

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

Name of District: KOZHIKODE	Name of Block: MUKKAM	Name of PHC/CHC MUKKAM
Catchment Population:168781	Total Villages: 5	Distance from Dist HQ: 25kms.
Date of last supervisory visit:		
Date of visit: 26.12.14	Name& designation of monitor: Dr. A. Baburaj, Dist.Programme Manager.NHM Kozhikode.	
Names of staff not available on the day of visit and reason for absence: Nil		

### Section I : Physical Infrastructure

Sl.No	Infrastructure	Yes	No	Additional Remarks
1.1	Health facility easily accessible from nearest road head	Y		
1.2	Functioning in Govt building	Y		
1.3	Building in good condition	Y		
1.4	Habitable Staff Quarters for MOs	Y		
1.5	Habitable Staff Quarters for SNs	Y		
1.6	Habitable Staff Quarters for other categories	Y		
1.7	Electricity with functional power back up	Y		
1.9	Running 24*7 water supply	Y		
1.10	Clean Toilets separate for Male/Female	Y		
1.11	Functional and clean labour Room			
1.12	Functional and clean toilet attached to labour room	Y		
1.13	Functional New born care corner( <i>functional radiant warmer with neo-natal ambu bag</i> )	Y		
1.14	Functional Newborn Stabilization Unit	Y		
1.15	Clean wards	Y		
1.16	Separate Male and Female wards (at least by partitions)	Y		
1.17	Availability of complaint/suggestion box	Y		
1.18	Availability of mechanisms for waste management	Y		

## **Section II : Human Resource**

S. no	Category	Regular posts	Available	NHM contract	Other contract	Total available	Remarks if any
2.1	MOs	4	4	2		6	
2.2	SNs	5	3	1	1	5	
2.3	ANMs						
2.4	LTs	1	1		2	3	
2.5	Pharmacist	1					
2.6	LHV	1	1				
2.7	Others						

## **Section III: Training Status for HR**

S. no	Training	No. trained	Remarks if any
3.1	BeMOC		
3.2	SBA		
3.3	MTP/MVA		
3.4	NSV	1	
3.5	IMNCI	1	
3.6	F-IMNCI		
3.7	Mini Lap	1	
3.8	NSSK	1	
3.9	IUD	1	
3.10	RTI/STI		
3.11	Immunization and cold chain	3	
3.12	Others	3	

## **Section IV: Equipment**

S.No.	Equipment	Yes	No	Remarks
4.1	Functional BP Instrument and Stethoscope	Y		
4.2	Sterilised delivery sets	Y		
4.3	Functional neonatal, Paediatric and Adult Resuscitation kit	Y		
4.4	Functional Weighing Machine (Adult and infant/newborn)	Y		
4.5	Functional Needle Cutter	Y		
4.6	Functional Radiant Warmer	Y		
4.7	Functional Suction apparatus	Y		
4.8	Functional Facility for Oxygen Administration	Y		
4.9	Functional Autoclave	Y		

4.10	Functional ILR	Y		
4.11	Functional Deep Freezer	Y		
4.12	Emergency Tray with emergency injections	Y		
4.13	MVA/ EVA Equipment	N		
	<b>Laboratory Equipment</b>	Y		
4.14	Functional Microscope	Y		
4.15	Functional Hemoglobinometer	Y		
4.16	Functional Centrifuge,	Y		
4.17	Functional Semi autoanalyzer	Y		
4.18	Reagents and Testing Kits	Y		

### **Section V:Essential Drugs and Supplies**

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

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		
6.2	CBC		N	
6.3	Urine albumin and Sugar	Y		
6.4	Serum Bilirubin test	Y		
6.5	Blood Sugar	Y		
6.6	RPR (Rapid Plasma Reagin) test	Y		
6.7	Malaria (PS or RDT)	Y		
6.8	T.B (Sputum for AFB)	Y		
6.9	HIV (RDT)	Y		
6.10	Others	Y		

## Section VII: Service Delivery in Last Two Quarters

S.No	Service Utilization Parameter	Q1	Q2	Remarks
7.1	OPD	39443	44925	
7.2	IPD	187	198	
7.3	Expected number of pregnancies	895	864	
7.4	Percentage of women registered in the first trimester	85.3	87.2	
7.5	Percentage of women registered in the first trimester			
7.6	Percentage of ANC3 out of total registered	89.4	91.2	
7.7	Percentage of ANC4 out of total registered	91.8	92.4	
7.8	Total deliveries conducted	2	0	
7.9	Number of obstetric complications managed, pls specify type	0	0	
7.10	No. of neonates initiated breast feeding within one hour	2		
7.11	Number of children screened for Defects at birth under RBSK	0	0	
7.12	RTI/STI Treated			
7.13	No of admissions in NBSUs, if available	0	0	
7.14	No. of sick children referred	0	0	
7.15	No. of pregnant women referred	0	0	
7.16	No. of IUCD Insertions	165	224	
7.17	No. of Tubectomy	37	33	
7.18	No. of Vasectomy	0	0	
7.19	No. of Minilap	26	31	
7.20	No. of children fully immunized	719	856	
7.21	Measles coverage	768	789	
7.22	No. of children given ORS + Zinc	0	0	
7.23	No. of children given Vitamin A	721	720	

7.24	No. of women who accepted post partum FP services	0	0	
7.25	No. of MTPs conducted	0	0	
7.26	Maternal deaths, if any	0	0	
7.27	Still births, if any	2	1	
7.28	Neonatal deaths, if any			
7.29	Infant deaths, if any	1		

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

### **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 Skill Set	Yes	No	Remarks
8.1	Manage high risk pregnancy	Y		NO DELIVERY CONDUCTED LAST 6 MONTHS.
8.2	Provide essential newborn care (thermoregulation, breastfeeding and asepsis)	Y		
8.3	Manage sick neonates and infants	Y		
8.4	Correctly uses partograph	Y		
8.5	Correctly insert IUCD	Y		
8.6	Correctly administer vaccines	Y		
8.7	Alternate Vaccine Delivery (AVD) system functional	Y		
8.8	Adherence to IMEP protocols	Y		

### 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	Y			
9.2	IPD Register	Y			
9.3	ANC Register	Y			
9.4	PNC Register	Y			
9.5	Indoor bed head ticket	Y			
9.6	Line listing of severely anaemic pregnant women	Y			
9.7	Labour room register	Y			
9.8	Partographs	Y			
9.9	OT Register	Y			
9.10	FP Register	Y			
9.11	Immunisation Register	Y			
9.12	Updated Microplan	Y			
9.13	Referral Register (In and Out)	Y			
9.14	Drug Stock Register	Y			
9.15	Payment under JSY	2			
9.16	Untied funds expenditure (Check % expenditure)	100%			
9.17	AMG expenditure (Check % expenditure)				
9.18	Hospital Management Committee / society expenditure (Check % expenditure)	100%			

### Section X: Referral linkage 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	0	0	0	0	0
10.2	Inter facility	0	0	0	0	0
10.3	Facility to Home (drop back)	0	0	0	0	0

### **Section XI: IEC Display**

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

### **Section XII: Additional/Support Services**

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

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



