



MINISTRY OF HEALTH

MNH Performance Standards

COUNTY	
FACILITY NAME	
ASSESSMENT TYPE	BASELINE <input type="checkbox"/> INTERNAL <input type="checkbox"/> EXTERNAL <input type="checkbox"/>
ASSESSMENT DATE	
ASSESSORS	1)
	2)
	3)

Acknowledgements

The development of this performance standard tool was spear headed by Division of Reproductive Health, Division of Child and Adolescent Health and partners including USAID-MCHIP, Micronutrient Initiative, FHI360, WHO**, UNICEF, University of Nairobi, Christian Health Association of Kenya (CHAK), Kenyatta National Hospital, Kayole Sub-District Hospital, UNFPA, NASCOP**, Division of Nursing, Division of Standards and Regulatory Services, Nursing Council of Kenya.

The standards were adapted from MNH Performance standards Ethiopia which was adapted from WHO. The following Kenya national materials were used to adapt the standards; The National guidelines for Quality Obstetrics and Perinatal care 2012, The National PMTCT guidelines, the National guidelines for Infection Prevention and Control, Targeted Postnatal Orientation Package, Facilitative Supervision Manual, FANC Orientation package, job aids and other tools.

We sincerely thank bilateral partners, NGOs, Technical organizations who participated in the meetings and workshops for their expert contribution towards development of the document. Special and sincere acknowledgement goes to USAID through MCHIP for providing the funding. We also thank the team that worked tirelessly to develop the document led by DRH and DCAH. We are equally indebted to Jhpiego Kenya for providing leadership and logistical support during the development and final production of the Performance standards assessment tool.

Finally I would like to thank the editorial and technical team who worked tirelessly to compile, edit, and proof read the final version of this tool. A comprehensive list of the contributors may be found in the annex page.

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How to use this tool:

- Each standard is worth one (1) point
- For each standard to be “achieved,” all of the verification criteria should be marked as either “Yes” or “Not Applicable”
- “Yes” refers to where the procedure is expected at that level of care
- “Not Applicable” is where the procedure is not expected at that level
- In case a procedure is not observed but is practiced at that level, check on patients’ records or role play or provide a case scenario.
- Note down the number of standards achieved per area and in total
- Calculate and write the percentage of standards achieved per area and in total
- Summarize the results using the “Summary of results” form

MNH Standards

SECTIONS	AREAS	# CRITERIA	PAGES #
1.	Antenatal Care	5	1 - 5
2.	Normal Labor, Childbirth, and Immediate Newborn Care	10	1-13
3.	Postpartum Care	4	1 - 5
4.	Management of Antenatal, Intrapartum and Postpartum Complications	7	1 - 12
5.	Infection Prevention	17	1 - 17
6.	Laboratory	12	1 - 6
7.	Pharmacy	4	1 - 5
8.	Human, Physical and Material Resources	8	1 - 9
9.	IEC and Community Participation	6	1 - 6
10.	Management Systems	7	1 - 8
GENERAL TOTAL		80	

Sample Performance

AREAS	NUMBER OF STANDARDS	NUMBER OF STANDARDS OBSERVED	CRITERIA ACHIEVED	
			NUMBER	%
1. Antenatal Care	5	5	2	40.00
2. Normal Labor, Childbirth, and Immediate Newborn Care	10	10	3	30.00
3. Postpartum Care	4	4	1	25.00
4. Management of Antenatal, Intrapartum and Postpartum Complications	7	7	4	57.14
5. Infection Prevention	17	17	10	55.56
6. Laboratory	12	12	3	25.00
7. Lab and pharmacy	4	4	1	25.00
8. Human, Physical and Material Resources	8	8	3	37.50
9. IEC and Community Participation	6	6	2	33.33
10. Management Systems	7	7	3	42.86
GENERAL TOTAL	80	80	32	39.51

Summary Sheet for Hospitals

COUNTY: _____ FACILITY NAME: _____ , FACILITY MFL CODE: _____

ASSESSORS: _____

AREAS	NUMBER OF STANDARDS	NUMBER OF STANDARDS OBSERVED	CRITERIA ACHIEVED	
			NUMBER	%
1. Antenatal Care	5			
2. Normal Labor, Childbirth, and Immediate Newborn Care	10			
3. Postpartum Care	4			
4. Management of Antenatal, Intrapartum and Postpartum Complications	7			
5. Infection Prevention	17			
6. Laboratory	12			
7. Pharmacy	4			
8. Human, Physical and Material Resources infrastructure	8			
9. IEC and Community Participation	6			
10. Management Systems	7			
GENERAL TOTAL	80			

ASSESSMENT TYPE: (BASELINE / INTERNAL 1 2 / EXTERNAL) DATE: _____

01

Antenatal Care

PERFORMANCE STANDARDS	SCORE	VERIFICATION CRITERIA	Y	N	N/A ¹	COMMENTS
1. The person who receives the pregnant woman conducts a rapid evaluation and takes a complete history		Observe during the care provided to pregnant woman whether the provider :				
		Introduction, climate setting and rapid initial evaluation at the first contact:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Self-Introduce and greets the woman and her husband or companion in a cordial manner. Asks the woman to sit 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Inquires from the client how they can be assisted 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Asks the pregnant woman upon arrival in the hospital whether she has or has had any danger signs (vaginal bleeding, severe head ache, fever, reduced Fetal movements etc.) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Obtains/reviews the personal and Obstetrical History				
		<ul style="list-style-type: none"> Confirms woman's name, age and complains 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Reviews test results including (ABO and RH factor, HB, VDRL, HIV test results (if done) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Enquires about Parity; previous pregnancy outcome (Term, preterm, ectopic, miscarriage/abortion); mode of delivery (SVD, C/S, Breech, etc); outcome of delivery (Live birth, FSB, MSB); Sex of baby; Birth weight; any other complications of the previous pregnancy/delivery. 				
		<ul style="list-style-type: none"> Finds out Date of last delivery 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Finds out Date of the first day of her last menstrual period and 				
		<ul style="list-style-type: none"> Calculates expected date of delivery (EDD) 				
		Takes/ reviews the medical/ surgical history:				
		<ul style="list-style-type: none"> Asks about and records any general health problems (fatigue, weight loss.) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Any history of chronic illness e.g. diabetes, tuberculosis, hypertension, heart diseases, STI...etc 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<ul style="list-style-type: none"> Any history of previous surgical interventions (specify) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

PERFORMANCE STANDARDS	SCORE	VERIFICATION CRITERIA	Y	N	N/A ¹	COMMENTS
2. The Person who receives the pregnant woman conducts a complete physical examination		Observe during the care of the pregnant woman whether the provider properly conducts a physical and obstetric examination:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Makes sure that the woman is comfortable (privacy, asks woman to empty her bladder, drapes the client, etc) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Washes hands / or uses hand rub 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Explains each stage of the examination to the woman 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Notes general appearance 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Correctly measures vital signs (T, BP, RR, PR) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Performs a head to toe examination which includes; <ul style="list-style-type: none"> - Checking conjunctiva for signs of anaemia and sclera for Jaundice - Checking for puffiness of the face Correctly measures fundal height 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> If after 20 weeks, listens to the fetal heart rate 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> If after 36 weeks palpates the abdomen to determine fetal presentation and lie <ul style="list-style-type: none"> - Performs pelvic examination if indicated - Checks lower Extremities for pedal edema, varicose veins and calf muscle tenderness 				
		3. The health provider performs or reviews the ANC Profile		Observe during care of a pregnant woman whether the provider orders /reviews the following lab investigations:		
<ul style="list-style-type: none"> Haemoglobin / haematocrit 	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Syphilis screening (VDRL) 	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Urinalysis for sugar and protein 	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Blood grouping and Rh factor) 	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> HIV testing (and for her partner – HTC) 	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
4. The provider properly conducts individualized care based on findings and protocols		Observe during care of a pregnant woman whether the provider:				
		<ul style="list-style-type: none"> Informs the client on key findings 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Manages the identified problems/disease or any of the danger signs accordingly <ul style="list-style-type: none"> - If the woman is HIV positive, ensures woman receives comprehensive PMTCT services and adheres to the national guidelines to manage the woman and the child 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

TOTAL STANDARDS:	5
TOTAL STANDARDS OBSERVED:	
TOTAL STANDARDS ACHIEVED:	

02

Normal Labor, Childbirth and Immediate Newborn Care

PERFORMANCE STANDARDS	SCORE	VERIFICATION CRITERIA	Y	N	N/A ¹	COMMENTS
CARE PROVIDED DURING NORMAL LABOR. Instructions to the assessor: Observe a provider giving care to a woman in the labor and/or delivery rooms using the tool						
1. The provider takes a complete history and rapid assessment according to protocol		Observe the provider when assessing the woman in the labor ward and whether the provider responds to questions using easy-to-understand language				
		<ul style="list-style-type: none"> The provider receives & handles the pregnant woman in labor in a cordial manner 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Determines if birth is imminent (desire to bear down, perspiration, anxiety) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Asks the woman whether she has or has had any danger signs 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Asks and records the woman's clinical history on the mother's file and mother and child health booklet in a confidential and private environment: <ul style="list-style-type: none"> Demographic data(age, parity, Gravida, LMP, EDD etc) Previous obstetric history(mode of delivery, Outcome, any obstetric complications) Other general medical problems or chronic illnesses Use of medications or herbs in this pregnancy Enquires from the woman and her partner with regard to Reproductive Tract infections, STIs, HIV/ AIDS & tuberculosis (TB) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Asks the woman whether she has experienced any form of physical/ sexual violence and abuse during this pregnancy 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Asks the woman whether she desires post partum family planning 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Asks If she received HIV counseling and testing in ANC. Checks her HIV status if documented in the ANC (if not offers the test) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Enquires from the woman the date of her last menstrual period (LMP), and calculates gestational age and estimated date of childbirth (EDD) (EDC) Gestational age 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

¹ Y = Yes; N = No; N/A = Not Applicable

PERFORMANCE STANDARDS	SCORE	VERIFICATION CRITERIA	Y	N	N/A ¹	COMMENTS
		<ul style="list-style-type: none"> • Observes the shape and size of the abdomen and checks for the presence of surgical scars • Determines Fundal height, presentation and fetal lie • Identifies degree of engagement by abdominal palpation (from five to zero fingers above the pubis) • Correctly evaluates uterine contractions (frequency and duration over a 10-minute period) • Auscultates for fetal heart rate (FHR) • Pelvic examination: <ul style="list-style-type: none"> - Inspection of the perineum for any problems - Vaginal examination <p>The provider initiates plotting on the partograph correctly only when the mother is in the active phase of labor (4cm) and writes on the cardex if in latent labour</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. The provider prepares and implements a plan for providing care to the woman according to the findings of the history and physical exam.		<p>Determine whether the provider offers counseling and testing for a woman in labor with unknown HIV status</p> <ul style="list-style-type: none"> • Offers woman rapid HIV testing (Assure the three Cs-confidentiality, counseling & consent) <ul style="list-style-type: none"> - Tells the woman the test result and manages the condition accordingly. - If the woman is HIV positive, ensures woman receives ARV prophylaxis as per the national PMTCT guide lines . - If woman is not in active labor, counsels on postpartum family planning • Provider Prepares and implements the birth plan with the woman and her husband/companion if possible, ensures that a birth companion has been allowed into labor ward if they are present and willing • Encourages woman to ambulate and change position according to her desire and comfort • Ensures that woman eats and drinks freely unless otherwise indicated • Encourages the woman to regularly empty her bladder 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PERFORMANCE STANDARDS	SCORE	VERIFICATION CRITERIA	Y	N	N/A ¹	COMMENTS
4. The provider uses the partograph to monitor labor according to protocol		Observe whether the provider uses the partograph to monitor labor and make adjustments to the birth plan as necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Records client's Name, Gravida, parity, Age and Hospital Number 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Records Date and time of admissions 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Records Time of ruptured membranes 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Records every half hour: FHR, Maternal pulse and uterine contractions (frequency and duration over a 10-minute period) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Records temperature every two hours (or/as necessary) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Records BP every four hours (or/as necessary) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> At every vaginal examination (every four hours or less according to evaluation of labor): 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Checks: cervical dilation, status of membranes, amniotic fluid for color and smell, the degree of moulding of the head, and the station of the head (if cephalic) or buttocks- (if breech)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Records the amount of urine output 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Performs a Urinalysis 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Records any drugs and IV fluids given during labour. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Adjusts the labor plan according to the parameters encountered: <ul style="list-style-type: none"> If parameters are normal, continues to implement the plan (walk about freely, hydration, light food, changes positions, etc.) OR If parameters are not normal, identifies complications, records the diagnosis and makes adjustments to the birth plan 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PERFORMANCE STANDARDS	SCORE	VERIFICATION CRITERIA	Y	N	N/A ¹	COMMENTS
5. The provider prepares to assist the birth according to protocol		Observe and determine whether the provider prepares to assist the birth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Prepares sterile Birth kit / Delivery kit 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Prepares essential materials: <ul style="list-style-type: none"> Sterile tray, Sterile gauze, syringe with 10 IU of oxytocin, 2 pairs of sterile gloves, antiseptic solution 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Infection prevention buckets, materials and supplies including running water 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Makes sure the mothers' bladder is empty 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Allows the woman to give birth in the position she wants 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Explains to the woman how to help herself and manage the bearing down process (when and how) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Encourages the mother to ask questions and responds in easy-to-understand language and speaks kindly to the woman during labor 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Puts on apron, eye protection(Personal Protective Barrier) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Cleanses the perineum with water or hibitane 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Observe and determine whether the provider assists the woman to have a safe and clean birth 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Monitors FHR, or has assistant monitor, FHR every five minutes during second stage 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PERFORMANCE STANDARDS	SCORE	VERIFICATION CRITERIA	Y	N	N/A	COMMENTS
6. The provider manages second stage of labor according to protocol		<ul style="list-style-type: none"> Washes hands/Hand rubs and Puts on gloves on both hands 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Allows the woman to bear down during contractions (when she feels the desire and does not force them to bear down) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Listens to, encourages and supports the woman 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Performs an episiotomy only if necessary (breech, shoulder dystocia, forceps, vacuum, poorly healed 3rd. or 4th degree tear, or fetal distress) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Allows the head to spontaneously crown while guarding the perineum. After the emergence of the head encourages open mouth breathing 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Cleans the baby's mouth and nose using sterile gauze <ul style="list-style-type: none"> If meconium present, cleans airway before baby is born and takes first breath 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Quickly palpates to determine nuchal cord <ul style="list-style-type: none"> if it is loose, slides it over the baby's head 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Carefully takes the baby's head in both hands and applies downward traction until the anterior shoulder has emerged (no neck holding) and Guides the baby's head and chest upward until the posterior shoulder has emerged 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Holds the baby by the trunk and places it on a sterile towel on the mother's abdomen 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Dries baby vigorously, assesses the baby's breathing and APGAR score, changes wet towel for a clean dry one (Wait for 2-3 minutes before cord clamping-(delayed cord clamping facilitates transfer of extra iron amounting to 40-50 mg per kg to the baby) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Clamps the cord in two places near the umbilicus and cuts the cord(1st clamp two fingers breadths, second clamp is five fingers breadths from the abdomen of the baby) Applies 4% chlorhexidine on the umbilical stump 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Enthusiastically confirms the sex of the child , shows mother to verify sex and congratulates the mother 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PERFORMANCE STANDARDS	SCORE	VERIFICATION CRITERIA	Y	N	N/A	COMMENTS
		<ul style="list-style-type: none"> Ensures the baby is kept warm and skin-to-skin contact on the mother's chest and cover the baby with a cloth or blanket, including the head (with hat) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Notes the date and time of delivery 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Ensures the baby is labeled with mother's full name, date of birth and sex 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. The provider conducts a rapid initial assessment and provides immediate newborn resuscitation if needed according to protocol.		Observe a case, or use a clinical simulation with a model for newborn resuscitation , and determine whether the provider has the required neonatal resuscitation skills and adheres to the protocol				
		<ul style="list-style-type: none"> Has prepared the following basic equipment to perform resuscitation of the newborn: <ul style="list-style-type: none"> Firm clean surface or Resuscitaire if available, two towels, Masks #0 for pre-term, #1 for term healthy baby, 500ml Newborn self-inflating resuscitation bag, Suction bulb or catheter and Working oxygen source if available and heat source at resuscitation area 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> If baby does not begin breathing (Not crying) or gasping, asks for assistance, rapidly cuts and ties the cord, dry the baby and initiates resuscitation according to protocol 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Dries the baby- ensures head is dried, BUT if meconium stained, suck first before drying the baby 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Wraps the baby to keep it warm 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Quickly suctions the baby's mouth and then nose to remove any secretions 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Correctly positions the head of the baby in a neutral position to prevent airway blockage 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		If the baby does not breathe quickly initiates ventilation <ul style="list-style-type: none"> Correctly positions head and applies correct mask <ul style="list-style-type: none"> Give five rescue inflation lasting 2-3 sec making sure chest is rising Assess the newborn baby, including pulse Ventilates 40 times per minute for 1 minute Pauses and determines whether the baby is breathing spontaneously or not 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> If the baby is breathing and there is no sign of respiratory difficulty (intercostal retractions or grunting), places the baby in skin-to-skin contact with mother 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PERFORMANCE STANDARDS	SCORE	VERIFICATION CRITERIA	Y	N	N/A	COMMENTS
		<ul style="list-style-type: none"> If baby is breathing and has a heart rate of <60 beats per min; Starts Cardiopulmonary resuscitation, three cardiac compressions to one ventilation until the heart rate reaches 100 beats per min 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> If there is no breathing after 20 minutes of ventilation or gasping type of breathing for 30 minutes <ul style="list-style-type: none"> Suspends resuscitation and Records the time of death Provides emotional support to mother/parents and family members 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Informs the mother, husband/parents/relatives of the baby's condition 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.The provider performs management of the third stage of labor according to protocol		Observe the women during a delivery and determine whether the provider:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Performs Active management of third stage of labor <ul style="list-style-type: none"> Administers 10 IU of oxytocin IM after confirming absence of another baby Stabilize the uterus by applying counter traction during Controlled cord traction(repeat accordingly with every contraction) and assists in complete expulsion of the placenta and membrane Massages the uterus with one hand on a sterile cloth over the abdomen, until the uterus contracts firmly 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Examines the placenta and membranes for completeness 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Carefully examines the vagina and perineum for tears 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Gently cleanses the vulva and perineum with hibitane solution 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Offer post partum family planning as per clients choice 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Sutures tears/ episiotomy / lacerations - if any 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Covers the perineum with a clean sanitary pad 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Ensures the woman empties her bladder 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Makes sure that the woman is comfortable (clean, hydrated and warmly covered) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Provide Vitamin A as per the guidelines 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Correctly processes the used instruments and disposes of any medical waste according to the National guidelines 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Performs routine IP housekeeping practices after assisting the birth. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PERFORMANCE STANDARDS	SCORE	VERIFICATION CRITERIA	Y	N	N/A	COMMENTS
9. The provider performs immediate postpartum care and care for the newborn in immediate postpartum period according to protocol.		<ul style="list-style-type: none"> Observe a woman during a delivery and determine whether the provider (in the labor or delivery rooms): 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Monitors the mother for BP,PR, Uterine size and vaginal bleeding every 15 minutes for the first hour after birth. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Monitors the mother for danger signs(vaginal bleeding, fits, convulsions, headaches, fever, etc) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Teaches the mother on how to do self uterine massage after every 15 mins, Requests her to empty her bladder hourly 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Ensures that the baby is well covered, on skin to skin contact with the mother and has begun to suckle within an hour of birth. Baby monitored every 15 min in 1st hr of birth 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Teaches mother the correct positioning and attachment of the baby when breast feeding 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Monitors the Baby for danger signs (bleeding from cord, hypothermia, abnormal breathing, inability to breast feed. Convulsions, jaundice within 24 hrs)... 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Manages any identified problems accordingly 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> - Baby is assessed every 4 hourly for breathing, feeding, bleeding and warmth. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> • Correct services according to the current newborn guidelines 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> - Specialized services including: Phototherapy, Continuous Positive Airway Pressure, blood transfusion, postnatal care and caring for Low Birth Weight babies. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Provides preventive care by: 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> - antimicrobial drops/ eye ointment within first hour of life - Vitamin K 1 mg, given IM - First Immunization (OPV-0, BCG) - If the woman is HIV positive, Provides ARV Prophylaxis to the newborn as per the national PMTCT guideline 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PERFORMANCE STANDARDS	SCORE	VERIFICATION CRITERIA	Y	N	N/A	COMMENTS
10. The provider provides care before discharge according to protocol:		Review records of a woman who delivered within the last 48 hours to determine whether the following care plan were performed before discharge:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Mother initiated breast feeding, vital signs, hygiene, proper diet, medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• A discharge summary is available and includes: Date and time of discharge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• The woman remains in the facility for at least 48 hours after delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Maternal and newborn Condition assessed on discharge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Information given /Clarify on;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		- Routine newborn care(Breast feeding, hygiene, thermal protection, Immunization and use of mosquito nets),	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		- Initiation of coitus post delivery, safer sex, personal hygiene and clean chain, nutrition, danger signs, offer Family planning and other services accordingly prior to discharge				
• Complication readiness plan(Danger signs ,Fund, Transport) developed or revised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
• Given appointment for the next visit						
• Records all information including the care provided to both baby and mother clearly in the mother child booklet.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
• Records in the birth register and verifies if birth notification was done						
11. Performs the first physical assessment of the baby		<p>Observe if the provider performs the following tasks;</p> <ul style="list-style-type: none"> • Examines baby from head to toe <ul style="list-style-type: none"> - Head and Neck(Head circumference, Fontanel, Eyes, Nose, Mouth, swellings) - Chest(Breathing, Deformities, Breasts, Heart rate, congenital heart disease) - Abdomen (Distention, status of umbilical Cord) - Anal-genital (Discharges and any genital abnormalities) - Limbs (Abnormalities, Movements, birth injuries) - Back (Deformities including spina bifida) - Skin (Pigmentation) - Baby's Length • Checks the weight • Check the Neonatal reflexes • Observe breast feeding • Assess for danger signs 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

