## Visit Report Of Mathura

1-Dr.Shishir Kumar-JD(HQ)

2-Dr. Yogeshwer Dayal – Consultant(NP)

3-Sanjay Kumar Goyal – Programme Coordinator

Date-26/09/2013

Meeting with CMO,ACMO,CMS(F),DCM,DAM & Other officials for planning the visit and acknowledged the overall view of different programmes of NRHM.

Date - 27/09/2013

Visit to – District Women Hospital Mathura

S.N	Key Points	Suggestion
1	Expected no pregnant women were not recorded	Suggested to CMS to maintain these record
2	Condition of operation theatre was not satisfactory	Suggested to CMS to improve it
3	Modular OT constructed recently but condition was not satisfactory. The roof of adjoining room was leaking	Suggested to CMS to contact JE , CMO & JD for improving Modular OT
4	Cold chain room was not good. Thermometer not found in ILR & Deep freezer	Suggested to ACMO NRHM & CMS to arrange Thermometer.
5	IN deep freezer icepacks were not properly filled.	Suggested CMS & cold chain handler for proper filling of icepacks.
6	There was not any waste disposal system	Suggested CMS To make proper arrangements to dispose of waste

Date -27/09/2013

#### Visit to PHC - Baldev

Key Points	Suggestedion
Labour room, female ward ,toilets were dirty	Suggested MOIC to keep clean wards, toilets and campus
New born care corner was not clean and staff was not trained to use ambubag	Suggested to MOIC to keep New born care corner clean & give proper training to staff
There was no waste disposal management	Suggested MOI/C to make pit and he assure to make it.
Electricity backup was not 24x7	Suggested MOI/C to send requisition for funds to CMO
Diet was not provided to patients	Suggested to MOIC to provide Fruits & light diet to patients
Operation theater walls were showing seepage & OT was not functioning	Suggested MOIC to improve OT condition & make it functioning

#### Date -27/09/2013

#### Visit to VHNSC- Abraini(Baldev)

Key Points	Suggestion
Records were not available with ANM	Suggested to MOIC & ANM to maintain proper records
VHNSC Meeting were not held regularly	Suggested to MOIC & ANM to arrange timely meeting
Untied & AMG funds were not utilized properly	Suggested to MOIC & ANM to utilized funds

#### Date -28/09/2013

#### Visit to sub centre - Bhahai(Farah)

Key Points	Suggestion
Records were not available with ANM	Suggested to MOIC & ANM to maintain proper records
RI session was in progress	
Method of giving injection was not proper	Suggested to ANM & explained how to inject in proper way
Key massages were not given to beneficiaries in RI session properly	Oriented to ANM about Key massages

#### Date -28/09/2013

### Visit to CHC-Farah(FRU)

S.N	Key Points	Suggestion
1	In ILR thermometer was showing temperature in minus degree	Suggested to shift vaccines in another ILR & maintain the old ILR
2	Very few pathological test were being done	Suggested to Superintendent for arrange pathologist & improve the lab condition
3	There was no waste disposal management	Suggested to Superintendent for proper waste management

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(Dr. yogeshwer Dayal) Consultant (NP)



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Name of District: Mathura	Name of Block:	Name of DH: Female Hospital
Catchment Population:	Total Villages:	Mathuro
Date of last supervisory visit: 36/09	413	
Date of visit: 27/09/13  Names of staff not available on the day	Name& designation of monitor: $\sum_{\Sigma \delta}$ of visit and reason for absence:	Shighiy Kungr JD Yogeshwer Dayal, consultant

## Section I: Physical Infrastructure:

S.No	Infrastructure	Yes	No	Additional Remarks
1.1	Health facility easily accessible	(Y)	N	
	from nearest road head			
1.2	Functioning in Govt building	(V)	N	***************************************
1.3	Building in good condition	Y	N	
1.4	Habitable Staff Quarters for MOs	Y	0	
1.5	Habitable Staff Quarters for SNs	Y	N)	
1.6	Habitable Staff Quarters for other categories	(V)	N	for IV class
1.7	Electricity with power back up	(V)	N	
1.9	Running 24*7 water supply	(V) (V)	N	
1.10	Clean Toilets separate for Male/Female	Ŏ	N	
1	Functional and clean labour Room	(V)	N	
1.12	Functional and clean toilet attached to labour room	O	N	/
1.13	Functional New born care corner(functional radiant warmer with neo-natal ambu bag)	0	N	
1.14	Functional Newborn Stabilization Unit	(9)	N	
1.16	Functional SNCU	Y	(N)	
1.17	Clean wards	(V)	N	
1.18	Separate Male and Female wards (at least by partitions)	$\bigcirc$	N	
1.19	Availability of Nutritional Rehabilitation Centre	Y	0	
1.20	Functional BB/BSU, specify	Y	N	
1.21	Separate room for ARSH clinic	Y	0	
1.22	Availability of complaint/suggestion box	(V)	N	
1.23	Availability of mechanisms for	$(\mathbf{v})$	N	



yalashedoopoosaabooosa	Biomedical waste management (BMW)at facility			
1.24	BMW outsourced	Y	N	-
1.25	Availability of ICTC/ PPTCT Centre	(9)	N	
1.26	Availability of functional Help	Y	N	
a announced by	Desk			

Section II: Human resource:

	on II: Human resource:  Category	Numbers	Remarks if any
S. no 2.1	OBG	03	
2.2	Anaesthetist	0	
2.3	Paediatrician	01	
2.4	General Surgeon	All behaling.	
2.5	Other Specialists	01	
2.6	MOs	01+02	02 on Contract
2.7	SNs	13	
2.8	ANMs	02	
2.9	LTs	02.	
2.10	Pharmacist	06	and the second s
2.11	LHV	02-	
2.12	Radiographer	Glassing and programme and pro	
2.13	RMNCHA+ counsellors lema	whire Modernal New	oborn, child and adolescer Health
2.14	Others	with the control of the state o	Health

Section III: Training Status of HR:

S. no	Training	No. trained	Remarks if any
3.1	Emoc obstave	0	
3.2	LSAS Life Soil A Proceed skil	0	
3.3	BeMOC Bandemey Chal Care	0	
3.4	SBA Stolled Raith pitendent	0	
3.5	MTP/MVA	05	
3.6	NSV	04	A 94
3:73	F-IMNCI Internated mangement of n	Lids bothe borrow	I hood illness
3.8	NSSK	04	
3.9	Mini Lap-Sterilisations	04	
3.10	Laproscopy-Sterilisations	04	
3.1	IUCD	04	
3.13	2 PPIUCD	04	- Francisco
3.1		0	
3.1	4 IMEP many many many		Hal plan
3.1	6 Immunization and cold chain	04	

tailing v



3.15	Others		

OFFICE AND PROPERTY.	on IV: Equipment:		No. 4		
S. No	Equipment	Yes	No	Remarks	
4.1	Functional BP Instrument and Stethoscope	<b>(V)</b>	N	ALTERNATION AND ADMINISTRATION ADMINISTRATION AND A	- Indiana
4.2	Sterilised delivery sets	(Y)	N		- Annual Control
4.3	Functional Neonatal, Paediatric and Adult Resuscitation kit	$\circ$	N		- Valoritania del Constituto del Con
4,4	Functional Weighing Machine (Adult and child)	(Y)	N		
4.5	Functional Needle Cutter	(1)	N		100
4.6	Functional Radiant Warmer	(B)	N		
4.7	Functional Suction apparatus	(V)	N	avered	
4.8	Functional Facility for Oxygen Administration	0	N		
4.9	Functional Foetal Doppler/CTG	Y	(0)		
4.10	Functional Mobile light	Y	(v)		
4.11	Delivery Tables	(0)	N		
4.12	Functional Autoclave	(Y)	N		18
4.13	Functional ILR and Deep Freezer	(A)	N	But No thermometer, Cog Bo	ьk
4.14	Emergency Tray with emergency injections	Y	N	*	
4.15	MVA/ EVA Equipment	Y	N		
4 1 6	Functional phototherapy unit	<u>₩</u>	N	and the second s	
4.16	runctional phototiciapy diff.				-
4.17	O.T Equipment		- I Addison		
4.18	O.T Tables	0	N.		
4.19	Functional O.T Lights, ceiling	Y	N		
4.20	Functional O.T lights, mobile	0	N		Administrative distributions and an administrative designation of the contract
4.21	Functional Anesthesia machines	0	N	Announce of the Control of the Contr	
4.22	Functional Ventilators	Y	N		
4.23	Functional Pulse-oximeters	Y	(0)	Andrew Control of the	
4.24	Functional Multi-para monitors	Y	Ô		
4.25	Functional Surgical Diathermies	Y	0		
4.26	Functional Laparoscopes	(Y)	N		
4.27	Functional C-arm units	Y	0		



