

प्रेषक

डा०संजय कुमार शैवाल(संयुक्त निदेशक) परिवार कल्याण, महानिदेशालय उत्तर प्रदेश, लखनऊ।

सेवा में

मिशन निदेशक एन०आर०एच०एम० उत्तर प्रदेश, लखनऊ।

पत्रांकः प०क० / 16 / विधि प्रकोष्ठ / निरीक्षण आ० / 2013 / 72 8 दिनांकः ६ • ८ • २०१३ विषयः २५ उच्च प्राथमिकता वाले जनपदों में राज्य स्तरीय टीम के क्षेत्रीय भ्रमण के सम्बन्ध में।

महोदय

उपरोक्त विषयक आपके पत्र संख्या—एस०पी०एम०यू०/एन०आर०एच०एम०/एम०एण्ड ई०/2013—14/04/1670—2—9 दिनांक 13.07.2013 का संदर्भ ग्रहण करने का कष्ट करें जिसके द्वारा टीम संख्या—16 की ड्यूटी जनपद बदायूँ में लगाई गयी थी इसी कम में महानिदेशक परिवार कल्याण महोदय के आदेश के कम में जनपद बदायूँ का भ्रमण दिनांक एस०पी०भस्कर संयुक्त निदेशक, स्वास्थ्य सेवा महानिदेशालय एवं श्री आर०एस०भदौरिया(अपर शोध अधिकारी) भी मौजूद थे। दिनांक 03.08.2013 दिन शनिवार को स्थानीय अवकाश होने के कारण टीकरण संत्र एवं ग्राम का भ्रमण नहीं किया जा सका। टीम को वाहन संख्या—यू०पी०—सी०एफ०—0014 वाहन चालक श्री शेखर आवंटित थे। वाहन द्वारा भ्रमण के दौरान कुल 650 कि०मी० की यात्रा की गयी। वाहन की कंडीशन अच्छी नहीं थी जिस कारण बरेली से लखनऊ आने में 12 धंटे का समय व्यतीत हुआ।

हाठ कार्ने र राज्य प्रमण आख्या निर्धारित प्रपत्र पर संलग्न कर आपकी सेवा में आवश्यक कार्यवाही हेतु

प्रेषित है।

(संजय कुमार शैवाल) संयुक्त निदेशक परिवार कल्याण महानिदेशालय।

### उन सभी अधिकारियों हेतु जिन्हें इस कार्य का पर्यवेक्षण करना है

जनपद का नामः– बदायू

ब्लाक प्रा०स्वा०केन्द्र- सलारपुर

### ग्राम स्वास्थ्य एवं स्वच्छता समिति

पर्यवेक्षण हेतु बिन्दु	ग्राम पंचायत का नाम	ग्राम पंचायत का नाम
	बिनावर, एन०एन०एम० श्रीमती सीमा देवी	बिदौलिया, एन०एन०एम० श्रीमती सीमा देवी
प्रधान एवं सम्बंधित ए०एन०एम० का नाम	प्रधान श्रीमती राखी चौहान	प्रधान श्री बृजपाल सिंह
क्या समिति में सभी मजरों / पुरवा / हेम्लेट से प्रतिनिधित्व है।	$\sqrt{}$	V
क्या ग्राम स्वास्थ्य एवं स्वच्छता समिति को इस वर्ष में अन्टाइंड फण्ड प्राप्त हुआ।	V	√ 
क्या ग्राम स्वारथ्य एवं स्वच्छता समिति का बैठक रजिस्टर बना है।		V
ग्राम स्वास्थ्य एवं स्वच्छता समिति की पिछले 6 माह में कितनी बैठकें की गयी है।	कोई नहीं, पिछली बैठक दिनांक 03.08.2012	कोई नहीं, पिछली बैठक दिनांक 06.09.2012
क्या ग्राम स्वास्थ्य कार्ययोजना बनी है।	प्रधान के पास उपलब्ध होना बताया गया है।	प्रधान के पास उपलब्ध होना बताया गया है।
क्या ग्राम स्वास्थ्य एवं स्वच्छता समिति का व्यय विवरण रखा जा रहा है।	V	V
क्या ग्राम स्वारथ्य एवं स्वच्छता समिति द्वारा अन्टाइड फण्ड का प्रयोग किया जा रहा है।	V	√ 
ग्राम स्वास्थ्य एवं स्वच्छता समिति द्वारा अन्टाइंड फण्ड का प्रयोग किन–किन गतिविधियों में किया गया है।	हैन्डपम्प की मरम्मत करवाने एवं मिटटी डलवाने में	हैन्डपम्प की मरम्मत करवाने एवं मिटटी डलवाने में
क्या बैठक की पूर्व सूचना सभी सदस्यों को थी।	V	V
बैठक में उपस्थित सदस्यों की संख्या	6/6	5/5
क्या समिति सदस्यों को अन्टाइड फण्ड के प्रयोग की जानकारी है।	V	√ .
क्या समिति के सदस्यों को अपनी भूमिका की जानकारी है।	V	V
क्या समिति बैटक की शुरूआत गत बैटक की समीक्षा से की गयी थी।	V	V
क्या समिति द्वारा स्वास्थ्य सेवाओं की समीक्षा व मूल्यांकन किया जा है।	1	V
क्या बैठक में ग्राम स्वास्थ्य कार्ययोजना की समीक्षा की गयी।	1	V
क्या समिति में प्रस्ताव रखने में सभी सदस्यों की सक्रिय भागीदारी रहीं।	V	V
	प्रधान एवं सम्बंधित ए०एन०एम० का नाम  क्या समिति में सभी मजरों/पुरवा/हेम्लेट से प्रतिनिधित्त है।  क्या ग्राम स्वारथ्य एवं स्वच्छता समिति को इस वर्ष में अन्टाइड फण्ड प्राप्त हुआ।  क्या ग्राम स्वारथ्य एवं स्वच्छता समिति का बैठक रिजरटर बना है।  ग्राम स्वारथ्य एवं स्वच्छता समिति की पिछले 6 माह में कितनी बैठकें की गयी है।  क्या ग्राम स्वारथ्य कार्ययोजना बनी है।  क्या ग्राम स्वारथ्य एवं स्वच्छता समिति का व्यय विवरण रखा जा रहा है।  क्या ग्राम स्वारथ्य एवं स्वच्छता समिति द्वारा अन्टाइड फण्ड का प्रयोग किया जा रहा है।  ग्राम स्वारथ्य एवं स्वच्छता समिति द्वारा अन्टाइड फण्ड का प्रयोग किन-किन गतिविधियों में किया गया है।  क्या बैठक की पूर्व सूचना सभी सदस्यों को थी।  बैठक में उपरिथत सदस्यों को अन्टाइड फण्ड के प्रयोग की जानकारी है।  क्या समिति के सदस्यों को अपनी भूमिका की जानकारी है।  क्या समिति बैठक की शुरूआत गत बैठक की समीक्षा से की गयी थी।  क्या समिति द्वारा स्वारथ्य सेवाओं की समीक्षा व मूल्यांकन किया जा है।  क्या समिति द्वारा स्वारथ्य सेवाओं की समीक्षा व मूल्यांकन किया जा है।  क्या समिति द्वारा स्वारथ्य सेवाओं की समीक्षा व मूल्यांकन किया जा है।	विनावर, एन०एन०एग० श्रीमती सीमा देवी  प्रधान एवं सम्बंधित ए०एन०एम० का नाम  प्रधान एवं सम्बंधित ए०एन०एम० का नाम  प्रधान श्रीमती राखी चौहान  वया समिति में सभी मजरों / पुरवा / हेम्लेट से प्रतिनिधित्व है    वया ग्राम स्वास्थ्य एवं स्वच्छता समिति को इस वर्ष में अन्टाइड फण्ड प्राप्त हुआ    वया ग्राम स्वास्थ्य एवं स्वच्छता समिति को पिछले ६ माह में कितनी बैठके विनांक 03.08.2012  वया ग्राम स्वास्थ्य एवं स्वच्छता समिति को पिछले ६ माह में कितनी बैठके विनांक 03.08.2012  वया ग्राम स्वास्थ्य एवं स्वच्छता समिति का व्यय विवरण रखा जा रहा है    वया ग्राम स्वास्थ्य एवं स्वच्छता समिति द्वारा अन्टाइड फण्ड का प्रयोग किया जा रहा है    ग्राम स्वास्थ्य एवं स्वच्छता समिति द्वारा अन्टाइड फण्ड का प्रयोग किया जा रहा है    वया वेटक की पूर्व सूचना सभी सदस्यों को थी    वैठक में उपस्थित सदस्यों को संख्या  विवक्ष समिति सदस्यों को अन्टाइड फण्ड के प्रयोग की जानकारी है    वया समिति के सदस्यों को अपनी भूमिका की जानकारी है    वया समिति द्वारा स्वास्थ्य सेवाओं की समीक्षा की गयी थी    वया समिति द्वारा स्वास्थ्य सेवाओं की समीक्षा की गयी थी    वया समिति द्वारा स्वास्थ्य सेवाओं की समीक्षा की गयी ।  वया समिति द्वारा स्वास्थ्य कार्ययोजना की समीक्षा की गयी ।

ब्लाक एच०ई०आई०ओ० / जिला कम्युनिटी मोबिलाइजर अपना भ्रमण योजना टीकाकरण माइक्रोप्लान के अनुसार बनाएं।

दिनांक		ह	रताक्षर
	0//	Bry .	

नियमित टीकाकरण सञ्च मॉनिटरिंग प्रपत्र नियमित टीकाकरण सञ्च मॉनिटरिंग प्रपत्र पदनाम:

			April Oly	0 0 0		2.0
मॉनिट दिनांक	: and Sharm AAA SAA SAA SAA SAA SAA SAA SAA SAA SA	संस्था : 🗆 सरकारी विभाग समय :	□ NPSP □ UNICEF □ अन्य दिवस : □ बुद्ध	वार 🗆 शुक्रवा	पदनाम :	र 🗆 अन्य
राज्य						
जिला						
	/प्लानिंग युनिट					
	/शहरी पोस्ट					
जगह	का पता					
प्रकार	: 🗆 ग्रामीण 🗆 शहरी 🗆 मलिन बस्ती 🕒 🕨	IRA : □ हां □ नहीं स	त्र स्थल : 🗆 स्वास्थ्य केंद्र 🗅	उपकेंद्र 🗆 आ	गिनवाड़ी केंद्र	ः □ अन्य
	जवाब पर 🗹 का निशान लगाएं। क्या सत्र आयोजित हो रहा है		□ हां □ नहीं			
	क्या सत्र आयाजित हा रहा है अ. यदि नहीं तो सत्र आयोजित न होने का	कारण लिखें (प्रपन्न के नीचे वं	_	□с	□ D.	** -***************************
	अ. यदि नहीं तो संत्र आयाजित ने होने पन ब. यदि हां तो क्या संत्र माइक्रोप्लान के अ	नसार आयोजित हो रहा है	□ हां   □ नहीं			
	लाभार्थियों को सत्र स्थल तक कौन बुला व		🗆 आंगनवाड़ी कार्यकत	र्ग 🗆 आशा	🗆 अन्य	🗆 कोई नहीं
3.	पी.एच.सी. / ब्लॉक से सत्र स्थल तक वैक्सी	न तथा अन्य लॉजिस्टिक कै	से □ वैकल्पिक साधन#	🗆 ए.एन.एम. 🕻	🗆 सुपरवाइज़	र 🛘 अन्य
4.	लाए गए क्या सभी वैक्सीन तथा डाइल्यूएंट चार आ ज़िपर युक्त थैली के अंदर रखे गए हैं	रस पैक वाले वैक्सीन कैरिय	र में 🔲 हां 🔲 नहीं			
5.	सत्र स्थल पर कौन कौन सी वैक्सीन उपलब्ध हैं *	☐ BCG ☐ Measles ☐ tOPV	□ BCG का डाइल्यूएंट □ Measles का डाइल्यूएंट □ mOPV	□ DPT □ DT □ TT		l JE l JE का  डाइल्यूएंट l Hepatitis B
		□ BCG	□ DPT	□ OPV		] Нер-В
6.	कौन कौन सी वैक्सीन की वायल बिना		□ DT			] JE
6. 7.	VVM लगे पाई गईं * क्या कोई वैक्सीन वायल उल्लिखित अवस्था में पाई गई, यदि हां तो, ☑ का निशान लगाएं तथा	☐ Measles ☐ बिना लेबल / न पढ़ ☐ VVM स्टेज III अथ	□ DT  सकने लायक लेबल  ा IV			] JE
	VVM लगे पाई गईं * क्या कोई वैक्सीन वायल उल्लिखित अवस्था में पाई गई,	☐ Measles ☐ बिना लेबल / न पढ़ ☐ VVM स्टेज III अथ	□ DT  सकने लायक लेबल  वा IV  क्सीन वायल  ोन (DPT, TT, DT, Hepatitis  सेरिंजें □ विटामिन ए सॉल्स् सेरिंजे □ विटामिन ए हेतु प  कटर □ पुष्टाहार / Suppl	-B)  रान लास्टिक की च ements ग्रें की सूची	 प्रम्मच 🔲 :	ORS के पैकेट IFA की टैबलेट पैरासिटामोल वज़न नापने की मशीन BP नापने की मशीन
7.	VVM लगे पाई गईं * क्या कोई वैक्सीन वायल उल्लिखित अवस्था में पाई गई, यदि हां तो, ☑ का निशान लगाएं तथा वैक्सीन का नाम लिखें * उल्लिखित लॉजिस्टिक में से क्या क्या वस्तुएं सत्र स्थल पर समुचित संख्या में मि%	□ Measles         □ VVM स्टेज III अथ         □ एक्सपायर हो चुकी वे         □ जमी अवस्था में वैक्स         □ ए.डी. (0.1 मि.ती.) वि         □ ए.डी. (0.5 मि.ती.) वि         □ चालू अवस्था में हब         □ खाली टीकाकरण व         □ लाल और काली थै	□ DT    Rकने लायक लेबल	-B) लास्टिक की च ements ग्रें की सूची काउंटरफॉयल	 प्रम्मच 🔲 :	ORS के पैकेट IFA की टैबलेट पैरासिटामोल वजन नापने की मशी BP नापने की मशीन □ उपलब्ध नहीं
7. 8.	VVM लगे पाई गईं * क्या कोई वैक्सीन वायल उल्लिखित अवस्था में पाई गई, यदि हां तो, ☑ का निशान लगाएं तथा वैक्सीन का नाम लिखें * उल्लिखित लॉजिस्टिक में से क्या क्या वस्तुएं सत्र स्थल पर समुचित संख्या में मि% (=BCG + Measles +JE की वायले)	□ Measles         □ VVM स्टेज III अथ         □ एक्सपायर हो चुकी वे         □ जमी अवस्था में वैक्स         □ ए.डी. (0.1 मि.ली.) वि         □ ए.डी. (0.5 मि.ली.) वे         □ चालू अवस्था में हव         □ खाली टीकाकरण व         □ लाल और काली थे         ण करने हेतु 5 मि.ली. की	□ DT    Rकने लायक लेबल	-B) लास्टिक की च ements ग्रें की सूची काउंटरफॉयल	 वम्मच	ORS के पैकेट IFA की टैबलेट पैरासिटामोल वज़न नापने की मशी BP नापने की मशीन □ उपलब्ध नहीं □ लागू नहीं
7. 8. 9.	VVM लगे पाई गईं * क्या कोई वैक्सीन वायल उल्लिखित अवस्था में पाई गई, यदि हां तो, ☑ का निशान लगाएं तथा वैक्सीन का नाम लिखें * उल्लिखित लॉजिस्टिक में से क्या क्या वस्तुएं सत्र स्थल पर उपलब्ध है *  क्या सत्र स्थल पर समुचित संख्या में मिश्र (=BCG + Measles + JE की वायले)	□ Measles         □ VVM स्टेज III अथ         □ एक्सपायर हो चुकी वे         □ जमी अवस्था में वैक्स         □ ए.डी. (0.1 मि.ली.) वि         □ ए.डी. (0.5 मि.ली.) वे         □ चालू अवस्था में हब         □ खाली टीकाकरण व         □ लाल और काली थै         ण करने हेतु 5 मि.ली. की         ों पर मिश्रण का समय अंवि	□ DT    Rकने लायक लेबल	-B) गूशन लास्टिक की च ements ों की सूची काउंटरफॉयल □ हां	्यम्मच     	ORS के पैकेट IFA की टैबलेट पैरासिटामोल वज़न नापने की मशी BP नापने की मशीन  जपलब्ध नहीं  लागू नहीं  लागू नहीं
7. 8. 9. 10.	VVM लगे पाई गईं * क्या कोई वैक्सीन वायल उल्लिखित अवस्था में पाई गई, यदि हां तो, ☑ का निशान लगाएं तथा वैक्सीन का नाम लिखें * उल्लिखित लॉजिस्टिक में से क्या क्या वस्तुएं सत्र स्थल पर समुचित संख्या में मिश्र (=BCG + Measles + JE की वायले) क्या मिश्रित BCG/Measles/JE की वायल क्या इंजेक्शन से दी जाने वाली वैक्सीन व	□ Measles           □ VVM स्टेज III अथ           □ एक्सपायर हो चुकी वे           □ एक्सपायर हो चुकी वे           □ एजी अवस्था में वैक्स           □ ए.डी. (0.1 मि.ली.) वि           □ ए.डी. (0.5 मि.ली.) वे           □ चालू अवस्था में हब           □ खाली टीकाकरण व           □ लाल और काली थै           ण करने हेतु 5 मि.ली. की           वें           में पर मिश्रण का समय अंवि           के लिए ए.डी. सिरिंजों वे	□ DT    Rकने लायक लेबल	-B)  र्शन लास्टिक की च ements में की सूची काउंटरफॉयल □ हां		ORS के पैकेट IFA की टैबलेट पैरासिटामोल वजन नापने की मशीन □ उपलब्ध नहीं □ लागू नहीं □ लागू नहीं □ लागू नहीं
7. 8. 9. 10. 11. 12.	VVM लगे पाई गईं * क्या कोई वैक्सीन वायल उल्लिखित अवस्था में पाई गई, यदि हां तो, ☑ का निशान लगाएं तथा वैक्सीन का नाम लिखें * उल्लिखित लॉजिस्टिक में से क्या क्या वस्तुएं सत्र स्थल पर समुचित संख्या में मिश्र (=BCG + Measles +JE की वायले) क्या मिश्रित BCG/Measles/JE की वायल क्या इंजेक्शन से दी जाने वाली वैक्सीन क्		□ DT  सकने लायक लेबल  वा IV  वसीन वायल  विस्तिन वायल  सिरिजें □ विटामिन ए सेल् सिरिजें □ विटामिन ए हेतु प  कटर □ पुष्टाहार / Suppl  ार्ड □ अपेक्षित लाभार्थिय लेयां □ पिछले सत्रों के व  डिस्पोज़िबल सिरिजें उपलब्ध हैं  ज इस्तेमाल किया जा रहा है	-B)		ORS के पैकेट IFA की टैबलेट पैरासिटामोल वज़न नापने की मशी BP नापने की मशीन  जिपलब्ध नहीं लागू नहीं लागू नहीं लागू नहीं
7. 8. 9. 10. 11. 12.	VVM लगे पाई गईं * क्या कोई वैक्सीन वायल उल्लिखित अवस्था में पाई गई, यदि हां तो, ☑ का निशान लगाएं तथा वैक्सीन का नाम लिखें * उल्लिखित लॉजिस्टिक में से क्या क्या वस्तुएं सत्र स्थल पर समुचित संख्या में मिश्र (=BCG + Measles + JE की वायल) क्या मिश्रित BCG/Measles/JE की वायल क्या इंजेक्शन से दी जाने वाली वैक्सीन व्	□ Measles           □ VVM स्टेज III अथ           □ एक्सपायर हो चुकी वे           □ एक्सपायर हो चुकी वे           □ एकी अवस्था में वैक्स           □ ए.डी. (0.1 मि.ली.) वि           □ ए.डी. (0.5 मि.ली.) वे           □ चालू अवस्था में हब           □ खाली टीकाकरण व           □ लाल और काली थै           ण करने हेतु 5 मि.ली. की           वें           में पर मिश्रण का समय अंवि           वें के लिए ए.डी. सिरिंजों वे           म में दी जा रही है           अथवा उसके किसी भाग व	□ DT    Rकने लायक लेबल	-B)		ORS के पैकेट IFA की टैबलेट पैरासिटामोल वजन नापने की मशीन BP नापने की मशीन जिपलब्ध नहीं लागू नहीं लागू नहीं लागू नहीं
7.  8.  9.  10.  11.  12.  13.  14.	VVM लगे पाई गईं * क्या कोई वैक्सीन वायल उल्लिखित अवस्था में पाई गई, यदि हां तो, ☑ का निशान लगाएं तथा वैक्सीन का नाम लिखें *  उल्लिखित लॉजिस्टिक में से क्या क्या वस्तुएं सत्र स्थल पर समुचित संख्या में मिश्र (=BCG + Measles +JE की वायले) क्या मिश्रित BCG/Measles/JE की वायल क्या इंजेक्शन से दी जाने वाली वैक्सीन विया प्राप्तिक के वारिश भा क्या इंजेक्शन लगाते वक्त ए.एन.एम. सुई क्या प्रत्येक सिरिंज को इस्तेमाल के तुरंत	□ Measles           □ Ran लेबल / न पढ़           □ VVM स्टेज III अथ           □ एक्सपायर हो चुकी वे           □ जमी अवस्था में वैक्स           □ ए.डी. (0.1 मि.ली.) वि           □ ए.डी. (0.5 मि.ली.) वे           □ चालू अवस्था में हब           □ खाली टीकाकरण व           □ ताल और काली थे           ण करने हेतु 5 मि.ली. की           वें           में पर मिश्रण का समय अंवि           के लिए ए.डी. सिरिंजों व           म में दी जा रही है           अथवा उसके किसी भाग क           पश्चात हब कटर से काटा	□ DT	-B)	THT	ORS के पैकेट IFA की टैबलेट पैरासिटामोल वज़न नापने की मशीन
7.  8.  9.  10.  11.  12.  13.  14.  15.	VVM लगे पाई गईं * क्या कोई वैक्सीन वायल उल्लिखित अवस्था में पाई गई, यदि हां तो, ☑ का निशान लगाएं तथा वैक्सीन का नाम लिखें *  उल्लिखित लॉजिस्टिक में से क्या क्या वस्तुएं सत्र स्थल पर समुचित संख्या में मिश्र (=BCG + Measles + JE की वायल) क्या मिश्रित BCG/Measles/JE की वायल क्या इंजेक्शन से दी जाने वाली वैक्सीन व व्या DPT वैक्सीन मध्य जांघ के बाहरी भ क्या इंजेक्शन लगाते वक्त ए.एन.एम. सुई क्या प्रत्येक सिरिंज को इस्तेमाल के तुरंत	□ Measles           □ VVM स्टेज III अथ           □ एक्सपायर हो चुकी वे           □ एक्सपायर हो चुकी वे           □ एकी अवस्था में वेक्स           □ ए.डी. (0.1 मि.ती.) वि           □ ए.डी. (0.5 मि.ती.) वे           □ चालू अवस्था में हव           □ खाली टीकाकरण व           □ लाल और काली थे           ण करने हेतु 5 मि.ती. की           वो पर मिश्रण का समय अंवि           वेने के लिए ए.डी. सिरिंजों व           ग में दी जा रही है           अथवा उसके किसी भाग व           पश्चात हब कटर से काटा           जानकारी सत्र टैली शीट	□ DT	-B)		ORS के पैकेट IFA की टैबलेट पैरासिटामोल वजन नापने की मशीन BP नापने की मशीन जिपलब्ध नहीं लागू नहीं लागू नहीं लागू नहीं
7.  8.  9.  10.  11.  12.  13.  14.	VVM लगे पाई गईं * क्या कोई वैक्सीन वायल उल्लिखित अवस्था में पाई गई, यदि हां तो, ☑ का निशान लगाएं तथा वैक्सीन का नाम लिखें *  उल्लिखित लॉजिस्टिक में से क्या क्या वस्तुएं सत्र स्थल पर समुचित संख्या में मिश्र (=BCG + Measles +JE की वायले) क्या मिश्रित BCG/Measles/JE की वायल क्या इंजेक्शन से दी जाने वाली वैक्सीन विया प्राप्तिक के वारिश भा क्या इंजेक्शन लगाते वक्त ए.एन.एम. सुई क्या प्रत्येक सिरिंज को इस्तेमाल के तुरंत	□ Measles           □ Ran chae / a ua           □ VVM स्टेज III अथ           □ एक्सपायर हो चुकी वे           □ ए.डी. (0.1 मि.ली.) वि           □ ए.डी. (0.5 मि.ली.) वि           □ ए.डी. (0.5 मि.ली.) वे           □ चालू अवस्था में हब           □ खाली टीकाकरण व           □ लाल और काली थै           ण करने हेतु 5 मि.ली. की           वो पर मिश्रण का समय अंवि           देने के लिए ए.डी. सिरिंजों व           ग में दी जा रही है           अथवा उसके किसी भाग व           पश्चात हब कटर से काटा           जे काउंटरफॉयल में भर	□ DT	-B)  -B)  -B()  -B	Tartra	ORS के पैकेट IFA की टैबलेट पैरासिटामोल वज़न नापने की मशी BP नापने की मशी  जिपलब्ध नहीं  लागू नहीं

