Summer Training at
United Nation Children's Fund,
Jaipur

To Assess the Effect of Counselling on Knowledge and Practices in Mothers Regarding Diarrhea Among Children Under Five Years

By
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Under the guidance of
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MBA Hospital and Health Management
2015-2017

The IIHMR University, Jaipur
2016

INSTITUTE OF HEALTH
MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

CERTIFICATE

TO WHOMSOEVER MAY CONCERN

This is to certify that **Ms. Harshita Sharma**, student of MBA Hospital and Health Management (MBA-HM) from The IIHMR University, Jaipur has undergone summer training at **State office UNICEF, Jaipur** from **1st April 2016** to **31st May 2016.**

The Candidate has successfully carried out the study designated to her during summer training and her approach to the study has been sincere, scientific and analytical.

The summer training is in fulfillment of the course requirements.

I wish her all success in all her future endeavors.

Col (Dr) Ashok Kaushik
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Date : 21 June 2016

Certificate

This is to certify that Ms Harshita Sharma has undertaken her summer training project at District Jalore from 1st April 2016 to 31st May 2016 with UNICEF. During her summer training she undertook an assessment of the interpersonal communication skills of frontline functionaries on key maternal, newborn and child survival interventions (Specific: diarrhea prevention & management) delivered with the aid of an android based application called E – Janswasthya in Ahore Block. During the course of summer training the trainee was also exposed to the functioning of government health system, health centres at various levels as well as community and outreach services at district level.

UNICEF Office for Rajasthan, India
Goods/Services Received :
Date : 21/6/16
Receiving Officer,
Dr Apurva Chaturvedi, Health Officer

Dr Apurva Chaturvedi
Health Officer
UNICEF Rajasthan

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CONTENT

ACKNOWLEDGEMENTS

I Would like to express my heartfelt gratitude to **Dr. Anil Agarwal**, Health Specialist UNICEF, **Dr. ApurvaChaturvedi**Health Officer UNICEF, hence giving this project to me and hence giving this opportunity to understand the system, functioning and IMNCI services provided in the Ahore block, Jalore district.

I am also thankful to my Project Mentor **Mr. InderpalArora**, Focus District Coordinator, UNICEF for those timely course correction and friendly guidance throughout the course of my project study, I express my gratitude to all the **ANM of SC** for giving me micro level detail about the Services in Ahore block, Jalore District of Rajasthan.

I would also like to thanks **Dr. Nutan Jain**, IIHMR University, my mentor for providing me a support in completing my project successfully as well as giving Insight in to my operational issues which came across during the project.

I would like to thanks my colleagues Ms. EtiKhatri, Mr. Manu Sharma, and Mr. Vikrant B Kalal for being part of my many brains storming session which have been of immense help in successfully completing the project.

Harshita Sharma

HM-20th batch

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PREFACE

Summer trainning is an integral part of the MBA hospital and health management currriculum.As a part of the course students of the first year are required to undergo summer training at an organization to get in depth exposure of various departments in the organization to get understanding of the health care delivery system.

The objectives of the summer training programs are as follows:

1) To understand the existing public health care delivery system.
2) To observe the implementation of various National Health Programmes at District levels.
3) To work on the project/task assigned by UNICEF.

About the organization

We were given a chance by UNICEF to explore the health care facilities at block level. We were asked to visit one of the high priority district of Rajasthan,Jalore (Ahore Block) under the guidance of Mr. InderpalArora, Focus district coordinator, UNICEF. The district has no separate office of UNICEF, the coordinator and other staff works in coordination with NHM staff at CMHO office. The main focus was on RMNCH+A approach. In addition, staff was involved in monitoring and evaluation of MCHN sessions. Besides this currently running programme by UNICEF E- Janswasthya, a state initiative to provide tablets to ANMs to digitize data.

Table 1 Showing Timeline of the Study

S.No.	Task	Timeline	Duration
1)	Exploration of Field	3rd April' 16 to 9th April' 16	1 week
2)	Document study and development of study design and tools	11th April'16 to 16th April'16	1 week
3)	Intervention with the case ANMs for giving live counselling	18th April'16 to 24th April'16	1 week
4)	Field testing of tools, field study and data collection (supervision of Case ANMs and observation of control ANMs)	26th April'16 to 14th May'16	2weeks
5)	Supporting E Janswasthya	16th May to 24th May' 16	8 days
6)	Data analysis	25th May'16 to 30th May'16	1 week
7)	Finalization of Data and presentations	31th may'16 to 9th June'16	10 Days
8)	Presentation	10th June'16 `	1 day

PART I: OBSERVATIONAL LEARNING

Introduction:

We were given a chance by UNICEF to explore the health care facilities at block level. We were asked to visit one of the high priority district of Rajasthan,Jalore under the guidance of Mr. InderpalArora, Focus district coordinator, UNICEF. The health facility centers of ahore block was studied in this learning. We compared the facilities and services with the standard and identified the gaps for the services not available. The following health facility centers were visited during the training:

Table 2 Showing no. of the health facilities visited

S.no	Health facility centers	No. of facility center studied
1.	DH, Jalore	1
2.	CHC, Ahore	1
3.	PHC (Nosra and Gudabalotan)	2
4.	SC	12
5.	AWC	4

Observations

1. At district level:

a. District hospital

Key learnings:

Name of the hospital: Bhandari Hospital

Population covered: 51000

Table 3 Showing department wise observations at the DH

S.no	Services	Observations
a.	Service delivery	OPD and IPD 600-700. No. of deliveries:
b.	Physical Infrastructure	Health facility easily accessible, functional govt. building, electricity and power back up and running 24*7 water supply, separate washroom for male and female, functional and clean labor room with all facilities but non active new born care corner as child is referred to SNCU which is functional with radiant warmer, proper biomedical waste management, ICU: Two bedded, no machinery was there as such and family members of the patient were having their lunch sitting on the floor.
c.	Human resource	78% post were available and 22% vacant (no other specialist, no adolescent health counsellor)
d.	Training status of HR	Information could not be obtained.
e.	Equipment	All the required equipment was available.
f.	Essential drugs and supplies	All sort of drugs was available.
g.	Other services	Hemoglobin check Done by hemoglobin strip which does not provide accurate results. For accuracy CBC has to be done which is performed by cell counter. All

		test was performed. Functional blood storage unit.
h.	Quality parameters of the facility	Manage high risk pregnancy, provide newborn care, BWM, administer vaccines, updated entry in MCP cards, manage sick neonates and infants.
i.	Record maintenance	Able to see the available records
j.	IEC display	The essential IEC material were available in all the hospital premises.
k.	Admission of the patient	But refuse to accept the highly complicated case and refer to jodhpur.

CASE STUDY

I was on a visit to DH with my colleagues. A case was seen of the ANC. A nine-month pregnant lady from Kamba had Hb 3.8 who came there with her husband and ASHA sahyogini. They belong to very poor family. She was in very critical condition. The hospital staff refused to take her case as it was very risky. As told by ASHA the lady was not taking medicine on time and not consuming proper balanced diet. May be conditions were not in favor of her. She was also not supported by her family except her husband. We contacted our district coordinator for the same and he assist the case. She was admitted. She was in urgent requirement of two-unit blood. One of my colleague gave his blood in exchange to save that lady. Finally, she was treated well by the staff and after five days she was discharged.

b. Visit to CMHO office

Key learning

CMHO

⬇

Additional CMHO

(Family welfare)

⬇

Deputy CMHO

(Gazette and non-gazette)

(Integrated disease surveillance program management)

⬇

RCHO

Two officers from national health mission working as DPM under NUHM and NRHM unit. NUHM DPM performs the following functions: Mahilaaarogyasamiti and analyze sector and organize camps. And NRHM DPM see to the IEC material (RKSK, RBK)

Other than these two there are District ASHA Coordinator and District Nodal Officer.

PCPNDT cell for monitoring sonography. It has separate committee, an operator and a coordinator.

Unit of CMHO:

RMSCL: Rajasthan medical society corporation limited

- Nishulkdavavitran or service yojana monitor
- Send demand by software
- PHC supply to SC and so on.

Programme:

1. JSY (Jananishurakshayojana): Under this program at the time of delivery mother gets a cheque of rupees 1400 on birth of baby boy and 2100 on birth of girl child.
2. JSSK (Jananishishushurakshakaryakram): from ANC to after 42 days of delivery all the expenses are bear by government and for baby from birth to one year of age.

3. Shubhlakshmiyojana: JSY+ 2100 Rs on the birth of girl child. After one-year full immunization and again gets 2100 Rs, at the age of five years given 3100 Rs from 1st June 2016 it will be renamed as Rajshriyojana.
4. Sterilization: Female is given 1400 Rs and male is given 2000 Rs and if sterilization is done just after delivery then 2200 Rs is given.
5. Immunization schedule:

   After birth, BCG (one year) + OPV zero (15 days) + hepatitis birth dose zero (within 24 hours)

   After six weeks: Pentavalent 1 + OPV 1

   After 10 weeks: Pentavalent 2 + OPV 2

   After 14 weeks: Pentavalent 3 + OPV 3 + IPV (recently started from 1st April 2016)

   After 9 months: Measles 1st dose + vitamin A 1st dose

   After 16-24 months: DPT booster 1 + OPV booster + measles 2 + vitamin A 2 (after every six months 9 dose total)

   5 years: DPT booster 2

   10 years: TT

   16 years: TT

Minimum 28-day gap is given between two doses and after third dose for booster six months' gap.

2. At Community Health Centre level:

CHC's are being established and maintained by the state government. As per norms, a CHC is required to be manned by four medical specialists i.e. surgeon, physician, gynecologist and pediatrician supported by 21 paramedical and other staff. It has 30 in door beds with one OT, X-ray, Labour room a laboratory facility. It serves as a referral center for 4 PHC's and provides facilities for obstetric care and specialist consultations.

Population covered: 21000

Key learning:

Table 4 Showing department wise observations of the CHC

S.no	Services	Observations
1.	Services	24 hours' emergency services. All specialist services available (medicine, surgery, OBG, pediatrics), National health programme, no 24 hrs delivery services available as No gynecologist is there and therefore staff which is there for delivery is available for limited duration, no emergency obstetric care, blood storage facility is non- functional as cases are referred to DH jalore, transportation services available. No. of beds: 80, OPD: 400
2.	Human Resource	80% available, 20% vacant (Anesthetic, eye surgeon public health nurse)
3.	Availability of investing facility	Available (ECG, X-ray, Ultrasound, Pathological tests)
4.	Infrastructure	18 kms from DH, OT available all surgeries are carried out. Labour room available with all required facilities deliveries carried out. Laboratory available all diagnostic tests are done, 24 hrs water (unfiltered water) and electricity supply, Biomedical waste management, User charges: OPD- 5 rs, IPD- 15 rs and 200 rs for ECG, X ray and blood test and deliveries.

3. At Primary Health Care level

PHC is established and maintained by the state government under Minimum Needs Programme. PHC is the first point of contact between village and the medical officer. The PHCs were envisaged to provide an integrated curative and preventive health care to the rural population with emphasis on preventive and promotive aspects of health care. PHC should be manned by a MO supported by 14 paramedical and other staff. Under NRHM, there is a provision for two additional staff nurses at PHC on contract basis. It acts as a referral unit for 6 sub centers and has 4-6 beds for patients. Activities involve curative, promotive and family welfare services.

Table 5 Showing department wise observations of the PHC

S.no.	Services	PHC 1 Nosra	PHC2 Gudabalotan
I.	Services delivery		
	Emergency services	Not available	Available
	Beds		
	New born care	Not available	Not available
	Water and sanitation	Available	Available
	Transport	Not available	Not available
II.	Human resources		
	MO	Available	Available
	Pharmacist	Available	Not available
	LHV	Available	Available
	ANM	Available	Not available
III.	Infrastructure		
	Labor room	Available	Available

Key learning: In both the PHCs visited, there was neither 24 hrs staff or services available. Only normal delivery takes place, complicated cases are referred to CHC or DH.No filtered water for drinking.Lack of transportation services patient manage on their own. Government has not provided the facility till now. Medical officers in both the PHC were appointed three months back. In gudabalotan, compounder distributes the drugs. In nosra, LHV told that ANM is not doing her duties well. And on verification RCH registers of ANM were found to be almost blank. In Guda, post of ANM was vacant as she was transferred, LHV there was at the age of retirement. She suggested that quarters should be provided to health

workers because she has to travel 15 kms daily. She dislikes the E technology. Only stretcher was available in Labor room

4. At sub center level

Most peripheral and first point of contact between the PHC and the community. It is required to be manned by at least one auxiliary midwife (ANM)/ Female health worker and one male health worker. Under NRHM there is a provision of for one additional second ANM on contractual basis. One lady health visitor (LHV) is entrusted with the task of supervision of six SCs. They are assigned tasks relating to interpersonal communication in order to bring about behavioral change and provide services in relation to maternal and child health, family welfare, nutrition, immunization, diarrhea control and control of communicable disease programme.

