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# NATIONAL CLINICAL PERFORMANCE STANDARDS

For Health Facilities/Clinical Sites Training Mid-Level Health Workers  
(CMs/RMs, PAs & RNs)

PARTS I & II

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## BACKGROUND AND INTRODUCTION

The Rebuilding Basic Health Services (RBHS) project, funded by the United States Agency for International Development (USAID), is the United States Government's major initiative in support of the Liberian Ministry of Health and Social Welfare (MOHSW). RBHS is implemented through a partnership amongst John Snow, Inc. (JSI) Research and Training, Jhpiego, the Johns Hopkins University Center for Communication Programs (JHU CCP) and Management Sciences for Health (MSH). Implementation of RBHS is over a 5-year period and is guided by a three-pronged strategic approach: 1) strengthening and extending service delivery through performance-based grants to nongovernmental organization (NGO) partners; 2) strengthening Liberia's health system in the areas of human resource management, infrastructure, policy development, and monitoring and evaluation; and 3) preventing disease and promoting healthier behaviors through behavior change communication and community

**Nineteen priority areas to improving public health:** malaria; family planning; antenatal care; postnatal care; adolescent, sexual and reproductive health; normal labor care; obstetric complications; management; infection prevention; mental health; sick newborn care; expanded program on immunizations; integrated management of childhood illnesses; infant and young child feeding; emergencies; sexually transmitted infections; voluntary counseling and testing for HIV; tuberculosis and other emerging diseases.

mobilization. In addition, RBHS has specific responsibilities in the areas of maternal neonatal and child health, family planning/reproductive health (FP/RH), malaria, HIV & TB, and water and sanitation.

Through its pre-service education initiative, RBHS adapted the Standard-Based Management and Recognition (SBM-R) approach developed in 2005 by Jhpiego is being used to improve the performance of two

educational institutions, the Tubman National Institute of Medical Arts (TNIMA) and the Esther Bacon School of Nursing and

Midwifery (EBSNM), as well as the six health facilities serving as clinical sites for training students from both institutions. SBMR is a four step process of Setting standards of performance in an operational way; Implementing the standards through a streamlined and systematic methodology; Measuring progress to guide the improvement process toward these standards and; Recognizing the achievement of the standards. It focuses on desired level of performance and quality to be attained.



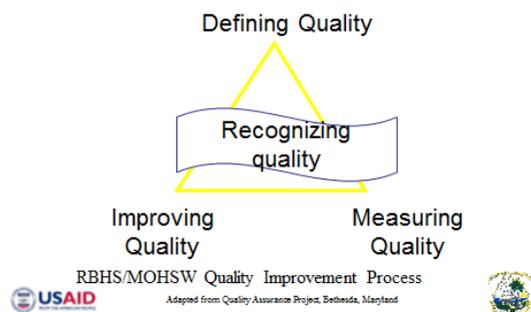
As one of its first activities in the initiative, RBHS led an exercise in April 2009 involving diverse stakeholders in training health workers to develop a set of pre-service educational standards based on the world Federation of Medical Education and WHO pre-service education standards. The pre-service academic standards have been adopted by the Liberian Board of Nursing and Midwifery as national pre-service academic standards for nursing and midwifery education in Liberia. In the process of strengthening health care service delivery at a health facility serving as clinical sites for the two schools, RBHS again led the process of developing clinical standards involving all key stakeholders, particularly those involved in delivery of health services. The clinical standards were adapted from internationally recognized clinical standards for the Liberian context. Based on the BPHS, standards were developed for infection prevention, management of health facilities and 17 clinical content areas that were sub-components of the six BPHS components

(maternal and newborn health; child health; adolescent sexual and reproductive health; communicable diseases; mental health; and emergency care). The newly developed standards were pre-tested at two health facilities (John F. Kennedy Medical Center, including the Liberian-Japanese Friendship Maternity center, and the People's Community Clinic).

Following the pre-testing, the standards were further revised and used to conduct a baseline assessment of quality of services at the six clinical sites (JFKMC, Curran Lutheran Hospital, Dupont Road Health Center, MERCI Hydro, Fessibu and Sucromu clinics). These standards, part I of the National Performance Standards were revised in alignment with the Essential Package of Health Services for clinics, health centers and hospitals serving as clinical sites to enhance quality improvement at these health facilities where students are trained to become mid-level health workers (CMs/RMs, PAs and RNs) and therefore include clinic, health center and hospital level standards related to mid-level clinical practice for mid-level health workers

RBHS has committed itself to promoting quality of care through a process of continuous Quality Assurance (QA). The RBHS approach to QA includes four main components: defining quality, measuring quality, improving quality and recognizing quality. In January 2010, RBHS began a process to reduce, simplify and adapt the clinical standards in Part I, making them more appropriate for use on a larger scale in non-clinical sites starting with use in 103 RBHS-supported facilities.

Ten clinical content areas that were critical areas of the BPHS addressing MNCH were selected: HIV,



FP/RH, antenatal care (ANC), normal labor and delivery (NLD), integrated management of childhood illnesses (IMCI), tuberculosis (TB), postpartum (PP), malaria (Mal), obstetrical complications (OC) and expanded program on immunizations (EPI). In collaboration with the MOHSW (at both central and county levels) and its implementing partners, the QA assessment instrument was used to conduct a baseline assessment of the quality of clinical care provided at all RBHS-supported health facilities. The objective of the assessment was to determine the baseline of current clinical care (per the Basic Package of Health Services).

The MOHSW, in efforts to improve quality performance, decided to adapt and extend the QA process to all facilities and requested RBHS and partners to explore the concept of core standards in the context of shortening and simplifying the RBHS assessment instrument, thus making it more appropriate for scaling up nationally and institutionalizing QA in a more effective and efficient manner in all MOHSW facilities. In the process, a smaller number of standards with more direct clinical relevance in terms of outcome that would enable the results of the assessment to focus more precisely on case management; simplify supportive supervision; and enable easier onsite quality improvement monitoring, where selected as “Core Standards.” These standards are part II. With a smaller number of overall standards, and hence, lower number of standards per clinical content area, a facility will definitely need to meet all the core standards in a content area to ensure quality case management.

**Rationale for development of a set of “core” standards from the overall standards used in the assessment instrument:**

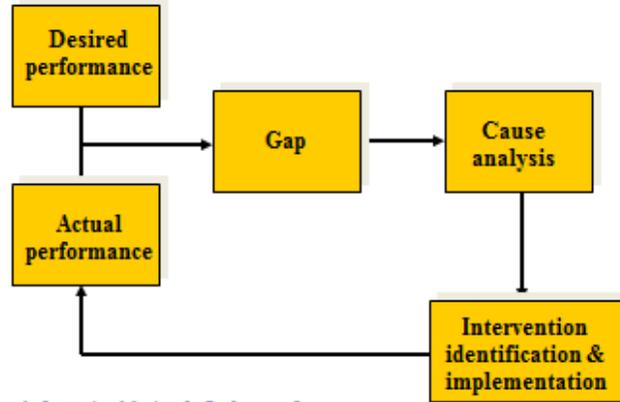
- Lowers the number of clinically critical standards
- Meets all standards to ensure good case management
- Focuses results on quality of care per patient
- Simplifies supportive supervision
- Enables simple onsite monitoring of performance

The MOHSW piloted the core standards as part of the 2011 accreditation process in the process of institutionalization of quality clinical standards for quality improvement. After the accreditation the core standards were further updated and accepted as outpatient clinical standards and are included here as Part II of the National Clinical Performance Standards for Health Facilities Serving as Clinical Sites for mid-level health workers and are being used for quality improvement at all clinics and outpatient departments health facilities in Liberia. These standards were used to develop the supervisory tool now in use at clinics for supportive supervision. The MOHSW with technical assistance and support from USAID to RBHS has now developed national inpatient clinical standards for hospitals and health centers in line with the EPHS that are being piloted in the improvement collaborative quality improvement process at four hospitals.

# THE ASSESSMENT TOOL AND INSTRUCTIONS ON HOW TO USE IT

## Description of the Tool

### Implementation Cycle Quality Improvement



Model Adapted from the International Society for Performance Improvement

## The performance assessment tool:

- Lists key performance standards organized by area of program support. Performance standards are good practice for organizing and delivering health services.
- Identifies verification criteria easily observable with “YES”, “NO”, and “NOT APPLICABLE” answer options. Verification criteria are procedures for completing a good practice
- Shows some verification criteria, as reference, detailed steps for implementing the procedure
- Objectively establishes the desired level of performance
- Measures actual level of performance when applied to a facility
- Each facility has the liberty to add which health team member/s are responsible for those standards

- Helps identify performance gaps

The **standards** tell providers  
*what they should do,*  
The **verification criteria** tells  
the provider  
*how to do it*

## Types of Assessments

A baseline assessment and then a continuous measurement of progress are used as a mechanism to guide the process, inform programmatic decisions, and reinforce the momentum for change. Through continuous measurement, administrators, providers, and communities can monitor the process, assess success of interventions, identify new gaps, and introduce necessary adjustments to their plans. Measurement also makes it possible to present administrators and providers with quantitative targets. Achieving and making sustained progress on these targets has an important motivating effect for those involved in the improvement process.

Continuous measurement is based on the periodic implementation of assessments using the performance assessment tool. The assessments can be:

- **Self-assessments:** are those conducted by the staff members on their own work. The provider or manager uses the assessment tool as a job aid to verify if she/he is following the recommended standardized steps. These assessments can be performed as frequently as desired or needed.

- **Internal assessments:** are those implemented internally by facility staff. These can adopt the form of **peer assessments** when facility staff uses the assessment tool to mutually assess the work among colleagues or **internal monitoring assessments** when administrators and/or providers use the tool more comprehensively to periodically assess the area of the service being improved. It is recommended that this latter assessment occurs every three to four months.
- **External assessments:** are those implemented by persons external to the facility or institution. These assessments are usually conducted by the MOHSW and their collaborating partners. They can take the form of **non-binding assessments** when the purpose of the visit is to provide support for identification of performance gaps and interventions, or **binding assessments/accreditation** when the purpose of the visit is to confirm compliance with recommended standards for recognition purposes. In case of non-binding assessments it is desirable that representatives of the clients and communities served are involved in the process in an appropriate way. For instance, they could have representatives in the team conducting the assessment of the program. It is not usual to include other representatives in binding assessments.

#### How to Use the Assessment Tool

The assessment tool should be used for conducting assessments (external, internal, peer or self) in the health facilities, especially, those serving as clinical sites for training students from all cadres. In each area the standards have specific instructions about how and where to collect/verify the information needed, and the number of observations required. There are basically three methods for data collection:

- Direct structured observation
- Document review

- Interviews

However, in some rare cases simulation can be used as an assessment method.

#### When using direct structured observation:

- Introduce yourself and explain the reason of the assessment
- The assessment tool must be used to guide the observation
- Feedback should not be provided during the assessment
- Be objective and respectful during the assessment

#### When doing document review:

- Introduce yourself and explain the reason of the assessment
- Identify correct sources of information (e.g., administrative forms, statistical records, service records)
- Review the documents using the assessment tool
- Question individuals responsible for these areas to supplement and/or clarify information
- Be objective and respectful during the assessment

#### When conducting interviews:

- Introduce yourself and explain the reason of the assessment
- Identify the staff that typically carries out the activities or procedures
- Interview the staff or students using the assessment tool
- Use open questions to get the precise information, do not assume responses

- Ask the person to show documents, equipment, or materials as appropriate
- Be objective and respectful during the assessment
- When doing simulation, make sure the process is followed and real materials and equipment and the humanistic principle is followed.

#### **How to fill-out the assessment tool:**

- Immediately register the information collected
- Register “Y”, “N”, or “NA” in the correspondent column for each verification criteria. Do not leave any verification criteria blank.
- If one or more steps in the boxes are missing, write them down in the “Comments” space and provide feedback to the provider at the end of the assessment. Write “N” when one, any or all of the detailed procedure steps is/are not followed by the provider.
- In the comments column, write down all pertinent comments, in a concise form, highlighting relevant issues and potential causes. Remember to note comments as this will help you to be more specific with feedback.
- Register “Y” if the procedure is performed correctly or the item/condition exists as it is described in the verification criteria
- Register “NA” when the item requires a condition that does not exist, when a task is not performed because it should not be performed at that level/setting or when a condition/situation should not be present and is not, present at this level. Remember the standards in Part I, unlike those in Part II that only apply to clinics and OPDs, are to be used for quality improvement at these clinics, health center and hospitals serving as clinical sites for CMs/RMs, RNs and PAs so NA would be applied if the standard is for a hospital and the assessment is at a clinic.

- Register “N” if a verification criteria that is to be performed is not performed, a verification criteria is performed incorrectly, a situation/condition that should be present is not present, the steps of a procedure are not followed by the provider according to the verification criteria or if any of the requirements to be met in a verification criteria is not met
- Health team members may fill in type of cadre/s responsible for each standard when using as an internal assessment tool.

#### **How to Score the Assessment Tool and Summarize the Results**

##### **Scoring using the assessment tool:**

- Each standard is worth one point
- For each standard to be met, all of the verification criteria should be “Yes” or “Not Applicable”

##### **How to Summarize the Results**

- Summarize the results using the summary at the end of each section
- Write the number of standards achieved per area and in total
- Calculate and write the percentage of standards achieved per area and in total by dividing the number of standards achieved by the total number of standards in each area, and multiplying the results by 100 (e.g.;  $7/14 \times 100=50\%$ ). Apply the same process for the general total, divide total number of standards achieved by the total number of standards (e.g.;  $32/59 \times 100=54\%$ )

All programs will be monitored and assessed by the quality assurance teams and external assessments as requested. All programs will be given a reasonable amount of time and support for the implementation of these standards.

### **Presentation of Feedback**

Immediate and specific feedback is given to each facility at the end of the assessment process.

- At the conclusion of the daily observations, the assessors should meet to prepare for the feedback session by reviewing each area, determining standards met and not met and note the specific points to be shared in the feedback
- Each team member should plan for speaking about each clinical area for not more than 5 minutes. The Team should decide who will start the feedback session and should practice as much as possible
- After this preparation, the assessors along with the OIC should gather all the staff to hear the preliminary findings of the assessment and receive feedback
- An assessor should start off by thanking all staff for the day and commending them, even noting good things that are not a part of the standards.
- Discuss some cross-cutting missed criteria such as hand washing and use these examples to identify “quick fixes” to meet certain criterion.
- For each clinical area, review the specific standards that were not met and state a few of the verification criteria that were not met as reasons why the standard was not met
- After that, for each area, state the standards that were almost met and state the one criteria that was not met and how meeting that one would cause the standard to be met.
- Next, state the total number of standards met, the specific standards that were met and state a few of the verification criteria that had a yes answer and commend the staff
- Leave a completed assessment instrument with the OIC at each facility.

- Inform the staff of any action planning session or any other follow up and discuss when that would happen

### **Development of Action Plans and Organization of Teams**

After every assessment, the facility staff should develop operational plans in order to implement the improvement process. These plans are relatively simple tools (see attachment) that outline what are the gaps and the causes that need to be eliminated, the specific intervention to be conducted, the person(s) in charge, the deadline for the task, and any potential support that may be needed. The identification of quality improvement liaison(s) and the setting of the deadline is extremely important because they allow better follow up of the activities included in the plan. Operational plans should be developed upon analysis of the results of the baseline or follow-up monitoring assessments by teams of facility staff and faculty working in the different areas that are being improved.

It is important to understand that the process is usually initiated by a small group of committed persons because it is very infrequent to find widespread support for a new improvement initiative. It is, therefore, vital to identify committed champions for the initiative and incorporate them in the initial improvement efforts.

A key task of the initial group of committed persons is to organize teams for the implementation of the improvement process. Most processes do not depend on the action of single individual, they are the result of team efforts and therefore, it is important to expand the group of committed people beyond champions. Teams should be organized by specific area of the assessment tool. Each area team should analyze the results of the performance assessment in their respective area, develop an operational plan accordingly and implement and monitor improvement activities. It is desirable to work with networks of national programs that support integration and improvements as well as the attached pre-service institution for





**PART I**  
**Clinical standards for clinical sites**



# Health Facility Management

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## AREA: HF MANAGEMENT

COUNTY: \_\_\_\_\_ FACILITY NAME: \_\_\_\_\_ FACILITY ID \_\_\_\_\_ IMPLEMENTER: \_\_\_\_\_

ASSESSMENT TYPE:  INTERNAL /  EXTERNAL ASSESSOR: \_\_\_\_\_ DATE: \_\_\_\_\_

STANDARD	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
<b>MGM-01</b> The health facility has adequate reception, areas and wards	01	The infrastructure is in a good condition  <b>The health facility is in good condition –(all must be present or not applicable to write yes in this box)</b> <ul style="list-style-type: none"> <li>▪ There is natural/or artificial light in all the rooms</li> <li>▪ The roof is complete with no signs of leaks</li> <li>▪ There is fencing or a wall in good condition (no cracks) around the area of the health facility</li> <li>▪ Doors and windows are intact with no holes and are closeable and lockable</li> <li>▪ Windows are intact and have screens</li> <li>▪ Floors are smooth, dry and cleanable</li> <li>▪ The walls of rooms are in good condition (no cracks)</li> </ul>			
	02	The reception area has a place where clients and visitors can log in			
	03	The staff in the reception area are welcoming			
	04	The health facility has areas for ALL services  <b>Expected services available in the health facility as applicable to the level</b> (All must have a yes or Not applicable answer before a yes can be placed here for this verification criteria) <ul style="list-style-type: none"> <li>▪ Administrative space</li> <li>▪ Operating theater with recovery</li> <li>▪ A laboratory</li> <li>▪ Dental department</li> <li>▪ X-ray department</li> <li>▪ Separate female and male wards</li> <li>▪ Emergency room</li> <li>▪ Guard room adjacent to the gate</li> <li>▪ Blood bank</li> <li>▪ Laundry</li> <li>▪ Kitchen</li> <li>▪ Separate designated delivery room that patients perceived as culturally acceptable</li> </ul>			

STANDARD	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
	05	<p>The health facility has adequate information signing</p> <p><b>Information signing–(all must be present to write yes in this box)</b></p> <ul style="list-style-type: none"> <li>▪ Visible pictorial sign outside and inside the facility to inform clients about the services available at the facility</li> <li>▪ Visible sign outside or inside the building, showing the working hours of the health facility</li> <li>▪ Signs to alert clients about restricted or risky areas, including: isolation areas for TB and other contagious diseases, sterilization department, operating room, labor and delivery areas, nursery, mortuary, waste storage and sharp pit areas, X-ray room, and wards</li> </ul>			
	06	<p>The health facility has designated areas for patient care (both female and male wards), which provides a safe and comfortable environment</p> <p><b>Areas and services to ensure comfort, safety and privacy–(all must be present to write yes in this box)</b></p> <ul style="list-style-type: none"> <li>▪ There is a covered waiting area for men and women that protects patients from sun and rain</li> <li>▪ There are separate functional toilets or latrines for staff use (M, F) and patient use (M, F) with the following: pictorial and written sign, a door that locks, normal temperature water, a working washbasin with faucet or covered bucket that stores water, soap and a container with plastic liner for waste</li> <li>▪ There are separate health care areas for men and women</li> <li>▪ There is an on-call room/overnight accommodation for health facility staff</li> <li>▪ There are cleaners/guards according to the BPHS</li> </ul>			

STANDARD	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
	07	<p>The health facility has an operating room adequately equipped</p> <p>Operating room equipment –(all must be present or not applicable to write yes in this box at the hospital level)</p> <ul style="list-style-type: none"> <li>▪ Overhead light system with spare bulbs nearby</li> <li>▪ Surgical lamp with spare bulbs nearby</li> <li>▪ Surgical table in working order</li> <li>▪ Instrument table in working order</li> <li>▪ Manual or centralized secretion aspirator in working order</li> <li>▪ Anesthesia mask, tubing and machine in good working order</li> <li>▪ Anesthesia tanks with oxygen and other gases</li> <li>▪ Oral pharyngeal cannula in all sizes (adult and pediatric)</li> <li>▪ Laryngoscopes in all sizes (adult and pediatric)</li> <li>▪ Ambu bag with different size of masks (adult, pediatric and newborn)</li> <li>▪ Endotracheal tubes with handle (8 mm to 10 mm)</li> <li>▪ Intubation clamps (Magill)</li> <li>▪ Endotracheal tube connectors: 15 mm plastic</li> <li>▪ Trochar and needles for epidural (types of sizes: 18 to 25)</li> <li>▪ Working anesthesia machine</li> <li>▪ IV stand</li> <li>▪ Stool for anesthesiologist</li> <li>▪ Five instrument kits for C-section/obstetric laparotomy</li> <li>▪ Five kits with essential equipment for uterine evacuation (MVA and D&amp;C)</li> <li>▪ Newborn resuscitation table with warming light in good working order</li> <li>▪ Clean dry towels, i.e., for receiving and drying newborn</li> <li>▪ Suction machine with newborn, pediatric and adult size cannula</li> <li>▪ Oxygen tank near resuscitation area with tubing and mask for newborn, pediatric and adult</li> <li>▪ Guedal airway—infant, child and adult sizes</li> <li>▪ Lumbar puncture kit</li> <li>▪ Mobile examination light</li> <li>▪ Hand or foot operated suction pump</li> </ul>			

STANDARD	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
<b>MGM-02</b> General maintenance activities are taking place according to plan	01	Frequency of maintenance activities is recorded and displayed			
	02	A schedule for cleaning exists			
	03	Latrines and toilets are clean			
	04	Floors, walls, furniture and equipment are cleaned periodically and when needed, following standard procedures			
		<p style="text-align: center;"><b>Standard cleaning procedures (all must be present or not applicable to write yes in this box)</b></p> <ul style="list-style-type: none"> <li>▪ Cleaning personnel must use utility gloves, mask, plastic/rubber apron, protective eyewear and shoes</li> <li>▪ Floors are wet mopped with a disinfectant solution (0.5% chlorine solution + soap) using the two-bucket or three-bucket techniques</li> <li>▪ Walls are cleaned with a clean cloth or mop wet in a cleaning solution</li> <li>▪ Chairs, lamps, tables, tabletops, lights, top of doors and counters must be wiped with a damp cloth, containing disinfectant cleaning solution</li> <li>▪ Non-critical equipment (e.g., stethoscope and blood pressure cuffs) must be wiped with a damp cloth with water and detergent. If the equipment is visibly soiled with blood or body fluids or the patient is under contact precautions, it must be cleaned and disinfected before reuse.</li> </ul>			
	05	Electrical system: wiring, switches, lighting and fixtures are maintained with a record of monthly review and maintenance			
06	Maintenance of generator according to manufacturer's guidelines is displayed				
<b>MGM-03</b> There is an up-to-date inventory of all furniture, equipment and supplies in the facility		There is an up-to-date inventory of all furniture, equipment and stationary filed in the administrators' office			
		There is an up-to-date inventory of furniture, equipment and stationary posted in each room			
		There is up-to-date IEC/BCC material inventory in the storage room			
		Verify that all furniture, equipment and supplies are clean and in working order			

STANDARD	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
<b>MGM-04</b> The health facility has adequate Human Resources management procedures in place	01	The health facility is properly staffed  <b>Recommended staff (as applicable according to the EPHS–must be present or not applicable to write yes for this verification criteria)</b> <ul style="list-style-type: none"> <li>▪ MD</li> <li>▪ RNM/CNM</li> <li>▪ PA</li> <li>▪ RN</li> <li>▪ CM</li> <li>▪ Pharmacist</li> <li>▪ Lab technicians</li> <li>▪ Anesthetics</li> <li>▪ OR technicians</li> <li>▪ Lab technicians</li> <li>▪ Lab aides</li> <li>▪ X-ray technician</li> <li>▪ Physiotherapist</li> <li>▪ Registrar</li> <li>▪ Administrator</li> <li>▪ Nursing Director</li> <li>▪ Nurse-aide</li> <li>▪ Environmental health technician</li> <li>▪ Social worker</li> <li>▪ Dietician</li> <li>▪ Security guards</li> <li>▪ Housekeepers</li> <li>▪ Maintenance staff</li> <li>▪ Laundry</li> </ul>			

STANDARD	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
	02	Standard human resource management procedures are followed on a daily basis  <b>Standard Human Resource management procedures– (all must be present or not applicable to write yes in this box)</b> <ul style="list-style-type: none"> <li>▪ Staff attend health facility as per official working days</li> <li>▪ The staff are signing the attending sheet</li> <li>▪ The admin of the hospital is checking the attending sheet every day</li> <li>▪ Staff have official written letter to justify their absence, signed by the appropriate person</li> <li>▪ All staff are appraise based on JD after six months on the job and annually</li> <li>▪ Positive and supportive feedback provided for staff after performance appraisal</li> <li>▪ Staff file includes record of participation in performance improvement action plans</li> </ul>			
	03	Staff in the health facility has signed job descriptions			
	04	Evidence of required education and training (degree, diploma or P2) exists for all technical staff			
	05	Meeting minutes from regular staff meetings are available			
	06	Team building activities are carried out  <b>Team building activities– (all must be present to or not applicable write yes in this box)</b> <ul style="list-style-type: none"> <li>▪ Regular meetings (quality assurance, hospital management team) are held and recorded</li> <li>▪ The team prepared an action plan for improving service delivery using the assessment tool (quality assurance standards)</li> <li>▪ The team evaluated progress achieved in implementing the action plan at least every six months</li> </ul>			
	07	There are training activities for local staff  <b>Training activities (all must be present or not applicable to write yes in this box)</b> <ul style="list-style-type: none"> <li>▪ Training needs assessment of health facility staff is done and the report is available in the health facility</li> <li>▪ A training action plan has been developed based on training needs assessment by mention of year, months and week of the month timeline, trainees and place of training</li> <li>▪ Records show the implementation of the training plan</li> </ul>			

STANDARD	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
<b>MGM-05</b> Essential clinical guidelines are available in the facility <b>(All Blanks must have a yes answer for this standard to be met)</b>	01	Maternal and newborn health:			
		• Antenatal care			
		• Delivery care			
		• Emergency Obstetric Care			
		• Postpartum care			
	• Care of the newborn				
	02	Child health:			
		• EPI services			
		• Integrated management of childhood illnesses (IMCI) guidelines			
	03	Reproductive health:			
		• Adolescent sexual and reproductive health			
	04	Family planning			
		Communicable diseases:			
		• Control of STI/HIV and AIDS			
		• Control of TB			
	05	• Control of malaria			
		• Control and management of other endemic diseases			
	06	Mental health			
07	Emergency				

STANDARD	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
<b>MGM-06</b> The health facility has adequate information systems in place	01	Administrative information is properly recorded and kept			
		<p style="text-align: center;"><b>Administrative information– (all must be present or not applicable to write yes in this box)</b></p> Administration: <ul style="list-style-type: none"> <li>▪ HMIS file</li> <li>▪ Timesheet and staff documents</li> <li>▪ Financial activities</li> <li>▪ Community contributions</li> <li>▪ Letter in and letter out</li> <li>▪ Minutes of meetings</li> <li>▪ CHTs activities</li> </ul> Pharmacy: <ul style="list-style-type: none"> <li>▪ Drug request and drug delivery from last six months</li> <li>▪ Expired drugs destroyed</li> <li>▪ Stock out report</li> </ul>			
	02	The facility has medical record and filing system for inpatients			
		<p style="text-align: center;"><b>Medical recording system– (all must be present or not applicable to write yes in this box)</b></p> <ul style="list-style-type: none"> <li>▪ Standardized forms for the clinical history</li> <li>▪ The clinical history, progress notes and drug prescription have been written and signed by the provider</li> <li>▪ Files are stored on shelves in numerical order</li> <li>▪ The file number has been recorded in the client register</li> <li>▪ Data related to the care have been recorded clearly</li> </ul>			
	03	Selected outcome indicators are monitored			
		<p style="text-align: center;"><b>Outcome indicators– (all must be present or not applicable to write yes in this box)</b></p> There is an HMIS progress notice board  Targets and coverage graph for the following activities: <ul style="list-style-type: none"> <li>▪ OPD consultation</li> <li>▪ Antenatal care</li> <li>▪ Institutional delivery at health facility</li> <li>▪ Family planning couple month protection (CMP)</li> <li>▪ PNC</li> <li>▪ TB case finding is clear</li> <li>▪ Penta3 in children</li> <li>▪ TT2+ in pregnant women</li> <li>▪ Information is up-to-date</li> </ul>			

STANDARD	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
	04	Statistical data are recorded, consolidated and sent to the MOHSW in standardized format and necessary frequency			
		<p style="text-align: center;"><b>Statistical data– (all must be present or not applicable to write yes in this box)</b></p> <ul style="list-style-type: none"> <li>▪ Daily OPD register</li> <li>▪ Patient card (IMCI, RH client and TB)</li> <li>▪ HSR (hospital status report)</li> <li>▪ HMIR (hospital monthly inpatient report)</li> <li>▪ Diseases requiring notification (for AFP, hemorrhagic fever, cholera, rabies, avian influenza cases)</li> <li>▪ Operation protocol register</li> <li>▪ Delivery register (logbook)</li> <li>▪ TB quarterly report</li> <li>▪ The last three months of information are present in health facility</li> </ul>			
	05	Deaths at the health facility and in the community are reported and reviewed			
		<p style="text-align: center;"><b>Mortality information– (all must be present or not applicable to write yes in this box)</b></p> <ul style="list-style-type: none"> <li>▪ There is a record of all deaths that occurred at the health facility</li> <li>▪ Preventable causes of deaths are being identified</li> <li>▪ Actions are being taken to address the causes of preventable deaths at the health facility and in the community through CHTs</li> <li>▪ There is a record of all maternal and newborn deaths known to CHVs that occurred in the community</li> <li>▪ The causes of all maternal and early neonatal deaths reported by CHVs are being analyzed (through CHT)</li> </ul>			
<b>MGM-07</b> Activities planned at the six monthly evaluations are implemented	01	Recommendations of the six monthly evaluations of coverage are available to the health facility			
	02	Key persons are identified and responsible for activities			
	03	Records show implementation of the recommendations			
<b>MGM-08</b> Financial management is open and transparent	01	There is a record of all financial contribution, including user fee, community contribution, etc.			
	02	There is a user fee guideline			
	03	The health facility focal point has been involved in the annual budgeting (see any documents such as minutes, etc.)			
	04	The administrator/OIC of the health facility can state the annual budget			
	05	There is a tracking mechanism for expenditures			

STANDARD	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
<b>MGM-09</b> The facility has a system in place to respond to referrals from other facilities	01	A written description of procedures to respond to referrals from other facilities exists			
	02	A written description of procedures to refer the patients back to their original facility exists			
	03	Referral and response forms are available in the hospital			
<b>MGM-10</b> The facility has emergency transportation available	01	An ambulance is available for transportation of emergency or critical patients			
	02	A duty roster for drivers which covers 24 hours is posted			
	03	Guidelines for patient transport (treatment, etc.) are known by the staff			
	04	There is monthly report for the health facility staff meeting regarding monthly activity of hospital ambulance			
	05	It is clear that the ambulance at the health facility is for patients and not for private use of hospital staff (check logbook)			
<b>MGM-11</b> The catchment area map for the health facility is available in plain view	01	The health facility has a catchment area map in plain view			
	02	The catchment area map is divided into geographical sections			
	03	In catchment area map, number of targeted people are clear			
	04	Each section has a CHC/CHDC and CHVs if any, identified as the responsible persons			
<b>MGM-12</b> The in-charge person at each health facility assures actions for improving performance of CHVs	01	Assures CHV participation at all HF monthly meetings			
	02	The CHV attends courses or workshops to improve performance at least once a year			
	03	Provides the CHV with on-the-job training with feedback when appropriate			
<b>MGM-13</b> The health team integrates regular community feedback into service delivery	01	Provides clients an opportunity to express level of satisfaction through regular community meetings (according to what is feasible and acceptable in the communities targeted i.e., focus groups, surveys, etc.)			
	02	Documents and reviews requested changes with the quality assurance team			
	03	Provides documentation that client feedback has been incorporated			

STANDARD	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
<b>MGM-14</b> The unit uses a sterilization or high-level disinfection techniques for processing instruments	01	There is an area suitable for the cleaning of instruments with an adequate flow to prevent cross contamination			
		<b>Area for instruments cleaning–            (all must be present or not applicable to write yes in this box)</b> <ul style="list-style-type: none"> <li>▪ The area is well-ventilated (open windows with screens or air conditioner, and heating)</li> <li>▪ The area is well illuminated</li> <li>▪ The area for cleaning instruments is separated from the procedure areas</li> <li>▪ Dirty and clean items do not have contact i.e., clean items are on one side of the room, dirty items are on the other</li> <li>▪ There is a receiving counter for dirty items</li> <li>▪ There is at least one deep sink with running water for washing instruments</li> <li>▪ There is a counter for instruments to dry</li> <li>▪ There is a shelf for storing clean items</li> <li>▪ Contaminated materials such as lines or medical waste are kept out of this room</li> <li>▪ Electric items are kept away from the water area</li> </ul>			
	02	The staff adequately decontaminates instruments and other items immediately after use and before being washed.			
	03	The staff clean the instruments according to standard procedures			
	04	There is an area suitable for packaging instruments			
	05	The personnel correctly packages the instruments to be sterilized			
	06	The staff correctly load packages of instruments into the sterilizer			
	07	The staff properly sterilizes materials in accordance with the type of sterilizer and material			
	08	The staff adequately unloads the packages of instruments to avoid contamination of sterile materials			
09	The staff correctly processes high-level disinfection				

STANDARD	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
<b>MGM-15</b> Soiled linen is managed safely and correctly	01	Staff in charge of linen management use personal protection equipment while performing their tasks			
	02	Soiled linen is collected from the wards and transported to the laundry area in leak-proof containers with covers			
	03	Soiled linen is checked for foreign objects such as instruments, needles, human tissue and personal property			
	04	Soiled linen is washed separated from non-soiled linen			
	05	Utility gloves and plastic aprons are cleaned thoroughly and dried after use			
	06	Workers perform hand hygiene after handling used and/or soiled linen			
	07	Soiled linen is soaked for 30 minutes			
	08	All linen is washed with detergent and bleach			
	09	Linen is re-washed if still visibly soiled/dirty			
	10	- Washed linen is not placed on the floor			
	11	Linen is dried in a drying machine or hanged outside on a clothesline; it is never placed on the floor			
	12	- Leak-proof linen transportation containers are decontaminated with 0.5% chlorine solution before loading clean and dry linen			
<b>MGM-16</b> Waste is managed safely and correctly	01	- Staff in charge of waste management use personal protection equipment while performing their tasks			
	02	- Staff close and collects puncture-proof containers with sharps when three-quarters full			
	03	- Staff close and collects leak-proof waste bags when three-quarters full			
	04	- Staff segregate contaminated and non-contaminated waste			

STANDARD	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
	05	<p>- Contaminated waste is disposed properly</p> <p style="text-align: center;"><b>Contaminated waste disposal– (all must be present or not applicable under each category to write yes in this box)</b></p> <p><b>If the waste is incinerated:</b></p> <ul style="list-style-type: none"> <li>▪ The traffic in this area is controlled and accessible only to the in-charge personnel</li> <li>▪ During incineration, there are flames</li> <li>▪ Ash from incinerated material is buried</li> <li>▪ There is no waste lying around the grounds</li> </ul> <p><b>If the waste is buried in a pit:</b></p> <ul style="list-style-type: none"> <li>▪ The area is not accessible to other staff, the community and domestic animals</li> <li>▪ The burial site is lined with a material of low permeability (e.g., clay)</li> <li>▪ The burial site is at least 50 meters away from any water source, and it is located in an area free of floods</li> <li>▪ The pit is about 1 meter square and 2 meters deep</li> <li>▪ The disposed waste is covered with 10–15 cm of dirt each day</li> <li>▪ The final layer of dirt is 50–60 cm</li> <li>▪ The burial pit lasts 30–60 days maximum</li> <li>▪ There is no waste lying around the grounds</li> </ul> <p><b>OR</b></p> <p><b>If the waste is burned (least preferred option):</b></p> <ul style="list-style-type: none"> <li>▪ The area is not accessible to other staff, the community and domestic animals</li> <li>▪ The waste is burned in a small designated area</li> <li>▪ The waste is transported to the area just before burning</li> <li>▪ During burning, there are flames</li> <li>▪ Person in charge remains with the fire until it is out</li> <li>▪ A layer of dirt is used to cover the burned waste</li> <li>▪ The grounds around this area are free of waste</li> </ul>			

<b>TOTAL STANDARDS:</b>	<b>16</b>
<b>A. TOTAL STANDARDS OBSERVED:</b>	
<b>B. TOTAL STANDARDS ACHIEVED:</b>	
<b>C. PERCENTAGE OF ACHIEVEMENT: (<math>B \times 100 / A</math>)</b>	

# Emergency Health

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## AREA: EMERGENCY

COUNTY: \_\_\_\_\_ FACILITY NAME: \_\_\_\_\_ FACILITY ID \_\_\_\_\_ IMPLEMENTER: \_\_\_\_\_

ASSESSMENT TYPE:  INTERNAL /  EXTERNAL      ASSESSOR: \_\_\_\_\_      DATE: \_\_\_\_\_

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
<b>EME-01</b> Provider rapidly assesses emergency conditions	01	The provider greets the patient and family and introduces himself/herself			
	02	Calms family/caretaker tension			
	03	Maintains privacy at all times.			
	04	Receives patient and Identifies life threatening conditions and takes immediate action			
	05	Take history of onset and duration of the condition, and medication taken			
	06	Take history of past medical condition, family, social history,			
	07	Performs rapid assessment and manages conditions that will compromise Circulation, uses Blantyl & Glasgow coma scale to assess level of consciousness (LOC)			
	08	Vital Signs (BP, Pulse, RR and Temperature)			
	09	Do appropriate laboratory investigation for existing condition(s)			
<b>EME-02</b> The provider follows the procedures for diagnosing and managing shock	01	Determines if the client is in shock			
	02	Provides immediate management according to standards			
		<p style="text-align: center;"><b>Immediate management for shock– (all must be present to write yes in this box)</b></p> <ul style="list-style-type: none"> <li>▪ Maintain airway</li> <li>▪ Check breathing</li> <li>▪ Assess circulation</li> <li>▪ Position patient</li> <li>▪ Establish two intravenous lines</li> <li>▪ Administer appropriate fluids</li> <li>▪ Initiate appropriate medications</li> <li>▪ Keep patient warm</li> </ul>			
	03	Takes brief history and examination			
04	Treat according to types of shocks suspected (NS, RL, Transfusion, Broad spectrum IV antibiotic, IV/IM Anti -malaria, Tetanus injection, Adrenaline IM				

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
	05	Document appropriately			
	06	Refers appropriately			
<b>EME-03</b> The provider follows the procedures for diagnosing and managing respiratory distress, including asthma	01	The provider greets the patient/ care taker courteously.			
	02	Ensure privacy			
	03	Performs rapid assessment to ascertain cause/predisposing factors that trigger the attack			
	04	Checks vital signs, including respiration rate, maintains ABC			
	05	Takes brief history and performs physical examination			
	06	Opens airway by suctioning or removing foreign bodies			
	07	Uses Ambu bag appropriately			
	08	Initiates appropriate medications. In case of asthma, accesses intravenous line and administers anti-asthmatic drug (aminophylline, Salbutamol), antibiotics, steroids (hydrocortisone) and adrenaline if indicated according to protocol			
	09	In case of asthma, checks blood gases			
<b>EME-04</b> The provider follows the procedures for diagnosing and managing anaphylactic reaction	01	Performs rapid assessment and vital signs			
	02	Positions patient with head down and legs elevated			
	03	Takes brief history including previous medications and injections taken, time, pre-existing conditions or familial diseases, and whether this is the first episode			
	04	Administers epinephrine I.M.			
	05	Observes patient and puts patient in the <b>recovery position</b>			
	06	Arranges referral if applicable			

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
<b>EME-05</b> The provider follows the procedures for diagnosing and managing seizures/convulsions	01	Performs hand hygiene			
	02	Performs rapid assessment			
	03	Takes brief history to determine cause			
	04	Administers anti-convulsion agent e.g., Diazepam according to protocol/treatment guideline			
	05	Opens airway and positions patient maintaining ABC			
	06	Takes vital signs			
	07	Takes more detailed history			
	08	Performs physical examination with basic laboratory investigations (RDTs)			
	09	Initiates appropriate treatment e.g., establish IV line, anti-pyretic, anti-malaria, antibiotics, sponge bathing, etc.			
	10	Starts promptly full doses of parental or rectal anti-malarial treatment if RDT is positive			
	11	When the client tolerates oral therapy, completes a full 3-day course of oral artesunate-amodiaquine			
	12	Observes and refers if necessary			
	13	Document appropriately			
<b>EME-06</b> Provider Assesses and Manages Incision & laceration needing suturing	01	Explains procedure to client/caretaker			
	02	Washes hands before and after procedure and wear sterile examination gloves			
	03	Cleans wound with sterile normal saline and examines for debris			
	04	Administers lidocaine (1%, 3ml) at the wound site			
	05	Immediately sutures & dress			
	06	Administers TAT 1500IU			
	07	Treats with analgesic and antibiotics			
	08	Advice to return for suture removal			
<b>EME-07</b> Provider Assesses and Manages wounds or soft tissue injuries accordingly	01	Establishes cause and classifies			
	02	Maintains ABC			
	03	Washes hands with running water or alcohol gel and air dried or use clean individual towel before and after procedure			
	04	Puts on clean examination gloves			

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
	05	Explains procedure to client/caretaker			
	06	Irrigates wound with Normal Saline (NS)			
	07	Controls bleeding (pressure dressing or suturing) and Close wound			
	08	Avulsion- Apply a wet sterile dressing. Wet gauze with normal saline and put it in contact with all of the affected areas. Then cover with dry gauze, and secure it with gauze wrap			
	09	Gives antibiotic IV or IM			
<b>EME-08</b> The provider follows the procedures for diagnosing and managing snake bites	01	Performs rapid assessment to check for fang marks			
	02	Observes for swelling			
	03	Applies sling/immobilizes the limb or applies bandage above site of injury to reduce lymphatic flow			
	04	Stabilizes breathing and circulation			
	05	Administers Antivenompolyvalent, 5 ml/amp. 10-100ml SC/IM OR TT as per national protocol; Note: Do not give Antivenompolyvalen if there is no sign of poisoning.			
	06	Use black stone			
	07	Arranges referral as needed			
<b>EME-09</b> The provider follows the procedures for diagnosing and managing animal bites and rabies	01	Asks what kind of animal			
		Explains the situation and procedure to the patient and family			
		Reassure and calm the patient as needed			
	02	Ask the patient to lie down, may be confuse and remove constricting items (rings, jewelry) that could cut off blood flow from affected areas, ;identifies early signs of envenomatron (poison)			
	03	Performs rapid assessment			
	04	Checks vital signs- ensure ABC and take action appropriately			
	05	Performs physical examination			
	06	Examines for possible complications e.g., damage to vessel, nerve or joint			
	07	Cleans the wound with iodine/NS and dresses it. Do not suture keep site clean and dry			
	08	Administers TAT and antibiotics			
09	Assesses for possibility to administer rabies vaccine in case of dog bite				

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
	10	Instructs patient to return for re-examination in two days for possible infection			
	11	Dog bite specific management: Treat with antibiotic + anti- tetanus serum., Ensure dog is Quarantine for ten days., If dog presents with sign of rabies infection should be KILLED and administers Anti-Rabies vaccine to patient.			
<b>EME-10</b> The provider follows the procedures for diagnosing and managing poison ingestion	01	Documents kind of poisonous agent ingested			
	02	Performs rapid assessment			
	03	Checks vital signs			
	04	Performs physical examination			
	05	If the agent is caustic soda, neutralizes base by administering some orange or diluted vinegar			
	06	Does not induce vomiting			
	07	Does not insert naso-gastric tube			
	08	Makes sure client drinks water, tea/milk.			
	09	Gives activated Charcoal, If sign of burn or wound in mouth/throat, give antibiotic for 7 days			
	10	Examines lungs for sign of rhonchi, if present /trouble breathing treat for pneumonia(Ampicillin 7 days)			
	11	Admit /Refers appropriately			
<b>EME-11</b> The provider follows the procedures for diagnosing and managing nose bleeding and injuries of the nose	01	Performs nasal packing with cotton wool/gauze soaked with adrenalin			
	02	Performs rapid assessment			
	03	Takes brief history to ascertain cause			
	04	Checks vital signs (temperature, pulse, blood pressure and respiration)			
	05	Performs physical examination			
	06	Requests laboratory investigations (Hb, HCT, Tdc)			
	07	Administers appropriate medicines, if necessary, depending on cause			
	08	Puts patient under observation			
	09	Verify that: Nose injuries is classify as: (Nasal fracture, Septal hematoma, foreign body)			
	10	Explain procedure to client and seek consent			
	11	Washes hands and wears gloves			

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
	12	If Nasal fracture: Examines the clients for other injuries especially head and eye injuries			
	13	If nose bleeds: stop bleeding by applying direct pressure to front of nares for twenty minutes or apply an ice-pack, and if bleeding does not stop than cotton pledgets or cotton soak in 1:1 solution of lidocaine (2 – 4%) and epinephrine ( 1:1000) may be place in nares			
	14	After bleeding is control examine the nares with flash light for large laceration or septal hematoma, repair any laceration. According to protocol			
	15	Administers appropriate analgesic and antibiotics			
	16	If Foreign body in nose : Remove any purulent discharge and anesthetize area with cotton soaked with (1:1000) adrenaline (epinephrine) ,			
	17	If young child make sure s/he is restraint, blowing technique: Blow a sharp, quick puff of air into patient's mouth while pinching opposite side of nose to see if the object pops out. Grasping technique: cotton, cloth and paper may be removed with alligator forceps.			
	18	Refers where necessary			
<b>EME-12</b> The provider follows the procedures for diagnosing and managing eye injuries	01	Takes brief history			
	02	Performs physical examination			
	03	Performs ophthalmoscope exam			
	04	Conducts visual acuity test using an eye chart for adult and moving light for children < three years.			
	05	Examines Eyelids, conjunctiva (lift the lid to look under eye for swelling, ecchymosis, Proptosis (eye bulging), Ptosis (eyelid drooping), Lacerations, and foreign bodies.			
	06	If Foreign body in eye : removes with simple irrigation, gives antibiotic ointment/ eye drop, Gives pain medication if necessary, Advice to return in 5 days, If not removable refer to specialist).			
	07	If Penetrating injury (do not remove penetrating object; if object present stop fluid from leaving eye before it collapses, if object not present cover eye with sterile gauze and Refer to specialist			
	08	Chemical burn (Irrigates with saline, encourages patient to open eye lids as wide as possible, gives TT and refer to specialist			
	09	Administers appropriate antibiotics as by protocol			
	10	Applies appropriate antibiotic eye drops			
	11	Applies eye patch if indicated and available			

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
	12	Refers where necessary			
<b>EME-13</b> Provider assesses and manages ear injuries adequately	01	Explains procedure to client/caretaker.			
	02	Washes hands with running water or alcohol gel and air dried or use clean individual towel before procedure			
	03	Puts on examination gloves			
	04	Identifies cause and severity			
	05	If foreign body in the ear: (Assesses for pain, hearing, loss or other sign of tympanic membrane perforation, Tympanic membrane perforation not suspected tries to remove object with warm water using syringe and IV cannula (no needle			
	06	If Circular or hard objects remove with ear curette by rolling out Cotton or paper removes with small forceps, Live insect, fills ear that has the insect with mineral oil, when insect suffocates remove			
<b>EME-14</b> The provider follows the procedures for diagnosing and managing burn injuries	01	Performs rapid assessment to ascertain cause, extent and depth of burn injury (. )			
	02	If 1 <sup>st</sup> degree, Rinse burn site with cool H2O, Apply GV, Cover with sterile gauze , Give analgesic, Monitor for signs of infection			
	03	.If infection treat with antibiotic and discharge; If no infection discharge			
	04	If 2 <sup>nd</sup> and 3 <sup>rd</sup> degree (use sterile procedure, cleans wound with Chlorhexidine 0.5% solution.			
	05	If 2 <sup>nd</sup> and 3 <sup>rd</sup> degree, starts large 16 gauge intravenous lines if needed			
	06	If 2 <sup>nd</sup> and 3 <sup>rd</sup> degree, administers normal saline/Ringers lactate if indicated			
	07	If 2 <sup>nd</sup> and 3 <sup>rd</sup> degree, administers appropriate antibiotics and analgesic			
	08	If 2 <sup>nd</sup> and 3 <sup>rd</sup> degree, administers TAT 1500 IU SC/IM after test dose			
	09	If 2 <sup>nd</sup> and 3 <sup>rd</sup> degree, does not puncture blisters			
	10	If 2 <sup>nd</sup> and 3 <sup>rd</sup> degree, applies Vaseline gauze/silver sulfadiazine and covers with sterile gauze			
	11	If 2 <sup>nd</sup> and 3 <sup>rd</sup> degree (use sterile procedure, cleans wound with Chlorhexidine 0.5% solution., applies silver sulfadiazine, cover with sterile gauze to prevent infection, give analgesic and broad spectrum antibiotic, establishes IV line and administer fluid., refer to appropriate ward			
	12	Refers patient if necessary			

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
<b>EME-15</b> The provider follows the procedures for diagnosing and managing pneumothorax	01	Performs rapid assessment			
	02	Checks vital signs			
	03	Performs physical examination			
	04	Places patient in semi fowler position			
	05	Assist in inserting a chest tube as needed			
	06	Requests for chest X-ray (AP/lateral view)			
	07	Accesses intravenous line to KVO			
	08	Treats patient with appropriate medications			
	09	Puts patient under observation			
	10	Refers patient if necessary			
<b>EME-16</b> The provider follows the procedures for diagnosing and managing haemothorax	01	Verify that the provider greets the patient and family and introduces himself/herself			
	02	Explains procedures to patient/ caretaker			
	03	Washes hands before procedure and wear examination gloves			
	04	Performs rapid assessment and documents the following: Assesses severity of the condition by evaluating and recording vital signs (Respiration rate,Pulse and Temperature) Physical examination includes, Pain (usually sudden pain), Respiratory depression ,Acute respiratory distress (especially in large open wound) Air hunger, Tympanic sound on percussion, Hypoxemia, Central cyanosis, Profuse diaphoresis			
	05	Takes brief history			
	06	Checks vital signs			
	07	Performs physical examination assesses physical types and record: Primary spontaneous Pneumothorax Secondary spontaneous Pneumothorax , Traumatic Pneumothorax , Tension Pneumothorax			
	08	Requests laboratory investigations (HCT, T&C)			
	09	Accesses intravenous line to KVO			
	10	Administers TAT			
	11	Administers appropriate antibiotics			
	12	Administers analgesics			
	13	Assist in inserting the chest tube and requests chest for X-ray (AP/lateral)			
	14	Gives blood transfusion when indicated			

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
	15	Puts patient on observation, refers patient if necessary			
<b>EME-17</b> The provider follows the procedures for diagnosing and managing acute abdomen	01	Performs rapid assessment			
	02	Takes history to ascertain cause			
	03	Checks vital signs (TPR & BP)			
	04	Performs physical examination			
	05	Requests plain abdominal X-ray			
	06	Requests for ultrasound/ laboratory work-up			
	07	Places patient on NPO			
	08	Administers intravenous fluids			
	09	Inserts naso-gastric tube			
	10	Inserts foley-catheter			
	11	Prepare the patient and assist the MD to performs exploratory laparotomy as indicated			
	12	Gives appropriate postoperative care			
	13	If Abdominal trauma: Treats vomiting with anti-emetics, Performs complete examination and identify other areas of injury, refers to appropriate ward			
	14	If Bowel Obstruction put on side to vomit, Insert NG tube, Keeps patient on NPO Refers to appropriate department			
15	If irreducible Hernia: Place client in Trendelenburg, Apply ice pack, admit to appropriate ward				
16	If Appendicitis: Assesses frequency of vomiting, keeps patient on NPO, performs rebound tenderness, documents finding and refers for surgical admission				
17	If Pelvic Inflammatory Disease (PID), Assesses for pelvic abscess, conducts vagina and pelvic exam, assesses for fever, nausea, and vomiting, conducts laboratory investigation, treats with appropriate antibiotic and analgesic				
18	Admit/refer				

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
<b>EME-18</b> The provider follows the procedures for diagnosing and managing closed fracture: upper/lower limbs	01	Takes history to ascertain cause			
	02	Checks vital signs (TPR & BP)			
	03	Performs physical examination			
	04	Request for X-ray of affected limb			
	05	Requests laboratory investigations (H&T, T&C)			
	06	Stop any bleeding by compression with sterile gauze.			
	07	Apply cold pack to the area fractured.			
	08	Applies splint to affected limb			
	09	Applies POP to affected limb if indicated			
	10	Administers appropriate antibiotics			
	11	Administers analgesics			
	12	Administers TAT if indicated			
	13	Puts patient under observation			
	14	Refers patient if necessary			
<b>EME-19</b> The provider follows the procedures for diagnosing and managing open fractures	01	Performs rapid assessment			
	02	Takes history to ascertain cause			
	03	Checks vital signs (temperature, pulse, respiration and blood pressure)			
	04	Cleans wound, applies gauze soaked with normal saline			
	05	Immobilize affected area			
	06	Accesses intravenous line			
	07	Administers normal saline/Ringers lactate if indicated			
	08	Requests laboratory investigations (HCT, T&C)			
	09	Administers TAT			
	10	Administers appropriate antibiotics			
	11	Administers analgesics			
	12	Puts patient under observation			
	13	Refers to specialist			

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS	
<b>EME-20</b> The provider follows the procedures for diagnosing and managing spinal injuries or pelvic fractures	01	Places patient carefully in supine position				
	02	Performs rapid assessment, ascertain severity				
	03	Takes history to ascertain cause				
	04	Checks vital signs (temperature, pulse, blood pressure and respiration)				
	05	Accesses intravenous line				
	06	Administers appropriate intravenous fluids if indicated				
	07	If spinal injury:				
		• Requests for X-ray of spine if spinal injury				
		• Inserts Foley's catheter for patient if pelvic injury				
	08	If pelvic injury:				
		• Does not catheterize patient if blood is observed in urethral (meatus)				
		• Immobilizes the pelvis				
		• Requests X-ray of the pelvis				
		• Administers appropriate antibiotics				
• Administers analgesics						
<b>EME-21</b> Provider manages client with head injury based on diagnosis	01	Verify whether treatment initiated based upon diagnosis: Mild Head injury ( nausea, vomiting, headache, brief blurring of vision or loss of consciousness)				
	02	Moderate to Severe Head Injury ( combative or confused, extended loss of consciousness, motor weakness, seizure, paralysis, unequal pupil and difficulty in speech, walking and understanding) , Elevate head of bed to 45 degree, Insert NG tube if patient does not have gag-reflex, Monitor and keep systolic BP in 100-150 range, If shock, hydrate with fluid.				
	03	Maintain Airway				
	04	Stabilize Neck and Vertebral Colum				
	05	Admit/Prompt referral to Regional Hospital				
	06	Washes hands before and after the procedure				

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
<b>EME-22</b> The provider follows the procedures for diagnosing and managing multiple injuries	01	Performs rapid assessment			
	02	Takes brief history to ascertain cause			
	03	Checks vital signs (temperature, pulse, blood pressure and respiration)			
	04	If life threatening conditions exist, manages first			
	05	Requests laboratory investigations (Hb, HCT, T&C)			
	06	Accesses intravenous line to KVO			
	07	Administers appropriate intravenous fluids if indicated			
	08	Administers TAT			
	09	Administers appropriate antibiotics			
	10	Administers analgesics			
	11	Puts patient under observation			
	12	Refers to specialist			
<b>EME-23</b> Staff at the emergency room provides the same quality of services to all their clients	01	Respects clients from all ethnic groups and religious backgrounds			
	02	Speaks the local language or looks for assistance			
	03	Treats adolescent clients with the same quality, especially when they seek for reproductive health care			
	04	Pays attention to clients with special needs, like senior clients			
	05	Respects the client's preference for the provider's gender, when client condition and staff availability permits it			
	06	There is a ramp for clients who use wheelchair			
	07	Bathrooms are prepared for clients using wheelchair			
	08	Provides care to all clients disregarding the disease or health problem they may have			
	09	Does not use any visible sign to identify clients with any specific health problem or disease			
	10	Ensures a space where clients and their relatives can practice their religious rites			
	11	Ensures that clients receive the religious services requested by them or their relatives			

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
<b>EME-24</b> Staff at the emergency room politely treats clients and relatives	01	Greets clients and relatives on arrival			
	02	Wears a tag with his/her name			
	03	Ensures privacy while speaking and examining clients, covering the client's body and using screens			
	04	Ensures that there is only one client per bed			
	05	Beds for clients from both sexes are clearly identified and visually isolated			
	06	Provides treatment as fast as possible			
	07	Ensures to examine clients from the opposite sex in the presence of a relative or witness, with the client or relatives' authorization			
	08	Uses a system to keep track of the time from arrival to attention to treatment and to discharge/referral			
	09	Ensures a space where clients and their relatives can practice their religious rites			
	10	There is a waiting room for relatives, which is clean, well illuminated and ventilated and with enough seats			
<b>EME-25</b> Staff at the emergency room ensures that clients participate in the decision-making process during their care	01	The manager ensures that there is a volunteer who represents the client when decision-making is required, and when the client is unable to participate and there is no relative with him/her			
	02	Staff informs the client, relatives or representative about diagnosis and prognosis using easy-to-understand language			
	03	When client's situation permits, staff gets written consent from the client, relatives or representative before any invasive procedure, treatment or surgical procedure			
	04	Staff informs clients, relatives or representatives every hour about their evolution and current status			
	05	Staff respectfully and compassionately informs relatives or representatives about client's bad prognosis, evolution or death			
<b>EME-26</b> The manager ensures that the emergency room is a safe place for clients and providers	01	Staff decontaminates beds and changes linen immediately after a client's discharge			
	02	Staff periodically cleans floors and walls during day and night, or when needed			
	03	Staff practices hand hygiene before and after examining each client and completing any procedure			
	04	Staff uses gloves and personal protection equipment when indicated			

