

## DH level Monitoring Checklist

Name of District:	Name of Taluka:	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	Y	N	
	from nearest road head			
1.2	Functioning in Govt building	Y	N	
1.3	Building in good condition	Y	N	
1.4	Habitable Staff Quarters for MOs	Y	N	
1.5	Habitable Staff Quarters for SNs	Y	N	
1.6	Habitable Staff Quarters for other categories	Y	N	
1.7	Electricity with power back up	Y	N	
1.9	Running 24*7 water supply	Y	N	
1.10	Clean Toilets separate for Male/Female	Y	N	
1.11	Functional and clean labour Room	Y	N	
1.12	Functional and clean toilet attached to labour room	Y	N	
1.13	Functional New born care corner(functional radiant warmer with neo-natal ambu bag)	Y	N	
1.14	Functional Newborn Stabilization Unit	Y	N	
1.16	Functional SNCU	Y	N	
1.17	Clean wards	Y	N	
1.18	Separate Male and Female wards (at least by partitions)	Y	N	
1.19	Availability of Nutritional Rehabilitation Centre	Y	N	
1.20	Functional BB/BSU, specify	Y	N	
1.21	Separate room for ARSH clinic	Y	N	
1.22	Availability of complaint/suggestion box	Y	N	
1.23	Availability of mechanisms for	Y	N	



	Biomedical waste management (BMW)at facility			
1.24	BMW outsourced	Y	N	
1.25	Availability of ICTC/ PPTCT Centre	Y	N	
1.26	Availability of functional Help Desk	Y	N	
1.27	Functional PICU	Y	N	
1.28	Functional Dialysis unit	Y	N	
1.29	Functional Geriatric unit (if available)	Y	N	
1.30	Functional Panchakarma unit & AYUSH wing	Y	N	

#### **Section II: Human resource:**

	on 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 (GDMO)		
2.7	SNs		
2.8	ANMs		
2.9	LTs		
2.10	Pharmacist		
2.11	LHV		
2.12	Radiographer		
2.13	RMNCHA+ counsellors		
2.14	ECG Technician		
2.15	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 / Blood bank	
3.14	IMEP	
3.16	Immunization and cold chain	
3.15	Others	

**Section IV: Equipment:** 

S. No	Equipment	Yes	No	Remarks
				Kemarks
4.1	Functional BP Instrument and Stethoscope	Y	N	
4.2	Sterilised delivery sets	Y	N	
4.3	Functional Neonatal, Paediatric and Adult	Y	N	
4.4	Resuscitation kit	<b>X</b> 7	NI	<u> </u>
	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
4.29	Ambu bag (Adult and Pediatric)	Y	N
4.30	Defibrillator (Adult and Pediatric)	Y	N
4.31	Color Doppler	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

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

S.No	Drugs	Yes	No	Remarks
5.1	EDL available and displayed	Y	N	
5.2	Computerised inventory management	Y	N	
5.3	IFA tablets	Y	N	
5.4	IFA tablets (blue)	Y	N	
5.5	IFA syrup with dispenser	Y	N	
5.6	Vit A syrup	Y	N	
5.7	ORS packets	Y	N	
5.8	Zinc tablets	Y	N	
5.9	Inj Magnesium Sulphate	Y	N	
5.10	Inj Oxytocin	Y	N	
5.11	Misoprostol tablets	Y	N	
5.12	Mifepristone tablets	Y	N	
5.13	Availability of antibiotics	Y	N	
5.14	Labelled emergency tray	Y	N	
5.15	Drugs for hypertension, Diabetes, common ailments e.g PCM, anti-allergic	Y	N	
	drugs etc.			



5.16	Vaccine Stock available	Y	N	
S.No	Supplies	Yes	No	Remarks
5.17	Pregnancy testing kits	Y	N	
5.18	Urine albumin and sugar testing kit	Y	N	
5.19	OCPs	Y	N	
5.20	EC pills	Y	N	
5.21	IUCDs	Y	N	
5.22	Sanitary napkins	Y	N	
S.No	<b>Essential Consumables</b>	Yes	No	Remarks
5.23	Gloves, Mckintosh, Pads, bandages, and	Y	N	
	gauze etc.			

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

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

S.no	Lab Services	Yes	No	Remarks
6.1	Haemoglobin	Y	N	
6.2	CBC	Y	N	
6.3	Urine albumin and sugar	Y	N	
6.4	Blood sugar	Y	N	
6.5	RPR (Rapid Plasma Reagin) test	Y	N	
6.6	Malaria (PS or RDT)	Y	N	
6.7	T.B (Sputum for AFB)	Y	N	
6.8	HIV (RDT)	Y	N	
6.9	Liver function tests(LFT)	Y	N	
6.10	Ultrasound scan (Ob.)	Y	N	
6.11	Ultrasound Scan (General)	Y	N	
6.12	X-ray	Y	N	
6.13	ECG	Y	N	
6.14	Endoscopy	Y	N	]
6.15	Others, pls specify	Y	N	
S.No	Blood bank / Blood Storage Unit	Yes	No	Remarks
6.16	Functional blood bag refrigerators with chart 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	Q3	Q4	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)					



			Albe eige sees you
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		
7.10	within one hour  Number of children screened for Defects at		
7.10	birth under RBSK		
7.11	RTI/STI Treated		
7.12	No of admissions in NBSUs/ SNCU,		
7.12	whichever available		
7.13	No of admissions :Inborn		
7.14	No of admissions :Outborn		
7.15	No. of children admitted with SAM		<del> </del>
7.16	No. of sick children referred		<del></del>
7.17	No. of pregnant women referred		
7.18	No. of IUCD Insertions		
7.19	No. of Tubectomy		<del> </del>
7.20	No. of Vasectomy		<del></del>
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		
7.34	Number of Infants screened for ROP		
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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	Y	N
	Mothers on travel, drugs or		
	diagnostics(Please give details)		
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	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/Ti meline 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/PN C	No. of sick infants transported	No. of children 1- 6 years	Free/Paid
10.1	Home to facility					
10.2	Inter facility					
10.2	Facility to Home (drop					
10.3	back)					

**Section XI: IEC Display:** 

S.No	Material	Yes	No	Remarks
	Approach roads have directions to the	Y	N	
11.1	health facility			
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	
	JSSK entitlements (Displayed in ANC	Y	N	
11.7	Clinics/, PNC Clinics)			
11.8	Immunization Schedule	Y	N	
11.9	JSY entitlements( Displayed in ANC	Y	N	
	Clinics/, PNC Clinics)			



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 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: E	nsure that i	necessary co	orrective i	neasures	are hig	ghlight	ed (	and if poss	ible, a	ction taken o	on the spot.	The
Monthly	report of	monitoring	visits an	d action	points	must	be	submitted	to the	appropriate	e authority	for
uploadin	g on State	MoHFW we	bsite									

To be filled by monitor(s) at the end of activity

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