

# Visit Report of District Shravasti.

## Team Members:

- Dr AB Singh, DGM, NDCP, SPMU
- Dr Bhartendu Sharma, Consultant, NDCP, SPMU
- Mr MP Singh, Prog. Coordinator, MIS, SPMU.

## Day One - 06/06/2013

Reached Behraich at 4.00 pm and meeting was held with DCM as CMO & ACO were on way to Lucknow to attend meeting at SPMU. No DPM and DAM were posted in the District at the time of visit. Briefed DCM about purpose and nature of visit. Mapping of facilities in the district along with road map for field visit was prepared. Basic demographic and health indicators were discussed.

## Day Two -07/06/2013

### CHC/FRU Ekauna, Dist-Shravasti

Observation –	Suggestion /Action Taken
Labour room was untidy and no pediatric Ambu bag was available	Suggested Superintendent to take necessary action.
No bedsheets were available in labour room and post-partum room.	Suggested Superintendent to take necessary action. Telephonically briefed CMO and requested to supply required no. of Bedsheets
Only one bed was available in Post-Partum room and 3 expecting mothers were lying on floor.	Suggested Superintendent to take necessary action. Telephonically briefed CMO and requested to look into the matter and arrange required no. of beds.
Running water supply – FRU has water tank and motor but taps were broken and water supply was not managed properly.	Suggested Superintendent for repairing of taps from RKS.
Toilet for male & Female – Toilet were very dirty	Suggested Superintendent to give instruction to sweeper to clean toilet regularly and properly.
No Toilet was attached to labour room	Suggested Superintendent to take necessary action. Telephonically briefed CMO and requested to look into the matter and do the needful.
Ward was dirty no bed sheet was available on any bed and overall the campus of CHC was also dirty.	Suggested Superintendent & staff nurse to keep the wards and bed sheet clean.
Year 2012-13 no C Section was performed	Superintendent told that no anesthetist is available.
Citizen Charter was not displayed	Suggested superintendent to look after it
ANC Register was not maintained	Suggested LMO & superintendent to ensure maintenance of ANC register

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*Dr. Bhartendu Sharma*  
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Diet was being provided but dropback facility was not being properly provided.	Suggested Superintendent to take necessary action
Higher risk pregnancy is not being managed at FRU, Partograph is not being used.	Suggested Superintendent to take necessary action and LMO & Staff Nurse to use Partograph.
<b>Waste disposal was not being properly done and even placenta was being dumped in backyard because of that lots of stray dogs were found in campus and in wards of the FRU.</b>	Suggested Superintendent to take necessary action like disposal of placenta in Dumping pit and cover it with iron cover. Telephonically briefed CMO and requested to look into the matter and do the needful
Complaint & suggestion box was not available there	Suggested Superintendent to install a complaint & suggestion box for grievance redressal
The ward on first floor was locked and few patients was found lying in the floor of corridor in front of toilet with i.v. fluids running.	It was told by the Superintendent that beds are not available in Wards. Suggested Supritendent to take necessary action. Telephonically briefed CMO and requested to look into the matter and do the needful
3 Radiant warmers and one phototherapy unit were stocked in a locked room.	Suggested Superintendent to install the radiant warmer in Labour room.

- CHC is not functioning as FRU due to lack of gynecologist and anesthetist.

#### PHC Gillaula, Distt-Shravasti

Observation	Suggestion /Action Taken
The facility shifted to new CHC building just a day before the visit.	MOIC was suggested to arrange proper shifting of all the components.
Labour room was untidy	MOIC was suggested to take necessary action and instruct sweeper to regularly clean the labour room.
No Macintose sheet, pediatric ambu bag, suction apparatus was available, labour table was not maintained	MOIC was suggested to arrange Macintose sheet, pediatric ambu bag, suction apparatus.
No partograph was being used	MOIC was suggested to instruct LMO & Staff Nurse to use partograph regularly.
Radiant warmer was not available, 200W bulb was being used.	MOIC was suggested to get it installed.
Emergency tray was not available in labour room	MOIC was asked to immediately arrange the emergency tray.
Toilet attached to labour room was non functional.	MOIC was suggested to take necessary action.
Only one contractual staff nurse is posted	Briefed CMO about the issue telephonically and requested to arrange for one more Staff Nurse.
Expected mother was lying on floor of the labour room.	MOIC was suggested arrange beds for expecting mothers
No ANC register was made available but were	MOIC was suggested to take necessary action