TOTAL STANDARDS:	11
TOTAL STANDARDS OBSERVED:	
TOTAL STANDARDS ACHIEVED:	

03

Postpartum Care

PERFORMANCE STANDARDS	SCORE	VERIFICATION CRITERIA	Y	N	N/A ¹	COMMENTS
CARE FOR THE MOTHER						
POSTPARTUM CARE. Instructions to the assessor: Observe the provider giving care to a postpartum woman.						
1. The provider performs complete assessment		Observe/determine whether the provider does the following:				
		• Greets the woman & her husband /companion (if present) in a cordial manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Enquires for any complaint and danger signs(fever, severe head ache ...etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• If no clinical history has been recorded, the provider takes the history on: <ul style="list-style-type: none"> - Personal information (age, marital status, etc) - Medical history (Hypertension, UTI, HIV status, Anemia etc) - Obstetrical history, including details of the pregnancy, birth and immediate postnatal period 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Current postpartum history: <ul style="list-style-type: none"> - Asks the mother if she's opening bowels and passing urine normally - Asks the woman about any anxiety, her sleeping pattern, feeding habits, mood swings, how she feels about the baby, any previous violence or abuse - Asks about the lochia loss (colour, amount, smell) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

¹ Y = Yes; N = No; N/A = Not Applicable

PERFORMANCE STANDARDS	SCORE	VERIFICATION CRITERIA	Y	N	N/A ¹	COMMENTS
		<p>Observe whether the provider does appropriate routine physical exam :</p> <ul style="list-style-type: none"> Explains the procedure to the mother Assures complete privacy: Measures vital signs – Temperature, Pulse, Respiration and Blood Pressure Checks conjunctiva for pallor and sclera for jaundice Examines breasts for establishment of lactation, engorgement and tenderness and cracked/inverted nipples Examines abdomen for involution of uterus, tenderness and distension Checks lower legs for edema, calf tenderness and varicosities With woman’s permission, examines her perineum for inflammation, status of episiotomy/tears, 				
CARE FOR THE NEWBORN						
POSTPARTUM CARE. Instructions to the assessor: Observe a provider giving care to one newborn in the postpartum period.						

PERFORMANCE STANDARDS	SCORE	VERIFICATION CRITERIA	Y	N	N/A ¹	COMMENTS
2. The provider assesses the condition of the neonate		Observe if the provider performs the following while caring for a neonate:				
		<ul style="list-style-type: none"> Performs a quick check for the neonate(any danger sign/complaints noticed by mother) 				
		<ul style="list-style-type: none"> Weighs the baby 				
		<ul style="list-style-type: none"> Reviews growth monitoring chart for baby in mother child booklet 				
		<ul style="list-style-type: none"> Assesses the neonate from head to toe; <ul style="list-style-type: none"> Head and Neck (Head circumference, Fontanel, Eyes, Nose, Mouth, swellings) Chest(Breathing, Deformities, Breasts, Heart rate) Abdomen (Distention, Cord) Anal-genital (Discharges and any abnormalities) Limbs (Abnormalities, Movements) Back (Deformities) Skin (Pigmentation) Baby's Length 				
		<ul style="list-style-type: none"> Lower Extremities 				
		Specifically reassesses the newborn with danger signs (...)				
		Observe a breast feed				
		Check immunization status				
		Record in post natal register and mother child booklet, Birth registration if not done.				

04

Management of Complications

PERFORMANCE STANDARDS	SCORE	VERIFICATION CRITERIA	Y	N	N/A ¹	COMMENTS	
Hypovolemic shock.							
Instructions to the assessor: Assess the management of hypovolemic shock by interviewing or observing one provider who works in the maternity ward or in the emergency room using the tool.							
1. The provider Performs/simulates/describes the management of shock.		Observe/ simulation/ or Ask the provider:					
		What is the immediate treatment to be given?					
		• ABC of life described, simulated or provided based on the need					
		- Maintains airways					
		- Administers oxygen to the woman, 6–8 L/minute by cannula or mask					
		- Starts two IV lines using a 16- or 18-gauge/ wide bore needle					
		• Takes a blood sample for hemoglobin, coagulation screen and blood group and Rhesus (cross-matching) and Requests for blood accordingly					
		• Elevates legs (nurses in head down position)					
		Replaces fluids:					
		• 1 L saline or Ringer’s solution over a 15–20 minute period					
		• Correctly Labels IV bags with: medications added and starting time					
		• Administers at least two additional litres of this solution during the first hour (two or three times the estimated blood loss)					
		• Assesses woman’s need for transfusion based upon signs and symptoms of shock or impending shock and amount of blood lost					
• Performs bladder catheterization using indwelling catheter							

¹ Y = Yes; N = No; N/A = Not Applicable

PERFORMANCE STANDARDS	SCORE	VERIFICATION CRITERIA	Y	N	N/A ¹	COMMENTS
		<ul style="list-style-type: none"> Keeps the woman warm 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		How do you evaluate the women' response to the immediate treatment?				
		<ul style="list-style-type: none"> Re-assesses the woman every 15 minutes: 				
		<ul style="list-style-type: none"> - Vital signs(BP, RR, PR, T) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> - Mental state (confusion, consciousness) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> - Fluid balance(input and output) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		What do you do when the conditions improve?				
		<ul style="list-style-type: none"> Adjusts IV infusion to 1000 mL over a six-hour period (60 drops/minute) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Continues to monitor vital signs every 30 minutes Monitors any loss of blood every 30 minutes 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		What would you do if the condition does not improve?				
		<ul style="list-style-type: none"> Continues IV solution 1000 mL over a six-hour period (60 drops/minute) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Continues to administer oxygen at 6–8 L/minute 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Continues to monitor vital signs and fluid balance 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Identifies and manages the specific cause of the shock according to protocol 				
		<ul style="list-style-type: none"> - Pertinent History taking and Physical examination 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> - Lab exams requested as needed 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Continuously communicates to the mother, partner and staff to allay any anxiety 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Records all information including the care provided clearly and completely 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Severe pre-eclampsia or eclampsia.

Instructions to the assessors: Review the most recent case of severe pre-eclampsia or eclampsia in the clinical record (no more than 6 months old). If no record, use clinical simulations.

PERFORMANCE STANDARDS	SCORE	VERIFICATION CRITERIA	Y	N	N/A ¹	COMMENTS
2. The provider Perform/ describes the management of severe pre-eclampsia and/or Eclampsia.		Determine whether the following information is recorded or Observe:				
		<ul style="list-style-type: none"> The information to support the diagnosis of severe pre-eclampsia or eclampsia such as 20 weeks of gestation or more, Diastolic BP 110 mmHg or more, convulsions has been Included and clearly recorded 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PERFORMANCE STANDARDS	SCORE	VERIFICATION CRITERIA	Y	N	N/A ¹	COMMENTS
		<ul style="list-style-type: none"> If respiratory depression occurs (may occur if dose exceeds 30 mg in 1 hours): Assist ventilations 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Aspirates secretions from the mouth and nostrils as necessary 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Gives Oxygen continuously during fit and for 5 minutes after each fit 				
		<ul style="list-style-type: none"> Monitors vital signs:(BP,RR,PR and Temperature) every 15 mins 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Observes privacy and dignity of patient 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Antihypertensive treatment (if diastolic BP is 110 mmHg or more):				
		<ul style="list-style-type: none"> Gives Hydralazine 5 mg IV slowly every 5 minutes or 12.5 mg IM every 2 hours, until diastolic BP stabilizes between 90 and 100 mmHg 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		OR				
		<ul style="list-style-type: none"> Nifedipine 5 mg sublingual, (<i>for conscious patient</i>) repeating the dose if the diastolic BP is still more than 110 after 10 minutes 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Observe or review a record of follow up and determine whether the records adequately include:				
		Follow-up:				
		- Hourly monitoring of toxicity until the patient improves:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		- Performance and evaluation of coagulation screen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		- Fetal heart rate (if patient has not yet delivered)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		- Signs and symptoms of complication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Suspension or postponement of the use of magnesium sulfate if respiration less than 16/minute, patellar reflexes absent, or urinary output less than 30 ml/hour 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Administers calcium gluconate 1 g (10 ml of a 10% solution) IV incase of magnesium sulphate toxicity 				
		<ul style="list-style-type: none"> In the event of respiratory arrest: <ul style="list-style-type: none"> - Performs assisted ventilation 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PERFORMANCE STANDARDS	SCORE	VERIFICATION CRITERIA	Y	N	N/A ¹	COMMENTS
		<ul style="list-style-type: none"> If urine output less than 30 ml/hour, withholds magnesium sulfate and patient infused with 1 L IV fluids over 8 hours, with monitoring for pulmonary edema 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Administers Frusemide 40 mg IV, single dose in case of pulmonary edema, 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Effects delivery as soon as the woman's condition has been stabilized preferably within 6-8 hours or 12 hours from admission 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Records all information including the care provided clearly and completely in the client notes, cardex, register and mother child booklet as appropriate 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Postpartum hemorrhage (PPH) Instructions to the assessor: Assess the management of PPH by clinical simulation or Observe the process using the tool						
3. The provider properly describes, simulates or provides management of PPH as defined in the protocol.		Verify by direct observation, interview or clinical records review whether the provider:				
		<ul style="list-style-type: none"> Service provider can correctly diagnose PPH OR client records have sufficient information to support diagnosis of PPH 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Upon diagnosis, immediately measures the vital signs (PR BP RR,) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Determines Level of consciousness 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> If there is shock or suspicion of shock based on the assessment Calls for help 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Covers the woman and elevates feet higher than the heart 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Starts oxygen at 6–8 L/minute 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Starts two IV lines using 16- or 18-gauge wide bore needle 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Takes a blood sample for hemoglobin, cross-matching, and clotting test 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Initiates IV infusion with normal saline or Ringer's lactate 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Infuses 1000 mL in each line over a 15–20 minute period 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Administers at least two additional litres of solution during the first hour 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Continues to replace volume IV according to blood loss 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Monitors vital signs every 15 minutes 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<ul style="list-style-type: none"> Performs bladder catheterization 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

