

**GUIDANCE NOTE ON  
DISTRICT-LEVEL GAP ANALYSIS OF  
RMNCH+A INTERVENTIONS**

August 2013



## Foreword

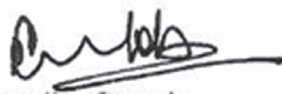
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In 2013, RMNCH+A Approach has been one of the most important steps that the Government of India has taken to fulfil its commitment to improve maternal health and child survival through a life-cycle approach. The RMCNH+A approach document clearly articulated the shifting focus for programming from the district to the block and community level.

To strengthen the programming at district and block level and to address the state specific needs, it is proposed to understand the current situation in terms of service accessibility and availability across the Life cycle in the high priority districts (HPDs). This document is introduced to you to provide a common understanding on the procedures and levels of assessment that each state needs to undertake in HPDs for better planning.

It is envisaged that this process of identification of gaps, finding local solutions and monitoring the change will go a long way in bringing about the desired impact on the health of mothers and children. With the support of development partners, I am confident that these guidelines will help the state program managers to conduct GAP analysis and develop action plans that can be incorporated in their Program Implementation Plans. I thank all the contributors for preparing this road map in the form of 'Gap Analysis tool' which will be a significant landmark in measuring our progress for achieving MDG 4 and 5.

I wish you all success in your endeavours and assure my everlasting support towards implementing the RMNCH+A approach across the country.



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Additional Secretary &  
Mission Director, NRHM

# District level gap analysis of RMNCH+A: Suggested approaches and tools

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## Context

Improving the maternal and child health and their survival are central to the achievement of national health goals under National Rural Health Mission as well as Millennium Development Goals 4 and 5. In order to bring greater impact, it is important to recognize that reproductive, maternal and child health cannot be addressed in isolation as these are closely linked to the health status of the population in various stages of life cycle. Investing in health of the mother has a direct bearing on the health of the baby, who if nurtured properly till adolescent age will contribute to a healthy nation. Therefore RMNCH+A strategic road map has been designed to focus on the life cycle approach from pregnancy to child birth to adolescent age groups, in the most under served districts in each state of the country. RMNCH+A services have to be implemented across the country with further intensification of efforts in the identified 184 High Priority Districts (HPDs) in 29 states with the technical support by the Development Partners. The states should allocate atleast 30% higher resources (within the overall State Resource Envelope under NRHM) to the HPDs.

The effectiveness of high impact RMNCH+A interventions described as a continuum of care in the document “A strategic approach to RMNCH+A in India, 2013” will be determined by the coverage of quality services achieved among the affected section of the population as also the availability, acceptability, actual utilization of services and quality of services delivered. Therefore it is important that analysis be carried out at various level of planning in order to prioritize attention to address specific gaps in the delivery of a particular intervention or a set of interventions. For the purpose of monitoring the progress on various components of RMNCH+A there is a need to establish a base line from the available sources such as AHS, SRS, Survey reports and HMIS etc. and conduct a gap analysis and facility assessment using standardized tools.

***This document is intended to provide broad guidance on the processes and expected outcomes of the District level gap analysis. States and Development Partners can continue to use the tools and approaches that they are currently using, as long as they capture essential information required for intensification of efforts in the HPDs. States and development partners can further elaborate, fine-tune and adapt the methods and tools described in this document.***

## Approach

The district gap analysis will largely focus on the assessment of gaps in terms of availability, accessibility, utilization and quality. It is expected that the results of this initial rapid assessment will provide adequate evidence base to draw the district RMNCH+A implementation plan addressing the key gaps through short term and mid-term actions.

It is recommended that quality improvement, which needs continuous assessment and supportive supervision, be carried out as an ongoing activity in the HPDs with technical support from Development Partner and State Lead Partner. This continuous assessment of infrastructure, supplies, management systems in facilities and demand side issues is expected to enable tracking of progress in filling the gaps over time.

## Objectives of RMNCH+A gap analysis

The main objective of this gap analysis is to rapidly understand the gaps in the implementation of a set of strategic RMNCH+A interventions across life stages, so that a baseline for monitoring the progress of RMNCH+A is established, that can also be used for setting targets and strategies by the district administration. More specifically, this rapid gap analysis aims at measuring the gaps in:

1. Resource availability in terms of infrastructure, human resources, capacity, fund availability, needed to deliver a set of key RMNCH+A interventions in facilities and communities in the district
2. Health systems capacities at district and state levels to manage infrastructure, human resources, capacity building, supportive supervision, supply chain, demand generation, implementation of incentive schemes for providers and beneficiaries, quality and use of data, fund flow and utilization
3. Capacities, information and communication strategies for behavior change at block level to ensure utilization, timeliness continuity and quality implementation of the essential interventions.

