Monitoring Visit to District Combined Hospital , Chitrakoot-Date-26.09.2013

District was formed in the year 1997, there after District combined Hospital was established (it has to Male /female units).it is the only FRU of the district.

Observations	Suggestions/Action taken		
Radiant warmer (New born care corner)not	It is suggested that Radiant warmer to be made		
functional since last one week .	functional at the earliest .		
Nutritionist of the NRC not aware about the	Nutritionist advised to make a chart regarding		
grading of severity of anemia .	grading of anemia and displayed it in NRC room.		
Bio-Medical waste disposal was being done to a	It is suggested that the Bio-Medical waste disposal		
pit on the back side of the hospital.	should be done according to the norms.		
Ultra sound scanner not available	It is suggested being the only FRU of the district		
	availability of ultrasound scanner to be ensure		
BP instrument at the delivery room not being used	Staff Nurse of delivery room was instructed to use		
regularly	BP instrument regularly.		
Drugs for hypertension and dibatic were not	It is suggested that some doses of anti		
available at delivery room, how ever according to	hypertensive and anti dibatic drugs to be made		
staff Nurse drugs are available in emergency OPD	available in delivery room in case of any		
	emergency.		
Partograph was not maintain	It is suggested to make availability of partograph.		
Not functional Blood Bank	It is suggested that blood bank to be made		
	functional at the earliest by recruiting of Human		
	recourse		
Non availability of Gynecologist	It is suggested that Gynecologist to be posted at		
	District hospital for its effective functioning female		
	wing.		
Medicine and diet under JSSK not available	It is suggested Medicine and diet under JSSK to be		
,however diet is being provided to delivered	made available .		
mothers throw state budget			
Line listing of severely anemic pregnant women	It is suggested to make availability of line listing in		
not available	order to ensure the management of high risk		
	pregnancy		
MDR register not available	It is suggested that MDR register to be made		
	available		
Lack of clarity in the HR status of the hospital	It is suggested that the clarity in the HR status to		
there is discrepancy in attendance register and	be ensure		
salary register			
JSY payment irregular , record available but not	It is instructed to be updated regularly		
maintained properly			
dirty toilets	It is instructed to clean the toilets regularly		

Note -during the visit according to attendance register available, Dr.Kuldeep(AYUSH Contractual DOCTOR) signature not done for two days dated 25-26 Sept.2013.

(Anita Kumari)
Conecitant (CP)
SPMU-NRMM

हा० देशमा मामुद सहाराक प्रवास्त्रकार (१०००) (१०००) एम्स्रोर्डिक्ट (१०००) (१०००)

Second day 27.09.2013 CHC - Manikpur

Observations	Suggestions/Action taken		
Staff quarters was not habitable			
running 24*7 water supply not available	It is instructed to CHC in-charge that a boring to be done .		
waste management disposal was being done to a pit on the back side of the hospital.	It is recommended to make the necessary arrangement		
wall in the front side of CHC was damaged , so there is lack of security for the staff and the patients	It is instructed to CHC in-charge that wall to be repair and adequate measures to be taken.		
dirty toilets	It is instructed to clean the toilets regularly		
Labeled emergency try not available in the labor room	It is instructed to ensure the availability of labeled emergency try		
IFA tablets was not available	ACMO and CHC in-charge were briefed and suggested to take necessary action		
List of essential drugs not displayed in the lalour room	CHC in-charge instructed to make the necessary arrangement		
Oxygen cylinder was available but lock could not be opened.	CHC in-charge instructed to ensure that the lock of the Oxygen cylinder is open throw out the day .		
Inj. Magnesium sulphate was not available	CHC in-charge suggested to make availability of Inj. Magnesium sulphate		
Partograph was not maintained	CHC in-charge to make availability of Partograph		
Line listing of severely anemic pregnant women not available	It is suggested to make availability of line listing in order to ensure the management of high risk pregnancy		
MDR register not available	It is suggested that MDR register to be made available		
JSY payment irregular , record available but not updated	It is instructed to be updated regularly in JSY payment register		
IEC material related to family planning and flipbook not available with family welfare counselor	It is suggested that IEC material related to family planning and flipbook to be made available.		
under RBSK vehicle not available for the dedicated medical teams	It was informed by CMO/ACMO that tender for taxi permit for RBSK vehicle has been done on 18 sep 2013.		
under RBSK optometrist of the medical team has been attached at district head quarter with eye surgeon in order to provide assistance during eye camps.	CMO/ACMO informed that the optometrist will b posted back to its original place of posting.		

Note- According to CHC in-charge and HEO Chitrakook is one of the six district identified by GOI DBT (Direct Beneficiary Transfer). Therefore it was directed not to pay cheque to Beneficiary .the amount will be transfer directly to Beneficiary account.

Anita Kungari

डांच रेशमा मनुद रहा १६ मर प्रतासक र महासकी, गर्दे। एसपाएमणू –स्ताजार, एसपुम्

Second day 27.09.2013 PHC-Pahari

Observations	Suggestions/Action taken		
Staff quarters was not habitable			
Non availability of electricity with functional	PHC in-charge suggested to make necessary		
power backup	arrangement		
Non availability of running 24*7 water supply with	PHC in-charge suggested to make necessary		
functional power backup	arrangement		
Labour Room was functional but not clean at the	PHC in-charge was briefed and suggested to take		
time of monitoring	necessary action		
toilet attached to labour room but it was not clean	PHC in-charge was briefed and suggested to take		
and functional.	necessary action		
delivery /labour room unhygienic and not	PHC in-charge was briefed and suggested to take		
maintained properly	remedial action		
waste management disposal was being done to a	It is recommended to make the necessary		
pit on the back side of the hospital.	arrangement		
MDR register not available	It is suggested that MDR register to be made		
	available		
Partograph was not maintained and staff Nurse	PHC in-charge to make availability of Partograph		
not aware of it.	and guide the concern for its usages.		
Inj. Magnesium sulphate was not available	PHC in-charge suggested to make availability of		
	Inj. Magnesium sulphate		
Inj. oxytocin not available	PHC in-charge suggested to make availability of		
	Inj. oxytocin.		
Labeled emergency try not available in the labor	It is instructed to ensure the availability of labeled		
room	emergency try		
Drugs for hypertension and dibatic were not	It is suggested that some doses of anti		
available at delivery room.	hypertensive and anti dibatic drugs to be made		
,	available in delivery room in case of any		
	emergency.		
Sanitary Napkins not available	It is instructed to make the availability of Sanitary		
	Napkins		
IEC material not displayed at the hospital	PHC in-charge instructed to make the necessary		
premises.	arrangement.		
List of essential drugs neither maintained and not	PHC in-charge instructed to make the necessary		
displayed	arrangement at the earliest		
JSY payment irregular , record available but not	It is instructed to be updated regularly in JSY		
updated	payment register		
Line listing of severely anemic pregnant women	It is suggested to make availability of line listing in		
not available	order to ensure the management of high risk		
	pregnancy		
unavailability of indoor bed head ticket	PHC in-charge instructed to make the		
•	arrangement on the priority bases.		
under RBSK physiotherapist of the medical team	CMO/ACMO assured that the staff under RBSK will		
has been dispensing drugs on the day of visit.	not be attached to any other.		

Note-1-Two Doctors attached to PHC were absent since last couples of months.

(Anita Kumari) Consultani (CP) SPMU-NRHM

े <u>कार रहिया मसूर्व</u> स्रह्मातः वहायस्कानः क्षेत्रायःजीताईः) एस.बा.६२.यू.-एन.आर.१२.एम

Third day 28.09.2013 Sub-centre-Bhauri

Sub-centre was located on the first floor and ANM was residing on the ground floor

ANM-Smt. Urmila Pandey

Observations	Suggestions/Action taken
New born care corner not available	It is suggested to make the arrangement
Neo natal ambu bag not available	CHC in-charge suggested to make availability of ambu bag
ANM was unaware of the use of Partograph	CHC in-charge suggested to guide the ANM for preparing of Partograph
Equipment for hemoglobin estimation and blood	CHC in-charge suggested to make the
sugar testing kits not available	arrangement
Needle & Hub cutter not functional	CHC in-charge suggested to make the
	arrangement of the functional Hub cutter
IFA tablets, ORS packets and vitamin A syrup were	CHC in-charge suggested to make the necessary
not available	arrangement.
Line listing of severely anemic pregnant women	It is suggested to make availability of line listing in
not available	order to ensure the management of high risk
	pregnancy
unavailability of eligible couple register	ANM instructed to make the arrangement of
	register and then maintained it accordingly

Note- According to ANM ,untied fund not released for this financial year 2013-14

VHS&NC- Village -Bhauri/ Sirawal

Only one VHSNC meeting was conducted in the month of February 2013 - Bhauri.