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told that it has been maintained.	
No free diet facility was being provided.	MOIC was suggested to take necessary action
Dropback facility was not proper as most clients were unaware of any such kind of facility.	MOIC was suggested to display the entitlements under JSSK.
Complaint suggestion box was not placed	MOIC was suggested to place complaint & suggestion box at an easily approachable place
Whole premise was dirty	Counseled the sweeper to take responsibility
One contractual Ayush LMO were posted but they were not trained.	Suggested MoIC to get them trained.
Sterilized delivery set not available	MOIC was suggested to arrange for autoclaving of delivery sets.
No biomedical waste disposal system was available.	MOIC was suggested to take necessary action
Electricity with power backup- FRU has received 25 KVA Genset but it has not been installed,	MOIC was suggested to take necessary action and Telephonically briefed CMO and requested to install the genset on priority as it was lying in open.

### Sub Center –Katra 1<sup>st</sup>

- Labour room was not properly maintained, ANM was not residing in the Sub Center.
- **Second contractual ANM Archana Shukla was not showing up at the Sub Centre and was absent and irregular in her duties for long time.**
- Building was maintained properly and display of IEC was good.
- NBCC was not available.

Day Thrird-08/06/2013

### Sub Center –Sonwa , Dist-Shravasti

Observation	Suggestion /Action Taken
Electricity was not available in the labour room and JSY ward was not handed over.	Briefed CMO on telephone and suggested to get the electricity connection and get ward opened on priority.
Emergency tray, Inj Mag Sulph and oxytocin was not available.	MOIC was suggested to arrange for the same.
Pediatric ambu bag, suction apparatus were not available, ANM was unaware of availability of mucous extractor at the facility.	MOIC was suggested to take necessary action
NBCC was not available.	MOIC was suggested to take necessary action
Sick children referred, IUCD insertions, No. of Children provided Vit-A, & Quarterly report was not maintained	Instructed ANM to maintain it in future
ANM was unaware of Partograph.	MOIC was suggested to take necessary action

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No Pipeline Water supply was at center, handpump was being used.	Briefed CMO on telephone and suggested to do the needful.
Complaint and suggestion box was not available	Instructed MOIC / ANM to make arrangement of complaint box at center.

### **R.I Session & VHNC – Chandrakha Bujurg, Itrauri, Dist-Shravasti**

- RI Session was being held at home of a village resident.
- Beneficiaries were called by ASHA.
- There was no Vit –A, ORS packet, weighing and BP machine
- Counter file of immunization card was not maintained properly.
- Immunization card and due list were not available.
- BCG Vaccine was not available.
- Hub Cutter was not available.
- No member was informed about VHNC.
- ANM was unaware of the 4 important messages after vaccination.

### **R.I Session & VHNC – Babhanchak, Dikaulli , Dist-Shravasti**

- RI Session was being held at home of a village resident.
- Beneficiaries were called by ASHA.
- There was no Vit –A, ORS packet, weighing and BP machine
- Counter file of immunization card was maintained properly.
- Immunization card and due list were available.
- BCG Vaccine was not available.
- Hub Cutter was available but non-functional.
- No member was informed about VHNC.
- ANM was giving the 4 important messages after vaccination.
- Untied fund was not utilized since 2010 as the new village pradhan was not opening account

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## नियमित टीकाकरण सत्र मॉनिटरिंग प्रपत्र

