

National Integrated Population and Health Program (NIPHP)

Quality Assurance (QA) Observation Checklist

Identification:

1. Name of the Clinic & address: _____ District: _____

2. Name of the NGO: _____ Date of Visit: _____/_____/_____

3. Name of the Partners: (please tick):

RSDP

UFHP

4. Name of the Team Members: 1. Name: _____ Organization: _____

2. Name: _____ Organization: _____

5. Name of the providers with training status :

Name (with ID e.g. P1, P2, MO)	CSI	Date (m/y)	ORH	Date (m/y)	FP	Date (m/y)	Others (mention)	Date (m/y)
P1:	Y N	/	Y N	/	Y N	/		
P2:	Y N	/	Y N	/	Y N	/		
MO:	Y N	/	Y N	/	Y N	/		
Name of the counselor/Clinic Aide:						Training on counseling /IP & C received	Yes	No

Please circle the responses as appropriate

Composite Indicator: Percent of NGO sites that comply with physical facility and equipment and supply standards			
1. Visible clinic signboard in front of the clinic	Yes	No	NA
2. Site complies with minimum standards for space:			
▪ Private space for counseling	Yes	No	NA
▪ Private space for physical examination	Yes	No	NA
▪ Waiting space available	Yes	No	NA
▪ Toilet facilities	Yes	No	NA
▪ Running water available	Yes	No	NA
3. All spaces are clean and well maintained	Yes	No	NA
4. Clinic/ site facility has appropriate BCC material displayed on the walls and available as job aids in the respective provider's rooms, including:			
▪ Framed posters (Any three ESP posters)	Yes	No	NA
▪ Flip charts (BCCP developed ESP Flip chart)	Yes	No	NA
▪ Comprehensive Family Planning chart/Tiaht chart	Yes	No	NA
▪ Contraceptive display board and tray	Yes	No	NA
5. On the day of the visit the site has at least one full course of the following essential drugs:			
▪ Vitamin A (3 Capsules)	Yes	No	NA
▪ ORS (4 Sachets)	Yes	No	NA
▪ Cotrimoxazole (for 7 days)	Yes	No	NA
▪ Iron folic acid (for 1 month)	Yes	No	NA
▪ Metronidazole (for 14 days)	Yes	No	NA
6. On the day of the visit, the site has adequate supplies for at least one customer for each of the following contraceptives (circle NA if the service is generally not provided):			
▪ Condoms (12 pieces)	Yes	No	NA
▪ Oral pills (3 cycles)	Yes	No	NA
▪ Injectables (1 vial)	Yes	No	NA
▪ IUDs, if service provided at clinic (1 IUD)	Yes	No	NA
▪ Norplant implants, if service is being provided at clinic (1 set of 6 implants)	Yes	No	NA

Composite Indicator (Continued): Percent of NGO sites that comply with physical facility and equipment and supply standards			
7. On the day of the visit, the clinic site has working equipment & supplies for at least one customer for long term family planning methods, i.e. IUD and Norplant and permanent contraception procedures (for clinics offering these services, circle NA if the service is generally not provided):			
▪ IUD instrument set	Yes	No	NA
▪ Norplant instrument set	Yes	No	NA
▪ Tubectomy kit	Yes	No	NA
▪ NSV kit	Yes	No	NA
8. On the day of the visit, the clinic site has working equipment for patient care as follows:			
▪ BP instrument	Yes	No	NA
▪ Stethoscope	Yes	No	NA
▪ Thermometer	Yes	No	NA
▪ Measuring tape/any scale that can measure height	Yes	No	NA
▪ ARI timer or watch	Yes	No	NA
▪ Weighing machine	Yes	No	NA
▪ Torchlight	Yes	No	NA
▪ Examination table	Yes	No	NA
▪ Autoclave or IUD sterilizer or boiling equipment per guidelines	Yes	No	NA
9. Emergency preparedness equipment and supplies are available for sites providing long term contraceptive methods NORPLANT and sterilization services (will not apply to all sites, circle NA if the service is generally not provided):			
Emergency drugs:			
▪ Injection Atropine Sulphate 0.6 mg (2 ampoules)	Yes	No	NA
▪ Injection Promethazine HCL 25 mg (2 ampoules)	Yes	No	NA
▪ Injection Adrenaline (1: 1000) (2 ampoules)	Yes	No	NA
▪ Injection Hydrocortisone 100mg (with distilled water) 2 vials	Yes	No	NA
▪ Injection Naloxone 0.4 mg (five ampoules)	Yes	No	NA
▪ IV fluid 5% DNS & 5% DA (500 cc) 2 bags or bottle with IV set (2 sets)	Yes	No	NA
Emergency equipment			
▪ Ambu bag and air way tube	Yes	No	NA
▪ Oxygen therapy unit	Yes	No	NA
▪ Suction unit	Yes	No	NA
▪ Foley's catheter	Yes	No	NA
▪ Atromatic catgut	Yes	No	NA

Composite Indicator (Continued): Percent of NGO sites that comply with physical facility and equipment and supply standards			
▪ Laparotomy set	Yes	No	NA
▪ Torchlight (3 battery)/charger	Yes	No	NA
10. Following items are available in the ORT Corner on day of the visit:	Yes	No	NA
➤ Jug			
➤ Spoon			
➤ Measuring glass			
11. The following service delivery guidelines and standards are available in clinic on the day of the visit:			
▪ Technical Guidelines for Child Survival Interventions in Bangladesh	Yes	No	NA
▪ Technical Standard and Service Delivery Protocol for Maternal Health Care	Yes	No	NA
▪ Technical Standard and Service Delivery Protocol for Management of RTI/STD	Yes	No	NA
▪ Family Planning Manual	Yes	No	NA
▪ Infection Prevention Pictorial	Yes	No	NA
▪ ESP Essential Drugs (Booklet for Service Providers)	Yes	No	NA
Comments:			

