

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

P. Kumar
PC

Dayal
(Dr. Yogeshwar Dayal)
Consultant (NP)



DH level Monitoring Checklist

Name of District: Mathura Name of Block: _____ Name of DH: Female Hospital Mathura

Catchment Population: _____ Total Villages: _____

Date of last supervisory visit: 26/09/13

Date of visit: 27/09/13 Name & designation of monitor: Dr. Shishir Kumar JD
Dr. Yogeshwar Dayal, consultant

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)	N	for IV class
1.2	Functioning in Govt building	(Y)	N	
1.3	Building in good condition	Y	N	
1.4	Habitable Staff Quarters for MOs	Y	(N)	
1.5	Habitable Staff Quarters for SNs	Y	(N)	
1.6	Habitable Staff Quarters for other categories	(Y)	N	
1.7	Electricity with power back up	(Y)	N	
1.9	Running 24*7 water supply	(Y)	N	
1.10	Clean Toilets separate for Male/Female	(Y)	N	
1.11	Functional and clean labour Room	(Y)	N	
1.12	Functional and clean toilet attached to labour room	(Y)	N	
1.13	Functional New born care corner (functional radiant warmer with neo-natal ambu bag)	(Y)	N	
1.14	Functional Newborn Stabilization Unit	(Y)	N	
1.16	Functional SNCU	Y	(N)	
1.17	Clean wards	(Y)	N	
1.18	Separate Male and Female wards (at least by partitions)	(Y)	N	
1.19	Availability of Nutritional Rehabilitation Centre	Y	(N)	
1.20	Functional BB/BSU, specify	Y	N	
1.21	Separate room for ARSH clinic	Y	(N)	
1.22	Availability of complaint/suggestion box	(Y)	N	
1.23	Availability of mechanisms for	(Y)	N	



	Biomedical waste management (BMW) at facility			
1.24	BMW outsourced	Y	N	
1.25	Availability of ICTC/ PPTCT Centre	Y	N	
1.26	Availability of functional Help Desk	Y	N	

Section II: Human resource:

S. no	Category	Numbers	Remarks if any
2.1	OBG	03	02 on Contract
2.2	Anaesthetist	01	
2.3	Paediatrician	01	
2.4	General Surgeon	—	
2.5	Other Specialists	01	
2.6	MOs	01 + 02	
2.7	SNs	13	
2.8	ANMs	02	
2.9	LTs	02	
2.10	Pharmacist	06	
2.11	LHV	02	
2.12	Radiographer	—	
2.13	RMNCHA+ counsellors	Reproductive, Maternal, Newborn, child and adolescent Health	
2.14	Others		

Section III: Training Status of HR:

S. no	Training	No. trained	Remarks if any
3.1	EmOC <i>obst care</i>	01	facility based
3.2	LSAS <i>Life Saving Anaesth skill</i>	0	
3.3	BeMOC <i>Basic emergency obst care</i>	0	
3.4	SBA <i>skilled Birth Attendant</i>	0	
3.5	MTP/MVA	05	
3.6	NSV	04	
3.7	F-IMNCI <i>Integrated management of new born and child hood illness</i>	04	
3.8	NSSK	04	
3.9	Mini Lap-Sterilisations	04	
3.10	Laprosopy-Sterilisations	04	
3.11	IUCD	04	
3.12	PPIUCD	04	
3.13	Blood storage	0	
3.14	IMEP <i>Infection management and Environmental plan</i>	04	
3.16	Immunization and cold chain	04	



3.15	Others		
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Section IV: Equipment:

S. No	Equipment	Yes	No	Remarks
4.1	Functional BP Instrument and Stethoscope	(Y)	N	But No thermometer, Log Book
4.2	Sterilised delivery sets	(Y)	N	
4.3	Functional Neonatal, Paediatric and Adult Resuscitation kit	(Y)	N	
4.4	Functional Weighing Machine (Adult and child)	(Y)	N	
4.5	Functional Needle Cutter	(Y)	N	
4.6	Functional Radiant Warmer	(Y)	N	
4.7	Functional Suction apparatus	(Y)	N	
4.8	Functional Facility for Oxygen Administration	(Y)	N	
4.9	Functional 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 <i>Manual and Emergency Vacuum aspirator</i>	Y	N	
4.16	Functional phototherapy unit	Y	N	
4.17	O.T Equipment			
4.18	O.T Tables	(Y)	N	
4.19	Functional O.T Lights, ceiling	(Y)	N	
4.20	Functional O.T lights, mobile	(Y)	N	
4.21	Functional Anesthesia machines	(Y)	N	
4.22	Functional Ventilators	Y	(N)	
4.23	Functional Pulse-oximeters	Y	(N)	
4.24	Functional Multi-para monitors	Y	(N)	
4.25	Functional Surgical Diathermies	Y	(N)	
4.26	Functional Laparoscopes	(Y)	N	
4.27	Functional C-arm units	Y	(N)	



4.28	Functional Autoclaves (H or V)	<input checked="" type="radio"/> Y	<input type="radio"/> N	
	Laboratory Equipment			
4.1a	Functional Microscope	<input checked="" type="radio"/> Y	<input type="radio"/> N	
4.2a	Functional Hemoglobinometer	<input checked="" type="radio"/> Y	<input type="radio"/> N	
4.3a	Functional Centrifuge	<input checked="" type="radio"/> Y	<input type="radio"/> N	
4.4a	Functional Semi autoanalyzer	<input checked="" type="radio"/> Y	<input type="radio"/> N	
4.5a	Reagents and Testing Kits	<input checked="" type="radio"/> Y	<input type="radio"/> N	
4.6a	Functional Ultrasound Scanners	<input checked="" type="radio"/> Y	<input type="radio"/> N	
4.7a	Functional C.T Scanner	<input type="radio"/> Y	<input checked="" type="radio"/> N	
4.8a	Functional X-ray units	<input type="radio"/> Y	<input checked="" type="radio"/> N	
4.9a	Functional ECG machines	<input type="radio"/> Y	<input checked="" type="radio"/> N	

Section V: Essential Drugs and Supplies:

S.No	Drugs	Yes	No	Remarks
5.1	EDL available and displayed	<input checked="" type="radio"/> Y	<input type="radio"/> N	
5.2	Computerised inventory management	<input type="radio"/> Y	<input checked="" type="radio"/> N	
5.3	IFA tablets	<input checked="" type="radio"/> Y	<input type="radio"/> N	
5.4	IFA tablets (blue)	<input type="radio"/> Y	<input checked="" type="radio"/> N	
5.5	IFA syrup with dispenser	<input checked="" type="radio"/> Y	<input type="radio"/> N	
5.6	Vit A syrup	<input checked="" type="radio"/> Y	<input type="radio"/> N	
5.7	ORS packets	<input checked="" type="radio"/> Y	<input type="radio"/> N	
5.8	Zinc tablets	<input type="radio"/> Y	<input checked="" type="radio"/> N	
5.9	Inj Magnesium Sulphate	<input checked="" type="radio"/> Y	<input type="radio"/> N	
5.10	Inj Oxytocin	<input checked="" type="radio"/> Y	<input type="radio"/> N	
5.11	Misoprostol tablets	<input checked="" type="radio"/> Y	<input type="radio"/> N	
5.12	Mifepristone tablets	<input checked="" type="radio"/> Y	<input type="radio"/> N	
5.13	Availability of antibiotics ✓	<input checked="" type="radio"/> Y	<input type="radio"/> N	
5.14	Labelled emergency tray	<input checked="" type="radio"/> Y	<input type="radio"/> N	
5.15	Drugs for hypertension, Diabetes, common ailments e.g PCM, anti-allergic drugs etc.	<input checked="" type="radio"/> Y	<input type="radio"/> N	
5.16	Vaccine Stock available	<input checked="" type="radio"/> Y	<input type="radio"/> N	
S.No	Supplies	Yes	No	Remarks
5.17	Pregnancy testing kits	<input checked="" type="radio"/> Y	<input type="radio"/> N	
5.18	Urine albumin and sugar testing kit	<input checked="" type="radio"/> Y	<input type="radio"/> N	
5.19	OCPs	<input checked="" type="radio"/> Y	<input type="radio"/> N	
5.20	EC pills	<input checked="" type="radio"/> Y	<input type="radio"/> N	
5.21	IUCDs	<input checked="" type="radio"/> Y	<input type="radio"/> N	
5.22	Sanitary napkins	<input type="radio"/> Y	<input checked="" type="radio"/> N	
S.No	Essential Consumables	Yes	No	Remarks
5.23	Gloves, Mckintosh, Pads, bandages, and gauze etc.	<input checked="" type="radio"/> Y	<input type="radio"/> N	

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	02	
7.17	No. of pregnant women referred	15	
7.18	No. of IUCD Insertions	34	
7.19	No. of Tubectomy	41	
7.20	No. of Vasectomy	02	
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	140	
7.25	No. of children given Vitamin A	284	
7.26	No. of women who accepted post-partum FP services	01	
7.27	No. of MTPs conducted in first trimester	63	
7.28	No. of MTPs conducted in second trimester	0	
7.29	Number of Adolescents attending ARSH clinic	0	
7.30	Maternal deaths, if any	0	
7.31	Still births, if any	0	
7.32	Neonatal deaths, if any	0	
7.33	Infant deaths, if any	0	

Section VII a: Service delivery in post natal wards:

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

**Section VI: Other Services :**

S.no	Lab Services	Yes	No	Remarks
6.1	Haemoglobin	<input checked="" type="radio"/>	<input type="radio"/>	
6.2	CBC <i>Complete blood count</i>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
6.3	Urine albumin and sugar	<input checked="" type="radio"/>	<input type="radio"/>	
6.4	Blood sugar	<input checked="" type="radio"/>	<input type="radio"/>	
6.5	RPR (Rapid Plasma Reagin) test	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
6.6	Malaria (PS or RDT)	<input checked="" type="radio"/>	<input type="radio"/>	
6.7	T.B (Sputum for AFB)	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
6.8	HIV (RDT)	<input checked="" type="radio"/>	<input type="radio"/>	
6.9	Liver function tests(LFT)	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
6.10	Ultrasound scan (Ob.)	<input checked="" type="radio"/>	<input type="radio"/>	
6.11	Ultrasound Scan (General)	<input checked="" type="radio"/>	<input type="radio"/>	
6.12	X-ray	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
6.13	ECG	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
6.14	Endoscopy	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
6.15	Others , pls specify	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
S.No	Blood bank / Blood Storage Unit	Yes	No	Remarks
6.16	Functional blood bag refrigerators with chart for temp. recording	<input checked="" type="radio"/>	<input type="radio"/>	
6.17	Sufficient no. of blood bags available	<input checked="" type="radio"/>	<input type="radio"/>	
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	11192	13663	
7.2	IPD	3036	3803	
7.3	Expected number of pregnancies	463	533	
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	—	—	
7.11	RTI/STI Treated	570	575	
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	—	—	



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)	Y	N	
8.3	Manage sick neonates and infants	Y	N	
8.4	Correctly uses partograph	Y	N	
8.5	Correctly insert IUCD	Y	N	
8.6	Correctly administer vaccines	Y	N	
8.7	Segregation of waste in colour coded bins	Y	N	
8.8	Adherence to IMEP protocols	Y	N	
8.9	Bio medical waste management	Y	N	
8.10	Updated Entry in the MCP Cards	Y	N	
8.11	Entry in MCTS	Y	N	
8.12	Corrective action taken on Maternal Death Review finding	Y	N	

Section IX: Record Maintenance:

S. no	Record	Available and Updated and correctly filled	Available but Not maintained	Not Available	Remarks/Ti meline for completion
9.1	OPD Register	Y			
9.2	IPD Register	Y			
9.3	ANC Register	Y			
9.4	PNC Register	Y			
9.5	Indoor bed head ticket	Y			
9.6	Line listing of severely anaemic pregnant women	Y			
9.7	Labour room register				
9.8	Partographs			N	
9.9	FP-Operation Register (OT)				
9.10	OT Register	✓			
9.11	FP Register	✓			
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	✓			
9.18	Drug Stock Register	✓			
9.19	Payment under JSY	✓			



9.20	Untied funds expenditure (Check % expenditure)	✓			
9.21	AMG expenditure (Check % expenditure)	✓			
9.22	RKS expenditure (Check % 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/PNC	No. of sick infants transported	No. of children 1-6 years	Free/Paid
10.1	Home to facility	Govt.	389	—	—	Free
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	Y	N	
11.3	Timings of the health facility	Y	N	
11.4	List of services available	Y	N	
11.5	Essential Drug List	Y	N	
11.6	Protocol Posters	Y	N	
11.7	JSSK entitlements (Displayed in ANC Clinics/, PNC Clinics)	Y	N	
11.8	Immunization Schedule	Y	N	
11.9	JSY entitlements(Displayed in ANC Clinics/, PNC Clinics)	Y	N	
11.10	Other related IEC material	Y	N	

Section XII: Additional/Support Services:

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

**Section XIII: Previous supervisory visits:**

S. no	Name and Designation of the supervisor	Place of posting of Supervisor	Date of visit
13.1	Shri Virshal Chouhan DM	Mathura	26/09/13
13.2	Dr B.S. Yadav CMO	"	"
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 Name of Block: Baldev Name of PHC/CHC: Baldev
 Catchment Population: _____ Total Villages: 67 Distance from Dist HQ: 24 km.
 Date of last supervisory visit: 25/09/13
 Date of visit: 27/09/13 Name & designation of monitor: Dr. Shishir Kumar (JD)
 Names of staff not available on the day of visit and reason for absence: Dr. Yogeshwar Dayal, Consultant
MO

Section I: Physical Infrastructure:

S.No	Infrastructure	Yes	No	Additional Remarks
1.1	Health facility easily accessible from nearest road head	<input checked="" type="radio"/>	N	4 6 4
1.2	Functioning in Govt building	<input checked="" type="radio"/>	N	
1.3	Building in good condition	<input checked="" type="radio"/>	N	
1.4	Habitable Staff Quarters for MOs	<input checked="" type="radio"/>	N	
1.5	Habitable Staff Quarters for SNs	<input checked="" type="radio"/>	N	
1.6	Habitable Staff Quarters for other categories	<input checked="" type="radio"/>	N	
1.7	Electricity with functional power back up	<input checked="" type="radio"/>	N	
1.9	Running 24*7 water supply	Y	<input checked="" type="radio"/>	
1.10	Clean Toilets separate for Male/Female	<input checked="" type="radio"/>	N	
1.11	Functional and clean labour Room	<input checked="" type="radio"/>	N	
1.12	Functional and clean toilet attached to labour room	<input checked="" type="radio"/>	N	
1.13	Functional New born care corner(functional radiant warmer with neo-natal ambu bag)	<input checked="" type="radio"/>	N	
1.14	Functional Newborn Stabilization Unit	Y	<input checked="" type="radio"/>	
1.15	Clean wards	<input checked="" type="radio"/>	N	
1.16	Separate Male and Female wards (at least by Partitions)	<input checked="" type="radio"/>	N	
1.17	Availability of complaint/suggestion box	Y	<input checked="" type="radio"/>	
1.18	Availability of mechanisms for waste management	<input checked="" type="radio"/>	N	

Section II: Human resource:

S. no	Category	Numbers	Remarks if any
2.1	MO	03+05	04 08
2.2	SNs/ GNMs	04	
2.3	ANM	18+08	
2.4	LTs	01	
2.5	Pharmacist	01	



2.6	LHV/PHN	—
2.7	Others H.S + BHW NMS + NMA	05 Fol 01+01

Section III: Training Status of HR

S. no	Training	No. trained	Remarks if any
3.1	BeMOC		02 Mo's
3.2	SBA	02	
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		
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	(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 infant/newborn)	(Y)	N	
4.5	Functional Needle Cutter	(Y)	N	
4.6	Functional Radiant Warmer	(Y)	N	
4.7	Functional Suction apparatus	(Y)	N	
4.8	Functional Facility for Oxygen Administration	(Y)	N	
4.9	Functional Autoclave	Y	N	
4.10	Functional ILR	(Y)	N	
4.11	Functional Deep Freezer	(Y)		
4.12	Emergency Tray with emergency injections	(Y)	N	
4.13	MVA/ EVA Equipment	Y	N	
	Laboratory Equipment	Yes	No	Remarks
4.14	Functional Microscope	(Y)	N	
4.15	Functional Hemoglobinometer	(Y)	N	
4.16	Functional Centrifuge,	Y	(N)	



6.6	RPR (Rapid Plasma Reagin) test	Y	(N)
6.7	Malaria (PS or RDT)	(Y)	N
6.8	T.B (Sputum for AFB)	(Y)	N
6.9	HIV (RDT)	Y	(N)
6.10	Others	Y	N

Section VII: Service Delivery in last two quarters:

S.No	Service Utilization Parameter	Q1	Q2	Remarks
7.1	OPD	5673	5355	
7.2	IPD	284	326	
7.3	Expected number of pregnancies	245	265	
7.4	Percentage of women registered in the first trimester	48	51	
7.5	Percentage of women registered in the first trimester			
7.6	Percentage of ANC3 out of total registered	407	50	
7.7	Percentage of ANC4 out of total registered			
7.8	Total deliveries conducted	245	365	
7.9	Number of obstetric complications managed, pls specify type	3	2	
7.10	No. of neonates initiated breast feeding within one hour	243	360	
7.11	Number of children screened for Defects at birth under RBSK	NI	NI	
7.12	RTI/STI Treated			
7.13	No of admissions in NBSUs, if available	-	-	
7.14	No. of sick children referred	9	16	
7.15	No. of pregnant women referred	124	102	
7.16	No. of IUCD Insertions	NI	581	
7.17	No. of Tubectomy	3	10	
7.18	No. of Vasectomy	NI	NI	
7.19	No. of Minilap	-	-	
7.20	No. of children fully immunized	1069	1184	→ 1184
7.21	Measles coverage	1069	1184	
7.22	No. of children given ORS + Zinc	4623	484	250/285
7.23	No. of children given Vitamin A	4623	1184	
7.24	No. of women who accepted post partum FP services	NI	NI	
7.25	No. of MTPs conducted	NI	NI	
7.26	Maternal deaths, if any	NI	3	
7.27	Still births, if any	2	5	
7.28	Neonatal deaths, if any	NI	NI	



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 lack
5.4	IFA tablets (blue)	(Y)	N	3 lack
5.5	IFA syrup with dispenser	(Y)	N	50
5.6	Vit A syrup	Y	(N)	
5.7	ORS packets	(Y)	N	10,000
5.8	Zinc tablets	Y	(N)	-
5.9	Inj Magnesium Sulphate	Y	(N)	--
5.10	Inj Oxytocin	(Y)	N	-600
5.11	Misoprostol tablets	Y	N	200
5.12	Mifepristone tablets	Y	(N)	-
5.13	Antibiotics	(Y)	N	4200 etc
5.14	Labelled emergency tray	(Y)	N	2
5.15	Drugs for hypertension, Diabetes, common ailments e.g PCM, anti-allergic drugs etc.	(Y)	N	Atenolol -1400 Metformin 100 PCM -3000 Cetirizine -200
5.16	Vaccine Stock available	(Y)	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	Y	(N)	1000 - 10,000
5.20	EC pills	(Y)	N	
5.21	IUCDs	(Y)	N	
5.22	Sanitary napkins	Y	(N)	
S.No	Essential Consumables	Yes	No	Remarks
5.23	Gloves, Mckintosh, Pads, bandages, and gauze etc.	(Y)	N	Glove -100 Mac -1000, Pads 50 Bandage 50 Gauze 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	(N)	
6.3	Urine albumin and Sugar	Y	(N)	
6.4	Serum Bilirubin test	Y	(N)	
6.5	Blood Sugar	Y	(N)	



7.29 Infant deaths, if any my my

Section VII a: Service delivery in post natal wards:

S.No	Parameters	Yes	No	Remarks
7.1a	All mothers initiated breast feeding within one hr of normal delivery	Y	N	
7.2a	Zero dose BCG, Hepatitis B and OPV given	Y	N	
7.3a	Counseling on IYCF done	Y	N	
7.4a	Counseling on Family Planning done	Y	N	
7.5a	Mothers asked to stay for 48 hrs	Y	N	
7.6a	JSY payment being given before discharge	Y	N	
7.7a	Mode of JSY payment (Cash/ bearer cheque/Account payee cheque/Account Transfer)	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	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	Knowledge	Skills	Remarks
8.1	Manage high risk pregnancy	<input checked="" type="radio"/> Y	N <input checked="" type="radio"/> Y N	
8.2	Provide essential newborn care (thermoregulation, breastfeeding and asepsis)	<input checked="" type="radio"/> Y	N <input checked="" type="radio"/> Y N	
8.3	Manage sick neonates and infants	<input checked="" type="radio"/> Y	N <input checked="" type="radio"/> Y N	
8.4	Correctly uses partograph	Y	<input checked="" type="radio"/> N Y <input checked="" type="radio"/> N	
8.5	Correctly insert IUCD	<input checked="" type="radio"/> Y	N Y <input checked="" type="radio"/> N	
8.6	Correctly administer vaccines	<input checked="" type="radio"/> Y	N <input checked="" type="radio"/> Y N	
8.7	Alternate Vaccine Delivery (AVD) system functional	<input checked="" type="radio"/> Y	N <input checked="" type="radio"/> Y N	
8.7	Segregate waste in colour coded bins	Y	<input checked="" type="radio"/> N Y <input checked="" type="radio"/> N	
8.8	Adherence to IMEP protocols	Y	<input checked="" type="radio"/> N Y <input checked="" type="radio"/> N	

**Section IX: Record Maintenance:**

S. no	Record	Available, Updated and correctly filled	Available but Not maintained	Not Available	Remarks/Timeline for completion
9.1	OPD Register	Y			
9.2	IPD Register	N			
9.3	ANC Register	N			
9.4	PNC Register	N			
9.5	Indoor bed head ticket	N			
9.6	Line listing of severely anaemic pregnant women	N			
9.7	Labour room register	Y			
9.8	Partographs	N			
9.9	OT Register	Y			
9.10	FP Register	N			
9.11	Immunisation Register	Y			
9.12	Updated Microplan	Y			
9.13	Drug Stock Register	Y			
9.14	Referral Registers (In and Out)	N			
9.15	Payments under JSY	Y			
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 transported during ANC/INC/PNC	No. of sick infants transported	No. of children 1-6 years	Free/Paid
10.1	Home to facility	Govt				
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	<input checked="" type="radio"/> Y	<input type="radio"/> N	
11.2	Citizen Charter	<input checked="" type="radio"/> Y	<input type="radio"/> N	
11.3	Timings of the Health Facility	<input checked="" type="radio"/> Y	<input type="radio"/> N	
11.4	List of services available	<input checked="" type="radio"/> Y	<input type="radio"/> N	
11.5	Essential Drug List	<input checked="" type="radio"/> Y	<input type="radio"/> N	
11.6	Protocol Posters	<input type="radio"/> Y	<input type="radio"/> N	
11.7	JSSK entitlements	<input type="radio"/> Y	<input type="radio"/> N	
11.8	Immunization Schedule	<input checked="" type="radio"/> Y	<input type="radio"/> N	
11.9	JSY entitlements	<input checked="" type="radio"/> Y	<input type="radio"/> N	
11.10	Other related IEC material	<input checked="" type="radio"/> Y	<input type="radio"/> N	

Section XII: Additional/Support Services:

Sl. no	Services	Yes	No	Remarks
12.1	Regular sterilisation of Labour room (Check Records)	<input checked="" type="radio"/> Y	<input type="radio"/> N	
12.2	Functional laundry/washing services	<input checked="" type="radio"/> Y	<input type="radio"/> N	
12.3	Availability of dietary services	<input type="radio"/> Y	<input checked="" type="radio"/> N	
12.4	Appropriate drug storage facilities	<input checked="" type="radio"/> Y	<input type="radio"/> N	
12.5	Equipment maintenance and repair mechanism	<input checked="" type="radio"/> Y	<input type="radio"/> N	
12.6	Grievance redressal mechanisms	<input type="radio"/> Y	<input checked="" type="radio"/> N	
12.7	Tally software implemented	<input type="radio"/> Y	<input checked="" type="radio"/> 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. Rajendra Singh	ACMO Mathura	25/09/13
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

उन सभी अधिकारियों हेतु जिन्हें इस कार्य का पर्यवेक्षण करना है

जनपद का नाम मथुरा

ब्लाक प्रा0स्वा0केन्द्र बलदेव

अधिकारी का नाम/पदनाम डा० बिश्वेश्वर कुमार जे. डी. दिनांक 27/09/13

डा० मोहन लाल ग्राम स्वास्थ्य एवं स्वच्छता समिति

क्रम	पर्यवेक्षण हेतु बिन्दु	गांव / ग्राम पंचायत 1	गांव / ग्राम पंचायत 2
1	प्रधान एवं सम्बंधित ए0एन0एम0 का नाम <u>मोहन लाल</u>	<u>कमलेश शर्मा</u>	
	क्या समिति में सभी मजदूरों/पुरवा/हेम्लेट से प्रतिनिधित्व है।	<u>नहीं</u>	
	क्या ग्राम स्वास्थ्य एवं स्वच्छता समिति को इस वर्ष में अन्टाइड फण्ड प्राप्त हुआ।	<u>नहीं</u>	
	क्या ग्राम स्वास्थ्य एवं स्वच्छता समिति का बैठक रजिस्टर बना है।	<u>हाँ</u>	
	ग्राम स्वास्थ्य एवं स्वच्छता समिति की पिछले 6 माह में कितनी बैठकें की गयी हैं।	<u>01</u>	
	क्या ग्राम स्वास्थ्य कार्ययोजना बनी है।	<u>नहीं</u>	
	क्या ग्राम स्वास्थ्य एवं स्वच्छता समिति का व्यय विवरण रखा जा रहा है।	<u>नहीं</u>	
	क्या ग्राम स्वास्थ्य एवं स्वच्छता समिति द्वारा अन्टाइड फण्ड का प्रयोग किया जा रहा है।	<u>नहीं</u>	
	ग्राम स्वास्थ्य एवं स्वच्छता समिति द्वारा अन्टाइड फण्ड का प्रयोग किन-किन गतिविधियों में किया गया है।	<u>-</u>	
2.	क्या बैठक की पूर्व सूचना सभी सदस्यों को थी।	<u>नहीं</u>	
	बैठक में उपस्थित सदस्यों की संख्या	<u>12</u>	
	क्या समिति सदस्यों को अन्टाइड फण्ड के प्रयोग की जानकारी है।	<u>नहीं</u>	
	क्या समिति के सदस्यों को अपनी भूमिका की जानकारी है।	<u>नहीं</u>	
	क्या समिति बैठक की शुरुआत गत बैठक की समीक्षा से की गयी थी।	<u>नहीं</u>	
	क्या समिति द्वारा स्वास्थ्य सेवाओं की समीक्षा व मूल्यांकन किया जा है।	<u>नहीं</u>	
	क्या बैठक में ग्राम स्वास्थ्य कार्ययोजना की समीक्षा की गयी।	<u>नहीं</u>	
	क्या समिति में प्रस्ताव रखने में सभी सदस्यों की सक्रिय भागीदारी रही।	<u>नहीं</u>	

ब्लाक एच0ई0आई0ओ0 / जिला कम्युनिटी मोबिलाइजर अपना भ्रमण योजना टीकाकरण माइक्रोप्लान के अनुसार बनाएं।

