



Ministry of Health & Social Welfare

QUARTERLY QUALITY CHECKLIST FOR MINOR HEALTH CENTRES

Date received by NaNA: _____

Percentage score: _____

Region: _____

Name of Health Facility _____

Status: Public, NGO, Private (circle)

Catchment area population: _____

EVALUATION SUMMARY

Structural Quality Sections

No	Service	Max Points	Current Score	Relative Weight in %	A %
1	General Management	16		15%	(Current score/total structural score) X 15 = A
2	Maintenance and Hygiene	20			
3	Emergency Services	18			
4	Family planning	12			
5	Essential Medicines Management and Medicines and Supplies	20			
6	Observation/Inpatient Ward	19			
7	Community Based Services	8			
8	Environmental Health Services	6			
9	Youth Friendly Services	8			
10	Laboratory services	16			
Total Structural Quality		143			

Process Quality Sections

No	Service	Max Points	Current Score	Relative Weight in %	B %
11	General Consultations (OPD)	32		85%	(Current score/total process score) X 85 = B
12	Child Services	80			
13	ANC and PNC	21			
14	Maternity and New Born Health	91			
Total Process Quality Score		224			
Total Quality Score (A+B)					
Name: Supervisor			Signature:		
Name: In Charge of Facility			Signature:		

	Date:		Final Score:	
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STAFFING for Minor Health Centres¹

Cadre	Establishment norm	In post	Vacant
Midwives	2		
General Nurses	2		
Public Health Officer	1		
Leprosy and TB Inspector (LTI)	1		
Laboratory Assistant	1		
Data Entry Clerk	1		
Accounts Clerk	1		
Community Nurse Attendant	4		
Community Ophthalmic Nurse	1		
Orderlies	4		
Health Labourers	2		
Driver	1		
Security/watchman	1		
Cook	1		
Laundress	1		
Generator Operator	1		
Total	25		

NB: Supervisors are to refer to the Guidelines on the use of the Minor Health Centre Checklist. For items/criteria that is/are available the supervisors should use the provided ballot boxes as shown below

(not available)

(available)

Structural Quality Sections

1	General Management	Full Marks	Part Marks	No Marks	Comments
1.1	Planning and Administration				
1.1.1	Planning charts displayed (1) <input type="checkbox"/> Catchment area map (2) <input type="checkbox"/> spot map	2	1	0	

¹As per draft MOHSW norms.

	<p>(3) <input type="checkbox"/> monitoring graphs and (4) <input type="checkbox"/> demographic data on display. (With current catchment population target population for services calculated correctly, spot map showing recent or suspected out breaks with clear markings)</p> <p><i>Give full marks if all the four items are available and part marks if 2-3 out of 4 are available and no marks if less than 2</i></p>				
1.1.2	<p>(1) <input type="checkbox"/> Updated duty roster present (for the quarter) (2) <input type="checkbox"/> Staff leave calendar (3) <input type="checkbox"/> Qualified staff present during official hours with uniforms in all departments per their grade (4) <input type="checkbox"/> Updated staff attendance register and kept by in charge obstetric services</p> <p><i>Give full marks if all the four items are available and part marks if 2-3 out of 4 are available and no marks if less than 2</i></p>	2	1	0	
1.1.3	<p>Staff meeting conducted monthly with adequate quorum (including quarterly CAC meetings) Each monthly minutes contain: (1) <input type="checkbox"/> date of the meeting; (2) <input type="checkbox"/> signed list of participants; (3) <input type="checkbox"/> follow-up of decisions taken during the previous meeting; (4) <input type="checkbox"/> there is a list of developed recommendations or decisions taken; (5) <input type="checkbox"/> each month the monthly financial balance is discussed; (6) <input type="checkbox"/> minutes of the meeting are signed by the chair.</p> <p><i>Give full marks if all the three meetings were held and the minutes meet the above criteria, give part marks if all the meetings were held but minutes are not meeting the full criteria, and no marks if less than 3 meetings were held.</i></p>	2	1	0	
1.1.4	<p>(1) <input type="checkbox"/> Visitors book with a section on findings and recommendations, (2) <input type="checkbox"/> inventory register, (3) <input type="checkbox"/> repair plans and reports, (4) <input type="checkbox"/> returns (human, <i>material and finance</i>), (5) <input type="checkbox"/> Workshop Feedback book with signatures of the health workers that attended the feedback meetings</p> <p>All books should be up to date.</p> <p><i>Give full marks if all the five items are available and part marks if 3-4 out of 5 are available and no marks if less than 2.</i></p>	2	1	0	
1.1.5	<p>Business plan (1) <input type="checkbox"/> Business plan available (2) <input type="checkbox"/> The HC business plan is complete and provides analysis translated into action (3) <input type="checkbox"/> The HC convincingly demonstrates that it implements plans expressed in last business plans per 3 strategies. Check for Health facility plans availability for non-RBF facilities.</p> <p><i>Give full marks if all the three items have been met and part marks if 2 out of 3 are met and no marks if less than 2.</i></p>	2	1	0	
1.1.6	<p>Financial and accounting documents (including for RBF) available and well kept (1) <input type="checkbox"/> Bank statements, receipts, invoices available for all transactions, (2) <input type="checkbox"/> Filed in clearly labelled files, (3) <input type="checkbox"/> Cashbook is well balanced and indicates both receipts of RBF benefits and expenditures for each month for the quarter, (4)</p>	2	1	0	

	<input type="checkbox"/> Financial statements prepared and submitted to RHD and copies filed, (5) <input type="checkbox"/> Procurement procedures are constantly applied per Gambia Public Procurement Authority Regulations. <i>Give full marks if all the five items of the criteria are fulfilled and part marks if 3-4 out of 5 are fulfilled and no marks if less than 2.</i>				
1.2	Records, information management (HMIS) and planning				
1.2.1	HMIS returns are filled with summary of data in graphs and charts (1) <input type="checkbox"/> All three HMIS returns filled and neatly filed (2) <input type="checkbox"/> Complete filling of the OPD above five and under five registers (3) <input type="checkbox"/> Graphs on the HMIS data displayed and updated (4) <input type="checkbox"/> The report is submitted to the RHD submitted by the 5 th of the month following <i>Give full marks if all the four items are available and part marks if 2-3 out of 4 are available and no marks if less than 2.</i>	2	1	0	
1.2.2	Meetings with discussion on data quality, and evidence based decision making <i>Give full marks if all the three meetings minutes have evidence of data discussion and part marks if 2 out of three meetings and no marks if less than 2 meetings have evidence of data discussion.</i>	2	1	0	
Total Points General Management		/16			
Recommendations					

2	Maintenance and Hygiene	Full Marks	Part Marks	No Marks	Comments
2.1	Maintenance Outside (1) <input type="checkbox"/> Fence at health facility available and well maintained (Fence with gate, can be closed at night and there are no holes), (2) <input type="checkbox"/> Walls painted, (3) <input type="checkbox"/> Roof intact (4) <input type="checkbox"/> Ceiling well kept, (5) <input type="checkbox"/> Clean and well maintained environment <i>Give full marks if all the five items of the criteria are fulfilled and part marks if 3-4 out of 5 are fulfilled and no marks if less than 2.</i>	2	1	0	
2.2	Firefighting Equipment (1) <input type="checkbox"/> Fire extinguishers available (2) <input type="checkbox"/> Functional and easily accessible (if not functional was a report made) (3) <input type="checkbox"/> When was the last service and training of staff (4) <input type="checkbox"/> Fire exits clearly marked, assembling area, evacuation plan per department <i>Give full marks if all the four items are available and part marks if 2-3 out of 4 are available and no marks if less than 2.</i>	2	1	0	

