भ्रमण आख्या

भ्रमण कर्ता– श्री अरविन्द उपाध्याय, सलाहकार (प0क0)	**दिनांक–** 19 से 20.03.2015 **स्थान** – जनपद–मऊ

मिशन निदेशक, एन0एच0एम0 द्वारा दिये गये निर्देश के क्रम में उपरोक्त अधिकारी द्वारा दिनांक 19.03.2015 व 20.03.2015 को जनपद मऊ का भ्रमण किया गया। भ्रमण में पाये गये निम्न विन्दुओं पर आपका ध्यान आकृष्ट करना है।

सामुदायिक स्वास्थ्य केन्द्र, घोषी, जनपद–मऊ

- सामु0 स्वा0 केन्द्र में एक ओ0बी0जी0 एक निशचेतक, एक बालरोग विशेषज्ञ एवं एक सर्जन, एक एम0ओ0, पांच स्टाफ नर्स, एक एल0टी0, एक फार्मासिस्ट आदि पदस्थ है।
- डा0 अनीसा, स्त्री रोग विशेषज्ञ विगत 09 माह से अनुपस्थित पायी गयी जिसके बारे में संस्था प्रभारी एवं मुख्य चिकित्साधीक्षक को कोई जानकारी नहीं है।
- लेबर रुम में प्रोटोकाल, 5'5 मैट्रिक्स ट्रे की सुनिश्चितता तथा आई0ईसी0 की कमी थी। चिकित्साधीक्षक को उक्त की सुनिश्चितता हेतु अवगत कराया गया।
- लेबर रुम में उपकरणों की साफ–सफाई हेतु ब्लिचिंग पाउडर की अनुपलब्धता पायी गयी।
- जे0एस0एस0के0 योजना के तहत लाभार्थियों को नियमित रुप से खाने की व्यवस्था नहीं की जा रही है।
- कोल्ड चेन रुम में आई0एल0आर0 एवं डीपफ्रीजर की लाग बुक में तापमान अंकित किया गया था परन्तु हस्ताक्षर नहीं किये गये थे इसके सम्बन्ध में चिकित्साधीक्षक को अवगत कराया गया कि तापमान अंकित करने वाले के हस्ताक्षर भी करवायें।
- शौचालय में साफ–सफाई की उचित व्यवस्था नहीं है।

- खिड़की में शीशे टूटे हुये है जिसको बदलवाने हेतु चिकित्साअधीक्षक को अवगत कराया गया। दरवाजे एवं खिड़की पर जाली एवं पर्दे लगाने की आवश्यकता है।
- चिकित्सालय मे तैनात मानव संसाधन में प्रशिक्षण की कमी पाई गयी उक्त के संबंध में जिला कार्यक्रम प्रबंधक को मानव संसाधन को होने वाले प्रशिक्षणों में प्रतिभाग कराने हेतु निर्देशित किया गया है।
- चिकित्सालय में औषिधियों की सप्लाई आवश्यक मात्रा में नहीं है।
- चिकित्सालय में ड्यूटी रोस्टर उपलब्ध नहीं था।
- चिकित्सालय में लाण्ड्री इत्यादि की कोई व्यवस्था नहीं है।

<u>प्राथमिक स्वास्थ्य केन्द्र– परदहा</u>

- प्रा0 स्वा0 केन्द्र में चार चिकित्साधिकारी एवं तीन स्टाफ नर्स पदस्तथ है। जिनमें से दो ने एस0बी0ए0 प्रशिक्षण प्राप्त किया हुआ है।
- चिकित्सक एवं स्टाफ हेतु मकान अत्यन्त जर्जर अवस्था में है।
- चिकित्सालय में जगह – जगह दीवारों का प्लास्टर टूटा हुआ है साथ ही साफ–सफाई इत्यादि की कमी तथा दीवारों पर सीलन पायी गयी।
- चिकित्सालय में वेस्ट डिस्पोजल की कोई उचित व्यवस्था नहीं है।
- चिकित्सालय भवन में विद्युत व्यवस्था हेतु की गयी वायरिंग जर्जर अवस्था में है।
- जे0एस0वाई0 के अन्तर्गत मरीजों को भोजन इत्यादि उपलब्ध कराने की कोई उचित व्यवस्था नहीं है।
- चिकित्सालय में उपलब्ध एवं आवश्यक औषधियों की सूची नहीं उपलब्ध थी।
- चिकित्सालय मे आई0एफ0ए0 टैबलैट, विटामिन ए सिरफं, आक्सीटोसीन इन्जैक्सन, मिजोप्रोस्टाल टैबलेट, के साथ ही एन्टीबायोटिक जैसी सामान्य औषधि भी उपलब्ध नहीं थी।
- मरीजों के वेड हेतु गद्दें एवं चादरों की कमी पायी गयी।
- जे0एस0वाई0 पेमेन्ट मरीजों के डिस्चार्ज के समय पूर्ण रुप से नहीं किया जा रहा है।

- सिटीजन चार्टर, उपलब्ध सेवाओं की सूची, प्राटोकाल पोस्टर, टीकाकरण शेडयूल आदि उपलब्ध नही है।
- अभिलेख का रखरखाव , डेटा को अद्योनान्त की उचित व्यवस्था नही है।
- चिकित्सालय परिसर में किसी कार्यक्रम से सम्बन्धित कोई भी प्रचार–प्रसार हेतु वाल पेन्टिग आदि नहीं पायी गयी।

