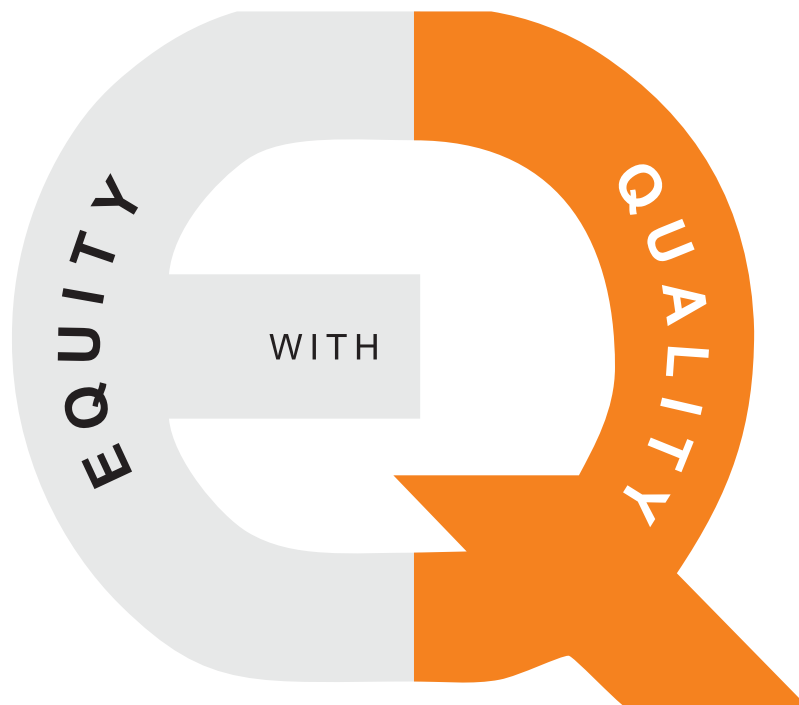


# Quality Assurance Manual

## Implementing Public Health Standards in Primary Urban Health Centres



**Book 2**



सत्यमेव जयते

**Delhi State Health Mission**  
Department of Health and Family Welfare  
Government of National Capital Territory of Delhi

**Quality Assurance Manual**  
**Implementing Public Health Standards**  
**in**  
**Primary Urban Health Centre**  
**Book 2**



**Delhi State Health Mission**  
**Department of Health and Family Welfare**  
**Government of National Capital Territory of Delhi**



**Development of this Quality Assurance Manual is the essential first step towards an objective and quantifiable implementation of Quality in Healthcare. The document is an attempt to provide a framework, which can be modified, worked upon and enriched with passage of time and experience gained with implementation at various levels – State, District, Facility and Individual. This book is to be used along with the Public Health Standards for Primary Urban Health Centre (PUHC), Book 1.**



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# Introduction

Client-centredness, comprehensiveness, integration with continuity of care, and participation of patients, families and communities are being increasingly identified as the essential characteristics of a Primary Health Care Delivery system . In addition to the objective of achieving universal availability, the focus is on “Quality Of Care” .

**Quality of Care** is defined as “attributes of a service program that reflect adherence to professional standards, in congenial service environment and satisfaction on the part of the user”, (UNFPA Technical Report 1999). The Quality of care is a dynamic entity and with passage of time, increasing availability of resources, increasing sensitization and capacities of the services providers, the care provided shall have added dimensions and scope. At any given time it shall be objectively quantifiable against the set standards and benchmarks.

First and foremost requirement in provision of Quality Care is the availability of standards which are an optimum combination of aspiration and pragmatism and are implementable. **Indian Public Health Standards (IPHS) for Primary Health Centre (PHC)** have been laid down in order to optimize healthcare delivery and now benchmarks are available against which the PHC can be evaluated both structurally and functionally. Similar standards were not available for the Urban health centres which are essentially different from the rural primary health structures. In an urban setting where terrain is not a problem, transport is relatively easy, referral facilities are close by, the Primary healthcare system faces different set of challenges. The urban population dynamics, diverse and changing morbidities, prolific, uncontrolled urbanization, contrasting socio-economic groups, multiplicity of existing health infrastructure with different administrative authorities mandate a Primary Urban Health Centre to be different functionally and structurally from the Primary Health Centre of a rural state.

Public Health Standards for a Primary Urban Health Centre (PUHC) not being available , Department of Health and Family Welfare, GNCTD using the opportunity provided by the State Health Mission has formulated Public Health Standards for PUHCs in Delhi.

**The objectives of Public Health Standards for PUHCs are:**

- i. To provide comprehensive, quality assured primary health care to the community through the Primary Urban Health Centres.
- ii. To achieve and maintain an acceptable standard of quality of care.
- iii. To make the services more responsive and sensitive to the needs of the community.
- iv. To address the issue of multiplicity by setting common benchmarks and standards.



**Ensuring a Standardized Primary Urban Health Centre for every 50,000 population is perhaps the only way to :**

- ✍ Utilize the existing health infrastructure belonging to multiple agencies to ensure universal coverage.
- ✍ Standardize heterogenous units and assure quality.
- ✍ Rationalize existing resources and plan for more.
- ✍ Ensure accountability.
- ✍ Bring about the ground level integration of all health programs.

**The Standards have been defined under four sections covering four vital aspects of the Primary Healthcare delivery.**

- 1. Processes mandated** for the delivery of healthcare services in the Primary Urban Health Centre.
- 2. Inputs required** in terms of Physical Infrastructure , Logistics and human resource.
- 3. Community participation** through setting up of Rogi Kalyan Samitis, Health and Sanitation Committees and linkage with community through ASHAs.
- 4. Expected Outputs and Outcomes** in form of Service guarantees and Client satisfaction and positive change in health indicators .

**The Quality Assurance Manual has been prepared to objectively assess the level of adherence to the standards laid down. It shall facilitate the planners in measuring success achieved in conversion of Inputs and processes into expected outputs and outcomes both quantitatively and qualitatively.**

**Need for Quality Assurance**

# SECTION

1



# Need for Quality Assurance

The emphasis is now on the evaluation of public health systems for delivery of quality assured services. **Quality of Care** is defined as “attributes of a service program that reflect adherence to professional standards , in congenial service environment and satisfaction on the part of the user”, (UNFPA Technical Report 1999). “Equity and Quality” have now been linked inseparably as “**Equity with Quality**”.

The hitherto abstract concept of quality is to be converted into quantifiable output indicators to be further justified and validated by increasing client trust and satisfaction.

**Quality Assurance (QA)** is a dynamic mechanism of objectively assessing and facilitating the conversion of inputs/processes into the expected outputs and outcomes with quality ultimately borne out by the client satisfaction. It includes all activities involved in “defining, designing, assessing, monitoring and improving the quality of healthcare”.



Quality Assurance is a scientific, comprehensive and multipronged process which aims at quality in the inputs and processes as a pre-requisite to quality in outputs.

**Measuring the Quality of Healthcare Services:** The technical as well as the interpersonal components of the healthcare services have to be measured. There are three dimensions of quality requiring measurement using a system approach – inputs, processes and outputs. Now with the emphasis on community participation , an important process of Communitization has been included to provide sustained quality output. This is now added as the fourth dimension though it is a process itself.

The assessment of quality has to be built into the routine monitoring mechanisms and made an

integral part of all evaluation processes. Quality Assurance Intervention has to be institutionalized to give it the required effectiveness and sustainability.

**The Quality Assurance Program** is designed to objectively and systematically monitor and evaluate services offered to clients in accordance with pre-established standards, identify problems/bottlenecks, resolve them and pursue opportunities for improving services, leading to client satisfaction. The Quality Assurance Program shall provide the implementation framework at the State, district, and facility level. It defines the administrative mechanisms, the logistics/manpower support required, the steps in assessing, quantifying, identifying gaps, defining required actions at different levels, monitoring and evaluating periodically for improvements.

**Quality Assurance Program shall focus on:**

1. Assessment of Quality against the benchmarks/standards laid down.
2. Quality Improvement.

**Assessment of Quality in Healthcare:** The existing supervision practices shall be converted into more standardized and structured quality assessment processes by use of field-based, practical, feasible indicators in quality assessment.

**Quality Improvement:** The objective, quantifiable assessment against the set standards shall identify the gaps and the actions to be taken at different levels and help the service providers in addressing the same.

**The Quality Assurance Manual** shall provide the necessary tool to carry out objective assessment of quality and reduce subjectivity to minimum. It shall also help in quantification which is amenable to scoring and grading of the healthcare provided by the individuals / facilities. This in turn shall facilitate monitoring and evaluation of trends / improvements. The assessments shall be computer friendly. The summary assessment will allow the PUHC In-charge and the District QA Officer to identify gaps and initiate the corrective measures required to improve the quality of services. The manual shall act as a guide in assessing quality in inputs / processes / outputs and enable program managers both in the Public health facilities and those being run in partnership with Non Government Organization to provide quality healthcare.

The Manual shall provide the :

1. The definition of Quality and the parameters to be measured.
2. Management Framework for Quality Assurance.
  - a. The tools for assessment of quality and identifying gaps.

- b. The post assessment followup with action .
- c. Review , act and reassess .
- d. Backed by simple, user friendly , computer friendly , evaluation friendly formats .

**This is a dynamic manual**, which shall evolve and improve with time as guided by the field experiences and evidence base generated.



Quality in Primary Urban  
Health Centre

**SECTION**

**2**





# Quality in Primary Urban Health Centre

Standards have been laid down for the four key components in functioning of the PUHC. These are – Inputs, Processes, Communitization and Outputs. There has been increasing thrust on communitisation in last couple of years as it is seen as an important instrument for sustaining improvements made in healthcare delivery systems.

**Inputs:** Inputs are the resources provided to a facility to prepare it for delivery of the mandated services. They include the physical infrastructure, the equipment / logistics, trained and competent manpower.

The standards for the minimum basic input requirements have been laid down in the document – “Public Health Standards for the Primary Urban Health Centres” prepared by the Department of Health and Family Welfare of the State.

**Processes:** Process is the actual way in which a service is provided / activity is carried out. It includes technical and managerial protocols / mechanisms for specific activities. A process may comprise of an interplay of various elements of quality. Provision of specific clinical care components, building technical capacities, managing information, communitization, prevention / control of infection / biomedical waste disposal are all processes with multiple dimensions and are listed out in the “Public Health Standards for the Primary Urban Health Centres”. Individual clinical protocols / guidelines are issued by the different authorities / programs.

Process observation for adherence to the laid standards is used to evaluate the processes.

**Communitization :** Communitization is a process which involves building bridges with community through community link workers, involving the community in planning and delivering healthcare from the PUHC through the Rogi Kalyan Samitis, enabling the community in planning and carrying out local health initiatives eg. through the Health and Sanitation Committees.

## Outputs:

Some of the expected outputs are in availability of the following:

- Curative services – medical / surgical
- Maternal and newborn care through ANC and PNC
- Immunization for mother and child
- Family planning services
- Referral services for all types of patients
- Lab services
- Implementation of National programs through defined mechanisms



- Additional services in convergence with ICDS
- AYUSH services/specialist consultation
- Competent healthcare providers
- Uninterrupted supply of required logistics
- A safe, hygienic, client friendly health centre

All these outputs shall be viewed from the perspective of clients , care providers and program managers.

### Outcomes :

- Meeting the Primary healthcare needs of the community in an age / gender/ culture sensitive manner.
- Reducing the morbidity and mortality associated with ill health and disease.
- Prevention and thus reduction in incidence of communicable and non-communicable diseases promoting health / wellness.
- Community ownership for preserving and promoting its Health.

**IMPACT:** Monitoring of the overall impact on the Health/well being status of the catchment population is often not in the purview of individual PUHCs and also may be vulnerable to various parameters not in control of the Health and Family Welfare Department. The impact assessment is done through the periodical surveys both at the national/state level.

**Parameters (Elements)  
for measuring Quality in  
Primary Healthcare**

# **SECTION**

**3**



# Parameters (Elements) for measuring Quality in Primary Healthcare

To facilitate and organize assessment , different elements on which the the Quality shall be assessed have been listed out . These are:

- a). Access to services
- b). Facility Management
- c). Technical competence of care providers
- d). Equipments / Logistics
- e). Client Provider interaction
- f). Referral Linkages
- g). Managing Information and Continuity of care
- h). Communitization
- i). Convergence with stakeholders
- j). Informed decision making by the client

## a). Access to services :

The Access is the availability of the services and the capability of the client to access it.

- Inavailability of service due to some reason makes the service inaccessible.
- The service may be available but the client may not be able to access it due to distance , timings .
- The client may be able to reach the facility but the cost of drugs / investigations prescribed from outside make the treatment inaccessible.

## b). Facility Management :

Managing facility and organization of the services in line with the laid down standards.

- Upkeep of building and Physical infrastructure. Repairs / regular whitewashing
- Is the total space and work space allocation for different procedures, rooms adequate and as per specifications?
- Availability of running water, continuous electricity with power back up.
- Availability of adequate sheltered, comfortable waiting area, drinking water and clean toilets.
- Level of hygiene and cleanliness.
- Is the biomedical waste disposal as per the guidelines?
- Is the patient flow organized ?
- What is average waiting time for different counters-registration, consultancy, tests and procedures ?

### c). Technical competence of care providers :

Capacity and skill of the care provider to execute the procedure or a service as per the prescribed norms and guidelines.

- Are the required staff, as per the laid norms available in the PUHC?
- Are all staff members aware of their roles and responsibilities and the necessary skills required for them? Clinical care , managerial role management information system (MIS) role etc.?
- Are service guidelines / norms available for the procedures being carried out in the PUHC?
- Are guidelines available for prevention and control of infection and being adhered to?
- Is there a mechanism in place for identifying their training needs and conduct of the same at the PUHC/district/stateLevel?

### d). Equipment and Logistics :

Quality for equipments and logistics has to be assessed in terms of availability, quality and functionality.

- Are all equipments available as per standards, as per specifications given and in the numbers required?
- Are they in working condition?
- Is there a functional mechanism for AMC in place? Is the date of AMC, last servicing, phone number and details of the supplier / AMC holder displayed next to the equipment ?
- Is there a regular indent / supply system in place? Is it happening at the scheduled interval?
- Are the medicines, reagents , other consumables available in sufficient quantities till the next scheduled indent ?
- In case the sought items being repeatedly refused as "Not Available", what action has been taken at the local / district / State level ?
- Is the store space adequate and rodent / pest / weather proof ?
- Is the expiry register maintained and principal of first in, first out being followed ?
- Is there a mechanism for transportation of indent from the central store?
- Were any procurements made from the Rogi Kalyan Samiti funds ? Which are the Items procured using RKS funds?

### e). Client Provider Interaction :

It refers to the nature of exchange between the care provider and the client. This has the following attributes :

- The attitude of the care provider. Is it friendly , indifferent , rude?
- Is sufficient time given to the patient?
- Are queries about his / her illness encouraged / entertained?
- Is information provided regarding illness, treatment and counseling if so required ?

- Is any visual aid used while interacting ?
- Is due privacy and empathy observed during examination ?

#### **f). Referral Linkages and referral services:**

Refers to the downwards linkages with the identified catchment population , and the upward referral linkages with the identified secondary and tertiary care centres.

- Has the PUHC identified its catchment population for preventive and promotive services ?
- Has it been mapped and surveyed by ANM / ASHAs ?
- Has the PUHC identified the secondary and tertiary care centres for referral ?
- Is there a liaisoning mechanism to functionalize these linkages ?
- Are there back referrals?
  - (i). For patients who can be managed at the PUHC.
  - (ii). For patients who have been given the expert advice and now need to be followed up at the PUHC with outlined plan of action.
- Are there defined referral protocols available ?

#### **g). Managing information and Continuity of care:**

Refers to the management of information, generation of reports, patient records, staff and centre records.

- Are those involved in recording information, aware of the terms and definitions given in the formats they are using? Do they understand them ?
- Is information gathered complete and accurate and recorded legibly?
- Is the required stationary, hardware, software available for MIS?
- Is there a systematic mechanism for follow up and tracking of patients needing prolonged interventions/management/followup like – Ante Natal Care (ANC), Users of Family Planning methods, Patients diagnosed with Diabetes, Hypertension, Asthma, patients on treatment for TB, leprosy etc?

#### **h). Communitization:**

Refers to building linkages with community , involvement of the client in planning , implementation and monitoring the healthcare services through/Rogi Kalyan Samitis and empowering the community for local health actions through Health Sanitation Committees (HSC).

- Has the centre selected the required number of the Community Health Workers, ASHAs?
- Have they completed their trainings ?
- Has the Rogi Kalyan Samiti been formed?
- Is the monthly meeting of Rogi Kalyan Samiti taking place?
- Has the PUHC functionalized Health and Sanitation Committees ?



**i). Convergence with stakeholders from other related sections:**

Refers to functional integration of health related sectors at the field level.

- Is the PUHC linked to the anganwadi centres in the catchment area through the ANM and ASHA ?
- Are the anganwadi functionaries together with the ANM and ASHA engaged in managing malnourished and anemic children of their catchment area ?
- Is the PUHC linked to the local school and providing necessary support to the children referred from the school?
- Is there any linkage established with the local water and sanitation authorities?

**j). Informed decision making:**

Refers to the investment by the PUHC staff in terms of time and effort to enable the client in making an informed choice before adopting a method, consenting for a procedure, or changing a behavior.

- Does designated staff have the knowledge and the required interpersonal skills for providing the required counseling?
- Is enough time devoted to counseling activities?
- Do the communication efforts address social and economic determinants of health related behavior?
- Is audio visual / visual material available for facilitating this interaction ?
- If so, is it used judiciously?

Management of  
Quality Assurance  
**SECTION**

**4**



# Management of Quality Assurance

**1. State Level :** At the state level, there shall be a quality assurance committee and quality assurance cell. The Directorate of Health Services with State Program Management Unit will coordinate the implementation of Public Health Standards and Quality Assurance interventions. Department of Health and Family Welfare/State Health Society shall periodically review the progress.

a) The State level Quality Assurance Committee shall comprise of the Mission Director, Director (Directorate of Health Services), Director (Directorate of Family Welfare), Director (ISM/Homeopathy), MCD and NDMC representatives and NGO representatives.

## Terms of reference for the State QAC:

- Review progress made by the districts on the conformation with the Public Health Standards.
- Take policy decisions and issue necessary directions for implementation of measures to address the problems / bottlenecks hampering standardization.
- Review the efficiency of the system by examining the outputs as compared to the inputs.
- Review efficiency of the district / facility / community monitoring mechanisms.

b) State Level Quality Assurance Cell shall be established at state programme management unit under supervision of Mission Director, Delhi State Health Mission and Director, Directorate of Health Services. It shall have a dedicated Quality Assurance Officer, Statistical Assistant and Data Assistant with the required logistic supports. State Health System Resource Center shall also provide the necessary inputs.

## Functions of the State QA cell:

1. Ensure sensitization and capacity building for sustainable Quality Assurance processes.
2. Collect and compile status reports on upgradation and quality assurance from all districts.
3. Examine the reports and progress made in respect of achievement of objectives/outputs and outcomes.
4. State level monitoring of progress by direct visits / inspections in a certain percentage of facilities. Make State level evaluations .
5. Bring out generic bottlenecks for consideration of State Quality Assurance Committee.
6. Facilitate the required state level policy decisions to solve the bottlenecks.

### 2. At the district level:

**a) District Quality Assurance Committee** shall be set up under the chairmanship of Chief District Medical Officer with Additional CDMO ( or another senior officer as nominated by the CDMO) as the Member Secretary. There shall be a minimum of five to six senior officials in the group. A representative from AYUSH, MCD, NDMC, NGO actively participating in other health activities may be included in the team.

#### Terms of Reference for District QAC:

- Review the progress of the Quality Assurance Interventions every month and the minutes shall be passed to the State Committee and the facility MO I/Cs.
- Discuss the areas where the PUHC has failed to conform with the standards, examine the reasons and interventions proposed to address them.
- Take decisions and issue directions required for removing any specific/ generic bottlenecks.
- Prepare a detailed report for the state QA committee and the MOI/C.

**b) District Level QA Cell:** A district level quality assurance cell shall be setup at the district programme management unit under supervision of CDMO. It shall have a dedicated QA officer with CDEO and the necessary logistic support.

Functions of the district QA cell:

- Prepare the visit schedule and arrange logistics like stationeries/formats, checklists and mobility support.
- Three member teams shall visit the facilities and undertake a complete assessment of facility as per the checklists.
- Compile the findings in a report and communicate the same with the proposed actions to the MO I/Cs/District and State authorities.
- Ensure the QAC visits are recorded and reported within ten days.
- The action taken to be reviewed in the subsequent meeting .
- Analyse the QA forms and identify the gaps/interventions and share these in the monthly District QA report .
- Organize and record minutes of the DQAC meetings.
- Hold review meetings with the MO I/Cs of the PUHCs assessed for follow up action taken if any.
- Submit the District Quality Assurance summary report to state QAC

### 3. Facility level:

i. Facility level monitoring and evaluation through a three to four member **Quality Circle** comprising of MO I/C, Storekeeper, PHN and Community Mobilization officer.