Table 6 Showing department wise observations of the different SC

S.no	Services	1	2	3	4	5	6	7	8	9	10	11	12
1.	Doctor or LHV visiting SC once in a month	NA	NA	NA	NA	NA	NA	NA	A	NA	NA	NA	NA
2.	Labor room	NA	A	A	A	NA	A	NA	A	NA	NA	NA	NA
3.	Water facility	NA	A	A	A	NA	NA	A	A	A	A	A	A
4.	Electricity facility	NA	A	A	A	NA	A	NA	A	A	A	A	A

*NA= not available and A= available

Key learning

Out of 12 sub centers visited, only Charli has the facility of Doctor as MN2 was posted there. The SC was supported by Jain community. Rest SCs don't have doctor or LHV visiting there because of the lack of supervision on doctors. Or it might be possible that ANMs have so many trainings so doctors or LHV meet them there itself. Only 5 SC has the facility of Labour room where deliveries are actually carried out. Sanvada was the delivery point, therefore 10-12 deliveries per month are carried out there. and 7 SC does not have the facility of Labour room. Therefore, delivery cases from those SCs are referred to CHC or

DH. The 24 hrs electricity and water facility was available only in those SCs where ANM use to live. ASHA and AWW was available in all the SC to assist ANM.

5. AAGANWARI CENTER:

Table 7 Showing department wise observations of the different AWC

S.no	Services	AWC Bhenswara	AWC Kamba	AWC Nosra	AWC Khara
1.	Display of IEC material	Not Available	Available	Not Available	Available
2.	Maintenance of registers	Available	Available	Not available	Available
3.	Sanitation and hygiene of children	Not available	Not available	Not available	Not available
4.	Weighing machine	Available	Available	Available	Available
5.	Poshahar	Available	Available	Available	Available
6.	Water facility	Available	Available	Not available	Available
7.	Health workers	Available	Available	Available	Available

Key learning

Use of IEC material at AWC centers were very rare. Walls were decorated with alphabets in Hindi and English for children to learn. Only at nosra AWC, RCH registers were not filled properly. They were almost blank. Baby weighing machine was not there. Sanitation and hygiene was not seen at any of the AWC. Center was clean but hygiene was not seen. No soap was available for hand washing, no nail cutter, hair was not combed, no washroom, no dish washing bar, no dustbin. Lack of electricity supply at all the AWC. Water was filled in

matka no filtered water was there. All the health workers ASHA and AWW were available. Only at Khara ASHA was not working due to family issues.

PROGRAM AT AWC

MCHN DAY: Started in 2004. It is organized on every Thursday at different AWC to improve maternal and child health and provide them nourishment.

Table 8 Showing activities conducted at different MCHN sessions

S.no	Services	AWC Bhenswara	AWC Kamba	AWC Nosra	AWC Khara
1.	Organized table with stool	Available	Available	Not available	Not available
2.	Examination bench	Not available	Available	Not available	Available
3.	Prepared due list	Yes	Yes	Yes	Yes
4.	Mamta card	Available	Available	Available	Available
5.	Birth and JSY registration	Yes	Yes	Yes	Yes
6.	Weighing machine	Available	Available	Not available	Available
7.	BP instrument	Available	Available	Not available	Available
8.	ANC checkups (urine test, hemoglobin)	Yes	Yes	No	Yes
9.	PNC checkups	Yes	Yes	Yes	Yes
10.	Immunization of children	Yes	Yes	Yes	Yes
11.	Family planning counselling	No	No	No	No
12.	Vaccine kit	Available	Available	Available	Available
13.	Tablets and powder	Available	Available	Available	Available
14.	Waste bin	Not available	Not available	Not available	Not available
15.	Poshahar	Available	Available	Not available	Available
16.	Health worker	Available	Available	Available	Not available
17.	Dropouts	Yes	Yes	Yes	Yes

Key learning:

At two AWC, session was well organized. Vaccine kit was well maintained. Bought from CHC or PHC by the health workers.Lack of baby weighing machine. Baby was weighed on adult machine. BP instrument was without stethoscope on two of the AWC and on one AWC it was nonfunctional. Waste bin was not there. polythene bags were used. Family planning counselling was not given. When asked the reason people over there believe that it's a god gift. And also Due to time issue for both ANMs and beneficiaries they are able to

communicate properly. And to counsel 25 or more people at a time ANM found it tedious work**.** All sort of medicines to be provided were available. The condition of Nosra AWC was very poor as it has lack of services and facilities. It was also not providing ANC checkups. Urine test was done by Uri strips and HB by Hb strips. Birth and JSY registration was done. Growth monitoring chart of child was filled by the AWW. For PoshaharHot meal was not served. Once cooked and kept till the session is over. Usually khichdi is provided which gets dry by the time. Reasons for dropouts People don't know the importance of immunization, Old beliefs and customs, societal myths, females went to farm during the session time, they are not being informed, unawareness.

Case Study

A case of a seven- month old child was seen. She was to given measles vaccination after completion of nine months. But fault in the due list prepared by the ANM bought her to the center for measles vaccination. Not following the immunization schedule. This was bought into notice by checking mamta card of the child which contains all the detail of the child right from the birth date to complete immunization schedule.

The pre preparation of MCHN day is must. So for that due list has to be prepared carefully and seriously. Health workers should go a day before the session to beneficiaries houses to counsel them and tell them the importance of immunization and make them aware so that the chances of dropouts reduce.

E Janswasthya an innovative hub

State institute of health and family welfare with the support of UNICEF developed an android based application "e-janswasthaya'

Objectives of the program

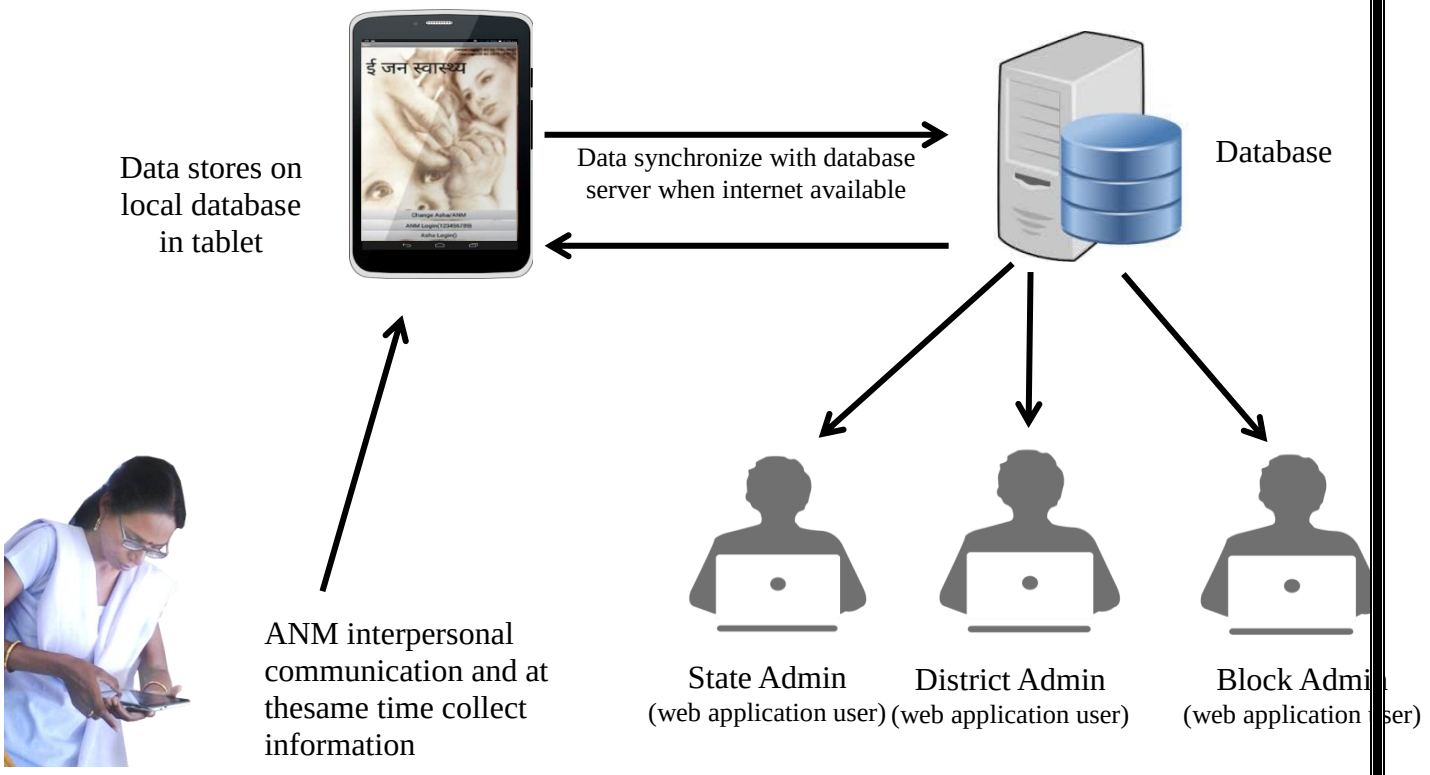
- Facilitate in improving quality of interpersonal communication
- Improving counseling skill through Video.
- Identification of danger signs/ high risk
- Growth monitoring and identification of sick & undernourished children
- Real time tracking – RCH Register
- Due list / Evidence based work plan
- Logistics planning
- Quick & seamless reporting
- Actions at local level

Users of the Application

The use of this application is at the Sub Center level by the health workers. The main users are

1. ANMs
2. ASHA

Process implementation



Need of the program (Bottlenecks)

- Interpersonal Communication
- Identification of Danger signs and facilitation of actions at the family level
- Weak memories both users and providers
- Tedious process of planning – Still incomplete
- Data collection multiple registers
- Data computerization/ Quality of data
- Performance monitoring/ transparency/accountability

Pilot Testing started by

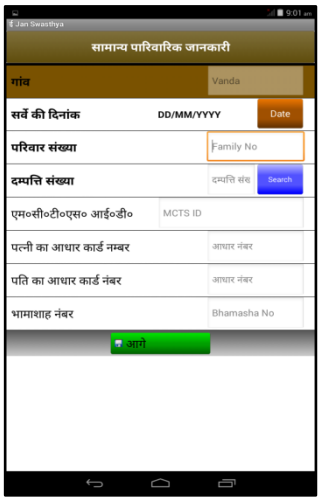
- ASHAs in PHC Jasol (Barmer)
- ANMs in Pali
- Jhalawar district

How many bottlenecks can be addressed?

- Improved interpersonal communication
- Identification of danger signs/ High risk
- Actions at local level
- Real time tracking – RCH Register
- Due list / Evidence based work plan
- Reminders
- Seamless reporting
- Logistics planning
- Growth Monitoring and identification of sick and undernourished children
- Monitoring of time appropriate care

Application key features

- Less typing work
- Weight & BP through Bluetooth devices
- Registration through photo
- Auto play counselling videos & Message POPUP
- No all-time internet is required
- Hindi language support
- Multilevel monitoring mechanism
- Support all android version
- Location tracking (offline)
- Reminder mechanism (Work plan)



Problems and their solution during the use of application

Problem: "Unfortunately EJanswasthyahas been stopped"

Solution: Due to poor internet speed. Therefore, off the net connection and then proceed.

Problem: Uploading data to server and no message for error is been shown

Solution: check the internet speed. Open any other browser like google and check internet availability. Still problem with uploading the data then mail the backup file to ejanswasthya@gmail.com.

Problem: While uploading the data, getting the message "unfortunately eJanswasthya has been stopped"

Solution: There can be an issue with the filled data. Therefore, send the backup file to ejanswasthya@gmail.com.

Table 9 Showing the work done in support of E-Janswasthyaprogramme

S.No.	Place	Distance from jalore	Person interacted	Work done
1.	CHC, ahore	25 kms	Approx. 45 ANM	Synchronization of data in both the block meeting.
2.	CHC, ahore	25 kms	20 ANMs	Assist Inderpal Sir in providing training to ANMs regarding app.
3.	PHC, guda balotan	33 kms	MO and LHV and ANMs during sector meeting	Change the version of application and sync. Data.
4.	SC, Bedana	40 kms	ANM	Sync data, solve tab related problems (double entries, entry not shown in ANC, Name of ASHA, AWC problem)
5.	SC, Hariyali	55 kms	ANM	Solve application related issues (e- Janswasthya stopped and problem related to ANC & PNC entry)
6.	SC, Sedariya balotara	66 kms	ANM	Assist ANM in using tablet and application.
7.	SC, Khara	29 kms	ANM	Synchronise data on the day of data collection and MCHN day.
8.	SC, Charli	30 kms	ANM	Make ANM learn the tablet and application by doing some entries and then ask her to do.
9.	SC, Paota	67 kms	ANM	Got tab in last block meeting i.e. 6th may 2016. make her learn using tablet.
10.	Thanvla	40 kms	ANM	Got tab on last block meeting. Make her learn tab and the application and ask her to do entries.
11.	Madri	37 kms	ANM	Change the SC and synchronise data.
12.	Ajeetpura	45 kms	ANM	Change the SC and make her learn application and entries done and sync.