∆ (प्र. 1अ): A= ए.एन.एम. ∕ टीकाकरण कर्मी तथा वैक्सीन एवं लॉजिस्टिक दोनों उपलब्ध नहीं हैं। B= ए.एन.एम. ∕ टीकाकरण कर्मी उपलब्ध हैं परंतु वैक्सीन एवं लॉजिस्टि C= वैक्सीन एवं लॉजिस्टिक उपलब्ध हैं परंतु ए.एन.एम. ∕ टीकाकरण कर्मी उपलब्ध नहीं है। , D-अन्य (विवरण दें)

# (प्र. 3): वैकल्पिक साधन— किसी अन्य साधन से वैक्सीन/लॉजिरिटक पहुंचाना

\*एक से अधिक जवाबों पर निशान लगा सकते हैं



# दिनांक 03.08.2013 को जनपद बदायूँ में छोटे मिया एवं बड़े मियां की उसी के कारण स्थानिय अवकास था इस लिए

## टीकारण सत्र एवं हाउस होल्ड विजित नही हो सका।

### Household Visit (Families with 0-6 years children)

Indicators	Knowledge and Awareness Households 1 2 3 4 5 6 7 8 Total $(Y/N)$
1. Breast Feeding	Is the mother aware that Breast feeding (BF) must be initiated within one hour after birth?
	Did the mother Initiate BF within one hour of birth?  Is the mother aware that Exclusive Breast feeding should be done for Six months and continued till child attains age of 2
	years?
	Has the mother Exclusively Breast fed her youngest child for Six months and continued BF till 2 years?
2. Complement	Is she aware about initiating Complementary Feeding (CF)
ary Feeding	from 6 months onwards?
Practices	Has she adhered to initiating CF from 6 months onwards?
<ol><li>Diarrhoea</li></ol>	Does the mother know that ORS+ Zinc needs to be given to
	child with diarrhoea?
	As per mother, is ORS+ Zinc available with ASHAs?
4. Pneumonia	Can mother tell at least two danger signs of pneumonia?
	Is she aware whom to approach on recognizing the danger
	signs?

## Household Visit (Pregnant Woman/High Risk Pregnant Women)

THE PROPERTY OF THE PROPERTY O	28890 888	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2					
Key Questions  Households	1	1 2 3	သ	4	4 5 6	6	7 8 7 8	08 KV	Total ()
Is the MCP card being regularly filled? *									
Is the quality of ANC and regularity of ANCs adequate? *									
Is the pregnant woman aware about birth preparedness?									
Does the pregnant woman have knowledge of JSY and JSSK?									
Whether the pregnant woman has received safe motherhood booklet?									
Does the pregnant woman have the telephone number of call center for referral									
transport/ other available referral transport?									
Does the pregnant woman have telephone numbers of ASHA/ ANM?									
Is guidance and referral provided along with birth preparedness in case of high risk									
pregnant woman?									

<sup>\*(</sup>Probe by questions and verify through filled up MCP card)





### Sub Centre level Monitoring Checklist

Name of District: <u>Badaun</u>

Date of visit: <u>01/08/2013</u>

Name of Block: Salarpur

Name of SC: Binawar

Catchment Population: 6238

Total Villages: 3

Distance from PHC: 14

Date of last supervisory visit: N/A

Name & designation of monitor: <u>Dr S.P. Bhaskar(Joint Director)</u>, <u>Dr S. K.</u>

Shaiwal (Joint Director) and Sri R.S.Bhadauria(ARO)

Names of staff posted and available on the day of visit: Seema Devi and Raj Rani (A.N.M)

Names of staff not available on the day of visit and reason for absence :  $\underline{\text{N/A}}$ 

### Section I: Physical Infrastructure:

S.No	Infrastructure	Yes	No	Remarks
1.1	Subcentre located near a main habitation	√ Y	N	There is an old existing PHC in Binaw and Presently a new CHC Building has be constructed. Whole the equipments, St
1.2	Functioning in Govt building	√ Y	N	and infrastructure is shifted in new CHC building.
1.3	Building in good condition	$\sqrt{Y}$	N	MOIC Bhinawar has allotted one room for sub-center.  The visiting team advises him to allot
1.4	Electricity with functional power back up	√ Y	N	appropriate building for sub-center.
1.5	Running 24*7 water supply	√ Y	N	
1.6	ANM quarter available	$\sqrt{Y}$	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	Y	√ N	
1.11	General cleanliness in the facility	$\sqrt{Y}$	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	No training since last three year	
2.2	2nd ANM	-	-	
2.3	MPW - Male	1	Immunization training at division level	_
2.4	Others, specify	NO. (1)	-	

Q//

Donden



Section III: Equipment

Mark (v	/) in appropriate column  Equipment	Available and Functional	Available but non- functional	Not Available	Remarks
3.1	Equipment for Hemoglobin Estimation			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	It's appear that except to the
3.2	Blood sugar testing kits			V	immunization no any other activity taken
3.3	BP Instrument and Stethoscope	√ 			place in sub center that's why the
3.4	Delivery equipment			√ 	measurtive instrument are not
3.5	Neonatal ambu bag			٧	applicable.
3.6	Adult weighing machine	√ 			
3.7	Infant/New born weighing machine	√ 			
3.8	Needle &Hub Cutter	√			and the second s
3.9	Color coded bins			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
3.10	RBSK pictorial tool kit			<b>√</b>	

### Section IV: Essential Drugs:

S.	Availability of at least 2 month stock of essential Drugs	Yes	No	Remarks
No		Y	√ N	Injectible medicine use in obstetrics
4.1	IFA tablets			purpose was not present. It denoted that
4.2	IFA syrup with dispenser	Y	√ N	delivery is not conducted at sub center
4.3	Vit A syrup	√ Y	N	level.
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	√ Y	N	
1,10	ailments e.g $PCM(\sqrt{)}$ , anti-allergic			
	drugs etc.			

Section V: Essential Supplies

Section	n V: Essential Supplies			Remarks
S.No	<b>Essential Medical Supplies</b>	Yes	No	
	Pregnancy testing Kits	Y	√ N	Though in this table no any medicine or substance was present at sub center level.
	Urine albumin and sugar testing	Y	√ N	It's also so surprised that the sanitary
	kit			napkins were not present at sub center level. Every district has a huge stock of
5.3	OCPs	Y	√ N	sanitary napkins.
5.4	EC pills	Y	√ N	-
5.5	IUCDs	Y	√ N	

?//

Hover



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	40	40	
6.2	Percentage of women registered in the first trimester	-	50	It's crystal clear that no delivery is conducted by ANM in sub center,
6.3	Percentage of ANC3 out of total registered	-	90	since at least last six month. Record on proper Performa was not
6.4	Percentage of ANC4 out of total registered		-	available, ANM giving information form a rough note book.
6.5	No. of pregnant women given IFA	-	10	
6.6	Number of deliveries conducted at SC	Nil	Nil	
6.7	Number of deliveries conducted at home		13	
6.8	No. of neonates initiated breast feeding within one hour	Nil	Nil	
6.9	Number of children screened for defects at birth under RBSK	Nil	Nil	
6.10	No. of sick children referred	Nil	Nil	
6.11	No. of pregnant women referred	Nil	Nil	
6.12	No. of IUCD insertions	Nil	Nil	
6.13	No. of children fully immunized	-	68	
6.13 a	Measles coverage	-	68	
6.15	No. of children given ORS + Zinc	-	35	
6.16	No. of children given Vitamin A	-	68	
6.17	No. of children given IFA Syrup	Nil	Nil	
6.18	No. of Maternal deaths recorded, if any	Nil	Nil	
6.19	No. of still birth recorded, if any	Nil	Nil	
6.20	Neonatal deaths recorded, if any	Nil	Nil	
6.21	Number of VHNDs attended	Nil	Nil	
6.22	Number of VHNSC meeting attended	Nil	Nil	
6.23	Service delivery data submitted for MCTS updation	Nil	Nil	

Section VII: Quality parameters of the facility:

Through probing questions and demonstrations assess does the ANM know how to...

