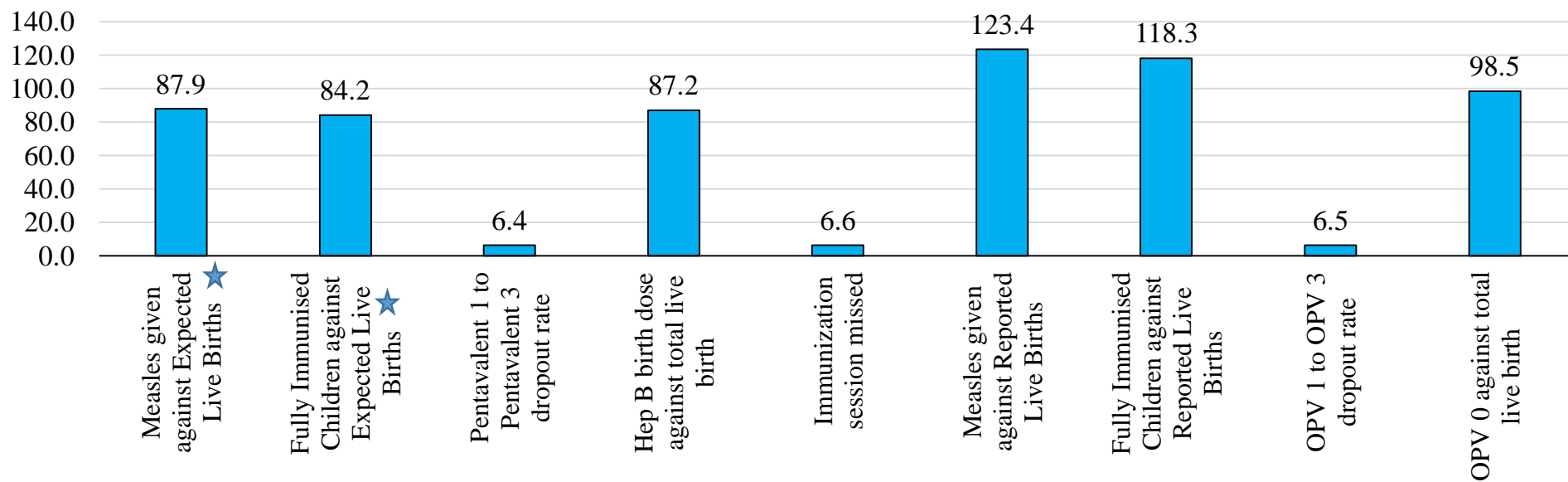
Delivery Status



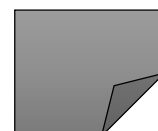
Birth & Newborn Care



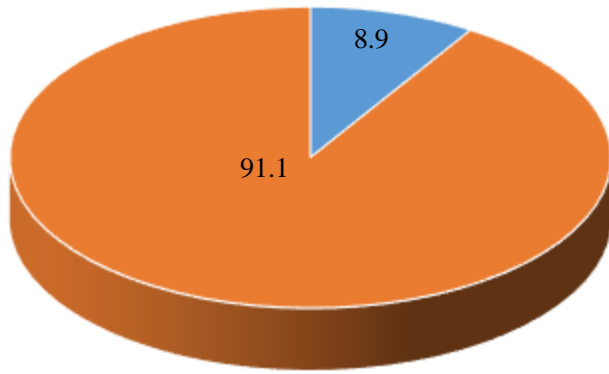
Immunization Status (0-11 months)



★ Proportionate target up to 1st quarter

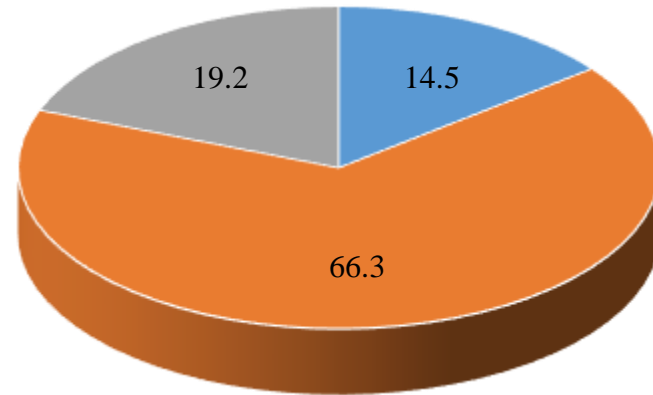


Status of Home Delivery



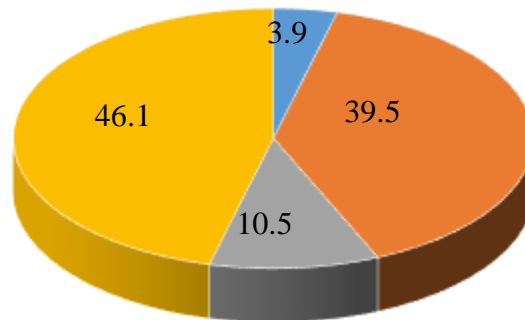
- Home Deliveries attended by SBA trained
- Home Deliveries attended by Non SBA trained

Status of CS

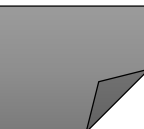


- CS conducted at CHC
- CS conducted at DH
- CS Conducted at Private

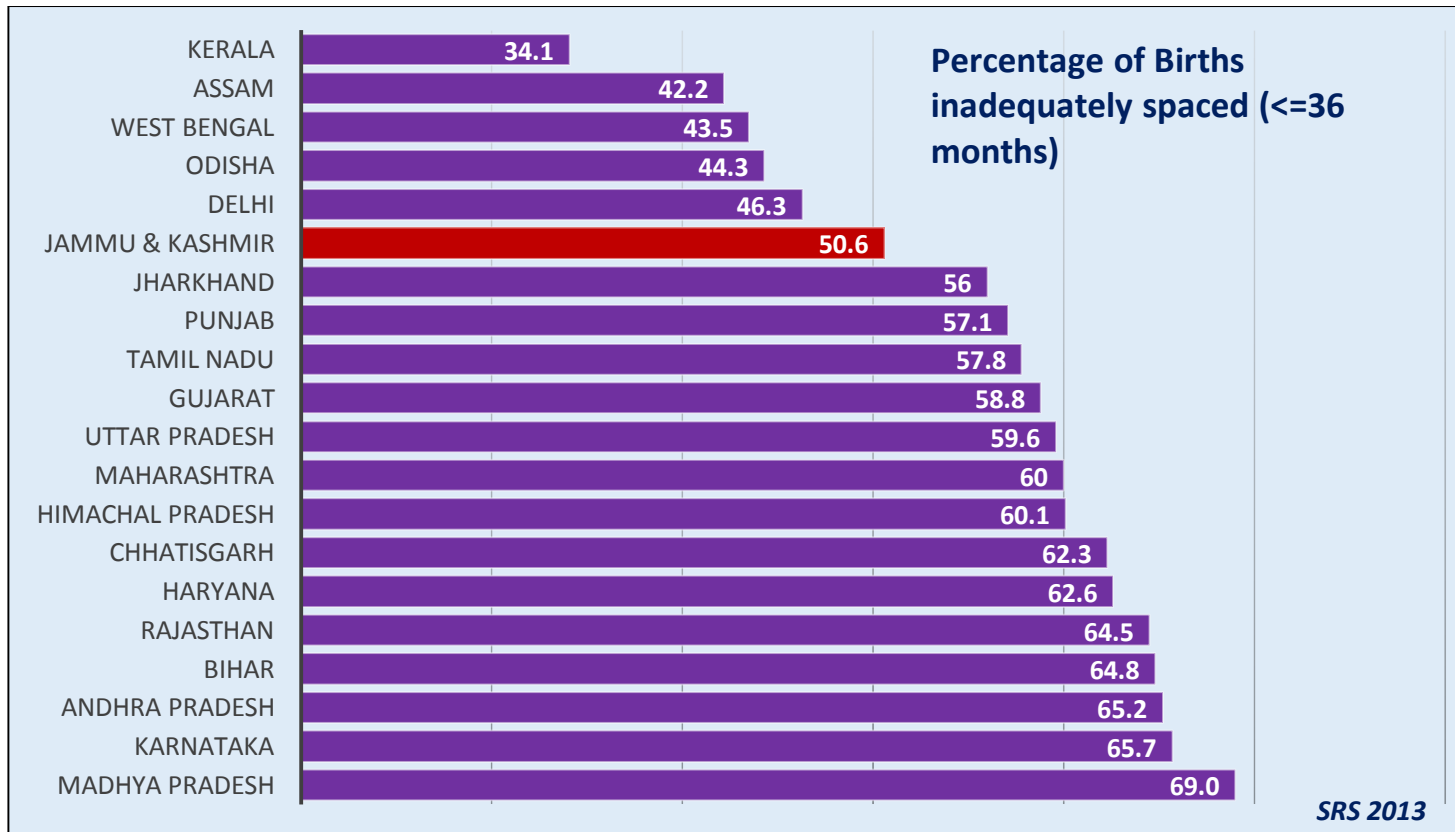
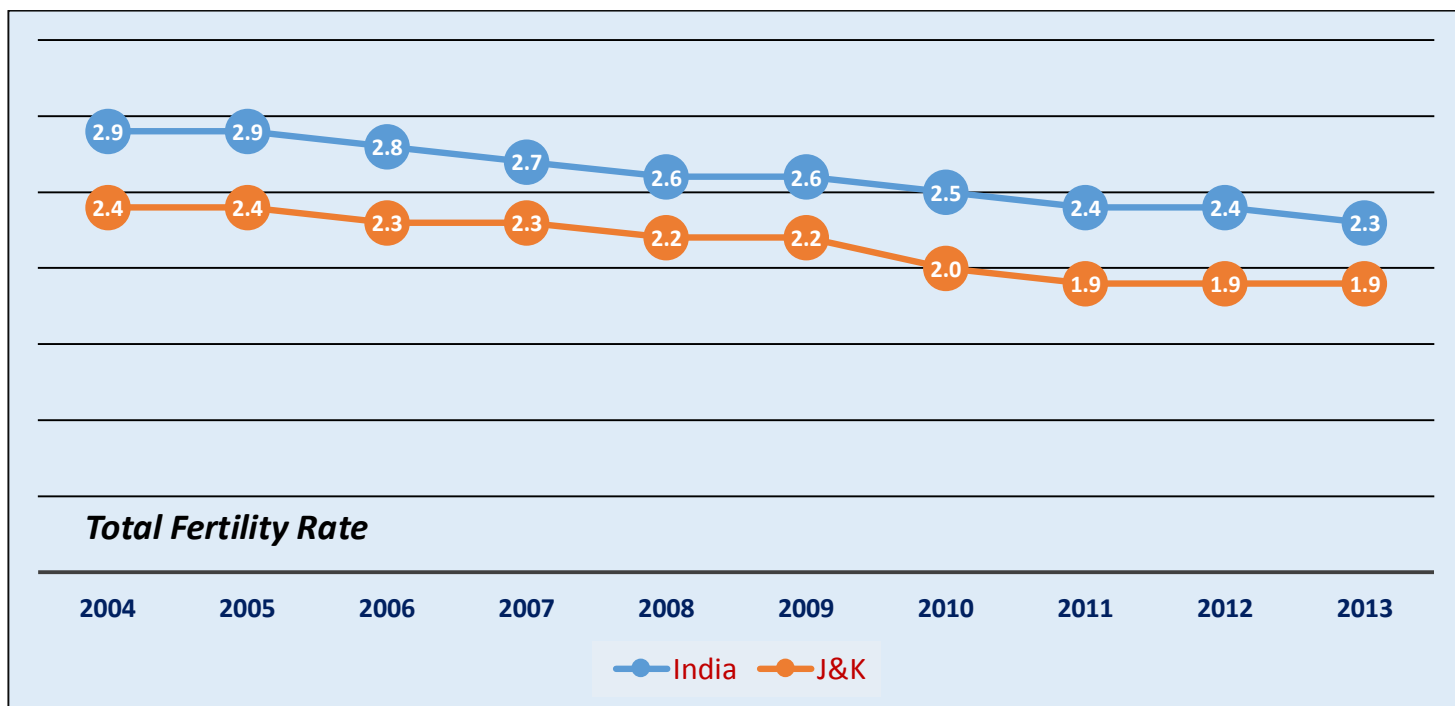
Infant Death Status