2.3	<p>Garbage bins in the courtyard</p> <p>(1) <input type="checkbox"/> Availability of garbage bins in courtyard (2) <input type="checkbox"/> Bins with lids and plastic lining, (3) <input type="checkbox"/> Accessible to clients (4) <input type="checkbox"/> Not full, without hazardous waste (e.g. sharps, used cotton wool etc.) <i>Give full marks if all the four items of the criteria are fulfilled and part marks if 2-3 out of 4, and no marks if less than 2.</i></p>	2	1	0	
2.4	<p>Presence of working latrines/toilets which are well-maintained</p> <p>(1) <input type="checkbox"/> Available in adequate numbers at least 4 toilets (2) <input type="checkbox"/> Working (3) <input type="checkbox"/> Well-maintained (4) <input type="checkbox"/> Clean (5) <input type="checkbox"/> Appropriately located <i>Give full marks if all the five items of the criteria are fulfilled and part marks if 3-4, and no marks if less than 2.</i></p>	2	1	0	
Infection Prevention and Control					
2.5	<p>(1) <input type="checkbox"/> Infection control guidelines/policy available and being used (check for running water and soap) (2) <input type="checkbox"/> Functional Infection Control committee and minutes available <i>Give full marks if all the both items of the criteria are fulfilled and part marks if 1 out of 2, and no marks if none.</i></p>	2	1	0	
2.6	<p>Incinerator is available</p> <p>(1) <input type="checkbox"/> The incinerator is constructed and maintained per norms. If not yet available, garbage is taken to a central point. (2) <input type="checkbox"/> No waste or medical waste in the courtyard. <i>Give full marks if all the both items of the criteria are fulfilled and part marks if 1 out of 2, and no marks if none.</i></p>	2	1	0	
2.7	<p>Sterilization per norms using a pressure sterilizer/autoclave, which is functional. <i>Give full marks if available and functional and none if not available or not functional</i></p>	2	1	0	
2.8	<p>Hygienic conditions assured during wound dressing and injections</p> <p>(1) <input type="checkbox"/> Sterile dressing packs available and (2) <input type="checkbox"/> Sharp box available <i>Give full marks if all the both items of the criteria are fulfilled and part marks if 1 out of 2, and no marks if none.</i></p>	2	1	0	
2.9	<p>Disposal of Medical Waste per National Norms</p> <p>(1) <input type="checkbox"/> Facility using black bin liners (plastic) for non-contaminated medical waste, (2) <input type="checkbox"/> Yellow for contaminated waste (3) <input type="checkbox"/> Red for organic medical waste (4) <input type="checkbox"/> There are bins with lids and foot pedals. <i>Give full marks if all the four items of the criteria are fulfilled and part marks if 2-3 out of 4, and no marks if less than 2</i></p>	2	1	0	
2.10	<p>Protective gear for personnel managing medical waste available; (1) <input type="checkbox"/> boots, (2) <input type="checkbox"/> plastic clothing, (3) <input type="checkbox"/> thick plastic/rubber gloves and (4) <input type="checkbox"/> a wheelbarrow to transport the medical waste <i>Give full marks if all the four items of the criteria are fulfilled</i></p>	2	1	0	

	<i>and part marks if 2-3 out of 4, and no marks if less than 2.</i>			
Total Points Maintenance and Hygiene		/20		
Recommendations				

3	Emergency Services	Full Marks	Part Marks	No Marks	Comments
3.1	Presence of an emergency protocol displayed on the wall (check for procedure to be followed and phone numbers to be called, triaging of patients) Presence of the various protocols for the various emergencies (1) <input type="checkbox"/> Road traffic accident (2) <input type="checkbox"/> Medical emergency (Asthma/anaphylaxis, etc.) (3) <input type="checkbox"/> Surgical emergency (4) <input type="checkbox"/> Bites (dogs, snakes, etc.) <i>Give full marks if all the four items of the criteria are fulfilled and part marks if 2-3 out of 4, and no marks if less than 2.</i>	2	1	0	
3.2	Is the following equipment available and functional? (1) Suction machine, (2) airways, (3) bags and mask (ambu-bag), (4) oxygen and nebulizer, thermometer. <i>If not functional was a report made?</i> <i>Give full marks if all the 4 criteria above are met and items available and functional (easily accessible not stored under lock and key) and give part marks if available but not functional and a report was made, no marks if available but not functional and no report made/ not available</i>	2	1	0	
3.3	Emergency Tray Labelling (1) <input type="checkbox"/> Emergency tray is available (2) <input type="checkbox"/> The tray is clearly labelled (3) <input type="checkbox"/> The medicines and accessories are also labelled (4) <input type="checkbox"/> Labels are clear, legible and durable <i>Give full marks if all the four items of the criteria are fulfilled and part marks if 2-3 out of 4, and no marks if less than 2.</i>	2	1	0	
3.4	Emergency Tray (1) <input type="checkbox"/> With all the necessary medicine including 50% dextrose, adrenaline, hydrocortisone, lignocaine, diazepam, atropine (2) <input type="checkbox"/> emergency tray book available, up to date (3) <input type="checkbox"/> no expired medicines on the tray <i>Give full marks if all the 3 items of the criteria are fulfilled and part marks if 2 out of 3, and no marks if less than 2.</i>	2	1	0	
3.5	Important Accessories (1) <input type="checkbox"/> Cannulas, (2) <input type="checkbox"/> Giving sets, (3) <input type="checkbox"/> Syringes and needles, (4) <input type="checkbox"/> Drip stand, (5) <input type="checkbox"/> Swabs, (6) <input type="checkbox"/> Strapping, (7) <input type="checkbox"/> Disinfectant, (8) <input type="checkbox"/> Gloves, (9) <input type="checkbox"/> Facemask, (10) <input type="checkbox"/> Specimen bottles <i>(Should be available as part of emergency services)</i> <i>Give full marks if 9-10 out of 10 items of the criteria are fulfilled and part marks if 6-8 out of 10, and no marks if less than 6.</i>	4	1	0	

3.6	IV fluids (1) <input type="checkbox"/> ringer lactate, (2) <input type="checkbox"/> 5% dextrose, (3) <input type="checkbox"/> normal saline) <i>Give full marks if all the 3 items of the criteria are fulfilled and part marks if 2 out of 3, and no marks if less than 2.</i>	2	1	0	
3.7	Functional ambulance, communication systems (1) <input type="checkbox"/> Functional ambulance (2) <input type="checkbox"/> Functional means of communication available 24/7 (3) <input type="checkbox"/> Available and filled referral register (4) <input type="checkbox"/> Referral notes and feedback notes of complicated cases referred from facility to major facility/hospital level <i>Give full marks if all the four items of the criteria are fulfilled and part marks if 2-3 out of 4, and no marks if less</i>	4	1	0	
Total Points Emergency Services		/18			
Recommendations					

