



# QUALITY STANDARDS for URBAN PRIMARY HEALTH CENTRE

December 2015



Ministry of Health and Family Welfare  
Government of India





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## EXECUTIVE SUMMARY

Urbanization in the country has risen exponentially in recent times. As per UN projections, if urbanization continues to rise at the present rate, then 46% of total population will be in urban regions of India by the year 2030. Rapid urbanization with influx of migrants, expansion of the city boundaries, parallel rise in slum populations and urban poverty have thrown multiple challenges for managing health & its determinants, such as water, sanitation, waste disposal, Communicable and Non-communicable diseases, Trauma, Drugs & Alcohol abuse, Domestic violence, etc. Despite the supposed proximity of urban poor to urban health facilities, their access to facilities is severely restricted and the urban poor are more vulnerable and worse off than their rural counterpart because of inadequacy in the urban health delivery system, ineffective outreach and weak referral system, which are compounded further by lack of standards and norms for the urban health facilities.

Recognizing the seriousness of problem, National Urban Health Mission (NUHM) was launched as a separate mission in years 2013 with objective of improving health status of the urban poor particularly slum dwellers and other marginalised sections.

National Quality Assurance Standards for District Hospitals, Community Health Centres (CHC) and Primary Health Centres (24x7) have been released and are being implemented across the country. Urban Primary Health Centres (UPHC) are different from conventional rural PHCs in term of size, functions, focus on ambulatory care, limited staff and infrastructure. U-PHC is also expected to deliver certain job-functions of Subcentre through its outreach services. In view of these considerations, it is, therefore, appropriate that a separate list of standards are developed.

Hence, National Quality Assurance Standards for Urban Primary Health Centres have been developed to measure the quality of services at Urban PHCs. These Standards also intend helping the states in building an in-house credible quality management system into the design of Urban PHCs. These standards offer a standardize process for monitoring and evaluation of quality of services by various stakeholders like Facility staff, district health administration, and certification bodies.

First step in such efforts is to assess Urban Primary Health Centres, so that the gaps at health facilities are known, and a time-bound action plan for the gap closure is developed. Subsequent assessments by various stakeholders – facility in charges, district health administration, state and external certification body, would need to be undertaken using same tools, so that there is clarity on expectation and objectivity in assessment is maintained. This ensures in-house ownership, which is important for sustainability of Quality Assurance Initiative.

An 'All in One' approach has been adopted in developing this guidebook with both 'What' and 'How' components included what needs to be done to improve the quality at UPHCs and How to do it? Therefore, the book can be used for Assessment, as well as for planning and implementation. For convenience of calculating different scores, the guidebook also contains a formula based Excel sheet.

These guidelines are applicable to Urban PHCs as envisaged in "National Urban Health Mission-Framework for Implementation". National Quality Assurance Standards for UPHCs have 35 Standards under 8 Areas of Concerns with 198 Measurable Elements (ME). The checkpoints of each ME have been arranged into Twelve Checklists: -General Clinic, Maternal Health, Immunization, Newborn and Child Health, Laboratory & Diagnostics, Communicable Diseases, Non-communicable diseases, General Administration, Outreach Programs, Family Planning, Dressing Room and Emergency Management. Evidence of compliance to each checkpoint would be gathered either by direct observation by the assessor or interviewing staff of the health facility or interviewing with beneficiaries or review of records available at the UPHC or a combination of all such methodologies. Compliance to each checkpoint would be decided in term of full compliance, partial compliance or no compliance and the checkpoint would be awarded two, one or zero marks respectively.

The assessment process generates scores for the UPHC, departments, and against each Area of Concern. These scores can be used as an objective parameter for assessing status and progress of Quality Assurance at the UPHC, as well as comparing two similar health facilities and inter-Block/Inter-District/Inter-State comparison and Benchmarking. Independent Assessors with no conflict of interest would be using similar yardstick for assessing the UPHC for Quality Certification.

The guidebook will help in improving the quality of services at UPHCs, optimal utilization of resources and building a credible, sustainable and intrinsic Quality Management System (QMS) within the system.



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## OBJECTIVES OF THIS BOOK

1. On completing study of this handbook, the reader should have the knowledge and skills needed for the Quality Assurance, and its essential components in the context of an U-PHC.
2. Define core processes of U-PHC and how to identify the gaps.
3. Know which documents are essential to maintain quality in a U-PHC and how to put it in place.
4. Understand a system of monitoring performance of U-PHC through Key Performance Indicators (KPI)
5. Understand quality standards and assessment tools to measure quality of care in Urban Primary Health Care Settings.
6. As a reference and training material for internal and external assessors under National Quality Assurance Programme.
7. Defining structure and process requirements for proposed new UPHCs, and also for existing UPHCs, which are taken for upgradation.



## I. HEALTH SYSTEM IN URBAN AREAS

There has been exponential growth in number of people living in urban area across the globe, about one third of these urban dwellers live in the slums, make-shift & informal settings. India is also witnessing similar trends with increasing population residing in the urban areas of the country. In India, proportion of the urban population has increased from 10.8 per cent in the year 1901 to 31.2 per cent in the year 2011. This is expected to increase to 50 percent over the next few decades. Between 2001 and 2011, the urban population grew by 91 million to about 377 million, and is estimated to increase by more than 200 million by 2030. Mathematical modelling reveals that this population may reach 534 million by the year 2026.

Urban population growth in India can be explained by three forces: natural population growth, net migration (from rural to urban areas), and transformation and reclassification of cities and peri-urban areas.

Growth in the Housing sector in term of availability of affordable dwelling units and expansion of civic amenities to the required extent have not kept pace with the increasing demands of Neo-migrants. It has resulted into mushrooming of slums in the cities. Nearly one-third of India's urban population lives in the slums, which are characterised by overcrowding, poor hygiene & sanitation and the absence of proper civic services.

While the characteristics of each city may vary in term of local context, common issues pertaining to health & health-determinants are given below -

- 1. Multiple Health challenges:** Urban Population is faced with double whammy of Communicable and Non-communicable Diseases, such as maternal and child health problems, natural calamities, manmade calamities, threat of re-emerging diseases, alcoholism, substance abuse, etc. The disease burden of urban poor is well known; most are the same as those that affect other urbanites, but are more pronounced and more often co-occurring. The literature corroborates and expands upon this: infant mortality rates are higher by 1.8 times in slums as compared to non-slum areas. Diarrhoea deaths account for 28 per cent of all mortality, while acute respiratory infections account for 22 per cent. Nearly 50 percent of urban child mortality is the result of poor sanitation and lack of access to clean drinking water in the urban slums. Additionally immigrants also bring along the infections, which are usually not prevalent in that town. Few of such examples are Kala-azar, Acute Encephalitis Syndrome, Malaria (p. falciparum), etc.
- 2. Inadequate services & poor referrals:** Inadequate availability of Primary Health Care, which is often of sub-optimal quality, is commonly responsible for the poor access to the Public Health facilities. These facilities often function in rented accommodation, which is not adequate to deliver to full range of services. Urban slum population work in un-organised sector or they are daily wager without benefit of sick leave, etc. Fear losing their daily earning further impedes their access to Public Health Facilities. Absenteeism among the facility staff, inconvenient timing, poor availability of medicines, apathy & rude behaviour of the service providers, weak coordination among stakeholders, weak referral linkage from community to primary health centre and higher facilities are few other issues of Urban Health System.
- 3. Non-Notified slums:** As per NSSO (69<sup>th</sup> round), only 49 % of the slums have been notified in the country, remaining being non-notified. Besides unlisted slum settlements, urban poor also include pavement dwellers, population residing at construction sites, brick and lime kilns, fringes of the



city, floating population, etc. where access to organised health remains major challenge. Often non-notified slums face the problem of access to safe drinking water, absence of sanitary latrines, poor quality of air, abundance of disease transmitting vectors, etc., making them vulnerable to infections.

4. **Weak demand:** Low awareness about the available services and healthy behaviours, weak community organization and social cohesion, Weak negotiation capacity, Low level of trust in the public facilities owing to irregularity and low quality are the common barriers. These reasons discourage the people from availing the services at Urban Public Health Facilities.
5. **Struggle for subsistence:** Struggle for subsistence and weak family support, pressing need to resume wage earning, sub-optimal household behaviour, constant threat of eviction lead to poor attention toward health issues
6. **Multi-dimensional Vulnerability:** Urban poor are usually vulnerable for many reasons, few of which are given below –
  - ◆ Irregular employment,
  - ◆ Poor access to water and sanitation services, overcrowding, poor housing, and insecure land tenure
  - ◆ Temporary and recent migrants often denied access to health services
  - ◆ Difficult to track for follow-up health services
  - ◆ High prevalence of diarrhoea, fever, and cough among children
  - ◆ Lack of organized community efforts in slums

## Objectives and Underlying Principles of Urban Primary Health Care

Urban Primary Health Care is centred around the principles of equity, inclusive, responsiveness, efficiency and effective. It is envisaged that the care would be delivered through U-PHC, which besides providing Primary Care to the community, would also take the care to door-steps of beneficiaries through outreach services. Few of the job functions of Urban Primary Health Centres are given below -

1. To provide comprehensive primary health care to the community through the Urban Primary Health Centre and ensuring fulfilment of service guarantees and client satisfaction
2. To achieve and maintain an acceptable standard of quality of care through optimal utilization of resources
3. Involvement of the community in its management, so that the services are more responsive and sensitive to the needs of the community and right of every individual to access care in a facility with dignity
4. Increased utilization of services leading to positive health outcomes
5. Providing integrated reproductive, maternal, newborn, child & adolescent (RMNCH+A) health services and other services under national health Programmes in accordance with protocols with required competency
6. Establishing assured referral linkages
7. Monitoring quality of service delivery and establishing a process for improvement of quality
8. Creating conducive work environment for the staff
9. Training the service providers for necessary behavioural and technical skills

### Principles –

1. Services should be available in the proximity of target population.



2. Focus on the preventive and promotive care besides delivery of committed services under National Health Programme.
3. Services are designed keeping the interest of poorest and marginalised section of the urban population
4. Outreach services are integral part of the Urban Primary Health System
5. Minimising cost of care and out of pocket expenditure
6. First port of care at U-PHC is expected to perform 'Gate-keeping' function in term of curative services at District and Medical College Hospitals, which are already over-burdened.
7. Continuous learning organization with skill building and upgradation.
8. Continual improvement and client focus

To fulfil previously mentioned objectives, there is pressing need to plan & re-align UPHC as per implementation framework & define structure, process & outcome requirement of the UPHC.

There are IPHS Guidelines for Subcentre, Primary Health Centres, Community Health Centres, Sub-District Hospitals and District Hospitals. These guidelines are good tools for normative planning in term of service availability, HR, Equipment, etc. However, no such guidelines are available for Urban Health Facilities. Functionality of Urban-PHC varies considerably vis-a-vis Conventional PHC as elaborated in the following table 1.1 –

**Table 1.1- Comparing Urban PHC with Conventional PHC**

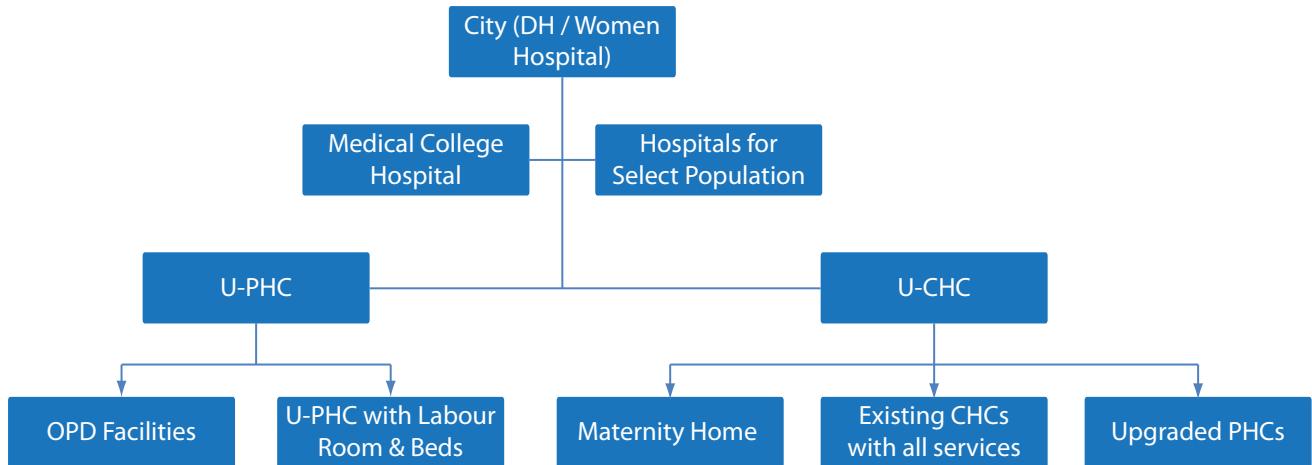
Sr. No.	Thematic Area	UPHC	PHC (Rural)
1	Population	For every 50,000 – 60,000 population	20,000 population in hilly, tribal, or difficult areas and 30,000 populations in plain areas with 6 indoor/bservation Beds
2	Beds	Nil	6 Beds
3	Subcentres	Not available	One PHC is expected to provide support to Six Subcentres
4	Location	Preferably within a slum or near a slum within half a Kilometre radius, catering to a slum population of approximately 25,000 – 30,000	As per population norm
5	Manpower	MOI/C -1, 2nd MO (part time) – 1 Nurse – 3 LHV – 1 Pharmacist – 1 Lab Technician - 1 ANM – 3-5 Public Health Manager/ Mobilization Officer -1 Support Staff – 3 M & E Unit – 1	Medical Officer- MBBS 1 Medical Officer – AYUSH 1 (Desirable) Accountant cum Data Entry Operator - 1 Pharmacist - 1 Pharmacist AYUSH - 1 (Desirable) Nurse-midwife (Staff-Nurse) 3/4 (+1 Desirable) Health worker (Female) - 1 Health Assistant (Male) - 1 Health Assistant (Female)/LHV - 1 Health Educator – 1 (Desirable) Laboratory Technician - 1 Cold Chain & Vaccine Logistic Assistant - 1 (Desirable) Multi-skilled Group D worker - 2 Sanitary worker cum watchman - 1



<b>Sr. No.</b>	<b>Thematic Area</b>	<b>UPHC</b>	<b>PHC (Rural)</b>
6	Services	OPD services Services as prescribed under RCH II National Health Programmes Referral Services Basic Laboratory services Outreach Services	1.OPD services 2.24 hours emergency services 3.Referral services 4. In-patient services (6 beds). 5. Delivery Services 6. Basic Laboratory Services 7. Operation Theatre (optional) 7. National Health Programmes.
7	Outreach – by ANM	1. Responsible for providing preventive and promotive healthcare services at the household level through regular visits & outreach sessions.  i) Routine Outreach Session - Minimum of one routine outreach session in every area per month  ii) Special outreach sessions (for slum and vulnerable population) – once in a week by the ANMs covering slum/vulnerable populations in partnership with other health professionals (doctors/pharmacist/technicians/nurses-government or private). It will include screening and follow-up, basic lab investigations (using portable/disposable kits), drug dispensing and counselling.  Outreach sessions will be planned to reach out to the vulnerable sections like slum population, rag pickers, sex workers, brick kiln workers, street children and rickshaw pullers.	Outreach activity being carried out at Subcentre level by ANM.
8	Land & building for U-PHC	Land for the Urban Primary Health Centres and other such infrastructure would be given free of cost by the State Government. However, often land/ rented building near slum & vulnerable inhabitation is not easily available.	The PHC should have a building of its own. The surroundings should be clean. Usually land is available in rural setting.
9	AYUSH Centre	The option of co-locating the AYUSH Centre with U-PHC may also be explored, thus enabling the placement of AYUSH doctor and other AYUSH paramedic staff in the U-PHC.	Mainstreaming of AYUSH Provision of one AYUSH Doctor and one AYUSH Pharmacist has been made at PHC to provide choices to the people wherever an AYUSH Public facility is not available in the near vicinity. The signboard of the PHC should mention AYUSH facilities.



**Figure 1.1: Hierarchy of Public Health Facilities in Urban Areas**



There is considerable variation in the size and scope of the service provided by urban health facilities across nation. These facilities may vary from only OPD services (Health Post), OPD with Laboratory and Pharmacy, UPHCs providing Delivery services, Maternity homes and proper Urban CHC providing all spectrum of services as compared Rural CHC. The national quality assurance standards have been designed taking in consideration these inherent variations in the health system. Departmental/ Thematic Checklist approach to the quality assurance provides flexibility to the states and facilities to customize the quality standards and measurement system according to scope of services provided by them.

It is also realised that U-PHC are being rejuvenated under the NUHM. A large number of such facilities are functional in rented accommodation, where not much alteration in the building could be undertaken. Therefore, the main thrusts of proposed standards have been kept on ensuring delivery of the services and HR should commensurate with its load.

### UPHC Under NUHM

- ◆ Facilities are set up close to the target population in a defined manner namely one UPHC providing outdoor primary healthcare for every 50,000 population. Primary care is easily accessible and located within half a kilometre from the settlements.
- ◆ The facilities are accessible with convenient timings. The OPD clinics are held in the evening hours. There are no financial barriers.
- ◆ The U-PHC also provides outreach services through ANMs (one for every 10000 population) based out and controlled by the UPHC.
- ◆ Community participation in the form of Mahila Arogya Samiti (MAS) and Rogi Kalyan Samiti (RKS) also form an essential component of the program.
- ◆ UPHC will provide institutionalized outdoor services in the form of consultation, basic laboratory diagnosis, drug / contraceptive dispensing apart from distribution of health education material and counselling, as envisaged under the National Health Programmes.





II

## QUALITY ASSURANCE AT URBAN HEALTH FACILITIES

Quality in Public Healthcare came into focus with the launch of the RCH in 1997, with one of its main objectives as improvement of quality. Ninth Five Year Plan (1997-2002) and National Health Policy (2002) also brought quality into focus, and raised concern about the quality of services provided at the public health facilities. Tenth Five Year Plan (2002-2007) had stated its major focus areas as 'Improvement, efficiency of the existing health care system, quality of care, logistics & supplies of drugs and diagnostics, and promotion of the rational use of drugs.'

The National Rural Health Mission (2005) was launched with a the goal "to improve the availability and access to quality health care by people, especially for those residing in rural areas, the poor, women and children." Successful implementation of NHM is evident by the many fold increase in OPD, IPD and other relevant services being delivered in the Public Health Facilities across states & UTs. However, the Quality of Services being delivered still remains an issue. Perception of poor quality of healthcare in fact dissuades patients from using the available services because health issues are among the most salient concerns.

Another watershed moment in the quality improvement initiative came in March 2005, when the Honourable Supreme Court, in Ramakant Rai and Health Watch UP and Bihar vs. the Union of India (Writ Petition (C) No 209 of 2003), directed all states to set up a quality assurance committee (QAC) for family planning surgeries at the state and district level. A mid- term review of the RCH II showed that while the QACs had been set up, they remained non-functional for the large part.

**Indian Public Health Standards (IPHS) Guidelines** were launched in the year 2005 and later revised in 2012. IPHS lays down norms for the Physical infrastructure, Services (Essential and desirable), HR, Equipment, Drugs and Diagnostics at Public Health Facilities. The IPHS guidelines are good tools for the normative planning, however it does not address the 'Process' component of the care, meaning thereby how the care is organised & delivered. There is no in-built system of quality certification under the IPHS. The requirement of having an IPHS Guidelines for Urban-PHC still exists, for supporting states and UTs in setting-up a de-novo U-PHC, a planning tool has been given in **Annexure 'A'** of this document.

**National Accreditation Board for Hospitals & Healthcare Providers (NABH)** is a constituent board of Quality Council of India (QCI), set up in the year 2005 to establish and operate an accreditation program for healthcare organizations. It was started with an objective to promote 'medical tourism' in the country. Public Health Facilities in many states started this initiative, however full accreditation could be achieved by few of them.

In the year 2011-12, a comprehensive evaluation of models of certification/ accreditation of Public Health Facilities was undertaken by the MoHFW through an external organization. The report brought out that prevalent approaches were not meeting requirements of Indian Public Health System. A need was felt that QA system for Public health facilities should be evidence based, sustainable, having low cost of implementation and addressing specific needs of Public Health Facilities.



**In Nov 2013, the Ministry of Health & Family Welfare has launched the National Quality Assurance Programme** (NQAP), key features of which are given in Table -2.1.

**Table -2.1: Key Features of National Quality Assurance Programme**

1. Institutional Framework
2. Explicit Quality Assurance Standards
3. Continuous Assessment
4. Health System Driven Approach
5. Capacity Building
6. Progress Assessment on specific Key Performance Indicators
7. Certification
8. Incentivisation





# A. QUALITY UNDER THE NATIONAL QUALITY ASSURANCE PROGRAMME

## 1. Introduction to Quality Assurance in Healthcare

*Quality is never an accident; it is always the result of high intension, serious effort, intelligent direction and skilful execution; it represents the wise choice of many alternatives: William Foster*

Defining Healthcare Quality:

**Joseph M. Juran** has given simplest and most comprehensive definition of quality. According to him, Quality of a product or a service encompasses three components:

- ◆ Fitness for use
- ◆ Free from Defects and Deficiencies
- ◆ Meets customer's needs and expectation

**Sir Avedis Donabedian**, father of Healthcare Quality has defined quality of Healthcare as:

- ◆ The application of medical science and technology in a way that maximizes its benefits to health without correspondingly increasing its risks.
- ◆ The degree of quality is, therefore, the extent to which the care provider is expected to achieve the most favourable balance of risks and benefits.

In 1988, **WHO** defined quality of healthcare services as:

Proper performance (according to standards) of interventions that are known to be safe, that are affordable to the society in question, and that have the ability to produce an impact on mortality, morbidity, disability, and malnutrition. Quality has following six subsets:

- ◆ **Patient centric:** Delivering health care, which takes into account personal preferences and aspirations of the service users, and is in congruent with their culture & belief. It implies that patients are accorded dignified and courteous behaviour. Their reasonable belief, practices and rights are respected.
- ◆ **Equitable:** Delivering health care, which does not vary in quality because of personal characteristics such as gender, caste, socioeconomic status, religion, ethnicity or geographical location.
- ◆ **Accessible:** Delivering health care that is timely, geographically reasonable and provided in a setting where skills and resources are appropriate to the medical need.
- ◆ **Effective:** Delivering health care that is based on the needs and is in compliance to the available evidences. Therefore, observance of treatment guidelines and protocols is important for ensuring the quality of care.
- ◆ **Safe:** Delivering health care, which minimizes risks and harm to the users.
- ◆ **Efficient:** Delivering health care in manner, which maximizes productivity out of the deployed resources thus avoiding wastages.



**Often different terms are used in articulating Quality of Care in Health Facilities, such as Quality Control, Quality Assurance and Quality Improvement.**

Each of these terms has a definite meaning & connotation.

- ◆ **Quality Control** - the “detection of defects”, (also referred to as Verification and Validation).
- ◆ **Quality Assurance** - the “prevention of defects”, such as the deployment of a Quality Management System and preventive activities.
- ◆ **Quality Improvement**- Part of Quality Management, focussed on increasing the ability to fulfil quality requirements

## Licensure, Accreditation and Certification

### Licensure

When a governmental authority grants permission to an individual practitioner or health care organization after ensuring that, the organization or individual meets minimum standards to protect public health and safety. Individual licenses are provided after some form of examination or proof of education and may be renewed periodically. Organizations are granted Licenses following an on-site inspection to determine if minimum health and safety standards have been met.

### Accreditation

A formal process by which a recognized body, assesses and recognizes that a health care organization meets applicable, pre-determined and published standards. Accreditation is often a voluntary process, rather than one required by law and regulation.

### Certification

A process by which an authorized body evaluates and recognizes either an individual or an organization as meeting pre-determined requirements or criteria. Accreditation usually applies only to organizations, while certification may apply to individuals, as well as to organizations.

**Figure 1.A.1: Dimensions of Quality of Care (QoC)**



Quality of care and patient safety is an articulated commitment of NHM. National Quality Assurance Programme was launched in November 2013 with release of 'Operational Guidelines for Quality Assurance in Public Health Facilities' along with Assessors Guidebooks for District Hospitals to bridge the gap between the vision and the realization of quality. Subsequently, on the same lines, Standards and guidelines for Primary Health Centres (PHC) and Community Health Centres were released in November 2014. All states and UTs have adopted National Quality Standards and Guidelines for improving quality of services and certification.

These current National Quality Assurance Standards for Urban Primary Health Centre's are extension of the existing group of standards for Public health facilities under National Quality Assurance Programme.

## 2. Dimensions of Quality of Care

The most accepted framework for assessing the quality of care is the 'Donabedian model', which classifies Quality of Care in terms of three components – Structure, Process & Outcome.

**Structure (Inputs)** – Structural aspect of Quality of Care includes material resources like infrastructure, drugs and equipment; and Human Resources such as availability of adequate number of personnel, who have requisite knowledge and skills. Evaluation of the quality that relies on structural elements may implicitly assume that well qualified people working in well-organized settings would ensure delivery of quality care. However, it is not always true. Further, the proposed quality system strives to provide Quality of Care within the constraints of non-availability of sanctioned human resources, often within the public health facilities.

**Process** – Quality of Care must also be evaluated in terms of processes & sub-processes, required for the delivery of care. For example, how quickly a patient is registered and attended, behaviour of the service providers, respect for dignity and privacy of the patients, patients' satisfaction.

**Outcome** – Quality of care is also assessed in terms of outcome measurements, which denote the extent to which intended goals and objectives have been achieved.

The three aspects of the Quality of Care may have different connotation to different stakeholder's viz. Patients, Service providers and Health System, as given in Table 3.1.

**Table 2.2.1: Quality of Care in Terms of Structure (Inputs), Processes and Outcome**

	<b>Inputs</b>	<b>Process</b>	<b>Outcome</b>
<b>Patients' expectations</b>	<ul style="list-style-type: none"> <li>◆ Availability of services</li> <li>◆ Availability of drugs and consumables</li> <li>◆ Prompt services</li> <li>◆ Clean &amp; Inviting environment at the health facility</li> <li>◆ Barrier-free Access</li> <li>◆ No exclusion on the basis of religion, caste and socio-economic status</li> </ul>	<ul style="list-style-type: none"> <li>◆ Minimal waiting time &amp; Prompt referral, if required</li> <li>◆ Good behaviour by service providers</li> <li>◆ Privacy &amp; confidentiality</li> <li>◆ Grievance Redressal</li> <li>◆ Access to Information and involvement of patients in decision-making</li> </ul>	<ul style="list-style-type: none"> <li>◆ No out of pocket expenditure</li> <li>◆ Availability of guaranteed services.</li> <li>◆ High Patient Satisfaction</li> <li>◆ Treatment and Cure</li> </ul>



	<b>Inputs</b>	<b>Process</b>	<b>Outcome</b>
<b>Service providers Requirements</b>	<ul style="list-style-type: none"> <li>◆ Adequate and planned infrastructure</li> <li>◆ Serviceable &amp; calibrated Equipment</li> <li>◆ Availability of Quality Drugs</li> <li>◆ Human Resources-numerical adequacy with knowledge and skills</li> <li>◆ Enabling Work Environment</li> </ul>	<ul style="list-style-type: none"> <li>◆ Adherence to clinical protocols</li> <li>◆ Infection Control Practices</li> <li>◆ Training and Skill Development in place</li> <li>◆ Safe and effective health care</li> </ul>	<ul style="list-style-type: none"> <li>◆ Reduced rate of mortality, morbidity &amp; complications.</li> <li>◆ Efficiency in care in terms of optimum use of material and human resources, etc.</li> <li>◆ Adverse drug reactions</li> <li>◆ Reduced Hospital acquired Infection</li> <li>◆ High staff satisfaction</li> </ul>
<b>Health Systems requirements</b>	<ul style="list-style-type: none"> <li>◆ Efficient Utilisation of Resources</li> <li>◆ Facilities provide full range of services</li> <li>◆ Adequate Technical Support</li> </ul>	<ul style="list-style-type: none"> <li>◆ Efficient logistics management</li> <li>◆ Monitoring and Supervision</li> <li>◆ Effective implementation of Programmes</li> </ul>	<ul style="list-style-type: none"> <li>◆ Measurable deliverables of Programmes</li> <li>◆ Improvement in Health Indicators</li> <li>◆ Enhanced Productivity in terms of volume</li> </ul>

### 3. Institutional Framework for Quality Assurance Implementation

The QA programme revolves around finding the gaps (in each area of concern, as well in each department of health care facility). It is followed by prioritising the gaps, and action planning for closure of the gaps. Patient satisfaction is also required to be measured regularly.

#### Key Features of the Quality Assurance Programme

Key features of Quality Assurance Programme are given below:-

- i. **Institutional Framework for the Quality Assurance:** The Quality Assurance programme envisages a unified structures for quality assurance at every level starting from facility level quality team to District & and State level. The committees are supported by Quality Assurance Units, which are full-time structure for supporting quality related activities. Implementation of Quality Assurance Framework at Urban Health Facilities would be ensured by the institutional framework, as recommended in the 'Operational Guidelines for Quality Assurance in Public Health Facilities'. State and District quality assurance committees should ensure due representation from urban health program. Existing quality assurance committee may co-opt concerned officials from urban health facilities /program as per prevalent urban health organizational structure in the state.
- ii. **Adaptation of National Quality Assurance Standards:** A set of standards have been defined for each level of conventional Public Health Facility, along with respective measurable elements and departmental/programme/ activity checklists. The States are expected to review these standards and checklists. The system provides flexibility to add more standards, For example, if there is



labour room and small size maternity ward co-located within a U-PHC, then the Standards, measurable elements and checkpoints as given for these facilities in a conventional rural PHC may be added. Certain checkpoints could be modified in consultation with the Health Ministry & NHSRC.

- iii. **Creating pool of Assessors:** As Quality Assurance Programme envisages internal & external assessment of health facilities periodically, the states have been supported under NHM for the conduct of Internal Assessors Training (2 days), and External Assessors Trainings (5-days). The Participants, successfully clearing the proficiency tests have been issued the certificate under the programme. These assessors have capacity to assess Urban Health Facilities, for compliance to the Quality Standards. The states should endeavour to empanel certain senior and prominent professionals as external assessors, who would be carrying out assessment for state & national level certification.
- iv. **Training on Quality Assurance:** Achieving these standards would require training of key personnel in having requisite knowledge & skills for eliciting the gaps, and subsequently taking requisite actions in closing the gaps. Therefore, a two-days training on the Quality in Urban Health can be planned. Initially, a ToT can be conducted at the state level. Medical Officers and Nurses working at U-PHC, DQAU & SQAU members would undergo such trainings.
- v. **Selection of 'Priority Facilities' for Quality Assurance:** All U-PHCs should strive to achieve these standards, but due to resource constraints and variation in baseline status, all facilities may not reach the standard at same time. As a general norm, the states should take at least 50% of U-PHCs for the assessment in first year. It should be followed by action planning. In the second year, remaining 50% of the facilities may be taken for the assessment.
- vi. **Implementation of Quality Assurance at Facility Level:** For improving clinical, support and outreach processes, every facility would be required to implement a set of quality assurance related activities, such as constitution of quality team, framing of quality policy & objectives, patient satisfaction surveys, measuring key performance indicators, rapid improvement events, system of periodic review such as internal assessment and clinical audits, drafting and implementation of Standard Operating Procedures (SOPs), calibration of equipment, external quality assurance programme for laboratory, etc.
- v. **Implementation of Quality Assurance at System Level:** To sustain the gains made by implementation of quality assurance at facility level, it would be important that various quality assurance committees at the State and District level operate optimally. This would require periodic visits by QA units to the U-PHCs & U-CHCs for purpose of monitoring, assessment and support, conducting review meetings of DQAC and SQAC at fixed intervals, monitoring and feedback on key performance indicators and follow up action plan to ensure timely closure of gaps. KPIs for an Urban-PHC are given in **Annexure 'B'**.
- vi. **Quality Certification of U-PHC & U-CHC:** Once facilities meet the quality standards, these should be certified through a transparent and neutral mechanism. It is expected that all facilities selected for first phase should be certified within stipulated time, before taking up additional facilities in the next phase. Certification can be done at two levels. The States may create a certification body within the states and take services of empanelled assessors for assessment and verification of claims. Secondly, the states may approach MoHFW GOI for National certification of better performing health facilities.
- vii. **Incentivizing and Sustaining Quality Assurance :** A provision has been made in the proposed QA programme to recognize efforts of those facilities, who have met the quality standards and were certified. NUHM envisages provision of OPD care with setting up of UPHC in urban areas and as most of the UPHCs do not have indoor facilities, the OPD registration is suggested as a criteria for determining the incentives for achieving quality standards in UPHCs. The incentives can be calculated @ Rs. 2 per OPD registration.



Summary of QA Institutional Framework is given in the table no. 2.3.1

**Table 2.3.1.Institutional Framework for QA**

Level	Name of Committee/Unit	Main Function	Functions for Urban Health
<b>National Level</b>	Central Quality Supervisory Committee (CQSC)	<ul style="list-style-type: none"> <li>◆ Development of technical guideline &amp; Protocol</li> <li>◆ Review and monitoring of QA activities</li> <li>◆ Mentoring of the States' teams</li> </ul>	<ul style="list-style-type: none"> <li>◆ Developing and updating of technical protocols and quality standards for Urban health facilities.</li> <li>◆ Joint Secretary (NUHM)/ Director (NUHM) will be nominated as members of CQSC</li> </ul>
<b>State Level</b>	State Quality Assurance Committee (SQAC)	<ul style="list-style-type: none"> <li>◆ Developing State's Quality Assurance Policy&amp; Guidelines</li> <li>◆ Review of Assessment Status</li> <li>◆ Ensuring attainment of the standards</li> <li>◆ Review &amp; adjudicate Compensation claim</li> <li>◆ Periodic review of progress of QA</li> <li>◆ Review KPI.</li> </ul>	<ul style="list-style-type: none"> <li>◆ Adapting National Quality Standards for urban health facilities</li> <li>◆ Implementation of QA program in urban health facilities</li> <li>◆ Training and capacity building</li> <li>◆ State level quality certification</li> <li>◆ Nodal officer (Urban Health) (or equivalent) for urban health can be part of SQAC</li> <li>◆ Representative of ULB &amp; SUDA</li> </ul>
	State Quality Assurance Unit (SQAU)	<ul style="list-style-type: none"> <li>◆ Consist of Additional/ JD(FW)/ DD/ equivalent, State nodal officer of Programme division, State Consultants (3), Administrative Assistant</li> <li>◆ SQAU is working arm under SQAC.</li> </ul>	<ul style="list-style-type: none"> <li>◆ In large states, where number of urban health facilities is high, one Dedicated QA Officer (or Consultant) can be appointed at state level to oversee the quality assurance activities in urban health facilities. He/She will be a part of SQAU.</li> </ul>
<b>District Level</b>	District Quality Assurance Committee (DQAC)	<ul style="list-style-type: none"> <li>◆ Dissemination of QA Policy &amp; Guidelines</li> <li>◆ Supporting Health Facilities in undertaking assessment and attaining Quality Standards</li> <li>◆ Review, report &amp; process compensation claim</li> <li>◆ Capacity building</li> <li>◆ Supporting Quality Improvement Process</li> <li>◆ Coordination with the SQAC</li> <li>◆ Reporting</li> </ul>	<ul style="list-style-type: none"> <li>◆ Implementation of QA programme in urban health facilities of the District</li> <li>◆ Periodic assessment and handholding for closing gaps</li> <li>◆ Reporting on quality scores and KPI to SQAC on urban health facilities</li> <li>◆ District level Nodal officer for the Urban Health will be a member of DQAC</li> </ul>



Level	Name of Committee/Unit	Main Function	Functions for Urban Health
	District Quality Assurance Unit (DQAU)	<ul style="list-style-type: none"> <li>◆ Consists of District Family Welfare officer or Equivalent, one clinician, District consultant (3), Administrative assistant</li> <li>◆ Function as working arm to DQAC.</li> </ul>	<ul style="list-style-type: none"> <li>◆ Existing structure of DQAU for NRHM will support urban health facilities too.</li> </ul>
	Quality Team	<ul style="list-style-type: none"> <li>◆ Facility level team consist of Facility in charge and department in charges</li> </ul>	<ul style="list-style-type: none"> <li>◆ Quality team at UPHC will be headed by MO I/C and should have Nursing Staff, Laboratory Technician, Administrative staff and at least one ASHA as member of quality team</li> <li>◆ This team will be responsible for implementing quality assurance system at the facility level</li> </ul>

The Quality Standards contained in this book are relevant for an Urban-PHC, which provides OPD and Outreach Services, as envisaged under the '**National Urban Health Mission – Framework for Implementation**'.

It is important that the quality of service be internalised in the system from the beginning through standardization and standard protocols. For Strengthening of Quality Activities in public health institutions, human resources & Institutional framework have already been recommended 'Operational Guideline for Quality Assurance in Public Healthcare facilities, Ministry of Health & Family welfare, Govt of India'. The Quality Assurance Programme under the NUHM would also be operationalised using same guidelines. No separate institutional is required to be created for the QA in Urban Health. Depending upon the workload and actual achievement of the programme in a specific state/ District/ Metropolitan town, additional support to Institutional strengthening may be extended on case-to-case basis.





## B. QUALITY MEASUREMENT SYSTEM

Quality is all about measuring its attributes. Quality is tangible and measurable. The measurement System can be applied to Donabedian model of Quality of Care - structure, process and outcome.

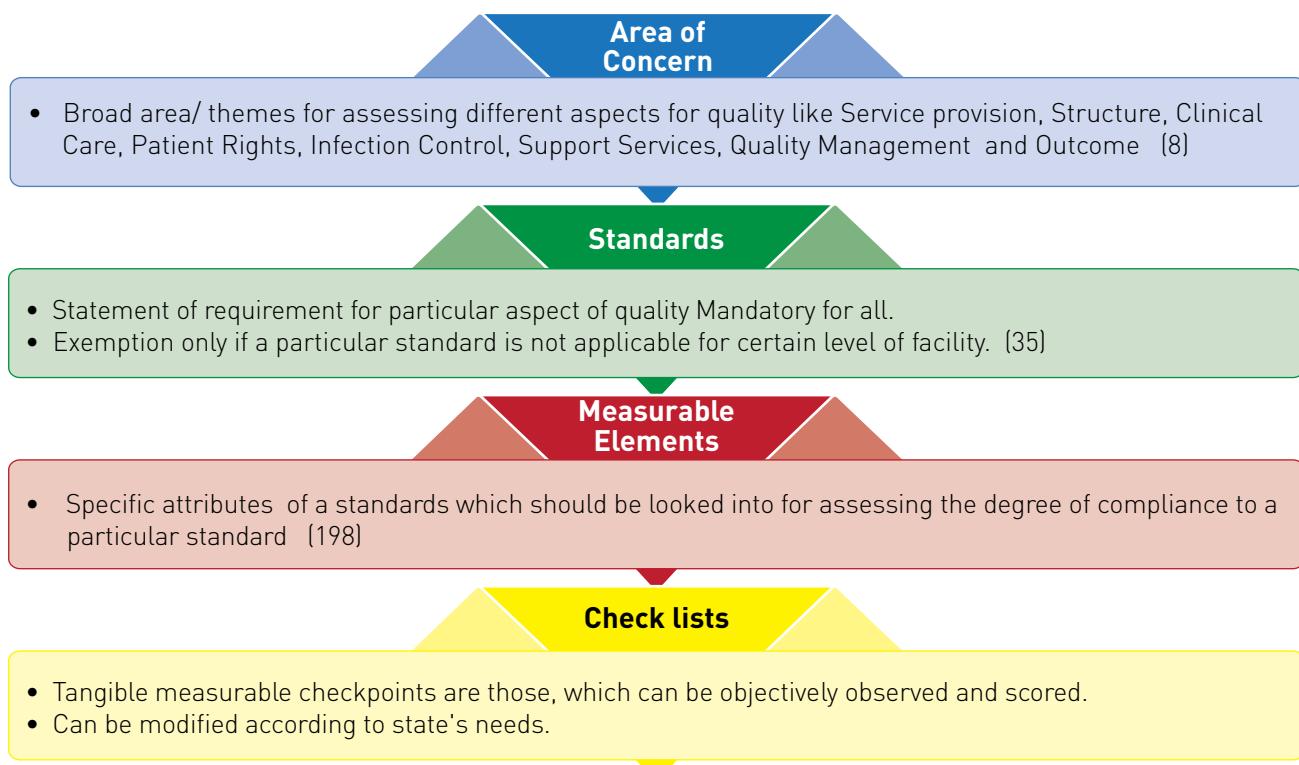
For example, under the structure, one might look at the numbers of doctors/ nurses in terms of their availability as per patient load as one attribute of the quality of the care.

In the process component, one may measure extent of adherence to hand-washing protocol. For outcome, one might calculate the level of patient satisfaction of the care provided in a health care setting as a proxy measure of the quality of that system.

The Quality of care can also be measured through the development of key indicators in order to measure the current performance, and subsequently compare them with the available benchmarks. The measurement helps in creating a benchmark over a period. Often as Public Health Practitioner, we are faced with challenge of non-availability of relevant benchmarks.

### **Setting up of Measurement System for Urban Health care facilities:**

Measurement System for Urban healthcare facilities has been developed within the framework of existing Quality Assurance Programme under the National Health Mission. 'Operational Guidelines for Quality Assurance in Public Health Facilities' provides the 'Road-map' for the implementation. Under the existing Quality Assurance Programme, attributes of Quality of Care (QoC) has been covered under 'Area of Concern', then Quality Standards, Measurable Elements and lastly check-points, which could be collated as departmental or thematic check list.



For a District Hospital, there are 70 Quality Standards. Quality Standards for CHC & PHC, launched on 03<sup>rd</sup> Nov 2014, have 65 & 50 Quality Standards respectively. Each Standard has measurable elements (ME), which are specific attributes of a standard and would be looked into for assessing the degree of compliance to a particular standard. Then there are checkpoints for each of the MEs.

There are 35 Quality Standards for U-PHC under Eight areas of concerns. Each Quality Standard would be measured through a set of measurable elements and checkpoints.

## 1. Area of Concern

- i. **Service Provision:** This area of concern has five standards, which measures availability of the preventive, promotive, curative services, RMNCH+A, diagnostics services, Para-clinical & support services and also the services under National Health Programmes, services as per local needs or State Specific Health Programmes.
- ii. **Patients' Rights:** This area of concern has three standards. These standards measure different aspects of Patients right, so that services provided by UPHC are Accessible, Acceptable and Affordable.
- iii. **Inputs:** Area of concern 'C' Inputs have Four standards which measures availability of adequate and safe infrastructure in terms of space, amenities, layout, etc. qualified and trained staff, availability of Drugs, consumables, equipment and instruments.
- iv. **Support Services:** Area of Concern D has 5 Standards related to Facility management program, maintenance and upkeep of equipment & infrastructure to provide safe and secure environment, inventory management & dispensing of drugs in the pharmacy, community participation, procedure for Governance and work place management, and collection and reporting of information.
- v. **Clinical Services:** This area of concern has nine standards that measure quality of clinical services autonomy. This includes standards on the Registration, consultation, primary management and continuity of care with appropriate maintenance of records, Drug administration and Standard Treatment Guidelines, Diagnostics, Maternal health services, new-born and child healthcare, Family Planning services, Adolescent, Reproductive and sexual health and National health programs.
- vi. **Infection Control:** There are four standards pertaining to hand- Hygiene, Antisepsis, availability &usage of personal protection equipment (PPE), disinfection and sterilization of instrument processing, Biomedical and hazardous waste management
- vii. **Quality Management:** This area of concern encompasses three standards related to Quality framework & quality policy, patient and employee satisfaction, Quality of key processes, team for internal and external quality assurance, patient satisfaction survey and Standard Operating Procedures.
- viii. **Outcome:** This area of concern has two standards related with measuring performance of UPHC in terms of productivity, efficiency, clinical care and service quality in meeting benchmarks.



## 2. Standards for Quality Assurance at UPHC

Standards describe the structure, process and outcome requirements for quality, and these would be further disaggregated into measurable elements.

Reference No.	National Quality Assurance Standards UPHC
<b>Area of Concern - A Service Provision</b>	
Standard A1	Facility provides Promotive, preventive and curative services
Standard A2	The facility provides RMNCHA Services
Standard A3	The Facility provides Diagnostic Services, Para-clinical & support services.
Standard A4	The facility provides services as mandated in National Health Programmes, state scheme and local requirement.
Standard A5	The facility provides services as per local needs / State specific health Programmes as per guidelines
<b>Area of Concern B - Patients' Rights</b>	
Standard B1	The service provided at facility are accessible
Standard B2	The service provided at facility are acceptable
Standard B3	The service provided at facility are affordable
<b>Area of Concern - C Inputs</b>	
Standard C1	The facility has adequate & Safe infrastructure for delivery of assured services and meets the prevalent norms
Standard C2	The facility has adequate qualified and trained staff, required for providing the assured services to the current case load
Standard C3	The facility provides drugs and consumables required for assured services.
Standard C4	The facility has equipment & instruments required for assured list of services.
<b>Area of Concern - D Support Services</b>	
Standard D1	The facility has established facility management programme for maintenance & upkeep of equipment & infrastructure to provide safe & secure environment to staff & users
Standard D2	Facility has defined procedure for storage, Inventory Management & dispensing of drugs in pharmacy
Standard D3	Facility has defined & established procedure for Community Participation for providing assured services
Standard D4	Facility has defined procedure for Governance & work Management
Standard D5	Facility has procedure for collecting & Reporting of the health facility related information
<b>Area of Concern - E Clinical Services</b>	
Standard E1	The facility has defined procedures for registration and consultation of patients.
Standard E2	Facility has defined procedure for primary management and continuity of care with appropriate maintenance of records
Standard E 3	Facility has defined & implemented procedures for Drug administration and standard treatment guideline as mandated by Govt.
Standard E4	Facility has defined & establish procedure for Diagnostic Services
Standard E5	The facility has establish procedure for Maternal health care as per guideline
Standard E6	Facility has established procedure for care of New born & Child as per guideline



<b>Reference No.</b>	<b>National Quality Assurance Standards UPHC</b>
Standard E7	Facility has establish procedure for Family Planning as per Govt guideline
Standard E8	Facility provides Adolescent reproductive & sexual health services as per guideline
Standard E9	Facility provides National Health Programmes as per operational/clinical guidelines of the Government
<b>Area of Concern - F Infection Control</b>	
Standard F1	Facility has defined & implemented procedure for ensuring Hand hygiene practices & asepsis
Standard F2	Facility ensures availability of Personal Protective equipment & follows standard precautions.
Standard F3	Facility has standard procedure for disinfection & sterilization of equipment & instrument
Standard F4	Facility has defined & establish procedure for segregation, collection, treatment & disposal of Bio medical & hazardous waste
<b>Area of Concern - G Quality Management</b>	
Standard G1	Facility has established quality Assurance Programme as per state/National guidelines
Standard G2	Facility has established system for Patients and employees satisfaction
Standard G3	Facility has established, documented & implemented standard operating procedure system for its all keyprocesses.
<b>Area of Concern - H: Outcomes</b>	
Standard H1	The facility measures its productivity, efficiency, clinical care & service Quality indicators
Standard H2	Facility endeavours to improve its performance to meet bench marks

### 3. Measurable Elements for Quality Assurance at UPHC

<b>Reference No.</b>	<b>Measurable Elements under NQAS for UPHC</b>
<b>Area of Concern - A Service Provision</b>	
Standard A1	<b>Facility provides Promotive, preventive and curative services</b>
ME A1.1	The facility provides treatment of common ailments
ME A1.2	The facility provides Accident & Emergency Services
ME A1.3	The facility provides AYUSH Services
ME A1.4	Services are available for the time period as mandated
Standard A2	<b>The facility provides RMNCHA Services</b>
ME A2.1	The facility provides Reproductive health Services
ME A2.2	The facility provides Maternal health Services
ME A2.3	The facility provides Newborn health Services
ME A2.4	The facility provides Child health Services
ME A2.5	The facility provides Adolescent health Services



<b>Reference No.</b>	<b>Measurable Elements under NQAS for UPHC</b>
Standard A3	<b>The Facility provides Diagnostic Services, Para-clinical &amp; support services</b>
ME A3.1	The facility provides Pharmacy services
ME A3.2	The facility provides diagnostic services
ME A3.3	The facility provides medico legal and administrative services
ME A3.4	The facility provides support services
Standard A4	<b>The facility provides services as mandated in National Health Programmes, state scheme and local requirement</b>
ME A4.1	The facility provides services under National Vector Borne Disease Control Programme as per guidelines
ME A4.2	The facility provides services under Revised National TB Control Programme as per guidelines
ME A4.3	The facility provides services under National Leprosy Eradication Programme as per guidelines
ME A4.4	The facility provides services under National AIDS Control Programme as per guidelines
ME A4.5	The facility provides services under National Programme for prevention and control of Blindness as per guidelines
ME A4.6	The facility provides services under Mental Health Programme as per guidelines
ME A4.7	The facility provides services under National Programme for the health care of the elderly as per guidelines
ME A4.8	The facility provides services under National Programme for Prevention and control of Cancer, Diabetes, Cardiovascular diseases & Stroke (NPCDCS) as per guidelines
ME A4.9	The facility Provides services under Integrated Disease Surveillance Programme as per Guidelines
ME A4.10	The facility provide services under National health Programme for deafness
ME A4.11	The facility provides services under Universal Immunization Programme (UIP) as per guidelines
ME A4.12	The facility provides services under National Iodine deficiency Programme as per guidelines
ME A4.13	The facility provides services under National Tobacco Control Programme as per guidelines
ME A4.14	The facility provides services under National Oral Health Care Programme
Standard A5	<b>The facility provides services as per local needs / State specific health Programmes as per guidelines</b>
ME A5.1	The facility maps its vulnerable population enabling micro-planning for outreach services
ME A5.2	Facility provides services as per local needs/ state specific health Programmes as per guidelines
<b>Area of Concern B - Patients' Rights</b>	
Standard B1	<b>The service provided at facility are accessible</b>
ME B1.1	The facility has uniform and user-friendly signage system



<b>Reference No.</b>	<b>Measurable Elements under NQAS for UPHC</b>
ME B1.2	The facility displays the services and entitlements available
ME B1.3	The facility has established citizen charter
ME B1.4	Patients & visitors are sensitized and educated through appropriate IEC / BCC approaches
ME B1.5	Information is available in bi-lingual signage and easy to understand
ME B1.6	The facility has defined and established grievance redressed system in place
ME B1.7	Information about the treatment is shared with patients or attendants and consent is taken wherever required
ME B1.8	Access to facility is provided without any physical barrier
Standard B2	<b>The service provided at facility are acceptable</b>
ME B2.1	Services are provided in manner that are sensitive to gender
ME B2.2	Adequate visual privacy is provided at every point of care
ME B2.3	Confidentiality of patients' records and clinical information is maintained
ME B2.4	The facility ensures the behaviour of staff is dignified and respectful, while delivering the services
ME B2.5	Religious and cultural preferences of patients and attendants are taken into consideration while delivering services
Standard B3	<b>The service provided at facility are affordable</b>
ME B3.1	The facility provides cashless services to all patients including pregnant women, mothers and sick children as per prevalent government schemes
ME B3.2	The facility provide free of cost treatment to Below poverty line patients without administrative hassles
ME B3.3	The facility ensures that the drugs prescribed are available in the pharmacy
ME B3.4	Facility ensure investigation prescribed are available at the Laboratory

#### **Area of Concern - C Inputs**

Standard C1	<b>The facility has adequate &amp; Safe infrastructure for delivery of assured services and meets the prevalent norms</b>
ME C1.1	Departments have adequate space as per patient load
ME C1.2	Amenities for Patients & Staff are available as per load
ME C1.3	Departments have layout and demarcated areas as per functions
ME C1.4	The facility has infrastructure for intramural and extramural communication
ME C1.5	The facility ensures safety of electrical installations
ME C1.6	Physical condition of buildings are safe for providing patient care
ME C1.7	The facility ensures fire safety measures including firefighting equipment
Standard C2	<b>The facility has adequate qualified and trained staff, required for providing the assured services to the current case load</b>
ME C2.1	The facility has adequate medical officers as per service provision and work load
ME C2.2	The facility has adequate nursing staff/Paramedics as per service provision and work load
ME C2.3	The facility has adequate support staff / Health Workers as per service provision and workload



