UPHC Quality Score Card					
Dressing Room & Emergency	General Clinic	Maternity Health	New Born & Child Health		
50.0	50.0	50.0	50.0		
Immunization	ПЪНС	Score	Family Planning		
50.0			50.0		
Communicable Disease	50).0	Non Communicable Disease		
50.0			50.0		
Outreach	Pharmacy	Laboratory	General Administration		
50.0	50.0	50.0	0.0		

	HOSPITAL QUALITY SCORE CARD				
	AREA OF CONCERN WISE				
Service Provision	Patient Rights	Inputs	Support Services		
50.0%	50.0%	50.0%	50.0%		
	HOSPITAL SCORE				
	50.0%				
Clinical Services	Infection Control	Quality Management	Outcome		
50.0%	50.0%	50.0%	50.0%		

Standard A1	Facility provides Promotive, preventive and curative services	50%
Standard A2	The facility provides RMNCHA Services	50%
Standard A3	The Facility provides Diagnostic Services, Para-clinical & support services.	50%
Standard A4	The facility provide services as mandated in National Health Programmes, state scheme and local requirement.	50%

Standard A5	The facility provides services as per local needs / State specific health programmes as per guidelines
Standard B1	The service provided at facility are accessible
Standard B2	The service provided at facility are acceptable
Standard B3	The service provided at facility are affordable
itandard C1	The facility has adequate & Safe infrastructure for delivery of assured services and meets the prevalent norms
itandard C2	The facility has adequate qualified and trained staff, required for providing the assured services to the current case load
tandard C3	The facility provides drugs and consumables required for assured services.
tandard C4	The facility has equipment & instruments required for assured list of services.
Standard D1	The facility has established facility management programme for maintenance & upkeep of equipment & infrastructure to provide safe & secure environment to staff & users
Standard D2	Facility has defined procedure for storage, Inventory Management & dispensing of drugs in pharmacy
itandard D3	Facility has defined & established procedure for Community Participation for providing assured services
itandard D4	Facility has defined procedure for Governance & work Management
itandard D5	Facility has procedure for collecting & Reporting of the health facility related information
itandard E1	The facility has defined procedures for registration and consultation of patients.
itandard E2	Facility has defined procedure for primary management and continuity of care with appropriate maintenance of records
itandard E 3	Facility has defined & implemented procedures for Drug administration and standard treatment guideline as mandated by Government
itandard E4	Facility has defined & establish procedure for Diagnostic Services
itandard E5	The facility has establish procedure for Maternal health care as per guideline
tandard E6	Facility has established procedure for care of New born & Child as per guideline
tandard E7	Facility has establish procedure for Family Planning as per Govt guideline
tandard E8	Facility provides Adolescent reproductive & sexual health services as per guideline
itandard E9	Facility provides National Health Programmes as per operational/clinical guidelines of the Government
Standard F1	Facility has defined & implemented procedure for ensuring Hand hygiene practices & asepsis
itandard F2	Facility ensures availability of Personal Protective equipment & follows standard precautions.
Standard F3	Facility has standard procedure for disinfection &sterilization of equipment & instrument
Standard F4	Facility has defined & establish procedure for segregation, collection, treatment & disposal of Bio medical & hazardous waste
itandard G.1	Facility has established quality Assurance Program as per state/National guidelines
tandard G.2	Facility has established system for Patients and employees satisfaction
Standard G3	Facility has established ,documented &implemented standard operating procedure system for its all key
itandard H1	processes . The facility measures its productivity, efficiency, clinical care & service Quality indicators
itandard H2	Facility endeavours to improve its performance to meet bench marks

	National Quality A	ssurance Standards for l	J - PHC		1	
		Checklist	for Genera	I Clinic	·	
Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
		Area of Concern	- A Service	Provision		
tandard A1		Facility provides Promotive	, preventive a	and curative se	rvices	
ME A1.1	The facility provides treatment of common ailments	Availability of Consultation services for common illnesses	1	RR/SI	Common Cold, Fever, Diarrhoea, Respiratory tract infections, Bronchial Asthma, conjunctivitis, foreign body in conjunctival sac, etc.	
ME A1.3	The facility provides AYUSH Services	Functional & dedicated AYUSH clinic	1	RR/SI	Ayurveda, Unani, Siddha, Homeopathy, Naturopathy as per State Guidelines	
VIE A1.4	Services are available for the time period as mandated	OPD Services are available for at least 8 Hours in a day	1	RR/SI	It may be 12 noon to 8 PM/ it may be morning & evening OPD. Give full compliance if evening OPD is there	
Standard A2		The facility prov				
VIE A2.5			1		DELETED	
Standard A5	The facility provide	es services as per local needs	/ State speci	fic health prog	rammes as per guidelines	
ME A5.2	Facility provides services as per local needs/ state specific health programmes as per guidelines	Availability of OPD services for diseases, specifically prevalent locally	1	RR/SI		
	guidelines	Area of Concer		,		
Standard B1		The service provide				
		Patient is informed about the	a at lacinty a			
ME B1.7	Information about the treatment is shared with patients or attendants and consent is taken wherever required	diagnosis & Treatment Plan	1	PI/RR		
		A copy of OPD Slip/ Prescription containing Diagnosis & treatment plan, is given to patient	1	RR		
		Method of Administration /taking of the medicines is informed to patient/ their relative as per prescription				
			1	PI/RR		
ME B1.8	Access to facility is provided without any physical barrier	There is no overcrowding in general Clinic	1	OB		
Standard B2		The service provided	d at facility a	e acceptable		
ME B2.1	Services are provided in manner that are sensitive to gender	Availability of female staff / attendant, if a male doctor examines a female patients	1	SI/OB		
		Availability of Breast Feeding Corner	1	OB		
ME B2.2	Adequate visual privacy is provided at every point of care	Availability of screen/	1	ОВ	Check examination area & also door & window	
		One Patient is seen at a time in the clinic	1	ОВ		
		One clinic is not shared by two doctors at a time	1	ОВ		

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minimized 1 08/3 interaction Standard B3 The facility or control provided at facility are affordable Image: Control provided at facili	ME B2.3					safe custody and are not	
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description like BP apparatus, etc. 1 SI trouble shooting measures	ME C2.5						
1 Si trouble shooting measures			like BP apparatus, etc.				
Standard C4 The facility has equipment & instruments required for assured list of services.				1	SI	trouble shooting measures	
	Standard C4	The fac	ility has equipment & instrur	ments require	ed for assured	list of services.	

		Availability of functional	1		BP apparatus, Thermometer,	
		Equipment & Instruments			Weighing machine, Torch,	
	Availability of equipment				Stethoscope, measuring tape,	
		at OPD clinic				
ME C4.1	& instruments for				Snellen's chart, X-ray view box,	
	examination &				Tongue Depressor, Otoscope,	
	monitoring of patients				Height chart etc.	
				OB		
	Availability of patient	Availability of furniture at	1		Doctors Chair, Patient Stool,	
	furniture and fixtures as	clinics	1			
ME C4.5		cimics			Examination Table, Attendant	
	per load and service				Chair, Table, Footstep, cupboard	
	provision			OB		
		Area of Concerr	n - D Suppo	rt Services		
	The facility has estab	lished fosility menoseries			a 8 unknow of anuinment 8	
Standard D1					ce & upkeep of equipment &	
		rastructure to provide safe &	x secure envi	ronment to sta	an & users	
		Floors, walls, roof , sinks	1		All area are clean with no	
ME D1.3	Patient care areas are	patient care and corridors	-			
IVIE D1.5	clean and hygienic	·			dirt,grease,littering and	
		are Clean		OB	cobwebs	
		Surface of furniture and	1			
		fixtures are clean		OB		
		Toilets are clean with	1			
		functional flush and running				
		water		ОВ		
			4	05	+	ł
	Facility infrastructure is	Fixtures and Patient	1			
ME D1.4	adequately maintained	Furniture are intact and				
		maintained in OPD		OB		
	Facility has a discussion	No condemned/Junk	1			
	Facility has policy of	material in the OPD			Check for availability of	
ME D1.5	removal of condemned				condemnation policy & its	
	junk material			05		
		l	I	OB	adherence	
Standard D4	Fac	ility has defined procedure	for Governar	nce & work Ma	anagement	
				1		
	The facility has a defined					
ME D4.8	protocol for the issue of				Check cycle time to issue	
		Check Medical Certificate are			and a share the set of	
					medical certificate, check	
	medical certificates	issued as per defined criteria	1	RR/SI/PI	records & also denial policy	
	medical certificates	issued as per defined criteria				
		issued as per defined criteria Area of Concer	n - E Clinica	al Services	records & also denial policy	
Standard E1		issued as per defined criteria	n - E Clinica	al Services	records & also denial policy	
Standard E1	The facili	issued as per defined criteria Area of Concer ty has defined procedures fo	n - E Clinica	al Services	records & also denial policy	
Standard E1		issued as per defined criteria Area of Concer ty has defined procedures for Unique identification	n - E Clinica	al Services	records & also denial policy	
Standard E1 ME E1.1	The facili	issued as per defined criteria Area of Concer ty has defined procedures for Unique identification number is given to each	n - E Clinica	al Services	records & also denial policy	
	The facility has established procedure for	issued as per defined criteria Area of Concer ty has defined procedures for Unique identification number is given to each patient during process of	n - E Clinica or registratio	al Services	records & also denial policy	
	The facility has	issued as per defined criteria Area of Concer ty has defined procedures for Unique identification number is given to each patient during process of registration	n - E Clinica	al Services	records & also denial policy	
	The facility has established procedure for	issued as per defined criteria Area of Concer ty has defined procedures for Unique identification number is given to each patient during process of	n - E Clinica or registratio	al Services	records & also denial policy	
	The facility has established procedure for	issued as per defined criteria Area of Concer ty has defined procedures for Unique identification number is given to each patient during process of registration	n - E Clinica or registratio	al Services	records & also denial policy	
	The facility has established procedure for	issued as per defined criteria Area of Concer ty has defined procedures for Unique identification number is given to each patient during process of registration Patient demographic details are recorded in OPD	n - E Clinica or registratio	n and consulta	records & also denial policy tion of patients. Check for that patient demographics like Name, age,	
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ME E1.1 ME E1.2 Standard E2	The facility has established procedure for registration of patients The facility has an established procedure for OPD consultation Facility has defined proce	issued as per defined criteria Area of Concer ty has defined procedures for Unique identification number is given to each patient during process of registration Patient demographic details are recorded in OPD registration records There is procedure for systematic calling of patients one by one Every patient is offered a seat and is examined as per clinical staff is not engaged in administrative work during OPD hrs eedure for primary manager	n - E Clinica or registratio 1 1 1 1 1 1 1 nent and con f records	Al Services In and consulta RR/SI RR/SI OB OB OB	records & also denial policy tion of patients. Check for that patient demographics like Name, age, Sex, Address etc. Patient is called by Doctor/attendant as per his/her turn on the basis of "first come first examine" basis. No patient is consulted in standing position	
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ME E1.1 ME E1.2 Standard E2	Image: Second system The facility has established procedure for registration of patients Image: Second system The facility has an established procedure for OPD consultation Image: Second system Second system	issued as per defined criteria Area of Concer ty has defined procedures for Unique identification number is given to each patient during process of registration Patient demographic details are recorded in OPD registration records There is procedure for systematic calling of patients one by one Every patient is offered a seat and is examined as per clinical condition Clinical staff is not engaged in administrative work during OPD hrs cedure for primary manager of Patient History is taken and	n - E Clinica or registratio 1 1 1 1 1 1 1 nent and con f records	Al Services In and consulta RR/SI RR/SI OB OB OB	records & also denial policy tion of patients. Check for that patient demographics like Name, age, Sex, Address etc. Patient is called by Doctor/attendant as per his/her turn on the basis of "first come first examine" basis. No patient is consulted in standing position	
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ME E1.1 ME E1.2 Standard E2	Image: Second system The facility has established procedure for registration of patients Image: Second system The facility has an established procedure for OPD consultation Image: Second system Second system	issued as per defined criteria Area of Concer ty has defined procedures for umber is given to each patient during process of registration Patient demographic details are recorded in OPD registration records There is procedure for systematic calling of patients one by one Every patient is offered a seat and is examined as per clinical condition Clinical staff is not engaged in administrative work during OPD hrs cedure for primary manager of Patient History is taken and recorded	n - E Clinica or registratio 1 1 1 1 1 1 1 nent and con f records	al Services a and consulta RR/SI RR/SI OB OB tinuity of care	records & also denial policy tion of patients. Check for that patient demographics like Name, age, Sex, Address etc. Patient is called by Doctor/attendant as per his/her turn on the basis of "first come first examine" basis. No patient is consulted in standing position	
ME E1.1 ME E1.2 Standard E2	Image: Second system The facility has established procedure for registration of patients Image: Second system The facility has an established procedure for OPD consultation Image: Second system Second system	issued as per defined criteria Area of Concer ty has defined procedures for Unique identification number is given to each patient during process of registration Patient demographic details are recorded in OPD registration records There is procedure for systematic calling of patients one by one Every patient is offered a seat and is examined as per clinical condition Clinical staff is not engaged in administrative work during OPD hrs edure for primary manager of Patient History is taken and recorded Physical Examination is done	n - E Clinica or registration 1 1 1 1 1 1 nent and con f records 1	A Services A and consulta RR/SI RR/SI OB OB RR/SI RR/SI	records & also denial policy tion of patients. Check for that patient demographics like Name, age, Sex, Address etc. Patient is called by Doctor/attendant as per his/her turn on the basis of "first come first examine" basis. No patient is consulted in standing position	
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		is updated for follow up visits		RR/SI		
	The facility ensures that	is updated for follow up visits	1	RR/SI		
	The facility ensures that standardised forms and		1			
ME E2.8	formats are used for all					
	purposes including	Check availability of			OPD slip, OPD Register, Lab	
	registers	standardize forms & Register Records are labelled and	1	RR/OB	requisition form, referral slip	
		indexed	1	RR/OB		
	The facility ensures safe	Adequate facility for storage	1	,,		
ME E2.9	and adequate storage	of records				
	and retrieval of medical records			ОВ		
		L		1		
Standard E 3	Facility has defined & in		-		andard treatment guideline as	
		mandated	l by Governm	ent		
		Check every Medical				
ME E3.1	Medication orders are written legibly and	advice and procedure is				
	adequately	accompanied with date,		55 (05		
		time and signature Check prescription are	1	RR/OB	OPD slip	
		written legibly &				
		comprehendible by the				
		clinical staff Check for OPD slip if drugs	1	RR/OB		
	The facility ensures that	are prescribed under generic				
ME E3.4	drugs are prescribed in generic name only	name only				
	Benerio nanie oniy	Check for Doctors are	1	RR/OB	Ask the cases in which doctor	
	There is procedure of	sensitized for rational use of			prescribe the antibiotics.	
ME E3.5	rational use of drugs	drugs especially antibiotics				
		Charly fourth at unlawant	1	RR/SI		
	Drugs are prescribed	Check for that relevant Standard treatment				
ME E3.6	according to Standard Treatment Guidelines	guideline are available at				
	Treatment Guidennes	point of use	1	RR/SI		
		Check staff is aware of the drug regime and doses as per				
		STG	1	RR/SI		
		Check OPD ticket that drugs				
		are prescribed as per STG	1	RR/SI		
	Facility pr	ovides Adolescent reproduct		nealth service	s as per guideline	
Standard E8			1			
Standard E8 ME E8.1			1			
		DELETED	1			
		DELETED	1			
		DELETED	1 1 1			
ME E8.1		DELETED	1 1 1 1			
		DELETED	1 1 1			
ME E8.1		DELETED	1 1 1 1 1 1 1 1			
ME E8.1		DELETED	1 1 1 1 1 1 1 1 1 1			
ME E8.1		DELETED	1 1 1 1 1 1 1 1 1 1	RR/SI		
ME E8.1		DELETED	1 1 1 1 1 1 1 1 1 1	RR/SI		

			1			
		Area of Concerr	- F Infectio	on Control		
Standard F1	Facility has def	ined & implemented proced	ure for ensuri	ing Hand hygie	ne practices & asepsis	
	Hand washing facilities	Availability of hand washing			Check for availability of wash	
/IE F1.1	are provided at point of use	Facility at the Point of Use	1	OB/RR	basin near the point of use	
	use	Availability of running Water	1	OB/KK	Ask to Open the tap. Ask Staff	
			1	OB	water supply is regular	
		Availability of antiseptic soap with soap dish/ liquid			Check for availability/ Ask staff if the supply is adequate and	
		antiseptic with dispenser.			uninterrupted	
			1	OB		
		Display of Hand washing Instruction at Point of Use			Prominently displayed above the hand washing facility ,	
		instruction at Point of Ose			preferably in Local language &	
			1	OB	pictorial	
		Availability of Alcohol based Hand rub	1	ОВ	Check for availability/ Ask staff	
			1	ОВ	for regular supply.	
ЛЕ F1.2	Staff is trained and adhere to standard hand	Staff adheres to standard			Ask the staff about moment of	
	washing practices	hand washing practices	1	OB/SI	hand washing & Steps of hand washing to demonstrate	
			1	06/31		
tandard F2	Facility ensures	availability of Personal Prote	ective equipn	nent & follow	s standard precautions.	
	Facility ensures adequate	Disposable gloves are				
/IE F2.1	personal protection equipment as per	available at point of use				
	requirements		1	OB		
		Availability of Masks	1	OB		
1E F2.2	Staff adheres to standard personal	No reuse of disposable gloves, Masks, caps and				
	protection practices	aprons.	1	OB/SI		
tandard F3	Facility has st	tandard procedure for disinfe	ection &steril	ization of equi	pment & instrument	
tandard F3	Facility has st			ization of equi		
tandard F3	The facility ensures	tandard procedure for disinfe Decontamination of Procedure surfaces	ection &steril	ization of equi	pment & instrument Ask staff about how they decontaminate the procedure	
	The facility ensures standard practices and	Decontamination of		ization of equi	Ask staff about how they decontaminate the procedure surface like Examination table	
	The facility ensures	Decontamination of		ization of equi	Ask staff about how they decontaminate the procedure surface like Examination table (Wiping with .5% Chlorine	
	The facility ensures standard practices and materials for decontamination and cleaning of instruments	Decontamination of		ization of equi	Ask staff about how they decontaminate the procedure surface like Examination table	
	The facility ensures standard practices and materials for decontamination and	Decontamination of	1	ization of equi	Ask staff about how they decontaminate the procedure surface like Examination table (Wiping with .5% Chlorine	
	The facility ensures standard practices and materials for decontamination and cleaning of instruments	Decontamination of Procedure surfaces Proper Decontamination of			Ask staff about how they decontaminate the procedure surface like Examination table (Wiping with .5% Chlorine solution	
	The facility ensures standard practices and materials for decontamination and cleaning of instruments	Decontamination of Procedure surfaces	1		Ask staff about how they decontaminate the procedure surface like Examination table (Wiping with .5% Chlorine	
	The facility ensures standard practices and materials for decontamination and cleaning of instruments	Decontamination of Procedure surfaces Proper Decontamination of	1		Ask staff about how they decontaminate the procedure surface like Examination table (Wiping with .5% Chlorine solution Ask staff how they decontaminate the instruments like Stethoscope, Examination	
	The facility ensures standard practices and materials for decontamination and cleaning of instruments	Decontamination of Procedure surfaces Proper Decontamination of	1	SI	Ask staff about how they decontaminate the procedure surface like Examination table (Wiping with .5% Chlorine solution Ask staff how they decontaminate the instruments	
1E F3.1	The facility ensures standard practices and materials for decontamination and cleaning of instruments and procedures areas	Decontamination of Procedure surfaces Proper Decontamination of instruments after use	1 1 gation, collec	SI	Ask staff about how they decontaminate the procedure surface like Examination table (Wiping with .5% Chlorine solution Ask staff how they decontaminate the instruments like Stethoscope, Examination	
1E F3.1	The facility ensures standard practices and materials for decontamination and cleaning of instruments and procedures areas Facility has defined & e	Decontamination of Procedure surfaces Proper Decontamination of instruments after use establish procedure for segre hazar	1	SI	Ask staff about how they decontaminate the procedure surface like Examination table (Wiping with .5% Chlorine solution Ask staff how they decontaminate the instruments like Stethoscope, Examination instruments	
/IE F3.1 tandard F4	The facility has defined & of the facility ensures areas	Decontamination of Procedure surfaces Proper Decontamination of instruments after use establish procedure for segre hazar	1 1 gation, collec	SI	Ask staff about how they decontaminate the procedure surface like Examination table (Wiping with .5% Chlorine solution Ask staff how they decontaminate the instruments like Stethoscope, Examination instruments	
NE F3.1 NE F3.1	The facility ensures standard practices and materials for decontamination and cleaning of instruments and procedures areas Facility has defined & e	Decontamination of Procedure surfaces Proper Decontamination of instruments after use establish procedure for segre hazar	1 1 gation, collec	SI	Ask staff about how they decontaminate the procedure surface like Examination table (Wiping with .5% Chlorine solution Ask staff how they decontaminate the instruments like Stethoscope, Examination instruments	
/IE F3.1 tandard F4	The facility ensures and procedures areas Facility has defined & o The facility ensures segregation of Bio	Decontamination of Procedure surfaces Proper Decontamination of instruments after use establish procedure for segre hazar Availability of colour coded bins at point of waste generation	1 1 gation, collec	SI	Ask staff about how they decontaminate the procedure surface like Examination table (Wiping with .5% Chlorine solution Ask staff how they decontaminate the instruments like Stethoscope, Examination instruments It & disposal of Bio medical & Bins are covered	
/IE F3.1 tandard F4	The facility ensures and procedures areas Facility has defined & of The facility ensures segregation of Bio Medical Waste as per	Decontamination of Procedure surfaces Proper Decontamination of instruments after use establish procedure for segre hazar Availability of colour coded bins at point of waste generation Availability of colour coded	1 1 gation, collect dous waste	SI SI SI CB	Ask staff about how they decontaminate the procedure surface like Examination table (Wiping with .5% Chlorine solution Ask staff how they decontaminate the instruments like Stethoscope, Examination instruments It & disposal of Bio medical & Bins are covered Check Yellow bag is non	
1E F3.1	The facility ensures and procedures areas Facility has defined & of The facility ensures segregation of Bio Medical Waste as per	Decontamination of Procedure surfaces Proper Decontamination of instruments after use establish procedure for segre hazar Availability of colour coded bins at point of waste generation	1 1 gation, collect	SI SI	Ask staff about how they decontaminate the procedure surface like Examination table (Wiping with .5% Chlorine solution Ask staff how they decontaminate the instruments like Stethoscope, Examination instruments It & disposal of Bio medical & Bins are covered	
/IE F3.1 tandard F4	The facility ensures and procedures areas Facility has defined & of The facility ensures segregation of Bio Medical Waste as per	Decontamination of Procedure surfaces Proper Decontamination of instruments after use establish procedure for segre hazar Availability of colour coded bins at point of waste generation Availability of colour coded bags Segregation of different category of waste as per	1 1 gation, collect dous waste	SI SI Correction, treatment OB	Ask staff about how they decontaminate the procedure surface like Examination table (Wiping with .5% Chlorine solution Ask staff how they decontaminate the instruments like Stethoscope, Examination instruments It & disposal of Bio medical & Bins are covered Check Yellow bag is non	
/IE F3.1 tandard F4	The facility ensures and procedures areas Facility has defined & of The facility ensures segregation of Bio Medical Waste as per	Decontamination of Procedure surfaces Proper Decontamination of instruments after use establish procedure for segre hazar Availability of colour coded bins at point of waste generation Availability of colour coded bags Segregation of different category of waste as per guidelines	1 1 gation, collect dous waste	SI SI SI CB	Ask staff about how they decontaminate the procedure surface like Examination table (Wiping with .5% Chlorine solution Ask staff how they decontaminate the instruments like Stethoscope, Examination instruments It & disposal of Bio medical & Bins are covered Check Yellow bag is non	
VE F3.1	The facility ensures and procedures areas Facility has defined & of The facility ensures segregation of Bio Medical Waste as per	Decontamination of Procedure surfaces Proper Decontamination of instruments after use establish procedure for segre hazar Availability of colour coded bins at point of waste generation Availability of colour coded bags Segregation of different category of waste as per	1 1 gation, collect dous waste	SI SI Correction, treatment OB	Ask staff about how they decontaminate the procedure surface like Examination table (Wiping with .5% Chlorine solution Ask staff how they decontaminate the instruments like Stethoscope, Examination instruments It & disposal of Bio medical & Bins are covered Check Yellow bag is non	
/IE F3.1 tandard F4	The facility ensures and procedures areas Facility has defined & of The facility ensures segregation of Bio Medical Waste as per	Decontamination of Procedure surfaces Proper Decontamination of instruments after use establish procedure for segre hazar Availability of colour coded bins at point of waste generation Availability of colour coded bags Segregation of different category of waste as per guidelines Display of work instructions	1 1 gation, collect dous waste	SI SI Correction, treatment OB	Ask staff about how they decontaminate the procedure surface like Examination table (Wiping with .5% Chlorine solution Ask staff how they decontaminate the instruments like Stethoscope, Examination instruments It & disposal of Bio medical & Bins are covered Check Yellow bag is non	
/IE F3.1 tandard F4	The facility ensures and procedures areas Facility has defined & of The facility ensures segregation of Bio Medical Waste as per	Decontamination of Procedure surfaces Proper Decontamination of instruments after use establish procedure for segre hazar Availability of colour coded bins at point of waste generation Availability of colour coded bags Segregation of different category of waste as per guidelines Display of work instructions for segregation and handling of Biomedical waste	1 1 gation, collect dous waste	SI SI Correction, treatment OB	Ask staff about how they decontaminate the procedure surface like Examination table (Wiping with .5% Chlorine solution Ask staff how they decontaminate the instruments like Stethoscope, Examination instruments It & disposal of Bio medical & Bins are covered Check Yellow bag is non	
/IE F3.1 tandard F4	The facility ensures and procedures areas Facility has defined & of The facility ensures segregation of Bio Medical Waste as per	Decontamination of Procedure surfaces Proper Decontamination of instruments after use establish procedure for segre hazar Availability of colour coded bins at point of waste generation Availability of colour coded bags Segregation of different category of waste as per guidelines Display of work instructions for segregation and handling of Biomedical waste There is no mixing of	1 1 gation, collect dous waste 1 1 1	SI SI Ction, treatme OB OB	Ask staff about how they decontaminate the procedure surface like Examination table (Wiping with .5% Chlorine solution Ask staff how they decontaminate the instruments like Stethoscope, Examination instruments Ask disposal of Bio medical & Bins are covered Check Yellow bag is non chlorinated	
1E F3.1	The facility ensures and procedures areas Facility has defined & of The facility ensures segregation of Bio Medical Waste as per	Decontamination of Procedure surfaces Proper Decontamination of instruments after use establish procedure for segre hazar Availability of colour coded bins at point of waste generation Availability of colour coded bags Segregation of different category of waste as per guidelines Display of work instructions for segregation and handling of Biomedical waste	1 1 gation, collect dous waste 1 1 1	SI SI Ction, treatme OB OB	Ask staff about how they decontaminate the procedure surface like Examination table (Wiping with .5% Chlorine solution Ask staff how they decontaminate the instruments like Stethoscope, Examination instruments Ask disposal of Bio medical & Bins are covered Check Yellow bag is non chlorinated	

Standard G.1	Facility has established quality Assurance Program as per state/National guidelines					
ME G1.5	The facility has established internal quality assurance programme	Internal Assessment of the General Clinic is done at periodic interval	1	SI/RR		
Standard G3	Facility has establishe	documented &implemen, ed documented &implemen	ted standard ocesses .	operating proc	edure system for its all key	
ME G3.1	Standard Operating procedures are prepared , distributed and implemented for all key processes	Updated SOP are available at point of use	1	RR		
		SOP adequately cover all relevant processes of the department	1	RR		
		Area of Conc				
Standard H1	The facility m	easures its productivity, effi	ciency, clinic	al care & servic	e Quality indicators	
ME H1.1	Facility measures Productivity Indicators on monthly basis	OPD Per day	1	RR		
			1	DELETED		
ME H1.2	Facility measures efficiency Indicators on monthly basis	AYUSH OPD per month OPD per doctor	1	RR		
		Percentage of follow up patients	1	RR		
ME H1.3	Facility measures Clinical Care & Safety Indicators on monthly basis	Consultation time in OPD	1	RR		
		Percentage of OPD cases treated with Antibiotic	1	RR		
ME H1.4	Facility measures Service Quality Indicators on monthly basis	Waiting time for Consultation at OPD	1	RR		
Standard H2	Fac	ility endeavours to improve	its performa	nce to meet be	nch marks	
ME H2.2	The facility strives to improve indicators from its current performance	Trends analysis of Indicators is done at Periodic Intervals	1	RR		

General Clinic Score

	Clinic				
	Area of Concern wise Score				
A	Service Provision	50.0			
В	Patient Rights	50.0			
С	Inputs	50.0			
D	Support Services	50.0			
E	Clinical Services	50.0			
F	Infection Control	50.0			

G	Quality Manangement	50.0
н	Outcome	50.0

	National Quality	Assurance Standards for U - P	РНС		2	
		Checklist for Maternity H	lealth			
Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
		Area of Concern - A S	ervice Provis			
tandard A1		Facility provides Promotive, preve	entive and cura	ative services		
ME A1.4	Services are available for the time period as mandated	ANC & PNC services are available during OPD timing	1	RR/SI	Though Fix day for providing ANC services, client will be entertained if she visits any day during OPD hrs	
itandard A2		The facility provides RI	MNCHA Service	es		
ME A2.2	The facility provides Maternal health Services	Availability of Functional ANC Clinic			ANC services are provided through dedicated setup. Check records for ANC being regularly conducted at facility through fix day or all days approach	
			1	RR/SI		
		Early registration & Minimum 4 ANC Check-up	1		Charle ANC register (MCD cord	
		Provision of Tetanus Toxoid and IFA	1	RR/SI	Check ANC register /MCP card	
		Nutritional & Health Counselling	1	RR/SI		
			1	RR/SI		
		Identification and management of High Risk and Danger signs during pregnancy				
			1	RR/SI	Check ANC records	
		Area of Concern B - F	-			
Standard B1		The service provided at fa Timings and days of the ANC clinic is	clity are acces	SIDIE	Day and timing of fix day	
ME B1.2	The facility displays the services and entitlements available		1	ОВ	services like ANC,Immunization etc. (as applicable)	
		Entitlements under JSSK, JSY or any state specific scheme				
			1	OB		
		Important information like no. of Ambulances & nearby facilities are displayed				
			1	OB		
ME B1.4	Patients & visitors are sensitized and educated through appropriate IEC / BCC approaches	Availability of Booklets / Leaflets/ brochures in the waiting area for Health education and information about early registration, diet & rest during pregnancy, recognizing signs of labour, recognizing danger signs during pregnancy & family planning etc.				
			1	OB	IEC corner. Check safe motherhood booklet is given to every pregnant women	
VIE B1.7	Information about the treatment is shared with patients or attendants and consent is taken wherever required	Antenatal mothers are informed of confirmation of pregnancy and frequency of visits and danger signs during pregnancy have been communicated to them			Interview the Antenatal mother about the communications, received by them. Co-relate with the notes recorded on the card.	
			1	PI		
		Mother & Child protection card is provided to all clients				
				RR		

				1		
		Method of Administration /taking of				
		the IFA & Calcium supplement etc. is				
		informed to patient/ their relative by				
		doctor/ ANM				
			1	PI/RR		
45.84.0	Access to facility is provided					
ME B1.8	without any physical barrier	There is no overcrowding in ANC				
		clinic	1	ОВ		
Standard B2		The service provided at fac				
		Availability of female staff /	and are accept			
		attendant, if a male doctor examines				
	Services are provided in	a female patients				
ME B2.1	manner that are sensitive to					
	gender					
			1	SI/OB		
		Dedicated Female OPD for ANC cases		0.702		
			1	SI/OB		
			-		Specially for ANC clients	
ME B2.2	Adequate visual privacy is	Availability of screens /curtains in				
	provided at every point of care	Examination area	1	ОВ		
		Patient records are kept in safe	1	00	Check Patient records	
	Confidentiality of patients'	custody in ANC clinic			e.gANC register, HIV positive	
ME B2.3	records and clinical information				reports etc. are kept in safe	
	is maintained				custody and are not	
	is maintaineu		1	OB/SI	accessible to unauthorized	
			Ŧ	00/31		
		Confidentiality of HIV cases are				
		maintained in ANC clinic	1	OB/SI		
Standard B3		The service provided at fac				
	The facility provides cashless	OPD Consultation/ ANC Check up is	1	SI/RR	Check for there is no	
	services to all patients including	provided free of cost			consultation fee/ registration	
ME B3.1	pregnant women, mothers and				fee for JSSK beneficiaries	
	sick children as per prevalent					
	government schemes					
	-					
	The facility ensures that the		1			
ME B3.3		Check patient party has not spend		_		
	in the pharmacy	on purchasing drugs from outside		PI		
	Facility ensure investigation	Check patient party has not spend	1			
ME B3.4		on purchasing consumables from		-		
	Laboratory	outside		PI		
		Area of Concern	- C Inputs			
tandard C1	The facility has adequat	e & Safe infrastructure for delivery	of assured se	rvices and me	ets the prevalent norms	
	Departments have adequate	Clinics have adequate space for				
ME C1.1	space as per patient load	consultation and examination		a- (-)		
			1	OB/SI		
	Amenities for Patients & Staff	Availability of Fans/ Warmers as per				
ME C1.2	are available as per load	need				
			1	OB		
		Availability of clean drinking water				
		facilities			May be shared common with	
			1	OB	General clinic	
		Availability of clean & functional			Dry toilet with running water,	
		toilets			May be shared with General	
			1	OB	clinic	
	Departments have layout and	Dedicated Clinics for ANC				
ME C1.3	demarcated areas as per	Consultation and counselling				
	functions		1	OB/SI		
		Dedicated examination area is				
		provided in ANC clinic	1	OB/SI		
	The facility ensures safety of	ANC clinic does not have temporary			Switch Boards all other	
ME C1.5	electrical installations	connections and loosely hanging			electrical installations are	
		wires	1	OB	intact &secure	
	Physical condition of buildings	Floor of ANC clinic is non slippery				
ME C1.6	are safe for providing patient	and even				
	care		1	OB		
Standard C2	The facility has adequate qua	alified and trained staff, required fo	or providing th	ne assured ser	vices to the current case load	

		1			1	
	The facility has adequate	Availability of Doctors for				
ME C2.1	medical officers as per service	consultation during OPD hours				
	provision and work load					
	provision and work load		1	RR/SI/PI		
	The facility has adequate	Availability of Staff nurse/ANM at				
ME C2.2	The facility has adequate	ANC clinic				
IVIE CZ.Z	nursing staff/Paramedics as per					
	service provision and work load		1	RR/SI		
	The Staff has been imparted	Training of Doctor for IMNCI				
	necessary trainings/skill set to					
ME C2.4	enable them to meet their					
	roles & responsibilities		1	RR		
		Training of staff nurse for SBA	1	RR		
	The Staff is skilled and	Check competency of the staff to		SI		
ME C2.5	competent as per job	use OPD equipment like BP				
	description	apparatus, etc.	1			
		Check the competency of ANM/Staff		SI	Calculation of EDD and High	
		nurse for conducting ANC as per		-	risk pregnancy	
		protocols	1			
					1	
Standard C3	The fa	acility provides drugs and consumal	bles required f	or assured ser	vices.	
		Availability of Drugs for ANC services	1	SI/RR/OB	IFA Tablets, Calcium	
	The facility has availability of				Supplement, Albendazole 400	
ME C3.1	adequate drugs at point of use				mg & Inj Tetanus Toxoid	
					·	
Standard C4	The fac	ility has equipment & instruments	required for as	ssured list of se	ervices.	
		Availability of Instruments and	1	OB	Stethoscope, BP Apparatus,	
	Availability of equipment &	Equipment for ANC Check up			weighing Scale, Inch Tape,	
	instruments for examination &				Facility for measuring height,	
ME C4.1					Foetoscope, Thermometer	
	monitoring of patients				etc.	
		Availability of furniture at clinics	1	OB	Doctors /Staff nurse/ ANM	
	Availability of patient furniture				Chair, Patient Stool,	
ME C4.5	and fixtures as per load and				Examination Table, Attendant	
	service provision				Chair, Table, Footstep,	
					cupboard	
		Area of Concern - D S	upport Serv	ices		
	The facility has established f	acility management programme fo			auinmont & infractructura	
Standard D1	The facility has established i	to provide safe & secure envir			equipment & innastructure	
		-			1	
	The facility ensures	Temperature control and ventilation				
ME D1.2	comfortable environment for	in ANC clinic				
	patients and service providers			6-		
			1	OB		
ME D1.3	Patient care areas are clean	Floors, walls, roof , sinks, patient				
	and hygienic	care and corridors are Clean	1	OB		
		Surface of furniture and fixtures are			1	
		clean	1	OB	l	
ME D1.4	Facility infrastructure is	Fixtures and Patient Furniture are			1	
	adequately maintained	intact and maintained in OPD	1	OB	l	
	Facility has policy of removal of	No condemned/Junk material in the				
ME D1.5	condemned junk material	OPD				
		<u> </u>	1	OB		
		Area of Concern - E C	Clinical Servi	ces		
Standard E2	Facility has defined procedur	e for primary management and co	ntinuity of car	e with approp	riate maintenance of records	
	. activy has defined procedul					
	The facility provides	There is a system of referring patient			1	
	appropriate referral linkages	from ANC clink to higher centre for			1	
ME E2.2	for transfer to other/higher	specialist consultation				
	facilities to assure the					
	continuity of care.					
			1	SI/RR		
	Facility ensures follow up of	There is system of follow up of the				
ME E2.3	Facility ensures follow up of patients	patients referred to higher facilities				
	patients		1	SI/RR		
		ilite has a shakili kuma sadara ƙwa ƙ	stannal haalth	caro as por qui	idalina	
	100 ta	cility has establish procedure for we				
Standard E5	The fac	cility has establish procedure for Ma	aternal health	care as per gu	lueime	

		Facility provides and updates			Check Mother & Child
	There is an established	"Mother and Child Protection			Protection cards have been
ME E5.1	procedure for Registration and	Card"			provided for each pregnant
	follow up of pregnant women.				women at time of 1st
					registration/ First ANC
			1	RR	
		Facility ensures early registration			Check ANC records for
		of ANC			ensuring that majority of ANC
					registration is taking place
					within 12th week of
			1	RR/SI	Pregnancy in ANC register
		Records are maintained for ANC			Records of each ANC check-
		registered pregnant women			up is maintained are
					maintained in ANC register
			1	RR/SI	
		Clinical information of ANC is kept			Check, if there is a system of
		with ANC clinic			keeping copy of ANC
					information like LMP, EDD,
					Lab Investigation Findings ,
					Examination findings etc. with
			1	RR/SI	them
		Staff has knowledge of calculating	-	111/31	Check with staff the expected
		expected pregnancies in the area			
		expected pregnancies in the area			pregnancies in her area / How
					to calculate it.(Birth Rate X
					Population/1000 Add 10% as
					correction factor (Still Birth)
			1	RR/SI	
		Tracking of Missed and left out ANC			Check with ANM how she
					tracks missed out ANC. Use of
					MCTS by generating work
					plan and follow-up with
					ASHA, AWW etc.
					Check if there is practice of
					recording Mobile no. of
					clients/next to kin for follow
			1	RR/SI	
		All pregnant women get ANC check-	-	NIQ 51	Ask staff about schedule of 4
		up as per recommended schedule			ANC Visits
		up as per recommended schedule			(1st - < 12 Weeks
					•
					2nd - < 26 weeks
					3rd - < 34 weeks
					4th >34 to term)
					Check ANC register whether
					all 4 ANC covered for most of
					the women (sample cases)
			1	RR/SI	
		At least one ANC visit is attended by			Preferably 3rd Visit (28-34
		Medical Officer	1	RR/SI	Weeks)
		At ANC clinic, Pregnancy is			Check for ANC record that
	There is an established	confirmed by performing urine test			pregnancy has been
	procedure for History taking,				confirmed by using Pregnancy
ME E5.2	Physical examination, and				test Kit (Nischay Kit)
	counselling of each antenatal				
	woman, visiting the facility.				
	,		1	RR/SI	
		Last menstrual period (LMP) is		,	Check how staff confirms
		recorded and Expected date of			EDD & LMP, (EDD = Date of
		Delivery (EDD) is calculated on first			LMP+9 Months+7 Days) How
		,,,,,			
		visit			she estimates if Pregnant
					women is unable to recall first
					day of last menstrual cycle
					('Quickening', Fundal Height)
					.Check ANC records that it
					has been written
			1	RR/SI	
		Comprehensive Obstetric History is			
		recorded			History of Pervious
					pregnancies including
					complications and procedures
					done, if any, is taken
			1	RR/SI	
				, -:	<u> </u>

		History of Current or past systemic			History of current or past
		illnesses is taken & recorded			systemic illness like
					, Hypertension, Diabetes,
					Tuberculosis, Rheumatic
					Heart Disease, Rh
					Incompatibility, malaria, etc.
			1	RR/SI	is taken
		History of Drug intake or allergies &			Allergies to drugs, any
		intake of Habit forming and Harmful			treatment taken for infertility.
		substances like Tobacco, Alcohol,			,
		Passive smoking			
		rassive shoking	1		
			1	RR/SI	
		Physical Examination of Pregnant			Pulse, Respiratory Rate,
		Women is done on every ANC visit			Pallor, Oedema
			1	RR/SI/OB	
		Weight measurement is measured			Check any 3 ANC records/
		on every ANC Visit			MCP Card randomly to see
					that weight has been
					measured and recorded at
			1		
	-	Plead prossure is more t	1	RR/SI/OB	every ANC visit
		Blood pressure is measured on every			Check any 3 ANC records/
		ANC Visit			MCP Card randomly to see
					that Blood Pressure has been
					measured and recorded at
			1	RR/SI/OB	every ANC visit
		Abdominal Examination is done as			Measurement of Fundal
		per protocol			Height (ask staff how she
					correspond fundal high with
					Gestational Age)
					Palpation for Foetal lie and
					Presentation Check for
					findings recorded in
			1	RR/SI/OB	MCPcard/ANC Records
		Auscultation for foetal heart sound	_	,,	
		Auseulation for foctal ficart sound	1	RR/SI/OB	
		Desert successing time in dama	1	111/31/08	Observation and Conservice
		Breast examination is done			Observation and Correction
					of Flat or Inverted Nipples
					Palpation for any Lumps or
					Tenderness
			1	RR/SI/OB	
		Haemoglobin test is done on every			Check randomly any 3 MCP
	The facility ensures of drugs &	ANC visit			card/ ANC record for
ME E5.3	diagnostics are prescribed as				Haemoglobin test is done at
1012 2010					-
	per protocol				every ANC visit and values are
			1	RR	recorded
		Urine test for Sugar and Protein is on			Check randomly any 3 MCP
		every ANC visit			card/ ANC record for Urine
					for Sugar & Protein is done on
					every ANC visit and findings
			1	RR	are recorded
		Blood Grouping and RH Typing is			Check randomly any 3 MCP
		done for every pregnant woman			card/ ANC record for
		and the every pregnant woman			confirming that blood
					5
			1	RR	grouping has been done
		Test for HIV is done at least once in			Check the ANC records
		ANC period	1	RR	
		Test for Syphilis is done at least once			Check the ANC records
		in ANC period	1	RR	through VDRL/RPR/RDK
		Screening for Malaria is done as per			In Non-endemic area for all
		clinical protocol			clinically suspected cases
					In malaria endemic area all
					pregnant women
			4		pregnant women
			1	RR	
		Testing of PW for Gestational			Testing for GDM twice during
		Diabetes Mellitus (GDM) as per			ANC, 1st testing during first
		protocols			antenatal contact, 2nd testing
					24-28 weeks even if 1st
					testing is negative. There
					should be 4week gap
					between 2 test & if she
					present beyond 28 weeks -1
			1	RR	test

