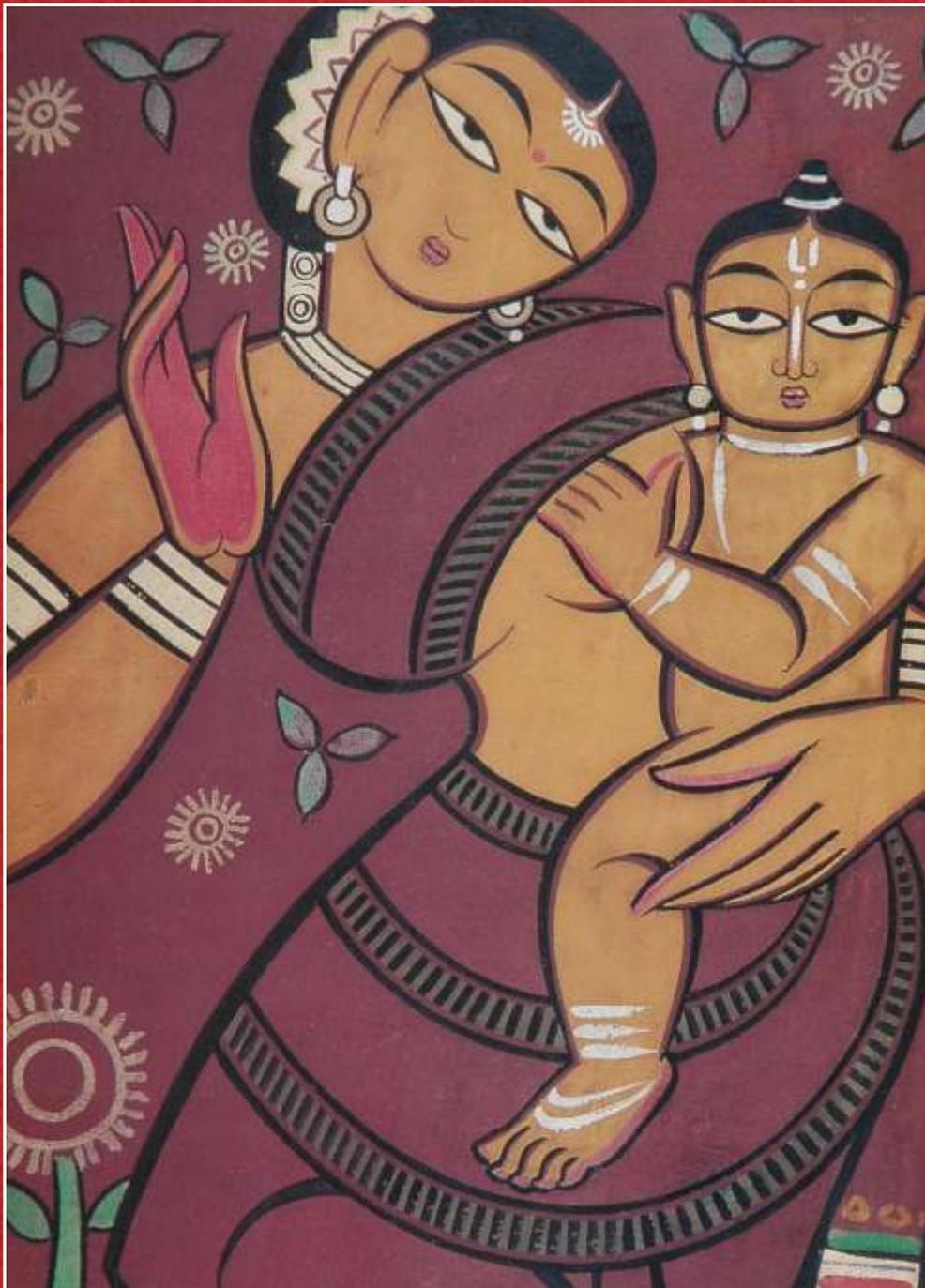




# RMNCH+A Supportive Supervision Plan & Checklists



2013

Maternal Health Division  
Ministry of Health & Family Welfare  
Government of India

With Support from  
other RCH Divisions & NHSRC



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भारत सरकार  
स्वास्थ्य एवं परिवार कल्याण मंत्रालय  
निर्माण भवन, नई दिल्ली – 110108

Government of India  
Ministry of Health & Family Welfare  
Nirman Bhavan, New Delhi- 110108

DO No. - M.12015/54/2013-MCH

Dated 10<sup>th</sup> May, 2013

**Subject: Plan of field visits for monitoring-reg.**

Dear All,

I have been emphasizing the importance of field visits for supportive supervision during various discussions and meetings with Principal Secretaries (H&FW) and Mission Directors of States. Conducting field visits has been observed to be one of the weakest links in the implementation of programmes and schemes under NRHM. States have also been requesting for technical support and help in this regard.

In response to this need, we have developed the framework for a suggestive plan for conducting field visits, along with facility wise checklists. These are enclosed with this letter.

It is expected that these would serve as a useful tool to programme officers at different levels for undertaking regular and periodic field visits as a part of a comprehensive plan of supportive supervision.

