

OUR CORE VALUES

To responsibly account for healthcare resources to deliver on commitments

Our fraternity stands together as one to overcome challenges and provide quality healthcare services.

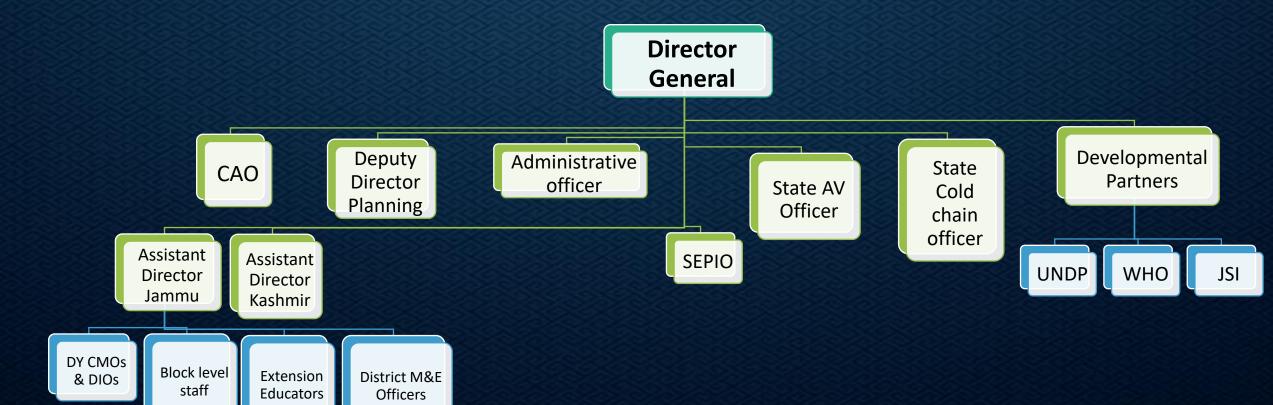


To deliver healthcare services of the highest possible standards

Transparency in communication, strategies and conduct at all situations and times