Composite Indicator: Percent of service providers demonstrating compliance with counseling standards												
	C/CA			P1			P2			MO		
1. Auditory and visual privacy maintained	Yes	No	NA	Yes	No	NA	Yes	No	NA	Yes	No	NA
2. Provider gives information to the customer about requested service	Yes	No	NA	Yes	No	NA	Yes	No	NA	Yes	No	NA
3. During counseling the provider does the following:												
▪ Responds to questions	Yes	No	NA	Yes	No	NA	Yes	No	NA	Yes	No	NA
▪ Listens to customers' concerns	Yes	No	NA	Yes	No	NA	Yes	No	NA	Yes	No	NA
4. Provider assesses if customer has any other service needs (assesses missed opportunities according to guidelines)	Yes	No	NA	Yes	No	NA	Yes	No	NA	Yes	No	NA
5. Provider uses service specific job aids during counseling	Yes	No	NA	Yes	No	NA	Yes	No	NA	Yes	No	NA
6. Provider uses service specific BCC materials for customers during counseling	Yes	No	NA	Yes	No	NA	Yes	No	NA	Yes	No	NA
7. Provider confirms that customer understands what was communicated during counseling	Yes	No	NA	Yes	No	NA	Yes	No	NA	Yes	No	NA
Comments:												

Composite Indicator: Percent of service providers providing Child Health services in accordance with quality standards									
EPI	Observe		Case S	Observation			Observe		Case S
	P1			P2			MO		
1. Provider confirms the eligibility of vaccination by asking/checking the EPI card about the following:	Yes	No	NA	Yes	No	NA	Yes	No	NA
➤ Age of the Child ➤ Immunization status									
2. Provider demonstrates correct maintenance of cold chain during EPI session by ensuring the following:	Yes	No	NA	Yes	No	NA	Yes	No	NA
➤ The lid of the vaccine carrier is closed at all times ➤ Ice pack is still frozen									
3. Provider confirms vaccine is potent: check expiration date, VVM for polio; shake test for DPT/TT	Yes	No	NA	Yes	No	NA	Yes	No	NA
4. Provider demonstrates correct use of syringes and needles (for BCG 0.05 ml syringe and 26 gauge needle; DPT, TT and Measles 0.5 ml syringe and 22/23 gauge needle).	Yes	No	NA	Yes	No	NA	Yes	No	NA
5. Provider uses correct dose of different vaccines (BCG- 0.05 ml., DPT, TT and Measles- 0.5 ml., and OPV- 2 drops).	Yes	No	NA	Yes	No	NA	Yes	No	NA
6. Provider demonstrates correct site for administration of different vaccines (BCG- upper and outer part of the left deltoid; DPT- 1: left thigh, DPT-2: right thigh, & DPT-3: left thigh; Measles- right thigh; and OPV- orally).	Yes	No	NA	Yes	No	NA	Yes	No	NA
7. Provider demonstrates correct route for administration of different vaccines (BCG- intradermal; DPT- intramuscular and Measles-subcutaneous and OPV- orally).	Yes	No	NA	Yes	No	NA	Yes	No	NA
8. Provider demonstrates correct technique of giving different injection (for BCG- needle parallel to the skin; for DPT & TT – needle at 90 degree angle or perpendicularly; for Measles- needle at 45 degree angle; and OPV- orally).	Yes	No	NA	Yes	No	NA	Yes	No	NA
9. Maintains non-touch technique during giving injections, including use of forceps properly for fixing barrel, plunger and needle.	Yes	No	NA	Yes	No	NA	Yes	No	NA

EPI	Observe	Case S		Observation			Observe	Case S	
	P1			P2			MO		
10. During EPI counseling, the provider does the following:									
<ul style="list-style-type: none"> ▪ Explains to customers about EPI schedule 	Yes	No	NA	Yes	No	NA	Yes	No	NA
<ul style="list-style-type: none"> ➤ At birth: BCG, OPV0 ➤ 6 weeks: DPT1, OPV1 ➤ 10 weeks: DPT2, OPV2 ➤ 14 weeks: DPT3, OPV3 ➤ 39 weeks (9 months): Measles, OPV 4, Vitamin A 									
<ul style="list-style-type: none"> ▪ Emphasizes the need to complete immunizations 	Yes	No	NA	Yes	No	NA	Yes	No	NA
<p>As immunization provides protection from six major diseases:</p> <ul style="list-style-type: none"> ➤ Tuberculosis ➤ Diphtheria ➤ Whooping Cough ➤ Tetanus ➤ Polio ➤ Measles 									
Comments:									

Vitamin A	Observe	Case S		Observation			Observe	Case S	
	P1			P2			MO		
1. Provides Vitamin-A after 9 months of age with Measles vaccination (100,000 IU)	Yes	No	NA	Yes	No	NA	Yes	No	NA
2. Provides <i>age specific dose</i> of Vitamin A supplementation for prevention of complication/ treatment (observe or ask in case study at least one of the following diseases: night blindness, measles, persistent diarrhea, post-measles pneumonia, severe malnutrition)	Yes	No	NA	Yes	No	NA	Yes	No	NA
<ul style="list-style-type: none"> ➤ Night blindness/Vit A deficiency: <6m=50,000 IU; 6-11m 100,000 IU; >1 year=200,000 IU. on 1st, 2nd and 14th day OR Measles: <6m=50,000 IU; 6-11m 100,000 IU; >1 year=200,000 IU. on 1st and 2nd day OR Persistent Diarrhea, Post- measles Pneumonia & Severe Malnutrition: <6m=50,000 IU; 6-11m 100,000 IU; >1 year=200,000 IU (after each episode, but not for children who have received Vit A in previous month) 									
Comments:									