I would request you to ensure that field visits at all levels happen regularly and are followed by corrective action. Field visits being critical to performance, I would be reviewing progress with you closely.

With regards,

Your sincerely,

  
(Anuradha Gupta)

To

Principal Secretaries (H&FW) of all States and UTs

Copy to:

MDs (NHM) of all States and UTs

Director Health Services of all States and UTs



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## PLAN OF FIELD VISITS FOR MONITORING

Level	Person responsible	Minimum frequency of field visit
PHC	LHV	<ul style="list-style-type: none"> <li>At least 3 days/week, to one SC per visit</li> <li>Every SC will be covered twice a month</li> <li>At least 1 VHND/ Week</li> </ul>
	Medical Officer – PHC	<ul style="list-style-type: none"> <li>At least twice a month to 2 weak performing SCs/ANMs and 2 VHNDs/ Month</li> </ul>
CHC	Block MO-I/C	<ul style="list-style-type: none"> <li>At least twice a month to 2 weak performing PHCs and 2 weak performing SCs</li> </ul>
	Block Programme Manager	<ul style="list-style-type: none"> <li>At least twice a week i.e. 8 times in a month               <ul style="list-style-type: none"> <li>– 2 SCs /Outreach and household assessment per visit OR</li> <li>– 1 PHC and 1 SC/outreach and household assessment per visit</li> </ul> </li> </ul>
District	Public Health Nurse	<ul style="list-style-type: none"> <li>At least twice a week i.e. 8 times in a month               <ul style="list-style-type: none"> <li>– 1 PHC and 1 SC per visit OR</li> <li>– 2 SCs, 1 outreach and household assessment per visit</li> </ul> </li> </ul>
	CMO	<ul style="list-style-type: none"> <li>At least twice a month to any weak performing facility and outreach</li> </ul>
	District Programme Manager	<ul style="list-style-type: none"> <li>At least once a week i.e. 4 times in a month               <ul style="list-style-type: none"> <li>– 1 CHC and 1 SC per visit OR</li> <li>– 2 PHCs and 1 SC per visit OR</li> <li>– 1 PHC, 1 SC, 1 outreach and household</li> </ul> </li> </ul>
	RCHO/ADHO/ACMO and other technical officers	<ul style="list-style-type: none"> <li>At least once a week i.e. 4 times in a month               <ul style="list-style-type: none"> <li>– 1 CHC and 1 SC per visit OR</li> <li>– 2 PHCs and 1 SC per visit OR</li> <li>– 1 PHC, 1 SC , 1 outreach and household</li> </ul> </li> </ul>
Divisional	Regional Programme Manager/Divisional Programme Manager	<ul style="list-style-type: none"> <li>At least once a week i.e. 4 times in a month to different districts by rotation               <ul style="list-style-type: none"> <li>– 2 CHC- FRUs/ SDH per visit OR</li> <li>– 1 CHC – FRU/SDH and 1 PHC per visit OR</li> <li>– 1 PHC, 2 SCs / outreach and household</li> </ul> </li> </ul>
State	Mission Director	<ul style="list-style-type: none"> <li>At least twice a month to one poor performing district per visit, Ideally 1SC, 1PHC and 1 CHC/DH to be visited per visit</li> </ul>
	State Programme Manager	<ul style="list-style-type: none"> <li>At least twice a month to one poor performing district per visit. Ideally 1SC, 1PHC and 1 CHC/DH to be visited per visit</li> </ul>
	Senior Officer of State Directorate/State Technical Programme Officer	<ul style="list-style-type: none"> <li>At least twice a month to one poor performing district per visit. Ideally 1SC, 1PHC and 1 CHC/DH to be visited per visit</li> </ul>

- Based on the observations during field visits, plan of action to be made
- Action Points with timelines and officials responsible for action points **to be uploaded on the State NRHM Website**



# HOUSEHOLD VISIT CHECKLIST

# HOUSEHOLD VISIT (FAMILIES WITH 0-6 YEARS CHILDREN)

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

# HOUSEHOLD VISIT

## (PREGNANT WOMAN/ HIGH RISK PREGNANT WOMEN)

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

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

## HOUSEHOLD VISIT

### ADOLESCENTS (BETWEEN 10-19 YEARS)

Key Questions	Households →	1 (Y/N)	2 (Y/N)	3 (Y/N)	4 (Y/N)	5 (Y/N)
<b>Adolescent Girls</b>						
1. Has the girl received any health check-up at her school during last 6 months?						
2. Has she been receiving blue weekly IFA tablet during last 6 months?						
3. Has she heard of or is aware about the Adolescent Friendly Health Clinic (AFHC) at health facility? (if NO, skip to Q 5)						
4. Has she visited any such Adolescent Friendly Health Clinic (AFHC) in last 6 months?						
5. Has she been counselled on menstrual hygiene by ASHA in last 6 months?						
6. Is she aware of about availability of sanitary napkins with ASHA?*						
(If NO, skip to adolescent boys section)						
7. If yes, has she procured any sanitary napkins from ASHA in last 6 months?						
<b>Adolescent Boys</b>						
1. Has the boy received any health check-up at his school during last 6 months?						
2. Has he been receiving weekly blue IFA tablet during last 6 months?						
3. Has he heard or is aware about the Adolescent Friendly Health Clinic (AFHC) at health facility? (if NO, end the interview)						
4. Has he visited any such Adolescent Friendly Health Clinic (AFHC) in last 6 months?						