## Scope and methodology

The gap analysis will be done at three levels: communities, facilities and health systems using both secondary and primary data. Table 1 summarizes the typical questions that will be answered through this gap analysis at each level, and the suggested methodology. The gap analysis at each level is described in more detail in the following sections:

**Table 1: Summary of district RMNCH+A gap analysis scope and methods**

Subject of inquiry	Suggested method
<b>Facility level assessment</b>	
<ul style="list-style-type: none"> <li>• Are the functional delivery points (including SBA, BEmOC and CEmOC level facilities) equitably distributed across populations and geographies in the district?</li> <li>• Are the availability of C-section, blood storage units/blood bank, newborn care facilities, equitably distributed across populations and geographies in the district?</li> </ul>	Secondary data analysis using GIS or maps
<p>Do these delivery points (SBA, BEmOC and CEmOC level facilities) in the district have adequate infrastructure, skilled human resources, capacity, equipment and commodities, emergency transportation, infection control measures and funds to provide each of the strategic RMNCH+A interventions with quality?</p> <p>Are recommended protocols and guidelines being followed for management of specific conditions?</p>	Direct observation and Primary data collection from all delivery points, (SBA, BEmOC and CEmOC facilities) in the district and their analysis
What have been the case loads in these facilities?	Secondary data analysis using HMIS
<b>Community level assessment</b>	
<p>Are the frontline workers (ANMs, ASHAs and AWWs) available equally and as per the norms across populations and geographies in the district? How many villages in the district have no health sub centre within 30 minutes of walk? Are all the village hamlets covered by ASHA/AWW?</p>	Secondary data analysis, review of households surveys
<p>Are the frontline workers provided with basic trainings (SBA-Skilled Birth Attendant, NSSK - Navjat Shishu Suraksha Karyakram, HBNC-Home-based Newborn Care, IYCF-Infant and Young Child Feeding and IMNCI-Integrated Management of Childhood Illnesses), tools and methods (VHNDs and Immunization due list etc.) and incentives?</p>	Primary data collection from a sample of health sub centres and related FLWs
<p>What has been the utilization and coverage of services at the population level against both the state and national coverage targets for the RMNCH+A strategic interventions?</p>	Secondary data analysis (population-based surveys)
<b>Health System level assessment</b>	
<ul style="list-style-type: none"> <li>• What are the health system bottle necks in the following cross-cutting themes? Fund flow and utilization at the district and sub-district levels</li> <li>• Untied funds for facilities and community structures (VHSCs and RKSS) Supply chain management Implementation of entitlements under JSSK and JSY for both the providers and beneficiaries, with focus on timely and appropriate performance incentives to health workers HMIS and MCTS data quality and use Capacity building and roll out of trainings (SBA, NSSK, IMNCI, etc.) Supportive supervision for facilities and FLWs</li> </ul>	Document reviews, secondary data analysis, primary data collection through interviews with Key Informants at state and district levels

## Facility level assessments

Several of the strategic RMNCH+A interventions relate to the clinical care during delivery and immediate postpartum periods in designated facilities including 24x7 PHCs, Community Health Centres and District Hospitals. These include:

1. Reproductive health care services such as comprehensive abortion care, RTI/STI case management, interval IUCD procedures, and adolescent-friendly health services
2. Pregnancy and child birth care services such as antenatal corticosteroids for preterm labor, preventing parent to child transmission of HIV, skilled obstetric care, emergency obstetric care, and immediate assessment and appropriate newborn care and resuscitation, and postpartum IUCD and sterilization
3. Newborn and child care services such as essential newborn care, care of sick newborn (SNCU, NBSU), facility-based care of childhood illnesses (IMNCI), care of children with severe acute malnutrition (NRC), and immunization.
4. Mechanism for disease surveillance and response to outbreaks

The district gap analysis will aim at collection of primary data from the designated “delivery points” including all First Referral Units (FRUs) the District Hospital (including SNCU and NRC), sample of NBSUs and all NRCs (if located at sub district level) , regarding the following aspects of availability, accessibility, quality and utilization of each of the above RMNCH+A interventions. Although the measurement of quality of these services are extremely important, considering its complexity, the data on “facility readiness” in terms of the following will be collected which are assumed to have a bearing on the delivery of quality services. The detailed measurement of quality, including the clinical skills and practices, subsequent to this initial gap analysis, as a part of monitoring and supportive supervision is needed.

1. **Funds:** including the facility untied funds to manage the ad hoc requirements.
2. **Infrastructure:** whether the designated facilities have adequate space, electricity and water supply, communication facilities, toilet and other facilities for effective delivery of intended services.
3. **Equipment and commodities:** whether the facility has adequate type and number of equipment to provide the specific RMNCH+A services along with a regular supply and stock of essential drugs and commodities related to these services.
4. **Infection control:** whether the facility has adequate infection control measures, including hygiene and sanitation.
5. **Human resources:** whether the required type and number of staff are regularly available to deliver the services in the facility.

6. **Emergency transportation:** whether the facility has access to emergency transportation to move patients to the nearest referral facility quickly.
7. **Capacity:** whether the staff delivering the specific services has received relevant trainings such as SBA, NSSK, F-IMNCI, PPIUCD, BEmOC, CEmOC, Minilap etc. and whether the concerned staff is provided with supportive supervision.

Additionally, the distribution of the designated and “fully functional” delivery points, FRUs, SNCUs, NBSUs and NRCs can be assessed by plotting the location of these facilities on a GIS map, along with the designated areas and populations covered by each such facility. This will help to understand whether these facilities are equally available/accessible across geographies and populations within the district. Needless to mention that in-equitable distribution of service provision points result in in-equitable utilization and the resultant uneven health outcomes.

Finally, the case loads such as the number of deliveries conducted, number of cases treated for complications etc. for each facility will be analyzed using the HMIS data for the previous 2-3 quarters to understand if the utilization of the facility assessed is optimum or not.