		Tetanus Toxoid (2 Dosages/ Booster)			Check randomly any 3 ANC
		have been during ANC visits			records for confirming that
		-			TT1 (at the time of
					registration) and TT2 (one
					month after TT1) has been
					given to Primi gravida &
					Booster dose for women
					getting pregnant within three
					years of previous pregnancy
			1	RR	,,
		A single dose of 400mg IP of	_		Albendazole is to be taken
		Albendazole is given after 1st			only once during the 2nd
		trimester of pregnancy			trimester of pregnancy. The
		timester of pregnancy			second dose is needed only in
					case the
			1	RR	helminthic load is > 40%.
		Staff can recognize the cases, which	-	NN NN	Anaemia, Bad obstetric
		would need referral to Higher			history, CPD, PIH, APH,
	There is an established	-			Medical Disorder
		Centre(FRU)			
ME E5.4	procedure for identification of				complicating pregnancy,
	High risk pregnancy and				Malpresentation, foetal
	appropriate & Timely referral.				distress, PROM, obstructed
				a. /a -	labour, rupture uterus, & Rh
			1	SI/RR	negative
		Staff is competent to identify			Hypertension & Pre Eclampsia
		Hypertension / Pregnancy Induced			(Hypertension - Two
		Hypertension			consecutive reading taken
					four hours apart shows
					Systolic BP >140 mmHg
					and/or Diastolic BP > 90
					mmHg
			1	SI/RR	
		Staff is competent to identify Pre-			Pre - Eclampsia- High BP with
		Eclampsia			Urine Albumin (+2)
					Imminent eclampsia -BP
					>140/90 with positive
					albumin 2++, severe
					headache, Blurring of vision,
					epigastria pain & oliguria in
			1	SI/RR	Urine
		Staff is competent to identify high			Identification and referral of
		risk cases based on Abdominal			cases with
		examination			Cephalo-pelvicpresentation,
					Malrpesentation, medical
					disorder complicating
					pregnancy, IUFD, amniotic
					fluid abnormalities.
			1		
		Staff is competent to classify	1	SI/RR	>11 gm% -Absence of
					с. С
	There is an established	anaemia according to Haemoglobin			Anaemia,10 to 11 gm% mild,
ME E5.5	procedure for identification	Level			7-10 gm% Moderate Anaemia
	and management of anaemia				<7 gm% Severe Anaemia
				a. /a -	
			1	SI/RR	
		Staff is aware of prophylactic &			Prophylactic - one IFA tablet
		Therapeutic dose of IFA			per day for six months during
					ANC &PNC. Therapeutic dose-
					double the dose in case of
					anaemia.
			1	SI/RR	
		Line listing of pregnant women with			Check the records whether
		moderate and sever anaemia			Line-listing of severely
					anaemic women are
					maintained at the UPHC
			1	SI/RR	
		Improvement in haemoglobin label			Check the staff for
		is continuously monitored and			intervention & track the
		recorded			improvement in Haemoglobin
					level of anaemic woman in
					subsequent ANC visit.
			1	SI/RR	

		Brognant woman is sourcelled for	,		Pogistration Identification of	
	Counselling of pregnant	Pregnant women is counselled for Planning and preparation for Birth			Registration, Identification of institution as per clinical	
ME E5.6	women is done as per standard				condition	
	protocol and gestational age		1	PI/SI	condition	
		Pregnant women is counselled	-	11/31	A bloody, sticky discharge	
		Recognizing sign of labour			(Show) and regular painful	
					uterine contractions	
			1	PI/SI		
		Pregnant women is counselled			contact number of the	
		Identify and arrange for referral			ambulance is communicated	
		transport			arrangement of alternate	
					vehicle if ambulance not	
					available on time	
			1	PI/SI		
		Pregnant women is counselled			Swelling (oedema), bleeding	
		recognizing danger signs during			even spoting, blurred vision,	
		pregnancy			headache, pain abdomen,	
					vomiting, pyrexia, watery &	
					foul smelling discharge &	
				/	Yellow urine	
			1	PI/SI		
		Pregnant women is counselled Diet			Increase Dietary Intake	
		& Rest			Diet rich in proteins, iron,	
					vitamin A, vitamin C, calcium	
					and other essential	
		Brognant woman is sourcelled	1	PI/SI	micronutrients.	
		Pregnant women is counselled			Initiate breastfeeding	
		breast feeding			especially colostrum feeding within an hour of birth.	
					Do not give any pre-lacteal	
					feeds. (Sugar, water, Honey)	
					Ensure good attachment of	
					the baby to the breast.	
					Exclusively breastfeed the	
					baby for six months.	
					Breastfeed the baby	
					whenever he/she demands	
					milk. Follow the practice of	
					rooming in.	
			1	PI/SI		
		Pregnant women is counselled for				
		Family planning			Different Options available	
					including	
					IUCD, vasectomy, long acting	
					injectable, etc.	
			1	PI/SI		
					Danger signs :Excessive PV	
	These is a set of the l				bleeding, breathing difficulty,	
	There is a established				convulsion, severe headache, abdominal pain, foul smelling	
ME E5.7	procedures for Postnatal visits & counselling of Mother and					
	& counselling of Mother and Child	Check Mother is educated &			lochia, urine dribbling, perineal pain, painful &	
	cillu	counselled about danger signs			redness of breast	
		during puerperium	1	PI/SI	i culless of bledst	
				гузі	Poor sucking/feeding,	
					abnormal cry, lethergy, failure	
					to pass stool or urine, not	
					feeding at all, purulent eye or	
					chord discharge, yellow	
					discoloration of eye,	
		Check Mother is educated &			convulsions, fever or feel cold	
		counselled about danger signs of				
		baby	1	PI/SI		
					About importance of keeping	
					baby warm, proper	
					positioning of baby to avoid	
					suffocation, immunization,	
					hand washing & personal	
					hygiene & appropriate care of	
		Check Mother is counselled/			cord	
		Educated during postnatal visit	1	PI/SI		
		Area of Concern - F I				

Standard F1	Facility has def	ined & implemented procedure for	ensuring Han	d hygiene prad	ctices & asepsis	
ME F1.1	Hand washing facilities are provided at point of use	Availability of hand washing Facility at the Point of Use			Check for availability of wash basin near the point of use	
		Availability of running Water	1	OB	Ask to Open the tap. Ask Staff	
		,	1	ОВ	water supply is regular	
		Availability of antiseptic soap with soap dish/ liquid antiseptic with	1	00	Check for availability/ Ask staff if the supply is adequate	
		dispenser.	1	OB	and uninterrupted	
		Display of Hand washing Instruction at Point of Use			Prominently displayed above the hand washing facility ,	
			1	ОВ	preferably in Local language	
ME F1.2	Staff is trained and adhere to standard hand washing practices	Staff is adhere to standard hand washing practices	1	OB/SI		
Standard F2		availability of Personal Protective		· ·	ard precautions.	
ME F2.1	Facility ensures adequate personal protection equipment	Disposable gloves are available at the point of use				
	as per requirements		1	ОВ		
ME F2.2	Staff adheres to standard personal protection practices	No reuse of disposable gloves, Masks, caps and aprons.	1	OB/SI		
Standard F3	Facility has st	andard procedure for disinfection a			& instrument	
ME F3.1	The facility ensures standard practices and materials for decontamination and cleaning of instruments and procedures areas	Decontamination of Procedure surfaces	1	SI	Ask staff about how they decontaminate the procedure surface like Examination table (Wiping with .5% Chlorine solution	
		Proper Decontamination of instruments after use	1	SI		
Standard F4	Facility has defined & estab	lish procedure for segregation, colle waste		ent & disposal	of Bio medical &hazardous	
	The facility ensures segregation	Availability of colour coded bins at			 _	
ME F4.1	of Bio Medical Waste as per guidelines	point of waste generation	1	OB	Bins are covered	
	-	Availability of colour coded bags	1	ОВ	Check Yellow bag is non chlorinated	
		Segregation of different category of waste as per guidelines				
		Display of work instructions for segregation and handling of	1	OB		
ME F4.2	The facility ensures management of sharps as per	Biomedical waste Availability of functional needle cutters	1	OB	Pictorial & in local language See if it has been used or just lying idle	
	guidelines	Availability of puncture proof box	1	OB	Should be available nears the point of generation like nursing station and injection	
		Disinfection of sharp before disposal	1	OB	room Disinfection of syringes is not	
		Staff is aware of contact time for	1	OB	done in open buckets	
		disinfection of sharps Area of Concern - G Qua	1 ality Manage	si		
Standard G.1	Facility ha	s established quality Assurance Pro			guidelines	
ME G1.5	The facility has established internal quality assurance programme	Internal Assessment of the Maternity Health services is done at periodic interval	1	SI/RR		
Standard G3		cumented &implemented standard			m for its all key processes .	

			1			
ME G3.1	Standard Operating procedures are prepared , distributed and implemented for all key processes	Updated SOP are available at point of use	1	RR		
		SOP adequately cover all relevant				
		processes of the department	1	RR		
		Availability of protocols for ANC				
		check-up	1	RR		
ME G3.2	Staff is trained as per SOPs	Staff is trained for ANC check-up	1	RR/SI		
ME G3.3	Work instructions are displayed	Work Instruction for Abdominal				
IVIL 03.5	at Point of work	Examination	1	OB		
		Work Instruction for Counselling	1	OB		
		Work instruction for identification of				
		high risk pregnancy	1	OB		
		Area of Concern - I	H: Outcome	5		
Standard H1	The facility n	neasures its productivity, efficiency	, clinical care &	& service Qualit	y indicators	
ME H1.1	Facility measures Productivity Indicators on monthly basis	No. of ANC conducted per month	1	RR		
		No. of moderate & severely anaemic				
		cases line listed	1	RR		
	Facility measures efficiency					
ME H1.2	Indicators on monthly basis	Percentage of missed out ANC	1	RR		
		Percentage of Anaemia cases				
		treated successfully at PHC	1	RR		
	Facility measures Clinical Care					
ME H1.3	& Safety Indicators on monthly	Percentage of high risk pregnancies				
	basis	detected during ANC	1	RR		
Standard H2	Fac	cility endeavours to improve its per	formance to m	eet bench mar	ks	
	The facility strives to improve					
ME H2.2	indicators from its current	Trends analysis of Indicators is done				
	performance	at Periodic Intervals	1	RR	1	

Mat	ternity Hea	alth Score
	Maternity	F0 0
	Health Score	50.0
	Area of Con	cern wise Score
A	Service Provision	50.0
В	Patient Rights	50.0
С	Inputs	50.0
D	Support Services	50.0
E	Clinical Services	50.0
F	Infection Control	50.0
G	Quality	50.0
	Manangement	50.0
Н	Outcome	50.0

	National Quality Assu	urance Standards for U - PHC			3	
	Che	ecklist for New Born & Child H	lealth			
Reference No.	Measurable Element	Checkpoint	Complia nce	Method	Means of Verification	Remarks
		Area of Concern - A Ser				
Standard A1	Fa	<mark>icility provides Promotive, prevent</mark> 	ive and c	urative servic	es	
ME A1.1	The facility provides treatment of common ailments	Availability of OPD care for common illness of new born, infant & children	1	RR/SI		
ЛЕ А1.4	Services are available for the time period as mandated	OPD Services are available for at least 8 Hours in a day	1	RR/SI		
tandard A2		The facility provides RMI				
		Identification, primary	1			
/IE A2.3	The facility provides New-born health Services	management and prompt referral of sick new-borns	1	RR/SI		
ИЕ A2.4	The facility provides Child health Services	Routine & Emergency care of anaemic Children	1	RR/SI	Treatment of Diarrhoea , Pneumonia, anaemia etc.	
		Routine & Emergency care of Pneumonia	1	RR/SI		
		Routine & Emergency care of Diarrhoeal disease Management of Malnutrition cases	1	RR/SI		
		Management of Mainutrition cases	1	RR/SI		
		Identification and referral of Severe Acute Malnutrition cases with complication to NRC				
		Management of fever & seizures cases among children	1	RR/SI		
			1	RR/SI		
		Primary Management & referral of paediatric RTA cases				
			1	RR/SI		
		Primary Management & referral of child abuse cases or cases of violence				
			1	RR/SI		
		Counselling on breast-feeding			Exclusive for 6 months and adequate complementary feeding from 6 months of age while continuing	
		Area of Concern B - Pa	1 tionts' P	RR/SI/PI	breastfeeding	
tandard B1		The service provided at facil				
ИЕ B1.1	The facility has uniform and user-friendly signage system	Directional signage to breast feeding corner is available	1			
ЛЕ В1.2	The facility displays the services and entitlements available	Entitlement under the JSSK & RBSK is displayed.	1	ОВ		
		Important Contact details like no. of Ambulances & nearby facilities are displayed	1	UB		
			1	ОВ		

Av	vailability of Booklets / Leaflets/			IEC corner	
bro	rochures in the waiting area for				
He	ealth education and information				
ab	oout ensuring warmth, exculisive				
bre	reast feeding, proper positioning				
	attachment for imitating &				
	aintaining breast feeding				
MF B1.4	roviding skin, chord & eye care to				
approaches ba	aby, prompting hand washing etc.				
		1	ОВ		
Information about the Mo	lother of new born is informed				
	pout the new born's condition &				
	reatment Plan				
consent is taken wherever		1	Ы		
required		1	PI		
	copy of OPD Slip/ Prescription				
	ontaining Diagnosis & treatment				
pla	an, is given to mother				
		1	חח		
	ter the set of the term of the term	1	RR		<u> </u>
	Iethod of Administration /taking				
	f the medicines is informed to				
	other/ Patients relative as per				
pre	rescription				
		1	RR/PI		
Standard B2	The service provided at facili	ty are ac	ceptable		
	and a second sec				
Av	valiability of Breast Feeding Corner				
	vailability of Breast Feeding Corner			Check privacy of mother is	
Services are provided in	valiability of Breast Feeding Corner			Check privacy of mother is	
Services are provided in ME B2.1 manner that are sensitive to	valiability of Breast Feeding Corner			ensured in bread feeding	
Services are provided in	valladility of Breast Feeding Corner			ensured in bread feeding corner, check availability of	
ME B2.1 Services are provided in manner that are sensitive to gender		1	ОВ	ensured in bread feeding	
ME B2.1 Services are provided in manner that are sensitive to gender Standard B3 The service provided at facility a		1	ОВ	ensured in bread feeding corner, check availability of	
ME B2.1 Services are provided in manner that are sensitive to gender		1	OB	ensured in bread feeding corner, check availability of	
ME B2.1 Services are provided in manner that are sensitive to gender Standard B3 The service provided at facility a The facility ensures that the		1	ОВ	ensured in bread feeding corner, check availability of	
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		Training of staff nurse/ ANM NSSK ,RBSK, SBA, DAKSHTA, Skill lab				
		,RESK, SBA, DAKSHTA, SKIII IAD				
			1	RR		
		Training on BLS/CPR				
			1			
	The Staff is skilled and					
ME C2.5	competent as per job	Staff is skilled for identify &				
	description	managing complication	1	SI		
Standard C3	The facil	ity provides drugs and consumable	es require	ed for assured	services.	
				1		
ME C3.1	The facility has availability of adequate drugs at the point of use	Availability of oral drugs	1	SI/RR/OB	ORS, Ciplox, paediatric tablets, syrup, amoxycillin tablet, Doxycyclin & Syrup Zn tablets, Chloroquine tablets, Paracetamol, Metrindazol, Albendazol, bronchodilator, inj Gentamicin, inj Dexamethasone,Syrup IFA etc.	
		Availability of Emergency Drugs	1	SI/RR/OB	Adrenaline, Phenobarbiturates, Sodium bicarbonate, 10%dextrose	
Standard C4	The facility	y has equipment & instruments re	quired fo	r assured list	of services.	
				ОВ		
ME C4.1	Availability of equipment & instruments for examination & monitoring of patients	Availability of functional equipment for Examination & monitoring	1		Thermometer, Stethoscope, weighing scale, infantometer, Stadiometer	
	Availability of equipment &	Availability of resuscitation	_	ОВ		
ME C4.2	instruments for treatment procedures, being undertaken in the facility	equipment	1		Otoscope, tongue depressor, view box, ambu bag(0-10 years and >10 years) 0-1 face mask,250 ml bag and mask, 0,1 blade(straight)for largyngoscpe, ET tube	
		Area of Concern - D Su	-	ervices		
Standard D1		ned facility management programmed facility management programmed for the secure of th				
ME D1.2	The facility ensures comfortable environment for patients and service providers	Temperature control and ventilation in OPD	1	OB/SI	Check for Optimal temperature and ventilation is maintained in clinics for comfort of staff & Patients . Check for availability of heaters in winters in rooms where neonates and sick children are examined. In case of new-borns avoid free draught of air.	
	Della de la compañía de la	Floors, walls, roof , sinks, patient	-	00,51		
ME D1.3	Patient care areas are clean and hygienic	care and corridors are Clean	1	ОВ		
		Surface of furniture and fixtures are clean	1	ОВ		
ME D1.4	Facility infrastructure is adequately maintained	Fixtures and Patient Furniture are intact and maintained in OPD	1	ОВ		
ME D1.5	Facility has policy of removal of condemned junk material	No condemned/Junk material in the OPD	1	ОВ		
		Area of Concern - E Cli	nical Se			
	Facility has defined procedu	re for primary management and c			appropriate maintenance of	
ME D1.5 Standard E2	condemned junk material	Area of Concern - E Cli	nical Se	rvices	appropriate maintenance of	

		-				
ME E2.2	The facility provides appropriate referral linkages for transfer to other/higher facilities to assure the continuity of care.	Patient referred with referral slip		22 (6)		
			1	RR/SI		
		Availability of referral linkages to higher centres.	1	RR/SI	Check contact details of higher centre	
		Advance communication is done with higher centre	1	RR/SI		
	Facility ensures follow up of	Referral out register is maintained Facility ensure the follow up of	1	RR/SI	Check any register is	
ME E2.3	patients	referred patients	1	RR/SI	maintained	
Standard E6	Facility has	established procedure for care of	New bor	n & Child as p	oer guideline	
ME E 6.2	Triage, Assessment & Management of new-borns having emergency signs are done as per guidelines	Primary management of emergency signs newborns	1	RR/SI	Check for adherence to clinical protocols . The management of emergency signs consist of –Resuscitation -Management of Hypoglycemia -Management of Hypothermia -Management of shock	
		Stablization & referral of sick new born & those with very low birth weight is done as per referral	1			
		criteria		RR/SI		
ME E6.3	Management of children presenting with fever, cough/ breathlessness is done as per guidelines	Primary management of children with fever, cough & breathlessness	1	RR/SI	Check for adherence to clinical protocols .Check facility of nebulization, oxygen & mask	
ME E6.4	Management of children with severe Acute Malnutrition is done as per guidelines	Screening of children coming to OPDs using weight for height and/or MUAC	1	RR/SI		
			1	ккузі		
		Check staff is aware of procedure for complimentary feeding & feeding during illness	-			
ME E6.5	Management of children presenting diarrhoea is done per guidelines	Management & Referral of Severe Dehydration as per clinical protocol	1	RR/SI	Check for the dosage and logarithm 100ml/kg of ringer lactate/Normal saline Infants 30ml/kg -1hour + 70ml/perkg 5hr for Child -30ml/kg-30min. + 70 ml/kg 2 1/2 hrs ORS 5ml/kg/hr reassessment	
		Management of Moderate Dehydration as per clinical protocol	1	RR/SI	ORS treatment at clinic for 4 hrs ask staff how to determine the volume of ORS given as per age and weight	
		Treatment of diarrheal with no dehydration	1	RR/SI	Give fluids, zinc supplements and food and advise to continue ORS at home • Advise mother when to return immediately.• • Follow up in 5 days if not improving.	

		1	1	1	1	
ME F3.1	decontamination and cleaning of instruments and procedures areas				surface like Examination table (Wiping with .5% Chlorine solution	
	The facility ensures standard practices and materials for	Decontamination of Procedure surfaces	1		Ask staff about how they decontaminate the procedure	
Standard F3	Facility has stand	lard procedure for disinfection & s	terilizati	on of equipme	ent & instrument	
ME F2.2	Staff adheres to standard personal protection practices	Masks, caps and aprons.	1	OB/SI		
	as per requirements	No reuse of disposable gloves,	1	ОВ		
ME F2.1	Facility ensures adequate personal protection equipment	Disposable gloves are available at point of use				
Standard F2	Facility ensures ava	ilability of Personal Protective equ	uipment	& follows sta	ndard precautions.	
ME F1.2	standard hand washing practices	washing practices	1	OB/SI	Ask to demonstrate	
	Staff is trained and adhere to	Staff is adhere to standard hand	1	ОВ		
		Display of Hand washing Instruction at Point of Use			Prominently displayed above the hand washing facility , preferably in Local language	
		soap dish/ liquid antiseptic with dispenser.	1	ОВ	staff if the supply is adequate and uninterrupted	
		Availability of antiseptic soap with	1	ОВ	water supply is regular Check for availability/ Ask	
	provided at point of use	Availability of running Water	1	ОВ	Ask to Open the tap. Ask Staff	
ME F1.1	Hand washing facilities are	Availability of hand washing Facility at Point of Use			Check for availability of wash basin near the point of use	
Standard F1	Facility has define	d & implemented procedure for er	nsuring H	land hygiene p	practices & asepsis	
		Area of Concern - F Infe	ction C			
ME E6.6	Screening & Referral of children as per guidelines of Rastriya Bal Swasth Karkarm	Early screening & referral of children coming to OPD with any of 4 Ds under RBSK		SI/RR	birth defects, deficiency, childhood diseases, developmental delays & disabilities (Birth to 18 yrs)	
			1			
		Staff aware & Practice ETAT	1	ОВ	Staff is skilled for basic life support for young, infant & children	
			Ĩ		and instructions displayed on how to use. Check for records to ensure that ORT is maintained everyday	
		protocol Availability of ORT corner	1	RR/SI	With ORS, Mixing Utensils	
		Treatment of Dysentery as per	1	RR/SI	or children	
		Treatment of Persistent Diarrheal as per clinical protocol			Single Dose-Vit A Zinc Sulphate 20 mg daily for 14 Days Follow up in 5 days &feeding of children	

		Proper Decontamination of	1			
		instruments after use				
				SI		
Standard F4	Facility has defined & esta	blish procedure for segregation, c hazardous wa		, treatment &	disposal of Bio medical &	
	The facility ensures segregation	Availability of colour coded bins at	1		Bins are covered	
ME F4.1	of Bio Medical Waste as per	point of waste generation				
	guidelines		1	OB		
		Availability of colour coded bags				
			1	OB	Check Yellow bag is non chlorinated	
		Segregation of different category of				
		waste as per guidelines				
		Display of work instructions for	1	OB		
		segregation and handling of				
		Biomedical waste				
			1	OB	Pictorial & in local language	
		Area of Concern - G Quali	ty Mana	agement		
Standard G.1	Facility has a	stablished quality Assurance Progr	-	-	nal guidelines	
standard G.1			anı as pe	a state/Natio		
	The facility has established	Internal Assessment of the New				
ME G1.5	internal quality assurance programme	Born & child Health services is done at periodic interval	1	RR		
		done at periodic interval documented & implemented stand			ure system for its all key	
Standard G3	r denty has established, t	processes .	and oper	ating proced	and official for its all key	
	Standard Operating procedures	p.0000001				
ME G3.1	are prepared , distributed and					
	implemented for all key	Updated SOP are available at point		l .		
	processes	of use	1	RR		
		SOP adequately cover all relevant processes of the department	1	RR		
		processes of the department	1	ĸĸ		
		Treatment guideline for New born				
		& child health	1	RR		
ME G3.2	Staff is trained as per SOPs	Staff is trained to identify sign of				
		dehydration	1	RR/SI		
		Staff is trained to identify sign of				
		malnourishment	1	RR/SI		
		Staff is trained to identify danger sign of New born	1	RR/SI		
			-	1117 31		+
ME G3.3	Work instructions are displayed					
	at Point of work	Display of method for preparation	1	0.0		
		of ORS	1	OB		
		Display of protocols for New born				
		assessment for Malnourishment	1	OB		
			İ			1
		Display of protocols for				
		identification of danger sign	1	OB		
		Area of Concern - H:	Outcon	nes		
Standard H1	The facility mea	sures its productivity, efficiency, c	linical ca	re & service O	uality indicators	
	Facility moasures Droductivity					
ME H1.1	Facility measures Productivity	No. of children attended the OPD				
	Indicators on monthly basis	per month	1	RR		
		Percentage of new-born stabilized				
		& referred for treatment for higher	1	00		
		facility	1	RR	1	

		Percentage of children with Acute malnutrition referred to NRCs	1	RR		
		Percentage of children treated with anaemia	1	RR		
ME H1.2	Facility measures efficiency Indicators on monthly basis	Percentage of new born/children followed up after referral	1	RR		
ME H1.3	Facility measures Clinical Care & Safety Indicators on monthly basis	Percentage of children with diarrhoea treated with ORS and Zn	1	RR		
Standard H2	Facilit	y endeavours to improve its perfo	mance t	o meet bench i	marks	
ME H2.2	The facility strives to improve indicators from its current performance	Trends analysis of Indicators is done at Periodic Intervals	1	RR		

New Born & Child Health					
	New Born &child Health Score	50.0			
	Area of Concern wise Score				
A	Service Provision	50.0			
В	Patient Rights	50.0			
С	Inputs	50.0			
D	Support Services	50.0			
E	Clinical Services	50.0			
F	Infection Control	50.0			
G	Quality Manangement	50.0			
Н	Outcome	50.0			

	National Qua	lity Assurance Standards for U - P	νнс		4	
		Checklist for Immuniz	ation		1	
Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
Chan daud A4		Area of Concern - A S Facility provides Promotive, prev				
Standard A1		Facility provides Promotive, prev	entive and cura	tive services		
ME A1.4	Services are available for the time period as mandated	Immunization services are available during OPD timing	1	RR/SI	Though Fix day for providing ANC services, client will be entertained if visits any day during OPD hrs	
Standard A4	т	he facility provide services as mandate	ed in National H	ealth Programme	5	
ME A4.11	The facility provides services under Universal Immunization Programme (UIP) as per	Functional Immunization Clinic			Fix day immunization	
	guidelines		1	RR/SI		
		Immunization of Newborn (Zero Dose)			Zero Dose -OPV, HBV & BCG	
			1	RR/SI		
		Immunization of Infants			OPV 123, DPT 123, /Pentavalent Hepatitis 123, Measles 1& 2	
			1	RR/SI		
		Immunization of Children			DPT Booster, OPV Booster, JE , DT booster, TT	
		Vitamin A	1	RR/SI	1st dose at 9 month with	
					measles, 2nd to 9th dose 16 month with DPT/OPV booster, then 1 dose every 6th month up to age of 5 yrs'	
			1	RR/SI		
		Immunization of Pregnant Women		14,01	TT1 & 2 TT Booster	
			1	RR/SI		
		Management & logistic support for			Microplanning, supervision & storage of vaccines &	
		immunization program Area of Concern B -	1 Patients' Righ	RR/SI	transportation	
Standard B1		The service provided at fa	<u> </u>			
ME B1.2	The facility displays the services and entitlements available	Timings and days of the ANC clinic s are displayed			Day and timing of fix day services like ANC,Immunization etc. (as applicable)	
		IEC material for immunization services are displayed	1	OB		
ME B1.4	Patients & visitors are sensitized and educated through appropriate IEC / BCC approaches				IEC material regarding benefits of Immunization, service under immunization program & Immunization schedule are displayed prominently at	
	Information shout the tractory i	Guardian /Mother of baby is informed	1	OB	Immunization Clinic Interview the mother about the	
ME B1.7	Information about the treatment is shared with patients or attendants and consent is taken	about their next visit			communication received, Co-relate with the notes recorded on the card.	
	wherever required	Mother & Child protection (MCP) card is	1	PI		
		provided to all clients	1	RR		
Standard B2		The service provided at fa Availability of Breast Feeding Corner	icility are accept	table		
ME B2.1	Services are provided in manner that are sensitive to gender		1	ОВ		
Standard B3		The service provided at fa	cility are afford	able		
ME B3.1	The facility provides cashless services to all patients including pregnant women, mothers and sick children as per prevalent coverprepart schemes	Immunization services are provided free				
	government schemes	of cost	1	PI		

ME B3.3 drugs prod the pharm Standard C1 2 ME C1.1 Departm space as ME C1.2 Amenitic available ME C1.5 The facili ME C1.6 Physical 4 me C1.6 Physical 4 me C1.6 Physical 5 me C1.6 The facili ME C1.6 The facili ME C2.2 The facili ME C2.4 The facili ME C2.4 The facili ME C3.1 The facili ME C3.2 The facili ME C3.2 The facili ME C3.2 The facili	The facility has ade nents have adequate s per patient load es for Patients & Staff are e as per load lity ensures safety of al installations l condition of buildings for providing patient care he facility has adequate lity has adequate nursing ramedics as per service in and work load ff has been imparted ry trainings/skill set to them to meet their roles insibilities	e qualified and trained staff, required f Availability of Staff nurse /ANM Training of MO on immunization &AEFI Training of Staff nurse/ANM & LHV on immunization & AEFI Training of Cold chain handlers on immunization Training on safe injection practices he facility provides drugs and consuma Availability of Vaccines at Immunization	1 1 1 1 1 for providing the 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	OB/SI OB OB OB e assured service SI/RR RR RR RR	May be shared common with General clinic Switch Boards and all other electrical installations are intact &secure	
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ME C3.1 adequate ME C3.2 The Facil ME C3.2 adequate of use Standard C4 Availabili				or assured service	·S.	
ME C3.2 adequate of use Standard C4 Availabili		Clinic	1	RR/SI/OB	OPV, BCG, Hepatitis B, DPT, Measles, Vit A/Pentavalent, Paracetamol	
ME C3.2 adequate of use Standard C4 Availabili		Emergency Drug Tray is maintained at Immunization Room			Drugs for managing anaphylactic reaction - Inj Adrenaline (clearly labelled), Inj Hydrocortisone , Injection Chlorpheniramine, IV Fluid (LR, 0.9% IVSodium chloride),IV Set, Airway, tongue depressor, ET tube, Ambu bag & oxygen, BP apparatus with child cuff & stethoscope	
Standard C4	ility has availability of te consumables at point	Availability of disposables in immunization clinics	1	RR/SI/OB		
Availabili	Th	e facility has equipment & instruments	1 required for as	RR/SI/OB	AD Syringes	
	lity of equipment for	Availability of Vaccine carrier with ice				
storage		packs	1 Support Sorvio	SI/OB		
		Area of Concern - D S				
Standard D1	icility has established fa	acility management programme for mai safe & secure environme			nt & infrastructure to provide	
ME D1.2 environm	lity ensures comfortable ment for patients and providers	Temperature control and ventilation in OPD		07/1	Check for Optimal temperature and ventilation is maintained in clinics for comfort of staff & Patients . Check for availability of heaters in winters in rooms where neonates and sick children are examined. In case of newborns avoid free draught	
ME D1.3 Patient c hygienic		Floors, walls, roof , sinks patient care and corridors are Clean	1	OB/SI OB	of air.	
	care areas are clean and	Surface of furniture and fixtures are clean	1	ОВ		
MED1.5		Ne see demond / tool	1	ОВ		
Standard D2		No condemned/Junk material in the OPD			ugs in pharmacy	

	The facility has established	For any difference and left around a set				
ME D2.4	The facility has established procedure for inventory	Expenditure and left over records of vaccines is maintained at immunization				
VIE 02.4	management techniques	clinic	1	RR/SI		
Standard D5		has procedure for collecting & Reporting			formation	
	- acinty -					
	The facility provides monitoring	Staff Know AEFI cases to be reported immediately to MO/ District			Death , Anaphylaxis, Toxic Shock Syndrome, Hospitalization ,	
ME D5.11	and reporting services under	Immunization Officer			Disablity etc.	
	Universal Immunization					
	Programme, as per guidelines		1	SI/RR		
		Formats for First Information Report &				
		Preliminary Investigation Report are				
		available at the faclity	1	SI/RR	24 hrs for FIR	
		Staff is aware of Cycle time for reporting FIR/PIR	1	SI/RR	7 Davs for PIR	
		Routine Monthly reporting is done to	1	Siyitt	Check for the records	
		District Immunization Officer	1	SI/RR		
		Area of Concern - E C	Clinical Service	es		
Standard E9	Facility provide	s National Health Programmes as per o	perational/clini	cal guidelines of	the Government	
					Match no. of diluents With no.	
	The facility provides services	Availability of diluents for Reconstitution of measles vaccine			of measles	
ME E9.11	under Universal Immunization	or measies vaceme			or measies	
	Programme as per guidelines		1	OB/RR		
		Recommended temperature of diluents is			Check diluents are kept under	
		ensured before reconstitution			cold chain at least 24 hours	
					before reconstitution	
					Diluents are kept in vaccine carrier only at immunization	
					clinic but should not be in direct	
			1	OB/SI/RR	contact of ice pack	
		Reconstituted vaccines are not used after			Check when the vaccine vials	
		recommended time			opened, reconstituted and valid	
					for use. Should not be used	
			1	OB/SI/RR	beyond 4 hours after reconstitution	
		Time of opening/ Reconstitution is	1	OB/3I/KK	Check on vial	
		recorded on the vial	1	OB/RR		
		Staff is aware of the shelf life of Vit A			6-8 weeks. Check for if date of	
		once it is opened and ensures it is not			opening has been marked on	
		given after shelf life	1	OB/SI/RR	the bottle.	
		Staff checks VVM level before using vaccines			Ask staff how to check VVM level and how to identify	
		vaccines			discard point. 4 stages - use up	
			1	OB/SI	to 3 stage)	
		Staff is aware of how check freeze			Ask staff to demonstrate how to	
		damage for T-Series vaccines			conduct Shake test for DPT, DT	
		2	1	SI	and TT	
		Discarded vaccines are kept separately			Check for expired, frozen or with VVM beyond the discard	
					point vaccine stored separately	
			1	OB		
		Check for DPT, DT, Hepatitis B, and TT				
		vials are Kept in basket in upper section	_	<u></u>		
		of ILR Availability of separate box for open &	1	OB		
		reused vaccines	1	OB		
		Check for injection site is not cleaned	-		cleaning the injection site with a	
		with sprit before administering vaccine			spirit swab before vaccination is	
		dose			not advisable as live	
					components of the vaccine are	
			1	OB	killed if they come in contact with spirit	
		AD syringes are available as per	1	UB	Check for 0.1 ml AD syringe for	
		requirement			BCG and 0.5 ml syringe for	
		-	1	OB/RR	others are available	
		Vaccine recipient is asked to stay for half				
		an hour after vaccination to observer any				
		adverse effect following immunization	1			
		Antipyretic drugs are available	1	OB/SI OB/SI		
		Mother & child protection card is	÷	50/51	1	
		available & updated	1	OB/SI/RR		
		Counselling on adverse events and follow				
		up visits done	1	SI/RR		
		Staff has knowledge & skills to recognize				
		minor and serious adverse events (AEFI)		CI /DD		
		Staff knows what to do in case of	1	SI/RR	Immediate report to MO	

		Charly mathem 9, shild another tion, and is			Charle MACD and is filled 8	
		Check mother & child protection card is provided to each client			Check MCP card is filled & updated, also check information	
		provided to each client			like record of weight, every	
					child development sign etc are	
					filled correctly	
			1	OB/RR		
		Area of Concern - F Ir	ifection Contr	rol		
Standard F1	Facility has	defined & implemented procedure for	ensuring Hand	hygiene practice	s & asepesis	
		Availability of hand washing Facility at			Check for availability of wash	
ME F1.1	Hand washing facilities are provided at point of use	Point of Use			basin near the point of use	
	provided at point of use		1	OB		
		Availability of running Water			Ask to Open the tap. Ask Staff if water supply is regular	
			1	ОВ	water supply is regular	
		Availability of antiseptic soap with soap			Check for availability/ Ask staff	
		dish/ liquid antiseptic with dispenser.		0.5	if the supply is adequate and	
			1	OB	uninterrupted	
ME F1.2	Staff is trained and adhere to	Staff is adhere to standard hand washing				
	standard hand washing practices	practices	1	OB/SI		
	Facility ensures standard	Availability of Antiseptic Solutions at				
ME F1.3	practices for maintaining asepsis	immunization clinic	1	OB		
		Proper cleaning of injection site with	1	00	Before immunization	
		antiseptic is done	1	ОВ		
Standard F2	Facility ens	ures availability of Personal Protective	equipment & fo	ollows standard	precautions.	
		Disposable gloves are available at point				
	Facility ensures adequate	of use				
ME F2.1	personal protection equipment as per requirements					
			1	OB		
ME F2.2	Staff adheres to standard personal protection practices	No reuse of disposable gloves, Masks, caps and aprons.	1	OB/SI		
	personal protection practices			00/31		
Standard F4	Facility has defined & estal	olish procedure for segregation, collect	ion, treatment a	& disposal of Bio	medical &hazardous waste	
				r		
ME F4.1	The facility ensures segregation of Bio Medical Waste as per	Availability of colour coded bins at point of waste generation				
IVIC F4.1	guidelines	of waste generation	1	ОВ	Bins are covered	
	8	Availability of colour coded bags			Check Yellow bag is non	
			1	OB	chlorinated	
		Segregation of different category of			chlorinated	
		waste as per guidelines	1	OB OB	chlorinated	
					chlorinated	
	The facility ensures management	waste as per guidelines There is no mixing of infectious and	1	ОВ	See if it has been used or just	
ME F4.2	The facility ensures management of sharps as per guidelines	waste as per guidelines There is no mixing of infectious and general waste	1	OB OB		
ME F4.2		waste as per guidelines There is no mixing of infectious and general waste Availability of functional needle cutters	1	ОВ	See if it has been used or just	
ME F4.2		waste as per guidelines There is no mixing of infectious and general waste	1	OB OB	See if it has been used or just lying idle	
ME F4.2		waste as per guidelines There is no mixing of infectious and general waste Availability of functional needle cutters	1	OB OB OB	See if it has been used or just lying idle Should be available nears the	
ME F4.2		waste as per guidelines There is no mixing of infectious and general waste Availability of functional needle cutters Availability of puncture proof box	1	OB OB	See if it has been used or just lying idle Should be available nears the point of generation like nursing station and injection room	
ME F4.2		waste as per guidelines There is no mixing of infectious and general waste Availability of functional needle cutters	1	OB OB OB	See if it has been used or just lying idle Should be available nears the point of generation like nursing	
ME F4.2		waste as per guidelines There is no mixing of infectious and general waste Availability of functional needle cutters Availability of puncture proof box Disinfection of sharp before disposal Staff is aware of contact time for	1 1 1 1 1	OB OB OB OB	See if it has been used or just lying idle Should be available nears the point of generation like nursing station and injection room Disinfection of syringes is not	
ME F4.2		waste as per guidelines There is no mixing of infectious and general waste Availability of functional needle cutters Availability of puncture proof box Disinfection of sharp before disposal Staff is aware of contact time for disinfection of sharps	1 1 1 1	OB OB OB	See if it has been used or just lying idle Should be available nears the point of generation like nursing station and injection room Disinfection of syringes is not done in open buckets	
ME F4.2		waste as per guidelines There is no mixing of infectious and general waste Availability of functional needle cutters Availability of puncture proof box Disinfection of sharp before disposal Staff is aware of contact time for	1 1 1 1 1	OB OB OB OB	See if it has been used or just lying idle Should be available nears the point of generation like nursing station and injection room Disinfection of syringes is not done in open buckets Ask if available. Where it is	
ME F4.2		waste as per guidelines There is no mixing of infectious and general waste Availability of functional needle cutters Availability of puncture proof box Disinfection of sharp before disposal Staff is aware of contact time for disinfection of sharps	1 1 1 1 1	OB OB OB OB	See if it has been used or just lying idle Should be available nears the point of generation like nursing station and injection room Disinfection of syringes is not done in open buckets	
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ME F4.2		waste as per guidelines There is no mixing of infectious and general waste Availability of functional needle cutters Availability of puncture proof box Disinfection of sharp before disposal Staff is aware of contact time for disinfection of sharps Availability of post exposure prophylaxis	1 1 1 1 1 1 1	OB OB OB OB SI	See if it has been used or just lying idle Should be available nears the point of generation like nursing station and injection room Disinfection of syringes is not done in open buckets Ask if available. Where it is stored and who is in charge of that. Staff knows what to do in case of shape injury. Whom to	
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Standard G.1	of sharps as per guidelines	waste as per guidelines There is no mixing of infectious and general waste Availability of functional needle cutters Availability of puncture proof box Disinfection of sharp before disposal Staff is aware of contact time for disinfection of sharps Availability of post exposure prophylaxis Staff knows what to do in condition of needle stick injury Area of Concern - G Que ty has established quality Assurane Proo Internal Assessment of immunization	1 1 1 1 1 1 1 1 1 1 1	OB OB OB OB SI SI/OB SI Et/National guid	See if it has been used or just lying idle Should be available nears the point of generation like nursing station and injection room Disinfection of syringes is not done in open buckets Ask if available. Where it is stored and who is in charge of that. Staff knows what to do in case of shape injury. Whom to report. See if any reporting has been done	
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Standard G.1 VIE G1.5 Standard G3	of sharps as per guidelines Facilit The facility has established internal quality assurance programme Facility has established Standard Operating procedures	waste as per guidelines There is no mixing of infectious and general waste Availability of functional needle cutters Availability of puncture proof box Disinfection of sharp before disposal Staff is aware of contact time for disinfection of sharps Availability of post exposure prophylaxis Staff knows what to do in condition of needle stick injury Area of Concern - G Qua- ty has established quality Assurane Pro- Internal Assessment of immunization clinic is done at periodic interval I ,documented & implemented standard	1 1 1 1 1 1 1 ality Manager gram as per sta	OB OB OB OB SI SI/OB SI SI/OB SI te/National guid	See if it has been used or just lying idle Should be available nears the point of generation like nursing station and injection room Disinfection of syringes is not done in open buckets Ask if available. Where it is stored and who is in charge of that. Staff knows what to do in case of shape injury. Whom to report. See if any reporting has been done elines	
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	of sharps as per guidelines Facilit The facility has established internal quality assurance programme Facility has established Standard Operating procedures are prepared , distributed and implemented for all key processes	waste as per guidelines There is no mixing of infectious and general waste Availability of functional needle cutters Availability of puncture proof box Disinfection of sharp before disposal Staff is aware of contact time for disinfection of sharps Availability of post exposure prophylaxis Staff knows what to do in condition of needle stick injury Area of Concern - G Que ty has established quality Assurane Proo Internal Assessment of immunization clinic is done at periodic interval I, documented & implemented standard Updated SOP are available at point of use SOP adequately cover all relvant processes of the department	1 1 1 1 1 1 1 1 ality Manager gram as per sta 1 d operating prov	OB OB OB OB SI SI/OB SI SI/OB SI RR/SI CECURE SYSTEM FOR	See if it has been used or just lying idle Should be available nears the point of generation like nursing station and injection room Disinfection of syringes is not done in open buckets Ask if available. Where it is stored and who is in charge of that. Staff knows what to do in case of shape injury. Whom to report. See if any reporting has been done elines	
Standard G.1 ME G1.5 Standard G3	of sharps as per guidelines Facilit The facility has established internal quality assurance programme Facility has established Standard Operating procedures are prepared , distributed and implemented for all key processes Work instructions are displayed	waste as per guidelines There is no mixing of infectious and general waste Availability of functional needle cutters Availability of puncture proof box Disinfection of sharp before disposal Staff is aware of contact time for disinfection of sharps Availability of post exposure prophylaxis Staff knows what to do in condition of needle stick injury Area of Concern - G Qua ty has established quality Assurane Pro Internal Assessment of immunization clinic is done at periodic interval I, documented & implemented standard Updated SOP are available at point of use SOP adequately cover all relvant processes of the department Display of instruction for storage of	1 1 1 1 1 1 1 1 1 1 1 1 1 1	OB OB OB OB SI SI/OB SI SI/OB SI te/National guid RR/SI cedure system for RR/SI	See if it has been used or just lying idle Should be available nears the point of generation like nursing station and injection room Disinfection of syringes is not done in open buckets Ask if available. Where it is stored and who is in charge of that. Staff knows what to do in case of shape injury. Whom to report. See if any reporting has been done elines	
Standard G.1 VIE G1.5 Standard G3 VIE G3.1	of sharps as per guidelines Facilit The facility has established internal quality assurance programme Facility has established Standard Operating procedures are prepared , distributed and implemented for all key processes	waste as per guidelines There is no mixing of infectious and general waste Availability of functional needle cutters Availability of puncture proof box Disinfection of sharp before disposal Staff is aware of contact time for disinfection of sharps Availability of post exposure prophylaxis Staff knows what to do in condition of needle stick injury Area of Concern - G Que ty has established quality Assurane Proo Internal Assessment of immunization clinic is done at periodic interval I, documented & implemented standard Updated SOP are available at point of use SOP adequately cover all relvant processes of the department	1 1 1 1 1 1 1 1 1 ality Manager gram as per sta gram as per sta 1 d operating pro-	OB OB OB OB SI SI/OB SI SI/OB SI Ete/National guid RR/SI Cedure system for RR	See if it has been used or just lying idle Should be available nears the point of generation like nursing station and injection room Disinfection of syringes is not done in open buckets Ask if available. Where it is stored and who is in charge of that. Staff knows what to do in case of shape injury. Whom to report. See if any reporting has been done elines	

