



NRHM

ADILABAD DISTRICT, ANDHRA PRADESH

Action Based Monitoring- District Tour report
(20th July 2010- 24th July 2010)

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List of abbreviations

ABER	Annual Blood Examination Rate
AH	Area Hospital
AMG	Annual Maintenance Grant
ANC	Antenatal Care
APVVP	Andhra Pradesh Vaidhya Vidhan Parishad
ASHA	Accredited Social Health Activist
BPL	Below Poverty Line
CEMONC	Comprehensive Emergency Obstetric and Neonatal Care
CHC	Community Health Center
DCHS	District Coordinator of Hospital Services
DH	District Hospital
DLHS – 3	District Level Household Survey – 3
DM&HO	District Medical and Health Officer
DOTS	Direct Observed Treatment Short course
HA	Health Assistant
HDS	Hospital Development Society
HMIS	Health Management Information System (Gol)
ICDS	Integrated child Development Scheme
IMR	Infant Mortality Rate
IPD	In-Patient admissions
ITDA	Integrated Tribal Development Authority
ITDA	Integrated Tribal Development Authority
IUD	Intrauterine device
JSY	Janani Suraksha Yojana
LHV	Lady Health Volunteer
MMR	Maternal Mortality Rate
MPHA	Multi Purpose Health Assistants
NICU	Neonatal Intensive Care Unit
NMR	Neonatal Mortality Rate
NRC	Nutritional Rehabilitation Center
OPD	Out-Patient Department
PHC	Primary Health Center
PHI	Public Health Institution
SBA	Skilled Birth Attendant
SC	Sub-center
VHND	Village Health and Nutrition Day
VHSC	Village Health and Sanitation Committee

Executive Summary

Adilabad is fifth largest district in Andhra Pradesh with 65% tribal area and 68.5% of its population living below poverty line. The report is prepared for the district tour undertaken by the Consultant from 20th July 2010 to 24th July 2010.

Major Public Health problems: Communicable diseases like malaria and diarrhea are common health problems in the district. ABER is much below recommended value of at least 10%. Last year there were 37 notified outbreaks of diarrhea in the district.

Maternal and Child Health: Neonatal mortality accounts for 75% of the infant deaths in the district. Maternal mortality is high (385/ 100000 live births). All aspects of antenatal care inclusive of hemoglobin testing, weight gain monitoring, blood pressure measurement, identification of high risk pregnancies, at-least one check-up by Medical Officer and preparation of birth micro-plan are weak. Post natal care aspects like recording of weight of the newborn at birth, minimum 48 hours stay in the hospital post delivery, post natal follow up at home need to be strengthened. Majority of the CEMONC centers visited are not used. There are no NICUs in the district. The existing health facilities are highly underutilized.

Major gaps:

1. Weak Monitoring and supervision in general administration
2. Poor performance and underutilization of Health facilities
3. Village Health and Nutrition Days are neither planned nor conducted regularly.
4. Improper and inadequate utilization of funds.
5. Many JSY beneficiaries are not given cash incentives
6. The district does not have adequate number of PHIs.
7. Biomedical waste management system is not in place and needs to be strengthened.
8. Irregular payments to ANMs, ASHAs as well as Contractual Doctors.

Important Recommendations:

1. Including monitoring responsibility in day to day activity schedule of all officers at all levels. Regular monthly review meetings should be held at all levels.
2. Spurious reporting to be severely discouraged.
3. Regular monitoring of all aspects of Maternal and Child Health with regular audit of maternal and infant deaths.
4. Micro-plans for VHNDs to be made meticulously and coordination with ICDS to be improved.
5. Guided utilization of funds by the HDS and VHSC.

6. Ensuring that at least one HDS meeting took place in the coming quarter and patient facilities were taken as a top priority agenda. Positive deviant case studies may be adopted to promote best practices and encourage creative use of the funds. Timely disbursement of funds to be ensured.
7. Payment of the cash incentive should be done at the institution where the delivery has taken place, under the authority of the in-charge officer of the referral hospital. Accreditation of private institutions for JSY to be undertaken.
8. Strengthening of existing system of using burial pits and impervious sharp pits in every PHC, contracting out of disposal of waste produced by the PHI.
9. Measures for prevention of diarrhea need to be strengthened, ORS distribution and sensitization of frontline functionaries and private practitioners to be initiated.
10. ABER to be increased to 10%
11. Fresh recruitment of specialists at referral hospitals and redeployment of specialist working at Primary level to the referral level.
12. Fresh recruitment of MPHA males, creation of posts of staff nurses at 24x7 PHCs.
13. Regular payment of the staff nurses.
14. Sub-centers to be encouraged to conduct deliveries and SBA training recommended for ANMs of such selected sub-centers initially, to be expanded to other ANMs.

The way ahead:

Strengthening General Administration and monitoring, ensuring proper utilization of the funds provided to different health facilities is of prime importance to achieve improvements across deliverables.

ADILABAD DISTRICT, ANDHRA PRADESH

Action Based Monitoring - 20th to 24th July 2010

Adilabad is the fifth largest district in Andhra Pradesh, with a population of 2,993,000 (estimated for June 2010). 44.8% of the district is covered by forest. 65% of the district area is tribal area with a population of 770,106 (25.73% of the population of the district). The district is administratively divided into 52 mandals with 1748 revenue villages and 7 municipalities. There are 3335 habitations in the district. The density of population is 182 persons per km². Literacy rate was 27.8%, in 2001, which is much below the state and the national average. 359,162 households (68.5%) are living below poverty line. Most of the working population is engaged in agriculture.



District Health Profile - Important Health Indicators:

Maternal and child health, especially neonatal care; communicable diseases like malaria and diarrhea - common health problems

Table 1: Important Health indicators of the district Adilabad

Indicators	(Values as provided by the district, for 2009)
Crude Birth Rate	23 per 1000 population
Crude death rate	9 per 1000 population
Maternal Mortality Rate (MMR)	385 per 100000 live births
Neonatal Mortality Rate (NMR)	44 per 1000 live births
Neonatal deaths as a proportion of Infant deaths	75% (HMIS 2009-10)
Infant Mortality Rate (IMR)	63.9 per 1000 live births
Percentage of expected deliveries reported	91.06% (2009-10)
Percentage of institutional deliveries (of the total expected deliveries; 2009-10)	58.3%
Pregnant women tracking	None last year.
Percentage of fully immunized children (DLHS-3: 49%)	66.1% (district data 2009),
Case Detection Rate of Tuberculosis among new sputum positive patients initiated on DOTS	111% (Form A of monitoring)
Treatment Success Rate among new sputum positive patients initiated on DOTS	85%
ABER for malaria	7.2%
API for malaria	0.2
Prevalence of Leprosy per 1000 population	0.71 (2009-10)
Annual Case Detection Rate for Leprosy	13.6
Outbreaks in the year 2009 (Jan-Dec)	37 (31 outbreaks of diarrhea following consumption of contaminated water, 6 outbreaks of diarrhea following consumption of spoiled food.)
Outbreaks in the year 2010 (Jan-July)	6 (4 outbreaks of diarrhea following consumption of contaminated water, 2 diarrhea outbreaks following consumption of spoiled food.)

Public Health Infrastructure in Adilabad

PHIs of Adilabad are highly underutilized. CEMONC centers appear neglected.

Table 2: Public Health Infrastructure in Adilabad

Institutions	Number
Total Number of PHCs	71
Number of tribal PHCs	31
Number of 24*7 PHCs (Round the clock MCH centers)	39
Average population served by each PHC	42155
Number of PHCs not conducting deliveries	22
Number of PHCs conducting less than 10 deliveries a month	23
Number of PHCs where >50% of all registered deliveries are home deliveries	55
Total Number of sub-centers (SC)	469
Number of Tribal sub-centers	186
Average population served by a sub-center	6382
Number of sub-centers conducting deliveries	0
Number of Community Health Centers (CHC)	10 (4: DM&HO, 6: APVVP)
Number of CHCs conducting fewer than 20 deliveries a month	4
Number of Post Partum Units	3
Number of Urban Health Centers	11
Number of Urban Family Welfare Centers	3
Number of Government general Hospitals	4
Number of Area Hospitals (AH)	2
Both these AH conducting fewer than 20 deliveries a month	
District Hospitals (DH)	1
108 Service Ambulances	30
104 Service Ambulances	24
Number of CEMONC centers	8

Communicable diseases:

- **Diarrhea:** It is an important public health problem in the district. Last year 37 outbreaks were recorded as mentioned above. Majority of the outbreaks occur due to

consumption of water from streams or open wells or bore-wells which are contaminated. Further, only 24.9% of the households had access to piped water supply (DLHS -3). Often inappropriately stored meat and spoiled meat is consumed by the villagers, which is responsible for food poisoning. Further, DLHS 3 data suggests that only 39.8% of children with diarrhea received ORS, while nearly 60% of all the children with diarrhea did receive some treatment.

- **Malaria:** The ABER is 7.2% which is inadequate for surveillance. Minimum required ABER is 10%.

Maternal and Child Health:

- **Antenatal care:** All aspects of antenatal care inclusive of hemoglobin testing, weight gain monitoring, blood pressure measurement, identification of high risk pregnancies, at-least one check-up by Medical Officer and preparation of birth micro-plan is weak and needs to be strengthened.
 - **Hemoglobin testing.** Some sub-centers did not have Sahli’s hemoglobin meter; although majority of the sub-centers in the ITDA area did have them. However, availability of the reagents was the weak link in both plain and ITDA area.
 - **Height, Weight and Blood Pressure measurement.** In two the sub-centers visited, these were not recorded. One sub-center did not have the BP instrument and weighing machine. In the third sub-center at Venkatapuram the ANMs would copy the details mentioned in the ANC cards of the women from private hospitals and enter into the registers.
 - **No identification of high risk pregnancies or birth micro-plans being made.**
 - **Village Health and Nutrition Days (VHND):** VHNDs are not being carried out in the district. Micro-planning is not being done at sub-center level.

Table 3: Situation Analysis of the 4 CEMONC centers visited.

CEMONC centers visited	Condition	Availability of Specialists
Laxetipet Civil Hospital	Locked	None
MCH Nirmal	Functioning	1 Obstetrician (MCH), 2 Obstetricians (CEMONC), 2 Pediatricians (MCH).
Utnoor CHC (Tribal area)	Not being used	No specialists
Mancherial AH	No existing center	No Obstetrician or Pediatrician, 4 Anesthetists available.

- **Natal and post-natal care:**
 - From table 2, it is evident that public health institutions at all levels conduct few deliveries. All sub-centers and many PHCs do not conduct any deliveries.
 - **Home delivery continues to be high at 40%.**
 - 10% of the expected deliveries are not reported. Further, **underutilization of referral centers as well as modest performance of CEMONC centers**, majority of which are either not functioning or do not have a specialist are contributory to the underutilization of public health facilities.

- **Post natal care of the mother and child:** HMIS data for the year 2009-10, shows that **56.4% of all newborns got weighed at birth**. Further 72.4% of the newborns received breast milk within first hour of birth. 27.8% of all the newborns weighed at birth had low birth weight.
 - DLHS-3 data maintains that only **31.1% of all the children received a check-up within the first 24 hours after birth. Post-natal follow up registers were found to be incomplete** during the visit, indicating that newborn care is inadequate and it is a direct contributory factor to the higher proportion of neonatal deaths in infant deaths.
 - During the visit, Delivery Registers were usually found to be devoid of condition of mother and the neonate on discharge.
 - **Minimum 48 hours stay is not followed in the district.**
 - **No neonatal stabilization units or NICU in the district.** NICU is established only at Nirmal MCH. However, this is presently not functioning for want of certain equipment like Air conditioners, oxygen cylinders and some minor repairs in the section proposed to be NICU. In many other institutions like the CHC Utloor, equipment like warmers and phototherapy units are available, but they are not used as there is no pediatrician or regular officer who could start and then scale up neonatal care in the CHC.

Human Resources in Adilabad

Gross shortfall in Specialists cadre, MPHA Males, other technical cadre like radiographers

Table 4: Public Health Human Resource situation in the district:

Human Resource	Sanctioned	Positioned	Vacant
Midwives			
ANM	987	923	64
LHV	97	67	30
PHN	28	7	21
Nurse	131	91	40
Technical cadre			
Multipurpose Health Workers [Male], shortfall = 280	304	189	115
Lab Technician	77	57	20
Pharmacist	85	79	6
Radiographer	10	1	9
Medical cadre			
MO	166	195	16 regular MOs
Sp. Obstetrics	5	2	3
Sp. Pediatrics	4	0	4
Sp. Anesthesia	0	0	0
Surgery	3	1	2
Medicine	2	0	2
Ophthalmology	1	1	0

From the above table it is evident that there is a huge shortfall of specialists in the district. During the visit it was found that as many as 10 specialists from different specialties were working as General Medical Officers in Primary Health Centers. Interactions with some of them revealed that they were willing to be absorbed at the referral hospitals. This is an opportune moment as the district is preparing itself for 'Rationalization'. Rationalization must certainly include posting of these specialists at appropriate referral level to enhance the capacity of the referral centers of the district.

Facility Assessment summary

Sub-centers are very weak service delivery points. PHCs scored 39.3% of the maximum attainable score and need improvement for all the items measured. The referral structures scored better and attained 67.8% of the maximum score. Equipment and supplies inclusive of drugs and financial matters inclusive of RKS and JSY are the main areas which need attention.

Sub-centre Assessment:

Table 5: Summary of Sub-centre assessment of Adilabad

Item	Max	Kalwa SC	Muthnoor SC	Venkatapuram SC	Average
Building condition	19	8	12	12	10.7
Condition of toilets	7	0	0	0	<u>0</u>
Services & performance	62	6	19	18	<u>14.3</u>
Biomedical Waste Management	6	2	2	2	<u>2</u>
Total Score	94	16	33	32	<u>27</u>

Sub-center Kalwa (PHC Dilawarpur)

- The ANM was unable to identify and perform the functions of a sub-center ANM like maintaining and updating immunization cards and registers, follow up of ANC, newborn and post natal follow-up, as she had worked in OPDs only for all the 13 years of her work with the Government of AP.
- The drugs were dumped in the sub-center. No proper storage was adopted.
- VHNDs were not planned and therefore never conducted.
- Bio-medical waste disposal mechanism not established yet, and the waste is dumped with village waste or burnt outside the center.
- ASHAs were present and working in the area without any difficulty. However, they were paid at an interval of 4-6 months. This is regrettable.

Sub-center Muthnoor

- Hemoglobin estimation was not being done as mentioned above in the section of Maternal and Child Care.

