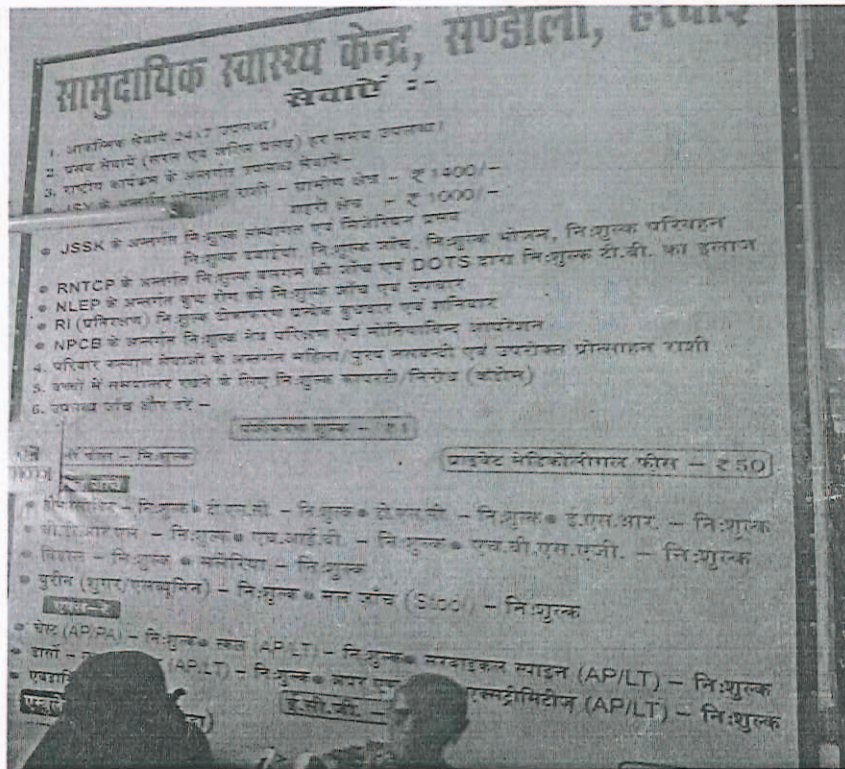


सपोर्टिव सुपरविजन भ्रमण आख्या
जनपद-हरदोई
दिनांक 01 जुलाई, 2015

मिशन निदेशक के पत्र दिनांक 22.06.2015 के अनुपालन में डा0 पी0के0 श्रीवास्तव, उपमहाप्रबन्धक, ई0एम0टी0एस0, एवं दिनेश पाल सिंह, कार्यक्रम समन्वयक द्वारा जनपद हरदोई की स्वास्थ्य इकाइयों का सपोर्टिव सुपरविजन भ्रमण दिनांक 01.07.2015 को किया गया है। बिन्दुवार आख्या निम्नवत है-

1. सामुदायिक स्वास्थ्य केन्द्र सण्डीला(एफ.आर.यू.)



- जननी सुरक्षा योजना के तहत लाभार्थियों को प्रदान किये जाने वाली रु0 1400.00 की धनराशि का वितरण अद्यतन नहीं था। वित्तीय वर्ष 2015-16 में अप्रैल से अब तक कुल 390 प्रसव स्वास्थ्य इकाई में कराये गये हैं जिनमें से मात्र 226 लाभार्थियों का भुगतान किया गया है। शेष 164 लाभार्थियों का भुगतान अब तक नहीं किया गया था। प्रसव के उपरान्त लाभार्थी के खाते में तत्काल धनराशि निर्गत किये जाने का सुझाव दिया गया।
- रोगी कल्याण समिति के खाते में रुपये 11894.00 की धनराशि अवशेष थी। यूजर चार्ज को खाते में जमा नहीं किया जा रहा था। विगत तीन माह की यूजर चार्ज की धनराशि रु0 22774.00 को आरकेएस खाते में जमा नहीं किया गया था। यूजर चार्ज की धनराशि को आरकेएस खाते में नियमित रूप से जमा किये जाने का सुझाव दिया गया।