PERFORMANCE STANDARDS	SCORE	VERIFICATION CRITERIA	Y	N	N/A ¹	COMMENTS
		<ul style="list-style-type: none"> Monitors fluid intake and output every 30 minutes 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Verify by direct observation, role play, interview or clinical records review whether the provider properly performs the specific management of the cause of PPH				
		IF bleeding is due to retained placenta:				
		<ul style="list-style-type: none"> Confirms that there's no second baby then administers oxytocin 10 IU IM 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Gives analgesia or anesthesia. Attempts placental extraction by applying controlled cord traction (with counter traction on uterus), asking the woman to bear down (repeat the CCT with contraction)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> If this maneuver fails, performs manual removal of placenta (MROP) using sterile techniques 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Administers single dose of antibiotics eg. crystapen, or penicillin 5 million IU IV PLUS 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> metronidazole 500 mg IV (single dose) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Makes sure that bladder is empty 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Procedure for MROP: <ul style="list-style-type: none"> Holds the umbilical cord with a clamp and pulls the cord gently. Inserts the other hand into the uterine cavity and locate the placenta Provides counter-traction abdominally Detaches the placenta by slowly working around the placental bed until the whole placenta is separated from the uterine wall. Hold placenta in hand, removes it and inspects for completeness Arranges for transfer of the woman for hysterectomy in case of placenta accreta, increta or percreta 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		IF bleeding is due to uterine atony:				
		<ul style="list-style-type: none"> Explains to the woman and what she is going to do, then 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Performs vigorous uterine massage 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PERFORMANCE STANDARDS	SCORE	VERIFICATION CRITERIA	Y	N	N/A ¹	COMMENTS
		<ul style="list-style-type: none"> Administers oxytocin 20 IU in 1 L of saline solution at 60 drops/minute, and ergometrine 0.2 mg IM or IV (if the woman is not hypertensive) 				
		<ul style="list-style-type: none"> Continues to administer oxytocin 20 IU in 1 L of saline solution, 40 drops/minute, up to a maximum of 3 L of solution with oxytocin, if necessary, and ergometrine 0.2 mg IM (or IV over 15 minutes) every four hours, up to three times if necessary (if the woman is not hypertensive) 				
		<ul style="list-style-type: none"> If hemorrhaging continues, performs bi-manual uterine compression using sterile techniques <ul style="list-style-type: none"> Inserts fist into anterior vaginal fornix and applies pressure against anterior wall of uterus Places the other hand on the abdomen behind the uterus, presses the hand deeply into the abdomen, and applies pressure against the posterior wall of the uterus Maintains compression until bleeding is controlled and the uterus contracts. 				
		<ul style="list-style-type: none"> If this procedure fails, performs aortic compression <ul style="list-style-type: none"> Applies downward pressure by placing a closed fist just above the umbilicus and slightly to the left over the abdominal aorta directly through the abdominal wall 				
		If bleeding is due to retained placental parts:				
		<ul style="list-style-type: none"> Tells the woman what the problem is and explains what she is going to do 				
		<ul style="list-style-type: none"> Performs manual vacuum aspiration or instrumental extraction of remains under sterile procedure 				
		IF bleeding is due to perineal or cervical tears:				
		<ul style="list-style-type: none"> Explains the problem and intervention to a woman 				
		<ul style="list-style-type: none"> Administers 0.5 % Lidocaine to affected area 				
		<ul style="list-style-type: none"> Sutures the tears using appropriate suturing material 				
		Verify by direct observation, interview or clinical records review whether the provider properly performs follow up for a PPH case				
		<ul style="list-style-type: none"> Monitors uterine contraction, vital signs, and bleeding every 15 minutes during the first two hours and every half hour for the 3rd hour 				

PERFORMANCE STANDARDS	SCORE	VERIFICATION CRITERIA	Y	N	N/A ¹	COMMENTS
		<ul style="list-style-type: none"> Performs uterine massage and extraction of clots as needed 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Measures fluid intake and urinary output hourly 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Performs coagulation screen /clotting test if hemorrhage persists 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Replaces volume and transfuses if necessary 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Manages coagulopathy as appropriate 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Measures hematocrit or hemoglobin 24 hours after hemorrhage has been controlled 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> If hematocrit is less than 33% or hemoglobin less than 11g/dL, prescribes 120 mg of iron sulfate and 400 mcg of folic acid orally for a period of three months or provides blood transfusion as indicated 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Enquires about the status of the baby and manages accordingly 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Records all information including the care provided clearly and completely 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Refers as appropriate 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Obstructed labor.						
Instructions to the assessors: Review the most recent case of obstructed labor (no more than 6 months old) using the tool.						
4. There is a record with basic information that supports the diagnosis of obstructed labor		Determine whether the following information is recorded on the partograph or interview health provider for knowledge on diagnostic features for obstructed labour:				
		<ul style="list-style-type: none"> Prolonged labor 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> No advance of the presenting part despite adequate contractions 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Signs of maternal distress (exhaustion, tachycardia, excessive pain, dehydration) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Second/ third degree molding and caput 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. There is a record of how the obstructed labor was managed.		Determine whether there is information to include the following:				
		<ul style="list-style-type: none"> Re-hydrated the patient to maintain normal plasma volume and prevent or treat dehydration and ketosis 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Checked maternal vital signs(T,RR,BP,PR) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Gave broad spectrum antibiotics to prevent puerperal sepsis 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Took blood for Hb, blood grouping and X-matching 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PERFORMANCE STANDARDS	SCORE	VERIFICATION CRITERIA	Y	N	N/A ¹	COMMENTS
		<ul style="list-style-type: none"> Performed bladder catheterization 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Decided on the mode of delivery (one hour of admission) in a timely fashion: 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> - Performed or referred for laparotomy in case of uterine rupture 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> - Performed or referred for C/section in case fetus alive and normal, 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> - Performed or referred for craniotomy or destructive operation in case of a dead fetus in cephalic presentation with fully dilated uterus and descent of 3/5 or more 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		There is a record of follow up care of the patient. Determine whether the records adequately include:				
		<ul style="list-style-type: none"> Foley Catheter inserted and retained for 7 to 14 days 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Broad spectrum antibiotics administered for 7 days 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Mother and significant others counseled on the cause of her condition 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Emotional support provided for mother and relatives 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Records all information including the care provided clearly and completely 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Puerperal Sepsis.						
Instructions to the assessor: Review the most recent case of puerperal sepsis in the clinical record (no more than 6 months old) using the tool.						
6. There is a record of how puerperal sepsis was managed properly		Observe or determine from the records whether a case of puerperal sepsis was managed as follows; if no case was reported interview the health provider on management process:				
		<ul style="list-style-type: none"> You observe, interrogate or review records for information to support the diagnosis of puerperal sepsis (such as Fever, Offensive lochia, Sub involution of the uterus, Headache and general malaise, purulent discharge from laceration, episiotomy or incision ...) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Laboratory investigation requested:				
		<ul style="list-style-type: none"> Full blood count- look for neutrophilia 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> High vaginal swab or lochia swab, or swa of incision for culture and sensitivity 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PERFORMANCE STANDARDS	SCORE	VERIFICATION CRITERIA	Y	N	N/A ¹	COMMENTS
		<ul style="list-style-type: none"> Urine test for analysis, microscopy, culture and sensitivity 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Management:				
		<ul style="list-style-type: none"> Checks Vital signs (T, PR, BP and RR) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Infuses IV fluids / Fluid balance 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Checks uterus for involution 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Provides parenteral Broad spectrum antibiotics until patient is fever free for 48 hrs 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Encourages or provides Perineal care 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Removes digitally ant retained POCs 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Drains any pelvic abscess 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Encourages Early ambulation 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Records all information including the care provided clearly and completely 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. The provider properly performs the referral process /Referring A Woman For Care		Verify by direct observation, interview or clinical records review whether the provider perform the following:				
		<ul style="list-style-type: none"> Correctly identifies indications for referral 				
		<ul style="list-style-type: none"> After emergency management discusses decision to refer with woman and family. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Quickly organizes transport and possible financial aid. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Informs the referral center by radio or phone. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Gives the woman /family /companion properly filled referral slip 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Sends with the woman: <ul style="list-style-type: none"> A health worker trained in childbirth care Essential emergency drugs and supplies A family member who can donate blood 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> If there is a baby, sends with the mother (Ensures there is a family member who can go with the mother to care for the baby). 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PERFORMANCE STANDARDS	SCORE	VERIFICATION CRITERIA	Y	N	N/A ¹	COMMENTS
		During journey <ul style="list-style-type: none"> Maintains IV infusion. Keeps the woman and baby (if born) warm but not overheated. If journey is long, gives appropriate treatment on the way. Keeps record of all IV fluids, medications given, time of administration, and woman's condition. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

TOTAL STANDARDS:	7
TOTAL STANDARDS OBSERVED:	
TOTAL STANDARDS ACHIEVED:	

05

Infection Prevention

PERFORMANCE STANDARDS	SCORE	VERIFICATION CRITERIA	Y	N	N/A ¹	COMMENTS
CLEANING						
1. The health facility is clean.		Verify by observing the absence of dust, blood, trash and cobwebs in the following areas:				
		• External area (hospital compound, gardens) clean and well maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Administrative offices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Maternity unit and labour ward	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Waiting areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Area for newborn care (including resuscitation) / nursery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Operating room / theatre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Central supply and sterilization area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Restrooms (including toilets and sinks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Laboratory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• All wards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Storeroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2. The process of		Observe in the delivery room if after each delivery the delivery room is cleaned as follows:				

¹ Y = Yes; N = No; N/A = Not Applicable

PERFORMANCE STANDARDS	SCORE	VERIFICATION CRITERIA	Y	N	N/A ¹	COMMENTS
Cleaning the delivery room is performed well according to protocol		<ul style="list-style-type: none"> All waste is collected and removed from the room in closed, leak-proof containers with liners 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Puncture-resistant and leak proof containers are closed and removed when three quarters full 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Soiled linen is decontaminated in 0.5% chlorine solution before laundry 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Blood and body fluid spills are mopped with 0.5% chlorine solution, and then area is cleaned with detergent and water 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> All surfaces that have come in immediate contact with a patient or body fluids are cleaned with a disinfectant cleaning solution(0.5% chlorine solution and then scrub with soapy water) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> The delivery bed, mattress pads, Instrument trolleys, baby scales and resuscitation equipment are decontaminated with a cloth dampened with 0.5% chlorine solution and rinsed with detergent and clean water 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Three buckets are used for processing instruments: 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> - One with the disinfectant cleaning(0.5% chlorine) solution 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> - One with soapy water 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> - One with clean water for rinsing 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Hand hygiene is performed after removing gloves: 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> - Washes hands with running water and soap for 10–15 seconds and dries with paper towel or air-dry 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PERFORMANCE STANDARDS	SCORE	VERIFICATION CRITERIA	Y	N	N/A ¹	COMMENTS
3. The process of cleaning maternity, patient wards and clinical areas is performed according to protocol		Observe in the patient wards and clinical areas if the cleaning is performed as follows:				
		<ul style="list-style-type: none"> Housekeeping personnel wear personal protective equipment during cleaning: 				
		<ul style="list-style-type: none"> - Eye wear(goggles) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> - Mask 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> - Utility gloves 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> - Plastic apron 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> - Gum boots 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> • Head gear 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> • All waste is collected and removed from the room in closed, leak-proof containers with liners 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> • Puncture-resistant and leak proof containers are closed and removed when three quarters full 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> • Soiled linen is decontaminated in 0.5% chlorine solution before laundry 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> • Blood and body fluid spills are mopped with 0.5% chlorine solution, and then area is cleaned with detergent and water 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> • All surfaces that have come in immediate contact with a patient or body fluids are cleaned with a disinfectant cleaning solution(0.5% chlorine solution and then scrubbed with soapy water) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> • The delivery bed, mattress pads, Instrument trolleys, baby scales and resuscitation equipment are decontaminated with a cloth dampened with 0.5% chlorine solution and rinsed with detergent and clean water 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Three buckets are used:				
<ul style="list-style-type: none"> - One with the disinfectant cleaning(0.5% chlorine) solution 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<ul style="list-style-type: none"> - One with soapy water 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<ul style="list-style-type: none"> • One with clean water for rinsing 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

PERFORMANCE STANDARDS	SCORE	VERIFICATION CRITERIA	Y	N	N/A ¹	COMMENTS
		<ul style="list-style-type: none"> Floors / hallways are damp mopped at least daily (and whenever they are soiled) with a disinfectant cleaning solution 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Trash is picked up around beds and desks and trash containers emptied frequently 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Sinks are scrubbed daily and as necessary with a separate mop, cloth or brush with a disinfectant cleaning solution 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Bathrooms are cleaned daily and as necessary with separate mop, cloth or brush with a disinfectant cleaning solution 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Toilets and latrines are cleaned daily and as necessary with separate brush with disinfectant cleaning solution 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Operating tabletop is decontaminated with 0.5% chlorine solution, and sides, base and legs are wiped with a damp cloth and disinfectant cleaning solution 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. The cleaning equipment is decontaminated, cleaned and dried before reuse or storage		Observe if the mops, buckets, brushes and cleaning cloths are:				
		<ul style="list-style-type: none"> Decontaminated by soaking (fully immersed) for 10 minutes in 0.5% chlorine solution 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Washed in soapy water 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Rinsed in clean water 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Dried completely before reuse or storage 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Cleaning materials kept in a designated place 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

USE OF ANTISEPTICS: Verify by observation or interview that:						
		<ul style="list-style-type: none"> The antiseptic concentration is correctly labeled showing concentration, date and time: <ul style="list-style-type: none"> - Ethyl, isopropyl alcohol or “methylated spirit” (60%–90%), or - Cetrimide and chlorhexidine gluconate/ Hibitane (2%–4%) or - Iodine preparations (1%–3%) (e.g., alcohol containing iodine(tincture of iodine) - 7.5-10% Iodophors (Povidone iodine) 0.5 - 4% chloroxylonol(Dettol®) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Antiseptics are prepared and dispensed in small, reusable containers at the time of use 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> The reusable containers are thoroughly washed with soap and water, rinsed with clean water and dried before refilling 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Reusable containers are labeled with date each time they are refilled 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Gauze or cotton wool are stored dry in containers without antiseptics 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Instruments and other items are stored dry in containers without antiseptics 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Pick-up / cheadle forceps are stored dry in containers without antiseptics 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Antiseptics dispensers are not topped up 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Concentrated antiseptic solutions are stored in a cool place and away from direct sunlight 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
INSTRUMENT PROCESSING						
6. There is a designated area for instrument cleaning with controlled		Verify by observation whether:				
		<ul style="list-style-type: none"> The area is well-ventilated (open windows) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PERFORMANCE STANDARDS	SCORE	VERIFICATION CRITERIA	Y	N	N/A ¹	COMMENTS
traffic flow to avoid cross-contamination.		<ul style="list-style-type: none"> The area is well illuminated 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Area for cleaning instruments is separated from the procedure areas 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Dirty and clean items do not have contact i.e. clean items are on one side of the room while dirty items on the other(labeled) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> There is a receiving counter for dirty items 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> There is at least one deep sink with running water for washing instruments 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> There is a counter for instruments to dry 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> There is shelf for storing clean items 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Contaminated materials such as linens or medical waste are kept out of this room 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Electric items are away from the water area 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. The decontamination of instruments and other articles (immediately after use and before cleaning) is performed according to national guidelines.		Observe at point of use in different service areas if:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> The concentration of chlorine solution is 0.5%: 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> A new chlorine solution is prepared at the beginning of each day or sooner if needed 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Instruments and other items are soaked (completely immersed) in the 0.5% chlorine solution for 10 minutes 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Clean containers with clean 0.5% chlorine solution are used for each surgical procedure, and changed after it 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> After 10 minutes, instruments and other items are removed from the chlorine solution and rinsed with clean water or cleaned immediately 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

PERFORMANCE STANDARDS	SCORE	VERIFICATION CRITERIA	Y	N	N/A ¹	COMMENTS
8. The process of cleaning instruments and other items is performed properly according to protocol.		Observe if the person cleaning the instruments complies with the following steps and recommendations:				
		<ul style="list-style-type: none"> • Wears: 				
		<ul style="list-style-type: none"> - Utility gloves 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> - Mask and eyewear protection or face shield 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> - Plastic apron 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> - Gumboots or enclosed shoes 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> • Utilizes: 				
		<ul style="list-style-type: none"> - Soft brush or tooth brush 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> - Detergent (liquid or powder) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> • Scrubs instruments and other items under the surface of water, completely removing all blood and other foreign matter 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> • Disassembles instruments and other items with multiple parts, and cleans in the grooves, teeth and joints with a brush 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> • Rinses the instruments and other items thoroughly with clean water 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> • Allows instruments and other items to air dry, or dries with a clean towel 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> • Washes hands after removing gloves and other personal protective equipment: <p>Washes hands with running water and soap for 10–15 seconds and dries with paper towel, or allows hands to air dry,</p>				
9. The process of packaging of instruments and other items to be sterilized		Observe during the packaging process if:				
		<ul style="list-style-type: none"> • The instruments are clean and dry 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		If packaging items to be sterilized through steam sterilization (autoclave):				