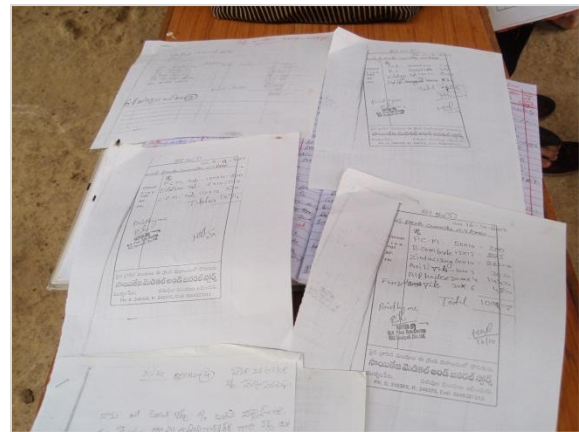
- VHNDs were not being planned yet in the sub-center.
- Biomedical waste disposal mechanism was out of place.
- VHSC and Unties funds were not received for 2009-10.
- ANM was staying at headquarter and there was no interference noted by her from the Gram Panchayat for utilization of funds.

Sub-center Venkatapuram (PHC Dhantepally)

- Sub-center Untied funds were being used to purchase medicines like Paracetamol tablets and Iron Folic acid tablets for distribution to pregnant women.
- Recording of height, weight and other important parameters including hemoglobin from ANC cards made by women in the private sector.
- The sub-center does not conduct any delivery.



The Labor table at the sub-center (Venketapuram)



The bills of purchase of PCM, CPM and IFA tablets (SC-Venketapuram)



VHND and immunization micro-plan display, and drug storage at SC- Venketapuram

Primary Health Center Assessment:

Table 6: Summary of scores attained by the PHCs

	Max	PHC Azipur	PHC Dilawarpur	PHC Echoda	PHC Indravelli	PHC Lingapur	PHC Narsapur	Average score
Infrastructure	34	19	14	4	11	17	18	<u>13.8</u>
Services Out-Sourced	7	5	1	0	0	3	0	<u>1.5</u>
Equipments and supplies	10	5	7	5	6	6	5	5.7
Equipments in Labour room	12	0	5	3	6	6	1	<u>3.5</u>
Equipments in OT	7	1	2	2	2	2	1	<u>1.7</u>
Bio-medical Waste Management	8	4	2	3	2	4	6	<u>3.5</u>
Central sterilization unit	2	1	1	0	1	1	1	<u>0.8</u>
Records and reports	3	2	2	1	3	2	2	2
Finance	4	2	0	2	2	2	2	<u>1.7</u>
Total Score	87	39	34	20	33	43	36	<u>34.2</u>

Major interventions are required towards improving:

1. Infrastructure, especially toilets and water supply
2. Cleanliness and provision of linen.
3. Labor room equipment and establishing neonatal care corners
4. Biomedical Waste management system.
5. RKS and JSY funds management.



Waste disposal in backyard of a PHC



OPD at a PHC visited

PHC Azipur

- The patient ward is being used as an OPD, while the OPD lies unused. The patients are accommodated on beds arranged in the corridors. This should be addressed most urgently. The OPD room is in good condition.
- Both the labor room and the Operation Theater are used as store rooms for medicines and condemned articles.
- The Laboratory technician post is vacant and the ANMs do not have Hemoglobin meters. Thus, hemoglobin testing of the mothers did not take place in the PHC.
- Although the drug supply was sufficient.

PHC Gudutnoor

The PHC is a 24x7 PHC run by the Department of Community Medicine, RIMS, Adilabad. On the day of the visit, it was found to be closed at 7:20 p.m. on 21/07/2010.

PHC Narsapur

- The PHC is a 24x7 PHC, but hardly conducts any deliveries. There no staff nurses in the PHC, in spite of it being a 24x7 PHC.
- The general cleanliness of the PHC needs to be improved.

PHC Dhantepally

- HDS funds are used to purchase Hemoglobin meter for sub-centers and repairs of the labor room.
- It is a well performing PHC. 33 deliveries were conducted in the PHC in the month of June, by 2 SBA trained ANMs who provide 24 hours services. No posts for staff nurses are sanctioned to this 24x7 MCH center.
- The operation theater is not functioning and hence, no family planning surgeries were conducted in the last 1 year.
- The PHC does not provide IUD insertion services.
- No shortage of drugs.
- Lab technician post is vacant.

PHC Lingapur

- The PHC was being run by a not-for-profit Trust. The complete staff was provided by the trust. The PHC is one of the remotest places and was being headed by one Medical Officer who resided in the quarters provided in the PHC building.
- There was a space crunch in the PHC for storage of drugs as well as wards.

- Mandal Parishad President was interviewed. There seemed to be a good harmony between the MO and the MPP. However, the PHC had not received 75000 of the 175000 for the year 2009-10.
- Disposal of Biomedical Waste seemed to be a problem in the PHC.



Waste disposal at Lingapur PHC



Medical team and patients at Lingapur PHC

PHC Inderavelli

- Hemoglobin measurement is not at all streamlined. Apparently, no tests were being conducted, but the ANC registers reported hemoglobin examinations done.
- Bio-medical waste disposal mechanism not established, with used infusion sets and bottles lying in gunny bags in the corridors of the PHC.
- The PHC is understaffed with only 1 MO and no staff nurses in spite of it being a 24x7 PHC.
- The drug storage needed improvements. As seen in the photograph below, drugs are stored in cartons in the corridors.



Medicine cartons stacked at the end of the corridor of the PHC.

PHC Narsapur

- The PHC did not have a ward and the patients were accommodated in the corridor.
- Labor room was devoid of basic equipment and lacked water supply and lights.
- The store of medicines was not maintained well.
- Essentially minor repairs were undertaken by the concerned HDS. Their reports and cash books were maintained well.

PHC Echoda

- This is a 24x7 PHC located very close to the national highway. The PHC is a high performing PHC with nearly 15-20 deliveries being conducted every month. However, the PHC was ill-maintained with inadequate lighting of the center and extremely dirty corridors, labor room and toilets. There was no ward in the PHC and the patients were accommodated in the corridor.
- The PHC had no water supply and the contingency worker was required to fill water for the patients and the labor room use from a nearby hand pump.
- The Labor room in addition to being dirty did not have essential equipment and was inadequately illuminated. There were no spot lights.

Table 7: Summary of score of the Referral Hospitals

Item	Max	AH Mancherial	CHC Utanoor	MCH Nirmal	Average score
Infrastructure	34	24	30	24	26
Human Resource					
Services available	33	13	15	27	18.3
Services Out-Sourced	7	5	3	2	<u>3.3</u>
Equipments and supplies	10	10	10	10	10
Equipments in Labour room	12	7	9	6	7.3
Equipments in OT	7	6	4	6	5.3
Bio-medical Waste Management	8	8	2	8	6
Central sterilization unit	2	1	2	2	1.7
Records and reports	3	2	3	3	2.7
Finance	4	0	2	0	<u>0.7</u>
Total Score	120	76	80	88	81.3

RCH Hospital Nirmal

This is a well performing Maternal and Child Hospital run by the APVVP. It is the only hospital which provides facilities for Caesarian section and hysterectomy other than the District Hospital which is a teaching hospital. However, some areas needed attention.

- Labor room: It was not managed well and for a MCH the labor room was ill equipped. It was unclean and the instruments were not sterilized.
- The NICU was not functioning.
- JSY: There was confusion between the MCH Nirmal and the PP Unit Nirmal authorities regarding payment of cash incentive to the eligible deliveries of the Nirmal MCH. Since neither of the authorities was paying the due to the beneficiaries since last 6 months after the PP Unit stopped the payments of JSY cash incentives; the eligible beneficiaries are not being paid the due cash incentive.
- HDS: the Hospital Development Society is not functioning presently as the society is facing a dispute over membership issues and has sought help from the court of law to resolve the same.
- General cleanliness and patient facilities like lights and fans in the wards and corridors need to be addressed. In absence of the support from the HDS, these issues need to be handled alternatively by the district authorities by calling upon alternative funding options.

CHC Utnoor

- The CHC is a referral center for 5 tribal mandals of the district and caters to patients from the surrounding area of about 50 kms radius. It is well constructed and maintained hospital. However, its potentialities are not fully tapped, mainly because of absence of specialists, a regular in-charge officer and staff nurses.
- The CHC does not have any specialists appointed in the last 5 years. There is no regular doctor appointed since one year.
- 4 staff nurse positions are vacant, while 3 are deputed to nutritional Rehabilitation Centers and 1 was deputed to Kagaznagar Hospital, effectively producing a shortage of 8 nurses at the CHC.
- JSY payments: The institute does not pay the cash incentive to the JSY beneficiaries directly. It issues a 'NOT PAID' certificate to the beneficiary who is then paid by the ANM of the area of her residence.
- A beautiful CEMONC center with 40 beds is constructed and furnished, but not being used.
- Blood storage facilities are available and the doctors are confident of blood transfusion, but no blood is being stored for a generator problem.
- There is a Nutritional Rehabilitation center within less than a kilometer distance from the hospital. This center provides referral services for blood transfusion for correction of severe anemia in women and children. Presently, the patients are being sent to

Adilabad District Hospital. If the blood storage unit at the CHC Utnoor is started, the beneficiaries admitted in the NRC – Utnoor can use this service very effectively.

- HDS: The funds were used to pay the salaries of the staff nurses appointed at the CEMONC center, which is not according to the guidelines of utilization of HDS, Annual Maintenance Grants (AMG) and Untied funds.



Unused phototherapy units at CHC Utnoor



Unused Blood storage unit at CHC Utnoor



The never used CMONC center ward at CHC



The well maintained Operation theatre

Civil Hospital Laxetipet

- This is run by the District Medical and Health Officer and receives HDS funds equivalent to that of a CHC.
- The hospital needed major repairs and up-gradation. The scores were not calculated as the Medical superintendent as well as registers were not available for gathering information.
- The hospital had very poor patient facilities. It needed to upgrade the labor room sections and the wards. Mattresses were all torn without covers. General cleanliness and hygiene needed to be maintained.
- Biomedical waste disposal needs to be established.



Vaccines kept in a tray in the hospital ward



Tubectomy ward with torn mattresses



Labor room with broken windows



Ward of the same hospital

Gaps and Recommendations

Strengthening General Administration and monitoring, ensuring proper utilization of the funds provided to different health facilities is of prime importance to achieve improvements across deliverables.

Gap 1: Weak Monitoring and supervision

This is the root cause of issues like absence of wards in certain institutions, use of wards as OPDs, incomplete registers, ineffective ANC with absent hemoglobin testing in primary set-ups, non-existent high-risk pregnancy identification, poor post-natal follow-up and no maternal and infant death audits in the district.

Recommendation: STRENGTHENING OF MONITORING AND SUPPORTIVE SUPERVISION

- ***Clearly defining monitoring roles of the Health Supervisory cadre and the Medical Officers at the PHC and including monitoring responsibility in their day to day activity schedule.***
- ***The monitoring may also include stock checking and facility surveys of the PHIs and ensure patient facilities.***
- ***Allocating separate POL for monitoring at the District for the District Officers and the DPMU to regularly take field visits and monitor the activities in the periphery.***
- ***Monthly review meetings to be conducted at all levels and minutes of the meeting may be reviewed by the District authorities to ensure coverage of topics.***
- ***The registers of the frontline functionaries may be reviewed during the same meeting by the Medical Officers and necessary technical guidance may be given to the frontline health functionaries.***

SPURIOUS REPORTING BY FRONTLINE FUNCTIONARIES TO BE SEVERELY DISCOURAGED.

REGULAR DEATH AUDITS OF MATERNAL AND CHILD DEATHS SHOULD BE CONDUCTED.

Gap 2: Underutilization of Health Facilities.

This is evident from the fact that 55 of 71 PHCs conduct less than 10 deliveries in a month, and in majority of the PHC areas home deliveries constitute more than 50% of the registered deliveries. None of the sub-centers conduct any deliveries.

Recommendation: UPGRADATION OF THE NATAL CARE FACILITIES AND LABOR ROOMS IN PHCs. ENCOURAGING DELIVERIES IN THE SUB-CENTERS.

- *As explained in the facility assessment section, many facilities do not have adequate facilities and equipment in the labor room. These need to be upgraded to ensure proper natal care to both mother and child.*
- *At least one sub-center in every PHC must be upgraded to provide delivery services and convert the home deliveries into institutional deliveries. Higher thrust is required to be given in areas with high home deliveries.*
- *Skilled Birth Attendants training is mandatory for the ANMs in the district, as majority of them have not conducted any deliveries in last 2 years.*

Gap 3: Village Health and Nutrition Days are not being carried out regularly.

VHND micro-plans are not being made at the sub-center level in many places. Monitoring and supervision needs to be strengthened. Gaps identified by District officials are insufficient place at Anganwadi centers, insufficient equipment with the ANM like weighing scale, insufficient supervision and guidance to the Anganwadi workers (vacancies of ICDS supervisor posts in large numbers) and inadequate participation.

Recommendation:

- *Improve coordination with ICDS department.*
- *VHND micro-planning procedure must be carried out up to village level every quarter, and submitted to the District for Monitoring purposes.*
- *Concerns like inadequate space at Anganwadi centers need to be addressed. Help from VHSCs should be sought in identification and acquiring of a place for conducting the VHND sessions. It could be acquired on rent for the day.*
- *Required equipment to be provided at the earliest.*

Gap 4: Improper/ Inadequate Utilization of the funds

This is responsible for persistent inadequate facilities in spite of provision of HDS, AMG and Untied funds to all the PHIs for at least 2 years. Most of the PHIs and the concerned HDS have failed to preserve dignity to patients and pregnant women who chose to come to them for therapeutic services by not providing them with proper toilets, proper wards, clean labor rooms and adequate lights, fans, mattresses and linen.

Timely disbursement of funds, especially sub-center untied funds.

Recommendation: GUIDED UTILIZATION OF THE FUNDS by HDS and SUB-CENTER and the VHSC.

- **The district may identify minimum standards of patient facilities to be provided by every PHI, including sub-center and suggest the HDS to take the patient facility issues as a priority. Timelines may be set for providing the same.**
- **The HDS, VHSC may be requested to undertake any other measures as deemed fit by the Society members to ensure that the patient receive services which are appropriate, dignified and respectable.**
- **SUGGESTED TARGETS FOR THE NEXT QUARTER:**
 - **Provision of functioning and clean toilets at all levels, including sub-centers. Separate toilets for males and female patients.**
 - **Adequate provision of lights and fans in the corridors, wards, labor rooms and toilets.**
 - **Provision of safe drinking supply and seating arrangement in waiting area and the wards.**
 - **Provision of proper mattresses and clean linen.**
 - **Provision of a grievance box along with display of citizen's charter.**
- **ACHIEVE THESE TARGETS BY ENSURING THAT AT LEAST ONE HDS MEETING TOOK PLACE IN THE BEGINNING OF THE COMING QUARTER.**
- **Regular review of the agenda setting and the maintenance of records should be undertaken. Promotion of best practices through positive deviants may be undertaken. This would help in supervising the activities as well as in creating a team spirit of the Medical Officers and give them an avenue to use their funds better.**

TIMELY DISBURSEMENT OF FUNDS MUST BE ENSURED.

DISTRICT HEALTH MISSION SHOULD MEET REGULARLY TO ADDRESS EMERGING ISSUES REGARDING NRHM.