Figure: Providing training to ANMs and counselling to beneficiaries

PART II: PROJECT REPORT

Project title:To assess the effect of counselling on knowledge and practices in mothers regarding diarrhea among children under five years.

Methodology:

The cross sectional study was conducted at the Ahore block of Jalore district. Firstly, eight ANMs were selected. Four(case) on the basis of their ability to use the Tablets efficiently and the other four (control) who are not using tablets. The beneficiaries falling under each ANM were selected randomly. Total 120 beneficiaries were interviewed by using the prepared interview schedule. The data analysis tool used was ODK (ona.io) which transforms online filled data into excel so that further calculations can be done. The key learnings from the interview are discussed below.

Observations:

A total of 120 caregivers with children under five years were interviewed and were all included in the analysis. The average age of the caregivers was 26 years, while the average age of the children in months was 23 months (1 year and months).

Table 10: Socio demographic data of caregiver and their age (n=60 in both category)

Variable	Case			Control		
	Mean	Median	SD	Mean	Median	SD
Age of mother (years)	26.85	26	6.47	26.85	26	6.47
Age of child (months)	22.53	18	14.67	22.53	18	14.83

From table 10, all the respondents in case and control were Hindu (100 percent). Majority of nearly 55percent scheduled caste people live there. Most respondents in case (father= 80percent and mother = 93 percent) were illiterate and respondents in control (father= 72percent and mothers= 97 percent) were illiterate. only 2 percent were graduate in both case and control. Furthermore, all the mothers were house wives and father were worker.

Table11: Socio demographic characteristics of parents

S.no	Variable		Case		Control	
			n=60	percent	n=60	percent
1.	Caste	General	0	0	1	1.66
		OBC	14	23.33	16	26.66
		SC	32	53.33	34	56.66
		ST	14	23.33	7	11.66
		Others	0	0	2	3.33
2.	Religion	Hindu	60	100	60	100
		Muslim	0	0	0	0
		Others	0	0	0	0
3.	Education level of father	Illiterate	48	80	43	71.66
		1-5	7	11.66	14	23.33
		5-8	2	3.33	1	1.66
		9-12	2	3.33	1	1.66
		Graduation	1	1.66	1	1.66
4.	Education level of mother	Illiterate	56	93.33	58	96.66
		1-5	2	3.33	2	3.33
		5-8	1	1.66	0	0
		9-12	0	0	0	0
		Graduation	1	1.66	0	0

Mode of counselling

From the survey it is found that, the counselling was given to beneficiaries very well and all the 120 respondents told that everything was told to them and they found it easy to understand. As observed from the filed health workers convey the messages in their local and regional languages so that beneficiaries face no difficulty. But every health worker uses different medium of communicating the messages. From the study, in case 69 percent respondents told that messages were conveyed verbally, 16 percent said videos, 6percent told through message in tablet and 9percent through IEC materials and in control 92percent responses were in favor of verbal counselling, no video counselling is given and 8percent respondents told IEC material was also mode of communicating.

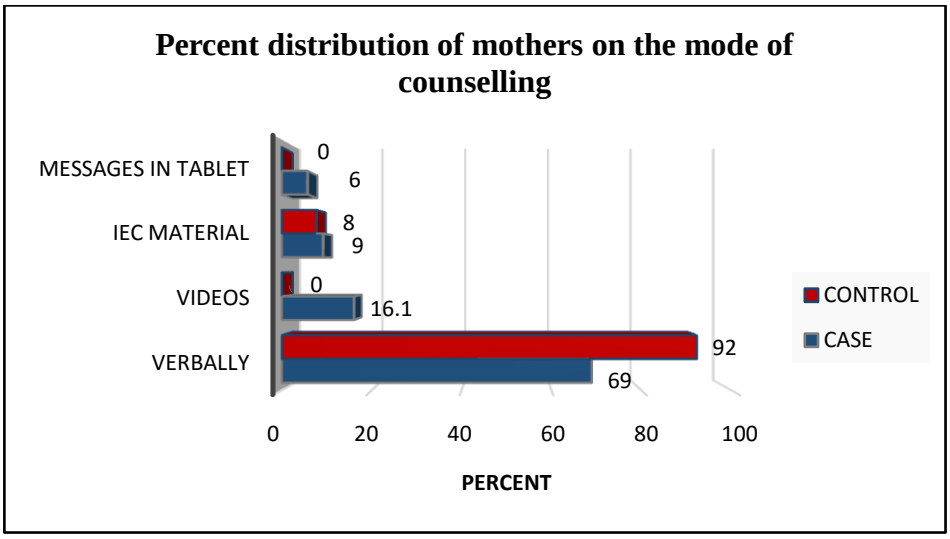


Figure 1 Showing percent distribution of mothers on the mode of counselling provided to them by beneficiaries

Knowledge of diarrhea

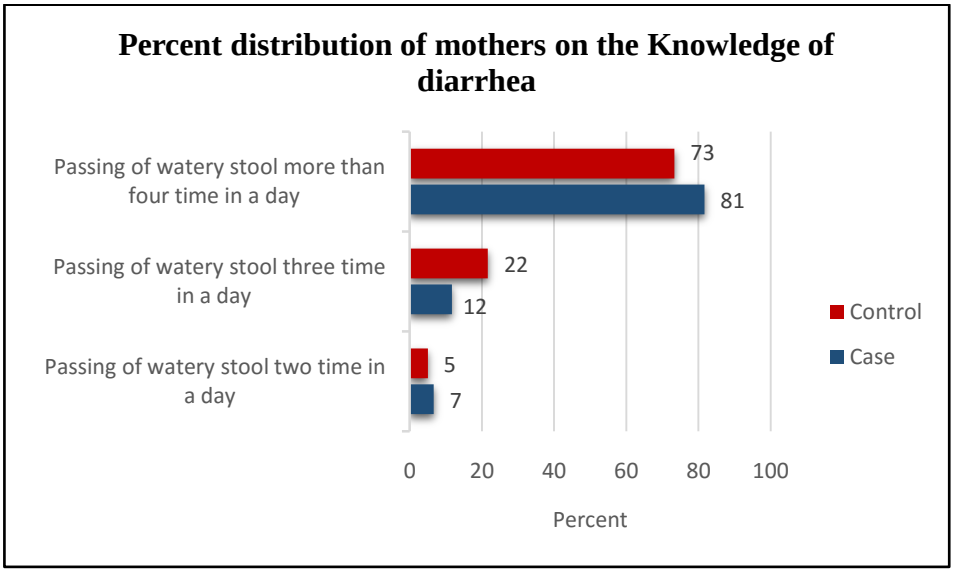


Figure 2 Showing percent distribution of mothers on knowledge of Diarrhea (n=60 in both category)

Almost three fourth of therespondents in both (case= 81 percent and control= 73percent) defined diarrhea as the passing of watery stool four and more time in a day

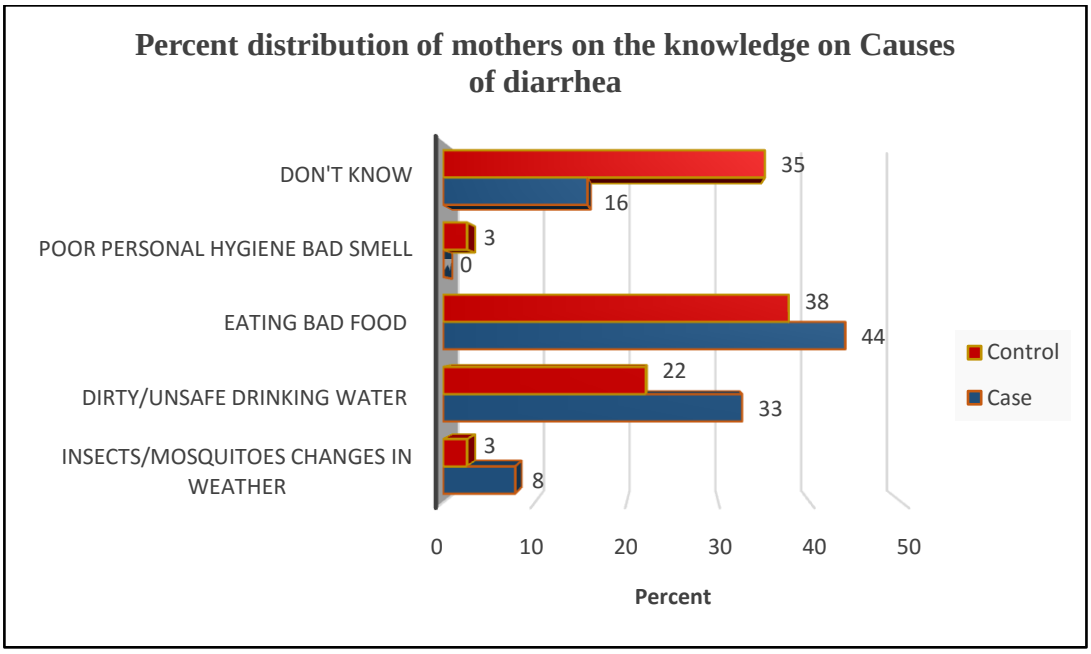


Figure 3 Showing percent distribution of mothers on knowledge of causes of diarrhea (n=60 in both category)

Nearly half (case= 44percent& control= 38percent) of the respondent know that eating bad food is the cause diarrhea.

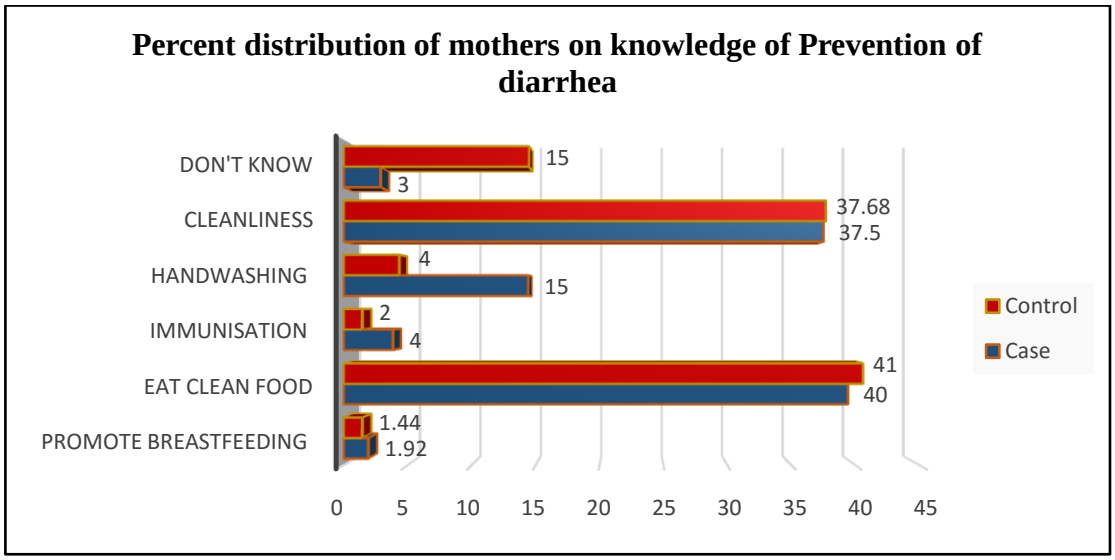


Figure 4 Showing percent distribution of mothers on the knowledge of prevention of diarrhea (n=60 in both category)

Nearly half (case= 41percent and control= 40percent) of the responses from respondent show that eating clean and safe foods helps in prevention of diarrhea. While only (case= 2percent and control= 1 percent) show that breastfeeding and (case= 4percent& control= 2percent) show that completing the course of immunization would prevent their children from getting diarrhea and no one believes that use of latrines or toilets prevent child from getting diarrhea.