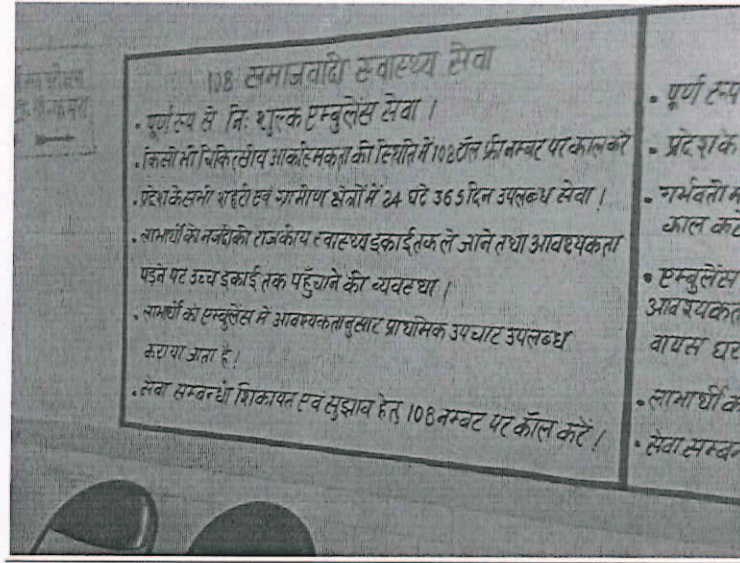
- जननी शिशु सुरक्षा कार्यक्रम के तहत लाभार्थियों को दिये जा रहे भोजन एवं नाश्ते का विवरण लाभार्थीवार उपलब्ध नहीं था। निर्धारित प्रारूप में अभिलेख तैयार कराये जाने का सुझाव दिया गया।

DUTY ROSTER CHCS SANDILA			
DATE/DAY	STAFF ON DUTY	8 AM - 2 PM MORNING	2 PM - 8 PM AFTERNOON
MONDAY 20/06/2015	MO SN SUPPORT STAFF		
TUESDAY 21/06/2015	MO SN SUPPORT STAFF		
WED-DAY 22/06/2015	MO SN SUPPORT STAFF		
THU-DAY 23/06/2015	MO SN SUPPORT STAFF		
FRIDAY 24/06/2015	MO SN SUPPORT STAFF		
SAT-DAY 25/06/2015	MO SN SUPPORT STAFF		
SUNDAY 26/06/2015	MO SN SUPPORT STAFF		

• DUTIES WILL BE CHANGED ONLY WITH PRIOR PERMISSION FROM SUPERINTENDENT
 • BEING ABSENT FROM THE DUTY WITHOUT SANCTIONED LEAVE SHALL BE CONSIDERED AS ABSENT
 • DUTIES CAN BE SWAPPED MUTUALLY ONLY WITH PRIOR INTIMATION TO THE SUPERINTENDENT

- नगरीय प्राथमिक स्वास्थ्य केन्द्र सण्डीला के संचालन हेतु चयनित संविदा मानव संसाधन को सीएचसी में सम्बद्ध किया था। सुझाव दिया गया कि तत्काल नगरीय प्राथमिक स्वास्थ्य केन्द्र के लिए स्लम एरिया के पास किराये के भवन का चिन्हीकरण कर क्रियाशील किया जाये एवं इसके लिए चयनित संविदा मानव संसाधन को वहां तैनात किया जाये।

2. सामुदायिक स्वास्थ्य केन्द्र बेंहदर (नान एफ.आर.यू.)



- जननी सुरक्षा योजना के तहत लाभार्थियों को प्रदान किये जाने वाली ₹0 1400.00 की धनराशि का वितरण अद्यतन नहीं था। वित्तीय वर्ष 2015-16 में अप्रैल से अब तक कुल 506 प्रसव स्वास्थ्य इकाई में कराये गये हैं जिनमें से मात्र 200 लाभार्थियों का भुगतान किया गया है। शेष 306 लाभार्थियों का भुगतान अब तक नहीं किया गया था। प्रसव के उपरान्त लाभार्थी के खाते में तत्काल धनराशि निर्गत किये जाने का सुझाव दिया गया।
- प्रभारी चिकित्साधिकारी द्वारा अवगत कराया गया कि बायो वेस्ट मैनेजमेंट (कचरे के निस्पादन) हेतु जनपद से वाहन सप्ताह में दो बार आता है जिसके साथ अनुबन्ध जिला स्तर से किया गया है। जिस फर्म से अनुबन्ध था उसके नाम की जानकारी प्रभारी चिकित्साधिकारी को नहीं थी। अस्पताल परिसर में कचरा फैला हुआ था एवं निस्तारण नियमानुसार नहीं किया जा रहा था। सुझाव दिया गया कि जिस फर्म से अनुबन्ध है उसे प्रतिदिन स्वास्थ्य इकाई में बुलाकर नियमानुसार निर्धारित 48 घंटे में कचरे का निस्पादन समय से किया जाये।



