

Quarterly Health Facility Status Check

List for B and C EmONC Facilities

Health facility: _____ District: _____

Date of visit: ____/____/____

Section I: Identification							
1.1	Facility ID						
1.2	Facility Name						
1.3	Catchment Area Population						
1.4	District/Province						
1.5	Type of health facility	BHU	RHC	THQ	DHQ		
1.6	Designated Status of Health Facility	Preventive MNCH	Basic EmONC	Comprehensive EmONC	None of these		
1.7	Availability of health care services	6/8 24/7					
1.8	Managed/Supported by	DOH <input type="checkbox"/> PPHI <input type="checkbox"/> Other (Specify): _____					
1.9	Name and signature of PHS/DFP/MNCH Designated person:						
1.10	Name & Signature of Health Facility In charge:						
Section II: General Management and Infrastructure							
	Management Items	Status				Comments	
2.1	Job descriptions of all technical staff available	None <input type="checkbox"/> Some <input type="checkbox"/> All <input type="checkbox"/>					
2.2	DHIS tools are available	Yes <input type="checkbox"/> No <input type="checkbox"/>				23 tools for 3 months stock	
2.3 a	Health facility staff meetings held for last period	Yes <input type="checkbox"/> No <input type="checkbox"/>					
2.3 b	If yes, meeting minutes available	Yes <input type="checkbox"/> No <input type="checkbox"/>					
2.4 a	LHWs-CMWs monthly meetings held for last period and minutes of meetings available	Yes <input type="checkbox"/> No <input type="checkbox"/>					
2.4 b	If yes, meeting minutes available	Yes <input type="checkbox"/> No <input type="checkbox"/>					
2.5	Deployment Guidelines for CMWs available	Yes <input type="checkbox"/> No <input type="checkbox"/>					
2.6	Protocols are available for:						
A	Antenatal care	Yes <input type="checkbox"/> No <input type="checkbox"/>					
B	Delivery care	Yes <input type="checkbox"/> No <input type="checkbox"/>					
C	Postnatal Care	Yes <input type="checkbox"/> No <input type="checkbox"/>					

D	Neonatal care	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
2.7	Space is available for :			
A	Obstetrics/Gynecology consultations	Poor <input type="checkbox"/>	Fair <input type="checkbox"/>	Good <input type="checkbox"/>
B	Immunization	Poor <input type="checkbox"/>	Fair <input type="checkbox"/>	Good <input type="checkbox"/>
C	Neonatal/child care consultations	Poor <input type="checkbox"/>	Fair <input type="checkbox"/>	Good <input type="checkbox"/>
D	Laboratory	Poor <input type="checkbox"/>	Fair <input type="checkbox"/>	Good <input type="checkbox"/>
E	Operation Theatre	Poor <input type="checkbox"/>	Fair <input type="checkbox"/>	Good <input type="checkbox"/>
F	Patient waiting area	Poor <input type="checkbox"/>	Fair <input type="checkbox"/>	Good <input type="checkbox"/>
G	Other (Specify)	Poor <input type="checkbox"/>	Fair <input type="checkbox"/>	Good <input type="checkbox"/>
2.8	Residential facility available for on call staff is available and appropriately occupied by:			
A	Woman Medical Officer	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
B	Gynecologist	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
C	Pediatrician	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
D	Anesthetist	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
E	Nurse	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
F	Lady Health Visitor	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
G	Other (Specify)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
2.9	Building requires repairing (Specify in comment)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
2.10	Basic amenities and sewerage available:			
	Electricity	Poor <input type="checkbox"/>	Fair <input type="checkbox"/>	Good <input type="checkbox"/>
A	Gas	Poor <input type="checkbox"/>	Fair <input type="checkbox"/>	Good <input type="checkbox"/>
B	Water supply	Poor <input type="checkbox"/>	Fair <input type="checkbox"/>	Good <input type="checkbox"/>
C	Sewerage system	Poor <input type="checkbox"/>	Fair <input type="checkbox"/>	Good <input type="checkbox"/>