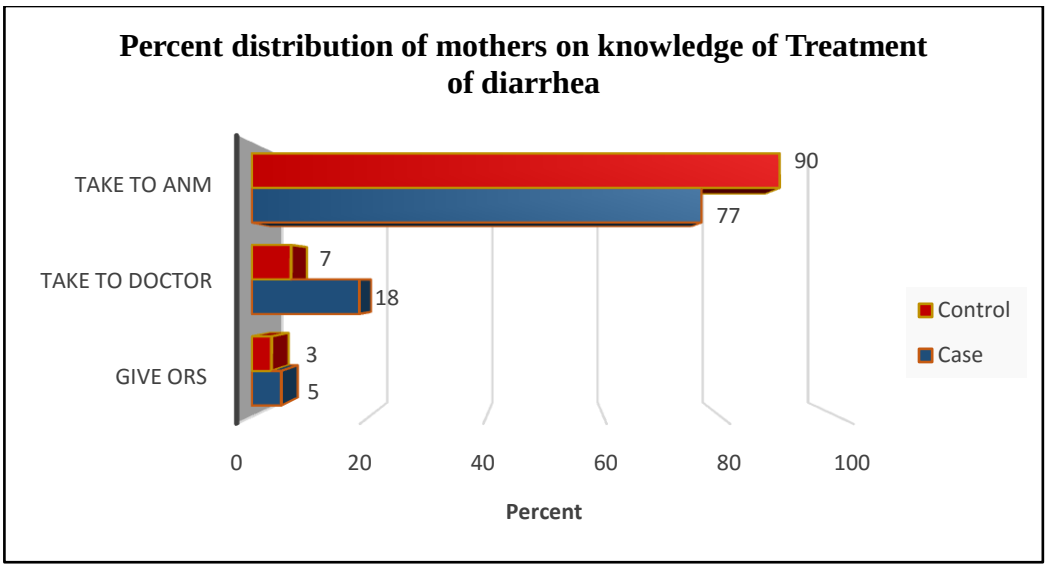


Figure 5 Showing percent distribution of mothers on the knowledge of treatment of diarrhea (n=60 in both category)

From above graph, in control 90percent& in case 77percentof the respondent would take the child to ANM if the child suffered from diarrhea. The study revealed that (case= 18percent and control= 7percent) of the respondent take their child to doctor.

Table 12: Showing percent distribution of attitude of parents towards diarrhea prevention (n=60 in both case and control)

S.no	Variable		Case		Control	
			n=60	Percent	n=60	Percent
	Source of water	Public tap	27	45	5	8.33
		Well	4	6.66	24	40
		Rain water collection	0	0	0	0
		Others Common tank in Village Water tanker Pond	29 18 11 0	48.33 62.06 37.93 0	31 3 17 0 11	51.66 9.67 54.83 0 35.48
	Source of cleaning water	Boiling	0	0	0	0
		Chlorine	0	0	11	18.33
		Filter with cloth	56	93.33	49	81.66
		Others (nothing)	5	8.33	0	0
	Place of defecation for children	Public latrines	0	0	0	0
		Diapers	3	5	4	6.66
		Open	48	80	52	86.66
		Latrine at home	9	15	4	6.66
	Handwashing	After toilet	60	42.25	60	44.44
		Before breastfeeding	0	0	0	0
		After cleaning child	0	0	0	0
		After eating	60	42.25	60	44.44
		Before preparing food	0	0	0	0
		others	22	15.49	15	11.11
	Reasons for handwashing	Remove dirt/soil/food	60	96.77	60	98.36
		Appear clean	0	0	0	0
		Kill germs/be healthy	2	3.22	1	1.639
		others	0	0	0	0
	Disposal of garbage	Burn	0	0	0	0
		Communal dumping site	19	31.66	12	20
		Own rubbish pit	0	0	0	0
		Others (open)	41	68.33	48	80

Table 13: Showing percent distribution of practices of parents to prevent diarrhea

S.no	Variable	Strongly agree		Somewhat agree		Disagree		No response	
		Case	control	Case	Control	Case	Control	Case	Control
a.	It is normal for children to get diarrhea regularly	82	92	15	8	2	0	2	0
b.	I can prevent my child from getting diarrhea	3	2	13	8	78	87	5	3
c.	ORS can treat diarrhea	40	30	43	67	2	3	17	0
d.	We have enough water in our household for everyone to keep themselves clean	43	3	25	18	32	78	0	0
e.	Germs are the causes of getting diarrhea.	25	13	75	87	0	0	0	0

Of the 120 respondent 46 percent in case & 8percent in control have public tap as a source of water and nearly 50percent people uses other water sources like they call for a water tanker once in a 15 days, pond water etc. Of the 120 respondents interviewed including case & control, 93percent& 82percent use cloth to filter water. Majority of people wash their hands only after latrines and eating food and that too only to remove dirt and soil(three fourth of the respondents 97percent in case and 98percent in control). Almost three fourth of the respondent's children defecate in open (control= 80 & case= 87 percent). Most respondents in case 68percent and control 80percent use open area for the garbage disposal, while (32percent in case and 20 percent in control) of the respondents dispose their garbage at communal dumping site.

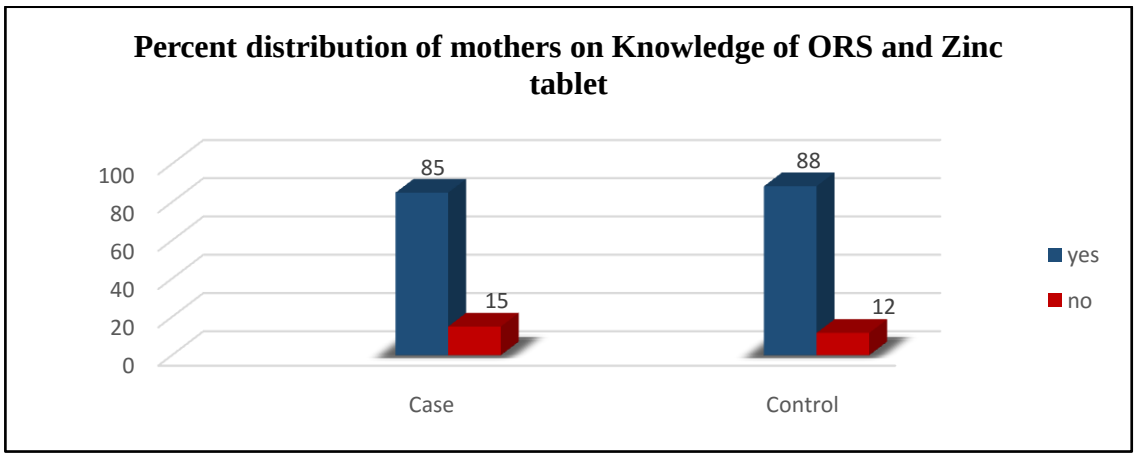


Figure 6 Showing percent distribution of mothers on the knowledge of ORS and Zinc tablet (n=60 in both case and control)

The above graph shows that respondent in both case 85percent and control 88percent have knowledge about ORS and zinc tablet.

Conclusion

This was asked to check the type of people live there on the basis of caste and religion. There was hardly any difference seen between the socio demographic data of case and control. Even the numbers of illiterate were almost equal in both. The work profiles of the females were housewives and majority of males were worker. Therefore, the difference in the response of respondents in case and control is independent of socio demographic profile.

From the survey it is found that, the counselling was given to beneficiaries very well and all the 120 respondents told that everything was told to them and they found it easy to understand. As observed from the field health workers convey the messages in their local and regional languages so that beneficiaries face no difficulty. But every health worker uses different medium of communicating the messages. In case, ANM's using tablets was giving counseling by videos and messages at the time of complexity along with verbally. While the control health workers were conveying messages only verbally. The use of IEC material is very few in both the cases.

The study revealed that 3/4 of the caregivers could define and recognize diarrhea correctly in both case and control. Also worth noting is that, more than half could not give more than two correct ways of preventing diarrhea. These findings indicate that beneficiaries had sufficient knowledge about prevention of diarrhea in children under five years, yet knowledge is very important in recognition and prevention of diarrhea. This could be due to the fact that most of the caregivers' stopped attending school at primary level. Caregivers with limited knowledge tend to have more incidences of diarrhea among their children and parents tend to visit the clinic or hospital often. This has a public health implication because diarrhea reduces the quality of life of the children as well as bringing about complications like dehydration and malnutrition. Data analysis and interpretation of interviews and questionnaires responses from 120 beneficiaries in both case and control revealed that more than half of the caregivers felt it was normal for the children to get diarrhea regularly. Furthermore, 3/4 of the caregivers felt they could not prevent their children from getting diarrhea. This shows a negative attitude towards prevention of diarrhea by the caregivers. This further shows that beneficiaries do not care for their children because even if they got diarrhea it would not be a serious issue as they feel it is normal for their children to get diarrhea. Attitude is also affected by level of knowledge and education, as caregivers who are highly literate are more inclined to have positive attitude towards preventive practices

but in Ahore literacy rate was very poor. So their attitude might remain same. That its normal to get diarrhea, they cannot take care of their child so as the diarrhea approaches they either consult to doctor or ANM. In control group more people take their kids to ANM because ANM use to live at the sub center. So it easy for people to take their kids anytime to her whenever required whereas in case group out of four ANMs three lived at the center and one not. So the result fluctuates by the single ANM because people of her village consult doctor.

The study proven that majority that is to say; 3/4 of beneficiaries were washing their hands only twice a day after latrine and after eating very rarely. Few told that they wash hands whenever required. Therefore, this is a serious public health issue if beneficiaries do not wash their hands then this could increase the incidence of diarrhea in their children. This occurs because children are affected by practices of the beneficiaries. The source of water used by the case group were public tap or water tankers which was paid and bought once in 15 days. And in control group they either use well or pond water. The cleanliness of the two is required but that was not there, the water which was consumed might not be drinkable. This was due to the lack of water supply facility by the government in these areas. The source of filtering water was only cloth which may be or may not be washed on the daily basis. And also the cloth only removes dirt particles but not filtered the water. The water supplied in whole Jalore is fluoride water which is very dangerous to consume. If the caregivers do not wash their hands after using the latrine or before eating then their children would, ingest microorganisms that cause diarrhea since their hands are not washed as well. Additionally, 3/4 of caregivers were using open areas for defecation and also their children defecate in open which is very harmful and end up disposing there faecal matter anywhere. This is dangerous as it exposes children who are already vulnerable to microorganisms that can cause diarrhea thus increasing the incidence of diarrhea cases.

The knowledge of ORS and Zinc tablet were almost similar in both case and control. Because of the summers ANM provides the ORS to everyone. The beneficiaries face difficulty in recalling the name of the ORS and tablet. They know it by the name of either ENO or powder.

The overall study gave a depthknowledge of health care system at grass root level and also the knowledge level of diarrhea management in mothers.

ANNEXURE

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	N	
1.21	Separate room for Adolescents Friendly Health Clinic (AFHC)	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	RMNCH+A counsellor		
2.14	Adolescent Health Counsellor (1 female & 1 male)		
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	Laparoscopy-Sterilisations		
3.11	IUCD		
3.12	PPIUCD		
3.13	Blood storage		
3.14	IMEP		
3.15	Immunization and cold chain		
3.16	MO training on Adolescent Health (RKSK)		
3.17	ANM/LHV training on Adolescent Health (RKSK)		
3.18	Counsellor training on Adolescent Health (RKSK)		
3.19	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	BMI Chart	Y	N	
4.18	Height Chart	Y	N	
4.19	Snellen's Chart	Y	N	
S.No.	**O.T Equipment**	**Yes**	**No**	**Remarks**
4.20	O.T Tables	Y	N	
4.21	Functional O.T Lights, ceiling	Y	N	
4.22	Functional O.T lights, mobile	Y	N	
4.23	Functional Anaesthesia machines	Y	N	
4.24	Functional Ventilators	Y	N	
4.25	Functional Pulse-oximeters	Y	N	
4.26	Functional Multi-para monitors	Y	N	
4.27	Functional Surgical Diathermies	Y	N	
4.28	Functional Laparoscopes	Y	N	
4.29	Functional C-arm units	Y	N	
4.30	Functional Autoclaves (H or V)	Y	N	
S.No.	**Laboratory Equipment**	**Yes**	**No**	**Remarks**
4.1a	Functional Microscope	Y	N	
4.2a	Functional Haemoglobin meter	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.	Essential Medical Supplies	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	
5.17	Tab Albendazaole	Y	N	
	Supplies	**Yes**	**No**	**Remarks**
5.18	Pregnancy testing kits	Y	N	
5.19	Urine albumin and sugar testing kit	Y	N	
5.20	OCPs	Y	N	
5.21	EC pills	Y	N	
5.22	IUCDs	Y	N	
5.23	Sanitary napkins	Y	N	
S. No	**Essential Consumables**	**Yes**	**No**	**Remarks**
5.24	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.	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	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			
S.No.	**Service Utilization Parameter**	**Q1**	**Q2**	**Remarks**
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			
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	Maternal deaths, if any			
7.30	Still births, if any			
7.31	Neonatal deaths, if any			
7.32	Infant deaths, if any			