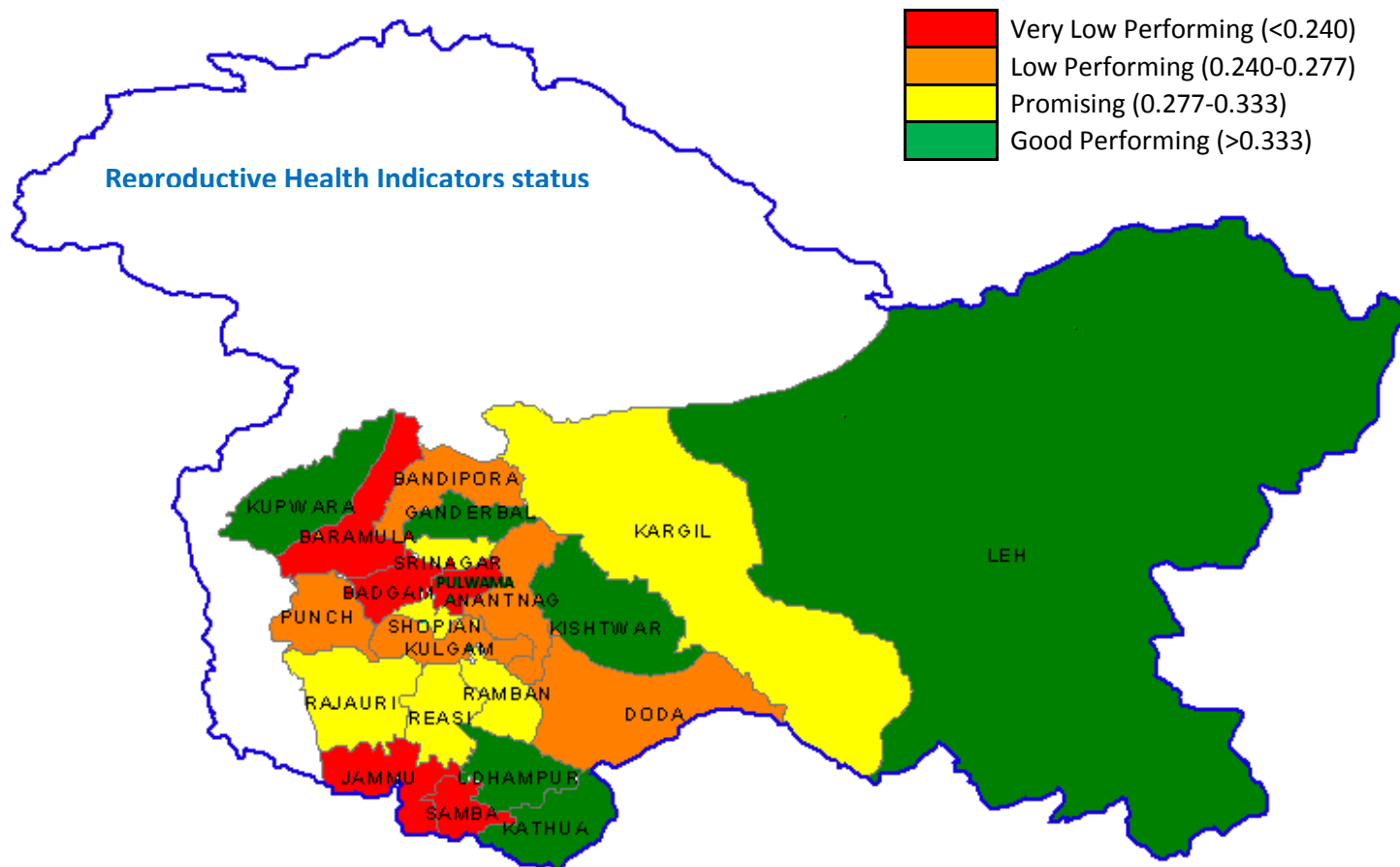


- Infant Deaths within 24 hrs of birth
- Infant Deaths between 24hrs & under 1 week
- Infant Deaths between 1 week & under 1 month
- Infant Deaths between 1 month & under 1 year



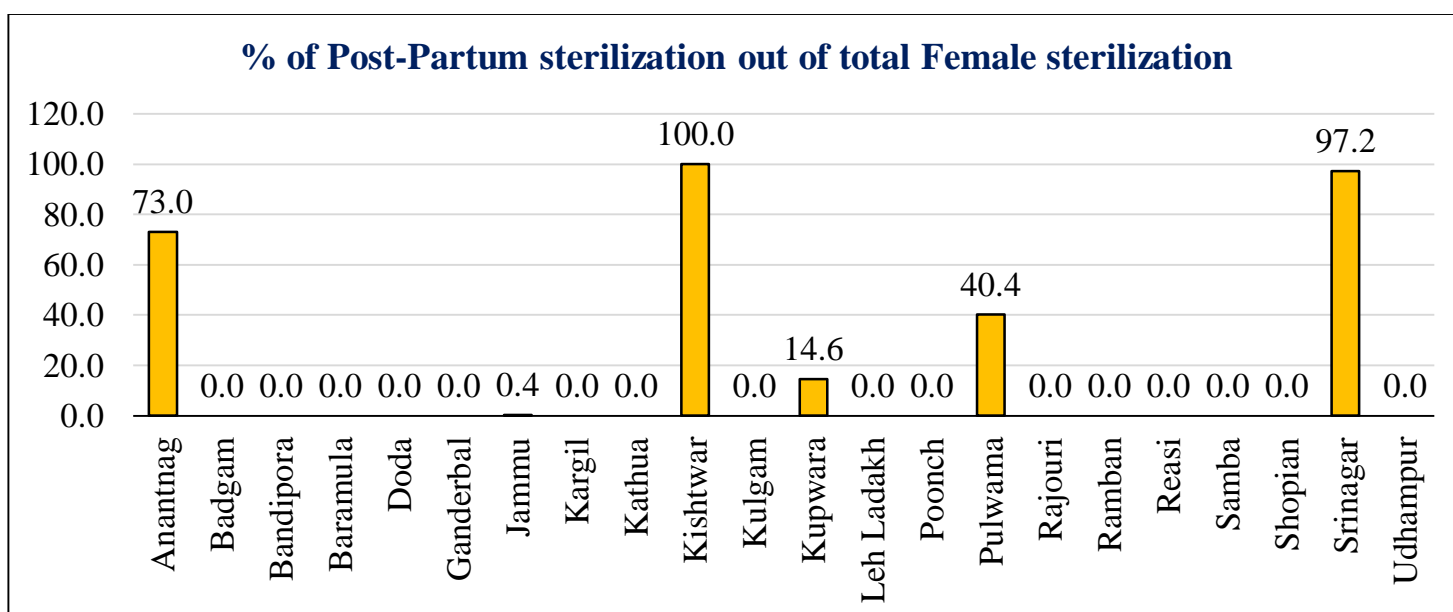
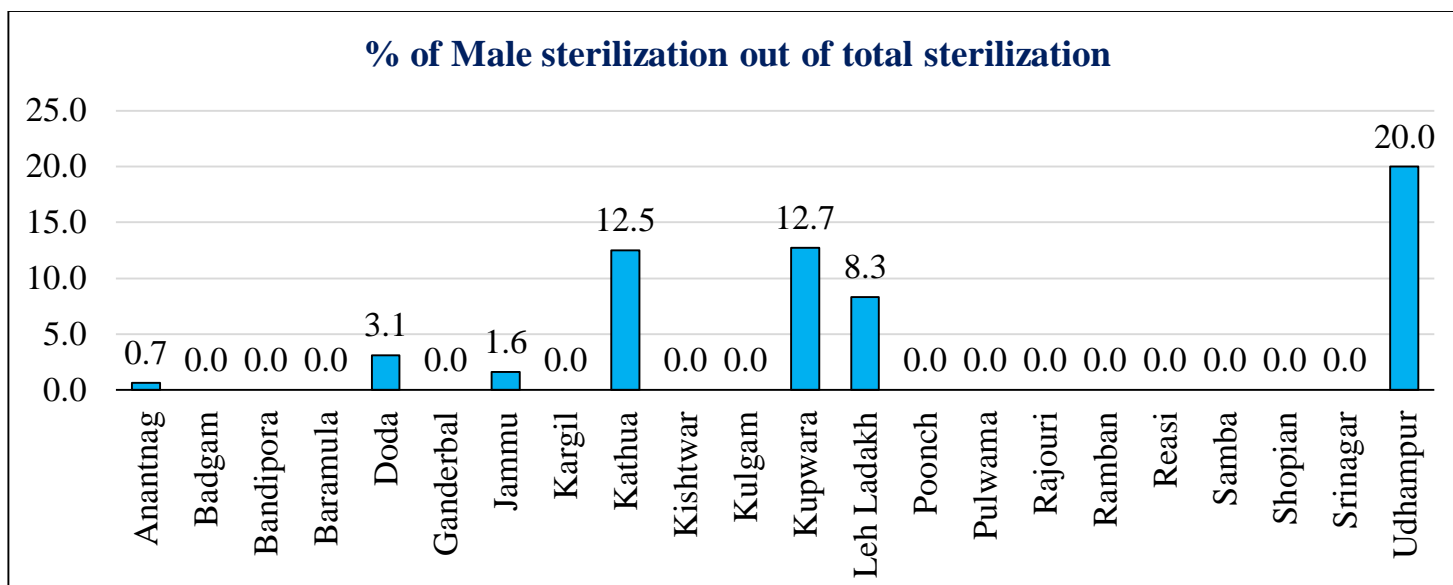
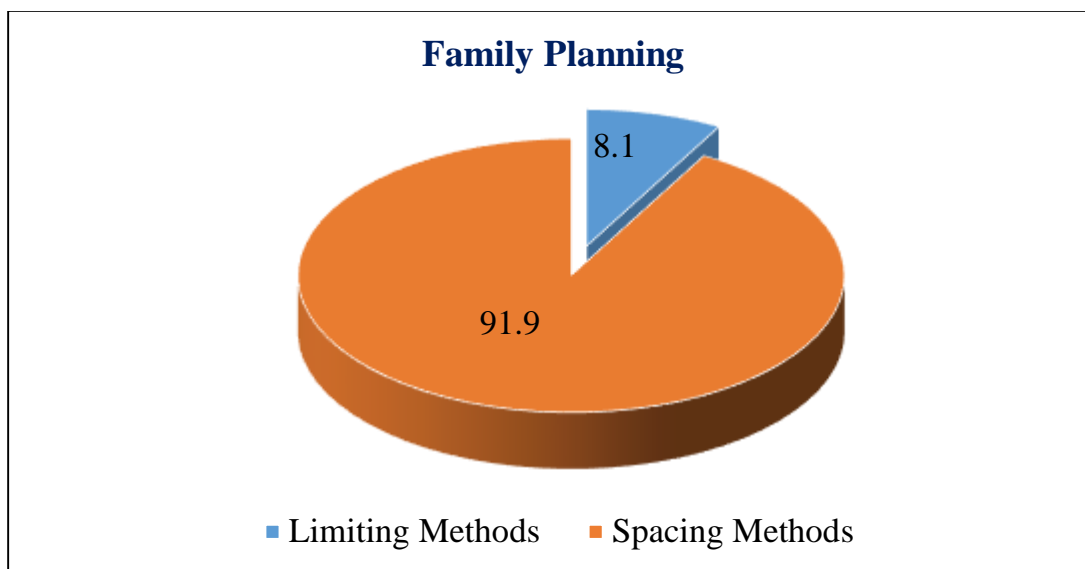
REPRODUCTIVE HEALTH INDICATORS