<b>Reference No.</b>	<b>Measurable Elements under NQAS for UPHC</b>
ME C2.4	The Staff has been imparted necessary trainings/skill set to enable them to meet their roles & responsibilities
ME C2.5	The Staff is skilled and competent as per job description
Standard C3	<b>The facility provides drugs and consumables required for assured services.</b>
ME C3.1	The facility has availability of adequate drugs at point of use
ME C3.2	The Facility has availability of adequate consumables at point of use
Standard C4	<b>The facility has equipment &amp; instruments required for assured list of services.</b>
ME C4.1	Availability of equipment & instruments for examination & monitoring of patients
ME C4.2	Availability of equipment & instruments for treatment procedures, being undertaken in the facility
ME C4.3	Availability of equipment & instruments for diagnostic procedures being undertaken in the facility
ME C4.4	Availability of equipment for storage
ME C4.5	Availability of patient furniture and fixtures as per load and service provision
ME C4.6	Availability of functional equipment and instruments for support & outreach services
<b>Area of Concern - D Support Services</b>	
Standard D1	<b>The facility has established facility management programme for maintenance &amp; upkeep of equipment &amp; infrastructure to provide safe &amp; secure environment to staff &amp; users</b>
ME D1.1	The facility has system for maintenance of critical Equipment
ME D1.2	The facility ensures comfortable environment for patients and service providers
ME D1.3	Patient care areas are clean and hygienic
ME D1.4	Facility infrastructure is adequately maintained
ME D1.5	Facility has policy of removal of condemned junk material
ME D1.6	Facility maintains both the internal and open area of the facility.
ME D1.7	The facility provides adequate illumination level at patient care areas
ME D1.8	The facility provides Clean and adequate linen as per requirement
ME D1.9	The facility has adequate arrangement for storage and supply of potable water in all functional areas
ME D1.10	The facility ensures adequate power backup
Standard D2	<b>Facility has defined procedure for storage, Inventory Management &amp; dispensing of drugs in pharmacy</b>
ME D2.1	The facility has established procedures for estimation, indenting and procurement of drugs and consumables
ME D2.2	The facility ensures proper storage of drugs and consumables
ME D2.3	The facility ensures management of expiry and near expiry drugs
ME D2.4	The facility has established procedure for inventory management techniques
ME D2.5	There is process for storage of vaccines and other drugs, requiring controlled temperature & storage environment



<b>Reference No.</b>	<b>Measurable Elements under NQAS for UPHC</b>
ME D2.6	The facility has established procedure for dispensing of drugs
Standard D3	<b>Facility has defined &amp; established procedure for Community Participation for providing assured services</b>
ME D3.1	The facility has established procedures for management of activities of Rogi Kalyan Samiti
ME D3.2	The facility has established procedures for community based monitoring of its services
ME D3.3	The facility has established procedure for supporting and monitoring activities of community health work –ASHA
ME D3.4	The facility has established procedure for supporting and monitoring activities of Mahila Arogya Samiti
Standard D4	<b>Facility has defined procedure for Governance &amp; work Management</b>
ME D4.1	The facility ensures the proper utilization of fund provided to it
ME D4.2	There is established system for contract management for out-sourced services
ME D4.3	The facility has established job description as per Govt. guidelines
ME D4.4	The facility has an established procedure for duty roster and deputation of staff
ME D4.5	The facility ensures the adherence to dress code as mandated by the department
ME D4.6	The facility has requisite licenses and certificates, as required for operation of a health facility
ME D4.7	The facility ensures its processes are in compliance with statutory and legal requirement
ME D4.8	The facility has a defined protocol for the issue of medical certificates
Standard D5	<b>Facility has procedure for collecting &amp; Reporting of the health facility related information</b>
ME D5.1	The facility provides monitoring and reporting services under National Vector Borne Disease Control Programme as per guidelines
ME D5.2	The facility provides services monitoring and reporting services under Revised National TB Control Programme, as per guidelines
ME D5.3	The facility provides monitoring and reporting services under National Leprosy Eradication Programme as per guidelines
ME D5.4	The facility provides services under National AIDS Control Programme, as per guidelines
ME D5.5	The facility provides monitoring and reporting services under National Programme for control of Blindness as per guidelines
ME D5.6	The facility provides monitoring and reporting services under Mental Health Programme, as per guideline
ME D5.7	The facility provides monitoring and reporting services under National Programme for the health care of the elderly as per guidelines
ME D5.8	The facility provide monitoring and reporting service for prevention and control of Cancer, diabetes, cardiovascular disease and stroke as per guidelines
ME D5.9	The facility provide monitoring and reporting service for Integrated Disease Surveillance Programme, as per guidelines



<b>Reference No.</b>	<b>Measurable Elements under NQAS for UPHC</b>
ME D5.10	The facility provide services under National Programme for prevention and control of deafness, as per guidelines
ME D5.11	The facility provides monitoring and reporting services under Universal Immunization Programme, as per guidelines
ME D5.12	The facility provides monitoring and reporting services under National Iodine deficiency Programme, as per guidelines
ME D5.13	The facility provides monitoring and reporting services under National tobacco Control Programme, as per guidelines
ME D5.14	Facility Reports data for Mother and Child Tracking System as per Guidelines
ME D5.15	Facility Reports data for HMIS System as per Guidelines

#### **Area of Concern - E Clinical Services**

Standard E1	<b>The facility has defined procedures for registration and consultation of patients</b>
ME E1.1	The facility has established procedure for registration of patients
ME E1.2	The facility has an established procedure for OPD consultation
Standard E2	<b>Facility has defined procedure for primary management and continuity of care with appropriate maintenance of records</b>
ME E2.1	There is established procedure for initial assessment & Reassessment of patients
ME E2.2	The facility provides appropriate referral linkages for transfer to other/higher facilities to assure the continuity of care.
ME E2.3	Facility ensures follow up of patients
ME E2.4	Facility has establish procedure for Triage &disaster Management
ME E2.5	Emergency protocols are defined and implemented
ME E2.6	The facility ensures adequate and timely availability of ambulances services
ME E2.7	Clinical records are updated for care provided
ME E2.8	The facility ensures that standardized forms and formats are used for all purposes including registers
ME E2.9	The facility ensures safe and adequate storage and retrieval of medical records
Standard E 3	<b>Facility has defined &amp; implemented procedures for Drug administration and standard treatment guideline as mandated by Government</b>
ME E3.1	Medication orders are written legibly and adequately
ME E3.2	There is a procedure to check drug before administration &dispensing
ME E3.3	Patient is counselled for self-drug medication
ME E3.4	The facility ensures that drugs are prescribed in generic name only
ME E3.5	There is procedure of rational use of drugs
ME E3.6	Drugs are prescribed according to Standard Treatment Guidelines
Standard E4	<b>Facility has defined &amp; establish procedure for Diagnostic Services</b>
ME E4.1	There are established procedures for Pre-testing Activities
ME E4.2	There are established procedures for testing Activities
ME E4.3	There are established procedures for Post-testing Activities
ME E4.4	There are established procedures for laboratory diagnosis of Tuberculosis as per prevalent guidelines



<b>Reference No.</b>	<b>Measurable Elements under NQAS for UPHC</b>
ME E4.5	There are established procedures for laboratory diagnosis of Malaria as per prevalent guidelines
Standard E5	<b>The facility has establish procedure for Maternal health care as per guideline</b>
ME E5.1	There is an established procedure for Registration and follow up of pregnant women.
ME E5.2	There is an established procedure for History taking, Physical examination, and counselling of each antenatal woman, visiting the facility.
ME E5.3	The facility ensures of drugs & diagnostics are prescribed as per protocol
ME E5.4	There is an established procedure for identification of High risk pregnancy and appropriate & Timely referral.
ME E5.5	There is an established procedure for identification and management of anaemia
ME E5.6	Counselling of pregnant women is done as per standard protocol and gestational age
ME E5.7	There is an established procedures for Postnatal visits &counselling of Mother and Child
Standard E6	<b>Facility has established procedure for care of New born &amp; Child as per guideline</b>
ME E 6.1	Post-natal visit &counselling for New born care is provided as per guideline
ME E 6.2	Triage, Assessment &Management of Newborn having emergency signs are done as per guidelines
ME E 6.3	Management of children presenting with fever, cough/ breathlessness is done as per guidelines
ME E 6.4	Management of children with severe Acute Malnutrition is done as per guidelines
ME E 6.5	Management of children presenting diarrhoea is done per guidelines
ME E 6.6	Screening & Referral of children as per guidelines of Rashtriya Bal Swasth Karyakram
Standard E7	<b>Facility has establish procedure for Family Planning as per Govt guideline</b>
ME E7.1	Family planning counselling services provided as per guidelines
ME E7.2	Facility provides spacing method of family planning as per guideline
ME E7.3	The facility provides IUCD service for family planning as per guidelines
ME E7.4	Facility provide counselling services for Medial Termination of Pregnancy as per guideline
ME E7.5	Facility provide abortion services for 1st trimester as per guideline
Standard E8	<b>Facility provides Adolescent reproductive &amp; sexual health services as per guideline</b>
ME E8.1	Facility provides Promotive ARSH Services
ME E8.2	Facility provides Preventive ARSH Services
ME E8.3	Facility Provides Curative ARSH Services
ME E8.4	Facility Provides Referral Services for ARSH
Standard E9	<b>Facility provides National Health Programmes as per operational/clinical guidelines of the Government</b>
ME E9.1	Facility provides service under National Vector Borne Disease Control Programme as per guidelines



<b>Reference No.</b>	<b>Measurable Elements under NQAS for UPHC</b>
ME E9.2	Facility provides services under Revised National TB Control Programme as per guidelines
ME E9.3	Facility provides service under National Leprosy Eradication Programme as per guidelines
ME E9.4	Facility provides service under National AIDS Control Programme as per guidelines
ME E9.5	The facility provides services under National Programme for control of Blindness as per guidelines
ME E9.6	Facility provides service under Mental Health Programme as per guidelines
ME E9.7	Facility provides service under National programme for the health care of the elderly as per guidelines
ME E9.8	Facility provides service under National Programme for Prevention and Control of cancer, diabetes, cardiovascular diseases & stroke (NPCDCS) as per guidelines
ME E9.9	Facility provide service for Integrated disease surveillance Programme
ME E9.10	Facility provide services under National Programme for prevention and control of deafness
ME E9.11	The facility provides services under Universal Immunization Programme as per guidelines
ME E9.12	The facility provides services under National Iodine deficiency Programme as per guidelines
ME E9.13	The facility provides services under National Tobacco Control Programme as per guidelines
ME E9.14	Facility Provide services under National Oral Health Programme as per guideline

#### **Area of Concern - F Infection Control**

<b>Standard F1</b>	<b>Facility has defined &amp; implemented procedure for ensuring Hand hygiene practices &amp; asepsis</b>
ME F1.1	Hand washing facilities are provided at point of use
ME F1.2	Staff is trained and adhere to standard hand washing practices
ME F1.3	Facility ensures standard practices for maintaining asepsis
<b>Standard F2</b>	<b>Facility ensures availability of Personal Protective equipment &amp; follows standard precautions</b>
ME F2.1	Facility ensures adequate personal protection equipment as per requirements
ME F2.2	Staff adheres to standard personal protection practices
<b>Standard F3</b>	<b>Facility has standard procedure for disinfection &amp; sterilization of equipment &amp; instrument</b>
ME F3.1	The facility ensures standard practices and materials for decontamination and cleaning of instruments and procedures areas
ME F3.2	The facility ensures standard practices and materials for disinfection and sterilization of instruments and equipment
<b>Standard F4</b>	<b>Facility has defined &amp; establish procedure for segregation, collection, treatment &amp; disposal of Bio medical &amp; hazardous waste</b>
ME F4.1	The facility ensures segregation of Bio Medical Waste as per guidelines
ME F4.2	The facility ensures management of sharps as per guidelines



<b>Reference No.</b>	<b>Measurable Elements under NQAS for UPHC</b>
ME F4.3	The facility ensures transportation and disposal of waste as per guidelines
<b>Area of Concern - G Quality Management</b>	
Standard G1	<b>Facility has established quality Assurance Programme as per state/National guidelines</b>
ME G1.1	The facility has a quality team in place
ME G1.2	The facility has defined quality policy and it has been disseminated
ME G1.3	Quality objectives have been defined, and the objectives are reviewed and monitored
ME G1.4	The facility reviews quality of its services at periodic intervals
ME G1.5	The facility has established internal quality assurance programme
ME G1.6	The facility has established external assurance Programmes
ME G1.7	The facility conducts the periodic prescription/ medical audits
ME G1.8	The facility ensures that non compliances are enumerated and recorded adequately
ME G1.9	Action plan is made on gaps found in the assessment/audit process
ME G1.10	Corrective and Preventive actions are taken to address the issues observed in the assessment and audit
Standard G2	<b>Facility has established system for Patients and employees satisfaction</b>
ME G2.1	Patient Satisfaction surveys are conducted at periodic intervals
ME G2.2	Employee satisfaction Surveys are conducted at periodic intervals
ME G2.3	Facility prepares the action plans for the areas of low satisfaction
Standard G3	<b>Facility has established, documented &amp; implemented standard operating procedure system for its all key processes</b>
ME G3.1	Standard Operating procedures are prepared, distributed and implemented for all key processes
ME G3.2	Staff is trained as per SOPs
ME G3.3	Work instructions are displayed at Point of work
ME G3.4	The facility uses methods and tools for Quality Improvement
<b>Area of Concern - H: Outcomes</b>	
Standard H1	<b>The facility measures its productivity, efficiency, clinical care &amp; service Quality indicators</b>
ME H1.1	Facility measures Productivity Indicators on monthly basis
ME H1.2	Facility measures efficiency Indicators on monthly basis
ME H1.3	Facility measures Clinical Care & Safety Indicators on monthly basis
ME H1.4	Facility measures Service Quality Indicators on monthly basis
Standard H2	<b>Facility endeavours to improve its performance to meet bench marks</b>
ME H2.1	The facility meets benchmarks set by the state /District for Key Indicators
ME H2.2	The facility strives to improve indicators from its current performance



## 4. Intent of Quality Assurance Standards for UPHC

Quality Standard is generic statement, which describes its purpose and meaning as relevant to a particular health setting. Since for the Urban Health Facilities, as of now, there are no Indian Public Health Standards (IPHS) Guidelines. In defining the intent of Standards, commitment of services as given in the 'NUHM – Framework for Implementation (May 2013)', Requirements under the National Health Programmes to the extent as applicable for an UPHC, and requirements for implementing, internalizing & sustaining Quality Management System have been considered. Compliance to these standards and measurable elements should be checked, preferably by observing delivery of the services, review of the relevant records, and interviewing the service providers and beneficiaries.

Individual Quality Standard, as applicable to an UPHC, is described below:

### AREA OF CONCERN 'A': SERVICE PROVISION

This area of concern related to 'Service Provision' measures availability of committed services being available at the U-PHC. It implies that all services, which are supposed to be available at an U-PHC are available or alternative arrangements for their meaningful availability have been made. It needs to be appreciated that mere availability of human resources (who are capable of delivering the committed services), infrastructure, human resources, equipment, etc. does not necessarily ensure availability of the services.

<b>Standard A1 –</b> Facility provides Promotive, Preventive and Curative Services	Compliance to this standard essentially include availability of OPD consultation for commonly treatable illnesses like Respiratory Tract Infections, GI Infections, Conjunctivitis, etc. as well as availability of minor procedures such as stitching, Incision & drainage under local anaesthesia, Nebulisation, suture removal, etc. The facility is also expected to provide detection of NCD such as Diabetes Mellitus, Hypertension, etc. as well as follow-up treatment of such conditions.
<b>Standard A2 –</b> Facility provides RMNCHA Services	RMNCH+A services to the extent of its delivery as applicable to an OPD facility like U-PHC need to be available at the facility. RMNCH+A approach covers continuum of care across the life-cycle. There are five measurable elements in this standard & each represents the services pertaining to one stage of life cycle i.e. Reproductive, Maternal, Newborn, Childhood & Adolescent. Under this standard, an UPHC is expected to provide services like ANC check-up, Stabilisation of Complicated delivery & referral, Family Planning services, Post-natal care, treatment of Newborn, Infants and Childhood illnesses & Adolescent Health.
<b>Standard A3 –</b> Facility provides Diagnostic Services, Para-clinical & Support services	This standard mandates the UPHC to provide commensurate pharmacy, diagnostics, medico-legal and support services at the facility, so that all mandated functions are undertaken, as per need. If the diagnostic services are not available within the UPHC, there should be a robust functional linkage with other facilities (Govt / Private), so that only approved expenditure (as per norm of the U-PHC) is incurred in availing such facilities and required reports are available for making decisions for treatment & referral. The U-PHC is expected to be the first port of call for treatment. Therefore, other than rendering primary treatment and referral, the UPHC would have facility for medico-legal examination within the facility, or there is a linkage with another institution, where such cases



	would be referred. The Standard also mandates that the facility would not deny the available treatment to needy patients merely on the ground that medico-legal facilities are not available at the same U-PHC.
<b>Standard A4 –</b> The facility provides services as mandated in the National Health programmes/State scheme(s) and local requirement	Most of the National Health Programmes have a set of interventions, which are required to be undertaken by U-PHC at two locations – (a) Within the Geographical boundary of UPHC, and (b) Out-reach Activities, which are directly or indirectly mentored or supervised by the UPHC. Compliance to this standard ensures availability of the both set of services under the various National Health Programmes. The measurable elements in these standards measure availability of the services under the National Health Programme, as applicable at UPHC.
<b>Standard A5 –</b> The facility provides services as per local needs/State specific health programmes as per guidelines	The UPHC is expected to address to the need of specific local health issues/ conditions, prevalent in a defined geographical area. Under this Standard, compliance to such requirement is measured. It is acknowledged that checkpoints for this Standard and supporting measurable elements would need additional inclusion during the customisation stage, so as to capture the compliance of the Health Facility to this standard.



## AREA OF CONCERN B: PATIENTS' RIGHTS

The 'Area of Concern: B' relates to patients' rights in a Health Facility. This includes many dimension of patients' interface with the Health System – the services are accessible, acceptable and affordable. Accessibility of the Services has many dimensions – User-friendly signage system, display of information pertaining to entitlements, citizen's charter & system of complaint management & grievance redressal. Under this area of concern, the facility needs to ensure service delivery with dignity without any differentiation on account of caste, economic status, religion, and gender. Confidentiality of patient related information and records are preserved. The information is assessed by the authorised personnel on 'Need to know' basis. Standards under this area of concern also assesses, whether the services provided at UPHC are affordable to beneficiaries, without having any financial exclusion. Physical Access is equally important dimension of Patients' Rights. Therefore, a ramp at entrance, disable friendly toilets & railings, appropriate siting of medicine counter, etc. would all be required at UPHC to comply with Quality Standards under this Area of Concern.

<b>Standard B1 -</b> The services provided at the facility are accessible	This Standard defines obligation of the UPHC with regards to signage, so that a visitor can reach the facility, and desired department within the facility. Therefore, one of the key points is 'user-friendliness'. All the signage's are expected to be bilingual. However, Local Government order may take precedence in exceptional circumstances. The structure of the facility is required to be disable-friendly, and as well as patient-friendly. The facility should have 'citizen's charter' and information, which a patient may need during the course of visit to health facility, should be readily displayed. It should also include information pertaining to Grievance redressal system, put in place at the health facility. The service providers are also expected to obtain consent from the beneficiaries before commencement of treatment or procedure. Type of consent could vary, largely depending upon the condition & circumstances, such implied consent, expressed, informed consents. The standard also expected that patients and visitors would be educated in the facility through appropriate IEC / BCC intervention.
<b>Standard B2 -</b> The services provided at the facility are acceptable	This standard pertains to ensure that UPHC has a sensitive system for gender related issue in place. This also ensures providing adequate visual and verbal privacy of all patients. Information and records pertaining to patients are protected and disclosed only to those who 'need to know'. Religious and cultural preferences of patients are always considered, at every point of interface between patients & relatives and service providers. One of the important requirements under this standard is that service providers' behaviour with service seekers is always dignified, respectful and emphatic. This dimension of the standard attains further importance at Public Health Facilities in India, where often, one comes across issues pertaining to uncourteous behaviour of service providers.
<b>Standard B3 -</b> The service provided at the facility is affordable	Under this Standard, the Public Health Facilities at all levels are required to meet obligations under the National Health Programmes. Under the RMNCH+A approach, the care is meant to be free of cost. Additionally, the states have social & health protection scheme, so that Out of Pocket expenditure (OPE) is minimized first and eliminated altogether, primarily for BPL population. The standard also demands that facility would be meeting its obligation of providing free diagnostic and drugs as per Essential Drug List (EDL).



## AREA OF CONCERN 'C': INPUTS

A viable Quality Assurance System requires three components – Structure, Process and Outcome. The area of concern 'C' predominantly covers structural requirement of the facility. Separate quality standards under this group look at compliance of UPHC to availability of 'Input' component. Thus, there should be availability of minimum infrastructure which is safe, staffs is available in adequate number and the staff has knowledge and skill to deliver the UPHC mandated services, adequate quantity of drugs & consumable are available, and required equipment & instruments are there. Quality standards given in this area of concern take cognizance of the requirement of facility, which are 'essential' for the delivery of mandated health care. However, the focus is on ensuring presence of minimum level of inputs, which is needed for given case-load. The words like 'adequate' and 'as per load' has been given in the requirements for many standards & measurable elements, as it would be hard to have uniform norm for every level of the facility.

<b>Standard C1 -</b> The facility has adequate & safe infrastructure for delivery of assured services, and it meets the prevalent norms	This standard measures adequacy of the facility's infrastructure in terms of space, patient amenities, layout, circulation area, communication facilities etc. Minimum requirement for space, layout and patient amenities are given for some of departments, but assessors are expected to use their judgement to assess whether the available space is adequate for the given workload. Compliance to most of the measurable elements can be assessed by direct observation except for checking functional adequacy, where discussion with facility staff may be required to know the process flow between the departments, and also within a department.  This also deals with Physical safety of the infrastructure and includes seismic safety, electrical safety, and general condition of infrastructure. This standard also mandates for adequate fire-safety measures being implemented at the facility
<b>Standard C2 -</b> The facility has adequate qualified and trained staff, required for providing the assured services to the current caseload	This standard measures the numerical adequacy and skill-sets of the staff. It includes availability of doctors, nurses, paramedical and support staff. It also assesses whether the staff has been trained as per their job description & responsibilities, and have the appropriate skill sets to carry out their duties. Skill sets may be assessed by reviewing training records, taking staff interviews and through demonstration to check whether the staff has requisite skills to perform procedures / their duties.
<b>Standard C3 -</b> The facility provides drugs and consumables required for assured services	This Standard measures availability of drugs and consumables at different service areas of U-PHC. This includes drugs (including drugs required for Emergency treatment), IV Fluids, splints, Oxygen, vaccines, lab reagents and contraceptives. In addition, the standard also looks at the availability of drugs at every point of use, including adequate quantity of EDL at the pharmacy. It is expected under this standard that drugs under National Health Programmes would also be available at UPHC as per programme guidelines.  Similarly, other consumables would also be available at every point of use.



**Standard C4 -**

The facility has equipment & instruments required for assured list of services

This standard is concerned with the availability of necessary equipment and instruments in the facility. The instruments and equipment have been categorized into sub groups as per their use, and measurable elements have been assigned to each sub group, such as examination and monitoring, clinical procedures, diagnostic equipment, resuscitation equipment, storage equipment and equipment used for non-clinical and support services.

The standard also looks at the availability of required furniture & fixture in usable condition within the facility. Since one of the major activities, undertaken by UPHC, pertains to out-reach sessions in community. Therefore, the standard warrants that the facility would have equipment, instrument and furniture & fixtures, which are required for out-reach activities.



## AREA OF CONCERN 'D': SUPPORT SERVICES

The expected clinical outcome cannot be envisaged in absence of sturdy support services. Support Services have an important role in ensuring that PUHC delivers all mandated services qualitatively. This area of concern includes maintenance of critical equipment and the facility having comfortable, conducive and safe environment for patients and facility staff. The available space is clutter-free. Safe & potable drinking water is available. There is a system for calibration of measurable equipment, drug storage and inventory management, security services, facility management and power back up. The Standards for Administrative processes under this area of concern look at the functioning of RKS, Financial management and legal compliances. The staff deputation and contract management have also been included here, which also includes various monitoring & reporting activities of U-PHC, especially with regards to the National Health Programmes.

<b>Standard D1 -</b> The facility has an established Facility management Programme for maintenance and upkeep of equipment and infrastructure to provide safe and secure environment to staff and the users	<p>The standard has many dimensions, starting with maintenance programme of critical equipment, creating comfortable environment for patients &amp; relatives, etc. and it culminates into the requirement of having power back up. It has been commonly observed that valuable space inside a health facility is occupied by Junk Material and unserviceable. The Standard also expects that the facility would have a system in place to address this issue. Illumination level in different areas of the health facility is required to be maintained as per norm. Maintenance of infrastructure as well as safety &amp; security of the staff and patients also needs to be ensured to attain compliance under the standard. Equipment at the facility is required to have a maintenance programme either AMC/ CMC, more so for the critical equipment, so that care of patients is not adversely affected due to unserviceability of equipment. Calibration records and labels on the measuring equipment are also required to be maintained to confirm the calibration. Operating instructions should be displayed or should be readily available with the users of the equipment.</p> <p>The Standard also expects that the facility would provide clean and conducive environment for patients and as well for the service providers. Thus proper ventilation, maintenance of 'comfort zone' temperature, safety &amp; security, mosquito-free environment, etc. are required to be ensured under this standard. The standard is also concerned with adequacy of facility management system such as facility's cleaning processes, infrastructure maintenance, and control of stray animals, pest control inside the facility, etc. including power back-up.</p>
<b>Standard D2 -</b> The facility has defined procedures for storage; inventory management and dispensing of drugs at pharmacy	A health facility is expected to have a scientific system for demand forecasting and indenting of drugs and consumables. This standard is also concerned with safe storage of drugs and scientific management of the inventory, so that drugs and consumables are available in adequate quantity in patient care areas, without over-stocking of drugs or medicines getting expired. The standard has many dimensions such as processes of indenting, procurement, storage, expired drugs management, inventory / stock management in patient care areas. While assessing the drug management system, these practices should be looked for in the patient areas, dispensary and store.



<b>Standard D3 -</b> The facility has defined & established procedure for community participation for providing assured services	A large number of activities do take place in out-reach setting for the targeted beneficiaries. This standard measures processes related to functioning of Mahila Arogya Samit (MAS), Rogi Kalyan Samiti (RKS) and community participation in the management of U-PHC. Under the Communitisation, Rogi Kalyan Samitis are expected to have a greater role in management of UPHC, so that community has a voice in the facility and its expectations are met. Participation of the non-official members in RKS meetings should especially be ensured. AHSA plays an important role as mobiliser, facilitator and link-worker between community and UPHC. Thus, it is expected under this standard that functioning of ASHA would be supported, mentored and monitored by the UPHC. Quality of support in functioning of Mahila Arogya Samitis (MAS) within the targeted population would also be important as a part of compliance to this standard.
<b>Standard D4 -</b> PHC has defined procedure for Governance & work management	This standard looks at the compliance of UPHC to those managerial functions, which may not have direct bearing in delivery of healthcare per se, but attributes of this standard have far-reaching implications, in term of utilisation of funds, management of outsourced services, compliance of Govt. guidelines and statutory requirements, etc. Beneficiaries at UPHC may also need a medical certificate for the sickness, which often needed by their employers.  This standard is also concerned with the processes of staff management and their deployment. This includes availability of the job descriptions for different cadre of staff, processes regarding preparation of duty rosters and staff discipline. Staff can be interviewed to assess their awareness of the job functions. It should be assessed by observation and review of the records. Adherence to dress code should be observed during the assessment.
<b>Standard D5 -</b> Hospital has defined and established procedure for collecting & reporting of Health facility related information	Statistical information plays a critical role in planning and monitoring of health services in a given geographical area. This standard is concerned with timely and adequate reporting of Quality data, as required under the applicable National Health Programmes, and State's/UTs initiatives, programmes and departmental instructions. The Assessor should review the records of such reporting in term of record's quality, timeliness, adequacy and meeting the need of the health systems.



## AREA OF CONCERN E: CLINICAL SERVICES

This Area of Concern 'E': Clinical Services pertains to organisation core functions, which are essentially undertaken to ensure for delivery of patient related services at the UPHC. Thus, the standards under this area of concern are directly 'Patient – centric', thereby endeavouring to put a system in place which is in consonance with patient flow in a health facility. The Standards under this area of concern have been grouped into three categories. First four standards are concerned with those clinical processes that ensure adequacy of care for the patients and include procedures for registration, consultation, clinical assessment, continuity of care, referral services, prescription practices, safe drug administration, maintenance of clinical records and diagnostic services by the facility.

The next sets of four standards are concerned with specific clinical processes for Maternal, Newborn, Child, Adolescent & Family Planning services, which are obvious priority programme interventions in our country. The last standard pertains to the National Health Programmes. These standards are based on the technical guidelines published by the Government of India on respective programmes and processes. However, it needs to be acknowledged here that gradually a shift from 'programme based approach' to health system's approach is taking place.

It may be difficult to assess clinical processes, as direct observation of clinical procedures may not always be possible and conducive at the time of assessment of health facility. Therefore, assessment of these standards would largely also depend upon collating information from many sources such as review of the clinical records and interaction with the staff and beneficiaries, elucidation of which require utmost care and sensitivity.

<b>Standard E1 -</b> The facility has defined procedures for registration and consultation of patients	This standard is concerned with the registration process and OPD consultation process in facility. Usually registration counter is the first interface between the beneficiaries and the health facility. Hence, other than reviewing records, direct observation of prevalent system including time taken in reaching the counter (in queue) and thereafter time taken for completing the registration, crowd management, behaviour of registration clerk, and subsequently his / her facilitation in reaching the OPD area, waiting & consultation come within the purview of this standard. The Assessor should review the records to verify that necessary details of patients have been recorded, and that the patients have been given unique identification numbers. OPD consultation may be directly observed, followed by review of OPD tickets to ensure that patient history, examination details, provisional diagnosis etc. have been recorded on the OPD ticket.
<b>Standard E2 -</b> The facility has procedures for primary management and continuity of care of patients with appropriate maintenance of records	Primary Health Centres are usually the first point of contact where patient can get qualified medical attention. This standard includes process of initial assessment, reassessment and referral to another facility (if required), triage if more than one patient is received, linkages with higher institutions and follow-up of patients discharged from higher centres. The facility staff should be interviewed about the referral linkages, how they communicate with the referral hospital. Timely arrangement of correct type of ambulance/ vehicle as required for the clinical condition of patient would also be required under this standard. Safe storage and easy retrieval of Medical records is also part of this standards.



<p><b>Standard E3 -</b> The facility has defined &amp; implemented procedures for Drug administration, and Standard Treatment Guidelines, as mandated by the Government</p>	<p>This standard is concerned with assessing whether the patients are prescribed drugs according to the standard treatment guidelines and protocols. Patient prescriptions are assessed to ascertain that prescriptions are written in generic names only. This standard is also concerned with the process for checking drugs before administration and those related to self-medication. Patient's records should be reviewed for legibility of the writing, and recording of date and time of prescription orders. Safe injection practices like use of separate needle for multi-dose vial should be observed.</p>
<p><b>Standard E4 -</b> The facility has defined and established procedures for Diagnostic Services</p>	<p>This standard deals with technical procedures related to organisation of work within laboratories and other diagnostic. It includes pre-testing, testing and post-testing procedures. Generally pre-testing activities entail labelling of samples, system of tracing, handling of samples, processing, are few of key activities under this standard. The process for storage and transportation of samples needs are also covered under this standard, including personnel authorised to release the reports. Availability of critical values and biological references should also be ensured to maintain Internal &amp; External Quality Assurance Procedure. Since Malaria &amp; Tuberculosis are important Health Problems in the country. The programme guidelines have detailed procedures for availability of services and a system of validation. Diagnostic Services requirement of Malaria and Tuberculosis programmes have been included in this Standard.</p>
<p><b>Standard E5 -</b> The facility has established procedures for Maternal health care as per guidelines</p>	<p>This Standard is concerned with the processes, which ensure that adequate and quality antenatal and post-natal care are provided at the facility. It includes measurable elements for ANC registration, processes during check-up, identification of High Risk pregnancy, management of anaemia and counselling services. Staff at the ANC clinic should be interviewed and records should be reviewed for maintenance of MCP cards and registration of pregnant women. For assessing quality and adequacy of ANC check-up, direct observation may be undertaken after obtaining requisite permission. ANC records can be reviewed to see findings of examination and diagnostic tests are recorded. The assessment of follow-up of Anaemia cases should be reviewed. Beneficiaries and staff can be interacted for counselling on the nutrition, birth preparedness, family planning etc. Processes for Post-natal care are also part of this standard.</p>
<p><b>Standard E6 -</b> The facility has established procedures for care of newborn and child as per guidelines</p>	<p>This is concerned with adherence to clinical protocols for newborn and child health. It covers immunization, management of newborn and childhood illnesses like malnutrition, Pneumonia and diarrhoea. Immunization services are majorly assessed at immunization clinic. Staff interviews and observation should be done to assess availability of diluents, adherence to protocols of reconstitution of vaccine, storage of VVM labels and shake test.</p>



	<p>Adherence to clinical protocols for management of different illnesses in newborns and children should be done by interaction with the doctors and nursing staff. Particular attention is paid to early detection of Malnutrition cases. UPHC has significant role in delivery of Rashtriya Bal Swasthya Karyakram. Its compliance is checked under this standard.</p>
<b>Standard E7 -</b> The facility has established procedures for family planning as per government guidelines	<p>This Standard is concerned with providing safe and quality family planning and abortion services. This includes standard practices and procedures for Family planning counselling, spacing methods, and procedures for abortion (including emergency contraceptive and mifepristone/mifeprostol pills). Quality and adequacy of counselling services can be assessed by exit interview with the beneficiaries. The staff at family planning clinic may be interacted to assess adherence to the protocols for IUCD insertion, precaution &amp; contraindication for oral pills etc.</p>
<b>Standard E8 -</b> The facility provides adolescent Reproductive and Sexual Health services as per guidelines	<p>This Standard is concerned with services related to adolescent Reproductive and Sexual health (ARSH) guidelines. It includes promotive, preventive, curative and referral services under the ARSH. The records of such services should be checked, facility staff be interviewed, and records are reviewed.</p>
<b>Standard E9 -</b> The facility provides services under National Health programmes as per Operational /clinical Guidelines of the Government	<p>This Standard looks at adherence for programme guidelines and clinical care (as expected in a PUHC) under the National Health Programmes. For each of the National Health Programmes, availability of clinical services as per respective guidelines should be assessed. Compliance to measurable elements having relevant checkpoints could be 'tracer' at facility based care and also outreach services.</p>



## AREA OF CONCERN 'F': INFECTION CONTROL

Prevalence of Hospital Acquired Infections remains unacceptably high in the country. The first principle of health care is "to do no harm". Generally, Public health facilities have high caseload and infrastructure norms are not always met. Therefore, probability of acquiring infection remains high, unless a robust system for Infection control has been put in place. This area of concern cuts across many departments and hospital practices and looks at the Infection control practices, hand-hygiene, asepsis, personal protection, processing of equipment, environment control, and management of Biomedical Waste & Hazardous waste.

<b>Standard F1 -</b> The facility has defined and implemented procedures for ensuring hand hygiene practices and asepsis	This standard is concerned with availability of material in the hand-washing area, so that health providers have ready access to material. It also looks at the practice of hand washing. Availability of soap & running water are critical inputs for ensuring 'Hand – Hygiene'. This needs to be supported by correct knowledge and attitude among facility staff for the hand-hygiene. Technique of hand washing may be observed directly. Periodical Medical Examination of Facility workers are another important intervention to promote infection prevention and safety of workers at the UPHC. This standard looks at this aspect as well.
<b>Standard F2 -</b> The facility ensures availability of personal protection, and follows standard precautions	This standard is concerned with usage of Personal Protection Equipment (PPE) such as gloves, mask, apron, etc. Interaction with staff may reveal adequacy of the supplies, required for the PPE. Assessor should also observe whether the staffs are using correct method of wearing personal protection equipment.
<b>Standard F3 -</b> The facility has standard procedures for processing for disinfection and Sterilization of equipment and instruments	This Standard is concerned with standard procedures, related to processing of equipment and instruments. There should be processes to include adequate decontamination, cleaning, disinfection and sterilization of equipment and instruments. Source of information for assessing compliance to this standard may come from many sources – directly observing the procedures, and staff interview, etc.
<b>Standard F4 -</b> The facility has defined and established procedures for segregation, collection, treatment and disposal of Bio-medical and hazardous Waste	This standard is concerned with Management of Biomedical waste management including its segregation, 'on-site' disinfection as per protocol, transportation, disposal, and management of sharps. Availability of equipment and practices of segregation can be directly observed. Staff should be interviewed about the procedure for management of the needle stick injuries. Storage and transportation of waste are observed. Waste generation, its collection by CWT operator, record of injuries, referral of such cases and regulatory compliances are verified through review of record.



## AREA OF CONCERN 'G' – QUALITY MANAGEMENT

Quality management requires a set of interrelated activities, which are required to be undertaken at the Health Facility, so that implemented Quality System is internalised and sustained. The Quality system also contributes towards building a system of 'Continual' improvement. Therefore, Quality Standards under this area of concerns looks at the formation of a Quality team, development of Quality Policy & Objectives, activities for internal Quality assurance, medical & prescription audits, etc. A Quality system needs to be 'patient-centric'. Therefore, the facility needs to institutionalise patient satisfaction survey (PSS). Satisfaction of employee is also of paramount importance. Hence, the facility is expected to have institutional arrangement of conducting 'Employee Satisfaction Survey (ESS). One of the standards under this area of concern looks at the working with SOPs and protocols, which are needed for delivery of services at the facility.

<b>Standard G1 -</b> The facility has established Quality Assurance Programme as per State/ National guidelines	Standard G1 is concerned with constituting a Quality Team at the facility and making it functional. Assessor may review the document and interact with the Quality Team members to know how frequently they meet and whether responsibilities have been delegated to them. Quality team meeting records may be reviewed. This standard is also concerned with establishment and dissemination of quality policy and objectives in the UPHC. The staff may be interviewed to know their awareness of Quality policy and its objectives. Review of records should be done to ascertain that the set Quality objectives at the facility are meeting SMART criteria. The standard also looks at the system of periodical review of Quality objectives.
<b>Standard G2 -</b> The facility has established systems for patient and employee satisfaction	This standard is concerned with having a system of measurement of patient and employee satisfaction. This includes periodic patients' satisfaction survey, analysis of the feedback and preparing action plan. Assessors should review the records pertaining to patient satisfaction and employee satisfaction survey to ascertain that Patient feedback is taken at prescribed intervals and the sample size is adequate.
<b>Standard G3 -</b> The facility has established, documented and implemented Standard Operating Procedure System for its all key processes	This Standard pertains to the processes of internal assessment, including prescription audit at a defined periodicity. Review of the audit records may reveal their adequacy and periodicity. This standard is also concerned with implementation of quality assurance programmes within departments such as daily round, use of departmental check-lists and EQAS records at laboratory, etc.



## AREA OF CONCERN H – OUTCOME

Conventionally, a Quality System has three important pillars – Structure, Process & Outcome. Measurement of the quality is critical to improvement of processes and outcomes. This area of concern has two standards. First Standard measures performance of health facility in term of Productivity, Efficiency, Clinical Care and Service Quality and the second Standard pertains to performance improvement to meet the bench-marks (set by the facility or allotted externally by the State/ District/ ULB). It is realised that the facility may not be measuring all indicators pertaining to performance of UPHC. Hence, setting a process of recording of critical data elements, which are required for KPI/ Quality indicators, would be a good beginning. Subsequently, the facilities are expected to work resolutely in improving the achieved target.

<b>Standard H1 -</b> The facility measures its productivity, efficiency, clinical care and service quality indicators	Productivity is defined as a total output while efficiency is a level of performance that uses the lowest amount of inputs to create the highest amount of outputs. Broadly, this standard expects that the health facility would put a system in place to start recording data elements, which are required for the Quality KPI for UPHC. Few data elements may already be part of the data reporting system. Generation of additional data elements would be dependent upon the putting a system in place for recording of such data elements. For instance, a UPHC would be required to put a system for recording Patients Satisfaction and analysing them, which would generate a composite patient satisfaction score.
<b>Standard H2 -</b> The facility endeavours to improve its performance and meeting benchmarks	One of the key essences of quality system is 'continual improvement' in all spheres of facility's Operations. In order to channelize the efforts for the 'improvement', benchmarks are set for objectivity, transparency and maintaining the 'system approach'. Compliance to this standard reflects commitment of the management toward 'improvement' process.



## 5. Thematic Checklists

### Arrangement

Checklists are tools for the assessment of health facilities for finding out compliance to Quality Assurance Standards. Checklists contain relevant checkpoints arranged in a logical sequence so that assessor can conveniently and objectively get information during the assessment process.

National Quality Assurance Standards for Public Health Facilities are supplemented by departmental checklists that explicitly measure the compliance to applicable standards and measurable elements. The departmental checklist approach enables efficient assessment as well as provides specific inputs in terms of assessment findings that can be used as a precursor for focused quality improvement activities in the department. The score card generated by using these checklists also enables Quality Assurance Officers and Health Administrators to compare quality of services interdepartmentally and as well temporally. Departmental checklist approach also flexibly to provide certification to one or group of departments if the facility does not have resources to improve the whole hospital. National Quality Assurance Standards for District Hospital, CHC and PHC (24X7) have 18, 12 and 6 such checklists, respectively.

It has been observed during the course of scoping exercise prior to formulation of Quality Standards for Urban Primary Health Centres that departmental checklist approach may not work perfectly well due to following reasons -

1. A large number of U-PHCs function in rented building. Spatial definition of "Department" in the context of U-PHC is obscure because U-PHC has limited physical infrastructure of 3-5 rooms. Many of the activities are undertaken in the same room.
2. Similarly due to limited number of staff, there is considerable multi-tasking. Multiple activities are undertaken by same set of people.
3. Specific departments like labour room and indoor not available. Majorly, the Services are provided through ambulatory settings only.
4. As outreach services are managed and provided directly from U-PHC, the scope of assessment have been widened to include them. As outreach services cannot be confined within the spatial parameters, the department checklist approach may not work here.

After detailed brain storming, consultation and field testing of different options, it was decided to develop thematic checklists in place of departmental checklists in order to measure quality of services pragmatically in actual settings of an UPHC.

Each thematic checklist includes one or more core interrelated core services provided by the UPHC. The location of the services may not be exclusive, e. g. Checklist for Maternal Health services include Antenatal Check-up and Postnatal Visits, Checklist for the family planning comprises of checkpoints pertaining to counselling and spacing method including IUD insertion. Both the services may be provided at the same room in an Urban-PHC.

Addition of Check-lists – If the deliveries are undertaken in an Urban-PHC, then the check-lists for the labour room (already available in the Assessors' Guidebook for Primary Health Centre) would also be included in the assessment tool. It is also assumed that the U-PHC conducting deliveries would have indoor beds for the stay of delivery cases. In these circumstances, the check-list for Indoor Department would additionally be included for assessing U-PHC.

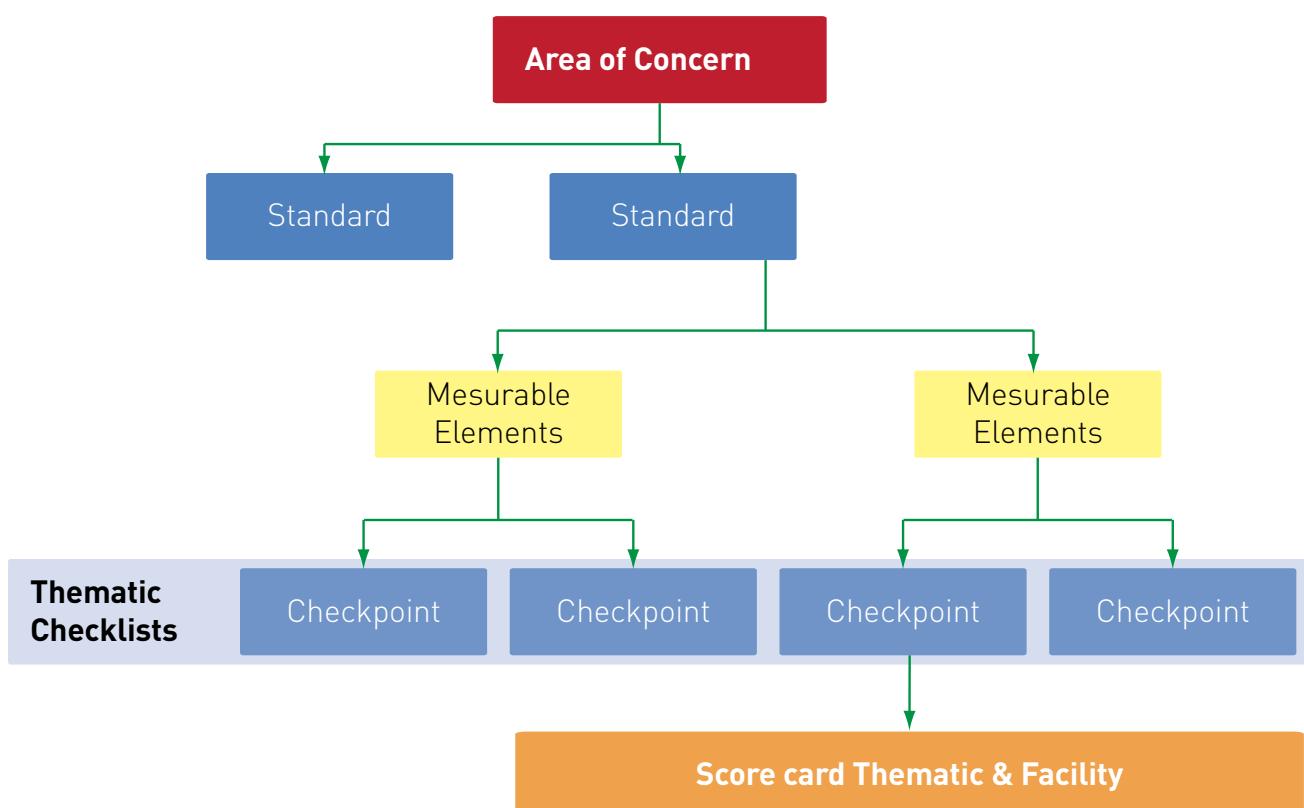


Maternity Home conducting delivery and providing Newborn care are not significantly different from a functional FRU (Equivalent to a Level-3 facility) - Facilities for 24X7 caesarean section, Anaesthesia Facility, Facilities for Blood Storage/ Blood Bank & NBSU/ SNCU.

## Relationship Between Different Components of the Measurement System

Quality assurance standards for an UPHC have been developed and are in congruence with the Operational Guidelines for Quality Assurance for Public Health Facilities". There are 35 standards categorized into eight Areas of Concern. Each standard further has specific measurable element. These standards and measurable elements have been compiled into 12 thematic checklists, which are critical for a well-functioning U-PHC.

**Figure 5.1. Relationship between Area of concern, Standard, Measurable Elements & Thematic Checklists**





## C. ASSESSMENT PROTOCOLS

### 1. Assessment Methodology

#### i. General Principle

Assessment of a UPHC needs to be carried out on general principles of assessment. Adherence to these principles is a prerequisite for arriving at the objective and unbiased conclusion that is useful for the service providers as well for other stakeholders such as District Health Administration & Health Department. Following are the key principles of an assessment –

- a) **Integrity:** Assessors and persons managing assessment programs should
  - ◆ Perform their work with honesty, diligence and responsibility
  - ◆ Demonstrate their competence while performing assessment
  - ◆ Make assessment in an impartial manner
  - ◆ Remain fair and unbiased in their findings
  - ◆ Be sensitive to any influence that may be exerted while carrying out assessment
- b) **Fair Presentation:** Assessment findings should truthfully and accurately represent the assessment activities. Any unresolved diverging opinion between assessors and assesses should be brought-out. Communication should be truthful, accurate, objective, timely, clear and complete.
- c) **Confidentiality:** Assessors should ensure that information acquired by them during the assessment is kept confidential and should not be shared with un-authorised personnel. The information must not be used for personal gain.
- d) **Independence:** Assessors should be independent to the activity they are assessing and should in all cases act in manner that is free from biases and conflict of interest. For internal assessment, an assessor should not assess his or her own department and process.
- e) **Evidence based approach:** Conclusion should be based on evidence, which is verifiable and reproducible.

#### ii. Planning Assessment activities

Following assessment activities are undertaken at different level:

- a) **Internal Assessment:** A continuous process of assessment within the facility by internal assessors.
- b) **External Assessment:** Assessment by District Quality Assurance Unit (DQAU) and State Quality Assurance Unit (SQAU)
- c) **Assessment for Certification:** Assessment by the assessors, deputed by the Ministry of Health & Family Welfare or an organisation on behalf of the MoHFW



**Internal Assessment:** Internal assessment is a continuous process and forms an integral part of facility based Quality Assurance Programme. Assessing whole UPHC every month may not be feasible. The facility should prepare a quarterly assessment plan. It needs to be ensured that every area is assessed and scored at least once in a quarter. Quality team at the UPHC can prioritize certain area where quality of services has been a cause of concern, thereby requiring more attention. For example, if a Maternity Health service is much critical to quality, it could be assessed more frequently.

For internal assessment, a nodal person at the UPHC may be designated as the coordinator, whose main responsibilities are given below:

1. Preparing assessment plan and schedule
2. Constitute the assessment team for internal assessment
3. Arrange stationary (forms & formats) for internal assessment
4. Maintenance and safekeeping of assessment records
5. Communicating and coordinating with departments
6. Monitor & review the internal assessment programme
7. Disseminate the findings of internal assessment
8. Preparation of action plan in coordination with quality team and respective departments.

**External Assessment:** SQAU and DQAU are also responsible for undertaking an independent quality assessment of a health facility. Facilities having poor quality indicators would have priority in the assessment programme. Visit for assessment also provides opportunity of building facility level capacity of quality assurance and handholding. It needs to be ensured that all departments and work processes have been assessed at UPHC.

### iii. Constituting Assessment Team

Assessment team should be constituted according to the scope of assessment/ Department to be assessed. Team assessing clinical department should have at least one-person from clinical domain. It would be preferable to have a multi-disciplinary team having at least one doctor and one nurse for external assessment. As DQAU/SQAU may not have their own capacity for arranging all team members internally, they may nominate a person from other health facility to be a part of the assessment team. However, it needs to be ensured that person should not assess his/her department in internal assessment. Similarly, for external assessment none of the team member should be from same health facility.

### iv. Preparing Assessment Schedule

Assessment schedule is micro-plan for conducting assessment. It constitutes of details regarding departments, date, timing, etc. Assessment schedule should be prepared beforehand and should be shared with respective departments.

### v. Performing Assessment

- a. **Pre assessment preparation:** Team leader of the assessment team should ensure that assessment schedule has been communicated to all concerned staff of the health facility. Stationary for the assessment including Checklists are available in adequate numbers. Team leader should assign responsibility to different team members according to assessment schedule and competence of different staff members.



- b. **Opening meeting:** A short opening meeting with the staff should be conducted for introduction, aims & objective of the assessment and role clarity.

## vi. Communication During Assessment

Behaviours and communication of the assessors should be polite and empathetic. Assessment should be fact-finding exercise and not a fault-finding exercise. All type conflicts should be avoided. In event of conflict, department head or assessment coordinator should be contacted to mediate and resolve the conflict.