मॉनिटर का नाम : <u>Dr. AB. Singh DGM</u>	संस्था : <input type="checkbox"/> सरकारी विभाग <input type="checkbox"/> NPSP <input type="checkbox"/> UNICEF <input type="checkbox"/> अन्य	पदनाम : .....
दिनांक : <u>08/06/2013</u>	समय : .....	दिन : <input type="checkbox"/> बुधवार <input type="checkbox"/> शुक्रवार <input type="checkbox"/> शनिवार <input type="checkbox"/> अन्य
राज्य	<u>UTTAR PRADESH</u>	
जिला	<u>SHRILAWASTI</u>	
ब्लॉक/प्लानिंग युनिट	<u>GILLAULA</u>	
उपकेंद्र/शहरी पोस्ट	<u>DIKAULI</u>	
जगह का पता	<u>ANGANWADI BABHANCHAK</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 ☒ 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) <sup>Δ</sup>	<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 checked="" 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 लाए गए	<input checked="" type="checkbox"/> वैकल्पिक साधन <sup>#</sup> <input type="checkbox"/> ए.एन.एम. <input type="checkbox"/> सुपरवाइजर <input type="checkbox"/> अन्य .....		
4.	क्या सभी वैक्सीन तथा डाइल्यूट चार आइस पैक वाले वैक्सीन कैरियर में जिपर युक्त थैली के अंदर रखे गए हैं	<input type="checkbox"/> हां	<input checked="" type="checkbox"/> नहीं	
5.	सत्र स्थल पर कौन कौन सी वैक्सीन उपलब्ध हैं *	<input type="checkbox"/> BCG <input checked="" type="checkbox"/> Measles <input checked="" type="checkbox"/> OPV	<input type="checkbox"/> BCG का डाइल्यूट <input checked="" type="checkbox"/> Measles का डाइल्यूट <input type="checkbox"/> mOPV	<input checked="" type="checkbox"/> DPT <input type="checkbox"/> DT <input checked="" type="checkbox"/> TT <input type="checkbox"/> JE <input checked="" type="checkbox"/> JE का डाइल्यूट <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"/> Measles	<input type="checkbox"/> DPT <input type="checkbox"/> DT	<input type="checkbox"/> OPV <input type="checkbox"/> TT <input type="checkbox"/> Hep-B <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 हैं *	<input checked="" type="checkbox"/> ए.डी. (0.1 मि.ली.) सिरिंजें <input checked="" type="checkbox"/> ए.डी. (0.5 मि.ली.) सिरिंजें <input checked="" type="checkbox"/> चालू अवस्था में हब कटर <input checked="" type="checkbox"/> खाली टीकाकरण कार्ड <input checked="" type="checkbox"/> लाल और काली थैलियां <input checked="" type="checkbox"/> विटामिन ए सॉल्यूशन <input checked="" type="checkbox"/> विटामिन ए हेतु प्लास्टिक की चम्मच <input checked="" type="checkbox"/> पुष्टाहार/Supplements <input checked="" type="checkbox"/> अपेक्षित लाभार्थियों की सूची <input checked="" type="checkbox"/> पिछले सत्रों के काउंटरफॉयल <input type="checkbox"/> ORS के पैकेट <input type="checkbox"/> IFA की टैबलेट <input type="checkbox"/> पैरासिटामोल <input checked="" type="checkbox"/> वजन नापने की मशीन <input checked="" type="checkbox"/> BP नापने की मशीन		
9.	क्या सत्र स्थल पर समुचित संख्या में मिश्रण करने हेतु 5 मि.ली. की डिस्पोजिबल सिरिंजें 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 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. सिरिंजों 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 जांच 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 type="checkbox"/> नहीं	<input type="checkbox"/> लागू नहीं
14.	क्या प्रत्येक सिरिंज को इस्तेमाल के तुरंत पश्चात हब कटर से काटा जा रहा है	<input type="checkbox"/> हां	<input checked="" 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 checked="" type="checkbox"/> हां	<input checked="" type="checkbox"/> नहीं	<input type="checkbox"/> लागू नहीं
16.	क्या आज दिए जा रहे टीकों की जानकारी को काउंटरफॉयल में भरकर उन्हें अद्युनांत किया जा रहा है	<input checked="" type="checkbox"/> हां	<input checked="" 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. 13): 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 दोनों 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

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\* एक से अधिक जगहों पर निशान लगा सकते हैं।  
डा. आर.एस. राठी का कार्यक्षेत्र  
पंचायत समिति, बलरामपुर



