National Rural Health Mission

A Report on

Monitoring of Important Components of NRHM, Programme Implementation Plan

In Shahdol District, Madhya Pradesh



Submitted to

Ministry of Health and Family Welfare

Dr. Suresh Sharma
Ms. Neelam Jena

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POPULATION RESEARCH CENTRE,
INSTITUTE OF ECOCONOMIC GROWTH,
DELHI UNIVERSITY
DELHI-110007

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Dr. Suresh Sharma
Ms. Neelam Jena
Population Research Centre, Delhi
Institute of Economic Growth
Delhi-110007

ACRONYMS AND ABBREVIATIONS

ANC	Antenatal Care
AFC	Adolescent Friendly Centres
ASHA	Accredited Social Health Activists
ANM	Auxiliary Nurse Midwife
AYUSH	Ayurveda, Yoga ,Unani, Siddha & Homeopathy
ARSH	Adolescent Reproductive and Sexual Health
BCG	Bacillus Calmette Guerin
BCC	Behaviour Change Communication
CBR	Crude Birth Rate
CDR	Crude Death Rate
CHC	Community Health Centre
CSR	Child Sex Ratio
CMO	Chief Medical Officer
DOTS	Directly Observed Treatment Strategy
DPT	Diphtheria, Pertussis (whooping cough), tetanus
DH	District Hospital
DPM	District Programme Manager
DPMU	District Programme Management Unit
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
ICDS	Integrated Child Development Service
IUD	Intra Uterine Device
IMR	Infant Mortality rate
IEC	Information Education and Communication
JSY	Janani Suraksha Yogna
JSSK	Janani Sishu suraksha Yogna
LHV	Lady Health Visitor
MCH	Maternal & Child Health
MIS	Management Information System
MMR	Maternal Mortality Rate
MTP	Maternal Termination of Pregnancy
NBSU	Newborn Stabilization Unit
NRHM	National Rural Health Mission
NNMR	Neo Natal Mortality Rate
ORS	Oral Rehydration Solution
OPV	Oral Polio Vaccine
PHN	Public Health Nurse
PIP	Programmne Implementation Plan
PNMR	Perinatal Mortality Rate
PNC	Post Natal Care
PHC	Primary Health Centre
RCH	Reproductive and Child Health
RKS	Rogi Kanyal Samiti
RBSK	Rogi Bal Swasthya Karyakaram
SNCU	Special Newborn Care Unit
SBA	Skilled Birth Attendant

EXECUTIVE SUMMARY

This Report focuses on the monitoring of essential components of NRHM of Shahdol District ,Madhya Pradesh (2013-14). This report is made by Population Research Centre, Delhi on the basis of the observation made during the Monitoring and Evaluation of the key components of NRHM. This report highlights the status of NRHM in the district.

The major strengths and weaknesses of the district are as follows:

Strengths:

- The referral all transport was available in the district to provide pick and drop facilities to the beneficiaries. However, the services can be improved considerably as large parts of the districts do not have access to health care services.
- Immunization coverage of both the State and district are quite convincing. This shows that ANMs, ASHAs are performing their duties well of sensitizing the whole community on immunizations pros and cons.
- There were Nutrition Rehabilitation Centres established in all the facilities and they were running effectively.
- The IECs were displayed at the facilities. The IECs like immunization schedule, JSY, JSSK and others like awareness on TB, malaria, HIV programmes were maintained.
- There was proper provision of Maternal Death Review in the district. Each facility recorded maternal death with name of the decease and reason for death.
- JSSK was functioning well in the district. Beneficiaries are receiving the services of free diet, free medicines, and free transportation for home to facilities and facilities to home after delivery, referral transport and essential medicines for child.
- The mechanisms for bio medical waste were present in the district. It was observed that most of the facilities maintained different coloured bins (except sun centre) to segregate the waste before disposing them off.
- In district hospitals and CHC separate foot wears were available to control the risk of infection for the patient in the OTs. However, surroundings of the facilities were very hygienic.

- School health programme under NRHM was initiated to provide effective health care by focusing on determinants like sanitation, hygiene, nutrition, safe drinking water and so on. It was observed that the district has taken some initiatives as per the guideline they receive by the state.
- IEC is well maintained in all the facilities and there are many wall paintings on the benefits of institutional deliveries and JSSK at the health facilities.
- The district was providing the child health services at the facility levels. The essential new born care was provided in the district; however, most of the facilities are well equipped with essential equipments for pro providing basic neonatal services.
- Uniform Registers for all the services have been provided at the facility and is been filled on time for better data accessibility.

Weaknesses:

- Human Resource which is said to be the backbone of any system was found to be too fragile in District. Lack of manpower especially at the higher levels was something unnerving. So, there is a requirement of more staff for the proper functioning of the several key programs of the District.
- Toilets of maternal ward were very filthy in district hospitals that may lead some serious problem to the patients admitted just after the delivery. However, the overall premise of the facility was clean and in good condition.
- However, the facility of providing transport from home to facilities is not well functional due to lack of ambulances in the district.
- No refresher trainings were given to the doctors of CHCs ,PHCs and SCs. Doctors require training for better understanding of their work and providing effective services to the beneficiaries.
- It should be observed that the number of institutional delivery is comparatively lower than the ANC registration and full ANC registration in almost all the blocks. It can be concluded that there is significance drop out in institutional delivery than ANC and ANC registration.

1) INTRODUCTION

The Ministry of Health and Family Welfare (MoHFW) has involved Population Research Centres (PRCs) for quality monitoring of important components of NRHM State Programme Implementation Plan (PIP), 2013-14. It is expected that a timely and systematic assessment of the key components of NRHM can be critical for further planning and resource allocation. While engaging with the task, PRCs would identify critical concerns in implementation of NRHM activities and also evolve suitable quality parameters to monitor the various components. Specifically, as part of the qualitative reports, the PRCs are required to observe and comment on four broad areas described in the Records of Proceedings (RoPs) as follows:

- Mandatory disclosures on the state NRHM website
- Components of key conditionalities and new innovations
- Strategic areas identified in the roadmap for priority action
- Strengths and weaknesses in implementation.

An effective feedback regarding the progress in implementation of key components of NRHM could be helpful for both planning and resource allocation purposes. Therefore, following the approval of National Rural Health Mission (NRHM) State Programme Implementation Plan, 2013-14 for Delhi, the Ministry of Health and Family Welfare has asked Population Research Centre, Delhi to conduct quality monitoring of its important components. While engaging with the quality monitoring of PIPs it is expected that PRCs would evolve suitable quality parameters and would assume a critical role in monitoring various components of NRHM every month. As part of this, our Delhi PRC was assigned to monitor and evaluate the NRHM activities in the Shahdol district which is located in Madhya Pradesh. The major objective of this whole monitoring and evaluation process was to have a common understanding about the district public health system and to bring clarity in the understanding regarding their interventions, suggesting them to get equipped with tools and skills required for better service delivery, and get them exposed to various replicable programmes and facilities under NRHM.

