

UPHC Quality Score Card			
Dressing Room & Emergency	General Clinic	Maternity Health	New Born & Child Health
50.0	50.0	50.0	50.0
Immunization	UPHC Score		Family Planning
50.0			50.0
Communicable Disease	50.0		Non Communicable Disease
50.0			50.0
Outreach	Pharmacy	Laboratory	General Administration
50.0	50.0	50.0	0.0

HOSPITAL QUALITY SCORE CARD			
AREA OF CONCERN WISE			
Service Provision 50.0%	Patient Rights 50.0%	Inputs 50.0%	Support Services 50.0%
HOSPITAL SCORE 50.0%			
Clinical Services 50.0%	Infection Control 50.0%	Quality Management 50.0%	Outcome 50.0%

Standard A1	Facility provides Promotive, preventive and curative services	50%
Standard A2	The facility provides RMNCHA Services	50%
Standard A3	The Facility provides Diagnostic Services, Para-clinical & support services.	50%
Standard A4	The facility provide services as mandated in National Health Programmes, state scheme and local requirement.	50%

Standard A5	The facility provides services as per local needs / State specific health programmes as per guidelines	50%
Standard B1	The service provided at facility are accessible	50%
Standard B2	The service provided at facility are acceptable	50%
Standard B3	The service provided at facility are affordable	50%
Standard C1	The facility has adequate & Safe infrastructure for delivery of assured services and meets the prevalent norms	50%
Standard C2	The facility has adequate qualified and trained staff, required for providing the assured services to the current case load	50%
Standard C3	The facility provides drugs and consumables required for assured services.	50%
Standard C4	The facility has equipment & instruments required for assured list of services.	50%
Standard D1	The facility has established facility management programme for maintenance & upkeep of equipment & infrastructure to provide safe & secure environment to staff & users	50%
Standard D2	Facility has defined procedure for storage, Inventory Management & dispensing of drugs in pharmacy	50%
Standard D3	Facility has defined & established procedure for Community Participation for providing assured services	50%
Standard D4	Facility has defined procedure for Governance & work Management	50%
Standard D5	Facility has procedure for collecting & Reporting of the health facility related information	50%
Standard E1	The facility has defined procedures for registration and consultation of patients.	50%
Standard E2	Facility has defined procedure for primary management and continuity of care with appropriate maintenance of records	50%
Standard E 3	Facility has defined & implemented procedures for Drug administration and standard treatment guideline as mandated by Government	50%
Standard E4	Facility has defined & establish procedure for Diagnostic Services	50%
Standard E5	The facility has establish procedure for Maternal health care as per guideline	50%
Standard E6	Facility has established procedure for care of New born & Child as per guideline	50%
Standard E7	Facility has establish procedure for Family Planning as per Govt guideline	50%
Standard E8	Facility provides Adolescent reproductive & sexual health services as per guideline	50%
Standard E9	Facility provides National Health Programmes as per operational/clinical guidelines of the Government	50%
Standard F1	Facility has defined & implemented procedure for ensuring Hand hygiene practices & asepsis	50%
Standard F2	Facility ensures availability of Personal Protective equipment & follows standard precautions.	50%
Standard F3	Facility has standard procedure for disinfection & sterilization of equipment & instrument	50%
Standard F4	Facility has defined & establish procedure for segregation, collection, treatment & disposal of Bio medical & hazardous waste	51%
Standard G.1	Facility has established quality Assurance Program as per state/National guidelines	50%
Standard G.2	Facility has established system for Patients and employees satisfaction	50%
Standard G3	Facility has established ,documented & implemented standard operating procedure system for its all key processes .	50%
Standard H1	The facility measures its productivity, efficiency, clinical care & service Quality indicators	50%
Standard H2	Facility endeavours to improve its performance to meet bench marks	50%

National Quality Assurance Standards for U - PHC					1	
Checklist for General Clinic						
Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
	Area of Concern - A Service Provision					
Standard A1	Facility provides Promotive, preventive and curative services					
ME A1.1	The facility provides treatment of common ailments	Availability of Consultation services for common illnesses	1	RR/SI	Common Cold, Fever, Diarrhoea, Respiratory tract infections, Bronchial Asthma, conjunctivitis, foreign body in conjunctival sac, etc.	
ME A1.3	The facility provides AYUSH Services	Functional & dedicated AYUSH clinic	1	RR/SI	Ayurveda, Unani, Siddha, Homeopathy, Naturopathy as per State Guidelines	
ME A1.4	Services are available for the time period as mandated	OPD Services are available for at least 8 Hours in a day	1	RR/SI	It may be 12 noon to 8 PM/ it may be morning & evening OPD. Give full compliance if evening OPD is there	
Standard A2	The facility provides RMNCHA Services					
ME A2.5			1		DELETED	
Standard A5	The facility provides services as per local needs / State specific health programmes as per guidelines					
ME A5.2	Facility provides services as per local needs/ state specific health programmes as per guidelines	Availability of OPD services for diseases, specifically prevalent locally	1	RR/SI		
	Area of Concern B - Patients' Rights					
Standard B1	The service provided at facility are accessible					
ME B1.7	Information about the treatment is shared with patients or attendants and consent is taken wherever required	Patient is informed about the diagnosis & Treatment Plan	1	PI/RR		
		A copy of OPD Slip/ Prescription containing Diagnosis & treatment plan, is given to patient	1	RR		
		Method of Administration /taking of the medicines is informed to patient/ their relative as per prescription	1	PI/RR		
ME B1.8	Access to facility is provided without any physical barrier	There is no overcrowding in general Clinic	1	OB		
Standard B2	The service provided at facility are acceptable					
ME B2.1	Services are provided in manner that are sensitive to gender	Availability of female staff / attendant, if a male doctor examines a female patients	1	SI/OB		
		Availability of Breast Feeding Corner	1	OB		
ME B2.2	Adequate visual privacy is provided at every point of care	Availability of screen/ curtains	1	OB	Check examination area & also door & window	
		One Patient is seen at a time in the clinic	1	OB		
		One clinic is not shared by two doctors at a time	1	OB		

ME B2.3	Confidentiality of patients' records and clinical information is maintained	Patient records are kept in safe custody in General Clinic	1	OB/SI	Check Patient records e.g.OPD register , OPD slips are kept in safe custody and are not accessible to unauthorized patients	
Standard B3	The service provided at facility are affordable					
ME B3.2	The facility provide free of cost treatment to all patients without administrative hassles	Check for BPL patients, Daily wagers, homeless, slum dwellers & migratory Population etc. are not charged for any services	1	PI/RR/SI		
Area of Concern - C Inputs						
Standard C1	The facility has adequate & Safe infrastructure for delivery of assured services and meets the prevalent norms					
ME C1.1	Departments have adequate space as per patient load	Clinics have adequate space for consultation and examination	1	OB/SI	Adequate Space in Clinics (120 sq ft)	
ME C1.2	Amenities for Patients & Staff are available as per load	Availability of waiting area	1	OB		
		Availability of seating arrangement	1	OB		
		Availability of Fans, Warmers facilities as per need	1	OB		
		Availability of clean drinking water facilities	1	OB		
		Availability of clean & functional toilets	1	OB		
ME C1.3	Departments have layout and demarcated areas as per functions	There is functional registration counter, which is manned during OPD hours	1	OB/SI		
		Dedicated Clinics for OPD Consultation and counselling	1	OB		
		Dedicated examination area is provided for each clinic	1	OB		
		Dedicated Clinic for AYUSH Doctor	1	OB		
ME C1.5	The facility ensures safety of electrical installations	General clinic does not have temporary connections and loosely hanging wires	1	OB	Switch Boards all other electrical installations are intact & secure	
ME C1.6	Physical condition of buildings are safe for providing patient care	Floor of General Clinic is non slippery and even	1	OB		
Standard C2	The facility has adequate qualified and trained staff, required for providing the assured services to the current case load					
ME C2.1	The facility has adequate medical officers as per service provision and work load	Availability of Doctors for consultation during OPD hours	1	SI/RR	One MO and one Ayush doctor for a minimum of six hours per day and for six days in a week	
ME C2.4	The Staff has been imparted necessary trainings/skill set to enable them to meet their roles & responsibilities	Training of MO, Staff nurse, ANM	1	RR	Check training is provided for AFHS (to MO & staff nurse), Standard treatment guideline & prescription writing (to medical officer)	
ME C2.5	The Staff is skilled and competent as per job description	Check competency of the staff to use OPD equipment like BP apparatus, etc.	1	SI	Check the staff competency for trouble shooting measures	
Standard C4	The facility has equipment & instruments required for assured list of services.					

ME C4.1	Availability of equipment & instruments for examination & monitoring of patients	Availability of functional Equipment & Instruments at OPD clinic	1	OB	BP apparatus, Thermometer, Weighing machine, Torch, Stethoscope, measuring tape, Snellen's chart, X-ray view box, Tongue Depressor, Otoscope, Height chart etc.	
ME C4.5	Availability of patient furniture and fixtures as per load and service provision	Availability of furniture at clinics	1	OB	Doctors Chair, Patient Stool, Examination Table, Attendant Chair, Table, Footstep, cupboard	
<b>Area of Concern - D Support Services</b>						
Standard D1	<b>The facility has established facility management programme for maintenance &amp; upkeep of equipment &amp; infrastructure to provide safe &amp; secure environment to staff &amp; users</b>					
ME D1.3	Patient care areas are clean and hygienic	Floors, walls, roof , sinks patient care and corridors are Clean	1	OB	All area are clean with no dirt,grease,littering and cobwebs	
		Surface of furniture and fixtures are clean	1	OB		
		Toilets are clean with functional flush and running water	1	OB		
ME D1.4	Facility infrastructure is adequately maintained	Fixtures and Patient Furniture are intact and maintained in OPD	1	OB		
ME D1.5	Facility has policy of removal of condemned junk material	No condemned/Junk material in the OPD	1	OB	Check for availability of condemnation policy & its adherence	
Standard D4	<b>Facility has defined procedure for Governance &amp; work Management</b>					
ME D4.8	The facility has a defined protocol for the issue of medical certificates	Check Medical Certificate are issued as per defined criteria	1	RR/SI/PI	Check cycle time to issue medical certificate, check records & also denial policy	
<b>Area of Concern - E Clinical Services</b>						
Standard E1	<b>The facility has defined procedures for registration and consultation of patients.</b>					
ME E1.1	The facility has established procedure for registration of patients	Unique identification number is given to each patient during process of registration	1	RR/SI		
		Patient demographic details are recorded in OPD registration records	1	RR/SI	Check for that patient demographics like Name, age, Sex, Address etc.	
ME E1.2	The facility has an established procedure for OPD consultation	There is procedure for systematic calling of patients one by one	1	OB	Patient is called by Doctor/attendant as per his/her turn on the basis of "first come first examine" basis.	
		Every patient is offered a seat and is examined as per clinical condition	1	OB	No patient is consulted in standing position	
		Clinical staff is not engaged in administrative work during OPD hrs	1	OB		
Standard E2	<b>Facility has defined procedure for primary management and continuity of care with appropriate maintenance of records</b>					
ME E2.1	There is established procedure for initial assessment & Reassessment of patients	Patient History is taken and recorded	1	RR/SI		
		Physical Examination is done and recorded	1	RR/SI		
		Provisional Diagnosis is recorded	1	RR/SI		

ME E2.2	The facility provides appropriate referral linkages for transfer to other/higher facilities to assure the continuity of care.	There is a system of referring patient from OPD to higher centre for specialist consultation	1	RR/SI	Check for practice, availability of referral slip, is there any information about the specialist doctors and there timings and day available	
ME E2.3	Facility ensures follow up of patients	There is system of follow up of the patients referred to higher facilities	1	RR/SI		
ME E2.7	Clinical records are updated for care provided	Prescription & treatment plan is documented	1	RR/SI		
		Check OPD slip, Prescription is updated for follow up visits	1	RR/SI		
ME E2.8	The facility ensures that standardised forms and formats are used for all purposes including registers	Check availability of standardize forms & Register	1	RR/OB	OPD slip, OPD Register, Lab requisition form, referral slip	
		Records are labelled and indexed	1	RR/OB		
ME E2.9	The facility ensures safe and adequate storage and retrieval of medical records	Adequate facility for storage of records	1	OB		
Standard E 3	Facility has defined & implemented procedures for Drug administration and standard treatment guideline as mandated by Government					
ME E3.1	Medication orders are written legibly and adequately	Check every Medical advice and procedure is accompanied with date, time and signature	1	RR/OB	OPD slip	
		Check prescription are written legibly & comprehensible by the clinical staff	1	RR/OB		
ME E3.4	The facility ensures that drugs are prescribed in generic name only	Check for OPD slip if drugs are prescribed under generic name only	1	RR/OB		
ME E3.5	There is procedure of rational use of drugs	Check for Doctors are sensitized for rational use of drugs especially antibiotics	1	RR/SI	Ask the cases in which doctor prescribe the antibiotics.	
ME E3.6	Drugs are prescribed according to Standard Treatment Guidelines	Check for that relevant Standard treatment guideline are available at point of use	1	RR/SI		
		Check staff is aware of the drug regime and doses as per STG	1	RR/SI		
		Check OPD ticket that drugs are prescribed as per STG	1	RR/SI		
Standard E8	Facility provides Adolescent reproductive & sexual health services as per guideline					
ME E8.1			1			
			1			
		DELETED	1			
			1			
			1			
			1			
ME E8.2			1			
			1			
ME E8.3			1			
			1			
			1	RR/SI		
			1			
ME E8.4			1			

			1			
	<b>Area of Concern - F Infection Control</b>					
Standard F1	<b>Facility has defined &amp; implemented procedure for ensuring Hand hygiene practices &amp; asepsis</b>					
ME F1.1	Hand washing facilities are provided at point of use	Availability of hand washing Facility at the Point of Use	1	OB/RR	Check for availability of wash basin near the point of use	
		Availability of running Water	1	OB	Ask to Open the tap. Ask Staff water supply is regular	
		Availability of antiseptic soap with soap dish/ liquid antiseptic with dispenser.	1	OB	Check for availability/ Ask staff if the supply is adequate and uninterrupted	
		Display of Hand washing Instruction at Point of Use	1	OB	Prominently displayed above the hand washing facility , preferably in Local language & pictorial	
		Availability of Alcohol based Hand rub	1	OB	Check for availability/ Ask staff for regular supply.	
ME F1.2	Staff is trained and adhere to standard hand washing practices	Staff adheres to standard hand washing practices	1	OB/SI	Ask the staff about moment of hand washing & Steps of hand washing to demonstrate	
Standard F2	<b>Facility ensures availability of Personal Protective equipment &amp; follows standard precautions.</b>					
ME F2.1	Facility ensures adequate personal protection equipment as per requirements	Disposable gloves are available at point of use	1	OB		
		Availability of Masks	1	OB		
ME F2.2	Staff adheres to standard personal protection practices	No reuse of disposable gloves, Masks, caps and aprons.	1	OB/SI		
Standard F3	<b>Facility has standard procedure for disinfection &amp; sterilization of equipment &amp; instrument</b>					
ME F3.1	The facility ensures standard practices and materials for decontamination and cleaning of instruments and procedures areas	Decontamination of Procedure surfaces	1	SI	Ask staff about how they decontaminate the procedure surface like Examination table (Wiping with .5% Chlorine solution	
		Proper Decontamination of instruments after use	1	SI	Ask staff how they decontaminate the instruments like Stethoscope, Examination instruments	
Standard F4	<b>Facility has defined &amp; establish procedure for segregation, collection, treatment &amp; disposal of Bio medical &amp; hazardous waste</b>					
ME F4.1	The facility ensures segregation of Bio Medical Waste as per guidelines	Availability of colour coded bins at point of waste generation	1	OB	Bins are covered	
		Availability of colour coded bags	1	OB	Check Yellow bag is non chlorinated	
		Segregation of different category of waste as per guidelines	1	OB		
		Display of work instructions for segregation and handling of Biomedical waste	1	OB	Pictorial & in local language	
		There is no mixing of infectious and general waste	1	OB		
	<b>Area of Concern - G Quality Management</b>					

Standard G.1	Facility has established quality Assurance Program as per state/National guidelines					
ME G1.5	The facility has established internal quality assurance programme	Internal Assessment of the General Clinic is done at periodic interval	1	SI/RR		
Standard G3	Facility has established ,documented &implemented standard operating procedure system for its all key processes .					
ME G3.1	Standard Operating procedures are prepared , distributed and implemented for all key processes	Updated SOP are available at point of use	1	RR		
		SOP adequately cover all relevant processes of the department	1	RR		
Area of Concern - H: Outcomes						
Standard H1	The facility measures its productivity, efficiency, clinical care & service Quality indicators					
ME H1.1	Facility measures Productivity Indicators on monthly basis	OPD Per day	1	RR		
			1	DELETED		
		AYUSH OPD per month	1	RR		
ME H1.2	Facility measures efficiency Indicators on monthly basis	OPD per doctor	1	RR		
		Percentage of follow up patients	1	RR		
ME H1.3	Facility measures Clinical Care & Safety Indicators on monthly basis	Consultation time in OPD	1	RR		
		Percentage of OPD cases treated with Antibiotic	1	RR		
ME H1.4	Facility measures Service Quality Indicators on monthly basis	Waiting time for Consultation at OPD	1	RR		
Standard H2	Facility endeavours to improve its performance to meet bench marks					
ME H2.2	The facility strives to improve indicators from its current performance	Trends analysis of Indicators is done at Periodic Intervals	1	RR		

General Clinic Score		
	General Clinic	50
Area of Concern wise Score		
A	Service Provision	50.0
B	Patient Rights	50.0
C	Inputs	50.0
D	Support Services	50.0
E	Clinical Services	50.0
F	Infection Control	50.0



G	Quality Manangement	50.0
H	Outcome	50.0

National Quality Assurance Standards for U - PHC					2	
Checklist for Maternity Health						
Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
Area of Concern - A Service Provision						
Standard A1	Facility provides Promotive, preventive and curative services					
ME A1.4	Services are available for the time period as mandated	ANC & PNC services are available during OPD timing	1	RR/SI	Though Fix day for providing ANC services, client will be entertained if she visits any day during OPD hrs	
Standard A2	The facility provides RMNCHA Services					
ME A2.2	The facility provides Maternal health Services	Availability of Functional ANC Clinic	1	RR/SI	ANC services are provided through dedicated setup. Check records for ANC being regularly conducted at facility through fix day or all days approach	
		Early registration & Minimum 4 ANC Check-up	1	RR/SI	Check ANC register /MCP card	
		Provision of Tetanus Toxoid and IFA	1	RR/SI		
		Nutritional & Health Counselling	1	RR/SI		
		Identification and management of High Risk and Danger signs during pregnancy	1	RR/SI	Check ANC records	
Area of Concern B - Patients' Rights						
Standard B1	The service provided at facility are accessible					
ME B1.2	The facility displays the services and entitlements available	Timings and days of the ANC clinic is displayed	1	OB	Day and timing of fix day services like ANC, Immunization etc. (as applicable)	
		Entitlements under JSSK, JSY or any state specific scheme	1	OB		
		Important information like no. of Ambulances & nearby facilities are displayed	1	OB		
ME B1.4	Patients & visitors are sensitized and educated through appropriate IEC / BCC approaches	Availability of Booklets / Leaflets/ brochures in the waiting area for Health education and information about early registration, diet & rest during pregnancy, recognizing signs of labour, recognizing danger signs during pregnancy & family planning etc.	1	OB	IEC corner. Check safe motherhood booklet is given to every pregnant women	
ME B1.7	Information about the treatment is shared with patients or attendants and consent is taken wherever required	Antenatal mothers are informed of confirmation of pregnancy and frequency of visits and danger signs during pregnancy have been communicated to them	1	PI	Interview the Antenatal mother about the communications, received by them. Co-relate with the notes recorded on the card.	
		Mother & Child protection card is provided to all clients	1	RR		

		Method of Administration /taking of the IFA & Calcium supplement etc. is informed to patient/ their relative by doctor/ ANM	1	PI/RR		
ME B1.8	Access to facility is provided without any physical barrier	There is no overcrowding in ANC clinic	1	OB		
Standard B2	The service provided at facility are acceptable					
ME B2.1	Services are provided in manner that are sensitive to gender	Availability of female staff / attendant, if a male doctor examines a female patients	1	SI/OB		
		Dedicated Female OPD for ANC cases	1	SI/OB		
ME B2.2	Adequate visual privacy is provided at every point of care	Availability of screens /curtains in Examination area	1	OB	Specially for ANC clients	
ME B2.3	Confidentiality of patients' records and clinical information is maintained	Patient records are kept in safe custody in ANC clinic	1	OB/SI	Check Patient records e.g..ANC register, HIV positive reports etc. are kept in safe custody and are not accessible to unauthorized	
		Confidentiality of HIV cases are maintained in ANC clinic	1	OB/SI		
Standard B3	The service provided at facility are affordable					
ME B3.1	The facility provides cashless services to all patients including pregnant women, mothers and sick children as per prevalent government schemes	OPD Consultation/ ANC Check up is provided free of cost	1	SI/RR	Check for there is no consultation fee/ registration fee for JSSK beneficiaries	
ME B3.3	The facility ensures that the drugs prescribed are available in the pharmacy	Check patient party has not spend on purchasing drugs from outside	1	PI		
ME B3.4	Facility ensure investigation prescribed are available at the Laboratory	Check patient party has not spend on purchasing consumables from outside	1	PI		
	Area of Concern - C Inputs					
Standard C1	The facility has adequate & Safe infrastructure for delivery of assured services and meets the prevalent norms					
ME C1.1	Departments have adequate space as per patient load	Clinics have adequate space for consultation and examination	1	OB/SI		
ME C1.2	Amenities for Patients & Staff are available as per load	Availability of Fans/ Warmers as per need	1	OB		
		Availability of clean drinking water facilities	1	OB	May be shared common with General clinic	
		Availability of clean & functional toilets	1	OB	Dry toilet with running water, May be shared with General clinic	
ME C1.3	Departments have layout and demarcated areas as per functions	Dedicated Clinics for ANC Consultation and counselling	1	OB/SI		
		Dedicated examination area is provided in ANC clinic	1	OB/SI		
ME C1.5	The facility ensures safety of electrical installations	ANC clinic does not have temporary connections and loosely hanging wires	1	OB	Switch Boards all other electrical installations are intact & secure	
ME C1.6	Physical condition of buildings are safe for providing patient care	Floor of ANC clinic is non slippery and even	1	OB		
Standard C2	The facility has adequate qualified and trained staff, required for providing the assured services to the current case load					

ME C2.1	The facility has adequate medical officers as per service provision and work load	Availability of Doctors for consultation during OPD hours	1	RR/SI/PI		
ME C2.2	The facility has adequate nursing staff/Paramedics as per service provision and work load	Availability of Staff nurse/ANM at ANC clinic	1	RR/SI		
ME C2.4	The Staff has been imparted necessary trainings/skill set to enable them to meet their roles & responsibilities	Training of Doctor for IMNCI	1	RR		
		Training of staff nurse for SBA	1	RR		
ME C2.5	The Staff is skilled and competent as per job description	Check competency of the staff to use OPD equipment like BP apparatus, etc.	1	SI		
		Check the competency of ANM/Staff nurse for conducting ANC as per protocols	1	SI	Calculation of EDD and High risk pregnancy	
Standard C3	<b>The facility provides drugs and consumables required for assured services.</b>					
ME C3.1	The facility has availability of adequate drugs at point of use	Availability of Drugs for ANC services	1	SI/RR/OB	IFA Tablets, Calcium Supplement, Albendazole 400 mg & Inj Tetanus Toxoid	
Standard C4	<b>The facility has equipment &amp; instruments required for assured list of services.</b>					
ME C4.1	Availability of equipment & instruments for examination & monitoring of patients	Availability of Instruments and Equipment for ANC Check up	1	OB	Stethoscope, BP Apparatus, weighing Scale, Inch Tape, Facility for measuring height, Foetoscope, Thermometer etc.	
ME C4.5	Availability of patient furniture and fixtures as per load and service provision	Availability of furniture at clinics	1	OB	Doctors /Staff nurse/ ANM Chair, Patient Stool, Examination Table, Attendant Chair, Table, Footstep, cupboard	
<b>Area of Concern - D Support Services</b>						
Standard D1	<b>The facility has established facility management programme for maintenance &amp; upkeep of equipment &amp; infrastructure to provide safe &amp; secure environment to staff &amp; users</b>					
ME D1.2	The facility ensures comfortable environment for patients and service providers	Temperature control and ventilation in ANC clinic	1	OB		
ME D1.3	Patient care areas are clean and hygienic	Floors, walls, roof, sinks, patient care and corridors are Clean	1	OB		
		Surface of furniture and fixtures are clean	1	OB		
ME D1.4	Facility infrastructure is adequately maintained	Fixtures and Patient Furniture are intact and maintained in OPD	1	OB		
ME D1.5	Facility has policy of removal of condemned junk material	No condemned/Junk material in the OPD	1	OB		
<b>Area of Concern - E Clinical Services</b>						
Standard E2	<b>Facility has defined procedure for primary management and continuity of care with appropriate maintenance of records</b>					
ME E2.2	The facility provides appropriate referral linkages for transfer to other/higher facilities to assure the continuity of care.	There is a system of referring patient from ANC clinic to higher centre for specialist consultation	1	SI/RR		
ME E2.3	Facility ensures follow up of patients	There is system of follow up of the patients referred to higher facilities	1	SI/RR		
Standard E5	<b>The facility has establish procedure for Maternal health care as per guideline</b>					