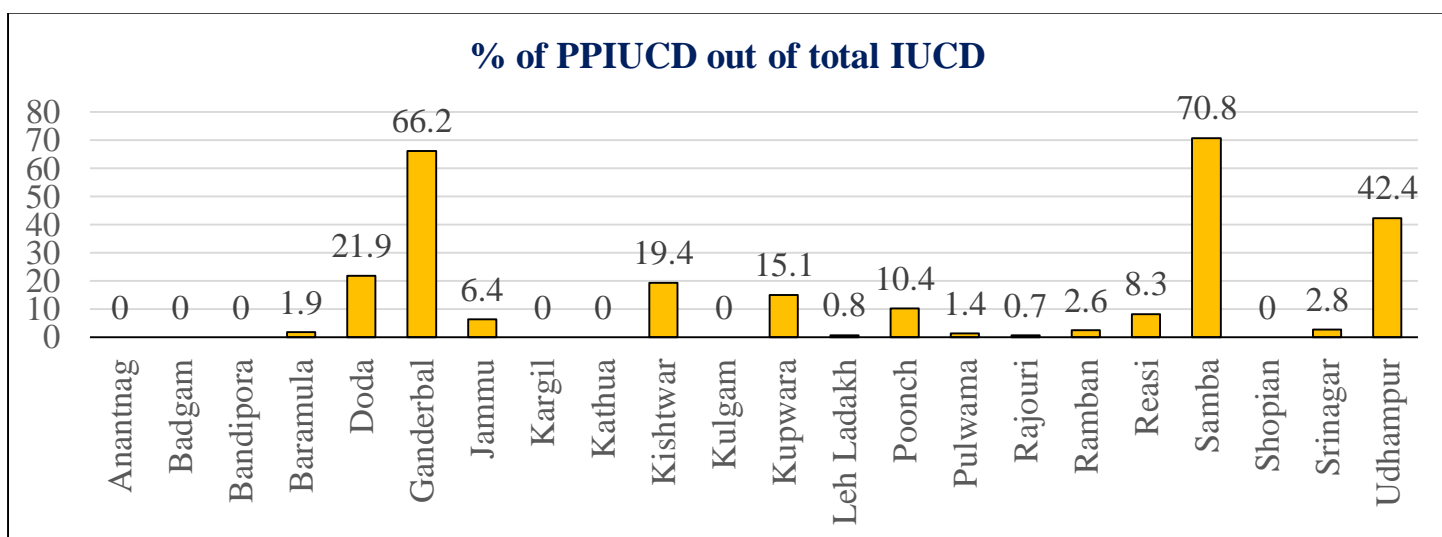
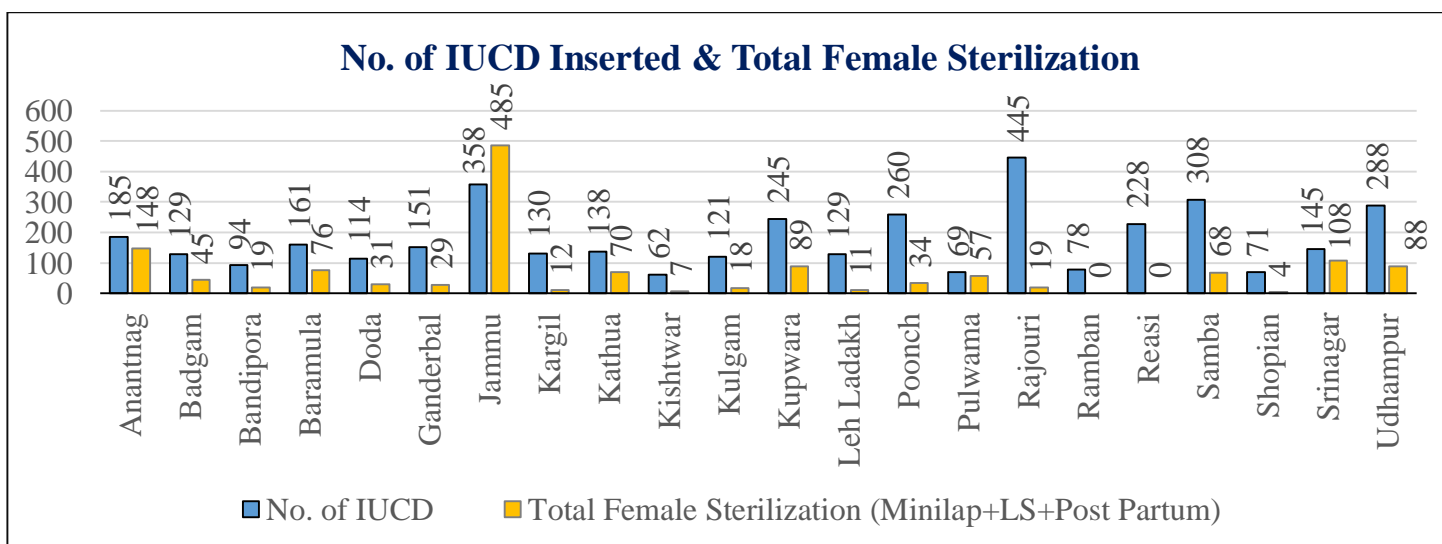
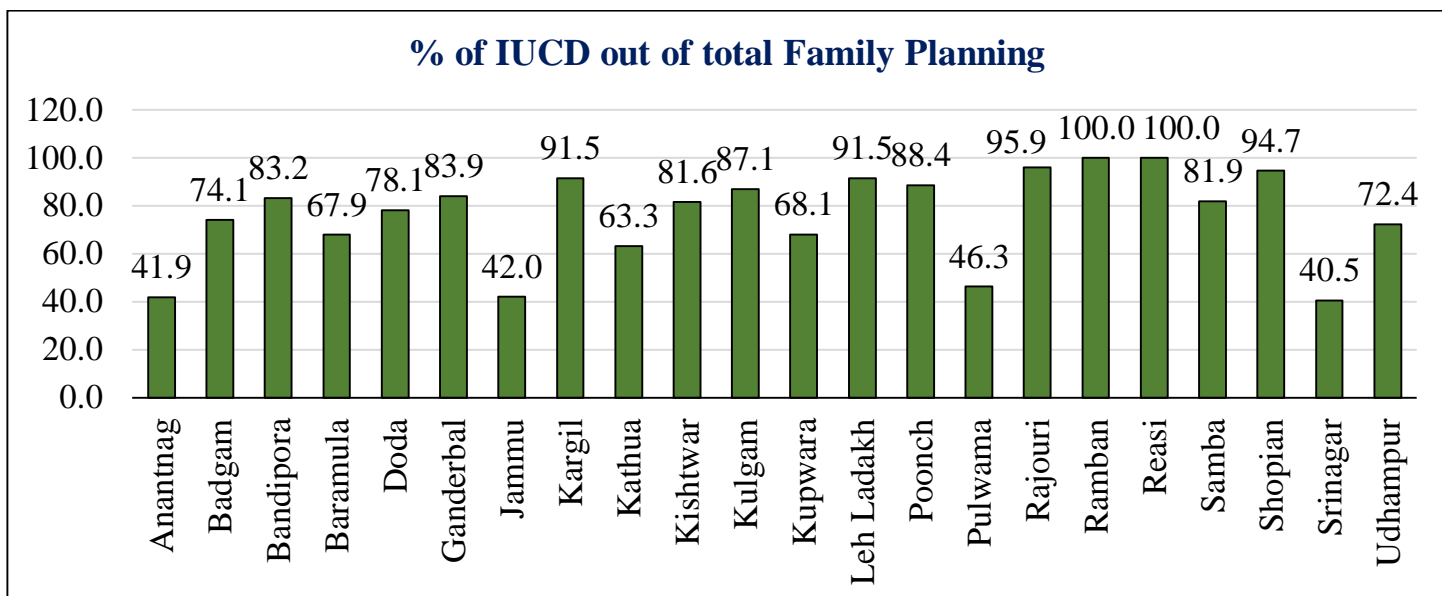




Key issues under Family Planning:

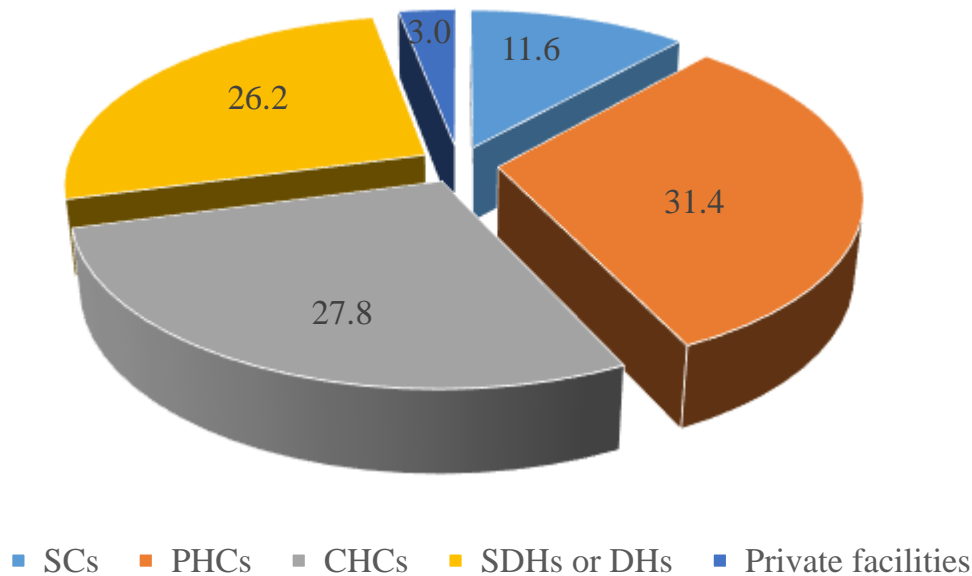
- ✓ Reproductive health indicators are very poor in most of the districts except Udhampur, Kathua, Kupwara, Kishtwar, Ganderbal and Leh districts whereas Jammu, Baramulla, Samba, Pulwama, Badgam are very poor performing districts in Reproductive Health indicators.
- ✓ Status of Male sterilization is very poor throughout the state. Only Kathua, Kupwara, Leh, Doda, Jammu, Anantnag and Udhampur districts have reported male sterilization out of 22 districts in the state
- ✓ PPIUCD performance is nil in 7 districts (Anantnag, Budgam, Bandipora, Kargil, Kathua, Kulgam and Shopian)
- ✓ IUCD insertion at SC level is very low.



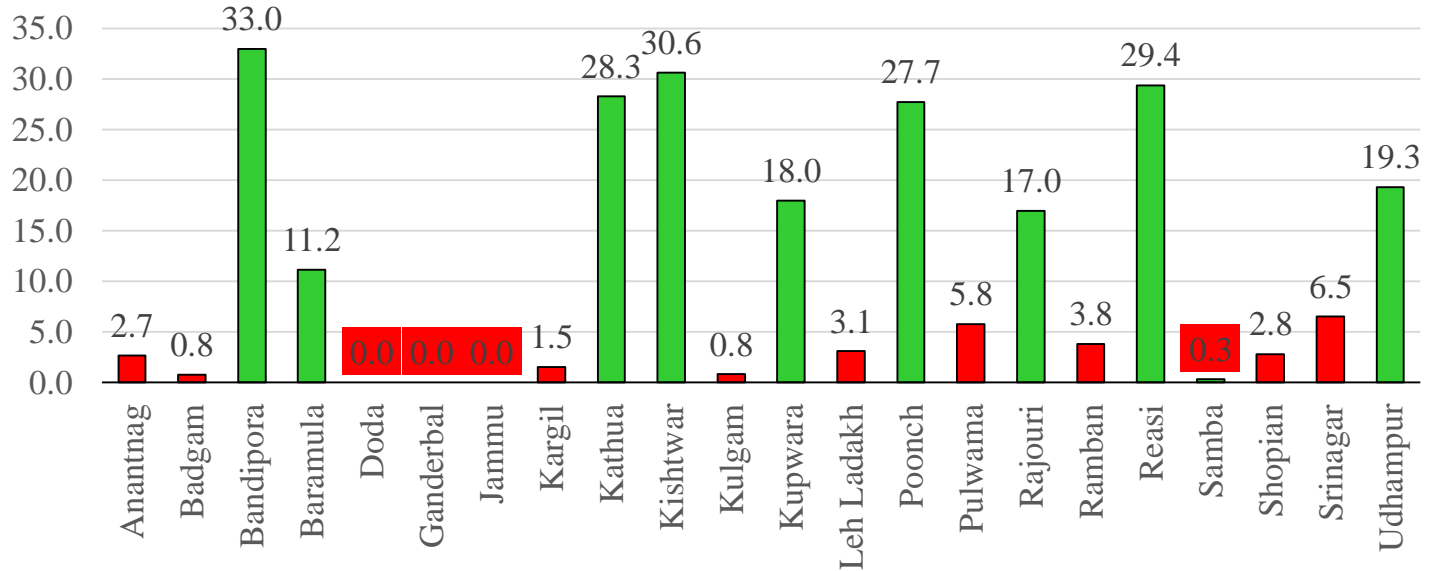


PPIUCD performance is zero at Anantnag, Badgam, Bandipora, Kargil, Kathua, Kulgam and Shopian districts.

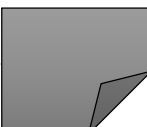
% of IUCD insertions across different level of facilities



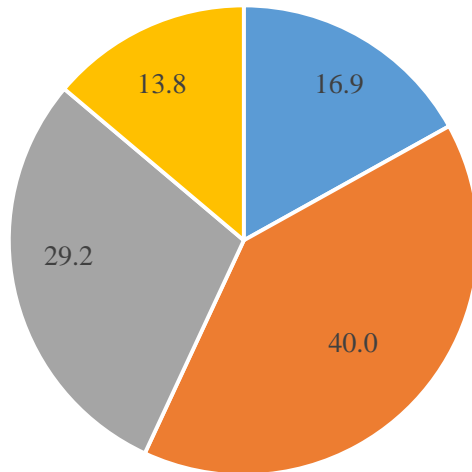
IUCD Insertion Status at SC level out of total reported IUCDs



IUCD insertion at SC level is very poor at Doda, Ganderbal, Jammu, Kargil, Kulgam, Samba, Shopian, Pulwama, Leh, Anantnag and Badgam districts.