- MO I/C shall lead the group taking specific responsibility for the technical & managerial capacities, clinical and related paraclinical protocols and guidelines.
- Storekeeper shall nodalize for facility management issues.

- Public Health Nurse shall be responsible for ANMs / ASHAs / IEC & BCC component.
- Social (Community) Mobilization officer shall be responsible for the community based activities, ASHAs, RKS, HSCs and intersectoral convergence.

### ii. Self appraisal

Self appraisal by all individual functionaries shall be an added mechanism for which check lists have been provided.

**4. Community Monitoring by the Jan Swasthya Samitis**, other community based organizations, Individuals - client, patient, attendants shall be another important mechanism.

### **Capacity Building of the Officers / personnel involved in Quality Assurance interventions :**

Orientation of the Medical Officer Incharges and the members of the PUHC level Quality circles shall be done to familiarize them with the Standards and the ways to ensure them.

Orientation of the QAC members/QA cell on the Quality Assurance interventions, the roles and responsibilities envisaged for them as QAC members, usage of the checklists, scoring and preparation of reports with the gaps and solutions is mandatory for the success of the QA program. The computer data entry operator must be taught how to feed in the reports and prepare the District summary reports. The State/District training cells shall take up this responsibilities through structured orientation sessions / workshops .



Quality Assessment  
Framework and Tools

# SECTION

# 5





# Quality Assessment Framework and Tools

## I. District Quality Assurance Committee:

For the assessment, already existing documentation tools can be used in combination with specially designed tools.

The three member District QAC Team shall visit the assigned PUHC on a predecided day with MO I/C having been informed about the date and purpose of visit.

It should be clear to all that it is not a fault finding exercise but an exercise to identify gaps and find solutions to optimize the healthcare delivery as per the standards laid down.

The three member team shall divide the work as below according to their skills:

| Managerial Background   | Medical Background   | Social Sciences Background  |
|---|--|---|
| <p><b>QAC Member-1</b></p> <p><b>Facility Management</b></p> <p><b>Logistics / Equipments</b></p> <p><b>Manpower</b></p> <p><b>Tools :</b><br/>1.Checklists for the above</p> | <p><b>QAC Member– 2</b></p> <p><b>Services provided Processes</b></p> <p><b>Skills / competencies</b></p> <p><b>Managing Information</b></p> <p><b>Tools:</b><br/>1.Reports, Records, Registers<br/>2. Observation as per checklist<br/>3.Procedure observation<br/>4.Prescription audit</p> | <p><b>QAC Member– 3</b></p> <p><b>Communitization ASHA . RKS , HSCs</b></p> <p><b>Convergence with stakeholders</b></p> <p><b>BCC</b></p> <p><b>Client Satisfaction</b></p> <p><b>Tools:</b><br/>1.Checklists<br/>2.Client interviews</p> |
| <p><b>Annexures</b><br/>1. Facility Management Audit<br/>2. Manpower Availability<br/>3.Logistics and Medicines</p>   | <p><b>Annexures</b><br/>4. Services provided<br/>5. Utilization trends<br/>6. Managing Information<br/>7. Training requirements<br/>8. Prescription Audit<br/>9. Skill assesment</p>   | <p><b>Annexures</b><br/>10. Communitization Process<br/>11.Convergence with related sectors<br/>12.BCC<br/>13.Client Exit Interviews</p>  |

Once the formats are filled up, the negative answers are to be discussed with the MO I/C and the concerned functionary, the reasons ascertained, solutions and the action required at different levels identified and noted. The actions required at the district level are to be taken by the concerned district level functionary. The findings must be discussed at the monthly DQAC meeting. The action required at the State level to be communicated to the concerned State level functionary with a copy to the State QAC Chairman. The follow up shall take place in the meetings of the MO I/Cs whose PUHCs were visited and subsequent DQAC meetings till the problem/ bottlenecks are resolved in a time bound manner.

### **QA Forms / Checklists :**

It is important to understand the significance of each item , the information to be elicited, how to get the information and how to record it. If an answer is in negative then the reason for the same must be recorded. In different units different personnel might have been assigned additional or less responsibilities. Accordingly the column mentioning the responsibility / supervision might be filled differently. The column on action to be taken must be filled after discussion with the MO I/C.

### **1. Facility Management Audit (Annexure 1)**

The facility management audit is to be done as per the checklist provided.

The facility management checklist has been subgrouped into work areas – OPD Room , Injection room , Pharmacy etc. Different individuals look after different work areas , thus scoring on each work area gives an idea about managerial skills of each of these individuals and instills an accountability and responsibility for their own work stations. The building and physical infrastructural scoring has been assigned separate scores. Scores achieved for different components and different work stations provide insight into the functioning, bottlenecks and the required actions component wise. They also provide an objective method to monitor improvement over a period of time with certain interventions.

### **2. Human Resource Audit : (Annexure 2)**

Trained manpower available against the approved manpower for the PUHC. In case the staff is posted there but functionally not available in the PUHC, the same should be mentioned in the format along with the reason.

### **3. Logistics and Equipment: ( Annexure 3)**

Any item not available at the pharmacy counter or the store is recorded as "NA" (not available). The

date since when the medicine/reagent has become NA in the Store / Pharmacy is to be recorded. The reasons for this non-availability should be recorded as per the options given. In case an indent has been placed earlier and refused by the central store, the reasons given by the central store for not providing the medicine must be recorded. If no reason given, then that should be recorded.

In case of any malfunctioning equipment, the date when the equipment malfunctioned / stopped functioning is to be recorded. The subsequent action taken is to be recorded. The indents / complaints registered with AMCs must be verified by the team members while recording in the QA form.

All the equipments should be covered under AMC. If not, then give reason. The AMCs/warranty cards should be easily accessible and available. The name of the agency with annual maintenance contract/telephone no./validity should be displayed next to the equipments.

#### 4. Services being provided : ( Annexure 4)

The services being provided must be verified by observation and examination of registers. Provision of service is eligible for one score. In case it is not provided or only partially provided, the score is zero and the reasons for not providing the service are to be clearly mentioned i.e If IUCD insertion is not taking place, it could be due to lack of logistics, lack of trained staff, the same should be recorded.

Any services not being provided for more than one week gets a zero score.

#### 5. Utilization Trends : ( Annexure 5)

**Periodical reports** generated at the PUHC can provide useful information for outputs like utilization trends /increase in ANC services and early registrations / increased detection of Tuberculosis etc. The registers can give information on non availability of the staff/medicines /other logistics for more than a week/Non performance of a test for more than a week/Nonavailability of a service – Immunization / IUCD Insertion.

The performance in last three months is to be compared with the performance on same parameter in the same three months of last year. Accordingly the score is given. The reasons for any decrease or failure to pick up is to be discussed with the MO I/C and the concerned functionary and recorded in the column provided.

The specific registers like ANC / Immunization / Family Planning / Leprosy / DOTS / Lab register / utilization registers/provide valuable information.

### 6. Processes: Recording and reporting the events : ( Annexure 6).

The availability of necessary registers / cards / guidelines for filling up the proformas is to be assessed. The registers are to be examined for completeness and accuracy . The solicitation, collection , recording of information which is complete and accurate is an important pre-requisite before any inferences can be drawn from the data generated at the facility. MIS cell has to ensure these quality elements in information handling.

The understanding of those gathering and recording information is to be observed through discussion. Three to four key registers are to be examined along with the person responsible for filling them. Examination of these registers shall form an important component of routine inspections of PUHCs.

Similarly the monthly reports submitted for the past three months shall be examined for content , completeness and timeliness in submission.

### 7. Assessing the Training requirements: ( Annexure 7)

The training requirements shall be assessed

- i. By direct feedback from the staff members as per the gaps discovered on self appraisal .
- ii. The gaps/deficiencies observed during skill/competency/process observation.
- iii. Certain trainings are mandated for different categories of staff i.e Biomedical Waste disposal for all. SIP (Safe Immunization Practices ) for all ANMs and MOs. The staff member yet to receive these training must be listed out.

### 8. Prescription Audits: ( Annexure 8)

Randomly collected prescriptions from a PUHC on a routine / planned inspection can be evaluated on certain parameters in an objective way and the results quantified .The results can provide valuable insights into the quality of healthcare in a PUHC especially related to:

- The clinical care component and competence of the medical officers. The approach to a symptom/syndrome/diagnosing skills/management/pharmacological skills including knowledge of dosage schedules.
- Rational use of drugs.
- Quality and justification for referrals.
- Use of drugs / brands not available in the PUHC (for which substitutes are available in the PUHC).

**Proforma for a prescription audit is given at Annexure 8.**

### 9). Observation of Process / procedure for skills / competencies: Annexures 9.a to 9.f

The procedure is to be observed as per the checklist and for each step correctly executed the performer scores one. The final achieved score is measured against the total score. The lacunae can be addressed locally by the MO I/C or in cases of gross deficiency / generic gaps observed in many functionaries of the same category in performance of the same procedure, district level capacity building might be required in form of refresher trainings. Skill assessment should be done by experienced, competent medical personnel. The check lists have been given and can be moulded into proformas with scores and can be used for medical and para medical personnel. The exercise is not for fault finding but to find the gaps in skills and ensure the required capacity building.

### 10. Communitization Process. (Annexure 10)

The progress made by PUHC in selecting the required number of community workers , setting up of Rogi Kalyan Samiti , Health and Sanitation Committees is to be assessed .

### 11. Convergence with related sectors (Annexure 11)

The progress made by the PUHC on effective convergence with the Integrated Child Development Services, Department of Social Welfare, Education and Water and Sanitation must be assessed.

### 12. Behaviour Change Communication ( Annexure 12)

This is for the activities being undertaken by the centre to bring about a behavior change, the behaviors chosen, the key messages identified, activities defined for the month, availability of support material, its judicious use should be assessed.

### 13. Client Exit Interviews ( Annexure 13)

Client exit interview provides a quick assessment of the services provided at the PUHC from the client's perspective. It helps in identifying and addressing the weak areas especially in the provider – client interactions. It should be carried out by external evaluating teams / individuals eg. District / State level teams.

Client should be informed about the interview and its objectives and his / her consent taken.

### 14. Self Appraisal : ( Annexure 14.a to 14.m )

Self appraisal is another tool with the following objectives :

- a). Making each functionary aware about their role and responsibility.



- b). Focusing on skills and competencies mandated for fulfillment of that role.
- c). Helping in identification of gaps and finding ways of addressing them.
- d). To help in prospective planning for capacity building activities.
- e). Raising the self esteem and confidence of the functionaries.
- f). Leading to better service delivery and client satisfaction.

Suggestive Self appraisal formats for all category of staff given at Annexures 14.

### 15. Community Monitoring (Annexure 15)

Community monitoring of the facility by the monitoring subcommittee of the Rogi Kalyan Samitis, Other Community Based Organisation, individuals may take place. A simple format for their use is at Annexure 15.

Post assessment Action Plan  
and Follow Up

# SECTION

# 6





# Post assessment Action Plan and Follow Up

Once the formats are filled up, the negative answers are to be discussed with the MO I/C and the concerned functionary, the reasons ascertained, solutions and the action required at different levels identified and noted. The actions required at the district level are to be taken by the concerned district level functionary. The findings to be discussed at the monthly DQAC meeting. The action required at the State level to be communicated to the concerned state level functionary with a copy to the State QAC Chairman. The follow up shall take place in the meetings of the MO I/Cs, whose PUHCs were visited and subsequent DQAC meetings till the problem/ bottlenecks are resolved in a time bound manner.

The formats for PUHC and District QA Reports is given at the **Annexures 17 & 18**



## FACILITY MANAGEMENT AUDIT

|           | Score norm                                    | PUHC Score | Responsibility/ Supervision Reasons for the negative answer |        | Ultimate Actions , by whom with timelines. |
|-----------|---|------------|---|--------|--|
|           |   |            | First   | Second |  |
| <b>1.</b> | <b>Building &amp; Compound.</b>               | <b>24</b>  |   |        |  |
| a.        | Where is the PUHC Located ?                   |            |   |        |  |
|           | a. In a govt building. 2                      |            |   |        |  |
|           | b. In a building of another Govt Dept. 2      |            |   |        |  |
|           | c. Rented Premises. 1                         |            |   |        |  |
|           | d. Any other (Specify) 1                      |            |   |        |  |
| b.        | Area of the building (Total area in Sq.mts.)  |            |   |        |  |
|           | Covered _____ sq.mt                           |            |   |        |  |
|           | Uncovered _____ sq.mt                         |            |   |        |  |
| i.        | Availability in terms of % of required.       |            |   |        |  |
|           | >75% 2  |            |   |        |  |
|           | 50 to 75% 1                                   |            |   |        |  |
|           | < 50% 0                                       |            |   |        |  |
| ii.       | Available Floors                              |            |   |        |  |
|           | One   |            |   |        |  |
|           | Two   |            |   |        |  |
|           | Three   |            |   |        |  |
| iii.      | Is there scope of expansion in Govt building. |            |   |        |  |
|           | Horizontally . 2                              |            |   |        |  |
|           | Addition of floors 2                          |            |   |        |  |
|           | None 0  |            |   |        |  |

|    |   |  |  |  |  |  |  |  |  |
|----|---|--|--|--|--|--|--|--|--|
| c. | What is the present stage of Construction of the building | Complete   |  |  |  |  |  |  |  |
| d. | Compound Wall / Fencing                                   | Incomplete<br>All around 2<br>Partial 1<br>None 0  |  |  |  |  |  |  |  |
| e. | Condition of plaster on walls                             | Well plastered with plaster intact every where 2<br>Plaster coming off in places 1<br>Plaster coming off in many places or no plaster) 0 |  |  |  |  |  |  |  |
| f. | Condition of floor  | Floor In good Condition 2<br>Floor coming off In places 1<br>Floor coming off In many places No proper                                   |  |  |  |  |  |  |  |
| g. | Presence of Seepage                                       | No 1<br>Yes 0  |  |  |  |  |  |  |  |
| h. | Presence of ramp at the entrance                          | Yes 1<br>No 0  |  |  |  |  |  |  |  |

| i. | Number of rooms                      |   |  |             |        |  | Reasons for non functional rooms: Need repair / seepage / other |
|----|--------------------------------------|---|--|-------------|--------|--|---|
| j. | ii) non functional Windows           | Majority Intact 1<br>Majority Broken 0  |  |             |        |  |   |
| k. | Toilets for patients                 | Separate public utilities for males and females 2<br>Common Toilet 1<br>No Toilet 0 |  |             |        |  |   |
| l. | Any repairs needed.                  | Not needed 2<br>Minor 1<br>Major 0  |  |             |        |  |   |
| m. | Repair done on _____                 | Not needed 1<br>Needed 0  |  |             |        |  |   |
| n. | Present in the vicinity:             | Garbage dump<br>Cattle shed<br>Stagnant pool<br>Pollution from industry             |  |             |        |  |   |
| o. | Horticulture use ( land around PUHC) | Well maintained/ green 2<br>Partially maintained 1<br>Lying Unkempt 0               |  | Storekeeper | MO I/C |  |   |

| p. | Potential Vector<br>breeding sites in and<br>around PUHC           | Not Present<br>Present<br>Score achieved | 2<br>0    |  | SCC/NO       | Storekeeper/<br>PHN | MO I/C |  |
|----|--|--|-----------|--|--------------|---------------------|--------|--|
| 2. | <b>Prominent display<br/>boards signages in<br/>local language</b> | <b>Maximum Score</b>                     | <b>10</b> |  |              |                     |        |  |
| a. | Regarding service<br>availability                                  | Yes<br>No                                | 1<br>0    |  | Store keeper | MO I/C              |        |  |
| b. | Name of the MO I/C<br>displayed                                    | Yes<br>No                                | 1<br>0    |  | Store keeper | MO I/C              |        |  |
| c. | Board with timings of<br>the PUHC displayed                        | Yes<br>No                                | 1<br>0    |  | Store keeper | MO I/C              |        |  |
| d. | Address / phone No.<br>of District HQ<br>displayed or not          | Yes<br>No                                | 1<br>0    |  | Store keeper | MO I/C              |        |  |
| e. | Citizen's Charter<br>( In PUHC )displayed                          | Yes<br>No                                | 2<br>0    |  | Store keeper | MO I/C              |        |  |
| f. | Registration counters  | Yes<br>No                                | 1<br>0    |  | Store keeper | MO I/C              |        |  |
| g. | Suggestion/Complaint<br>box present                                | Yes<br>No                                | 2<br>0    |  | Store keeper | MO I/C              |        |  |
| h. | Signages outside the<br>rooms                                      | Yes<br>No                                | 1<br>0    |  | Store keeper | MO I/C              |        |  |
|    |  | Score achieved                           |           |  |              |                     |        |  |

| 3. | Waiting Area                                  | Maximum Score  | 12 |  |                    |                     |        |
|----|---|--|----|--|--------------------|---------------------|--------|
| a. | Sheltered Waiting area for patients available | Yes 2<br>No 0  |    |  | Store keeper       | MO I/C              |        |
| b. | Fans in the Waiting area                      | Functional 2<br>Non-functional 1<br>Not present 0                                  |    |  | Store keeper       | MO I/C              |        |
| c. | Drinking Water available                      | Yes 1<br>No 0  |    |  | Store keeper       | MO I/C              |        |
| d. | Floor mopping                                 | Clean and Shining 2<br>Mopped but Lusterless 1<br>Dirty 0                          |    |  | SCC                | Store keeper        | MO I/C |
| e. | Toilets                                       | Clean & water Available 2<br>Dirty with water Available 1<br>Dirty with no water 0 |    |  | SCC                | Storekeeper/<br>PHN | MO I/C |
| f. | Benches for sitting available                 | Yes 1<br>No 0  |    |  |                    |                     |        |
| g. | Fire Extinguishers                            | Present and staff knows how to use 2   |    |  | All functionaries. |                     |        |



|           |   | Present                 | 1  |  |  |     |  |             |        |     |
|-----------|---|-------------------------|----|--|--|-----|--|-------------|--------|-----|
|           |   | Not present             | 0  |  |  |     |  |             |        |     |
|           |   | Score achieved          |    |  |  |     |  |             |        |     |
| <b>4.</b> | <b>OPD Rooms</b>  | Maximum Score           | 16 |  |  |     |  |             |        |     |
| <b>a.</b> | <b>Separate room for OPD available.</b>                                     | Yes                     | 2  |  |  |     |  |             |        |     |
|           |   | No                      | 0  |  |  |     |  |             |        |     |
| <b>b.</b> | <b>Light</b>  | Natural / Sufficient    | 2  |  |  |     |  |             |        |     |
|           |   | Artificial / Sufficient | 1  |  |  |     |  |             |        |     |
|           |   | Not sufficient          | 0  |  |  |     |  |             |        |     |
| <b>c.</b> | <b>Ventilation</b>  | Good                    | 1  |  |  |     |  |             |        |     |
|           |   | Not good                | 0  |  |  |     |  |             |        |     |
| <b>d.</b> | <b>OPD rooms separate for the two MOs.</b>                                  | Yes                     | 1  |  |  |     |  |             |        |     |
|           |   | No                      | 0  |  |  |     |  |             |        |     |
| <b>d.</b> | <b>Examination area curtained with adequate privacy</b>                     | Yes                     | 1  |  |  | PHN |  | Storekeeper | MO I/C | DHS |
|           |   | No                      | 0  |  |  |     |  |             |        |     |
| <b>e.</b> | <b>Functional stethoscope , BP Apparatus , Torch available in OPD Rooms</b> | Yes                     | 1  |  |  | PHN |  | Storekeeper | MO I/C | DHS |
|           |   | No                      | 0  |  |  |     |  |             |        |     |
| <b>f.</b> | <b>Functional Weighing Machine</b>  | Adult & Pediatric       | 2  |  |  | PHN |  | Storekeeper | MO I/C | DHS |