Section VIII: Service delivery in post-natal wards

S.No.	Parameters	Yes	No	Remarks
8.1	All mothers initiated breast feeding within one hour of normal delivery	Y	N	

8.2	Zero dose BCG, Hepatitis B and OPV given	Y	N	
8.3	Counselling on IYCF done	Y	N	
8.4	Counsellingon Family Planning done	Y	N	
8.5	Mothers asked to stay for 48 hrs	Y	N	
8.6	JSY payment being given before discharge	Y	N	
8.7	Mode of JSY payment (Cash/ bearer cheque/Account payee cheque/Account Transfer)			
8.8	Any expenditure incurred by Mothers on travel, drugs or diagnostics (Please give details)	Y	N	
8.9	Diet being provided free of charge	Y	N	

Section IX: Adolescent Friendly Health Service

S No.	Service utilization Parameters	Q1	Q2	Remarks
9.1	No of adolescents attending AFHC			
9.2	No of adolescents counselled at AFHC			
9.3	No of adolescents referred to higher facility			
9.4	Percentage of teenage pregnancy out of total preganancies			
	Quality parameters	**Y**	**N**	**Remarks**
9.5	Privacy & confidentiality maintained during counselling			

Section X: 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
10.1	Manage high risk pregnancy	Y	N	
10.2	Provide essential newborn care (thermoregulation, breastfeeding and asepsis)	Y	N	
10.3	Manage sick neonates and infants	Y	N	
10.4	Correctly uses partograph	Y	N	
10.5	Correctly insert IUCD	Y	N	
10.6	Correctly administer vaccines	Y	N	
10.7	Segregation of waste in colour coded bins	Y	N	
10.8	Adherence to IMEP protocols	Y	N	

10.9	Bio medical waste management	Y	N	
10.10	Updated Entry in the MCP Cards	Y	N	
10.11	Entry in MCTS	Y	N	
10.12	Corrective action taken on Maternal Death Review finding	Y	N	

Section XI: Record Maintenance

Sl. No	Record	Available, Updated and correctly filled	Available but Not maintained	Not Available	Remarks/Timeline for completion
11.1	OPD Register				
11.2	IPD Register				
11.3	ANC Register				
11.4	PNC Register				
11.5	Indoor bed head ticket				
11.6	Line listing of severely anaemic pregnant women				
11.7	Labour room register				
11.8	Partographs				
11.9	FP-Operation Register (OT)				
Sl. No	**Record**	**Available, Updated and correctly filled**	**Available but Not maintained**	**Not Available**	**Remarks/Timeline for completion**
11.10	OT Register				
11.11	FP Register				
11.12	Immunisation Register				
11.13	Updated Microplan				
11.14	Blood Bank stock register				
11.15	Referral Register (In and Out)				
11.16	MDR Register				
11.17	Infant Death Review and Neonatal Death Review				
11.18	Drug Stock Register				
11.19	Payment under JSY				
11.20	Untied funds expenditure (Check % expenditure)				
11.21	AMG expenditure (Check % expenditure)				
11.22	RKS expenditure (Check % expenditure)				
11.23	AFHC register				

Section XII: 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
12.1	Home to facility					
12.2	Inter facility					
12.3	Facility to Home (drop back)					

Section XIII: IEC display

S.No.	Material	Yes	No	Remarks
13.1	Approach roads have directions to the health facility	Y	N	
13.2	Citizen Charter	Y	N	
13.3	Timings of the health facility	Y	N	
13.4	List of services available	Y	N	
13.5	Essential Drug List	Y	N	
13.6	Protocol Posters	Y	N	
13.7	JSSK entitlements (Displayed in ANC Clinics/PNC Clinics)	Y	N	
13.8	Immunization Schedule	Y	N	
13.9	JSY entitlements (Displayed in ANC Clinics/PNC Clinics)	Y	N	
13.10	Other related IEC material	Y	N	
13.11	Adolescent services			

Checklist for Community Health Center

Identification	
Name of District	.....
Name of Tehsil/ Taluka/ Block	.....
Name of CHC	.....
No. of PHC under the CHC	.....
Distance of PHC from CHC	.....
Distance of DH from CHC	.....
Is the CHC providing 24 hours and 7 days delivery facilities? (Yes/No)	.....
Respondents:	
Date of Data Collection	☐☐ Date ☐☐ Month ☐☐☐☐ Year

Section I: Services		
1.1	**Population Covered** (in numbers) ☐☐☐☐☐	
1.2	**Specialist Services Available (Yes=1/No=2)**	
a	Medicine	
b	Surgery	
c	OBG	
d	Paediatrics	
e	National Health Programmes (Specify)	
f	Emergency Services (24 Hours)	
g	24-hour delivery services including normal and assisted deliveries	
h	Emergency Obstetric Care including surgical interventions like Ceasarean Sections and other medical interventions	
i	New-born care	
j	Emergency care of sick children	
k	Full range of family planning services including Laproscopic Services	
l	Safe abortion services	
m	Treatment of STI/RTI	
n	Essential Laboratory Services (Specify the type of lab tests conducted)	
o	Blood storage facility	
p	Referral transport service	
1.3	**Beds**	
	Number of beds available	
1.4	**Average Daily OPD Attendance**	
a	Male	
b	Female	
1.5	**Types of Surgeries performed (Specify)**	
1.6	**Service Availability (Yes=1/No=2)**	
a	Ante-natal Clinics	
b	Post-natal Clinics	
c	Immunization Sessions	

Section II: Human Resources			
S. No.	Personnel	Current Availability at CHC (Indicate Numbers)	Remarks/ Suggestion/ Identified Gaps
A.	**Clinical Manpower**		
2.1	General Surgeon		
2.2	Physician		
2.3	Obstetrician/ Gynecologists		
2.4	Paediatrics		
2.5	Anaesthetist		On contractual appointment or hiring of services from private sectors on case to case basis
2.6	Public Health Programme Manager		On contractual appointment
2.7	Eye Surgeon		For every 5 lakh population as per vision 2020 approved Plan of Action
2.8	Other specialists (if any)		
2.9	General duty officers (Medical Officer)		
B.	**Support Manpower**		
2.10	Nursing Staff		1 ANM and 1 Public Health Nurse for family welfare will be appointed under the ASHA scheme
a	Public Health Nurse		
b	ANM		
c	Staff Nurse		

d	Nurse/ Midwife		
2.11	Dresser		
2.12	Pharmacist/ Compounder		
2.13	Lab Technician		
2.14	Radiographer		
2.15	Ophthalmic Assistant		Ophthalmic Assistant may be placed wherever it does not exist through redeployment or contract basis

Section III: Availability of Investigating Facilities			
S. No.	**Services**	**Current Availability at CHC (Yes=1/No=2)**	**Remarks/ Suggestions/ Identified Gaps**
3.1	ECG		
3.2	X-ray		
3.3	Ultrasound		
3.4	Pathological tests		

Section IV: Infrastructure			
S. No.		Current Availability at CHC	Remarks/ Suggestions/ Identified Gaps
4.1	**Location**		
	Distance of CHC (in km.) from District Hospital		
4.2	**Building**		
a	Is a designated government building available for the CHC? (Yes/No)		
b	Whether the cleanliness in the building is Good/Fair/Poor? (Observe)		
c	Prominent display boards regarding service availability in local language? (Yes/No)		
4.3	**Operation Theatre**		
a	Operation Theatre available (Yes/No)		
b	If operation theater is present, are surgeries carried out in the operation theatre? (Yes/No)		
c	If operation theatre is present, but surgeries are not being conducted there, then what are the reasons for the same? Non-availability of doctors/ staff.....1 Lack of equipment/ poor physical state of the OT.....2 No power supply in the operation theatre.....3 Any other reason (specify).....4		
d	Operation Theatre used for obstetric/ gynaecological purpose		
4.4	**Labour Room**		
a	Labour room available? (Yes/No)		
b	If labour room is present, are deliveries carried out in the labour room? (Yes/No)		
c	If labour room is present, but deliveries are not being conducted there, then what are the reasons for the same? • Non-availability of doctors/ staff • Poor condition of the labour room • No power supply in the labour room • Any other reason (specify).....		
4.5	**Laboratory**		
a	Laboratory (Yes/No)		
b	Is the laboratory a RNTCP designated Microscopy Centre (DMC) under RNTCP? (Yes/No)		
c	Are adequate equipment (including function Binocular Microscope) and chemical reagents available? (Yes/No)		
4.6	**Cold Chain Facility (Yes/No)**		
4.7	**Water Supply**		
	Source of water Piped.....1 Bore well/ Hand pump/ Tube well.....2 Well.....3		
4.8	**Sewerage**		
	Type of sewerage system Soak pit.....1 Connected to Municipal Sewerage.....2		
4.9	**Waste Disposal**		
	How the waste material is being disposed? (Please specify).....		
4.10	**Electricity**		
	Is there electric line in all parts of the CHC? In all parts.....1 In some parts.....2 None.....3		
4.11	**Communication Facilities**	Yes.....1 No.....2	
a	Telephone		
b	E-Mail		
c	Fax		
4.12	**Vehicles**		
	Vehicles (jeep/ other vehicle) available?		
4.13	**Residential facility for the Medical Officer with all amenities (Yes=1/No=2)**		
4.14	**User charges**		
	Any fee for service is charged from the users? Yes.....1 No.....2 If Yes, (Specify).....3		

Section VI: Structure of Fees and Charges		
S. No.	Particulars	Amount (Rs.) (Give Range)
6.1	Normal Delivery	
6.2	Caesarean Section	
6.3	Major Surgery	
6.4	ECG	
6.5	X-ray	
6.6	Blood Test	
6.7	Outdoor patient per episode	
6.8	Indoor patient per hospitalization	

Section V: Quality Control			
S. No.	Particular	Whether functional / available as per norms	Remarks
5.1	Citizen's charter Yes.....1 No.....2		
5.2	Constitution of **RMRS** Yes.....1 No.....2		
5.3	Internal monitoring (Social audit through Panchayati Raj Institution/**RMRS**, medical audit, technical audit, economic audit, disaster preparedness audit etc. (Specify)		
5.4	External monitoring (Gradation by PRI (Zila Parishad) **RMRS**		
5.5	Availability of Standard Operating Procedures (SOP)/ Standard Treatment Protocols (STP) Guidelines.		

Checklist for Primary Health Center

Identification	
Name of District	.....
Name of Tehsil/ Taluka/ Block	.....
Name of PHC	.....
No. of Sub-centers under the PHC	.....
District of CHC from PHC	.....
District of DH from PHC	.....
Is the PHC providing 24 hours and 7 days delivery facilities? (Yes/No)	.....
Respondents:	
Date of Data Collection	☐☐ ☐☐ ☐☐☐☐ Date Month Year

Section I: Service Delivery		
1.1	**Population Covered** (in numbers) ☐☐☐☐☐	
1.2	**Assured Services Available (Yes=1/No=2)**	
a	OPD Services	
b	Emergency Services (24 hours)	
c	Referral Services	
d	In-patient Services	
1.3	**Beds**	
a	Number of beds available	
1.4	**Average Daily OPD Attendance**	
a	Males	
b	Females	
1.5	**Treatment of Specific Cases (Yes=1/No=2)**	
a	Is surgery for cataract done in the PHC?	
b	Is the primary management of wounds done at the PHC?	
c	Is the primary management of fracture done at the PHC?	
d	Are minor surgeries like draining of abscess etc done at the PHC?	
e	Is the primary management of cases of poisoning/snake, insect or scorpion bite done at the PHC?	
f	Is the primary management of burns done at PHC?	
1.6	**MCH Care including Family Planning**	
1.6.1	**Service Availability (Yes=1/No=2)**	
a	Ante-natal care	
b	Intra-natal care (24-hour delivery services both normal and assisted)	
c	Post-natal care	
d	New born care	
e	Child care including immunization	
f	Family Planning	
g	MTP	
h	Management of RTI/STI	
i	Facilities under Janani Suraksha Yojana	