ME E5.1	There is an established procedure for Registration and follow up of pregnant women.	Facility provides and updates "Mother and Child Protection Card"	1	RR	Check Mother & Child Protection cards have been provided for each pregnant women at time of 1st registration/ First ANC	
		Facility ensures early registration of ANC	1	RR/SI	Check ANC records for ensuring that majority of ANC registration is taking place within 12th week of Pregnancy in ANC register	
		Records are maintained for ANC registered pregnant women	1	RR/SI	Records of each ANC check-up is maintained are maintained in ANC register	
		Clinical information of ANC is kept with ANC clinic	1	RR/SI	Check, if there is a system of keeping copy of ANC information like LMP, EDD, Lab Investigation Findings , Examination findings etc. with them	
		Staff has knowledge of calculating expected pregnancies in the area	1	RR/SI	Check with staff the expected pregnancies in her area / How to calculate it.(Birth Rate X Population/1000 Add 10% as correction factor (Still Birth)	
		Tracking of Missed and left out ANC	1	RR/SI	Check with ANM how she tracks missed out ANC. Use of MCTS by generating work plan and follow-up with ASHA, AWW etc. Check if there is practice of recording Mobile no. of clients/next to kin for follow up	
		All pregnant women get ANC check-up as per recommended schedule	1	RR/SI	Ask staff about schedule of 4 ANC Visits (1st - < 12 Weeks 2nd - < 26 weeks 3rd - < 34 weeks 4th >34 to term) Check ANC register whether all 4 ANC covered for most of the women (sample cases)	
		At least one ANC visit is attended by Medical Officer	1	RR/SI	Preferably 3rd Visit (28-34 Weeks)	
ME E5.2	There is an established procedure for History taking, Physical examination, and counselling of each antenatal woman, visiting the facility.	At ANC clinic, Pregnancy is confirmed by performing urine test	1	RR/SI	Check for ANC record that pregnancy has been confirmed by using Pregnancy test Kit (Nischay Kit)	
		Last menstrual period (LMP) is recorded and Expected date of Delivery (EDD) is calculated on first visit	1	RR/SI	Check how staff confirms EDD & LMP, (EDD = Date of LMP+9 Months+7 Days) How she estimates if Pregnant women is unable to recall first day of last menstrual cycle ('Quickening', Fundal Height) .Check ANC records that it has been written	
		Comprehensive Obstetric History is recorded	1	RR/SI	History of Pervious pregnancies including complications and procedures done, if any, is taken	

		History of Current or past systemic illnesses is taken & recorded	1	RR/SI	History of current or past systemic illness like Hypertension, Diabetes, Tuberculosis, Rheumatic Heart Disease, Rh Incompatibility, malaria, etc. is taken	
		History of Drug intake or allergies & intake of Habit forming and Harmful substances like Tobacco, Alcohol, Passive smoking	1	RR/SI	Allergies to drugs, any treatment taken for infertility.	
		Physical Examination of Pregnant Women is done on every ANC visit	1	RR/SI/OB	Pulse, Respiratory Rate , Pallor, Oedema	
		Weight measurement is measured on every ANC Visit	1	RR/SI/OB	Check any 3 ANC records/ MCP Card randomly to see that weight has been measured and recorded at every ANC visit	
		Blood pressure is measured on every ANC Visit	1	RR/SI/OB	Check any 3 ANC records/ MCP Card randomly to see that Blood Pressure has been measured and recorded at every ANC visit	
		Abdominal Examination is done as per protocol	1	RR/SI/OB	Measurement of Fundal Height (ask staff how she correspond fundal high with Gestational Age) Palpation for Foetal lie and Presentation Check for findings recorded in MCPcard/ANC Records	
		Auscultation for foetal heart sound	1	RR/SI/OB		
		Breast examination is done	1	RR/SI/OB	Observation and Correction of Flat or Inverted Nipples Palpation for any Lumps or Tenderness	
ME E5.3	The facility ensures of drugs & diagnostics are prescribed as per protocol	Haemoglobin test is done on every ANC visit	1	RR	Check randomly any 3 MCP card/ ANC record for Haemoglobin test is done at every ANC visit and values are recorded	
		Urine test for Sugar and Protein is on every ANC visit	1	RR	Check randomly any 3 MCP card/ ANC record for Urine for Sugar & Protein is done on every ANC visit and findings are recorded	
		Blood Grouping and RH Typing is done for every pregnant woman	1	RR	Check randomly any 3 MCP card/ ANC record for confirming that blood grouping has been done	
		Test for HIV is done at least once in ANC period	1	RR	Check the ANC records	
		Test for Syphilis is done at least once in ANC period	1	RR	Check the ANC records through VDRL/RPR/RDK	
		Screening for Malaria is done as per clinical protocol	1	RR	In Non-endemic area for all clinically suspected cases In malaria endemic area all pregnant women	
		Testing of PW for Gestational Diabetes Mellitus (GDM) as per protocols	1	RR	Testing for GDM twice during ANC, 1st testing during first antenatal contact, 2nd testing 24-28 weeks even if 1st testing is negative. There should be 4week gap between 2 test & if she present beyond 28 weeks -1 test	

		Tetanus Toxoid (2 Dosages/ Booster) have been during ANC visits	1	RR	Check randomly any 3 ANC records for confirming that TT1 (at the time of registration) and TT2 (one month after TT1) has been given to Primi gravida & Booster dose for women getting pregnant within three years of previous pregnancy	
		A single dose of 400mg IP of Albendazole is given after 1st trimester of pregnancy	1	RR	Albendazole is to be taken only once during the 2nd trimester of pregnancy. The second dose is needed only in case the helminthic load is > 40%.	
ME E5.4	There is an established procedure for identification of High risk pregnancy and appropriate & Timely referral.	Staff can recognize the cases, which would need referral to Higher Centre(FRU)	1	SI/RR	Anaemia, Bad obstetric history, CPD, PIH, APH, Medical Disorder complicating pregnancy, Malpresentation, foetal distress, PROM, obstructed labour, rupture uterus, & Rh negative	
		Staff is competent to identify Hypertension / Pregnancy Induced Hypertension	1	SI/RR	Hypertension & Pre Eclampsia (Hypertension - Two consecutive reading taken four hours apart shows Systolic BP >140 mmHg and/or Diastolic BP > 90 mmHg	
		Staff is competent to identify Pre-Eclampsia	1	SI/RR	Pre - Eclampsia- High BP with Urine Albumin (+2) Imminent eclampsia -BP >140/90 with positive albumin 2++, severe headache, Blurring of vision, epigastria pain & oliguria in Urine	
		Staff is competent to identify high risk cases based on Abdominal examination	1	SI/RR	Identification and referral of cases with Cephalo-pelvicpresentation, Malrpresentation, medical disorder complicating pregnancy, IUFD, amniotic fluid abnormalities.	
ME E5.5	There is an established procedure for identification and management of anaemia	Staff is competent to classify anaemia according to Haemoglobin Level	1	SI/RR	>11 gm% -Absence of Anaemia, 10 to 11 gm% mild, 7-10 gm% Moderate Anaemia <7 gm% Severe Anaemia	
		Staff is aware of prophylactic & Therapeutic dose of IFA	1	SI/RR	Prophylactic - one IFA tablet per day for six months during ANC &PNC. Therapeutic dose- double the dose in case of anaemia.	
		Line listing of pregnant women with moderate and sever anaemia	1	SI/RR	Check the records whether Line-listing of severely anaemic women are maintained at the UPHC	
		Improvement in haemoglobin label is continuously monitored and recorded	1	SI/RR	Check the staff for intervention & track the improvement in Haemoglobin level of anaemic woman in subsequent ANC visit.	

ME E5.6	Counselling of pregnant women is done as per standard protocol and gestational age	Pregnant women is counselled for Planning and preparation for Birth	1	PI/SI	Registration, Identification of institution as per clinical condition	
		Pregnant women is counselled Recognizing sign of labour	1	PI/SI	A bloody, sticky discharge (Show) and regular painful uterine contractions	
		Pregnant women is counselled Identify and arrange for referral transport	1	PI/SI	contact number of the ambulance is communicated arrangement of alternate vehicle if ambulance not available on time	
		Pregnant women is counselled recognizing danger signs during pregnancy	1	PI/SI	Swelling (oedema), bleeding <b>even spotting</b> , blurred vision, headache, pain abdomen, vomiting, pyrexia, watery & foul smelling discharge & Yellow urine	
		Pregnant women is counselled Diet & Rest	1	PI/SI	Increase Dietary Intake Diet rich in proteins, iron, vitamin A, vitamin C, calcium and other essential micronutrients.	
		Pregnant women is counselled breast feeding	1	PI/SI	Initiate breastfeeding especially colostrum feeding within an hour of birth. Do not give any pre-lacteal feeds. (Sugar, water, Honey) Ensure good attachment of the baby to the breast. Exclusively breastfeed the baby for six months. Breastfeed the baby whenever he/she demands milk. Follow the practice of rooming in.	
		Pregnant women is counselled for Family planning	1	PI/SI	Different Options available including IUCD, vasectomy, long acting injectable, etc.	
ME E5.7	There is a established procedures for Postnatal visits & counselling of Mother and Child	Check Mother is educated & counselled about danger signs during puerperium	1	PI/SI	Danger signs :Excessive PV bleeding, breathing difficulty, convulsion, severe headache, abdominal pain, foul smelling lochia, urine dribbling, perineal pain, painful & redness of breast	
		Check Mother is educated & counselled about danger signs of baby	1	PI/SI	Poor sucking/feeding, abnormal cry,lethargy, failure to pass stool or urine, not feeding at all, purulent eye or chond discharge, yellow discoloration of eye, convulsions, fever or feel cold	
		Check Mother is counselled/ Educated during postnatal visit	1	PI/SI	About importance of keeping baby warm, proper positioning of baby to avoid suffocation, immunization, hand washing & personal hygiene & appropriate care of cord	
	Area of Concern - F Infection Control					



Standard F1	Facility has defined & implemented procedure for ensuring Hand hygiene practices & asepsis					
ME F1.1	Hand washing facilities are provided at point of use	Availability of hand washing Facility at the Point of Use	1	OB	Check for availability of wash basin near the point of use	
		Availability of running Water	1	OB	Ask to Open the tap. Ask Staff water supply is regular	
		Availability of antiseptic soap with soap dish/ liquid antiseptic with dispenser.	1	OB	Check for availability/ Ask staff if the supply is adequate and uninterrupted	
		Display of Hand washing Instruction at Point of Use	1	OB	Prominently displayed above the hand washing facility , preferably in Local language	
ME F1.2	Staff is trained and adhere to standard hand washing practices	Staff is adhere to standard hand washing practices	1	OB/SI		
Standard F2	Facility ensures availability of Personal Protective equipment & follows standard precautions.					
ME F2.1	Facility ensures adequate personal protection equipment as per requirements	Disposable gloves are available at the point of use	1	OB		
ME F2.2	Staff adheres to standard personal protection practices	No reuse of disposable gloves, Masks, caps and aprons.	1	OB/SI		
Standard F3	Facility has standard procedure for disinfection & sterilization of equipment & instrument					
ME F3.1	The facility ensures standard practices and materials for decontamination and cleaning of instruments and procedures areas	Decontamination of Procedure surfaces	1	SI	Ask staff about how they decontaminate the procedure surface like Examination table (Wiping with .5% Chlorine solution	
		Proper Decontamination of instruments after use	1	SI		
Standard F4	Facility has defined & establish procedure for segregation, collection, treatment & disposal of Bio medical & hazardous waste					
ME F4.1	The facility ensures segregation of Bio Medical Waste as per guidelines	Availability of colour coded bins at point of waste generation	1	OB	Bins are covered	
		Availability of colour coded bags	1	OB	Check Yellow bag is non chlorinated	
		Segregation of different category of waste as per guidelines	1	OB		
		Display of work instructions for segregation and handling of Biomedical waste	1	OB	Pictorial & in local language	
ME F4.2	The facility ensures management of sharps as per guidelines	Availability of functional needle cutters	1	OB	See if it has been used or just lying idle	
		Availability of puncture proof box	1	OB	Should be available nears the point of generation like nursing station and injection room	
		Disinfection of sharp before disposal	1	OB	Disinfection of syringes is not done in open buckets	
		Staff is aware of contact time for disinfection of sharps	1	SI		
Area of Concern - G Quality Management						
Standard G.1	Facility has established quality Assurance Program as per state/National guidelines					
ME G1.5	The facility has established internal quality assurance programme	Internal Assessment of the Maternity Health services is done at periodic interval	1	SI/RR		
Standard G3	Facility has established ,documented & implemented standard operating procedure system for its all key processes .					

ME G3.1	Standard Operating procedures are prepared , distributed and implemented for all key processes	Updated SOP are available at point of use	1	RR		
		SOP adequately cover all relevant processes of the department	1	RR		
		Availability of protocols for ANC check-up	1	RR		
ME G3.2	Staff is trained as per SOPs	Staff is trained for ANC check-up	1	RR/SI		
ME G3.3	Work instructions are displayed at Point of work	Work Instruction for Abdominal Examination	1	OB		
		Work Instruction for Counselling	1	OB		
		Work instruction for identification of high risk pregnancy	1	OB		
<b>Area of Concern - H: Outcomes</b>						
Standard H1	<b>The facility measures its productivity, efficiency, clinical care &amp; service Quality indicators</b>					
ME H1.1	Facility measures Productivity Indicators on monthly basis	No. of ANC conducted per month	1	RR		
		No. of moderate & severely anaemic cases line listed	1	RR		
ME H1.2	Facility measures efficiency Indicators on monthly basis	Percentage of missed out ANC	1	RR		
		Percentage of Anaemia cases treated successfully at PHC	1	RR		
ME H1.3	Facility measures Clinical Care & Safety Indicators on monthly basis	Percentage of high risk pregnancies detected during ANC	1	RR		
Standard H2	<b>Facility endeavours to improve its performance to meet bench marks</b>					
ME H2.2	The facility strives to improve indicators from its current performance	Trends analysis of Indicators is done at Periodic Intervals	1	RR		

<b>Maternity Health Score</b>		
	<b>Maternity Health Score</b>	<b>50.0</b>
<b>Area of Concern wise Score</b>		
A	Service Provision	50.0
B	Patient Rights	50.0
C	Inputs	50.0
D	Support Services	50.0
E	Clinical Services	50.0
F	Infection Control	50.0
G	Quality Manangement	50.0
H	Outcome	50.0

National Quality Assurance Standards for U - PHC					3	
Checklist for New Born & Child Health						
Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
	Area of Concern - A Service Provision					
Standard A1	Facility provides Promotive, preventive and curative services					
ME A1.1	The facility provides treatment of common ailments	Availability of OPD care for common illness of new born, infant & children	1	RR/SI		
ME A1.4	Services are available for the time period as mandated	OPD Services are available for at least 8 Hours in a day	1	RR/SI		
Standard A2	The facility provides RMNCHA Services					
ME A2.3	The facility provides New-born health Services	Identification, primary management and prompt referral of sick new-borns	1	RR/SI		
ME A2.4	The facility provides Child health Services	Routine & Emergency care of anaemic Children	1	RR/SI	Treatment of Diarrhoea , Pneumonia, anaemia etc.	
		Routine & Emergency care of Pneumonia	1	RR/SI		
		Routine & Emergency care of Diarrhoeal disease	1	RR/SI		
		Management of Malnutrition cases	1	RR/SI		
		Identification and referral of Severe Acute Malnutrition cases with complication to NRC	1	RR/SI		
		Management of fever & seizures cases among children	1	RR/SI		
		Primary Management & referral of paediatric RTA cases	1	RR/SI		
		Primary Management & referral of child abuse cases or cases of violence	1	RR/SI		
		Counselling on breast-feeding	1	RR/SI/PI	Exclusive for 6 months and adequate complementary feeding from 6 months of age while continuing breastfeeding	
	Area of Concern B - Patients' Rights					
Standard B1	The service provided at facility are accessible					
ME B1.1	The facility has uniform and user-friendly signage system	Directional signage to breast feeding corner is available	1			
ME B1.2	The facility displays the services and entitlements available	Entitlement under the JSSK & RBSK is displayed.	1	OB		
		Important Contact details like no. of Ambulances & nearby facilities are displayed	1	OB		

ME B1.4	Patients & visitors are sensitized and educated through appropriate IEC / BCC approaches	Availability of Booklets / Leaflets/ brochures in the waiting area for Health education and information about ensuring warmth, exclusive breast feeding, proper positioning & attachment for imitating & maintaining breast feeding ,providing skin, chord & eye care to baby, prompting hand washing etc.	1	OB	IEC corner	
ME B1.7	Information about the treatment is shared with patients or attendants and consent is taken wherever required	Mother of new born is informed about the new born's condition & Treatment Plan	1	PI		
		A copy of OPD Slip/ Prescription containing Diagnosis & treatment plan, is given to mother	1	RR		
		Method of Administration /taking of the medicines is informed to mother/ Patients relative as per prescription	1	RR/PI		
Standard B2	<b>The service provided at facility are acceptable</b>					
ME B2.1	Services are provided in manner that are sensitive to gender	Availability of Breast Feeding Corner	1	OB	Check privacy of mother is ensured in bread feeding corner, check availability of curtains, screens etc.	
Standard B3	<b>The service provided at facility are affordable</b>					
ME B3.3	The facility ensures that the drugs prescribed are available in the pharmacy	Check patient party has not spend on purchasing drugs from outside	1	PI		
ME B3.4	Facility ensure investigation prescribed are available at the Laboratory	Check patient party has not spend on prescribed diagnostics from outside	1	PI		
	<b>Area of Concern - C Inputs</b>					
Standard C1	<b>The facility has adequate &amp; Safe infrastructure for delivery of assured services and meets the prevalent norms</b>					
ME C1.1	Departments have adequate space as per patient load	Clinics have adequate space for consultation and examination	1	OB/SI		
ME C1.5	The facility ensures safety of electrical installations	General clinic does not have temporary connections and loosely hanging wires	1	OB	Switch Boards all other electrical installations are intact & secure	
ME C1.6	Physical condition of buildings are safe for providing patient care	Floor of Clinic is non slippery and even	1	OB		
Standard C2	<b>The facility has adequate qualified and trained staff, required for providing the assured services to the current case load</b>					
ME C2.1	The facility has adequate medical officers as per service provision and work load	Availability of Doctors for consultation during OPD hours	1	RR/PI		
ME C2.4	The Staff has been imparted necessary trainings/skill set to enable them to meet their roles & responsibilities	Training of Doctor for IMNCI /FIMNCI	1	RR		

		Training of staff nurse/ ANM NSSK ,RBSK, SBA, DAKSHTA, Skill lab	1	RR		
		Training on BLS/CPR	1			
ME C2.5	The Staff is skilled and competent as per job description	Staff is skilled for identify & managing complication	1	SI		
Standard C3	The facility provides drugs and consumables required for assured services.					
ME C3.1	The facility has availability of adequate drugs at the point of use	Availability of oral drugs	1	SI/RR/OB	ORS, Ciplox, paediatric tablets, syrup, amoxycillin tablet, Doxycyclin & Syrup Zn tablets, Chloroquine tablets, Paracetamol, Metrinidazol, Albendazol, bronchodilator, inj Gentamicin, inj Dexamethasone, Syrup IFA etc.	
		Availability of Emergency Drugs	1	SI/RR/OB	Adrenaline, Phenobarbiturates, Sodium bicarbonate, 10% dextrose	
Standard C4	The facility has equipment & instruments required for assured list of services.					
ME C4.1	Availability of equipment & instruments for examination & monitoring of patients	Availability of functional equipment for Examination & monitoring	1	OB	Thermometer, Stethoscope, weighing scale, infantometer, Stadiometer	
ME C4.2	Availability of equipment & instruments for treatment procedures, being undertaken in the facility	Availability of resuscitation equipment	1	OB	Otoscope, tongue depressor, view box, ambu bag(0-10 years and >10 years) 0-1 face mask, 250 ml bag and mask, 0,1 blade(straight)for laryngoscope, ET tube	
Area of Concern - D Support Services						
Standard D1	The facility has established facility management programme for maintenance & upkeep of equipment & infrastructure to provide safe & secure environment to staff & users					
ME D1.2	The facility ensures comfortable environment for patients and service providers	Temperature control and ventilation in OPD	1	OB/SI	Check for Optimal temperature and ventilation is maintained in clinics for comfort of staff & Patients . Check for availability of heaters in winters in rooms where neonates and sick children are examined. In case of new-borns avoid free draught of air.	
ME D1.3	Patient care areas are clean and hygienic	Floors, walls, roof , sinks, patient care and corridors are Clean	1	OB		
		Surface of furniture and fixtures are clean	1	OB		
ME D1.4	Facility infrastructure is adequately maintained	Fixtures and Patient Furniture are intact and maintained in OPD	1	OB		
ME D1.5	Facility has policy of removal of condemned junk material	No condemned/Junk material in the OPD	1	OB		
Area of Concern - E Clinical Services						
Standard E2	Facility has defined procedure for primary management and continuity of care with appropriate maintenance of records					

ME E2.2	The facility provides appropriate referral linkages for transfer to other/higher facilities to assure the continuity of care.	Patient referred with referral slip	1	RR/SI		
		Availability of referral linkages to higher centres.	1	RR/SI	Check contact details of higher centre	
		Advance communication is done with higher centre	1	RR/SI		
		Referral out register is maintained	1	RR/SI		
ME E2.3	Facility ensures follow up of patients	Facility ensure the follow up of referred patients	1	RR/SI	Check any register is maintained	
Standard E6	Facility has established procedure for care of New born & Child as per guideline					
ME E 6.2	Triage, Assessment & Management of new-borns having emergency signs are done as per guidelines	Primary management of emergency signs newborns	1	RR/SI	Check for adherence to clinical protocols . The management of emergency signs consist of –Resuscitation -Management of Hypoglycemia -Management of Hypothermia -Management of shock	
		Stabilization & referral of sick new born & those with very low birth weight is done as per referral criteria	1	RR/SI		
ME E6.3	Management of children presenting with fever, cough/ breathlessness is done as per guidelines	Primary management of children with fever, cough & breathlessness	1	RR/SI	Check for adherence to clinical protocols .Check facility of nebulization, oxygen & mask	
ME E6.4	Management of children with severe Acute Malnutrition is done as per guidelines	Screening of children coming to OPDs using weight for height and/or MUAC	1	RR/SI		
		Check staff is aware of procedure for complimentary feeding & feeding during illness	1			
ME E6.5	Management of children presenting diarrhoea is done per guidelines	Management & Referral of Severe Dehydration as per clinical protocol	1	RR/SI	Check for the dosage and logarithm 100ml/kg of ringer lactate/Normal saline Infants 30ml/kg -1hour + 70ml/perkg 5hr for Child -30ml/kg-30min. + 70 ml/kg 2 1/2 hrs ORS 5ml/kg/hr reassessment	
		Management of Moderate Dehydration as per clinical protocol	1	RR/SI	ORS treatment at clinic for 4 hrs ask staff how to determine the volume of ORS given as per age and weight	
		Treatment of diarrheal with no dehydration	1	RR/SI	Give fluids, zinc supplements and food and advise to continue ORS at home • Advise mother when to return immediately. • Follow up in 5 days if not improving.	

		Treatment of Persistent Diarrheal as per clinical protocol	1	RR/SI	Single Dose-Vit A Zinc Sulphate 20 mg daily for 14 Days Follow up in 5 days & feeding of children	
		Treatment of Dysentery as per protocol	1	RR/SI		
		Availability of ORT corner	1	OB	With ORS, Mixing Utensils and instructions displayed on how to use. Check for records to ensure that ORT is maintained everyday	
		Staff aware & Practice ETAT	1		Staff is skilled for basic life support for young, infant & children	
ME E6.6	Screening & Referral of children as per guidelines of Rastriya Bal Swasth Karkarm	Early screening & referral of children coming to OPD with any of 4 Ds under RBSK	1	SI/RR	birth defects, deficiency, childhood diseases, developmental delays & disabilities (Birth to 18 yrs)	
<b>Area of Concern - F Infection Control</b>						
Standard F1	<b>Facility has defined &amp; implemented procedure for ensuring Hand hygiene practices &amp; asepsis</b>					
ME F1.1	Hand washing facilities are provided at point of use	Availability of hand washing Facility at Point of Use	1	OB	Check for availability of wash basin near the point of use	
		Availability of running Water	1	OB	Ask to Open the tap. Ask Staff water supply is regular	
		Availability of antiseptic soap with soap dish/ liquid antiseptic with dispenser.	1	OB	Check for availability/ Ask staff if the supply is adequate and uninterrupted	
		Display of Hand washing Instruction at Point of Use	1	OB	Prominently displayed above the hand washing facility , preferably in Local language	
ME F1.2	Staff is trained and adhere to standard hand washing practices	Staff is adhere to standard hand washing practices	1	OB/SI	Ask to demonstrate	
Standard F2	<b>Facility ensures availability of Personal Protective equipment &amp; follows standard precautions.</b>					
ME F2.1	Facility ensures adequate personal protection equipment as per requirements	Disposable gloves are available at point of use	1	OB		
ME F2.2	Staff adheres to standard personal protection practices	No reuse of disposable gloves, Masks, caps and aprons.	1	OB/SI		
Standard F3	<b>Facility has standard procedure for disinfection &amp; sterilization of equipment &amp; instrument</b>					
ME F3.1	The facility ensures standard practices and materials for decontamination and cleaning of instruments and procedures areas	Decontamination of Procedure surfaces	1	SI	Ask staff about how they decontaminate the procedure surface like Examination table (Wiping with .5% Chlorine solution)	

		Proper Decontamination of instruments after use	1	SI		
Standard F4	Facility has defined & establish procedure for segregation, collection, treatment & disposal of Bio medical & hazardous waste					
ME F4.1	The facility ensures segregation of Bio Medical Waste as per guidelines	Availability of colour coded bins at point of waste generation	1	OB	Bins are covered	
		Availability of colour coded bags	1	OB	Check Yellow bag is non chlorinated	
		Segregation of different category of waste as per guidelines	1	OB		
		Display of work instructions for segregation and handling of Biomedical waste	1	OB	Pictorial & in local language	
Area of Concern - G Quality Management						
Standard G.1	Facility has established quality Assurance Program as per state/National guidelines					
ME G1.5	The facility has established internal quality assurance programme	Internal Assessment of the New Born & child Health services is done at periodic interval	1	RR		
Standard G3	Facility has established, documented & implemented standard operating procedure system for its all key processes .					
ME G3.1	Standard Operating procedures are prepared , distributed and implemented for all key processes	Updated SOP are available at point of use	1	RR		
		SOP adequately cover all relevant processes of the department	1	RR		
		Treatment guideline for New born & child health	1	RR		
ME G3.2	Staff is trained as per SOPs	Staff is trained to identify sign of dehydration	1	RR/SI		
		Staff is trained to identify sign of malnourishment	1	RR/SI		
		Staff is trained to identify danger sign of New born	1	RR/SI		
ME G3.3	Work instructions are displayed at Point of work	Display of method for preparation of ORS	1	OB		
		Display of protocols for New born assessment for Malnourishment	1	OB		
		Display of protocols for identification of danger sign	1	OB		
Area of Concern - H: Outcomes						
Standard H1	The facility measures its productivity, efficiency, clinical care & service Quality indicators					
ME H1.1	Facility measures Productivity Indicators on monthly basis	No. of children attended the OPD per month	1	RR		
		Percentage of new-born stabilized & referred for treatment for higher facility	1	RR		



