

Government of the Peoples Republic of Bangladesh  
Ministry of Local Government, Rural Development and Cooperatives  
Urban Primary Health Care Services Delivery Project

**Checklist for Quality Assurance of service delivery at CRHCC**

City Corporation/Municipality:	Code:
PA NO:	
Name of the PA: -----	
Name of the CRHCC:	
Address:	
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Date of Visit	
User Identification:	
Name & sign of the Investigators:	

## Checklist for ensuring quality of care services in CRHCC under UPHCSDP

<b>Clinic complies with minimum physical facility equipment, drugs &amp; supplies</b>			
<b>Overall physical appearance and infrastructure meets minimum standards</b>			
<b>Signage to promote the clinic</b>			
<b>#</b>	<b>Answer Key: 1=Yes, 0=No, NA=Not applicable</b>	<b>Score</b>	<b>Comment</b>
1.	Main clinic signage is appropriately placed as per UPHCSDP branding policy		
2.	Clinic displays room signs that indicate the type of service provider in that room		
3.	Information about cost of services is posted and easy to see in the clinic		
4.	24 hours/7 days clinic open and easy to see in the clinic		
<b>Waiting room has</b>			
1.	Receptionist to help clients to receive his/her desired services		
2.	The clinic is clean and well maintained		
3.	Toilet is clean and dry		
4.	Waiting room has sufficient # of fans and functioning		
5.	Waiting room has safe drinking water		
6.	Sufficient chairs are available for the clients		
7.	Client serial maintain in an efficient way by token system		
8.	Client comment book available for clients to give comments		
9.	Waiting room has complain box		
10.	TV/DVD/CD for client available in the waiting room		
11.	IEC materials available for the clients		
12.	Duty Roster is easy to see in the clinic		
13.	Service recipients Rights Charter available in the clinic		
14.	Service providers Rights Charter available in the clinic		
<b>Service providers room has the following equipment in working condition and supplies/commodities available</b>			
<b>Medical Officer's room</b>			
1.	Appropriate BCC materials		
2.	Hand washing facility		
3.	Examination table		

4.	Functional light source		
5.	BP instrument		
6.	Stethoscope		
7.	Thermometer		
8.	Adult weighing machine		
9.	Measuring Tape		
10.	Tongue depressor		
11.	Torch light		
12.	Chlorine solution		
13.	X ray view box		
<b>Paramedics room</b>			
1.	BP instrument		
2.	Stethoscope		
3.	Thermometer		
4.	Adult weighing machine		
5.	Baby weighing machine		
6.	Measuring Tape		
7.	Tongue depressor		
8.	Torch light		
9.	Hand washing facility		
10.	Having family planning commodities kept in a tray covering with lid		
11.	Chlorine solution		
12.	“Safety” box to safely dispose used syringes		
<b>Counselors room</b>			
1.	Having flip chart for counseling		
2.	Having Pelvic model & Penile model for counseling		
3.	Having Doll (made of cloth) for counseling		
4.	Having contraceptive display board for counseling		
5.	Having family planning commodities kept in a tray covering with lid		
6.	Having provision to maintain audio visual privacy		
<b>Lab Technician room</b>			
1.	Microscope		
2.	Spot light for microscope		
3.	Centrifuge machine		
4.	VDRL shaker machine/ Digital Lab rotator		

5.	Refrigerator		
6.	Automatic voltage stabilizer		
7.	Mask		
8.	Calorimeter		
9.	Haemoglobinometer		
10.	ESR tube with stand (adequate)		
11.	Stainless steel tray		
12.	Calculator for counting TC, DC, etc.		
13.	Measuring cylinder		
14.	Conical flask		
15.	Graduated pipettes		
16.	Reagent bottles		
17.	Test tubes		
18.	Running water		
19.	Gloves		
20.	Adequate preparation for waste disposal		
21.	Chlorine solution		
22.	Safety box for syringes		
<b>Store room</b>			
1.	Clean and dry		
2.	Have adequate # of fans including ventilation fans		
3.	Maintain adequate distance from wall to keep the shelves (For cartoon, need to ensure that at least 6 inches above from the floor)		
4.	Bin cards available and updated		
5.	Main stock register, sub stock register and medicine stock register GOB supplies available		
6.	Separate register for Instruments, printing materials and stationeries available		
7.	Requisition file available with material requisition form, purchase requisition form and purchase order		
8.	Drugs are maintained with specific segregation		
9.	Store maintained by the authorized persons quarterly with proper documentation		
<b>CRHCC has following space, equipment in working condition and Restricted area has arrangement for</b>			
1.	Trolley with stretcher		
2.	Prelabour/observation room		

