**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 **□** PPHI □ 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 □ Some □ All □ | | | | | | | | |  | |
| 2.2 | DHIS tools are available | | | | Yes □ No □ | | | | | | | | | 23 tools for 3 months stock | |
| 2.3 a | Health facility staff meetings held for last period | | | | Yes □ No □ | | | | | | | | |  | |
| 2.3 b | If yes, meeting minutes available | | | | Yes □ No □ | | | | | | | | |  | |
| 2.4 a | LHWs-CMWs monthly meetings held for last period and minutes of meetings available | | | | Yes □ No □ | | | | | | | | |  | |
| 2.4 b | If yes, meeting minutes available | | | | Yes □ No □ | | | | | | | | |  | |
| 2.5 | Deployment Guidelines for CMWs available | | | | Yes □ No □ | | | | | | | | |  | |
| 2.6 | Protocols are available for: | | | |  | | | | | | | | |  | |
| A | Antenatal care | | | | Yes □ No □ | | | | | | | | |  | |
| B | Delivery care | | | | Yes □ No □ | | | | | | | | |  | |
| C | Postnatal Care | | | | Yes □ No □ | | | | | | | | |  | |
| D | Neonatal care | | | | Yes □ No □ | | | | | | | | |  | |
| 2.7 | Space is available for : | | | |  | | | | | | | | |  | |
| A | Obstetrics/Gynecology consultations | | | | Poor □ Fair □ Good □ | | | | | | | | |  | |
| B | Immunization | | | | Poor □ Fair □ Good □ | | | | | | | | |  | |
| C | Neonatal/child care consultations | | | | Poor □ Fair □ Good □ | | | | | | | | |  | |
| D | Laboratory | | | | Poor □ Fair □ Good □ | | | | | | | | |  | |
| E | Operation Theatre | | | | Poor □ Fair □ Good □ | | | | | | | | |  | |
| F | Patient waiting area | | | | Poor □ Fair □ Good □ | | | | | | | | |  | |
| G | Other (Specify) | | | | Poor □ Fair □ Good □ | | | | | | | | |  | |
| 2.8 | Residential facility available for on call staff is available and appropriately occupied by: | | | |  | | | | | | | | |  | |
| A | Woman Medical Officer | | | | Yes □ No □ | | | | | | | | |  | |
| B | Gynecologist | | | | Yes □ No □ | | | | | | | | |  | |
| C | Pediatrician | | | | Yes □ No □ | | | | | | | | |  | |
| D | Anesthetist | | | | Yes □ No □ | | | | | | | | |  | |
| E | Nurse | | | | Yes □ No □ | | | | | | | | |  | |
| F | Lady Health Visitor | | | | Yes □ No □ | | | | | | | | |  | |
| G | Other (Specify) | | | | Yes □ No □ | | | | | | | | |  | |
| 2.9 | Building requires repairing (Specify in comment) | | | | Yes □ No □ | | | | | | | | |  | |
| 2.10 | Basic amenities and sewerage available: | | | |  | | | | | | | | |  | |
|  | Electricity | | | | Poor □ Fair □ Good □ | | | | | | | | |  | |
| A | Gas | | | | Poor □ Fair □ Good □ | | | | | | | | |  | |
| B | Water supply | | | | Poor □ Fair □ Good □ | | | | | | | | |  | |
| C | Sewerage system | | | | Poor □ Fair □ Good □ | | | | | | | | |  | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 □ No □ |  | |
| 2 | Immunization (BCG, Polio, Pentavalent, Measles) done | Yes □ No □ |  | |
| 3 | Treatment of Diarrhea provided according to IMNCI guidelines | Yes □ No □ |  | |
| 4 | Treatment of ARI including Pneumonia provided according to IMNCI guidelines | Yes □ No □ |  | |
| 5 | Counseling for nutrition and breast feeding done | Yes □ No □ |  | |
| 6 | Treatment of Malaria | Yes □ No □ |  | |
| 7 | De-worming (Anthelminthic) | Yes □ No □ |  | |
| **B.      Preventive/clinical Maternal Services** | | | | |