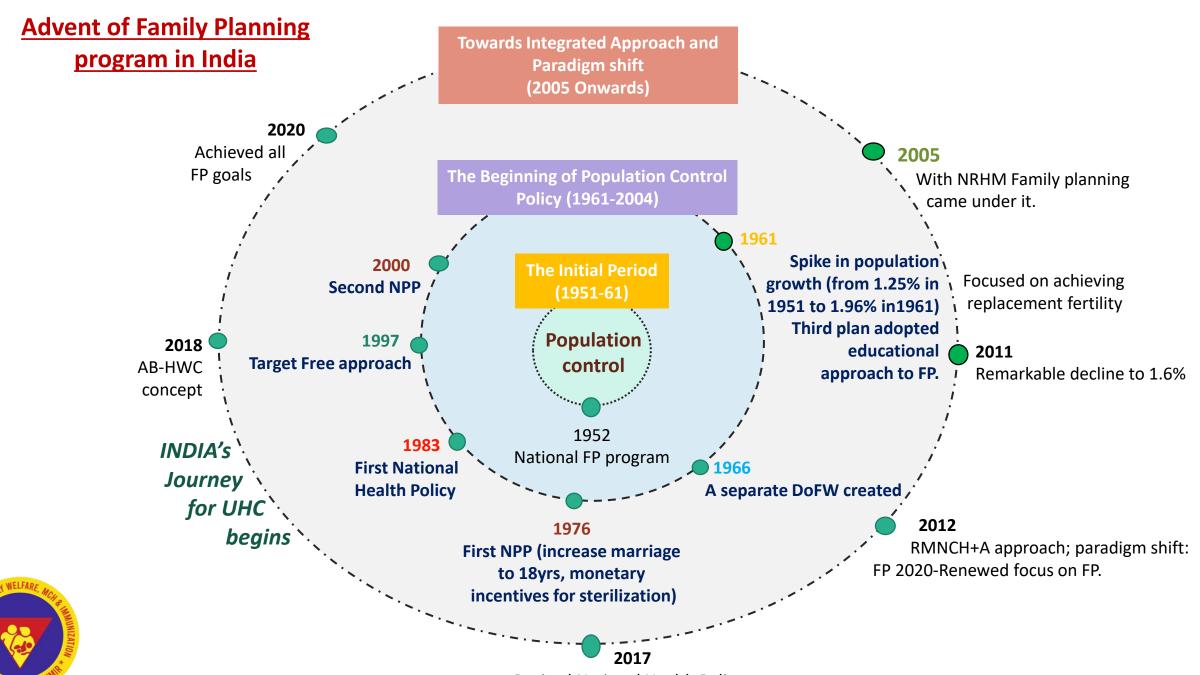
Organizational Structure





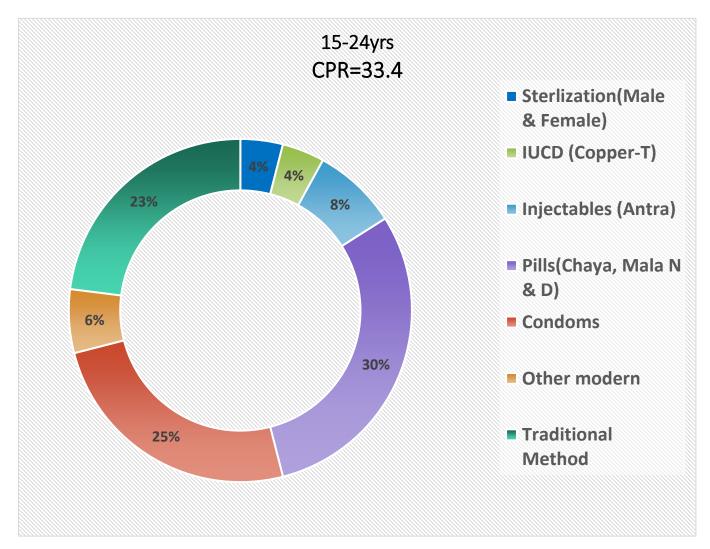
Family Planning

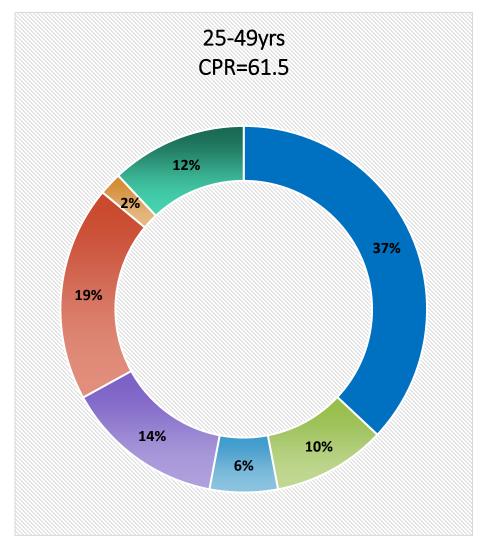






Contraceptive Method Mix by age group





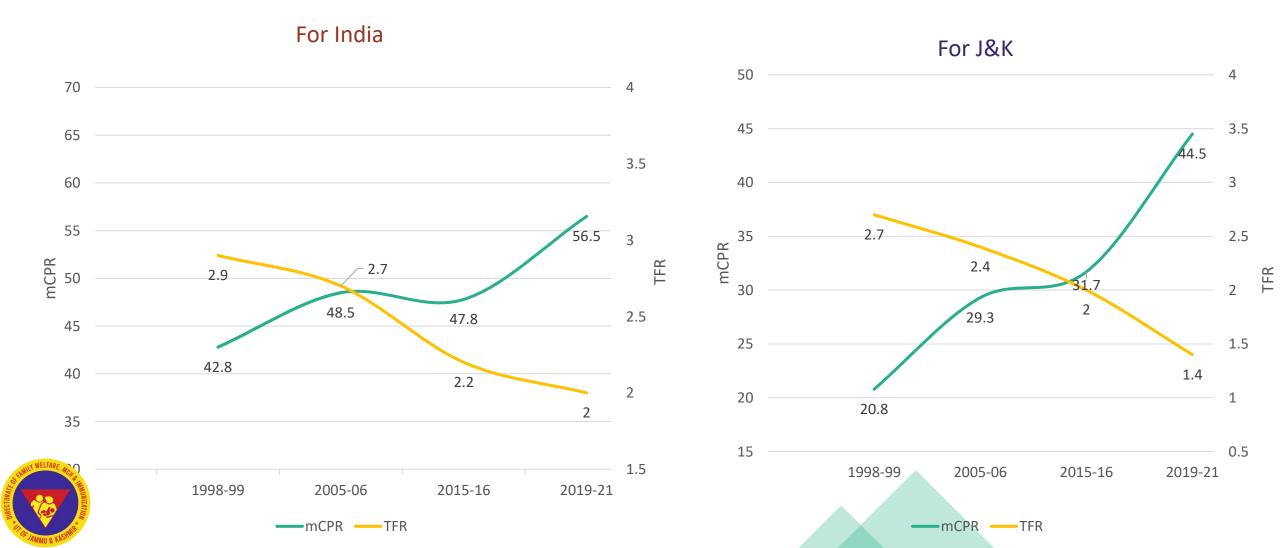


Progress in FP indicators, J&K

		2015-16	2019-21
•	Any modern contraceptive method use		
	Parity 0-1	20.9	26.7
	Parity 2+	54.7	62.7
•	Reversible contraceptive methods use	21.1	31.1
•	mCPR	31.7	44.5
•	Unmet Need for spacing	5.8	3.9
•	Unmet Need for limiting	6.6	3.9
•	FP demand satisfied by modern method	65.9	77.7