Section III: Essential MNCH Care Staff (Circle one for each post and status)													
	Category of Post	Sanctioned			Filled			Vacant			Available at the time of assessment		
1	Medical Officer	Y	N	N/A	Y	N	N/A	Y	N	N/A	Y	N	N/A
2	Woman Medical Officer	Y	N	N/A	Y	N	N/A	Y	N	N/A	Y	N	N/A
3	Gynecologist	Y	N	N/A	Y	N	N/A	Y	N	N/A	Y	N	N/A
7	Pediatrician/Neonatologist	Y	N	N/A	Y	N	N/A	Y	N	N/A	Y	N	N/A
8	Anesthetist	Y	N	N/A	Y	N	N/A	Y	N	N/A	Y	N	N/A
9	Nurse	Y	N	N/A	Y	N	N/A	Y	N	N/A	Y	N	N/A
10	LHV	Y	N	N/A	Y	N	N/A	Y	N	N/A	Y	N	N/A
11	Laboratory Technician	Y	N	N/A	Y	N	N/A	Y	N	N/A	Y	N	N/A
12	OT Technician	Y	N	N/A	Y	N	N/A	Y	N	N/A	Y	N	N/A
13	X-Ray Technician	Y	N	N/A	Y	N	N/A	Y	N	N/A	Y	N	N/A

14	Blood Bank Technician	Y	N	N/A	Y	N	N/A	Y	N	N/A	Y	N	N/A
15	Anesthesia Technician	Y	N	N/A	Y	N	N/A	Y	N	N/A	Y	N	N/A
16	Vaccinator	Y	N	N/A	Y	N	N/A	Y	N	N/A	Y	N	N/A
17	Dispenser	Y	N	N/A	Y	N	N/A	Y	N	N/A	Y	N	N/A
18	Midwife	Y	N	N/A	Y	N	N/A	Y	N	N/A	Y	N	N/A
19	Aaya/Dai	Y	N	N/A	Y	N	N/A	Y	N	N/A	Y	N	N/A
20	Ambulance Driver	Y	N	N/A	Y	N	N/A	Y	N	N/A	Y	N	N/A