ARI	Observe	Case S		Observation			Observe	Case S	
	P1			P2			MO		
1. Provider assesses/screens the child with cough or difficult breathing using Sick Child Record Form/ESP card									
▪ Ask for duration of cough	Yes	No	NA	Yes	No	NA	Yes	No	NA
▪ Look for chest in-drawing and count respiratory rate for 1 minute	Yes	No	NA	Yes	No	NA	Yes	No	NA
▪ Listen for stridor and wheeze	Yes	No	NA	Yes	No	NA	Yes	No	NA
2. Provider determines rate of breathing by:	Yes	No	NA	Yes	No	NA	Yes	No	NA
➤ Keeping the baby quiet and holding him/ her in upright position if necessary, then exposing the chest and counting breaths using a timer/watch for one full minute (Observer must confirm the rate)									
3. Provider diagnoses/classifies ARI based on age, fast-breathing and chest in-drawing correctly:	Yes	No	NA	Yes	No	NA	Yes	No	NA
➤ For child 2 months to 5 years as: very severe disease, severe pneumonia, pneumonia, and no pneumonia (cold/cough) OR For child <2 months as: very severe disease, severe pneumonia and no pneumonia (cold/cough).									
4. Provider treats and manages ARI according to the standard:	Yes	No	NA	Yes	No	NA	Yes	No	NA
➤ For very severe diseases and severe pneumonia give antibiotic and refer OR For pneumonia give antibiotic for 5 days and advise for home care/return to clinic quickly if problems aggravate OR For no pneumonia advise for home care/return to clinic if problems aggravate.									
5. During counseling, provider provides appropriate BCC messages related to ARI customer regarding:									
▪ Home Care	Yes	No	NA	Yes	No	NA	Yes	No	NA
➤ Keep the baby warm ➤ Clear the nose ➤ Continue normal feeding ➤ Comply with treatment and follow up regime									

ARI	Observe			Case S			Observation			Observe			Case S		
	P1			P2			MO								
<ul style="list-style-type: none"> ▪ Warning signs/ “Cardinal signs” for seeking care 	Yes	No	NA	Yes	No	NA	Yes	No	NA	Yes	No	NA			
<ul style="list-style-type: none"> ➤ Fast breathing ➤ Chest in-drawing ➤ Inability to drink 															
Comments:															

CDD	Observe			Case S			Observation			Observe			Case S		
	P1			P2			MO								
1. Provider assesses/screens the child with diarrhea using the Sick Child Form/ESP card															
<ul style="list-style-type: none"> ▪ Ask for duration of diarrhoea and presence of blood in stool 	Yes	No	NA	Yes	No	NA	Yes	No	NA	Yes	No	NA			
<ul style="list-style-type: none"> ▪ Look for general condition (lethargic/unconscious/floppy), sunken eyes, dry tongue and thirst 	Yes	No	NA	Yes	No	NA	Yes	No	NA	Yes	No	NA			
<ul style="list-style-type: none"> ▪ Feel for skin pinch 	Yes	No	NA	Yes	No	NA	Yes	No	NA	Yes	No	NA			
2. Provider diagnoses/classifies CDD correctly using Sick Child Form/ESP card	Yes	No	NA	Yes	No	NA	Yes	No	NA	Yes	No	NA			

CDD	Observe		Case S	Observation			Observe		Case S
	P1			P2			MO		
<ul style="list-style-type: none"> ➤ Severe Dehydration: If general condition is found floppy, child drinks poorly or unable to drink OR Some Dehydration: If child is restless and irritable, eyes are sunken, dry tongue, drinks eagerly OR No Dehydration: Child is alright except loose motion OR Dysentery: If blood is present in stool 									
3. Provider treats CDD according to standard:	Yes	No	NA	Yes	No	NA	Yes	No	NA
<ul style="list-style-type: none"> ➤ Plan A—Advise to take ORS and fluids OR Plan B—Observe and provide ORS (75 ml/kg) in ORT corner for 4 hours OR Plan C—Refers for treatment using referral slip OR In case of blood in stool, provides Nalidixic Acid (60 mg/kg/day in 4 divided doses for 5 days) for the child age above 3 months/refer if age below 3 month 									
4. During counseling for CDD, the provider uses appropriate BCC messages related to the customer regarding “Three Golden Rules” i.e.:	Yes	No	NA	Yes	No	NA	Yes	No	NA
<ul style="list-style-type: none"> ➤ Increase the volume and frequency of fluid intake ➤ Continue feeding the child normally and if the child is breast feeding, continue & increase the frequency of breast feeding ➤ Seek appropriate health care if the condition of the baby does not gradually improved 									
Comments:									

Composite Indicator: Percent of service providers providing family planning services in accordance with quality standards									
Client provider interaction	P1			P2			MO		
1. Provider provides counseling for family planning customer using GATHER steps	Yes	No	NA	Yes	No	NA	Yes	No	NA
2. Provider discusses other methods available in addition to customer's desired method	Yes	No	NA	Yes	No	NA	Yes	No	NA
3. Provider confirms that customer is eligible for method through appropriate screening and physical examination using the ESP card	Yes	No	NA	Yes	No	NA	Yes	No	NA
Comments:									

Condom	Observe	Case S	Observation			Observe	Case S		
	P1			P2			Counselor		
1. Provider demonstrates correct use of condom, emphasizing on the following	Yes	No	NA	Yes	No	NA	Yes	No	NA
<ul style="list-style-type: none"> ➤ How to put condom on erect penis ➤ How to avoid air entering at the tip of the condom ➤ How to remove the condom after intercourse 									
2. Provider explains what to do if a condom breaks during use (advice for emergency contraceptive)	Yes	No	NA	Yes	No	NA	Yes	No	NA
<ul style="list-style-type: none"> ➤ Tab. Sukhi – 4 Tabs. Within 72 hours of unprotected coitus and 4 Tabs. after 12 hours OR Tab. C-5 – 2 Tabs. Within 72 hours of unprotected coitus and 2 Tabs. after 12 hours 									

Condom	Observe	Case S		Observation			Observe	Case S	
	P1			P2			Counselor		
3. Provider tells the non-contraceptive benefits of condom	Yes	No	NA	Yes	No	NA	Yes	No	NA
Comments:									

Pill	Observe	Case S		Observation			Observe	Case S	
	P1			P2			Counselor		
1. Provider explains how to take the pill appropriately	Yes	No	NA	Yes	No	NA	Yes	No	NA
2. Provider explains what to do in case of a missed pill	Yes	No	NA	Yes	No	NA	Yes	No	NA
3. Provider provides advice about pill including the following:	Yes	No	NA	Yes	No	NA	Yes	No	NA
<ul style="list-style-type: none"> ➤ Side effects ➤ Warning signs ➤ Next visit 									
Comments:									