## vii. Using Checklists for Assessment

Checklists are the main tools for the assessment. Assessors should familiarise themselves with the checklists beforehand. Layout of the checklists in this manual is given below:

- a) Title of the checklist denotes the name of the thematic area/ department for which checklist is intended.
- b) The horizontal bar in grey colour contains the name of the Area of concern for which the underlying standards belong.
- c) Yellow horizontal bar contains the statement of standard, which is being measured. Only Applicable standards are shown in each checklist, so only relevant standards are given in yellow bars
- d) Extreme left column of checklist in blue colour contains the reference number of Standard and Measurable Elements. The Reference number helps in identification and traceability of a standard
- e) Second column contains text of the measurable element for the respective standard. Only applicable measurable elements of a standard are shown in checklist. You may not find all measurable elements under a standard in departmental checklist.
- f) The column next to measurable elements on right side has checkpoints for measuring compliance to respective measurable element and the standard. Checkpoint is the basic unit of measurement, against which compliance is checked and the score is awarded.
- g) Next right to Checkpoint, a blank column is available where finding of assessment in term of Compliance, Partial Compliance and Non Compliance should be written.
- h) Next right to compliance column is the assessment method column. This denotes the 'HOW' to gather the information. Generally, there are four primary methods for assessment - SI means staff interview, OB means observation, RR means record review & PI, Patient Interview.

CHECKLIST FOR GENERAL CLINIC → (A)					
Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Area of Concern - A Service Provision → (B)					
Standard A1	Facility provides Promotive, preventive and curative services → (C)				
ME A1.1 → (D)	The facility provides treatment of common ailments → (E)	Availability of Consultation services for common illnesses → (F)	→ (G)	RR/SI → (H)	Common Cold, Fever, Diarrhoea, Respiratory tract infections, Bronchial Asthma, conjunctivitis, foreign body in conjunctival sac, etc. → (I)



- i) Column next to assessment method contains means of verification. It denotes what to see in a particular Checkpoint. It may be list of equipment or procedures to be observed, or example question may be asked to interviewee or some benchmark, which could be used for comparison, or reference to some other guideline or legal document. It may be left blank, as checkpoint may be self-explanatory.

Assessor should read measurable elements and checkpoints; and try to gather information and evidence to assess the compliance to the requirement of measurable element and checkpoint. Information can be gathered by four methods:

- i. **Observation:** Compliance too many of the measurable elements can be assessed by directly observing the articles, process and surrounding environment. Few examples are given below:

- a) Enumeration of articles like equipment, drugs
- b) Displays like signage, work instructions, important information
- c) Facilities like patient amenities, complaint box etc.
- d) Environment like seepage, overcrowding, cleanliness
- e) Procedures like measuring BP, counselling, segregation of biomedical waste,

- ii. **Record Review:** As all processes especially clinical procedures cannot be observed. Review of records may generate more objective evidence and triangulate the finding of the observation. For example, during assessment staff interview with doctor revealed they write patient history, physical examination & provisional diagnosis in OPD slip but when you randomly reviewed few OPD slips, you found only medicine is written in OPD ticket. Record review can be done through -

- a) Review of clinical records for assessing adequacy of processes like assessment notes provisional diagnosis etc.
- b) Review of department registers like Consultation registers, ANC registers, expenditure registers, etc.
- c) Review of license, formats for legal compliances like authorisation certificate for Biomedical Waste Management,
- d) Review of SOPs for adequacy and process
- e) Review of monitoring records like temperature monitoring charts etc.
- f) Review of department data and indicators

- iii. **Staff interview:** Interaction with the staff help in assessing the knowledge and skill level, required for performing job functions. Examples -

- a) Competency testing - Asking staff how do they perform certain procedures.
- b) Demonstration – Asking staff to demonstrate certain activities like hand washing technique or newborn resuscitation.
- c) Awareness - Asking staff about awareness of patient's right or quality policy
- d) Feedback about adequacy of supplies, problems in performing work safety issues etc.

- iv. **Patient/Client Interview:** Interaction with patients & relatives may be useful in getting information about quality of services and their experience at the facility. It should include Feedback on quality of services, staff behaviour, waiting times, out of pocket expenditure incurred during the treatment, counselling services, etc.



- viii. **Assessment conclusion:** After gathering information and evidence for measurable elements, an assessor is expected to decide the Compliance, Partial compliance or Non-compliance for each of the checkpoints.

## 2. Scoring System

After assessing all the measurable elements, checkpoints and marking compliance, scores of the department/ facility can be calculated.

### Rules of Scoring

<b>2 Marks</b>	for each compliance
<b>1 Mark</b>	for each partial-compliance
<b>0 Mark</b>	for every Non-Compliance

All checkpoints have equal weightage to keep scoring simple.

Once scores have been assigned to each checkpoint, Checklist wise, facility wise scores can be calculated. The final score should be given in percentage, so it can be compared with other groups and checklist.

Calculation of percentage is as follows:

$$\frac{\text{Score obtained} \times 100}{\text{No of checkpoints in checklist} \times 2}$$

Scores can be calculated manually or scores can be entered into excel sheet given in the accompanying soft copy to get scores and dashboards.

The assessment scores can be presented in following ways:

1. Checklist Score card – Depicting the scorecard in the individual score. This score card is generated automatically in the excel tool, provided with this manual.
2. UPHC score card - Compilation of the individual checklist scorecard & depicting overall UPHC score card.



General Clinic Score Card		
General Clinic Score	Area of concern	
<b>50%</b>	Service Provision	50%
	Patient Rights	50%
	Inputs	50%
	Support services	50%
	Clinical care	50%
	Infection control	50%
	Quality Management	50%
	Outcome	50%

## Checklist Wise Score Card

UPHC Quality Score Card			
Dressing Room & Emergency 50%	General Clinic 50%	Maternity Health 50%	New Born & Child Health 50%
Immunization 50%	<b>UPHC Score</b>  <b>50%</b>	Family Planning 50%	
Communicable Diseases 50%			Non Communicable Diseases 50%
Outreach 50%	Pharmacy 50%	Laboratory 50%	General Admin 50%

## UPHC Overall Score Card





## D. IMPLEMENTING QUALITY ASSURANCE AT THE FACILITY LEVEL

### STEP BY STEP APPROACH FOR QUALITY ASSURANCE

Many challenges could be faced in implementation of Quality Assurance Programme. Few such examples are given below:

- ◆ Changing Attitude of Staff, Visitors (Patients & attendants) and Community.
- ◆ Identifying the 'Change-agents' which could act as catalyst in the improvement process.
- ◆ Channelizing resources required from higher authorities.
- ◆ Mid-term review and mid-course correction.

A suggestive approach and methodology is explained here. Some of the steps are iterative in nature e.g. Assessment and Gap Analysis. At the same time, following activities could be initiated simultaneously:

- ◆ Patient Satisfaction Surveys
- ◆ Employee satisfaction surveys,
- ◆ Initiating a complaint management system
- ◆ calibration of equipment

#### **Step - 1: Sensitisation of Service Providers for Quality**

Quality can be achieved through collective efforts only. It is always prudent to make the facility staff aware about what they are expected to do for the quality assurance. They should be communicated the benefits of improving quality for patients & staff themselves. A formal half-day workshop can be organized at the facility, where, the facility in charge or representative from District Quality Assurance Unit (DQAU) should orient the staff about quality assurance programme, quality standards, assessment process and incentives linked to quality in brief.

All staff members of facility including clinical, nursing, administrative and support staff should be encouraged to attend this meeting. Participants should be also encouraged to share their perception of quality and how the quality can be improved.

#### **Step - 2: Setting up the Quality Team**

Implementation of Quality Assurance Programme requires performing set of defined activities in a planned manner. There are always advantages in working through team, as mentioned below -

- a. Members of team can exchange view and information to bring collective wisdom, group deliberation and judgement to bear upon subjects of discussion and tasks.
- b. The team generate ideas for change and overall quality improvement.



- c. A well-organized team enables its members to perform at a high level of cooperation and commitment.

Hence, for timely and effective implementation of quality assurance, a team should be constituted at facility. This team should have representation from all cadres of staff. Preferably, facility in charge should head the team and there should be at least one member each from nursing, paramedic, administrative & support staff.

The role and responsibility of each member should be well defined. Main functions of the team are given below:

- a. Defining the road map for Quality assurance for the facility.
- b. Defining quality policy and objectives and periodic monitoring on them
- c. Dissemination and orientation for Quality Standards & Standard Operating Procedures (SOP) among the facility staff.
- d. Assuring that services being provided to defined quality standards and clinical protocols.
- e. Performing baseline as well as subsequent periodic quality assessment against defined standards with support from district quality assurance committee.
- f. Measurement, reporting and review of the key performance indicators
- g. Providing hands on training and guidance to facility staff for meeting quality standards
- h. Facilitating change ideas and focus interventions for Quality Improvement.

Quality team should meet every month to review the progress on quality assurance against defined road map & action plan. Minutes of meeting and action points should be recorded.

## **Step - 3: Base Line Assessment**

Before starting the journey of quality assurance, first we should know the start point. Initially assessment of all the departments using the departmental checklists should be undertaken. The assessment would also generate scores, using MS Excel based tool given in accompanying CD with this book. In subsequent periodic assessments, the scores would be compared with baseline scores to judge the quality improvement.

## **Step : 4: Action Planning & Prioritising**

Based on the finding of baselines assessment, the gaps can be identified & enumerated for each department. These gaps can be categorized on the basis of severity of gap and level of support required, as given below: -

<b>Level of Support Required</b>	<b>Severity Rating</b>
◆ Gaps should be traversed at facility level	◆ High : Gaps affecting patient care directly
◆ Gaps requiring support from district authorities	◆ Medium : Gaps indirectly affecting patient care
◆ Gaps requiring state support	◆ Low : Gaps not affecting patient care but quality at UPHC



For all the enumerated gaps, a time bound action-plan should be prepared in consultation with process owners and departmental in charges. It may be possible that all the gaps could not be traversed in 'one-go'. Hence, prioritisation of gaps is important to best value of the investment.

## Step - 5: Measuring Key Performance Indicators (KPI)

A system of measurement needs to be put in place to measure the different aspects of facility performance and quality of care. A set of indicators have been defined for each level of facility. These Indicators are categorized into four classes –

- a. Productivity
- b. Efficiency
- c. Clinical Care/Safety and
- d. Services quality

**Productivity indicators** reflect volumes and adequacy of the services provided.

**Efficiency indicators** measure utilization of the services within given resources. It also reflects on the proficiency of service providers.

**Clinical Care** measures the quality of a particular clinical process or outcome.

**Service quality** indicators are assigned to perception of users about quality of services, their comfort and satisfaction level.

Facility should measure these indicators on monthly basis and report to DQAC. These indicators should also be utilized by facility for taking evidence based management decisions.

KPIs for an Urban PHC are given in Annexure 'B'.

## Step - 6: Patient Satisfaction Survey

The first and foremost definition of quality is to meet the user's expectations. The best way to know the user's perception about the quality of services is to conduct regular periodic patient satisfaction survey at the facility, asking users to rate the services as per their experience. These surveys should be at least done quarterly. The feedback should be analysed to know the services or attributes of services with which the users are not satisfied. Results of the feedback can be then discussed in monthly quality team meeting to decide on actions to be taken for enhancing customers' satisfaction. Format for Patients' Satisfaction Survey is given in Annexure 'C'.

## Step -7: Setting Quality Policy and Quality Objectives

Quality Policy needs to be framed by the facility in consultation the staff and other stakeholders. Quality policy is a broad statement that describes what & how the facility intends to improve the quality of its services. Quality policy should always acknowledge user satisfaction as key component of its policy. It should be formulated in local language and displayed at critical places for better understanding.



## Quality Policy

UPHC..... aims at providing highest level of Preventive, Promotive, and Curative Healthcare services to the catchment community with sustained efforts to ensure that it is Equitable, Affordable, Accountable and responsive to the people's need.

We are committed to satisfy and delight our clients by efficient services delivery with an aim of improving areas like Sanitation and hygiene, nutrition and safe drinking water, reducing waiting time, respecting patient's rights and encouraging community participation.

We shall build and upgrade competencies of our all staff through trainings, CMEs and capacity building.

Continual quality improvement shall be the guiding principle of all our endeavours.

**Quality objective** are tangible short terms goals that facility intend to achieve. The objective should be in sync with the Quality Policy. These objectives should be SMART, with the quality objectives being set for the facility and for each department.

Example of Quality objectives:

Facility level	◆ Increasing patient satisfaction Level by X% in Y Months
Department Level	◆ Increasing facility quality score of _____ from X% to Y% in Z months

## Step - 8: Implementation of Standard Operating Procedures/ Work Instructions

Quality is about doing things right, for first time & every time, thereafter. To achieve this objective, all key clinical & support process should be standardized. Standard Operating Procedures (SOPs) is a tested and tried tool for standardizing the processes in various setups. Facility should document all its processes those are critical to quality service delivery in with the standard specification and flow in which these should be delivered. These Standard operating procedures should be complied department wise and distributed to the respective process owners. Hand-on training on these SOPs should be provided to respective service providers. Suggested for a SOP is given at Annexure 'D'.

## Step - 9: Periodic Assessments & Improvement

The next step is to check whether processes and services are in accordance to quality standards and SOPs. Therefore, a system of periodic internal assessment should be implemented at the facilities. Assessment can be carried out using the departmental checklists, which are given in this book. The frequency of internal assessment can be variable according criticality of departments, but at least all the departments should be assessed once in a quarter.

For specific clinical process medical, death & prescription audit should be conducted every month.



Findings of these assessment and audits should be complied and discussed during the monthly quality team meeting. The quality team with support of process owners should do the root cause analysis to identify the action points. On these action points, again a time bound action plan should be prepared. Follow-up on the Action Plan is meticulously done to traverse the gaps and improve the quality score of your facility. Quality team would be responsible for ensuring corrective & preventive action taken in time.

## **Step -10: Certification**

Keep on repeating afore-mentioned Steps 1 to 9 would certainly improve the quality score of facility. Once facility is confident that quality score has been reached a threshold level (70%), it can inform DQAC (District Quality Assurance Committee) for starting certification process. Members of DQAU (District Quality Assurance Unit) verify the score by undertaking independent verification. If facility gets the required score, it would be recommended for Assessment to the SQAC (State Quality Assurance Committee).

Then, the State Quality Assurance Unit (SQAU), which is implementation arm of the SQAC, will carry out the Assessment. If facility gets the required score, a state level certification would be provided to the facility. Simultaneously, actions would be taken for obtaining the National Certification.

# THEMATIC CHECKLIST



# CHECKLIST GENERAL CLINIC



## ***Summary of GENERAL CLINIC CHECKLIST***

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The Checklist has been developed with intent to assess quality of general administration of an Urban PHC. The scope of the checklist is not confined to a particular area and includes whole of a UPHC. The checklist is compendium of all policy level issues and cross cutting processes of a UPHC.

The checklist comprises of checkpoints related to Grievance redressal system, disable friendly environment, user friendly and uniform signage system, encroachments, layout of facility, intermural and extramural communication, Physical, electrical and Fire safety, HR (adequacy, competence, and skills), water and electric supply with backup, management of Rogi Kalyan Samitis, Community based monitoring, Finance management, Contract management, Job description and deputation of staff, Statutory and Legal requirements, Policies and procedures, safe storage and retrieval of records, biomedical waste management, Quality Team, Quality Policy, Quality Objectives, Audits, Patient and employee satisfaction surveys, and SOPs.

It would help assessors if this checklist is filled at the end after filling rest of the 11 checklists in the office of Medical officer (in charge of the UPHC.)

# CHECKLIST FOR GENERAL CLINIC

**Checklist - 1**

<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
<b>Area of Concern - A Service Provision</b>					
Standard A1	<b>Facility provides Promotive, preventive and curative services</b>				
ME A1.1	The facility provides treatment of common ailments	Availability of Consultation services for common illnesses		RR/SI	Common Cold, Fever, Diarrhea, Respiratory tract infections, Bronchial Asthma, conjunctivitis, foreign body in conjunctival sac, etc.
ME A1.3	The facility provides AYUSH Services	Functional & dedicated AYUSH clinic		RR/SI	Ayurveda, Unani Siddha, Homeopathy, Naturopathy as per State Guidelines
ME A1.4	Services are available for the time period as mandated	OPD Services are available for at least 8 Hours in a day		RR/SI	It may be 12 noon to 8 PM/it may be morning & evening OPD. Give full compliance if evening OPD is there
Standard A2	<b>The facility provides RMNCHA Services</b>				
ME A2.5	The facility provides Adolescent health Services	Availability of Adolescent friendly Clinic		RR/SI	At least for 2 hours on fixed day in week
Standard A5	<b>The facility provides services as per local needs/State specific health programmes as per guidelines</b>				
ME A5.2	Facility provides services as per local needs/ state specific health programmes as per guidelines	Availability of OPD services for diseases, specifically prevalent locally		RR/SI	
<b>Area of Concern B - Patients' Rights</b>					
Standard B1	<b>The service provided at facility are accessible</b>				
ME B1.7	Information about the treatment is shared with patients or attendants and consent is taken wherever required	Patient is informed about the diagnosis & Treatment Plan		PI/RR	
		A copy of OPD Slip/ Prescription containing Diagnosis & treatment plan, is given to patient		RR	
		Method of Administration/taking of the medicines is informed to patient/ their relatives as per prescription		PI/RR	



<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
ME B1.8	Access to facility is provided without any physical barrier	There is no overcrowding in general Clinic		OB	
Standard B2	<b>The service provided at facility are acceptable</b>				
ME B2.1	Services are provided in manner that are sensitive to gender	Availability of female staff / attendant, if a male doctor examines a female patient		SI/OB	
		Availability of Breast Feeding Corner		OB	
ME B2.2	Adequate visual privacy is provided at every point of care	Availability of screen/curtains		OB	Check examination area & also door & window
		One Patient is seen at a time in the clinic		OB	
		One clinic is not shared by two doctors at a time		OB	
ME B2.3	Confidentiality of patients' records and clinical information is maintained	Patient records are kept in safe custody in General Clinic		OB/SI	Check Patient records e.g. OPD register, OPD slips are kept in safe custody and are not accessible to unauthorized patients
Standard B3	<b>The service provided at facility are affordable</b>				
ME B3.2	The facility provide free of cost treatment to below poverty line patients without administrative hassles	Check for BPL patients, Daily wagers, homeless, slum dwellers & migratory Population etc. are not charged for any services		PI/RR/SI	
<b>Area of Concern - C Inputs</b>					
Standard C1	<b>The facility has adequate &amp; Safe infrastructure for delivery of assured services and meets the prevalent norms</b>				
ME C1.1	Departments have adequate space as per patient load	Clinics have adequate space for consultation and examination		OB/SI	Adequate Space in Clinics (120 sq. ft.)
ME C1.2	Amenities for Patients & Staff are available as per load	Availability of waiting area		OB	
		Availability of seating arrangement		OB	
		Availability of Fans, Warmers facilities as per need		OB	
		Availability of clean drinking water facilities		OB	
		Availability of clean & functional toilets		OB	



<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
ME C1.3	Departments have layout and demarcated areas as per functions	There is functional registration counter, which is manned during OPD hours		OB/SI	
		Dedicated Clinics for OPD Consultation and counseling		OB	
		Dedicated examination area is provided for each clinic		OB	
		Dedicated Clinic for AYUSH Doctor		OB	
ME C1.5	The facility ensures safety of electrical installations	General clinic does not have temporary connections and loosely hanging wires		OB	Switch Boards all other electrical installations are intact & secure
ME C1.6	Physical condition of buildings are safe for providing patient care	Floor of General Clinic is non slippery and even		OB	
Standard C2	<b>The facility has adequate qualified and trained staff, required for providing the assured services to the current case load</b>				
ME C2.1	The facility has adequate medical officers as per service provision and work load	Availability of Doctors for consultation during OPD hours		SI/RR	One MO and one Ayush doctor for a minimum of six hours per day and for six days in a week
ME C2.4	The Staff has been imparted necessary trainings/skill set to enable them to meet their roles & responsibilities	Training of MO, Staff nurse, ANM		RR	Check training is provided for AFHS (to MO & staff nurse), Standard treatment guideline & prescription writing (to medical officer)
ME C2.5	The Staff is skilled and competent as per job description	Check competency of the staff to use OPD equipment like BP apparatus, etc.		SI	Check the staff competency for trouble shooting measures
Standard C4	<b>The facility has equipment &amp; instruments required for assured list of services</b>				
ME C4.1	Availability of equipment & instruments for examination & monitoring of patients	Availability of functional Equipment & Instruments at OPD clinic		OB	BP apparatus, Thermometer, Weighing machine, Torch, Stethoscope, measuring tape, Snellen's chart, X-ray view box, Tongue Depressor, Otoscope, Height chart etc.



<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
ME C4.5	Availability of patient furniture and fixtures as per load and service provision	Availability of furniture at clinics		OB	Doctors Chair, Patient Stool, Examination Table, Attendant Chair, Table, Footstep, cupboard
<b>Area of Concern - D Support Services</b>					
Standard D1	<b>The facility has established facility management programme for maintenance &amp; upkeep of equipment &amp; infrastructure to provide safe &amp; secure environment to staff &amp; users</b>				
ME D1.3	Patient care areas are clean and hygienic	Floors, walls, roof, sinks patient care and corridors are Clean		OB	All areas are clean with no dirt, grease, littering and cobwebs
		Surface of furniture and fixtures are clean		OB	
		Toilets are clean with functional flush and running water		OB	
ME D1.4	Facility infrastructure is adequately maintained	Fixtures and Patient Furniture are intact and maintained in OPD		OB	
ME D1.5	Facility has policy of removal of condemned junk material	No condemned/Junk material in the OPD		OB	Check for availability of condemnation policy & its adherence
Standard D4	<b>Facility has defined procedure for Governance &amp; work Management</b>				
ME D4.8	The facility has a defined protocol for the issue of medical certificates	Check Medical Certificates are issued as per defined criteria		RR/SI/PI	Check cycle time to issue medical certificate, check records & also denial policy
Standard D5	<b>Facility has procedure for collecting &amp; Reporting of the health facility related information</b>				
ME D5.9	The Facility provides monitoring and reporting services for Integrated Disease Surveillance Programme, as per guidelines	Check Form-P is filled for information required		RR/SI	Form for presumptive surveillance reporting Form P contains information of Name of reporting unit, State, District, Block, Name of the officer in charge along with signature, IDSP reporting week, No.of cases under each disease and syndrome
		Reporting format (Form -P) are sent to DSU as per guidelines.		RR/SI	Form- P will be filled in duplicate( two copies), surveillance officer may place carbon paper in between 2 sheets, one copy (blue) is retained by M.O and other (yellow) will be sent to DSU



<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
<b>Area of Concern - E Clinical Services</b>					
Standard E1	<b>The facility has defined procedures for registration and consultation of patients</b>				
ME E1.1	The facility has established procedure for registration of patients	Unique identification number is given to each patient during process of registration		RR/SI	
		Patient demographic details are recorded in OPD registration records		RR/SI	Check for that patient demographics like Name, age, Sex, Address etc.
ME E1.2	The facility has an established procedure for OPD consultation	There is procedure for systematic calling of patients one by one		OB	Patient is called by Doctor/attendant as per his/her turn on the basis of "first come first examine" basis
		Every patient is offered a seat and is examined as per clinical condition		OB	No patient is consulted in standing position
		Clinical staff is not engaged in administrative work during OPD hrs		OB	
Standard E2	<b>Facility has defined procedure for primary management and continuity of care with appropriate maintenance of records</b>				
ME E2.1	There is established procedure for initial assessment & Reassessment of patients	Patient History is taken and recorded		RR/SI	
		Physical Examination is done and recorded		RR/SI	
		Provisional Diagnosis is recorded		RR/SI	
ME E2.2	The facility provides appropriate referral linkages for transfer to other/higher facilities to assure the continuity of care	There is a system of referring patient from OPD to higher Centre for specialist consultation		RR/SI	Check for practice, availability of referral slip, is there any information about the specialist doctors and their timings and day available
ME E2.3	Facility ensures follow up of patients	There is system of follow up of the patients referred to higher facilities		RR/SI	
ME E2.7	Clinical records are updated for care provided	Prescription & treatment plan is documented		RR/SI	
		Check OPD slip, Prescription is updated for follow up visits		RR/SI	



<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
ME E2.8	The facility ensures that standardized forms and formats are used for all purposes including registers	Check availability of standardized forms & Register		RR/OB	OPD slip, OPD Register, Lab requisition form, referral slip
		Records are labelled and indexed		RR/OB	
ME E2.9	The facility ensures safe and adequate storage and retrieval of medical records	Adequate facility for storage of records		OB	
Standard E3	<b>Facility has defined &amp; implemented procedures for Drug administration and standard treatment guideline as mandated by Government</b>				
ME E3.1	Medication orders are written legibly and adequately	Check every Medical advice and procedure is accompanied with date, time and signature		RR/OB	OPD slip
		Check prescription are written legibly & are comprehensible by the clinical staff		RR/OB	
ME E3.4	The facility ensures that drugs are prescribed in generic name only	Check for OPD slip if drugs are prescribed under generic name only		RR/OB	
ME E3.5	There is procedure of rational use of drugs	Check for Doctors are sensitized for rational use of drugs especially antibiotics		RR/SI	Ask the cases in which doctors prescribe the antibiotics
ME E3.6	Drugs are prescribed according to Standard Treatment Guidelines	Check for that relevant Standard treatment guidelines are available at the point of use		RR/SI	
		Check staff is aware of the drug regime and doses as per STG		RR/SI	
		Check OPD ticket that drugs are prescribed as per STG		RR/SI	
Standard E8	<b>Facility provides Adolescent reproductive &amp; sexual health services as per guideline</b>				
ME E8.1	Facility provides Promotive ARSH Services	Counseling and provision of emergency & reversible contraceptive		RR/SI	Check for the availability of Emergency Contraceptive pills (Levonorgesterol), Oral Contraceptive Pills, Condoms and IUD
		Counseling on abuse & dependence on alcohol, drug, smoking & tobacco etc.		RR/SI	



<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
		Counseling services for Menstrual hygiene		RR/SI/OB	Check the availability of sanitary pad
		Information and advice on sexual and reproductive health related issues		RR/SI	Advice on topic related to Growth and development, puberty, sexuality concern, myths & misconception, pregnancy, safe sex, contraception, unsafe abortion, menstrual disorders, anaemia, sexual abuse, RTI/STI's etc.
		Referral Services for early and safe termination of pregnancy and management of post abortion complication		RR/SI	MVA procedure for pregnancy up to 8 week Post abortion counseling
		Availability of IEC material for AFHC		OB	IEC for Nutrition, Sexual reproductive health, Mental Health, Gender based violence, NCD & Substance abuse
ME E8.2	Facility provides Preventive ARSH Services	Services for Tetanus immunization		RR/SI	TT at 10 and 16 year
		Services for Prophylaxis against Nutritional Anemia & Nutrition Counseling		RR/SI	Hemoglobin estimation, weekly IFA tablet, and treatment for worm infestation
ME E8.3	Facility Provides Curative ARSH Services	Treatment of Common RTI/STI's		RR/SI	Privacy and Confidentiality, Treatment compliance, Partner Management, Follow up visit and referral
		Treatment and counselling for Menstrual disorders		RR/SI	Symptomatic treatment, counseling
		Treatment and counseling for sexual concern for male and female adolescents		RR/SI	
		Management of sexual abuse amongst Girls		RR/SI	ECP, Prophylaxis against STI, PEP for HIV and Counseling
		Management of malnourishment cases		RR/SI	



<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
ME E8.4	Facility Provides Referral Services for ARSH	Referral Linkages to ICTC and PPTCT		RR/SI	
		Referral services of Antenatal checkup for pregnant adolescent		RR/SI	Nutritional Counseling, Contraceptive counseling, Couple counseling ANC check-up, Ensuring institutional delivery
<b>Area of Concern - F Infection Control</b>					
Standard F1	<b>Facility has defined &amp; implemented procedure for ensuring Hand hygiene practices &amp; asepsis</b>				
ME F1.1	Hand washing facilities are provided at point of use	Availability of hand washing Facility at the Point of Use		OB/RR	Check for availability of wash basin near the point of use
		Availability of running Water		OB	Ask to Open the tap. Ask Staff if water supply is regular
		Availability of antiseptic soap with soap dish/ liquid antiseptic with dispenser		OB	Check for availability/ Ask staff if the supply is adequate and uninterrupted
		Display of Hand washing Instruction at Point of Use		OB	Prominently displayed above the hand washing facility, preferably in Local language & pictorial
		Availability of Alcohol based Hand rub		OB	Check for availability/ Ask staff for regular supply
ME F1.2	Staff is trained and adhere to standard hand washing practices	Staff adheres to standard hand washing practices		OB/SI	Ask the staff about moment of hand washing & Steps of hand washing to demonstrate
Standard F2	<b>Facility ensures availability of Personal Protective equipment &amp; follows standard precautions.</b>				
ME F2.1	Facility ensures adequate personal protection equipment as per requirements	Disposable gloves are available at point of use		OB	
		Availability of Masks		OB	
ME F2.2	Staff adheres to standard personal protection practices	No reuse of disposable gloves, Masks, caps and aprons		OB/SI	



<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
Standard F3	<b>Facility has standard procedure for disinfection &amp; sterilization of equipment &amp; instrument</b>				
ME F3.1	The facility ensures standard practices and materials for decontamination and cleaning of instruments and procedures areas	Decontamination of Procedure surfaces		SI	Ask staff about how they decontaminate the procedure surface like Examination table (Wiping with .5% Chlorine solution)
		Proper Decontamination of instruments after use		SI	Ask staff how they decontaminate the instruments like Stethoscope, Examination instruments
Standard F4	<b>Facility has defined &amp; establish procedure for segregation, collection, treatment &amp; disposal of Bio medical &amp;hazardous waste</b>				
ME F4.1	The facility ensures segregation of Bio Medical Waste as per guidelines	Availability of colour coded bins at point of waste generation		OB	Bins are covered
		Availability of colour coded bags		OB	Check Yellow bag is non chlorinated
		Segregation of different category of waste as per guidelines		OB	
		Display of work instructions for segregation and handling of Biomedical waste		OB	Pictorial & in local language
		There is no mixing of infectious and general waste		OB	
<b>Area of Concern - G Quality Management</b>					
Standard G.1	<b>Facility has established quality Assurance Program as per state/National guidelines</b>				
ME G1.5	The facility has established internal quality assurance programme	Internal Assessment of the General Clinic is done at periodic interval		SI/RR	
Standard G3	<b>Facility has established, documented &amp; implemented standard operating procedure system for its all key processes</b>				
ME G3.1	Standard Operating procedures are prepared, distributed and implemented for all key processes	Updated SOP are available at the point of use		RR	
		SOP adequately covers all relevant processes of the department		RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
<b>Area of Concern - H: Outcomes</b>					
Standard H1	<b>The facility measures its productivity, efficiency, clinical care &amp; service Quality indicators</b>				
ME H1.1	Facility measures Productivity Indicators on monthly basis	OPD Per day		RR	
		ARSH OPD per month		RR	
		AYUSH OPD per month		RR	
ME H1.2	Facility measures efficiency Indicators on monthly basis	OPD per doctor		RR	
		Percentage of follow up patients		RR	
ME H1.3	Facility measures Clinical Care & Safety Indicators on monthly basis	Consultation time in OPD		RR	
		Percentage of OPD cases treated with Antibiotic		RR	
ME H1.4	Facility measures Service Quality Indicators on monthly basis	Waiting time for Consultation at OPD		RR	
Standard H2	<b>Facility endeavors to improve its performance to meet bench marks</b>				
ME H2.2	The facility strives to improve indicators from its current performance	Trends analysis of Indicators is done at Periodic Intervals		RR	



# CHECKLIST

# MATERNAL HEALTH



## ***Summary of MATERNAL HEALTH CHECKLIST***

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Services provided by U-PHC are generally limited to OPD consultation, outreach activities and referral services. Hence, scope of the checklist for Maternal health is limited to antenatal care. The checklist is designed to assess the quality of antenatal services provided by UPHC during OPD hours. Postnatal visit and counselling of postnatal mother are also part of this checklist. ANC services provided outside UPHC are covered in checklist for outreach activities. ANC services are usually provided on fixed days of a week.

The checkpoints in this checklist are related to examination, follow-up, counselling, IEC/BCC, and free services for mother and child. The checklist also includes checkpoints related to Registration and Follow-up (Mother and child protection Card, tracking missed and left out ANCs), history taking, Physical examination, counselling, drugs and diagnostics, identification and timely referral of danger signs and high-risk pregnancies, Identification and management of anaemia, referral for institutional deliveries, follow-up, etc.

Assessment of maternal health should be carried out on scheduled ANC day. Even if the ANC is being conducted at General Clinic, the checklist should be run separately from General Clinic checklist. Interviewing pregnant women, their relatives, and staff conducting ANC would help in scoring along with meticulous record review and keen observation.

## CHECKLIST FOR MATERNAL HEALTH

**Checklist - 2**

<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
<b>Area of Concern - A Service Provision</b>					
Standard A1	<b>Facility provides Promotive, preventive and curative services</b>				
ME A1.4	Services are available for the time period as mandated	ANC & PNC services are available during OPD timing		RR/SI	Though Fix day for providing ANC services, client will be entertained if she visits any day during OPD hours
Standard A2	<b>The facility provides RMNCHA Services</b>				
ME A2.2	The facility provides Maternal Health Services	<p>Availability of Functional ANC Clinic</p> <p>Early registration &amp; Minimum 4 ANC Check-up</p> <p>Provision of Tetanus Toxoid and IFA</p> <p>Nutritional &amp; Health Counseling</p> <p>Identification and management of High Risk and Danger signs during pregnancy</p>		RR/SI	<p>ANC services are provided through dedicated setup. Check records for ANC being regularly conducted at facility through fix day or all days approach</p> <p>Check ANC register / MCP card</p> <p></p> <p></p> <p>Check ANC records</p>
<b>Area of Concern B - Patients' Rights</b>					
Standard B1	<b>The service provided at facility are accessible</b>				
ME B1.2	The facility displays the services and entitlements available	<p>Timings and days of the ANC clinic is displayed</p> <p>Entitlements under JSSK, JSY or any state specific scheme</p> <p>Important information like no. of Ambulances &amp; nearby facilities are displayed</p>		OB	Day and timing of fix day services like ANC, Immunization etc. (as applicable)
				OB	
				OB	



<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
ME B1.4	Patients & visitors are sensitized and educated through appropriate IEC / BCC approaches	Availability of Booklets / Leaflets/ brochures in the waiting area for Health education and information about early registration, diet & rest during pregnancy, recognizing signs of labour, recognizing danger signs during pregnancy & family planning etc.		OB	IEC corner. Check safe motherhood booklet is given to every pregnant women
ME B1.7	Information about the treatment is shared with patients or attendants and consent is taken wherever required	Antenatal mothers are informed of confirmation of pregnancy. The frequency of visits and danger signs during pregnancy have been communicated to them		PI	Interview the Antenatal mother about the communications, received by them. Co-relate with the notes recorded on the card
		Mother & Child protection card is provided to all clients		RR	
		Method of Administration / taking of the IFA & Calcium supplement etc. is informed to patient/ their relative by doctor/ ANM		PI/RR	
ME B1.8	Access to facility is provided without any physical barrier	There is no overcrowding in ANC clinic		OB	
Standard B2	<b>The service provided at facility are acceptable</b>				
ME B2.1	Services are provided in manner that are sensitive to gender	Availability of female staff / attendant, if a male doctor examines a female patient		SI/OB	
		Dedicated Female OPD for ANC cases		SI/OB	
ME B2.2	Adequate visual privacy is provided at every point of care	Availability of screens /curtains in Examination area		OB	Specially for ANC clients



<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
ME B2.3	Confidentiality of patients' records and clinical information is maintained	Patient records are kept in safe custody in ANC clinic		OB/SI	Check Patient records e.g. ANC register, HIV positive reports etc. are kept in safe custody and are not accessible to unauthorized patients
		Confidentiality of HIV cases are maintained in ANC clinic		OB/SI	
Standard B3	<b>The service provided at facility are affordable</b>				
ME B3.1	The facility provides cashless services to all patients including pregnant women, mothers and sick children as per prevalent government schemes	OPD Consultation/ ANC Checkup is provided free of cost		SI/RR	Check for there is no consultation fee/ registration fee for JSSK beneficiaries
ME B3.3	The facility ensures that the drugs prescribed are available in the pharmacy	Check patient party has not spend on purchasing drugs from outside		PI	
ME B3.4	Facility ensure investigations prescribed are available at the Laboratory	Check patient party has not spend on purchasing consumables from outside		PI	
<b>Area of Concern - C Inputs</b>					
Standard C1	<b>The facility has adequate &amp; Safe infrastructure for delivery of assured services and meets the prevalent norms</b>				
ME C1.1	Departments have adequate space as per patient load	Clinics have adequate space for consultation and examination		OB/SI	
ME C1.2	Amenities for Patients & Staff are available as per load	Availability of Fans/ Warmers as per need		OB	
		Availability of clean drinking water facilities		OB	May be shared common with General clinic
		Availability of clean & functional toilets		OB	Dry toilet with running water, May be shared with General clinic
ME C1.3	Departments have layout and demarcated areas as per functions	Dedicated Clinics for ANC Consultation and counseling		OB/SI	
		Dedicated examination area is provided in ANC clinic		OB/SI	



<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
ME C1.5	The facility ensures safety of electrical installations	ANC clinic does not have temporary connections and loosely hanging wires	OB		Switch Boards and all other electrical installations are intact & secure
ME C1.6	Physical condition of buildings are safe for providing patient care	Floor of ANC clinic is non slippery and even	OB		
Standard C2	<b>The facility has adequate qualified and trained staff, required for providing the assured services to the current case load</b>				
ME C2.1	The facility has adequate medical officers as per service provision and work load	Availability of Doctors for consultation during OPD hours		RR/SI/PI	
ME C2.2	The facility has adequate nursing staff/Paramedics as per service provision and work load	Availability of Staff nurse/ANM at ANC clinic		RR/SI	
ME C2.4	The Staff has been imparted necessary trainings/skill set to enable them to meet their roles & responsibilities	Training of Doctor for IMNCI		RR	
		Training of staff nurse for SBA		RR	
ME C2.5	The Staff is skilled and competent as per job description	Check competency of the staff to use OPD equipment like BP apparatus, etc.		SI	
		Check the competency of ANM/ Staff nurse for conducting ANC as per protocols		SI	Calculation of EDD and High risk pregnancy
Standard C3	<b>The facility provides drugs and consumables required for assured services</b>				
ME C3.1	The facility has availability of adequate drugs at point of use	Availability of Drugs for ANC services		SI/RR/OB	IFA Tablets, Calcium Supplement, Albendazole 400 mg & Inj Tetanus Toxoid
Standard C4	<b>The facility has equipment &amp; instruments required for assured list of services</b>				
ME C4.1	Availability of equipment & instruments for examination & monitoring of patients	Availability of Instruments and Equipment for ANC Check up		OB	Stethoscope, BP Apparatus, weighing Scale, Inch Tape, Facility for measuring height, Fetoscope, Thermometer etc.
ME C4.5	Availability of patient furniture and fixtures as per load and service provision	Availability of furniture at clinics		OB	Doctors /Staff nurse/ ANM Chair, Patient Stool, Examination Table, Attendant Chair, Table, Footstep, cupboard



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
<b>Area of Concern - D Support Services</b>					
Standard D1	<b>The facility has established facility management programme for maintenance &amp; upkeep of equipment &amp; infrastructure to provide safe &amp; secure environment to staff &amp; users</b>				
ME D1.2	The facility ensures comfortable environment for patients and service providers	Temperature control and ventilation in ANC clinic		OB	
ME D1.3	Patient care areas are clean and hygienic	Floors, walls, roof, sinks patient care area and corridors are Clean		OB	
		Surface of furniture and fixtures are clean		OB	
ME D1.4	Facility infrastructure is adequately maintained	Fixtures and Patient Furniture are intact and maintained in OPD		OB	
ME D1.5	Facility has policy of removal of condemned junk material	No condemned/Junk material in the OPD		OB	
<b>Area of Concern - E Clinical Services</b>					
Standard E2	<b>Facility has defined procedure for primary management and continuity of care with appropriate maintenance of records</b>				
ME E2.2	The facility provides appropriate referral linkages for transfer to other/higher facilities to assure the continuity of care	There is a system of referring patient from ANC clinic to higher centre for specialist consultation		SI/RR	
ME E2.3	Facility ensures follow up of patients	There is system of follow up of the patients referred to higher facilities		SI/RR	
Standard E5	<b>The facility has establish procedure for Maternal health care as per guideline</b>				
ME E5.1	There is an established procedure for Registration and follow up of pregnant women.	Facility provides and updates "Mother and Child Protection Card"		RR	Check Mother & Child Protection cards have been provided for each pregnant women at time of 1st registration/ First ANC
		Facility ensures early registration of ANC		RR/SI	Check ANC records for ensuring that majority of ANC registration is taking place within 12th week of Pregnancy in ANC register



<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
		Records are maintained for ANC registered pregnant women		RR/SI	Records of each ANC check-up is maintained in ANC register
		Clinical information of ANC is kept with ANC clinic		RR/SI	Check, if there is a system of keeping copy of ANC information like LMP, EDD, Lab Investigation Findings, Examination findings etc. with them
		Staff has knowledge of calculating expected pregnancies in the area		RR/SI	Check with staff the expected pregnancies in her area / How to calculate it.(Birth Rate X Population/1000 Add 10% as correction factor (Still Birth)
		Tracking of Missed and left out ANC		RR/SI	Check with ANM how she tracks missed out ANC. Use of MCTS by generating work plan and follow-up with ASHA, AWW etc. Check if there is practice of recording Mobile no. of clients/ next to kin for follow up
		All pregnant women get ANC checkup as per recommended schedule		RR/SI	Ask staff about schedule of 4 ANC Visits (1st - < 12 Weeks 2nd - < 26 weeks 3rd - < 34 weeks 4th >34 to term) Check ANC register whether all 4 ANC covered for most of the women (sample cases)
		At least one ANC visit is attended by Medical Officer		RR/SI	Preferably 3rd Visit (28-34 Weeks)
ME E5.2	There is an established procedure for History taking, Physical examination, and counseling of each antenatal woman, visiting the facility	At ANC clinic, Pregnancy is confirmed by performing urine test		RR/SI	Check for ANC record that pregnancy has been confirmed by using Pregnancy test Kit (Nischay Kit)



<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
		Last menstrual period (LMP) is recorded and Expected date of Delivery (EDD) is calculated on first visit		RR/SI	Check how staff confirms EDD & LMP, (EDD = Date of LMP+9 Months+7 Days) How she estimates if Pregnant women is unable to recall first day of last menstrual cycle ('Quickening', Fundal Height). Check ANC records that it has been written
		Comprehensive Obstetric History is recorded		RR/SI	History of Previous pregnancies including complications and procedures done, if any
		History of Current or past systemic illnesses is taken & recorded		RR/SI	History of current or past systemic illness like Hypertension, Diabetics, Tuberculosis, Rheumatic Heart Disease, Rh Incompatibility, malaria, etc. is taken
		History of Drug intake or allergies & intake of Habit forming and Harmful substances like Tobacco, Alcohol, Passive smoking		RR/SI	Allergies to drugs, any treatment taken for infertility.
		Physical Examination of Pregnant Women is done on every ANC visit		RR/SI/OB	Pulse, Respiratory Rate, Pallor, Oedema
		Weight measurement is measured on every ANC Visit		RR/SI/OB	Check any 3 ANC records/ MCP Card randomly to see that weight has been measured and recorded at every ANC visit
		Blood pressure is measured on every ANC Visit		RR/SI/OB	Check any 3 ANC records/ MCP Card randomly to see that Blood Pressure has been measured and recorded at every ANC visit



<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
		Abdominal Examination is done as per protocol		RR/SI/OB	Measurement of Fundal Height (ask staff how she correspond fundal high with Gestational Age) Palpation for Foetal lie and Presentation Check for findings recorded in MCP card/ANC Records
		Auscultation for fetal heart sound		RR/SI/OB	
		Breast examination is done		RR/SI/OB	Observation and Correction of Flat or Inverted Nipples Palpation for any Lumps or Tenderness
ME E5.3	The facility ensures of drugs & diagnostics are prescribed as per protocol	Hemoglobin test is done on every ANC visit	RR		Check randomly any 3 MCP card/ ANC record for Hemoglobin test is done at every ANC visit and values are recorded
		Urine test for Sugar and Protein is on every ANC visit	RR		Check randomly any 3 MCP card/ ANC record for Urine for Sugar & Protein is done on every ANC visit and findings are recorded
		Blood Grouping and RH Typing is done for every pregnant woman	RR		Check randomly any 3 MCP card/ ANC record for confirming that blood grouping has been done
		Test for HIV is done at least once in ANC period	RR		Check the ANC records
		Test for Syphilis is done at least once in ANC period	RR		Check the ANC records through VDRL/RPR/ RDK
		Screening for Malaria is done as per clinical protocol	RR		In Non-endemic area for all clinically suspected cases In malaria endemic area all pregnant women
		Testing of PW for Gestational Diabetes Mellitus (GDM) as per protocols	RR		Testing for GDM twice during ANC, 1st testing during first antenatal contact, 2nd testing 24-28 weeks even if 1st testing is negative. There should be 4 week gap between 2 test & if she present beyond 28 weeks -1 test



<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
		Tetanus Toxoid (2 Dosages/ Booster) have been during ANC visits		RR	Check randomly any 3 ANC records for confirming that TT1 (at the time of registration) and TT2 (one month after TT1) has been given to Primigravida & Booster dose for women getting pregnant within three years of previous pregnancy
		A single dose of 400mg IP of Albendazole is given after 1st trimester of pregnancy		RR	Albendazole is to be taken only once during the 2nd trimester of pregnancy. The second dose is needed only in case the helminthic load is > 40%
ME E5.4	There is an established procedure for identification of High risk pregnancy and appropriate & Timely referral	Staff can recognize the cases, which would need referral to Higher Centre(FRU)		SI/RR	Anemia, Bad obstetric history, CPD, PIH, APH, Medical Disorder complicating pregnancy, Mal-presentation, fetal distress, PROM, obstructed labour, rupture uterus, & Rh negative
		Staff is competent to identify Hypertension / Pregnancy Induced Hypertension		SI/RR	Hypertension & Pre-Eclampsia (Hypertension - Two consecutive reading taken four hours apart shows Systolic BP >140 mmHg and/or Diastolic BP > 90 mmHg
		Staff is competent to identify Pre-Eclampsia		SI/RR	Pre - Eclampsia- High BP with Urine Albumin (+2) Imminent eclampsia -BP >140/90 with positive albumin 2++, severe headache, Blurring of vision, epigastric pain & oliguria in Urine
		Staff is competent to identify high risk cases based on Abdominal examination		SI/RR	Identification and referral of cases with Cephalo-pelvic presentation, Mal-representation, medical disorder complicating pregnancy, IUFD, amniotic fluid abnormalities



<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
ME E5.5	There is an established procedure for identification and management of anaemia	Staff is competent to classify anaemia according to Haemoglobin Level		SI/RR	>11 gm% -Absence of Anaemia,10 to 11 gm% mild, 7-10 gm% Moderate Anaemia <7 gm% Severe Anaemia
		Staff is aware of prophylactic & Therapeutic dose of IFA		SI/RR	Prophylactic - one IFA tablet per day for six months during ANC &PNC. Therapeutic dose- doubles the dose in case of anaemia
		Line listing of pregnant women with moderate and severe anaemia		SI/RR	Check the records whether Line-listing of severely anemic women are maintained at the UPHC
		Improvement in Haemoglobin label is continuously monitored and recorded		SI/RR	Check the staff for intervention & track the improvement in Haemoglobin level of anaemic woman in subsequent ANC visit
ME E5.6	Counseling of pregnant women is done as per standard protocol and gestational age	Pregnant women is counseled for Planning and preparation for Birth		PI/SI	Registration, Identification of institution as per clinical condition
		Pregnant women is counseled for Recognizing sign of labour		PI/SI	A bloody, sticky discharge (Show) and regular painful uterine contractions
		Pregnant women is counseled Identify and arrange for referral transport		PI/SI	contact number of the ambulance is communicated arrangement of alternate vehicle if ambulance not available on time
		Pregnant women is counseled for recognizing danger signs during pregnancy		PI/SI	Swelling (oedema), bleeding even spotting, blurred vision, headache, pain abdomen, vomiting, pyrexia, watery & foul smelling discharge & Yellow urine
		Pregnant women is counseled for Diet & Rest		PI/SI	Increase Dietary Intake Diet rich in proteins, iron, vitamin A, vitamin C, calcium and other essential micronutrients



<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
		Pregnant women is counseled for breast feeding		PI/SI	Initiate breastfeeding especially colostrum feeding within an hour of birth. Do not give any pre-lacteal feeds. (Sugar, water, Honey) Ensure good attachment of the baby to the breast. Exclusively breastfeed the baby for six months. Breastfeed the baby whenever he/she demands milk. Follow the practice of rooming in
		Pregnant women is counseled for Family planning			Different Options available including IUCD, vasectomy, long acting injectables, etc.
ME E5.7	There is a established procedures for Postnatal visits & counseling of Mother and Child	Check Mother is educated & counseled about danger signs during puerperium		PI/SI	Danger signs :Excessive PV bleeding, breathing difficulty, convulsion, severe headache, abdominal pain, foul smelling lochia, urine dribbling, perineal pain, painful & redness of breast
		Check Mother is educated & counseled about danger signs of baby			Poor sucking/feeding, abnormal cry, lethargy, failure to pass stool or urine, not feeding at all, purulent eye or chord discharge, yellow discoloration of eye, convulsions, fever or feel cold
		Check Mother is counselled/ Educated during postnatal visit			About importance of keeping baby warm, proper positioning of baby to avoid suffocation, immunization, hand washing & personal hygiene & appropriate care of cord



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
<b>Area of Concern - F Infection Control</b>					
Standard F1	<b>Facility has defined &amp; implemented procedure for ensuring Hand hygiene practices &amp; asepsis</b>				
ME F1.1	Hand washing facilities are provided at point of use	Availability of hand washing Facility at Point of Use		OB	Check for availability of wash basin near the point of use
		Availability of running Water		OB	Ask to Open the tap. Ask Staff if water supply is regular
		Availability of antiseptic soap with soap dish/ liquid antiseptic with dispenser.		OB	Check for availability/ Ask staff if the supply is adequate and uninterrupted
		Display of Hand washing Instructions at Point of Use		OB	Prominently displayed above the hand washing facility, preferably in Local language
ME F1.2	Staff is trained and adhere to standard hand washing practices	Staff adheres to standard hand washing practices		OB/SI	
Standard F2	<b>Facility ensures availability of Personal Protective equipment &amp; follows standard precautions</b>				
ME F2.1	Facility ensures adequate personal protection equipment as per requirements	Disposable gloves are available at point of use		OB	
ME F2.2	Staff adheres to standard personal protection practices	No reuse of disposable gloves, Masks, caps and aprons.		OB/SI	
Standard F3	<b>Facility has standard procedure for disinfection &amp; sterilization of equipment &amp; instrument</b>				
ME F3.1	The facility ensures standard practices and materials for decontamination and cleaning of instruments and procedures areas	Decontamination of Procedure surfaces		SI	Ask staff about how they decontaminate the procedure surface like Examination table (Wiping with .5% Chlorine solution
		Proper Decontamination of instruments after use		SI	
Standard F4	<b>Facility has defined &amp; establish procedure for segregation, collection, treatment &amp; disposal of Bio medical &amp; hazardous waste</b>				
ME F4.1	The facility ensures segregation of Bio Medical Waste as per guidelines	Availability of colour coded bins at point of waste generation		OB	Bins are covered



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Availability of colour coded bags	OB		Check Yellow bag is non chlorinated
		Segregation of different category of waste as per guidelines	OB		
		Display of work instructions for segregation and handling of Biomedical waste	OB		Pictorial & in local language
ME F4.2	The facility ensures management of sharps as per guidelines	Availability of functional needle cutters	OB		See if it has been used or just lying idle
		Availability of puncture proof box	OB		Should be available near the point of generation like nursing station and injection room
		Disinfection of sharp before disposal	OB		Disinfection of syringes is not done in open buckets
		Staff is aware of contact time for disinfection of sharps	SI		

#### Area of Concern - G Quality Management

Standard G1	<b>Facility has established quality Assurance Program as per state/National guidelines</b>				
ME G1.5	The facility has established internal quality assurance programme	Internal Assessment of the Maternity Health services is done at periodic interval		SI/RR	
Standard G3	<b>Facility has established, documented &amp; implemented standard operating procedure system for its all key processes</b>				
ME G3.1	Standard Operating procedures are prepared, distributed and implemented for all key processes	Updated SOP are available at point of use		RR	
		SOP adequately cover all relevant processes of the department		RR	
		Availability of protocols for ANC checkup		RR	
ME G3.2	Staff is trained as per SOPs	Staff is trained for ANC checkup		RR/SI	
ME G3.3	Work instructions are displayed at Point of work	Work Instruction for Abdominal Examination		OB	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Work Instruction for Counseling		OB	
		Work instruction for identification of high risk pregnancy		OB	
<b>Area of Concern - H: Outcomes</b>					
Standard H1	<b>The facility measures its productivity, efficiency, clinical care &amp; service Quality indicators</b>				
ME H1.1	Facility measures Productivity Indicators on monthly basis	No. of ANC conducted per month		RR	
		No. of moderate & severely anaemic cases line listed		RR	
ME H1.2	Facility measures efficiency Indicators on monthly basis	Percentage of missed out ANC		RR	
		Percentage of Anemia cases treated successfully at PHC		RR	
ME H1.3	Facility measures Clinical Care & Safety Indicators on monthly basis	Percentage of high risk pregnancies detected during ANC		RR	
Standard H2	<b>Facility endeavors to improve its performance to meet bench marks</b>				
ME H2.2	The facility strives to improve indicators from its current performance	Trends analysis of Indicators is done at Periodic Intervals		RR	



# CHECKLIST NEWBORN AND CHILD HEALTH



## **Summary of NEWBORN AND CHILD HEALTH CHECKLIST**

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**A**lthough Newborn and child health related activities are carried out at General Clinic, separate checklist has been designed to assess the quality of newborn and child health services provided at U-PHC.