VHSNC register was available but not updated .

Village health plan not maintained.

According to ANM, Committee members was unaware of the responsibilities and not taking active participation.

Household Visit findings about knowledge and awareness at Village Serawal, Place- Primary School Serawal dated-28.09.2013

Regarding breast feeding performance was satisfactory but still needs to be strengthen.

Complementary feeding practices found to be unsatisfactory . Awareness should be created during VHND and group meeting.

No awareness about ORS& Zinc plus ARI. Therefore awareness should be created during VHND,IEC and group meeting.

(Anita Kumari)
Consultant (CP)
SPMU-NRHM

डा० रेशमा सभूद स्टायक महाप्रकारक (१०११की वर्ड) एस.पी.एस.टू.-एस.आर.एस.एस Beneficiaries are unaware about the birth preparedness as well as telephone number of call centre, AWW/ASHA/ANM for referral transport and services.

RI Sessions -

According to ANM counterfoil of previous session were given to ASHA from 1 july 2013 onwards. in order to ensure 3 ANC check-up.

Due list of beneficiary was maintained by ANM on dairy .

Hub cutter not working (Non functional).

cotton is not available for being used before vaccination in order to clean the area.

According to ANM 90% of deliveries conducted at home by trained Dai since being a remote area ,108 ambulance service is not being accessed.

All the tour important message after vaccination is not being given.

Mala D and Nirodh are available on the session site.

ICE Packs were not frigid.

Training Status Of HR-

according to the information provided by the CMO office about the training status of HR(District,PHC,CHC) and following head.

S.No.	Training	No. Trained	Remarks
1	EmOC	03	One trainer transfer
2	LSAS	03	
3	BeMOC	Mr.	
4	SBA	06	Four trainer transfer
5	MTP/MVA	02	
6	NSV	06	Two trainer transfer
7	F-IMNCI	02	One trainer transfer
8	NSSK	05	
9	Mini Lap-Sterilisations	02	
10	Laproscopy- Sterilisations	-	
11	IUCD	03	
12	PPIUCD	03	
13	Blood storage		
14	IMEP	-	
15	Immunization and cold chain	02	

(Anita Kumari)
Consultani (CP)
SPMU-NEEM

दशक्तिनी-दिनस्तरस्यक्षेत्र संदेशक क्षाकानकः क्षिप्तक्षिकः) इति वहस्ति सर्वेद



	DII avva standoma, Checkin	en marina transcription (2 > 1/4 (2 > 1/4 (2 > 1/4)) and a transcription which has been been distincted and all the second content of the second content
Name of District: Chibakoot Catchment Population:	Name of Block:	Name of DH: Combined District Hospital Chitra Root
Date of last supervisory visit:	Margarete.	De Rochma Marcad - Nam (ARCH)
Date of visit: 26 19 13	Name& designation of monitor:	Dr Reshma Masood - DGM. (AREH) Hs Anita Kumoui-Consultant-CP
Names of staff not available on the day	of visit and reason for absence:	

Section I: Physical Infrastructure:

S.No	Infrastructure	Yes	No	Additional Remarks
1.1	Health facility easily accessible from nearest road head	Y		
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	Tubewell facility
1.10	Clean Toilets separate for Male/Female	Y	N	Tubewell facility Disty toilet
1,11	Functional and clean labour Room	Y	N	
1.12	Functional and clean toilet attached to labour room	Y	To the second se	0 1 1 2000008
13	Functional New born care corner(functional radiant warmer with neo-natal ambu bag)	Y	N	- Radiant Warner not functional since last 1 week
1.14	Functional Newborn Stabilization Unit	Y	N	[In the plocess.
1.16	Functional SNCU	Y	N	
1.17	Clean wards	Y	N	1. Inspection
1.18	Separate Male and Female wards (at least by partitions)	Y	N	At the time of inspection
1.19	Availability of Nutritional Rehabilitation Centre	Y	N	= 2 Children da ma
1.20	Functional BB/BSU, specify	Y	N	
1.21	Separate room for ARSH clinic	Υ	N.	
1.22	Availability of complaint/suggestion box	Y	N	
1.23	Availability of mechanisms for	Y	N	



	Biomedical waste management (BMW)at facility			on the backside of Hospital
1.24	BMW outsourced	Y	W	7
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		Total 15 poctors
2.2	Anaesthetist		as mentioned in
2.3	Paediatrician	L	as mentional
2.4	General Surgeon	2	attendence Register
2.5	Other Specialists	3 rontho) 1/ Chest specials
2.6	MOs	9	as mentioned in attendence Register), (chest specials) A Ayush Doctors, 1
2.7	SNs	7 (350)	2 riale
2.8	ANMs	108	A Ayush Doctors ! 2 male
2.9	LTs	1(R) +3(C	•)
2.10	Pharmacist	6 \$ 3 Pen	the Hosp rate Hosp
2.11	LHV	1 (Under	
2.12	Radiographer		
2.13	RMNCHA+ counsellors	1 / Family	welfale counsellor) (C) nician-1 (R)
2.14	Others	× lay tech	nician- (R)

S. no	Training	No. trained	Remarks if any
3.1	EmOC		Talous Air A
3.2	LSAS		Information has
3.3	BeMOC		being provided by
3.4	SBA		Information not being provided by the staff of the Hospital
3.5	MTP/MVA		The state of
3.6	NSV		Hospital
3.7	F-IMNCI		***************************************
3.8	NSSK		1 1 1 1
3.9	Mini Lap-Sterilisations		
3.10	Laproscopy-Sterilisations		
3.11	IUCD		
3.12	PPIUCD		
3.13	Blood storage	NO	
3.14	IMEP	Strong.	
3.16	Immunization and cold chain		



3.15 Others	
	A STATE OF THE PARTY OF THE PAR

Section IV: Equipment:

S. No	Equipment	Yes	No	Remarks
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	Account of the second of the s
4.6	Functional Radiant Warmer	X	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	and the state of t
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	Ÿ	N	ŧ
4.23	Functional Pulse-oximeters	Y/	- N	
4.24	Functional Multi-para monitors	Y	N	gaze-to-
4.25	Functional Surgical Diathermies	Y	N	minilap only condu
4.26	Functional Laparoscopes	Y	N	minilaponly conductions control be utilise
4.27	Functional C-arm units	Y	N	- Carret be litilian



4.28	Functional Autoclaves (H or V)	Y	N	
	Laboratory Equipment			
4.1a	Functional Microscope	Y	N	
4.2a	Functional Hemoglobinometer	V.	N	
4.3a	Functional Centrifuge	Y	N	and of the state o
4.4a	Functional Semi autoanalyzer	Y	N	
4.5a	Reagents and Testing Kits	Y	N	
4.6a	Functional Ultrasound Scanners	Y	NV	
4.7a	Functional C.T Scanner	Y	NU	ultrasound
4.8a	Functional X-ray units	Y	N	Scannee no tavailable.
4.9a	Functional ECG machines	Y	N	

Section V: Essential Drugs and Supplies:

S.No	on V: Essential Drugs and Supplies Drugs	Yes	No	Remarks
5.1	EDL available and displayed	Y	N	
5.2	Computerised inventory management	Y	N	
5.3	IFA tablets	Y	W	
5.4	IFA tablets (blue)	Y	Du	
5.5	IFA syrup with dispenser	Y	W	n La state
5.6	Vit A syrup	Υ	W	According to state on an average To deliveries cond
5.7	ORS packets	Y	N	on an average.
5.8	Zinc tablets	Y	W	Indoliveres cond
5.9	Inj Magnesium Sulphate	YV	N	
5.10	Inj Oxytocin	Y	N	- Methosain amilal
5.11	Misoprostol tablets	Y	NY	The state of the state of
5.12	Mifepristone tablets	Y	NU	BP Instrument not
5.13	Availability of antibiotics	Y	N	1 Lastall
5.14	Labelled emergency tray	Y	1 N	A cholding 103,400
5.15	Drugs for hypertension, Diabetes, common ailments e.g PCM, anti-allergic drugs etc.	Y	N	Methergin availal BP instrument not According to straff of the DH HOSpital Antitypeatensive & 100 for Diabetic one avail
5.16	Vaccine Stock available	Y	N	for Deaketic one avail
S.No	Supplies	Yes	No	Remarks
5.17	Pregnancy testing kits	Y	N	an.
5.18	Urine albumin and sugar testing kit	YV	N	
5.19	OCPs	Y	N	
5.20	EC pills	Y	N	
5.21	IUCDs	YV		
5.22	Sanitary napkins	<u>Y</u>	N -	Daniella
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 Services	Yes	No	Remarks
6.1	Haemoglobin	,Y	N	,
6.2	CBC	V	N	
6.3	Urine albumin and sugar	Y	N	
6.4	Blood sugar	Y	N	The second secon
6.5	RPR (Rapid Plasma Reagin) test	Y	N	
6.6	Malaria (PS or RDT)	Y	N	
6.7	T.B (Sputum for AFB)	1.Y	N	
6.8	HIV (RDT)	Y	N	- Analyser not func Since last 172-2M No Whasound M Xray - Gomm func 100 mm - Nonfond
6.9	Liver function tests(LFT)	Y	N	The magnetiate to the
6.10	Ultrasound scan (Ob.)	Y	NU	Since last 1/12-274
6.11	Ultrasound Scan (General)	Y	NU	Noulton Sound M
6.12	Х-гау	YV	N	N x and de de de de
6.13	ECG	Y	N	May - 60mm Runce
6.14	Endoscopy	Y	N	100 mm - Now fond
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	Y	N	
	for temp, recording	37	l N	needs to be function
6.17	Sufficient no. of blood bags available	Y	N	needs to be function
6.18	Check register for number of blood bags issued for BT in last quarter	- Additional and a second		