\*Relevant only for 115 implementing districts

**SUB CENTRE  
MONITORING CHECKLIST**

## SUB CENTRE LEVEL MONITORING CHECKLIST

Name of District: ..... Name of Block:..... Name of SC:.....

Catchment Population: ..... Total Villages: ..... Distance from PHC: .....

Date of last supervisory visit:.....

Date of visit: ..... Name & designation of monitor:.....

Names of staff posted and available on the day of visit: .....

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			
2.2	2nd ANM			
2.3	MPW - Male			
2.4	Others, specify			

## Section III: Equipment

Mark (✓) in appropriate column

S.No.	Equipment	Available and Functional	Available but non-functional	Not Available	Remarks
3.1	Equipment for Haemoglobin 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				
3.11	Height Chart				

## 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	
4.11	IFA tablets (Blue)			
4.12	Tab. Albendazole			

## 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			
6.14	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			
6.24	No. of Adolescent Friendly Club meetings held			
6.25	No. of Adolescent Health days held			

## 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 haemoglobin	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	

S.No.	Essential Skill Set	Knowledge		Skill		Remarks
		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	
7.16	Awareness on adolescent health issues					

## Section VIII: Record Maintenance:

Mark (v) in appropriate column

Sl. No	Record	Available and Upto-date and correctly filled	Available but non-maintained	Not Available	Remarks
8.1	Untied funds expenditure (Rs 10,000) Check % expenditure				
8.2	Annual maintenance grant (Rs 10,000-Check % expenditure)				
8.3	Payments under JSY				
8.4	VHND plan				
8.5	VHSNC meeting minutes and action taken				
8.6	Eligible couple register				
8.7	MCH register (as per GOI)				
8.8	Delivery Register as per GOI format				
8.9	Stock register				
8.10	Due lists				
8.11	MCP cards				
8.12	Village register				
8.13	Referral Registers (In and Out)				
8.14	List of families with 0-6 years children under RBSK				
8.15	Line listing of severely anaemic 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				
8.19	Record maintained to capture adolescent information, who sought services				
8.20	Referral register of adolescents with moderate & severe anaemia				
8.21	Record of Adolescent Health Day plan				

## 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/ VHND plan	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	
10.11	Adolescent services	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)**

## **MONITORING CHECKLIST**

## PHC/CHC (NON FRU) LEVEL MONITORING CHECKLIST

Name of District:..... Name of Block:..... Name of PHC/CHC:.....

Catchment Population:..... Total Villages: ..... Distance from HQ: .....

Date of last supervisory visit:.....

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	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	
1.19	Availability of suitable room to function as Adolescent Friendly Health Clinic (AFHC)			

### Section II: Human Resource

S.No.	Category	Numbers	Remarks
2.1	MO		
2.2	SNs/ GNMs		
2.3	ANM		
2.4	LTs		
2.5	Pharmacist		
2.6	LHV/PHN		
2.7	Others		
2.8	Two counsellors (1 Male & 1 Female) at CHC for AFHC		

## Section III: Training Status of HR

S.No.	Training	No. trained	Remarks
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	MO training on adolescent health (RKSK)		
3.13	ANM training on adolescent health (RKSK)		
3.14	Counsellor training on adolescent health (RKSK)		
3.15	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	
4.14	Height Scale	Y	N	
4.15	BMI chart	Y	N	
4.16	Snellen's chart	Y	N	
	<b>Laboratory Equipment</b>	<b>Yes</b>	<b>No</b>	<b>Remarks</b>
4.17	Functional Microscope	Y	N	
4.18	Functional Haemoglobinometer	Y	N	
4.19	Functional Centrifuge,	Y	N	
4.20	Functional Semi autoanalyzer	Y	N	
4.21	Reagents and Testing Kits	Y	N	

## Section V: Essential Drugs and Supplies

S.No.	Essential Medical Supplies	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	
5.17	Tab. Albendazole			
S.No	Supplies	Yes	No	Remarks
5.18	Pregnancy testing kits	Y	N	
5.19	Urine albumin and sugar testing kit	Y	N	
5.20	OCPs	Y	N	
5.21	EC pills	Y	N	
5.22	IUCDs	Y	N	
5.23	Sanitary napkins	Y	N	
S.No	Essential Consumables	Yes	No	Remarks
5.24	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			
7.2	IPD			
7.3	Expected number of pregnancies			
7.4	Percentage of women registered in the first trimester			
7.5	Percentage of ANC3 out of total registered			
7.6	Percentage of ANC4 out of total registered			
7.7	Total deliveries conducted			
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			
7.11	RTI/STI Treated			
7.12	No of admissions in NBSUs, if available			
7.13	No. of sick children referred			
7.14	No. of pregnant women referred			
7.15	No. of IUCD Insertions			
7.16	No. of Tubectomy			
7.17	No. of Vasectomy			
7.18	No. of Minilap			
7.19	No. of children fully immunized			
7.20	Measles coverage			
7.21	No. of children given ORS + Zinc			
7.22	No. of children given Vitamin A			
7.23	No. of women who accepted postpartum FP services			
7.24	No. of MTPs conducted			
7.25	Maternal deaths, if any			
7.26	Still births, if any			
7.27	Neonatal deaths, if any			
7.28	Infant deaths, if any			