| 1 | Antenatal checkup performed | Yes □ No □ |  | |
| 2 | TT Immunization performed | Yes □ No □ |  | |
| 3 | Normal delivery performed | Yes □ No □ |  | |
| 4 | Family Planning services (counseling and availability of at least 3 methods) provided Injectable, CoC & Condoms | Yes □ No □ |  | |
| **C.      Signal Functions of Basic EmONC Services** | | | | |
| 1 | Parenteral antibiotics administered | Yes □ No □ | |  |
| 2 | Parenteral oxytocic drugs administered | Yes □ No □ | |  |
| 3 | Parenteral anticonvulsant administered | Yes □ No □ | |  |
| 4 | Manual removal of placenta performed | Yes □ No □ | |  |
| 5 | Removal of retained products performed | Yes □ No □ | |  |
| 6 | Assisted vaginal delivery performed | Yes □ No □ | |  |
| 7 | Newborn resuscitation | Yes □ No □ | |  |
| **D.      Signal Functions of Comprehensive EmONC Services** (in addition to 1-7 in **C** above) | | | | |
| 1 | Blood transfusion performed | Yes □ No □ |  | |
| 2 | Caesarean section performed | Yes □ No □ |  | |
| **E.      Supportive Services** | | | | |
| 1 | Functional ambulance available | Yes □ No □ | |  |
| 2 | Lab tests performed: |  | |  |
| 2.1 | 1. Hemoglobin | Yes □ No □ | |  |
| 2.2 | 1. Urine for Albumin | Yes □ No □ | |  |
| 2.3 | 1. Blood Sugar | Yes □ No □ | |  |
| 2.4 | 1. Pregnancy Test | Yes □ No □ | |  |
| 2.5 | 1. Blood Grouping | Yes □ No □ | |  |
| 2.6 | vi. Blood screening (HBs, HC, HIV, Syphilis & Malaria) only at C-EmONC | Yes □ No □ | |  |
| **F.      Functional Essential Newborn Care (ENC) unit** | | | | |
| 1 | Clean cord care | Yes □ No □ | |  |
| 2 | Thermal protection and management of neonatal hypothermia. Warm room, immediate skin drying, and skin-to-skin contact. | Yes □ No □ | |  |
| 3 | Early and exclusive breast feeding | Yes □ No □ | |  |
| 4 | Early recognition of birth asphyxia and application of basic principles of resuscitation | Yes □ No □ | |  |
| 5 | Prevention and management of ophthalmia neonatorum including of eye and application of tetracycline ointment | Yes □ No □ | |  |
| 6 | Immunization with BCG and OPV-0 | Yes □ No □ | |  |
| **G.      Functional neonatal intensive care unit** | | | | |
| 1 | Pediatrician/Neonatologist is available | Yes □ No □ | |  |
| 2 | Incubator services are available | Yes □ No □ | |  |

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

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

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

| **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 | Ciprofloxacilin tab 500mg |  |  | |  |
| 8 | Ciprofloxacilin tab 250mg |  |  | |  |
| 9 | Ciprofloxacilin 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 |  |  | |  |
|  | **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 Cephradine |  |  | |  |
| 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 |  |  | |  |
|  | I**ron/Supplement** |  |  | |  |
| 16 | Syp. Iron |  |  | |  |
| 17 | Syp. Multi vitamin |  |  | |  |
| 18 | Vitamin A |  |  | |  |
|  | **De-worming (Anthelminthic)** |  |  | |  |
| 19 | Tab. Mebendazole |  |  | |  |
|  | **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 □ Timely □ |  |
| Ask for contraceptive logistic reports being filled and submitted on time | Complete □ Timely □ |  |

**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).***