Section VII: Service Delivery in last two quarters:

S.No	Service Utilization Parameter	Q1	Q2	Remarks
7.1	OPD	3363	3278	
7.2	IPD	702	581	1 100
7.3	Expected number of pregnancies			- pata not available
7.4	No. of pregnant women given IFA			_
7.5	Total deliveries conducted	588	506	No Gynaecologist
7.6	No. of assisted deliveries (Ventouse/ Forceps)	No	ND	100 officers
7.7	No. of C section conducted	7020	0.3	
7.8	Number of obstetric complications managed, pls specify type	17	3+	Etlampsia obstructor Labore & Anaemla
7.9	No. of neonates initiated breast feeding within one hour	567	486	
7.10	Number of children screened for Defects at birth under RBSK	No	No	
7.11	RTI/STI Treated	44	95	
7.12	No of admissions in NBSUs/ SNCU, whichever available			
7.13	No of admissions :Inborn			
7.14	No of admissions :Outborn			
7.15	No. of children admitted with SAM		28	

Essential requirement of functional Blood Bank and Bryndecologist in PH for its effective functioning



			17.	
7.16	No. of sick children referred		14	er e
7.17	No. of pregnant women referred	7-0	65	The state of the s
7.18	No. of IUCD Insertions			or and the second secon
7.19	No. of Tubectomy			1
7.20	No. of Vasectomy	***************************************		
7.21	No. of Minilap		and the second state of th	
7.22	No. of children fully immunized			
7.23	Measles coverage			Data not availa With District Hospital
7.24	No. of children given ORS + Zinc			Data not avant
7.25	No. of children given Vitamin A			- H. District
7.26	No. of women who accepted post-partum			(Will a soit !
	FP services			Mariae
7.27	No. of MTPs conducted in first trimester			**************************************
7.28	No. of MTPs conducted in second trimester			Total Control of the
7.29	Number of Adolescents attending ARSH	Montes	Assessment	the page of the control of the contr
	clinic			o constant of the constant of
7.30	Maternal deaths, if any		,000,000	
7.31	Still births, if any		-51-5-5-6	o Signature and
7.32	Neonatal deaths, if any			
7.33	Infant deaths, if any	-	- NONEMANN	

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	to cond	inted
7.2a	Zero dose BCG, Hepatitis B and OPV given	Y /	N	Vaccination cond	pc centre
7.3a	Counseling on IYCF done	YV	N		
7.4a	Counseling on Family Planning done	Y	N	V	C
7.5a	Mothers asked to stay for 48 hrs	Y	N		
7.6a	JSY payment being given before discharge	Y	NU		
7.7a	Mode of JSY payment (Cash/ bearer cheque/Account payee cheque/Account Transfer)		ount vyee	Jek Medicine &	spiet under
7.8a	Any expenditure incurred by Mothers on travel, drugs or diagnostics(Please give details)			Isknot ewarlable	
7.9a	Diet being provided free of charge	Y	<u>l</u> N		

However, Diet is being provided to delivered mothers through State budget



Section VIII: Quality parameter of the facility:

Through probing	auestions	and	demonstrations assess	does the	staff know	how to

S.No	Essential Skill Set	Yes	No	Remarks
8.1	Manage high risk pregnancy	Y	N	to some extent
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	Υ .	NU	
8.10	Updated Entry in the MCP Cards	Y	N V	A + 4 + 6 *
8.11	Entry in MCTS	Y	N	Mateenal Dealth Refull
8.12	Corrective action taken on Maternal Death Review finding	Y	N	Registee not maintain

Section IX: Record Maintenance:

S. no	Record	Available and Updated and correctly filled	Available but Not maintained	Not Available	Remarks/T meline for completion
9.1	OPD Register		V		
9.2	IPD Register		1		
9.3	ANC Register				
9.4	PNC Register				and control of the co
9.5	Indoor bed head ticket		L.		Action to the control of the control
9.6	Line listing of severely anaemic pregnant women			1	
9.7	Labour room register				
9.8	Partographs	and the second section of the section of the second section of the section of the second section of the section of th	•		
9.9	FP-Operation Register (OT)			0200	
9.10	OT Register				
9.11	FP Register				
9.12	Immunisation Register				
9.13	Updated Microplan				epingon
9.14	Blood Bank stock register	W.			
9.15	Referral Register (In and Out)				
9.16	MDR Register	4	Ī		
9.17	Infant Death Review and Neonatal Death Review				
9.18	Drug Stock Register		E.		***************************************
9.19	Payment under JSY				

Brood test for Hb of pregnant women though mentioned in the prescription notes but not all report of Hb estimation is observed

			Fundsfrom
Destance	0-1400 (1-100 in 0-120 (1-120	Untied funds expenditure (Check	DHS
unpression duties		% expenditure)	Completed is to 100
disaddonino		AMG expenditure (Check %	transferred
electronic in	9.21	expenditure)	and the same of th
		RKS expenditure (Check %	
	9.22	expenditure)	

Section X: Referral linkages in last two quarters:

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

Section XI: IEC Display:

S.No	Material	Yes	No *	Remarks
1.1	Approach roads have directions to the health facility	Y	Z	
1.2	Citizen Charter	Y	N	angua ayay (umanana
1.3	Timings of the health facility	Y	N	
1.4	List of services available	Y	N	
1.5	Essential Drug List	Y	N	
1.6	Protocol Posters	Y	N	Workshows and American
1.7	JSSK entitlements (Displayed in ANC Clinics/, PNC Clinics)	Y	N	- reference formation
1.8	Immunization Schedule	Y	N	
1.9	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	Υ .	N	Medidestrianum org pr
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	DS Ramon AD MH8FW	Panda division	Last ment
13.2	Banda Devisión		(31/8/13)
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
		. Control of the cont	
		THE TAXABLE PARTY OF THE TAXABLE PARTY OF TAXABLE PARTY O	
		OFFICE AND ADDRESS	
		garando-es-ministrado.	
		months and an analysis and an	

जननी सुरक्षा योजना में यदि रूक ही पहचान-पत्र पर जाभाषी और आशा दोनों का भुगतान कर दिया जाय में इसर्से भुगतान कार्य में देरी नहीं होगी,और जाभाषी व आशा होनों की फायदा होगा।

by emo chibakoot



PHC/CHC (NON FRU) level Monitoring Checklist

PTF-9WF000 F00-00 00 00 00 00 00 00 00 00 00 00 00 0	A contract of the contract of	An Activity of the Anna State
Name of District: chibafee	Name of Block: Manifpur	Name of PHC/CHC: Many April
Catchment Population:	od, 92 thousant	(Contraction Contraction Contr
g mp municipal	Total Villages: 62/102	Distance from Dist HQ:
Date of last supervisory visit:	V	
Date of visit: 27-9-20 B	Name& designation of monitor:	Feshing - Dom - ARSH with Kumari-consultand-c
Names of staff not available on	the day of visit and reason for	with Kalman Computard -C
absence:		MALE COMMULE CONSTRUCTION

Section I: Physical Infrastructure:

S.No	Infrastructure	Yes	No	Additional Remarks
1.1	Health facility easily accessible from nearest road head	Y	N	
1.2	Functioning in Govt building	Y	N	on the second se
1.3	Building in good condition	x	N	
1.4	Habitable Staff Quarters for MOs	Y_	N	
1.5	Habitable Staff Quarters for SNs	2_	1	Quarter
1.6	Habitable Staff Quarters for other categories	x -	N	Quarter awilable but not nabitable
1.7	Electricity with functional power back up	Y	. N	inc
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.	NAME OF THE PROPERTY OF THE PR
1.12	Functional and clean toilet attached to labour room	Y	NI	
1.13	Functional New born care corner(functional radiant warmer with neo-natal ambu bag)	y	N	,
1.14	Functional Newborn Stabilization Unit	Y	U	1 1 2 2 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
1.15	Clean wards	y	N	
1.16	Separate Male and Female wards (at least by Partitions)	Y	N	
1.17	Availability of complaint/suggestion box	Y	N	
1.18	Availability of mechanisms for waste management	Y	N-	-by pita

Section II: Human resource:

S. no	Category	Numbers	Remarks if any
2.1	MO	3	
2.2	SNs/ GNMs		7
2.3	ANM - 2 INCHC 35 AHM	>3	2889-1 Confor
2.4	LTs	å.	V
2.5	Pharmacist	A	



	CONTINUE DE LES ESTES ES		
2.6	LHV/PHN		aprocessing
		20 m	ì
2.7	Others	Counsiller -1	J

Section III: Training Status of HR

S. no	Training Training Training	No. trained	Remarks if any
3.1	BeMOC		
3.2	SBA		1 Location
3.3	MTP/MVA		mo infermention given by superfendent
3.4	NSV		given by sur
3.5	IMNCI		
3.6	F- IMNCI		
3.7	NSSK		
3.8	Mini Lap		
3.9	IUD		-
3.10	RTI/STI		
3.11	Immunization and cold chain		
3.12	Others		

Section IV: Equipment

S. No	Equipment	Yes	No	Remarks
4.1	Functional BP Instrument and	Y	N	
	Stethoscope			-
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 infant/newborn)	Y	N	
4.5	Functional Needle Cutter	YV	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	Y	N	
4.11	Functional Deep Freezer	~		
4.12	Emergency Tray with emergency injections	Y	N	
4.13	MVA/ EVA Equipment	Y	N	
Sand with the territorial to replace and a second control of the s	Laboratory Equipment	Yes	No	Remarks
4.14	Functional Microscope	YN	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

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	N	
5.3	IFA tablets	Y	N	
5.4	IFA tablets (blue)	Y	N	
5.5	IFA syrup with dispenser	Y	N	
5.6	Vit A syrup	YV	N	
5.7	ORS packets	YV	N	Politica de la constanta de la
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,	Y	N	
	common ailments e.g PCM, anti-			
5.16	allergic drugs etc. Vaccine Stock available	Y	N	
3.10	vaccine Stock available	'	11	
S.No	Supplies	Yes	No	Remarks
5.17	Pregnancy testing kits	$Y \searrow$	Ν	
5.18	Urine albumin and sugar testing kit	YV	N	
5.19	OCPs	YV	N	Parallel Andrea
5.20	EC pills	$Y \checkmark$	N	
5.21	IUCDs	$Y \checkmark$	N	And the state of t
5.22	Sanitary napkins	$Y \smile$	Ν	
S.No	Essential Consumables	Yes	No	Remarks
5.23	Gloves, Mckintosh, Pads, bandages,	Y	N	
	and gauze etc.	11 1 11		

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	ΥV	N	
6.2	CBC	Y 🗸	N	No. of the second secon
6.3	Urine albumin and Sugar	Y 🗸	N	
6.4	Serum Bilirubin test	Y	N 、	
6.5	Blood Sugar	YV	N	

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MCTS Monitoring Checklist for the PHC/CHC (Non FRU)-MOHFW

1786 (Moltr) - 30.13/.

6.6	RPR (Rapid Plasma Reagin) test	Y	N	- motorious
236 (48.2	Malaria (PS or RDT)	Y	N	-
6.8	T.B (Sputum for AFB)	Y	N	4
6.9	HIV (RDT)	Y	N ~	American
6.10	Others	Y	N	



Section VII: Service Delivery in last two quarters:

S.No	Service Utilization Parameter	Q1	Q2	Remarks
7.1	OPD	9246	10241	
7.2	IPD	724	1449	
7.3	Expected number of pregnancies	1307	1479	
7.4	Percentage of women registered in the first trimester	364	287	
7.5	Percentage of women registered in the first trimester	-364	287	
7.6	Percentage of ANC3 out of total registered	464	733	
7.7	Percentage of ANC4 out of total registered	émits	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
7.8	Total deliveries conducted	48%	1525	
7.9	Number of obstetric complications managed, pls specify type		different	
7.10	No. of neonates initiated breast feeding within one hour	454	1525	
7.11	Number of children screened for Defects at birth under RBSK	**************************************	Topico de la constanta de la c	
7.12	RTI/STI Treated	· ·		
7.13	No of admissions in NBSUs, if available		pares.	
7.14	No. of sick children referred	3	yelenan	
7.15	No. of pregnant women referred	5.8	46	
7.16	No. of IUCD Insertions	335	533	
7.17	No. of Tubectomy	274	Ø	,
7.18	No. of Vasectomy	02	19	
7.19	No. of Minilap	200-min.	-	
7.20	No. of children fully immunized	462	1661	
7.21	Measles coverage	854	525	
7.22	No. of children given ORS + Zinc			
7.23	No. of children given Vitamin A	462	1661	
7.24	No. of women who accepted post partum FP services			2 NOMTP
7.25	No. of MTPs conducted			The second secon
7.26	Maternal deaths, if any	*******	ponsensus (12 4 111 - 115 - 12 11 11 11 11 11 11 11 11 11 11 11 11	And the second s
7.27	Still births, if any	10	义字	
7.28	Neonatal deaths, if any			



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	X	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	¥	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	•

Section VIII: Quality parameter of the facility

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

S.No	Essential knowledge/Skill Set	Essential knowledge/Skill Set Knowled		Sk	ills	Remarks
8.1	Manage high risk pregnancy	Y	N	Y	N	Peter to M.P (Janki Fund)
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	oversi
8.5	Correctly insert IUCD	Y	N	Y	N	
8.6	Correctly administer vaccines	Y	N	γ	N	
8.7	Alternate Vaccine Delivery (AVD) system functional	Y	N	Y	N	- Electricity problems
8.7	Segregate waste in colour coded bins	Y	W	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 maintain ed	Not Avai lable	Remarks/Timeline for completion
9.1	OPD Register	1			reconstruction of the state of
9.2	IPD Register	~			The state of the s
9.3	ANC Register	~			7
9.4	PNC Register	-			T
9.5	Indoor bed head ticket	\			
9.6	Line listing of severely anaemic pregnant women				
9.7	Labour room register	-			
9.8	Partographs			-	
9.9	OT Register	•	~		
9.10	FP Register	*			-
9.11	Immunisation Register *	<u> </u>			-
9.12	Updated Microplan				
9.13	Drug Stock Register	い			
9.14	Referral Registers (In and Out)				
9.15	Payments under JSY	~	*		
9.16	Untied funds expenditure (Check % expenditure)				
9.17	AMG expenditure (Check % expenditure)				
9.18	RKS expenditure (Check % expenditure)				

Section X: Referral linkages in last two quarters:

S. no	JSSK	Mode of Transport (Specify Govt./ pvt)	No. of women transpor ted during ANC/INC /PNC	No. of sick infants transpor ted	No. of children 1-6 years	Free/Paid
10.1	Home to facility		Nac (letai.	4	
10.2	Inter facility		100			
	Facility to Home (drop	-				
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	The state of the s
11.2	Citizen Charter	1	N	
11.3	Timings of the Health Facility	Y	A.	
11.4	List of services available	Y	N	MACHINE WOOD
11.5	Essential Drug List	Y	N.	
11.6	Protocol Posters	Y	.N	77770000000 Applij000049
11.7	JSSK entitlements	X	N	***************************************
11.8	Immunization Schedule	Y	N	
11.9	JSY entitlements	Y	N	***************************************
11.10	Other related IEC material	y	N	objection and

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	Politica manager
12.5	Equipment maintenance and repair mechanism	Y	N	
12.6	Grievance redressal mechanisms	Y	N.	
12.7	Tally software implemented	V	N	

Section XIII: Previous supervisory visits:

S. no	Name and Designation of the supervisor	Place of posting of Supervisor	Date of visit
13.1			
13.2			
13.3			
13.4			$f_{m-1}(x,y) \ f_{m}(x,y) - \ f_{m-1}(x,y) \ _{L^{\infty}(\mathbb{R}^{N})} \leq \ f_{m}(x,y) \ _{L^{\infty}(\mathbb{R}^{N})} + \ f_{m}(x,y) \ _{L^{$
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)	Timeline
		Responsible	
			منته المهرسة الماري المراوي والمناطع المناطع والمناطع والمناطع والمناطع والمناطع والمناطع والمناطع المناطع الم
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Key Findings	Actions Taken/Proposed	Person(s) Responsible	Timeline
		THE THE STATE OF T	
		the extended on the first	