		Percentage of children with Acute malnutrition referred to NRCs	1	RR		
		Percentage of children treated with anaemia	1	RR		
ME H1.2	Facility measures efficiency Indicators on monthly basis	Percentage of new born/children followed up after referral	1	RR		
ME H1.3	Facility measures Clinical Care & Safety Indicators on monthly basis	Percentage of children with diarrhoea treated with ORS and Zn	1	RR		
Standard H2	Facility endeavours to improve its performance to meet bench marks					
ME H2.2	The facility strives to improve indicators from its current performance	Trends analysis of Indicators is done at Periodic Intervals	1	RR		

New Born & Child Health		
	<b>New Born &amp; child Health Score</b>	<b>50.0</b>
	<b>Area of Concern wise Score</b>	
A	Service Provision	50.0
B	Patient Rights	50.0
C	Inputs	50.0
D	Support Services	50.0
E	Clinical Services	50.0
F	Infection Control	50.0
G	Quality Manangement	50.0
H	Outcome	50.0

National Quality Assurance Standards for U - PHC					4	
Checklist for Immunization						
Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
Area of Concern - A Service Provision						
Standard A1	Facility provides Promotive, preventive and curative services					
ME A1.4	Services are available for the time period as mandated	Immunization services are available during OPD timing	1	RR/SI	Though Fix day for providing ANC services, client will be entertained if visits any day during OPD hrs	
Standard A4	The facility provide services as mandated in National Health Programmes					
ME A4.11	The facility provides services under Universal Immunization Programme (UIP) as per guidelines	Functional Immunization Clinic	1	RR/SI	Fix day immunization	
		Immunization of Newborn (Zero Dose)	1	RR/SI	Zero Dose -OPV, HBV & BCG	
		Immunization of Infants	1	RR/SI	OPV 123, DPT 123, /Pentavalent Hepatitis 123, Measles 1& 2	
		Immunization of Children	1	RR/SI	DPT Booster, OPV Booster, JE , DT booster, TT	
		Vitamin A	1	RR/SI	1st dose at 9 month with measles, 2nd to 9th dose 16 month with DPT/OPV booster, then 1 dose every 6th month up to age of 5 yrs <sup>1</sup>	
		Immunization of Pregnant Women	1	RR/SI	TT1 & 2 TT Booster	
		Management & logistic support for immunization program	1	RR/SI	Microplanning, supervision & storage of vaccines & transportation	
Area of Concern B - Patients' Rights						
Standard B1	The service provided at facility are accessible					
ME B1.2	The facility displays the services and entitlements available	Timings and days of the ANC clinic s are displayed	1	OB	Day and timing of fix day services like ANC,Immunization etc. (as applicable)	
ME B1.4	Patients & visitors are sensitized and educated through appropriate IEC / BCC approaches	IEC material for immunization services are displayed	1	OB	IEC material regarding benefits of Immunization, service under immunization program & Immunization schedule are displayed prominently at Immunization Clinic	
ME B1.7	Information about the treatment is shared with patients or attendants and consent is taken wherever required	Guardian /Mother of baby is informed about their next visit	1	PI	Interview the mother about the communication received, Co-relate with the notes recorded on the card.	
		Mother & Child protection (MCP) card is provided to all clients	1	RR		
Standard B2	The service provided at facility are acceptable					
ME B2.1	Services are provided in manner that are sensitive to gender	Availability of Breast Feeding Corner	1	OB		
Standard B3	The service provided at facility are affordable					
ME B3.1	The facility provides cashless services to all patients including pregnant women, mothers and sick children as per prevalent government schemes	Immunization services are provided free of cost	1	PI		

ME B3.3	The facility ensures that the drugs prescribed are available in the pharmacy	Check patient party has not spend on purchasing Consumables from outside	1	PI		
<b>Area of Concern - C Inputs</b>						
Standard C1	<b>The facility has adequate &amp; Safe infrastructure for delivery of assured services and meets the prevalent norms</b>					
ME C1.1	Departments have adequate space as per patient load	Demarcated area for Immunization clinic with adequate space for carrying out immunization activities	1	OB/SI		
ME C1.2	Amenities for Patients & Staff are available as per load	Availability of Fans /Warmers facilities as per need	1	OB		
		Availability of clean drinking water facilities	1	OB	May be shared common with General clinic	
ME C1.5	The facility ensures safety of electrical installations	Immunization area does not have temporary connections and loosely hanging wires	1	OB	Switch Boards and all other electrical installations are intact &secure	
ME C1.6	Physical condition of buildings are safe for providing patient care	Floor of immunization clinic is non slippery and even	1	OB		
Standard C2	<b>The facility has adequate qualified and trained staff, required for providing the assured services to the current case load</b>					
ME C2.2	The facility has adequate nursing staff/Paramedics as per service provision and work load	Availability of Staff nurse /ANM	1	SI/RR		
ME C2.4	The Staff has been imparted necessary trainings/skill set to enable them to meet their roles & responsibilities	Training of MO on immunization &AEFI	1	RR		
		Training of Staff nurse/ANM & LHV on immunization & AEFI	1	RR		
		Training of Cold chain handlers on immunization	1	RR	Training of designated cold chain handler (ANM, Clerk or Pharmacist )	
		Training on safe injection practices	1			
Standard C3	<b>The facility provides drugs and consumables required for assured services.</b>					
ME C3.1	The facility has availability of adequate drugs at point of use	Availability of Vaccines at Immunization Clinic	1	RR/SI/OB	OPV, BCG, Hepatitis B, DPT, Measles, Vit A/Pentavalent, Paracetamol	
		Emergency Drug Tray is maintained at Immunization Room	1	RR/SI/OB	Drugs for managing anaphylactic reaction - Inj Adrenaline (clearly labelled), Inj Hydrocortisone , Injection Chlorpheniramine, IV Fluid (LR, 0.9% IVSodium chloride),IV Set, Airway, tongue depressor, ET tube, Ambu bag & oxygen, BP apparatus with child cuff & stethoscope	
ME C3.2	The Facility has availability of adequate consumables at point of use	Availability of disposables in immunization clinics	1	RR/SI/OB	AD Syringes	
Standard C4	<b>The facility has equipment &amp; instruments required for assured list of services.</b>					
ME C4.4	Availability of equipment for storage	Availability of Vaccine carrier with ice packs	1	SI/OB		
<b>Area of Concern - D Support Services</b>						
Standard D1	<b>The facility has established facility management programme for maintenance &amp; upkeep of equipment &amp; infrastructure to provide safe &amp; secure environment to staff &amp; users</b>					
ME D1.2	The facility ensures comfortable environment for patients and service providers	Temperature control and ventilation in OPD	1	OB/SI	Check for Optimal temperature and ventilation is maintained in clinics for comfort of staff & Patients . Check for availability of heaters in winters in rooms where neonates and sick children are examined. In case of newborns avoid free draught of air.	
ME D1.3	Patient care areas are clean and hygienic	Floors, walls, roof , sinks patient care and corridors are Clean	1	OB		
		Surface of furniture and fixtures are clean	1	OB		
ME D1.5	Facility has policy of removal of condemned junk material	No condemned/Junk material in the OPD	1	OB		
Standard D2	<b>Facility has defined procedure for storage, Inventory Management &amp; dispensing of drugs in pharmacy</b>					

ME D2.4	The facility has established procedure for inventory management techniques	Expenditure and left over records of vaccines is maintained at immunization clinic	1	RR/SI		
Standard D5	Facility has procedure for collecting & Reporting of the health facility related information					
ME D5.11	The facility provides monitoring and reporting services under Universal Immunization Programme, as per guidelines	Staff Know AEFI cases to be reported immediately to MO/ District Immunization Officer	1	SI/RR	Death , Anaphylaxis, Toxic Shock Syndrome, Hospitalization , Disability etc.	
		Formats for First Information Report & Preliminary Investigation Report are available at the facility	1	SI/RR		
		Staff is aware of Cycle time for reporting FIR/PIR	1	SI/RR	24 hrs for FIR 7 Days for PIR	
		Routine Monthly reporting is done to District Immunization Officer	1	SI/RR	Check for the records	
	Area of Concern - E Clinical Services					
Standard E9	Facility provides National Health Programmes as per operational/clinical guidelines of the Government					
ME E9.11	The facility provides services under Universal Immunization Programme as per guidelines	Availability of diluents for Reconstitution of measles vaccine	1	OB/RR	Match no. of diluents With no. of measles	
		Recommended temperature of diluents is ensured before reconstitution	1	OB/SI/RR	Check diluents are kept under cold chain at least 24 hours before reconstitution Diluents are kept in vaccine carrier only at immunization clinic but should not be in direct contact of ice pack	
		Reconstituted vaccines are not used after recommended time	1	OB/SI/RR	Check when the vaccine vials opened, reconstituted and valid for use. Should not be used beyond 4 hours after reconstitution	
		Time of opening/ Reconstitution is recorded on the vial	1	OB/RR	Check on vial	
		Staff is aware of the shelf life of Vit A once it is opened and ensures it is not given after shelf life	1	OB/SI/RR	6-8 weeks. Check for if date of opening has been marked on the bottle.	
		Staff checks VVM level before using vaccines	1	OB/SI	Ask staff how to check VVM level and how to identify discard point. 4 stages - use up to 3 stage)	
		Staff is aware of how check freeze damage for T-Series vaccines	1	SI	Ask staff to demonstrate how to conduct Shake test for DPT, DT and TT	
		Discarded vaccines are kept separately	1	OB	Check for expired, frozen or with VVM beyond the discard point vaccine stored separately	
		Check for DPT, DT, Hepatitis B, and TT vials are Kept in basket in upper section of ILR	1	OB		
		Availability of separate box for open & reused vaccines	1	OB		
		Check for injection site is not cleaned with spirit before administering vaccine dose	1	OB	cleaning the injection site with a spirit swab before vaccination is not advisable as live components of the vaccine are killed if they come in contact with spirit	
		AD syringes are available as per requirement	1	OB/RR	Check for 0.1 ml AD syringe for BCG and 0.5 ml syringe for others are available	
		Vaccine recipient is asked to stay for half an hour after vaccination to observe any adverse effect following immunization	1	OB/SI		
		Antipyretic drugs are available	1	OB/SI		
		Mother & child protection card is available & updated	1	OB/SI/RR		
		Counselling on adverse events and follow up visits done	1	SI/RR		
		Staff has knowledge & skills to recognize minor and serious adverse events (AEFI)	1	SI/RR		
		Staff knows what to do in case of anaphylaxis	1	SI/RR	Immediate report to MO	

		Check mother & child protection card is provided to each client	1	OB/RR	Check MCP card is filled & updated, also check information like record of weight, every child development sign etc are filled correctly	
<b>Area of Concern - F Infection Control</b>						
<b>Standard F1</b>	<b>Facility has defined &amp; implemented procedure for ensuring Hand hygiene practices &amp; asepsis</b>					
ME F1.1	Hand washing facilities are provided at point of use	Availability of hand washing Facility at Point of Use	1	OB	Check for availability of wash basin near the point of use	
		Availability of running Water	1	OB	Ask to Open the tap. Ask Staff if water supply is regular	
		Availability of antiseptic soap with soap dish/ liquid antiseptic with dispenser.	1	OB	Check for availability/ Ask staff if the supply is adequate and uninterrupted	
ME F1.2	Staff is trained and adhere to standard hand washing practices	Staff is adhere to standard hand washing practices	1	OB/SI		
ME F1.3	Facility ensures standard practices for maintaining asepsis	Availability of Antiseptic Solutions at immunization clinic	1	OB		
		Proper cleaning of injection site with antiseptic is done	1	OB	Before immunization	
<b>Standard F2</b>	<b>Facility ensures availability of Personal Protective equipment &amp; follows standard precautions.</b>					
ME F2.1	Facility ensures adequate personal protection equipment as per requirements	Disposable gloves are available at point of use	1	OB		
ME F2.2	Staff adheres to standard personal protection practices	No reuse of disposable gloves, Masks, caps and aprons.	1	OB/SI		
<b>Standard F4</b>	<b>Facility has defined &amp; establish procedure for segregation, collection, treatment &amp; disposal of Bio medical &amp; hazardous waste</b>					
ME F4.1	The facility ensures segregation of Bio Medical Waste as per guidelines	Availability of colour coded bins at point of waste generation	1	OB	Bins are covered	
		Availability of colour coded bags	1	OB	Check Yellow bag is non chlorinated	
		Segregation of different category of waste as per guidelines	1	OB		
		There is no mixing of infectious and general waste	1	OB		
ME F4.2	The facility ensures management of sharps as per guidelines	Availability of functional needle cutters	1	OB	See if it has been used or just lying idle	
		Availability of puncture proof box	1	OB	Should be available nears the point of generation like nursing station and injection room	
		Disinfection of sharp before disposal	1	OB	Disinfection of syringes is not done in open buckets	
		Staff is aware of contact time for disinfection of sharps	1	SI		
		Availability of post exposure prophylaxis	1	SI/OB	Ask if available. Where it is stored and who is in charge of that.	
		Staff knows what to do in condition of needle stick injury	1	SI	Staff knows what to do in case of shape injury. Whom to report. See if any reporting has been done	
<b>Area of Concern - G Quality Management</b>						
<b>Standard G.1</b>	<b>Facility has established quality Assurance Program as per state/National guidelines</b>					
ME G1.5	The facility has established internal quality assurance programme	Internal Assessment of immunization clinic is done at periodic interval	1	RR/SI		
<b>Standard G3</b>	<b>Facility has established ,documented &amp;implemented standard operating procedure system for its all key processes .</b>					
ME G3.1	Standard Operating procedures are prepared , distributed and implemented for all key processes	Updated SOP are available at point of use	1	RR		
		SOP adequately cover all relevant processes of the department	1	RR		
ME G3.3	Work instructions are displayed at Point of work	Display of instruction for storage of vaccine in ice box	1	OB		
		Display of protocols for identification of sign of AEFI	1	OB		

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

<b>Immunization Health</b>		
	<b>Immunization Health Score</b>	<b>50.0</b>
	<b>Area of Concern wise Score</b>	
A	Service Provision	50.0
B	Patient Rights	50.0
C	Inputs	50.0
D	Support Services	50.0
E	Clinical Services	50.0
F	Infection Control	50.0
G	Quality Manangement	50.0
H	Outcome	50.0

National Quality Assurance Standards for U - PHC					5	
Checklist for Family Planning						
Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
	<b>Area of Concern - A Service Provision</b>					
Standard A1	<b>Facility provides Promotive, preventive and curative services</b>					
ME A1.4	Services are available for the time period as mandated	Family Planning services are available during OPD timing	1	RR/SI		
Standard A2	<b>The facility provides RMNCHA Services</b>					
ME A2.1	The facility provides Reproductive health Services	Provision of family Counseling services	1	RR/SI	For Family Planning, Abortion & Infertility	
		Provision of Contraceptives	1	RR/SI	Condoms, Oral Pills, Progesterone Only pill (POP), Emergency Contraceptives	
		Availability of Interval IUD Services	1	RR/SI	Insertion , Follow up, Management of Failure and Complication	
		Referral & Follow-up services	1	RR/SI	For Permanent Methods of Family Planning, Abortion & Infertility	
		Safe Abortion Services	1	RR/SI	Primary Management of spontaneous cases of abortion. MTP using Manual Vacuum Aspiration (MVA) technique Medical Method of abortion up to 7 weeks	DISCUSS FOR DELETION
	<b>Area of Concern B - Patients' Rights</b>					
Standard B1	<b>The service provided at facility are accessible</b>					
ME B1.2	The facility displays the services and entitlements available	List of Family Planning services available at facility are displayed	1	OB		
ME B1.4	Patients & visitors are sensitized and educated through appropriate IEC / BCC approaches	IEC material regarding benefits of family planning is displayed	1	OB	Flip Chart, Models, specimens and Samples of contraceptives	
		Education Material for counseling are available	1	OB		
ME B1.7	Information about the treatment is shared with patients or attendants and consent is taken wherever required	Informed Choice of client is ensured during counselling for contraception	1	PI	Check counselling staff inform client about all available options of family planning .	
		Verbal Consent is taken before IUD Insertion	1	SI/PI		
		Written consent is taken before abortion procedures	1	SI/RR	As per MTP Act on Form F	
Standard B2	<b>The service provided at facility are acceptable</b>					
ME B2.1	Services are provided in manner that are sensitive to gender	Check reproductive rights of female clients are ensured	1	SI/PI/RR	No stress, pressure , coercion or incentives are being used to divert client towards any specific option	
ME B2.2	Adequate visual privacy is provided at every point of care	Availability of screens/Curtains at IUD insertion area	1	OB		
		Privacy is maintained during individual counseling of client	1	OB/SI		
ME B2.4	The facility ensures the behaviors of staff is dignified and respectful, while delivering the services	Confidentiality of records is maintained	1	RR/SI	Specially in cases of abortion	
ME B2.5	Religious and cultural preferences of patients and attendants are taken into consideration while delivering services	Behavior of staff is empathetic and courteous to clients	1	PI		
Standard B3	<b>The service provided at facility are affordable</b>					

ME B3.1	The facility provides cashless services to all patients including pregnant women, mothers and sick children as per prevalent government schemes	Check no expenditure occurred during availing family planning or abortion services	1	PI		
<b>Area of Concern - C Inputs</b>						
Standard C1	<b>The facility has adequate &amp; Safe infrastructure for delivery of assured services and meets the prevalent norms</b>					
ME C1.3	Departments have layout and demarcated areas as per functions	Demarcated room for IUD insertion services	1	OB/SI		
Standard C2	<b>The facility has adequate qualified and trained staff, required for providing the assured services to the current case load</b>					
ME C2.4	The Staff has been imparted necessary trainings/skill set to enable them to meet their roles & responsibilities				Competency based training on IUCD for service providers (5 days training)	
		Training on IUD insertion	1	RR		
		Training on family planning counselling	1	RR		
		Training on MVA / Medical Abortion	1	RR		
ME C2.5	The Staff is skilled and competent as per job description	Staff is skilled for IUD insertion	1	SI	Ask about steps for insertion and removal asepsis	
		Staff is skilled for Family Planning Counseling	1	SI	Ask about different component of general and method related counselling	
Standard C3	<b>The facility provides drugs and consumables required for assured services.</b>					
ME C3.1	The facility has availability of adequate drugs at point of use	Availability of Oral Contraceptive Pills	1	SI/RR/OB	At least one month stock	
		Availability of Emergency Contraceptive Pills	1	SI/RR/OB	At least one month stock	
		Availability of drugs for Medical Method of abortion	1	SI/RR/OB	Mifepristone & Misoprostol	
ME C3.2	The Facility has availability of adequate consumables at point of use	Availability of IUD Devices	1	SI/RR/OB		
		Availability condoms	1	SI/RR/OB		
		Availability of antiseptic solution	1	SI/RR/OB		
Standard C4	<b>The facility has equipment &amp; instruments required for assured list of services.</b>					
ME C4.2	Availability of equipment & instruments for treatment procedures, being undertaken in the facility	Availability of Instruments of IUD insertion and removal	1	OB/SI	Stainless steel tray with cover Kidney tray, Bowl, Sim's or Cusco's speculum, anterior vaginal wall retrarctor, Sponge holding forcep, Volsellum forceps, Utrine sound, Mayo Scissors, Long Artery straight forcep	
		Availability of Instruments for MVA	1	OB/SI	MVA Aspirator, cannula of required size, Strainer for tissues, Blunt and Sharp Curette, Sim's/or Cusco's Speculum , Allis forcep, Bowl for antiseptic solution	DISCUSS FOR DELETION
ME C4.4	Availability of equipment for storage	Availability of almirah / Cupbord for storing contraceptives , consumables and records	1	OB/SI		



ME C4.5	Availability of patient furniture and fixtures as per load and service provision	Availability for furniture for IUD insertion	1	OB/SI	Examination/ Procedure table with washable surface , Steps for table, Light source	
ME C4.6	Availability of functional equipment and instruments for support & outreach services	Instruments for decontamination and sterilization	1	OB/SI	Plastic Bucket/tub for decontamination, Boiler / Autoclave	
<b>Area of Concern - D Support Services</b>						
Standard D1	<b>The facility has established facility management programme for maintenance &amp; upkeep of equipment &amp; infrastructure to provide safe &amp; secure environment to staff &amp; users</b>					
ME D1.2	The facility ensures comfortable environment for patients and service providers	Procedures and counselling area are well ventilated and comfortable	1	OB		
ME D1.3	Patient care areas are clean and hygienic	Procedure area are clean and hygienic	1	OB	Check for there is no dirt, dust, stains , cobwebs etc in the IUD insertion room and counselling area	
ME D1.7	The facility provides adequate illumination level at patient care areas	Illumination in IUD section area adequate for condition procedures	1	OB		
Standard D2	<b>Facility has defined procedure for storage, Inventory Management &amp; dispensing of drugs in pharmacy</b>					
ME D2.1	The facility has established procedures for estimation, indenting and procurement of drugs and consumables	Monthly consumption of Contraceptives is calculated and indented accordingly	1	RR/SI		
ME D2.2	The facility ensures proper storage of drugs and consumables	Contraceptives are stored at stored away from moisture, sources of heat and direct sunlight at secured place	1	OB		
ME D2.4	The facility has established procedure for inventory management techniques	No stock out of Contraceptives and other consumables	1	RR/SI		
Standard D4	<b>Facility has defined procedure for Governance &amp; work Management</b>					
ME D4.7	The facility ensures its processes are in compliance with statutory and legal requirement	Compliance to MTP Act for abortion Procedures	1	RR/SI		
<b>Area of Concern - E Clinical Services</b>						
Standard E2	<b>Facility has defined procedure for primary management and continuity of care with appropriate maintenance of records</b>					
ME E2.1	There is established procedure for initial assessment & Reassessment of patients	Assessment of Client is done	1	RR/SI	History taking, physical examination	
ME E2.8	The facility ensures that standardized forms and formats are used for all purposes including registers	Availability of Records for Family Planning services and abortion	1	RR/SI	IUCD insertion register, removal register , IUD follow up register , Counselling register, abortion records as per MTP act	
Standard E7	<b>Facility has establish procedure for Family Planning as per Govt guideline</b>					
ME E7.1	Family planning counselling services provided as per guidelines	Staff is aware on general principles of counselling	1	SI	Ask staff about the GATHER approach G- Greet A- Ask T- Tell H- Help E- Explain R - return	

		The client is given full information about optimal pregnancy spacing and its benefits	1	SI	The importance of timely initiation of an FP method after Key Messages - Recommended interval before attempting next pregnancy (24 Month) Recommended interval before attempting next pregnancy after abortion - 6 Month Recommended minimum age to conceive - 19 years	
		The client is informed additional benefits of using condoms, such as prevention of sexually transmitted infections (STIs) & HIV	1	SI/PI		
		Staff is aware of case selecting criteria for family planning	1	SI	49-22 years of age ? Married Youngest child is at least one year old Spouse has not opted for sterilization	
ME E7.2	Facility provides spacing method of family planning as per guideline	Staff is aware of eligibility criteria for Lactation Amenorrhea method	1	SI	1. If women exclusively breastfeed her baby including night feeds 2. less than six month after delivery 3. Women's' menses is not returned	
			1	SI	Benefits- Promotes breastfeeding, effective immediately, no medicine or side effect. Limitation- All three criteria to be met for effectiveness.	
		Pills are given only to those who meet the Medical Eligibility Criteria	1	SI/RR	Contraindication of COC in Breastfeeding mothers within 6 week and Hypertension	
		The client is given full information about the risks, advantages, and possible side effects before OCPs are prescribed for her.	1	SI/RR		
		Staff has knowledge to counsel if a dose of the contraceptive is missed	1	SI		
		Staff is aware of indication and method of administration of ECP	1	SI	within 72 hours, second dose 12 house after first dose	
ME E7.3	The facility provides IUCD service for family planning as per guidelines	IUCD are prescribed as per guidelines	1	RR/SI	Ask staff about Method, Eligibility criteria, Limitation, Side Effect and contradictions for OCP method for Spacing	
		IUD insertion is done as per standard protocol	1	SI/RR	No touch technique, Speculum and bimanual examination, sounding of uterus and placement	
		Client is informed about the adverse effect that can happen and their remedy	1	PI/SI	Cramping, vaginal discharge, heavier menstruation, checking of IUD	
		Follow up services are provided as per protocols	1	SI	Beneficiary are advised about indications for removal of IUD Facility for removal of IUD are available	
ME E7.4						
ME E7.5						
Area of Concern - F Infection Control						
Standard F1	Facility has defined & implemented procedure for ensuring Hand hygiene practices & asepsis					
ME F1.1	Hand washing facilities are provided at point of use	Availability of Hand washing facility near IUCD insertion area	1	OB		

ME F1.2	Staff is trained and adhere to standard hand washing practices	Staff washes hand before and after the procedures	1	OB	Ask about steps and 5 moments of hand washing	
ME F1.3	Facility ensures standard practices for maintaining asepsis	Use of antiseptic before IUCD insertion	1	SI	Application of water based antiseptic two or more times to the cervix and vagina before beginning the procedure of IUCD insertion	
		Use of aseptic/no touch technique during IUCD insertion	1	SI		
Standard F2	Facility ensures availability of Personal Protective equipment & follows standard precautions.					
ME F2.2	Staff adheres to standard personal protection practices	Use of clean or sterile gloves for procedures	1	SI/OB	Check for Disposable gloves	
Standard F3	Facility has standard procedure for disinfection &sterilization of equipment & instrument					
ME F3.1	The facility ensures standard practices and materials for decontamination and cleaning of instruments and procedures areas	Procedure surfaces are wiped with 0.5% solution after every procedure	1	SI/OB		
		Decontamination of Instruments after use	1	SI	All instruments are fully immersed in open position in a plastic container filled with 0.5 Chlorine solution for 10%	
		Cleaning of Instruments with water and detergent after decontamination	1	SI		
ME F3.2	The facility ensures standard practices and materials for disinfection and sterilization of instruments and equipment	High level disinfection/ Sterilization of instruments with appropriate method as per availability	1	SI	Boiling for 20 Mins or Soaking in 2% glutaraldehyde or .1% solution for 20 Mins or Sterilization in autoclave at 15lb/sq inch pressure for 20 mins	
		Sterilized instruments are stored as per specification	1	SI	Up to 1 week with tight fitted cover If lid is open than use with in 24 hours	
Standard F4	Facility has defined & establish procedure for segregation, collection, treatment & disposal of Bio medical &hazardous waste					
ME F4.1	The facility ensures segregation of Bio Medical Waste as per guidelines	Availability of color coded bins at point of waste generation	1	OB	Bins are covered	
		Segregation of different category of waste as per guidelines	1	OB		
Area of Concern - G Quality Management						
Standard G 2	Facility has established system for Patients and employees satisfaction					
ME G2.1	Patient Satisfaction surveys are conducted at periodic intervals	Client feedback is taken after counselling , IUCD and abortion services	1	SI/RR		
Standard G3	Facility has established ,documented &implemented standard operating procedure system for its all key processes .					
ME G3.1		DELETED				
ME G3.2	Staff is trained as per SOPs	Display of protocols for family planning counseling	1	OB		
ME G3.3	Work instructions are displayed at Point of work		1	OB		
		Display of protocols of IUCD insertion and removal	1	OB		
Area of Concern - H: Outcomes						
Standard H1	The facility measures its productivity, efficiency, clinical care & service Quality indicators					

