

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 PHCC

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

Checklist for ensuring quality of care services in PHCC clinics under UPHCSDP

Clinic complies with minimum physical facility equipment, drugs & supplies			
Overall physical appearance and infrastructure meets minimum standards			
Signage to promote the clinic			
#	Answer Key: 1=Yes, 0=No, NA=Not applicable	Score	Comment
1.	Main clinic signage is appropriately placed as per UPHCSDP branding policy		
2.	Clinic displays room sign		
3.	Service Providers name is hanged in front of the room		
4.	Information about cost of services is posted and easy to see in the clinic		
5.	Working hours posted and easy to See in the clinic		
Waiting room has			
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 safe drinking water		
5.	Clinic has private counseling area		
6.	Waiting room has sufficient # of fans and functioning		
7.	Sufficient chairs are available for the clients		
8.	Client serial maintain in an efficient way by token system		
9.	Client comment book available for clients to give comments		
10.	Waiting room has complain box		
11.	TV/DVD/CD for client available in the waiting room		
12.	IEC materials available for the clients		
13.	Satellite clinic schedule is hanged		
14.	Service recipients Rights Charter available in the clinic		
15.	Service providers Rights Charter available in the clinic		
Service providers room has the following equipment in working condition and supplies/commodities available			
Medical Officer's room			
1.	BP instrument		
2.	Stethoscope		
3.	Thermometer		
4.	Adult weighing machine		
5.	Measuring Tape		
6.	Tongue depressor		
7.	Torch light		
8.	Chlorine solution		
9.	X ray view box		
10.	Appropriate BCC materials		
11.	Hand washing facility		
12.	Examination table with steps		
13.	Functional light source		
Paramedic Room			
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.	Chlorine solution		
11.	Having Family Planning Commodities kept in		

	a tray with lid		
12.	For immunization, working refrigerator, syringes, vaccine available		
13.	“Safety” box to safely dispose used syringes		
Counselor’s room			
1.	Having flip chart for counseling		
2.	Having Pelvic model & Penile model for counseling		
3.	Having Doll (made of cloth) for counseling		
4.	Having display board (contraceptive) for counseling		
5.	Having family planning commodities kept in a tray covering with lid		
6.	Appropriate BCC materials		
Lab technician room			
1.	Microscope		
2.	Spot light for microscope		
3.	Centrifuge machine		
4.	VDRL shaker machine/ Digital Lab rotator		
5.	Refrigerator		
6.	Haemoglobinometer		
7.	Haemocytometer		
8.	ESR tube with stand (adequate)		
9.	Stainless steel tray		
10.	Calculator for counting TC, DC, etc.		
11.	Measuring cylinder		
12.	Conical flask		
13.	Graduated pipettes		
14.	Reagent bottles (adequate)		
15.	Test tubes (adequate)		
16.	Running water		
17.	Gloves		
18.	Equipment specific to TB laboratory-adequate number of cough pots		
19.	Adequate preparation for waste disposal		
20.	Chlorine solution		
21.	Puncture proof safety box for syringes		
Field Supervisors room			
1.	Has register on Health Education session		
2.	Has pregnant woman register		
3.	Has updated couple register		
Procedure Room (PAC/IUD/MR)			
1.	The room is Clean		
2.	Well illuminated with glass footed windows which may be painted with white colour		
3.	Windows are closed		
4.	Floor and side walls up-to 7 feet are mosaic or enamel painted		
5.	Slippers available exclusively for Procedure		

	Room		
6.	Spot light available		
7.	Procedure table is having plastic cover or sheet		
8.	Small step available		
9.	Cupboard is in use for equipment		
10.	Instrument trolley is available for the essential instrument, drapes, timer etc		
11.	Sterilized kits for IUD, Manual Vacuum Aspiration (MVA), MR etc. are available		
12.	An additional tray to keep all emergency medicine with multiple chambers, BP instruments, Stethoscope etc. available		
16.	Waste disposal basket with lining or proper lid available		
17.	Whether Bucket with chlorine solution for decontamination and bucket with clean detergent water available		
18.	Emergency medicine available		
19.	Emergency protocol/flow chart displayed		
Restricted area has arrangement for			
20.	Instrument processing including chlorine solution and buckets for decontamination, washing and rinsing		
21.	Functioning Autoclave/Steam Sterilizer		
22.	Scrubbing/hand washing		
23.	Gloves		
24.	A recovery area following NSV/MR/IUD		
Store room			
1.	Clean and dry		
2.	Have adequate # of fans including ventilation fans		
3.	Maintain adequate distance from wall to keep the shelves		
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		
Technical Standard, service delivery protocol and job aids are kept in appropriate place and easily accessible			
1.	Technical Standard on Infection Prevention		