4	Family planning	Full Marks	Part Marks	No Marks	Comments
4.1	(1) <input type="checkbox"/> FP guideline available (2) <input type="checkbox"/> Equipment available and Functional <input type="checkbox"/> Weighing Scale, <input type="checkbox"/> stethoscope, <input type="checkbox"/> sphygmomanometer, vaginal specula, <input type="checkbox"/> light source, <input type="checkbox"/> IUCD insertion kits <i>Give full marks if both criteria are met and part marks if 1 out of two is met and no marks if none is met</i>	2	1	0	
4.2	(1) <input type="checkbox"/> FP registers available and updated (2) <input type="checkbox"/> Regular re-visit for FP methods (3) <input type="checkbox"/> Retention cards updated for each client <i>Give full marks if all the 3 criteria are met, give part marks if 2 out of three criteria items are met and no marks if less than 2</i>	2	1	0	
4.3	Confidentiality (auditory and visual) in consultation room assured (1) <input type="checkbox"/> Room with doors, (2) <input type="checkbox"/> curtains at windows or non-transparent glass; (3) <input type="checkbox"/> One client counselled at a time <i>Give full marks if all the 3 criteria are met, give part marks if 2 out of three criteria items are met and no marks if less than 2</i>	2	1	0	
4.4	Family planning methods available for demonstration to potential users (1) <input type="checkbox"/> Contraceptive injectables (Depo); (2) <input type="checkbox"/> Implants (Implanon/Jadelle); (3) <input type="checkbox"/> Intrauterine Contraceptive Device (IUCD); (4) <input type="checkbox"/> Oral contraceptives (both combined and Progestin-Only Hormonal Methods suitable for breastfeeding mothers),	2	1	0	

	(5) <input type="checkbox"/> Condoms (F and M) are available for demonstration (the latter also for HIV education); (6) <input type="checkbox"/> Emergency contraception. <i>Give full marks if all the 6 items of the criteria are met and part marks if 3-5 out of 6 and none if less than 3.</i>				
4.5	IUCD available and staff trained to use it (1) <input type="checkbox"/> At least five IUCDs and (2) <input type="checkbox"/> at least one staff has in-service training to use it <i>Give full marks if both criteria are met and part marks if one is met.</i>	2	1	0	
4.6	Implant method available and staff trained to use it (1) <input type="checkbox"/> At least five implants available and (2) <input type="checkbox"/> at least one staff has in-service training to use it <i>Give full marks if both criteria are met and part marks if one is met</i>	2	1	0	
Total Points Family		/12			
Recommendations					

5	Essential Medicines (EM) Management	Full Marks	Part Marks	No Marks	Comments
5.1	Medicines stored in a secured storeroom (BURGLAR PROOFING) (1) <input type="checkbox"/> Clean place, well ventilated with all medicines on labelled shelves. (2) <input type="checkbox"/> Medicine and medical consumables stored alphabetically and apply the First Expiry - First Out (FEFO) principle <i>Give full marks if both criteria are met,</i>	2	1	0	
5.2	(1) <input type="checkbox"/> HF orders two monthly and supplementary orders (Verify from CRIV) (2) <input type="checkbox"/> Health facility is submitting LMIS returns for tracer essential medicines to the RHD <i>Give full marks both criteria are met, and no part marks</i>	2	1	0	
5.3	Staff maintains stock cards for EM showing security stock levels = monthly average consumption x2 Supply in register corresponds with 2 monthly physical supply: No stock out of the following essential medicines in last 14 days <input type="checkbox"/> Magnesium sulphate <input type="checkbox"/> Amoxicillin <input type="checkbox"/> Oxytocin <input type="checkbox"/> Paracetamol <input type="checkbox"/> Mebendazole	2	1	0	

	<input type="checkbox"/> Vitamin A <input type="checkbox"/> RUTF (plumpy nut) <input type="checkbox"/> OI/ART medicines if applicable <i>Give full marks if 8-9 of the tracer medicines selected have stock cards, with minimum and maximum stocks documented and not stock out reported in the last 14 days and part marks if 6-7/9 meet the criteria and no marks if less than 6</i>				
5.4	Drug prescription and dispensing Check that last five prescriptions are per guidelines <i>Give full marks if all the prescriptions are per guidelines and part marks if 3 or more and no marks if less than 3</i>	4	1	0	
5.5	Regular medicine requisition (1) <input type="checkbox"/> Medicine dispensing bags labeled (2) <input type="checkbox"/> Medicines to clients are uniquely dispensed through prescriptions (copies). (3) <input type="checkbox"/> Prescriptions are found in the wards and OPD (4) <input type="checkbox"/> Specimen signatures for prescribers available at the pharmacy <i>Give full marks if all the four items of the criteria are fulfilled and part marks if 2-3 out of 4, and no marks if less than 2.</i>	4	1	0	
5.6	Was prescribed medicine available Check /exit interviews for 10 clients who have been dispensed with medicines for % of medicines given <i>Give full marks if 10 out of 10 patients received all the prescribed medicine, give part marks if 6-9 patients and no marks if less than 6</i>	4	1	0	
5.7	Absence of expired medicine or medicine with unreadable labels (Reviewer verifies randomly 3 medicines and 2 consumables) (1) <input type="checkbox"/> Expired/unreadable labels medicine well separated from stock and (2) <input type="checkbox"/> disposed of per protocol <i>Give full marks if for all items the two criteria are met, and no part marks</i>	2	1	0	
Total Points Essential Medicines		/20			
Recommendations					

6	In-patient wards (Observation wards)	Full Marks	Part Marks	No Marks	Comments
6.1	Appearance of building inside, (1) <input type="checkbox"/> Walls are clean and painted (2) <input type="checkbox"/> Floors are clean and polished (3) <input type="checkbox"/> Ceiling / roof with no leaks assess per department (4) <input type="checkbox"/> Windows with glass	2	1	0	

	<i>Give full marks if all the 4 items have been met and part marks if 2-3 out of 4 are met and no marks if less than 2.</i>				
6.2	Furniture available and in good state Each bed has a (1) <input type="checkbox"/> Standard hospital mattress (2) <input type="checkbox"/> Clean sheets (3) <input type="checkbox"/> Bedside cupboard (4) <input type="checkbox"/> Mosquito nets (5) <input type="checkbox"/> Blanket (6) <input type="checkbox"/> And pillow <i>Give full marks if all the 6 items of the criteria are fulfilled and part marks if 3-5 out of 6, and no marks if less than 3.</i>	2	1	0	
6.3	Patient comfort and hygiene The wards are clean: (1) <input type="checkbox"/> no debris on the floor; and (2) <input type="checkbox"/> no offensive smells, (3) <input type="checkbox"/> space between the beds is at the least one meter, (4) <input type="checkbox"/> each ward has access to potable drinking water <i>Give full marks if all the four items of the criteria are fulfilled and part marks if 2-3 out of 4, and no marks if less than 2.</i>	2	1	0	
6.4	Equipment and light available in each ward (1) <input type="checkbox"/> Electricity; solar light or rechargeable battery lamp (2) <input type="checkbox"/> Stethoscope, thermometers and BP Machines <i>Give full marks if both criteria are met and no part marks</i>	2	1	0	
6.5	Confidentiality (1) <input type="checkbox"/> Women in separate ward from men (2) <input type="checkbox"/> Availability of screens in wards (3) <input type="checkbox"/> In patient register available and is well maintained (4) <input type="checkbox"/> Check identity and hospital bed days <i>Give full marks if all the four items of the criteria are fulfilled and part marks if 2-3 out of 4, and no marks if less than 2.</i>	2	1	0	
6.6	Patients have access to drinking water <i>Give full marks if patients have access to drinking water and no part marks</i>	1	0	0	
6.7	% Written record of administration of patient medications maintained (<i>verify for 5 randomly selected patients by checking medication form and questioning nurse and patient/escort</i>). <i>Give full marks if all the five have administration of medicines documented and part marks if 3 or more and no marks if less than 3</i>	4	2	0	
6.8	% hospitalized patients with documentation of vital signs every 6 hours and every half hour for critical patients <i>Give full marks if all the five have adequate documentation of vital signs and part marks if 3 or more and no marks if less than 3</i>	4	2	0	
Total Points Observation room		/19			
Recommendations					