ME H1.1	Facility measures Productivity Indicators on monthly basis	IUCD inserted per 1000 eligible female	1	RR		
		No. of abortion conducted per Month	1	RR		
		No. of Clients provided Emergency Contraceptive Pills	1	RR		
ME H1.2	Facility measures efficiency Indicators on monthly basis	Percentage of client accepted limiting method out of total counseled	1	RR		
		Percentage of client returned for follow up	1	RR		
ME H1.3	Facility measures Clinical Care & Safety Indicators on monthly basis	IUCD complication rate	1	RR		
Standard H2	Facility endeavors to improve its performance to meet bench marks					
ME H2.2	The facility strives to improve indicators from its current performance	Trends analysis of Indicators is done at Periodic Intervals	1	RR		

Family Planning Health		
	Family Planning Health Score	50.0
	Area of Concern wise Score	
A	Service Provision	50.0
B	Patient Rights	50.0
C	Inputs	50.0
D	Support Services	50.0
E	Clinical Services	50.0
F	Infection Control	50.0
G	Quality Manangement	50.0
H	Outcome	50.0

National Quality Assurance Standards for U - PHC					6	
Checklist For Communicable Diseases						
Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
	Area of Concern - A Service Provision					
Standard A1	Facility provides Promotive, preventive and curative services					
ME A1.4	Services are available for the time period as mandated	OPD Services are available for at least 8 Hours in a day	1	RR/SI		
Standard A4	The facility provide services as mandated in National Health Programmes					
ME A4.1	The facility provides services under National Vector Borne Disease Control Programme as per guidelines	Case detection & Early diagnosis of malaria case	1	RR/SI	Microscopy/ Rapid diagnostic kit	
		Management & Chemoprophylaxis of Malarial Cases	1	RR/SI		
		Referral of malaria cases	1	RR/SI	Cerebral Malaria, Septecemia etc	
		Preventive Activites for Malaria control	1	RR/SI	Distribution of treated mosquito net, indoor residual spray & larval control Method etc.	
		Diagnosis & treatment for local prevalent vector born Disease	1	RR/SI	Lymphatic Filariasis, Dengue, Japanese Encephalitis, Chikungunya, Kala Azar (Leishmania osis)	
ME A4.2	The facility provides services under revised National TB Control Programme as per guidelines	Case detection & Early diagnosis of TB	1	RR/SI		
		Availability / Linkage to microscopic centre	1	RR/SI		
		Availability of functional DOT Centre	1	RR/SI		
		Treatment & Management of tuberculosis	1	RR/SI	Include Management of Common complication & side effects of treatment	
		Linkage for chest X ray & culture sensitivity of Mycobacterium bacilli for diagnosis of TB	1	RR/SI		
ME A4.3	The facility provides services under National Leprosy Eradication Programme as per guidelines	Early detection of leprosy & its complications	1	RR/SI	Community empowerment & mobilization of self referral, capacity building	
		Early referral of disabled cases	1	RR/SI	Identification of cases having disability their early referral & follow up at village level	
		Diagnosis & treatment	1	RR/SI	All reported and referred cases examined following standard procedure, diagnosed based on cardinal signs and treated with MDT & Management of Nerve impairment	
		Referral Services for complicated laprosy cases	1	RR/SI	Difficult to diagnosis cases,lepra reaction difficult to manage,Complicated ulcer, Eye problem,cases of reconstructive surgeries,person needs customized footwear.	

ME A4.4	The facility provides services under National AIDS Control Programme as per guidelines	Early detection of HIV	1	RR/SI	Screening of Antenatal mothers, high risk behaviour cases and cases referred by field worker	
		Referral linkage with ICTC for confirmation of HIV status	1	RR/SI		
		Condom Promotion & distribution among high risk groups	1	RR/SI		
		Counselling & guide patient with HIV/AIDS for receiving ART	1	RR/SI		
		Support to patients receiving ART for their adherence	1	RR/SI		
		Linkage with Microscopic centre for HIV TB coordination	1	RR/SI		
ME A4.9	The facility Provides services under Integrated Disease Surveillance Programme as per Guidelines	Weekly reporting of epidemic prone diseases	1	RR/SI		
<b>Area of Concern B - Patients' Rights</b>						
Standard B1	<b>The service provided at facility are accessible</b>					
ME B1.4	Patients & visitors are sensitized and educated through appropriate IEC / BCC approaches	Availability & display of IEC material for RNTCP	1	OB	Availability of information about facts of TB, do's & donot's, sure cure of TB, adverse effects of having incomplete treatment.	
		Availability & display of IEC material for NVBDCP	1	OB	Posters for Treated Mosquito nets, Signs of malaria fever, preventing Stagnant Water, Preventing Malaria in pregnancy	
		IEC activities to enhance awareness & preventive measures about STI ,HIV/AIDS & PPCT	1	OB	Provision of basic information on modes of transmission and prevention of HIV/AIDS for promoting behavioural change and reducing vulnerability.	
ME B1.7	Information about the treatment is shared with patients or attendants and consent is taken wherever required	Patient is informed about the diagnosis & Treatment Plan	1	RR/PI	OPD Slip/ Prescription containing Diagnosis & treatment plan/ Treatment card for TB patient	
		Method of Administration /taking of the medicines is informed to patient/ relative / DOT provider as per prescription	1	RR/PI		
Standard B2	<b>The service provided at facility are acceptable</b>					
ME B2.3	Confidentiality of patients' records and clinical information is maintained	Patient records are kept in safe custody	1	OB/SI	Check Patient records e.g. OPD register, DOT register, HIV positive reports etc. are kept in safe custody and are not accessible to unauthorized patients	
		Privacy & Confidentiality of patients having HIV, Leprosy etc	1	SI/OB		
<b>Area of Concern - C Inputs</b>						
Standard C2	<b>The facility has adequate qualified and trained staff, required for providing the assured services to the current case load</b>					
ME C2.1	The facility has adequate medical officers as per service provision and work load	Availability of Doctors for consultation during OPD hours	1	RR/PI		

ME C2.3	The facility has adequate support staff / Health Workers as per service provision and workload	Availability of Multiple Health worker( MPW)/ Community mobiliser/ Public Health Manger as per guideline	1	RR/SI		
ME C2.4	The Staff has been imparted necessary trainings/skill set to enable them to meet their roles & responsibilities	Training of Medical officer for RNTCP	1	RR	Module 1-4, TB-HIV module	
		Training for MPW module under RNTCP	1	RR	Senior treatment supervisor module, TB Health visitor module & MPW /Health assistant module training as applicable	
		Training of Aganwadi workers/ ANM/Community volunteer under RNTCP	1	RR	DOT provider module on TB, DOT provider module on TB-HIV	
		Re-training is conducted as per retraining schedules of RNTCP	1	RR		
		Training on NACP	1	RR		
		Training on leprosy	1	RR		
Standard C3	The facility provides drugs and consumables required for assured services.					
ME C3.1	The facility has availability of adequate drugs at point of use	Availability of Anti tuberculor drugs under RNTCP	1	OB/RR/SI	Category I & Category II. Check the availability of Stock & their Storage as per guideline	
		Availability of drugs under NVBDCP	1	OB/RR/SI	Artesunate,Chloroquine phosphate,Primaquine,Pyrimet hamine,Quinine sulphate,Sulfadoxine + Pyrimethamine	
		Availability of Drugs for National Leprosy Eradication Program	1	OB/RR/SI	Availability of MDT & Prednisolone	
	Area of Concern - D Support Services					
Standard D5	Facility has procedure for collecting & Reporting of the health facility related information					
ME D5.1	The facility provides monitoring and reporting services under National Vector Borne Disease Control Programme as per guidelines	Reporting is done on Form 01 (MF 2)	1	RR	For reporting of blood smear. Reporting format contain information about patient's name, age, sex and slum, etc. A code number is given to each patient in terms of blood smear number for identification of each fever case screened, for tracing out to provide radical treatment and also for follow up	
		Reporting is done on Form 02 (MF 4)	1	RR	Monthly reporting of malaria program of PHC , it provides details of the worker wise blood smears received and their results.	
		Reporting is done on Form 03 (MF 5)	1	RR	Monthly epidemiological report of malaria program of PHC, it provides species wise details of the positive cases and radical treatment provided	
		Reporting is done on Form 08 (MF 16)	1	RR	For reporting drug distribution centre, fever treatment depots & malaria clinics	
ME D5.2	The facility provides services monitoring and reporting services under Revised National TB Control Programme, as per guidelines	Availability of Quarterly reports on New and retreatment cases of TB	1	RR		
		Availability of Quarterly report on sputum conversion of New and retreatment cases registered 4-6 month earlier	1	RR		
		Availability of Quarterly report on result of treatment of TB patient registered 13-15 month earlier	1	RR		

		Availability of Monthly report on Program Management, Logistics and Microscopy by Peripheral Health Institutions	1	RR		
		Monthly report on programme management, logistics and microscopy filled at all healthcare facilities & sent to CMO/DTO/ concerned TU within defined period	1	RR		
ME D5.3	The facility provides monitoring and reporting services under National Leprosy Eradication Programme as per guidelines	Reporting is done on MLF -04 under NLEP	1	RR	Monthly progress report from PHC to District regarding different DPMR activities	
ME D5.4	The facility provides services under National AIDS Control Programme, as per guidelines	Details of referral from various facilities	1	RR	HIV-TB collaborative activities including line listing of cases referred from ICTC to RNTCP	
		Monthly HIV-TB report	1	RR		
ME D5.9	The facility provide monitoring and reporting service for Integrated Disease Surveillance Programme, as per guidelines	Check form P is filled for information required	1	RR/SI	Form for presumptive surveillance reporting Form P contain information Name of reporting unit, state, district, Block, Name of officer incharge along with signature, IDSP reporting week, No. of cases under each disease and syndrome	
		Reporting format (Form P) are sent to DSU as per guidelines	1	RR/SI	Form P will be filled in duplicate (two copies), Surveillance officer may place carbon paper in between 2 sheets, One copy (blue ) is retained by MO and other (Yellow) will be sent to DSU	
<b>Area of Concern - E Clinical Services</b>						
Standard E2	<b>Facility has defined procedure for primary management and continuity of care with appropriate maintenance of records</b>					
ME E2.8	The facility ensures that standardised forms and formats are used for all purposes including registers	Availability of Form / Format for testing and Diagnosis of TB under RNTCP	1	RR/OB	Mycobacteriology culture/sensitivity test form Laboratory form for sputum examination tuberculosis treatment Card referral treatment form transfer form	
		Availability of Records for RNTCP	1	RR	TB laboratory monthly abstract Referral/Treatment Register TB Register	
		Availability of records for National Leprosy Eradication Program	1	RR	Disability register (P1/S1), Record of lepra reactions/Neuritis cases (form P3/S3/T3)	
Standard E9	<b>Facility provides National Health Programmes as per operational/clinical guidelines of the Government</b>					
ME E9.1	Facility provides service under National Vector Borne Disease Control Program as per guidelines	Treatment for confirmed P. Vivax Malaria is done as per protocols	1	SI/RR	P.vivax cases should be treated with chloroquine for three days and Primaquine for 14 days. Primaquine is used to prevent relapse but is contraindicated in pregnant women, infants and individuals with G6PD deficiency.	
		Patient on malaria treatment (specially on Primaquine) are provided with information about when to report back	1	SI/RR	Patients should be instructed to report back in case of haematuria or high colored urine / cyanosis or blue coloration of lips and Primaquine should be stopped	



		Treatment for Confirmed P. falciparum is done as per protocols	1	SI/RR	P. falciparum cases are treated with ACT (Artesunate 3days+Sulphadoxine-Pyrimethamine 1 day) This is accompanied by single dose of Primaquine preferably day 2). However, there is resistance to partner drug SP in NE, it is recommended to use ARTEMETHER( 20 mg) - LUMEFANTRINE (120 mg (ACT-AL) as per age specific dose schedule for the treatment of pf cases in NE (contraindicated in 1st trimester of pregnancy & for children weighting <5 years)	
		Treatment of uncomplicated P. falciparum Malaria in pregnancy is done as per protocols	1	SI/RR	Pregnant women with uncomplicated Falciparum should be treated 1st trimester: Quinine, 2nd & 3rd trimester: ACT	
		Treatment of mixed infection is done as per protocols	1	SI/RR	Mixed infections with P. falciparum should be treated as falciparum malaria. However, antirelapse treatment with primaquine can be given for 14 days, if indicated.	
		Algorithm for treatment & diagnosis of malaria is available with treating physician	1	SI/RR	Check for availability of Algorithm	
		Identification of drug resistance /failure cases especially falciparum is done as per protocols	1	SI/RR		
		Treatment of falciparum failure cases is done as per protocols	1	SI/RR	Falciparum malaria should be given alternative ACT or quinine with Doxycycline. Doxycycline is contraindicated in pregnancy, lactation and in children up to 8 years.	
		Staff is trained to identify severe cases of malaria especially severe manifestation of P falciparum	1	SI/RR	Severe malaria have one or more of following features: impaired consciousness/coma, Repeated generalized convulsions, Renal failure (Serum Creatinine >3 mg/dl), Jaundice (Serum Bilirubin >3 mg/dl), Severe anaemia (Hb <5 g/dl), Pulmonary oedema, Hypoglycaemia (Plasma Glucose <40 mg/dl), Circulatory collapse/shock, DIC, Hyperpyrexia, Hyperparasitaemia (>5% parasitized RBCs ), Haemoglobinuria etc.	
		Different coloured blister packs of ACT+SP is available for different age group especially for field staff	1	SI/OB/RR	e.g: Pink for 0-1 year, yellow for 1-5 yrs, green for 5-8 yrs, Red for 9-14 yrs & white for 15 & above. For NE: pack colour and regimen vary by body weight & age group, Yellow: weight for 5 to 14 kg and age for > 5 month to <3 years, green: weight 15 to 24 kg age >3 to 8 yrs, Red : weight 25-34 kg, age 9 to 14 yrs, white: weight > 34 kg, and age >14 yrs	

ME E9.2	Facility provides services under Revised National TB Control Program as per guidelines	Category wise treatment regimen is given to patient	1	SI/RR/OB	Category I- New sputum smear-positive Seriously ill** new sputum smear-negative Seriously ill** new extra-pulmonary- 2H3R3Z3E3+ 4H3R3, Category II- Sputum smear-positive Relapse Sputum smear-positive Failure Sputum smear-positive Treatment After Default Others***- 2H3R3Z3E3S3 + 1H3R3Z3E3 + 5H3R3E3,	
		Patient wise box are colour coded as per category	1	SI/RR/OB	Red - Category I, Blue - Category -II,	
		Prior to start of treatment patient identity card & and treatment card is prepared	1	SI/RR	Address of the patient is verified by Peripheral Health worker before start of the treatment Within 1 week of diagnosis	
		Medical officer also discuss about near by DOT centre with the patient	1	SI/PI	Easily accessible and acceptable by patient, Place identified for DOT (DOT centre) & name and designation of DOT provider is written in patient treatment card	
		DOT directory is maintained & updated at healthcare facility level	1	SI/RR	DOT directory For identify suitable DOT provider & DOT centre	
		Duplicate treatment card is issued to DOT provider/community DOT provider if DOT provider is situated outside the healthcare centre	1	SI/RR	Original card is maintained at healthcare centre where treatment has started	
		Medical officer issue Patient wise box (PWB) for entire duration for treatment to Peripheral Health worker/DOT provider	1	SI/RR	Check for the stock to be maintained	
		Original treatment card is updated at regular intervals by PHW	1	SI/RR	Fortnightly Basis	
		All the doses of intensive phase is taken as per guideline	1	SI/RR	Under supervision of DOT provider/Community DOT provider if any dose is missed patient must be contacted within 1 day and dose is administrated on following day	
		In continuous phase doses is taken as per guideline	1	SI/RR	First dose is taken under supervision of DOT provider/Community DOT provider and for subsequent doses for week is self administrated. Empty blisters are contacted within next scheduled visit	
		Check What action taken by DOT provider if they fail to retrieve such patient	1	SI/RR	Reported to next level supervisor (PHW/MO- PHI/STS/ MO-TB)	
		Check What action is taken if patient misses DOT on 2 occasion in intensive phase	1	SI/RR	Arrange visit of MO- PHI to patient home for counselling of the patient.	
		Side effects of anti TB treatment is identified by DOT provider and reported to MO	1	SI/RR		
		Protocols for treatment for TB during pregnancy and Post natal Period is adhered	1	SI/RR	Discontinuation of Streptomycin Chemoprophylaxis of baby in case of smear positive mother	

		Follow up of smear examination for New smear positive patient is done as per guidelines	1	SI/RR	First follow up sputum examination is done at the end of 2 months of intensive phase. Follow up sputum examination is done at the end of 2 month of continuation phase and finally at the end of treatment.	
		Follow up smear examination for re - treatment patients as per guidelines	1	SI/RR	First follow up sputum examination is done at the end of 3 months of intensive phase. Follow up sputum examination is done at the end of 2 month of continuation phase and finally at the end of treatment.	
		Follow up smear examination for smear negative patients as per guidelines	1	SI/RR	Two smears are examined during the follow-up visit at the end of 2 months of the intensive phase and again at the end of treatment	
		Management of paediatric tuberculosis as per guidelines	1	SI/RR		
		Management of Extra pulmonary tuberculosis as per guidelines	1	SI/RR	Diagnostic algorithm for TB lymphadenitis	
		Management of patient with HIV infection and TB	1	SI/RR		
ME E9.3	Facility provides service under National Leprosy Eradication Program as per guidelines	History taking as per guidelines	1	SI/RR	Includes duration of lesion, duration of disability if any, family history/ contact history & previous treatment	
		Examination of skin as per guidelines	1	SI/RR	Include information No. of patches, colour of patch, morphology of patch, nodule, infiltration, test for loss of sensation in patch	
		Physical Examination as per guidelines	1	SI/RR	Dryness of hands & feet, swelling & redness of patches and joints, Wasting of muscle, visible deformity in hand, feet, eye, Redness on palm or sole, callous, Blister, ulcer, High stepping gait or any change in gait, Appearance of new lesions or expansion of existing lesion, Absence of blink in the eyes, Redness and watering in the eyes	
		Examination of eye as per guidelines	1	SI/RR	Look for any redness of the eye, Note "watering from the eye" from history and observation, Observe for blink – Present or Absent, Look for lid gap or inability to close one or both eyes (Lagophthalmos) and check for normal strength of eye closure, Check the visual acuity of each eye separately, using a Snellen's chart.	
		Management of disability grade I as per guidelines	1	SI/RR	If the duration of disability grade 1 i.e. anaesthesia along the course of trunk nerve is recent (< 6 months), a course of Prednisolone is to be started to treat neuritis.	

		Standard adult treatment regimen for MB leprosy is followed	1	SI/RR	Rifampicin: 600mg once in month, Clofazimine: 300mg once in month & 50mg every day, Dapsone: 100 mg (for 12 month)	
		Standard adult treatment regimen for PB leprosy is followed	1	SI/RR	Rifampicin: 600 mg once in month, Dapsone; 100 mg daily (for 6 month)	
		Standard children (10-14yrs) treatment regimen for MB leprosy is followed	1	SI/RR	MB: Rifampicin:450mg once in month, Clofazimine: 150mg once in month, 50 mg daily, Dapsone: 50 mg daily (12month). PB: Rifampicin: 450 mg once in month, Dapsone; 50 mg daily (for 6 month)	
		Staff is aware of adverse reactions to MDT and their management	1	SI/RR	Like Red urine, anaemia, brown discoloration of skin, gastro intestinal upset. Management reassurance, given iron and folic acid, counselling & give drug with food	
		Staff is aware of leprosy reaction and their treatment	1	SI/RR	2 types of reaction: Type 1- Reversal reaction, Type 2- Erythema Nodosum leprosum (ENL)	
		Referral out of Patient as per guideline	1	SI/RR	Referral of cases where lepra reaction is difficult to manage, complicated ulcer, eye problem, reconstruction surgery cases, persons needing gradell foot wear, follow up of RCS	
		Referral in of the patient as per guidelines	1	SI/RR	Referral of the cases having reaction, disability, neuritis and ulcer.	
ME E9.4	Facility provides service under National AIDS Control program as per guidelines	Pre Test Counselling is done as per protocols	1	SI/PI	By MO/ Staff Nurse/ANM	
		Staff is aware of early diagnosis & referral of HIV suspected cases	1	SI/RR	Rapid Kit test done for suspected cases & if case found positive, referred to ICTC	
<b>Area of Concern - F Infection Control</b>						
Standard F1	<b>Facility has defined &amp; implemented procedure for ensuring Hand hygiene practices &amp; asepsis</b>					
ME F1.1	Hand washing facilities are provided at point of use	Availability of hand washing Facility at Point of Use	1	OB	Check for availability of wash basin near the point of use	
		Availability of running Water	1	OB	Ask to Open the tap. Ask Staff water supply is regular	
		Availability of antiseptic soap with soap dish/ liquid antiseptic with dispenser.	1	OB	Check for availability/ Ask staff if the supply is adequate and uninterrupted	
		Display of Hand washing Instruction at Point of Use	1	OB	Prominently displayed above the hand washing facility , preferably in Local language	
ME F1.2	Staff is trained and adhere to standard hand washing practices	Staff is adheres to standard hand washing practices	1	OB/SI		
Standard F2	<b>Facility ensures availability of Personal Protective equipment &amp; follows standard precautions.</b>					
ME F2.1	Facility ensures adequate personal protection equipment as per requirements	Disposable gloves are available at point of use	1	OB		
ME F2.2	Staff adheres to standard personal protection practices	No reuse of disposable gloves, Masks, caps and aprons.	1	OB/SI		
Standard F3	<b>Facility has standard procedure for disinfection &amp; sterilization of equipment &amp; instrument</b>					
ME F3.1	The facility ensures standard practices and materials for decontamination and cleaning of instruments and procedures areas	Decontamination of Procedure surfaces	1	SI	Ask staff about how they decontaminate the procedure surface like Examination table (Wiping with .5% Chlorine solution)	

		Proper Decontamination of instruments after use	1	SI	Ask staff how they decontaminate the instruments like Stethoscope, Examination instruments	
Standard F4	Facility has defined & establish procedure for segregation, collection, treatment & disposal of Bio medical & hazardous waste					
ME F4.1	The facility ensures segregation of Bio Medical Waste as per guidelines	Availability of colour coded bins at point of waste generation	1	OB	Bins are covered	
		Availability of colour coded bags	1	OB	Check Yellow bag is non chlorinated	
Area of Concern - G Quality Management						
Standard G.1	Facility has established quality Assurance Program as per state/National guidelines					
ME G1.6	The facility has established external assurance programmes	Internal Assessment of the General Clinic is done at periodic interval	1	RR/SI		
Standard G3	Facility has established ,documented & implemented standard operating procedure system for its all key processes .					
ME G3.1	Standard Operating procedures are prepared , distributed and implemented for all key processes	Updated SOP are available at point of use	1	RR		
		SOP adequately cover all relevant processes of the department	1	RR		
ME G3.3	Work instructions are displayed at Point of work	Clinical protocol for DOT are available/ displayed	1	OB/RR		
		Clinical Protocol for MDT are available/ displayed	1	OB/RR		
		Clinical Protocol for treatment of Malaria are available/ displayed	1	OB/RR		
Area of Concern - H: Outcomes						
Standard H1	The facility measures its productivity, efficiency, clinical care & service Quality indicators					
ME H1.1	Facility measures Productivity Indicators on monthly basis	No. of New Registered cases per 1000 population under RNTCP	1	RR		
		No. of New Registered cases per 1000 population under NVBDCP	1	RR		
		No. of New Registered cases per 1000 population under NLEP	1	RR		
ME H1.2	Facility measures efficiency Indicators on monthly basis	Failure rate including Death & defaults under RNTCP	1	RR		
ME H1.3	Facility measures Clinical Care & Safety Indicators on monthly basis	Percentage of suspected TB cases are referred to HIV	1	RR		
		Multidrug treatment completion rate under NLEP	1	RR		
		Proportion of TB patient on DOTs completing their treatment	1	RR		
Standard H2	Facility endeavours to improve its performance to meet bench marks					
ME H2.2	The facility strives to improve indicators from its current performance	Trends analysis of Indicators is done at Periodic Intervals	1	RR		

## Communicable Disease Score

	Communicable Disease Score	50.0
	Area of Concern wise Score	
A	Service Provision	50.0
B	Patient Rights	50.0
C	Inputs	50.0
D	Support Services	50.0
E	Clinical Services	50.0
F	Infection Control	50.0
G	Quality Management	50.0
H	Outcome	50.0

