

Sub Centre level Monitoring Checklist

Name of District: WAYANAD	Name of Block: MEPPADY	Name of SC: NATHAMKUNI
Catchment Population:4000	Total Villages: 1	Distance from PHC: 18
Date of last supervisory visit: 26/12/2014		
Date of visit: 27/12/2014	Name& designation of monitor: Dr.Bijoy .E DPM Wayanad	
Names of staff posted and available on the day of visit: ANNAKUTTYO.J		
Names of staff not available on the day of visit and reason for absence:		

Section I : Physical Infrastructure

Sl.No	Infrastructure	Yes	No	Additional Remarks
1.1	Subcentre located near a main habitation	Y		
1.2	Functioning in Govt building	Y		
1.3	Building in good condition	Y		
1.4	Electricity with functional power back up	Y		
1.5	Running 24*7 water supply	Y		
1.6	ANM quarter available	Y		
1.7	ANM residing at SC		N	
1.9	Functional and clean toilet	Y		
1.10	General cleanliness in the facility	Y		
1.11	Availability of complaint/ suggestion box	Y		

Section II : Human Resource

S. no	Category	Regular posts	Available	NHM contract	Other contract	Total available	Remarks if any
2.1	ANM	1	1			1	
2.2	2 nd ANM						
2.3	MPW - Male	1	1			1Y	
2.4	Others, specify						

Section III: Equipment

Equipments list is updated in the HMIS : Yes / No

S.No	Equipment	Available	Available	Not	Remarks
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		and Functional	but non-functional	Available	
3.1	Equipment for Hemoglobin Estimation	YY			
3.2	Blood sugar testing kits	Y			
3.3	BP Instrument and Stethoscope	Y			
3.4	Ambu bag	N			
3.5	Adult weighing machine	Y			
3.6	Infant/New born weighing machine	Y			
3.7	Needle & Hub Cutter	N			
3.8	Color coded bins	N			
3.9	RBSK pictorial tool kit	N			

Mark (v) in appropriate column ;

Section IV: Essential Drugs :

S.No	Drugs	Yes	No	Remarks
4.1	IFA tablets	Y	N	
4.2	IFA syrup with dispenser		N	
4.3	Vit A syrup	Y		
4.4	ORS packets	Y		
4.5	Zinc tablets		N	
4.8	Misoprostol tablets		N	
4.9	Antibiotics, if any, pls specify		N	
4.10	Availability of drugs for common ailments e.g PCM, anti-allergic drugs etc.		N	

Section V: Essential Supplies

S.No	Supplies	Yes	No	Remarks
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		N	
5.22	Sanitary napkins	Y		

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

Section VI: Service Delivery in Last Two Quarters

S.No	Service Utilization Parameter	Q1	Q2	Remarks
6.1	Number of estimated pregnancies	19	15	Datas collected period april-sept 2014

6.2	Percentage of women registered in the first trimester	95%	94%	
6.3	Percentage of ANC3 out of total registered	42%	36%	
6.4	Percentage of ANC4 out of total registered	28	31	
6.5	No. of pregnant women given IFA	19	15	
6.6	Number of deliveries conducted at SC	0	0	
6.7	Number of deliveries conducted at home	2	0	
6.8	No. of neonates initiated breast feeding within one hour	14	9	
6.9	Number of children screened for defects at birth under RBSK	0	0	
6.10	No. of sick children referred	6	4	
6.11	No. of pregnant women referred	2		
6.12	No. of IUCD insertions	0	0	
6.13	No. of children fully immunized	244	246	
6.13 a	Measles coverage	99%	99%	
6.15	No. of children given ORS + Zinc	14	18	
6.16	No. of children given Vitamin A	52	65	
6.17	No. of children given IFA Syrup	0	0	
6.18	No. of Maternal deaths recorded , if any	0	0	
6.19	No. of still birth recorded, if any	0	0	
6.20	Neonatal deaths recorded, if any	0	0	
6.21	Number of VHNDs attended	3	3	
6.22	Number of VHNSC meeting attended	1	2	
6.23	Service delivery data submitted for MCTS updation	99%	98%	

Section VII: Quality Parameter of the facility

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

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

7.13	Correctly identifies signs of Pneumonia and dehydration	Y		Y	
7.14	Awareness on Immunization Schedule	Y		Y	
7.15	Awareness on site of administration of vaccine	Y		Y	

Section VIII: Record Maintenance

S. no	Record	Available and Updated and correctly filled	Available but Not maintained	Not Available	Remarks/Timeline for completion
8.1	Untied funds expenditure (Rs 10,000) <i>Check % expenditure</i>	y			
8.2	Annual maintenance grant (Rs 10,000- <i>Check % expenditure</i>)	y			
8.3	Payments under JSY	n			
8.4	VHND plan	y			
8.5	VHSNC meeting minutes and action taken	y			
8.6	Eligible couple register	y			
8.7	MCH register (as per GOI)	y			
8.8	Delivery Register as per GOI format	y			
8.9	Stock register	y			
8.10	Due lists	y			
8.11	MCP cards	y			
8.12	Village register	y			
8.13	Referral Registers (In and Out)	y			
8.14	List of families with 0-6 years children under RBSK	y			
8.15	Line listing of severely anemic pregnant women	y			
8.16	Updated Microplan	y			
8.17	Vaccine supply for each session day (check availability of all vaccines)	n			
8.18	Due list and work plan received from MCTS Portal through Mobile/ Physically	y			

Section IX: Referral linkage in last two quarters

S. no	JSSK	Mode of Transport (Specify Govt./	No. of women transported during ANC/INC/PNC	No. of sick infants transported	No. of children 1-6 years	Free / Paid

		pvt)				
9.1	Home to facility					paid
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		
10.2	Citizen Charter	Y		
10.3	Timings of the Sub Centre	Y		
10.4	Visit schedule of "ANMs"	Y		
10.5	Area distribution of the ANMs/ VHND plan	Y		
10.6	SBA Protocol Posters	Y		
10.7	JSSK entitlements	Y		
10.8	Immunization Schedule	Y		
10.9	JSY entitlements	Y		
10.10	Other related IEC material	Y		

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	Sreedevi.LHI ic	Phc mooppinad	26/12/2014
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

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