PERFORMANCE STANDARDS	SCORE	VERIFICATION CRITERIA	Y	N	N/A ¹	COMMENTS
is performed according to the national protocols		<ul style="list-style-type: none"> Linen items have been laundered, dried and are intact (have no holes) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> All jointed instruments are opened (or in unlocked position) and disassembled 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> The types of materials used for wrapping are: 				
		<ul style="list-style-type: none"> - Cloth wraps, muslin, or cotton: double wrapping or - Paper (Kraft or other paper): double wrapping 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> If using paper, it is used only once and discarded (it is not reused) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Canvas or other waterproof material is never used for wrapping 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		AND/OR				
		If packaging items to be sterilized through dry heat:				
		<ul style="list-style-type: none"> The types of materials used are: 				
		<ul style="list-style-type: none"> - Cloth wraps, muslin: double wrapping or Metal with lids containers 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. The process of loading the sterilizer is performed properly. Note: <i>During assessments, use a tape measure to verify the sizes.</i>		Observe during the loading process :				
		If using steam sterilization (autoclave):				
		<ul style="list-style-type: none"> If the autoclave is vertical, it has one or two baskets or If the autoclave is horizontal, it has a cart or shelves 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> There is at least 7–8 cm of space between the packages and the walls 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Packs , Bottles , solid metals , glass containers with dry materials, canister, utensils and treatment trays rest on their edge and side in loose contact and with enough space between each other 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Instrument trays (mesh or perforated bottom only) are placed flat on shelves or baskets 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Packs are within the size limit: maximum dimensions: 30 x 30 x 50 cm or 5 kg 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PERFORMANCE STANDARDS	SCORE	VERIFICATION CRITERIA	Y	N	N/A ¹	COMMENTS
		AND/OR				
		If using dry-heat sterilization:				
		<ul style="list-style-type: none"> There is at least 7–8 cm (3 inches) of space between the packages and the walls 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. The sterilization process is performed according to protocol and manufacturer's instructions based on the type of sterilizer.		Observe during the sterilizing cycle if the standard conditions listed below are followed:				
		If steam sterilization (autoclave):				
		<ul style="list-style-type: none"> Packs (linen,) rest on their edge, in loose contact with each other 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Autoclave for 20 minutes for unwrapped items or 30 minutes for wrapped items at 121 °C (250 °F) in a gravity-displacement sterilizer, <p>and/or</p> <ul style="list-style-type: none"> Autoclave other items depending on the type, whether it is wrapped or unwrapped, and the type of sterilizer (according to the manufacturer's instructions) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		AND/OR				
		If dry-heat sterilization:				
		<ul style="list-style-type: none"> There is space between packs and containers 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Sterilize at 170 °C (340 °F) for 1 hour after achieving the desired temperature (total cycle between 2 and 2.5 hours), <p>and/or</p> <ul style="list-style-type: none"> Sterilize at 160 °C (320 °F) for 2 hours after achieving the desired temperature (total cycle between 3 and 3.5 hours) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		AND/OR				
		If chemical sterilization is used:				
		<ul style="list-style-type: none"> Disassembled instruments are totally soaked for at least 10 hours in 2–4% Glutaraldehyde solution or for at least 24 hours in 8% formaldehyde solution 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<ul style="list-style-type: none"> There is a label on the container indicating the starting time of sterilization 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

PERFORMANCE STANDARDS	SCORE	VERIFICATION CRITERIA	Y	N	N/A ¹	COMMENTS
		<ul style="list-style-type: none"> There is a label on the container indicating the date of reconstitution, and the solution is used within 14 days or less (if Glutaraldehyde) or 28 days or less (if formaldehyde) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> After 10 hours (if Glutaraldehyde) or 24 hours (if formaldehyde), instruments are removed with sterile gloves or forceps and rinsed with sterile water, dried and placed in a sterile container 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. The process of unloading the sterilizer is performed according to the national IP standards to avoid contamination of sterile items.		Observe during the unloading process:				
		If using steam sterilization (autoclave):				
		<ul style="list-style-type: none"> The door is open 12–14 cm (5–6 inches) after the sterilizing cycle has been completed, and the chamber pressure gauge reaches “0” 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> 30 minutes are allowed before unloading the sterilizer, for pack and instruments to dry (not applicable if drying cycle is used) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Packages are dry before unloading 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> If a loading cart is used, the cart is removed from the sterilizer and placed aside until it is cool 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> If the packs are loaded in baskets or are placed directly in the sterilizer, baskets and / or packs are laid out on a clean surface padded with clean paper or fabric, until they are cool 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Unnecessary handling of the packs is avoided 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> When packs have cooled to room temperature, they are dispensed or placed in a sterile storage area 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		If using dry-heat sterilization:				
		<ul style="list-style-type: none"> Packs/containers are laid out on a clean surface padded with clean paper or fabric, away from open windows or a fan until they are cool 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Packs/containers cool to room temperature before handling 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Unnecessary handling of the packs/containers is avoided 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PERFORMANCE STANDARDS	SCORE	VERIFICATION CRITERIA	Y	N	N/A ¹	COMMENTS
		<ul style="list-style-type: none"> When packs/containers have cooled to room temperature, they are dispensed or placed in a sterile storage area 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. The High Level Disinfection (HLD) process is performed according to national standards and method used.		Observe during the HLD cycle if the standard conditions listed below are followed:				
		If boiling is used:				
		<ul style="list-style-type: none"> All cleaned, disassembled instruments are totally immersed in water before lid is closed 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> The lid is closed 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Instruments are disinfected for 20 minutes starting from the time a rolling boil begins 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> After 20 minutes, instruments are removed with HLD or sterile forceps, dried and stored in HLD containers 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		AND/OR				
		If chemical:				
		<ul style="list-style-type: none"> Glutaraldehyde (2–4%), formaldehyde (8%), or 0.1% chlorine solution (prepared with boiled or sterile water): 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> - All cleaned, disassembled instruments are immersed in solution for 20 minutes in a container with a lid 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> - There is a label on the container indicating the starting time of HLD 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<ul style="list-style-type: none"> - There is a label on the container indicating the date of reconstitution, (within 14 days if using Glutaraldehyde; 28 days if using formaldehyde or within 24 hours if using chlorine solution) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<ul style="list-style-type: none"> - After 20 minutes, instruments are removed with HLD or sterile forceps or gloves, rinsed with sterile or boiled water, dried and stored in HLD containers 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

PERFORMANCE STANDARDS	SCORE	VERIFICATION CRITERIA	Y	N	N/A ¹	COMMENTS
INFECTION PREVENTION AND CLEANING SUPPLIES						
14. Antiseptics, disinfectants and other supplies are available in amounts sufficient for three months of operation.		Verify in the storeroom and/or central stockroom, comparing usage during the previous month by the control stock form, that sufficient amounts of the following consumable materials exist:				
		<ul style="list-style-type: none"> • Antiseptics: 				
		<ul style="list-style-type: none"> - Alcohol (SPIRIT), 60–90% Ethyl, isopropyl alcohol (60%–90%), or 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> - Chlorhexidine gluconate (2%–4%) or 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> - Iodine preparations (1%–3%) (e.g. Povidone iodine, Betadine solution, etc) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> • Hibitane solution 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> • Disinfectants: 				
		<ul style="list-style-type: none"> - Chlorine solution/powder 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> • Supplies: 				
		<ul style="list-style-type: none"> - Detergents that do not contain acid, ammonia, or ammonium 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> - Cotton wool for injections 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> - Raytech Gauzes 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> - Mops, 3 color coded buckets and cleaning cloths 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> - Latex non sterile Examination gloves 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> - Sterile gloves 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> - Utility gloves for cleaning 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> - Eye protectors/ goggles 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> - Masks 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> - Glycerin 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> - Hand washing soap 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> • Bin Liners 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

PERFORMANCE STANDARDS	SCORE	VERIFICATION CRITERIA	Y	N	N/A ¹	COMMENTS
		-				
WASTE MANAGEMENT						
15. Waste segregation is performed according to protocol		Observe if there is a waste segregation system at point of use:				
		• There are sufficient dustbins outside of the hospital (in the grounds) for general waste to avoid littering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Sharps:				
		- Sharps are discarded and collected in puncture-resistant and leak proof containers (e.g., safety boxes , hard plastic or can containers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		- Sharps containers are closed and collected when three quarters full	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		- Sharps containers are placed at the point of use / within arm reach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		- Each sharps container is used only once	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Other (infectious and non infectious wastes) are				
		- Separately collected in their respective container(Red Container for highly infectious wastes, yellow container for infectious wastes and black container for non infectious wastes) which is a leak-proof containers with a plastic color coded bin liner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		- Waste bins are closed and collected when three-quarters full	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. The staff uses Personal Protective Equipment (PPE) when handling waste		Observe during the visit:				
		• Waste handlers wear personal protective equipment (PPE) when handling medical waste:				
		- Utility/ Heavy duty gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		- Gumboots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		- Plastic apron	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		- Masks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		- Head gear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Reusable PPE (e.g., utility/ heavy duty gloves, gumboots, plastic apron, goggles) are reprocessed after use as follows:				

PERFORMANCE STANDARDS	SCORE	VERIFICATION CRITERIA	Y	N	N/A ¹	COMMENTS
		- Decontaminated in 0.5% chlorine solution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		- Washed with soap and water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		- Dried and stored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Housekeeping personnel wash hands after removing utility gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PERFORMANCE STANDARDS	SCORE	VERIFICATION CRITERIA	Y	N	N/A ¹	COMMENTS

17. The final waste disposal process is performed according to protocol depending on the method utilized.	<ul style="list-style-type: none"> There is a designated proper place for routine garbage disposal inside /out of the facility 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Verify:			
	If the waste is incinerated:			
	<ul style="list-style-type: none"> The traffic in this area is controlled, protected and accessible only to the personnel in-charge 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> Waste is incinerated based on national set standards 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> Ash from incinerated material is buried 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> The following waste is NOT incinerated <ul style="list-style-type: none"> Pressurized gas containers , Large amount of reactive chemical wastes, Silver salts and photographic or radiographic wastes , Plastic containing polyvinyl chloride and High mercury or cadmium containing wastes 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> There is no waste lying around the facility grounds 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	OR			
	If the waste is buried in a pit(e.g. placenta pit):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> The area is not accessible to other staff, the community and domestic animals 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> The burial site is lined with a material of low permeability (e.g., clay) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> The burial site is at least 50 meters away from any water source, and it is located in an area free of floods 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> The pit is at about 1 meter square and 2 meters deep 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PERFORMANCE STANDARDS	SCORE	VERIFICATION CRITERIA	Y	N	N/A ¹	COMMENTS
		• The disposed waste is covered with 10–15 cm of dirt each day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• The final layer of dirt is 50–60 cm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• The burial pit lasts 30–60 days maximum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• There is no waste lying around the grounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• The pit has PVC pipe to ventilate the inside part of the pit and reduce bad smell from the pit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		OR				
		If the waste is burned (least preferred option)				
		• The area is not accessible to other staff, the community and domestic animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• The waste is burned in a small designated area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• The waste is transported to the area just before burning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Person in charge remains with the fire until it is out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• A layer of dirt is used to cover the burned waste	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• The grounds around this area are free of waste	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PERFORMANCE STANDARDS	SCORE	VERIFICATION CRITERIA	Y	N	N/A ¹	COMMENTS
BIOSAFETY AND IP PRACTICES IN THE LABORATORY						
18. General Biosafety and IP practices are followed in the laboratory.		Observe if:				
		• Staff is forbidden to eat, drink or smoke in the laboratory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• It is forbidden to store food and beverages in refrigerators used for clinical specimens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Specimen containers have lids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Laboratory workers wear appropriate attire (lab coats) and examination gloves to receive and handle the specimens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Specimens are placed in a container that prevents leakage during collection, handling, processing, storage or transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Staff change gloves and wash hands between patients and procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Staff record information, answer the phone, open doors without gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

TOTAL STANDARDS:	17
TOTAL STANDARDS OBSERVED:	
TOTAL STANDARDS ACHIEVED:	
PERCENTAGE ACHIEVED (Total standard achieved /Total standard observed)	

06

Laboratory

PERFORMANCE STANDARDS	SCORE	VERIFICATION CRITERIA	Y	N	N/A ¹	COMMENTS
1. The laboratory is set up adequately to perform tests required for Maternal and Newborn Health		Observe in the laboratory area whether there are:				
		• Work Tables with flat and washable surfaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Chairs / stools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Storage Shelves / cabinets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Washbasin with faucet (stopper)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Running water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Good lighting and ventilation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Sharps containers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Waste disposal containers with colour coded plastic liners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Wall clock with second hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Laboratory request forms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Standard operating procedures/ manuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Laboratory Register	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Waiting Area with adequate space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. The laboratory is staffed with qualified lab personnel		Verify if there are:				
		• Certified laboratory technologists and technicians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Laboratory assistants (phlebotomist, specimen collectors, cleaners)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

¹ Y = Yes; N = No; N/A = Not Applicable

PERFORMANCE STANDARDS	SCORE	VERIFICATION CRITERIA	Y	N	N/A ¹	COMMENTS
3. The laboratory performs the following tests		Verify by observing/asking whether the following materials are present:				
		Verify by checking the register if the following tests have been performed in the last three months:				
		• Hemoglobin determination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Total and differential white cell counts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Hematocrit determination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Platelet count	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• HIV Testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Random blood sugar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. The laboratory performs coagulation tests		Verify by checking that the following items are available:				
		• Reagents for Prothrombin Index and PTT and control sera	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Water bath (37 ⁰ C)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Test tube centrifuge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Glass tubes (12 X 75 mm) and tube holder/rack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Micropipettes (0.1-10ml)/ serological pipette	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Alarm clock and filter papers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Automation for coagulation screen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Automated machines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		OR Verify by checking the register if:				
		• Coagulation tests have been performed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. The laboratory performs blood group typing and Rh factor tests		Verify by observing the following are available:				
		• ABO typing and Rh factor antisera (Anti A, B and D)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Coomb's test reagents (anti human IgG antibody)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Saline solution (0.85% NaCl)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Glass test tubes (Khan tubes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Pasteur pipette	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Automation in blood grouping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PERFORMANCE STANDARDS	SCORE	VERIFICATION CRITERIA	Y	N	N/A ¹	COMMENTS
		<ul style="list-style-type: none"> Refrigerator with thermometer to store reagents 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		OR Verify by observing or checking in the register if:				
		<ul style="list-style-type: none"> ABO & Rh typing have been performed 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. The laboratory performs thick and thin smear, clinical chemistry, urinalysis and syphilis tests		Verify if the following reagents and materials are available:				
		<ul style="list-style-type: none"> Urine strips and reagents for urine chemical tests 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Photometer and clinical chemistry reagents 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> VDRL or RPR test kits 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		OR Verify by checking the register if the following tests have been performed				
		<ul style="list-style-type: none"> Chemical analysis of urine 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Microscopic examination of urine 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Kidney and liver function tests 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Thick or thin smear tests 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Syphilis tests (VDRL or RPR) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. The laboratory provides emergency services 24 hours a day		Determine whether the following tests are available 24 hours a day:				
		<ul style="list-style-type: none"> Hematology (Total blood count, differential count, ESR) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Blood typing (ABO and Rh Factor) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Urinalysis (chemical exam, microscopic exam) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Renal function tests (urea, creatinine) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Liver function tests 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Electrolytes determination (K+, N+, Cl-) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PERFORMANCE STANDARDS	SCORE	VERIFICATION CRITERIA	Y	N	N/A ¹	COMMENTS	
Blood Bank –Verify if a blood bank is available in the facility							
8. The blood bank is set up adequately to function according to protocol		Verify if the following are available:					
		• A washbasin with faucet and running water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		• Work table with flat and washable surfaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		• Good lighting and ventilation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		• A private area with chairs to care for blood donor interviews, pre and post test counseling for HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		• A snack is available for the blood donor clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		• A stretcher for phlebotomy procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		• Weighing balance and weighing scale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		• Sphygmomanometer and Stethoscope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		• Centrifuge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		• Glucose and Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Laboratory Register	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
9. Blood and its derivatives are tested/ screened to provide safe blood for transfusion.		Verify through interviews and review of records whether the blood bank performs:					
		• ABO blood grouping and Rh typing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		• Screening of donor blood for HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		• Screening of donor blood for Hepatitis B (HBsAg) and HCV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		• Tests for syphilis (VDRL or RPR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10. The blood bank has available essential materials for blood collection.		Verify through observation whether there exists:					
		• Blood collection bag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		• Sphygmomanometer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		• Intravenous cannula /needles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		• Scissors and clips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		• Elastoplasts / strapping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