Joseph



S.No	Essential Skill Set	Know	ledge	Sk	ill	Remarks
7.1	Correctly measure BP	Y	√N	Y	√ N	ANM's were well
7.2	Correctly measure hemoglobin	Y	√ N	Y	√ N	oriented for immunization
7.3	Correctly measure urine albumin and protein	Y	√ N	Y	√ N	and family Planning
7.4	Identify high risk pregnancy	√ Y	N	√ Y	N	programme.
7.5	Awareness on mechanisms for referral to PHC and FRU	√ <b>Y</b>	N	√ Y	N	
7.6	Correct use of partograph	Y	√ N	Y	√ N	
7.7	Provide essential newborn care(thermoregulation, breastfeeding and asepsis)	√ <b>Y</b>	N	√ Y	N	
7.8	Correctly insert IUCD	√ <b>Y</b>	N	√ Y	N	
7.9	Correctly administer vaccine	√ Y	N	√ <b>Y</b>	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	√ <b>Y</b>	N	√ Y	N	_
7.15	Awareness on site of administration of vaccine	√ Y	N	√ Y	N	

### Section VIII: Record Maintenance:

Mark  $(\sqrt{\ })$  in appropriate column

Sl. No	Record	Available and Upto- date and correctly filled	Available but non- maintained	Not Avail able	Remarks
8.1	Untied funds expenditure (Rs 10,000) 95 % expenditure in FY 2012-13		J.		large number of register regarding the finance and accountancy was not available. ANM was unable
8.2	Annual maintenance grant (Rs 10,000-Check % expenditure) FY 2012-13 not allotted and FY 2013-14 received recently		٧		to produce check issued register, Cash book, lesser register and stock book, beside it large number of programme related register were not present.
8.3	Payments under JSY			V	and a
8.4	VHND plan		٧	1 7	
8.5	VHSNC meeting minutes and action taken				

for



		ı		
, 8.6	Eligible couple register			V
8.7	MCH register ( as per GOI)			Blank
8.8	Delivery Register as per GOI			√
	format			1
8.9	Stock register			<b>√</b>
8.10	Due lists		√ ,	
8.11	MCP cards		√	
8.12	Village register			√ 7
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			<b>√</b>
	anemic pregnant women			
8.16	Updated Microplan			V
8.17	Vaccine supply for each		$\checkmark$	
	session day (check			
	availability of all vaccines )			
8.18	Due list and work plan			<b>√</b>
	received from MCTS Portal			
	through Mobile/ Physically			

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

S.		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
	II to focility	Nil	Nil	Nil	Nil	Nil
9.1	Home to facility		NII	Nil	Nil	Nil
9.2	Inter facility	Nil	Nil	1111	1111	
Marie (1993) A del marie (1994) a constante (1995) A del marie (1995)	Facility to Home (drop	Nil	Nil	Nil	Nil	Nil
9.3	back)					

Section X: IEC display:

C = 0	Material	Yes	No	Remarks
S. no 10.1	Approach roads have directions	√ Y	N	IEC material And display board were
10.2	to the sub centre Citizen Charter	Y	√ N	appropriate because
10.3	Timings of the Sub Centre	Y	√ N	sub center is existing at old PHC
10.4	Visit schedule of "ANMs"	√ Y	N	building.
10.5	Area distribution of the ANMs/	√ Y	N	bullanig.
10.6	VHND plan SBA Protocol Posters	Y	√ N	-
10.7	ISSK entitlements	Y	√ N	
10.8	İmmunization Schedule	√ Y	N	
10.9	JSY entitlements	Y	√ N	
10.10	Other related IEC material	Y	√ N	

Ans /



### Section XI: Previous supervisory visits:

S. no	Name and Designation of the supervisor	Place of posting of Supervisor	Date of visit
11.1	CMO Badaun		01/01/2013
11.2	Dypt. CMO Badaun		June 2013
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
1.	Sub Center in one room building.	Proper building should be allotted because there is appropriate space at old PHC building.	MOIC Binawar	15 days
2.	Programme record register was not avilable	Instruction given to ANM's to take all the record register from MOIC and complete is within one month	MOIC and ANM Binawar	One month
3.	Functional labor room	All the relevant and needful equipment and medicines should be taken form PHC/ district store	MOIC and ANM Binawar	15 days
4.	Non availability of financial record as per norms.	The printed checq issued register, cash book and stock register etc will be provided to ANM and a three day financial day orientation should be conducted at PHC level by a team of District Account officer, DPM and Accountants.	CMO Badaun and MOIC Binawar	One month

O Softwar



PHC/CHC (NON FRU) level Monitoring Checklist

Name of District: Badaun

Name of Block: Salarpur

Name of PHC/CHC: Binwar

Catchment Population: 183000

Total Villages: 141

Distance from Dist HQ: 12 Km

Date of last supervisory visit: N/A

Name& designation of monitor: <u>Dr S.P. Bhaskar(Joint Director)</u>,

Date of visit: 01/08/2013

Dr S. K. Shaiwal (Joint Director) and Sri R.S.Bhadauria (ARO)

Names of staff not available on the day of visit and reason for- All available

absence:

### Section I: Physical Infrastructure:

S.No	Infrastructure	Ye		No	Additional Remarks
1.1	Health facility easily accessible from nearest road head			N	CHC is established in newly constructed building and very well
1.2	Functioning in Govt building			N	running.
1.3	Building in good condition		Y	N	There is 4 MO, 6 Class 3 <sup>rd</sup> and 6 class 4 residences.
1.4	Habitable Staff Quarters for MOs		Y	N	Eight hours electricity backup and for evening
1.5	Habitable Staff Quarters for SNs		Y	N	period A25 KVA Genset and 800 watt inverter is
1.6	Habitable Staff Quarters for other categories	V	Y	N	available but till date no budgets of POL for
1.7	Electricity with functional power back up	1	Y	N	Genset is allotted. The tender for
1.9	Running 24*7 water supply	1	Y	N	biomedical waste management is in process since last 7 to 8
1.10	Clean Toilets separate for Male/Female	1	Y	N	month. There is no proper mechanism for
1.11	Functional and clean labour Room	1	Y	N	biomedical waste.
1.12	Functional and clean toilet attached to labour room	1	Y	N	
1.13	Functional New born care corner(functional radiant warmer with neo-natal ambu bag)	1	Y	N	
1.14	Functional Newborn Stabilization Unit	1	Y	N	
1.15	Clean wards	V	Y	N	
1.16	Separate Male and Female wards (at least by Partitions)	V	Y	N	
1.17	Availability of complaint/suggestion box	Y		√ N	
1.18	Availability of mechanisms for waste management	Y		√N	

### Section II: Human resource:

S. no	Category (Sanctioned)	Numbers	Remarks if any
2.1	M0-4	3	the staff there is one
2.2	SNs/GNMs-2	1	Among the staff there is one MBBS male doctors one MBBS
2.3	ANM-24	24	Female doctors and
2.4	ITc-1	Nil	orthopaedic surgeon is posted



2.5	Pharmacist-1 LHV/PHN-5	6	in State of LT, LA is posted. Under NRHM 2 female AYUSH doctors and 6 contractual Staff nurse is posted.
2.7	Others -OA and NMA(One Each)	One Each	

Section III: Training Status of HR

S. no	Training	No. trained	Remarks if any
3.1	ВеМОС	Nil	MOIC Dr M.L. Gangwar is only
3.2	SBA	<b>√</b>	SBA trained beside it one HV, 2 Staff nurse and 2 AYUSH Female
3.3	MTP/MVA	Nil	doctors is IUD trained. 2 Staff nurse is RTI/STI Trained
3.4	NSV	Nil	and so many worker are trained for cold chain.
3.5	IMNCI	Nil	
3.6	F- IMNCI	Nil	
3.7	NSSK	Nil	
3.8	Mini Lap	Nil	
3.9	IUD	<b>√</b>	
3.10	RTI/STI	V	
3.11	Immunization and cold chain	<b>√</b>	
3.12	Others	Nil	

### Section IV: Equipment

S. No	Equipment	Y	es	No	Remarks
4.1	Functional BP Instrument and Stethoscope	V	Y	N	All the equipments except to
4.2	Sterilised delivery sets	V	Y	N	the redial warmer was present and all in working conditions.
4.3	Functional neonatal, Paediatric and Adult Resuscitation kit	V	Y	N	
4.4	Functional Weighing Machine (Adult and infant/newborn)		Y	N.	
4.5	Functional Needle Cutter	√	Y	N	
4.6	Functional Radiant Warmer	Y	7	√N	
4.7	Functional Suction apparatus	1	Y	N	
4.8	Functional Facility for Oxygen Administration	1	Y	N	
4.9	Functional Autoclave	1	Y	N	

3

Jour



4.10	Functional ILR	√ Y	N	
4.11	Functional Deep Freezer	√ Y		
4.12	Emergency Tray with emergency injections	√ Y	N	
4.13	MVA/ EVA Equipment	Y	√N	
	Laboratory Equipment	Yes	No	Remarks
4.14	Functional Microscope	√ Y	N	Pathology lab in PHC is in working condition but there is
4.15	Functional Hemoglobinometer	√ Y	N	no LT, only LA is looking all work.
4.16	Functional Centrifuge,	Y	√N	
4.17	Functional Semi auto analyzer	Y	√N	
4.18	Reagents and Testing Kits	√ Y	N	

### Section V: Essential Drugs and Supplies

S.No	Drugs	Υe	es	No	Remarks
5.1	EDL available and displayed	1	Y	N	
5.2	Computerised inventory management	Y		√N	Among the medicine only small Iron tablet is in stocks. The IFA
5.3	IFA tablets		Y	N	Tablets (Blue) not supply ever
5.4	IFA tablets (blue)	Y		√N	before. In antibiotics Gentamicine inject able,
5.5	IFA syrup with dispenser	Y		√N	Tablets Ciplox and Doxy was in stock.
5.6	Vit A syrup	Y		√N	
5.7	ORS packets		Y	N	
5.8	Zinc tablets	Y		√N	
5.9	Inj Magnesium Sulphate	Y		√N	
5.10	Inj Oxytocin	,	Y	N	
5.11	Misoprostol tablets		Y	N	
5.12	Mifepristone tablets		Y	N	
5.13	Antibiotics		Y	N	
5.14	Labelled emergency tray		Y	N	
5.15	Drugs for hypertension, Diabetes, common ailments e.g PCM, anti-allergic drugs etc.		Y	N	
5.16	Vaccine Stock available		Y	N	
S.No	Supplies	Ye	S	No	Remarks
5.17	Pregnancy testing kits	Y		$\sqrt{N}$	Pregnancy testing kits, Urine
5.18	Urine albumin and sugar testing kit	Y		$\sqrt{N}$	albumin and sugar testing kit is

Q///

Bonel



5,19	OCPs	√ Y	N	an essential items for pregnant women it's need to be available
5.20	EC pills	√ Y	N	immediately.
5.21	IUCDs	√ Y	N	
5.22	Sanitary napkins	√ Y	N	
S.No	Essential Consumables	Yes	No	Remarks
5.23	Gloves, Mckintosh, Pads, bandages, and gauze etc.	√ Y	N	