जिला महिला चिकित्सालय– मऊ

- मुख्य चिकित्सा अधीक्षक द्वारा अवगत कराया गया कि चिकित्सालय में लिपिक की कमी होने के कारण पी0पी0आयू0सी0डी0 में सेवा प्रदाताओं को कोई भी प्रोत्साहन राशि नहीं दी जा रही है।
- जिला चिकित्सालय का भवन बहुत ही जर्जर अवस्था में पाया गया अधीक्षक का कहना है कि यह मकान 1969 का भवन है। भवन को देख कर ऐसा लगता है । कि एन0एच0एम0 में दी जाने वाली वार्षिक रख–रखाव, आर0के0एस0 एवं आनाबद्ध राशि का उपयोग नहीं किया जा रहा है।
- लेबर रूम जर्जर एवं बदहाल अवस्था में पाया गया इसके साथ ही लेबर रूम मे साफ सफाई की कमी पाई गयी तथा लेबर टेबल तथा स्टैण्ड को पेन्ट कराने की आवश्यकता है जिसके संबध में अधीक्षक महोदय को कमियों को दूर करने हेतु सुझाव दिया गया।
- लेबर रुम में प्रोटोकाल,ई0डी0एल0, बायोवेस्ट बोर्ड लगवाने की आवश्यकता के संबंध मे सुझाव दिया गया।
- चिकित्सालय परिसर में सफाई व्यवस्था ठीक नही थी।
- चिकित्सालय भवन में कई स्थानों की दीवारों पर सीलन होने के कारण मरम्मत की आवश्यकता है।
- चिकित्सालय में एन0बी0एस0यू0 इकाई स्थापित होने के पश्चात भी कियाशील नही है।
- जे0एस0एस0के0 की दवाईयां उपलब्ध नही है अधीक्षक ने अवगत कराया कि सी0एम0एस0डी0 से जिस फर्म को आर0सी0 हुयी है वह दवा सप्लाई नही कर रही है।
- परिवार कल्याण परामर्शदाता की तैनाती नही की गयी है।
- जे0एस0वाई0 पेमेन्ट सभी लाभार्थियों को डिस्चार्ज के समय नही किया जा रहा है जिसक संबंध में मुख्य चिकित्साअधीक्षक को अवगत कराया गया तो उनके द्वारा

बताया गया कि जिनके डाक्यूमेंट पूर्ण नही हुये है उनको भुगतान तत्समय नही किया जा सका है।

- वार्ड में साफ सफाई एवं आई.ई.सी. की कमी पायी गयी जिसके लिये अधीक्षिक महोदय से कमरे में वाल राइटिंग तथा साफ सफाई की व्यवस्था सुनिश्चित करने का सुझाव दिया गया।
- जिला चिकित्सालय परिसर में पी0पी0सी0 सेन्टर (पोस्ट पार्टम सेन्टर) उपलब्ध है जिसमें नसबन्दी की सेवाऐं दी जा रही है। यहां फिक्स डे स्टैटिक अप्रौच के माध्यम से नसबन्दी की सेवाऐं दी जा रही है जो डा0 माधवी सिंह, स्त्री रोग विशेषज्ञ द्वारा नसबन्दी की जा रही है। भ्रमण के दिन कुल 25 केसों का पंजीकरण हुआ था।
- डा0 माधुरी सिंह द्वारा बताया गया कि नसबन्दी में दी जाने वाली औषधियां एवं नसबन्दी से पूर्व प्रयोग में लायी जाने वाले इन्जेक्सन सही समय पर नही मिल पाती है एवं पी.पी.सी.सेन्टर में उपलब्ध लेप्रोस्कोप मरम्मत योग्य है।

उपकेन्द्रः– डुमरांव जनपद–मऊ

- आलमारियों में अनुपयोगी सामान रखा गया था जिससे वहा पर सफाई व्यवस्था अच्छी करने की जरुरत है।
- अभिलेखों का रखरखाव सही तरीके से नही किया गया है।
- डेलीवरी रुम में पर्दे, पोस्टर इत्यादि नही लगे थे जिसको लगाने के लिये सुझाव दिया गया।
- आवश्यक औषधियां उपलब्ध नहीं थी ।
- शौचालय अत्यंत गंदा एवं जर्जर अवस्था में पाया गया।

महत्वपूर्ण बिन्दुः

भ्रमण के दौरान जिला महिला चिकित्सालय में एम.सी.टी.एस. प्रशिक्षण में भागीदारी की गयी। जिसमें परिवार नियोजन कार्यक्रम से सम्बन्धित चर्चा के दौरान नवीन संशोधित नसबन्दी प्रोत्साहन राशि, पी.पी.आई.यू.सी.डी. इनसेन्टिव आदि पर जानकारी प्रदान की

गयी। कुछ ए.एन.एम. के द्वारा बताया गया कि नसबन्दी के दौरान नसबन्दी सम्बन्धित इन्जेक्शन आदि ए.एन.एम. के द्वारा खरीद कर दिए जाने पर नसबन्दी किया जाता है।

जिला महिला चिकित्सालय के पी.पी.सी. में हितग्राहियों एवं ए.एन.एम./आशाओं के द्वारा बताया गया कि नसबन्दी के हितग्राहियों को नसबन्दी सहमति पत्र क्रय करने हेतु उनको बाध्य होना पड़ रहा है।

स्वास्थ्य केन्द्रों में ब्लीचिंग पाउडर की कई जगह अनुपलब्धता के कारण 0.5 प्रतिशत घोल का उपयोग उपकरणों को विसंक्रमित नहीं किया जा रहा है।

जिला महिला चिकित्सालय में पी.पी.आई.यू.सी.डी. की सेवाएं दी जा रहीं हैं। परन्तु इससे सम्बन्धित कोई भी रजिस्टर एंव आई.ई.सी. मैटिरियल नहीं पाया गया। जिसके बाद जपाईगो संस्था के कार्यक्रम अधिकारी को बुलाकर उक्त सामग्रियां उपलब्ध करायीं गयीं।

चीफ फार्मासिस्ट द्वारा बताया गया कि परिवार नियोजन से सम्बन्धित इन्जेक्शन आदि का आर.सी. न होने के कारण उनको खुले बाजार से क्रय करना पड़ रहा है।