|    |  |   |                                  |         |             |       |  |  |  |  |
|----|--|---|----------------------------------|---------|-------------|-------|--|--|--|--|
|    |  |   |                                  |         |             |       |  |  |  |  |
| g. | Dust / cobwebs on walls.               | Only one out of two<br>1<br>None<br>0                                   | Not Present<br>Present<br>1<br>0 | SCC/ NO | PHN         | MO /C |  |  |  |  |
| h. | Floor mopped with disinfectant         | Clean and shining<br>Mopped but Lusterless<br>1<br>Dirty / stained<br>0 | 2<br>1<br>0                      | SCC     | PHN         | MO /C |  |  |  |  |
| i. | Linen on examination table / towel     | Clean<br>Clean but torn<br>1<br>Dirty and torn<br>0                     | 2<br>1<br>0                      | ANM/PHN | Storekeeper | MO /C |  |  |  |  |
| j. | Dustbin present and emptied daily      | Yes<br>No<br>Score achieved   | 1<br>0                           | SCC     | NO          | MO /C |  |  |  |  |
| 5. | Immunization / injection room          | Maximum Score   | 48                               |         |             |       |  |  |  |  |
| a. | Is a separate injection room available | Yes<br>No   | 2<br>0                           |         |             |       |  |  |  |  |
| b. | Space                                  | Sufficient<br>Not Sufficient  | 1                                |         |             |       |  |  |  |  |
| c. | Light                                  | Natural / Sufficient  | 2                                |         |             |       |  |  |  |  |

|    |                       |   |                            |             |             |        |  |  |  |  |  |  |  |  |
|----|-----------------------|---|----------------------------|-------------|-------------|--------|--|--|--|--|--|--|--|--|
|    |                       | Artificial / Sufficient<br>Not Sufficient<br>Good<br>Not good<br>Not present<br>Present | 1<br>0<br>1<br>0<br>1<br>0 |             |             |        |  |  |  |  |  |  |  |  |
|    | Ventilation           |   |                            |             |             |        |  |  |  |  |  |  |  |  |
| e. | Dust on the furniture |   |                            | NO          | ANM / PHN   | MO I/C |  |  |  |  |  |  |  |  |
| f. | Furniture             | Good Condition<br>Majority require repair<br>Occasional require Repair                  | 2<br>1<br>0                | Storekeeper | MO I/C      |        |  |  |  |  |  |  |  |  |
| g. | Linen                 | Clean<br>Clean but Torn<br>Dirty  | 2<br>1<br>0                | ANM / PHN   | Storekeeper | MO I/C |  |  |  |  |  |  |  | Earmarked Funds/<br>contingency  |
| h. | Floor mopping         | Clean and Shining<br>Mopped but Lusterless<br>Dirty                                     | 2<br>1<br>0                | SCC         | ANM / PHN   | MO I/C |  |  |  |  |  |  |  | Logistics is responsibility of<br>Storekeeper<br>Provision of Staff by the<br>District |
| i. | Refrigerator          | Working   | 2                          | ANM/PHN     | Storekeeper | MO I/C |  |  |  |  |  |  |  | Fund provision by the District<br>CDMO   |

|    |   |  |     |  |  |  |  |             |               |  |
|----|---|--|-----|--|--|--|--|-------------|---------------|--|
|    |   | Present and Not working<br>0             |     |  |  |  |  |             |               |  |
| j. | Temperature chart   | Not present<br>0                         | ANM |  |  |  |  | PHN         | MO I/C        |  |
|    |   | Maintained 2 and displayed by the fridge |     |  |  |  |  |             |               |  |
|    |   | Maintained but not Displayed 1           |     |  |  |  |  |             |               |  |
|    |   | Not Maintained 0                         |     |  |  |  |  |             |               |  |
| k. | Suction Machine   | Working 1                                | ANM |  |  |  |  | PHN         | Storekeeper   |  |
|    |   | Not working 0                            |     |  |  |  |  |             |               |  |
| l. | Necessary catheters   | Available 1                              | ANM |  |  |  |  | Storekeeper | Central Store |  |
|    |   | Not available 0                          |     |  |  |  |  |             |               |  |
| m. | Emergency Tray  | Present 1                                | ANM |  |  |  |  | Storekeeper | Central Store | MO I/C to ensure availability using --Alternative mechanisms ie. Contingency / RKS funds for emergency medicines |
|    |   | Not present 0                            |     |  |  |  |  |             |               |  |
| n. | Inj. Adrenaline   | Available 1                              | ANM |  |  |  |  | Storekeeper | Central Store |  |
|    |   | Not available 0                          |     |  |  |  |  |             |               |  |
| o. | Inj. Avil   | Available 1                              | ANM |  |  |  |  | Storekeeper | Central Store |  |
|    |   | Not available 0                          |     |  |  |  |  |             |               |  |
| p. | I/V Fluids / Infusion set / needles / Intracaths / Adhesive plaster | Available. 1                             | ANM |  |  |  |  | Storekeeper | Central Store |  |
|    |   | Not available 0                          |     |  |  |  |  |             |               |  |
| q. | Oxygen Cylinder filled, functional                                  | Available. 1                             | ANM |  |  |  |  | PHN         | Storekeeper   |  |

|    |  |                         |   |  |     |  |     |  |             |  |
|----|--|-------------------------|---|--|-----|--|-----|--|-------------|--|
|    | regulator with the mask and catheter                 | Not available           | 0 |  |     |  |     |  |             |  |
| r. | Cylinder opener                                      | Present                 | 1 |  | ANM |  | PHN |  | Storekeeper |  |
| s. | All staff knows how to use, regulate the cylinder    | Not present             | 0 |  | ANM |  | PHN |  | Storekeeper |  |
| t. | Needle destroyer                                     | Present and working     | 2 |  | ANM |  | PHN |  | Storekeeper |  |
|    |  | Present but not Working | 0 |  |     |  |     |  |             |  |
|    |  | Not present             | 0 |  |     |  |     |  |             |  |
| u. | Dustbins with appropriate colour coded bag available | Yes                     | 2 |  | NO  |  | ANM |  | MO I/C      | Logistics : Storekeeper/<br>Central Store. |
|    |  | No                      | 0 |  |     |  |     |  |             |  |
| v. | Waste segregation                                    | Done                    | 2 |  | NO  |  | ANM |  | MO          | I/C  |
|    |  | Not done                | 0 |  |     |  |     |  |             |  |
| w. | Monthly equipment / logistics check*                 | Displayed               | 2 |  | ANM |  | PHN |  | MO I/C      |  |
|    |  | Not displayed           | 0 |  |     |  |     |  |             |  |
| x. | Flow chart for management of Anaphylactic shock      | Displayed               | 2 |  | ANM |  | PHN |  | MO I/C      |  |
|    |  | Not displayed           | 0 |  |     |  |     |  |             |  |
| y. | IEC Material ( Imm. Schedule)                        | Display adequate        | 2 |  | ANM |  | PHN |  | MO I/C      |  |
|    |  | Inadequate Display      | 1 |  |     |  |     |  |             |  |
|    |  | Not Displayed           | 0 |  |     |  |     |  |             |  |

|        |  |   |             |  |  |  |             |       |  |
|--------|--|---|-------------|--|--|--|-------------|-------|--|
| z.     | All Vaccines available                 | Yes<br>Some available<br>None                   | 2<br>1<br>0 |  |  |  | Storekeeper | MO /C |  |
| zi.    | Storage of vaccines as per guidelines  | Yes<br>No                                       | 2<br>0      |  |  |  | Storekeeper | MO /C |  |
| z ii.  | AD Syringes /Needles / swabs available | Yes<br>No                                       | 2<br>0      |  |  |  | Storekeeper | MO /C |  |
| z iii. | Immunization Register                  | Yes<br>No                                       | 2<br>0      |  |  |  | Storekeeper | MO /C |  |
| z iv.  | Immunization Cards                     | Yes<br>No                                       | 2<br>0      |  |  |  | Storekeeper | MO /C |  |
|        |  | Score achieved                                  |             |  |  |  |             |       |  |
| 6.     | ANM Room / IUCD room                   | Maximum Score                                   | 36          |  |  |  |             |       |  |
| a.     | Separate ANM / IUCD Insertion Room     | Yes<br>No                                       | 2<br>0      |  |  |  |             |       |  |
| b.     | Space                                  | Sufficient<br>Not Sufficient                    | 1<br>0      |  |  |  |             |       |  |
| c.     | Light                                  | Natural / Sufficient<br>Artificial / Sufficient | 2<br>1      |  |  |  |             |       |  |
|        |  | Not Sufficient                                  | 0           |  |  |  |             |       |  |

|    | Ventilation                                 | Good                            | 1           |  |  |           |  |             |             |  |
|----|---|---------------------------------|-------------|--|--|-----------|--|-------------|-------------|--|
| e. | Dust on the furniture                       | Good<br>Not good                | 1<br>0      |  |  |           |  |             |             |  |
| f. | Has sufficient privacy / curtains           | Not present<br>Present          | 1<br>0      |  |  | SCC/ NO   |  | ANM / PHN   | MO /C       |  |
| g. | Functional source of light                  | Yes<br>No                       | 1<br>0      |  |  | ANM / PHN |  | Storekeeper | MO /C       |  |
| h. | Examination table                           | Yes<br>No                       | 2<br>0      |  |  | ANM / PHN |  | Storekeeper | MO /C       |  |
| i. | Does it have running water                  | Yes<br>No                       | 2<br>0      |  |  | ANM / PHN |  | Storekeeper | MO /C       |  |
| j. | ≥ Two Cu T sets are available               | Yes<br>No                       | 2<br>0      |  |  | ANM / PHN |  | Storekeeper | MO /C       |  |
| k. | ≥ Ten Cu Ts are available                   | > Ten Cu T<br>1-10 Cu T<br>None | 2<br>1<br>0 |  |  | ANM/ PHN  |  | Storekeeper | MO /C       |  |
| l. | Dustbin with colour coded bags              | Yes<br>No                       | 2<br>1      |  |  | NO / SCC  |  | ANM / PHN   | Storekeeper |  |
| m. | ≥ Ten pairs of sterile gloves are available | > 10 pairs<br>1-10 Pairs        | 2<br>1      |  |  | ANM       |  | Storekeeper | MO /C       |  |

|    |                                     |  |                  |  |           |  |             |        |  |
|----|-------------------------------------|--|------------------|--|-----------|--|-------------|--------|--|
| n. | 30 cycles of OCs available          | None<br>> 30 cycles<br>1-30 cycles<br>None                   | 0<br>2<br>1<br>0 |  | ANM       |  | Storekeeper | MO I/C |  |
| o. | 10 E – Pills packs available        | > 10 packs<br>1-10 packs<br>None                             | 2<br>1<br>0      |  | ANM       |  | Storekeeper | MO I/C |  |
| p. | 200 pieces of condoms               | > 200 pieces<br>10 -200<br>0-1                               | 2<br>1<br>0      |  | ANM       |  | Storekeeper | MO I/C |  |
| q. | Household survey register available | Yes & Updated till last week<br>Present , not updated        | 2<br>1           |  | ANM / PHN |  | MO I/C      |        |  |
| r. | Eligible Couple register available  | None<br>Yes & Updated till last week<br>Present, not updated | 0<br>2<br>1      |  | ANM / PHN |  | MO I/C      |        |  |
| s. | ANC register available              | Yes<br>No  | 2<br>0           |  | ANM/ PHN  |  | MO I/C      |        |  |
| t. | Family Planning                     | Yes  | 2                |  | ANM/PHN   |  | MO I/C      |        |  |



|    | register available                   | No                      | 0  |  |  |  |  |         |             |             |
|----|--------------------------------------|-------------------------|----|--|--|--|--|---------|-------------|-------------|
| u. |                                      | Score achieved          |    |  |  |  |  |         |             |             |
| 7. | Dressing Room                        | Maximum Score           | 35 |  |  |  |  |         |             |             |
| a. | Separate Dressing room               | Present                 | 2  |  |  |  |  |         |             |             |
| b. | Space                                | Not present             | 0  |  |  |  |  |         |             |             |
|    |                                      | Sufficient              | 1  |  |  |  |  |         |             |             |
|    |                                      | Not sufficient          | 0  |  |  |  |  |         |             |             |
| c. | Light                                | Sufficient/<br>Natural  | 2  |  |  |  |  |         |             |             |
|    |                                      | Sufficient / Artificial | 1  |  |  |  |  |         |             |             |
|    |                                      | Not sufficient          | 0  |  |  |  |  |         |             |             |
| d. | Ventilation                          | Good                    | 1  |  |  |  |  |         |             |             |
|    |                                      | Not good                | 0  |  |  |  |  |         |             |             |
| e. | Availability of running water        | Running Water           | 2  |  |  |  |  | Dresser | Storekeeper | MO I/C      |
|    |                                      | Stored water            | 1  |  |  |  |  |         |             |             |
|    |                                      | No water                | 0  |  |  |  |  |         |             |             |
| f. | Dust / stains / cobwebs on the walls | Not Present             | 1  |  |  |  |  | NO/SCC  | Dresser     | MO I/C      |
|    |                                      | Present                 | 0  |  |  |  |  |         |             |             |
| g. | Dust on the furniture                | Not Present             | 1  |  |  |  |  | NO      | Dresser     | MO I/C      |
|    |                                      | Present                 | 0  |  |  |  |  |         |             |             |
| h. | Linen                                | Clean                   | 2  |  |  |  |  | Dhobi   | Dresser     | Storekeeper |

|    |  |  |  |  |         |   |  |  |             |             |  |  |  |
|----|--|--|--|--|---------|---|--|--|-------------|-------------|--|--|--|
|    |  |  |  |  |         | Clean but torn 1<br>Dirty 0   |  |  |             |             |  |  |  |
| i. | Floor mopping  |  |  |  | SCC     | Clean and Shining 2<br>Mopped but lusterless 1<br>Dirty / stained 0 |  |  | Dresser     | MO I/C      |  |  |  |
| j. | Autoclave  |  |  |  | NO      | Working 2<br>Not working 0<br>Not available 1                       |  |  | Dresser     | Storekeeper |  |  |  |
| k. | Autoclave chart  |  |  |  | Dresser | Maintained 1<br>Not maintained 0                                    |  |  | PHN         | MO I/C      |  |  |  |
| l. | Dressing material<br>Bandages / cotton /<br>antiseptic   |  |  |  | Dresser | Available 2<br>Not available 0                                      |  |  | Storekeeper | MO I/C      |  |  |  |
| m. | Eye drops<br>Ear drops<br>Antifungal<br>Antiseptic<br>Anti Scabies   |  |  |  | Dresser | One score for each<br>item being available<br>5                     |  |  | Storekeeper | MO I/C      |  |  |  |
| n. | Sterile Instruments  |  |  |  | Dresser | Present 2<br>Not present 0  |  |  | MO I/C      |             |  |  |  |
| o. | Sterile suture tray<br>containing<br>a). Scissors/blade<br>b). Needle Holder<br>c). Sterile needles<br>d). Sterile self<br>dissolving suture |  |  |  | Dresser | If all present 2<br>If any missing 0                                |  |  | Storekeeper |             |  |  |  |

|    |   |   |             |  |  |  |  |         |  |  |  |  |  |             |  |  |  |  |        |
|----|---|---|-------------|--|--|--|--|---------|--|--|--|--|--|-------------|--|--|--|--|--------|
|    | thread / chromic catgut.                                      |   |             |  |  |  |  |         |  |  |  |  |  |             |  |  |  |  |        |
| p. | Local Anesthetic  | Yes<br>No                                       | 1<br>0      |  |  |  |  | Dresser |  |  |  |  |  | Storekeeper |  |  |  |  |        |
| q. | Sterile Gloves  | > 10<br>1-9 pairs<br>Not available              | 2<br>1<br>0 |  |  |  |  | Dresser |  |  |  |  |  | Storekeeper |  |  |  |  |        |
| r. | Separate container for sharps                                 | Yes<br>No                                       | 2<br>0      |  |  |  |  | Dresser |  |  |  |  |  |             |  |  |  |  |        |
| s. | Separate dustbin with appropriate colour coded bag available. | Yes<br>No                                       | 2<br>0      |  |  |  |  | SCC     |  |  |  |  |  | Dresser     |  |  |  |  |        |
|    |   | Score achieved                                  |             |  |  |  |  |         |  |  |  |  |  |             |  |  |  |  |        |
| 8. | LABORATORY  | Maximum Score                                   | 30          |  |  |  |  |         |  |  |  |  |  |             |  |  |  |  |        |
| a. | Separate Laboratory   | Yes<br>No                                       | 2<br>0      |  |  |  |  |         |  |  |  |  |  |             |  |  |  |  |        |
| b. | Space   | Sufficient<br>Not sufficient                    | 1<br>0      |  |  |  |  |         |  |  |  |  |  |             |  |  |  |  |        |
| c. | Light   | Natural / Sufficient<br>Artificial / sufficient | 2<br>1      |  |  |  |  |         |  |  |  |  |  |             |  |  |  |  |        |
| d. | Ventilation   | Not sufficient<br>Good<br>Not good              | 0<br>1<br>0 |  |  |  |  |         |  |  |  |  |  |             |  |  |  |  |        |
| e. | Availability of running water                                 | Running Water                                   | 2           |  |  |  |  | LT      |  |  |  |  |  | Storekeeper |  |  |  |  | MO I/C |

|    |  |  |                  |  |  |        |             |       |     |
|----|--|--|------------------|--|--|--------|-------------|-------|-----|
| f. | Dust / stains / cobwebs on the walls               | Stored water<br>No water<br>Not Present<br>Present | 1<br>0<br>1<br>0 |  |  | NO/SCC | LT          | MO /C |     |
| g. | Dust on the furniture                              | Not Present<br>Not present                         | 1<br>0           |  |  | NO     | LT          | MO /C |     |
| h. | Linen  | Clean<br>Clean but Torn<br>Dirty                   | 2<br>1<br>0      |  |  | LT     | Storekeeper | MO /C |     |
| i. | Floor mopping                                      | Clean and Shining<br>Mopped but lusterless         | 2<br>1           |  |  | SCC    | LT          | MO /C |     |
| j. | Microscope   | Dirty / stained<br>Functional<br>Non functional    | 0<br>2<br>0      |  |  | LT     | Storekeeper | MO /C | DHS |
| k. | Chemical reagents available?                       | Not available<br>All present<br>Not present        | 0<br>2<br>0      |  |  | LT     | Storekeeper | MO /C | DHS |
| l. | Functional Hemoglobinometer with strips / reagents | Yes<br>No strips<br>Hb meter Available             | 2<br>0<br>0      |  |  | LT     | Storekeeper | MO /C | DHS |

|    |  |                        |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |
|----|--|------------------------|-------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-----|
| m. | Functional Glucometer with strips                          | Yes<br>No strips<br>No | 2<br>0<br>0 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | DHS |
| n. | Uro stix available   | Yes<br>No              | 2<br>0      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | DHS |
| o. | Is it a designated Mother Lab                              | Yes<br>No              |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |
| p. | If yes then is Autoanalyser functional                     | Yes<br>No              |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | DHS |
| q. | If no, then give reasons.                                  |                        |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |
| r. | Is there a Designated Microscopy Centre (DMC) under RNTCP? | Yes<br>No              |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |
| s. | Dustbin with Color coded bags available                    | Yes<br>No              | 2<br>0      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |
| t. | Bleach Solution available                                  | Yes<br>No              | 2<br>0      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |
| u. | Constituted the same day                                   | Yes<br>No              | 2<br>0      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |
|    | Score achieved   |                        |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |
| 9. | Pharmacy   | Maximum Score          | 12          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |
| a. | Separate dispensing pharmacy                               | Yes<br>No              | 2<br>0      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |

|    |  |                                  |  |            |  |             |  |       |  |
|----|--|----------------------------------|--|------------|--|-------------|--|-------|--|
| b. | Space                                  | Sufficient<br>1                  |  |            |  |             |  |       |  |
| c. | Light                                  | Not sufficient<br>0              |  |            |  |             |  |       |  |
|    |  | Sufficient/<br>Natural<br>2      |  |            |  |             |  |       |  |
|    |  | Sufficient<br>Artificial<br>1    |  |            |  |             |  |       |  |
| d. | Ventilation                            | Not sufficient<br>0              |  |            |  |             |  |       |  |
|    |  | Good<br>1<br>Not good<br>0       |  |            |  |             |  |       |  |
| e. | Dust / stains / cobwebs on the walls   | Not Present<br>1<br>Present<br>0 |  | NO / SCC   |  | Pharmacist  |  | MO /C |  |
| f. | Dust on the furniture                  | Not Present<br>1<br>Present<br>0 |  | NO         |  | Pharmacist  |  | MO /C |  |
| g. | Floor mopping                          | Clean and Shining<br>2           |  | SCC        |  | Pharmacist  |  | MO /C |  |
|    |  | Mopped but lusterless<br>1       |  |            |  |             |  |       |  |
| h. | Has the required shelves               | Dirty / stained<br>0             |  |            |  |             |  |       |  |
|    |  | Yes<br>1<br>No<br>0              |  | Pharmacist |  | Storekeeper |  | MO /C |  |
| i. | Daily Consumption register maintained. | Yes<br>1<br>No<br>0              |  | Pharmacist |  | Storekeeper |  | MO /C |  |
|    |  | Score achieved                   |  |            |  |             |  |       |  |