The scope of the checklist is limited to services that can be provided to newborn, infant and children at UPHC e.g. babies born at home/institution brought to the facility for primary management, referral of sick newborn, infants and children. Acute and emergency treatments of illnesses like Fever, Diarrhoea, Pneumonia, and anaemia are also part of the checklist. Immunization is not part of the checklist as there is a separate checklist for immunization services.

Checkpoints of the checklist includes patient centric care, counselling of mother on ensuring baby warmth, breast feeding, skin, cord and eye care to baby, medicine administration, etc. identification, primary management and prompt referral to higher facility, established and appropriate referral system.

The checklist can be run in concurrent with General Clinic checklist but separately. Interview of mothers is of pivotal importance as they can provide most accurate and authentic information. Assessors should probe utilization as well as referral system through vigorous record review and staff interview.

## CHECKLIST FOR NEW BORN & CHILD HEALTH

**Checklist - 3**

<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
<b>Area of Concern - A Service Provision</b>					
Standard A1	<b>Facility provides Promotive, preventive and curative services</b>				
ME A1.1	The facility provides treatment of common ailments	Availability of OPD care for common illness of new born, infant & children		RR/SI	
ME A1.4	Services are available for the time period as mandated	OPD Services are available for at least 8 Hours in a day		RR/SI	
Standard A2	<b>The facility provides RMNCHA Services</b>				
ME A2.3	The facility provides New-born health Services	Identification, primary management and prompt referral of sick newborns		RR/SI	
ME A2.4	The facility provides Child health Services	Routine & Emergency care of anaemic Children		RR/SI	Treatment of Diarrhoea, Pneumonia, anaemia etc.
		Routine & Emergency care of Pneumonia		RR/SI	
		Routine & Emergency care of Diarrheal disease		RR/SI	
		Management of Malnutrition cases		RR/SI	
		Identification and referral of Severe Acute Malnutrition cases with complication to NRC		RR/SI	
		Management of fever & seizures cases among children		RR/SI	
		Primary Management & referral of pediatric RTA cases		RR/SI	
		Primary Management & referral of child abuse cases or cases of violence		RR/SI	
		Counseling on breast-feeding		RR/SI/PI	Exclusive for 6 months and adequate complementary feeding from 6 months of age while continuing breastfeeding



<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
<b>Area of Concern B - Patients' Rights</b>					
Standard B1	<b>The service provided at facility are accessible</b>				
ME B1.1	The facility has uniform and user-friendly signage system	Directional signage to breast feeding corner is available			
ME B1.2	The facility displays the services and entitlements available	Entitlement under the JSSK & RBSK is displayed  Important Contact details like no. of Ambulances & nearby facilities are displayed	OB  OB		
ME B1.4	Patients & visitors are sensitized and educated through appropriate IEC / BCC approaches	Availability of Booklets / Leaflets/ brochures in the waiting area for Health education and information about ensuring warmth, exclusive breast feeding, proper positioning & attachment for initiating & maintaining breast feeding, providing skin, cord & eye care to baby, prompting hand washing etc.		OB	IEC corner
ME B1.7	Information about the treatment is shared with patients or attendants and consent is taken wherever required	Mother of new born is informed about the newborn's condition & Treatment Plan  A copy of OPD Slip/ Prescription containing Diagnosis & treatment plan, is given to mother  Method of Administration / taking of the medicines is informed to mother/ Patients relative as per prescription	PI  RR  RR/PI		
Standard B2	<b>The service provided at facility are acceptable</b>				
ME B2.1	Services are provided in manner that are sensitive to gender	Availability of Breast Feeding Corner	OB	Check privacy of mother is ensured in bread feeding corner, check availability of curtains, screens etc.	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard B3	<b>The service provided at facility are affordable</b>				
ME B3.3	The facility ensures that the drugs prescribed are available in the pharmacy	Check patient party has not spend on purchasing drugs from outside		PI	
ME B3.4	Facility ensure investigation prescribed are available at the Laboratory	Check patient party has not spend on prescribed diagnostics from outside		PI	
<b>Area of Concern - C Inputs</b>					
Standard C1	<b>The facility has adequate &amp; Safe infrastructure for delivery of assured services and meets the prevalent norms</b>				
ME C1.1	Departments have adequate space as per patient load	Clinics have adequate space for consultation and examination		OB/SI	
ME C1.5	The facility ensures safety of electrical installations	General clinic does not have temporary connections and loosely hanging wires		OB	Switch Boards and all other electrical installations are intact & secure
ME C1.6	Physical condition of buildings are safe for providing patient care	Floor of Clinic is non slippery and even		OB	
Standard C2	<b>The facility has adequate qualified and trained staff, required for providing the assured services to the current case load</b>				
ME C2.1	The facility has adequate medical officers as per service provision and work load	Availability of Doctors for consultation during OPD hours		RR/PI	
ME C2.4	The Staff has been imparted necessary trainings/skill set to enable them to meet their roles & responsibilities	Training of Doctor for IMNCI /FIMNCI		RR	
		Training of staff nurse/ ANM NSSK, RBSK, SBA, DAKSHTA, Skill lab		RR	
		Training on BLS/CPR			
ME C2.5	The Staff is skilled and competent as per job description	Staff is skilled in identifying & managing complication		SI	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard C3	<b>The facility provides drugs and consumables required for assured services</b>				
ME C3.1	The facility has availability of adequate drugs at point of use	Availability of oral drugs		SI/RR/OB	ORS, Ciplox, pediatric tablets, syrup, Amoxycillin tablet, Doxycyclin & Syrup, Zn tablets, Chloroquine tablets, Paracetamol, Metrindazol, Albendazol, bronchodilator, inj Gentamicin, inj Dexamethasone, Syrup, IFA etc.
		Availability of Emergency Drugs		SI/RR/OB	Adrenaline, Phenobarbiturates, Soda bicarbonate 10% dextrose
Standard C4	<b>The facility has equipment &amp; instruments required for assured list of services</b>				
ME C4.1	Availability of equipment & instruments for examination & monitoring of patients	Availability of functional equipment for Examination & monitoring		OB	Thermometer, Stethoscope, weighing scale, infantometer, Stadiometer
ME C4.2	Availability of equipment & instruments for treatment procedures, being undertaken in the facility	Availability of resuscitation equipment		OB	otoscope, tongue depressor, view box, ambu bag[0-10 years and >10 years] 0-1 face mask, 250 ml bag and mask, 0,1 blade(straight) for laryngoscope, ET tube
<b>Area of Concern - D Support Services</b>					
Standard D1	<b>The facility has established facility management programme for maintenance &amp; upkeep of equipment &amp; infrastructure to provide safe &amp; secure environment to staff &amp; users</b>				
ME D1.2	The facility ensures comfortable environment for patients and service providers	Temperature control and ventilation in OPD		OB/SI	Check for Optimal temperature and ventilation is maintained in clinics for comfort of staff & Patients. Check for availability of heaters in winters in rooms where neonates and sick children are examined. In case of newborns avoid free draught of air
ME D1.3	Patient care areas are clean and hygienic	Floors, walls, roof, sinks, patient care area and corridors are Clean		OB	



<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
		Surface of furniture and fixtures are clean		OB	
ME D1.4	Facility infrastructure is adequately maintained	Fixtures and Patient Furniture are intact and maintained in OPD		OB	
ME D1.5	Facility has policy of removal of condemned junk material	No condemned/Junk material in the OPD		OB	
<b>Area of Concern - E Clinical Services</b>					
Standard E2	<b>Facility has defined procedure for primary management and continuity of care with appropriate maintenance of records</b>				
ME E2.2	The facility provides appropriate referral linkages for transfer to other/higher facilities to assure the continuity of care	Patient referred with referral slip		RR/SI	
		Availability of referral linkages to higher centres.		RR/SI	Check contact details of higher centre
		Advance communication is done with higher centre		RR/SI	
		Referral out register is maintained		RR/SI	
ME E2.3	Facility ensures follow up of patients	Facility ensure the follow up of referred patients		RR/SI	Check any register is maintained
Standard E6	<b>Facility has established procedure for care of New born &amp; Child as per guideline</b>				
ME E 6.2	Triage, Assessment & Management of newborns having emergency signs are done as per guidelines	Primary management of emergency signs newborns		RR/SI	Check for adherence to clinical protocols. The management of emergency signs consist of -Resuscitation -Management of Hypoglycemia -Management of Hypothermia -Management of shock
		Stabilization & referral of sick new born & those with very low birth weight is done as per referral criteria		RR/SI	
ME E6.3	Management of children presenting with fever, cough/ breathlessness is done as per guidelines	Primary management of children with fever, cough & breathlessness		RR/SI	Check for adherence to clinical protocols.Check facility of mobilization, oxygen & mask



<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
ME E6.4	Management of children with severe Acute Malnutrition is done as per guidelines	Screening of children coming to OPDs using weight for height and/or MUAC		RR/SI	
		Check staff is aware of procedure for complimentary feeding & feeding during illness			
ME E6.5	Management of children presenting diarrhea is done as per guidelines	Management & Referral of Severe Dehydration as per clinical protocol		RR/SI	Check for the dosage and logarithm 100ml/kg of ringer lactate/Normal saline Infants 30ml/kg -1hour + 70ml/per kg 5hr for Child -30ml/kg-30min. + 70 ml/kg 2 1/2 hrs ORS 5ml/kg/hr reassessment
		Management of Moderate Dehydration as per clinical protocol		RR/SI	ORS treatment at clinic for 4 hrs ask staff how to determine the volume of ORS given as per age and weight
		Treatment of diarrhea with no dehydration		RR/SI	Give fluids, zinc supplements and food and advise to continue ORS at home • Advise mother when to return immediately.. • Follow up in 5 days if not improving.
		Treatment of Persistent Diarrheal as per clinical protocol		RR/SI	Single Dose-Vit A Zinc Sulphate 20 mg daily for 14 Days Follow up in 5 days &feeding of children
		Treatment of Dysentery as per protocol		RR/SI	
		Availability of ORT corner		OB	With ORS, Mixing Utensils and instructions displayed on how to use. Check for records to ensure that ORT is maintained everyday
		Staff aware & Practice ETAT			Staff is skilled for basic life support for young, infant & children



<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
ME E6.6	Screening & Referral of children as per guidelines of Rastriya Bal Swasth Karyakram	Early screening & referral of children coming to OPD with any of 4Ds under RBSK		SI/RR	birth defects, deficiency, childhood diseases, developmental delays & disabilities (Birth to 18 yrs)
<b>Area of Concern - F Infection Control</b>					
Standard F1	<b>Facility has defined &amp; implemented procedure for ensuring Hand hygiene practices &amp; asepsis</b>				
ME F1.1	Hand washing facilities are provided at point of use	Availability of hand washing Facility at Point of Use		OB	Check for availability of wash basin near the point of use
		Availability of running Water		OB	Ask to Open the tap. Ask Staff if water supply is regular
		Availability of antiseptic soap with soap dish/ liquid antiseptic with dispenser.		OB	Check for availability/ Ask staff if the supply is adequate and uninterrupted
		Display of Hand washing Instruction at Point of Use		OB	Prominently displayed above the hand washing facility, preferably in Local language
ME F1.2	Staff is trained and adhere to standard hand washing practices	Staff adheres to standard hand washing practices		OB/SI	Ask to demonstrate
Standard F2	<b>Facility ensures availability of Personal Protective equipment &amp; follows standard precautions</b>				
ME F2.1	Facility ensures adequate personal protection equipment as per requirements	Disposable gloves are available at point of use		OB	
ME F2.2	Staff adheres to standard personal protection practices	No reuse of disposable gloves, Masks, caps and aprons		OB/SI	
Standard F3	<b>Facility has standard procedure for disinfection &amp; sterilization of equipment &amp; instrument</b>				
ME F3.1	The facility ensures standard practices and materials for decontamination and cleaning of instruments and procedures areas	Decontamination of Procedure surfaces		SI	Ask staff about how they decontaminate the procedure surface like Examination table (Wiping with .5% Chlorine solution
		Proper Decontamination of instruments after use		SI	



<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
Standard F4	<b>Facility has defined &amp; establish procedure for segregation, collection, treatment &amp; disposal of Bio medical &amp; hazardous waste</b>				
ME F4.1	The facility ensures segregation of Bio Medical Waste as per guidelines	Availability of colour coded bins at point of waste generation		OB	Bins are covered
		Availability of colour coded bags		OB	Check Yellow bag is non chlorinated
		Segregation of different category of waste as per guidelines		OB	
		Display of work instructions for segregation and handling of Biomedical waste		OB	Pictorial & in local language
<b>Area of Concern - G Quality Management</b>					
Standard G1	<b>Facility has established quality Assurance Program as per state/National guidelines</b>				
ME G1.5	The facility has established internal quality assurance programme	Internal Assessment of the New Born & child Health services is done at periodic interval		RR	
Standard G3	<b>Facility has established, documented &amp; implemented standard operating procedure system for its all key processes</b>				
ME G3.1	Standard Operating procedures are prepared, distributed and implemented for all key processes	Updated SOP are available at point of use		RR	
		SOP adequately cover all relevant processes of the department		RR	
		Treatment guideline for New born & child health		RR	
ME G3.2	Staff is trained as per SOPs	Staff is trained to identify sign of dehydration		RR/SI	
		Staff is trained to identify sign of malnourishment		RR/SI	
		Staff is trained to identify danger sign of New born		RR/SI	
ME G3.3	Work instructions are displayed at Point of work	Display of method for preparation of ORS		OB	
		Display of protocols for New born assessment for Malnourishment		OB	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Display of protocols for identification of danger sign	OB		
<b>Area of Concern - H: Outcomes</b>					
Standard H1	<b>The facility measures its productivity, efficiency, clinical care &amp; service Quality indicators</b>				
ME H1.1	Facility measures Productivity Indicators on monthly basis	No. of children attended the OPD per month		RR	
		Percentage of newborn stabilized & referred for treatment for higher facility		RR	
		Percentage of children with Acute malnutrition referred to NRCs		RR	
		Percentage of children treated with anaemia		RR	
ME H1.2	Facility measures efficiency Indicators on monthly basis	Percentage of new born/children followed up after referral		RR	
ME H1.3	Facility measures Clinical Care & Safety Indicators on monthly basis	Percentage of children with diarrhea treated with ORS and Zn		RR	
Standard H2	<b>Facility endeavors to improve its performance to meet bench marks</b>				
ME H2.2	The facility strives to improve indicators from its current performance	Trends analysis of Indicators is done at Periodic Intervals		RR	





# CHECKLIST IMMUNISATION



**Be Wise!**

**Get your child  
fully immunized**

## **Summary of IMMUNISATION CHECKLIST**

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60% of urban poor children do not receive complete immunization compared to 58% in rural areas. Hence this brings a bigger challenge on the Universal Immunisation Program to have a vast and extended coverage in the urban areas. At a U-PHC the immunization services may be delivered in the same clinic/room, where maternal and newborn health services are being delivered. Irrespective of place of delivery of services, the assessor should assess the Immunization services using this separate checklist.

This checklist is designed for the assessment of quality of immunisation services delivered at an Urban Primary Health Care Centre. Scope of this checklist is restricted to immunization services delivered within the premises of a UPHC. It does not cover immunization services delivered in the community by the outreach worker. The immunization services given in the community would be assessed under the checklist for outreach services.

This checklist provides an assessor an explicit assessment tool for the Universal Immunization Program under the scope of UPHC. The checklist includes services under the Universal Immunization program (OPV, HBV, BCG, DPT, Pentavalent, Measles, MMR, JE, DT), immunization of pregnant women (TT), Checkpoints related to management and logistics support for immunization program, inventory management, Mother and Child Protection card (MCPC card) procurement, storage, and distribution of vaccines (vaccines carrier with ice packs), monitoring and reporting of Adverse Event Following Immunization (AEFI) are also part of checklist.

The checklist should be run on the day when immunization session is being conducted at UPHC. Keen observation and interviewing skills are key for assessing immunization services. Assessor may follow one of the beneficiaries from entrance till he/she exits from the facility to understand the complete process.

## CHECKLIST FOR IMMUNISATION

**Checklist - 4**

<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
<b>Area of Concern - A Service Provision</b>					
Standard A1	<b>Facility provides Promotive, preventive and curative services</b>				
ME A1.4	Services are available for the time period as mandated	Immunization services are available during OPD timing		RR/SI	Though Fix day for providing ANC services, client will be entertained if visits any day during OPD hrs
Standard A4	<b>The facility provide services as mandated in National Health Programmes, state scheme and local requirement</b>				
ME A4.11	The facility provides services under Universal Immunization Programme (UIP) as per guidelines	Functional Immunization Clinic		RR/SI	Fix day immunization
		Immunization of Newborn (Zero Dose)		RR/SI	Zero Dose -OPV, HBV & BCG
		Immunization of Infants		RR/SI	OPV 123, DPT 123, / Pentavalent Hepatitis 123, Measles 1& 2
		Immunization of Children		RR/SI	DPT Booster, OPV Booster, JE, DT booster, TT
		Vitamin A		RR/SI	1st dose at 9 month with measles, 2nd to 9th dose 16 month with DPT/OPV booster, then 1 dose every 6th month up to age of 5 yrs'
		Immunization of Pregnant Women		RR/SI	TT1 & 2 TT Booster
		Management & logistic support for immunization program		RR/SI	Microplanning, supervision & storage of vaccines & transportation
<b>Area of Concern B - Patients' Rights</b>					
Standard B1	<b>The service provided at facility are accessible</b>				
ME B1.2	The facility displays the services and entitlements available	Timings and days of the ANC clinics are displayed		OB	Day and timing of fix day services like ANC, Immunization etc. (as applicable)
ME B1.4	Patients & visitors are sensitized and educated through appropriate IEC / BCC approaches	IEC material for immunization services are displayed		OB	IEC material regarding benefits of Immunization, service under immunization program & Immunization schedule are displayed prominently at Immunization Clinic



<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
ME B1.7	Information about the treatment is shared with patients or attendants and consent is taken wherever required	Guardian /Mother of baby is informed about their next visit		PI	Interview the mother about the communication received, Co-relate with the notes recorded on the card
		Mother & Child protection (MCP) card is provided to all clients			RR
Standard B2	<b>The service provided at facility are acceptable</b>				
ME B2.1	Services are provided in manner that are sensitive to gender	Availability of Breast Feeding Corner		OB	
Standard B3	<b>The service provided at facility are affordable</b>				
ME B3.1	The facility provides cashless services to all patients including pregnant women, mothers and sick children as per prevalent government schemes	Immunization services are provided free of cost		PI	
ME B3.3	The facility ensures that the drugs prescribed are available in the pharmacy	Check patient party has not spent on purchasing Consumables from outside		PI	
<b>Area of Concern - C Inputs</b>					
Standard C1	<b>The facility has adequate &amp; Safe infrastructure for delivery of assured services and meets the prevalent norms</b>				
ME C1.1	Departments have adequate space as per patient load	Demarcated area for Immunization clinic with adequate space for carrying out immunization activities		OB/SI	
ME C1.2	Amenities for Patients & Staff are available as per load	Availability of Fans / Warmers facilities as per need		OB	
		Availability of clean drinking water facilities		OB	May be shared common with General clinic
ME C1.5	The facility ensures safety of electrical installations	Immunization area does not have temporary connections and loosely hanging wires		OB	Switch Boards and all other electrical installations are intact &secure



<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
ME C1.6	Physical condition of buildings are safe for providing patient care	Floor of immunization clinic is non slippery and even		OB	
Standard C2	<b>The facility has adequate qualified and trained staff, required for providing the assured services to the current case load</b>				
ME C2.2	The facility has adequate nursing staff/Paramedics as per service provision and work load	Availability of Staff nurse /ANM		SI/RR	
ME C2.4	The Staff has been imparted necessary trainings/skill set to enable them to meet their roles & responsibilities	Training of MO on immunization &AEFI		RR	
		Training of Staff nurse/ANM & LHV on immunization & AEFI		RR	
		Training of Cold chain handlers on immunization		RR	Training of designated cold chain handler (ANM, Clerk or Pharmacist)
		Training on safe injection practices			
Standard C3	<b>The facility provides drugs and consumables required for assured services</b>				
ME C3.1	The facility has availability of adequate drugs at point of use	Availability of Vaccines at Immunization Clinic		RR/SI/OB	OPV, BCG, Hepatitis B, DPT, Measles, Vit A/Pentavalent, Paracetamol
		Emergency Drug Tray is maintained at Immunization Room		RR/SI/OB	Drugs for managing anaphylactic reaction - Inj Adrenaline (clearly labelled), Inj Hydrocortisone, Injection Chlorpheniramine, IV Fluid (LR, 0.9% IV Sodium chloride),IV Set, Airway, tongue depressor, ET tube, Ambu bag & oxygen, BP apparatus with child cuff & stethoscope
ME C3.2	The Facility has availability of adequate consumables at point of use	Availability of disposables in immunization clinics		RR/SI/OB	AD Syringes
Standard C4	<b>The facility has equipment &amp; instruments required for assured list of services</b>				
ME C4.4	Availability of equipment for storage	Availability of Vaccine carrier with ice packs		SI/OB	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
<b>Area of Concern - D Support Services</b>					
Standard D1	<b>The facility has established facility management programme for maintenance &amp; upkeep of equipment &amp; infrastructure to provide safe &amp; secure environment to staff &amp; users</b>				
ME D1.2	The facility ensures comfortable environment for patients and service providers	Temperature control and ventilation in OPD		OB/SI	Check for Optimal temperature and ventilation is maintained in clinics for comfort of staff & Patients. Check for availability of heaters in winters in rooms where neonates and sick children are examined. In case of newborns avoid free draught of air
ME D1.3	Patient care areas are clean and hygienic	Floors, walls, roof, sinks patient care and corridors are Clean  Surface of furniture and fixtures are clean		OB	
ME D1.5	Facility has policy of removal of condemned junk material	No condemned/Junk material in the OPD		OB	
Standard D2	<b>Facility has defined procedure for storage, Inventory Management &amp; dispensing of drugs in pharmacy</b>				
ME D2.4	The facility has established procedure for inventory management techniques	Expenditure and left over records of vaccines is maintained at immunization clinic		RR/SI	
Standard D5	<b>Facility has procedure for collecting &amp; Reporting of the health facility related information</b>				
ME D5.11	The facility provides monitoring and reporting services under Universal Immunization Programme, as per guidelines	Staff Know AEFI cases to be reported immediately to MO/ District Immunization Officer  Formats for First Information Report & Preliminary Investigation Report are available at the facility  Staff is aware of Cycle time for reporting FIR/PIR  Routine Monthly reporting is done to District Immunization Officer		SI/RR	Death, Anaphylaxis, Toxic Shock Syndrome, Hospitalization, Disability etc.  SI/RR  SI/RR  SI/RR
					24 hrs for FIR 7 Days for PIR  Check for the records



<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
<b>Area of Concern - E Clinical Services</b>					
Standard E9	<b>Facility provides National Health Programmes as per operational/clinical guidelines of the Government</b>				
ME E9.11	The facility provides services under Universal Immunization Programme as per guidelines	Availability of diluents for Reconstitution of measles vaccine		OB/RR	Match no. of diluents With no. of measles
		Recommended temperature of diluents is ensured before reconstitution		OB/SI/RR	Check diluents are kept under cold chain at least 24 hours before reconstitution Diluents are kept in vaccine carrier only at immunization clinic but should not be in direct contact of ice pack
		Reconstituted vaccines are not used after recommended time		OB/SI/RR	Check when the vaccine vials opened, reconstituted and valid for use. Should not be used beyond 4 hours after reconstitution
		Time of opening/ Reconstitution is recorded on the vial		OB/RR	Check on vial
		Staff is aware of the shelf life of Vit A once it is opened and ensures it is not given after shelf life		OB/SI/RR	6-8 weeks. Check for if date of opening has been marked on the bottle
		Staff checks VVM level before using vaccines		OB/SI	Ask staff how to check VVM level and how to identify discard point. 4 stages - use up to 3 stage)
		Staff is aware of how to check freeze damage for T-Series vaccines		SI	Ask staff to demonstrate how to conduct Shake test for DPT, DT and TT
		Discarded vaccines are kept separately		OB	Check for expired, frozen or with VVM beyond the discard point vaccine stored separately
		Check for DPT, DT, Hepatitis B, and TT vials are Kept in basket in upper section of ILR		OB	
		Availability of separate box for open & reused vaccines		OB	



<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
		Check for injection site is not cleaned with spirit before administering vaccine dose		OB	cleaning the injection site with a spirit swab before vaccination is not advisable as live components of the vaccine are killed if they come in contact with spirit
		AD syringes are available as per requirement		OB/RR	Check for 0.1 ml AD syringe for BCG and 0.5 ml syringe for others are available
		Vaccine recipient is asked to stay for half an hour after vaccination to observe any adverse effect following immunization		OB/SI	
		Antipyretic drugs are available		OB/SI	
		Mother & child protection card is available & updated		OB/SI/RR	
		Counseling on adverse events and follow up visits done		SI/RR	
		Staff has knowledge & skills to recognize minor and serious adverse events (AEFI)		SI/RR	
		Staff knows what to do in case of anaphylaxis		SI/RR	Immediate report to MO
		Check mother & child protection card is provided to each client		OB/RR	Check MCP card is filled & updated, also check information like record of weight, every child development sign etc. are filled correctly

#### **Area of Concern - F Infection Control**

<b>Standard F1</b>	<b>Facility has defined &amp; implemented procedure for ensuring Hand hygiene practices &amp; asepsis</b>				
ME F1.1	Hand washing facilities are provided at point of use	Availability of hand washing Facility at Point of Use		OB	Check for availability of wash basin near the point of use
		Availability of running Water		OB	Ask to Open the tap. Ask Staff if water supply is regular



<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
		Availability of antiseptic soap with soap dish/ liquid antiseptic with dispenser		OB	Check for availability/ Ask staff if the supply is adequate and uninterrupted
ME F1.2	Staff is trained and adhere to standard hand washing practices	Staff adheres to standard hand washing practices		OB/SI	
ME F1.3	Facility ensures standard practices for maintaining asepsis	Availability of Antiseptic Solutions at immunization clinic		OB	
		Proper cleaning of injection site with antiseptic is done		OB	Before immunization
Standard F2	<b>Facility ensures availability of Personal Protective equipment &amp; follows standard precautions</b>				
ME F2.1	Facility ensures adequate personal protection equipment as per requirements	Disposable gloves are available at point of use		OB	
ME F2.2	Staff adheres to standard personal protection practices	No reuse of disposable gloves, Masks, caps and aprons		OB/SI	
Standard F4	<b>Facility has defined &amp; establish procedure for segregation, collection, treatment &amp; disposal of Bio medical &amp; hazardous waste</b>				
ME F4.1	The facility ensures segregation of Bio Medical Waste as per guidelines	Availability of colour coded bins at point of waste generation		OB	Bins are covered
		Availability of colour coded bags		OB	Check Yellow bag is non chlorinated
		Segregation of different category of waste as per guidelines		OB	
		There is no mixing of infectious and general waste		OB	
ME F4.2	The facility ensures management of sharps as per guidelines	Availability of functional needle cutters		OB	See if it has been used or just lying idle
		Availability of puncture proof box		OB	Should be available near the point of generation like nursing station and injection room



<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
		Disinfection of sharp before disposal		OB	Disinfection of syringes is not done in open buckets
		Staff is aware of contact time for disinfection of sharps		SI	
		Availability of post exposure prophylaxis		SI/OB	Ask if available. Where it is stored and who is in charge of that
		Staff knows what to do in condition of needle stick injury		SI	Staff knows what to do in case of shape injury. Whom to report. See if any reporting has been done

#### **Area of Concern - G Quality Management**

Standard G.1	<b>Facility has established quality Assurance Program as per state/National guidelines</b>				
ME G1.5	The facility has established internal quality assurance programme	Internal Assessment of immunization clinic is done at periodic interval		RR/SI	
Standard G3	<b>Facility has established, documented &amp; implemented standard operating procedure system for its all key processes</b>				
ME G3.1	Standard Operating procedures are prepared, distributed and implemented for all key processes	Updated SOP are available at point of use		RR	
		SOP adequately cover all relevant processes of the department		RR	
ME G3.3	Work instructions are displayed at Point of work	Display of instruction for storage of vaccine in ice box		OB	
		Display of protocols for identification of sign of AEFI		OB	
		Display of protocol for shake test		OB	

#### **Area of Concern - H: Outcomes**

Standard H1	<b>The facility measures its productivity, efficiency, clinical care &amp; service Quality indicators</b>				
ME H1.1	Facility measures Productivity Indicators on monthly basis	No. of children immunized per month		RR	
ME H1.2	Facility measures efficiency Indicators on monthly basis	Dropout rate for DPT vaccination		RR	
ME H1.3	Facility measures Clinical Care & Safety Indicators on monthly basis	Percentage of AEFI cases reported		RR	
		No. of needle stick injuries reported		RR	
Standard H2	<b>Facility endeavors to improve its performance to meet bench marks</b>				
ME H2.2	The facility strives to improve indicators from its current performance	Trends analysis of Indicators is done at Periodic Intervals		RR	



# CHECKLIST FAMILY PLANNING



## ***Summary of FAMILY PLANNING CHECKLIST***

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**E**ffective implementation of Family planning services plays most important role in achieving goal of population stabilization. Activities of family planning are carried out at General Clinic or dressing room. There are checklists for Dressing Room and General Clinic. But a separate checklist for Family Planning has been designed with intent to assess the availability, accessibility, utilization and quality of family planning services delivered at the U-PHC.

Counselling (GATHER approach) for Family Planning constitutes the major portion of checklist. The checklist has checkpoints related to contraceptives (condoms, oral contraceptive pills, POP, emergency contraceptives), IUD, safe Abortion services (Primary management of spontaneous abortions, MTP using MVA, medical abortions), and spacing methods.

Assessment of Family planning services can be combined with assessment of General Clinic, and Dressing Room & Emergency. While assessment, assessor should endeavour to check competency of the staff in carrying out family planning services like Counselling, IUD insertion and removal techniques and managing medical abortion cases.

## CHECKLIST FOR FAMILY PLANNING

**Checklist - 5**

<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
<b>Area of Concern - A Service Provision</b>					
ME A1.4	Services are available for the time period as mandated	Family Planning services are available during OPD timing		RR/SI	
Standard A2	<b>The facility provides RMNCHA Services</b>				
ME A2.1	The facility provides Reproductive Health Services	Provision of family Counseling services		RR/SI	For Family Planning, Abortion & Infertility
		Provision of Contraceptives		RR/SI	Condoms, Oral Pills, Progesterone Only pill (POP), Emergency Contraceptives
		Availability of Interval IUD Services		RR/SI	Insertion, Follow up, Management of Failure and Complication
		Referral & Follow-up services		RR/SI	For Permanent Methods of Family Planning, Abortion & Infertility
		Safe Abortion Services		RR/SI	Primary Management of spontaneous cases of abortion. MTP using Manual Vacuum Aspiration (MVA) technique Medical Method of abortion up to 7 weeks
<b>Area of Concern B - Patients' Rights</b>					
Standard B1	<b>The service provided at facility are accessible</b>				
ME B1.2	The facility displays the services and entitlements available	List of Family Planning services available at facility are displayed		OB	
ME B1.4	Patients & visitors are sensitized and educated through appropriate IEC / BCC approaches	IEC material regarding benefits of family planning is displayed		OB	Flip Chart, Models, specimens and Samples of contraceptives
		Education Material for counseling are available		OB	
ME B1.7	Information about the treatment is shared with patients or attendants and consent is taken wherever required	Informed Choice of client is ensured during counseling for contraception		PI	Check counseling staff inform client about all available options of family planning



<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
		Verbal Consent is taken before IUD Insertion		SI/PI	
		Written consent is taken before abortion procedures		SI/RR	As per MTP Act on Form F
Standard B2	<b>The service provided at facility are acceptable</b>				
ME B2.1	Services are provided in manner that are sensitive to gender	Check reproductive rights of female clients are ensured		SI/PI/RR	No stress, pressure, coercion or incentives are being used to divert client towards any specific option
ME B2.2	Adequate visual privacy is provided at every point of care	Availability of screens/Curtains at IUD insertion area		OB	
		Privacy is maintained during individual counseling of client		OB/SI	
ME B2.4	The facility ensures the behaviors of staff is dignified and respectful, while delivering the services	Confidentiality of records is maintained		RR/SI	Specially in cases of abortion
ME B2.5	Religious and cultural preferences of patients and attendants are taken into consideration while delivering services	Behavior of staff is empathetic and courteous to clients		PI	
Standard B3	<b>The service provided at facility are affordable</b>				
ME B3.1	The facility provides cashless services to all patients including pregnant women, mothers and sick children as per prevalent government schemes	Check no expenditure occurred during availing family planning or abortion services		PI	
<b>Area of Concern - C Inputs</b>					
Standard C1	<b>The facility has adequate &amp; Safe infrastructure for delivery of assured services and meets the prevalent norms</b>				
ME C1.3	Departments have layout and demarcated areas as per functions	Demarcated room for IUD insertion services		OB/SI	



<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
Standard C2	<b>The facility has adequate qualified and trained staff, required for providing the assured services to the current case load</b>				
ME C2.4	The Staff has been imparted necessary trainings/skill set to enable them to meet their roles & responsibilities	Training on IUD insertion		RR	Competency based training on IUCD for service providers (5 days training)
		Training on family planning counseling		RR	
		Training on MVA / Medical Abortion		RR	
ME C2.5	The Staff is skilled and competent as per job description	Staff is skilled for IUD insertion		SI	Ask about steps for insertion and removal asepsis
		Staff is skilled for Family Planning Counseling		SI	Ask about different component of general and method related counseling
Standard C3	<b>The facility provides drugs and consumables required for assured services</b>				
ME C3.1	The facility has availability of adequate drugs at point of use	Availability of Oral Contraceptive Pills		SI/RR/OB	At least one month stock
		Availability of Emergency Contraceptive Pills		SI/RR/OB	At least one month stock
		Availability of drugs for Medical Method of abortion		SI/RR/OB	Mifepristone & Misoprostol
ME C3.2	The Facility has availability of adequate consumables at point of use	Availability of IUD Devices		SI/RR/OB	
		Availability condoms		SI/RR/OB	
		Availability of antiseptic solution		SI/RR/OB	
Standard C4	<b>The facility has equipment &amp; instruments required for assured list of services</b>				
ME C4.2	Availability of equipment & instruments for treatment procedures, being undertaken in the facility	Availability of Instruments of IUD insertion and removal		OB/SI	Stainless steel tray with cover Kidney tray, Bowl, Sim's or Cusco's speculum, anterior vaginal wall retractor, Sponge holding forceps, Volsellum forceps, Uterine sound, Mayo Scissors, Long Artery straight forceps
		Availability of Instruments for MVA		OB/SI	MVA Aspirator, cannula of required size, Strainer for tissues, Blunt and Sharp Curette, Sim's or Cusco's Speculum, Allis forceps, Bowl for antiseptic solution



<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
ME C4.4	Availability of equipment for storage	Availability of almirah / Cupboard for storing contraceptives, consumables and records		OB/SI	
ME C4.5	Availability of patient furniture and fixtures as per load and service provision	Availability for furniture for IUD insertion		OB/SI	Examination/ Procedure table with washable surface, Steps for table, Light source
ME C4.6	Availability of functional equipment and instruments for support & outreach services	Instruments for decontamination and sterilization		OB/SI	Plastic Bucket/tub for decontamination, Boiler Autoclave
<b>Area of Concern - D Support Services</b>					
Standard D1	<b>The facility has established facility management programme for maintenance &amp; upkeep of equipment &amp; infrastructure to provide safe &amp; secure environment to staff &amp; users</b>				
ME D1.2	The facility ensures comfortable environment for patients and service providers	Procedures and counselling area are well ventilated and comfortable		OB	
ME D1.3	Patient care areas are clean and hygienic	Procedure area are clean and hygienic		OB	Check for there is no dirt, dust, stains, cobwebs etc. in the IUD insertion room and counselling area
ME D1.7	The facility provides adequate illumination level at patient care areas	Illumination in IUD section area adequate for condition procedures		OB	
Standard D2	<b>Facility has defined procedure for storage, Inventory Management &amp; dispensing of drugs in pharmacy</b>				
ME D2.1	The facility has established procedures for estimation, indenting and procurement of drugs and consumables	Monthly consumption of Contraceptives is calculated and indented accordingly		RR/SI	
ME D2.2	The facility ensures proper storage of drugs and consumables	Contraceptives are stored away from moisture, sources of heat and direct sunlight at secured place		OB	
ME D2.4	The facility has established procedure for inventory management techniques	No stock out of Contraceptives and other consumables		RR/SI	



<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
ME D4.7	The facility ensures its processes are in compliance with statutory and legal requirement	Compliance to MTP Act for abortion Procedures		RR/SI	
<b>Area of Concern - E Clinical Services</b>					
Standard E2	<b>Facility has defined procedure for primary management and continuity of care with appropriate maintenance of records</b>				
ME E2.1	There is established procedure for initial assessment & Reassessment of patients	Assessment of Client is done		RR/SI	History taking, physical examination
ME E2.8	The facility ensures that standardized forms and formats are used for all purposes including registers	Availability of Records for Family Planning services and abortion		RR/SI	IUCD insertion register, removal register, IUD follow up register, Counseling register, abortion records as per MTP act
Standard E7	<b>Facility has establish procedure for Family Planning as per Got guideline</b>				
ME E7.1	Family planning counselling services provided as per guidelines	Staff is aware on general principles of counselling		SI	Ask staff about the GATHER approach G- Greet A- Ask T- Tell H- Help E- Explain R - return
		The client is given full information about optimal pregnancy spacing and its benefits		SI	The importance of timely initiation of an FP method after Key Messages - Recommended interval before attempting next pregnancy (24 Month) Recommended Interval before attempting next pregnancy after abortion -6 Month Recommended minimum age to conceive - 19 years
		The client is informed additional benefits of using condoms, such as prevention of sexually transmitted infections (STIs) & HIV		SI/PI	
		Staff is aware of case selecting criteria for family planning		SI	22-49 years of age, Married, Youngest child is at least one year old, Spouse has not opted for sterilization



<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
ME E7.2	Facility provides spacing method of family planning as per guideline	Staff is aware of eligibility criteria for Lactation Amenorrhea method		SI	1. If women exclusively breastfeed her baby including night feeds 2. less than six month after delivery 3. Women's' menses is not returned
		Staff is aware of benefits and limitation of Lactation Amenorrhea Method		Si	Benefits- Promotes breastfeeding, effective immediately, no medicine or side effect. Limitation- All three criteria to be met for effectiveness
		Pills are given only to those who meet the Medical Eligibility Criteria		SI/RR	Contraindication of COC in Breastfeeding mothers within 6week and Hypertension
		The client is given full information about the risks, advantages, and possible side effects before OCPs are prescribed for her		SI/RR	
		Staff has knowledge to counsel if a dose of the contraceptive is missed		SI	
		Staff is aware of indication and method of administration of ECP		SI	within 72 hours, second dose 12 house after first dose
ME E7.3	The facility provides IUCD service for family planning as per guidelines	IUCD are prescribed as per guidelines		RR/SI	Ask staff about Method, Eligibility criteria, Limitation, Side Effect and contradictions for OCP method for Spacing
		IUD insertion is done as per standard protocol		SI/RR	No touch technique, Speculum and bimanual examination, sounding of uterus and placement
		Client is informed about the adverse effect that can happen and their remedy		PI/SI	Cramping, vaginal discharge, heavier menstruation, checking of IUD



<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
		Follow up services are provided as per protocols		SI	Beneficiary are advised about indications for removal of IUD Facility for removal of IUD are available
ME E7.4	Facility provide counselling services for Medical Termination of Pregnancy as per guideline	Pre-Procedures counselling is provided as per guidelines		SI	Following should be explained to women in simple language 1. Range of available options of MTP procedures based on gestation age 2. Likely risk associated with the procedure 3. Care after procedures 4. Immediate risk of pregnancy if not taking contraception 5. When to return for follow up
ME E7.5	Facility provide abortion services for 1st trimester as per guideline	MVA procedures are done as per guidelines		SI/RR	
		Medical termination of pregnancy done as per guidelines		SI/RR	

#### **Area of Concern - F Infection Control**

<b>Standard F1</b>	<b>Facility has defined &amp; implemented procedure for ensuring Hand hygiene practices &amp; asepsis</b>				
ME F1.1	Hand washing facilities are provided at point of use	Availability of Hand washing facility near IUCD insertion area		OB	
ME F1.2	Staff is trained and adhere to standard hand washing practices	Staff washes hand before and after the procedures		OB	Ask about steps and 5 moments of hand washing
ME F1.3	Facility ensures standard practices for maintaining asepsis	Use of antiseptic before IUCD insertion		SI	Application of water based antiseptic two or more times to the cervix and vagina before begining the procedure of IUCD insertion
		Use of aseptic/no touch technique during IUCD insertion		SI	
<b>Standard F2</b>	<b>Facility ensures availability of Personal Protective equipment &amp; follows standard precautions</b>				
ME F2.2	Staff adheres to standard personal protection practices	Use of clean or sterile gloves for procedures		SI/OB	Check for Disposable gloves



<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
Standard F3	<b>Facility has standard procedure for disinfection &amp; sterilization of equipment &amp; instrument</b>				
ME F3.1	The facility ensures standard practices and materials for decontamination and cleaning of instruments and procedures areas	Procedure surfaces are wiped with 0.5% solution after every procedure		SI/OB	
		Decontamination of Instruments after use		SI	All instruments are fully immersed in open position in a plastic container filled with 0.5 Chlorine solution for 10%
		Cleaning of Instruments with water and detergent after decontamination		SI	
ME F3.2	The facility ensures standard practices and materials for disinfection and sterilization of instruments and equipment	High level disinfection/ Sterilization of instruments with appropriate method as per availability		SI	Boiling for 20 Mins or Soaking in 2% glutaraldehyde or .1% solution for 20 Mins or Sterilization in autoclave at 15lb/ sq. inch pressure for 20 mins
		Sterilized instruments are stored as per specification		SI	Up to 1 week with tight fitted cover If lid is open than use within 24 hours
Standard F4	<b>Facility has defined &amp; establish procedure for segregation, collection, treatment &amp; disposal of Bio medical &amp; hazardous waste</b>				
ME F4.1	The facility ensures segregation of Bio Medical Waste as per guidelines	Availability of color coded bins at point of waste generation		OB	
		Segregation of different category of waste as per guidelines		OB	
<b>Area of Concern - G Quality Management</b>					
Standard G2	<b>Facility has established system for Patients and employees satisfaction</b>				
ME G2.1	Patient Satisfaction surveys are conducted at periodic intervals	Client feedback is taken after counselling, IUCD and abortion services		SI/RR	
Standard G3	<b>Facility has established, documented &amp; implemented standard operating procedure system for its all key processes</b>				
ME G3.1	Standard Operating procedures are prepared, distributed and implemented for all key processes	Availability of SOP for family planning and abortion services		RR	

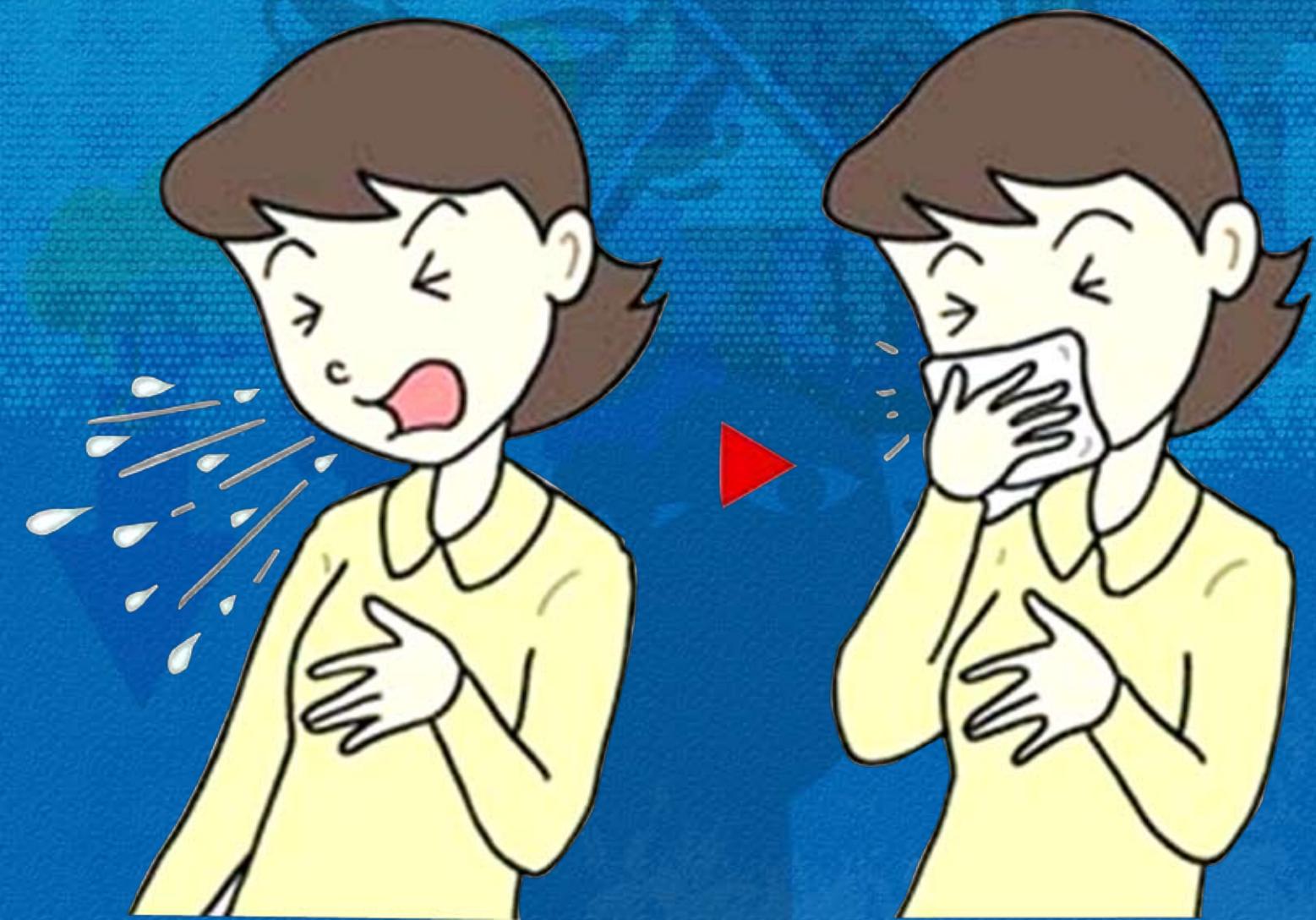


<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
ME G3.2	Staff is trained as per SOPs	Display of protocols for family planning counseling		OB	
ME G3.3	Work instructions are displayed at Point of work	Display of Protocols for abortion services		OB	
		Display of protocols of IUCD insertion and removal		OB	
<b>Area of Concern - H: Outcomes</b>					
Standard H1	<b>The facility measures its productivity, efficiency, clinical care &amp; service Quality indicators</b>				
ME H1.1	Facility measures Productivity Indicators on monthly basis	IUCD inserted per 1000 eligible female		RR	
		No. of abortion conducted per Month		RR	
		No. of Clients provided Emergency Contraceptive Pills		RR	
ME H1.2	Facility measures efficiency Indicators on monthly basis	Percentage of client accepted limiting method out of total counseled		RR	
		Percentage of client returned for follow up		RR	
ME H1.3	Facility measures Clinical Care & Safety Indicators on monthly basis	IUCD complication rate		RR	
Standard H2	<b>Facility endeavors to improve its performance to meet bench marks</b>				
ME H2.2	The facility strives to improve indicators from its current performance	Trends analysis of Indicators is done at Periodic Intervals		RR	





# CHECKLIST COMMUNICABLE DISEASES



## **Summary of COMMUNICABLE DISEASES CHECKLIST**

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**C**ommunicable diseases are a major cause of mortality and morbidity, especially in overcrowded urban area. UPHC plays a pivotal role in screening, prevention, treatment and referral of patient with communicable diseases, as they are the first point of contact for the community with a health professional.

This checklist is designed to assess the quality of Preventive, promotive, curative and referral services under various National Health Programs related to communicable diseases. National Health Programs included in the checklist are NVDCP (National Vector Borne Disease Control Program), RNTCP (Revised National TB Control Program), NLEP (National Leprosy Eradication Program), National AIDS Control Program, and IDSP (Integrated Disease Surveillance Program).

The scope of assessment includes preventive activities, case detection, early diagnosis, management, IEC, record maintenance, Reporting, and referral linkages for the diseases covered in above-mentioned National Health Programs. Checkpoints related to Diagnosis part of these diseases is covered in Laboratory checklist.

A clear understanding of National Health Programs, their requirements and mode of implementation at various levels are mandatory to run this checklist. To get accurate scores, this checklist should be run during OPD hours (Morning as well as in evening) at General Clinic and also in concurrent Checklist for outreach activities. Assessment of communicable disease is incomplete without Interviews with outreach workers like DOT Provider, ASHA, MPW, Community Volunteer worker and Community mobiliser.