1.6.2	**Availability of Specific Services (Yes=1/No=2)**	
a	Are antenatal clinics organized by the PHC regularly?	
b	Is the facility for normal delivery available in the PHC for 24 hours?	
c	Is the facility for tubectomy and vasectomy available at the PHC?	
d	Is the facility for internal examination for gynae? Conditions available at PHC?	
e	Is the treatment for gynecological disorders like leucorrhoea, menstrual disorders available at the PHC?	
f	Is the facility for MTP (abortion) available at the PHC?	
g	Are the low birth weight babies managed at the PHC?	
h	Is there a fixed immunization day?	
i	Is BCG and Measles vaccine given regularly in the PHC?	
j	Is the treatment of children with pneumonia available at the PHC?	
k	Is the management of children suffering from the diarrhea with severe dehydration done at the PHC?	
1.7	**Other Functions and Services Performed (Yes=1/No=2)**	
a	Nutrition services	
b	School health programmes	
c	Promotion of safe water supply and basic sanitation	
d	Prevention and control of locally endemic diseases	
e	Disease surveillance and control of epidemics	
f	Collection and reporting of vital statistics	
g	Education about health/ behaviour change communication	
h	National Health Programmes including HIV/AIDS control programmes	
i	AYUSH services as per local preference	
1.8	**Outbreak of any in the last three year (Yes=1/No=2)**	
a	Malaria	
b	Measles	
c	Gastroenteritis	
d	Jaundice	
1.9	**Is the PHC providing 24 hours and 7 days delivery facilities (Yes/No)**	

Section II: Human Resources				
S. No.	**Personnel**	**Recommended**	**Current Availability at PHC (indicate Numbers)**	**Identified Gaps**
2.1	Medical Officer	2 (one may be from AYUSH and one other MO preferably a Lady Doctor		
2.2	Pharmacist	1		
2.3	Nurse – Midwife (Staff Nurse)	3 (for 24 hour PHCs; 2 may be contractual)		
2.4	Health Worker (Female)	1		
2.5	Health Educator	1		
2.6	Health Assistant (1 Male and 1 Female)	2		
2.7	Clerks	2		
2.8	Laboratory Technician	1		
2.9	Driver	Optional; vehicles may be out-sourced		

9

Section III: Essential Laboratory Services			
S. No.	Services	Current Availability at PHC Yes=1/No=2)	Identified Gaps
3.1	Routine urine, stool and blood tests		
3.2	Blood grouping		
3.3	Bleeding time, clotting time		
3.4	Diagnosis of RTI/STDs with wet mounting, grams stains, etc.		
3.5	Sputum testing for TB		
3.6	Blood smear examination for malaria parasite		
3.7	Rapid tests for pregnancy		
3.8	RPR test for Syphilis/ YAWS surveillance		
3.9	Rapid tests for HIV		

Section IV: Infrastructure			
S. No.		Current Availability at PHC	Identified Gaps
4.1	**Location**		
a	Distance of PHC (in km.) from the farthest village in coverage area		
b	Distance of PHC (in km.) from District Hospital		
4.2	**Building**		
a	Is a designated government building available for the PHC? (Yes/No)		
b	Whether the cleanliness in the building is Good/Fair/Poor? (Observe)		
c	Prominent display boards regarding service availability in local language? (Yes/No)		
4.3	**Operation Theatre**		
a	Operation Theatre available (Yes/No)		
b	If operation theater is present, are surgeries carried out in the operation theatre? (Yes/No)		
c	If operation theatre is present, but surgeries are not being conducted there, then what are the reasons for the same? • Non-availability of doctors/ staff • Lack of equipment/ poor physical state of the OT • No power supply in the operation theatre • Any other reason specify)……		
d	Operation Theatre used for obstetric/ gynaecological purpose		
4.4	**Labour Room**		
a	Labour room available? (Yes/No)		
b	If labour room is present, are deliveries carried out in the labour room? (Yes/No)		
c	If labour room is present, but deliveries are not being conducted there, then what are the reasons for the same? Non-availability of doctors/ staff……1 Poor condition of the labour room……2 No power supply in the labour room……3 Any other reason (specify)……4		
4.5	**Laboratory**		
a	Laboratory (Yes/No)		
b	Is the laboratory a RNTCP designated Microscopy Centre (DMC) under RNTCP? (Yes/No)		
c	Are adequate equipment (including function Binocular Microscope) and chemical reagents		

Section III: Essential Laboratory Services			
S. No.	Services	Current Availability at PHC Yes=1/No=2)	Identified Gaps
3.1	Routine urine, stool and blood tests		
3.2	Blood grouping		
3.3	Bleeding time, clotting time		
3.4	Diagnosis of RTI/STDs with wet mounting, grams stains, etc.		
3.5	Sputum testing for TB		
3.6	Blood smear examination for malaria parasite		
3.7	Rapid tests for pregnancy		
3.8	RPR test for Syphilis/ YAWS surveillance		
3.9	Rapid tests for HIV		

Section IV: Infrastructure			
S. No.		Current Availability at PHC	Identified Gaps
4.1	**Location**		
a	Distance of PHC (in km.) from the farthest village in coverage area		
b	Distance of PHC (in km.) from District Hospital		
4.2	**Building**		
a	Is a designated government building available for the PHC? (Yes/No)		
b	Whether the cleanliness in the building is Good/Fair/Poor? (Observe)		
c	Prominent display boards regarding service availability in local language? (Yes/No)		

4.6	**Water Supply**		
	Source of water Piped……1 Bore well/ hand pump/ tube well……2 Well……3		
4.7	**Sewerage**		
	Type of sewerage system Soak pit……1 Connected to Municipal Sewerage……2		
4.8	**Waste Disposal**		
	How the waste material is being disposed? (Please specify)……		
4.9	**Electricity**		
	Is there electric line in all parts of the PHC? In all parts……1 In some parts……2 None……3		
4.10	**Communication Facilities**	Yes……1 No……2	
a	Telephone		
b	E-Mail		
c	Fax		
4.11	**Vehicles**		
	Vehicles (jeep/ other vehicle) available?		
4.12	**Residential facility for the Medical Officer with all amenities (Yes=1/No=2)**		
4.13	**User charges**		
	Any fee for service is charged from the users? Yes……1 No……2 If Yes, (Specify)……3		

Section V: Quality Control			
S. No.	**Particular**	**Whether functional / available as per norms**	**Remarks**
5.1	Citizen's charter (Yes/No)		
5.2	Constitution of Rajasthan Medicare Relief Society **(RMRS)** has been constituted at PHC? (Yes/No)		
5.3	Internal monitoring (Social audit through Panchayati Raj Institution/ **RMRS**/ medical audit, technical audit, economic audit, disaster preparedness audit etc. (Specify)		
5.4	External monitoring/ Gradation by PRI (Zila Parishad) **RMRS**		
5.5	Availability of Standard Operating Procedures (SOP) Standard Treatment Protocols (STP) guidelines.		

Checklist for Sub-Center

Identification	
Name of District	.....
Name of Tehsil/ Taluka/ Block	.....
Name of Sub-center	.....
No. of Villages under the SC	.....
Distance of SC from PHC	.....
Distance of SC from nearest CHC	.....
Is the SC providing 24 hours and 7 days delivery facilities? (Yes/No)	.....
Respondents:	
Date of Data Collection	☐☐ ☐☐ ☐☐☐☐ Date Month Year

Section I: Services		
1.1	Population Covered (in numbers)	
1.2	MCH care including FP: Services Availability	
1.2.1	Services Available **(Yes=1/No=2)**	
a	ANC	
b	INC	
c	PNC	
d	Newborn	
e	Immunization	
f	FP and contraceptive	
g	Adolescents health	
h	School health education	
i	JSY	
j	Treatment of common illness	
1.2.2	Availability of specific services **(Yes=1/No=2)**	
a	Does doctor visit the sub centre at least once in a month?	
b	Is the day and time of this visit fixed?	
c	Are the residents of the village aware of the timing of the doctor's visit?	
d	Does the health assistant (male) or LHV visit the sub centre at least once a week?	
e	Is the antenatal care (inj.TT/IFA tablets, weight and BP checkup) provided by those in the sub centre?	
f	Is the facility for referral of complicated cases of pregnancy/delivery available at sub centre for 24 hours?	
g	Do the ANM /any trained personnel accompany the woman in labor to the referred care facility at the time of referral?	
h	Are the immunization services as per government schedule provided by the sub centre?	
i	Is the ORS for prevention of diarrhea and dehydrations available in the sub centre?	
j	Is the treatment for minor illness like fever, cough, cold, worm, disinfestation etc. available in the sub centre?	

k	Is the facility for taking peripheral blood smear in case of fever for detection available in the sub centre?	
l	Are the contraceptive services like insertion of copper-T, distributing oral contraceptive pills or condom provided by the sub centre?	
m	Is it a DOT centre?	
1.3	**Other function and services performed (Yes=1/No=2)**	
a	Disease surveillance	
b	Control of local endemic disease	
c	Promotion of sanitation	
d	Field visit and home care	
e	National health programme including HIV/AIDS control programmes	
1.4	**Monitoring and supervision activities (Yes=1/No=2)**	
a	Training of traditional birth attendants and ASHA	
b	Monitoring of water quality in the village	
c	Watch over unusual health events	
d	Coordinated services with AWWs, ASHA village health and sanitation committee, PRIs	
e	Coordination and supervision of activities of ASHA	
f	Proper maintenances of records and register	
g	Is there a village health plan / sub centre plan?	
h	Is the scheme of ASHA implement in sub centre?	

Section II: Human Resources

S. No.	Personnel	Existing	Recommended	Present availability at SC	Identified gaps
2.1	Health worker (Female)	1	1 or 2 (optional)		
2.2	Health worker (Male)	1	1 or 0 (optional) may be replaced by female health worked		
2.3	Voluntary Worker to keep the sub centre clean and assisting ANM. she is paid by the ANM from her contingency fund @ Rs 100 per month	1 (optional)	1 (optional)		

Section III: Physical Structure			
S. No.		If available (area in Sq mts.)	Remarks/ Suggestions/ Identify Gaps
3.1	**Location**		
a	Location of SC		
i	Distance of SC (in km.) from the farthest village in coverage area		
ii	Distance of SC (in km.) from District Hospital		
b	Distance of SC from PHC (in km)		
c	Distance of SC from CHC (in km)		
3.2	**Building**		
a	Is a designated Government building available for the SC? **(Yes=1/No=2)**		
b	Whether the cleanliness is Good----------1 Fair----------2 Poor----------3		
3.3	**Availability of Labour Room (Yes=1/No=2)**		
a	If labour room is present are deliveries carried out in the labour room Yes----------1 No----------2 Sometimes----------3		
b	If labour room is present ,but deliveries not being conducted there, then what are the reasons for the same: • Staff not staying • Poor condition of the labour room • No power supply in the labour room • Any other (specify)		
3.4	**Clinic room (Yes=1/No=2)**		
3.5	**Examination Room (Yes=1/No=2)**		
3.6	**Water Supply**		
	Tap water----------1 Borewell/Handpump/Tubewell----2 Well----------3 Any other (specify)----------4		

3.7	**Electricity Facility (Yes=1/No=2)**		
3.8	**Communication Facility (Yes=1/No=2)**		
3.9	**Transport Facility (Yes=1/No=2)**		
3.10	Residential facility for the staff Yes ----------1 No----------2	**If available (area in Sq mts)**	**If available Whether staff staying or not**
a	Health worker (Female)		
b	Health worker (Male)		
3.11	Whether health worker (male) available in the sub centre?		

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ANGANWADI CENTRE VISIT CHECKLIST TO BE USED BY DISTRICT LEVEL

OFFICERS

Name of the Visiting Officer with designation**:**

Date of Visit:

Name of AWC:

1 Please check whether the following schemes are being implemented properly*

1.1 SNP Morning Snacks, Hot Cook Meal, Take Home Ration

1.2 Mamta

1.3 VHND

1.4 PustularDiwas referral

1.5 Fix Immunization Day

1.6 AACP

1.7 Sabla / KSY

2 Whether the following Committees are functional, if possible please interact.

2.1 Jaanch Committee

2.2 Mothers Committee

2.3 Self Help Groups

2.4 GaonKalyanSamiti

3 Fund Flow (whether the following funds are being received regularly)

3.1 SHG Payment (supplying morning snacks)

3.2 Honorarium of AWW and Helper

3.3 SNP funds to joint account

3.4 MamtaInstalments

3.5 Flexi funds

4 Last visit of supervisor / CD PO / PO & action taken

5 Overall remarks

SUPERVISION CHECKLIST TO BE USED BY PO & CDPO

Date of Visit: Time of Arrival: Time of Departure:

Name of AWC/Mini AWC: AWC Type: Rural/Urban/Tribal

AWW's Name: Date of Last Visit:

WOMEN AND CHILD DEVELOPMENT DEPARTMENT

1 Display of

1.1 Entitlement Chart for SNP Y N

1.2 Citizen Charter Y N

1.3 ICDS Calendar Y N

1.4 MAMATA Calendar Y N

1.5 Time Table Y N

1.6 Details of Jaanch Committee Members Y N

1.7 Details of Mothers Committee Members Y N

1.8 AWC Sign Board Y N

1.9 Workers wearing Badge & Uniform Y N 1.10 Pre School Children wearing Uniform Y N

2 Sanitation & Hygiene of Children:

2.1 Availability of Soap:

(Please ask children if they wash hands before eating, you should also inspect their hands).