7	Community Based Services	Full Marks	Part Marks	No Marks	Comments
7.1	List and mapping of VSGs (VHWs and CBCs). <i>Give full marks if updated list and no marks if not updated.</i>	2	1	0	
7.2	Implementation of SBCC quarterly action plans by Facility <i>Give full marks if the SBCC Plan and progress report is available and there is 100% implementation of planned activities</i>	2	1	0	
7.3	Quarterly monitoring visits made by CHN in at least 25% of BFCI communities. Objective of meeting: to provide on the job coaching and mentoring in training. (1) <input type="checkbox"/> Date of the meeting; and signed list of participants; (2) <input type="checkbox"/> Training topics, observations and recommendations (3) <input type="checkbox"/> minutes of the meeting are signed by the chair. ** Give full marks if at least 25% of BFCI communities and if less than 25% then no marks	2	1	0	
7.4	School health programme At least 25% of schools are visited per quarter, plan followed and report generated **Give full marks if the school health monitoring plan is available and at least 25% of schools are visited and no marks if less than 25% of schools are visited	2	1	0	
Total Points Community Based Services		/8			
Recommendations					

8	Environmental Health Services	Full Marks	Part Marks	No Marks	Comments
8.1	(1) <input type="checkbox"/> Available Plan on participatory health and hygiene education (PPHE) in the community, (2) <input type="checkbox"/> Plan followed and (3) <input type="checkbox"/> Reports on PHHE available <i>Give full marks if all the three items have been met and part marks if 2 out of 3 are met and no marks if less than 2.</i>	2	1	0	
8.2	Epidemics management (1) <input type="checkbox"/> Disease surveillance, (2) <input type="checkbox"/> follow ups, (3) <input type="checkbox"/> contact tracing (look in registers), (4) <input type="checkbox"/> reports on outbreaks, (5) <input type="checkbox"/> case investigation forms and reports, (6) <input type="checkbox"/> case definition guidelines available and displayed <i>Give full marks if all the six criteria are fulfilled and part marks if 3-5 out of 6 and no marks if less than 3</i>	2	1	0	

8.3	% Inspections of public premises (including clinics and hospitals) and trading places against the quarterly target - <i>inspection reports</i> . Available plan followed and report generated <i>Give full marks if 90-100% of target met, part marks if more than 60-89% of target met and no marks if less than 60%</i>	2	1	0	
Total Points Environmental Health Services		/6			
Recommendations					

9	Youth Friendly Services	Full Marks	Part Marks	No Marks	Comments
9.1	1) <input type="checkbox"/> Availability of facilities to entice the youth to visit the clinic <i>e.g. Indoor or outdoor games, video club etc.</i> (2) <input type="checkbox"/> Having at least monthly organised activities <i>Give full marks if both criteria are met and no part marks</i>	2	1	0	
9.2	Existence of a youth friendly guideline and used	2	1	0	
9.3	Availability of at least one trained counsellor during organised activity and room available	2	1	0	
9.4	Availability of (1) <input type="checkbox"/> brochures, (2) <input type="checkbox"/> posters and (3) leaflets that address the needs of adolescents <i>Give full marks if all the three items have been met and part marks if 2 out of 3 are met and no marks if less than 2</i>	2	1	0	
Total Points Youth friendly services		/8			
Recommendations					

10	Laboratory	Full Marks	Part Marks	No Marks	Comments
10.1	Availability of Laboratory assistant	1	0	0	
10.2	(1) <input type="checkbox"/> Standard Operating Procedures available and being used (SOPs to be uniform for all facilities) (2) <input type="checkbox"/> List of laboratory tests/investigations visible for the public with fees <i>Give full marks if both criteria are met and part mark if one is met and no marks if none is met.</i>	2	1	0	

10.3	Laboratory is open every day of the week or on call Supervisor verifies the last 2 Sundays in laboratory register	2	1	0	
10.4	Laboratory equipment available and functional (1) <input type="checkbox"/> Microscope (2) <input type="checkbox"/> Hb meter (3) <input type="checkbox"/> Centrifuge (4) <input type="checkbox"/> Glucometer (5) <input type="checkbox"/> Urine dipsticks <i>Give full marks if all the four are available, part mark if 2-3 out of four and no marks if less than 2.</i>	2	1	0	
10.5	Personal Protective Equipment (PPE) for the laboratory staff	2	1	0	
10.6	Minimum 3 months' stock of reagents Check availability of essential reagents and stored separately from specimens <i>Give full marks if all the three randomly selected items have minimum stock levels at least, part marks if 2 out of 3 and no marks if less than 2</i>	2	0	0	
10.7	HIV tests available (1) <input type="checkbox"/> Test kits for HIV (At the least 20 HIV rapid tests available in the laboratory; non-expired) (2) <input type="checkbox"/> RPR and (3) <input type="checkbox"/> HepB tests available, and stored blood tested if applicable <i>Give full marks if all the three tests are available and part marks if 2 out of 3 and no marks if less than 2</i>	2	1	0	
10.8	No food and water and stored in refrigerator	1	0	0	
10.9	Waste management Appropriate waste management practices in place <i>Check for</i> (1) <input type="checkbox"/> Clinical waste in a bin lined with red plastic with lid (2) <input type="checkbox"/> Organic waste in a bin lined with black plastic with lid (3) <input type="checkbox"/> Sharp container for sharp objects available <i>Give full marks if all the three criteria are fulfilled and part marks if 2 out of three and no marks if less than 2.</i>	2			
Total Points Laboratory Services		/16			
Recommendations					