## CHECKLIST FOR COMMUNICABLE DISEASES

**Checklist - 6**

<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
<b>Area of Concern - A Service Provision</b>					
Standard A1	<b>Facility provides Promotive, preventive and curative services</b>				
ME A1.4	Services are available for the time period as mandated	OPD Services are available for at least 8 Hours in a day		RR/SI	
Standard A4	<b>The facility provides services as mandated in National Health Programmes, state scheme and local requirement</b>				
ME A4.1	The facility provides services under National Vector Borne Disease Control Programme as per guidelines	Case detection & Early diagnosis of malaria case		RR/SI	Microscopy/ Rapid diagnostic kit
		Management & Chemoprophylaxis of Malaria Cases		RR/SI	
		Referral of malaria cases		RR/SI	Cerebral Malaria, Septicemia etc.
		Preventive Activities for Malaria control		RR/SI	Distribution of treated mosquito net, indoor residual spray & larval control Method etc.
		Diagnosis & treatment for local prevalent vector born Disease		RR/SI	Lymphatic Filariasis, Dengue, Japanese Encephalitis, Chikungunya, Kala Azar (Leishmaniosis)
ME A4.2	The facility provides services under Revised National TB Control Programme as per guidelines	Case detection & Early diagnosis of TB		RR/SI	
		Availability / Linkage to microscopic centre		RR/SI	
		Availability of functional DOT Centre		RR/SI	
		Treatment & Management of tuberculosis		RR/SI	Include Management of Common complication & side effects of treatment
		Linkage for chest X ray & culture sensitivity of Mycobacterium bacilli for diagnosis of TB		RR/SI	



<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
ME A4.3	The facility provides services under National Leprosy Eradication Programme as per guidelines	Early detection of leprosy & its complications		RR/SI	Community empowerment & mobilization of self-referral, capacity building
		Early referral of disabled cases		RR/SI	Identification of cases having disability their early referral & follow up at village level
		Diagnosis & treatment		RR/SI	All reported and referred cases examined following standard procedure, diagnosed based on cardinal signs and treated with MDT & Management of Nerve impairment
		Referral Services for complicated leprosy cases		RR/SI	Difficult to diagnosis cases, lepra reaction difficult to manage, Complicated ulcer, Eye problem, cases of reconstructive surgeries, person needs customized footwear.
ME A4.4	The facility provides services under National AIDS Control Programme as per guidelines	Early detection of HIV		RR/SI	Screening of Antenatal mothers, high risk behavior cases and cases referred by field worker
		Referral linkage with ICTC for confirmation of HIV status		RR/SI	
		Condom Promotion & distribution among high risk groups		RR/SI	
		Counseling & guide patient with HIV/AIDS for receiving ART		RR/SI	
		Support to patients receiving ART for their adherence		RR/SI	
		Linkage with Microscopic centre for HIV TB coordination		RR/SI	



<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
ME A4.9	The facility Provides services under Integrated Disease Surveillance Programme as per Guidelines	Weekly reporting of epidemic prone diseases		RR/SI	

**Area of Concern B - Patients' Rights**

Standard B1	<b>The service provided at facility are accessible</b>				
ME B1.4	Patients & visitors are sensitized and educated through appropriate IEC / BCC approaches	Availability &display of IEC material for RNTCP		OB	Availability of information about facts of TB, do's & do not's, sure cure of TB, adverse effects of having incomplete treatment
		Availability &display of IEC material for NVBDCP		OB	Posters for Treated Mosquito nets, Signs of malaria fever, preventing Stagnant Water, Preventing Malaria in pregnancy
		IEC activities to enhance awareness & preventive measures about STI,HIV/AIDS & PPTCT		OB	Provision of basic information on modes of transmission and prevention of HIV/ AIDS for promoting behavioral change and reducing vulnerability
ME B1.7	Information about the treatment is shared with patients or attendants and consent is taken wherever required	Patient is informed about the diagnosis & Treatment Plan		RR/PI	OPD Slip/ Prescription containing Diagnosis & treatment plan/ Treatment card for TB patient
		Method of Administration / taking of the medicines is informed to patient/ relative / DOT provider as per prescription		RR/PI	
Standard B2	<b>The service provided at facility are acceptable</b>				
ME B2.3	Confidentiality of patients' records and clinical information is maintained	Patient records are kept in safe custody		OB/SI	Check Patient records e.g. OPD register, DOT register, HIV positive reports etc. are kept in safe custody and are not accessible to unauthorized patients
		Privacy & Confidentiality of patients having HIV, Leprosy etc		SI/OB	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
<b>Area of Concern - C Inputs</b>					
Standard C2	<b>The facility has adequate qualified and trained staff, required for providing the assured services to the current case load</b>				
ME C2.1	The facility has adequate medical officers as per service provision and work load	Availability of Doctors for consultation during OPD hours		RR/PI	
ME C2.3	The facility has adequate support staff / Health Workers as per service provision and workload	Availability of Multiple Health worker( MPW)/ Community mobiliser/ Public Health Manger as per guideline		RR/SI	
ME C2.4	The Staff has been imparted necessary trainings/skill set to enable them to meet their roles & responsibilities	Training of Medical officer for RNTCP		RR	Module 1-4, TB-HIV module
		Training for MPW module under RNTCP		RR	Senior treatment supervisor module, TB Health visitor module & MPW /Health assistant module training as applicable
		Training of Aganwadi workers/ ANM/ Community volunteer under RNTCP		RR	DOT provider module on TB, DOT provider module on TB-HIV
		Re-training is conducted as per retraining schedules of RNTCP		RR	
		Training on NACP		RR	
		Training on leprosy		RR	
Standard C3	<b>The facility provides drugs and consumables required for assured services</b>				
ME C3.1	The facility has availability of adequate drugs at point of use	Availability of Anti tubercular drugs under RNTCP		OB/RR/SI	Category I & Category II. Check the availability of Stock & their Storage as per guideline
		Availability of drugs under NVBDCP		OB/RR/SI	Artesunate, Chloroquine phosphate, Primaquine, Pyrimethamine, Quinine sulphate, Sulfadoxine Pyrimethamine
		Availability of Drugs for National Leprosy Eradication Program		OB/RR/SI	Availability of MDT & Prednisolone



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
<b>Area of Concern - D Support Services</b>					
Standard D5	<b>Facility has procedure for collecting &amp; Reporting of the health facility related information</b>				
ME D5.1	The facility provides monitoring and reporting services under National Vector Borne Disease Control Programme as per guidelines	Reporting is done on Form 01 (MF 2)		RR	For reporting of blood smear. Reporting format contain information about patient's name, age, sex and slum, etc. A code number is given to each patient in terms of blood smear number for identification of each fever case screened, for tracing out to provide radical treatment and also for follow up
		Reporting is done on Form 02 (MF 4)		RR	Monthly reporting of malaria program of PHC, it provides details of the worker wise blood smears received and their results.
		Reporting is done on Form 03 (MF 5)		RR	Monthly epidemiological report of malaria program of PHC, it provides species wise details of the positive cases and radical treatment provided
		Reporting is done on Form 08 (MF 16)		RR	for reporting drug distribution centre, fever treatment depots & malaria clinics
ME D5.2	The facility provides services monitoring and reporting services under Revised National TB Control Programme, as per guidelines	Availability of Quarterly reports on New and retreatment cases of TB		RR	
		Availability of Quarterly report on sputum conversion of New and retreatment cases registered 4-6 month earlier		RR	
		Availability of Quarterly report on result of treatment of TB patient registered 13-15 month earlier.		RR	



<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
		Availability of Monthly report on Program Management, Logistics and Microscopy by Peripheral Health Institutions		RR	
		Monthly report on programme management, logistics and microscopy filled at all healthcare facilities & sent to CMO/DTO/ concerned TU within defined period		RR	
ME D5.3	The facility provides monitoring and reporting services under National Leprosy Eradication Programme as per guidelines	Reporting is done on MLF -04 under NLEP		RR	Monthly progress report from PHC to District regarding different DPMR activities
ME D5.4	The facility provides services under National AIDS Control Programme, as per guidelines	Details of referral from various facilities		RR	HIV-TB collaborative activities including line listing of cases referred from ICTC to RNTCP
		Monthly HIV-TB report		RR	
ME D5.9	The facility provides monitoring and reporting service for Integrated Disease Surveillance Programme, as per guidelines	Check form P is filled for information required		RR/SI	Form for presumptive surveillance reporting Form P contain information Name of reporting unit, state, district, Block, Name of officer in charge along with signature, IDSP reporting week, No.of cases under each disease and syndrome
		Reporting format (Form P) are sent to DSU as per guidelines		RR/SI	Form P will be filled in duplicate (two copies), Surveillance officer may place carbon paper in between 2 sheets, One copy (blue ) is retained by MO and other (Yellow) will be sent to DSU



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
<b>Area of Concern - E Clinical Services</b>					
Standard E2	<b>Facility has defined procedure for primary management and continuity of care with appropriate maintenance of records</b>				
ME E2.8	The facility ensures that standardised forms and formats are used for all purposes including registers	Availability of Form / Format for testing and Diagnosis of TB under RNTCP		RR/OB	Mycobacteriology culture/sensitivity test form, Laboratory form for sputum examination, tuberculosis treatment Card, referral treatment form and transfer form
		Availability of Records for RNTCP		RR	TB laboratory monthly abstract Referral/ Treatment Register, TB Register
		Availability of records for National Leprosy Eradication Program		RR	Disability register (P1/ S1), Record of lepra reactions/Neuritis cases (form P3/S3/T3)
Standard E9	<b>Facility provides National Health Programmes as per operational/clinical guidelines of the Government</b>				
ME E9.1	Facility provides service under National Vector Borne Disease Control Program as per guidelines	Treatment for confirmed P. Vivax Malaria is done as per protocols		SI/RR	P. Vivax cases should be treated with chloroquine for three days and Primaquine for 14 days. Primaquine is used to prevent relapse but is contraindicated in pregnant women, infants and individuals with G6PD deficiency
		Patient on malaria treatment (specially on Primaquine) are provided with information about when to report back		SI/RR	Patients should be instructed to report back in case of haematuria or high colored urine / cyanosis or blue coloration of lips and Primaquine should be stopped
		Treatment for Confirmed P. falciparum is done as per protocols		SI/RR	P. falciparum cases are treated with ACT (Artesunate 3days+Sulphadoxine-Pyrimethamine 1 day) This is accompanied by single dose of Pramaquine preferably day 2). However, there is resistance to partner drug SP in NE, it is



<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
					recommended to use ARTEMETHER( 20 mg) - LUMEFANTRINE (120 mg (ACT-AL) as per age specific dose schedule for the treatment of pf cases in NE (contraindicated in 1st trimester of pregnancy & for children weighting <5 years)
	Treatment of uncomplicated P. falciparum Malaria in pregnancy is done as per protocols		SI/RR		Pregnant women with uncomplicated Falciparum should be treated 1st trimester: Quinine, 2nd &3rd trimester: ACT
	Treatment of mixed infection is done as per protocols		SI/RR		Mixed infections with P. falciparum should be treated as falciparum malaria. However, antirelapse treatment with primaquine can be given for 14 days, if indicated
	Algorithm for treatment & diagnosis of malaria is available with treating physician		SI/RR		Check for availability of Alogrithm
	Identification of drug resistance /failure cases especially falciparum is done as per protocols		SI/RR		
	Treatment of falciparum failure cases is done as per protocols		SI/RR		Falciparum malaria should be given alternative ACT or quinine with Doxycycline. Doxycycline is contraindicated in pregnancy, lactation and in children up to 8 years
	Staff is trained to identify severe cases of malaria especially severe manifestation of P falciparum		SI/RR		Severe malaria have one or more of following features: impaired consciousness/coma, Repeated generalized convulsions, Renal failure (Serum Creatinine >3 mg/dl), Jaundice



<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
					(Serum Bilirubin >3 mg/dl), Severe anaemia (Hb <5 g/dl), Pulmonary oedema, Hypoglycaemia (Plasma Glucose <40 mg/dl), Circulatory collapse/shock, DIC, Hyperpyrexia, Hyperparasitaemia (>5% parasitized RBCs ), Haemoglobinuria etc.
ME E9.2	Facility provides services under Revised National TB Control Program as per guidelines	Different coloured blister packs of ACT+SP is available for different age group especially for field staff		SI/OB/RR	e.g.: Pink for 0-1 year, yellow for 1-5 yrs, green for 5-8 yrs, Red for 9-14 yrs & white for 15 & above. For NE: pack colour and regimen vary by body weight & age group, Yellow: weight for 5 to 14 kg and age for > 5 month to <3 years, green: weight 15 to 24 kg age >3 to 8yrs, Red : weight 25-34 kg, age 9 to 14 yrs, white:weight > 34 kg, and age >14 yrs
		Category wise treatment regimen is given to patient		SI/RR/OB	Category I- New sputum smear-positive Seriously ill** new sputum smear-negative Seriously ill** new extra-pulmonary- 2H3R3Z3E3+ 4H3R3, Category II- Sputum smear-positive Relapse Sputum smear-positive Failure Sputum smear-positive Treatment After Default Others***- 2H3R3Z3E3S3 + 1H3R3Z3E3 + 5H3R3E3,
		Patient wise box are colour coded as per category		SI/RR/OB	Red - Category I, Blue -Category -II,
		Prior to start of treatment patient identity card & and treatment card is prepared		SI/RR	Address of the patient is verified by Peripheral Health worker before start of the treatment Within 1 week of diagnosis



<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
		Medical officer also discuss about nearby DOT centre with the patient		SI/PI	Easily accessible and acceptable by patient, Place identified for DOT (DOT centre) & name and designation of DOT provider is written in patient treatment card
		DOT directory is maintained & updated at healthcare facility level		SI/RR	DOT Directory for identifying DOT provider and DOT centre
		Duplicate treatment card is issued to DOT provider/community DOT provider if DOT provider is situated outside the healthcare centre		SI/RR	original card is maintained at healthcare centre where treatment has started
		Medical officer issue Patient wise box (PWB) for entire duration for treatment to Peripheral Health worker/DOT provider		SI/RR	Check for the stock to be maintained
		Original treatment card is updated at regular intervals by PHW		SI/RR	Fortnightly Basis
		All the doses of intensive phase is taken as per guideline		SI/RR	Under supervision of DOT provider/ Community DOT provider if any dose is missed patient must be contacted within 1 day and dose is administrated on following day
		In continuous phase doses is taken as per guideline		SI/RR	First dose is taken under supervision of DOT provider/ Community DOT provider and for subsequent doses for week is self administrated. Empty blisters are contacted within next scheduled visit
		Check What action taken by DOT provider if they fail to retrieve such patient		SI/RR	Reported to next level supervisor (PHW/MO-PHI/STS/ MO-TB)



<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
		Check What action is taken if patient misses DOT on 2 occasion in Intensive phase		SI/RR	Arrange visit of MO-PHI to patient home for counselling of the patient
		Side effects of anti TB treatment is identified by DOT provider and reported to MO		SI/RR	
		Protocols for treatment for TB during pregnancy and Post-natal Period is adhered		SI/RR	Discontinuation of Streptomycin Chemoprophylaxis of baby in case of smear positive mother
		Follow up of smear examination for New smear positive patient is done as per guidelines		SI/RR	First follow up sputum examination is done at the end of 2 months of intensive phase. Follow up sputum examination is done at the end of 2 month of continuation phase and finally at the end of treatment
		Follow up smear examination for re -treatment patients as per guidelines		SI/RR	First follow up sputum examination is done at the end of 3 months of intensive phase. Follow up sputum examination is done at the end of 2 month of continuation phase and finally at the end of treatment
		Follow up smear examination for smear negative patients as per guidelines		SI/RR	Two smears are examined during the follow-up visit at the end of 2 months of the intensive phase and again at the end of treatment
		Management of pediatric tuberculosis as per guidelines		SI/RR	
		Management of Extra pulmonary tuberculosis as per guidelines		SI/RR	Diagnostic algorithm for TB lymphadenitis
		Management of patient with HIV infection and TB		SI/RR	



<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
ME E9.3	Facility provides service under National Leprosy Eradication Program as per guidelines	History taking as per guidelines		SI/RR	Includes duration of lesion, duration of disability if any, family history/ contact history & previous treatment
		Examination of skin as per guidelines		SI/RR	Include information No. of patches, colour of patch, morphology of patch, nodule, infiltration, test for loss of sensation in patch
		Physical Examination as per guidelines		SI/RR	Dryness of hands & feet, swelling & redness of patches and joints, Wasting of muscle, visible deformity in hand, feet, eye, Redness on palm or sole, callous, Blister, ulcer, High stepping gait or any change in gait, Appearance of new lesions or expansion of existing lesion, Absence of blink in the eyes, Redness and watering in the eyes
		Examination of eye as per guidelines		SI/RR	Look for any redness of the eye, Note "watering from the eye" from history and observation, Observe for blink – Present or Absent, Look for lid gap or inability to close one or both eyes (Lagophthalmos) and check for normal strength of eye closure, Check the visual acuity of each eye separately, using a Snellen's chart
		Management of disability grade I as per guidelines		SI/RR	If the duration of disability grade 1 i.e. anaesthesia along the course of trunk nerve is recent (< 6 months), a course of Prednisolone is to be started to treat neuritis



<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
		Standard adult treatment regimen for MB leprosy is followed		SI/RR	Rifampicin: 600mg once in month, Clofazimine: 300mg once in month & 50mg every day, Dapsone: 100 mg (for 12 month)
		Standard adult treatment regimen for PB leprosy is followed		SI/RR	Rifampicin: 600 mg once in month, Dapsone; 100 mg daily (for 6 month)
		Standard children (10-14yrs) treatment regimen for MB leprosy is followed		SI/RR	MB: Rifampicin:450mg once in month,Clofazimine: 150mg once in month,50 mg daily, Dapsone: 50 mg daily (12month). PB: Rifampicin: 450 mg once in month, Dapsone; 50 mg daily (for 6 month)
		Staff is aware of adverse reactions to MDT and their management		SI/RR	Like Red urine, anaemia, brown discoloration of skin, gastro intestinal upset. Management reassurance, given iron and folic acid, counselling & give drug with food
		Staff is aware of leprosy reaction and their treatment		SI/RR	2 types of reaction: Type 1- Reversal reaction, Type 2- Erythema Nodosum leprosum (ENL)
		Referral out of Patient as per guideline		SI/RR	Referral of cases where lepra reaction is difficult to manage, complicated ulcer, eye problem, reconstruction surgery cases, persons needing gradell foot wear, follow up of RCS
		Referral in of the patient as per guidelines		SI/RR	Referral of the cases having reaction, disability, neuritis and ulcer



<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
ME E9.4	Facility provides service under National AIDS Control program as per guidelines	Pre Test Counseling is done as per protocols  Staff is aware of early diagnosis & referral of HIV suspected cases		SI/PI  SI/RR	By MO/ Staff Nurse/ ANM  Rapid Kit test done for suspected cases & if case found positive, referred to ICTC
<b>Area of Concern - F Infection Control</b>					
Standard F1	<b>Facility has defined &amp; implemented procedure for ensuring Hand hygiene practices &amp; asepsis</b>				
ME F1.1	Hand washing facilities are provided at point of use	Availability of hand washing Facility at Point of Use  Availability of running Water  Availability of antiseptic soap with soap dish/ liquid antiseptic with dispenser.  Display of Hand washing Instruction at Point of Use		OB  OB  OB  OB	Check for availability of wash basin near the point of use  Ask to Open the tap. Ask Staff if water supply is regular  Check for availability/ Ask staff if the supply is adequate and uninterrupted  Prominently displayed above the hand washing facility, preferably in Local language
ME F1.2	Staff is trained and adhere to standard hand washing practices	Staff adheres to standard hand washing practices		OB/SI	
Standard F2	<b>Facility ensures availability of Personal Protective equipment &amp; follows standard precautions</b>				
ME F2.1	Facility ensures adequate personal protection equipment as per requirements	Disposable gloves are available at point of use		OB	
ME F2.2	Staff adheres to standard personal protection practices	No reuse of disposable gloves, Masks, caps and aprons.		OB/SI	
Standard F3	<b>Facility has standard procedure for disinfection &amp; sterilization of equipment &amp; instrument</b>				
ME F3.1	The facility ensures standard practices and materials for decontamination and cleaning of instruments and procedures areas	Decontamination of Procedure surfaces		SI	Ask staff about how they decontaminate the procedure surface like Examination table (Wiping with .5% Chlorine solution



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Proper Decontamination of instruments after use		SI	Ask staff how they decontaminate the instruments like Stethoscope, Examination instruments
Standard F4	<b>Facility has defined &amp; establish procedure for segregation, collection, treatment &amp; disposal of Bio medical &amp; hazardous waste</b>				
ME F4.1	The facility ensures segregation of Bio Medical Waste as per guidelines	Availability of colour coded bins at point of waste generation		OB	Bins are covered
		Availability of colour coded bags		OB	Check Yellow bag is non chlorinated
<b>Area of Concern - G Quality Management</b>					
Standard G1	<b>Facility has established quality Assurance Program as per state/National guidelines</b>				
ME G1.6	The facility has established external assurance Programmes	Internal Assessment of the General Clinic is done at periodic interval		RR/SI	
Standard G3	<b>Facility has established, documented &amp; implemented standard operating procedure system for its all key processes</b>				
ME G3.1	Standard Operating procedures are prepared, distributed and implemented for all key processes	Updated SOP are available at point of use		RR	
		SOP adequately cover all relevant processes of the department		RR	
ME G3.3	Work instructions are displayed at Point of work	Clinical protocol for DOT are available/ displayed		OB/RR	
		Clinical Protocol for MDT are available/ displayed		OB/RR	
		Clinical Protocol for treatment of Malaria are available/ displayed		OB/RR	
<b>Area of Concern - H: Outcomes</b>					
Standard H1	<b>The facility measures its productivity, efficiency, clinical care &amp; service Quality indicators</b>				
ME H1.1	Facility measures Productivity Indicators on monthly basis	No. of New Registered cases per 1000 population under RNTCP		RR	
		No. of New Registered cases per 1000 population under NVBDCP		RR	

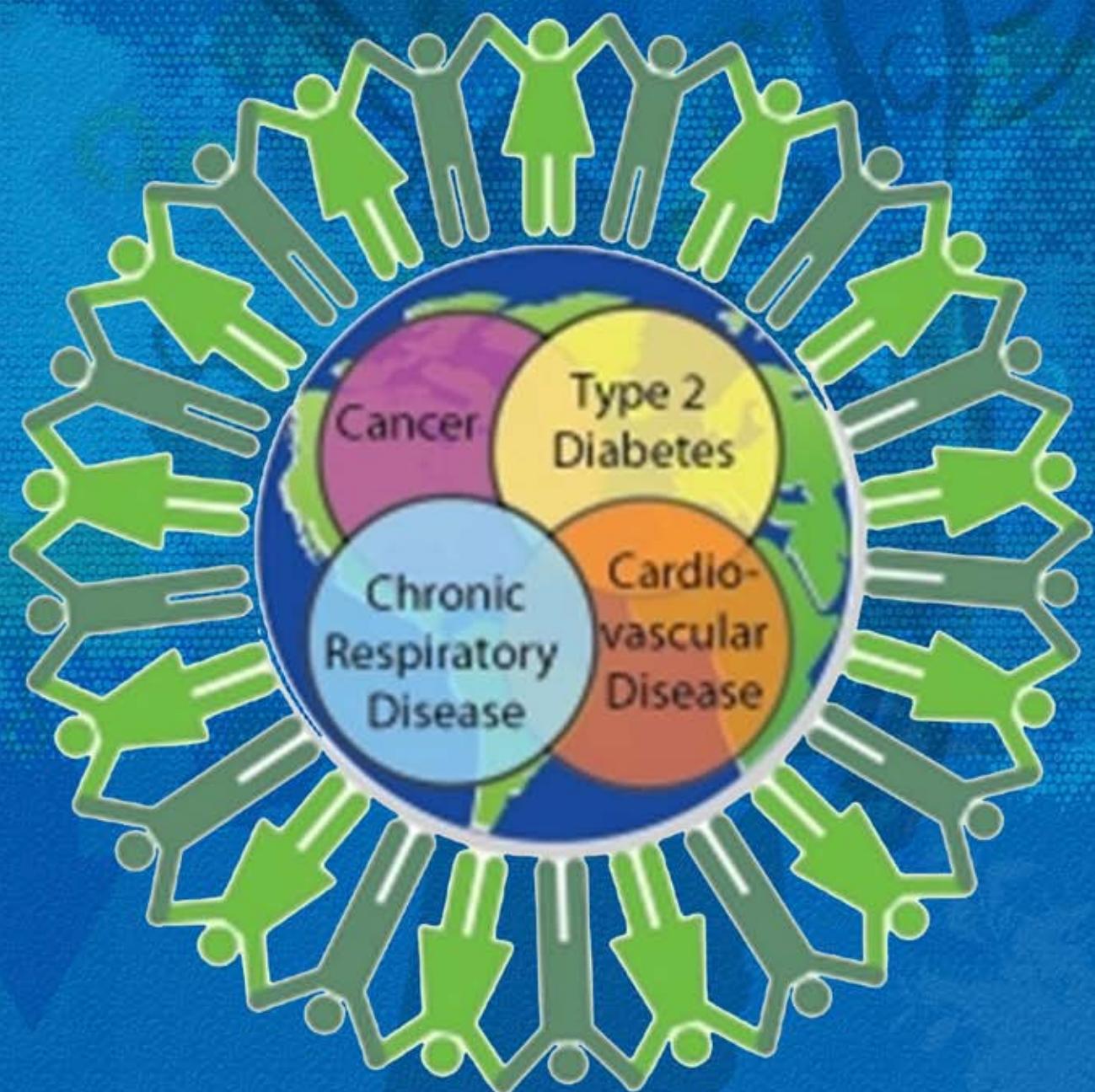


<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
		No. of New Registered cases per 1000 population under NLEP		RR	
ME H1.2	Facility measures efficiency Indicators on monthly basis	Failure rate including Death & defaults under RNTCP		RR	
ME H1.3	Facility measures Clinical Care & Safety Indicators on monthly basis	Percentage of suspected TB cases are referred to HIV		RR	
		Multidrug treatment completion rate under NLEP		RR	
		Proportion of TB patient on DOTs completing their treatment		RR	
Standard H2	<b>Facility endeavors to improve its performance to meet bench marks</b>				
ME H2.2	The facility strives to improve indicators from its current performance	Trends analysis of Indicators is done at Periodic Intervals		RR	



# CHECKLIST

## NON-COMMUNICABLE DISEASES



## **Summary of NON-COMMUNICABLE DISEASES CHECKLIST**

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**E**merging incidence and prevalence of Non-communicable diseases constitute major health challenge for India. The NCD checklist has been developed to assess prevention and management of Non-communicable diseases at UPHC.

This checklist is designed to assess the quality of Preventive, promotive, curative and referral services under various National Health Programmes related to non-communicable diseases. National Health Programmes included in the checklist are National Programme for prevention and control of Blindness, Mental Health Programme, National Programme for the healthcare of the elderly, National Programme for Prevention and control of Cancer, Diabetes, Cardiovascular diseases & Stroke (NPCDCS) and National Tobacco Control Programme. The scope of assessment includes, diagnosis, management, follow-up, continuity of care, IEC, BCC, record maintenance, Monitoring & Reporting, and referral linkages for the diseases covered in above-mentioned National Health Programmes. Checkpoints related to Diagnosis part of these diseases is covered in Laboratory checklist.

A clear understanding of National Health Programmes, their requirements and mode of implementation at various levels is mandatory to run this checklist. To get accurate scores, this checklist should be run during OPD hours (Morning as well as in evening) at General Clinic and also in concurrent with Checklist for outreach activities. Assessment for communicable diseases is incomplete without Interviews with outreach workers like health worker for mental health program, Anganwadi worker, ASHA, MPW, etc.

## CHECKLIST FOR NON COMMUNICABLE DISEASES

**Checklist - 7**

<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
<b>Area of Concern - A Service Provision</b>					
Standard A1	<b>Facility provides Promotive, preventive and curative services</b>				
ME A1.4	Services are available for the time period as mandated	OPD Services are available for at least 8 Hours in a day		RR/SI	
Standard A4	<b>The facility provide services as mandated in National Health Programmes, state scheme and local requirement</b>				
ME A4.5	The facility provides services under National Programme for prevention and control of Blindness as per guidelines	Medical treatment for prevention & control of common Eye diseases		RR/SI	Conjunctivitis, Night blindness, Sty etc
		Survey for prevalence of various eye diseases & Health Education for prevention of various eye diseases		RR/SI	Nutrition education (prevent vit A deficiency), Water & sanitation education (Trachoma Control) Maternal & child health education (Reduce retinopathy of prematurity), Health education (Prevention of eye trauma, hypertension & diabetic retinopathy)
		Referral service for Screening and correction of refractive errors		RR/SI	Availability of refraction services at PHC / outreach (Schools)
		Referral services for diagnosis & treatment of cataract cases		RR/SI	
ME A4.6	The facility provides services under Mental Health Programme as per guidelines	Early identification & treatment of common mental disorders in OPD		RR/SI	Anxiety Neurosis, Mild depression
		Referral of difficult cases to U CHC/ DH		RR/SI	Maniac cases, schizophrenia & cases required hospital
ME A4.7	The facility provides services under National Programme for the health care of the elderly as per guidelines	Geriatric clinic on fixed day for Conducting a routine health assessment & treatment		RR/SI	Every week, Display fixed day & time



<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
		Sensitization on promotional, preventive and rehabilitative aspects of geriatrics		RR/SI	
ME A4.8	The facility provides services under National Programme for Prevention and control of Cancer, Diabetes, Cardiovascular diseases & Stroke (NPCDCS) as per guidelines	Health Promotion Services to modify individual, group and community behavior		RR/SI	Promotion of Healthy Dietary Habits. Increase physical activity. Avoidance of tobacco and alcohol. Stress Management
		Early detection, management and referral of Diabetes Mellitus		RR/SI	
		Early detection, management and referral of Hypertension		RR/SI	
		Early detection & Primary management and referral of Cardiovascular diseases and Stroke		RR/SI	
		Identification and referral, follow up of under treatment patient		RR/SI	
ME A4.10	The facility provide services under National health Programme for deafness	Early identification & Referral of cases of hearing impairment		RR/SI	
ME A4.13	The facility provides services under National Tobacco Control Programme as per guidelines	Promotion of quitting of tobacco in the community		RR/SI	Health education and IEC activities regarding harmful effects of tobacco use and passive smoke
		Counseling service on tobacco cessation to all smokers/tobacco users		RR/SI	
ME A4.14	The facility provides services under National Oral Health Care Program	Diagnosis & referral of common dental problems		RR/SI	
		Promotion of oral hygiene through counselling & IEC		RR/SI	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
<b>Area of Concern B - Patients' Rights</b>					
Standard B1	<b>The service provided at facility are accessible</b>				
ME B1.4	Patients & visitors are sensitized and educated through appropriate IEC / BCC approaches	Availability & display of IEC material under National blindness control program is available		OB	Diabetic retinopathy, cataract, glaucoma, refractive error, trachoma, prevention from corneal blindness. Also IEC material for eye donation
		Availability of IEC kit for mental health program		OB	Poster with 10 feature of mental disorder & flip chart for use of health educator
		Availability of IEC material for National Deafness Control Program		OB	For prevention & early detection of hearing impairment & deafness
		Availability of IEC for National program for prevention & control of cancer, diabetic, cardiovascular & stroke		OB	IEC for Promotion of healthy life style, healthy dietary habits, Stress management, Avoidance of substance abuse
ME B1.7	Information about the treatment is shared with patients or attendants and consent is taken wherever required	Patient is informed about the diagnosis & Treatment Plan		RR/PI	OPD Slip/ Prescription containing Diagnosis & treatment plan/ Treatment card for TB patient
		Method of Administration / taking of the medicines is informed to patient/ relative as per prescription		RR/PI	
Standard B2	<b>The service provided at facility are acceptable</b>				
ME B2.3	Confidentiality of patients' records and clinical information is maintained	Patient records are kept in safe custody		OB/SI	Check Patient records e.g. OPD register are kept in safe custody and are not accessible to unauthorized patients
<b>Area of Concern - C Inputs</b>					
Standard C2	<b>The facility has adequate qualified and trained staff, required for providing the assured services to the current case load</b>				
ME C2.4	The Staff has been imparted necessary trainings/skill set to enable them to meet their roles & responsibilities	Training of Medical officer under National Blindness Control Program		RR	Orientation & refresher training of Medical Officers of community ophthalmology & Prevention of Blindness



<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
		Training of MO for mental health program		RR	Training for doctors for early identification, diagnosis and management of common mental disorders
		Training of Health Worker for Mental health Program		RR	2 days training each year for health workers (All paramedical staff, ANM/ Nursing staff, Health educator)
		Training of Medical Officer for National Deafness Control Program		RR	Sensitization about program, Creating of awareness regarding preventable diseases of ear, reorientation in early diagnosis & treatment of common ear diseases
		Training of nurse/ ANM/ AWW supervisors at PHC on National Deafness Control Program		RR	Sensitization about program & awareness regarding ear & hearing care, enable them to identify deafness at early stage & motivate them for awareness generation at community level
		Training of MO on National Program for Health care of elderly		RR	At least 1 MO is trained
		Training of Paramedics staff for National Program for Health care of elderly		RR	At least 2 nurses are trained
		Training under NPCDCS			
		Training under National Tobacco control Program		RR	
Standard C4	<b>The facility has equipment &amp; instruments required for assured list of services</b>				
ME C4.1	Availability of equipment & instruments for examination & monitoring of patients	Availability of functional Equipment & Instruments		RR/SI/OB	BP apparatus, Weighing machine, Stethoscope, height chart, Snellen's chart



<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
ME C4.3	Availability of equipment & instruments for diagnostic procedures being undertaken in the facility	Availability of diagnostic instruments at clinics / consultation rooms for PAP smear or VIA [visual inspection with Acetic Acid]		RR/SI/OB	Slides, Lancet, Cusco Speculum Spatula Fixer (spray) Marker pen Light Source
		Availability of Glucometer		RR/SI/OB	

#### **Area of Concern - D Support Services**

Standard D5	<b>Facility has procedure for collecting &amp; Reporting of the health facility related information</b>				
ME D5.5	The facility provides monitoring and reporting services under National Programme for control of Blindness as per guidelines	Facility monitor & submit the report under NBCP		RR	
ME D5.6	The facility provides monitoring and reporting services under Mental Health Programme, as per guideline	Facility monitor & submit the report under MHP		RR	
ME D5.7	The facility provides monitoring and reporting services under National Programme for the health care of the elderly as per guidelines	Reporting is done on form 2 for NPHCE		RR	Forms contains information on availability of equipment's, supporting devices, no. of staff trained, services provided, no. of cases referred etc
ME D5.8	The facility provide monitoring and reporting service for prevention and control of Cancer, diabetes, cardiovascular disease and stroke as per guidelines	Facility monitor & submit the report under NPCDCS		RR	
ME D5.10	The facility provide services under National Programme for prevention and control of deafness, as per guidelines	Facility monitor & submit the report under National Programme for prevention and control of deafness		RR	
ME D5.12	The facility provides monitoring and reporting services under National Iodine deficiency Programme, as per guidelines	Facility monitor & submit the report under Iodine deficiency Program		RR	



<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
<b>Area of Concern - E Clinical Services</b>					
Standard E2	<b>Facility has defined procedure for primary management and continuity of care with appropriate maintenance of records</b>				
ME E2.2	The facility provides appropriate referral linkages for transfer to other/higher facilities to assure the continuity of care	There is a system of referring patient from OPD to U- CHC/ higher centre for specialist consultation under all NCD program		SI/RR	Check for practice, availability of referral slip, is there any information about the specialist doctors and their timings and day available
ME E2.3	Facility ensures follow up of patients	There is system of follow up of the patients referred to higher facilities		SI/RR	
Standard E9	<b>Facility provides National Health Programmes as per operational/clinical guidelines of the Government</b>				
ME E9.5	The facility provides services under National Programme for control of Blindness as per guidelines	Availability of protocols for screening & treatment for common eye disease of children / adult		SI/RR	Conjunctivitis, night blindness, stye
ME E9.6	Facility provides service under Mental Health Program as per guidelines	Elementary diagnosis & Referral of Mental disorders as per guidelines		SI/RR	
		Availability of Protocol for treatment of Anxiety Neurosis, Mild depression		SI/RR	
		Epidemiological surveillance of mental disorders as per guideline		SI/RR	
ME E9.7	Facility provides service under National programme for the health care of the elderly as per guidelines	Health assessment for elderly person based on simple clinical examination relating to vision, joints, hearing, chest, BP and simple investigations including blood sugar, etc. is done		SI/RR	
		A simple questionnaire will be filled up during the first visit of each Elderly as per guideline and record updated and maintained		SI/RR	



<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
ME E9.8	Facility provides service under National Programme for Prevention and Control of cancer, diabetes, cardiovascular diseases & stroke (NPCDCS) as per guidelines	Risk assessment & diagnosis of diabetics is done as per guideline		SI/RR	Staff is aware of high risk condition of diabetic & criteria for diagnosis of type II diabetics mellitus
		Medical Management of diabetes is done as per guideline		SI/RR	
		Diagnosis of hypertension is done as per protocol		SI/RR	Stage 1 hypertension: Systolic 140/159, diastolic 90/99. Stage 2 hypertension: Systolic: 160 or higher Diastolic 100 or higher. Based on at least 2 or more properly measured BP reading in sitting position
		Medical Management of hypertension is done as per guideline		SI/RR	
		Risk assessment for cardio vascular disease is done as per guideline		SI/RR	Check for awareness of behavioral & psychological risk factor & how medical officer calculate 10 year risk for fatal & non-fatal cardio vascular event using WHO / ISH risk predication chart
		Screen women of the age group 30-69 years for early detection of cervix cancer and breast cancer.		SI/RR	
		Counseling is provided for life style modification as per guideline		SI/RR	Check for awareness regarding modification in diet, physical activity, weight control, tobacco cessation & avoiding alcohol intake
ME E9.10	Facility provide services under National program for prevention and control of deafness	Screening of chronic supportive otitis media (CSOM) Safe type/ unsafe type as per standard treatment guideline		SI/RR	
		Primary Management & referral of chronic supportive otitis media (CSOM) as per guideline		SI/RR	



<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
ME E9.13	The facility provides services under National Tobacco Control Programme as per guidelines	Linkages with tobacco cessation facility		SI/RR	Check for doctor aware of nearest tobacco cessation facility Check how many patients are referred to cessation centre
		Doctor/ Staff are skilled for tobacco cessation counselling		SI	Ask about 5 As and 5 Rs (Ask, advice, assess, assist & arrange) (relevance, risk, reward, roadblock & repetition)
		Facility has been declared tobacco free zone		OB	Restriction on use of tobacco product by staff or visitors
		Check for any specific community level activity is done for generating awareness		SI/PI	

#### **Area of Concern - F Infection Control**

Standard F1	<b>Facility has defined &amp; implemented procedure for ensuring Hand hygiene practices &amp; asepsis</b>				
ME F1.1	Hand washing facilities are provided at point of use	Availability of hand washing Facility at Point of Use		OB	Check for availability of wash basin, running water & antiseptic soap near the point of use
Standard F4	<b>Facility has defined &amp; establish procedure for segregation, collection, treatment &amp; disposal of Bio medical &amp; hazardous waste</b>				
ME F4.1	The facility ensures segregation of Bio Medical Waste as per guidelines	Availability of colour coded bins at point of waste generation		OB	Bins are covered
		Availability of colour coded bags		OB	Check Yellow bag is non chlorinated

#### **Area of Concern - G Quality Management**

Standard G1	<b>Facility has established quality Assurance Program as per state/National guidelines</b>				
ME G1.5	The facility has established internal quality assurance programme	Internal Assessment of the Non communicable diseases is done at periodic interval		RR/SI	
Standard G3	<b>Facility has established, documented &amp; implemented standard operating procedure system for its all key processes</b>				
ME G3.1	Standard Operating procedures are prepared, distributed and implemented for all key processes	Updated SOP are available at point of use		RR	
		SOP adequately cover all relevant processes of the department		RR	



<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
ME G3.3	Work instructions are displayed at Point of work	Clinical protocol for diagnosis & management of diabetic		OB/RR	
		Clinical protocol for diagnosis & management of hypertension		OB/RR	
		Clinical protocol for diagnosis & management of cardio vascular diseases		OB/RR	
		Clinical protocol for screening of cancer		OB/RR	

#### **Area of Concern - H: Outcomes**

Standard H1	<b>The facility measures its productivity, efficiency, clinical care &amp; service Quality indicators</b>				
ME H1.1	Facility measures Productivity Indicators on monthly basis	No. of patient attended OPD for any of NCD		RR	
		Diabetic patient OPD per month		RR	
		No. of elderly patient attended the OPD		RR	
ME H1.2	Facility measures efficiency Indicators on monthly basis	Percentage of cases referred to higher facility for NCD		RR	
		No. of diabetic cases identified		RR	
		No. of Hypertensive cases identified		RR	
		No. of Cancer cases identified		RR	
Standard H2	<b>Facility endeavors to improve its performance to meet bench marks</b>				
ME H2.2	The facility strives to improve indicators from its current performance	Trends analysis of Indicators is done at Periodic Intervals		RR	





# CHECKLIST

## DRESSING ROOM AND EMERGENCY



## **Summary of DRESSING ROOM AND EMERGENCY CHECKLIST**

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Dressing Room, although occupies a small space in a UPHC, is a very important place as all critically ill patients are treated and various procedures carried out here before their referral higher facilities. This is a place where procedures like stitching of wounds, dressings, Incision & drainage, application of splints etc. are undertaken. This checklist is designed to assess the quality of emergency services provided at a UPHC.

The scope of checklist includes Primary management of emergency conditions, such as First-Aid and primary management of wounds, trauma, bone injuries, life-threatening conditions like shock, IHD, CVA, poisoning, animal bites, etc. The idea behind it is to ensure that the patients are given first aid at the department and then only they are referred to a higher centre. This Checklist also includes checkpoints related to Medico-legal cases; their documentation, maintenance of records and retrieval. Checkpoints related to triage and management of mass causalities are also included in the checklist.

Assessment of Dressing Room is incomplete without detailed interview of staff working at the Dressing Room. To evaluate their skills and competence, the staff should be asked to demonstrate various procedures and answer technical questions. Meticulous review of records is required to assess functionality and utilization of emergency services at dressing room. Functionality and maintenance of equipment is of pivotal importance at Dressing Room.

# CHECKLIST FOR DRESSING ROOM & EMERGENCY

**Checklist - 8**

<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
<b>Area of Concern - A Service Provision</b>					
Standard A1	<b>Facility provides Promotive, preventive and curative services</b>				
ME A1.2	The facility provides Accident & Emergency Services	Primary Management of wounds & First Aid		RR/SI	Incision & drainage, Stitching Dressing
		Primary Management of trauma & bone injuries		RR/SI	Splints, compression bandage, Cervical Collar
		Emergency Management of Life threatening conditions		RR/SI	Stabilization/ Primary Management of Medical conditions like Shock, Ischemic Heart Disease, CVA, Dyspnea, Unconscious patients, Status Epilepticus, Management of severe dehydration, respiratory distress
		First Aid and Referral of Burn and Injury cases		RR/SI	
		Primary Management & stabilization of Poisoning / Snake Bite cases		RR/SI	Lavage, Antidotes, Anti-snake venom/ Anti scorpion venom
		Primary treatment for Dog Bite cases		RR/SI	Anti-Rabies Vaccines
ME A1.4	Services are available for the time period as mandated	Emergency Services are functional during OPD hrs		RR/SI	At least for 8 hrs
Standard A3	<b>The Facility provides Diagnostic Services, Para-clinical &amp; support services</b>				
ME A3.3	The facility provides medico legal and administrative services	Availability of Medico legal Services, as per state's guidelines		RR/SI	Check for Medico Legal cases (MLC) are recorded at facility
<b>Area of Concern B - Patients' Rights</b>					
Standard B1	<b>The service provided at facility are accessible</b>				
ME B1.7	Information about the treatment is shared with patients or attendants and consent is taken wherever required	Patient is informed about treatment plan & Consent is taken for all invasive procedure / where ever applicable		RR/PI	Ask the patient what they have been communicated about treatment plan



<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
ME B1.8	Access to facility is provided without any physical barrier	There is no overcrowding in the dressing room cum Emergency		OB	
		Availability of wheel chair or stretcher for easy access		OB	
Standard B2	<b>The service provided at facility are acceptable</b>				
ME B2.2	Adequate visual privacy is provided at every point of care	Availability of screen & curtains in Dressing room		OB	
<b>Area of Concern - C Inputs</b>					
Standard C1	<b>The facility has adequate &amp; Safe infrastructure for delivery of assured services and meets the prevalent norms</b>				
ME C1.1	Departments have adequate space as per patient load	Dressing cum emergency room have adequate space		OB	Space for couch, a table for keeping dressing drums & a drug trolley
ME C1.2	Amenities for Patients & Staff are available as per load	Availability of Fans & Warmers as per need		OB	
		Availability of drinking water facilities		OB	May be shared common with General clinic
		Availability of functional toilets		OB	Dry toilet with running water, May be shared with General clinic
ME C1.5	The facility ensures safety of electrical installations	Dressing cum emergency room does not have temporary connections & loose hanging wires		OB	Switch Boards all other electrical installations are intact & secure
ME C1.6	Physical condition of buildings are safe for providing patient care	Floor of dressing room is non slippery and even		OB	
Standard C2	<b>The facility has adequate qualified and trained staff, required for providing the assured services to the current case load</b>				
ME C2.2	The facility has adequate nursing staff/Paramedics as per service provision and work load	Availability of at least one staff in dressing cum Emergency room		OB/RR	Staff Nurse/ ANM/ dressers etc. check duty roster
ME C2.4	The Staff has been imparted necessary trainings/skill set to enable them to meet their roles & responsibilities	Training of staff for handling Emergencies		RR	Primary Management & stabilization of life threatening conditions like snake poisoning, dog bite, IHD CVA etc.
		Training of staff for basic life support (BLS)		RR	Ask staff to demonstrate CPR



<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
ME C2.5	The Staff is skilled and competent as per job description	Check staff competency for BLS		SI	
Standard C3	<b>The facility provides drugs and consumables required for assured services</b>				
ME C3.1	The facility has availability of adequate drugs at point of use	Availability of antiseptics for dressing		OB/RR	
		Availability of injectable		OB/RR	TT & Painkiller etc.
		Emergency Drug Tray is maintained		OB/RR/SI	Drugs for managing anaphylactic reaction - Inj Adrenalin, Inj Hydrocortisone Sodium Succinate, Inj Chlorpheniramine, IV Fluid, Nitroglycerin spray, Inj. Dopamine Inj Magsulf IV Set
ME C3.2	The Facility has availability of adequate consumables at point of use	Availability of disposables in dressing room/ Injection room and clinics		OB/RR/SI	Examination gloves, Syringes, Dressing material, suture material, venflons -IV sets appropriate for newborn, children & Adult
		Availability of splints for bone injury cases		OB/RR/SI	Splints, cervical collar, compression bandage
Standard C4	<b>The facility has equipment &amp; instruments required for assured list of services</b>				
ME C4.1	Availability of equipment & instruments for examination & monitoring of patients	Availability of functional equipment for Examination & monitoring		OB/SI	BP apparatus, Stethoscope, thermometer, torch & disposable tongue depressor
ME C4.2	Availability of equipment & instruments for treatment procedures, being undertaken in the facility	Availability of Dressing Instruments in Dressing Room/ Injection Room		OB/SI	Cheatle forceps, Artery Forceps, Blade, Normal Forceps, Tooth Forceps, Needle Holder, Splints, Suture Material, Dressing Drums
		Availability of functional Instruments for Resuscitation		OB/SI	Airway, Ambu's bag, Oxygen Cylinder with key, Nebulizer, Suction Machine, bag & mask (adult size & pediatrics sizes)



<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
ME C4.4	Availability of equipment for storage	Availability of equipment for storage for drugs		OB/SI	Drug/ instrumental/ dressing trolley, cupboard
ME C4.5	Availability of patient furniture and fixtures as per load and service provision	Availability of Fixtures		OB/SI	Spot light, electrical fixtures
		Availability of furniture at clinics		OB/SI	Dressing Table, Footstep, cupboard
<b>Area of Concern - D Support Services</b>					
Standard D1	<b>The facility has established facility management programme for maintenance &amp; upkeep of equipment &amp; infrastructure to provide safe &amp; secure environment to staff &amp; users</b>				
ME D1.3	Patient care areas are clean and hygienic	Floors, walls, roof, sinks patient care and corridors are Clean		OB	All area are clean with no dirt, grease, littering and cobwebs
		Surface of furniture and fixtures are clean		OB	
ME D1.4	Facility infrastructure is adequately maintained	Trolley & cupboard etc. are painted & in intact condition		OB	Cupboard/ trolley are not rusted, chipped or broken
Standard D2	<b>Facility has defined procedure for storage, Inventory Management &amp; dispensing of drugs in pharmacy</b>				
ME D2.2	The facility ensures proper storage of drugs and consumables	Drugs/ Injectable are stored in container/ tray & are labeled		OB	
ME D2.3	The facility ensures management of expiry and near expiry drugs	Expiry dates' are maintained at emergency drug tray		OB/RR	
		No expiry drug found at dressing/ Injection Room		OB	
<b>Area of Concern - E Clinical Services</b>					
Standard E2	<b>Facility has defined procedure for primary management and continuity of care with appropriate maintenance of records</b>				
ME E2.2	The facility provides appropriate referral linkages for transfer to other/higher facilities to assure the continuity of care	Patients are referred with referral slip		RR/SI	Referral out register is maintained
		Availability of referral linkages to higher Centre's.		RR/SI	Availability of contact no. of higher facility
		Advance communication is done with higher Centre		RR/SI	
		Referral out register is maintained		RR/SI	



<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
ME E2.3	Facility ensures follow up of patients	Facility ensure the follow up of referred patients		RR/SI	
ME E2.4	Facility has establish procedure for Triage & disaster Management	There is process of sorting the patients in case of mass casualty		RR/SI	As care provider how they triage patient-immediate, delayed, expectant, minimal, dead
ME E2.5	Emergency protocols are defined and implemented	Emergency protocols are available at point of use		RR/SI	See for protocols of head injury, snake bite, poisoning, drawing etc.
		There is procedure for CPR		RR/SI	Ask for Demonstration on BLS (basic life support)
		There is procedure for informing police		RR/SI	Check for Police Information Register, Ask method for informing police
		There is procedure for preservation of samples of MLC cases		RR/SI	Aspirations, Blood samples and Viscera
		Emergency has criteria for defining medico legal cases		RR/SI	Criteria is defined based on cases and when to do MLC like all the cases not attended by the doctor/ criteria may vary from state to state
ME E2.6	The facility ensures adequate and timely availability of ambulances services	Check for how ambulances are called and patients are shifted		SI/OB	
		All unstable patients are transferred (as decided by the Doctor), with one paramedical staff		SI/RR	
		The Patient's rights are respected during transport		SI	
		Transfer register is maintained to record the detail of the referred patient		RR	
		Ambulance services are registered to dedicated no.		RR/OB	



<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
ME E2.7	Clinical records are updated for care provided	Patient Complaint, Examination, treatment given or Procedure performed is recorded		RR/SI	108/102/ any other
ME E2.8	The facility ensures that standardised forms and formats are used for all purposes including registers	Check availability of standardize forms & Register		RR/OB	Emergency register, referral register, referral slip, dressing room register, Injection room register
		Records are labeled and indexed		RR/OB	
ME E2.9	The facility ensures safe and adequate storage and retrieval of medical records	Adequate facility for storage of records		OB	
Standard E 3	<b>Facility has defined &amp; implemented procedures for Drug administration and standard treatment guideline as mandated by Government</b>				
ME E3.1	Medication orders are written legibly and adequately	Check every Medical advice and procedure is accompanied with date, time and signature		RR	OPD slip
		Check prescription are written legibly & comprehensible by the clinical staff		RR	
<b>Area of Concern - F Infection Control</b>					
Standard F1	<b>Facility has defined &amp; implemented procedure for ensuring Hand hygiene practices &amp; asepsis</b>				
ME F1.1	Hand washing facilities are provided at point of use	Availability of hand washing Facility at Point of Use		OB	Check for availability of wash basin near the point of use
		Availability of running Water		OB	Ask to Open the tap. Ask Staff water supply is regular
		Availability of antiseptic soap with soap dish/ liquid antiseptic with dispenser.		OB	Check for availability/ Ask staff if the supply is adequate and uninterrupted
		Display of Hand washing Instruction at Point of Use		OB	Prominently displayed above the hand washing facility, preferably in Local language
ME F1.2	Staff is trained and adhere to standard hand washing practices	Staff adhere to standard hand washing practices		SI/OB	



<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
ME F1.3	Facility ensures standard practices for maintaining asepsis	Availability of Antiseptic Solutions at Dressings room, Injection Room		OB/SI	
		Proper cleaning of procedure site with antiseptic is done		OB/SI	like before giving IM/ IV injection, drawing blood, putting Intravenous and urinary catheter
Standard F2	<b>Facility ensures availability of Personal Protective equipment &amp; follows standard precautions</b>				
ME F2.1	Facility ensures adequate personal protection equipment as per requirements	Disposable gloves are available at point of use		OB	
ME F2.2	Staff adheres to standard personal protection practices	No reuse of disposable gloves, Masks, caps and aprons		OB/SI	
Standard F3	<b>Facility has standard procedure for disinfection &amp; sterilization of equipment &amp; instruments</b>				
ME F3.1	The facility ensures standard practices and materials for decontamination and cleaning of instruments and procedures areas	Decontamination of Procedure surfaces		SI	Ask staff about how they decontaminate the procedure surface like dressing table, Stretcher/Trolleys etc. (Wiping with 0.5% Chlorine solution)
		Proper Decontamination of instruments after use		SI	Ask staff how they decontaminate the instruments like Stethoscope, Dressing Instruments
		Contact time for decontamination is adequate		SI/OB	10 minutes
		Cleaning of instruments after decontamination		SI	Cleaning is done with detergent and running water after decontamination
		Staff is trained for Blood spill management		SI/OB	
ME F3.2	The facility ensures standard practices and materials for disinfection and sterilization of instruments and equipment	High level Disinfection of instruments/ equipment is done as per protocol in dressing room		SI/RR	Ask staff about method and time required for boiling



<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
Standard F4	<b>Facility has defined &amp; establish procedure for segregation, collection, treatment &amp; disposal of Bio medical &amp; hazardous waste</b>				
ME F4.1	The facility ensures segregation of Bio Medical Waste as per guidelines	Availability of colour coded bins at point of waste generation		OB	
		Availability of colour coded bags		OB	Check Yellow bag is non chlorinated
		Segregation of different category of waste as per guidelines		OB	
		Display of work instructions for segregation and handling of Biomedical waste		OB	Local Language & Pictorial
		There is no mixing of infectious and general waste		OB	
ME F4.2	The facility ensures management of sharps as per guidelines	Availability of functional needle cutters		OB	See if it has been used or just lying idle
		Availability of puncture proof box		OB	Should be available nears the point of generation like nursing station and injection room
		Disinfection of sharp before disposal		OB	Disinfection of syringes is not done in open buckets
		Staff is aware of contact time for disinfection of sharps		SI	
<b>Area of Concern - G Quality Management</b>					
Standard G1	<b>Facility has established quality Assurance Program as per state/National guidelines</b>				
ME G1.5	The facility has established internal quality assurance programme	Internal Assessment of the Dressing cum Emergency room is done at periodic interval		SI/RR	
Standard G3	<b>Facility has established, documented &amp; implemented standard operating procedure system for its all key processes</b>				
ME G3.1	Standard Operating procedures are prepared, distributed and implemented for all key processes	Updated SOP are available at point of use		RR	
		SOP adequately cover all relevant processes of the department		RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
<b>Area of Concern - H: Outcomes</b>					
Standard H1	<b>The facility measures its productivity, efficiency, clinical care &amp; service Quality indicators</b>				
ME H1.1	Facility measures Productivity Indicators on monthly basis	No. of Emergency cases attended per month		RR	
		Minor procedure conducted per month		RR	
		No.of Anti Rabies Vaccines administered per month		RR	
ME H1.3	Facility measures Clinical Care & Safety Indicators on monthly basis	No. of injection abscess reported per month		RR	
		Percentage of Emergency cases referred out		RR	
ME H1.4	Facility measures Service Quality Indicators on monthly basis	Proportion of patient referred through free referral transport		RR	
Standard H2	<b>Facility endeavors to improve its performance to meet bench marks</b>				
ME H2.2	The facility strives to improve indicators from its current performance	Trends analysis of Indicators is done at Periodic Intervals		RR	





# CHECKLIST FOR PHARMACY



## **Summary of PHARMACY CHECKLIST**

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**A**vailability of free drugs is one of the basic expectations of patients and hence has a major influence on Patients satisfaction. Pharmacy plays a key role in ensuring timely availability of adequate quantity of drugs. This checklist has been designed to assess the quality of management of Pharmacy services.