- रोगी कल्याण समिति की बैठक दिनांक 19.03.2015 के उपरांत नहीं आयोजित की गयी है। बैठक में पंचायत विभाग के प्रतिनिधि की प्रतिभागिता नहीं हो रही है। बैठकों की सूचना भी समिति के सदस्यों को मौखिक रूप से दी जा रही थी। यूजर चार्जेज भी आरकेएस खाते में जमा नहीं किया जा रहा था। बैठकों के आयोजन की सूचना समय से लिखित रूप से सभी सदस्यों को दिये जाने, समिति की बैठकों का आयोजन नियमित कराये जाने एवं कार्यवाही निर्धारित रजिस्टर में लिखे जाने तथा यूजर चार्जेज की धनराशि को आरकेएस खाते में नियमित रूप से जमा किये जाने का सुझाव दिया गया।
- जेनरेटर की लागबुक मांगे जाने पर उपलब्ध नहीं करायी गयी।
- जननी शिशु सुरक्षा कार्यक्रम के अन्तर्गत लाभार्थियों को दिये जाने वाले भोजन का कोई भी अभिलेख अवलोकन हेतु मांगे जाने पर उपलब्ध नहीं कराये गये।

1. डा० पी०के० श्रीवास्तव, उपप्र.हा.प्रबन्धक.

[Signature]

2. दिनेश पाल सिंह, कार्यक्रम समन्वयक.

[Signature]

PHC/CHC (NON FRU) level Monitoring Checklist

Name of District: <u>Hardsol</u>	Name of Block: <u>Behndar</u>	Name of PHC/CHC: <u>Behndar</u>
Catchment Population: <u>194269 -010</u>	Total Villages: <u>57</u>	Distance from Dist HQ: <u>85kms</u>
Date of last supervisory visit: <u>01/07/2015</u>		
Date of visit: _____	Name & designation of monitor: _____	
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
1.2	Functioning in Govt building	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
1.3	Building in good condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
1.4	Habitable Staff Quarters for MOs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
1.5	Habitable Staff Quarters for SNs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
1.6	Habitable Staff Quarters for other categories	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
1.7	Electricity with functional power back up	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
1.9	Running 24*7 water supply	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
1.10	Clean Toilets separate for Male/Female	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
1.11	Functional and clean labour Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
1.12	Functional and clean toilet attached to labour room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
1.13	Functional New born care corner (functional radiant warmer with neo-natal ambu bag)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
1.14	Functional Newborn Stabilization Unit	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
1.15	Clean wards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
1.16	Separate Male and Female wards (at least by Partitions)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
1.17	Availability of complaint/suggestion box	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
1.18	Availability of mechanisms for waste management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Section II: Human resource:

S. no	Category	Numbers	Remarks if any
2.1	MO	06	By Contractual + 2 Regular
2.2	SNs/ GNMs	06	
2.3	ANM	25	
2.4	LTs	02	
2.5	Pharmacist	02	



2.6	LHV/PHN	02
2.7	Others	00

Section III: Training Status of HR

S. no	Training	No. trained	Remarks if any
3.1	BeMOC	1	
3.2	SBA	5	
3.3	MTP/MVA	1	
3.4	NSV	1	
3.5	IMNCI	1	
3.6	F- IMNCI	1	
3.7	NSSK	1	
3.8	Mini Lap	1	
3.9	IUD	1	
3.10	RTI/STI	1	
3.11	Immunization and cold chain	20	
3.12	Others	1	

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	Yes		
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	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	
4.18	Reagents and Testing Kits	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	