National Quality Assurance Standards for U - PHC					7	
Checklist for Non Communicable Diseases						
Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
Area of Concern - A Service Provision						
Standard A1	Facility provides Promotive, preventive and curative services					
ME A1.4	Services are available for the time period as mandated	OPD Services are available for at least 8 Hours in a day	1	RR/SI		
Standard A4	The facility provide services as mandated in National Health Programmes					
ME A4.5	The facility provides services under National Programme for prevention and control of Blindness as per guidelines	Medical treatment for prevention & control of common Eye diseases	1	RR/SI	Conjunctivitis, Night blindness, Stye etc	
		Survey for prevalence of various eye diseases & Health Education for prevention of various eye diseases	1	RR/SI	Nutrition education (prevent vit A deficiency), Water & sanitation education (Trachoma Control) Maternal & child health education (Reduce retinopathy of prematurity), Health education (Prevention of eye trauma, hypertension & diabetic retinopathy)	
		Referral service for Screening and correction of refractive errors	1	RR/SI	Availability of refraction services at PHC /outreach (Schools)	
		Referral services for diagnosis & treatment of cataract cases	1	RR/SI		
ME A4.6	The facility provides services under Mental Health Programme as per guidelines	Early identification & treatment of common mental disorders in OPD	1	RR/SI	Anxiety Neurosis, Mild depression	
		Referral of difficult cases to U CHC/ DH	1	RR/SI	Maniac cases, schizophrenia & cases required hospital	
ME A4.7	The facility provides services under National Programme for the health care of the elderly as per guidelines	Geriatric clinic on fixed day for Conducting a routine health assessment & treatment	1	RR/SI	Every week, Display fixed day & time	
		Sensitization on promotional, preventive and rehabilitative aspects of geriatrics	1	RR/SI		
ME A4.8	The facility provides services under National Programme for Prevention and control of Cancer, Diabetes, Cardiovascular diseases & Stroke (NPCDCS) as per guidelines	Health Promotion Services to modify individual, group and community behaviour	1	RR/SI	Promotion of Healthy Dietary Habits. Increase physical activity. Avoidance of tobacco and alcohol. Stress Management.	
		Early detection, management and referral of Diabetes Mellitus	1	RR/SI		
		Early detection, management and referral of Hypertension	1	RR/SI		
		Early detection & Primary management and referral of Cardiovascular diseases and Stroke	1	RR/SI		
		Identification and referral, follow up of under treatment patient	1	RR/SI		
ME A4.10	The facility provide services under National health Programme for deafness	Early identification & Referral of cases of hearing impairment	1	RR/SI		
ME A4.13	The facility provides services under National Tobacco Control Programme as per guidelines	Promotion of quitting of tobacco in the community.	1	RR/SI	Health education and IEC activities regarding harmful effects of tobacco use and passive smoke.	
		Counselling service on tobacco cessation to all smokers/tobacco users.	1	RR/SI		
ME A4.14	The facility provides services under National Oral Health Care Program	Diagnosis & referral of common dental problems	1	RR/SI		

		Promotion of oral hygiene through counselling & IEC	1	RR/SI		
	<b>Area of Concern B - Patients' Rights</b>					
Standard B1	<b>The service provided at facility are accessible</b>					
ME B1.4	Patients & visitors are sensitized and educated through appropriate IEC / BCC approaches	Availability & display of IEC material under National blindness control program is available	1	OB	Diabetic retinopathy, cataract, glaucoma, refractive error, trachoma, prevention from corneal blindness. Also IEC material for eye donation	
		Availability of IEC kit for mental health program	1	OB	Poster with 10 feature of mental disorder & flip chart for use of health educator	
		Availability of IEC material for National Deafness Control Program	1	OB	For prevention & early detection of hearing impairment & deafness	
		Availability of IEC for National program for prevention & control of cancer, diabetes, cardiovascular diseases & stroke	1	OB	IEC for Promotion of healthy life style, healthy dietary habits, Stress management, Avoidance of substance abuse.	
ME B1.7	Information about the treatment is shared with patients or attendants and consent is taken wherever required	Patient is informed about the diagnosis & Treatment Plan	1	RR/PI	OPD Slip/ Prescription containing Diagnosis & treatment plan/ Treatment card for TB patient	
		Method of Administration /taking of the medicines is informed to patient/ relative as per prescription	1	RR/PI		
Standard B2	<b>The service provided at facility are acceptable</b>					
ME B2.3	Confidentiality of patients' records and clinical information is maintained	Patient records are kept in safe custody	1	OB/SI	Check Patient records e.g. OPD register are kept in safe custody and are not accessible to unauthorized patients	
	<b>Area of Concern - C Inputs</b>					
Standard C2	<b>The facility has adequate qualified and trained staff, required for providing the assured services to the current case load</b>					
ME C2.4	The Staff has been imparted necessary trainings/skill set to enable them to meet their roles & responsibilities	Training of Medical officer under National Blindness Control Program	1	RR	Orientation & refresher training of Medical Officers of community ophthalmology & Prevention of Blindness	
		Training of MO for mental health program	1	RR	Training for doctors for early identification, diagnosis and management of common mental disorders	
		Training of Health Worker for Mental health Program	1	RR	2 days training each year for health workers (All paramedical staff, ANM/ Nursing staff, Health educator )	
		Training of Medical Officer for National Deafness Control Program	1	RR	Sensitization about program, Creating of awareness regarding preventable diseases of ear, reorientation in early diagnosis & treatment of common ear diseases,	
		Training of nurse/ ANM/ AWW supervisors at PHC on National Deafness Control Program	1	RR	Sensitization about program& awareness regarding ear & hearing care,enable them to identify deafness at early stage & motivate them for awareness generation at community level	
		Training of MO on National Program for Health care of elderly	1	RR	At least 1 MO is trained	
		Training of Paramedics staff for National Program for Health care of elderly	1	RR	At least 2 nurses are trained	
		Training under NPCDCS	1			
		Training under National Tobacco control Program	1	RR		
Standard C4	<b>The facility has equipment &amp; instruments required for assured list of services.</b>					

ME C4.1	Availability of equipment & instruments for examination & monitoring of patients	Availability of functional Equipment & Instruments	1		BP apparatus, Weighing machine, Stethoscope, height chart, Snellen's chart.	
ME C4.3	Availability of equipment & instruments for diagnostic procedures being undertaken in the facility	Availability of diagnostic instruments at clinics / consultation rooms for PAP smear Or VIA (visual inspection with Acetic Acid)	1	RR/SI/OB	Slides, Lancet, Cusco Spaculum, Spatula, Fixer (spray), Marker pen, Light Source	
		Availability of Glucometer	1	RR/SI/OB		
<b>Area of Concern - D Support Services</b>						
Standard D5	<b>Facility has procedure for collecting &amp; Reporting of the health facility related information</b>					
ME D5.5	The facility provides monitoring and reporting services under National Programme for control of Blindness as per guidelines	Facility monitor & submit the report under NBCP	1	RR		
ME D5.6	The facility provides monitoring and reporting services under Mental Health Programme, as per guideline	Facility monitor & submit the report under MHP	1	RR		
ME D5.7	The facility provides monitoring and reporting services under National Programme for the health care of the elderly as per guidelines	Reporting is done on form 2 for NPHCE	1	RR	Forms contains information on availability of equipments, supporting devices, no. of staff trained, services provided, no. of cases referred etc	
ME D5.8	The facility provide monitoring and reporting service for prevention and control of Cancer, diabetes, cardiovascular disease and stroke as per guidelines	Facility monitor & submit the report under NPCDCS	1	RR		
ME D5.10	The facility provide services under National Programme for prevention and control of deafness, as per guidelines	Facility monitor & submit the report under National Programme for prevention and control of deafness	1	RR		
ME D5.12	The facility provides monitoring and reporting services under National Iodine deficiency Programme, as per guidelines	Facility monitor & submit the report under Iodine deficiency Program	1	RR		
<b>Area of Concern - E Clinical Services</b>						
Standard E2	<b>Facility has defined procedure for primary management and continuity of care with appropriate maintenance of records</b>					
ME E2.2	The facility provides appropriate referral linkages for transfer to other/higher facilities to assure the continuity of care.	There is a system of referring patient from OPD to U- CHC/ higher centre for specialist consultation under all NCD program	1	SI/RR	Check for practice, availability of referral slip, is there any information about the specialist doctors and there timings and day available	
ME E2.3	Facility ensures follow up of patients	There is system of follow up of the patients referred to higher facilities	1	SI/RR		
Standard E9	<b>Facility provides National Health Programmes as per operational/clinical guidelines of the Government</b>					
ME E9.5	The facility provides services under National Programme for control of Blindness as per guidelines	Availability of protocols for screening & treatment for common eye disease of children / adult	1	SI/RR	Conjunctivitis, night blindness, sty	
ME E9.6	Facility provides service under Mental Health Program as per guidelines	Elementary diagnosis & Referral of Mental disorders as per guidelines	1	SI/RR		
		Availability of Protocol for treatment of Anxiety Neurosis, Mild depression	1	SI/RR		
		Epidemiological surveillance of mental disorders as per guideline	1	SI/RR		



ME E9.7	Facility provides service under National programme for the health care of the elderly as per guidelines	Health assessment for elderly person based on simple clinical examination relating to vision, joints, hearing, chest, BP and simple investigations including blood sugar, etc. is done	1	SI/RR		
		A simple questionnaire will be filled up during the first visit of each Elderly as per guideline and record updated and maintained	1	SI/RR		
ME E9.8	Facility provides service under National Programme for Prevention and Control of cancer, diabetes, cardiovascular diseases & stroke (NPCDCS) as per guidelines	Risk assessment & diagnosis of diabetics is done as per guideline	1	SI/RR	Staff is aware of high risk condition of diabetic & criteria for diagnosis of type II diabetics mellitus	
		Medical Management of diabetes is done as per guideline	1	SI/RR		
		Diagnosis of hypertension is done as per protocol	1	SI/RR	Stage 1 hypertension: Systolic 140/159, diastolic 90/99. Stage 2 hypertension: Systolic: 160 or higher Diastolic 100 or higher. Based on at least 2 or more properly measured BP reading in sitting position.	
		Medical Management of hypertension is done as per guideline	1	SI/RR		
		Risk assessment for cardio vascular disease is done as per guideline	1	SI/RR	Check for awareness of behavioural & psychological risk factor & how medical officer calculate 10 year risk for fatal & non fatal cardio vascular event using WHO / ISH risk predication chart	
		Screen women of the age group 30-69 years for early detection of cervix cancer and breast cancer.	1	SI/RR		
		Counselling is provided for life style modification as per guideline	1	SI/RR	Check for awareness regarding modification in diet, physical activity, weight control, tobacco cessation & avoidness alcohol intake	
ME E9.10	Facility provide services under National program for prevention and control of deafness	Screening of chronic supportive otitis media (CSOM) Safe type/ unsafe type as per standard treatment guideline	1	SI/RR		
		Primary Management & referral of chronic supportive otitis media (CSOM) as per guideline	1	SI/RR		
ME E9.13	The facility provides services under National Tobacco Control Programme as per guidelines	Linkages with tobacco cessation facility	1	SI/RR	Check for doctor aware of nearest tobacco cessation facility Check how many patients are referred to cessation centre	
		Doctor/ Staff are skilled for tobacco cessation counselling	1	SI	Ask about 5 As and 5 Rs (Ask, advice, assess, assist & arrange) ( <b>relevance</b> , risk, reward, roadblock & repetition)	
		Facility has been declared tobacco free zone	1	OB	Restriction on use of tobacco product by staff or visitors	
		Check for any specific community level activity is done for generating awareness	1	SI/PI		
	<b>Area of Concern - F Infection Control</b>					
Standard F1	<b>Facility has defined &amp; implemented procedure for ensuring Hand hygiene practices &amp; asepsis</b>					
ME F1.1	Hand washing facilities are provided at point of use	Availability of hand washing Facility at Point of Use	1	OB	Check for availability of wash basin, running water & antiseptic soap near the point of use	
Standard F4	<b>Facility has defined &amp; establish procedure for segregation, collection, treatment &amp; disposal of Bio medical &amp; hazardous waste</b>					
ME F4.1	The facility ensures segregation of Bio Medical Waste as per guidelines	Availability of colour coded bins at point of waste generation	1	OB	Bins are covered	
		Availability of colour coded bags	1	OB	Check Yellow bag is non chlorinated	
	<b>Area of Concern - G Quality Management</b>					

Standard G.1	Facility has established quality Assurance Program as per state/National guidelines					
ME G1.5	The facility has established internal quality assurance programme	Internal Assessment of the Non Communicable disease is done at periodic interval	1	RR/SI		
Standard G3	Facility has established ,documented &implemented standard operating procedure system for its all key processes .					
ME G3.1	Standard Operating procedures are prepared , distributed and implemented for all key processes	Updated SOP are available at point of use	1	RR		
		SOP adequately cover all relevant processes of the department	1	RR		
ME G3.3	Work instructions are displayed at Point of work	Clinical protocol for diagnosis & management of diabetic	1	OB/RR		
		Clinical protocol for diagnosis & management of hypertension	1	OB/RR		
		Clinical protocol for diagnosis & management of cardio vascular diseases	1	OB/RR		
		Clinical protocol for screening of cancer	1	OB/RR		
Area of Concern - H: Outcomes						
Standard H1	The facility measures its productivity, efficiency, clinical care & service Quality indicators					
ME H1.1	Facility measures Productivity Indicators on monthly basis	No. of patient attended OPD for any of NCD	1	RR		
		Diabetic patient OPD per month	1	RR		
		No. of elderly patient attended the OPD	1	RR		
ME H1.2	Facility measures efficiency Indicators on monthly basis	Percentage of cases referred to higher facility for NCD	1	RR		
		No. of diabetic cases identified	1	RR		
		No. of Hypertensive cases identified	1	RR		
		No. of Cancer cases identified	1	RR		
Standard H2	Facility endeavours to improve its performance to meet bench marks					
ME H2.2	The facility strives to improve indicators from its current performance	Trends analysis of Indicators is done at Periodic Intervals	1	RR		

NCD Score Card		
	NCD Score	50.0
	Area of Concern wise Score	
A	Service Provision	50.0
B	Patient Rights	50.0
C	Inputs	50.0
D	Support Services	50.0
E	Clinical Services	50.0
F	Infection Control	50.0
G	Quality Management	50.0
H	Outcome	50.0

National Quality Assurance Standards for U - PHC					8	
Checklist for Dressing Room & Emergency						
Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
Area of Concern - A Service Provision						
Standard A1	Facility provides Promotive, preventive and curative services					
ME A1.2	The facility provides Accident & Emergency Services	Primary Management of wounds & First Aid	1	RR/SI	Incision & drainage, Stitching Dressing	
		Primary Management of trauma & bone injuries	1	RR/SI	Splints, compression bandage, Cervical Collar	
		Emergency Management of Life threatening conditions	1	RR/SI	Stabilization/ Primary Management of Medical conditions like Shock, Ischemic Heart Disease, CVA, Dyspnoea, Unconscious patients, Status Epilepticus, Management of severe dehydration, respiratory distress	
		First Aid and Referral of Burn and Injury cases	1	RR/SI		
		Primary Management & stabilization of Poisoning / Snake Bite cases	1	RR/SI	Lavage, Antidotes, Anti-snake venom/ Anti scorpion venom	
		Primary treatment for Dog Bite cases	1	RR/SI	Anti Rabies Vaccines	
ME A1.4	Services are available for the time period as mandated	Emergency Services are functional during OPD hrs	1	RR/SI	At least for 8 hrs	
Standard A3	The Facility provides Diagnostic Services, Para-clinical & support services.					
ME A3.3						
Area of Concern B - Patients' Rights						
Standard B1	The service provided at facility are accessible					
ME B1.7	Information about the treatment is shared with patients or attendants and consent is taken wherever required	Patient is informed about treatment plan & Consent is taken for all invasive procedure / where ever applicable	1	RR/PI	Ask the patient what they have been communicated about treatment plan	
ME B1.8	Access to facility is provided without any physical barrier	There is no overcrowding in the dressing room cum Emergency	1	OB		
		Availability of wheel chair or stretcher for easy access	1	OB		
Standard B2	The service provided at facility are acceptable					
ME B2.2	Adequate visual privacy is provided at every point of care	Availability of screen & curtains in Dressing room	1	OB		
Area of Concern - C Inputs						
Standard C1	The facility has adequate & Safe infrastructure for delivery of assured services and meets the prevalent norms					

ME C1.1	Departments have adequate space as per patient load	Dressing cum emergency room have adequate space	1	OB	Space for couch, a table for keeping dressing drums & a drug trolley	
ME C1.2	Amenities for Patients & Staff are available as per load	Availability of Fans & Warmers as per need	1	OB		
		Availability of drinking water facilities	1	OB	May be shared common with General clinic	
		Availability of functional toilets	1	OB	Dry toilet with running water, May be shared with General clinic	
ME C1.5	The facility ensures safety of electrical installations	Dressing cum emergency room does not have temporary connections & loose hanging wires	1	OB	Switch Boards all other electrical installations are intact & secure	
ME C1.6	Physical condition of buildings are safe for providing patient care	Floor of dressing room is non slippery and even	1	OB		
Standard C2	<b>The facility has adequate qualified and trained staff, required for providing the assured services to the current case load</b>					
ME C2.2	The facility has adequate nursing staff/Paramedics as per service provision and work load	Availability of at least one staff in dressing cum Emergency room	1	OB/RR	Staff Nurse/ ANM/ dressor etc check duty roster	
ME C2.4	The Staff has been imparted necessary trainings/skill set to enable them to meet their roles & responsibilities	Training of staff for handling Emergencies	1	RR	Primary Management & stablization of life treating conditions like snake poisoning, dog bite, IHD CVA etc.	
		Training of staff for basic life support (BLS)	1	RR	Ask staff to demonstrate CPR	
ME C2.5	The Staff is skilled and competent as per job description	Check staff competency for BLS	1	SI		
Standard C3	<b>The facility provides drugs and consumables required for assured services.</b>					
ME C3.1	The facility has availability of adequate drugs at point of use	Availability of antiseptics for dressing	1	OB/RR		
		Availability of injectables	1	OB/RR	TT & Painkiller etc	
		Emergency Drug Tray is maintained	1	OB/RR/SI	Drugs for managing anaphylactic reaction - Inj Adrenalin, Inj Hydrocortisone Sodium Succinate, Injection Chlorpheniramine, IV Fluid, Nitroglycerin spray, Inj. Dopamine Inj Magsulf IV Set	
ME C3.2	The Facility has availability of adequate consumables at point of use	Availability of disposables in dressing room/ Injection room and clinics	1	OB/RR/SI	Examination gloves, Syringes, Dressing material, suture material, venflons -IV sets appropriate for newborn, children & Adult	

		Availability of splints for bone injury cases	1	OB/RR/SI	Splints, cervical collar, compression bandage	
Standard C4	The facility has equipment & instruments required for assured list of services.					
ME C4.1	Availability of equipment & instruments for examination & monitoring of patients	Availability of functional equipment for Examination & monitoring	1	OB/SI	BP apparatus, Stethoscope, thermometer, torch & disposable tongue depressor	
ME C4.2	Availability of equipment & instruments for treatment procedures, being undertaken in the facility	Availability of Dressing Instruments in Dressing Room/ Injection Room	1	OB/SI	Chittell's forcep, Artery Forceps, Blade, Normal Forcep, Tooth Forcep, Needle Holder, Splints, Suture Material, Dressing Drums	
		Availability of functional Instruments for Resuscitation	1	OB/SI	Airway, Ambu's bag, Oxygen Cylinder with key, Nebulizer, Suction Machine, bag & mask (adult size & paediatric sizes),	
ME C4.4	Availability of equipment for storage	Availability of equipment for storage for drugs	1	OB/SI	Drug/ instrumental/ dressing trolley, cupboard	
ME C4.5	Availability of patient furniture and fixtures as per load and service provision	Availability of Fixtures	1	OB/SI	Spot light, electrical fixtures	
		Availability of furniture at clinics	1	OB/SI	Dressing Table, Footstep, cupboard	
Area of Concern - D Support Services						
Standard D1	The facility has established facility management programme for maintenance & upkeep of equipment & infrastructure to provide safe & secure environment to staff & users					
ME D1.3	Patient care areas are clean and hygienic	Floors, walls, roof, sinks patient care and corridors are Clean	1	OB	All area are clean with no dirt, grease, littering and cobwebs	
		Surface of furniture and fixtures are clean	1	OB		
ME D1.4	Facility infrastructure is adequately maintained	Trolley & cupboard etc are painted & in intact condition	1	OB	Cupboard/ trolley are not rusted, chipped or broken	
Standard D2	Facility has defined procedure for storage, Inventory Management & dispensing of drugs in pharmacy					
ME D2.2	The facility ensures proper storage of drugs and consumables	Drugs/ Injectables are stored in container/tray & are labelled	1	OB		
ME D2.3	The facility ensures management of expiry and near expiry drugs	Expiry dates are maintained at emergency drug tray	1	OB/RR		
		No expiry drug found at dressing/ Injection Room	1	OB		
Area of Concern - E Clinical Services						
Standard E2	Facility has defined procedure for primary management and continuity of care with appropriate maintenance of records					

ME E2.2	The facility provides appropriate referral linkages for transfer to other/higher facilities to assure the continuity of care.	Patient's are referred with referral slip	1	RR/SI	Referral Out register is maintained	
		Availability of referral linkages to higher centres.	1	RR/SI	Availability of contact no. of higher facility	
		Advance communication is done with higher centre	1	RR/SI		
		Referral out register is maintained	1	RR/SI		
ME E2.3	Facility ensures follow up of patients	Facility ensure the follow up of referred patients	1	RR/SI		
ME E2.4	Facility has establish procedure for Triage & diaster Management	There is process of sorting the patients in case of mass casualty	1	RR/SI	As care provider how they triage patient- immediate, delayed, expectant, minimal, dead	
ME E2.5	Emergency protocols are defined and implemented	Emergency protocols are available at point of use	1	RR/SI	See for protocols of head injury, snake bite, poisoning, drawing etc.	
		There is procedure for CPR	1	RR/SI	Ask for Demonstration on BLS (basic life support)	
		There is procedure for informing police	1	RR/SI	Check for Police Information Register , Ask method for informing police	
		Emergency has criteria for defining medico legal cases	1	RR/SI	Criteria is defined based on cases and when to do MLC like all the cases not attended by the doctor/ criteria may vary from state to state	
ME E2.6	The facility ensures adequate and timely availability of ambulances services	Check for how ambulances are called and patients are shifted	1	SI/OB		
		All unstable patients are transferred (as decided by the Doctor), with one paramedical staff	1	SI/RR		
		The Patient's rights are respected during transport.	1	SI		
		Transfer register is maintained to record the detail of the referred patient	1	RR		
		Ambulance services are registered to dedicated no.	1	RR/OB		
ME E2.7	Clinical records are updated for care provided	Patient Complaint, Examination, treatment given or Procedure performed is recorded	1	RR/SI	108/102/ any other	
ME E2.8	The facility ensures that standardised forms and formats are used for all purposes including registers	Check availability of standardize forms & Register	1	RR/OB	Emergency register, referral register, referral slip, dressing room register, Injection room register	
		Records are labelled and indexed	1	RR/OB		
ME E2.9	The facility ensures safe and adequate storage and retrieval of medical records	Adequate facility for storage of records	1	OB		

Standard E3	Facility has defined & implemented procedures for Drug administration and standard treatment guideline as mandated by Govt.					
ME E3.1	Medication orders are written legibly and adequately	Check every Medical advice and procedure is accompanied with date, time and signature	1	RR	OPD slip	
		Check prescription are written legibly & comprehensible by the clinical staff	1	RR		
	Area of Concern - F Infection Control					
Standard F1	Facility has defined & implemented procedure for ensuring Hand hygiene practices & asepsis					
ME F1.1	Hand washing facilities are provided at point of use	Availability of hand washing Facility at Point of Use	1	OB	Check for availability of wash basin near the point of use	
		Availability of running Water	1	OB	Ask to Open the tap. Ask Staff water supply is regular	
		Availability of antiseptic soap with soap dish/ liquid antiseptic with dispenser.	1	OB	Check for availability/ Ask staff if the supply is adequate and uninterrupted	
		Display of Hand washing Instruction at Point of Use	1	OB	Prominently displayed above the hand washing facility , preferably in Local language	
ME F1.2	Staff is trained and adhere to standard hand washing practices	Staff adhere to standard hand washing practices	1	SI/OB		
ME F1.3	Facility ensures standard practices for maintaining asepsis	Availability of Antiseptic Solutions at Dressings room, Injection Room	1	OB/SI		
		Proper cleaning of procedure site with antiseptic is done	1	OB/SI	like before giving IM/IV injection, drawing blood, putting Intravenous and urinary catheter	
Standard F2	Facility ensures availability of Personal Protective equipment & follows standard precautions.					
ME F2.1	Facility ensures adequate personal protection equipment as per requirements	Disposable gloves are available at point of use	1	OB		
ME F2.2	Staff adheres to standard personal protection practices	No reuse of disposable gloves, Masks, caps and aprons.	1	OB/SI		
Standard F3	Facility has standard procedure for disinfection & sterilization of equipment & instrument					
ME F3.1	The facility ensures standard practices and materials for decontamination and cleaning of instruments and procedures areas	Decontamination of Procedure surfaces	1	SI	Ask staff about how they decontaminate the procedure surface like dressing table, Stretcher/Trolleys etc. (Wiping with 0.5% Chlorine solution	
		Proper Decontamination of instruments after use	1	SI	Ask staff how they decontaminate the instruments like Stethoscope, Dressing Instruments.	
		Contact time for decontamination is adequate	1	SI/OB	10 minutes	

		Cleaning of instruments after decontamination	1	SI	Cleaning is done with detergent and running water after decontamination	
		Staff is trained for Blood spill management	1	SI/OB		
ME F3.2	The facility ensures standard practices and materials for disinfection and sterilization of instruments and equipment	High level Disinfection of instruments/equipment is done as per protocol in dressing room	1	SI/RR	Ask staff about method and time required for boiling	
Standard F4	<b>Facility has defined &amp; establish procedure for segregation, collection, treatment &amp; disposal of Bio medical &amp; hazardous waste</b>					
ME F4.1	The facility ensures segregation of Bio Medical Waste as per guidelines	Availability of colour coded bins at point of waste generation	1	OB		
		Availability of colour coded bags	1	OB	Check Yellow bag is non chlorinated	
		Segregation of different category of waste as per guidelines	1	OB		
		Display of work instructions for segregation and handling of Biomedical waste	1	OB	Local Language & Pictorial	
		There is no mixing of infectious and general waste	1	OB		
ME F4.2	The facility ensures management of sharps as per guidelines	Availability of functional needle cutters	1	OB	See if it has been used or just lying idle	
		Availability of puncture proof box	1	OB	Should be available nears the point of generation like nursing station and injection room	
		Disinfection of sharp before disposal	1	OB	Disinfection of syringes is not done in open buckets	
		Staff is aware of contact time for disinfection of sharps	1	SI		
	<b>Area of Concern - G Quality Management</b>					
Standard G.1	<b>Facility has established quality Assurance Program as per state/National guidelines</b>					
ME G1.5	The facility has established internal quality assurance programme	Internal Assessment of the Dressing cum Emergency room is done at periodic interval	1	SI/RR		
Standard G3	<b>Facility has established ,documented &amp;implemented standard operating procedure system for its all key processes .</b>					
ME G3.1	Standard Operating procedures are prepared , distributed and implemented for all key processes	Updated SOP are available at point of use	1	RR		
		SOP adequately cover all relevant processes of the department	1	RR		
	<b>Area of Concern - H: Outcomes</b>					
Standard H1	<b>The facility measures its productivity, efficiency, clinical care &amp; service Quality indicators</b>					
ME H1.1	Facility measures Productivity Indicators on monthly basis	No. of Emergency cases attended per month	1	RR		
		Minor procedure conducted per month	1	RR		



