Ministry of Health and Ferrity Wetlan Generoment of India					<u>SUPI</u>	POR		/E SUPE (Facility			IECKL	<u>IST</u>					
Name of Supervisor				Orga	anization				Design	ation				Level of	Superviso	r	
Date of Visit:				State	e:				District	:				Block:			
Facility Name:							Fa	acility type (SC/N	lon 24x7 PH	C/24X7 PHC/No	n-FRU/CHC/SI	DH/DH/N	IC)				
Name & Designation of	facility in charge	e/Nodal offi	cers:								Facility Leve	l (L1/L2/L	3)				
									A. Data	(Last month)							
OPD load :	Number	IPD I	oad :			Numb	er	Total ANC	registered/	Attended :				Num	ber		
Total no. of beds	Numbe	r Beds	in MCH ward	ł		Numb	er										
		A.1. Deliver	ies and Post	Partum (Contracepti	ion :							A.2. Deli	very Out	tcome		
		Total De	iveries					PPIUCD	PPS	Live birth	Preterm I	Birth		St	ill birth		LBW
		Normal	_	Assisted		C-sec		_									
From 09:00 AM to		Number	_	Number		Num							Fresh	Mace	rated	Total	
From 06:00 PM to From 09:00 PM to		Number		Number		Num		_	Number								
From 00:00 AM to		Number Number		Number Number		Num Num		Number		Number	Num	Number		N	umber Numb	Numbe	r Number
From 06:00 AM to		Number		Number		Num											
										W	Whether all Births	s registered	?				Y/N
		A.3	High Risk L	abour C	ases					A.4. Fa	mily Plannin	g		A.5. A	Abortion a	and Post	abortion care
		Refer In from othe facilities	Direct to Facility	Tota Case		aged at ilities		ferred out at sher facilities			·	-					
РРН		Number	Number	Number	Number		Numbe	er	Male Sterili	zation		Numb	er	Abortio	ns	Tot	al
Pre eclampsia/ Eclamp	sia	Number	Number	Number	Number		Numbe	er	Injectable N	/IPA (Antara pro	gram)	Numb	er	Spontar	neous	Nu	mber
Severe Anemia (Hb < 7	′ gm/dl)	Number	Number	Number	Number		Numbe	er	Interval IUC	D		Numb	er	MTP		Nu	mber
Preterm		Number	Number	Number	Number		Numbe	er	Minilap Ste	rilization		Numb	er	PAIUCD		Nu	mber
HIV		Number	Number	Number	Number		Numbe	er	Laparosco	pic Sterilization		Numb	er	PAS		Nu	mber
								A.6. H	ligh Risk Pı	egnancy Cases	;						
Catego	ories	Re	fer In from c facilities	other	Total Cases	Manag at Facilit		Referred out at Higher facilities		Categories		Refer In other fac	-	Total Cases	Manag Faciliti	J · · · ·	Referred out at Higher facilities
Severe Anemia (Hb < 7	′ gm/dl)	Nu	mber	ſ	Number	Number	N	umber	Pre eclam	osia/ Eclampsia	N	umber	Nu	mber	Number	N	umber
Antepartum Haemorrh	nage	Nu	mber	1	Number	Number	N	umber	Previou	s C-Section	N	umber	Nu	mber	Number	N	umber
Gestational diabetes m	nellitus	Nu	mber	ſ	Number	Number	N	umber	HIV		N	umber	Nu	mber	Number	N	umber

	A.7. N	ewborns	immunize	ed before disch	arge										A.8	3. Dea	ths			
BCG		OPV		He	рВ		All thre	е	Neonatal D	eath	Maternal Death					Deaths attributable to Sterilization			tion	
Number		Number		Number					Numbe	r	Number					Number				
					A.9.	Human	Resourc	e			1					A.1	0. General I	nform	ation	
HR Sanctioned In position							HR Sai			Sanctioned In position										
Medical officers	Number	r		Number	Lab Technicia				echnician			Number Number		Availability of round the clock Lab services						Y/N
OBGYN	Number	r		Number			Pharmacis	st		Number	ľ	Jumber	Fun	ctional B	lood ban	k/BSU	l			Y/N
Paedratician	Number	r		Number		2	Staff Nurs	e		Number	ľ	Jumber	Ava	ilability o	f EDL (Es	sentia	al Drugs List)			Y/N
General Surgeon	Number	r		Number		1	_HV			Number	ľ	Jumber	Free	e drug an	d diagno	stics				Y/N