## Community level assessments

The “community” here refers to the populations covered by the health sub-centre along with the associated front line workers (FLWs) such as the ANMs, ASHAs and Anganwadi Workers (AWs). Several of the strategic RMNCH+A interventions are envisaged to be provided by these FLWs to the populations through community outreach. These include:

1. Reproductive health care services such as family planning (including IUCD insertion, OCP and condoms), prevention and management of STIs, weekly IFA supplementation, information and counseling on sexual reproductive health and family planning, community-based promotion and delivery of contraceptives, and menstrual hygiene.
2. Antenatal care services including full antenatal care package and PPTCT services with quality as assessed by monitoring of pregnant mother (weight gain, pallor, hemoglobin, fundal examination and BP monitoring), counseling on preparation for newborn care, breastfeeding and birth preparedness and complication readiness, demand generation for pregnancy care and institutional delivery (JSY, JSSK).
3. Postnatal visit as recommended for postnatal care services such as assessment for early detection of birth defects and management of illnesses in mother and newborn, and immunization, home-based newborn care, including hygiene and sanitation, thermal care, exclusive breastfeeding, antibiotic for suspected case of newborn sepsis, and prompt referral.
4. Special attention to home and facility based newborn care through assessment classification, treatment, counseling and referral if required.



5. Child health care services such as first level assessment and care for newborn and childhood illnesses, immunization and micro-nutrient supplementation, infant and young child feeding (IYCF) including hygiene, exclusive breastfeeding and complementary feeding, use of ORS and zinc for diarrhea, sanitation and antibiotic for pneumonia .

During the district gap analysis primary data on each of these interventions will be collected from a sample of health sub-centres and related front line workers on the following aspects of service delivery:

1. **Capacity:** whether the FLWs are adequately trained and provided with the necessary tools and methods (micro planning, BCC materials, tracking tools, planning tools etc.)for each of the designated quality services and whether they are provided with adequate supportive supervision. Under this section, gap analysis will also analyse if the ANMs positioned at delivery points have received SBA and NSSK training, if all the ASHAs are trained in HBNC, and the number of AWWs trained in IYCF and IMNCI.
2. **Commodities and supplies:** Whether the FLWs receive timely and adequate supply of commodities necessary for the provision of these services including vaccines, contraceptives, drugs and equipment.
3. **Community outreach:** Regularity with which the home visits, VHNDs and immunization days are organized and the extent of populations “not-covered” by these activities, not only in terms of number of session but in quality of all components being provided during these outreach activities.
4. **Incentives:** Regularity with which the incentives for the providers and beneficiaries are received.
5. **Formation and functioning of community structures:** whether the Village Health and Sanitation Nutrition Committees (VHSNCs) are formed as per guidelines and are functioning.

Additionally, the distribution of the “in-position” FLWs can be assessed by plotting their availability by location on a map, along with the designated areas and populations covered by each sub-centre. This will be used to understand whether these FLWs are equally available/ accessible across geographies and populations within the district.

Finally, the population-based utilization and coverage statistics for each of the RMNCH+A interventions will be compiled for the district, based on the available survey data, to compare against the state targets. The indicators for which district specific data is not available, triangulation from available state level data can be used along with an assumed deviation for the district (plus or minus) from the state average. Some of the indicators that impact on neonatal and maternal mortality include the following:

1. % of adolescent girls and boys (15–19 years) with anaemia (AHS , NFHS 3)
2. % of total fertility contributed by adolescents (15–19 years) (AHS, NFHS 3)

3. % of all births in government and accredited private institutions (AHS, SRS 2010)
4. % of pregnant women receiving antenatal care (AHS, CES 2009)
5. % of mothers and newborns receiving postnatal care (AHS, CES 2009)
6. % of deliveries conducted by skilled birth attendants (AHS, CES 2009)
7. Child sex ratio in the 0–6 years age group (Census 2011)
8. Exclusive breast feeding rate (AHS, CES 2009)
9. Prevalence of under-five children who are underweight (AHS, NFHS 3)
10. Coverage of three doses of combined diphtheria-tetanus-pertussis (DTP3) (12–23 months) (AHS, CES 2009)
11. Use of Oral Rehydration Salts (ORS) in under-five children with diarrhoea (AHS, CES 2009)
12. Unmet need for family planning methods among eligible couples, married and unmarried (AHS, DLHS 3)
13. Met need for modern family planning methods among eligible couples (AHS, DLHS 3)
14. Prevalence of anaemia among women aged 15-49 years.