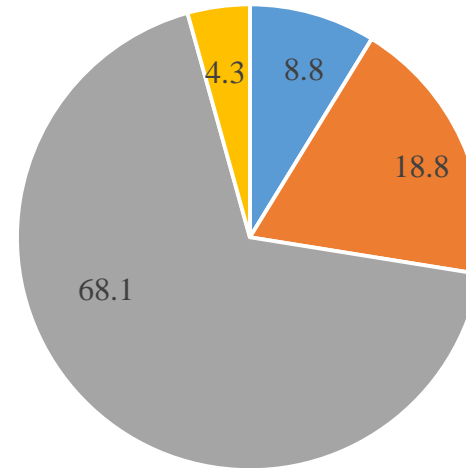


NSV or Conventional Vasectomy



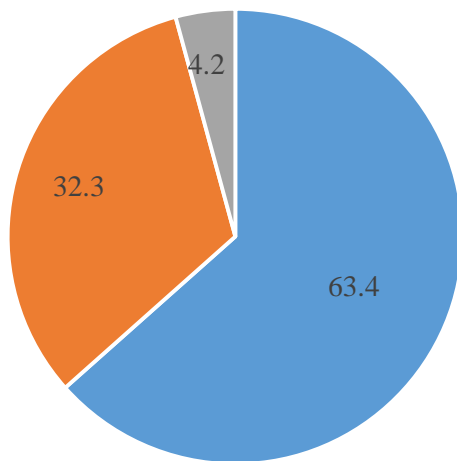
- NSV (No Scalpel Vasectomy) or Conventional Vasectomy conducted at PHCs
- NSV or Conventional Vasectomy conducted at CHCs
- NSV or Conventional Vasectomy conducted at SDHs or DHs
- NSV or Conventional Vasectomy conducted at Private facilities

Laparoscopic sterilizations



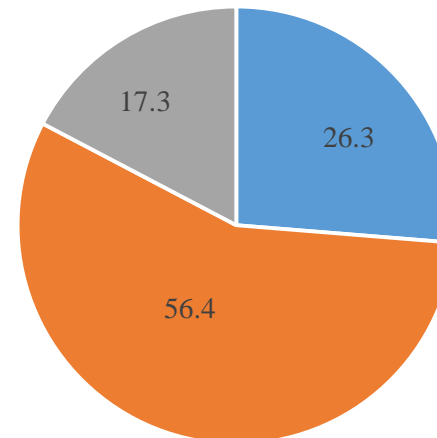
- Laparoscopic sterilizations conducted at PHCs
- Laparoscopic sterilizations conducted at CHCs
- Laparoscopic sterilizations conducted at SDHs or DHs
- Laparoscopic sterilizations conducted at Private facilities

Mini-lap sterilizations



- Mini-lap sterilizations conducted at CHCs
- Mini-lap sterilizations conducted at SDHs or DHs
- Mini-lap sterilizations conducted at Private facilities

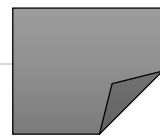
Post-Partum sterilizations



- Post-Partum sterilizations conducted at CHCs
- Post-Partum sterilizations conducted at SDHs or DHs
- Post-Partum sterilizations conducted at Private facilities

Suggestion for improvement:

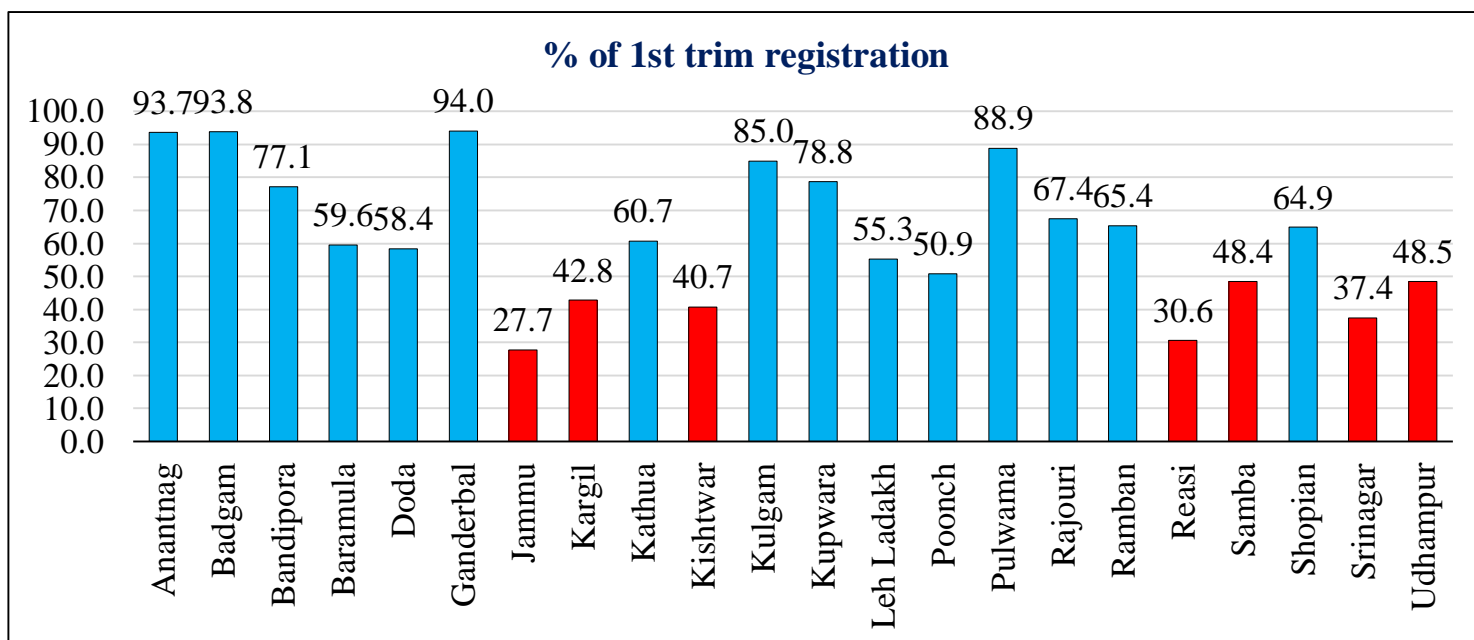
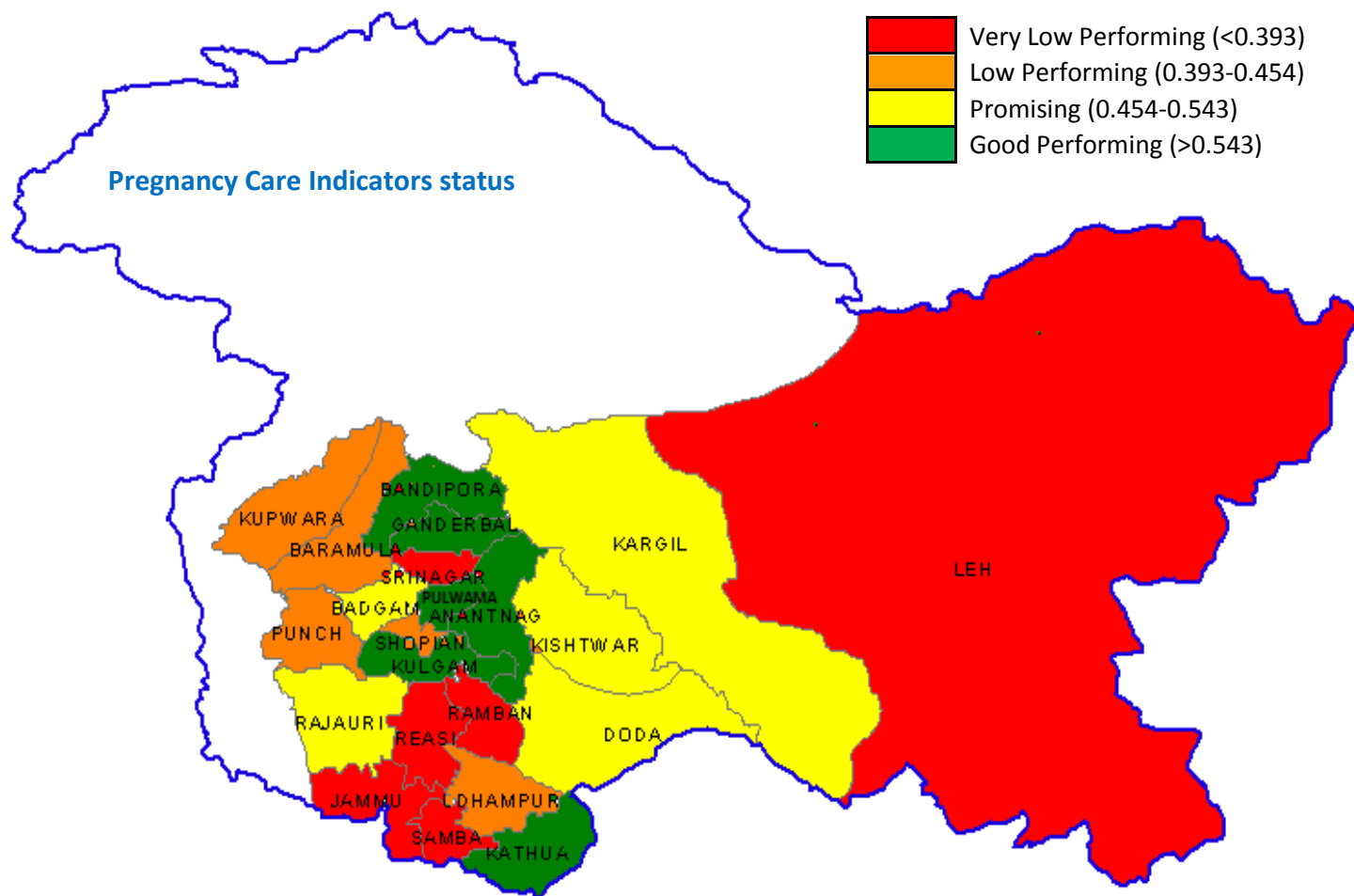
- ❖ Fixed Day Family planning service need to be strengthened.
- ❖ In spite of having IUCD trained ANMs at SCs, the IUCD insertion rate at SC level is very poor, all the trained ANMs should increase the number of IUCD. SC specific yearly IUCD target can be circulated with ANMs. ASHAs should ensure proper counseling of mothers and mobilize them for IUCD.
- ❖ Proper counselling of mothers on family planning during ANC & PNC need to be done by health workers.
- ❖ PPIUCD performance need to be improved specially in those facilities where PPIUCD trained manpower are available.
- ❖ CHC/PHC/SC level HMIS report should be reviewed during block and district level monthly meeting.
- ❖ District and block level monitoring need to be improved.



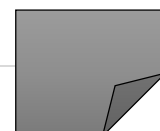
MATERNAL HEALTH INDICATORS

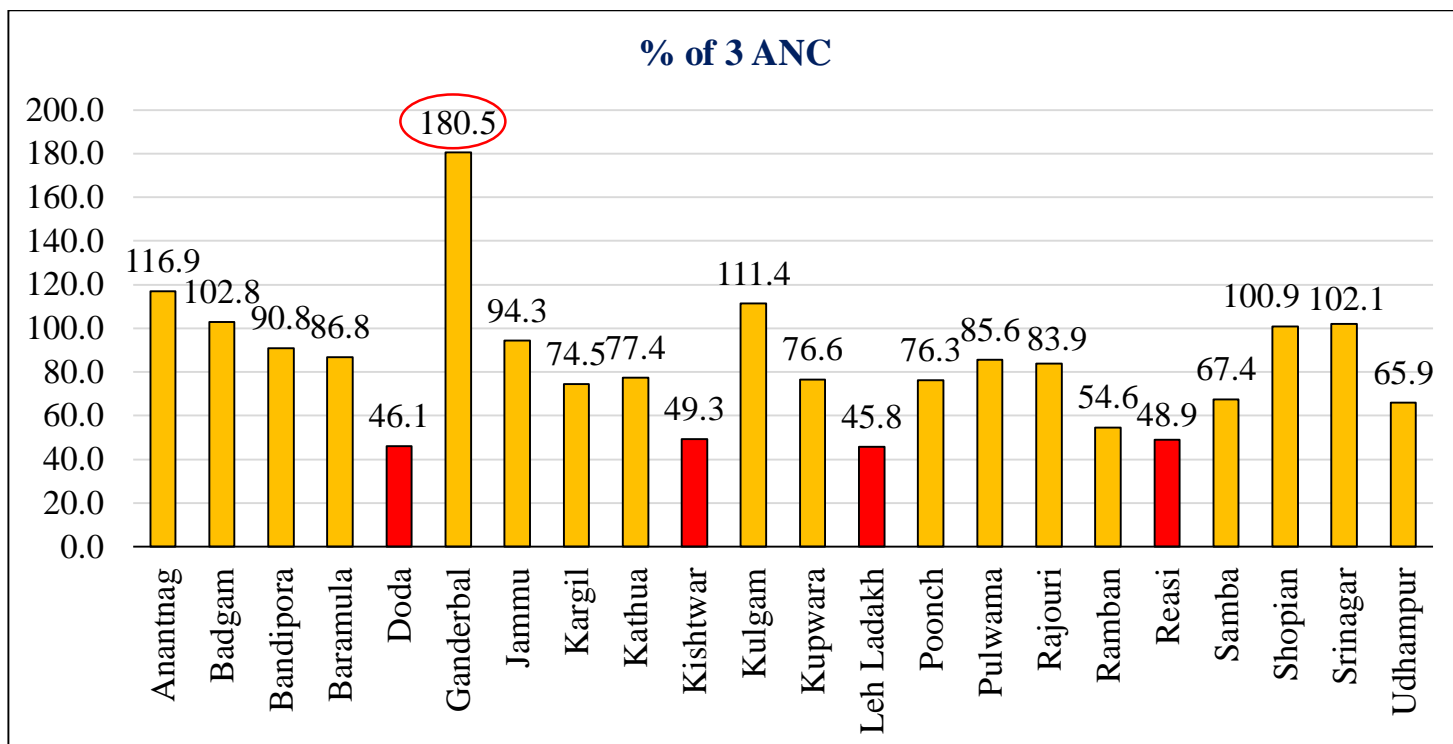
Key issues under Maternal Health:

- ✓ Leh, Srinagar, Ramban, Reasi, Jammu and Samba districts are poor performing districts in all pregnancy care indicators.
- ✓ ANC registration within 1st trimester is very poor at Jammu, Kishtwar, Kargil, Reasi, Samba, Udampur and Srinagar Districts.
- ✓ 3 ANC is poor at Doda, Kishtwar, Leh and Reasi Districts.
- ✓ TT 2/B performance is poor at Jammu, Reasi and Srinagar districts though these districts have good 3 ANC coverage.
- ✓ Irrational IFA distribution among districts. Distribution of 100 IFA among PWs are very poor at Badgam, Jammu, Kupwara, Samba and Srinagar districts.