2.	IMCI Chart Booklet and sick child form		
3.	IMCI Recording (Sick Child) form		
4.	EPI Manual		
5.	Family Planning Manual		
6.	Technical standard and service delivery protocol for RTI/STD		
7.	Quality Assurance manual		
8.	Technical standard and service delivery protocol on Maternal health care		
9.	National TB control manual		
10.	URKS card		
11.	Different client education leaflets, posters displayed and available for client use		
All the following Registers available in PHCC			
1.	Master Register		
2.	Stock Register		
3.	Register for VAW		
4.	Complicated pregnancy register		
5.	Referral Register		
6.	Technical Meeting Register		
Instruments and commodities available for IUD, MR & PAC			
1.	IUD instrument set (3 sets)		
2.	MR set (3 sets)		
3.	MVA set (3 sets)		
4.	Adequate supplies of syringes, cotton, hexisol, povidone iodine to clean site of injection		
1. Clinic complies with standards for infrastructure, equipment and commodities available			
Equipment and supplies to implement IP standard			
1.	Providers have access to soap and water 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		
Decontamination and cleaning supplies			
1.	Buckets/clinic areas marked for decontamination, water for washing and rinsing of instruments and waste		
2.	A mop/cloth in a bucket with a 0.5% Chlorine solution for cleaning examination table and other surfaces e.g. laboratory		
3.	Bleach in container properly stored so that		

	does not deteriorate		
4.	Plastic spoon		
5.	Plastic basket/bucket with perforated bottom for holding instruments		
6.	Wooden stirrer		
7.	Utility gloves		
8.	Macintosh		
9.	Large bucket for immersing and cleaning instrument		
10.	Tooth brush		
11.	Large pot for boiling instruments, in case, autoclave, not available or functional		
12.	Autoclave		
13.	Autoclave tape		
14.	Timer		
15.	Puncture-proof "Safety" box for syringes		
16.	Incinerator		
PHCC has at-least one full course of the following IMCI drugs, vaccine available			
1.	Cotrimoxazole tab 480 mg /Susp 240 mg/5 ml		
2.	Amoxicillin (Susp 125 mg/5 ml, Paediatric drop 100 mg/1 ml)		
4.	Vit. A Capsule 50,000 IU		
5.	Paracetamol (Tab 500 mg/Susp 120 mg/5 ml)		
6.	ORS Sachet		
7.	Zinc (Tab 10 mg, 20 mg)		
8.	Routine EPI vaccine		
Family Planning Commodities			
1.	Condom		
2.	COCs and POPs		
3.	ECPs		
4.	IUDs		
5.	Implants		
6.	Injectables		
Drugs for treatment of TB			
1.	Rifampicin		
2.	Ethambutol		
3.	INZ		
4.	Pyrazinamides		
5.	Inj. Streptomycin		
Others			
1.	Fire safety equipment		
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 services to the community and proper tracking of finances and supplies			
A. Effective leadership skills are evident with clinic team			
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. Accurate and current ESP cards are maintained including confidentiality of records			
1.	Health 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 with feedback		
C. Client satisfaction is assessed (at least one Red card Holder should be interviewed during client exit interview)			
1.	Clinic has a way to determine satisfaction of clients (such as suggestion box, client exit interview)		
2.	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.	PHCC 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		
K.	MR and PAC equipment available		
2. Infection prevention practice			
A.	Equipment and Supplies to implement infection prevention standard		
3. Clinic Management			
A.	Effective leadership evident with clinic team		
A.	Accurate and current Health cards are maintained including confidentiality of records		
B.	Medical equipment, furniture, consumables drugs, & supplies are properly inventoried and procured to prevent stock outs		
C.	Supplies and equipment are in working condition		
D.	Marketing/client satisfaction is assessed		
E.	Quality services are marketed to community to increase client base		
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, PNC, MR, PAC & IUD

Indicator 4: FP

Indicator 5: CH

Indicator 6: STI/RTIs: Screening & Management

Indicator 7: Screening & Management of TB

Indicator 8: LCC

Indicator 9: Diagnostic services

Indicator 1: Counseling

Providers demonstrate compliance with counseling standards (Counselor)