		Display of protocol for shake test	1	OB		
		Area of Concern -	H: Outcomes			
Standard H1	The faci	lity measures its productivity, efficiency	/, clinical care &	service Quality in	dicators	
ME H1.1	Facility measures Productivity					
	Indicators on monthly basis	No. of children immunized per month	1	RR		
ME H1.2	Facility measures efficiency					
	Indicators on monthly basis	Drop out rate for DPT vaccination	1	RR		
	Facility measures Clinical Care &					
ME H1.3	Safety Indicators on monthly					
	basis	Percentage of AEFI cases reported	1	RR		
		No. of needle stick injuries reported	1	RR		
Standard H2		Facility endeavours to improve its per	rformance to m	eet bench marks		
	The facility strives to improve					
ME H2.2	indicators from its current	Trends analysis of Indicatrors is done at				
	performance	Periodic Intervals	1	RR		

	Immunization Health					
	Immunization Health Score	50.0				
	Area of Concern wise Score					
A	Service Provision	50.0				
В	Patient Rights	50.0				
С	Inputs	50.0				
D	Support Services	50.0				
E	Clinical Services	50.0				
F	Infection Control	50.0				
G	Quality Manangement	50.0				
н	Outcome	50.0				

	National Qualit	y Assurance Standards for U - P	нс		5	
		Checklist for Family Pl	anning			
Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
		Area of Concern - A	Service Prov	vision		
tandard A1		Facility provides Promotive, pre	eventive and c	urative service	es	
ME A1.4	Services are available for the time period as mandated	Family Planning services are available during OPD timing	1	RR/SI		
itandard A2		The facility provides	RMNCHA Serv	vices		
ИЕ A2.1	The facility provides Reproductive health Services	Provision of family Counseling services	1	RR/SI	For Family Planning, Abortion & Infertility	
		Provision of Contraceptives	1	RR/SI	Condoms, Oral Pills, Progesterone Only pill (POP), Emergency Contraceptives	
		Availability of Interval IUD Services	1	RR/SI	Insertion , Follow up, Management of Failure and Complication	
		Referral & Follow-up services	1	RR/SI	For Permanent Methods of Family Planning, Abortion & Infertility	
		Safe Abortion Services	1	RR/SI	Primary Management of spontaneous cases of abortion. MTP using Manual Vacuum Aspiration (MVA) technique Medical Method of abortion up to 7 weeks	DISCUSS FOR DELETIO
		Area of Concern B	- Patients' R			
Standard B1		The service provided at		-		
ME B1.2	The facility displays the services and entitlements available	List of Family Planning services available at facility are displayed	1	ОВ		
ME B1.4	Patients & visitors are sensitized and educated through appropriate IEC / BCC approaches	IEC material regarding benefits of family planning is displayed Education Material for counseling are available	1	ОВ	Flip Chart, Models, specimens and Samples of contraceptives	
VIE B1.7	Information about the treatment is shared with patients or attendants and consent is taken wherever required	Informed Choice of client is ensured during couselling for contraception	1	PI	Check couselling staff inform client about all available options of family planning .	
		Verbal Consent is taken before IUD		CL /DL		
		Insertion Written consent is taken before abortion procedures	1	SI/PI SI/RR	As per MTP Act on Form F	
itandard B2		The service provided at	facility are acc	eptable		
VIE B2.1	Services are provided in manner that are sensitive to gender	Check reproductive rights of female clients are ensured	1	SI/PI/RR	No stress, pressure , coercion or incentives are being used to divert client towards any specific option	
ME B2.2	Adequate visual privacy is provided at every point of care	Availability of screens/Curtains at IUD insertion area	1	ОВ		
		Privacy is maintained during individual counseling of client	1	OB/SI		
VIE B2.4	The facility ensures the behaviors of staff is dignified and respectful, while delivering the services	Confidentiality of records is maintained	1	RR/SI	Specially in cases of abortion	
ME B2.5	Religious and cultural preferences of patients and attendants are taken into consideration while delivering services	Behavior of staff is empathetic and courteous to clients	1	PI		
Standard B3		The service provided at	facility are aff	ordable		

	The facility provides					
	cashless services to all					
	patients including pregnant					
ME B3.1	women, mothers and sick					
	children as per prevalent	Check no expenditure occurred				
	government schemes	during availing family planning or				
		abortion services	1	PI		
		Area of Conce	rn - C inputs			
Standard C1	The facility has ade	quate & Safe infrastructure for delive	ery of assured	services and i	meets the prevalent norms	
	Departments have layout					
ME C1.3	and demarcated areas as per functions	Demarcated room for IUD insertion services	1	OB/SI		
			-	08/31	Į	
Standard C2	The facility has adequate	e qualified and trained staff, required	d for providing	the assured s	ervices to the current case load	
	The Staff has been imparted					
ME C2.4	necessary trainings/skill set to enable them to meet				Competency based training on	
	their roles & responsibilities				IUCD for service providers (5 days	
		Training on IUD insertion	1	RR	training)	
		Training on family planning couselling	1	RR		
		Training on MVA / Medical Abortion	1	RR		
145 C2 E	The Staff is skilled and					
ME C2.5	competent as per job description	Staff is skilled for IUD insertion	1	SI	Ask about steps for insertion and removal asepsis	
	description			51	Ask about different component of	
		Staff is skilled for Family Planning			general and method related	
		Counseling	1	SI	couselling	
Standard C3	т	he facility provides drugs and consun	nables require	d for assured	services.	
	The facility has availability					
ME C3.1	of adequate drugs at point	Availability of Oral Contractory Bills				
	of use	Availability of Oral Contraceptive Pills Availability of Emergency	1	SI/RR/OB	At least one month stock	
		Contraceptive Pills	1	SI/RR/OB	At least one month stock	
		Availability of drugs for Medical		-, , -		
		Method of abortion	1	SI/RR/OB	Mifepristone & Misoprostol	
	The Facility has availability					
ME C3.2	of adequate consumables at					
	point of use	Availability of IUD Devices	1	SI/RR/OB		
		Availability condoms	1	SI/RR/OB		
		Availability of antiseptic solution	1	SI/RR/OB		
Standard C4	The	e facility has equipment & instrument	ts required for	assured list o	f services.	
	Availability of equipment &					
	instruments for treatment				Stainless steel tray with cover	
ME C4.2	procedures, being				Kidney tray, Bowl, Sim's or Cusco's	
	undertaken in the facility				speculum, anterior vaginal wall	
					retrarctor, Sponge holding forcep,	
		Availability of Instruments of IUD			Volsellum forceps, Utrine sound, Mayo Scissors, Long Artery	
		insertion and removal	1	OB/SI	straight forcep	
			-			
					MVA Aspirator, cannula of	
					required size, Strainer for tissues,	
					Blunt and Sharp Curette, Sim's/or	
					Cusco's Speculum , Allis forcep,	
		Availability of Instruments for MVA Availability of almirah / Cupbord for	1	OB/SI	Bowl for antiseptic solution	DISCUSS FOR DELETION
ME C4.4	Availability of equipment	storing contraceptives , consumables				
	for storage	and records	1	OB/SI		

			1	r		
	Augusta hilitar a formational					
	Availability of patient				Examination/ Procedure table with	
ME C4.5	furniture and fixtures as per load and service provision	Availability for furniture for IUD			washable surface , Steps for table,	
	load and service provision	insertion	1	OB/SI	Light source	
			-	00/51		
	Availability of functional					
ME C4.6	equipment and instruments				Plastic Bucket/tub for	
	for support & outreach	Instruments for decontamination and			decontamination, Boiler /	
	services	sterilization	1	OB/SI	Autoclave	
		Area of Concern - D	Support Se	rvices		
Standard D1	The facility has establishe	d facility management programme f			of equipment & infrastructure to	
		provide safe & secure envi	ronment to st	aff & users		
	The facility ensures					
	comfortable environment					
ME D1.2	for patients and service					
	providers	Procedures and counselling area are				
	providers	well ventilated and comfortable	1	OB		
	Patient care areas are clean				Check for there is no dirt, dust,	
ME D1.3	and hygienic				stains , cobwebs etc in the IUD insertion room and counselling	
		Procedure area are clean and hygienic	1	ОВ	area	
		Frocedure area are clean and hygienic	1	08	aica	
	The facility provides					
ME D1.7	adequate illumination level	Illumination in IUD section area				
	at patient care areas	adequate for condition procedures	1	ОВ		
		*			· · · ·	
Standard D2	Facility has defi	ned procedure for storage, Inventor	y Managemen	it & dispensin	g of drugs in pharmacy	
	The facility has established					
ME D2.1	procedures for estimation,					
WIL 02.1	indenting and procurement	Monthly consumption of				
	of drugs and consumables	Contraceptives is calculated and				
		indented accordingly	1	RR/SI		
	The facility ensures proper					
ME D2.2	storage of drugs and	Contraceptives are stored at stored				
	consumables	away from moisture, sources of heat and direct sunlight at secured place	1	ОВ		
		and direct sumgift at secured place	-	08		
	The facility has established					
ME D2.4	procedure for inventory	No stock out of Contraceptives and				
	management techniques	other consumables	1	RR/SI		
		Consility has defined an endure for f				
Standard D4		Facility has defined procedure for 0	sovernance &	WORK WIAHAg	ement	
	The facility ensures its					
	processes are in compliance					
ME D4.7	with statutory and legal					
	requirement	Compliance to MTP Act for abortion				
	requirement	Procedures	1	RR/SI		
		Area of Concern - I	E Clinical Ser	vices		
Standard E2	Facility has defined proce	edure for primary management and	continuity of a	are with app	copriate maintenance of records	
	There is established					
ME E2.1	procedure for initial					
	assessment &			DE /21	History taking, physical	
	Reassessment of patients	Assessment of Client is done	1	RR/SI	examination	
	The facility of the					
	The facility ensures that					
ME E2.8	standardized forms and				IUCD insertion register, removal	
	formats are used for all	Availability of Deservic few Fewelly			register, IUD follow up register,	
	purposes including registers	Availability of Records for Family	1	DD /CI	Counselling register, abortion	
		Planning services and abortion	1	RR/SI	records as per MTP act	
Standard E7	Facility has establish procedure for Family Planning as per Govt guideline					
					Ask staff about the GATHER	
					approach	
					G- Greet	
	Family planning counselling	Staff is aware on general principles of			A- Ask	
ME E7.1	services provided as per	counselling			T- Tell	
	guidelines	Ĭ			H- Help	
					E- Explain	
		<u> </u>	1	SI	R - return	

The client is given full information about optimal pregnancy spacing and its benefits The importance of of an FP method aff Key Messages - Rec interval before atte pregnancy (24 Mon Recommended Inte attempting next priv	
its benefits Key Messages - Rec interval before atte pregnancy (24 Mon Recommended Inte	timely initiation
its benefits Key Messages - Rec interval before atte pregnancy (24 Mon Recommended Inte	-
interval before atte pregnancy (24 Mon Recommended Inte	commended
pregnancy (24 Mon Recommended Inte	
Recommended Inte	
lattempting next hr	
	egnancy atter
abortion -6 Month	
Recommended min	-
conceive - 19 years	
1 Si	
The client is informed additional	
benefits of using condoms, such as	
prevention of sexually transmitted	
infections (STIs) & HIV	
1 SI/PI	
Staff is aware of case selecting criteria 49-22 years of age	?
for family planning Married	
Youngest child is at	least one year
old	
Spouse has not opt	ed for
1 SI sterilization	
1. If women exclusi	velv breastfeed
Facility provides spacing her baby including	
ME E7.2 method of family planning 2. less than six mon	-
	ונון מונכו
Staff is aware of eligibility criteria for 3. Women's' mense	es is not
Lactation Amenorrhea method 1 SI returned	
Benefits- Promotes	-
effective immediate	
medicine or side ef	
Limitation- All three	e criteria to be
1 Si met for effectivene	ss.
Pills are given only to those who meet Contraindication of	COC in
the Medical Eligibility Criteria Breastfeeding moth	ners within 6
1 SI/RR week and Hyperten	
The client is given full information	
about the risks, advantages, and	
possible side effects before OCPs are	
prescribed for her.	
1 SI/RR	
Staff has knowledge to counsel if a	
dose of the contraceptive is missed	
Staff is aware of indication and within 72 hours, see	cond dose 12
method of administration of ECP 1 SI house after first do Ask staff about Met	
The facility provides III(1)	
ME E7.3 service for family planning	
as per guidelines	JCP method for
IUCD are prescribed as per guidelines 1 RR/SI Spacing	
IUD insertion is done as per standard No touch technique	
protocol and bimanual exam	
sounding of uterus	and placement
1 SI/RR	
Client is informed about the adverse Cramping, vaginal of	-
effect that can happen and their heavier menstruati	on, checking of
remedy 1 PI/SI IUD	ised about
	oval of IUD
remedy 1 PI/SI IUD	
remedy 1 PI/SI IUD Follow up services are provided as per Beneficiary are adv	
remedy 1 PI/SI IUD Follow up services are provided as per protocols Beneficiary are adv indications for reme	
remedy 1 PI/SI IUD Follow up services are provided as per protocols Beneficiary are adv indications for remu Facility for removal	
remedy 1 PI/SI IUD Follow up services are provided as per protocols Follow up services are provided as per protocols Beneficiary are adv indications for remu- Facility for removal available	
remedy 1 PI/SI IUD Follow up services are provided as per protocols Follow up services are provided as per protocols Beneficiary are advindications for remupation for removal available ME E7.4 Image: Comparison of the protocol service of t	
Image: constraint of the second se	
Image: constraint of the second se	
remedy 1 PI/SI IUD Follow up services are provided as per protocols Beneficiary are adv indications for remu Facility for removal available ME E7.4 A SI Vertical SI available ME E7.5 A A A ME E7.5 A A A	
Image: constraint of the second se	
remedy 1 PI/SI IUD Follow up services are provided as per protocols Follow up services are provided as per protocols Beneficiary are adv indications for remu Facility for removal available ME E7.4 Image: Comparison of the service	
Image: second	

				-	1	
ME F1.2	Staff is trained and adhere to standard hand washing practices	Staff washes hand before and after the procedures	1	ОВ	Ask about steps and 5 moments of hand washing	
ME F1.3	Facility ensures standard practices for maintaining				Application of water based antiseptic two or more times to the cervix and vagina before	
WIE F1.5	asepsis	Use of anticantic before ULCD incortion	1	SI.	beginning the procedure of IUCD	
		Use of antiseptic before IUCD insertion Use of aseptic/no touch technique	1	SI	insertion	
		during IUCD insertion	1	SI		
Standard F2	Facility ensures availability of Personal Protective equipment & follows standard precautions.					
ME F2.2	Staff adheres to standard personal protection practices	Use of clean or sterile gloves for procedures	1	SI/OB	Check for Disposable gloves	
Standard F3	Facility h	as standard procedure for disinfectio	n &sterilizatio	on of equipme	ent & instrument	
ME F3.1	The facility ensures standard practices and materials for decontamination and cleaning of instruments and procedures areas	Procedure surfaces are wiped with				
		0.5% solution after every procedure	1	SI/OB		
		Decontamination of Instruments after use	1	SI	All instruments are fully immersed in open position in a plastic container filled with 0.5 Chlorine solution for 10%	
			1	31		
		Cleaning of Instruments with water and detergent after decontamination	1	SI		
ME F3.2	The facility ensures standard practices and materials for disinfection and sterilization of instruments and equipment	High level disinfection/ Sterilization of instruments with appropriate method			Boiling for 20 Mins or Soaking in 2% glutaraldehyde or .1% solution for 20 Mins or Sterlization in autoclave at	
		as per availability	1	SI	15lb/sq inch pressure for 20 mins	
		Sterilized instruments are stored as	4	c.	Up to 1 week with tight fitted cover If lid is open than use with in 24	
		per specification	1	SI	hours	
Standard F4	Facility has defined & es	stablish procedure for segregation, co was		ment & dispo	osal of Bio medical &hazardous	
ME F4.1	The facility ensures segregation of Bio Medical Waste as per guidelines	Availability of color coded bins at point of waste generation				
	waste as het Ruidennes	Segregation of different category of	1	OB	Bins are covered	
		waste as per guidelines	1	ОВ		
		Area of Concern - G Q	uality Mana	gement		
Standard G.2		Facility has established system for Pa	atients and en	nployees satis	faction	
ME G2.1	Patient Satisfaction surveys are conducted at periodic intervals	Client feedback is taken after counselling , IUCD and abortion services	1	SI/RR		
Standard G3	Facility has established ,documented & implemented standard operating procedure system for its all key processes .					
ME G3.1		DELETED				
ME G3.2	Staff is trained as per SOPs	Display of protocols for family planning counseling	1	ОВ		
ME G3.3	Work instructions are displayed at Point of work		1	ОВ		
		Display of protocols of IUCD insertion and removal	1	ОВ		

	Facility measures				
ME H1.1	Productivity Indicators on monthly basis	IUCD inserted per 1000 eligible female	1	RR	
		No. of abortion conducted per Month	1	RR	
		No. of Clients provided Emergency Contraceptive Pills	1	RR	
ME H1.2	Facility measures efficiency Indicators on monthly basis	Percentage of client accepted limiting method out of total counseled	1	RR	
		Percentage of client returned for follow up	1	RR	
ME H1.3	Facility measures Clinical Care & Safety Indicators on monthly basis				
		IUCD complication rate	1	RR	
Standard H2	Facility endeavors to improve its performance to meet bench marks				
ME H2.2	The facility strives to improve indicators from its current performance	Trends analysis of Indicators is done at Periodic Intervals	1	RR	

Family Planning Health						
	Family Planning Health Score	50.0				
	Area of Concern wise Score					
A	Service Provision	50.0				
В	Patient Rights	50.0				
С	Inputs	50.0				
D	Support Services	50.0				
E	Clinical Services	cal Services 50.0				
F	Infection Control 50.0					
G	Quality Manangement	50.0				
н	Outcome	50.0				
	National Quality A	ssurance Standards for U - PHC			6	
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		Checklist For Communicable Dise	ases			
Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
		Area of Concern - A Service F	rovision			
Standard A1	Fa	cility provides Promotive, preventive an	d curative serv	vices		
ME A1.4	Services are available for the time period as mandated	OPD Services are available for at least 8 Hours in a day				
Standard		ity provide services as mandated in Nati	1 onal Health Pr	RR/SI		
A4		Case detection & Early diagnosis of			Microscopy/ Rapid diagnostic	
ME A4.1	The facility provides services under National Vector Borne Disease Control Programme as per guidelines	malaria case	1	RR/SI	kit	
		Management & Chemoprophylaxis of Malarial Cases	1	RR/SI		
		Referral of malaria cases			Cerebral Malaria, Septecemia	
			1	RR/SI	etc	
		Preventive Activites for Malaria control	1	RR/SI	Distribution of treated mosquito net, indoor residual spray & larval control Method etc.	
		Diagnosis & treatment for local prevalent vector born Disease	1	RR/SI	Lymphatic Filariasis, Dengue, Japanese Encephalitis, Chikungunya, Kala Azar (Leishmania osis)	
ME A4.2	National TB Control Programme as per	Case detection & Early diagnosis of TB				
	auidolinos	Availability / Linkage to microscopic	1	RR/SI		
		centre	1	RR/SI		
		Availability of functional DOT Centre	1	RR/SI		
		Treatment & Management of tuberculosis	1	RR/SI	Include Management of Common complication & side effects of treatment	
		Linkage for chest X ray & culture sensitivity of Mycobacterium bacilli for diagnosis of TB	1	RR/SI		
ME A4.3	The facility provides services under National Leprosy Eradication Programme as per guidelines	Early detection of leprosy & its complications			Community empowerment & mobilization of self referral, capacity building	
			1	RR/SI		
		Early referral of disabled cases			Identification of cases having disability their early referral & follow up at village level	
			1	RR/SI		
		Diagnosis & treatment			All reported and referred cases examined following standard procedure, diagnosed based on cardinal signs and treated with MDT & Management of Nerve impairment	
			1	RR/SI		
		Referral Services for complicated laprosy cases			Difficult to diagnosis cases, lepra reaction difficult to manage, Complicated ulcer, Eye problem, cases of reconstructive surgeries, person needs customized footwear.	
			1	RR/SI		

				-		
		Early detection of HIV			Screening of Antenatal	
					mothers, high risk behaviour	
ME A4.4	The facility provides services under National				cases and cases referred by	
	AIDS Control Programme as per guidelines				field worker	
			1	RR/SI		
		Referral linkage with ICTC for	I	KKy SI		
		confirmation of HIV status				
			1	RR/SI		
		Condom Promotion & distribution among	-	nity St		
		high risk groups				
				DD/CI		
		Courselling 8 guide potient with	1	RR/SI		
		Counselling & guide patient with HIV/AIDS for receiving ART				
		HIV/AIDS for receiving ART	1	RR/SI		
		Support to patients receiving ART for their	-	inty Si		
		adherence				
			1	RR/SI		
		Linkage with Microscopic centre for HIV	-	iniy Si		
		TB coordination	1	RR/SI		
	The facility Provides services under Integrated	Weekly reporting of epidemic prone	-	inty Si		
ME A4.9	Disease Surveillance Programme as per	diseases				
	Guidelines		1	RR/SI		
		Area of Concern B - Patients		111,951		
		Area of concern b - Patients	Augints			
Standard		The service provided at facility are	accessible			
B1		The service provided at facility are	accessible			
		Availability & display of IEC material			Availability of information	
		for RNTCP			about facts of TB, do's &	1
					donot's, sure cure of TB,	
	Patients & visitors are sensitized and educated				adverse effects of having	
ME B1.4	through appropriate IEC / BCC approaches				incomplete treatment.	
			1	OB		
		Availability & display of IEC material			Posters for Treated Mosquito	
		for NVBDCP			nets, Signs of maleria fever,	
					preventing Stagnant Water,	
					Preventing Mal <mark>e</mark> ria in	
					pregnancy	
			1	ОВ		
		IEC activities to enhance awareness &	1		Provision of basic information	
		preventive measures about STI, HIV/AIDS			on modes of transmission and	
		& PPCT			prevention of HIV/AIDS for	
					promoting behavioural change	
					and reducing vulnerability.	
					, , , , , , , , , , , , , , , , , , ,	
				OB		
		Patient is informed about the diagnosis &		00		
	Information about the treatment is charged	Treatment Plan				1
ME B1.7	Information about the treatment is shared with patients or attendants and consent is				OPD Slip/ Prescription	1
WIE D1.7	taken wherever required				containing Diagnosis &	1
				DD /01	treatment plan/ Treatment	1
		Nothed of Administration (toltan of st	1	RR/PI	card for TB patient	┟─────┤
		Method of Administration /taking of the				1
		medicines is informed to patient/ relative				1
		/ DOT provider as per prescription	1	RR/PI		1
Standard		l		NN/ PI		
Standard B2		The service provided at facility are	acceptable			
		Patient records are kept in safe custody			Check Patient records e.g. OPD	
		a dent records are kept in sale custody			register, DOT register, HIV	1
	Confidentiality of patients' records and clinical				postive reports etc. are kept in	1
ME B2.3	information is maintained				safe custody and are not	1
					accessible to unauthorized	1
			1	OB/SI	patients	1
		Privacy & Confidentiality of patients	*	00/01	potento	
		having HIV, Leprosy etc	1	SI/OB		1
		Area of Concern - C Inp		3,00		
		Area of concern - C inp				
Standard	The facility has adapted and "fr	d and trained staff required for any it	ing the second	d convises to t	he current care load	
C2	The facility has adequate qualifie	ed and trained staff, required for provid	ing the assure	u services to t	ne current case load	
		Anallahiliku of Destand for a state		1		
NAT C2 4	The facility has adequate medical officers as	Availability of Doctors for consultation				1
ME C2.1	per service provision and work load	during OPD hours		DD /DI		1
			1	RR/PI		

		Availability of Multiple Health worker(
ME C2.3		MPW)/ Community mobiliser/ Public				
	Workers as per service provision and workload	Health Manger as per guideline				
			1	RR/SI		
	The Staff has been imparted necessary	Training of Medical officer for RNTCP			Module 1-4, TB-HIV module	
ME C2.4	trainings/skill set to enable them to meet their					
	roles & responsibilities		1	RR		
		Training for MPW module under			Senior treatment supervisor	
		RNTCP			module, TB Health visitor	
					module & MPW /Health	
					assistant module training as	
					applicable	
			1	RR		
		Training of Aganwadi workers/			DOT provider module on TB,	
		ANM/Community volunteer under			DOT provider module on TB-HIV	
		RNTCP	1	RR		
		Re-training is conducted as per				
		retraining schedules of RNTCP	1	RR		
		Training on NACP	1	RR		
		Training on leprosy	1	RR		
Standard	The facilit	y provides drugs and consumables requ	ired for assure	ed services.		
С3				1		
ME C3.1	The facility has availability of adequate drugs	Assette billion of a start billion of a			Category I & Category II. Check	
	at point of use	Availability of Anti tuberculor drugs under		00 /05 /0	the availability of Stock & their	
		RNTCP	1	OB/RR/SI	Storage as per guideline	
					Artesunate, Chloroquine	
					phosphate, Primaquine, Pyrimet	
					hamine,Quinine	
		Availability of drugs under NVBDCP	1		sulphate,Sulfadoxine +	
			1	OB/RR/SI	Pyrimethamine	
		Availability of Drugs for National Leprosy	1		Availability of MDT &	
		Eradication Program		OB/RR/SI	Prednisolone	
		Area of Concern - D Support	Services			
Standard	Facility has proce	dure for collecting & Reporting of the h	ealth facility r	elated informa	tion	
D5	· · ·			1		
		Reporting is done on Form 01 (MF 2)			For reporting of blood smear.	
					Reporting format contain	
					information about patient's	
					name, age, sex and slum, etc. A	
1					code number is given to each	
	The facility provides monitoring and reporting					
ME DE 1	The facility provides monitoring and reporting				patient in terms of blood smear	
ME D5.1	services under National Vector Borne Disease				number for identification of	
ME D5.1					number for identification of each fever case screened, for	
ME D5.1	services under National Vector Borne Disease				number for identification of each fever case screened, for tracing out to provide radical	
ME D5.1	services under National Vector Borne Disease				number for identification of each fever case screened, for tracing out to provide radical treatment and also for follow	
ME D5.1	services under National Vector Borne Disease				number for identification of each fever case screened, for tracing out to provide radical	
ME D5.1	services under National Vector Borne Disease		1	RR	number for identification of each fever case screened, for tracing out to provide radical treatment and also for follow	
ME D5.1	services under National Vector Borne Disease	Reporting is done on Form 02 (MF 4)	1	RR	number for identification of each fever case screened, for tracing out to provide radical treatment and also for follow up	
ME D5.1	services under National Vector Borne Disease	Reporting is done on Form 02 (MF 4)	1	RR	number for identification of each fever case screened, for tracing out to provide radical treatment and also for follow up Monthly reporting of malaria	
ME D5.1	services under National Vector Borne Disease	Reporting is done on Form 02 (MF 4)	1	RR	number for identification of each fever case screened, for tracing out to provide radical treatment and also for follow up	
ME D5.1	services under National Vector Borne Disease	Reporting is done on Form 02 (MF 4)	1	RR	number for identification of each fever case screened, for tracing out to provide radical treatment and also for follow up Monthly reporting of malaria program of PHC , it provides	
ME D5.1	services under National Vector Borne Disease	Reporting is done on Form 02 (MF 4)	11	RR	number for identification of each fever case screened, for tracing out to provide radical treatment and also for follow up Monthly reporting of malaria program of PHC , it provides details of the worker wise	
ME D5.1	services under National Vector Borne Disease	Reporting is done on Form 02 (MF 4) Reporting is done on Form 03 (MF 5)			number for identification of each fever case screened, for tracing out to provide radical treatment and also for follow up Monthly reporting of malaria program of PHC , it provides details of the worker wise blood smears received and	
ME D5.1	services under National Vector Borne Disease				number for identification of each fever case screened, for tracing out to provide radical treatment and also for follow up Monthly reporting of malaria program of PHC, it provides details of the worker wise blood smears received and their results.	
ME D5.1	services under National Vector Borne Disease				number for identification of each fever case screened, for tracing out to provide radical treatment and also for follow up Monthly reporting of malaria program of PHC, it provides details of the worker wise blood smears received and their results. Monthly epidemiological report	
ME D5.1	services under National Vector Borne Disease				number for identification of each fever case screened, for tracing out to provide radical treatment and also for follow up Monthly reporting of malaria program of PHC , it provides details of the worker wise blood smears received and their results. Monthly epidemiological report of malaria program of PHC, it	
ME D5.1	services under National Vector Borne Disease				number for identification of each fever case screened, for tracing out to provide radical treatment and also for follow up Monthly reporting of malaria program of PHC , it provides details of the worker wise blood smears received and their results. Monthly epidemiological report of malaria program of PHC, it provides species wise details of	
ME D5.1	services under National Vector Borne Disease				number for identification of each fever case screened, for tracing out to provide radical treatment and also for follow up Monthly reporting of malaria program of PHC , it provides details of the worker wise blood smears received and their results. Monthly epidemiological report of malaria program of PHC, it provides species wise details of the positive cases and radical	
ME D5.1	services under National Vector Borne Disease		1	RR	number for identification of each fever case screened, for tracing out to provide radical treatment and also for follow up Monthly reporting of malaria program of PHC , it provides details of the worker wise blood smears received and their results. Monthly epidemiological report of malaria program of PHC, it provides species wise details of the positive cases and radical	
ME D5.1	services under National Vector Borne Disease	Reporting is done on Form 03 (MF 5)	1	RR	number for identification of each fever case screened, for tracing out to provide radical treatment and also for follow up Monthly reporting of malaria program of PHC , it provides details of the worker wise blood smears received and their results. Monthly epidemiological report of malaria program of PHC, it provides species wise details of the positive cases and radical treatment provided For reporting drug distribution centre, fever treatment depots	
ME D5.1	services under National Vector Borne Disease	Reporting is done on Form 03 (MF 5)	1	RR	number for identification of each fever case screened, for tracing out to provide radical treatment and also for follow up Monthly reporting of malaria program of PHC, it provides details of the worker wise blood smears received and their results. Monthly epidemiological report of malaria program of PHC, it provides species wise details of the positive cases and radical treatment provided For reporting drug distribution	
ME D5.1	services under National Vector Borne Disease	Reporting is done on Form 03 (MF 5)	1	RR	number for identification of each fever case screened, for tracing out to provide radical treatment and also for follow up Monthly reporting of malaria program of PHC , it provides details of the worker wise blood smears received and their results. Monthly epidemiological report of malaria program of PHC, it provides species wise details of the positive cases and radical treatment provided For reporting drug distribution centre, fever treatment depots	
ME D5.1	services under National Vector Borne Disease Control Programme as per guidelines	Reporting is done on Form 03 (MF 5) Reporting is done on Form 08 (MF 16) Availability of Quarterly reports on New	1	RR	number for identification of each fever case screened, for tracing out to provide radical treatment and also for follow up Monthly reporting of malaria program of PHC , it provides details of the worker wise blood smears received and their results. Monthly epidemiological report of malaria program of PHC, it provides species wise details of the positive cases and radical treatment provided For reporting drug distribution centre, fever treatment depots	
	services under National Vector Borne Disease Control Programme as per guidelines	Reporting is done on Form 03 (MF 5) Reporting is done on Form 08 (MF 16)	1	RR	number for identification of each fever case screened, for tracing out to provide radical treatment and also for follow up Monthly reporting of malaria program of PHC , it provides details of the worker wise blood smears received and their results. Monthly epidemiological report of malaria program of PHC, it provides species wise details of the positive cases and radical treatment provided For reporting drug distribution centre, fever treatment depots	
ME D5.1	services under National Vector Borne Disease Control Programme as per guidelines	Reporting is done on Form 03 (MF 5) Reporting is done on Form 08 (MF 16) Availability of Quarterly reports on New	1	RR	number for identification of each fever case screened, for tracing out to provide radical treatment and also for follow up Monthly reporting of malaria program of PHC , it provides details of the worker wise blood smears received and their results. Monthly epidemiological report of malaria program of PHC, it provides species wise details of the positive cases and radical treatment provided For reporting drug distribution centre, fever treatment depots	
	services under National Vector Borne Disease Control Programme as per guidelines	Reporting is done on Form 03 (MF 5) Reporting is done on Form 08 (MF 16) Availability of Quarterly reports on New and retreatment cases of TB	1	RR	number for identification of each fever case screened, for tracing out to provide radical treatment and also for follow up Monthly reporting of malaria program of PHC , it provides details of the worker wise blood smears received and their results. Monthly epidemiological report of malaria program of PHC, it provides species wise details of the positive cases and radical treatment provided For reporting drug distribution centre, fever treatment depots	
	services under National Vector Borne Disease Control Programme as per guidelines	Reporting is done on Form 03 (MF 5) Reporting is done on Form 08 (MF 16) Availability of Quarterly reports on New and retreatment cases of TB Availability of Quarterly report on sputum	1	RR RR RR	number for identification of each fever case screened, for tracing out to provide radical treatment and also for follow up Monthly reporting of malaria program of PHC, it provides details of the worker wise blood smears received and their results. Monthly epidemiological report of malaria program of PHC, it provides species wise details of the positive cases and radical treatment provided For reporting drug distribution centre, fever treatment depots	
	services under National Vector Borne Disease Control Programme as per guidelines	Reporting is done on Form 03 (MF 5) Reporting is done on Form 08 (MF 16) Availability of Quarterly reports on New and retreatment cases of TB Availability of Quarterly report on sputum conversion of New and retreatment cases	1	RR RR RR	number for identification of each fever case screened, for tracing out to provide radical treatment and also for follow up Monthly reporting of malaria program of PHC, it provides details of the worker wise blood smears received and their results. Monthly epidemiological report of malaria program of PHC, it provides species wise details of the positive cases and radical treatment provided For reporting drug distribution centre, fever treatment depots	
	services under National Vector Borne Disease Control Programme as per guidelines	Reporting is done on Form 03 (MF 5) Reporting is done on Form 08 (MF 16) Availability of Quarterly reports on New and retreatment cases of TB Availability of Quarterly report on sputum	1	RR RR RR RR	number for identification of each fever case screened, for tracing out to provide radical treatment and also for follow up Monthly reporting of malaria program of PHC, it provides details of the worker wise blood smears received and their results. Monthly epidemiological report of malaria program of PHC, it provides species wise details of the positive cases and radical treatment provided For reporting drug distribution centre, fever treatment depots	
	services under National Vector Borne Disease Control Programme as per guidelines	Reporting is done on Form 03 (MF 5) Reporting is done on Form 08 (MF 16) Availability of Quarterly reports on New and retreatment cases of TB Availability of Quarterly report on sputum conversion of New and retreatment cases registered 4-6 month earlier	1	RR RR RR	number for identification of each fever case screened, for tracing out to provide radical treatment and also for follow up Monthly reporting of malaria program of PHC, it provides details of the worker wise blood smears received and their results. Monthly epidemiological report of malaria program of PHC, it provides species wise details of the positive cases and radical treatment provided For reporting drug distribution centre, fever treatment depots	
	services under National Vector Borne Disease Control Programme as per guidelines	Reporting is done on Form 03 (MF 5) Reporting is done on Form 08 (MF 16) Availability of Quarterly reports on New and retreatment cases of TB Availability of Quarterly report on sputum conversion of New and retreatment cases registered 4-6 month earlier Availability of Quarterly report on result	1	RR RR RR RR	number for identification of each fever case screened, for tracing out to provide radical treatment and also for follow up Monthly reporting of malaria program of PHC, it provides details of the worker wise blood smears received and their results. Monthly epidemiological report of malaria program of PHC, it provides species wise details of the positive cases and radical treatment provided For reporting drug distribution centre, fever treatment depots	
	services under National Vector Borne Disease Control Programme as per guidelines	Reporting is done on Form 03 (MF 5) Reporting is done on Form 08 (MF 16) Availability of Quarterly reports on New and retreatment cases of TB Availability of Quarterly report on sputum conversion of New and retreatment cases registered 4-6 month earlier	1	RR RR RR RR	number for identification of each fever case screened, for tracing out to provide radical treatment and also for follow up Monthly reporting of malaria program of PHC, it provides details of the worker wise blood smears received and their results. Monthly epidemiological report of malaria program of PHC, it provides species wise details of the positive cases and radical treatment provided For reporting drug distribution centre, fever treatment depots	