2) STUDY APPROACH

Ministry of Health and Family Welfare (MoHFW) has assigned the task of monitoring the overall health setup of, Shahdol District, Madhya Pradesh. PRC Delhi Team visited the district based on their low health performance during the period (30th May to 4th July 2014). The Secondary Data was taken from the CHMO office, health facilities from all the three levels were selected for supportive supervision after discussions with the Chief Health Medical Officer and the District Program Manager. District Hospitals, Maternity Home (CHCs) ,Primary Health Centres and few Sub Centres were visited for supportive supervision . The tools used for collecting the relevant data can be seen in the annexure section of the report. The attempt was to find solutions and support the health functionaries in identifying gaps and sensitizing them about the gaps and then to find areas where action can be taken within their designated capacities.

After a valuable discussion with the District Program Manager few facilities selected for monitoring purpose in the district and the health facilities selected and visited are mentioned below in Table 1:

Table 1: Shows the number of facilities visited by Delhi PRC, for Monitoring & Evaluation

Facility Type	Name of Facility
District Hospital	Khushbhao Thakre Hospial
Community Health Centre	Budar Hospital
Primary Health Centre	Panchgaon Hospital
Sub Centres	1)SC,Jamui 2)SC,Bodri

3) DISTRICT PROFILE

Madhya Pradesh, as its name implies, is located at the geographic centre of India. It is the administrative headquarters of Shahdol District. Shahdol is also the 10th Division of Madhya Pradesh state, including Sahdol, Auppur, Umaria, and Dindori district. Shahdol district has been blessed with lush green forests, natural wealth of coal, minerals and with primitive tibal population.

Shahdol District is situtated in the North-Eastern part of the Madhya Pradesh provinces of India.Due to the division of district, the area of the district remains 5671 Sq.Kms. It is

surrounded by Anuppur in the South-east, Satna & Sidhi in the North and Umaria in the West. The district extends 110kms from east to west and 170kms from north to south.

Fig1: District map of Shahdol,Madhya Pradesh

4) KEY HEALTH & DEMOGRAPHIC INDICATORS DETAILS

Table 2 depicts the demographic indicators of the Shahdol district of Madhya Pradesh. Total population of Shahdol district according to census of 2011 is recorded to be 1,066,063 while for Madhya Pradseh is 72,597, 565. Sex Ratio in Shahdol District stood at 967 per 1000 which is above average and can be improved. In case of Madhya Pradesh the sex ratio is recorded to be 904 which shows a stark difference between Shahdol district and the State.

Table2: Demographic Indicators of Shahdol district, Madhya Pradesh

Indicator	State	District
Total Population (In lakhs) (Census 2011)	72,597,565	1,066,063
Rural Population (In lakhs) (Census 2011)	52,537,899	846463
Urban Population(In lakhs) (Census 2011)	20,059,666	219600
Number of Sub division/ Talukas	369	4

Number of Blocks(including tribal blocks)	439	5
Number of Villages(RHS 2012)	55392	851
Crude Birth rate (AHS2010-2011)	25.0	24.5
Crude Death Rate (AHS 2010-2011)	8.0	10.1
Natural Growth Rate (AHS 2010-2011)	17.1	14.4
Sex Ratio (AHS2010- 2011)	904	967
Child Sex Ratio (Census 2011) (0-6 years)	930	912
Total Literacy Rate (%) (Census 2011)	70.60	66.67
Male Literacy Rate (%) (Census 2011)	71.3	76.14
Female Literacy Rate (%) (Census 2011)	54.6	56.99

Source:CHMO Office,(2013-14),census2011,SRS2011&RHS2011,Shahdol

highly appreciable that Shahdol district has a good sex ratio in comparison to the whole of Madhya Pradesh. The Crude death rate according to the 2010-2011 AHS is recorded to be 8.0 for the State of Madhya Pradesh whereas for the district of Shahdol it is recorded to be 10.1 which is quite high than the state and should be worked upon to improve the CDR. The Crude birth rate is higher in the State of Madhya Pradesh which is recorded to be 25 whereas in Shahdol district it is 24.5.The literacy rate in comparison to females, the male literacy rate is high which is recorded to be 76.14 % in the Shahdol district .

5) HEALTH INFRASTRUCTURE

Health infrastructure is important for effective rendering of health services. Its importance becomes more relevant in high focus districts such as Shahdol district of Madhya Pradesh.

Table 3: Shows the number of health facilities running in Shahdol District

Types of facilities	Approved facilities	Facilities built earlier	Year 2012-13 approved facilities	Year 2013-14 approved facilities	Year 2014-15 approved facilities	Facilities without infrastructure
Community Health Centre	194	64	52	24	11	43
Primary Health Centre	29	16	0	11	-	2
Sub centre	7	5	0	2	-	0
Civil Hospital	1	0	0	1	-	0

Source: CMHO office (2013-14), Shahdol

From the above table 3 it can be noticed that Shahdol district is well equipped with health facilities required for various ailments. As we can see from the above table the number of delivery points which is approved is recorded to be 231 which is quite a huge number for the district. However, providing all the facilities is the major task for the district .There are 194 CHCs, 29 PHCs,1 Civil hospital and 7 SCs approved facilities in the district. The facilities which were approved in the year 2012-13 is recorded be 52 and the facilities approved in 2013-14 is recorded to be 38 including CHCs , PHCs, SCs and Civil hospital.

6) HUMAN RESOURCES

Lack of Human resource is one of the major flaws of the district which in turn is responsible for the weaker health indicators. Specially, crunch of senior officials and specialists at the facilities is causing a major hindrance. Position of Human resource was the source of major concern in the district. Many posts were not filled due to which burden was more on the present staff.