3.	Instrument processing including chlorine solution and buckets for decontamination, washing and rinsing		
4.	Functioning autoclave		
5.	Scrubbing/hand washing facility		
6.	Sterile/disposable Gloves		
7.	A recovery area/post operative room following NSV, Tubectomy, C/S, MR and PAC		
<b>Labour room</b>			
1.	Labour table with lithotomy poles and steps to table		
2.	Baby tray		
3.	PPH Kit		
4.	Eclamptic kit		
5.	Steel trolley (for equipment and instrument)		
6.	Saline stand		
7.	Emergency tray with emergency box / equipment ready for use		
8.	Spot light		
9.	Partograph		
10.	Emergency flow chart displayed		
<b>Operation Theater has all the following equipment</b>			
1.	Well illuminated with glass footed windows which may be painted with white colour		
2.	Windows are closed		
3.	Floor and side walls up-to 7 feet is mosaic or enamel painted		
4.	Air-conditioned		
5.	Privacy maintained properly		
6.	The scrubbing area is a. Adjacent to OT Room b. Having basin with an elbow tap and running water		
7.	Changing Room is used by health personnel before entering to OT		
8.	OT is having-		
9.	a. OT light.		
	b. Operation table with plastic cover sheet		
	c. Small step beside OT table		
	d. Drum for keeping equipment		

	e. Trolley		
	f. Generator		
	g. Instrument Trolley for the entire essential instrument, surgical gowns, drapes etc.		
	h. Sterilized kits for different procedure		
	i. Cat-gut, Vicryl, Dexan, cotton balls, catheter, gauze, etc. are available		
	j. Gully pot for Chlorhexidin, Cetrimide solution or Povidone Iodine		
	k. An additional tray to keep all emergency medicine with multiple chambers, BP instruments, Stethoscope etc.		
	l. Ambu bag, airway tube, Oxygen Cylinder, Pulse oxymeter and Sucker machine is available, well maintained and out of sight when not in use but identified easily (Logo placed)		
	m. Emergency resuscitation procedure flow chart is displayed in the OT for easy reference		
	n. Waste disposal basket with lining		
	o. Bucket with chlorine solution for decontamination and bucket with clean detergent water		
	p. Emergency medicine available		
	q. Following trained or qualified persons for operative procedure present:		
	1. Surgeon (Obstetrician) ,		
	3. Anesthesiologist		
	3. Assistant doctor		
	4. Trained nurse		
	r. Trained nurse available to monitor vital signs of clients if necessary		
	s. Cleaner or Aya available to keep OT clean and to help client during pre and post-operative period		
	t. Oxygen therapy unit		
	u. Suction unit		
	v. GA Machine		

	w. Electrocautery machine		
	x. Instant power supply (IPS)		
<b>Post Operative room has all the following facilities</b>			
1.	The room is clean and dry		
2.	The room is well ventilated		
3.	The room is well lighted		
4.	The room has sufficient number of bed with side table		
5.	The room has clean bed sheet		
6.	The room has necessary instrument (Oxygen cylinder, Stethoscope, BP machine)		
7.	Trained doctors and nurses to monitor vital signs time to time and manage post operative complication		
8.	There are Cleaners for maintaining cleanliness		
9.	Visitors are strictly controlled for infection prevention		
10.	Doctors and nurses wear clean gown		
11.	Privacy of the patient maintained		
<b>CRHCC has following essential drugs within expiry date</b>			
1.	Inj. Oxytocin		
2.	Inj. Pethidine		
3.	Inj. Butapan		
4.	Appropriate Antibiotic		
5.	Inj. Diazepam		
6.	Inj. Magnesium Sulphate/Nalepsin		
7.	Inj. Ergometrine		
8.	Tab. Cytomis		
9.	Inj. Promethazine (HCL) 25 mg ( 2 ampoules)		
10.	Injection Hydrocortisone 100 mg (with distilled water) 2 vials		
11.	IV fluid 5% DNS & Hartman's solution (500 CC) 2 bags or bottles with IV set		
12.	Inj. Atropine Sulphate 0.6 mg (2 ampoules)		
13.	Inj. Adrenaline (1:1000) (2 ampoules)		
14.	Inj. Naloxone 0.4 mg (2 ampoules) for clinics providing tubectomy services		
15.	Gloves and Syringes		
<b>Ambulance service</b>			

1.	Ambulance is in working condition and up to date log book		
<b>Family Planning Commodities and Instrument available for Long Acting &amp; Permanent methods</b>			
1.	Condom		
2.	COCs and POPs		
3.	ECPs		
4.	IUDs		
5.	Implants		
6.	Injectables		
7.	IUD instrument set ( 3 sets)		
8.	Implant instrument set		
9.	Tubectomy kit (10)		
10.	NSV kit (6)		
11.	Laparotomy set (1)		
12.	Adequate supplies of syringes, cotton, hexisol/povidone iodine to clean site of injection		
<b>Technical Standard, service delivery protocol and job aids are kept in appropriate place and easily accessible</b>			
1.	Technical Standard on Infection Prevention		
2.	IMCI Chart Booklet and sick child form		
3.	Quality Assurance Manual		
4.	Technical standard and service delivery protocol on Maternal health care		
5.	IMCI Recording (Sick Child) form		
6.	EPI Manual		
7.	Family Planning Manual		
10.	Technical standard and service delivery protocol for RTI/STD		
11.	ESP, child health, mothers card		
12.	Different client education leaflets, posters displayed and available for client use		
13.	Technical standard on Active Management of the Third Stage of labour (AMTSL)		
14.	EOC Manual		
15.	MIS Handbook		
<b>All the following Registers available in CRHCC</b>			
1.	Master Register		
2.	Stock Register		
3.	Register for VAW		