| 10. | Store Room                             | Maximum Score   | 20 |             |             |        |  |
|-----|--|---|----|-------------|-------------|--------|--|
| a.  | Separate Store room available          | Yes 2<br>No 0   |    |             |             |        |  |
| b.  | Space                                  | Sufficient 1<br>Not sufficient 0                                    |    |             |             |        |  |
| c.  | Light                                  | Natural Sufficient 2<br>Artificial Sufficient 1<br>Not sufficient 0 |    |             |             |        |  |
| d.  | Ventilation                            | Good 1<br>Not good 0  |    |             |             |        |  |
| e.  | Dust / stains / cobwebs on the walls   | Not Present 1<br>Present 0  |    | NO / SCC    | Storekeeper | MO I/C |  |
| f.  | Dust on the furniture                  | Not Present 1<br>Present 0  |    | NO          | Storekeeper | MO I/C |  |
| g.  | Floor mopping                          | Clean and Shining 2<br>Mopped but lusterless 1<br>Dirty / stained 0 |    | SCC         | Storekeeper | MO I/C |  |
| h.  | Sufficient numbers of racks , almirahs | Yes 2<br>No 0   |    | Storekeeper | MO I/C      |        |  |
| i.  | Are medicines / other                  | Yes 2   |    | Storekeeper | MO I/C      |        |  |

|     |  |  |                  |  |  |             |  |        |  |  |  |  |  |
|-----|--|--|------------------|--|--|-------------|--|--------|--|--|--|--|--|
|     | consumables stocked in orderly fashion                   | No<br>Yes  | 0<br>2           |  |  |             |  |        |  |  |  |  |  |
| j.  | Separate consumable, non consumable registers            | No<br>Yes  | 0<br>2           |  |  | Storekeeper |  | MO I/C |  |  |  |  |  |
| k.  | Expiry Register Maintained & updated                     | No<br>Yes  | 0<br>2           |  |  | Storekeeper |  | MO I/C |  |  |  |  |  |
| l.  | List of items NA for more than a week.                   | List available<br>Not prepared   | 2<br>1           |  |  | Storekeeper |  | MO I/C |  |  |  |  |  |
|     |  | Score achieved   |                  |  |  |             |  |        |  |  |  |  |  |
| 11. | Water supply   | Maximum Score  | 10               |  |  |             |  |        |  |  |  |  |  |
| a.  | Source of water  | Piped running<br>Bore well/ hand pump/<br>tube well<br>Other (Tankers etc)<br>No water | 3<br>2<br>1<br>0 |  |  | Storekeeper |  | MO I/C |  |  |  |  |  |
| b.  | Whether overhead tank and pump exist                     | Yes<br>N   | 2<br>0           |  |  | Storekeeper |  | MO I/C |  |  |  |  |  |
| c.  | If overhead tank exist, whether its capacity sufficient? | Yes<br>No  | 1<br>0           |  |  |             |  |        |  |  |  |  |  |
| d.  | Booster pump present                                     | Functional<br>Not functioning<br>Not available   | 2<br>0<br>0      |  |  | Storekeeper |  | MO I/C |  |  |  |  |  |



|     |  |                                  |    |  |  |             |  |        |        |
|-----|--|----------------------------------|----|--|--|-------------|--|--------|--------|
| e.  | Drinking Water   | Water Cooler with Aquagaurd<br>2 |    |  |  |             |  |        |        |
|     |  | Water Cooler<br>1                |    |  |  |             |  |        |        |
|     |  | None<br>0                        |    |  |  |             |  |        |        |
|     |  | Score achieved                   |    |  |  |             |  |        |        |
| 12. | Electricity  | Maximum Score                    | 5  |  |  |             |  |        |        |
| a.  | Is there electric line in all parts of the PUHC?                       | Yes<br>1                         |    |  |  | Storekeeper |  | MO I/C |        |
|     |  | No<br>0                          |    |  |  |             |  |        |        |
| b.  | Regular Power Supply   | Occasional power failure<br>2    |    |  |  |             |  |        |        |
|     |  | Regular power cuts<br>1          |    |  |  |             |  |        |        |
|     |  | No power supply<br>0             |    |  |  |             |  |        |        |
| c.  | Stand by facility (generator/ Inverter) available in working condition | Yes<br>2                         |    |  |  | Storekeeper |  | MO I/C |        |
|     |  | Not functional<br>0              |    |  |  |             |  |        |        |
|     |  | Not available<br>0               |    |  |  |             |  |        |        |
|     |  | Score achieved                   |    |  |  |             |  |        |        |
| 13. | Biomedical Waste disposal  | Maximum Score                    | 12 |  |  |             |  |        |        |
| a.  | Dustbins in all rooms  | Yes<br>2                         |    |  |  | SCC         |  | NO     | MO I/C |
|     |  | No<br>0                          |    |  |  |             |  |        |        |
| b.  | Segregation in color   | Yes<br>2                         |    |  |  | Functionary |  | MO I/C |        |

|     |  |                |    |  |                                   |             |        |  |
|-----|--|----------------|----|--|-----------------------------------|-------------|--------|--|
|     | coded bags   | No             | 0  |  | generating the waste.             |             |        |  |
| c.  | Mutilation being done  | Yes            | 2  |  | Functionary generating the waste. | MO I/C      |        |  |
| d.  | Chemical Treatment   | No             | 0  |  | Functionary generating the waste. | MO I/C      |        |  |
| e.  | Autoclaving  | Yes            | 2  |  | NO                                | MO I/C      |        |  |
| f.  | Ext Agency collecting waste for disposal                             | No             | 0  |  | Store keeper                      | MO I/C      |        |  |
| g.  | In case waste not picked up, is agency equipped to handle its waste? | Yes            | 2  |  | Functionary generating the waste. | Storekeeper | MO I/C |  |
|     |  | No             | 0  |  |                                   |             |        |  |
|     |  | Yes            |    |  |                                   |             |        |  |
|     |  | No             |    |  |                                   |             |        |  |
|     |  | Score achieved |    |  |                                   |             |        |  |
| 14. | Communication  | Maximum Score  | 10 |  |                                   |             |        |  |
| a.  | Telephone functional   | Yes            | 2  |  | Store keeper                      | MO I/C      |        |  |
| b.  | Personal Computer  | No             | 0  |  | Store keeper                      | MO I/C      |        |  |
| c.  | Internet / NIC Terminal  | Yes            | 2  |  | Store keeper                      | MO I/C      |        |  |
| d.  | Dedicated ID / E-Mail for unit exists.                               | No             | 0  |  | Store keeper                      | MO I/C      |        |  |
|     |  | Yes            | 2  |  |                                   |             |        |  |
|     |  | No             | 0  |  |                                   |             |        |  |

|                    |                                    |                |        |  |  |  |  |  |  |  |  |
|--------------------|------------------------------------|----------------|--------|--|--|--|--|--|--|--|--|
| e.                 | Functional Printer with stationary | Yes<br>No      | 2<br>0 |  |  |  |  |  |  |  |  |
|                    |                                    | Score achieved |        |  |  |  |  |  |  |  |  |
| <b>TOTAL SCORE</b> |                                    |                |        |  |  |  |  |  |  |  |  |

## SUMMARY SCORES ACHIEVED AREAWISE AND REMARKS.

| S. No | Area   | Maximum Score | Score achieved | Physical infrastructure contribution | Score achieved | Responsibility             | Remarks |
|-------|--|---------------|----------------|--------------------------------------|----------------|----------------------------|---------|
| 1.    | <b>Building &amp; Compound</b>                   | 24            |                | 22                                   |                | Parent agency / Department |         |
| 2.    | <b>Display boards signages in local language</b> | 10            |                | 0                                    |                | Storekeeper MOI/C          |         |
| 3.    | <b>Waiting Area</b>                              | 12            |                | 2                                    |                | Storekeeper MOI/C          |         |
| 4.    | <b>OPD Rooms</b>                                 | 16            |                | 6                                    |                | MOI/C                      |         |
| 5.    | <b>Immunization / injection room</b>             | 48            |                | 6                                    |                | ANM / PHN                  |         |
| 6.    | <b>ANM Room / IUCD room</b>                      | 36            |                | 6                                    |                | ANM / PHN                  |         |
| 7.    | <b>Dressing Room</b>                             | 35            |                | 6                                    |                | Dresser                    |         |
| 8.    | <b>Laboratory</b>                                | 34            |                | 6                                    |                | Lab technician             |         |
| 9.    | <b>Pharmacy</b>                                  | 12            |                | 6                                    |                | Pharmacist                 |         |
| 10.   | <b>Store Room</b>                                | 20            |                | 6                                    |                | Storekeeper                |         |
| 11.   | <b>Water supply</b>                              | 10            |                | 5                                    |                | Storekeeper                |         |

|     |                           |     |  |  |   |  |  |   |  |
|-----|---------------------------|-----|--|--|---|--|--|---|--|
| 12. | Electricity               | 5   |  |  | 3 |  |  | Storekeeper.  |  |
| 13. | Biomedical Waste disposal | 12  |  |  | 0 |  |  | Incharge of area of waste generation.<br>CDEO<br>MO I/C |  |
| 14. | Communication             | 10  |  |  | 0 |  |  |   |  |
|     | <b>TOTAL</b>              | 275 |  |  |   |  |  |   |  |

Section 1 (a to o), Section 3 (a), Section 4 (a,b,c,d), Section 5 (a,b,c,d), Section 6 (a,b,c,d), Section 7 (a,b,c,d), Section 8(a,b,c,d), Section 9 (a,b,c,d), Section 10 (a,b,c,d), Section 11 (a,b), Section 12 (a,b) are scores for physical infrastructure and poor scoring centres shall be examined by the Planning cell/Engineering cell/other concerned agencies for needful.



# Annexure 2

## Available Human Resource

| S.No. | Personnel                                     | Sanctioned As per Standards        | Available at PUHC (Number) | GAP | Action required |       |
|-------|---|------------------------------------|----------------------------|-----|-----------------|-------|
|       |   |                                    |                            |     | District        | State |
| 2.1.  | Medical Officers                              | 2                                  |                            |     |                 |       |
| 2.2.  | PHN   | 1                                  |                            |     |                 |       |
| 2.3   | ANM ( including Regular / contract )          | 1 + 1 for*<br>10,000<br>population |                            |     |                 |       |
| 2.4   | Pharmacist<br>Storekeeper                     | 1<br>1                             |                            |     |                 |       |
| 2.5   | Laboratory Technician /<br>Lab assistant      | 1                                  |                            |     |                 |       |
| 2.6   | Computer Data Entry<br>Operator cum assistant | 1                                  |                            |     |                 |       |
| 2.7   | Dresser                                       | 1                                  |                            |     |                 |       |
| 2.8   | Social (community)<br>Mobilization Officer    | 1                                  |                            |     |                 |       |
| 2.9   | NO  | 1                                  |                            |     |                 |       |
| 2.10  | SCC   | 3                                  |                            |     |                 |       |

\* 1 for centre (plus 1 for each 10,000 urban poor population attached to the centre) in slums/JJ centres etc.



# Annexure 3

## Logistics and Medicines

| SNo. | Items                      | Availability* Score<br>Yes (1) / No (0) |          | Reason for non availability** in |              | Action required |       |
|------|----------------------------|---|----------|----------------------------------|--------------|-----------------|-------|
|      |                            | Dispen<br>Pharmacy                      | In Store | Dispensing<br>Pharmacy           | In store     | PUHC            | State |
| 1.   | Tablet PCM                 |   |          | NI , ISI, NS                     | NI , ISI, NS |                 |       |
| 2.   | Syrup PCM                  |   |          | NI , ISI, NS                     | NI , ISI, NS |                 |       |
| 3.   | Tab Avil                   |   |          | NI , ISI, NS                     | NI , ISI, NS |                 |       |
| 4.   | Tab Iron and Folic<br>Acid |   |          | NI , ISI, NS                     | NI , ISI, NS |                 |       |
| 5.   | ORS                        |   |          | NI , ISI, NS                     | NI , ISI, NS |                 |       |
| 6.   | Cap Amoxicillin            |   |          | NI , ISI, NS                     | NI , ISI, NS |                 |       |
| 7.   | Syrup Amoxicillin          |   |          | NI , ISI, NS                     | NI , ISI, NS |                 |       |
| 8.   | Tab Metronidazol           |   |          | NI , ISI, NS                     | NI , ISI, NS |                 |       |
| 9.   | Syp Metronidazol           |   |          | NI , ISI, NS                     | NI , ISI, NS |                 |       |
| 10   | Tab Ciproflo               |   |          | NI , ISI, NS                     | NI , ISI, NS |                 |       |
| 11   | Tab Erythromycin           |   |          | NI , ISI, NS                     | NI , ISI, NS |                 |       |
| 12   | Tab Perinorm               |   |          | NI , ISI, NS                     | NI , ISI, NS |                 |       |
| 13   | Betablocker                |   |          | NI , ISI, NS                     | NI , ISI, NS |                 |       |
| 14   | Calcium Channel<br>Blocker |   |          | NI , ISI, NS                     | NI , ISI, NS |                 |       |
| 15   | Tab Lasix                  |   |          | NI , ISI, NS                     | NI , ISI, NS |                 |       |
| 16   | Oral Hypoglycemic          |   |          | NI , ISI, NS                     | NI , ISI, NS |                 |       |
| 17   | Tab Salbutamol             |   |          | NI , ISI, NS                     | NI , ISI, NS |                 |       |
| 18   | Syp Salbutamol             |   |          | NI , ISI, NS                     | NI , ISI, NS |                 |       |
| 19   | Functional Nebulizer       |   |          | NI , ISI, NS                     | NI , ISI, NS |                 |       |
| 20   | Nebulizer Solution         |   |          | NI , ISI, NS                     | NI , ISI, NS |                 |       |
| 21   | Tab Theophylline           |   |          | NI , ISI, NS                     | NI , ISI, NS |                 |       |
| 22   | Tab.Carbamazepine          |   |          | NI , ISI, NS                     | NI , ISI, NS |                 |       |
| 23   | Inj. Calmpose              |   |          | NI , ISI, NS                     | NI , ISI, NS |                 |       |



|                    |                                  |  |  |              |              |  |  |
|--------------------|----------------------------------|--|--|--------------|--------------|--|--|
| 24                 | Inj. Adrenaline                  |  |  | NI , ISI, NS | NI , ISI, NS |  |  |
| 25                 | Inj Avil                         |  |  | NI , ISI, NS | NI , ISI, NS |  |  |
| 26                 | Inj. Perinorm                    |  |  | NI , ISI, NS | NI , ISI, NS |  |  |
| 27                 | I/V Fluids                       |  |  | NI , ISI, NS | NI , ISI, NS |  |  |
| 28                 | I / V Set and Intracaths.        |  |  | NI , ISI, NS | NI , ISI, NS |  |  |
| 29                 | Bandages & Cotton                |  |  | NI , ISI, NS | NI , ISI, NS |  |  |
| 30                 | Slides                           |  |  | NI , ISI, NS | NI , ISI, NS |  |  |
| 31                 | Bleaching Powder / Conc Solution |  |  | NI , ISI, NS | NI , ISI, NS |  |  |
| 32                 | Color Coded bags                 |  |  | NI , ISI, NS | NI , ISI, NS |  |  |
| <b>TOTAL SCORE</b> |                                  |  |  |              |              |  |  |

\*Availability to last in sufficient quantity till the next indent.

**\*\*Reason for non availability in Dispensing pharmacy / Stores can be :**

- i. **Not indented in sufficient quantity. Record it as NI ( Not indented) .**
- ii. **Indented but not supplied in the asked quantity. Record it as ISI ( Indented , Supply insufficient)**
- iii. **Not supplied at all. ( Record as NS , Not Supplied)**
- iv. **Any other.**

The list is indicative and not exhaustive .

The items can be changed as per the local constraints.

If an effective substitute is present , mention that and record score as 1.

# Annexure 4

## Services Provided

| S.No.       | Item   | Response/<br>Score | Reason for<br>Not<br>providing | Action Required |          |       |
|-------------|--|--------------------|--------------------------------|-----------------|----------|-------|
|             |  |                    |                                | PUHC            | District | State |
| <b>1.1.</b> | <b>Assured Services available (Yes/No)</b>   | Y N                |                                |                 |          |       |
| a.          | OPD Services ( specify timings ) Y/N   | 1 0                |                                |                 |          |       |
| b.          | Referral Services Y/N  | 1 0                |                                |                 |          |       |
| c.          | Specialist OPDs ( if yes state discipline / frequency per wk)  |                    |                                |                 |          |       |
| d.          | Evening OPDs ( if yes state discipline / frequency per wk)   |                    |                                |                 |          |       |
| e.          | Separate Queue for Senior Citizens Y/N   | 1 0                |                                |                 |          |       |
| f.          | Secondary / Tertiary care linkages identified and displayed. Y/N                                       | 2 0                |                                |                 |          |       |
| <b>1.2</b>  | <b>Emergency Services available during OPD Hours ( If n o then give reasons)</b>                       |                    |                                |                 |          |       |
| a.          | Management of Diarrhoea with dehydration requiring I/V Fluids Y/N                                      | 2 0                |                                |                 |          |       |
| b.          | Is the primary management of wounds done at the PUHC? Y/N  | 2 0                |                                |                 |          |       |
| c.          | Is the primary management of cases of poisoning / snake, insect or scorpion bite done at the PUHC? Y/N | 1 0                |                                |                 |          |       |
| d.          | Is the primary management of burns done at PUHC? Y/N   | 1 0                |                                |                 |          |       |
| <b>1.3</b>  | <b>Services for common diseases for all population segments ( for eg.)</b>                             |                    |                                |                 |          |       |
| a.          | Hypertension Y/N   | 1 0                |                                |                 |          |       |
| b.          | Diabetes Y/N   | 1 0                |                                |                 |          |       |
| c.          | Ischaemic Heart Disease Y/N  | 1 0                |                                |                 |          |       |
| d.          | Asthma and COPD Y/N  | 1 0                |                                |                 |          |       |
| e.          | Musculoskeletal diseases Y/N   | 1 0                |                                |                 |          |       |
| f.          | Skin diseases Y/N  | 1 0                |                                |                 |          |       |
| g.          | Convulsive disorders Y/N   | 1 0                |                                |                 |          |       |
| h.          | GI Disorders Y/N   | 1 0                |                                |                 |          |       |
| i.          | Mental disorders Y/N   | 1 0                |                                |                 |          |       |
| j.          | Infections and communicative diseases Y/N  | 1 0                |                                |                 |          |       |
| <b>1.4</b>  | <b>Minor surgical procedures</b>   |                    |                                |                 |          |       |

| S.No.        | Item  | Response/<br>Score | Reason for<br>Not<br>providing | Action Required |          |       |
|--------------|---|--------------------|--------------------------------|-----------------|----------|-------|
|              |   |                    |                                | PUHC            | District | State |
|              | Are minor surgeries like<br>Draining of small Abscess?<br>Suturing of superficial skin Y/N                                | 1 0<br>1 0         |                                |                 |          |       |
| <b>1.5</b>   | <b>Rehabilitative Services ( Please<br/>specify ) Y/N</b>   | 1 0                |                                |                 |          |       |
| <b>1.6</b>   | <b>Average daily OPD Attendance<br/>(Average from last six months)</b>  |                    |                                |                 |          |       |
| a.           | Males   |                    |                                |                 |          |       |
| b.           | Females   |                    |                                |                 |          |       |
| c.           | Children  |                    |                                |                 |          |       |
| d.           | SC/ST & BPL   |                    |                                |                 |          |       |
| <b>1.7</b>   | <b>MCH Care including Family Planning</b>   |                    |                                |                 |          |       |
| <b>1.7.1</b> | <b>Service availability (Yes / No)</b>  |                    |                                |                 |          |       |
| a.           | Ante-natal care (Y / N)   | 1 0                |                                |                 |          |       |
| b.           | Post-natal care (Y / N)<br>(Home visits by ANMs)  | 1 0                |                                |                 |          |       |
| c.           | Child care including immunization<br>(Y/ N)   | 1 0                |                                |                 |          |       |
| d.           | Family Planning (Y / N)<br>(CuT insertions)   | 2 0                |                                |                 |          |       |
| e.           | Management of RTI / STI (Y/ N)  | 1 0                |                                |                 |          |       |
| f.           | Facilities under Janani Suraksha Yojana<br>(Y/ N)   | 1 0                |                                |                 |          |       |
| <b>1.7.2</b> | <b>Availability of specific services (Yes /No)</b>  |                    |                                |                 |          |       |
| a.           | Are antenatal clinics organized by the<br>PUHC regularly? (Y/ N)  | 1 0                |                                |                 |          |       |
| b.           | Is the treatment for gynecological<br>disorders like leucorrhoea, menstrual<br>disorders available at the PUHC?<br>(Y/ N) | 1 0                |                                |                 |          |       |
| c.           | Is the facility for internal examination<br>for gynecological conditions available<br>at the PUHC? (Y/ N)                 | 1 0                |                                |                 |          |       |
| d.           | Is there a fixed immunization day?<br>(Y/ N)  | 1 0                |                                |                 |          |       |
| e.           | Is BCG and Measles vaccine given<br>regularly in the PUHC? (Y/ N)   | 1 0                |                                |                 |          |       |

| S.No.              | Item  | Response/<br>Score | Reason for<br>Not<br>providing | Action Required |          |       |
|--------------------|---|--------------------|--------------------------------|-----------------|----------|-------|
|                    |   |                    |                                | PUHC            | District | State |
| f.                 | Is the management of children<br>Suffering from diarrhea done at PUHC?<br>1). ORT Available Yes/ No<br>2). I/V Fluids Available Yes/ No<br>3). None | 1 0<br>1 0<br>0    |                                |                 |          |       |
| <b>1.8</b>         | <b>Implementation of National Health<br/>Programmes including HIV/AIDS<br/>control programmes</b>   |                    |                                |                 |          |       |
| a.                 | DOTS centre functioning Y/ N  | 1 0                |                                |                 |          |       |
| b.                 | Is the PUHC a designated Microscopy<br>centre/ does it have an identified<br>attached Microscopy centre (Give<br>name) Y / N                        | 1 0                |                                |                 |          |       |
| c.                 | Is MDT for Leprosy available Y / N  | 1 0                |                                |                 |          |       |
| d.                 | Is Screening for suspected refractory<br>errors / cataract done Y / N   | 1 0                |                                |                 |          |       |
| e.                 | Is there an identified linked<br>optometrist facility Y / N   | 1 0                |                                |                 |          |       |
| f.                 | Is there an ICTC running in the PUHC<br>Y / N   |                    |                                |                 |          |       |
| g.                 | Is there an identified linked ICTC /<br>PPPTC centre Y / N  |                    |                                |                 |          |       |
| h.                 | Prevention and control of locally<br>endemic diseases Y / N   | 1 0                |                                |                 |          |       |
| i.                 | Is reporting under IDSP done<br>Y / N   | 1 0                |                                |                 |          |       |
| j.                 | Collection and reporting of vital<br>statistics Y / N   |                    |                                |                 |          |       |
| <b>1.9</b>         | <b>AYUSH services as per local<br/>preference Y / N</b>   | <b>1 0</b>         |                                |                 |          |       |
| <b>TOTAL SCORE</b> |   |                    |                                |                 |          |       |