Table 4: Status of Human Resource in Shahdol district

Human Resource	Since 2009 to 2013-14(upto last month)		
	Sanctioned	Filled	Vacant Post
Specialists (Class - I)	69	10	59
Medical Officers (Class - II PGMOs)	2	2	0
Gynaecologist & Obstetrician	4	4	0
Paediatrician	3	3	0
Anaesthetist	1	1	0
Surgeon			0
Other PGMOs	8	8	0
Medical Officers (Class - II MBBS)	75	38	37
Medical Officers (Class - II Dentist)	3	2	1
Medical Officers (Class - II AYUSH MOs posted at health dept. facilities)	9	0	9
Staff Nurses	100	100	0
Chief Pharmacists			0
Pharmacists			0
Laboratory Technicians	8	6	2
LHVs	1	1	0
ANMs	7	7	0

Source:CHMO Office(2013-14),Shahdol

From table 4 it can be observed that the staff shortage problem has lowered down the pace of development in reducing MMR and IMR in the district. The major crunch is observed in the most important posts like the Specialists (Class –I) which was earlier sanctioned to be 69 and out of which only 10 are filled since 2009.From the above data the best thing which can be observed is that the number of Staff Nurses sanctioned is 100 and the posts filled is 100 too, that means there is absolutely no staff crunch in this department. The number of Medical Officers (Class-II MBBS) which is sanctioned is 75 whereas the only 38 are filled and 37 are vacant which can be a problematic situation in the future as the number the HR won't be able to be distributed according to the need of the District in the health facilities. The number of AYUSH MOs in the district is sanctioned to be 9 and the number of posts filled is none which is again something to be looked upon seriously to increase the facilities at the various AYUSH centers.

Table 5: Status of Contractual Staff under NRHM in Shahdol District

Human Resource	Since 2009 to 2013-14(upto last month)		
	Sanctioned	Filled	Vacant Post
Specialists/ PGMOs	6	0	6
Gynaecologist & Obstetrician	2	0	2
Paediatrician	2	0	2
Anaesthetist	2	0	2
Surgeon	0	0	0
Medical Officers (MBBS)	17	4	13
Medical Officers/ Dentist	-	0	0
Medical Officers AYUSH (AYUSH MOs posted at health dept. facilities)	20	10	10
Staff Nurses	43	21	22
Chief Pharmacists	-	0	0
Pharmacists	48	0	48
Laboratory Technicians	17	2	15
LHVs	0	0	0
ANMs	138	78	60
Radiographer	2	0	2
ASHA	1049	918 active 51 Inactive	80
ASHA Facilitator	70	71	-

*Source:CHMO Office (2013-14),Shahdol, *Posts need to be filled up soon for better performance of NRHM in Shahdol,Madhya Pradesh*

It can be observed from the table 5 that the number of Medical Officers in the district is recorded to be only 4 since 2009 whereas the number of posts sanctioned is 17. There are absolutely no Radiologists in the district which again makes it difficult for the District to provide all the ultrasound services. The data entry operators particularly related to HMIS in District hospital are well trained and efficient enough to fill the data both offline and online.However there were not enough Data entry operator's placed at all the facilities. The number of Medical Officer's (AYUSH) filled in the district is 10 whereas the number of sanctioned post is 20.There are no Pharmacist s in the district since 2009 whereas the total number of sanctioned post is 48.The distribution of medicines in-spite of the shortage of pharmacist is seen to be managed properly. The major crunch of HR is visible in all the posts i.e. ANMs, Lab technicians, Anasthetist , Specialists and etc.

The number of ANMS and the ASHAs are quite satisfactory and genuinely working for the district. Clashes between the permanent and contractual staff also pose a problem for the entire Health system and service delivery by the district. Shortage of staff at the CHCs and PHCs causes impediments in providing smoothened service to the common masses.

7) MATERNAL HEALTH

Promotion of maternal and child health has been an important objective of the NRHM to reduce Maternal and Infant Child mortality by focusing on strategies of promoting wider utilization of essential obstetric and new born care for all, skilled attendant at every birth, emergency obstetric care for those having complications and referral services. The Maternal health care package of antenatal care, delivery care and postnatal care is a crucial component of NRHM to reduce maternal morbidity and mortality.

7.1) INSTITUTIONAL DELIVERIES

More the deliveries conducted at public health facilities less are the chances of maternal and infant mortality deaths. The percentages of home deliveries have decreased due to the numerous schemes such as Janani Suraksha Yojana (JSY) and Janani-Shishu Suraksha Karyakram (JSSK) launched by the Government. So, overall it can be said if institutional deliveries are encouraged then it would help in keeping the mother and the child healthy.

The ASHAs also get there incentives for encouraging and mobilizing the women in having institutional delivery.

From the table 6 below it can be observed that the number of deliveries conducted in the public health facilities is recorded to be 11480 in the time period for September 2013-March 2014, which is quite impressive and it can be derived that there were 1913 deliveries conducted in an average. The number of deliveries conducted within the period of April-May, 2014 is recorded to be 2862 which means on an average it can be 1431 deliveries. The number of C-sectional deliveries conducted in the PHC and CHC is recorded to be 0. However , there were normal deliveries conducted in the facilities i.e. in the CHCs and in the PHCs.

Table 6: Status of Institutional deliveries under NRHM in Shahdol District.

Indicators	September 2013-March 2014	April -May2014					
	Total	Beohari	Budhar	Jaisingh nagar	Pali 1	Sohagpur	Total
Number of Home Deliveries	1969	83	167	109	46	45	450
Number of newborns visited within 24 hours of Home Delivery	1605	37	147	107	46	28	365
Deliveries conducted at Public Institutions (Including C-Sections)	11480	680	443	468	224	1047	2862
C -Section deliveries performed at facility at PHC	0	0	-	0	-	-	0
C -Section deliveries performed at facility at CHC	0	-	-	-	-	-	-

Source:CHMO Office(2013-14),Shahdol

The number of newborns visited within 24 hours of home delivery is recorded to be 1605 in the period Spetember2013- March 2014 and in the period April-May, 2014 it is recorded to be 365 in all the mentioned blocks in the table.

7.2) JANANI SISHU SURAKSHA KARYAKRAM

JSSK is functioning well in the district, beneficiaries are availing the services of free diet, diagnostics and referral transport in the district. Further drop back facility is given from sub-centers also.

- The beneficiaries are aware about the benefits of JSSK in the district as the ASHAs are quite actively participating in sensitizing the community with the benefits of NRHM.
- The essential drug list is maintained at the facilities and if a certain drug which is required for a PW is not available in the facility then it is bought by the hospital authorities and is given free of cost to the beneficiaries.
- The diet is provided on time to all the beneficiaries and the service outsourced is quite effective.
- There is a proper grievance cell in all the health facilities.

7.3) MATERNAL DEATH REVIEW

A maternal death is the death of a woman while pregnant or within 42 days of the end of pregnancy, irrespective of the duration and the site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes. Every maternal death that occurs within a refugee camp (of a refugee or a national) or at a referral health facility should be systematically reviewed. A maternal death review provides a rare opportunity for a group of health staff and community members to learn from a tragic – and often preventable - event. Maternal death reviews should be conducted as learning exercises that do not include finger-pointing or punishment. The purpose of a maternal death review is to improve the quality of safe motherhood programming to prevent future maternal and neonatal morbidity and mortality.