4.	Complicated pregnancy register		
5.	Referral Register		
6.	Technical Meeting Register		
<b>Equipment and supplies available to implement IP standard</b>			
1.	Providers have access to soap and water/Hexisol to wash hands		
2.	There are designated areas for a. preparing chlorine solution b. processing instruments and c. scrubbing		
3.	Instrument washing basin (preferably steel kitchen sink) with drying rack		
4.	Rack or table for drying and packing instruments		
5.	Gloves-hanger with clips (for surgical and utility gloves)		
6.	Eye glass to protect staff carrying out IPP		
<b>Decontamination and cleaning supplies</b>			
7.	Buckets/clinic areas marked for decontamination, water for washing and rinsing of instruments and waste		
8.	A mop/cloth in a bucket with a 0.5% Chlorine solution for cleaning examination table and other surfaces e.g laboratory		
9.	Bleach in container properly stored so that does not deteriorate		
10.	Plastic spoon		
11.	Plastic basket/bucket with perforated bottom for holding instruments		
12.	Wooden stirrer		
13.	Utility gloves		
14.	Macintosh		
15.	Large bucket for immersing and cleaning instrument		
16.	Tooth brush		
17.	Large pot for boiling instruments, in case, autoclave not available or functional		
18.	Autoclave		
19.	Autoclave tape		
20.	Timer		
21.	Safety box for syringes		
22.	Incinerator		
<b>Clinic Management: Refers to the capacity of staff (primarily the clinic manager) to plan, organize, implement and maintain effective health service delivery services. Management includes providing leadership and team building to the staff, marketing of UPHCSDP</b>			

<b>services to the community and proper tracking of finances and supplies</b>			
<b>A. Effective leadership skills are evident with clinic team</b>			
1.	Completed weekly and monthly checklist posted		
2.	Functional quality circle		
3.	Weekly technical meeting conducted to monitor and discuss the clinic activities, performance gaps identified, and register kept to record weekly meeting		
4.	PDSA process and activities documented in the clinic meeting register		
<b>B. Accurate and current ESP cards are maintained including confidentiality of records</b>			
1.	ESP cards are filled out properly for every client		
2.	Client records are kept in an orderly fashion, secure and where others cannot see them		
3.	Referral system is being coordinated between clinic and referral center		
<b>C. Client satisfaction is assessed</b>			
1.	Clinic has a way to determine satisfaction of clients (such as suggestion box, client exit interview)		
3.	Service providers have enabling environment to work		

Summary of Indicators by areas and Recommendations to correct Deficits

#	Key area and indicator	Achieved Score/Total possible score	Recommendations
1.	Physical Environment: Clinic complies with minimum physical facility equipment, drugs & supplies		
A.	Signage ensures that general promotion of clinic and services are described		
B.	Overall physical appearance and infrastructure		
C.	Each service providers room has the following equipment in working condition and supplies/commodities available		
D.	CRHCC has equipment in working condition & supplies available		
E.	IMCI drugs, Vaccines, FP commodities and TB drugs		

	available		
F.	Emergency Medicine kit stocked		
G.	Emergency equipment available and in working condition		
H.	Service delivery guidelines, standards and job aids available		
I.	Equipment for laboratories available and functioning		
J.	Permanent & long term methods, instruments & commodities available		
2. Infection prevention practice			
A.	Equipment and Supplies to implement infection prevention standard		
3. Staffing pattern and staff clinic Technical competency			
A.	Clinical staffing		
B.	Staff training		
4. Clinic Management			
A.	Effective leadership evident with clinic team		
C.	Accurate and current ESP cards are maintained including confidentiality of records		
D.	Medical equipment, furniture, consumables drugs, & supplies are properly inventoried and procured to prevent stock outs		
E.	Supplies and equipment are in working condition		
F.	Marketing/client satisfaction is assessed		
G.	Quality services are marketed to community to increase client base		
5. Contract document developed, reviewed and financial practice			
A.	Contract document developed, reviewed		
B.	Clinic practice has efficient Financial practices and records		
Grand total: Clinic preparedness standards: Sum of total possible score (1Xnumber of items scored/total number of items)			