Process Quality Sections

11	General Consultations – OPD	Full Marks	Part Marks	No Marks	Comments
11.1	<p>Good conditions in waiting area</p> <p>1) <input type="checkbox"/> Sufficient benches and or chairs protected against sun and rain</p> <p>2) <input type="checkbox"/> General waste bin for waiting clients, lined with black plastic with lid</p> <p><i>Give full marks if all the two criteria are met and part marks if 1 is met.</i></p>	2	1	0	
11.2	<p>Each Consultation room in good condition</p> <p>(1) <input type="checkbox"/> Walls with durable materials well painted,</p> <p>(2) <input type="checkbox"/> floor paved with cement without fissures,</p> <p>(3) undamaged ceiling</p> <p>(4) <input type="checkbox"/> Consultation room and waiting space separated assuring confidentiality with clean curtains and functional door.</p> <p><i>Give full marks if all the four items of the criteria are fulfilled and part marks if 2-3 out of 4, and no marks if less than 2.</i></p>	2	1	0	
11.3	<p>Each Consultation room with Sufficient furniture</p> <p>(1) <input type="checkbox"/> at least one chair and table for nurse,</p> <p>(2) <input type="checkbox"/> two chairs for clients and</p> <p>(3) <input type="checkbox"/> examination couch- Non-torn, plastic cover, clean sheet, specific for the OPD consultations only)</p> <p>(4) <input type="checkbox"/> Well ventilated room,</p> <p><i>Give full marks if all the four items of the criteria are fulfilled and part marks if 2-3 out of 4, and no marks if less than 2.</i></p>	2	1	0	
11.4	<p>Consultation room (where emergencies are received) has 24/7 light</p> <p>Functioning electricity or solar light or chargeable light present</p> <p><i>Give full marks if criteria met and no marks if not</i></p>	2	0	0	
11.5	<p>Consulting staff is well-dressed</p> <p>Prescribed uniform -for all staff in all departments at the hospital</p> <p><i>Give full marks if criteria met and no marks if not</i></p>	4	0	0	
11.6	<p>Correct patient registers</p> <p>(1) <input type="checkbox"/> Under 5 and Above 5,</p> <p>(2) <input type="checkbox"/> Correct and sequential numbering of patients per month</p> <p>(3) <input type="checkbox"/> Leave Space between registers per month and</p> <p>(4) <input type="checkbox"/> closed at the end of the month</p> <p><i>Give full marks if all the four items of the criteria are fulfilled and part marks if 2-3 out of 4, and no marks if less than 2.</i></p>	2	1	0	
11.7	<p>Equipment availability</p> <p>(1) <input type="checkbox"/> Stethoscope,</p> <p>(2) <input type="checkbox"/> BP machine,</p> <p>(3) <input type="checkbox"/> Thermometer,</p> <p>(4) <input type="checkbox"/> Adult weighing scale and</p> <p>(5) <input type="checkbox"/> Glucometer</p> <p><i>Give full marks if all the five items of the criteria are fulfilled and part marks if 3-4 out of 5, and no marks if less than 3.</i></p>	2	1	0	
11.8	<p>National treatment/programme specific guidelines and</p>	2	1	0	

	<p>protocols Protocols for diagnosis and treatment of common illnesses accessible to staff and/or put on wall. (1) <input type="checkbox"/> Malaria (2) <input type="checkbox"/> TB (3) <input type="checkbox"/> STI (4) <input type="checkbox"/> HIV in each consultation room <i>Give full marks if all the four items of the criteria are fulfilled and part marks if 2-3 out of 4, and no marks if less</i></p>				
11.9	<p>(1) <input type="checkbox"/> Post Exposure Prophylaxis (PEP) policy and guidelines available and displayed/visible, (2) <input type="checkbox"/> knowledge of PEP among staff. (3) <input type="checkbox"/> PEP kit readily available in the event of a needle stick injury or other accidents? <i>Give full marks if all the 3 items of the criteria are fulfilled and part marks if 2 out of 3, and no marks if less than 2.</i></p>	2	1	0	
	Clinical OPD Quality of Care	5/5	3-4/5	2/5	
11.10	<p>% Of patients with adequate illnesses management (Check for the following on 5 recently consulted patients from the OPD register) <input type="checkbox"/> Basic assessment-record of vital signs Temperature, RR, <input type="checkbox"/> BP, Pulse <input type="checkbox"/> History taking <input type="checkbox"/> Laboratory if applicable <input type="checkbox"/> Diagnosis <input type="checkbox"/> Prescription <i>Give full marks if 5 patients have adequate management, part marks if 3-4 out of 5 patients and no marks if less than 3 patients</i></p>	4	2	0	
11.11	<p>% Of TB presumptive cases with documented investigations. Source: Suspect/Presumptive TB Register Assessment (take 5 at random patients) Check 5 TB suspected cases from TB suspect register whether (1) <input type="checkbox"/> Sputum was taken (2) <input type="checkbox"/> Results known <i>Give full marks if 5 patients have adequate management, part marks if 3-4 out of 5 patients and no marks if less than 3 patients</i></p>	4	2	0	
11.12	<p>% TB patients managed per National TB Control Guidelines to treatment. Source: TB Register, TB Treatment card Assessment- take 5 random patients Check (1) <input type="checkbox"/> Date when initiated on treatment (2) <input type="checkbox"/> Contact tracing done (3) <input type="checkbox"/> HIV status documented (4) <input type="checkbox"/> DOT documented <i>Give full marks if 5 patients have adequate management, part marks if 3-4 out of 5 patients and no marks if less than 3 patients</i></p>	4	2	0	
Total Points OPD Services		/32			

Recommendations					

12	Child services including IMNCI and EPI	Full Marks	Part Marks	No Marks	Comments
12.1	<p>Conditions in waiting area and consultation rooms for child services</p> <p>(1) <input type="checkbox"/> Sufficient benches and or chairs, protected against sun, rain and cold in waiting area</p> <p>(2) <input type="checkbox"/> tidy consultation rooms</p> <p>(3) <input type="checkbox"/> unbroken windows with clean curtains</p> <p>(4) <input type="checkbox"/> painted walls</p> <p>(5) undamaged ceiling</p> <p>(6) <input type="checkbox"/> light functional</p> <p><i>Give full marks if all the 6 criteria are met and part marks if 3-5 out of 6 are met and no marks if less than 3</i></p>	2	1	0	
12.2	<p>Integrated Management of Neonatal, Childhood Illnesses strategy is applied</p> <p>IMNCI guidelines are available and accessible to the staff in the consultation room (Check for the presence of the</p> <p>(1) <input type="checkbox"/> IMNCI assessment form and</p> <p>(2) <input type="checkbox"/> IMNCI chart booklet)</p> <p><i>Give full marks if both are available</i></p>	2	0	0	
	<p>IMNCI Clinical Quality of care</p> <p>Randomly select 5 cases for review</p>	90-100%	60-89%	>60%	
12.3	<p>% of children in the under-five register with a correct IMNCI classification in the last quarter</p> <p>(Check in the under-five OPD register on the classification section all children with a correct classification)(SOURCE OPD Under five register)</p> <p><i>AssessmentCriteria: Check one full month of children in the quarter under review and count those with a correct classification per IMNCI- or (RANDOMLY select five pages in the IMNCI register) Denominator will be the total number of children and numerator will be the number with a correct classification</i></p> <p><i>Give full marks if more than 90 % of children are correctly classified, give part marks if more than or equal to 60-89% and no marks if less than 60%</i></p>	4	2	0	
12.4	<p>% Of under five children correctly classified and treated for malaria (SOURCE: OPD Under five register)</p>	4	2	0	