सामुदायिक स्वास्थ्य केन्द्र घोसी में डा0 अनीसा, स्त्री रोग विशेषज्ञ विगत 09 माह से अनुपस्थित पायी गयी जिसके बारे में संस्था प्रभारी एवं मुख्य चिकित्साधीक्षक को कोई जानकारी नहीं है।

जनपद में जिन भी स्वास्थ्य केन्द्रों का दौरा किया गया वहॉ परिसर में कहीं भी किसी भी कार्यक्रम से सम्बन्धित आई.ई.सी. नहीं देखी गयी।

स्वास्थ्य केन्द्रों के भवनों को देखकर ऐसा प्रतीत होता है कि मानों राष्ट्रीय स्वास्थ्य मिशन में उपलब्ध वार्षिक रखरखाव, अनाबद्ध राशि एवं आर.के.एस. बजट का उपयोग सही प्रकार से नहीं किया जा रहा है।

रानीपुर ब्लाक में आशाओं की बैठक ली गयी जिसमें परिवार नियोजन कार्यक्रम से सम्बन्धित चर्चा के दौरान नवीन संशोधित नसबन्दी प्रोत्साहन राशि, पी.पी.आई.यू.सी.डी. इनसेन्टिव आदि पर जानकारी प्रदान की गयी।

चर्चा के दौरान पाया गया कि क्षेत्र के अधिकांश आशाओं को कार्यक्रम सम्बन्धित जानकारी का अभाव है।

24/03/15

अरविन्द उपाध्याय

तकनीकी सलाहकार, प0क0

DH level Monitoring Checklist

Name of District: MAU **Name of Block:** **Name of DH: DWH MAU**

Catchment Population: 252617 **Total Villages:**

Date of last supervisory visit:

Date of visit:18-03-2015 **Name& designation of monitor:Arvind Upadhaya Consultant Family Planning**

Names of staff not available on the day of visit and reason for absence:_____0_____

Section I: Physical Infrastructure:

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

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

Section II: Human resource:

S. no	Category	Numbers	Remarks if any
2.1	OBG	2	
2.2	Anaesthetist	0	
2.3	Paediatrician	0	
2.4	General Surgeon	0	
2.5	Other Specialists	0	
2.6	MOs	1	
2.7	SNs	3	
2.8	ANMs	0	
2.9	LTs	0	
2.10	Pharmacist	2	
2.11	LHV	0	
2.12	Radiographer	0	
2.13	RMNCHA+ counsellors	0	
2.14	Others	0	

Section III: Training Status of HR:

S. no	Training	No. trained	Remarks if any
3.1	EmOC	1	
3.2	LSAS	0	
3.3	BeMOC	0	
3.4	SBA	0	
3.5	MTP/MVA	2	
3.6	NSV	0	
3.7	F-IMNCI	0	
3.8	NSSK	0	
3.9	Mini Lap-Sterilisations	0	
3.10	Laproscopy-Sterilisations	1	
3.11	IUCD	2	
3.12	PPIUCD	1	
3.13	Blood storage	0	
3.14	IMEP	0	
3.16	Immunization and cold chain	0	

(A31)

3.15	Others	**0**	

Section IV: Equipment:

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

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

Section V: Essential Drugs and Supplies:

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

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

Section VI: Other Services :

S.no	Lab Services	Yes	No	Remarks
6.1	Haemoglobin		N	
6.2	CBC		N	
6.3	Urine albumin and sugar		N	
6.4	Blood sugar		N	
6.5	RPR (Rapid Plasma Reagin) test		N	
6.6	Malaria (PS or RDT)		N	
6.7	T.B (Sputum for AFB)		N	
6.8	HIV (RDT)	Y		
6.9	Liver function tests(LFT)		N	
6.10	Ultrasound scan (Ob.)	Y		
6.11	Ultrasound Scan (General)		N	
6.12	X-ray		N	
6.13	ECG		N	
6.14	Endoscopy		N	
6.15	Others , pls specify		N	
S.No	**Blood bank / Blood Storage Unit**	**Yes**	**No**	**Remarks**
6.16	Functional blood bag refrigerators with chart for temp. recording		N	
6.17	Sufficient no. of blood bags available		N	
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	**5213**	**5439**	
7.2	IPD	**265**	**375**	
7.3	Expected number of pregnancies	**153**	**189**	
7.4	No. of pregnant women given IFA	**153**	**189**	
7.5	Total deliveries conducted	**116**	**177**	
7.6	No. of assisted deliveries(Ventouse/ Forceps)	0	0	
7.7	No. of C section conducted	0	0	
7.8	Number of obstetric complications managed, pls specify type	0	0	
7.9	No. of neonates initiated breast feeding within one hour	116	177	
7.10	Number of children screened for Defects at birth under RBSK	0	0	
7.11	RTI/STI Treated	25	21	
7.12	No of admissions in NBSUs/ SNCU, whichever available	0	0	
7.13	No of admissions :Inborn	0	0	
7.14	No of admissions :Outborn	0	0	
7.15	No. of children admitted with SAM	0	0	

7.16	No. of sick children referred	0	0	
7.17	No. of pregnant women referred	0	0	
7.18	No. of IUCD Insertions	15	22	
7.19	No. of Tubectomy	0	0	
7.20	No. of Vasectomy	0	0	
7.21	No. of Minilap	0	0	
7.22	No. of children fully immunized	0	0	
7.23	Measles coverage	0	0	
7.24	No. of children given ORS + Zinc	0	0	
7.25	No. of children given Vitamin A	0	0	
7.26	No. of women who accepted post-partum FP services	0	0	
7.27	No. of MTPs conducted in first trimester	0	0	
7.28	No. of MTPs conducted in second trimester	0	0	
7.29	Number of Adolescents attending ARSH clinic	0	0	
7.30	Maternal deaths, if any	0	0	
7.31	Still births, if any	0	0	
7.32	Neonatal deaths, if any	0	0	
7.33	Infant deaths, if any	0	0	

Section VII a: Service delivery in post natal wards:

*S.*No	*Parameters*	*Yes*	No	Remarks
7.1a	All mothers initiated breast feeding within one hour of normal delivery	**Y**		
7.2a	Zero dose BCG, Hepatitis B and OPV given		**N**	
7.3a	Counseling on IYCF done		**N**	
7.4a	Counseling on Family Planning done		**N**	
7.5a	Mothers asked to stay for 48 hrs	**Y**		
7.6a	JSY payment being given before discharge	**Y**		
7.7a	Mode of JSY payment (Cash/ bearer cheque/Account payee cheque/Account Transfer)			
7.8a	Any expenditure incurred by Mothers on travel, drugs or diagnostics*(Please give details)*		**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		
8.2	Provide essential newborn care *(thermoregulation, breastfeeding and asepsis)*		N	
8.3	Manage sick neonates and infants		N	
8.4	Correctly uses partograph	Y		
8.5	Correctly insert IUCD	Y		
8.6	Correctly administer vaccines		N	
8.7	Segregation of waste in colour coded bins	Y		
8.8	Adherence to IMEP protocols		N	
8.9	Bio medical waste management		N	
8.10	Updated Entry in the MCP Cards		N	
8.11	Entry in MCTS		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/Timeline for completion
9.1	OPD Register	Yes			
9.2	IPD Register	Yes			
9.3	ANC Register			N/A	
9.4	PNC Register			N/A	
9.5	Indoor bed head ticket	Yes			
9.6	Line listing of severely anaemic pregnant women			N/A,	
9.7	Labour room register	Yes			
9.8	Partographs			N/A	
9.9	FP-Operation Register (OT)			N/A	
9.10	OT Register			N/A	
9.11	FP Register			N/A	
9.12	Immunisation Register			N/A	
9.13	Updated Microplan			N/A	
9.14	Blood Bank stock register			N/A	
9.15	Referral Register (In and Out)			N/A	

9.16	MDR Register	Yes			
9.17	Infant Death Review and Neonatal Death Review			N/A	
9.18	Drug Stock Register	Yes			
9.19	Payment under JSY	Yes			
9.20	Untied funds expenditure (Check % expenditure)			N/A	
9.21	AMG expenditure (Check % expenditure)			N/A	
9.22	RKS expenditure (Check % expenditure)			N/A	

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	Govt				
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			
11.2	Citizen Charter			
11.3	Timings of the health facility			
11.4	List of services available			
11.5	Essential Drug List			
11.6	Protocol Posters			
11.7	JSSK entitlements (Displayed in ANC Clinics/, PNC Clinics)			
11.8	Immunization Schedule			
11.9	JSY entitlements(Displayed in ANC Clinics/, PNC Clinics)			
11.10	Other related IEC material			

Section XII: Additional/Support Services:

Sl. no	Services	Yes	No	Remarks
12.1	Regular Sterilisation –Labour Room (Check Records)	Y		
12.1 a	Regular Sterilisation –OT (Check Records)		N	
12.2	Functional Laundry/washing services		N	

12.3	Availability of dietary services	**Y**		
12.4	Appropriate drug storage facilities		**N**	
12.5	Equipment maintenance and repair mechanism		**N**	
12.6	Grievance Redressal mechanisms		**N**	
12.7	Tally software Implemented		**N**	

Section XIII: Previous supervisory visits:

S. no	Name and Designation of the supervisor	Place of posting of Supervisor	Date of visit
13.1			
13.2			
13.3			
13.4			
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: Maw **Name of Block:** Kopaganj **Name of PHC/CHC:** Kopaganj
Catchment Population: 291805 **Total Villages:** 67 **Distance from Dist HQ:** _____
Date of last supervisory visit: _____
Date of visit: 19/03/15 **Name& designation of monitor:** Arvind Upadhyaya AP 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	✓		
1.2	Functioning in Govt building	✓		
1.3	Building in good condition	✓		
1.4	Staff Quarters for MOs	✓		
1.5	Staff Quarters for SNs	✓		
1.6	Staff Quarters for other categories	✓		
1.7	Electricity with power back up	✓		
1.9	Running 24*7 water supply	✓		
1.10	Clean Toilets separate for Male/Female		✓	
1.11	Functional and clean labour Room	✓		
1.12	Functional and clean toilet attached to labour room		✓	Toilet available but not clean.
1.13	Functional New born care corner(functional radiant warmer with neo-natal ambu bag)	✓	✓	Not in functional status.
1.14	Functional Newborn Stabilization Unit	✓		
1.15	Clean wards	✓		
1.16	Separate Male and Female wards (at least by Partitions)	✓		
1.17	Availability of complaint/suggestion box		✓	
1.18	Availability of mechanisms for waste management		✓	Not seen.

Section II: Human resource:

S. no	Category	Numbers	Remarks if any
2.1	MO	5	
2.2	SNs/ GNMs	4	
2.3	ANM	2	
2.4	LTs	1	

2.5	Pharmacist	2
2.6	LHV/PHN	5.
2.7	Others	

Section III: Training Status of HR

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

Section IV: Equipment

S. No	Equipment	Yes	No	Remarks
4.1	Functional BP Instrument and Stethoscope	✓		
4.2	Sterilised delivery sets	✓		
4.3	Functional neonatal, Paediatric and Adult Resuscitation kit	✓		
4.4	Functional Weighing Machine (Adult and infant/newborn)	✓		
4.5	Functional Needle Cutter	✓		
4.6	Functional Radiant Warmer	✓		
4.7	Functional Suction apparatus	✓		
4.8	Functional Facility for Oxygen Administration	✓		
4.9	Functional Autoclave	✓		
4.10	Functional ILR and Deep Freezer	✓		
4.11	Functional Deep Freezer	✓		
4.12	Emergency Tray with emergency injections	✓		
4.13	MVA/ EVA Equipment	✓		
	Laboratory Equipment	**Yes**	**No**	**Remarks**
4.14	Functional Microscope	✓		