## Providers Assessment on Technical Competency

### Indicators are

Indicator 1: Counseling

Indicator 2: IP Practices

Indicator 3: MH-ANC, Safe delivery, PNC, AMTSL and PAC/MR

Indicator 4: FP

Indicator 5: CH

Indicator 6: STI/RTIs: Screening & Management

### Indicator 1: Counseling

**Providers demonstrate compliance with counseling standards (Counselor)**

#	Answer Key: 1=Yes, 0=No, NA=Not applicable	Q1	Q2	Q3	Q4	Remarks
1.	Ensure audio visual privacy during counseling by:					
a.	Keeping the door closed					
b.	Ensure that anyone knocks and seeks permission before entering the room					
c.	Take client consent prior to permitting presence of any visitors during counseling					
d.	Take client consent to discuss private issue					
2.	Treat client respectfully, greet client politely by name, listen attentively and answer clients queries					
3.	Use relevant job aids during counseling					
4.	Address clients other service needs by addressing missed opportunities particularly					
a.	Child immunization					
b.	MH status					
c.	FP					
5.	Seek client feedback after their visit					
	<b>Total counseling score</b>					
<b>Indicator 2: Provider demonstrate compliance with IP Protocol (Clinic Aid, Paramedic) (If there is any comment regarding competency of any provider or both, please mention in the</b>						

<b>remark column)</b>						
1.	Wash hands with soap and water before and after each client and after handling any waste products					
2.	Follow three steps for IP for equipment (e.g. uterine sound, tenaculum, speculum, forcep, scissors) that have contact with body fluid					
2a.	Decontamination in a 0.5% Chlorine solution for 10 minutes before processing					
2b.	Washing instruments with detergent and water using a brush and then rinsing					
2c.	Sterilization or high level disinfection					
3.	Maintain disposable (single use) injection practices					
4.	Dispose syringes using a sharp container					
5.	Wear heavy duty gloves and goggles during carrying out IP activities and housekeeping or handling medical waste					
	<b>Total IP score</b>					
<b>Indicator 3 A: Service provider provides ANC services in compliance with quality standards (Medical Officer and Paramedic) (If there is any comment regarding competency of any provider or both, please mention in the remark column)</b>						
1.	Follow or refer to the Technical Standard on maternal health care					
2.	Take notes about history of previous pregnancy and labour according to ESP card					
3.	Conduct general examination correctly as per ESP card with special emphasis on					
a.	Pulse, temp. height, weight					
b.	BP					
c.	Oedema					
d.	Anemia					
e.	Jaundice					
f.	Breast examination					
4.	Conduct the abdominal examination correctly as per ESP card with special emphasis on					
a.	Fundal height					
b.	Foetal movement (after 20 weeks)					
c.	FHS (after 24 weeks)					

d.	Check for scars or previous H/O C/S					
5.	Advise/check the pregnant woman for Lab test					
5.	Hb%					
5.	VDRL					
5.	HBsAg					
5.	Blood grouping					
5.	Rh typing					
5.	Urine for R/E					
5.	Ultrasonogram					
6.	Discuss the relevant issues during counseling					
a.	Danger signs					
b.	TT immunizations					
c.	Birth planning					
d.	Breast feeding (use of colostrums and EBF), position and attachment					
e.	Care of Newborn					
f.	Advise about PNC visit according to the GOB schedule					
g.	Postpartum contraception					
h.	Vit A					
7.	Advise for nutrition					
8.	Prescribe Iron, Folic Acid during and after pregnancy					
9.	Advice on importance of rest, avoid heavy lifting, proper hygiene and clothing					
10.	Discuss about her next ANC visit					
11.	Record findings of the visit in the ESP card or ANC register					
<b>3B. Safe delivery: Provider complies with standards for safe delivery (Medical Officer and Paramedic) ((If there is any comment regarding competency of any provider or both, please mention in the remark column))</b>						
1.	Fill Partograph correctly and completely during 1 <sup>st</sup> stage of labour					
2.	Follow the steps of AMTSL					
a	- Inj. Oxytocin					
b	- Controlled Traction					
c	- Uterine massage					
3	Check for tear					
4	Deliver the placenta					
5	Manage Eclampsia pt. by using MgSO <sub>4</sub>					
6	Put the baby to the breast immediately					