Section V: Essential Drugs and Supplies

S.No	Drugs	Yes	No	Remarks
5.1	EDL available and displayed	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> N	
5.2	Computerised inventory management	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> N	
5.3	IFA tablets	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	
5.4	IFA tablets (blue)	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	
5.5	IFA syrup with dispenser	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	
5.6	Vit A syrup	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	
5.7	ORS packets	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	
5.8	Zinc tablets	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	
5.9	Inj Magnesium Sulphate	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	
5.10	Inj Oxytocin	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	
5.11	Misoprostol tablets	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	
5.12	Mifepristone tablets	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> N	
5.13	Antibiotics	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	
5.14	Labelled emergency tray	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	
5.15	Drugs for hypertension, Diabetes, common ailments e.g PCM, anti-allergic drugs etc.	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	
5.16	Vaccine Stock available	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	
S.No	Supplies	Yes	No	Remarks
5.17	Pregnancy testing kits	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	
5.18	Urine albumin and sugar testing kit	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	
5.19	OCPs	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	
5.20	EC pills	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	
5.21	IUCDs	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	
5.22	Sanitary napkins	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	
S.No	Essential Consumables	Yes	No	Remarks
5.23	Gloves, Mckintosh, Pads, bandages, and gauze etc.	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> 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	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	
6.2	CBC	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	
6.3	Urine albumin and Sugar	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	
6.4	Serum Bilirubin test	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	
6.5	Blood Sugar	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> 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	3940	3400	
7.2	IPD	323	153	
7.3	Expected number of pregnancies	191	746	
7.4	Percentage of women registered in the first trimester	159	312	
7.5	Percentage of women registered in the first trimester	159	312	
7.6	Percentage of ANC3 out of total registered	55	490	
7.7	Percentage of ANC4 out of total registered	—	—	
7.8	Total deliveries conducted	561	435	
7.9	Number of obstetric complications managed, pls specify type	—	—	
7.10	No. of neonates initiated breast feeding within one hour	561	435	
7.11	Number of children screened for Defects at birth under RBSK	—	—	
7.12	RTI/STI Treated	—	—	
7.13	No of admissions in NBSUs, if available	—	—	
7.14	No. of sick children referred	—	—	
7.15	No. of pregnant women referred	33	22	
7.16	No. of IUCD Insertions	180	299	
7.17	No. of Tubectomy	—	—	
7.18	No. of Vasectomy	—	—	
7.19	No. of Minilap	—	—	
7.20	No. of children fully immunized	1940	857	
7.21	Measles coverage	—	—	
7.22	No. of children given ORS + Zinc	—	—	
7.23	No. of children given Vitamin A	2213	2015	
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	08	07	
7.28	Neonatal deaths, if any	—	—	



7.29	Infant deaths, if any	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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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	<input checked="" type="checkbox"/>	N	
7.2a	Zero dose BCG, Hepatitis B and OPV given	<input checked="" type="checkbox"/>	N	
7.3a	Counseling on IYCF done	<input checked="" type="checkbox"/>	N	
7.4a	Counseling on Family Planning done	<input checked="" type="checkbox"/>	N	
7.5a	Mothers asked to stay for 48 hrs	<input checked="" type="checkbox"/>	N	
7.6a	JSY payment being given before discharge	<input checked="" type="checkbox"/>	N	
7.7a	Mode of JSY payment (Cash/ bearer cheque/Account payee cheque/Account Transfer)			
7.8a	Any expenditure incurred by Mothers on travel, drugs or diagnostics <i>(Please give details)</i>	<input checked="" type="checkbox"/>	N	
7.9a	Diet being provided free of charge	<input checked="" type="checkbox"/>	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="checkbox"/>	N Y N	
8.2	Provide essential newborn care (thermoregulation, breastfeeding and asepsis)	<input checked="" type="checkbox"/>	N Y N	
8.3	Manage sick neonates and infants	<input checked="" type="checkbox"/>	N Y N	
8.4	Correctly uses partograph	Y	N Y N	
8.5	Correctly insert IUCD	<input checked="" type="checkbox"/>	N Y N	
8.6	Correctly administer vaccines	<input checked="" type="checkbox"/>	N Y N	
8.7	Alternate Vaccine Delivery (AVD) system functional	<input checked="" type="checkbox"/>	N Y N	
8.7	Segregate waste in colour coded bins	<input checked="" type="checkbox"/>	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	Yes			
9.2	IPD Register	Yes			
9.3	ANC Register	Yes			
9.4	PNC Register	Yes			
9.5	Indoor bed head ticket				
9.6	Line listing of severely anaemic pregnant women	-			
9.7	Labour room register	Yes			
9.8	Partographs				
9.9	OT Register				
9.10	FP Register				
9.11	Immunisation Register	Yes			
9.12	Updated Microplan				
9.13	Drug Stock Register	Yes			
9.14	Referral Registers (In and Out)	Yes			
9.15	Payments under JSY	Yes			
9.16	Untied funds expenditure (Check % expenditure)				
9.17	AMG expenditure (Check % expenditure)	Yes			
9.18	RKS expenditure (Check % expenditure)	Yes			