		Availability of Monthly report on				
		Program Management, Logistics and				
		Microscopy by Peripheral Health				
		Institutions	1	RR		
		Monthly report on programme				
		management, logistics and microscopy				
		filled at all healthcare facilities & sent to				
		CMO/DTO/ concerned TU within defined				
		period	1	RR		
	The facility provides monitoring and reporting	Reporting is done on MLF -04 under NLEP			Monthly progress report from	
ME D5.3	services under National Leprosy Eradication				PHC to District regarding	
	Programme as per guidelines		4		different DPMR activities	
		Dataile of referred from various facilities	1	RR	LUN/ TD colleborative activities	
	The facility provides can jeen under National	Details of referral from various facilities			HIV-TB collaborative activities	
ME D5.4	The facility provides services under National AIDS Control Programme, as per guidelines				including line listing of cases referred from ICTC to RNTCP	
	AID'S control Programme, as per guidennes		1	RR		
		Monthly HIV-TB report	1	RR		
		Check form P is filled for information	1		Form for presumptive	
		required	-		surveillance reporting	
					Form P contain information	
					Name of reporting unit, state,	
	The facility provide monitoring and reporting				district, Block,Name of officer	
ME D5.9	service for Integrated Disease Surveillance				incharge along with signature,	
	Programme, as per guidelines				IDSP reporting week, No.of	
					cases under each disease and	
					syndrome	
		<u> </u>		RR/SI		
		Reporting format (Form P) are sent to	1		Form P will be filled in	
		DSU as per guidelines			duplicate (two copies),	
					Surveillance officer may place	
					carbon paper in between 2	
					sheets, One copy (blue) is	
					retained by MO and other	
					(Yellow) will be sent to DSU	
				RR/SI		
		Area of Concern - E Clinical	Sorvicos			
		Area of Concern - L Chincar	services			
Standard	Facility has defined procedure fo			propriate mai	intenance of records	
Standard E2	Facility has defined procedure fo	r primary management and continuity		propriate mai		
	Facility has defined procedure fo	r primary management and continuity Availability of Form / Format for testing		propriate mai	Mycobacteriology	
	Facility has defined procedure fo	r primary management and continuity		ppropriate mai	Mycobacteriology culture/sensitivity test form	
		r primary management and continuity Availability of Form / Format for testing		propriate ma	Mycobacteriology culture/sensitivity test form Laboratory form for sputum	
	Facility has defined procedure fo The facility ensures that standardised forms and formats are used for all purposes including	r primary management and continuity Availability of Form / Format for testing		ppropriate mai	Mycobacteriology culture/sensitivity test form Laboratory form for sputum examination	
E2	The facility ensures that standardised forms	r primary management and continuity Availability of Form / Format for testing		ppropriate mai	Mycobacteriology culture/sensitivity test form Laboratory form for sputum examination tuberculosis treatment Card	
E2	The facility ensures that standardised forms and formats are used for all purposes including	r primary management and continuity Availability of Form / Format for testing		ppropriate mai	Mycobacteriology culture/sensitivity test form Laboratory form for sputum examination tuberculosis treatment Card referral treatment form	
E2	The facility ensures that standardised forms and formats are used for all purposes including	r primary management and continuity Availability of Form / Format for testing	of care with ap		Mycobacteriology culture/sensitivity test form Laboratory form for sputum examination tuberculosis treatment Card	
E2	The facility ensures that standardised forms and formats are used for all purposes including	r primary management and continuity Availability of Form / Format for testing and Diagnosis of TB under RNTCP		ppropriate mai	Mycobacteriology culture/sensitivity test form Laboratory form for sputum examination tuberculosis treatment Card referral treatment form transfer form	
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	Treatment for Confirmed P. falciparum is			P. falciparum cases are treated
	done as per protocols			with ACT (Artesunate
				3days+Sulphadoxine-
				Pyrimethamine 1 day) This is
				accompanied by single dose of
				Pramaquine preferably day 2).
				However, there is resistance to
				partner drug SP in NE, it is
				recommended to use
				ARTEMETHER(20 mg) -
				LUMEFANTRINE (120 mg (ACT-
				AL) as per age specific dose
				schedule for the treatment of
				pf cases in NE (contraindicated
				in 1st trimester of pregnancy &
				for children weighting <5 years)
		1	SI/RR	
	Treatment of uncomplicated P. falciparum	-	397111	Pregnant women with
	-			-
	Malaria in pregnancy is done as per			uncomplicated Falciparum
	protocols			should be treated 1st trimester:
				Quinine, 2nd &3rd trimester:
		1	SI/RR	ACT
	Treatment of mixed infection is done as	I		Mixed infections with P.
	per protocols			falciparum should be treated as
				falciparum malaria. However,
				antirelapse treatment with
				primaquine can be given for 14
			CI/DE	days, if indicated.
		1	SI/RR	
	Algorithm for treatment & diagnosis of			Check for availability of
	malaria is available with treating physician			Alogrithm
		1	SI/RR	
	Identification of drug resistance /failure			
	cases especially falciparum is done as per			
	protocols	1	SI/RR	
	Treatment of falciparum failure cases is			Falciparum malaria should be
	done as per protocols			given alternative ACT or
				-
				quinine with Doxycycline.
				Doxycycline is contraindicated
				in pregnancy, lactation and in
				children up to 8 years.
		1	SI/RR	
	Staff is trained to identify severe cases of			Severe malaria have one or
	malaria especially severe manifestation of			more of following features:
	P falciparum			impaired
				consciousness/coma,Repeated
				generalized convulsions, Renal
				failure (Serum Creatinine >3
				mg/dl), Jaundice (Serum
				Bilirubin >3 mg/dl), Severe
				anaemia (Hb <5 g/dl),
				Pulmonary oedema,
				Hypoglycaemia (Plasma
				Glucose <40 mg/dl), Circulatory
				collapse/shock, DIC,
				Hyperpyrexia,Hyperparasitaemi
				a (>5% parasitized RBCs),
				Haemoglobinuria etc.
		1	SI/RR	
	Different coloured blister packs of ACT+SP			e.g: Pink for 0-1 year, yellow for
	is available for different age group			1-5 yrs, green for 5-8 yrs, Red
	especially for field staff			for 9-14 yrs & white for 1 5&
				above. For NE: pack colour and
				regimen vary by body weight &
				age group, Yellow: weight for
				5to 14 kg and age for> 5 month
				to <3 years, green: weight 15 to
				to <3 years, green: weight 15 to 24 kg age >3 to 8yrs, Red :
				24 kg age >3 to 8yrs, Red :
				24 kg age >3 to 8yrs, Red : weight 25-34 kg, age 9 to 14 yrs, white:weight > 34 kg,and
				24 kg age >3 to 8yrs, Red : weight 25-34 kg, age 9 to 14
		1	SI/OB/RR	24 kg age >3 to 8yrs, Red : weight 25-34 kg, age 9 to 14 yrs, white:weight > 34 kg,and

		1			1	
		Category wise treatment regimen is			Category I- New sputum smear-	
		given to patient			positive	
					Seriously ill** new sputum	
					smear-negative	
					Seriously ill** new extra-	
					pulmonary- 2H3R3Z3E3+	
					4H3R3, Category II- Sputum	
	Facility provides services under Revised					
ME E9.2	National TB Control Program as per guidelines				smear-positive Relapse	
					Sputum smear-positive Failure	
					Sputum smear-positive	
					Treatment After Default	
					Others***- 2H3R3Z3E3S3 +	
					1H3R3Z3E3 +	
					5H3R3E3,	
			1	SI/RR/OB		
		Patient wise box are colour coded as		- / / -	Red - Category I, Blue -	
			1		Category -II,	
		per category	1	SI/RR/OB		
		Prior to start of treatment patient			Address of the patient is	
		identity card & and treatment card is			verified by Peripheral Health	
		prepared			worker before start of the	
					treatment Within 1 week of	
					diagnosis	
			1	SI/RR	ulagilosis	
			T	31/KK	Eacily accordible and	
		Medical officer also discuss about			Easily accessible and	
		near by DOT centre with the patient			acceptable by patient, Place	
					identified for DOT (DOT centre)	
					& name and designation of	
					DOT provider is written in	
					patient treatment card	
			1	SI/PI		
		DOT directory is maintained	_	- / · ·	DOT directory For identify	
		-			suitable DOT provider & DOT	
		&updated at healthcare facility level		CI /DD	centre	
			1	SI/RR		
		Duplicate treatment card is issued to			Original card is maintained at	
		DOT provider/community DOT			healthcare centre where	
		provider if DOT provider is situtated			treatment has started	
		outside the healthcare centre				
			1	SI/RR		
			1	SI/KK		
		Medical officer issue Patient wise box			Check for the stock to be	
		(PWB) for entire duration for			maintained	
		treatment to Peripheral Health				
		worker/DOT provider	1	SI/RR		
		Original treatment card is updated at			Fortnightly Basis	
		regular intervals by PHW	1	SI/RR		
			1	31/11		
		All the doses of intensive phase is			Under supervision of DOT	
		taken as per guideline			provider/Community DOT	
					provider if any dose is missed	
					patient must be contacted	
					within 1 day and dose is	
					administrated on following day	
			1	SI/RR		
		In continuous phase doses is taken as	-	,	First dose in taken under	
					supervision of DOT	
		per guideline				
					provider/Community DOT	
					provider and for subsequent	
					doses for week is self	
					administrated. Empty blisters	
					are contacted within next	
					scheduled visit	
			1	SI/RR		
		Check What action taken by DOT	-	0.9100	Reported to next level	
		-				
		provider if they fail to retrieve such			supervisor (PHW/MO- PHI/STS/	
		patient	1	SI/RR	МО-ТВ)	
		Check What action is taken if patient			Arrange visit of MO- PHI to	
		misses DOT on 2 occasion in Intensive			patient home for counselling	
		phase	1	SI/RR	of the patient.	
			-	Sigint		
		Side effects of anti TB treatment is				
		identified by DOT provider and				
		identified by DOT provider and reported to MO	1	SI/RR		
			1	SI/RR		
			1	SI/RR	Discontinuation of	
		reported to MO	1	SI/RR		
		reported to MO Protocols for treatment for TB during	1	SI/RR	Streptomycin	
		reported to MO	1	SI/RR SI/RR		

		Follow up of smear examination for			First follow up sputum	
		New smear positive patient is done as			examination is done at the end	
		per guidelines			of 2 months of intensive phase.	
		per gardennes			Follow up sputum examination	
					is done at the end of 2 month	
					of continution phase and finally	
					at the end of treatment.	
			1	SI/RR		
		Follow up smear examination for re -			First follow up sputum	
		treatment patients as per guidelines			examination is done at the end	
		······································			of 3 months of intensive phase.	
					Follow up sputum examination	
					is done at the end of 2 month	
					of continution phase and finally	
					at the end of treatment.	
			1	SI/RR		
		Follow up smear examination for smear			Two smears are examined	
		negative patients as per guidelines			during the follow-up visit at the	
					end of 2 months of the	
					intensive phase and again at	
					the end of treatment	
			1	SI/RR		
		Management of paediatric				
		tuberculosis as per guidelines	1	SI/RR		
		Management of Extra pulmonary			Diagnostic algorithm for TB	
		tuberculosis as per guidelines	1	SI/RR	lymphadenitis	
		Management of patient with HIV				
		infection and TB	1	SI/RR		
		History taking as per guidelines			Includes duration of lesion,	
	Facility provides service under National				duration of disability if any,	
ME E9.3	Leprosy Eradication Program as per guidelines				family history/ contact history	
	coprosy cradication rogical do per galacines				&previous treatment	
			1	SI/RR		
		Examination of skin as per guidelines			Include information No. of	
					patches, colour of patch,	
					morphology of patch, nodule,	
					infiltration, test for loss of	
			1	SI/RR	sensation in patch	
		Physical Examination as per guidelines			Dryness of hands & feet,	
					swelling & redness of patches	
					and joints, Wasting of muscle,	
					visible deformity in hand, feet,	
					eye,Redness on palm or sole,	
					callous, Blister, ulcer, High	
					stepping gait or any change in	
					gait, Appearance of new lesions	
					or expansion of existing	
					lesion, Absence of blink in the	
					eyes,Redness and watering in	
					the eyes	
			1	SI/RR		
		Examination of eye as per guidelines	1	JIIN	Look for any redness of the	
		guidennes			eye,Note "watering from the	
					eye" from history and	
					observation,Observe for blink –	
					Present or Absent, Look for lid	
					gap or inability to close one or	
					both eyes (Lagophthalmos)	
					and check for normal strength	
					of eye closure, Check the visual	
					acuity of each eye separately,	
					using a Snellen's chart.	
					-	
			1	SI/RR		
		Management of disability grade I as per			If the duration of disability	
		guidelines			grade 1 i.e. anaesthesia along	
					the course of trunk nerve is	
					recent (< 6 months), a course of	
					Prednisolone is to be started to	
				a. /-	treat neuritis.	
			1	SI/RR		

	instruments and procedures areas			SI	solution	
ME F3.1	The facility ensures standard practices and materials for decontamination and cleaning of instruments and procedures areas				surface like Examination table (Wiping with .5% Chlorine	
		Decontamination of Procedure surfaces	1		Ask staff about how they decontaminate the procedure	
Standard F3	Facility has stand	lard procedure for disinfection &steriliza	ation of equipr	nent & instru	ment	
ME F2.2	Staff adheres to standard personal protection practices	No reuse of disposable gloves, Masks, caps and aprons.	1	OB/SI		
ME F2.1	Facility ensures adequate personal protection equipment as per requirements	Disposable gloves are available at point of use	1	ОВ		
Standard F2	Facility ensures ava	ilability of Personal Protective equipme	nt & follows s	tandard preca	autions.	
ME F1.2	Staff is trained and adhere to standard hand washing practices	Staff is adheres to standard hand washing practices	1	OB/SI		
			1	ОВ	preferably in Local language	
		Display of Hand washing Instruction at Point of Use			Prominently displayed above the hand washing facility ,	
			1	ОВ	uninterrupted	
		Availability of antiseptic soap with soap dish/liquid antiseptic with dispenser.	1	OB	Check for availability/ Ask staff if the supply is adequate and	
		Availability of running Water			Ask to Open the tap. Ask Staff water supply is regular	
ME F1.1	Hand washing facilities are provided at point of use	Point of Use	1	OB	basin near the point of use	
F1		Availability of hand washing Facility at	nanu nygiene		Check for availability of wash	
Standard	Epcility has defined	& implemented procedure for ensuring		nractices 9 a	senesis	
		Area of Concern - F Infection	1 Control	SI/RR	positive, referred to ICTC	
		Staff is aware of early diagnosis & referral of HIV suspected cases			Rapid Kit test done for suspected cases & if case found	
ME E9.4	Facility provides service under National AIDS Control program as per guidelines	Pre Test Counselling is done as per protocols	1	SI/PI	By MO/ Staff Nurse/ANM	
			1	SI/RR	reaction, disability, neuritis and ulcer.	
		Referral in of the patient as per guidelines	1	SI/RR	Referral of the cases having	
					foot wear,follow up of RCS	
					manage, complicated ulcer, eye problem, reconstruction surgery cases, persons needing gradell	
		Referral out of Patient as per guideline			Referral of cases where lepra reaction is difficult to	
			1	SI/RR	Erthyma Nodosum leprosum(ENL)	
		Staff is aware of leprosy reaction and their treatment			2 types of reaction: Type 1- Reversal reaction, Type 2-	
			1	SI/RR	drug with food	
					intestinal upset. Management reassurance, given iron and folic acid, counselling & give	
		Staff is aware of adverse reactions to MDT and their management			Like Red urine, anaemia, brown discoloration of skin, gastro	
			1	SI/RR	Dapsone; 50 mg daily (for 6 month)	
					(12month). PB: Rifampicin: 450 mg once in month,	
					once in month,50 mg daily, Dapsone: 50 mg daily	
		Standard children (10-14yrs) treatment regimen for MB leprosy is followed			MB: Rifampicin:450mg once in month,Clofazimine: 150mg	
		leprosy is followed	1	SI/RR	month, Dapsone; 100 mg daily (for 6 month)	
		Standard adult treatment regimen for PB	1	SI/RR	month) Rifampicin: 600 mg once in	
					once in month & 50mg every day, Dapsone: 100 mg (for 12	
		Standard adult treatment regimen for MB leprosy is followed			Rifampicin: 600mg once in month, Clofazimine: 300mg	

					1	
		Proper Decontamination of instruments	1			
		after use			Ask staff how they	
					decontaminate the instruments	
					like Stethoscope, Examination	
					instruments	
				SI		
Standard F4	Facility has defined & establish pro	cedure for segregation, collection, treat	tment & dispos	al of Bio medi	cal &hazardous waste	
ME F4.1	The facility ensures segregation of Bio Medical	Availability of colour coded bins at point				
IVIE F4.1	Waste as per guidelines	of waste generation	1	OB	Bins are covered	
		Availability of colour coded bags			Check Yellow bag is non	
			1	OB	chlorinated	
		Area of Concern - G Quality Ma	anagement			
Standard G.1	Facility has e	stablished quality Assurane Program as	per state/Natio	onal guideline	5	
ME G1.6	The facility has established external assurance	Internal Assessment of the General Clinic				
ME G1.6	programmes	is done at periodic interval	1	RR/SI		
Standard G3	Facility has established ,docun	nented &implemented standard operati	ng procedure	system for its	all key processes .	
	Standard Operating procedures are prepared,					
ME G3.1	distributed and implemented for all key					
	processes	Updated SOP are available at point of use	1	RR		
		SOP adequatly cover all relevant				
		processes of the department	1	RR		
ME G3.3	Work instructions are displayed at Point of	Clincal protocol for DOT are available/				
	work	displayed	1	OB/RR		
		Clincal Protocol for MDT are available/				
		displayed	1	OB/RR		
		Clinical Protocol for treatment of Malaria				
		are available/ displayed	1	OB/RR		
		Area of Concern - H: Outc	omes			
Standard H1	The facility meas	ures its productivity, efficiency, clinical	care & service	Quality indica	tors	
ME H1.1	Facility measures Productivity Indicators on	No. of New Registered cases per 1000				
	monthly basis	population under RNTCP	1	RR		
		No. of New Registered cases per 1000				
		population under NVBDCP	1	RR		
		No. of New Registered cases per 1000				
		population under NLEP	1	RR		
ME H1.2	Facility measures efficiency Indicators on monthly basis	Failure rate including Death & defaults under RNTCP	1	RR		
	Facility measures Clinical Care & Safety	Percentage of suspected TB cases are	-			
ME H1.3	Indicators on monthly basis	referred to HIV	1	RR		
		Multidrug treatment completion rate	<u> </u>		<u> </u>	
		under NLEP	1	RR		
		Proporation of TB patient on DOTs	-		<u> </u>	
		completing their treatment	1	RR		
Standard H2	Facility	endeavours to improve its performanc	1			
	The facility strives to improve indicators from	Trends analysis of Indicators is done at				
ME H2.2	its current performance	Periodic Intervals	1	RR		
	no current performance		1	AN		

Communicable Disease Score

	Communicable	50.0
	Disease Score	50.0
	Area of Concer	n wise Score
A	Service Provision	50.0
В	Patient Rights	50.0
с	Inputs	50.0
D	Support Services	50.0
E	Clinical Services	50.0
F	Infection Control	50.0
G	Quality Manangement	50.0
н	Outcome	50.0

	National Qualit	y Assurance Standards for U - PH	C		7	
		Checklist for Non Communica	able Diseases			
Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
		Area of Concern - A Se	ervice Provisi	on		
Standard A1		Facility provides Promotive, preve	entive and curat	ive services		
ME A1.4	Services are available for the time period as mandated	OPD Services are available for at least 8 Hours in a day	1	RR/SI		
Standard	Th	e facility provide services as mandate	d in National He	ealth Programm	nes	
A4		Medical treatment for prevention			Conjunctivitis, Night blindness, Stye	
ME A4.5	The facility provides services under National Programme for prevention and control of Blindness as per guidelines	&control of common Eye diseases			etc	
			1	RR/SI		
		Survey for prevalence of various eye diseases & Health Education for prevention of various eye diseases			Nutrition education (prevent vit A deficiency), Water & sanitation education (Trachoma Control) Maternal & child health education (Reduce retinopathy of prematurity), Health education (Prevention of eye trauma, hypertension & diabetic retinopathy)	
			1	RR/SI		
		Referral service for Screening and correction of refractive errors	1	RR/SI	Availabilityof refraction services at PHC /outreach (Schools)	
		Referral services for diagnosis &	1	RR/SI		
ME A4.6	The facility provides services under Mental Health Programme as per	treatment of cataract cases Early identification & treatment of common mental disorders in OPD	1	KR/3I	Anxiety Neurosis, Mild depression	
	guidelines		1	RR/SI		
		Referral of difficult cases to U CHC/ DH	1	RR/SI	Maniac cases, schizophernia & cases required hospital	
ME A4.7	The facility provides services under National Programme for the health care of the elderly as per guidelines	Geriatric clinic on fixed day for Conducting a routine health assessment & treatment			Every week, Display fixed day & time	
			1	RR/SI		
		Sensitization on promotional, preventive and rehabilitative aspects of				
ME A4.8	The facility provides services under National Programme for Prevention and control of Cancer, Diabetes, Cardiovascular diseases & Stroke (NPCDCS) as per guidelines	geriatrics Health Promotion Services to modify individual, group and community behaviour	1	RR/SI	Promotion of Healthy Dietary Habits. Increase physical activity. Avoidance of tobacco and alcohol. Stress Management.	
		Early detection, management and	1	RR/SI		
		referral of Diabetes Mellitus	1	RR/SI		
		Early detection, management and referral of Hypertension Early detection & Primary management	1	RR/SI		
		and referral of Cardiovascular diseases	4			
		and Stroke Identification and referral, follow up of	1	RR/SI		
ME A4.10	The facility provide services under National health Programme for	under treatment patient Early identification & Referral of cases of hearing impairment	1	RR/SI		
	deafness		1	RR/SI		
ME A4.13	The facility provides services under National Tobacco Control Programme as per guidelines	Promotion of quitting of tobacco in the community.			Health education and IEC activities regarding harmful effects of tobacco use and passive smoke.	
			1	RR/SI		
		Counselling service on tobacco cessation to all smokers/tobacco users.	1	RR/SI		
ME A4.14	The facility provides services under National Oral Health Care Program	Diagnosis & referal of common dental problems				
	national oral fleatin care Program		1	RR/SI		

		Promotion of oral hygiene through				
		counselling & IEC				
			1	RR/SI		
		Area of Concern B - P	atients' Right	ts		
Standard B1		The service provided at fac	cility are access	ible		
ы		Availability & display of IEC material			Diabetic retinopathy, cataract,	
	Patients & visitors are sensitized and	under National blindness control			glucoma, refractive error, trochoma,	
ME B1.4	educated through appropriate IEC /	program is available			prevention from corneal blindness.	
	BCC approaches				Also IEC material for eye donation	
		Availability of IEC kit for mental health	1	OB	Poster with 10 feature of mental	
		program			disorder & flip chart for use of health	
			1	OB	educator	
		Availability of IEC material for National			For prevention & early detection of	
		Deafness Control Program			hearing impairment & deafness	
			1	ОВ		
		Availablity of IEC for National program	1	08	IEC for Promotion of healthy life style,	
		for prevention & control of cancer,			healthy dietery habits, Stress	
		diabetis, cardiovascular diseases &			amanagement, Avoidance of	
	Information about the two stores of t	stroke	1	OB	substance abuse.	
	Information about the treatment is shared with patients or attendants	Patient is informed about the diagnosis & Treatment Plan			OPD Slip/ Prescription containing	
ME B1.7	and consent is taken wherever				Diagnosis & treatment plan/	
	required		1	RR/PI	Treatment card for TB patient	
		Method of Administration /taking of				
		the medicines is informed to patient/ relative as per prescription				
		relative as per prescription	1	RR/PI		
Standard		The service provided at fac				
B2				apie		
	Confidentiality of notiontal records	Patient records are kept in safe custody			Check Patient records e.g. OPD	
ME B2.3	Confidentiality of patients' records and clinical information is maintained				register are kept in safe custody and are not accessible to unauthorized	
			1	OB/SI	patients	
				-		
		Area of Concern	- C Inputs			
Standard	The facility has adequate o			assured servi	ces to the current case load	
Standard C2	The facility has adequate o	Area of Concern qualified and trained staff, required fo		assured servi		
C2	The Staff has been imparted necessary			assured servi	Orientation & refresher training of	
	The Staff has been imparted necessary trainings/skill set to enable them to			assured servi		
C2	The Staff has been imparted necessary	qualified and trained staff, required for Training of Medical officer under National Blindness Control Program		assured servi	Orientation & refresher training of Medical Officers of community ophthalmology & Prevention of Blindness	
C2	The Staff has been imparted necessary trainings/skill set to enable them to	qualified and trained staff, required for Training of Medical officer under National Blindness Control Program Training of MO for mental health	or providing the		Orientation & refresher training of Medical Officers of community ophthalmology & Prevention of Blindness Training for doctors for early	
C2	The Staff has been imparted necessary trainings/skill set to enable them to	qualified and trained staff, required for Training of Medical officer under National Blindness Control Program	or providing the		Orientation & refresher training of Medical Officers of community ophthalmology & Prevention of Blindness Training for doctors for early identification, diagnosis and	
C2	The Staff has been imparted necessary trainings/skill set to enable them to	qualified and trained staff, required for Training of Medical officer under National Blindness Control Program Training of MO for mental health	or providing the		Orientation & refresher training of Medical Officers of community ophthalmology & Prevention of Blindness Training for doctors for early	
C2	The Staff has been imparted necessary trainings/skill set to enable them to	qualified and trained staff, required for Training of Medical officer under National Blindness Control Program Training of MO for mental health	pr providing the	RR	Orientation & refresher training of Medical Officers of community ophthalmology & Prevention of Blindness Training for doctors for early identification, diagnosis and management of common mental	
C2	The Staff has been imparted necessary trainings/skill set to enable them to	qualified and trained staff, required for Training of Medical officer under National Blindness Control Program Training of MO for mental health program	pr providing the	RR	Orientation & refresher training of Medical Officers of community ophthalmology & Prevention of Blindness Training for doctors for early identification, diagnosis and management of common mental disorders 2 days training each year for health workers (All paramedical staff, ANM/	
C2	The Staff has been imparted necessary trainings/skill set to enable them to	raining of Medical officer under National Blindness Control Program Training of MO for mental health program	1 1	RR	Orientation & refresher training of Medical Officers of community ophthalmology & Prevention of Blindness Training for doctors for early identification, diagnosis and management of common mental disorders 2 days training each year for health	
C2	The Staff has been imparted necessary trainings/skill set to enable them to	qualified and trained staff, required for Training of Medical officer under National Blindness Control Program Training of MO for mental health program Training of Health Worker for Mental health Program	pr providing the	RR	Orientation & refresher training of Medical Officers of community ophthalmology & Prevention of Blindness Training for doctors for early identification, diagnosis and management of common mental disorders 2 days training each year for health workers (All paramedical staff, ANM/ Nursing staff, Health educator)	
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C2	The Staff has been imparted necessary trainings/skill set to enable them to	raining of Medical officer under National Blindness Control Program Training of MO for mental health program Training of Health Worker for Mental health Program	1 1	RR	Orientation & refresher training of Medical Officers of community ophthalmology & Prevention of Blindness Training for doctors for early identification, diagnosis and management of common mental disorders 2 days training each year for health workers (All paramedical staff, ANM/ Nursing staff, Health educator) Sensitization about program, Creating of awareness regarding preventable diseases of ear, reorientation in early diagnosis & treatment of common ear	
C2	The Staff has been imparted necessary trainings/skill set to enable them to	raining of Medical officer under National Blindness Control Program Training of MO for mental health program Training of Health Worker for Mental health Program	1 1 1	RR RR RR	Orientation & refresher training of Medical Officers of community ophthalmology & Prevention of Blindness Training for doctors for early identification, diagnosis and management of common mental disorders 2 days training each year for health workers (All paramedical staff, ANM/ Nursing staff, Health educator) Sensitization about program, Creating of awareness regarding preventable diseases of ear, reorientation in early	
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C2	The Staff has been imparted necessary trainings/skill set to enable them to	raining of Medical officer under National Blindness Control Program Training of MO for mental health program Training of Health Worker for Mental health Program Training of Medical Officer for National Deafness Control Program	1 1 1	RR RR RR	Orientation & refresher training of Medical Officers of community ophthalmology & Prevention of Blindness Training for doctors for early identification, diagnosis and management of common mental disorders 2 days training each year for health workers (All paramedical staff, ANM/ Nursing staff, Health educator) Sensitization about program, Creating of awareness regarding preventable diseases of ear, reorientation in early diagnosis & treatment of common ear diseases, Sensitization about program& awareness regarding ear & hearing	
C2	The Staff has been imparted necessary trainings/skill set to enable them to	Training of Medical officer under National Blindness Control Program Training of MO for mental health program Training of Health Worker for Mental health Program Training of Medical Officer for National Deafness Control Program	1 1 1	RR RR RR	Orientation & refresher training of Medical Officers of community ophthalmology & Prevention of Blindness Training for doctors for early identification, diagnosis and management of common mental disorders 2 days training each year for health workers (All paramedical staff, ANM/ Nursing staff, Health educator) Sensitization about program, Creating of awareness regarding preventable diseases of ear, reorientation in early diagnosis & treatment of common ear diseases, Sensitization about program& awareness regarding ear & hearing care, enable them to identify deafness	
C2	The Staff has been imparted necessary trainings/skill set to enable them to	raining of Medical officer under National Blindness Control Program Training of Mo for mental health program Training of Health Worker for Mental health Program Training of Medical Officer for National Deafness Control Program Training of nurse/ ANM/ AWW supervisors at PHC on National Deafness	1 1 1	RR RR RR	Orientation & refresher training of Medical Officers of community ophthalmology & Prevention of Blindness Training for doctors for early identification, diagnosis and management of common mental disorders 2 days training each year for health workers (All paramedical staff, ANM/ Nursing staff, Health educator) Sensitization about program, Creating of awareness regarding preventable diseases of ear, reorientation in early diagnosis & treatment of common ear diseases, Sensitization about program& awareness regarding ear & hearing care, enable them to identify deafness at early stage & motivate them for	
C2	The Staff has been imparted necessary trainings/skill set to enable them to	raining of Medical officer under National Blindness Control Program Training of Mo for mental health program Training of Health Worker for Mental health Program Training of Medical Officer for National Deafness Control Program Training of nurse/ ANM/ AWW supervisors at PHC on National Deafness	1 1 1 1	RR RR RR	Orientation & refresher training of Medical Officers of community ophthalmology & Prevention of Blindness Training for doctors for early identification, diagnosis and management of common mental disorders 2 days training each year for health workers (All paramedical staff, ANM/ Nursing staff, Health educator) Sensitization about program, Creating of awareness regarding preventable diseases of ear, reorientation in early diagnosis & treatment of common ear diseases, Sensitization about program& awareness regarding ear & hearing care, enable them to identify deafness at early stage & motivate them for awareness generation at community	
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C2	The Staff has been imparted necessary trainings/skill set to enable them to	Training of Medical officer under National Blindness Control Program Training of MO for mental health program Training of Health Worker for Mental health Program Training of Medical Officer for National Deafness Control Program Training of nurse/ ANM/ AWW supervisors at PHC on National Deafness Control Program Training of MO on National Program for Health care of elderly	1 1 1 1	RR RR RR	Orientation & refresher training of Medical Officers of community ophthalmology & Prevention of Blindness Training for doctors for early identification, diagnosis and management of common mental disorders 2 days training each year for health workers (All paramedical staff, ANM/ Nursing staff, Health educator) Sensitization about program, Creating of awareness regarding preventable diseases of ear, reorientation in early diagnosis & treatment of common ear diseases, Sensitization about program& awareness regarding ear & hearing care, enable them to identify deafness at early stage & motivate them for awareness generation at community level At least 1 MO is trained	
C2	The Staff has been imparted necessary trainings/skill set to enable them to	Training of Medical officer under National Blindness Control Program Training of MO for mental health program Training of Health Worker for Mental health Program Training of Medical Officer for National Deafness Control Program Training of nurse/ ANM/ AWW supervisors at PHC on National Deafness Control Program Training of MO on National Program for Health care of elderly Training of Paramedics staff for National	1 1 1 1 1	RR RR RR RR	Orientation & refresher training of Medical Officers of community ophthalmology & Prevention of Blindness Training for doctors for early identification, diagnosis and management of common mental disorders 2 days training each year for health workers (All paramedical staff, ANM/ Nursing staff, Health educator) Sensitization about program, Creating of awareness regarding preventable diseases of ear, reorientation in early diagnosis & treatment of common ear diseases, Sensitization about program& awareness regarding ear & hearing care, enable them to identify deafness at early stage & motivate them for awareness generation at community level	
C2	The Staff has been imparted necessary trainings/skill set to enable them to	Training of Medical officer under National Blindness Control Program Training of MO for mental health program Training of Health Worker for Mental health Program Training of Medical Officer for National Deafness Control Program Training of nurse/ ANM/ AWW supervisors at PHC on National Deafness Control Program Training of MO on National Program for Health care of elderly	1 1 1 1 1 1 1 1	RR RR RR RR RR RR	Orientation & refresher training of Medical Officers of community ophthalmology & Prevention of Blindness Training for doctors for early identification, diagnosis and management of common mental disorders 2 days training each year for health workers (All paramedical staff, ANM/ Nursing staff, Health educator) Sensitization about program, Creating of awareness regarding preventable diseases of ear, reorientation in early diagnosis & treatment of common ear diseases, Sensitization about program& awareness regarding ear & hearing care, enable them to identify deafness at early stage & motivate them for awareness generation at community level At least 1 MO is trained	
C2	The Staff has been imparted necessary trainings/skill set to enable them to	qualified and trained staff, required for Training of Medical officer under National Blindness Control Program Training of MO for mental health program Training of Health Worker for Mental health Program Training of Medical Officer for National Deafness Control Program Training of nurse/ ANM/ AWW supervisors at PHC on National Deafness Control Program Training of MO on National Program for Health care of elderly Training of Paramedics staff for National	1 1 1 1 1	RR RR RR RR	Orientation & refresher training of Medical Officers of community ophthalmology & Prevention of Blindness Training for doctors for early identification, diagnosis and management of common mental disorders 2 days training each year for health workers (All paramedical staff, ANM/ Nursing staff, Health educator) Sensitization about program, Creating of awareness regarding preventable diseases of ear, reorientation in early diagnosis & treatment of common ear diseases, Sensitization about program& awareness regarding ear & hearing care, enable them to identify deafness at early stage & motivate them for awareness generation at community level At least 1 MO is trained	
C2	The Staff has been imparted necessary trainings/skill set to enable them to	Training of Medical officer under National Blindness Control Program Training of MO for mental health program Training of Health Worker for Mental health Program Training of Medical Officer for National Deafness Control Program Training of nurse/ ANM/ AWW supervisors at PHC on National Deafness Control Program Training of MO on National Program for Health care of elderly Training of Paramedics staff for National	1 1 1 1 1 1 1 1 1	RR RR RR RR RR RR	Orientation & refresher training of Medical Officers of community ophthalmology & Prevention of Blindness Training for doctors for early identification, diagnosis and management of common mental disorders 2 days training each year for health workers (All paramedical staff, ANM/ Nursing staff, Health educator) Sensitization about program, Creating of awareness regarding preventable diseases of ear, reorientation in early diagnosis & treatment of common ear diseases, Sensitization about program& awareness regarding ear & hearing care, enable them to identify deafness at early stage & motivate them for awareness generation at community level At least 1 MO is trained	
C2 ME C2.4	The Staff has been imparted necessary trainings/skill set to enable them to	Training of Medical officer under National Blindness Control Program Training of MO for mental health program Training of Health Worker for Mental health Program Training of Medical Officer for National Deafness Control Program Training of nurse/ ANM/ AWW supervisors at PHC on National Deafness Control Program Training of MO on National Deafness Control Program Training of MO on National Program for Health care of elderly Training of Health care of elderly Training under NPCDCS	1 1 1 1 1 1 1 1 1	RR RR RR RR RR RR	Orientation & refresher training of Medical Officers of community ophthalmology & Prevention of Blindness Training for doctors for early identification, diagnosis and management of common mental disorders 2 days training each year for health workers (All paramedical staff, ANM/ Nursing staff, Health educator) Sensitization about program, Creating of awareness regarding preventable diseases of ear, reorientation in early diagnosis & treatment of common ear diseases, Sensitization about program& awareness regarding ear & hearing care, enable them to identify deafness at early stage & motivate them for awareness generation at community level At least 1 MO is trained	
C2	The Staff has been imparted necessary trainings/skill set to enable them to meet their roles & responsibilities	Training of Medical officer under National Blindness Control Program Training of MO for mental health program Training of Health Worker for Mental health Program Training of Medical Officer for National Deafness Control Program Training of nurse/ ANM/ AWW supervisors at PHC on National Deafness Control Program Training of MO on National Deafness Control Program Training of Paramedics staff for National Program for Health care of elderly Training under NPCDCS Training under NATIONAL	1 1 1 1 1 1 1 1 1 1 1 1 1	RR RR RR RR RR RR RR RR	Orientation & refresher training of Medical Officers of community ophthalmology & Prevention of Blindness Training for doctors for early identification, diagnosis and management of common mental disorders 2 days training each year for health workers (All paramedical staff, ANM/ Nursing staff, Health educator) Sensitization about program, Creating of awareness regarding preventable diseases of ear, reorientation in early diagnosis & treatment of common ear diseases, Sensitization about program& awareness regarding ear & hearing care, enable them to identify deafness at early stage & motivate them for awareness generation at community level At least 1 MO is trained At least 2 nurses are trained	

Availability of equipment & instruments for examination & monitoring of patients	Availability of functional Equipment & Instruments	1		BP apparatus, Weighing machine, Stethoscope, height chart, Snellen's chart.	
Availability of equipment & instruments for diagnostic procedures being undertaken in the facility	Availability of diagnostic instruments at clinics / consultation rooms for PAP smear Or VIA (visual inspection with Acetic Acid)	1		Slides, Lancet, Cusco Spaculum Spatula Fixer (spray) Marker pen	
		1	RR/SI/OB	Light Source	
	Availablity of Glucometer	1	RR/SI/OB		
		••			
Facility has	s procedure for collecting & Reporting	of the health fa	acility related in	nformation	
The facility provides monitoring and reporting services under National Programme for control of Blindness as	Facility monitor & submit the report	1	PR		
The facility provides monitoring and reporting services under Mental	Facility monitor & submit the report				
······		1	RR	Forms contains information on	
The facility provides monitoring and reporting services under National Programme for the health care of the elderly as per guidelines		1	DD	availability of equipments, supporting devices, no. of staff trained, services provided, no. of cases referred etc	
The facility provide monitoring and reporting service for prevention and control of Cancer, diabetes, cardiovascular disease and stroke as per guidelines	Facility monitor & submit the report under NPCDCS				
The facility provide services under National Programme for prevention and control of deafness, as per guidelines	Facility monitor & submit the report under National Programme for prevention and control of deafness	1	RR		
The facility provides monitoring and reporting services under National Iodine deficiency Programme, as per guidelines	Facility monitor & submit the report under lodine deficiency Program	1	RR		
	Area of Concern - E C	linical Service	es		
Facility has defined procee	lure for primary management and cor	ntinuity of care	with appropria	ate maintenance of records	
The facility provides appropriate referral linkages for transfer to other/higher facilities to assure the continuity of care.	There is a system of referring patient from OPD to U- CHC/ higher centre for specialist consultation under all NCD program	1	SI/RR	Check for practice, availability of referral slip, is there any information about the specialist doctors and there timings and day available	
Facility ensures follow up of patients	There is system of follow up of the patients refered to higher facilities	1	SI/RR		
Facility provides I	National Health Programmes as per op	erational/clinic	al guidelines o	f the Government	
The facility provides services under National Programme for control of Blindness as per guidelines	Availability of protocols for screening & treatment for common eye disease of children / adult	1	SI/RR	Conjunctivits, night blindness, stye	
Facility provides service under Mental Health Program as per guidelines	Elementary diagnosis & Referral of Mental disorders as per guidelines	1	51/PD		
	Availablity of Protocol for treatment of Anxiety Neurosis, Mild depression	1	JIJIN		
		1	SI/RR		
	Epidemiological surveillance of mental		1	1	
	instruments for examination & monitoring of patients Availability of equipment & instruments for diagnostic procedures being undertaken in the facility Facility provides monitoring and reporting services under National Programme for control of Blindness as per guidelines The facility provides monitoring and reporting services under Mental Health Programme, as per guideline The facility provides monitoring and reporting services under National Programme for the health care of the elderly as per guidelines The facility provide monitoring and reporting service for prevention and control of Cancer, diabetes, cardiovascular disease and stroke as per guidelines The facility provide services under National Programme for prevention and control of deafness, as per guidelines The facility provides monitoring and reporting services under National Iodine deficiency Programme, as per guidelines The facility provides monitoring and reporting services under National Iodine deficiency rogramme, as per guidelines Facility has defined proceer The facility provides appropriate referral linkages for transfer to other/higher facilities to assure the continuity of care. Facility ensures follow up of patients Facility provides services under National Programme for control of Blindness as per guidelines Facility provides services under National Programme for control of Blindness as per guidelines	Availability of equipment & instruments for examination & monitoring of patients Availability of diagnostic instruments at clinics / consultation rooms for PAP smear Or VIA (visual inspection with Acetic Acid) Availability of equipment & instruments for diagnostic procedures being undertaken in the facility Availability of Glucometer Availability of Glucometer Area of Concern - D St Facility has procedure for collecting & Reporting Facility Inspection with acetic Acid) The facility provides monitoring and reporting services under National Programme for control of Blindness as per guidelines Facility monitor & submit the report under NBCP The facility provides monitoring and reporting services under National Programme for the health care of the elderly as per guidelines Reporting is done on form 2 for NPHCE The facility provide services under National Programme for prevention and control of deafness, as per guidelines Facility monitor & submit the report under NPCDCS The facility provide services under National Programme for prevention and control of deafness, as per guidelines Facility monitor & submit the report under NPCDCS The facility provides sontoring and reporting services under National Programme for prevention and control of deafness, as per guidelines Facility monitor & submit the report under NPCDCS The facility provides sontoring and reporting services under National Programme for prevention and control of deafness	Availability of equipment & instruments or examination & availability of diagnostic instruments or alignostic procedures being undertaken in the facility and the spectral of	Availability of equipment & instruments instruments instruments of examination & instruments instrumen	Availability of equipment 8 8 Instruments for canoniston 8 Sectioncope, height chart, Section's extrained for an extrained for a section with instruments for canoniston 8 Sectioncope, height chart, Section's extrained for a section with instruments for adjunctic process for adjunct process for adjunct process for adjunct proc

ME E9.7	Facility provides service under National programme for the health care of the elderly as per guidelines	Health assessment for elderly person based on simple clinical examination relating to vision, joints, hearing, chest, BP and simple				
ME E9.7	National programme for the health	relating to vision, joints, hearing, chest, BP and simple				
ME E9.7	National programme for the health	BP and simple				
		-				
		investigations including blood sugar,				
		etc. is done				
			1	SI/RR		
		A simple questionnaire will be filled up				
		during the first visit of each Elderly as				
		per guideline and record updated and maintained	1	SI/RR		
r	Facility provides service under	Risk assessment & diagnosis of diabetics	1	SIJAK	Staff is aware of high risk condition of	
	National Programme for Prevention	is done as per guideline			diabetic & certeria for diagnosis of	
	and Control of cancer, diabetes,				type II diabetics mellitus	
c	cardiovascular diseases & stroke					
((NPCDCS) as per guidelines		1	SI/RR		
		Medical Management of diabetes is				
		done as per guideline	1	SI/RR	Steere 4 how extensions Soutelle	
		Diagnosis of hypertension is done as per			Stage 1 hypertension: Systolic	
		protocol			140/159, diastolic 90/99. Stage 2 hypertension: Sysolic: 160 or higher	
					Diastolic 100 or higher. Based on at	
					least 2 or more properly measured BP	
					reading in sitting position.	
			1	SI/RR		
		Medical Management of hypertension		CI /00		
		is done as per guideline Risk assessment for cardio vascular	1	SI/RR	++	
		disease is done as per guideline			Check for awarness of behavioural &	
		alsease is done as per guidenne			psychological risk factor & how	
					medical officer calculate 10 year risk	
					for fatal & non fatal cardio vascular	
					event using WHO / ISH risk	
			1	SI/RR	predication chart	
		Screen women of the age group 30-69				
		years for early detection of cervix cancer and breast cancer.	1	SI/RR		
		Counselling is provided for life style	1	SI/KK		
		modification as per guideline			Check for awarness regarding	
					modification in diet, physical activity,	
					weight control, tabacco cessation &	
			1	SI/RR	aviodness alcohol intake	
F	Facility provide services under	Screening of chronic supportive otitis				
ME E9.10	National program for prevention and	media (CSOM) Safe type/ unsafe type as per standard treatment guideline				
C	control of deafness	per standard treatment guidenne	1	SI/RR		
		Primary Management & referral of	-	01/111		
		chronic supportive otitis media (CSOM)				
		as per guideline	1	SI/RR		
۲	The facility provides services under	Linkages with tobacco cessation facility			Check for doctor aware of nearest	
	National Tobacco Control Programme				tobacco cessation facility Check how	
	as per guidelines		1	SI/DD	many patients are referred to	
		Doctor/ Staff are skilled for tobacco	1	SI/RR	cessation centre Ask about 5 As and 5 Rs (Ask, advice,	
		cessation counselling			assess, assist & arrange) (relevance,	
					risk, reward, roadblock & repetition)	
			1	SI		
		Facility has been declared tobacco free		_	Restriction on use of tobacco product	
		zone Chaola for any gradific community level	1	OB	by staff or visitors	
		Check for any specific community level activity is done for generating awareness				
		activity is done for generating awareness	1	SI/PI		
		Area of Concern - F In				
					0	
Standard F1	Facility has d	efined & implemented procedure for e	ensuring Hand	nygiene practi	ces & asepesis	
	Hand washing facilities are provided at	Availability of hand washing Facility at			Check for availability of wash basin,	
IVIE EL.I	point of use	Point of Use			running water & antiseptic soap near	
•			1	OB	the point of use	
Standard F4	Facility has defined & establ	sh procedure for segregation, collection	on, treatment &	k disposal of B	io medical &hazardous waste	
		Availability of colour coded bins at point				
	The facility ensures segregation of Bio	of waste generation				
т	,				1	
ME E4 1	Medical Waste as per guidelines					
ME E4 1	Medical Waste as per guidelines		1	ОВ	Bins are covered	
ME E4 1	Medical Waste as per guidelines	Availability of colour coded bags	1	ОВ	Bins are covered	
ME E4 1	Medical Waste as per guidelines	Availability of colour coded bags	1	OB OB	Bins are covered Check Yellow bag is non chlorinated	