4.15	Functional Hemoglobinometer	✓	
4.16	Functional Centrifuge,		✓
4.17	Functional Semi autoanalyzer		✓
4.18	Reagents and Testing Kits		✓

Section V: Essential Drugs and Supplies

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

Section VI: Other Services :

S.no	Lab Services	Yes	No	Remarks
6.1	Haemoglobin	✓		
6.2	CBC		✓	
6.3	Urine albumin and Sugar	✓		
6.4	Serum Bilirubin test		✓	

6.5	Blood Sugar		✓
6.6	RPR		✓
6.7	Malaria	✓	
6.8	T.B	✓	
6.9	HIV	✓	
6.10	Others	✓	

Section VII: Service Delivery in last two quarters:

S.No	Service Utilization Parameter	Q1	Q2	Remarks
7.1	OPD	8612	11782	
7.2	IPD	585	776	
7.3	Expected number of pregnancies	1331	1631	
7.4	MCTS entry on percentage of women registered in the first trimester	1331	1600	
7.5	No. of pregnant women given IFA	1331	1631	
7.6	Total deliveries conducted	264	411	
7.7	Number of obstetric complications managed, pls specify type	–	–	
7.8	No. of neonates initiated breast feeding within one hour	258	401	
7.9	Number of children screened for Defects at birth under RBSK	–	–	
7.10	RTI/STI Treated	2	47	
7.11	No of admissions in NBSUs, if available	–	–	
7.12	No. of sick children referred			
7.13	No. of pregnant women referred			
7.14	ANC1 registration	1331	1631	
7.15	ANC3 Coverage	966	613	
7.16	No. of IUCD Insertions	–	298	
7.17	No. of Tubectomy			
7.18	No. of Vasectomy			
7.19	No. of Minilap			
7.20	No. of children fully immunized	1044	1178	
7.21	Measles coverage	1044	1178	
7.22	No. of children given ORS + Zinc	542	1398	
7.23	No. of children given Vitamin A	1044	1276	
7.24	No. of women who accepted post partum FP services	–	481	
7.25	No. of MTPs conducted			
7.26	Maternal deaths, if any	1	2	
7.27	Still births, if any	12	17	
7.28	Neonatal deaths, if any			
7.29	Infant deaths, if any			

Section VII a: Service delivery in post natal wards:

S.No	*Parameters*	*Yes*	No	Remarks
7.1a	All mothers initiated breast feeding within one hr of normal delivery	✓		
7.2a	Zero dose BCG, Hepatitis B and OPV given	✓		
7.3a	Counseling on IYCF done	✓		
7.4a	Counseling on Family Planning done	✓		
7.5a	Mothers asked to stay for 48 hrs	✓		
7.6a	JSY payment being given before discharge		✓	
7.7a	Mode of JSY payment (Cash/ bearer cheque/Account payee cheque/Account Transfer)	A/c Payee cheque		
7.8a	Any expenditure incurred by Mothers on travel, drugs or diagnostics*(Please give details)*		✓	
7.9a	Diet being provided free of charge	✓		But not seen.

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	✓		
8.2	Provide essential newborn care(thermoregulation, breastfeeding and asepsis)	✓		
8.3	Manage sick neonates and infants	✓		Not all children.
8.4	Correctly Uses Partograph		✓	
8.5	Correctly insert IUCD	✓		
8.6	Correctly administer vaccines	✓		
8.7	Alternate Vaccine Delivery (AVD) system functional	✓		
8.7	Segregation of waste in colour coded bins		✓	
8.8	Adherence to IMEP protocols		✓	

Section IX: Record Maintenance:

S. no	Record	Available and Updated	Available but Not maintained	Not Available	Remarks/Timeline for completion
9.1	OPD Register	✓			
9.2	IPD Register	✓			
9.3	ANC Register	✓			
9.4	PNC Register			✓	
9.5	Indoor bed head ticket	✓			
9.6	Line listing of severely anaemic pregnant women			✓	
9.7	Labour room register	✓			
9.8	Partographs			✓	
9.9	OT Register			✓	
9.10	FP Register	✓			
9.11	Immunisation Register	✓			
9.12	Updated Microplan	✓			
9.13	Drug Stock Register	✓			
9.14	Referral Registers (In and Out)	✓			
9.15	Payments under JSY	✓			
9.16	Untied funds expenditure (Check % expenditure)				
9.17	AMG expenditure (Check % expenditure)				
9.18	RKS expenditure (Check % expenditure)				

Section X: Referral linkages in last two quarters:

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

Section XI: IEC Display:

S.No	Material	Yes	No	Remarks
11.1	Approach roads have directions to the health facility		✓	
11.2	Citizen Charter	✓		
11.3	Timings of the Health Facility	✓		
11.4	List of services available	✓		
11.5	Essential Drug List		✓	
11.6	Protocol Posters		✓	
11.7	JSSK entitlements	✓		
11.8	Immunization Schedule	✓		
11.9	JSY entitlements	✓		
11.10	Other related IEC material		✓	

Section XII: Additional/Support Services:

Sl. no	Services	Yes	No	Remarks
12.1	Regular fumigation (Check Records)		✓	
12.2	Functional laundry/washing services		✓	
12.3	Availability of dietary services	✓		
12.4	Appropriate drug storage facilities	✓		
12.5	Equipment maintenance and repair mechanism		✓	
12.6	Grievance redressal mechanisms		✓	
12.7	Tally Implemented		✓	

Section XIII: Previous supervisory visits:

S. no	Name and Designation of the supervisor	Place of posting of Supervisor	Date of visit
13.1			
13.2			
13.3			
13.4			
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

Sub Centre level Monitoring Checklist

Name of District: Mau **Name of Block:** Pandaha **Name of SC:** Sunarao

Catchment Population: 7860 **Total Villages:** 6 **Distance from PHC:** _____

Date of last supervisory visit: ~~20/3/15~~

Date of visit: 20/3/15 **Name & designation of monitor:** Arvind Upadhyaya.