Gap 5: Not all JSY beneficiaries are being given the cash incentives

This is essentially a phenomenon at 2 levels

1. **Identification of beneficiary:** The district does not pay JSY cash incentive to the eligible deliveries in private institutions. Since the district has more than 40% private institutional deliveries a sizeable proportion of the eligible beneficiaries are refused their due cash incentive.
2. **Deliveries at referral centers:** Citing the example of CHC Utnoor and MCH Nirmal, both these institutions provide natal care to many women every month. However, none of them pay any cash incentive to the women delivered in their institution. In Nirmal MCH, there was a confusion with regards to the authority that should issue cash incentive. Presently, the referral hospitals issue a 'NOT PAID' certificate, which is to be produced at the sub-center nearest to their residence. The concerned ANM would make the payment of the cash incentive. However, issue of funds at the PHC and the sub-center were not according to the estimated number of eligible deliveries in the area. Eligible beneficiaries are calculated at the district level only.
For this system to provide incentives fairly, the post-natal follow up and record maintenance at the sub-center must be very strong. Responses from the MOs and ANMs are testimony to this. Many of the MOs and ANMs interacted with during the visit have identified lack of funds to pay JSY beneficiaries, but have not been able to generate exact number of back-logs in JSY payments.

Recommendation: PAYMENT OF THE CASH INCENTIVE SHOULD BE DONE AT THE INSTITUTION WHERE THE DELIVERY HAS TAKEN PLACE, UNDER THE AUTHORITY OF THE IN-CHARGE OFFICER OF THE REFERRAL HOSPITAL

ACCREDITATION OF PRIVATE INSTITUTIONS FOR JSY

STEP 1: A comprehensive list of all the facilities providing maternity services to be made as the first step.

STEP2: Simultaneously pockets be identified in the district, which have minimum utilization of public health services, but good institutional deliveries

STEP 3: Private institutions in such areas with maximum proportion of clientele from the poor population should be preferred.

STEP 4: Finally, those institutions in the remaining pockets but having larger clientele from the poor population should be chosen for accreditation.

STEP 5: Accreditation should be done after ensuring that the license of the private nursing home is valid and the quality of services provided are optimum.

Gap 6: The district does not have adequate number of Primary Health centers and sub-centers (see table 2).

Recommendation: The district needs to establish more number of PHCs and sub-centers to meet the IPHS standards.

Gap 7: Nearly absent Biomedical Waste disposal Mechanism for Primary Care

Recommendation: STRENGTHENING OF EXISTING SYSTEM OF USING BURIAL PITS AND IMPERVIOUS SHARP PITS IN EVERY PHC, and /or CONTRACTING OUT OF DISPOSAL OF WASTE PRODUCED BY THE PHI. However, it must be ensured that the PHIs have adequate storing space for the waste till the waste can be collected at suitable intervals. As most of the PHCs have a space crunch, and basic system of building the burial pit and sharp pit is already in place, the district may consider timely cleaning up of these pits to ensure that the PHCs and the sub-centers can carry out disposal of waste effectively.

Gap 8: Communicable diseases especially Diarrhea and Malaria have inadequate preventive and therapeutic services (as highlighted in the section of important health indicators

Recommendation: The district administration needs to ensure:

- 1. PREVENTION OF DIARRHEA: Proper chlorination of existing sources, ensuring piped treated water supply to all the households.**
- 2. ORS DISTRIBUTION AND SENSITIZATION of the frontline functionaries and private practitioners.**
- 3. MINIMUM OF 10% ANNUAL BLOOD EXAMINATION RATE FOR MALARIA. Strengthening monitoring of both active and passive surveillance is recommended.**

Gap 9: Issues of Human Resources:

1. Irregular payment of salaries to ANMs and Contractual Doctors and Honorarium to ASHAs

Salaries of the RCH ANMs are understood to be pending since April 2010. Similarly, second ANMs appointed under NRHM have not received salaries for the months of February and March, 2010. Contractual doctors are also reported to have not received regular salaries. Interactions with ASHAs have pointed out that there is a delay in payment of their honorarium of about 4-6 months.

2. Gross shortfall of Specialist cadre, MPHA males and staff nurses at 24x7 PHCs in the district

Recommendations:

- **Regular payment of salaries and honorarium should be ensured.**
- **Recruitment drive for MPHA males should be conducted and vacant positions must be filled as soon as possible.**
- **Creation of posts of Staff Nurses in 24x7 PHCs. This is crucial to provide quality maternal and Child health services.**
- **Redeployment of the specialists from the primary health centers to the referral centers.**
- **Fresh recruitment of specialists at competitive salaries.**
- **On-call services of the specialists may be hired as and when required especially in the facilities which have lower case load.**

Gap 10: DM&HO is burdened with too many charges in absence of the concerned officers.

The DM&HO presently has additional charges of at least 6 other charges of District Programmes, in absence of concerned officers for various reasons. This might have a deleterious impact on his capacity of district administration.

Recommendation: THE STATE MUST IDENTIFY APPROPRIATE PERSONS FROM THE DISTRICT AND RELIEVE THE DM&HO OF THE ADDITIONAL CHARGES.

Conclusion

The district has the strength to overcome its challenges with appropriate support from the state.

Strengths of the District:

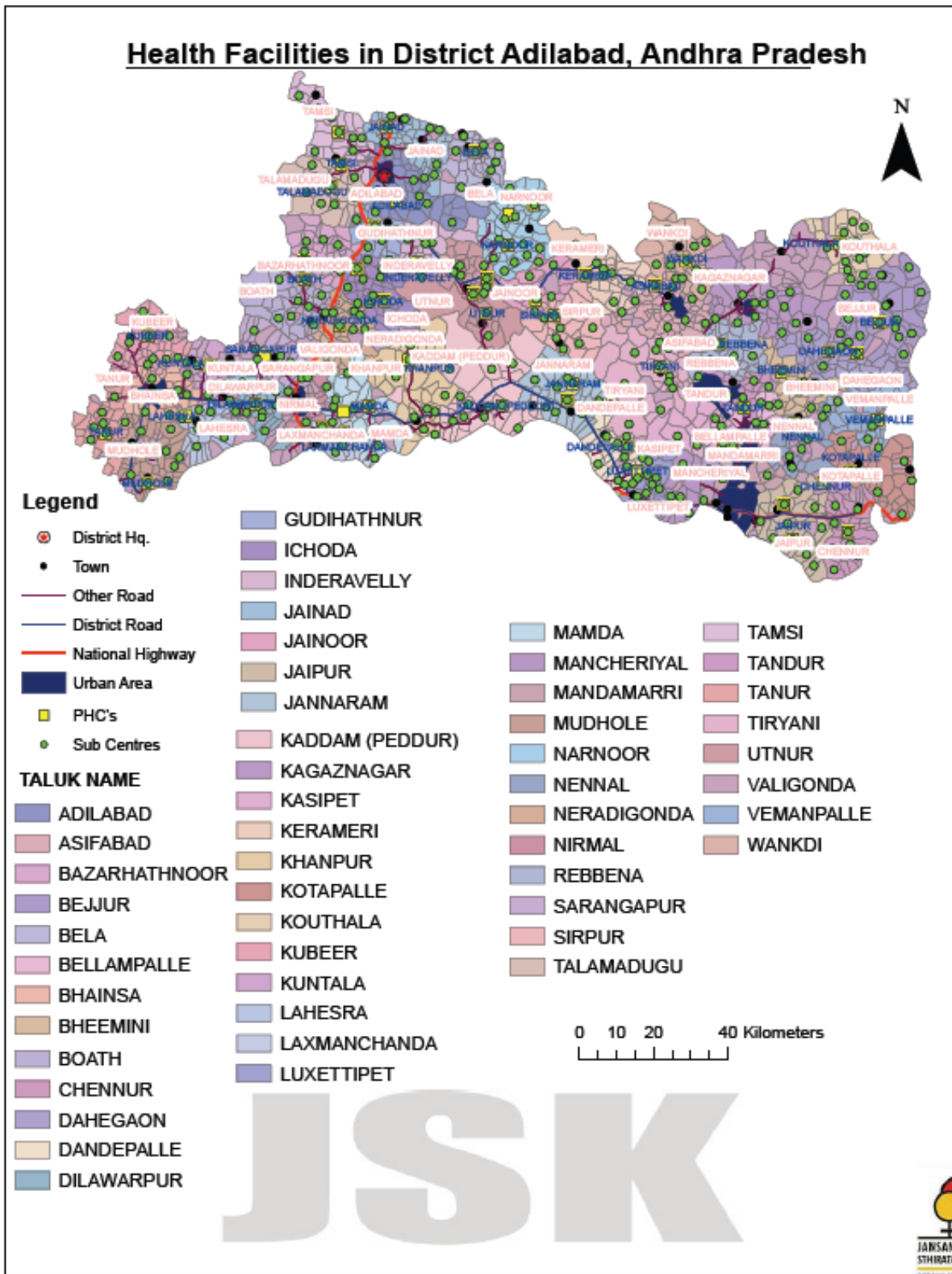
- 1. Hard working DPMU with an experienced DPO,***
- 2. Knowledgeable and experienced DM&HO,***
- 3. Good coordination with the DCHS and the District team of Programme Officers***
- 4. Alert and active force of Medical officers.***

Adilabad is a district which is mostly tribal. Most crucial gaps identified are poor monitoring and supervision, improper utilization of funds of HDS, VHSC and Sub-center Untied funds. The district has a huge private sector, which is essentially concentrated in the non tribal areas, close to the towns. Hence in the difficult and remote areas, the Public Health Institutions are the only reasonable source of healthcare.

The visit was concluded with a discussion with the district officers, group of Medical Officers as well as the Collector, Additional Collector and the Additional DM&HO in-charge of the ITDA area of the district. Findings of the visit were communicated and most of the recommendations are drawn after the discussions.

Annexure 1: Road Map of Adilabad District





Annexure 3 Inspection forms of individual facilities

Inspection form for Sub-Centre - Kalwa

Name of the inspecting officer: Dr. Rachana Parikh Date & time: 21/07/2010, 3:15 p.m.

District: Adilabad Total marks: 90

Location of Facility: Kalwa (PHC Dilawarpur) Building: Govt.

Stay in the SHC – No

SBA trained: No

The ANM does not conduct any deliveries in the sub-centre or in the sub-centre area.

Electricity is NOT available

Item	MOV Criteria	Score	Total score
Building condition	a) Walls and floor and roof intact	2	8/19
	b) Electrical wires not exposed	2	
	c) Electric switch boards not broken	2	
	d) Whitewashed	2	
	e) overhead tank and running water available	0	
	f) electricity available	0	
	g) floor is clean on the day of visit	0	
	h) ANM stay in the SHC	0	
Condition of toilets	a) Doors are not damaged	0	0/7
	b) Floors are clean & Basins are not stained	0	
	c) Running water present	0	
Services & performance	a) Services offered and timings displayed	0	6/62
	b) Pregnant women and infant tracking register maintained	0	
	c) Micro plan for VHNDs available; at least 90% of planned VHNDs held in the last quarter	0	
	d) Nischay kit available	0	
	e) Kit A and B available	2	

Item	MOV Criteria	Score	Total score
	f) Delivery kit available (at least 2) g) Weighing machine (mother / baby) and BP apparatus (and stethoscope) available h) Hb estimations done i) Male worker present j) Records of vector control activities undertaken present (spraying, blood slides etc.) k) HMIS/IDSP formats getting reported l) ANM stays in the SHC m) SHC conducts deliveries n) The ANM is SBA trained o) 2 nd ANM present p) Immunization cards updated	0 2 0 0 0 2 0 0 0 0 0	
Biomedical Waste Management	a) Colour coded buckets used b) Deep burial pit available where anatomical waste is disposed (if the SHC conducts deliveries) c) Needle cutter in working condition	0 0 2	2/6

Qualitative responses

1. Whether SHC untied funds have been utilized for facility improvement

The cash books were not available to make any definite comment. The funds were however not used for any significant development of sub-center. A new building was built for the sub-center, but was not taken in possession.

2. Whether the ANM is using Nishchay kits and whether she is aware of the way they are to be used.

ANM is **not** aware of the way Nishchay kits should be used.

3. Whether the VHND micro plan for the last three months is made and whether VHND's have been conducted as per the schedule by verification in the registers.

VHND micro-plan is not made and VHNDs are therefore not conducted as per schedule.

4. Grievances / suggestions mentioned in the grievances box

Serial number	Grievance	Addressed at which level (Facility level / district level / state level)
	No grievance box	

5. Any suggestions / reflections that the ANM want to make

The ANM was new to the functioning of the sub-center. This she claimed was due to the fact that she has been working as an OPD ANM since last 13 years. She was not aware of immunization schedule too.

Summary:

Item	Maximum score	SHC score
Building condition	19	8
Condition of toilets	7	0
Services & performance	62	6
Biomedical Waste Management	6	2
Total Score	94	16

Inspection form for Sub-Centre - Muthnoor

Name of the inspecting officer: Dr. Rachana Parikh Date & time: 22/07/2010, 10:30 p.m.

District: Adilabad Total marks: 90

Location of Facility: Muthnoor (PHC Indravelli) Building: Govt.

Stay in the SHC – No

SBA trained: No

The ANM does not conduct any deliveries in the sub-centre or in the sub-centre area.

Electricity is available

Item	MOV Criteria	Score	Total score
Building condition	i) Walls and floor and roof intact	2	12/19
	j) Electrical wires not exposed	2	
	k) Electric switch boards not broken	2	
	l) Whitewashed	2	
	m) overhead tank and running water available	0	
	n) electricity available	2	
	o) floor is clean on the day of visit	2	
	p) ANM stay in the SHC	0	
Condition of toilets	d) Doors are not damaged	0	0/7
	e) Floors are clean & Basins are not stained	0	
	f) Running water present	0	
Services & performance	q) Services offered and timings displayed	0	19/62
	r) Pregnant women and infant tracking register maintained	1	
	s) Micro plan for VHNDs available; at least 90% of planned VHNDs held in the last quarter	0	
	t) Nischay kit available	2	
	u) Kit A and B available	2	
	v) Delivery kit available (at least 2)	0	

Item	MOV Criteria	Score	Total score
	w) Weighing machine (mother / baby) and BP apparatus (and stethoscope) available x) Hb estimations done y) Male worker present z) Records of vector control activities undertaken present (spraying, blood slides etc.) aa) HMIS/IDSP formats getting reported bb) ANM stays in the SHC cc) SHC conducts deliveries dd) The ANM is SBA trained ee) 2 nd ANM present ff) Immunization cards updated	2 0 0 0 2 10 0 0 0 0	
Biomedical Waste Management	d) Colour coded buckets used e) Deep burial pit available where anatomical waste is disposed (if the SHC conducts deliveries) f) Needle cutter in working condition	0 0 2	2/6

Qualitative responses

6. Whether SHC untied funds have been utilized for facility improvement

The funds are used for sub-center development. However, no sub-center untied funds were received for the last one year. However, basic facilities like running water were not available. A toilet were available but was used as a storage for condemned articles and drugs.

7. Whether the ANM is using Nishchay kits and whether she is aware of the way they are to be used.

ANM is aware of the way Nishchay kits should be used.