## Health systems level assessments

While the facility and community level assessments provide an understanding of gaps of availability, accessibility, utilization, timeliness and continuity, an understanding of the enabling environment around health is equally necessary. In this context, a first step will be to map the policies and strategies in place, identify the budget available and its allocations, assess the social norms around essential interventions for RMNCH+A, and map out the various partners and resources available at the district or state levels in order to better understand the bottleneck hampering the health system in the following cross-cutting themes:

1. **Fund flow and utilization at district and sub-district levels:** Major bottlenecks in the flow of funds from state to the district and further down from district to the sub-district levels in terms of the amount, timing and clarity on budget items; major hurdles that may prevent the district and sub-district administration to effectively and fully utilize the planned allocated funds.
2. **Untied funds for facilities and community structures (VHSNCs and RKSs):** Bottle necks in releasing the funds to the VHSNCs and RKSs on a regular basis
3. **Infrastructure management:** Bottlenecks in infrastructure management including repairs, maintenance and provisions of additional infrastructure facilities

4. **Supply chain management:** Major issues in the indenting, procurement, distribution and stock management at the state, district and sub-district levels
5. **Human resource management:** Major hurdles in the management of human resources – including recruitment, retention, promotion, transfer, etc.
6. **Emergency transportation:** Major bottle necks in the provision of emergency transportation across district/state.
7. **Implementation of entitlements under JSSK and JSY up to the most vulnerable populations:** Bottle necks in the implementation of incentive schemes for providers and beneficiaries such as fund flow, approval mechanisms, delays, etc.
8. **Capacity building and roll out trainings:** Major bottle necks in the roll out of planned training activities such as the SBA, NSSK, F-IMNCI etc.
9. **Supportive supervision for facilities and FLWs:** Major issues related to the provision of supportive supervision/mentoring at facilities and for the FLWs
10. **HMIS and MCTS data quality and use:** The mechanisms adopted by the district and state to ensure quality and use of HMIS and MCTS data as well as the issues regarding data quality and use

*The health system level gaps/bottle necks will be assessed through mixed methods:*

- (a) Review of policy/ scheme-related documents, official circulars etc.
- (b) Secondary data
- (c) Interviews with the concerned key officials at the state and district levels

## Suggested tools

States and Development Partners are recommended to continue to use the tools and approaches that they are currently using as long as they capture essential information needed for intensification of efforts in the HPDs. States and development partners can further elaborate, fine-tune and adapt the methods and tools provided as annexure

Either tools-currently in use in the States or Supportive Supervision Checklists (provided as annexure) shared by GOI may be used for assessment of:

1. **Sub-centre :** It should cover the following: Facility-related information along with the (i) villages and populations covered, and for each village covered by the SC, the number of ASHAs and AWWs sanctioned and in position, training status of these FLWs, functioning of VHSNCs in each village, frequency of conducting VHND and immunization days (ii) infrastructure (iii) equipment (iv) drugs and supplies (v) services including referral services (vi) service utilization data (vii) untied funds and (viii) community outreach services

2. **Non-FRU Facility** : to be used for the Additional PHCs, Block PHCs or CHCs that are not designated as FRUs. The tool should cover staffing, infrastructure, equipment, drugs and supplies, services including referral services, service statistics, IEC display and untied funds.
3. **FRU Facility** : to be used for Block PHCs and CHCs that are designated as FRUs. The tool should cover staffing, infrastructure, equipment, drugs and supplies, services including referral services, service statistics, IEC display and untied funds.
4. **District Hospital** : to be used for the district hospital. The tool should cover staffing, infrastructure, equipment, drugs and supplies, services including referral services, service statistics, IEC display and untied funds.
5. **Community-related information** : through household level checklist : brief schedules to interview women with children under age 5 years and currently pregnant women – to measure gaps in service utilization and practices
6. Key informant interview guides to assess health systems bottle-necks

Additional tools which facilitate **assessment** of various aspects of facility based care as currently envisaged in delivery points, labor room, newborn care corner, nutrition rehabilitation center and complication management should be used. These are provided along with specific national operational guidelines issued by MOHFW. The recently released **Maternal and Newborn Child Health Tool kit** can be appropriately used to assess the provision of maternal and newborn health facilities and services.

## Planning of GAP analysis at district level:

### Resources required

The responsibility for conducting gap analysis will be shared jointly by the State NRHM, the State Lead Partner (SLP) and District Development Partner/s. The district gap analysis team will comprise of representatives from the government (district and state NRHM & other departments) and the state Development Partners. The SLP will provide the required technical support to conduct this exercise. The number of resource persons to be involved and the duration of the gap analysis exercise should be jointly decided by the SLP and the state/district authorities. It may take into account the time required for initial team orientation and planning, data collection, preparation of a brief report and a district action plan that clearly identifies the actions to be taken by various stakeholders.

### Steps in District Gap Analysis:

1. **Planning at the state level:** As a first step towards the district level RMNCH+A implementation gap analysis, the State Department of Health and Family Welfare, state NRHM, along with the Development Partners should discuss and plan for the required

human resources, tools and the time lines for the completion of the gap analysis, depending on the number of districts that are to be covered. Officer/s at both the state and district levels are to be designated to undertake the overall responsibilities of coordinating the gap analysis. Consensus should be reached on the following:

- a. Adaptation of the suggested gap analysis tools and methods for the state
  - b. Outputs of the district level gap analysis – reports, data tables and action plan
  - c. List of gap analysis team members along with the coordinator for each district. It should be ensured that the team has a member who is well-versed in data analysis (HMIS and other survey data) as well as in processing the primary data collected during the gap analysis within the stipulated time period.
  - d. Dates of gap analysis for each district
  - e. Block-wise list of facilities and services in each selected districts that will be covered in gap analysis, as suggested by this concept note
2. **Orientation to the District Gap Analysis Coordinators:** All the district coordinators need to be well oriented on the protocols and tools to be used in gap analysis, and this orientation will largely be based on this guidance note and the annexure. The district coordinators should also be oriented on the district-specific outputs in the form of reports and data tables that will be a deliverable from the district gap analysis teams. During this orientation, the list of facilities to be included in gap analysis, the district team members and dates of gap analysis should also be reviewed and time lines be finalized.
3. **Initial planning for district gap analysis:** The district coordinator should ensure that the entire district gap analysis team is oriented on the methods and tools used in gap analysis. Individual members participating in the district gap analysis should be assigned specific tasks.
- a. One member who is good in secondary data analysis (HMIS, other survey data) and plotting the locations on maps (GIS) should be assigned to work on the available secondary data and to compile. The primary data as it emerges from field visits should also be processed for preparing relevant data tables and graphs.
  - b. A team consisting largely of program officers, oriented on the facility tools should visit the identified health facilities to collect the necessary information using relevant tools. The detailed field visit plan should be prepared. Logistics for the field data collection – transportation, stay, and availability of key staff at the facility for providing information – should be planned and ensured.
  - c. The same team as above or another team should conduct community level assessment using the relevant tool.
  - d. Another small team can be oriented on conducting of key informant interviews. A

detailed field work plan in terms of the persons to be interviewed and the date of interview should be prepared.

4. **Data entry and analysis:** All the facility and community level data collected during the gap analysis need to be compiled, and the relevant tables need to be generated.
5. **Report writing:** The gap analysis team should be oriented briefly on the general outline and data tables to be included in the district gap analysis report for about half a day. The actual drafting of the report may be completed in a week.
6. **Preparing a plan of action:** Based on the gap analysis report, a comprehensive action plan for providing technical assistance and mentoring support is drawn up, specifying the targets and assigned responsibilities
  - ◆ At monthly or more frequent meetings, progress against action plans should be monitored and health facilities revisited to monitor progress

## Annexure 1

*Suggested tools for District Level Gap Analysis are:*

1. Sub Centre level Checklist
2. First Referral Unit (FRU) level Checklist
3. Primary Health Center/Community Health Center (NON FRU) level Checklist
4. District Hospital level Checklist
5. Rapid Household Assessment Checklist

# Sub Centre level Monitoring Checklist

Name of District: ..... Name of Block: ..... Name of SC: .....

Catchment Population:..... Total Villages:..... Distance from PHC:.....

Date of last supervisory visit: .....

Date of visit: .....

Names of staff posted and available on the day of visit: .....

Names of staff not available on the day of visit and reason for absence : .....

## Section I: Physical Infrastructure:

S.No	Infrastructure	Yes	No	Remarks
1.1	Sub-centre located near a main habitation	Y	N	
1.2	Functioning in Govt. building	Y	N	
1.3	Building in good condition	Y	N	
1.4	Electricity with functional power back up	Y	N	
1.5	Running 24*7 water supply	Y	N	
1.6	ANM quarter available	Y	N	
1.7	ANM residing at SC	Y	N	
1.8	Functional labour room	Y	N	
1.9	Functional and clean toilet attached to labour room	Y	N	
1.10	Functional New Born Care Corner (functional radiant warmer with neonatal ambu bag)	Y	N	
1.11	General cleanliness in the facility	Y	N	
1.12	Availability of complaint/ suggestion box	Y	N	
1.13	Availability of deep burial pit for waste management / any other mechanism	Y	N	

## Section II: Human Resource:

S.No.	Human resource	Numbers	Specify the Training received	Remarks
2.1	ANM			
2.2	2nd ANM			
2.3	MPW - Male			
2.4	Others, specify			

## Section III: Equipment

Mark (√) in appropriate column

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

## Section IV: Essential Drugs:

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

## Section V: Essential Supplies

S.No	Infrastructure	Yes	No	Remarks
5.1	Pregnancy testing Kits	Y	N	
5.2	Urine albumin and sugar testing kit	Y	N	
5.3	OCPs	Y	N	
5.4	EC pills	Y	N	
5.5	IUCDs	Y	N	
5.6	Sanitary napkins	Y	N	



## Section VI: Service Delivery in the last two quarters:

S.No	Service Utilization Parameter	Q1	Q2	Remarks
6.1	Number of estimated pregnancies			
6.2	Percentage of women registered in the first trimester			
6.3	Percentage of ANC3 out of total registered			
6.4	Percentage of ANC4 out of total registered			
6.5	No. of pregnant women given IFA			
6.6	Number of deliveries conducted at SC			
6.7	Number of deliveries conducted at home			
6.8	No. of neonates initiated breast feeding within one hour			
6.9	Number of children screened for defects at birth under RBSK			
6.10	No. of sick children referred			
6.11	No. of pregnant women referred			
6.12	No. of IUCD insertions			
6.13	No. of children fully immunized			
6.13 a	Measles coverage			
6.15	No. of children given ORS + Zinc			
6.16	No. of children given Vitamin A			
6.17	No. of children given IFA Syrup			
6.18	No. of Maternal deaths recorded , if any			
6.19	No. of still birth recorded, if any			
6.20	Neonatal deaths recorded, if any			
6.21	Number of VHNDs attended			
6.22	Number of VHNSC meeting attended			
6.23	Service delivery data submitted for MCTS updation			