•	Postpartum (12m) use of modern contraceptive method		
		38.9	51.5



Trends in Prevalence of Modern Contraceptive Methods and TFR, India and J&K

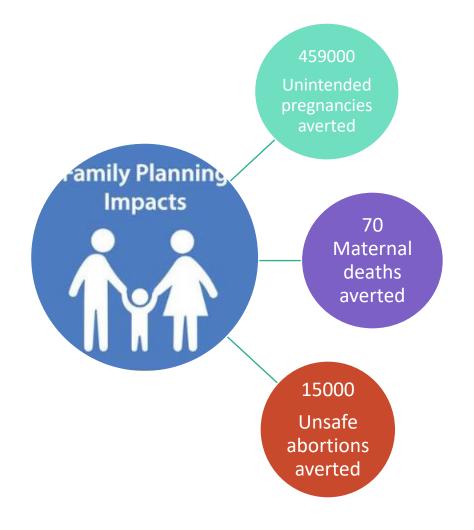


Achievements of FP program in J&K

8% point increases in modern contraceptives prevalence



Increase in share of reversible modern method from 46%in 2015-16 to 59% in 2019-21





India's vision for FP 2030:Strategic Priorities

Addressing the FP needs of Vulnerable Population (Ensuring Universal, Equitable, Non-Discriminatory and Comprehensive Services)

Ensuring Male participation (Ensuring equitable and comprehensive services)