The scope of the checklist includes Drug Dispensing, Cold Chain management, Stores and Generic Drug Store (Jan Aushadhalaya or equivalent) within the premises of Urban Primary health Centre.

The Checklist helps in tracking the sub-processes of Pharmacy, like, Forecasting or demand estimation, indent of medicines and consumables, Procurement, Drug/consumables/vaccine storage, drug distribution, dispensing, Inventory management (First-in-first-out-FIFO, First expiry-first out-FEFO, ABC and VED analysis, reducing Stock-outs and expired drugs, Buffer stock, Re-order level, Look-alike & Sound alike drugs, and drug control system. Checkpoints related to availability of drugs under various national health programs are part of the checklist.

Assessor can Assess the skills of Pharmacist like Inventory management and Drug storage, dispensing practices and Cold chain management techniques, Maintenance of registers, condemnation of Junk Materials, Safe storage of Flammable materials, recording temperature of cold chain, Forecasting of drugs and consumables to reduce stock outs, maintaining buffer stock and calculating minimum re-order level from time to time, storage of drugs, conducting prescription audits etc. are also been included in checklist.

Sound knowledge of scientific inventory management is essential to run this checklist. Meticulous record review forms one of the major components of assessment.

## CHECKLIST FOR PHARMACY

**Checklist - 9**

<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
<b>Area of Concern - A Service Provision</b>					
Standard A1	<b>Facility provides Promotive, preventive and curative services</b>				
ME A1.4	Services are available for the time period as mandated	Dispensary services are available during OPD hours		RR/SI	
Standard A3	<b>The Facility provides Diagnostic Services, Para-clinical &amp; support services</b>				
ME A3.1	The facility provides Pharmacy services	Availability of Drug Dispensing counter		RR/SI	For both Allopathic & Alternate medicines
		Generic Drug Store		RR/SI	Functional Jan ayushdhalya in premises or equivalent
		Cold chain management services		RR/SI	Functional refrigerator(s), cool box available
Standard A4	<b>The facility provide services as mandated in National Health Programmes, state scheme and local requirement</b>				
ME A4.1	The facility provides services under National Vector Borne Disease Control Programme as per guidelines	Availability of Drugs under NVBDCP		RR/SI	Chloroquine, Primaquine, ACT (Artemisinin Combination Therapy)
ME A4.2	The facility provides services under Revised National TB Control Programme as per guidelines	Availability of Drugs under RNTBCP		RR/SI	CAT I & CAT II
ME A4.11	The facility provides services under Universal Immunization Programme (UIP) as per guidelines	Availability of Vaccines As per National Immunization Schedule		RR/SI	BCG, DPT, OPV, Hepatitis B, Measles, TT, Japanese encephalitis (in select districts)
<b>Area of Concern B - Patients' Rights</b>					
Standard B1	<b>The service provided at facility are accessible</b>				
ME B1.2	The facility displays the services and entitlements available	List of Drugs available displayed & updated daily at Pharmacy		OB	Updated daily is too stringent and also sometimes list may also be very long for it to be displayed and change daily. In fact some facilities write and circulate list of drug not available



<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
ME B1.7	Information about the treatment is shared with patients or attendants and consent is taken wherever required	Method of Administration / taking of the medicines is informed to patient/ their relative by pharmacist as per doctor's prescription in OPD Pharmacy		PI/OB	
Standard B2	<b>The service provided at facility are acceptable</b>				
ME B2.1	Services are provided in manner that are sensitive to gender	Availability of separate Queue for Male and female at dispensing counter		OB	Check whether there are separate queues
Standard B3	<b>The service provided at facility are affordable</b>				
ME B3.1	The facility provides cashless services to all patients including pregnant women, mothers and sick children as per prevalent government schemes	Free drugs and consumables for provided to mothers & Children		PI	Check Pregnant women, Mother and Children's up to 5 years are prescribed and dispensed all drugs and consumables
ME B3.3	The facility ensures that the drugs prescribed are available in the pharmacy	Check patient has not spent on purchasing drugs & consumables those are included in essential medicine list		PI	Check for availability of the Essential Medicines List/Formulary
<b>Area of Concern - C Inputs</b>					
Standard C1	<b>The facility has adequate &amp; Safe infrastructure for delivery of assured services and meets the prevalent norms</b>				
ME C1.1	Departments have adequate space as per patient load	Availability of adequate space for Drug store and Dispensing counter		OB/SI	
ME C1.2	Amenities for Patients & Staff are available as per load	Provision of shaded area in front of Drug Dispensing Counter		OB	
ME C1.7	The facility ensures fire safety measures including firefighting equipment	Pharmacy has plan for safe storage and handling of potentially flammable materials		OB	Check for trash (empty cartons) stored in the store; flammables are stored separately; no smoking zone; and availability of fire extinguishers and extinguisher is not time barred



<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
Standard C2	<b>The facility has adequate qualified and trained staff, required for providing the assured services to the current case load</b>				
ME C2.2	The facility has adequate nursing staff/Paramedics as per service provision and work load	Availability of one Pharmacist at Drug dispensing counter during OPD timings		SI/RR	Check whether the pharmacy is manned during OPD hours
ME C2.4	The Staff has been imparted necessary trainings/skill set to enable them to meet their roles & responsibilities	Training on Inventory Management and Drug Storage		RR/SI	
ME C2.5	The Staff is skilled and competent as per job description	Pharmacist is skilled for good dispensing practices and inventory management technique		SI	Competence Testing
		Pharmacist is skilled for Cold Chain Management		SI	Competence Testing
Standard C3	<b>The facility provides drugs and consumables required for assured services</b>				
ME C3.1	The facility has availability of adequate drugs at point of use	Availability of Analgesics/ Antipyretics		OB/RR	As per state Drug List
		Anti-allergic and Drugs used in Anaphylaxis		OB/RR	As per state Drug List
		Antidotes and other substances used in Poisoning		OB/RR	As per state Drug List
		Anticonvulsants/ Antiepileptic's		OB/RR	As per state Drug List
		Anthelmintic		OB/RR	As per state Drug List
		Antibacterial (Beta Lactam)		OB/RR	As per state Drug List
		Antibacterial (Others))		OB/RR	As per state Drug List
		Antifungal		OB/RR	As per state Drug List
		Anti-anaemia		OB/RR	As per state Drug List
		Plasma Substitutes		OB/RR	As per state Drug List
		Antianginal medicines		OB/RR	As per state Drug List
		Antihypertensive medicines		OB/RR	As per state Drug List
		Anti-infective & Antifungal (Topical)		OB/RR	As per state Drug List



<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
		Anti-inflammatory & Others (Topical)		OB/RR	As per state Drug List
		Gastrointestinal Medicines (Antacids & Antiemetic's)		OB/RR	As per state Drug List
		Gastrointestinal Medicines (Antispasmodic & Laxatives)		OB/RR	As per state Drug List
		Medicines used in diarrhea		OB/RR	As per state Drug List
		Hormones		OB/RR	As per state Drug List
		Medicines used in Diabetes mellitus		OB/RR	As per state Drug List
		Immunological		OB/RR	As per state Drug List
		Ophthalmic Preparations		OB/RR	As per state Drug List
		Oxytocic's		OB/RR	As per state Drug List
		Medicines acting on the respiratory tract		OB/RR	As per state Drug List
		IV Fluids		OB/RR	As per state Drug List
		Vitamin & Minerals		OB/RR	As per state Drug List
Standard C4	<b>The facility has equipment &amp; instruments required for assured list of services</b>				
ME C4.4	Availability of equipment for storage	Availability of ILR & Deep freezer for cold chain		OB	
		Availability of racks for Storage of drugs		OB	Check for medicines are not stored on the floor
<b>Area of Concern - D Support Services</b>					
Standard D1	<b>The facility has established facility management programme for maintenance &amp; upkeep of equipment &amp; infrastructure to provide safe &amp; secure environment to staff &amp; users</b>				
ME D1.1	The facility has system for maintenance of critical Equipment	Cold Storage equipment's are under AMC and temperature log book		RR/SI	Check for AMC for ILR, deep freezer
ME D1.2	The facility ensures comfortable environment for patients and service providers	Temperature control at Pharmacy & medical store		RR	Check drugs are stored at optimum temperature. AC preferably, if not provision adequate ventilation. Medicines are not stored in corridor or exposed to sunlight
ME D1.3	Patient care areas are clean and hygienic	Drug Storage area and Pharmacy Counter are clean		OB	Check for dirt, stains, Dust on wall, floors and fixtures. Scattered loose medicines, empty boxes etc.



<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
ME D1.5	Facility has policy of removal of condemned junk material	No junk, condemned, unused articles in the pharmacy		OB	
ME D1.10	The facility ensures adequate power backup	Power backup arrangement for cold chain equipment's		SI/OB	Check for record of duration of power outage and duration of back -up available
Standard D2	<b>Facility has defined procedure for storage, Inventory Management &amp; dispensing of drugs in pharmacy</b>				
ME D2.1	The facility has established procedures for estimation, indenting and procurement of drugs and consumables	UPHC has process to consolidate and calculate the consumption of all drugs and consumables		RR/SI	
		Forecasting of drugs and consumables is done scientifically based on consumption		RR/SI	Check for stock-outs and wastage (expiry, damaged medicines), if any are adjusted while forecasting
		Facility has an established procedures for local purchase of drugs in emergency		RR/SI	
		UPHC has system for timely placing requisition to district drug store		RR/SI	
ME D2.2	The facility ensures proper storage of drugs and consumables	There is specified place to store medicines in Pharmacy		OB	Drugs are stored according to therapeutic category/ alphabetically or according to their dosage form
		All the shelves/racks containing medicines are labeled in pharmacy and drug store		OB	
		Product of similar name and different strength are stored separately		OB	Facility has a list of drugs with similar names and different strength and are stored separately & labeled
		Heavy items are stored at lower shelves/racks		OB	
		Fragile items are not stored at the edges of the shelves		OB	



<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
		Sound alike and look alike medicines (LASA) are stored separately in patient care area and pharmacy		OB	Facility has a list of LASA and are stored separately in patient care area and pharmacy
		Drugs and consumables are stored away from water and sources of heat, direct sunlight etc.		OB	Drugs are not stored in the corridor or outside toilets/damp places
		Drugs are not stored directly on the floor and adjacent to wall especially walls directly facing sun light		OB	
ME D2.3	The facility ensures management of expiry and near expiry drugs	Facility has a procedure in place to avoid expiry of medicines and identifies near expiry drugs		OB/RR/SI	
		There is a earmarked area for keeping expiry drugs distant from regular drugs to avoid mixing		OB	
		There is a established process for disposal of expiry drugs		SI/RR	Staff is aware of the process and Check for last condemnation procedure undertaken
		There is system about transfer of surplus / near expiry drugs to other nearby facility / district stores		SI/RR	Check for initiation of transfer process done with adequate remaining shelf life (preferably at least 3 months in advance)
ME D2.4	The facility has established procedure for inventory management techniques	Physical verification of inventory is done periodically		RR/SI	Has periodicity of physical verification defined (quarterly/biannually/annually). Check when last physical verification done
		Facility uses bin card system and updated each time stock is handled		OB	Bin cards are kept for each item in the stock room and physical count of remaining stock done. Check for last posting on the bin card



<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
		First expiry first out system is established for drugs		RR/SI	
		Stores has defined minimum and reorder level defined		RR/SI	Check for minimum and reorder level defined for vital drug as per their consumption pattern
		Drugs are categorized in Vital, Essential and Desirable		RR/SI	Check for list of VED categorization
ME D2.5	There is process for storage of vaccines and other drugs, requiring controlled temperature & storage environment	Check vaccines & diluents are placed in specified shelf/ compartment inside the storage unit and are clearly labeled	OB	(Top to bottom) : Hep. B, DPT, DT, TT, BCG, Measles, OPV. Vaccines are not stored in door. Check food/drinking water not stored in the vaccine refrigerator	
		Work instruction for storage of vaccines are displayed at point of use	OB		
		ILR and deep freezer have functional temperature monitoring devices	OB/RR		
		There is system in place to maintain temperature chart of ILR	OB/RR	Temp. of ILR: Min +2 degree C to 8 degree C in case of power failure min temp. +10 degree C . Daily temperature log are maintained. Corrective action of any temperature excursion taken	
		There is system in place to maintain temperature chart of deep freezers	OB/RR	Temp. of Deep freezer cabinet is maintained between -150C to -250C. Daily temperature log are maintained. Corrective action of any temperature excursion taken	
		Check thermometer in ILR is in hanging position	OB		
		ILR and deep freezer has functional alarm system	SI		



<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
		Conditioning of ice packs is done prior to transport	SI		Check if staff is aware of how to condition ice pack (water beads on the surface of ice pack and sound of water is heard on shaking it)
		Staff is aware of Hold over time of cold storage equipment's	SI		Hold over time depends on Factors - the amount of vaccine being stored in the refrigerator, the external temperatures and the refrigerator will affect the duration of time vaccines within the refrigerator will be kept within +2 °C to +8 °C. Do not allow the vaccine to remain in a non-functioning unit for an extended period of time
ME D2.6	The facility has established procedure for dispensing of drugs	Drugs are arranged in demarcated boxes /containers /trays	OB		
		Drug boxes/ containers are legibly labeled	OB		Label is firmly attached to container with Generic name and strength of drug is written
		Pharmacist check drugs name, strength, dosage form and route of administration before dispensing	SI/OB		Check if pharmacists dispenses to identified patients
		Drugs are dispensed in Envelops	OB		
		List of lookalike and sound alike drugs is displayed at dispensing counter	OB		
		Drugs are given for no. of days as prescribed	OB/SI		
		Drugs are not directly dispensed from drug storage area	SI/OB		
		Repeat drugs are given only after approval from medical officer	SI/RR/OB		Medicines are dispensed to only authorized patients registered for the day



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Strip cutting is not done		SI/OB	
		Dispensing register is updated in real time		SI/RR/OB	
		Check Patients having knowledge about correct use of medicines	PI	Pharmacist providing information about correct use of medicines to the patients- at least purpose, no. of tablets, frequency and duration of treatment	
<b>Area of Concern - E Clinical Services</b>					
Standard E2	<b>Facility has defined procedure for primary management and continuity of care with appropriate maintenance of records</b>				
ME E2.8	The facility ensures that standardised forms and formats are used for all purposes including registers	Records at Pharmacy are maintained		RR	Stock Registers, Indent Registers, Expiry drug register etc.
Standard E 3	<b>Facility has defined &amp; implemented procedures for Drug administration and standard treatment guideline as mandated by Government</b>				
ME E3.3	Patient is counselled for self-drug medication	Patient is explained about drug dosages by pharmacist at dispensing counter		PI/SI	
ME E3.4	The facility ensures that drugs are prescribed in generic name only	Drugs are purchased in generic name only		RR	
		Facility has a copy of essential drug list as per state norms		RR/SI	
<b>Area of Concern - F Infection Control</b>					
ME F4.3	The facility ensures transportation and disposal of waste as per guidelines	Expired Drugs and discarded vaccines are disposed as per guidelines		OB	
<b>Area of Concern - G Quality Management</b>					
Standard G1	<b>Facility has established quality Assurance Program as per state/National guidelines</b>				
ME G1.5	The facility has established internal quality assurance programme	Physical verification of the inventory by Pharmacist at periodic interval		RR/SI	
ME G1.6	The facility has established external assurance Programmes	Periodic and random sampling of drugs for monitoring and quality control		RR/SI	



<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
ME G1.7	The facility conducts the periodic prescription/ medical audits	Pharmacy I/C coordinate prescription audit		RR/SI	
Standard G3	<b>Facility has established, documented &amp; implemented standard operating procedure system for its all key processes</b>				
ME G3.1	Standard Operating procedures are prepared, distributed and implemented for all key processes	Updated SOPs for Pharmacy and cold chain management is available at point of use		RR/SI	
		SOPs adequately covers all relevant process of department		RR/SI	
ME G3.3	Work instructions are displayed at Point of work	Work instructions for Storage of drugs available		OB	
		Work instruction for Operating ILR and Deep Freezers		OB	
<b>Area of Concern - H: Outcomes</b>					
Standard H1	<b>The facility measures its productivity, efficiency, clinical care &amp; service Quality indicators</b>				
ME H1.1	Facility measures Productivity Indicators on monthly basis	Percentage of drugs available against EDL		RR	
ME H1.2	Facility measures efficiency Indicators on monthly basis	No. of stock out drugs		RR	
		Percentage of drugs expired during month		RR	
ME H1.3	Facility measures Clinical Care & Safety Indicators on monthly basis	Antibiotic prescription rate		RR	
Standard H2	<b>Facility endeavors to improve its performance to meet bench marks</b>				
ME H2.2	The facility strives to improve indicators from its current performance	Trends analysis of Indicators is done at Periodic Intervals		RR	



# CHECKLIST FOR LABORATORY



## **Summary of LABORATORY CHECKLIST**

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**A**ccurate and timely availability investigation results provided by Laboratory plays critical role in clinical care and as well in strengthening of implementation of National Health Programmes

This checklist is designed to assess quality of services and tests conducted at clinical laboratory in a U-PHC. The scope of checklists includes-tests for maternal Health, essential tests for ANC, Routine Haematology, Blood grouping & Rh Typing, Serology, Rapid tests, Microscopy test, tests for diagnosis of diseases under various national Health Programs, Water Quality Tests, etc. This also includes tests like Hb, Bleeding time, Clotting time, Peripheral Smear for MP, Urine for albumin & sugar, RDK for malaria, Urine for pregnancy test, Screening for HIV and VDRL / RPR, Sputum testing for TB (if U-PHC is a designated centre under RNTCP), Blood sugar. Points of care tests for pregnancy, Hb, Urine etc. are also part of the check-points for the Outreach services.

## CHECKLIST FOR LABORATORY

**Checklist - 10**

<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
<b>Area of Concern - A Service Provision</b>					
Standard A1	<b>Facility provides Promotive, preventive and curative services</b>				
ME A1.4	Services are available for the time period as mandated	All lab services are available during OPD hrs		RR/SI	
Standard A2	<b>The facility provides RMNCHA Services</b>				
ME A2.2	The facility provides Maternal health Services	Availability of Laboratory test for RTI/STI		RR/SI	VDRL /RPR
		Availability of Essential tests for ANC		RR/SI	Pregnancy Test, Haemoglobin, Blood Group, HIV Testing, Blood Sugar, HBsAG, Urine for Sugar & Protein, VDRL
Standard A3	<b>The Facility provides Diagnostic Services, Para-clinical &amp; support services</b>				
ME A3.2	The facility provides diagnostic services	Availability of clinical Pathology		RR/SI	Routine Urine, Blood Sugar
		Availability of Routine Hematology Tests		RR/SI	Haemoglobin, Platelets Counts, RBC, WBC, Bleeding time, Clotting Time & Hepatitis B/ Australian antigen
		Blood Grouping & RH Typing		RR/SI	
		Availability of Serology Tests (Rapid)		RR/SI	Rapid diagnostic kit for PF Malaria, HIV/AIDS RPR/VDRL for Syphilis
		Availability of Microscopy Tests		RR/SI	Blood Smear for Malaria Wet Mount and Gram Staining for RTI/STI. AFB (Sputum) for TB
Standard A4	<b>The facility provide services as mandated in National Health Programmes, state scheme and local requirement</b>				
ME A4.1	The facility provides services under National Vector Borne Disease Control Programme as per guidelines	Tests for Diagnosis of malaria		RR/SI	Blood Smear
ME A4.2	The facility provides services under Revised National TB Control Programme as per guidelines	Availability /Linkage of Designated Microscopy Center (AFB)		RR/SI	



<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
ME A4.4	The facility provides services under National AIDS Control Programme as per guidelines	Test for Diagnosis of HIV/AIDS		RR/SI	Through Rapid blood Test
ME A4.8	The facility provides services under National Programme for Prevention and control of Cancer, Diabetes, Cardiovascular diseases & Stroke (NPCDCS) as per guidelines	Availability of test for diabetes		RR/SI	Blood /Urine sugar through disposable kits
ME A4.9	The facility Provides services under Integrated Disease Surveillance Programme as per Guidelines	Availability of Water Quality Tests		RR/SI	Rapid test kit for fecal contamination of water Estimation of chlorine level of water using ortho-toluidine reagent
Standard A5	<b>The facility provides services as per local needs/State specific health Programmes as per guidelines</b>				
ME A5.2	Facility provides services as per local needs/ state specific health Programmes as per guidelines	Laboratory provides specific test for local health problems/ diseases e.g. Dengue, swine flu etc.		RR/SI	
<b>Area of Concern B - Patients' Rights</b>					
Standard B1	<b>The service provided at facility are accessible</b>				
ME B1.2	The facility displays the services and entitlements available	List of available services in laboratory is displayed with user charges & free entitlement		OB	
		Timing for collection of sample and delivery of reports are displayed		OB	Within 24 hrs. Check the provision of RDT if Pf predominant area result is not available within 24 hrs
ME B1.7	Information about the treatment is shared with patients or attendants and consent is taken wherever required	Pretest counselling is given before HIV testing		SI/PI	
		Consent is taken for HIV testing		SI/RR	
Standard B2	<b>The service provided at facility are acceptable</b>				
ME B2.3	Confidentiality of patients' records and clinical information is maintained	Laboratory has system to ensure the confidentiality of the reports generated		SI/OB	Lab registers & Copy of report are kept at secured place



<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
Standard B3	<b>The service provided at facility are affordable</b>				
ME B3.1	The facility provides cashless services to all patients including pregnant women, mothers and sick children as per prevalent government schemes	Availability of free diagnostic tests for mother & infant		PI/SI	
ME B3.2	The facility provide free of cost treatment to Below poverty line patients without administrative hassles	Diagnostic tests are free for BPL patients		PI/SI	
ME B3.4	Facility ensure investigation prescribed are available at the Laboratory	Check patient party have not spent on diagnostics from outside		PI/SI	
<b>Area of Concern - C Inputs</b>					
Standard C1	<b>The facility has adequate &amp; Safe infrastructure for delivery of assured services and meets the prevalent norms</b>				
ME C1.1	Departments have adequate space as per patient load	Laboratory space is adequate for carrying out activities		OB/SI	Adequate area for sample collection, waiting, performing test, keeping equipment and storage of drugs and records
ME C1.3	Departments have layout and demarcated areas as per functions	Demarcated sample collection area		OB/SI	
		Demarcated testing area		OB/SI	
		Demarcated washing and waste disposal area		OB/SI	
		Unidirectional flow of services		OB/SI	
ME C1.5	The facility ensures safety of electrical installations	Laboratory does not have temporary connections and loosely hanging wires		OB	
		Adequate electrical socket provided for safe and smooth operation of lab equipment's		OB	Check adequate no. of 5 Amp & 15 amp sockets are provided. No extension cord is used



<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
ME C1.6	Physical condition of buildings are safe for providing patient care	Work benches are chemical resistant		OB	
ME C1.7	The facility ensures fire safety measures including firefighting equipment	Laboratory has functional fire extinguisher		OB	Check for Date of expiry & competency of staff to operate
Standard C2	<b>The facility has adequate qualified and trained staff, required for providing the assured services to the current case load</b>				
ME C2.1	The facility has adequate medical officers as per service provision and work load	Availability of one lab technician		OB/SI	
ME C2.4	The Staff has been imparted necessary trainings/skill set to enable them to meet their roles & responsibilities	Training on Diagnostic Equipment		RR	
		Training on use of rapid kits		RR	Including NACP
		Training of Lab technician on LT module & EQA module		RR	
		Induction training of LT under NVBDCP		RR	
		Training for Internal & External Quality Assurance in lab		RR	
Standard C3	<b>The facility provides drugs and consumables required for assured services</b>				
ME C3.2	The Facility has availability of adequate consumables at point of use	Availability of Stains		SI/RR/OB	Gram's iodine, Crystal Violet stain, Safranin stain, JSB stains
		Availability of reagents		SI/RR/OB	Cyan meth - Haemoglobin/ HCl for HB estimation, ABO & Rh antibodies
		Availability of Processing chemicals		SI/RR/OB	Acetone-Ethanol, Immersion oil, Buffer water, decolorizing Solution



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Availability of Rapid diagnostic Kits		SI/RR/OB	Uris tix for urine albumin and sugar analysis, PH strip, RPR test kits for syphilis, Whole Blood Finger Prick HIV Rapid Test Kit
		Availability of glassware		SI/RR/OB	Smear Glass micro slide Lancet/ pricking needle Reflux Condenser Pipette Test tubes Glass rods Glass slides Cover slips, Western green, capillary tube
		Consumables for water testing		SI/RR/OB	H2S Strip test kits/ H2S media for fecal contaminant of drinking water, Test kits for estimation of residual chlorine in drinking water using orthotoludine reagent/ chloroscope
Standard C4	<b>The facility has equipment &amp; instruments required for assured list of services</b>				
ME C4.3	Availability of equipment & instruments for diagnostic procedures being undertaken in the facility	Instruments for Hematology		SI/OB	Hemoglobin meter, Differential blood cell counter /Naubers's chamber, Sahli's Haemoglobinometer, Centrifuge
		Instruments for Bio chemistry		SI/OB	Colorimeter
		Instrument for Microscopy		SI/OB	Simple/Compound Microscope for Malaria & Bi-nocular Microscope for RNTCP, Tally counter, PH balance, Electronic balance
		Availability of Glucometer		SI/OB	
ME C4.4	Availability of equipment for storage	Availability of equipment for storage of sample and reagents		SI/OB	Refrigerator
<b>Area of Concern - D Support Services</b>					
Standard D1	<b>The facility has established facility management programme for maintenance &amp; upkeep of equipment &amp; infrastructure to provide safe &amp; secure environment to staff &amp; users</b>				
ME D1.1	The facility has system for maintenance of critical Equipment	There is system of timely corrective break down maintenance of the equipment's		SI/RR	Ask for the procedure of repair, Check if some equipment is lying idle since long time due to maintenance



<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
ME D1.2	The facility ensures comfortable environment for patients and service providers	Adequate ventilation in Laboratory		OB	
ME D1.3	Patient care areas are clean and hygienic	Floors, walls, roof, sinks in patient care area are Clean		OB	All area are clean with no dirt,grease,littering and cobwebs
		Surface of furniture i.e. work benches are clean		OB	
ME D1.4	Facility infrastructure is adequately maintained	Fixtures and Furniture i.e. Work Benches are intact and maintained		OB	
ME D1.5	Facility has policy of removal of condemned junk material	No condemned/Junk material in the Laboratory		OB	
ME D1.7	The facility provides adequate illumination level at patient care areas	Adequate illumination at work station		OB	
		Adequate illumination at Collection area		OB/SI	
Standard D2	<b>Facility has defined procedure for storage, Inventory Management &amp; dispensing of drugs in pharmacy</b>				
ME D2.1	The facility has established procedures for estimation, indenting and procurement of drugs and consumables	There is established system of timely indenting of consumables and reagents		RR	
ME D2.2	The facility ensures proper storage of drugs and consumables	Reagents are labeled appropriately		RR/OB	Reagents label contain name, concentration, date of preparation/opening, date of expiry, storage conditions and warning
ME D2.3	The facility ensures management of expiry and near expiry drugs	No expired reagent found		OB	
		Records for expiry and near expiry reagent are maintained		RR	
ME D2.4	The facility has established procedure for inventory management techniques	Expenditure & stock register of consumables are available at laboratory		RR	



<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
Standard D5	<b>Facility has procedure for collecting &amp; Reporting of the health facility related information</b>				
ME D5.9	The facility provides monitoring and reporting service for Integrated Disease Surveillance Programme, as per guidelines	Check form L is filled for information required		RR	Form for Laboratory surveillance reporting Form L contain information for Name of Lab, state, district, block, Name & signature of officer incharge along with information about no, of samples tested and no. of sample found positive. Format also include line listing of positive cases except malaria cases along with age & sex breakage
		Reporting format (Form L) are sent to District Surveillance Unit (DSU) as per guidelines		RR	Form L will be filled in duplicate (Blue & Yellow), PHC retain blue copy while Yellow will be sent to DSU
		Check form W is filled for information required as per format		RR	Form for Water Quality monitoring Form W contain information on source of water sample, no. of sample tested from that source and their results
		Reporting format (Form W) are sent to District surveillance unit (DSU) as per guidelines		RR	Form W is filled in duplicate (in colour Yellow & Blue) and blue is retained by facility while yellow is sent to DSU

#### **Area of Concern - E Clinical Services**

Standard E2	<b>Facility has defined procedure for primary management and continuity of care with appropriate maintenance of records</b>				
ME E2.2	The facility provides appropriate referral linkages for transfer to other/higher facilities to assure the continuity of care	Laboratory has referral linkage for tests not available at the facility		RR/SI	
ME E2.8	The facility ensures that standardized forms and formats are used for all purposes including registers	Standard Formats available		RR	Printed formats for requisition and reporting are available



<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
		Lab records are labeled and indexed		RR	
		Records are maintained at laboratory		RR	Test registers, IQAS/ EQAS Registers, Expenditure registers, Accession list etc.
ME E2.9	The facility ensures safe and adequate storage and retrieval of medical records	Laboratory has adequate facility for storage of records		OB/SI	
Standard E4	<b>Facility has defined &amp; establish procedure for Diagnostic Services</b>				
ME E4.1	There are established procedures for pre-testing Activities	Requisition of all laboratory test is done in request form		RR/OB	Request form contain information: Name and identification number of patient, name of authorized requester, type of primary sample, examination requested, date and time of primary sample collection and date and time of receipt of sample by laboratory
		Instructions for collection and handling of primary sample are communicated to those responsible for collection		RR/SI	Instructions are given to ASHA/ANM/MPW for collection of samples (Peripheral smear, sputum, water sample)
		Laboratory has system in place to label the primary sample		RR/SI	Check how slides/test tubes/vials are marked (Permanent Glass Marker is available)
		Laboratory has system to trace the primary sample from requisition form		RR/SI	
		Laboratory has system in place to monitor the transportation of the sample to higher centre		RR/SI	Transportation of sample includes: Time frame, temperature and carrier specified for transportation
ME E4.2	There are established procedures for testing Activities	Testing procedure are readily available at work station and staff is aware of it		OB	
		Laboratory has Biological reference interval for its examination of various results		RR/SI	



<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
		Laboratory has identified critical intervals for the test in consultation with Physician		RR/SI	Immediate notification for values is done to physician
ME E4.3	There are established procedures for Post-testing Activities	Laboratory has format for reporting of results		RR	
		Laboratory has system to provide the reports within defined time intervals		RR/SI	
		Laboratory has defined retention period and disposal of used sample		RR/SI	
		Laboratory has system to retain the copies of reported result and promptly retrieved when required		RR/SI	
ME E4.4	There are established procedures for laboratory diagnosis of Tuberculosis as per prevalent guidelines	Medical Practitioner fills standardized laboratory form for sputum examination		RR	
		Laboratory staff follow guideline for collecting sputum for smear microscopy		RR/SI/PI	Two sample will be collected: Early morning-Spot
		Laboratory staff/ health worker provide guidance to patient for sputum collection		RR/SI	Provide guidance about steps how to collect the sputum
		Laboratory staff is aware of methodology for smear preparation & staining slides		RR/SI	Ziel Neelsen /(1% Carbol fuchson, 25% Sulphuric Acid, 0.1% Methylene blue). If Laboratory is not designated DMC, give full compliance
		Staff is aware of how to examine and interpretation sputum smear		RR/SI	If Laboratory is not designated DMC, give full compliance
		Instruction for Ziel Neelsen Staining procedure &interpretation chart are displayed at working station		RR/SI	If Laboratory is not designated DMC, give full compliance



<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
ME E4.5	There are established procedures for laboratory diagnosis of Malaria as per prevalent guidelines	Staff is aware of method of preparation of blood films		SI/RR	Select 2 or 3 finger, site of puncture is site of ball of finger, hold the slide by its edges, the size of blood drop is controlled better if finger touches the slide, touch the drop of blood with clean slide, take 3 drops for thick smear, touch the another new drop of blood with edge of clean slide, spread the blood with corner of another slide to make circle, bring edge of slide carrying second drop of blood to surface of first slide, wait till blood spread whole edge, holding it an angle of 45° push it forward
		Staining & examination of blood films is done as per protocols		SI/RR	
		Staff is aware of methodology for estimation of parasite density		SI/RR	For thick smear staff is aware of parasite per microliter & pulse system

#### **Area of Concern - F Infection Control**

<b>Standard F1</b>	<b>Facility has defined &amp; implemented procedure for ensuring Hand hygiene practices &amp; asepsis</b>				
ME F1.1	Hand washing facilities are provided at point of use	Availability of hand washing Facility at Point of Use		OB	Check for availability of wash basin near the point of use
		Availability of running Water		OB	Ask to Open the tap. Ask Staff water supply is regular
		Availability of antiseptic soap with soap dish/ liquid antiseptic with dispenser.		OB	Check for availability/ Ask staff if the supply is adequate and uninterrupted
		Display of Hand washing Instruction at Point of Use		OB	Prominently displayed above the hand washing facility, preferably in Local language



<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
ME F1.2	Staff is trained and adhere to standard hand washing practices	Staff is adhere to standard hand washing practices		OB/SI	
		Staff aware of when to hand wash		OB/SI	
ME F1.3	Facility ensures standard practices for maintaining asepsis	Proper cleaning of procedure site with antisepsis		OB/SI	like before drawing blood, and collection of specimen
Standard F2	<b>Facility ensures availability of Personal Protective equipment &amp; follows standard precautions</b>				
ME F2.1	Facility ensures adequate personal protection equipment as per requirements	Disposable gloves are available at point of use		OB	
		Availability of lab aprons/coats		OB	
ME F2.2	Staff adheres to standard personal protection practices	No reuse of disposable gloves and Masks.		OB/SI	
		Check for no mouth pipetting is done in the laboratory		OB/SI	Check for availability of Micro pipette
Standard F3	<b>Facility has standard procedure for disinfection &amp; sterilization of equipment &amp; instrument</b>				
ME F3.1	The facility ensures standard practices and materials for decontamination and cleaning of instruments and procedures areas	Decontamination of operating & Procedure surfaces		SI	Ask staff about how they decontaminate work benches (Wiping with .5% Chlorine solution)
		Proper Decontamination of instruments after use		SI	Decontamination of instruments and reusable of glassware are done after procedure in 1% chlorine solution/ any other appropriate method
		Contact time for decontamination is adequate		SI	10 minutes
		Cleaning of instruments after decontamination		SI	Cleaning is done with detergent and running water after decontamination
		Staff is trained for Blood spill management		SI	
		Disinfection of reusable glassware		SI	Disinfection by hot air oven at 160°C for 1 hour
ME F3.2	The facility ensures standard practices and materials for disinfection and sterilization of instruments and equipment				



<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
Standard F4	<b>Facility has defined &amp; establish procedure for segregation, collection, treatment &amp; disposal of Bio medical &amp; hazardous waste</b>				
ME F4.1	The facility ensures segregation of Bio Medical Waste as per guidelines	Availability of colour coded bins at point of waste generation		OB	Bins are covered
		Availability of colour coded bags		OB	Check Yellow bag is non chlorinated
		Segregation of different category of waste as per guidelines		OB	
		Display of work instructions for segregation and handling of Biomedical waste		OB	Pictorial & in local language
		There is no mixing of infectious and general waste		OB	
		Availability of functional needle cutters		OB	
ME F4.2	The facility ensures management of sharps as per guidelines	Availability of puncture proof box		OB	See if it has been used or just lying idle
		Disinfection of sharp before disposal		OB	Should be available nears the point of generation
		Staff is aware of contact time for disinfection of sharps		SI	Disinfection of syringes is not done in open buckets
ME F4.3	The facility ensures transportation and disposal of waste as per guidelines	Disinfection of liquid waste before disposal		OB/SI	
		Disposal of sputum container with specimen & wooden stick as per guideline		OB/SI	Remove the lid from sputum cup, put sputum cup, left over specimen, wooden stick in foot operated plastic bucket/bin with 5% phenol/phenolic compound diluted to 5%
		Staff is aware of contact time for immersion of sputum cups in disinfectant solution		SI	12 hours
		Disposal of slides are done as per guideline		SI	Put slides in puncture proof container



<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
		Staff is aware of contact time for immersion of slides in disinfectant solution	SI		With use of 5% phenol/phenolic compound (40%) diluted to 5% contact time for slides are 30 min
<b>Area of Concern - G Quality Management</b>					
Standard G1	<b>Facility has established quality Assurance Program as per state/National guidelines</b>				
ME G1.5	The facility has established internal quality assurance programme	Internal Assessment of Laboratory is done at periodic Interval		RR/SI	
		There is a system for Internal quality assurance in the lab		RR/SI	
		Control charts are prepared and outliers are identified		RR/SI	
		There is a system for Internal quality assurance in the lab under RNTCP		RR/SI	
		There is a system for Internal quality assurance in the lab under NVBDCP		RR/SI	
		Corrective action is taken on the identified outliers		RR/SI	
ME G1.6	The facility has established external assurance Programmes	Cross Validation of Lab tests are done for Hematology and records are maintained		RR/SI	
		Cross Validation of Lab tests are done for biochemistry and records are maintained		RR/SI	
		Cross Validation of Lab tests under RNTCP and records are maintained		RR/SI	
		Cross Validation of Lab tests under NVBDCP and records are maintained		RR/SI	
		Corrective actions are taken on abnormal values		RR/SI	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard G3	<b>Facility has established, documented &amp; implemented standard operating procedure system for its all key processes</b>				
ME G3.1	Standard Operating procedures are prepared, distributed and implemented for all key processes	Updated SOP are available at point of use  SOP adequately cover all relevant processes of the department		SI/RR	For Malaria: QA malaria microscopy, preparation of blood smear, staining & examination of blood smear, reporting and documentation of data, cross checking of routine slides for EQA, Preparation of QA panel slide for EQAS. For TB: smear preparation, Z-N staining procedure, Sputum smear interpretation, Classification of tuberculosis cases
ME G3.3	Work instructions are displayed at Point of work	Work instructions / test algorithm for different test are displayed		OB	Blood grouping, Malaria, etc.
<b>Area of Concern - H: Outcomes</b>					
Standard H1	<b>The facility measures its productivity, efficiency, clinical care &amp; service Quality indicators</b>				
ME H1.1	Facility measures Productivity Indicators on monthly basis	No. of Test done per 1000 OPD		RR	
		No. of Hb done per ANC per Month		RR	
		No. of AFB examined per Month		RR	
		No. of blood smear examined per 1000 population for Malaria		RR	
		No. of HIV test done per 1000 OPD		RR	
ME H1.2	Facility measures efficiency Indicators on monthly basis	No. of stock out of reagents & Kits		RR	
ME H1.3	Facility measures Clinical Care & Safety Indicators on monthly basis	No. of Hb reported less than 7gm %		RR	
		No. of rapid diagnostic kits discarded because of unsatisfactory result		RR	
		Monthly blood examination rate		RR	



<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
ME H1.4	Facility measures Service Quality Indicators on monthly basis	Waiting time for sample collection		RR	
Standard H2	<b>Facility endeavors to improve its performance to meet bench marks</b>				
ME H2.2	The facility strives to improve indicators from its current performance	Trends analysis of Indicators is done at Periodic Intervals		RR	





# CHECKLIST FOR OUTREACH



## **Summary of OUTREACH CHECKLIST**

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**F**unctionality of a UPHC is not limited to its premises. Major preventive and promotive activities are carried-out in the community, 'at their door-steps'. These outreach activities are the corner stone of National Urban Health Mission and its effective & meaningful conduct would go a long way in achieving creditable outcome of the mission. Hence a separate checklist has been designed for assessment of quality of outreach activities.

The checkpoints in this checklist have been derived from the outreach activities of an UPHC as envisaged in 'NUHM-Framework of implementation'. It includes-functioning of Mahila Arogya Samitis, community awareness, interpersonal communication (IPC), community based monitoring, referral linkages, outreach sessions conducted by ANM in their respective area as well as special outreach sessions conducted for Slums and vulnerable populations, Functioning of ASHA in field, reporting for HMIS, MCTS, IDSP etc. Checkpoints related to mapping of vulnerable population, implementation of National Health Programs are also included in the checklist. Checkpoints related to Grievance redressal are also part of the checklist.

The checklist should be run when and outreach session is being conducted. Focussed group discussion involving members of community is of immense help in assessment of this checklist. Detailed interview of ANM and ASHA will have provided useful information for scoring.

## CHECKLIST FOR OUTREACH

**Checklist - 11**

<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
<b>Area of Concern - A Service Provision</b>					
Standard A1	<b>Facility provides Promotive, preventive and curative services</b>				
ME A1.1	The facility provides treatment of common ailments	Availability of routine & special outreach session		RR/SI	Check during session provision for Primary Management and referral of Common Cold, Fever, Diarrhea, injuries etc
ME A1.4	Services are available for the time period as mandated	Routine & special outreach sessions are conducted at defined intervals		RR/SI	At least one routine outreach session in area each month by & At least one special outreach session in each week in slum area /vulnerable population by designated ANM
Standard A2	<b>The facility provides RMNCHA Services</b>				
ME A2.1	The facility provides Reproductive health Services	Counseling for family planning during outreach session / Home Visit		RR/SI	By ASHA & ANM
		Distribution of OCP & Condoms		RR/SI	
ME A2.2	The facility provides Maternal Health Services	Antenatal care services		RR/SI	Registration, Antenatal Checkup, Identification of danger sign during the outreach sessions
		Counseling & Behavior Promotions		RR/SI	For breast feeding, family planning, Personal hygiene etc.
ME A2.3	The facility provides New-born health Services	Immunization sessions		RR/SI	
		Postnatal Visit and counseling for Newborn Care		RR/SI	
		Community based newborn screening by ASHA during home visit		RR/SI	
ME A2.4	The facility provides Child health Services	Distribution of ORS, Zinc and Pediatrics Ciplox		RR/SI	
		Anganwadi center based screening of Children from 6 weeks to 6 years		RR/SI	Check MCP card is filled for Growth monitoring of child



<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
ME A2.5	The facility provides Adolescent health Services	Organization of Adolescent Health Day		RR/SI	At least once in a quarter
Standard A3	<b>The Facility provides Diagnostic Services, Para-clinical &amp; support services</b>				
ME A3.2	The facility provides diagnostic services	Availability of Point of Care Diagnostic Services		RR/SI	Pregnancy test, Hemoglobin, Urine Albumin, Malaria Slides, glucose strips & Blood Pressure
Standard A4	<b>The facility provide services as mandated in National Health Programmes, state scheme and local requirement</b>				
ME A4.1	The facility provides services under National Vector Borne Disease Control Programme as per guidelines	Counseling for practices of Vector Control and Protection		RR/SI	
		Preparation of PS for Malaria and testing Rapid Diagnostic Kits		RR/SI	
ME A4.2	The facility provides services under Revised National TB Control Programme as per guidelines	Outreach services for screening, referral of Symptomatic cases		RR/SI	
		Follow up of confirmed cases for ensuring adherence to DOT		RR/SI	
ME A4.3	The facility provides services under National Leprosy Eradication Programme as per guidelines	Referral and follow up services for leprosy cases		RR/SI	
ME A4.4	The facility provides services under National AIDS Control Programme as per guidelines	Referral and guidance for HIV testing and availing ART		RR/SI	
		Follow up of confirmed cases for adherence to ART		RR/SI	
		Condom promotion and distribution of condoms in high risk group		RR/SI	
ME A4.5	The facility provides services under National Programme for prevention and control of Blindness as per guidelines	Detection of cases of impaired vision and referral		RR/SI	



<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
ME A4.6	The facility provides services under Mental Health Programme as per guidelines	Identification and referral of common mental illness		RR/SI	
ME A4.7	The facility provides services under National Programme for the health care of the elderly as per guidelines	Counseling of elderly persons and their family members for healthy ageing		RR/SI	
ME A4.8	The facility provides services under National Programme for Prevention and control of Cancer, Diabetes, Cardiovascular diseases & Stroke (NPCDCS) as per guidelines	Screening, referral, follow up of under treatment patients for Non communicable diseases		RR/SI	
		Screening, referral & follow up of diabetic cases			
		BP measurement, screening, referral and follow up of hypertensive & cardiac patients		RR/SI	
ME A4.9	The facility Provides services under Integrated Disease Surveillance Programme as per Guidelines	Surveillance about abnormal increase in case of diarrhea, fever etc.		RR/SI	
		Immediate reporting of new cluster/ outbreak based on syndromic surveillance		RR/SI	
ME A4.10	The facility provide services under National health Programme for deafness	Detection and referral of cases of hearing impairment		RR/SI	
ME A4.11	The facility provides services under Universal Immunization Programme (UIP) as per guidelines	Immunization services at Outreach sessions as per National Schedule		RR/SI	
ME A4.12	The facility provides services under National Iodine deficiency Programme as per guidelines	Testing of salt for presence of Iodine through salt testing kits		RR/SI	



<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
ME A4.13	The facility provides services under National Tobacco Control Programme as per guidelines	Motivation for quitting and referral to tobacco cassation centre		RR/SI	
ME A4.14	The facility provides services under National Oral Health Care Program	Health education on oral health and Hygiene		RR/SI	
Standard A5	<b>The facility provides services as per local needs/State specific health programmes as per guidelines</b>				
ME A5.1	The facility maps its vulnerable population enabling micro-planning for outreach services	Mapping of vulnerable section has been carried out in all areas served by UPHC		RR/SI	Mapping includes rag pickers, destitute, beggars, street children, construction workers, coolies, rickshaw pullers, sex workers, street vendors and other such migratory population
		Facility keep records of Vulnerable population in their area		RR/SI	Check for if facility has a list of vulnerable population and whether information is available with ANM and ASHA if their respective area
		Facility prepares micro plan for covering the vulnerable population		RR/SI	Check if micro plans has been made in consultation with respective ANM and ASHA to reach out vulnerable and migratory population
		Facility monitors the adherence to the micro plan		RR/SI	Check if there is system of periodic review by UPHC for ensuring that outreach sessions has been carried out according to micro plan
		Facility updates the list of vulnerable population on regular interval		RR/SI	Check if there is system of updating the pockets of Migratory population at periodic interval. At least once in a quarter
ME A5.2	Facility provides services as per local needs/ state specific health Programmes as per guidelines	Specific outreach services are provided according to the local health problems		RR/SI	
		Outreach services are provided for state specific health programs		RR/SI	



<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
<b>Area of Concern B - Patients' Rights</b>					
Standard B1	<b>The service provided at facility are accessible</b>				
ME B1.2	The facility displays the services and entitlements available	Services provided at outreach sessions are displayed at relevant areas of served population by UPHC		RR/SI	
ME B1.4	Patients & visitors are sensitized and educated through appropriate IEC / BCC approaches	IEC material is displayed / distributed during the outreach session		RR/SI	Check if there is provision of Posters, Pamphlets etc. to be used during outreach sessions. Check innovative method like Use of Audio- Visual medium, Street Plays, group activities during the outreach sessions
ME B1.5	Information is available in bi-lingual signage and easy to understand	All IEC material is available in local language		RR/SI	
ME B1.6	The facility has defined and established grievance redressal system in place	There is system of receiving grievances if services are not being provided during outreach sessions		RR/SI	Ask beneficiary are aware of compliant redressal mechanism/ any dedicated help line no. for complaint handling
ME B1.8	Access to facility is provided without any physical barrier	Check location of outreach session & also ensure its accessibility to target population		RR/SI/OB	Outreach sessions are organized in proximity to the population targeted
Standard B2	<b>The service provided at facility are acceptable</b>				
ME B2.1	Services are provided in manner that are sensitive to gender	Availability of a female attendant if male doctor/Health worker examining the female beneficiary		RR/SI	
ME B2.2	Adequate visual privacy is provided at every point of care	Examination and counseling area is provided with curtains		RR/SI	
ME B2.4	The facility ensures the behaviors of staff is dignified and respectful, while delivering the services	Check the staff behavior is dignified and courteous to the patients		PI/SI	



<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
Standard B3	<b>The service provided at facility are affordable</b>				
ME B3.1	The facility provides cashless services to all patients including pregnant women, mothers and sick children as per prevalent government schemes	All outreach services are provided free of cost to Pregnant Women, Mothers and Children's up to five year		RR/SI	
<b>Area of Concern - C Inputs</b>					
Standard C2	<b>The facility has adequate qualified and trained staff, required for providing the assured services to the current case load</b>				
ME C2.2	The facility has adequate nursing staff/Paramedics as per service provision and work load	Availability of ANMs as per population		RR/SI	Availability of one ANM per 10000-12000 population
ME C2.3	The facility has adequate support staff / Health Workers as per service provision and workload	Availability of Community worker/ ASHA/Link worker as population		RR/SI	one worker for 1000-2500 slum/vulnerable population
ME C2.4	The Staff has been imparted necessary trainings/skill set to enable them to meet their roles & responsibilities	Induction training of ANM for Outreach services		RR/SI	A training of 3 to 6 weeks for providing outreach services in urban areas
		Training of ASHA and ANMs on counseling		RR/SI	Training on counseling for RTI, PPTCT, ANC, nutrition and spacing between births
		Training of ASHA on community mobilization and various aspects public health		RR/SI	4 week of induction training followed by 15 days of refresher training
ME C2.5	The Staff is skilled and competent as per job description	ANM is skilled of ANC Checkup & counselling		RR/SI	
		ANM is skilled preparing micro plan for immunization		RR/SI	
		ANM is skilled for diagnostic services		RR/SI	Using rapid diagnostic Kits, Hemoglobin, strip Method for Urine albumin
		ASHA is skilled for home based new born care & counselling		RR/SI	
		ASHA skilled for preparing Malaria Slides		RR/SI	



<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
Standard C3	<b>The facility provides drugs and consumables required for assured services</b>				
ME C3.1	The facility has availability of adequate drugs at point of use	Availability of Drugs for Outreach Sessions		RR/SI	IFA, OCP, Cotimoxazole,
		Availability of vaccines for immunization		RR/SI	As per Immunization schedule
		Availability of Antipyretic in ASHA Kits		RR/SI	Tab. Paracetamol, Tab. Dicyclomine
		Availability of Contraceptives in ASHA Kits		RR/SI	Condoms and Oral Contraceptive Pills, Emergency Contraceptive Pills
		Availability of Topical (locally Applied) drugs		RR/SI	Tetracycline ointment, Providing ointment Tube, G.V. Paint, Sprit
		Availability of Antibiotics in ASHA Kits		RR/SI	Cotrimoxazole syrup, Pediatric Cotrimoxazole tablets
		Availability of Nutritional Supplements		RR/SI	Zinc tablets, Tab. Iron Folic acid, ORS Packets
ME C3.2	The Facility has availability of adequate consumables at point of use	Availability of Diagnostic Kits in ASHA Kits		RR/SI	Nischay kit, rapid diagnostic kit, Slides for Malaria & Lancets
		Availability of Dressing Material		RR/SI	Sterilized Cotton Bandages,
		Availability of Sanitary Napkins		RR/SI	
Standard C4	<b>The facility has equipment &amp; instruments required for assured list of services</b>				
ME C4.1	Availability of equipment & instruments for examination & monitoring of patients	Availability of functional Measuring equipment's		RR/SI	BP Apparatus, thermometer, Weighing scale, measuring tape, Stethoscope
<b>Area of Concern - D Support Services</b>					
Standard D2	<b>Facility has defined procedure for storage, Inventory Management &amp; dispensing of drugs in pharmacy</b>				
ME D2.4	The facility has established procedure for inventory management techniques	There is a system of periodic replenishment of drugs and consumable sin ASHA Kits		RR/SI	Condoms, NISCHAY Kit, Sanitary pads & drugs etc.