## Section VII: Quality parameters of the facility:

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

S.No	Essential Skill Set	Knowledge		Skill		Remarks
7.1	Correctly measure BP	Y	N	Y	N	
7.2	Correctly measure hemoglobin	Y	N	Y	N	
7.3	Correctly measure urine albumin and protein	Y	N	Y	N	
7.4	Identify high risk pregnancy	Y	N	Y	N	
7.5	Awareness on mechanisms for referral to PHC and FRU	Y	N	Y	N	
7.6	Correct use of partograph	Y	N	Y	N	
7.7	Provide essential newborn care (thermo-regulation, breastfeeding and asepsis)	Y	N	Y	N	
7.8	Correctly insert IUCD	Y	N	Y	N	

S.No	Essential Skill Set	Knowledge		Skill		Remarks
7.9	Correctly administer vaccine	Y	N	Y	N	
7.10	Adherence to IMEP protocols	Y	N	Y	N	
7.11	Segregation of waste in colour coded bins	Y	N	Y	N	
7.12	Guidance/ Support for breast feeding method	Y	N	Y	N	
7.13	Correctly identifies signs of Pneumonia and dehydration	Y	N	Y	N	
7.14	Awareness on Immunization Schedule	Y	N	Y	N	
7.15	Awareness on site of administration of vaccine	Y	N	Y	N	

## Section VIII: Record Maintenance:

Mark (v) in appropriate column

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

## Section IX: Referral Linkages in last two quarters:

S. No.	Record	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
9.1	Home to facility					
9.2	Inter facility					
9.3	Facility to Home (drop back)					

## Section X: IEC display:

S.No	Material	Yes	No	Remarks
10.1	Approach roads have directions to the sub centre	Y	N	
10.2	Citizen Charter	Y	N	
10.3	Timings of the Sub Centre	Y	N	
10.4	Visit schedule of "ANMs"	Y	N	
10.5	Area distribution of the ANMs/ VHND plan	Y	N	
10.6	SBA Protocol Posters	Y	N	
10.7	JSSK entitlements	Y	N	
10.8	Immunization Schedule	Y	N	
10.9	JSY entitlements	Y	N	
10.10	Other related IEC material	Y	N	

## Section XI: Previous supervisory visits:

S. No.	Name and Designation of the supervisor	Place of posting of Supervisor	Date of visit
11.1			
11.2			
11.3			
11.4			
11.5			

**Note:** Ensure that necessary corrective measures are highlighted and if possible, action taken on the spot. The Monthly report of monitoring visits and action points must be submitted to the appropriate authority for uploading on State MoHFW website.

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

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

## Household Visit (Families with 0-6 years children)

Indicators	Knowledge and Awareness Households	1 (Y/N)	2 (Y/N)	3 (Y/N)	4 (Y/N)	5 (Y/N)	6 (Y/N)	7 (Y/N)	8 (Y/N)	Total (Y)
1. Breast Feeding	Is the mother aware that Breast feeding (BF) must be initiated within one hour after birth?									
	Did the mother Initiate BF within one hour of birth?									
	Is the mother aware that Exclusive Breast feeding should be done for Six months and continued till child attains age of 2 years?									
	Has the mother Exclusively Breast fed her youngest child for Six months and continued BF till 2 years?									
2. Complementary Feeding Practices	Is she aware about initiating Complementary Feeding (CF) from 6 months onwards?									
	Has she adhered to initiating CF from 6 months onwards?									

Indicators	Knowledge and Awareness Households	1 (Y/N)	2 (Y/N)	3 (Y/N)	4 (Y/N)	5 (Y/N)	6 (Y/N)	7 (Y/N)	8 (Y/N)	Total (Y)
3. Diarrhoea	Does the mother know that ORS+ Zinc needs to be given to child with diarrhoea?									
	As per mother, is ORS+ Zinc available with ASHAs?									
4. Pneumonia	Can mother tell at least two danger signs of pneumonia?									
	Is she aware whom to approach on recognizing the danger signs?									

## Household Visit (Pregnant Woman/ High Risk Pregnant Women)

Key Questions Households	1 (Y/N)	2 (Y/N)	3 (Y/N)	4 (Y/N)	5 (Y/N)	6 (Y/N)	7 (Y/N)	8 (Y/N)	Total (Y)
Is the MCP card being regularly filled? *									
Is the quality of ANC and regularity of ANCs adequate? *									
Is the pregnant woman aware about birth preparedness?									
Does the pregnant woman have knowledge of JSY and JSSK?									
Whether the pregnant woman has received safe motherhood booklet?									
Does the pregnant woman have the telephone number of call center for referral transport/ other available referral transport?									
Does the pregnant woman have telephone numbers of ASHA/ ANM?									
Is guidance and referral provided along with birth preparedness in case of high risk pregnant woman ?									