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.	80	-	-	Free
10.2	Inter facility	"	-	-	-	"
10.3	Facility to Home (drop back)	"	225	-	-	"



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

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





FRU level Monitoring Checklist

Name of District: Haridwar Name of Block: Sandila Name of FRU: Sandila
 Catchment Population: 2.15 Lak Total Villages: 56 Distance from Dist HQ: 55
 Date of last supervisory visit: 30/6/15 - Dy CMO (ACH)
 Date of visit: _____ DCM (CHM)
 Name & designation of monitor: MOIC
 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	<input checked="" type="checkbox"/>	N	
1.2	Functioning in Govt building	<input checked="" type="checkbox"/>	N	
1.3	Building in good condition	<input checked="" type="checkbox"/>	N	
1.4	Habitable Staff Quarters for MOs	<input checked="" type="checkbox"/>	N	
1.5	Habitable Staff Quarters for SNs	<input checked="" type="checkbox"/>	N	
1.6	Habitable Staff Quarters for other categories	<input checked="" type="checkbox"/>	N	
1.7	Electricity with power back up	<input checked="" type="checkbox"/>	N	
1.8	Running 24*7 water supply	<input checked="" type="checkbox"/>	N	
1.9	Clean Toilets separate for Male/Female	<input checked="" type="checkbox"/>	N	
1.10	Functional and clean labour Room	<input checked="" type="checkbox"/>	N	
1.11	Functional and clean toilet attached to labour room	<input checked="" type="checkbox"/>	N	
1.12	Functional New born care corner (functional radiant warmer with neo-natal ambu bag)	<input checked="" type="checkbox"/>	N	
1.13	Functional Newborn Stabilization Unit	<input checked="" type="checkbox"/>	N	
1.14	Functional SNCU	<input checked="" type="checkbox"/>	N	
1.16	Clean wards	<input checked="" type="checkbox"/>	N	
1.17	Separate Male and Female wards (at least by partitions)	<input checked="" type="checkbox"/>	N	
1.18	Availability of Nutritional Rehabilitation Centre	<input checked="" type="checkbox"/>	N	
1.19	Functional BB/BSU, specify	<input checked="" type="checkbox"/>	N	
1.20	Separate room for ARSH clinic	<input checked="" type="checkbox"/>	N	
1.21	Availability of complaint/suggestion box	<input checked="" type="checkbox"/>	N	

Monitoring Checklist for FRU- MoHPW



1.22	Availability of mechanisms for Biomedical waste management (BMW) at facility	Y ✓	N
1.23	BMW outsourced	Y ✓	N
1.24	Availability of ICTC Centre	Y ✓	N

S. no	Category	Numbers	Remarks if any
2.1	OBG	1	
2.2	Anaesthetist	1	
2.3	Paediatrician	1	
2.4	General Surgeon	1	
2.5	Other Specialists	1	
2.6	MOs	4	
2.7	SNs	2	
2.8	ANMs	22	
2.9	LTs	2	
2.10	Pharmacist	2	
2.11	LHV	3	
2.12	Radiographer	1	
2.13	RMNCHA+ counsellors	1	
2.14	Others	1	

Section III: Training Status of HR:

S. no	Training	No. trained	Remarks if any
3.1	EmOC	2	
3.2	LSAS	1	
3.3	BeMOC	1	
3.4	SBA	2	
3.5	MTP/MVA	1	
3.6	NSV	0	
3.7	F-IMNCI	2	
3.8	NSSK	2	
3.9	Mini Lap-Sterilisations	1	
3.10	Laproscopy-Sterilisations	1	
3.11	IUCD	6	
3.12	PPIUCD	6	
3.13	Blood storage	0	
3.14	IMEP	0	
3.16	Immunization and cold chain	1	
3.15	Others	0	

**Section IV: Equipment:**

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

**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	Availability of antibiotics	Y	N	
5.14	Labelled emergency tray	Y	N	
5.15	Drugs for hypertension, Diabetes, common ailments e.g PCM, metronidazole, anti-allergic drugs etc.	Y	N	
5.16	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 Services	Yes	No	Remarks
6.1	Haemoglobin	Y	N	
6.2	CBC	Y	N	
6.3	Urine albumin and sugar	Y	N	
6.4	Blood sugar	Y	N	
6.5	RPR (Rapid Plasma Reagin) test	Y	N	
6.6	Malaria (PS or RDT)	Y	N	
6.7	T.B (Sputum for AFB)	Y	N	
6.8	HIV (RDT)	Y	N	
6.9	Liver function tests(LFT)	Y	N	
6.10	Others , pls specify	Y	N	
S.No	Blood bank / Blood Storage Unit	Yes	No	Remarks