Anaesthetist	Number	r		Number		,	ANM			Number	ľ	Jumber	Citiz	zen Chart	er					Y/N
General Medicine	Number	r		Number		1	MPW			Number	ľ	Jumber	Elec	ctricity ba	ick up 24	X7				Y/N
Pathologist	Number	r		Number			Data Entr	ry Opera	tor	Number	ľ	Jumber	Run	Running water 24 X 7					Y/N	
Radiologist	Number	r		Number		(Other para	a medica	staff	Number	ľ	Jumber								
									A.11.	Training	of Humar	n Resoui	rce							
HR			S	BA/BEMoC	A/BEMoC			LSAS		PPIUCD	Injec	ectable MPA/ New		Ste	rilization		Daksha	ita	Laqshya	Skill lab
											Cont	raceptive	es	Ma	le Fem	nale				
MOs			Number			Number	lumber Nun		Number	Number	Number			Number	Num	nber	Number	Number		Number
SNs (Posted in Labour	,		Number					Number	Number Number				_			Number		Number	Number	
ANMs (Posted in Labo	· ·		Number						Number	Number	Number	(Number
Adolescent Friendly Clinic ?	Health	Available	e/Not Av	ailable			А	1.12. Nut	rition Ref	abilitatio	on Centre	(NRC)			Childre		under 5	Diagr	nosed	Admitted/
Counselling		Number			Total No. of beds Number			Number Total numb		ber of Inpatient da		ays Number						Number		Number
Treatment		Number			Total num	ber of adr	admissions Nu		er	Average % wei		ight Percentage			Pneumonia in under		n under 5	r 5 Number		Number
Referral		Number			Total number of Deaths				er	gain at discharge					Childre	n				
										A.13.	SNCU/N	IBSU								
Total no. of beds					Num	ber	Paediatri	cian	Nui	an la cur	ailability o it at SNCl	ity of Operational KM		1C Y/r	Earmarked beds for KN		VIC in NBSU		Y/N	
Total number of Inb	orn admis	ssion in la	st month		Num	ber	Medica	al Officer	Nui	nber	SNs trai	ined on	КМС	- Y/I	N	No of	f Inborn Admis	sion De	aths	Number
							f Nurse	Nu			itry Ope	rator	Y/1			ion Dea	aths	Number		
										A.14. N	TEP Serv	vices								
Chest x-ray services	available	for TB pa	itients scr	eening (applical	ole for CHCs	and Abo	ve)		Y/N				ailable and	given to	TB diagno	sed pa	atients?		Y/	'N
				0.11	1icroscopy s			examina				. 0		0 - 00					Y/	
			Ν	Molecular tests	(CBNAAT) fo	or detecti	ng MDR T	B availab	le? (Applica	able for Di	strict Head	dquarter	only)						Y/	'N
Are fa	cility for s	putum co	ollection a	nd packing and	transport to	o the nea		AT lab/ C		ablished/	available?	(Applica	ble to all f	acilities of	ffering mi	crosco	opic		Y/	'N

		B. ESSENTIAL EQUIPM	IENTS, COMMODI	TIES & E	RUG	5				
			B.1. Family Plann							
Male Condoms	Y/N	Emergency Contraceptive Pills (ECPs)	Y/N		IUC	CD 380A/375	/N			
COCs (Mala N)	Y/N	Injectable MPA (Antara Program)	Y/N		Nis	chay Kits Y	Y/N			
Centchroman (Chhaya)	Y/N	Tubal Rings	Y/N		Cic	lex Tray	Y/N			
Cidex		Family planning counselling Tray/Materia				Y,	/N			
Interval IUCD Tray		Availab	ole and Used/Unavaila	ble/Avail	able &	not used				
PPIUCD Tray		Availab	ole and Used/Unavaila	ble/Avail	able &	not used				
Small ring forceps for PAIUCD Tray		Availab	ole and Used/Unavaila	ble/Avail	able &	not used				
'carbon dioxide insuffalator'		Availab	ole and Used/Unavaila	ble/Avail	able &	not used				
Laparoscope		Availab	ole and Used/Unavaila	ble/Avail	able &	not used				
	_	В	.1.1. Documentati	on						
	Printed IUC	CD Card		Availab	le and	not filled/ Available and filled/ Not available				
	IUCD insertio	n register		Availab	le and	not filled/ Available and filled/ Not available				
Pri	nted IUCD follo	w up Register		Availab	le and	not filled/ Available and filled/ Not available				