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
	05	Staff only uses sterilized tools when required			
	06	Staff asks for clients allergies; if they exist, registers it visibly in the clinical record			
	07	Staff re-checks the client's identity before administering drugs or completing any invasive procedure			
	08	Staff re-checks whether the client is pregnant or suspects to be pregnant before taking Rx			
	09	Does not use any visible sign to identify clients with any specific health problem or disease			
	10	The manager ensures that there is enough permanent security staff in the emergency room			
	11	Security staff only allows authorized staff and clients and their relatives in the emergency room			
	12	Security staff ensures the integrity of clients, relatives and staff against people with aggressive behavior			
	13	Staff gives the client's clothes and personal belongings to the relatives, immediately after admittance; in the absence of relatives, the representative receives an inventory and belongings are stored in a safety place			

<b>TOTAL STANDARDS:</b>	<b>26</b>
<b>A. TOTAL STANDARDS OBSERVED:</b>	
<b>B. TOTAL STANDARDS ACHIEVED:</b>	
<b>C. PERCENTAGE OF ACHIEVEMENT: <math>(B \times 100 / A)</math></b>	

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# Family Planning

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## AREA: FAMILY PLANNING

COUNTY: \_\_\_\_\_ FACILITY NAME: \_\_\_\_\_ FACILITY ID \_\_\_\_\_ IMPLEMENTER: \_\_\_\_\_

ASSESSMENT TYPE:  INTERNAL /  EXTERNAL      ASSESSOR: \_\_\_\_\_      DATE: \_\_\_\_\_

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
<b>FP-01</b> The provider prepares for the Family Planning clinic	01	Checks and looks for equipment for IUCD insertion/removal kits  <b>Equipment for IUCD insertion/removal– (all must be present to write yes in this box)</b> <ul style="list-style-type: none"> <li>▪ Speculum</li> <li>▪ Histerometer/uterine sound</li> <li>▪ Tenaculum</li> <li>▪ Sponge holding forceps</li> <li>▪ Scissors</li> <li>▪ IUCD in sterile package</li> </ul>			
	02	Checks and looks for equipment for implant insertion/removal kits  <b>Equipment for implant insertion/removal– (all must be present to write yes in this box)</b> <ul style="list-style-type: none"> <li>▪ Sponge forceps</li> <li>▪ Anesthesia (Lidocaine 1% without epinephrine)</li> <li>▪ Scalpel</li> <li>▪ Trocar</li> <li>▪ Forceps (straight and curved)</li> <li>▪ Band-Aid (plaster) for implants</li> <li>▪ Implants</li> </ul>			
	03	Checks and looks for infection prevention equipment and supplies  <b>Infection prevention equipment and supplies– (all must be present to write yes in this box)</b> <ul style="list-style-type: none"> <li>▪ Container with 0.5% chlorine solution for decontamination</li> <li>▪ Leak proof container with plastic bag for contaminated waste</li> <li>▪ Chlorine solution or powder</li> <li>▪ Antiseptic solutions (e.g., povidone iodine, Betadine, chlorexidine gluconate, alcohol 60–90%, etc.)</li> <li>▪ Examination gloves</li> <li>▪ Sterile or HLD gloves (implant and vasectomy)</li> <li>▪ Drapes</li> <li>▪ Utility gloves</li> </ul>			

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
	04	Checks and looks for other equipment and supplies  <b>Other equipment and supplies– (all must be present to write yes in this box)</b> <ul style="list-style-type: none"> <li>▪ Sphygmomanometer</li> <li>▪ Stethoscope</li> <li>▪ Thermometer</li> <li>▪ Light source</li> <li>▪ Additional speculums</li> <li>▪ Cotton balls or gauze</li> <li>▪ Needles and syringes for local anesthesia (implants/vasectomy)</li> <li>▪ Education materials and job aids</li> </ul>			
	05	Checks and looks for data management tools (clinical records, prescription and registration forms)			
	06	Checks and looks for required furniture  <b>Required furniture–(all must be present to write yes in this box)</b> <ul style="list-style-type: none"> <li>▪ A door that can be closed</li> <li>▪ A desk</li> <li>▪ Chairs for client, companion and provider</li> <li>▪ Curtains or screens</li> <li>▪ Examination table</li> </ul>			
	07	Makes sure that the clinic environment is clean  <b>Standard cleaning procedures– (all must be present to write yes in this box)</b> <ul style="list-style-type: none"> <li>▪ Cleaning personnel uses utility gloves, mask, plastic/rubber apron, protective eyewear and shoes</li> <li>▪ Floors are wet mopped with a disinfectant solution (0.5% chlorine solution + soap) using the two-bucket or three-bucket techniques</li> <li>▪ Walls are cleaned with a clean cloth or mop wet in a cleaning solution</li> <li>▪ Chairs, lamps, tables, tabletops, lights, top of doors and counters must be wiped with a damp cloth, containing disinfectant cleaning solution</li> <li>▪ Non-critical equipment (e.g., stethoscope and blood pressure cuffs) must be wiped with a damp cloth with water and detergent; if the equipment is visibly soiled with blood or body fluids or the patient is under contact precautions, it must be cleaned and disinfected before reuse</li> </ul>			

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
<b>FP-02</b> The health facility staff provides sexual and reproductive health services that are adolescent friendly	01	The facility has a designated outpatient room for adolescent sexual and reproductive health services, including family planning and STI/HIV counseling			
	02	There is at least one staff member trained for providing sexual and reproductive health services, including family planning and STI/HIV counseling to adolescents			
	03	There are continuous implementation of joint meetings between health facility representatives and community/organizations to discuss adolescents' sexual and reproductive health issues			
	04	Adolescent sexual and reproductive health services are culturally adapted to the local population			
	05	There is an availability of education and information materials on family planning and STI/HIV especially designed for adolescents			
<b>FP-03</b> Provides and promotes utilization of adolescent friendly services	01	The provider greets and welcomes adolescents warmly			
	02	The provider provides privacy for counseling			
	03	The provider provides the following services			
		<ul style="list-style-type: none"> <li>• Family planning counseling and services</li> <li>• STI ,HIV and AIDS counseling</li> </ul>			
<b>FP-04</b> The provider gives group education according to National Guidelines	01	Greets the participants and introduces him/herself			
	02	Gives information on all family planning methods available at the clinic			
	03	Mentions the effectiveness, mode of action, side effects, dual protection, advantages and disadvantages on each method			
	04	Encourages participants to ask questions and addresses them with an easy-to-understand language			
	05	Tells participants where to go next			

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
<b>FP-05</b> The provider establishes a cordial relationship with the client	01	Treats the client respectfully  <b>Treating the client respectfully–            (all must be present to write yes in this box)</b> <ul style="list-style-type: none"> <li>▪ Greets the client and companion</li> <li>▪ Introduces him/herself</li> <li>▪ Calls client by his/her name or appropriate title</li> <li>▪ Shows concern and respect client culture, believes and ideas</li> </ul>			
	02	Uses interpersonal communication skills during the entire visit  <b>Interpersonal communication skills–            (all must be present to write yes in this box)</b> <ul style="list-style-type: none"> <li>▪ Encourages client to ask questions</li> <li>▪ Addresses client's questions and concerns</li> <li>▪ Uses listening and questioning techniques (e.g., open questions)</li> <li>▪ Maintains eye contact</li> <li>▪ Uses language that client understands</li> <li>▪ Uses open and friendly nonverbal communication expressions (smiling, facing client directly, etc.)</li> <li>▪ Uses visual-aids during the counseling including FP method sample, flip charts, models, etc.</li> <li>▪ Allows client to repeat the information to verify his or her comprehension</li> <li>▪ Summarizes salient (important) points when necessary</li> <li>▪ Explains to the client what to expect during the clinic visit</li> </ul>			
	03	Confirms purpose of the visit			
	04	Assures client of confidentiality			
	05	Assures necessary privacy during the visit  <b>Ensuring privacy during the visits            (all must be present to write yes in this box)</b> <ul style="list-style-type: none"> <li>▪ Keeps the door and curtains closed</li> <li>▪ Talks in a low tone to avoid others to listen to the conversation with the client</li> <li>▪ Only other people/staff authorized by the client can come into the consultation/examination room</li> <li>▪ The client can undress/dress privately</li> <li>▪ The client remains covered during examination</li> <li>▪ If possible, the examination is witnessed by a staff authorized by the client</li> </ul>			
	06	Asks the client her/his reproductive goals and needs for contraception			

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
<b>FP-06</b> Provider/ counselor targets information-giving to the client's interest and needs if the client has a method/or several methods in mind	01	Welcomes the client and introduces self			
	02	Assures privacy and confidentiality			
	03	Asks the client if he or she has a method in mind			
	04	Checks that the client's (and family member if present) understanding of the method(s) is accurate			
	05	Asks whether the client wants information on any other methods			
<b>FP-07</b> If the client does not have a method of preference, the provider/counselor provides information systematically on family planning methods using Balance Counseling cards that have the salient features of each method	01	Explores client's knowledge about family planning			
	02	Corrects misinformation and reinforces correct information			
	03	Provides information on the benefits of birth-spacing and potential health consequences of high fertility			
	04	Determines the method (s) that might suit the client needs and characteristics through the following procedure:			
		<ul style="list-style-type: none"> <li>Asks if the client wants any more children, <b>if yes then removes sterilization methods and tells client</b></li> </ul>			
		<ul style="list-style-type: none"> <li>Determines if the client is breastfeeding an infant &lt; 6 months <ul style="list-style-type: none"> <li><b>If yes, then removes COC (combined oral contraceptives) method and explains</b></li> <li><b>If no, then removes LAM (Lactational Amenorrhea Method)</b></li> </ul> </li> </ul>			
		<ul style="list-style-type: none"> <li>Determines if her partner will participate in family planning such as using condoms, <b>if not then removes partner shared methods such as SDM or condoms; reminds her that condoms are the only way to prevent STIs/HIV</b></li> </ul>			
		<ul style="list-style-type: none"> <li>Asks the client if she has used a method in the past that she has tolerated well; explores reasons and clarify any myths the client may have</li> </ul>			
05	Helps the client consider methods that might suit her; answers any questions about the methods; if needed, helps her reach a decision				

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
	06	Supports the client's choice and, using Balance Counseling cards, reviews medical contraindications for the method first to determine that the client is eligible <ul style="list-style-type: none"> <li>• If COC → go to standard 9</li> <li>• If POP → go to standard 11</li> <li>• If condoms → go to standard 13</li> <li>• If Depo-Provera → go to standard 14</li> <li>• If Jadelle</li> <li>• If IUCD → go to standard 17</li> <li>• If emergency contraception → go to standard 20</li> <li>• If sterilization → go to standard 21</li> </ul>			
	07	Gives instructions on use and, using Balance Counseling cards, discusses how to cope with any side effects; asks the client to explain how she will use the method that she has chosen; discusses when to return to the clinic			
	08	With her permission, involves her partner in the counseling session if the client is unable to choose a method or it is not available; gives her an alternative method such as condoms and EC			
<b>FP-08</b> The provider rules out a current pregnancy	01	If she is pregnant, no need to take FP and refers her to ANC			
	02	Asks the client when she had her last menstrual period; if not currently menstruating, rules out pregnancy through pregnancy criteria			
		<p style="text-align: center;"><b>Criteria to rule out pregnancy in a non-menstruating client</b></p> <ul style="list-style-type: none"> <li>• Is in abstinence since last menses, <b>OR</b></li> <li>• Is correctly and consistently using a reliable contraceptive method, <b>OR</b></li> <li>• Is within 4 weeks postpartum, <b>OR</b></li> <li>• Is within 7 days post-abortion, <b>OR</b></li> <li>• Has less than 6 months postpartum, is fully breastfeeding and has not had any menses, <b>OR</b></li> <li>• Is more than 6 months postpartum and has not had any menses, but has no clinical signs or symptoms of pregnancy</li> </ul> <p><i>If client is not currently menstruating and does not meet any of the above criteria, provider <b>sends client for pregnancy test</b></i></p>			
03	Asks for a pregnancy test				

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
<b>FP-09</b> The provider explores other reproductive health needs	01	Rules out risk for sexually transmitted infections, including HIV  <b>Ruling out risks for sexually transmitted infections including HIV–            (all must be present to write yes in this box)</b> <ul style="list-style-type: none"> <li>▪ Asks if the client or partner currently have a discharge or painful urination</li> <li>▪ Asks if the client or partner have had a discharge or painful urination in last three months</li> <li>▪ Asks if the client or partner have had a discharge or painful urination in the past 12 months</li> <li>▪ Asks if the client or partner(s) are at increased risk of getting an STI</li> <li>▪ Asks if the client's partner is away from home for long periods of time</li> </ul>			
	02	Explains the importance of periodic cervical cancer screening and asks when was her last cervical cancer screening was			
	03	Offers to perform/refer the client for cervical cancer screening if she is due for her next screening			
	04	Explains the importance of self-breast examination and annual clinical breast examination; probably not necessary for adolescents			
	05	Asks when her last clinical breast examination was			
	06	Offers to perform/refer the client for clinical breast examination if her last examination was one year or more ago			

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
<b>COMBINED ORAL CONTRACEPTION (COC)</b>					
<b>FP-10</b> The provider determines whether the client is medically eligible for combined oral contraception (COC)	01	During a targeted history, rules out any of the conditions that render COC an unsuitable option before continuing to counsel on COC			
		<p><b>Conditions that render COC an unsuitable contraceptive option – (all must be asked by the provider to write yes in this box)</b></p> <ul style="list-style-type: none"> <li>▪ Bleeding disorders</li> <li>▪ Undiagnosed vaginal bleeding</li> <li>▪ Breastfeeding (baby less than 6 months old)</li> <li>▪ &lt;21 days postpartum in non-breastfeeding women</li> <li>▪ Blood clots in legs, lungs or eyes (thrombophlebitis or thromboembolic disease)</li> <li>▪ Active liver disease (hepatitis or tumors)</li> <li>▪ Known or suspected breast cancer</li> <li>▪ Severe headaches (or recurrent vascular migraine with focal neurological symptoms)</li> <li>▪ Diabetes</li> <li>▪ High blood pressure (= or &gt;140/90 mm Hg)</li> <li>▪ History of heart attack, stroke or heart disease</li> <li>▪ Taking Rifampicin for tuberculosis</li> <li>▪ Taking anticonvulsants medications for seizures disorders</li> </ul>			
	02	If no unsuitable conditions are present, tells client that she is eligible to use COC and proceeds with counseling for COC			
<b>FP-11</b> The provider gives specific and relevant information about COC	01	Explains that COC are highly effective, only about 3 women in 1,000 can become pregnant when taking the pill correctly			
	02	Explains advantages of COC			
		<p><b>Advantages – (all must be checked by the provider to write yes in this box)</b></p> <ul style="list-style-type: none"> <li>▪ Fertility returns immediately after stopping the pill</li> <li>▪ Pill decreases menstrual flow and menstrual cramps</li> <li>▪ Pill protects against ovarian and endometrial cancer</li> <li>▪ Is controlled by the client rather than her husband, and does not affect her husband</li> </ul>			

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
	03	Explains disadvantages of COC			
		<p style="text-align: center;"><b>Disadvantages– (all must be stated by the provider to write yes in this box)</b></p> <ul style="list-style-type: none"> <li>▪ Requires daily use</li> <li>▪ Does not protect against STIs, including HIV/AIDS</li> <li>▪ Some may experience nausea initially</li> <li>▪ Cannot be used by postpartum breastfeeding women till 6 months</li> <li>▪ Allows for limited active involvement in family planning by the client's husband</li> </ul>			
	04	Explains side effects of COC			
		<p style="text-align: center;"><b>Side effects– (all must be listed by the provided to write yes in this box)</b></p> <ul style="list-style-type: none"> <li>▪ Breast tenderness</li> <li>▪ Headaches, nausea</li> <li>▪ Usually less menstrual bleeding (may have some irregular bleeding initially)</li> </ul>			
	05	Explains that there are different brands of COC with slightly different doses of hormones (shows different types correctly)			
<p style="text-align: center;"><b>Types – (all must be shown to write yes in this box)</b></p> <ul style="list-style-type: none"> <li>▪ There are different brands with slightly different doses of hormones (shows different types correctly)</li> </ul>					
06	Explains that the pill prevents pregnancy by suppressing ovulation and thickening cervical mucus among other changes in the genital tract)				
07	Explains how the pill is used; one pill taken daily, preferably at the same time every day				

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
	08	Tells the client to return to the clinic as soon as possible if she experiences any of the warning signs of COC			
		<p style="text-align: center;"><b>Warning signs– (all must be listed all below to write yes in this box):</b></p> <ul style="list-style-type: none"> <li>▪ Abdominal pain</li> <li>▪ Chest pain</li> <li>▪ Severe headaches</li> <li>▪ Eye problems (blurred vision)</li> <li>▪ Severe leg pain</li> <li>▪ Yellow-color skin</li> <li>▪ Misses 2 periods or has signs of pregnancy</li> </ul>			
	09	Gives three packets of COC to the client			
<b>PROGESTINE ONLY PILLS (POP)</b>					
<b>FP-12</b> The provider determines whether the client is medically eligible for progestin-only pills (POP)	01	During a target history, rules out any of the conditions that render POP an unsuitable option before continuing to counsel on POP			
		<p style="text-align: center;"><b>Conditions that render POP an unsuitable contraceptive option: (all must be listed to write yes in this box)</b></p> <ul style="list-style-type: none"> <li>▪ Breastfeeding (baby less than 6 weeks old)</li> <li>▪ Active liver disease (hepatitis or tumors)</li> <li>▪ Known or suspected breast cancer</li> <li>▪ Migraines (recurrent vascular migraine with focal neurological symptoms)</li> <li>▪ Current stroke or active cardiovascular disease</li> <li>▪ Taking Rifampicin for tuberculosis</li> <li>▪ Taking anticonvulsants medications for seizures disorders</li> </ul>			
	02	If no unsuitable conditions are present, tells client that she is eligible to use POP and proceeds with counseling for POP			
<b>FP-13</b> The provider gives specific and relevant information about POP	01	Explains that POP are highly effective; only about 3 women in 1,000 can become pregnant when taking the pill correctly			
	02	Explains advantages of POP			
		<p style="text-align: center;"><b>Advantages: –(all must be listed to write yes in this box)</b></p> <ul style="list-style-type: none"> <li>▪ Fertility returns immediately after stopping the pill</li> <li>▪ Pill decreases menstrual flow and menstrual cramps</li> <li>▪ Pill protects against ovarian and endometrial cancer</li> <li>▪ Is controlled by the client rather than her husband, and does not affect her husband</li> </ul>			
03	Explains disadvantages of POP				

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
		<b>Disadvantages: –(all must be listed to write yes in this box)</b> <ul style="list-style-type: none"> <li>▪ Requires daily use and must be taken at the same time</li> <li>▪ Does not protect against STIs, including HIV/AIDS</li> <li>▪ Bleeding pattern changes are common, but not harmful</li> <li>▪ Allows for limited active involvement in family planning by the client's husband</li> </ul>			
	04	Explains side effects of POP <b>Side effects: –(all must be listed to write yes in this box)</b> <ul style="list-style-type: none"> <li>▪ Changes in menstrual bleeding patterns: irregular bleeding/spotting between periods or amenorrhea</li> <li>▪ Headaches while taking the pill</li> </ul>			
	05	Explains and shows, in a flipchart or drawing, how the pill (mini pill) prevents pregnancy (suppresses ovulation and thickens cervical mucus among other changes in the genital tract)			
	06	Explains how the pill is used: one pill is taken daily, at the same time every day			
	07	Tells the client to return to the clinic as soon as possible if she experiences any warning signs <b>Warning signs: –(all must be listed by the provided to write yes in this box)</b> <ul style="list-style-type: none"> <li>▪ Abdominal pain</li> <li>▪ Delayed period after several months of regular cycles</li> <li>▪ Repeated, very severe headaches</li> </ul>			
	08	Gives three packets of POP to the client			
<b>CONDOMS</b>					
<b>FP-14</b> The provider gives specific and relevant information about condom use	01	Shows a condom			
	02	Evaluates client's (and husband/partner's if present) knowledge about condoms			
	03	Explains that the condom is very effective if used correctly in every sexual intercourse			
	04	Explains that the condom can be used as a backup for other methods			
	05	Explains that the condom is the only family planning method that also provides protection against STIs and HIV			

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
	06	Explains that readily available supplies of condoms are required before intercourse begins			
	07	Explains that condoms require willingness of husband/partner to apply			
<b>DEPO-PROVERA: ASSESSING MEDICAL ELIGIBILITY, COUNSELING FOR AND ADMINISTRATION</b>					
<b>FP-15</b> Assesses whether client is medically eligible for Depo-Provera (DEPO)	01	During a targeted history, rules out any of the conditions that render DEPO an unsuitable option before continuing to counsel on DEPO  <b>Conditions that render DEPO an unsuitable contraceptive option – (all must be listed by the provider to write yes in this box)</b> <ul style="list-style-type: none"> <li>▪ Breastfeeding (baby less than 6 weeks old)</li> <li>▪ Active liver disease (hepatitis or tumors)</li> <li>▪ Known or suspected breast cancer</li> <li>▪ Migraines (recurrent vascular migraine with focal neurological symptoms)</li> <li>▪ Current stroke or active cardiovascular disease</li> <li>▪ High blood pressure (= or &gt;140/90 mm Hg)</li> <li>▪ Diabetes of &gt;20 years duration or with nephropathy, retinopathy or neuropathy</li> </ul>			
	02	If DEPO is suitable for the client, tells her that she is eligible to use it and proceeds with counseling for its use			
<b>FP-16</b> The provider gives specific and relevant information about DEPO	01	Explains that DEPO is highly effective (99%) immediately after the injection			
	02	Explains advantages of DEPO  <b>Advantages–(all must be listed by the provider to write yes in this box)</b> <ul style="list-style-type: none"> <li>▪ Decreases menstrual flow and menstrual cramps</li> <li>▪ Protects against ovarian and endometrial cancer, and pelvic inflammatory disease (PID)</li> <li>▪ Affects the client and has little or no impact on her husband</li> </ul>			

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
	03	Explains disadvantages of DEPO			
		<p style="text-align: center;"><b>Disadvantages: –</b> <b>(all must be listed by the provider to write yes in this box)</b></p> <ul style="list-style-type: none"> <li>▪ Does not protect against STIs, including HIV/AIDS</li> <li>▪ Irregular bleeding which is normal—especially spotting and bleeding between periods</li> <li>▪ May also miss menses, have amenorrhea or have irregular periods</li> <li>▪ Allows for limited active involvement in family planning by the client's husband</li> </ul>			
	04	Explains side effects of DEPO			
		<p style="text-align: center;"><b>Side effects: –</b> <b>(all must be listed by the provider to write yes in this box)</b></p> <ul style="list-style-type: none"> <li>▪ Bleeding changes common, but not harmful</li> <li>▪ Gradual weight gain is common</li> <li>▪ Headaches, dizziness, mood changes</li> </ul>			
	05	Explains that DEPO prevents pregnancy by thickening the cervical mucus and preventing sperm penetration, changing the endometrium and some suppression of ovulation			
	06	Explains how DEPO is used			
		<p style="text-align: center;"><b>How the injection is used: an injection every three months for DEPO</b> <b>–(all must be listed by the provider to write yes in this box)</b></p> <ul style="list-style-type: none"> <li>▪ The first injection is given between the first and seventh day of the menstrual period</li> <li>▪ If starting after day 7, use a backup method or abstain from sexual intercourse for one week</li> <li>▪ Return to the clinic for the injection every 3 months (± 4 week) for DEPO</li> <li>▪ Explains what to do if the client is late for next injection: returns to health center as soon as she remembers, and begins a backup method (condom) or abstains from sex for 7 days</li> </ul>			

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
<b>FP-17</b> The provider correctly administers DEPO	01	Gathers the necessary equipment to give the DEPO  <b>Equipment for administering DEPO–            (all must be listed by the provider to write yes in this box)</b> <ul style="list-style-type: none"> <li>▪ Prepares necessary supplies tray with:               <ul style="list-style-type: none"> <li>– Sterile needle and syringe</li> <li>– Vial of DEPO</li> <li>– Cotton swabs</li> </ul> </li> <li>▪ Checks expiration date on the vial</li> <li>▪ Explains the procedure to the client</li> </ul>			
	02	Performs hand hygiene before and after the procedure  <b>Hand hygiene –            (either must be done by the provider to write yes in this box)</b> Washes hands with running water and soap for 10–15 seconds and dries with an individual clean towel, paper towel or allows hands to air dry <b>OR</b> Rub hands with 3–5 ml of an alcohol-based gel until the hands are dry (if hands <b>are not</b> visibly soiled)			
	03	Administers DEPO using correct procedures  <b>Procedure for administration of DEPO –            (all must be done by the provider to write yes in this box)</b> <ul style="list-style-type: none"> <li>▪ Rolls (does not shake) DEPO vial thoroughly but gently</li> <li>▪ Draws DEPO into the syringe while maintaining sterile technique</li> <li>▪ Forces any air bubbles out before injection</li> <li>▪ Washes the injection site with soap and water, only if visibly soiled</li> <li>▪ Injects DEPO deep into the muscle (deltoid in arm or upper, outer quadrant of gluteus area)</li> <li>▪ Pulls back on plunger</li> <li>▪ If no blood seen, injects DEPO slowly and remove needle</li> <li>▪ Applies pressure to injection site with cotton without rubbing injection site</li> </ul>			
	04	Decontaminates the syringe and needle by flushing them three times with 0.5% chlorine solution (FOR REGULAR DISPOSABLE NEEDLES AND SYRINGES)			
	05	Disposes of waste in appropriate containers			
	06	Records DEPO injection in client chart			

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
	07	Reminds client of warning signs, side effects and when to return for next injection			
<b>IMPLANT (JADELLE)</b>					
<b>FP-18</b> The provider carries out pre-operative counseling	01	Greets client respectfully and with kindness			
	02	Asks client about her reproductive goals and need for protection against STIs and reproductive tract infections			
	03	If implants counseling has not been done, provides counseling according to Balanced Counseling Strategy prior to performing procedure			
	04	Determines that the client's contraceptive choice is the implants			
	05	Reviews Client Screening Checklist to determine if implants are an appropriate choice for the client			
	06	Performs (or refers for) further evaluation, if indicated			
	07	Assesses client's knowledge about implants' major side effects			
	08	Is responsive to client's needs and concerns about implants.			
	09	Describes insertion procedure and what to expect			
<b>FP-19</b> The provider gets the client ready for inserting the Jadelle	01	Checks to be sure that client has thoroughly washed and rinsed her entire arm			
	02	Tells client what is going to be done and encourages her to ask questions			
	03	Positions client's arm on a clean, dry area			
	04	Checks to ensure that the required sterile instruments, two implants are present, local anesthesia/syringe to administer, and bandage materials to apply after insertion			

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
<b>FP-20</b> The provider performs pre-insertion tasks	01	Washes hands thoroughly and dries them			
	02	Puts sterile or high-level disinfected gloves on both hands			
	03	Prepares an injection of 3 mls of 1% anaesthetic solution			
	04	Prepares incision site with antiseptic solution			
	05	Places sterile or high-level disinfected drape over arm (optional)			
	06	Injects local anesthetic (1% lignocaine without adrenaline) just under skin; raises a small wheal			
	07	Advances needle about 4 cm and injects 1 ml of local anesthetic in each of the two sub-dermal tracks			
	08	Checks for anesthetic effect before making skin incision			
<b>FP-21</b> The provider inserts the Jadelle	01	Makes a <b>shallow</b> 2 mm incision with scalpel <b>just through skin</b> alternatively, inserts trocar directly subdermally			
	02	While tenting the skin, advances trocar and plunger to mark (1) nearest hub of trocar			
	03	Removes plunger and loads one capsule into trocar with forceps			
	04	Reinserts plunger and advances it until resistance is felt			
	05	Holds plunger firmly in place with one hand and withdraws trocar out of incision together until mark (2) nearest trocar tip just clears incision (does not remove the trocar from the skin)			
	06	Moves tip of trocar away from end of capsule and holds capsule out of the path of the trocar			
	07	Redirects trocar about 20° and advances trocar and plunger to mark (1)			
	08	Inserts remaining capsule using the same technique			
	09	Palpates capsules to check that the two capsules have been inserted in a fan distribution			
	10	Palpates incision to check that both capsules are 5 mm clear of incision			
	11	Removes trocar and plunger only after insertion of the second capsule			
<b>FP-22</b> The provider performs post insertion tasks	01	Removes drape and wipes client's skin with antiseptic solution			
	02	Brings edges of incision together and closes it with Band-Aid or surgical tape with sterile gauze			
	03	Applies pressure dressing snugly			

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
	04	Decontaminates syringe and disposes it, along with scalpel in safety box			
	05	Before removing gloves, places all used instruments in 0.5% chlorine solution for 10 minutes			
	06	Disposes of waste materials by placing in leak-proof container or plastic bag			
	07	Immerses gloved hands in 0.5% chlorine solution. Removes gloves by turning inside out and places in leak proof container or plastic bag			
	08	Washes hands thoroughly and dries them			
	09	Completes client record, including drawing position of capsules			
<b>FP-23</b> The provider perform post-insertion counseling	01	Instructs client regarding wound care and makes return visit appointment, if necessary; needs to keep incision site dry for four days and then can remove Band-Aid			
	02	Discusses what to do if client experiences any problems or side effects following insertion			
	03	Assures client that she can have capsules removed at any time she so desires			
	04	Asks client to repeat instructions and answers client's questions			
	05	Observes client for at least 15 to 20 minutes before discharge			
	06	Advises the client to use a back-up method for 1 week if implant was not inserted during menses			
<b>FP-24</b> The provider carries out pre-removal counseling	01	Greets client respectfully and with kindness			
	02	Asks client her reason for removal and answers any questions			
	03	Reviews client's present reproductive goals and asks if she wants another set of Jadelle implants or other method of contraception			
	04	Describes the removal procedure and what to expect			

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
<b>FP-25</b> The provider gets the client ready for removing the Jadelle	01	<b>Checks to be sure that client has thoroughly washed and rinsed her entire arm</b>			
	02	<b>Tells client what is going to be done and encourages her to ask questions</b>			
	03	Positions woman's arm on a clean, dry cloth and palpates capsules to determine point of removal incision; identifies both ends of rods and marks with permanent marker			
	04	Determines that the required sterile instruments are present			
<b>FP-26</b> The provider performs pre-removal tasks	01	Washes hands thoroughly and dries them			
	02	Puts sterile gloves on both hands			
	03	Withdraws 3 mls of 1% anaesthetic solution			
	04	Prepares removal site with antiseptic solution			
	05	Places sterile or high-level disinfected drape over arm (optional)			
	06	Injects small amount of local anesthetic (1% lignocaine without adrenaline) at the incision site and under the end of the capsules			
	07	Checks for anesthetic effect before making skin incision			
<b>FP-27</b> The provider performs the standard removal technique	01	Makes a small (4 mm) incision below ends of capsules			
	02	Pushes end of capsule easiest to remove towards the incision			
	03	Grasps end of capsule with curved (mosquito or Crile) forceps			
	04	Grasps end of capsule with curved (mosquito or Crile) forceps			
	05	Cleans off and opens fibrous tissue sheath with sterile gauze (or scalpel)			
	06	Grasps exposed end of capsule with second forceps, gently removes capsule and places in bowl containing 0.5% chlorine solution for 10 minutes for decontamination			
	07	Injects more anesthetic if required; removes the second capsule			
	08	Shows both rods to client after removal			
	09	Closes incision by approximating both sides of incision together and securing with Band-Aid or steristrips			

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
<b>FP-28</b> The provider performs post-removal counseling	01	Instructs client regarding wound care and makes return visit appointment, if necessary			
	02	Discusses what to do if any problems occur and answers any questions			
	03	Counsels client regarding new contraceptive method, if desired			
	04	Helps client obtain new contraceptive method or provides temporary (barrier) method until method of choice can be started			
	05	Observes client for at least 15 to 20 minutes before discharging			
<b>INTRAUTERINE CONTRACEPTIVE DEVICE (IUCD): ASSESSING MEDICAL ELIGIBILITY, COUNSELING FOR AND INSERTION</b>					
<b>FP-29</b> Assesses whether client is medically eligible for IUCD	01	During a targeted history, rules out any of the conditions that render IUCD an unsuitable option before continuing to counsel on IUCD			
		<p><b>Conditions that render IUCD an unsuitable contraceptive option– (all must be listed by the provider to write yes in this box)</b></p> <ul style="list-style-type: none"> <li>▪ Client gave birth more than 48 hours but less than 4 weeks ago</li> <li>▪ Infection of reproductive organs after last delivery or abortion</li> <li>▪ Unexplained vaginal bleeding</li> <li>▪ Any gynecologic or obstetric condition such as genital cancer or pelvic tuberculosis</li> <li>▪ Client with AIDS</li> <li>▪ High individual risk for gonorrhea or chlamydia</li> </ul>			
	02	The provider conducts a pelvic examination to assess eligibility, ruling out ulcers, pain when moving the cervix, adnexal tenderness, purulent cervical discharge, cervical easy bleeding when touched, anatomical abnormalities or unable to determine size/position of the uterus			
	03	If IUCD is suitable for the client, tells her that she is eligible to use it and proceeds with counseling for its use			

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
<b>FP-30</b> The provider gives specific and relevant information about IUCD	01	Explains that IUCDs are highly effective (99%) immediately after the injection			
	02	Explains advantages of IUCD			
		<b>Advantages–            (all must be listed by the provider to write yes in this box)</b> <ul style="list-style-type: none"> <li>▪ Prevents pregnancy very effectively</li> <li>▪ May help protect against cancer of the lining of the uterus (endometrial cancer)</li> <li>▪ Long-lasting</li> <li>▪ Has no further costs after the IUCD is inserted</li> <li>▪ Does not require the user to do anything once the IUCD is inserted</li> </ul>			
	03	Explains disadvantages of IUCD			
		<b>Disadvantages –            (all must be listed by the provider to write yes in this box)</b> <ul style="list-style-type: none"> <li>▪ Uncommonly, may contribute to anemia if a woman already has low iron blood stores before insertion and the IUCD causes heavier monthly bleeding</li> <li>▪ Rarely, pelvic inflammatory disease (PID) may occur if the woman has chlamydia or gonorrhea at the time of IUCD insertion</li> <li>▪ Allows for limited active involvement in family planning by the client's husband</li> </ul>			
		04	Explains side effects of IUCD		
<b>Side effects: –            (all must be listed by the provider to write yes in this box)</b> <ul style="list-style-type: none"> <li>▪ Prolonged and heavy monthly bleeding</li> <li>▪ Irregular bleeding</li> <li>▪ More cramps and pain during monthly bleeding</li> </ul>					
05		Explains how IUCD prevents pregnancy (chemical change that damages sperm and egg before they can meet)			
06		Explains how IUCD is used			

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
<b>FP-31</b> The provider correctly inserts IUCD	01	Gathers the necessary equipment to insert IUCD  <b>Equipment for inserting IUCD–            (all must be listed by the provider to write yes in this box)</b> <ul style="list-style-type: none"> <li>▪ Light source</li> <li>▪ An examining table for the client to lie on</li> <li>▪ Sterile gloves</li> <li>▪ Antiseptic solution</li> <li>▪ Cervical tenaculum</li> <li>▪ Cotton balls moistened with antiseptic solution or povidone-iodine swabs</li> <li>▪ Long suture scissors</li> <li>▪ Ring forceps</li> <li>▪ Sterile IUCD package with IUCD</li> <li>▪ Sterile tray for procedures</li> <li>▪ Sterile vaginal speculum</li> <li>▪ Uterine sound</li> </ul>			
	02	Prepares the client for the procedure  <b>Preparation of the client for the procedure–            (all must be listed by the provider to write yes in this box)</b> <ul style="list-style-type: none"> <li>▪ Explains the procedure to the client</li> <li>▪ Ensures privacy during the procedure</li> <li>▪ Checks that client has recently emptied her bladder</li> <li>▪ Helps position client on table</li> <li>▪ Palpates abdomen and checks for lower abdominal tenderness and masses or other abnormalities</li> </ul>			
	03	Performs hand hygiene before and after the procedure			

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
	04	Inserts IUCD using correct procedures  <b>Procedure for inserting IUCD– (all must be listed by the provider to write yes in this box)</b> <ul style="list-style-type: none"> <li>▪ Inserts vaginal speculum</li> <li>▪ Applies antiseptic solution two times to cervix, especially the os and vagina</li> <li>▪ Gently grasps cervix with tenaculum at 10 to 2 o'clock positions</li> <li>▪ Sounds uterus using “non-touch” technique</li> <li>▪ Sets depth gauge to measure uterine depth with IUCD still in sterile package, then completely open package</li> <li>▪ Makes sure the folded arms and the depth gauge are lying flat against the card</li> <li>▪ Removes loaded inserter tube without touching anything that is not sterile</li> <li>▪ Inserts the Cooper T 380A using the “withdraw” technique</li> <li>▪ Cuts IUCD strings to 3-4 cm in length</li> <li>▪ Removes inserter tube</li> <li>▪ Gently removes tenaculum and speculum and places in 0.5% chlorine solution for 10 minutes for decontamination</li> </ul>			
	05	Disposes waste and equipment following infection prevention guidelines  <b>(all must be listed/done by the provider to write yes in this box)</b> <ul style="list-style-type: none"> <li>▪ Places all the instruments in 0.5% chlorine solution for 10 minutes</li> <li>▪ Disposes of waste materials by placing in a leak proof container with plastic bag</li> <li>▪ Removes gloves, after being immersed in a 0.5% chlorine solution, and places in a leak proof container</li> </ul>			
	06	Records IUCD insertion in client chart			
	07	Reminds client of warning signs, side effects and when to return for follow up			

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
<b>EMERGENCY CONTRACEPTION</b>					
<b>FP-32</b> The provider offers emergency contraception	01	Identifies whether the client has been exposed to unprotected intercourse within the last 5 days			
	02	Determines if the woman wishes to use an IUCD for EC and continued protection, or pills for short-term EC			
	03	Adequately explains how the pills (or IUCD if that is selected) reduce the risk for unintended pregnancy			
	04	Inserts IUCD if selected			
	05	Provides one of four types of EC for immediate start.			
		<b>Types of emergency contraception provides at least one</b> <ul style="list-style-type: none"> <li>▪ Postinor-2 (2 tablets), or</li> <li>▪ Ovrette 40 tablets at once, or</li> <li>▪ COC (30-35 mcg EE) 4 tablets immediately and 4 tablets 12 hours later, or</li> <li>▪ COC (50mcg EE) 2 tablets immediately and 2 tablets 12 hours later</li> </ul>			
	06	Advises client of possible side effects (nausea and vomiting)			
	07	Offers client oral contraception to start as family planning the next day (COC or POP) or condoms			
	08	If breastfeeding, advises mother to not offer breast milk for 8 hours; after 8 hours she can resume breastfeeding			
	09	Explains to client that she may need to be checked for STIs and offers that service			
10	Advises client to return to health center if no menses within 3 weeks				

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
<b>MALE OR FEMALE STERILIZATION</b>					
<b>FP-33</b> The provider gives relevant information about male or female sterilization	01	Tells the client that sterilization is highly effective, immediately for women, and after 3 months for men			
	02	Informs the client about the method advantages (simple and quick procedure for men, usually safe, does not affect the sexual function)			
	03	Informs the client of the method disadvantages (permanent, small risk of complications for minilap, short-term discomfort/pain following procedure, does not protect against sexually transmitted infections, including HIV/AIDS, requires signing consent)			
	04	Tells client where she/he can access these methods			

## FOLLOW-UP VISITS

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
<b>FP-34</b> The provider prepares for the Family Planning clinic	01	Checks and looks for equipment for IUCD insertion/removal kits			
		<b>Equipment for IUCD insertion/removal– (all must be seen or listed by the provider to write yes in this box)</b> <ul style="list-style-type: none"> <li>▪ Speculum</li> <li>▪ Histerometer/uterine sound</li> <li>▪ Tenaculum</li> <li>▪ Sponge holding forceps</li> <li>▪ Scissors</li> <li>▪ IUCD in sterile package</li> </ul>			
	02	Checks and looks for equipment for implant insertion/removal kits			
		<b>Equipment for implant insertion/removal– (all must be seen or listed by the provider to write yes in this box)</b> <ul style="list-style-type: none"> <li>▪ Sponge forceps</li> <li>▪ Anesthesia (Lidocaine 1% without epinephrin)</li> <li>▪ Scalpel</li> <li>▪ Trocar</li> <li>▪ Forceps (straight and curved)</li> <li>▪ Band-Aid (plaster) for implants</li> <li>▪ Implants</li> </ul>			

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
	03	Checks and looks for infection prevention equipment and supplies  <b>Infection prevention equipment and supplies– (all must be seen or listed by the provider to write yes in this box)</b> <ul style="list-style-type: none"> <li>▪ Container with 0.5% chlorine solution for decontamination</li> <li>▪ Leak proof container with plastic bag for contaminated waste</li> <li>▪ Chlorine solution or powder</li> <li>▪ Antiseptic solutions (e.g., povidone iodine, Betadine, chlorexidine gluconate, alcohol 60-90%, etc.)</li> <li>▪ Examination gloves</li> <li>▪ Sterile or HLD gloves (implant and vasectomy)</li> <li>▪ Drapes</li> <li>▪ Utility gloves</li> </ul>			
	04	Checks and looks for other equipment and supplies  <b>Other equipment and supplies– (all must be seen or listed by the provider to write yes in this box)</b> <ul style="list-style-type: none"> <li>▪ Sphygmomanometer</li> <li>▪ Stethoscope</li> <li>▪ Thermometer</li> <li>▪ Light source</li> <li>▪ Additional speculums</li> <li>▪ Cotton balls or gauze</li> <li>▪ Needles and syringes for local anesthesia (implants/vasectomy)</li> </ul> Education materials and job aids			
	05	Checks and looks for data management tools (clinical records, prescription and registration forms)			
	06	Checks and looks for required furniture  <b>Required furniture– (all must be seen or listed by the provider to write yes in this box)</b> <ul style="list-style-type: none"> <li>▪ A door that can be closed</li> <li>▪ A desk</li> <li>▪ Chairs for client, companion and provider</li> <li>▪ Curtains or screens</li> </ul> Examination table			
	07	Makes sure that the clinic environment is clean  <b>Standard cleaning procedures– (all must be listed by the provider to write yes in this box)</b> <ul style="list-style-type: none"> <li>▪ Cleaning personnel must use utility gloves, mask, plastic/rubber apron, protective eyewear and shoes</li> </ul>			

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
		<ul style="list-style-type: none"> <li>▪ Floors are wet mopped with a disinfectant solution (0.5% chlorine solution + soap) using the two-bucket or three-bucket techniques</li> <li>▪ Walls are cleaned with a clean cloth or mopped wet in a cleaning solution</li> <li>▪ Chairs, lamps, tables, tabletops, lights, top of doors and counters must be wiped with a damp cloth, containing disinfectant cleaning solution</li> <li>▪ Non-critical equipment (e.g., stethoscope and blood pressure cuffs) must be wiped with a damp cloth with water and detergent; if the equipment is visibly soiled with blood or body fluids or the patient is under contact precautions, it must be cleaned and disinfected before reuse</li> </ul>			

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
<b>FP-35</b> The provider establishes a cordial relationship with the client	01	Treats the client respectfully  <b>Treating the client respectfully–            (all must be done by the provider to write yes in this box)</b> <ul style="list-style-type: none"> <li>▪ Greets the client and companion</li> <li>▪ Introduces him/herself</li> <li>▪ Calls client by his/her name or appropriate title</li> <li>▪ Shows concern and respect client culture, beliefs and ideas</li> </ul>			
	02	Uses interpersonal communication skills during the entire visit  <b>Interpersonal communication skills–            (all must be done by the provider to write yes in this box)</b> <ul style="list-style-type: none"> <li>▪ Encourages client to ask questions</li> <li>▪ Addresses client's questions and concerns</li> <li>▪ Uses listening and questioning techniques (e.g., open questions)</li> <li>▪ Maintains eye contact</li> <li>▪ Uses language that client understands</li> <li>▪ Uses open and friendly nonverbal communication expressions (smiling, facing client directly, etc.)</li> <li>▪ Uses visual-aids during the counseling including FP method sample, flip charts, models, etc.</li> <li>▪ Allows client to repeat the information to verify her comprehension</li> <li>▪ Summarizes salient (important) points when necessary</li> <li>▪ Explains to the client what to expect during the clinic visit</li> </ul>			
	03	Confirms purpose of the visit			
	04	Assures client of confidentiality			
	05	Assures necessary privacy during the visit  <b>Ensuring privacy during the visits–            (all must be done by the provider to write yes in this box)</b> <ul style="list-style-type: none"> <li>▪ Keeps the door and curtains closed</li> <li>▪ Talks in a low tone to avoid others to listen to the conversation with the client</li> <li>▪ Only other people/staff authorized by the client can come into the consultation/examination room</li> <li>▪ The client can undress/dress privately</li> <li>▪ The client remains covered during examination</li> <li>▪ If possible, the examination is witnessed by a matron authorized by the client</li> </ul>			
	06	Asks the client her/his reproductive goals and needs for contraception			

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
<b>FP-36</b> The provider verifies client satisfaction with the contraceptive method	01	Confirms what contraceptive method she is currently using			
	02	Asks if she is satisfied with this method or if she wants to stop the use and/or choose another method			
	03	<b>If the client is not satisfied with the method and desires to discontinue its use or already had stopped it</b> , helps her to choose another method if she wants, and checks need for a temporary method until she can start the new method			
<b>FP-37</b> The provider identifies side effects or problems with the contraceptive method	01	Asks if she is experiencing any side effects or problems with the contraceptive method			
	02	Identifies what side effects and/or problems she is having, if any			
	03	Reviews client record and checks if there is any medical condition that may be a precaution for current method			
	04	Performs a pelvic examination, if necessary (speculum and bimanual)			
<b>FP-38</b> The provider verifies instructions on how to use the contraceptive method	01	Asks client how is she using the method			
	02	If the client is using IUCD , reviews duration of use			
	03	Corrects or reinforces information, if necessary			
<b>FP-39</b> The provider rules out a current pregnancy	01	If client is not pregnant, gives reassurance, indicates that no treatment is required, dispels any myths or misconceptions client may have			
	02	If the client is pregnant and taking COCs or progestin only contraceptives (pills or injectables): stops the use or removes contraceptives, assures her that the small dose of hormones will have no harmful effect on the baby , refers her for antenatal care			
	03	If using progestin only contraceptives, rules out ectopic pregnancy, if suspected, refers at once for complete evaluation			

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
	04	<p>If client is pregnant and using IUCD, correctly follows guidelines</p> <p><b>Decision making for pregnant women using IUCD – (either must be done by the provider to write yes in this box)</b></p> <p><b>If pregnancy is less than 13 weeks and strings are visible:</b></p> <ul style="list-style-type: none"> <li>▪ Explains that IUCD should be removed to minimize risk of pelvic infection</li> <li>▪ Removes the IUCD if client agrees</li> <li>▪ Advises her to return to clinic if she has excessive bleeding, cramping, foul discharge or fever</li> <li>▪ If she does not agree with the removal, advises her of increased risk of miscarriage and infection and that pregnancy should be followed closely</li> <li>▪ Refers her to an antenatal clinic</li> </ul> <p><b>If pregnancy is greater than 13 weeks and/or strings are not visible:</b></p> <ul style="list-style-type: none"> <li>▪ Do not attempt to remove the IUCD</li> <li>▪ Advises her of increased risk of miscarriage and infection and that pregnancy should be followed closely</li> <li>▪ Refers her to an antenatal clinic</li> </ul>			
<b>FP-40</b> The provider explores other reproductive health needs	01	<p>Rules out risk for sexually transmitted infections, including HIV</p> <p><b>Ruling out risks for sexually transmitted infections including HIV- –(all must be done by the provider to write yes in this box)</b></p> <ul style="list-style-type: none"> <li>▪ Asks if the client or partner have a discharge or painful urination now</li> <li>▪ Asks if the client or partner have had a discharge or painful urination in last three months</li> <li>▪ Asks if the client or partner have had a discharge or painful urination in the past 12 months</li> <li>▪ Asks if the client or partner(s) are at increased risk of getting STI</li> <li>▪ Asks if the client's partner is away from home for long periods of time</li> </ul>			
	02	Explains the importance of periodic cervical cancer screening and asks when her last cervical cancer screening was			
	03	Offers to perform/refer the client for cervical cancer screening if she is due for her next screening			
	04	Explains the importance of self-breast examination and annual clinical breast examination			
	05	Asks when was her last clinical breast examination was			
	06	Offers to perform/refer the client for clinical breast examination if her last examination was one year or more ago			

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS	
<b>MANAGEMENT OF SIDE EFFECTS AND PROBLEMS WHEN USING COMBINED CONTRACEPTIVES (COCs)</b>						
<b>FP-41</b> The provider addresses mild complaints related to the use of combined contraceptives: amenorrhea, nausea, dizziness, vomiting or depression	01	Verifies how she is taking the pills				
	02	Tells client that no treatment is required				
	03	Advises client to take pill with evening meal or before bedtime				
	04	Corrects/reinforces the use of the pills, if necessary				
	05	Gives the client a plausible explanation of the symptoms				
		<b>Information for the client regarding mild COCs side effects –(aall must be done by the provider to write yes in this box)</b> <b>Amenorrhea:</b> <ul style="list-style-type: none"> <li>▪ Explains that absent menses is most likely due to lack of buildup of uterine lining and that will not cause any harm</li> </ul>				
		<b>Nausea/dizziness/vomiting:</b> <ul style="list-style-type: none"> <li>▪ Reassures that symptoms usually decrease after first three cycles of use</li> </ul>				
<b>Vaginal bleeding/spotting:</b> <ul style="list-style-type: none"> <li>• Asks if client is taking a new drug such as Rifampicin or drugs for epilepsy</li> <li>▪ If she is taking a new drug such as Rifampicin or drugs for epilepsy, helps client choose another method</li> <li>▪ Advises her that bleeding/spotting is common during the first 3 months of COC use and that it decreases in most women after the fourth month</li> </ul>						
<b>Changes in mood or libido:</b> Explains to her that it may or may not be associated with the progestin in COC						
06	Advises the client to return to clinic if side effects continue to be a concern					
07	If problem is intolerable or client is not satisfied with COC, stops the pills and helps client choose another (non-estrogen) method					

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
<b>FP-42</b> The provider correctly manages high blood pressure while taking COCs	01	Allows 15 minutes rest and repeats blood pressure reading			
	02	If blood pressure is < 140/90, but has increased with use of COC, schedules follow-up visits more often			
	03	Advises her to return to the clinic if she presents severe headaches, chest pain or blurred vision			
	04	If blood pressure is ≥ 140/90 or if she presents any warning signs (severe headaches, chest pain, blurred vision), advises client to stop the method or switch to the non-hormonal contraceptive			
	05	If blood pressure is border line or mild, switches client to the min pill			
	06	If COC is stopped, helps client to choose another (non-estrogen) method and tells her that high blood pressure as a result of COC usually goes away in 3 months, but that she should get her blood pressure checked every month until it does			
<b>FP-43</b> The provider correctly manages complaints of chest pain while taking COCs	01	Assesses for possible cardiovascular disease, checking blood pressure and checking for irregular heartbeats (arrhythmias); refers if necessary			
	02	If evidence of cardiovascular disease:			
		• Advises client to stop COC			
		• Helps client choose another method			
	03	• Refers for further evaluation			
		If no evidence of cardiovascular disease:			
		• Reassures the client			
• Schedules follow-up visits more often					
	Advises her to return to the clinic if she presents any warning sings				

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
<b>FP-44</b> The provider correctly manages complaints of headache while taking COCs	01	Asks if there has been a change in pattern or severity of headaches since beginning the COC			
	02	Performs physical examination, including measuring the blood pressure			
	03	If headache is mild and BP < 140/90mmHg:			
		• Treats with analgesic			
		• Reassures the client			
	04	If headache is severe or has changed since COC use (numbness or tingling accompanied by loss of speech, visual changes or blurred vision):			
		• <b>Advises client to stop the method</b>			
		• Helps client choose another non-hormonal method or a higher estrogen pill			
05	Refers for further evaluation if necessary				
<b>MANAGEMENT OF SIDE EFFECTS AND PROBLEMS WHEN USING PROGESTINE ONLY CONTRACEPTIVES (PILLS, DEPO, IMPLANTS)</b>					
<b>FP-45</b> The provider addresses mild complaints related to the use of progestin only contraceptives: amenorrhea, spotting	01	Confirms type of method she is using (mini pills, DMPA, NET-EN, implants)			
	02	Asks if she missed or was late for the pills or injectables			
	03	Asks when the problem started			
	04	Asks how the problem was before spotting started			
	05	Gives the client a plausible explanation of the symptoms			
		<b>Information to the client regarding mild side effects of progestin only contraceptives –(either of the below categories must be correct to mark yes for this standard)</b> <b>Amenorrhea:</b> <ul style="list-style-type: none"> <li>▪ Explains that absent menses is most likely due to lack of buildup of uterine lining and that will not cause any harm</li> <li>▪ Explains that amenorrhea is a common side effect when using injections or implants</li> </ul>			

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
		<p><b>Vaginal Spotting:</b></p> <ul style="list-style-type: none"> <li>▪ If gynecological problems: <ul style="list-style-type: none"> <li>– Refers or manages according to clinic guidelines</li> <li>– Advises client not to stop the method</li> <li>– Advises client to return for additional counseling after management of problems</li> </ul> </li> <li>▪ If no gynecological problems are found, reassures client that: <ul style="list-style-type: none"> <li>– Light, intermenstrual bleeding or spotting is a common side effect in many women using progestin only methods</li> <li>– It is not serious and usually does not require treatment</li> <li>– Most women can expect the altered bleeding pattern to become more regular after 612 months</li> </ul> </li> <li>▪ If client is not satisfied after counseling and reassurance but wants to continue using the method, gives the client: <ul style="list-style-type: none"> <li>– Short-term Ibuprofen (up to 800 mg 3 times daily for 5 days), and/or</li> <li>– A cycle of COC (Lofeminal or Microgynon) if client does not have contraindications</li> <li>– Tells client to expect bleeding during the week after completing the COC</li> </ul> </li> </ul>			
	06	Corrects/reinforces the use of the pills or injectables if necessary			
	07	Advises the client to return to clinic if amenorrhea continues to be a concern			
	08	If the client is not satisfied with her method, counsels her on another method			

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
<b>FP-46</b> The provider correctly manages complains of prolonged or heavy bleeding while taking progestin only contraceptives	01	Collects further information on bleeding characteristics: when it started, how was the menses pattern before bleeding started			
	02	Completes a targeted physical examination, checking for anemia and gynecological problems			
	03	If gynecological problems:			
		• Refers or manages according to clinic guidelines			
		• Does not stop method			
	04	• Advises client to return for additional counseling after management of problems			
		If no gynecological problems, gives the client:			
		• Short-term Ibuprofen (up to 800 mg 3 times daily for 5 days), and/or			
		• A cycle of COC (Lofeminal or Microgynon) if client does not have contraindications			
	05	• Tells client to expect bleeding during the week after completing the COC			
		If bleeding does not stop in 3–5 days or is much heavier and the client wants to continue using the method, gives the client:			
		• 2 to 3 COC pills per day for the remainder of the cycle (at least 3 to 7 days) followed by 1 cycle (1 pill per day) of COC, or			
	06	• 50 µg EE-containing COC (Lyndiol or Ovostat) or 50 µg EE, or asks her to return to the clinic for follow-up in three days or earlier if the bleeding increases			
		If client desires to discontinue the method, helps her choose another non-hormonal method			
07	If hemoglobin < 9 g/dl				
	• Gives iron (FeSO4, 1 tablet containing at least 100 mg, daily for 1 to 3 months)				
	• If anemia persists or client requests to stop method, helps her choose another method				

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
<b>FP-47</b> The provider correctly manages complains of lower abdominal/pelvic pain while taking progestin only contraceptives	01	Checks vital signs:			
		• Pulse			
		• Blood pressure			
		• Temperature			
	02	Performs abdominal and pelvic (speculum and bimanual) examinations			
	03	Asks laboratory tests for Hb if indicated and available			
	04	Refers immediately if the client has any of the following:			
		• Moderate to severe lower abdominal tenderness (rebound)			
		• Elevated resting pulse (> 100 BPM)			
		• Decreased blood pressure (< 90/60)			
		• Elevated temperature (38°C)			
		• Acute anemia (< 9 g/dl Hb)			
	05	Refers or treats according to the clinic guidelines			
06	Advises client not to stop method, unless client wants to				
07	If client wants to stop method, helps her choose another method				

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
<b>FP-48</b> The provider correctly manages complains of headache while taking progestin only contraceptives	01	Asks if there has been a change in pattern or severity of headaches since beginning of the method			
	02	Performs physical examination, taking blood pressure			
	03	If headache is mild:			
		• Treats with analgesic			
		• Reassures the client			
	04	If headache is severe (= or > 160/100mmHg) or has changed since starting the method (numbness or tingling accompanied by loss of speech, visual changes or blurred vision):			
		• Advises client to stop the method			
		• Helps client choose another (non-hormonal) method			
• Refers for further evaluation if necessary					
05	Advises the client to return to the clinic if mild headache persists or worsens				
<b>FP-49</b> The provider correctly manages complains of weight gain while taking progestin only contraceptives	01	Compares weight prior to the method used (if known) and current weight			
	02	Asks client about her eating and exercising habits			
	03	Explains that fluctuations of 1–2 kg may occur, especially with DMPA ( Depo-Provera)			
	04	Reviews diet if weight change is excessive ( $\pm$ 2 kg or more)			
	05	If weight change is unacceptable for the client, stops method and helps client choose another method			
<b>FP-50</b> The provider correctly manages complains of breast tenderness while taking progestin only contraceptives	01	Checks breasts for lump or cysts, discharge or galactorrhea, if not breastfeeding			
	02	If physical examination shows lump or suspicious discharge, refers for diagnosis			
	03	If she is breastfeeding and breasts are tender, checks for infection and treats accordingly			
	04	If no abnormality, reassures the client:			
		• That breast tenderness usually improves within 3 months of starting POP or			
	• Does not stop POP, DMPA or implant unless client requests it after				