There was proper provision of Maternal Death Review in the district. Each facility recorded maternal death with name of the decease and reason for death. The staff at different facilities is trying their best to provide services with less number of human resources. More awareness programs should be carried, so that less number of maternal deaths occurs. More institutional deliveries should be encouraged to curb maternal deaths in future.

7.4) JANANI SURAKSHA YOJANA

Janani Suraksha Yojana is an initiative for safe motherhood under NRHM. It basically aims at reducing maternal and neo-mortality rate by promoting institutional deliveries among poor pregnant women. The initiative is working really well in the district and it was also seen that in many of the blocks the beneficiaries are well aware about the benefits which they can receive from JSY. The process of collecting the cheques do not consume a lot of time for the beneficiaries rather before being discharged from the facilities they were given their respective cheques.

There were proper registers maintained at the facilities for JSY cheques and the register even had the signatures of the beneficiaries receiving the cheques.

Table 7: Shows the status of JSY in Shahdol District

Indicators	September 2013-March 2014	April -May2014					
	Total	Beohari	Budhar	Jaisinghnagar	Pali 1	Sohagpur	Total
New women registered under JSY	16241	782	883	703	321	1445	4134
Number of mothers paid JSY incentive for Home deliveries	79	0	-	0	6	-	6

Source:CHMO Office(2013-14),Shahdol

From the above table 7 ,it can be seen that in the time period September 2013-March 2014 the total number of women registered under JSY was recorded to be 16241 and the highest number of women recorded to be registered under JSY were in the Sohagpur block during the months of April-May, 2014. The total number of women registered in JSY in the period April-May, 2014 is recorded to be 4136. The number of mothers paid JSY incentives for home deliveries for the period September 2013-March 2014 is recorded to be 79 and for the period April-May,2014 is recorded to be 6.

8) CHILD HEALTH

Child health programme under NRHM stresses upon reducing IMR in India. The Child health program promotes the following points,

- Neonatal Health,
- Nutrition of the child,
- Management of common childhood illness
- Immunization of the child.

8.1) SICK NEWBORN CARE UNIT

The Sick Newborn care unit is functioning well in the Shahdol district. But major issue is shortage of space in the SNCU units. More space is required so that more children can be treated in the unit. Most of the equipments and machinery needs to be repaired for the SNCUs in the district hospital. Refresher trainings are a must regarding the usage of the new equipments of the Medical Officers/ Pediatricians.

Except the above problems rest everything was effectively working in Shahdol district. Immunization was done on a regular/ daily basis in the district. SNCU is there in the district but not under proper functioning because of lack of trained staff. There was proper Nutrition Rehabilitation Centre in the CHC, PHC & Sub-Centre's and district hospital. However ,the mother's are advised by the doctors and the ASHAs to provide proper nutrition to the children to prevent the child from many diseases during their growing period.

8.2) IMMUNIZATION

From table 8 it can be observed that the process of immunization has been gaining a lot of momentum and there has been a lot of children being immunized. The number of children who are fully immunized in the age group of 9 to 11 months is reported to be 10568 in the period September 2013-March 2014 and the children fully immunized for the period of April 2014- may 2014 was recorded to be 3151. The highest number of fully immunized children in the period April-May2014 was recorded to be in the block, Beohari. Shortage of

any vaccination has not been reported in any of the facility while drug supply is not regular in some facilities of the district.

Table 8: Shows the status of immunization in Shahdol District.

Indicators	Total	Beohari	Budhar	Jaisinghnagar	Pali 1	Sohagpur	Total
	Sep 2013 to Mar 2014	April – May,2014					
Number of Infants 0 to 11 months old who received the following							
BCG	13274	667	518	557	271	1032	3045
DPT1	13152	723	727	553	267	827	3097
DPT2	12792	695	735	577	278	830	3115
DPT3	12257	734	791	663	302	986	3476
Pentavalent 1	0			0		0	0
Pentavalent 2	0			0			0
Pentavalent 3	0			0			0
OPV 0 (Birth Dose)	10826	660	382	400	187	962	2591
OPV1	13139	723	718	553	272	830	3096
OPV2	12754	695	747	577	277	827	3123
OPV3	12267	734	808	663	302	986	3493
Hepatitis-B0	10697	660	382	400	187	962	2591
Hepatitis-B1	12256	711	716	553	271	820	3071
Hepatitis-B2	12670	697	739	577	277	808	3098
Hepatitis-B3	12219	732	802	663	302	964	3463
Measles	10780	788	704	620	318	783	3213
Measles 2nd dose (No. of children more than 16 months of age)	591	337	271	246	211	720	1785
Total number of children aged between 9 and 11 months who have been fully immunized (BCG+DPT123/ Pentavalent123+OPV123+Measles) during the month	10568	788	665	620	317	761	3151
Number of children more than 16 months who received the following							
DPT Booster	10865	741	601	458	241	732	2773
OPV Booster	10809	737	601	459	241	715	2753

Measles, Mumps, Rubella (MMR) Vaccine	0	0		0			0
Total number of children aged between 12 and 23 months who have been fully immunized (BCG+DPT123/ Pentavalent123+OPV123+Measles) during the month	1585	162	0	78	55	135	430
Children more than 5 years given DPT5/ DT5	7177	455	541	260	50	536	1842
Children more than 10 years given TT10	11080	619	668	532	93	544	2456
Children more than 16 years given TT16	10350	577	595	403	121	584	2280

Source:CHMO Office,Shahdol

The number of children who are fully immunized in the age group of 12 to 23 months is reported to be 1585 in the period September 2013-March 2014 and the children fully immunized for the period of April 2014- may 2014 was recorded to be 430.The highest number of fully immunized children in the period April-may2014 was recorded to be in the block, Beohari. The ASHAs are also given the duty to inform regarding the usage of BCG vaccination, which couldn't be used after one dose and percentage of wastage, is more in this vaccination was reported during visit. Further the cold chain storage was available in most of the facilities.

9) FAMILY PLANNING

Family planning allows individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births. It is achieved through use of contraceptive methods and the treatment of involuntary infertility. A woman's ability to space and limit her pregnancies has a direct impact on her health and well-being as well as on the outcome of each pregnancy.

District was trying its level best to perform in the field of family planning, but still lot can be done in terms of creating awareness regarding family planning. Further to promote family planning schemes, counselor is appointed in the district hospital.