\*(Probe by questions and verify through filled up MCP card)

# PHC/CHC (NON FRU) level Monitoring Checklist

Name of District: ..... Name of PHC/CHC:..... Name of Block:.....  
 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	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 functional 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
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	Numbers	Remarks
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	Y	N	
4.11	Functional Deep Freezer			

S.No	Equipment	Yes	No	Remarks
4.12	Emergency Tray with emergency injections	Y	N	
4.13	MVA/ EVA Equipment	Y	N	
S.No	Laboratory Equipment	Yes	No	Remarks
4.14	Functional Microscope	Y	N	
4.15	Functional Hemoglobino meter	Y	N	
4.16	Functional Centrifuge,	Y	N	
4.17	Functional Semi auto analyzer	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	Antibiotics	Y	N	
5.14	Labelled emergency tray	Y	N	
5.15	Drugs for hypertension, Diabetes, common ailments e.g PCM, anti-allergic drugs etc.	Y	N	
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	Essential Consumables	Yes	No	Remarks
5.23	Gloves, Mckintosh, Pads, bandages, and gauze etc.	Y	N	

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



## Section VI: Other Services :

S.No	Equipment	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 (Rapid Plasma Reagin) test	Y	N	
6.7	Malaria (PS or RDT)	Y	N	
6.8	T.B (Sputum for AFB)	Y	N	
6.9	HIV (RDT)	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	Percentage of women registered in the first trimester			
7.5	Percentage of women registered in the first trimester			
7.6	Percentage of ANC3 out of total registered			
7.7	Percentage of ANC4 out of total registered			
7.8	Total deliveries 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	No of admissions in NBSUs, if available			
7.14	No. of sick children referred			
7.15	No. of pregnant women referred			
7.16	No. of IUCD Insertions			
7.17	No. of Tubectomy			
7.18	No. of Vasectomy			
7.19	No. of Minilap			
7.20	No. of children fully immunized			
7.21	Measles coverage			
7.22	No. of children given ORS + Zinc			

S.No	Service Utilization Parameter	Q1	Q2	Remarks
7.23	No. of children given Vitamin A			
7.24	No. of women who accepted post partum FP services			
7.25	No. of MTPs conducted			
7.26	Maternal deaths, if any			
7.27	Still births, if any			
7.28	Neonatal deaths, if any			
7.29	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)	Y	N	
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 VII: Quality parameters of the facility:

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

S.No	Essential Skill Set	Knowledge		Skill		Remarks
8.1	Manage high risk pregnancy	Y	N	Y	N	
8.2	Provide essential newborn care (thermo-regulation, breastfeeding and asepsis)	Y	N	Y	N	
8.3	Manage sick neonates and infants	Y	N	Y	N	
8.4	Correctly uses partograph	Y	N	Y	N	
8.5	Correctly insert IUCD	Y	N	Y	N	
8.6	Correctly administer vaccines	Y	N	Y	N	
8.7	Alternate Vaccine Delivery (AVD) system functional	Y	N	Y	N	
8.7	Segregate waste in colour coded bins	Y	N	Y	N	
8.8	Adherence to IMEP protocols	Y	N	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 sub centre	Y	N	
11.2	Citizen Charter	Y	N	
11.3	Timings of the Sub Centre	Y	N	
11.4	Visit schedule of "ANMs"	Y	N	
11.5	Area distribution of the ANMs/ VHND plan	Y	N	
11.6	SBA 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:

S.No	Material	Yes	No	Remarks
12.1	Regular sterilisation of Labour room (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**

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

# FRU level Monitoring Checklist

Name of District: ..... Name of Block:..... Name of FRU: .....

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	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	
1.8	Running 24*7 water supply	Y	N	
1.9	Clean Toilets separate for Male/Female	Y	N	
1.10	Functional and clean labour Room	Y	N	
1.11	Functional and clean toilet attached to labour room	Y	N	
1.12	Functional New born care corner(functional radiant warmer with neo-natal ambu bag)	Y	N	
1.13	Functional Newborn Stabilization Unit	Y	N	
1.14	Functional SNCU	Y	N	
1.16	Clean wards	Y	N	
1.17	Separate Male and Female wards (at least by partitions)	Y	N	
1.18	Availability of Nutritional Rehabilitation Centre	Y	N	
1.19	Functional BB/BSU, specify	Y	N	
1.20	Separate room for ARSH clinic	Y	N	
1.21	Availability of complaint/suggestion box	Y	N	
1.22	Availability of mechanisms for Biomedical waste management (BMW)at facility	Y	N	
1.23	BMW out sourced	Y	N	
1.24	Availability of ICTC Centre	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	Laprosopy-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	

S.No	Equipment	Yes	No	Remarks
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 Autoclave	Y	N	
4.10	Functional ILR and Deep Freezer	Y	N	
4.11	Emergency Tray with emergency injections	Y	N	
4.12	MVA/ EVA Equipment	Y	N	
4.13	Functional phototherapy unit	Y	N	
S.No	Laboratory Equipment	Yes	No	Remarks
4.14	Functional Microscope	Y	N	
4.15	Functional Hemoglobino meter	Y	N	
4.16	Functional Centrifuge	Y	N	
4.17	Functional Semi auto analyzer	Y	N	
4.18	Reagents and Testing Kits	Y	N	
S.No	O.T Equipment	Yes	No	Remarks
4.19	O.T Tables	Y	N	
4.20	Functional O.T Lights, ceiling	Y	N	
4.21	Functional O.T lights, mobile	Y	N	
4.22	Functional Anesthesia machines	Y	N	
4.23	Functional Ventilators	Y	N	
4.24	Functional Pulse-oximeters	Y	N	
4.25	Functional Multi-para monitors	Y	N	
4.26	Functional Surgical Diathermies	Y	N	
4.27	Functional Laparoscopes	Y	N	
4.28	Functional C-arm units	Y	N	
4.29	Functional Autoclaves (H or V)	Y	N	