#	Answer Key: 1=Yes, 0=No, NA=Not applicable	Q1	Q2	Q3	Q4	Comments
1.	Ensure audio visual privacy during counseling by:					
1a.	Keeping the door closed					
1b.	Ensure that anyone knocks and seeks permission before entering the room					
1c.	Take client consent prior to permitting presence of any visitors during counseling					
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					
4a.	Child immunization					
4b.	MH status					
4c.	FP					
4d.	TB					
5.	Seek client feedback after their visit					
	Total counseling score					
Indicator 2: Provider demonstrate compliance with IP Protocol (Aya, PM)						
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,/volselum speculum, forceps, 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 during carrying out IP activities and housekeeping or handling medical waste					
	Total IP score					
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)						
1.	Follow or refer to the ORH training manual					
2.	Take notes about history of previous pregnancy and labour according to Female Health card					
3.	Conduct general examination correctly as per Female Health card with special emphasis on					
3a.	Pulse, temp. height, weight					
3b.	BP					
3c.	Oedema					
3d.	Anemia					
3e.	Jaundice					
3f.	Breast examination					
4.	Conduct the abdominal examination correctly as per Female Health card with special emphasis on					
4a.	Fundal height					
4b.	Foetal movement (after 20 weeks)					
4c.	FHS (after 24 weeks)					
4d.	Check for scars or previous H/O C/S					
5.	Advise the pregnant woman for Lab test					
5a.	Hb%					
5b.	VDRL					
5c.	HBSAg					
5d.	Blood grouping					
5e.	Rh typing					
5f.	Urine for R/E					
5g.	Refer to the CRHCC from PHCC for Ultrasonogram					
6.	See the report to determine if any further action					

	required or not					
7.	Discuss the relevant issues during counseling					
7a.	Danger signs					
7b.	TT immunizations					
7c.	Birth planning					
7d.	Breast feeding (use of colostrums and EBF), position and attachment					
7e.	Care of Newborn					
7f.	Advise about PNC visit according to the GOB schedule					
7g.	Postpartum contraception					
8.	Address nutritional issues and other aspects related to pregnancy					
a.	Prescribe Iron, Folic Acid during and after pregnancy					
b.	Counsel appropriate type and amount of food to eat					
c.	Advice on importance of rest, avoid heavy lifting, proper hygiene and clothing					
d.	Discuss about her next ANC visit					
e.	Record findings of the visit in the Female Health card or ANC register entered					
Indicator 3B. 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)						
1	Examine the mother following the Female 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 Female Health card:					
5a	Weight, temperature, respiratory rate, jaundice and skin rash					
5b	Umbilicus					
5c	Conjunctiva					
5d	Congenital anomaly					
6	Discus relevant issues during post partum visit, particularly					
6a	EBF up to completed 6 months including taking colostrums at birth					
6b	PPFP					
6c	Schedule and importance of EPI					
6d	Vit. A Capsule					
PAC/MR: Provide PAC/MR 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)						
1.	# of MR performed in the last month					
2.	Post MR FP services explained to the client					
3.	Ensured that the client received any long term/permanent method after MR					
4.	Follow up done for the clients who received long term/permanent method after MR					
Indicator 4. Counsels and provides an expanded range of FP products and services Doctors and Paramedics are performing according to standards for FP (Medical Officer and Paramedic) ((If there is any comment regarding competency of any provider or both, please mention in the remark column)						
A. Use standards of care and screening checklists to guide FP service and provision						
1	Have a copy of FP Manual as a reference					
2	Maintain a FP consent form and Female Health 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. Counsels about choice of FP methods according to current standards						
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: - ANC - PNC - PAC - Bring children for immunization and other child health visits (ARI, CDD) Woman of reproductive age with any other complaint					
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					
Indicator 5: Demonstrate proper skill during providing all FP methods like Pill, Condom, Injectables and IUD (See in Annexure)						
Indicator 6. Screening & Management of Infant & Child Health: EPI, ARI, Diarrhoea, Malnutrition. Providers child health services in accordance with quality standards (See in Annexure)						
Indicator 7: Providing STI/RTI services that comply with National Standards (See in Annexure)						
Indicator 8: Limited Curative Care (LCC): Provide LCC services that comply with standards (See in Annexure)						
Indicator 9: Diagnostic services: Provide that comply with national standard Diagnostic services(See in Annexure)						

Record of scores by Service areas and recommendations to correct deficit

#	Key indicators and sub components	Total score	Recommendations
	Counseling: Provider demonstrate compliance with counseling standard		
	IP: Providers demonstrates compliance with IP Standard		
	Maternal Health		
	ANC		
	Post Natal Care		
	PAC		
	MR		
	Family Planning		
	Child Health		
	Assessment & EPI		
	ARI		
	Malnutrition		
	RTI/STI		
	Communicable diseases		
	Limited Curative Care		
	Diagnostic Laboratory Services		
	Clinic Management		
	Grand total: score		