## Section VIII: Service delivery in post natal wards

S.No.	Parameters	Yes	No	Remarks
8.1	All mothers initiated breast feeding within one hr of normal delivery	Y	N	
8.2	Zero dose BCG, Hepatitis B and OPV given	Y	N	
8.3	Counseling on IYCF done	Y	N	
8.4	Counseling on Family Planning done	Y	N	
8.5	Mothers asked to stay for 48 hrs	Y	N	
8.6	JSY payment being given before discharge	Y	N	
8.7	Mode of JSY payment (Cash/ bearer cheque/Account payee cheque/Account Transfer)			
8.8	Any expenditure incurred by Mothers on travel, drugs or diagnostics (Please give details)	Y	N	
8.9	Diet being provided free of charge	Y	N	

## Section IX: Adolescent Friendly Health Service (AFHS)

S.No.	Service utilization Parameters	Q1	Q2	Remarks
9.1	No of adolescents attending Adolescent Friendly Health Clinic (AFHC)			
9.2	Adolescent Friendly Health Clinic (AFHC)			
9.3	No of adolescents referred to higher facility			
9.4	Percentage of teenage pregnancy out of total pregnancies			
9.5	Privacy & confidentiality maintained during counseling			

## Section X: Quality parameter of the facility

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

S.No.	Essential Skill Set	Knowledge		Skill		Remarks
10.1	Manage high risk pregnancy	Y	N	Y	N	
10.2	Provide essential newborn care (thermoregulation, breastfeeding and asepsis)	Y	N	Y	N	
10.3	Manage sick neonates and infants	Y	N	Y	N	
10.4	Correctly uses partograph	Y	N	Y	N	
10.5	Correctly insert IUCD	Y	N	Y	N	
10.6	Correctly administer vaccines	Y	N	Y	N	
10.7	Alternate Vaccine Delivery (AVD) system functional	Y	N	Y	N	
10.8	Segregate waste in colour coded bins	Y	N	Y	N	
10.9	Adherence to IMEP protocols	Y	N	Y	N	

## Section XI: Record Maintenance

Sl. No	Record	Available, Updated and correctly filled	Available but Not maintained	Not Available	Remarks/Timeline for completion
11.1	OPD Register				
11.2	IPD Register				
11.3	ANC Register				
11.4	PNC Register				
11.5	Indoor bed head ticket				
11.6	Line listing of severely anaemic pregnant women				
11.7	Labour room register				
11.8	Partographs				
11.9	OT Register				
11.10	FP Register				
11.11	Immunization Register				
11.12	Updated Microplan				
11.13	Drug Stock Register				
11.14	Referral Registers (In and Out)				
11.15	Payment under JSY				
11.16	Untied funds expenditure(check % expenditure)				
11.17	AMG expenditure(check % expenditure)				
11.18	RKS expenditure(check % expenditure)				
11.19	AFHC register				

## Section XII: 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
12.1	Home to facility					
12.2	Inter facility					
12.3	Facility to Home (drop back)					

## Section XIII: IEC display

S.No.	Material	Yes	No	Remarks
13.1	Approach roads have directions to the health facility	Y	N	
13.2	Citizen Charter	Y	N	
13.3	Timings of the Health Facility	Y	N	
13.4	List of services available	Y	N	
13.5	Essential Drug List	Y	N	
13.6	Protocol Posters	Y	N	
13.7	JSSK entitlements	Y	N	
13.8	Immunization Schedule	Y	N	
13.9	JSY entitlements	Y	N	
13.10	Other related IEC material	Y	N	
13.11	Adoloscent services	Y	N	

## Section XIV: Additional/Support Services

S.No.	Material	Yes	No	Remarks
14.1	Regular sterilisation of Labour room (Check Records)	Y	N	
14.2	Functional laundry/washing services	Y	N	
14.3	Availability of dietary services	Y	N	
14.4	Appropriate drug storage facilities	Y	N	
14.5	Equipment maintenance and repair mechanism	Y	N	
14.6	Grievance redressal mechanisms	Y	N	
14.7	Tally software implemented	Y	N	

## Section XV: Previous supervisory visits

S.No.	Name and Designation of the supervisor	Place of posting of Supervisor	Date of visit
15.1			
15.2			
15.3			
15.4			
15.5			

**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

# **FRU MONITORING CHECKLIST**

## FRU LEVEL MONITORING CHECKLIST

Name of District:..... Name of Block:..... Name of FRU:.....

Catchment Population:..... Total Villages: ..... Distance from Dist HQ: .....