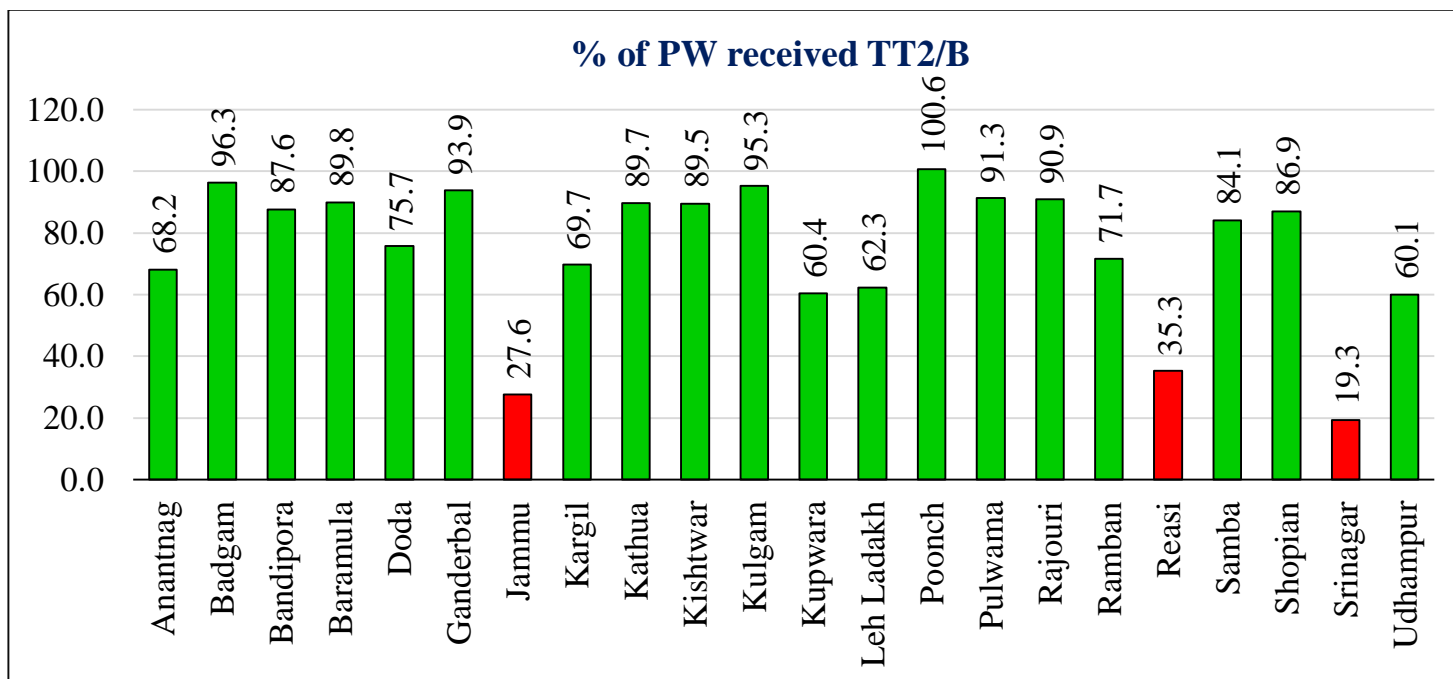


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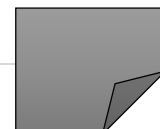


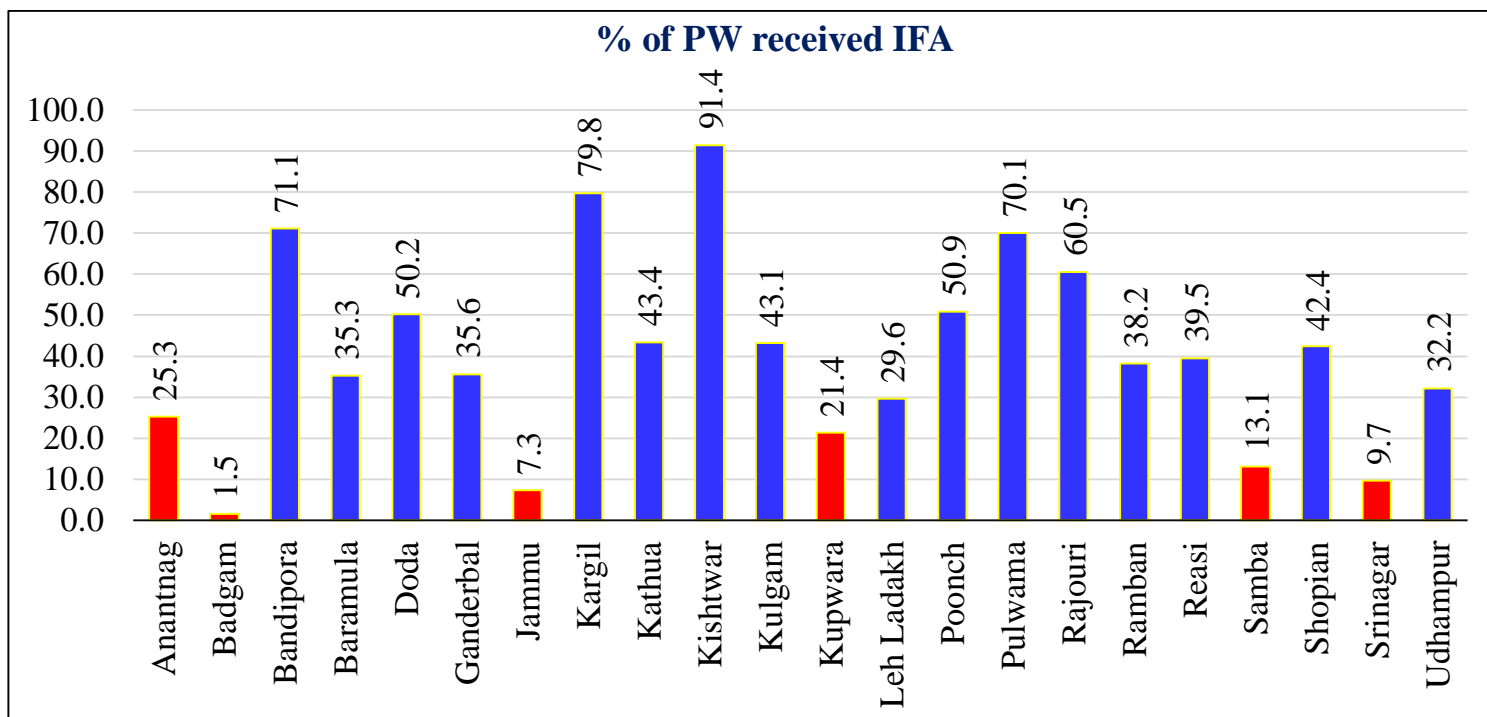


3 ANC performance is good in most of the districts except Doda, Kishtwar, Leh and Reasi Districts. But those districts having more than 100% performance, data need to be rechecked.



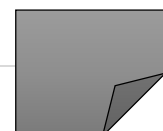
TT 2/B performance is poor at Jammu, Reasi and Srinagar districts though these districts have good 3 ANC coverage.





Suggestion for improvement:

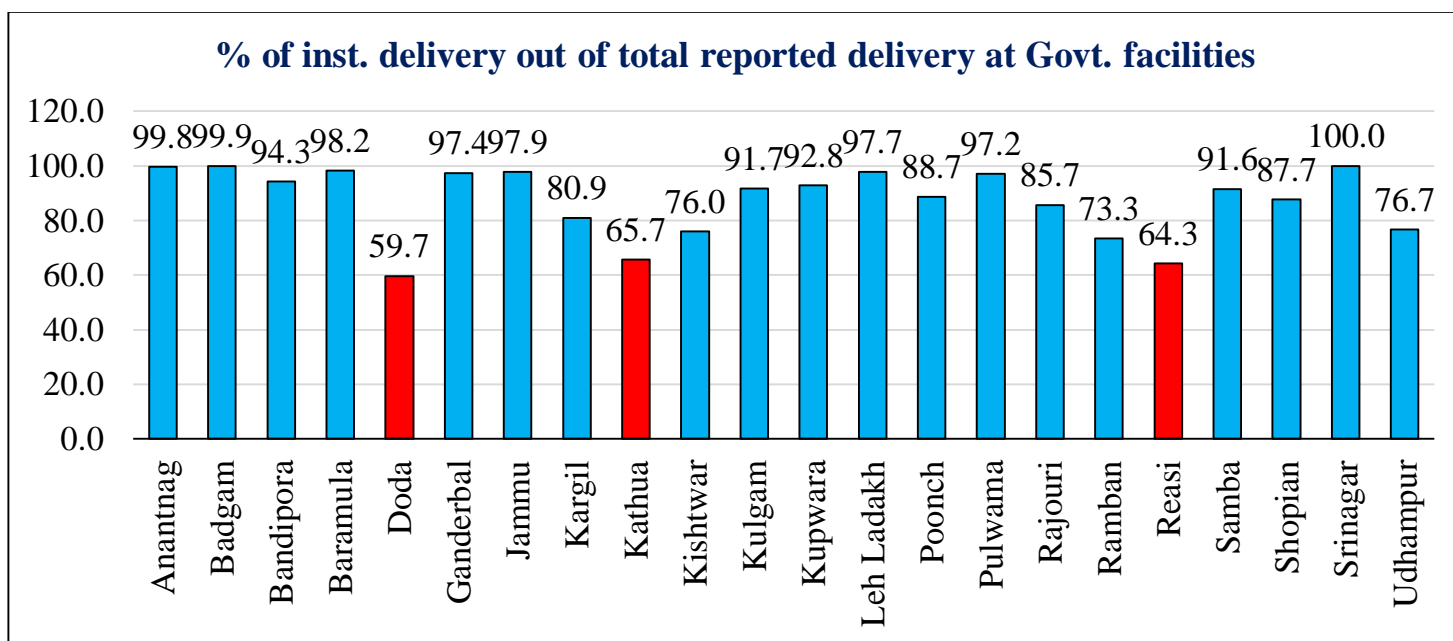
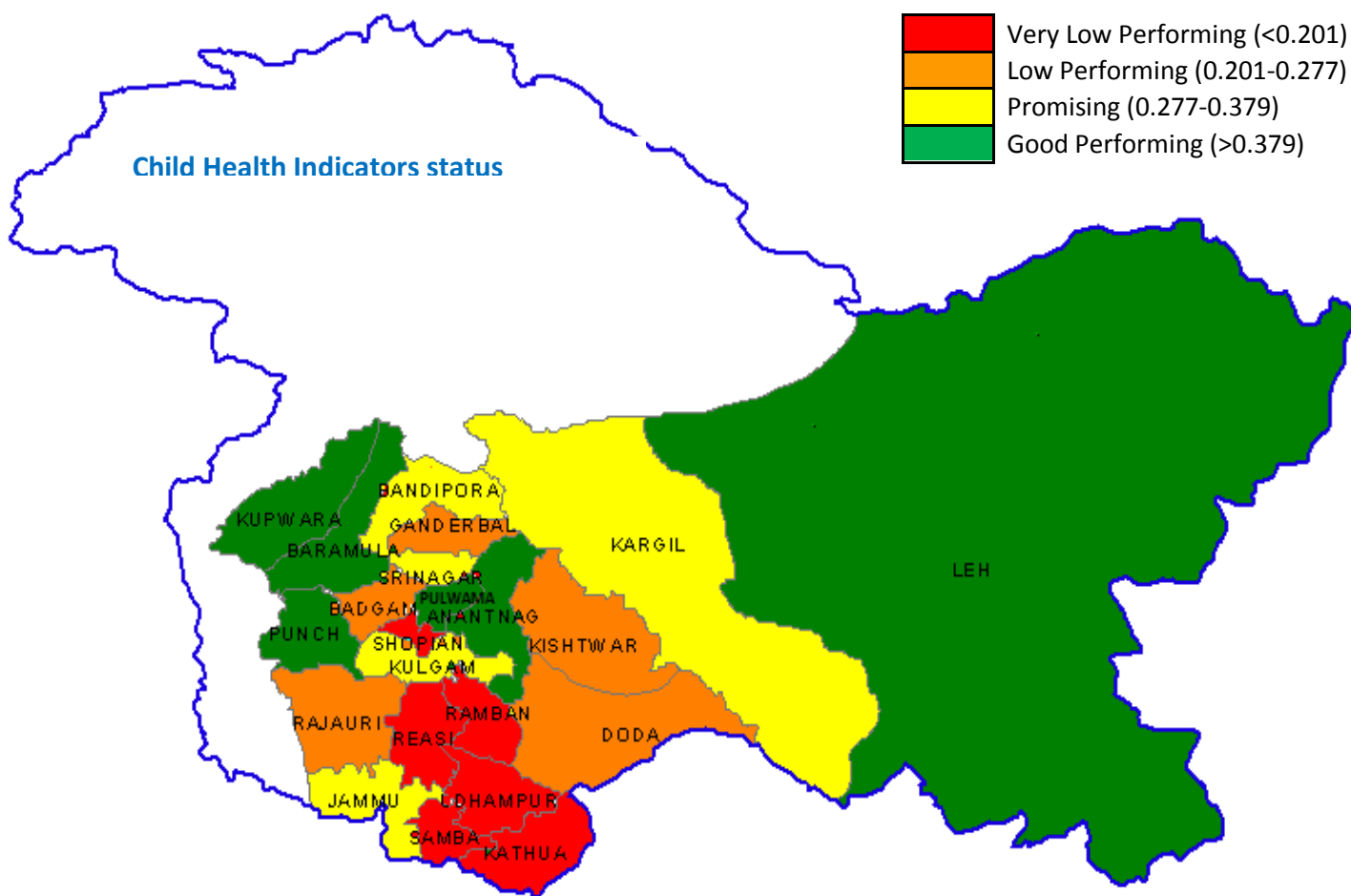
- ❖ Tracking and mobilization of PW need to be strengthened. ASHAs and ANMs should mobilize the mothers as per their ANC schedule. Proper due list should be prepared by ANMs and ASHAs on regular basis.
- ❖ SC wise performance need to be discussed with ANMs and ASHAs during monthly meeting.
- ❖ Performance of ASHAs need to be verified through SCs HMIS report.
- ❖ HMIS data need to be rechecked and proper validation need to be done by DMEOs and BMEOs on regular basis.
- ❖ CHC/PHC/SC level HMIS report should be reviewed at block and district level monthly meeting.
- ❖ SC wise ANCs report need to be analyzed on regular basis.
- ❖ District and block level monitoring need to be improved.