## नियमित टीकाकरण सत्र मॉनिटरिंग प्रपत्र

मॉनिटर का नाम : <u>Dr. ABSingh DDM</u>		संस्था : <input type="checkbox"/> सरकारी विभाग <input type="checkbox"/> NPSP <input type="checkbox"/> UNICEF <input type="checkbox"/> अन्य		पदनाम :	
दिनांक : <u>05/06/13</u>		समय :		दिवस : <input type="checkbox"/> बुधवार <input type="checkbox"/> शुक्रवार <input type="checkbox"/> शनिवार <input type="checkbox"/> अन्य	
राज्य	<u>UTTAR PRADESH</u>				
जिला	<u>SHRAWASTI</u>				
ब्लॉक/प्लानिंग युनिट	<u>GILAWALA</u>				
उपकेंद्र/शहरी पोस्ट	<u>CHANDRAKHA BOURG</u>				
जगह का पता	<u>C/O MISHRI LAL Dhadiyapur, Main Chandra</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।		ASHA - Kusma Mishra	
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) <sup>A</sup>		<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 लाए गए		<input checked="" type="checkbox"/> वैकल्पिक साधन <sup>#</sup> <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 type="checkbox"/> BCG का डाइल्यूएंट <input checked="" type="checkbox"/> DPT <input checked="" 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 checked="" type="checkbox"/> rOPV <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 हैं *		<input checked="" type="checkbox"/> ए.डी. (0.1 मिली.) सिरिजें <input checked="" type="checkbox"/> विटामिन ए सॉल्यूशन <input checked="" type="checkbox"/> ORS के पैकेट <input checked="" type="checkbox"/> ए.डी. (0.5 मिली.) 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"/> पुष्टाहार/Supplements <input type="checkbox"/> पैरासिटामोल <input checked="" type="checkbox"/> खाली टीकाकरण कार्ड <input checked="" type="checkbox"/> अपेक्षित लाभार्थियों की सूची <input checked="" type="checkbox"/> वजन नापने की मशीन <input checked="" type="checkbox"/> लाल और काली थैलियां <input checked="" type="checkbox"/> पिछले सत्रों के काउंटरफॉयल <input checked="" type="checkbox"/> BP नापने की मशीन	
9. क्या सत्र स्थल पर समुचित संख्या में मिश्रण करने हेतु 5 मिली. 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 type="checkbox"/> हां <input type="checkbox"/> नहीं <input checked="" type="checkbox"/> लागू नहीं	
11. क्या इंजेक्शन से दी जाने वाली वैक्सीन देने के लिए ए.डी. सिरिजें 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 type="checkbox"/> हां <input checked="" 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 काउंटरफॉयल में भरकर उन्हें अधुनांत किया जा रहा है		<input type="checkbox"/> हां <input checked="" 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	

<sup>A</sup> (प्र. 13): 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)

<sup>#</sup> (प्र. 3): वैकल्पिक साधन- किसी अन्य साधन से वैक्सीन/लॉजिस्टिक पहचाना

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Mishra

ABSingh

"एक से अधिक जवाबों के निशान लगा सकते हैं"



Name of District: Shrawasti Name of Block: Willaula Name of SC: Somwati  
Catchment Population: \_\_\_\_\_ Total Villages: \_\_\_\_\_ Distance from PHC: \_\_\_\_\_  
Date of last supervisory visit: \_\_\_\_\_  
Date of visit: 8/02/13 Name & designation of monitor: Dr. A.B. Singh, DCM  
Names of staff posted and available on the day of visit: ARM - Ranti Devi  
Names of staff not available on the day of visit and reason for absence: \_\_\_\_\_

S.No	Infrastructure	Yes	No	Remarks
1.1	Subcentre located near a main habitation	Y	N	<p>No residence available,  No power connection  Handpump was used for  water supply.    No radiant warmer,  ambu bag available.</p>
1.2	Functioning in Govt building	Y	N	
1.3	Building in good condition	Y	N	
1.4	Electricity with 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	

S.no	Human resource	Numbers	Training received	Remarks
2.1	ANM	2	—	Only one contractual ANM was available at the time of visit.
2.2	2 <sup>nd</sup> ANM (contractual)	2	—	
2.3	MPW - Male		—	
2.4	Others, specify HV	1	—	



*M. R. H.*

~~AB dead~~

उप-निदेश-प्रमाणित  
उप-निदेश-प्रमाणित  
प्रमाणित-प्रमाणित-प्रमाणित





## Section III: Equipment :

S.N o	Equipment	Available and Functional	Available but non- functional	Not Available	Remarks
3.1	Haemoglobinometer			✓	Mucous extract was available but ANM was unaware of the same
3.2	Any other method for Hemoglobin Estimation				
3.3	Blood sugar testing kits			✓	
3.4	BP Instrument and Stethoscope	✓			
3.5	Delivery equipment	✓			
3.6	Neonatal ambubag	—	—		
3.7	Adult weighing machine	—	—		
3.8	Infant/New born weighing machine	yes	—		
3.9	Needle & Hub Cutter	✓		✓	
3.10	Color coded bins			✓	
3.11	RBSK Pictorial tool kit			✓	