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	· 经收益的 (1000)
2 35 3 35 5	Section 2015 Annual Con-
	State of the later
	70.
F. 6, -2	3 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
The second second	

	PHC/CHC	(NON FRU) asset biomitoring Che	<u>ecklist</u>
The same of the late of the la	Name of District: Catchment Population:	Name of Block: Pahale	Name of PHC/CHC: Pahare
the same of same of the same of the same of	(mmanago)-ron-enguendasu-vitas	Total Villages:	Distance from Dist HQ: 15/6/M
Name of Street or owner	Date of last supervisory visit:	**************************************	0 1
branching may	Date of visit: 27-8-2013		fashing Masood - Dom. Arel
ATT COMPANY	Names of staff not available on the absence:	ne day of visit and reason for Amil	, kumari - consulfact - CP

Section I: Physical Infrastructure:

S.No	Infrastructure	Yes	No	Additional Remarks
1.1	Health facility easily accessible from nearest road head	N.	N	
1.2	Functioning in Govt building	Y	N	The state of the s
1.3	Building in good condition	Y	N	a, prince and the
1.4	Habitable Staff Quarters for MOs	Y	N	- buftot well
1.5	Habitable Staff Quarters for SNs	Y	N	bufnot mell
1.6	Habitable Staff Quarters for other categories	Y	N	
1.7	Electricity with functional power back up	Y	W	3.
1.9	Running 24*7 water supply	Y	N	
1.10	Clean Toilets separate for Male/Female	Y	W	1807AA
1.11	Functional and clean labour Room	Y	N-	Q
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	oranet
1.15	Clean wards	Y	W-	
1.16	Separate Male and Female wards (at least by Partitions)	Y-	N	
1.17	Availability of complaint/suggestion box	Υ	W-	W-G
1.18	Availability of mechanisms for waste management	Y	N-	

Section II: Human resource:

S. no	Category	Numbers Remarks if any
2.1	МО	7 - (ander BS GY)
2.2	SNs/ GNMs	2 - Combactus
2.3	ANM	1 - Aegular
2.4	LTs	
2.5	Pharmacist	



		the residency of the first first from the second	
2.6	LHV/PHN	Lauren	
2.7	Others		
1			A CONTRACTOR OF THE PARTY OF TH

Section III: Training Status of HR

S. no	Training Training Status of Training	No. trained	Remarks if any
3.1	BeMOC		
3.2	SBA		
3.3	MTP/MVA		
3.4	NSV		-
3.5	IMNCI		
3.6	F- IMNCI		and the state of t
3.7	NSSK		
3.8	Mini Lap		
3.9	IUD		in an action of
3.10	RTI/STI		as contained in
3.11	Immunization and cold chain		
3.12	Others		

Section IV: Equipment

S. No	Equipment	Yes	No	Remarks
4.1	Functional BP Instrument and	, y	N	
	Stethoscope			
4.2	Sterilised delivery sets	Y	W)	
4.3	Functional neonatal, Paediatric and Adult Resuscitation kit	Y	N.	
4.4	Functional Weighing Machine (Adult and infant/newborn)	y	N	
4.5	Functional Needle Cutter	W	N	
4.6	Functional Radiant Warmer	V	N	
4.7	Functional Suction apparatus	X	N	de la constant de la
4.8	Functional Facility for Oxygen Administration	Y	N	
4.9	Functional Autoclave	N.V	N	
4.10	Functional ILR	TY.	N	
4.11	Functional Deep Freezer	Y		ores
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	V	N	
4.15	Functional Hemoglobinometer	V	N	
4.16	Functional Centrifuge,	Y	W	-



4.17	Functional Semi autoanalyzer	Y	W	· ·	and the same of th
4.18	Reagents and Testing Kits	y	N .	The state of the s	Annual and Administration of the Control of the Con

Section V: Essential Drugs and Supplies

S.No	Drugs	Yes	No	Remarks
5.1	EDL available and displayed	V	N	
5.2	Computerised inventory management	Y	A	
5.3	IFA tablets	Y	N	energy a
5.4	IFA tablets (blue)	Y	N.	
5.5	IFA syrup with dispenser	Y	W	
5.6	Vit A syrup	y	N	
5.7	ORS packets	y	N	
5.8	Zinc tablets	Y	W	
5.9	Inj Magnesium Sulphate	Y	N	
5.10	Inj Oxytocin	Y	W.	
5.11	Misoprostol tablets	y	N	
5.12	Mifepristone tablets	Y	W	
5.13	Antibiotics	18	N	
5.14	Labelled emergency tray	Ø	NV	The state of the s
5.15	Drugs for hypertension, Diabetes,	Y	N	
	common ailments e.g PCM, anti-			
	allergic drugs etc.			·
5.16	Vaccine Stock <i>available</i>	Y	N	The state of the s
S.No	Supplies	Yes	No	Remarks
5.17	Pregnancy testing kits	Y	N	
5.18	Urine albumin and sugar testing kit	X	N	
5.19	OCPs	y/	N	The state of the s
5.20	EC pills	Υ .	W	000000000000000000000000000000000000000
5.21	IUCDs	V	N	Paramanana
5.22	Sanitary napkins	Y	W	
S.No	Essential Consumables	Yes	No	Remarks
5.23	Gloves, Mckintosh, Pads, bandages,	X	N	
	and gauze etc.	on the second control of the second control		

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	¥	N	
6.2	CBC	Y	W	
6.3	Urine albumin and Sugar	X	N	
6.4	Serum Bilirubin test	Y	N	
6.5	Blood Sugar	Y	W	m operation in the state of the



6.6 RPR (Rapid Plasma Reagin) test	Y	N	Occupant
6.7 Malaria (PS or RDT)	X	N	oco
6.8 T.B (Sputum for AFB)	W.	N	woodabours #
6.9 HIV (RDT)	Y	W	ricoccorpana
6.10 Others	Y	N	

Section VII: Service Delivery in last two quarters:

S.No	Service Utilization Parameter	Q1	Q2	Remarks
7.1	OPD	0259	9223	
7.2	IPD	642	712	
7.3	Expected number of pregnancies	11156		1610
7.4	Percentage of women registered in the first trimester	1£22	1131	
7,5	Percentage of women registered in the first trimester	77%	70%	
7.6	Percentage of ANC3 out of total registered	409-	39-3 (-23)/	
7.7	Percentage of ANC4 out of total registered	zport.	AESS	
7.8	Total deliveries conducted	600	5 h 9	
7.9	Number of obstetric complications managed, pls specify type	-0.8MT	6	
7.10	No. of neonates initiated breast feeding within one hour	587	535	
7.11	Number of children screened for Defects at birth under RBSK			
7.12	RTI/STI Treated	*Someone of	4-manus	
7.13	No of admissions in NBSUs, if available	*	-	
7.14	No. of sick children referred			
7.15	No. of pregnant women referred	76	Ŋ 5	
7.16	No. of IUCD Insertions	*	1989	
7.17	No. of Tubectomy	275	Milesong)	
7.18	No. of Vasectomy	3	the state of the s	
7.19	No. of Minilap 303	38		007
7.20	No. of children fully immunized	1947	932	837
7.21	Measles coverage	793	972	
7.22	No. of children given ORS + Zinc			The second secon
7.23	No. of children given Vitamin A	793	972	
7.24	No. of women who accepted post partum FP services	518	179	
7.25	No. of MTPs conducted	nger**	- American	
7.26	Maternal deaths, if any	geom.	2_	American and the second and the seco
7.27	Still births, if any	15	14	
7.28	Neonatal deaths, if any	s.comp	,earth	



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	J.	N	
7.2a	Zero dose BCG, Hepatitis B and OPV given	Y	N	
7.3a	Counseling on IYCF done	Y	N	ANDIO-101-101-101-101-101-101-101-101-101-10
7.4a	Counseling on Family Planning done	Y	N	The second second and a second
7.5a	Mothers asked to stay for 48 hrs	Y	N	77777774
7.6a	JSY payment being given before discharge	Y	W.	And
7.7a	Mode of JSY payment (Cash/ bearer cheque/Account payee cheque/Account Transfer)	fy.		
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	X	N	- Communication of the Communi