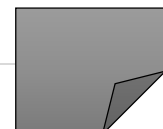
CHILD BIRTH INDICATORS

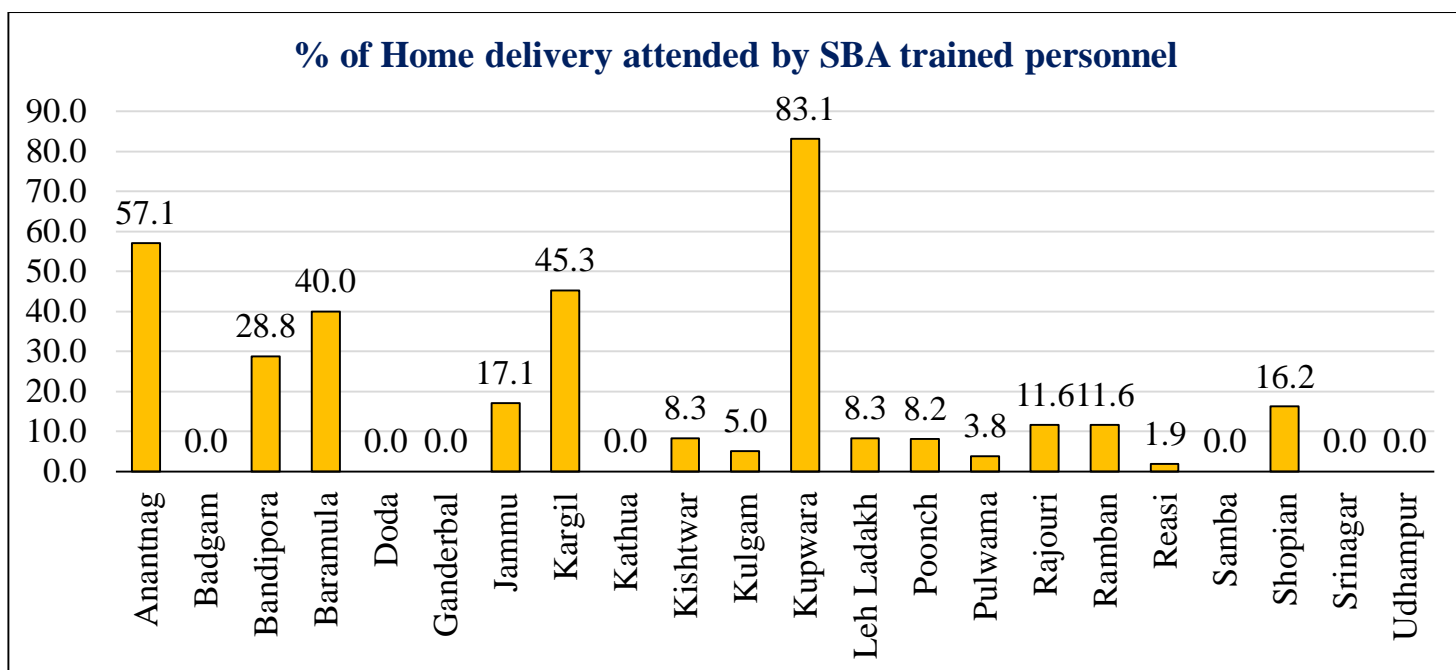
Key issues under Child Health:

- ✓ Ramban, Reasi, Samba, Udhampur, Shopian and Kathua districts are poor performing in child health indicators.
- ✓ Institutional delivery is below 70% at Doda, Kathua and Reasi Districts.
- ✓ Home delivery attended by SBA trained personnel is very poor.
- ✓ Percentage of CS is more than 30% at Anantnag, Baramulla, Jammu, Pulwama and Srinagar districts.

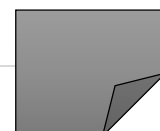
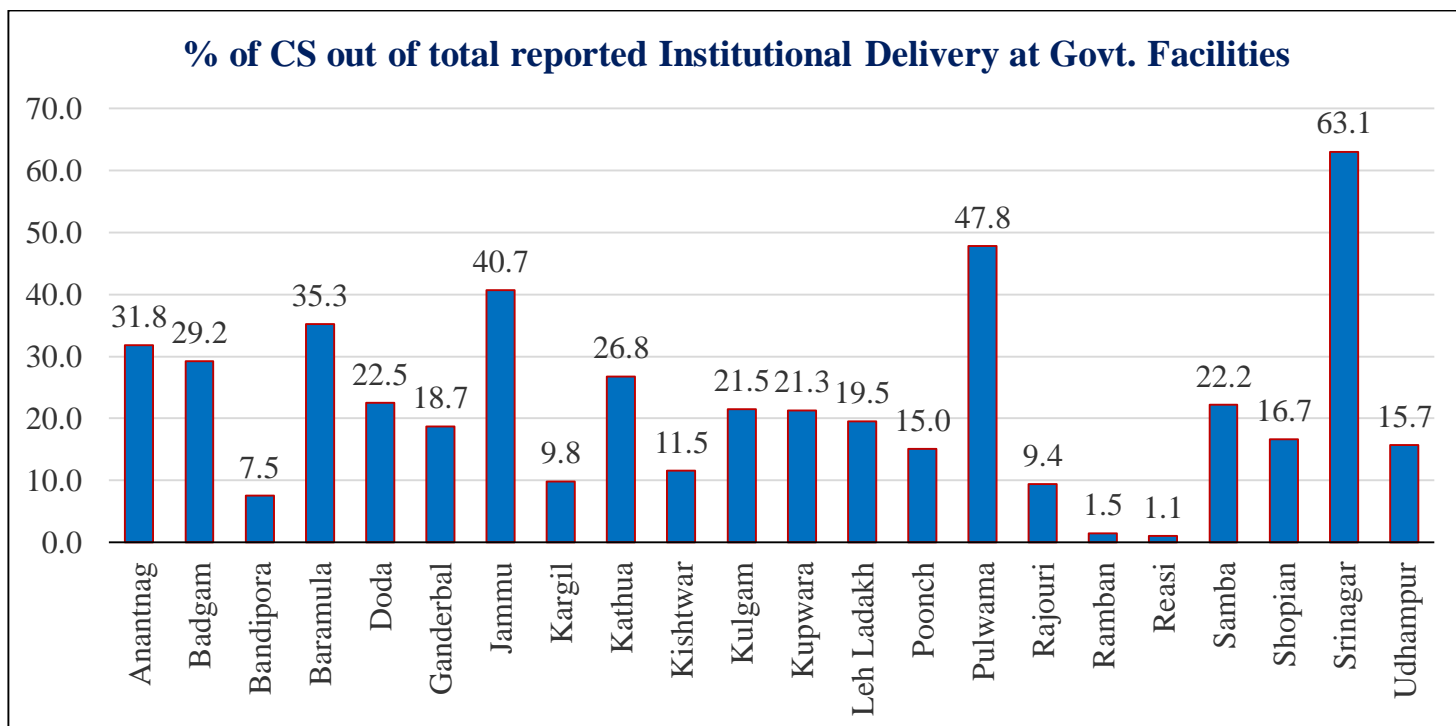


Institutional delivery is below 70% at Doda, Kathua and Reasi District.