## Section IV: Essential Drugs:

S. No	Availability of sufficient number of essential Drugs	Yes	No	Remarks
4.1	IFA tablets	Y	N	Metrogyl, Ceftriaxone, Cefotaxime
4.2	IFA syrup with dispenser			
4.3	Vit A syrup	✓	N	
4.4	ORS packets	✓	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, metronidazole, anti-allergic drugs etc.	Y	N	

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M. S. Srinivasan

Abdullah





**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			Data not available
6.2	MCTS entry on percentage of women registered in the first trimester			
6.3	No. of pregnant women given IFA			
6.4	Number of deliveries conducted at SC	April - 22, May - 13		Data not available.
6.5	Number of deliveries conducted at home			
6.6	No. of neonates initiated breast feeding within one hour			
6.7	Number of children screened for Defects at birth under RBSK			
6.8	No. of sick children referred			
6.9	No. of pregnant women referred			
6.10	ANC1 registration			
6.11	ANC3 coverage			
6.12	No. of IUCD insertions			
6.13	No. of children fully immunized			
6.14	Measles coverage			
	No. of children given ORS + Zinc			
6.15	No. of children given Vitamin A			
6.16	No. of children given IFA Syrup			
6.17	No. of Maternal deaths, if any			
6.18	No. of still birth, if any			

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6.19 Neonatal deaths, if any

**Section VII: Quality parameters of the facility:***Through probing questions and demonstrations assess does the ANM know how to...*

S.No	Essential Skill Set	Yes	No	Remarks
7.1	Correctly measure BP	Y	N	
7.2	Correctly measure hemoglobin	Y	N	
7.3	Correctly measure urinalbumin and protein	Y	N	
7.4	Identify high risk pregnancy	Y	N	
7.5	Awareness on referral PHC and FRU	Y	N	
7.6	Correct use of partograph	Y	N	
7.7	Provide essential newborn care(thermoregulation, breastfeeding and asepsis)	Y	N	
7.8	Correctly insert IUCD	Y	N	
7.9	Correctly administer vaccine	Y	N	
7.10	Adherence to IMEP protocols	Y	N	
7.11	Segregation of waste in colour coded bins	Y	N	

**Section VIII: Record Maintenance**

Sl.No	Record	Available and Up-to-date	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				
8.8	Delivery Register as per GOI format				
8.9	Stock register				
8.10	Due lists				
8.11	MCP cards				
8.12	Village register				

Data was not available at the time of visit.

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AB Singh  
 डीओ आरएच कलापुर सिंह  
 छप महामारोपक, राष्ट्रीय कार्यक्रम  
 पराक्रीरममंडल - एनओआरएचओएमओ





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)			

## 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	}	Data not available			
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 ✓	
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 ✓	

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सुख-समृद्धि-समता





## 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
Submitted separately ~			

*[Signature]*

*[Signature]*

THE DISTRICT COLLECTOR  
SUB-DIVISIONAL OFFICE  
TUMKUR





## PHC/CHC (NON FRU) Level Monitoring Checklist

Name of District: Shimoga Name of Block: Gillhaura Name of PHC/CHC: Gillhaura CHC  
 Catchment Population: \_\_\_\_\_ Total Villages: \_\_\_\_\_ Distance from Dist HQ: 30  
 Date of last supervisory visit: \_\_\_\_\_  
 Date of visit: 07/06/13 Name & designation of monitor: Dr AB Singh, DCM  
 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 ✓	(Power Backup was not available, genset was not installed)
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	3 MBBS, 1 Ayurved	
2.2	SNs/ GNMs	1 Contractual	
2.3	ANM	4/28	
2.4	LTs	1	
2.5	Pharmacist	1	

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2.6	LHV/PHN	2
2.7	Others	

## Section III: Training Status of HR

S. no	Training	No. trained	Remarks if any
3.1	BeMOC	—	
3.2	SBA	—	
3.3	MTP/MVA	—	
3.4	NSV	—	
3.5	IMNCI	—	
3.6	F- IMNCI	—	
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	—		
4.12	Emergency Tray with emergency injections	Y	N —	
4.13	MVA/ EVA Equipment	Y	N ✓	
	<b>Laboratory Equipment</b>	<b>Yes</b>	<b>No</b>	<b>Remarks</b>
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	Mckintosh sheet not available.