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
		counseling			
	05	If she is breastfeeding:			
		<ul style="list-style-type: none"> <li>• And breast(s) is not infected, recommends a bra that provides additional support</li> </ul>			
		<ul style="list-style-type: none"> <li>• And breast (s) is infected, treats accordingly</li> </ul>			
		<ul style="list-style-type: none"> <li>• Does not stop POP, DMPA or implant unless client request it</li> </ul>			
	06	If she wants to stop POP, DMPA or implants, helps her choose another method			
<b>MANAGEMENT OF SIDE EFFECTS AND PROBLEMS WHEN USING INTRAUTERINE CONTRACEPTIVE DEVIDES (IUCD)</b>					
<b>FP-51</b> The provider correctly addresses complaints related to amenorrhea while using IUCD	01	Does not remove IUCD			
	02	Counsels and reassures			
	03	Refers for investigation to identify the cause of amenorrhea			
	04	If client is not pregnant and is over 45 years, explains that amenorrhea could be related to menopause			
<b>FP-52</b> The provider correctly addresses complaints related to irregular bleeding while using IUCD	01	Performs abdominal examination			
	02	Performs pelvic examination (speculum and bimanual)			
	03	If client is pregnant, manages as above			
	04	If ectopic pregnancy is suspected, refers for complete evaluation			
<b>FP-53</b> The provider correctly addresses complaints related to heavy bleeding while using IUCD	01	Performs pelvic examination (speculum and bimanual)			
	02	Asks client how much she has bled			
	03	Checks for signs of marked anemia			
	04	If client has had IUCD for less than three months and examination is normal:			
		<ul style="list-style-type: none"> <li>• Reassures the client</li> </ul>			
		<ul style="list-style-type: none"> <li>• Gives iron tablets daily for 1 to 3 months</li> </ul>			
		<ul style="list-style-type: none"> <li>• Asks client to return in 3 months</li> </ul>			
<ul style="list-style-type: none"> <li>• Prescribes ibuprofen or similar 800 mg 3 times daily for 1 week during</li> </ul>					

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
		bleeding episode			
		<ul style="list-style-type: none"> <li>If examination is normal and bleeding interval short (less than 3 weeks) or long (more than 6 weeks), or associated with hot flashes, refers to specialist for further evaluation</li> </ul>			
		<ul style="list-style-type: none"> <li>If examination is abnormal, refers or treats according to the clinic guidelines</li> </ul>			
		<ul style="list-style-type: none"> <li>If clients wants to discontinue the IUCD, helps her choose another method and removes IUCD</li> </ul>			
	05	If client has had IUCD for more than 3 months and marked anemia is present:			
	<ul style="list-style-type: none"> <li>Gives iron tablets daily for 1 to 3 months</li> </ul>				
	<ul style="list-style-type: none"> <li>Helps client choose another method</li> </ul>				
		Removes IUCD			
<b>FP-54</b> The provider correctly addresses complaints related to cramps while using IUCD	01	Performs abdominal and pelvic examinations			
	02	If client has a pelvic inflammatory disease, removes the IUCD			
	03	If no cause is found and cramping is not severe:			
		<ul style="list-style-type: none"> <li>Gives analgesic</li> <li>Reassures client</li> </ul>			
	04	If no cause found and cramping is severe:			
		<ul style="list-style-type: none"> <li>Explains to the client that although there is no sign of a problem, the cramping may be reduced if she stops the IUCD</li> </ul>			
		<ul style="list-style-type: none"> <li>Helps client choose another method</li> <li>Removes IUCD</li> </ul>			

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
<b>FP-55</b> The provider correctly addresses complaints of the partners related to IUCD strings while using IUCD	01	Checks to be sure that IUCD is in place and not partially expelled			
	02	<b>If IUCD is partially expelled:</b>			
		• Explains to the client			
		• Removes the IUCD			
		• Inserts a new IUCD if client wants			
	03	<b>If IUCD is in place:</b>			
		• Counsels client that one option is to cut the IUCD strings within the cervical os and informs her that she will no longer be able to feel strings			
		• If she accepts, cuts the strings and writes it in her records			
		• Removes the IUCD if client wants and helps her choose another method			
	<b>FP-56</b> The provider correctly addresses complaints related to missing IUCD strings while using IUCD	01	Asks the client whether she knows if the IUCD has come out		
02		<b>If client knows IUCD was expelled:</b>			
		• Checks for pregnancy			
		• If not pregnant, and client wants, inserts a new IUCD or provides a backup method until the insertion			
03		• If ectopic pregnancy is suspected, refers for complete evaluation			
		• Explains that an IUCD in the uterus during pregnancy increases the risk of miscarriage or septic pregnancy which can be life threatening			
		• Advises her that it is best to remove the IUCD although this also presents a risk of miscarrying the pregnancy			
		Gently removes the IUCD and initiates another method			
04		<b>If client is not pregnant and strings are missing:</b>			
		• Carefully probes the cervical canal			
		• If strings are found, reassures the client			
		• If strings are not found, gives her a non hormonal method and asks her to come back with menses or in 4 weeks or refer for X-ray or ultrasound			

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
<b>FP-57</b> The provider correctly addresses pelvic inflammatory disease while using IUCD	01	Performs abdominal examination			
	02	Performs pelvic examination (speculum and bimanual)			
	03	If PID is confirmed or strongly suspected:			
		<ul style="list-style-type: none"> <li>Treats infection</li> </ul>			
		<ul style="list-style-type: none"> <li>There is usually no need for removal of the IUCD if the client wishes to continue its use</li> </ul>			
<ul style="list-style-type: none"> <li>Helps client choose another method</li> </ul>					
<b>IUCD REMOVAL PROCEDURES</b>					
<b>FP-58</b> The provider correctly prepares the IUCD removal	01	Treats the client respectfully			
	02	Gathers the necessary equipment to insert IUCD			
		<b>Equipment for removing IUCD –(all must be present and/or listed by the provider to write yes in this box)</b> <ul style="list-style-type: none"> <li>Light source</li> <li>An examining table for the client to lie on</li> <li>Sterile gloves</li> <li>Cotton balls moistened with antiseptic solution or povidone-iodine swabs</li> <li>Ring forceps</li> <li>Sterile tray for procedures</li> <li>Sterile vaginal speculum</li> <li>Uterine sound</li> </ul>			
03	Counsels the client before the procedure				
	<b>Counseling the client before the IUCD removal –(all must be present and/or listed by the provider to write yes in this box)</b> <ul style="list-style-type: none"> <li>Asks the client her reason for having the IUCD removed</li> <li>Determines whether she will have another IUCD inserted immediately, start a different method or neither</li> <li>Counsels as appropriate; ensures that she understands that there is immediate return to fertility after IUCD removal</li> <li>Reviews the client's reproductive goals and needs for STI/HIV protection</li> <li>Discusses other contraceptive methods if desired</li> </ul>				

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
<b>FP-59</b> The provider correctly removes the IUCD	01	Performs hand hygiene before and after the procedure			
	02	Removes IUCD using correct procedures			
		<b>IUCD removal procedure –(all must be done by the provider to write yes in this box)</b> <ul style="list-style-type: none"> <li>▪ Asks client to empty her bladder</li> <li>▪ Tells client what is going to be done; encourages her to ask questions</li> <li>▪ Asks client to lie down on the examination table, palpates her abdomen and checks for supra pubic tenderness/pain in lower abdomen; covers the client adequately</li> <li>▪ Provides adequate light to see the cervix</li> <li>▪ Performs hand hygiene</li> <li>▪ Arranges instruments and supplies in the HLD tray</li> <li>▪ Puts on sterile gloves</li> <li>▪ Inserts vaginal speculum</li> <li>▪ Applies antiseptic solution two times to cervix, specially the os and vagina</li> <li>▪ Grasps both strings with the ring forceps near the cervix and gently pulls on the strings to remove the IUCD</li> <li>▪ Shows the IUCD to the client and disposes of in a covered waste container</li> </ul>			
03	Disposes waste and equipment following infection prevention guidelines				
	<b>Infection prevention procedures after IUCD removal</b> <ul style="list-style-type: none"> <li>▪ Gently removes speculum and puts it in 0.5% chlorine solution</li> <li>▪ Immerses gloves in 0.5% chlorine solution.</li> <li>▪ Performs hand hygiene</li> <li>▪ Helps client choose another method of contraception; a new IUCD can be inserted immediately after removal of previous IUCD if the client wants to continue the method</li> </ul>				
<b>FP-60</b> The provider correctly wraps-up the visit	01	Records IUCD insertion in client chart			
	02	Helps client choose another method of contraception; a new IUCD can be inserted immediately after removal of previous IUCD if the client wants to continue the method			

<b>TOTAL STANDARDS:</b>	<b>60</b>
<b>A. TOTAL STANDARDS OBSERVED:</b>	
<b>B. TOTAL STANDARDS ACHIEVED:</b>	
<b>C. PERCENTAGE OF ACHIEVEMENT: (<math>B \times 100 / A</math>)</b>	

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# ANC Including PMTCT and MIP

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## AREA: ANC INCLUDING PMTCT AND MIP

COUNTY: \_\_\_\_\_ FACILITY NAME: \_\_\_\_\_ FACILITY ID: \_\_\_\_\_ IMPLEMENTER: \_\_\_\_\_

ASSESSMENT TYPE:  INTERNAL /  EXTERNAL      ASSESSOR: \_\_\_\_\_      DATE: \_\_\_\_\_

STANDARD	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE(S)	COMMENTS
<b>ANC-01</b> The person who receives the pregnant woman conducts a <b>rapid initial evaluation</b> at the first contact	01	Asks the pregnant woman upon her arrival whether she has or has had any danger symptoms/signs  <b>Pregnancy Danger Symptoms/Signs (ALL must be asked to write yes for this verification criteria)</b> <ul style="list-style-type: none"> <li>▪ Vaginal bleeding</li> <li>▪ Respiratory difficulty</li> <li>▪ Fever</li> <li>▪ Severe headache/blurred vision</li> <li>▪ Severe abdominal pain</li> <li>▪ Convulsions/loss of consciousness</li> </ul>			
	02	Assures <b>immediate</b> attention in the event of any of the danger symptoms/signs			
<b>ANC-02</b> The provider receives and treats the pregnant woman and her husband/companion cordially and respectfully	01	Greets the woman and her husband/companion (if present) in a cordial manner			
	02	Introduces him/herself			
	03	Speaks using easy-to-understand language for the client			
	04	Encourages the woman to ask her husband/companion to remain at her side, as appropriate			
	05	Does not allow individuals other than the necessary health care workers to come in or leave during the provision of care without the woman's permission			
	06	Explains to the woman and her husband/companion what he/she is going to do and encourages the woman to ask questions			

STANDARD	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE(S)	COMMENTS
<b>ANC-03</b> The provider asks about and records danger signs that the woman may have or has had	01	Determines whether the woman has had any danger symptoms/signs during her pregnancy  <div style="text-align: center;"> <b>Pregnancy Danger Symptoms/Signs</b>  <b>(ALL must be asked to write yes for this verification criteria)</b> </div> <ul style="list-style-type: none"> <li>▪ Vaginal bleeding</li> <li>▪ Respiratory difficulty</li> <li>▪ Fever</li> <li>▪ Severe headache/blurred vision</li> <li>▪ Severe abdominal pain</li> <li>▪ Convulsions/loss of consciousness</li> </ul>			
	02	Assures <b>immediate</b> attention in the event of any of the danger symptoms/signs			
<b>ANC-04</b> The provider obtains/reviews the obstetrical information	01	Provider asks/reviews obstetrical history  <div style="text-align: center;"> <b>Obstetrical History</b>  <b>(ALL must be asked to write yes for this verification criteria)</b> </div> <ul style="list-style-type: none"> <li>▪ Woman's name and age</li> <li>▪ Number and type of previous pregnancies (ectopic, premature and large babies, still birth)</li> <li>▪ Outcome of previous pregnancies, dates of birth(s), mode(s) of delivery, sex of babies, any complications</li> <li>▪ Date of last delivery</li> <li>▪ Date of the first day of her last menstrual period and regularity of menses</li> </ul>			
	02	Determines the expected date of delivery (EDD) and gestational age			
	03	Discusses the woman's desires for family planning method after this baby is born; details, if applicable			

STANDARD	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE(S)	COMMENTS
<b>ANC-05</b> The provider takes/reviews the medical history	01	Asks about and records:			
		<ul style="list-style-type: none"> <li>Any recent health problem (i.e., headache, fever, joint pain, chronic diarrhea, weight loss, vaginal discharge, genital ulcers, etc.)</li> </ul>			
		<ul style="list-style-type: none"> <li>Any major health issue (i.e., history of diabetes, tuberculosis, hypertension, heart diseases, urinary tract infections, malaria or other)</li> </ul>			
		<ul style="list-style-type: none"> <li>Past history or current symptoms of STIs in the woman or her partner (vaginal discharge, genital ulcers)</li> </ul>			
		<ul style="list-style-type: none"> <li>Whether the woman has received full or partial tetanus toxoid immunization</li> </ul>			
		<ul style="list-style-type: none"> <li>Any symptoms possibly related to HIV (chronic diarrhea, trouble or painful swallowing, fever, weight loss)</li> </ul>			
		<ul style="list-style-type: none"> <li>Whether the woman was ever tested for HIV and what was the result</li> </ul>			
		<ul style="list-style-type: none"> <li>Current use of tobacco, alcohol or other harmful substance</li> </ul>			
		<ul style="list-style-type: none"> <li>Any history of surgical interventions (specify)</li> </ul>			
	<ul style="list-style-type: none"> <li>Whether the woman is taking any medications or herbal remedies</li> </ul>				
	02	Reviews the user's pregnancy card, or if not present, asks about and records			
	03	Asks/reviews about:			
		<ul style="list-style-type: none"> <li>ABO and RH factor test results</li> </ul>			
<ul style="list-style-type: none"> <li>VDRL test results (if done)</li> </ul>					
	<ul style="list-style-type: none"> <li>Testing for HIV (if previous test was negative and done more than 3 months prior) or refer</li> </ul>				

STANDARD	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE(S)	COMMENTS
	04	Collects information according to the woman's HIV status  <b>Information to be Collected According to HIV-Status during the Antenatal Care (EITHER one must be asked to write yes for this verification criteria)</b> <b>If the woman is living with HIV:</b> <ul style="list-style-type: none"> <li>▪ Asks about HIV-related symptoms</li> <li>▪ Assesses and manages (or refers) HIV-related symptoms</li> <li>▪ Asks about past or current treatment for HIV or HIV-related illnesses</li> <li>▪ Asks if woman will disclose her HIV status and to whom</li> <li>▪ Asks what she is doing to prevent transmission to others and to stop re-infecting herself</li> </ul> <b>If the woman is not infected with HIV:</b> <ul style="list-style-type: none"> <li>▪ Asks if she is doing anything to avoid becoming infected</li> <li>▪ If woman agrees, provides VCT according to the protocol</li> <li>▪ Stress the window period</li> </ul> <b>If she was never tested before:</b> <ul style="list-style-type: none"> <li>▪ Encourages her to attend the group education and/or available VCT services and provide testing when she consent</li> </ul>			
	05	Asks about use of insecticide-treated net (ITN)			
<b>ANC-06</b> The provider properly conducts a physical and obstetric examination	01	Allows the patient privacy to undress before the exam and dress after the exam			
	02	Asks woman to empty her bladder, saving urine for testing			
	03	Helps the woman climb up onto and down from the examining table, and places a pillow under her head			
	04	Ensures that the woman remain covered during the examination			
	05	Washes hands with soap and water and dries them, or applies alcohol gel and rub their hands until dry, before and after physical exam			
	06	Measures vital signs ( <b>ALL must be done to write yes for this verification criteria</b> )  <b>VITAL SIGNS</b> <ul style="list-style-type: none"> <li>▪ Pulse</li> <li>▪ Blood pressure</li> <li>▪ Temperature (only if the woman complains of fever)</li> <li>▪ Checks conjunctiva and complexion for anemia</li> </ul>			
	07	Checks conjunctiva and palms for anemia			

STANDARD	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE(S)	COMMENTS
	08	Checks for edema of the face, ankles and hands			
	09	Examines the breasts			
	10	Measures fundal height			
	11	If after 20 weeks, listens to fetal heart rate			
	12	If after 36 weeks, determines fetal lie and presentation with fundal, lateral and abdominal palpation			
	13	Washes hands with soap and clean water, or applies alcohol hand rub before pelvic examination if one is indicated			
	14	Puts clean examination gloves or disposable HLD gloves on both hands			
	15	Explains what is going to happen, then examines the external genitalia, vaginal orifice and urethra, looking for ulcers and buboes			
	16	If reusable gloves, soaks them in a 0.5% chlorine solution for 10 minutes; if disposable, briefly submerges gloved hands in 0.5% chlorine solution and removes gloves, and disposes them in a leak proof container lined with a plastic bag			
	17	Records all relevant findings in the woman's home based card and clinic record			
	18	Informs woman of key findings			

STANDARD	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE(S)	COMMENTS
<b>ANC-07</b> The provider properly conducts individualized care based on findings and protocols	01	When appropriate, conducts any needed lab evaluations based on exam <b>(ANY)</b>  <b>Potential Labs Needed</b> <ul style="list-style-type: none"> <li>▪ Hemoglobin</li> <li>▪ Urinalysis for sugar and protein</li> <li>▪ Syphilis screening (VDRL)</li> <li>▪ Blood grouping and Rh factor</li> <li>▪ HIV (only after counseling and consent of the woman)</li> </ul> <b>For Women Living With HIV:</b> <ul style="list-style-type: none"> <li>▪ Complete blood counts or refer</li> <li>▪ Simple diagnostic for gonorrhea, Trichomonas vaginalis, if available</li> <li>▪ CD4 and CD8 counts and CD4 percent, if available (if CD4 is not available, total lymphocyte count) or clinical staging</li> <li>▪ Quantitative HIV viral load, if available</li> </ul>			
	02	Provides routine medications <b>(ALL must be done to write yes for this verification criteria)</b>  <b>Routine Medications</b> <ul style="list-style-type: none"> <li>▪ Gives ferrous folate once daily in enough amounts to last until next visit (60 mg iron and 400 mcg folic acid)</li> <li>▪ Gives TT based on woman's need, according to protocol</li> <li>▪ Gives mebendazole for deworming according to protocol</li> </ul>			
	03	Doubles the dose of iron <b>if</b> Hb is less than 7g%			
	04	Explains side effects of taking FeFO <b>(ALL must be said to write yes for this verification criteria)</b>  <b>Possible Side Effects of FeFO</b> <b>Common:</b> <ul style="list-style-type: none"> <li>▪ Constipation, diarrhea, nausea, bloating, gas</li> <li>▪ Bitter taste in mouth</li> <li>▪ Irritability</li> <li>▪ Trouble sleeping</li> <li>▪ Dark-colored urine or stool</li> <li>▪ Leg cramps</li> </ul> <b>Serious:</b> <ul style="list-style-type: none"> <li>▪ Bloody diarrhea</li> <li>▪ Bluish-colored lips, hands or fingernails</li> <li>▪ Chest pain</li> <li>▪ Fever</li> </ul>			

STANDARD	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE(S)	COMMENTS
		<ul style="list-style-type: none"> <li>▪ Pale or clammy skin</li> <li>▪ Severe or continuing stomach cramps, vomiting (with or without blood)</li> <li>▪ Shallow breathing, weakness, weak but fast</li> <li>▪ Skin rash, itching and redness</li> </ul>			
	05	Explains and provides intermittent preventive treatment (IPT) according to the NMCP, MOHSW using sulfadoxine-pyrimethamine (SP), (for HIV Positive women on Septrin do not give IPT, continue with Septrin)			
	06	Counsels about eating food rich in iron and vitamin C, and avoiding tea, coffee and colas when taking iron			
	07	Advises for using insecticide treated nets (ITN)			
	08	<p>Provides counseling on infant feeding according to HIV status</p> <p><b>Infant Feeding Advice According to HIV Status (EITHER)</b>  <b>For clients with no HIV infection and unknown status, counsels about: (ALL must be said to write yes for this verification criteria)</b></p> <ul style="list-style-type: none"> <li>▪ Avoiding prelacteal feeding</li> <li>▪ Ensuring colostrum intake</li> <li>▪ Initiating breastfeeding within 1 hour of delivery</li> <li>▪ Importance of exclusive breastfeeding for the first 6 months and continued feeding for 24 months and beyond</li> <li>▪ Practicing frequent and on demand feeding</li> <li>▪ Avoiding bottle feeding</li> <li>▪ How to establish good breastfeeding skills</li> <li>▪ Where to go during breast complications</li> <li>▪ Importance of safer sex during breastfeeding</li> </ul> <p><b>For clients living with HIV, counsels about: (ALL must be said to write yes for this verification criteria)</b></p> <ul style="list-style-type: none"> <li>▪ The different infant feeding options</li> <li>▪ Appropriate feeding options using AFASS (Acceptable, Feasible, Affordable, Sustainable, Safe)</li> <li>▪ The risks of mixed feeding and benefits</li> <li>▪ If the woman chooses breastfeeding, how to practice optimal exclusive breastfeeding with optimal breast care</li> <li>▪ If the woman chooses replacement feeding, how to prepare replacement feeds and how to feed the baby</li> <li>▪ If the woman chooses expressed and heat treated breast milk, how to express breast milk and how to heat it</li> <li>▪ Asks the mother to repeat the message and give return demonstration</li> </ul>			
	09	Provides specific advice and counseling to the woman and her husband/companion as needed (i.e., common discomfort, rest, safe sex,			

STANDARD	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE(S)	COMMENTS
		nutrition, hygiene and breast feeding)			
<b>ANC-08</b> The provider ensures that the woman and her husband/ companion are prepared for birth and any complication arising	01	Explains the benefits of giving birth with a skilled provider at the facility who knows how to treat complications			
	02	Develops a birth plan with the woman, including all preparations for normal birth and plan in case of emergency  <b>Components of a birth plan: (ALL must be included to write yes for this verification criteria)</b> <ul style="list-style-type: none"> <li>▪ Skilled provider and place of birth</li> <li>▪ Signs and symptoms of labor, and when she has to go to the facility</li> <li>▪ Emergency transportation and funds</li> <li>▪ Family member(s) identified as a blood donor</li> <li>▪ Small amount of money set aside for emergency</li> <li>▪ Items for clean and safe birth</li> <li>▪ Decision-making person in case complication occurs at home</li> <li>▪ Pregnancy and labor danger signs and symptoms</li> </ul>			
<b>ANC-09</b> The provider evaluates the care and plans the return visit with the pregnant woman and her husband/ companion	01	Asks the woman and her husband/companion, if present, to repeat the most important points of the counseling			
	02	Asks about, and responds, to any question posed by the woman and/or her husband/companion			
	03	Sets a date for the next visit according to findings and recommends minimum of four antenatal visits			
	04	Tells the woman and her husband/companion that she must come immediately if she has any danger signs and symptoms, or go to a comprehensive health facility			
	05	Thanks the woman for coming			

STANDARD	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE(S)	COMMENTS
<b>ANC-10</b> The provider counsels clients regarding postpartum contraception and LAM	01	Promotes exclusive breastfeeding and informs about the fact that many contraceptive methods are compatible with breastfeeding			
	02	Explains the benefits of healthy timing and spacing of pregnancy to the client			
		<p style="text-align: center;"><b>Benefits of Birth Spacing (ALL)</b></p> <p>Compared with children born less than 2 years after a previous birth, children born 3 to 4 years after a previous birth are:</p> <ul style="list-style-type: none"> <li>▪ 1.5 times more likely to survive the first week of life;</li> <li>▪ 2.2 times more likely to survive the first 28 days of life;</li> <li>▪ 2.3 times more likely to survive the first year of life; and</li> <li>▪ 2.4 times more likely to survive to age five.</li> </ul> <p>Compared with women who give birth at 9- to 14-month intervals, women who have their babies at 27- to 32-month birth intervals are:</p> <ul style="list-style-type: none"> <li>▪ 1.3 times more likely to avoid anemia;</li> <li>▪ 1.7 times more likely to avoid third-trimester bleeding; and</li> <li>▪ 2.5 times more likely to survive childbirth.</li> </ul> <p><b>Potential consequences of high fertility on health (ALL)</b></p> <ul style="list-style-type: none"> <li>▪ Death</li> <li>▪ Fistula</li> <li>▪ Infections</li> <li>▪ Miscarriages</li> <li>▪ Anemia</li> <li>▪ Bleeding</li> <li>▪ Prolapse uterus/hysterectomy</li> </ul>			
	03	Explains to the client how to use LAM as their method of family planning			
<p style="text-align: center;"><b>LAM as a Method of Family Planning (ALL must be explained to write yes for this verification criteria)</b></p> <p>LAM is a natural method, which helps you to space your births. This may be practiced as an FP method for six months after delivery if you:</p> <ol style="list-style-type: none"> <li>1. Exclusively breastfeed your baby <b>and</b></li> <li>2. The age of your baby is less than six months <b>and</b></li> <li>3. Your menses has not yet returned after delivery</li> </ol>					
04	Informs the client about the proper use of other family planning methods during postpartum, including IUDs				

STANDARD	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE(S)	COMMENTS
<b>ANC-11</b> The provider counsels clients living with HIV	01	ARV treatment (if available and indicated or refer)			
	02	Safe obstetrics practices			
	03	Social and psychological support groups			
	04	Disclosure to partner for testing or referral			
	05	Opportunistic infections (signs and symptoms of TB)			
	06	Screen for TB and Gives referral to national TB program if there are signs and symptoms of TB, or a report of TB on close family members			
	07	If woman in clinical stage III or IV, refers for further management			
	08	Counsel on risk reduction			
<b>ANC-12</b> The provider conducts an <b>evaluation of the care provided</b> and subsequent follow-up	01	Asks the woman to repeat back the most important points of the counseling provided, <b>especially Danger Signs</b>			
	02	Remarks about the importance of the laboratory tests			
	03	Asks about, and responds to, any concerns that the woman might have			
	04	Sets a date for the next consultation according to current standards			
	05	Tells the woman that she can come anytime, if needed			
	06	<b>If the woman is living with HIV and not on ART:</b>			
		<ul style="list-style-type: none"> <li>If positive, do clinical staging or CD4 count, if eligible for ART, start appropriate ARV, if not eligible for ART, and is 14 weeks of gestation or above initiate patients on AZT 300mg BID until labor and delivery regardless of HIV type. If positive, do clinical staging or CD4 count, if eligible for ART, start appropriate ARV, if not eligible for ART, and is 14 weeks of gestation or above initiate patients on AZT 300mg BID until labor and delivery regardless of HIV type. If positive, do clinical staging or CD4 count, if eligible for ART, start appropriate ARV, if not eligible for ART, and is 14 weeks of gestation or above initiate patients on AZT 300mg BID until labor and delivery regardless of HIV type.</li> </ul>			
		<ul style="list-style-type: none"> <li>Instructs to come to facility as soon as she gets into labor or with any danger signs</li> <li>Discusses disclosure to the birth attendant</li> <li>Discusses appropriate ARV dosing for the newborn and the importance of the newborn getting the medication on time</li> </ul>			

STANDARD	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE(S)	COMMENTS
	07	Records all information on the maternal-perinatal history form			
<b>MALARIA IN PREGNANCY—UNCOMPLICATED</b>					
<b>ANC-13</b> The provider detects uncomplicated malaria in the pregnant woman	01	Observe during care of the pregnant woman whether provider checks for the following signs and symptoms:			
		• Fever (patient's temperature above 37.5°C)			
		• Headache			
		• Loss of appetite			
		• Shivering/chills/rigors			
		• Nausea and vomiting			
• False labor pains (uterine contractions)					
<b>ANC-14</b> The provider excludes other causes of fever	01	Verify by observing for the following conditions:			
		• Bladder and kidney infections			
		• Pneumonia			
		• Typhoid			
• Intra-uterine infections (chorioamnionitis)					
<b>ANC-15</b> The provider requests for laboratory investigations	01	Observe during care of the pregnant woman whether provider requests for the following laboratory investigations:			
		• Blood film/microscopy) to determine malaria parasites			
• Use of Rapid Diagnostic Test for presence of malaria parasites					
<b>ANC-16</b> The provider treats the pregnant woman whose has a positive malaria test result according to national guidelines	01	Observe during care of the pregnant woman has a positive test for malaria, whether provider prescribes the following medications:			
		<b>TRIMESTER: 1<sup>st</sup> – 3<sup>rd</sup></b> • Quinine drip 30 mg/kg/body weight (max 600mg) in three divided doses for 7 days			
		<b>OR</b> <b>TRIMESTER: 2<sup>nd</sup> – 3<sup>rd</sup></b> • Artesunate (4kg/kg/body weight) + Amodiaquine (10 mg/kg/body weight) to be taken PO daily in divided doses for 3 days  <b>Note: Dosage should not exceed Artesunate 200mg and Amodiaquine 600mg</b>			
02	Adds Paracetamol 1 gram PO to be taken every 6 hours times 3 days for fever				

STANDARD	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE(S)	COMMENTS
	03	Advises patient to continue with iron tablets			
	04	Use ITNs			
	05	Records information in the relevant maternity books			
<b>ANC-17</b> The provider provides education and counseling on malaria	01	Observe during care of the pregnant woman whether provider educates/counsels on the following:			
		• How mosquitoes transmit malaria			
		• Malaria can be treated if reported early			
		• The effects of malaria on pregnancy (on mother and baby)			
		• The benefits of using insecticide treated nets and wearing protective clothing			
		• The need to eliminate sources of stagnant water where she lives			
		• The importance of taking the drug as prescribed			
		• The possible side effects of the medications to her and husband/companion			
		• To come back to the facility if she does not feel better within 48 hours or anytime symptoms become worse and/or she has signs of complicated malaria			
		• Check patient understanding on all the above information and repeat key points if needed			

STANDARD	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE(S)	COMMENTS
<b>SEVERE MALARIA DURING PREGNANCY</b>					
<b>ANC-18</b> The provider detects severe malaria in the pregnant woman	01	Verify by observing during care of the pregnant woman whether provider performs physical examination to detect the following signs and symptoms:			
		• Washes her hands thoroughly with soap under running water and dry with dry cloth or air dry			
		• Checks patient's gait for drowsiness or feeling sleepy			
		• Checks body temperature to find out if it is above 37.5°C			
		• Checks vital signs (blood pressure, temperature, respiration, pulse)			
		• Checks her eyes for pallor inside eyelids, yellowness of the eyes, whether the eyes appear sunken			
		• Checks the mouth for dryness, pallor of tongue/mucous membranes, bleeding from the gums			
		• Checks legs for swelling (edema)			
		• Checks skin for dryness, looseness, spontaneous bleeding			
		• Examines urine for color and quantity			
<b>ANC-19</b> The provider requests for laboratory investigations	01	Verify by observing during care of the pregnant woman whether provider requests for the following laboratory investigations:			
		• Blood film for malaria parasites			
		• Hemoglobin level estimation			

STANDARD	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE(S)	COMMENTS	
<b>ANC-20</b> The provider treats the pregnant woman with a malaria positive test results with severe malaria	01	Verify by observing during care of the pregnant woman whether provider prescribes the following medications:				
		<ul style="list-style-type: none"> <li>• Quinine Hydrochloride (EITHER) <ul style="list-style-type: none"> <li>– <b>IV. ROUTE:</b> 10mg/kg/body weight (max 600mg) in 4.3% dextrose in 0.18 normal saline OR in 5% dextrose over 4–8 hours; if treatment is required over 48 hours, reduce dose to 5–7 mg/kg/body weight to avoid toxicity</li> </ul> </li> </ul>				
		<b>OR</b> <ul style="list-style-type: none"> <li>– <b>IM. ROUTE:</b> Add dose to 5 ml of sterile water, divide into two parts and administer by deep intramuscular injection on both buttocks; this will be done every 8 hours for 7 days</li> </ul>				
			<b>OR</b> <ul style="list-style-type: none"> <li>– <b>ORAL ROUTE:</b> 10mg/kg/body weight every 8 hours for 7 days</li> </ul>			
			<ul style="list-style-type: none"> <li>• Verify by observing during care of the pregnant woman whether provider Explains the situation to the client and her family</li> </ul>			
			<ul style="list-style-type: none"> <li>• Verify by observing during care of the pregnant woman whether provider Helps to arrange for transport to the other facility</li> </ul>			
	02	Verify by observing during care of the pregnant woman whether provider includes the following in the referral note: (ALL)				
		<ul style="list-style-type: none"> <li>• Writes brief history of client's condition</li> </ul>				
		<ul style="list-style-type: none"> <li>• Writes details of any treatment provided</li> </ul>				
		<ul style="list-style-type: none"> <li>• Writes reason for referral</li> </ul>				
		<ul style="list-style-type: none"> <li>• Indicates any significant findings from history, physical examination or laboratory investigations</li> </ul>				
		<ul style="list-style-type: none"> <li>• Highlights any important details of current pregnancy</li> </ul>				
		<ul style="list-style-type: none"> <li>• Adds client's ANC record if available</li> </ul>				
		<ul style="list-style-type: none"> <li>• Writes contact information of provider in case the referral facility has questions or vice versa</li> </ul>				
03	Accompanies the woman during transport, if possible and is sure to have sufficient medications available if needed					
04	Records information on ANC book and clinic register					

STANDARD	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE(S)	COMMENTS
<b>PREVENTION OF MIP: INTERMITTENT PREVENTIVE TREATMENT</b>					
<b>ANC-22</b> The provider explains the effects of malaria on pregnant woman and her unborn baby to the woman and her husband/ companion	01	Verify by observing during care of the pregnant woman whether provider explained the following:			
		• Effect of malaria on pregnant woman:			
		– Anaemia			
		– Spontaneous abortion			
		– Severe malaria			
		– Placental infection			
		• Effect of malaria on unborn baby			
		– Still birth			
		– Low birth weight			
		– Prematurity			
		– Foetal anaemia			
		– Congenital malaria			
– Death					
<b>ANC-23</b> The provider explains the IPT to the pregnant woman and her husband/companion	01	Verify by observing during care of the pregnant woman whether provider explained the following:			
		• Drug is Sulfadoxine Pyremethamine (SP)			
		• It is a single dose drug consisting of three tablets			
		SP can be given either on an empty stomach or with food			
		• Taken at four weeks intervals (at least one month apart)			
		• The first dose is taken as early as possible in the second trimester after quickening			
		• SP is administered up to the time of delivery, without safety concerns as SP is safe up until delivery			
		• It is taken as a directly observed treatment (DOT)			

STANDARD	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE(S)	COMMENTS
		<ul style="list-style-type: none"> <li>SP should not be administered to women receiving cotrimoxazole prophylaxis</li> </ul>			
		<ul style="list-style-type: none"> <li>Folic acid at a daily dose equal or above 5 mg should not be given together with SP as this counteracts its efficacy as an antimalarial and may be withheld for 2 weeks following IPTp-SP administration</li> </ul>			
<b>ANC-24</b> The provider asks about contraindications of SP before dispensing it	01	Verify by observing during care of the pregnant woman whether provider asks the following questions:			
		<ul style="list-style-type: none"> <li>If pregnant woman is in the first trimester (less than 12 weeks of gestation) or third trimester and more than 32 gestation</li> </ul>			
		<ul style="list-style-type: none"> <li>If woman has recently received treatment with SP (less than one month)</li> </ul>			
		<ul style="list-style-type: none"> <li>If pregnant woman is allergic to sulfa products</li> </ul>			
		<ul style="list-style-type: none"> <li>If pregnant woman is taking a sulfa drug to treat other infections. e.g., cotrimoxazole/Septin for HIV positive women</li> </ul>			
		<ul style="list-style-type: none"> <li>Cautions pregnant woman not to take SP for treatment of malaria</li> </ul>			
<b>ANC-25</b> The provider explains to the pregnant woman and or partner measures to prevent malaria	01	Verify by observing during care of the pregnant woman whether provider advises on the following measures:			
		<ul style="list-style-type: none"> <li>Pregnant woman sleeps under insecticide treated net throughout pregnancy</li> </ul>			
		<ul style="list-style-type: none"> <li>Pregnant woman undertakes indoor residual spraying of her rooms</li> </ul>			
		<ul style="list-style-type: none"> <li>Pregnant woman is to avoid staying outside late in the evening</li> </ul>			
		<ul style="list-style-type: none"> <li>Pregnant woman is to use mosquito repellents</li> </ul>			
		<ul style="list-style-type: none"> <li>Pregnant woman should wear protective clothing to cover arms and legs</li> </ul>			
<b>PREVENTION OF MIP: INSECTICIDE TREATED NETS (ITNs)</b>					
<b>ANC-26</b> The provider educates the pregnant woman and her husband/ companion about the benefits of using ITNs	01	Verify by observing during care of the pregnant woman whether provider mentioned the following about ITNs:			
		<ul style="list-style-type: none"> <li>Repel and kill mosquitoes</li> </ul>			
		<ul style="list-style-type: none"> <li>Prevent physical contact with mosquitoes</li> </ul>			
		<ul style="list-style-type: none"> <li>Repel and kill other insects:</li> </ul>			
		<ul style="list-style-type: none"> <li>– Lice</li> </ul>			
		<ul style="list-style-type: none"> <li>– Ticks</li> </ul>			
		<ul style="list-style-type: none"> <li>– Bedbugs</li> </ul>			

STANDARD	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE(S)	COMMENTS
		<ul style="list-style-type: none"> <li>– Cockroaches</li> </ul>			
		<ul style="list-style-type: none"> <li>• Prevent mosquito bites</li> </ul>			
		<ul style="list-style-type: none"> <li>• Protect pregnant women against malaria, resulting in less:               <ul style="list-style-type: none"> <li>– Anaemia</li> <li>– Prematurity and low birth weight</li> <li>– Risk of maternal and newborn death</li> </ul> </li> </ul>			
		<ul style="list-style-type: none"> <li>• Help people sleep better</li> </ul>			
		<ul style="list-style-type: none"> <li>• Promote growth and development of fetus and newborn</li> </ul>			
		<ul style="list-style-type: none"> <li>• ITNs cost less than treating malaria</li> </ul>			
		<ul style="list-style-type: none"> <li>• Reduce number of sick children and adults (helping children grow to be healthy and helping working adults to remain productive)</li> </ul>			
		<ul style="list-style-type: none"> <li>• Reduce number of deaths in the community</li> </ul>			
<b>ANC-27</b> The provider informs the pregnant woman and her husband/ companion about where they can get a net	01	Verify by observing during care of the pregnant woman whether provider informed pregnant woman of the outlets that supply ITNs: <ul style="list-style-type: none"> <li>• General merchandise shops</li> <li>• Drug shops/pharmacies</li> <li>• Markets</li> <li>• Public and private health facilities</li> <li>• Community health workers</li> <li>• NGOs, community-based organizations</li> </ul>			
<b>ANC-28</b> The provider educates the pregnant woman and her husband/ companion how to use ITNs	01	Verify by observing during care of the pregnant woman whether provider mentioned the following: <ul style="list-style-type: none"> <li>• Hangs the net above bed or sleeping mat/place</li> <li>• Tucks the net under mattress or mat/place</li> <li>• Uses every night, all year round</li> <li>• Uses for everyone, if possible, but give <b>priority to pregnant women, infants and children</b></li> </ul>			

STANDARD	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE(S)	COMMENTS
<b>ANC-29</b> The provider educates the pregnant woman and her husband/ companion how to care for ITNs	01	Verify by observing during care of the pregnant woman whether provider educated her to care for the ITNs in the following ways:			
		• Handle gently to avoid tears			
		• Fold/tie net up during day to avoid damage			
		• Regularly inspect for holes; repair if found			
		• Nets need to be re-treated regularly (every 6 months or after 3 washings) to stay effective			
• Keep away from smoke, fire, direct sunlight					

<b>TOTAL STANDARDS:</b>	29
<b>A. TOTAL STANDARDS OBSERVED:</b>	
<b>B. TOTAL STANDARDS ACHIEVED:</b>	
<b>C. PERCENTAGE OF ACHIEVEMENT: <math>(\frac{B \times 100}{A})</math></b>	

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# Postnatal Care For the Mother and Neonate

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## AREA: POSTNATAL CARE FOR THE MOTHER AND NEONATE

COUNTY: \_\_\_\_\_ FACILITY NAME: \_\_\_\_\_ FACILITY ID \_\_\_\_\_ IMPLEMENTER: \_\_\_\_\_

ASSESSMENT TYPE:  INTERNAL /  EXTERNAL      ASSESSOR: \_\_\_\_\_      DATE: \_\_\_\_\_

STANDARD	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
<b>PNC-01</b> The provider properly assesses the mother's condition on a daily basis	01	Checks and looks for the minimum required equipment and supplies for providing postnatal care  <b>Minimum equipment and supplies for postnatal care (ALL)</b> <ul style="list-style-type: none"> <li>▪ Sphygmomanometer (blood pressure equipment)</li> <li>▪ Thermometer</li> <li>▪ Examination gloves</li> <li>▪ Tape measure</li> <li>▪ Weighing scale</li> <li>▪ Sanitary pads</li> <li>▪ Hand rub</li> <li>▪ Stationary</li> <li>▪ Exam couch</li> <li>▪ IP equipment (bucket 0.5% chlorine, waste container with leak proof plastic bag, sharps disposal container)</li> </ul>			
	02	Assesses the maternal general condition, including the gait of the client, vital signs, conjunctiva for pallor and jaundice, and bladder and bowel function			
	03	Examines breast for establishment of lactation, engorgement and tenderness			
	04	Palpates the abdomen for involution of uterus, tenderness and distension			
	05	Inspects the perineum for inflammation, status of episiotomy/tears, lochia for color, amount, consistency and odor			
<b>PNC-02</b> The provider advises the mother about proper care during the puerperium	01	Advises the mother the need to report to the health facility when any danger sign is observed during the puerperium  <b>Danger signs during puerperium (ALL)</b> <ul style="list-style-type: none"> <li>▪ Excessive PV bleeding</li> <li>▪ Dizziness</li> <li>▪ Severe headache</li> <li>▪ Severe abdominal pains</li> <li>▪ Offensive vaginal discharge</li> <li>▪ Fever</li> <li>▪ Blurred vision</li> <li>▪ Swollen legs</li> <li>▪ Heart palpitations/excessive tiredness</li> </ul>			

STANDARD	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
		<ul style="list-style-type: none"> <li>▪ Convulsions</li> <li>▪ Bowel and urinary dysfunction</li> <li>▪ Hallucinations</li> <li>▪ Agitation and mood disturbances</li> <li>▪ Withdrawal from social situations</li> <li>▪ Infant neglect</li> </ul>			
	02	Advises on family planning			
	03	Advises the mother on health dietary practices			
		<p style="text-align: center;"><b>Dietary recommendations (ALL)</b></p> <ul style="list-style-type: none"> <li>▪ Nutrition (animal proteins, beans/peas, green vegetables, fats, carbohydrates, fruits and vitamins)</li> <li>▪ Importance of taking regular meals containing mixed foods</li> <li>▪ Importance of taking enough fluids, 2–3 liters of water</li> <li>▪ Exclusive breastfeeding and other infant feeding options where appropriate</li> </ul>			
	04	Advises the mother on personal and environmental hygiene			
		<p style="text-align: center;"><b>Hygiene recommendations (ALL)</b></p> <ul style="list-style-type: none"> <li>▪ Perineal care (wiping from front to back, sitz bath, changing pads)</li> <li>▪ Adequate rest and sleep</li> <li>▪ Kegel exercises</li> </ul>			
	05	Advises the mother on HIV and malaria prevention			
		<p style="text-align: center;"><b>HIV and malaria prevention recommendations (ALL)</b></p> <ul style="list-style-type: none"> <li>▪ Hand rub</li> <li>▪ Importance of knowing one's HIV status to prevent mother to child transmission (PMTCT)</li> <li>▪ Prevention, testing and management of HIV and AIDS</li> <li>▪ Prevention of malaria (use of ITN, IPT, Septrin)</li> </ul>			

STANDARD	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
	06	The provider Advises the mother on importance of mental health and counsels the partner and other family members on psycho-social support of the mother  <b>Recommendations for the partner and family members (ALL)</b> <ul style="list-style-type: none"> <li>▪ Need for assistance with home chores</li> <li>▪ Need for postnatal and under-five visits</li> <li>▪ Family planning</li> <li>▪ Testing on HIV/AIDS</li> <li>▪ Resumption of sexual activity</li> <li>▪ Timely use of health facility in case of any complications</li> <li>▪ Immunizations</li> <li>▪ Nutrition</li> </ul>			
	07	Gives analgesics, vitamin A, FeFo and other prescribed medicines as needed			
<b>PNC-03</b> The provider properly assesses the condition of the neonate	01	Prepares the minimum equipment and supplies for the subsequent care of the neonate  <b>Minimum equipment and supplies for neonate care (ALL)</b> <ul style="list-style-type: none"> <li>▪ Thermometer</li> <li>▪ Weighing scale</li> <li>▪ Examination gloves</li> <li>▪ Tape measure</li> <li>▪ Cotton wool swabs</li> <li>▪ Gauze swabs</li> <li>▪ Examination table/bed</li> <li>▪ Radiant heater/warmer</li> <li>▪ Tetracycline eye ointment</li> <li>▪ Antiseptic</li> <li>▪ Scissors (sterile)/sterile surgical blade</li> <li>▪ Cord ligatures/ties</li> <li>▪ IP equipment (bucket 0.5% chlorine, waste container with leak proof plastic bag, sharps disposal container)</li> </ul>			
	02	Performs hand hygiene ( <b>ANY ONE</b> )  <b>Hands hygiene</b> <ul style="list-style-type: none"> <li>▪ Washes hands with water and soap for 10–15 seconds, paying attention to areas under the finger nails and between the fingers; dries hands with an individual clean towel or air dries them</li> </ul> <b>OR</b> <ul style="list-style-type: none"> <li>▪ Rub both hands with approximately 5 ml of alcohol gel 70%, paying attention below to the areas the under the finger nails and between the fingers, until dry</li> </ul>			

STANDARD	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
	03	Checks general condition/appearance of the baby, including weight and vital signs			
	04	Assesses the neonate from head to toe to exclude abnormalities			
	05	Checks elimination pattern			
	06	Checks breastfeeding pattern			
	07	Keeps the baby warm (proper wrapping)			
	08	Gives immunization (BCG, Polio 0)			
	09	Demonstrates the proper positioning and attachment of the baby on the breast			
	10	Demonstrates baby bathing			
	11	Gives appropriate ARV prophylaxis syrup where necessary			
	12	Performs hand hygiene <b>(ANY ONE)</b>			
		<p style="text-align: center;"><b>Hands hygiene</b></p> <ul style="list-style-type: none"> <li>▪ Washes their hands with water and soap for 10-15 seconds, paying attention to areas under the finger nails and between the fingers; dries hands with an individual clean towel or air dries them</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>▪ Rub both hands with approximately 5 ml of alcohol gel 70%, paying attention below to the areas the under the finger nails and between the fingers, until dry</li> </ul>			
<b>PNC-04</b> The provider counsels the mother on baby care	01	Advises the mother to bring the baby to the health facility immediately when she sees any danger signs of the baby			
		<p style="text-align: center;"><b>Danger signs for the neonate (ALL)</b></p> <ul style="list-style-type: none"> <li>▪ Breathing difficulties</li> <li>▪ Poor suckling/feeding</li> <li>▪ Persistent/abnormal crying</li> <li>▪ Lethargy</li> <li>▪ Convulsions</li> <li>▪ Twitching</li> <li>▪ Purulent eye or cord discharge</li> <li>▪ Yellow discoloration of eyes, skin or mucous membranes</li> <li>▪ Failure to pass stool or urine</li> <li>▪ Bulging fontanel</li> <li>▪ Fever</li> <li>▪ Hypothermia</li> </ul>			

STANDARD	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
	02	Counsels on the importance of keeping the baby warm, proper positioning of the baby to avoid suffocating, keeping the baby in a safe environment and bathing the baby			
	03	Advises on the importance of preventing diseases: completion of immunization, protecting the baby from infection through hand washing and personal hygiene, and appropriate care of the cord			
	04	Promotes exclusive breastfeeding, demonstrates positioning and attachment of the baby to the breast; if breastfeeding would not be advisable, gives alternative feeding options			
<b>PNC-05</b> The provider correctly identifies and manages complications of the neonate	01	Diagnoses pre-term/low birth weight neonate  <b>Criteria for diagnosing pre-term/low birth weight (ANY)</b> <ul style="list-style-type: none"> <li>▪ Skull is soft, sutures and fontanelles are wide</li> <li>▪ Limbs are thin and poorly flexed</li> <li>▪ Chest is small and narrow with little or no breast tissue</li> <li>▪ Large abdomen</li> <li>▪ Genitalia is small: <ul style="list-style-type: none"> <li>– In female baby, labia major does not cover labia minor</li> <li>– In male baby, the testes may not have descended into the scrotum</li> </ul> </li> <li>▪ Poor or absent sucking reflex</li> <li>▪ Weight less than 2,500 g</li> </ul>			
	02	Provides initial care and advises the mother on critical care measures  <b>Management of premature/low weight neonates (ALL)</b> <ul style="list-style-type: none"> <li>▪ Performs hand hygiene before examining the baby</li> <li>▪ Monitors vital signs</li> <li>▪ Observes the general condition of the baby e.g., lethargy, jaundice, convulsions, twitching, passing of stool</li> <li>▪ Checks the weight of the baby daily</li> <li>▪ Performs hand hygiene after examining the baby</li> <li>▪ Helps the mother to initiate breastfeeding (NGT) and assesses frequency of feeding (2 hourly)</li> <li>▪ Advises mother on EBM and demonstrates feeding of the baby</li> <li>▪ Gives vitamin K and other supplements</li> <li>▪ Explains condition of baby to parents</li> <li>▪ Teach about KMC and assist mother in providing KMC</li> </ul>			

STANDARD	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
	03	Diagnoses neonatal sepsis <b>Criteria for diagnosing neonatal sepsis (ALL)</b> <ul style="list-style-type: none"> <li>▪ Hypothermia/fever</li> <li>▪ Difficulties in breathing</li> <li>▪ Poor feeding</li> <li>▪ Convulsions, spasms or jittery</li> <li>▪ Weak or high pitched cry</li> <li>▪ Abdominal distension</li> <li>▪ Umbilicus for inflammation</li> </ul>			
	04	Manages neonatal sepsis according to protocol <b>Management of neonatal sepsis (ALL)</b> <ul style="list-style-type: none"> <li>▪ Explains condition to the parents</li> <li>▪ Uses barrier nursing</li> <li>▪ Recommends exclusive breastfeeding/NGT</li> <li>▪ Advises mother to keep the baby warm/measures to reduce temperature</li> <li>▪ Explains to the mother proper care of the umbilical cord</li> <li>▪ Requests lab investigations (FBC, blood culture, pus swab from eyes, also from septic umbilical stump CSF)</li> <li>▪ Commences antibiotics e.g., X-pen 50,000 IU IM per kg BD and Gentamycin 6.5kg Q24H (OD)</li> <li>▪ Monitors vital signs 4–8 hourly</li> <li>▪ Gives psychological support to parents</li> </ul>			
	05	Diagnoses and manages neonatal jaundice <b>Diagnosis and management of neonatal jaundice (ALL)</b> <ul style="list-style-type: none"> <li>▪ Assesses for yellow discoloration of eyes, skin and mucous membranes</li> <li>▪ Recommends exclusive breastfeeding/NGT for feeding</li> <li>▪ Observes vital signs 4 hourly</li> <li>▪ Observes for increasing signs of jaundice</li> <li>▪ Investigates and treats the underlying cause e.g., rhesus incompatibility, infection</li> <li>▪ Checks total bilirubin levels daily, covers eyes and genitalia, starts phototherapy and if total bilirubin above 13mg/dl, maintains phototherapy</li> <li>▪ Nurses baby naked</li> <li>▪ Turns baby 2 hourly to ensure equal distribution of phototherapy</li> <li>▪ Counsels the mother and family members on: <ul style="list-style-type: none"> <li>– Importance of photo therapy</li> <li>– Frequent feeding (2 hourly) to prevent dehydration (exclusive breast milk)</li> <li>– Importance of bonding</li> </ul> </li> </ul>			

STANDARD	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
	06	Diagnoses and manages congenital syphilis  <b>Diagnosis of congenital syphilis (ALL)</b> <ul style="list-style-type: none"> <li>▪ Contagious vesicles (blisters) on palms and soles</li> <li>▪ Purulent, blood stained or watery nasal discharges (snuffles)</li> <li>▪ Skin rash</li> <li>▪ Peeling from under the feet (plantar desquamation)</li> </ul> <b>Management of congenital syphilis (ALL)</b> <ul style="list-style-type: none"> <li>▪ Explains condition to the mother</li> <li>▪ Performs routine antenatal syphilis screening</li> <li>▪ Treats mother if positive with Benz. Penicillin 2.4 MU stat and Erythromycin 250mg Q8H x 5/7</li> <li>▪ Treats neonate with Benzathine Penicillin 50,000 units/kg body weight IM stat; repeat after 1/52</li> <li>▪ Treats partner according to guidelines</li> </ul>			
<b>PNC-06</b> The provider properly conducts a rapid initial assessment of the newborn and provides immediate resuscitation if needed  Note 1: <b>This standard must be observed</b>	01	If baby does not begin breathing (Apneic) or gasping, or is having respiratory less than 20/min, asks for assistance, rapidly cuts and ties the cord, and initiates resuscitation			
	02	Quickly wraps and covers the baby, except for the face and the upper portion of the chest			
	03	Positions the head of the baby so that the neck is slightly extended, which may be achieved by placing a rolled up piece of cloth under the baby's shoulders			
	04	Quickly sucks the baby's mouth and then nose (does not suck deep in the throat which may cause bradycardia)			
	05	If the baby does not breathe, quickly initiates ventilation			
	06	Properly performs ventilation with bag and mask or tube and mask			

STANDARD	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
<b>immediately following birth</b>  <b>Note 2:</b> It may be necessary to have two observers in the event that one provider is caring for the woman and the other for the newborn		<p><b>Procedure for resuscitation with bag and mask or tube and mask (ALL)</b></p> <ul style="list-style-type: none"> <li>▪ Places the mask so it covers the baby's chin, mouth and nose</li> <li>▪ Ensures that an appropriate seal has been formed between mask, nose, mouth and chin</li> <li>▪ Ventilates one or two times and sees if chest is rising</li> <li>▪ Ventilates 40 times per minute for 1 minute</li> <li>▪ Pauses and determines whether the baby is breathing spontaneously</li> </ul> <p><i>If the baby is breathing and there is no sign of respiratory difficulty (intercostal retractions or grunting) place the baby in skin-to-skin contact with mother</i></p> <p><i>If baby does not begin to breathe or if breathing is less than 20 respirations per minute or if gasping: (ALL)</i></p> <ul style="list-style-type: none"> <li>▪ Continues to ventilate</li> <li>▪ Administers oxygen, as indicated</li> <li>▪ Assesses the need for special care</li> <li>▪ Explains to the mother what is happening, if possible</li> </ul>			
	07	<p>In the event of mouth/nose-mouth resuscitation, performs it properly</p> <p><b>Procedure for resuscitation with mouth/nose-mouth (ALL)</b></p> <ul style="list-style-type: none"> <li>▪ Places a piece of clean cloth or gauze over the baby's mouth and nose</li> <li>▪ Places her/his mouth over the mouth and nose of the baby</li> <li>▪ Gently blows only the air contained in her/his mouth, 40 times per minute for 1 minute</li> <li>▪ Verifies that chest is rising</li> <li>▪ Pauses and determines whether the baby is breathing spontaneously</li> </ul> <p><i>If there is no breathing after 20 minutes of ventilation or gasping type of breathing for 30 minutes:</i></p> <ul style="list-style-type: none"> <li>▪ Suspends resuscitation</li> <li>▪ Records the time of death</li> <li>▪ Provides emotional support to mother/parents and family members</li> </ul>			
	08	Records all actions taken on the woman's clinical record			
	09	Informs the mother and asks whether she has any questions, and responds using easy-to-understand language			

STANDARD	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS			
<b>CARE FOR THE MOTHER- follow up visit</b>								
<b>POSTPARTUM CARE. Instructions to the assessor:</b> Observe a provider giving care to one postpartum woman. Observe the care through direct observation using as a reference standards 7–13.								
<b>PNC-07</b> The provider does a rapid initial assessment at first contact with the woman		<b>Observe whether the provider:</b>						
	01	<ul style="list-style-type: none"> <li>• Greets the client in her own language</li> </ul>						
	02	<ul style="list-style-type: none"> <li>• Encourages her husband or companion to remain at her side (if appropriate)</li> </ul>						
	03	<ul style="list-style-type: none"> <li>• Asks the woman if she is currently experiencing any of the following:               <ul style="list-style-type: none"> <li>– Heavy vaginal bleeding</li> <li>– Respiratory difficulty</li> <li>– Fever</li> <li>– Severe headache/blurred vision</li> <li>– Severe abdominal pain</li> <li>– Convulsions/loss of consciousness</li> </ul> </li> </ul>						
		04	<ul style="list-style-type: none"> <li>• Assures immediate attention if any of the above signs are present</li> </ul>					
		05	<ul style="list-style-type: none"> <li>• Records findings in chart</li> </ul>					
		<b>PNC-08</b> The provider receives and treats the woman cordially and respectfully		<b>Observe whether the provider:</b>				
			01	<ul style="list-style-type: none"> <li>• Speaks using easy-to-understand language for the client</li> </ul>				
	02		<ul style="list-style-type: none"> <li>• Greets the woman and her husband or companion (if present) in a cordial manner</li> </ul>					
03	<ul style="list-style-type: none"> <li>• Introduces him/herself</li> </ul>							
04	<ul style="list-style-type: none"> <li>• Encourages the woman to ask her husband or companion to remain at her side, as appropriate</li> </ul>							
05	<ul style="list-style-type: none"> <li>• Explains to the woman and her husband or companion what she/he is going to do and encourages her to ask questions</li> </ul>							