Date of last supervisory visit:.....

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	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 Adoloscent Friendly Health Clinic (AFHC)	Y	N	
1.21	Availability of complaint/suggestion box	Y	N	
1.22	Availability of mechanisms for Biomedical waste management (BMW) at facility	Y	N	
1.23	BMW out sourced	Y	N	
1.24	Availability of ICTC Centre	Y	N	

## Section II: Human Resource:

S.No.	Category	Numbers	Remarks if any
2.1	OBG		
2.2	Anaesthetist		
2.3	Paediatrician		
2.4	General Surgeon		
2.5	Other Specialists		
2.6	MOs		
2.7	SNs		
2.8	ANMs		
2.9	LTs		
2.10	Pharmacist		
2.11	LHV		
2.12	Radiographer		
2.13	RMNCH+A counsellors		
2.14	Counsellor for AFHC (1 Male + 1 Female)		
2.15	Others		

## Section III: Training Status of HR

S.No.	Training	No. trained	Remarks if any
3.1	EmOC		
3.2	LSAS		
3.3	BeMOC		
3.4	SBA		
3.5	MTP/MVA		
3.6	NSV		
3.7	F-IMNCI		
3.8	NSSK		
3.9	Mini Lap-Sterilisations		
3.10	Laproscopy-Sterilisations		
3.11	IUCD		
3.12	PPIUCD		
3.13	Blood storage		
3.14	IMEP		
3.15	Immunization and cold chain		
3.16	Adolescent Health (MOs, ANM/LHV & Counselors)		
3.17	Training of ANM/LHV on Adolescent Health (RKSK)		
3.18	Training of Counsellor on Adolescent Health (RKSK)		
3.19	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 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	
4.14	Height Scale	Y	N	
4.15	BMI chart	Y	N	
4.16	Snellen's chart	Y	N	
	<b>Laboratory Equipment</b>	<b>Yes</b>	<b>No</b>	<b>Remarks</b>
4.14	Functional Microscope	Y	N	
4.15	Functional Haemoglobinometer	Y	N	
4.16	Functional Centrifuge	Y	N	
4.17	Functional Semi autoanalyzer	Y	N	
4.18	Reagents and Testing Kits	Y	N	
	<b>O.T Equipment</b>	<b>Yes</b>	<b>No</b>	<b>Remarks</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 Anaesthesia 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.	Essential Medical Supplies	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	
5.17	Tab. Alendazole	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	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			
7.3	Expected number of pregnancies			
7.4	No. of pregnant women given IFA			
7.5	Total deliveries conducted			
7.6	No. of assisted deliveries (Ventouse/ Forceps)			
7.7	No. of C section conducted			
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			
7.11	RTI/STI Treated			
7.12	No of admissions in NBSUs/ SNCU, whichever available			
7.12a	Inborn			
7.12b	Outborn			
7.13	No. of children admitted with SAM			
7.14	No. of sick children referred			
7.15	No. of pregnant women referred			
7.16	No. of IUCD Insertions			
7.17	No. of Tubectomy			
7.18	No. of Vasectomy			

S.No.	Service Utilization Parameter	Q1	Q2	Remarks
7.19	No. of Minilap			
7.20	No. of children fully immunized			
7.21	Measles coverage			
7.22	No. of children given ORS + Zinc			
7.23	No. of children given Vitamin A			
7.24	No. of women who accepted post-partum FP services			
7.25	No. of MTPs conducted in first trimester			
7.26	No. of MTPs conducted in second trimester			
7.27	Maternal deaths, if any			
7.28	Still births, if any			
7.29	Neonatal deaths, if any			
7.30	Infant deaths, if any			

## Section VIII: Service delivery in post natal wards:

S.No.	Parameters	Yes	No	Remarks
8.1	All mothers initiated breast feeding within one hr of normal delivery	Y	N	
8.2	Zero dose BCG, Hepatitis B and OPV given	Y	N	
8.3	Counseling on IYCF done	Y	N	
8.4	Counseling on Family Planning done	Y	N	
8.5	Mothers asked to stay for 48 hrs	Y	N	
8.6	JSY payment being given before discharge	Y	N	
8.7	Mode of JSY payment (Cash/ bearer cheque/Account payee cheque/Account Transfer)			
8.8	Any expenditure incurred by Mothers on travel, drugs or diagnostics (Please give details)	Y	N	
8.9	Diet being provided free of charge	Y	N	

## Section IX: Adolescent Friendly Health Service

S.No.	Parameters	Q1	Q2	Remarks
9.1	No of adolescents attending AFHC			
9.2	No of adolescents counselled at AFHC			
9.3	No of adolescents referred to higher facility			
9.4	Percentage of teenage pregnancy out of total registered			
	<b>Quality parameters</b>	<b>Y</b>	<b>N</b>	
9.5	Privacy & confidentiality maintained during counselling			