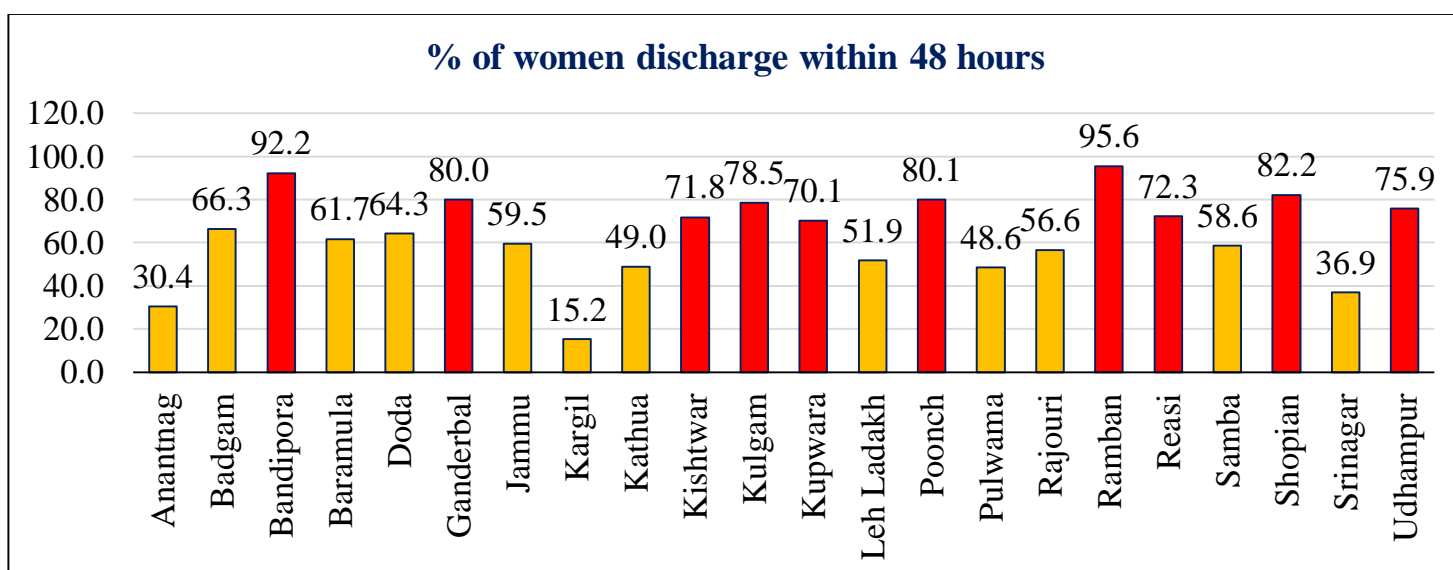
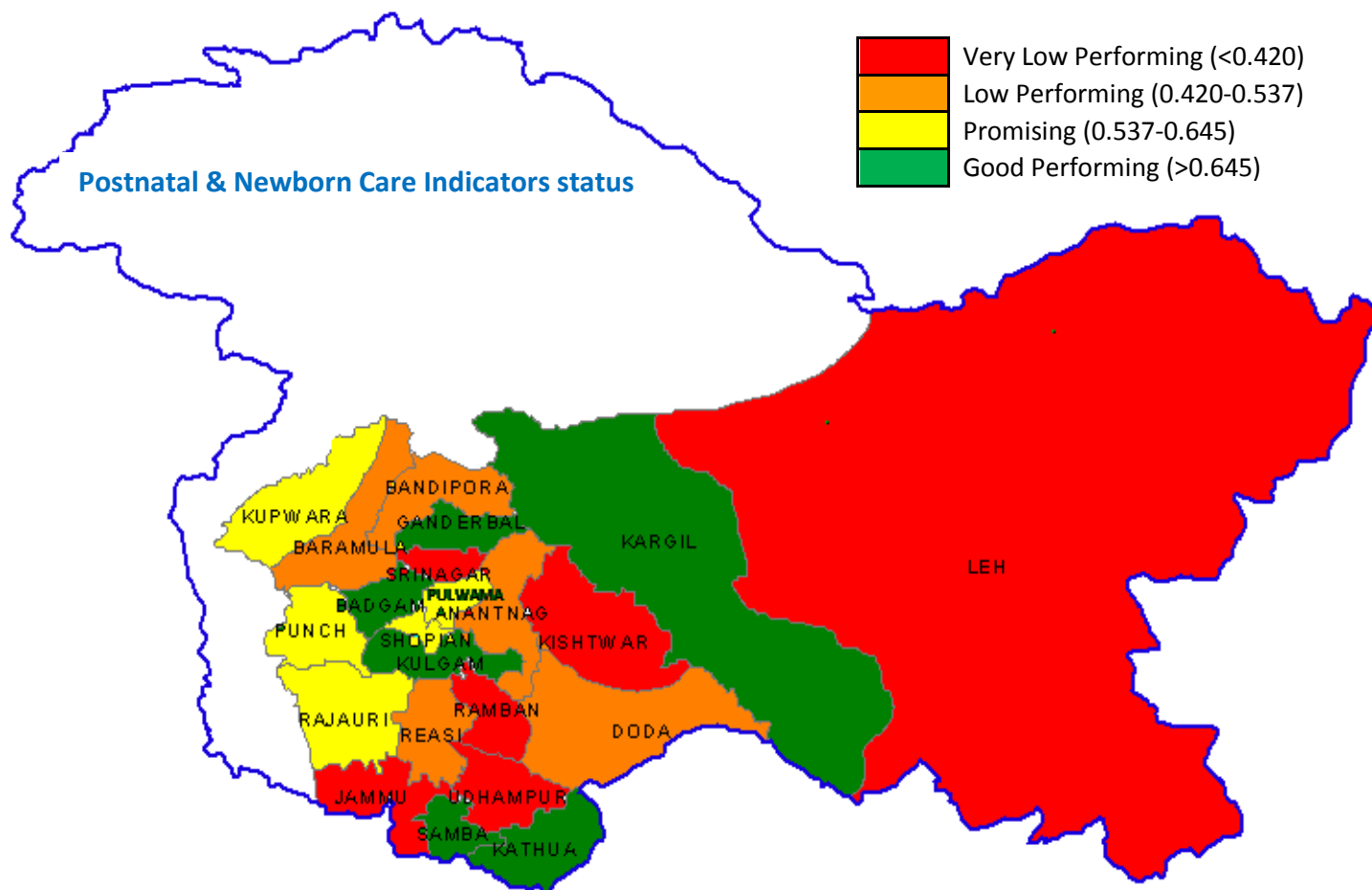
Home deliveries attended by SBA trained personnel is very poor throughout the state except Kupwara, Anantnag, Baramulla, Kargil and Bandipora i.e. most of the home deliveries conducted by unskilled personnel.



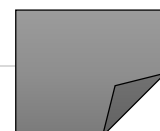
POSTNATAL & NEWBORN CARE INDICATORS

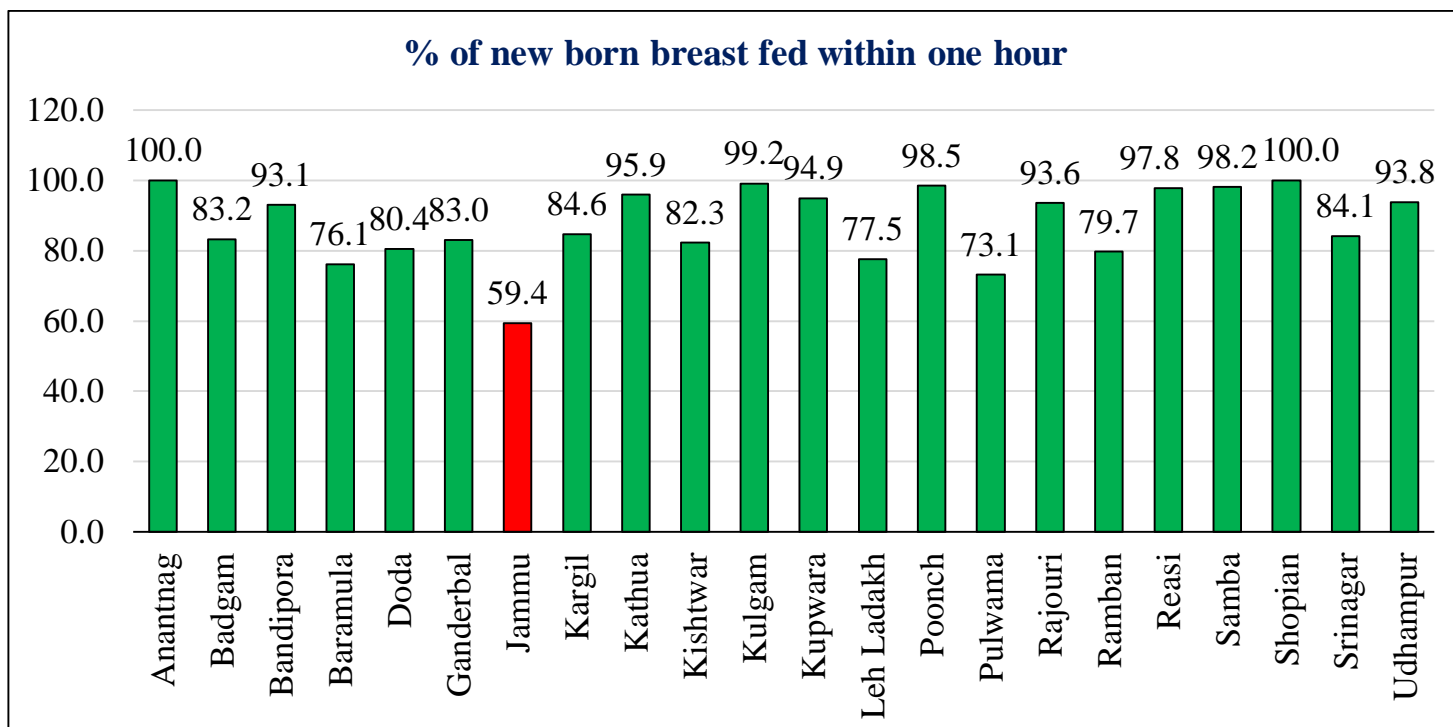
Key issues under Postnatal & Newborn Care:

- ✓ Leh, Kishtwar, Ramban, Jammu & Udhampur are very poor performing districts in postnatal and newborn care indicators.
- ✓ 48 hours retention of mothers after delivery is very poor in most of the district. In Bandipora and Ramban more than 90% mothers discharge before 48 hours followed by Poonch (80%), Ganderbal (80%), Kulgam (78%), Shopian (82%), Udhampur (76%), Reasi (72%) and Kishtwar (71%).
- ✓ Newborn visited 24 hours of home delivery is very poor at Bandipora, Kishtwar, Rajouri, Shopian and Udhampur.

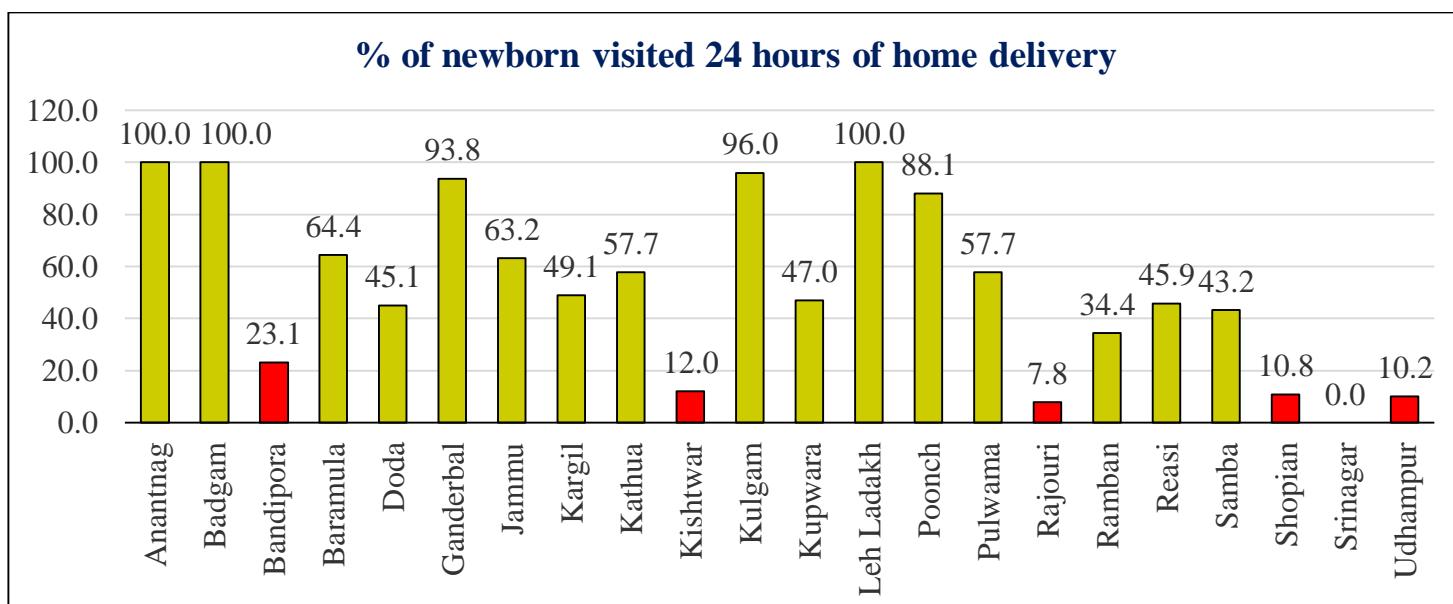


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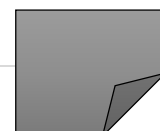


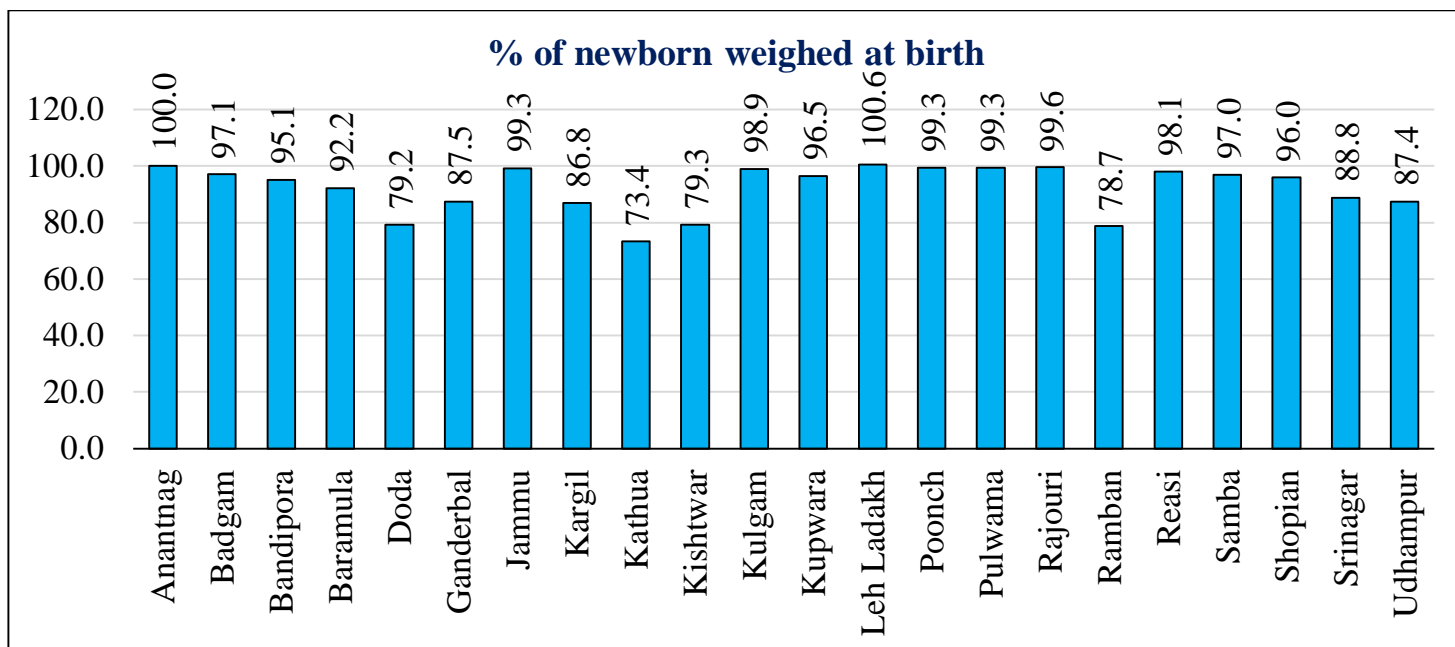


Early Initiation of Breast Feeding (EIBF) is very good in all district except Jammu. Those districts are showing 100% performance, data need to be validated by districts.