STANDARD	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
<b>PNC-09</b> The provider verifies the existence of or opens a clinical record for the woman		<b>Observe/determine whether the provider verifies the following:</b>			
	01	<ul style="list-style-type: none"> <li>The client has clinical history</li> </ul>			
	02	<ul style="list-style-type: none"> <li>If no clinical history exists, the provider takes the history on:               <ul style="list-style-type: none"> <li>Personal information and social history</li> <li>Medical history (Thrombo embolic diseases, UTI)</li> <li>Obstetrical history, including details of the birth and immediate postnatal period</li> </ul> </li> </ul>			
<b>PNC-10</b> The provider conducts a routine physical exam and postpartum mental health screening		<b>Observe whether the provider does the following:</b>			
	01	<ul style="list-style-type: none"> <li>Washes hands with soap and water and dries them with a clean towel or uses an alcohol based solution</li> </ul>			
	02	<ul style="list-style-type: none"> <li>Assures complete privacy:               <ul style="list-style-type: none"> <li>There is no interruption</li> <li>The door is kept closed</li> </ul> </li> </ul>			
	03	<ul style="list-style-type: none"> <li>Measures vital signs—T,P,R and BP</li> </ul>			
	04	<ul style="list-style-type: none"> <li>Checks conjunctiva for pallor and sclera for jaundice</li> </ul>			
	05	<ul style="list-style-type: none"> <li>Examines breasts for establishment of lactation, engorgement and tenderness, and cracked/inverted nipples</li> </ul>			
	06	<ul style="list-style-type: none"> <li>Examines abdomen for involution of uterus, tenderness and distension</li> </ul>			
	07	<ul style="list-style-type: none"> <li>Asks if bladder and bowel function are normal</li> </ul>			
	08	<ul style="list-style-type: none"> <li>Checks lower legs for edema, tenderness</li> </ul>			
	09	<ul style="list-style-type: none"> <li>With woman's permission, inspects her perineum for inflammation, status of episiotomy/tears</li> </ul>			
10	<ul style="list-style-type: none"> <li>Inspects the pad and lochia for color, amount, consistency and odor</li> </ul>				
11	<ul style="list-style-type: none"> <li>Use the Edinburgh Screening tool to check for postpartum psychosis</li> <li>Asks the woman about any anxiety, depression or preoccupations she may have</li> </ul>				

STANDARD	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
<b>PNC-11</b> The provider properly manages the postnatal mother according to the findings of the assessment		<b>Observe whether the provider counsels the mother and her family on:</b>			
	01	<ul style="list-style-type: none"> <li>Nutrition (animal proteins, legumes, green vegetables, fats, carbohydrates, fruits and vitamins)</li> </ul>			
	02	<ul style="list-style-type: none"> <li>Importance of taking regular meals containing mixed foods</li> </ul>			
	03	<ul style="list-style-type: none"> <li>Importance of taking enough fluids, 2–3 liters of water daily</li> </ul>			
	04	<ul style="list-style-type: none"> <li>Personal and environmental hygiene</li> </ul>			
	05	<ul style="list-style-type: none"> <li>Perineal care (bathing, changing pads/cloths )</li> </ul>			
	06	<ul style="list-style-type: none"> <li>Adequate rest and sleep</li> </ul>			
	07	<ul style="list-style-type: none"> <li>Help with daily chores</li> </ul>			
	08	<ul style="list-style-type: none"> <li>Family planning, including birth spacing</li> </ul>			
	09	<ul style="list-style-type: none"> <li>Exclusive breastfeeding for six months and weaning advice after six months (begin soft foods)</li> </ul>			
	10	<ul style="list-style-type: none"> <li>Need for other postnatal checks during the first six days after delivery and again at six weeks</li> </ul>			
	11	<ul style="list-style-type: none"> <li>Completion of TT vaccine</li> </ul>			
	12	<ul style="list-style-type: none"> <li>Resumption of sexual activity after six weeks or when sees fit, including counselling client on discussing this topic with husband</li> </ul>			
	13	<ul style="list-style-type: none"> <li>Gives the following to the mother with explanation:               <ul style="list-style-type: none"> <li>– Analgesia if required</li> <li>– Vitamin A, Ferrous folic acid per MOHSW guidelines</li> <li>– Anti-malarial tablets (based on region/population-specific need)</li> <li>– Mebendazole (based on region/population-specific need)</li> <li>– Rho Gam if needed</li> </ul> </li> </ul>			
	14	<ul style="list-style-type: none"> <li>Refers or notifies physician if complications develop</li> </ul>			
	15	<ul style="list-style-type: none"> <li>Arranges the next appointment, if required</li> </ul>			
16	<ul style="list-style-type: none"> <li>Records all information in the mother’s chart</li> </ul>				

STANDARD	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
<b>PNC-12</b> The provider properly advises the mother and her husband/ companion on danger signs during the postpartum		<b>Observe whether the provider explains to the mother AND her husband or another family member the need to come to the health facility when the following danger signs are observed:</b>			
	01	• Excessive vaginal bleeding			
	02	• Dizziness			
	03	• Severe headache			
	04	• Convulsions			
	05	• Severe abdominal pains			
	06	• Foul smelling vaginal discharge			
	07	• Fever			
	08	• Blurred vision			
	09	• Heart palpitations/excessive tiredness			
	01	• Bowel and urinary dysfunction			
<b>PNC-13</b> The provider refers women when required		<b>Verify by direct observation/interview whether the provider while referring:</b>			
	01	• Stabilizes the woman before leaving health facility			
	02	• Refers the woman based on protocol			
	03	• Explains to the woman/husband/her companion the reason and site of referral with referral record			
	04	• Makes sure to receive feedback from referral site			

STANDARD	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
<b>CARE FOR THE NEWBORN-Follow up visit</b>					
<b>POSTPARTUM CARE. Instructions to the assessor:</b> Observe a provider giving care to one newborn in the postpartum period. Observe the care through direct observation using as reference standards 13–17.					
<b>PNC-14</b> The provider properly assesses the condition of the neonate at the first visit		<b>Observe whether the provider does the following during one of first visits of a neonate:</b>			
	01	• Greets and introduces himself/herself to the mother			
	02	• Notes the date and time of delivery			
	03	• Washes hands with soap and water and dries them with a clean towel or uses an alcohol-based solution			
	04	• Weighs the baby			
	05	• Keeps the baby warm (proper wrapping)			
	06	• Assesses the neonate from head to toe as follows:			
		– General condition/appearance of the baby			
		– Axillary temperature			
		– Respiratory rate (count for one minute while the baby is quiet)			
		– Head, face, neck and eyes			
		– Oral cavity			
		– Hands and fingers			
		– Chest, abdomen and umbilical cord			
		– External genitalia including anal opening			
	– Back and spine				
	– Legs and toes				
07	• Refers and arranges transfer to higher center after informing the mother/relatives in the event of any serious abnormality with proper referral slip				

STANDARD	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS	
<b>PNC-15</b> The provider properly manages the neonate		<b>Observe whether the provider:</b>				
	01	<ul style="list-style-type: none"> <li>Washes hands with soap and water and dries them with a clean towel or uses an alcohol-based solution</li> </ul>				
	02	<ul style="list-style-type: none"> <li>Demonstrates the proper positioning and attachment of the baby on the breast</li> </ul>				
	03	<ul style="list-style-type: none"> <li>Gives immunizations according to MOHSW policy (BCG, polio O, Hep B)</li> </ul>				
<b>PNC-16</b> The provider counsels the mother/parents on baby's care		<b>Observe whether the provider counsels the mother and father (if present) on the following topics:</b>				
		<ul style="list-style-type: none"> <li>Importance of early initiation and exclusive breast feeding</li> </ul>				
		<ul style="list-style-type: none"> <li>Positioning and attachment of the baby to the breast</li> </ul>				
		<ul style="list-style-type: none"> <li>Importance of keeping the baby warm</li> </ul>				
		<ul style="list-style-type: none"> <li>Completion of immunization</li> </ul>				
		<ul style="list-style-type: none"> <li>Attending to the baby at all times</li> </ul>				
		<ul style="list-style-type: none"> <li>Protecting the baby from infection through hand washing and personal hygiene</li> </ul>				
		<ul style="list-style-type: none"> <li>Proper positioning of the baby to avoid suffocating</li> </ul>				
		<ul style="list-style-type: none"> <li>Keeping the baby in a safe environment</li> </ul>				
		<ul style="list-style-type: none"> <li>Care of the umbilical cord</li> </ul>				
		<ul style="list-style-type: none"> <li>Bathing the baby</li> </ul>				
		<ul style="list-style-type: none"> <li>Bonding between the baby and mother, as well as father</li> </ul>				
	<ul style="list-style-type: none"> <li>Recommending another visit for the mother and baby within a week of delivery</li> </ul>					
<b>PNC-17</b> The provider advises the mother/parents on baby's danger signs		<b>Observe if the provider with one client:</b>				
	01	<ul style="list-style-type: none"> <li>Advises the mother/parents on the following danger signs for the baby: <ul style="list-style-type: none"> <li>Breathing difficulties (rapid breathing, retractions and grunting)</li> <li>Cyanosis</li> <li>Convulsions/spasm and jitteriness</li> <li>Fever/hypothermia</li> <li>Poor suckling/feeding</li> </ul> </li> </ul>				

STANDARD	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
		– Vomiting/diarrhea			
		– Redness/swelling/purulent eye or cord discharge			
		– Yellow discoloration of eyes, skin or mucous membranes			
	02	• Tells the mother that if any of the above signs are present, she needs to bring the baby to the health care facility immediately			

<b>TOTAL STANDARDS:</b>	<b>17</b>
<b>A. TOTAL STANDARDS OBSERVED:</b>	
<b>B. TOTAL STANDARDS ACHIEVED:</b>	
<b>C. PERCENTAGE OF ACHIEVEMENT: (<math>B \times 100 / A</math>)</b>	

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# Mental Health

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## AREA: MENTAL HEALTH

COUNTY: \_\_\_\_\_ FACILITY NAME: \_\_\_\_\_ FACILITY ID: \_\_\_\_\_ IMPLEMENTER: \_\_\_\_\_

ASSESSMENT TYPE:  INTERNAL /  EXTERNAL      ASSESSOR: \_\_\_\_\_      DATE: \_\_\_\_\_

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE Cadre(s)	COMMENTS
<b>MH-01</b> The provider receives and treats the client cordially and respectfully	01	Greets the patient in a cordial manner			
	02	Introduces him/herself			
	03	Speaks in language the client can understand			
	04	Offer the client the opportunity to have relative/caregiver present, explain the implications of another person present			
	05	At client request and/or with client consent encourages the relatives to remain with the patient, as appropriate			
	06				
	07	Assures confidentiality and conditions under which it would be broken, establishes a confidential space for assessment and treatment			
	08	Explains what to expect during the visit, what is being done and encourages him or her to ask questions			
	09	Using the MSE Guidelines the provider performs an assessment <ul style="list-style-type: none"> <li>• Take a personal and Family History</li> <li>• Conduct a mental status exam</li> <li>• Conduct a general assessment of functioning</li> </ul>			
<b>MH-02</b> The provider identifies and/or asks about any mental health emergencies and records any danger signs of acute mental problems	01	Delirium due to acute medical conditions			
	02	Hallucination			
	03	Eminent risk for suicide or self-harm or harming others			
	04	Disruption of thought process , Flight of ideas, low concentration			
	05	Changes in Mood, energy, appetite and self-care			
	06	Seizures, convulsions or unconsciousness as a result of seizures			

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE Cadre(s)	COMMENTS
	07	Severe intoxication,, drug overdose or acute withdrawal			
	08	Documents the visit/encounter on encounter forms			

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE Cadre(s)	COMMENTS
<b>MH-03</b> The provider performs a full mental health assessment for those who have symptoms	01	Ask basic introductory questions and look for warning signs			
	02	Ask questions based on the particular warning signs you perceive <ul style="list-style-type: none"> <li>• Do you have any problems sleeping at night?</li> <li>• Have you been feeling as if you have lost interest in your usual activities?</li> <li>• Have you been feeling sad or unhappy recently?</li> <li>• Have you been feeling scared or frightened about anything with any physical symptoms of fear, including fast heartbeat, palpitations, sweating, nightmares</li> <li>• Have you been drinking a lot of alcohol recently?</li> <li>• Have you lost your appetite recently? If so, why?</li> <li>• Has anyone in your family had a similar problem?</li> <li>• Physical warning signs or and or multiple symptoms such as aches and pains in different regions of the body, tiredness, dizziness, sleep problems, palpitations, tingling numbness in the fingers</li> </ul>			
	03	<b>Checks the following and Makes a preliminary diagnosis</b> <ul style="list-style-type: none"> <li>• Appearance: looks, dressing, hygiene and grooming</li> <li>• Speech: intelligible, clear, mumble, fast</li> <li>• Mood: Hostile, grandiose, helpless</li> <li>• Reality Orientation: <ul style="list-style-type: none"> <li>– Time and date</li> <li>– Place and location</li> </ul> </li> <li>• Memory: recent and past</li> </ul>			
	04	The provider recognize psychosomatic symptoms, counsel patient and refer as appropriate			
	05	The provider provide psychosocial and trauma counseling			
	06	The provider recognize danger signs of acute mental health illnesses and manage and/or refer appropriately			
	<b>MH-04</b> The provider uses one or more of the following or another appropriate screening tool to establish a preliminary diagnosis	01	Use the PHQ9 Screening Tool to asses for Depression		
02		Use Generalized Anxiety Disorder 7-item (GAD-7) scale to screen for anxiety			
03		Use the Trauma Screening Questionnaire (TSQ) PTSD or The PC-PTSD for helping identify			
04		Use The CAGE Questionnaire for screening for alcoholism			
05		Use the Brief Drug Abuse Screening Test (B-DAST) for screening for drug abuse			
06		Use the Edinburgh Postnatal Depression Scale (EDPS) for screening for			

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE Cadre(s)	COMMENTS
		postpartum depression in postpartum women			
	07	uses the Young adult mania scale (YAMS) to screen for bipolar			
	08	Uses PANSS to screen for appropriate psychosis, anxiety disorders, neurosis, and schizophrenia			
<b>MH-05 The provider prepares/plans management of the disorders with the client</b>		Observes and checks if the provider			
	01	Discusses diagnosis and meaning of it with the patient			
	02	Discusses the 3 treatment options for the specific diagnosis with the client <ul style="list-style-type: none"> <li>• Medication only plan</li> <li>• Combination of medication and psychosocial plan</li> <li>• Psychosocial only plan</li> </ul>			
	03	Allows the client to make an informed choice and respects the client choice			
	04	Using the standardized treatment planning form develops a plan with the client on the agreed upon treatment plan and notes choice on treatment plan			
	04	Checks patient understanding , encourage patient to ask questions and answer patient questions			
	05	If appropriate, permits the client to sign off on the treatment plan			
	06	Invite the patient to return as often as appropriate			
	06	Share information with relevant parties with consent as mandated by law			
	05	The providers documents each visits on patient encounter forms			
<b>MH-06 The provider follows the appropriate protocol for managing the specific mental disorder</b>	01	Follow the protocol, including initiation of harm reduction strategies in caring for patients with indication of suicide tendencies			
	02	Use the Epilepsy protocol of patients with history of seizures, convulsions, or loss or consciousness			
	03	Use the protocol for counseling and RBT for patient s with anxiety disorders			
	04	Use the protocol for initiating care for children and adolescents with mental			

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE Cadre(s)	COMMENTS
		health disorder			
	05	Use the protocol and manages mental health disorders in the elderly, including assessing for memory loss in dementia and other cognitive disorders			
	06	Use the protocol for managing mental retardation			
	07	Uses the protocol to manage patient with bipolar disorder			
<b>MH-07 The provider provides counseling for patients with suspected mental Health problems</b>	01	Encourages the client to explain needs, express concerns and ask questions along with appropriate responses			
	02	Let's the client's wishes and needs guide the discussion			
	03	If present, includes the client's relative with permission of the client			
	04	Provide family education and encourage family support			
	05	Addresses related needs appropriately, such as coping techniques			
	06	Uses a range of communication skills, especially active listening and dialogue skills			
	07	Provides only key information and instructions; uses words the client knows			
	08	Respects and supports the client's informed decisions			
	09	Checks the client's understanding			
	10	Invites the client to come back as appropriate			
<b>MH-08 The providers focus on ensuring the provision of appropriate Psychosocial/non-pharmacological interventions</b>	01	psycho-education/family psycho-education/family psychosocial support			
	02	Behavioral activation, especially as an option for depression (including bipolar depression) and other significant emotional or medically unexplained complaints.			
	03	Cognitive behavioral therapy (CBT), especially as a treatment option for depression (including bipolar depression), behavioral disorders, alcohol use disorders or drug use disorders, as well as, for psychosis just after the acute phase.			

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE Cadre(s)	COMMENTS
	04	Contingency management, especially as a therapy for people with alcohol use disorders or drug use disorders			
	05	Interpersonal psychotherapy (IPT), especially to help clients identify and address problems in their relationships with family, friends, partners and other people, like those with depression, including bipolar depression			
	06	Motivational enhancement therapy, especially for client with alcohol use disorders or drug use disorders.			
	07	Problem-solving counseling or therapy, especially for depression (including bipolar depression) and as a treatment option for alcohol use disorders or drug use disorders. self-harm other significant emotional or medically unexplained complaints, or parents of children and adolescents with behavioral disorders.			
	08	Progressive relaxation, especially for depression (including bipolar depression), and other significant emotional or medically unexplained complaints			
	09	Social skills therapy, especially for people with psychosis or behavioral disorder			
	10	Reactivate social networks			
	11	Structured physical activity program			
	12	Addressing current psychosocial stressors			
	13	Parent skills training, especially for parents of children with developmental disorders			
	14	Engages in collaborative care, especially with schools			
	15	Refer client as needed, including for other services			
	16	Offer regular follow-up			

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE Cadre(s)	COMMENTS
<b>MH-09</b> The staff provides appropriate medication for patients with mental Health disorders	01	Provider discusses the dosage, how to take the drug, when to take the drug, what to expect when the drug is taken, anticipated drug side-effects, dietary and other restrictions , how to managed common side effects			
	02	Provider checks what other Rx being taken and what meals have been eaten			
	03	The staff administering the medication checks that he/she has the right patient, the right medication, the right dose, the right route, the right time and the right documentation			
	04	The staff document on standardized form medication administration			
<b>MH-10</b> The staff provides and supervises patients on long term medication for mental Health	01	Provider discusses what to expect when the drug is taken, anticipated drug side-effects/dietary restrictions , management of side effects and checks what other Rx being taken			
	02	Provider informs the patient of the dosage, how to take the drug, when to take the drug with or without food and what RX, drugs/alcohol or other commodities or substances can counteract or reduce side effects, potential overdose, the Impact of the long-term use of drugs and interaction between the drugs and other medicines including traditional medicines			
	03	Checks whether the appropriate dose was taken			
	04	Checks whether the medications were taken on time			
	05	Checks for a possible drug reaction			
	06	Answer any questions patient may have related to drug use			
	07	Provide information to family and community on mental health and involve them in the care as much as possible.			
<b>MH-11</b> The provider manages a patient that is suffering from depression or anxiety	01	<p><b>The provider identifies the following in diagnosing depression the patient</b></p> <p><b>A. At least 2 of the following 3 symptoms:</b></p> <ul style="list-style-type: none"> <li>• Depressed mood (and/or irritability in a child) most of the day, almost every day</li> <li>• Loss of interest or pleasure in activities normally pleasurable</li> <li>• Decreased energy/becoming fatigued easily/always feeling fatigued</li> </ul> <p><b>B. And at least 3 of the following symptoms in the past 2 weeks:</b></p> <ul style="list-style-type: none"> <li>• Decreased concentration &amp; attention</li> <li>• Decreased self-esteem &amp; confidence</li> <li>• Feeling of guilt &amp; worthlessness</li> <li>• Bleak &amp; pessimistic view of the future</li> <li>• Not sleeping well (disturbed sleep)</li> </ul>			

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE Cadre(s)	COMMENTS
		<ul style="list-style-type: none"> <li>Decreased appetite (eating too little), or eating too much</li> <li>Thoughts of self-harm or suicide</li> </ul> <b>C. And difficulty carrying out usual activities at work, school, home &amp; social situations</b>			
	02	If in patient that has depression, the provider checks for the possibility of <b>Bipolar Disorder</b>			
	03	<b>The provider takes the patient history and conducts a physical exam to look for physical illnesses which occur frequently with, including,</b> <ul style="list-style-type: none"> <li>Hypothyroidism (also a cause of depression)</li> <li>Anemia</li> <li>Cancer</li> <li>Stroke</li> <li>Hypertension (sometimes with headache)</li> <li>Diabetes</li> <li>HIV</li> <li>Alcoholism</li> </ul>			
	04	<b>The provider educates</b> the patient and caretakers about the causes, symptoms, effects, treatment and usual course of depression.			
	05	<b>The provider assures and reassures the patient that depression can be treated and usually improves.</b>			
	06	<b>The provider looks for stressful situations</b> (psychosocial stressors) which may have brought on the depression. Discuss them & help the patient to choose possible ways to resolve them.			
	07	<b>The provider encourage physical activity as</b> physical activity decreases depression and <b>encourage the patient to become socially active again—</b> with members of his own household and with others with whom he previously liked to spend time.			
	08	<b>If provider is a mental health clinician or has been trained for prescribing mental health medications, prescribe an antidepressant</b> such as one of these below: <ul style="list-style-type: none"> <li><b>FLUOXETINE</b> 20 mg. caps-Start with 1 daily; if no improvement within 4 weeks may increase to 40 mg.</li> <li><b>AMITRIPTYLINE</b> 25 mg. tablets (tricyclic anti-depressant)—Start with 50 to 75 mg. h.s., or 25 mg. t.i.d. If not improving may increase gradually to 150 mg. total per day.</li> <li><b>IMIPRAMINE</b> 25 mg. tablets (tricyclic anti-depressant)—Start with 25 mg. t.i.d. (or 75 mg. h.s.). If not improving may increase gradually to 50 mg. t.i.d.(150 mg./day total)</li> </ul>			

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE Cadre(s)	COMMENTS
	09	The provider explains the dosage, effects, side effects and management of side effects of the medication			
	10	During care provided to a patient, observes with suspected depression or anxiety, whether the provider uses counseling protocol and counseling against suicide			
	11	The provider refers as appropriate using a referral note			
<b>MH-12</b> The staff provides services for survivors of sexual abuse	01	Provides initial counseling			
	02	Screens for rape or other GBV when appropriate			
	03	Completes a rape exam			
	04	Offers counseling and HIV testing			
	05	Offers post-exposure prophylaxis(PEP) as appropriate			
	06	Refers as appropriate using a referral form			
	07	Gives follow-up instructions			
	08	Encourages the patient to ask questions			
	09	Answers the questions in an language the patient can understand			
<b>MH-13</b> The provider initiates counseling for patients affected by substance abuse//substance used Disorder (SUD)	01	Identifies the abuse substance			
	02	Screen for SUD including alcohol. Include use of protocol for detox.			
	03	Documents behavior changes			
	04	Ensure safety of the staff and patient			
	05	Initiates treatment per protocol and client rights, or refers as needed			
<b>MH-14</b> The provider initiates care for patients with postpartum psychosis	01	The provider initiate counseling for patients with Postpartum depression following the protocol and guidelines			
	02	The provider check the woman for co-morbidities and manages anemia or other co-morbid conditions if present			
	03	If a mental Health Clinician or have been trained to care for patients the provider do the following (all must be done to mark yes here) <ul style="list-style-type: none"> <li>• Initiative Cognitive Behavioral therapy</li> <li>• Provide medication—Fluoxetine may be needed</li> <li>• Link patient in support groups—</li> <li>• Conducts home visits</li> <li>• <b>Educate</b> patient about the condition and provides</li> </ul>			

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE Cadre(s)	COMMENTS
		• Encourage patient to eat a <b>healthy diet and sleep well</b> <input type="checkbox"/>			

<b>TOTAL STANDARDS:</b>	<b>14</b>
<b>A. TOTAL STANDARDS OBSERVED:</b>	
<b>B. TOTAL STANDARDS ACHIEVED:</b>	
<b>C. PERCENTAGE OF ACHIEVEMENT: <math>(\frac{B \times 100}{A})</math></b>	

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# EPI Standards

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## AREA: EPI STANDARDS

COUNTY: \_\_\_\_\_ FACILITY NAME: \_\_\_\_\_ FACILITY ID \_\_\_\_\_ IMPLEMENTER: \_\_\_\_\_

ASSESSMENT TYPE:  INTERNAL /  EXTERNAL      ASSESSOR: \_\_\_\_\_      DATE: \_\_\_\_\_

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE(S)	COMMENTS	
<b>EPI-01</b> The manager ensures that the health facility is well staffed with EPI vaccinators	01	<b>Ensures the availability of at least one certificated vaccinator</b>				
	02	Ensures that vaccinators have received refresher training on TNA				
	03	Provides written performance feedback to vaccinators				
	04	Keeps a record of monthly supervision to vaccinators				
<b>EPI-02</b> The provider properly keeps the cold chain system working	01	<b>Keeps the RCW50 refrigerator clean, in working order and only with vaccines and cold bags</b>				
	02	Keeps the temperature of the refrigerator and cold bags between 2 and 8°C				
	03	Keeps at least one cold box in the room				
	04	If the refrigerator is not working, keeps the temperature of the cold box between 2 and 8°C				
	05	Keeps a daily log of temperature				
	06	Keeps the vaccines deep inside the refrigerator or cold box				
	07	Has at least two vaccine carriers and pads in the room				
	08	Keeps updated stock records of vaccines and consumables				
		<b>Stock records (ALL)</b>				
		<b>Vaccines</b>	<b>Consumables</b>			
	<ul style="list-style-type: none"> <li>▪ BCG</li> <li>▪ OPV</li> <li>▪ DPT-Hep B</li> <li>▪ Measles</li> <li>▪ TT</li> </ul>	<ul style="list-style-type: none"> <li>▪ AD syringe(0.5ml)</li> <li>▪ BCG syringe 0.05 ml</li> <li>▪ 5ml disposable syringes with needles</li> <li>▪ Safety boxes</li> </ul>				

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE(S)	COMMENTS
<b>EPI-03</b> The provider keeps the registration materials updated	01	Keeps a separate register and tally sheet for fixed activities			
	02	Keeps a separate register and tally sheet for outreach activities			
	03	Keeps a monthly report book			
	04	Keeps copies of the last six months of EPI reports			
	05	Keeps a record of daily vaccine consumption (back of tally sheet)			
	06	Keeps a monthly record of vaccine utilization recorded (monthly immunization activity report)			
<b>EPI-04</b> The provider implements a multi-dose open vial policy (for OPV, DPT+HB, TT)	01	Ensures that VVM is OK			
	02	Ensures that vaccine date has not expired			
	03	Ensures that vaccine is not contaminated			
	04	Avoids the vaccine if it is soaked in water			
	05	Keeps the vaccine between 2 and 8°C			
	06	Discards BCG and Measles vaccines if not used after 4–6 hours of reconstitution			
<b>EPI-05</b> The provider uses planning and monitoring tools	01	Keeps a map of the catchment area with villages names, population and activities			
	02	Keeps a schedule for fixed and mobile outreach activities			
	03	Keeps a visible chart with updated monthly monitoring information			
	04	Has documentation with accurate targets according to population			
<b>EPI-06</b> The registration person uses integrated capture methods	01	Ensures documents for children and women have record of vaccines received			
	02	Asks for all children and women of child bearing age at home needing vaccination			
	03	Verifies the mother's immunization status by checking her vaccination card; if the mother has not been vaccinated, orients her for receiving the corresponding vaccine			
	04	Verifies the child's EPI schedule, determines the appropriate vaccination on the visit and orients the mother accordingly			
	05	Asks if the child has had any adverse event following the previous immunization			

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE(S)	COMMENTS
<b>EPI-07</b> The provider adequately delivers immunization education	01	Asks mother if the child has an immunization card:			
		<ul style="list-style-type: none"> <li>If yes, congratulates the parent or guardian</li> <li>If no, educates on the importance of the card</li> </ul>			
	02	Explains to the mother/father/caretaker which vaccination the child will receive			
	03	Asks mother/father/caretaker to tell about the importance of immunization			
	04	Asks mother/father/caretaker for the date of next immunization			
	05	Informs mother/father/caretaker about possibility of side effects and how to manage potential side effect of vaccines			
	06	Informs mother/father/caretaker about when to come in for the next immunization			
	07	Asks mother/father/caretaker to verbalize her/his understanding of the importance of EPI messages and next immunization date			
<b>EPI-08</b> The provider immunizes the client, either by injection or orally	01	Performs hand hygiene before the procedure			
	02	Explains to the mother/father/caretaker how to position the child for immunization			
	03	Talks to the baby or child in a soothing voice, and is nice to the child and the mother throughout the visit			
	04	Double checks the vaccine (the one that corresponds to the client, expiration date and dose), syringe and injection site according to the vaccine			
	05	Administers the injection or gives it orally, ensuring that the child swallows all of it			
	06	Discards needle and syringe without recapping in the puncture-proof container			
	07	Performs hand hygiene after administering the vaccine			
	08	Records information on the appropriate forms and the vaccination card			

<b>TOTAL STANDARDS:</b>	<b>8</b>
<b>A. TOTAL STANDARDS OBSERVED:</b>	
<b>B. TOTAL STANDARDS ACHIEVED:</b>	
<b>C. PERCENTAGE OF ACHIEVEMENT: <math>(\frac{B \times 100}{A})</math></b>	

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# Integrated Management of Neonatal & Childhood Illnesses

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## AREA: INTEGRATED MANAGEMENT OF NEONATAL & CHILDHOOD ILLNESSES (IMNCI) ONE WEEK UP TO TWO MONTHS OF AGE

COUNTY: \_\_\_\_\_ FACILITY NAME: \_\_\_\_\_ FACILITY ID \_\_\_\_\_ IMPLEMENTER: \_\_\_\_\_

ASSESSMENT TYPE:  INTERNAL /  EXTERNAL      ASSESSOR: \_\_\_\_\_      DATE: \_\_\_\_\_

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE(S)	COMMENTS
<b>CHILDREN UNDER TWO MONTHS</b>					
<b>IMNCI-01</b> The provider adequately checks for very severe disease and local bacterial infection	01	Ensures privacy during the visit  <b>Ensuring privacy (ALL must be done to write yes for this verification criteria)</b> <ul style="list-style-type: none"> <li>▪ Keeps the door closed during the visit</li> <li>▪ Does not allow others to enter in the consultation room without the mother's consent</li> <li>▪ Speaks lowly to avoid others to listen to the conversation</li> </ul>			
	02	Respectfully greets the mother and child			
	03	Introduces him/herself			
	04	Asks for the motive of the visit			
	05	<b>Performs hands hygiene before examining the child</b>  <b>Hands hygiene (EITHER)</b> <ul style="list-style-type: none"> <li>▪ Washes hands with soap and running water, paying attention between fingers and below the nails; dries them using a clean individual towel</li> </ul> <b>OR</b> <ul style="list-style-type: none"> <li>▪ Run hands with alcohol gel, paying attention between fingers and below the nails, until dry</li> </ul>			
	06	Counts the number of breaths in one minute; repeats the count if 60 or more breaths per minute			
	07	Looks for severe chest indrawing			
	08	Checks to see if the umbilicus is red or draining pus			
	09	Looks for skin pustules			
	10	Examines the child's movements; if sleeping, asks the mother to wake him/her; if not moving, gently stimulates him/her			
	11	Performs hands hygiene after examining the child			

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE(S)	COMMENTS
	12	If at least one warning sign is identified, classifies the child's condition as <b>VERYS SEVERE DISEASE</b> and treats as corresponds  <b>Warning signs (ANY)</b> <ul style="list-style-type: none"> <li>▪ The child is not feeding well OR</li> <li>▪ Convulsions OR</li> <li>▪ Fast breathing (<math>\geq 60</math> per minute) OR</li> <li>▪ Severe chest indrawing OR</li> <li>▪ Fever (<math>\geq 37.5^{\circ}\text{C}</math> OR</li> <li>▪ Low body temperature (<math>\leq 35.5^{\circ}\text{C}</math>) OR</li> <li>▪ Movement only when stimulated or not movement at all</li> </ul> <b>Management of very severe disease (ALL)</b> <ul style="list-style-type: none"> <li>▪ Gives first dose of intramuscular antibiotic</li> <li>▪ Treats to prevent low blood sugar</li> <li>▪ <b>URGENTLY</b> refers to the hospital, advising the mother to keep the child warm during the travel</li> </ul>			
	13	If the umbilicus is red or draining pus or there are skin pustules, then classifies the child's condition as <b>LOCAL BACTERIAL INFECTION</b> , gives appropriate oral antibiotic, teaches mother how to treat the infection at home and follows up in two days			
	14	If no warning sign is identified, continues with the assessment of jaundice			
	15	Fills the child's clinical record or card			
<b>IMNCI-02</b> The provider correctly assesses and makes decisions on jaundice	01	Asks if the child has had yellowish skin color, and if so, when it appeared			
	02	Looks for jaundice in the eyes, skin, palms and soles			
	03	Performs hands hygiene after examining the child			
	04	If there is any jaundice in under-24-hour child OR jaundice in palms/soles, then classifies the child's condition as <b>SEVERE JAUNDICE</b> , treats to prevent low blood sugar and <b>URGENTLY</b> refers to the hospital, advising the mother to keep the child warm during the travel			

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE(S)	COMMENTS
	05	If jaundice appeared after 24 hours of age AND palms/soles are not yellow, then classifies the child's condition as JAUNDICE and manages accordingly  <b>Management of jaundice (ALL)</b> <ul style="list-style-type: none"> <li>▪ Advises the mother to give home care for the child</li> <li>▪ Advises mother to return immediately if palms and soles appear yellow</li> <li>▪ If the young infant is older than 3 weeks, refers to a hospital for assessment</li> <li>▪ Follows up in 1 day</li> </ul>			
	06	If jaundice is not found, then continues with the assessment of diarrhea			
<b>IMNCI-03</b> The provider correctly assesses and makes decisions on acute diarrhea	01	(The provider must ask all before yes can be placed here) Asks whether the child has had diarrhea, and if so, for how long and whether or not there was blood in the feces, Frequency, Consistency of diarrhea, Vomiting frequency and duration, Color of vomit, Feeding history, Sick contacts, Urine output and color, Fever, History of convulsion, previous episodes of diarrhea or illness, Medications, Allergies, Surgeries			
	<b>If the child does not have diarrhea, then continues with feeding problems assessment; if the child does have diarrhea, then the provider:</b>				
	02	Performs hands hygiene before examining the child			
	03	Assesses the general status of the child, his/her movements, irritability			
	04	<b>Checks if the eyes are sunken</b>			
	05	Assesses how fast the skin pinch in the abdomen goes back to normal			
	06	Performs hands hygiene after examining the child			
	07	Stool exam ordered			
	08	Treatment initiated according to stool exam results: Giardia; metronidazole 5mg/kg for 5 days, Entameoba histolytic atrophozoites seen, 10mg/kg for 5 days of metronidazole, Multivitamins started, Zinc started at 10–20 mg/kg/day for 10 days, Vitamin A according to guidelines, if not malnourish			
09	If non-bacterial diarrhea rehydration, zinc and vitamin A given according to guidelines and continue breastfeeding and feeding				

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE(S)	COMMENTS
	10	If two of the following signs: <ul style="list-style-type: none"> <li>• Movement only when stimulated/no movement at all</li> <li>• Sunken eyes</li> <li>• Skin pinch goes back very slowly</li> <li>• Classifies the child's condition as SEVERE DEHYDRATION and manages accordingly</li> </ul>			
		<p><b>Management of severe dehydration in children under 2 months of age (ALL)</b></p> <ul style="list-style-type: none"> <li>▪ If the child does not have other severe classification, administers Plan C</li> <li>▪ If the child has another severe classification, URGENTLY refers to the hospital with mother giving frequent sips of ORS and continues breastfeeding on the way</li> <li>▪ If patient has severe dehydration without evidence of malnutrition: IV line in placed, Check glucose level, if &lt;45 give 50% dextrose at 5ml/kg double diluted, Normal saline or Ringers lactate (LR) given according to WHO guidelines for age and severe dehydration. If no LR, use normal saline. If &lt; 1 yr 30ml/kg over 1 hour then 70ml/kg over next 5 hrs If &gt; 1 yr 30 ml/ kg over 30 minutes the 70 ml/kg over 2.5 hours If unable to start IV and unable to drink administer ORS via NG tube</li> <li>▪ If patient assessed as moderate dehydration: ORS started 75ml/kg over 4 hours; repeat as needed for severe continuing diarrhea. After 4 hours, need to evaluate condition again maintenance ORS at 50 ml/kg over the next 24 to 72 hours Encourage mother to breastfeed during rehydration and encourage eating when able for non-breastfeeding child</li> </ul>			
	11	If two of the following signs: <ul style="list-style-type: none"> <li>▪ Restless, irritable</li> <li>▪ Sunken eyes</li> <li>▪ Skin pinch goes back very slowly</li> <li>▪ Classifies the child's condition as SOME DEHYDRATION and manages accordingly</li> </ul> <p><b>Management of some dehydration in children under 2 months of age (ALL)</b></p> <ul style="list-style-type: none"> <li>▪ If the child does not have other severe classification, administers Plan B, advises mother when to return immediately, follows up in two days if not improving</li> <li>▪ If the child has another severe classification, URGENTLY refers to the hospital with mother giving frequent sips of ORS and continues breastfeeding on the way</li> </ul>			

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE(S)	COMMENTS
	12	If not enough signs to classify as some or severe dehydration, classifies the child's condition as NO DEHYDRATION <b>and manages accordingly</b>  <b>Management of no dehydration in children under 2 months of age (ALL)</b> <ul style="list-style-type: none"> <li>▪ Advises mother to administer Plan A at home (give fluids for diarrhea and continue with breastfeeding)</li> <li>▪ Advises to return immediately</li> <li>▪ Follows up in two days if not improving</li> </ul>			
<b>IMNCI-04</b> If the child has no indications to urgently refer to hospital, the provider correctly assesses and makes decisions on feeding problems	01	Assesses breastfeeding			
	02	Performs hands hygiene before examining the child			
	03	Weighs the child			
	04	Looks for ulcers or white patches in the mouth			
	05	<b>If the child is not well attached to breast or is not suckling effectively, teaches the correct positioning and attachment; if not able to attach well immediately, teaches the mother to express breast milk and feed by a cup</b>			
	06	If breastfeeding less than 8 times in 24 hours, advises the mother to breastfeed as often and for as long as the child wants, day and night			
	07	If receiving other foods or drinks, counsels the mother about breastfeeding more, reducing other foods and drinks, and using a cup			
	08	If not breastfeeding at all, advises about correctly preparing breast milk substitutes and using a cup and refers to breastfeeding counseling and possible relocation; if possible			
	09	If low weight for age, advises the mother how to feed the and keep the child warm at home			
	10	If ulcers/white patches in the mouth, teaches the mother to treat them at home			
	11	Follows up for any feeding problem in two days			
	12	Follows up low weight for age in 14 days			
	13	If no low weight for age or feeding problems, congratulates the mother, advises her to give home care for the child and praises the mother for continue feeding the child well			

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE(S)	COMMENTS
<b>IMNCI-05</b> The provider takes advantage of all the opportunities to vaccinate children	01	Checks the child's vaccination card and identifies his/her vaccine situation			
	02	Informs the mother about the vaccination plan			
	03	If pertinent, administers the missing vaccines or vitamin A, or orients the mother to the appropriate provider			
	04	If applicable, registers the vaccination or vitamin A administration in the child's card			
<b>IMNCI-06</b> The provider orients the mother about continuity of care at home	01	Tells the mother to return immediately if the child does not breastfeed or drink, or if s/he has a fever, blood in the feces, or rapid breathing or breathing difficulty			
	02	Tells the mother to offer more liquids or breastfeeding, and give additional food for children over 6 months during periods of disease			
	03	If pertinent, administers the first dose of a medicine and shows the mother how to give oral medicines at home			
	04	Advises the mother to wash her hands before preparing foods and after going to the toilet; also informs her to keep the house clean			
	05	Advises the mother about her own health			
<b>CHILDREN FROM 2 MONTHS TO 5 YEARS</b>					
<b>IMNCI-07</b> The provider adequately assesses the 2months–5-year sick child	01	Ensures privacy during the visit			
		<b>Ensuring privacy</b> <b>(ALL must be done to write yes for this verification criteria)</b>			
		<ul style="list-style-type: none"> <li>▪ Keeps the door closed during the visit</li> <li>▪ Does not allow others to enter in the consultation room without the mother's consent</li> <li>▪ Speaks lowly to avoid others to listen to the conversation</li> </ul>			
	02	Respectfully greets the mother and child			
	03	Introduces him/herself			
	04	Asks for the motive of the visit			
05	<b>Performs hands hygiene before examining the child</b>				
	<b>Hands hygiene (EITHER)</b>				
	<ul style="list-style-type: none"> <li>▪ Washes hands with soap and running water, paying attention between fingers and below the nails; dries them using a clean individual towel</li> <li>OR</li> <li>▪ Runs hands with alcohol gel, paying attention between fingers and below the nails, until dry</li> </ul>				

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE(S)	COMMENTS		
	06	Initiates a physical examination and documents <ul style="list-style-type: none"> <li>▪ Vitals-Temp, Pulse, RR, weight and height or length</li> <li>▪ Check the general condition of child</li> <li>▪ Check the Skin (Tenting, rash, color-cyanosis, jaundice)</li> <li>▪ HEENT (head-size, shape, fontanelle, eyes- discharge, redness), ears (tenderness, discharge, swelling), nose (flaring, discharge), throat (drooling, swelling),</li> <li>▪ Check Neck-(Supple, Masses/nodes)</li> <li>▪ Check Cardiac status,(Rate, rhythm, abnormal sounds)</li> <li>▪ Check Pulmonary status ( in drawing/retractions, percussion, auscultation)</li> <li>▪ Check Abdomen- liver span, splenomegaly, tenderness, distension, masses,</li> <li>▪ Check the extremities-(capillary refill, pallor, cyanosis)</li> <li>▪ Verify whether tests ordered and documented: oxygen saturation, CBC, Chest x-ray</li> </ul>					
	07	Assesses general warning signs <table border="1" style="margin-left: 20px;"> <thead> <tr> <th style="text-align: center;"><b>Warning signs (ALL)</b></th> </tr> </thead> <tbody> <tr> <td>               The child:               <ul style="list-style-type: none"> <li>▪ Is unable to drink or breast feed normally</li> <li>▪ Vomits everything</li> <li>▪ Has any convulsions now or within the past hour</li> <li>▪ Is lethargic or unconscious</li> <li>▪ Has any bleeding from any orifice</li> </ul> </td> </tr> </tbody> </table>	<b>Warning signs (ALL)</b>	The child: <ul style="list-style-type: none"> <li>▪ Is unable to drink or breast feed normally</li> <li>▪ Vomits everything</li> <li>▪ Has any convulsions now or within the past hour</li> <li>▪ Is lethargic or unconscious</li> <li>▪ Has any bleeding from any orifice</li> </ul>			
<b>Warning signs (ALL)</b>							
The child: <ul style="list-style-type: none"> <li>▪ Is unable to drink or breast feed normally</li> <li>▪ Vomits everything</li> <li>▪ Has any convulsions now or within the past hour</li> <li>▪ Is lethargic or unconscious</li> <li>▪ Has any bleeding from any orifice</li> </ul>							
	08	Performs hands hygiene after examining the child					
	09	If at least one warning sign is identified, refers the child or treats as corresponds					
	10	Encourages the mother to ask questions and addresses them using an easy-to-understand language					
	11	If no warning sign is identified, continues with the comprehensive child's health assessment					
	12	Fills the child's clinical record or card					

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE(S)	COMMENTS
<b>IMNCI-08</b> The provider correctly assesses and makes decisions on acute respiratory illness	01	Asks if the child has been coughing or has breathing difficulty, and if so, for how long			
	<b>If the child has not been coughing or having breathing difficulty, then continues assessing diarrhea; if the child does have cough or breathing difficulty, then the provider:</b>				
	02	Assesses the child's breathing  <b>Child's breathing assessment (ALL must be done to write yes for this verification criteria)</b> <ul style="list-style-type: none"> <li>▪ Determines if the child breathing rate per minute is high (<math>\geq 50</math> for 2-12-month children; <math>\geq 40</math> for 1-5-year children)</li> <li>▪ Determines if there is chest indrawing</li> <li>▪ Verifies if there is stridor or wheezing</li> </ul>			
	03	Performs hands hygiene after examining the child			
	04	Classifies the child's condition according to IMCI guidelines  <b>Classification of child's condition for acute respiratory illness (EITHER)</b> <b>SEVERE PNEUMONIA or VERY SEVERE DISEASE</b> <ul style="list-style-type: none"> <li>▪ History of coughing/breathing difficulty and any warning sign, OR</li> <li>▪ Chest indrawing, OR</li> <li>▪ Stridor in a calm child</li> </ul> <b>PNEUMONIA</b> <ul style="list-style-type: none"> <li>▪ Fast breathing</li> </ul> <b>COUGH OR COLD</b> <ul style="list-style-type: none"> <li>▪ No signs of pneumonia or very severe disease</li> </ul>			
	05	If diagnosis is moderate/severe pneumonia start oxygen per protocol			
	06	If there is chest in drawing or stridor, give the first antibiotic dose and follow according to protocol for oral or IV antibiotic and referral			
	07	Intravenous cannula started for fluids or medication administration per protocol			
	08	Vitamin A given if more than 6 months old and have not received in the last 6months 100,000 IU if 6 months to 1 year, 200,000 IU if over 1 year,			
	09	If febrile, Paracetamol given 10- 15mg/kg per dose			
10	If referral was not necessary but the child has a rapid breathing rate, gives adequate treatment and recommendations for caring the child at home				

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE(S)	COMMENTS
	11	<p><b>Treatment and home care for children with cough or cold (ALL)</b></p> <ul style="list-style-type: none"> <li>▪ If Asthma/wheezing (even if it disappeared after rapidly acting bronchodilator) gives an inhaled bronchodilator for 5 days</li> <li>▪ Soothes the throat and relieve the cough with a safe remedy</li> </ul> <p>If coughing for more than three weeks or if having recurrent</p> <ul style="list-style-type: none"> <li>▪ Wheezing, refers for assessment for TB or asthma</li> <li>▪ Advises mother when to return immediately</li> <li>▪ Follows up in five days if not improving</li> </ul>			
<p><b>IMNCI-09</b> The provider correctly assesses and makes decisions on acute diarrhea</p>	01	Asks whether the child has had diarrhea, and if so, for how long and whether there was blood in the feces			
	<b>If the child does not have diarrhea, then continues with fever assessment; if the child does have diarrhea, then the provider:</b>				
	02	Performs hands hygiene before examining the child			
	03	Assesses the general status of the child			
	04	<b>Checks if the eyes are sunken</b>			
	05	Assesses how fast the skin pinch in the abdomen goes back to normal			
	06	Performs hands hygiene after examining the child			
	07	Correctly classifies the child condition according to the hydration status, duration of diarrhea and the presence of blood in the feces			
	08	If the health facility cannot administer Plan C, or the child has another severe condition, refers the child to a hospital with the mother administering ORS frequently and giving breastfeeding during the travel			
	09	If referral is not necessary but the child needs treatment, correctly administers oral rehydration therapy, Plan B or recommends Plan A to the mother			
		<p style="text-align: center;"><b>Plan A: Treatment of diarrhea at home (ALL must be done to write yes for this verification criteria)</b></p> <ul style="list-style-type: none"> <li>▪ Gives fluid, zinc supplements and food to treat diarrhea at home (Plan A)</li> <li>▪ Advises mother when to return immediately</li> <li>▪ Follows up in five days if not improving</li> </ul>			
	10	Shows the mother how to prepare oral rehydration with boiled cold water, and demonstrates how to administer it			
11	If diarrhea has last more than 14 days and dehydration is present, gives ORS and urgently refers the child to the hospital				
12	If diarrhea has last more than 14 days and there is no dehydration, advises the mother on child feeding, gives multivitamins and minerals (with Zinc) for 14 days, and follows up in five days				

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE(S)	COMMENTS
	13	If there is blood in the feces, gives ciprofloxacin for three days and follows up in two days			
<b>IMNCI-10</b> The provider correctly assesses and makes decisions on fever	01	Asks if the child has had fever; if so, asks for how long			
	<b>If the child has not had fever, then continues with assessment of ear problems; if the child has had fever, then the provider:</b>				
	02	Performs hands hygiene before examining the child			
	03	Initiates a physical examination and documents (All must be done) <ul style="list-style-type: none"> <li>▪ Vitals-Temp, Pulse, RR, weight and height or length</li> <li>▪ Check the general condition of child</li> <li>▪ Check the Skin (Tenting, rash, color-cyanosis, jaundice)</li> <li>▪ HEENT (head-size, shape, fontanelle, eyes- discharge, redness), ears (tenderness, discharge, swelling), nose (flaring, discharge), throat (drooling, swelling),</li> <li>▪ Check Neck-(Stiffness, supple, Masses/nodes)</li> <li>▪ Check Cardiac status,(Rate, rhythm, abnormal sounds)</li> <li>▪ Check Pulmonary status ( in drawing/retractions, percussion, auscultation)</li> <li>▪ Check Abdomen- liver span, splenomegaly, tenderness, distension, masses,</li> <li>▪ Check the extremities-(capillary refill, pallor, cyanosis)</li> <li>▪ Verify whether tests ordered and documented: oxygen saturation, CBC, Chest x-ray</li> </ul>			
	05	<b>Assesses for measles signs and symptoms during the last three months: rash, red eyes, runny nose and coughing</b>			
	06	Performs hands hygiene after examining the child			
	07	If the child has any warning sign or stiff neck, then classifies the child condition as VERY SEVERE FEBRILE DISEASE and treats it accordingly  <b>Management of very severe febrile disease (ALL must be done to write yes for this verification criteria)</b> <ul style="list-style-type: none"> <li>▪ Gives quinine for severe malaria (first dose)</li> <li>▪ Gives first dose of an appropriate antibiotic</li> <li>▪ Treats the child to prevent low blood sugar</li> <li>▪ Gives one dose of paracetamol in clinic for high fever (38.5°C or above)</li> <li>▪ URGENTLY refers to hospital</li> </ul>			

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE(S)	COMMENTS
	08	<p>If the child only has fever, without running nose, no history/signs of measles no other visible cause of fever and the RDT is positive , classifies the child condition as MALARIA, and treats it accordingly</p> <p><b>Management of Malaria (ALL must be done to write yes for this verification criteria)</b></p> <ul style="list-style-type: none"> <li>▪ Gives oral co-artemether or other recommended antimalarial</li> <li>▪ Gives one dose of paracetamol in clinic for high fever (38.5°C or above)</li> <li>▪ Advises mother when to return immediately</li> <li>▪ Follows up in two days if fever persists</li> <li>▪ If fever is present every day for more than seven days, refers for assessment</li> </ul>			
	09	<p>If the child has running nose or other visible cause of fever with no signs of measles and RDT is negative, then classifies the condition of the child as FEVER – MALARIA UNLIKELY and treats it accordingly</p> <p><b>Management of fever – malaria unlikely (ALL must be done to write yes for this verification criteria)</b></p> <ul style="list-style-type: none"> <li>▪ Gives one dose of paracetamol in clinic for high fever (38.5°C or above)</li> <li>▪ Advises mother when to return immediately</li> <li>▪ Follows up in two days if fever persists</li> <li>▪ If fever is present every day for more than seven days, refers for assessment</li> </ul>			
	10	<p>If the child has signs of measles AND any warning sign or clouding of cornea or deep extensive mouth ulcers, then classifies the conditions of the child as SEVERE COMPLICATED MEASLES and treats it accordingly</p> <p><b>Management of severe complicated measles (ALL must be done to write yes for this verification criteria)</b></p> <ul style="list-style-type: none"> <li>▪ Gives Vitamin A treatment</li> <li>▪ Gives first dose of an appropriate antibiotic</li> <li>▪ If clouding of the cornea or pus draining from the eye, applies tetracycline eye ointment</li> <li>▪ URGENTLY refers to hospital</li> </ul>			
	11	<p>If the child has signs of measles AND pus draining from the eye or mouth ulcers, then classifies the child condition as MEASLES WITH EYE OR MOUTH COMPLICATIONS and treats it accordingly</p> <p><b>Management of measles with eye or mouth complications (ALL)</b></p> <ul style="list-style-type: none"> <li>▪ Gives Vitamin A treatment if have not receive any in the last 6 months</li> <li>▪ If pus draining from the eye, treats eye infection with tetracycline eye ointment</li> <li>▪ If mouth ulcers, treats with gentian violet</li> <li>▪ Follows up in two days</li> </ul>			
	12	If the child has signs of measles or has had measles within the last three			

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE(S)	COMMENTS	
		months AND don't has any other complication, then classifies the child condition as MEASLES and treats it accordingly <b>Management of measles (ALL)</b> ▪ Gives vitamin A treatment				
<b>IMNCI-11</b> Providers order either of the following tests based on assessment	01	Malaria–Mal Smear or RDT and Hgb				
	02	Meningitis - CBC and LP for gram stain, Indian ink, cell count, protein ,glucose and culture				
	03	Typhoid fever-CBC (complete blood count), Widal Test				
	04	UTI–U/A, (culture and sensitivity where available), Stool exam, Urinalysis(culture and sensitivity where available), Blood culture when available				
<b>IMNCI-12</b> The provider correctly assesses and makes decisions on ear pain or discharge	01	Asks if the child has had ear pain or discharge; if so, asks for how long				
	<b>If the child has not had ear pain or discharge, then continues with the assessment of nutritional problems; if the child does have ear pain or discharge, then the provider:</b>					
	02	Performs hands hygiene before examining the child				
	03	Looks for pus draining from the ear				
	04	<b>Looks for tender swelling behind the ear</b>				
	05	Performs hands hygiene after examining the child				
	06	If there is tender swelling behind the ear, then classifies the child condition as MASTOIDITIS and treats it accordingly <b>Management of mastoiditis (ALL must be asked to write yes for this verification criteria)</b> ▪ Gives first dose of an appropriate antibiotic ▪ Gives first dose of paracetamol for pain ▪ URGENTLY refers to hospital				
		07	If there is pus draining from the ear, the mother refers and it has lasted less than 14 days, then classifies the child condition as ACUTE EAR INFECTION and treats it accordingly <b>Management of acute ear infection (ALL must be done to write yes for this verification criteria)</b> ▪ Gives an antibiotic for 5 days ▪ Gives paracetamol for pain ▪ Dries the ear by wicking ▪ Follows up in five days			
	08		If there is pus draining from the ear, the mother refers and it has lasted 14 days or more, then classifies the child condition as CHRONIC EAR			

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE(S)	COMMENTS
		INFECTION and treats it accordingly			
		<b>Management of chronic ear infection (ALL must be done to write yes for this verification criteria)</b> <ul style="list-style-type: none"> <li>▪ Dries the ear by wicking</li> <li>▪ Treats with topical quinolone eardrops for two weeks</li> <li>▪ Follows up in five days</li> </ul>			
	09	If there is no pus draining from the ear and no pain, determines that there is no ear infection and gives no treatment			
<b>IMNCI-13</b> The provider correctly assesses and makes decisions on nutritional problems	01	Performs hand hygiene before examining the child			
	02	Looks for visible severe wasting			
	03	Looks for edema of both feet			
	04	Determines weight for age			
	05	Looks for palmar pallor			
	06	Performs hands hygiene after examining the child			
	07	<b>If there is visible severe wasting or edema of both feet, then classifies the child condition as SEVERE MALNUTRITION, treats the child to prevent low sugar and URGENTLY refers to the hospital</b>			
	08	If there is very low weight for age, classifies the child condition as VERY LOW WEIGHT and manages accordingly			
		<b>Management of very low weight (ALL must be done to write yes for this verification criteria)</b> <ul style="list-style-type: none"> <li>▪ Assess the child's feeding and counsel the mother on feeding according to the feeding recommendations</li> <li>▪ Advise mother when to return immediately</li> <li>▪ Follow-up in 30 days</li> </ul>			
	09	If there are no signs of malnutrition or very low weight, classifies the child condition as NOT VERY LOW WEIGHT, counsels the mother on feeding according to the feeding recommendations and advises the mother when to return immediately			
	10	If there is severe palmar pallor, then classifies the child condition as SEVERE ANEMIA and URGENTLY refers to the hospital			
11	If there is some palmar pallor, then classifies the child condition as ANEMIA and manages accordingly				
		<b>Management of anemia (ALL must be done to write yes for this verification criteria)</b>			

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE(S)	COMMENTS
		<ul style="list-style-type: none"> <li>▪ Gives iron</li> <li>▪ Gives oral antimalarial if high malaria risk</li> <li>▪ Gives mebendazole if child is 1 year or older and has not had a dose in the previous six months</li> <li>▪ Advises mother when to return immediately</li> <li>▪ Follows up in 14 days</li> </ul>			
	12	If there is no palmar pallor, then classifies the child condition as NO ANEMIA and counsels the mother on feeding according to the feeding recommendations			
<b>IMNCI 14</b> Provider initiates a Re-feeding protocol	01	Verify whether treatment initiated based upon diagnosis: Acute Phase Feed initially 100 kcal/kg/day Feed should be frequent: every 3 hour			
	02	Monitor and record daily: Stool frequency and consistency Vomiting, Weight gain, Use NGT if severe anorexia, severe dehydration, persistent vomiting or decreased mental status General condition of child			
	03	Transition Phase: Once appetite has returned more rapid .Initially start at same volume as with initial feeding and slowly increase over a few days to 150–220 Kcal/kg/day and4–6gm/kg/day of protein in 6 feedings a day to be a combination of milk and RUTF			
	04	For infants less than 6 months offer special formula first as above then breast milk, encourage exclusive breast feeding			
	05	Provide supplementary foods for mothers who are breastfeeding			
	06	Continue to monitor and record daily (Weight gain, Vomiting, Stool frequency and consistency,			
	07	Height recorded every 2 weeks if weight gain is poor <5 gm day reassess child If moderate 5–10 gm/day look for other infection and assess adequacy of intake.			
	08	Sensory stimulation given to child			
	09	Structured play daily for 15–30 min			
<b>IMNCI-15</b> The provider takes advantage of all the opportunities to vaccinate children	01	Checks the child's vaccination card and identifies his/her vaccine situation			
	02	Informs the mother about the vaccination plan			
	03	If pertinent, administers the missing vaccines or vitamin A, or orients the mother to the appropriate provider			
	04	If applicable, registers the vaccination or vitamin A administration in the child's card			

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE(S)	COMMENTS
<b>IMNCI-16</b> The provider orients the mother about continuity of care at home	01	Tells the mother to return immediately if the child does not breastfeed or drink, or if s/he has a fever, blood in the feces, or rapid or difficult breathing			
	02	Tells the mother to offer more liquids or breastfeeding and give additional food during periods of disease			
	03	If pertinent, administers the first dose of a medicine and shows the mother how to give oral medicines at home			
	04	Advises the mother to wash her hands before preparing food and after going to the toilet; also to keep the house clean			
	05	Advises the mother about her own health			

<b>TOTAL STANDARDS:</b>	<b>16</b>
<b>A. TOTAL STANDARDS OBSERVED:</b>	
<b>B. TOTAL STANDARDS ACHIEVED:</b>	
<b>C. PERCENTAGE OF ACHIEVEMENT:</b> $(\frac{B \times 100}{A})$	

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# Normal Labor & Childbirth

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## AREA: NORMAL LABOR & CHILDBIRTH

COUNTY: \_\_\_\_\_ FACILITY NAME: \_\_\_\_\_ FACILITY ID \_\_\_\_\_ IMPLEMENTER: \_\_\_\_\_

ASSESSMENT TYPE:  INTERNAL /  EXTERNAL      ASSESSOR: \_\_\_\_\_      DATE: \_\_\_\_\_

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE(S)	COMMENTS
<b>NLC-01</b> The provider prepares equipment, supplies and the environment to conduct clean and safe deliveries	01	Makes sure that the delivery room is clean  <b>Standard cleaning procedures (ALL must be done to write yes for this verification criteria)</b> <ul style="list-style-type: none"> <li>▪ Cleaning personnel must use utility gloves, mask, plastic/rubber apron, protective eyewear and shoes</li> <li>▪ Floors are wet mopped with a disinfectant solution (0.5% chlorine solution + soap) using the two-bucket or three-bucket techniques</li> <li>▪ Walls are cleaned with a clean cloth or wet mop in a cleaning solution</li> <li>▪ Chairs, lamps, tables, tabletops, lights, top of doors and counters must be wiped with a damp cloth, containing disinfectant cleaning solution</li> <li>▪ Non-critical equipment (e.g., stethoscope and blood pressure cuffs) must be wiped with a damp cloth with water and detergent; if the equipment is visibly soiled with blood or body fluids, or the patient is under contact precautions, it must be cleaned and disinfected before reuse</li> </ul>			
	02	Checks and looks for supplies and equipment to conduct normal deliveries  <b>Supplies and equipment for normal deliveries (ALL must be done to write yes for this verification criteria)</b> <ul style="list-style-type: none"> <li>• A sterile delivery pack</li> <li>• One leak proof container with 0.5% chlorine solution for decontamination</li> <li>• One leak proof container with a plastic bag to dispose the placenta</li> <li>• One leak proof container with a plastic bag for medical waste (gauze, etc.)</li> <li>• One sharp's disposal container at point of use to dispose of needle and syringe</li> <li>• One leak proof container to dispose of soiled linen</li> </ul>			
	03	Checks and looks for supplies and equipment to manage normal newborns according to National Pregnancy, Childbirth, Postpartum and Newborn Care Guidelines			
	04	Checks and looks for supplies and equipment to manage any maternal or newborn complication according to National Pregnancy, Childbirth, Postpartum and Newborn Care Guidelines			

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE(S)	COMMENTS
	05	Checks and looks for supplies and equipment for infection prevention and control according to National Pregnancy, Childbirth, Postpartum and Newborn Care Guidelines			
	06	Checks and looks for data management forms according to National Pregnancy, Childbirth, Postpartum and Newborn Care Guidelines			
<b>NLC-02</b> The provider performs a rapid initial assessment of the pregnant women in labor to identify complications and prioritize admissions	01	When assessing each woman individually, the provider determines if birth is imminent (desire to bear down, perspiration, anxiety)			
	02	Asks the woman for the antenatal card			
	03	Asks the woman if she has had any danger symptoms/signs			
		<p style="text-align: center;"><b>Danger symptoms/signs of labor</b> <b>(ALL must be asked to write yes for this verification criteria)</b></p> <ul style="list-style-type: none"> <li>▪ Vaginal bleeding</li> <li>▪ Rupture of membranes</li> <li>▪ Convulsions</li> <li>▪ Severe headache and blurred vision</li> <li>▪ Severe abdominal pain</li> <li>▪ Respiratory difficulty</li> <li>▪ Fever</li> </ul>			
	04	Records the information in the Admission Book			
<b>NLC-03</b> The provider treats the pregnant woman in labor in a cordial manner	01	She/he speaks in a language the woman understands or seeks someone who can assist in this regard			
	02	Greets the woman and her husband/companion in a cordial manner			
	03	Introduces her/himself			
	04	Explains care/procedure before any examination or procedures and share findings			
	05	Encourages the woman to ask her husband/companion to remain at her side, as appropriate			
	06	Responds to questions using easy-to-understand language			
	07	Responds to her immediate needs (thirst, hunger, cold/hot, need to urinate, etc.)			