Names of staff posted and available on the day of visit: ANM not present - she is in HIS/MCTS Training.

Names of staff not available on the day of visit and reason for absence : _____

Section I: Physical Infrastructure:

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

Section II: Human Resource:

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

(15)

Section III: Equipment

Mark (√) in appropriate column

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

Section IV: Essential Drugs:

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

Section V: Essential Supplies

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

5.5	IUCDs	Y	N	
5.6	Sanitary napkins	Y	N	

Section VI: Service Delivery in the last two quarters:

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

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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				

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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	

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	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

PHC/CHC (NON FRU) level Monitoring Checklist

Name of District: Mau **Name of Block:** Pandaha. **Name of PHC/CHC:** Pandaha.
Catchment Population: _____ **Total Villages:** _____ **Distance from Dist HQ:** _____
Date of last supervisory visit: _____
Date of visit: 20/3/15 **Name& designation of monitor:** Arvind Upadhyaya - PP 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	
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 functional 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	
1.15	Clean wards	Y	N	
1.16	Separate Male and Female wards (at least by Partitions)	Y	N	
1.17	Availability of complaint/suggestion box	Y	N	
1.18	Availability of mechanisms for waste management	Y	N	

Section II: Human resource:

S. no	Category	Numbers	Remarks if any
2.1	MO	4	
2.2	SNs/ GNMs	3	Contractual SN.
2.3	ANM	2	
2.4	LTs	1	
2.5	Pharmacist	1	

2.6	LHV/PHN	1
2.7	Others	

Section III: Training Status of HR

S. no	Training	No. trained	Remarks if any
3.1	BeMOC		
3.2	SBA	2	
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	X		
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	

4.17	Functional Semi autoanalyzer	Y	N	
4.18	Reagents and Testing Kits	Y	N	

Section V: Essential Drugs and Supplies

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

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	

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	2437	1810	
7.2	IPD			
7.3	Expected number of pregnancies	45	42	
7.4	Percentage of women registered in the first trimester	79%	88%	
7.5	Percentage of women registered in the first trimester			
7.6	Percentage of ANC3 out of total registered			
7.7	Percentage of ANC4 out of total registered			
7.8	Total deliveries conducted	287	229	
7.9	Number of obstetric complications managed, pls specify type			
7.10	No. of neonates initiated breast feeding within one hour	287	229	
7.11	Number of children screened for Defects at birth under RBSK	0	0	
7.12	RTI/STI Treated	0	0	
7.13	No of admissions in NBSUs, if available			
7.14	No. of sick children referred	10	—	
7.15	No. of pregnant women referred	4	3	
7.16	No. of IUCD Insertions	20		
7.17	No. of Tubectomy	0	0	
7.18	No. of Vasectomy	0	0	
7.19	No. of Minilap	0	0	
7.20	No. of children fully immunized	52	59	
7.21	Measles coverage	52	59	
7.22	No. of children given ORS + Zinc			
7.23	No. of children given Vitamin A	52	59	
7.24	No. of women who accepted post partum FP services	—	—	
7.25	No. of MTPs conducted	—	—	
7.26	Maternal deaths, if any	—	—	
7.27	Still births, if any	—	—	
7.28	Neonatal deaths, if any	—	—	

7.29	Infant deaths, if any		

Section VII a: Service delivery in post natal wards:

S.No	Parameters	Yes	No	Remarks
7.1a	All mothers initiated breast feeding within one hr of normal delivery	Y	N	
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	But not for all.
7.7a	Mode of JSY payment (Cash/ bearer cheque/Account payee cheque/Account Transfer)			
7.8a	Any expenditure incurred by Mothers on travel, drugs or diagnostics*(Please give details)*	Y	N	
7.9a	Diet being provided free of charge	Y	N	

Section VIII: Quality parameter of the facility

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

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

Section IX: Record Maintenance:

S. no	Record	Available, Updated and correctly filled	Available but Not maintained	Not Available	Remarks/Timeline for completion
9.1	OPD Register	✓			
9.2	IPD Register	✓			
9.3	ANC Register	✓			
9.4	PNC Register		✓		
9.5	Indoor bed head ticket		✓		
9.6	Line listing of severely anaemic pregnant women		✓		
9.7	Labour room register	✓			
9.8	Partographs		✓		
9.9	OT Register		✓		
9.10	FP Register		✓		
9.11	Immunisation Register	✓			
9.12	Updated Microplan		✓		
9.13	Drug Stock Register	✓			
9.14	Referral Registers (In and Out)	✓			
9.15	Payments under JSY	✓			
9.16	Untied funds expenditure (Check % expenditure)				
9.17	AMG expenditure (Check % expenditure)				
9.18	RKS expenditure (Check % expenditure)				

Section X: Referral linkages in last two quarters:

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

Section XI: IEC Display:

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

FRUlevel Monitoring Checklist

Name of District: _Mau_____ Name of Block: _Ghosi_____ Name of FRU: __CHC Ghosi_____
Catchment Population: _2.11 Lakh_____ Total Villages: 59_____ Distance from Dist HQ: _20Km_____
Date of last supervisory visit:_____
No. of Beds available_30_____

Date of visit: 19/3/15 Name& designation of monitor: Arvind Upadhyaya-FP Consultant

Names of staff not available on the day of visit and reason for absence:_____

_____

Section I: Physical Infrastructure:

S.No	Infrastructure	Yes	No	If no then gives detailed requirements	Additional Remarks
1.1	Health facility easily accessible from nearest road head	Y			
1.2	Functioning in Govt building	Y			
1.3	Building in good condition	Y			
1.4	Staff Quartersfor MOs	Y			
1.5	Staff Quarters for SNs	Y			
1.6	Staff Quarters for other categories	Y			
1.7	Electricity with power back up	Y			
1.9	Running 24*7 water supply	Y			
1.10	Clean Toilets separate for Male/Female	Y			
1.11	**Functional and clean labour room**	Y			
1.11a	10x10 ft space available for each labour table	Y			
1.11b	Tiling on floor and on wall up to 6ft available	Y			
1.11c	Windows covered with mesh		N		
1.11d	Hand washing area with elbow operated taps available	Y			
1.11e	Functional and clean toilet attached to labour room	Y			
1.11f	No. of labour tables available with Foam mattress, sheet, pillow mackintosh, kellys pad and stepping stool	Y		2	
1.11g	6 trays available as per guidelines (table 8)		N		
1.11h	Functional New born care corner(radiant warmer & neo-natal ambu	Y			

	bag)				
1.11i	Functional BMW available with colour coded bins		N		
1.11j	LR Equipment and accessories (table-7)	Y			
1.11k	HR as per table-13		N		
1.12	Separate ANC & PNC ward with sufficient beds	Y			
1.13	Separate eclampsia /septic room (table 15-16)	Y			
1.14	**OT**	Y			
1.14a	Stainless steel top table(hydraulic) , Boyle's apparatus, foot rest, shadow less lamp available	Y			
1.14b	Air conditioning, floor and wall tiling, slab with granite top, Hand washing area with elbow operated taps available	Y			
1.14c	Functional BMW with colour coded bins and tub for 0.5% chlorine solution		N		
1.14d	Drugs and dressing tray, separate routine and emergency tray, anaesthesia tray, neonatal tray available	Y			
1.14e	Functional New born care corner	Y			
1.14f	Sterilized equipment's/ instrument/consumables for each surgery	Y			
1.14g	Drums for sterilized consumables like cotton gauze etc. available	Y			
1.15	Functional Newborn Stabilization Unit	Y			
1.16	Functional SNCU		N		
1.17	Clean wards	Y			
1.18	Separate Male and Female wards (at least by partitions)	Y			
1.19	Availability of Nutritional Rehabilitation Centre	Y			
1.20	Functional BB/BSU, specify		N		
1.21	Separate room for ARSH clinic		N		
1.22	Availability of complaint/suggestion box	Y			
1.23	Availability of mechanisms for Biomedical waste management (BMW)at facility		N		
1.24	BMW outsourced	Y			

1.25	Availability of ICTC Centre	Y			

Section II: Human resource:

S. no	Category	Sanctioned	Posted (No.)		Remarks if any
			Regular	Contractual	
2.1	OBG	1	~~1~~	-	~~Not Posted~~ Absent 9 months.
2.2	Anaesthetist	1	~~1~~	-	~~Not Posted~~
2.3	Paediatrician	1	1	-	
2.4	General Surgeon	1	1	-	
2.5	Other Specialists	1	-	-	Not posted
2.6	MOs	1	~~1~~		
2.7	SNs	3	3	2	
2.8	ANMs	23	23	~~3~~ 1	
2.9	LTs	1	1		
2.10	Pharmacist	2	1	1	
2.11	LHV	5	5		
2.12	Radiographer	1	0	-	Not Posted
2.13	RMNCHA+ counsellors			1	
2.14	Others				

Section III: Training Status of HR:

S. no	Training	No. trained	Remarks if any
3.1	EmOC	1	
3.2	LSAS		
3.3	BeMOC		
3.4	SBA	3	
3.5	MTP/MVA		
3.6	NSV		
3.7	F-IMNCI		
3.8	NSSK	1	
3.9	Mini Lap-Sterilisations		
3.10	Laproscopy-Sterilisations	1	
3.11	IUCD	28	
3.12	PPIUCD		
3.13	Blood storage	1	
3.14	IMEP		

3.16	Immunization and cold chain	1	
3.15	Others		

Section IV: Equipment:

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

Section V: Essential Drugs and Supplies:

S.No	Drugs	Yes	No	Remarks
5.1	EDL available and displayed		N	
5.2	Computerised inventory management		N	
5.3	IFA tablets	Y		
5.4	IFA tablets (blue)	Y		
5.5	IFA syrup with dispenser	Y		
5.6	Vit A syrup	Y		
5.7	ORS packets	Y		

5.8	Zinc tablets	Y		
5.9	Inj Magnesium Sulphate		N	
5.10	Inj Oxytocin		N	
5.11	Misoprostol tablets		N	
5.12	Mifepristone tablets		N	
5.13	Availability of antibiotics		N	
5.14	Labelled emergency tray	Y		
5.15	Drugs for hypertension, Diabetes, common ailments e.g PCM, metronidazole, anti-allergic drugs etc.	Y		
5.16	Adequate Vaccine Stock *available*	Y		
S.No	**Supplies**	**Yes**	**No**	**Remarks**
5.17	Pregnancy testing kits	Y		
5.18	Urine albumin and sugar testing kit	Y		
5.19	OCPs	Y		
5.20	EC pills	Y		
5.21	IUCDs	Y		
5.22	Sanitary napkins	Y		
S.No	**Essential Consumables**	**Yes**	**No**	**Remarks**
5.23	Gloves, Mackintosh, Pads, bandages, and gauze, cord clamp, mucus extractor etc.	Y		

Section VI: Other Services :

S.no	Lab Services	Yes	No	Remarks
6.1	Haemoglobin	Y		
6.2	CBC		N	
6.3	Urine albumin and sugar	Y		
6.4	Blood sugar	Y		
6.5	RPR		N	
6.6	Malaria	Y		
6.7	T.B	Y		
6.8	HIV	Y		
6.9	Liver function tests(LFT)		N	
6.10	Others , pls specify		N	
S.No	**Blood bank / Blood Storage Unit**	**Yes**	**No**	**Remarks**
6.11	Functional blood bag refrigerators with chart for temp. recording	Y		
6.12	Sufficient no. of blood bags available	Y		
6.13	Check register for number of blood bags issued for BT in last quarter		N	

Section VII: Service Delivery in last two quarters:

S.No	Service Utilization Parameter	Q1	Q2	Remarks
7.1	OPD	46169	63165	
7.2	IPD	2417	3107	