Table 9: Status of Family Planning targets in the Shahdol,April-May,2014

Indicators	Beohari	Budhar	Jaisinghnagar	Pali 1	Sohagpur	Total
Numberof NSV/ Conventional Vasectomy conducted at Public Health facilities	0	0	0		3	3
Number of Laparoscopic sterilizations conducted at Public Health facilities	0		0		23	23
Number of minilap (other thanpost-partum) sterilizations conducted at Public Health facilities	0	0	0		58	58
Number of Minilap Post Partum (within 7 days of delivery)Sterlizations conducted at Public Health facilities	0		0		108	108
Number of new IUCD Insertions at facility at Public Health Facilities	78	7	69	6	578	738
Out of above total, Post Partum (within 48 hours of delivery) IUCD insertions		0	0		6	6
Number of IUCD removals	79	32	69	4	45	229
Number of Oral Pills cycles distributed	56	613	829	324	1074	2896
Number of Condom pieces distributed	203	6430	2603	764	5437	15437
Number of Emergency Contraceptive Pills distributed	0	0	29		2	31
Number of Institutions having NSV trained doctors	12					12

Source:CHMO Office,Shahdol

From table 9, it can be observed that the blocks Beohari, Budhar and Pali 1 have to work a lot towards achieving the set targets as the data recoded is quite low .The other two blocks Sohagpur and Jaisinghpur have been performing really well in Family Planning. The number of oral pills cycle distributed is recorded to be 2896 and the number of condom pieces distributed is 15437 which shows that people are aware of the temporary Family

Planning methods. The performance of female sterilization is somewhat satisfactory in the district. When it comes to male sterilization situation the performance in the district is not that effective. Lot can be done to improve the situation regarding male sterilization. However the distribution of condoms is quite effective but the usage cannot be gauged from the pieces distributed.

10) ADOLESCENT REPRODUCTIVE AND SEXUAL HEALTH

There are no separate clinics at the facilities for the Adolescents. However they can come with their concerns whenever needed. There are even special rooms assigned where an adolescent can get him/ her treated or consult the doctor about his/ her problems.

11) QUALITY IN HEALTH SERVICES

11.1) BIOMEDICAL WASTE MANAGEMENT

The bio medical waste in the district at all facility level is segregated into three colored bags or dust bins and then the agency which is outsourced to collect the bio-medical waste comes and collects it from every facility on alternate day basis.

11.2) INFORMATION,EDUCATION AND COMMUNICATION

IEC was very much effective in all the facilities; posters of JSY, JSSK, vaccination and prevention of communicable diseases were effectively displayed. Further list of drugs, list of services were available in the in the District hospital and in the PHC level as well. In most of the facilities there are wall paintings in Hindi for the general public to read and understand the benefits of institutional deliveries and the incentives which they can receive from it.

12) COMMUNITY PROCESSES

One of the key components of the National Rural Health Mission is to provide every village in the country with a trained female community health activist ASHA or Accredited Social Health Activist. selected from the village itself and accountable to it, the ASHA will be trained to work as an interface between the community and the public health system.

13) DISEASE CONTROL PROGRAMME

There is a provision of diagnostics for tuberculosis and malaria at all the facilities with separate DOT rooms .Awareness of the harmful diseases is also done through proper IEC. Even the ASHAs help in mobilizing the beneficiaries for consulting a doctor at the health facility in case of any problem felt. There were well functioning laboratories in the facilities.

Table 10: Status of IDSP in Shahdol District.

Diseases	2013	2014(till May)
Acute Diarrheal Disease (including acute gastroenteritis)	7996	7063
Bacillary Dysentery	854	1024
Viral Hepatitis	74	18
Enteric Fever	11930	696
Chikungunya	0	0
Acute Encephalitis Syndrome	3	19
Meningitis	5	10
Measles	7	0
Diphtheria	4	0
Pertussis	0	0
Chicken Pox	67	35
Fever of Unknown Origin	11979	9350
Acute Respiratory Infection (ARI) / Influenza Like Illness (ILI)	9450	12208
Pneumonia	1262	797
Leptospirosis	23	2
Acute Flaccid Paralysis < 15 Years of Age	0	10
Dog bite	449	855
Snake bite	72	53

Source:CHMO Office,Shahdol

From the above table number 10 , the status of IDSP can be gauged. The Acute Diarrheal Disease (including acute gastroenteritis) in the year 2013 is recorded to be 7996 and till the month of May in the year 2014 was recorded to be 7063. The number of patients recorded to be 12208 in the year 2014 and in the year 2013 it is recorded to be 9450. In Acute Flaccid Paralysis the number of children less than 15 years of age in 2014 is recorded t o be 10. The overall performance of the IDSP in the district can be deduced to be average.

If the district works on the IDSP properly then many diseases can be prevented from happening and making the district healthier and prosperous.

14) GOOD PRACTICES AND INNOVATIONS

The HMIS and MCTS were few of the strong points of the district. Proper recording was there, and data operators were familiar with the HMIS and MCTS portal. School Health program was working efficiently in the district. There were even Homeopathy and Ayush wings functional in the district and people were aware of its benefits.

15) HMIS & MCTS

HMIS and MCTS were functioning well in the district. Data entry operators were recording the data from time to time. It was one of the plus points of the district as it helps maintained a record of the achieved status of various programs. MCTS portal helped to track anemic women and children in the district, proper record was maintained and checking was done from time to time. Overall ,both HMIS and MCTS were working well in the district.

16) OBSERVATIONS FROM THE FIELD

District Hospital- Sri Kushbhao Thakre

The district hospital in Shahdol,Madhya Pradesh is 200 bedded with separate male and female wards. The vision of the hospital is to provide quality health services in all the specialties in a harmonious atmosphere to every section of society. The hospital on a daily basis is facing many problems starting from, human resource, infrastructure and sanitation. The District hospital is situated in middle of the District and is easily accessible to the beneficiaries.

- The major issue faced by the hospital is human resource, the crunch of human resource is majorly faced in the nursing staff and Class-IV staff due to which maintenance of the hospital becomes a difficult task. There is a requirement of more nursing staff in the district hospital to provide quality health services to the beneficiaries.

- The district hospital was easily accessible from the road. However,the premises of the hospital were not very clean. Though the premises was covered by boundary but appeared to be pilgrimage for animals like dogs and pigs.

Fig 2: District Hospital, Shahdol

- There is provision of staff quarters in the district hospital however not every hospital staff has a quarter according to the requirement in the hospital, only the CMHO and few of the nursing staff have been provided with the accommodation facilities in the premises.
- For maternal death reviews the facility has formed a committee which consists of the doctors who review the whole case of maternal death and mention all the reasons of the death.
- No refresher training is conducted regarding the usage of new equipments at the hospital for the Medical Officers & ANMs. If proper refresher training is provided then the hospital would be able to provide better quality services to the beneficiaries.
- The O.T is well equipped with the equipments such as ventilators, pulse-oximeter, surgical diathermies, laparoscopes and autoclaves.
- The laboratory of the facility has a functional microscope, hemoglobin meter, centrifuge, semi- auto analyzer and testing kits.
- Pregnancy testing kits, oral contraceptives, emergency contraceptives and IUCDs are available in the facility.