7	Provide counseling on					
a	- Perineal care					
b	- Newborn care					
c	- Cord care					
d	- FP					
e	Essential Newborn Care <ul style="list-style-type: none"> <li>- Mop the baby with dry soft cloths without removing Vernix Caseosa and remove that wet cloth</li> <li>- Wrap the baby with another clean and dry cloth with covering the head</li> <li>- Put the baby in to mothers breast as early as possible but definitely within an hour of delivery</li> <li>- Not to give bath before 72 hours of delivery</li> </ul>					
f	Danger signs for mother and or baby for return to clinic For baby: <ul style="list-style-type: none"> <li>- Cannot suck the breast</li> <li>- Lethargic</li> <li>- Fever or cold body</li> <li>- Convulsion</li> <li>- Infection in the Umbilicus</li> <li>- Rapid respiration or in drawing of the chest</li> </ul> For mother <ul style="list-style-type: none"> <li>- Severe P/V bleeding after delivery</li> <li>- Convulsion</li> <li>- Retained Placenta</li> <li>- Retained bits of Placenta</li> <li>- Vaginal tear</li> <li>- Perineal tear</li> <li>- Cervical tear</li> </ul>					
<b>3C. Service provider provide PNC services in compliance with quality standard (Medical Officer and Paramedic) ((If there is any comment regarding competency of any provider or both, please mention in the remark column)</b>						
1	Examine the mother following the Health card					
2	G/E – Temp, BP, Pulse, oedema, anemia, jaundice					
3	Examination of breasts: condition of nipples, engorgement					

4	P/A and P/V examination: Ht. of uterus, p/v bleeding, any tears, foul smelling discharge					
5	Examine the baby following the ESP card:					
a.	- Weight, temperature, respiratory rate, jaundice and skin rash					
b.	- Umbilicus					
c.	- Conjunctiva					
d.	- Congenital anomaly					
6	Discuss relevant issues during post partum visit, particularly					
a	- EBF up to completed 6 months					
b.	- PFP					
c.	- Schedule and importance of EPI					
d.	- Vit. A Capsule					
7.	# of post natal mother receives PNC services					
8.	PNC mother received 4 PNC visit 1 <sup>st</sup> visit – within 24 hours of delivery 2 <sup>nd</sup> visit – within 2-3 days of delivery 3 <sup>rd</sup> visit – within 7-14 days of delivery 4 <sup>th</sup> visit – After 42 days of delivery					
4. PAC/MR: Provide PAC/MR services in compliance with quality standard following PAC/MR Manual (As in Annexure)						
5. Counsels and provides an expanded range of FP products and services Doctors and Paramedics are performing according to standards for FP. Please refer to the GOB FP Manual and follow the checklist in FP Manual (As in Annexure)						
Indicator 6. Screening & Management of Infant & Child Health: EPI, ARI, Diarrhoea, Malnutrition. Providers child health services in accordance with quality standards (As in Annexure)						
Indicator 7. Providing STI/RTI services that comply with National Standards(As in Annexure)						

**Record of scores by Service areas and recommendations to correct deficit**

#	Key indicators and sub components	Total score	Recommendations
	<b>Counseling:</b> Provider demonstrate compliance with counseling standard		
	<b>IP:</b> Providers demonstrates compliance with IP Standard		
	<b>Maternal Health</b>		
	ANC		
	Safe delivery		
	Post Natal Care		
	Post abortion Care		

	Family Planning		
	<b>Child Health</b>		
	Assessment & EPI		
	ARI		
	Malnutrition		
	RTI/STI		
	<b>Grand total: score</b>		

**PAC/MR procedure**

	<b>3D. PAC/MR: Provide PAC/MR services in compliance with quality standard</b>					
1	Stabilize Patient if there is infection, dehydration, anemia, and refer appropriately					
1a	Check history of amenorrhea for more than 1 month					
1b	Assess` phase of shock					
1c	Examine the severity of vaginal bleeding					
1d	Exclude infection					
1e	Exclude any intra abdominal injury like distended abdomen, decreased bowel sound, rebound tenderness					
1f	Ensure client give consent before PAC/MR is done					
2.	Perform MVA as per guideline					
2a	- Pelvic examination is done correctly, both speculum and bimanual exam					
2b	- Canula inserted in to uterine cavity as per guideline					
2c	- Pinch valve of MVA syringe released after taking necessary precaution					
3	At the end of procedure, check for all signs of completion prior to detaching the syringes					
4	Conduct post procedure counseling according to standard					
4a	- Help client and her husband to choose appropriate contraceptive method and to use it effectively.					
4b	- Discuss in detail and try to understand factors that led to an unwanted pregnancy for each					

	particular client					
5	Ensure appropriate processing of the MVA equipment especially					
5a	- Draw 0.5% Chlorine solution in to syringe during decontamination					
5b	- Do not scrub syringe and canula with brush					
5c	- Do not autoclave the MVA apparatus					
6	Total # of MRs performed in the visited month					

**Annex 2**

**Family Planning methods**

	<b>4. Counsels and provides an expanded range of FP products and services Doctors and Paramedics are performing according to standards for FP</b>					
A	<b>Use standards of care and screening checklists to guide FP service and provision</b>					
1	Have a copy of FP Manual as a reference					
2	Maintain a FP consent form and ESP card to record information for all the FP Clients					
3	Use available job Aid during counseling clients about FP options					
4	Use the screening checklist for each method according to GOB Guidelines					
B	<b>Counsels about choice of FP methods according to current standards</b>					
1	Greet client, warmly and politely, use simple language and non-judgmental when discussing FP need with woman and couple					
2	When woman come for the following types of services, provider use the opportunity to discuss their family planning needs with them: <ul style="list-style-type: none"> <li>- ANC</li> <li>- PNC</li> <li>- PAC</li> <li>- Bring children for immunization and other child health visits (ARI, CDD)</li> <li>- Woman of reproductive age with any other complaint</li> </ul>					
3	Help woman/couple to discuss their previous experiences with FP methods, what they liked, didn't like and what she currently wants					

