

## Annex 2. Indicators used in Pakistan's M&E framework

Summary of Key Indicators (monthly and quarterly)					
S. No.	Sub-domain	BHU	RHC	CHC	MCH Centers
1	Filled Post Index				
2	Essential Medicines/vaccine availability Index				
3	Essential Equipment Availability and Functionality Index				
5	HR Availability (% Filled)				
	Management Staff				
	Medical Staff				
	Paramedics				
	Support Staff				
6	Availability of services (hours of provision) for Basic/C- EmONC services Index				
7	Monthly report submission on regular basis (LHWs)				
8	Delivery of supplies regularly and in required quantities (LHWs) through tracer items list				
9	PHC services utilization rate (Maternal Health)				
10	PHC services utilization rate (Child Health)				

**Definitions**

**HR Filled Index:** It is a composite index of sanctioned posts filled against sanctioned posts as per the UHC-BP and according to the type of facility.

**Essential Medicines/vaccine availability Index:** It is a composite index of essential medicines and vaccines availability as per the UHC BP. A set of 10-20 essential medicines (depending upon the type of facility) and mandated EPI vaccines against 10 diseases (from the DoH essential drug and vaccines list) are to be used to assess the availability at PHC facility level.

**Essential Equipment Availability Index:** It is a composite index of essential equipment availability as per the UHC-BP at BHU, CHC, RHC and MCH centers. A total of 10-20 selected equipment items (depending upon the type of facility) are to be used to ascertain the availability of equipment.

		BHU			RHC			CHC			MCH		
STAFF		Sanctioned	Vacant	Filled	Sanction	Vacant	Filled	Sanctioned	Vacant	Filled	Sanctioned	Vacant	Filled
		#	#	%	#	#	%	#	#	%	#	#	%
1	Medical Staff												
2	Paramedics												
3	Support Staff												

Medical staff category is suggested to include the Medical Officer (in-charge), and Women Medical Officer. The para-medical staff category included LHV, Medical Technician, Dispenser, Vaccinator and CDC supervisor. Support staff included sanitary inspector, Naib Qasid, Chowkidar, Sanitary worker and computer operator(s)

**Summary of Human resource that is to be collated on monthly and quarterly basis**

## Detailed Checklists to be filled on a monthly basis from each primary health facility

Type of facility	BHU CHC RHC MCH center	Date: _____ Name of Monitor: _____ Name of facility: _____					
		Monitoring and evaluation Checklist		BHU		CHC	
		Yes	No	Yes	No	Yes	No
<b>HEALTH EDUCATION AND PROMOTION</b>							
<b>a) HYGIENE PROMOTION, WATER AND SANITATION</b>							
1. Proper toilet use and hand washing practices.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Advice on making water safe for drinking and storage.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b) MNCH AND FAMILY PLANNING</b>							
1. Skilled birth attendants.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Early initiation of breastfeeding.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Family Planning methods.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c) CHILD HEALTH &amp; DEVELOPMENT</b>							
1. Managing diarrhoea at home.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Growth/development monitoring.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d) NUTRITION</b>							
1. Iron & folic acid supplementation of pregnant / lactating women.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Weaning after 6 months of age under IYCF guidelines.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>CARE PROVISION</b>							
<b>a) MATERNAL HEALTH</b>							
1. ANC (Screening for high risk).		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. NATAL CARE (Normal Delivery with Forceps/MVA).		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. NATAL CARE (Ambulance services).		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. PNC (Follow-up HH visit within 40 days).		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b) CHILD HEALTH</b>							
1. Neonatal Examination within 72 hours.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. EPI Vaccination services – as outreach services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c) FAMILY PLANNING</b>							
1. Provision of short-term methods (Condoms, pills).		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Provision of short-term methods (IUDs, Injectables).		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d) COMMUNICABLE DISEASES</b>							
1. TB notification		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Deaths reported due to pneumonia in children under age 5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>e) NON COMMUNICABLE DISEASES</b>							
1. Screening of Diabetes		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Screening of Hypertension		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>f) EMERGENCY SERVICES</b>							
1. First Aid		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Patient Stabilization and referral		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>g) SURGICAL SERVICES</b>							