<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
ME D2.5	There is process for storage of vaccines and other drugs, requiring controlled temperature & storage environment	Drugs are kept dry and cool place away from sun light		RR/SI	
Standard D3	<b>Facility has defined &amp; established procedure for Community Participation for providing assured services</b>				
ME D3.3	The facility has established procedure for supporting and monitoring activities of community health work -ASHA	UPHC monitors the activities assigned to ASHAs		RR/SI	Check for the records that ASHAs attends Monthly Review meetings
		Incentives and TA/DA to ASHAs are paid on time		RR/SI	Check for there is no backlog
		UPHC supports in skill development of ASHAs		RR/SI	Check for timely trainings have been provided to ASHAs, MO orient ASHA at monthly review meeting
		There is system of taking feedback from ASHAs to improve the services		RR/SI	
ME D3.4	The facility has established procedure for supporting and monitoring activities of Mahila Arogya Samiti	Mahila Arogya Samiti has been formed in all the slums served by UPHC		RR/SI	
		Accounts have been opened for MAS		RR/SI	
		MAS meets every month		RR/SI	
		Data base regarding functional MAS is available at UPHC		RR/SI	
Standard D5	<b>Facility has procedure for collecting &amp; Reporting of the health facility related information</b>				
ME D5.9	The facility provide monitoring and reporting service for Integrated Disease Surveillance Programme, as per guidelines	Reporting on Form S under IDSP		RR/SI	
ME D5.11	The facility provides monitoring and reporting services under Universal Immunization Programme, as per guidelines	Reporting under Universal immunization program by ANM		RR/SI	



<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
ME D5.14	Facility Reports data for Mother and Child Tracking System as per Guidelines	Reporting for MCTS		RR/SI	
ME D5.15	Facility Reports data for HMIS System as per Guidelines	Reporting for HMIS		RR/SI	
<b>Area of Concern - E Clinical Services</b>					
Standard E2	<b>Facility has defined procedure for primary management and continuity of care with appropriate maintenance of records</b>				
ME E2.2	The facility provides appropriate referral linkages for transfer to other/higher facilities to assure the continuity of care	ANM/ASHA has defined format for referring patients of UPHC		RR/SI	
		ASHA/ANM is aware of where to refer the patient based on presenting condition of patients		RR/SI	
		Records of referred patients are maintained by ASHA/ANM		RR/SI	
		Wherever required ASHA provides escort services to patients during referral		RR/SI	Referral for Institutional Delivery escorted by ASHA
ME E2.3	Facility ensures follow up of patients	Follow up of referred patients by ASHA & ANM		RR/SI	
		ANM & ASHA prepare micro plan for home visits for follow up of discharged patients		RR/SI	
ME E2.9	The facility ensures safe and adequate storage and retrieval of medical records	ANM has been provided provision of safe keeping of records at UPHC		RR/SI	
Standard E3	<b>Facility has defined &amp; implemented procedures for Drug administration and standard treatment guideline as mandated by Government</b>				
ME E3.3	Patient is counseled for self-drug medication	ANM/ASHA explain patients about dosage and time of consumption		RR/SI	
ME E3.5	There is procedure of rational use of drugs	There is system of mentoring of that drugs are not irrationally prescribed by ASHA/ANM		RR/SI	



<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
ME E3.6	Drugs are prescribed according to Standard Treatment Guidelines	Treatment guidelines for use of drug provided are provided to ASHA & ANM		RR/SI	
Standard E4	<b>Facility has defined &amp; establish procedure for Diagnostic Services</b>				
ME E4.2	There are established procedures for testing Activities	Use of Rapid Diagnostic Kits as per protocols		RR/SI	
		HB testing is done as per protocols		RR/SI	
ME E4.5	There are established procedures for laboratory diagnosis of Malaria as per prevalent guidelines	Preparation of Malarial Slides as per protocols		RR/SI	
Standard E5	<b>The facility has establish procedure for Maternal health care as per guideline</b>				
ME E5.1	There is an established procedure for Registration and follow up of pregnant women	Early registration of Pregnant women is ensured by the ANM		RR/SI	Check ANC records for ensuring that majority of ANC registration is taking place within 12th week of Pregnancy in ANC register
		Mother and Child Protection Card is provided and updated		RR/SI	Check Mother & Child Protection cards have been provided for each pregnant women at time for registration/ First ANC
		Records are maintained for ANC registered pregnant women		RR/SI	Records of each ANC check-up is maintained in ANC register by the ANM of respective area
		Clinical information of ANC is kept with ANC clinic		RR/SI	Check, if there is a system of keeping copy of ANC information like LMP, EDD, Lab Investigation Findings, Examination findings etc. with them
		Staff has knowledge of calculating expected pregnancies in the area		RR/SI	Check with ANM the expected pregnancies in her area / How to calculate it. (Birth Rate X Population/1000) Add 10% as correction factor (Still Birth)



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Quality Standards for Urban Primary Health Centre October 2015

<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
		Tracking of Missed and left out ANC		RR/SI	Check with ANM how she tracks missed out ANC. Use of MCTS by generating work plan and follow-up with ASHA, AWW etc. Check, if there is practice of recording Mobile no. of clients/ next to kin for follow up
		ASHA ensured At least one ANC visit is attended by Medical Officer		RR/SI	Preferably 3rd Visit (28-34 Weeks)
ME E5.2	There is an established procedure for History taking, Physical examination, and counseling of each antenatal woman, visiting the facility	Comprehensive Obstetric History is recorded		RR/SI	History of Previous pregnancies including complications and procedures done, if any, is taken
		Physical Examination of Pregnant Women is done on every ANC visit		RR/SI	Pulse, Respiratory Rate, Pallor, Oedema
		Blood Pressure and weight is measured on every ANC visit		RR/SI	Check any 3 ANC records/ MCP Card randomly to see that weight has been measured and recorded at every ANC visit
ME E5.3	The facility ensures of drugs & diagnostics are prescribed as per protocol	Hemoglobin and Urine test is done on every ANC visit		RR/SI	Check randomly any 3 MCP card/ ANC record for Hemoglobin test is done at every ANC visit and values are recorded
ME E5.4	There is an established procedure for identification of High risk pregnancy and appropriate & Timely referral.	Staff can recognize the cases, which would need referral to Higher Centre(FRU)		RR/SI	Anemia, Bad obstetric history, CPD, PIH, APH, Medical Disorder complicating pregnancy, Mal-presentation, fetal distress, PROM, obstructed labor, rapture uterus, & Rh negative
		Staff is competent to identify Hypertension / Pregnancy Induced Hypertension		RR/SI	Hypertension & Pre-eclampsia (Hypertension - Two consecutive reading taken four hours apart shows Systolic BP >140 mmHg and/or Diastolic BP > 90 mmHg



<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
		Staff is competent to identify Pre-eclampsia		RR/SI	Pre - Eclampsia- High BP with Urine Albumin (+2) Imminent eclampsia -BP >140/90 with positive albumin 2++, severe headache, Blurring of vision, epigastria pain & oliguria in Urine
ME E5.5	There is an established procedure for identification and management of anaemia	Staff is competent to classify anaemia according to Haemoglobin Level		RR/SI	>11 gm% -Absence of Anaemia, 10 to 11 gm% mild, 7-10 gm% Moderate Anaemia <7 gm% Severe Anaemia
		Staff is aware of prophylactic & Therapeutic dose of IFA		RR/SI	Prophylactic - one IFA tablet per day for at least 100 days starting from first trimester Therapeutic - 2 IFA tablet per day for three months
		Line listing of pregnant women with moderate and severe anemia		RR/SI	Check the records
ME E5.6	Counseling of pregnant women is done as per standard protocol and gestational age	Counseling is provided during the ANC check-up as per protocol		RR/SI	Counseling regarding birth preparedness, identification of danger signs, nutrition, breast feeding and family planning
ME E5.7	There is a established procedures for Postnatal visits & counseling of Mother and Child	Postpartum home visits are ensured by ASHA / ANM		RR/SI	Check the records ANM/ASHA visits home on 3rd, 7th and 42nd day after delivery
		History Taking and Examination is done during the postnatal visits		RR/SI	
		Counseling is done during the home visits		PI/SI	Ask ANM/ ASHA regarding components of counselling Pregnant women is counselled for Postpartum care, Hygiene, Nutrition, Contraception, Breastfeeding, Registration of Birth and Identification of danger signs



<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
Standard E6	<b>Facility has established procedure for care of New born &amp; Child as per guideline</b>				
ME E 6.1	Post-natal visit & counseling for New born care is provided as per guideline	ASHA/ ANM maintains the list of New-born in their area		RR/SI	Check the records
		6 Home visits are provided by ASHA		RR/SI	On 3rd, 7th, 14th, 21st, 28th and 42nd Day. Check records for identified new-born visits have been timely made by ASHA
		Home visit form is filled by ASHA		RR/SI	Check Home visit form for examination of Mother and New Born has been updated by ASHA during the visit
ME E 6.2	Triage, Assessment & Management of new-born having emergency signs are done as per guidelines	ASHA is skilled for Identifying danger signs and referral for Newborn		RR/SI	Weight <1.8 kg Temperature > 99 degree Yellowness in eyes/Skin persistent for more than 14 day after month
		ASHA is skilled for home based management of Hypothermia		RR/SI	If temperature is <97F, advise the mother to keep the baby warm through increasing room temperature and providing skin to skin contact
ME E 6.5	Management of children presenting diarrhoea is done per guidelines	ORS therapy is provided as per guidelines during Outreach Sessions		RR/SI	
ME E 6.6	Screening & Referral of children as per guidelines of Rashtriya Bal Swasth Karyakram	Identification for birth defects during home visits by ASHA		RR/SI	Check ASHA is skilled for recognizing birth defects and referral
Standard E7	<b>Facility has establish procedure for Family Planning as per Govt guideline</b>				
ME E7.2	Facility provides spacing method of family planning as per guideline	Staff is aware of eligibility, Limitation and Benefits of Lactation Amenorrhea Method (LAM)		RR/SI	
		Staff is aware of eligibility, Limitation, Method and Benefits of OCP		RR/SI	



<b>Reference No.</b>	<b>Measurable Element</b>	<b>Checkpoint</b>	<b>Compliance</b>	<b>Assessment Method</b>	<b>Means of Verification</b>
Standard E8	<b>Facility provides Adolescent reproductive &amp; sexual health services as per guideline</b>				
ME E8.1	Facility provides Promotive ARSH Services	Counselling and group sessions during adolescent health days		RR/SI	Check for IEC activities
ME E8.2	Facility provides Preventive ARSH Services	Distribution of Sanitary Napkin and counseling of Menstrual Hygiene		RR/SI	
ME E8.4	Facility Provides Referral Services for ARSH	Referral linkages to adolescent friendly health clinic		RR/SI	
Standard E9	<b>Facility provides National Health Programmes as per operational/clinical guidelines of the Government</b>				
ME E9.1	Facility provides service under National Vector Borne Disease Control Program as per guidelines	Distribution of Chloroquine in endemic area		RR/SI	
ME E9.2	Facility provides services under Revised National TB Control Program as per guidelines	ASHA/ ANM are aware for monitoring of TB Patients and adherence to DOT treatment		RR/SI	
		What action taken by DOT provider (ASHA/ ANM) if they fail to retrieve such patient		RR/SI	Reported to next level supervisor (PHW/MO-PHI/STS/ MO-TB)
		What action is taken if patient misses DOT on 2 occasion in Intensive phase		RR/SI	Arrange visit of MO-PHI to patient home for counselling of the patient
		Side effects of anti TB treatment is identified by DOT provider and reported to MO		RR/SI	
ME E9.9	Facility provide service for Integrated disease surveillance program	Staff skilled to fill form S		RR/SI	
ME E9.11	The facility provides services under Universal Immunization Programme as per guidelines	ASHA prepares due list of immunization for her respective area		RR/SI	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		ANM/ASHA is aware of how to calculate the no. of Beneficiaries (pregnant women & Infants for every vaccination)		RR/SI	
		Micro plan for respective area of ANM has been adequately prepared		RR/SI	
		Tracking of missed out children done by ANM /ASHA		RR/SI	
<b>Area of Concern - F Infection Control</b>					
Standard F1	<b>Facility has defined &amp; implemented procedure for ensuring Hand hygiene practices &amp; asepsis</b>				
ME F1.2	Staff is trained and adhere to standard hand washing practices	Availability of Hand Sanitizer for outreach session and home visits		RR/SI	
ME F1.3	Facility ensures standard practices for maintaining asepsis	Check ASHA is aware of 6 steps of hand wash		RR/SI	
		Check ASHA is aware of when to hand wash		RR/SI	
Standard F2	<b>Facility ensures availability of Personal Protective equipment &amp; follows standard precautions</b>				
ME F2.1	Facility ensures adequate personal protection equipment as per requirements	Availability of personal protective equipment for outreach sessions		RR/SI	Gloves & Mask
Standard F4	<b>Facility has defined &amp; establish procedure for segregation, collection, treatment &amp; disposal of Bio medical &amp; hazardous waste</b>				
ME F4.1	The facility ensures segregation of Bio Medical Waste as per guidelines	Segregation of Biomedical waste during the outreach session		RR/SI	
ME F4.2	The facility ensures management of sharps as per guidelines	Sharps are collected in Puncture proof box during outreach sessions		RR/SI	
ME F4.3	The facility ensures transportation and disposal of waste as per guidelines	There is system of collecting Biomedical waste from Outreach session site to UPHC		RR/SI	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
<b>Area of Concern - G Quality Management</b>					
Standard G1	<b>Facility has established quality Assurance Program as per state/National guidelines</b>				
ME G1.1	The facility has a quality team in place	ASHA and ANM are represented in Quality Team		RR/SI	
ME G1.2	The facility has defined quality policy and it has been disseminated	ASHA and ANM are aware of Quality Policy of the UPHC		RR/SI	
ME G1.3	Quality objectives have been defined, and the objectives are reviewed and monitored	Specific Quality Objectives are set for Outreach services		RR/SI	
ME G1.4	The facility reviews quality of its services at periodic intervals	Quality of outreach services are reviewed during Monthly quality team meeting		RR/SI	
ME G1.5	The facility has established internal quality assurance programme	Internal Assessment Conducted for Outreach services		RR/SI	
Standard G2	<b>Facility has established system for Patients and employees satisfaction</b>				
ME G2.1	Patient Satisfaction surveys are conducted at periodic intervals	Feedback is taken during outreach services		RR/SI	
ME G2.2	Employee satisfaction Surveys are conducted at periodic intervals	Employee Satisfaction survey includes ASHA and ANM serving under UPHC area		RR/SI	
Standard G3	<b>Facility has established, documented &amp; implemented standard operating procedure system for its all key processes</b>				
ME G3.1	Standard Operating procedures are prepared, distributed and implemented for all key processes	SOPs for Outreach services have been prepared		RR/SI	
		SOPs includes all Key processes regarding outreach services		RR/SI	
ME G3.2	Staff is trained as per SOPs	Outreach staff has been training on SOPs		RR/SI	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
<b>Area of Concern - H: Outcomes</b>					
Standard H1	<b>The facility measures its productivity, efficiency, clinical care &amp; service Quality indicators</b>				
ME H1.1	Facility measures Productivity Indicators on monthly basis	No. of special outreach session conducted per month		RR	
		No. of MAS meeting conducted per month		RR	
ME H1.2	Facility measures efficiency Indicators on monthly basis	No. of outreach session conducted per ANM		RR	
		No. of home visit conducted by ASHA		RR	
		No. of home visit conducted by ANM		RR	
Standard H2	<b>Facility endeavors to improve its performance to meet bench marks</b>				
ME H2.2	The facility strives to improve indicators from its current performance	Trends analysis of Indicators is done at Periodic Intervals		RR	





# CHECKLIST

## GENERAL ADMINISTRATION



## ***Summary of GENERAL ADMINISTRATION***

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The Checklist has been developed with intent to assess quality of general administration of an Urban PHC. The scope of the checklist is not confined to a particular area and includes whole of a UPHC. The checklist is compendium of all policy level issues and cross cutting processes of a UPHC.

The checklist comprises of checkpoints related to Grievance redressal system, disable friendly environment, user friendly uniform signage system, encroachments, layout of facility, intramural and extramural communication, Physical, electrical and Fire safety, HR (adequacy, competence, and skills), water and electric supply with backup, management of Rogi Kalyan Samitis, Community based monitoring, Finance management, Contract management, Job description and deputation of staff, Statutory and Legal requirements, Policies and procedures, safe storage and retrieval of records, biomedical waste management, Quality Team, Quality Policy, Quality Objectives, Audits, Patient and employee satisfaction surveys, and SOPs.

It would help assessors if this checklist were filled at the end after filling rest of the 11 checklists in the office of Medical officer in charge of the UPHC.

## CHECKLIST FOR GENERAL ADMINISTRATION

**Checklist - 12**

Reference No.	Measurable Elements	Checkpoints	Compliance	Assessment Methods	Means of Verification
<b>Area of Concern - A Service Provision</b>					
Standard A1	<b>Facility provides Promotive, preventive and curative services</b>				
ME A1.2	The facility provides Accident & Emergency Services	Availability of linkage to ambulance services		RR/SI	
ME A1.4	Services are available for the time period as mandated	UPHC is functional for time as mandated UPHC is functional in evening hours		RR/SI	Provision of OPD and Lab services in evening hours for working population
Standard A3	<b>The Facility provides Diagnostic Services, Para-clinical &amp; support services</b>				
ME A3.3	The facility provides medico legal and administrative services	Registration for Medico Legal Cases		RR/SI	
		Issuing of Medical Certificates		RR/SI	
		Information regarding Birth and Death to Registrar		RR/SI	
		Monitoring and supervision of ASHA and ANM working in area served by UPHC		RR/SI	
ME A3.4	The facility provides support services	Availability of Housekeeping services		RR/SI	
		Availability of Laundry Services		RR/SI	
Standard A5	<b>The facility provides services as per local needs/State specific health programmes as per guidelines</b>				
ME A5.2	Facility provides services as per local needs/ state specific health Programmes as per guidelines	Availability of services as per state scheme/Program		RR/SI	
<b>Area of Concern B - Patients' Rights</b>					
Standard B1	<b>The service provided at facility are accessible</b>				
ME B1.1	The facility has uniform and user-friendly signage system	Direction to UPHC is displayed from the Access road		OB	
		Name of the facility prominently displayed at front of hospital building		OB	With facility of illumination in night



Reference No.	Measurable Elements	Checkpoints	Compliance	Assessment Methods	Means of Verification
		All functional areas identified by their respective signage	OB	Clinics, Injection Room, Pharmacy, MO I/C Office etc.	
		Facility lay out with Directions to different departments displayed	OB		
		All signage are in uniform color & user friendly	OB		
ME B1.2	The facility displays the services and entitlements available	List of available services are predominantly displayed			At entrance of UPHC
		Entitlement under different schemes are displayed	OB		
		Important numbers like MO I/C, ANM, ambulance, Nearest FRU, toll free no. etc are displayed	OB		
		Names and Contact no. of ASHA and ANM serving different areas are displayed	OB		
		Days and Timings of Specific services are displayed	OB	General clinic Immunization clinic, ANC Clinic, Speciality clinic etc.	
		List of available drugs are displayed at drug dispensing counter	OB	Should be updated as per current stock	
ME B1.3	The facility has established citizen charter	Citizen Charter is prominently displayed	OB	Preferably near entrance or OPD area	
		Citizen Charter Includes the Cycle time for Critical Processes	OB		
		Citizen Charter includes Rights & Responsibilities of Patients	OB		



<b>Reference No.</b>	<b>Measurable Elements</b>	<b>Checkpoints</b>	<b>Compliance</b>	<b>Assessment Methods</b>	<b>Means of Verification</b>
ME B1.4	Patients & visitors are sensitized and educated through appropriate IEC / BCC approaches	Availability of IEC corner		OB	
ME B1.5	Information is available in bi-lingual signage and easy to understand	Signage and information are provided in bilingual language		OB	
ME B1.6	The facility has defined and established grievance redressal system in place	Availability of complaint box and display of process for grievance redressal and whom to contact is displayed		OB/SI/RR	
		There is defined frequency of collecting complaints from complaint box		SI/RR	
		Records of patient complaints suggestion are maintained		SI/RR	
		There is system of periodic review of patient complaints		SI/RR	
		There is evidence of action taken on complaints		SI/RR	
ME B1.7	Information about the treatment is shared with patients or attendants and consent is taken wherever required	There is provision of providing copy of medical records available with facility of patients / Next to Kin if requested		SI/RR	
ME B1.8	Access to facility is provided without any physical barrier	Availability of Ramp for the entrance of UPHC Building		OB	
		Handrails are provided with the ramp & Stairs		OB	
		Approach road to hospital is accessible without congestion or encroachment		OB	
		Internal Pathways and corridors of the facility are without any obstruction / Protruding Object		OB	



Reference No.	Measurable Elements	Checkpoints	Compliance	Assessment Methods	Means of Verification	
		Availability of at least one Disable friendly toilet		OB		
		Availability of Wheel chair or stretcher for easy Access		OB		
Standard B2	<b>The service provided at facility are acceptable</b>					
ME B2.1	Services are provided in manner that are sensitive to gender	Availability of separate male and female toilets		OB		
		Availability of Change/rest room for ASHA and ANM		OB		
ME B2.4	The facility ensures the behaviors of staff is dignified and respectful, while delivering the services	Behavior of staff is empathetic and courteous to patients and visitors		PI		
ME B2.5	Religious and cultural preferences of patients and attendants are taken into consideration while delivering services	Check for special precaution is taken for maintaining privacy & confidentiality of cases having social stigma		RR/SI	HIV, Leprosy, Abortion, domestic Violence, Adolescence pregnancy	
Standard B3	<b>The service provided at facility are affordable</b>					
ME B3.2	The facility provides free of cost treatment to Below poverty line patients without administrative hassles	UPHC has policy to provide all services free of cost to Below Poverty Line patients		PI		
		UPHC insures that services are provided without complex administrative procedures to those who can't afford services		SI/RR/PI	Photocopies of BPL card, AADHAR Card etc. should not be mandatory for availing services	
<b>Area of Concern - C Inputs</b>						
Standard C1	<b>The facility has adequate &amp; Safe infrastructure for delivery of assured services and meets the prevalent norms</b>					
ME C1.1	Departments have adequate space as per patient load	Adequate space as per services available & Workload		OB/SI	As per OPD Load and services available. Minimum 2000 sq ft covered area	
ME C1.2	Amenities for Patients & Staff are available as per load	Availability of Demarcated parking area		OB		
		Availability of Dedicated Toilets for Staff		OB		



Reference No.	Measurable Elements	Checkpoints	Compliance	Assessment Methods	Means of Verification
		Availability of Staff Duty room	OB		
		Availability of lockers for ANM	OB/SI		
		Availability of Drinking water facility	OB/SI		
		Availability of Fans/ Coolers in Waiting area	OB/SI		
		Availability of seating facility in waiting area	OB/SI		
ME C1.3	Departments have layout and demarcated areas as per functions	Dedicated OPD room	OB/SI		
		Dedicated Room for Examination/IUCD Insertion	OB/SI		
		Dedicated Dressing room / Injection room	OB/SI		
		Dedicated room for conducting ANC and Immunization	OB/SI		
		Dedicated room for Laboratory	OB/SI		
		Dedicated room for General stores	OB/SI		
		Dedicated Pharmacy with demarcated dispensing counter	OB/SI		
ME C1.4	The facility has infrastructure for intramural and extramural communication	Availability of Telephone connection	OB/SI	Preferably at least one functional landline connection	
		Availability of internet connection	OB/ SI	Wired or wireless	
		Availability of Mobile connections for ANMs serving the UPHC area	OB/ SI		
ME C1.5	The facility ensures safety of electrical installations	No temporary connections and loosely hanging wires	OB		
		UPHC has mechanism for periodical check / test of all electrical installation	SI/RR		



Reference No.	Measurable Elements	Checkpoints	Compliance	Assessment Methods	Means of Verification
		Danger sign is displayed at High voltage electrical installation		OB	
		All electrical panels are covered and has restricted access		OB/SI	
		Power audit of facility has been done		SI/RR	
ME C1.6	Physical condition of buildings is safe for providing patient care	UPHC premises has intact boundary wall		OB	
		Hospital has functional gate at the entrance		OB	
		All the windows in UPHCs are secured with grills & wire mesh		OB	
		No Major Crack/ defect UPHC Building		OB	
		Floors are non-slippery and even		OB	
ME C1.7	The facility ensures fire safety measures including firefighting equipment	Fire exit signs are displayed at critical areas		OB	
		There is system to track the expiry dates and periodic refilling of the extinguishers		SI/RR	
		Periodic Training is provided for using fire extinguishers		SI/RR	
		Staff is skilled to operate fire extinguishers		SI/RR	
		Periodic mock drills for fire safety are organized at the UPHC		SI/RR	
Standard C2	<b>The facility has adequate qualified and trained staff, required for providing the assured services to the current case load</b>				
ME C2.1	The facility has adequate medical officers as per service provision and work load	Availability of regular Medical Officer		SI/RR	At least one
		Availability of part time medical officer		SI/RR	At least one



Reference No.	Measurable Elements	Checkpoints	Compliance	Assessment Methods	Means of Verification
ME C2.2	The facility has adequate nursing staff/Paramedics as per service provision and work load	Availability of Staff Nurses		SI/RR	At least 3
		Availability of ANMs		SI/RR	As per population 1 ANM per 10000-25000 Population
		Availability of Lab Technician		SI/RR	At least 1
		Availability of Lady Health Visitor (LHV)		SI/RR	At Least 1
ME C2.3	The facility has adequate support staff / Health Workers as per service provision and workload	Availability of Public Health Manager/ Community Mobilizer		SI/RR	At least 1
		Availability of secretarial Staff		SI/RR	At least 2
		Availability of support Staff		SI/RR	At least 1
ME C2.4	The Staff has been imparted necessary trainings/skill set to enable them to meet their roles & responsibilities	Training of staff on infection control		RR/SI	
		Training of staff on Bio Medical Waste Management		RR/SI	
		Training on Basic Life Support (BLS)		RR/SI	
		Training of Data Entry operator		RR/SI	HMIS/MCTS /other information system as applicable
		Training of Staff on quality assurance and internal assessment		RR/SI	
Standard C3	<b>The facility provides drugs and consumables required for assured services</b>				
ME C3.2	The Facility has availability of adequate consumables at point of use	Availability of Stationary items as per requirement		SI/RR	
Standard C4	<b>The facility has equipment &amp; instruments required for assured list of services</b>				
ME C4.5	Availability of patient furniture and fixtures as per load and service provision	Availability of office furniture		OB/SI	
ME C4.6	Availability of functional equipment and instruments for support & outreach services	Equipment for Cleaning		OB/SI	Buckets for mopping, Mops, Brooms etc.
		Availability of computer for HMIS and MCTS reporting		OB/SI	



Reference No.	Measurable Elements	Checkpoints	Compliance	Assessment Methods	Means of Verification
<b>Area of Concern - D Support Services</b>					
Standard D1	<b>The facility has established facility management programme for maintenance &amp; upkeep of equipment &amp; infrastructure to provide safe &amp; secure environment to staff &amp; users</b>				
ME D1.1	The facility has system for maintenance of critical Equipment	UPHC ensures that all equipment's are covered under AMC including preventive maintenance		RR/SI	ILR, deep freezer, Lab equipment's etc.
		Records of equipment's maintenance are available with facility		RR/SI	
ME D1.3	Patient care areas are clean and hygienic	UPHC has a system for safe disposal of general waste		OB/RR/SI	
		Schedule for cleaning is defined and implemented		OB/RR/SI	
		Housekeeping checklist used for monitoring cleaning activities		OB/RR/SI	
		No dirt/Grease/Stains in circulation area and pathways		OB	
		No dirt/Grease/Stains/Garbage in toilets		OB	
		No foul smell/ accumulated water in Toilets		OB	
		Toilets have running water and functional cisterns		OB	
		Use of detergent disinfectant solution / Hospital grade Phenyl for cleaning purpose		OB/SI	
		Use of Unidirectional method and outward mopping technique		OB/SI	
		Use of separate mops for cleaning of general areas and procedure surfaces		OB/SI	



Reference No.	Measurable Elements	Checkpoints	Compliance	Assessment Methods	Means of Verification
ME D1.4	The facility infrastructure is adequately maintained	Check for there is no seepage, Cracks, chipping of plaster		OB	
		UPHC has system for periodic maintenance of Building		SI	
		There is no clogged/ over flowing drain in facility		OB	
ME D1.5	Facility has policy of removal of condemned junk material	No condemned/Junk material in the in the corridors, storage, administrative area		OB	
		Periodic removal of junk material done at the UPHC		RR/SI	
		There is designated place to keep junk/ condemned material		OB	
ME D1.6	The facility maintains both the internal and open area of the facility	Interior of Patient care areas are plastered & painted		OB	
		UPHC Building is painted/whitewashed in uniform color		OB	
		No unwanted/ outdated posters on hospital boundary and building walls		OB	
		No stray animals observed in the facility		OB	
		Green area /Park/ Open spaces are well maintained		OB	
		No water logging in UPHC premises		OB	
		No unauthorized occupation / encroachment in UPHC premises		OB	
ME D1.7	The facility provides adequate illumination level at patient care areas	Adequate illumination in circulation area		OB/SI	
		Adequate illumination in patient care and procedure areas		OB/SI	



Reference No.	Measurable Elements	Checkpoints	Compliance	Assessment Methods	Means of Verification
ME D1.8	The facility provides Clean and adequate linen as per requirement	Check linen provided at clinics and procedure area is clean		OB	
		There is defined schedule for change of linen		SI	
		UPHC has in-house /Outsourced arrangement of washing the linen		SI/RR	
ME D1.9	The facility has adequate arrangement for storage and supply of potable water in all functional areas	Availability of 24x7 running and potable water		OB/SI	Check for source of water (near by water body, ground water, municipal supply etc.) Check for the measure taken to ensure availability of water in areas has any scarcity
		UPHC has adequate water storage facility as per requirements		OB/SI	
		All water tanks are kept tightly closed		OB	
		Periodic cleaning of water tanks carried out		SI/RR	
		UPHC periodically tests the quality of water from the source (municipal supply, bore well etc.) for bacterial and chemical content		SI/RR	
		Chlorination of water is done as per requirement		SI/RR	
		RO/ Filters are available for potable drinking water		OB	
ME D1.10	The facility ensures adequate power backup	Availability of Generator/UPS for Power Backup		OB	
		Use of energy efficient bulbs for light		OB	
Standard D3	<b>Facility has defined &amp; established procedure for Community Participation for providing assured services</b>				
ME D3.1	The facility has established procedures for management of activities of Rogi Kalyan Samiti	RKS is registered under societies registration act		RR/SI	



Reference No.	Measurable Elements	Checkpoints	Compliance	Assessment Methods	Means of Verification
		RKS meeting are held at prescribed interval		RR/SI	
		Minutes of meeting are recorded		RR/SI	
		Participation of community representatives/ NGO/Local bodies is ensured		RR/SI	
		RKS generates its own resources from donation/leasing of space		RR/SI	
ME D3.2	The facility has established procedures for community based monitoring of its services	Community based monitoring/social audits are done at periodic intervals		RR/SI	
Standard D4	<b>Facility has defined procedure for Governance &amp; work Management</b>				
ME D4.1	The facility ensures the proper utilization of fund provided to it	There is system to track and ensure that funds are received on time		SI/RR	
		Funds/Grants provided are utilized in specific time limit		SI/RR	
		There is no backlog in payment to beneficiaries as per their entitlement under different schemes		SI/RR	
		Salaries and compensation are provided to contractual staff on time		SI/RR	
		Facility provides utilization certificate for funds on time		SI/RR	
ME D4.2	There is established system for contract management for outsourced services	Check for that Contract document has provision for deduction of payment if quality of services is not good		SI/RR	
		Payment to the outsourced services are made on time		SI/RR	



Reference No.	Measurable Elements	Checkpoints	Compliance	Assessment Methods	Means of Verification
		Facility as defined criteria for assessment of quality of outsourced services		SI/RR	
		Regular monitoring and evaluation of staff is done according against defined criteria		SI/RR	
		Actions are taken against non-compliance / deviation from contractual obligations		SI/RR	
ME D4.3	The facility has established job description as per Govt guidelines	Job description of Medical officer is defined		RR/SI	
		Medical officer is aware of his/her role and responsibility		RR/SI	
		Job Description of Staff Nurse is defined		RR/SI	
		Staff Nurses are aware of his/her role and responsibility		RR/SI	
		Job Description of LHV is defined		RR/SI	
		LHV are aware of her role and responsibility		RR/SI	
		Job Description of ANMs is defined		RR/SI	
		ANMs are aware of his/her role and responsibility		RR/SI	
		Job Description of Laboratory Technician is defined		RR/SI	
		Laboratory Technician is aware of his/her role and responsibility		RR/SI	
		Job Description of support and administrative staff is defined		RR/SI	



Reference No.	Measurable Elements	Checkpoints	Compliance	Assessment Methods	Means of Verification
		Administrative and Support staff is aware of his/her role and responsibility		RR/SI	
		Job Description of ASHA is defined		RR/SI	
		ASHA is aware of her role and responsibility		RR/SI	
ME D4.4	The facility has an established procedure for duty roster and deputation of staff	Duty roster of all staff is prepared, updated and communicated		RR/SI	
		Field visit plan of Medical Officer is prepared		RR/SI	
		Field visit plan of ANM is prepared		RR/SI	
		Field visit plan of LHV is prepared		RR/SI	
		There is system of monitoring and review of adherence to Field Visit Plan		RR/SI	
ME D4.5	The facility ensures the adherence to dress code as mandated by the department	All clinical and support staff adhere to their respective dress code		OB	
		I Cards and Name plates have been provided to all the staff		OB/SI	
		Dress and I cards have been provided to ASHAs		OB/SI	
ME D4.6	The facility has requisite licenses and certificates, as required for operation of a health facility	Availability of authorization for handling Bio Medical waste from pollution control board		RR	
		Availability of NOC for Fire Safety		RR	
		Availability of Licensee under Clinical Establishment Act		RR	
ME D4.7	The facility ensures its processes are in compliance with statutory and legal requirement	No Smoking sign is displayed at the prominent places in UPHC		OB	



Reference No.	Measurable Elements	Checkpoints	Compliance	Assessment Methods	Means of Verification
		Staff is aware of requirements of medico legal cases		SI/RR	
		Any positive report of modifiable disease is intimated to designated authorities		SI/RR	
ME D4.8	The facility has a defined protocol for the issue of medical certificates	Defined formats for issuing Medical Certificate is available		SI/RR	
		A copy of issued Medical Certificate is kept for records		RR	
		Register is maintained for keeping details of Medical Certificate issued		RR	
		Identification marks and Patients address is mentioned in medical certificate		RR/SI	
		Medical Certificate are issued on the day of request		RR	
Standard D5	<b>Facility has procedure for collecting &amp; Reporting of the health facility related information</b>				
ME D5.14	Facility Reports data for Mother and Child Tracking System as per Guidelines	Facility reports data regarding Antenatal, Delivery and Postnatal care for availed services		RR/SI	Check for all antenatal & delivery cases registered at UPHC are entered in MCTS
		Facility reports data about child immunization in MCTS		RR/SI	Check all child immunization cases are entered in MCTS
		Facility utilizes MCTS data for action planning		RR/SI	Ask staff how they utilize data for action planning
		Facility utilizes MCTS data for tracing of missed out immunization and ANC cases		RR/SI	Check for MCTS is used for missed out immunization/ANC cases
ME D5.15	Facility Reports data for HMIS System as per Guidelines	HMIS data is reported on monthly basis		RR/SI	
		All data elements of HMIS are reported		RR/SI	Check HMIS report for filling up of all elements



Reference No.	Measurable Elements	Checkpoints	Compliance	Assessment Methods	Means of Verification
<b>Area of Concern - E Clinical Services</b>					
Standard E2	<b>Facility has defined procedure for primary management and continuity of care with appropriate maintenance of records</b>				
ME E2.2	The facility provides appropriate referral linkages for transfer to other/higher facilities to assure the continuity of care	UPHC maintains list of higher centers where patient can be managed with their contact no.		SI/RR	
		UPHC ensures the referral patient to public healthcare facilities		SI/RR	
ME E2.9	The facility ensures safe and adequate storage and retrieval of medical records	UPHC has designated and secure place to keep Records including Patient Records		SI/RR	
		A person is designated for safe keeping and retrieval of records		SI/RR	
		UPHC has policy for retention period for different kinds of records		SI/RR	
		UPHC has policy for safe disposal of records		SI/RR	
<b>Area of Concern - F Infection Control</b>					
Standard F2	<b>Facility ensures availability of Personal Protective equipment &amp; follows standard precautions</b>				
ME F2.1	Facility ensures adequate personal protection equipment as per requirements	Immunization of Staff is done		SI/RR	
ME F2.2	Staff adheres to standard personal protection practices	Medical Check-up staff is done for on periodic Interval		SI/RR	
Standard F4	<b>Facility has defined &amp; establish procedure for segregation, collection, treatment &amp; disposal of Bio medical &amp; hazardous waste</b>				
ME F4.3	The facility ensures transportation and disposal of waste as per guidelines	Facility has arrangement for disposal of infectious waste through common treatment Facility		SI/RR	



Reference No.	Measurable Elements	Checkpoints	Compliance	Assessment Methods	Means of Verification
		Demarcated area for secure storage of BMW before disposal		OB	
		Check for any sign of burning of waste in UPHC premises		OB	
		Log book /Record of waste generated is maintained		SI/RR	
		Display of Bio Hazard sign at the point of storage and generation		OB	
		Mutilation of Plastic waste before disposal		OB	
		Waste is not stored for more than 48 hours in the facility		RR/SI	

#### Area of Concern - G Quality Management

Standard G1 Facility has established quality Assurance Program as per state/National guidelines					
ME G1.1		Quality Team has been established at the UPHC		RR/SI	
		There is designated person for coordinating overall quality assurance program at the facility		RR/SI	
		Team members are delegated their respective roles & Responsibilities		SI	
ME G1.2	The facility has defined quality policy and it has been disseminated	Quality policy are defined and displayed in local language		RR/SI	Displayed prominently at critical places in a way that staff and Visitors can read it easily
		Staff is aware of the Quality Policy		SI	
ME G1.3	Quality objectives have been defined, and the objectives are reviewed and monitored	Quality objectives are defined for the UPHC		RR/SI	
		Quality Objectives covers all critical to quality areas		RR/SI	Maternal Health, National Health Program, Patient Satisfaction, Immunization etc.



Reference No.	Measurable Elements	Checkpoints	Compliance	Assessment Methods	Means of Verification
		Quality objectives are SMART		RR/SI	Specific, Measurable, Attainable, Reliable & Time bound
		There is system for monitoring of performance toward quality objectives		RR/SI	
ME G1.4	The facility reviews quality of its services at periodic intervals	Quality team meets monthly and review the quality activities		SI/RR	
		Minutes of meeting are recorded		SI/RR	
		Results for internal / External assessment are discussed in the meeting		SI/RR	
		UPHC performance and Quality indicators are reviewed in meeting		SI/RR	
		Progress on time bound action plan is reviewed		SI/RR	
		Quality team review that all the services mentioned in RMNCHA are delivered as per guideline		SI/RR	
		Quality team review that all the services mentioned in National Health Program are delivered as per guideline		SI/RR	
		Resolution of the meeting are effectively communicated to staff		SI/RR	
		Quality team report regularly to DQAC about Key Performance Indicators and Quality Scores		SI/RR	
ME G1.5	The facility has established internal quality assurance programme	There is a system if Daily round of MO to all department of UPHC		SI/RR	



<b>Reference No.</b>	<b>Measurable Elements</b>	<b>Checkpoints</b>	<b>Compliance</b>	<b>Assessment Methods</b>	<b>Means of Verification</b>
ME G1.6	The facility has established external assurance programmes	Assessment visit is done by District Quality assurance Unit Periodically		SI/RR	
ME G1.7	The facility conducts the periodic prescription/ medical audits	UPHC Periodical conducts Medical/ Prescription Audit		SI/RR	
		Criteria for Prescription Audit has been defined		SI/RR	
		Analysis of data collected from prescription audit is done and disseminated		SI/RR	
ME G1.8	The facility ensures that non compliances are enumerated and recorded adequately	Non Compliance/ Gaps found in the internal Assessment is done		SI/RR	
		Over all and departmental Quality scores are generated		SI/RR	
ME G1.9	Action plan is made on gaps found in the assessment/audit process	Action plan prepared, the Non Compliance and gaps found in assessment		SI/RR	
ME G1.10	Corrective and Preventive actions are taken to address the issues observed in the assessment and audit	Corrective and preventive action taken as per action plan		SI/RR	
Standard G2	<b>Facility has established system for Patients and employees satisfaction</b>				
ME G2.1	Patient Satisfaction surveys are conducted at periodic intervals	There is person designated to co-ordinate satisfaction survey		RR/SI	
		Patient feedback form are available in local language		RR	
		Adequate sample size is taken to conduct patient satisfaction		RR/SI	At least 30 per Month for separately OPD and IPD
		There is procedure to conduct employee satisfaction survey at periodic intervals			



Reference No.	Measurable Elements	Checkpoints	Compliance	Assessment Methods	Means of Verification
ME G2.2	Employee satisfaction Surveys are conducted at periodic intervals	There is procedure for compilation of patient feedback forms			
		Patient feedback is analyzed on monthly basis			Overall department wise/attribute wise score are calculated
		Root cause analysis is done for low performing attributes			
		Results of Patient satisfaction survey are recorded and disseminated to concerned staff			
		There is procedure for analysis of Employee satisfaction survey			
		There is procedure for root cause analysis of Employee satisfaction survey			
ME G2.3	Facility prepares the action plans for the areas of low satisfaction	There is procedure for preparing Action plan for improving patient satisfaction			
		There is procedure to take corrective and preventive action			
		There is procedure for preparing action plan for improving employee satisfaction			
Standard G3	<b>Facility has established, documented &amp; implemented standard operating procedure system for its all key processes</b>				
ME G3.1	Standard Operating procedures are prepared, distributed and implemented for all key processes	Current version of SOP are available with process owner		SI/RR	
ME G3.2	Staff is trained as per SOPs	SOP covers all key processes support and administrative processes adequately		SI/RR	
ME G3.3	Work instructions are displayed at Point of work	Check Staff is aware of relevant part of SOPs		SI/RR	



Reference No.	Measurable Elements	Checkpoints	Compliance	Assessment Methods	Means of Verification
ME G3.4	The facility uses methods and tools for Quality Improvement	Work instruction/ clinical protocols are displayed	OB		
<b>Area of Concern - H: Outcomes</b>					
Standard H1	<b>The facility measures its productivity, efficiency, clinical care &amp; service Quality indicators</b>				
ME H1.1	Facility measures Productivity Indicators on monthly basis	No. of follow up cases		RR	
		Proportion of Vulnerable patient attended		RR	
ME H1.3	Facility measures Clinical Care & Safety Indicators on monthly basis	No. of Needle Stick Injury reported every month		RR	
ME H1.4	Facility measures Service Quality Indicators on monthly basis	Patient Satisfaction Score for OPD		RR	
		Registration to drug time (Average)		RR	
		Follow-up rate		RR	
Standard H2	<b>Facility endeavors to improve its performance to meet bench marks</b>				
ME H2.2	The facility strives to improve indicators from its current performance	Facility collate and analyze the Indicators		RR	
		Trend Analysis is done periodically		RR	
		Low performing indicators are identified		RR	
		Corrective action is taken to improve low performing indicators		RR	





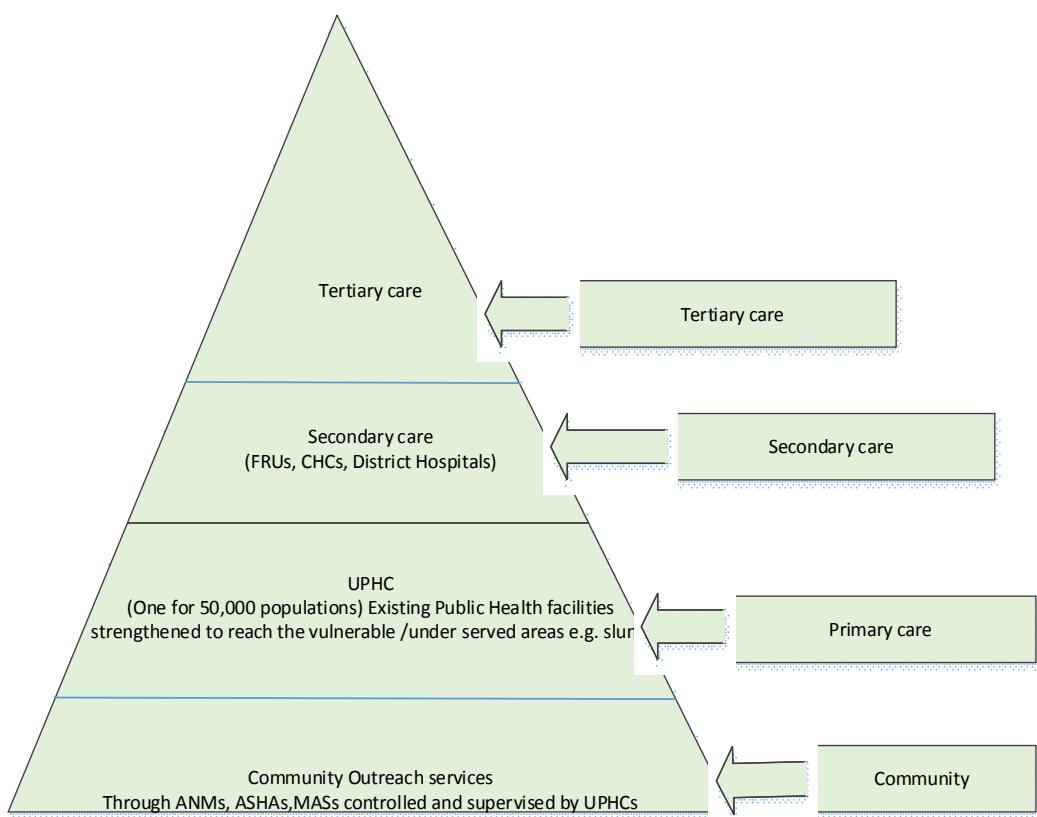
### Planning of Urban Health Services

The NUHM envisages all services delivered at urban PHCs to be universally and equitably accessed and utilized and have a special focus for the urban poor and vulnerable populations, for whom special outreach services through ANMs and women volunteers/ASHA are envisaged.

Empowerment of community through awareness generation, so that they are able to demand services from the Health System is an important area of emphasis in the NUHM. Accordingly, efforts to catalyse a change in the health seeking behaviour of the community will be made.

The NUHM encourages effective & meaningful participation of the community in planning and management of health care services. It promotes a community health volunteer - Accredited Social Health Activist (ASHA) or Link Worker (LW) in urban-poor settlements (one ASHA for 1000-2500 urban poor population covering about 200 to 500 households); encourages community participation by creation of community based institutions like Mahila Arogya Samiti (50-100 households) and Rogi Kalyan Samitis. Existing women groups under the JnNURM and other women self-help groups can be adopted for the implementation of NUHM.

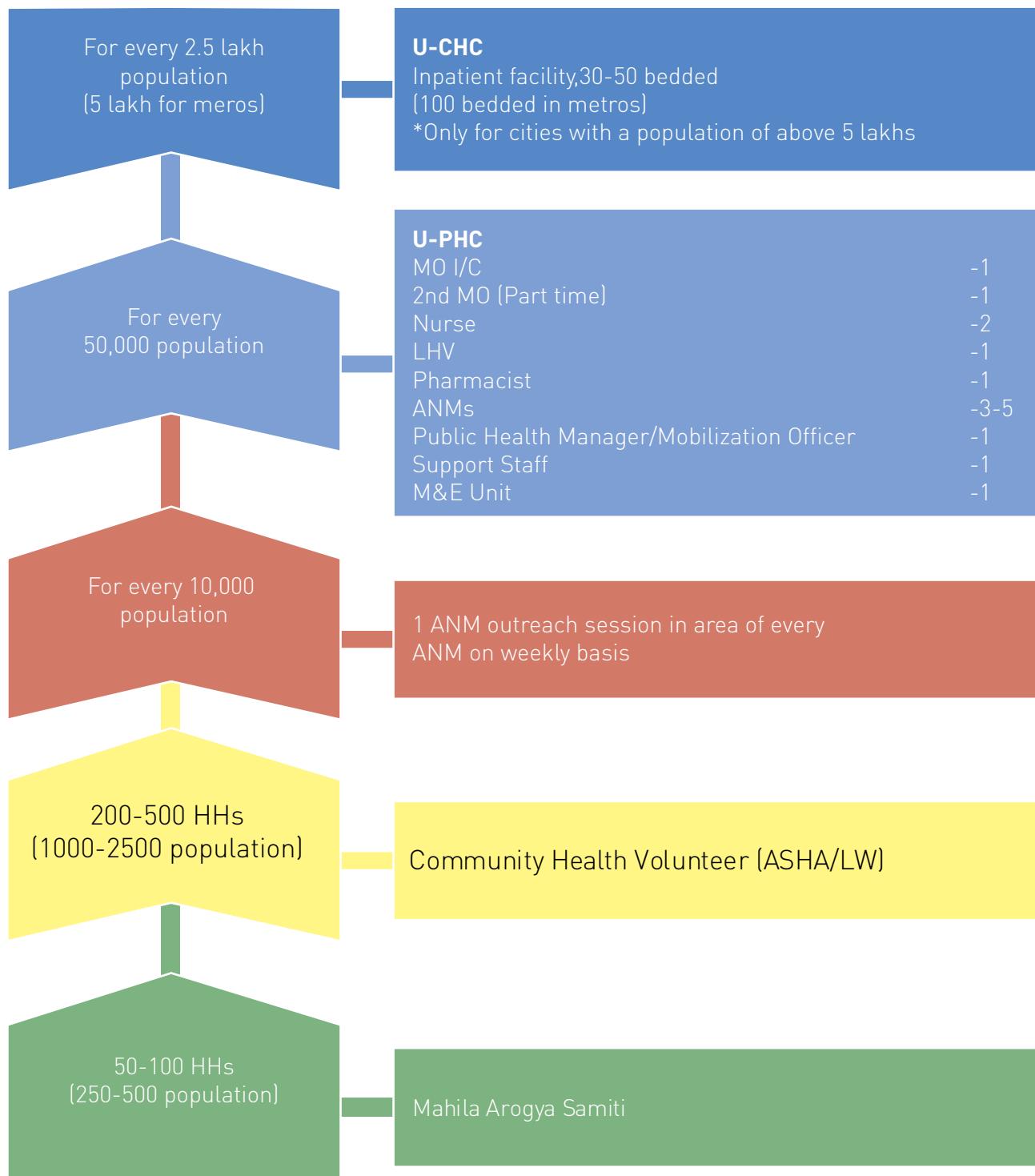
**Diagram 1: Urban Health Care Delivery Model**  
**(May be adapted flexibly as per Spatial requirement of the city.)**



U-PHC is expected tp proactively reach out to urban poor settlements by way of regular outreach sessions/monthly health, sanitation and nutrition day (UHND). Local NGOs are to be involved to facilitate communication process, build the capacity of ASHA and MAS and carryout IEC/BCC activities. Special attention will be given for reaching out to vulnerable sections like construction workers, rag pickers, sex workers, brick kiln workers, rickshaw pullers and street children

Urban health services are to be delivered at four levels starting from the at the doorstep and community based outreach services, primary care at the UPHCs, secondary care at the FRUs namely CHCs and DHs. Tertiary care is provided by tertiary care referral centres / medical colleges.