Injecta	able MPA (Anta	ra Program) card	Available and not filled/ Available and filled/ Not available							
Injectab	le MPA (Antara	Program) Register		Availab	le and	not filled/ Available and filled/ Not available				
Р	rinted Sterilizat	tion Register		А	vailabl	e and not filled/ Available and Number				
Counselling regist	ter (applicable	where counsellor is present)		Availab	le and	not filled/ Available and filled/ Not available				
sterilization documents (co	nsent forms, m	edical record checklist, post discharge		Availab	le and	not filled/ Available and filled/ Not available				
card, sterilization	certificate) as	per supreme court mandate								
			B.2. Maternal He	alth						
			B.2.1. Antenatal Ca	re						
a. BP apparatus & Stethoscope	Y/I	b. Stethoscope	Y/N	c. He	ight S	cale	Y/N			
d. Thermometer	Y/I	e. Fetoscope	Y/N	f. W	eighin	g Machine	Y/N			
g. Examination Table	Y/I	h. Privacy curtain for Examination Table	Y/N	Tab. IF		IFA				
Tab. Calcium	Y/I	Tab. Albendazole	Y/N	Inj. 1	Т		Y/N			
			B.2.2. Labour Roo	om						
Number of labor tables	Ava	ailability of Autoclaved/Sterilized Delivery Tray			Y/N	No. of Autoclaved/ Sterilized delivery trays as	Number			
Labour room Protocol posters	Y/N BP	Apparatus & Stethoscope			Y/N	per MNH tool kit/Delivery set	INUITIDEI			
Foetoscope	Y/N MM	ИА Kit			Y/N	Partograph	filled/ Not available			
Electric Vaccum Aspiration kit	accum Aspiration kit Y/N Inj. Oxytocin (Check whether kept in Refrigerator/Col					Manual Vaccum Aspiration kit	Y/N/NA			
Inj. Labetalol	Y/N Tab	p. Nifedipine			Y/N	Tab. Alpha methyldopa	Y/N			
nj. Dexamethasone	Y/N Ro	om Thermometer			Y/N	Inj. Magnesium Sulphate	Y/N			
Refrigerator (PHC & above faciilties)	Y/N Att	ached Toilet			Y/N	Elbow Tap	Y/N			
	Tab	o. Misoprostol			Y/N	Syp. Nevirapine	Y/N			

						В.	3. Newborn	Care				
Radiant Warmer					Not	Available/Availab	le & Functio	onal/Av	ailable &	Non Functional		
Ambu Bag 500 m	าไ	Υ/	/N	Functional Oxygen		Y/N	Mask	(1 Size)		Y	(/N	
Ambu Bag 250 m	nl	Room Thermomete		Y/N	Shoul	lder Roll		Y	(/N			
Mucous Extracto	or	Υ/	/N	Mask (0 Size)			Y/N	Vitam	nin K1 (1	mg preparation)	Y	(/N
Digital Thermom	eter	Υ/	/N			Clean Towels fo	r Drying & V	Vrappin	ng the Bal	oy available	Y	(/N
							B.4. Child H	lealth				
ORS	Syp. S	albutamol			Syp. IFA			Zin	с	Tab. Albendazole		
· · · ·						В.	5. Immuniza	ition			-	
BCG	Pentavalent			PCV		OPV			IPV	TT		
Hepatitis B	Vitamin A			Measles Rubella - N	/IR	Rotavirus			JE V	accine		
						C. SER	VICE DELI	VERY				
						C.1.	Family Plar	ning				
Interval IUCD Se	rvices		Y/N	Minilap Servic	es			Y/N	Pos	t Partum Sterilization	Y/N	
PPIUCD Services			Y/N	Injectable MP	Injectable MPA					t Abortion Sterilization	Y/N	
PAIUCD Services			Y/N	Laparoscopic S	rvices		Y/N	Mal	e Sterilization Services	Y/N		
							C.2. ANC Se	rvices				
Who is providing ANC services? ANM/MO/Special				cialist/Other	Availability	of Printed ANC F	Register		Y/N	Universal HIV Screening		Y/N
Ultrasound servi	ces	Οι	utsource/In-	house/Not available	ouse/Not available Availability of HRP register and listing of HRP?				Y/N	Blood pressure measurement & Re	cording in Register	Y/N
Universal Syphili	s screening			Y/N Blood Glucose measurement					Y/N	Haemoglobin measurement		Y/N
Family Planning	Counselling			Y/N	Dedicated	ANC room			Y/N	Height measurement & Recording i	n Register	Y/N
					Weight Me	easurement & Re	cording in R	egister				Y/N
