

## FRU level Monitoring Checklist

Name of District: Palakkad	Name of Block:	Name of FRU: W&C Hospital
Catchment Population:	Total Villages:	Distance from Dist HQ: 0 km
Date of last supervisory visit:		
Date of visit: 29.12.2014	Name& designation of monitor: Sree Ganesh. G	
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	Health facility easily accessible from nearest road head	Y		
1.2	Functioning in Govt building	Y		
1.3	Building in good condition		N	
1.4	Habitable Staff Quarters for MOs		N	
1.5	Habitable Staff Quarters for SNs		N	
1.6	Habitable Staff Quarters for other categories		N	
1.7	Electricity with power back up	Y		
1.9	Running 24*7 water supply	Y		
1.10	Clean Toilets separate for Male/Female		N	
1.11	Functional and clean toilet attached to labour room	Y		
1.12	Functional New born care corner( <i>functional radiant warmer with neo-natal ambu bag</i> )	Y		
1.13	Functional Newborn Stabilization Unit	Y		
1.14	Functional SNCU	Y		
1.16	Clean wards	Y		
1.17	Separate Male and Female wards (at least by partitions)		N	
1.18	Availability of Nutritional Rehabilitation Centre		N	
1.19	Functional BB/BSU, specify			To check
1.20	Separate room for ARSH clinic	Y		
1.21	Availability of complaint/suggestion box	Y		
1.22	Availability of mechanisms for Biomedical waste management	Y		

	(BMW)at facility			
1.23	BMW outsourced	Y		
1.24	Availability of ICTC Centre		N	

## **Section II : Human Resource**

S. no	Category	Regular posts	Available	NHM contract	Other contract	Total available	Remarks if any
2.1	OBG	6	6	1	0	7	DEPLOYMENT IN : 2
2.2	Anesthetist	1	1	2	0	3	
2.3	Pediatrician	4	3	0	0	3	
2.4	General Surgeon	4	4	0	0	4	
2.5	Other Specialists						
2.6	MOs	1	1	0	0	1	
2.7	SNs	65	56	12	0	68	
2.8	ANMs	18	18	0	0	18	
2.9	LTs	0	0	5	0	5	
2.10	Pharmacist	2	2	3	0	5	
2.11	LHV	1	1	1	0	2	
2.12	Radiographer					1	NO POST (ON CALL)
2.13	RMNCHA+ counselors						
2.14	Others	4	2	3		5	CMO's

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

S. no	Training	No. trained	Remarks if any
3.1	EmOC		
3.2	LSAS		
3.3	BeMOC		
3.4	SBA		
3.5	MTP/MVA		
3.6	NSV		
3.7	F-IMNCI		
3.8	NSSK		
3.9	Mini Lap-Sterilisations		
3.10	Laproscopy-Sterilisations		
3.11	IUCD		
3.12	PPIUCD		
3.13	Blood storage		
3.14	IMEP		
3.15	Immunization and cold chain		

3.16	Others		
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#### **Section IV: Equipment**

S.No.	Equipment	Yes	No	Remarks
4.1	Functional BP Instrument and Stethoscope	Y		
4.2	Sterilized delivery sets	Y		
4.3	Functional Neonatal, Paediatric and Adult Resuscitation kit	Y		
4.4	Functional Weighing Machine (Adult and child)	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 and Deep Freezer	Y		
4.11	Emergency Tray with emergency injections	Y		
4.12	MVA/ EVA Equipment	Y		
4.13	Functional phototherapy unit	Y		
	<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		
	<b>O.T Equipment</b>	Y		
4.19	O.T Tables	Y		
4.20	Functional O.T Lights, ceiling	Y		
4.21	Functional O.T lights, mobile	Y		
4.22	Functional Anesthesia machines	Y		
4.23	Functional Ventilators	Y		
4.24	Functional Pulse-oximeters	Y		
4.25	Functional Multi-para monitors	Y		
4.26	Functional Surgical Diathermies	Y		
4.27	Functional Laparoscopes	Y		
4.28	Functional C-arm units		N	
4.29	Functional Autoclaves (H or V)	Y		

#### **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		N	
5.3	IFA tablets	Y		
5.4	IFA tablets (blue)		N	
5.5	IFA syrup with dispenser		N	
5.6	Vit A syrup		N	
5.7	ORS packets	Y		
5.8	Zinc tablets		N	
5.9	Inj Magnesium Sulphate	Y		
5.10	Inj Oxytocin	Y		
5.11	Misoprostol tablets	Y		
5.12	Mifepristone tablets	Y		
5.13	Availability of antibiotics	Y		
5.14	Labelled emergency tray	Y		
5.15	Drugs for hypertension, Diabetes, common ailments e.g PCM, metronidazole, anti-allergic drugs etc.	Y		
5.16	Vaccine Stock available	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			
<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		

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

### **Section VI : Other Services**

<b>S.No</b>	<b>Lab Services</b>	<b>Yes</b>	<b>No</b>	<b>Remarks</b>
6.1	Haemoglobin	Y		
6.2	CBC	Y		
6.3	Urine albumin and sugar	Y		
6.4	Blood sugar	Y		
6.5	RPR (Rapid Plasma Reagin) test	Y		
6.6	Malaria (PS or RDT)	Y		
6.7	T.B (Sputum for AFB)		N	
6.8	HIV (RDT)		N	
6.9	Liver function tests(LFT)	Y		
6.10	Others , pls specify	Y		RFT, WIDAL, HBSAg, Dengue, CRP
<b>S.No</b>	<b>Blood bank / Blood Storage Unit</b>	<b>Yes</b>	<b>No</b>	
6.11	Functional blood bag refrigerators with chart for temp. recording		N	

6.12	Sufficient no. of blood bags available		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			
7.13	Inborn			
7.14	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 VIIa: 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)	Y	N	
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	Hospital Management Committee / society expenditure (Check % expenditure)				

### **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	AMBULANCE				Y
10.2	Inter facility	AMBULANCE				Y
10.3	Facility to Home (drop back)	AMBULANCE				Y

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

S.No	Material	Yes	No	Remarks

11.1	Approach roads have directions to the health facility		N	
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		N	
11.6	Protocol Posters	Y		
11.7	JSSK entitlements ( Displayed in ANC Clinics/, PNC Clinics)	Y		
11.8	Immunization Schedule	Y		
11.9	JSY entitlements( Displayed in ANC Clinics/, PNC Clinics)	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	N	
12.1a	Regular Sterilization –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**

<b>Key Findings</b>	<b>Actions Taken/Proposed</b>	<b>Person(s) Responsible</b>	<b>Timeline</b>
1.No ICTC centre  2. No computerized inventory at Pharmacy  3. Approach roads have no directions to the health facility          4. Essential drug list not displayed	The institution is going to start the facility.          Advised to set directional / signage boards in the necessary areas          Advised to display essential drug list		