		No.of Anti Rabies Vaccines administred per month	1	RR		
			1			
ME H1.3	Facility measures Clinical Care & Safety Indicators on monthly basis	No. of injection abcess reported per month	1	RR		
		Percentage of Emergency cases referred out	1	RR		
ME H1.4	Facility measures Service Quality Indicators on monthly basis	Proportion of patient referred through free referral transport	1	RR		
Standard H2	Facility endeavours to improve its performance to meet bench marks					
ME H2.2	The facility strives to improve indicators from its current performance	Trends analysis of Indicators is done at Periodic Intervals	1	RR		

Dressing Room & Emergency Score Card		
	<b>Dressing Room &amp; Emergency Score</b>	<b>50.0</b>
	<b>Area of Concern wise Score</b>	
A	Service Provision	50.0
B	Patient Rights	50.0
C	Inputs	50.0
D	Support Services	50.0
E	Clinical Services	50.0
F	Infection Control	50.0
G	Quality Manangement	50.0
H	Outcome	50.0

National Quality Assurance Standards for U - PHC					9	
Checklist for Pharmacy						
Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
Area of Concern - A Service Provision						
Standard A1	Facility provides Promotive, preventive and curative services					
ME A1.4	Services are available for the time period as mandated	Dispensary services are available during OPD hours	1	RR/SI		
Standard A3	The Facility provides Diagnostic Services, Para-clinical & support services.					
ME A3.1	The facility provides Pharmacy services	Availability of Drug Dispensing counter	1	RR/SI	For both Allopathic & Alternate medicines	
		Generic Drug Store	1	RR/SI	Functional Jan ayushdhalya in premises or equivalent	
		Cold chain management services	1	RR/SI	Functional refrigerator(s), cool box available	
Standard A4	The facility provide services as mandated in National Health Programmes					
ME A4.1	The facility provides services under National Vector Borne Disease Control Programme as per guidelines	Availability of Drugs under NVBDCP	1	RR/SI	Chloroquine, Primaquine, ACT (Artemisinin Combination Therapy)	
ME A4.2	The facility provides services under Revised National TB Control Programme as per guidelines	Availability of Drugs under RNTBCP	1	RR/SI	CAT I & CAT II	
ME A4.11	The facility provides services under Universal Immunization Programme (UIP) as per guidelines	Availability of Vaccines As per National Immunization Schedule	1	RR/SI	BCG, DPT, OPV, Hepatitis B, Measles, TT, Japanese encephalitis (in select districts)	
Area of Concern B - Patients' Rights						
Standard B1	The service provided at facility are accessible					
ME B1.2	The facility displays the services and entitlements available	List of Drugs available displayed & updated daily at Pharmacy	1	OB	Updated daily is too stringent and also sometimes list may also be very long for it to be displayed and change daily. In fact some facilities write and circulate list of drug not available	
ME B1.7	Information about the treatment is shared with patients or attendants and consent is taken wherever required	Method of Administration /taking of the medicines is informed to patient/ their relative by pharmacist as per doctors prescription in OPD Pharmacy	1	PI/OB		
Standard B2	The service provided at facility are acceptable					
ME B2.1	Services are provided in manner that are sensitive to gender	Availability of separate Queue for Male and female at dispensing counter	1	OB	Check whether there are separate queues	
Standard B3	The service provided at facility are affordable					
ME B3.1	The facility provides cashless services to all patients including pregnant women, mothers and sick children as per prevalent government schemes	Free drugs and consumables for provided to mothers & Children	1	PI	Check Pregnant women, Mother and Childrens upto 5 years are prescribed and dispensed all drugs and consumables	

ME B3.3	The facility ensures that the drugs prescribed are available in the pharmacy	Check patient has not spent on purchasing drugs & consumables those are included in essential medicine list	1	PI	Check for availability of the Essential Medicines List/Formulary	
	<b>Area of Concern - C Inputs</b>					
Standard C1	<b>The facility has adequate &amp; Safe infrastructure for delivery of assured services and meets the prevalent norms</b>					
ME C1.1	Departments have adequate space as per patient load	Availability of adequate space for Drug store and Dispensing counter	1	OB/SI		
ME C1.2	Amenities for Patients & Staff are available as per load	Provision of shaded area in front of Drug Dispensing Counter	1	OB		
ME C1.7	The facility ensures fire safety measures including fire fighting equipment	Pharmacy has plan for safe storage and handling of potentially flammable materials.	1	OB	Check for trash (empty cartons) stored in the store; flammables are stored separately; no smoking zone; and availability of fire extinguishers and extinguisher is not time barred	
Standard C2	<b>The facility has adequate qualified and trained staff, required for providing the assured services to the current case load</b>					
ME C2.2	The facility has adequate nursing staff/Paramedics as per service provision and work load	Availability of one Pharmacist at Drug dispensing counter during OPD timings	1	SI/RR	Check whether the pharmacy is manned during OPD hours	
ME C2.4	The Staff has been imparted necessary trainings/skill set to enable them to meet their roles & responsibilities	Training on Inventory Mangement and Drug Storage	1	RR/SI		
ME C2.5	The Staff is skilled and competent as per job description	Pharmacist is skilled for good dispensing practices and inventory management technique	1	SI	Competence Testing	
		Pharmacist is skilled for Cold Chain Mangement	1	SI	Competence Testing	
Standard C3	<b>The facility provides drugs and consumables required for assured services.</b>					
ME C3.1	The facility has availability of adequate drugs at point of use	Availability of Analgesics/ Antipyretics	1	OB/RR	As per state Drug List	
		Antiallergics and Drugs used in Anaphylaxis	1	OB/RR	As per state Drug List	
		Antidotes and other substances used in Poisoning	1	OB/RR	As per state Drug List	
		Anticonvulsants/ Antiepileptics	1	OB/RR	As per state Drug List	
		Anthelmintics	1	OB/RR	As per state Drug List	
		Antibacterial (Beta Lactam)	1	OB/RR	As per state Drug List	
		Antibacterial (Others))	1	OB/RR	As per state Drug List	
		Antifungal	1	OB/RR	As per state Drug List	
		Antianaemia	1	OB/RR	As per state Drug List	
		Plasma Substitutes	1	OB/RR	As per state Drug List	
		Antianginal medicines	1	OB/RR	As per state Drug List	
		Antihypertensive medicines	1	OB/RR	As per state Drug List	
		Anti infective & Antifungal (Topical)	1	OB/RR	As per state Drug List	
		Antiinflammatory & Others (Topical)	1	OB/RR	As per state Drug List	
		Gastrointestinal Medicines (Antacids & Antemetics)	1	OB/RR	As per state Drug List	
		Gastrointestinal Medicines (Antispasmodic & Laxatives)	1	OB/RR	As per state Drug List	
		Medicines used in diarrhoea	1	OB/RR	As per state Drug List	
		Hormones	1	OB/RR	As per state Drug List	
		Medicines used in Diabetes mellitus	1	OB/RR	As per state Drug List	
		Immunologicals	1	OB/RR	As per state Drug List	
		Ophthalmic Preparations	1	OB/RR	As per state Drug List	

		Oxytocics	1	OB/RR	As per state Drug List	
		Medicines acting on the respiratory tract	1	OB/RR	As per state Drug List	
		IV Fluids	1	OB/RR	As per state Drug List	
		Vitamin & Minerals	1	OB/RR	As per state Drug List	
Standard C4	The facility has equipment & instruments required for assured list of services.					
ME C4.4	Availability of equipment for storage	Availability of ILR & Deep freezer for cold chain	1	OB		
		Availability of racks for Storage of drugs	1	OB	Check for medicines are not stored on the floor	
	Area of Concern - D Support Services					
Standard D1	The facility has established facility management programme for maintenance & upkeep of equipment & infrastructure to provide safe & secure environment to staff & users					
ME D1.1	The facility has system for maintenance of critical Equipment	Cold Storage equipments are under AMC and temperature log book	1	RR/SI	Check for AMC for ILR, deep freezer	
ME D1.2	The facility ensures comfortable environment for patients and service providers	Temperature control at Pharmacy & medical store	1	RR	Check drugs are stored at optimum temperature. AC preferably, if not provision adequate ventilation . Medicines are not stored in corridor or exposed to sunlight	
ME D1.3	Patient care areas are clean and hygienic	Drug Storage area and Pharmacy Counter are clean	1	OB	Check for dirt, stains, Dust on wall , floors and fixtures.Scattered loose medicines, empty boxes etc	
ME D1.5	Facility has policy of removal of condemned junk material	No junk, condemned, unused articles in the pharmacy	1	OB		
ME D1.10	The facility ensures adequate power backup	Power backup arrangement for cold chain equipments	1	SI/OB	Check for record of duration of power outage and duration of back -up available.	
Standard D2	Facility has defined procedure for storage, Inventory Management & dispensing of drugs in pharmacy					
ME D2.1	The facility has established procedures for estimation, indenting and procurement of drugs and consumables	UPHC has process to consolidate and calculate the consumption of all drugs and consumables	1	RR/SI		
		Forecasting of drugs and consumables is done scientifically based on consumption	1	RR/SI	Check for stock-outs and wastage (expiry, damaged medicines), if any are adjusted while forecasting	
		Facility has a established procedures for local purchase of drugs in emergency	1	RR/SI		
		UPHC has system for timely placing requisition to district drug store	1	RR/SI		
ME D2.2	The facility ensures proper storage of drugs and consumables	There is specified place to store medicines in Pharmacy	1	OB	Drugs are stored according to therapeutic category/alphabetically or according to their dosage form	
		All the shelves/racks containing medicines are labelled in pharmacy and drug store	1	OB		
		Product of similar name and different strength are stored separately	1	OB	Facility has a list of drugs with similar names and different strength and are stored separately & labelled	
		Heavy items are stored at lower shelves/racks	1	OB		
		Fragile items are not stored at the edges of the shelves.	1	OB		

		Sound alike and look alike medicines (LASA) are stored separately in patient care area and pharmacy	1	OB	Facility has a list of LASA and are stored separately in patient care area and pharmacy	
		Drugs and consumables are stored away from water and sources of heat, direct sunlight etc.	1	OB	Drugs are not stored in the corridor or outside toilets/damp places	
		Drugs are not stored directly on the floor and adjacent to wall especially walls directly facing sun light	1	OB		
ME D2.3	The facility ensures management of expiry and near expiry drugs	Facility has a procedure in place to avoid expiry of medicines and identifies near expiry drugs	1	OB/RR/SI		
		There is a earmarked area for keeping expiry drugs distant from regular drugs to avoid mixing	1	OB		
		There is a established process for disposal fo expiry drugs	1	SI/RR	Staff is aware of the process and Check for last condemnation procedure undertaken	
		There is system about transfer of surplus / near expiry drugs to other nearby facility / district stores	1	SI/RR	Check for initiation of transfer process done with adequate remaining shelf life (preferably at least 3 months in advance)	
ME D2.4	The facility has established procedure for inventory management techniques	Physical verification of inventory is done periodically	1	RR/SI	Has periodicity of physical verification defined (quarterly/biannually/annually). Check when last physical verification done	
		Facility uses bin card system and updated each time stock is handled	1	OB	Bin cards are kept for each item in the stock room and physical count of remainind stock done. Check for last posting on the bin card.	
		First expiry first out system is established for drugs	1	RR/SI		
		Stores has defined minimum and reorder level defined	1	RR/SI	Check for minimum and reorder level defined for vital drug as per their consumption pattern	
		Drugs are categorized in Vital, Essential and Desirable	1	RR/SI	Check for list of VED categorization	
ME D2.5	There is process for storage of vaccines and other drugs, requiring controlled temperature & storage environment	Check vaccines & diluents are placed in specified shelf/compartiment inside the storage unit and are clearly labeled.	1	OB	(Top to bottom) : Hep B, DPT, DT, TT, BCG, Measles, OPV. Vaccines are not stored in door. Check food/drinking water not stored in the vaccine refrigerator	
		Work instruction for storage of vaccines are displayed at point of use	1	OB		
		ILR and deep freezer have functional temperature monitoring devices	1	OB/RR		
		There is system in place to maintain temperature chart of ILR	1	OB/RR	Temp. of ILR: Min +2 degree C to 8 degree C in case of power failure min temp. +10 degree C . Daily temperature log are maintained. Corrective action of any temperature excursion taken.	
		There is system in place to maintain temperature chart of deep freezers	1	OB/RR	Temp. of Deep freezer cabinet is maintained between -15 degree C to -25 degree C.Daily temperature log are maintained. Corrective action of any temperature excursion taken.	
		Check thermometer in ILR is in hanging position	1	OB		
		ILR and deep freezer has functional alarm system	1	SI		
		Conditioning of ice packs is done prior to transport	1	SI	Check if staff is aware of how to condition ice pack (water beads on the surface of ice pack and sound of water is heard on shaking it)	

		Staff is aware of Hold over time of cold storage equipments	1	SI	Hold over time depends on Factors - the amount of vaccine being stored in the refrigerator, the external temperatures and the refrigerator will affect the duration of time vaccines within the refrigerator will be kept within +2 °C to +8 °C. Do not allow the vaccine to remain in a non-functioning unit for an extended period of time.	
ME D2.6	The facility has established procedure for dispensing of drugs	Drugs are arranged in demarcated boxes /containers /trays	1	OB		
		Drug boxes/containers are legibly labeled	1	OB	Label is firmly attached to container with Generic name and strength of drug is written	
		Pharmacist check drugs name, strength, dosage form and route of administration before dispensing	1	SI/OB	Check if pharmacists dispenses to identified patients	
		Drugs are dispensed in Envelops	1	OB		
		List of look alike and sound alike drugs is displayed at dispensing counter	1	OB		
		Drugs are given for no. of days as prescribed	1	OB/SI		
		Drugs are not directly dispensed from drug storage area	1	SI/OB		
		Repeat drugs are given only after approval from medical officer	1	SI/RR/OB	Medicines are dispensed to only authorized patients registered for the day	
		Strip cutting is not done	1	SI/OB		
		Dispensing register is updated in real time	1	SI/RR/OB		
		Check Patients having knowledge about correct use of medicines.	1	PI	Pharmacist providing information about correct use of medicines to the patients- at least purpose, no. of tablets, frequency and duration of treatment.	
<b>Area of Concern - E Clinical Services</b>						
Standard E2	<b>Facility has defined procedure for primary management and continuity of care with appropriate maintenance of records</b>					
ME E2.8	The facility ensures that standardised forms and formats are used for all purposes including registers	Records at Pharmacy are maintained	1	RR	Stock Registers, Indent Registers, Expiry drug register etc.	
Standard E3	<b>Facility has defined &amp; implemented procedures for Drug administration and standard treatment guideline as mandated by Govt.</b>					
ME E3.3	Patient is counselled for self drug medication	Patient is explained about drug dosages by pharmacist at dispensing counter	1	PI/SI		
ME E3.4	The facility ensures that drugs are prescribed in generic name only	Drugs are purchased in generic name only	1	RR		
		Facility has a copy of essential drug list as per state norms	1	RR/SI		
<b>Area of Concern - F Infection Control</b>						
Standard F4	<b>Facility has defined &amp; establish procedure for segregation, collection, treatment &amp; disposal of Bio medical &amp; hazardous waste</b>					
ME F4.3	The facility ensures transportation and disposal of waste as per guidelines	Expired Drugs and discarded vaccines are disposed as per guidelines	1	OB		
<b>Area of Concern - G Quality Management</b>						
Standard G.1	<b>Facility has established quality Assurance Program as per state/National guidelines</b>					

ME G1.5	The facility has established internal quality assurance programme	Physical verification of the inventory by Pharmacist at periodic interval	1	RR/SI		
ME G1.6	The facility has established external assurance programmes	Periodic and random sampling of drugs for monitoring and quality control	1	RR/SI		
ME G1.7	The facility conducts the periodic prescription/ medical audits	Pharmacy I/C coordinate prescription audit	1	RR/SI		
Standard G3	<b>Facility has established ,documented &amp;implemented standard operating procedure system for its all key processes .</b>					
ME G3.1	Standard Operating procedures are prepared , distributed and implemented for all key processes	Updated SOPs for Pharmacy and cold chain management is available at point of use	1	RR/SI		
		SOPs adequately covers all relevant process of department	1	RR/SI		
ME G3.3	Work instructions are displayed at Point of work	Work instructions for Storage of drugs available	1	OB		
		Work sinstruction for Operating ILR and Deep Freezers	1	OB		
	<b>Area of Concern - H: Outcomes</b>					
Standard H1	<b>The facility measures its productivity, efficiency, clinical care &amp; service Quality indicators</b>					
ME H1.1	Facility measures Productivity Indicators on monthly basis	Percentage of drugs available against EDL	1	RR		
ME H1.2	Facility measures efficiency Indicators on monthly basis	No. of stock out drugs	1	RR		
		Percentage of drugs expired during month	1	RR		
ME H1.3	Facility measures Clinical Care & Safety Indicators on monthly basis	Antibiotic prescription rate	1	RR		
Standard H2	<b>Facility endeavours to improve its performance to meet bench marks</b>					
ME H2.2	The facility strives to improve indicators from its current performance	Trends analysis of Indicators is done at Periodic Intervals	1	RR		

<b>Pharmacy Score Card</b>		
	<b>Pharmacy Score</b>	<b>50.0</b>
	<b>Area of Concern wise Score</b>	
A	Service Provision	50.0
B	Patient Rights	50.0
C	Inputs	50.0
D	Support Services	50.0
E	Clinical Services	50.0
F	Infection Control	50.0
G	Quality Manangement	50.0
H	Outcome	50.0

National Quality Assurance Standards for U - PHC					10	
Checklist for Laboratory						
Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
	Area of Concern - A Service Provision					
Standard A1	Facility provides Promotive, preventive and curative services					
ME A1.4	Services are available for the time period as mandated	All lab services are available during OPD hrs	1	RR/SI	In-house or linkage with an out-sourced laboratory for availability of reports for clinical care and/or meeting obligations under the National Health Programme	
Standard A2	The facility provides RMNCHA Services					
ME A2.2	The facility provides Maternal health Services	DELETED				
		Availability of Essential tests for ANC	1	RR/SI	Pregnancy Test, Haemoglobin, Blood Group, HIV Testing , Blood Sugar, HBsAG , Urine for Sugar & Protein, VDRL	
Standard A3	The Facility provides Diagnostic Services, Para-clinical & support services.					
ME A3.2	The facility provides diagnostic services	Availability of clinical Pathology	1	RR/SI	Routine Urine , Blood Sugar	
		Availability of Routine Hemetology Tests	1	RR/SI	Haemoglobin, Platelets Counts,RBC, WBC, Bleeding time ,Clotting Time & Hepatitis B/ Australian antigen	
		Blood Grouping & Rh Typing	1	RR/SI		
		Availability of Serology Tests (Rapid)	1	RR/SI	Rapid diagnostic kit for PF Malaria, HIV/AIDS RPR/VDRL for Syphilis	DISCUSS
		Availability of Microscopy Tests	1	RR/SI	Blood Smear for Malaria Wet Mount and Gram Staining for RTI/STI. AFB (Sputum) for TB	
Standard A4	The facility provide services as mandated in National Health Programmes					
ME A4.1	The facility provides services under National Vector Borne Disease Control Programme as per guidelines	Tests for Diagnosis of malaria	1	RR/SI	Blood Smear	DISCUSS FOR DELETION
ME A4.2	The facility provides services under Revised National TB Control Programme as per guidelines	Availability /Linkage of Designated Microscopy Center (AFB)	1	RR/SI		
ME A4.4	The facility provides services under National AIDS Control Programme as per guidelines	Test for Diagnosis of HIV/AIDS	1	RR/SI	Through Rapid blood Test	
ME A4.8	The facility provides services under National Programme for Prevention and control of Cancer, Diabetes, Cardiovascular diseases & Stroke (NPCDCS) as per guidelines	Availability of test for diabetes	1	RR/SI	Blood /Urine sugar through disposable kits	



ME A4.9	The facility Provides services under Integrated Disease Surveillance Programme as per Guidelines	Availability of Water Quality Tests	1	RR/SI	Rapid test kit for faecal contamination of water Estimation of chlorine level of water using ortho-toluidine reagent	
Standard A5	The facility provides services as per local needs / State specific health programmes as per guidelines					
ME A5.2	Facility provides services as per local needs/ state specific health programmes as per guidelines	Laboratory provides specific test for local health problems/ diseases e.g. Dengue, swine flu etc.	1	RR/SI		
Area of Concern B - Patients' Rights						
Standard B1	The service provided at facility are accessible					
ME B1.2	The facility displays the services available		1	OB		
			1	OB		
ME B1.7	DELETED					
Standard B2	The service provided at facility are acceptable					
ME B2.3	Confidentiality of patients' records and clinical information is maintained	Laboratory has system to ensure the confidentiality of the reports generated	1	SI/OB	Lab registers & Copy of report are kept at secured place	
Standard B3	The service provided at facility are affordable					
ME B3.1	The facility provides cashless services to all patients including pregnant women, mothers and sick children as per prevalent government schemes	Availability of free diagnostic tests for mother & infant	1	PI/SI		
ME B3.2						
ME B3.4	DELETED		1			
Area of Concern - C Inputs						
Standard C1	The facility has adequate & Safe infrastructure for delivery of assured services and meets the prevalent norms					
ME C1.1	Departments have adequate space as per patient load	Laboratory space is adequate for carrying out activities	1	OB/SI	Adequate area for sample collection, waiting, performing test, keeping equipment and storage of drugs and records	
ME C1.3			1			
			1			
			1			
			1			

ME C1.5			1			
			1			
ME C1.6			1			
ME C1.7			1			
Standard C2	The facility has adequate qualified and trained staff, required for providing the assured services to the current case load					
ME C2.1	The facility has adequate medical officers as per service provision and work load	Availability of one lab technician	1	OB/SI		
ME C2.4	The Staff has been imparted necessary trainings/skill set to enable them to meet their roles & responsibilities	Training on Diagnostic Equipment	1	RR		
			1	DELETED		
			1			
			1			
			1			
Standard C3	The facility provides drugs and consumables required for assured services.					
ME C3.2	The Facility has availability of adequate consumables at point of use	Availability of Stains	1	SI/RR/OB	Gram's iodine, Crystal Violet stain, Safranin stain, JSB stains	
		Availability of reagents	1	SI/RR/OB	Cyan meth - haemoglobin/HCl for Hb estimation, ABO & Rh antibodies	
			1			
		Availability of Rapid diagnostic Kits	1	SI/RR/OB	Uristix for urine albumin and sugar analysis, PH strip, RPR test kits for syphilis, Whole Blood Finger Prick HIV Rapid Test Kit	
		Availability of glassware	1	SI/RR/OB	Smear Glass microslide Lancet/ pricking needle Reflux Condenser Pipette Test tubes Glass rods Glass slides Cover slips, Western green, capillary tube	
			1			
Standard C4	The facility has equipment & instruments required for assured list of services.					
ME C4.3	Availability of equipment & instruments for diagnostic procedures being undertaken in the facility	Instruments for Haematology	1	SI/OB	Haemoglobino meter, Differential blood cell counter /Nubers's chamber, Sahli's Haemoglobinometer, Centrifuge	
		Instruments for Bio chemistry	1	SI/OB	Colorimeter	
		Instrument for Microscopy	1	SI/OB	Simple/Compound Microscope for Malaria & Bi-nocular Microscope for RNTCP, Tally counter, Ph balance, Eletronic balance	
		Availability of Glucometer	1	SI/OB		

ME C4.4	Availability of equipment for storage	Availability of equipment for storage of sample and reagents	1	SI/OB	Refrigerator	
<b>Area of Concern - D Support Services</b>						
Standard D1	<b>The facility has established facility management programme for maintenance &amp; upkeep of equipment &amp; infrastructure to provide safe &amp; secure environment to staff &amp; users</b>					
ME D1.1	The facility has system for maintenance of critical Equipment	There is system of timely corrective break down maintenance of the equipments	1	SI/RR	Ask for the procedure of repair, Check if some equipment is lying idle since long time due to maintenance	
ME D1.2	The facility ensures comfortable environment for patients and service providers	Adequate ventilation in Laboratory	1	OB		
ME D1.3	Patient care areas are clean and hygienic	Floors, walls, roof , sinks in patient care area are Clean	1	OB	All area are clean with no dirt,grease,littering and cobwebs	
		Surface of furniture i.e work benches are clean	1	OB		
ME D1.4	Facility infrastructure is adequately maintained	Fixtures and Furniture i.e Work Benches are intact and maintained	1	OB		
ME D1.5	Facility has policy of removal of condemned junk material	No condemned/Junk material in the Laboratory	1	OB		
ME D1.7	The facility provides adequate illumination level at patient care areas	Adequate illumination at work station	1	OB		
		Adequate illumination at Collection area	1	OB/Si		
Standard D2	<b>Facility has defined procedure for storage, Inventory Management &amp; dispensing of drugs in pharmacy</b>					
ME D2.1	The facility has established procedures for estimation, indenting and procurement of drugs and consumables	There is established system of timely indenting of consumables and reagents	1	RR		
ME D2.2	The facility ensures proper storage of drugs and consumables	Reagents are labelled appropriately	1	RR/OB	Reagents label contain name, concentration, date of preparation/opening, date of expiry, storage conditions and warning	
ME D2.3	The facility ensures management of expiry and near expiry drugs	No expired reagent found	1	OB		
		Records for expiry and near expiry reagent are maintained	1	RR		
ME D2.4	The facility has established procedure for inventory management techniques	Expenditure & stock register of consumables are available at laboratory	1	RR		
Standard D5	<b>Facility has procedure for collecting &amp; Reporting of the health facility related information</b>					