Standard	En ellite	has actual links of some line Assessments Dura			delines	
G.1	Facility	has established quality Assurane Prog	gram as per sta	te/National gui	delines	
ME G1.5	The facility has established internal quality assurance programme	Internal Assessment of the Non Communicable disease is done at periodic interval	1	RR/SI		
Standard G3	Facility has established ,	documented &implemented standard	operating proc	edure system	for its all key processes .	
ME G3.1	Standard Operating procedures are prepared , distributed and implemented for all key processes	Updated SOP are available at point of use	1	RR		
		SOP adequatly cover all relvant				
		processes of the department	1	RR		
ME G3.3	Work instructions are displayed at Point of work	Clinical protocol for diagnosis & management of diabetic	1	OB/RR		
		Clinical protocol for diagnosis &	1	UD/KK		
		management of hypertension	1	OB/RR		
		Clinical protocol for diagnosis & management of cardio vascular diaeases	1	OB/RR		
		Clinical protocol for screening of cancer	1	OB/RR		
		Area of Concern - H		OB/RR		
		Area of Concern - F	1: Outcomes			
Standard H1		y measures its productivity, efficiency,	clinical care &	service Quality	indicators	
ME H1.1	Facility measures Productivity	No. of patient attended OPD for any of				
	Indicators on monthly basis	NCD	1	RR		
		Diabetic patient OPD per month	1	RR		
		No. of elderly patient attended the OPD	1	RR		
ME H1.2	Facility measures efficiency Indicators on monthly basis	Percentage of cases referred to higher facility for NCD	1	RR		
		No. of diabetic cases identifed	1	RR		
		No. of Hypertensive cases identifed	1	RR		
		No. of Cancer cases identifed	1	RR		
Standard H2		acility endeavours to improve its perf	ormance to me	et bench mark	s	
ME H2.2	The facility strives to improve indicators from its current performance	Trends analysis of Indicators is done at Periodic Intervals	1	RR		

NCD Score Card

	NCD Score	50.0
	Area of Conce	ern wise Score
A	Service Provision	50.0
В	Patient Rights	50.0
С	Inputs	50.0
D	Support Services	50.0
E	Clinical Services	50.0
F	Infection Control	50.0
G	Quality Manangement	50.0
н	Outcome	50.0

	National Qu	ality Assurance Standards for L	J - PHC		8	
	-	Checklist for Dressing Room	m & Emergen	су		
Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
		Area of Concern - A	A Service Prov	vision		
tandard 1		Facility provides Promotive, pr	eventive and cu	rative services		
VIE A1.2	The facility provides Accident & Emergency Services	Primary Management of wounds & First Aid			Incision & drainage, Stitching Dressing	
			1	RR/SI		
		Primary Management of trauma & bone injuries	1	RR/SI	Splints, compression bandage, Cervical Collar	
		Emergency Management of Life threatening conditions			Stabilization/ Primary Management of Medical conditions like Shock, Ischemic Heart Disease, CVA, Dyspnoea, Unconscious patients, Status Epilepticus, Management of severe dehydration, respiratory distress	
			1	RR/SI		
		First Aid and Referral of Burn and Injury cases	1	RR/SI		
		Primary Management & stabilization of Poisoning / Snake Bite cases			Lavage, Antidotes, Anti-snake venom/ Anti scorpion venom	
		Primary treatment for Dog Bite cases	1	RR/SI	Anti Rabies Vaccines	
			1	RR/SI		
ME A1.4	Services are available for the time period as mandated	Emergency Services are functional during OPD hrs			At least for 8 hrs	
Standard			1	RR/SI		
13	1	he Facility provides Diagnostic Servi	ces, Para-clinica	I & support serv	ices.	
VIE A3.3						
		Area of Concern B	- Patients' Ri	ghts		
tandard B1		The service provided a	t facility are acc	essible		
ME B1.7	Information about the treatment is shared with patients or attendants and consent is taken wherever required	Patient is informed about treatment plan &Consent is taken for all invasive procedure / where ever applicable	1	RR/PI	Ask the patient what they have been commuicated about treatment plan	
VIE B1.8	Access to facility is provided without any physical barrier	There is no overcrowding in the	1	ОВ		
		dressing room cum Emergency Availability of wheel chair or strecher	1			
		for easy access	1	OB		
tandard B2		The service provided at	facility are acc	eptable		
ЛЕ B2.2	Adequate visual privacy is provided at every point of care	Availability of screen & curtains in Dressing room	1	OB		
		Area of Conce	ern - C Inputs			
Standard C1	The facility has ade	quate & Safe infrastructure for deliv	erv of assured s	ervices and mee	ts the prevalent norms	

		Dressing cum emergency room have				
ME C1.1	Departments have adequate	adequate space			Space for couch, a table for	
IVIE CI.I	space as per patient load				keeping dressing drums & a	
			1	OB	drug trolley	
		Availability of Fans & Warmers as per				
ME C1.2	Amenities for Patients &	need				
	Staff are available as per load			0.5		
		Aveile bility of duin bine weter for siliting	1	OB		
		Availability of drinking water facilities			May be shared common with	
			1	OB	General clinic	
		Availability of functional toilets			Dry toilet with running water,	
					May be shared with General	
			1	OB	clinic	
					Switch Boards all other	
	The facility ensures safety of				electrical installations are	
ME C1.5	electrical installations	Dressing cum emergency room does			intact &secure	
		not have temporary connections &				
		loose hanging wires	1	OB		
	Dhysical condition of	Floor of dressing room is non slippery				
ME C1.6	Physical condition of buildings are safe for	and even				
WIL CI.0	providing patient care					
			1	OB		
Standard C2	The facility has adequate	e qualified and trained staff, require	ed for providing	the assured servi	ces to the current case load	
					T	
	The facility has adequate					
ME C2.2	nursing staff/Paramedics as					
	per service provision and					
	work load	Availability of at least one staff in			Staff Nurse/ ANM/ dressor etc	
		dressing cum Emergency room	1	OB/RR	check duty roster	
	The Staff has been imparted				Primary Management &	
ME C2.4	necessary trainings/skill set				stablization of life treatening	
WIL C2.4	to enable them to meet their				conditions like snake	
	roles & responsibilities	Training of staff for handling			poisoning, dog bite, IHD CVA	
		Emergencies	1	RR	etc.	
		Training of staff for basic life support				
		(BLS)	1	RR	Ask staff to demonstrate CPR	
	The Staff is skilled and					
ME C2.5	competent as per job					
	description	Check staff competancy for BLS	1	SI		
Standard C3	т	he facility provides drugs and consu	mables required	l for assured serv	ices.	
	The facility has availability of					
ME C3.1	adequate drugs at point of					
	use	Availablity of antiseptics for dressing	1	OB/RR		
		Availability of injectables	1	OB/RR	TT & Painkiller etc	
		Emergency Drug Tray is maintained				
					Drugs for managing	
					anaphylactic reaction - Inj	
					Adrenalin, Inj Hydrocortisone	
					Sodium Succinate, Injection	
					Chlorpheniramine,	
					IV Fluid,	
					Nitroglycerin spray,	
					Inj. Dopamine Inj Magsulf	
			1	OB/RR/SI	IV Set	
		Availability of disposables in	1		Examination gloves, Syringes,	
		dressing room/ Injection room and			Dressing material, suture	
	The Facility has availability of	• • •			material, venflons -IV sets	
ME C3.2	adequate consumables at	clinics			appropriate for newborn,	
	point of use				children & Adult	
			1	OB/RR/SI	-	
			1			

		Availability of splints for bone				
		injury cases			Splints, cervical collar,	
			1	OB/RR/SI	compression bandage	
andard C4	Th	e facility has equipment & instruments	required for	assured list of se	rvices.	
IE C4.1	Availability of equipment & instruments for examination					
E (4.1	& monitoring of patients				BP apperatus, Stethoscope,	
	5 5 5 5 F F F F F	Availability of functional equipment			thermometer, torch &	
		for Examination & monitoring	1	OB/SI	disposable tongue depressor	
	Availability of equipment & instruments for treatment				Chittel's forcep, Artery	
E C4.2	procedures, being				Forceps, Blade, Normal Forcep,	
	undertaken in the facility				Tooth Forcep, Needle Holder,	
		Availability of Dressing Instruments in	4	0.0 /61	Splints, Suture Material,	
		Dressing Room/ Injection Room	1	OB/SI	Dressing Drums Airway, Ambu's bag, Oxygen	
					Cylinder with key, Nebulizer,	
					Suction Machine, bag & mask	
					(adult size & paediateric sizes),	
		Availability of functional Instruments	4	65 /S		
		for Resuscitation	1	OB/SI		
	Augilability of aquipment for	Availability of equipment for storage for drugs				
IE C4.4	Availability of equipment for storage	storage for drugs			Deve (in star and stal / days size	
	storage		1	OB/SI	Drug/ instrumental/ dressing trolley, cupboard	
		Availability of Fixtures	1	00/51	Spot light, electrical fixtures	
	Availability of patient	,				
IE C4.5	furniture and fixtures as per					
	load and service provision					
			1	OB/SI	Duranium Table Contatou	
		Availability of furniture at clinics	1	OB/SI	Dressing Table,Footstep, cupboard	
		Area of Concern - D S			capboura	
tandard	The facility has establish	ed facility management programme fo	r maintenan	e & upkeep of e	uipment & infrastructure to	
	The facility has establish	ed facility management programme fo provide safe & secure enviro			uipment & infrastructure to	
1		provide safe & secure enviro			All area are clean with no	
1	Patient care areas are clean	provide safe & secure enviro	onment to st	aff & users	All area are clean with no dirt,grease,littering and	
1		Floors, walls, roof , sinks patient care and corridors are Clean			All area are clean with no	
1	Patient care areas are clean	provide safe & secure enviro	onment to st	aff & users	All area are clean with no dirt,grease,littering and	
tandard 1 1E D1.3	Patient care areas are clean and hygienic	Floors, walls, roof , sinks patient care and corridors are Clean Surface of furniture and fixtures are	onment to st	OB	All area are clean with no dirt,grease,littering and	
1 1E D1.3	Patient care areas are clean and hygienic Facility infrastructure is	Floors, walls, roof , sinks patient care and corridors are Clean Surface of furniture and fixtures are clean	onment to st	OB	All area are clean with no dirt,grease,littering and cobwebs	
1 IE D1.3	Patient care areas are clean and hygienic	Floors, walls, roof , sinks patient care and corridors are Clean Surface of furniture and fixtures are clean Trolley & cupboard etc are painted &	1 1	OB OB	All area are clean with no dirt,grease,littering and cobwebs Cupboard/ trolley are not	
1 IE D1.3 IE D1.4 tandard	Patient care areas are clean and hygienic Facility infrastructure is adequately maintained	Floors, walls, roof , sinks patient care and corridors are Clean Surface of furniture and fixtures are clean Trolley & cupboard etc are painted &	1 1 1	OB OB OB	All area are clean with no dirt,grease,littering and cobwebs Cupboard/ trolley are not rusted, chipped or broken	
1	Patient care areas are clean and hygienic Facility infrastructure is adequately maintained Facility has def	Floors, walls, roof , sinks patient care and corridors are Clean Surface of furniture and fixtures are clean Trolley & cupboard etc are painted & in intact condition	1 1 1	OB OB OB	All area are clean with no dirt,grease,littering and cobwebs Cupboard/ trolley are not rusted, chipped or broken	
1 1E D1.3 1E D1.4 tandard 2	Patient care areas are clean and hygienic Facility infrastructure is adequately maintained Facility has def The facility ensures proper	Floors, walls, roof , sinks patient care and corridors are Clean Surface of furniture and fixtures are clean Trolley & cupboard etc are painted & in intact condition	1 1 1	OB OB OB	All area are clean with no dirt,grease,littering and cobwebs Cupboard/ trolley are not rusted, chipped or broken	
1 IE D1.3 IE D1.4 tandard 2	Patient care areas are clean and hygienic Facility infrastructure is adequately maintained Facility has def	Floors, walls, roof , sinks patient care and corridors are Clean Surface of furniture and fixtures are clean Trolley & cupboard etc are painted & in intact condition Cined procedure for storage, Inventory Drugs/ Injectables are stored in	1 1 1 Managemen	OB OB OB t & dispensing of	All area are clean with no dirt,grease,littering and cobwebs Cupboard/ trolley are not rusted, chipped or broken	
1 IE D1.3 IE D1.4 tandard	Patient care areas are clean and hygienic Facility infrastructure is adequately maintained Facility has def The facility ensures proper storage of drugs and consumables	Floors, walls, roof , sinks patient care and corridors are Clean Surface of furniture and fixtures are clean Trolley & cupboard etc are painted & in intact condition Tined procedure for storage, Inventory Drugs/ Injectables are stored in container/tray & are labelled	1 1 1	OB OB OB	All area are clean with no dirt,grease,littering and cobwebs Cupboard/ trolley are not rusted, chipped or broken	
1 1E D1.3 1E D1.4 tandard 2 1E D2.2	Patient care areas are clean and hygienic Facility infrastructure is adequately maintained Facility has def The facility ensures proper storage of drugs and consumables The facility ensures	Floors, walls, roof , sinks patient care and corridors are Clean Surface of furniture and fixtures are clean Trolley & cupboard etc are painted & in intact condition Cined procedure for storage, Inventory Drugs/ Injectables are stored in	1 1 1 Managemen	OB OB OB t & dispensing of	All area are clean with no dirt,grease,littering and cobwebs Cupboard/ trolley are not rusted, chipped or broken	
1 1E D1.3 1E D1.4 tandard 2	Patient care areas are clean and hygienic Facility infrastructure is adequately maintained Facility has def The facility ensures proper storage of drugs and consumables The facility ensures management of expiry and	Floors, walls, roof , sinks patient care and corridors are Clean Surface of furniture and fixtures are clean Trolley & cupboard etc are painted & in intact condition Container/tray & are labelled Expiry dates' are maintained at	1 1 1 Managemen 1	OB OB OB t & dispensing of OB	All area are clean with no dirt,grease,littering and cobwebs Cupboard/ trolley are not rusted, chipped or broken	
1 IE D1.3 IE D1.4 tandard 2 IE D2.2	Patient care areas are clean and hygienic Facility infrastructure is adequately maintained Facility has def The facility ensures proper storage of drugs and consumables The facility ensures	Floors, walls, roof , sinks patient care and corridors are Clean Surface of furniture and fixtures are clean Trolley & cupboard etc are painted & in intact condition Fined procedure for storage, Inventory Drugs/ Injectables are stored in container/tray & are labelled Expiry dates' are maintained at emergency drug tray	1 1 1 Managemen	OB OB OB t & dispensing of	All area are clean with no dirt,grease,littering and cobwebs Cupboard/ trolley are not rusted, chipped or broken	
1 IE D1.3 IE D1.4 candard 2 IE D2.2	Patient care areas are clean and hygienic Facility infrastructure is adequately maintained Facility has def The facility ensures proper storage of drugs and consumables The facility ensures management of expiry and	Floors, walls, roof , sinks patient care and corridors are Clean Surface of furniture and fixtures are clean Trolley & cupboard etc are painted & in intact condition Container/tray & are labelled Expiry dates' are maintained at	1 1 1 Managemen 1	OB OB OB t & dispensing of OB	All area are clean with no dirt,grease,littering and cobwebs Cupboard/ trolley are not rusted, chipped or broken	
E D1.3 E D1.4 andard 2 E D2.2	Patient care areas are clean and hygienic Facility infrastructure is adequately maintained Facility has def The facility ensures proper storage of drugs and consumables The facility ensures management of expiry and	Floors, walls, roof , sinks patient care and corridors are Clean Surface of furniture and fixtures are clean Trolley & cupboard etc are painted & in intact condition Tined procedure for storage, Inventory Drugs/ Injectables are stored in container/tray & are labelled Expiry dates' are maintained at emergency drug tray No expiry drug found at dressing/	1 1 Managemen 1 1	OB OB OB t & dispensing of OB OB/RR OB	All area are clean with no dirt,grease,littering and cobwebs Cupboard/ trolley are not rusted, chipped or broken	
E D1.3 E D1.4 andard 2 E D2.2	Patient care areas are clean and hygienic Facility infrastructure is adequately maintained Facility has def The facility ensures proper storage of drugs and consumables The facility ensures management of expiry and	Floors, walls, roof , sinks patient care and corridors are Clean Surface of furniture and fixtures are clean Trolley & cupboard etc are painted & in intact condition Tined procedure for storage, Inventory Drugs/ Injectables are stored in container/tray & are labelled Expiry dates' are maintained at emergency drug tray No expiry drug found at dressing/ Injection Room	1 1 Managemen 1 1	OB OB OB t & dispensing of OB OB/RR OB	All area are clean with no dirt,grease,littering and cobwebs Cupboard/ trolley are not rusted, chipped or broken	

		I I				
	The facility provides					
	appropriate referral linkages					
ME E2.2	for transfer to other/higher					
	facilities to assure the					
	continuity of care.				Referral Out register is	
	continuity of care.	Patient's are referred with referral slip	1	RR/SI	maintained	
		Availability of referral linkages to			Availablity of contact no. of	
		higher centres.	1	RR/SI	higher facility	
		Advance communication is done with	-	1117 01		
		higher centre	1	RR/SI		
			1	KIQ SI		
		Referral out register is maintained	1	RR/SI		
		Referrar out register is maintained	1	KRY SI		-
ME E2.3	Facility ensures follow up of					
	patients	Facility ensure the follow up of				
		referred patients	1	RR/SI		
		There is process of sorting the			As care provider how they	
	Facility has establish	patients in case of mass casualty			triage patient- immediate,	
ME E2.4	procedure for Triage &				delayed, expectant, minimal,	
	diaster Management		1	RR/SI	dead	
		Emergency protocols are available at	-	1117.51	See for protocols of head	
ME E2.5	Emergency protocols are	point of use			injury, snake bite, poisoning,	
ME 22.5	defined and implemented	point of use	1	RR/SI	• • •	
		Thora is procedure for CDD	T	rry SI	drawing etc.	
		There is procedure for CPR	4		Ask for Demonstration on BLS	
			1	RR/SI	(basic life support)	
		There is procedure for informing			Check for Police Information	
		police			Register , Ask method for	
					informing police	
			1	RR/SI		
		Emergency has criteria for defining			Criteria is defined based on	
		medico legal cases			cases and when to do MLC like	
					all the cases not attended by	
					the doctor/ criteria may vary	
					from state to state	
			1	RR/SI		
		Check for how ambulances are called	-	1119.51		
		and patients are shifted				
	The facility ensures	and patients are sinted				
ME E2.6	adequate and timely					
	availability of ambulances					
	services					
			1	SI/OB		
		All unstable patients are transferred	-	0.,00		
		(as decided by the Doctor), with one				
		(as decided by the Doctor), with one paramedical staff				
		parametrical statt	4			
				c. /		
			1	SI/RR		
		The Patient's rights are respected				
		during transport.	1	SI/RR SI		
		during transport. Transfer register is maintained to				
		during transport.				
		during transport. Transfer register is maintained to record the detail of the referred patient				
		during transport. Transfer register is maintained to record the detail of the referred	1	SI		
		during transport. Transfer register is maintained to record the detail of the referred patient	1	SI		
		during transport. Transfer register is maintained to record the detail of the referred patient Ambulance services are registered to	1	SI		
		during transport. Transfer register is maintained to record the detail of the referred patient Ambulance services are registered to dedicated no. Patient Complaint, Examination,	1	SI		
ME E2.7	Clinical records are updated	during transport. Transfer register is maintained to record the detail of the referred patient Ambulance services are registered to dedicated no. Patient Complaint, Examination, treatment given or Procedure	1	SI		
ME E2.7	Clinical records are updated for care provided	during transport. Transfer register is maintained to record the detail of the referred patient Ambulance services are registered to dedicated no. Patient Complaint, Examination,	1	SI		
ME E2.7		during transport. Transfer register is maintained to record the detail of the referred patient Ambulance services are registered to dedicated no. Patient Complaint, Examination, treatment given or Procedure	1	SI RR RR/OB	108/102/ any other	
ME E2.7		during transport. Transfer register is maintained to record the detail of the referred patient Ambulance services are registered to dedicated no. Patient Complaint, Examination, treatment given or Procedure	1	SI	108/102/ any other	
ME E2.7	for care provided	during transport. Transfer register is maintained to record the detail of the referred patient Ambulance services are registered to dedicated no. Patient Complaint, Examination, treatment given or Procedure	1	SI RR RR/OB	108/102/ any other	
ME E2.7	for care provided The facility ensures that	during transport. Transfer register is maintained to record the detail of the referred patient Ambulance services are registered to dedicated no. Patient Complaint, Examination, treatment given or Procedure	1	SI RR RR/OB		
	for care provided The facility ensures that standardised forms and	during transport. Transfer register is maintained to record the detail of the referred patient Ambulance services are registered to dedicated no. Patient Complaint, Examination, treatment given or Procedure	1	SI RR RR/OB	Emergency register, referral	
ME E2.7 ME E2.8	for care provided The facility ensures that standardised forms and formats are used for all	during transport. Transfer register is maintained to record the detail of the referred patient Ambulance services are registered to dedicated no. Patient Complaint, Examination, treatment given or Procedure performed is recorded	1	SI RR RR/OB	Emergency register, referral register, referral	
	for care provided The facility ensures that standardised forms and	during transport. Transfer register is maintained to record the detail of the referred patient Ambulance services are registered to dedicated no. Patient Complaint, Examination, treatment given or Procedure performed is recorded Check availablity of standardize forms	1	SI RR RR/OB	Emergency register, referral	
	for care provided The facility ensures that standardised forms and formats are used for all	during transport. Transfer register is maintained to record the detail of the referred patient Ambulance services are registered to dedicated no. Patient Complaint, Examination, treatment given or Procedure performed is recorded	1	SI RR RR/OB	Emergency register, referral register, referral	
	for care provided The facility ensures that standardised forms and formats are used for all	during transport. Transfer register is maintained to record the detail of the referred patient Ambulance services are registered to dedicated no. Patient Complaint, Examination, treatment given or Procedure performed is recorded Check availablity of standardize forms	1	SI RR RR/OB RR/SI	Emergency register, referral register, referral slip, dressing room regster, Injection room	
	for care provided The facility ensures that standardised forms and formats are used for all	during transport. Transfer register is maintained to record the detail of the referred patient Ambulance services are registered to dedicated no. Patient Complaint, Examination, treatment given or Procedure performed is recorded Check availablity of standardize forms & Register Records are labelled and indexed	1	SI RR RR/OB RR/SI	Emergency register, referral register, referral slip, dressing room regster, Injection room	
	for care provided The facility ensures that standardised forms and formats are used for all purposes including registers	during transport. Transfer register is maintained to record the detail of the referred patient Ambulance services are registered to dedicated no. Patient Complaint, Examination, treatment given or Procedure performed is recorded Check availablity of standardize forms & Register Records are labelled and indexed Adequate facility for storage of	1	SI RR RR/OB RR/SI	Emergency register, referral register, referral slip, dressing room regster, Injection room	
	for care provided The facility ensures that standardised forms and formats are used for all	during transport. Transfer register is maintained to record the detail of the referred patient Ambulance services are registered to dedicated no. Patient Complaint, Examination, treatment given or Procedure performed is recorded Check availablity of standardize forms & Register Records are labelled and indexed	1	SI RR RR/OB RR/SI	Emergency register, referral register, referral slip, dressing room regster, Injection room	
ME E2.8	for care provided The facility ensures that standardised forms and formats are used for all purposes including registers	during transport. Transfer register is maintained to record the detail of the referred patient Ambulance services are registered to dedicated no. Patient Complaint, Examination, treatment given or Procedure performed is recorded Check availablity of standardize forms & Register Records are labelled and indexed Adequate facility for storage of	1	SI RR RR/OB RR/SI	Emergency register, referral register, referral slip, dressing room regster, Injection room	
	for care provided The facility ensures that standardised forms and formats are used for all purposes including registers The facility ensures safe and	during transport. Transfer register is maintained to record the detail of the referred patient Ambulance services are registered to dedicated no. Patient Complaint, Examination, treatment given or Procedure performed is recorded Check availablity of standardize forms & Register Records are labelled and indexed Adequate facility for storage of	1	SI RR RR/OB RR/SI	Emergency register, referral register, referral slip, dressing room regster, Injection room	
ME E2.8	for care provided The facility ensures that standardised forms and formats are used for all purposes including registers The facility ensures safe and adequate storage and	during transport. Transfer register is maintained to record the detail of the referred patient Ambulance services are registered to dedicated no. Patient Complaint, Examination, treatment given or Procedure performed is recorded Check availablity of standardize forms & Register Records are labelled and indexed Adequate facility for storage of	1	SI RR RR/OB RR/SI	Emergency register, referral register, referral slip, dressing room regster, Injection room	

tandard E	Facility has defined & imp	elemented procedures for Drug admi Go		standard treatme	ent guideline as mandated by	
IE E3.1	Medication orders are written legibly and	Check every Medical advice and procedure is accompanied with date, time and signature				
	adequately	, ,	1	RR	OPD slip	
		Check prescription are written legibly				
		& comprehendible by the clinical staff	1	RR		
		Area of Concern - I				
andard F1	Facility has	defined & implemented procedure f	or ensuring Ha	nd hygiene pract	ices & asepesis	
IE F1.1	Hand washing facilities are	Availability of hand washing Facility at Point of Use			Check for availability of wash basin near the point of use	
	provided at point of use		1	ОВ		
		Availability of running Water	I	08	Ask to Open the tap. Ask Staff water supply is regular	
			1	ОВ	water supply is regular	
		Availability of antiseptic soap with soap dish/ liquid antiseptic with dispenser.			Check for availability/ Ask staff if the supply is adequate and uninterrupted	
		-	1	OB		
		Display of Hand washing Instruction at Point of Use			Prominently displayed above the hand washing facility , preferably in Local language	
			1	OB		
1E F1.2	Staff is trained and adhere to standard hand washing practices	Staff adhere to standard hand washing practices				
		Availability of Antiseptic Solutions at	1	SI/OB		
1E F1.3	Facility ensures standard practices for maintaining asepsis	Dressings room, Injection Room				
			1	OB/SI	Phase and the second second second	
		Proper cleaning of procedure site with antisepic is done			like before giving IM/IV injection, drawing blood, putting Intravenous and	
			1	OB/SI	urinary catheter	
andard F2	Facility ens	ures availability of Personal Protecti	ve equipment &	& follows standa	rd precautions.	
1E F2.1	Facility ensures adequate personal protection equipment as per	Disposable gloves are available at point of use				
	requirements		1	ОВ		
1E F2.2	Staff adheres to standard personal protection practices	No reuse of disposable gloves, Masks, caps and aprons.				
			1	OB/SI		
andard F3	Facility h	as standard procedure for disinfection	on &sterilizatio	n of equipment 8	& instrument	
1E F3.1	The facility ensures standard practices and materials for decontamination and cleaning of instruments and procedures areas	Decontamination of Procedure surfaces	1	SI	Ask staff about how they decontaminate the procedure surface like dressing table, Stretcher/Trolleys etc. (Wiping with 0.5% Chlorine solution	
		Proper Decontamination of	1	SI		
		instruments after use	_		Ask staff how they decontaminate the instruments like Stethoscope, Dressing Instruments.	
		Contact time for decontamination is	1	SI/OB	10 minutes	
		adequate	-	3., 55		

		-				
		Cleaning of instruments after	1	SI	Cleaning is done with	
		decontamination			detergent and running water	
					after decontamination	
		Staff is trained for Blood spill	1	SI/OB		
		management				
		High level Disinfection of	1	SI/RR	Ask staff about method and	
	The facility ensures standard	instruments/equipment is done as			time required for boiling	
	practices and materials for	per protocol in dressing room			, ,	
ME F3.2	disinfection and sterilization					
	of instruments and					
	equipment					
Standard F4	Facility has defined & esta	blish procedure for segregation, coll	ection treatme	nt & disposal of	Bio medical & bazardous waste	
	,,					
		Availability of colour coded bins at				
	The facility ensures	point of waste generation				
ME F4.1		point of maste generation				
IVIC F4.1	segregation of Bio Medical					
	Waste as per guidelines					
			1	OB		
		Availability of colour coded bags			Check Yellow bag is non	
			1	OB	chlorinated	
		Segregation of different category of				
		waste as per guidelines	1	OB		
		Display of work instructions for				
		segregation and handling of				
		Biomedical waste	1	OB	Local Language & Pictorial	
		There is no mixing of infectious and				
		general waste	1	OB		
		Availability of functional needle			See if it has been used or just	
	The facility ensures	cutters			lying idle	
ME F4.2	management of sharps as					
	per guidelines		1	ОВ		
		Availability of puncture proof box	-	00	Should be available nears the	
		Availability of puncture proof box			point of generation like	
			1	0.0	nursing station and injection	
			1	OB	room	
		Disinfection of sharp before disposal			Disinfection of syringes is not	
			1	OB	done in open buckets	
		Staff is aware of contact time for		SI		
		disinfection of sharps	1			
		Area of Concern - G	Quality Mana	gement		
Standard	Facilit	ty has established quality Assurance	Program as per	state/National	guidelines	
G.1				1		
	The facility has established					
ME G1.5	internal quality assurance	Internal Assessment of the Dressing				
	programme	cum Emergency room is done at				
	F 8. a	periodic interval	1	SI/RR		
Standard						
G3	Facility has establishe	d ,documented &implemented stan	dard operating p	procedure syste	m for its all key processes .	
35						
	Standard Operating					
	procedures are prepared ,					
ME G3.1	distributed and					
	implemented for all key					
	processes	Updated SOP are available at point of				
		use	1	RR		
		SOP adequatly cover all relvant				
		processes of the department	1	RR		
		Area of Concer			·	
Standard		Aica of concern	III. Outcom			
H1	The facil	lity measures its productivity, efficie	ncy, clinical care	e & service Qual	ity indicators	
	Facility measures					
ME H1.1	Productivity Indicators on					
	monthly basis	No. of Emergency cases attended per				
		month	1	RR		
		Minor procedure conducted per				
		minior procedure conducted per	1	1	1	1
		month	1	RR		

		No.of Anti Rabies Vaccines administred per month	1	RR		
ME H1.3	Facility measures Clinical Care & Safety Indicators on monthly basis	No. of injection abcess reported per month	1	RR		
		Percentage of Emergency cases referred out	1	RR		
ME H1.4	Facility measures Service Quality Indicators on monthly basis	Proporation of patient referred through free referral transport	1	RR		
Standard H2		Facility endeavours to improve its	performance to	meet bench mark	s	
ME H2.2	The facility strives to improve indicators from its current performance	Trends analysis of Indicators is done at Periodic Intervals	1	RR		

	Dressing Room &				
Em	Emergency Score Card				
	Dressing Room & Emergency	50.0			
	Score				
	Area of Cor	ncern wise Score			
A	Service Provision	50.0			
В	Patient Rights	50.0			
с	Inputs	50.0			
D	Support Services	50.0			
E	Clinical Services	50.0			
F	Infection Control	50.0			
G	Quality Manangement	50.0			
н	Outcome	50.0			

ME A1.4 per Standard A ME A3.1 The Standard A ME A4.1 The Dis per The	Measurable Element ervices are available for the time eriod as mandated The facility provides Pharmacy rvices The facility provides services nder National Vector Borne	lity Assurance Standards for U - PH Checklist for Pharmac Checkpoint Area of Concern - A Serv Facility provides Promotive, prevent Dispensary services are available during OPD hours e Facility provides Diagnostic Services, Pa Availability of Drug Dispensing counter Generic Drug Store Cold chain management services e facility provide services as mandated in	Compliance Vice Provision Ve and curative	e services RR/SI upport service RR/SI	9 Means of Verification	Remarks
No. Standard A1 ME A1.4 Ser per Standard A3 ME A3.1 Standard A4 ME A4.1 The Dis per Standard The Content Standard ME A4.1 The Standard The Standard	ervices are available for the time eriod as mandated The facility provides Pharmacy rvices The facility provides services nder National Vector Borne	Checkpoint Area of Concern - A Serv Facility provides Promotive, preventi Dispensary services are available during OPD hours e Facility provides Diagnostic Services, Pa Availability of Drug Dispensing counter Generic Drug Store Cold chain management services	Compliance vice Provision ve and curative 1 ara-clinical & su 1	Method e services RR/SI upport services RR/SI	25. For both Allopathic & Alternate	Remarks
Standard A1 Ser per Standard A3 The ser Standard A4 Ser Standard A4 The ME A4.1 The Dis per	ervices are available for the time eriod as mandated The facility provides Pharmacy rvices The facility provides services nder National Vector Borne	Area of Concern - A Serv Facility provides Promotive, preventi Dispensary services are available during OPD hours e Facility provides Diagnostic Services, Pa Availability of Drug Dispensing counter Generic Drug Store Cold chain management services	1 1 1 1 1 1 1 1	RR/SI RR/SI	25. For both Allopathic & Alternate	
A1 A1 ME A1.4 Ser per Standard A3 ME A3.1 The ser Standard A ME A4.1 The Dis per	ervices are available for the time eriod as mandated The facility provides Pharmacy rvices The facility provides services nder National Vector Borne	Facility provides Promotive, preventi Dispensary services are available during OPD hours e Facility provides Diagnostic Services, Pa Availability of Drug Dispensing counter Generic Drug Store Cold chain management services	ive and curative 1 ara-clinical & su 1 1	e services RR/SI upport service RR/SI	For both Allopathic & Alternate	
ME A1.4 Ser per Standard A ME A3.1 The ser Standard A ME A4.1 The Dis per The	ervices are available for the time eriod as mandated The facility provides Pharmacy rvices The facility provides services nder National Vector Borne	Dispensary services are available during OPD hours e Facility provides Diagnostic Services, Pa Availability of Drug Dispensing counter Generic Drug Store Cold chain management services	1 ara-clinical & su 1 1	RR/SI upport service RR/SI	For both Allopathic & Alternate	
ME A1.4 per Standard A ME A3.1 The Standard A ME A4.1 The Dis per The	ervices are available for the time eriod as mandated The facility provides Pharmacy rvices The facility provides services nder National Vector Borne	OPD hours e Facility provides Diagnostic Services, Pa Availability of Drug Dispensing counter Generic Drug Store Cold chain management services	ara-clinical & su 1 1	RR/SI	For both Allopathic & Alternate	
A3 International A3 A A A A A A A A A A A A A A A A A A	ne facility provides Pharmacy rvices Th ne facility provides services nder National Vector Borne	Availability of Drug Dispensing counter Generic Drug Store Cold chain management services	ara-clinical & su 1 1	RR/SI	For both Allopathic & Alternate	
ME A3.1 The ser Standard A A4 The ME A4.1 Dis per The	ne facility provides Pharmacy rvices Th ne facility provides services nder National Vector Borne	Availability of Drug Dispensing counter Generic Drug Store Cold chain management services	1	RR/SI	For both Allopathic & Alternate	
Standard A4 ME A4.1 Dis per The	ne facility provides Pharmacy ervices The facility provides services nder National Vector Borne	Generic Drug Store Cold chain management services	1			
A4 The ME A4.1 Dis per	Th ne facility provides services nder National Vector Borne	Cold chain management services			i	
A4 The ME A4.1 Dis per	The facility provides services nder National Vector Borne	-	1		Functional Jan ayushdhalya in	
A4 The und Dis per	The facility provides services nder National Vector Borne	-	1	RR/SI	premises or equivalent Functional refrigerator(s), cool	
A4 The und Dis per	ne facility provides services nder National Vector Borne	e facility provide services as mandated in		RR/SI	box available	
ME A4.1 The Dis per	ne facility provides services nder National Vector Borne		National Heal	th Programm	es	
	isease Control Programme as er guidelines	Availability of Drugs under NVBDCP	1	RR/SI	Chloroquine, Primaquine, ACT (Artemisinin Combination Therapy)	
ME A4.2 Cor	ne facility provides services nder Revised National TB ontrol Programme as per uidelines	Availability of Drugs under RNTBCP	1	RR/SI	CATI & CATII	
ME A4.11 Pro		Availability of Vaccines As per National Immunization Schedule	1	rr/Si	BCG, DPT, OPV, Hepatitis B, Measles, TT, Japanese encephalitis (in select districts)	
Chandrad		Area of Concern B - Pat	ients' Rights			
Standard B1		The service provided at facili	ty are accessible	e		
ME B1 2		List of Drugs available displayed & updated daily at Pharmacy	1	ОВ	Updated daily is too stringent and also sometimes list may also be very long for it to be displayed and change daily. In fact some facilities write and circulate list of drug not available	
ME B1.7 is s	formation about the treatment shared with patients or	Method of Administration /taking of the medicines is informed to patient/ their relative by pharmacist as per doctors prescription in OPD Pharmacy	_	21/02		
Standard		The service provided at facilit	1 w are accentabl	PI/OB		
B2		Availability of separate Queue for Male and	1		Check whether there are	
MF B2 1		Availability of separate Queue for Male and female at dispensing counter	Ţ	ОВ	check whether there are separate queues	
Standard B3		The service provided at facilit	ty are affordabl	e		
The ser ME B3.1 pre		Free drugs and consumables for provided to mothers & Children			Check Pregnant women, Mother and Childrens upto 5 years are	