Section VIII: Quality parameter of the facility

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

Remarks

S.No	Essential knowledge/Skill Set	Knov	vledge	Sk	ills
8.1	Manage high risk pregnancy	Y	LN	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	JN-	Y	N
8.6	Correctly administer vaccines		N	Y	N
8.7	Alternate Vaccine Delivery (AVD) system functional		N	Y	N
8.7	Segregate waste in colour coded bins	Y	N	Y	N
8.8	Adherence to IMEP protocols	Y	N	Υ	N



Section IX: Record Maintenance:

S. no	Record Maintenance:	Available, Updated and correctly filled	Available but Not maintain ed	Not Avai lable	Remarks/Timeline for completion
9.1	OPD Register	\			
9.2	IPD Register	~			
9.3	ANC Register	·			opi di colonia della colonia d
9.4	PNC Register				1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
9.5	Indoor bed head ticket	*	*	~	· · · · · · · · · · · · · · · · · · ·
9.6	Line listing of severely anaemic pregnant women			~	
9.7	Labour room register	~			1
9.8	Partographs			~	to de la companya de
9.9	OT Register		<u></u>		
9.10	FP Register				
9.11	Immunisation Register	~			
9.12	Updated Microplan	-			
9.13	Drug Stock Register	L-	000000000000000000000000000000000000000		
9.14	Referral Registers (In and Out)				
9.15	Payments under JSY				
9.16	Untied funds expenditure (Check % expenditure)		# Sheek in contract.	plina	
9.17	AMG expenditure (Check % expenditure)		Appropriate 2 special control.		
9.18	RKS expenditure (Check % expenditure)	Outre printing and a second	appagagan a root.	SAMPLE CO.	

Section X: Referral linkages in last two quarters:

S. no	JSSK	Mode of Transport (Specify Govt./ pvt)	No. of women transpor ted during ANC/INC /PNC	No. of sick infants transpor ted	No. of children 1-6 years	Free/Paid
10.1	Home to facility	Cotov,			No de	fails give
10.2	Inter facility			bu	Stoff	
10.3	Facility to Home (drop back)					



Section XI: IEC Display:

S.No	Material	Yes	No	Remarks
11.1	Approach roads have directions to the health facility	, Y	N_	
11.2	Citizen Charter	Y	N	
11.3	Timings of the Health Facility	Y	W	
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	Y	N	Δ
·11.8	Immunization Schedule	Y	N	not fully functional
11.9	JSY entitlements	Y	N	et function
11.10	Other related IEC material	N	N	na mana

Section XII: Additional/Support Services:

Sl. no	Services	Yes	No	Remarks
12.1	Regular sterilisation of Labour room (Check Records)	, <u>y</u>	N	
12.2	Functional laundry/washing services	Y	N-	
12.3	Availability of dietary services	Y	N.	
12.4	Appropriate drug storage facilities	Y	V-	
12.5	Equipment maintenance and repair mechanism	Y	N	
12.6	Grievance redressal mechanisms	Y	W-	
12.7	Tally software implemented	Υ	N	- ·

Section XIII: Previous supervisory visits:

S. no	Name and Designation of the supervisor	Place of posting of Supervisor	Date of visit
13.1			
13.2			and the second s
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

Monitoring Checklist for the Sub Centre- MoHFW

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Sub Centre (evel Monitoring Checklist

Company of the Compan	Name of District:	Name of Block: Prawipus Name of SC: Bhoti Subcent Total Villages: 18 Distance from PHC: 43 1cm	
the constitution of the constitution and the second	Date of visit: 28/9/13. Names of staff posted and available	Name & designation of monitor: Neshmon-Dam-ARSH on the day of visit: Urmila Pandfill ARSH (ANM)	ep
The state of the state of	Names of staff not available on the d	lay of visit and reason for absence:	ZHSHA

Section I: Physical Infrastructure:

S.No	Infrastructure	Yes	No	Remarks
1.1	Subcentre located near a main	Y	N	ACTUAL NO.
TOTAL CONTRACTOR STREET, STREE	habitation	- Indiana - Indi	e w	
1.2	Functioning in Govt building	· Y	N	water from
1.3	Building in good condition	Y	N	1001 1000
1.4		Y	N	Handpump &
	back up	on and on the control of the control		Hawk !
1.5	Running 24*7 water supply	Y	N	
1.6	ANM quarter available	\ Y	Ν	
1.7	ANM residing at SC	Y	N	
1.8	Functional labour room	Y	N	
1.9	Functional and clean toilet	Y	N	
	attached to labour room	_		
1.10	Functional New Born Care Corner	Y	N	placenta dip in a pit after about 1824m from subcentre
o de la companya de l	(functional radiant warmer with neo-			
	natal ambu bag)			in a pit agreet
1.11	General cleanliness in the facility	Υ	N	
1.12	Availability of complaint/	Y	N .	about 1 & 2 Fin Drun
	suggestion box	Perendinanous	Name of the last o	e . locantae
1.13	Availability of deep burial pit for	Y	N	in the contract
	waste management / any other			
	mechanism	Principle of the Control of the Cont		

Section II: Human Resource:

S.no	Human resource	Numbers	Specify the Training received	Remarks
2.1	ANM	1		
2.2	2nd ANM			
2.3	MPW - Male			
2.4	Others, specify			

2 Aspea stracked

No Supportuge taff of the than Apple. Subcentre Anns has to go for RI session

Subantre situaled on the first floor

Monitoring Checklist for the Sub Centre- MoHFW



Section III: Equipment

S.N o	√) in appropriate column Equipment	Available and Functional	Available but non- functional	Not Available	Remarks
3.1	Equipment for Hemoglobin Estimation				
3.2	Blood sugar testing kits				warning of the state of the sta
3,3	BP Instrument and Stethoscope			*	
3.4	Delivery equipment				TO A STATE OF THE
3.5	Neonatal ambu bag				numonium .
3.6	Adult weighing machine.	. /	*		agenturios de la companya del companya de la companya del companya de la companya del la companya de la company
3.7	Infant/New born weighing machine				, not fundarel
3,8	Needle &Hub Cutter			- American	300
3.9	Color coded bins				not of the design of the desig
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 🗸	- andalde h	
4.2	IFA syrup with dispenser	Y	NV	Jast session	
4.3	Vit A syrup	Y	N	-> 000	
4.4	ORS packets	Y	N		
4.5	Zinc tablets	Y	N		
4.6	Inj Magnesium Sulphate	Y	N	2 a vacefull	e i
4.7	Inj Oxytocin	Y	N	-> Plus socialis	
4.8	Misoprostol tablets	Y 🗸	N	ou person	
4.9	Antibiotics, if any, pls specify	Y	N	kaisale. O	f U5 1
4.10	Availability of drugs for common ailments e.g PCM, anti-allergic drugs etc.	Y	N	> Put awarelall > present > (Not aware o	Jeo. J

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 /	Maler
5.3	OCPs	Y /	N 、	Ma
5.4	EC pills	Υ	$N \checkmark$	



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	21	19	
6.2	Percentage of women registered in the first trimester	80	80	
6.3	registered	50	60	
6.4	registered	And the second s	and a second second	
6.5	No. of pregnant women given IFA	- State Control	(g)(d)(d)new	
6.6	Number of deliveries conducted at SC	50	72	
6.7	Number of deliveries conducted at home		and the second	
6.8	No. of neonates initiated breast feeding within one hour	74	72	
6.9	Number of children screened for defects at birth under RBSK			
6.10	No. of sick children referred	Mileson :	ARRAIN-	T Caracon
6.11	No. of pregnant women referred	3	4	
6.12	No. of IUCD insertions	Name .	Mar -	
6.13	No. of children fully immunized	17	Ø	
6.13 a	Measles coverage	1)	ß	
6.15	No. of children given ORS + Zinc	Name .	Marketine .	
6.16	No. of children given Vitamin A	1)	B	
6.17	No. of children given IFA Syrup			
6.18	No. of Maternal deaths recorded , if any	4800	New Sold Property Control of the Con	
6.19	No. of still birth recorded, if any	1	Specimen.	
6.20	Neonatal deaths recorded, if any	#Space on the state of the stat	**************************************	
6.21	Number of VHNDs attended	The state of the s		
6.22	Number of VHNSC meeting attended	2	3	
6.23	Service delivery data submitted for MCTS updation	163	743	

beeff

CCSP not trained

Monitoring Checklist for the Sub Centre- MoHFW

Section VII: Quality parameters of the facility:

shing questions and demonstrations assess does the ANM know how to...