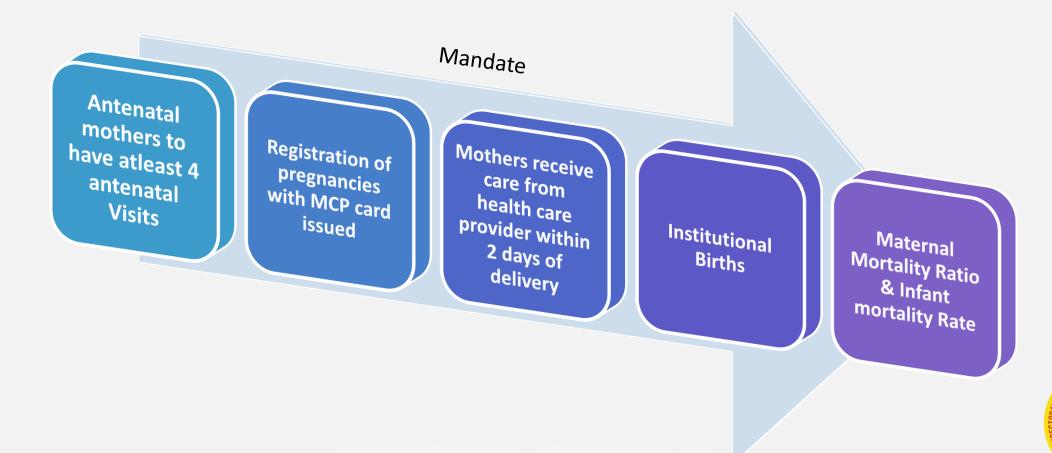
Improving Access and availability of contraceptive services (Ensuring Universal, comprehensive, choice based and quality services)