			The State of the S	WORKSHIP TO THE WASHINGTON TO SELECT THE WORKSHIP TO THE WORKS
4.28	Functional Autoclaves (H or V)		N	
	Laboratory Equipment			
4.1a	Functional Microscope	(Ý)	N	
4.2a	Functional Hemoglobinometer	(Y)	N	
4.3a	Functional Centrifuge	(Y)	N	
4.4a	Functional Semi autoanalyzer	(Y)	N	
4.5a	Reagents and Testing Kits	(V)	N	
4.6a	Functional Ultrasound Scanners	(Y)	N	
4.7a	Functional C.T Scanner	Y	N	
4.8a	Functional X-ray units	Y		
4.9a	Functional ECG machines	Y	(0)	

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	Υ	()	
5.3	IFA tablets	(Y)	N	
5.4	IFA tablets (blue)	Y	(W)	
5.5	IFA syrup with dispenser	(Y)	N	account of the control of the contro
5.6	Vit A syrup	(y)	N	
5.7	ORS packets	(Y)	N	and the second
5.8	Zinc tablets	Y	(N)	
5.9	Inj Magnesium Sulphate	(Y)	N	
5.10	Inj Oxytocin	(V)	N	
5.11	Misoprostol tablets	(V)	N	
5.12	Mifepristone tablets	(Y)	N	and the state of t
5.13	Availability of antibiotics	$\langle Y \rangle$	N	
5.14	Labelled emergency tray	(A)	N	out-many
5.15	Drugs for hypertension, Diabetes, common ailments e.g PCM, anti-allergic drugs etc.		N	
5.16	Vaccine Stock available	(Y)	N	
S.No	Supplies	Yes	No	Remarks
5.17	Pregnancy testing kits	(Y)	N	
5.18	Urine albumin and sugar testing kit	( <b>y</b> )	N	and or the state of the state o
5.19	OCPs	(V)	N	
5.20	EC pills	Ŷ	N	
5.21	IUCDs	(V)	N (N)	
5.22	Sanitary napkins		No	Remarks
S.No	Essential Consumables	Yes		Nemarks
5.23	Gloves, Mckintosh, Pads, bandages, and		N	
	gauze etc.			when the alse to be observed and

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



7.16 No of sick children referred
7.16 No. of sick children referred
7.17 No. of pregnant women referred
7.18 No. of IUCD Insertions 34
7.19 No. of Tubectomy 41
7.20 No. of Vasectomy 0.2
7.21 No. of Minilap 02
7.22 No. of children fully immunized 133
7.23 Measles coverage 133
7.24 No. of children given ORS + Zinc
7.25 No. of children given Vitamin A 284
7.26 No. of women who accepted post-partum
FP services (3
1 and
7.28 No. of MTPs conducted in second trimester O
7.29 Number of Adolescents attending ARSH
clinic O
7.30 Maternal deaths, it diff
7.31 Still births, if any
7.32 Neonatal deaths, if any
7.33 Infant deaths, if any

Section VII a: Service delivery in post natal wards:

Contractor of the Contractor o	Parameters	Yes	No
S.No	Latameters .		Paradologica estados
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	(2)	N
7.3a	Counseling on IYCF done	Y	<u>(v)</u>
7.4a	Counseling on Family Planning	(9)	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)		rer cheque
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	T(X)	N



Section VI: Other Services:

S.no	Lab Services	Yes	No	Remarks
6.1	Haemoglobin	$\langle Y \rangle$	N	,
6.2	CBC Complete blood count	Ÿ	(N)_	
6.3	Urine albumin and sugar	(Y)	N	
6.4	Blood sugar	(y)	N	
6.5	RPR (Rapid Plasma Reagin) test	Y		2000
6.6	Malaria (PS or RDT)	(V)	N	OMERICANIA DE LA CASA
6.7	T.B (Sputum for AFB)	X	(M)	
6.8	HIV (RDT)	(A)	N	
6.9	Liver function tests(LFT),	Y	(0)	
6.10	Ultrasound scan (Ob.)	(A)	N	
6.11	Ultrasound Scan (General)	<u>(1)</u>	N	operatura was
6.12	X-ray	Y	(N)	- Contraction of the Contraction
6.13	ECG	Y	(N)	
6.14	Endoscopy	Y	<u>(V)</u>	one comme
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	ļ.,		· ·
6.17	Sufficient no. of blood bags available	Y	N	was the same of th
6.18	Check register for number of blood bags issued for BT in last quarter			

Section VII: Service Delivery in last two quarters:

S.No	Service Utilization Parameter	Q1	Q2	Remarks
7.1	OPD	11/92	13663	
7.2	IPD	3036	3803	
7.3	Expected number of pregnancies	463	<u>\$33</u>	
7.4	No. of pregnant women given IFA	495	603	
7.5	Total deliveries conducted	849	1225	
7.6	No. of assisted deliveries (Ventouse/ Forceps)	66	89	
7.7	No. of C section conducted	46	49	
7.8	Number of obstetric complications managed, pls specify type	233	439	
7.9	No. of neonates initiated breast feeding within one hour	218	1198	
7.10	Number of children screened for Defects at birth under RBSK	gyans/1999	ANSWER	
7.11	RTI/STI Treated	570	575	
7.12	No of admissions in NBSUs/ SNCU, whichever available	- Andrewsia	All the state of t	
7.13	No of admissions :Inborn	Server .	Managara Managara	
7.14	No of admissions :Outborn	Street	- Marine	
7.15	No. of children admitted with SAM	Specimen	Mande	



Section VIII: Quality parameter of the facility:
Through probing questions and demonstrations assess does the staff know how to...

S.No	Essential Skill Set	Yes	No	Remarks
8.1	Manage high risk pregnancy	(Ý)	N	
8.2	Provide essential newborn care (thermoregulation, breastfeeding and asepsis)	(2)	N	
8.3	Manage sick neonates and infants	Y		
8.4	Correctly uses partograph	Y	(N)	
8.5	Correctly insert IUCD	(V)	N	
8.6	Correctly administer vaccines	$\langle \mathbf{\hat{v}} \rangle$	N	
8.7	Segregation of waste in colour coded bins	(Y)	Province of the state of the st	
8.8	Adherence to IMEP protocols	Y	0	
8.9	Bio medical waste management	Y	(N)	
8.10	Updated Entry in the MCP Cards	(Y)	N	
8.11	Entry in MCTS	(v)	N	
8.12	Corrective action taken on Maternal Death Review finding	(Y)		

Section IX: Record Maintenance:

S. no	Record	Available and Updated and correctly filled	Available but Not maintained	Not Available	Remarks/Ti meline for completion
9.1	OPD Register	7			
9.2	IPD Register	Y			
9.3	ANC Register	7			verore.
9.4	PNC Register	4			A CONTRACTOR OF THE CONTRACTOR
9.5	Indoor bed head ticket	<b>V</b>			
9.6	Line listing of severely anaemic pregnant women	1			
9.7	Labour room register	WA AND CASES	Har Principles		
9.8	Partographs			N	and the same of th
9.9	FP-Operation Register (OT)				
9.10	OT Register	<u> </u>			
9.11	FP Register	Name of the second			
9.12	Immunisation Register				
9.13	Updated Microplan				
9.14	Blood Bank stock register				
9.15	Referral Register (In and Out)	~			
9.16	MDR Register				
9.17	Infant Death Review and Neonatal Death Review				e de la companya de l
9.18	Drug Stock Register	V			
9.19	Payment under JSY	V			