4	Offered the appropriate FP methods for each category of clients including pill, injectables, implant, IUD, condom, emergency contraception or female or male sterilization?					
5	Discussed with the woman/couples if there is any need for protection from STI'S					
6	Corrected any rumors or misconceptions about methods the woman is considering					
7	Use the contraceptive display tray with lid and TIAHRT poster					
8	Provided critical information about each methods with special emphasis on LAPM so that woman can make an informed choice					
9	Let the customer choose the method not the provider					
10	After clients selects a method, used the screening checklist for method selected					
11	After screening, provided the method and explain how to use, what to expect and when to return, explained the side effects/complications/danger signs of the method selected and what to do					
12	Take feedback that woman understands what was explained to her					
13	Encouraged the client to ask questions or state any concern					
5	<b>Demonstrate proper skill doing following procedure</b>					
a.	<b>Injectable</b> <b>Demonstrate competence in steps of giving injection as per guideline</b>					

	<ul style="list-style-type: none"> <li>- Shaked the vial to mix the drug</li> <li>- Remove air bubble from syringe (ensure dose 1 cc) without wasting medicines</li> <li>- Deep IM injection given</li> <li>- Did not massage the inj. Site</li> <li>- Disposed the syringe without recapping in a puncture proof box</li> </ul>					
b	<p><b>IUD</b></p> <p><b>Demonstrate correct procedure of IUD insertion</b></p>					
	<ul style="list-style-type: none"> <li>- Speculum examination: inspect cervix and vagina for discharge</li> <li>- Performed Bimanual examination to exclude any contraindication</li> <li>- Grasp Cx properly at 2 &amp; 10 O'clock position using tenaculum</li> <li>- Insert uterine sound by 'no touch' technique to determine depth &amp; direction of uterus</li> <li>- Load IUD in inserter by 'no touch' technique and adjust blue guard to fix it</li> <li>- Insert IUD by withdrawl technique within 5 minutes of loading</li> <li>- Ensure high fundal placement of IUDby gently nudging the inserter inwards</li> <li>- Ensure haemostasis</li> </ul>					

\*\*\*\* For other FP methods, please follow FP manual

**Annex 3**

**Screening & Management of Infant & Child Health: EPI, ARI, Diarrhoea, Malnutrition.**  
**Provide child health services in accordance with quality standards**

1	Used the Sick Child Assessment form in the Chart Booklet to assess, classify and treat every child visiting the clinic and counsel the mother					
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<b>Implement EPI according to standard</b>						
	<ul style="list-style-type: none"> <li>- Lid of vaccine carrier is closed all the time</li> <li>- At least one ice pack is not fully melted in a grey/blue vaccine carrier</li> <li>- TT &amp; Pentavalent vaccines are kept on the table and not on top of the ice pack</li> </ul>					
<b>Ensure potency of vaccine during EPI by checking</b>						
	- Expiry date					
	<ul style="list-style-type: none"> <li>- VVM for OPV/BCG/Pentavalent/Measles /TT and or shake test for Pentavalent and TT</li> <li>- Vaccines`are diluted with appropriate diluents and diluted vaccines are used within 6 hours</li> </ul>					
	Explained the need of next visit and ask client to revisit					
	Described about possible side effects with their Mx					
	Provided age specific dose of Vit. A supplementation for prevention of complication/treatment					
<b>Management of ARI according to standard</b>						
1.	Check for danger signs in infants/children aged 2 months to 5 years					
	- Not able to breastfeed or drink					
	- Vomits everything					
	- Has convulsions					
	- Is lethargic or unconscious					
2.	Check for presence of Signs/Symptoms of severe disease in infants aged 1-59					