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE(S)	COMMENTS
<b>NLC-04</b> The provider properly reviews and fills out the clinical history of the woman in labor	01	Asks and records on the woman's clinical history in a confidential and private environment			
	02	Asks about any danger signs			
		<b>Danger symptoms/signs of labor</b> <b>(ALL must be asked to write yes for this verification criteria)</b> <ul style="list-style-type: none"> <li>▪ Vaginal bleeding</li> <li>▪ Rupture of membranes</li> <li>▪ Convulsions</li> <li>▪ Severe headache and blurred vision</li> <li>▪ Severe abdominal pain</li> <li>▪ Respiratory difficulty</li> <li>▪ Fever</li> </ul>			
	03	Asks for the first day of the last menstrual period; calculates gestational age and estimates day of delivery			
	04	Asks about the obstetric history			
		<b>Obstetric history</b> <b>(ALL must be asked to write yes for this verification criteria)</b> <ul style="list-style-type: none"> <li>▪ Number of pregnancies</li> <li>▪ Number of abortions</li> <li>▪ Number of normal deliveries</li> <li>▪ Number of caesarean sections</li> <li>▪ Number of children born alive</li> <li>▪ Number of stillbirths</li> <li>▪ Number of children alive</li> <li>▪ Number of children who died during the first month</li> <li>▪ Number of children who died after first month</li> <li>▪ Date and outcome of the last pregnancy</li> </ul>			
	05	Asks the woman about her current labor			
<b>Questions about current labour</b> <b>(ALL must be asked to write yes for this verification criteria)</b> <ul style="list-style-type: none"> <li>▪ When the painful regular contractions began</li> <li>▪ How frequently they are occurring</li> <li>▪ If her "bag of waters" broke: when, what colour and what smell it had</li> <li>▪ Whether she feels the baby's movements</li> <li>▪ Whether she has any doubts or concerns about her labor, and responds using easy-to-understand language</li> </ul>					
06	Asks about general medical problems				
07	Asks about use of medications, including natural and herbal remedies				

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE(S)	COMMENTS
	08	Asks for signs, symptoms and diagnosis of sexually transmitted infections, HIV and TB			
	09	Avoids asking questions during contractions			
	10	Records the information on clinical history			
<b>NLC-05</b> The provider properly conducts the physical examination between contractions and if time allows	01	Ensures privacy during the entire process of the provision of care, at least during examination  <b>Privacy measures (ALL must be asked to write yes for this verification criteria)</b> <ul style="list-style-type: none"> <li>▪ Woman remains covered with a sheet</li> <li>▪ Area is separated with curtains, sheets or screens, as appropriate</li> <li>▪ The minimum number of individuals are present during examinations and birth (the provider attending the birth and a family member—the individual chosen by the woman)</li> </ul>			
	02	Explains to the woman and her husband/companion what the provider is going to do and encourages her to ask questions			
	03	Asks the woman to urinate and tests the urine for albumin and glucose			
	04	Performs hand hygiene  <b>Hands hygiene (EITHER)</b> <ul style="list-style-type: none"> <li>▪ Washes the hands with water and soap for 10-15 seconds, paying attention to areas under the finger nails and between the fingers; dries hands with an individual clean towel or air dries them</li> </ul> OR <ul style="list-style-type: none"> <li>▪ Rubs both hands with approximately 5 ml of alcohol gel 70%, paying attention below to the areas the under the finger nails and between the fingers, until dry</li> </ul>			
	06	Takes or delegates vital signs to assistant  <b>Vital signs (take ALL)</b> <ul style="list-style-type: none"> <li>▪ Temperature</li> <li>▪ Pulse</li> <li>▪ Blood pressure (BP)</li> <li>▪ Respiratory rate</li> </ul>			
	07	Checks the conjunctiva and palms of hands for anemia; if suspicious of anemia, takes a blood sample and sends it out for hemoglobin test			

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE(S)	COMMENTS
	08	Examines neck and face looking for ingurgitated veins, enlarged lymphatic nodes and edema			
	09	Auscultates lungs and heart			
	10	Registers finding in the clinical history			
<b>NLC-06</b> The provider properly conducts the obstetric examination between contractions, if time allows	01	Observes the shape and size of the abdomen and checks for the presence of scars and other skin lesions			
	02	Avoids examining the woman during a contraction			
	03	Determines fetal lie and presentation			
	04	Identifies degree of engagement by abdominal palpation (from five to zero fingers above the pubis)			
	05	Evaluates uterine contractions (frequency and duration over a 10-minute period)			
	06	Auscultates fetal heart rate (FHR)			
	07	Performs hand hygiene			
	08	Thoroughly conducts a vaginal examination			
	09	Records the results of the obstetric examination on the clinical history record and partograph if cervical dilation is 4 cm or more			

- Vaginal examination**  
**(ALL must be done to write yes for this verification criteria)**
- Performs hands hygiene
  - Puts surgical sterile or high-level disinfected (HLD) gloves on both hands
  - Cleanses the perineum:
    - Using the hand that will not be used for the pelvic examination, take a washcloth and clean the perineum with soap and water, using downward and backward motion
    - Clean the anal area last
    - Dispose the washcloth in the contaminated waste recipient
    - With a new washcloth, disinfect the perineum with Chlorhexidine 0.25%, using downward and backward motion
    - Dispose the washcloth in the contaminated waste recipient
  - Examines the vulva (ulcers, blood, liquid, secretions)
  - Assesses cervical dilatation, molding and descent of presenting part
  - Briefly submerges hands with gloves in 0.5% chlorine solution, removes gloves by inverting and disposes them in the contaminated waste recipient
  - Performs hand hygiene after removing gloves

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE(S)	COMMENTS
<b>NLC-07</b> Health care provider provides counseling and testing for woman in labor with unknown HIV status	01	Performs rapid HIV testing according to national algorithm			
	02	Provides negative or positive test results			
	03	If results were positive, discusses mother-to-child transmission of HIV, and tells the woman that she will get medicines right away to reduce the risk of transmitting infection to her baby, and that the baby will also receive medicine after delivery			
	04	Arranges for follow up counseling including care and support, disclosure and partner testing, care and follow up for the baby			
<b>NLC-08</b> If the woman is HIV positive, the healthcare provider gives her antiretroviral medicine as appropriate	01	(ART or ARV). If already on ART continue with treatment			
	02	Observe with a patient in labor if the provider <b>(ALL)</b> <ul style="list-style-type: none"> <li>Explains importance of ARV to prevent MTCT</li> </ul> Tells the woman to inform of any vomiting immediately after swallowing			
	03	Makes sure woman is in true labor			
	04	For women with HIV type 1, type 1 & 2 who were tested positive during labor and those already in the PMTCT program: <ul style="list-style-type: none"> <li>If less than 6 cms dilated Give AZT 300mg q 3 hours, 3 TC 150mg every 12 hours and single dose NVP or If more than 6 cms dilated, give AZT 600mg single dose, 3 TC 150mg every 12 hours and NVP 200mg single dose</li> </ul> For women with HIV Type 2 only who were tested positive during labor and those already in the PMTCT program: <ul style="list-style-type: none"> <li>If less than 6 cms dilated give AZT 300 mg every 3 hours or if more than 6 cms dilated give AZT 600mg single dose only, NO NVP or 3TC</li> </ul>			

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE(S)	COMMENTS
<b>NLC-09</b> The healthcare provider informs or reinforces information about infant feeding options	For <b>women with no HIV infection</b> and unknown status, informs or reinforces about:				
	01	Avoiding prelacteal feeds			
	02	Initiating breastfeeding within one hour of delivery, ensuring colostrum intake			
	03	Importance of exclusive breastfeeding for the first six months and continued feeding for 12 months and beyond, avoiding bottle feeding			
	04	How to establish good breastfeeding skills, practicing frequent and on demand feeding			
	05	Where to go if patient has breast problems			
	For <b>women living with HIV</b> , informs or reinforces about:				
	06	Advantages and disadvantages of infant feeding options			
	07	How to choose appropriate feeding option			
	08	If it is AFASS (acceptable, feasible, affordable, sustainable, safe), describes and demonstrates the skills for Exclusive Replacement Feeding			
	09	If not AFASS, counsels woman on Exclusive Breastfeeding, heat treating breast milk and wet nursing			
10	Explains the risks of mixed feeding				
11	Asks the woman to repeat the message				
<b>NLC-10</b> The provider decides and implements appropriate care during labor, according to the findings of the history and physical exam	01	Discusses the care decisions with the woman and her husband/companion, if possible			
	02	Instructs the woman about the importance of:			
		• Going to the bathroom often to empty her bladder			
		• Taking liquids and light foods whenever she wants			
		Walking and changing positions, according to desire and comfort			
03	If the woman is HIV positive and the membranes are ruptured, then conducts a vaginal cleansing with chlorhexidine prior to vaginal examinations				
04	Records procedures on woman's clinical record				

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE(S)	COMMENTS
<b>NLC-11</b> The provider uses the partograph to monitor labor and make adjustments to care	01	Records patient information on partograph  <b>Partograph detailed information: (ALL must be asked to write yes for this verification criteria)</b>  Patient information: <ul style="list-style-type: none"> <li>▪ Name</li> <li>▪ Gravida, PARA</li> <li>▪ Safe motherhood/hospital/clinic number</li> <li>▪ Date and time of admission</li> <li>▪ Time of ruptured membranes</li> </ul>			
	02	Records required partograph information every half hour  <b>Information to be recorded every half hour: (ALL must be asked to write yes for this verification criteria)</b> <ul style="list-style-type: none"> <li>▪ Fetal heart rate</li> <li>▪ Uterine contractions(frequency and duration over a 10-minute period)</li> <li>▪ Maternal pulse and blood pressure</li> <li>▪ Amount of IV solution with Oxytocin in drops/minute if the woman was commenced on Oxytocin</li> </ul>			
	03	Records temperature every four hours			
	04	Records required partograph information at every vaginal examination (every four hours or less according to evolution of labor)			
		<b>Documentation at every vaginal examination (ALL must be done to write yes for this verification criteria)</b> <ul style="list-style-type: none"> <li>▪ Records the condition of the membranes and characteristics of the amniotic fluid</li> <li>▪ Graphs the degree of molding of the presentation</li> <li>▪ Graphs cervical dilation</li> <li>▪ Graphs the descent of the head or buttocks</li> </ul>			
	05	Records the amount of urine output			
	06	Records the time of the above observations			
	07	Adjusts care according to the parameters encountered: <ul style="list-style-type: none"> <li>• If parameters are normal, continues care as planned (walk about freely, hydration, light food if desired, change positions, etc.) <b>OR</b></li> <li>• If parameters are not normal, identifies complications, records the diagnosis and makes adjustments to care</li> </ul>			

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE(S)	COMMENTS
<b>NLC-12</b> The provider prepares to assist the birth	01	Provider prepares a sterile delivery pack and other essential materials			
		<p style="text-align: center;"><b>Sterile delivery pack</b> <b>(ALL must be done to write yes for this verification criteria)</b></p> <ul style="list-style-type: none"> <li>▪ Performs hand hygiene</li> <li>▪ Sterile tray</li> <li>▪ Two hemostats (clamps)</li> <li>▪ One scissor for cutting the cord</li> <li>▪ One cord clamp or sterile tape or sterile tie</li> <li>▪ Two sterile towels (one to receive the baby, one to be placed under the woman's buttocks)</li> <li>▪ Sterile gauze to clean baby's mouth and nose</li> <li>▪ One syringe with 10 IU of oxytocin</li> <li>▪ Two pairs of sterile gloves</li> </ul>			
	02	Has one plastic container with 0.5% chlorine solution for decontamination			
	03	Has one plastic container with a plastic liner to dispose the placenta			
	04	Has one plastic container with a plastic liner for medical waste (gauze, etc.)			
	05	Has one sharp container at point of use to dispose of needle and syringe			
	06	Has one leak-proof container to dispose of soiled linen			
	07	Sets up newborn resuscitation table			
	08	Allows the woman to give birth in the position she wants			
	09	Ensures privacy of the woman			
		<p style="text-align: center;"><b>Privacy measures</b> <b>(ALL must be done to write yes for this verification criteria)</b></p> <ul style="list-style-type: none"> <li>▪ Woman remains covered with a sheet</li> <li>▪ Area is separated with curtains, sheets or screens, as appropriate</li> <li>▪ The minimum number of individuals are present during birth (the provider attending the birth and a family member—the individual chosen by the woman)</li> </ul>			
	04	Explains to the woman the situation, procedure, birth process, how to help herself and manage the bearing down process (when and how)			
	05	Encourages and speaks kindly to the woman during labor			

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE(S)	COMMENTS
	06	Encourages the woman to ask questions and responds in easy-to-understand language			
	07	Makes sure the woman's bladder is empty			
	08	Registers procedures in clinical record			
<b>NLC-13</b> The provider assists the woman to have a safe and clean birth	01	Monitors or has assistant monitor the Fetal Heart Rate every 15 minutes during the second stage			
	02	Puts on personal protective equipment			
	03	Washes hands with soap and water and dries them, or applies alcohol gel and rub hands until dry			
	04	Puts sterile or HLD gloves on both hands			
	05	Cleanses the perineum with water or a nonalcoholic antiseptic solution			
	06	Allows the woman to bear down when she feels the desire (does not force her to bear down)			
	07	Artificial rupture of membranes <b>is avoided</b> ( <i>especially important for women living with HIV, to reduce MTCT</i> )			
	08	Performs an episiotomy only if necessary (breech, shoulder dystocia, forceps, vacuum, poorly healed 3 <sup>rd</sup> or 4 <sup>th</sup> degree tear or fetal distress)			
	09	Allows the head to spontaneously crown while guarding the perineum			
	10	After the emergence of the head, asks the woman to briefly refrain from bearing down (open mouth breathing)			
	11	Cleans the baby's mouth and nose using a sterile gauze if meconium present			
	12	Assists in delivering the baby  <div style="background-color: #e0e0e0; padding: 5px;"> <p style="text-align: center;"><b>Delivering the baby; steps during the second stage (ALL must be done to write yes for this verification criteria)</b></p> <ul style="list-style-type: none"> <li>▪ Quickly palpates to determine the presence of nuchal cord; if it is loose, slide it over the baby's head; if it is very tight, clamp it in two places and cut it before unravelling it from around the baby's neck</li> <li>▪ Allows spontaneous external rotation without manipulation if it happens quickly</li> <li>▪ Carefully takes the baby's head in both hands and applies downward traction until the anterior shoulder has emerged (no neck holding)</li> <li>▪ Guides the baby's head and chest upward until the posterior shoulder has emerged</li> <li>▪ Holds the baby by the trunk and places it on a dry towel on the mother's abdomen</li> <li>▪ Dries baby gently, assesses the baby's breathing, changes wet towel for a</li> </ul> </div>			

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE(S)	COMMENTS
		clean dry one, places cap on baby's head <ul style="list-style-type: none"> <li>▪ Passes the baby to the mother for early skin-to-skin contact</li> <li>▪ Clamps the cord in two places if not done earlier near the umbilicus and cuts the cord</li> </ul>			
	13	Checks for a second baby if no second baby informs the women that she will receive the oxytocin and administer it according to protocol			
	14	Enthusiastically informs mother of the sex of her child and shows sex of baby to mother			
	15	Passes the wrapped baby to mother for skin-to-skin contact on breast and to initiate breastfeeding			
	16	Registers time of delivery and sex of the baby on the clinical record			

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE(S)	COMMENTS
<p><b>NLC-14</b> The provider properly conducts a rapid initial assessment of the newborn and provides immediate resuscitation if needed</p> <p><b>Note 1:</b> This standard must be observed immediately following birth</p> <p><b>Note 2:</b> It may be necessary to have two observers in the event that one provider is caring for the woman and the other for the newborn</p>	01	If baby does not begin breathing (Apneic) or gasping or having respiratory rate of less than 20/min, asks for assistance, rapidly cuts and ties the cord and initiates resuscitation following Helping Baby Breathe (HBB) protocol			
	02	Quickly wraps and covers the baby, except for the face and the upper portion of the chest			
	03	Positions the head of the baby so that the neck is slightly extended, which may be achieved by placing a rolled up piece of cloth under the baby's shoulders			
	04	Quickly sucks the baby's mouth and then nose (does not suck deep in the throat, which may cause bradycardia)			
	05	If the baby does not breathe, quickly initiates ventilation			
	06	<p>Properly performs ventilation with bag and mask or tube and mask</p> <p><b>Procedure for resuscitation with bag and mask or tube and mask (ALL must be done to write yes for this verification criteria)</b></p> <ul style="list-style-type: none"> <li>▪ Places the mask so it covers the baby's chin, mouth and nose</li> <li>▪ Ensures that an appropriate seal has been formed between mask, nose, mouth and chin</li> <li>▪ Ventilates one or two times and see if chest is rising</li> <li>▪ Ventilates 40 times per minute for 1 minute</li> <li>▪ Pauses and determines whether the baby is breathing spontaneously</li> </ul> <p><i>If the baby is breathing and there is no sign of respiratory difficulty (intercostal retractions or grunting) place the baby in skin-to-skin contact with mother</i></p> <p><i>If baby does not begin to breathe or if breathing is less than 20 respirations per minute or if gasping:</i></p> <ul style="list-style-type: none"> <li>▪ Continues to ventilate</li> <li>▪ Administers oxygen, if available</li> <li>▪ Assesses the need for special care</li> <li>▪ Explains to the mother what is happening, if possible</li> </ul>			

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE(S)	COMMENTS
	07	In the event of mouth/nose-mouth resuscitation, performs it properly			
		<p><b>Procedure for resuscitation with mouth/nose-mouth (ALL must be done to write yes for this verification criteria)</b></p> <ul style="list-style-type: none"> <li>▪ Places a piece of clean cloth or gauze over the baby's mouth and nose</li> <li>▪ Places her/his mouth over the mouth and nose of the baby</li> <li>▪ Gently blows only the air contained in her/his mouth, 40 times per minute for 1 minute</li> <li>▪ Verifies that chest is rising</li> <li>▪ Pauses and determines whether the baby is breathing spontaneously.</li> </ul> <p><i>If there is no breathing after 20 minutes of ventilation or gasping type of breathing for 30 minutes:</i></p> <ul style="list-style-type: none"> <li>▪ Suspends resuscitation</li> <li>▪ Records the time of death</li> <li>▪ Provides emotional support to mother/parents and family members</li> </ul>			
	08	Records all actions taken on the woman's clinical record			
	09	Informs the mother and asks whether she has any questions, and responds using easy-to-understand language			
<b>NLC-15</b> The provider adequately performs active management of the third stage of labor	01	Palpates the mother's abdomen to rule out the presence of a second baby (without stimulating contractions)			
	04	Performs controlled cord traction			
		<p><b>Procedure for controlled cord traction (ALL must be done to write yes for this verification criteria)</b></p> <ul style="list-style-type: none"> <li>▪ Re-clamps the cord near the perineum</li> <li>▪ Holds the cord and clamps with one hand</li> <li>▪ Places the other hand on the woman's symphysis pubis (over the sterile towel) and gently pushes upward in the direction of her abdomen</li> <li>▪ Maintains firm traction on the cord and waits for the uterus to contract</li> <li>▪ Upon contraction, applies firm and sustained downward traction on the cord with counter force above the pubis to guard the uterus, until the placenta is expelled</li> <li>▪ If this maneuver does not provide immediate results, ceases to apply traction, holding the cord and clamp until the next contraction</li> <li>▪ Repeats controlled cord traction while simultaneously applying counter pressure above pubis to guard uterus</li> <li>▪ With both hands, assists in the expulsion of the placenta by turning it over in the hands, without applying traction and "teasing out" the membranes</li> </ul>			
	05	After expulsion of the placenta, massages the uterus with one hand on a sterile cloth over the abdomen, until the uterus contracts firmly			
	06	Examines the placenta and membranes to see if complete			

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE(S)	COMMENTS
	07	Measures the blood lost and if the woman's condition is affected by the blood lost, decides immediate action			
<b>NLC-16</b> The provider adequately performs immediate postpartum care	01	Informs the woman what she is going to do before proceeding, then carefully examines the vagina and perineum			
	02	Gently cleanses the vulva and perineum with clean water or a nonalcoholic antiseptic solution			
	03	Checks for tears/lacerations and Sutures them, if necessary			
	04	Covers the perineum with a clean sanitary pad			
	05	Makes sure that the woman is comfortable (clean, hydrated and warmly covered)			
	06	Ensures that the baby is well covered, is with the mother and has begun to suckle within an hour of birth			
	07	Registers findings and events in clinical record			
<b>NLC-17</b> The provider properly disposes of the used instruments and medical waste after assisting the birth	01	Puts on gloves while disposing of used instruments and medical waste			
	02	Discards the placenta in a leak-proof container with a plastic liner			
	03	Disposes of medical waste (gauze, etc.) in a plastic container with a plastic liner			
	04	Puts the soiled linen in a leak-proof container			
	05	Opens (un-hinges) all instruments and immerses them in a 0.5% chlorine solution for 10 minutes			
	06	Disposes of the needle and syringe in a puncture-resistant container, without removing, recapping or breaking the needle			
	07	Wipes down all surfaces with 0.5% chlorine solution			
	08	Immerses both gloved hands in a 0.5% chlorine solution, removes gloves by turning inside out and places them in a container with a plastic liner			
	09	Performs hand hygiene after removing gloves			

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE(S)	COMMENTS
<b>NLC-18</b> The provider properly monitors the newborn in immediate postpartum period	01	Checks that the baby is warm			
	02	If cold, follows procedure for warming the baby up			
		<b>Procedure for warming the baby up (ALL must be done to write yes for this verification criteria)</b> <ul style="list-style-type: none"> <li>▪ Verifies body temperature by checking axillary temperature</li> <li>▪ Makes sure that baby is kept warm by maintaining skin-to-skin contact</li> <li>▪ If skin-to-skin contact is not possible, re-wraps the baby, including the head and places the baby under a heat source or incubator</li> <li>▪ Continues to monitor temperature on an hourly basis or until temperature stabilizes</li> </ul>			
	03	Checks the baby's vital signs are checked every 15 minutes for 1 hour, then every 30 minutes the second hour			
	04	Clamps and cuts the cord using sterile instruments			
	05	Ensures that baby is not bleeding from cord			
	06	Verifies that suckling reflex is established			
	07	Puts name tag to the baby with his/her name written down			
08	Applies tetracycline in both of the baby's eyes within first hour of life				
<b>NLC-19</b> The provider closely monitors the woman for at least two hours after the birth	01	Keeps the woman in the post-natal ward to be monitored for at least six hours after the birth			
	02	Monitors specific indicators in the woman every 15 minutes in the first hour			
		<b>Post-partum monitoring (ALL must be done to write yes for this verification criteria)</b> <i>Checks mother every 15 minutes in first hour for:</i> <ul style="list-style-type: none"> <li>▪ Uterine tone</li> <li>▪ Vaginal bleeding</li> <li>▪ Blood pressure</li> <li>▪ Pulse</li> </ul>			
03	Monitors specific indicators in the woman every 30 minutes in the second hour				
	<b>Monitors mother and baby every 30 minutes in second hour for: (ALL must be done to write yes for this verification criteria)</b> <ul style="list-style-type: none"> <li>▪ Uterine tone</li> <li>▪ Vaginal bleeding</li> <li>▪ Bladder distension</li> <li>▪ Blood pressure</li> <li>▪ Pulse</li> </ul>				

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE(S)	COMMENTS
	04	Asks the woman if she has urinated and encourages her to do so.			
	05	Performs initial management in the event of hemorrhage			
	06	Records the information on the woman's clinical record			
<b>NLC-20</b> The health care provider provides appropriate essential newborn care and gives appropriate medication to the newborn	01	Monitors baby's temperature every hour, by touching the baby's skin: If cold, takes axillary's temperature and makes sure that the baby is kept warm by maintaining skin-to-skin contact (if that's not possible, re-wrap the baby, including the head)			
	02	If necessary, places the baby in a heated crib or incubator			
	03	Continues to monitor baby condition, especially temperature on an hourly basis or until temperature stabilizes			
	05	Encourages and supports the mother in initiating breastfeeding within the first hour after birth			
	06	Encourages the mother to ask questions, and responds using easy-to-understand language			
	07	Performs a complete physical exam of the newborn			
	08	Provides vitamin K			
	09	Administers vaccinations (first dose of OPV and BCG)			
	10	If the mother is HIV-positive, s/he administers appropriate ARVs			
	11	A) Type 1 or Type 1 & 2 and child is breastfeeding, administers NVP daily from day of birth until one week after weaning the baby according to NACP dosing protocols or If the mother is HIV-positive, Type 1 or Type 1 & 2 and child is not breast feeding, administers Nevirapine daily until 6 weeks according to NACP dosing protocols or single dose of NVP followed by AZT twice a day for 6 weeks.  B) Type 2 only and child is breastfeeding administer AZT syrup bid for 6 weeks regardless of feeding option according to NACP dosing protocols			

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE(S)	COMMENTS
<b>NLC-21</b> Medications to provide obstetric services are available and accessible on the maternity ward.	01	Verify in the maternity ward with the responsible person on duty the existence of the following drugs: Adequate supply of oxytocin for every vaginal delivery and cesarean section for 3 days of clinical services (according to the average of deliveries)			
	02	Antibiotics to manage five cases of infection: Ampicillin (injection) or Penicillin G (injection), Gentamicin (injection), Metronidazole (injection) or chloramphenicol (injection) or			
	03	Anticonvulsives and antihypertensives to manage five cases of severe pre-eclampsia or eclampsia: Magnesium sulfate 50% solution for injection			
	04	Lidocaine 2%, Distilled water (injection)			
	05	Calcium gluconate (for toxicity, injection)			
	06	Hydralazine (injection) or nifedipine (tablets)			
	07	Oxytocics and IV solutions to manage at least five cases of shock or PPH: Oxytocin			
	08	Methylergometrine			
	09	5% glucose, isotonic (solution), D50% and Saline or Ringer's lactate			
	10	ARVs (AZT 300mg/3TC 150mg/NVP 200mg, NVP syrup)			

<b>TOTAL STANDARDS:</b>	<b>20</b>
<b>A. TOTAL STANDARDS OBSERVED:</b>	
<b>B. TOTAL STANDARDS ACHIEVED:</b>	
<b>C. PERCENTAGE OF ACHIEVEMENT: <math>(B \times 100 / A)</math></b>	

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# Obstetrical Complications

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**AREA: OBSTETRICAL COMPLICATIONS**

COUNTY: \_\_\_\_\_ FACILITY NAME: \_\_\_\_\_ FACILITY ID \_\_\_\_\_ IMPLEMENTER: \_\_\_\_\_

ASSESSMENT TYPE:  INTERNAL /  EXTERNAL      ASSESSOR: \_\_\_\_\_      DATE: \_\_\_\_\_

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE(S)	COMMENTS
<b>COMP-01</b> The provider manages or describes the management of shock	01	The provider Describes the immediate treatment plan to be given  <b>Immediate treatment to be given for management of hypovolemic shock (ALL must be done to write yes for this verification criteria)</b> <ul style="list-style-type: none"> <li>▪ Rapidly evaluates Vital signs and assesses the following: (Perspiration, Pallor, Cold and Clammy skin)</li> <li>▪ Maintains airways</li> <li>▪ Administers oxygen to the woman, 6–8 L/minute by cannula or mask</li> <li>▪ Starts two IV lines using a 16- or 18-gauge needle</li> <li>▪ Performs IV cut down if the vein is not accessible</li> <li>▪ Places the woman on her side and keeps airway open Takes a blood sample for performing hemoglobin, coagulation and blood group, and Rh (cross-matching)</li> <li>▪ Requests blood</li> <li>▪ Assesses the woman's need for transfusion based upon signs and symptoms of shock or impending shock due to amount of blood lost</li> <li>▪ Performs bladder catheterization</li> <li>▪ Keeps the woman warm Covers the woman with a blanket</li> <li>▪ At all times wash hands before and after procedure</li> </ul>			
	02	<ul style="list-style-type: none"> <li>• Replaces fluids with appropriate replacement fluids and/pr describes appropriate replacement fluids (ALL)With saline or Ringer's solution</li> <li>• 1 L over a 15–20 minute period (wide open rate) in each line</li> <li>• Labels IV bags with bed number and medications added, if any</li> <li>• Administers at least two additional litres of this solution during the first hour</li> <li>• Continues to replace volume IV in accordance with the loss of blood (two or three times the estimated loss)</li> </ul>			

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE(S)	COMMENTS
<b>COMP-02</b> The provider evaluates or describes how to evaluate patient's response and next steps	01	Describes the evaluation of the woman's response to the immediate treatment			
		<b>Evaluating the woman's response to the immediate treatment (ALL must be done to write yes for this verification criteria)</b> <ul style="list-style-type: none"> <li>▪ Re-assesses the woman every 15 minutes:               <ul style="list-style-type: none"> <li>– Pulse</li> <li>– BP</li> <li>– Mental state (confusion)</li> <li>– Fluid balance</li> <li>– Keeps the woman warmly covered</li> </ul> </li> </ul>			
	02	Observed what the provider does if the patient condition improves or describes what s/he would do if the conditions improve (pulse of 90 or less, systolic BP of 100 mmHg or more, at least 30 ml of urine per hour and less anxiety/confusion)			
		<b>What to do if the conditions improve? (ALL) (pulse of 90 or less, systolic BP of 100 mmHg or more, at least 30 ml of urine per hour and less anxiety/confusion):</b> <ul style="list-style-type: none"> <li>▪ Adjusts IV infusion to 1 L over a six-hour period (60 drops/minute)</li> <li>▪ Continues to monitor vital signs and loss of blood every 30 minutes</li> </ul>			
	03	Observed what the provider does if the patient condition does not improve or describes what s/he would do if conditions do not improve			
		<b>What to do if the conditions do not improve: (ALL)</b> <ul style="list-style-type: none"> <li>▪ Continues IV solution 1 L over a six-hour period (60 drops/minute)</li> <li>▪ Continues to administer oxygen 6–8 L/minute</li> <li>▪ Continues to monitor vital signs and fluid balance</li> </ul>			
<b>COMP-03</b> The provider identifies the specific cause of shock and manages or describes the management according to the cause	01	Identifies or explains how to identify cause of shock			
		<b>How to identify the cause of shock: (ALL)</b> <ul style="list-style-type: none"> <li>▪ Performs vaginal obstetric examination if needed</li> <li>▪ Proposes diagnosis or identifies cause of bleeding</li> </ul>			
	02	Explains next steps if shock is identified			
		<b>Next steps if shock is identified: (ALL)</b> <ul style="list-style-type: none"> <li>▪ Performs specific actions to stop the bleeding</li> <li>▪ blood transfusion as soon as possible, as needed</li> <li>▪ Decides referral to specialty service (ICU, OR, ER, etc.), if needed</li> <li>▪ Records information related to findings and procedures performed on the clinical history</li> <li>▪ Catheterization set</li> </ul>			

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE(S)	COMMENTS
<b>COMP 04</b> The clinical records show that provider recorded procedures before blood transfusion.		Determine whether the following information is documented on the clinical records of recent transfusion:			
	01	Complete order for blood transfusion: (Type of blood, Volume to be transfused, Pre-medication including Diuretics and Antihistamine PRN.)			
	02	Prior to initiating transfusion: (General appearance, Temperature, Pulse, BP, Breathing),			
	03	Liquid intake (IV and Oral), Diuresis given			
	04	Hematocrit or hemoglobin level			
	05	Woman's blood group, type, and volume of blood to be transfused			
	06	Name and signature of the two people who checked donor's and recipient's information			
	07	Date and hour transfusion was initiated			
<b>COMP 05</b> The clinical records show that provider recorded reaction and management during and <b>after</b> blood transfusion		Determine whether the following information is documented on the women's clinical records:			
	01	A description of any reaction or "No reaction"			
	02	If reaction, specific action taken ( call for help, Stop transfusion immediately, N/S infusion, Vital signs – Temp, P, Resp. B/P and reassure pt and/or care takers), Inform Doctor. Document if no reaction- Must do ALL			
	03	Date and time of all actions taken.			
<b>COMP 06</b> The clinical records show that provider recorded procedures <b>after</b> blood transfusion.		Determine whether the following information is documented on the woman's clinical records:			
	01	Information the completion of the transfusion: Duration (Date and time of completion)			
	02	Volume and type of blood transfused			
	03	Donor code for blood transfused			
	04	Post Hgb. V/S, Medication, and reassessment of patient's condition			

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE(S)	COMMENTS
<b>COMP 07</b> The provider records clinical history and information related to findings and procedures performed.		Observe whether the provider records:			
	01	Admission conditions, history and physical examination			
	02	Cause of shock			
	03	Solutions/fluids and drugs given doses, time and any reaction			
	04	Procedures performed			
	05	Progress ( status of the patient)			
	06	Any action taken			
	07	Follow up indications			
<b>COMP-08</b> The provider shows the equipment and drugs to be used for management of shock	01	Shows supplies for starting an IV line  <b>Supplies for starting an IV line: (ALL)</b> <ul style="list-style-type: none"> <li>▪ 16- or 18-gauge needle or cannula</li> <li>▪ IV cut down set</li> <li>▪ Container for taking blood sample</li> <li>▪ IV equipment</li> </ul>			
	02	Shows oxygen tank or central supply source in working order, WITH cannula and mask			
	03	Shows bladder catheterization set AND urine collection bags			
<b>COMP-09</b> The provider provides appropriate treatment and counseling to women reactive to syphilis test	01	Gives single dose of Benzathine Penicillin 2.4 MU intramuscular (1.2 MU in each buttock) once a week for three weeks; if the woman is allergic to Penicillin, gives Erythromycin tablets 500 mg every 6 hours for 15 days			
	02	Explains to the client that her partner(s) must receive the same treatment			
	03	If tertiary Syphilis is suspected, gives two additional doses of Benzathine Penicillin 2.4 MU intramuscular (1.2 MU in each buttock) one week apart; if the woman is allergic to Penicillin, gives Erythromycin tablets 500 mg every 6 hours for 30 days			
	04	Gives the woman a follow up schedule: two appointments seven days apart			
	05	Encourages testing for HIV			
	06	Encourages the couple to abstain or use condoms during treatment			

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE(S)	COMMENTS
<b>COMP-10</b> The provider manages correctly uncomplicated malaria during the first trimester of pregnancy	01	Performs or requests a blood thick smear			
	02	If positive, gives Quinine 10 mg/kg body weight every 8 hours for 7 days			
	03	Prescribes paracetamol 500 mg every 8 hours for three days			
	04	Asks the woman to return if there is no improvement after completing the treatment			
	05	If the woman does not improve after treatment, the provider refers her to the hospital			
<b>COMP-11</b> The provider manages correctly uncomplicated malaria during the 2 <sup>nd</sup> and 3 <sup>rd</sup> trimester of pregnancy	01	Performs or requests a blood thick smear			
	02	Prescribes artemether/lumefantrine			
		<b>Treatment with artemether 20mg/lumefantrine 120 mg (ALL)</b> <ul style="list-style-type: none"> <li>▪ 1<sup>st</sup> day: DOT 4 pills and 4 pills 8 hours later</li> <li>▪ 2<sup>nd</sup> day: 4 pills every 12 hours</li> <li>▪ 3<sup>rd</sup> day: 4 pills every 12 hours</li> </ul>			
	03	Prescribes paracetamol 500 mg every 8 hours for three days			
03	<b>If the woman does not improve after treatment, the provider</b> refers patient to higher level of care/hospital				

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE(S)	COMMENTS
<b>COMP-12</b> The provider administers appropriate treatment for complicated cases of malaria during pregnancy	01	Clears and maintains airways			
	02	Position the woman in semi prone or on the side			
	03	If present, manages coma correctly			
		<b>Management of coma (ALL)</b>			
	04	If present, manages very high fever correctly			
		<b>Management of very high fever (ALL)</b>			
	05	If present, manages convulsions correctly			
		<b>Management of convulsions (ALL)</b>			
	06	Identifies and manages hypoglycemia			
		<b>Management of hypoglycemia (ALL)</b>			
07	Performs or requests a blood thick smear				
08	If smear is positive, administers Quinine 20 mg/kg body weight IV followed by 10 mg/kg body weight IV every 12 hours for 7 days				
09	If Quinine cannot be given by infusion, give Quinine 10 mg/kg dose by IM injection				
10	Refers the woman for higher level of care/to the hospital immediately.				

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE(S)	COMMENTS
<b>COMP-13</b> Pregnant women with bleeding complications are appropriately managed according to national guidelines	01	<p>The cause of the bleeding is identified and patient is managed according to protocols of the MOHSW</p> <p>Provider identifies signs of abruptio placenta as: (ALL)</p> <ul style="list-style-type: none"> <li>▪ Intermittent or constant abdominal pain</li> <li>▪ Bleeding after 22 weeks gestation (maybe retained in the uterus and not visible vaginally)</li> <li>▪ Shock</li> <li>▪ Tense or tender uterus</li> <li>▪ Fetal distress or absent of fetal heart beat</li> <li>▪ Decrease or absent of fetal movement</li> </ul> <p>Provider identifies signs of placenta previa as:</p> <ul style="list-style-type: none"> <li>▪ Bleeding after 22 weeks gestation</li> <li>▪ Shock</li> <li>▪ Bleeding that is precipitated by intercourse</li> <li>▪ Relaxed uterus</li> <li>▪ On palpation, lower uterine pole feels empty</li> <li>▪ Normal fetal condition</li> </ul>			
	02	Provider evaluates the woman response to treatment and or describes the evaluation of the woman's response to the immediate treatment (re-assesses the woman every 15 minutes: pulse, BP, mental state (confusion), fluid balance, keeps the woman warmly covered)			
	03	Carries out interventions or describes what to do if condition improves (pulse of 90 or < systolic BP of 100 mmHg, >, 30 ml or > urine per hour and less anxiety/confusion), adjust IV 1L for 6 hour continue to monitor vital signs, and loss of blood Q30 minutes			
	04	Carries out interventions or describes what to do if conditions do not improve (continuous IV solution, 1 liter over 6 hour-period, 60 drops/minute and continues to administer 02 6-8 liter/minute), continues to monitor vital signs and fluid balance			
	05	If woman is in the 2 <sup>nd</sup> or 3 <sup>rd</sup> trimester, gives anthelmintics: Albendazole 400 mg or Mebendazole 500 mg stat orally			
	06	Advises about nutrition: eating animal proteins, beans/peas, dark green vegetables and sources of vitamin C			
	07	Makes a follow up appointment to reassess			

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE(S)	COMMENTS
<b>COMP-14</b> The provider manages severe anemia (<7 g/dl) according to the national guidelines	01	Refers/admits the woman for higher level care/to the hospital			
	02	Identifies and treats the cause(s) of anemia			
	03	Blood transfusion if indicated			
	04	Gives FeFo 200 mg OD orally until delivery			
	05	Advises to continue taking FeFo for three months after delivery			
<b>COMP-15</b> The provider manages preeclampsia or eclampsia according to protocol	01	<b>AT ALL TIMES</b> greet patients and relatives, PROVIDE PRIVACY AND EXPLAIN PROCEDURE			
	02	<b>AT ALL TIMES</b> WASH HANDS BEFORE AND AFTER PROCEDURES			
	03	Rapidly evaluates: Vital signs (Temp, Pulse, Resp. Blood pressure (BP), FH T and general appearance)			
	04	Diagnoses preeclampsia correctly: (ALL) <ul style="list-style-type: none"> <li>▪ After 20<sup>th</sup> week of pregnancy</li> <li>▪ High blood pressure: <ul style="list-style-type: none"> <li>– Woman normotensive: systolic &gt;140 mm Hg AND diastolic &gt;90 mmHg in two successive assessments 4–6 hours apart</li> <li>– Woman with preexisting essential hypertension: increase of systolic ≥30 mm Hg and increase of diastolic ≥15 mmHg</li> </ul> </li> <li>▪ Proteinuria</li> </ul>			
	05	Properly classifies the severity of preeclampsia, according to blood pressure and proteinuria levels <p style="text-align: center;"><b>Preeclampsia classification according to severity (EITHER)</b></p> <p><b>Mild:</b></p> <ul style="list-style-type: none"> <li>▪ Blood pressure of 130/90 OR</li> <li>▪ Increase of diastolic of 15–20 mm Hg OR Diastolic 90-100 mm Hg</li> <li>▪ Proteinuria: Traces</li> </ul> <p><b>Moderate:</b></p> <ul style="list-style-type: none"> <li>▪ Blood pressure 150/100 but diastolic &lt;110 mm Hg</li> <li>▪ Proteinuria +</li> </ul> <p><b>Severe:</b></p> <ul style="list-style-type: none"> <li>▪ Diastolic blood pressure ≥110 mm Hg OR an increase in diastolic &gt;20 mm Hg</li> <li>▪ Proteinuria ≥2+</li> </ul>			

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE(S)	COMMENTS
	06	Manages mild preeclampsia with general recommendations on resting and diet			
		<p style="text-align: center;"><b>Management of mild preeclampsia (ALL)</b></p> <ul style="list-style-type: none"> <li>▪ Advises bed rest at home or refers/admits in the hospital if home is too far away</li> <li>▪ Orientation to report worsening symptoms: severe headache, blurred vision</li> <li>▪ Orientation on diet: rich in protein, fiber and vitamins, but low in carbohydrates and salt</li> <li>▪ Monitors condition on a weekly basis</li> </ul>			
	07	Admits with moderate preeclampsia, and manages with hypotensives, corticosteroids, resting and diet			
		<p style="text-align: center;"><b>Management of moderate preeclampsia (ALL)</b></p> <ul style="list-style-type: none"> <li>▪ Admits in antenatal ward</li> <li>▪ Indicates bed rest</li> <li>▪ Indicates diet high in protein and vitamins, but low in carbohydrates and salt</li> <li>▪ Monitors maternal and fetal wellbeing</li> <li>▪ Prescribes antihypertensives: Aldomet 250-500 mg TDS PO)</li> <li>▪ Prescribes Diazepam</li> <li>▪ If blood pressure does not change, prescribes Hydrazaline</li> <li>▪ Tests liver and renal function</li> <li>▪ If less than 34 weeks of pregnancy gives corticosteroids e.g., Dexamethason 6 mg IM for 2/7</li> </ul>			

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE(S)	COMMENTS
	08	<p>Manages severe preeclampsia with magnesium sulfate</p> <p><b>Management of severe preeclampsia (ALL)</b></p> <ul style="list-style-type: none"> <li>▪ Admits in antenatal ward</li> <li>▪ Explain situation/procedure to patient. Warns the woman that a feeling of warmth will be felt when magnesium sulfate is given</li> <li>▪ Gather equipment, drugs and medical supplies</li> <li>▪ Start IV line D5% solution at KVO instead of Ringer or saline.</li> <li>▪ Position woman on her left side to reduce risk of aspiration of secretions, vomit and blood. Never leave woman alone and protect her from injury</li> <li>▪ Administers 4 g of 20% magnesium sulfate in solution (20 ml) IV over a 5-minute period</li> <li>▪ Administers 5 g of 50% magnesium sulfate solution (20 ml) with 1 ml of 2% lidocaine IM deep in each buttock (total 10 g)</li> <li>▪ Confirms that respiration &gt;16/minute, AND patellar reflexes are present, AND urine output &gt;30 ml/hour before administering maintenance dose</li> <li>▪ If no complications are observed, administers maintenance dose: 5 g of 50% magnesium sulfate solution with 1 ml of 2% lidocaine IM alternately in each buttock every 4 hours</li> <li>▪ Continues with magnesium sulfate for 24 hours after delivery</li> <li>▪ Indicates bladder catheterization</li> <li>▪ Monitors intake and output</li> <li>▪ Monitors vital signs: blood pressure, pulse, breathing</li> <li>▪ Monitors fetal heart rate</li> <li>▪ Evaluates clotting tests</li> <li>▪ If <b>convulsions recur after 15 minutes</b>, give 2 g of 50% magnesium sulfate IV over 5 minutes.</li> </ul>			
<b>COMP-16</b> Follows up preeclampsia treatment and gives correct recommendations to the patient and husband/companion		Verify that the provider:			
	01	Give 5 g of 50% magnesium sulfate with 1ml of 2% Linocaine in the syringe by deep IM into alternate buttocks every four hours.			
	02	Continue treatment for 24 hours after delivery or the last convulsion, whichever occurs last			
	03	If 50% magnesium sulfate is not available, give 1 g of 20% magnesium every hour by continuous infusion			
	04	Verify that provider CLOSELY MONITORS the woman for signs of toxicity, Withholding or Delaying administration of magnesium sulfate			

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE(S)	COMMENTS
	05	Monitors hourly toxicity until the patient improves <b>Hourly monitoring of magnesium sulfate toxicity should include the following: (ALL)</b> <ul style="list-style-type: none"> <li>▪ BP</li> <li>▪ Pulse</li> <li>▪ Temperature</li> <li>▪ Patellar reflexes</li> <li>▪ Fetal heart rate</li> <li>▪ Urinary output</li> <li>▪ Signs and symptoms of pulmonary edema</li> </ul>			
	06	If respirations are less than 16/minute, patellar reflexes absent, or urinary output is less than 30 ml/hour, suspends or postpones the use of magnesium sulfate			
	07	If urine output less than 30 ml/hour, withholds magnesium sulfate and administers 1 L IV fluids over 8 hours, with monitoring for pulmonary edema			
	08	In the event of respiratory arrest, performs appropriate procedures			
		<b>Procedures in the event of respiratory arrest: (ALL)</b> <ul style="list-style-type: none"> <li>▪ Performs assisted ventilation</li> <li>▪ Administers calcium gluconate 1 g (10 ml of a 10% solution) IV</li> </ul>			
	09	If there was pulmonary edema, administers a single dose of furosemide 40mg IV			
	10	Calls for help if there is convulsion or suspicion of convulsion, confusion or unconsciousness			
11	Deliver as soon as the woman condition has stabilized within 24 hours for severe pre-eclampsia and within 12 hours for eclampsia regardless of the gestational age				
<b>COMP-17</b> Diagnose and manages incomplete abortion correctly	01	Greets cordially, introduce him/herself, reassures, provide privacy to the woman and/or her relatives			
	02	<b>AT ALL TIMES WASH HANDS BEFORE AND AFTER PROCEDURES</b>			
		<ul style="list-style-type: none"> <li>▪ Diagnoses incomplete abortion correctly- takes history, perform physical exam and Clear record finding, including, the diagnosis or suspicion of incomplete abortion</li> </ul>			

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE(S)	COMMENTS
		<p><b>Signs that support diagnosis of incomplete abortion: (ALL)</b></p> <ul style="list-style-type: none"> <li>▪ Amenorrhea or gestational age of 20 weeks or less</li> <li>▪ Prolonged and/or heavy vaginal bleeding</li> <li>▪ Lower abdominal pain and/or cramping</li> <li>▪ Abnormal Vital signs</li> <li>▪ Check conjunctiva, mouth for paleness</li> <li>▪ Open cervical os on vaginal exam</li> <li>▪ Assessment for shock</li> </ul>			
	03	Monitors vital signs			
	04	Manages shock as appropriate			
	05	Administers antibiotics, if infection (fever >38°C, tender uterus, foul-smelling vaginal discharge)			
<b>COMP-18</b> Performs the MVA for evacuation of the uterus	01	Prepare to evacuate the uterus using manual vacuum aspiration (if less than 16 weeks gestation) or dilatation and curettage and inform the patient of procedure			
	02	Gather the materials (MVA Kit, sterile gloves, Lidocaine, 21g needle 5ml syringe, guaze swabs, tenneculum, ring forceps, cotton, povidine, chlorexidine)			
	03	Prepares patient and ensure adequate lightening, good ventilation			
	04	Place patient in comfortable position (supine, lithotomy)			
	05	Cover patient and expose only areas for the procedure			
	06	Scrub hands, wear sterile gloves, test MVA set for functionality			
	07	Clean perineal with antiseptics, insert speculum, position cervix using Tennaculum and dilate cervix PRN			
	08	Remove any visible product of conception at the cervical OS then slowly insert the cannula into the uterine cavity and attach the prepare d MVA			
	09	Release pinch valve and perform the evacuate by gently rotating the MVA , empty when full then continue evacuation until the uterus is emptied			
	10	Check for signs of complete evacuation(red or pink foam but no more tissue in the cannual , listen for grating sensation, clamping down of the cervix on the cannula) then withdraw cannual and make patient comfortable			
	11	Continue management (V/S, antibiotic, family planning counseling, Hgb)			
	12	Requests lab exams as needed			

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE(S)	COMMENTS
<b>COMP-19</b> The provider manages hypovolemic shock correctly	01	Prepares the equipment and drugs to be used for shock management <b>Supplies for starting an IV line: (ALL)</b> <ul style="list-style-type: none"> <li>▪ 16- or 18-gauge needle or cannula</li> <li>▪ IV cut down set</li> <li>▪ Container for taking blood sample</li> <li>▪ IV equipment</li> </ul> <b>Equipment and supplies for administering oxygen: (ALL)</b> <ul style="list-style-type: none"> <li>▪ Oxygen tank or central supply source in working order</li> <li>▪ Cannula and mask</li> </ul> <b>Supplies for bladder catheterization: (ALL)</b> <ul style="list-style-type: none"> <li>▪ Urine collection bag</li> <li>▪ Catheterization set</li> </ul>			
	02	Maintains airways			
	03	Administers oxygen to the woman, 6-8 L/minute by cannula or mask			
	04	Replaces fluids with saline or Ringer's solution through two IV lines: <ul style="list-style-type: none"> <li>• 1 L/15–20 minutes in each line</li> <li>• Continues with 2 more L total during the rest of the first hour</li> <li>• Continues replacing volume: 23 times the estimated blood loss</li> </ul>			
	05	Assesses woman's need for blood transfusion based upon signs and symptoms of shock or impending shock due to amount of blood lost			
	06	Performs bladder catheterization			
	07	Keeps the woman warm			
	08	Assesses correctly the woman's response to initial treatment <b>Evaluating the woman's response to the immediate treatment: (ALL)</b> <ul style="list-style-type: none"> <li>▪ Re-assesses the woman every 15 minutes: <ul style="list-style-type: none"> <li>– Pulse</li> <li>– BP</li> <li>– Mental state (confusion)</li> <li>– Fluid balance</li> <li>– Keeps the woman warmly covered</li> </ul> </li> </ul>			

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE(S)	COMMENTS
	09	Makes appropriate decisions according to the woman's response to initial treatment  <b>What to do if the conditions improve? (pulse of 90 or less, systolic BP of 100 mmHg or more, at least 30 ml of urine per hour and less anxiety/confusion): (ALL)</b> <ul style="list-style-type: none"> <li>▪ Adjusts IV infusion to 1 L over a six-hour period (60 drops/minute)</li> <li>▪ Continues to monitor vital signs and loss of blood every 30 minutes</li> </ul> <b>What to do if the conditions do not improve: (ALL)</b> <ul style="list-style-type: none"> <li>▪ Continues IV solution 1 L over a six-hour period (60 drops/minute)</li> <li>▪ Continues to administer oxygen 6–8 L/minute</li> <li>▪ Continues to monitor vital signs and fluid balance</li> </ul>			
	10	Identifies the cause of the shock  <b>How to identify the cause of shock:</b> <ul style="list-style-type: none"> <li>▪ Performs vaginal obstetric examination if needed</li> <li>▪ Proposes diagnosis or identifies cause of bleeding</li> </ul>			
	11	Treats correctly the underlying cause of hypovolemic shock  <b>Next steps if shock is identified: (ALL)</b> <ul style="list-style-type: none"> <li>▪ Performs specific actions to stop the bleeding</li> <li>▪ Performs blood transfusion as soon as possible, as needed</li> <li>▪ Decides referral to specialty service (ICU, OR, ER, etc.), if needed</li> <li>▪ Records information related to findings and procedures performed on the clinical history</li> </ul>			
<b>COMP-20</b> The provider properly performs the general management of post-partum hemorrhage	01	Measures vital signs immediately			
	02	Calls for help if there is shock or suspicion of shock  <b>Signs of shock (call for help if these are found): (ANY)</b> <ul style="list-style-type: none"> <li>▪ Weak, fast pulse [110 or more per minute]</li> <li>▪ Systolic BP less than 90 mmHg</li> <li>▪ Pallor</li> <li>▪ Cold and perspiring skin</li> <li>▪ Rapid breathing, confusion or unconsciousness</li> </ul>			
	03	Covers the woman and elevates feet higher than heart			
	04	Starts oxygen at 6–8 L/minute			
	05	Starts two IV lines using 16- or 18-gauge needle			
	06	Takes a blood sample for hemoglobin, cross-matching and clotting test			

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE(S)	COMMENTS
	07	Replaces fluids as appropriate			
		<p style="text-align: center;"><b>Procedure for fluid replacement (ALL)</b></p> <ul style="list-style-type: none"> <li>▪ Initiate IV infusion with saline or Ringer's lactate</li> <li>▪ Infuse 1 L in each line over a 15–20 minute period (wide open rate)</li> <li>▪ Administer at least two additional liters of solution during the first hour</li> <li>▪ Continue to replace volume IV according to blood loss</li> </ul>			
	08	Monitors vital signs every 15 minutes			
	09	Performs bladder catheterization			
	10	Monitors fluid intake and output every 30 minutes			
	11	Administers 10 IU of oxytocin IM			
<b>COMP-21</b> The provider properly performs the specific management of the cause of the post-partum hemorrhage	01	Identifies the cause of bleeding and initiates specific management immediately, as verified by observation, role play, interview or clinical records			
	02	Manages bleeding using the appropriate procedure if bleeding is due to retained placenta or parts <p style="text-align: center;"><b>Procedure for management of postpartum hemorrhage when bleeding is due to retained placenta (ALL)</b></p> <ul style="list-style-type: none"> <li>▪ Attempts placental extraction by applying controlled cord traction (with counter traction on uterus), asking the woman to bear down</li> <li>▪ If placenta is not expelled, administers another dose of oxytocin 10 IU IM (do not use ergometrine) and repeats controlled cord traction</li> <li>▪ If this maneuver fails, performs manual extraction of placenta</li> <li>▪ In the event of manual extraction of placenta, administers single dose of ampicillin 2 g IV or penicillin 5 million IU IV PLUS metronidazole 500 mg IV (single dose)</li> <li>▪ Performs hysterectomy in case of placenta accrete</li> </ul>			

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE(S)	COMMENTS
	03	Manages bleeding using the appropriate procedure if bleeding is due to uterine atony			
		<b>Procedure for management of postpartum hemorrhage when bleeding is due to uterine atony (ALL must be done to write yes for this verification criteria)</b> <ul style="list-style-type: none"> <li>▪ Explain to the woman what you are going to do</li> <li>▪ Perform vigorous uterine massage</li> <li>▪ Administer oxytocin 20 IU in 1 L of saline solution, 60 drops/minute, and ergometrine 0.2 mg IM or IV (if the woman is not hypertensive)</li> <li>▪ Continue 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 15 minutes every four hours, up to three times if necessary (if the woman is not hypertensive)</li> <li>▪ If hemorrhaging continues, perform bi-manual uterine compression</li> </ul>			
	04	Manages bleeding using the appropriate procedure if bleeding is due to perineal or cervical tears			
		<b>Procedure for management of post-partum hemorrhage when bleeding is due to perineal or cervical tears (ALL)</b> <ul style="list-style-type: none"> <li>▪ Explain the problem and tells the woman what you are going to do</li> <li>▪ Suture the tears using Lidocaine injection first or refer for higher level care</li> </ul>			
<b>COMP-22</b> The provider properly performs follow up in post-partum hemorrhage	01	Monitors uterine contraction, vital signs and bleeding every 15 minutes during the first two hours			
	02	Performs uterine massage and extraction of clots			
	03	Measures intake and output hourly			
	04	Performs clotting test if hemorrhage persists			
	05	Replaces volume and transfuses if necessary			
	06	Manages coagulopathy as appropriate			
	07	Measures hematocrit or hemoglobin 24 hours after hemorrhage has been controlled			
	08	If hematocrit is less than 20% or hemoglobin less than 7 g/dL, prescribes 120 mg of iron sulfate and 400 mcg of folic acid orally for a period of three months			
	09	Records all information in the patient's chart			
	10	Explains to the mother and her husband what happened and what the intervention was			

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE(S)	COMMENTS
<b>COMP 23</b> Preparing the woman for laboratory tests for all complications		Verify that Provider:			
	01	Sends blood sample for haemoglobin or haematocrit and			
	02	Ensure that Every unit of donated blood should be screened for the following: ( HIV-1 and HIV-2, Hepatitis B <i>Treponemapallidum</i> antibody (syphilis), Malaria,			
	03	Performs compatibility test for all blood components transfusion even in if in life threatening emergency			
	04	Orders blood for possible transfusion			
	05	Assembles Blood Transfusion equipment			
	06	Ensure that the laboratory results are attached to the patient chart( Hosp. number, name, age, sex, bed and room number)			
<b>COMP 24</b> Preparing the woman for an obstetrical surgical procedure		Verify that provider:			
	01	Explains the procedure to be performed and its purpose to the woman. If the woman is unconscious, explain the procedure to her family.			
	02	Obtain informed consent for the procedure and document			
	03	Assists the woman and her family to prepare emotionally and psychologically for the procedure			
	04	Review the woman's medical history: Check for any possible allergies; Ensure that the woman has received the complete all pre-operative procedures and has meet all requirements for the surgery			
	05	Checks patient and or family understanding			
<b>COMP 25</b> Preparing the incisional site for patients going for C Section	01	Wash the area around the proposed incision site with soap and water, if necessary. Do not shave the woman's pubic hair, trimmed, if necessary			
	02	Monitor and record vital signs (blood pressure, pulse, respiratory rate and temperature).			
	03	Administer premedication as appropriate ( Pethidine, antacid (sodium citrate 0.3% 30 mL or magnesium Trisilicate 300 mg, diazepam, anitbiotics)			
	04	Catheterize the bladder if necessary and monitor urine output.			
	05	Ensure that all relevant information is document and passed on to other members of the team (doctor/midwife, nurse, anaesthetist, assistant and others)			

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE(S)	COMMENTS
<b>COMP 26</b> The woman is position appropriately		<b>Place the woman in a position appropriate for the procedure to allow:</b>			
	01	Optimum exposure of the operative site;			
	02	Access for the anaesthetist;			
	03	Access for the nurse to take vital signs and monitor IV drugs and infusions			
	04	Safety of the woman by preventing injuries and maintaining circulation			
	05	Maintenance of the woman's dignity and modesty. If the <b>woman has not delivered</b> , have the operating table tilted to the left or place a pillow or folded linen under her right lower back to decrease supine hypotension syndrome			
	06	Check the Fetal heart tone			
<b>COMP 27</b> Performing surgical hand scrub	01	Remove all jewelry			
	02	Hold hands above the level of the elbow, wet hands thoroughly and apply soap.			
	03	Begin at the fingertips and lather and wash, using a circular motion Wash between all fingers			
	04	Move from the fingertips to the elbows of one hand and then repeat for the second hand			
	05	Wash for three to five minutes and Rinse each arm separately, fingertips first, holding hands above the level of the elbows.			
	06	Dry hands with a clean or disposable towel, wiping from the fingertips to the elbows, or allow hands to air dry.			
	07	Ensure that scrubbed hands do not come into contact with objects (e.g. equipment, protective gown) that are not high-level disinfected or sterile. If the <b>hands touch a contaminated surface</b> , repeat surgical hand scrub			
<b>COMP 28</b> Prepare the incision site in the theater		<b>Verify that provider:</b>			
	01	<b>Checks the fetal heart tone</b>			
	02	Prepares the skin with an antiseptic (e.g. Povidine, chlorhexidine, Betadine):			
	03	Applies antiseptic solution three times to the incision site using a high-level disinfected or sterile ring forceps and cotton or gauze swab. If the <b>swab is held with a gloved hand</b> , do not contaminate the glove by touching unprepared skin			
	04	Begins at the proposed incision site and work outward in a circular motion away from the incision site; At the edge of the sterile field discard the swab.			
	05	Never go back to the middle of the prepared area with the same swab.			
	06	Keep your arms and elbows high and surgical dress away from the surgical field.			