		The state of the s
9.2	Untied funds expenditure (Check % expenditure)	
9.2	AMG expenditure (Check %	
9.2	RKS expenditure (Check %	

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 C	No. of sick infants transported	No. of children 1- 6 years	Free/Paid
10.1	Home to facility	Gout.	329	Mentioning	Contraction of the Contraction o	Mee
10.2	Inter facility					
10.3	Facility to Home (drop back)					

Section XI: IEC Display:

S.No	Material	Yes	No *	Remarks
Onito	Approach roads have directions to the	<b>(Y)</b>	N	
11.1	health facility			makes process and regions.
11.2	Citizen Charter	Y	(N)	***************************************
11.3	Timings of the health facility	( <u>v</u> )	N	
11.4	List of services available	(Y)	N	god angeres residences
11.5	Essential Drug List	(V)	N	
11.6	Protocol Posters	Y	(N)	
***************************************	JSSK entitlements (Displayed in ANC	(4)	N	
11.7	Clinics/, PNC Clinics)	(V)	N	
11.8	Immunization Schedule	(U)	3 **	
11.9	JSY entitlements( Displayed in ANC	(v)	N	NAME OF THE PROPERTY OF THE PR
	Clinics/, PNC Clinics)		way o obbase do cardo	
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)	(9)	N	
12.1 a	Regular Sterilisation -OT (Check Records)	(Ý)	N	
12.2	Functional Laundry/washing services	(Y)	N	
12.3	Availability of dietary services	<b>(V)</b>	N	
12.4	Appropriate drug storage facilities	(A)	N	, market and the second
12.5	Equipment maintenance and repair mechanism	0	N	
12.6	Grievance Redressal mechanisms	Y		
12.7	Tally software Implemented	Y		



Section XIII: Previous supervisory visits:

S. no	Name and Designation of the supervisor	Place of posting of Supervisor	Date of visit
13.1	Shri Vichal ChouhanDM	Mathura	26/09/13
13.2	Dr B.S. Yaadav CMO	the second secon	
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
		•	



PHC/CHC (NON FRU) level Monitoring Checklist

Name of District: Mathura Catchment Population:	Name of Block: Baldev	Name of PHC/CHC: Baldey
	Total Villages: 67	Distance from Dist HQ: 24 14.
Date of last supervisory visit:	· ·	
Date of visit: 27/09/13	Name& designation of monitor:	Dr. Shighir Kumar (JD) Dr Jogeshwer Dayal, consultant
Names of staff not available on absence:	he day of visit and reason for しんしんしん	Dr Yogeshwer Dayon, Consultant

# Section I: Physical Infrastructure:

S.No	Infrastructure	Yes	No	Additional Remarks
1.1	Health facility easily accessible from nearest road head	0	N	
1.2	Functioning in Govt building	(Y)	N	and the second s
1.3	Building in good condition	(V)	N	
1.4	Habitable Staff Quarters for MOs	(1)	N	4
1.5	Habitable Staff Quarters for SNs	8	N	6
1.6	Habitable Staff Quarters for other categories	(Y)	N	4
1.7	Electricity with functional power back up	V)	N	/
1.9	Running 24*7 water supply	Y	(N)	rancon.
1.10	Clean Toilets separate for Male/Female	0	N	
1.11	Functional and clean labour Room	(y)	N	la distance man
1.12	Functional and clean toilet attached to labour room	(Ý)	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)	
1.15	Clean wards	(Y)	N	The second secon
1.16	Separate Male and Female wards (at least by Partitions)	Ŷ	N	
1.17	Availability of complaint/suggestion box	Y	(0)	ng ngangang ng ngang ng n
1.18	Availability of mechanisms for waste management	(Y)	N	

## Section II: Human resource:

S. no	Category		Remarks if any
2.1	MO	23 + 05-	
2.2	SNs/ GNMs	04	ou
2.3	ANM	18+08	18
2.4	LTs	ol	
2.5	Pharmacist	Ol	



		The second secon	
2.6	LHV/PHN	<b>490</b>	
2.7	Others H.S + BHW	· 0570	
L.	MMS + MMA	01+01	

Section III: Training Status of HR

S. no	Training	No. trained	Remarks if any
3.1	BeMOC		
3.2	SBA	02	02 MO'3
3.3	MTP/MVA		
3.4	NSV		
3.5	IMNCI		
3.6	F- IMNCI		
3.7	NSSK		
3.8	Mini Lap		
3.9	IUD		
3.10	RTI/STI		one control of the co
3.11	Immunization and cold chain		
3.12	Others		

## Section IV: Equipment

S. No	Equipment	Yes	No	Remarks
4.1	Functional BP Instrument and Stethoscope	(3)	***	
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)	(D)	N	and an artist
4.5	Functional Needle Cutter	(Y)	N	
4.6	Functional Radiant Warmer	(Y)	N	
4.7	Functional Suction apparatus	(Ý)	N	
4.8	Functional Facility for Oxygen Administration	(8)	N	
4.9	Functional Autoclave	Y	N	
4.10	Functional ILR	( <u>Y</u> )	N	
4.11	Functional Deep Freezer			
4.12	Emergency Tray with emergency injections	Ø	N	
4.13	MVA/ EVA Equipment	Y	N	
**************************************	Laboratory Equipment	Yes	No	Remarks
4.14	Functional Microscope	(Y)	N	
4.15	Functional Hemoglobinometer	(Y)	N	
4.16	Functional Centrifuge,	Y	(N)	



		1	163
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	5673	\$ 355	
7.2	IPD	284	326	
7.3	Expected number of pregnancies	245	365	
7.4	Percentage of women registered in the first trimester	48	5]	
7.5	Percentage of women registered in the first trimester			
7.6	Percentage of ANC3 out of total registered	47	50	
7.7	Percentage of ANC4 out of total registered			
7.8	Total deliveries conducted	246	361	
7.9	Number of obstetric complications managed, pls specify type	3	2_	
7.10	No. of neonates initiated breast feeding within one hour	243	260	
7.11	Number of children screened for Defects at birth under RBSK	W	W	
7.12	RTI/STI Treated	And the second s		
7.13	No of admissions in NBSUs, if available	J-1000	Western	
7.14	No. of sick children referred	9	16	
7.15	No. of pregnant women referred	124	102	
7.16	No. of IUCD Insertions	WY.	281	
7.17	No. of Tubectomy	3	0	
7.18	No. of Vasectomy	W	mi)	
7.19	No. of Minilap	Constants.	.compt	
7.20	No. of children fully immunized	1569		>1184
7.21	Measles coverage	1569	1184	
7.22	No. of children given ORS + Zinc	4633		250.1285
7.23	No. of children given Vitamin A	4623	1184	
7.24	No. of women who accepted post partum FP services	Nú	mi	
7.25	No. of MTPs conducted	N.O	W	
7.26	Maternal deaths, if any	W.	3	
7.27	Still births, if any	3-	7	
7.28	Neonatal deaths, if any	Mip	Mil	