PERFORMANCE STANDARDS	SCORE	VERIFICATION CRITERIA	Y	N	N/A ¹	COMMENTS
		<ul style="list-style-type: none"> 70% ethanol or cotton swabs 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. The blood bags are adequately labeled and blood is properly stored		Verify if the blood bags are labeled with the following information:				
		<ul style="list-style-type: none"> Number of units including blood product 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Date blood was drawn and expiration date 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Blood type (ABO) and Rh factor 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Verify the result of the screening unit of blood in the lab register 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Verify by observing and interviewing whether				
		<ul style="list-style-type: none"> Refrigerator is used at all times for storing blood 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Temperature is kept between 2-8°C 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Temperature is recorded and monitored regularly according to protocol 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. The blood bank operates 24 hours a day.		Verify whether the following tests and services are available 24 hours a day:				
		<ul style="list-style-type: none"> ABO and Rh typing 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Cross matching and providing blood for transfusion 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> There are at least 2 units of type O negative blood for obstetric emergencies 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

TOTAL STANDARDS OBSERVED:	
TOTAL STANDARDS ACHIEVED:	
PERCENT ACHIEVED (ACHIEVED/OBSERVED)	

TOTAL NUMBER OF STANDARDS: 12

07

Pharmacy

PERFORMANCE STANDARDS	SCORE	VERIFICATION CRITERIA	Y	N	N/A ¹	COMMENTS
1. The pharmacy has and uses essential documents for pharmaceutical service provision		Verify by interviewing pharmacy head and document whether the pharmacy has and uses :				
		• Drug procurement policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Medicines formulary listing all pharmaceuticals used in the hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Kenya Essential medicines list	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Standard operating procedures for pharmaceutical service provision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. The pharmacy uses an appropriate logistics/ system to dispense drugs & to provide drug related information / services		Verify through interview pharmacy staff and observation whether:				
		• There is a pharmacist or a pharmacy personnel on duty at all pharmaceutical service delivery points	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• The patients receive appropriate counseling about their medication (Dosage, frequency of administration, side effect, contraindications etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Essential MNH drugs and commodities are available and in stock at the hospital pharmacies (Refer to annex 1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Basic facilities are there & used at dispensary sites(packaging materials, pill counter, registration book, reference materials etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• There is functional medicines and therapeutic committee (MTC) involving pharmacist to promote rational & economical use of medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• There is functional medicines information center(MIC) where pharmacist provide pharmaceutical services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

¹ Y = Yes; N = No; N/A = Not Applicable

PERFORMANCE STANDARDS	SCORE	VERIFICATION CRITERIA	Y	N	N/A ¹	COMMENTS
3. The pharmacy performs proper documentation and record keeping		Verify through interview of pharmacy head and observation of pharmacy services whether				
		<ul style="list-style-type: none"> There are records of issuing, receipts and unsatisfied demands of the drugs 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> There is record of expired and damaged drugs and their disposal mechanism (if any) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> There is record of adverse drug reaction report 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> There are records of MIC, MTC and other service delivery sites are maintained 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> There are records of stock rotation either physical or electronic (bin card, Stock card etc) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> There are records of drug management system (quantification, procurement, distribution and consumption) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. The pharmacy and store for drugs and medical supplies storage have adequate and appropriate premises and facilities according to the storage guidelines		Verify through interviewing staffs and observation whether the pharmacy and store have:				
		<ul style="list-style-type: none"> Adequate number of shelves 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Adequate number of pallets 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Adequate ventilation 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Adequate space for service provision 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> System for arranging drugs and supplies in dispensaries and stores 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Refrigerator 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Wall Thermometer 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

TOTAL STANDARDS:	4
TOTAL STANDARDS OBSERVED:	
TOTAL STANDARDS ACHIEVED:	
PERCENTAGE ACHIEVED (Total standard achieved / Total standard observed)	

LIFT FROM THE MNH GUIDELINES.....PG 318

LIST OF DRUGS/SUPPLIES	YES/ NO	LIST OF DRUGS/SUPPLIES	YES/NO
Anesthetics – general and pre-operative drugs:		Essential nutrients drugs:	
· Halothane (inhaled)		· Vitamin B complex	
· Oxygen (gas)		· FEFOI/ Ferrous sulphate	
· Ketamine (injection)		Immunological:	
· Thiopental (injection)		· Anti-D immunoglobulin (injection)	
· Atropine (Injection)		· Anti- A Immunoglobulin	
Anaesthetics – local:		· Anti- B Immunoglobulin	
· Lignocaine		· HCG (human chorionic Gonadotrophin)	
Spinal anaesthesia		Vaccines:	
· Bupivacaine		· BCG	
Analgesics		· Tetanus Toxoid	
· Paracetamol (tablets/ suppository/ syrup)		· Polio	
· Diclofenac (injection, tablets)		· DPT	
· Pethidine or codeine or morphine (injection, tablets)		· Hepatitis B	
Basic contraceptive drug & devices		· Measles	
· Combined estrogen/progestin pills			
· Injectables –DMPA)		Anticoagulants and coagulants:	
· Condoms		· Heparin (injection)	
· Progestin-only pills		· Sodium citrate	
· IUD: Copper T 380A		· Vitamin K	
· Jadelle or Implanon		· Protamine sulphate (injection)	
· Cycle beads		· Warfarin	
Uterotonics			
· Oxytocin		Antibiotics:	
· ergometrine maleate			
· Misoprostol			
Anticonvulsants:		- Ampicillin	
· Magnesium sulphate (injection)		- Gentamicin inj	

· Calcium gluconate (for toxicity, injection)		- Metronidazole oral /IV	
· Diazepam		- Cloxacillin (injection, Tablet)	
· Phenobarb		- Tetracycline (eye ointment)	
Antimalarials		- Eye antimicrobial (1% tetracycline eye treatment)	
Arthemether		- Clotrimazole pessaries and cream	
Quinine		- Septrin	
Sulphadoxine pyrimethine		- Norfloxacin	
Supplements		- Doxycycline	
Iron/ folate		- Erythromycin	
Zinc		- Ceftriaxone oral /injection	
Vitamin A		- Amoxicillin	
		- Benzathine Penicillin	
Antihypertensives (may be only one of the following):		- Amoxicillin/ clavulanate)	
· Hydralazine (injection)		Essential supplies for MNH services	
· Alpha Methyl dopa (tablets)		· surgical sutures (Cat gut/ silk / Vicryl)	
· Nifedipine (tablets),		· examination gloves	
Antiemetic: (any one of the following)		· Plaster/Tape	
· Chlorpromazine		· Disposable syringe with needle	
· Metoclopramide		· Gauze	
· Promethazine		· Cannulas (16 /18 gauge)	
Diuretics:		· Cotton wool	
· Furosemide (injection),		· Catheter	
Intravenous electrolytic solutions		· Suture needles	
· 5% dextrose		ARVs drugs for PMTCT services	
· Normal Saline		· ARV syrup (AZT, Nevirapin)	
· Water for injection		· ARV tablets (AZT/d4T+3TC+ NVP)	

List of drugs/supplies	Yes/ No	List of Drugs/Supplies	Yes/No
· Ringer Lactate			
Analgesics/Antispasmodics			
Paracetamol			
Hyoscine butyl bromide			
Pethidine			
Ibuprofen			

Human, Physical and Material Resources

PERFORMANCE STANDARDS	SCORE	VERIFICATION CRITERIA	Y	N	N/A ¹	COMMENTS
Human resources						
1. The hospital has the minimum human resources for providing essential obstetric and newborn care.		Verify the presence of at least One (1) of each cadre (per shift):				
		• Medical Officer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Obstetrician Gynecologist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Anesthesiologist or RCO/ nurse anesthetist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Paediatrician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Midwives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Laboratory technician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Pharmacy technician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Cleaning staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Maintenance staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Physical structure, furniture and equipment						
2. The area designated for ANC is accessible and appropriate		Verify whether the examination area existence of:				
		• The area is well illuminated and ventilated (open windows, fan and heating)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

¹ Y = Yes; N = No; N/A = Not Applicable

PERFORMANCE STANDARDS	SCORE	VERIFICATION CRITERIA	Y	N	N/A ¹	COMMENTS
		<ul style="list-style-type: none"> Washbasin with faucet and running water 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Spacious waiting area with organized client flow 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> One table and benches for: Provider, Client and Companion 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Adequate consultation rooms with; <ul style="list-style-type: none"> Examination couch (with plastic covered pad) IP Containers with liners ANC longitudinal Register Fetoscope or Doppler Tape measure Vital sign Equipment: (Clinical thermometer, Stethoscope and Sphygmomanometer) Weighing scale Dividing curtains, or screen (to ensure client privacy) Gooseneck /Portable lamp 				
		<ul style="list-style-type: none"> There is storage space /cabinets or shelves for storing clinical records 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> There is adequate space for employees to move around, work and have a place to sit 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Cupboard for the staff belongings 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Cabinet for storing materials 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Wheelchair /Stretcher* 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Refrigerator (In or near the examining room) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. The area designated for labor is according to protocol		Verify whether:				
		<ul style="list-style-type: none"> The area is well ventilated with good lighting 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PERFORMANCE STANDARDS	SCORE	VERIFICATION CRITERIA	Y	N	N/A ¹	COMMENTS
		<ul style="list-style-type: none"> There is running water in the working area. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> There is one low level adjustable light 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> There are sufficient beds (with clipboard for medical record) for pregnant women – one woman per bed 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> There are sufficient chairs and space for one companion for each pregnant woman 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> There are screens or curtains to ensure the privacy of pregnant women during the examination 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> There are accessible and working bathrooms (in or within the area) that has door, washbasin with faucet, soap tissue paper, dust bin, shower) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> There are IP containers with liners 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> There is a workspace for provider with table and chair 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> There is sufficient space for pregnant women to be able to walk around 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> There is a designated area for neonatal resuscitation with a flat clean surface or Resuscitaire 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> There are lockable windows and doors to prevent draught 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Health facility has infrastructure to cater for both high risk and normal babies		<ul style="list-style-type: none"> Resuscitation space / table in labour ward, theatre, postnatal ward and paediatric ward. nursery space in close proximity to labour ward for isolating and stabilizing newborns including BBA (Born Before arrival) Beds assigned for kangaroo mother care (KMC) on postnatal ward 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Health facility has equipment for managing high risk and normal babies in labour ward, theatre, nursery, postnatal and paediatric ward		<p>New equipment: Thermometer, infant ambubag (500ml) and masks size 0 and 1, baby weighing scale, baby oropharyngeal airway.resuscitaire or firm surface for resuscitation</p> <p>A checklist for basic equipment</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PERFORMANCE STANDARDS	SCORE	VERIFICATION CRITERIA	Y	N	N/A ¹	COMMENTS
Health facility has supplies for managing high risk and normal babies in labour ward/ theatre, nursery, postnatal and paediatric ward		a. Newborn supplies; (1) NG tubes gauge 4,5,6 (2) Canulas gauges 24, 22 (3) Baby syringes 1 and 2mls (4) Single use bulb syringe (5) Swabs (6) Gloves (7) Feeding cups for small babies b. Blood, Oxygen, I.V. Fluids , HSD,10%, dextrose c. Checklist for basic newborn supplies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. The area designated for labor and delivery has equipment and materials appropriate for the provision of intrapartum care.		• Vital sign measuring equipment: Sphygmomanometer, Stethoscope and Clinical thermometers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Fetoscope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• IV stand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Gloves (Examination and surgical)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PERFORMANCE STANDARDS	SCORE	VERIFICATION CRITERIA	Y	N	N/A ¹	COMMENTS
		• The area is well ventilated with enough lighting and heating(for the newborn)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• There is a working washbasin with faucet*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Temperature can be adjusted (heated or cooled)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• There is a Low level adjustable light	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• There are at least 2 delivery beds based on level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• There are alternative areas for birth in other positions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Vital sign measuring equipment: (sphygmomanometer, Stethoscope and Clinical thermometers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Fetoscope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• IV stand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Working oxygen tank or central supply source	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Oxytocin, Syringes and needles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Amniotic rupture kit/ Amnicot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• 5delivery kits (in or within the delivery room)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Gloves (Sterile and clean)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Bulb suction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Instrument table or stand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		There are fully equipped emergency kits as follows:				

PERFORMANCE STANDARDS	SCORE	VERIFICATION CRITERIA	Y	N	N/A ¹	COMMENTS
		<ul style="list-style-type: none"> Emergency tray 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Eclampsia Pack/ box 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> PPH Pack /box 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Verify the existence of a neonatal Resuscitation area:						
5. The area for immediate newborn care is identified and equipped appropriately according to protocol		<ul style="list-style-type: none"> The area is well illuminated and ventilated (open windows, and heating) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Wall Clock with second hand 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Working washbasin with faucet (in or near the area) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Clean surface with good lighting 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Tape measure 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Sterile clamp to tie the umbilical cord 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Wall Thermometer 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Scale for weighing the neonate (in or near the area) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Heater 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<ul style="list-style-type: none"> Newborn resuscitation corner that has: Electric or manual aspiration apparatus, suction catheter(#10&#12), mask(#0 & #1), ambu bag, 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Verify whether:						
6. The in-patient maternity ward is adequate for providing postpartum care.		<ul style="list-style-type: none"> The area is well illuminated and ventilated (open windows, AC or fan and heating) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> There is sufficient space for the mother, the baby and a companion 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Bed with clipboard for medical records 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PERFORMANCE STANDARDS	SCORE	VERIFICATION CRITERIA	Y	N	N/A ¹	COMMENTS
		<ul style="list-style-type: none"> There are chairs for mothers 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> There are waste disposal bins for sanitary pads and other waste/ rubbish 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Mothers have easy access to bathrooms (in or within the area) that has door, wash basin with faucet soap, tissue paper, dust bin, shower) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Verify whether there is a functional operation theatre in the facility:						
7. The operating room has adequate space and equipment for performing C- sections and other obstetric emergency procedures.		<ul style="list-style-type: none"> The area is well illuminated and ventilated (heating) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Verify the existence and working condition of:				
		<ul style="list-style-type: none"> Surgical lamp 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Adjustable Surgical table 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Mayo table 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Instrument trolley 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Storage cupboard 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Heated crib, Resuscitaire or firm surface for resuscitation 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Manual or centralized secretion aspirator 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Mask for anaesthesia 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Laryngoscopes adult and paediatric 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Endotracheal tube connectors: 15 mm plastic 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Endotracheal tubes with handle (8 mm to 10 mm) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Intubation clamps (Magill) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Oropharyngeal airway 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Spinal needles (types of sizes: 18 to 25) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Working anaesthesia machine 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<ul style="list-style-type: none"> Anaesthetic gases and drugs 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<ul style="list-style-type: none"> IV stand 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

PERFORMANCE STANDARDS	SCORE		Y	N	N/A ¹	COMMENTS
		<ul style="list-style-type: none"> • Stool for anaesthesiologist 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> • Suction machine 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> • Electrocautery equipment 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> • Autoclave 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> • Working oxygen tank or central supply 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> • Ventilation bag and mask for adult 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Ventilation bag (500ml for newborn) and masks, round clear size 0,1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> • 5 instrument kits for C-section/ laparotomy (in or near the area) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> • 5 kits with essential equipment for uterine evacuation (MVA and D & C) (in or near the area) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> • 5 kits with equipment for mini laparotomy (for use with the basic packet for laparotomy or C-section (in or near the area) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