दिनांक 27/09/13

हस्ताक्षर Royal

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

Key Questions

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

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



Sub Centre Level Monitoring Checklist

Name of District: <u>Mathura</u>	Name of Block: <u>Farah</u>	Name of SC: <u>Baharaie</u>
Catchment Population: <u>4284</u>	Total Villages: <u>03</u>	Distance from PHC: <u>10</u>
Date of last supervisory visit: _____		
Date of visit: <u>28/09/13</u>	Name & designation of monitor: <u>Dr. Shishir Kumar JD</u> <u>Dr. Yogeshwar Dayal, Consultant</u>	
Names of staff posted and available on the day of visit: <u>Smt. Usha Mishra</u>		
Names of staff not available on the day of visit and reason for absence: _____		

Section I: Physical Infrastructure:

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

Section II: Human Resource:

S.no	Human resource	Numbers	Specify the Training received	Remarks
2.1	ANM	01		
2.2	2 nd ANM	01		
2.3	MPW - Male	-		
2.4	Others, specify	-		



Section III: Equipment

Mark (✓) in appropriate column

S.No	Equipment	Available and Functional	Available but non-functional	Not Available	Remarks
3.1	Equipment for Hemoglobin Estimation				
3.2	Blood sugar testing kits	N			
3.3	BP Instrument and Stethoscope	Y			
3.4	Delivery equipment	N			
3.5	Neonatal ambu bag	N			
3.6	Adult weighing machine	Y			
3.7	Infant/New born weighing machine	Y			
3.8	Needle & Hub Cutter	Y			
3.9	Color coded bins	N			
3.10	RBSK pictorial tool kit	N			

Section IV: Essential Drugs:

S. No	Availability of at least 2 month stock of essential Drugs	Yes	No	Remarks
4.1	IFA tablets	(Y)	N	
4.2	IFA syrup with dispenser	Y	N	
4.3	Vit A syrup	(Y)	N	
4.4	ORS packets	(Y)	N	
4.5	Zinc tablets	(Y)	(N)	
4.6	Inj Magnesium Sulphate	Y	(N)	
4.7	Inj Oxytocin	Y	(N)	
4.8	Misoprostol tablets	Y	(N)	
4.9	Antibiotics, if any, pls specify	Y	(N)	
4.10	Availability of drugs for common ailments e.g PCM, anti-allergic drugs etc.	(Y)	N	

Section V: Essential Supplies

S.No	Essential Medical Supplies	Yes	No	Remarks
5.1	Pregnancy testing Kits	(Y)	N	
5.2	Urine albumin and sugar testing kit	Y	(N)	
5.3	OCPs	Y	(N)	
5.4	EC pills	(Y)	N	



5.5	IUCDs	Y	N
5.6	Sanitary napkins	Y	N

Section VI: Service Delivery in the last two quarters:

S.No	Service Utilization Parameter	Q1	Q2	Remarks
6.1	Number of estimated pregnancies			
6.2	Percentage of women registered in the first trimester			
6.3	Percentage of ANC3 out of total registered			
6.4	Percentage of ANC4 out of total registered			
6.5	No. of pregnant women given IFA			
6.6	Number of deliveries conducted at SC			
6.7	Number of deliveries conducted at home			
6.8	No. of neonates initiated breast feeding within one hour			
6.9	Number of children screened for defects at birth under RBSK			
6.10	No. of sick children referred			
6.11	No. of pregnant women referred			
6.12	No. of IUCD insertions			
6.13	No. of children fully immunized			
6.13 a	Measles coverage			
6.15	No. of children given ORS + Zinc			
6.16	No. of children given Vitamin A			
6.17	No. of children given IFA Syrup			
6.18	No. of Maternal deaths recorded, if any			
6.19	No. of still birth recorded, if any			
6.20	Neonatal deaths recorded, if any			
6.21	Number of VHNDs attended			
6.22	Number of VHNSC meeting attended			
6.23	Service delivery data submitted for MCTS updation			



Section VII: Quality parameters of the facility:

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

S.No	Essential Skill Set	Knowledge		Skill		Remarks
7.1	Correctly measure BP	Y	N	Y	N	
7.2	Correctly measure hemoglobin	Y	N	Y	N	
7.3	Correctly measure urine albumin and protein	Y	N	Y	N	
7.4	Identify high risk pregnancy	Y	N	Y	N	
7.5	Awareness on mechanisms for referral to PHC and FRU	Y	N	Y	N	
7.6	Correct use of partograph	Y	N	Y	N	
7.7	Provide essential newborn care (thermoregulation, breastfeeding and asepsis)	Y	N	Y	N	
7.8	Correctly insert IUCD	Y	N	Y	N	
7.9	Correctly administer vaccine	Y	N	Y	N	
7.10	Adherence to IMEP protocols	Y	N	Y	N	
7.11	Segregation of waste in colour coded bins	Y	N	Y	N	
7.12	Guidance/ Support for breast feeding method	Y	N	Y	N	
7.13	Correctly identifies signs of Pneumonia and dehydration	Y	N	Y	N	
7.14	Awareness on Immunization Schedule	Y	N	Y	N	
7.15	Awareness on site of administration of vaccine	Y	N	Y	N	

Section VIII: Record Maintenance:

Mark (✓) in appropriate column

Sl. No	Record	Available and Upto-date and correctly filled	Available but non-maintained	Not Available	Remarks
8.1	Untied funds expenditure (Rs 10,000) Check % expenditure		✓		
8.2	Annual maintenance grant (Rs 10,000-Check % expenditure)				
8.3	Payments under JSY				
8.4	VHND plan			✓	
8.5	VHSNC meeting minutes and action taken			✓	



8.6	Eligible couple register		✓	
8.7	MCH register (as per GOI)	✓		
8.8	Delivery Register as per GOI format		✓	
8.9	Stock register		✓	
8.10	Due lists	✓		
8.11	MCP cards	✓		
8.12	Village register	✓		
8.13	Referral Registers (In and Out)			
8.14	List of families with 0-6 years children under RBSK			✓
8.15	Line listing of severely anemic pregnant women			✓
8.16	Updated Microplan			✓
8.17	Vaccine supply for each session day (check availability of all vaccines)	✓		
8.18	Due list and work plan received from MCTS Portal through Mobile/ Physically		✓	

Section IX: Referral Linkages in last two quarters:

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

Section X: IEC display:

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



	VHND plan			
10.6	SBA Protocol Posters	Y	(N)	
10.7	JSSK entitlements	Y	(N)	
10.8	Immunization Schedule	Y	(N)	
10.9	JSY entitlements	Y	(N)	
10.10	Other related IEC material	(Y)	N	

Section XI: Previous supervisory visits:

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

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

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

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

नियमित टीकाकरण सत्र मॉनिटरिंग प्रपत्र

मॉनिटर का नाम : <u>Dr. Shishir Kumar J.D.</u> <u>Dr. Yogeshwar Dayal</u> <u>Consultant</u>	संस्था : <input type="checkbox"/> सरकारी विभाग <input type="checkbox"/> NPSP <input type="checkbox"/> UNICEF <input type="checkbox"/> अन्य	पदनाम :
दिनांक : <u>28/09/13</u>	समय : <u>10:40 Am</u>	दिवस : <input type="checkbox"/> बुद्धवार <input type="checkbox"/> शुक्रवार <input checked="" type="checkbox"/> शनिवार <input type="checkbox"/> अन्य
राज्य	<u>UTTAR PRADESH</u>	
जिला	<u>MATHURA</u>	
ब्लॉक/प्लानिंग युनिट	<u>FARAH</u>	
उपकेंद्र/शहरी पोस्ट	<u>BHACHIE</u>	
जगह का पता	<u>SUB CENTRE</u>	
प्रकार : <input checked="" type="checkbox"/> ग्रामीण <input type="checkbox"/> शहरी <input type="checkbox"/> मलिन बस्ती HRA : <input type="checkbox"/> हां <input type="checkbox"/> नहीं सत्र स्थल : <input type="checkbox"/> स्वास्थ्य केंद्र <input type="checkbox"/> उपकेंद्र <input type="checkbox"/> आंगनवाड़ी केंद्र <input type="checkbox"/> अन्य		

सही जवाब पर <input checked="" type="checkbox"/> का निशान लगाएं।			
1.	क्या सत्र आयोजित हो रहा है	<input checked="" type="checkbox"/> हां <input type="checkbox"/> नहीं	
	अ. यदि नहीं तो सत्र आयोजित न होने का कारण लिखें (प्रपत्र के नीचे देखें) ^Δ	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	
	ब. यदि हां तो क्या सत्र माइक्रोप्लान के अनुसार आयोजित हो रहा है	<input type="checkbox"/> हां <input type="checkbox"/> नहीं	
2.	लाभार्थियों को सत्र स्थल तक कौन बुला कर ला रहा है *	<input type="checkbox"/> आंगनवाड़ी कार्यकर्ता <input checked="" type="checkbox"/> आशा <input type="checkbox"/> अन्य <input type="checkbox"/> कोई नहीं	
3.	पी.एच.सी./ब्लॉक से सत्र स्थल तक वैक्सीन तथा अन्य लॉजिस्टिक कैसे लिए गए	<input checked="" type="checkbox"/> वैकल्पिक साधन [#] <input type="checkbox"/> ए.एन.एम. <input type="checkbox"/> सुपरवाइजर <input type="checkbox"/> अन्य	
4.	क्या सभी वैक्सीन तथा डाइल्यूएंट चार आइस पैक वाले वैक्सीन कैरियर में जिपर युक्त थैली के अंदर रखे गए हैं	<input checked="" type="checkbox"/> हां <input type="checkbox"/> नहीं	
5.	सत्र स्थल पर कौन कौन सी वैक्सीन उपलब्ध हैं *	<input type="checkbox"/> BCG <input checked="" type="checkbox"/> BCG का डाइल्यूएंट <input checked="" type="checkbox"/> DPT <input type="checkbox"/> JE <input checked="" type="checkbox"/> Measles <input checked="" type="checkbox"/> Measles का डाइल्यूएंट <input type="checkbox"/> DT <input type="checkbox"/> JE का डाइल्यूएंट <input type="checkbox"/> OPV <input type="checkbox"/> mOPV <input checked="" type="checkbox"/> TT <input checked="" type="checkbox"/> Hepatitis B	
6.	कौन कौन सी वैक्सीन की वायल बिना VVM लगे पाई गई *	<input type="checkbox"/> BCG <input type="checkbox"/> DPT <input type="checkbox"/> OPV <input type="checkbox"/> Hep-B <input type="checkbox"/> Measles <input type="checkbox"/> DT <input type="checkbox"/> TT <input type="checkbox"/> JE	
7.	क्या कोई वैक्सीन वायल उल्लिखित अवस्था में पाई गई, यदि हां तो, <input checked="" type="checkbox"/> का निशान लगाएं तथा वैक्सीन का नाम लिखें *	<input type="checkbox"/> बिना लेबल/न पढ़ सकने लायक लेबल <input type="checkbox"/> VVM स्टेज III अथवा IV <input type="checkbox"/> एक्सपायर हो चुकी वैक्सीन वायल <input type="checkbox"/> जमी अवस्था में वैक्सीन (DPT, TT, DT, Hepatitis -B)	
8.	उल्लिखित लॉजिस्टिक में से क्या क्या वस्तुएं सत्र स्थल पर उपलब्ध है *	<input checked="" type="checkbox"/> ए.डी. (0.1 मि.ली.) सिरिजें <input checked="" type="checkbox"/> विटामिन ए सॉल्यूशन <input checked="" type="checkbox"/> ORS के पैकेट <input checked="" type="checkbox"/> ए.डी. (0.5 मि.ली.) सिरिजें <input checked="" type="checkbox"/> विटामिन ए हेतु प्लास्टिक की चम्मच <input checked="" type="checkbox"/> IFA की टैबलेट <input checked="" type="checkbox"/> चालू अवस्था में हब कटर <input checked="" type="checkbox"/> पुष्टिहार/Supplements <input type="checkbox"/> पैरासिटामोल <input checked="" type="checkbox"/> खाली टीकाकरण कार्ड <input checked="" type="checkbox"/> अपेक्षित लाभार्थियों की सूची <input type="checkbox"/> वजन नापने की मशीन <input checked="" type="checkbox"/> लाल और काली थैलियां <input checked="" type="checkbox"/> पिछले सत्रों के कार्टरफॉयल <input checked="" type="checkbox"/> BP नापने की मशीन	
9.	क्या सत्र स्थल पर समुचित संख्या में मिश्रण करने हेतु 5 मि.ली. की डिस्पोजिबल सिरिजें उपलब्ध हैं (=BCG + Measles +JE की वायलें)	<input checked="" type="checkbox"/> हां <input type="checkbox"/> नहीं <input type="checkbox"/> उपलब्ध नहीं	
10.	क्या मिश्रित BCG/Measles/JE की वायलों पर मिश्रण का समय अंकित है	<input checked="" type="checkbox"/> हां <input type="checkbox"/> नहीं <input type="checkbox"/> लागू नहीं	
11.	क्या इंजेक्शन से दी जाने वाली वैक्सीन देने के लिए ए.डी. सिरिजों का इस्तेमाल किया जा रहा है	<input checked="" type="checkbox"/> हां <input type="checkbox"/> नहीं <input type="checkbox"/> लागू नहीं	
12.	क्या DPT वैक्सीन मध्य जांघ के बाहरी भाग में दी जा रही है	<input checked="" type="checkbox"/> हां <input type="checkbox"/> नहीं <input type="checkbox"/> लागू नहीं	
13.	क्या इंजेक्शन लगाते वक्त ए.एन.एम. सुई अथवा उसके किसी भाग को छू रही है	<input type="checkbox"/> हां <input checked="" type="checkbox"/> नहीं <input type="checkbox"/> लागू नहीं	
14.	क्या प्रत्येक सिरिज को इस्तेमाल के तुरंत पश्चात हब कटर से काटा जा रहा है	<input checked="" type="checkbox"/> हां <input type="checkbox"/> नहीं <input type="checkbox"/> लागू नहीं	
15.	क्या प्रत्येक लाभार्थी को दिए गए टीके की जानकारी सत्र टैली शीट में भरी जा रही है	<input type="checkbox"/> हां <input checked="" type="checkbox"/> नहीं <input type="checkbox"/> लागू नहीं	
16.	क्या आज दिए जा रहे टीकों की जानकारी को कार्टरफॉयल में भरकर उन्हें अद्युनांत किया जा रहा है	<input checked="" type="checkbox"/> हां <input type="checkbox"/> नहीं <input type="checkbox"/> लागू नहीं	
17.	क्या माता पिता को टीकाकरण के बाद चार महत्वपूर्ण संदेश दिए जा रहे हैं	<input type="checkbox"/> हां <input checked="" type="checkbox"/> नहीं <input type="checkbox"/> लागू नहीं	