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE(S)	COMMENTS
	07	Drape the woman immediately after the area is prepared to avoid contamination:			
	08	Drape has a window, place the window directly over the incision site first. Unfold the drape away from the incision site to avoid contamination.			
<b>COMP 29</b> The provider performs surgical hand scrub	01	Remove all jewelry			
	02	Hold hands above the level of the elbow, wet hands thoroughly and apply soap.			
	03	Begin at the fingertips and lather and wash, using a circular motion Wash between all fingers			
	04	Move from the fingertips to the elbows of one hand and then repeat for the second hand			
	05	Wash for three to five minutes and Rinse each arm separately, fingertips first, holding hands above the level of the elbows.			
	06	Dry hands with a clean or disposable towel, wiping from the fingertips to the elbows, or allow hands to air dry.			
	07	Ensure that scrubbed hands do not come into contact with objects (e.g. equipment, protective gown) that are not high-level disinfected or sterile. If the <b>hands touch a contaminated surface</b> , repeat surgical hand scrub			
<b>COMP 30</b> Prepare the incision site in the theater		<b>Verify that provider:</b>			
	01	<b>Checks the fetal heart tone</b>			
	02	Prepares the skin with an antiseptic (e.g. Povidine, chlorhexidine, Betadine):			
	03	Applies antiseptic solution three times to the incision site using a high-level disinfected or sterile ring forceps and cotton or gauze swab. If the <b>swab is held with a gloved hand</b> , do not contaminate the glove by touching unprepared skin			
	04	Begins at the proposed incision site and work outward in a circular motion away from the incision site; At the edge of the sterile field discard the swab.			
	05	Never go back to the middle of the prepared area with the same swab.			
	06	Keep your arms and elbows high and surgical dress away from the surgical field.			
	07	Drape the woman immediately after the area is prepared to avoid contamination:			
	08	Drape has a window, place the window directly over the incision site first. Unfold the drape away from the incision site to avoid contamination.			

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE(S)	COMMENTS
<b>COMP 31</b> Monitoring the woman condition regularly throughout the procedure	01	Monitors the woman's condition regularly throughout the procedure.			
	02	Monitor vital signs (blood pressure, pulse, and respiratory rate), level of consciousness and blood loss.			
	03	Record the findings on a monitoring sheet to allow quick recognition if the woman's condition deteriorates.			
	04	Maintain adequate hydration throughout surgery.			
<b>Comp 32</b> Managing pain throughout the procedure		<b>Verify that provider</b>			
	01	Maintain adequate pain management throughout the procedure			
	02	Women who are comfortable during a procedure are less likely to move and cause injury to themselves			
	03	Pain management can include: emotional support and encouragement; local anaesthesia, Spinal, general anaesthesia.			
	04	Give prophylactic antibiotics before starting the procedure. If the woman is going to have a caesarean section, give prophylactic antibiotics after the baby is delivered			
	05	Pain management can include: emotional support and encouragement; local anaesthesia, Spinal, general anaesthesia.			
<b>COMP 33</b> Provide postoperative care		<b>Verify that Provider places the woman in the recovery position:</b>			
	01	Position the woman on her side with her head slightly extended to ensure a clear airway			
	02	Place the upper arm in front of the body for easy access to check blood pressure;			
	03	Place legs so that they are flexed, with the upper leg slightly more flexed than the lower to maintain balance.			
	04	Assess the woman's condition immediately after the procedure:			
	05	Check vital signs (blood pressure, pulse, respiratory rate) and temperature every 15 minutes during the first hour, then every 30 minutes for the next hour;			
	06	Assess the level of consciousness every 15 minutes until the woman is alert			
	07	Ensure a clear airway and adequate ventilation.			
	08	If the <b>urine is clear</b> , remove the catheter eight hours after surgery or after the first postoperative night. If the <b>urine is not clear</b> , leave the catheter in place until the urine is clear. Wait 48 hours after surgery before removing the catheter if there was			

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE(S)	COMMENTS
	09	Major support for abdominal incisions comes from the closure of the facial layer. Remove skin sutures five days after surgery			
	10	Encourages deep breathing and stimulates return of normal gastrointestinal function. Encourage foot and leg exercises and mobilize as soon as possible, usually within 24 hours			
<b>COMP 34</b> There is documentation of all surgical procedures		<b>Verify that</b>			
	01	All Pre-operative procedures are documented			
	02	All Intra Operative procedures are recorded immediately			
	03	All Post op care are immediately documented			

<b>TOTAL STANDARDS:</b>	<b>34</b>
<b>A. TOTAL STANDARDS OBSERVED:</b>	
<b>B. TOTAL STANDARDS ACHIEVED:</b>	
<b>C. PERCENTAGE OF ACHIEVEMENT:</b> $(B \times 100 / A)$	

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# STI Syndromic Management Approach

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## AREA: STI SYNDROMIC MANAGEMENT APPROACH

COUNTY: \_\_\_\_\_ FACILITY NAME: \_\_\_\_\_ FACILITY ID \_\_\_\_\_ IMPLEMENTER: \_\_\_\_\_

ASSESSMENT TYPE:  INTERNAL /  EXTERNAL      ASSESSOR: \_\_\_\_\_      DATE: \_\_\_\_\_

STANDARD	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
<b>STI-01</b> The provider prepares the clinic for attending clients for STI	01	Checks that the door and curtains are closing properly			
	02	Checks that the consultancy/examination room has a desk and chairs for the provider, client and companion			
	03	Checks and looks for all equipment and supplies required for providing STI care  <b>Required equipment and supplies for STI care (ALL)</b> <ul style="list-style-type: none"> <li>▪ Examination table</li> <li>▪ Light source</li> <li>▪ Container with 0.5% chlorine solution for decontamination</li> <li>▪ Leak proof container lined with plastic bag for contaminated waste</li> <li>▪ Sphygmomanometer (blood pressure machine)</li> <li>▪ Stethoscope</li> <li>▪ Thermometer</li> <li>▪ Speculum</li> <li>▪ Examination gloves</li> <li>▪ Weighing scale</li> <li>▪ Cotton balls or gauze</li> <li>▪ Needles and syringes</li> <li>▪ Forms (clinical records, prescription and registration forms)</li> <li>▪ STI syndromic approach guidelines/flowcharts</li> <li>▪ Partner notification slips</li> </ul>			
<b>STI-02</b> The provider assesses the client for STIs	01	Treats the client respectfully			
		<b>Treating the client respectfully (ALL)</b> <ul style="list-style-type: none"> <li>▪ Greets the woman and her husband/companion (if present) in a cordial manner</li> <li>▪ Introduces him/her self</li> <li>▪ Calls client by his/her name or appropriate title</li> <li>▪ Show concern and respect client culture, beliefs and ideas</li> <li>▪ Speaks using easy-to-understand language for the client</li> </ul>			

STANDARD	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
	02	Ensures privacy during the entire visit			
		<p style="text-align: center;"><b>Privacy for the woman during examination (ALL)</b></p> <ul style="list-style-type: none"> <li>▪ Can undress and dress privately</li> <li>▪ Remains covered during the examination</li> <li>▪ The door is kept closed</li> <li>▪ Only staff authorized by the woman can stay in the examination room</li> </ul>			
	03	Collects personal and demographic information from the client			
	04	Ask about specific STI symptoms and their duration			
		<p style="text-align: center;"><b>STI specific symptoms</b></p> <p><b>If woman asks about: (ALL)</b></p> <ul style="list-style-type: none"> <li>▪ Abnormal vaginal discharge</li> <li>▪ Itching or sores in or around vagina</li> <li>▪ Pain or burning during urination</li> <li>▪ Pain on sexual intercourse</li> <li>▪ Lower abdominal pain</li> <li>▪ Irregularity of menstrual periods</li> <li>▪ Growths in vagina or on vulva</li> </ul> <p><b>If man asks about: (ALL)</b></p> <ul style="list-style-type: none"> <li>▪ Pain or burning during urination</li> <li>▪ Open sores anywhere in the genital areas</li> <li>▪ Pus coming from penis</li> <li>▪ Swollen testicles or penis</li> </ul>			
	05	Asks about past history of STIs and their treatment			
	06	Asks about recent sexual activity			
		<p style="text-align: center;"><b>Recent sexual activity (ALL)</b></p> <ul style="list-style-type: none"> <li>▪ Last sexual intercourse and with whom (regular or casual)</li> <li>▪ Number of sexual partners in the last three months</li> <li>▪ New partners in the last three months</li> <li>▪ Condom use</li> <li>▪ Partner's sexual behavior</li> <li>▪ Partner's symptoms</li> <li>▪ History of rape, non-consensual sex, physical abuse</li> </ul>			
	07	Explains to the client the examination procedures			
	08	Performs hand hygiene and puts on sterile gloves			

STANDARD	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
	09	<p>Completes genital examination according to client sex</p> <p style="text-align: center;"><b>Genital examination according to client's sex</b></p> <p><b>If woman: (ALL)</b></p> <ul style="list-style-type: none"> <li>▪ Inspects external genitalia</li> <li>▪ Performs speculum examination</li> <li>▪ Performs bimanual examination</li> </ul> <p><b>If man: (ALL)</b></p> <ul style="list-style-type: none"> <li>▪ Inspects and palpates for neck nodes</li> <li>▪ Inspects the skin from the head to waist line</li> <li>▪ Asks client to lower his pants</li> <li>▪ Puts on examination gloves if necessary</li> <li>▪ Examines for genital lesions after retracting foreskin</li> </ul>			
	10	Removes and disposes gloves			
	11	Performs hand hygiene			
	12	Registers findings in the client's clinical record			
<b>STI-03</b> The provider counsels the client according to the assessment findings	01	Discusses findings with the client			
	02	If the client has signs/symptoms of STI, educates client about the nature, mode of transmission and possible complications of the infection			
	03	Explains to client that having an STI increases the risk of acquiring and transmitting HIV			
	04	Encourages HIV testing and counseling			
	05	<p>Emphasizes on treatment compliance and preventive measures</p> <p style="text-align: center;"><b>Treatment compliance and prevention (ALL)</b></p> <ul style="list-style-type: none"> <li>▪ Discusses the importance of abstinence until cured</li> <li>▪ Discusses the importance of using condoms: <ul style="list-style-type: none"> <li>– Knowledge assessment</li> <li>– Condom use demonstration by provider</li> <li>– Condom use return demonstration by client</li> <li>– Reinforcement of condom use</li> <li>– Supply of condoms provided</li> </ul> </li> <li>▪ Advises client to bring partner(s) for evaluation/treatment, emphasizing the importance of contact tracing and using partner notification slips</li> <li>▪ Assesses clients risk level: <ul style="list-style-type: none"> <li>– Multiple sexual partners</li> <li>– Commercial sex worker</li> <li>– Experimental sex</li> </ul> </li> </ul>			

STANDARD	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
		<ul style="list-style-type: none"> <li>– Alcohol/drug use 5% acetic acid (white table vinegar) solution</li> <li>▪ Identifies barriers to change behavior</li> <li>▪ Informs client of hers/his risk level</li> <li>▪ Makes appropriate referral</li> <li>▪ Discusses with the client the review process according to the guidelines</li> <li>▪ Records the information in the client record</li> </ul>			
<b>STI-04</b> Provides correct treatment if client presents genital sore, ulcer, and/or vesicle		<p style="text-align: center;"><b>Management of genital sore, ulcer and/or vesicle</b></p> <p><b>Without history of recurrent small vesicles: (ALL)</b></p> <ul style="list-style-type: none"> <li>▪ Benzathine Penicillin 2.4 MU IM stat</li> <li>▪ Erythromycin 250mg PO every 8 hours for 5 days</li> <li>▪ If client is allergic to Penicillin, treat with Erythromycin 500mg orally every 6 hours for 15 days</li> <li>▪ Aspirates fluctuant buboes through adjacent normal skin, if necessary</li> <li>▪ Refers severe ulcerations for surgical consultation, if necessary</li> <li>▪ Advises pregnant woman treated with Erythromycin alone that the baby to be born will need treatment</li> <li>▪ Schedules review in five days</li> </ul> <p><b>With history of recurrent small vesicles: (ALL)</b></p> <ul style="list-style-type: none"> <li>▪ Manages for herpes simplex symptomatically: <ul style="list-style-type: none"> <li>– Relieve pain</li> <li>– Treats secondary infection</li> <li>– Treats with Acyclovir where possible</li> <li>– Educates on risk reduction</li> <li>– Provides condoms and counseling</li> <li>– Encourages client for HIV testing and counseling</li> </ul> </li> </ul> <p>Schedules review in 10 days</p>			
<b>STI-05</b> Provides correct treatment if client presents urethral discharge and/or dysuria and/or risk assessment positive		<p style="text-align: center;"><b>Management of urethral discharge and/or dysuria and/or risk assessment positive</b></p> <ul style="list-style-type: none"> <li>▪ Treats the client as follows: <ul style="list-style-type: none"> <li>– Gentamicin 240mg Im stat</li> <li>– Doxycycline 100mg PO every 12 hours for 7 days</li> <li>– Schedules review in seven days</li> </ul> </li> </ul> <p><b>If re-infection or poor treatment compliance (ALL)</b></p> <ul style="list-style-type: none"> <li>▪ Counsels the client</li> <li>▪ Repeats treatment as follows: <ul style="list-style-type: none"> <li>– Gentamicin 240mg Im stat, and</li> <li>– Doxycycline 100mg PO every 12 hours for 7 days</li> <li>– Schedules review in 7 days</li> </ul> </li> </ul> <p><b>If not re-infection or poor treatment compliance: (ALL)</b></p>			

STANDARD	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
		<ul style="list-style-type: none"> <li>▪ Metronidazole 2g PO stat</li> </ul> <p>Schedules review in seven days</p>			
<b>STI-06</b> Provides correct treatment for vaginal discharge		<p style="text-align: center;"><b>Management of vaginal discharge(ALL per category)</b></p> <p><b>White and/or curd-like vaginal discharge, or there are vulval escoriations and/or edema, and risk assessment is positive</b></p> <ul style="list-style-type: none"> <li>▪ Gentamicin 240mg IM stat</li> <li>▪ Doxycyline 100mg PO every 12 hours for seven days</li> <li>▪ Nystatin pessaries 100,000 units intra-vaginally every 12 hours for seven days</li> <li>▪ Schedules review in seven days</li> </ul> <p><b>White and/or curd-like vaginal discharge, or there are vulval escoriations and/or edema, and risk assessment is negative:</b></p> <ul style="list-style-type: none"> <li>▪ Nystatin pessaries 100,000 units intra-vaginally every 12 hours for seven days</li> <li>▪ Schedules review in seven days</li> </ul> <p><b>Not curd-like vaginal, and risk assessment is positive:</b></p> <ul style="list-style-type: none"> <li>▪ Treats the client as follows:</li> <li>▪ Gentamicin 240mg IM stat</li> <li>▪ Doxycyline 100mg PO every 12 hours for seven days</li> <li>▪ Metronidazole 2g PO stat</li> <li>▪ Schedules review in seven days</li> </ul> <p><b>Not curd-like vaginal, and risk assessment is negative:</b></p> <ul style="list-style-type: none"> <li>▪ Treats the client as follows:</li> <li>▪ Metronidazole 2g PO stat</li> <li>▪ Schedules review in seven days</li> </ul> <p><b>No vaginal discharge and risk assessment is positive:</b></p> <ul style="list-style-type: none"> <li>▪ Treats the client as follows:</li> <li>▪ Gentamycin 240mg IM stat, and</li> <li>▪ Doxycyline 100mg PO every 12 hours for seven days</li> <li>▪ Schedules review in seven days</li> </ul> <p><b>No vaginal discharge and risk assessment is negative:</b></p> <ul style="list-style-type: none"> <li>▪ Reassures client</li> </ul> <p>Advises client to come back if symptoms persist</p>			

STANDARD	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
<b>STI-07</b> Provides correct treatment for lower abdominal pain in women		<p style="text-align: center;"><b>Management of lower abdominal pain in women</b></p> <p><b>If woman presents any of the following conditions (missed overdue period, recent delivery/abortion/miscarriage, abdominal guarding and or rebound tenderness, vaginal bleeding):(ALL per category)</b></p> <ul style="list-style-type: none"> <li>▪ Refers client for surgical or gynecological opinion assessment</li> <li>▪ Sets up IV line and applies resuscitatory measures, if necessary before referring</li> </ul> <p><b>If woman is not pregnant or lactating:</b></p> <ul style="list-style-type: none"> <li>▪ Gentamicin 240mg IM stat, and</li> <li>▪ Doxycycline 100mg PO every 12 hours for 10 days</li> <li>▪ Metronidazole 400mg PO every eight hours for 10 days</li> <li>▪ Schedules review in 72 hours</li> </ul> <p><b>If woman is pregnant or lactating:</b></p> <ul style="list-style-type: none"> <li>▪ Gentamicin 240mg IM stat, and</li> <li>▪ Erythromycin 500mg PO every six hours for 10 days</li> <li>▪ Considers Metronidazole 400mg PO every eight hours for 10 days if woman is in 2<sup>nd</sup> or 3<sup>rd</sup> trimester of pregnancy</li> </ul> <p>Schedules review in 72 hours</p>			
<b>STI-08</b> Provides correct treatment for acute scrotal swelling		<p style="text-align: center;"><b>Management of acute scrotal swelling (ALL)</b></p> <p><b>If testicular pain and/or swelling confirmed and testis rotated or elevated, and/or no history of trauma, hernia or hydrocele present</b></p> <ul style="list-style-type: none"> <li>▪ Refers immediately for surgical opinion</li> </ul> <p><b>If testicular pain and/or swelling confirmed but testis not rotated or elevated, and/or history of trauma, hernia or hydrocele present:</b></p> <ul style="list-style-type: none"> <li>▪ Treats the client as follows:</li> <li>▪ Gentamycin 240mg IM stat</li> <li>▪ Doxycycline 100mg PO every 12 hours for seven days</li> </ul> <p>Schedules review in seven days</p>			

STANDARD	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
<b>STI-09</b> Provides correct treatment for inguinal bubo		<p style="text-align: center;"><b>Management of inguinal bubo (ALL)</b></p> <p><b>No other ulcer in the genital area:</b></p> <ul style="list-style-type: none"> <li>▪ Treats the client as follows:</li> <li>▪ Doxycycline 100mg PO every 12 hours for 14 days</li> <li>▪ Schedules review in 14 days</li> </ul> <p><b>If a client presents with a burst bubo in the inguinal region and there is also genital ulcer:</b></p> <ul style="list-style-type: none"> <li>▪ Benzathine Penicillin 2.4 mu IM stat</li> <li>▪ Erythromycin 500mg every six hours for 14 days</li> </ul> <p>Schedules review in 14 days</p>			
<b>STI-010</b> Provides correct treatment for balanitis		<p style="text-align: center;"><b>Management of balanitis (ALL)</b></p> <p><b>Client presents with itching or discharge on glans penis:</b></p> <ul style="list-style-type: none"> <li>▪ GV paint topically applied daily for seven days</li> <li>▪ Recommends local hygiene and to keep it dry</li> <li>▪ Schedules the review in seven days</li> </ul> <p><b>If client presents with persistent symptoms:</b></p> <p>Prescribes Metronidazole 2mg PO stat</p>			
<b>STI-11</b> Provides correct treatment for neonatal conjunctivitis		<p style="text-align: center;"><b>Management of neonatal conjunctivitis</b></p> <p><b>If infant presents with redness of the conjunctiva, swollen eyes with purulent discharge: (ALL)</b></p> <ul style="list-style-type: none"> <li>▪ Recommends to wash eyes with clean water/saline ideally every two hours until purulent discharge is cleared</li> <li>▪ Gentamicin 5mg/kg IM once daily for seven days (7.5 mg/kg if the infant is older than seven days)</li> <li>▪ Benzyl Penicillin 50,000 units IM every six hours for five days</li> <li>▪ Tetracycline or Chloramphenicol eye ointment/drops in both eyes every eight hours until symptoms are cleared</li> <li>▪ Treats father with:</li> <li>▪ Gentamicin 240mg IM stat, and</li> <li>▪ Doxycycline 100mg PO every 12 hours for seven days</li> <li>▪ Treats mother with:</li> <li>▪ Gentamicin 240mg IM stat, and</li> <li>▪ Erythromycin 500mg PO every six hours for seven days</li> <li>▪ Schedules review in seven days</li> </ul>			

STANDARD	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS	
		<b>If infant presents with eye discharge but not redness of the conjunctiva, nor swollen eyes with purulent discharge: (ALL)</b> <ul style="list-style-type: none"> <li>▪ Reassures parents</li> <li>▪ Educates on cleaning eyes every eight hours and washing hands</li> </ul> <p style="text-align: center;">Advises to return if eye discharge persist for more than three days</p>				
<b>STI-12</b> The provider performs the follow-up visit of STI management using syndromic approach	01	▪ Treats the client respectfully				
	02	Confirms the purpose of the visit				
	03	Asks client if the symptoms have improved				
	04	<b>If symptoms improved:</b>				
		Assess risk factors				
		• Counseling on risk factors and risk reduction				
		• Provides condoms				
		• Encourages/refers for HIV testing and counseling				
	05	• Identifies other needs				
• Refers as appropriate						
<b>If symptoms do not improve:</b>						
		• Treat or refer according to the guidelines				

<b>TOTAL STANDARDS:</b>	12
<b>A. TOTAL STANDARDS OBSERVED:</b>	
<b>B. TOTAL STANDARDS ACHIEVED:</b>	
<b>C. PERCENTAGE OF ACHIEVEMENT: <math>(B \times 100 / A)</math></b>	

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# HIV/AIDS

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## AREA: HIV/AIDS

COUNTY: \_\_\_\_\_ FACILITY NAME: \_\_\_\_\_ FACILITY ID \_\_\_\_\_ IMPLEMENTER: \_\_\_\_\_

ASSESSMENT TYPE:  INTERNAL /  EXTERNAL      ASSESSOR: \_\_\_\_\_      DATE: \_\_\_\_\_

STANDARD	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
<b>Voluntary Counseling and Testing</b>					
<b>HIV-01</b> Counselor gives an introduction and orientation to the session	01	Introduces self and greets client with respect and in cordial manner			
	02	Describes his/her role as counselor			
	03	Ensures privacy during counseling session			
	04	Assures client confidentiality and voluntary nature of the test			
	05	Outlines content of VCT process: what happens during VCT			
	06	Listens actively to client			
	07	Addresses questions and concerns			
<b>HIV-02</b> Counselor assesses risk of the client	01	Assesses client's reasons for coming in for services			
	02	Explores most recent risk exposure/behavior			
	03	Assesses the client and his/her partners' pattern of risk (e.g., regularity of sexual contact, number of partners, type of partners, use of drugs, alcohol, chat, etc.)			
	04	Asks about history of STI and TB			
	05	Summarizes and reflects client's story and risk issues			
<b>HIV-03</b> Counselor explores options for reducing risk	01	Reviews previous risk reductions attempts			
	02	Identifies obstacles to risk reduction, including trigger situations			
	03	Assesses client's experience with practicing safer sex, including the use of condoms, which increase the likelihood of high risk behavior (alcohol, drugs, others)			
	04	Identifies options for reducing risk			
	05	Summarizes risk reduction options			
	06	Negotiates and documents specific steps of a reasonable risk reduction plan, including challenges, sources of support, and how to disclose it to partners, friends and relatives			
	07	Corrects client's myths and misconceptions			

STANDARD	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
<b>HIV-04</b> Counselor prepares client for HIV tests	01	Addresses client's feelings about testing for HIV			
	02	Discusses benefits of knowing one's serostatus			
	03	Determines client's decision			
	04	Confirms client's understanding of the meaning of positive and negative HIV test results, and clarifies misunderstandings			
	05	Assesses client's readiness to be tested and receive test results (positive or negative)			
	06	Identifies and addresses mixed feelings about being tested and dealing with results, if appropriate			
	07	If client accepts testing, describes the tests and the interpretation/reading of the test			
	08	Assesses who will provide the client support if he/she is HIV infected			
	09	Assesses knowledge about MTCT (how babies can get HIV from their mother) and clarifies, if needed			
	10	Obtains informed consent from client for HIV test			
	11	Completes and stores forms properly, including all necessary information on lab request form if client agrees to get tested			
	12	Guides or refers client for the test, if applicable			
<b>HIV-05</b> The lab technician or staff responsible for testing prepares the client for the HIV test	01	Checks whether the laboratory has adequate furniture and supplies for collecting and storing blood samples, and also for transporting them (if rapid testing not available)			
		<p style="text-align: center;"><b>Laboratory recommended furniture and supplies (ALL)</b></p> <ul style="list-style-type: none"> <li>• Workbench or countertop for performing procedures</li> <li>• Wash basin with water supply, soap and clean individual (personal) hand towels</li> <li>• Rack</li> <li>• Vacutainers with needle and holder, or syringes and needles</li> <li>• Pasteur pipette</li> <li>• Nunc tube</li> <li>• Electricity</li> <li>• Centrifuge</li> <li>• Refrigerator set at correct temperature</li> <li>• Alcohol 70%</li> <li>• Cotton balls</li> </ul>			

STANDARD	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
		<ul style="list-style-type: none"> <li>• Tourniquet</li> <li>• Disposable examination or HLD gloves</li> <li>• Register to enter client information</li> <li>• Room temperature at 23–30°C if the room is suitable for testing</li> <li>• Cold boxes to transport blood samples (Igloo)</li> <li>• System for transporting blood samples to reference laboratory</li> <li>• Record forms or data sheets in a confidential envelope</li> <li>• Chairs for clients and staff</li> <li>• Sharps disposal container</li> <li>• Rapid HIV test kits stored appropriately at 4–30°C</li> <li>• Rapid test kits within the expiration date</li> <li>• Rapid tests available as per the national VCT guidelines: a screening test, a confirmatory test and a tie-breaker test</li> </ul>			
	02	Greets client with respect			
	03	Collects lab request forms and checks them, if applicable			
	04	Confirms that client has consented to HIV testing; if not, refers her/him to counselor			
	05	Explains the procedure to the client, including the fact that blood will be tested for HIV and other tests, if applicable			
	06	Assures confidentiality and privacy at all times			
<b>HIV-06</b> The lab technician or staff responsible for testing processes the blood samples according to standards	01	Prepares the supplies, marking vial with client information, per site policy			
	02	Performs hand hygiene before the procedure			
		<p style="text-align: center;"><b>Hand Hygiene (EITHER)</b></p> <ul style="list-style-type: none"> <li>▪ Washes hands with running water and soap for 10–15 seconds and dries with paper towel or allow hands to air dry, <b>or</b></li> <li>▪ If hands <b>are not</b> visibly soiled, rubs hands with 3–5 mL of waterless antiseptic hand rub until the hands are dry</li> </ul>			
03	Puts on clean examination latex gloves				

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	04	<p>Collects blood as per standards</p> <p><b>Standard blood sampling procedure (ALL)</b></p> <ul style="list-style-type: none"> <li>▪ Applies tourniquet over client's elbow to engorge veins</li> <li>▪ Asks client to make a tight fist</li> <li>▪ Feels arm for most prominent vein</li> <li>▪ Using a fresh cotton swab, cleans the site with 70% alcohol, in a circular motion starting at the center</li> <li>▪ Allows drying</li> <li>▪ <b>Does not</b> palpate once skin is clean</li> <li>▪ Directly punctures vein with needle and draws required quantity of blood into vacutainer using disposable needle and syringe</li> <li>▪ Immediately releases tourniquet</li> <li>▪ Removes needle from arm</li> <li>▪ Applies cotton swab at puncture site and asks client to apply pressure for a few seconds</li> <li>▪ If vacutainer not available, transfers blood from syringe into test tube</li> <li>▪ Secures cork/cap of vacutainer/test tube</li> </ul>			
	05	Thanks client for his/her cooperation and directs him/her to the waiting area			
	06	Disposes of other medical waste (e.g., cotton wool) in a container with a leak proof plastic bag			
	07	Decontaminates and disposes needles and syringes in a sharps container			
	08	Briefly immerses gloved hands in 0.5% chlorine solution			
	09	Removes gloves and places them in a leak proof container			
	10	Performs hand hygiene after removing the gloves			
	11	<p>Processes the rapid test(s) properly</p> <p><b>Standard blood sample processing for rapid test (ALL)</b></p> <ul style="list-style-type: none"> <li>▪ Puts client code number on test strip</li> <li>▪ Draws small amount of blood serum from vacutainer (or test tube), as per the manufacturer's instruction</li> <li>▪ Applies blood/serum to reagent strip</li> <li>▪ Waits the correct amount of time for test to develop</li> <li>▪ Interprets the results according to the national test algorithm: <ul style="list-style-type: none"> <li>– Performs a screening test</li> <li>– If the result of screening test is negative, reports negative test result</li> <li>– If the result of screening test is positive, performs confirmatory test</li> <li>– If the result of confirmatory test is positive, reports positive test result</li> <li>– If the result of the confirmatory test is negative, performs a tie-breaker</li> </ul> </li> <li>▪ Reports the result (positive or negative) of tie-breaker test</li> </ul>			

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<b>HIV-07</b> Laboratory technician or responsible staff registers and reports the results properly	01	Writes the results clearly			
	02	Registers the result and other required information on the lab log book			
	03	Stores all records in a secure place with limited access			
	04	Provides test results to the counselor under confidential cover			
	05	Sends all positive samples and 10 percent of all negative samples to the regional and national laboratory for quality control			
<b>HIV-08</b> Counselor properly provides HIV negative test results	01	Greets client with respect			
	02	Assures confidentiality and privacy			
	03	Provides results clearly and simply (if rapid test was performed, show the client his/her result)			
	04	Reviews meaning of the result and explains window period			
	05	Reinforces the need to consider the test result in reference to most recent risk exposure (if it is necessary to be re-tested)			
	06	If client has ongoing risk, conveys concern and urgency about client's risk, as appropriate			
	07	Negotiates risk reduction			
	08	Helps clients to negotiate disclosure and partner referral			
	09	Completes and stores forms and records			
	10	Answers client's questions			
	11	Gives client her next clinical appointment date			
<b>HIV-09</b> Counselor provides HIV positive test results	01	Greets client with respect			
	02	Assures confidentiality and privacy			
	03	Provides results clearly and simply (if rapid test was performed, show the client his/her result)			
	04	Allows the client time to absorb the meaning of the result			
	05	Discusses healthy living (if client is not ready for this discussion, provide him/her with a pamphlet)			
	06	Explain how to reduce the risk of HIV transmission to the infant during pregnancy, labor/delivery and breastfeeding			
	07	Explain who needs antiretroviral treatment			
	08	Addresses general disclosure and support issues			
	09	Helps clients to negotiate disclosure and partner referral			

STANDARD	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
	10	Counselor addresses risk reduction issues			
	11	Counselor completes and stores forms and records			
<b>ART: READINESS ASSESSMENT</b>					
<b>HIV-10</b> The provider registers the clients correctly	01	Treats the client respectfully			
		<p style="text-align: center;"><b>Treating the client respectfully (ALL)</b></p> <ul style="list-style-type: none"> <li>▪ Greet the client and companion</li> <li>▪ Introduce him/herself</li> <li>▪ Call client by his/her name or appropriate title</li> <li>▪ Show concern and respect client culture, beliefs and ideas</li> </ul>			
	02	If client is ill, ensures immediate clinical attention			
	03	Checks if the patient has a referral letter			
	04	Checks if the client brought the HIV test results			
	05	Starts a file for the client			
	06	Fills in the client's demographics			
	07	Asks if the patient has questions/doubts and addresses them			
	08	Shows the patient where to go next			
<b>HIV-11</b> The provider prepares the consultancy room prior to clients' arrival	01	Ensures that the floor, walls, furniture and equipment were cleaned according to infection prevention and control procedures			
		<p style="text-align: center;"><b>Standard cleaning procedures (ALL)</b></p> <ul style="list-style-type: none"> <li>▪ Cleaning personnel must use utility gloves, mask, plastic/rubber apron, protective eyewear and shoes</li> <li>▪ Floors are wet mopped with a disinfectant solution (0.5% chlorine solution + soap) using the two-bucket or three-bucket techniques</li> <li>▪ Walls are cleaned with a clean cloth or mopped wet in a cleaning solution</li> <li>▪ Chairs, lamps, tables, tabletops, lights, top of doors and counters must be wiped with a damp cloth, containing disinfectant cleaning solution</li> <li>▪ Non-critical equipment (e.g., stethoscope and blood pressure cuffs) must be wiped with a damp cloth with water and detergent; if the equipment is visibly soiled with blood or body fluids, or the patient is under contact precautions, it must be cleaned and disinfected before reuse</li> </ul>			

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	02	Checks availability of required equipment; if something is missing, looks for it  <b>Required equipment (ALL)</b> <ul style="list-style-type: none"> <li>▪ Sphygmomanometer</li> <li>▪ Thermometer</li> <li>▪ Scale</li> <li>▪ Measuring tape</li> </ul>			
	03	Checks availability of required drugs; if something is missing, looks for it  <b>Required drugs</b> <ul style="list-style-type: none"> <li>▪ Cotrimoxazole 960 mg</li> </ul>			
		04	Checks availability of required supplies and stationery; if something is missing, looks for it  <b>Required supplies and stationery (ALL)</b> <ul style="list-style-type: none"> <li>▪ Initial History and Physical Examination Form</li> <li>▪ Laboratory orders</li> <li>▪ Educational materials on HIV treatment; ART drugs benefits, risk and side effects; nutrition and HIV infection; importance of adherence</li> </ul>		
	<b>HIV-12</b> The provider assesses clinical eligibility for ART	01	Checks the client's HIV test results		
02		If client is female in reproductive age, excludes pregnancy by clinical data (first day of last menstrual period, sexually active, signs/symptoms of pregnancy) or by lab test			
03		Completes the Initial History and Physical Examination Form, including vital signs			
04		Completes nutritional assessment: weight and height			
05		Classifies the client HIV infection stage according to World Health Organization guidelines  <b>WHO staging classification for HIV disease in adults and adolescents</b>  <b>STAGE 1:</b> <ul style="list-style-type: none"> <li>▪ Asymptomatic</li> <li>▪ Persistent generalized lymphadenopathy</li> </ul> <b>STAGE 2:</b> <ul style="list-style-type: none"> <li>▪ Unexplained moderate weight loss (&lt;10% of presumed or measured body weight)</li> <li>▪ Recurrent upper respiratory tract infections</li> <li>▪ Herpes zoster</li> <li>▪ Angular cheilitis</li> <li>▪ Recurrent oral ulceration</li> </ul>			

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		<ul style="list-style-type: none"> <li>▪ Papular pruritic eruptions</li> <li>▪ Seborrheic dermatitis</li> <li>▪ Fungal nail infection</li> </ul> <p><b>STAGE 3:</b></p> <ul style="list-style-type: none"> <li>▪ Unexplained severe weight loss (<math>\geq 10\%</math> of presumed or measured body weight)</li> <li>▪ Unexplained chronic diarrhea for longer than one month</li> <li>▪ Unexplained persistent fever (intermittent or constant for longer than one month)</li> <li>▪ Persistent oral candidiasis</li> <li>▪ Oral hairy leukoplakia</li> <li>▪ Pulmonary tuberculosis (current)</li> <li>▪ Severe bacterial infections</li> <li>▪ Acute necrotizing ulcerative stomatitis, gingivitis or periodontitis</li> <li>▪ Unexplained anemia (<math>&lt; 8\text{gr/dl}</math>), or neutropenia (below <math>0.5 \times 10^9/\text{l}</math>) and/or chronic thrombocytopenia (below <math>50 \times 10^9/\text{l}</math>)</li> </ul> <p><b>STAGE 4:</b></p> <ul style="list-style-type: none"> <li>▪ HIV wasting syndrome</li> <li>▪ Pneumocystis pneumonia</li> <li>▪ Recurrent persistent pneumonia</li> <li>▪ Chronic herpes simplex infection</li> <li>▪ Oesophageal candidiasis</li> <li>▪ Extrapulmonary tuberculosis</li> <li>▪ Kaposi sarcoma</li> <li>▪ Cytomegalovirus infection</li> <li>▪ Central nervous system infection</li> <li>▪ HIV encephalopathy</li> <li>▪ Extrapulmonary cryptococcosis, including meningitis</li> <li>▪ Disseminated non-tuberculous mycobacteria infection</li> <li>▪ Progressive multifocal leukoencephalopathy</li> <li>▪ Chronic cryptosporidiosis</li> <li>▪ Chronic isosporiasis</li> <li>▪ Disseminated mycosis</li> <li>▪ Recurrent septicaemia</li> <li>▪ Lymphoma (cerebral or B cell non-Hodgkin)</li> <li>▪ Invasive cervical carcinoma</li> <li>▪ Atypical disseminated leishmaniasis</li> <li>▪ Symptomatic HIV-associated nephropathy or HIV-associated cardiomyopathy</li> </ul>			

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	06	Requests baseline laboratory investigations <b>Baseline laboratory investigations (ALL)</b> <ul style="list-style-type: none"> <li>▪ CD4 count</li> <li>▪ Viral Load</li> <li>▪ Alanine aminotransferase</li> <li>▪ Creatinine clearance (if regimen on tenofovir disoproxil fumarate-containing regimen)</li> <li>▪ Full blood count</li> <li>▪ Fasting cholesterol and triglyceride if available</li> <li>▪ Fasting glucose if available</li> </ul>			
	07	Assesses social conditions, including domestic violence and rape, use of recreational drugs and alcohol, transportation and housing			
	08	Informs the client of the main findings and course of action			
<b>HIV-13</b> The provider counsels on positive living	01	Discusses HIV infection, means of infection and consequences			
	02	Discusses prevention strategies: re-infection, infection to others and mother-to-child transmission; includes use of condoms and contraception			
	03	Talks about health life styles: nutrition, physical activity, avoiding tobacco, alcohol and drugs			
	04	Hands out food supplements, if indicated			
	05	Provides dietary education, including basic knowledge about how to grow vegetables			
	06	Discusses disclosure and support			
	07	Provides support for social problems raised by the patient			
	08	Determines need for home visits and coordinates them, if applicable			
	09	Asks if the client has questions and addresses them			
<b>HIV-14</b> If client qualifies for treatment, clinician decides treatment scheme and provides education on antiretroviral treatment	01	If the client: <ul style="list-style-type: none"> <li>• Is in HIV infection stage 3 or 4</li> <li>• Or has a CD4 count <math>\leq 350</math> cells/mm<sup>3</sup></li> <li>• Or has active TB irrespective of CD4 count</li> </ul> Advises to initiate ART, making an appointment for initiation of ART treatment when the laboratory investigations are completed			
	02	Prescribes Cotrimoxazole 960mg once a day until CD4 >350 for at least six months, as opportunistic infections prophylactic treatment			
	03	Discusses how antiretroviral treatment works, and that it is for life time			
	04	Informs about benefits, risks and side effects of ART			

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	05	Informs about drugs interactions with food and other drugs			
	06	Discusses the need for strictly following clinical directions and continuous monitoring			
	07	Asks the client to bring concurrent medications, including traditional/herbal ones and contraceptives, and to identify an adherence supporter for the next appointment			
<b>ART: TREATMENT INITIATION</b>					
<b>HIV-15</b> The provider correctly performs the clinical assessment for initiation of ART	01	Treats the client respectfully			
	02	Reviews the Initial History and Physical Examination Form			
	03	Reviews the results of baseline laboratory investigations			
	04	Confirms that the client is in HIV infection stages 3 or 4, or has a CD4 count $\leq 350$ cells/mm <sup>3</sup> , or has active TB irrespective of the CD4 count			
	05	If client is female, performs or refers for Pap smear and identifies contraception needs			
	06	Verifies that the client is on opportunistic infections prophylaxis as indicated in the readiness assessment visit			
	07	Asks for consumption of tobacco, alcohol and recreational drugs			
	08	Verifies whether the client is willing to take ART drugs adherently and has an adherence supporter			
	09	Checks for symptoms of depression  <b>Common signs and symptoms of depression (ANY)</b> <ul style="list-style-type: none"> <li>▪ Feelings of helplessness and hopelessness</li> <li>▪ Loss of interest in daily activities</li> <li>▪ Appetite or weight changes</li> <li>▪ Sleep changes</li> <li>▪ Irritability or restlessness</li> <li>▪ Loss of energy</li> <li>▪ Self-loathing</li> <li>▪ Concentration problems</li> <li>▪ Unexplained aches and pains</li> </ul>			

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<b>HIV-16</b> The provider identifies and documents concurrent medication use	01	Asks if client is taking concurrent medications, including traditional/herbal ones and contraceptives. If so, asks the client to show them			
	02	Documents all concurrent medications and doses on the client's medical record			
	03	Checks for clinically significant drug interactions using the drug interaction table of the National ART Guidelines on Management of Side Effects and Drug Interaction			
	04	Discontinues and/or prescribes alternative drugs to eliminate/minimize clinically significant drug interactions			
	05	Documents any modification on the client's medical record			
<b>HIV-17</b> The provider correctly prescribes the initiation of ART	01	<p>Selects the appropriate ART regime based on the client's characteristics and the current National ART Guidelines</p> <p><b>Preferred ART regimes for initiation of treatment (ALL per category)</b></p> <p><b>Men without TB:</b></p> <ul style="list-style-type: none"> <li>▪ TDF/FTC + NVP, or</li> <li>▪ TDF/FTC + EFV</li> </ul> <p><b>Men with TB:</b></p> <ul style="list-style-type: none"> <li>▪ TDF/FTC + EFV</li> </ul> <p><b>Women non-pregnant with no possibilities of getting pregnant or with reliable contraception (with or without TB):</b></p> <ul style="list-style-type: none"> <li>▪ TDF/FTC + EFV</li> </ul> <p><b>Women non-pregnant with possibilities of getting pregnant without TB</b></p> <ul style="list-style-type: none"> <li>▪ TDF/FTC + NVP</li> </ul> <p><b>Women non-pregnant with possibilities of getting pregnant with TB</b></p> <ul style="list-style-type: none"> <li>▪ TDF/FTC + EFV</li> </ul> <p><b>Women, pregnant without TB:</b></p> <ul style="list-style-type: none"> <li>▪ AZT/3TC + NVP</li> </ul> <p><b>Women, pregnant with TB, 1<sup>st</sup> Trimester</b></p> <ul style="list-style-type: none"> <li>▪ AZT/3TC + ABC</li> </ul> <p><b>Women, pregnant with TB, 2<sup>nd</sup>-3<sup>rd</sup> Trimester</b></p> <ul style="list-style-type: none"> <li>▪ AZT/3TC + EFV</li> </ul>			

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	02	<p>Provides general information about taking ART drugs</p> <p><b>General information on ART drugs (ALL)</b></p> <ul style="list-style-type: none"> <li>▪ ART is a combination of at least three drugs that are given to clients with AIDS</li> <li>▪ These drugs will not cure AIDS but will help clients live healthier and longer</li> <li>▪ Some medications may cause side effects</li> <li>▪ If clients have side effects they should come to the clinic to be evaluated</li> <li>▪ Some medications need to be taken with food, some without food, while others have no food requirements</li> <li>▪ It is important to follow the instructions provided by the adherence counselors and pharmacists, and discuss the best plan with them for taking ART medications</li> <li>▪ It is important to take ART medications at the correct time</li> <li>▪ If clients miss doses, the treatment might not be effective and the medications might stop working</li> <li>▪ Clients should not stop taking ART medications without talking to their provider</li> <li>▪ Clients should not start any new medications, including traditional/herbal medications, without talking to their provider</li> <li>▪ He/she is available to answer any questions the client may have and answer them appropriately</li> </ul>			

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	03	<p>Provides detailed information on side effects associated with the prescribed regime and gives information for manage them</p> <p><b>Possible side effects of drugs taken during initiation of ART (ALL)</b></p> <ul style="list-style-type: none"> <li>▪ When taking these drugs, the client may experience the following side effects:</li> <li>▪ Bad dreams, confusion, difficulty sleeping, lack of concentration (only for the client on Regimen 1a)</li> <li>▪ Skin rash</li> <li>▪ Nausea, vomiting, feeling tired, painful stomach, diarrhea, weight loss, shortness of breath</li> <li>▪ Yellow eyes</li> <li>▪ Anemia</li> <li>▪ Some of these symptoms may disappear spontaneously while others will need additional evaluation by the doctor</li> <li>▪ The client should avoid driving or engaging in activities that require concentration if he/she is not sleeping well, has problems concentrating, feels confused or tired (only for clients on Regimen 1a)</li> <li>▪ The client should come to the clinic immediately if he/she has yellow eyes, skin rash, painful stomach, persistent vomiting and/or diarrhea</li> <li>▪ The client should not stop the medications without talking to the doctor first</li> </ul>			
	04	Asks whether the client has questions and addresses them			

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<b>HIV-18</b> The provider reinforces key messages about positive living and assists the client to get social support	01	Recommends safe sex practices			
	02	Recommends to avoid the consumption of tobacco, alcohol and other drugs			
	03	Recommends healthy dietary practices			
		<p style="text-align: center;"><b>Healthy dietary practices</b></p> <p><b>General recommendations:</b></p> <ul style="list-style-type: none"> <li>▪ Eat a well-balanced diet with foods from different groups</li> <li>▪ Wash hands before and after manipulating food, cooking and eating</li> <li>▪ Drink water that has been boiled for 10 minutes or treated with chlorine tablets/drops</li> <li>▪ Thoroughly wash fruits and vegetable before eating them</li> <li>▪ Thoroughly wash cooking utensils with soap and water before using them</li> <li>▪ Prefer to eat recently cooked food; only eat stored food when refrigerated and thoroughly warmed up until producing steam</li> <li>▪ Avoid eating food from unsafe sources, like street vendors</li> <li>▪ Avoid eating raw fish, meat, poultry, eggs and fresh milk</li> </ul> <p><b>In case of lack of appetite:</b></p> <ul style="list-style-type: none"> <li>▪ Eat small portions every 3-4 hours</li> <li>▪ Avoid foods and beverages with low nutrition value</li> <li>▪ When possible, take prescribed food supplements</li> </ul> <p><b>In case of nausea or vomiting:</b></p> <ul style="list-style-type: none"> <li>▪ Eat small portions every 3-4 hours</li> <li>▪ Avoid fatty and irritant foods (chili, coffee)</li> <li>▪ Avoid too hot, too cold and too sweet foods</li> <li>▪ Chew the food very well before swallowing</li> <li>▪ Avoid food unpleasant to you</li> <li>▪ Avoid strong aromas</li> </ul> <p><b>In case of dry mouth:</b></p> <ul style="list-style-type: none"> <li>▪ Eat soft consistency foods (purees, pastas)</li> <li>▪ Avoid hard foods that can hurt the gums or palate</li> <li>▪ Avoid foods that are too hot or cold</li> </ul> <p><b>In case of diarrhea:</b></p> <ul style="list-style-type: none"> <li>▪ Thoroughly wash your hand after defecating</li> <li>▪ Drink a lot of liquids</li> <li>▪ Avoid fatty and irritant foods (chili, coffee)</li> <li>▪ Do not stop eating</li> <li>▪ Eat small portions every 3-4 hours</li> </ul>			
	<b>In case of gastritis or colitis:</b>				

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		<ul style="list-style-type: none"> <li>▪ Eat soft consistency foods</li> <li>▪ Avoid fatty and irritant foods (chili, coffee)</li> </ul> <p><b>In case of ongoing ART:</b></p> <ul style="list-style-type: none"> <li>▪ Avoid foods with added sugar (marmalades, jellies, molasses, very sweet desserts)</li> <li>▪ Avoid fatty foods (fries, oil, butter, margarine, bacon, etc.)</li> <li>▪ Reduce eggs to a maximum of 2/week, or eat them without the yolk</li> <li>▪ Eliminate all visible fat, including poultry skin</li> </ul> <p>Increase fresh fruits and vegetables</p>			
	04	Asks about domestic violence and rape, and refers the client if appropriate for further assessment and help			
	05	If the client is affected by depression, refers the client to the hospital for further assessment and treatment			
	06	Refers for special counseling as needed			
	07	Verifies whether the client qualifies for exemption or other type of social support, and assists him/her to apply for it			
	08	Assesses need for home visit and coordinates a date, if appropriate			
	09	Asks whether the client has questions and addresses them			
	10	Gives the ART drugs or refers to the pharmacy, as appropriate			
	11	<p>Determines timeframe for follow-up visits:</p> <ul style="list-style-type: none"> <li>• Week 2</li> <li>• Week 4 (Month 1)</li> <li>• Week 8 (Month 2)</li> <li>• Week 12 (Month 3)</li> <li>• Month 6</li> <li>• After this, every 3–6 months according to the client's conditions</li> </ul>			
	12	Tells the client to come to the clinic immediately if there is any complication			
	13	Shows the client where to go next			
	14	Completes registers and forms			
<b>ART: FOLLOW UP</b>					
<b>HIV-19</b> The provider assess the client's condition	01	Treats the client respectfully			
	02	Reviews medical history and asks the client how s/he is feeling since initiation of ART			
	03	Assesses for signs of opportunistic infections			
		<b>Signs and symptoms of opportunistic infections</b>			

STANDARD	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
		<p><b>Pneumocystis Pneumonia:</b></p> <ul style="list-style-type: none"> <li>▪ Shortness of breath</li> <li>▪ Fever</li> <li>▪ Cough</li> </ul> <p><b>Cryptococcus meningitis:</b></p> <ul style="list-style-type: none"> <li>▪ Headache</li> <li>▪ Fever</li> <li>▪ Neck rigidity</li> <li>▪ Confusion</li> <li>▪ Photophobia</li> </ul> <p><b>Pulmonary TB:</b></p> <ul style="list-style-type: none"> <li>▪ Cough</li> <li>▪ Fever</li> <li>▪ Weight loss</li> <li>▪ Shortness of breath</li> <li>▪ Night sweats</li> </ul> <p><b>Extrapulmonary TB:</b></p> <ul style="list-style-type: none"> <li>▪ Ascites with lymphocyte predominance and negative bacterial cultures</li> <li>▪ Chronic lymphadenopathy (especially cervical)</li> <li>▪ Cerebrospinal fluid lymphocytic pleocytosis with elevated protein and low glucose</li> <li>▪ Exudative pleural effusion with lymphocyte predominance, negative bacterial cultures, and pleural thickening</li> <li>▪ Joint inflammation (monoarticular) with negative bacterial cultures</li> <li>▪ Persistent sterile pyuria</li> <li>▪ Unexplained pericardial effusion, constrictive pericarditis, or pericardial calcification</li> <li>▪ Vertebral osteomyelitis involving the thoracic spine</li> </ul>			

STANDARD	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
	04	Assesses the patient for ART-associated side effects, including IRIS  <b>ART associated side effects</b> <b>If taking Regimen 1, inquires about:</b> <ul style="list-style-type: none"> <li>▪ Vivid dreams, confusion, difficulty sleeping, lack of concentration (only for patients on Regimen 1a)</li> <li>▪ Skin rash</li> <li>▪ Nausea, vomiting, feeling tired, painful stomach, and/or diarrhea</li> <li>▪ Yellow eyes</li> <li>▪ Anaemia</li> </ul> <b>If taking Regimen 2, inquires about:</b> <ul style="list-style-type: none"> <li>▪ Fat accumulation around waist or neck</li> <li>▪ Feeling tired, headache, nausea, vomiting, diarrhea and/or painful stomach</li> </ul>			
	05	Asks the client if s/he has started any new medications, including traditional/herbal medications			
	06	Documents concurrent medications and doses on the patient's medical record			
	07	Checks for clinically significant drug interactions according to the drug interaction table from the current National guidelines on the Prevention and Management of Side Effects and Drug Interactions			
	08	Inquires about: Contraceptive use (if applicable), pregnancy, alcohol and recreational drug use, and symptoms of depression			
	09	Performs target physical examination (if indicated), including weight monitoring			