8. The hospital has available data forms for the maternal- newborn care in each area, sufficient for 1 month of operation.	<ul style="list-style-type: none"> • Shelves or cabinets for organizing and storing forms 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> • Nursing Cardex 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> • MPDR notification and review forms 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> • Partographs 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> • Maternity / delivery register 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> • Prescription pad 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> • Fluid charts 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> • DDA book 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> • Monthly summary forms 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> • Birth notification forms 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Newborn admission record (NAR)forms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> • Discharge slips 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> • Order forms (lab, blood bank, pharmacy, etc.) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Immunization register 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

TOTAL STANDARDS:	8
TOTAL STANDARDS OBSERVED:	
TOTAL STANDARDS MET:	

09

IEC and Community Participation

PERFORMANCE STANDARDS	SCORE	VERIFICATION CRITERIA	Y	N	N/A ¹	COMMENTS
1. The health facility has appropriate & equipped physical space for group health education sessions		Observe during one group education session of pregnant women if the facility has the following:				
		<ul style="list-style-type: none"> • Appropriate physical space for group health education sessions(ventilation and illumination) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> • Audio visual aids 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> • Teaching materials e.g. flip charts 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> • Cabinets or shelf for storing IEC materials 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> • Tables, Benches and Chairs 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. The health facility offers group education sessions on MNH		Verify with the head of the Obstetric unit or check if the schedule for routine group education is available:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Determine / Observe if the session address the following topics:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Family Planning:				
		<ul style="list-style-type: none"> • There is at least one demonstration kit with all the family planning methods offered in the facility 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PERFORMANCE STANDARDS	SCORE	VERIFICATION CRITERIA	Y	N	N/A ¹	COMMENTS
		<ul style="list-style-type: none"> • The importance of family planning • The options of contraception; barrier methods, oral contraceptives, long acting and permanent methods • Demonstration on how they are used • Confidentiality 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Antenatal Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Determine /Observe if the session address the following topics:				
		<ul style="list-style-type: none"> • Importance of Antenatal care 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> • Birth preparedness plan: Benefits of birth in a facility, Sign and symptoms of labor(Encourage male involvement) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> • Counseling about Breast feeding, Nutrition, Hygiene, safer sex 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> • Complication readiness plan: Danger signs during pregnancy, Fund, Transport, potential blood donor etc 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		PMTCT				
		Determine /Observe if the session address the following topics:				
		<ul style="list-style-type: none"> • HIV in pregnancy 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> • Ways one gets infected with HIV 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> • How STIs increase risk of getting HIV infection 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> • Ways to decrease risk of HIV infection (abstinence, being faithful, condom use, etc.) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PERFORMANCE STANDARDS	SCORE	VERIFICATION CRITERIA	Y	N	N/A ¹	COMMENTS
		<ul style="list-style-type: none"> • Common misconceptions about HIV and AIDS • Risk of MTCT during pregnancy, labor and delivery, and breastfeeding • Women’s nutrition and supplementation (multivitamin,iron/folate) • What happens during HTC(Advantages of HTC, Client rights, What a test results means, Window period, What is “healthy living”, Encouraging partners to get tested for STI and HIV, Encourage male involvement • Care, support, and treatment options <p>Labour and Delivery Determine /Observe if the session address the following topics</p> <ul style="list-style-type: none"> • How to recognize labour • When to go to hospital and importance of birth companion • What to do in first stage (ambulation, feeding, bladder emptying, relaxation techniques etc) • What will be done during labour (partograph, vaginal exam etc) • Second stage of labour and how to collaborate • Third stage of labour • Danger signs during labour and delivery • Dispel myths and misconceptions about labour and delivery <p>Post partum period</p> <ul style="list-style-type: none"> • Importance of post partum care • Schedule of post partum visits • Danger signs • Breastfeeding 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PERFORMANCE STANDARDS	SCORE	VERIFICATION CRITERIA	Y	N	N/A ²	COMMENTS
3. Provider uses group educational skills		Observe if the care provider is using group adult educational skill while giving care				
		• Starts session on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Introduces her or himself to the group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Explains the purpose of the session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Encourages active participation of clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Uses IEC support materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PERFORMANCE STANDARDS	SCORE	VERIFICATION CRITERIA	Y	N	N/A ²	COMMENTS
		• Uses local language for health education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Confirms at intervals that the clients understand the messages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Summarizes key points	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Ends session on time(not more than 20 mins)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Observe in the waiting area if there are IEC materials on clients rights on reproductive health:

4. There is printed information on client's reproductive rights		• There are culturally appropriate educational materials available on client's reproductive rights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Materials are written clearly using appropriate language, or have understandable pictures (for illiterate women)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Customer Care-There is information available on where to go in the event of complaints or problems related to the care received, located in:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		- Outpatient clinics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		- Emergency room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Verify with the manager whether:

5. The hospital has linkages with community(Tier 1)		<ul style="list-style-type: none"> • There is a documented agenda, minutes of periodic joint meetings between the hospital and the community representatives(CHEWs) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> • Verify with the manager and staff (and if possible community member) that suggestions by the community have been implemented 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> • There is strong linkage with CUs and CHWs attached to the facility 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Verify by examining the facility records of the following:						
6. The health facility staff carries out outreach activities in the catchment area.		<ul style="list-style-type: none"> • There is staff assigned to carry out IEC activities during outreach in the catchments area 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> • There is a schedule for these activities 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> • The materials for IEC activities in catchment area are available 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> • Reports on the activities conducted are clearly and completely documented 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

TOTAL STANDARDS:	6
TOTAL STANDARDS OBSERVED:	
TOTAL STANDARDS ACHIEVED:	

10

Management Systems

PERFORMANCE STANDARDS	SCORE	VERIFICATION CRITERIA	Y	N	N/A ¹	COMMENTS
Verify with the director/manager of the facility and review sample files						
1. The facility has established a client-flow system for MNH care services		In ANC				
		• Registration and initial rapid assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Group education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• ANC services (history taking, physical examination, PMTCT, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Referral to lab, pharmacy or other intra facilities service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		In Labor and delivery				
		• Admission / registration and rapid initial assessment				
		• First stage of Labour- monitoring including partograph	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Delivery / intrapartum care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Immediate post-partum Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

¹ Y = Yes; N = No; N/A = Not Applicable

PERFORMANCE STANDARDS	SCORE	VERIFICATION CRITERIA	Y	N	N/A ¹	COMMENTS
		<ul style="list-style-type: none"> • Post-partum ward services 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		The facility has appropriate signs posted to identify the MNH services provided (including laboratory and pharmacy)				
		<ul style="list-style-type: none"> • A sign listing all MNH services provided is posted in the areas of greatest flow traffic in the facility 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> • Signage is placed on doors or in areas designated for the provision of care, identifying the type of service provided 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> • Map (lay-out of services) is posted or available at the hospital entrance /gate 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Verify with the facility administrator and by reviewing the relevant document if:						
2. The facility has a functional supply chain management system for MNCH materials and supplies		<ul style="list-style-type: none"> • Forecasting of MNH commodities and supply needs 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> • Procedures for timely requisition of materials and supplies 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> • An appropriate storage system that includes: 				
		<ul style="list-style-type: none"> - <i>Warehouse with proper ventilation and temperature control</i> 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PERFORMANCE STANDARDS	SCORE	VERIFICATION CRITERIA	Y	N	N/A ¹	COMMENTS
		- Sufficient shelves for storage of supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Proper identification of goods and amounts				
		- Stock control/inventory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		- Distribution procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		- Notification of stock-outs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Verify with the director/manager of the facility and review records						
3. The facility periodically assesses client satisfaction		• Suggestion / complaint boxes are available across the facility to obtain client feedback				
		• The health facility has a standard exit interview form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• There is a system for analyzing and responding to client's complaints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• The results obtained are graphically posted in a place that is visible to the facility team and clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Actions were implemented based on client's complaints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Verify with the director/manager of the facility whether						
4. The facility has a system in place to ensure timely referral of obstetric and newborn emergencies		• There is an ambulance readily available for transportation of patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• There is a duty roster for drivers 24 hours a day				
		• There is always a designated officer available to facilitate referral of clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PERFORMANCE STANDARDS	SCORE	VERIFICATION CRITERIA	Y	N	N/A ¹	COMMENTS
		<ul style="list-style-type: none"> • Referral procedures are well defined and providers are aware of the SOPs 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> • Call registers are available 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> • Referral forms are readily available 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> • There is communication between the referring and receiving facilities (telephone or radio) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> • Feedback to the referring facility is completed and returned within two weeks 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Health facility maintains newborn records		<ul style="list-style-type: none"> a. ANC, birth and post natal registers b. Newborn Admission Record (NAR) forms Clinical/ patient case management notes (includes patient identification, birth weight and outcome) c. Partographs d. Discharge and referral forms e. Death certificate f. Perinatal death audit books g. Child health cards 				
Health facility maintains upto date and summarized appropriate information captured in all clinical records for newborn		<ul style="list-style-type: none"> a. Completed HMIS forms b. Specific neonatal information reported in all relevant records (Includes birth weight, APGAR score etc.) c. monthly peri /neonatal audit reports d. Treatment and Monitoring chart of the sick newborn. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

TOTAL STANDARDS:	4
TOTAL STANDARDS OBSERVED:	
TOTAL STANDARDS ACHIEVED:	
PERCENTAGE ACHIEVED (Total standard achieved / Total standard observed)	

Caesarean/Section

PERFORMANCE STANDARDS	SCORE	VERIFICATION CRITERIA	Y	N	N/A ¹	COMMENTS
AREA 1: INITIAL CLIENT ASSESSMENT AND COUNSELING IN OPD						
1. The provider demonstrates good client-provider interaction		Observe in the appropriate clinical services area with client that the provider:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Greet the patient and conduct introduction session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Use the client's name as appropriate for the setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Answer client's questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Include client's companion/family in important discussions with client's consent and where appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Demonstrate active listening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Speak respectfully and professionally with the patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. The provider ensures client's rights		Verify by observing whether provider ensures the client's right during counseling in OPD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Maintain privacy for the client	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Maintain confidentiality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Encourage the client to ask question about treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Explain to the patient about available facilities of district hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Explain the client about benefits and risks of caesarean section and understands the nature of the procedure, even if tube ligation is needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Confirm that the client has freely chosen cesarean section	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PERFORMANCE STANDARDS	SCORE	VERIFICATION CRITERIA	Y	N	N/A ¹	COMMENTS
AREA 2: AFTER ADMISSION OF CLIENT INSIDE SERVICE						
3. The health provider takes proper medical history		Verify by observation whether providers ask and document client's medical history	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• History of serious medical illness, complications with prior pregnancies, history of prior surgery, prior surgical/ anesthetist complications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Current medications, and allergies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Antenatal care visits, antenatal problems, vaccination record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Results of relevant laboratory studies including intra partum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Documents time of last fluid/ solid intake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Age, gravity, parity, last menstrual period, estimated gestational age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. The provider performs a targeted physical examination		Verify by observation whether the provider conducts proper physical exam.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Checks and records blood pressure, pulse, respiratory rate, and body temperature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Listens to lungs and heart of client	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Palpates abdomen and uterus of client	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Confirms presentation of fetus/ single vs Multiple gestation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Performs cervical exam if indicated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. The provider can state indication for C-Section based on mother problem		Verify by interview whether the provider has knowledge to state absolute indication for C/ Section related to mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Total placenta previa and vasa previa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Pervious scar of the uterus (2 or more previous low segment c-section, previous classical uterine c-section include T shape, previous uterine surgery involving the contracted portion of the uterus (Fundus) like myomectomy) and unknown incisions, previous scare of repaired uterus rupture)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Active gentile herpes infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PERFORMANCE STANDARDS	SCORE	VERIFICATION CRITERIA	Y	N	N/A ¹	COMMENTS
		<ul style="list-style-type: none"> • Dystocia: CPD (Cephalo pelvic disproportion), Arrest disorder (arrest of descent, and arrest of dilatation) mechanical obstruction of birth canal (, severely displaced pelvic fracture, birth canal with large mass like, cervical cancer, birth canal abnormality,) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> • Anatomical defect: repaired Recto vaginal and, vesico vaginal fistula, previous 4th degree perineal laceration 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> • Hyper stimulation 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> • Failure of induction 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> • Mal presentation (transverse lie) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> • Verify by interview whether the provider has knowledge to state relative indication for C Section related mother 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> • Placenta abruption (associate active vaginal bleeding and unfavorable cervix) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> • Uncontrolled maternal diseases (Diabetes mellitus, hearth disease, eclampsia and severe pre eclampsia that will not deliver within 24 hrs) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. The provider can state indications for C-Section based on fetus problem		Verify by interview whether the health provider has knowledge to state indications for C Section related to fetus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> • Fetal distress (Abnormal fetal heart rate less than 100 and more than 180 beats/minute) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> • Mal presentation (transverse lie, incomplete or footling breech, breech presentation in prime gravid, and breech presentation with a hyper extended head) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> • Mal position (brow, face, occipital posterior) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> • Cord prolapse 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> • Big baby as in diabetic mother 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> • Multiple gestation (presenting part NON vertex, conjugated twin) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PERFORMANCE STANDARDS	SCORE	VERIFICATION CRITERIA	Y	N	N/A ¹	COMMENTS
7. The provider provides specific information about cesarean section delivery and risks for client or her companion		Verify by observation whether the health provider provides enough information for client or accompany about C Section before procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Explains to the client why cesarean section is recommended for delivery of her baby. (in simple statement) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Describes how cesarean section is performed including type of skin incision, length of procedure, need for bladder drainage, length of hospital stay, pain management during and after procedure 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Explain risks of procedure line, Infection, bladder or bowel incontinence , May require further surgical Repair. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Reviews other disadvantages: 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> – May require repeat caesarean section for future deliveries 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> – Scarring on abdomen 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. The provider completes the complementary laboratory exam of for C Section patients		Verify by observation whether provider orders complementary laboratory exam for candidate of C Section (Check medical record whether it exists or not?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> HCT (Hematocrit)/ Hb clotting time, blood group, Rh factor, and Cross match 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> HBS, HBC, HIV, VDRL 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Fetal Blood Sugar (large baby with history of Diabetes or suspected diabetes) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Routine Urine exam (Albumin, Glucose, Microscopy) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. The provider documents client consent to proceed with cesarean section		Verify by observation whether the provider documents the following information before procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Where appropriate and possible, obtains signed written consent from client to proceed with cesarean section 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Documents in medical record indication of cesarean section 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> In case of systemic diseases signs and symptom, consultation with internal medicine specialist and send for laboratory if required 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Official written consultation with anesthesiologist 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PERFORMANCE STANDARDS	SCORE	VERIFICATION CRITERIA	Y	N	N/A ¹	COMMENTS
		<ul style="list-style-type: none"> Mobilizes surgical, anesthetist, pediatric, nursing and operative theatre teams 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. The provider correctly manages complications, as necessary		Verify by observation that the health provider screens client pre-operatively for the following conditions and provides timely appropriate treatment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Prophylactic antibiotic (Ampicillin 2gr single dose IV) <p>In Chorioamnionitis or sepsis cases: parenteral antibiotics where indicated (Ampicillin, Gentamycine and Metronisazole for treatment purpose)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Pre-eclampsia/eclampsia: parenteral magnesium sulfate (See attached magnesium sulphate protocol) and antihypertensive drugs if needed 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Hemorrhage: Fresh blood transfusion (in case Hb is less than 7Gr depending on cases) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Fetal distress: facilitates emergency caesarian section 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AREA3: PREPARATION FOR CESAREAN SECTION DELIVERY (Anesthetist Part)						
11. The anesthetist performs a screening from anesthetist perspective and uses the appropriate anesthetist method during procedure		Verify by observation whether the anesthetist Performs assessment of client and writes a medical record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Reviews focused obstetric history that is indicated for surgery 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Reviews medical history including history of serious medical conditions, current medications/allergies, Epilepsy, Thyrotoxicosis prior anesthetist, surgery, and related complications 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Assesses adequacy of mouth, chin, jaw and neck for endotracheal intubation if needed 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Checks blood pressure, pulse, respiratory rate, body temperature and urine output 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PERFORMANCE STANDARDS	SCORE	VERIFICATION CRITERIA	Y	N	N/A ¹	COMMENTS
12. The anesthetist provides specific information about type, duration and risk of anesthetist for client or Companion and confirms consent		Verify by observation whether anesthetist provides enough information for client or her companion about anesthetist (all activities need to be documented)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Reviews with client anesthetist options and associated risks and benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Explains that anesthetist will be available during procedure and will check the breathing and heart of client and make sure there is no pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Explains to the client in each step of anesthetist (in general anesthetist till induction and in spinal anesthetist all procedure till end)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Explains what will admit at the end of procedure (oxygen, IV infusion)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Where appropriate and possible, obtains signed written consent from client to proceed with anesthetist for cesarean section	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Write anesthetist protocol in medical record of client and anesthetist protocol book	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. The anesthetist or circulate nurse helps patient to be prepared for C section		Verify by observation whether anesthetist or circulating nurse helps patient to prepare for C-section	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Helps the client put on a gown and cap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Inserts an IV line and infuses 500 cc of IV fluids/ or 1000cc ringers lactate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Gives premedication including:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		– Magnesium trisilicate 300 mgs, sodium citrate 30 cc 0.3 molar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		– Or Ranitidine 150 mgs per oss or 50 mgs IV to reduce stomach acidity. (sodium citrate works for 20 minutes only so should be given immediately before induction of anesthetist if a general anesthetic is given)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Using sterile technique catheterizes the bladder and attaches to gravity drainage bag.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Places patient in dorsal supine position on the operating table.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Rolls the patient 15 degrees to the left and places a pillow under the right hip to decrease risk of supine hypotension OR tilts the entire operating table to the left	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PERFORMANCE STANDARDS	SCORE	VERIFICATION CRITERIA	Y	N	N/A ¹	COMMENTS
		<ul style="list-style-type: none"> Listens to the fetal heart rate and records before beginning surgery (Pediatric and surgeon) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Clips pubic hair where necessary to define incision line (shaving increases risk of wound infection) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Applies grounding pad securely to clients thigh well away from area of preparation and attaches to electrocautery machine (where available). 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Respects client's modesty by draping appropriately 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. The Anesthetist can state the type of anesthetist based on situation (Urgency and patient condition)		Verify by interview from Anesthetist whether he can mention the following methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Spinal anesthetist (Sub arachnoids injection of drug) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> General anesthetist with intubation 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Epidural anesthetist 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Local infiltration (in rare case to be performed by the surgeon) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. The anesthetist conducts spinal anesthetist procedure correctly Note: If anesthetist gives another method versus spinal, this standard will not be observable.		Verify by observation whether the anesthetist conducts spinal anesthetist procedure correctly as follow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Establish an IV line with 14-16 gauge cannula and preload patient with 1000-1500 ml of crystalloid solution, Measure the baseline Blood pressure and pulse rate 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Advise for patient proper position (Sit or lateral position) Give flexion for spine 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Identify the site of injection (A plane that Connect the upper boarder of two iliac crest cross at L2-3 interspaces) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Put a pencil tipped 24G spinal needle, Inject the local anesthetic drug 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Give a pillow to support the head for patient in supine position, assess vital sign and level of anesthetist 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PERFORMANCE STANDARDS	SCORE	VERIFICATION CRITERIA	Y	N	N/A ¹	COMMENTS
16. The anesthetist conducts general anesthetist properly Note: If anesthetist gives another method versus general anesthetist this standard will not be observable.		Verify by observation the antitheist conduct general anesthetist properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Prepare drugs for induction, airway equipment for intubation and puts monitors to assess the vital function 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Pre oxygenate patient, induce Anesthetist when patient is ready for incision 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Confirms proper placement of endotracheal tubes and allow the surgeon to start C-section procedure immediately 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Part 4:Environment is ready for cesarean section						
17. OT is ready for C-Section Goes up to number 11		Observe that the circulating nurse checks the presence of following condition in OT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Operating table appropriate for cesarean delivery, with stirrups where available 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Parenteral antibiotics for surgical prophylaxis 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Operation lights are available 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Checks the temperature of operation theater 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Makes sure surgeon uses PPE (Google, gloves, plastic apron, Enclosed shoes) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> OT is well equipped for C section (see annex Two) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> OT has C section accessory equipment (see annex Three) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> The OT is well equipped for newborn (see annex Four) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Drugs intended for use are drawn up into labeled syringes 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Any other drugs needed are in the room 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