## Section V: Essential Drugs and Supplies:

S.No	Material	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	



S.No	Material	Yes	No	Remarks
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	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	

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

## Section VI: Other Services :

S.No	Material	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	Others , pls specify	Y	N	
S.No	Blood bank / Blood Storage Unit	Yes	No	Remarks
6.11	Functional blood bag refrigerators with chart for temp. recording	Y	N	
6.12	Sufficient no. of blood bags available	Y	N	
6.13	Check register for number of blood bags issued for BT in last quarter	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	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			
7.12a	Inborn			
7.12b	Outborn			
7.13	No. of children admitted with SAM			
7.14	No. of sick children referred			
7.15	No. of pregnant women referred			
7.16	No. of IUCD Insertions			
7.17	No. of Tubectomy			
7.18	No. of Vasectomy			
7.19	No. of Minilap			
7.20	No. of children fully immunized			
7.21	Measles coverage			
7.22	No. of children given ORS + Zinc			
7.23	No. of children given Vitamin A			
7.24	No. of women who accepted post-partum FP services			
7.25	No. of MTPs conducted in first trimester			
7.26	No. of MTPs conducted in second trimester			
7.27	Number of Adolescents attending ARSH clinic			
7.28	Maternal deaths, if any			
7.29	Still births, if any			
7.30	Neonatal deaths, if any			
7.31	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)		N	
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	Knowledge		Skill		Remarks
8.1	Manage high risk pregnancy	Y	N	Y	N	
8.2	Provide essential newborn care (thermo-regulation, breastfeeding and asepsis)	Y	N	Y	N	
8.3	Manage sick neonates and infants	Y	N	Y	N	
8.4	Correctly uses partograph	Y	N	Y	N	
8.5	Correctly insert IUCD	Y	N	Y	N	
8.6	Correctly administer vaccines	Y	N	Y	N	
8.7	Segregation of waste in colour coded bins	Y	N	Y	N	
8.8	Adherence to IMEP protocols	Y	N	Y	N	
8.9	Manage Bio medical waste	Y	N	Y	N	
8.10	Updated entry in the MCP Cards	Y	N	Y	N	
8.11	Entry in MCTS	Y	N	Y	N	
8.12	Corrective action taken on Maternal Death Review finding	Y	N	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:

S.No	Material	Yes	No	Remarks
12.1	Regular sterilisation of LR (Check Records)	Y	N	
12.1a	Regular sterilisation of 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**

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

# 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	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		
1.21	Separate room for ARSH clinic	Y	N	
1.22	Availability of complaint/suggestion box	Y	N	
1.23	Availability of mechanisms for Biomedical waste management (BMW)at facility	Y	N	
1.24	BMW outsourced	Y	N	
1.25	Availability of ICTC/ PPTCT Centre	Y	N	
1.26	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		
3.15	Immunization and cold chain		
3.16	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	
S.No	O.T Equipment	Yes	No	Remarks
4.17	O.T Tables	Y	N	
4.18	Functional O.T Lights, ceiling	Y	N	
4.19	Functional O.T lights, mobile	Y	N	
4.20	Functional Anesthesia machines	Y	N	
4.21	Functional Ventilators	Y	N	
4.22	Functional Pulse-oximeters	Y	N	
4.23	Functional Multi-para monitors	Y	N	
4.24	Functional Surgical Diathermies	Y	N	
4.25	Functional Laparoscopes	Y	N	
4.26	Functional C-arm units	Y	N	
4.27	Functional Autoclaves (H or V)	Y	N	
S.No	Laboratory Equipment	Yes	No	Remarks
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	Material	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 drugs etc.	Y	N	
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	Essential Consumables	Yes	No	Remarks
5.23	Gloves, Mckintosh, Pads, bandages, and gauze etc.	Y	N	

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

## Section VI: Other Services :

S.No	Material	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	

S.No	Material	Yes	No	Remarks
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	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	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	No of admissions :Inborn			
7.14	No of admissions :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			

S.No	Service Utilization Parameter	Q1	Q2	Remarks
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 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)		N	
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	Knowledge		Skill		Remarks
8.1	Manage high risk pregnancy	Y	N	Y	N	
8.2	Provide essential newborn care (thermo-regulation, breastfeeding and asepsis)	Y	N	Y	N	
8.3	Manage sick neonates and infants	Y	N	Y	N	
8.4	Correctly uses partograph	Y	N	Y	N	
8.5	Correctly insert IUCD	Y	N	Y	N	

S.No	Essential Skill Set	Knowledge		Skill		Remarks
		Y	N	Y	N	
8.6	Correctly administer vaccines	Y	N	Y	N	
8.7	Segregation of waste in colour coded bins	Y	N	Y	N	
8.8	Adherence to IMEP protocols	Y	N	Y	N	
8.9	Bio medical waste management	Y	N	Y	N	
8.10	Updated Entry in the MCP Cards	Y	N	Y	N	
8.11	Entry in MCTS	Y	N	Y	N	
8.12	Corrective action taken on Maternal Death Review finding	Y	N	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:

S.No	Material	Yes	No	Remarks
12.1	Regular Sterilisation –Labour Room (Check Records)	Y	N	
12.1 a	Regular Sterilisation –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

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

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