Type of facility	BHU	Date: _____					
	CHC	Name of Monitor: _____					
	RHC	Name of facility: _____					
	MCH center						
Monitoring and evaluation Checklist		BHU		CHC		RHC	
		Yes	No	Yes	No	Yes	No
1. Stitching for small wounds / injuries.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Abscess drain.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>h) DIAGNOSTIC/LAB SERVICES</b>							
1. TESTING	I) Hemoglobin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	II) Urine R/E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. X-ray		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>i) NUTRITION SERVICES</b>							
1. Outpatient Therapeutic Program.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>EMoNC SERVICERS</b>							
<b>a) BASIC EmONC SERVICES</b>							
1. Augmentation of labour by oxytocic drugs		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Assisted vaginal delivery (vacuum extraction, forceps)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b) WHO CONDUCTS DELIVERY</b>							
1. LHV		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Medical Officer		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c) NEWBORN CARE SERVICES</b>							
1. Neonatal resuscitation		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Clean cord care		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>AVAILABILITY OF EQUIPMENT</b>							
<b>a) GENERAL HEALTH FACILITY</b>							
1. Computer / Printer / UPS.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Electricity backup Generator.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b) OPD/WMO's OFFICE</b>							
1. Examination couch.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Weighing machine (Infant).		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. B.P Apparatus mercury-desk type.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c) DIAGNOSTICS</b>							
1. Glucometer for blood sugar		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Ultrasound		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d) LABOUR ROOM</b>							
1. Labour /Delivery Table with washable plastic cover.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Suction and Evacuation set (SNE).		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Oxygen source (portable cylinder or central wall supply), with Mask or nasal cannula.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Examination light.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>e) DELIVERY SET</b>							
1. Alcohol swab.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. High-level disinfected or sterile surgical gloves.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Type of facility	BHU	Date: _____					
	CHC	Name of Monitor: _____					
	RHC	Name of facility: _____					
	MCH center						
Monitoring and evaluation Checklist		BHU		CHC		RHC	
		Yes	No	Yes	No	Yes	No
3. Artery forceps.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Episiotomy Scissors.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) LADY HEALTH VISITOR'S ROOM							
1. P.V. examination light.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Fetoscope.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) INFECTION CONTROL							
1. Hand washing stations.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Boiler / Autoclave.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) VACCINE STORAGE							
1. Vaccine refrigerator (ILR)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Temperature log.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>AVAILABILITY OF SUPPLIES AND MEDICINES</b>							
a) SUPPLIES							
1. Disposable/ Auto-disable Syringes.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Containers for sharp disposal.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) MEDICINES							
1. Inj Medroxyprogesterone acetate (DMPA).		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Syp Amoxicillin (trihydrate) 125mg, 250mg/5ml.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Tab Misoprostol 200mcg.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Oral Rehydration Salt – ORS.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) VACCINES							
1. Penta-valent.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Measles.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) FAMILY PLANNING COMMODITIES							
1. Condoms.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Combined Oral Contraceptive (COC) Pills.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>ACQUISITION OF MEDICINES AND FP SUPPLIES</b>							
a) REASONS FOR STOCK OUTS							
1. Delayed demand submission.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Lack of storage capacity.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) SOURCES OF FAMILY PLANNING COMMODITIES							
1. Department of Health/DHO office.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. National/ International agencies.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) SOURCE OF MEDICINES							
1. Department of Health/EDO office.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Self-procurement.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>FACILITY MANAGEMENT, RECORDING AND REPORTING</b>							
a) AVAILABILITY OF DUTY ROSTER AND DISEASE MANAGEMENT POSTERS/PROTOCOLA							

Type of facility BHU CHC RHC MCH center	Date: _____					
	Name of Monitor: _____					
Name of facility: _____						
Monitoring and evaluation Checklist	BHU		CHC		RHC	
	Yes	No	Yes	No	Yes	No
1. Normal Vaginal Delivery care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Staff duty roster.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b) WORK COORDINATION AND SUPERVISION</b>						
1. DHIS report submission.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Availability of supervisory visit record.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c) RECORDING AND REPORTING TOOLS</b>						
1. OPD register.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Medicine Stock register (medicine store).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Family Planning register.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. EPI register (EPI room).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## ANNUAL MONITORING ACTIVITIES

### 1. PHYSICAL INFRASTRUCTURE AND UTILITIES

S No.	Characteristic	Categories	BHU	CHC	RHC	MCH center
1.	ACCESS / UTILITIES	Metaled access road				
		Facility sign board				
		Electricity				
		Telephone				
		Functional Generator & Fuel				
2.	COMPOUND	Boundary Wall (Structure)				
		Boundary Wall (Paint/whitewash)				
		Compound gate				
3.	WASTE DISPOSAL	Rubbish pit				
		Sewerage pipe from building to external sewer/drain				
		External sewer/drain				
4.	ENTRANCE TO BHU BUILDING	Space for registration				
		Drug dispensing room				
		Waiting area for patients				
		Ramp for disabled				
5.	WAITING AREA	Covered area				
		Separate male waiting area				
		Benches at male waiting area				
		Functional ceiling fans at female waiting area				