# Annexure 5

## Utilization trends

| S. No | Services  | Provided in last three months | Provided in same three mths last year | Increase / Decrease in utilization* | Score | Reasons / Actions |
|-------|---|-------------------------------|---------------------------------------|-------------------------------------|-------|-------------------|
| 1.    | OPD Attendance  |                               |                                       |                                     |       |                   |
| a.    | Number of female patients attending OPD                   |                               |                                       |                                     |       |                   |
| b.    | Number of children attending the OPD (Upto 18 years)      |                               |                                       |                                     |       |                   |
| 2.    | Antenatal cases   |                               |                                       |                                     |       |                   |
| 3.    | Registration in First trimester                           |                               |                                       |                                     |       |                   |
| 4.    | High Risk Identified and referred                         |                               |                                       |                                     |       |                   |
| 5.    | Children Immunized  |                               |                                       |                                     |       |                   |
| 6.    | Children completing primary immunization by first year    |                               |                                       |                                     |       |                   |
| 7.    | IUCDs Inserted  |                               |                                       |                                     |       |                   |
| 8.    | Number of OC users (On regular Ocs for last three months) |                               |                                       |                                     |       |                   |
| 9.    | Post natal Checkups carried out                           |                               |                                       |                                     |       |                   |
| 10.   | Total Lab Tests performed                                 |                               |                                       |                                     |       |                   |

|                    |  |  |  |  |  |
|--------------------|--|--|--|--|--|
| 11.                | Number of patients diagnosed as Anemics and put on FS/FA |  |  |  |  |
| 12.                | Cataract patients screened and referred                  |  |  |  |  |
| 13.                | Patients of DM on t/t & followup.                        |  |  |  |  |
| 14.                | Patients of HT put on t/t and follow up                  |  |  |  |  |
| <b>TOTAL SCORE</b> |  |  |  |  |  |

Change in Usage Scores : Decrease or same usage (0), 1%-25% increase (1), 25%-50% increase (2) , 50%-75% increase (3) , > 75% increase (4).

The usage score need to be interpreted cautiously. Once optimum utilisation of PUHC begins and backlog is cleared, scores on parameters like cataract patients, diabetic patients, anemic individuals may stabilize or go down and scoring shall need modifications.

# Annexure 6

## Managing Information – Registers / Record maintenance & Reports

| S. no     | Register / record   | Response / score | Reason for shortcoming | Action required |          |       |
|-----------|---|------------------|------------------------|-----------------|----------|-------|
|           |   |                  |                        | PUHC            | District | State |
| <b>1.</b> | <b>OPD Register</b>   |                  |                        |                 |          |       |
| i.        | Register available Y/ N   | 1                |                        |                 |          |       |
| ii.       | Legible Y / N   | 1                |                        |                 |          |       |
| iii.      | All Columns present Y / N   | 1                |                        |                 |          |       |
| iv.       | Entries complete Y / N  | 1                |                        |                 |          |       |
| <b>2.</b> | <b>ANC Register</b>   |                  |                        |                 |          |       |
| i.        | Register available Y / N  | 1                |                        |                 |          |       |
| ii.       | All columns present Y / N   | 1                |                        |                 |          |       |
| iii.      | Can the ANM trace a defaulter with the help of her register Y / N | 2                |                        |                 |          |       |
| <b>3.</b> | <b>Immunization Register</b>                                      |                  |                        |                 |          |       |
| i.        | Register available Y/ N   | 1                |                        |                 |          |       |
| ii.       | Can ANM locate the defaulter with the help of her register Y / N  | 2                |                        |                 |          |       |
| <b>4.</b> | <b>Family Planning Register</b>                                   |                  |                        |                 |          |       |
| i.        | IUCD Record maintained for side effects Y / N                     | 1                |                        |                 |          |       |
| ii.       | Details of IUCD removal for complications / SE recorded Y / N     | 2                |                        |                 |          |       |
| iii.      | Alternative method advised and recorded Y / N                     | 2                |                        |                 |          |       |



|                    |   |   |  |  |  |  |
|--------------------|---|---|--|--|--|--|
| iv.                | Women on OCs followed through the register<br>Y / N                       | 2 |  |  |  |  |
| <b>5.</b>          | <b>Eligible Couple Register</b>   |   |  |  |  |  |
| i.                 | Register available<br>Y / N   | 1 |  |  |  |  |
| ii.                | Can the ANM tell about eligible couples in her area<br>Y / N              | 2 |  |  |  |  |
| <b>6.</b>          | <b>Separate records for National Programs</b>                             |   |  |  |  |  |
| i.                 | NLEP Register<br>Y/ N   | 1 |  |  |  |  |
| ii.                | NPCB<br>Y/N   | 1 |  |  |  |  |
| <b>7.</b>          | <b>Referral Register</b><br>Y/ N  | 1 |  |  |  |  |
| <b>8.</b>          | <b>Outreach Activity Record along with the supervisor report</b><br>Y / N | 1 |  |  |  |  |
| <b>9.</b>          | <b>Chronic Disease Follow up record</b><br>Y / N                          | 1 |  |  |  |  |
| <b>10.</b>         | <b>Monthly Reports of last three months :</b>                             | 1 |  |  |  |  |
| i.                 | Complete<br>Y / N   | 1 |  |  |  |  |
| ii.                | Validated by PHN/ANM<br>Y / N   |   |  |  |  |  |
| iii.               | Checked by MO I/C<br>Y / N  |   |  |  |  |  |
| iv.                | Transmitted in time<br>Y / N  | 1 |  |  |  |  |
| <b>TOTAL SCORE</b> |   |   |  |  |  |  |

# Annexure 7

## Training requirements

| S.No | Name / Type of training  | Category of staff | Numbers Needing the training | Action required |          |       |
|------|--|-------------------|------------------------------|-----------------|----------|-------|
|      |  |                   |                              | PUHC            | District | State |
| 1.   | Needs as identified by the Staff as per self appraisal                     |                   |                              |                 |          |       |
|      |  |                   |                              |                 |          |       |
|      |  |                   |                              |                 |          |       |
|      |  |                   |                              |                 |          |       |
|      |  |                   |                              |                 |          |       |
|      |  |                   |                              |                 |          |       |
| 2.   | Training Needs identified on observation of skills / competencies.         |                   |                              |                 |          |       |
|      |  |                   |                              |                 |          |       |
|      |  |                   |                              |                 |          |       |
|      |  |                   |                              |                 |          |       |
|      |  |                   |                              |                 |          |       |
|      |  |                   |                              |                 |          |       |
| 3.   | Trainings mandated by the institutions for all / specific staff categories |                   |                              |                 |          |       |
| i.   | Safe Immunization practices  |                   |                              |                 |          |       |
| ii.  | Bio Medical Waste Disposal   |                   |                              |                 |          |       |
| iii. | Prevention of Disability (POD)   |                   |                              |                 |          |       |
| iv.  | RNTCP Training   |                   |                              |                 |          |       |
| v.   | IDSP Training  |                   |                              |                 |          |       |
| vi.  | NPCB Training  |                   |                              |                 |          |       |
| vii. | Cu T Training  |                   |                              |                 |          |       |
| ix.  | NRHM Training  |                   |                              |                 |          |       |
| x.   | Others   |                   |                              |                 |          |       |



# Annexure 8

## Prescription Audit

|                                     |  |
|-------------------------------------|--|
| Name of the District:               |  |
| Name of the PUHC:                   |  |
| Parent agency: GNCTD /MCD/NDMC      |  |
| Name of the Medical Officer:        |  |
| Date of collection of prescription: |  |
| Collected by (Name and signature):  |  |

| SNo.      | Item  | Yes / No         | Score achieved | Remarks                             |
|-----------|---|------------------|----------------|-------------------------------------|
| 1.        | Complete Name of the client   | 1 0              |                |                                     |
| 2.        | Age in years ( ≥ five in years )<br>In case of < five years (in months)                                   | 1 0              |                |                                     |
| 3.        | Date of consultation-day/ month / year  | 1 0              |                |                                     |
| 4.        | Sex of the client   | 1 0              |                |                                     |
| 5.        | Legible handwriting   | 1 0              |                |                                     |
| 6.        | OPD Registration Number   | 1 0              |                |                                     |
| <b>7.</b> | <b>Medical component</b>  | <b>xx</b>        | <b>xx</b>      |                                     |
| i.        | Presumptive / definitive diagnosis written  | 2 0              |                |                                     |
| ii.       | Brief history Written   | 1 0              |                |                                     |
| iii.      | Salient features of Clinical Examination recorded   | 1 0              |                |                                     |
| iv.       | Investigations advised  | Yes No           |                |                                     |
| v.        | Medicines advised mostly available in the dispensary  | Yes No           |                |                                     |
| vi.       | Medicines advised partially available in the dispensary/Medicines advised not available in the Dispensary | Yes No<br>Yes No |                |                                     |
| vii.      | Dosage schedule / doses clearly written   | 1 0              |                |                                     |
| viii.     | Duration of treatment written   | 1 0              |                |                                     |
| ix.       | Date of next visit ( review ) written   | 1 0              |                |                                     |
| x         | In case of referral, the relevant clinical details and reason for referral given                          | 1 0              |                |                                     |
| xi.       | The required precautions / do's and don'ts recorded   | 1 0              |                | (If none required then also gets 1) |
| xii.      | Prescription duly signed (legibly)  | 1 0              |                |                                     |
|           | <b>TOTAL SCORE</b>  |                  |                |                                     |

For items recorded correctly , appropriate score is awarded .

For items 7 iv, v, vi no score shall be given but the response shall be recorded as yes / no.



# Annexure 9

## Observation to assess the skill / Competency of the services providers

Monitoring & Supervision Formats :

| 9.a. Checklist for Ante natal care   |   |            |                |         |
|--|---|------------|----------------|---------|
| <i>Instruction: Give score for the task performed correctly and skill acquired against each of the activities assessed</i> |   |            |                |         |
| S.No.  | Activity  | Max. Score | Score Achieved | Remarks |
| 1  | Can Calculate expected no. of pregnant women in the community                           | 1          |                |         |
| 2  | Greets the patient  | 1          |                |         |
| 3  | Ensures privacy while talking/examining the patient                                     | 1          |                |         |
| 4  | Conveys the importance of early registration  | 1          |                |         |
| 5  | Asks about LMP and calculates the EDD   | 1          |                |         |
| 6  | Asks menstrual history (regular/irregular)  | 1          |                |         |
| 7  | Fills up the ANC card correctly   | 2          |                |         |
| 8  | Is able to identify a potential JSY beneficiary   | 1          |                |         |
| 9  | Ensure the documentary support for JSY beneficiary                                      | 1          |                |         |
| 10   | Enquires about the order of Pregnancy (Gravida,Para)                                    | 1          |                |         |
| 11   | Enquires about interval from last Pregnancy   | 1          |                |         |
| 12   | Asks about no. of living children   | 1          |                |         |
| 13   | Asks about any abortion/still birth/neonatal deaths                                     | 1          |                |         |
| 14   | Asks about regular intake of any medicine   | 1          |                |         |
| 15   | Asked about any surgery done  | 1          |                |         |
| 16   | Asks about any complaints in the present pregnancy                                      | 1          |                |         |
| 17   | Checks about T.T immunisation   | 1          |                |         |
| 18. a  | Examines for pallor,edema,icterus   | 1          |                |         |
| b.   | Takes height weight & Blood Pressures   | 1          |                |         |
| 19.a   | Stands on right side of the patient while performing the abdominal examination          | 1          |                |         |
| b.   | Asks the patient to lie down with extended legs   | 1          |                |         |
| 20   | Inspects the abdomen for scar, size, contour and pigmentation                           |            |                |         |
| 21.a   | Uses ulnar border of the hand to palpate fundal height after correcting dextro-rotation | 1          |                |         |
| b.   | Checks whether height of uterus corresponds with the period of ammenorrhea              |            |                |         |

|           |  |   |  |  |
|-----------|--|---|--|--|
| <b>22</b> | Asks the patient to partially flex the legs both at knee and hip joint. Palpates the uterus for fetal lie and presentation | 1 |  |  |
| <b>23</b> | Auscultates for fetal heart rate   | 1 |  |  |
| <b>24</b> | Recognizes twins & other abnormalities (abnormal lie )   | 1 |  |  |
| <b>25</b> | Identifies the risk factors  | 2 |  |  |
| <b>26</b> | Ensure Hb estimation, urine examination for albumin and sugar  | 1 |  |  |
| <b>27</b> | Advises about adequate diet  | 1 |  |  |
| <b>28</b> | Advises about adequate rest  | 1 |  |  |
| <b>29</b> | Advises about T.T Immunization (no. of doses, proper time)   | 1 |  |  |
| <b>30</b> | Advises about need for intake of IFA tablets to treat & prevent Anemia   | 1 |  |  |
| <b>31</b> | Gives T.T immunisation (0.5ml) in unimmunized mother   | 1 |  |  |
| <b>32</b> | Counsels about:  | 1 |  |  |
|           | a) Regular ANC   | 1 |  |  |
|           | b) Breast care   | 1 |  |  |
|           | c) Breast feeding  | 1 |  |  |
|           | d) Personal hygiene  | 1 |  |  |
|           | e) Danger signals  | 1 |  |  |
|           | f) Preparation of plan for institutional delivery  | 1 |  |  |
|           | g) Availability of free ambulance services-dialling 1099/102   |   |  |  |
| <b>33</b> | Tells the next date of visit   | 1 |  |  |

While observing ANC checkup on a particular woman, certain activities may not be required and hence not performed. Specific questions may have to be asked to elicit the functionary's knowledge/skills regarding those points to award her/him any score.

| 9.b. Checklist for newborn care (Session on new born care)   |   |            |                |         |
|--|---|------------|----------------|---------|
| <b>Instruction: The personnel can be assessed by questioning/asking her to demonstrate the counseling skills on a new mother, woman coming for third trimester visit. The check list summarizes the activities that cover the knowledge and skill regarding care of a new born. Give score for the task performed and skill acquired against each of the activities assessed</b> |   |            |                |         |
| S.No.  | Activity  | Max. Score | Score Achieved | Remarks |
| 1  | Greets the mother warmly  | 1          |                |         |
| 2  | Explains to the mother importance of newborn care   | 1          |                |         |
| 3  | Weighs the baby & records the weight correctly  | 2          |                |         |
| 4  | Identifies low birth weight babies  | 2          |                |         |
| 5  | Informs the physiological variations in newborn to the parents:   |            |                |         |
|  | a) Baby can pass Meconium upto 24 hrs of birth  | 1          |                |         |
|  | b) Baby can pass urine upto 48hrs of birth  | 1          |                |         |
|  | c) Baby can pass transitional stools (greenish yellow 10 - 15 loose stools) times/day from 3rd- 10th day of life  | 1          |                |         |
| 6  | Refers the babies who have not passed urine upto 48hrs and meconium within 24 hrs after birth   | 1          |                |         |
| 7  | Reassures the parents that the physiological variations do not need any treatment   | 1          |                |         |
| 8  | Examines the breasts of the mother to see if nipples are small/ retracted & offers remedial action  | 2          |                |         |
| 9  | Informs about initiation for breastfeeding in 1st one hour  | 2          |                |         |
| 10   | Counsels & motivates the mother for exclusive breast feeding for first six months   | 2          |                |         |
| 11   | Advise mother about technique of expression of breast milk & feeding it with katori & spoon only (if baby is not able to suck properly & painful cracked nipples) | 1          |                |         |
| 12   | Explains to the mother about technique of breast feeding and warns the mother about dangers of giving top feeds.  | 2          |                |         |
| 13   | Advise the mother to keep the baby warm   | 1          |                |         |
| 14   | Advise about increased risk of infection in newborn   | 1          |                |         |
| 15   | Advise about not applying anything on cord  | 2          |                |         |
| 16   | Advise handling of baby by minimum number of people   | 2          |                |         |
| 17   | Advise for keeping baby away from crowded places  | 1          |                |         |
| 18   | Advise for keeping the baby away from people suffering from ARI, boils etc.   | 1          |                |         |



|           |   |   |  |  |
|-----------|---|---|--|--|
| <b>19</b> | Informs parents about immunization of the baby & immunization schedule specially Hep B & OPV doses at birth | 2 |  |  |
| <b>20</b> | Informs parents about high risk newborn & advises to contact Doctor in case of any problem:                 | 1 |  |  |
|           | a) Low birth weight babies less than 2.5kg  | 1 |  |  |
|           | b) Preterm babies <34 weeks of gestation  | 1 |  |  |
|           | c) Respiratory distress   | 1 |  |  |
|           | d) Deep jaundice or jaundice appearing on 1st day of life   | 1 |  |  |
|           | e) Convulsions  | 1 |  |  |
|           | f) Congenital malformations   | 1 |  |  |
|           | G) Difficulty in feeding  | 1 |  |  |
| <b>21</b> | Is able to detect high risk newborn & refers them   | 2 |  |  |

| 9.c. Checklist for Family Planning  |   |                |         |
|---|---|----------------|---------|
| <b>Instruction: Give 1 mark each for the task performed correctly done and skill acquired against each of the activities assessed</b> |   |                |         |
| S.No.   | Activity  | Score achieved | Remarks |
| 1   | Greets the patient warmly   |                |         |
| 2   | Ensures the client confidentiality  |                |         |
| 3   | Expresses care, interest, acceptance by words and gestures  |                |         |
| 4   | Uses words that the client understands  |                |         |
| 5   | Explains about the need for contraception   |                |         |
| 6   | Assesses the knowledge of client about family planning  |                |         |
| 7   | a) Asks if client has used any family planning method before<br>b) If yes, does she want to adopt the same method again<br>c) If not, the reason for discontinuing the method |                |         |
| 8   | Asks the client whether the method is required to delay the pregnancy or to prevent any future pregnancies  |                |         |
| 9   | Explains to the client, the various methods available for family Planning (advantages and disadvantages, indications & contraindications)                                     |                |         |
| 10  | Asks about the menstrual history of the client  |                |         |
| 11  | Confirms that client is not at risk of getting STDs   |                |         |
| 12  | Advises about the method of client's choice:  |                |         |
| A.  | <b>Oral Pills</b>   |                |         |
|   | a) Confirms that client is not pregnant   |                |         |
|   | b) Confirms that client is not lactating  |                |         |
|   | c) Ensures that client will remember to take a pill everyday  |                |         |
|   | d) Confirms that client is not suffering from hypertension, cardiovascular/hepatic disease, DM  |                |         |
|   | e) Confirms that the client is non smoker   |                |         |
|   | f) Describes that her monthly period will become regular, milder & dysmenorrhea, if present shall decrease  |                |         |
|   | g) Tells that this method will prevent iron deficiency anemia   |                |         |
|   | h) Tells that client may have nausea and vomiting (for first few months and/or spotting or mild bleeding in between the periods)  |                |         |