	<p><i>Assessment- (Check one full month for children in the quarter under review and count those with a correct classification for malaria per IMNCI and check if managed per national malaria control guidelines)</i> i.e. <i>Uncomplicated Malaria – oral antimalarial (1st Line)</i> <i>Severe Malaria- admission and parenteral antimalarial</i> <i>Give full marks if more than 90 % of children are correctly classified, give part marks if more than or equal to 60-89% and no marks if less than 60%</i></p>				
12.5	<p>% of under five children correctly classified and treated for pneumonia (SOURCE: OPD Under five register)</p> <p><i>Assessment- Check one full month for children in the quarter under review and count those with a correct classification of pneumonia per IMNCI and check if managed per IMNCI guidelines</i> <i>Pneumonia- Treated with cotrimoxazole</i> <i>Severe Pneumonia- Treated with IV antibiotics</i> <i>Give full marks if more than 90 % of children are correctly classified and treated for pneumonia per guidelines, give part marks if more than or equal to 60-89% and no marks if less than 60%</i></p>	4	2	0	
12.6	<p>% of under five children correctly classified and treated for diarrhea (SOURCE: OPD Under five register)</p> <p><i>Assessment- Check one full month for children in the quarter under review and count those with a correct classification of diarrhea per IMNCI and check if managed per IMNCI guidelines.</i> <i>Diarrhea with no dehydration- ORS</i> <i>Diarrhea with some dehydration- ORS</i> <i>Diarrhea with severe dehydration- management with IV fluids</i> <i>Dysentery- ORS, and an antibiotic</i> <i>Give full marks if more than 9 % of children are correctly classified and treated for diarrhoeaper guidelines, give part marks if more than or equal to 60-89% and no marks if less than 60%</i></p>	6	2	0	
	Nutrition management				
12.7	<p>Beam weighing scales and/or Salter scales available and in working conditions</p> <p>(1) <input type="checkbox"/> Scales available and in good state (2) <input type="checkbox"/> Balance calibrated to zero, clean and in good conditions, (3) <input type="checkbox"/> weighing pants available (4) <input type="checkbox"/> Height board and MUAC tape available <i>Give full marks if all the four items of the criteria are fulfilled and part marks if 2-3 out of 4, and no marks if less than 2.</i></p>	2	1	0	
12.8	<p>(1) <input type="checkbox"/> Posters on Vitamin A and (2) <input type="checkbox"/> deworming schedules on wall <i>Give full marks if all the two criteria are met, and no marks if not.</i></p>	1	0	0	
12.9	<p>BREAST FEEDING policy available and visible to staff and patients in all the departments <i>Give full marks if the breastfeeding policy is available in all</i></p>	2	1	0	

	<i>the departments and part marks if available in some</i>				
	Clinical quality nutrition management				
12.10	% Of screening records of nutritional status done per protocol <i>Assessment- Check 5 cards of children under five in the OPD WITH (1) Weight for Age updated and (2) properly filled out</i> Source document – patient IWF cards <i>Give full marks if 4 or more records are correct, and part marks if 3 out of 5 and no marks if less than or equal to 2 records.</i>	4	2	0	
12.11	% Of valid Vitamin A doses administered every 6 months to all children from 6 to 59 months (Vitamin A and deworming register) <i>Assessment - Check one full month for children in the quarter under review and count those with valid doses (Valid dose to be at exactly 6 months or soon after and not less than that)</i> <i>Give full marks if more than 90 % of children had valid doses per guidelines, give part marks if more than or equal to 60-89% and no marks if less than 60%</i>	4	2	0	
12.12	% Of valid Deworming of all children 12 – 59 month every 6 months (Vitamin A + deworming register) <i>Assessment- Check one full month for children in the quarter under review and count those with valid doses (1st Dose at 12 months and then 6 monthly subsequently)</i> <i>Give full marks if more than 90 % of children had valid doses per guidelines, give part marks if more than or equal to 60-89% and no marks if less than 60%</i>	4	2	0	
12.13	(1) <input type="checkbox"/> The IMAM guidelines/Protocol and (2) <input type="checkbox"/> IMAM Inpatient Facility register available /OTP register available in OPD <i>Give full marks if both criteria are met.</i>	1	0	0	
12.14	% Of children under five diagnosed malnutrition managed per IMAM protocol <i>Assessment- Check one full month for children in the quarter under review and count those managed correctly per IMAM</i> <i>Check whether Criteria for referral to a major center/ hospital for admission- Z score -3 and MUAC less than 11.5cm, and criteria for outpatient management is being followed</i> <i>Outpatients Treatment Program (OTP) after stabilization (source- Inpatient Facility Register for admitting facilities and OTP register)</i> <i>Give full marks if more than 90 % of children with malnutrition were managed per guidelines, give part marks if more than or equal to 60-89% and no marks if less than 60%</i>	4	2	0	
12.15	1) <input type="checkbox"/> In case of diagnosed malnutrition are follow-up visits planned? (2) <input type="checkbox"/> Is there a defaulter tracing system? Check U5 /IMAM register/Outpatient Treatment cards <i>Give full marks if both criteria are met and give part marks if only one of the criteria is met.</i>	4	2	0	
12.16	% Of defaulters for IMAM program successfully tracked (Source OTP Register and Outpatient Treatment Card)	6	2	0	

	<p>Assessment=Check U5/IMAM register/Outpatient Treatment cards for whether defaulters are tracked and brought back into care during the quarter <i>Give full marks if more than 90% defaulters are brought back into care, part marks 60-89% and no marks if less than 60%</i></p>				
	Immunization and cold chain				
12.17	<p>(1) <input type="checkbox"/> Child immunization register well maintained, (2) <input type="checkbox"/> There is an immunization schedule, (3) <input type="checkbox"/> System can identify dropouts and (4) <input type="checkbox"/> action taken for dropouts? (Action taken also to be noted in register) <i>Give full marks if all the four items of the criteria are fulfilled and part marks if 2-3 out of 4, and no marks if less than 2.</i></p>	2	1	0	
12.18	<p>(1) <input type="checkbox"/> EPI schedule and (2) <input type="checkbox"/> EPI graphs displayed and (3) <input type="checkbox"/> updated regularly <i>Give full marks if all the 3 criteria are met, give part marks if 2 out of three criteria items are met and no marks if less than 2</i></p>	2	1	0	
12.19	<p>EPI reference materials, (1) <input type="checkbox"/> EPI Policy, (e.g. multi dose vial policy (MDVP), well followed observe vials for dates opened) (2) <input type="checkbox"/> EPI modules. <i>Available and easily accessible</i> <i>Give full marks if both criteria are met and give part marks if only one of the criteria is met.</i></p>	2	1	0	
12.20	<p>Cold Chain maintenance (1) <input type="checkbox"/> Presence of an EPI fridge (2) <input type="checkbox"/> thermometer and temperature monitoring form at fridge available, filled twice a day (3) <input type="checkbox"/> Temperature remains between 2 and 8 degrees C on temperature monitoring form (4) <input type="checkbox"/> If temperature went above or below the recommended levels and alarm went off what action was taken <i>Give full marks if all the four items of the criteria are fulfilled and part marks if 2-3 out of 4, and no marks if less than 2.</i></p>	2	1	0	
12.21	<p>EPI accessories (1) <input type="checkbox"/> Syringes/needles (per vaccine stock) (2) <input type="checkbox"/> sharps container (3) <input type="checkbox"/> Cooler boxes, (4) <input type="checkbox"/> Vaccine carriers (5) <input type="checkbox"/> Polio droppers (6) <input type="checkbox"/> Refuse bags (black and red) (7) <input type="checkbox"/> Emergency tray (hydrocortisone, adrenaline...) and (8) <input type="checkbox"/> conditional packs <i>Give full marks if all the 8 criteria items are fulfilled and part marks if 4-7 out of 8 are available, give no marks if less than 3.</i></p>	2	1	0	
12.22	<p>Appropriate storage of vaccines (1) <input type="checkbox"/> Freezing compartment: Ice packs (2) <input type="checkbox"/> Non-freezing compartment: Top shelf OPV, BCG, measles. (3) <input type="checkbox"/> Others lower shelf e.g. Pentavalent, TT, Yellow Fever,</p>	2	0	0	