## Section X: 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
10.1	Manage high risk pregnancy	Y	N	
10.2	Provide essential newborn care (thermoregulation, breastfeeding and asepsis)	Y	N	
10.3	Manage sick neonates and infants	Y	N	
10.4	Correctly uses partograph	Y	N	
10.5	Correctly insert IUCD	Y	N	
10.6	Correctly administer vaccines	Y	N	
10.7	Segregation of waste in colour coded bins	Y	N	
10.8	Adherence to IMEP protocols	Y	N	
10.9	Manage Bio medical waste	Y	N	
10.10	Updated entry in the MCP Cards	Y	N	
10.11	Entry in MCTS	Y	N	
10.12	Corrective action taken on Maternal Death Review finding	Y	N	

## Section XI: Record Maintenance

Sl. No	Record	Available, Updated and correctly filled	Available but Not maintained	Not Available	Remarks/ Timeline for completion
11.1	OPD Register				
11.2	IPD Register				
11.3	ANC Register				
11.4	PNC Register				
11.5	Indoor bed head ticket				
11.6	Line listing of severely anaemic pregnant women				
11.7	Labour room register				
11.8	Partographs				
11.9	FP-Operation Register (OT)				
11.10	OT Register				
11.11	FP Register				
11.12	Immunisation Register				
11.13	Updated Microplan				
11.14	Blood Bank stock register				
11.15	Referral Register (In and Out)				
11.16	MDR Register				
11.17	Infant Death Review and Neonatal Death Review				
11.18	Drug Stock Register				
11.19	Payment under JSY				
11.20	Untied funds expenditure (Check % expenditure)				

Sl. No	Record	Available, Updated and correctly filled	Available but Not maintained	Not Available	Remarks/ Timeline for completion
11.21	AMG expenditure (Check % expenditure)				
11.22	RKS expenditure (Check % expenditure)				
11.23	AFHC register				

## Section XII: 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
12.1	Home to facility					
12.2	Inter facility					
12.3	Facility to Home (drop back)					

## Section XIII: IEC display

S.No.	Material	Yes	No	Remarks
13.1	Approach roads have directions to the health facility	Y	N	
13.2	Citizen Charter	Y	N	
13.3	Timings of the health facility	Y	N	
13.4	List of services available	Y	N	
13.5	Essential Drug List	Y	N	
13.6	Protocol Posters	Y	N	
13.7	JSSK entitlements (Displayed in ANC Clinics/PNC Clinics)	Y	N	
13.8	Immunization Schedule	Y	N	
13.9	JSY entitlements (Displayed in ANC Clinics/PNC Clinics)	Y	N	
13.10	Other related IEC material	Y	N	
13.11	Adolescent Services	Y	N	

## Section XIV: Additional/Support Services:

S.No.	Material	Yes	No	Remarks
14.1	Regular sterilisation of LR (Check Records)	Y	N	
14.1a	Regular sterilisation of OT (Check Records)	Y	N	
14.2	Functional Laundry/washing services	Y	N	
14.3	Availability of dietary services	Y	N	
14.4	Appropriate drug storage facilities	Y	N	
14.5	Equipment maintenance and repair mechanism	Y	N	
14.6	Grievance Redressal mechanisms	Y	N	
14.7	Tally software implemented	Y	N	

## Section XV: Previous supervisory visits

S.No.	Name and Designation of the supervisor	Place of posting of Supervisor	Date of visit
15.1			
15.2			
15.3			
15.4			
15.5			

**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

# **DH**

## **MONITORING CHECKLIST**

## DH LEVEL MONITORING CHECKLIST

Name of District:..... Name of Block:..... Name of DH:.....

Catchment Population:..... Total Villages: .....

Date of last supervisory visit:.....

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	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	
1.9	Running 24*7 water supply	Y	N	
1.10	Clean Toilets separate for Male/Female	Y	N	
1.11	Functional and clean labour Room	Y	N	
1.12	Functional and clean toilet attached to labour room	Y	N	
1.13	Functional New born care corner (functional radiant warmer with neo-natal ambu bag)	Y	N	
1.14	Functional Newborn Stabilization Unit	Y	N	
1.16	Functional SNCU	Y	N	
1.17	Clean wards	Y	N	
1.18	Separate Male and Female wards (at least by partitions)	Y	N	
1.19	Availability of Nutritional Rehabilitation Centre	Y	N	
1.20	Functional BB/BSU, specify	Y	N	
1.21	Separate room for Adolescent Friendly Health Clinic (AFHC)	Y	N	
1.22	Availability of complaint/suggestion box	Y	N	
1.23	Availability of mechanisms for Biomedical waste management (BMW)at facility	Y	N	
1.24	BMW outsourced	Y	N	
1.25	Availability of ICTC/ PPTCT Centre	Y	N	
1.26	Availability of functional Help Desk	Y	N	

## Section II: Human Resource

S.No.	Category	Numbers	Remarks if any
2.1	OBG		
2.2	Anaesthetist		
2.3	Paediatrician		
2.4	General Surgeon		
2.5	Other Specialists		
2.6	MOs		
2.7	SNs		
2.8	ANMs		
2.9	LTs		
2.10	Pharmacist		
2.11	LHV		
2.12	Radiographer		
2.13	RMNCH+A counsellors		
2.14	Adolescent Health Counsellor (1 female & 1 male)		
2.15	Others		