Engaging community and other stakeholders



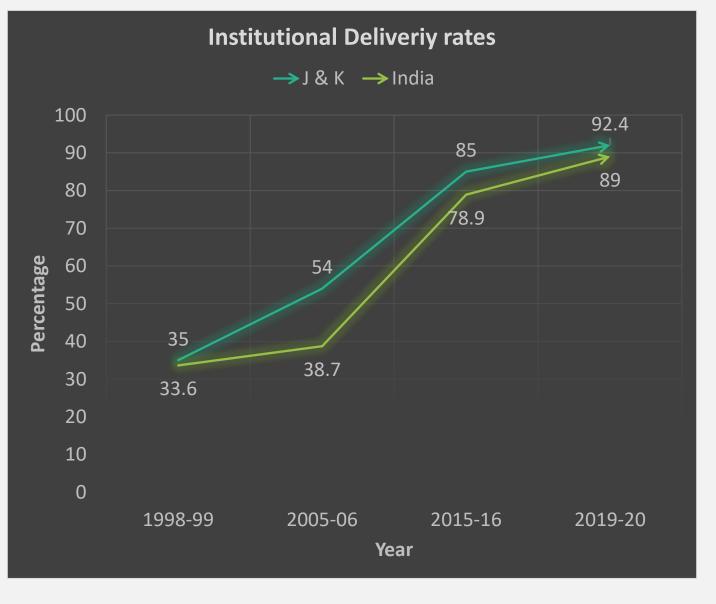


Maternal & Child Health



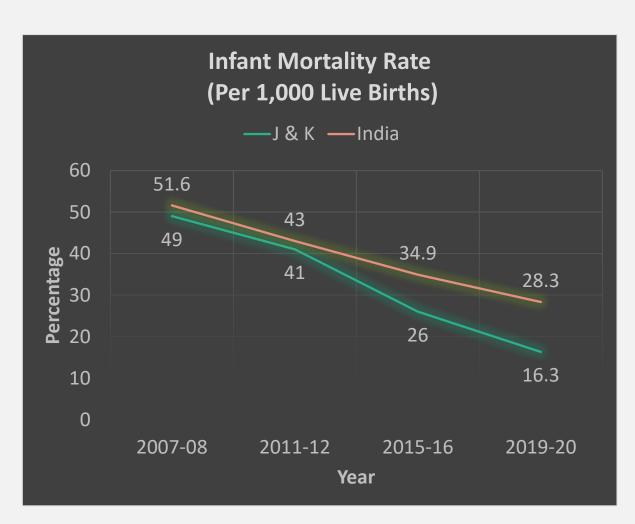


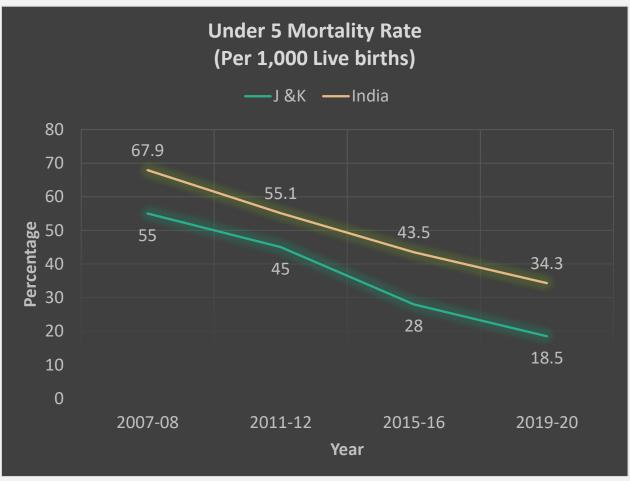
MCH-Institutional Births





Infant & Under 5 Mortality







HISTORY OF IMMUNIZATION

East India Company pioneered vaccination in Indian regiments in Travancore

1804

First vaccine research institute established at Kasauli, HP

0

1904

Small Pox was eradicated from the country

1977

Universal
Immunization
Program (UIP): 6
antigens (OPV, DPT,
Measles)

0

1985

The most evidence based & cost-effective child survival intervention.

Bombay Presidency appointed 1 vaccinator and 4 superintendents

1827

India introduced
BCG mass
immunization, the
first country
outside Europe to
do so.

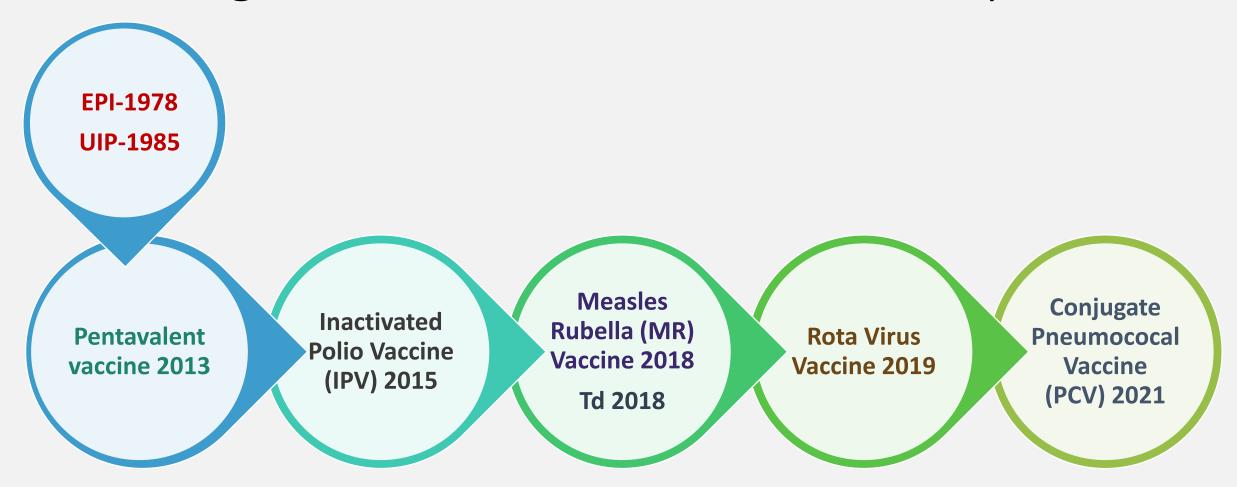
1948

Expanded Program of
Immunization(EPI):
Diphtheria,
Pertussis and
Tetanus, Typhoid
and Paratyphoid
into the schedule.