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	

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*[Signature]*  
 डॉ० अमरेश कुमार सिंह  
 एस. महाप्रबन्धक, राष्ट्रीय कार्यक्रम  
 एनडीएमए-एनआरएचएम



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	6598	4850	Deliveries - April - 182 May - 194
7.2	IPD	500	399	
7.3	Expected number of pregnancies	1500	450	
7.4	Percentage of women registered in the first trimester	78%	75%	
7.5	Percentage of women registered in the first trimester	78%	75%	
7.6	Percentage of ANC3 out of total registered	70%	75%	
7.7	Percentage of ANC4 out of total registered	75%	78%	
7.8	Total deliveries conducted	855	450	
7.9	Number of obstetric complications managed, pls specify type	-	-	
7.10	No. of neonates initiated breast feeding within one hour	780	340	
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	45	15	
7.15	No. of pregnant women referred	25	38	
7.16	No. of IUCD Insertions	-	-	
7.17	No. of Tubectomy	200	-	
7.18	No. of Vasectomy	-	-	
7.19	No. of Minilap	-	-	
7.20	No. of children fully immunized	1140	876	
7.21	Measles coverage	1140	876	
7.22	No. of children given ORS + Zinc	-	100	
7.23	No. of children given Vitamin A	-	100	
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	18	4	
7.28	Neonatal deaths, if any	-	-	

*[Signature]*

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*[Signature]*  
 डॉ० अमरेंद्र कुमार सिंह  
 उप महाविभागीय, राष्ट्रीय कार्यक्रम  
 एसापीएमएचए - एनआरएचएम





7.29	Infant deaths, if any	—	✓
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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	Y ✓	N	BCG vaccine was not available
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		Most were unaware of free dropout facility & free diet.
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 ✓	

*Minis*

*Abhishek*  
 20/10/2019  
 10:00 AM  
 10:00 AM  
 10:00 AM





## 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	✓			<p>was told to be locked in kiosk with keys not available at the time of visit.</p>
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)					

*[Signature]*

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## Section XI: IEC Display:

S.No	Material	Yes	No	Remarks
11.1	Approach roads have directions to the health facility	Y ✓	N	Not updated
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

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Supervisor









## FRU level Monitoring Checklist

Name of District: Shrawasti Name of Block: Ekauna Name of FRU: CHC Ekauna  
 Catchment Population: \_\_\_\_\_ Total Villages: \_\_\_\_\_ Distance from Dist HQ: 40  
 Date of last supervisory visit: 8/6/13  
 Date of visit: 7/6/13 Name & designation of monitor: Dr AB Singh, DAM.  
 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 power back up	Y ✓	N	
1.8	Running 24*7 water supply	Y ✓	N	
1.9	Clean Toilets separate for Male/Female	Y ✓	N ✓	
1.10	Functional and clean labour Room	Y	N ✓	
1.11	Functional and clean toilet attached to labour room	Y	N ✓	
1.12	Functional New born care corner (functional radiant warmer with neo-natal ambu bag)	Y	N ✓	
1.13	Functional Newborn Stabilization Unit	Y	N ✓	
1.14	Functional SNCU	Y	N ✓	
1.16	Clean wards	Y	N ✓	
1.17	Separate Male and Female wards (at least by partitions)	Y	N ✓	
1.18	Availability of Nutritional Rehabilitation Centre	Y	N ✓	
1.19	Functional BB/BSU, specify	Y	N	
1.20	Separate room for ARSH clinic	Y	N ✓	
1.21	Availability of complaint/suggestion box	Y	N ✓	

