

GOVERNMENT OF NAGALAND
NATIONAL RURAL HEALTH MISSION
DEPARTMENT OF HEALTH & FAMILY WELFARE
NAGALAND : KOHIMA

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No: NRHM/NL/10/M&E/2011-12/ 3528 Dated Kohima the 31st July 2013

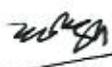
NOTIFICATION

In accordance with the instruction of Ministry of Health & Family Welfare, GoI on strengthening Supportive Supervision and Monitoring of the health system & implementation various activities, the Plan of Field Visit along with Facility Wise Checklist for Supportive Supervision and Monitoring has been revised herein enclosed as Annexure: I- VI with immediate effect.

It is expected that the revised framework would serve as a useful tool to Health Administrators and Programme Officers at different levels for undertaking regular and periodic visits as a part of a comprehensive plan for supportive supervision.

The team members of the different Monitoring Team at Block, District and State Level shall be as before. Also, the existing pattern of financial support for such field visits shall continue wherein the expenditure for Block Monitoring Team shall be reimbursed directly from the SPMSU upon submission of the necessary documents while the district level while be through the DPMSU as per the prevailing entitlement of various categories of Staff.

The Observations and ATRs of the field visits shall be reviewed during the Review Meetings at the District and State levels. 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.


31.7.13
(DR. KHANLO MAGH)

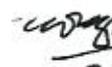
Mission Director (NRHM)

Dated Kohima the 31st July 2013

No: NRHM/NL/10/M&E/2011-12/

Copy to:

1. The Commissioner & Secretary, Department of Health & Family Welfare, Nagaland Kohima.
2. The Principal Director, Directorate of Health & Family Welfare, Nagaland Kohima.
3. The Deputy Commissioner & Chairman, District Health Society
Dimapur/ Longleng/ Kiphire/ Kohima/ Mokokchung/ Mon/ Peren/ Phek/ Tuensang/ Wokha/
Zunheboto
4. The Chief Medical Officer
Dimapur/ Longleng/ Kiphire/ Kohima/ Mokokchung/ Mon/ Peren/ Phek/ Tuensang/ Wokha/
Zunheboto.
5. Office copy / Guard file.


31.7.13
(DR. KHANLO MAGH)

Mission Director (NRHM)

Plan of field visits for Supportive Supervision and Monitoring:

Different levels of Monitoring Teams, Programmes Officers and Health Administrators at the State and District shall undertake regular and periodic visits in accordance with the under mentioned Schedules as a part of a comprehensive plan for supportive supervision and monitoring. The Checklist as given in Annexure: II to VI shall be used during the Filed Visit and the Report thereafter shall be submitted to the immediate Controlling Officer and the State which shall be reviewed during the Review Meetings at the District and State levels.

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.

Integrated Supportive Supervision and Monitoring Plan Schedule					
Level of Monitoring Teams	Frequency of Field Visits				
	VHND	SC	PHC/CHC (Non FRU)	FRU (CHC)	DH
MO & LHV/ Nurse (PHC/ CHC/DH) along with Other Staff	Once Every Month on a Fixed Day	Once Every Month on a Fixed Day	Once Every Month on a Fixed Day Only to those Hus where there is no Doctor	NA	NA
Block M&E Team	Once half yearly	Once Every Month	Once Every Month	Once Every Month	Once Every Month
District M&E Team	Once every Year	Once every Year	Once every Half Yearly	Once every Quarter	Once every Quarter
State M&E Team	25% of Villages once every Year	50% of SCs once every Year	75% of PHCs/CHCs once every Year	Once every Year	Once every Year

Sd/-
(DR. KHANLO MAGH)
Mission Director (NRHM)



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	2 nd 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 Hemoglobin Estimation				
3.2	Blood sugar testing kits				
3.3	BP Instrument and Stethoscope				
3.4	Delivery equipment				
3.5	Neonatal ambu bag				
3.6	Adult weighing machine				
3.7	Infant/New born weighing machine				
3.8	Needle & Hub Cutter				
3.9	Color coded bins				
3.10	RBSK pictorial tool kit				

Section IV: Essential Drugs:

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

Section V: Essential Supplies

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



5.5	IUCDs	Y	N
5.6	Sanitary napkins	Y	N

Section VI: Service Delivery in the last two quarters:

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



Section VII: Quality parameters of the facility:

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

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

Section VIII: Record Maintenance:

Mark (✓) in appropriate column

Sl. No	Record	Available and Upto-date and correctly filled	Available but non-maintained	Not Available	Remarks
8.1	Untied funds expenditure (Rs 10,000) Check % expenditure				



8.2	Annual maintenance grant (Rs 10,000-Check % expenditure)			
8.3	Payments under JSY			
8.4	VHND plan			
8.5	VHSNC meeting minutes and action taken			
8.6	Eligible couple register			
8.7	MCH register (as per GOI)			
8.8	Delivery Register as per GOI format			
8.9	Stock register			
8.10	Due lists			
8.11	MCP cards			
8.12	Village register			
8.13	Referral Registers (In and Out)			
8.14	List of families with 0-6 years children under RBSK			
8.15	Line listing of severely anemic pregnant women			
8.16	Updated Microplan			
8.17	Vaccine supply for each session day (check availability of all vaccines)			
8.18	Due list and work plan received from MCTS Portal through Mobile/ Physically			

Section IX: Referral Linkages in last two quarters:

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



Section X: IEC display:

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

Section XI: Previous supervisory visits:

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

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

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

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



PHC/CHC (NON FRU) level Monitoring Checklist

Name of District: _____ Name of Block: _____ Name of PHC/CHC: _____
 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 functional power back up	Y	N	
1.9	Running 24*7 water supply	Y	N	
1.10	Clean Toilets separate for Male/Female	Y	N	
1.11	Functional and clean labour Room	Y	N	
1.12	Functional and clean toilet attached to labour room	Y	N	
1.13	Functional New born care corner (functional radiant warmer with neo-natal ambu bag)	Y	N	
1.14	Functional Newborn Stabilization Unit	Y	N	
1.15	Clean wards	Y	N	
1.16	Separate Male and Female wards (at least by Partitions)	Y	N	
1.17	Availability of complaint/suggestion box	Y	N	
1.18	Availability of mechanisms for waste management	Y	N	

Section II: Human resource:

S. no	Category	Numbers	Remarks if any
2.1	MO		
2.2	SNs/ GNMs		
2.3	ANM		
2.4	LTs		
2.5	Pharmacist		
2.6	LHV/PHN		
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	
Laboratory Equipment		Yes	No	Remarks
4.14	Functional Microscope	Y	N	
4.15	Functional Hemoglobinometer	Y	N	
4.16	Functional Centrifuge,	Y	N	
4.17	Functional Semi autoanalyzer	Y	N	
4.18	Reagents and Testing Kits	Y	N	

Section V: Essential Drugs and Supplies



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

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

Section VI: Other Services :

S.no	Lab tests being conducted for	Yes	No	Remarks
6.1	Haemoglobin	Y	N	
6.2	CBC	Y	N	
6.3	Urine albumin and Sugar	Y	N	
6.4	Serum Bilirubin test	Y	N	
6.5	Blood Sugar	Y	N	
6.6	RPR (Rapid Plasma Reagin) test	Y	N	
6.7	Malaria (PS or RDT)	Y	N	
6.8	T.B (Sputum for AFB)	Y	N	
6.9	HIV (RDT)	Y	N	
6.10	Others	Y	N	

Section VII: Service Delivery in last two quarters:



S.No	Service Utilization Parameter	Q1	Q2	Remarks
7.1	OPD			
7.2	IPD			
7.3	Expected number of pregnancies			
7.4	Percentage of women registered in the first trimester			
7.5	Percentage of women registered in the first trimester			
7.6	Percentage of ANC3 out of total registered			
7.7	Percentage of ANC4 out of total registered			
7.8	Total deliveries conducted			
7.9	Number of obstetric complications managed, pls specify type			
7.10	No. of neonates initiated breast feeding within one hour			
7.11	Number of children screened for Defects at birth under RBSK			
7.12	RTI/STI Treated			
7.13	No of admissions in NBSUs, if available			
7.14	No. of sick children referred			
7.15	No. of pregnant women referred			
7.16	No. of IUCD Insertions			
7.17	No. of Tubectomy			
7.18	No. of Vasectomy			
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			
7.26	Maternal deaths, if any			
7.27	Still births, if any			
7.28	Neonatal deaths, if any			
7.29	Infant deaths, if any			