1978

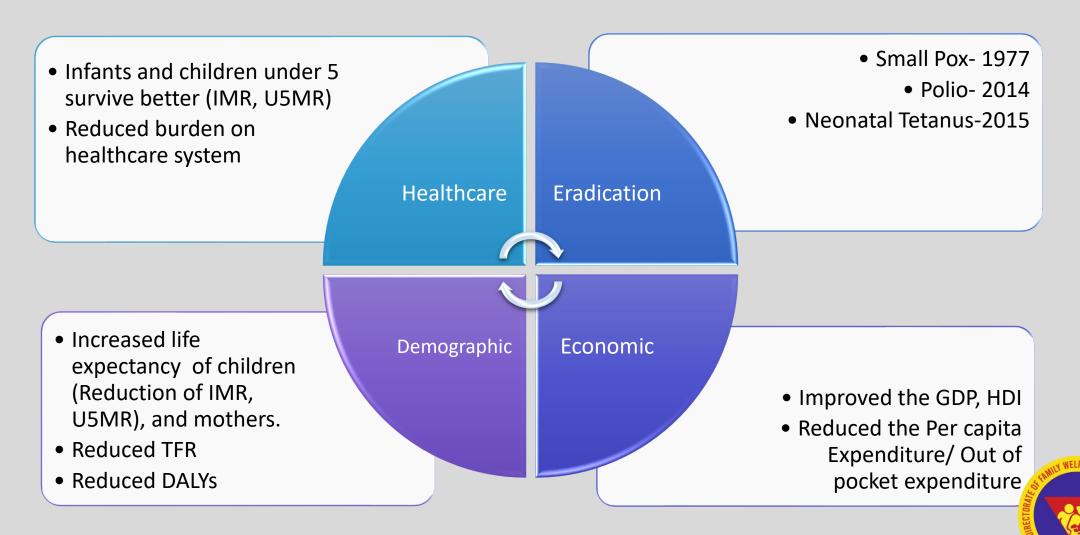


Progress of Immunization in recent years





Impact of Vaccination





eVIN: Cold Chain Management of Vaccines

Equipment















Vaccine Manufacturer

Air Transport (+2° to 8°C & -15° to -25°C)

Primary Store (GMSD &/State) WIC (+2° to 8°C) &

Refrigerated / Insulated Van (+2° to 8°C & WIF (-15° to -25°C) -15° to -25°C)

State Store WIC (+2° to 8°C) & WIF (-15° to -25°C) Insulated Van (+2° to 8°C & -15° to -25°C)

Processes













PW & Child

Session Sites

(+2° to 8°C)

ILR +2° to 8°C & All Vaccines in ILR

(+2° to 8°C)

ILR (+2° to 8°C) & DF (-15° to -25°C)

Electronic

Intelligence Network for vaccine stock and distribution management in 20 districts in the UT, with a technical team supported by UNDP.

Launch of eVIN in the UT, making around 582 Cold Chain Points live.

Training on Temperature logger of VCCMs and CCTs

Mar. 2020

May 2020

July 2020

Nov 2021

Sep 2022

Trained around 650 Cold Chain handlers

to use their smartphones for vaccine stock

distribution.

