

**NO.C.A.26012/1/2014-MSHS(SPMSU)RCH
GOVERNMENT OF MIZORAM
OFFICE OF THE MISSION DIRECTOR
NATIONAL HEALTH MISSION**

Dated Aizawl, the 5th May,2015

CIRCULAR

National Health Mission PIP – 2014-15 ROP kan neih ang in Mobility Support hnuaiah pawisa hman tur District wise in rawn release a ni a. Heng pawisa te hi PIP Guidelines a hman dan tur a siam angin hman vek tur a ni a. Tin, outcome kan neih te Ministry of Health and Family Welfare ah report pek zel tur anih avangin report kimchang siamin a Mission Director, NHM hnenah report pek zel tura ni.

Mobility Support fund a hnuai mi ang hian district tinah Quarter 2 atan rawn released a ni.

Sl. No	District	CMO mobility support @ Rs 4000 per visit X 2 visit per month (In Rs.)	DPM mobility support @ Rs 3000 per visitX 4 visit per month (In Rs.)	PHC/CHC/SDH at the rate of Rs.200 per SC/SC clinics X 2 visit per month (In Rs.)	MC at the rate of Rs.150 per SC/SC clinics X 2 visit per month (In Rs.)	District wise Total (In Rs.)
1	Aizawl E	48000	72000	194400	145800	460200
2	Aizawl W	48000	72000	156000	117000	393000
3	Champhai	48000	72000	187200	140400	447600
4	Kolasib	48000	72000	86400	64800	271200
5	Lawngtlai	48000	72000	121680	142740	384420
6	Lunglei	48000	72000	265200	311100	696300
7	Mamit	48000	72000	106080	124440	350520
8	Saiha	48000	72000	109200	128100	357300
9	Serchhip	48000	72000	69600	52200	241800
TOTAL		432000	648000	1295760	1226580	3602340

(Rupees Thirty Six Lakh Two Thousand Three Hundred Forty)

Mobility Support fund release te hi a hnuai mi ang hian hman tur a ni.

1. Chief Medical Officer mobility support @ Rs 4000 per visit X 2 visit per month

At least twice a month to any weak performing facility and outreach

2. District Programme Manager mobility support @ Rs 3000 per visitX 4 visit per month

At least once a week i.e. 4 times in a month

1. 1 CHC and 1 SC per visit OR
2. 2 PHCs and 1 SC per visit OR
3. 1 PHC, 1 SC, 1 outreach and household

3. Medical Officer at PHC/CHC/SDH mobility support @ Rs.200 per SC/SC clinics X 2 visit per month)

At least twice a month to 2 weak performing SCs/ANMs and 2 VHNDs/ Month

4. Health Supervisor / Community Health Community Officer of Main Centre @ Rs.150 per SC/SC clinics X 2 visit per month

1. **At least 3 days/ week, to one SC per visit**
2. **Every SC will be covered twice a month**
3. **At least 1 VHND/ Week**

Hei hi Quarter tinin District tina Mobility Support hman dan tur hrang hrang te a ni a, District Headquarters tinin an hnuaia Monitoring Team hrang hrangte a nihna ang taka Supportive Supervision leh Monitoring an neih theih nan Fund te hi an release ngei ngei tur a ni. .

Outcomes leh Monitoring report zawng zawng te Ministry of Health and Family welfare, New Delhi hnenah report zel a ngaih avangin, chung a tana chuan outcomes leh Monitoring report zawng zawng te Mission Director, NHM hnen ah report zel tur a ni.

Hriat thiam loh a awm anih chuan NHM, M&E /HMIS Cell State Headquarters, Mizoram, Aizawl ah zawh fiah theih a ni.

- Enclosed ;
1. Plan of field visits for monitoring guidelines
 2. A model plan for supportive supervision with facility-wise checklists

(DR. K.LALBIAKZUALA)
Mission Director
National Health Mission
Mizoram : Aizawl.
Dated Aizawl, the 5th May, 2015

MEMO NO : C. 30012/11/2014/NRHM (SPMSU)

Copy to,

1. Chief Medical Officer, _____ District, Department of Health and Family Welfare, Mizoram, _____ in a lo hriat atan.
2. Deputy Medical Superintendent/Senior Medical Officer, Sub District Hospital/ Medical Officer CHC/PHC/UPHC _____, in a lo hriat atan.


Mission Director
National Health Mission
Mizoram : Aizawl.

Supportive Supervision Annexure

1. Plan of field visits for monitoring

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

- 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

2. A model plan for supportive supervision with facility-wise checklists

1. 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	Laproscopey-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
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	Y	N	

	for temp. recording			
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(<i>Please give details</i>)	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 (<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)				

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

--	--	--	--

3. 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(<i>Please give details</i>)	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	Place of posting of	Date of visit
-------	-----------------------------	---------------------	---------------

	supervisor	Supervisor	
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

3.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 <i>available</i>	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 <i>(Please give details)</i>	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

4.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	<i>Y</i>	<i>N</i>	
1.2	Functioning in Govt building	<i>Y</i>	<i>N</i>	
1.3	Building in good condition	<i>Y</i>	<i>N</i>	
1.4	Electricity with functional power back up	<i>Y</i>	<i>N</i>	
1.5	Running 24*7 water supply	<i>Y</i>	<i>N</i>	
1.6	ANM quarter available	<i>Y</i>	<i>N</i>	
1.7	ANM residing at SC	<i>Y</i>	<i>N</i>	
1.8	Functional labour room	<i>Y</i>	<i>N</i>	
1.9	Functional and clean toilet attached to labour room	<i>Y</i>	<i>N</i>	
1.10	Functional New Born Care Corner <i>(functional radiant warmer with neo-natal ambu bag)</i>	<i>Y</i>	<i>N</i>	
1.11	General cleanliness in the facility	<i>Y</i>	<i>N</i>	
1.12	Availability of complaint/ suggestion box	<i>Y</i>	<i>N</i>	
1.13	Availability of deep burial pit for waste management / any other mechanism	<i>Y</i>	<i>N</i>	

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) <i>Check % expenditure</i>				
8.2	Annual maintenance grant (Rs 10,000- <i>Check % expenditure</i>)				
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