Δ (प्र. 1अ): A= ए.एन.एम./टीकाकरण कर्मी तथा वैक्सीन एवं लॉजिस्टिक दोनों उपलब्ध नहीं हैं। B= ए.एन.एम./टीकाकरण कर्मी उपलब्ध हैं परंतु वैक्सीन एवं लॉजिस्टिक उपलब्ध नहीं हैं। C= वैक्सीन एवं लॉजिस्टिक उपलब्ध हैं परंतु ए.एन.एम./टीकाकरण कर्मी उपलब्ध नहीं हैं। D=अन्य (विवरण दें)

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

* एक से अधिक जवाबों पर निशान लगा सकते हैं



FRU level 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: Dr. Shishir Kumar, JD
Dr. Yogeshwar Bajaj, Consultant
 Names of staff not available on the day of visit and reason for absence: Dr. K.K. Mathur

Section I: Physical Infrastructure:

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



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

Section II: Human resource:

S. no	Category	Numbers	Remarks if any
2.1	OBG	01	03 on contract Contract
2.2	Anaesthetist	01	
2.3	Paediatrician	02	
2.4	General Surgeon	01	
2.5	Other Specialists	—	
2.6	MOs	04	
2.7	SNs	3 + 3	
2.8	ANMs	03	
2.9	LTs	01	
2.10	Pharmacist	01	
2.11	LHV	01	
2.12	Radiographer	—	
2.13	RMNCHA+ counsellors	—	
2.14	Others	—	

Section III: Training Status of HR:

S. no	Training	No. trained	Remarks if any
3.1	EmOC	—	
3.2	LSAS	—	
3.3	BeMOC	—	
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	Laprosopy-Sterilisations	01	
3.11	IUCD	01	
3.12	PPIUCD	01	
3.13	Blood storage	—	
3.14	IMEP	—	
3.16	Immunization and cold chain	02	
3.15	Others	—	

**Section IV: Equipment:**

S. No	Equipment	Yes	No	Remarks
4.1	Functional BP Instrument and Stethoscope	<input checked="" type="radio"/>	N	
4.2	Sterilised delivery sets	<input checked="" type="radio"/>	N	
4.3	Functional Neonatal, Paediatric and Adult Resuscitation kit	<input checked="" type="radio"/>	N	
4.4	Functional Weighing Machine (Adult and child)	<input checked="" type="radio"/>	N	
4.5	Functional Needle Cutter	<input checked="" type="radio"/>	N	
4.6	Functional Radiant Warmer	<input checked="" type="radio"/>	N	
4.7	Functional Suction apparatus	<input checked="" type="radio"/>	N	
4.8	Functional Facility for Oxygen Administration	<input checked="" type="radio"/>	N	
4.9	Functional Autoclave	<input checked="" type="radio"/>	N	
4.10	Functional ILR and Deep Freezer	<input checked="" type="radio"/>	N	
4.11	Emergency Tray with emergency injections	<input checked="" type="radio"/>	N	
4.12	MVA/ EVA Equipment	Y	<input checked="" type="radio"/>	
4.13	Functional phototherapy unit	<input checked="" type="radio"/>	N	
Laboratory Equipment				
4.1a	Functional Microscope	<input checked="" type="radio"/>	N	
4.2a	Functional Hemoglobinometer	<input checked="" type="radio"/>	N	
4.3a	Functional Centrifuge	<input checked="" type="radio"/>	N	
4.4a	Functional Semi autoanalyzer	Y	<input checked="" type="radio"/>	
4.5a	Reagents and Testing Kits	<input checked="" type="radio"/>	N	

Section V: Essential Drugs and Supplies:

S.No	Drugs	Yes	No	Remarks
5.1	EDL available and displayed	Y	<input checked="" type="radio"/>	
5.2	Computerised inventory management	Y	<input checked="" type="radio"/>	
5.3	IFA tablets	<input checked="" type="radio"/>	N	
5.4	IFA tablets (blue)	Y	<input checked="" type="radio"/>	
5.5	IFA syrup with dispenser	<input checked="" type="radio"/>	N	
5.6	Vit A syrup	<input checked="" type="radio"/>	N	
5.7	ORS packets	<input checked="" type="radio"/>	N	
5.8	Zinc tablets	Y	<input checked="" type="radio"/>	
5.9	Inj Magnesium Sulphate	<input checked="" type="radio"/>	N	
5.10	Inj Oxytocin	<input checked="" type="radio"/>	N	
5.11	Misoprostol tablets	<input checked="" type="radio"/>	N	
5.12	Mifepristone tablets	<input checked="" type="radio"/>	N	
5.13	Availability of antibiotics	<input checked="" type="radio"/>	N	
5.14	Labelled emergency tray	<input checked="" type="radio"/>	N	

5.15	Drugs for hypertension, Diabetes, common ailments e.g PCM, metronidazole, anti-allergic drugs etc.	<input checked="" type="radio"/> Y	<input type="radio"/> N	
5.16	Adequate Vaccine Stock available	<input checked="" type="radio"/> Y	<input type="radio"/> N	
S.No	Supplies	Yes	No	Remarks
5.17	Pregnancy testing kits	<input checked="" type="radio"/> Y	<input type="radio"/> N	
5.18	Urine albumin and sugar testing kit	<input checked="" type="radio"/> Y	<input type="radio"/> N	
5.19	OCPs	<input checked="" type="radio"/> Y	<input type="radio"/> N	
5.20	EC pills	<input checked="" type="radio"/> Y	<input type="radio"/> N	
5.21	IUCDs	<input checked="" type="radio"/> Y	<input type="radio"/> N	
5.22	Sanitary napkins	<input type="radio"/> Y	<input checked="" type="radio"/> N	
S.No	Essential Consumables	Yes	No	Remarks
5.23	Gloves, Mckintosh, Pads, bandages, and gauze etc.	<input checked="" type="radio"/> Y	<input type="radio"/> N	