4.17	Functional Semi autoanalyzer	Viterated	Y	(	N	)	
4.18	Reagents and Testing Kits		Y	1	N	) .	

## Section V: Essential Drugs and Supplies

S.No	Drugs	Yes	No	Remarks
5.1	EDL available and displayed	Υ	N	
5.2	Computerised inventory management	Y	N	
5.3	IFA tablets	(V)	N	5 lack
5.4	IFA tablets (blue)	(V)	N	3 lack
5.5	IFA syrup with dispenser	(Ý)	N	50
5.6	Vit A syrup	Y	(N)	
5.7	ORS packets	(Y)	N	0,500
5.8	Zinc tablets	Y	(N)	200
5.9	Inj Magnesium Sulphate	γ	(1)	appy dis
5.10	Inj Oxytocin	(1)	N	160
5.11	Misoprostol tablets	Y	N	200
5.12	Mifepristone tablets	Y	(10)	Фенция
5.13	Antibiotics	(2)	N	4200 etc.
5.14	Labelled emergency tray	(Y)	N	2
5.15	Drugs for hypertension, Diabetes,	1	N	Aténolif 1400
	common ailments e.g PCM, anti-		000	Metformy 100 PCM-3000
***************************************	allergic drugs etc.		4	Citoryni , 2500
5.16	Vaccine Stock <i>available</i>	(8)	N	yes.
S.No	Supplies	Yes	No	Remarks
5.17	Pregnancy testing kits	(Y)	N	200
5.18	Urine albumin and sugar testing kit	Y	(N)	
5.19	OCPs	Υ	(N)	as f 10,000
5.20	EC pills	R)	N	
5.21	IUCDs	(Y)	N N	
5.22	Sanitary napkins	Y	(N)	
S.No	Essential Consumables	Yes	No	Remarks
5.23	Gloves, Mckintosh, Pads, bandages,	(1)	N	Glare-100 Mae - 1809, Pale 5
	and gauze etc.			Bondore 150 Ceuto shan . 20

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	
6.2	CBC	Y	(0)	
6.3	Urine albumin and Sugar	Y	(1)	
6.4	Serum Bilirubin test	Y	(0)	
6.5	Blood Sugar	Y	(0)	



Infant deaths, if any 7.29

# 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	Ŷ	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	0	N	
7.5a	Mothers asked to stay for 48 hrs	(v)	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)	Che	We.	
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		

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	Knowle	dge	Skills	Remarks
8.1	Manage high risk pregnancy	(Y)	N	(Y) N	
8.2	Provide essential newborn care(thermoregulation, breastfeeding and asepsis)	<b>(V)</b>	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	(V)	N	(Y) N	
8.7	Alternate Vaccine Delivery (AVD) system functional	(Y)	N	(Y) N	
8.7	Segregate waste in colour coded bins	Y		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	Y			
9.2	IPD Register	Н			
9.3	ANC Register	N		a menoculary first minus	or conversal and the second se
9.4	PNC Register	1			W II.
9.5	Indoor bed head ticket	fuel			
9.6	Line listing of severely anaemic pregnant women	H			The second secon
9.7	Labour room register	7			Total Control of the
9.8	Partographs	M			ob in more management of the contract of the c
9.9	OT Register	<u> </u>			-source at I
9.10	FP Register	N			edunor a management of the second of the sec
9.11	Immunisation Register	1			
9.12	Updated Microplan	4			on the state of th
9.13	Drug Stock Register	7			en e
9.14	Referral Registers (In and Out)	H			mooned to be seen and the seen
9.15	Payments under JSY	У			es moro
9.16	Untied funds expenditure (Check % expenditure)				
9.17	AMG expenditure (Check % expenditure)				
9.18	RKS expenditure (Check % expenditure)	ile algo and manadaspinos de proposos			

## 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	Govt	And the Control of th			
10.2	Inter facility					
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	(Ÿ)	N	
11.3	Timings of the Health Facility	(Y)	N	
11.4	List of services available	0	N	
11.5	Essential Drug List	(Y)	N	
11.6	Protocol Posters	Y	N	
11.7	JSSK entitlements	Y	N	
11.8	Immunization Schedule	(Y)	A Control of Control	
11.9	JSY entitlements	Y	N	was a second sec
11.10	Other related IEC material	(Y)	N	

Section XII: Additional/Support Services:

Sl. no	Services	Yes	No	Remarks
12.1	Regular sterilisation of Labour room (Check Records)	(V)	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)	Service Control of the Control of th

Section XIII: Previous supervisory visits:

S. no	Name and Designation of the supervisor	Place of posting of Supervisor	Date of visit
13.1	Dr. Rajendra Singh	Acmo Mathura	25 09/13
13.2		·	
13.3			
13.4			
13.5		N	

**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
11cy 1 1110111165			
		Responsible	
	Michael Supplied of the Control of t		

उन सभी अधिकारियों हेतु जिन्हें इस कार्य का पर्यवेक्षण करना है

जनपद का नाम जिस्ति पदनाम पदन

क्रम	पर्यवेक्षण हेतु बिन्दु	गांव / ग्राम पंचायत १	गांव / ग्राम पंचायत 2
1	प्रधान एवं सम्बंधित ए०एन०एम० का नाम भाहन लाल	क भरी या शामा	,
and control of the co	क्या समिति में सभी मजरों / पुरवा / हेम्लेट से प्रतिनिधित्व है।		
Amada Najvija (virunija) ve kraži dokolovjetavja	क्या ग्राम स्वास्थ्य एवं स्वच्छता समिति को इस वर्ष में अन्टाइंड फण्ड प्राप्त हुआ।	-18	
dama uninga mandada Ada Amerika	क्या ग्राम स्वारथ्य एवं स्वच्छता समिति का बैठक रजिस्टर बना है।	ET.	
	ग्राम स्वास्थ्य एवं स्वच्छता समिति की पिछले 6 माह में कितनी बैठकें की गयी है।	0	
	क्या ग्राम स्वास्थ्य कार्ययोजना बनी है।	-13	
	क्या ग्राम स्वास्थ्य एवं स्वच्छता समिति का व्यय विवरण रखा जा रहा है।	-1 ही	
Obrodučných za zamena manunajdných dna sa boudzini s	क्या ग्राम स्वास्थ्य एवं स्वच्छता समिति द्वारा अन्टाइड फण्ड का प्रयोग किया जा रहा है।		
TO COLUMN TO THE PROPERTY OF T	ग्राम स्वास्थ्य एवं स्वच्छता समिति द्वारा अन्टाइड फण्ड का प्रयोग किन–किन गतिविधियों में किया गया है।	- One Control Acade	
2.	क्या बैठक की पूर्व सूचना सभी सदस्यों को थी।	assert Fee	
The same of the sa	बैठक में उपस्थित सदस्यों की संख्या	(2	
Parameter and pa	क्या समिति सदस्यों को अन्टाइड फण्ड के प्रयोग की जानकारी है।	नही	
savoj ilar razional di calculari propini	क्या समिति के सदस्यों को अपनी भूमिका की जानकारी है।	- ET	
Sample Company of the Sample S	क्या समिति बैठक की शुरूआत गत बैठक की समीक्षा से की गयी थी।	नदो	
© Day plant springer	क्या समिति द्वारा स्वास्थ्य सेवाओं की समीक्षा व मूल्यांकन किया जा है।	नही	
Votacionopologia abbonia abba a resis	क्या बैठक में ग्राम स्वास्थ्य कार्ययोजना की समीक्षा की गयी।	76	
married to the property of the control of the contr	क्या समिति में प्रस्ताव रखने में सभी सदस्यों की सक्रिय भागीदारी रहीं।		

