***Sub Centre level Monitoring Checklist***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Name of Block: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | **Name of SC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Catchment Population: \_\_\_\_\_\_\_\_\_\_** | **Total Villages: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | **Distance from PHC: \_\_\_\_\_\_\_\_\_\_** |
| **Date of last supervisory visit:\_\_\_\_\_\_\_\_\_\_** | |  |  |  |
| **Date of visit: \_\_\_\_\_\_\_\_\_\_\_\_\_** | **Name & designation of monitor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |
| **Names of staff posted and available on the day of visit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_ | | | | |
| **Names of staff not available on the day of visit and reason for absence : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Section I: Physical Infrastructure:** | | | | |
| **S.No** | **Infrastructure** | **Yes** | **No** | **Remarks** |
| 1.1 | Subcentre located near a main habitation | ***Y*** | ***N*** |  |
| 1.2 | Functioning in Govt building | ***Y*** | ***N*** |
| 1.3 | Building in good condition | ***Y*** | ***N*** |
| 1.4 | Electricity with functional power back up | ***Y*** | ***N*** |
| 1.5 | Running 24\*7 water supply | ***Y*** | ***N*** |
| 1.6 | ANM quarter available | ***Y*** | ***N*** |
| 1.7 | ANM residing at SC | ***Y*** | ***N*** |
| 1.8 | Functional labour room | ***Y*** | ***N*** |
| 1.9 | Functional and clean toilet attached to labour room | ***Y*** | ***N*** |
| 1.10 | Functional New Born Care Corner (*functional radiant warmer with neo-natal ambu bag*) | ***Y*** | ***N*** |
| 1.11 | General cleanliness in the facility | ***Y*** | ***N*** |
| 1.12 | Availability of complaint/ suggestion box | ***Y*** | ***N*** |
| 1.13 | Availability of deep burial pit for waste management / any other mechanism | ***Y*** | ***N*** |