2.2 Nails Cut Y N

2.3 Hair Combed Y N

2.4 Face Cleaned Y N

3 Functional Weighing Machine:

3.1 Salter (hanging for Children) Y N

3.2 Adult (Floor based) Y N

(Please check the correctness of weighing by test check of two children and compare with weight noted in growth register).

4 Register

4.1 Which register was not maintained up to date?

5 Feeding:

5.1 Hot Cooked Meal and Morning Snacks given as per weekly menu chart. Y N

5.2 Attendance (Head Count) during spot feeding on the day of visit.

5.3 No. of days Hot Cooked Meal not given last month.

Why? _____

(Check sign of Jaanch Committee Members)

6. When was the last date of Jaanch Committee Visit?

7. When was THR given last?

8. During last THR distribution whether Mothers Committee Members present?

(Verify Signature) Y N

9. Was THR given twice in last 30 days? Y N

If not, why?

10. How many children completed 6 months during last month?

11. When was last Anaplasia conducted?

12. Number of children who have completed one year.

13. Number of children fully immunized.

14. Number of Pregnant/Lactating mothers attended VHND/MAMATA Diwas.

15. Topic discussed in NHED last month.

16. Number of children identified for referral to PustularDiwas during last month.

17. How many children attended PustularDiwas?

17.1 How many children have improved from severely malnourished?

18. Preschool:

18.1 Number of Children enrolled in preschool. Y N

18.2 Number of Children present in preschool. Y N

18.3 Number of PWD Children attending preschool. Y N

18.4 Whether preschool kit (toys, materials) available and being used? Y N

19 Whether NiaArunima module followed? Y N

19.1 Are preschool children wearing uniform on the day of visit? Y N

19.2 Are preschool children using workbook? Y N

19.3 Was Parent-Teacher Meeting held last quarter? Y N

19.4 P.O/CDPO must meet beneficiaries (MAMATA, Jaanch and Mothers Committee member, Mother of New-born, severely under wt.) and write the details.

1 Name of the child _____

Age _____ Weight _____

Issues _____

2 Name of the child _____

Age _____ Weight _____

Issues _____

20 C.D.P.O must weigh at least 2 children among new-born and severely underweight and check plotting.

Was plotting correct? Y N

(If no then AWW should be counselled.)

21 Whether MAMATA Calendar up to date? Y N

22. Whether KishoriSamuha / BalikaMandals are formed? Y N

23. Number of Adolescent Girls consumed IFA last week.

24. Whether KishoriSwasthyaMelaorganised last quarter? Y N

25 Date of receipt of Flexi Fund.

Date of receipt of Contingency. Y
N 26 Last month honoraria received.
Y N

27 Last month SNP fund received. Y N

28. Whether GaonKalyanSamiti is functioning Y N

29 If G.K.S is functioning specify about utilisation of funds:

30. Overall supportive supervision inputs/on the spot guidance provided by CDPO

(Critical work related to areas that need improvement in the AWC)

1

2

3

Any change since last visit

1

2

3

Visiting Officers Name & Signature Date

CD PO's/PO Signature

ANGANWADI CENTRE VISIT CHECKLIST TO BE USED BY SUPERVISOR

Date of Visit: Time of Arrival: Time of Departure:

Name of AWC/Mini AWC: AWC Type: Rural/Urban/Tribal

Name of the AWW: Date of Last Visit:

WOMEN AND CHILD DEVELOPMENT DEPARTMENT

1	Display of:		
1.1	Entitlement Chart for SNP	Y	N
1.2	Citizen Charter	Y	N
1.3	ICDS Calendar	Y	N
1.4	MAMATA Calendar	Y	N
1.5	Time Table	Y	N
1.6	Details of Jaanch Committee Members	Y	N
1.7	Details of Mothers Committee Members	Y	N
1.8	Sign Board	Y	N
1.9	Workers wearing Badge & Uniform	Y	N
1.10	Pre-School Children wearing Uniform	Y	N
2.	Maintenance of Registers:		
2.1	Survey Register	Y	N
2.2	Pregnancy Register	Y	N
2.3	Immunization Register	Y	N
2.4	Pre School Attendance Register	Y	N
2.5	T.H.R Receipt & Distribution Register	Y	N
2.6	S.N.P Hot Cooked Meal Attendance Register	Y	N

2.7	Procurement Plan Register	Y	N
2.8	Stock Register of S.N.P	Y	N
2.9	M.C.P Card	Y	N
2.10	Growth Monitoring Register	Y	N

3 Sanitation & Hygiene of Children:

3.1 Availability of Soap:

(Please ask children if they wash hands before eating, you should also inspect their hands).

3.2 Nail Cutter Y N33 HairCombed Y N
3.4 Face Cleaned Y N

3.5 Dish washing Detergent Y N

3.6 Foot Wear for Toilet Y N

3.7 Towel Y N

3.8 Dustbin Y N

3.9 Whether keeping the room clean Y N

3.10 Whether Toilet is available Y N

4 Functional Weighing Machine:

4.1 Salter (hanging for Children) Y N

4.2 Adult (Floor based) Y N

(Please check the correctness of weighing by test check of two children and compare with weight noted in growth register).

5 Beneficiary Details:

5.1 Number of Pregnant Women

5.2 Number of Lactating Mothers

5.3 Number of Children below 2 years

5.4 Number of severely Underweight Children

5.5 Number of Adolescent Girls (11-18 years)

5.6 Number of out of school Adolescent Girls (11-18 years)

5.7 Number of Adolescent Girls anemic (After Test)

(Counsel AWW on deworming, HB Test, BMI and IFA)

6. Feeding:

6.1 Hot Cooked Meal and Morning Snacks given as per weekly menu chart. Y N

6.2 Attendance (Head Count) during spot feeding on the day of visit.

6.3 No. of days Hot Cooked Meal not given during last month.

Why? _____

(Check sign of Jaanch Committee Members)

6.4. When was the last date of Jaanch Committee Visit?

6.5. When was THR given last?

6.6 During last THR distribution whether Mothers Committee Members present?

(Verify Signature) Y N

. 6.7 Was THR given twice in last 30 days? Y N

6.8 Whether last month SNP fund received. Y N

If not, why?

7. Preschool:

7.1 Number of Children enrolled in preschool.

7.2 Number of Children present in preschool.

7.3 Number of PWD Children attending preschool.

7.4 Whether preschool kit (toys, materials) available and being used? Y N

7.5 Whether NiaArunima module followed? Y N

7.6 Are preschool children wearing uniform on the day of visit? Y N

7.7 Are preschool children using workbook? Y N

78 Was Parent-Teacher Meeting held last quarter? Y N

8. Health Check Up.

8.1 Whether Fixed Health Day planned &organised Y N

8.2 Was plotting correct?

8.3 No of severely malnourished Children under 3yrs. age

8.4 No of severely malnourished children during last month 3-6 yrs.

8.5 No of Children identified for referral to PustularDiwas during last month

8.6 No of Children attended PustularDiwas during last month

8.7 How many children have improved from severely malnourished?

8.8 Supervisor must meet beneficiaries (MAMATA, Jaanch and Mothers Committee member, Mother of New-born, severely under wt.) and write the details.

1 Name of the child _____

Age _____ Weight _____

Issues _____

2 Name of the child _____

Age _____ Weight _____

Issues _____

8.9 Supervisor must weigh at least 2 children among new-born and severely underweight and check plotting.

Was plotting correct? Y N

(If no then AWW should be counselled.)

9. MAMATA.

9.1 Whether Pregnancy Survey has been made

9.2 Whether MAMATA Calendar up to date? Y N

9.3 No of Pregnant Women eligible for MAMATA

9.4 Whether AWW copy of MCP Card of Mamtabeneficiaries Y N
Available

9.5 Whether the ANM is filling the portion marked for her in the MCP Card. Y N

9.6 Whether Mamta Scheme AWC survey register Annexure - A Y N
(Part-2 is maintained)

9.7 Whether the Mamta beneficiary Tracker Annexure-C (Part-2 is maintained) Y N

9.8 Mamta Scheme beneficiary tracker is maintained Y N

9.9 Mamta Scheme AWC Monthly Report-Annexure-D Y N

10. . How many children completed 6 months during last month?

11. When was last Anaplasia conducted?

12. Number of children who have completed one year.

13. Number of children fully immunized.

14. Number of Pregnant/Lactating mothers attended VHND/MAMATA Diwas.

15. Topic discussed in NHED last month.

16 Whether KishoriSamuha / BalikaMandals are formed? Y N

17 Number of Adolescent Girls consumed IFA last week.

18 Whether KishoriSwasthyaMelaorganised last quarter? Y N

19 Date of receipt of Flexi Fund.

20. Date of receipt of Contingency.

21 Last month honorarium received. Y N

22 Whether GaonKalyanSamiti is functioning Y N

मॉनिटरिंग प्रपत्र– एम.सी.एच.एन दिवस					
1	मॉनिटर का नाम		2	पद	
3	जिले का नाम		4	दिनांक/दिन	
5	ब्लॉक का नाम		6	प्रा.स्वा.केन्द्र	
7	उपकेन्द्र		8	ग्राम पंचायत	
9	राजस्व गॉव का नाम		10	कुल जनसंख्या	
11	पिछले 2 माह गॉव मे हुए कुल प्रसव		12	इनमे से संस्थागत प्रसव	
13	एवं घरेलु प्रसव		14	इनमेंसे वर्तमान में जीवित माताओं की	
15	एवं जीवित शिशुओं की संख्या		16	भ्रमण किये गये क्षेत्र का नाम एवं समय	
17	सत्र का प्रकार	*A/B/C/D*	18	सत्र आयोजित किया गया	*हाँ / नहीं*
19	क्या आपने सत्र आयोजित होते हुए देखा	*हाँ/ नहीं*	20	अगर नहीं, कारण दीजिए, नीचे दिये गये कोड डाले	
21	स्वास्थ्य कार्यकर्ताओं की उपस्थिति (गोला करें एवं नीचे नाम लिखें)	*ए एन एम / जी एन एम/ अति एएनएम*	22	आंगनवाड़ी कार्मिकों की उपस्थिति (गोला करें एवं नीचे नाम लिखें)	*कार्यकर्ता/ आशा / सहायिका*
23	ए.एन.एम का नाम		24	मोबाईल नम्बर	
25	अति. एएनएम का नाम		26	मोबाईल नम्बर	
27	आशा का नाम		28	मोबाईल नम्बर	
29	आंगनवाड़ी कार्यकर्ता का नाम		30	मोबाईल नम्बर	
31	क्षेत्र पर्यवेक्षक का नाम (स्वास्थ्य)		32	मोबाईल नम्बर	
33	क्षेत्र पर्यवेक्षक द्वारा किये गये पिछले भ्रमण कि दिनांक		34	आयोजित हुए पिछले सत्र कि दिनांक	
35	सत्र स्थल	*आंगनवाड़ी / उपकेन्द्र / अन्य.....*	36	सत्र माईक्रोप्लान के अनुसार है	*हाँ / नहीं*
37	उपरोक्त के अलावा कोई कार्मिक उपस्थित है तो उसका नाम		38	कार्मिक का पद	
39	क्या आशा/ मोबिलाइजर के पास लाभार्थियों की सूची उपलब्ध है?	*हाँ / नहीं*	40	आशा/ मोबिलाइजर लाभार्थियों को सत्र स्थल पर ला रही है	*हाँ / नहीं*
सत्र में आने वाले लाभार्थियों की अपेक्षित संख्या			**सत्र में आये वास्तविक लाभार्थियों की संख्या**		
41	गर्भवती महिला नये पंजीकरण		42	गर्भवती महिला नये पंजीकरण	
43	गर्भवती महिला पूर्व में पंजीकृत		44	गर्भवती महिला पूर्व में पंजीकृत	
45	बीसीजी		46	बीसीजी	
47	पेन्टावेलेंट 1		48	पेन्टावेलेंट 1	
49	पेन्टावेलेंट 2		50	पेन्टावेलेंट 2	
51	पेन्टावेलेंट 3		52	पेन्टावेलेंट 3	
53	पोलियो 1		54	पोलियो 1	
55	पोलियो 2		56	पोलियो 2	
57	पोलियो 3		58	पोलियो 3	
59	मीजल्स		60	मीजल्स	
61	हिटाविश ए		62	हिटाविश ए	
63	*1 वर्ष से कम बच्चे कुल*		64	*1 वर्ष से कम बच्चे कुल*	
65	*डी पी टी बूस्टर 1*		66	*डी पी टी बूस्टर 1*	
67	*पोलियो बूस्टर 1*		68	*पोलियो बूस्टर 1*	
69	मीजल्स 2		70	मीजल्स 2	
71	*डी पी टी बूस्टर 2*		72	*डी पी टी बूस्टर 2*	
73	0–5 वर्ष तक के कितने बच्चो का वज़न लिया जाना है		74	0–5 वर्ष तक के कितने बच्चो का वज़न लिया गया	
75	कुल कुपोषित बच्चो की संख्या		76	कुल कुपोषित बच्चो की संख्या	
77	क्या टीकाकरण में छूटे हुए व्यक्तियों के लिये अलग प्रयास हुए	*हाँ / नहीं*	78	क्या किसी तरह की आई.ई.सी. दिखाई देती है?	*हाँ / नहीं*
79	वैक्सीन किसके द्वारा सत्र मे उपलब्ध कराई गई	*एचडी / एएनएम/ सुपरवाईजर/ अन्य .....*	80	क्या वैक्सीन कैरियर में चार आईसपैक के साथ पीलिधीन में है	*हाँ / नहीं*