| S.No.     | Activity   | Score achieved | Remarks |
|-----------|--|----------------|---------|
|           | i) Tells her to report in case of delayed period   |                |         |
|           | j) Tells that mild headaches, breast tenderness/ slight weight gain may occur initially  |                |         |
|           | k) Explains about oral contraceptive by showing the packet of pills  |                |         |
|           | l) Tells the day when to start (5th day after menstrual period starts)   |                |         |
|           | m) Explains that pill should be taken at the same time on each day   |                |         |
|           | n) Describes that if the client forgets to take the pill she should take it as soon as she remembers   |                |         |
|           | o) Tells that if two pills are missed on two consecutive days in a cycle then she should have additional protection by another method and gives her a packet of condom |                |         |
|           | p) Ensures taking of one pill every day till the packet is empty and ensures regular supply  |                |         |
|           | q) Tells the date for next visit   |                |         |
|           |  |                |         |
| <b>B.</b> | <b>Intra Uterine Device</b>  |                |         |
|           | a) Confirms that client is not pregnant  |                |         |
|           | b) Asks if the client had infection following child birth or abortion  |                |         |
|           | c) Ensures through history/clinical examination that she is not suffering from local/pelvic infection, malignancy of genital organ.                                    |                |         |
|           | d) Ask the patient about any myth, misconception, doubt about IUCD   |                |         |
|           | e) Explains about the method of insertion  |                |         |
|           | f) Explains about the time of insertion (6-8 weeks after delivery & after 3 - 5 days of menstrual bleeding)  |                |         |
|           | g) Gives any example of person using Cu T/if possible makes the user converse with the client  |                |         |
|           | h) Tells there may be slight pain (back ache) & bleeding after insertion   |                |         |
|           | i) Explains the client to report to the health centre if string can't be felt/heavy bleeding/constant pain or back ache  |                |         |
|           | j) Tells the date for next visit   |                |         |
| <b>C.</b> | <b>Condoms</b>   |                |         |
|           | a) Ensures that male partner is willing to use condom at every act of intercourse  |                |         |
|           | b) Asks if person has had any allergic reaction to latex   |                |         |
|           | c) Tells that slight itching may occur   |                |         |
|           | d) Tells to use a new piece for each sexual contact  |                |         |
|           | e) Explains how to use condom  |                |         |
|           | f) Describes method of disposal of condoms   |                |         |
|           | g) Gives adequate supply of condoms  |                |         |
|           | h) Tells about the depot holders   |                |         |
|           | l) Explains not to use lubricant or oil as oil weakens the latex   |                |         |

| <b>D Vasectomy</b>   |   |  |  |
|----------------------|---|--|--|
|                      | a) Confirms that the client does not want any more child  |  |  |
|                      | b) Explains that vasectomy is terminal method for males   |  |  |
|                      | c) Explains how vasectomy will prevent pregnancy  |  |  |
|                      | d) Uses pictures/pamphlets etc. to explain vasectomy  |  |  |
|                      | e) Clarifies the myths (eg. weakness after operation) about vasectomy                           |  |  |
|                      | f) Explains that a period of 3months or 20 ejaculations are required for semen to be sperm-free |  |  |
|                      | g) Explains the need to use a contraceptive method /abstinence for 3 months                     |  |  |
|                      | h) Tells about the places where vasectomy can be performed                                      |  |  |
|                      | i) Takes the patient to MO for necessary work up and action                                     |  |  |
| <b>E . Tubectomy</b> |   |  |  |
|                      | a) Confirms that the client does not want any more child  |  |  |
|                      | b) Explains that tubectomy is terminal method for females                                       |  |  |
|                      | c) Explains how tubectomy will prevent pregnancy  |  |  |
|                      | d) Uses pictures/pamphlets to explain tubectomy   |  |  |
|                      | e) Clarifies the myths (eg weakness after operation) about tubectomy                            |  |  |
|                      | f) Explains that she can resume sexual intercourse after 1 week                                 |  |  |
|                      | g) Tells about the places where Tubectomy can be performed                                      |  |  |
|                      | h) Takes the patient to MO for necessary work up and action                                     |  |  |
|                      | i) Ensures basic investigations - Hemoglobin, Urine examination                                 |  |  |

| 9.d. Checklist for Immunization  |   |                |         |
|--|---|----------------|---------|
| <b>Instruction: Give 1 mark each for the task performed appropriately and skill acquired against each of the activities assessed</b> |   |                |         |
| S.No.  | Activity  | Score achieved | Remarks |
| 1  | Greets patient warmly   |                |         |
| 2  | Selects the vials with early expiry date first                            |                |         |
| 3  | Keeps emergency kit ready for any adverse reaction                        |                |         |
| 4  | Washes hands thoroughly (air dries or dries with clean clothes)           |                |         |
| 5  | Uses Auto Disabled syringes & needles                                     |                |         |
| 6  | Uses separate syringe (syringe & needle if disposable) for each child.    |                |         |
| 7  | Uses correct diluent  |                |         |
| 8  | Uses correct amount of diluent for appropriate vaccine                    |                |         |
| 9  | Dissolves the vaccine by revolving between palms without vigorous shaking |                |         |
| 10   | Fills up the correct dose   |                |         |
| 11   | Gives the injection appropriately as follows:                             |                |         |
| 12 A. DPT  |   |                |         |
|  | a) Takes 0.5ml for each child   |                |         |
|  | b) Gives injection at anterolateral aspect of upper middle part of thigh  |                |         |
|  | c) Stretches the skin at the site of injection                            |                |         |
|  | d) Gives injection deep in the muscles at 90° angle                       |                |         |
|  | e) Advises the mother to give Syr Paracetamol ½ Tsf SOS if fever comes.   |                |         |

| S.No.                  | Activity   | Score achieved | Remarks |
|------------------------|--|----------------|---------|
| <b>B. OPV</b>          |  |                |         |
|                        | a) Checks the potency of vaccine by observing vaccine vial monitor (VVM)   |                |         |
|                        | b) Keeps the vial on icepack   |                |         |
|                        | c) Gives two drops   |                |         |
|                        | d) Ensures that the dropper doesn't come in contact with mouth of the baby   |                |         |
|                        | e) Tells the mother the baby can be breastfed  |                |         |
| <b>C. BCG</b>          |  |                |         |
|                        | a) Keeps the reconstituted vaccine on the ice pack   |                |         |
|                        | b) Uses reconstituted vaccine within 3hrs  |                |         |
|                        | c) Uses correct dose   |                |         |
|                        | d) Gives at correct site (outer side of left upper arm)  |                |         |
|                        | e) Gives injection intradermally at 15° angle  |                |         |
| <b>D.(MMR/Measles)</b> |  |                |         |
|                        | a) Keeps reconstituted vaccine on ice pack   |                |         |
|                        | b) Uses reconstituted vaccine in 3hrs  |                |         |
|                        | c) Gives correct dose (0.5ml)  |                |         |
|                        | d) Gives the vaccine subcutaneously  |                |         |
|                        | e) Gives vaccine at correct site   |                |         |
| <b>13</b>              | Maintains cold chain for all vaccines  |                |         |
| <b>14</b>              | Conditioning of ice pack before placing in the vaccine carrier. Discards Vaccines which are frozen or has precipitates, which do not dissolve on shaking |                |         |
| <b>15</b>              | Makes entry in immunisation register   |                |         |
| <b>16</b>              | Makes entry in the immunisation card   |                |         |
| <b>17</b>              | Counsels the parents regarding minor side effects  |                |         |
| <b>18</b>              | Inform the date of next visit  |                |         |
| <b>19</b>              | Preserves the used vials for 72 hrs correctly  |                |         |
| <b>20</b>              | Marks the lot of vaccine received early from central store   |                |         |
| <b>21</b>              | Ensure proper bio-medical waste management   |                |         |

| 9.e. Checklist of management of Diarrhoea in children  |   |                |         |
|--|---|----------------|---------|
| <b>Instruction: Give 1 mark each for the task performed correctly and skill acquired against each of the activities assessed</b> |   |                |         |
| S.No.  | Activity  | Score achieved | Remarks |
| 1  | Greets the patient warmly   |                |         |
| 2  | Identifies correctly that child has diarrhoea   |                |         |
| 3  | Knows about the types of diarrhoea (acute watery diarrhoea, dysentery, persistent diarrhoea)  |                |         |
| 4  | Knows how to identify mild , moderate , severe dehydration:   |                |         |
| 5  | Counsels mother to give the child plenty of home available foods  |                |         |
| 6  | Knows about various home available foods(rice, water, dal, buttermilk & lemon water)  |                |         |
| 7  | Knows about the correct use of ORS and is able to counsel the mother.   |                |         |
| 8  | Counsels the mother about dangers of not giving home available foods/O.R.S  |                |         |
| 9  | <b>Teaches the mother about preparation of ORS</b><br>a) Advises about handwashing with soap & water<br>b) Teaches how to measure one litre of water<br>c) Advises on dissolving full packet of ORS in one litre of water<br>d) Advises for keeping ORS container covered<br>e) Advises for using the prepared solution within 24hrs, discarding the leftover and preparing fresh ORS if needed   |                |         |
| 10   | <b>Knows about Management of children with no dehydration</b><br>a) Advises about the appropriate amount of ORS to be given after each loose stool<br>b) Advises for continuing feeding/breastfeeding<br>c) Gives a packet of ORS to the mother before she goes home<br>d) Explains about the danger signs of dehydration and seeking immediate treatment from doctor   |                |         |
| 11   | Advises for extra feeding after the diarrhoeal episode  |                |         |
| 12   | <b>Tells the mother about precautions to reduce the risk of Diarrhoea:</b><br>a) Hand washing with soap and water before feeding, cooking meals and after going to the toilet<br>b) Not washing the hands with earth<br>c) No bottle feeding<br>d) Exclusive breastfeeding for first six months<br>e) Using freshly cooked food for feeding infants and young children<br>f) Using safe drinking water<br>g) Disposing the faeces of the young child properly |                |         |

| 9.f. Checklist of management ARI   |   |                |         |
|--|---|----------------|---------|
| <i>Instruction: Give 1 mark each for the task performed correctly and skill acquired against each of the activities assessed</i> |   |                |         |
| S.No.  | Activity  | Score achieved | Remarks |
| 1  | Greets the patient warmly   |                |         |
| 2  | Asks about age of the child   |                |         |
| 3  | Takes the weight of the child   |                |         |
| 5  | Asks for presence of cough and its duration, fever, running nose                            |                |         |
| 6  | Asks for any antecedent illness such as measles   |                |         |
| 7  | Asks for any other complaint viz. diarrhoea   |                |         |
| 8  | Asks for poor feeding /inability to eat or drink since onset of the illness                 |                |         |
| 9  | Asks for occurrence of convulsions  |                |         |
| 10   | Assesses the child for signs of malnutrition  |                |         |
| 11   | Assesses the child for fever / low temperature  |                |         |
| 12   | Is able to count the respiratory rate in a calm child and knows the age appropriate normal. |                |         |
| 13   | Observes the child for irregular / rapid breathing / subcostal retraction in inspiration    |                |         |
| 14   | Recognizes respiratory grunting / wheezing / stridor  |                |         |
| 15   | <b>Knows about the :</b>  |                |         |
|  | a) Knows about differentiation between ARI & Pneumonia                                      |                |         |
|  | b) The danger signs and need for referral   |                |         |
|  | c) Use of Paracetamol for fever and saline drops for clearing blocked nose in common cold   |                |         |





# Annexure 10

## Progress on Communitization

| S. No              | Activity  | Response/<br>MaxScore       | Score<br>achieved | If not done , then Action required |          |       |
|--------------------|---|-----------------------------|-------------------|------------------------------------|----------|-------|
|                    |   |                             |                   | PUHC                               | District | State |
| <b>1.</b>          | <b>ASHA Selection ( for vulnerable areas)</b>   |                             |                   |                                    |          |       |
| i.                 | Required /<br>Not required  |                             |                   |                                    |          |       |
| ii.                | If required , number of<br>ASHAs needed   |                             |                   |                                    |          |       |
| iii.               | Number selected   | All 2<br>Partial 1<br>Nil 0 |                   |                                    |          |       |
| iv.                | Trained   | Fully 2<br>Partially 1      |                   |                                    |          |       |
| v.                 | Provided drug kit   | All 1<br>Some 0             |                   |                                    |          |       |
| vi.                | Provided Diary  | All 1<br>Some 0             |                   |                                    |          |       |
| vii.               | Increase of > 20% in last three months as compared to three months in the previous year : |                             |                   |                                    |          |       |
|                    | In ANC cases/ 3 visits<br>completed   | Yes 1<br>No 0               |                   |                                    |          |       |
|                    | In Children immunized   | Yes 1<br>No 0               |                   |                                    |          |       |
| <b>2.i.</b>        | <b>RKS Formed<br/>(Jan Swasthya Samiti)</b>   | <b>Yes 1<br/>No 0</b>       |                   |                                    |          |       |
| ii.                | Monthly Meetings being<br>held  | Yes 1<br>No 0               |                   |                                    |          |       |
| iii.               | Funds utilized in last<br>quarter:  | None 0<br><25% 1<br>>25% 2  |                   |                                    |          |       |
| <b>3.</b>          | <b>Health &amp; Sanitation<br/>Committee formed</b>                                       | <b>Yes 1<br/>No 0</b>       |                   |                                    |          |       |
| ii.                | Local Plan formed   | Yes 1<br>No 0               |                   |                                    |          |       |
| iii.               | Fund utilization  | Yes 1<br>No 0               |                   |                                    |          |       |
| <b>4.</b>          | <b>Citizen's Charter<br/>displayed ( PUHC)</b>  | <b>Yes 2<br/>No 0</b>       |                   |                                    |          |       |
| i.                 | Is a complaint register<br>maintained   | Yes 2<br>No 0               |                   |                                    |          |       |
| ii.                | Any Complaints received<br>in last three months   | Yes<br>No                   |                   |                                    |          |       |
| iii.               | If received , resolved to<br>the satisfaction of<br>patient                               | Yes<br>No                   |                   |                                    |          |       |
| <b>TOTAL SCORE</b> |   |                             |                   |                                    |          |       |

No scores for 4. ii, iii but the information about receipt of complaint and its outcome as maintained in the register must be placed in the format.



# Annexure 11

## Progress on Convergence with other related sectors

*Instruction: Give score for the task performed correctly and skill acquired against*

| S No.      | Activity   | Max. Score | Score Achieved | Action needed |          |       |
|------------|--|------------|----------------|---------------|----------|-------|
|            |  |            |                | PUHC          | District | State |
| <b>I.</b>  | <b>Convergence with ICDS</b>   |            |                |               |          |       |
| i.         | Anganwadis in the catchment area identified Y / N  | 1          |                |               |          |       |
| ii.        | Mother anganwadi identified Y / N  | 1          |                |               |          |       |
| iii.       | Weighing machines provided to all anganwadis Y / N   | 1          |                |               |          |       |
| iv.        | IEC Material provided to all Mother anganwadis Y / N   | 1          |                |               |          |       |
| v.         | Number of children being jointly managed and followed up for anemia & malnutrition<br>Nil (0) , <5 (1) , = 5 (2) |            |                |               |          |       |
| <b>II.</b> | <b>School Health</b>   |            |                |               |          |       |
| a.         | Participation in School Health Melas in last one year Y / N  | 1          |                |               |          |       |
| b.         | Investigation and treatment of children referred from School Y / N   | 1          |                |               |          |       |
| c.         | Number of children referred from the schools in last three months  |            |                |               |          |       |

|             |  |   |  |  |  |  |
|-------------|--|---|--|--|--|--|
| <b>III.</b> | <b>Water and Sanitation</b>  |   |  |  |  |  |
| a.          | Promotion of safe water supply through distribution of Chlorine thru ASHA) Y / N | 2 |  |  |  |  |
| b.          | Dissemination of IEC materials by ASHA Y / N                                     | 1 |  |  |  |  |
| <b>IV.</b>  | <b>AYUSH Services</b>  |   |  |  |  |  |
|             | Co -Located  | 1 |  |  |  |  |
|             | Linked   | 1 |  |  |  |  |
|             | Neither  | 0 |  |  |  |  |
|             | <b>TOTAL SCORE</b>   |   |  |  |  |  |

# Annexure 12

## Behaviour Change Communication

*Instruction: Give score for the task performed correctly and skill acquired against*

| S No.      | Activity  | Max. Score   | Score Achieved | Action needed |          |       |
|------------|---|--------------|----------------|---------------|----------|-------|
|            |   |              |                | PUHC          | District | State |
| <b>I.</b>  | <b>Behavior change Communication</b>  |              |                |               |          |       |
| i.         | Has the facility identified the behaviors to be changed Y / N                           | 1            |                |               |          |       |
| ii.        | Do they have a strategy to bring about that change Y / N                                | 1            |                |               |          |       |
| iii.       | Is it backed by an action plan with timelines Y / N                                     | 1            |                |               |          |       |
| iv.        | Is sufficient IEC material available to facilitate them Y / N                           | 1            |                |               |          |       |
| v.         | If a plan is there, have they implemented it – Camp / Nukkad natak / Baby shows etc     | Give details |                |               |          |       |
| <b>II.</b> | <b>Material provided by the State, District .</b>                                       |              |                |               |          |       |
| a.         | Was any IEC material provided in last 3 mths Y / N                                      |              |                |               |          |       |
| b.         | Has the available material been displayed in the waiting area / appropriate place Y / N | 1            |                |               |          |       |
| c.         | Are the leaflets / pamphlets distributed to the target audience Y / N                   | 1            |                |               |          |       |

|             |  |                                      |  |  |  |  |
|-------------|--|--------------------------------------|--|--|--|--|
| <b>III.</b> | <b>Health Talks</b>  |                                      |  |  |  |  |
| a.          | Number of health talks given by MO/ PHN on H&ND / Youth groups in last month     | Nil (0)<br>One(1)<br>More than 1(2)  |  |  |  |  |
| <b>IV.</b>  | <b>Inter personal communication</b>  |                                      |  |  |  |  |
| a.          | Individual counseling sessions by PHN eg. FP Methods, Feeding practices etc Y/ N | Nil (0)<br>One (1)<br>More than 1(2) |  |  |  |  |