		Check patient has not spent on purchasing				
	The facility ensures that the drugs	drugs & consumbles those are included in				
ME B3.3	prescribed are available in the	essential medicine list			Check for availability of the	
	pharmacy				Essential Medicines	
	phannacy		1	DI		
			1	PI	List/Formulary	
		Area of Concern - 0	C Inputs			
Standard	The facility has a lar	and the first of the first state of the shall be stated				
C1	The facility has adeq	uate & Safe infrastructure for delivery of	assured service	es and meets	the prevalent norms	
					1	
ME C1.1	Departments have adequate					
IVIE CI.I	space as per patient load	Availability of adequate space for Drug				
		store and Dispensing counter	1	OB/SI		
		store and Dispensing counter	1	00/31		
	Amenities for Patients & Staff are					
ME C1.2	available as per load	Provision of shaded area in front of Drug				
	aranable as per load	Dispensing Counter	1	OB		
					Check for trash (empty cartons)	
	The facility ensures fire safety				stored in the store; flammables	
ME C1.7	measures including fire fighting				are stored separately; no	
	equipment					
					smoking zone; and availability	
		Pharmacy has plan for safe storage and			of fire extinguishers and	
		handling of potentially flammable materials.	1	OB	extinguisher is not time barred	
Charles I.						
Standard	The facility has adequate	qualified and trained staff, required for	providing the as	sured service	es to the current case load	
C2						
	The facility has adequate nursing					
ME C2.2	staff/Paramedics as per service				1	
	provision and work load	Availability of one Pharmacist at Drug			Check whether the pharmacy is	
		dispensing counter during OPD timings	1	SI/RR	manned during OPD hours	
				- /		
	The Staff has been imparted					
ME C2.4	necessary trainings/skill set to					
	enable them to meet their roles &					
	responsibilities	Training on Invantory Mangement and Drug				
		Storage	1	DD /01		
		JUIAge	1	RR/SI		
			1	RR/SI		
	The Staff is skilled and competent	Pharmacist is skilled for good dispensing	1	RR/SI		
ME C2.5		Pharmacist is skilled for good dispensing	1	RR/SI		
ME C2.5	The Staff is skilled and competent as per job description	Pharmacist is skilled for good dispensing practices and inventory management			Competence Testing	
ME C2.5		Pharmacist is skilled for good dispensing practices and inventory management technique	1	SI	Competence Testing	
ME C2.5		Pharmacist is skilled for good dispensing practices and inventory management technique Pharmacist is skilled for Cold Chain	1	SI		
		Pharmacist is skilled for good dispensing practices and inventory management technique			Competence Testing Competence Testing	
Standard	as per job description	Pharmacist is skilled for good dispensing practices and inventory management technique Pharmacist is skilled for Cold Chain	1	SI SI	Competence Testing	
	as per job description	Pharmacist is skilled for good dispensing practices and inventory management technique Pharmacist is skilled for Cold Chain Mangement e facility provides drugs and consumable	1	SI SI	Competence Testing	
Standard	as per job description	Pharmacist is skilled for good dispensing practices and inventory management technique Pharmacist is skilled for Cold Chain Mangement	1	SI SI	Competence Testing	
Standard	as per job description Th The facility has availability of	Pharmacist is skilled for good dispensing practices and inventory management technique Pharmacist is skilled for Cold Chain Mangement e facility provides drugs and consumable	1	SI SI	Competence Testing	
Standard C3	as per job description	Pharmacist is skilled for good dispensing practices and inventory management technique Pharmacist is skilled for Cold Chain Mangement e facility provides drugs and consumable	1 1 s required for a	SI SI ssured servic	Competence Testing	
Standard C3	as per job description Th The facility has availability of	Pharmacist is skilled for good dispensing practices and inventory management technique Pharmacist is skilled for Cold Chain Mangement e facility provides drugs and consumable Availability of Analgesics/ Antipyretics	1	SI SI	Competence Testing	
Standard C3	as per job description Th The facility has availability of	Pharmacist is skilled for good dispensing practices and inventory management technique Pharmacist is skilled for Cold Chain Mangement e facility provides drugs and consumable	1 1 s required for a	SI SI ssured servic	Competence Testing	
Standard C3	as per job description Th The facility has availability of	Pharmacist is skilled for good dispensing practices and inventory management technique Pharmacist is skilled for Cold Chain Mangement e facility provides drugs and consumable Availability of Analgesics/ Antipyretics	1 1 s required for a	SI SI ssured servic	Competence Testing	
Standard C3	as per job description Th The facility has availability of	Pharmacist is skilled for good dispensing practices and inventory management technique Pharmacist is skilled for Cold Chain Mangement e facility provides drugs and consumable Availability of Analgesics/ Antipyretics	1 1 s required for a	SI SI ssured servic	Competence Testing	
Standard C3	as per job description Th The facility has availability of	Pharmacist is skilled for good dispensing practices and inventory management technique Pharmacist is skilled for Cold Chain Mangement e facility provides drugs and consumable Availability of Analgesics/ Antipyretics	1 1 s required for a 1	SI SI Ssured servic OB/RR	Competence Testing es. As per state Drug List	
Standard C3	as per job description Th The facility has availability of	Pharmacist is skilled for good dispensing practices and inventory management technique Pharmacist is skilled for Cold Chain Mangement e facility provides drugs and consumable Availability of Analgesics/ Antipyretics Antiallergics and Drugs used in Anaphylaxis Antidotes and other substances used in	1 1 s required for a 1	SI SI Ssured servic OB/RR	Competence Testing es. As per state Drug List	
Standard C3	as per job description Th The facility has availability of	Pharmacist is skilled for good dispensing practices and inventory management technique Pharmacist is skilled for Cold Chain Mangement e facility provides drugs and consumable Availability of Analgesics/ Antipyretics Antiallergics and Drugs used in Anaphylaxis	1 1 s required for a 1	SI SI Ssured servic OB/RR OB/RR	Competence Testing es. As per state Drug List As per state Drug List	
Standard C3	as per job description Th The facility has availability of	Pharmacist is skilled for good dispensing practices and inventory management technique Pharmacist is skilled for Cold Chain Mangement e facility provides drugs and consumable Availability of Analgesics/ Antipyretics Antiallergics and Drugs used in Anaphylaxis Antidotes and other substances used in Poisoning	1 1 s required for a 1	SI SI Ssured servic OB/RR	Competence Testing es. As per state Drug List	
Standard C3	as per job description Th The facility has availability of	Pharmacist is skilled for good dispensing practices and inventory management technique Pharmacist is skilled for Cold Chain Mangement e facility provides drugs and consumable Availability of Analgesics/ Antipyretics Antiallergics and Drugs used in Anaphylaxis Antidotes and other substances used in	1 1 s required for a 1	SI SI Ssured servic OB/RR OB/RR	Competence Testing es. As per state Drug List As per state Drug List	
Standard C3	as per job description Th The facility has availability of	Pharmacist is skilled for good dispensing practices and inventory management technique Pharmacist is skilled for Cold Chain Mangement e facility provides drugs and consumable Availability of Analgesics/ Antipyretics Antiallergics and Drugs used in Anaphylaxis Antidotes and other substances used in Poisoning	1 1 s required for a 1	SI SI Ssured servic OB/RR OB/RR	Competence Testing es. As per state Drug List As per state Drug List	
Standard C3	as per job description Th The facility has availability of	Pharmacist is skilled for good dispensing practices and inventory management technique Pharmacist is skilled for Cold Chain Mangement e facility provides drugs and consumable Availability of Analgesics/ Antipyretics Antiallergics and Drugs used in Anaphylaxis Antidotes and other substances used in Poisoning Anticonvulsants/ Antiepileptics	1 1 s required for a 1 1 1	SI SI SSURED SERVIC OB/RR OB/RR OB/RR	Competence Testing es. As per state Drug List	
Standard C3	as per job description Th The facility has availability of	Pharmacist is skilled for good dispensing practices and inventory management technique Pharmacist is skilled for Cold Chain Mangement e facility provides drugs and consumable Availability of Analgesics/ Antipyretics Antiallergics and Drugs used in Anaphylaxis Antidotes and other substances used in Poisoning Anticonvulsants/ Antiepileptics Antihelmenthics	1 1 s required for a 1 1 1 1 1	SI SI Ssured servic OB/RR OB/RR OB/RR OB/RR	Competence Testing es. As per state Drug List	
Standard C3	as per job description Th The facility has availability of	Pharmacist is skilled for good dispensing practices and inventory management technique Pharmacist is skilled for Cold Chain Mangement e facility provides drugs and consumable Availability of Analgesics/ Antipyretics Antiallergics and Drugs used in Anaphylaxis Antidotes and other substances used in Poisoning Anticonvulsants/ Antiepileptics Antihelmenthics Antibacterial (Beta Lactam)	1 1 s required for a 1 1 1 1 1 1 1 1 1	SI SI SSURED SERVIC OB/RR OB/RR OB/RR OB/RR	Competence Testing es. As per state Drug List	
Standard C3	as per job description Th The facility has availability of	Pharmacist is skilled for good dispensing practices and inventory management technique Pharmacist is skilled for Cold Chain Mangement e facility provides drugs and consumable Availability of Analgesics/ Antipyretics Antiallergics and Drugs used in Anaphylaxis Antiallergics and Drugs used in Anaphylaxis Antidotes and other substances used in Poisoning Anticonvulsants/ Antiepileptics Antihelmenthics Antibacterial (Beta Lactam) Antibacterial (Others))	1 s required for a 1 1 1 1 1 1 1 1 1 1	SI SI SSURED SERVIC OB/RR OB/RR OB/RR OB/RR OB/RR OB/RR	Competence Testing es. As per state Drug List	
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Standard C3	as per job description Th The facility has availability of	Pharmacist is skilled for good dispensing practices and inventory management technique Pharmacist is skilled for Cold Chain Mangement e facility provides drugs and consumable Availability of Analgesics/ Antipyretics Antiallergics and Drugs used in Anaphylaxis Antiallergics and Drugs used in Anaphylaxis Antidotes and other substances used in Poisoning Anticonvulsants/ Antiepileptics Antibacterial (Beta Lactam) Antibacterial (Others)) Antifungal Antianaemia	1 1 s required for a 1 1 1 1 1 1 1 1 1 1 1 1 1	SI SI SSURED SERVIC OB/RR OB/RR OB/RR OB/RR OB/RR OB/RR OB/RR	Competence Testing es. As per state Drug List	
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Standard C3	as per job description Th The facility has availability of	Pharmacist is skilled for good dispensing practices and inventory management technique Pharmacist is skilled for Cold Chain Mangement e facility provides drugs and consumable Availability of Analgesics/ Antipyretics Antiallergics and Drugs used in Anaphylaxis Antiallergics and Drugs used in Anaphylaxis Antiallergics and Drugs used in Anaphylaxis Antidotes and other substances used in Poisoning Anticonvulsants/ Antiepileptics Antibacterial (Beta Lactam) Antibacterial (Beta Lactam) Antifungal Antianaemia Plasma Substitutes Antinypertensive medicines Anti infective & Antifungal (Topical) Antiinfalmatory & Others (Topical)	1 1 s required for a 1 1 1 1 1 1 1 1 1 1 1 1 1	SI SI SSURED SERVIC OB/RR OB/RR OB/RR OB/RR OB/RR OB/RR OB/RR OB/RR OB/RR	Competence Testing es. As per state Drug List	
Standard C3	as per job description Th The facility has availability of	Pharmacist is skilled for good dispensing practices and inventory management technique Pharmacist is skilled for Cold Chain Mangement e facility provides drugs and consumable Availability of Analgesics/ Antipyretics Antiallergics and Drugs used in Anaphylaxis Antiallergics and Drugs used in Anaphylaxis Antidotes and other substances used in Poisoning Anticonvulsants/ Antiepileptics Antihelmenthics Antibacterial (Beta Lactam) Antibacterial (Detas)) Antifungal Antianaemia Plasma Substitutes Antinginal medicines Antinfective & Antifungal (Topical) Antiinfalmatory & Others (Topical) Gastrointestinal Medicines (Antacids &	1 1 s required for a 1 1 1 1 1 1 1 1 1 1 1 1 1	SI SI SSURED SERVIC OB/RR OB/RR OB/RR OB/RR OB/RR OB/RR OB/RR OB/RR OB/RR OB/RR OB/RR OB/RR	Competence Testing es. As per state Drug List	
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Standard C3	as per job description Th The facility has availability of	Pharmacist is skilled for good dispensing practices and inventory management technique Pharmacist is skilled for Cold Chain Mangement e facility provides drugs and consumable Availability of Analgesics/ Antipyretics Antiallergics and Drugs used in Anaphylaxis Antiallergics and Drugs used in Anaphylaxis Antidotes and other substances used in Poisoning Anticonvulsants/ Antiepileptics Antibacterial (Beta Lactam) Antibacterial (Others)) Antifungal Antianaemia Plasma Substitutes Antianginal medicines Anti infective & Antifungal (Topical) Antimfalmatory & Others (Topical) Gastrointestinal Medicines (Antispasmodic	1 1 s required for a 1 1 1 1 1 1 1 1 1 1 1 1 1	SI SI Ssured servic OB/RR OB/RR OB/RR OB/RR OB/RR OB/RR OB/RR OB/RR OB/RR OB/RR OB/RR OB/RR OB/RR OB/RR	Competence Testing es. As per state Drug List	
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Standard C3	as per job description Th The facility has availability of	Pharmacist is skilled for good dispensing practices and inventory management technique Pharmacist is skilled for Cold Chain Mangement e facility provides drugs and consumable Availability of Analgesics/ Antipyretics Antiallergics and Drugs used in Anaphylaxis Antiallergics and Drugs used in Anaphylaxis Antidotes and other substances used in Poisoning Anticonvulsants/ Antiepileptics Antibacterial (Beta Lactam) Antibacterial (Beta Lactam) Antibacterial (Others)) Antianginal medicines Antianginal medicines Antianginal medicines Antinfective & Antifungal (Topical) Antimfatmatory & Others (Topical) Gastrointestinal Medicines (Antacids & Antemitics) Gastrointestinal Medicines (Antacids & Antemitics) Medicines used in diarrhorea Hormones	1 1 s required for a 1 1 1 1 1 1 1 1 1 1 1 1 1	SI SI SSURED SERVIC OB/RR OB/RR OB/RR OB/RR OB/RR OB/RR OB/RR OB/RR OB/RR OB/RR OB/RR OB/RR OB/RR OB/RR OB/RR	Competence Testing es. As per state Drug List	

		Outories	1	00/00	As non state Drug List	1
		Oxytocics Medicines acting on the respiratory tract	1	OB/RR	As per state Drug List	
		medicines acting on the respiratory tract	1	OB/RR	As per state Drug List	
		IV Fluids	1	OB/RR	As per state Drug List	
		Vitamin & Minerals	1	OB/RR	As per state Drug List	
Standard	The	facility has equipment & instruments req	the difference of the second		•	
C4	Ine	facility has equipment & instruments req	uired for assure	ed list of serv	ices.	
	A settle billion of a settle second form	Availability of ILR & Deep freezer for cold				
ME C4.4	Availability of equipment for storage	chain				
	storage		1	OB		
		Availability of racks for Storage of drugs			Check for medicines are not	
			1	OB	stored on the floor	
		Area of Concern - D Sup	port Services	i		
Standard D1	The facility has established fac	ility management programme for mainte safe & secure environment			ent & infrastructure to provide	
ME D1.1	The facility has system for maintenance of critical Equipment					
		Cold Storage equipments are under AMC and temperature log book	1	RR/SI	Check for AMC for ILR, deep freezer	
					Check drugs are stored at	
	The facility ensures comfortable				optimum temprature. AC	
ME D1.2	environment for patients and				preferably, if not provision	
	service providers				adequate ventilation .	
		Temprature control at Pharmacy & medical			Medicines are not stored in	
		store	1	RR	corridor or exposed to sunlight Check for dirt, stains, Dust on	
	Patient care areas are clean and				wall , floors and	
ME D1.3	hygienic	Drug Storage area and Pharmacy Counter			fixtures.Scattered loose	
	ilyBiclic	are clean	1	OB	medicines, empty boxes etc	
ME D1.5	Facility has policy of removal of					
WIL DI.J	condemned junk material	No junk, condemed, unused articles in the				
		pharmacy	1	OB		
	The facility ensures adequate				Check for record of duration of	
ME D1.10		Power backup arrangement for cold chain			power outage and duration of	
	pone. Saciap	equipments	1	SI/OB	back -up available.	
Standard	Facility has defin	ad presedure for storage Inventory Ma	accoment 9 die	noncing of d	use in phormood	
D2	Facility has defin	ed procedure for storage, Inventory Ma	nagement & dis	pensing of a	rugs in pharmacy	
	The facility has established	UPHC has process to consolidate and	1			
	procedures for estimation,	calculate the consumption of all drugs and				
ME D2.1	indenting and procurement of	consumables				
	drugs and consumables			DD /CI		
			1	RR/SI	Check for stock-outs and	
		Forecasting of drugs and consumables is done scientifically based on consumption	I		wastage (expiry, damaged	
					medicines), if any are adjusted	
				RR/SI	while forecasting	
		Facility has a established procedures for	1			
		local purchase of drugs in emergency				
		LIDUC has sustan for timely starting	4	RR/SI		
		UPHC has system for timely placing requisition to district drug store	1			
		requisition to district drug store				
				RR/SI		
		There is specified place to store medicines	1			
	The facility ensures proper	in Pharmacy			Drugs are stored according to	
ME D2.2	storage of drugs and consumables				therapeutic category/alphabetically or	
				OB	according to their dosage form	
		All the shelves/racks containing medicines	1		Set and a souge form	
		are labelled in pharmacy and drug store				
				05		
		Product of similar name and different	1	OB	Facility has a list of drugs with	
		strength are stored separately	T		similar names and different	
		standing stored separately			strength and are stored	
				OB	separately & labelled	
				· · · ·		1
		Heavy items are stored at lower	1			
		shelves/racks		ОВ		
			1	OB OB		

Secure discrete and base intermedianes, (AA) 1 Association and the second security of the second se							
Image:			Sound alike and look alike medicines (LASA)	1		Facility has a list of LASA and are	
Image: solution of the sector down in the secto			are stored separately in patient care area			stored separately in patient care	
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transport condition ice pack (water beads on the surface of ice pack and sound of water is heard on					SI		
on the surface of ice pack and sound of water is heard on			e	1			
sound of water is heard on			transport		1		
						on the surface of ice pack and	
SI shaking it)						sound of water is heard on	
					SI	shaking it)	

					7	
		Staff is aware of Hold over time of cold	1			
		storage equipments				
					Hold over time depends on	
					Factors - the amount of vaccine	
					being stored in the refrigerator, the external temperatures and	
					the refrigerator will affect the	
					duration of time vaccines within	
					the refrigerator will be kept	
					within +2 °C to +8 °C.Do not	
					allow the vaccine to remain in a	
					non-functioning unit for an	
				SI	extended period of time.	
	The facility has established	Drugs are arranged in demarcated boxes	1			
ME D2.6	procedure for dispensing of drugs	/containers /trays				
				OB		
		Drug boxes/containers are legibly labeled	1		Label is firmly attached to	
					container with Generic name	
				ОВ	and strength of drug is written	
		Pharmacist check drugs name, strength,	1	UB	Check if pharmacists dispenses	
		dosage form and route of adminstration	1		to identified patients	
		before dispensing		SI/OB	in a chance potients	
		Drugs are dispensed in Envelops	1	OB		
		List of look alike and sound alike drugs is	1			
		displayed at dispensing counter		OB		
		Drugs are given for no. of days as prescribed	1			
				OB/SI		
		Drugs are not directly dispensed from drug	1			
		storage area		SI/OB		
		Repeat drugs are given only after approval	1		Medicines are dispensed to only	
		from medical officer		a. /a.a. / a.a.	authorized patients registered	
		Chain authing is maked and	4	SI/RR/OB	for the day	
		Strip cutting is not done	1			
				SI/OB		
		Dispensing register is updated in real time	1			
				SI/RR/OB		
		Check Patients having knowledge about	1	01/111/02	Pharmacist providing	
		correct use of medicines.			information about correct use of	
					medicines to the patients- at	
					least purpose, no. of tablets,	
					frequency and duration of	
				PI	treatment.	
		Area of Concern - E Clir	ical Services			
Standard	Facility has defined proce	dure for animory monogoment and conti		th annuariat	a maintanance of records	
E2	Facility has defined proce	dure for primary management and conti	nuity of care wi	th appropriat	e maintenance of records	
	The facility ensures that					
ME E2.8	standardised forms and formats					
IVIE E2.0	are used for all purposes				Stock Registers, Indent Registers,	
	including registers	Records at Pharmacy are maintained	1	RR	Expiry drug register etc.	
Standard						
E 3	Facility has defined & implem	ented procedures for Drug administratio	n and standard	treatment gu	ideline as mandated by Govt.	
	Patient is counselled for self drug	Detions is contained at the line is				
ME E3.3	medication	Patient is explained about drug dosages by	4	DI /CI		
		pharmacist at dispensing counter	1	PI/SI		
ME E3.4	The facility ensures that drugs are					
WIL 23.4	prescribed in generic name only	Drugs are purchased in generic name only	1	RR		
		Facility has a copy of essential drug list as		iuv		
		per state norms	1	RR/SI		
		Area of Concern - F Infe	ction Control			
Standard F4	Facility has defined & estab	lish procedure for segregation, collection	, treatment & d	isposal of Bio	medical &hazardous waste	
	The facility ensures					
ME F4.3	transportation and disposal of					
	waste as per guidelines	Expired Drugs and discarded vaccines are				
	waste as per guidelines	Expired Drugs and discarded vaccines are disposed as per guidelines	1	OB		
	waste as per guidelines					
Standard	· -	disposed as per guidelines Area of Concern - G Qualit	y Manageme	nt		
	· -	disposed as per guidelines	y Manageme	nt	lelines	

ME G1.5	The facility has established internal quality assurance programme	Physical verifcation of the inventory by Pharmacist at periodic interval	1	RR/SI		
ME G1.6	The facility has established external assurance programmes	Periodic and random sampling of drugs for monitoring and quality control	1	RR/SI		
ME G1.7	The facility conducts the periodic prescription/ medical audits	Pharmacy I/C coordinate prescription audit	1	RR/SI		
Standard G3	Facility has established	,documented &implemented standard op	perating proced	ure system fo	or its all key processes .	
ME G3.1	Standard Operating procedures are prepared , distributed and implemented for all key processes	Updated SOPs for Pharmacy and cold chain management is available at point of use	1	RR/SI		
		SOPs adequately covers all relevant process of department	1	RR/SI		
ME G3.3	Work instructions are displayed at Point of work	Work instructions for Storage of drugs available	1	ОВ		
		Work sinstruction for Operating ILR and Deep Freezers	1	ОВ		
		Area of Concern - H:	Outcomes			
Standard H1	The facilit	y measures its productivity, efficiency, cl	inical care & se	rvice Quality i	ndicators	
ME H1.1	Facility measures Productivity Indicators on monthly basis	Percentage of drugs available against EDL	1	RR		
ME H1.2	Facility measures efficiency Indicators on monthly basis	No. of stock out drugs	1	RR		
		Percentage of drugs expired during month	1	RR		
ME H1.3	Facility measures Clinical Care & Safety Indicators on monthly basis	Antibiotic prescription rate	1	RR		
Standard H2		Facility endeavours to improve its perfor	mance to meet	bench marks		
ME H2.2	The facility strives to improve indicators from its current performance	Trends analysis of Indicators is done at Periodic Intervals	1	RR		

F	Pharmacy	Score Card
	Pharmacy Score	50.0
	Area of Cor	ncern wise Score
A	Service Provision	50.0
В	Patient Rights	50.0
С	Inputs	50.0
D	Support Services	50.0
E	Clinical Services	50.0
F	Infection Control	50.0
G	Quality Manangement	50.0
н	Outcome	50.0

	National Quality Ass	urance Standards for U -	РНС		10	
		Checklist for Labora	tory			
Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
C 1 1 1		Area of Concern - A Se	ervice Provi	sion		
Standard A1	Facilit	y provides Promotive, preve	ntive and cu	ative service	s	
ME A1.4	Services are available for the time period as mandated	All lab services are available during OPD hrs	1	RR/SI	In-house or linkage with an out-sourced laboratory for availability of reports for clinical care and/or meeting obligations under the National Health Programme	
Standard		The facility provides RN	MNCHA Servi	ces		
A2		DELETED				
ME A2.2	The facility provides Maternal health Services					
		Availability of Essential tests for ANC	1	RR/SI	Pregnancy Test, Haemoglobin, Blood Group, HIV Testing , Blood Sugar, HBsAG , Urine for Sugar & Protein, VDRL	
Standard A3	The Facility	provides Diagnostic Services,	, Para-clinical	& support s	ervices.	
ME A3.2	The facility provides diagnostic services	Availability of clinical Pathology	1	DD /CI	Routine Urine , Blood Sugar	
		Availability of Routine Hemetology Tests		RR/SI	Haemoglobin, Platelets Counts,RBC, WBC, Bleeding time ,Clotting Time & Hepatitis B/ Australian antigen	
		Blood Grouping & Rh Typing	1	RR/SI RR/SI		
		Availability of Serology Tests (Rapid)	1	RR/SI	Rapid diagnositic kit for PF Malaria, HIV/AIDS RPR/VDRL for Syphilis	DISCUSS
		Availability of Microscopy Tests	1	RR/SI	Blood Smear for Malaria Wet Mount and Gram Staining for RTI/STI. AFB (Sputum) for TB	
Standard A4	The facility	provide services as mandate	d in National	Health Progr	ammes	
ME A4.1	The facility provides services under National Vector Borne Disease Control Programme as per guidelines	Tests for Diagnosis of maleria	1	RR/SI	Blood Smear	DISCUSS FOR DELETION
ME A4.2	The facility provides services under Revised National TB Control Programme as per guidelines	Availability /Linkage of Designated Microscoy Center (AFB)	1	RR/SI		E.SCOSTON DELETION
ME A4.4	The facility provides services under National AIDS Control Programme as per guidelines	Test for Diagnosis of HIV/AIDS	1	RR/SI	Through Rapid blood Test	
ME A4.8	The facility provides services under National Programme for Prevention and control of Cancer, Diabetes, Cardiovascular diseases & Stroke (NPCDCS) as per guidelines	Availability of test for diabetes	1	RR/SI	Blood /Urine sugar through disposable kits	

		Augustine billion of Masters Quality	1		Denial test lift for for set	
		Availability of Water Quality Tests	1		Rapid test kit for faecal contamination of water	
	The facility Provides services under	Tests			Estimation of chlorine level of	
ME A4.9	Integrated Disease Surveillance				water using ortho-	
	Programme as per Guidelines				toluidine reagent	
				RR/SI		
Standard A5	The facility provides servi	ces as per local needs / State	e specific hea		nes as per guidelines	
~5						
	Facility provides services as per	Laboratory provides specific				
ME A5.2	local needs/ state specific health	test for local health				
	programmes as per guidelines	problems/ diseases e.g.	4			
		Dengue, swine flu etc. Area of Concern B - P	1 Intianta' Bia	RR/SI	l	
Standard						
B1		The service provided at fac	cility are acce	ssible		
	The facility displays the services					
ME B1.2	available		1	OB		
			1	OB		
ME B1.7	DELETED					
Standard		The service provided at fac	ility are acce	otable		
B2			,			
	Confidentiality of patients' records	Laboratory has system to			Lab registers & Copy of report	
ME B2.3	and clinical information is maintained	ensure the confidentiality of the reports generated	1	SI/OB	are kept at secured place	
Standard		• • •				
B3		The service provided at fac	cility are affor	rdable		
		Availability of free diagnostic				
	The facility provides cashless	tests for mother & infant				
ME B3.1	services to all patients including pregnant women, mothers and sick					
IVIE DO.1	children as per prevalent					
	government schemes					
			1	PI/SI		
ME B3.2						
ME B3.4	DELETED					
			1			
		Area of Concern	_		·	
Standard						
C1	The facility has adequate & Saf		of assured se	rvices and n	leets the prevalent norms	
		Laboratory space is adequate			Adequate area for sample	
		for carrying out activities			collection, waiting,	
ME C1.1	Departments have adequate space				performing test, keeping	
WIE CI.I	as per patient load				equipment and storage of drugs and records	
					urugs and records	
			1	OB/SI		
ME C1.3						
			1			
			-			
			1			
			1			
			1			

		1			1	,
ME C1.5			1			
			1			
ME C1.6 ME C1.7			1			
IVIE C1.7						
Standard C2	The facility has adequate qualif	ied and trained staff, requir case loa		ing the assu	ed services to the current	
	The facility has adequate medical	Availability of one lab				
ME C2.1		technician	1	OB/SI		
ME C2.4	The Staff has been imparted necessary trainings/skill set to	Training on Diagnostic Equipment		00/01		
WIL C2.4	enable them to meet their roles & responsibilities		1	RR		
			1	DELETED		
			1			
			1			
			1			
Standard	The facility p	rovides drugs and consumat		for assured s	ervices.	
C3						
ME C3.2	The Facility has availability of adequate consumables at point of		1		Gram's iodine, Crystal Violet stain, Safranine stain, JSB	
	use	Availability of Stains		SI/RR/OB	stains	
			1		Cyan meth - haemoglobin/HCl for Hb estimation, ABO & Rh	
		Availability of reagents		SI/RR/OB	antibodies	
			1	0.1		
		Availability of Rapid	1		Uristix for urine albumin and sugar analysis, PH strip, RPR test kits for syphilis, Whole Blood Finger Prick HIV Rapid Test Kit	
		diagnostic Kits		SI/RR/OB		
			1		Smear Glass microslide Lancet/ pricking needle Reflux Condenser Pipette Test tubes Glass rods Glass slides Cover slips, Western green, capillary tube	
		Availability of glassware		SI/RR/OB		
			1	Sig Kity OB		
Standard		a mula mant 0 i satura i		an une de litere	f an mulana	
C4	The facility has	s equipment & instruments r	equired for a	issured list o		
ME C4.3	Availability of equipment & instruments for diagnostic procedures being undertaken in the facility	Instruments for Haematology	1	SI/OB	Haemoglobino meter, Differential blood cell counter /Naubers's chamber, Sahli's Haemoglobinometer, Centrifuge	
		Instruments for Bio chemistry	1	SI/OB	Colorimeter	
					Simple/Compound Miroscope for Malaria & Bi-noccular Microscope for RNTCP, Tally counter, Ph balance, Eletronic	
		Instrument for Microscopy	1	SI/OB	balance	
		Availability of Glucometer	1	SI/OB		

		Availability of equipment for				
ME C4.4	Availability of equipment for storage					
	, , , , , , , , , , , , , , , , , , , ,	reagents	1	SI/OB	Refrigrator	
		Area of Concern - D Su	upport Serv	vices		
Standard	The facility has established f				inkeen of equipment 9	
D1	-	ture to provide safe & secure				
		There is system of timely			Ask for the procedure of	
		corrective break down			repair, Check if some	
ME D1.1	The facility has system for	maintenance of the equipments			equipment is lying idle since long time due to maintenance	
	maintenance of critical Equipment	equipments			iong time due to maintenance	
			1	SI/RR		
	The facility ensures comfortable	Adequate ventilation in				
ME D1.2	The facility ensures comfortable environment for patients and	Laboratory				
	service providers					
	· · ·	Flague coulle made sinduction	1	OB		
		Floors, walls, roof , sinks in patient care area are Clean			All area are clean with no dirt,grease,littering and	
ME D1.3	Patient care areas are clean and	patient care area are clean			cobwebs	
	hygienic		-			
		Surface of furniture i.e work	1	OB		
		benches are clean				
			4	0.5		
		Fixtures and Furniture i.e	1	OB		
		Work Benches are intact				
ME D1.4	Facility infrastructure is adequately	and maintained				
	maintained					
			1	OB		
		No condemned/Junk				
ME D1.5	Facility has policy of removal of condemned junk material	material in the Laboratory				
	condennied junk material		1	OB		
ME D1.7	The facility provides adequate illumination level at patient care					
	areas	Adequate illumination at				
		work station	1	OB		
		Adequate illumination at	4	0.0.101		
Standard		Collection area	1	OB/Si		
D2	Facility has defined proced	ure for storage, Inventory N	lanagement	& dispensin	g of drugs in pharmacy	
	The facility has established					
ME D2.1	procedures for estimation,	There is established system				
	indenting and procurement of drugs and consumables	of timely indenting of consumables and reagents	1	RR		
		Reagents are labelled	1	NN	Reagents label contain name,	
	The facility ensures are at the	appropriately			concentration, date of	
ME D2.2	The facility ensures proper storage of drugs and consumables				preparation/opening, date of	
	or arags and consumables		_		expiry, storage conditions	
			1	RR/OB	and warning	
ME D2.3	The facility ensures management of					
	expiry and near expiry drugs	No expired reagent found	1	ОВ		
		Records for expiry and near				
		expiry reagent are				
		maintained	1	RR		
ME D2.4	The facility has established	Expenditure & stock register of consumbles are available				
WIE 02.4	procedure for inventory management techniques	at laboratory	1	RR		
Standard		• • •				
D5	Facility has procedu	re for collecting & Reporting	of the healt	n facility rela	ited information	

				DELETED		
Chan dand	Facility has defined are sedure fo	Area of Concern - E C		ices		
Standard E2	Facility has defined procedure fo	records		r care with a	ppropriate maintenance of	
	The facility provides appropriate	Laboratory has referral linkage for tests not available				
ME E2.2	referral linkages for transfer to	at the facility				
	other/higher facilities to assure the continuity of care.					
	-	Standard Formats available	1	RR/SI	Printed formats for	
ME E2.8	continuity of care. The facility ensures that standardised forms and formats are used for all purposes including	Standard Formats available	1	RR/SI	Printed formats for requisition and reporting are available	
ME E2.8	continuity of care. The facility ensures that standardised forms and formats are		1	RR/SI RR	requisition and reporting are	
ME E2.8	continuity of care. The facility ensures that standardised forms and formats are used for all purposes including	Lab records are labelled and indexed			requisition and reporting are available	
ME E2.8	continuity of care. The facility ensures that standardised forms and formats are used for all purposes including	Lab records are labelled and	1	RR	requisition and reporting are	
ME E2.8	continuity of care. The facility ensures that standardised forms and formats are used for all purposes including registers	Lab records are labelled and indexed Records are maintained at	1	RR	requisition and reporting are available Test registers, IQAS/EQAS Registers, Expenditure	
ME E2.9	continuity of care. The facility ensures that standardised forms and formats are used for all purposes including	Lab records are labelled and indexed Records are maintained at laboratory	1	RR	requisition and reporting are available Test registers, IQAS/EQAS Registers, Expenditure	
	continuity of care. The facility ensures that standardised forms and formats are used for all purposes including registers The facility ensures safe and adequate storage and retrieval of medical records	Lab records are labelled and indexed Records are maintained at laboratory Laboratory has adequate	1	RR RR RR OB/SI	requisition and reporting are available Test registers, IQAS/EQAS Registers, Expenditure registers, Accession list etc.	

			1			
			1			
ME E4.2	There are established procedures for testing Activities	Testing procedure are readily available at work station and staff is aware of it	1	DELETED		
	for testing Activities	stall is aware of it	1	OB		
			1	OB		
		Laboratory has format for				
ME E4.3	There are established procedures for Post-testing Activities	reporting of results	1	RR		
			1			
			1	DELETED		
			1	RR/SI		
ME E4.4	There are established procedures for laboratory diagnosis of Tuberculosis as per prevalent	Medical Practioner fills standardized laboratory form for sputum			TO DISCUSS	
	guidelines	examination	1	RR		
		Laboratory staff follow guideline for collecting sputum for smear microscopy	-		Two sample will be collected: Early morning-Spot	
			1	RR/SI/PI	E alational and a finally stress	
		Laboratory staff/ health worker provide guidence to patient for sputum			Explains steps of collecting sputum	
		collection	1	RR/SI		
		Laboratory staff is aware of methodology for smear preparation & staining slides			Ziel Neelsen /(1% Carbol fuchsion, 25% Sulphuric Acid, 0.1% Methylene blue). If Laboratory is not designated DMC, give full compliance	
			1	RR/SI		
		Staff is aware of how to examine and interpretation sputum		,•	If Laboratory is not designated DMC, give full compliance	
		smear	1	RR/SI		
		Instruction for Ziel Neelsen Staining procedure & interpretation chart are displayed at working station	1	RR/SI	If Laboratory is not designated DMC, give full compliance	
		Staff is aware of method of				
ME E4.5	There are established procedures for laboratory diagnosis of Malaria as per prevalent guidelines	prepartion of blood flims			Select 2 Or 3 finger, site of puncture is site of ball of finger, hold the slide by its edges, the size of blood drop is controlled better if finger touches the slide, touch the drop of blood with clean slide, take 3 drops for thick smear, touch the another new drop of blood with edge of clean slide, spread the blood with corner of another slide to make circle, bring edge of slide carryingsecod drop of blood to surface of first slide, wait till blood spread whole edge, holding it an angle of 45 ⁰ push it	
			1	SI/RR	forward	
		Staining & examination of blood films is done as per				
		protocols	1	SI/RR		
		Staff is aware of methodolgy for estimation of parasite	4	CL/DD	For thick smear staff is aware of parasite per microlitre &	
		density	1	SI/RR	pluse sytsem	

		Area of Concern - F In	fection Cor	ntrol		
Standard	Facility has defined a				nations & accuracia	
F1	Facility has defined &	implemented procedure for (ensuring Han	id hygiene pi		
	Hand washing facilities are	Availability of hand washing			Check for availability of wash	
ME F1.1	provided at point of use	Facility at Point of Use	1	ОВ	basin near the point of use	
		Availability of running Water	-	00	Ask to Open the tap. Ask Staff	
					water supply is regular	
		Availability of antiseptic soap	1	OB	Charle for availability / Ack	
		with soap dish/ liquid			Check for availability/ Ask staff if the supply is adequate	
		antiseptic with dispenser.			and uninterrupted	
			1	OB		
		Display of Hand washing Instruction at Point of Use			Prominently displayed above the hand washing facility ,	
					preferably in Local language	
			1	OB		
ME F1.2	Staff is trained and adhere to	Staff is adhere to standard				
IVIE F1.2	standard hand washing practices	hand washing practices	1	OB/SI		
		Staff aware of when to hand		- /-		
		wash	1	OB/SI		
	Facility ensures standard practices	Proper cleaning of procedure site with antisepsis			like before drawing blood, and collection of specimen	
ME F1.3	for maintaining asepsis	site with antisepsis			and conection of specimen	
			1	OB/SI		
Standard F2	Facility ensures availal	oility of Personal Protective e	equipment &	follows sta	ndard precautions.	
F2		Disposable gloves are				
	Facility ensures adequate personal	available at point of use				
ME F2.1	protection equipment as per					
	requirements			0.5		
		Availability of lab	1	OB		
		aprons/coats	1	ОВ		
	Staff adheres to standard personal	No reuse of disposable				
ME F2.2	protection practices	gloves and Masks.		0.5 (6)		
		No mouth pipetting is done	1	OB/SI	Check for availablity of Micro	
		in the laboratory	1	OB/SI	pipette	
Standard						
F3	Facility has standard	d procedure for disinfection &	Asterilization	of equipme	nt & instrument	
		Decontamination of	1		Ask staff about how they	
		operating & Procedure	-		decontaminate work benches	
	The facility ensures standard	surfaces			(Wiping with .5% Chlorine	
ME F3.1	practices and materials for decontamination and cleaning of				solution)	
	instruments and procedures areas					
		Proper Decontamination of	1	SI	Decontamination of	
		instruments after use	1		instruments and reusable of	
					glassware are done after	
					procedure in 1% chlorine	
				SI	solution/ any other	
		Contact time for	1	اد	appropriate method 10 minutes	
		decontamination is adequate				
				SI		
		Cleaning of instruments after decontamination	1		Cleaning is done with detergent and running water	
					after decontamination	
				SI		
		Staff is trained for Blood spill	1			
	The facility ensures standard	management Disinfection of reusable	1	SI	Disinfection by hot air oven	
	practices and materials for	glassware	1		at 160 degree Celcius for 1	
ME F3.2	disinfection and sterilization of	-			hour	
	instruments and equipment			SI	1	

Standard	Facility has defined & establi			treatment &	disposal of Bio medical	
F4		&hazardous v	waste			
		Availability of colour coded				
	The facility ensures segregation of	bins at point of waste				
ME F4.1	Bio Medical Waste as per guidelines	generation				
	bio medical waste as per galacimes					
			1	OB	Bins are covered	
		Availability of colour coded			Check Yellow bag is non	
		bags	1	OB	chlorinated	
		Segregation of different				
		category of waste as per guidelines	1	ОВ		
		Display of work instructions		00		
		for segregation and handling				
		of Biomedical waste				
			1	OB	Pictorial & in local language	
		There is no mixing of				
		infectious and general waste				
		A stick the set of the set	1	OB		
		Availability of functional needle cutters	1	ОВ		
		Availability of puncture proof	1	00	See if it has been used or just	
	The facility ensures management of	box			lying idle	
ME F4.2	sharps as per guidelines				.18	
	. ,		1	ОВ		
		Disinfection of sharp before			Should be available near the	
		disposal	1	OB	point of generation	
		Staff is aware of contact time			Disinfection of syringes is not	
		for disinfection of sharps		_	done in open buckets	
			1	SI		
	The facility ensures transportation	Disinfection of liquid waste before disposal				
ME F4.3	and disposal of waste as per	berore disposal				
	guidelines			00/01		
		Disposal of sputum	1	OB/SI	Remove the lid from sputum	
		container with specimen &			cup, put sputum cup, left	
		wooden stick as per			over specimen, wooden stick	
		guideline			in foot operated plastic	
		guidenne			bucket/bin with 5%	
				(phenol/phenolic compound	
		Ci	1	OB/SI	diluted to 5% 12 hours	
		Staff is aware of contact time for immersion of			12 hours	
		sputum cups in disinfectant solution	1	SI		
		Disposal of slides are done		51	Put slides in puncture proof	
		as per guideline	1	SI	container	
		Staff is aware of contact			With use of 5%	
		time for immersion of			phenol/phenolic compound	
		slides in disinfectant			(40%) diluted to 5% contact	
		solution			time for slides are 30 min	
		Area of Concern - G Qua	1	SI		
Standard	Facility has estab	blished quality Assurane Prog	gram as per s	tate/Nationa	Il guidelines	
G.1	•					
ME G1.5	The facility has established internal	Internal Assessment of Laboratory is done at				
ME GI.5	quality assurance programme	Laboratory is done at periodic Interval	1			
			1	DELETED		
			1			
			1			
			1			
			1			
		Cross Validation of Lab tests				
ME G1.6	The facility has established external	are done for Haematolgy and				
	assurance programmes	records are maintained	1	DD /CI		
			1	RR/SI	I	

		r	1	1		
		Cross Validation of Lab tests				
		are done for biochemistry				
		and records are maintained				
			1	RR/SI		
			1			
			1			
			1	DELETED		
Standard	Facility has established ,doc	umented &implemented sta	ndard operat	ing procedui	e system for its all key	
G3		processes	S .	.		
	Standard Operating procedures are					
ME G3.1	prepared , distributed and					
	implemented for all key processes	Updated SOP are available at				
	implemented for an key processes	point of use	1	SI/RR		
		SOP adequatly cover all				
		relvant processes of the				
		department				
					For Malaria: QA malaria	
					microscopy, prepartion of	
					blood smear, staining &	
					eexamination of blood smear,	
					reporting and documentation	
					of data, cross checking of	
					routine slides	
					forEQA,Prearation of QA	
					panel slide for EQAS. For TB:	
					smear prepartion,Z-N staining	
					procedure, SPutum smear	
					interpetation, Classification	
			1	SI/RR	of tuberculosis cases	DISCUSS FOR DELETION
ME G3.3					DELETED	
		Area of Concern - H	I. Outcome			
C 1		Alea of concern-1	i. Outcome			
Standard H1	The facility measure	es its productivity, efficiency,	, clinical care	& service Qu	ality indicators	
ME H1.1	Facility measures Productivity					
	Indicators on monthly basis	No. of Test done per 1000 OPE	1	RR		
		No. of Hb done per ANC per				
		Month	1	RR		
		No. of AFB examined per				
		Month	1	RR		
		No. of blood smear				
		examined per 1000				
		population for Malaria	1	RR		
		No. of HIV test done per				
		1000 OPD	1	RR		
		1000 OPD	1	RR		
	Facility measures efficiency	1000 OPD	1	RR		
ME H1.2	Facility measures efficiency Indicators on monthly basis		1	RR		
ME H1.2	Facility measures efficiency Indicators on monthly basis	No. of stock out of reagents				
ME H1.2			1	RR RR		
ME H1.2	Indicators on monthly basis	No. of stock out of reagents				
ME H1.2 ME H1.3	Indicators on monthly basis Facility measures Clinical Care &	No. of stock out of reagents & Kits				
	Indicators on monthly basis	No. of stock out of reagents & Kits No. of HB reported less than	1	RR		
	Indicators on monthly basis Facility measures Clinical Care &	No. of stock out of reagents & Kits No. of HB reported less than 7gm %				
	Indicators on monthly basis Facility measures Clinical Care &	No. of stock out of reagents & Kits No. of HB reported less than 7gm % No. of rapid diagnostic kits	1	RR		
	Indicators on monthly basis Facility measures Clinical Care &	No. of stock out of reagents & Kits No. of HB reported less than 7gm % No. of rapid diagnostic kits discarded because of	1	RR		
	Indicators on monthly basis Facility measures Clinical Care &	No. of stock out of reagents & Kits No. of HB reported less than 7gm % No. of rapid diagnostic kits discarded because of unsatisfactory result	1	RR		
	Indicators on monthly basis Facility measures Clinical Care &	No. of stock out of reagents & Kits No. of HB reported less than 7gm % No. of rapid diagnostic kits discarded because of unsatisfactory result Monthly blood examination	1	RR RR RR		
	Indicators on monthly basis Facility measures Clinical Care &	No. of stock out of reagents & Kits No. of HB reported less than 7gm % No. of rapid diagnostic kits discarded because of unsatisfactory result	1	RR		
ME H1.3	Indicators on monthly basis Facility measures Clinical Care & Safety Indicators on monthly basis	No. of stock out of reagents & Kits No. of HB reported less than 7gm % No. of rapid diagnostic kits discarded because of unsatisfactory result Monthly blood examination rate	1	RR RR RR		
ME H1.3	Indicators on monthly basis Facility measures Clinical Care & Safety Indicators on monthly basis Facility measures Service Quality	No. of stock out of reagents & Kits No. of HB reported less than 7gm % No. of rapid diagnostic kits discarded because of unsatisfactory result Monthly blood examination rate Waiting time for sample	1	RR RR RR		
	Indicators on monthly basis Facility measures Clinical Care & Safety Indicators on monthly basis	No. of stock out of reagents & Kits No. of HB reported less than 7gm % No. of rapid diagnostic kits discarded because of unsatisfactory result Monthly blood examination rate	1	RR RR RR		
ME H1.3 ME H1.4 Standard	Indicators on monthly basis Facility measures Clinical Care & Safety Indicators on monthly basis Facility measures Service Quality Indicators on monthly basis	No. of stock out of reagents & Kits No. of HB reported less than 7gm % No. of rapid diagnostic kits discarded because of unsatisfactory result Monthly blood examination rate Waiting time for sample collection	1 1 1 1 1 1 1	RR RR RR RR RR	narks	
ME H1.3	Indicators on monthly basis Facility measures Clinical Care & Safety Indicators on monthly basis Facility measures Service Quality Indicators on monthly basis	No. of stock out of reagents & Kits No. of HB reported less than 7gm % No. of rapid diagnostic kits discarded because of unsatisfactory result Monthly blood examination rate Waiting time for sample	1 1 1 1 1 1 1	RR RR RR RR RR	narks	
ME H1.3 ME H1.4 Standard	Indicators on monthly basis Facility measures Clinical Care & Safety Indicators on monthly basis Facility measures Service Quality Indicators on monthly basis Facility er	No. of stock out of reagents & Kits No. of HB reported less than 7gm % No. of rapid diagnostic kits discarded because of unsatisfactory result Monthly blood examination rate Waiting time for sample collection	1 1 1 1 1 1 1	RR RR RR RR RR	narks	
ME H1.3 ME H1.4 Standard H2	Indicators on monthly basis Facility measures Clinical Care & Safety Indicators on monthly basis Facility measures Service Quality Indicators on monthly basis Facility er The facility strives to improve	No. of stock out of reagents & Kits No. of HB reported less than 7gm % No. of rapid diagnostic kits discarded because of unsatisfactory result Monthly blood examination rate Waiting time for sample collection	1 1 1 1 1 1 1	RR RR RR RR RR	narks	
ME H1.3 ME H1.4 Standard	Indicators on monthly basis Facility measures Clinical Care & Safety Indicators on monthly basis Facility measures Service Quality Indicators on monthly basis Facility er	No. of stock out of reagents & Kits No. of HB reported less than 7gm % No. of rapid diagnostic kits discarded because of unsatisfactory result Monthly blood examination rate Waiting time for sample collection	1 1 1 1 1 1 1	RR RR RR RR RR	narks	