ME D5.9	The facility provide monitoring and reporting service for Integrated Disease Surveillance Programme, as per guidelines	Check form L is filled for information required	1	RR	Form for Laboratory surveillance reporting Form L contain information for Name of Lab, state, district, block, Name & signature of officer incharge along with information about no. of samples tested and no. of sample found positive. Format also include line listing of positive cases except malaria cases along with age & sex breakage	DISCUSS
		Reporting format (Form L) are sent to District Surveillance Unit (DSU) as per guidelines	1	RR	Form L will be filled in duplicate (Blue & Yellow), PHC retain blue copy while Yellow will be sent to DSU	
				DELETED		
Area of Concern - E Clinical Services						
Standard E2	Facility has defined procedure for primary management and continuity of care with appropriate maintenance of records					
ME E2.2	The facility provides appropriate referral linkages for transfer to other/higher facilities to assure the continuity of care.	Laboratory has referral linkage for tests not available at the facility	1	RR/SI		
ME E2.8	The facility ensures that standardised forms and formats are used for all purposes including registers	Standard Formats available	1	RR	Printed formats for requisition and reporting are available	
		Lab records are labelled and indexed	1	RR		
		Records are maintained at laboratory	1	RR	Test registers, IQAS/EQAS Registers, Expenditure registers, Accession list etc.	
ME E2.9	The facility ensures safe and adequate storage and retrieval of medical records	Laboratory has adequate facility for storage of records	1	OB/SI		
Standard E4	Facility has defined & establish procedure for Diagnostic Services					
ME E4.1	There are established procedures for Pre-testing Activities	Requisition of all laboratory test is done in request form	1	RR/OB	Request form contain information: Name and identification number of patient, name of authorized requester, type of primary sample, examination requested, date and time of primary sample collection and date and time of receipt of sample by laboratory,	
			1			

			1			
			1			
			1	DELETED		
ME E4.2	There are established procedures for testing Activities	Testing procedure are readily available at work station and staff is aware of it	1	OB		
ME E4.3	There are established procedures for Post-testing Activities	Laboratory has format for reporting of results	1	RR		
			1			
			1	DELETED		
			1	RR/SI		
ME E4.4	There are established procedures for laboratory diagnosis of Tuberculosis as per prevalent guidelines	Medical Practioner fills standardized laboratory form for sputum examination	1	RR	TO DISCUSS	
		Laboratory staff follow guideline for collecting sputum for smear microscopy	1	RR/SI/PI	Two sample will be collected: Early morning-Spot	
		Laboratory staff/ health worker provide guidance to patient for sputum collection	1	RR/SI	Explains steps of collecting sputum	
		Laboratory staff is aware of methodology for smear preparation & staining slides	1	RR/SI	Ziel Neelsen /(1% Carbol fuchson, 25% Sulphuric Acid, 0.1% Methylene blue). If Laboratory is not designated DMC, give full compliance	
		Staff is aware of how to examine and interpretation sputum smear	1	RR/SI	If Laboratory is not designated DMC, give full compliance	
		Instruction for Ziel Neelsen Staining procedure & interpretation chart are displayed at working station	1	RR/SI	If Laboratory is not designated DMC, give full compliance	
ME E4.5	There are established procedures for laboratory diagnosis of Malaria as per prevalent guidelines	Staff is aware of method of preparation of blood films	1	SI/RR	Select 2 Or 3 finger,site of puncture is site of ball of finger, hold the slide by its edges, the size of blood drop is controlled better if finger touches the slide,touch the drop of blood with clean slide, take 3 drops for thick smear, touch the another new drop of blood with edge of clean slide,spread the blood with corner of another slide to make circle, bring edge of slide carryingsecod drop of blood to surface of first slide, wait till blood spread whole edge, holding it an angle of 45° push it forward	
		Staining & examination of blood films is done as per protocols	1	SI/RR		
		Staff is aware of methodolgy for estimation of parasite density	1	SI/RR	For thick smear staff is aware of parasite per microlitre & pluse sytsem	

	Area of Concern - F Infection Control					
Standard F1	Facility has defined & implemented procedure for ensuring Hand hygiene practices & asepsis					
ME F1.1	Hand washing facilities are provided at point of use	Availability of hand washing Facility at Point of Use	1	OB	Check for availability of wash basin near the point of use	
		Availability of running Water	1	OB	Ask to Open the tap. Ask Staff water supply is regular	
		Availability of antiseptic soap with soap dish/ liquid antiseptic with dispenser.	1	OB	Check for availability/ Ask staff if the supply is adequate and uninterrupted	
		Display of Hand washing Instruction at Point of Use	1	OB	Prominently displayed above the hand washing facility , preferably in Local language	
ME F1.2	Staff is trained and adhere to standard hand washing practices	Staff is adhere to standard hand washing practices	1	OB/SI		
		Staff aware of when to hand wash	1	OB/SI		
ME F1.3	Facility ensures standard practices for maintaining asepsis	Proper cleaning of procedure site with antiseptics	1	OB/SI	like before drawing blood, and collection of specimen	
Standard F2	Facility ensures availability of Personal Protective equipment & follows standard precautions.					
ME F2.1	Facility ensures adequate personal protection equipment as per requirements	Disposable gloves are available at point of use	1	OB		
		Availability of lab aprons/coats	1	OB		
ME F2.2	Staff adheres to standard personal protection practices	No reuse of disposable gloves and Masks.	1	OB/SI		
		No mouth pipetting is done in the laboratory	1	OB/SI	Check for availability of Micro pipette	
Standard F3	Facility has standard procedure for disinfection & sterilization of equipment & instrument					
ME F3.1	The facility ensures standard practices and materials for decontamination and cleaning of instruments and procedures areas	Decontamination of operating & Procedure surfaces	1	SI	Ask staff about how they decontaminate work benches (Wiping with .5% Chlorine solution)	
		Proper Decontamination of instruments after use	1	SI	Decontamination of instruments and reusable of glassware are done after procedure in 1% chlorine solution/ any other appropriate method	
		Contact time for decontamination is adequate	1	SI	10 minutes	
		Cleaning of instruments after decontamination	1	SI	Cleaning is done with detergent and running water after decontamination	
		Staff is trained for Blood spill management	1	SI		
ME F3.2	The facility ensures standard practices and materials for disinfection and sterilization of instruments and equipment	Disinfection of reusable glassware	1	SI	Disinfection by hot air oven at 160 degree Celcius for 1 hour	

Standard F4	Facility has defined & establish procedure for segregation, collection, treatment & disposal of Bio medical & hazardous waste					
ME F4.1	The facility ensures segregation of Bio Medical Waste as per guidelines	Availability of colour coded bins at point of waste generation	1	OB	Bins are covered	
		Availability of colour coded bags	1	OB	Check Yellow bag is non chlorinated	
		Segregation of different category of waste as per guidelines	1	OB		
		Display of work instructions for segregation and handling of Biomedical waste	1	OB	Pictorial & in local language	
		There is no mixing of infectious and general waste	1	OB		
		Availability of functional needle cutters	1	OB		
ME F4.2	The facility ensures management of sharps as per guidelines	Availability of puncture proof box	1	OB	See if it has been used or just lying idle	
		Disinfection of sharp before disposal	1	OB	Should be available near the point of generation	
		Staff is aware of contact time for disinfection of sharps	1	SI	Disinfection of syringes is not done in open buckets	
ME F4.3	The facility ensures transportation and disposal of waste as per guidelines	Disinfection of liquid waste before disposal	1	OB/SI		
		Disposal of sputum container with specimen & wooden stick as per guideline	1	OB/SI	Remove the lid from sputum cup, put sputum cup, left over specimen, wooden stick in foot operated plastic bucket/bin with 5% phenol/phenolic compound diluted to 5%	
		Staff is aware of contact time for immersion of sputum cups in disinfectant solution	1	SI	12 hours	
		Disposal of slides are done as per guideline	1	SI	Put slides in puncture proof container	
		Staff is aware of contact time for immersion of slides in disinfectant solution	1	SI	With use of 5% phenol/phenolic compound (40%) diluted to 5% contact time for slides are 30 min	
Area of Concern - G Quality Management						
Standard G.1	Facility has established quality Assurance Program as per state/National guidelines					
ME G1.5	The facility has established internal quality assurance programme	Internal Assessment of Laboratory is done at periodic Interval	1			
			1	DELETED		
			1			
			1			
			1			
			1			
ME G1.6	The facility has established external assurance programmes	Cross Validation of Lab tests are done for Haematology and records are maintained	1	RR/SI		

		Cross Validation of Lab tests are done for biochemistry and records are maintained	1	RR/SI		
			1			
			1			
			1	DELETED		
Standard G3	Facility has established ,documented &implemented standard operating procedure system for its all key processes .					
ME G3.1	Standard Operating procedures are prepared , distributed and implemented for all key processes	Updated SOP are available at point of use	1	SI/RR		
		SOP adequately cover all relevant processes of the department	1	SI/RR	For Malaria: QA malaria microscopy,preparation of blood smear, staining & eexamination of blood smear, reporting and documentation of data,cross checking of routine slides forEQA,Preparation of QA panel slide for EQAS. For TB: smear preparation,Z-N staining procedure, SPutum smear interpetation, Classiifcation of tuberculosis cases	DISCUSS FOR DELETION
ME G3.3					DELETED	
Area of Concern - H: Outcomes						
Standard H1	The facility measures its productivity, efficiency, clinical care & service Quality indicators					
ME H1.1	Facility measures Productivity Indicators on monthly basis	No. of Test done per 1000 OPD	1	RR		
		No. of Hb done per ANC per Month	1	RR		
		No. of AFB examined per Month	1	RR		
		No. of blood smear examined per 1000 population for Malaria	1	RR		
		No. of HIV test done per 1000 OPD	1	RR		
ME H1.2	Facility measures efficiency Indicators on monthly basis	No. of stock out of reagents & Kits	1	RR		
ME H1.3	Facility measures Clinical Care & Safety Indicators on monthly basis	No. of HB reported less than 7gm %	1	RR		
		No. of rapid diagnostic kits discarded because of unsatisfactory result	1	RR		
		Monthly blood examination rate	1	RR		
ME H1.4	Facility measures Service Quality Indicators on monthly basis	Waiting time for sample collection	1	RR		
Standard H2	Facility endeavours to improve its performance to meet bench marks					
ME H2.2	The facility strives to improve indicators from its current performance	Trends analysis of Indicators is done at Periodic Intervals	1	RR		

## Laboartory Score Card



	<b>Laboratory Score</b>	<b>50.0</b>
	<b>Area of Concern wise Score</b>	
<b>A</b>	Service Provision	50.0
<b>B</b>	Patient Rights	50.0
<b>C</b>	Inputs	50.0
<b>D</b>	Support Services	50.0
<b>E</b>	Clinical Services	50.0
<b>F</b>	Infection Control	50.0
<b>G</b>	Quality Manangement	50.0
<b>H</b>	Outcome	50.0

National Quality Assurance Standards for U - PHC					11	
Checklist for Outreach						
Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
	Area of Concern - A Service Provision					
Standard A1	Facility provides Promotive, preventive and curative services					
ME A1.1	The facility provides treatment of common ailments	Availability of routine & special outreach session	1	RR/SI	Check during session provision for Primary Management and referral of Common Cold, Fever, Diarrhoea, injuries etc	
ME A1.4	Services are available for the time period as mandated	Routine & special outreach sessions are conducted at defined intervals	1	RR/SI	At least one routine outreach session in area each month & At least one special outreach session every week in slum area /vulnerable population by designated ANM	
Standard A2	The facility provides RMNCHA Services					
ME A2.1	The facility provides Reproductive health Services	Counseling for family planning during outreach session / Home Visit	1	RR/SI	By ASHA & ANM	
		Distribution of OCP & Condoms	1	RR/SI		
ME A2.2	The facility provides Maternal health Services	Antenatal care services	1	RR/SI	Registration, Antenatal Check up, Identification of danger sign during the outreach sessions	
		Counseling & Behavior Promotions	1	RR/SI	for breast feeding, family planning, Personal hygiene etc	
ME A2.3	The facility provides New-born health Services	Immunization sessions	1	RR/SI		
		Postnatal Visit and counseling for Newborn Care	1	RR/SI		
		Community based newborn screening by ASHA during home visit	1	RR/SI		
ME A2.4	The facility provides Child health Services	Distribution of ORS, Zinc and Pediatrics Ciplox	1	RR/SI		
		Anganwadi center based screening of Children from 6 weeks to 6 years	1	RR/SI	Check MCP card is filled for Growth monitoring of child	
ME A2.5	The facility provides Adolescent health Services	Organization of Adolescent Health Day	1	RR/SI	At least once in a quarter	
Standard A3	The Facility provides Diagnostic Services, Para-clinical & support services.					
ME A3.2	The facility provides diagnostic services	Availability of Point of Care Diagnostic Services	1	RR/SI	Pregnancy test, Hemoglobin, Urine Albumin, Malaria Slides, glucose strips & Blood Pressure	
Standard A4	The facility provide services as mandated in National Health Programmes					
ME A4.1	The facility provides services under National Vector Borne Disease Control Programme as per guidelines	Counseling for practices of Vector Control and Protection	1	RR/SI		
		Preparation of PS for Malaria and testing by Rapid Diagnostic Kits	1	RR/SI		
ME A4.2	The facility provides services under Revised National TB Control Programme as per guidelines	Outreach services for screening and referral of Symptomatic cases	1	RR/SI		
		Follow up of confirmed cases for ensuring adherence to DOT	1	RR/SI		

ME A4.3	The facility provides services under National Leprosy Eradication Programme as per guidelines	Referral and follow up services for leprosy cases	1	RR/SI		
ME A4.4	The facility provides services under National AIDS Control Programme as per guidelines	Referral and guidance for HIV testing and availing ART	1	RR/SI		
		Follow up of confirmed cases for adherence to ART	1	RR/SI		
		Condom promotion and distribution of condoms in high risk group	1	RR/SI		
ME A4.5	The facility provides services under National Programme for prevention and control of Blindness as per guidelines	Detection of cases of impaired vision and referral	1	RR/SI		
ME A4.6	The facility provides services under Mental Health Programme as per guidelines	Identification and referral of common mental illness	1	RR/SI		
ME A4.7	The facility provides services under National Programme for the health care of the elderly as per guidelines	Counseling of elderly persons and their family members for healthy ageing	1	RR/SI		
ME A4.8	The facility provides services under National Programme for Prevention and control of Cancer, Diabetes, Cardiovascular diseases & Stroke (NPCDCS) as per guidelines	Screening, referral, follow up of under treatment patients for Non communicable diseases	1	RR/SI		
		Screening, referral & follow up of diabetic cases	1			
		BP measurement, screening, referral and follow up of hypertensive & cardiac patients	1	RR/SI		
ME A4.9	The facility Provides services under Integrated Disease Surveillance Programme as per Guidelines	Surveillance about abnormal increase in case of diarrhea, fever etc	1	RR/SI		
		Immediate reporting of new cluster/outbreak based on syndromic surveillance	1	RR/SI		
ME A4.10	The facility provide services under National health Programme for deafness	Detection and referral of cases of hearing impairment	1	RR/SI		
ME A4.11	The facility provides services under Universal Immunization Programme (UIP) as per guidelines	Immunization services at Outreach sessions as per National Schedule	1	RR/SI		
ME A4.12	The facility provides services under National Iodine deficiency Programme as per guidelines	Testing of salt for presence of Iodine through salt testing kits	1	RR/SI		
ME A4.13	The facility provides services under National Tobacco Control Programme as per guidelines	Motivation for quitting and referral to tobacco cessation centre	1	RR/SI		
ME A4.14	The facility provides services under National Oral Health Care Program	Health education on oral health and Hygiene	1	RR/SI		
Standard A5	The facility provides services as per local needs / State specific health programmes as per guidelines					

ME A5.1	The facility maps its vulnerable population enabling micro-planning for outreach services	Mapping of vulnerable section has been carried out in all areas served by UPHC	1	RR/SI	Mapping includes rag pickers, destitute, beggars, street children, construction workers, coolies, rickshaw pullers, sex workers, street vendors and other such migratory population	
		Facility keep records of Vulnerable population in there area	1	RR/SI	Check for if facility has a list of vulnerable population and whether information is available with ANM and ASHA of their respective area	
		Facility prepares micro plan for covering the vulnerable population	1	RR/SI	Check if micro plans has been made in consultation with respective ANM and ASHA to reach out vulnerable and migratory population	
		Facility monitors adherence to the micro plan	1	RR/SI	Check if there is system of periodic review by UPHC for ensuring that outreach sessions has been carried out according to micro plan	
		Facility updates the list of vulnerable population on regular interval	1	RR/SI	Check if there is system of updating the pockets of Migratory population at periodic interval. At least once in a quarter	
ME A5.2	Facility provides services as per local needs/ state specific health programmes as per guidelines	Specific out reach services are provided according to the local health problems	1	RR/SI		
		Out reach services are provided for state specific health programs	1	RR/SI		
<b>Area of Concern B - Patients' Rights</b>						
Standard B1	<b>The service provided at facility are accessible</b>					
ME B1.2	The facility displays the services and entitlements available	Services provided at outreach sessions are displayed at relevant areas of served population by UPHC	1	RR/SI		
ME B1.4	Patients & visitors are sensitized and educated through appropriate IEC / BCC approaches	IEC material is displayed / distributed during the outreach session	1	RR/SI	Check if there is provision of Posters, Pamphlets etc to be used during outreach sessions . Check innovative method like Use of Audio-Visual medium, Street Plays , group activities during the out reach sessions	
ME B1.5	Information is available in bi-lingual signage and is easy to understand	All IEC material is available in local language	1	RR/SI		
ME B1.6	The facility has defined and established grievance redressal system in place	There is system of receiving grievances if services are not being provided during outreach sessions	1	RR/SI	Ask beneficiary are aware of compliant readdressal mechanism/ any dedicated help line no. for complaint handling	
ME B1.8	Access to facility is provided without any physical barrier	Check location of outreach session & also ensure its assessibility to target population	1	RR/SI/OB	Outreach sessions are organized in proximity to the population targeted	
Standard B2	<b>The service provided at facility are acceptable</b>					
ME B2.1	Services are provided in manner that are sensitive to gender	Availability of a female attendant if male doctor/Health worker examining the female beneficiary	1	RR/SI		
ME B2.2	Adequate visual privacy is provided at every point of care	Examination and counseling area is provided with curtains	1	RR/SI		

ME B2.4	The facility ensures the behaviors of staff is dignified and respectful, while delivering the services	Check of staff behavior is dignified and courteous to the patients	1	PI/SI		
Standard B3	The service provided at facility are affordable					
ME B3.1	The facility provides cashless services to all patients including pregnant women, mothers and sick children as per prevalent government schemes	All outreach services are provided free of cost to Pregnant Women, Mothers and Children's up to five year	1	RR/SI		
	Area of Concern - C Inputs					
Standard C2	The facility has adequate qualified and trained staff, required for providing the assured services to the current case load					
ME C2.2	The facility has adequate nursing staff/Paramedics as per service provision and work load	Availability of ANMs as per population	1	RR/SI	Availability of one ANM per 10000-12000 population	
ME C2.3	The facility has adequate support staff / Health Workers as per service provision and workload	Availability of Community worker/ASHA/Link worker as per population	1	RR/SI	One worker for 1000-2500 slum/vulnerable population	
ME C2.4	The Staff has been imparted necessary trainings/skill set to enable them to meet their roles & responsibilities	Induction training of ANM for Outreach services	1	RR/SI	A training of 3 to 6 weeks for providing outreach services in urban areas	
		Training of ASHA and ANMs on counseling	1	RR/SI	Training on counseling for RTI, PPTCT, ANC, nutrition and spacing between births	
		Training of ASHA on community mobilization and various aspects of public health	1	RR/SI	4 week of induction training followed by 15 days of refresher training	
ME C2.5	The Staff is skilled and competent as per job description	ANM is skilled of ANC Checkup & counselling	1	RR/SI		
		ANM is skilled preparing micro plan for immunization	1	RR/SI		
		ANM is skilled for diagnostic services	1	RR/SI	Using rapid diagnostic Kits , Hemoglobin, Urine albumin by strip Method	
		ASHA is skilled for home based new born care & counselling	1	RR/SI		
		ASHA skilled for preparing Malaria Slides	1	RR/SI		
Standard C3	The facility provides drugs and consumables required for assured services.					
ME C3.1	The facility has availability of adequate drugs at point of use	Availability of Drugs for Outreach Sessions	1	RR/SI	IFA, OCP, Cotimoxazole	
		Availability of vaccines for immunization	1	RR/SI	As per Immunization schedule	
		Availability of Antipyretic in ASHA Kits	1	RR/SI	Tab. Paracetamol, Tab. Dicyclomine	
		Availability of Contraceptives in ASHA Kits	1	RR/SI	Condoms and Oral Contraceptive Pills, Emergency Contraceptive Pills	
		Availability of Topical (locally Applied) drugs	1	RR/SI	Tetracycline ointment , Povidone Iodine ointment Tube, G.V. Paint, Sprit	
		Availability of Antibiotics in ASHA Kits	1	RR/SI	cotrimoxazole syrup, Pediatric cotrimoxazole tablets,	
		Availability of Nutritional Supplement	1	RR/SI	Zinc tablets, Tab. Iron Folic acid,ORS Packets	
ME C3.2	The Facility has availability of adequate consumables at point of use	Availability of Diagnostic Kits in ASHA Kits	1	RR/SI	nischay kit,rapid diagnostic kit,Slides for Malaria & Lancets	
		Availability of Dressing Material	1	RR/SI	Sterilized Cotton Bandages	
		Availability of Sanitary Napkins	1	RR/SI		

Standard C4	The facility has equipment & instruments required for assured list of services.					
ME C4.1	Availability of equipment & instruments for examination & monitoring of patients	Availability of functional Measuring equipments	1	RR/SI	BP Apparatus, thermometer, Weighing scale, measuring tape, Stethoscope	
	Area of Concern - D Support Services					
Standard D2	Facility has defined procedure for storage, Inventory Management & dispensing of drugs in pharmacy					
ME D2.4	The facility has established procedure for inventory management techniques	There is a system of periodic replenishment of drugs and consumable sin ASHA Kits	1	RR/SI	Condoms, NISCHAY Kit, Sanitary pads & drugs etc	
ME D2.5	There is process for storage of vaccines and other drugs, requiring controlled temperature & storage environment	Drugs are kept at dry and cool place away from sun light	1	RR/SI		
Standard D3	Facility has defined & established procedure for Community Participation for providing assured services					
ME D3.3	The facility has established procedure for supporting and monitoring activities of community health work -ASHA	UPHC monitors the activities assigned to ASHAs	1	RR/SI	Check for the records that ASHAs attends Monthly Review meetings	
		Incentives and TA/DA to ASHAs are paid on time	1	RR/SI	Check for there is no backlog	
		UPHC supports in skill development of ASHAs	1	RR/SI	Check for timely trainings have been provided to ASHAs, MO orient ASHA at monthly review meeting	
		There is system of taking feedback from ASHAs to improve the services	1	RR/SI		
ME D3.4	The facility has established procedure for supporting and monitoring activities of Mahila Arogya Samiti	Mahila Arogya Samiti has been formed in all the slums served by UPHC	1	RR/SI		
		Accounts have been opened for MAS	1	RR/SI		
		MAS meets every month	1	RR/SI		
		Data base regarding functional MAS is available at UPHC	1	RR/SI		
Standard D5	Facility has procedure for collecting & Reporting of the health facility related information					
ME D5.9	The facility provide monitoring and reporting service for Integrated Disease Surveillance Programme, as per guidelines	Reporting on Form S under IDSP	1	RR/SI		
ME D5.11	The facility provides monitoring and reporting services under Universal Immunization Programme, as per guidelines	Reporting under Universal immunization program by ANM	1	RR/SI		
ME D5.14	Facility Reports data for Mother and Child Tracking System as per Guidelines	Reporting for MCTS	1	RR/SI		
ME D5.15	Facility Reports data for HMIS System as per Guidelines	Reporting for HMIS	1	RR/SI		
	Area of Concern - E Clinical Services					
Standard E2	Facility has defined procedure for primary management and continuity of care with appropriate maintenance of records					
ME E2.2	The facility provides appropriate referral linkages for transfer to other/higher facilities to assure the continuity of care.	ANM/ASHA has defined format for referring patients to UPHC	1	RR/SI		
		ASHA/ANM is aware of where to refer the patient based on presenting condition of patients	1	RR/SI		
		Records of referred patients are maintained by ASHA/ANM	1	RR/SI		

		Wherever required ASHA provides escort services to patients during referral	1	RR/SI	Referral for Institutional Delivery escorted by ASHA	
ME E2.3	Facility ensures follow up of patients	Follow up of referred patients by ASHA & ANM	1	RR/SI		
		ANM & ASHA prepare micro plan for home visits for follow up of discharged patients	1	RR/SI		
ME E2.9	The facility ensures safe and adequate storage and retrieval of medical records	ANM has been provided with provision of safe keeping of records at UPHC	1	RR/SI		
Standard E 3	<b>Facility has defined &amp; implemented procedures for Drug administration and standard treatment guideline as mandated by Govt.</b>					
ME E3.3	Patient is counseled for self drug medication	ANM/ASHA explain patients about dosage and timings	1	RR/SI		
ME E3.5	There is procedure of rational use of drugs	There is system of monitoring so that drugs are not irrationally prescribed by ASHA/ANM	1	RR/SI		
ME E3.6	Drugs are prescribed according to Standard Treatment Guidelines	Treatment guidelines for use of drugs are provided to ASHA & ANM	1	RR/SI		
Standard E4	<b>Facility has defined &amp; establish procedure for Diagnostic Services</b>					
ME E4.2	There are established procedures for testing Activities	Use of Rapid Diagnostic Kits as per protocols	1	RR/SI		
		HB testing is done as per protocols	1	RR/SI		
ME E4.5	There are established procedures for laboratory diagnosis of Malaria as per prevalent guidelines	Preparation of Malaria Slides as per protocols	1	RR/SI		
Standard E5	<b>The facility has establish procedure for Maternal health care as per guideline</b>					
ME E5.1	There is an established procedure for Registration and follow up of pregnant women.	Early registration of Pregnant women is ensured by the ANM	1	RR/SI	Check ANC records for ensuring that majority of ANC registration is taking place within 12th week of Pregnancy in ANC register	
		Mother and Child Protection Card is provided and updated	1	RR/SI	Check Mother & Child Protection cards have been provided for each pregnant women at time for registration/ First ANC	
		Records are maintained for ANC registered pregnant women	1	RR/SI	Records of each ANC check-up is maintained are maintained in ANC register by the ANM of respective area	
		Clinical information of ANC is kept with ANC clinic	1	RR/SI	Check, if there is a system of keeping copy of ANC information like LMP, EDD, Lab Investigation Findings , Examination findings etc. with them	
		Staff has knowledge of calculating expected pregnancies in the area	1	RR/SI	Check with ANM the expected pregnancies in her area / How to calculate it.(Birth Rate X Population/1000 Add 10% as correction factor (Still Birth)	
		Tracking of Missed and left out ANC	1	RR/SI	Check with ANM how she tracks missed out ANC. Use of MCTS by generating work plan and follow-up with ASHA, AWW etc. Check if there is practice of recording Mobile no. of clients/next to kin for follow up	
		ASHA ensure At least one ANC visit is attended by Medical Officer	1	RR/SI	Preferably 3rd Visit (28-34 Weeks)	