						C.3. Labour ro	om & Postn	atal wa	ird			
-	tograph for monitoring owledge Assessment/F			Y/N	partum Hae	n and Manageme morrhage n/knowledge Ass			Y/N	Postnatal vital monitoring of Newb documentation in Case sheet	orn & its	Y/N
-	ent of Third stage of la owledge Assessment)	Y/N	Identificatio Eclampsia/E	ent of Pre	Y/N		Discharge vital monitoring of Pregn its documentation in Case sheet	ant woman &	Y/N			
Antenatal Corticosteroids used for Preterm Delivery (Observation/knowledge Assessment)				Y/N	(Observation/knowledge Assessm Post natal vital monitoring of Preg woman (Vaginal Bleeding, BP, Puls its documentation in Case sheet				Y/N Discharge vital monitoring documentation in Case sh		oorn & its	Y/N
Newer Gol Labo	ur room Register			Y/N		Maternity Case sh			Y/N	Availability of Refer In Register		Y/N
Availability of Re	fer out Register			Y/N	Birth Compa	anion implemente	ed		Y/N	Post Delivery Hemoglobin Measure	ement ?	Y/N
				1		C.4.	Newborn Se	rvices				
Delivery of all B	abies on Mother's Abd	omen		Y/N Dryin	g of Normal Ba	aby with clean ste	erile towel ju	ust afte	r delivery	Y/N Early initiation of B	Breast feeding	Y/N
·					-	o all Newborns (v			-		-	Y/N

						C.5. A	dolescent Health		
Dedicated Space for	AFHC	Y/N	Height Measured			Y/N	BP Measured		Y/N
IEC and Signage for	AFHC	Y/N	Weight measured			Y/N	BMI Calculated		Y/N
	Posted		RKSK Trained	Client Register			Available and Not Filled/Available and Fille	d/Not Available	
Medical officer	Number		Number	Service Register			Available and Not Filled/Available and Fille	d/Not Available	
Counsellor	Number		Number	Outreach register	r with Plan		Available and Not Filled/Available and Fille	d/Not Available	
				C.6.	National Tubercu	ulosis	Elimination Program (NTEP)		
TB notification Regis	ter					Av	ailable and Not Filled / Available and Filled / Not Available		
Patient Treatment C	ards					Av	ailable and Not Filled / Available and Filled / Not Available		
				D.	National Tuber	culosis	s Elimination Program (NTEP)		
		Wha	at % of adult OPD is referred	for sputum testing	to the DMC			Percentage	
			Number of TB dia	gnosed patients				Number	
	1	Num	ber of TB diagnosed patients	s entered in notificat	tion register			Number	
			Number of TB notified pa	atients screened for	HIV			Number	
			Number of TB notified patie	ents screened for Dia	abetes			Number	
	No. of tests	per n	nonth using CBNAAT machir	ne (Applicable only f	or District Heado	luarte	r)	Number	
Major Findings	from Last Visit								
Action taken on Int identified f	erventions/Activitie rom last visit	es							
					RBSK				
Number of Children	identified with 4Ds	out	of total children screened.	Total Screened Children Number	Total Identified children Number		nber of children managed at CHC/DH/Medical College sc C & School MHT register and Line list.	ource both	Number
Number of Newborn	screened for birth	ect by delivery point staff.		Number	Num Regi	ber of Newborn detected with birth defect source -Labo ster	our Room	Number	

Plan of Action											
	Major Findings from Visit	Interventions/Activities Identified	Level of Intervention	Responsibility	Timeline						
Reproductive Health/Family											
planning											
Maternal Health											
Newborn Health											
Child Health											
Adolescent Health											
Revised National Tuberculosis											
Program											
-											