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

दिनांक 27/09/13

हरताक्षर gayal



ndicators	The second secon	promote management about the second second second	Section of the last of the las	Property and an incommental property of the Pr						
	Nilowieuge and Awareness Households	þend	2	W	4	ഗ	0	7	20	3
- Breast	to the mother order that Decade of the transfer of the transfe	(Y/N)	(Y/N)	(Y/N)	(Y/N)	(Y/N)	(Y/X)	(N/X)	CV (V	
Feeding	initiated within one hour after hirth?	Z	4	giste. Diegos	4	4	4	9¢	2	Salar
	Did the mother Initiate RF within one hour of Listo			-	/	,	,	panes.	m	
	Is the mother aware that Evaluation Deposit for Ji	Z	Z	Z	-4	Z	4	Z	Z	
	is the method aware that exclusive breast leeding should	,								-
	be done for Six months and continued till child attains age of 2 years?	7	- 人	and the same of th	<	ユ	~	-	<	
	Has the mother Exclusively Breast fed her youngest child	The in the second state of	Over the control of t	The same of the sa	and the second					The state of the s
dominimak eren en e	for Six months and continued BF till 2 years?	~	<u> </u>	Z	<	4	て	_	Z	
2. Complemen	Is she aware about initiating Complementary Feeding			**	-					- The second second
tary Feeding	(CF) from 6 months onwards?	-	-L.,	C.,	L.,	L.,		<u>ل</u>		
Practices	Has she adhered to initiating CF from 6 months onwards?	r		-						
<ol> <li>Diarrhoea</li> </ol>	Does the mother know that ORS+ Zinc needs to be given	.	1	7.	4	K	7	4	K	The state of the s
	to child with diarrhoea?	7	7_	Z	L.	Z	Z	Z	て_	
reconstruit—000 del marsi deletate di mera a reconstruita del adolesta del construita del constr	As per mother, is ORS+ Zinc available with ASHAs?	7	B		P *			-		The statement of the st
4. Pneumonia	Can mother tell at least two danger signs of pneumonic?		2	. 2	. 2	2	7	2	Z	
	Is she aware whom to approach on recognizing the demands of the state	7	72	7	Z	Z	2	エ	2	
	signs?	7	~	7	Z	I	7	L	Z	
eleváných rádokom metrává todome ma venouspad podmetrok na metrok do dosta			57075	-					The state of the s	- Inches
Koy Deportions	то со соверання в подучення выподчення в под выстрання в под выстрання в под выподчення в под выподчення в под в			12.21 2.25	714/5/6/2					

	The state of the s		Action from the control of the control of the control of	Profitable of the Constitution of the Association and	Bodywyn achtermonocommunication of the Control of t	**************************************	verano en		( ) one by the subits and verify inrough filled up MCP card)	
The state of the s	2	Z	Z	Z	7	て	Z	7	*(Prohe hy ougstions and access to	
			and the second s	the street of th				,	high and referred provided along with birth preparedness in case of	
	Z	2	Z	Z	~	Z	Z	L	Is guidance and referral provided all the control of ASHA/ ANM?	
	7	エ	ン	7	-		1	7	Does the pregnant manage Level 1	
			•	*	2.	<b>&gt;</b>	<b>&gt;</b>		referral transport / other available referral transport of call center for	
	2	Z	Z	Z	Z	Z	7	Z	Does the pregnant woman have the till I have a sale montention DONIE!	
	<	7	Z	Z	2	X	1	4	Whether the pregnant woman has received safe mother at hearth and	
	<	Z	7	2	1	. \	, ,		Does the pregnant woman have knowledge of ISV and ISSE?	
Or from the less designations as a sum operation to consider the contract of t	1		* * *				2	7	is the pregnant woman aware about birth preparedness?	
	*	7	Z	*	L	7	Z	Z	I deminy of this and regularity of AINLS adequate?	
	۷,	La	Z	Z	~	Z		7	Is the anality of ANC and regularity of ANC	
And the second control of the second control	(N/A)	(X/N)	(Y/N)	(Y/N)	(V/N)	(X/X)			Is the MCP card being regularly filled? *	
Total (	ထ	7	6	(J)	4	ω	2 /2	<b>X</b>	Households	
	Marian de la company de la com	A	and the second s	7	The second secon				Key Ouestions	



#### San Centre level Monitoring Checklis

Name of District: Mathura	Name of Block: Farah	Name of SC: Bhahaie			
Catchment Population: <u> </u>	Total Villages:				
Date of last supervisory visit:	determing as				
Catchment Population: 4294 Total Villages: 03 Distance from PHC: 10					
Catchment Population: 4294 Total Villages: 03 Distance from PHC: 10  Date of last supervisory visit:  Date of visit: 28 09 13 Name & designation of monitor: PY. Shighing Kungy JD Names of staff posted and available on the day of visit: Smf - Usha Mishacl					

## Section I: Physical Infrastructure:

S.No	Infrastructure	Yes	No	Remarks
1.1	Subcentre located near a main habitation	Y	(N)	
1.2	Functioning in Govt building	Y	(N)	
1.3	Building in good condition	(Y)	N	
1.4	Electricity with functional power back up	Y		veri
1.5	Running 24*7 water supply	Y	$(\tilde{N})$	
1.6	ANM quarter available	Y	M	-
1.7	ANM residing at SC	Υ	(N)	
1.8	Functional labour room	Y	(N)	
1.9	Functional and clean toilet attached to labour room	Y	0	
1.10	Functional New Born Care Corner (functional radiant warmer with neonatal ambu bag)	V	N	
1.11	General cleanliness in the facility	(y)	N	
1.12	Availability of complaint/ suggestion box	<b>Y</b>	(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	al		
2.2	2 <sup>nd</sup> ANM	01		
2.3	MPW - Male			
2.4	Others, specify	CPROSES		



Section III: Equipment Mark (√) in appropriate column

S.N o	Equipment	Available and Functional	Available but non-functional	Not Available	Remarks
3.1	Equipment for Hemoglobin Estimation				
3.2	Blood sugar testing kits	N			
3.3	BP Instrument and Stethoscope	У			
3.4	Delivery equipment	N			and the second
3.5	Neonatal ambu bag	N			
3.6	Adult weighing machine	V			
3.7	Infant/New born weighing machine	À			Paragraphic Control of the Control o
3.8	Needle &Hub Cutter	Y			Politica
3.9	Color coded bins	И	*		Pomoiopoiemonoma
3.10	RBSK pictorial tool kit	N			<b>Quadronic state</b>

## **Section IV: Essential Drugs:**

S. No	Availability of at least 2 month stock of essential	Yes	No	Remarks
	Drugs			
4.1	IFA tablets	(Y)	N	
4.2	IFA syrup with dispenser	Y	N	
4.3	Vit A syrup	$\langle \mathbf{Y} \rangle$	N	
4.4	ORS packets	(Y)	Ŋ	
4.5	Zinc tablets	%(Y)	(N)	
4.6	Inj Magnesium Sulphate	Y	M	And the second s
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	$(\mathbf{Y})$	N	
	common ailments e.g PCM,		98	
and well of the state of the st	anti-allergic drugs etc.			

Section V: Essential Supplies

DUCER .	m v. Lascindai supplies			
S.No	<b>Essential Medical Supplies</b>	Yes	No	Remarks
5.1	Pregnancy testing Kits	(Y)	N	
5.2	Urine albumin and sugar testing kit	Y	(N)	
5.3	OCPs	Y	$(\tilde{\mathbf{N}})$	
5.4	EC pills	(Y)	N	



5.5	IUCDs	Y	7)	N	***************************************
5.6	Sanitary napkins	Ÿ	7	N	
	The state of the s	L			i .

# Section VI: Service Delivery in the last two quarters:

S.No	Service Utilization Parameter	Q1	Q2	Remarks
6.1	Number of estimated			
	pregnancies			
6.2	9			
	in the first trimester			
6.3	3	No.	Para de la companya d	
	registered			
6.4	9	PAPER DE LA COMPANIA		
6.5	registered			
0.0	No. of pregnant women given IFA		Wild old-majoratory	
6.6	Number of deliveries conducted			
	at SC			
6.7	Number of deliveries conducted		93.53 EVAN AND AND AND AND AND AND AND AND AND A	
	at home	No. and the second second second		
6.8	No. of neonates initiated breast		in property of the state of the	
6.9	feeding within one hour  Number of children screened	ectec alantitica/meter/meter/meter/meter/meter/meter/meter/meter/meter/meter/meter/meter/meter/meter/meter/met	ļ	
0,7	for defects at birth under RBSK			
6.10	No. of sick children referred	e pro		
6.11	No. of pregnant women referred		- control of the second	
6.12	No. of IUCD insertions			
6.13	No. of children fully immunized			70 mm
6.13 a	Measles coverage			The second secon
6.15	No. of children given ORS + Zinc			The state of the s
6.16	No. of children given Vitamin A			The control of the co
6.17	No. of children given IFA Syrup	Anna Anna Anna Anna Anna Anna Anna Anna		
6.18	No. of Maternal deaths recorded	der of the second second second second		
n) of the contract of the cont	, if any			
6.19	No. of still birth recorded, if any	THE PERSONNEL WORKS		
6.20	Neonatal deaths recorded, if		***************************************	
	any harris			
6.21	Number of VHNDs attended			
6.22	Number of VHNSC meeting			
****	attended Sauleli			
6.23	Service delivery data submitted	r dispositionals	and the second	
	for MCTS updation			