ME E5.2	There is an established procedure for History taking, Physical examination, and counseling of each antenatal woman, visiting the facility.	Comprehensive Obstetric History is recorded	1	RR/SI	History of Pervious pregnancies including complications and procedures done, if any, is taken	
		Physical Examination of Pregnant Women is done on every ANC visit	1	RR/SI	Pulse, Respiratory Rate , Pallor, Oedema	
		Blood Pressure and weight is measured on every ANC visit	1	RR/SI	Check any 3 ANC records/ MCP Card randomly to see that BP and weight has been measured and recorded at every ANC visit	
ME E5.3	The facility ensures of drugs & diagnostics are prescribed as per protocol	Hemoglobin and Urine test is done on every ANC visit	1	RR/SI	Check randomly any 3 MCP card/ ANC record for Hemoglobin test is done at every ANC visit and values are recorded	
ME E5.4	There is an established procedure for identification of High risk pregnancy and appropriate & Timely referral.	Staff can recognize the cases, which would need referral to Higher Centre(FRU)	1	RR/SI	Anaemia, Bad obstetric history, CPD, PIH, APH, Medical Disorder complicating pregnancy, Malpresentation, fetal distress, PROM, obstructed labor, ruptured uterus, & Rh negative	
		Staff is competent to identify Hypertension / Pregnancy Induced Hypertension	1	RR/SI	Hypertension - Two consecutive reading taken four hours apart shows Systolic BP >140 mmHg and/or Diastolic BP > 90 mmHg	
		Staff is competent to identify Pre-Eclampsia	1	RR/SI	Pre - Eclampsia- High BP with Urine Albumin (+2) Imminent eclampsia -BP >140/90 with positive albumin 2++, severe headache, Blurring of vision, epigastria pain & oligouria	
ME E5.5	There is an established procedure for identification and management of anaemia	Staff is competent to classify anaemia according to Haemoglobin Level	1	RR/SI	>11 gm% -Absence of Anaemia, 10 to 11 gm% mild, 7-10 gm% Moderate Anaemia <7 gm% Severe Anaemia	
		Staff is aware of prophylactic & Therapeutic dose of IFA	1	RR/SI	Prophylactic - one IFA tablet per day for at least 100 days starting from first trimester Therapeutic - 2 IFA tablet per day for three months	
		Line listing of pregnant women with moderate and severe anaemia	1	RR/SI	Check the records	
ME E5.6	Counseling of pregnant women is done as per standard protocol and gestational age	Counseling is provided during the ANC check-up as per protocol	1	RR/SI	Counseling regarding birth preparedness, identification of danger signs, nutrition, breast feeding and family planning	
ME E5.7	There is a established procedures for Postnatal visits & counseling of Mother and Child	Postpartum home visits are ensured by ASHA / ANM	1	RR/SI	Check the records ANM/ASHA visits home on 3rd, 7th and 42nd day after delivery	
		History Taking and Examination is done during the postnatal visits	1	RR/SI		



		Counseling is done during the home visits	1	PI/SI	Ask ANM/ ASHA regarding components of counseling Pregnant women is counseled for Postpartum care , Hygiene, Nutrition, Contraception, Breastfeeding, Registration of Birth and Identification of danger signs	
Standard E6	Facility has established procedure for care of New born & Child as per guideline					
ME E 6.1	Post natal visit & counseling for New born care is provided as per guideline	ASHA/ ANM maintains the list of New-born in their area	1	RR/SI	Check the records	
		6 Home visits are provided by ASHA	1	RR/SI	On 3rd, 7th , 14th, 21st , 28th and 42nd Day. Check records that for identified new-born visits have been timely made by ASHA	
		Home visit form is filled by ASHA	1	RR/SI	Check Home visit form for examination of Mother and New Born has been updated by ASHA during the visit	
ME E 6.2	Triage, Assessment & Management of new-born having emergency signs are done as per guidelines	ASHA is skilled for Identifying danger signs and referral for Newborn	1	RR/SI	Weight <1.8 kg Temperature > 99 degree Yellowness in eyes/Skin persistent for more than 14 day after birth.	
		ASHA is skilled for home based management of Hypothermia	1	RR/SI	If temperature is <97F then advice the mother to keep the baby warm through increasing room temperature and providing skin to skin contact	
ME E 6.5	Management of children presenting diarrhoea is done per guidelines	ORS therapy is provided as per guidelines during Outreach Sessions	1	RR/SI		
ME E 6.6	Screening & Referral of children as per guidelines of Rastriya Bal Swasth Karkarm	Identification for birth defects during home visits by ASHA	1	RR/SI	Check ASHA is skilled for recognizing birth defects and referral	
Standard E7	Facility has establish procedure for Family Planning as per Govt guideline					
ME E7.2	Facility provides spacing method of family planning as per guideline	Staff is aware of eligibility, Limitation and Benefits of Lactation Amenorrhea Method (LAM)	1	RR/SI		
		Staff is aware of eligibility, Limitation, Method and Benefits of OCP	1	RR/SI		
Standard E8	Facility provides Adolescent reproductive &sexual health services as per guideline					
ME E8.1	Facility provides Promotive ARSH Services	Counseling and group sessions during adolescent health days	1	RR/SI	Check for IEC activites	
ME E8.2	Facility provides Preventive ARSH Services	Distribution of Sanitary Napkin and counseling of Menstrual Hygiene	1	RR/SI		
ME E8.4	Facility Provides Referral Services for ARSH	Referral linkages to adolescent friendly health clinic	1	RR/SI		
Standard E9	Facility provides National Health Programmes as per operational/clinical guidelines of the Government					
ME E9.1	Facility provides service under National Vector Borne Disease Control Program as per guidelines	Distribution of Chloroquine in endemic area	1	RR/SI		
ME E9.2	Facility provides services under Revised National TB Control Program as per guidelines	ASHA/ ANM are aware for monitoring of TB Patients and adherence to DOT treatment	1	RR/SI		
		What action is taken by DOT provider (ASHA/ANM) if they fail to retrieve such patient	1	RR/SI	Reported to next level supervisor (PHW/MO-PHI/STS/ MO-TB)	

		What action is taken if patient misses DOT on 2 occasion in Intensive phase	1	RR/SI	Arrange visit of MO- PHI to patient home for counseling of the patient.	
		Side effects of anti TB treatment is identified by DOT provider and reported to MO	1	RR/SI		
ME E9.9	Facility provide service for Integrated disease surveillance program	Staff skilled to fill form S	1	RR/SI		
ME E9.11	The facility provides services under Universal Immunization Programme as per guidelines	ASHA prepares due list of immunization for her respective area	1	RR/SI		
		ANM/ASHA is aware of how to calculate the no. of Beneficiaries (pregnant women & Infants for every vaccination)	1	RR/SI		
		Micro plan for respective area of ANM has been adequately prepared	1	RR/SI		
		Tracking of missed out children done by ANM /ASHA	1	RR/SI		
<b>Area of Concern - F Infection Control</b>						
Standard F1	<b>Facility has defined &amp; implemented procedure for ensuring Hand hygiene practices &amp; asepsis</b>					
ME F1.2	Staff is trained and adhere to standard hand washing practices	Availability of Hand Sanitizer for outreach session and home visits	1	RR/SI		
ME F1.3	Facility ensures standard practices for maintaining asepsis	Check ASHA is aware of 6 steps of hand wash	1	RR/SI		
		Check ASHA is aware of when to hand wash	1	RR/SI		
Standard F2	<b>Facility ensures availability of Personal Protective equipment &amp; follows standard precautions.</b>					
ME F2.1	Facility ensures adequate personal protection equipment as per requirements	Availability of personal protective equipment for out reach sessions	1	RR/SI	Gloves & Mask	
Standard F4	<b>Facility has defined &amp; establish procedure for segregation, collection, treatment &amp; disposal of Bio medical &amp; hazardous waste</b>					
ME F4.1	The facility ensures segregation of Bio Medical Waste as per guidelines	Segregation of Biomedical waste during the outreach session	1	RR/SI		
ME F4.2	The facility ensures management of sharps as per guidelines	Sharps are collected in Puncture proof box during out reach sessions	1	RR/SI		
ME F4.3	The facility ensures transportation and disposal of waste as per guidelines	There is system of collecting Biomedical waste from Outreach session site to UPHC	1	RR/SI		
<b>Area of Concern - G Quality Management</b>						
Standard G.1	<b>Facility has established quality Assurance Program as per state/National guidelines</b>					
ME G1.1	The facility has a quality team in place	ASHA and ANM are represented in Quality Team	1	RR/SI		
ME G1.2	The facility has defined quality policy and it has been disseminated	ASHA and ANM are aware of Quality Policy of the UPHC	1	RR/SI		
ME G1.3	Quality objectives have been defined, and the objectives are reviewed and monitored periodically	Specific Quality Objectives are set for Outreach services	1	RR/SI		
ME G1.4	The facility reviews quality of its services at periodic intervals	Quality of outreach services are reviewed during Monthly quality team meeting	1	RR/SI		
ME G1.5	The facility has established internal quality assurance programme	Internal Assessment Conducted for Outreach services	1	RR/SI		
Standard G.2	<b>Facility has established system for Patients and employees satisfaction</b>					
ME G2.1	Patient Satisfaction surveys are conducted at periodic intervals	Feed back is taken during outreach services	1	RR/SI		
ME G2.2	Employee satisfaction Surveys are conducted at periodic intervals	Employee Satisfaction survey includes ASHA and ANM serving under UPHC area	1	RR/SI		

Standard G3	Facility has established ,documented &implemented standard operating procedure system for its all key processes .					
ME G3.1	Standard Operating procedures are prepared , distributed and implemented for all key processes	SOPs for Outreach services have been prepared	1	RR/SI		
		SOPs includes all Key processes regarding out reach services	1	RR/SI		
ME G3.2	Staff is trained as per SOPs	Outreach staff has been trained on SOPs	1	RR/SI		
Area of Concern - H: Outcomes						
Standard H1	The facility measures its productivity, efficiency, clinical care & service Quality indicators					
ME H1.1	Facility measures Productivity Indicators on monthly basis	No. of special outreach session conducted per month	1	RR		
		No. of MAS meeting conducted per month	1	RR		
ME H1.2	Facility measures efficiency Indicators on monthly basis	No. of outreach session conducted per ANM	1	RR		
		No. of home visit conducted by ASHA	1	RR		
		No. of home visit conducted by ANM	1	RR		
Standard H2	Facility endeavors to improve its performance to meet bench marks					
ME H2.2	The facility strives to improve indicators from its current performance	Trends analysis of Indicators is done at Periodic Intervals	1	RR		

Outreach Score Card		
	Outreach Score	50.0
	Area of Concern wise Score	
A	Service Provision	50.0
B	Patient Rights	50.0
C	Inputs	50.0
D	Support Services	50.0
E	Clinical Services	50.0
F	Infection Control	50.0
G	Quality Manangement	50.0
H	Outcome	50.0

National Quality Assurance Standards for U - PHC					12	
Checklist for General Admin						
Reference No.	Measurable Elements	Checkpoints	Compliance	Assessment Methods	Means of Verification	Remarks
	Area of Concern - A Service Provision					
Standard A1	Facility provides Promotive, preventive and curative services					
ME A1.2	The facility provides Accident & Emergency Services	Availability of linkage to ambulance services	1	RR/SI		
ME A1.4	Services are available for the time period as mandated	Dispensaries are functional for time as mandated	1	RR/SI		
		Dispensaries functional in evening hours	1	RR/SI	Provision of OPD services in evening hours for working population	
Standard A3	The Facility provides Diagnostic Services, Para-clinical & support services.					
ME A3.3	The facility provides medico legal and administrative services	Issuing of Medical Certificates	1	RR/SI		
		Reimbursement related issues	1	RR/SI		
ME A3.4	The facility provides support services	Availability of Housekeeping services	1	RR/SI		
		Availability of Security Services	1	RR/SI		
Standard A5	The facility provides services as per local needs / State specific health programmes as per guidelines					
ME A5.2	Facility provides services as per local needs/ state specific health programmes as per guidelines	Availability of services as per state scheme/Program	1	RR/SI		
	Area of Concern B - Patients' Rights					
Standard B1	The service provided at facility are accessible					
ME B1.1	The facility has uniform and user-friendly signage system	Direction to Dispensaries is displayed from the Access road	1	OB		
		Name of the facility prominently displayed at front of hospital building	1	OB	With facility of illumination in night	
		All functional areas identified by their respective signage	1	OB	Clinics, Injection Room, Pharmacy, MO I/C Office etc.	
		Facility lay out with Directions to different departments displayed	1	OB		
		All signage are in uniform color & user friendly	1	OB		
ME B1.2	The facility displays the services and entitlements available	List of available services are predominatly displayed	1		At enterance of Dispensaries	
		Important numbers like MO I/C and other important officials are displayed	1	OB		
		Days and Timings of Specific services are displayed	1	OB	General clinic Immunization clinic, ANC Clinic, Specialty clinic etc	

ME B1.3	The facility has established citizen charter	Citizen Charter including Rights & Responsibilities of Patients is prominently displayed	1	OB	Preferably near entrance or OPD area	
ME B1.4	Patients & visitors are sensitized and educated through appropriate IEC / BCC approaches	Availability of IEC corner	1	OB		
ME B1.5	Information is available in bi-lingual signage and easy to understand	Signage and information are provided in bilingual language	1	OB		
ME B1.6	The facility has defined and established grievance redressal system in place	Availability of complaint box and display of process for grievance redressal and whom to contact is displayed	1	OB/SI/RR		
		There is defined frequency of collecting complaints from complaint box	1	SI/RR		
		Records of patient complaints suggestion are maintained	1	SI/RR		
		There is system of periodic review of patient complaints	1	SI/RR		
		There is evidence of action taken on complaints	1	SI/RR		
ME B1.7						
ME B1.8	Access to facility is provided without any physical barrier	Availability of Ramp at the entrance of Dispensaries Building	1	OB		
		Handrails are provided with the ramp & Stairs	1	OB		
		Approach road to hospital is accessible without congestion or encroachment	1	OB		
		Internal Pathways and corridors of the facility are without any obstruction / Protruding Object	1	OB		
		Availability of at least one Disable friendly toilet	1	OB		
		Availability of Wheel chair and stretcher for easy Access	1	OB		
Standard B2	The service provided at facility are acceptable					
ME B2.1	Services are provided in manner that are sensitive to gender	Availability of separate male and female toilets	1	OB		
ME B2.4	The facility ensures the behaviors of staff is dignified and respectful, while delivering the services	Behavior of staff is empathetic and courteous to patients and visitors	1	PI		
ME B2.5	Religious and cultural preferences of patients and attendants are taken into consideration while delivering services	Check for special precaution is taken for maintaining privacy & confidentiality of cases having social stigma	1	RR/SI	HIV, Leprosy , Abortion, domestic Violence, Adolescence pregnancy	
Standard B3	The service provided at facility are affordable					
ME B3.2						
	Area of Concern - C Inputs					
Standard C1	The facility has adequate & Safe infrastructure for delivery of assured services and meets the prevalent norms					

ME C1.1	Departments have adequate space as per patient load	Adequate space as per services available & Workload	1	OB/SI	As per OPD Load and services available. Minimum 2000 sq ft covered area	
ME C1.2	Amenities for Patients & Staff are available as per load	Availability of Demarcated parking area	1	OB		
		Availability of Dedicated Toilets for Staff	1	OB		
		Availability of Drinking water facility	1	OB/SI		
		Availability of Fans/ Coolers in Waiting area	1	OB/SI		
		Availability of seating facility in waiting area	1	OB/SI		
ME C1.3	Departments have layout and demarcated areas as per functions					
		Dedicated OPD room	1	OB/SI		
		Dedicated Room for Examination/IUCD Insertion	1	OB/SI		
		Dedicated Dressing room / Injection room	1	OB/SI		
		Dedicated room for conducting ANC and Immunization	1	OB/SI		
		Dedicated room for Laboratory	1	OB/SI		
		Dedicated room for General stores	1	OB/SI		
		Dedicated Pharmacy with demarcated dispensing counter	1	OB/SI		
ME C1.4	The facility has infrastructure for intramural and extramural communication	Availability of Telephone connection	1	OB/SI	Preferably at least one functional landline connection	
		Availability of internet connection	1	OB/ SI	Wired or wireless	
ME C1.5	The facility ensures safety of electrical installations	No temporary connections and loosely hanging wires	1	OB		
		Dispensaries has mechanism for periodical check / test of all electrical installation	1	SI/RR		
		Danger sign is displayed at High voltage electrical installation	1	OB		
		All electrical panels are covered and has restricted access	1	OB/SI		
ME C1.6	Physical condition of buildings are safe for providing patient care	Dispensaries premises has intact boundary wall	1	OB		
		Hospital has functional gate at the entrance	1	OB		
		All the windows in PHCs are secured with grills & wire mesh	1	OB		
		No Major Crack/ defect Dispensaries Building	1	OB		
		Floors are non slippery and even	1	OB		
ME C1.7	The facility ensures fire safety measures including fire fighting equipment	Fire exit signs are displayed at critical areas	1	OB		
		There is system to track the expiry dates and periodic refilling of the extinguishers	1	SI/RR		

		Periodic Training is provided for using fire extinguishers	1	SI/RR		
		Staff is skilled to operate fire extinguishers	1	SI/RR		
		Periodic mock drills for fire safety are organized at the Dispensaries	1	SI/RR		
Standard C2	<b>The facility has adequate qualified and trained staff, required for providing the assured services to the current case load</b>					
ME C2.1	The facility has adequate medical officers as per service provision and work load	Availability of regular Medical Officer	1	SI/RR	At least one	
ME C2.2	The facility has adequate nursing staff/Paramedics as per service provision and work load	Availability of Staff Nurses	1	SI/RR	At least 3	
		Availability of ANMs	1	SI/RR	As per ESIC norms(ANMs in future will be replaced by Nursing officer)	
		Availability of Lab Technician	1	SI/RR	At least 1	
ME C2.3						
ME C2.4	The Staff has been imparted necessary trainings/skill set to enable them to meet their roles & responsibilities	Training of staff on infection control	1	RR/SI		
		Training of staff on Bio Medical Waste Management	1	RR/SI		
		Training on Basic Life Support (BLS)	1	RR/SI		
Standard C3	<b>The facility provides drugs and consumables required for assured services.</b>					
ME C3.2	The Facility has availability of adequate consumables at point of use	Availability of Stationary items as per requirement	1	SI/RR		
Standard C4	<b>The facility has equipment &amp; instruments required for assured list of services.</b>					
ME C4.5	Availability of patient furniture and fixtures as per load and service provision	Availability of office furniture	1	OB/SI		
			1			
ME C4.6	Availability of functional equipment and instruments for support & outreach services	Equipment for Cleaning		OB/SI	Buckets for mopping, Mops, Brooms etc.	
	<b>Area of Concern - D Support Services</b>					
Standard D1	<b>The facility has established facility management programme for maintenance &amp; upkeep of equipment &amp; infrastructure to provide safe &amp; secure environment to staff &amp; users</b>					
ME D1.1	The facility has system for maintenance of critical Equipment	Dispensaries ensures that all equipments are covered under AMC including preventive maintenance	1	RR/SI	ILR, deep freezer , Lab equipments etc.	
		Records of equipments maintenance are available with facility	1	RR/SI		

ME D1.3	Patient care areas are clean and hygienic	PHC has a system for safe disposal of general waste	1	OB/RR/SI		
		Schedule for cleaning is defined and implemented	1	OB/RR/SI		
		Housekeeping checklist used for monitoring cleaning activities	1	OB/RR/SI		
ME D1.4	Facility infrastructure is adequately maintained	Check for there is no seepage , Cracks, chipping of plaster	1	OB		
		Dispensaries has system for periodic maintenance of Building	1	SI		
ME D1.5	Facility has policy of removal of condemned junk material	No condemned/Junk material in the corridors, storage , administrative area	1	OB		
		Periodic removal of junk material done at the Dispensaries	1	RR/SI		
ME D1.6	Facility maintains both the internal and open area of the facility.	Interior of Patient care areas are plastered & painted	1	OB		
		Dispensaries Building is painted/whitewashed in uniform color	1	OB		
ME D1.7	The facility provides adequate illumination level at patient care areas	Adequate illumination in circulation area	1	OB/SI		
		Adequate illumination in patient care and procedure areas	1	OB/SI		
ME D1.8	The facility provides Clean and adequate linen as per requirement	Check linen provided at clinics and procedure area is clean	1	OB		
		There is defined schedule for change of linen	1	SI		
		Dispensaries has in-house /Outsourced arrangement of washing the linen	1	SI/RR		
ME D1.9	The facility has adequate arrangement for storage and supply of potable water in all functional areas	Availability of 24x7 running and potable water	1	OB/SI	Check for source of water (near by water body, ground water, municipal supply etc.) Check for the measure taken to ensure availability of water in areas having water scarcity	
		Dispensaries has adequate water storage facility as per requirements	1	OB/SI		
		All water tanks are kept tightly closed	1	OB		
		Periodic cleaning of water tanks carried out	1	SI/RR		
		Chlorination of water is done as per requirement	1	SI/RR		



		RO/ Filters are available for potable drinking water	1	OB		
ME D1.10	The facility ensures adequate power backup	Availability of Generator/UPS for Power Backup	1	OB		
Standard D3	Facility has defined & established procedure for Community Participation for providing assured services					
ME D3.1						
ME D3.2						
Standard D4	Facility has defined procedure for Governance & work Management					
ME D4.1						
ME D4.2						
ME D4.3						
ME D4.4	The facility has a established procedure for duty roster and deputation of staff	Duty roster of all staff is prepared, updated and communicated	1	RR/SI		
ME D4.5	The facility ensures the adherence to dress code as mandated by the department	All clinical and support staff adhere to their respective dress code	1	OB		
		I Cards and Name plates have been provided to all the staff	1	OB/SI		
ME D4.6						
ME D4.7	The facility ensures its processes are in compliance with statutory and legal requirement	No Smoking sign is displayed at the prominent places in Dispensaries	1	OB		
		Any positive report of <b>notifiable</b> disease is intimated to designated authorities	1	SI/RR		
ME D4.8	The facility has a defined protocol for the issue of medical certificates	Defined formats for issuing Medical Certificate is available	1	SI/RR		

		A copy of issued Medical Certificate is kept for records(available online)	1	RR		
		Medical Certificate are issued on the day of request	1	RR		
Standard D5	Facility has procedure for collecting & Reporting of the health facility related information					
ME D5.14	Facility Reports data for Mother and Child Tracking System as per Guidelines	Facility reports data regarding Antenatal care for availed services	1	RR/SI	Check for all antenatal cases registered at Dispensaries are entered in MCTS	
		Facility reports data about child immunization in MCTS	1	RR/SI	Check all child immunization cases are entered in MCTS	
ME D5.15	Facility Reports data for HMIS System as per Guidelines	HMIS data is reported on monthly basis	1	RR/SI		
		All data elements of HMIS are reported	1	RR/SI	Check HMIS report for filling up of all data elements	
	Area of Concern - E Clinical Services					
Standard E2	Facility has defined procedure for primary management and continuity of care with appropriate maintenance of records					
ME E2.2	The facility provides appropriate referral linkages for transfer to other/higher facilities to assure the continuity of care.	Dispensaries maintains list of higher centers/Secondary & Tertiary ESI hospitals where patient can be referred with their contact no.	1	SI/RR		
ME E2.9	The facility ensures safe and adequate storage and retrieval of medical records	Dispensaries has designated and secure place to keep Records (presently online records) including Patient Records	1	SI/RR		
		Dispensaries has policy for retention period for different kinds of records	1	SI/RR		
		Dispensaries has policy for safe disposal of records	1	SI/RR		
	Area of Concern - F Infection Control					
Standard F2	Facility ensures availability of Personal Protective equipment & follows standard precautions.					
ME F2.1	Facility ensures adequate personal protection equipment as per requirements	Immunization of Staff is done	1	SI/RR	T.T, Hep-B etc.	
ME F2.2	Staff adheres to standard personal protection practices	Medical Check-up staff is done at periodic Intervals	1	SI/RR		
Standard F4	Facility has defined & establish procedure for segregation, collection, treatment & disposal of Bio medical &hazardous waste					
ME F4.3	The facility ensures transportation and disposal of waste as per guidelines	Facility as arrangement for disposal of infectious waste through common treatment Facility	2	SI/RR		
		Demarcated area for secure storage of BMW before disposal	1	OB		

		Check for any sign of burning of waste in Dispensaries premises	1	OB		
		Log book /Record of waste generated is maintained	1	SI/RR		
		Display of Bio Hazard sign at the point of storage and generation	1	OB		
		Mutilation of Plastic waste before disposal	1	OB		
		Waste is not stored for more than 48 hours in the facility	1	RR/SI		
	<b>Area of Concern - G Quality Management</b>					
Standard G.1	<b>Facility has established quality Assurance Program as per state/National guidelines</b>					
ME G1.1						
ME G1.2						
ME G1.3						
ME G1.4						
ME G1.5						
ME G1.6						
ME G1.7						
ME G1.8						
ME G1.9						
ME G1.10						
Standard G.2	<b>Facility has established system for Patients and employees satisfaction</b>					
ME G2.1	Patient Satisfaction surveys are conducted at periodic intervals	Patient feedback form are available in local language	1	RR/SI		
			1	RR		
ME G2.2	Employee satisfaction Surveys are conducted at periodic intervals	Patient feedback is analyzed on monthly basis	1		Overall department wise/attribute wise score are calculated	
ME G2.3						
Standard G3	<b>Facility has established ,documented &amp;implemented standard operating procedure system for its all key processes .</b>					
ME G3.1						
ME G3.2						
ME G3.3						
ME G3.4						

	Area of Concern - H: Outcomes					
Standard H1	The facility measures its productivity, efficiency, clinical care & service Quality indicators					
ME H1.1						
ME H1.3						
ME H1.4						
Standard H2	Facility endeavors to improve its performance to meet bench marks					
ME H2.2						

General Admin Score		
	<b>General Admin Score</b>	<b>0.0</b>
	<b>Area of Concern wise Score</b>	
A	Service Provision	0.0
B	Patient Rights	0.0
C	Inputs	0.0
D	Support Services	0.0
E	Clinical Services	0.0
F	Infection Control	0.0
G	Quality Manangement	0.0
H	Outcome	0.0