Injectable	Observe	Case S		Observation			Observe	Case S	
	P1			P2			MO		
1. Provider demonstrates competence in steps of injection according to guidelines									
<ul style="list-style-type: none"> ▪ Disinfects injection site (upper-outer portion of deltoid muscle or gluteal muscle) using Rectified Spirit/Hexisol 	Yes	No	NA	Yes	No	NA	Yes	No	NA
<ul style="list-style-type: none"> ▪ Does not waste medicine during removal of air bubble from the syringe (ensure the dose of 1cc) 	Yes	No	NA	Yes	No	NA	Yes	No	NA
<ul style="list-style-type: none"> ▪ Inserts sterile needle deep into the selected site at right angle 	Yes	No	NA	Yes	No	NA	Yes	No	NA
<ul style="list-style-type: none"> ▪ Does not massage the injection site and tells customer not to massage or rub the site 	Yes	No	NA	Yes	No	NA	Yes	No	NA
2. Providers ensures proper storage/disposal of used syringes and needles	Yes	No	NA	Yes	No	NA	Yes	No	NA
3. Provider provides advice about Injectable including the following:	Yes	No	NA	Yes	No	NA	Yes	No	NA
<ul style="list-style-type: none"> ➢ Side effects ➢ Warning signs ➢ Due dose of next shot 									
Comments:									

IUD	Observe	Case S		Observation			Observe	Case S	
	P1			P2			MO		
1. Provider obtains informed consent from IUD customer	Yes	No	NA	Yes	No	NA	Yes	No	NA
2. Provider demonstrates correct procedure for inserting IUD according to guidelines									
<ul style="list-style-type: none"> ▪ Uses sponge holding forceps and three cotton balls for vulval wash 	Yes	No	NA	Yes	No	NA	Yes	No	NA
<ul style="list-style-type: none"> ▪ Inspects the cervix and vagina for any discharge/ulcer/ friability 	Yes	No	NA	Yes	No	NA	Yes	No	NA

IUD	Observe	Case S		Observation			Observe	Case S	
	P1			P2			MO		
▪ Properly does a bi-manual exam to exclude any contraindication	Yes	No	NA	Yes	No	NA	Yes	No	NA
▪ If customer is fit for IUD, grasps the cervix properly at 2 and 10 o'clock position by tenaculum	Yes	No	NA	Yes	No	NA	Yes	No	NA
▪ Inserts the uterine sound properly and determines the depth and direction of the uterus	Yes	No	NA	Yes	No	NA	Yes	No	NA
▪ Loads the IUD in the inserter properly following non-touch technique	Yes	No	NA	Yes	No	NA	Yes	No	NA
▪ Before inserting, adjusts the blue guard properly and fix it	Yes	No	NA	Yes	No	NA	Yes	No	NA
▪ Wears new pairs of sterile gloves on both hands after loading the IUD	Yes	No	NA	Yes	No	NA	Yes	No	NA
▪ Inserts the IUD by withdrawal technique	Yes	No	NA	Yes	No	NA	Yes	No	NA
▪ Cuts the thread keeping 3 - 4cm long	Yes	No	NA	Yes	No	NA	Yes	No	NA
▪ Checks for bleeding	Yes	No	NA	Yes	No	NA	Yes	No	NA
3. Provider provides post-procedure advice including the following	Yes	No	NA	Yes	No	NA	Yes	No	NA
<ul style="list-style-type: none"> ➤ Side effects ➤ Warning signs ➤ Follow-up within 1 month ➤ Checking of thread 									
Comments:									

Norplant	Observ	Case	Observation	Observ	Case	
	P1		P2	MO		
1. Provider obtains informed consent from Norplant customer				Yes	No	NA
2. Provider demonstrates correct procedure for inserting Norplant according to guidelines						
▪ Administers local anesthesia (1% Lidocaine/2% Jasocain)				Yes	No	NA
▪ Introduces the tip of the trocar beneath the skin slowly and without any resistance upto the distal mark keeping its tip upwards and loads the implant through it				Yes	No	NA
▪ Carefully places six implants in position one by one through withdrawal technique				Yes	No	NA
▪ Pulls out the trocar after inserting the last implants and applies pressure with a piece of gauge for one minute to stop bleeding				Yes	No	NA
3. Provider provides post-procedure advice including the following:				Yes	No	NA
➤ Side effects						
➤ Warning signs						
➤ Follow-up within 7 days						
Comments:						

Tubectomy:	Observe	Case S	Observation	Observe	Case S	
	P1		P2	MO		
1. Provider obtains informed consent from sterilization customer				Yes	No	NA
2. Provider demonstrates correct procedure for conducting sterilization						
▪ Ensures evacuation of bladder before entering into O.T.				Yes	No	NA
▪ Administers local anesthesia (1% Lidocaine) in layers about one inch above the pubic symphysis along the median plane				Yes	No	NA
▪ Makes the appropriate incision by layers till reaching the peritoneum				Yes	No	NA
▪ Before incising the peritoneum, ensures that bladder or bowel is not trapped in it				Yes	No	NA
▪ Confirms the tubes before ligating them by identifying the fimbriae				Yes	No	NA
▪ Ensures hemostasis through the procedure				Yes	No	NA
3. Provider provides post-procedure advice including the following:				Yes	No	NA
➤ Side effects						
➤ Warning signs						
➤ Follow-up within 7 days						
Comments:						

NSV:	Observ	Case	Observation		Observ	Case	
	P1		P2		MO		
1. Provider obtains informed consent from sterilization customer					Yes	No	NA
2. Provider demonstrates correct procedure for conducting sterilization							
▪ Identifies, isolates and fixes vas deferens under median raphe at the junction of middle and upper third of the scrotum					Yes	No	NA
▪ Provides perivasal block					Yes	No	NA
▪ Occludes the vas using fine silk					Yes	No	NA
▪ Ensures hemostasis					Yes	No	NA
3. Provider provides post-procedure advice including the following:					Yes	No	NA
➤ Side effects							
➤ Warning signs							
➤ Follow up after 3 days							
➤ Use condom for first 20 ejaculation							
Comments:							