PERFORMANCE STANDARDS	SCORE	VERIFICATION CRITERIA	Y	N	N/A ¹	COMMENTS
Part 5: CESAREAN SECTION SERVICE PROVISION						
18. The anesthetist correctly performs endotracheal intubation		Verify by observation whether anesthetist performs endotracheal intubation properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Washes hands thoroughly and puts on new examination or HLD surgical gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Greets woman respectfully	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Provides continual emotional support and reassures as feasible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Checks blood pressure, pulse and respiratory rate periodically and records per facility guidelines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Gives oxygen 6L/ minute by mask until client is ready for intubation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Correctly administers appropriate amounts of pre-intubation intravenous medications per facility standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Positions the client's head on a folded sheet, ensuring the neck is not extended	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Clears the airway if required and assesses patency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Asks an assistant to apply pressure to the cricoid against the esophagus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Opens the woman's mouth and gently inserts the laryngoscope over the tongue and toward the back of the throat.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• If necessary, suctions out any secretions in the throat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Lifts the blade of the laryngoscope upward and forward, to visualize the glottis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Inserts the appropriate size airway tube and stylet if available through the glottis into the trachea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Removes the laryngoscope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Withdraws the stylet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
• Inflates the cuff of the endotracheal tube with air	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

PERFORMANCE STANDARDS	SCORE	VERIFICATION CRITERIA	Y	N	N/A ¹	COMMENTS
19. The anesthetist ensures correct placement of the endotracheal tube		Verify by observation whether the anesthetist is doing the following steps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Holds the endotracheal tube firmly and connects it to a self-inflating bag.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Presses the self-inflating bag 2-3 times rapidly while observing the woman's chest for inflation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• If the chest inflates while pressing the self-inflating bag, auscultates the chest to confirm that air is entering both lungs equally.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Auscultates over the stomach and ensures absence of air entry into the stomach.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Once the endotracheal tube is properly positioned, uses adhesive tape to fix the tube to the woman's face	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Before removing gloves, disposes of waste materials in a leak proof container or plastic bag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Removes gloves and discards them in a leak proof container or plastic bag if disposing of or decontaminates them in 0.5% chlorine solution if reusing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. The anesthetist maintains appropriate monitoring & documentation throughout the procedure		Verify by observation whether anesthetist maintains monitoring of patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Maintains continuous monitoring of the patient's blood pressure, pulse rate, respiratory rate, oxygen saturation and medications per facility standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Documents all interventions correctly using progress notes for additional charting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Uses flow sheets and progress notes appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Communicates as needed with the surgeon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21. The provider correctly opens the abdominal wall for C section		Verify by observation whether the provider open abdomen properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Midline vertical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Emergency/ stat access: fetal distress, vaginal hemorrhage, uterine rupture, previous scar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Where access to the LUS (lower uterine segment) may be difficult: known pelvic adhesions, LUS fibroids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PERFORMANCE STANDARDS	SCORE	VERIFICATION CRITERIA	Y	N	N/A ¹	COMMENTS
		<ul style="list-style-type: none"> Fetal malformations (e.g. Conjoined twins) or transverse lie (with baby's back down) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Placenta praevia/ placenta accreta where highly vascular LUS anticipated 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Low transverse/ pfannenstiel:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> For most indications where emergent or difficult access not anticipated 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22. The provider opens the layer of abdomen properly		Verify by observation the provider opens the layer of abdomen properly with homeostasis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Clamps and ties or cauterizes arterial and venous bleeding points as encountered 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Incises the fascia with a scalpel and extends incision with scissors to accommodate anticipated size of newborn head and body 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> For pfannenstiel incision, clamps facial edges, lifts and then separates fascia sharply from underlying rectus muscle using mayo or other operative scissors, superiorly and inferiorly 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Separates the rectus muscle as needed for exposure 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Lifts the peritoneum with forceps and ensures that it is free of loops of bowel and well above the bladder dome 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Opens the peritoneum with a scissors and extends peritoneal incision to accommodate anticipated size of newborn head and body 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Inspect and palpate the uterus to determine incision site, and make sure there is no adhesion and abnormality, Identifies the midline of the uterus by checking position of round ligaments or uterine vessels. (the uterus may be twisted or rotated to either the right or the left) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23. The provider correctly opens the uterus		Verify by observation whether the provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Places a bladder retractor over the pubic bone 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Uses forceps to pick up the loose peritoneum covering the anterior surface of the LUS and incises with scissors 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PERFORMANCE STANDARDS	SCORE	VERIFICATION CRITERIA	Y	N	N/A ¹	COMMENTS
		<ul style="list-style-type: none"> Extends the incision by placing scissors between the uterus and the loose peritoneum and cuts about 3 cm on each side in transverse fashion. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Pushes or sharply dissects the bladder downward off the lower uterine segment where possible 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Replaces the bladder retractor over the pubic bone to retract the bladder downward and away from the LUS. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Confirms presentation and positioning of the fetus by manual palpation of the uterus 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Using a scalpel, makes a 3 cm midline transverse incision in the lower uterine segment and cuts down to the level of the amniotic membranes. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> If the lower uterine segment cannot be identified and/ or if surgical access is a problem, makes a 3 cm midline vertical uterine incision in the body of the uterus and cuts down to the level of the membranes. (High vertical or classical hysterectomy). 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Widens the incision manually (thin LUS) or with scissors staying well away from the uterine vessels bilaterally and from the bladder inferiorly <p>The uterine incision should be big enough to deliver the head and body of the baby without tearing, the LUS and extending the hysterectomy laterally into, uterine vessels or inferiorly into the cervix/ vagina.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> If the LUS is thick and narrow, extends the incision in a crescent shape, using scissors instead of fingers to avoid extension into the uterine vessels 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> If the amniotic membranes are intact, ruptures them and informs newborn care team of color and quantity 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PERFORMANCE STANDARDS	SCORE	VERIFICATION CRITERIA	Y	N	N/A ¹	COMMENTS
24. The provider correctly delivers the baby		Verify by observation whether provider delivers the baby correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Places one hand inside the uterine cavity between the uterus and the presenting fetal part. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Vertex presentation: flexes the fetal head and gently lifts up through the incision. With the other hand, gently presses on the abdomen over the top of the uterus to help deliver the head. Suctions the newborn's mouth and nose when delivered with bulb suction. Use delee suction apparatus if meconium stained fluid observed. Delivers the shoulders and body. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Breech presentation: Gently lifts the breech or both feet up through the hysterectomy and wraps the breech with a moistened laparotomy pad/ surgical towel. Completes the delivery as in standard vaginal breech delivery technique. Suctions the newborn's mouth and nose with bulb suction. Uses delee suction apparatus if meconium stained fluid observed. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Back up transverse presentation: reaches into the uterus and finds the baby's ankles. Grasps the ankles and pulls gently through the incision to complete the delivery as for a breech delivery 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> If fetal presenting part lies deep in the pelvis, asks an assistant wearing long HLD gloves to push the head up through the vagina from below. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> After delivery of the newborn, asks anesthetist or an assistant to give oxytocin 20 units in one litter IV fluid (normal saline or ringer's lactate) at 60 drops per minute for 2 hours 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Doubly clamps the umbilical cord and cuts in between the clamps 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Hands newborn to newborn care team while maintaining sterility of gloves and gown 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> The newborn care team will determine APGAR score at one minute and five minutes 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> After clamping the cord, asks anesthetist or an assistant to give a single dose of prophylactic antibiotics: Ampicillin 2 gram IV or cefazolin 1 gram IV or Ceftriaxone 2gr IV 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