8. Whether the VHND micro plan for the last three months is made and whether VHND's have been conducted as per the schedule by verification in the registers.

VHND micro-plan is not made and VHNDs are therefore not conducted as per schedule.

9. Grievances / suggestions mentioned in the grievances box

Serial number	Grievance	Addressed at which level (Facility level / district level / state level)
	No grievance box	

10. Any suggestions / reflections that the ANM want to make

Summary:

Item	Maximum score	SHC score
Building condition	19	12
Condition of toilets	7	0
Services & performance	62	19
Biomedical Waste Management	6	2
Total Score	94	33

Inspection form for Sub-Centre - Venkatapuram

Name of the inspecting officer: Dr. Rachana Parikh Date & time: 23/07/2010, 4:15 p.m.

District: Adilabad Total marks: 90

Location of Facility: Venkatapuram (PHC Indravelli) Building: Private

Stay in the SHC – No

SBA trained: No

The ANM does not conduct any deliveries in the sub-centre or in the sub-centre area.

Electricity is available

Item	MOV Criteria	Score	Total score
Building condition	q) Walls and floor and roof intact	2	12/19
	r) Electrical wires not exposed	2	
	s) Electric switch boards not broken	2	
	t) Whitewashed	2	
	u) overhead tank and running water available	0	
	v) electricity available	2	
	w) floor is clean on the day of visit	2	
	x) ANM stay in the SHC	0	
Condition of toilets	g) Doors are not damaged	0	0/7
	h) Floors are clean & Basins are not stained	0	
	i) Running water present	0	
Services & performance	gg) Services offered and timings displayed	0	18/62
	hh) Pregnant women and infant tracking register maintained	1	
	ii) Micro plan for VHNDs available; at least 90% of planned VHNDs held in the last quarter	2	
	jj) Nischay kit available	2	
	kk) Kit A and B available	2	
	ll) Delivery kit available (at least 2)	0	

Item	MOV Criteria	Score	Total score
	mm) Weighing machine (mother / baby) and BP apparatus (and stethoscope) available nn) Hb estimations done oo) Male worker present pp) Records of vector control activities undertaken present (spraying, blood slides etc.) qq) HMIS/IDSP formats getting reported rr) ANM stays in the SHC ss) SHC conducts deliveries tt) The ANM is SBA trained uu) 2 nd ANM present vv) Immunization cards updated	2 0 0 0 2 0 0 0 5 2	
Biomedical Waste Management	g) Colour coded buckets used h) Deep burial pit available where anatomical waste is disposed (if the SHC conducts deliveries) i) Needle cutter in working condition	0 0 2	2/6

Qualitative responses

11. Whether SHC untied funds have been utilized for facility improvement

The funds were used to purchase medicines like iron-folic acid and paracetamol for regular use. This is not according to the guidelines of the utilization of untied funds of the sub-center.

12. Whether the ANM is using Nishchay kits and whether she is aware of the way they are to be used.

ANM is aware of the way Nishchay kits should be used.

13. Whether the VHND micro plan for the last three months is made and whether VHND's have been conducted as per the schedule by verification in the registers.

VHND micro-plan is being made and VHNDs are being conducted as per schedule.

14. Grievances / suggestions mentioned in the grievances box

Serial number	Grievance	Addressed at which level (Facility level / district level / state level)
	No grievance box	

15. Any suggestions / reflections that the ANM want to make

Summary:

Item	Maximum score	SHC score
Building condition	19	12
Condition of toilets	7	0
Services & performance	62	18
Biomedical Waste Management	6	2
Total Score	94	32

Inspection format for health facilities: PHC Indravelli

Name of the Consultant: Dr. Rachana Parikh

Date & time: 21/7/2010; 11:15 a.m.

District: Adilabad

Total marks: 87

Name of Facility: PHC Indravelli

1. No. of Doctors: 1 MBBS

2. No. of Nurses: Posted: 3

Deputed: 0

3. No. of ANM's: Posted: 10

Deputed: 0

4. No. of SBA trained Personnel: 3

5. No. of Beds: 6

Sanctioned: 6

Functional: 6

MCH beds: --

I. Infrastructure

Item	MOV Criteria	Score	Total Score
Building condition	a. Walls and floor and roof intact	1	4
	b. Electrical wires not exposed	1	
	c. Electric switch boards not broken	1	
	d. Electric bulbs in wards / pathways / toilets	0	
	e. Whitewashed	1	
	f. Signage boards present	0	
	g. Rooms not dumped with condemned articles	0	
Condition of wards	a. Mosquito screens present and devoid of holes	0	1
	b. Condemned articles not stored in the wards	0	
	c. Window glasses not broken	1	
	d. Door / Screens / Curtains / present for ensuring privacy of patient	0	
	e. Availability of ceiling fans in wards	0	
Water supply	a. Running water available for 24 hours in Labour room	0	0
	b. Running water available for 24 hours in OT	0	
	c. Running water available for 24 hours in Toilets	0	
	d. Purified drinking water available for drinking for patients in OP	0	
	e. Purified drinking water available for drinking for patients in IP	0	
Condition of toilets	a. Doors are not damaged	1	1
	b. Floors are clean	0	
	c. Basins are not stained	0	
	d. water taps not damaged,	0	
	e. pathway is not dirty	0	
	f. Separate for male and female	0	
Patient amenities	a. Seating arrangements are present in the OPD area	1	2
	b. Stools or chairs for attendants in the wards present	0	
	c. Inpatients are provided with blankets in winter	1	
Furniture	a. Cots are not rusted, not broken	1	2
	b. Mattress not worn out, cloth not torn, cotton/coir not	1	

	coming out		
Drainage	a. Drainage system not clogged	0	1

II. Human Resource (Self improvement score)

Staff performance (monthly figure)	Baseline data (1 st survey)	Subsequent visit *
		% improvement
Number of deliveries conducted per SBA	6 in a month (total)	
Number of OP cases per doctor	1010	
Bed occupancy rate*	40%	
Number of CS per Obstetrician	-	
Number of cataract operations per ophthalmologist	-	
Chest symptomatic sputum population examination rate	7	
Minor surgeries per doctor	-	
Antenatal care severely anaemic (under 7 gm%) managed rate	-	
IUD insertions per trained nurse	-	
MTP services per trained doctor	-	

- Indicative column; subsequent visits (2nd, 3rd etc. Would be scored on improvement and in a fresh inspection form)
- Bed occupancy rate=(inpatient days of care/bed days available)×100

III. Services available (applicable for BPHCs and above) **NOT APPLICABLE**

Sl.no	Service	Means of verification	Score	Total Score
1.	24 hour doctor available	Duty roster, casualty register		
2.	24 hour nurse available	Duty roster, casualty register		
3.	24 hour delivery services available	Delivery register		
4.	24 hour newborn care services available	Delivery register, Paediatric ward register, Immunization register		
5.	24 hour caesarean services (if FRU)	Delivery register		
6.	Tubectomy services available	FP register		
7.	Safe abortion services available	MTP register		
8.	24 hour blood transfusion services	Blood transfusion register / Blood bank master register		
9.	Laboratory Services 1. Haemogram 2. Sputum Examination 3. Lipid Profile 4. Hormone Assay	Equipments and reagents for conducting the tests are present, lab record shows tests are conducted Lab register		

	5. Urine Examination			
10.	Availability of ECG Facility	ECG machine available & working		
11.	X Ray Facility with X-ray Technician available	X ray register – working status		
12.	Ultrasound services available	USG register – working status		
13.	Ambulance	Records of operation [Number of ambulances, average (if more than one ambulance) number of breakdowns in the last one week, number of drivers available per shift] maintained		
1.	Functional telephone	Telephone number with dial tone		
2.	Adolescent sexual and reproductive health services	OP register – number of adolescent beneficiaries		
3.	Whether fixed day antenatal clinics are conducted	ANC register		
4.	Whether fixed day RTI/STI clinics are conducted	OPD Register		
5.	Whether fixed day sterilization clinics are conducted	Register		
6.	Whether IEC material displayed			
7	Public Display of JSY Beneficiaries			

IV. Services Out-Sourced

Sl. no	Item	Means of verification	Score	Total Score
1.	House keeping	a. Floor is cleaned with disinfectant on the day of visit b. rainbow linen color maintained c. OT fumigated	0 0 0	0
2.	Generator	a. Generator in working condition with designated horse power b. Fuel for operation present	0 0	0
3.	Food	a. Food served to inpatients b. Food chart for inpatients	0 0	0

V) Equipments and supplies

Item	MOV condition	Score	Total Score
------	---------------	-------	-------------

Trolley	a. In working condition b. Trolley without rust	Yes Yes	1
Wheelchair	a. In working condition b. Wheelchair without rust	Yes Yes	1
Stretcher	a. Stretcher without rust b. not broken	Yes Yes	1
Sterilised gloves	Sterilised gloves available	1	1
Average number of OP drugs available (monthly)	Drug stock register	2	2
Availability of life saving drugs present	Availability of; I. Oxytocin II. Misoprostol III. Magnesium Sulphate IV. IV antibiotics	Yes Yes No Yes	0

VI. Equipments in Labour room

Equipment	Score	Total Score
1. Spot light in labor room	0	6
2. Vacuum extractor	1	
3. Resuscitation equipment for newborn – Bag and mask	0	
4. Resuscitation equipment for newborn – Laryngoscope and full set of endo-tracheal tubes	0	
5. Baby resuscitation table with infant warmer	0	
6. Mucous sucker	1	
7. Baby weighing machine	1	
8. Partograph	0	
9. Privacy in Labor room (curtains etc)	1	
10. Toilet attached to Labor room	1	
11. Protocols displayed: Active management of 3 rd stage of labor (also check case sheets)	0	
12. Labor board not rusted, not broken and not blood stained	1	

VII) Equipments in OT

Equipments	Score	Total Score
1. Ceiling OT light/ Floor OT light (shadowless)	0	2
2. Oxygen cylinder	0	
3. Boyles apparatus (only FRU)	0	
4. Suction apparatus	1	
5. Adequate quantity of linen ¹	1	

¹ 3 sets of linen per surgery per day. (Calculate average number of surgeries per Day)

6. Spinal anaesthesia set (FRU)	0	
7. Ante room present	0	

VIII. Bio-medical Waste Management

Item	MOV	Score	Total Score
Waste management	a. Colour coded buckets used	0	2
	b. Deep burial pit available where anatomical waste is disposed	0	
	c. Needle cutter in working condition	1	
	d. no mix of infectious or non-infectious waste done	0	
	e. waste bins not overfilled	0	
	f. needles and syringes mutilated and disinfected before putting in waste bin	0	
	g. metal sharps disposed in puncture proof containers	0	
	h. disposable gloves and masks not reused	1	

IX) Central sterilization unit

	MOV	Score	Total Score
Autoclave	a. Functioning autoclave	1	1
	b. Usage of signalac tape	No	
	c. usage of biological indicator	No	
	d. swab test of sterile packs	No	

X) Records and reports

Item	Score	Total Score
Separate column (in delivery register) for recording major complications leading to maternal death.	1	3
Delivery register mentions about the details of the baby and condition of the mother	1	
Referral slips are issued to patients	1	

XI) Finance

Head	Number of mothers yet to receive the JSY money	Score	Total score
RKS	Full utilization of funds in 2009-10	2	2
JSY	JSY payments not pending till last week of the visit	0	

Summary:

Item	Maximum marks	Facility Score
I. Infrastructure	34	11
II. Human Resource	Self improvement score	
III. Services available (applicable for BPHCs and above)	NA	NA
IV. Services Out-Sourced	7	0
V. Equipment and supplies	10	6
VI. Equipment in Labor room	12	6
VII. Equipments in OT	7	2
VIII. Bio-medical Waste Management	8	2
IX. Central sterilization unit	2	1
X. Records and reports	3	3
XI. Finance	4	2
Total Score	87	34

Inspection format for health facilities: PHC Dilawarpur

Name of the Consultant: Dr. Rachana Parikh

Date & time: 21/7/2010; 13:00 p.m.

District: Adilabad

Total marks: 87

Name of Facility: PHC Lingapur

6. No. of Doctors: 1 MBBS (1 vacant)

7. No. of Nurses: Posted: 2

Deputed: 0

8. No. of ANM's: Posted: 14

Deputed: 0

9. No. of SBA trained Personnel: 2

10. No. of Beds: 6

Sanctioned: 6

Functional: 6

MCH beds: --

II. Infrastructure

Item	MOV Criteria	Score	Total Score
Building condition	h. Walls and floor and roof intact	1	4
	i. Electrical wires not exposed	1	
	j. Electric switch boards not broken	1	
	k. Electric bulbs in wards / pathways / toilets	0	
	l. Whitewashed	1	
	m. Signage boards present	0	
Condition of wards	n. Rooms not dumped with condemned articles	0	3
	f. Mosquito screens present and devoid of holes	0	
	g. Condemned articles not stored in the wards	0	
	h. Window glasses not broken	1	
	i. Door / Screens / Curtains / present for ensuring privacy of patient	1	
Water supply	j. Availability of ceiling fans in wards	1	2
	f. Running water available for 24 hours in Labour room	0	
	g. Running water available for 24 hours in OT	2	
	h. Running water available for 24 hours in Toilets	0	
	i. Purified drinking water available for drinking for patients in OP	0	
Condition of toilets	j. Purified drinking water available for drinking for patients in IP	0	0
	g. Doors are not damaged	0	
	h. Floors are clean	0	
	i. Basins are not stained	0	
	j. water taps not damaged,	0	
	k. pathway is not dirty	0	
Patient amenities	l. Separate for male and female	0	2
	d. Seating arrangements are present in the OPD area	1	
	e. Stools or chairs for attendants in the wards present	0	
Furniture	f. Inpatients are provided with blankets in winter	1	2
	c. Cots are not rusted, not broken	1	
	d. Mattress not worn out, cloth not torn, cotton/coir not	1	

	coming out		
Drainage	b. Drainage system not clogged	0	1

III. Human Resource (Self improvement score)

Staff performance (monthly figure)	Baseline data (1 st survey)	Subsequent visit *
		% improvement
Number of deliveries conducted per SBA	0 in a month (total)	
Number of OP cases per doctor	900	
Bed occupancy rate*	40%	
Number of CS per Obstetrician	-	
Number of cataract operations per ophthalmologist	-	
Chest symptomatic sputum population examination rate	-	
Minor surgeries per doctor	-	
Antenatal care severely anaemic (under 7 gm%) managed rate	-	
IUD insertions per trained nurse	-	
MTP services per trained doctor	-	

- Indicative column; subsequent visits (2nd, 3rd etc. Would be scored on improvement and in a fresh inspection form)
- Bed occupancy rate=(inpatient days of care/bed days available)×100