	days					
	<ul style="list-style-type: none"> <li>- Convulsion</li> <li>- Rapid breathing (60 breaths per minute or more)</li> <li>- Severe chest indrawing</li> <li>- Grunting</li> <li>- Bulging fontanelle</li> <li>- Pus coming from ear</li> <li>- Fever more than 37.5 degrees</li> <li>- Lethargic</li> </ul>					
3.	Screened the child with cough or difficult breathing as per ESP card/IMCI sick child record form					
	<ul style="list-style-type: none"> <li>- Age of the child</li> <li>- General danger signs</li> <li>- Duration of cough or difficult breathing</li> <li>- Count respiratory rate for full minute</li> <li>- Looks for chest in-drawing</li> <li>- Listens for stridor and wheeze</li> </ul>					
4.	Use the ARI classification of the infant/child as per standard/IMCI chart booklet					
	<ul style="list-style-type: none"> <li>- For child 2 months to 5 years as: very severe disease or severe Pneumonia or Pneumonia or no Pneumonia (cough/cold)</li> <li>- For child &lt;2 months as: very severe disease or severe Pneumonia or no Pneumonia (cough/cold)</li> <li>- <b>Managed very severe disease or severe Pneumonia according to</b> very severe disease or severe Pneumonia</li> <li>- Give first dose of Antibiotic</li> <li>- Refer</li> </ul> <p><b>Manage Pneumonia according to very severe disease or severe Pneumonia</b></p> <ul style="list-style-type: none"> <li>- Give Antibiotic for 5 days</li> </ul>					

	<ul style="list-style-type: none"> <li>- Advise for home care (keep baby warm, clear the nose, continue normal feeding &amp; comply with treatment and follow up regime)</li> <li>- Explain when to return</li> </ul> <p><b>Manage an infant/child who does not have Pneumonia according to the standard/IMCI chart Booklet</b></p> <ul style="list-style-type: none"> <li>-Advise for home care (keep the baby warm, clear the nose, continue normal feeding)</li> <li>- Counsel about when to return to clinic</li> </ul>					
<b>Management of Diarrhoea according to standard</b>						
1.	<p>Assessed the child with Diarrhoea as per IMCI sick child record form (or if not trained in IMCI using the ESP card)</p> <ul style="list-style-type: none"> <li>- Assessed about duration of Diarrhoea</li> <li>- Presence of blood in stool</li> <li>- Assessed general condition (lethargic, unconscious, floppy, restless, irritable)</li> <li>- Pinch the skin turgor</li> </ul>					
2.	<p>Classify dehydration level as per standard</p> <ul style="list-style-type: none"> <li>- Severe dehydration</li> <li>- Some dehydration</li> <li>- No dehydration</li> <li>- Dysentery/blood in stool</li> <li>- Severe persistent diarrhea</li> <li>- Persistent diarrhoea</li> </ul>					
3.	<p>Treat diarrhea according to standard IMCI chart Booklet</p> <ul style="list-style-type: none"> <li>- Plan A: Advice to take ORS and more fluids with Zinc Tablet</li> <li>- Plan B: Observe and provide</li> </ul>					

	<p>ORS (75 ml/Kg in ORT corner for 4 hours with Zinc tablet</p> <ul style="list-style-type: none"> <li>- Plan C: Refer for treatment using referral slip <ul style="list-style-type: none"> <li>a. In Dysentery/blood in stool, provides Nalidixic Acid (15 mg/kg/doseX4 doses/day for 5 days) for the child aged above 3 months/refer if age below 3 months</li> <li>b. Severe persistent diarrhea – treating dehydration, prescribing Zinc and Vitamin A</li> <li>c. Counsel mother on cleanliness, hygiene, hand washing, safe drinking water, proper use of water purification tablet</li> </ul> </li> </ul>					
4.	<p>In the counseling session of CDD, used appropriate BCC messages related to the client regarding “four rules of home treatment”</p> <ul style="list-style-type: none"> <li>- Increase volume and frequency of fluid intake</li> <li>- Give Zinc tablet</li> <li>- Continue feeding the infant/child normally, if the infant is breastfeeding, continue and increase the frequency of breastfeeding</li> <li>- Seek appropriate health care if the condition does not improve</li> </ul>					
<b>Assessment and treatment of malnutrition according to standard</b>						
	<p>Assessed the sick infant/child aged 2 months to 5 years for malnutrition and anemia as per IMCI chart booklet</p> <ul style="list-style-type: none"> <li>- Look for visible severe wasting</li> <li>- Look for palmer pallor</li> <li>- Look for Oedema</li> <li>- Determine weight for age by using age specific weight chart</li> </ul>					
	<p>Correctly classified sick infant/child aged 2 months to 5 years for</p>					

	<p>malnutrition and anemia as per IMCI chart booklet</p> <ul style="list-style-type: none"> <li>- Severe malnutrition or severe anemia</li> <li>- Anemia or very low weight</li> <li>- No anemia and not very low weight</li> </ul>					
	<p>Correctly managed/treated sick infant/child aged 2 months to 5 years for malnutrition and anemia as per IMCI chart booklet</p> <ul style="list-style-type: none"> <li>- Severe malnutrition or severe anemia: Vit A, ensure proper feeding and refer</li> <li>- Anemia or very low weight: Give Iron, albendazole or Mebendazole for child 2 years or more (If has not had dose in previous 6 months)</li> <li>- No anemia and not very low weight: no additional treatment</li> <li>- During counseling, emphasized the following for malnutrition and anemia <ul style="list-style-type: none"> <li>a. When to return immediately</li> <li>b. Follow up visits: <ul style="list-style-type: none"> <li>If pallor – 14 days</li> <li>If low weight for age – 30 days</li> </ul> </li> <li>c. If feeding problems – 5 days</li> </ul> </li> </ul>					
	<p>Assessed child feeding practices by mother of infants with anemia and very low weight or child weight or child of less than 2 years of age using IMCI sick child record form</p> <ul style="list-style-type: none"> <li>- Asked about breastfeeding and its frequency</li> <li>- Asked about types of food or fluid, frequency, way to feed and amount and who fed the</li> </ul>					