PAC/MR procedure

	3D. PAC/MR: Provide PAC/MR services in compliance with quality standard					
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					

Family Planning methods

	4. Counsels and provides an expanded range of FP products and services Doctors and Paramedics are performing according to standards for FP					
A	Use standards of care and screening checklists to guide FP service and provision					
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	Counsels about choice of FP methods according to current standards					
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"> - ANC - PNC - PAC - Bring children for immunization and other child health visits (ARI, CDD) - Woman of reproductive age with any other complaint 					
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	Demonstrate proper skill doing following procedure					
a.	Injectable Demonstrate competence in steps of giving injection as per guideline					
	<ul style="list-style-type: none"> - Shaked the vial to mix the drug - Remove air bubble from syringe (ensure dose 1 cc) without wasting medicines - Deep IM injection given - Did not massage the inj. Site 					

	- Disposed the syringe without recapping in a puncture proof box					
b	IUD Demonstrate correct procedure of IUD insertion					
	<ul style="list-style-type: none"> - Speculum examination: inspect cervix and vagina for discharge - Performed Bimanual examination to exclude any contraindication - Grasp Cx properly at 2 & 10 O'clock position using tenaculum - Insert uterine sound by 'no touch' technique to determine depth & direction of uterus - Load IUD in inserter by 'no touch' technique and adjust blue guard to fix it - Insert IUD by withdrawl technique within 5 minutes of loading - Ensure high fundal placement of IUD by gently nudging the inserter inwards - Ensure haemostasis 					

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

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					
Implement EPI according to standard						
	<ul style="list-style-type: none"> - Lid of vaccine carrier is closed all the time - At least one ice pack is not fully melted in a grey/blue vaccine carrier - TT & Pentavalent vaccines are kept on the table and not on top of the ice pack 					
Ensure potency of vaccine during EPI by checking						
	- Expiry date					
	<ul style="list-style-type: none"> - VVM for OPV/BCG/Pentavalent/Measles/T T and or shake test for Pentavalent and TT - Vaccines` are diluted with appropriate diluents and diluted vaccines are used within 6 hours 					
	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					
Management of ARI according to standard						
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"> - Convulsion - Rapid breathing (60 breaths per minute or more) - Severe chest indrawing - Grunting - Bulging fontanelle - Pus coming from ear - Fever more than 37.5 degrees - Lethargic 					
3.	Screened the child with cough or difficult breathing as per ESP card/IMCI sick child record form					
	<ul style="list-style-type: none"> - Age of the child - General danger signs - Duration of cough or difficult breathing - Count respiratory rate for full minute - Looks for chest in-drawing - Listens for stridor and wheeze 					
4.	Use the ARI classification of the infant/child as per standard/IMCI chart booklet					
	<ul style="list-style-type: none"> - For child 2 months to 5 years as: very severe disease or severe Pneumonia or Pneumonia or no Pneumonia (cough/cold) - For child <2 months as: very severe disease or severe Pneumonia or no Pneumonia (cough/cold) - Managed very severe disease or severe Pneumonia according to very severe disease or severe Pneumonia - Give first dose of Antibiotic - Refer <p>Manage Pneumonia according to very severe disease or severe Pneumonia</p>					

	<ul style="list-style-type: none"> - Give Antibiotic for 5 days - Advise for home care (keep baby warm, clear the nose, continue normal feeding & comply with treatment and follow up regime) - Explain when to return <p>Manage an infant/child who does not have Pneumonia according to the standard/IMCI chart Booklet</p> <ul style="list-style-type: none"> -Advise for home care (keep the baby warm, clear the nose, continue normal feeding - Counsel about when to return to clinic 					
Management of Diarrhoea according to standard						
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"> - Assessed about duration of Diarrhoea - Presence of blood in stool - Assessed general condition (lethargic, unconscious, floppy, restless, irritable - Pinch the skin turgor 					
2.	<p>Classify dehydration level as per standard</p> <ul style="list-style-type: none"> - Severe dehydration - Some dehydration - No dehydration - Dysentery/blood in stool - Severe persistent diarrhea - Persistent diarrhoea 					
3.	<p>Treat diarrhea according to standard IMCI chart Booklet</p> <ul style="list-style-type: none"> - Plan A: Advice to take ORS and more fluids with Zinc Tablet - Plan B: Observe and provide ORS (75 ml/Kg in ORT corner for 4 hours with Zinc tablet - Plan C: Refer for treatment using referral slip <ul style="list-style-type: none"> a. In Dysentery/blood in stool, provides Nalidixic Acid (15 					