Note: For all drugs and consumables, availability of at least 2 month stock to be observed and noted

### Section VI: Other Services:

S.no	Lab tests being conducted for	Yes	No	Remarks
6.1	Haemoglobin	√ Y	N	Facilities of above mentioned
6.2	CBC	Y	√ N	routine investigation is in running conditions.
6.3	Urine albumin and Sugar	Y	√N	Tulming conditions.
6.4	Serum Bilirubin test	Y	√ N	-
6.5	Blood Sugar	Y	√ N	-
6.6	RPR (Rapid Plasma Reagin) test	Y	√ N	
6.7	Malaria (PS or RDT)	√ Y	N	
6.8	T.B (Sputum for AFB)	√ Y	N	
6.9	HIV (RDT)	Y	√N	
6.10	Others	Y	√N	

### Section VII: Service Delivery in last two quarters:

S.No	Service Utilization Parameter	Q1	Q2	Remarks
7.1	OPD	-	-	The cumulative data of last 2
7.2	IPD	-	-	quarter of OPD, IPD and several other data was not
7.3	Expected number of pregnancies	1450	1450	produce before us. The
7.4	Percentage of women registered in the first trimester	-	-	inspection of PHC done on dated 01.08.2013 and two days (Up to 03.08.2013) time
7.5	Percentage of women registered in the first trimester	118	187	opportunity was given to MOIC but aqurate data was not made
7.6	Percentage of ANC3 out of total registered	N/A	N/A	- available
7.7	Percentage of ANC4 out of total registered	230	118	
7.8	Total deliveries conducted	753	787	
7.9	Number of obstetric complications managed,	11	07	

for



,	pls specify type		
7.10	No. of neonates initiated breast feeding within one hour	642	661
7.11	Number of children screened for Defects at birth under RBSK	-	1
7.12	RTI/STI Treated	Nil	Nil
7.13	No of admissions in NBSUs, if available	70	78
7.14	No. of sick children referred	18	26
7.15	No. of pregnant women referred	58	64
7.16	No. of IUCD Insertions	38	28
7.17	No. of Tubectomy	-	09
7.18	No. of Vasectomy	Nil	Nil
7.19	No. of Minilap	-	-
7.20	No. of children fully immunized	N/A	N/A
7.21	Measles coverage	N/A	N/A
7.22	No. of children given ORS + Zinc	N/A	N/A
7.23	No. of children given Vitamin A	N/A	N/A
7.24	No. of women who accepted post partum FP services	**	-
7.25	No. of MTPs conducted	-	-
7.26	Maternal deaths, if any	-	1
7.27	Still births, if any	13	11
7.28	Neonatal deaths, if any	-	-
7.29	Infant deaths, if any	-	-

### Section VII a: Service delivery in post natal wards:

S.No	Parameters	Yes	No	Remarks
7.1a	All mothers initiated breast feeding within one hr of normal delivery	√ Y	N	The newly appointed 'family
7.2a	Zero dose BCG, Hepatitis B and OPV given	√ Y	N	planning counsellors' was present on duties but they need to be trained.
7.3a	Counseling on IYCF done	√ Y	N	to be trained.
7.4a	Counseling on Family Planning done	√ Y	N	
7.5a	Mothers asked to stay for 48 hrs	√ Y	N	
7.6a	JSY payment being given before discharge	√ Y	N	
7.7a	Mode of JSY payment (Cash/ bearer cheque/Account payee cheque/Account Transfer)			
7.8a	Any expenditure incurred by Mothers on travel, drugs or diagnostics(Please give details)	Y	√ N	
7.9a	Diet being provided free of charge	√ Y	N	

0//

em The



Section VIII: Quality parameter of the facility

demonstrations assess does the staf	

S.No	Essential knowledge/Skill Set	Knowle	edge	Skills		Remarks
8.1	Manage high risk pregnancy	√ Y	N	$\sqrt{Y}$	N	
8.2	Provide essential newborn care(thermoregulation, breastfeeding and asepsis)	Y	√N	Y	√N	
8.3	Manage sick neonates and infants	Y	√N	Y	√N	
8.4	Correctly uses partograph	Y	√ N	Y	√ N	
8.5	Correctly insert IUCD	√ Y	N	√ Y	N	
8.6	Correctly administer vaccines	√ Y	N	$\sqrt{Y}$	N	
8.7	Alternate Vaccine Delivery (AVD) system functional	√ Y	N	√ Y	N	
8.7	Segregate waste in colour coded bins	√ Y	N	√ Y	N	
8.8	Adherence to IMEP protocols	Y	√ N	Y	√ N	

Section IX: Record Maintenance:

S. no	Record	Available, Updated and correctly filled	Available but Not maintained	Not Available	Remarks/ Timeline for completion
9.1	OPD Register				The OPD , IPD,
9.2	IPD Register		<b>V</b>		ANC and PNC was not completed and
9.3	ANC Register		<b>√</b>		financial register was also not
9.4	PNC Register		<b>√</b>		complete. Several undistributed
9.5	Indoor bed head ticket		1		cheque of JSY were found. Instruction
9.6	Line listing of severely anaemic pregnant women			√	given to MOIC  That all the cheque
9.7	Labour room register				should be disburse or cancel as soon
9.8	Partographs				as possible.
9.9	OT Register			<b>√</b>	
9.10	FP Register	1			
9.11	Immunisation Register	1			
9.12	Updated Microplan	<b>\</b>			
9.13	Drug Stock Register	1			
9.14	Referral Registers (In and Out)	<b>√</b>			
9.15	Payments under JSY		<b>√</b>		
9.16	Untied funds expenditure (Check % expenditure)		√ 		



Journal Committee of the Committee of th



9:17	AMG expenditure (Check % expenditure)	√ 		
9.18	RKS expenditure (Check %	$\checkmark$		
7.18	expenditure)			

### Section X: Referral linkages in last two quarters:

	(Specify Govt./ pvt)	transport ed during ANC/INC/ PNC	infants transport ed	1-6 years	
Home to facility	Govt	434	-	02	Free by 102 service
•	Govt	105	26	03	Free by 102 service
	Govt	1261	_	-	Free by 102 service
	Home to facility  Inter facility  Facility to Home (drop back)	Govt  Home to facility  Govt  Inter facility  Govt	ANC/INC/PNC  Govt 434  Home to facility  Govt 105  Inter facility  Govt 1261	ANC/INC/ ed PNC  Govt 434 -  Govt 105 26  Inter facility  Govt 1261 -	ANC/INC/ ed PNC  Govt 434 - 02  Home to facility  Govt 105 26 03  Inter facility  Govt 1261

Section XI: IEC Display:

Material	Yes	No	Remarks
Approach roads have directions to the health	Y	√N	Though IEC material and
Citizen Charter	Y	√ N	display was up to the mark but Citizen charter was not
Timings of the Health Facility	√ Y	N	available.
List of services available	√ Y	N	
Essential Drug List	√ Y	N	
Protocol Posters	Y	√ N	
JSSK entitlements	√ Y	N	
Immunization Schedule	√ Y	N	
JSY entitlements	√ Y	N	
Other related IEC material	√ Y	N	
	facility Citizen Charter Timings of the Health Facility List of services available Essential Drug List Protocol Posters JSSK entitlements Immunization Schedule JSY entitlements	Approach roads have directions to the health facility  Citizen Charter  Timings of the Health Facility  List of services available  Essential Drug List  Protocol Posters  JSSK entitlements $\sqrt{Y}$ Immunization Schedule $\sqrt{Y}$	Approach roads have directions to the health facility  Citizen Charter  Timings of the Health Facility  List of services available  Essential Drug List  Protocol Posters  JSSK entitlements $\sqrt{Y}$ N  Immunization Schedule $\sqrt{Y}$ N  ISY entitlements

Section XII: Additional/Support Services:

Sl. no	Services	Yes	No	Remarks
12.1	Regular sterilisation of Labour room (Check Records)	Y	√N	
12.2	Functional laundry/washing services	Y	√ N	
12.3	Availability of dietary services	√ Y	N	
12.4	Appropriate drug storage facilities	√ Y	N	
12.5	Equipment maintenance and repair	√ Y	N	

2 ANY STATES



*	mechanism		
12.6	Grievance redressal mechanisms	√ Y	N
12.7	Tally software implemented	√ Y	N

Section XIII: Previous supervisory visits:

S. no Name and Designation of the supervisor		Place of posting of Supervisor	Date of visit	
13.1	Dr. Naugi (Divisional Joint Director)	Bareilly	22.06.2013	
13.2	Additional Director	Bareilly	03.07.2013	
13.3				
13.4				
13.5				

**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
AYUSH LMO's	Two AYUSH LMO's is posted but they are not trained for JSY, JSSK, Immunization And MCH programme.	CMO/MOIC	One Month
Family Welfare Councillors	One FW councillors is posted but she need training	CMO/MOIC	One Month
Staff Nurse	Six Contractual staff nurse posted and they need training	CMO/MOIC	One Month
Financial and Other's records	Record's and Registers grossly incomplete. MOIC needed financial Training.	CMO/NRHM	One Month

Proved



### FRUlevel Monitoring Checklist

Name of District: Badaun

Name of Block: UJJani

Name of FRU: UJJani

Catchment Population: 157000

**Total Villages: 148** 

Distance from Dist HQ: 13 Km

Date of last supervisory visit:N/A

Date of visit:03.08.2013

Name& designation of monitor: <u>Dr S.P. Bhaskar(Joint Director)</u>, Dr S.K.Shaiwal(Joint Director) and Sri R.S.Bhadauria(ARO)

Names of staff not available on the day of visit and reason for absence:\_N/A

### Section I: Physical Infrastructure:

S.No	Infrastructure	Yes	No	Additional Remarks
1.1	Health facility easily accessible from nearest road head	√ Y	N	FRU Building is newl
1.2	Functioning in Govt building	√ Y	N	constructed and very functioning. A new bo
1.3	Building in good condition	√ Y	N	corner radiant worm working.
1.4	Habitable Staff Quarters for MOs	√ Y	N	working.
1.5	Habitable Staff Quarters for SNs	√ Y	N	
1.6	Habitable Staff Quarters for other categories	√ Y	N	
1.7	Electricity with power back up	√ Y	N	
1.8	Running 24*7 water supply	√ Y	N	
1.9	Clean Toilets separate for Male/Female	√ Y	N	
1.10	Functional and clean labour Room	√ Y	N	
1.11	Functional and clean toilet attached to labour room	√ Y	N	
1.12	Functional New born care corner(functional radiant warmer with neo-natal ambu bag)	√ Y	N	
1.13	Functional Newborn Stabilization Unit	Y	√ N	
1.14	Functional SNCU	Y	√ N	
1.16	Clean wards	√ Y	N	
1.17	Separate Male and Female wards (at least by partitions)	√ Y	N	
1.18	Availability of Nutritional Rehabilitation Centre	Y	√ N	
1.19	Functional BB/BSU, specify	Y	√ N	
1.20	Separate room for ARSH clinic	√ Y	N	
1.21	Availability of complaint/suggestion box	Y	√ N	
1.22	Availability of mechanisms for Biomedical waste management (BMW)at facility	√ Y	N	

FRU Building is newly constructed and very well functioning. A new borne care corner radiant wormer is not working.