STANDARD	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS			
	10	Requests and reviews safety laboratory tests						
		<b>Recommended routine monitoring from the current National ART Guidelines</b>						
		<b>Regime</b>				<b>CD4 results</b>	<b>Viral load results</b>	<b>Other results</b>
		1a				Staging 6-monthly	Baseline 6-monthly Creatinine	<b>ALT results</b> Baseline Symptomatic patient
		1b				Staging 6-monthly	(When available) Baseline 6-monthly Creatinine	<b>ALT results</b> Baseline Week 2 Week 4 Week 8 6-monthly
2	Staging 6-monthly	Baseline 6-monthly	<b>FBC results</b> Baseline Week 4 Week 8 Week 12 6-monthly <b>Results of fasting cholesterol and triglyceride if available</b> (lipogram): Baseline 6-monthly <b>Results of fasting glucose:</b> Baseline					
	11	Records findings in the medical history						
<b>HIV-20</b> The provider verifies how the patient is taking ART and cotrimoxazole prophylaxis (if applicable)	01	Determines if the client has missed doses						
		<b>Reviewing pill count</b>						
	<ul style="list-style-type: none"> <li>▪ Asks the patient to explain how she/he is taking the medications</li> <li>▪ Asks the patient if she/he has missed any dose in the last 3 days and 2 weeks</li> <li>▪ Reviews patient diary chart</li> <li>▪ Compares adherence report provided by the patient with the pill count</li> </ul>							
	02	If the patient missed doses, investigates how to improve adherence (e.g., access to adherence supporter, exploration of different dosing schedules, use of adherence reminders, etc.)						
	03	Addresses concerns about ART raised by the client						

STANDARD	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
<b>HIV-21</b> The provider addresses identified issues	01	Treats opportunistic infections, if any, according to current national guidelines and protocols			
	02	Reinforces how to take ART (e.g., number of pills, food requirements, dosing times, etc.) and the importance of adherence			
	03	Identifies, grades and manages adverse reactions according to the current guidelines on Prevention and Management of Side Effects and Drug Interactions			
		<p><b>Identification, grading and management of adverse reactions</b></p> <ul style="list-style-type: none"> <li>▪ Monitors for clinical adverse events commonly associated with ART as specified in the current guidelines on the Prevention and Management of Side Effects and Drug Interactions National ART Treatment Guidelines</li> <li>▪ Grades abnormal clinical adverse events as specified in the current guidelines on Prevention and Management of Side Effects and Drug Interactions, and the National ART Treatment Guidelines</li> <li>▪ Follows current guidelines on Prevention and Management of Side Effects and Drug Interactions, and the National ART Treatment Guidelines for the management of non-graded reactions</li> </ul>			
04	Identifies, grades and manages laboratory abnormalities according to the current guidelines on the Prevention and Management of Side Effects and Drug Interactions				
	<p><b>Identification, grading and management of laboratory abnormalities</b></p> <ul style="list-style-type: none"> <li>▪ Documents safety laboratory test results (hemoglobin, absolute neutrophil count, ALT, triglycerides and cholesterol) according to the selected ART regimen and clinic visit</li> <li>▪ Grades the adverse reactions based on the current guidelines on Prevention and Management of Side Effects and Drug Interactions National ART Treatment Guidelines</li> <li>▪ If grade I or II toxicity is identified, the provider: <ul style="list-style-type: none"> <li>– Continues ART</li> <li>– Repeats abnormal laboratory tests after obtaining the baseline test results</li> <li>– Reassesses for need of additional intervention including consultation with a specialist</li> </ul> </li> <li>▪ If grade III/IV toxicity is identified, the provider: <ul style="list-style-type: none"> <li>– Discontinues ART</li> <li>– Consults ART specialist immediately</li> </ul> </li> </ul>				

STANDARD	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
	05	<p>Manages paresthesia and/or neuro-sensory impairment according to the current guidelines on the Prevention and Management of Side Effects and Drug Interactions and the National ART Treatment Guidelines</p> <p><b>Management of paresthesia and neuro-sensory impairment</b></p> <ul style="list-style-type: none"> <li>▪ Diagnoses paresthesia and/or neuro-sensory impairment using the grading scale from the current guidelines on the Prevention and Management of Side Effects and Drug Interactions and the National ART Treatment Guidelines</li> <li>▪ If grade I/II (mild pain not requiring opioid therapy) is identified: <ul style="list-style-type: none"> <li>– Rules out other causes, treated patient with non-narcotic analgesics, as indicated</li> <li>– Substitutes other available NRTI (e.g., AZT) for ddI or d4T if available</li> <li>– If no other NRTI substitution available, reduces dose of d4T by 10 mg twice daily</li> </ul> </li> </ul>			
	06	<p>Manages rash of patients on EFV- or NVP-containing regimens according to the current guidelines on the Prevention and Management of Side Effects and Drug Interactions and the National ART Treatment Guidelines</p> <p><b>Management of rash</b></p> <ul style="list-style-type: none"> <li>▪ Diagnoses rash using the grading scale from the current guidelines on the Prevention and Management of Side Effects and Drug Interactions and the National ART Treatment Guidelines</li> <li>▪ If grade I/II without constitutional symptoms (e.g., fever, eye discomfort or blurred vision, mouth or genital sores, blisters on skin and hemorrhagic rash) is identified: <ul style="list-style-type: none"> <li>– Discontinues any unnecessary medications including traditional/herbal medications</li> <li>– Administers antihistamine drugs as indicated</li> <li>– Counsels the patient about signs of severe rash and the need to promptly return to clinic if they occur</li> <li>– Monitors the patient until complete resolution of the rash or</li> <li>– Consults a specialist if rash persisted If graded I/II with constitutional symptoms (e.g., fever, eye discomfort or blurred vision, mouth or genital sores, blisters on skin and hemorrhagic rash): <ul style="list-style-type: none"> <li>– Stops all ART and any other medication</li> <li>– Referrers immediately to the hospital</li> </ul> </li> </ul> </li> <li>▪ If grade III/IV with or without constitutional symptoms is identified: <ul style="list-style-type: none"> <li>– Stops all ART and any other medication</li> <li>– Referrers immediately to the hospital</li> </ul> </li> </ul>			

STANDARD	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
	07	Manages hyperlactacidemia and lactic acidosis according to the current guidelines on the Prevention and Management of Side Effects and Drug Interactions and the National ART Treatment Guidelines			
		<p style="text-align: center;"><b>Management of hyperlactacidemia and lactic acidosis</b></p> <ul style="list-style-type: none"> <li>▪ Diagnoses hyperlactacidemia and lactic acidosis using the current guidelines on the Prevention and Management of Side Effects and Drug Interactions and the National ART Treatment Guidelines</li> <li>▪ If lactate 2–5 mmol/L: <ul style="list-style-type: none"> <li>– Monitors monthly</li> <li>– Monitors for signs and symptoms</li> </ul> </li> <li>▪ If lactate 5–10 mmol/L with symptoms or &gt;10 mmol/L: <ul style="list-style-type: none"> <li>– Stops ART immediately</li> <li>– Hospitalizes the patient and/or sought urgent consultation from specialist</li> </ul> </li> </ul>			
	08	Confirms that the patient has an adherence supporter and asks how it is working			
	09	Reinforces messages on food safety and appropriate intake			
	10	Refers the client to the appropriate support services for any social need raised by the client			
<b>HIV-22</b> The provider finalizes the consultation	01	Asks whether the patient has questions and addresses them			
	02	Determines timeframe for follow-up visit			
	03	Shows the patient where to go next			
	04	Completes registers and other forms			
	05	Completes the Adverse Drug Reaction Report Form, if applicable			
<b>IEC AND COMMUNITY PARTICIPATION</b>					
<b>HIV-23</b> The facility manager leads collaboration and networking of the health facility with community organizations	01	Identifies and lists the community-based organizations existing in the catchment area, including the Health Neighborhood Committees, non-governmental organizations and faith-based organizations, among others			
	02	Organizes quarterly meetings with the community-based organizations to promote awareness of the clinic services			
	03	Identifies and lists the existing health units in the catchment area, including ZDF, MOH, private sector, faith-based clinics, traditional healers and traditional birth attendants			
	04	Promotes collaboration and fluid communication among health units			

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<b>HIV-24</b> The facility manager ensures the availability of IEC materials	01	Checks periodically the availability of the full range of IEC materials, including ARV, HIV, TB, STI and PMTCT; if something is missing or about to be out of stock, then makes orders for replenishment			
	02	Ensures that the materials are preferably in local languages			
	03	Checks that IEC materials are displayed at the clinic and available for distribution to clients			
<b>HIV-25</b> The facility manager leads the implementation of community outreach activities	01	Designs with the team an annual plan for community outreach activities			
	02	Ensures that community outreach activities include information on HIV treatment, care and prevention			
	03	Checks that IEC materials are available and used for community outreach activities			
<b>SUPPORT SYSTEMS</b>					
<b>HIV-26</b> The pharmacist or equivalent person properly manages a requisition system for provision of ART drugs	01	Determines reorder levels for each ARV drug			
	02	Places the reorders to the appropriate depot			
	03	Follows up the reorders to ensure their delivery within one-month period or one week, in case of emergency orders			
	04	Reconciles the reorders by confirming that delivered drugs tally with the requests, and signs the good receipt note			
	05	Updates the bin cards with the new available stock			
<b>HIV-27</b> The pharmacist or equivalent person properly stores and manages the ART drugs	01	Ensures that the storage room is properly ventilated during working hours			
	02	Ensures that the storage room is not humid and temperature is under 25°			
	03	Ensures that the storage room is protected from sunlight			
	04	Keeps the storage area ordered and clean			
	05	Stores drugs on shelves and properly labels them			
	06	Ensures safety using a "lock and key" system			
	07	Controls stock using bin cards			
	08	Keeps drugs within their expiration date and uses "first in–first out" and "first expire–first out" system			
	09	Follows standard operating procedures for distribution of drugs within the facility			

STANDARD	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
<b>HIV-28</b> The pharmacist or equivalent person gives information and counsels the clients on ART drugs	01	Treats the client respectfully  <b>Treating the client respectfully</b> <ul style="list-style-type: none"> <li>▪ Greets the client and companion</li> <li>▪ Introduces him/herself</li> <li>▪ Calls client by his/her name or appropriate title</li> <li>▪ Shows concern and respect client culture, beliefs and ideas</li> </ul>			
	02	Performs pill count			
	03	Reinforces messages about importance of adherence to treatment			
	04	Explains the ARV regime he/she is taking to the client			
	05	Explains how to use the medication dairy chart to the client			
	06	Asks the client about concurrent medications and checks for interactions with ART drugs; discusses this issue with the clinician, if necessary			
	07	Provides information about ART drugs  <b>General information on ART drugs</b> <ul style="list-style-type: none"> <li>▪ ART is a combination of at least three drugs that are given to clients with AIDS</li> <li>▪ These drugs will not cure AIDS but will help clients live healthier and longer</li> <li>▪ Some medications may cause side effects</li> <li>▪ If clients have side effects they should come to the clinic to be evaluated</li> <li>▪ Some medications need to be taken with food, without food or have no food requirements</li> <li>▪ It is important to follow the instructions provided by the adherence counselors and pharmacists, and discuss with them the best plan for taking ART medications</li> <li>▪ It is important to take ART medications at the correct time</li> <li>▪ If clients miss doses, the treatment might not be effective and the medications might stop working</li> <li>▪ Clients should not stop taking ART medications without talking to their provider</li> <li>▪ Clients should not start any new medications, including traditional/herbal medications, without talking to their provider</li> <li>▪ He/she is available to answer any questions the client may have, and then answers them appropriately</li> </ul>			

STANDARD	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
	08	<p>Explains how to take the ART drugs to the client</p> <p style="text-align: center;"><b>How to take ART drugs</b></p> <p><b>EFV</b></p> <ul style="list-style-type: none"> <li>▪ 600 mg every day, at bed time, on an empty stomach or with low-fat meal</li> <li>▪ Explains that it could produce vivid dreams and confusion, which could go unnoticed during sleep</li> <li>▪ If client has sleep problems, recommends to take the drug early in the morning</li> </ul> <p><b>TDF</b></p> <ul style="list-style-type: none"> <li>▪ 300 mg every day</li> </ul> <p><b>FTC</b></p> <ul style="list-style-type: none"> <li>▪ 300 mg every day on empty stomach</li> </ul> <p><b>NVP (Initiation)</b></p> <ul style="list-style-type: none"> <li>▪ 200 mg every day for 2 weeks, followed by 200 mg in the morning (7 am) and 200 mg in the evening (7 pm)</li> </ul> <p><b>NVP (Continuation)</b></p> <ul style="list-style-type: none"> <li>▪ 200 mg in the morning (7 am) and 200 mg in the evening (7 pm)</li> </ul> <p><b>LPV/rvt</b></p> <ul style="list-style-type: none"> <li>▪ 3 caps of 400/100 mg in the morning (7 am) and 3 caps of 400/100 mg in the evening (7 pm), both with food</li> <li>▪ Tells the client to keep the drug cool and dry</li> </ul> <p><b>AZT</b></p> <ul style="list-style-type: none"> <li>▪ 300 mg in the morning (7 am) and 300 mg in the evening (7 pm)</li> <li>▪ Explains to the client that food may decrease AZT-induced nausea, vomiting and abdominal discomfort</li> </ul> <p><b>3TC</b></p> <ul style="list-style-type: none"> <li>▪ 150 mg in the morning (7 am) and 150 mg in the evening (7 pm)</li> </ul>			

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	09	<p>Explains possible side effects of ART drugs</p> <p><b>Possible side effects of drugs taken during initiation of ART</b></p> <ul style="list-style-type: none"> <li>▪ When taking these drugs, the client may experience the following side effects: <ul style="list-style-type: none"> <li>– Bad dreams, confusion, difficulty sleeping, lack of concentration (only for the client on Regimen 1a)</li> <li>– Skin rash</li> <li>– Nausea, vomiting, feeling tired, painful stomach, diarrhea, weight loss, shortness of breath</li> <li>– Yellow eyes</li> <li>– Anemia</li> </ul> </li> <li>▪ Inform the client that: <ul style="list-style-type: none"> <li>– Some of these symptoms may disappear spontaneously while others will need additional evaluation by the doctor</li> <li>– The client should avoid driving or engaging in activities that require concentration if she/he is not sleeping well, has problems concentrating, feels confused or tired (only for clients on Regimen 1a)</li> <li>– The client should come to the clinic immediately if she/he has yellow eyes, and/or skin rash, and/or painful stomach, and/or persistent vomiting and/or diarrhea</li> <li>– The client should not stop the medications without talking to the doctor first</li> </ul> </li> </ul>			
<b>HIV-29</b> At treatment initiation, the pharmacist or equivalent person develops an individual plan to monitor adherence and toxicities with the client	01	Identifies with the client the best schedule for taking the ART drugs that will fit best with his/her lifestyle, discussing potential reminder options			
	02	Accommodates in the schedule other medications that the client is taking			
	03	Revises and explains to the client how he/she will use the dairy card			
	04	Reinforces the importance of not sharing the ART drugs with other people			
	05	Dispenses enough medications until the next visit			
	06	Asks whether the client has questions and addresses them			
	07	Tells the client to come to the clinic in case of doubts, side effects or complications			
	08	Records the counseling session			

STANDARD	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
<b>HIV-30</b> At follow-up visits, the pharmacist or equivalent person checks adherence with the treatment	01	Asks the client how he/she is taking the drugs and reviews client's dairy chart			
	02	Reinforces the importance of taking the drugs as prescribed			
	03	If the client missed doses, investigates why and discusses how to improve adherence			
	04	Confirms that the client has an adherence supporter and asks how it is working			
	05	Asks the client if he/she has started new medications including traditional/herbal medications, checks for interactions and discusses with the clinician if necessary			
	06	Dispenses enough of the client's medications until next appointment			
	07	Asks the client if he/she has questions and addresses them			
	08	Tells the client to come to the clinic if he/she has any side effects or complications			
	09	Makes required referrals			
	10	Records counseling session			
<b>HIV-31</b> The facility manager or lab staff ensures access of clients to required laboratory tests	01	Ensures that the clinic receives direct support from a laboratory that performs all the tests needed for ART provision			
		<p style="text-align: center;"><b>Laboratory tests needed for ART provision</b></p> <ul style="list-style-type: none"> <li>▪ CD4 count</li> <li>▪ Viral load</li> <li>▪ Full blood count</li> <li>▪ Liver function test</li> <li>▪ Fasting lipid profile</li> <li>▪ Fasting glucose</li> <li>▪ HIV PCR</li> <li>▪ TB</li> <li>▪ Viral hepatitis</li> <li>▪ Pap smear</li> <li>▪ Iron studies</li> <li>▪ Lactic acid</li> <li>▪ Urea and electrolytes</li> <li>▪ ESR</li> <li>▪ Clotting profile</li> <li>▪ Malaria</li> <li>▪ Blood culture</li> <li>▪ Renal function tests</li> <li>▪ Cardiac enzymes</li> </ul>			

STANDARD	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
	02	Prepares the collection of blood samples ensuring client and staff safety  <b>Ensuring safety during blood sample collection</b>  <ul style="list-style-type: none"> <li>▪ Ensures availability of a trained phlebotomist during programmed working schedule</li> <li>▪ Ensures that the blood sampling area, furniture and equipment are kept clean and disinfected: <ul style="list-style-type: none"> <li>– Cleaning personnel must use utility gloves, mask, plastic/rubber apron, protective eyewear and shoes</li> <li>– Floors are wet mopped with a disinfectant solution (0.5% chlorine solution + soap) using the two-bucket or three-bucket techniques</li> <li>– Walls are cleaned with a clean cloth or mop wet in a cleaning solution</li> <li>– Chairs, lamps, tables, tabletops, lights, top of doors and counters must be wiped with a damp cloth, containing disinfectant cleaning solution</li> <li>– If the equipment is visibly soiled with blood or body fluids, or the patient is under contact precautions, it must be cleaned and disinfected before reuse.</li> </ul> </li> <li>▪ Ensures availability of running water, soap and paper towel, or dispenser of alcohol gel 70%</li> <li>▪ Ensures availability of disinfectant solutions for blood sampling</li> <li>▪ Ensures availability of enough disposable gloves; a pair for each procedure</li> <li>▪ Ensures availability of puncture-proof container for needles</li> <li>▪ Ensures availability of deposits with properly colored bags for contaminated and non-contaminated waste</li> </ul>			
<b>HIV-32</b> The phlebotomist correctly performs blood taking	01	Treats the client respectfully			
	02	Explains the procedure to the client			
	03	Correctly performs hand hygiene			
	04	Puts on new disposable gloves			
	05	Follows blood taking procedures correctly			
			<b>Blood taking procedures (ALL)</b>  <ul style="list-style-type: none"> <li>▪ Positions the arm with support</li> <li>▪ Palpates and locates the puncture site</li> <li>▪ Using a fresh cotton swab, cleans the site with 60-90% alcohol, in a circular motion starting at the center</li> <li>▪ Allows alcohol to dry</li> <li>▪ Collects blood in appropriate specimen tubes</li> <li>▪ Puts the needle in the puncture-proof container without recapping</li> </ul>		

STANDARD	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
	06	Keeps a cotton swab over the puncture site a short time until ensuring that blood is not flowing; cleans the puncture site			
	07	Disposes gloves, cotton swab and any other material used in the procedure in container for contaminated waste			
	08	Performs hand hygiene correctly			
	09	Tells the client where to go next			
<b>HIV-33</b> The provider properly collects and transports blood samples to the laboratory	01	Collects and transports blood samples in a safe container			
	02	If samples are for lactic acid, ensures that appropriate equipment and procedures are used			
		<b>Equipment and procedures for managing blood samples for lactic acid</b> <ul style="list-style-type: none"> <li>▪ Blood taken in a pre-chilled fluoride-oxalate tube</li> <li>▪ Tourniquet is NOT used when taken blood sample</li> <li>▪ Blood is kept on ice and quickly delivered to the laboratory for processing</li> <li>▪ Blood is processed within four hours</li> </ul>			
	03	Monitors and records turn-around time, taking actions to improve it in coordination with the laboratory			
<b>HIV-34</b> The facility manager ensures availability of minimum staff for daily operations	01	Organizes staff shifts, vacations and time-off (including off-site training and duties) to ensure that the facility keeps providing ART services continuously			
	02	Ensures that there is at least one staff present during working hours who can speak/understand locally spoken languages			
	03	Enforces the use of name tags and appropriate uniform by all staff			

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<b>HIV-35</b> The facility manager ensures that the facility is suitable for client and staff comfort and safety	01	Ensures that the facility has clearly visible external and internal signs to facilitate clients' information and flow			
	02	Ensures that the facility is handicapped-friendly (e.g., has wheelchair ramps, bathrooms are suitable for handicapped clients)			
	03	Ensures that the reception and waiting area is clean and adequate			
	04	Ensures that bathrooms for clients and staff are clean and operative			
		<p style="text-align: center;"><b>Expected characteristics of bathrooms</b></p> <ul style="list-style-type: none"> <li>▪ Separated bathrooms for clients and staff</li> <li>▪ Client bathrooms are separated for males and females</li> <li>▪ Bathroom doors lock</li> <li>▪ Sinks, faucets and toilets are working</li> <li>▪ Soap is available</li> <li>▪ Paper towels are available</li> <li>▪ Tissues are available</li> <li>▪ A dust bin is available</li> <li>▪ Bathrooms are clean and are properly cleaned according to schedule or when necessary</li> </ul>			
	05	Ensures that the facility has enough seats for clients and staff in the different rooms			
06	Ensures proper cleaning of all rooms according to schedule				
	<p style="text-align: center;"><b>Expected characteristics of the reception and waiting area</b></p> <ul style="list-style-type: none"> <li>▪ Room has an adequate number of seats for clients and staff</li> <li>▪ There is a desk and file cabinet for receptionist</li> <li>▪ Room is well ventilated</li> <li>▪ Room is well lit</li> <li>▪ A TV set with VCR is available</li> <li>▪ Educational materials are available</li> </ul>				

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<b>HIV-36</b> The facility manager ensures appropriate provision of critical supplies	01	Organizes and implements a supply requisition system			
	02	Ensures adequate storage of supplies, including stock control			
	03	Manages supply provision to ensure a six week minimum stock of supplies			
		<p style="text-align: center;"><b>Expected list of supplies available at any time</b></p> <ul style="list-style-type: none"> <li>▪ Sterile disposable gloves</li> <li>▪ Examination gloves</li> <li>▪ Heavy-duty gloves</li> <li>▪ Cotton or gauze</li> <li>▪ Bandages</li> <li>▪ Syringes and needles</li> <li>▪ Lab materials</li> <li>▪ Sheets of paper for the examination tables</li> <li>▪ Pillows</li> <li>▪ Robes</li> <li>▪ Venipuncture supplies</li> <li>▪ Pater towel</li> <li>▪ Soap or detergent</li> <li>▪ Hand soap</li> <li>▪ Alcohol gel 70%</li> <li>▪ Colored plastic bags for waste</li> <li>▪ Stationary and forms</li> </ul>			
<b>HIV-37</b> The facility manager ensures that basic management systems are working	01	Organizes a referral system that keeps track of clients transferred to/from other health units			
	02	Organizes a scheduling system for clients considering staff availability, and estimated number of new and follow-up clients			
	03	Organizes the client flow specifying the responsibilities and procedures to be completed in each step			
	04	Organizes lines of authority and internal communication through an organogram and monthly staff meetings			
	05	Ensures that clear and updated job descriptions are known and understood by every staff member			
	06	Organizes and tracks progress for the implementation of annual plans			
	07	Keeps track of key input, process and outcome indicators according to national guidelines			

STANDARD	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
<b>HIV-38</b> The facility manager ensures that waste is properly handled and disposed	01	Enforces the appropriate disposal of waste according to its nature in the respective colored bags			
	02	Enforces that staff handling waste bags and puncture-proof containers use all the recommended protection equipment			
	03	Ensures the daily collection of bags and puncture-proof containers when ¾ full			
	04	Ensures that puncture-proof containers and bags with contaminated waste are properly incinerated			
	05	Ensures that ashes and residues of incinerated materials are properly buried in a restricted designated area of the facility			
<b>HIV-39</b> The facility manager ensures the implementation and use of an adequate client information system	01	Ensures that all clients are appropriately identified in files			
	02	Ensures that client files are easily available during consultation and procedures; files are collected from the facility rooms and appropriately filed at the end of each working day			
	03	Enforces policies and guidelines for ensuring confidentiality of client files and information			
	04	Ensures that staff members read, understand and sign a code of conduct regarding confidentiality of client files and information			
	05	Ensures that client files are kept locked			
<b>HIV-40</b> The facility manager ensures that health information is collected, analyzed and reported timely and appropriately	01	Ensures that all the required information forms are available			
	02	Ensures the organization and implementation of a client attendance tracking system			
	03	Ensures the completion of monthly, quarterly and annual reports			
	04	Ensures that reports are sent to the higher corresponding level in a timely way			
	05	Ensures that key performance data is properly displayed			
<b>HIV-41</b> The facility manager ensures the implementation of performance improvement	01	Leads the implementation of performance assessment according to schedule			
	02	Supervises the implementation and updating of action plans			
	03	Requests external support when local staff cannot cope with a performance gap			
	04	Promotes partnerships with local stakeholders for improving quality			
	05	Leads recognition of staff for achievements in bridging performance gaps			

<b>TOTAL STANDARDS:</b>	<b>41</b>
<b>A. TOTAL STANDARDS OBSERVED:</b>	
<b>B. TOTAL STANDARDS ACHIEVED:</b>	
<b>C. PERCENTAGE OF ACHIEVEMENT: (<math>B \times 100 / A</math>)</b>	

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# Malaria

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## AREA: MALARIA

COUNTY: \_\_\_\_\_ FACILITY NAME: \_\_\_\_\_ FACILITY ID \_\_\_\_\_ IMPLEMENTER: \_\_\_\_\_

ASSESSMENT TYPE:  INTERNAL /  EXTERNAL      ASSESSOR: \_\_\_\_\_      DATE: \_\_\_\_\_

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
<b>MAL-01</b> The health facility manager or provider have the equipment and supplies necessary for malaria case management available	01	Enough supplies for taking blood samples			
		<b>Supplies for taking blood samples (ALL)</b> <ul style="list-style-type: none"> <li>▪ Cotton balls or compresses</li> <li>▪ Band-Aids (plaster)</li> <li>▪ HLD or sterile examination gloves</li> <li>▪ Single use syringes and needles</li> <li>▪ Needles and tubing for IV drip</li> </ul>			
	02	Enough supplies for analyzing blood samples			
		<b>Equipment and supplies for analyzing blood samples (ALL)</b> <ul style="list-style-type: none"> <li>▪ Microscope</li> <li>▪ Slides</li> <li>▪ Laboratory reagents</li> </ul>			
	03	Enough supplies for infection prevention			
		<b>Facilities, equipment and supplies for infection prevention in the laboratory (ALL)</b> <ul style="list-style-type: none"> <li>▪ Running water</li> <li>▪ Soap</li> <li>▪ Clean towels for individual use or Alcohol gel</li> <li>▪ HLD or sterile examination gloves</li> <li>▪ Puncture proof containers for sharps</li> <li>▪ Utility gloves</li> <li>▪ Plastic bags for contaminated and non-contaminated waste</li> </ul>			

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
	04	Enough medicines and prevention supplies for two weeks <ul style="list-style-type: none"> <li>▪ Medicines and prevention supplies (ALL)</li> <li>▪ Paracetamol</li> <li>▪ Quinine (pills, injection)</li> <li>▪ Iron + folic acid</li> <li>▪ Artesunate + amodiaquine</li> <li>▪ 5% dextrose saline solution</li> <li>▪ Intravenous drip set</li> <li>▪ Diazepam</li> <li>▪ Insecticide treated nets (ITN)</li> </ul>			
	05	Existence of IEC materials on prevention displayed in the waiting room			
	06	Existence of job aids for diagnosis and case management displayed in the consultancy rooms and laboratory			
	07	The facility has not had stock out of medicines and supplies for the last six months			
<b>MAL-02</b> The staff in charge of storing medicines and supplies apply principles for management and storage of essential drugs and medical consumables according to policy	01	Keeps the drug/supplies storage dry, clean, well ventilated and securely protected against theft			
	02	Stores medicines and supplies on shelves, not on the floor			
	03	Ensures that medicines and supplies are not outdated nor damaged			
	04	Stores medicines and supplies in receptacles labeled with the date of expiration			
	05	Stores medicines and supplies according to the FIFO system (first in, first out)			
	06	Stores products separately if they are damaged or out of date			

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
<b>MAL-03</b> The provider conducts a rapid initial assessment of suspected malaria of client upon arrival	01	Looks for signs suggestive of complicated Malaria  <b>Signs suggestive of complicated Malaria (ANY)</b> <ul style="list-style-type: none"> <li>▪ Fever with chills (when began and duration)</li> <li>▪ <b>If child</b>, asks if she/he or any other children at home have measles, chickenpox, rubella or any other childhood contagious disease</li> <li>▪ Shortness of breath/ breathing difficulty</li> <li>▪ Neurological complications (confusion, coma)</li> <li>▪ Convulsions (see treatment algorithm above to intervene if client or child is convulsing now)</li> <li>▪ Signs of dehydration (mouth and tongue dryness, dry skin fold, sunken fontanel in baby)</li> <li>▪ Severe anemia (markedly pale conjunctiva)</li> <li>▪ Spontaneous hemorrhages from any orifice</li> <li>▪ Jaundice (yellow conjunctiva or skin)</li> </ul>			
	02	If any of the above signs is present, assures immediate attention			
<b>MAL-04</b> The provider collects key information during history taking	01	Greets the client with kindness and respect			
	02	Introduces his/her name and function			
	03	Asks the client's name			
	04	Calls the client by his/her name			
	05	Keeps the doors closed during the consultancy			
	06	Speaks quietly to avoid others listening to the conversation			
	07	Does not allow the presence of other people without the consent of the client			
	08	Respects the client's gender, ethnicity and culture			
	09	Asks for client consent to allow a companion or other staff to be a chaperone during clinical examination			
	10	Listens actively to the client (or parent) and pays close attention			
	11	Asks open questions clearly and in an appropriate manner			
	12	Encourages the client (or parent) to ask questions			
	13	Speaks the client's language or ask for assistance			
	14	Collects the client's demographic information			
	15	Explores the possibility of exposure to mosquito bites if the client (or child) lived in or has travelled to an area of malaria transmission			
	16	Assesses for other likely causes of fever			

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
	17	Asks for history of current major medical illnesses or surgical events			
	18	Records data and client's subjective information			
<b>MAL-05</b> The provider conducts a physical exam to diagnose malaria	01	Explains to client (or parent) what the exam consists of and asks for permission to proceed			
	02	Washes hands with running water and soap, and dries them in a clean towel for individual use, or rubs alcohol gel in both hands until it dries			
	03	Measures vital signs, including weight, height, pulse, blood pressure, respiratory frequency and temperature			
	04	Assesses: HEENT, lungs, skin, abdomen, back			
	05	Looks for signs and symptoms of uncomplicated malaria			
		<p style="text-align: center;"><b>Signs and symptoms of uncomplicated malaria (ANY)</b></p> <ul style="list-style-type: none"> <li>▪ Temperature (over <math>\geq 37.5^\circ</math> during the past 24 hours with fever and chills spikes every 4–6 hours)</li> <li>▪ Anemia (conjunctiva and or palmer pallor)</li> <li>▪ Enlarged spleen</li> <li>▪ Joint and muscle pain</li> </ul>			
	06	Looks for signs and symptoms of complicated malaria			
		<p style="text-align: center;"><b>Signs and symptoms of complicated malaria (signs and symptoms of simple malaria PLUS....) (ANY)</b></p> <ul style="list-style-type: none"> <li>▪ Vertigo</li> <li>▪ Shortness of breath/ breathing difficulty</li> <li>▪ Neurological complications (confusion, coma)</li> <li>▪ Convulsions</li> <li>▪ Signs of dehydration (mouth and tongue dryness, dry skin fold, sunken fontanel)</li> <li>▪ Severe anemia (markedly pale mucosa and conjunctiva)</li> <li>▪ Spontaneous hemorrhages</li> <li>▪ Jaundice (yellow conjunctiva and palms or skin)</li> <li>▪ Hypoglycemia</li> <li>▪ Very scant amounts of dark urine</li> </ul>			
	07	Looks for signs and symptoms of other likely causes of fever			
08	Explains the findings to the client				
09	Records all the information in the clinical record				

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
<b>MAL-06</b> The provider or lab technician correctly performs diagnostic testing	01	Explains to client (or parent) what the test consists of and asks for permission to proceed			
	02	Performs hands hygiene			
	03	Uses procedures gloves			
	04	Takes a blood sample and completes a diagnostic test: <ul style="list-style-type: none"> <li>▪ If microscope is available, proceeds to a blood smear direct observation</li> <li>▪ If microscope is not available, performs a rapid test</li> </ul>			
	05	Disposes waste and gloves in the contaminated waste container			
	06	Performs hand hygiene			
	07	Explains the findings to the client			
	08	Records all the information in the clinical record			
<b>MAL-07</b> The provider correctly manages uncomplicated malaria cases in patients with positive malaria test results	<b>01</b>	Prescribes artesunate-amodiaquine oral treatment according to NMCP protocol			
	<b>02</b>	If the client cannot tolerate oral treatment, then prescribes parental or rectal antimalarial treatment for 1–2 days; when the client tolerates oral treatment, completes a full 3-day course of oral artesunate-amodiaquine			
	<b>03</b>	Prescribes Paracetamol to control fever			
	<b>04</b>	Explains the importance of taken the prescribed medicine doses completely and at the correct intervals			
	05	Gives an insecticide treated net and explains how and when to use it			
	06	Checks client's understanding of the instructions			
	07	Encourages the client to ask questions and addresses them			
	08	Asks the client to return after completing the treatment for follow-up			
	09	Records all the information in the clinical record			
	10	If the client returns with symptoms and parasitemia after more than two weeks from initial treatment, considers that he/she got a new infection and treats accordingly			

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
<b>MAL-08</b> The provider correctly manages suspected complicated malaria cases in patients with positive malaria test results	01	Secures an open airway in unconscious clients			
	02	Weights the client or estimates his/her weight			
	03	Inserts an intravenous cannula and administers glucose-containing fluids			
	04	If the case cannot be properly managed at the facility, administers parenteral or rectal antimalarial treatment and Paracetamol, and refers promptly to the closest hospital			
	05	Orders lab analysis for blood glucose, hemoglobin/hematocrit, parasitemia, renal functions, cross-match, full blood count, platelet count, clotting studies, blood culture and full biochemistry			
	06	If the client is with high fever, administers tepid sponging, fanning, a cooling blanket and Paracetamol			
	07	If convulsions, treats promptly with intravenous or rectal diazepam or intramuscular paraldehyde			
	08	If severe anemia, transfuses with screened fresh whole blood			
	09	If acute pulmonary edema, props patient up at an angle of 45°, gives oxygen, gives a diuretic, stops intravenous fluids, intubates and adds positive end-expiratory pressure/continuous positive airway pressure in life-threatening hypoxemia			
	10	If shock, suspects septicemia, takes blood for cultures; gives parenteral broad-spectrum antimicrobials, corrects hemodynamic disturbances			
	11	Performs a complete clinical examination			
	12	If the client is in coma, estimates its severity and refer to next level			
	13	Starts promptly full doses of parental or rectal antimalarial treatment			
	14	When the client tolerates oral therapy, completes a full 3-day course of oral artesunate-amodiaquine			

<b>TOTAL STANDARDS:</b>	<b>8</b>
<b>A. TOTAL STANDARDS OBSERVED:</b>	
<b>B. TOTAL STANDARDS ACHIEVED:</b>	
<b>C. PERCENTAGE OF ACHIEVEMENT: <math>(B \times 100 / A)</math></b>	

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# Control of Tuberculosis

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## AREA: CONTROL OF TUBERCULOSIS

COUNTY: \_\_\_\_\_ FACILITY NAME: \_\_\_\_\_ FACILITY ID \_\_\_\_\_ IMPLEMENTER: \_\_\_\_\_

ASSESSMENT TYPE:  INTERNAL /  EXTERNAL      ASSESSOR: \_\_\_\_\_      DATE: \_\_\_\_\_

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
<b>TB-01</b> The provider ensures an appropriate and private climate during the visit	01	Before starting the daily attention, he/she verifies that they have everything needed for providing services, including cleaning floors, furniture and equipment  <b>Required equipment and supplies</b> <b>Equipment: (ALL)</b> <ul style="list-style-type: none"> <li>▪ Scale in working conditions</li> <li>▪ Measuring tape</li> <li>▪ Thermometer</li> <li>▪ Stethoscope</li> </ul> <b>Infection prevention:</b> <ul style="list-style-type: none"> <li>▪ Recipient with colored bag for non-contaminated waste</li> <li>▪ Recipient with colored bag for contaminated waste</li> <li>▪ Procedures gloves</li> <li>▪ Tap/running water or alcohol gel 70%</li> <li>▪ Soap</li> <li>▪ Individual or paper towels</li> <li>▪ High efficiency masks (N95)</li> </ul> <b>Materials for sputum sampling:</b> <ul style="list-style-type: none"> <li>▪ Sterile sputum specimen tapped glass jars</li> <li>▪ Jar transportation racks</li> </ul> <b>Forms:</b> <ul style="list-style-type: none"> <li>▪ Lab forms</li> <li>▪ Clinical records</li> <li>▪ Log book</li> <li>▪ Client's treatment card</li> <li>▪ Adverse reaction register/notification</li> </ul> <b>Standard cleaning procedures:</b> <ul style="list-style-type: none"> <li>▪ Cleaning staff uses personal protective equipment</li> <li>▪ Washes the floors using 0.5% chlorine solution and the 2-bucket technique</li> <li>▪ Furniture, walls, doors and equipment cleaned with 0.5% chlorine solution</li> </ul>			

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
	02	Greets and treats the patient respectfully			
	03	Ensures privacy and confidentiality during the visit			
	04	Informs the client that the TB diagnosis, treatment and follow-up is free of charge			
	05	Explores the motives for the visit			
<b>TB-02</b> The provider investigates for tuberculosis in clients with otherwise unexplained productive cough lasting two–three weeks, or those living with HIV	01	Looks actively for people coughing in the waiting area and other services, sending those suspicious of having TB to the respective service			
	02	Sends clients living with HIV to the TB service to diagnose any co-infection			
	03	Registers all patients with suggested TB symptoms and those living with HIV in the corresponding register/log book			
<b>TB-03</b> The provider collects critical clinical information during the first visit	01	Asks for history of any major disease			
	02	Asks for history of TB diagnosis and treatment			
	03	Asks for HIV status			
	04	Ask for symptoms suggestive of TB infection			
	05	Assesses risks factors for drug resistance			
	06	Performs hand hygiene before and after examining the client			
	07	Takes vital signs, weights and measures the client			
	08	Examines the chest, auscultates the lungs, and palpates neck and armpits for lymph nodes			
	09	Looks for signs of extra-pulmonary TB infection			
	10	Registers results in the client's clinical record			

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
<b>TB-04</b> The provider educates the client and correctly collects sputum specimens and sends them to the lab for processing	01	Explains to user the need for taking the sample and the procedure for producing a good sample			
	02	Performs hand hygiene			
	03	Uses gloves and high efficiency mask			
	04	Collects sputum according to national protocol, three sputum within 24 hours			
	05	Verifies that the sampling jar has the correct client's information			
	06	Puts the jar in the transportation rack			
	07	Disposes the gloves in the container for contaminated waste			
	08	Performs hand hygiene			
	09	Gives the client a second jar for collecting an early-morning sample, which must be brought to the health facility			
	10	Explains to the client the next steps			
<b>TB-05</b> The provider correctly diagnoses and manages TB infection	01	Registers a description of the TB infection (location, treatment history, risks to drug resistance, bacteriological/Rx results)			
	02	Offer HIV testing for confirmed TB cases			
	03	Determines the best suitable treatment scheme for the client			
	04	Explains the characteristics of TB treatment, its side effects, its supervised nature and the importance of adherence to the client			
	05	Collects information about people in close contact with the client and recommends to bring them for assessment			
	06	Provides counseling on nutrition practices			
	07	Refers female clients to the Family Planning clinic to start/revise contraception, according to the client diagnosis and treatment scheme			
	08	Administers the first dose of the drugs, checking that the client swallows them			
	09	Identifies and addresses issues that can jeopardize the adherence to treatment			
	10	Explains the schedule to the client for receiving the drugs and when he/she should return immediately			
	11	Registers the information on the client's card, the clinical record and log book			

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
<b>TB-06</b> The provider correctly administers DOTS and DOTS PLUS	01	Verifies the client identity and treatment scheme			
	02	Verifies that the client swallows the corresponding daily drugs			
	03	Assesses the presence of any drug adverse reaction			
	04	Congratulates the client for adhering to the treatment and encourages him/her to continue coming			
	05	Registers the administration of the drug in the client's treatment card, clinical record and log book			
<b>TB-07</b> The provider correctly manages the TB infection during follow-up visits	01	Performs a new complete clinical, bacteriological and radiological assessment when the client is about to leave one phase or move s to a new phase. E.g. Perform sputum examination at the end of the first two months of treatment, when negative, proceed to the continuation phase, if positive repeat the initial phase for additional 1 month.			
	02	Assesses adherence to treatment, revising the client's treatment card and clinical record			
	03	Informs the client about his/her clinical condition			
	04	Assesses risk factors for drug resistance			
	05	Refers the client to a doctor if needed			
	06	If the client has adverse reaction to the drugs, requests a lab test for assessing liver function; if the reaction is severe, refers the client for hospitalization			
	07	Registers and notifies drug adverse reactions in the corresponding form			
<b>TB-08</b> The provider correctly manages/refers special cases	01	Lists the criteria for identifying people at risk of dying and what to do in such cases			
	02	Names the strategies to recover and manage clients who fail to adhere to treatment			
	03	Performs a complete clinical, bacteriological and radiological assessment when the clinical evolution is not favorable			
	04	Addresses irregularity in the treatment			
	05	Identifies and addresses the imminent risk for abandoning the treatment			
	06	Identifies and manages/refers co-morbidities			
	07	Identifies and refers pregnant clients under treatment			

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
<b>TB-09</b> The provider correctly manages the discharge of a client from treatment	01	Performs a complete clinical, bacteriological and radiological assessment at the completion of the treatment			
	02	If the treatment is complete and the results of the assessments are negative, discharges the client from treatment			
	03	Reinforces information to prevent a TB re-infection			
	04	Assesses risk factors for drug resistance			
	05	Refers the client to a doctor if needed			
	06	If the client has adverse reaction to the drugs, requests a lab test for assessing liver function; if the reaction is severe, refers the client for hospitalization			
	07	Explains the need to return immediately to the health facility if symptoms, especially respiratory, reappear; emphasizes the need to be alert during the six months after discharge			
<b>TB-10</b> The provider follows general infection prevention practices in the TB clinic	01	Practices the availability of infection prevention norms in all the health facility rooms			
	02	Uses the availability of personal protection equipment			
	03	Ensures that the waiting area is properly ventilated			
	04	Ensures the separation/isolation of hospitalized clients with TB-MDR			
	05	Ensures that hospitalized clients with TB permanently use masks			
	06	Ensures that visitors to clients with TB use high efficiency masks			
	07	Guarantees that providers and other staff members of the clinic, especially those from the laboratory, have an annual medical check-up, and bacteriological and radiological exams			
	08	Ensures the availability of long-sleeve medical coats/aprons for health providers in contact with clients or contaminated materials			
	09	Ensures that all the rooms of the facility are properly cleaned with disinfectant solutions according to norms			

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS
<b>TB-11</b> The provider works in a laboratory that has adequate and safe working conditions	01	Ensures that the laboratory is well ventilated and illuminated			
	02	Ensures that it has tap/running water, soap, and individual towels for the lab staff			
	03	Ensures that the floor, walls, and furniture surfaces have water-proof materials that allow a proper and easy cleaning			
	04	Ensures that the floor, walls, and furniture in the lab are cleaned every day, and when needed, using disinfectant solutions, according to norms			
	05	Ensures that the door has a visible biological hazard sign			
	06	Ensures the availability of an updated fire extinguisher			
	07	Ensures the availability of a lockable cupboard or cabinet for storing information for specimens processing			
	08	Ensures the availability of Zielh Nielsen colorant and proper culture material			
	09	Ensures the availability of container with colored bags for contaminated and non-contaminated waste			
<b>TB-12</b> The laboratory staff follows infection prevention and personal protection practices	01	Only allows authorized personnel in the lab premises			
	02	Use medical long-sleeve coat/apron, high efficiency mask and gloves while in the lab			
	03	Takes out the medical coat/scrub jacket/gowns, mask and gloves when leaving the laboratory premises			
	04	Uses 0.5% chlorine solution to decontaminate work surfaces			
	05	Avoids eating, drinking or smoking in the lab			
	06	Avoids storing food in the lab			
	07	Avoids mouth pipetting and opening centrifuges while still in motion			
	08	Covers the end of sample collection tubes with a cloth or paper towel, or points them away from anyone's face when opening			
	09	Wears heavy-duty or utility gloves when cleaning lab glassware			
	10	Works with TB samples only in an exclusive designated area			
	11	Disposes waste materials in proper container with plastic bags			

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, N/A)	RESPONSIBLE CADRE/S	COMMENTS	
<b>TB-13</b> The pharmacy staff correctly manages and delivers drugs for clients with TB	01	Dispenses drugs using the "first in first out" system				
	02	Stores drugs orderly, including visible tags with the expiration date				
	03	The provider have the following drugs and supplies in stocks				
		Sputum collection material				
		Ethambutol 400mg Ethambutol 200mg				
		Isoniazid 100mg Isoniazid 300mg				
		Pyrazinamide 500mg				
		Rifampicin/Isoniazid 150mg/75mg/275mg Rifampicin/Isoniazid 60mg/30mg/150mg				
	Streptomycin 1gm					
	04	Keeps the drugs for TB clients in a designated area				
	05	Keeps dispensing records				
	06	Keeps supply-order receipt records				
07	Uses stock cards and ledgers					
08	Coordinates weekly with the TB clinic staff for ensuring drugs availability and continuity of care					

<b>TOTAL STANDARDS:</b>	<b>13</b>
<b>A. TOTAL STANDARDS OBSERVED:</b>	
<b>B. TOTAL STANDARDS ACHIEVED:</b>	
<b>C. PERCENTAGE OF ACHIEVEMENT: <math>(B \times 100 / A)</math></b>	

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# Control & Management of Other Endemic Diseases

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## AREA: CONTROL & MANAGEMENT OF OTHER ENDEMIC DISEASES

COUNTY: \_\_\_\_\_ FACILITY NAME: \_\_\_\_\_ FACILITY ID \_\_\_\_\_ IMPLEMENTER: \_\_\_\_\_

ASSESSMENT TYPE:  INTERNAL /  EXTERNAL      ASSESSOR: \_\_\_\_\_      DATE: \_\_\_\_\_

STANDARDS	N°	VERIFICATION CRITERIA	OBSERVATION (YES, NO, NA)	RESPONSIBLE CADRE/S	COMMENTS/SCORE
<b>CMOED-1</b> The staff reports monthly on all reportable diseases	01	Reviews patient records and verifies that reports required by the MOHSW are submitted monthly			
<b>CMOED-2</b> The staff investigates epidemics	01	Reviews records and/or verifies that the staff are able to state the steps in the investigation of epidemics			
<b>CMOED-3</b> The staff organizes and controls epidemics	01	During interview with staff, verifies that the staff are able to state how to organize and control epidemics according to MOHSW guidelines			
<b>CMOED-4</b> The staff performs clinical management of epidemic diseases	01	Observes or, if no cases are available, the provider states the indications for diagnosis and management of the following diseases, including referral:			
		• Typhoid			
		• Meningitis			
		• Jaundice and yellow fever			
		• Acute rheumatic fever			
		• Hemorrhagic fever			
		• Measles			
		• Pertussis			
		• Acute watery diarrhea and bloody diarrhea			
• Neonatal tetanus					
• Acute flaccid paralysis					

<b>TOTAL STANDARDS:</b>	4
<b>A. TOTAL STANDARDS OBSERVED:</b>	
<b>B. TOTAL STANDARDS ACHIEVED:</b>	
<b>C. PERCENTAGE OF ACHIEVEMENT: (<math>B \times 100 / A</math>)</b>	

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**PART II**  
**MOHSW CLINIC/OPD ACCREDITATION TOOL**

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## MOHSW CLINIC ACCREDITATION TOOL, Antenatal Care (ANC) & Sexual and Gender Based Violence (SGBV)

County: \_\_\_\_\_ Facility name: \_\_\_\_\_ Facility ID: \_\_\_\_\_ Assessor: \_\_\_\_\_ Date: \_\_\_\_\_

Standards	No.	Verification Criteria	Observation (Yes, No, N/A)	Comments
<b>ANC-01</b> Pregnant women reporting to clinic are rapidly assessed for danger signs and referred if danger signs are present.  <u>Mode of Assessment</u> <input type="checkbox"/> Direct observation <input type="checkbox"/> Simulated observation <input type="checkbox"/> Did not observe	01	Receiving staff at clinic determines if the woman has had any danger symptoms/signs during this pregnancy, including [ALL]: history of vaginal bleeding, respiratory difficulty, fever, severe headache/blurred vision, severe abdominal pain, convulsions/loss of consciousness, swelling of hands and feet		
	02	If danger signs are present, refers patient to the midwife or health care provider		
<b>ANC-02</b> Pregnant women are asked for their obstetrical, medical and social histories.  <u>Mode of Assessment</u> <input type="checkbox"/> Direct observation <input type="checkbox"/> Simulated observation <input type="checkbox"/> Did not observe	01	Asks about and records the outcome(s) of previous pregnancies according to home base/pregnant woman card (ALL: gravida, full-term live birth, premature birth, still birth, abortion)		
	02	Asks about and records any recent medical history (e.g.: joint pain, chronic diarrhea, weight loss, vaginal discharge, genital ulcers, diabetes, hypertension, malaria, TB, heart disease, STI, tobacco and alcohol use)		
	03	Asks whether the woman has received full or partial TT immunization (the tetanus vaccine)		
	04	Asks about any symptoms possibly related to HIV (e.g.: chronic diarrhea, trouble or painful swallowing, fever, weight loss)		
	05	Asks if woman was ever tested for HIV		
	06	Asks about surgical history (e.g. C-section, ectopic pregnancy, fibroid) and asks client to specify		
	07	Asks about social history (e.g.: marriage, children, smoking, drinking)		

Standards	No.	Verification Criteria	Observation (Yes, No, N/A)	Comments
<b>ANC-03</b>  Pregnant women receive a physical and obstetrical examination  <u>Mode of Assessment</u> <input type="checkbox"/> Direct observation <input type="checkbox"/> Simulated observation <input type="checkbox"/> Did not observe	01	Explains the procedure to the woman and partner if present		
	02	Measures vital signs (e.g.: pulse, blood pressure and temperature)		
	03	Asks the woman to empty her bladder		
	04	Allows the patient privacy to undress before the examination and to dress after the examination		
	05	Ensures that the woman remains covered during the examination, keeps doors closed and does not allow others to enter		
	06	Washes hands with soap and running water and air or towel dries with a clean, individual towel before and after physical examination		
	07	Performs physical examination (e.g. looks at conjunctiva, examines breast, fundal height, fetal heart beat, feels for position, presentation, looks at genitalia, checks extremities for edema)		
	08	Records all relevant findings in facility record ledger and pregnant woman health card		
	09	Informs woman of key findings, answers any questions		
<b>ANC-04</b>  Pregnant women receive individualized care based on findings from the history, exam and laboratory results.  <u>Mode of Assessment</u> <input type="checkbox"/> Direct observation <input type="checkbox"/> Simulated observation <input type="checkbox"/> Did not observe	01	Conducts necessary lab evaluations based on exam (e.g. Hb, MTT, UA)		
	02	Provides necessary routine medications (ALL: IPT if 2nd and/3rd trimester, FeFA, TT if eligible, doubles the dose of iron if Hb is less than 7g)		
	03	Explains side effects of the medicines prescribed		
	04	Counsels about eating food rich in iron and Vitamin C (e.g. greens, oranges, pineapple) and to avoid tea, coffee and colas when taking iron		
	05	Advises on the importance of using insecticide treated nets (ITNs) every night, gives an Insecticide Treated Net (ITN) to pregnant women who don't have one and explains how to use it		
	06	Provides counseling on infant feeding to clients who are HIV negative or unknown status (initiating breast feeding within one hour after birth, ensuring colostrums intake and exclusive breastfeeding for the first 6 months)		
	07	Provides counseling on infant feeding to clients living with HIV and helps women choose the appropriate feeding option using AFASS (Affordable Feasible Accessible Sustainable Safe)-		
	08	Provides specific advice and counseling to a woman and her husband or companion based on their concerns or specific needs(e.g. common discomfort, rest, safe sex, nutrition and hygiene)		
	09	Explains the benefits of giving birth in a health facility where complications can be detected and appropriately managed		

Standards	No.	Verification Criteria	Observation (Yes, No, N/A)	Comments
<p><b>ANC-05</b></p> <p>Pregnant women's birth preparedness and complication readiness plans are confirmed with the woman and partner.</p> <p><u>Mode of Assessment</u></p> <input type="checkbox"/> Direct observation <input type="checkbox"/> Simulated observation <input type="checkbox"/> Did not observe	01	Develops a birth plan with woman (e.g. SBA, place of birth, S/S of labor and when to go to the HF, family member/decision-maker identified in case of emergency, blood donor, money for emergency, lappas, clean pad)		
<p><b>ANC-06</b></p> <p>Pregnant women receive family planning counseling according to MOHSW guidelines</p> <p><u>Mode of Assessment</u></p> <input type="checkbox"/> Direct observation <input type="checkbox"/> Simulated observation <input type="checkbox"/> Did not observe	01	Promotes exclusive breastfeeding and informs that many contraceptive methods are compatible with breastfeeding (e.g. condoms, progestin-only oral pills and LAM)		
	02	Explains the benefits of healthy timing and spacing pregnancies (the woman's body is stronger, and children born at least 2 years apart are more likely to survive and develop healthier)		
	03	Explains to the client how to use LAM as their method of family planning (a natural method which helps to space births, including exclusively breastfeeding the baby while the age of the baby is less than 6 months and the woman's menses has not returned)		
	04	Informs the client about the proper use of other family planning methods during postpartum, including IUDs, implants, DEPO, condoms & oral pills		
<p><b>ANC-07</b></p> <p>Pregnant women with signs of malaria are appropriately assessed and managed according to national guidelines</p> <p><u>Mode of Assessment</u></p> <input type="checkbox"/> Direct observation <input type="checkbox"/> Simulated observation <input type="checkbox"/> Did not observe	01	Provider takes appropriate history and performs physical examination for malaria		
	02	Provider requests lab (RDT, microscopy) examination		
	03	Provider treats the woman according to findings (using the malaria algorithm)		
	04	Provider educates/counsels on: (ALL: malaria can be prevented and treated, the effects of malaria on pregnancy (on mother and baby), the benefits of ITN; importance of taking drugs as prescribed (including IPT or septrin if HIV positive), the possible side effects of the medications)		
	05	Tells the woman to return if she does not feel better in 48 hours or immediately if symptoms worsen or new symptoms arise		

Standards	No.	Verification Criteria	Observation (Yes, No, N/A)	Comments
<b>SGBV-01</b> Clients reporting at facility for domestic violence are screened properly  <u>Mode of Assessment</u> <input type="checkbox"/> Direct observation <input type="checkbox"/> Simulated observation <input type="checkbox"/> Did not observe	01	Provider greets client and provides confidentiality		
	02	Screens all patients for danger signs and injury that may be from domestic or other interpersonal violence		
	03	Provides initial counseling if domestic violence or sexual assault is suspected or reported		
	04	Refers patient to a Social Worker if domestic violence is suspected or reported		
<b>SGBV-02</b> Staff at facility conducts appropriate services for victims or suspected victims of sexual assault, rape, domestic or interpersonal violence  <u>Mode of Assessment</u> <input type="checkbox"/> Direct observation <input type="checkbox"/> Simulated observation <input type="checkbox"/> Did not observe	01	Explains process and screens for rape or other sexual assault when appropriate		
	02	Conducts a complete examination for all suspected cases		
	03	Performs baseline tests (must do ALL: HIV, MTT, STIs) for suspected rape victims		
	04	Refers to the next level for further investigation and management		
<b>SGBV- 03</b> Staff offered appropriate treatment for rape victim based on findings of sexual assault  <u>Mode of Assessment</u> <input type="checkbox"/> Direct observation <input type="checkbox"/> Simulated observation <input type="checkbox"/> Did not observe	01	Informs client of findings and discusses appropriate treatment		
	02	Administers syndromic management of STIs according to protocols		
	03	Administers emergency contraceptive pills within 5 days to rape victim		

**Clinician:** Qualification (RN, PA, CM, etc) ..... Years of Service..... Gender.....

**Clinical supervision**

Total in last 6 months.....  No clinical supervision  
Date last clinical supervision: Month.....Day.....Year.....

**Technical/in-service training in ANC clinical area**

Date last in-service training: Month.....Day.....Year.....  No in-service training  
Duration of training.....

**Technical/in-service training in SGBV clinical area**

Date last in-service training: Month.....Day.....Year.....  No in-service training  
Duration of training.....

**What are the available treatment protocols and/or guidelines about ANC in the facility:**

- 1. ....
- 2. ....
- 3. ....
- More.....