S No.	Characteristic	Categories	BHU	CHC	RHC	MCH center
		Separate Female waiting area				
		Benches at female waiting area				
		Functional ceiling fans at male waiting area				
		Complaint/suggestion box				
6.	TOILETS	Toilets for staff (male)				
		Separate female staff toilets				
		Toilets for patients/attendants (male)				
		Separate female patients/attendants' toilets				
7.	WATER SUPPLY	Pipe with running water				
		Storage tank				
		Protected water source				
8.	EXAMINATION ROOM	Examination room for men				
		Examination room for women				
		Curtains/screens to ensure privacy				
9.	LABOUR ROOM	Well-lit				
		Ventilation				
		Attached toilet				
		Drinking water facility				
10.	RESIDENTIAL BLOCK	Designated space for newborn care				
		Doctors				
		Paramedical staff				
11.	GENERAL STORE	Support staff				
		Well-lit				
		Ventilation				
		Area for storage of sterile linen				
12.	OTHER AREAS	Area for storage of common linen				
		Area for storage of other materials/drugs/consumables				
		Dispensing cum store area				
		Vaccine storage and immunization area				
13.	CLEANLINESS OF BUILDING	BCC and family planning counsel area				
		Waiting Area				
		Consultation rooms				
		Treatment/injection rooms				

S No.	Characteristic	Categories	BHU	CHC	RHC	MCH center
		Delivery room				
		Main Pharmacy / Dispensing area				
		Toilets-patients				
		Store room				
		Delivery room				
12.	REPAIR REQUIREMENTS OF BUILDING	Windows and doors				
		Interior paint				
		Facility interior walls				
		Facility exterior walls				
		Floor				
		Roof condition				
		Windows and doors				
Interior paint						

## 2. RANGE OF SERVICES

### a. HEALTH EDUCATION AND PROMOTION

S No.	Characteristic	Categories	BHU	CHC	RHC
1.	HYGIENE PROMOTION, WATER AND SANITATION	Hand washing with soap			
		Proper toilet use and hand washing practices			
		Problems related to open defecation			
		Advice on making water safe for drinking and storage			
2.	MNCH AND FAMILY PLANNING	Importance of antenatal check-up			
		Tetanus Toxoid (TT) injections during pregnancy			
		Danger signs during pregnancy			
		Skilled birth attendance			
		Danger signs during labour			
		Consulting for post-partum examination			
		Danger signs after delivery			
		Bathing the neonate			
		Early wrapping and keeping baby warm			
		Early initiation of breastfeeding			
		Neonatal danger signs			
		Optimal period of birth spacing			
		Family Planning methods			



S No.	Characteristic	Categories	BHU	CHC	RHC
3.	<b>CHILD HEALTH &amp; DEVELOPMENT</b>	Exclusive Breast Feeding up to 6 months			
		Continuation of Breast Feeding till 2 years of age			
		Child immunization			
		Managing diarrhoea at home			
		Growth/development monitoring			
4.	<b>NUTRITION</b>	Iron / folic acid supplementation of pregnant lactating women			
		Balanced diet for adolescents and adults			
		Weaning after 6 months of age under IYCF guidelines			
		Prevention of parasitic infections and deworming			
		Iron / folic acid supplementation of pregnant lactating women			

#### b. CARE PROVISION

S No.	Characteristic	Categories	BHU	CHC	RHC
1.	<b>MATERNAL HEALTH</b>	ANC (Screening for high risk)			
		ANC (TT Vaccination - Static Centre)			
		ANC (Dietary Counselling)			
		NATAL CARE (Normal Delivery with Forceps/MVA)			
		NATAL CARE (Referral for complicated delivery)			
		NATAL CARE (Ambulance services)			
		PNC (Screening for risk/complications)			
		PNC (Follow-up HH visit within 40 days)			
2.	<b>CHILD HEALTH</b>	Neonatal Examination within 72 hours			
		EPI Vaccination services – at health facility			
		EPI Vaccination services – as outreach services			
		Growth Monitoring			
3.	<b>FAMILY PLANNING</b>	Provision of short-term methods (Condoms, pills)			
		Provision of short-term methods (IUDs, Injectables)			
4.		Injury management			

S No.	Characteristic	Categories	BHU	CHC	RHC
	<b>EMERGENCY SERVICES</b>	Dog / Snake bite			
		First Aid			
		Patient Stabilization			
5.	<b>SURGICAL SERVICES</b>	Stitching for small wounds / injuries			
		Abscess drain			
		Circumcision			
		Back slab plaster			
		Gastric lavage			
		Catheterization			
6.	<b>DIAGNOSTIC/LAB SERVICES</b>	TESTING (Hemoglobin, Urine)			
		Ultrasonography			
		X-Ray			
		Other			
7.	<b>NUTRITION SERVICES</b>	Outpatient Therapeutic Program			
		Referral linkage with a Stabilization center at THQ/DHQ			
		Provision of nutrition supplements			