**Section II: Human Resource:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S.no** | **Human resource** | **Numbers** | **Specify the Training received** | **Remarks** |
| 2.1 | ANM |  |  |  |
| 2.2 | 2nd ANM |  |  |
| 2.3 | MPW - Male |  |  |
| 2.4 | Others, specify |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section III: Equipment**  Mark (√) in appropriate column | | | | | | | | | | | | |
| **S.No** | **Equipment** | | | **Available and Functional** | | | | | | **Available but non-functional** | | | | | **Not Available** | | | | **Remarks** |
| 3.1 | Equipment for Hemoglobin Estimation | | |  | | | | | |  | | | | |  | | | |  |
| 3.2 | Blood sugar testing kits | | |  | | | | | |  | | | | |  | | | |
| 3.3 | BP Instrument and Stethoscope | | |  | | | | | |  | | | | |  | | | |
| 3.4 | Delivery equipment | | |  | | | | | |  | | | | |  | | | |
| 3.5 | Neonatal ambu bag | | |  | | | | | |  | | | | |  | | | |
| 3.6 | Adult weighing machine | | |  | | | | | |  | | | | |  | | | |
| 3.7 | Infant/New born weighing machine | | |  | | | | | |  | | | | |  | | | |
| 3.8 | Needle &Hub Cutter | | |  | | | | | |  | | | | |  | | | |
| 3.9 | Color coded bins | | |  | | | | | |  | | | | |  | | | |
| 3.10 | RBSK pictorial tool kit | | |  | | | | | |  | | | | |  | | | |
| **Section IV: Essential Drugs:** | | | |  | | | | | |  | | | | |  | | | |  |
|  | | | | | | | | | | | | | | | | | | | |
| **S. No** | **Availability of at least 2 month stock of essential Drugs** | | | | | **Yes** | | | **No** | | | **Remarks** | | | | | | | |
| 4.1 | IFA tablets | | | | | **Y** | | | **N** | | |  | | | | | | | |
| 4.2 | IFA syrup with dispenser | | | | | **Y** | | | **N** | | |
| 4.3 | Vit A syrup | | | | | **Y** | | | **N** | | |
| 4.4 | ORS packets | | | | | **Y** | | | **N** | | |
| 4.5 | Zinc tablets | | | | | **Y** | | | **N** | | |
| 4.6 | Inj Magnesium Sulphate | | | | | **Y** | | | **N** | | |
| 4.7 | Inj Oxytocin | | | | | **Y** | | | **N** | | |
| 4.8 | Misoprostol tablets | | | | | **Y** | | | **N** | | |
| 4.9 | Antibiotics, if any, pls specify | | | | | **Y** | | | **N** | | |
| 4.10 | Availability of drugs for common ailments e.g PCM, anti-allergic drugs etc. | | | | | **Y** | | | **N** | | |
| **Section V: Essential Supplies** | | | | | | | | |  | | |  | | | | | |  | |
| **S.No** | | **Essential Medical Supplies** | | | | **Yes** | | | **No** | | | **Remarks** | | | | | | | |
| 5.1 | | Pregnancy testing Kits | | | | **Y** | | | **N** | | |  | | | | | | | |
| 5.2 | | Urine albumin and sugar testing kit | | | | **Y** | | | **N** | | |
| 5.3 | | OCPs | | | | **Y** | | | **N** | | |
| 5.4 | | EC pills | | | | **Y** | | | **N** | | |
| 5.5 | | IUCDs | | | | **Y** | | | **N** | | |
| 5.6 | | Sanitary napkins | | | | **Y** | | | **N** | | |
| **Section VI: Service Delivery in the last two quarters:** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **S.No** | | **Service Utilization Parameter** | | | | | **Q1** | | **Q2** | | | | **Remarks** | | | | | | |
| 6.1 | | Number of estimated pregnancies | | | | |  | |  | | | |  | | | | | | |
| 6.2 | | Percentage of women registered in the first trimester | | | | |  | |  | | | |
| 6.3 | | Percentage of ANC3 out of total registered | | | | |  | |  | | | |
| 6.4 | | Percentage of ANC4 out of total registered | | | | |  | |  | | | |
| 6.5 | | No. of pregnant women given IFA | | | | |  | |  | | | |
| 6.6 | | Number of deliveries conducted at SC | | | | |  | |  | | | |
| 6.7 | | Number of deliveries conducted at home | | | | |  | |  | | | |
| 6.8 | | No. of neonates initiated breast feeding within one hour | | | | |  | |  | | | |
| 6.9 | | Number of children screened for defects at birth under RBSK | | | | |  | |  | | | |
| 6.10 | | No. of sick children referred | | | | |  | |  | | | |
| 6.11 | | No. of pregnant women referred | | | | |  | |  | | | |
| 6.12 | | No. of IUCD insertions | | | | |  | |  | | | |
| 6.13 | | No. of children fully immunized | | | | |  | |  | | | |
| 6.13 a | | Measles coverage | | | | |  | |  | | | |
| 6.15 | | No. of children given ORS + Zinc | | | | |  | |  | | | |
| 6.16 | | No. of children given Vitamin A | | | | |  | |  | | | |
| 6.17 | | No. of children given IFA Syrup | | | | |  | |  | | | |
| 6.18 | | No. of Maternal deaths recorded , if any | | | | |  | |  | | | |
| 6.19 | | No. of still birth recorded, if any | | | | |  | |  | | | |
| 6.20 | | Neonatal deaths recorded, if any | | | | |  | |  | | | |
| 6.21 | | Number of VHNDs attended | | | | |  | |  | | | |
| 6.22 | | Number of VHNSC meeting attended | | | | |  | |  | | | |
| 6.23 | | Service delivery data submitted for MCTS updation | | | | |  | |  | | | |  | | | | | | |
|  | |  | | | | |  | |  | | | |  | | | | |  | |
| **Section VII: Quality parameters of the facility:** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| *Through probing questions and demonstrations assess does the ANM know how to…* | | | | | | | | | | | | | | | | | |  | |
| **S.No** | | | **Essential Skill Set** | | | | | **Knowledge** | | | | | | **Skill** | | | | | **Remarks** |
| 7.1 | | | Correctly measure BP | | | | | **Y** | | | **N** | | | **Y** | | **N** | | |  |
| 7.2 | | | Correctly measure hemoglobin | | | | | **Y** | | | **N** | | | **Y** | | **N** | | |
| 7.3 | | | Correctly measure urine albumin and protein | | | | | **Y** | | | **N** | | | **Y** | | **N** | | |
| 7.4 | | | Identify high risk pregnancy | | | | | **Y** | | | **N** | | | **Y** | | **N** | | |
| 7.5 | | | Awareness on mechanisms for referral to PHC and FRU | | | | | **Y** | | | **N** | | | **Y** | | **N** | | |
| 7.6 | | | Correct use of partograph | | | | | **Y** | | | **N** | | | **Y** | | **N** | | |
| 7.7 | | | Provide essential newborn care(*thermoregulation, breastfeeding and asepsis*) | | | | | **Y** | | | **N** | | | **Y** | | **N** | | |
| 7.8 | | | Correctly insert IUCD | | | | | **Y** | | | **N** | | | **Y** | | **N** | | |
| 7.9 | | | Correctly administer vaccine | | | | | **Y** | | | **N** | | | **Y** | | **N** | | |
| 7.10 | | | Adherence to IMEP protocols | | | | | **Y** | | | **N** | | | **Y** | | **N** | | |
| 7.11 | | | Segregation of waste in colour coded bins | | | | | **Y** | | | **N** | | | **Y** | | **N** | | |
| 7.12 | | | Guidance/ Support for breast feeding method | | | | | **Y** | | | **N** | | | **Y** | | **N** | | |
| 7.13 | | | Correctly identifies signs of Pneumonia and dehydration | | | | | **Y** | | | **N** | | | **Y** | | **N** | | |
| 7.14 | | | Awareness on Immunization Schedule | | | | | **Y** | | | **N** | | | **Y** | | **N** | | |
| 7.15 | | | Awareness on site of administration of vaccine | | | | | **Y** | | | **N** | | | **Y** | | **N** | | |
|  | | |  | | | | |  | | |  | | |  | | | |  | |
| **Section VIII: Record Maintenance:**  Mark (√) in appropriate column | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **Sl. No** | | | **Record** | | **Available and Upto-date and correctly filled** | | | | **Available but non-maintained** | | | | | | **Not Available** | | **Remarks** | | |
| 8.1 | | | Untied funds expenditure (Rs 10,000)*Check % expenditure* | |  | | | |  | | | | | |  | |  | | |
| 8.2 | | | Annual maintenance grant (Rs 10,000-Check % expenditure) | |  | | | |  | | | | | |  | |
| 8.3 | | | Payments under JSY | |  | | | |  | | | | | |  | |
| 8.4 | | | VHND plan | |  | | | |  | | | | | |  | |
| 8.5 | | | VHSNC meeting minutes and action taken | |  | | | |  | | | | | |  | |
| 8.6 | | | Eligible couple register | |  | | | |  | | | | | |  | |
| 8.7 | | | MCH register ( as per GOI) | |  | | | |  | | | | | |  | |
| 8.8 | | | Delivery Register as per GOI format | |  | | | |  | | | | | |  | |
| 8.9 | | | Stock register | |  | | | |  | | | | | |  | |
| 8.10 | | | Due lists | |  | | | |  | | | | | |  | |
| 8.11 | | | MCP cards | |  | | | |  | | | | | |  | |
| 8.12 | | | Village register | |  | | | |  | | | | | |  | |
| 8.13 | | | Referral Registers (In and Out) | |  | | | |  | | | | | |  | |
| 8.14 | | | List of families with 0-6 years children under RBSK | |  | | | |  | | | | | |  | |
| 8.15 | | | Line listing of severely anemic pregnant women | |  | | | |  | | | | | |  | |
| 8.16 | | | Updated Microplan | |  | | | |  | | | | | |  | |  | | |
| 8.17 | | | Vaccine supply for each session day (check availability of all vaccines ) | |  | | | |  | | | | | |  | |  | | |
| 8.18 | | | Due list and work plan received from MCTS Portal through Mobile/ Physically | |  | | | |  | | | | | |  | |  | | |

