



### 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: _____	Name & designation of monitor: _____	
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	Subcentre located near the main habitation	Y	N	
1.2	Functioning in Govt building	Y	N	
1.3	Building in good physical condition	Y	N	
1.4	Electricity with 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 biomedical waste management / any other mechanism	Y	N	

### Section II: Human Resource:

S.no	Human resource	Numbers	Trainings received	Remarks
2.1	ANM			
2.2	2 <sup>nd</sup> ANM			
2.3	MPW - Male			
2.4	Others, specify			

**Section III: Equipment :**

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

**Section IV: Essential Drugs:**

S.No	Availability of sufficient number of essential Drugs	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, metronidazole, anti-allergic drugs etc.	Y	N	



## Section V: Essential Supplies

S.No	Essential Medical Supplies	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	MCTS entry on percentage of women registered in the first trimester			
6.3	No. of pregnant women given IFA			
6.4	Number of deliveries conducted at SC			
6.5	Number of deliveries conducted at home			
6.6	No. of neonates initiated breast feeding within one hour			
6.7	Number of children screened for Defects at birth under RBSK			
6.8	No. of sick children referred			
6.9	No. of pregnant women referred			
6.10	ANC1 registration			
6.11	ANC3 coverage			
6.12	ANC4 Coverage			
6.13	No. of IUCD insertions			
6.14	No. of children fully immunized			
6.14a	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			

**Commented [RN1]:** Data will need to be taken from Distt/Block HQ

**Commented [RN2]:** How to assess this?

**Commented [RN3]:** Will this be answered in Y/N or is it quantifiable



## Section VII: Quality parameters of the facility:

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

S.No	Essential Skill Set	Knowledge		Skill		Remarks	
		Y	N	Y	N		
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 referral PHC and FRU	Y	N	Y	N		
7.6	Correct use of partograph	Y	N	Y	N		
7.7	Provide essential newborn care(thermoregulation, breastfeeding and asepsis)	Y	N	Y	N		
7.8	Correctly insert IUCD	Y	N	Y	N		
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		Commented [RN4]: Just the knowledge
7.15	Awareness on site of administration of vaccine	Y	N	Y	N		Commented [RN5]: same
7.16	Functionality of AVD system	Y	N	Y	N		Commented [RN6]: What skill?

## Section VIII: Record Maintenance:

Sl. 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 Microplan			
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	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