Section VII a: Service delivery in post natal wards:

S.No	Parameters	Yes	No	Remarks
7.1a	All mothers initiated breast feeding within one hr of normal delivery	Y	N	



7.2a	Zero dose BCG, Hepatitis B and OPV given	Y	N
7.3a	Counseling on IYCF done	Y	N
7.4a	Counseling on Family Planning done	Y	N
7.5a	Mothers asked to stay for 48 hrs	Y	N
7.6a	JSY payment being given before discharge	Y	N
7.7a	Mode of JSY payment (Cash/bearer cheque/Account payee cheque/Account Transfer)		
7.8a	Any expenditure incurred by Mothers on travel, drugs or diagnostics(Please give details)	Y	N
7.9a	Diet being provided free of charge	Y	N

Section VIII: Quality parameter of the facility

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

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

Section IX: Record Maintenance:

S. no	Record	Available, Updated and correctly filled	Available but Not maintained	Not Available	Remarks/Timeline for completion
9.1	OPD Register				
9.2	IPD Register				
9.3	ANC Register				



9.4	PNC Register			
9.5	Indoor bed head ticket			
9.6	Line listing of severely anaemic pregnant women			
9.7	Labour room register			
9.8	Partographs			
9.9	OT Register			
9.10	FP Register			
9.11	Immunisation Register			
9.12	Updated Microplan			
9.13	Drug Stock Register			
9.14	Referral Registers (In and Out)			
9.15	Payments under JSY			
9.16	Untied funds expenditure (Check % expenditure)			
9.17	AMG expenditure (Check % expenditure)			
9.18	RKS expenditure (Check % expenditure)			

Section X: Referral linkages in last two quarters:

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

Section XI: IEC Display:

S.No	Material	Yes	No	Remarks
11.1	Approach roads have directions to the health facility	Y	N	
11.2	Citizen Charter	Y	N	
11.3	Timings of the Health Facility	Y	N	
11.4	List of services available	Y	N	
11.5	Essential Drug List	Y	N	
11.6	Protocol Posters	Y	N	
11.7	JSSK entitlements	Y	N	



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

Section XII: Additional/Support Services:

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

Section XIII: Previous supervisory visits:

S. no	Name and Designation of the supervisor	Place of posting of Supervisor	Date of visit
13.1			
13.2			
13.3			
13.4			
13.5			

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

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

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

**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 (<i>functional radiant warmer with neo-natal ambu bag</i>)	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	



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		
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	RMNCHA+ counsellors		
2.14	Others		

Section III: Training Status of HR:

S. no	Training	No. trained	Remarks if any
3.1	EmOC		
3.2	LSAS		
3.3	BeMOC		
3.4	SBA		
3.5	MTP/MVA		
3.6	NSV		
3.7	F-IMNCI		
3.8	NSSK		
3.9	Mini Lap-Sterilisations		
3.10	Laprosopy-Sterilisations		
3.11	IUCD		
3.12	PPIUCD		
3.13	Blood storage		
3.14	IMEP		
3.16	Immunization and cold chain		
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 child)	Y	N	
4.5	Functional Needle Cutter	Y	N	
4.6	Functional Radiant Warmer	Y	N	
4.7	Functional Suction apparatus	Y	N	
4.8	Functional Facility for Oxygen Administration	Y	N	
4.9	Functional Autoclave	Y	N	
4.10	Functional ILR and Deep Freezer	Y	N	
4.11	Emergency Tray with emergency injections	Y	N	
4.12	MVA/ EVA Equipment	Y	N	
4.13	Functional phototherapy unit	Y	N	
Laboratory Equipment				
4.14	Functional Microscope	Y	N	
4.15	Functional Hemoglobinometer	Y	N	
4.16	Functional Centrifuge	Y	N	
4.17	Functional Semi autoanalyzer	Y	N	
4.18	Reagents and Testing Kits	Y	N	
O.T Equipment				
4.19	O.T Tables	Y	N	
4.20	Functional O.T Lights, ceiling	Y	N	
4.21	Functional O.T lights, mobile	Y	N	
4.22	Functional Anesthesia machines	Y	N	
4.23	Functional Ventilators	Y	N	
4.24	Functional Pulse-oximeters	Y	N	
4.25	Functional Multi-para monitors	Y	N	
4.26	Functional Surgical Diathermies	Y	N	
4.27	Functional Laparoscopes	Y	N	
4.28	Functional C-arm units	Y	N	
4.29	Functional Autoclaves (H or V)	Y	N	