Fig3: Blood bank in DH, Shahdol

Fig 4: Free drugs distribution

- There is completely a separate building assigned for storage of blood in the district hospital. The beneficiaries are even aware of the blood bank facility in the hospital due to proper IEC.
- The hospitals pharmacy or the centre which delivers free drugs is quite effective in providing the necessary medicines to the beneficiaries.
- The provision of IEC is well maintained in the facility and there are many wall paintings on the benefits of institutional deliveries and JSSK.

Fig 5: Exclusive feeding chair

Fig 6: Nutrition Rehabilitation Centre

- There exclusive feeding chairs in the feeding room which is situated next to the SNCUs, where the mother can feed the child as and when required or asked by the doctor.

- The Nutrition Rehabilitation Centre in the hospital is maintained properly with the required number of beds and the hospital has
- There is a shortage of space for the seating of the attendants as well as for patients.ANC patients have to wait for their number in queue by standing only.
- The diet provided to the patients in the hospital under the JSSK scheme is from the hospital canteen only. Infrastructure and hygiene level of canteen was found satisfactory.
- The JSY cheques are given on time and the records are maintained properly in the facility with the photographs, signatures and thumb impressions of the beneficiaries who received the cheques.
- There is a cold chain room in the facility, however due to generator issue like the provision of budget for diesel has been stopped by the State so most of the time the facility does not have generator facility.

Community Health Centre, Budar

Fig7 :CHC,Budar

- The CHC, Budar is a 30 bedded hospital with 200 deliveries being conducted on an average on a monthly basis.
- The major problem which is faced by the CHC,Budar is staff crunch.
- The ANC register was not being maintained accordingly, with referral cases not shown in the register, high risk pregnancies not marked, the categorization of the hemoglobin for each women not being made. The data was also not being fed into the system.
- Rationale and equitable of deployment of HR is the major problem which the CHC faces.

- The washrooms are not attached to the maternity ward, with the condition of the washrooms, the waiting rooms and the Janani wards being in an unhygienic condition.
- The drain area around the drinking water cooler was unkempt and reeked of foul odor. The beneficiaries gave the indication of informal payments.
- The lab is highly equipped with all the tests being conducted however, for ECG the machinery is present but the ECG technician is not there in the facility.
- The staff quarters are under renovation and will be provided to the staff in a month or two according to the officials.

Fig8 & 9: Showing well maintained IEC at the facility in form of wall paintings.

- HMIs & MCTS are well maintained in the facility with data entry operators being outsourced to punch the MCTS data to update it on timely basis.
- The contractual staff is receiving their salary quite late due to late approval of the budget.
- The JSY cheques are received by the beneficiaries on time i.e. during their time of discharge and the JSY payment registers are also maintained properly.
- The diet provided to the patients in the hospital under the JSSK scheme is outsourced. The organization provides packed food according to the number of beneficiaries present in the hospital.
- The OPD and the ANC registers are not maintained properly. The data in the MCTS registers is quite scattered and random. There is a proper maintained system for bio-medical waste .
- The O.T is well equipped with the equipments such as ventilators, pulse-oximeter, surgical diathermies, laparoscopes and autoclaves.

- The laboratory of the facility has a functional microscope, hemoglobin meter, centrifuge, semi- auto analyzer and testing kits.
- The essential drug list and the citizen charter is present at the facility and the provision of IEC in the District is effective.

Primary Health Centre, Panchgaon

Fig 10:PHC,Panchgaon

- The PHC, Panchgaon is a 10 bedded hospital with 100 deliveries being conducted on an average on a monthly basis.
- There have been no reported maternal deaths by the facility in the last year. The delivery load of the hospital per month is 30-35 women. The significant part of the block is that it is highly accessible due to good road conditions and the distance to the district facility, thus this facility serves as the nodal center and is even near to the District hospital.
- There is no crunch of human resource in nursing staff and class-IV staff due to which maintenance of the hospital is highly appreciable.
- The hospital staff requires refresher trainings for better understanding of the new developments in MCH services and to further accelerate the services.
- The hospital has a well maintained kitchen with all the facilities and a cook is even assigned to make food and provide it to the delivery patients.

- There is a well maintained SNCU in the facility , with all the required equipments for the sick new born children.

Fig 11:Kitchen in the PHC

Fig12:SNCU at the facility

- The facility requires trained HR and capacity building is highly required and the display of IEC is well maintained at the facility.
- The OPD, ANC and family planning register are maintained properly and is been checked by the concerned authorities before entering the data on HMIS and MCTS.
- All the required tests are being done in the PHC due to the availability of the testing kits.
- In spite of all the difficulties faced by the hospital authorities , still the hospital is running in a better condition and the work of the Medical Officer in-charge is highly commendable.
- The bio-medical waste is dumped in respective bags and then taken by the concerned private agency.

Sub Centre, Jamui

- The Sub centre Jamui is highly accessible to the patients as it is located on the main road and has all the required facilities for a delivery as well as a general patient.
- There is only one ANM present at the facility and she was highly efficient in providing all the facilities to the patients.

Fig 13: SC, Jamui

- OPD, ANC, Family Planning and VHSNC Meeting register has been maintained in the facility.
- IEC display was also well maintained in the sub centre and it is clear from the picture below.
- The list of drugs too be present with the ASHA in the ASHA kit was mentioned on the wall and the drugs which were going to be provided for free was also mentioned on the walls in form wall paintings.

Fig 14: IEC & List of drugs in the ASHA kit

Fig15: ANC Check-up room

- The sub- centre is overburdened as daily OPD registration count is about 150.
- DOT lab is available in the Sub centre and it is functioning properly. Scheduled immunization days are wednesday and friday. Proper bio-medical waste system is available in the facility.
- Proper privacy was maintained while the patient's ANC check-ups were conducted at the centre, with the beds having curtains around and can be seen from the above fig 15.

Sub Centre, Bodri

- The ANM was using a major part of the untied funds to pay the electricity bill which was quite high. There are chances that the facility is being charged at the commercial rate per unit rather than at the domestic rate.
- DOT centre is available adjacent to facility and concerned patients are being referred there.
- ANM's are trained properly and are delivering services to the beneficiaries on time.
- All the registers like ANC, OPD and Family Planning were maintained in the facility. The provision of IEC is well maintained in the facility.
- Pregnancy testing kits are not delivered to the facility on time, sometimes because of carelessness of store keeper of the facility and sometimes because of less supply from the drug store.
- Proper bio medical waste system is maintained in the facility and IEC is maintained at the facility.