IV. Services available (applicable for BPHCs and above) **NOT APPLICABLE**

Sl.no	Service	Means of verification	Score	Total Score
1.	24 hour doctor available	Duty roster, casualty register		
2.	24 hour nurse available	Duty roster, casualty register		
3.	24 hour delivery services available	Delivery register		
4.	24 hour newborn care services available	Delivery register, Paediatric ward register, Immunization register		
5.	24 hour caesarean services (if FRU)	Delivery register		
6.	Tubectomy services available	FP register		
7.	Safe abortion services available	MTP register		
8.	24 hour blood transfusion services	Blood transfusion register / Blood bank master register		
9.	Laboratory Services 6. Haemogram 7. Sputum Examination 8. Lipid Profile 9. Hormone Assay	Equipments and reagents for conducting the tests are present, lab record shows tests are conducted Lab register		

	10. Urine Examination			
10.	Availability of ECG Facility	ECG machine available & working		
11.	X Ray Facility with X-ray Technician available	X ray register – working status		
12.	Ultrasound services available	USG register – working status		
13.	Ambulance	Records of operation [Number of ambulances, average (if more than one ambulance) number of breakdowns in the last one week, number of drivers available per shift] maintained		
1.	Functional telephone	Telephone number with dial tone		
2.	Adolescent sexual and reproductive health services	OP register – number of adolescent beneficiaries		
3.	Whether fixed day antenatal clinics are conducted	ANC register		
4.	Whether fixed day RTI/STI clinics are conducted	OPD Register		
5.	Whether fixed day sterilization clinics are conducted	Register		
6.	Whether IEC material displayed			
7	Public Display of JSY Beneficiaries			

V. Services Out-Sourced

Sl. no	Item	Means of verification	Score	Total Score
1.	House keeping	d. Floor is cleaned with disinfectant on the day of visit e. rainbow linen color maintained f. OT fumigated	1 0 0	1
2.	Generator	c. Generator in working condition with designated horse power d. Fuel for operation present	0 0	0
3.	Food	c. Food served to inpatients d. Food chart for inpatients	0 0	0

V) Equipments and supplies

Item	MOV condition	Score	Total Score
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Trolley	c. In working condition d. Trolley without rust	Yes Yes	1
Wheelchair	c. In working condition d. Wheelchair without rust	Yes Yes	1
Stretcher	c. Stretcher without rust d. not broken	No No	0
Sterilised gloves	Sterilised gloves available	1	1
Average number of OP drugs available (monthly)	Drug stock register	4	4
Availability of life saving drugs present	Availability of; V. Oxytocin VI. Misoprostol VII. Magnesium Sulphate VIII. IV antibiotics	Yes Yes No Yes	0

VII. Equipments in Labour room

Equipment	Score	Total Score
13. Spot light in labor room	0	5
14. Vacuum extractor	0	
15. Resuscitation equipment for newborn – Bag and mask	0	
16. Resuscitation equipment for newborn – Laryngoscope and full set of endo-tracheal tubes	0	
17. Baby resuscitation table with infant warmer	0	
18. Mucous sucker	1	
19. Baby weighing machine	1	
20. Partograph	0	
21. Privacy in Labor room (curtains etc)	1	
22. Toilet attached to Labor room	1	
23. Protocols displayed: Active management of 3 rd stage of labor (also check case sheets)	0	
24. Labor board not rusted, not broken and not blood stained	1	

VII) Equipments in OT

Equipments	Score	Total Score
8. Ceiling OT light/ Floor OT light (shadowless)	0	2
9. Oxygen cylinder	0	
10. Boyles apparatus (only FRU)	0	
11. Suction apparatus	1	
12. Adequate quantity of linen ²	1	

² 3 sets of linen per surgery per day. (Calculate average number of surgeries per Day)

13. Spinal anaesthesia set (FRU)	0	
14. Ante room present	0	

IX. Bio-medical Waste Management

Item	MOV	Score	Total Score
Waste management	i. Colour coded buckets used	0	2
	j. Deep burial pit available where anatomical waste is disposed	0	
	k. Needle cutter in working condition	1	
	l. no mix of infectious or non-infectious waste done	0	
	m. waste bins not overfilled	0	
	n. needles and syringes mutilated and disinfected before putting in waste bin	0	
	o. metal sharps disposed in puncture proof containers	0	
	p. disposable gloves and masks not reused	1	

IX) Central sterilization unit

	MOV	Score	Total Score
Autoclave	e. Functioning autoclave	1	1
	f. Usage of signalac tape	No	
	g. usage of biological indicator	No	
	h. swab test of sterile packs	No	

X) Records and reports

Item	Score	Total Score
Separate column (in delivery register) for recording major complications leading to maternal death. (Separate column present but never filled)	0	2
Delivery register mentions about the details of the baby and condition of the mother	1	
Referral slips are issued to patients	1	

XI) Finance

Head	Number of mothers yet to receive the JSY money	Score	Total score
RKS	Full utilization of funds in 2009-10	0	0
JSY	JSY payments not pending till last week of the visit	0	

Summary:

Item	Maximum marks	Facility Score
XII. Infrastructure	34	14
XIII. Human Resource	Self improvement score	
XIV. Services available (applicable for BPHCs and above)	NA	NA
XV. Services Out-Sourced	7	1
XVI. Equipment and supplies	10	7
XVII. Equipment in Labor room	12	5
XVIII. Equipments in OT	7	2
XIX. Bio-medical Waste Management	8	2
XX. Central sterilization unit	2	1
XXI. Records and reports	3	2
XXII. Finance	4	0
Total Score	87	34

Inspection format for health facilities: PHC Lingapur

Name of the Consultant: Dr. Rachana Parikh

Date & time: 22/07/2010; 5:45 p.m.

District: Adilabad

Total marks: 87

Name of Facility: PHC Lingapur

11. No. of Doctors: 1 MBBS (1 vacant)

12. No. of Nurses: Posted: 1

Deputed: 0

13. No. of ANM's: Posted:

Deputed: 0

14. No. of SBA trained Personnel:

15. No. of Beds: 3

Sanctioned: 3

Functional: 3

MCH beds: --

III. Infrastructure

Item	MOV Criteria	Score	Total Score
Building condition	o. Walls and floor and roof intact	1	6
	p. Electrical wires not exposed	1	
	q. Electric switch boards not broken	1	
	r. Electric bulbs in wards / pathways / toilets	1	
	s. Whitewashed	1	
	t. Signage boards present	1	
	u. Rooms not dumped with condemned articles	0	
Condition of wards	k. Mosquito screens present and devoid of holes	0	3
	l. Condemned articles not stored in the wards	0	
	m. Window glasses not broken	1	
	n. Door / Screens / Curtains / present for ensuring privacy of patient	1	
	o. Availability of ceiling fans in wards	1	
Water supply	k. Running water available for 24 hours in Labour room	2	4
	l. Running water available for 24 hours in OT	2	
	m. Running water available for 24 hours in Toilets	0	
	n. Purified drinking water available for drinking for patients in OP	0	
	o. Purified drinking water available for drinking for patients in IP	0	
Condition of toilets	m. Doors are not damaged	0	0
	n. Floors are clean	0	
	o. Basins are not stained	0	
	p. water taps not damaged,	0	
	q. pathway is not dirty	0	
	r. Separate for male and female	0	
Patient amenities	g. Seating arrangements are present in the OPD area	1	2
	h. Stools or chairs for attendants in the wards present	0	
	i. Inpatients are provided with blankets in winter	1	
Furniture	e. Cots are not rusted, not broken	1	2
	f. Mattress not worn out, cloth not torn, cotton/coir not	1	

	coming out		
Drainage	c. Drainage system not clogged	0	0

IV. Human Resource (Self improvement score)

Staff performance (monthly figure)	Baseline data (1 st survey)	Subsequent visit *
		% improvement
Number of deliveries conducted per SBA	4 in a month (total)	
Number of OP cases per doctor	30 per day	
Bed occupancy rate*	35%	
Number of CS per Obstetrician	-	
Number of cataract operations per ophthalmologist	-	
Chest symptomatic sputum population examination rate	-	
Minor surgeries per doctor	-	
Antenatal care severely anaemic (under 7 gm%) managed rate	-	
IUD insertions per trained nurse	-	
MTP services per trained doctor	-	

- Indicative column; subsequent visits (2nd, 3rd etc. Would be scored on improvement and in a fresh inspection form)
- Bed occupancy rate=(inpatient days of care/bed days available)×100

V. Services available (applicable for BPHCs and above) **NOT APPLICABLE**

Sl.no	Service	Means of verification	Score	Total Score
1.	24 hour doctor available	Duty roster, casualty register		
2.	24 hour nurse available	Duty roster, casualty register		
3.	24 hour delivery services available	Delivery register		
4.	24 hour newborn care services available	Delivery register, Paediatric ward register, Immunization register		
5.	24 hour caesarean services (if FRU)	Delivery register		
6.	Tubectomy services available	FP register		
7.	Safe abortion services available	MTP register		
8.	24 hour blood transfusion services	Blood transfusion register / Blood bank master register		
9.	Laboratory Services 11. Haemogram 12. Sputum Examination 13. Lipid Profile 14. Hormone Assay	Equipments and reagents for conducting the tests are present, lab record shows tests are conducted Lab register		

15. Urine Examination				
10.	Availability of ECG Facility	ECG machine available & working		
11.	X Ray Facility with X-ray Technician available	X ray register – working status		
12.	Ultrasound services available	USG register – working status		
13.	Ambulance	Records of operation [Number of ambulances, average (if more than one ambulance) number of breakdowns in the last one week, number of drivers available per shift] maintained		
1.	Functional telephone	Telephone number with dial tone		
2.	Adolescent sexual and reproductive health services	OP register – number of adolescent beneficiaries		
3.	Whether fixed day antenatal clinics are conducted	ANC register		
4.	Whether fixed day RTI/STI clinics are conducted	OPD Register		
5.	Whether fixed day sterilization clinics are conducted	Register		
6.	Whether IEC material displayed			
7	Public Display of JSY Beneficiaries			

VI. Services Out-Sourced

Sl. no	Item	Means of verification	Score	Total Score
1.	House keeping	g. Floor is cleaned with disinfectant on the day of visit	1	1
		h. rainbow linen color maintained	0	
		i. OT fumigated	0	
2.	Generator	e. Generator in working condition with designated horse power	1	2
		f. Fuel for operation present	1	
3.	Food	e. Food served to inpatients	0	0
		f. Food chart for inpatients	0	

V) Equipments and supplies

Item	MOV condition	Score	Total Score
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Trolley	e. In working condition f. Trolley without rust	No No	0
Wheelchair	e. In working condition f. Wheelchair without rust	Yes Yes	1
Stretcher	e. Stretcher without rust f. not broken	No No	0
Sterilised gloves	Sterilised gloves available	1	1
Average number of OP drugs available (monthly)	Drug stock register	4	4
Availability of life saving drugs present	Availability of; IX. Oxytocin X. Misoprostol XI. Magnesium Sulphate XII. IV antibiotics	Yes Yes No Yes	0

VIII. Equipments in Labour room

Equipment	Score	Total Score
25. Spot light in labor room	1	6
26. Vacuum extractor	0	
27. Resuscitation equipment for newborn – Bag and mask	0	
28. Resuscitation equipment for newborn – Laryngoscope and full set of endo-tracheal tubes	0	
29. Baby resuscitation table with infant warmer	0	
30. Mucous sucker	1	
31. Baby weighing machine	1	
32. Partograph	0	
33. Privacy in Labor room (curtains etc)	1	
34. Toilet attached to Labor room	1	
35. Protocols displayed: Active management of 3 rd stage of labor (also check case sheets)	0	
36. Labor board not rusted, not broken and not blood stained	1	

VII) Equipments in OT

Equipments	Score	Total Score
15. Ceiling OT light/ Floor OT light (shadowless)	0	2
16. Oxygen cylinder	0	
17. Boyles apparatus (only FRU)	0	
18. Suction apparatus	1	
19. Adequate quantity of linen ³	1	

³ 3 sets of linen per surgery per day. (Calculate average number of surgeries per Day)

20. Spinal anaesthesia set (FRU)	0	
21. Ante room present	0	

X. Bio-medical Waste Management

Item	MOV	Score	Total Score
Waste management	q. Colour coded buckets used	0	4
	r. Deep burial pit available where anatomical waste is disposed	0	
	s. Needle cutter in working condition	1	
	t. no mix of infectious or non-infectious waste done	0	
	u. waste bins not overfilled	0	
	v. needles and syringes mutilated and disinfected before putting in waste bin	1	
	w. metal sharps disposed in puncture proof containers	1	
	x. disposable gloves and masks not reused	1	

IX) Central sterilization unit

	MOV	Score	Total Score
Autoclave	i. Functioning autoclave	1	1
	j. Usage of signalac tape	No	
	k. usage of biological indicator	No	
	l. swab test of sterile packs	No	

X) Records and reports

Item	Score	Total Score
Separate column (in delivery register) for recording major complications leading to maternal death. (Separate column present but never filled)	0	2
Delivery register mentions about the details of the baby and condition of the mother	1	
Referral slips are issued to patients	1	

XI) Finance

Head	Number of mothers yet to receive the JSY money	Score	Total score
RKS	Full utilization of funds in 2009-10	2	2
JSY	JSY payments not pending till last week of the visit	0	

Summary:

Item	Maximum marks	Facility Score
XXIII. Infrastructure	34	17
XXIV. Human Resource	Self improvement score	
XXV. Services available (applicable for BPHCs and above)	NA	NA
XXVI. Services Out-Sourced	7	3
XXVII. Equipment and supplies	10	6
XXVIII. Equipment in Labor room	12	6
XXIX. Equipments in OT	7	2
XXX. Bio-medical Waste Management	8	4
XXXI. Central sterilization unit	2	1
XXXII. Records and reports	3	2
XXIII. Finance	4	2
Total Score	87	44

Inspection format for health facilities: PHC Narsapur

Name of the Consultant: Dr. Rachana Parikh

Date & time: 21/7/2010; 13:45 p.m.