**Additional Comments:**

**EQUIPMENT AND SUPPLIES**  
**Women's Reproductive Health**

**Are the following equipment and supplies present?**

		<b>Number Present and Functioning</b>	<b>Comment</b>
1	BP cuff		
2	Stethoscope		
3	Examination gloves		
4	Examination table		
5	Fetal Stethoscope		
6	Height Measure		
7	IUD Insertion Kit		
8	MVA Syringe		
9	Canula		
10	Speculum		
11	Vaginal examination Kit		
12	Syringes		
13	Needles		
14	Tape Measure		
15	Thermometer		
16	Weighing Scale, adult		
17	Family Planning Cards		
18	Home-based Mother's cards		
19	IEC/BCC flip charts		
20	IEC/BCC Posters		
21	IEC/BCC Models		

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## MOHSW CLINIC ACCREDITATION TOOL, Normal Labor Delivery (NLD) and Obstetric Complications (OC)

County: \_\_\_\_\_ Facility name: \_\_\_\_\_ Facility ID: \_\_\_\_\_ Assessor: \_\_\_\_\_ Date: \_\_\_\_\_

Standards	No.	Verification Criteria	Observation (Yes, No, N/A)	Comments
<b>NLD-01</b>  HIV + women in labor receive individualized care based on findings from ANC  <u>Mode of Assessment</u> <input type="checkbox"/> Direct observation <input type="checkbox"/> Simulated observation <input type="checkbox"/> Did not observe	01	If HIV results were positive checks if the woman received zidovudine (AZT) during the antenatal visits		
	02	Makes sure woman is in true labor		
	03	If HIV results were positive and if woman in labor with dilatation less than 6cm: [must do ALL] <ul style="list-style-type: none"> <li>Explains the importance of ARV to prevent mother-to-child transmission</li> <li>Give AZT 300mg every 3hrs, 3TC 150mg every 12hrs and NVP 200mg single dose</li> </ul>		
	04	If HIV results were positive and if woman is in labor with dilation >6cm: [must do ALL] <ul style="list-style-type: none"> <li>Explains the importance of ARV to prevent mother-to-child transmission</li> <li>Give AZT 600mg once, 3TC 150mg every 12hrs and NVP 200mg single dose</li> </ul>		
	05	If HIV results were positive and woman received NVP during labor and delivery, administers AZT + 3TC 2 tablets bid for 7 days		
<b>NLD-02</b>  Labor is monitored and recorded according to national protocol  <u>Mode of Assessment</u> <input type="checkbox"/> Direct observation <input type="checkbox"/> Simulated observation <input type="checkbox"/> Did not observe	01	Records patient information on partograph (Name, gravida, parity, date and time of admission, time of membrane rupture, clinic/hospital number)		
	02	Records required partograph information every half hour (Fetal heart rate and uterine contraction)		
	03	Records temperature, blood pressure and pulse every four hours if normal or more frequently if abnormal		
	04	Records required partograph information at every vaginal examination every four hours or less according to evolution of labor. Records the condition of the membranes and characteristics of the amniotic fluid, graphs cervical dilation, the degree of moulding and descent of the presentation.		
	05	Records quantity and time of urine output		

Standards	No.	Verification Criteria	Observation (Yes, No, N/A)	Comments
<b>NLD-03</b> Women are assisted by skilled birth attendant to have safe and clean deliveries  <u>Mode of Assessment</u> <input type="checkbox"/> Direct observation <input type="checkbox"/> Simulated observation <input type="checkbox"/> Did not observe	01	Washes hands with soap and water and air dries or uses clean individual towels before and after each examination		
	02	Explains the procedure to the woman and gives her assurance		
	03	Monitors fetal heart rate every 15 minutes during the second stage of labor		
	04	Puts on personal protective equipment (apron, cap, goggles, mask and feet cover) and wears sterile or high level disinfectant (HLD) gloves on both hands		
	05	Cleanses the perineum (the region of the abdomen surrounding the urogenital and anal opening) with water or a non-alcoholic antiseptic solution		
	06	Avoids artificial rupture of membranes (especially important for women living with HIV, to reduce mother-to-child transmission)		
	07	After the emergence of the head, tells the woman to briefly stop bearing down and do open mouth breathing		
	08	Cleans the baby's mouth and nose using a sterile gauze if meconium (dark green fluid) present		
	09	Informs mother of the sex of her child and shows sex of baby to mother		
	10	Passes the wrapped baby to mother for skin-to-skin contact on breast and to initiate breastfeeding		
	11	Registers time and date of delivery, sex, length and weight of the baby on the clinical record		
<b>NLD-04</b> Newborns receive rapid newborn assessment and resuscitation (if necessary) according to national guidelines  <u>Mode of Assessment</u> <input type="checkbox"/> Direct observation <input type="checkbox"/> Simulated observation <input type="checkbox"/> Did not observe	01	If baby does not begin breathing (apneic) or gasping or having respiratory rate less than 20/min, asks for assistance, rapidly clamps and cuts the cord, and initiates resuscitation		
	02	Quickly wraps and covers the baby, except for the face and the upper portion of the chest		
	03	Positions the head of the baby so that the neck is slightly extended, which may be achieved by placing a rolled up piece of cloth under the baby's shoulders		
	04	Quickly suctions the baby's mouth and then nose (does not suction deep in the throat which may cause bradycardia – slow heart rate)		
	05	If the baby does not breathe, quickly initiates ventilation using correctly sized mask and ambu bag		
	06	Records all actions taken in the woman's clinical record		
	07	Informs the mother of infant's status and asks whether she has any questions, and responds to woman's questions using easy-to-understand language		

Standards	No.	Verification Criteria	Observation (Yes, No, N/A)	Comments
<b>NLD-05</b> The third stage of labor is actively managed (AMSTL) according to national guidelines  <u>Mode of Assessment</u> <input type="checkbox"/> Direct observation <input type="checkbox"/> Simulated observation <input type="checkbox"/> Did not observe	01	Palpates the mother's abdomen to rule out the presence of a second baby (without stimulating contractions)		
	02	Tells the woman that she will receive an injection of oxytocin		
	03	Administers 10 IU of oxytocin IM		
	04	Performs active management of third stage of labor		
	05	After expulsion of the placenta, massages the uterus with one hand on a sterile cloth over the abdomen, until the uterus contracts firmly.		
	06	Examines the placenta and membranes to see if complete and records findings		
	07	Measures and records the blood lost. If the woman's condition is affected by the blood lost, manages or refers immediately		
	08	Closely monitors immediate fourth stage of labor, woman and baby (first 2 hrs).		
<b>NLD-06</b> Newborns receive essential newborn care  <u>Mode of Assessment</u> <input type="checkbox"/> Direct observation <input type="checkbox"/> Simulated observation <input type="checkbox"/> Did not observe	01	Dries the infant thoroughly, wraps and keeps the baby warm		
	02	Checks that the baby is warm/temperature above 36.8 C degrees		
	03	If temperature below 36 degrees, follows procedure for warming (ALL: Dry the baby and places the baby skin to skin with mother or under a heat source or incubator, if available; continues to monitor temperature on an hourly basis or until temperature stabilizes)		
	04	Puts name tag on the baby with his/her name written down		
	05	Applies antibiotic eye ointment in both of the baby's eyes within first hour of life		
	06	Gives cord care		
	07	Puts baby to mothers breast for first feed within one hour of birth		
	08	If the mother is HIV-positive (type 1 or 1&2 co-infection) administers ALL: Nevirapine oral suspension (according to protocol immediately after delivery or as soon as possible based on feeding option)		
	09	If the mother is HIV positive type 2, administer AZT oral suspension for 6 weeks to the infant regardless of the feeding option		

Standards	No.	Verification Criteria	Observation (Yes, No, N/A)	Comments
<b>OC-01</b> Women with abortion are managed according to national guidelines  <b>Mode of Assessment</b> <input type="checkbox"/> Direct observation <input type="checkbox"/> Simulated observation <input type="checkbox"/> Did not observe	01	Records to support the diagnosis of incomplete abortion available (e.g. amenorrhea or gestational age of 20 wks or less, prolong and/or heavy vaginal bleeding, lower abdominal pain, cramping, opened cervical os, assessment for shock)		
	02	Vital signs are recorded (temperature, BP, pulse and respiration rate)		
	03	Manages shock per national guidelines: Administers antibiotics, if there are indications of infection (fever >38°C, tender uterus, foul-smelling vaginal discharge)		
	04	Performs evacuations of the uterus using manual vacuum aspiration (if less than 16 weeks gestation) or dilatation and curettage if more than 16 weeks		
	05	Requests lab exams as needed and available (e.g Hb)		

**Clinician:** Qualification (RN, PA, CM, etc) ..... Years of Service..... Gender.....

**Clinical supervision**

Total in last 6 months.....  No clinical supervision  
 Date last clinical supervision: Month.....Day.....Year.....

**Technical/in-service training in the Normal Labor Delivery clinical area**

Date last in-service training: Month.....Day.....Year.....  No in-service training  
 Duration of training.....

**Technical/in-service training in the Obstetric Complications clinical area**

Date last in-service training: Month.....Day.....Year.....  No in-service training  
 Duration of training.....

**What are the available treatment protocols and/or guidelines about NLD and OC in the facility:**

1. ....
  2. ....
  3. ....
- More.....

**Additional Comments:**

**EQUIPMENT AND SUPPLIES**  
**Labor and Delivery**

<b>Are the following equipment and supplies present?</b>			
		<b>Number Present and Functioning</b>	<b>Comment</b>
38	Baby Scales table		
39	Baby Scales hanging type (with trousers for hanging)		
40	BP Machine		
41	Stethoscope		
42	Delivery Bed		
43	Bed Linens		
44	Clean delivery kits and cord ties		
45	Stethoscope		
46	Fetal Stethoscope		
47	Instrument Trolley		
48	IV giving sets		
49	Canulas		
50	Infusion bottles		
51	IV Stand		
52	Latex Gloves		
53	Protective Clothing		
54	Mucus Extractor		
55	Oral airways (pediatric sizes)		
56	Oxygen Tank		
57	Oxygen Concentrator		
58	Ambu resuscitation set Adult		
59	Ambu resuscitation set Neonatal		
60	Suction Machine		
61	Suturing Set		
62	Thermometer		
63	Towel for newborn		
64	Blankets for Newborn		
65	Urinary catheter		
66	Collection bag		
67	Work surface for newborn resuscitation		
68	Tray with routine and emergency drugs, syringes and needles		
69	Partograph Charts		
70	Forceps		
71	Vacuum extractor		

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## MOHSW CLINIC ACCREDITATION TOOL, Post-partum and Newborn Care (PP)

County: \_\_\_\_\_ Facility name: \_\_\_\_\_ Facility ID: \_\_\_\_\_ Assessor: \_\_\_\_\_ Date: \_\_\_\_\_

Standards	No.	Verifications	Observation (Yes, No, N/A)	Comments
<b>IMMEDIATE POST-PARTUM CARE</b>				
<b>PP-01</b>  Women receive immediate postpartum care and monitoring  <u>Mode of Assessment</u> <input type="checkbox"/> Direct observation <input type="checkbox"/> Simulated observation <input type="checkbox"/> Did not observe	01	Informs the woman what she is going to do before proceeding, then carefully examines the vagina and perineum		
	02	Gently cleanses the vulva and perineum with clean water or a non-alcoholic antiseptic solution		
	03	Sutures tears, if necessary, and advises perineal care (sitz bath). Covers the perineum with a clean sanitary pad		
	04	Makes sure that the woman is comfortable (clean, hydrated and warmly covered)		
	05	Ensures that the baby is well covered, is with the mother and has begun to suckle within an hour of birth		
	06	Registers findings and events in clinical record		
	07	Keeps the woman in the post-natal ward to be monitored for at least six (6) hours after the birth		
	08	Checks mother every 15 minutes in first hour for uterine tone, vaginal bleeding, urine output, blood pressure, pulse, baby cord for bleeding, respiration and breastfeeding		
	09	Monitors mother and baby every 30 minutes in second hour for uterine tone, vaginal bleeding, urine output, bladder distension, blood pressure, pulse, cord for bleeding, respiration and breastfeeding		
	10	Performs initial management in the event of hemorrhage		
	11	Records the information on the woman's clinical record or chart		
<b>PP-02</b>  New mothers receive a postpartum physical examination  <u>Mode of Assessment</u> <input type="checkbox"/> Direct observation <input type="checkbox"/> Simulated observation <input type="checkbox"/> Did not observe	01	Greets the woman respectfully and explains to the client what procedures s/he will perform		
	02	Collects and records personal information, medical (focusing on the birth and immediate post-partum) and social history		
	03	Measures vital signs (temperature, pulse respiration and blood pressure)		
	04	Examines breasts for establishment of lactation, engorgement and tenderness and cracked/inverted nipples		
	05	Examines abdomen for involution of uterus [return to normal size], tenderness and distension [swelling]		
	06	Checks lower legs for edema [swelling], tenderness		

Standards	No.	Verifications	Observation (Yes, No, N/A)	Comments
<b>PP-03</b>  New mothers with warning signs or postpartum complications are managed, stabilized and referred as appropriate  <u>Mode of Assessment</u> <input type="checkbox"/> Direct observation <input type="checkbox"/> Simulated observation <input type="checkbox"/> Did not observe	01	Stabilizes the woman before leaving health facility or manages according to guidelines		
	02	Refers the women if necessary		
	03	Explains to the woman/husband/her companion the reason and site of referral		
	04	Prepares referral record/note to accompany the woman		
<b>PP-04</b>  New mothers receive postpartum advice and family planning counseling  <u>Mode of Assessment</u> <input type="checkbox"/> Direct observation <input type="checkbox"/> Simulated observation <input type="checkbox"/> Did not observe	01	Advises on exclusive breastfeeding and breast care		
	02	Counsels on family planning using Balanced Counseling cards		
	03	Discusses nutritional support for the mother and the baby using the essential nutrition actions		
	04	Counsels on self-care and healthy practices, including general hygiene		
	05	Prescribes iron/folate tablets		
	06	Counsels on rest and activity (e.g. for cesarean section, mother should not lift weight heavier than the newborn baby before six weeks)		
	07	Discusses sexual relations and safe sex (e.g. not to resume sexual relationship before six weeks postpartum)		
<b>PP-05</b>  Newborns receive appropriate newborn assessment and care  <u>Mode of Assessment</u> <input type="checkbox"/> Direct observation <input type="checkbox"/> Simulated observation <input type="checkbox"/> Did not observe	01	Washes hands with soap and running water and air dries or dries with an individual clean towel		
	02	Weighs the baby, take temperature and records the color (jaundice)		
	03	Keeps the baby warm (proper wrapping)		
	04	Completes newborn physical examination: Assesses neonate from head to toe, looks at general condition/appearance of baby, vital signs (while baby is quiet), hips, abdomen & umbilical cord for bleeding, external genitalia, presence of sepsis		
	05	Refers and arranges transfer to higher center after informing the mother/relatives in the event of any serious abnormality or condition, with proper referral slip		
	06	Administers BCG and OPV vaccines		

Standards	No.	Verifications	Observation (Yes, No, N/A)	Comments
<b>PP-06</b> Parents receive counseling and health education on postpartum and newborn care and danger signs  <u>Mode of Assessment</u> <input type="checkbox"/> Direct observation <input type="checkbox"/> Simulated observation <input type="checkbox"/> Did not observe	01	Explains the importance of early initiation and exclusive breastfeeding		
	02	Explains the importance of keeping the baby warm		
	03	Encourages parents to complete all immunizations; explains importance of immunizations and which ones given at birth (if already given) and when next ones due		
	04	Recommend not leaving baby unattended		
	05	Encourages protecting the baby from infection through hand washing and personal hygiene		
	06	Demonstrates the proper positioning and attachment of the baby to avoid suffocating and to promote breast milk flow		
	07	Explains how to take care of the umbilical cord		
	08	Encourages parent to keep the cord dry, and not immersing the baby in water before the cord dries and drops		
	09	Promotes bonding between baby and mother as well as father by encouraging father to participate in the care of the baby.		
	10	Recommends another visit for the mother and baby within a week of delivery		
	11	Advises mother to seek immediate medical attention if baby develops any danger signs, (e.g. breathing difficulties, cyanosis, convulsions, fever/hypothermia, poor suckling, vomiting/diarrhea, eye or cord draining pus, or yellow skin/eyes		

**Clinician:** Qualification (RN, PA, CM, etc) ..... Years of Service..... Gender.....

**Clinical supervision**

Total in last 6 months.....  No clinical supervision  
 Date last clinical supervision: Month.....Day.....Year.....

**Technical/in-service training in this clinical area**

Date last in-service training: Month.....Day.....Year.....  No in-service training  
 Duration of training.....

**What are the available treatment protocols and/or guidelines about PP in the facility:**

1. ....
  2. ....
  3. ....
- More.....

**Additional Comments:**

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## MOHSW CLINIC ACCREDITATION TOOL, Reproductive and Adolescent Health

County: \_\_\_\_\_ Facility name: \_\_\_\_\_ Facility ID: \_\_\_\_\_ Assessor: \_\_\_\_\_ Date: \_\_\_\_\_

Standards	No.	Verification Criteria	Observation (Yes, No, N/A)	Comments
<b>FP-01</b>  The provider rules out a current pregnancy prior to the provision of family planning services  <u>Mode of Assessment</u> <input type="checkbox"/> Direct observation <input type="checkbox"/> Simulated observation <input type="checkbox"/> Did not observe	01	Asks the woman whether she has had a baby in the last six months and is exclusively breast feeding (the infant receives only breast milk, no other food or drink, not even water)		
	02	Asks if the woman has had any menstrual bleeding since giving birth		
	03	Asks the woman if she has abstained from unprotected sex since her last menstrual period or delivery; whether her last menstrual period started within the last 7 days (12 days for IUD)		
	04	Asks for a pregnancy test if provider has doubts about absence of pregnancy		
	05	If she is pregnant, refers her to ANC but explains she should come back after the baby is born to find the best method for spacing or limiting her family size		
<b>FP-02</b>  Clients without a method preference receive counseling using Balance Counseling cards  <u>Mode of Assessment</u> <input type="checkbox"/> Direct observation <input type="checkbox"/> Simulated observation <input type="checkbox"/> Did not observe	01	Explores client's knowledge about family planning and corrects any misinformation		
	02	Helps client consider & determine method(s) that might suit her needs (e.g. asks if client wants more children, determines if client is breastfeeding < 6 months, determines if partner willing to use condoms). Answers questions about methods.		
	03	Supports the client's choice and reviews medical eligibility criteria for the method to determine whether the client is eligible.		
	04	Gives instructions on diverse methods, using Balance Counseling cards, discusses how to cope with any side effects.		
	05	Gives client a backup method such as condom/emergency contraception		
	06	Sets the return date for next visit.		

Standards	No.	Verification Criteria	Observation (Yes, No, N/A)	Comments
<b>FP-03</b>  Clients are assessed for medical eligibility for COC Family Planning  <u>Mode of Assessment</u> <input type="checkbox"/> Direct observation <input type="checkbox"/> Simulated observation <input type="checkbox"/> Did not observe	01	Provider rules out any medical problems (e.g. bleeding disorders, undiagnosed vaginal bleeding, HX of blood clots in legs, active liver disease, hypertension, history of stroke or heart disease)		
	02	Provider rules out current medication that would interfere with COC (e.g. taking rifampicin for TB, taking anticonvulsants medications for seizure disorders)		
	03	Provider rules out breastfeeding baby less than 6 months old		
	04	If none of the above is present, tells client that she is eligible to use COC		
<b>FP-04</b>  The client receives specific information and service about COC  <u>Mode of Assessment</u> <input type="checkbox"/> Direct observation <input type="checkbox"/> Simulated observation <input type="checkbox"/> Did not observe	01	Explains that COC is highly effective, only about 3 women in 1,000 can become pregnant when taking the pill correctly		
	02	Explains advantages and disadvantages of COC		
	03	Explains side effects of COC (e.g. breast tenderness, nausea, weight gain)		
	04	Explains how the pill is used (one pill taken daily, preferably at the same time every day)		
	05	Gives three packets of COC to the client		
	06	Tells the client to return to the clinic as soon as possible if she experiences any of the warning signs of COC (e.g. severe headache, abdominal pain, chest pain, profuse bleeding, pain in leg)		

Standards	No.	Verification Criteria	Observation (Yes, No, N/A)	Comments
<p><b>FP-05</b></p> <p>Women selecting Depo/POP receive relevant information and are provided safe injection of POP/Depo.</p> <p><u>Mode of Assessment</u></p> <p><input type="checkbox"/> Direct observation</p> <p><input type="checkbox"/> Simulated observation</p> <p><input type="checkbox"/> Did not observe</p>	01	Assess if the client is medically eligible for Depo/POP by ruling out unsuitable conditions (e.g. breastfeeding < 6wks., rifampicin, anticonvulsant medication, breast cancer or hepatitis)		
	02	Explains that Depo/POP is highly effective when taken correctly		
	03	Explains the side effects of Depo/POP (e.g. changes in menstrual bleeding patterns, irregular bleeding/spotting between periods or amenorrhea, headaches while taking pill)		
	04	Explains how the pill is used (one pill taken daily, at the same time every day)		
	05	Tells the client to return to the clinic as soon as possible or if she experiences any warning signs (e.g. abdominal pain, delayed period after several months of regular cycles, repeated and/or very severe headaches)		
	06	Gives three packets of POP to the client		
	07	Explains side effects of DEPO (e.g. bleeding changes are common but not harmful, gradual weight gain is common, headaches, dizziness, mood changes)		
	08	Washes hands with running water and soap and air dries or uses individual clean towel before and after giving the injection		
	09	Provider administers DEPO intramuscularly and does not massage the site		
	10	Discards needle and syringe without recapping in the puncture-proof container		
	11	Records in client chart		
	12	Reminds client of return date		
<p><b>FP-06</b></p> <p>Clients are assessed for medical eligibility for IUD</p> <p><u>Mode of Assessment</u></p> <p><input type="checkbox"/> Direct observation</p> <p><input type="checkbox"/> Simulated observation</p> <p><input type="checkbox"/> Did not observe</p>	01	Rules out possible current pregnancy, under 4 weeks postpartum or current puerperal sepsis, undiagnosed vaginal bleeding, current STI, AIDS and not clinically well or on ARV therapy		
	02	Rules out increased personal risk of having STIs (e.g. multiple sexual partners or partner with multiple sexual partners)		
	03	Conducts a pelvic examination, ruling out ulcers, pain when moving the cervix, adnexal tenderness, purulent cervical discharge, cervical bleeds on touch, anatomical abnormalities, cannot determine size/position of the uterus		

Standards	No.	Verification Criteria	Observation (Yes, No, N/A)	Comments
<b>FP-07</b>  Clients selecting IUD are given full information about IUD  <u>Mode of Assessment</u> <input type="checkbox"/> Direct observation <input type="checkbox"/> Simulated observation <input type="checkbox"/> Did not observe	01	Explains IUD is highly effective (99%) immediately after insertion		
	02	Explains advantages of IUD (e.g. no client action required, can be removed anytime client desires, has little or no impact on her husband, immediate return of fertility upon removal)		
	03	Explains disadvantages of IUD (e.g. heavier and more painful menses, periods could be more irregular or stop, does not protect against STIs, including HIV/AIDS)		
	04	Explains side effects/warning signs of IUD (e.g. persistent cramps, irregular/unusual vaginal discharge or lower abdominal pain fever or chills, she should return to the clinic as soon as possible if she has any of these signs)		
	05	Refers if services are not available in this health facility		
<b>FP-08</b>  Thorough, safe, hygienic IUD insertion performed for eligible clients  <u>Mode of Assessment</u> <input type="checkbox"/> Direct observation <input type="checkbox"/> Simulated observation <input type="checkbox"/> Did not observe	01	Assures necessary privacy during the procedure		
	02	Gathers and prepares all equipment and supplies (e.g. light source, gloves, antiseptic solution, sterile IUD insertion kit, sterile IUD)		
	03	Explains the procedure to the client in terms she can understand and asks the client to repeat in her own words to ensure understanding		
	04	Checks that client has recently emptied her bladder		
	05	Washes and puts on examination gloves		
	06	Performs bi-manual examination and checks for uterus position, size of uterus, and any abnormalities		
	07	If the client has signs of STIs (e.g. purulent vaginal discharge), the provider gives appropriate treatment according to STI guidelines		
	08	Counsels client and asks her to return for review of STI treatment and reconsideration of IUD (IUD is not to be inserted when signs of STI are present).		
	09	Correctly inserts the IUD (refer to notes on IUD insertion)		
	10	Places all instruments in 0.5% chlorine solution for 10 minutes for decontamination and disposes of waste appropriately		
	11	Washes hands with running water and air dries or dries with individual clean towel		
	12	Records in client's clinical record		
	13	Tells client when to return		

Standards	No.	Verification Criteria	Observation (Yes, No, N/A)	Comments
<b>FP-09</b> Clients selecting condoms as their method of choice receive relevant information, counseling, and a supply of condoms.  <u>Mode of Assessment</u> <input type="checkbox"/> Direct observation <input type="checkbox"/> Simulated observation <input type="checkbox"/> Did not observe	01	Shows a condom to client		
	02	Evaluates client's (and partner's if present) knowledge about condoms.		
	03	Conducts a demonstration of placing the condom on using a penis model for new clients		
	04	Explains that the condom is very effective if used correctly in every sexual intercourse and every encounter requires a fresh, unused condom – no repeated use of same condom if want protection		
	05	Explains that the condom can be used as a backup for other methods.		
	06	Explains that the condom is the only family planning method that also provides protection against STIs and HIV		
	07	Gives client and partner supply of condoms (at least 12) and encourages the client to return for more when needed.		
<b>FP-10</b> Clients are provided information about male or female sterilization <u>Mode of Assessment</u> <input type="checkbox"/> Direct observation <input type="checkbox"/> Simulated observation <input type="checkbox"/> Did not observe	01	Tells client that sterilization is highly effective, immediately for women and after 3 months for men		
	02	Informs client about the method's advantages (e.g. simple and quick procedure for men, usually safe, does not affect sexual function)		
	03	Tells the client about the method's disadvantages (e.g. it's permanent, small risk for minilap, short-term discomfort, does not protect against sexually transmitted infections, including HIV/AIDS, requires signing consent)		
	04	Tells client where she/he can access this service and refers		
<b>FP-11</b> Client satisfaction with their current method of contraception is assessed and managed accordingly <u>Mode of Assessment</u> <input type="checkbox"/> Direct observation <input type="checkbox"/> Simulated observation <input type="checkbox"/> Did not observe	01	Confirms the type of contraceptive method that the client is currently using		
	02	Asks if she is satisfied with this method or if she wants to stop the use and/or choose another method		
	03	If the client is satisfied, resupplies as appropriate.		
	04	If the client is not satisfied with the method and wants to discontinue or already had stopped, helps her choose a different method using the Balanced Counseling Card , and/or checks for a temporary method until she can start the new method		

Standards	No.	Verification Criteria	Observation (Yes, No, N/A)	Comments
<b>FP-12</b>  Side effects, complications, complaints and concerns related to the use of their chosen contraceptive method addressed/managed appropriately  <u>Mode of Assessment</u> <input type="checkbox"/> Direct observation <input type="checkbox"/> Simulated observation <input type="checkbox"/> Did not observe	01	Asks if she is experiencing any side effect or problem with her current contraceptive method, and if so, asks her to describe the side effects		
	02	Reviews client record and checks if there is any medical condition that may be a precaution for current method		
	03	Conducts a physical examination (including temperature, heart rate, pulse, blood pressure)		
	04	If blood pressure is less than 140/90, but has increased with use of oral contraception, schedules follow-up visits more often		
	05	If repeat blood pressure is greater than or equal to $\geq 140/90$ or she presents any warning signs (severe headaches, chest pain, blurred vision), advises client to stop the method or switch to a non-hormonal contraceptive.		
	06	Advises the client to return immediately to clinic if side effects persist or get worse.		

**Clinician:** Qualification (RN, PA, CM, etc) ..... Years of Service..... Gender.....

**Clinical supervision**

Total in last 6 months.....  No clinical supervision  
 Date last clinical supervision: Month.....Day.....Year.....

**Technical/in-service training in this clinical area**

Date last in-service training: Month.....Day.....Year.....  No in-service training  
 Duration of training.....

**What are the available treatment protocols and/or guidelines about family planning in the facility:**

1. ....
  2. ....
  - 3.....
- More.....

**Additional Comments:**

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## MOHSW CLINIC ACCREDITATION TOOL, Expanded Program on Immunization (EPI)

County: \_\_\_\_\_ Facility name: \_\_\_\_\_ Facility ID: \_\_\_\_\_ Assessor: \_\_\_\_\_ Date: \_\_\_\_\_

Standards	No.	Verification Criteria	Observation (Yes, No, N/A)	Comments
<b>EPI-01</b>  The facility correctly maintains the cold chain <u>Mode of Assessment</u> <input type="checkbox"/> Direct observation <input type="checkbox"/> Simulated observation <input type="checkbox"/> Did not observe	01	Keeps the refrigerator/cool box/vaccine carrier clean and in working order		
	02	Refrigerator/cool box/vaccine carrier contains only vaccines and ice packs (no food)		
	03	Keeps a daily log of temperature (up to the date of visit and indicating that the temperature was taken twice daily)		
	04	Keeps the temperature of the refrigerator between 2 and 8°C as documented in cold chain monitoring log during the current month		
	05	If the refrigerator is not working or present, keeps the temperature of the cold box between 2 and 8°C as documented on cold box monitoring log		
	06	Properly stores vaccines [must do ALL]: vaccines placed away from the walls of the refrigerator or cold box; cardboard placed between vaccines and ice pack in the vaccine carrier; cardboard separates vaccines from the ice pack in the vaccine carrier		
<b>EPI-02</b>  The facility follows the multi-dose open vial policy <u>Mode of Assessment</u> <input type="checkbox"/> Direct observation <input type="checkbox"/> Simulated observation <input type="checkbox"/> Did not observe	01	The vaccinator checks the vaccine vial monitoring (VVM) to make sure safe temperature has been maintained before opening the vaccine		
	02	Checks the vaccine date before opening a new vial to make sure vaccine has not expired		
	03	Avoids soaking the vaccine in water		
	04	Discards BCG , Measles and Yellow Fever vaccines if not used after 6 hours of reconstitution or at the end of the vaccination session, whichever comes first		
<b>EPI-03</b>  The vaccinator correctly uses and maintains the EPI recording and reporting system <u>Mode of Assessment</u> <input type="checkbox"/> Direct observation <input type="checkbox"/> Simulated observation <input type="checkbox"/> Did not observe	01	Keeps a separate register and tally book/ ledger for fixed post activities and outreach vaccination activities		
	02	Keeps updated stock records of vaccines and consumables		
	03	Keeps a monthly record of vaccine utilization (monthly immunization activity report)		
	04	Has copies of the last three (3) months of EPI reports		
	05	Keeps a record of daily vaccine consumption using the consumption ledger		

Standards	No.	Verification Criteria	Observation (Yes, No, N/A)	Comments
<b>EPI-04</b> The vaccinator correctly uses the EPI monitoring tools - catchment community map and monitoring chart on the wall <u>Mode of Assessment</u> <input type="checkbox"/> Direct observation <input type="checkbox"/> Simulated observation <input type="checkbox"/> Did not observe	01	Keeps (and shows) a map of the catchment area with names of villages/communities, target population and important landmarks (schools, churches, mosques, markets)		
	02	Keeps (and shows) a schedule for fixed post and outreach immunization activities		
	03	Keeps a visible wall chart with updated monthly monitoring information [ALL]: target population, number vaccinated/coverage rates for Pentavalent 1 & 3, Measles, TT		
	04	Explains how the map and data are used to manage or improve the EPI program		
<b>EPI-05</b> All antigens are correctly administered to eligible children  <u>Mode of Assessment</u> <input type="checkbox"/> Direct observation <input type="checkbox"/> Simulated observation <input type="checkbox"/> Did not observe	01	Asks mother to show an immunization card for her child		
	02	Gives the child a card if s/he does not have one		
	03	Checks the vaccination card to see which vaccine(s) the child needs.		
	04	Explains to the mother/caretaker which antigens (vaccines) the child is going to take and how to position the child for immunization		
	05	Washes hands and air dries before and after administering vaccine to each child		
	06	Double checks the vaccine [ALL]: expiration date, dose and confirms it corresponds to the client		
	07	Informs mother/caretaker about possibility of side effects and how to manage potential side effect of vaccines (eg. fever, swelling at the site of injection, irritation, excessive crying)		
	08	Administers all eligible antigens to the child (BCG, Polio, Pentavalent, Tetanus and Measles)		
	09	Informs mother/caretaker about when to come for the next immunization		
	10	Discards needle and syringe without recapping in the puncture-proof container		
	11	Records the information on the appropriate forms and on the vaccination card		

Clinician: Qualification (RN, PA, CM, etc) ..... Years of Service..... Gender.....  
 Number of clinical supervisions in last 6 months .....

**Clinical supervision**

Total in last 6 months.....  No clinical supervision  
 Date last clinical supervision: Month.....Day.....Year.....

**Technical/in-service training in this clinical area**

Date last in-service training: Month.....Day.....Year.....  No in-service training  
 Duration of training.....

**What are the available treatment protocols and/or guidelines about ANC in the facility:**

1. ....
  2. ....
  3. ....
- More.....

**Additional Comments:**

**EQUIPMENT AND SUPPLIES**  
**EPI**

**Are the following equipment and supplies present?**

		Number Present and Functioning	Comment
29	Cold Box		
30	Vaccine Carrier		
31	Refrigerator		
32	Safety Box		
33	Syringes		
34	Needles		
35	Swabs		
36	Temperature Monitoring Chart		
37	Immunization Cards		

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## MOHSW CLINIC ACCREDITATION TOOL, IMNCI, Infant and Young Child Nutrition

County: \_\_\_\_\_ Facility name: \_\_\_\_\_ Facility ID: \_\_\_\_\_ Assessor: \_\_\_\_\_ Date: \_\_\_\_\_

Standards	No.	Verification Criteria	Observation (Yes, No, N/A)	Comments
<b>IMNCI-01</b>  Children from birth to 5 years are checked for general danger signs of severe illness or malnutrition and referred if any general danger sign is present  <u>Mode of Assessment</u> <input type="checkbox"/> Direct observation <input type="checkbox"/> Simulated observation <input type="checkbox"/> Did not observe	01	Greets and introduces him/herself and asks for the reason for the visit		
	02	Checks for [must do ALL]: severe chest in drawing, nasal flaring and grunting, lethargic or unconscious, history of seizures, not able to breast or bottle-feed, movement only on stimulation or no movement at all		
	03	Checks auxiliary fever > 37.5 degree Celsius or low body temp to 35.5		
	04	Looks for signs of redness and/or draining pus from the umbilical, and the presence of skin pustules and bulging fontanel		
	05	Counts the number of breaths in one minute repeat (60 or more breaths per minute for infant birth to 2 months, $\geq 50$ for 2-12 month, > 40 for 12 months–5 years)		
	06	Examines the child's movements; if sleeping, asks the mother to wake him/her; if not moving, gently stimulates him/her		
	07	If at least one warning sign is identified (child is not feeling well, or convulsion fast breath > 60/minute, or severe chest in drawing, or fever > 37.5 degree moves only on stimulation), manages child according to IMNCI protocols		
	08	If no general danger sign is identified, continues with the assessment		
	09	Fills the child's clinical record or card		
<b>IMNCI-02</b>  Infants under 2 months of age without danger signs are correctly assessed for feeding  <u>Mode of Assessment</u> <input type="checkbox"/> Direct observation <input type="checkbox"/> Simulated observation <input type="checkbox"/> Did not observe	01	Assesses breastfeeding (looks for good positioning, good attachment and effective suckling)		
	02	Weighs the child and records or graphs the weight		
	03	Looks for ulcers or white patches in the mouth		
	04	If breastfeeding less than 8 times in 24 hours, advises mother to breastfeed as often and for as long as the child wants, day and night		
	05	Asks if child is receiving other foods or drink beside breast milk. If receiving other foods or drinks, counsels the mother about breastfeeding more, reducing other foods and drinks and using a cup		
	06	If the child is not breastfeeding, counsels the mother on optimal feeding practice of feeding not only formula (baby milk) and not less than 6 times per day (24 hours)		
	07	If low weight for age, advises the mother about kangaroo mother care (KMC) and how to feed and keep the child warm at home		
	08	Advises mother to follow-up for any feeding problem in two days		
	09	Advises mother to follow-up for low weight for age in 14 days according to protocol		

Standards	No.	Verification Criteria	Observation (Yes, No, N/A)	Comments
<b>IMNCI-03</b>  Infants and children from birth to 5 years are correctly assessed for pneumonia, diarrhea, dehydration, fever and measles  <u>Mode of Assessment</u> <input type="checkbox"/> Direct observation <input type="checkbox"/> Simulated observation <input type="checkbox"/> Did not observe	01	Asks if the child has been coughing or had breathing difficulties and, if yes, for what length of time		
	02	Assesses the child's breathing [must do ALL]: determines if the breathing rate is high (>60 for birth-2months, ≥ 50 for 2-12 month, ≥ 40 for 1-5 years), checks for chest in-drawing, stridor and wheezing, nasal flaring and grunting, bulging fontanel		
	03	Asks if child has had diarrhea		
	04	If history of diarrhea [must do ALL]: checks frequency, color & consistency, assesses for signs of dehydration (sunken eyes, how fast a skin pinched in the abdomen goes back to normal, lethargic or unconscious, sunken eyes, blood in the stool)		
	05	Asks if the child has had fever		
	06	If history of fever [must do ALL]: asks how long, then checks for stiff neck, runny nose and red, swollen tonsils/throat, auxiliary temperature more than 37.5°C or rectal temperature more than 38°C		
	07	Assesses for measles [must do ALL]: rash, red eyes, runny nose, coughing		
<b>IMNCI-04</b>  Infants and children from birth to 5 years are correctly classified for pneumonia, diarrhea, dehydration, malaria, dysentery, measles and/or fever  <u>Mode of Assessment</u> <input type="checkbox"/> Direct observation <input type="checkbox"/> Simulated observation <input type="checkbox"/> Did not observe	01	Classifies the child's condition as severe pneumonia or very severe disease (history of cough, breathing difficulties and general danger sign, or chest in-drawing, or strider in the calm child)		
	02	Classifies the child's condition as pneumonia (Hx of fast breathing, breathing rate is high (>60 for birth-2months, ≥ 50 for 2-12 month, ≥ 40 for 1-5 years), chest in-drawing, strider)		
	03	Classifies the child's condition as dysentery (Hx hydration status, duration of diarrhea and the presence of blood in the feces)		
	04	Classifies the child's condition as severe dehydration,(Hx of two of these s/s: lethargic or unconscious, sunken eyes, not drink or drink poorly)		
	05	Classifies the child's condition as malaria (Hx fever with temperature of 37.5 and RDT positive)		
	06	Classifies the child's condition as very severe febrile disease (Hx of stiff neck, fever, convulsion)		
	07	Classifies the child's condition as measles (Hx rash, red eyes, runny nose, coughing)		

Standards	No.	Verification Criteria	Observation (Yes, No, N/A)	Comments
<b>IMNCI-05</b> Infants and children from birth to 5 years receive correct treatment for pneumonia, diarrhea, and dehydration and/or fever  <u>Mode of Assessment</u> <input type="checkbox"/> Direct observation <input type="checkbox"/> Simulated observation <input type="checkbox"/> Did not observe	01	Treats for malaria if RDT is positive: [must do ALL]: give anti-malaria as per protocol, give one dose of paracetamol, advises mother when to report condition immediately to health facility and follow-up in two days if fever persists		
	02	If IV fluids are not available or child has other severe condition, or Hx of diarrhea is 14 days and dehydration is present, refers the child and advises mother to administer ORS frequently and breastfeed during the travel		
	03	Shows the mother how to prepare oral rehydration solution with safe drinking water and demonstrates how to administer it		
	04	If referral is not necessary but the child needs treatment, correctly gives ORS, fluid, food & zinc tablet, advises mother when to report any condition immediately and follow-up in five days if not improving		
	05	If diarrhea has lasted more than 14 days and there is no dehydration, advises the mother on child feeding, gives multivitamins and minerals (with zinc) for 14 days, and follows up in five days		
<b>IMNCI-06</b> Infants and children from birth to 5 years are correctly assessed for anemia and under nutrition  <u>Mode of Assessment</u> <input type="checkbox"/> Direct observation <input type="checkbox"/> Simulated observation <input type="checkbox"/> Did not observe	01	Looks for visible severe wasting, oedema of both feet, shoulders, arms, buttocks, looks at the child from the side to see if the fat of the buttocks is missing, determines grade of malnutrition by plotting weight for age (The face of a child may still look normal; the child's abdomen may be large or distended)		
	02	Looks and feels dorsum of each foot (uses thumb to press gently for a few seconds); the child has edema if a dent remains in the child's foot when they lift their thumb		
	03	Looks for palmar pallor (paleness in palms of hands)		
	04	For children age 6 months or more, determines if MUAC is less than 110mm		
<b>IMNCI-07</b> Infants and children from birth to 5 years are correctly classified for anemia and under nutrition  <u>Mode of Assessment</u> <input type="checkbox"/> Direct observation <input type="checkbox"/> Simulated observation <input type="checkbox"/> Did not observe	01	Classifies the child's condition as severe complicated malnutrition (the presence of visible severe wasting or edema of both legs, severe palmar pallor)		
	02	If the child is 6 months and edematous and has a loss of appetite, classifies as severe uncomplicated malnutrition		
	03	If the child is very low weight for age, classifies as very low weight		
	04	If the child has severe palmar pallor, classified as severe anemia, refers urgently to hospital		

Standards	No.	Verification Criteria	Observation (Yes, No, N/A)	Comments
<b>IMNCI-08</b> Infants and children from birth to 5 years are correctly treated for anemia and under nutrition  <u>Mode of Assessment</u> <input type="checkbox"/> Direct observation <input type="checkbox"/> Simulated observation <input type="checkbox"/> Did not observe	01	Treats the child to prevent low blood sugar, refers urgently to the hospital or therapeutic feeding program		
	02	If very low weight for age [must do ALL]: assess the child feeding and counsels the mother on feeding according to IMNCI guidelines, checks for HIV infection, advise the mother when to return immediately and follow up in 30 days		
	03	If child has some palmar pallor anemia [must do ALL]: gives iron, gives mebendazole if 1 year or older and has not had a dose in the previous 6 months, checks for HIV infection or refers for test, advises when to return immediately and to follow-up in 14 days		
	04	If child has no anemia but problems with feeding and is less than 2 years old, counsels on feeding, when to return immediately and follow up in 5 days		
<b>IMNCI-09</b> The immunization status of children under 2 years is checked and missing antigens are correctly given  <u>Mode of Assessment</u> <input type="checkbox"/> Direct observation <input type="checkbox"/> Simulated observation <input type="checkbox"/> Did not observe	01	Washes hands with soap in running water, and air dries or dries with clean individual towel		
	02	Explains to the mother/caretaker what will be done		
	03	At birth, gives the child BCG and OPV 0		
	04	At 6 weeks, gives the child Penta-1 and OPV-1		
	05	At 10 weeks, gives the child Penta 2 and OPV-2		
	06	At 14 weeks, gives the child Penta 3 and OPV-3		
	07	At 9 months, gives the child Measles and Yellow Fever		
	08	If the child is 6 months or older, gives Vitamin A every six months		
	09	If child is one year or older, gives child mebendazole every six months		
	10	Records all the antigens, medicine and doses given on the child card		
	11	Explains when to return to health facility		

**Clinician:** Qualification (RN, PA, CM, etc) ..... Years of Service..... Gender.....

**Clinical supervision**

Total in last 6 months.....  No clinical supervision  
 Date of last clinical supervision: Month.....Day.....Year.....

**Technical/in-service training in this clinical area**

Date of last in-service training: Month.....Day.....Year.....  No in-service training  
 Duration of training.....

**What are the available treatment protocols and/or guidelines about IMCI in the facility:**

1. ....
  2. ....
  3. ....
- More.....

**Additional Comments:**

EQUIPMENT AND SUPPLIES			
Child Health			
Are the following equipment and supplies present?			
		Number Present and Functioning	Comment
23	Baby scales		
24	Hanging Scales		
25	MUAC Tape		
26	Tape Line		
27	Thermometer		
28	Road to Health Cards		
29	Time (watch)		
30	Functioning ORT Corner (ALL must be present: clean water, ORT jar, ORS, cups, spoons, ORT Register, and instruction sheet – Plan B)		

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## MOHSW CLINIC ACCREDITATION TOOL, HIV and Sexually Transmitted Infections

County: \_\_\_\_\_ Facility name: \_\_\_\_\_ Facility ID: \_\_\_\_\_ Assessor: \_\_\_\_\_ Date: \_\_\_\_\_

Standards	No.	Verification Criteria	Observation (Yes, No, N/A)	Comments
<b>HIV-01</b>  Client presenting for HIV counseling and testing (both provider initiated counseling and testing (PICT) and voluntary counseling and testing (VCT)) receives a risk assessment  <u>Mode of Assessment</u> <input type="checkbox"/> Direct observation <input type="checkbox"/> Simulated observation <input type="checkbox"/> Did not observe	01	Provider introduces self and greets client with respect and in cordial manner		
	02	Assesses client's reasons for coming in for services		
	03	Describes her/his role as counselor or health worker		
	04	Ensures privacy during counseling session (keep doors closed, does not allow others to enter)		
	05	Assures client confidentiality and explains the voluntary nature of the test		
	06	Explores the client's most recent risk behavior or exposure (multiple sex partners, unprotected sex)		
	07	Asks about history of STI and TB		
	08	Summarizes and explains, records the client's story and risk assessment findings		
<b>HIV-02</b>  Lab technicians or assistants or staff responsible, correctly collect and process blood samples for testing  <u>Mode of Assessment</u> <input type="checkbox"/> Direct observation <input type="checkbox"/> Simulated observation <input type="checkbox"/> Did not observe	01	Explains procedure to the client		
	02	Washes hands before and after the procedure		
	03	Puts on clean examination latex gloves to collect blood		
	04	Collects blood from client's fingertip and covers with a Band-Aid/cotton ball/clean cloth		
	05	Disposes of used needles and syringes in a sharps container, without recapping		
	06	Removes gloves and places them in medical waste container		
	07	Processes the rapid test(s)		
	08	Conducts confirmatory test if rapid test is positive		

Standards	No.	Verification Criteria	Observation (Yes, No, N/A)	Comments
<b>HIV-03</b> Client receives HIV results and counseling.  <u>Mode of Assessment</u> <input type="checkbox"/> Direct observation <input type="checkbox"/> Simulated observation <input type="checkbox"/> Did not observe	01	Provides results clearly and simply (if rapid test was performed, shows the client her/his result)		
	02	Allows the client time to absorb the meaning of the result		
	03	Discusses healthy living (if client is not ready for this discussion provides her/him with a pamphlet)		
	04	Explains how to reduce the risk of HIV transmission to the infant during pregnancy, labor/delivery and breastfeeding		
	05	Explains who needs antiretroviral treatment (if positive) and refers if not a treatment site (if positive)		
	06	Addresses general disclosure and support issues (if positive)		
	07	Helps clients to negotiate, plan and prepare disclosure to partner(s)		
	08	The counselor/provider addresses risk reduction issues, like practicing safe sex		
	09	Reviews meaning of the result and explains the "window period" where a person may get a negative test result even if HIV positive (if negative)		
	10	Answers client's questions		
	11	Gives client his/her next clinical appointment date		
	12	Counselor/provider completes and stores forms and records		
<b>HIV-04</b> Pregnant women receive HIV counseling and testing  <u>Mode of Assessment</u> <input type="checkbox"/> Direct observation <input type="checkbox"/> Simulated observation <input type="checkbox"/> Did not observe	01	Counsels pregnant woman appropriately on HIV testing		
	02	Performs the test or refers woman if not provided at the health facility		
	03	Gives pregnant woman HIV test result and appropriate counseling based on result		

Standards	No.	Verification Criteria	Observation (Yes, No, N/A)	Comments
<b>HIV-05</b> Pregnant women who are known HIV positive receive advice and care Mode of Assessment <input type="checkbox"/> Direct observation <input type="checkbox"/> Simulated observation <input type="checkbox"/> Did not observe	01	Explains option of PMTCT (prevention of mother-to-child transmission)		
	02	Gives ARV treatment if available or, if not provided at the health facility, makes referral for treatment and follow up		
	03	Encourages woman to disclose test results to her partner, counsels on how to deal with repercussions and how to encourage his testing		
	04	Screens for opportunistic infections (ALL: TB, pneumonia, skin disease)		
	05	Treats any found opportunistic infections or refers		
	06	Refers to TB program if woman is positive for TB or reports having family /member of their household with TB		

**Clinician:** Qualification (RN, PA, CM, etc) ..... Years of Service..... Gender.....

**Clinical supervision**

Total in last 6 months.....  No clinical supervision  
 Date of last clinical supervision: Month.....Day.....Year.....

**Technical/in-service training in this clinical area**

Date of last in-service training: Month.....Day.....Year.....  No in-service training  
 Duration of training.....

**What are the available treatment protocols and/or guidelines about HIV in the facility:**

1. ....
  2. ....
  3. ....
- More.....

**Additional Comments:**

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## MOHSW CLINIC ACCREDITATION TOOL, Malaria (MAL)

County: \_\_\_\_\_ Facility name: \_\_\_\_\_ Facility ID: \_\_\_\_\_ Assessor: \_\_\_\_\_ Date: \_\_\_\_\_

Standards	No.	Verification Criteria	Observation (Yes, No, N/A)	Comments
<b>CASE MANAGEMENT OF MALARIA</b>				
<b>MAL-01</b>  Patients with suspected malaria receive the appropriate physical exam and testing to diagnose malaria.  <u>Mode of Assessment</u> <input type="checkbox"/> Direct observation <input type="checkbox"/> Simulated observation <input type="checkbox"/> Did not observe	01	Washes hands with running water and soap and dries them in a clean individual towel or air dries		
	02	Asks the client/caretaker for their history of illness/fever		
	03	Provider takes vital signs (weight, pulse, blood pressure, respiratory rate, and temperature) if not already taken		
	04	Looks for signs and symptoms of uncomplicated malaria(temperature $\leq 37.5^{\circ}$ during the past 24 hours with fever and chills spikes every 4-6 hours)		
	05	Looks for signs and symptoms of other likely causes of fever (ear and throat infection) and explains findings to client		
	06	Provider asks about symptoms and signs suggestive of complicated malaria: (ALL: Fever with chills, duration of symptoms, breathing difficulty, confusion, coma/convulsions)		
	07	Performs directed exam for signs suggestive of complicated malaria (ALL: Fever with chills ;breathing difficulty, confusion; coma/convulsions)		
	08	Order for Lab: rapid diagnostic test (RDT) or microscopy (where available)		
	09	Explains the findings to the client and records the information in the clinical record		
<b>MAL-02</b>  Uncomplicated malaria cases are correctly managed/treated  <u>Mode of Assessment</u> <input type="checkbox"/> Direct observation <input type="checkbox"/> Simulated observation <input type="checkbox"/> Did not observe	01	Prescribes artesunate-amodiaquine for at least three days		
	02	Prescribes parental medication as stat dose (Artemether) if the client cannot tolerate oral treatment, then continues with artesunate-amodiaquine for 2 days.		
	03	Prescribes paracetamol or its equivalent to control fever		
	04	Explains the importance of taking the prescribed medicine doses at the correct intervals and completing the treatment		
	05	Gives an Insecticide Treated Net (ITN) to pregnant women and/or children under 5 years and explains how and when to use it		
	06	Checks clients understanding of the instructions and encourages the client to ask questions and repeat instructions in own words		
	07	Ask the client to return after completing the treatment for follow up after three days or immediately if symptom gets worse		
	08	Records the information in the clinical record		

Standards	No.	Verification Criteria	Observation (Yes, No, N/A)	Comments
<b>MAL-03</b> Complicated malaria is rapidly diagnosed and immediate treatment given, emergency referral made  <u>Mode of Assessment</u> <input type="checkbox"/> Direct observation <input type="checkbox"/> Simulated observation <input type="checkbox"/> Did not observe	01	Secures and opens airway in unconscious clients		
	02	Weights the client or estimates his/her weight		
	03	Performs a complete clinical examination		
	04	Inserts an intravenous cannula and administers glucose-containing fluids		
	05	If the client has high fever, administers tepid sponging, or fanning, and paracetamol		
	06	If the case cannot be properly managed at the facility and patient is conscious administers Arthmeter intramuscularly and paracetamol, and refers promptly to the closest higher level facility		
	07	If client is convulsing, treats promptly with intravenous or rectal diazepam (children- Diazepam 0.5 mg/kg rectal or 0.3 mg/kg IV as slow bolus, and Adults - Diazepam 10mg IV and repeat if necessary without exceeding 20 mg /day)		
<b>PREVENTION OF MALARIA</b>				
<b>MAL-04</b> Preventive measures for malaria are provided for children under five and pregnant women  <u>Mode of Assessment</u> <input type="checkbox"/> Direct observation <input type="checkbox"/> Simulated observation <input type="checkbox"/> Did not observe	1	Display of IEC/BCC materials on case recognition and management, the transmission and prevention of malaria		
	2	Does the facility promote and distribute ITNs for children under 5 years of age?		
	3	Does the facility promote and distribute ITNs for pregnant women?		
	4	Checks 5 pregnant women charts/ANC register to see if IPT was provided during ANC visit		

**Clinician:** Qualification (RN, PA, CM, etc) ..... Years of Service..... Gender.....

**Clinical supervision**

Total in last 6 months.....  No clinical supervision

Date of last clinical supervision: Month.....Day.....Year.....

**Technical/in-service training in this clinical area**

Date of last in-service training: Month.....Day.....Year.....  No in-service training

Duration of training.....

**What are the available treatment protocols and/or guidelines about Malaria in the facility:**

1. ....

2. ....

3. ....

More.....

**Additional Comments:**



## MOHSW ACCREDITATION CLINIC TOOL, Tuberculosis (TB)

County: \_\_\_\_\_ Facility name: \_\_\_\_\_ Facility ID: \_\_\_\_\_ Assessor: \_\_\_\_\_ Date: \_\_\_\_\_

Standards	No.	Verification Criteria	Observation (Yes, No, N/A)	Comments
<b>TB-01</b> Clients with productive cough lasting over 2 weeks and HIV positive clients are investigated for TB and/or referred for TB screening  <u>Mode of Assessment</u> <input type="checkbox"/> Direct observation <input type="checkbox"/> Simulated observation <input type="checkbox"/> Did not observe	01	Staff actively looks for people coughing in the waiting and other services areas and sends those they suspect of having TB infection to the TB screener		
	02	Staff sends clients living with HIV to be screened for TB infection		
	03	Staff sends all TB clients to be tested for HIV counseling and testing (HCT)		
	04	Registers all patients with TB and those living with HIV in the corresponding register/log book		
<b>TB-02</b> Sputum correctly collected from suspected individuals and sent to the laboratory (onsite or sent out) for microscopy  <u>Mode of Assessment</u> <input type="checkbox"/> Direct observation <input type="checkbox"/> Simulated observation <input type="checkbox"/> Did not observe	01	Staff explains the need for taking the sample and the procedure for producing a good sample		
	02	Provider washes hands with water and soap and air dries before conducting physical examination		
	03	Provider uses gloves and high efficiency mask		
	04	Provider takes the sputum specimen according MOHSW guidelines (making sure that sputum goes directly into the container and infection prevention measures are taken)		
	05	Provider verifies that the sampling jar has the client's correct information		
	06	Provider disposes the gloves in a container specified for contaminated waste		
	07	Provider washes hands with running water and soap and air dries after specimen handling		
	08	Provider gives the client a second jar for collecting an early-morning sample, which must be brought back to the health facility		
	09	Provider explains to client the next steps (including: result will be ready in 2 days and to report any abnormal signs and symptoms other than what s/he reported)		
	10	Provider explains that if positive, clients will be asked to bring all close contacts for screening		

Standards	No.	Verification Criteria	Observation (Yes, No, N/A)	Comments
<b>TB-03</b> Positive TB patients receive counseling/adherence advice and DOTS treatment according to TB national standards  <u>Mode of Assessment</u> <input type="checkbox"/> Direct observation <input type="checkbox"/> Simulated observation <input type="checkbox"/> Did not observe	01	Provider has copy of the national TB guidelines, and uses them to determine the most suitable treatment scheme for the client		
	02	Provider explains to client the characteristics of the TB DOTS treatment, its side effects, its supervised nature, and the importance of adherence		
	03	Provider collects information about people in close contact with the client and recommends bringing them to the health facility for assessment		
	04	Provider provides counseling on nutrition practices (e.g. balanced diet with protein, diversify)		
	05	Provider refers female clients to the Family Planning clinic to start/revise current method of contraception		
	06	Provider administers the first dose of TB medication: patient takes the medicine in front of facility staff and staff checks that the client swallows it.		
	07	Provider identifies and addresses issues that can jeopardize the adherence to treatment (including family support)		
	08	Provider explains to the client the schedule for receiving the medication and when s/he should return to the health facility		
	09	Provider registers the information on the client's card, the clinical record, and log book		
	10	If a returning patient: assesses the presence of any adverse drug reaction		
	11	If a returning patient: congratulates the client for adhering to the treatment and encourages him/her to continue coming		
<b>TB-04</b> Infection prevention protocols are practiced within the TB laboratory  <u>Mode of Assessment</u> <input type="checkbox"/> Direct observation <input type="checkbox"/> Simulated observation <input type="checkbox"/> Did not observe	01	The laboratory is well ventilated and illuminated		
	02	The facility has running water, soap, and individual towels for the lab staff		
	03	Containers for contaminated and non-contaminated waste are available in the facility		
	04	Only authorized personnel are allowed in the lab		
	05	Medical staff use long-sleeve coat/apron, high efficiency mask, and gloves while in the lab and removed upon leaving the laboratory		
	06	There is no food, eating, drinking or smoking in the lab		
	07	Laboratory staff wears heavy-duty or utility gloves when cleaning lab glassware		
	08	Laboratory staff work with TB samples only in an exclusive and designated areas in the facility		

**Clinician:** Qualification (RN, PA, CM, etc) ..... Years of Service..... Gender.....

**Clinical supervision**

Total in last 6 months.....  No clinical supervision  
Date last clinical supervision: Month.....Day.....Year.....

**Technical/in-service training in this clinical area**

Date last in-service training: Month.....Day.....Year.....  No in-service training  
Duration of training.....

**What are the available treatment protocols and/or guidelines about TB in the facility?**

- 1. ....
- 2. ....
- 3. ....
- More.....

**Additional Comments:**