	<p>mg/kg/doseX4 doses/day for 5 days) for the child aged above 3 months/refer if age below 3 months</p> <p>b. Severe persistent diarrhea – treating dehydration, prescribing Zinc and Vitamin A</p> <p>c. Counsel mother on cleanliness, hygiene, hand washing, safe drinking water, proper use of water purification tablet</p>					
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"> - Increase volume and frequency of fluid intake - Give Zinc tablet - Continue feeding the infant/child normally, if the infant is breastfeeding, continue and increase the frequency of breastfeeding - Seek appropriate health care if the condition does not improve 					
Assessment and treatment of malnutrition according to standard						
	<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"> - Look for visible severe wasting - Look for palmer pallor - Look for Oedema - Determine weight for age by using age specific weight chart 					
	<p>Correctly classified 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"> - Severe malnutrition or severe anemia - Anemia or very low weight - No anemia and not very low weight 					

	<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"> - Severe malnutrition or severe anemia: Vit A, ensure proper feeding and refer - 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) - No anemia and not very low weight: no additional treatment - During counseling, emphasized the following for malnutrition and anemia <ul style="list-style-type: none"> a. When to return immediately b. Follow up visits: <ul style="list-style-type: none"> If pallor – 14 days If low weight for age – 30 days c. If feeding problems – 5 days 					
	<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"> - Asked about breastfeeding and its frequency - Asked about types of food or fluid, frequency, way to feed and amount and who fed the child 					
	<p>Provided correct feeding recommendation to sick child’s mother as per IMCI chart booklet</p> <ul style="list-style-type: none"> a. Up to 6 months of age: breastfeeding as often as the infants want - If breastfeeding – 3 times a day - If not breastfeeding – 5 times a day 					

	<ul style="list-style-type: none"> b. After 6 months to 12 months: breastfeeding as often as the infants want, adequate servings before breastfeeding or 5 family foods per day c. After 2 years and older: family food at least 3 times a day and nutritious food 2 times a day 					
	<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"> - Looked for jaundice at palm and soles - Looked for redness in Umbilicus extending to skin and/or discharging pus - Observe pus from ear - During Counseling emphasized the following for child's feeding of low weight <ul style="list-style-type: none"> a. Breast feeding as often and for as long b. Reducing other food or drink c. Home treatment for Thrush d. Hoe care for young days infant e. Follow up: feeding problem or Thrush – 2 days, LW for age – 14 days 					

STI/RTI services that comply with National Standards

<p>Correctly take the history from client with possible STI/RTI as per Manual by asking about</p> <ul style="list-style-type: none"> - The discharge - Pain in the lower abdomen - Pregnancy history - History of Contraceptives 					
<p>Treat Vaginal Discharge Syndrome according to standard</p> <p>Cervicitis:</p> <p>Trichomoniasis or Bacterial Vaginosis:</p> <p>Candidiasis:</p> <p>Lower Abdominal pain Syndrome:</p> <p>Urethral Discharge:</p> <p>Genital Ulcer:</p>					
<p>During RTI/STI case Management, ensure and explain 4Cs</p> <ul style="list-style-type: none"> - Counseling - Condom use - Compliance to treatment - Contact tracing 					
<p>Routinely ask client to return after completion of treatment</p>					
<p>Ask client for feedback or if s/he has any question?</p>					

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"> - Present illnesses - Past illnesses - Past medical history - Occupational history 					
Do Physical examination that includes the following: <ul style="list-style-type: none"> - Measure height and weight - Measure pulse & BP - Relevant systematic examination - Refer to the lab for appropriate diagnostic test - Make a diagnosis and treat accordingly or refer as needed to a Specialist - Follow the principles of rational drug use - Prescription has the following things written clearly: <ul style="list-style-type: none"> - Chief complaints - Findings of physical examination - Provisional diagnosis - Treatment based on diagnosis with appropriate dosage and duration - Relevant advice 					
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					

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"> - Wearing gloves when in contact with any body fluids or performing lab test to protect the provider himself or herself - Have chlorine solution in the laboratory - Disposed syringes in a puncture proof box - Never recapping syringes - Have all the reagents required for the test to be performed in the lab - Storing reagents properly - Maintain and check inventory and reorder before running out 					