	child					
	<p>Provided correct feeding recommendation to sick child's mother as per IMCI chart booklet</p> <ul style="list-style-type: none"> <li>a. Up to 6 months of age: breastfeeding as often as the infants want <ul style="list-style-type: none"> <li>- If breastfeeding – 3 times a day</li> <li>- If not breastfeeding – 5 times a day</li> </ul> </li> <li>b. After 6 months to 12 months: breastfeeding as often as the infants want, adequate servings before breastfeeding or 5 family foods per day</li> <li>c. After 2 years and older: family food at least 3 times a day and nutritious food 2 times a day</li> </ul>					
	<p>Assessed sick infant aged less than 2 weeks for Jaundice, umbilical infection and eye infection using IMCI sick child record form</p> <ul style="list-style-type: none"> <li>- Looked for jaundice at palm and soles</li> <li>- Looked for redness in Umbilicus extending to skin and/or discharging pus</li> <li>- Observe pus from ear</li> <li>- During Counseling emphasized the following for child's feeding of low weight <ul style="list-style-type: none"> <li>a. Breast feeding as often and for as long</li> <li>b. Reducing other food or drink</li> <li>c. Home treatment for Thrush</li> <li>d. Hoe care for young days infant</li> <li>e. Follow up: feeding problem or Thrush – 2 days, LW for age – 14 days</li> </ul> </li> </ul>					

**Annex 4**

**STI/RTI services that comply with National Standards**

Correctly take the history from client with possible STI/RTI as per Manual by asking about <ul style="list-style-type: none"><li>- The discharge</li><li>- Pain in the lower abdomen</li><li>- Pregnancy history</li><li>- History of Contraceptives</li></ul>					
Treat Vaginal Discharge Syndrome according to standard  Cervicitis:  Trichomoniasis or Bacterial Vaginosis:  Candidiasis:  Lower Abdominal pain Syndrome:  Urethral Discharge:  Genital Ulcer:					
During RTI/STI case Management, ensure and explain 4Cs <ul style="list-style-type: none"><li>- Counseling</li></ul>					

<ul style="list-style-type: none"> <li>- Condom use</li> <li>- Compliance to treatment</li> <li>- Contact tracing</li> </ul>					
Routinely ask client to return after completion of treatment					
Ask client for feedback or if s/he has any question?					

**Annex 5**

**Limited Curative Care: Provide LCC services that comply with standards**

Wash hands between each contact with a client when providing care					
Take history about clients current problem that includes following: <ul style="list-style-type: none"> <li>- Present illnesses</li> <li>- Past illnesses</li> <li>- Past medical history</li> <li>- Occupational history</li> </ul>					
Do Physical examination that includes the following: <ul style="list-style-type: none"> <li>- Measure height and weight</li> <li>- Measure pulse &amp; BP</li> <li>- Relevant systematic examination</li> <li>- Refer to the lab for appropriate diagnostic test</li> <li>- Make a diagnosis and treat accordingly or refer as needed to a Specialist</li> <li>- Follow the principles of rational drug use</li> <li>- Prescription has the following things written clearly:             <ul style="list-style-type: none"> <li>- Chief complaints</li> <li>- Findings of physical examination</li> </ul> </li> </ul>					

<ul style="list-style-type: none"> <li>- Provisional diagnosis</li> <li>- Treatment based on diagnosis with appropriate dosage and duration</li> <li>- Relevant advice</li> </ul>					
Make sure that the client leaves the clinic with right drugs, proper instructions of how and when to take the medication					
Advised client when to return & when should come for emergency visit					

**Annex 6**

**Diagnostic services: Provide that comply with national standard Diagnostic services**

Have the training to perform the tasks required for the lab					
<p>Maintain IP Protocol: wear gloves, use puncture proof box, never recap syringes</p> <ul style="list-style-type: none"> <li>- Wearing gloves when in contact with any body fluids or performing lab test to protect the provider himself or herself</li> <li>- Have chlorine solution in the laboratory</li> <li>- Disposed syringes in a puncture proof box</li> <li>- Never recapping syringes</li> <li>- Have all the reagents required for the test to be performed in the lab</li> <li>- Storing reagents properly</li> <li>- Maintain and check inventory and reorder before running out</li> </ul>					