## Section III: Training Status of HR

S.No.	Training	No. trained	Remarks if any
3.1	EmOC		
3.2	LSAS		
3.3	BeMOC		
3.4	SBA		
3.5	MTP/MVA		
3.6	NSV		
3.7	F-IMNCI		
3.8	NSSK		
3.9	Mini Lap-Sterilisations		
3.10	Laproscopy-Sterilisations		
3.11	IUCD		
3.12	PPIUCD		
3.13	Blood storage		
3.14	IMEP		
3.15	Immunization and cold chain		
3.16	MO training on Adolescent Health (RKSK)		
3.17	ANM/LHV training on Adolescent Health (RKSK)		
3.18	Counsellor training on Adolescent Health (RKSK)		
3.19	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 child)	Y	N	
4.5	Functional Needle Cutter	Y	N	
4.6	Functional Radiant Warmer	Y	N	
4.7	Functional Suction apparatus	Y	N	
4.8	Functional Facility for Oxygen Administration	Y	N	
4.9	Functional Foetal Doppler/CTG	Y	N	
4.10	Functional Mobile light	Y	N	
4.11	Delivery Tables	Y	N	
4.12	Functional Autoclave	Y	N	
4.13	Functional ILR and Deep Freezer	Y	N	
4.14	Emergency Tray with emergency injections	Y	N	
4.15	MVA/EVA Equipment	Y	N	
4.16	Functional phototherapy unit	Y	N	
4.17	BMI Chart	Y	N	
4.18	Height Chart	Y	N	
4.19	Snellen's Chart	Y	N	
S.No.	O.T Equipment	Yes	No	Remarks
4.20	O.T Tables	Y	N	
4.21	Functional O.T Lights, ceiling	Y	N	
4.22	Functional O.T lights, mobile	Y	N	
4.23	Functional Anaesthesia machines	Y	N	
4.24	Functional Ventilators	Y	N	
4.25	Functional Pulse-oximeters	Y	N	
4.26	Functional Multi-para monitors	Y	N	
4.27	Functional Surgical Diathermies	Y	N	
4.28	Functional Laparoscopes	Y	N	
4.29	Functional C-arm units	Y	N	
4.30	Functional Autoclaves (H or V)	Y	N	
S.No.	Laboratory Equipment	Yes	No	Remarks
4.1a	Functional Microscope	Y	N	
4.2a	Functional Haemoglobinometer	Y	N	
4.3a	Functional Centrifuge	Y	N	
4.4a	Functional Semi autoanalyzer	Y	N	
4.5a	Reagents and Testing Kits	Y	N	
4.6a	Functional Ultrasound Scanners	Y	N	
4.7a	Functional C.T Scanner	Y	N	
4.8a	Functional X-ray units	Y	N	
4.9a	Functional ECG machines	Y	N	

## Section V: Essential Drugs and Supplies

S.No.	Essential Medical Supplies	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, anti-allergic drugs etc.	Y	N	
5.16	Vaccine Stock available	Y	N	
5.17	Tab Albendazole	Y	N	
	<b>Supplies</b>	<b>Yes</b>	<b>No</b>	<b>Remarks</b>
5.18	Pregnancy testing kits	Y	N	
5.19	Urine albumin and sugar testing kit	Y	N	
5.20	OCPs	Y	N	
5.21	EC pills	Y	N	
5.22	IUCDs	Y	N	
5.23	Sanitary napkins	Y	N	
<b>S.No</b>	<b>Essential Consumables</b>	<b>Yes</b>	<b>No</b>	<b>Remarks</b>
5.24	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	Ultrasound scan (Ob.)	Y	N	
6.11	Ultrasound Scan (General)	Y	N	
6.12	X-ray	Y	N	
6.13	ECG	Y	N	
6.14	Endoscopy	Y	N	
6.15	Others, pls specify	Y	N	
S.No.	Blood bank/Blood Storage Unit	Yes	No	Remarks
6.16	Functional blood bag refrigerators with chart for temp. recording	Y	N	
6.17	Sufficient no. of blood bags available	Y	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			
7.2	IPD			
7.3	Expected number of pregnancies			
7.4	No. of pregnant women given IFA			
7.5	Total deliveries conducted			
7.6	No. of assisted deliveries (Ventouse/ Forceps)			
7.7	No. of C section conducted			
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			
7.11	RTI/STI Treated			
7.12	No of admissions in NBSUs/ SNCU, whichever available			

S.No.	Service Utilization Parameter	Q1	Q2	Remarks
7.13	No of admissions: Inborn			
7.14	No of admissions: Outborn			
7.15	No. of children admitted with SAM			
7.16	No. of sick children referred			
7.17	No. of pregnant women referred			
7.18	No. of IUCD Insertions			
7.19	No. of Tubectomy			
7.20	No. of Vasectomy			
7.21	No. of Minilap			
7.22	No. of children fully immunized			
7.23	Measles coverage			
7.24	No. of children given ORS + Zinc			
7.25	No. of children given Vitamin A			
7.26	No. of women who accepted post-partum FP services			
7.27	No. of MTPs conducted in first trimester			
7.28	No. of MTPs conducted in second trimester			
7.29	Maternal deaths, if any			
7.30	Still births, if any			
7.31	Neonatal deaths, if any			
7.32	Infant deaths, if any			