1.23	BMW outsourced	√ Y	N	
1.24	Availability of ICTC Centre	√ Y	N	

S. no	Category	Numbers	Remarks if any
2.1	OBG	1	
2.2	Anaesthetist	1	One Gynaecologist is going to
2.3	Paediatrician	1	be joining sonly.
2.4	General Surgeon	1	
2.5	Other Specialists	1(Orthopaedics surg.)	
2.6	MOs	2	
2.7	SNs	1+5(Contractual)	
2.8	ANMs	27(2 at HQ)	
2.9	LTs	1	
2.10	Pharmacist	1	
2.11	LHV	4	
2.12	Radiographer	1	
2.13	RMNCHA+ counsellors	1(FP)+ 1(ICTC)	
2.14	Others	Nil	

**Section III: Training Status of HR:** 

S. no	Training	No. trained	Remarks if any
3.1	EmOC	1	Two Staff personnel is mentioned
3.2	LSAS	**	in NSSK Training, they are under training.
3.3	BeMOC	-	a diffing.
3.4	SBA	4	
3.5	MTP/MVA	4	
3.6	NSV		
3.7	F-IMNCI	-	
3.8	NSSK	2	-
3.9	Mini Lap-Sterilisations	-	
3.10	Laproscopy-Sterilisations	NI NI	
3.11	IUCD	4	
3.12	PPIUCD	•	
3.13	Blood storage		
3.14	IMEP	-	
3.16	Immunization and cold chain	6	==
3.15	Others	-	

Section IV: Equipment:

S. No Equipment	Yes No Remarks

3/ Amery



4.1	Functional BP Instrument and Stethoscope	√ Y	N
4.2	Sterilised delivery sets	√ Y	N
4.3	Functional Neonatal, Paediatric and Adult Resuscitation kit	√ Y	N
4.4	Functional Weighing Machine (Adult and child)	√ Y	N
4.5	Functional Needle Cutter	√ Y	N
4.6	Functional Radiant Warmer	Y	√N
4.7	Functional Suction apparatus	√ Y	N
4.8	Functional Facility for Oxygen Administration	√ Y	N
4.9	Functional Autoclave	√ Y	N
4.10	Functional ILR and Deep Freezer	√ Y	N
4.11	Emergency Tray with emergency injections	√ Y	N
4.12	MVA/ EVA Equipment	Y	√ N
4.13	Functional phototherapy unit	√ Y	N
	Laboratory Equipment		
4.14	Functional Microscope	√ Y	N
4.15	Functional Hemoglobinometer	√ Y	N
4.16	Functional Centrifuge	√ Y	N
4.17	Functional Semi autoanalyzer	Y	√ N
4.18	Reagents and Testing Kits	√ Y	N
	O.T Equipment		
4.19	O.T Tables	√ Y	N
4.20	Functional O.T Lights, ceiling	Y	√ N
4.21	Functional O.T lights, mobile	√ Y	N
4.22	Functional Anesthesia machines	√ Y	N
4.23	Functional Ventilators	Y	√ N
4.24	Functional Pulse-oximeters	Y	√ N
4.25	Functional Multi-para monitors	Y	√ N
4.26	Functional Surgical Diathermies	Y	√ N
4.27	Functional Laparoscopes	√ Y	N
4.28	Functional C-arm units	Y	√ N
4.29	Functional Autoclaves (H or V)	√ Y	N
		*	

Radiant Warmer is under repair.

Surgical Diathermies and pulse oximeters will be available very sonly







Section V: Essential Drugs and Supplies:

Drugs	Yes	No	Remarks
EDL available and displayed	√ Y	N	All essential medicine was
Computerised inventory management	Y	√N	available in stock.
IFA tablets	√ Y	N	
IFA tablets (blue)	Y	√ N	
IFA syrup with dispenser	Y	√ N	
Vit A syrup	√ Y	N	
ORS packets	√ Y	N	
	√ Y	N	
	√ Y	N	
Inj Oxytocin	√ Y	N	
Misoprostol tablets		N	
Mifepristone tablets		N	
Availability of antibiotics			
Labelled emergency tray			
ailments e.g PCM, metronidazole, anti-allergic drugs etc.			
Vaccine Stock available	√ Y	N	
Supplies	Yes	No	Remarks
Pregnancy testing kits	√ Y	N	All essential Kits was available in stock.
Urine albumin and sugar testing kit	√ Y	N	
OCPs	√ Y	N	
FC nills	√ Y	N	
	√ Y	N	
	√ Y	N	
Essential Consumables	Yes	No	Remarks
Gloves, Mckintosh, Pads, bandages, and gauze	√ Y	N	
	EDL available and displayed Computerised inventory management IFA tablets IFA tablets (blue) IFA syrup with dispenser Vit A syrup  ORS packets Zinc tablets Inj Magnesium Sulphate Inj Oxytocin Misoprostol tablets  Mifepristone tablets  Availability of antibiotics  Labelled emergency tray Drugs for hypertension, Diabetes, common ailments e.g PCM, metronidazole, anti-allergic drugs etc. Vaccine Stock available  Supplies Pregnancy testing kits Urine albumin and sugar testing kit  OCPs  EC pills IUCDs  Sanitary napkins Essential Consumables	EDL available and displayed  Computerised inventory management  IFA tablets  IFA tablets  IFA syrup with dispenser  Vit A syrup  Vit A syrup  Vit A syrup  ORS packets  Zinc tablets  Inj Magnesium Sulphate  Inj Oxytocin  Misoprostol tablets  Availability of antibiotics  Labelled emergency tray  Drugs for hypertension, Diabetes, common ailments e.g PCM, metronidazole, anti-allergic drugs etc.  Vaccine Stock available  Ves  Pregnancy testing kits  Vy  EC pills  IUCDs  Sanitary napkins  Essential Consumables  Y Y  V Y  V Y  V Y  V Y  Supplies  V Y  Supplies  V Y  V Y  V Y  Sanitary napkins  Essential Consumables  V Y  V Y  V Y  V Y  V Y  V Y  V Y  V	EDL available and displayed  Computerised inventory management  IFA tablets  IFA tablets  IFA tablets (blue)  IFA syrup with dispenser  Vit A syrup  Vit A syrup  ORS packets  Zinc tablets  Jy N  Inj Magnesium Sulphate  Inj Oxytocin  Misoprostol tablets  Mifepristone tablets  Availability of antibiotics  Labelled emergency tray  Drugs for hypertension, Diabetes, common ailments e.g PCM, metronidazole, anti-allergic drugs etc.  Vaccine Stock available  Supplies  Pregnancy testing kits  Urine albumin and sugar testing kit  Vy N  CCPs  Jy N  CCPS  Sanitary napkins  Essential Consumables

Note: For all drugs and consumables, availability of at least 2 month stock to be observed and noted

### Section VI: Other Services:

S.no	Lab Services	Yes	No	Remarks
6.1	Haemoglobin	$\sqrt{Y}$	N	
				Laboratory in functional state.



Part





6.2	CBC	√ Y	N	
6.3	Urine albumin and sugar	√ Y	N	
6.4	Blood sugar	√ Y	N	
6.5	RPR (Rapid Plasma Reagin) test	Y	√ N	
6.6	Malaria (PS or RDT)	√ Y	N	-
6.7	T.B (Sputum for AFB)	√ Y	N	
6.8	HIV (RDT)	√ Y	N	
6.9	Liver function tests(LFT)	Y	√ N	
6.10	Others, pls specify	Y	√ N	
S.No	Blood bank / Blood Storage Unit	Yes	No	Remarks
6.11	Functional blood bag refrigerators with chart for temp. recording	Y	√ N	Blood bank/Blood storage facilities was not found at FRU.
6.12	Sufficient no. of blood bags available	Y	√ N	
6.13	Check register for number of blood bags issued for BT in last quarter	Nil		

Section VII: Service Delivery in last two quarters:

S.No	Service Utilization Parameter	Q1	Q2	Remarks
7.1	OPD	14091	14945	
7.2	IPD	496	393	OPD/IPD and others related
7.3	Expected number of pregnancies	1200	1200	record register were up to the mark.
7.4	No. of pregnant women given IFA	=	198	
7.5	Total deliveries conducted	264	424	
7.6	No. of assisted deliveries (Ventouse/ Forceps)	~	-	
7.7	No. of C section conducted	4	3	
7.8	Number of obstetric complications managed, pls specify type	6	13	
7.9	No. of neonates initiated breast feeding within one hour	264	424	
7.10	Number of children screened for Defects at birth under RBSK	-	3	
7.11	RTI/STI Treated	400	410	·
7.12	No of admissions in NBSUs/SNCU, whichever available		-	
7.12 a	Inborn	~	-	
7.12 b	Outborn		-	
7.13	No. of children admitted with SAM		-	
7.14	No. of sick children referred		-	
7.15	No. of pregnant women referred	9	45	
7.16	No. of IUCD Insertions		13	
7.17	No. of Tubectomy		18	
7.18	No. of Vasectomy	Nil	Nil	



Am





7.19	No. of Minilap	Nil	Nil
7.20	No. of children fully immunized	2208	1549
7.21	Measles coverage	2208	1549
7.22	No. of children given ORS + Zinc	-	
7.23	No. of children given Vitamin A	-	-
7.24	No. of women who accepted post-partum FP services		2
7.25	No. of MTPs conducted in first trimester		17
7.26	No. of MTPs conducted in second trimester	Nil	Nil
7.27	Number of Adolescents attending ARSH clinic		30
7.28	Maternal deaths, if any	Nil	Nil
7.29	Still births, if any	-	17
7.30	Neonatal deaths, if any	Nil	Nil
7.31	Infant deaths, if any	Nil	Nil

Section VII a: Service delivery in post natal wards:

S.No	Parameters	Yes	No	Remarks
7.1a	All mothers initiated breast feeding within one hr of normal delivery	√ Y	N	Councillors needs training
7.2a	Zero dose BCG,Hepatitis B and OPV given	√ Y	N	
7.3a	Counseling on IYCF done	√ Y	N	
7.4a	Counseling on Family Planning done	√ Y	N	
7.5a	Mothers asked to stay for 48 hrs	√ Y	N	
7.6a	JSY payment being given before discharge	√ Y	N	
7.7a	Mode of JSY payment (Cash/ bearer cheque/Account payee cheque/Account Transfer)	√	Y	
7.8a	Any expenditure incurred by Mothers on travel, drugs or diagnostics(Please give details)	√ Y	N	
7.9a	Diet being provided free of charge	√ Y	N	

Section VIII: Quality parameter of the facility:

Through probing questions and demonstrations assess does the staff know how to...