6.11	Functional blood bag refrigerators with chart for temp. recording	Y	N
6.12	Sufficient no. of blood bags available	Y	N
6.13	Check register for number of blood bags issued for BT in last quarter		

Section VII: Service Delivery in last two quarters:

S.No	Service Utilization Parameter	Q1	Q2	Remarks
7.1	OPD			
7.2	IPD	15626		
7.3	Expected number of pregnancies	505		
7.4	No. of pregnant women given IFA	1327		
7.5	Total deliveries conducted	690		
7.6	No. of assisted deliveries(Ventouse/ Forceps)	342		
7.7	No. of C section conducted	—		
7.8	Number of obstetric complications managed, pls specify type	17		
7.9	No. of neonates initiated breast feeding within one hour	—		
7.10	Number of children screened for Defects at birth under RBSK	331		
7.11	RTI/STI Treated	12786		
7.12	No of admissions in NBSUs/ SNCU, whichever available	33		
7.12 a	Inborn	—		
7.12 b	Outborn	342		
7.13	No. of children admitted with SAM	—		
7.14	No. of sick children referred	—		
7.15	No. of pregnant women referred	4		
7.16	No. of IUCD Insertions	5		
7.17	No. of Tubectomy	11		
7.18	No. of Vasectomy	—		
7.19	No. of Minilap	—		
7.20	No. of children fully immunized	—		
7.21	Measles coverage	903		
7.22	No. of children given ORS + Zinc	903		
7.23	No. of children given Vitamin A	423		
7.24	No. of women who accepted post-partum FP services	903		
7.25	No. of MTPs conducted in first trimester	1		
7.26	No. of MTPs conducted in second trimester	1		
7.27	Number of Adolescents attending ARSH clinic	0		
7.28	Maternal deaths, if any	—		
7.29	Still births, if any	—		



7.30	Neonatal deaths, if any	—	
7.31	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	
7.7a	Mode of JSY payment (Cash/bearer cheque/Account payee cheque/Account Transfer)	Through PFMS		
7.8a	Any expenditure incurred by Mothers on travel, drugs or diagnostics (Please give details)	Y	N	
7.9a	Diet being provided free of charge	Y	N	

Section VIII: Quality parameter of the facility:

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

S.No	Essential Skill Set	Yes	No	Remarks
8.1	Manage high risk pregnancy	Y	N	
8.2	Provide essential newborn care (thermoregulation, breastfeeding and asepsis)	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	Manage Bio medical waste	Y	N	
8.10	Updated entry in the MCP Cards	Y	N	
8.11	Entry in MCTS	Y	N	
8.12	Corrective action taken on Maternal Death Review finding	Y	N	



Section IX: Record Maintenance:

S. no	Record	Available and Updated and Correctly filled	Available but Not maintained	Not Available	Remarks/Timeline for completion
9.1	OPD Register	Yes			
9.2	IPD Register	Yes			
9.3	ANC Register	Yes			
9.4	PNC Register	Yes			
9.5	Indoor bed head ticket	Yes			
9.6	Line listing of severely anaemic pregnant women	Yes			
9.7	Labour room register	Yes			
9.8	Partographs	Yes			
9.9	FP-Operation Register (OT)	Yes			
9.10	OT Register	Yes			
9.11	FP Register	Yes			
9.12	Immunisation Register	Yes			
9.13	Updated Microplan	Yes			
9.14	Blood Bank stock register	No			
9.15	Referral Register (In and Out)	Yes			
9.16	MDR Register	Yes			
9.17	Infant Death Review and Neonatal Death Review	Yes			
9.18	Drug Stock Register	Yes			
9.19	Payment under JSY	Yes			
9.20	Untied funds expenditure (Check % expenditure)	Yes			
9.21	AMG expenditure (Check % expenditure)	Yes			
9.22	RKS expenditure (Check % expenditure)	Yes			

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	337	17	0	Free
10.2	Inter facility	Govt	—	—	—	—
10.3	Facility to Home (drop back)	Govt	320	17	0	Free



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 of LR (Check Records)	Y ✓	N	
12.1a	Regular sterilisation of 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	Dr. Shaib Arif	C.H.C, Sonelila	
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
Transfer Asha, Labharti ^o ANM, Vender etc. Payment as soon as possible	Transferred	Aashish	one week