Laboartory Score Card
	Laboratory Score	50.0
	Area of Concer	n wise Score
Α	Service Provision	50.0
В	Patient Rights	50.0
С	Inputs	50.0
D	Support Services	50.0
E	Clinical Services	50.0
F	Infection Control	50.0
G	Quality Manangement	50.0
н	Outcome	50.0

	National Qu	ality Assurance Standards for U	- PHC		11			
		Checklist for Outre	ach					
Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks		
	Area of Concern - A Service Provision							
Standard A1		Facility provides Promotive, preve	entive and cura	ative services				
ME A1.1	The facility provides treatment of common ailments	Availablity of routine & special outreach session	1	RR/SI	Check during session provision for Primary Management and referral of Common Cold, Fever, Diarrhoea, injuries etc			
ME A1.4	Services are available for the time period as mandated	Routine & special outreach sesions are conducted at defined intervals	1	RR/SI	At least one routine outreach session in area each month & At least one special outreach session every week in slum area /vulnerable population by designated ANM			
Standard		The facility provides RI	MNCHA Service	es				
A2 ME A2.1	The facility provides Reproductive health Services	Counseling for family planning during outreach session / Home Visit	1	RR/SI	By ASHA & ANM			
ME A2.2	The facility provides Maternal health Services	Distribution of OCP & Condoms Antenatal care services	1	RR/SI RR/SI	Registration, Antenatal Check up, Identification of danger sign during the outreach sessions			
		Counseling & Behavior Promotions	1	RR/SI	for breast feeding, family planning, Personal hygiene etc			
ME A2.3	The facility provides New-born health Services	Immunization sessions Postnatal Visit and counseling for	1	RR/SI				
		Newborn Care Community based newborn screening by ASHA during home visit	1	RR/SI				
ME A2.4	The facility provides Child health Services	Distribution of ORS, Zinc and Pediatrics Ciplox Anganwadi center based screening of	1	RR/SI RR/SI				
	The facility provides	Children from 6 weeks to 6 years Organization of Adolescent Health Day	1	RR/SI	Check MCP card is filled for Growth monitoring of child			
ME A2.5	Adolescent health Services		1	RR/SI	At least once in a quarter			
Standard A3	The	e Facility provides Diagnostic Services	, Para-clinical	& support service	es.			
ME A3.2	The facility provides diagnostic services	Availability of Point of Care Diagnostic Services	1	RR/SI	Pregnancy test, Hemoglobin, Urine Albumin, Malaria Slides, glucose strips & Blood Pressure			
Standard A4	Th	e facility provide services as mandate	d in National H	lealth Programm	es			
ME A4.1	The facility provides services under National Vector Borne Disease Control Programme as per guidelines	Counseling for practices of Vector Control and Protection	_	55/6:				
		Preparation of PS for Malaria and testing by Rapid Diagnostic Kits	1	RR/SI RR/SI				
ME A4.2	The facility provides services under Revised National TB Control Programme as per guidelines	Outreach services for screening and referral of Symptomatic cases						
	basenies	Follow up of confirmed cases for	1	RR/SI				
		ensuring adherence to DOT	1	RR/SI				

				1	ſ	1
	The facility provides services	Referral and follow up services for				
	under National Leprosy	leprosy cases				
ME A4.3	Eradication Programme as per					
	guidelines			4		
	8		1	RR/SI		
	The facility provides services	Referral and guidance for HIV testing				
ME A4.4	under National AIDS Control	and availing ART				
	Programme as per guidelines					
	······································		1	RR/SI		
		Follow up of confirmed cases for				
		adherence to ART	1	RR/SI		
		Condom promotion and distribution of				
		condoms in high risk group				
			1	RR/SI		
	The facility provides services	Detection of cases of impaired vision				
	under National Programme	and referral				
ME A4.5	for prevention and control of					
	Blindness as per guidelines					
	bindness as per guidennes		1	RR/SI		
	The facility provides services	Identification and referral of common				
ME A4.6	under Mental Health	mental illness				
WIL A4.0	Programme as per guidelines					
	as per guidelines		1	RR/SI		
	The facility provides convices	Counseling of elderly persons and their				
	The facility provides services	family members for healthy ageing				
ME A4.7	under National Programme					
	for the health care of the					
	elderly as per guidelines		1	RR/SI		
	The facility provides services	Screening, referral, follow up of under				
	under National Programme	treatment patients for Non				
	for Prevention and control of	communicable diseases				
ME A4.8	Cancer, Diabetes,					
	Cardiovascular diseases &					
	Stroke (NPCDCS) as per					
	guidelines		1	RR/SI		
	8	Screening, referral & follow up of	_			
		diabetic cases	1			
		BP measurement, screening, referral	_			
		and follow up of hypertensive & cardiac				
		patients	1	RR/SI		
		Surveillance about abnormal increase	-	111/01		
	The facility Provides services	in case of diarrohea, fever etc				
ME A4.9	under Integrated Disease					
	Surveillance Programme as					
	per Guidelines		1	RR/SI		
		Immediate reporting of new	-	My SI		
		cluster/outbreak based on syndromic				
		surveillance	1	RR/SI		
		Detection and referral of cases of	1	111/31		
	The facility provide services					
ME A4.10	under National health	hearing impairment				
	Programme for deafness		1			
	-	Immunization convices at Outreast	1	RR/SI		
	The facility provides services	Immunization services at Outreach				
ME A4.11	under Universal Immunization	sessions as per National Schedule				
	Programme (UIP) as per					
	guidelines	Tasking of solt for average of lod!	1	RR/SI		
	The facility provides services	Testing of salt for presence of lodine				
NAT 0 0 10	under National Iodine	through salt testing kits				
ME A4.12	deficiency Programme as per					
	guidelines			22/01		
			1	RR/SI		
	The facility provides services	Motivation for quitting and referral to				
	under National Tobacco	tobacco cassation centre				
ME A4.13	Control Programme as per					
	guidelines					
	-		1	RR/SI		
	The facility provides services	Health education on oral health and				
ME A4.14	under National Oral Health	Hygiene				
	Care Program	<u> </u>	1	RR/SI		
Standard	The facility prov	vides services as per local needs / State	e specific heal	th programmes as	per guidelines	
A5	The facility prov	service as per local needs / State	speake heat	p. ogrannics da	F 04.4011100	

					1	
		Mapping of vulnerable section has been				
		carried out in all areas served by UPHC			Mapping includes rag	
	The facility maps its				pickers, destitute, beggars,	
	vulnerable population				street children, construction	
ME A5.1	enabling micro-planning for				workers, coolies, rickshaw	
	outreach services				pullers, sex workers, street	
					vendors and other such	
			1	RR/SI	migratory population	
		Facility keep records of Vulnerable				
		population in there area			Check for if facility has a list	
					of vulnerable population and	
					whether information is	
					available with ANM and	
			1	RR/SI	ASHA of their respective area	
		Facility prepares micro plan for	1	KKY SI	ASIA OF their respective area	
		covering the vulnerable population			Check if micro plans has	
		covering the vulnerable population			been made in consultation	
					with respective ANM and	
					ASHA to reach out	
				D.5. (C)	vulnerable and migratory	
			1	RR/SI	population	
		Facility monitors adherence to the				
		micro plan			Check if there is system of	
					periodic review by UPHC for	
					ensuring that outreach	
					sessions has been carried	
			1	RR/SI	out according to micro plan	
		Facility updates the list of vulnerable			Check if there is system of	
		population on regular interval			updating the pockets of	
					Migratory population at	
					periodic interval. At least	
			1	RR/SI	once in a quarter	
		Specific out reach services are provided				
	Facility provides services as	according to the local health problems				
ME A5.2	per local needs/ state specific					
	health programmes as per					
	guidelines		1	RR/SI		
		Out reach services are provided for			1	
		state specific health programs	1	RR/SI		
		Area of Concern B - P			•	
Standard		Area or concern B - P	atternes high			
Standard B1		The service provided at fa	cility are acces	sible		
91	The facility displays the	Services provided at outreach cossient				
ME P1 2	The facility displays the	Services provided at outreach sessions are displayed at relevant areas of				
ME B1.2	services and entitlements			DD /C:		
	available	served population by UPHC	1	RR/SI		
		IEC material is displayed / distributed				
		during the outreach session			Check if there is provision of	
	Patients & visitors are				Posters, Pamphlets etc to be	
	sensitized and educated				used during outreach	
ME B1.4	through appropriate IEC / BCC				sessions . Check innovative	
	approaches				method like Use of Audio-	
	approaches				Visual medium, Street Plays ,	
					group activities during the	
					out reach sessions	
			1	RR/SI		
	Information is available in bi-	All IEC material is available in local	1	RR/SI		
ME B1.5	Information is available in bi- lingual signage and is easy to	All IEC material is available in local language	1	RR/SI		
ME B1.5			1	RR/SI		
ME B1.5	lingual signage and is easy to	language			Ask beneficiary are aware of	
ME B1.5	lingual signage and is easy to understand	language There is system of receiving grievances				
	lingual signage and is easy to understand The facility has defined and	language There is system of receiving grievances if services are not being provided			compliant readdressal	
ME B1.5 ME B1.6	lingual signage and is easy to understand The facility has defined and established grievance	language There is system of receiving grievances			compliant readdressal mechanism/ any dedicated	
	lingual signage and is easy to understand The facility has defined and	language There is system of receiving grievances if services are not being provided	1	RR/SI	compliant readdressal mechanism/ any dedicated help line no. for complaint	
	lingual signage and is easy to understand The facility has defined and established grievance	language There is system of receiving grievances if services are not being provided during outreach sessions			compliant readdressal mechanism/ any dedicated help line no. for complaint handling	
ME B1.6	lingual signage and is easy to understand The facility has defined and established grievance redressal system in place Access to facility is provided	language There is system of receiving grievances if services are not being provided during outreach sessions Check location of outreach session &	1	RR/SI	compliant readdressal mechanism/ any dedicated help line no. for complaint handling Outreach sessions are	
	lingual signage and is easy to understand The facility has defined and established grievance redressal system in place	language There is system of receiving grievances if services are not being provided during outreach sessions Check location of outreach session & also ensure its assessibility to target	1	RR/SI RR/SI	compliant readdressal mechanism/ any dedicated help line no. for complaint handling Outreach sessions are organized in proximity to the	
ME B1.6 ME B1.8	lingual signage and is easy to understand The facility has defined and established grievance redressal system in place Access to facility is provided	language There is system of receiving grievances if services are not being provided during outreach sessions Check location of outreach session &	1	RR/SI	compliant readdressal mechanism/ any dedicated help line no. for complaint handling Outreach sessions are	
ME B1.6 ME B1.8 Standard	lingual signage and is easy to understand The facility has defined and established grievance redressal system in place Access to facility is provided	language There is system of receiving grievances if services are not being provided during outreach sessions Check location of outreach session & also ensure its assessibility to target population	1	RR/SI RR/SI RR/SI/OB	compliant readdressal mechanism/ any dedicated help line no. for complaint handling Outreach sessions are organized in proximity to the	
ME B1.6 ME B1.8	lingual signage and is easy to understand The facility has defined and established grievance redressal system in place Access to facility is provided without any physical barrier	language There is system of receiving grievances if services are not being provided during outreach sessions Check location of outreach session & also ensure its assessibility to target population The service provided at fac	1	RR/SI RR/SI RR/SI/OB	compliant readdressal mechanism/ any dedicated help line no. for complaint handling Outreach sessions are organized in proximity to the	
ME B1.6 ME B1.8 Standard B2	lingual signage and is easy to understand The facility has defined and established grievance redressal system in place Access to facility is provided without any physical barrier Services are provided in	language There is system of receiving grievances if services are not being provided during outreach sessions Check location of outreach session & also ensure its assessibility to target population The service provided at fac Availability of a female attendant if	1	RR/SI RR/SI RR/SI/OB	compliant readdressal mechanism/ any dedicated help line no. for complaint handling Outreach sessions are organized in proximity to the	
ME B1.6 ME B1.8 Standard	lingual signage and is easy to understand The facility has defined and established grievance redressal system in place Access to facility is provided without any physical barrier Services are provided in manner that are sensitive to	language There is system of receiving grievances if services are not being provided during outreach sessions Check location of outreach session & also ensure its assessibility to target population The service provided at fac Availability of a female attendant if male doctor/Health worker examining	1 1 ility are accep	RR/SI RR/SI RR/SI/OB table	compliant readdressal mechanism/ any dedicated help line no. for complaint handling Outreach sessions are organized in proximity to the	
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ME B1.6 ME B1.8 Standard B2 ME B2.1	lingual signage and is easy to understand The facility has defined and established grievance redressal system in place Access to facility is provided without any physical barrier Services are provided in manner that are sensitive to gender	language There is system of receiving grievances if services are not being provided during outreach sessions Check location of outreach session & also ensure its assessibility to target population The service provided at fac Availability of a female attendant if male doctor/Health worker examining the female beneficary Examination and counseling area is	1 1 ility are accep	RR/SI RR/SI RR/SI/OB table	compliant readdressal mechanism/ any dedicated help line no. for complaint handling Outreach sessions are organized in proximity to the	
ME B1.6 ME B1.8 Standard B2	lingual signage and is easy to understand The facility has defined and established grievance redressal system in place Access to facility is provided without any physical barrier Services are provided in manner that are sensitive to	language There is system of receiving grievances if services are not being provided during outreach sessions Check location of outreach session & also ensure its assessibility to target population The service provided at fac Availability of a female attendant if male doctor/Health worker examining the female beneficary	1 1 ility are accep	RR/SI RR/SI RR/SI/OB table	compliant readdressal mechanism/ any dedicated help line no. for complaint handling Outreach sessions are organized in proximity to the	
ME B1.6 ME B1.8 Standard B2	lingual signage and is easy to understand The facility has defined and established grievance redressal system in place Access to facility is provided without any physical barrier Services are provided in manner that are sensitive to	language There is system of receiving grievances if services are not being provided during outreach sessions Check location of outreach session & also ensure its assessibility to target population The service provided at fac Availability of a female attendant if male doctor/Health worker examining	1 1 ility are accep	RR/SI RR/SI RR/SI/OB table	compliant readdressal mechanism/ any dedicated help line no. for complaint handling Outreach sessions are organized in proximity to the	

	The facility ensures the	Check of staff behavior is dignified and				
	behaviors of staff is dignified	courteous to the patients				
ME B2.4	and respectful, while					
	delivering the services		1	PI/SI		
Standard		The service provided at fac	cility are afford	dable		
B3		All outreach services are provided free				
	The facility provides cashless services to all patients	of cost to Pregnant Women, Mothers				
	including pregnant women,	and Children's up to five year				
ME B3.1	mothers and sick children as					
	per prevalent government schemes					
	schemes		1	RR/SI		
		Area of Concern	- C Inputs			
Standard	The facility has adequate o	ualified and trained staff, required for	or providing th	e assured service	s to the current case load	
C2			· ·			
	The facility has adequate	Availability of ANMs as per population				
ME C2.2	nursing staff/Paramedics as per service provision and work				Availability of one ANM per	
	load		1	RR/SI	10000-12000 population	
	The facility has adequate	Availability of Community				
ME C2.3	support staff / Health Workers as per service provision and	worker/ASHA/Link worker as per population			One worker for 1000-2500	
	workload	population	1	RR/SI	slum/vulnerable population	
	The Staff has been imparted	Induction training of ANM for Outreach				
ME C2.4	necessary trainings/skill set to	services			A training of 3 to 6 weeks for	
IVIE CZ.4	enable them to meet their				providing outreach services	
	roles & responsibilities		1	RR/SI	in urban areas	
		Training of ASHA and ANMs on			Training on counceling for	
		counseling			Training on counseling for RTI, PPTCT, ANC, nutrition	
			1	RR/SI	and spacing between births	
		Training of ASHA on community			4 week of induction training	
		mobilization and various aspectsof public health	1	RR/SI	followed by 15 days of refresher training	
	The Staff is skilled and	ANM is skilled of ANC Checkup &	-	inyoi		
ME C2.5	competent as per job	counselling		(
	description	ANM is skilled preparing micro plan for	1	RR/SI		
		immunization	1	RR/SI		
		ANM is skilled for diagnostic services			Using rapid diagnostic Kits,	
			1	RR/SI	Hemoglobin, Urine albumin by strip Method	
		ASHA is skilled for home based new			· ·	
		born care & counselling	1	RR/SI		
		ASHA skilled for preparing Malaria Slides	1	RR/SI		
Standard	The	facility provides drugs and consumal	les required f	· · ·		
С3			nes required i			
ME C3.1	The facility has availability of	Availability of Drugs for Outreach Sessions				
	adequate drugs at point of use		1	RR/SI	IFA, OCP, Cotimoxazole	
		Availability of vaccines for immunization		22/01	As per Immunization	
		Availability of Antipyretic in ASHA Kits	1	RR/SI	schedule Tab. Paracetamol, Tab.	
			1	RR/SI	Dicyclomine	
		Availability of Contraceptives in ASHA			Condoms and Oral	
		Kits			Contraceptive Pills, Emergency Contraceptive	
			1	RR/SI	Pills	
		Availability of Topical (locally Applied)			Tetracycline ointment ,	
		drugs	1	RR/SI	Povidine Iodine ointment Tube, G.V. Paint, Sprit	
		Availability of Antibiotics ins ASHA Kits	1	iny 51	cotrimoxazole syrup,	
					Pediatric cotrimoxazole	
		Availability of Nutritional Supplement	1	RR/SI	tablets, Zinc tablets, Tab. Iron Folic	
		Availability of Nutritional Supplement	1	RR/SI	acid,ORS Packets	
	The Facility has availability of	Availability of Diagnostic Kits in ASHA			nischay kit, rapid diagnostic	
ME C3.2	adequate consumables at	Kits	4	PP/CI	kit,Slides for Malaria &	
	point of use	Availability of Dressing Material	1	RR/SI	Lancets	
	1		1	RR/SI	Sterilized Cotton Bandages	
			1	RR/SI		

Standard C4	The	acility has equipment & instruments i	required for as	sured list of serv	vices.	
C4 ME C4.1	Availability of equipment & instruments for examination & monitoring of patients	Availability of functional Measuring equipments	1	RR/SI	BP Apparatus, thermometer, Weighing scale, measuring tape, Stethoscope	
		Area of Concern - D S	upport Servi	ces		
Standard D2	Facility has define	ed procedure for storage, Inventory N	Aanagement 8	dispensing of d	rugs in pharmacy	
ME D2.4	The facility has established procedure for inventory management techniques	There is a system of periodic replenishment of drugs and consumable sin ASHA Kits	1	RR/SI	Condoms, NISCHAY Kit, Sanitary pads & drugs etc	
ME D2.5	There is process for storage of vaccines and other drugs, requiring controlled temperature & storage environment	Drugs are kept at dry and cool place away from sun light	1	RR/SI		
Standard	Facility has define	d & established procedure for Comm	unity Participa	tion for providi	ng assured services	
D3		UPHC monitors the activities assigned	1		Check for the records that	
ME D3.3	The facility has established procedure for supporting and monitoring activities of community health work -ASHA	to ASHAs	-	DD (C)	ASHAs attends Monthly Review meetings	
		Incentives and TA/DA to ASHAs are paid	1	RR/SI	Check for there Is no backlog	
		on time		RR/SI	-	
		UPHC supports in skill development of ASHAs	1	RR/SI	Check for timely trainings have been provided to ASHAs, MO orient ASHA at monthly review meeting	
		There is system of taking feedback	1	KK/SI		
		from ASHAs to improve the services		RR/SI		
ME D3.4	The facility has established procedure for supporting and monitoring activities of Mahila	Mahila Arogya Samiti has been formed in all the slums served by UPHC				
	Arogya Samiti	Accounts have been opened for MAS	1	RR/SI		
		Accounts have been opened for hims	1	RR/SI		
		MAS meets every month	1	RR/SI		
		Data base regarding functional MAS is available at UPHC	1	RR/SI		
Standard D5	Facility has	procedure for collecting & Reporting	of the health	facility related in	formation	
ME D5.9	The facility provide monitoring and reporting service for Integrated Disease Surveillance Programme, as per guidelines	Reporting on Form S under IDSP	1	DD /CI		
	The facility provides	Reporting under Universal	1	RR/SI		
ME D5.11	monitoring and reporting services under Universal Immunization Programme, as	immunization program by ANM				
	per guidelines		1	RR/SI		
ME D5.14	Facility Reports data for Mother and Child Tracking System as per Guidelines	Reporting for MCTS	1	RR/SI		
ME D5.15	Facility Reports data for HMIS System as per Guidelines	Reporting for HMIS	1	RR/SI		
		Area of Concern - E C				
Standard	Facility has defined procee	lure for primary management and co	ntinuity of care	with appropria	te maintenance of records	
E2 ME E2.2	The facility provides appropriate referral linkages for transfer to other/higher facilities to assure the	ANM/ASHA has defined format for referring patients to UPHC				
	continuity of care.		1	RR/SI		
		ASHA/ANM is aware of where to refer the patient based on presenting condition of patients	1	RR/SI		
		Records of referred patients are	1			
		maintained by ASHA/ANM	1	RR/SI		

				n	•	
		Wherever required ASHA provides				
		escort services to patients during			Referral for Institutional	
		referral	1	RR/SI	Delivery escorted by ASHA	
ME E2.3	Facility ensures follow up of	Follow up of referred patients by ASHA				
IVIL L2.3	patients	& ANM	1	RR/SI		
		ANM & ASHA prepare micro plan for				
		home visits for follow up of discharged				
		patients	1	RR/SI		
	The facility ensures rafe and	ANM has been provided with provision				
ME E2.9	The facility ensures safe and	of safe keeping of records at UPHC				
IVIE E2.9	adequate storage and retrieval of medical records					
	Techeval of medical fecolus		1	RR/SI		
o	Facility has defined 8 involu-		wetten and sta	walawal Awara Awara w	t avidaling as mandated by	
Standard	Facility has defined & imple	emented procedures for Drug administ	tration and sta	indard treatmen	t guideline as mandated by	
E 3		Govt.				
	Patient is counseled for self	ANM/ASHA explain patients about				
ME E3.3	drug medication	dosage and timings	1	RR/SI		
		There is system of montoring so that				
ME E3.5	There is procedure of rational	drugs are not irrationally prescribed by				
	use of drugs	ASHA/ANM	1	RR/SI		
	Drugs are prescribed	Treatment guidelines for use of drugs		, -		
ME E3.6	according to Standard	are provided to ASHA & ANM				
	Treatment Guidelines		1	RR/SI		
Standard				· ·		
E4		Facility has defined & establish proc	edure for Diag	nostic Services		
	There are established	Use of Rapid Diagnostic Kits as per				
ME E4.2	procedures for testing	protocols				
NIC 0472	Activities	p. 0.00013	1	RR/SI		
		HB testing is done as per protocols	1	RR/SI		
	There are established	Preparation of Malaria Slides as per	1	KR/ SI	-	
ME E4.5	procedures for laboratory	protocols				
	diagnosis of Malaria as per			DD /CI		
	prevalent guidelines		1	RR/SI		
Standard	The	facility has establish procedure for Ma	aternal health	care as per guid	eline	
E5						
	There is an established	Early registration of Pregnant	1		Check ANC records for	
	procedure for Registration	women is ensured by the ANM			ensuring that majority of	
ME E5.1	and follow up of pregnant				ANC registration is taking	
	women.				place within 12th week of	
	women.			RR/SI	Pregnancy in ANC register	
		Mother and Child Protection Card is	1		Check Mother & Child	
		provided and updated			Protection cards have been	
					provided for each pregnant	
					women at time for	
				RR/SI	registration/ First ANC	
		Records are maintained for ANC	1		Records of each ANC check-	
		registered pregnant women			up is maintained are	
					maintained in ANC register	
					by the ANM of respective	
				RR/SI	area	
		Clinical information of ANC is kept with	1		Check, if there is a system of	
		ANC clinic			keeping copy of ANC	
					information like LMP, EDD,	
					Lab Investigation Findings ,	
					Examination findings etc.	
				RR/SI	with them	
		Staff has knowledge of calculating	1	117/31	Check with ANM the	<u> </u>
			1			
		expected pregnancies in the area			expected pregnancies in her	
					area / How to calculate	
					it.(Birth Rate X	
					Population/1000 Add 10%	
					as correction factor (Still	
			. .	RR/SI	Birth)	
		Tracking of Missed and left out ANC	1		Check with ANM how she	
					tracks missed out ANC. Use	
					of MCTS by generating work	
					plan and follow-up with	
					ASHA, AWW etc.	
					Check if there is practice of	
					recording Mobile no. of	
					clients/next to kin for follow	
					up	
				RR/SI		
		ASHA ensure At least one ANC visit is	1		Preferably 3rd Visit (28-34	
		attended by Medical Officer	-	RR/SI	Weeks)	

ME E5.2 There is an established procedure for History take, recorded recorded History of Pervious pregenancies including complications and procedures done, if any, is take ME E5.4 Physical examination of Pregnant Women, visiting the facility. Physical Examination of Pregnant 1 RR/SI Physical examination of Pregnant Women is done on every ANC visit RR/SI Puise, Respiratory Rate , Palor, Oedema Blood Pressure and weight is measured on every ANC visit RR/SI Check any 3 ANC records/. On every ANC visit Blood Pressure and weight is measured on every ANC visit RR/SI ME E5.3 The facility ensures of drugs & every ANC visit RR/SI Check randomly any 3 MCP card/ And recorded at every ANC visit ME E5.4 There is an established procedure for identification of theorem to identify would need referrat to Higher 1 Anaremia, Bad obsterric history, CPD, PH, APH, APH, Medical Disorder complicating pregnancy, Molarestration, fetal distress, PROM, obstructed labor, rung and appropriate & Timely referral. Staff is competent to identify thypertension / Pregnancy induced Hypertension / Pregnancy induced Hy	ME E5.2 F				0	1	
ME E5.2 Procedure for History taking, we have a set to identify Pre-Estament is an established procedure for identification Staff is competent to identify Pre-Estament to identify Pre-Estament to identify Pre-Estament is an established procedure for identification of Pregnancy Induced Pre-Estament to identify Pre-Estament is an established procedure for identification of Pregnancy Induced Pre-Estament to identify Pre-Estament is an established procedure for identification of Pregnancy Induced Pre-Estament is an established procedure for identification of Pregnancy Induced Pre-Estament is an established procedure for identification of Pregnancy Induced Pre-Estament is an established procedure for identification of Pregnancy Induced Pre-Estament is an established procedure for identification of Pregnancy Induced Pre-Estament is an established procedure for identification of Pregnancy Induced Pre-Estament is an established procedure for identification of Pregnancy Induced Pre-Estament is an established procedure for identification of Pregnancy Induced Pre-Estament is an established procedure for identification of Pregnancy Induced Pre-Estament is an established procedure for identification of P	ME E5.2 F		Comprehensive Obstetric History is	1		1	
ME E5.2 Physical examination, and complications and proceedings of each names and woman, visiting the facility. Physical Examination of Pregnant Women is done on every ANC visit RK/SI Pulse, Respiratory Rate, and Pulse, Respiratory Rate, and Pulse, Respiratory Rate, and Pulse, Respiratory Rate, and Check any 3 ANC records/ MCP Card randomly to see that BP and weight has been measured and recorded at every ANC visit ME E5.3 dispositics are prescribed as per protocol Herogolobin and Urine test is done on every ANC visit 1 Check randomly any 3 MCP card/ ANC records/ Herogolobin test is done at every ANC visit ME E5.3 dispositics are prescribed as per protocol Herogolobin and Urine test is done on every ANC visit 1 Check randomly any 3 MCP card/ ANC record for Herogolobin test is done at every ANC visit and values ME E5.4 Here is an established procedure for identification of hypertension / Pregnancy Induced appropriate & Timely referral. Staff can recognize the cases, which would need referral to Higher Centre(RU) 1 Anaemia, Bad obstetric history, CPD, PH, APH, Medical Disorder complicating pregnancy, Malpresentation, fetal distress, PROM, obstructed labor, rupture utrus, & Rh negative ME E5.4 Staff is competent to identify Pre- Eclampisa 1 Pre - Clampisa - High BP with Urine Abumin (r2) minime teclampisa - Ph and/QP with positice albumin 2+-, severe headdone, Burring of vision, epigestrip pain & oligouria ME E5.5 There is an established receiver for identification Staff is competent to classify anaemia acor	ME E5.2 P		recorded			History of Pervious	
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woman, visiting the facility. taken Women, visiting the facility. Physical Examination of Pregnant Women is done on every ANC visit Pulse, Respiratory Rate , Pallor, Ocedma Blood Pressure and weight is measured on every ANC visit 1 RR/SI Pulse, Respiratory Rate , Pallor, Ocedma ME E5.3 The facility ensures of drugs & diagnostics are prescribed as per protocol Hemoglobin and Urine test is done on every ANC visit 1 Check any 3 ANC records/ MCP Card randomly to see that BP and weight has been measured and recorded at every ANC visit ME E5.3 The facility ensures of drugs & diagnostics are prescribed as per protocol Hemoglobin and Urine test is done on every ANC visit 1 Check randomly any 3 MCP card / ANC record for Hemoglobin test is done at every ANC visit ME E5.4 There is an established procedure for identification of High risk pregnancy and appropriate & Timely referral. Staff can recognize the cases, which would need referral to Higher Centre(FRU) 1 Answer and abstetric history, CPD, PH, APH, Medical Disorder complicating pregnancy, Majoresentation, fetal distress, RPOM, obstructed labor, rupture uterus, & Rh negative VE E5.4 Staff is competent to identify Hypertension / Pregnancy Induced Hypertension 1 Pre * Eclampsia-High BP with Urine Albumin (2) Imminent eclampsia - BP >14(d) rol 11 gm% mid, 7-aning Al O 11 gm% mid, 7-aning Al O 11 gm% mid, 7-aning Al O 11 gm% mid, <td></td> <td>Physical examination, and</td> <td></td> <td></td> <td></td> <td>complications and</td> <td></td>		Physical examination, and				complications and	
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and management of anaemia		•					
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RR/SI					RR/SI		
Staff is aware of prophylactic & 1 Prophylactic - one IFA tablet			Staff is aware of prophylactic &	1		Prophylactic - one IFA tablet	
Therapeutic dose of IFA per day for at least 100 days						per day for at least 100 days	
starting from first trimester							
						-	
					RR/SI		
			Line licting of pregnant women with	1	RR/SI	Check the records	
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per day for three months						per day for three months	
RR/SI							
					RR/SI		
			Line listing of pregnant women with	1	RR/SI	Check the records	
				1		Check the records	
moderate and severe anaemia RR/SI			moderate and severe anaemia				
moderate and severe anaemia RR/SI Counseling is provided during the ANC 1 Counseling regarding birth		Counseling of pregnant	moderate and severe anaemia Counseling is provided during the ANC			Counseling regarding birth	
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moderate and severe anaemia RR/SI Counseling of pregnant Counseling is provided during the ANC check-up as per protocol 1 Counseling regarding birth preparedness, identification of danger signs, nutrition,		women is done as per	moderate and severe anaemia Counseling is provided during the ANC			Counseling regarding birth preparedness, identification of danger signs, nutrition,	
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ME E5.6 moderate and severe anaemia RR/SI ME E5.6 Counseling of pregnant women is done as per standard protocol and gestational age Counseling is provided during the ANC check-up as per protocol 1 Counseling regarding birth preparedness, identification of danger signs, nutrition, breast feeding and family planning There is a established Postpartum home visits are ensured by 1 Check the records	ME E5.6	women is done as per standard protocol and gestational age There is a established	moderate and severe anaemia Counseling is provided during the ANC check-up as per protocol Postpartum home visits are ensured by	1	RR/SI	Counseling regarding birth preparedness, identification of danger signs, nutrition, breast feeding and family planning Check the records	
ME E5.6 moderate and severe anaemia RR/SI ME E5.6 Counseling of pregnant women is done as per standard protocol and gestational age Counseling is provided during the ANC check-up as per protocol 1 Counseling regarding birth preparedness, identification of danger signs, nutrition, breast feeding and family planning ME E5.7 There is a established procedures for Postnatal visits Postpartum home visits are ensured by ASHA / ANM 1 Check the records ANM/ASHA visits home on	ME E5.6 S	women is done as per standard protocol and gestational age There is a established procedures for Postnatal visits	moderate and severe anaemia Counseling is provided during the ANC check-up as per protocol Postpartum home visits are ensured by	1	RR/SI	Counseling regarding birth preparedness, identification of danger signs, nutrition, breast feeding and family planning Check the records ANM/ASHA visits home on	
moderate and severe anaemia RR/SI ME E5.6 Counseling of pregnant women is done as per standard protocol and gestational age Counseling is provided during the ANC check-up as per protocol 1 Counseling regarding birth preparedness, identification of danger signs, nutrition, breast feeding and family planning ME E5.7 There is a established procedures for Postnatal visits Postpartum home visits are ensured by ASHA / ANM 1 Check the records ANM/ASHA visits home on	ME E5.6 S	women is done as per standard protocol and gestational age There is a established procedures for Postnatal visits	moderate and severe anaemia Counseling is provided during the ANC check-up as per protocol Postpartum home visits are ensured by	1	RR/SI	Counseling regarding birth preparedness, identification of danger signs, nutrition, breast feeding and family planning Check the records ANM/ASHA visits home on	
Image: moderate and severe anaemia RR/SI ME E5.6 Counseling of pregnant women is done as per standard protocol and gestational age Counseling is provided during the ANC check-up as per protocol 1 Counseling regarding birth preparedness, identification of danger signs, nutrition, breast feeding and family planning ME E5.7 There is a established procedures for Postnatal visits & ASHA / ANM Postpartum home visits are ensured by a counseling of Mother and 1 Check the records ANM/ASHA visits home on 3rd, 7th and 42nd day after	ME E5.6	women is done as per standard protocol and gestational age There is a established procedures for Postnatal visits & counseling of Mother and	moderate and severe anaemia Counseling is provided during the ANC check-up as per protocol Postpartum home visits are ensured by	1	RR/SI RR/SI	Counseling regarding birth preparedness, identification of danger signs, nutrition, breast feeding and family planning Check the records ANM/ASHA visits home on 3rd, 7th and 42nd day after	
Image: moderate and severe anaemia RR/SI ME E5.6 Counseling of pregnant women is done as per standard protocol and gestational age Counseling is provided during the ANC check-up as per protocol 1 Counseling regarding birth preparedness, identification of danger signs, nutrition, breast feeding and family planning ME E5.7 There is a established procedures for Postnatal visits & ANM ASHA / ANM Postpartum home visits are ensured by a counseling of Mother and 1 Check the records ANM/ASHA visits home on 3rd, 7th and 42nd day after	ME E5.6	women is done as per standard protocol and gestational age There is a established procedures for Postnatal visits & counseling of Mother and	moderate and severe anaemia Counseling is provided during the ANC check-up as per protocol Postpartum home visits are ensured by ASHA / ANM	1	RR/SI RR/SI	Counseling regarding birth preparedness, identification of danger signs, nutrition, breast feeding and family planning Check the records ANM/ASHA visits home on 3rd, 7th and 42nd day after	