	Rotavirus. <i>Give full marks if all the criteria are met, and no marks if less than three.</i>				
12.23	1) <input type="checkbox"/> Absence of expired vaccines 2) <input type="checkbox"/> Readable labels on all vaccines VVM stage 1 and 2 <i>Give full marks if all the two criteria are met and no part marks</i>	2	0	0	
12.24	Appropriate stock of vaccines (1) <input type="checkbox"/> BCG (2) <input type="checkbox"/> Polio (3) <input type="checkbox"/> Pentavalent (4) <input type="checkbox"/> Measles and (5) <input type="checkbox"/> Diluent per U1 population and specific to antigen (6) <input type="checkbox"/> Tetanus (pregnant women), Minimum stock- 1 month stock (Source- Vaccine Stock Cards) <i>Give full marks if all the six items are available to recommended levels and part marks if 3-5 out of 6.</i>	2	1	0	
12.25	(1) <input type="checkbox"/> Presence of vaccine ledger for all vaccines; (2) <input type="checkbox"/> physical stock verified (balance of in and out) (3) <input type="checkbox"/> Vaccine order forms (4) <input type="checkbox"/> AEFI investigation forms (5) <input type="checkbox"/> case investigation forms for EPI targeted diseases <i>Give full marks if all the five items of the criteria are met and part marks if 3-4 out 5 and no marks if less than 2</i>	2	1	0	
12.26	% of vaccine wastage acceptable FOR TRACER ANTIGENS Vaccine wastage forms available (Source: Vaccine wastage forms) <i>Assessment – check for wastage of the following antigens to be within acceptable regional norms (1)Pentavalent (2)OPV and (3) BCG</i> <i>Give full marks if the wastage % for all the tracer antigens is within acceptable range and no part marks</i>	4	0	0	
	Randomly select 5 cases	5/5	4/5	3/5	
12.27	% Children immunized for Pentavalent 3 with a valid Dose (Source EPI register) <i>Assessment- check one full month for the quarter under review and look for children given pentavalent 3 and ensure it is after 28 Days from the last Pentavalent vaccination</i> <i>Give full marks if more than 90 % of children had valid doses per guidelines, give part marks if more than or equal to 60-89% and no marks if less than 60%</i>	4	2	0	
Total Points Child services		/80			
Recommendations					

13	ANC and PNC	Full Marks	Part Marks	No Marks	Comments
13.1	(1) <input type="checkbox"/> Availability of Maternity guideline (2) <input type="checkbox"/> PMTCT Guidelines (3) <input type="checkbox"/> Focused ANC Guidelines (4) <input type="checkbox"/> ANC cards available. Minimum stock per expected pregnant women per month (at least 5%) <i>Give full marks if all the four items of the criteria are fulfilled and part marks if 2-3 are available and no marks if less than 2</i>	1	0	0	
13.2	Functional equipment (1) <input type="checkbox"/> Weighing scale and calibrated to zero, (2) <input type="checkbox"/> Stethoscope (3) <input type="checkbox"/> BP machine (4) <input type="checkbox"/> Foetoscope (5) <input type="checkbox"/> HB meter available and functional in each ANC room <i>Give full marks if all the five items of the criteria are met and part marks if 3-4 out 5 and no marks if less than 2</i>	2	1	0	
13.3	Clinical quality of care ANC services				
13.4	% Of women for first ANC who received FANC. Assessment – check for the following parameters of any one full month in the quarter under review for women if correctly entered in the registers or card, Parity, Blood Pressure Laboratory parameters HB, Protein, RPR (VDRL), glucose, sickle cell anaemia results available. Abdominal examination: Fetal heart rate (from 20 wks), fundal height, Presentation (from 36 wks), Fetal movement recorded <i>Give full marks if more than 90 % of have all the parameters documented per guidelines, give part marks if more than or equal to 60-89% and no marks if less than 60%</i>	6	3	0	
13.5	IPT2 administered to pregnant women per national guideline Assessment – check one full month records, IPT 1 to be given as early as 16 weeks but not later than 34 weeks, IPT 2 to be given at least after 4 weeks of the IPT1 but not later than 34 weeks of pregnancy <i>Give full marks if more than 90% are correct, and part marks if 60-89% and no marks if less than 60%</i>	4	2	0	
13.6	ANC conducted by qualified personnel Trained nurse, midwife, verified in ANC register <i>Give full marks if 100% of women were seen for ANC by qualified personnel and no part marks</i>	2	0	0	
13.7	Postnatal Care				
13.8	% Of women reviewed within 24 hours; 7 days; and 6 weeks (Source Post Natal Care register) Assessment- check records for one full month in the quarter under review for women with all three complete visits <i>Give full marks if more than 90% are of women had complete 3 PNC visits, and part marks if 60-89% and no marks if less than 60%</i>	6	3	0	
Total Points ANC and PNC		/21			

Recommendations

14	Maternity and New Born Care	Full Marks	Part Marks	No Marks	Comments
14.1	1) <input type="checkbox"/> Maternity care guideline available at the service delivery point and easily accessible and evidence of use (2) <input type="checkbox"/> Protocols for the management of obstetric complications available and displayed in the labour ward (PPH, Eclampsia, Maternal Sepsis) <i>Give full marks if both criteria are met and no part marks</i>	2	1	0	
14.2	Delivery room is well-maintained (1) <input type="checkbox"/> Walls with durable materials and painted (2) <input type="checkbox"/> Partition between delivery beds (3) <input type="checkbox"/> Delivery room cleaned with disinfectant (Ask for proof/disinfectant bottle) (4) <input type="checkbox"/> Floor level cement, without fissures and ceiling not damage (5) <input type="checkbox"/> Unbroken windows with clean curtains and (6) <input type="checkbox"/> functional door (7) <input type="checkbox"/> Water with soap in delivery room available (A functioning running water source or at the least 20 L) <i>Give full marks if all the seven criteria are met and part marks if 4-6 out of 7 is fulfilled and no marks if less than 4</i>	2	1	0	
14.3	Light in delivery room 24 hours Electricity, solar light or rechargeable battery lamp <i>Give full marks if criteria are met and no part marks</i>	2	1	0	
14.4	Waste from Maternity correctly handled Placenta is collected in a red plastic container with lid or put in closed plastic bag <i>Give full marks if criteria are met and no part marks</i>	2	0	0	
14.5	(1) <input type="checkbox"/> Availability of a tape to measure length and (2) <input type="checkbox"/> a functional aspirator manual/electric aspirator (3) <input type="checkbox"/> plunged into a non-irritating disinfectant <i>Give full marks if all the 3 criteria are met, give part marks if 2 out of three criteria items are met and no marks if less than 2</i>	4	0	0	
14.6	Emergency Tray/open cupboard available <input type="checkbox"/> 50% dextrose, <input type="checkbox"/> adrenaline, <input type="checkbox"/> lignocaine, <input type="checkbox"/> IM/IV diazepam, <input type="checkbox"/> IM/IV oxytocin, <input type="checkbox"/> IM/IV ergometrine, <input type="checkbox"/> IM/IV Magnesium sulphate, <input type="checkbox"/> IM/IV Sodium Bicarbonate, <input type="checkbox"/> Misoprostol, <input type="checkbox"/> aminophylline, <input type="checkbox"/> calcium gluconate,	2	1	0	