e, MCH & Immunization, J & K

639 Cold chain points live in eVIN

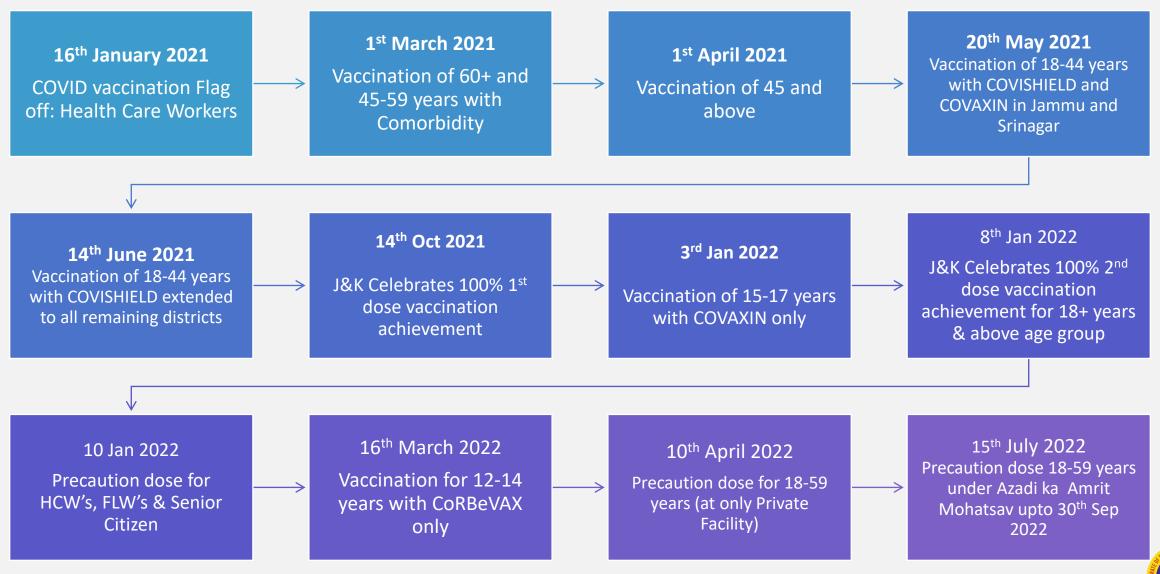


Covid Vaccination





Timeline of Covid Vaccination





U-WIN (Winning over UIP)



U-WIN- a digital platform for registering and recording every **pregnant women** and its outcome, birth vaccination and vaccination of **infants** and **children** in two Pilot districts i.e., **Samba** and **Pulwama** successfully launched on **23**rd **Jan 2023**.





Temperature Logger

SIM and Wi-Fi enabled Temperature Logger for Real-Time temperature monitoring of Cold Chain Equipment (ILR, DF, WIC & WIF) installed in 12 districts and work in

progress in 8 districts of Jammu and Kashmir UT.

Temperature Monitoring is important as:

- ➤ All vaccines under Universal Immunization Program are Temperature Sensitive.
- Continuous monitoring of managed enclosed room.
- ➤ Near Real time sharing of temperature Data with eVIN
- ➤ Alerts with buzzer when temperature breach to the CCHs, CCTs, districts officials.
- ➤ Monitor the temperature of CCEs from anywhere from the eVIN web portal.





Challenges

During the monitoring of Family Planning and immunization programs, the DHFW assessed the following issues related with district population data:-

- No uniform target calculation method for various population sub groups-
- Previously, Districts were using different calculation methods with different rates.

No. of live births

No. of Infants

No. of pregnant women

No. of eligible couples



With intervention at DHFW level

Correction of District-wise population data done

Total population data (source Statistical Division of MoHFW, New Delhi)

13562000

100%

Population targets for different age groups(12 years & above) for covid vaccination program (source:Registrar General of India)

10713980

79%



For below 12 years, population calculation was done

2825461

21%



Estimated Population of Kashmir division

Estillated ropalation of Rasimin arrison							
Districts	Estimated Population 2021- 22	Estimated Population 2022- 23	Estimated Population of 0-5 years (12%)	Estimated Population of 5-12 years (9%)	Estimated Population of 12- 14 years (4.42%)	Estimated Population of 15- 17 years (6.14%)	Estimated Population of 18 & above (68.6%)
Srinagar	14,21,311	13,67,294	1,64,075	1,23,057	60,465	83,975	9,38,065
Kulgam	4,87,798	5,44,824	65,379	49,034	20,752	28,829	3,98,001
Shopian	3,05,923	2,94,296	35,316	26,487	13,015	18,080	2,01,909
Bandipora	4,50,736	4,33,609	52,033	39,025	19,175	26,639	2,97,486
Anantnag	12,39,587	11,16,989	1,34,039	1,00,529	52,734	73,236	7,42,073