7.3	Expected number of pregnancies	**2638**	**3729**	
7.4	MCTS entry on percentage of women registered in the first trimester	**58%**	**78%**	
7.5	No. of pregnant women given IFA	**2638**	**3729**	
7.6	Total deliveries conducted	1224	1611	
7.7	No. of assisted deliveries(Ventouse/ Forceps)			
7.8	No. of C section conducted	18	23	
7.9	Number of obstetric complications managed, pls specify type	0	0	
7.10	No. of neonates initiated breast feeding within one hour	1224	1611	
7.11	Number of children screened for Defects at birth under RBSK	2052	2985	
7.12	RTI/STI Treated	91	141	
7.13a	No of admissions in NBSUs/ SNCU, whichever available	51	69	
7.13b	Inborn	0	0	
7.13c	Outborn	0	0	
7.14	No. of children admitted with SAM	0	0	
7.15	No. of sick children referred	0	0	
7.16	No. of pregnant women referred	0	0	
7.17	ANC1 registration	**2638**	**3729**	
7.18	ANC3 Coverage	1746	2579	
7.19	ANC 4 Coverage	0	0	
7.20	No. of IUCD Insertions	786	1371	
7.21	No. of Tubectomy	39	98	
7.22	No. of Vasectomy	0	0	
7.23	No. of Minilap	0	0	
7.24	No. of children fully immunized	2230	3420	
7.25	Measles coverage	2230	2420	
7.26	No. of children given ORS + Zinc	25000	25000	
7.27	No. of children given Vitamin A	2230	2420	
7.28	No. of women who accepted post-partum FP services	0	0	
7.29	No. of MTPs conducted in first trimester	0	0	
7.30	No. of MTPs conducted in second trimester	0	0	
7.31	Number of Adolescents attending ARSH clinic	0	0	
7.32	Maternal deaths, if any	0	0	
7.33	Still births, if any	12	23	
7.34	Neonatal deaths, if any	0	0	
7.35	Infant deaths, if any	0	0	

Section VII a: Service delivery in post natal wards:

S.No	*Parameters*	*Yes*	No	Remarks
7.1a	All mothers initiated breast feeding within one hr of normal delivery	Y		
7.2a	Zero dose BCG,Hepatitis B and OPV given	Y		
7.3a	Counselling on IYCF done	Y		
7.4a	Counselling on Family Planning done	Y		
7.5a	Mothers asked to stay for 48 hrs	Y		
7.6a	JSY payment being given before discharge		N	
7.7a	Mode of JSY payment (Cash/ bearer cheque/Account payee cheque/Account Transfer)	Account payee		
7.8a	Any expenditure incurred by Mothers on travel, drugs or diagnostics*(Please give details)*		N	
7.9a	Diet being provided free of charge		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		
8.1a	Administer parenteral antibiotics	Y		
8.1b	Administer parenteral oxytocin		N	
8.1c	Administer parenteral anticonvulsants for pre-eclampsia and eclampsia (eg. Magnesium sulphate)		N	
8.1d	Manual removal of placenta		N	
8.1e	Remove retained products eg. (Manual vacuume extraction, D&C)		N	
8.1f	Perform assisted vaginal delivery	Y		
8.1g	Perform surgery eg. C/S		N	
8.1h	Perform blood transfusion		N	
8.2	Provide essential newborn care(thermoregulation, breastfeeding and asepsis)	Y		
8.3	Manage sick neonates and infants	Y		
8.4	Correctly usespartograph	Y		
8.5	Correctly insert IUCD	Y		
8.6	Correctly administer vaccines	Y		
8.7	Segregation of waste in colour coded bins	Y		

8.8	Adherence to IMEP protocols		N	
8.9	Bio medical waste managementincluding deep burial of placenta		N	
8.10	Updated Entry in the MCP Cards	Y		
8.11	Entry in MCTS	Y		
8.12	Action taken on MDR	Y		

Section IX: Record Maintenance:

S. no	Record	Available and Updated and Correctly filled	Available but Not maintained	Not Available	Remarks/Timeline for completion
9.1	OPD Register	Y			
	IPD Register	Y			
	ANC Register	Y			
	PNC Register	Y			
	Indoor bed head ticket	Y			
	Line listing of severely anaemic pregnant women	Y			
	Labour room register	Y			
	Partographs	N			
	FP-Operation Register (OT)	Y			
	OT Register	Y			
	FP Register	Y			
	Immunisation Register	Y			
	Updated Microplan	Y			
	Blood Bank stock register	N			
	Referral Register (In and Out)	Y			
	MDR Register	Y			
	Infant Death Review and Neonatal Death Review	Y			
	Drug Stock Register	Y			
	Payment under JSY	Y			
	Untied funds expenditure (Check % expenditure)	Y			
	AMG expenditure (Check % expenditure)	Y			
	RKS expenditure (Check % expenditure)	Y			

Section X: Referral linkagesin 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	Govt				
10.3	Facility to Home (drop back)	Pvt				

Section XI: IEC Display:

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

Section XII: Additional/Support Services:

Sl. no	Services	Yes	No	Remarks
12.1	Regular Fumigation (Check Records)		N	
12.2	Functional Laundry/washing services		N	
12.3	Availability of dietary services	Y		
12.4	Appropriate drug storage facilities	Y		
12.5	Equipment maintenance and repair mechanism	Y		
12.6	Grievance Redressal mechanisms		N	
12.7	Tally 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 Sudhir Chandra Mishra	CHC Ghosi	
13.2	Shri Sant Raj Singh	Sipah Ibrahimabad	
13.3	Smt. Panmati	Kalyanpur	
13.4	Smt. Vishun Dei	Saraiganesh	
13.5	Smt. Indrasani	Sipah Ibrahimabad	
13.6	Smt. Bindu Mishra	CHC Ghosi	
13.7	Smt Dilavati devi	Majhwara	

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