	<input type="checkbox"/> IM/IV Ampicillin, <input type="checkbox"/> IM/IV Crystalline Penicillin, <input type="checkbox"/> IM/IV Gentamycin, <input type="checkbox"/> IM/IV Hydralazine, <input type="checkbox"/> oxygen cylinders or concentrator <input type="checkbox"/> IV Infusions and giving sets <input type="checkbox"/> IV Fluids (5% Dextrose, Ringer lactate,Normal Saline) <input type="checkbox"/> ambubag, oro-airways, and analgesics <i>Give full marks if 18 or more of the criteria items are available and part marks if 15-17 items are available and no marks if less than 15 items are available</i>				
14.7	Availability of at least 10 pairs of sterile gloves, Mackintosh available for use <i>Give full marks if both criteria are met and part marks if one is met and no marks if none</i>	2	1	0	
14.8	Availability of at least 5 sterilized delivery packs with as content, each pack should have <input type="checkbox"/> 1 pair of episiotomy scissor, <input type="checkbox"/> 1 artery forceps non-toothed, <input type="checkbox"/> 1 artery forceps toothed <input type="checkbox"/> 1 kidney dish and bowls <input type="checkbox"/> One needle holder <input type="checkbox"/> Delivery towels and swabs for infection control <i>Give full marks if five steam sterilized standard delivery packs are available and part marks if 3-4 out of five and no marks if less than 3</i>	2	1	0	
14.9	Delivery beds in good state (1) <input type="checkbox"/> Bed with non-torn (2) <input type="checkbox"/> plasticized mattress well cleaned and maintained <i>Give full marks if both criteria are met and no part marks</i>	2	1	0	
	Routine MNH best practices; (mother & new-born) Review 5 records	5/5	3-4/5	2/5	
14.10	% Deliveries performed by a skilled health worker source delivery register Assessment- Check one full month deliveries in the delivery register for the quarter under review and note the cadre that delivered the patient (nurse, nurse midwife or doctor) <i>Give full marks if 95% are delivered by skilled birth attendant, part marks if 60-94% and no marks if less than 60%</i>	6	3	0	
14.11	% Deliveries monitored using a partograph Assessment- randomly select 5 deliveries in the delivery register and ask for the partographs from the facility <i>Give full marks if 5/5 of deliveries were monitored using a partograph, part marks if 3-4/5 and no marks if less than 3</i>	6	3	0	
14.12	Availability and Use of the Partographs (or records) % Ofpartograms in last month completed per guideline (random review minimum 5 partograms) Assessment: documented at admission and Every 30 minutes (FHR, maternal pulseuterine contractions, Every 2 hours (maternal temperature) Every 4 hours (cervical dilatation descent of presenting part, maternal BP, and urinalysis Verify five randomly selected partographs whether filled per the	6	3	0	

	norms <i>Give full marks if 5/5 deliveries were correctly monitored using a partograph, part marks if 3-4/5 and no marks if less than 3</i>				
14.13	% Women delivered in last month administered with oxytocin within one minute of delivery of baby during third stage of labour (AMTSL) (source: Partograph) Assessment -administration oxytocin 10 units IM within one minute of delivery of foetus <i>Give full marks if 5/5 had correct AMTSL, part marks if 3-4/5 and no marks if less than 3</i>	6	3	0	
14.14	% Women delivered in last month monitored in early post-partum period for early identification of danger signs (source: Partograph, PNC register) Assessment -(Review at least 5 charts- uterus contracted, BP, pulse, bladder, temperature checked at immediate and 1 hour postpartum <i>Give full marks if 5/5 were monitored correctly in the postpartum period, part marks if 3-4/5 and no marks if less than 3</i>	6	3	0	
14.15	Newborn Care equipment and supplies (1) <input type="checkbox"/> Sterile clips for umbilical cord, (2) <input type="checkbox"/> vitamin K, (3) <input type="checkbox"/> tetracycline eye ointment (4) <input type="checkbox"/> resuscitaire and ambubag (5) <input type="checkbox"/> functional suction equipment <i>Give full marks if all the 5 items of the criteria are met, and part marks if 3-4 out of five are available and no marks if less than three items</i>	2	1	0	
14.16	% babies with APGAR score noted (source: Partograph) Assessment- randomly select 5 partographs and note APGAR score filled in at 1 st and 5 th minute. Reviewer verifies <i>Give full marks if 5/5 had an APGAR score documented twice, part marks if 3-4/5 and no marks if less than 3</i>	6	3	0	
14.17	% New-borns monitored in early post-partum period per guideline (birth to discharge) for early identification of danger signs (source: PNC register) Assessment -Randomly review (every 3 rd case) records post-natal register entries for at least 5 new-borns delivered in last month check for Temp, RR <i>Give full marks if 5/5 were monitored correctly in the postpartum period, part marks if 3-4/5 and no marks if less than 3</i>	6	3	0	
14.18	% New-borns received Vitamin K and eye care in the last month (source partograph) Assessment – randomly select 5 partographs and check if Vit K was administered <i>Give full marks if 5/5 were given Vitamin K in the postpartum period, part marks if 3-4/5 and no marks if less than 3</i>	6	3	0	
	Management of obstetric complications				
14.19	% Women with obstetric complications appropriately managed (Source- referral register and carbon copies of referral notes) Assessment – check for five records in the previous women in the last quarter who were stabilised per national guidelines and referred to the next level. <i>Give full marks if 5/5 were appropriately managed per guidelines,</i>	6	3	0	

	<i>part marks if 3-4/5 and no marks if less than 3</i>				
14.20	% Pre-term and LBW babies appropriately managed <i>Assessment- check for five records in the delivery register, check for the referral notes</i> <i>Give full marks if 5/5 were appropriately managed per guidelines, part marks if 3-4/5 and no marks if less than 3</i>	6	3	0	
	Maternity Health Information (outcome) <i>Check for the display and evidence of analysis of this information</i>				
14.21	Number of Fresh still births recorded	1	0	0	
14.22	Number of Macerated still births recorded	1	0	0	
14.23	Number New-born resuscitation cases recorded	1	0	0	
14.24	Number of Live births recorded	1	0	0	
14.25	Number of PPH cases recorded	1	0	0	
14.26	Number of Eclampsia cases recorded	1	0	0	
14.27	Number of preterm and low birth weight babies recorded	1	0	0	
14.28	Number of Neonatal sepsis cases reported	1	0	0	
14.29	Number of Maternal sepsis cases recorded	1	0	0	
Total Points Maternity services		/91			
Recommendations					