1,00,296

86,601

55,764

29,594

74,995

6,85,381

49,280

42,549

27,398

14,541

36,848

3,36,757

68,440

59,110

38,062

20,201

51,191

4,67,763

7,64,541

6,60,115

4,25,062

2,25,596

5,71,673

52,24,521

1,33,728

1,15,467

74,352

39,458

99,994

9,13,841

11,14,397

9,62,229

6,19,602

3,28,818

8,33,280

76,15,339

Baramulla

Kupwara

Pulwama

Ganderbal

Budgam

Total Kashmir

Division

11,58,396

10,00,174

6,44,034

3,41,812

8,66,172

79,15,943

1,52,278

22,953

40,786

55,222

61,334

28,227

31,728

63,919

47,447

31,307

5,35,200

74,795

11,278

20,042

27,132

30,136

13,870

15,590

31,406

23,311

15,383

2,62,943

1,03,882

15,666

27,841

37,692

41,855

19,268

21,658

43,620

32,384

21,371

3,65,237



11,60,387

1,74,970

3,10,913

4,20,925

4,67,531

2,15,180

2,41,866

4,87,236

3,61,653

2,38,657

40,79,318

Estimated population of Jammu division							MEDINE & UMMINISTRATION & UMMINISTRATION
Districts	Estimated Population 2021-22	Estimated Population 2022- 23		Estimated Population of 5- 12 years (9%)	Estimated Population of 12-14 years (4.42%)	Estimated Population of 15-17 years (6.14%)	Estimated Population of 18 & above (68.6%)

2,03,037

30,604

54,382

73,629

81,778

37,636

42,304

85,225

63,263

41,742

7,13,599

17,58,163

2,65,106

4,71,081

6,37,765

7,08,381

3,26,031

3,66,464

7,38,236

5,47,959

3,61,602

61,80,788

Jammu

Kishtwar

Doda

Udhampur

Kathua

Ramban

Samba

Rajouri

Poonch

Reasi

Total Jammu

Division

16,91,974

2,55,031

4,53,180

6,13,574

6,81,487

3,13,637

3,52,531

7,10,206

5,27,188

3,47,854

59,46,662

Cascade Training Model by DHFW on target population calculation

Division wise trainings of Dy CMOs & DIOs was organized by UT team at DHFWs-Jammu and Srinagar on "Target population calculation".

Dy CMOs & DIOs were trained to calculate the Targets for the different Health Indicators based on their estimated population.

Accordingly, Dy CMOs and DIOs further organized trainings at their districts to create Block wise Trainers who further organized trainings at the blocks.



Calculations made easy for each Health Care Worker

- > Estimated No. of Live Birth = Total Estimated Population X Crude Birth Rate

 1000
- > Estimated No. of Infants 0-1 years =

 Estimated No. of Live Births (Estimated No. of Live Births X Infant Mortality Rate)

 1000
- Estimated No. of Pregnant Women =
 Estimated No. of Live Births+(Estimated No. of Live Births X 0.1)
- ➤ Estimated No. of Deliveries = Estimated No. of Live Births + (Estimated No. of Live Births X Infant Mortality Rate) 1000



Impact of the "Target Correction Exercise"

Accurate demand generation of each antigen from the districts

Real time due list preparation by ANM and ASHAs

Reduction in vaccine wastage



ROUTINE IMMUNIZATION STATUS 2021-22

Antigen-wise coverage from April-2021 To March-2022					
Given at	Antigen	Percentage			
	BCG	91			
At Birth	OPV 0	86			
	Нер. В О	80			
6 weeks	OPV Ist	107			
10 weeks	OPV 2nd	103			
14 weeks	OPV 3rd	102			
6 weeks	Pentavalent Ist	107			
10 weeks	Pentavalent 2nd	103			
14 weeks	Pentavelent 3rd	102			
6 weeks	IPV Fractional 1st dose	107			
14 weeks	IPV Fractional 2nd dose	101			
6 weeks	Rotavirus 1st dose	107			
10 weeks	Rotavirus 2nd dose	103			
14 weeks	Rotavirus 3rd dose	101			
	PCV 1st dose	65			
	PCV 2nd dose	59			
9-12 months	Measles Rubella Ist dose	102			
9-12 months	Vit-A 1st dose	83			
	OPV Booster	95			
16-24 months	DPT Booster-1	95			
16-24 MONUIS	PCV Booster	15			
	Measles Rubella 2nd dose	95			
5-6 years	DPT Booster-2	61			
10 years	T. D.	51			
16 years	T.D.	35			
	Td(PW) 1st Booster	76			
	Td(PW) 2nd Booster	66			