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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 Emoc Trained	LMO. (Previously 1 LSAS trained Doctor, transferred to BSGY - 1 Ayur - 1 BDS - 2 AMN 2 - Opto.
2.2	Anaesthetist	X Since last 1 yr.	
2.3	Paediatrician	✓	
2.4	General Surgeon	✓	
2.5	Other Specialists	X	
2.6	MOs	1 LMO, 1 MO.	
2.7	SNs	3 (1 Regular 2 Contract)	
2.8	ANMs	26/1	
2.9	LTs	2	
2.10	Pharmacist	2 Regular, 1	
2.11	LHV	6	
2.12	Radiographer	1 X ray Tech.	
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	Equipment removed, trained alls transferred 1
3.2	LSAS	—	
3.3	BeMOC	—	
3.4	SBA	—	
3.5	MTP/MVA	—	
3.6	NSV	—	
3.7	F-IMNCI	—	
3.8	NSSK	—	
3.9	Mini Lap-Sterilisations	✓	
3.10	Laproscopey-Sterilisations	✓	
3.11	IUCD	✓	
3.12	PPIUCD	—	
3.13	Blood storage	—	
3.14	IMEP	—	
3.16	Immunization and cold chain	✓	
3.15	Others		

- No vehicle for waste mgmt ∴ Last 1 month
- Waste mgmt in pits

*Signature*





## 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 ✓	
	<b>Laboratory Equipment</b>			
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 ✓	B. group
	<b>O.T Equipment</b>			
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 ✓	

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10/1/12 - 241 bed sheet.

Feb 13 - 15 bed sheet.



## Section V: Essential Drugs and Supplies:

ARV, ASV avail.

S.No	Drugs	Yes	No	Remarks
5.1	EDL available and displayed	Y	N ✓	available but not displayed.
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 200 Pack	
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	Methoxyfl. Cipro, TM methoprim, Syrup - Cefazolin, Amoxycillin, Cephalexin
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	Cefixime
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 ✓	→ Since April 2013
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

M. P. Singh

142

M. P. Singh

10/1/12

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10/1/12

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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 Jan	Q2 April	Remarks
7.1	OPD	22696	7859	
7.2	IPD	890	766	
7.3	Expected number of pregnancies	-	-	
7.4	No. of pregnant women given IFA	-	-	
7.5	Total deliveries conducted	2494	1045	
7.6	No. of assisted deliveries( Ventouse/ Forceps)	-	-	
✓ 7.7	No. of C section conducted	None	∴ last 6 months	
7.8	Number of obstetric complications managed, pls specify type	-	-	
7.9	No. of neonates initiated breast feeding within one hour	-	-	
7.10	Number of children screened for Defects at birth under RBSK	2494	887	
✓ 7.11	RTI/STI Treated	-	-	
✓ 7.12	No of admissions in NBSUs/ SNCU, whichever available	-	-	
✓ 7.12 a	Inborn	-	-	
✓ 7.12 b	Outborn	-	-	
✓ 7.13	No. of children admitted with SAM	-	-	
✓ 7.14	No. of sick children referred	21	7	
✓ 7.15	No. of pregnant women referred	23	9	
✓ 7.16	No. of IUCD Insertions	37	33	
✓ 7.17	No. of Tubectomy	46	2	
7.18	No. of Vasectomy	-	-	
✓ 7.19	No. of Minilap	-	-	
✓ 7.20	No. of children fully immunized	694	231	
7.21	Measles coverage	585	167	
✓ 7.22	No. of children given ORS + Zinc	795	198	
✓ 7.23	No. of children given Vitamin A	2074	217	
✓ 7.24	No. of women who accepted post-partum FP services	935	183	
✓ 7.25	No. of MTPs conducted in first trimester	-	-	
✓ 7.26	No. of MTPs conducted in second trimester	-	-	
7.27	Number of Adolescents attending ARSH clinic	-	-	
✓ 7.28	Maternal deaths, if any	-	-	
7.29	Still births, if any	-	-	

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13/05/2019  
13/05/2019  
13/05/2019



**Section VII a: Service delivery in post natal wards:**

Section VIII: Quality parameter of the facility:

S.No	Essential Skill Set	Yes	No	Remarks
8.1	Manage high risk pregnancy	Y ✓	N —	Eclampsia - refer.
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 ✓	

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 एनडीएमएफ - एनडीएमए





## 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	✓			
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	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					
10.2	Inter facility					
10.3	Facility to Home (drop back)					

*[Signature]*

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 जय महामातृक, राष्ट्रीय कार्यक्रम  
 एनसीडी-एनएम-एनएम



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	

Sl. no	Services	Yes	No	Remarks
12.1	Regular sterilisation of LR (Check Records)	Y	N ✓	OT is non functional.
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	

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

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