Essential Skill Set	Yes	No	Remarks
Manage high risk pregnancy	√ Y	N	The state of the s
Provide essential newborn care(thermoregulation, breastfeeding and asepsis)	√ Y	N	Staff Nurse well oriented above the related things.
Manage sick neonates and infants	√ Y	N	
Correctly uses partograph	√ Y	N	
	Manage high risk pregnancy  Provide essential newborn care(thermoregulation, breastfeeding and asepsis)  Manage sick neonates and infants	Manage high risk pregnancy $\sqrt{Y}$ Provide essential newborn care(thermoregulation, breastfeeding and asepsis)  Manage sick neonates and infants $\sqrt{Y}$	Manage high risk pregnancy





8.5	Correctly insert IUCD	√ Y	N
8.6	Correctly administer vaccines	√ Y	N
8.7	Segregation of waste in colour coded bins	√ Y	N
8.8	Adherence to IMEP protocols	Y	√ N
8.9	Manage Bio medical waste	√ Y	N
8.10	Updated entry in the MCP Cards	√ Y	N
8.11	Entry in MCTS	√ Y	N
8.12	Corrective action taken on Maternal Death Review finding	Y	√ N

Section IX: Record Maintenance:

S. no	Record	Available and Updated and Correctly filled	Available but Not maintained	Not Available	Remarks/Timeli ne for completion
9.1	OPD Register	V			The state of the s
9.2	IPD Register	1			Record was up to the mark and
9.3	ANC Register	<b>√</b>			expenditure untied fund , AMG and RKS is .
9.4	PNC Register	<b>√</b>			about 96%
9.5	Indoor bed head ticket	<b>√</b>			
9.6	Line listing of severely anaemic pregnant women			<b>1</b>	
9.7	Labour room register				
9.8	Partographs		1		
9.9	FP-Operation Register (OT)	$\sqrt{}$			
9.10	OT Register	<b>√</b>			
9.11	FP Register	√			
9.12	Immunisation Register	<b>—————————————————————————————————————</b>			
9.13	Updated Microplan	<b>1</b>			
9.14	Blood Bank stock register			<b>√</b>	
9.15	Referral Register (In and Out)	<b>1</b>			
9.16	MDR Register	<b>√</b>			·
9.17	Infant Death Review and Neonatal Death Review			V	
9.18	Drug Stock Register	$\sqrt{}$			
9.19	Payment under JSY	$\sqrt{}$			







	Untied funds expenditure (Check %	<b>V</b>		
9.20	expenditure)			
	AMG expenditure (Check %	<b>1</b>		
9.21	expenditure)			
	RKS expenditure (Check %	<b>V</b>		
9.22	expenditure)			

Section X: Referral linkagesin last two quarters:

S. no	JSSK	Mode of Transport (Specify Govt./ pvt)	No. of women transported during ANC/INC/PN C	No. of sick infants transported	No. of children 1-6 years	Free/ Paid
10.1	Home to facility	All Facilities given by 102				
		All Facilities given				
		by 102				
10.2	Inter facility		-	-		_
		All Facilities given				
	Facility to Home (drop	by 102				
10.3	back)			-	-	-

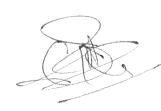
Section XI: IEC Display:

S.No	Material	Yes	No	Remarks
11.1	Approach roads have directions to the health facility	√ Y	N	All essential
11.2	Citizen Charter	√ Y	N	elements up to the
11.3	Timings of the health facility	√ Y	N	marks
11.4	List of services available	√ Y	N	
11.5	Essential Drug List	√Y	N	
11.6	Protocol Posters	√ Y	N	
11.7	JSSK entitlements (Displayed in ANC Clinics/, PNC Clinics)	√Y	N	
11.8	Immunization Schedule	√Y	N	
11.9	JSY entitlements( Displayed in ANC Clinics/, PNC Clinics)	√Y	N	
11.10	Other related IEC material	√ Y	N	

Section XII: Additional/Support Services:

Sl. no	Services	Yes	No	Remarks
12.1	Regular sterilisation of LR (Check Records)	√Y	N	
				All essential elements up to







12.1a	Regular sterilisation of OT (Check Records)	√ Y	N	the marks
12.2	Functional Laundry/washing services	√ Y	N	
12.3	Availability of dietary services	√ Y	N	
12.4	Appropriate drug storage facilities	√Y	N	
12.5	Equipment maintenance and repair mechanism	√ Y	N	
12.6	Grievance Redressal mechanisms	√ Y	N	
12.7	Tally software implemented	√ Y	N	

Section XIII: Previous supervisory visits:

S. no	Name and Designation of the supervisor	Place of posting of Supervisor	Date of visit
13.1	No supervisor visit since last six month		***
13.2			
13.3			
13.4			
13.5			

**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
Supervision	Though the FRU's is Functioned is very well but regular supervision is needed.	CMO/Divisional AD	Once in a month

On An



### DH level Monitoring Checklist

Name of District: Badaun

Name of Block: Badaun City

Name of DH: Badaun

Catchment Population: 320000

Total Villages: N/A

Date of last supervisory visit: N/A

Name& designation of monitor: <u>Dr S.P. Bhaskar (Joint Director)</u>, <u>Dr S.K.Shaiwal (Joint Director)</u> and <u>Sri R.S.Bhadauria(ARO)</u>

Date of visit: 02.08.2013

Names of staff not available on the day of visit and reason for absence:1-Dr Vimlesh Kumar (Rediologist, From 27.09.2011) 2- Neeraj Kumar(Physician from 10.07.2011) 3-Dr Smt Sudha rani (Eye Surg. From, 25.07.2013) 4-Dr Avedhes Kuamr(Surgeon, from march 2013)

### Section I: Physical Infrastructure:

S.No	Infrastructure	Yes	No
1.1	Health facility easily accessible from nearest road head	√ Y	N
1.2	Functioning in Govt building	√ Y	N
1.3	Building in good condition	√ Y	N
1.4	Habitable Staff Quarters for MOs	√ Y	N
1.5	Habitable Staff Quarters for SNs	√ Y	N
1.6	Habitable Staff Quarters for other categories	√ Y	N
1.7	Electricity with power back up	√ Y	N
1.9	Running 24*7 water supply	√ Y	N
1.10	Clean Toilets separate for Male/Female	√ Y	N
1.11	Functional and clean labour Room	√ Y	N
1.12	Functional and clean toilet attached to labour room	√ Y	N
1.13	Functional New born care corner(functional radiant warmer with neo-natal ambu bag)	√ Y	N
1.14	Functional Newborn Stabilization Unit	Y	√ N
1.16	Functional SNCU	Y	√ N
1.17	Clean wards	√ Y	N
1.18	Separate Male and Female wards (at least by partitions)	√ Y	N
1.19	Availability of Nutritional Rehabilitation Centre	Y	√ N
1.20	Functional BB/BSU, specify	Y	√ N
1.21	Separate room for ARSH clinic	Y	√ N
1.22	Availability of complaint/suggestion box	√ Y	N
1.23	Availability of mechanisms for Biomedical waste management	√ Y	N

Additional Remarks

MO's Staff Quarter is not
Available in Female Hospital but
available in male hospital.
Child Specialist in District hospital
(Female) posted in Since last one
month but no SNCU/Stabilizing
unit Functioning.







	(BMW)at facility	PARTIES AND ADDRESS AND ADDRES		
1.24	BMW outsourced	√ Y	N	
1.25	Availability of ICTC/ PPTCT Centre	√ Y	N	
1.26	Availability of functional Help Desk	Y	√ N	

Section II: Human resource:

S. no	Category	Numbers	Remarks if any
2.1	OBG	5(DH-F)	
2.2	Anaesthetist	1(DH-M)+ 1(DH-F)	No Radiologist is posted in
2.3	Paediatrician	1(DH-M)+ 1(DH-F)	district Female Hospital
2.4	General Surgeon	1(DH-M)	-
2.5	Other Specialists	2(DH-M) Eye Surg.	
2.6	MOs	4(DH-M)+ 2(DH-F)	
2.7	SNs	22(DH-M)+ 10(DH-F)	
2.8	ANMs	2(DH-F)	
2.9	LTs	2+4(DH-M)	
2.10	Pharmacist	7(DH-M)+ 3(DH-F)	
2.11	LHV	1(DH-F)	
2.12	Radiographer	1(DH-M)	
2.13	RMNCHA+ counsellors	2 ICTC +1 FP	
2.14	Others	2 ECG, 2 Dark room	

Section III: Training Status of HR:

S. no	Training	No. trained	Remarks if any
3.1	EmOC	1	One EMOc Trained Doctors
3.2	LSAS	Nil	transfered to FRU Ujjani.
3.3	ВеМОС	Nil	
3.4	SBA	2 Female	
3.5	MTP/MVA	Nil	
3.6	NSV	1	
3.7	F-IMNCI	Nil	
3.8	NSSK	Nil	
3.9	Mini Lap-Sterilisations	1 Female	
3.10	Laproscopy-Sterilisations	2 Female	
3.11	IUCD	Nil	
3.12	PPIUCD	Nil	
3.13	Blood storage	Nil	
3.14	IMEP	Nil	
3.16	Immunization and cold chain	Nil	
3.15	Others	Nil	







Section IV: Equipment:

S. No	Equipment	Yes	No	Remarks
4.1	Functional BP Instrument and Stethoscope	√ Y	N	Ultrasound Machine in District male and Female Hospital in non
4.2	Sterilised delivery sets	√ Y	N	Functioning state.
4.3	Functional Neonatal, Paediatric and Adult Resuscitation kit	√ Y	N	
4.4	Functional Weighing Machine (Adult and child)	√ Y	N	
4.5	Functional Needle Cutter	√ Y	N	
4.6	Functional Radiant Warmer	Y	√N	
4.7	Functional Suction apparatus	√ Y	N	
4.8	Functional Facility for Oxygen Administration	√ Y	N	
4.9	Functional Foetal Doppler/CTG	√ Y	N	
4.10	Functional Mobile light	Y	√N	
4.11	Delivery Tables	√ Y	N	
4.12	Functional Autoclave	√ Y	N	
4.13	Functional ILR and Deep Freezer	√ Y	N	
4.14	Emergency Tray with emergency injections	√ Y	N	
4.15	MVA/ EVA Equipment	Y	√ N	
4.16	Functional phototherapy unit	Y	√ N	
4.17	O.T Equipment			
4.18	O.T Tables	√ Y	N	
4.19	Functional O.T Lights, ceiling	√ Y	N	
4.20	Functional O.T lights, mobile	√ Y	N	
4.21	Functional Anesthesia machines	√ Y	N	
4.22	Functional Ventilators	Y	√ N	
4.23	Functional Pulse-oximeters	√ Y	N	
4.24	Functional Multi-para monitors	Y	√ N	
4.25	Functional Surgical Diathermies	Y	√ N	
		√ Y	N	
4.26	Functional Laparoscopes	V 1		
4.26 4.27	Functional Laparoscopes  Functional C-arm units	Y	√ N	









	Laboratory Equipment			No Pathology and Radiology wing
4.1a	Functional Microscope	√ Y	N	established in District Female Hospital and it's yet to be
4.2a	Functional Hemoglobinometer	√ Y	N	established.
4.3a	Functional Centrifuge	√ Y	N	
4.4a	Functional Semi autoanalyzer	√ Y	N	
4.5a	Reagents and Testing Kits	√ Y	N	
4.6a	Functional Ultrasound Scanners	Y	√ N	
4.7a	Functional C.T Scanner	Y	√ N	
4.8a	Functional X-ray units	√ Y	N	
4.9a	Functional ECG machines	√ Y	N	