Section IV: Preventive MNCH, and Basic and Comprehensive EmONC Signal Functions/services				
		Status		Comments
A. Functional baby clinic:				
1	Growth Monitoring done	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
2	Immunization (BCG, Polio, Pentavalent, Measles) done	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
3	Treatment of Diarrhea provided according to IMNCI guidelines	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
4	Treatment of ARI including Pneumonia provided according to IMNCI guidelines	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
5	Counseling for nutrition and breast feeding done	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
6	Treatment of Malaria	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
7	De-worming (Anthelminthic)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
B. Preventive/clinical Maternal Services				
1	Antenatal checkup performed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
2	TT Immunization performed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
3	Normal delivery performed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
4	Family Planning services (counseling and availability of at least 3 methods) provided Injectable, CoC & Condoms	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
C. Signal Functions of Basic EmONC Services				
1	Parenteral antibiotics administered	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
2	Parenteral oxytocic drugs administered	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
3	Parenteral anticonvulsant administered	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
4	Manual removal of placenta performed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
5	Removal of retained products	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Section IV: Preventive MNCH, and Basic and Comprehensive EmONC Signal Functions/services			
		Status	Comments
	performed		
6	Assisted vaginal delivery performed	Yes <input type="checkbox"/> No <input type="checkbox"/>	
7	Newborn resuscitation	Yes <input type="checkbox"/> No <input type="checkbox"/>	
D. Signal Functions of Comprehensive EmONC Services (in addition to 1-7 in C above)			
1	Blood transfusion performed	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2	Caesarean section performed	Yes <input type="checkbox"/> No <input type="checkbox"/>	
E. Supportive Services			
1	Functional ambulance available	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2	Lab tests performed:		
2.1	i. Hemoglobin	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2.2	ii. Urine for Albumin	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2.3	iii. Blood Sugar	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2.4	iv. Pregnancy Test	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2.5	v. Blood Grouping	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2.6	vi. Blood screening (HBs, HC, HIV, Syphilis & Malaria) only at C-EmONC	Yes <input type="checkbox"/> No <input type="checkbox"/>	
F. Functional Essential Newborn Care (ENC) unit			
1	Clean cord care	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2	Thermal protection and management of neonatal hypothermia. Warm room, immediate skin drying, and skin-to-skin contact.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
3	Early and exclusive breast feeding	Yes <input type="checkbox"/> No <input type="checkbox"/>	
4	Early recognition of birth asphyxia and application of basic principles of resuscitation	Yes <input type="checkbox"/> No <input type="checkbox"/>	
5	Prevention and management of ophthalmia neonatorum including of eye and application of tetracycline ointment	Yes <input type="checkbox"/> No <input type="checkbox"/>	
6	Immunization with BCG and OPV-0	Yes <input type="checkbox"/> No <input type="checkbox"/>	
G. Functional neonatal intensive care unit			
1	Pediatrician/Neonatologist is available	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2	Incubator services are available	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Section V: Equipment (Labor Room)				
List of equipment		Status		Remarks
Basic Equipment				
1	Infant weight machine	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
2	Resuscitation equipment (Bag and Mask) for newborn	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
3	Fetal stethoscope/Fetoscope	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
4	Electric instrument sterilizer 12 x 6	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
5	Chittle forceps with jar	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
6	Spring type dressing forceps (ss)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Insertion and Removal of IUD				
1	Cusco's/duck speculum, small, large and medium	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
2	Sponge forceps	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
3	Uterine sound	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
4	Valsellum forceps	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
5	Scissors dissecting blunt pointed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
6	Gallipot	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Normal Vaginal Delivery				
1	Artery forceps 2	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
2	Blunt-ended scissors	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
D&C Set		Complete <input type="checkbox"/>	Incomplete <input type="checkbox"/>	
MVA kit		Complete <input type="checkbox"/>	Incomplete <input type="checkbox"/>	
Neonatal Resuscitation				
1	Bulb sucker	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
2	Infant face mask (2 different sizes 0 and 1)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
3	Infant ambu bag Neonatal	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Miscellaneous equipment/Furniture				
1	ECG Machine	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
2	Portable Light & rechargeable batteries (OT/labor room)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
3	Sterilizing Drum	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
4	Vacuum Extractor	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
5	Pulse oximeter	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
6	C.T.G. machine	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
7	U/S machine	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
8	X-Ray illuminator	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
9	Delivery table	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
10	Baby Warmer	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
11	Baby weighing machine	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
12	Adult weighing machine	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Section VI: Equipment (Operation Theatre):				
Name of Equipment		Status		Comments
Perineal/Vaginal/Cervical Repair				
1	Sponge forceps	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
2	Needle holder	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
3	Stitch scissors	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
4	Dissecting forceps, toothed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
5	Sim's speculum large	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
6	Sim's speculum medium	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Vacuum Extraction or Forceps Delivery				
1	Vacuum extractor	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
2	Obstetric forceps	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Obstetric Laparotomy/Caesarean Section set				
1	Gynecology Instrument set	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
2	General Instrument set	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Anesthesia				
1	Anesthetic face masks	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
2	Anesthesia Machine & monitor	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
3	Laryngoscopes	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Section VII: Essential Drugs				
	Name of Drug	Status		Comments
	Essential and Emergency Maternal care	Available ✓	# of days stocked out	
1	Amoxicillin tab 500mg			
2	Amoxicillin tab 250mg			
3	Amoxicillin inj			
4	Metronidazole tab 400mg			
5	Metronidazole tab 200mg			
6	Metronidazole inj			
7	Ciprofloxacin tab 500mg			
8	Ciprofloxacin tab 250mg			
9	Ciprofloxacin inj			
10	Dexamethasone tab			
11	Dexamethasone inj			
12	Adrenaline (epinephrine) inj			
13	Aminophylline inj			
14	Atropine sulfate inj			
15	Calcium gluconate Inj			
16	Digoxin inj			
17	Diphenhydramine inj			
18	Dopamine inj			
19	Frusemide tab 40mg			
20	Frusemide tab 20mg			
21	Frusemide inj			
22	Insulin inj 7/30			
23	Naloxone, Inj			
24	Glucose 5%,			
25	Glucose 10%			
26	Normal saline			
27	Ringers lactate			

Section VII: Essential Drugs				
	Name of Drug	Status		Comments
	Essential and Emergency Maternal care (continued)	Available ✓	# of days stocked out	
28	Magnesium sulphate inj			
29	Nifedil caps			
30	Methyldopa tab			
31	Adalat cap			
32	Ergometrine inj			
33	Oxytocin inj			
34	Diclofenac tab			
35	Diclofenac inj			
36	Salbutamol, Tab			
37	Salbutamol inj			
38	Heparin inj			
39	Sodium citrate			
40	Thiopentone inj			
41	Pancuronium/atracurium/vecuronium			
42	Lignocaine			
43	Propofol inj 50 ml			
44	Propofol inj 20 ml			
45	Neostigmine inj			
4	Syringes			
47	Surgical Cotton			
48	Gauze			
49	Bandages			
	IMNCI Medicines	Available ✓	# of days stocked out	
	Antibiotics			
1	Syp. Amoxycillin			
2	Tab. Amoxycillin			
3	Syp Cephadrine			
4	Syp. Ciprofloxin			
5	Inj. Ampicillin			
6	Inj. Chloramphenicol			
7	Inj. Gentamicin			
8	Inj. Benzyl Pencillin			
	Antipyretic			
9	Syp Paracetamol			
10	Tab. Paracetamol			
	Anti-Malarial			
11	Sup Chloroquine			
12	Tab. Chloroquine			
13	Syp. Fansidar			
14	Tab Fansidar			
15	Inj. Quinine			
	Iron/Supplement			
16	Syp. Iron			
17	Syp. Multi vitamin			
18	Vitamin A			
	De-worming (Anthelminthic)			
19	Tab. Mebendazole			