शिशु स्वास्थ्य एवं पोषण सम्बन्धित सेवाएं					
81	क्या बच्चों का वजन किया जा रहा है	हाँ / नहीं	82	क्या पोषाहार उपलब्ध करवाया जा रहा है	हाँ / नहीं
83	क्या गम्भीर लक्षणों की पहचान की जा रही है	हाँ / नहीं	84	क्या गम्भीर लक्षणों का उपचार किया जा रहा है	हाँ / नहीं
85	क्या टीकाकरण किया जा रहा है	हाँ / नहीं	86	सत्र से दौरान कौन–कौन सी वैक्सीन उपलब्ध थी	बी.सी.जी / डी.पी.टी. / हिप–बी / मिज़लस / टी.टी. / पोलियो
87	वैक्सीन के साथ उपलब्ध डाइलयूएन्ट	बी.सी.जी / मिज़लस	88	वॉयल्स के बिना कौनसी वैक्सीन पाई गई	बी.सी.जी / डी.पी.टी. / हिप–बी / मिज़लस / टी.टी. / पोलियो
89	क्या कोई वैक्सीन उपयोग मुद्दत अवस्था में पाई गई	हाँ / नहीं	90	यदि हां तो कौनसी	डी.पी.टी. / हिप–बी / टी.टी. /
91	बी.सी.जी का टीका कहाँ लगाया जा रहा	दाएं बाँह / बाएं बाँह /	92	मीज़ल्स का टीका कहाँ लगाया जा रहा है	दाएं बाँह / बाएं बाँह /
93	वैक्टाबैरोट का टीका कहाँ लगाया जा	दाएं बाँह / बाएं बाँह /	94	विटामिन ए मिज़ल्स के साथ दिया जारहा	हाँ / नहीं
95	क्या डीपीटी का टीका लगाने के बाद बुखार की दवा दी गई	हाँ / नहीं	96	क्या माता–पिता को 4 महत्वपूर्ण सदेश के बारे में जानकारी दी जा रही है	हाँ / नहीं
उपकरण जो सत्र में चालू हालत में पाये गये एवं अन्य आवश्यक सामग्री की उपलब्धता					
97	BP machine with Stethoscope	Yes / No	98	Weighing machine- Adult	Yes / No
99	Weighing machine- Baby	Yes / No	100	Examination table with Stool	Yes / No
101	Side Screen	Yes / No	102	Hemometer	Yes / No
103	Syringe Hub Cutter	Yes / No	104	Uri-Sticks	Yes / No
105	MCP Cards sufficient quantity	Yes / No	106	Referral Slips sufficient quantity	Yes / No
107	Red/Black Bags	Yes / No	108	AD 0.1 ml syringe sufficient	Yes / No
109	5 ml syringes for reconstitution	Yes / No	110	AD 0.5 ml syringe sufficient	Yes / No
111	PCM Tab/ Syp	Yes / No	112	(Nischay) Pregnancy Test Kits	Yes / No
113	ORS Packets	Yes / No	114	Zink tablets	Yes / No
115	Cotrimoxazole tablets/syp	Yes / No	116	Amoxicilin Cap/syp	Yes / No
117	Injection Gentamycin	Yes / No	118	Jention violet paint	Yes / No
प्रसव पूर्व जाँच व परामर्श					
119	गर्भवती की जाँच में गोपनियता का ध्यान रखा जा रहा है	हाँ / नहीं	120	गर्भवती के पेट का परीक्षण	हाँ / नहीं
121	गर्भवती की रक्त दबाव जाँच	हाँ / नहीं	122	गर्भवती का वजन	हाँ / नहीं
123	हीमोग्लोबिन की जांच	हाँ / नहीं	124	पेशाब की जांच (एल्बुमिन व शुगर)	हाँ / नहीं
125	टी.टी. वैक्सीन दी जा रही है	हाँ / नहीं	126	आई. एफ. ए दी जा रही है	हाँ / नहीं
127	आई.एफ.ए के बारे में परामर्श	हाँ / नहीं	128	पौष्टिक आहार के बारे में परामर्श	हाँ / नहीं
129	संस्थागत प्रसव के बारे में परामर्श	हाँ / नहीं	130	प्रसव पूर्व तैयारी के बारे में परामर्श	हाँ / नहीं
131	स्तनपान के बारे में परामर्श	हाँ / नहीं	132	परिवार नियोजन पर परामर्श	हाँ / नहीं
133	खतरे के लक्षणों पर परामर्श	हाँ / नहीं	134	ममता कार्ड के बारे में संदेश	हाँ / नहीं
135	जे. एस. एस. के योजना पर जानकारी	हाँ / नहीं	136	जननसुरक्षा योजना पर जानकारी	हाँ / नहीं
मातृ एवं शिशु स्वास्थ्य सेवाओं का रिकार्ड					
137	विगत 3 माह में 7 ग्राम से कम हीमोग्लोबिन वाली महिलाओं कि संख्या		138	विगत 3 माह में 7 ग्राम से कम हीमोग्लोबिन वाली महिलाओं कि संख्या जिन्हे आयरन सुक्रोज 4 dose दिया	
139	विगत 3 माह खतरे के लक्षण वाली महिलाओं कि संख्या जिन्हे उच्च संस्था पर रैफर किया गया		140	विगत 3 माह मे दस्त से ग्रसित बच्चों संख्या	
141	विगत 3 माह मे दस्त से ग्रसित बच्चों संख्या जिन्हे ORS/ZINC दिया गया		142	विगत 3 माह मे दस्त से ग्रसित बच्चों संख्या जिन्हे उच्च संस्था पर रैफर किया	
143	विगत 3 माह मे ARI/Pneumonia से ग्रसित बच्चों संख्या जिनका इलाज किया गया		144	विगत 3 माह मे ARI/Pneumonia से ग्रसित बच्चों संख्या जिन्हे उच्च संस्था पर रैफर किया गया	
परिवार नियोजन सेवायें					
145	निरोध की उपलब्धता	हाँ / नहीं	146	निरोध का वितरण	हाँ / नहीं
147	ओरल पिल्स की उपलब्धता	हाँ / नहीं	148	ओरल पिल्स का वितरण	हाँ / नहीं
149	ई पिल्स की उपलब्धता	हाँ / नहीं	150	ई पिल्स का वितरण	हाँ / नहीं
***1.ANM not present, 2. AWC/SC Closed, 3. Vaccine not availbale, 4.Other Reason**					

1. INTERVIEW SCHEDULE FOR ANM

Date: _____ **Serial no.** | | | |

S.no.					
1.	**Type of health facility**	1. PHC 2. SC 3. AWC			
2.	**Health worker**	1. ANM 2. ASHA 3. AWW			
3.	**Age of health worker**				
4.	**Health facility address**				
5.	**Population covered by health facility**				
6.	**SOCIO DEMOGRAPHIC PROFILE**	**Caste**	**Religion**	**Education**	**Experience**
		General 1 OBC 2 SC 3 ST 4 Other5	Hindu 1 Muslim 2 Sikh 3 Other 4	1-5 1 5-9 2 9-12 3 Graduate 4 Illiterate 5	
7.	**Are you using tabs?**	1. YES 2. NO			
8.	**If yes, how frequently?**	1. Daily 2. Weekly 3. Monthly			
9.	**What are your responsibilities?**	1. Holding weekly meeting with ASHA 2. Training to ASHA 3. Informing and guiding to ASHA to bring beneficiaries 4. Updating EC register 5. Counselling 6. Motivating pregnant women for coming to SC for checkups 7. Guiding, educating and orienting ASHA			
10.	**How many parents you have counselled last month and on what issues?**	A. Family planning B. Immunization C. Breast feeding D. Importance of safe delivery			

		E. Complementary feeding F. Contraception G. Child health H. Others	
11.	**Where do you counsel them?**	A. At home B. Health facility center C. MCHN day D. Others	
12.	**How do you counsel your beneficiaries?**	A. Verbally B. Audio C. Video D. Messages E. IEC material F. Others	
13.	**Has the tablets made your life**	1. Easier 2. Average 3. Difficult	
14.	**Whatever is the answer, how**		
15.	**Suggestions**		

2. DATA SHEET

S.No.	No. of ANM register	Parents 's name	Child name	Sex M=1 F=2	Age in completed years

3. CHILD CARE RECORD

S.no.					
1.	**ANM register no.**				
2.	**Name of the parent**				
3.	**SOCIO DEMOGRAPHIC PROFILE**	**Caste**	**Religion**	**Education**	**occupation**
		General 1 OBC 2 SC 3 ST 4 Other5	Hindu 1 Muslim 2 Sikh 3 Other 4	1-5 1 5-9 2 9-12 3 Graduate 4 Illiterate 5	
4.	**Name of the child**				
5.	**Age**				
6.	**Sex**				
7.	**Do your child have birth certification?**	1. Yes 2. No			
8.	**Is there someone in the community who is regularly consulted with regard to childhood illness?**	1. Yes 2. No			
9.	**Whom do you consult?**	1. Doctor 2. Health worker 3. Relatives 4. Others			
10.	**When healthcare instructions are communicated do you find it easy to understand and follow?**	1. Yes 2. No			
11.	**Which mode of communication?**	A. Verbally B. Audio C. Video D. Messages E. IEC material F. Others			

KAP ANALYSIS

s.no			
KNOWLEDGE			
1.	**What do you understand by the term diarrhea or how can you recognize diarrhea?**	A. Passing of watery stool one time in a day B. Passing of watery stool two times in a day C. Passing of watery stool three times in a day D. Passing of watery stool four in a day Other	
2.	**What do you think are the causes of diarrhea in children?**	A. Insects/Mosquitoes Changes in weather B. Dirty/Unsafe drinking water C. Eating bad food D. Bad spirits E. Poor personal hygiene Bad smells F. Malaria G. Other	
3.	**Has your child suffered from diarrhea in the past 2 weeks?**	1. Yes 2. No	
4.	**What form or type of diarrhea your child suffered from?**	A. With Blood B. With no Blood C. Very watery D. Other	
5.	**What do you do when your children have diarrhea?**	A. Nothing, no treatment B. Give ORS C. Take to a clinic/doctor D. Visit a traditional healer E. Give medicine at home F. Other	
6.	**Do you know how to prepare ORS**	1. Yes 2. No	
7.	**If yes, what should be given along with ORS**		
8.	**What should be done to prevent diarrhea incidences and to improve child health?**	A. Promote breastfeeding B. Build more and use latrines C. Eat clean/ safe foods D. Complete course of immunization	

		E. Hand washing F. Keep clean surrounding G. Other			
ATTITUDE					
9.	**For each the questions answer strongly agree, somewhat agree, disagree, no response.** **i. It is normal for children to get diarrhea regularly** **ii. I can prevent my children from getting diarrhea** **iii. ORS can treat Diarrhea** **iv. We have enough water in our house-hold for everyone to keep themselves clean.** v. **Germs are the cause of getting diarrhea**	Strongly Agree	Somewhat agree	Disagree	No response
PRACTICES					
10.	**How long do you Exclusively breast feed your child?**				
11.	**Which of the following water sources does your family use on a regular basis?**	A. Private tap B. Pubic tap C. Public well D. Rain water collection E. Other			
12.	**What methods do you use for cleaning water?**	A. Boiling B. Chlorine C. Filtering with cloth D. Other			
13.	**Where do your children in your family usually urinate and defecate?**	A. Potty B. Public latrine C. Diapers D. Where they can/in the open E. Use latrine in your home F. Other			
14.	**How do you dispose of your garbage?**	A. Burn B. Communal disposal site C. Own rubbish pit D. Others			