Section V: Essential Drugs and Supplies:

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

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

Section VI: Other Services :

S.no	Lab Services	Yes	No	Remarks
6.1	Haemoglobin	Y	N	
6.2	CBC	Y	N	
6.3	Urine albumin and sugar	Y	N	
6.4	Blood sugar	Y	N	
6.5	RPR (Rapid Plasma Reagin) test	Y	N	
6.6	Malaria (PS or RDT)	Y	N	
6.7	T.B (Sputum for AFB)	Y	N	
6.8	HIV (RDT)	Y	N	
6.9	Liver function tests(LFT)	Y	N	
6.10	Others , pls specify	Y	N	
S.No	Blood bank / Blood Storage Unit	Yes	No	Remarks



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

Section VII: Service Delivery in last two quarters:

S.No	Service Utilization Parameter	Q1	Q2	Remarks
7.1	OPD			
7.2	IPD			
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			
7.12 a	Inborn			
7.12 b	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			
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	Number of Adolescents attending ARSH clinic			
7.28	Maternal deaths, if any			
7.29	Still births, if any			



7.30	Neonatal deaths, if any		
7.31	Infant deaths, if any		

Section VII a: Service delivery in post natal wards:

S.No	Parameters	Yes	No	Remarks
7.1a	All mothers initiated breast feeding within one hr of normal delivery	Y	N	
7.2a	Zero dose BCG, Hepatitis B and OPV given	Y	N	
7.3a	Counseling on IYCF done	Y	N	
7.4a	Counseling on Family Planning done	Y	N	
7.5a	Mothers asked to stay for 48 hrs	Y	N	
7.6a	JSY payment being given before discharge	Y	N	
7.7a	Mode of JSY payment (Cash/ bearer cheque/Account payee cheque/Account Transfer)			
7.8a	Any expenditure incurred by Mothers on travel, drugs or diagnostics (Please give details)	Y	N	
7.9a	Diet being provided free of charge	Y	N	

Section VIII: Quality parameter of the facility:

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

S.No	Essential Skill Set	Yes	No	Remarks
8.1	Manage high risk pregnancy	Y	N	
8.2	Provide essential newborn care (thermoregulation, breastfeeding and asepsis)	Y	N	
8.3	Manage sick neonates and infants	Y	N	
8.4	Correctly uses partograph	Y	N	
8.5	Correctly insert IUCD	Y	N	
8.6	Correctly administer vaccines	Y	N	
8.7	Segregation of waste in colour coded bins	Y	N	
8.8	Adherence to IMEP protocols	Y	N	
8.9	Manage Bio medical waste	Y	N	
8.10	Updated entry in the MCP Cards	Y	N	
8.11	Entry in MCTS	Y	N	
8.12	Corrective action taken on Maternal Death Review finding	Y	N	

Section IX: Record Maintenance:



S. no	Record	Available and Updated and Correctly filled	Available but Not maintained	Not Available	Remarks/ Timeline for completion
9.1	OPD Register				
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)					

Section XI: IEC Display:



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

Section XII: Additional/Support Services:

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

Section XIII: Previous supervisory visits:

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

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 ARSH clinic	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	RMNCHA+ counsellors		
2.14	Others		

Section III: Training Status of HR:

S. no	Training	No. trained	Remarks if any
3.1	EmOC		
3.2	LSAS		
3.3	BeMOC		
3.4	SBA		
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		
3.16	Immunization and cold chain		
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 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	O.T Equipment			
4.18	O.T Tables	Y	N	
4.19	Functional O.T Lights, ceiling	Y	N	
4.20	Functional O.T lights, mobile	Y	N	
4.21	Functional Anesthesia machines	Y	N	
4.22	Functional Ventilators	Y	N	
4.23	Functional Pulse-oximeters	Y	N	
4.24	Functional Multi-para monitors	Y	N	
4.25	Functional Surgical Diathermies	Y	N	
4.26	Functional Laparoscopes	Y	N	
4.27	Functional C-arm units	Y	N	
4.28	Functional Autoclaves (H or V)	Y	N	