Composite Indicator: Percent of service providers providing RTI/STI services in accordance with quality standards									
RTI/STI	Observe		Case S	Observation			Observe		Case S
	P1			P2			MO		
1. Provider correctly takes history of RTI/STI including the pregnancy history according to standards	Yes	No	NA	Yes	No	NA	Yes	No	NA
<ul style="list-style-type: none"> ➤ Ask about the criteria of the discharge: <ul style="list-style-type: none"> Is it muco-purulent? Is it profuse, watery, foul smelling and frothy? Is it curd like discharge? Is there any pain in the lower abdomen? ➤ Abnormal vaginal bleeding ➤ History of contraceptives 									
2. Provider correctly conducts physical examination of RTI/STI according to standards	Yes	No	NA	Yes	No	NA	Yes	No	NA
<ul style="list-style-type: none"> ➤ by speculum examination ➤ by bi-manual Examination 									
3. Provider correctly diagnose RTI/STI according to standards	Yes	No	NA	Yes	No	NA	Yes	No	NA
<ul style="list-style-type: none"> ➤ Cervicitis: in case of muco-purulent discharge OR Trichomoniasis or Bacterial Vaginosis: In case of profuse, watery, foul smelling and frothy discharge OR Candidiasis: in case of curd like discharge OR Lower abdominal pain syndrome (after excluding gynecological & surgical problems): in case of pain in the lower abdomen 									
4. Provider provides correct treatment of RTI/STI according to standard (at least one of the following cases)	Yes	No	NA	Yes	No	NA	Yes	No	NA
<ul style="list-style-type: none"> ➤ Cervicitis: <ul style="list-style-type: none"> Tab. Ciprofloxacin 500 mg, orally as a single dose or Inj. Ceftriaxone, 250mg, IM as a single dose PLUS Cap. Doxycycline 100mg, orally 12 hourly. 7 days or Cap. Tetracycline 500 mg, orally 6 hourly. 7 days or Tab. Erythromycin 500 mg, orally 6 hourly. 7 days 									

RTI/STI	Observe			Case S			Observation			Observe			Case S		
	P1			P2			P2			MO			MO		
<ul style="list-style-type: none"> ➤ Trichomoniasis or Bacterial Vaginosis: Tab. Metronidazole 2 gm orally as a single dose or 400 mg, 2 times daily. 7 days or Tab. Secnidazole 2 gm, as a single dose [Not to be given in the first trimester of pregnancy] 															
<ul style="list-style-type: none"> ➤ Candidiasis: Tab. Clotrimazole or Miconazole 150 mg, intra vaginally for 3 days or Cap. Fluconazole 150mg, orally as a single dose 															
<ul style="list-style-type: none"> ➤ Lower Abdominal Pain Syndrome: Tab. Ciprofloxacin 500 mg, orally as a single dose or Inj. Ceftriaxone, 250mg, IM as a single dose PLUS Cap. Doxycycline 100mg, orally 12 hourly. 14 days or Cap. Tetracycline 500 mg, orally 6 hourly. 14 days or Tab. Erythromycin 500 mg, orally 6 hourly. 10-14 days PLUS Tab. Metronidazole 400 mg, 2 times daily. 10-14 days [Not to be given in the first trimester of pregnancy] 															
5. When counseling STI customers, provider explains 4Cs of STI/HIV prevention counseling	Yes	No	NA	Yes	No	NA	Yes	No	NA	Yes	No	NA	Yes	No	NA
<ul style="list-style-type: none"> ➤ Compliance with treatment ➤ Counseling for prevention ➤ Condom demonstration and supply ➤ Contact tracing/partner management 															

RTI/STI	Observe	Case S	Observation			Observe	Case S
	P1		P2			MO	
Comments:							

Composite Indicator: Percent of service providers providing ANC services in compliance with quality standards									
ANC	Observe	Case S	Observation			Observe	Case S		
	P1		P2			MO			
1. Provider takes history according to the ESP card	Yes	No	NA	Yes	No	NA	Yes	No	NA
<ul style="list-style-type: none"> ➤ LMP ➤ EDD ➤ Parity ➤ Gravida ➤ Past Obstetric History (any complication) 									
2. Provider performs physical examination as per guidelines									
<ul style="list-style-type: none"> ▪ Basic exam of mother according to ESP card (Height, weight, BP, oedema) 	Yes	No	NA	Yes	No	NA	Yes	No	NA
<ul style="list-style-type: none"> ▪ Height of uterus/fundal height 	Yes	No	NA	Yes	No	NA	Yes	No	NA
<ul style="list-style-type: none"> ▪ Fetal movement 	Yes	No	NA	Yes	No	NA	Yes	No	NA
<ul style="list-style-type: none"> ▪ Position and presentation of fetus 	Yes	No	NA	Yes	No	NA	Yes	No	NA
<ul style="list-style-type: none"> ▪ Fetal heart sound (FHS) 	Yes	No	NA	Yes	No	NA	Yes	No	NA
3. Performs urine test for albumin and sugar	Yes	No	NA	Yes	No	NA	Yes	No	NA
4. During counseling provider discusses following issues:	Yes	No	NA	Yes	No	NA	Yes	No	NA
<ul style="list-style-type: none"> ➤ Pregnancy danger signs ➤ TT immunization ➤ Birth planning ➤ Breast feeding ➤ Post partum contraception ➤ PNC visits within 14 days after delivery for Vitamin A 									

Composite Indicator: Percent of service providers providing ANC services in compliance with quality standards									
ANC	Observe		Case S	Observation			Observe		Case S
	P1			P2			MO		
Comments:									