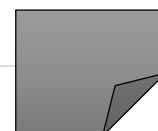
Newborn visited 24 hours of home delivery is very poor at Bandipora, Kishtwar, Rajouri, Shopian and Udhampur. Districts which are showing 100% newborn visited within 24 hours of home delivery, data need to be validated.





Recommendation:

- ✓ 48 hours retention of mothers after delivery should be ensured by districts.
- ✓ Home visit by ASHA as per HBNC norms must be in place. District and Block ASHA Coordinators should check the HMIS performance of the particular SC areas.
- ✓ CHC/PHC/SC level HMIS report should be discussed at block and district level monthly meeting.
- ✓ District and block level monitoring need to be improved. DMEOs and BM&EOs should regular analysis the HMIS data facility wise and track the progress periodically.



IMMUNIZATION STATUS

Key issues under Immunization:

- ✓ Birth dose vaccination especially Hep B birth dose need to be ensured at all institutions where deliveries are being conducted.
- ✓ Bandipora, Baramulla, Doda, Ganderbal, Kishtwar, Kulgam, Kupwara, Ramban, Reasi and Shopian districts have more than 10% dropout rate of Pentavalent-1 to Pentavalent 3.
- ✓ Maximum number of Session missed in Kishtwar, Baramulla, Jammu, Kathua, Kulgam, Poonch and Shopian districts.
- ✓ 2171 infants who have received measles 1st dose but not reported fully immunized.
- ✓ Maximum number of children who received DPT booster but didn't get Measles 2nd dose in Kupwara districts followed by Kargil, Ramban, Kishtwar, Baramulla and Srinagar Districts.

Immunization Status J&K		
Vaccination	2015-16 (April-June)	2016-17 (April-June)
Live Birth	46849	42476
BCG	52538	47007
OPV 0	44816	41839
Hep B 0	38445	37022
OPV 1	53569	50556
OPV 3	49051	47260
Pentavalent-1	53151	50592
Pentavalent-3	48927	47337
Measles 1st	55314	52434
Full Immunization	53955	50263
Measles 2nd	47113	45574
DPT B	49629	47073
OPV B	49702	47015

Birth Dose vaccination status, 2016-17 (April-June'16)

State	Live Birth	BCG	OPV 0	Hep B 0	Live birth-Hep B 0
J&K	42476	47007	41839	37022	5454
Districts	Live Birth	BCG	OPV 0	Hep B 0	Live birth-Hep B 0
Anantnag	3720	4209	4163	3966	-246
Badgam	1018	1144	1077	1052	-34
Bandipora	894	1042	964	785	109
Baramula	2738	2951	2801	2336	402
Doda	1690	1734	1449	1004	686
Ganderbal	607	715	599	484	123
Jammu	6119	6748	6622	5436	683
Kargil	319	577	522	525	-206
Kathua	1701	2015	1323	1130	571
Kishtwar	784	1021	782	709	75
Kulgam	1194	1332	1241	1135	59
Kupwara	2257	2710	2388	2021	236
Leh Ladakh	525	511	487	487	38
Poonch	2533	2456	2171	2016	517
Pulwama	1054	1381	1360	1131	-77
Rajouri	2266	3098	1959	1959	307
Ramban	1198	1331	974	858	340
Reasi	1345	1417	1392	1040	305
Samba	435	543	470	446	-11
Shopian	300	555	466	239	61
Srinagar	7715	7159	6908	6739	976
Udhampur	2064	2358	1721	1524	540

Some districts (Anantnag, Badgam, Kargil, Pulwama and Samba) districts reported Hep B birth dose more than live birth. Data need to be rechecked by districts.

Pentavalent 1 to Pentavalent 3 Dropout Rate, 2016-17 (April-June'16):

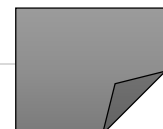
State	Pentavalent-1	Pentavalent-3	Dropout rate
J&K	50592	47337	6.4
Districts	Pentavalent-1	Pentavalent-3	Dropout rate
Anantnag	4045	3691	8.8
Badgam	2913	2668	8.4
Bandipora	1641	1454	11.4
Baramulla	3900	3269	16.2
Doda	1886	1648	12.6
Ganderbal	1245	1075	13.7
Jammu	5247	5729	-9.2
Kargil	522	520	0.4
Kathua	2541	2721	-7.1
Kishtwar	1247	1106	11.3
Kulgam	2256	1900	15.8
Kupwara	4012	3495	12.9
Leh Ladakh	462	449	2.8
Poonch	2530	2373	6.2
Pulwama	2107	1744	17.2
Rajouri	3270	3404	-4.1
Ramban	1397	1198	14.2
Reasi	1620	1414	12.7
Samba	1020	1221	-19.7
Shopian	961	736	23.4
Srinagar	3397	3240	4.6
Udhampur	2373	2282	3.8

Districts like Bandipora, Baramulla, Doda, Ganderbal, Kishtwar, Kulgam, Kupwara, Ramban, Reasi and Shopian have more than 10% dropout rate of Pentavalent-1 to Pentavalent 3.

OPV 1 to OPV 3 Dropout Rate, 2016-17 (April-June'16):

State	OPV1	OPV 3	Dropout
J&K	50556	47260	6.5
Districts	OPV1	OPV 3	Dropout
Anantnag	4045	3691	8.8
Badgam	2914	2668	8.4
Bandipora	1641	1454	11.4
Baramula	3900	3269	16.2
Doda	1886	1646	12.7
Ganderbal	1219	1082	11.2
Jammu	5245	5728	-9.2
Kargil	505	499	1.2
Kathua	2541	2721	-7.1
Kishtwar	1279	1108	13.4
Kulgam	2258	1902	15.8
Kupwara	4000	3487	12.8
Leh Ladakh	462	449	2.8
Poonch	2529	2376	6.0
Pulwama	2107	1744	17.2
Rajouri	3270	3394	-3.8
Ramban	1380	1180	14.5
Reasi	1624	1403	13.6
Samba	1020	1221	-19.7
Shopian	961	736	23.4
Srinagar	3397	3243	4.5
Udhampur	2373	2259	4.8

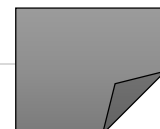
Districts like Bandipora, Baramulla, Doda, Ganderbal, Kishtwar, Kulgam, Kupwara, Pulwama, Ramban, Reasi and Shopian have more than 10% dropout rate of OPV-1 to OPV- 3.



Immunization Session Status, 2016-17 (April-June'16):

State	Session planned	Session held	Missed Session	% of Missed Sessions
J&K	26116	24397	1719	6.6
Districts	Session planned	Session held	Missed Session	% of Missed Sessions
Anantnag	1397	1397	0	0.0
Badgam	1306	1255	51	3.9
Bandipora	582	559	23	4.0
Baramula	1641	1479	162	9.9
Doda	550	544	6	1.1
Ganderbal	1017	1007	10	1.0
Jammu	3078	2862	216	7.0
Kargil	449	442	7	1.6
Kathua	1523	1441	82	5.4
Kishtwar	504	269	235	46.6
Kulgam	1081	978	103	9.5
Kupwara	1431	1367	64	4.5
Leh Ladakh	449	409	40	8.9
Poonch	699	680	19	2.7
Pulwama	2379	2231	148	6.2
Rajouri	1238	1153	85	6.9
Ramban	703	653	50	7.1
Reasi	821	767	54	6.6
Samba	942	904	38	4.0
Shopian	1303	1124	179	13.7
Srinagar	1631	1555	76	4.7
Udhampur	1392	1321	71	5.1

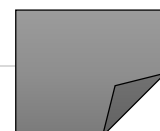
Maximum number of Session missed in Kishtwar, Baramulla, Jammu, Kathua, Kulgam and Shopian districts.



Fully Immunization Status, 2016-17 (April-June'16):

State	Measles 1st dose	Fully Immunized (FI)	Measles -FI
J&K	52434	50263	2171
Districts	Measles 1st dose	Fully Immunized (FI)	Measles -FI
Anantnag	4024	3969	55
Badgam	3340	3239	101
Bandipora	1686	1681	5
Baramula	4207	3956	251
Doda	1675	1675	0
Ganderbal	1395	1404	-9
Jammu	5396	5374	22
Kargil	644	228	416
Kathua	2425	2403	22
Kishtwar	1407	1403	4
Kulgam	2370	2371	-1
Kupwara	4030	3430	600
Leh Ladakh	524	524	0
Poonch	2271	2264	7
Pulwama	2038	2013	25
Rajouri	3211	3189	22
Ramban	1337	1070	267
Reasi	1415	1262	153
Samba	1191	1191	0
Shopian	1041	1041	0
Srinagar	4107	3890	217
Udhampur	2700	2686	14

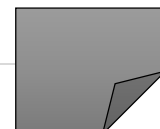
2171 infants who have received measles 1st dose but not fully immunized. Maximum number of gaps found in Kupwara, Kargil, Baramulla, Ramban, Srinagar, Reasi and Badgam.



OPV, DPT Booster Dose & Measles 2nd Dose Status, 2016-17 (April-June'16):

State	DPT B	OPV B	Measles 2nd	DPT B-OPV B	DPT B-Measles 2nd
J&K	47073	47015	45574	58	1499
Districts	DPT B	OPV B	Measles 2nd	DPT B-OPV B	DPT B-Measles 2nd
Anantnag	3138	3148	3148	-10	-10
Badgam	2580	2580	2580	0	0
Bandipora	1234	1234	1234	0	0
Baramula	3209	3199	3104	10	105
Doda	1565	1535	1579	30	-14
Ganderbal	1204	1204	1192	0	12
Jammu	5979	5980	5916	-1	63
Kargil	646	637	371	9	275
Kathua	2687	2685	2656	2	31
Kishtwar	1684	1684	1558	0	126
Kulgam	1862	1862	1862	0	0
Kupwara	3497	3498	3010	-1	487
Leh Ladakh	487	487	492	0	-5
Poonch	2207	2207	2131	0	76
Pulwama	1662	1664	1642	-2	20
Rajouri	3261	3263	3277	-2	-16
Ramban	974	968	792	6	182
Reasi	1257	1243	1267	14	-10
Samba	1389	1389	1389	0	0
Shopian	652	652	580	0	72
Srinagar	3502	3499	3397	3	105
Udhampur	2397	2397	2397	0	0

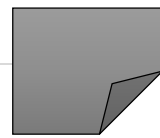
There is a mismatch among DPT, OPV Booster and Measles 2nd dose. Maximum number of children who received DPT booster but didn't get Measles 2nd dose in Kupwara districts followed by Kargil, Ramban, Kishtwar, Baramulla and Srinagar Districts.



Key Messages:

- ❖ Regular analysis and monitoring of HMIS data is required at all level.
- ❖ SC wise performance data need to be discussed with ANMs during block monthly meeting.
- ❖ Monthly review of HMIS performance at district level should be done on regular basis.
- ❖ Monthly or quarterly review meeting of DPMs/DM&EOs at state level may be organized to review the HMIS performance.
- ❖ Monitoring of HMIS performances at all level need to be improved.

REGULAR MONITORING, PERIODICALLY ANALYSIS AND TIMELY REVIEW OF HMIS DATA DEFINITELY IMPROVE THE PERFORMANCE.





NATIONAL HEALTH MISSION JAMMU & KASHMIR

HMIS is a better monitoring tool to understand the health care services provided by different level of facilities and to take corrective actions for improvement of the performance indicators for a better maternal and child health outcome.

Prepared by State RMNCH+A Unit (SRU), J&K, NIPI-PHFI