**Section IX: Referral Linkages in last two quarters:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **S. no** |  | **Mode of Transport (Specify Govt./ pvt)** | **No. of women transported during ANC/INC/PNC** | **No. of sick infants transported** | **No. of children 1-6 years** | **Free/Paid** |
| 9.1 | Home to facility |  |  |  |  |  |
| 9.2 | Inter facility |  |  |  |  |  |
| 9.3 | Facility to Home (drop back) |  |  |  |  |  |

**Section X: IEC display:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S. no** | **Material** | **Yes** | **No** | **Remarks** |
| 10.1 | Approach roads have directions to the sub centre | **Y** | **N** |  |
| 10.2 | Citizen Charter | **Y** | **N** |
| 10.3 | Timings of the Sub Centre | **Y** | **N** |
| 10.4 | Visit schedule of “ANMs” | **Y** | **N** |
| 10.5 | Area distribution of the ANMs/ VHND plan | **Y** | **N** |
| 10.6 | SBA Protocol Posters | **Y** | **N** |
| 10.7 | JSSK entitlements | **Y** | **N** |
| 10.8 | Immunization Schedule | **Y** | **N** |
| 10.9 | JSY entitlements | **Y** | **N** |
| 10.10 | Other related IEC material | **Y** | **N** |

**Section XI: Previous supervisory visits:**

|  |  |  |  |
| --- | --- | --- | --- |
| **S. no** | **Name and Designation of the supervisor** | **Place of posting of Supervisor** | **Date of visit** |
| 11.1 |  |  |  |
| 11.2 |  |  |  |
| 11.3 |  |  |  |
| 11.4 |  |  |  |
| 11.5 |  |  |  |

**Note:** *Ensure that necessary corrective measures are highlighted and if possible, action taken on the spot. The Monthly report of monitoring visits and action points must be submitted to the appropriate authority for uploading on State MoHFW website.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***To be filled by monitor(s) at the end of activity***

|  |  |  |  |
| --- | --- | --- | --- |
| **Key Findings** | **Actions Taken/Proposed** | **Person(s) Responsible** | **Timeline** |
|  |  |  |  |