# Annexure 13

## Client Exit Interview ( Prior Consent to be taken )

|   |  |
|---|--|
| Name of the PUHC:   |  |
| Parent agency: GNCTD /MCD<br>NDMC/ Others:                      |  |
| Name of the Medical Officer I/C:                                |  |
| Date of Exit Interview :  |  |
| Time taken for interview :<br>Starting time:<br>Finishing time: |  |
| Conducted by:<br>Name and designation:<br>Signature:            |  |

|        |  |  |
|--------|--|--|
| i). a  | Name of the Patient (client)                     |  |
| i). b  | Address of the Patient (client)                  |  |
| ii).   | Age of the client                                |  |
| iii).  | Sex of the client                                |  |
| iv).   | Do you have a BPL / equivalent card?             |  |
| v).    | Do you belong to SC / ST .                       |  |
| vi).   | How long did it take you to travel to this PUHC? |  |
| vii).  | What mode of transport did you take              |  |
| viii). | Did you spend any money in reaching Here?        | In Rs.   |
| ix).   | How did you come to know of this facility?       | From neighbours<br>From ANM<br>From ASHA<br>At a health Camp<br>From Posters / leaflets<br>From Religious leaders<br>From a Private Practitioner<br>Any Other way              |
| x).    | What is the ailment for which you have come?     | Do not know<br>Already Diagnosed and on treatment<br>No ailment, Come for advise on Family Planning, Antenatal care, Immunization, Nutritional disorder<br>Any Other : Specify |



|          |  |   |
|----------|--|---|
| xi).     | How long did you wait to get your Card made ( in minutes)?   | <10 min, 10-20 min, 20-30 min, >30 min  |
| xii).    | Was the staff at registration counter polite?  | Polite<br>Indifferent<br>Rude           |
| xiii).   | How long did you have to wait before you reached the doctor?   | <10 min, 10-20 min, 20-30 min, >30 min  |
| xiv).    | Was there clean and comfortable place to sit while waiting?  | Yes, could be better, No                |
| xv).     | Did the doctor greet you warmly?   | Warmly<br>Indifferently<br>Rudely       |
| xvi).    | Did the Doctor listen patiently to your complaint?   | Yes<br>Was in a hurry<br>Did not listen |
| xvii).   | Did the Doctor give you an opportunity to ask questions?   | Yes<br>A little<br>No                   |
| xviii).  | Did the doctor discuss your illness and treatment with you ?   | Yes<br>A little<br>No                   |
| xix).    | Was there sufficient privacy for examination ?   | Yes<br>Could have been better<br>No     |
| xx).     | Did he tell about the next visit?  | Yes<br>No                               |
| xxi).    | How long did you wait to get your registration number?   | <10 min, 10-20 min, 20-30 min, >30 min  |
| xxii).   | How long did you wait in the Pharmacy queue before you got your medicines?                           | <10 min, 10-20 min, 20-30 min, >30 min  |
| xxiii).  | How was the behavior of the Pharmacist?  | Warm and helpful<br>Indifferent<br>Rude |
| xxiv).   | Did you get the medicines?   | All<br>Some<br>None                     |
| xxv).    | Did the pharmacist explain about the doses?  | Yes<br>No                               |
| xxvi).   | If the service provider was ANM/LT, was she/he warm and helpful?                                     | Yes<br>Indifferent<br>Rude              |
| xxvii).  | How long did you wait for the service – immunization / IUCD insertion / ANC Checkup/investigations?  | <10 min, 10-20 min, 20-30 min, >30 min  |
| xxviii). | Were you satisfied with the cleanliness of Floor Furniture, Sheets on examination table and Toilets? | Yes / No                                |

|          |   |  |
|----------|---|--|
| xxix).   | Are the lab test done on the -                                    | Same day, Next day   |
| xxx).    | Is the report given on the -                                      | Same day, Next day   |
| xxx).    | Was drinking water available ?                                    | Yes / No   |
| xxxii).  | Total time spent in the PUHC (in minutes).                        |  |
| xxxiii). | Time spent with the MO (in minutes)                               |  |
| xxxiv).  | Were you satisfied with the overall                               |  |
|          | Behavior of the staff   | 2            1            0<br>Yes / Partially / No  |
|          | Cleanliness of the facility                                       | Yes / Partially / No   |
|          | Availability of medicines / tests                                 | Yes / Partially / No   |
| xxxv).   | You would continue to use the PUHC for treatment because :        | The only available facility<br>The only available affordable facility<br>Competent doctor<br>Very good and sympathetic staff<br>Tests are available<br>Medicines/ tests are free<br>Friends / ASHA said so |
| xxxvi).  | If not, then what are the reasons for your not wanting to return. | Long waiting time<br>Dirty environment<br>Rude / indifferent behavior<br>Incompetent staff/ ineffective treatment<br>Non availability of medicines / tests<br>Too far from home                            |



# Annexure 14

## Self Appraisal

### FORM 14.1

#### All Medical Officers : Clinical Care competencies .

| S.No. | Skill / Competency   | Response             | Facilitation help required at level |          |       |
|-------|--|----------------------|-------------------------------------|----------|-------|
|       |  |                      | PUHC                                | District | State |
|       | <b>*Encircle the appropriate option</b>  |                      |                                     |          |       |
| 1.    | Am I familiar with the Standard Treatment Guidelines adopted by the State for various management of common illnesses at the PUHC level?                          | Yes<br>Partial<br>No |                                     |          |       |
| 2.    | Am I confident in setting up intravenous lines , suturing simple wounds under LA , carrying out resuscitation procedure,using nebulizers. Ryles tube, catheters? | Yes<br>Partial<br>No |                                     |          |       |
| 3.    | Am I aware of the uses / side effects/ dosages / interactions of all the different medications / logistics available in my PUHC?                                 | Yes<br>Partial<br>No |                                     |          |       |
| 4.    | Am I confident in use of all the equipment / apparatus needed in the PUHC?   | Yes<br>Partial<br>No |                                     |          |       |
| 5.    | Do I have the specific skills like pelvic examination and IUCD Insertion / abdominal examination in a pregnant woman ?   | Yes<br>Partial<br>No |                                     |          |       |
| 6.    | Am I familiar with guidelines of the National Programs being implemented in my PUHC?   | Yes<br>Partial<br>No |                                     |          |       |

|     |  |                      |  |  |  |
|-----|--|----------------------|--|--|--|
| 7.  | Am I confident of dealing with cardiovascular emergencies , snake / dog bites ?  | Yes<br>Partial<br>No |  |  |  |
| 8.  | Am I aware of various health and social sector schemes for the vulnerable population?                                      | Yes<br>Partial<br>No |  |  |  |
| 9.  | Am I aware of the State guidelines for biomedical waste management?  | Yes<br>Partial<br>No |  |  |  |
| 10. | Am I aware of the PEP protocols (HIV) and policy of procuring the same?  | Yes<br>Partial<br>No |  |  |  |
| 11. | Am I aware of referral centres / and availability of transport facilities?   | Yes<br>Partial<br>No |  |  |  |
| 12. | Am I giving a duly filled referral slip to the referred patient?   | Yes<br>Partial<br>No |  |  |  |
| 13. | Am I aware of stepwise action / recording to be undertaken in case of adverse events related to Immunization / medicines ? | Yes<br>Partial<br>No |  |  |  |
| 14. | Am I spending enough time with each patient , explaining the condition and the management plan?                            | Yes<br>Partial<br>No |  |  |  |

**FORM 14.2**  
**Medical Officer Incharge : Managerial Competencies .**

| S.No. | Skill / Competency  | Response             | Facilitation help required at level |          |       |
|-------|---|----------------------|-------------------------------------|----------|-------|
|       |   |                      | PUHC                                | District | State |
| 1.    | Do I have a copy of the Public Health Standards for a PUHC available in the centre?   | Yes<br>Partial<br>No |                                     |          |       |
| 2.    | Am I aware of the roles and responsibilities of the staff in my care and have I delegated responsibilities to each one?           | Yes<br>Partial<br>No |                                     |          |       |
| 3.    | Am I clear on the objectives structure / functions / proceedings of the Jan Swasthya Samitis and my role as the Member Secretary? | Yes<br>Partial<br>No |                                     |          |       |
| 4.    | Am I aware of the GFR for the State?  | Yes<br>Partial<br>No |                                     |          |       |
| 5.    | Am I familiar with the Inventory Management Principles?   | Yes<br>Partial<br>No |                                     |          |       |
| 6.    | Am I aware of the funds available for the PUHC and the guidelines for their utilization?  | Yes<br>Partial<br>No |                                     |          |       |
| 7.    | Am I aware of possible medico legal issues that can arise in a PUHC?  | Yes<br>Partial<br>No |                                     |          |       |

**FORM 14.3**  
**For all Storekeepers**

| S.No. | Skill / Competency   | Response             | Facilitation help required at level |          |       |
|-------|--|----------------------|-------------------------------------|----------|-------|
|       |  |                      | PUHC                                | District | State |
| 1.    | Am I aware of my roles / responsibilities?   | Yes<br>Partial<br>No |                                     |          |       |
| 2.    | Are the indents I am preparing timely , rational (as per the requirements of various sections of the PUHC) and in sufficient quantities ?  | Yes<br>Partial<br>No |                                     |          |       |
| 3.    | Are my stock registers , issue registers, vouchers, maintained as per guidelines?  | Yes<br>Partial<br>No |                                     |          |       |
| 4.    | Is my store well organised , clean and pest free?  | Yes<br>Partial<br>No |                                     |          |       |
| 5.    | Is my expiry register in order and I am always well aware of the drugs nearing expiry so that the necessary steps are taken while issuing? | Yes<br>Partial<br>No |                                     |          |       |
| 6.    | Do I always plan for buffer stocks for the outreach , ASHA requirements or there are frequent stockouts?                                   | Yes<br>Partial<br>No |                                     |          |       |
| 7.    | Is all my stock – consumable and non-consumable, fully accounted for and recorded in separate registers ?                                  | Yes<br>Partial<br>No |                                     |          |       |
| 8.    | All bills are paid in time and necessary records maintained (Electricity , water , telephone , internet etc)?                              | Yes<br>Partial<br>No |                                     |          |       |

|     |  |                      |  |  |  |
|-----|--|----------------------|--|--|--|
| 9.  | Are all equipment/apparatus in my PUHC like microscope, refrigerator, inverter, coolers, water cooler with aquaguard /RO etc. functioning properly and covered by AMC? | Yes<br>Partial<br>No |  |  |  |
| 10. | Are the items beyond repair and condemned disposed through the laid down procedure and functional replacements are available without any delay?                        | Yes<br>Partial<br>No |  |  |  |

Since the storekeepers are pharmacists, they also have to fulfil the role of the pharmacist (Annexure 14.4)



**FORM 14.4**  
**For all Pharmacists**

| S.No. | Skill / Competency   | Response             | Facilitation help required at level |          |       |
|-------|--|----------------------|-------------------------------------|----------|-------|
|       |  |                      | PUHC                                | District | State |
| 1.    | Am I aware of the uses , doses , side effects, interactions, storage specifications and correct dispensing procedures of the drugs in my charge? | Yes<br>Partial<br>No |                                     |          |       |
| 2.    | Is my pharmacy clean, organized, well stocked, with drugs arranged within easy reach?  | Yes<br>Partial<br>No |                                     |          |       |
| 3.    | Am I dispensing accurately and making sure that the patient understands, the dosage schedule?  | Yes<br>Partial<br>No |                                     |          |       |
| 4.    | Is my daily consumption register, stock register being maintained as prescribed?   | Yes<br>Partial<br>No |                                     |          |       |
| 5.    | Am I playing my role in outreach services/ ASHA mechanism?   | Yes<br>Partial<br>No |                                     |          |       |

**Form 14.5**  
**For the Public Health Nurse ( PHN)**

| S.No. | Skill / Competency  | Response                     | Facilitation help required at level |          |       |
|-------|---|------------------------------|-------------------------------------|----------|-------|
|       |   |                              | PUHC                                | District | State |
| 1.    | Am I aware of my roles and responsibilities?  | Yes<br>Partial<br>No         |                                     |          |       |
| 2.    | Am I aware of the role of ANMs and ASHAs?   | Yes<br>Partial<br>No         |                                     |          |       |
| 3.    | Do I have the necessary knowledge / skills / competencies in Immunization, Antenatal , Natal, Post natal, Essential Newborn care, Family Planning, Nutritional surveillance and management of malnutrition etc to play my role meaningfully?        | Yes<br><br>Partial<br><br>No |                                     |          |       |
| 4.    | Am I aware about the cold chain defrosting procedures/ protocols in case of breach of cold chain , contingency plan for storage of vaccines in time of electricity/ equipment failure, stepwise protocol in case of adverse event for Immunization? | Yes<br><br>Partial<br><br>No |                                     |          |       |
| 5.    | Am I fully conversant with the safe disposal of biomedical waste?   | Yes<br>Partial<br>No         |                                     |          |       |
| 6.    | Do I have the necessary skills/ competencies for supervising and mentoring the ANMs and ASHAs under me?   | Yes<br><br>Partial<br><br>No |                                     |          |       |

|     |  |                      |  |  |  |
|-----|--|----------------------|--|--|--|
| 7.  | Have I made a roster, time / topic wise to impart skills / competencies mentioned above to my ANMs?  | Yes<br>Partial<br>No |  |  |  |
| 8.  | Have I made a systematic need analysis for monthly outreach activities ( HNDays) and if so, have I identified a venue, made a schedule, projected the requirements in the facility level planning for logistics and other resources? | Yes<br>Partial<br>No |  |  |  |
| 9.  | Am I supervising the HNDs as per the checklist?  | Yes<br>Partial<br>No |  |  |  |
| 10. | Have I ensured that all my ANMs are doing their field work, keeping their records and registers in the manner that shall lead to a hundred percentage coverage of their catchment population?  | Yes<br>Partial<br>No |  |  |  |
| 11. | Am I clear on the definitions / terms in the reporting formats and have developed mechanisms for accurate and complete data capture by the ANMs?   | Yes<br>Partial<br>No |  |  |  |
| 12. | Do I have the necessary skills to compile and analyse the data, draw inferences and make / suggest improvements?   | Yes<br>Partial<br>No |  |  |  |
| 13. | Are the ASHAs in my areas trained in their key activities. Are their referrals being given due recognition   | Yes<br>Partial<br>No |  |  |  |

**FORM 14.6**  
**For the ANMs ( Auxillary Nurse Midwife)**

| S.No. | Skill / Competency   | Response             | Facilitation help required at level |          |       |
|-------|--|----------------------|-------------------------------------|----------|-------|
|       |  |                      | PUHC                                | District | State |
| 1.    | Do I know my roles and responsibilities?   | Yes<br>Partial<br>No |                                     |          |       |
| 2.    | Do I have the required knowledge, skills and competencies <ul style="list-style-type: none"> <li>• Immunization – the schedule , technique, cold chain, management of adverse events, tracking of defaulters / use of ASHAs to ensure 100% coverage</li> </ul>   | Yes<br>Partial<br>No |                                     |          |       |
|       | <ul style="list-style-type: none"> <li>• Malnutrition — Weighing of children, screening them for anemia and vit A deficiency on their visit for immunization. Detecting malnutrition and managing it.</li> <li>• Complete and appropriate Antenatal, postnatal care, essential newborn care</li> </ul> | Yes<br>Partial<br>No |                                     |          |       |
|       | <ul style="list-style-type: none"> <li>• Detection , counselling , health education about menstrual hygiene / safe sexual practises</li> </ul>   | Yes<br>Partial<br>No |                                     |          |       |
|       | <ul style="list-style-type: none"> <li>• Counseling and facilitation in adoption of family planning measures</li> </ul>  | Yes<br>Partial<br>No |                                     |          |       |

|    |   |                                     |  |  |  |
|----|---|-------------------------------------|--|--|--|
|    | <ul style="list-style-type: none"> <li>• Suspect and refer TB , leprosy patient . Help in initiation and completion of treatment</li> <li>• Bring down the incidence / morbidities associated with vector borne diseases</li> <li>• Safe disposal of biomedical waste</li> <li>• Prevention and control of infection</li> </ul> | <p>Yes</p> <p>Partial</p> <p>No</p> |  |  |  |
| 3. | Have I marked my catchment population and mapped it?  | <p>Yes</p> <p>Partial</p> <p>No</p> |  |  |  |
| 4. | Have I linked myself to my catchment anganwadis?  | <p>Yes</p> <p>Partial</p> <p>No</p> |  |  |  |
| 5. | Do I know ASHAs of my areas and have I developed the necessary coordination/rapport with them.  | <p>Yes</p> <p>Partial</p> <p>No</p> |  |  |  |
| 6. | Am I providing the necessary help to my ASHAs facing problems in the field?   | <p>Yes</p> <p>Partial</p> <p>No</p> |  |  |  |
| 7. | Are my survey registers / eligible couple registers updated. Have I managed to devise a network of ASHAs and Anganwadis in my area to achieve the objective of 100% coverage?   | <p>Yes</p> <p>Partial</p> <p>No</p> |  |  |  |
| 8. | Am I facilitating their timely incentive disbursal?   | <p>Yes</p> <p>Partial</p> <p>No</p> |  |  |  |

|     |  |                              |  |  |  |
|-----|--|------------------------------|--|--|--|
| 9.  | Am I conducting the HNDay as per the defined structure?  | Yes<br>Partial<br>No         |  |  |  |
| 10. | Am I collecting and entering complete accurate data as required. Am I along with the PHN, analysing the data and identifying the areas needing thrust? | Yes<br><br>Partial<br><br>No |  |  |  |
| 11. | Have I made an IEC / BCC plan for my area?   | Yes<br>Partial<br>No         |  |  |  |

**Form 14.7**  
**For the Lab Technician/Lab Assistant**

| S.No. | Skill / Competency   | Response                     | Facilitation help required at level |          |       |
|-------|--|------------------------------|-------------------------------------|----------|-------|
|       |  |                              | PUHC                                | District | State |
| 1.    | Do I know my roles and responsibilities?   | Yes<br>Partial<br>No         |                                     |          |       |
| 2.    | Do I have the necessary knowledge, skill and competencies to carry out the tests mandated at the PUHC?   | Yes<br><br>Partial<br><br>No |                                     |          |       |
| 3.    | Am I ensuring safe disposal of the biomedical waste generated in my lab?   | Yes<br>Partial<br>No         |                                     |          |       |
| 4.    | Am I fully conversant with the use and care of my microscope, digital diagnostic equipment like hemoglobinometer, glucometers, semi autoanalysers etc? | Yes<br>Partial<br>No         |                                     |          |       |
| 5.    | Am I carrying out the periodical standardization of my equipment to ensure accuracy?   | Yes<br>Partial<br>No         |                                     |          |       |
| 6.    | Is my lab refusing any tests because of lack of logistics / equipment / skills?  | Yes<br>Partial<br>No         |                                     |          |       |
| 7.    | Am I taking the necessary precautions for prevention and control of infection?   | Yes<br>Partial<br>No         |                                     |          |       |

**FORM 14.8**  
**For the Dresser**

| S.No. | Skill / Competency  | Response             | Facilitation help required at level |          |       |
|-------|---|----------------------|-------------------------------------|----------|-------|
|       |   |                      | PUHC                                | District | State |
| 1.    | Do I know my role and responsibilities?   | Yes<br>Partial<br>No |                                     |          |       |
| 2.    | Am I confident in giving basic first aid/dressing of minor wounds , assisting my Medical Officer in minor procedures? | Yes<br>Partial<br>No |                                     |          |       |
| 3.    | Am I following the protocols laid down for prevention and control of infections?                                      | Yes<br>Partial<br>No |                                     |          |       |
| 4.    | Am I fully conversant with the use of autoclave for sterilizing the instruments?                                      | Yes<br>Partial<br>No |                                     |          |       |
| 5.    | Am I disposing the biomedical waste generated in the dressing room safely as per guidelines?                          | Yes<br>Partial<br>No |                                     |          |       |
| 6.    | Am I fully conversant with the dispensing guidelines for the ointments / lotions / eye / ear drops?                   | Yes<br>Partial<br>No |                                     |          |       |
| 7.    | Am I doing all I can to allay the anxiety and pain of the patient / attendant accompanying the injured?               | Yes<br>Partial<br>No |                                     |          |       |



**FORM 14.9**  
**For the Community Mobilization Officer**

| S.No. | Skill / Competency  | Response             | Facilitation help required at level |          |       |
|-------|---|----------------------|-------------------------------------|----------|-------|
|       |   |                      | PUHC                                | District | State |
| 1.    | Do I know my roles and responsibilities?  | Yes<br>Partial<br>No |                                     |          |       |
| 2.    | Am I aware of the different health initiatives /components of national health programs which need to be implemented outside the PUHC in the community?  | Yes<br>Partial<br>No |                                     |          |       |
| 3.    | Am I fully familiar with the healthcare – community partnerships , linkages and their scope of activities – community health workers like ASHAs, Rogi Kalyan Samitis , health and sanitation committees?              | Yes<br>Partial<br>No |                                     |          |       |
| 4.    | Do I have the required skills and competencies to initiate local health initiatives, build up self help groups, help in identification of members for RKS, HSCs, potential ASHAs and help in their capacity building? | Yes<br>Partial<br>No |                                     |          |       |
| 5.    | Have I mapped the population, landmarks, anganwadis, NGOs, in my area with the help of ANMs / ASHA?   | Yes<br>Partial<br>No |                                     |          |       |
| 6.    | Am I assisting in RKS meetings and maintaining the RKS records as per the guidelines?   | Yes<br>Partial<br>No |                                     |          |       |
| 7.    | Am I providing the necessary liasoning with the water / sanitation /schools / local NGOs?   | Yes<br>Partial<br>No |                                     |          |       |
| 8.    | Am I facilitating the PUHC in effective implementation of BCC strategies in the field?  | Yes<br>Partial<br>No |                                     |          |       |