		Counceling is done during the house	1			
		Counseling is done during the home visits	1			
		VISICS			Ask ANM/ ASHA regarding	
					components of counseling	
					Pregnant women is	
					counseled for Postpartum	
					care , Hygiene, Nutrition,	
					Contraception,	
					Breastfeeding, Registration	
					of Birth and Identification of	
				PI/SI	danger signs	
Standard	Facilit	when established presedure for some				
E6	Facilit	y has established procedure for care of		Child as per guit	lenne	
	Post natal visit & counseling	ASHA/ ANM maintains the list of New-				
ME E 6.1	for New born care is provided	born in their area				
	as per guideline					
		C Llowe visite are previded by ACIIA	1	RR/SI	Check the records	
		6 Home visits are provided by ASHA			On 3rd, 7th , 14th, 21st ,	
					28th and 42nd Day. Check	
					records that for identified	
					new-born visits have been	
			1	RR/SI	timely made by ASHA	
		Home visit form is filled by ASHA	1 -		,	
					Check Home visit form for	
					examination of Mother and	
					New Born has been updated	
		<u> </u>	1	RR/SI	by ASHA during the visit	
	Triage, Assessment &	ASHA is skilled for Identifying danger			Weight <1.8 kg	
	Management of new-born	signs and referral for Newborn			Temperature > 99 degree	
MFF6.2	having emergency signs are				Yellowness in eyes/Skin	
	done as per guidelines				persistent for more than 14	
	aone as per guidennes		1	RR/SI	day after birth.	
		ASHA is skilled for home based				
		management of Hypothermia			If temperature is <97F then	
					advice the mother to keep	
					the baby warm through	
					increasing room	
				10	temperature and providing	
	Management of 1911		1	RR/SI	skin to skin contact	
	Management of children	ORS therapy is provided as per				
ME E 6.5	presenting diarrhoea is done per guidelines	guidelines during Outreach Sessions	1	RR/SI		
		Identification for birth defects during	1	1117.31		
	Screening & Referral of	home visits by ASHA			Check ASHA is skilled for	
	children as per guidelines of				recognizing birth defects and	
	Rastriya Bal Swasth Karkarm		1	RR/SI	referral	
Standard	En.	cility has establish procedure for Fam	ily Planning ac	ner Govt guideli	10	
E7				por cove guidelli		
	Facility provides spacing	Staff is aware of eligibility, Limitation	1			
ME E7.2	method of family planning as	and Benefits of Lactation Amenorrhea		DC /C:		
	per guideline	Method (LAM) Staff is aware of eligibility, Limitation,	1	RR/SI		
		S 11	1	1		
Standard		Method and Benefits of OCP	1	DD/CI		
			1	RR/SI		
E8	Facility	Provides Adolescent reproductive &			ideline	
	Facility	provides Adolescent reproductive &			ideline	
E8 ME E8.1	Facility provides Promotive	provides Adolescent reproductive &: Counseling and group sessions during		ervices as per gu		
ME E8.1	Facility provides Promotive ARSH Services	provides Adolescent reproductive & Counseling and group sessions during adolescent health days	sexual health s		deline Check for IEC activites	
ME E8.1	Facility provides Promotive	provides Adolescent reproductive & Counseling and group sessions during adolescent health days Distribution of Sanitary Napkin and	sexual health s	ervices as per gu		
ME E8.1 ME E8.2	Facility provides Promotive ARSH Services Facility provides Preventive	provides Adolescent reproductive & Counseling and group sessions during adolescent health days	sexual health s	ervices as per gu RR/SI		
ME E8.1	Facility provides Promotive ARSH Services Facility provides Preventive ARSH Services	provides Adolescent reproductive & Counseling and group sessions during adolescent health days Distribution of Sanitary Napkin and counseling of Menstrual Hygiene	sexual health s	ervices as per gu RR/SI		
ME E8.1 ME E8.2 ME E8.4 Standard	Facility provides Promotive ARSH Services Facility provides Preventive ARSH Services Facility Provides Referral Services for ARSH	provides Adolescent reproductive & Counseling and group sessions during adolescent health days Distribution of Sanitary Napkin and counseling of Menstrual Hygiene Referral linkages to adolescent friendly health clinic	1 1 1	RR/SI RR/SI RR/SI RR/SI	Check for IEC activites	
ME E8.1 ME E8.2 ME E8.4	Facility provides Promotive ARSH Services Facility provides Preventive ARSH Services Facility Provides Referral Services for ARSH Facility provides I	provides Adolescent reproductive & Counseling and group sessions during adolescent health days Distribution of Sanitary Napkin and counseling of Menstrual Hygiene Referral linkages to adolescent friendly health clinic National Health Programmes as per op	1 1 1	RR/SI RR/SI RR/SI RR/SI	Check for IEC activites	
ME E8.1 ME E8.2 ME E8.4 Standard E9	Facility provides Promotive ARSH Services Facility provides Preventive ARSH Services Facility Provides Referral Services for ARSH Facility provides service under	provides Adolescent reproductive & Counseling and group sessions during adolescent health days Distribution of Sanitary Napkin and counseling of Menstrual Hygiene Referral linkages to adolescent friendly health clinic Vational Health Programmes as per of Distribution of Chloroquine in endemic	1 1 1	RR/SI RR/SI RR/SI RR/SI	Check for IEC activites	
ME E8.1 ME E8.2 ME E8.4 Standard E9 MF F9.1	Facility provides Promotive ARSH Services Facility provides Preventive ARSH Services Facility Provides Referral Services for ARSH Facility provides service under National Vector Borne Disease	provides Adolescent reproductive & Counseling and group sessions during adolescent health days Distribution of Sanitary Napkin and counseling of Menstrual Hygiene Referral linkages to adolescent friendly health clinic Vational Health Programmes as per of Distribution of Chloroquine in endemic	1 1 1	RR/SI RR/SI RR/SI RR/SI	Check for IEC activites	
ME E8.1 ME E8.2 ME E8.4 Standard E9 ME E9.1	Facility provides Promotive ARSH Services Facility provides Preventive ARSH Services Facility Provides Referral Services for ARSH Facility provides service under National Vector Borne Disease Control Program as per	provides Adolescent reproductive & Counseling and group sessions during adolescent health days Distribution of Sanitary Napkin and counseling of Menstrual Hygiene Referral linkages to adolescent friendly health clinic Vational Health Programmes as per of Distribution of Chloroquine in endemic	1 1 1 perational/clin	RR/SI RR/SI RR/SI RR/SI ical guidelines of	Check for IEC activites	
ME E8.1 ME E8.2 ME E8.4 Standard E9 ME E9.1	Facility provides Promotive ARSH Services Facility provides Preventive ARSH Services Facility Provides Referral Services for ARSH Facility provides Service under National Vector Borne Disease Control Program as per guidelines	Provides Adolescent reproductive &: Counseling and group sessions during adolescent health days Distribution of Sanitary Napkin and counseling of Menstrual Hygiene Referral linkages to adolescent friendly health clinic Vational Health Programmes as per op Distribution of Chloroquine in endemic area	1 1 1	RR/SI RR/SI RR/SI RR/SI	Check for IEC activites	
ME E8.1 ME E8.2 ME E8.4 Standard E9 ME E9.1	Facility provides Promotive ARSH Services Facility provides Preventive ARSH Services Facility Provides Referral Services for ARSH Facility provides service under National Vector Borne Disease Control Program as per guidelines Facility provides services	Provides Adolescent reproductive &: Counseling and group sessions during adolescent health days Distribution of Sanitary Napkin and counseling of Menstrual Hygiene Referral linkages to adolescent friendly health clinic Vational Health Programmes as per of Distribution of Chloroquine in endemic area ASHA/ ANM are aware for monitoring	1 1 1 perational/clin	RR/SI RR/SI RR/SI RR/SI ical guidelines of	Check for IEC activites	
ME E8.1 ME E8.2 ME E8.4 Standard E9 ME E9.1 MF F9.2	Facility provides Promotive ARSH Services Facility provides Preventive ARSH Services Facility Provides Referral Services for ARSH Facility provides Service under National Vector Borne Disease Control Program as per guidelines Facility provides services under Revised National TB	Provides Adolescent reproductive & Source and group sessions during adolescent health days Distribution of Sanitary Napkin and counseling of Menstrual Hygiene Referral linkages to adolescent friendly health clinic National Health Programmes as per of Distribution of Chloroquine in endemic area ASHA/ ANM are aware for monitoring of TB Patients and adherence to DOT	1 1 1 perational/clin	RR/SI RR/SI RR/SI RR/SI ical guidelines of	Check for IEC activites	
ME E8.1 ME E8.2 ME E8.4 Standard E9 ME E9.1 ME E9.2	Facility provides Promotive ARSH Services Facility provides Preventive ARSH Services Facility Provides Referral Services for ARSH Facility provides Referral Services for ARSH Facility provides service under National Vector Borne Disease Control Program as per guidelines Facility provides services under Revised National TB Control Program as per	Provides Adolescent reproductive &: Counseling and group sessions during adolescent health days Distribution of Sanitary Napkin and counseling of Menstrual Hygiene Referral linkages to adolescent friendly health clinic Vational Health Programmes as per of Distribution of Chloroquine in endemic area ASHA/ ANM are aware for monitoring	1 1 1 perational/clin 1	RR/SI RR/SI RR/SI RR/SI ical guidelines of RR/SI	Check for IEC activites	
ME E8.1 ME E8.2 ME E8.4 Standard E9 ME E9.1 ME E9.2	Facility provides Promotive ARSH Services Facility provides Preventive ARSH Services Facility Provides Referral Services for ARSH Facility provides Service under National Vector Borne Disease Control Program as per guidelines Facility provides services under Revised National TB	provides Adolescent reproductive &: Counseling and group sessions during adolescent health days Distribution of Sanitary Napkin and counseling of Menstrual Hygiene Referral linkages to adolescent friendly health clinic Vational Health Programmes as per of Distribution of Chloroquine in endemic area ASHA/ ANM are aware for monitoring of TB Patients and adherence to DOT treatment	1 1 1 perational/clin	RR/SI RR/SI RR/SI RR/SI ical guidelines of	Check for IEC activites the Government	
ME E8.1 ME E8.2 ME E8.4 Standard E9 ME E9.1 ME E9.2	Facility provides Promotive ARSH Services Facility provides Preventive ARSH Services Facility Provides Referral Services for ARSH Facility provides Referral Services for ARSH Facility provides service under National Vector Borne Disease Control Program as per guidelines Facility provides services under Revised National TB Control Program as per	provides Adolescent reproductive &: Counseling and group sessions during adolescent health days Distribution of Sanitary Napkin and counseling of Menstrual Hygiene Referral linkages to adolescent friendly health clinic Vational Health Programmes as per of Distribution of Chloroquine in endemic area ASHA/ ANM are aware for monitoring of TB Patients and adherence to DOT treatment What action is taken by DOT provider	1 1 1 perational/clin 1	RR/SI RR/SI RR/SI RR/SI ical guidelines of RR/SI	Check for IEC activites the Government Reported to next level	
ME E8.1 ME E8.2 ME E8.4 Standard E9 ME E9.1 ME E9.2	Facility provides Promotive ARSH Services Facility provides Preventive ARSH Services Facility Provides Referral Services for ARSH Facility provides Referral Services for ARSH Facility provides service under National Vector Borne Disease Control Program as per guidelines Facility provides services under Revised National TB Control Program as per	provides Adolescent reproductive &: Counseling and group sessions during adolescent health days Distribution of Sanitary Napkin and counseling of Menstrual Hygiene Referral linkages to adolescent friendly health clinic Vational Health Programmes as per of Distribution of Chloroquine in endemic area ASHA/ ANM are aware for monitoring of TB Patients and adherence to DOT treatment	1 1 1 perational/clin 1	RR/SI RR/SI RR/SI RR/SI ical guidelines of RR/SI	Check for IEC activites the Government	

What action is taken if patient misses Arrange visit of M DOT on 2 occasion in Intensive phase 1 RR/SI Side effects of anti TB treatment is identified by DOT provider and reported to MO 1 RR/SI ME E9.9 Facility provide service for Integrated disease surveillance program Staff skilled to fill form S 1 RR/SI ME E9.11 The facility provides services under Universal Immunization Programme as per guidelines ASHA prepares due list of immunization for her respective area 1 RR/SI MIC E9.11 MIC polan for respective area of how to calculate the no. of Beneficiaries (pregnant wome & Infants for every vaccination) 1 RR/SI	
ME E9.9 Facility provide service for Integrated disease surveillance program Stide effects of anti TB treatment is identified by DOT provider and reported to MO 1 RR/SI ME E9.9 Facility provide service for Integrated disease surveillance program Staff skilled to fill form S 1 RR/SI ME E9.11 The facility provides services under Universal Immunization Programme as per guidelines ASHA prepares due list of immunization for her respective area 1 RR/SI ME E9.11 MIC Plant Immunization Programme as per guidelines ANM/ASHA is aware of how to calculate the no. of Beneficiaries (pregnant women & Infants for every vaccination) 1 RR/SI	r counseling
Side effects of anti TB treatment is identified by DOT provider and reported to MO 1 RR/SI ME E9.9 Facility provide service for Integrated disease surveillance program Staff skilled to fill form S 1 RR/SI ME E9.11 The facility provides services under Universal Immunization Programme as per guidelines ASHA prepares due list of immunization for her respective area 1 RR/SI ANM/ASHA is aware of how to calculate the no. of Beneficiaries (pregnant women & Infants for every vaccination) 1 RR/SI	
identified by DOT provider and reported to MO 1 RR/SI ME E9.9 Facility provide service for Integrated disease surveillance program Staff skilled to fill form S 1 RR/SI ME E9.11 The facility provides services under Universal Immunization Programme as per guidelines ASHA prepares due list of immunization for her respective area 1 RR/SI ME E9.11 MIM/ASHA is aware of how to calculate the no. of Beneficiaries (pregnant women & Infants for every vaccination) 1 RR/SI	
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Facility provide service for Integrated disease surveillance program Staff skilled to fill form S 1 RR/SI ME E9.9 The facility provides services under Universal Immunization Programme as per guidelines ASHA prepares due list of immunization for her respective area 1 RR/SI ME E9.11 The facility provides services under Universal Immunization Programme as per guidelines ANM/ASHA is aware of how to calculate the no. of Beneficiaries (pregnant women & Infants for every vaccination) 1 RR/SI	
ME E9.9 Integrated disease surveillance program ASHA prepares due list of immunization for her respective area 1 RR/SI ME E9.11 The facility provides services under Universal Immunization Programme as per guidelines ASHA prepares due list of immunization for her respective area 1 RR/SI ME E9.11 ANM/ASHA is aware of how to calculate the no. of Beneficiaries (pregnant women & Infants for every vaccination) 1 RR/SI	
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ME E9.11 The facility provides services under Universal Immunization Programme as per guidelines ASHA prepares due list of immunization for her respective area 1 RR/SI ME E9.11 Programme as per guidelines ANM/ASHA is aware of how to calculate the no. of Beneficiaries (pregnant women & Infants for every vaccination) 1 RR/SI Micro plan for respective area of ANM Micro plan for respective area of ANM 1 RR/SI	
ME E9.11 under Universal Immunization for her respective area 1 RR/SI Programme as per guidelines ANM/ASHA is aware of how to calculate the no. of Beneficiaries (pregnant women & Infants for every vaccination) 1 RR/SI Micro plan for respective area of ANM Micro plan for respective area of ANM 1 RR/SI	
Programme as per guidelines 1 RR/SI ANM/ASHA is aware of how to calculate the no. of Beneficiaries (pregnant women & Infants for every vaccination) 1 RR/SI Micro plan for respective area of ANM Micro plan for respective area of ANM 1 RR/SI	
ANM/ASHA is aware of how to calculate the no. of Beneficiaries (pregnant women & Infants for every vaccination) 1 RR/SI Micro plan for respective area of ANM	
calculate the no. of Beneficiaries (pregnant women & Infants for every vaccination) 1 RR/SI Micro plan for respective area of ANM 1 RR/SI	
(pregnant women & Infants for every vaccination) 1 RR/SI Micro plan for respective area of ANM 1 1	
vaccination) 1 RR/SI Micro plan for respective area of ANM	
Micro plan for respective area of ANM	
has been adequately prepared 1 RR/SI	
Tracking of missed out children done by	
ANM /ASHA 1 RR/SI	
Area of Concern - F Infection Control	
Standard Facility has defined & implemented procedure for ensuring Hand hygiene practices & asepsis	
F1	
Staff is trained and adhere to Availability of Hand Sanitizer for	
ME F1.2 standard hand washing outreach session and home visits	
practices 1 RR/SI	
Facility ensures standard Check ASHA is aware of 6 steps of hand wash	
asepsis 1 RR/SI Check ASHA is aware of when to hand	
wash 1 RR/SI	
Standard	
F2 Facility ensures availability of Personal Protective equipment & follows standard precautions.	
Facility ensures adequate Availability of personal protective	
personal protection equipment for out reach sessions	
ME F2.1 equipment as per	
requirements 1 RR/SI Gloves & Mask	
The state of the second s	
Standard Facility has defined & establish procedure for segregation, collection, treatment & disposal of Bio medical &ha	izardous
F4 waste	
The facility ensures Segregation of Biomedical waste during	
ME F4.1 segregation of Bio Medical the outreach session	
Waste as per guidelines 1 RR/SI	
The facility ensures Sharps are collected in Puncture proof	
ME F4.2 management of sharps as per box during outrace sessions	
guidelines 1 RR/SI	
The facility ensures There is system of collecting Biomedical	
ME F4.3 transportation and disposal of waste from Outreach session site to	
waste as per guidelines UPHC 1 RR/SI	
Area of Concern - G Quality Management	
Standard Facility has established quality Assurance Program as per state/National guidelines	
6.1	
ME G1.1 The facility has a quality team ASHA and ANM are represented in	
in place Quality Team 1 RR/SI The facility has defined quality ASHA and ANM are aware of Quality	
ME G1.2 policy and it has been Policy of the UPHC	
disseminated 1 RR/SI	
Quality objectives have been Specific Quality Objectives are set for	
defined and the objectives	
ME G1.3 are reviewed and monitored	
periodically 1 RR/SI	
The facility reviews quality of Quality of outreach services are	
The facility reviews quality of a quality of outreach services are	
ME G1.4 its services at periodic reviewed during Monthly quality team	
ME G1.4 its services at periodic reviewed during Monthly quality team meeting 1 RR/SI	
ME G1.4 its services at periodic intervals reviewed during Monthly quality team meeting 1 RR/SI The facility has established Internal Assessment Conducted for 1 RR/SI	
ME G1.4 intervals its services at periodic intervals reviewed during Monthly quality team meeting 1 RR/SI ME G1.5 The facility has established internal quality assurance Internal Assessment Conducted for Outreach services 0	
ME G1.4 intervals its services at periodic intervals reviewed during Monthly quality team meeting 1 RR/SI ME G1.5 internal quality assurance programme Internal Assessment Conducted for Outreach services 0 RR/SI	
ME G1.4 intervals its services at periodic intervals reviewed during Monthly quality team meeting 1 RR/SI ME G1.5 The facility has established internal quality assurance programme Internal Assessment Conducted for Outreach services 1 RR/SI Standard Facility has established system for Patients and employees satisfaction 1 RR/SI	
ME G1.4 intervals its services at periodic intervals reviewed during Monthly quality team meeting 1 RR/SI ME G1.5 internal quality assurance programme Internal Assessment Conducted for Outreach services 1 RR/SI Standard G.2 Facility has established system for Patients and employees satisfaction 1	
ME G1.4 its services at periodic intervals reviewed during Monthly quality team meeting 1 RR/SI ME G1.5 The facility has established internal quality assurance programme Internal Assessment Conducted for Outreach services 1 RR/SI Standard G.2 Facility has established system for Patients and employees satisfaction Feed back is taken during outreach 1	
ME G1.4 its services at periodic intervals reviewed during Monthly quality team meeting 1 RR/SI ME G1.5 The facility has established internal quality assurance programme Internal Assessment Conducted for Outreach services 1 RR/SI Standard G.2 Facility has established system for Patients and employees satisfaction ME G2.1 Patient Satisfaction surveys are conducted at periodic Feed back is taken during outreach services Image: Services	
ME G1.4 intervals its services at periodic intervals reviewed during Monthly quality team meeting 1 RR/SI ME G1.5 The facility has established internal quality assurance programme Internal Assessment Conducted for Outreach services 1 RR/SI Standard G.2 Facility has established system for Patients and employees satisfaction ME G2.1 Patient Satisfaction surveys are conducted at periodic intervals Feed back is taken during outreach services 1 RR/SI	
ME G1.4 intervals its services at periodic intervals reviewed during Monthly quality team meeting 1 RR/SI ME G1.5 The facility has established internal quality assurance programme Internal Assessment Conducted for Outreach services 1 RR/SI Standard G.2 Facility has established system for Patients and employees satisfaction 1 RR/SI ME G2.1 Patient Satisfaction surveys are conducted at periodic intervals Feed back is taken during outreach services 1 RR/SI Employee satisfaction Surveys Employee Satisfaction survey includes 1 RR/SI	
ME G1.4 intervals its services at periodic intervals reviewed during Monthly quality team meeting 1 RR/SI ME G1.5 The facility has established internal quality assurance programme Internal Assessment Conducted for Outreach services 1 RR/SI Standard G.2 Facility has established system for Patients and employees satisfaction ME G2.1 Patient Satisfaction surveys are conducted at periodic intervals Feed back is taken during outreach services 1 RR/SI	

Standard G3	Facility has established ;	documented &implemented standard	l operating pro	ocedure system fo	or its all key processes .	
ME G3.1	Standard Operating procedures are prepared , distributed and implemented for all key processes	SOPs for Outreach services have been prepared	1	RR/SI		
		SOPs includes all Key processes	1	KK/5I		
		regarding out reach services	1	RR/SI		
ME G3.2	Staff is trained as per SOPs	Outreach staff has been trained on SOPS	1	RR/SI		
		Area of Concern - I	H: Outcomes	;		
Standard H1	The facilit	y measures its productivity, efficiency	, clinical care &	service Quality i	ndicators	
ME H1.1	Facility measures Productivity Indicators on monthly basis	No. of special outreach session conducted per month	1	RR		
		No. of MAS meeting conducted per month	1	RR		
ME H1.2	Facility measures efficiency Indicators on monthly basis	No. of outreach session conducted per ANM	1	RR		
		No. of home visit conducted by ASHA	1	RR		
		No. of home visit conducted by ANM	1	RR		
Standard H2		Facility endeavors to improve its perf	ormance to m	eet bench marks		
ME H2.2	The facility strives to improve indicators from its current	Trends analysis of Indicators is done at Periodic Intervals				
	performance		1	RR		

	Outreach Score Card					
	Outreach	50.0				
	Score	50.0				
	Area of Concern wise Score					
A	Service Provision	50.0				
В	Patient Rights	50.0				
С	Inputs	50.0				
D	Support Services	50.0				
E	Clinical Services	50.0				
F	Infection Control	50.0				
G	Quality	50.0				
	Manangement	50.0				
н	Outcome	50.0				

	National Quality	Assurance Standards for L	J - PHC		12	
	Checklist for General Admin					
Reference No.	Measurable Elements	Checkpoints	Compliance	Assessment Methods	Means of Verification	Remarks
		Area of Concern - A	Service Provis	ion		
itandard A1	Fa	cility provides Promotive, prev	ventive and cura	tive services		
ME A1.2	The facility provides Accident & Emergency Services	Availability of linkage to ambulance services	1	RR/SI		
VIE A1.4	Services are available for the time period as mandated	Dispensaries are functional for time as mandated	1	RR/SI		
		Dispensaries functional in evening hours	1	RR/SI	Provision of OPD services in evening hours for working population	
Standard A3	The Facil	ity provides Diagnostic Service	s, Para-clinical	& support servic	es.	
ME A3.3	The facility provides medico legal and administrative services	Issuing of Medical Certificates	1	RR/SI		
		Reimbursement related issues	1	RR/SI		
ME A3.4	The facility provides support services	Availability of Housekeeping services	1	RR/SI		
		Availability of Security Services	1	RR/SI		
Standard A5	The facility provides s	ervices as per local needs / Sta	te specific healt	h programmes a	as per guidelines	
ME A5.2	Facility provides services as per local needs/ state specific health programmes as per guidelines	Availability of services as per state scheme/Program	1	RR/SI		
		Area of Concern B -	Patients' Righ	its		
Standard B1		The service provided at f	acility are acces	sible		
ME B1.1	The facility has uniform and user- friendly signage system	Direction to Dispensaries is displayed from the Access road	1	ОВ		
		Name of the facility prominently displayed at front of hospital building	1	ОВ	With facility of illumination in night	
		All functional areas identified by their respective signage	1	OB	Clinics, Injection Room, Pharmacy, MO I/C Office etc.	
		Facility lay out with Directions to different departments displayed	1	ОВ		
		All signage are in uniform color & user friendly	1	ОВ		
ME B1.2	The facility displays the services and entitlements available	List of available services are predominatly displayed	1		At enterance of Dispensaries	
		Important numbers like MO I/C and other important officials are displayed	1	OB		
		Days and Timings of Specific	1		General clinic Immunization clinic, ANC	
		services are displayed		OB	Clinic, Specialty clinic etc	

	The facility has established citizen	Citizen Charter including Rights & Responsibilities of Patients is	1		Preferably near entrance or OPD area	
ME B1.3	charter	prominently displayed				
				OB		
	Patients & visitors are sensitized		1			
ME B1.4	and educated through					
	appropriate IEC / BCC approaches	Availability of IEC corner		ОВ		
	Information is available in bi-	Signage and information are	1			
ME B1.5	lingual signage and easy to understand	provided in bilingual language		ОВ		
	understand	Availability of complaint box	1	ОВ		
	The facility has defined and	and display of process for				
ME B1.6	established grievance redressal	grievance re addressal and				
	system in place	whom to contact is displayed		OB/SI/RR		
		There is defined frequency of	1			
		collecting complaints from				
		complaint box Records of patient complaints	1	SI/RR		
		suggestion are maintained	=			
		These is such as a first state		SI/RR		
		There is system of periodic review of patient complaints	1			
				SI/RR		
		There is evidence of action	1			
ME B1.7		taken on complaints		SI/RR		
	Access to facility is provided	Availability of Ramp at the	1			
ME B1.8	without any physical barrier	entrance of Dispensaries Building		ОВ		
		Handrails are provided with the	1	ОВ		
		ramp & Stairs		OB		
		Approach road to hospital is accessible without congestion	1			
		or encroachment		ОВ		
		Internal Pathways and corridors	1			
		of the facility are without any obstruction / Protruding Object				
		obstruction / Trotructing object		ОВ		
		Availability of at least one	1			
		Disable friendly toilet Availability of Wheel chair and	1	OB		
		stretcher for easy Access	-			
				ОВ		
Standard B2		The service provided at f	acility are accept	able		
	Services are provided in manner					
ME B2.1	that are sensitive to gender	Availability of separate male		05		
	-	and female toilets	1	OB		
	The facility ensures the behaviors	Behavior of staff is empathetic				
ME B2.4	of staff is dignified and	and courteous to patients and				
	respectful, while delivering the services	visitors	1	PI		
	Religious and cultural	Check for special precaution is			HIV, Leprosy , Abortion,	
	preferences of patients and attendants are taken into	taken for maintaining privacy &			domestic Violence,	
ME B2.5	attendants are taken into consideration while delivering	confidentiality of cases having social stigma			Adolescence pregnancy	
	services		1	RR/SI		
Standard B3		The service provided at f	acility are afford	able		
ME B3.2						
		Area of Concer	n - C Inputs			
Standard C1	The facility has adequate &	Safe infrastructure for deliver	y of assured serv	vices and meets	the prevalent norms	

				r	1	
		Adequate space as per services			As per OPD Load and	
ME C1.1	Departments have adequate	available & Workload			services available.	
	space as per patient load				Minimum 2000 sq ft	
			1	OB/SI	covered area	
ME C1.2	Amenities for Patients & Staff are	Availability of Demarcated				
ME CI.2	available as per load	parking area	1	OB		
		Availability of Dedicated Toilets				
		for Staff	1	OB		
		Availability of Drinking water				
		facility	1	OB/SI		
		Availability of Fans/ Coolers in				
		Waiting area	1	OB/SI		
		Availability of seating facility in				
		waiting area	1	OB/SI		
	Departments have layout and					
ME C1.3	demarcated areas as per					
	functions	Dedicated OPD room	1	OB/SI		
		Dedicated Room for				
		Examination/IUCD Insertion	1	OB/SI		
		Dedicated Dressing room /				
		Injection room	1	OB/SI		
		Dedicated room for conducting				
		ANC and Immunization	1	OB/SI		
		Dedicated room for Laboratory	1	OB/SI		
		Dedicated room for General				
		stores	1	OB/SI		
		Dedicated Pharmacy with				
		demarcated dispensing counter	1	OB/SI		
	The facility has infrastructure for	Availability of Telephone			Preferably at least one	
ME C1.4	intramural and extramural	connection			functional landline	
	communication		1	OB/SI	connection	
		Availability of internet			Wired or wireless	
		connection	1	OB/ SI		
ME C1.5	The facility ensures safety of	No temporary connections and				
IVIE CI.5	electrical installations	loosely hanging wires	1	OB		
		Dispensaries has mechanism for				
		periodical check / test of all				
		electrical installation				
		electrical installation				
			1	SI/RR		
		Danger sign is displayed at High	1	SI/RR		
		Danger sign is displayed at High	1	SI/RR		
			1	SI/RR OB		
		Danger sign is displayed at High				
		Danger sign is displayed at High voltage electrical installation				
		Danger sign is displayed at High voltage electrical installation All electrical panels are covered				
		Danger sign is displayed at High voltage electrical installation All electrical panels are covered	1	ОВ		
	Dhursical condition of huildings	Danger sign is displayed at High voltage electrical installation All electrical panels are covered	1	ОВ		
	Physical condition of buildings	Danger sign is displayed at High voltage electrical installation All electrical panels are covered and has restricted access	1	ОВ		
 ME C1.6	are safe for providing patient care	Danger sign is displayed at High voltage electrical installation All electrical panels are covered and has restricted access Dispensaries premises has intact boundary wall	1	ОВ		
ME C1.6	are safe for providing patient care	Danger sign is displayed at High voltage electrical installation All electrical panels are covered and has restricted access Dispensaries premises has	1	OB OB/SI		
ME C1.6	are safe for providing patient care	Danger sign is displayed at High voltage electrical installation All electrical panels are covered and has restricted access Dispensaries premises has intact boundary wall	1	OB OB/SI		
ME C1.6	are safe for providing patient care	Danger sign is displayed at High voltage electrical installation All electrical panels are covered and has restricted access Dispensaries premises has intact boundary wall Hospital has functional gate at the entrance All the windows in PHCs are	1	OB OB/SI OB		
ME C1.6	are safe for providing patient care	Danger sign is displayed at High voltage electrical installation All electrical panels are covered and has restricted access Dispensaries premises has intact boundary wall Hospital has functional gate at the entrance	1	OB OB/SI OB		
ME C1.6	are safe for providing patient care	Danger sign is displayed at High voltage electrical installation All electrical panels are covered and has restricted access Dispensaries premises has intact boundary wall Hospital has functional gate at the entrance All the windows in PHCs are	1	OB OB/SI OB		
ME C1.6	are safe for providing patient care	Danger sign is displayed at High voltage electrical installation All electrical panels are covered and has restricted access Dispensaries premises has intact boundary wall Hospital has functional gate at the entrance All the windows in PHCs are	1	OB OB/SI OB OB		
ME C1.6	are safe for providing patient care	Danger sign is displayed at High voltage electrical installation All electrical panels are covered and has restricted access Dispensaries premises has intact boundary wall Hospital has functional gate at the entrance All the windows in PHCs are secured with grills & wire mesh	1	OB OB/SI OB OB		
ME C1.6	are safe for providing patient care	Danger sign is displayed at High voltage electrical installation All electrical panels are covered and has restricted access Dispensaries premises has intact boundary wall Hospital has functional gate at the entrance All the windows in PHCs are secured with grills & wire mesh No Major Crack/ defect	1 1 1 1 1 1	OB OB/SI OB OB OB		
ME C1.6	are safe for providing patient care	Danger sign is displayed at High voltage electrical installation All electrical panels are covered and has restricted access Dispensaries premises has intact boundary wall Hospital has functional gate at the entrance All the windows in PHCs are secured with grills & wire mesh No Major Crack/ defect	1 1 1 1 1 1	OB OB/SI OB OB OB		
ME C1.6	are safe for providing patient care	Danger sign is displayed at High voltage electrical installation All electrical panels are covered and has restricted access Dispensaries premises has intact boundary wall Hospital has functional gate at the entrance All the windows in PHCs are secured with grills & wire mesh No Major Crack/ defect Dispensaries Building	1 1 1 1 1 1 1	OB OB/SI OB OB OB OB		
ME C1.6	are safe for providing patient care	Danger sign is displayed at High voltage electrical installation All electrical panels are covered and has restricted access Dispensaries premises has intact boundary wall Hospital has functional gate at the entrance All the windows in PHCs are secured with grills & wire mesh No Major Crack/ defect Dispensaries Building Floors are non slippery and even	1 1 1 1 1 1 1	OB OB/SI OB OB OB OB		
	are safe for providing patient care	Danger sign is displayed at High voltage electrical installation All electrical panels are covered and has restricted access Dispensaries premises has intact boundary wall Hospital has functional gate at the entrance All the windows in PHCs are secured with grills & wire mesh No Major Crack/ defect Dispensaries Building Floors are non slippery and even Fire exit signs are displayed at	1 1 1 1 1 1 1	OB OB/SI OB OB OB OB		
	are safe for providing patient care	Danger sign is displayed at High voltage electrical installation All electrical panels are covered and has restricted access Dispensaries premises has intact boundary wall Hospital has functional gate at the entrance All the windows in PHCs are secured with grills & wire mesh No Major Crack/ defect Dispensaries Building Floors are non slippery and even Fire exit signs are displayed at	1 1 1 1 1 1 1 1 1	OB OB/SI OB OB OB OB OB		
	are safe for providing patient care	Danger sign is displayed at High voltage electrical installation All electrical panels are covered and has restricted access Dispensaries premises has intact boundary wall Hospital has functional gate at the entrance All the windows in PHCs are secured with grills & wire mesh No Major Crack/ defect Dispensaries Building Floors are non slippery and even Fire exit signs are displayed at critical areas	1 1 1 1 1 1 1 1 1	OB OB/SI OB OB OB OB OB		

					- F	
		Periodic Training is provided for using fire extinguishers				
			1	SI/RR		
		Staff is skilled to operate fire extinguishers	1	SI/RR		
		Periodic mock drills for fire	1	517111		
		safety are organized at the	4	CI /DD		
		Dispensaries	1	SI/RR	· · · ·	
Standard C2	The facility has adequate qual	ified and trained staff, require load		the assured service	vices to the current case	
ME C2.1	The facility has adequate medical officers as per service provision and work load	Availability of regular Medical	_			
		Officer	1	SI/RR	At least one	
ME C2.2	The facility has adequate nursing staff/Paramedics as per service provision and work load					
		Availability of Staff Nurses	1	SI/RR	At least 3	
		Availability of ANMs	1	SI/RR	As per ESIC norms(ANMs in future will be replaced by Nursing officer)	
			4			
		Availability of Lab Technician	1	SI/RR	At least 1	
ME C2.3						
ME C2.4	The Staff has been imparted necessary trainings/skill set to enable them to meet their roles	Training of staff on infection control				
	& responsibilities		1	RR/SI		
		Training of staff on Bio Medical Waste Management	1	RR/SI		
		Training on Basic Life Support (BLS)	1	RR/SI		
			1	NIQ 51		
Standard C3	The facili	ty provides drugs and consuma	ables required fo	or assured servi	ces.	
ME C3.2	The Facility has availability of adequate consumables at point of use	Availability of Stationary items as per requirement	1	SI/RR		
Standard C4	The facility	has equipment & instruments	s required for ass	sured list of ser	vices.	
ME C4.5	Availability of patient furniture and fixtures as per load and service provision	Availability of office furniture	1	OB/SI		
ME C4.6	Availability of functional equipment and instruments for		1	,	Buckets for mopping, Mops, Brooms etc.	
	support & outreach services	Equipment for Cleaning		OB/SI		
		Area of Concern - D	Support Servio	ces	·	
Standard D1		ed facility management progra tructure to provide safe & secu				
ME D1.1	The facility has system for maintenance of critical Equipment	Dispensaries ensures that all equipments are covered under AMC including preventive maintenance	1	RR/SI	ILR, deep freezer , Lab equipments etc.	
		Records of equipments maintenance are available with facility	1	RR/SI		

		1	1	1		
ME D1.3	Patient care areas are clean and	PHC has a system for safe	1			
	hygienic	disposal of general waste		OB/RR/SI		
		Schedule for cleaning is defined	1			
		and implemented		OB/RR/SI		
		Housekeeping checklist used for	1			
		monitoring cleaning activities				
				OB/RR/SI		
-						
-						
	Facility infrastructure is	Check for there is no seepage,	1			
ME D1.4	adequately maintained	Cracks, chipping of plaster				
	adequately maintained			OB		
		Dispensaries has system for	1			
		periodic maintenance of				
		Building		SI		
		No condemned/Junk material	1			
ME D1.5	Facility has policy of removal of	in the corridors, storage,				
	condemned junk material	administrative area		ОВ		
		Periodic removal of junk	1			
		material done at the				
		Dispensaries		RR/SI		
	Facility maintains both the	Interior of Patient care areas	1			
ME D1.6	internal and open area of the	are plastered & painted				
	facility.			OB		
		Dispensaries Building is	1	-		
		painted/whitewashed in	_			
		uniform color		OB		
				-		
	The facility provides adequate		1			
ME D1.7	illumination level at patient care	Adequate illumination in	-			
	areas	circulation area		OB/SI		
		Adequate illumination in	1	00/31		
		patient care and procedure	1			
		areas		OB/SI		
	The facility provides Clean and		1	06/31		
ME D1.8		Check linen provided at clinics	1			
IVIE D1.8	adequate linen as per	-		ОВ		
	requirement	and procedure area is clean There is defined schedule for	1	UB		
			1	C1		
		change of linen		SI		
		Dispensaries has in-house	1			
		/Outsourced arrangement of		CI /DD		
	-	washing the linen	4	SI/RR	Charly for source of wat	
		Availability of 24x7 running and	1		Check for source of water	
		potable water			(near by water body,	
	The facility has adequate				ground water, municipal	
	arrangement for storage and				supply etc.) Check for the	
ME D1.9	supply of potable water in all				measure taken to ensure	
	functional areas				availability of water in	
					areas having water	
					scarcity	
				OB/SI		
		Dispensaries has adequate	1			
		water storage facility as per				
		requirements		OB/SI		
		requirements All water tanks are kept tightly	1			
		requirements All water tanks are kept tightly closed		OB/SI		
		requirements All water tanks are kept tightly closed Periodic cleaning of water tanks	1	ОВ		
		requirements All water tanks are kept tightly closed				
		requirements All water tanks are kept tightly closed Periodic cleaning of water tanks carried out	1	ОВ		
		requirements All water tanks are kept tightly closed Periodic cleaning of water tanks		ОВ		

		RO/ Filters are available for	1			
		potable drinking water	-	OB		
ME D1.10	The facility ensures adequate power backup	Availability of Generator/UPS for Power Backup	1	ОВ		
Standard D3	Facility has defined & e	stablished procedure for Com	munity Participa	tion for providing	g assured services	
ME D3.1						
ME D3.2						
Standard D4	Facilit	y has defined procedure for G	overnance & wo	rk Management		
ME D4.1						
			-	-		
ME D4.2						
ME D4.3						
ME D4.4	The facility has a established procedure for duty roster and deputation of staff	Duty roster of all staff is prepared, updated and communicated	1	RR/SI		
	The facility ensures the	All clinical and support staff				
ME D4.5	adherence to dress code as	adhere to their respective dress		_		
	mandated by the department	code	1	OB		
		l Cards and Name plates have been provided to all the staff	1	OB/SI		
ME D4.6						
		No Smoking sign is displayed at				
ME D4.7	The facility ensures its processes are in compliance with statutory and legal requirement	the prominent places in Dispensaries	1	ОВ		
		Any positive report of notifiable disease is intimated to designated authorities				
	The feetback is the		1	SI/RR		
ME D4.8	The facility has a defined protocol for the issue of medical certificates	Defined formats for issuing Medical Certificate is available	1	SI/RR		

			l.			
		A copy of issued Medical				
		Certificate is kept for				
		records(available online)	1	RR		
		Medical Certificate are issued				
		on the day of request	1	RR		
Standard D5	Facility has proc	edure for collecting & Reportin	ng of the health i	facility related i	nformation	
		• ••• • • • •		1		
	Facility Reports data for Mother	Facility reports data regarding	1		Check for all antenatal	
ME D5.14	and Child Tracking System as per	Antenatal care for availed			cases registered at	
	Guidelines	services		DD/CI	Dispensaries are entered	
		Facility reports data about child	1	RR/SI	in MCTS Check all child	
		immunization in MCTS	1		immunization cases are	
				RR/SI	entered in MCTS	
				Kity Si	entered in MC13	
	Facility Reports data for HMIS	HMIS data is reported on	1			
ME D5.15	System as per Guidelines	monthly basis		RR/SI		
	eystem as per ourdennes	All data elements of HMIS are	1		Check HMIS report for	
		reported	-		filling up of all data	
				RR/SI	elements	
		Area of Concern - E	Clinical Servic		cicilients	
		Area of concern - L	chinear Servic			
	Facility has defined presedu	no for animore monocoment o	nd continuity of	care with annua	uniste maintenance of	
Standard E2	Facility has defined procedu	re for primary management a		care with appro	priate maintenance of	
		recor	ds			
				1		
		Dispensaries maintains list of				
	The facility provides appropriate	higher centers/Secondary &				
	referral linkages for transfer to	Tertiary ESI hospitals where				
ME E2.2	other/higher facilities to assure	patient can be referred with				
	the continuity of care.	their contact no.				
	,					
			1	SI/RR		
		Dispensaries has designated				
	The facility ensures safe and	and secure place to keep				
ME E2.9	adequate storage and retrieval	Records (presently online				
	of medical records	records) including Patient				
		Records	1	SI/RR		
		Dispensaries has policy for				
		retention period for different		o. /==		
		kinds of records	1	SI/RR		
		Dispensaries has policy for safe		ci / D.D.		
		disposal of records	1	SI/RR		
		Area of Concern - F	Infection Cont	rol		
Standard F2	Facility ensures av	ailability of Personal Protective	equipment & f	ollows standar	Inrecautions	
	Facility ensures adequate	Immunization of Staff is done				
ME F2.1	personal protection equipment					
	as per requirements		1	SI/RR	TT Hen Pote	
	Staff adheres to standard	Medical Check-up staff is done	1	31/ NN	T.T, Hep-B etc.	+
ME F2.2	personal protection practices	at periodic Intervals	1	SI/RR		
		• · ·				
Standard F4	Facility has defined & es	tablish procedure for segregati &hazardou		reatment & disp	oosal of Bio medical	
	The facility ensures	Facility as arrangement for	2			
ME F4.3	transportation and disposal of	disposal of infectious waste				
	waste as per guidelines	through common treatment		CI/DD		
		Facility Demarcated area for secure	1	SI/RR		
			1			
		storage of BMW before disposal		ОВ		
		1	1			1

Image: set in Dispensive promises OB Image: set in Dispensive promises 0 0 Image: set in Dispensive promises 1 5/4% 1 Image: set in Dispensive promises 0 0 0 Image: set in Dispensive promises 0 0 0 Image: set in Dispensive promises 0 0 0 Image: set in Dispensive promises 0 0 0 0 Image: set in Dispensive promises 0 0 0 0 0 Image: set in Dispensive promises 0 0 0 0 0 0 Image: set in Dispensive promises 1 0				-			
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Display of Bin Huand sign with point of Starge and the point of Starge and generation of Pasite waste before discosal 1 08 1 08 Multilation of Pasite waste before discosal 1 08 1 <th></th> <th></th> <th></th> <th>-</th> <th>SI/RR</th> <th></th> <th></th>				-	SI/RR		
point of storage and generation before depond oB Multiation of Plastic waste before depond 1 08 Waste in out stora of formore before depond 1 08 MUSU Waste in out stora of formore before depond 1 Standard 01 Facility has extra the facility market in out stora of formore before depond 1 Standard 01 Facility has extra de Concern - O Quality Management 1 Standard 01 Facility has extra de Concern - O Quality Masimum de Total (1998) 1 ME 61.10 Income de Concern - O Quality Masimum de Total (1998) 1 ME 61.21 Income de Concern - O Quality Masimum de Total (1998) 1 ME 61.31 Income de Concern - O Quality Masimum de Total (1998) 1 ME 61.41 Income de Concern - O Quality Masimum de Total (1998) 1 ME 61.42 Income de Concern - O Quality Masimum de Total (1998) 1 ME 61.41 Income de Concern - O Quality Masimum de Total (1998) 1 ME 61.42 Income de Concern - O Quality Masimum de Total (1998) 1 ME 61.41 Income de Concern - O Quality Masimum de Total (1998) 1 ME 61.42 Income de Concern - O Quality Masimum de Total (1998) 1 ME 61.43 Income de Concern - O Quality Masimum de Total (1998) 1 ME 61.41 Income de Concern				1	31/111		
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Number of the set store for more than 44 hours in the facility 1 RE/51 FRE/51 Standard 0.			Mutilation of Plastic waste	1			
Wate is not store for more than 48 hours in the facility BR/SI Image: status Standar G.1 Facility has established quality Assurance Program as per stret/National guidelins Image: status ME G1.1 Facility has established quality Assurance Program as per stret/National guidelins Image: status ME G1.2 Facility has established quality Assurance Program as per stret/National guidelins Image: status ME G1.3 Facility has established quality Assurance Program as per stret/National guidelins Image: status ME G1.4 Facility has established quality Assurance Program as per stret/National guidelins Image: status ME G1.4 Facility has established quality Assurance Program as per stret/National guidelins Image: status ME G1.4 Facility has established quality Assurance Program as per stret/National guidelins Image: status ME G1.4 Facility has established guideling Image: status Image: status ME G1.5 Facility has established guideling Image: status Image: status ME G1.5 Facility has established guideling Image: status Image: status ME G1.5 Facility has established storem for Patients and empore stratus Image: status ME G1.5 Facility has established storem for Patients Image: status ME G1.7 Facility has established storem for Patients Image: status			before disposal		OB		
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Image: bit in the form of		,	Waste is not stored for more				
Area of Concern - G Quality Management Standard 0.1 Facility has established quality Assurance Program as per state/National guidelines Image of the state of the					DD /CI		
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	Area of Concern - H: Outcomes					
Standard H1	The facility measures its productivity, efficiency, clinical care & service Quality indicators					
ME H1.1						
ME H1.3						
ME H1.4						
Standard H2	Facilit	y endeavors to improve its pe	rformance to me	et bench marks		
ME H2.2						

General Admin Score

	General Admin Score	0.0
	Area of Conce	rn wise Score
Α	Service Provision	0.0
В	Patient Rights	0.0
с	Inputs	0.0
D	Support Services	0.0
E	Clinical Services	0.0
F	Infection Control	0.0
G	Quality Manangement	0.0
Н	Outcome	0.0