PERFORMANCE STANDARDS	SCORE	VERIFICATION CRITERIA	Y	N	N/A ¹	COMMENTS
25. The provider correctly delivers the placenta and explores the peritoneal cavity		Verify by observation whether the provider deliver placenta correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Maintains gentle traction on the cord and massages the uterus either directly or through the abdominal wall. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Delivers the placenta by manual extraction or with uterine massage 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Massages the uterus to expel blood and clots and as needed for uterine atony 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Inspects placenta for completeness or any abnormalities 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Inspects the umbilical cord and documents number of cord vessels 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Palpates the inside of the uterus (to rule out posterior or lateral wall rupture, to ensure normal uterine anatomy and to document complete removal of placenta) Inspects both adnexae to ensure normal tubal and ovarian anatomy 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> If uterine tone is inadequate despite uterine massage and IV oxytocin and if client's BP is <160/100, asks anesthetist or an assistant to administer ergometrine 0.2 mgs IM. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> If patient is febrile, performs gentle pelvic and abdominal exploration to ensure normal appendix and to rule out abscess formation 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26. The provider correctly closes the uterus after cesarean section delivery		Verify by observation whether the provider closes the uterus properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> For transverse LUS hysterectomy grasps the lateral corners of the uterine incision with clamps (Allis/ring) and grasps the superior and inferior aspects of the incision with ring clamps. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> For midline vertical hysterectomy grasps superior and inferior corners with clamps (Allis/ring) and grasps lateral aspects of the incision with ring clamps 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> While placing clamp, checks inferiorly to makes sure hysterectomy is separate from the bladder 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Looks carefully for any extension of the uterine incision either laterally or vertically into the cervix/upper vagina. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Repairs LUS extensions with a continuous locking stitch of 0 chromic catgut (or polyglycolic) suture. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PERFORMANCE STANDARDS	SCORE	VERIFICATION CRITERIA	Y	N	N/A ¹	COMMENTS
		<ul style="list-style-type: none"> Repairs the hysterectomy with 0 chromic catgut (or polyglycolic) suture. Takes care to avoid including the decidua in the closure. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Transverse LUS incision: beginning just lateral to each corner/angle of the incision bilaterally and taking care to avoid the uterine vessels, uses single continuous locking stitch of 0 chromic catgut (or polyglycolic) suture to the midline bilaterally. Performs second reinforcing layer of suture with 0 chromic either continuous or locking where hemostasis is suboptimal and/or LUS is unusually thick or vascular. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Classical incision: uses at least three layers of continuous locked or interrupted figure of eight 0 chromic catgut (or polyglycolic) suture depending on thickness of uterine wall. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Ensures that there is no further bleeding by carefully inspecting the closure line (s) with placement of additional figure of eight haemostatic sutures as necessary. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Checks the bladder for injury and repairs injury if necessary 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Rechecks the uterus to make sure it is firm 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Evacuates blood and clots from peritoneal cavity manually or with suction where available being careful to avoid injury to the bowel 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Requests repeat sponge and instrument count by surgical assistant 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27. The provider correctly performs closure of the abdominal wall after cesarean section delivery		Verify whether the provider close abdominal wall properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> After checking carefully for sub facial bleeders, closes the abdominal wall fascia with continuous or interrupted suture (1 polyglycolic or other delayed absorbable suture). Checks to ensure that bowel is not included in closure. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Closes the fat layer, if unusually thick or if skin incision splayed, with an interrupted plain suture. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Checks all layers for hemostasis before completing closure and during closure process. Repairs arterial and venous bleeders with suture or cautery where available 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PERFORMANCE STANDARDS	SCORE	VERIFICATION CRITERIA	Y	N	N/A ¹	COMMENTS
		<ul style="list-style-type: none"> Closes the skin with interrupted mattress sutures about 2 cm apart, using a cutting needle and 3-0 nylon or silk. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Requests final sponge and instrument count by surgical assistant to ensure that all equipment is accounted for. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Inspects skin closure and ensures there is no persistent oozing. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Cleans the wound with sterile gauze moistened in sterile water 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Gently dries with sterile gauze 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Applies a sterile dressing and covers with water-occlusive covering where available 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Asks assistant to check bladder gravity bag and record amount and color of urine 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Ensures that client has adequate anesthetist throughout cesarean section procedure 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28. The provider completes all post- procedure tasks		Verify by observation whether that the provider:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Removes scalpel blade from knife handle by using artery forceps. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Disposes of blade (s), needles and syringes in sharps container. Does not recap needle before disposal 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Disposes of waste materials in a leak proof container or plastic container 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Places all instruments in 0.5% chlorine solution for decontamination for 10 minutes 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Removes PPE (personal protective equipment) in proper sequence and discards in a leak proof container or plastic bag if disposing or decontaminates them in 0.5% chlorine solution if reusing. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Uses alcoholic hand rub or washes hands thoroughly with soap and water for 10- 15 sec. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Writes operation note and postoperative management instructions. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PERFORMANCE STANDARDS	SCORE	VERIFICATION CRITERIA	Y	N	N/A ¹	COMMENTS
29. The anesthetist correctly performs extubation of the client		Verify by observation whether anesthetist performs extubation properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Confirms that the client is ready for extubation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Removes adhesive tape that holds the tube in position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Gently opens the woman's mouth and suctions out any secretions in the throat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Deflates the cuff of the endotracheal tube and gently removes the tube	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Gives oxygen by mask while ensuring that regular breathing is established	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Before removing gloves, disposes of waste materials in a leak proof container or plastic bag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Removes gloves and discards them in a leak proof container or plastic bag if disposing of or decontaminates them in 0.5% chlorine solution if reusing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Washes hands thoroughly with soap and water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
30. The provider correctly monitors the client's postoperative course		Verify by observation whether the health provider monitors the patient in post operation period	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Monitors and records pulse, blood pressure, respiration rate, wound/vaginal bleeding, client pain level, mental status, urine output, dressing and contraction of uterus per facility standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Administers medications as necessary (Oxytocine) and analgesic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Administers Oxygen for 4-6 hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Directs bladder catheter and gravity drainage be continued with removal 12-24 hours post operative for normal urine output and no hematuria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
31. The anesthetist permits the C-section patient to transfer in recovery room		Verify by observation that anesthetist transfers the C-section patient to recovery if the following criteria exist with the patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Awake, opens eyes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Can lift head on command	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Extubated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Stable blood pressure and pulse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PERFORMANCE STANDARDS	SCORE	VERIFICATION CRITERIA	Y	N	N/A ¹	COMMENTS
		<ul style="list-style-type: none"> Not hypoxic 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Breathes quietly and comfortably 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Appropriate pain management has been prescribed and safely established 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Adequate urine output 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
32. Midwife or duty nurse checks patient for deteriorated condition		Verify by observation whether midwife or duty nurse inform anesthetist or on call doctor in case the following criteria happen for C-Section Patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Airway obstruction 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Hypoxia 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Hemorrhage: internal or external 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Hypotension and/or hypertension 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Postoperative pain 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Shivering, hypothermia 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Vomiting, aspiration 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Falling on the floor/loss of consciousness 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Residual narcosis 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
33. The provider ensures adequate postnatal care planning for the client		Verify by observation that the provider:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Ensures provision of breastfeeding (for spinal anesthetist as soon as possible and for general anesthetist mother should evacuate and through away her milk for 6-24 hours and then feed baby) support and education including role of maternal nutrition and vitamin supplementation 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Ensures provision of adequate PFP counseling and method if client requests (explain women with C- Section that don't be pregnant for one year because of risk for uterine rapture) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PERFORMANCE STANDARDS	SCORE	VERIFICATION CRITERIA	Y	N	N/A ¹	COMMENTS
Part 6: MANAGEMENT and RECORD KEEPING						
34. The provider records relevant information about the services provided in the patient's chart		Verify by observation of one patient's record whether the provider recording the following information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Written operative note including Indication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Date of cesarean section	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Type of skin incision,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Type of hysterectomy incision,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Sex/ weight and condition of newborn including apgars,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Other significant pelvic and intraabdominal findings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Estimated blood loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Other intra-operative complications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Antibiotic prophylaxis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Names of surgical team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Duration of procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Type and time that patient was in anesthetist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Urine output	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
35. The provider records relevant information about services provided in the register/operative log book		Determine through review of the delivery/ operative room register and the procedure room register whether the following information is recorded:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Patient name, age and hospital I.D. number where appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Date of cesarean delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Type of surgery and anesthetist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Indication for cesarean delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		• Pre operative and post operative diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PERFORMANCE STANDARDS	SCORE	VERIFICATION CRITERIA	Y	N	N/A ¹	COMMENTS
		<ul style="list-style-type: none"> Name of surgery team and anesthetist team 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Newborn appgars, weight 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
36. The health facilities performed C-Section in last 6 months		Verify by review of district hospital documents that C- Section was conducted in last 6 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> There is evidence that DH hospital conducted C- Section in last 6 months 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> The C –Section conducted according to maternal and newborn indication 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> There is anesthetist consultation and protocol 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Indication for C-Section is written in patient file 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Operation procedure is written according standard 34 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Post operative order is written 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
37. Maternal and newborn mortality recorded (MPDSR)		Verify by review of record that	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Maternal and newborn mortality recorded after C- Section deliveries 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> Maternal and newborn mortality cause analyzed after C-Section 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> There is evidence like action plan that intervention designed to fill gaps related Maternal and newborn mortality after C-section 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

TOTAL STANDARDS:	37
TOTAL STANDARDS OBSERVED:	
TOTAL STANDARDS ACHIEVED:	

Annex 01: Usage of parenteral magnesium sulfate for C Section

Annex 02: List of equipment for C-section

Number	Items	Quantity
1	Operative table	
2	Scalpel/blade	(2)
3	Abdominal and bladder retractors	
4	Forceps (Artery, teeth and non teeth pick up)	(6)
5	Clamps: Kelly, Kocher towel clamp	
6	Gauze/laparotomy pads	
7	Scissors: mayo, dissecting, bandage scissors, suture scissors	
8	Needle holder	
9	Surgical suction tip and tubing where surgical suction is available	
10	Suture/needles appropriate for repair of skin, subcutaneous fat, fascia, peritoneum, and uterus	
11	Electric cautery tip and connectors where cautery is available	
12	Bowel, try	
13	Newborn suction bulb	
14	Umbilical cord clamps	

Annex 03: List of accessory equipment for C-section

Number	Items	Quantity
1	Electrocautery system: check settings and function	
2	Surgical suctioning system: check settings and function	
3	Pulse oximetry	

Annex 04: List of equipment and material for newborn

Number	Items	Quantity
1	Warming table or bassinet for newborn	
2	Newborn hat, blankets, diapers where available	
3	Neonatal resuscitation equipment: bag, mask, endotracheal tube, suctioning equipment (bulbs,)	
4	Warming table or bassinet for newborn	

<p>3. The provider manages the postnatal mother and the neonate according to the findings of the assessment.</p>	Observe if the provider:			
	<ul style="list-style-type: none"> • Manages or Refers mother or neonate for review if problems identified or in the event of any serious abnormality 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> - if not done already, offers women rapid HIV testing(Assure the three Cs (confidentiality, counseling & consent) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> - If the mother is tested positive, ensures that woman receives PMTCT services and adheres to the national protocol 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> • Gives to the mother, TT vaccine –if not given antenatally- and Iron supplementation 			
	<ul style="list-style-type: none"> • Gives to the mother Vitamin A, Mebendazole, per the national guidelines 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> • Provides ITN (if required) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> • Counsels the mother and her family if present on the following topics: 			
	<ul style="list-style-type: none"> - Importance of exclusive breast feeding 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> - Importance of delayed bathing of the baby for 24 hours 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> - Completion of immunization schedule 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> - Importance of personal and environmental hygiene 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> - Care of the umbilical cord 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> - Nutrition for the mother 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> - Adequate rest and sleep for the mother 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> - Resumption of sexual activity/safer sex 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> - Post partum Family planning and offers service accordingly 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> - Harmful traditional practices ; FGM 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> - Substance abuse 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> - ARV Prophylaxis and treatment for her and the baby if she is HIV Positive 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

4. The provider Discuss- es about Complication readiness plan	<ul style="list-style-type: none"> Observe whether the health worker providers or revises the complication readiness plan <ul style="list-style-type: none"> Discuss about Maternal Danger signs(bleeding, severe headache, severe chest pain, fever, convulsions/fit, etc) Discuss about Newborn Danger signs – (fever, convulsions, jaundice, chest in drawing, inability to breast feed etc). Emergency funds Emergency Transport 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<ul style="list-style-type: none"> Arranges the next appointment within 48hours/14days/4- 6 weeks- 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<ul style="list-style-type: none"> Records all information including the care provided clearly and completely 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

TOTAL STANDARDS:	4
TOTAL STANDARDS OBSERVED:	
TOTAL STANDARDS ACHIEVED:	

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Monitoring and Evaluation

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Y	N	N/A ¹	Means of Verification	Comments
OBSERVE DURING THE VISIT						
1. The facility has all the necessary basic MNH data tools	• Separate patient files for each maternity client	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Observe	
	• Separate leaf for baby in mother's file	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	• Separate file for new born with complications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Observe	
	• Mother Child booklets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Observe	
	• Kenya revised partograph forms (2012)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Observe	
	• ANC Register	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Observe	
	• Maternity register in use (Oct 2010)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Observe	
	• Maternal death notification forms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Observe	
	• Maternal and Perinatal Death Surveillance and Response review forms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Observe	
	• Postnatal care register	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Observe	
	• PMTCT Register	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Observe	
	• Birth notification forms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Observe	
	• Family Planning register	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Observe	
	• MOH S 711	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Observe	
• Storage space for files and registers in maternity available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Observe		
• Storage space ensures client confidentiality (has a door/contents and cannot be seen by other clients)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Observe		
Observe and review all registers in all MNH service areas						

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Y	N	N/A ¹	Means of Verification	Comments
2. All registers and summary tools are completely and appropriately filled						
a) ANC	• Service area has the appropriate registers (current versions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Observe	
	• All register entries have the correct codes where relevant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Observe	
	• The register entries /fields are complete with no blank spaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Observe	
	• The register entries are appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Observe	
	• All page summaries are done and up to date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Observe	
	• All monthly summaries are done and up to date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Observe	
	• Register is intact with no missing pages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Observe	
	• The summary tool MOH S 711 is fully completed monthly and submitted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Observe	
b) PNC	• Service area has the appropriate registers (current versions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Observe	
	• All register entries have the correct codes where relevant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Observe	
	• The register entries /fields are complete with no blank spaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Observe	
	• The register entries are appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Observe	
	• All page summaries are done and up to date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Observe	
	• All monthly summaries are done and up to date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Observe	
	• Register is intact with no missing pages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Observe	
	• The summary tool MOH S 711 is fully completed monthly and submitted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Observe	

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Y	N	N/A ¹	Means of Verification	Comments
c) FP	• Service area has the appropriate registers (current versions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Observe	
	• All register entries have the correct codes where relevant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Observe	
	• The register entries /fields are complete with no blank spaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Observe	
	• The register entries are appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Observe	
	• All page summaries are done and up to date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Observe	
	• All monthly summaries are done and up to date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Observe	
	• Register is intact with no missing pages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Observe	
	• The summary tool MOH S 711 is fully completed monthly and submitted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Observe	
d) Maternity	• Service area has the appropriate registers (current versions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Observe	
	• All register entries have the correct codes where relevant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Observe	
	• The register entries /fields are complete with no blank spaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Observe	
	• The register entries are appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Observe	
	• All page summaries are done and up to date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Observe	
	• All monthly summaries are done and up to date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Observe	
	• Register is intact with no missing pages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Observe	
	• The summary tool MOH S 711 is fully completed monthly and submitted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Observe	
	• The summary tool MOH S 711 is fully completed monthly and submitted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Observe	
• All MNH service providers have been oriented in use of Basic MNH data tools, and in use of MNH data for decision making within the last one year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Enquire from facility in charge		
Observe , interview staff, verify from records						

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Y	N	N/A ¹	Means of Verification	Comments
3. The Partograph is completed for every patient in labour; appropriately and completely filled	• Each patient in labour has a partograph form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Observe	
	• Filling of the partograph is initiated during active labour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Observe	
	• The partograph is filled real time immediately after examining the client	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Observe	
	• Client observation during labour is as prescribed on the partograph	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Observe	
	• The partograph charting is complete for every patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Observe	
	• The partograph is used for decision making during labour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Observe	
	• The summary section of the partograph is completed after each delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Observe from 10 client partograph forms	
Enquire from the facility in charge / administrator / MCH in-charge; Verify from the stores						
4. Every pregnant mother and every child under 5 years has a mother child booklet	• The facility has mother child booklets in stock enough for at least one month based on client load	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Observe	
	• The mother child booklet is not sold to the clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Observe	
	• Every mother in ANC has a mother child booklet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Observe from sample of 10 clients	
	• Every mother in maternity unit has a mother child booklet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Observe from sample of 10 clients	
	• Every mother in PNC has a mother child booklet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Observe from sample of 10 clients	
	• Every Child under 5 years in the CWC has a mother child booklet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Observe from sample of 10 clients	
	• The mother child booklet is correctly, completely and appropriately filled for every client depending on service area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Observe from sample of 10 clients	
	• Every mother / caregiver takes the mother Child booklet with them after the consultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Observe from sample of 10 clients	
Enquire from the facility in charge / administrator / MCH in-charge; Verify from the records						

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Y	N	N/A ¹	Means of Verification	Comments
5. The facility notifies every birth and every maternal death that occurs	• The facility has the official birth notification forms available in the maternity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Observe	
	• The facility has maternal death notification forms available in the maternity unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Observe	
	• The facility has perinatal death notification forms available in the maternity unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Observe	
	• Each shift has a designated service provider to complete the notification forms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Observe shift register	
	• Birth notification forms are completed for all births including still births	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Observe	
	• Maternal death notification forms are completed within 24 hours of maternal death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Enquire from in-charge	
	• Newborn death notification forms are completed within 24 hours of perinatal death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Enquire from in-charge	
	• Perinatal death notification forms are completed within 24 hours of perinatal death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Enquire from in-charge	
	• Maternal Death notification forms are submitted to the national level within 48 hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Enquire from in-charge	
	• Perinatal Death notification forms are submitted to the national level within 48 hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Enquire from in-charge	
	• Newborn Death notification forms are submitted to the national level within 48 hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Enquire from in-charge	
Enquire from the facility in charge / administrator / Maternity in-charge; Verify from the records						
6. The facility regularly performs maternal and Perinatal Death Reviews and implements recommendations	• The facility has a functional MPDSR committee; which meets regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Observe from meeting minutes	
	• The facility has MPDSR review and summary forms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Observe	
	• Maternal and Perinatal death reviews are conducted within 2 weeks of death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Observe from meeting minutes	
	• Recommendations from supervisory visit are noted and as far as possible implemented by the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Observe from supervisory report	
Enquire from the facility in charge / administrator / Maternity in-charge and service providers in MCH and maternity units						

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Y	N	N/A ¹	Means of Verification	Comments
7. The facility analyzes and displays relevant MNH data	• Conducts internal Data Analysis for relevant MNH indicators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Observe analysis outputs	
	• Data results are shared with relevant departmental heads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meeting reports	
	• Maternal and Perinatal death reviews are conducted within 2 weeks of death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meeting reports	
	• Recommendations from supervisory visit are noted and as far as possible implemented by the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHIS	
	• Displays charts with relevant absolutes, averages and/or percentages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Observe	
Check registers, summary tools and other data tools for data on the following						
8. The following MNH indicators are routinely collected or can be derived from collected data as necessary	• Number of patients with partograph correctly and completely filled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Observe sample of 10 partographs	
	• Total number of deliveries - Total live births , Total still births (FSB and MSB)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Peruse registers	
	• Total number of normal deliveries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Peruse registers	
	• Total number of operative & assisted deliveries – C/section, Assisted vacuum deliveries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Peruse registers	
	• Total number of preterm deliveries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Peruse registers	
	• Total number of infants with low birth weight (less than 2500g)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	• Number of women with Obstetric complications by type of complication e.g. PPH, Obstructed labour, puerperal sepsis, Eclampsia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	• Total number of maternal deaths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	• Total number of neonatal deaths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	• Causes of maternal deaths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	• Causes of Neonatal deaths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	• Total number of babies with neonatal asphyxia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	• Total number of asphyxiated babies successfully resuscitated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	• Mothers choosing exclusive breastfeeding for infant feeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Comments

Total Number of Standards	8
TOTAL STANDARDS OBSERVED:	
TOTAL STANDARDS ACHIEVED:	
PERCENTAGE ACHIEVED (Total standard achieved /Total standard observed)	

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