17) CONCLUSIONS AND RECCOMENDATIONS

There was extreme shortage of manpower sources in the facilities. The DH was facing a huge pressure of patients, in view of the shortage of doctors, gynecologists, and other necessary staff and also due to non availability of gynecologist at the other public healthcare institutions. Such situation highlights that there is an urgent need to have sufficient hospital staff including support staff and nurses.

Salary of contractual staff was another major issue in the district. Especially for computer operators and ANMs, they always receive their salary late. HMIS department can develop a plan for orientation of frontline workers and managers to improve data quality. State Demographic Cell and HMIS department should plan and conduct orientation/ training of block and district level officials to improve data analysis and provision of appropriate feedback. Training cell is not well established as no person is appointed for this job from past two years. ARSH wing in the facilities should get established in the district as soon as possible. Requirements and supply of the essential drugs certainly needs regular

monitoring and stock verification so that regular availability of drugs, (i.e. IFS, ORS, and Vitamin A etc) can be maintained and regulated.

More training programs should be organized so that more staff can be trained which can lead to efficiency in work. Contractual staff also should get salary on time so that they are motivated to perform better. ASHA Coordinator requires more training regarding their work. It is desirable that work should be completed on time at unit level first to meet the time limits of work at district level.

ASHA workers and ANMs are performing equally well in the district, more incentive based schemes can be introduced in the district so that they are encouraged to perform better. Sub-centers are working in a proper manner in the district, so more emphasis should be laid on them so that they can perform exceptionally great in their areas.

ANNEXURE

Appendix: 1 Interview Schedule Nodal Person

Monitoring of State PIP

Population Research Centre, Institute of Economic Growth, Delhi

Sl No.	ITEMS	QUESTIONS						
1	District Profile	No. of Blocks						
		No. of Villages						
		Population						
		Literacy						
		Sex Ratio						
		IMR						
		MMR						
		Female sex ratio						
		Male sex ratio						
2	Trends of various indicators over the period of 5 years	INDICATORS	2009	2010	2011	2012	2012	2013
		IMR						
		MMR						
		OPD						
		IPD						
		ANC						
		PNC						
		SBA						
		Immunization						

		Unmet need for FP						
		NMR						

3	Health facility	Total no. of health facilities in the District					Total no of Govt. building	Total no of rented building
		DH ☐	SDH ☐	CHC ☐	PHC ☐	SC ☐		

4	What are the steps being taken by the District officials to fill the gap in health service delivery, If any?
5	a)Human Resource: * collect the human resource list from the District(Currently available/ posted)
	b) Strategies followed for the retention of the contractual managerial staff under NRHM
	c)The current status of the training received by the staff under NRHM for the year 2013-14

	BeMOC	**EMOC**	**SBA**	**MTP**	**IMNCI**	**NSV**	**NSSK**	**IUD**	**RTI/ STI**	**OTHERS**
	Remarks on training									

6	**Status of Implementation of JSSK**			**Remarks**
	a) Entitlements: Cashless services and User charges	**Whether G.O issued**	**Month(Start/ Proposed)**	
	i) Provision of free drugs/ consumables	Yes ☐ No ☐		
	ii) Provision of free diagnostics	Yes ☐ No ☐		
	iii) Provision of free diet	Yes ☐ No ☐		
	iv) Provision of free blood (inclusive of	Yes ☐ No ☐		

	testing fee)			
	v) Provision of free treatment to sick newborns up to 30 days	Yes ☐ No ☐		
	vi) Free referral transport for PW (to and fro, 2nd referral)	Yes ☐ No ☐		
	vii) Free referral transport for sick newborns (to and fro, 2nd referral)	Yes ☐ No ☐		
	viii) Exemption from all user charges for all PW and sick newborns	Yes ☐ No ☐		
	ix) Empowerment of MO in-charge to make emergency purchases	Yes ☐ No ☐		
7	Entitlements: Referral Transport	District owned	EMRI/ EMTS	PPP
	i) Total number of ambulances/ referral vehicles in the State/ UT			
	ii) Vehicles fitted with GPS			
	iii) Call centre(s) for the ambulance network	District (No.)	State(Y/ N):	
	iv) Toll free number	No.		
8	Grievance redressal	Status detail	Remarks	
	No. of complaints/ grievance cases related to free			

	entitlements			
	No. of cases addressed/ no. of cases pending			
9	Are special newborn care units (SNCU) established for care of the sick and newborn in all Medical Colleges and District Hospitals	Yes ☐ No ☐	Remarks	
10	Has the District prepared a detailed district plan for intensification of routine immunization with special focus on districts with low coverage?	Yes ☐ No ☐	Remarks	
11	Is the coverage of DPT 1st booster and measles2nd dose emphasized and monitored?	Yes ☐ No ☐		
12	Are special micro plans developed for inaccessible remote areas and urban slums?	Yes ☐ No ☐		
13	Is there any development of BCC/ IEC tools highlighting the benefits of Family Planning specially on spacing methods	Yes ☐ No ☐		
14	Status of School Health Programme			
	a) School health committee with diverse stakeholders	Yes ☐ No ☐		
	b) Involvement of nodal teachers from schools in the programme	Yes ☐ No ☐		
	c) Are all children in government (Aided) schools covered	Yes ☐ No ☐		
	d) Dedicated teams	Yes ☐ No ☐		

	for health check-ups for children below 6 years at AWC		
	e) Status of School Health Programme	Yes ☐ No ☐	
15	Details of availability of drugs ?		
16	Status of JSY payment		

Total no. in 2011	Total no. in 2012	Total no. in 2013	Remarks

17	Data Surveillance		Remarks
	b) Data collections on key performance indicators	Yes ☐ No ☐	
	c) 100% registration of births and deaths under CRS	Yes ☐ No ☐	
	d) Epidemiological surveillance	Yes ☐ No ☐	
	e) Maternal Death Review	Yes ☐ No ☐	
	f) Infant Death Review	Yes ☐ No ☐	
	g) Tracking using MCTS	Yes ☐ No ☐	
	i) Is HMIS/ MCTS implemented at all facilities	Yes ☐ No ☐	

18	HMIS/ MCTS		
	Is HMIS / MCTS implemented at all the facilities	Yes ☐ No ☐	
	Is HMIS data analyzed and discussed with concerned staff at state and district levels for necessary corrective action to be taken in future?	Yes ☐ No ☐	
	Do programme managers at all levels use HMIS data for monthly reviews?	Yes ☐ No ☐	
	Is MCTS made fully operational for regular and effective monitoring of service delivery including tracking and monitoring of severely anaemic women, low birth weight babies and sick neonates	Yes ☐ No ☐	