### Diagram 2.: Urban Health Care Facilities



The relationship between different levels of healthcare provision has been given in Table No 1.

Services**	Levels of service delivery		
	Community (Outreach)	First point of service delivery (U-PHC)	Referral Centre -U-CHC (Specialist services)
<b>A. Essential Health Services</b>			
A1. Maternal Health	Registration, ANC, identification of danger signs, referral for institutional delivery, follow-up Counselling and behaviour promotion	ANC, PNC, initial management of complicated delivery cases and referral, management of regular maternal health conditions, referral of complicated cases	Delivery (normal and complicated), management of complicated Gynae/ maternal health condition, hospitalization and surgical interventions, including blood transfusion.
A2. Family Welfare	Counselling, distribution of OCP/CC, referral for sterilization, follow-up of contraceptive related complications	Distribution of OCP CC, IUD insertion, referral for sterilization, management of contraceptive related complications	Sterilization operations, fertility treatment
A3. Child Health And Nutrition	Immunization, identification of danger signs, referral, follow-up, distribution of ORS, paediatric **Syp amoxicillin / Inj Gentamycin post- natal visits/counselling for Newborn care	Diagnosis and treatment of childhood illnesses, referral of acute cases/ chronic illness, identification and referral of neonatal sickness	Management of complicated pediatric/neo-natal cases, hospitalization, surgical interventions, blood transfusion
A4. RTI/STI (including HIV/ AIDS)	Referral, community level follow-up for ensuring adherence to treatment regime of cases undergoing treatment	Symptomatic Diagnosis and primary treatment and referral of complicated cases	Management of complicated cases, hospitalization (if needed)
A5. Nutrition Deficiency Disorders	Height/weight measurement, Hb testing, distribution of therapeutic doses of IFA, promotion of iodized salt, nutrition supplements to identified children and pregnant/ lactating women promotion of breast feeding, complementary feeding for prevention of undernutrition	Diagnosis and treatment of seriously deficient patients, referral of acute deficiency cases	Management of acute deficiency cases, hospitalization treatment and rehabilitation of severe under-nutrition



Services**	Levels of service delivery		
	Community (Outreach)	First point of service delivery (U-PHC)	Referral Centre -U-CHC (Specialist services)
A6. Vector-Borne diseases	Slide collection, testing using RDKs, DDT, Counselling for practices for vector control and protection	Diagnosis and treatment, referral of terminally ill cases	Management of terminally ill cases, hospitalization
A7. Mental Health	Identification of patients for referral to UPHC and FRU	Initial screening and referral	Psychiatric and neurological services, including hospitalization, if needed
A7.1 Oral Health	Identification of patients For referral to FRU	Diagnosis and referral	Management of complicated cases, hospitalization (if needed)
A7.2 Hearing Impairment/ Deafness	Identification of patients for referral to FRU		Management of complicated cases, hospitalization (if needed)
A8. Chest Infections (TB/ Asthma)	Symptomatic search and referral, ensuring adherence to DOTs, other treatment	Diagnosis and treatment, referral of complicated cases	Management of complicated cases
A9. Cardiovascular diseases	BP measurement, symptomatic search and referral, follow-up of under-treatment patients	Diagnosis and treatment and referral during specialist visits,	Management of emergency cases, hospitalization and surgical interventions (if needed)
A10. Diabetes	Blood/urine sugar test (using disposable kit), symptomatic search and referral,	Diagnosis and treatment, referral of complicated cases	Management of complicated cases, hospitalization (if needed)
A11. Cancer	Symptomatic search and referral, follow-up of under-treatment patients	Identification and referral, follow-up of under-treatment patients	Diagnosis, treatment, hospitalization (if and when needed)
A12. Trauma care (burns & injuries)	First aid and referral	First aid, emergency resuscitation, documentation for MLC (if applicable) and referral	Case management and hospitalization, physiotherapy and rehabilitation
A13. Other surgical interventions		Identification and referral	Hospitalization and Surgical interventions
<b>B. Other support services</b>			
B1. IEC/BCC	IPC, Health Camps/fairs, performing arts, wall/poster writing, events (in schools, women's groups)	Distribution of health education material	Distribution of health education material



Services**	Levels of service delivery		
	Community (Outreach)	First point of service delivery (U-PHC)	Referral Centre -U-CHC (Specialist services)
B2. Counselling	Individual and group/ family counselling	Patient/ attendantcounselling	Patient/ attendantCounselling
B3. Personal & Social Hygiene	IEC on hygiene, community mobilization for cleanliness drives, disinfection of water sources, etc.		

\*\* A3: ANMs are permitted to administer Inj Gentamycin and SypAmoxycillin before referral: IMNCI

## Planning of Urban Primary Health Centres

1. For a population of around approximately 50,000-60,000, the U-PHC may be located preferably within a slum or near a slum within half a kilometre radius, catering to a slum population of approximately 25,000-30,000, with provision for Outdoor Patient care including evening OPDs. The cities, based on the local situation may establish U-PHC for a population of 75,000 for areas with very high density and can also establish one for around 5,000-10,000, slum population for isolated slum clusters.
2. At the U-PHC level services provided will include OPD (consultation), basic labdiagnosis, drug/ contraceptive dispensing, immunization services, a part from distribution of health education material and counselling for all communicable and non-communicable diseases. In order to ensure access to the urban slum population at convenient timings including provision of evening OPD.
3. Two doctors, one regular and one on a part time basis will staff it. Apart from that there will be 3 staffnurses, 1pharmacist, 1l abtechnician, 1LHV and 4-5 ANMs (depending upon the population covered), apart from clerical and support staff and one Programme Manager for supporting community mobilization, behaviour change communication, capacity building efforts and strengthening referrals.
4. To further strengthen the delivery of services cities can also engage the services of specialist doctors to provide services periodically at U-PHC based on needs on reimbursement basis. U-PHC can also serve as collection centre for diagnostic tests in partnership with empanelled private diagnostic centres.
5. The option of co-locating the AYUSH within U-PHC may also be explored, thus enabling the placement of AYUSH doctor and other AYUSH paramedic staff in the U-PHC.
6. Effort would be made to strengthen the already existing public health care infrastructure in urban areas like urban dispensaries or equivalent structure. Existing SDH/CHC etc. would be upgraded and strengthened & used as referral.
7. Where there are no government health facilities, new public health facilities would be established. All the U-PHCs would be setup, as far as possible, in Govt. buildings. Partnership with other government facilities like Railways, Army, ESIC and Public Sector Units (PSUs) could also be explored for strengthening the delivery of services.



## A. Scope of service of a UPHC

**1. Curative care:** The UPHC will run a general OPD daily for common ailments for entire population of its coverage area. It will treat common ailment within its capabilities and refer those it cannot manage to the appropriate Referral centre.

### 2. Facility based preventive and promotive services:

- ◆ Preventive & Promotive services for prevalent diseases & all National Health Programme

### 3. Maternal and Child Health Care:

#### Antenatal care:

- ◆ Early registration of all pregnancies with a duly filled ANC Card ideally in the first trimester (first 12 weeks of pregnancy).
- ◆ Minimum 4 antenatal check-ups, appropriately timed as per RCH guidelines and provision of complete package of services including provision of iron and folic acid tablets, Calcium tablets, Tetanus Toxoid injection etc.
- ◆ Laboratory investigations – Blood group, haemoglobin, urine albumin/sugar, VDRL, HIV
- ◆ Nutrition and health counselling
- ◆ Identification/Screening for high-risk pregnancies and alarming signs during pregnancy and
- ◆ labour. Timely referral to First Referral Units (FRUs) or other linked hospitals.
- ◆ Tracking of missed and left out ANC.
- ◆ Chemoprophylaxis for Malaria in high malaria endemic areas for pregnant women as per NVBDCP guidelines.

Birth preparedness and Complication Readiness: All antenatal women should be counselled for institutional deliveries and informed regarding the delivery facilities available nearest to their residence. Telephone numbers of ASHAs should be shared with them. Also women should be counselled regarding the danger signs during late pregnancy/during labour and where to go in case of those danger signs.

#### Postnatal care:

- ◆ A minimum of 2 postpartum home visits, first within 48 hours of delivery, 2nd within 7 days by the ANM. (3rd day, 7th day)
- ◆ Initiation of early breast-feeding within the first one hour of birth.
- ◆ Essential Newborn Care Centre should be equipped to provide basic essential Newborn care in case a Newborn is brought to the centre or a home delivery takes place in the catchment area.
- ◆ Education on nutrition, hygiene, contraception, essential new born care, Kangaroo Mother Care (KMC), cord care, identification of sick Newborn and immediate referral.

#### Care of the child:

- ◆ Treatment of routine childhood illnesses
- ◆ Emergency care of sick children including Integrated Management of Neonatal and Childhood Illness (IMNCI) during the working hours.
- ◆ Prompt referral of sick children requiring specialist care



- ◆ Counselling mothers and families for exclusive breastfeeding of babies for first six months and appropriate and adequate complementary feeding from 6 months of age while continuing breastfeeding. (As per National Guidelines on Infant and Young Child Feeding, 2006, by Ministry of WCD, Government of India)
- ◆ Full Immunization of all infants and children against vaccine preventable diseases as per guidelines of GoI /State.
- ◆ Tracking of the vaccination dropouts
- ◆ Vitamin A prophylaxis for the children as per the guidelines
- ◆ Management of severe acute malnutrition cases and referral of serious cases after initiation of treatment as per facility based guidelines

#### **4. Family Planning services:**

- ◆ Education, motivation and counselling to adopt appropriate Family planning methods.
- ◆ Provision of contraceptives: condoms, oral pills, emergency contraceptives, interval IUCDs
- ◆ Follow up services to the eligible couples adopting permanent methods (Tubectomy/ Vasectomy)

#### **5. Safe abortion services:**

- ◆ Counselling and appropriate referral for safe abortion services (MTP)
- ◆ MTP using Manual Vacuum Aspiration (MVA) technique should be provided at U-PHCs, where trained personnel are posted.
- ◆ Medical Method of Abortion could be practiced after ensuring linkage with a referral facility offering 24x7 services

#### **6. Adolescent Health:**

- ◆ Detection and management of nutritional disorders
- ◆ Management of menstrual irregularities, PCOD, Acne
- ◆ Life skill education including counselling for safe sex

#### **7. Management and Prevention of Reproductive Tract Infections/Sexually Transmitted Diseases:**

- ◆ Syndromic management of Reproductive Tract Infections and Sexually Transmitted Diseases
- ◆ Health education for prevention of RTIs/STIs.

**8. Geriatric care:** Care of senior citizens visiting the U-PHC needs special emphasis. This includes user-friendly access, freedom from long waiting queues, assistance in obtaining and understanding dosages of medications to special assistance like that in obtaining dentures/ spectacles etc. In providing this special assistance, Rogi Kalyan Samiti shall play an important role.

Safe and affordable access to the U-PHC should be available for all, especially for the older persons. Community's resources like volunteers could be used wherever possible.

Simple and easily readable signage should be posted throughout the U-PHC centre to facilitate orientation and personalize providers and services.



U-PHC facility should be equipped with good lighting, non-slippery floor surfaces, stable furniture, clear walkways and comfortable seating arrangements.

- 9. Provision of AYUSH Services:** (at least one system of ISM/Homeopathy). In case an AYUSH unit is not co-located, nearest AYUSH unit must be identified and linked.

**10. Preventive, promotive and curative care through Outreach activities:**

Although in the urban settings, the distances are relatively smaller, the terrain easy and transport relatively easily available, there are some areas/situations/certain vulnerable groups in every city, which may require organized outreach clinics. Constraints like preoccupation of the habitants with earning daily wages, women and children of a particular segment finding it difficult to access a health centre in absence of a male companion create a need for basic service during outreach activities to reach these beneficiaries. Such outreach activities are especially required in the slums, JJ clusters, resettlement colonies and unauthorized colonies.

ANMs, ASHAs and other volunteers shall deliver outreach health care. One ANM shall be assigned to every 10,000 populations in U-PHCs catering to slums, unauthorized colonies, resettlement colonies and JJ clusters. She is expected to carry out the household survey of her assigned area and prepare and maintain the eligible couples register. At any given time, she will know the individuals/families requiring help e.g. pregnant women and children requiring immunization, patients with TB, cases of Leprosy on MDT, cataract cases requiring surgery, households requiring Chlorine tablets/drops to make drinking water safe, families eligible for special health schemes e.g. JSY, JSSK, MAMTA etc.

**Periodic Health & Nutrition Days:** Without setting up any fixed units like sub-centres, health posts etc. outreach activities can be in the form of regular Health and Nutrition days. This activity shall be structured with prescribed manpower and equipment and will be amenable to objective quantitative and qualitative assessment of the services provided.

U-PHC will be responsible for conducting this activity in its catchment area. The staff and logistics will flow from the U-PHC.

**11. Convergence with other sectors**

**12. Nutritional Services (in convergence with ICDS):**

All the Anganwadi in the catchment area of U-PHC must be identified and mapped. Liaison between the ANM/ASHA and the Anganwadi worker of the area should be strengthened.

Malnourished children in the area should be diagnosed and nutrition counselling should be provided for them and their parents. AWWs can provide food-demonstrations at AWCs and ensure follow-up of such cases in the community and help the ANMs and ASHAs in keeping a record of all children with malnutrition.

A child diagnosed as malnourished or adolescent/pregnant woman found anaemic on the health and nutrition day or in the U-PHC should be attached to the Anganwadi centre nearest to their home and systematically monitored. Medical officer shall monitor all such cases with feedback from ANM, ASHA and local AWW.



### **13. Health care for school going children:**

All schools in the catchment area to be mapped. Children referred from the school for investigations, management to be taken care of. U-PHC should participate in school health fairs, monitoring activities, if required.

### **14. Health care for School dropouts/Children not going to school**

ANMs/ASHAs should identify children not going to schools and facilitate their health check-up.

### **15. Promotion of Safe Drinking Water and Basic Sanitation:**

ANMs and ASHAs should bring issues related to sanitation and drinking water supply to the Health & Sanitation Committees and help find local solutions with provisions under State Health Mission and Departments of Health and Water & Sanitation. All U-PHCs must have sufficient stock of Chlorine Tablets/drops and ensure adequate stock of Chlorine tablets/drops with ASHAs.

### **16. Referral Services:**

Maternity Homes/Hospitals for Obstetric Services and Secondary/Tertiary Care centres nearest to the U-PHC must be identified and the linkages displayed in U-PHC as well as in the linked higher centres.

Clear referral guidelines/protocols must be available in the U-PHCs and referral centres.

The linkages should be two ways. Subsequent Follow-up of the referred cases and care as per the plan of action outlined by the consultant in higher centre shall be taken up at the U-PHC.

Complete referral slip (including history/examination/differential diagnosis/tests & treatment done till date) should be made.

In case of Acute Conditions/Trauma: Appropriate and prompt referral of cases should be made and the referral slip should mention what first aid was given to the patient. Appropriate support during transport e.g. IV fluids, a staff accompanying the patient to the referral centre in very serious cases should be ensured. Wherever available, ambulance or other referral transport must be provided to the patient.

Chronic Conditions requiring referral for specialist consultation/care:

Complete referral slip (including history, examination findings, diagnostic tests, differential diagnosis & treatment received by the patient till date) should be made available with the patient.

### **17. Maternal and Child Health Services in case of domiciliary delivery**

#### **Newborn Care:**

- ◆ Essential Newborn care including resuscitation
- ◆ Zero-day immunization (OPV, BCG, Hep B; as per Gol schedule)
- ◆ Inj. Vit. K administration



**Care of normal Newborn:**

- ◆ Breastfeeding/feeding support

**Care of sick Newborn**

- ◆ Identification, stabilization and initial management of complications (sepsis, LBW/ premature babies, etc.) before referral and prompt referral of 'sick' Newborn
- ◆ Referral services

**18. Laboratory Tests:**

- ◆ Hb
- ◆ Blood Grouping
- ◆ Bleeding time, Clotting time
- ◆ Peripheral Smear for MP
- ◆ Urine for albumin & sugar
- ◆ RDK for malaria,
- ◆ Urine for pregnancy test
- ◆ Screening for HIV and VDRL / RPR
- ◆ Sputum testing for TB (if U-PHC is a designated centre under RNTCP)
- ◆ Tests specified under IDSP
- ◆ Blood sugar

**19. Incentives under special schemes** for pregnant women like Janani Suraksha Yojana (JSY), state specific schemes like MAMTA Scheme, Ladli Scheme etc. should be publicized through the centre and the ANM/ASHA should facilitate utilization of these benefits by the eligible beneficiaries.**Janani Suraksha Yojana**

**Janani Suraksha Yojana (JSY)** is a safe motherhood intervention under the National Health Mission (NHM) being implemented with the objective of reducing maternal and neo-natal mortality by promoting institutional delivery among the poor pregnant women. This scheme integrates cash assistance with delivery and post-delivery care.

As the scheme would create demand for institutional delivery, it would be necessary to have adequate number of 24x7 delivery services centre, doctors, mid-wives, drugs etc. at appropriate places. Mainly, this will entail:

- ◆ Linking each habitation in an urban area to a functional health facility - public or accredited private institution where 24x7 delivery service is available
- ◆ Associating an ASHA to each of these institutions
- ◆ Keeping track of all expectant mothers and Newborn for immunization.
- ◆ Registering every pregnancy and preparing a micro-birth plan for every pregnant woman
- ◆ Tracking each pregnant woman for Antenatal care, ensuring that she is counselled regarding nutrition, birth preparedness and complication readiness



- ◆ Pre-determining a place of delivery for every pregnant woman in consultation with her and her family
- ◆ ASHA and ANM to ensure that funds in the form of cash incentive for mother, cash assistance for referral transport, and transactional cost to be provided as per guidelines are available

## **Janani Shishu Suraksha Karyakram (JSSK – as Relevant to the UPHC)**

JSSK was launched on June 1, 2011 to assure free services to all pregnant women and sick infants accessing public health institutions. The scheme envisages free and cashless services to pregnant women including normal deliveries and caesarean section operations and also treatment of sick infants (up to 1 yr. after birth) in all Government health institutions across State/UT.

This initiative supplements the cash assistance given to pregnant women under the JSY and is aimed at mitigating the burden of out of pocket expenditure incurred by pregnant women and sick Newborn / infants.

## **Rashtriya Bal Swasthya Karyakram**

Rashtriya Bal Swasthya Karyakram (RBSK) is an important initiative aiming at early identification and early intervention for children from birth to 18 years to cover 4 'D's viz. Defects at birth, Deficiencies, Diseases, Development delays including disability.

The initiative supplement free of cost services including surgical intervention to children from birth to 18 years at pre-defined tertiary care institution/ District Early intervention centre

## **20. Prevention and Control of Infection**

Appropriate infection-prevention procedures must be practiced at all times with all clients to decrease the risk of transmission of infection, including the HIV, Hepatitis C and B.

**Universal precautions** should be understood and followed by all medical and paramedical staff involved in health services' provision:

- ◆ Hand washing thoroughly with soap and running water must be practiced
  - ★ Before carrying out any procedure
  - ★ Immediately if gloves are torn and hands are contaminated with blood or other body fluids
  - ★ Soon after the procedure, with gloves on and again after removing the gloves
- ◆ Staff must use protective gloves, mask, waterproof aprons and gowns.
- ◆ Strict asepsis during the operative procedure and while cleaning and dressing the operative site must be maintained.
- ◆ "No touch technique" must be followed i.e. any instrument or part of instrument which is to be used must not touch any non-sterile object/surface prior to insertion.



- ◆ All instruments must be cleaned and decontaminated immediately after each use.
- ◆ Sterilisation/high level disinfection of instruments must be paid meticulous attention.
- ◆ Prescribed waste-disposal practices must be followed in segregation, handling, transporting and processing of the biomedical waste generated in the centre.

Each U-PHC must be well equipped in terms of logistics and trained manpower to take care of its biomedical waste, which should be disposed as per the guidelines provided by the State.

## **21. IEC (Information, Education, Communication)/BCC (Behaviour Change Communication)**

Each U-PHC shall have BCC plan in which the desired behaviour change, the modality to be used along with time frames and expected outputs/outcomes should be stated. Each interaction must emphasize a positive behaviour change among those visiting the health facility and also in the community in the catchment area in a non-judgmental manner.

Some of the proposed activities are:

- ◆ Display of IEC material in the waiting areas and use of available IEC material in outreach sessions
- ◆ Disbursal of handbills and leaflets as and when provided
- ◆ Conduct of nukkadnataks (street plays), well baby shows, camps etc.
- ◆ Inter Personal Communication of staff with patients and their family members
- ◆ Training and supporting ASHAs for effective IEC, BCC
- ◆ Making use of monthly Health and Nutrition days, meetings of Health and Sanitation committees, youth clubs, MAS and other self-help groups for IEC/BCC activities.

## **22. Implementation of National Health Programmes**

**Integrated Disease Surveillance Project (IDSP):** (Disease Surveillance and Control of Epidemics)

- ◆ Weekly reporting of epidemic prone diseases in S, P & L forms and SOS reporting of any cluster of cases
- ◆ Appropriate preparedness and first level action in out-break situations.
- ◆ Alertness to detect unusual health events and take appropriate remedial measures
- ◆ Promotion of sanitation including use of toilets and appropriate garbage disposal

**Revised National Tuberculosis Control Programme (RNTCP):**

- ◆ All U-PHCs to function as DOTS Centres to deliver treatment as per RNTCP guidelines through DOTS providers.
- ◆ Treatment and referral for common complications of TB and side effects of drugs.
- ◆ Recording and reporting on RNTCP activities as per the guidelines

**National Programme for Control of Blindness (NPCB):**

- ◆ Diagnosis and treatment of common eye diseases.
- ◆ Screening for refractive disorders and referral for refraction study.
- ◆ Detection of cataract cases and referral for cataract surgery



### **National Vector Borne Disease Control Programme (NVBDCP):**

- ◆ Diagnosis of Malaria cases, microscopic confirmation and treatment.
- ◆ Cases of suspected Dengue, Chikungunya to be provided symptomatic treatment, referral for hospitalization and case management as per the protocols.
- ◆ IEC activities regarding spread and prevention, symptoms of Vector borne diseases to enable early detection of disease and its complications.

### **National Leprosy Elimination Programme:**

- ◆ Identification of leprosy patients on the basis of clinical examination.
- ◆ Referral of the patients to secondary care level in case of doubtful clinical diagnosis requiring investigations, treatment of complicated cases, multi drug resistance, severe drug reaction etc.
- ◆ Complete treatment with Multi Drug Therapy.
- ◆ Information, Education and Communication (IEC) activities.
- ◆ Rehabilitation/Disability prevention.

### **National Iodine Deficiency Disorder Control Programme:**

- ◆ Goitre detection and appropriate management/referral.
- ◆ IEC activities to create awareness of Iodine deficiency disorders and promote the consumption of iodinated salt by the people.
- ◆ Monitoring of iodinated salt through salt testing kits.

### **National AIDS Control Programme:**

- ◆ IEC activities to enhance awareness and preventive measure about STIs and HIV, Prevention of Parents to Child Transmission (PPTCT) services.
- ◆ Screening of persons practicing high-risk behaviour and referral to the nearest ICTC
- ◆ Screening of antenatal mothers with one rapid test for HIV and confirmation of positive status from linked ICTC
- ◆ Linkage with Microscopy Centre for HIV-TB coordination
- ◆ Condom Promotion & distribution of condoms to the vulnerable populations
- ◆ Supporting persons living with HIV-AIDS and counselling those receiving ART for adherence

### **National Programme for Prevention and control of cancer, diabetes, cardiovascular diseases and stroke (NCPDCS) Cancer:**

- ◆ IEC activities for prevention of cancers
- ◆ IEC activities for early detection of cancers. Picking up of danger signs like change in bowel/bladder habits, bleeding per rectum, blood in urine, lymph node enlargement, lump or thickening in breast, redness/soreness of nipples, non-healing chronic sore or ulcer in oral cavity, difficulty in swallowing, obvious change in wart/mole, nagging cough or hoarseness of voice etc.
- ◆ Referral of suspected cases to higher centres for management



### **Other Non-communicable diseases:**

- ◆ Health Promotion Services to modify individual, group and community behaviour especially through:
  - ★ Promotion of Healthy Dietary Habits
  - ★ Increase physical activity
  - ★ Avoidance of tobacco and alcohol
  - ★ Stress Management
- ◆ Early detection, management and referral of Diabetes Mellitus, Hypertension and other Cardiovascular diseases and Stroke through simple measures like history, measuring blood pressure, checking for blood, urine sugar and ECG.

### **National Mental Health programme:**

- ◆ Early diagnosis and treatment of mental illness in the community.
- ◆ Basic Services: Diagnosis and treatment of common mental disorders such as psychosis, depression, anxiety disorders and epilepsy and referral).
- ◆ IEC activities for prevention, stigma removal, early detection of mental disorders and greater participation/role of Community for primary prevention of mental disorders

### **National Programme for the healthcare of the elderly:**

- ◆ IEC activities on healthy aging.
- ◆ 'Weekly geriatric clinic at U-PHC' for providing complete health assessment of elderly persons
- ◆ Management of chronic diseases and referral services.

### **National programme for prevention and control of deafness:**

- ◆ Early detection of cases of hearing impairment and deafness and referral.
- ◆ Basic Diagnosis and treatment services for common ear diseases like wax in ear, otomycosis, otitis externa, Ear discharge etc.
- ◆ IEC services for prevention, early detection of hearing impairment/deafness and greater participation/role of community in primary prevention of ear problems.

### **National Tobacco Control Programme (NTCP):**

- ◆ Health education and IEC activities regarding harmful effects of tobacco use and second hand smoke.
- ◆ Promoting quitting smoking and tobacco use in the community.

### **National Programme for Prevention and Control of Fluorosis (NPPCF) (In Endemic Districts):**

- ◆ IEC activities to prevent Fluorosis.
- ◆ Clinical examination and preliminary diagnostic assessment for cases of Fluorosis if facilities are available.



## B. Equipment & Instruments for UPHC

Following list is suggestive and not exhaustive. Requirement may be decided as per load

Suggested Equipment's & Instruments for UPHC	
Sl. No.	List of Equipment's & Instruments for UPHC
1	Adult weighing scale
2	Anterior wall retractor
3	Artery forceps (large & Small)
4	Autoclave/Boiler
5	B.P. (Digital) apparatus
6	Baby weighing scale
7	Bowl for antiseptic solution for soaking cotton swabs
8	Bowls stainless steel
9	Clinical Digital thermometers
10	Cold Boxes (Large and Small)
11	Computer with internet facility
12	Cusco Speculum
13	Dressing Drum
14	Deep Freezer (small with Voltage stabilizer)
15	Dressing trolley
16	Ear specula
17	Ear syringe
18	ECG machine
19	Emergency tray and equipment
20	Fetoscope
21	Forceps cheatle 9 "
22	Forceps plain 6 "
23	Forceps toothed 6 "
24	Head light
25	Height measuring Scale
26	Ice box
27	Ice Lined Refrigerator (Small)
28	Ice packs
29	Infantometer
30	Instrument trolley
31	IUCD kit
32	IV giving sets with intracaths
33	IV Stand
34	Kidney tray for emptying contents of MVA syringe



<b>Sl. No.</b>	<b>List of Equipment's &amp; Instruments for UPHC</b>
35	Kidney trays
36	Measuring tape
37	MVA syringe and cannula of sizes
38	Nebulizer
39	Needle destroyer
40	Needle Holder
41	Normal forcep
42	Oxygen Concentrator
43	Oxygen cylinder on trolley with spanner and flow meter
44	Percussion (knee) hammer
45	Probe for ear wax removal
46	Refrigerator
47	Resuscitation self-inflating bags (Ambu's) and masks of different sizes
48	Scissors
49	Sims speculum
50	Single panel X-ray view box
51	Slides
52	Snelle's Chart
53	Spatula
54	Sponge holding forceps
55	Spot light
56	Stadiometer
57	Stainless steel tray with cover
58	Sterilizer
59	Stethoscope
60	Suction Apparatus
61	Syringes of different sizes
62	Tongue Depressor (Disposable)
63	Torch with batteries
64	Tooth forceps
65	Tray containing chlorine solution for keeping soiled instruments
66	Tuning fork
67	Vaccine Carriers with 4 Icepacks
68	Volsellum uterine forceps



## C. Laboratory Requirement for UPHC

Following list is suggestive and not exhaustive. Requirement may be decided as per load.

Common Items Used in Laboratory	
Sl. No.	Name of the Item
1	Hematology Analyzer
2	Semi-Auto Analyzer
3	Colorimeter
4	Test Tubes
5	Glass slides and cover slips
6	Glass Beaker
7	Glass Flask
8	Pipettes
9	Syringes and Needles
10	Gloves and Masks
11	Lancets
12	Vacutainers
13	Tourniquets
14	Microscope (preferably Binocular)
15	Centrifuge Machine
16	Hot air oven or Incubator or Water bath
17	Burette (Used to measure amount of Alkali/acid for titration)
18	General Laboratory Stands, racks, filter papers
19	Reagents, Chemicals etc.
20	Refrigerator
21	Bio-Medical Waste Management Buckets
22	Urine Containers

## D. Furniture for UPHC

Following list is suggestive and not exhaustive. Requirement may be decided as per load.

List of Furniture for UPHC	
1	Writing tables (officer) with table sheets
2	Armless chairs
3	Attendant Chair
4	Basin with stands
5	Bed sheets
6	Bedstead iron for treatment room



7	Bedside table
8	Benches for waiting area
9	Biomedical bins with liners
10	Buckets and mugs
11	Cloth screen three fold
12	Computer table with chair
13	Cupboard
14	Curtains
15	Doctor's Chair
16	Dustbins
17	Dressing Table
18	Examination Table/Beds
19	Foot steps
20	Generator (7.5 KV)
21	Inverter for computer
22	Inverter for fridge
23	Lamps
24	Mattress for beds
25	Medicine box
26	Notice board
27	Office chairs
28	Patient Stool
29	Pillows with covers
30	Revolving Stool (examination)
31	Rubber sheeting
32	Side wooden racks
33	Staff Chair
34	Steel Almirah big
35	Steel almirah small
36	Stretcher on trolley
37	Table
38	Towels
39	Trolley (Dressing/drug/Instrument)
40	Wheel chairs
41	Wooden screen



## E Drug List for UPHC

Following list is suggestive and not exhaustive. Requirement may be decided as per load.

Suggested Drug List for UPHC	
Sl. No.	Product Name
1	Acetyl Salicylic Acid Tablets 150mg
2	Acyclovir 200mg
3	Albendazole 400mg
4	Amoxycillin Capsules 250mg
5	AmoxycillinTrihydrate Dispersible Tablets 125mg
6	Ascorbic Acid Tablets (Chewable)
7	Atenolol Tablets 50 mg
8	Atorvastatin Tab 10mg
9	Azithromycin Tablets 500mg
10	Bisacodyl Tablets 5mg
11	Calcium Gluconate Tablets 500mg
12	Cefadroxil Kid Tablets 125mg
13	Cefadroxil Tablet 500mg
14	Cefixime Tablets 200mg
15	Chlorine Tablets 0.5gm
16	Chloroquine Phosphate Tablet 250mg (150mg base)
17	Chlorpheniramine Maleate Tablets 4mg
18	Ciprofloxacin Tablets 250 mg
19	Clotrimazole Vaginal Tablets 100mg
20	Dexamethasone Tablets 0.5mg
22	Diazepam Tablets 5mg
24	Diclofenac Sodium Tablets 50mg
25	Dicyclomine Tablets 20mg
27	Diethyl Carbamazine Citrate 50mg
29	Domperidone Tablets 10mg
30	Doxycycline Capsules 100mg
31	Eteophylline with Theophylline Tablets
32	Fluconazole Tablets 150mg
33	Fluconazole Tablets 50mg
34	Folic Acid & Ferrous Sulphate Tablets (Large)
35	Folic Acid & Ferrous Sulphate Tablets (Small)
36	Folic Acid Tablets 5mg



<b>Sl. No.</b>	<b>Product Name</b>
37	Glibenclamide Tablets 5mg
38	Glimepiride Tablets 1mg
39	Glipizide Tablets 5mg
40	Ibuprofen Tablets 400mg
41	Inj Ranitidine
42	Levocetirizine Tablets 5mg
43	Metformin HCL Tablets 500mg
45	Methyldopa Tablets 250mg
46	Methylergometrine Maleate Tablet 0.125mg
47	Metronidazole Tablets 200mg
48	Norfloxacin Tablets 400mg
49	Norfloxacin Kid Tablets 100mg
50	Ofloxacin Tablets 200mg
51	Omeprazole Capsules 20mg
52	Pantoprazole Tablets 40mg
53	Paracetamol Tablets 500mg
54	Primaquine Phosphate Tablets 2.5mg
55	Primaquine Phosphate Tablets 7.5mg
56	Tab Fenoxidenadine 120mg
57	Tab Ranitidine 150mg
58	Tab Tinidazole 500mg
59	Vitamin A &D Capsules
60	Zinc Sulphate Dispersible Tablets 20mg
<b>Misc.</b>	
1	Albendazole Suspension 200mg/5ml
2	Anti Rabies Vaccine
3	Azithromycin Oral Suspension 200mg/5ml
4	Betamethasone Valerate Cream
5	Chloroquine Phosphate syrup (60ml)
6	Clotrimazole Cream 1%w/w
7	Dicyclomine HCL Oral Solution 10mg/5ml
8	Domperidone Suspension 1mg/ml
9	Folic Acid & Ferrous Sulphate Syrup 100ml
10	Framycetin Sulphate Cream
11	Gamma Benzene Hexachloride Application



<b>Sl. No.</b>	<b>Product Name</b>
12	Gentamicin Eye Drops 0.3% w/v
13	Gention Violet Topical Solution
14	I.V.Fluids
15	Ibuprofen Suspension 100mg/5ml
16	Inhaler Beclomethasome
17	Inhaler Salbutamol
18	Injections for Emergency Treatment
19	Insulin Preparations
20	LevocetirizineDihydrochloride Syrup
21	Metronidazole Suspension 100mg/5ml
22	Neomycin, Bacitracin & Polymaxin -B Oint
23	Paracetamol Syrup 125mg/5ml
24	Povidone Iodine Ointment 5%
25	Povidone Iodine Solution 5%
26	Reagent Strips for estl of Albu&Glu. In Urine
27	Salbutamol Syrup 2mg/5ml
28	Silver Sulphadiazine Cream 1 %
29	Vitamin A solution 1Lac IU/1ml

#### **Emergency Drugs**

1	Drugs & Injectable as per requirement
2.	IV Fluids & Plasma Expanders
3	Oxygen Cylinders/ Oxygen Concentrator
4	Essential Equipment – Suction Machine, Ambu's Bag, ECG Machine, etc.
5	Suture Kit

#### **Surgical**

1	Absorbent Gauze (20mt x 90cm)
2	Absorbent Cotton Wool
3	Adhesive Tape 5cmx10mtr
4	Adhesive Tape 7.5cmx10mtr
5	Bandage Cloth (20mt x 90cm)
6	Disposable Hypodermic Needle Size:22x1"
7	Disposable Hypodermic Needle Size:23x1"
8	Disposable Hypodermic Needle Size:24x1"
9	Disposable Syringe 2 ml(Without Needle)
10	Disposable Syringe 5 ml(Without Needle)



<b>Sl. No.</b>	<b>Product Name</b>
11	Elastic Adhesive Bandage Size: 10cm x 2.70 mtr
12	Infusion Set {E.T.O.Sterilised}
13	Rolled Bandage (5mt x 5cm) with IS I Mark
14	Scalp Vein Set Size:24
<b>Instruments</b>	
1	Surgical Blade No:11
2	Micropore Adhesive Paper Tape Size : 1.25
3	Surg.Rubber Gloves 6.5
4	Surg.Rubber Gloves 7
5	Surgical Blade No:20
6	Surgical Blade No:22
7	Surgical Blade No:23





## ANNEXURE-B

### Key Performance Indicators

Key Performance Indicators				
Urban Primary Health Care Centre				
Sl. No.	Indicator	This Month	Previous Month	Benchmark
<b>Productivity</b>				
1	OPD per Month			
2	Lab test done per 1000 OPD patient			
3	No. of ANC conducted per month			
4	Proportion of vulnerable patient attended OPD			
<b>Efficiency</b>				
5	No. of outreach session conducted per ANM			
6	Dropout rate for DPT vaccination			
7	No. of Stock out drugs			
<b>Clinical Care/ Safety</b>				
8	Consultation Time at OPD			
9	Percentage of High risk pregnancy detected during ANC			
10	Antibiotic Consumption rate			
11	Percentage of AEFI cases reported			
12	IUCD complication rate			
13	Proportion of TB patient on DOTs completing their treatment successfully.			
<b>Service Quality</b>				
14	Patient Satisfaction Score			
15	Registration to Drug time (Average)			
16	Follow up rate			

## Formula to Calculate the KPI

Key Performance Indicators for UPHC			
Indicator	Formula	Data Source	Significance
<b>Productivity</b>			
OPD Per month	Daily OPD attendance added for Month	OPD register	Indicator for Utilization for OPD services
Lab test done per 1000 OPD Patient	Total no. of Lab test done in Month*1000/Total No. of OPD cases in month	Lab register & OPD register	Indicator for Utilization for Laboratory services
No. of ANC Conducted per month	Total no. of ANC Conducted in month	ANC Register	Utilization index for ANC services
Proportion of Vulnerable patient Attended	Total no. of Vulnerable patient attended OPD/Total no. of OPD patient	OPD register	Utilization of services by vulnerable patients like beggars, rag pickers, slum dwellers etc
<b>Efficiency</b>			
No. of outreach session conducted per ANM	No. of Outreach session conducted per month/No. of ANM available	Outreach register	Indicator for Efficiency of ANM
Drop out rate for DPT immunization	No. of infant receiving DPT1- No. of infant receiving DPT3 *100/No. of Infant receiving DPT1	Immunization register	Indicator for Efficiency of Immunization services
No. of stock out days	Sum of stock out days for each drugs	Pharmacy register	Indicator for Efficiency of Pharmacy services
<b>Clinical Care</b>			
Consultation time for OPD	Average OPD hrs in month / Total no. of patient consulted. Average OPD hrs in month= No. of hours OPD services are functional* No. of days UPHC is functional. (Excluding Holidays)	OPD register	Indicator for clinical care of OPD services
Percentage of high risk pregnancy detected during ANC	Total no. of high risk pregnancy identified*100/ Total no. of pregnant women registered.	ANC Register	Indicator of Quality of Care of ANC services
Antibiotic prescription rate	No. of cases where antibiotic prescribed*100/No. of Prescription audited	OPD register	Indicator of safety of services provided in OPD
Percentage of AEFI cases reported	Total no. of AEFI cases reported*100/Total no. of immunization done	Immunization register	Indicator of Quality of Care of immunization services



<b>Indicator</b>	<b>Formula</b>	<b>Data Source</b>	<b>Significance</b>
IUCD complication rate	Total no. of IUCD cases return with complication*100/Total no. of IUCD inserted. Complication includes infection, expulsion of IUCD etc.	Family planning register	Indicator of Quality of Care of family planning services
Proportion of TB patient on DOTS completing their treatment successfully	Total no. of DOT cases actually completed the treatment/Total no. of DOT cases expected to complete the treatment	TB register	Indicator of Quality of Care of RNTCP
<b>Service Quality</b>			
Patient satisfaction Score	Mean of score given by each patient in Patient satisfaction survey		Indicator for patient satisfaction of OPD
Registration to Drug time	Average time taken from registration to receiving of drugs from pharmacy		Indicator of Service Quality of OPD services
Follow up rate	No. of follow up cases*100/ Total no. of cases	OPD register	Indicator of Service Quality of OPD services





## Suggestive Format for Standard Operating Procedure

SOP Number              Insert Number (e.g. 1)

SOP Title              Insert Title

### Purpose

A brief description of the purpose of the SOP, it should describe why the SOP is required (e.g. Compliance with MoHFW guidelines, State Guidelines, Ensuring quality in services, Compliance to National Quality Assurance Standards, etc.).

The source should be given in the reference section rather than direct quotes. If any records are generated (e.g. entries of birth in the birth register in labor room).

### Introduction

A general introduction, with a statement of rationale

### Scope

A statement that outlines the areas and context covered by the SOP.

If there are any areas in which this SOP specifically does NOT apply, these should also be mentioned to avoid ambiguity.

### Definitions

When appropriate, a list of definitions should be included for terms used in the SOP.

### Process Owner

It should contain the designation of the person/persons, responsible for key activities of the SOP and also responsible for review/ amendment/change in the SOP.

### Specific Procedures

Sr. No	Activities	Responsibility
1.1 (SOP No:01)	(Please describe the activities and sub-activities in the present tense, e.g. An pregnant lady arrives at the hospital for confirmation of the pregnancy and also for undergoing Antenatal check-up)	
1.2		
1.3		
1.4		



## **References**

(This section is used to list all references, used within the text of the SOP, sufficient for the user to find the source document(s). (Please add/delete numbers)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

## **Records**

Insert relevant records, which may be generated and referred to during the course of assessment.  
(Please add/delete the numbers)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_





## ANNEXURE-D

### Suggested Patient feedback format

Dear Client

You have spent your valuable time in the UPHC in connection with your/relative / friend's treatment. In our continuous Endeavour to improve the services we request you to kindly share your experiences and opinion on various aspects of the UPHC's services. The information provided by you would be kept confidential & would only be used for improve our services.

**Please tick the appropriate box and after completion please drop the questionnaire in the Suggestion Box**

Sr. No.	Attributes	Poor	Fair	Good	Very good	Excellent
1	Availability of sufficient information in Hospital (Direction, Location & Department signage etc.)					
2	Waiting time at registration Counter					
3	Behaviour & Attitude of staff of UPHC					
4	Cleanliness of the OPD, toilets and overall facility					
5	Attitude and communication of doctors					
6	Time spent on Consultation, examination and counselling					
7	Availability of laboratory test within UPHC					
8	Promptness at Pharmacy counter					
9	Availability of prescribed drugs at UPHC					
10	Overall impression of the facility					

What improvement would you like to see in the hospital?

Your Valuable suggestions:

Date: \_\_\_\_\_ Clinic \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_



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>> Quality Standards for Urban Primary Health Centre October 2015



## List of Abbreviations

1	ACT	Artemisinin Base Combination Therapy
2	AD	Auto Disable
3	ADB	Asian Development Bank
4	AEFI	Adverse Events Following Immunization
5	AFB	Acid Fast Bacilli
6	AFHC	Adolescent Friendly Health Centre
7	AHD	Adolescent Health Day
8	AIDS	Acquired Immunodeficiency Syndrome
9	AMC	Annual Maintenance Contract
10	ANC	Ante Natal Care
11	ANM	Auxiliary Nurse Midwifery
12	APH	Ante Partum Haemorrhage
13	ARSH	Adolescent Reproductive Sexual Health
14	AS&MD	Additional Secretary and Mission Director
15	ASHA	Accredited Social health Activist
16	AWW	Anganawadi Worker
17	AYUSH	Ayurveda, Yoga, Unani, Siddha and Homeopathy
18	BCC	Behavioural Change Communication
19	BCG	Bacillus Calmette Guerin
20	BLS	Basic Life Support
21	BP	Blood Pressure
22	BPL	Below Poverty Line
23	CHC	Community Health Centre
24	CME	Continuing Medical Education
25	CMO	Chief Medical Officer
26	COC	Combined Oral Contraceptive
27	CPD	Cephalopelvic Disproportion
28	CPR	Cardio Pulmonary Resuscitation
29	CQSC	Central Quality Supervisory Committee
30	CSOM	Chronic Supportive Otitis Media
31	CVA	Cerebrovascular Accident



32	DA	Daily Allowance
33	DD	Deputy Director
34	DDT	Dichloro Diphenyl Trichloroethane
35	DGHS	Directorate General of Health Service
36	DOTs	Directly Observed Treatment, Short course
37	DQAC	District Quality Assurance Committee
38	DQAU	District Quality Assurance Unit
39	DSU	District Surveillance Unit
40	ECG	Electro Cardiogram
41	ECP	Emergency Contraceptive Pill
42	EDD	Estimated Delivery Date
43	ENL	Erythema Nodosum Leprosum
44	EQAS	External Quality Assurance System
45	ESIC	Employee's State Insurance Corporation
46	ETAT	Emergency Triage Assessment And Treatment
47	ETO	Ethylene Oxide Sterilization
48	FIR	First Information Report
49	FRU	First Referral Unit
50	FW	Family Welfare
51	GDM	Gestational Diabetes Mellitus
52	GoI	Government of India
53	H2S	Hydrogen Sulphide
54	HB	Haemoglobin
55	HBsAG	Hepatitis B Surface Antigen
56	HCL	Hydro Chloric Acid
57	HMIS	Health Management Information System
58	HSDP	Health Systems Development Project
59	ICDS	Integrated Child Development Services
60	ICTC	Integrated Counselling and Testing Centre
61	IDSP	Integrated Disease Surveillance Project
62	IEC	Information Education & Communications
63	IFA	Iron Folic Acid
64	ILR	Ice Lined Refrigerator
65	IMNCI	Integrated Management of Neonatal and Childhood Illness
66	INJ	Injection
67	IPC	Inter Personal Communication
68	IPHS	Indian Public Health Standards
69	IQAS	Internal Quality Assurance System
70	ISM	Indian Systems of Medicines



71	IUCD	Intra Uterine Contraceptive Device
72	IUFD	Intra Uterine Foetal Death
73	IV	Intra Venous Therapy
74	JE	Japanese Encephalitis
75	JNNURM	Jawaharlal Nehru National Urban Renewal Mission
76	JS	Joint Secretary
77	JSSK	Janani Shishu Suraksha Karyakram
78	JSY	Janani Suraksha Yojana
79	KG	Kilo Gram
80	KMC	Kangaroo Mother Care
81	KPI	Key Performance Indicators
82	KV	Kilo Volts
83	LAM	Lactation Amenorrhea Method
84	LASA	Look Alike and Sound Alike
85	LBW	Low Birth Weightage
86	LHV	Lady Health Visitor
87	LMP	Last Menstrual Period
88	LT	Lab Technician
89	LW	Link Worker
90	M&E	Monitoring and Evaluation
91	MAS	Mahila Arogya Samiti
92	MCP card	Mother -Child Protection Card
93	MCTS	Mother and Child Tracking System
94	MD	Mission Director
95	MDT	Multi Drug Therapy
96	ME	Measurable Element
97	MG	Milligram
98	MLC	Medico Legal Case
99	MO	Medical Officer
100	MoHFW	Ministry of Health and Family Welfare
101	MOIC	Medical Officer in Charge
102	MS	Medical Superintendent
103	MTP	Medical Termination of Pregnancy
104	MUAC	Mid Upper Arm Circumference
105	MVA	Manual Vacuum Aspiration
106	NACP	National AIDS Control Programme
107	NCD	Non- Communicable Diseases
108	NGO	Non-Governmental Organization
109	NHM	National Health Mission



110	NHSRC	National Health Systems Resource Centre
111	NLEP	National Leprosy Eradication Programme
112	NOC	No Objection Certification
113	NPCB	National Programme for Control of Blindness
114	NPCDCS	National Programme for Prevention and Control of Cancer, Diabetes, Cardio Vascular Disease and Stroke
115	NPHCE	National Programme for Health Care of the Elderly
116	NPPCF	National Programme for Prevention and Control of Fluorosis
117	NRC	Nutritional Rehabilitation Centre
118	NSSO	National Sample Survey Office
119	NTCP	National Tobacco Control Programme
120	NUHM	National Urban Health Mission
121	NVBDCP	National vector Borne Disease Control Programme
122	OB	Observation
123	OCP	Oral Contraceptive Pills
124	OPD	Out-Patient Department
125	OPV	Oral Polio Vaccine
126	ORS	Oral Rehydration Salts
127	PCOD	Poly Cystic Ovary Syndrome
128	PEP	Post Exposure Prophylaxis
129	PHC	Primary Health Centre
130	PHP	Public Health Planning
131	PHW	Public Health Worker
132	PI	Patient Interview
133	PIR	Preliminary Information Report
134	PNC	Post Natal Care
135	POP	Progesterone only pill
136	PPH	Post-PartumHaemorrhage
137	PPTCT	Prevention of Parent to Child Transmission
138	PROM	Premature Rupture of Membranes
139	PSS	Patient Satisfaction Survey
140	PSU	Public Sector Undertaking
141	QA	Quality Assurance
142	QC	Quality Control
143	QI	Quality Improvement
144	QMS	Quality Management System
145	RBC	Red Blood Cells
146	RBSK	Rashtriya Bal Swasthya Karyakram
147	RCH	Reproductive and Child Health Programme



148	RDKs	Rapid Diagnostic test Kits
149	Rh	Rhesus
150	RKS	Rogi Kalyan Samiti
151	RMNCH+A	Reproductive, Maternal, Newborn, Child and Adolescent Health
152	RNTCP	Revised National Tuberculosis Control Programme
153	RPR	Rapid Plasma Reagins
154	RR	Record Review
155	RTI	Reproductive Tract Infections
156	SDH	Sub Divisional Hospital
157	SI	Staff Interview
158	SMART	Specific, Measurable, Achievable, Relevant, Time bound
159	SOP	Standard Operating Procedure
160	SQAC	State Quality Assurance Committee
161	SQAU	State Quality Assurance Unit
162	STG	Standard Treatment Guidelines
163	STI	Sexually Transmitted Infections
164	STS	Senior Treatment Supervisor
165	SYP	Syrup
166	TA	Travel Allowance
167	TB	Tuberculosis
168	TT	Tetanus Toxoid
169	UFWC	Urban Family Welfare Centre
170	UHP	Urban Health Post
171	UIP	Universal Immunization Programme
172	UN	United Nations
173	UPHC	Urban Primary Health Centre
174	UPS	Uninterruptible Power Supply
175	VDRL	Venereal Disease Research Laboratory
176	VHND	Village Health and Nutrition Day
177	Vit-k	Vitamin-K
178	VVM	Vaccine Vial Monitor
179	WBC	White Blood Cells
180	WCD	Women and Child Department
181	WHO	World Health Organization
182	Zn	Zinc





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