## Section VIII: Service delivery in post natal wards

S.No.	Parameters	Yes	No	Remarks
8.1	All mothers initiated breast feeding within one hour of normal delivery	Y	N	
8.2	Zero dose BCG, Hepatitis B and OPV given	Y	N	
8.3	Counseling on IYCF done	Y	N	
8.4	Counseling on Family Planning done	Y	N	
8.5	Mothers asked to stay for 48 hrs	Y	N	
8.6	JSY payment being given before discharge	Y	N	
8.7	Mode of JSY payment (Cash/ bearer cheque/Account payee cheque/Account Transfer)			
8.8	Any expenditure incurred by Mothers on travel, drugs or diagnostics (Please give details)	Y	N	
8.9	Diet being provided free of charge	Y	N	

## Section IX: Adolescent Friendly Health Service

S No.	Service utilization Parameters	Q1	Q2	Remarks
9.1	No of adolescents attending AFHC			
9.2	No of adolescents counselled at AFHC			
9.3	No of adolescents referred to higher facility			
9.4	Percentage of teenage pregnancy out of total pregnancies			
	<b>Quality parameters</b>	<b>Y</b>	<b>N</b>	<b>Remarks</b>
9.5	Privacy & confidentiality maintained during counselling			

## Section X: 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
10.1	Manage high risk pregnancy	Y	N	
10.2	Provide essential newborn care (thermoregulation, breastfeeding and asepsis)	Y	N	
10.3	Manage sick neonates and infants	Y	N	
10.4	Correctly uses partograph	Y	N	
10.5	Correctly insert IUCD	Y	N	
10.6	Correctly administer vaccines	Y	N	
10.7	Segregation of waste in colour coded bins	Y	N	
10.8	Adherence to IMEP protocols	Y	N	
10.9	Bio medical waste management	Y	N	
10.10	Updated Entry in the MCP Cards	Y	N	
10.11	Entry in MCTS	Y	N	
10.12	Corrective action taken on Maternal Death Review finding	Y	N	

## Section XI: Record Maintenance

Sl. No	Record	Available, Updated and correctly filled	Available but Not maintained	Not Available	Remarks/Timeline for completion
11.1	OPD Register				
11.2	IPD Register				
11.3	ANC Register				
11.4	PNC Register				
11.5	Indoor bed head ticket				
11.6	Line listing of severely anaemic pregnant women				
11.7	Labour room register				
11.8	Partographs				
11.9	FP-Operation Register (OT)				

Sl. No	Record	Available, Updated and correctly filled	Available but Not maintained	Not Available	Remarks/Timeline for completion
11.10	OT Register				
11.11	FP Register				
11.12	Immunisation Register				
11.13	Updated Microplan				
11.14	Blood Bank stock register				
11.15	Referral Register (In and Out)				
11.16	MDR Register				
11.17	Infant Death Review and Neonatal Death Review				
11.18	Drug Stock Register				
11.19	Payment under JSY				
11.20	Untied funds expenditure (Check % expenditure)				
11.21	AMG expenditure (Check % expenditure)				
11.22	RKS expenditure (Check % expenditure)				
11.23	AFHC register				

## Section XII: 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
12.1	Home to facility					
12.2	Inter facility					
12.3	Facility to Home (drop back)					

## Section XIII: IEC display

S.No.	Material	Yes	No	Remarks
13.1	Approach roads have directions to the health facility	Y	N	
13.2	Citizen Charter	Y	N	
13.3	Timings of the health facility	Y	N	
13.4	List of services available	Y	N	
13.5	Essential Drug List	Y	N	
13.6	Protocol Posters	Y	N	
13.7	JSSK entitlements (Displayed in ANC Clinics/PNC Clinics)	Y	N	
13.8	Immunization Schedule	Y	N	
13.9	JSY entitlements( Displayed in ANC Clinics/PNC Clinics)	Y	N	
13.10	Other related IEC material	Y	N	
13.11	Adolescent services			

## Section XIV: Additional/Support Services

S.No.	Material	Yes	No	Remarks
14.1	Regular Sterilisation –Labour Room (Check Records)	Y	N	
14.1 a	Regular Sterilisation –OT (Check Records)	Y	N	
14.2	Functional Laundry/washing services	Y	N	
14.3	Availability of dietary services	Y	N	
14.4	Appropriate drug storage facilities	Y	N	
14.5	Equipment maintenance and repair mechanism	Y	N	
14.6	Grievance Redressal mechanisms	Y	N	
14.7	Tally software Implemented	Y	N	

## Section XV: Previous supervisory visits

S.No.	Name and Designation of the supervisor	Place of posting of Supervisor	Date of visit
15.1			
15.2			
15.3			
15.4			
15.5			

**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



Maternal Health Division  
Ministry of Health & Family Welfare  
Government of India

With Support from  
other RCH Divisions & NHSRC