Section VI: Other Services :

S.no	Lab Services	Yes	No	Remarks
6.1	Haemoglobin	<input checked="" type="radio"/> Y	<input type="radio"/> N	
6.2	CBC	<input type="radio"/> Y	<input checked="" type="radio"/> N	
6.3	Urine albumin and sugar	<input checked="" type="radio"/> Y	<input type="radio"/> N	
6.4	Blood sugar	<input type="radio"/> Y	<input checked="" type="radio"/> N	
6.5	RPR	<input type="radio"/> Y	<input checked="" type="radio"/> N	
6.6	Malaria	<input checked="" type="radio"/> Y	<input type="radio"/> N	
6.7	T.B	<input checked="" type="radio"/> Y	<input type="radio"/> N	
6.8	HIV	<input type="radio"/> Y	<input checked="" type="radio"/> N	
6.9	Liver function tests(LFT)	<input type="radio"/> Y	<input checked="" type="radio"/> N	
6.10	Others , pls specify	<input type="radio"/> Y	<input checked="" type="radio"/> N	
S.No	Blood bank / Blood Storage Unit	Yes	No	Remarks
6.11	Functional blood bag refrigerators with chart for temp. recording	<input type="radio"/> Y	<input checked="" type="radio"/> N	
6.12	Sufficient no. of blood bags available	<input type="radio"/> Y	<input checked="" type="radio"/> N	
6.13	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	6920	13382	
7.2	IPD	802	935	
7.3	Expected number of pregnancies	107	126	
7.4	MCTS entry on percentage of women registered in the first trimester	68	74	
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)	—	—	
7.8	No. of C section conducted	01	03	

7.9	Number of obstetric complications managed, pls specify type	11	08
7.10	No. of neonates initiated breast feeding within one hour	409	447
7.11	Number of children screened for Defects at birth under RBSK	-	-
7.12	RTI/STI Treated	29	34
7.13a	No of admissions in NBSUs/ SNCU, whichever available	-	-
7.13b	Inborn	-	-
7.13c	Outborn	-	-
7.14	No. of children admitted with SAM	-	-
7.15	No. of sick children referred	32	34
7.16	No. of pregnant women referred	34	36
7.17	ANC1 registration	-	-
7.18	ANC3 Coverage	-	-
7.19	No. of IUCD Insertions	13	20
7.20	No. of Tubectomy	0	13
7.21	No. of Vasectomy	0	0
7.22	No. of Minilap	0	03
7.23	No. of children fully immunized	23	29
7.24	Measles coverage	-	-
7.25	No. of children given ORS + Zinc	221	231
7.26	No. of children given Vitamin A	23	20
7.27	No. of women who accepted post-partum FP services	-	-
7.28	No. of MTPs conducted in first trimester	08	07
7.29	No. of MTPs conducted in second trimester	-	-
7.30	Number of Adolescents attending ARSH clinic	-	-
7.31	Maternal deaths, if any	-	-
7.32	Still births, if any	10	07
7.33	Neonatal deaths, if any	-	-
7.34	Infant deaths, if any	-	-

Section VII a: Service delivery in post natal wards:

S.No	Parameters	Yes	No	Remarks
7.1a	All mothers initiated breast feeding within one hr of normal delivery	(Y)	N	
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	<input checked="" type="radio"/> Y	<input type="radio"/> N
7.7a	Mode of JSY payment (Cash/bearer cheque/Account payee cheque/Account Transfer)	A/c Pay	
7.8a	Any expenditure incurred by Mothers on travel, drugs or diagnostics <i>(Please give details)</i>	<input type="radio"/> Y	<input checked="" type="radio"/> N
7.9a	Diet being provided free of charge	<input type="radio"/> Y	<input checked="" type="radio"/> 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	<input checked="" type="radio"/> Y	<input type="radio"/> N	
8.2	Provide essential newborn care (thermoregulation, breastfeeding and asepsis)	<input checked="" type="radio"/> Y	<input type="radio"/> N	
8.3	Manage sick neonates and infants	<input checked="" type="radio"/> Y	<input type="radio"/> N	
8.4	Correctly uses partograph	<input type="radio"/> Y	<input checked="" type="radio"/> N	
8.5	Correctly insert IUCD	<input checked="" type="radio"/> Y	<input type="radio"/> N	
8.6	Correctly administer vaccines	<input checked="" type="radio"/> Y	<input type="radio"/> N	
8.7	Segregation of waste in colour coded bins	<input checked="" type="radio"/> Y	<input type="radio"/> N	
8.8	Adherence to IMEP protocols	<input type="radio"/> Y	<input type="radio"/> N	
8.9	Bio medical waste management	<input type="radio"/> Y	<input checked="" type="radio"/> N	

Section IX: Record Maintenance:

S. no	Record	Available and Updated	Available but Not maintained	Not Available	Remarks/Timeline for completion
9.1	OPD Register	<input checked="" type="checkbox"/>			
9.2	IPD Register	<input checked="" type="checkbox"/>			
9.3	ANC Register	<input checked="" type="checkbox"/>			
9.4	PNC Register	<input checked="" type="checkbox"/>			
9.5	Indoor bed head ticket	<input checked="" type="checkbox"/>			
9.6	Line listing of severely anaemic pregnant women		<input checked="" type="checkbox"/>		
9.7	Labour room register			<input checked="" type="checkbox"/>	
9.8	Partographs			<input checked="" type="checkbox"/>	
9.9	FP-Operation Register (OT)			<input checked="" type="checkbox"/>	
9.10	OT Register	<input checked="" type="checkbox"/>			
9.11	FP Register				
9.12	Immunisation Register	<input checked="" type="checkbox"/>			
9.13	Updated Microplan	<input checked="" type="checkbox"/>			
9.14	Blood Bank stock Register			<input checked="" type="checkbox"/>	



9.15	Referral Register (In and Out)	✓			
9.16	MDR Register	✓			
9.17	Drug Stock Register	✓			
9.18	Payment under JSY	✓			
9.19	Untied funds expenditure (Check % expenditure)	✓			
9.20	AMG expenditure (Check % expenditure)	✓			
9.21	RKS expenditure (Check % 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/PNC	No. of sick infants transported	No. of children 1-6 years	Free/Paid
10.1	Home to facility	Govt				
10.2	Inter facility					
10.3	Facility to Home (drop back)	Govt				

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	N	
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	
11.8	Immunization Schedule	Y	N	
11.9	JSY entitlements	Y	N	
11.10	Other related IEC material	Y	N	

Section XII: Additional/Support Services:

Sl. no	Services	Yes	No	Remarks
12.1	Regular Fumigation (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	<input checked="" type="radio"/> Y	<input type="radio"/> N	
12.6	Grievance Redressal mechanisms	<input type="radio"/> Y	<input checked="" type="radio"/> N	
12.7	Tally Implemented	<input type="radio"/> Y	<input checked="" type="radio"/> 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. Yadav CMO	Mathura	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