# Section VII: Quality parameters of the facility:

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

S.No	robing questions and demonstrations asses <b>Essential Skill Set</b>	Know	edge	Ski	11	Remarks
7.1	Correctly measure BP	$\langle \hat{\mathbf{Y}} \rangle$	N	(Ŷ)	N	
7.2	Correctly measure hemoglobin	Ÿ	N	Y	N	
7.3	Correctly measure urine albumin and protein	Y	N	Y	N	
7.4	Identify high risk pregnancy	$\langle \hat{\mathbf{Y}} \rangle$	N	(3)	N.	
7.5	Awareness on mechanisms for referral to PHC and FRU	0	N	(I)	N	
7.6	Correct use of partograph	Y	(N)	Y	(N)	
7.7	Provide essential newborn care(thermoregulation, breastfeeding and asepsis)	Y	N	Y	N	
7.8	Correctly insert IUCD	<b>Y</b>	N	(Ŷ)	N	
7.9	Correctly administer vaccine	(Ý)	N	(Y)	N	
7.10	Adherence to IMEP protocols	Y	N	Y	N	
7.11	Segregation of waste in colour coded bins	Y	N	Y	N	
7.12	Guidance/ Support for breast feeding method	(Y)	N	Ý	N	
7.13	Correctly identifies signs of Pneumonia and dehydration	Y	N	Y	N	La publica de monocorpora por la pub
7.14	Awareness on Immunization Schedule	Y	N	(Y)	N	
7.15	Awareness on site of administration of vaccine	Y	N	(Y)	N	

## Section VIII: Record Maintenance:

Mark  $(\sqrt{\ })$  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			<del>                                     </del>	
8.4	VHND plan			1	
8.5	VHSNC meeting minutes and action taken				



8.6	Eligible couple register	Productive state of the state o			· ·	
8.7	MCH register ( as per GOI)	<b>\</b>				
8,8	7 9		./		- Parameter Addition	
	GOI format		l v		**************************************	
8.9	Stock register					
8.10	Due lists					
8.11	MCP cards	V				
8.12	Village register	~				
8.13	Referral Registers (In and					
	Out)		is to design the second			
8.14	List of families with 0-6					
	years children under RBSK					
8.15	Line listing of severely			. /		
	anemic pregnant women					
8.16	Updated Microplan					
8.17	Vaccine supply for each	TO POST CONTROL BY CONTROL WITH A PARTY AND A PARTY AN				
of Contract	session day (check	<b>/</b>	†			
	availability of all vaccines )		The state of the s			
8.18	Due list and work plan	**************************************				
Statement of the statem	received from MCTS Portal					
	through Mobile/					
	Physically		1 Professional Pro	The state of the s		

# Section IX: Referral Linkages in last two quarters:

S. no		Mode of Transport (Specify Govt./ pvt)	No. of women transported during ANC/INC/PNC	infants transported	children	Free/Paid
	Home to	The second secon				
9.1	facility	STATE OF THE PARTY	Primaroppy		d manual resolution	
9.2	Inter facility	and the second s	and the second s			
	Facility to					
	Home (drop	is a constant of the constant		THE CONTRACTOR OF THE CONTRACT		- Andrews - Andr
9.3	back)	** Organization of the Control of th				***************************************

## Section X: IEC display:

S. no	Material	Yes	No	Remarks
10.1	Approach roads have	Y	(N)	
	directions to the sub centre			
10.2	Citizen Charter	(Y)	N	
10.3	Timings of the Sub Centre	Ÿ	Ñ	
10.4	Visit schedule of "ANMs"	Y	N	riggi
10.5	Area distribution of the ANMs/	Y	N	Type



ergygynneu <u>entro piegra</u> nia piddigen (f. e. erano 20 etter (f. e.	VHND plan			
10.6	SBA Protocol Posters	X	N)	
10.7	JSSK entitlements	Y	(V)	
10.8	Immunization Schedule	Y	<u>V</u>	
10.9	JSY entitlements	Y	(M)	
10.10	Other related IEC material	<u>(v)</u>	N	

# Section XI: Previous supervisory visits:

S. no	Name and Designation of the supervisor	Place of posting of Supervisor	Date of visit
11.1	- Commission and	Манитинатир	EPAnica).
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
			e a representation de la constanta de la const
			Age egal-jeg
			Femalodic stable tables and tables