**FORM 14.10**  
**For the Computer Data Entry Operator cum Assistant**

| S.No. | Skill / Competency   | Response             | Facilitation help required at level |          |       |
|-------|--|----------------------|-------------------------------------|----------|-------|
|       |  |                      | PUHC                                | District | State |
| 1.    | Am I fully conversant with the OPD Registration system ?   | Yes<br>Partial<br>No |                                     |          |       |
| 2.    | Have I familiarized myself with the medical terms and functioning of a PUHC?   | Yes<br>Partial<br>No |                                     |          |       |
| 3.    | Am I generating meaningful and accurate reports for analysis and evaluation?   | Yes<br>Partial<br>No |                                     |          |       |
| 4.    | Is my ASHA database updated, ASHA package of services and incentives well maintained . Am I able to predict trends in service utilization? | Yes<br>Partial<br>No |                                     |          |       |
| 5.    | Is my work helping in streamlining the management of information in the PUHC?  | Yes<br>Partial<br>No |                                     |          |       |

**FORM 14.11**  
**For the Nursing Orderly**

| S.No. | Skill / Competency   | Response             | Facilitation help required at level |          |       |
|-------|--|----------------------|-------------------------------------|----------|-------|
|       |  |                      | PUHC                                | District | State |
| 1.    | Do I know my role and responsibility?  | Yes<br>Partial<br>No |                                     |          |       |
| 2.    | Can I say with confidence that my PUHC is a clean, place with clean walls, furniture and equipment?                      | Yes<br>Partial<br>No |                                     |          |       |
| 3.    | Am I able to regulate and manage the flow of patients in an optimum fashion?   | Yes<br>Partial<br>No |                                     |          |       |
| 4.    | Am I able to provide them with sufficient, clean seating area with enough light and ventilation? while waiting?          | Yes<br>Partial<br>No |                                     |          |       |
| 5.    | Am I facilitating the elderly and disabled in obtaining necessary healthcare?  | Yes<br>Partial<br>No |                                     |          |       |
| 6.    | Am I familiar with the despatch and receipt procedures?  | Yes<br>Partial<br>No |                                     |          |       |
| 7.    | Am I fully conversant with the guidelines on safe disposal of biomedical waste and prevention and control of infections? | Yes<br>Partial<br>No |                                     |          |       |

**FORM 14.12**

**For members of Rogi Kalyan Samiti**

| S.No. | Skill / Competency  | Response             | Facilitation help required at level |          |       |
|-------|---|----------------------|-------------------------------------|----------|-------|
|       |   |                      | PUHC                                | District | State |
| 1.    | Am I aware of the objectives of the Rogi Kalyan Samiti?                                   | Yes<br>Partial<br>No |                                     |          |       |
| 2.    | Am I aware of my role in it?  | Yes<br>Partial<br>No |                                     |          |       |
| 3.    | Am I aware of the proceedings / delegations / responsibilities/ record keeping involved?  | Yes<br>Partial<br>No |                                     |          |       |
| 4.    | Am I using this empowerment judiciously for improving the healthcare delivery at my PUHC? | Yes<br>Partial<br>No |                                     |          |       |

**FORM 14.13**  
**For ASHAs\***

| S.No. | Skill / Competency   | Response             | Facilitation help required at level |          |       |
|-------|--|----------------------|-------------------------------------|----------|-------|
|       |  |                      | PUHC                                | District | State |
| 1.    | Do I know about the health and social entitlements for the underprivileged?                | Yes<br>Partial<br>No |                                     |          |       |
| 2.    | Do I know the basic health components for which I am to mobilize and assist the community? | Yes<br>Partial<br>No |                                     |          |       |
| 3.    | Have I been able to strike a rapport with the community?                                   | Yes<br>Partial<br>No |                                     |          |       |
| 4.    | Do I have the required Interpersonal communication skills?                                 | Yes<br>Partial<br>No |                                     |          |       |
| 5.    | Do I know how to fill my Diary?  | Yes<br>Partial<br>No |                                     |          |       |
| 6.    | Am I able to track all pregnant women and children in my area with the help of my diary?   | Yes<br>Partial<br>No |                                     |          |       |
| 7.    | Is my household survey complete and accurate?  | Yes<br>Partial<br>No |                                     |          |       |
| 8.    | Has it helped me and my ANM in local Health planning?                                      | Yes<br>Partial<br>No |                                     |          |       |
| 9.    | Have I formed a HSC in my area?  | Yes<br>Partial<br>No |                                     |          |       |
| 10.   | Have I made a difference in my people's life?  | Yes<br>Partial<br>No |                                     |          |       |

\*To be taken as a feedback from ASHA by the ASHA Mentors.

# Annexure 15

## Check List for PUHC monitoring for use by External monitoring teams / NGOs / CBOs

Information should be collected by inspection , interviewing the staff and discussion with people availing of PUHC services.

### Patient Attendance:

Number of patients who used the out-patient services in the past month:

- Average daily attendance
- How many of them are from SC, ST, and other backward classes?
- How many of them are women?
- How many of them are children?

### Regarding the punctuality / waiting time in the PUHC :

- At what time does the PUHC open?
- At what time does the OPD Slip issue start ?
- At what time does the doctor arrive?
- What is the average time between making of the slip and drug dispensation ?

### Regarding availability of medicines in the PUHC (The answer will be Yes / No /Partially.)

- Are the drugs for fever / cold , cough for children regularly available?
- Are the drugs for Hypertension / Diabetes regularly available in the PUHC?
- Are eye drops for eye infection regularly available in the PUHC?
- Are ointment/creams available for fungal infection / Scabies of skin regularly available?
- Are the drugs for Malaria regularly available in the PUHC?
- Is the anti-rabies vaccine regularly available in the PUHC?

### Are all medicine given free of charge in the PUHC?:

- Yes, all the medicines are given free of charge
- Some medicines are given free of charge while others have to be brought from medical Store
- Most of the medicines have to be bought from medical store
- Which medicines have to be bought from the medical store? (If possible give the doctor's prescription along with the list)

### Reason for non – availability.

#### Availability of curative services

- Is the primary management of wounds done at the PUHC? ( Stiches, dressing,etc.)
- Are the instruments / sutures available in the centre?
- Are minor surgeries like draining of abscess etc done at the PUHC?
- Is the primary management of burns done at PUHC?
- Is BP Apparatus functional ?

#### Availability of Reproductive and Child Health Services

- Are Ante-natal clinics organized by the PUHC regularly?
- Is the facility for internal examination for gynaecological conditions available at the PUHC?
- Is the treatment for gynaecological disorders like leucorrhea, menstrual disorders available at the PUHC?
  - a).Yes, treatment is available
  - b).No, women are referred to other health facilities

If women are referred to the health facilities, then what is the reason behind it?

#### Is treatment for anaemia given to both pregnant as well as non-pregnant women?

- All women are screened and given treatment for anaemia
- Only pregnant women given treatment for anaemia
- No women given treatment for anaemia
- Is Iron Tablet available in the PUHC?

#### Is there a fixed immunization day?

- Are BCG and Measles vaccine given regularly on all immunization days?

#### Availability of laboratory services at the PUHC ?

- Is blood examination for anemia done at the PUHC?
- Is detection of malaria parasite by blood smear examination done at the PUHC?
- Is sputum examination done to diagnose tuberculosis at the PUHC?
- Is urine examination for pregnant women done at the PUHC?

#### Outreach Services: (To be inquired from the local residents)

- Is the ANM from the centre visiting the households allotted to her ?
- Do the people know of the ANM who has been allotted their area?
- Has the ANM visited their household in last six months ?

- Is ASHA Scheme operational in their area ?
- Do they know their ASHA?
- Has she visited the household?

### General questions about the functioning of the PUHC in the field :

Was there an outbreak of any of the following diseases in the PUHC area in last 3 years?

- Malaria
- Measles
- Gastroenteritis (diarrhoea and vomiting)
- Jaundice
- Fever with rash, joint pains

If yes, did the PUHC staff respond immediately with some intervention ?

What steps did the PUHC staff take?

### How is the behavior of PUHC staff with the patient?

- Courteous
- Casual / indifferent
- Insulting / derogatory

### Is there corruption in terms of charging money for any of the service provided?

- Does the doctor do private practice during or after the duty hours?
- Are there instances where patients from a particular social background (SC, ST, minorities, poor) have faced derogatory or discriminatory behavior or service of poorer quality?
  - Have patients with specific health problems (HIV/AIDS, leprosy) suffered discrimination in any form? Such issues may be recorded in the form of specific instance.
  - Are women patients interviewed in an environment that ensures privacy and dignity?
  - Are examinations on women patients conducted in the presence of a woman Attendant?
  - Do patients with chronic illness receive adequate care and drugs for at least 15 days per visit?
  - If the PUHC is not equipped to provide the services needed, are patient referred immediately without delay, with all the relevant papers, to a facility where the desired service is available?
  - Is there a public grievance mechanism, whereby a complaint / grievance can be registered and addressed?





# Annexure 16

## Conduct of a Health and Nutrition Day

| S.No. | Activity / process                        | Response | Score | Action at the level of |          |       |
|-------|---|----------|-------|------------------------|----------|-------|
|       |   |          |       | PUHC                   | District | State |
| 1.    | Participants                              |          |       |                        |          |       |
|       | AWW                                       | Yes / No |       |                        |          |       |
|       | ANM                                       | Yes / No |       |                        |          |       |
|       | ASHA                                      | Yes / No |       |                        |          |       |
|       | MO  | Yes / No |       |                        |          |       |
|       | RWA member / Local rep                    | Yes / No |       |                        |          |       |
| 2.    | Equipment / logistics                     |          |       |                        |          |       |
|       | Stethoscope available                     | Yes / No |       |                        |          |       |
|       | BP Apparatus                              | Yes / No |       |                        |          |       |
|       | Weighing Machine.                         | Yes / No |       |                        |          |       |
|       | Examination Couch with sufficient privacy | Yes / No |       |                        |          |       |
|       | Vaccine Carrier with ice                  | Yes / No |       |                        |          |       |
|       | ANC / Immunization cards                  | Yes / No |       |                        |          |       |
|       | AD Syringes                               | Yes / No |       |                        |          |       |
|       | Vaccines                                  | Yes / No |       |                        |          |       |
|       | Emergency tray                            | Yes / No |       |                        |          |       |
|       | PCM , ORS                                 | Yes / No |       |                        |          |       |
|       | OCs , Condoms , E-Pills                   | Yes / No |       |                        |          |       |
| 3.    | IEC Material for counseling.              | Yes / No |       |                        |          |       |
| 4.    | Was activity publicized                   | Yes / No |       |                        |          |       |
|       | If yes , then how. Specify                |          |       |                        |          |       |
| 5.    | Attendance of women / Children / others   |          |       |                        |          |       |
| 6.    | ANCs carried out                          | Yes / No |       |                        |          |       |
| 7.    | Immunizations given Number                |          |       |                        |          |       |
| 8.    | IEC Topic covered                         | Yes / No |       |                        |          |       |
| 9.    | Visual aids available and used.           | Yes / No |       |                        |          |       |
| 10.   | Client satisfaction thru exit interviews. | Yes / No |       |                        |          |       |

ASHA should be available at the session site and should be engaged in the tracking of women and children, especially those from vulnerable communities, for complete coverage.



# Annexure 17

## PUHC Quality Assurance Summary Report

| S No.       | Action Category  | Score | Action required |          |       | Time line | Review on |
|-------------|--|-------|-----------------|----------|-------|-----------|-----------|
|             |  |       | PUHC            | District | State |           |           |
| <b>I.</b>   | <b>Facility Management</b>   |       |                 |          |       |           |           |
| a.          | Land & Building.   |       |                 |          |       |           |           |
| b.          | Facility Management  |       |                 |          |       |           |           |
| c.          | Manpower   |       |                 |          |       |           |           |
| d.          | Equipments<br>Drugs and Logistics                                  |       |                 |          |       |           |           |
| e.          | Water , Electricity,<br>Telephone                                  |       |                 |          |       |           |           |
| f.          | Cleanliness /<br>sanitation  |       |                 |          |       |           |           |
| <b>II.</b>  | <b>Managing information</b>  |       |                 |          |       |           |           |
| a.          | Managing Information   |       |                 |          |       |           |           |
| <b>III.</b> | <b>Service provision and utilization trends</b>                    |       |                 |          |       |           |           |
| a.          | Service Provision –<br>Clinical protocols /<br>procedures          |       |                 |          |       |           |           |
| b.          | Utilization trends   |       |                 |          |       |           |           |
| <b>IV.</b>  | <b>Training Requirements</b>                                       |       |                 |          |       |           |           |
|             |  |       |                 |          |       |           |           |
| <b>V.</b>   | <b>Communitization Process &amp; Grievance Redressal Mechanism</b> |       |                 |          |       |           |           |
|             |  |       |                 |          |       |           |           |

|      |                                |  |  |  |  |  |  |
|------|--------------------------------|--|--|--|--|--|--|
| VI   | Convergence with other sectors |  |  |  |  |  |  |
|      |                                |  |  |  |  |  |  |
| VII  | Behaviour Change Communication |  |  |  |  |  |  |
|      |                                |  |  |  |  |  |  |
| VIII |                                |  |  |  |  |  |  |
|      |                                |  |  |  |  |  |  |
| IX   |                                |  |  |  |  |  |  |
|      |                                |  |  |  |  |  |  |

Copy of individual detailed formats with actions required , duly signed to be handed over to the PUHC Incharge . Copy to be taken to the district and sent to state for actions required at these levels. Action taken to be reviewed as per timelines.

## District QA Summary Report

| S. No. | Areas                                | Scores | Gap identified | Name of the PUHC 1.                         |      |          |       | Time line | Review in DQAC meeting | Next QA visit on | Scores | Gap identified | Name of the PUHC 2.                         |      |          |       |  |
|--------|--------------------------------------|--------|----------------|---|------|----------|-------|-----------|------------------------|------------------|--------|----------------|---|------|----------|-------|--|
|        |                                      |        |                | Functionary informed of the action required | PUHC | District | State |           |                        |                  |        |                | Functionary informed of the action required | PUHC | District | State |  |
| I      | <b>Facility Management</b>           |        |                |   |      |          |       |           |                        |                  |        |                |   |      |          |       |  |
| a.     | Land & Building.                     |        |                |   |      |          |       |           |                        |                  |        |                |   |      |          |       |  |
| b.     | Facility Management                  |        |                |   |      |          |       |           |                        |                  |        |                |   |      |          |       |  |
| c.     | Equipments<br>Drugs and<br>Logistics |        |                |   |      |          |       |           |                        |                  |        |                |   |      |          |       |  |
| d.     | Cleanliness /<br>sanitation          |        |                |   |      |          |       |           |                        |                  |        |                |   |      |          |       |  |
| e.     | Water ,<br>Electricity<br>,Telephone |        |                |   |      |          |       |           |                        |                  |        |                |   |      |          |       |  |
| f.     | Manpower                             |        |                |   |      |          |       |           |                        |                  |        |                |   |      |          |       |  |



# Annexure 19

## Some of the Guidelines, Protocols which should be available in the PUHC

| S.No | Name  | Source  |
|------|---|---|
| 1.   | Standard Operating Procedures ( SPOs ) for Investigation of Adverse Events following Immunization(AEFI)                               | Department of Health and Family Welfare, Ministry of Health and Family Welfare, GOI                           |
| 2.   | Essential Childhood Immunization  | Directorate of Family Welfare, Department of Health and Family Welfare, GNCTD                                 |
| 3.   | A Handbook for Programme Managers & Medical Officers on Introduction of Hepatitis B Vaccine in UIP                                    | Child Health Division , Department of Health and Family Welfare, Ministry of Health and Family Welfare, GOI   |
| 4.   | Handbook IMNCI , Integrated Management of Neonatal and Childhood illness  | Ministry of Health and Family Welfare, GOI  |
| 5.   | Integrated Management of Neonatal and Childhood illness, Physician Chart Booklet  | WHO & UNICEF & Ministry of Health and Family Welfare, GOI   |
| 6.   | Guidelines for Oral Contraceptive Administration for Medical Officers   | Department of Health and Family Welfare, Ministry of Health and Family Welfare, GOI                           |
| 7.   | Guidelines for IUCD Insertion for Medical Officers  | Department of Health and Family Welfare, Ministry of Health and Family Welfare, GOI                           |
| 8.   | Guidelines for Administration of Emergency Contraceptive Pills for Medical Officers   | Department of Health and Family Welfare, Ministry of Health and Family Welfare, GOI                           |
| 9.   | Guidelines for Ante-natal Care and Skilled Attendance at Birth By ANMs , LHVs and Staff Nurses  | Maternal Health Division, Department of Health and Family Welfare, Ministry of Health and Family Welfare, GOI |
| 10.  | Adolescent Health – Module for Basic Health Functionaries   | IEC Division. Ministry of Health and Family Welfare, GOI  |
| 11.  | Orientation Programme for ANMs/ LHVs to provide adolescent friendly Reproductive and Sexual Health Services Handouts                  | IEC Division. Ministry of Health and Family Welfare, GOI  |
| 12.  | Orientation Programme for Medical Officers to provide adolescent friendly Reproductive and Sexual Health Services Handouts            | IEC Division. Ministry of Health and Family Welfare, GOI  |
| 13.  | Infection Management and Environment Plan –Guidelines for health workers in PHC   | Ministry of Health and Family Welfare, GOI  |
| 14.  | National Guidelines on Prevention , Management and Control of Reproductive Tract Infections including Sexually Transmitted Infections | Maternal Health Division & NACO & Ministry of Health and Family Welfare, GOI                                  |
| 15.  | Handbook on PNDT Act , 1994 & Amendments ( Revised Edition)   | Ministry of Health and Family Welfare , GOI   |
| 16.  | Copy of MTP Act   | GOI   |
| 17.  | Program Guidelines for all National Programs – RCH , RNTCP, NLEP, NPCB, NIDDCP, IDSP, NVBDCP  |   |

The list is only indicative . It needs to be completed and updated regularly and all Standard Treatment Protocols approved by the State should be available in all units .





# Glossary

|        |   |
|--------|---|
| AMC    | Annual Maintenance Contract                               |
| ANC    | Ante Natal Care   |
| ANM    | Auxillary Nurse Midwife                                   |
| ASHA   | Accredited Social Health Activist                         |
| AW     | Anganwadi   |
| AWW    | Anganwadi Worker  |
| AYUSH  | Ayurveda Unani Sidha Homeopathy                           |
| BCC    | Behaviour Change Communication                            |
| CBO    | Community Based Organization                              |
| CDMO   | Chief District Medical Officer                            |
| DPM    | District Program Manager                                  |
| DPMU   | District Program Management Unit                          |
| DPT    | Diptehria Pertussis and Tetanus Vaccine                   |
| FRU    | First Referral Unit                                       |
| GFR    | General Finance Rule                                      |
| HND    | Health and Nutrition Day                                  |
| HSC    | Health and Sanitation Committee                           |
| ICDS   | Integrated Child Development Scheme                       |
| ICTC   | Integrated Counseling & Testing Centre                    |
| IDSP   | Integrated Disease Surveillance Project                   |
| IEC    | Information Education Communication                       |
| IMNCI  | Integrated Management of Neonatal and Childhood Illnesses |
| IPHS   | Indian Public Health Standards                            |
| ISM    | Indian System of Medicine                                 |
| JSY    | Janani Suraksha Yojana                                    |
| LA     | Lab Assistent   |
| LT     | Lab Technician  |
| MCH    | Maternal and Child Health                                 |
| MIS    | Management Information System                             |
| MMR    | Measles Mumps Rubella                                     |
| MO     | Medical Officer   |
| MO I/C | Medical Officer Incharge                                  |
| NGO    | Non Governmentel Organization                             |
| NIDDCP | National Iodine Deficiency Disorder Control Program       |
| NLEP   | National Leprosy Elimination Program                      |
| NO     | Nursing Orderly   |
| NPCB   | National Program for Control of Blindness                 |
| NVBDCP | National Vector Borne Disease Control Program             |
| OPV    | Oral Polio Vaccine  |
| PEP    | Post Exposure Prophylaxis                                 |
| PHC    | Primary Health Centre                                     |
| PHN    | Public Health Nurse                                       |
| PHS    | Public Health Standards                                   |

# Glossary

|       |   |
|-------|---|
| PIH   | Pregnancy Induced Hypertension                |
| PNC   | Post Natal Care                               |
| PUHC  | Primary Urban Health Centre                   |
| QAC   | Quality Assurance Committee                   |
| RCH   | Reproductive and Child Health                 |
| RKS   | Rogi Kalyan Samiti                            |
| RNTCP | Revised National Tuberculosis control Program |
| SHG   | Self Help Group                               |
| SNP   | Supplementary Nutrition Program               |
| SOP   | Standard Operating Procedures                 |
| STP   | Standard Treatment Protocol                   |
| TBA   | Traditional Birth Attendant                   |
| TT    | Tetanus Toxoid                                |
| UIP   | Universal Immunization Program                |



**Delhi State Health Mission**  
**Department of Health and Family Welfare**  
**Government of National Capital Territory of Delhi**