Composite Indicator: Percent of service providers providing PNC services in compliance with quality standards									
PNC	Observe		Case S	Observation			Observe		Case S
	P1			P2			MO		
1. Provider screens for delivery information according to the ESP card	Yes	No	NA	Yes	No	NA	Yes	No	NA
2. Provider performs examinations for mother using the ESP card									
▪ General Examination: Temperature, BP, Pulse, Oedema, anaemia	Yes	No	NA	Yes	No	NA	Yes	No	NA
▪ Examination of Breast: Condition of the nipple, Engorgement	Yes	No	NA	Yes	No	NA	Yes	No	NA
▪ Per abdominal & per vaginal Examination: Height of the uterus, P/V Bleeding, Perineal tear, Foul smelling discharge	Yes	No	NA	Yes	No	NA	Yes	No	NA
3. Provider performs examinations for baby using the ESP card									
▪ General Examination: Weight, Temperature, Respiratory rate, Jaundice	Yes	No	NA	Yes	No	NA	Yes	No	NA
▪ Umbilicus	Yes	No	NA	Yes	No	NA	Yes	No	NA
▪ Conjunctiva	Yes	No	NA	Yes	No	NA	Yes	No	NA
▪ Congenital abnormality	Yes	No	NA	Yes	No	NA	Yes	No	NA
4. Provider gives appropriate advice/treatment according to examination results	Yes	No	NA	Yes	No	NA	Yes	No	NA
5. During counseling the following issues are discussed:	Yes	No	NA	Yes	No	NA	Yes	No	NA

<ul style="list-style-type: none"> ➤ Exclusive breastfeeding up to 6 months with colostrums at birth ➤ Post partum contraception ➤ EPI ➤ Child hood disease and care, especially ARI and diarrhoea 			
Comments:			

Composite Indicator: Percent of staff demonstrating compliance with infection prevention standards												
Infection Prevention	Observe			Demo			Observe			Demo		
	Clinic Aide/Aya			Paramedic			MO					
1. Provider washes hands before and after examining each customer							Yes	No	NA	Yes	No	NA
2. Provider washes hands after touching body fluids, mucous membranes, or broken skin							Yes	No	NA	Yes	No	NA
3. Provider washes hands after handling soiled instruments	Yes	No	NA	Yes	No	NA	Yes	No	NA	Yes	No	NA
4. Provider demonstrates correct preparation and use of the following:												
▪ 5% Savlon solution	Yes	No	NA	Yes	No	NA	Yes	No	NA	Yes	No	NA
➤ Before making dilution looks at the strength of Savlon and prepare 5% dilution accordingly (i.e. 1 part of savlon + 19 parts of water for 100% strength and 1 part of savlon + 7 parts of water for 40% strength)												
▪ 0.5% chlorine solution	Yes	No	NA	Yes	No	NA	Yes	No	NA	Yes	No	NA
5. Provider demonstrates appropriate decontamination and cleaning of instruments as per guidelines including:												
▪ Wears protective attire (masks, utility gloves) during instrument processing	Yes	No	NA	Yes	No	NA	Yes	No	NA	Yes	No	NA

<ul style="list-style-type: none"> Soaks all soiled items in 0.5% chlorine solution immediately after use 	Yes	No	NA	Yes	No	NA	Yes	No	NA
<ul style="list-style-type: none"> Ensures decontamination of instruments for 10 minutes after immersing the last item 	Yes	No	NA	Yes	No	NA	Yes	No	NA
<ul style="list-style-type: none"> Cleans soiled floors and table tops using 0.5% chlorine solution between procedures 	Yes	No	NA	Yes	No	NA	Yes	No	NA
<ul style="list-style-type: none"> Submerging instruments under the surface of the water while scrubbing and cleaning 	Yes	No	NA	Yes	No	NA	Yes	No	NA
<ul style="list-style-type: none"> Cleans decontaminated items using detergent powder and gentle brushing 	Yes	No	NA	Yes	No	NA	Yes	No	NA
<ul style="list-style-type: none"> Rinses instruments thoroughly in running water 	Yes	No	NA	Yes	No	NA	Yes	No	NA

Infection Prevention	Observe	Demo	Observe	Demo	Observe	Demo			
	Clinic Aide/Aya			Paramedic		MO			
6. Provider demonstrates correct use of autoclave for sterilizing instruments (for clinics using autoclave) including all of the following:									
<ul style="list-style-type: none"> Opens and unlocks all jointed instruments, wrapping the sharp points and cutting edges with gauze or cotton 	Yes	No	NA	Yes	No	NA	Yes	No	NA
<ul style="list-style-type: none"> Does not pack the container tightly 	Yes	No	NA	Yes	No	NA	Yes	No	NA
<ul style="list-style-type: none"> Keeps the steam control valve open for four minutes after the hissing sound begins 	Yes	No	NA	Yes	No	NA	Yes	No	NA
<ul style="list-style-type: none"> Starts the timer after pressure reaches 15 pounds or temperature reaches 121°Celsius 	Yes	No	NA	Yes	No	NA	Yes	No	NA

Infection Prevention	Observe	Demo		Observe	Demo		Observe	Demo	
	Clinic Aide/Aya			Paramedic			MO		
<ul style="list-style-type: none"> Maintains pressure at 17-19 pounds or 1.20-1.35 kg for 30 or 20 minutes depending on items being autoclaved by controlling stove flame (gas operated) or by releasing some steam through the steam control valve using a wooden stick (electric operated) 	Yes	No	NA	Yes	No	NA	Yes	No	NA
<ul style="list-style-type: none"> Keeps the autoclave dry when not in use 	Yes	No	NA	Yes	No	NA	Yes	No	NA
7. Provider demonstrates correct use of boiling (where applicable) including all of the following:									
<ul style="list-style-type: none"> Opens or unlocks all jointed instruments before submerging 	Yes	No	NA	Yes	No	NA	Yes	No	NA
<ul style="list-style-type: none"> Completely submerges all objects to be boiled, keeping at least 2.5 cm or 1 inch of water above the instruments 	Yes	No	NA	Yes	No	NA	Yes	No	NA
<ul style="list-style-type: none"> Boils instruments for 30 minutes after rolling boil begins, using the timer to record time when rolling boil begins 	Yes	No	NA	Yes	No	NA	Yes	No	NA
<ul style="list-style-type: none"> Does not add or remove any object or water after timing starts 	Yes	No	NA	Yes	No	NA	Yes	No	NA
<ul style="list-style-type: none"> Immediately after 30 minutes, removes objects with previously boiled/HLD forceps and stores in an HLD container 	Yes	No	NA	Yes	No	NA	Yes	No	NA
8. Provider demonstrates compliance with waste disposal standards									
<ul style="list-style-type: none"> Sharp objects are disposed of in non-penetrable container 	Yes	No	NA	Yes	No	NA	Yes	No	NA
<ul style="list-style-type: none"> Utility gloves used during handling contaminated waste 	Yes	No	NA	Yes	No	NA	Yes	No	NA
<ul style="list-style-type: none"> Pours liquid waste (0.5% Chlorine solution, Savlon solution etc.) down a utility drain or non-septic toilet 	Yes	No	NA	Yes	No	NA	Yes	No	NA
<ul style="list-style-type: none"> Burns contaminated waste daily in the incinerator / burn and bury in pit if incinerator is not available 	Yes	No	NA	Yes	No	NA	Yes	No	NA
Comments:									