Laboratory Equipment			
4.1a	Functional Microscope	Y	N
4.2a	Functional Hemoglobinometer	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	Drugs	Yes	No	Remarks
5.1	EDL available and displayed	Y	N	
5.2	Computerised inventory management	Y	N	
5.3	IFA tablets	Y	N	
5.4	IFA tablets (blue)	Y	N	
5.5	IFA syrup with dispenser	Y	N	
5.6	Vit A syrup	Y	N	
5.7	ORS packets	Y	N	
5.8	Zinc tablets	Y	N	
5.9	Inj Magnesium Sulphate	Y	N	
5.10	Inj Oxytocin	Y	N	
5.11	Misoprostol tablets	Y	N	
5.12	Mifepristone tablets	Y	N	
5.13	Availability of antibiotics	Y	N	
5.14	Labelled emergency tray	Y	N	
5.15	Drugs for hypertension, Diabetes, common ailments e.g PCM, anti-allergic drugs etc.	Y	N	
5.16	Vaccine Stock available	Y	N	
S.No	Supplies	Yes	No	Remarks
5.17	Pregnancy testing kits	Y	N	
5.18	Urine albumin and sugar testing kit	Y	N	
5.19	OCPs	Y	N	
5.20	EC pills	Y	N	
5.21	IUCDs	Y	N	
5.22	Sanitary napkins	Y	N	
S.No	Essential Consumables	Yes	No	Remarks
5.23	Gloves, Mckintosh, Pads, bandages, and gauze etc.	Y	N	

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

Section VI: Other Services :

S.no	Lab Services	Yes	No	Remarks
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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			
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	Number of Adolescents attending ARSH clinic		
7.30	Maternal deaths, if any		
7.31	Still births, if any		
7.32	Neonatal deaths, if any		
7.33	Infant deaths, if any		

Section VII a: Service delivery in post natal wards:

S.No	Parameters	Yes	No	Remarks
7.1a	All mothers initiated breast feeding within one hour of normal delivery	Y	N	
7.2a	Zero dose BCG, Hepatitis B and OPV given	Y	N	
7.3a	Counseling on IYCF done	Y	N	
7.4a	Counseling on Family Planning done	Y	N	
7.5a	Mothers asked to stay for 48 hrs	Y	N	
7.6a	JSY payment being given before discharge	Y	N	
7.7a	Mode of JSY payment (Cash/bearer cheque/Account payee cheque/Account Transfer)			
7.8a	Any expenditure incurred by Mothers on travel, drugs or diagnostics(Please give details)	Y	N	
7.9a	Diet being provided free of charge	Y	N	

Section VIII: Quality parameter of the facility:

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

S.No	Essential Skill Set	Yes	No	Remarks
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8.1	Manage high risk pregnancy	Y	N	
8.2	Provide essential newborn care (<i>thermoregulation, breastfeeding and asepsis</i>)	Y	N	
8.3	Manage sick neonates and infants	Y	N	
8.4	Correctly uses partograph	Y	N	
8.5	Correctly insert IUCD	Y	N	
8.6	Correctly administer vaccines	Y	N	
8.7	Segregation of waste in colour coded bins	Y	N	
8.8	Adherence to IMEP protocols	Y	N	
8.9	Bio medical waste management	Y	N	
8.10	Updated Entry in the MCP Cards	Y	N	
8.11	Entry in MCTS	Y	N	
8.12	Corrective action taken on Maternal Death Review finding	Y	N	

Section IX: Record Maintenance:

S. no	Record	Available and Updated and correctly filled	Available but Not maintained	Not Available	Remarks/ 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)				
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Section X: Referral linkages in last two quarters:

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

Section XI: IEC Display:

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

Section XII: Additional/Support Services:

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

Section XIII: Previous supervisory visits:



S. no	Name and Designation of the supervisor	Place of posting of Supervisor	Date of visit
13.1			
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
	-		