S.No	robing questions and demonstrations assess Essential Skill Set	Knowl	edge	Sk	ill	Remarks
7.1	Correctly measure BP	Y	N	W	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	<u> Y</u>	W	
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	operation in the second se
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	Smelv
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)Check % expenditure					
8.2	Annual maintenance grant (Rs 10,000-Check % expenditure)					
8.3	Payments under JSY			<u> </u>		
8.4	VHND plan			•		
8.5	VHSNC meeting minutes and action taken				J. · · · · · ·	أرمث
NN;	VHSNC meeting minutes and action taken fied fund not 3 -	rele - 14.	ased for	7 A	this friends	**************************************



8.6	Eligible couple register		hamologique.		1	
8.7				+	a sa ang	
8.8	Delivery Register as per					
	GOI format		* Annual Control of the Control of t			
8.9	Stock register				William Control of the Control of th	
8.10	Due lists				The second secon	
8.11	MCP cards		1		of the second se	
8.12	Village register					
8.13	Referral Registers (In and					
	Out)					
8.14	List of families with 0-6			,		
	years children under RBSK	The state of the s		~		
8.15	Line listing of severely					
	anemic pregnant women	- war was a second	TO THE PROPERTY OF THE PROPERT			
8.16	Updated Microplan					
8.17	Vaccine supply for each					
	session day (check			and a feet		
	availability of all vaccines)					
8.18	Due list and work plan		***************************************	- martin and the second state of the second		
	received from MCTS Portal	Paddolampoo				
	through Mobile/	. Industrial contraction of the	Anny Control of the C	No.		
	Physically			e single extension of		

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
0.1	Home to			1 11		
9.1 9.2	facility Inter facility		No De	reym		
	Facility to Home (drop				and the second	
9.3	back)		\$ 15 J			

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"	V	N	
10.5	Area distribution of the ANMs/	V	N	

for Eddery Accrediated Subscentie Rs 20,000/- find Untide fund. Issued / AMG - Rs 10,000/-

Monitoring Checklist for the Sub Centre- MoHFW

		And the second s
	VHND plan	
10.6	SBA Protocol Posters	N. C.
10.7	JSSK entitlements	Y
10.8	Immunization Schedule	N
10.9	JSY entitlements	
10.10	Other related IEC material	No. of the second secon

Section XI: Previous supervisory visits:

S. no	Name and Designation of the supervisor	Place of posting of Supervisor	Date of visit
11.1	Mx Karvaria lopm	DPMU NKHM Karwi	
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

	नियमित टीकाकरण सत्र	मॉनिटरिंग प्रपत्र		D al ma	May nod
मॉनिटर का नाम :	संस्था : धि सरकारी विभाग □ N	PSP □ UNICEF □ अन्य		HH: Ns Anita	Planta
दिनांक : 28 / 9 / 13	त्तमय:	दिवस : □ बुद्धव	ार डिब् क्रिकवार 🗅	9 शिनिवार 🗆 अन्य	
राज्य । । Т	FAR PRI	ADES H	- processing and the second		
ब्लॉक / प्लानिंग युनिट रि 🗘 🕥	malalasi				1
उपकेंद्र / शहरी पोस्ट \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	tialwigi/III				
जगह का पता । ।	TMANUS C	THIOIOIL	Blala	Ia IS IN C	
प्रकार : 🖫 र्ग्रामीण 🗆 शहरी 🗆 मिलन बस्ती	HRA : □ हां □ नहीं सत्र स्था	ल : □ स्वास्थ्य केंद्र 🛘 उ	पकेंद्र 🛮 आंगनव	गड़ी केंद्र 🗆 अन्य∤्रिप	muysdun
सही जवाब पर य का निशान लगाएं। 1. क्या सत्र आयोजित हो रहा है		छ∕हां □ नहीं			ereconstructure.
			□с	□D	
अ. यदि नहीं तो सत्र आयोजित न होने ब. यदि हां तो क्या सत्र माइक्रोप्लान के		चर्का □ नहीं	Service Servi		
		□ आंगनवाड़ी कार्यकर्ता	D র্জাशা 🛘	अन्य □ कोई नहीं	Parameter continue
 लामाथियों को सत्र स्थल तक कीन बुला पी.एच.सी./ब्लॉक से सत्र स्थल तक वैव 	कर ला रहा ह				ANN
^{3.} लाए गए		□ वैकात्पक साधन 🗆	ए.एन.एम. 📙 सु	ारवाइजर 🛭 ॲन्य 🛚 🦂	Husband
क्या सभी वैक्सीन तथा डाइत्यूएंट चार ३ 4. जिपर युक्न थेली के अंदर रखे गए हैं	गइस पैक वाले वैक्सीन कैरियर में	🖸 हां 🛘 नहीं			2
Type:	D∕scG E∕s	BCG का डाइल्यूएंट	G ÓPT	DIE	
सत्र स्थल पर कौन कौन सी वैक्सीन 5. उपलब्ध हैं *	☑ Measles 🖽 🖼	Measles का डाइल्यूएंट	□ DT	□ JE का डाइल्यूएंट	
व्यप्तका ह	QAOPY Din	mOPV	Qn	Q -ffepatitis B	
कौन कौन सी वैक्सीन की वायल बिना			□ OPV	□ Нер-В	
6. VVM लगे पाई गईं *	☐ Measles ☐ □		ОП	DIE	
क्या कोई वैक्सीन वायल उल्लिखित अवस्था में पाई गई,	□ बिना लेबल / न पढ़ सकने त	नायक लेबल			
7. यदि हां तो, ☑ का निशान लगाएं तथा	□ VVM स्टेज III अथवा IV □ एक्सपायर हो चुकी वैक्सीन	वायल			
वैक्सीन का नाम लिखें *	🔲 जमी अवस्था में वैक्सीन (DP			engy air alainal thill think da tha tha the gaige y princesse ann an air air air an ann ann ann ann an air air	
	ए ए.डी. (0.1 मि.ली.) सिरिजें	विटामिन ए सॉल्यूशन		I FA की टैबलेट ^N □ पेरासिटामोल	of avenue
उल्लिखित लॉजिस्टिक में से क्या क्या	U-(र.डी. (0.5 मि.ली.) सिरिजे	🗓 विटामिन ए हेतु प्ला		□ IFA का टबलट~ ' □ पैरासिटामोल	Parje
8. वस्तुएं सत्र स्थल पर उपलब्ध है *	चालू अवस्था में हब कटर ७ खाली टीकाकरण कार्ड	☑ पुष्टाहार / Supplem ☑ अपेक्षित तामार्थियों व		□ परासिटानाल ☑ वजुन नापने की मर्श	1 well () 15 " (Artist) w
	ा खाला टाकाकरन काल ालाल और काली थैलियां	□ पिछले सत्रों के काउं	**		
वया सत्र स्थल पर समुचित संख्या में मि	**				
9. (=BCG + Measles +JE की वायले)			ु⊅-हां □		
10. क्या मिश्रित BCG/Measles/JE की वाय			क्र हां व	A CONTRACTOR OF THE PROPERTY O	-3 Meas
11. क्या इंजेक्शन से दी जाने वाली वैक्सीन		नाल किया जा रहा है	छ दीं □	A STATE OF THE STA	- & BCC
12. क्या DPT वैक्सीन मध्य जांघ के बाहरी भ			प्रका 🗆	नहीं 🛘 लागू नहीं	
13. क्या इंजेक्शन लगाते वक्त ए.एन.एम. सुई		7 8	🗆 हां 🚨		
14. क्या प्रत्येक सिरिंज को इस्तेमाल के तुरंत			🛛 हां 🖫	र्नहीं 🛘 लागू नहीं	-
15. क्या प्रत्येक लाभार्थी को दिए गए टीके व			🗆 हां 🔘	नहीं 🛘 लागू नहीं	
16. क्या आज दिए जा रहे टीकों की जानका			🗆 हां 🗖	नहीं 🛘 लागू नहीं	
17 क्या माना पिना को टीकाकरण के बाद च	गर महत्वपूर्ण संदेश दिए जा रहे हैं		🛛 हां 🕡	2,	
A In 101\ A - म माजामा / जीकाकामा कार्यी स्था रोक्सीन	एवं लॉजिरिटक दोनों उपलब्ध नहीं हैं। 8=	ए.एन.एम./टीकाकरण कर्मी उप	गताब्ध हैं परंतु वैक्सीन	। एवं लॉजिस्टिक उपलब्ध नहीं .	* /
C= वैक्सीन एवं लॉजिस्टिक उपलब्ध हैं परंतु ए.एन.एम./	ीकाकरण कमी उपलब्ध नहीं है।, D-अन्य (1	विवरण दें)		V - A	.ak

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

*एक से अधिक जवाबों पर निशान लगा सकते हैं

- Session were given to ASHA from July 1/2013 Orwards. in order to ensure 3 ANC Checkup.
 - Due list of Benefeciary was maintained by ANH On Diary
- -> Hub cutte not working (Nonfunctional)
- -> cotton is not available for being used before vaccination in order to clean the Area.
- According to ANM 90% of Deliveries conducted at home by trained Dai Since being a remote area; 102 Ambulance Service is not being accessed.
- All the four important message after vaccination is not being given
- -> Mala N and wiredth are available on the Session sites.
- -> Ice packs were not freezed