Composite Indicator: Percent of service providers demonstrating compliance with rational drug use standards						
Rational Drug Use	Paramedic			Doctor		
1. Standard prescription pad is used by the providers as per RDU guideline	Yes	No	NA	Yes	No	NA
2. Prescription writing is appropriate and clear including the following:						
▪ Name of customer	Yes	No	NA	Yes	No	NA
▪ Age of customer	Yes	No	NA	Yes	No	NA
▪ Chief complaints	Yes	No	NA	Yes	No	NA
▪ Major findings of physical examination	Yes	No	NA	Yes	No	NA
▪ Diagnosis / provisional diagnosis of the disease	Yes	No	NA	Yes	No	NA
▪ Correct dosages of prescribed drugs	Yes	No	NA	Yes	No	NA
▪ Duration of prescribed drugs	Yes	No	NA	Yes	No	NA
▪ Necessary instructions are written clearly	Yes	No	NA	Yes	No	NA
3. Antibiotics are prescribed only for clinically diagnosed diseases that require antibiotics according to guidelines and standards	Yes	No	NA	Yes	No	NA

Rational Drug Use	Clinic Aide/Counselor			Paramedic			MO
4. Provider dispenses drugs with a label that includes instructions for use according to the prescription	Yes	No	NA	Yes	No	NA	
Comments:							

Composite Indicator: Percent of NGO sites that comply with referral protocols						
Referral Protocols	Paramedic			Doctor		
1. List of identified ESP referral centers is available at the static clinic	Yes	No	NA	Yes	No	NA
2. Referrals slips are available	Yes	No	NA	Yes	No	NA
3. Referrals slips are correctly filled where indicated (i.e., for cases that need services not available at the clinic)	Yes	No	NA	Yes	No	NA
Comments:						

Knowledge Quiz

(Please circle the most correct answer)

1. Diluents are used for following vaccine:

- a) BCG & DPT
- b) BCG & Measles
- c) DPT, Polio & TT
- d) BCG & TT

2. The full name of AFP is:

- a) Active Flaccid paralysis
- b) Acute Flaccid paralysis
- c) Action Flaccid paralysis
- d) All-time Flaccid paralysis

3. On examination a child age 10 months developed Bitot's spot. What will be dose and treatment schedule for Vitamin-A?

- a) 50,000 IU on 1st day and 2nd day
- b) 100,000 IU on 1st day, 2nd day and 14th day
- c) 150,000 IU on 1st day and 14th day
- d) 200,000 IU on 1st day, 2nd day and 14th day

4. Which statement is correct?

- a) When examining a child for wheeze, the service provider should listen during inspiration.
- b) The majority of cases of ARI are found in children with scabies.
- c) In order to assess the frequency of respirations and determine if chest-in-drawing is present, the child's chest and abdomen should be exposed, and this may require undressing the child.
- d) Wheezing is always a sign of pneumonia.

5. The symptoms, which are most suspicious for pneumonia are:

- a) Cough and/or difficult breathing
- b) Fever
- c) Fever and runny nose
- d) Rapid respiration and/or chest in-drawing.

6. What is the main cause of death from diarrhea?

- a) Frequent loose motion
- b) Loose motion associated with vomiting
- c) Dehydration
- d) Loose motion caused by helminthic infestation.

7. Which statement is correct?

- a) IV saline should always be given to correct dehydration.
- b) Children with diarrhea should not receive more breast-milk or other extra liquid than normal.
- c) It is best to discontinue normal intake of food when diarrhea is present.
- d) Many cases of diarrhea can be prevented by washing one's hands with soap after defecation as well as before preparation of food, before serving or eating food, and before feeding the baby.

8. If two subsequent pills are missed:

- a) One pill should be taken whenever the customer remembers and another pill should be taken as usual.
- b) Pills should be discontinued and condoms should be used till menstruation resumes.
- c) Two pills should be taken whenever the customer remembers and another two pills should be taken on the following day, and condoms should be used till menstruation resumes.
- d) Two pills should be taken whenever the customer remembers and another pill should be taken as usual, and condoms should be used till menstruation resumes.

9. If low-dose combined oral pill (COC) customers have spotting or inter-menstrual bleeding without any pathology, they should be advised to:

- a) Continue low dose COC as usual.
- b) Use progesterone only pills(mini-pill).
- c) Use iron tablets in addition to continue the low-dose COC.
- d) Standard dose COC (50 microgram estrogen) for few cycles.

10. For prevention of sexually transmitted infections condoms should be used during:

- a) Genital, anal and oral sex
- b) Anal and genital sex
- c) Genital and oral sex
- d) Anal and oral sex.

11. Injectable contraceptives prevent pregnancy in following way:

- a) Inhibits the movement of the ovum.
- b) Speeds the movement of the sperm.
- c) Inhibits ovulation, thickens cervical mucous and creates thin endometrium.
- d) Prevents ovum maturation, constricts cervical canal and results in low-grade inflammation in the endometrium.

12. Management of spotting or break-through bleeding related to injectable contraceptives include:

- a) Reassurance, iron tablet and 10 low-dose COC to be taken one tablet daily.
- b) Iron tablet and 21 low-dose COC to be taken one tablet daily.
- c) Reassurance, iron tablet and 21 standard-dose COC to be taken one tablet daily.
- d) Reassurance and 10 low-dose COC to be taken one tablet daily.