## नियमित टीकाकरण सत्र मॉनिटरिंग प्रपत्र

मॉनिटर का नाम : Dr shishir Kumar Dr Yogeshwer Days दिनांक : 28/09/13 Communic	्री संस्था : □ सरकारी विभाग 🗆 ।	NPSP 🗆 UNICEF 🗆 अन्य		पदनाम:	
दिनांक : 28/09/13 Compute	wh समय: 10.40 Am	दिवस : □ बुद्धः	ार □ शुक्र	वार 🛭 शनिवार 🛭	🛘 अन्य
राज्य <i>UT</i> 7	management of the second secon	ADESH			
ਗਿਗ <u>M A 7</u>	HURAL				
ब्लॉक / प्लानिंग युनिट	RAIH				
उपकेंद्र / शहरी पोस्ट 📙 📙 🖟	HILE				
जगह का पता 🔊 🕖 🖺		RELL			
प्रकार : 🗗 ग्रामीण 🗆 शहरी 🗆 मलिन बस्ती	HRA: □ हां □ नहीं सत्र स्थ	ाल : □ स्वास्थ्य केंद्र □ उ	पकेंद्र 🛘	आंगनवाड़ी केंद्र	🛘 अन्य
सही जवाब पर 🗹 का निशान लगाएं।					
1. क्या सत्र आयोजित हो रहा है		<b>ा</b> र्ही □ नहीं			
अ. यदि नहीं तो सत्र आयोजित न होने	ग कारण लिखें (प्रपत्र के नीचे देखें) △	□А □В	□С		
ब. यदि हां तो क्या सत्र माइक्रोप्लान के	अनुसार आयोजित हो रहा है	🛘 हां 🖸 नहीं			
2. लामार्थियों को सत्र स्थल तक कौन बुला		🛘 आंगनवाड़ी कार्यकर्ता	<b>ा</b> आशा	🛮 अन्य 🔲	कोई नहीं
पी.एच.सी. / ब्लॉक से सत्र स्थल तक वैक 3. लाए गए		<ul> <li>य वैकल्पिक साधन</li></ul>	ए.एन.एम.	🛘 सुपरवाइजर	🛘 अन्य
क्या सभी वैक्सीन तथा डाइल्यूएंट चार 3 4. ज़िपर युक्त थैली के अंदर रखे गए हैं	इस पैक वाले वैक्सीन कैरियर में	थ्य हां □ नहीं			
सत्र स्थल पर कौन कौन सी वैक्सीन	-		D OPT	□JE	
5. उपलब्ध हैं *		Measles का डाइल्यूएंट mOPV			का  डाइल्यूएंट epatitis B
कौन कौन सी वैक्सीन की वायल बिना 6. VVM लगे पाई गईं *	□ BCG □ Measles □	DPT DT	□ OPV □ TT	□ He	
क्या कोई वैक्सीन वायल उल्लिखित	□ बिना लेबल / न पढ़ सकने	लायक लेबल	the said is the said of the sa		
अवस्था में पाई गई, 7.	□ VVM स्टेज III अथवा IV				
' यदि हां तो, <b>य</b> का निशान लगाएं तथा वैक्सीन का नाम लिखें *	□ एक्सपायर हो चुकी वैक्सीन □ जमी अवस्था में वैक्सीन (D				
वक्सान का नाम लिख	ए.डी. (0,1 मि.ली.) सिरिजें	and the second s		<b>©</b> ∕ORS	के पैकेट
	ए.डी. (0.5 मि.ली.) सिरिजे	छ विटामिन ए हेतु प्ला	रेटक की		की टैबलेट
उल्लिखित लॉजिस्टिक में से क्या क्या 8. वस्तुएं सत्र स्थल पर उपलब्ध है *	🗷 चालू अवस्था में हब कटर			<b>ा</b> पैरारि	
ange ha too at one c	<b>प्र</b> खाली टीकाकरण कार्ड	☑अपिक्षित लाभार्थियों व  ☑पिछले सत्रों के काउ			त नापने की मशीन नापने की मशीन
	चित्राल और काली थैलियां चित्राल और काली थैलियां	-			नापन परा नराहा
9. वया सत्र स्थल पर समुचित संख्या में मिः (=BCG + Measles +JE की वायलों)	गण करन हतु ५ १म.ला. का १७४५॥५	गृंबल ।सारण ७५० व्य	4⊒-हो	🗆 नहीं 🔻	उपलब्ध नहीं
10. क्या मिश्रित BCG/Measles/JE की वाय	नों पर मिश्रण का समय अंकित है		७ रहां	🛭 नहीं 🚨	लागू नहीं
11. क्या इंजेक्शन से दी जाने वाली वैक्सीन		माल किया जा रहा है	<b>प</b> रीं	🗆 नहीं 🚨	लागू नहीं
12. क्या DPT वैक्सीन मध्य जांघ के बाहरी भ	ग में दी जा रही है		<b>्र</b> हां	🛘 नहीं 💆	लागू नहीं
13. क्या इंजेक्शन लगाते वक्त ए.एन.एम. सुई		ही है	🛭 हां	ा विशे □	लागू नहीं
14. क्या प्रत्येक सिरिंज को इस्तेमाल के तुरंत			<b>ा</b> हां	🛘 नहीं 🔻	लागू नहीं
15. क्या प्रत्येक लाभार्थी को दिए गए टीके व			🛭 हां	🛛 र्नहीं 🛘	लागू नहीं
16. क्या आज दिए जा रहे टीकों की जानका	री को काउँटरफॉयल में भरकर उन्हें	ं अद्युनांत किया जा रहा है	🛛 हो	🛘 नहीं 🔻	लागू नहीं
17, क्या माता पिता को टीकाकरण के बाद च	ार महत्वपूर्ण संदेश दिए जा रहे हैं		🛭 हां		लागू नहीं
Δ (प. 13): A= ए.एन.एम. / टीकाकरण कर्मी तथा वैक्सीन	एवं लॉजिस्टिक दोनों उपलब्ध नहीं हैं। 8	:= ए.एन.एम. / टीकाकरण कमी उ	रसब्ध हैं परंतु	व वैक्सीन एवं लॉजिस्	रेटक उपलब्ध नहीं हैं।

C= वैक्सीन एवं लॉजिस्टिक उपलब्ध हैं परंतु ए.एन.एम./टीकाकरण कमी उपलब्ध नहीं है।, D-अन्य (विवरण दें)

<sup># (</sup>प्र. 3); वैकल्पिक साधन— किसी अन्य साधन से वैक्सीन/लॉजिस्टिक पहुंचाना



FRUlevel monitoring checklist

	· · · · · · · · · · · · · · · · · · ·	
Name of District: Mathura	Name of Block: Farah	Name of FRU: Farah
Catchment Population: 167002	Total Villages: 76	Distance from Dist HQ: 22
Date of last supervisory visit:	·······	
Date of visit: 28/09/13	Name& designation of monitor:	Shighir Kunga Carntlant Frogethwer Sayel Carntlant Dr. K.K. Mathur
Names of staff not available on the d	lay of visit and reason for absence:	Dr. K.K. Mathar

## Section I: Physical Infrastructure:

S.No	Infrastructure	Yes	No	Additional Remarks
1.1	Health facility easily accessible from nearest road head	(x)	N	
1.2	Functioning in Govt building	( <u>Y</u> )	N	
1.3	Building in good condition	(Y)	N	
1.4	Staff Quartersfor MOs	<b>(b)</b>	N	
1.5	Staff Quarters for SNs	(Y)	N	
1.6	Staff Quarters for other categories	(Y)	N	
1.7	Electricity with power back up	<b>(Y)</b>	N	
1.9	Running 24*7 water supply	(1)	N	
1.10	Clean Toilets separate for Male/Female	Ŷ	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)	Ŷ	N	
1.14	Functional Newborn Stabilization Unit	(Y)	N	
1.16	Functional SNCU	Y	(Ń)	
1.17	Clean wards	(Y)	N	
1.18	Separate Male and Female wards (at least by partitions)	<b>(Ý)</b>	N	
1.19	Availability of Nutritional Rehabilitation Centre	Y	(V)	
1.20	Functional BB/BSU, specify	Y	(A)	
1.21	Separate room for ARSH clinic	Y	(A)	
1.22	Availability of complaint/suggestion box	Y	N	



	Availability of mechanisms for Biomedical waste management (BMW)at facility	Y	N	
1.23	BMW outsourced	Y		

Section II: Human resource:

S. no	Category	Numbers	Remarks if any
2.1	OBG	01	
2.2	Anaesthetist	01	
2.3	Paediatrician	02	
2.4	General Surgeon	01	
2.5	Other Specialists	Quetoco (1879)	
2.6	MOs	04	1 American
2.7	SNs	3+3	oson contract
2.8	ANMs	03	
2.9	LTs	0	Contract
2.10	Pharmacist	0)	
2.11	LHV	0/	
2.12	Radiographer		
2.13	RMNCHA+ counsellors	- Spart project of the	
2.14	Others	AND COLUMN TO SERVICE OF THE SERVICE	

Section III: Training Status of HR:

S. no	Training	No. trained	Remarks if any
3.1	EmOC	-Projection (Control of Control o	
3.2	LSAS	Apparate	
3.3	BeMOC	4000000	
3.4	SBA	01	
3.5	MTP/MVA	01	
3.6	NSV	01	
3.7	F-IMNCI	01	
3.8	NSSK	01	
3.9	Mini Lap-Sterilisations	01	
3.10	Laproscopy-Sterilisations	01	The state of the s
3.11	IUCD	0/	
3.12	PPIUCD	0)	
3.13	Blood storage	AND COMPANY PROPERTY AND ASSOCIATED ASSOCIATION ASSOCI	
3.14	IMEP	September State St	
3.16	Immunization and cold chain	02	
3.15	Others	*Parameter in the	



**Section IV: Equipment:** 

S. No	Equipment	Yes	No	No
4.1	Functional BP Instrument and	(Y)	N	N
	Stethoscope		-	
4.2	Sterilised delivery sets	(Y)	N	
4.3	FunctionalNeonatal, Paediatric and Adult Resuscitation kit	(0)	N	N
4.4	Functional Weighing Machine (Adult and child)	(Y)	N	N
4.5	Functional Needle Cutter	(Y)	N	N
4.6	Functional Radiant Warmer	(Ý)	N	N
4.7	Functional Suction apparatus	(Y)	N	N
4.8	Functional Facility for Oxygen Administration	(1)	N	N
4.9	Functional Autoclave	(Y)	N	N
4.10	Functional ILR and Deep Freezer	(Y)	N	N
4.11	Emergency Tray with emergency injections	Ŷ	N	N
4.12	MVA/ EVA Equipment	Υ	(N)	N)
4.13	Functional phototherapy unit	(Y)	N	N
	Laboratory Equipment			MONTH CO. S. C.
4.1a	Functional Microscope	(Ý)	N	N
4.2a	Functional Hemoglobinometer	(v)	N	N
4.3a	Functional Centrifuge	(Y)	N	
4.4a	Functional Semi autoanalyzer	Y	(N)	N)
4.5a	Reagents and Testing Kits	(Y)	N	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	(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	(D)	N	
5.13	Availability of antibiotics	(V)	N	
5.14	Labelled emergency tray	(Y)	N	