District: Adilabad

Total marks: 87

Name of Facility: PHC Narsapur

16. No. of Doctors: 1 MBBS

17. No. of Nurses: Posted: 0

Deputed: 0

18. No. of ANM's: Posted: 13+11 (24)

Deputed: 0

19. No. of SBA trained Personnel: 0

20. No. of Beds: 10

Sanctioned: 10

Functional: 10

MCH beds: --

IV. Infrastructure

Item	MOV Criteria	Score	Total Score
Building condition	v. Walls and floor and roof intact	1	6
	w. Electrical wires not exposed	1	
	x. Electric switch boards not broken	1	
	y. Electric bulbs in wards / pathways / toilets	0	
	z. Whitewashed	1	
	aa. Signage boards present	1	
	bb. Rooms not dumped with condemned articles	0	
Condition of wards	p. Mosquito screens present and devoid of holes	0	0
	q. Condemned articles not stored in the wards	0	
	r. Window glasses not broken	0	
	s. Door / Screens / Curtains / present for ensuring privacy of patient	0	
	t. Availability of ceiling fans in wards	0	
Water supply	p. Running water available for 24 hours in Labor room	2	6
	q. Running water available for 24 hours in OT	2	
	r. Running water available for 24 hours in Toilets	2	
	s. Purified drinking water available for drinking for patients in OP	0	
	t. Purified drinking water available for drinking for patients in IP	0	
Condition of toilets	s. Doors are not damaged	0	4
	t. Floors are clean	1	
	u. Basins are not stained	1	
	v. water taps not damaged,	1	
	w. pathway is not dirty	1	
	x. Separate for male and female	0	
Patient amenities	j. Seating arrangements are present in the OPD area	1	1
	k. Stools or chairs for attendants in the wards present	0	
	l. Inpatients are provided with blankets in winter	0	
Furniture	g. Cots are not rusted, not broken	0	0
	h. Mattress not worn out, cloth not torn, cotton/coir not	0	

	coming out		
Drainage	d. Drainage system not clogged	1	1

V. Human Resource (Self improvement score)

Staff performance (monthly figure)	Baseline data (1 st survey)	Subsequent visit *
		% improvement
Number of deliveries conducted per SBA	2 per month (total)	
Number of OP cases per doctor	80/day	
Bed occupancy rate*	-	
Number of CS per Obstetrician	-	
Number of cataract operations per ophthalmologist	-	
Chest symptomatic sputum population examination rate	-	
Minor surgeries per doctor	-	
Antenatal care severely anaemic (under 7 gm%) managed rate	-	
IUD insertions per trained nurse	-	
MTP services per trained doctor	-	

- Indicative column; subsequent visits (2nd, 3rd etc. Would be scored on improvement and in a fresh inspection form)
- Bed occupancy rate=(inpatient days of care/bed days available)×100

VI. Services available (applicable for BPHCs and above) NOT APPLICABLE

Sl.no	Service	Means of verification	Score	Total Score
1.	24 hour doctor available	Duty roster, casualty register		
2.	24 hour nurse available	Duty roster, casualty register		
3.	24 hour delivery services available	Delivery register		
4.	24 hour newborn care services available	Delivery register, Paediatric ward register, Immunization register		
5.	24 hour caesarean services (if FRU)	Delivery register		
6.	Tubectomy services available	FP register		
7.	Safe abortion services available	MTP register		
8.	24 hour blood transfusion services	Blood transfusion register / Blood bank master register		
9.	Laboratory Services 16. Haemogram 17. Sputum Examination 18. Lipid Profile 19. Hormone Assay	Equipments and reagents for conducting the tests are present, lab record shows tests are conducted Lab register		

	20. Urine Examination			
10.	Availability of ECG Facility	ECG machine available & working		
11.	X Ray Facility with X-ray Technician available	X ray register – working status		
12.	Ultrasound services available	USG register – working status		
13.	Ambulance	Records of operation [Number of ambulances, average (if more than one ambulance) number of breakdowns in the last one week, number of drivers available per shift] maintained		
1.	Functional telephone	Telephone number with dial tone		
2.	Adolescent sexual and reproductive health services	OP register – number of adolescent beneficiaries		
3.	Whether fixed day antenatal clinics are conducted	ANC register		
4.	Whether fixed day RTI/STI clinics are conducted	OPD Register		
5.	Whether fixed day sterilization clinics are conducted	Register		
6.	Whether IEC material displayed			
7	Public Display of JSY Beneficiaries			

VII. Services Out-Sourced

Sl. no	Item	Means of verification	Score	Total Score
1.	House keeping	j. Floor is cleaned with disinfectant on the day of visit	0	0
		k. rainbow linen color maintained	0	
		l. OT fumigated	0	
2.	Generator	g. Generator in working condition with designated horse power	0	0
		h. Fuel for operation present	0	
3.	Food	g. Food served to inpatients	0	0
		h. Food chart for inpatients	0	

V) Equipments and supplies

Item	MOV condition	Score	Total Score
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Trolley	g. In working condition h. Trolley without rust	No No	0
Wheelchair	g. In working condition h. Wheelchair without rust	No No	0
Stretcher	g. Stretcher without rust h. not broken	No No	0
Sterilised gloves	Sterilised gloves available	1	1
Average number of OP drugs available (monthly)	Drug stock register	4	4
Availability of life saving drugs present	Availability of; XIII. Oxytocin XIV. Misoprostol XV. Magnesium Sulphate XVI. IV antibiotics	Yes Yes No No	0

IX. Equipments in Labour room

Equipment	Score	Total Score
37. Spot light in labor room	0	1
38. Vacuum extractor	0	
39. Resuscitation equipment for newborn – Bag and mask	0	
40. Resuscitation equipment for newborn – Laryngoscope and full set of endo-tracheal tubes	0	
41. Baby resuscitation table with infant warmer	0	
42. Mucous sucker	0	
43. Baby weighing machine	0	
44. Partograph	0	
45. Privacy in Labor room (curtains etc)	0	
46. Toilet attached to Labor room	0	
47. Protocols displayed: Active management of 3 rd stage of labor (also check case sheets)	0	
48. Labor board not rusted, not broken and not blood stained	1	

VII) Equipments in OT

Equipments	Score	Total Score
22. Ceiling OT light/ Floor OT light (shadowless)	0	1
23. Oxygen cylinder	0	
24. Boyles apparatus (only FRU)	0	
25. Suction apparatus	0	
26. Adequate quantity of linen ⁴	1	

⁴ 3 sets of linen per surgery per day. (Calculate average number of surgeries per Day)

27. Spinal anaesthesia set (FRU)	0	
28. Ante room present	0	

XI. Bio-medical Waste Management

Item	MOV	Score	Total Score
Waste management	y. Colour coded buckets used	0	6
	z. Deep burial pit available where anatomical waste is disposed	1	
	aa. Needle cutter in working condition	1	
	bb. no mix of infectious or non-infectious waste done	1	
	cc. waste bins not overfilled	1	
	dd. needles and syringes mutilated and disinfected before putting in waste bin	0	
	ee. metal sharps disposed in puncture proof containers	1	
	ff. disposable gloves and masks not reused	1	

IX) Central sterilization unit

	MOV	Score	Total Score
Autoclave	m. Functioning autoclave	yes	1
	n. Usage of signalac tape	No	
	o. usage of biological indicator	No	
	p. swab test of sterile packs	No	

X) Records and reports

Item	Score	Total Score
Separate column (in delivery register) for recording major complications leading to maternal death.	0	2
Delivery register mentions about the details of the baby and condition of the mother	1	
Referral slips are issued to patients	1	

XI) Finance

Head	Number of mothers yet to receive the JSY money	Score	Total score
RKS	Full utilization of funds in 2009-10	2	2
JSY	JSY payments not pending till last week of the visit	0	

Summary:

Item	Maximum marks	Facility Score
XXIV. Infrastructure	34	18
XXV. Human Resource	Self improvement score	
XXVI. Services available (applicable for BPHCs and above)	NA	NA
XXVII. Services Out-Sourced	7	0
XVIII. Equipment and supplies	10	5
XXIX. Equipment in Labor room	12	1
XL. Equipments in OT	7	1
XLI. Bio-medical Waste Management	8	6
XLII. Central sterilization unit	2	1
XLIII. Records and reports	3	2
XLIV. Finance	4	2
Total Score	87	36

Inspection format for health facilities: PHC Echoda

Name of the Consultant: Dr. Rachana Parikh

Date & time: 21/7/2010; 18:45 p.m.

District: Adilabad

Total marks: 87

Name of Facility: PHC Echoda

21. No. of Doctors: 2 MBBS

22. No. of Nurses: Posted: 3

Deputed: 0

23. No. of ANM's: Posted: 13

Deputed: 0

24. No. of SBA trained Personnel: 3

25. No. of Beds: 6

Sanctioned: 6

Functional: 6

MCH beds: --

V. Infrastructure

Item	MOV Criteria	Score	Total Score
Building condition	cc. Walls and floor and roof intact	1	2
	dd. Electrical wires not exposed	0	
	ee. Electric switch boards not broken	0	
	ff. Electric bulbs in wards / pathways / toilets	0	
	gg. Whitewashed	1	
	hh. Signage boards present	0	
	ii. Rooms not dumped with condemned articles	0	
Condition of wards	u. Mosquito screens present and devoid of holes	0	0
	v. Condemned articles not stored in the wards	0	
	w. Window glasses not broken	0	
	x. Door / Screens / Curtains / present for ensuring privacy of patient	0	
	y. Availability of ceiling fans in wards	0	
Water supply	u. Running water available for 24 hours in Labor room	0	0
	v. Running water available for 24 hours in OT	0	
	w. Running water available for 24 hours in Toilets	0	
	x. Purified drinking water available for drinking for patients in OP	0	
	y. Purified drinking water available for drinking for patients in IP	0	
Condition of toilets	y. Doors are not damaged	0	0
	z. Floors are clean	0	
	aa. Basins are not stained	0	
	bb. water taps not damaged,	0	
	cc. pathway is not dirty	0	
dd. Separate for male and female	0		
Patient amenities	m. Seating arrangements are present in the OPD area	0	1
	n. Stools or chairs for attendants in the wards present	0	
	o. Inpatients are provided with blankets in winter	1	
Furniture	i. Cots are not rusted, not broken	1	1
	j. Mattress not worn out, cloth not torn, cotton/coir not	0	

	coming out		
Drainage	e. Drainage system not clogged	0	0

VI. Human Resource (Self improvement score)

Staff performance (monthly figure)	Baseline data (1 st survey)	Subsequent visit *
		% improvement
Number of deliveries conducted per SBA	40 per month (total)	
Number of OP cases per doctor	1000	
Bed occupancy rate*	66%	
Number of CS per Obstetrician	-	
Number of cataract operations per ophthalmologist	-	
Chest symptomatic sputum population examination rate	-	
Minor surgeries per doctor	-	
Antenatal care severely anaemic (under 7 gm%) managed rate	-	
IUD insertions per trained nurse	-	
MTP services per trained doctor	-	

- Indicative column; subsequent visits (2nd, 3rd etc. Would be scored on improvement and in a fresh inspection form)
- Bed occupancy rate=(inpatient days of care/bed days available)×100

VII. Services available (applicable for BPHCs and above) **NOT APPLICABLE**

Sl.no	Service	Means of verification	Score	Total Score
1.	24 hour doctor available	Duty roster, casualty register		
2.	24 hour nurse available	Duty roster, casualty register		
3.	24 hour delivery services available	Delivery register		
4.	24 hour newborn care services available	Delivery register, Paediatric ward register, Immunization register		
5.	24 hour caesarean services (if FRU)	Delivery register		
6.	Tubectomy services available	FP register		
7.	Safe abortion services available	MTP register		
8.	24 hour blood transfusion services	Blood transfusion register / Blood bank master register		
9.	Laboratory Services 21. Haemogram 22. Sputum Examination 23. Lipid Profile 24. Hormone Assay	Equipments and reagents for conducting the tests are present, lab record shows tests are conducted Lab register		

	25. Urine Examination			
10.	Availability of ECG Facility	ECG machine available & working		
11.	X Ray Facility with X-ray Technician available	X ray register – working status		
12.	Ultrasound services available	USG register – working status		
13.	Ambulance	Records of operation [Number of ambulances, average (if more than one ambulance) number of breakdowns in the last one week, number of drivers available per shift] maintained		
1.	Functional telephone	Telephone number with dial tone		
2.	Adolescent sexual and reproductive health services	OP register – number of adolescent beneficiaries		
3.	Whether fixed day antenatal clinics are conducted	ANC register		
4.	Whether fixed day RTI/STI clinics are conducted	OPD Register		
5.	Whether fixed day sterilization clinics are conducted	Register		
6.	Whether IEC material displayed			
7	Public Display of JSY Beneficiaries			

VIII. Services Out-Sourced

Sl. no	Item	Means of verification	Score	Total Score
1.	House keeping	m. Floor is cleaned with disinfectant on the day of visit n. rainbow linen color maintained o. OT fumigated	0 0 0	0
2.	Generator	i. Generator in working condition with designated horse power j. Fuel for operation present	0 0	0
3.	Food	i. Food served to inpatients j. Food chart for inpatients	0 0	0

V) Equipments and supplies

Item	MOV condition	Score	Total Score
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Trolley	i. In working condition j. Trolley without rust	No No	0
Wheelchair	i. In working condition j. Wheelchair without rust	No No	0
Stretcher	i. Stretcher without rust j. not broken	No No	0
Sterilised gloves	Sterilised gloves available	1	1
Average number of OP drugs available (monthly)	Drug stock register	4	4
Availability of life saving drugs present	Availability of; XVII. Oxytocin XVIII. Misoprostol XIX. Magnesium Sulphate XX. IV antibiotics	Yes Yes No No	0

X. Equipments in Labour room

Equipment	Score	Total Score
49. Spot light in labor room	0	3
50. Vacuum extractor	0	
51. Resuscitation equipment for newborn – Bag and mask	0	
52. Resuscitation equipment for newborn – Laryngoscope and full set of endo-tracheal tubes	0	
53. Baby resuscitation table with infant warmer	0	
54. Mucous sucker	1	
55. Baby weighing machine	1	
56. Partograph	0	
57. Privacy in Labor room (curtains etc)	0	
58. Toilet attached to Labor room	0	
59. Protocols displayed: Active management of 3 rd stage of labor (also check case sheets)	0	
60. Labor board not rusted, not broken and not blood stained	1	

VII) Equipments in OT

Equipments	Score	Total Score
29. Ceiling OT light/ Floor OT light (shadowless)	0	2
30. Oxygen cylinder	0	
31. Boyles apparatus (only FRU)	0	
32. Suction apparatus	1	
33. Adequate quantity of linen ⁵	1	

⁵ 3 sets of linen per surgery per day. (Calculate average number of surgeries per Day)

34. Spinal anaesthesia set (FRU)	0	
35. Ante room present	0	

XII. Bio-medical Waste Management

Item	MOV	Score	Total Score
Waste management	gg. Colour coded buckets used	0	3
	hh. Deep burial pit available where anatomical waste is disposed	0	
	ii. Needle cutter in working condition	1	
	jj. no mix of infectious or non-infectious waste done	0	
	kk. waste bins not overfilled	0	
	ll. needles and syringes mutilated and disinfected before putting in waste bin	0	
	mm. metal sharps disposed in puncture proof containers	1	
	nn. disposable gloves and masks not reused	1	

IX) Central sterilization unit

	MOV	Score	Total Score
Autoclave	q. Functioning autoclave	0	0
	r. Usage of signalac tape	No	
	s. usage of biological indicator	No	
	t. swab test of sterile packs	No	

X) Records and reports

Item	Score	Total Score
Separate column (in delivery register) for recording major complications leading to maternal death.	0	1
Delivery register mentions about the details of the baby and condition of the mother	1	
Referral slips are issued to patients	0	

XI) Finance

Head	Number of mothers yet to receive the JSY money	Score	Total score
RKS	Full utilization of funds in 2009-10	2	2
JSY	JSY payments not pending till last week of the visit	0	

Summary:

Item	Maximum marks	Facility Score
XLV. Infrastructure	34	4
XLVI. Human Resource	Self improvement score	
XLVII. Services available (applicable for BPHCs and above)	NA	NA
LVIII. Services Out-Sourced	7	0
XLIX. Equipment and supplies	10	5
L. Equipment in Labor room	12	3
LI. Equipments in OT	7	2
LII. Bio-medical Waste Management	8	3
LIII. Central sterilization unit	2	0
LIV. Records and reports	3	1
LV. Finance	4	2
Total Score	87	20

Inspection format for health facilities: PHC Azipur

Name of the Consultant: Dr. Rachana Parikh

Date & time: 22/7/2010; 17:45 p.m.