13. Management of missing IUD thread cases should be done by:

- a) The Paramedic of the clinic from where the customer has received IUD.
- b) The doctor of the respective NIPHP clinic.
- c) Referring the customer to an appropriate referral center.
- d) Jointly by the doctor and paramedic of the respective NIPHP clinic if alligator forceps is available.

14. For condom breakage IUD can be used as emergency contraception within:

- a) 72 hours of condom breakage.
- b) 48 hours of condom breakage.
- c) 96 hours of condom breakage
- d) 120 hours of condom breakage.

15. A mother having 2 months pregnancy with anemia should be advised to have:

- a) Iron and vitamin-C containing food, and folic acid supplementation.
- b) Iron and vitamin-C containing food, and iron supplementation.
- c) Iron and vitamin-C containing food, and iron and vitamin supplementation.
- d) Vitamin containing food, and folic acid and vitamin supplementation.

16. Signs and symptoms of Eclampsia are:

- a) High blood pressure (BP \geq 140/90 mmHg) and continuous headache.
- b) High blood pressure (BP \geq 140/90 mmHg) and swelling of hands, feet & face.
- c) Swelling of hands, feet & face, and presence of albumin and sugar in urine.
- d) Signs and symptoms of pre-eclampsia, and convulsion.

17. According to EPI policy the objective of TT immunization is to prevent:

- a) Tetanus at any time
- b) Neonatal tetanus
- c) Neonate and mother
- d) Maternal tetanus

18. Ulcerated fissure/cracked nipple should be treated by:

- a) Applying antiseptic cream, Vaseline or olive oil.
- b) Keeping the nipples dry and clean, and applying expressed breast milk.
- c) Cleaning nipples by 5% savlon solution.
- d) Cleaning the nipples by rectified spirit.

19. Breast feeding practice prevents:

- a) Ca-Breast
- b) Ca-Uterus and Breast
- c) Ca-Ovary and Breast
- d) Ca-Lungs

20. In RTI/STD case management provider can narrow down the potential causes of the syndrome and number of infection to be treated by the addition of:

- a) Speculum examination and some minimal lab tests.
- b) Partner notification
- c) Sophisticated lab investigation
- d) Speculum exam and sophisticated lab investigation

21. In RTI/STD case management over treatment of RTI/STD raises two concerns:

- a) Misuse of lab tests
- b) Mal treatment
- c) Wastage of drugs and money
- d) Development of drug resistance, and wastage of drug and money

22. One of the simple and effective way of preventing infection is:

- a) Surgical hand scrubbing using soap
- b) Simple hand washing using soap and water
- c) Surgical hand scrubbing using soap and 5% savlon solution
- d) Hand washing followed by rectified spirit rub.

23. If you have 50% strength of savlon how many parts water and savlon you need to make a 5% savlon solution:

- a) One part of savlon to seven parts of water
- b) One part of savlon to eight parts of water
- c) One part of savlon to nine parts of water
- d) One part of savlon to ten parts of water

24. Which of the following procedures can be used to sterilize instruments and linen used for surgical procedures:

- a) Autoclave items at 121°C temperature and 25 lbs pressure for 30 minutes
- b) Autoclave items at 121°C temperature and 15 lbs pressure for 20 minutes
- c) Autoclave items at 121°C temperature and 15-20 lbs pressure for 30 minutes
- d) Autoclave items at 121°C temperature and 15-20 lbs pressure for 20 minutes

25. Soiled instruments should be dipped into 0.5% chlorine solution:

- a) At the end of the procedure by the aya/clinic aid
- b) At the end of the procedure by the service provider
- c) At the end of the day after completion of days work
- d) Immediately after use of individual item

Training Status:

Name	CSI	Date	ORH	Date	FP/CTM
	Y N	/	Y N	/	Y N /

Answer Sheet:

1. b
2. b
3. b
4. c
5. d
6. c
7. d
8. c
9. d
10. a
11. c
12. a
13. c
14. d
15. a
16. d
17. c
18. b
19. c
20. a
21. d
22. b
23. c
24. c
25. d

Checklist for Record Review

Name of Clinic :
Reviewer :

Date:

Please check ESP card and give check (✓) mark in small squares, if the record is complete and valid.

Checklist Items	Card #1	Card #2	Card #3	Total No. of cards	Total No. of correct card	% of Correct cards (by data analyst)
1. General information						
• Address						
2. EPI						
• Measles vaccination given between age of 9 completed months and 1 year						
3. Pills						
• Last date of menstruation						
• Bleeding after intercourse or between cycles						
• Vaginal bleeding due to unknown reason						
4. Injection						
• Last date of menstruation						
• Vaginal bleeding due to unknown reason						
• Date of due dose						
• Actual date of administration						

5. IUD						
• Last date of menstruation						
• Vaginal bleeding due to unknown reason						
• Date of Insertion						
6. Antenatal care						
• Last date of menstruation (LMP)						
• Expected date of delivery (EDD)						
• Weight						
• Blood pressure						
7. RTI/STI						
• Treatment given as per the diagnosis						
8. Diarrhea						
• How many days						
• Passing of blood with stool						
• Managed as per the diagnosis						
9. ARI						
• Age						
• Respiration rate						
• Treatment given as per the diagnosis						

The Record Review Checklist

Composite Indicator: Percent of NGO sites comply with the ESP record keeping system

Process:

1. Review the records for the Static Clinic only.
2. For selection choose the records for the last six months.
3. Select cards at random (e.g. every n^{th}) until you get 3 records of each ESP service-type.
3. Check service-type records (e.g. EPI, family planning etc.) on the ESP card against the 'Checklist items' to see whether the information has been **recorded, complete and valid**.
4. If the information has been recorded, look for its completeness and validity, put a check mark () in the corresponding square of the checklist.
5. If the information is not recorded or not complete or not valid, put (X) mark into the corresponding square of the checklist.
6. After reasonable time (e.g. 1 hour and half) if you do not find 3 records of each service-type, conclude record review by completing next two columns (Total No. of Cards and Total No. of Correct Cards).
7. After completing the checklist, identify incomplete records and discuss with the service providers. Find out the reasons for incompleteness or invalidity of records. Include the reasons under comments.

Comments (not exceeding three):

1.

2.

3.