5.15	Drugs for hypertension, Diabetes, common ailments e.g PCM, metronidazole, anti-allergic drugs etc.	Y	N			
5.16	Adequate Vaccine Stock available	(Ý)	N		***************************************	 AAAAAAAAAA AAAAA
S.No	Supplies	Yes	No	Remarks		 
5.17	Pregnancy testing kits	(Y)	N			
5.18	Urine albumin and sugar testing kit	$(\underline{Y})$	N			
5.19	OCPs	(Y)	N			
5.20	EC pills	(Y)	N			
5.21	IUCDs	(y)	N	AND THE PROPERTY OF THE PROPER		
5.22	Sanitary napkins	Y	(N)			
S.No	Essential Consumables	Yes	No	Remarks		
5.23	Gloves, Mckintosh, Pads, bandages, and gauze etc.	( <u>Y</u> )	N			 

Section VI: Other Services:

S.no	Lab Services	Yes	No	Remarks
6.1	Haemoglobin	(Y)	N	
6.2	CBC	Y	(N)	
6.3	Urine albumin and sugar	(Y)	N	
6.4	Blood sugar	Y	(N)	
6.5	RPR	Y	(N)	-
6.6	Malaria	( <u>v</u> )	N	
6.7	T.B	(Y)	N	
6.8	HIV	Y	(N)	
6.9	Liver function tests(LFT)	Y	(N)	
6.10	Others, pls specify	Y	Ø	
S.No	Blood bank / Blood Storage Unit	Yes	No	Remarks
6.11	Functional blood bag refrigerators with chart for temp. recording	Y	(N)	
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		Manufacture (Manufacture of the Administration of the Administrati	

Section VII: Service Delivery in last two quarters:

S.No	Service Utilization Parameter	Q1	Q2	Remarks	
7.1	OPD	6920	13382		
7.2	IPD	202	935	To the second of	
7.3	Expected number of pregnancies	100	12-6		
7.4	MCTS entry on percentage of women registered in the first trimester	68	74	A CONTRACTOR OF THE CONTRACTOR	
7.5	No. of pregnant women given IFA	68	74		
7.6	Total deliveries conducted	411	452		
7.7	No. of assisted deliveries (Ventouse/Forceps)	general district	White procub-	· commonweller in the comm	
7.8	No. of C section conducted	01	03		



7 1 2	All mothers initiated breast	<b>₹</b> \	N			
S.No	Parameters	Yes	No		Remarks	
	on VII a: Service delivery in			wards:	D	
7.34	Infant deaths, if any		worms	aspernder.		
7.33	Neonatal deaths, if any		Special Services	496000		
7.32	Still births, if any		10	07		
7.31	Maternal deaths, if any		Spirituage	opening.		
7.30	Number of Adolescents attending Af clinic	RSH	Removemen	a	Company Company	
7.29	No. of MTPs conducted in second trimester		ASSESSMEN	100-4496.		
7.28	No. of MTPs conducted in first trime	ster	08	0)		
7.27	No. of women who accepted post-pa FP services		Medicine entitle	April 1980		
7.26	No. of children given Vitamin A		23	2-0		
7.25	No. of children given ORS + Zinc		221	2-31		
7.24	Measles coverage		ORDIDATE DANS	and the second		
7.23	No. of children fully immunized		23	29		
7.22	No. of Minilap			03		
7.21	No. of Vasectomy		<u> </u>	<u> </u>		
7.20	No. of Tubectomy		<u> </u>	13		
7.19	No. of IUCD Insertions		13	20		
7.18	ANC3 Coverage		Statemb	Service		
7.17	ANC1 registration		Namediation	- salabbyming		
7.16	No. of pregnant women referred		34	36		
7.15	No. of sick children referred		32	34		
7.14	No. of children admitted with SAM		Motorine	No.		
7.13c	Outborn		esome.	45 min		
7.13b	Inborn		Marie annie	No. or and other states of the		
7.13a	No of admissions in NBSUs/SNCU, whichever available		spanica.	States		
7.12	RTI/STI Treated		29	34		
7.11	Number of children screened for Defects at birth under RBSK		<sub>ASSPARAN</sub>	Manage		
7.10	No. of neonates initiated breast feeding within one hour		409	447		
	managed, pls specify type			08		

S.No	Parameters	Yes	No	Remarks	
7.1a	All mothers initiated breast feeding within one hr of normal delivery	0	N		
7.2a	Zero dose BCG,Hepatitis B and OPV given	(Y)	N		
7.3a	Counseling on IYCF done	Y	<b>®</b>		
7.4a	Counseling on Family Planning done	0	N		
7.5a	Mothers asked to stay for 48 hrs	(Y)	N		



7.6a	JSY payment being given before discharge	Ø	N
7.7a	Mode of JSY payment (Cash/ bearer cheque/Account payee cheque/Account Transfer)	Mc	Ray
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.

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)	Ŷ	N	
8.3	Manage sick neonates and infants	$\langle \hat{\mathbf{Y}} \rangle$	N. Company	
8.4	Correctly usespartograph	Y	0	
8.5	Correctly insert IUCD	<b>(Y)</b>	N	
8.6	Correctly administer vaccines	(Y)	N	
8.7	Segregation of waste in colour coded bins	(1)	N	
8.8	Adherence to IMEP protocols	Y	N	
8.9	Bio medical waste management	Y	(N)	

**Section IX: Record Maintenance:** 

S. no	Record	Available and Updated	Available but Not maintained	Not Available	Remarks/T imeline for completion
9.1	OPD Register				
9.2	IPD Register				0.00
9.3	ANC Register				
9.4	PNC Register	V			
9.5	Indoor bed head ticket				
9.6	Line listing of severely anaemic pregnant women		~		
9.7	Labour room register			\	
9.8	Partographs			V-	-
9.9	FP-Operation Register (OT)				
9.10	OT Register				
9.11	FP Register				The state of the s
9.12	Immunisation Register	<u> </u>			
9.13	Updated Microplan				
9.14	Blood Bank stock Register				THE PROPERTY OF THE PROPERTY O



9.15	Referral Register (In and Out)			
9.16	MDR Register			on the control of the
9.17	Drug Stock Register			manus according
9.18	Payment under JSY			- Andreas and Andreas
9.19	Untied funds expenditure (Check % expenditure)	V	111111111111111111111111111111111111111	
9.20	AMG expenditure (Check % expenditure)	$\vee$	And the second s	
9.21	RKS expenditure (Check % expenditure)	V		

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 C	No. of sick infants transporte d	No. of children 1-6 years	Free/Paid
10.1	Home to facility	Cout				
10.2	Inter facility	ALCOHOL STATE AND ALCOHOL STAT				
10.3	Facility to Home (drop back)	4out				

Section XI: IEC Display:

S.No	Material	Yes	No	Remarks
gy a n'y ang mang gypholong may nang manakhilan n'	Approach roads have directions to	(1)	N	
11.1	the health facility			
11.2	Citizen Charter	(Y)	N	
11.3	Timings of the health facility	(Ý)	N	
11.4	List of services available	( <u>)</u>	N	
11.5	Essential Drug List	(Y)	N	
11.6	Protocol Posters	Y	(N)	
11.7	JSSK entitlements	(Y)	N	
11.8	Immunization Schedule	(X)	N	
11.9	JSY entitlements	(3)	N	
11.10	Other related IEC material	<b>(V)</b>	N	

# Section XII: Additional/Support Services:

Sl. no	Services	Yes	No	Remarks
	Regular Fumigation (Check Records)	Y	(N)	
12.2	Functional Laundry/washing services	0	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 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. B.S. Ygodav CMO	Mathera	20/09/13
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
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