Section V: Essential Drugs and Supplies:

S.No	Drugs	Yes	No	Remarks
5.1	EDL available and displayed	√ Y	N	
5.2	Computerised inventory management	Y	$\sqrt{N}$	
5.3	IFA tablets	$\sqrt{Y}$	N	No Sanitary napkins Found in
5.4	IFA tablets (blue)	Y	$\sqrt{N}$	District Female Hospital
5.5	IFA syrup with dispenser	Y	$\sqrt{N}$	
5.6	Vit A syrup	Y	$\sqrt{N}$	
5.7	ORS packets	$\sqrt{Y}$	N	
5.8	Zinc tablets	Y	$\sqrt{N}$	
5.9	Inj Magnesium Sulphate	$\sqrt{Y}$	N	
5.10	Inj Oxytocin	$\sqrt{Y}$	N	
5.11	Misoprostol tablets	$\sqrt{Y}$	N	
5.12	Mifepristone tablets	$\sqrt{Y}$	N	
5.13	Availability of antibiotics	√ Y	N	
5.14	Labelled emergency tray	$\sqrt{Y}$	N	
5.15	Drugs for hypertension, Diabetes, common ailments e.g PCM, anti-allergic drugs etc.	$\sqrt{Y}$	N	
5.16	Vaccine Stock available	$\sqrt{Y}$	N	
S.No	Supplies	Yes	No	Remarks
5.17	Pregnancy testing kits	$\sqrt{Y}$	N	
5.18	Urine albumin and sugar testing kit	$\sqrt{Y}$	N	
5.19	OCPs	$\sqrt{Y}$	N	









5.20		$\sqrt{Y}$	N	
	EC pills			
5.21		$\sqrt{-Y}$	N	
	IUCDs			
5.22	Sanitary napkins	Y	$\sqrt{N}$	
S.No	Essential Consumables	Yes	No	Remarks
5.23	Gloves, Mckintosh, Pads, bandages, and	$\sqrt{-Y}$	N	
	gauze etc.			

Note: For all drugs and consumables, availability of at least 2 month stock to be observed and noted

Section VI: Other Services:

S.no	on VI: Other Services :  Lab Services	Yes	No	Remarks
6.1	Haemoglobin	√ Y	N	Blood Bank in Functioning State
6.2	СВС	√ Y	N	and 23 unit's blood was available.
6.3	Urine albumin and sugar	$\sqrt{Y}$	N	
6.4	Blood sugar	√ Y	N	·
6.5	RPR (Rapid Plasma Reagin) test	√ Y	N	
6.6	Malaria (PS or RDT)	$\sqrt{Y}$	N	
6.7	T.B (Sputum for AFB)	√ Y	N	
6.8	HIV (RDT)	$\sqrt{Y}$	N	
6.9	Liver function tests(LFT)	√ Y	N	
6.10	Ultrasound scan (Ob.)	Y	√ N	
6.11	Ultrasound Scan (General)	Y	√ N	
6.12	X-ray	√ Y	N	
6.13	ECG	√ Y	N	
6.14	Endoscopy	Y	√ N	
6.15	Others, pls specify	Y	√ N	-
S.No	Blood bank / Blood Storage Unit	Yes	No	Remarks
6.16	Functional blood bag refrigerators with chart for temp, recording	√Y	N	
6.17	Sufficient no. of blood bags available	√ Y	N	
6.18	Check register for number of blood bags issued for BT in last quarter	V	Y	

Section VII: Service Delivery in last two quarters:

S.No	Service Utilization Parameter	Q1	Q2	Remarks
7.1	OPD	12469	14650	V D: 4 M 1 H: 4-1 OPD 60621
7.2	IPD	-	Name .	In Dist. Male Hospital OPD 60621 and 78414, IPD 3332 and 5346
7.3	Expected number of pregnancies			respectively in First and Second
7.4	No. of pregnant women given JFA	-		Quarter. 2 NSV also done in DH
7.5	Total deliveries conducted	893	910	Male. Due to Holiday of Jumma Alvida
7.6	No. of assisted deliveries( Ventouse/ Forceps)	Nil	Nil	there is some staff not present that's
7.7	No. of C section conducted	94	20	why IPD and Immunization related information was not collected.
7.8	Number of obstetric complications managed, pls	-	-	information was not conected.

9//

Doy





	specify type		
7.9	No. of neonates initiated breast feeding within one hour	890	900
7.10	Number of children screened for Defects at birth under RBSK	9	10
7.11	RTI/STI Treated	80	86
7.12	No of admissions in NBSUs/ SNCU, whichever available	Nil	Nil
7.13	No of admissions :Inborn	Nil	Nil
7.14	No of admissions :Outborn	Nil	Nil
7.15	No. of children admitted with SAM	Nil	Nil
7.16	No. of sick children referred	N/A	N/A
7.17	No. of pregnant women referred	116	124
7.18	No. of IUCD Insertions	06	05
7.19	No. of Tubectomy	182	158
7.20	No. of Vasectomy	-	-
7.21	No. of Minilap	-	-
7.22	No. of children fully immunized	N/A	N/A
7.23	Measles coverage	N/A	N/A
7.24	No. of children given ORS + Zinc	N/A	N/A
7.25	No. of children given Vitamin A	N/A	N/A
7.26	No. of women who accepted post-partum FP services	N/A	N/A
7.27	No. of MTPs conducted in first trimester	N/A	N/A
7.28	No. of MTPs conducted in second trimester	N/A	N/A
7.29	Number of Adolescents attending ARSH clinic	N/A	N/A
7.30	Maternal deaths, if any	1	1
7.31	Still births, if any	4	5
7.32	Neonatal deaths, if any	2	2
7.33	Infant deaths, if any	0	0

Section VII a: Service delivery in post natal wards:

S.No	Parameters	Yes	No	Remarks
7.1a	All mothers initiated breast feeding within one hour of normal delivery	√Y	N	
7.2a	Zero dose BCG, Hepatitis B and OPV given	√Y	N	
7.3a	Counseling on IYCF done	√Y	N	
7.4a	Counseling on Family Planning done	√Y	N	
7.5a	Mothers asked to stay for 48 hrs	√Y	N	
7.6a	JSY payment being given before discharge	√Y	N	
7.7a	Mode of JSY payment (Cash/ bearer cheque/Account payee cheque/Account Transfer)		√Y	

Qm/



7.8a	Any expenditure incurred by Mothers on travel, drugs or diagnostics( <i>Please give details</i> )	√Y	N	
7.9a	Diet being provided free of charge	√Y	N	

Section VIII: Quality parameter of the facility:

S.No	Essential Skill Set	Yes	No	Remarks
8.1	Manage high risk pregnancy	√ Y	N	
8.2	Provide essential newborn care (thermoregulation, breastfeeding and asepsis)	Y	√ N	
8.3	Manage sick neonates and infants	√Y	N	
8.4	Correctly uses partograph	√Y	N	
8.5	Correctly insert IUCD	√Y	N	
8.6	Correctly administer vaccines	√Y	N	
8.7	Segregation of waste in colour coded bins	Y	√ N	
8.8	Adherence to IMEP protocols	Y	√ N	
8.9	Bio medical waste management	√ Y	N	
8.10	Updated Entry in the MCP Cards	Y	√ N	
8.11	Entry in MCTS	Y	√ N	
8.12	Corrective action taken on Maternal Death Review finding	Y	√ N	

Section IX: Record Maintenance:

S. no	Record	Available and Updated and correctly filled	Available but Not maintained	Not Available	Remarks/Timeline for completion
9.1	OPD Register	<b>√</b>			
9.2	IPD Register	<b>V</b>			Not Available in Female hospital
9.3	ANC Register			$\sqrt{}$	
9.4	PNC Register			V	
9.5	Indoor bed head ticket	<b>1</b>			
9.6	Line listing of severely anaemic pregnant women			√	
9.7	Labour room register	$\sqrt{}$			
9.8	Partographs		<b>V</b>		







9.9	FP-Operation Register (OT)	V			Rs. 6.0 lakh for AMG
9.10	OT Register	V			given to the DH Female but Record Was not
9.11	FP Register	1			produced due to Holyday.
9.12	Immunisation Register			<b>V</b>	
9.13	Updated Microplan			1	
9.14	Blood Bank stock register			<b>V</b>	_
9.15	Referral Register (In and Out)	$\sqrt{}$			
9.16	MDR Register			<b>√</b>	
9.17	Infant Death Review and Neonatal Death Review		<b>√</b>		
9.18	Drug Stock Register		<b>√</b>		
9.19	Payment under JSY			<b>√</b>	
9.20	Untied funds expenditure (Check % expenditure)			<b>√</b>	
9.21	AMG expenditure (Check % expenditure)			<b>√</b>	
9.22	RKS expenditure (Check % expenditure)			<b>√</b>	

Section X: Referral linkages in last two quarters:

S. no	JSSK	Mode of Transport (Specify Govt./ pvt)	No. of women transporte d during ANC/INC/ PNC	No. of sick infants transported	No. of children 1-6 years	Free/Paid
10.1	Home to facility	Facility provided by 102				
10.2	Inter facility	Facility provided by 102				
10.2	inter racinty	Facility provided				
10.3	Facility to Home (drop back)	by 102				

Section XI: IEC Display:

S.No	Material	Yes	No	Remarks
	Approach roads have directions to the health	√ Y	N	
11.1	facility			
	Citizen Charter	√ Y	N	
11.2				
	Timings of the health facility	√ Y	N	
11.3				
	List of services available	√ Y	N	
11.4				
	Essential Drug List	√ Y	N	
11.5				
	Protocol Posters	√ Y	N	
11.6		/	r	

2//

Army





11.7	JSSK entitlements ( Displayed in ANC Clinics/, PNC Clinics)	√ Y	N	
11.8	Immunization Schedule	√ Y	N	
11.9	JSY entitlements( Displayed in ANC Clinics/, PNC Clinics)	√ Y	N	
11.10	Other related IEC material	√ Y	N	

Section XII: Additional/Support Services:

Sl. no	Services	Yes	No	Remarks
12.1	Regular Sterilisation –Labour Room (Check Records)	√ Y	N	
12.1 a	Regular Sterilisation –OT (Check Records)	√ Y	N	
12.2	Functional Laundry/washing services	√ Y	N	
12.3	Availability of dietary services	√ Y	N	
12.4	Appropriate drug storage facilities	√ Y	N	
12.5	Equipment maintenance and repair mechanism	√ Y	N	
12.6	Grievance Redressal mechanisms	√ Y	N	
12.7	Tally software Implemented	√ Y	N	-

Section XIII: Previous supervisory visits:

S. no	Name and Designation of the supervisor	Place of posting of Supervisor	Date of visit
13.1	Additional Director	Divisional	08/05/2013
10.1			23/07/2013
13.2	Joint Director	Divisional	28/07/2013
13.2	goint birector		20/04/2013
13.3			
13.4			
13.5			

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
Pathology Wings	Need to be establish immediately	CMS/Govt.	Six Month
Ultrasonology wings	Need to be establish immediately	CMS/Govt.	Six Month

3/ pm/