District: Adilabad

Total marks: 87

Name of Facility: PHC Azipur

26. No. of Doctors: 1 MBBS

27. No. of Nurses: Posted: 0

Deputed: 0

28. No. of ANM's: Posted: 16

Deputed: 0

29. No. of SBA trained Personnel: 0

30. No. of Beds: 6

Sanctioned: 6

Functional: 6

MCH beds: --

VI. Infrastructure

Item	MOV Criteria	Score	Total Score
Building condition	jj. Walls and floor and roof intact	1	5
	kk. Electrical wires not exposed	1	
	ll. Electric switch boards not broken	1	
	mm. Electric bulbs in wards / pathways / toilets	0	
	nn. Whitewashed	1	
	oo. Signage boards present	1	
	pp. Rooms not dumped with condemned articles	0	
Condition of wards	z. Mosquito screens present and devoid of holes	0	0
	aa. Condemned articles not stored in the wards	0	
	bb. Window glasses not broken	0	
	cc. Door / Screens / Curtains / present for ensuring privacy of patient	0	
	dd. Availability of ceiling fans in wards	0	
Water supply	z. Running water available for 24 hours in Labor room	2	8
	aa. Running water available for 24 hours in OT	2	
	bb. Running water available for 24 hours in Toilets	2	
	cc. Purified drinking water available for drinking for patients in OP	2	
	dd. Purified drinking water available for drinking for patients in IP	0	
Condition of toilets	ee. Doors are not damaged	0	4
	ff. Floors are clean	1	
	gg. Basins are not stained	1	
	hh. water taps not damaged,	1	
	ii. pathway is not dirty	1	
	jj. Separate for male and female	0	
Patient amenities	p. Seating arrangements are present in the OPD area	1	1
	q. Stools or chairs for attendants in the wards present	0	
	r. Inpatients are provided with blankets in winter	0	
Furniture	k. Cots are not rusted, not broken	0	0
	l. Mattress not worn out, cloth not torn, cotton/coir not	0	

	coming out		
Drainage	f. Drainage system not clogged	1	1

VII. Human Resource (Self improvement score)

Staff performance (monthly figure)	Baseline data (1 st survey)	Subsequent visit *
		% improvement
Number of deliveries conducted per SBA	none	
Number of OP cases per doctor	30-40/day	
Bed occupancy rate*	-	
Number of CS per Obstetrician	-	
Number of cataract operations per ophthalmologist	-	
Chest symptomatic sputum population examination rate	-	
Minor surgeries per doctor	-	
Antenatal care severely anaemic (under 7 gm%) managed rate	-	
IUD insertions per trained nurse	-	
MTP services per trained doctor	-	

- Indicative column; subsequent visits (2nd, 3rd etc. Would be scored on improvement and in a fresh inspection form)
- Bed occupancy rate=(inpatient days of care/bed days available)×100

VIII. Services available (applicable for BPHCs and above) **NOT APPLICABLE**

Sl.no	Service	Means of verification	Score	Total Score
1.	24 hour doctor available	Duty roster, casualty register		
2.	24 hour nurse available	Duty roster, casualty register		
3.	24 hour delivery services available	Delivery register		
4.	24 hour newborn care services available	Delivery register, Paediatric ward register, Immunization register		
5.	24 hour caesarean services (if FRU)	Delivery register		
6.	Tubectomy services available	FP register		
7.	Safe abortion services available	MTP register		
8.	24 hour blood transfusion services	Blood transfusion register / Blood bank master register		
9.	Laboratory Services 26. Haemogram 27. Sputum Examination 28. Lipid Profile 29. Hormone Assay	Equipments and reagents for conducting the tests are present, lab record shows tests are conducted Lab register		

	30. Urine Examination			
10.	Availability of ECG Facility	ECG machine available & working		
11.	X Ray Facility with X-ray Technician available	X ray register – working status		
12.	Ultrasound services available	USG register – working status		
13.	Ambulance	Records of operation [Number of ambulances, average (if more than one ambulance) number of breakdowns in the last one week, number of drivers available per shift] maintained		
1.	Functional telephone	Telephone number with dial tone		
2.	Adolescent sexual and reproductive health services	OP register – number of adolescent beneficiaries		
3.	Whether fixed day antenatal clinics are conducted	ANC register		
4.	Whether fixed day RTI/STI clinics are conducted	OPD Register		
5.	Whether fixed day sterilization clinics are conducted	Register		
6.	Whether IEC material displayed			
7	Public Display of JSY Beneficiaries			

IX. Services Out-Sourced

Sl. no	Item	Means of verification	Score	Total Score
1.	House keeping	p. Floor is cleaned with disinfectant on the day of visit	0	0
		q. rainbow linen color maintained	0	
		r. OT fumigated	0	
2.	Generator	k. Generator in working condition with designated horse power	0	0
		l. Fuel for operation present	0	
3.	Food	k. Food served to inpatients	0	0
		l. Food chart for inpatients	0	

V) Equipments and supplies

Item	MOV condition	Score	Total Score
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Trolley	k. In working condition l. Trolley without rust	No No	0
Wheelchair	k. In working condition l. Wheelchair without rust	No No	0
Stretcher	k. Stretcher without rust l. not broken	No No	0
Sterilised gloves	Sterilized gloves available	1	1
Average number of OP drugs available (monthly)	Drug stock register	4	4
Availability of life saving drugs present	Availability of; XXI. Oxytocin XXII. Misoprostol XXIII. Magnesium Sulphate XXIV. IV antibiotics	Yes Yes No No	0

XI. Equipments in Labour room

Equipment	Score	Total Score
61. Spot light in labor room	0	0
62. Vacuum extractor	0	
63. Resuscitation equipment for newborn – Bag and mask	0	
64. Resuscitation equipment for newborn – Laryngoscope and full set of endo-tracheal tubes	0	
65. Baby resuscitation table with infant warmer	0	
66. Mucous sucker	0	
67. Baby weighing machine	0	
68. Partograph	0	
69. Privacy in Labor room (curtains etc)	0	
70. Toilet attached to Labor room	0	
71. Protocols displayed: Active management of 3 rd stage of labor (also check case sheets)	0	
72. Labor board not rusted, not broken and not blood stained	0	

VII) Equipments in OT

Equipments	Score	Total Score
36. Ceiling OT light/ Floor OT light (shadowless)	0	1
37. Oxygen cylinder	0	
38. Boyles apparatus (only FRU)	0	
39. Suction apparatus	0	
40. Adequate quantity of linen ⁶	1	

⁶ 3 sets of linen per surgery per day. (Calculate average number of surgeries per Day)

41. Spinal anaesthesia set (FRU)	0	
42. Ante room present	0	

XIII. Bio-medical Waste Management

Item	MOV	Score	Total Score
Waste management	oo. Color coded buckets used	0	4
	pp. Deep burial pit available where anatomical waste is disposed	0	
	qq. Needle cutter in working condition	1	
	rr. no mix of infectious or non-infectious waste done	1	
	ss. waste bins not overfilled	0	
	tt. needles and syringes mutilated and disinfected before putting in waste bin	0	
	uu. metal sharps disposed in puncture proof containers	1	
	vv. disposable gloves and masks not reused	1	

IX) Central sterilization unit

	MOV	Score	Total Score
Autoclave	u. Functioning autoclave	yes	1
	v. Usage of signalac tape	No	
	w. usage of biological indicator	No	
	x. swab test of sterile packs	No	

X) Records and reports

Item	Score	Total Score
Separate column (in delivery register) for recording major complications leading to maternal death.	0	2
Delivery register mentions about the details of the baby and condition of the mother	1	
Referral slips are issued to patients	1	

XI) Finance

Head	Number of mothers yet to receive the JSY money	Score	Total score
RKS	Full utilization of funds in 2009-10	2	2
JSY	JSY payments not pending till last week of the visit	0	

Summary:

Item	Maximum marks	Facility Score
LVI. Infrastructure	34	19
LVII. Human Resource	Self improvement score	
LVIII. Services available (applicable for BPHCs and above)	NA	NA
LIX. Services Out-Sourced	7	0
LX. Equipment and supplies	10	5
LXI. Equipment in Labor room	12	0
LXII. Equipments in OT	7	1
LXIII. Bio-medical Waste Management	8	4
LXIV. Central sterilization unit	2	1
LXV. Records and reports	3	2
LXVI. Finance	4	2
Total Score	87	34

Inspection format for health facilities: CHC Utnoor

Name of the Consultant: Dr. Rachana Parikh Date & time: 22/7/2010; 14:00 p.m.

District: Adilabad Total marks: 120

Name of Facility: CHC Utnoor

31. No. of Doctors: 5 (4 MBBS, 1 Dental Asst. surgeon)

32. No. of Nurses: Posted: 10 Deputed: 0

33. No. of ANM's: Posted: 1 Deputed: 0

34. No. of SBA trained Personnel: 10

35. No. of Beds: 50 Sanctioned: 50 + 40 (CEMONC) Functional: 50

MCH beds: --

VII. Infrastructure

Item	MOV Criteria	Score	Total Score
Building condition	qq. Walls and floor and roof intact	1	7
	rr. Electrical wires not exposed	1	
	ss. Electric switch boards not broken	1	
	tt. Electric bulbs in wards / pathways / toilets	1	
	uu. Whitewashed	1	
	vv. Signage boards present	1	
	ww. Rooms not dumped with condemned articles	1	
Condition of wards	ee. Mosquito screens present and devoid of holes	0	4
	ff. Condemned articles not stored in the wards	1	
	gg. window glasses not broken	1	
	hh. Door / Screens / Curtains / present for ensuring privacy of patient	1	
	ii. Availability of ceiling fans in wards	1	
Water supply	ee. Running water available for 24 hours in Labour room	2	8
	ff. Running water available for 24 hours in OT	0	
	gg. Running water available for 24 hours in Toilets	2	
	hh. Purified drinking water available for drinking for patients in OP	2	
	ii. Purified drinking water available for drinking for patients in IP	2	
Condition of toilets	kk. Doors are not damaged	1	6
	ll. Floors are clean	1	
	mm. Basins are not stained	1	
	nn. water taps not damaged,	1	
	oo. pathway is not dirty	1	
	pp. Separate for male and female	1	
Patient amenities	s. Seating arrangements are present in the OPD area	1	2
	t. Stools or chairs for attendants in the wards present	0	
	u. Inpatients are provided with blankets in winter	1	
Furniture	m. Cots are not rusted, not broken	1	2
	n. Mattress not worn out, cloth not torn, cotton/coir not	1	

	coming out		
Drainage	g. Drainage system not clogged	1	1

VIII. Human Resource (Self improvement score)

Staff performance (monthly figure)	Baseline data (1 st survey)	Subsequent visit *
		% improvement
Number of deliveries conducted per SBA	6/SBA/m	
Number of OP cases per doctor	12065/m	
Bed occupancy rate*	52.3%	
Number of CS per Obstetrician	-	
Number of cataract operations per ophthalmologist	-	
Chest symptomatic sputum population examination rate	-	
Minor surgeries per doctor	-	
Antenatal care severely anaemic (under 7 gm%) managed rate	-	
IUD insertions per trained nurse	-	
MTP services per trained doctor	-	

- Indicative column; subsequent visits (2nd, 3rd etc. Would be scored on improvement and in a fresh inspection form)
- Bed occupancy rate=(inpatient days of care/bed days available)×100

IX. Services available (applicable for BPHCs and above)

Sl.no	Service	Means of verification	Score	Total Score
1.	24 hour doctor available	Duty roster, casualty register	2	12
2.	24 hour nurse available	Duty roster, casualty register	2	
3.	24 hour delivery services available	Delivery register	2	
4.	24 hour newborn care services available	Delivery register, Paediatric ward register, Immunization register	0	
5.	24 hour caesarean services (if FRU)	Delivery register	0	
6.	Tubectomy services available	FP register	0	
7.	Safe abortion services available	MTP register	0	
8.	24 hour blood transfusion services	Blood transfusion register / Blood bank master register	0	
9.	Laboratory Services 31. Haemogram 32. Sputum Examination 33. Lipid Profile 34. Hormone Assay	Equipments and reagents for conducting the tests are present, lab record shows tests are conducted Lab register	2	

35. Urine Examination				
10.	Availability of ECG Facility	ECG machine available & working	0	
11.	X Ray Facility with X-ray Technician available	X ray register – working status	2	
12.	Ultrasound services available	USG register – working status	0	
13.	Ambulance	Records of operation [Number of ambulances, average (if more than one ambulance) number of breakdowns in the last one week, number of drivers available per shift] maintained	2	
1.	Functional telephone	Telephone number with dial tone	1	3
2.	Adolescent sexual and reproductive health services	OP register – number of adolescent beneficiaries	0	
3.	Whether fixed day antenatal clinics are conducted	ANC register	1	
4.	Whether fixed day RTI/STI clinics are conducted	OPD Register	0	
5.	Whether fixed day sterilization clinics are conducted	Register	0	
6.	Whether IEC material displayed		1	
7.	Public Display of JSY Beneficiaries		0	

X. Services Out-Sourced

Sl. no	Item	Means of verification	Score	Total Score
1.	House keeping	s. Floor is cleaned with disinfectant on the day of visit	1	1
		t. rainbow linen colour maintained	0	
		u. OT fumigated	0	
2.	Generator	m. Generator in working condition with designated horse power	1	2
		n. Fuel for operation present	1	
3.	Food	m. Food served to inpatients	0	0
		n. Food chart for inpatients	0	

V) Equipments and supplies

Item	MOV condition	Score	Total Score
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Trolley	m. In working condition n. Trolley without rust	Yes Yes	1
Wheelchair	m. In working condition n. Wheelchair without rust	Yes Yes	1
Stretcher	m. Stretcher without rust n. not broken	Yes Yes	1
Sterilised gloves	Sterilized gloves available	1	1
Average number of OP drugs available (monthly)	Drug stock register	4	4
Availability of life saving drugs present	Availability of; XXV. Oxytocin XXVI. Misoprostol XXVII. Magnesium Sulphate XXVIII. IV antibiotics	Yes Yes Yes Yes	2

XII. Equipments in Labour room

Equipment	Score	Total Score
73. Spot light in labour room	1	9
74. Vacuum extractor	0	
75. Resuscitation equipment for newborn – Bag and mask	1	
76. Resuscitation equipment for newborn – Laryngoscope and full set of endo-tracheal tubes	1	
77. Baby resuscitation table with infant warmer	1	
78. Mucous sucker	1	
79. Baby weighing machine	1	
80. Partograph	0	
81. Privacy in Labour room (curtains etc)	1	
82. Toilet attached to Labour room	1	
83. Protocols displayed: Active management of 3 rd stage of labour (also check case sheets)	0	
84. Labour board not rusted, not broken and not blood stained	1	