	Is the service delivery data uploaded regularly	Yes ☐ No ☐	
	Is the MCTS call centre set up at the District level to check the veracity of data and service delivery?	Yes ☐ No ☐	
	Is HMIS data analyzed and discussed with concerned staff at state and district levels for necessary corrective action to be taken in future?	Yes ☐ No ☐	
19	Are SNCUs available in the District?	Yes ☐ No ☐	
	EQUIPMENTS		
	STAFF		
	ADMISSIONS		
	TREATMENT OUTCOMES		
	UTILIZATION		
20	Family planning (availability of contraceptives, IEC & availability of services at different level)		
21	Clinical Establishment Act : (PIP approval status and implementation)		
2.2	Current status of ASHAs (Total number of ASHAs) ASHAs presently working Positions vacant Skill development/ refresher training of ASHAs Payment issues Other issues		
23	Immunization status in the district (micro plan, outreach plan, alternate vaccine, delivery stock)		
24	Total number of Rehabilitation Centre in the Dist		
25	Intersectoral convergence including NGOS & PPPs		
	a) Effective coordination with key departments on		
	i) Water and Sanitation	Yes ☐ No ☐	

	ii) Education (SSA)	Yes ☐ No ☐
	iii) Women and Child Development (SABLA, ICDS)	Yes ☐ No ☐
	iv) Gender and women empowerment	Yes ☐ No ☐
	b) Consultations with civil society	Yes ☐ No ☐
	c) Involvement of NGOs to fill service delivery gaps	Yes ☐ No ☐
	d) NGO involvement in community monitoring	Yes ☐ No ☐
	e) PPP for underserved and vulnerable areas	Yes ☐ No ☐
	f) PPP in family planning and diagnostic services	Yes ☐ No ☐
26	Community Involvement	
	a) Patient feedback mechanisms	Yes ☐ No ☐
	b) Grievance redressal mechanisms	Yes ☐ No ☐
	c) Empowered PRIs	Yes ☐ No ☐
	d) Effective VHSNC	Yes ☐ No ☐
	e) Social audit	Yes ☐ No ☐
	f) Effective VHND	Yes ☐ No ☐
	g) Strengthening of ASHAs	Yes ☐ No ☐
	h) Comprehensive communication strategy including BCC	Yes ☐ No ☐
	i) Dissemination in village/ slums and peri-urban areas	Yes ☐ No ☐

Appendix 2:

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	Staff Quarters for MOs	**Y**	**N**	
1.5	Staff Quarters for SNs	**Y**	**N**	
1.6	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**	
	Availability of mechanisms for Biomedical waste management (BMW)at facility	**Y**	**N**	
1.23	BMW outsourced	**Y**	**N**	
1.24	Availability of ICTC/ PPTCT Centre	**Y**	**N**	
1.25	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, metronidazole, anti-allergic drugs etc.	*Y*	*N*	
5.16	Adequate 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*	

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	**Y**	**N**	
6.6	Malaria	**Y**	**N**	
6.7	T.B	**Y**	**N**	
6.8	HIV	**Y**	**N**	
6.9	Liver function tests(LFT)	**Y**	**N**	
6.10	Ultrasound scan (Ob.)			
6.11	Ultrasound Scan (General)			
6.12	X-ray			
6.13	ECG			
6.14	Endoscopy			
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	MCTS entry on percentage of women registered in the first trimester			
7.5	No. of pregnant women given IFA			
7.6	Total deliveries conducted			
7.7	No. of assisted deliveries(Ventouse/ Forceps)			
7.8	No. of C section 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 a	No of admissions in NBSUs/ SNCU, whichever available			
7.13 b	Inborn			
7.13 c	Outborn			
7.14	No. of children admitted with SAM			
7.15	No. of sick children referred			
7.16	No. of pregnant women referred			
7.17	ANC1 registration			
7.18	ANC 3 Coverage			
7.19	ANC 4 Coverage			
7.20	No. of IUCD Insertions			
7.21	No. of Tubectomy			
7.22	No. of Vasectomy			
7.23	No. of Minilap			
7.24	No. of children fully immunized			
7.25	Measles coverage			
7.26	No. of children given ORS + Zinc			
7.27	No. of children given Vitamin A			
7.28	No. of women who accepted post-partum FP services			
7.29	No. of MTPs conducted in first			

	trimester			
7.30	No. of MTPs conducted in second trimester			
7.31	Number of Adolescents attending ARSH clinic			
7.32	Maternal deaths, if any			
7.33	Still births, if any			
7.34	Neonatal deaths, if any			
7.35	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
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	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	Action taken on MDR	**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 Fogging (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 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

Appendix 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	Staff Quarters for MOs available	**Y**	**N**	
1.5	Staff Quarters for SNs available	**Y**	**N**	
1.6	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**	
1.15	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 and Deep Freezer	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	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	Adequate 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**	

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	Serum Bilirubin test	**Y**	**N**	
6.5	Blood Sugar	**Y**	**N**	
6.6	RPR	**Y**	**N**	
6.7	Malaria	**Y**	**N**	
6.8	T.B	**Y**	**N**	
6.9	HIV	**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	MCTS entry on percentage of women registered in the first trimester			
7.5	No. of pregnant women given IFA			
7.6	Total deliveries conducted			
7.7	Number of obstetric complications managed, pls specify type			
7.8	No. of neonates initiated breast feeding within one hour			
7.9	Number of children screened for Defects at birth under RBSK			
7.10	RTI/ STI Treated			
7.11	No of admissions in NBSUs, if available			
7.12	No. of sick children referred			
7.13	No. of pregnant women referred			
7.14	ANC1 registration			
7.15	ANC3 Coverage			
7.16	ANC4 Coverage			
7.17	No. of IUCD Insertions			

7.18	No. of Tubectomy			
7.19	No. of Vasectomy			
7.20	No. of Minilap			
7.21	No. of children fully immunized			
7.22	Measles coverage			
7.23	No. of children given ORS + Zinc			
7.24	No. of children given Vitamin A			
7.25	No. of women who accepted post partum FP services			
7.26	No. of MTPs conducted			
7.27	Maternal deaths, if any			
7.28	Still births, if any			
7.29	Neonatal deaths, if any			
7.30	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	Alternate Vaccine Delivery (AVD) system functional	Y	N	
8.7	Segregation of waste in colour coded bins	Y	N	
8.8	Adherence to IMEP protocols	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 fumigation (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 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