उन सभी अधिकारियों हेतु जिन्हें इस कार्य का पर्यवेक्षण करना है

जनपद का नाम Chi bakogtehma Dam ब्लाक प्राoस्वावकेन्द्र Maris (PW)
अधिकारी का नाम/पदनाम Ahi ta Himari दिनांक 28.8.2013

ग्राम स्वास्थ्य एवं स्वच्छता समिति

पर्यवेक्षण हेतु बिन्दु	गांव/ग्राम	गांव / ग्राम
	पंचायत 1 : 8 Navei	पंचायत २ Sisawal
	End: Usmila foody	newtakou
The state of the s	Yes	
क्या ग्राम स्वास्थ्य एवं स्वच्छता समिति को इस वर्ष में अन्टाइड फण्ड प्राप्त	NO	ÝS
	Yes	40
ग्राम स्वास्थ्य एवं स्वच्छता समिति की पिछले 6 माह में कितनी बैठकें की गयी	Mayes	No
	Mo	NO
	Yes	Yes
क्या ग्राम स्वास्थ्य एवं स्वच्छता समिति द्वारा अन्टाइड फण्ड का प्रयोग किया	yes	100
ग्राम स्वास्थ्य एवं स्वच्छता समिति द्वारा अन्टाइड फण्ड का प्रयोग किन–किन गतिविधियों में किया गया है।	withhash	No
	No	No
	7	Mo
	No	Yes
	NO	749
क्या समिति बैठक की शुरूआत गत बैठक की समीक्षा से की गयी थी।	No	NO
क्या समिति दारा स्वारथ्य सेवाओं की समीक्षा व मूल्यांकन किया जा है।	NO	749
लग बैदक में गाम स्वास्थ्य कार्ययोजना की समीक्षा की गयी।	No.	No
क्या समिति में प्रस्ताव रखने में सभी सदस्यों की सक्रिय भागीदारी रहीं।	No	No
	प्रधान एवं सम्बंधित ए०एन०एम० का नाम क्या समिति में सभी मजरों / पुरवा / हेम्लेट से प्रतिनिधित्व है। क्या ग्राम स्वास्थ्य एवं स्वच्छता समिति को इस वर्ष में अन्टाइड फण्ड प्राप्त हुआ। क्या ग्राम स्वास्थ्य एवं स्वच्छता समिति का बैठक रिजस्टर बना है। ग्राम स्वास्थ्य एवं स्वच्छता समिति की पिछले 6 माह में कितनी बैठकें की गयी है। क्या ग्राम स्वास्थ्य कार्ययोजना बनी है। क्या ग्राम स्वास्थ्य कार्ययोजना बनी है। क्या ग्राम स्वास्थ्य एवं स्वच्छता समिति का व्यय विवरण रखा जा रहा है। क्या ग्राम स्वास्थ्य एवं स्वच्छता समिति द्वारा अन्टाइड फण्ड का प्रयोग किया जा रहा है। ग्राम स्वास्थ्य 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 उपस्थित 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 स्वास्थ्य सेवाओं की समीक्षा व मूल्यांकन किया जा है। क्या बैठक में ग्राम स्वास्थ्य सेवाओं की समीक्षा व मूल्यांकन किया जा है।	प्रधान एवं सम्बंधित ए०एन०एम० का नाम क्या समिति में सभी मजरों / पुरवा / हेम्लेट से प्रतिनिधित्व है। क्या ग्राम स्वास्थ्य एवं स्वच्छता समिति को इस वर्ष में अन्टाइड फण्ड प्राप्त हुआ। क्या ग्राम स्वास्थ्य एवं स्वच्छता समिति का बैठक रिजस्टर बना है। ग्राम स्वास्थ्य एवं स्वच्छता समिति की पिछले 6 माह में कितनी बैठकें की गयी सिभ्य है। क्या ग्राम स्वास्थ्य एवं स्वच्छता समिति को व्यय विवरण रखा जा रहा है। क्या ग्राम स्वास्थ्य एवं स्वच्छता समिति का व्यय विवरण रखा जा रहा है। क्या ग्राम स्वास्थ्य एवं स्वच्छता समिति द्वारा अन्टाइड फण्ड का प्रयोग किया पर का रहा है। ग्राम स्वास्थ्य 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 उपस्थित सदस्यों को अन्टाइड फण्ड के प्रयोग की जानकारी है। क्या समिति के सदस्यों को अपनी भूमिका की जानकारी है। क्या समिति बैठक की शुरुआत गत बैठक की समीक्षा से की गयी थी। क्या समिति द्वारा स्वास्थ्य सेवाओं की समीक्षा व मूल्यांकन किया जा है। क्या समिति द्वारा स्वास्थ्य सेवाओं की समीक्षा व मूल्यांकन किया जा है। क्या बैठक में ग्राम स्वास्थ्य कार्ययोजना की समीक्षा की गयी।

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

दिनांक 28.8.2013

ETAILET Anifo Cymaes





Indicators	Knowledge and Awareness Households	•	7	8	4	n	9	L	œ	Total
Description	1	(V/N)	(X/N)	(V/N)	(Y/N)	(Y/N)	(V/N)	(X/N)	S/N)	
Feeding	is the mother aware that Breast feeding (BF) must be initiated within one hour after birth?	>	ブ	У .	2	2	2	30	2	
	Did the mother Initiate BF within one hour of birth?	>	2	>	۶	2	2	ح >	2	- 3
	Is the mother aware that Exclusive Breast feeding should be done for Six months and continued till child attains age	>	~~~	7	2	2	7	>	- 2	+ 0
	of 2 years?			tensor'	ar.	3	٠			^
	Has the mother Exclusively Breast fed her youngest child for Six months and continued BF till 2 years?	2	2	>	2	>	Z	>	2	~
2. Complemen	Is she aware about initiating C	- A					And the second s		And the second s	Married Company of the Company of th
tary Feeding	1	Lange .	<u>~</u>		Z	>~	2	7	2	\sim
Practices	Has she adhered to initiating CF from 6 months onwards?	2	Z	7	2	2	7	-	>	*
3. Diarrhoea	Does the mother know that ORS+ Zinc needs to be given	720	X	***	>		7	× 68	>>>	>
	to child with diarrhoea?	\ >	1	g-	Š	2	Z	× 1	- 0	V
	As per mother, is ORS+ Zinc available with ASHAs?	7	>	-	\ \ \$	2	>		3:	1
4. Pneumonia	Can mother tell at least two danger signs of pneumonia?	2	7	2	7	7	2	2 2	2 ~	
	Is she aware whom to approach on recognizing the danger	2	7	7	2	7	. 2	7	2	
	3(8113.	-				w-	nanananan r	er er	pr-	

	2.000	100	7.12.23.4.4	4	200				
Key Ouestions	*	C	(7	nes more de la composição		Å	
Households	ment.	V	٠,	4	n	9	_	ထ	Total
* CF TIST TO SO AS A S	(X/N)	(Y/N)	(Y/N)	(V/N)	(N/N)	(Y/N)	(V/N)	(V/N)	*
13 the Mar Calu being regularly filled? *	>	>	*2	*	>	>	*		*
Is the quality of ANC and regularity of ANCs adequate? *	,2	7		7 2	, 7	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	7;	7 2	
Is the pregnant woman aware about hirth arounded			Σ,		٠	hos	Ź	Direction of the second	إسا
5 remain aware about on in preparedness?	2	2	and de-	>	2	***	2	7	^
Does the pregnant woman have knowledge of JSY and JSSK?	>	>	>	>	>	,	*	\rightarrow \frac{1}{2}	
Whether the pregnant woman has received safe motherhood because	*	7	*			*	>	<	X
December of the state of the st	Z	##	Z	1	Z	de la	2	2	QD
Does the pregnant woman have the telephone number of call center for			*	- The second sec		N. C.			***************************************
referral transport/other available referral transport?	> *-	>	>	>	>	~	>	>	0
D11	22"	-		*	der-	-	~	_	Đ
Does the pregnant woman have telephone numbers of ASHA/ANM?	>	>	>	>	*	1	4	9	THE SAME OF THE PARTY OF THE PA
	-	1	7	×-	2	7	2	>	
high rick programt mount of the second of th	d	7	d	4		*	,	4)
ingrinsis pregnant wondan?	Z		7	,	7	Z	2	2	Marcel
	-			-					be

*(Probe by questions and verify through filled up MCP card)