VII) Equipments in OT

Equipments	Score	Total Score
43. Ceiling OT light/ Floor OT light (shadowless)	1	4
44. Oxygen cylinder	1	
45. Boyles apparatus (only FRU)	0	
46. Suction apparatus	1	
47. Adequate quantity of linen ⁷	1	

⁷ 3 sets of linen per surgery per day. (Calculate average number of surgeries per Day)

48. Spinal anaesthesia set (FRU)	0	
49. Ante room present	0	

XIV. Bio-medical Waste Management

Item	MOV	Score	Total Score
Waste management	ww. Colour coded buckets used	0	2
	xx. Deep burial pit available where anatomical waste is disposed	0	
	yy. Needle cutter in working condition	1	
	zz. no mix of infectious or non-infectious waste done	0	
	aaa. waste bins not overfilled	0	
	bbb. needles and syringes mutilated and disinfected before putting in waste bin	0	
	ccc. metal sharps disposed in puncture proof containers	0	
	ddd. disposable gloves and masks not reused	1	

IX) Central sterilization unit

	MOV	Score	Total Score
Autoclave	y. Functioning autoclave	Yes	2
	z. Usage of signalac tape	Yes	
	aa. usage of biological indicator	No	
	bb. swab test of sterile packs	No	

X) Records and reports

Item	Score	Total Score
Separate column (in delivery register) for recording major complications leading to maternal death. (Separate column present but never filled)	1	3
Delivery register mentions about the details of the baby and condition of the mother	1	
Referral slips are issued to patients	1	

XI) Finance

Head	Number of mothers yet to receive the JSY money	Score	Total score
RKS	Full utilization of funds in 2009-10	0	2
JSY	JSY payments not pending till last week of the visit	0	

Summary:

Item	Maximum marks	Facility Score
XVII. Infrastructure	34	30
XVIII. Human Resource	Self improvement score	
LXIX. Services available (applicable for BPHCs and above)	33	15
LXX. Services Out-Sourced	7	3
LXXI. Equipments and supplies	10	10
LXXII. Equipments in Labour room	12	9
XXIII. Equipments in OT	7	4
XXIV. Bio-medical Waste Management	8	2
XXV. Central sterilization unit	2	2
XXVI. Records and reports	3	3
XXVII. Finance	4	2
Total Score	120	80

	coming out		
Drainage	h. Drainage system not clogged	1	1

IX. Human Resource (Self improvement score)

Staff performance (monthly figure)	Baseline data (1 st survey)	Subsequent visit *
		% improvement
Number of deliveries conducted per SBA	277 total (supervised by doctors)	
Number of OP cases per doctor	2441 July 10	
Bed occupancy rate*	194.5%	
Number of CS per Obstetrician	55.5	
Number of cataract operations per ophthalmologist	-	
Chest symptomatic sputum population examination rate	-	
Minor surgeries per doctor	-	
Antenatal care severely anaemic (under 7 gm%) managed rate	-	
IUD insertions per trained nurse	-	
MTP services per trained doctor	-	

- Indicative column; subsequent visits (2nd, 3rd etc. Would be scored on improvement and in a fresh inspection form)
- Bed occupancy rate=(inpatient days of care/bed days available)×100

X. Services available (applicable for BPHCs and above)

Sl.no	Service	Means of verification	Score	Total Score
1.	24 hour doctor available	Duty roster, casualty register	2	22
2.	24 hour nurse available	Duty roster, casualty register	2	
3.	24 hour delivery services available	Delivery register	2	
4.	24 hour newborn care services available	Delivery register, Paediatric ward register, Immunization register	2	
5.	24 hour caesarean services (if FRU)	Delivery register	2	
6.	Tubectomy services available	FP register	2	
7.	Safe abortion services available	MTP register	2	
8.	24 hour blood transfusion services	Blood transfusion register / Blood bank master register	2	
9.	Laboratory Services 36. Haemogram 37. Sputum Examination	Equipments and reagents for conducting the tests are present, lab record shows tests are conducted	2	

	38. Lipid Profile 39. Hormone Assay 40. Urine Examination	Lab register		
10.	Availability of ECG Facility	ECG machine available & working	0	
11.	X Ray Facility with X-ray Technician available	X ray register – working status	2	
12.	Ultrasound services available	USG register – working status	2	
13.	Ambulance	Records of operation [Number of ambulances, average (if more than one ambulance) number of breakdowns in the last one week, number of drivers available per shift] maintained	0	
1.	Functional telephone	Telephone number with dial tone	1	5
2.	Adolescent sexual and reproductive health services	OP register – number of adolescent beneficiaries	0	
3.	Whether fixed day antenatal clinics are conducted	ANC register	1	
4.	Whether fixed day RTI/STI clinics are conducted	OPD Register	1	
5.	Whether fixed day sterilization clinics are conducted	Register	1	
6.	Whether IEC material displayed		1	
7	Public Display of JSY Beneficiaries		0	

XI. Services Out-Sourced

Sl. no	Item	Means of verification	Score	Total Score
1.	House keeping	v. Floor is cleaned with disinfectant on the day of visit	0	0
		w. rainbow linen colour maintained	0	
		x. OT fumigated	0	
2.	Generator	o. Generator in working condition with designated horse power	1	2
		p. Fuel for operation present	1	
3.	Food	o. Food served to inpatients	0	0
		p. Food chart for inpatients	0	

V) Equipments and supplies

Item	MOV condition	Score	Total
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			Score
Trolley	o. In working condition p. Trolley without rust	Yes Yes	1
Wheelchair	o. In working condition p. Wheelchair without rust	Yes Yes	1
Stretcher	o. Stretcher without rust p. not broken	Yes Yes	1
Sterilised gloves	Sterilized gloves available	1	1
Average number of OP drugs available (monthly)	Drug stock register	4	4
Availability of life saving drugs present	Availability of; XXIX. Oxytocin XXX. Misoprostol XXXI. Magnesium Sulphate XXXII. IV antibiotics	Yes Yes Yes Yes	2

XIII. Equipments in Labour room

Equipment	Score	Total Score
85. Spot light in labour room	0	6
86. Vacuum extractor	0	
87. Resuscitation equipment for newborn – Bag and mask	1	
88. Resuscitation equipment for newborn – Laryngoscope and full set of endo-tracheal tubes	1	
89. Baby resuscitation table with infant warmer	0	
90. Mucous sucker	1	
91. Baby weighing machine	1	
92. Partograph	0	
93. Privacy in Labour room (curtains etc)	1	
94. Toilet attached to Labour room	1	
95. Protocols displayed: Active management of 3 rd stage of labour (also check case sheets)	0	
96. Labour board not rusted, not broken and not blood stained	0	

VII) Equipments in OT

Equipments	Score	Total Score
50. Ceiling OT light/ Floor OT light (shadowless)	1	6
51. Oxygen cylinder	1	
52. Boyles apparatus (only FRU)	1	
53. Suction apparatus	1	

54. Adequate quantity of linen ⁸	1	
55. Spinal anaesthesia set (FRU)	1	
56. Ante room present	0	

XV. Bio-medical Waste Management

Item	MOV	Score	Total Score
Waste management	eee. Colour coded buckets used fff. Deep burial pit available where anatomical waste is disposed ggg. Needle cutter in working condition hhh. no mix of infectious or non-infectious waste done iii. waste bins not overfilled jjj. needles and syringes mutilated and disinfected before putting in waste bin kkk. metal sharps disposed in puncture proof containers lll. disposable gloves and masks not reused	Out-sourced	8

IX) Central sterilization unit

	MOV	Score	Total Score
Autoclave	cc. Functioning autoclave dd. Usage of signalac tape ee. usage of biological indicator ff. swab test of sterile packs	Yes No Yes No	2

X) Records and reports

Item	Score	Total Score
Separate column (in delivery register) for recording major complications leading to maternal death. (Separate column present but never filled)	1	3
Delivery register mentions about the details of the baby and condition of the mother	1	
Referral slips are issued to patients	1	

XI) Finance

Head	Number of mothers yet to receive the JSY money	Score	Total score
RKS	Full utilization of funds in 2009-10	0	0

⁸ 3 sets of linen per surgery per day. (Calculate average number of surgeries per Day)

JSY	JSY payments not pending till last week of the visit	0	
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Summary:

Item	Maximum marks	Facility Score
XVIII. Infrastructure	34	24
XXIX. Human Resource	Self improvement score	
LXXX. Services available (applicable for BPHCs and above)	33	27
XXXI. Services Out-Sourced	7	2
XXXII. Equipments and supplies	10	10
XXXIII. Equipments in Labour room	12	6
XXXIV. Equipments in OT	7	6
XXXV. Bio-medical Waste Management	8	8
XXXVI. Central sterilization unit	2	2
XXXVII. Records and reports	3	3
XXXVIII. Finance	4	0
Total Score	120	88

	coming out		
Drainage	i. Drainage system not clogged	1	1

X. Human Resource (Self improvement score)

Staff performance (monthly figure)	Baseline data (1 st survey)	Subsequent visit *
		% improvement
Number of deliveries conducted per SBA	28 total	
Number of OP cases per month	13602	
Bed occupancy rate*	58.65%	
Number of CS per Obstetrician	-	
Number of cataract operations per ophthalmologist	-	
Chest symptomatic sputum population examination rate	-	
Minor surgeries per doctor	-	
Antenatal care severely anaemic (under 7 gm%) managed rate	-	
IUD insertions per trained nurse	0.3	
MTP services per trained doctor	-	

- Indicative column; subsequent visits (2nd, 3rd etc. Would be scored on improvement and in a fresh inspection form)
- Bed occupancy rate=(inpatient days of care/bed days available)×100

XI. Services available (applicable for BPHCs and above)

Sl.no	Service	Means of verification	Score	Total Score
1.	24 hour doctor available	Duty roster, casualty register	2	10
2.	24 hour nurse available	Duty roster, casualty register	2	
3.	24 hour delivery services available	Delivery register	2	
4.	24 hour newborn care services available	Delivery register, Paediatric ward register, Immunization register	0	
5.	24 hour caesarean services (if FRU)	Delivery register	0	
6.	Tubectomy services available	FP register	2	
7.	Safe abortion services available	MTP register	0	
8.	24 hour blood transfusion services	Blood transfusion register / Blood bank master register	0	
9.	Laboratory Services 41. Haemogram 42. Sputum Examination 43. Lipid Profile 44. Hormone Assay	Equipments and reagents for conducting the tests are present, lab record shows tests are conducted Lab register	2	

45. Urine Examination				
10.	Availability of ECG Facility	ECG machine available & working	0	
11.	X Ray Facility with X-ray Technician available	X ray register – working status	0	
12.	Ultrasound services available	USG register – working status	0	
13.	Ambulance	Records of operation [Number of ambulances, average (if more than one ambulance) number of breakdowns in the last one week, number of drivers available per shift] maintained	0	
1.	Functional telephone	Telephone number with dial tone	1	3
2.	Adolescent sexual and reproductive health services	OP register – number of adolescent beneficiaries	1	
3.	Whether fixed day antenatal clinics are conducted	ANC register	1	
4.	Whether fixed day RTI/STI clinics are conducted	OPD Register	0	
5.	Whether fixed day sterilization clinics are conducted	Register	0	
6.	Whether IEC material displayed		0	
7.	Public Display of JSY Beneficiaries		0	

XII. Services Out-Sourced

Sl. no	Item	Means of verification	Score	Total Score
1.	House keeping	y. Floor is cleaned with disinfectant on the day of visit	1	1
		z. rainbow linen colour maintained	0	
		aa. OT fumigated	0	
2.	Generator	q. Generator in working condition with designated horse power	1	2
		r. Fuel for operation present	1	
3.	Food	q. Food served to inpatients	1	2
		r. Food chart for inpatients	1	

V) Equipments and supplies

Item	MOV condition	Score	Total Score
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Trolley	q. In working condition r. Trolley without rust	Yes Yes	1
Wheelchair	q. In working condition r. Wheelchair without rust	Yes Yes	1
Stretcher	q. Stretcher without rust r. not broken	Yes Yes	1
Sterilised gloves	Sterilized gloves available	1	1
Average number of OP drugs available (monthly)	Drug stock register	4	4
Availability of life saving drugs present	Availability of; XXIII. Oxytocin XXIV. Misoprostol XXV. Magnesium Sulphate XXVI. IV antibiotics	Yes Yes Yes Yes	2

XIV. Equipments in Labour room

Equipment	Score	Total Score
97. Spot light in labour room	0	7
98. Vacuum extractor	0	
99. Resuscitation equipment for newborn – Bag and mask	1	
100. Resuscitation equipment for newborn – Laryngoscope and full set of endo-tracheal tubes	1	
101. Baby resuscitation table with infant warmer	1	
102. Mucous sucker	1	
103. Baby weighing machine	1	
104. Partograph	0	
105. Privacy in Labour room (curtains etc)	0	
106. Toilet attached to Labour room	1	
107. Protocols displayed: Active management of 3 rd stage of labour (also check case sheets)	0	
108. Labour board not rusted, not broken and not blood stained	1	

VII) Equipments in OT

Equipments	Score	Total Score
57. Ceiling OT light/ Floor OT light (shadowless)	1	6
58. Oxygen cylinder	1	
59. Boyles apparatus (only FRU)	1	
60. Suction apparatus	1	
61. Adequate quantity of linen ⁹	1	

⁹ 3 sets of linen per surgery per day. (Calculate average number of surgeries per Day)

62. Spinal anaesthesia set (FRU)	1	
63. Ante room present	0	

XVI. Bio-medical Waste Management

Item	MOV	Score	Total Score
Waste management	mmm. Colour coded buckets used nnn. Deep burial pit available where anatomical waste is disposed ooo. Needle cutter in working condition ppp. no mix of infectious or non-infectious waste done qqq. waste bins not overfilled rrr. needles and syringes mutilated and disinfected before putting in waste bin sss. metal sharps disposed in puncture proof containers ttt. disposable gloves and masks not reused	Out-sourced	8

IX) Central sterilization unit

	MOV	Score	Total Score
Autoclave	gg. Functioning autoclave hh. Usage of signalac tape ii. usage of biological indicator jj. swab test of sterile packs	Yes No No No	1

X) Records and reports

Item	Score	Total Score
Separate column (in delivery register) for recording major complications leading to maternal death. (Separate column present but never filled)	1	2
Delivery register mentions about the details of the baby and condition of the mother	0	
Referral slips are issued to patients	1	

XI) Finance

Head	Number of mothers yet to receive the JSY money	Score	Total score
RKS	Full utilization of funds in 2009-10	0	0
JSY	JSY payments not pending till last week of the visit	0	

Summary:

Item	Maximum marks	Facility Score
XXIX. Infrastructure	34	24
XC. Human Resource	Self improvement score	
XCI. Services available (applicable for BPHCs and above)	33	13
XCII. Services Out-Sourced	7	5
XCIII. Equipments and supplies	10	10
XCIV. Equipments in Labour room	12	7
XCV. Equipments in OT	7	6
XCVI. Bio-medical Waste Management	8	8
XCVII. Central sterilization unit	2	1
CVIII. Records and reports	3	2
XCIX. Finance	4	0
Total Score	120	76