Section VII: Essential Drugs				
	Name of Drug	Status		Comments
	Miscellaneous	Available ✓	# of days stocked out	
20	ORS			
21	Zinc (Syp /Tab)			
22	Chloramphenicol Eye Ointment			
23	Gention Violet			
24	Misoprostol			
25	Chlorhexidine			
26	Check out for maintaining stock register and filling in Bin card			

Section VIII: Clinical Audit			
Investigation period: (Example: Last month, last quarter ____/____/____ to ____/____/____ Write START day / month / year to END day / month / year			
Type of death investigated	Total number of deaths for period	Number of deaths investigated for period	Not applicable for this facility
Maternal deaths investigated			
Neonatal deaths investigated			
Under 5 child deaths investigated			

Section IX: Reports	Status	If no, reason
Ask for monthly DHIS/MIS reports being filled and submitted on time	Complete <input type="checkbox"/> Timely <input type="checkbox"/>	
Ask for contraceptive logistic reports being filled and submitted on time	Complete <input type="checkbox"/> Timely <input type="checkbox"/>	

User Guide for Quarterly Health Facility Status Checklist for BEmONC and CEmONC Facilities

Give the name of health facility with district and date of visit.

Section 1: Identification:

1. Facility ID - Mention the identification number allotted to reporting health facility by MNCH-MIS.
2. Facility name – As mentioned in records/sign board
3. Catchment area population – Write down as mentioned in facility chart
4. District/province
- 5,6 Tick the relevant box
7. Availability of health care services - Mentioned as 6/8 means provision of health services for 6 days with 8 hours daily. Or 24 hours a day, 7days a week
8. Managed by – DOH, PPHI or any other (specify)
9. Mention name and get signature from designated person mentioned in tool, (PHS is Public Health Specialist and DFP is District Focal Person)
10. Write name of Facility In-charge and get his/her signature in the relevant column.

Section 2: General Management and Infrastructure

Check whether management items given in the checklist specific to the health facility are available or not with relevant comments.

1. Hard copies of job descriptions for all technical staff should be available, pl check availability.
2. Look for availability of DHIS tools (23 in number), tick YES only if available stock is enough for 3 months. Otherwise tick NO.
3. If meetings are conducted, look for minutes of meetings
4. If meetings are conducted, look for minutes of meetings
5. Ask for hard copy of guidelines
6. Protocols should be available and displayed in concerned sections/rooms
7. Look for enough/sufficient space
8. Look for residential facility, pl check whether or not it is livable.
- 9, 10 Tick the relevant area

Section 3: Essential MNCH Care Staff

Give status of the sanctioned, filled, vacant posts of staff given in the list with available staff at the time of assessment. If any there are more than one person on any post, mention the numbers.

Section 4: Preventive MNCH and Basic and Comprehensive EmONC Signal Functions/Services

Check that the indicators given in section 4A, have been conducted or not

4.B, 1. Antenatal checkup Include History taking,

Pelvic examination of client, BP recording, Height recording, Weight recording, physical examination for any associated ailment,

Relevant blood examinations i-e Hb%, Urine D.R

Counselling/health education for safe motherhood.

Carefully check for all steps/items mentioned under sections C, D, E, F, G in each of the health facility with relevant comments.

4B.2 Look for Vaccination of tetanus toxoid (for expecting mother)

4B.3 If supervisor is female, she has to go inside the labor room to observe normal delivery

4B.4 Supervisor has to observe, how care provider is counselling the female married clients for family planning and also check for the availability of family planning methods (at least 3 modern methods i-e Condoms, Pills and Injectables)

Section 5: Equipment (Labor Room)

Check that the equipment listed in this section are available or not, if available are those functional or not? Carefully check and tick the relevant column and put remarks/comments where ever required.

Section 6: Equipment (Operation Theater)

Check that the Equipment listed in this section are available or not, if available are those functional or not? Carefully check and tick the relevant column and put remarks/comments where ever required.

Section 7: Essential Drugs

Check the availability of drugs given in this section, and mention day's stock outs against each items with reasons of stock outs in the comments.

Section 8: Clinical Audit

Against each category of, maternal, neo-natal and under five children deaths, supervisor has to mention two things i-e number of total deaths for that category and number of investigated deaths for that category in that particular health facility.

Note: (shaded area means that the particular items are not applicable in that health facility).