### 3. EMoNC SERVICES

#### a. BASIC EMoNC SERVICES

S No.	Characteristic	Categories	BHU	CHC	RHC
1.	<b>BASIC EmONC SERVICES</b>	(Parenteral) antibiotics			
		Augmentation of labour by oxytocic drugs			
		Management of Pre-eclampsia and eclampsia by sedatives			
		Manual removal of placenta			
		Removal of retained products (Manual Vacuum Aspiration (MVA), without general anaesthesia, D&C)			
		Assisted vaginal delivery (vacuum extraction, forceps)			
2.	<b>WHO CONDUCTS DELIVERY</b>	WMO			
		LHV			
		Midwife			
		Dai			
		MO			
		WMO			
3.	<b>NEWBORN CARE SERVICES</b>	Neonatal resuscitation			
		Warmth (drying, wrapping the baby and skin-to-skin contact)			
		Clean cord care			

		Early initiation of breast feeding			
		Eye care			

#### 4. AVAILABILITY OF EQUIPMENT

S No.	Characteristic	Categories	BHU	CHC	RHC
1.	GENERAL HEALTH FACILITY	Ambulance			
		Electric water cooler			
		Computer / Printer / UPS			
		Electricity backup Generator			
		Fuel for running generators			
2.	OPD/WMO's OFFICE	Office chairs			
		Examination couch			
		Patient stool			
		Thermometer			
		Torch with batteries			
		Otoscope			
		Weighing machine (Adult)			
		Weighing machine (Infant)			
		Height measuring board			
		B.P Apparatus mercury-desk type			
		Stethoscope			
		Foetal stethoscope			
		Steam inhaler			
		Nebulizer			
X-ray view box					
3.	DIAGNOSTICS	X-ray unit			
		ECG machine			
		Glucometer for blood sugar			
		Ultrasound			
4.	LABOUR ROOM	Labour /Delivery Table with washable plastic cover			
		Macintosh/plastic apron			
		Delivery Light			
		Normal delivery set			
		Standard surgical set (for minor procedures like episiotomy stitching)			
		Bulb Sucker			
		Fetal heart detector (Fetoscope)			
		Examination light			
		Suction and Evacuation set (SNE)			
		IUD insertion kit			
		Adult stethoscope			
		Bedpans			

S No.	Characteristic	Categories	BHU	CHC	RHC
		Blood pressure apparatus			
		Adult ambu bag and mask			
		Thermometer			
		Oxygen source (portable cylinder or central wall supply), with Mask or nasal cannula;			
		Baby weighing scale			
		Step stool			
		Suture needles			
		Partograph forms			
		Adult weighing scale			
		Manual Vacuum Aspirator (MVA)			
		5.	DELIVERY SET	Alcohol swab	
Blanket for wrapping the newborn					
High-level disinfected or sterile surgical gloves					
Episiotomy Scissors					
Straight Scissors					
Needle Holder					
Artery forceps					
Cord Clamp					
Needle & Sutures					
Alcohol swab					
Blanket for wrapping the newborn					
High-level disinfected or sterile surgical gloves					
Episiotomy Scissors					
Straight Scissors					
Needle Holder					
Artery forceps					
Cord Clamp					
Needle & Sutures					
6.	LADY HEALTH VISITOR'S ROOM	D & C instruments set			
		P.V. examination light			
		Examination couch			
		Patient stool			
		Table			
		Chairs			
		Weighing machine			
		BP apparatus			
		Stethoscope			
		Fetoscope			
		Thermometer			

S No.	Characteristic	Categories	BHU	CHC	RHC
		Torch with batteries			
		D & C instruments set			
		P.V. examination light			
		Examination couch			
		Patient stool			
7.	INFECTION CONTROL	Hand washing stations			
		Disinfectants			
		Boiler / Autoclave			
		Disposable syringe cutter			
		Puncture resistant container for sharps disposal			
8.	VACCINE STORAGE	Bucket for soiled pads and swabs			
		Vaccine refrigerator (ILR)			
		Thermometer for vaccine refrigerator			
		Temperature log			

#### 5. AVAILABILITY OF SUPPLIES AND MEDICINES

S No.	Characteristic	Categories	BHU	CHC	RHC
1.	SUPPLIES	Gloves			
		Clean / Safe delivery kit			
		Disposable/ Auto-disable Syringes			
		Vaccine Syringes			
		Surgical Spirit			
		Surgical cotton			
		Gauze			
		Scalpel blades			
		Containers for sharp disposal			
		Wheel chair			
2.	MEDICINES	Stretcher			
		Tab Paracetamol 500mg			
		Tab Chlorpheniramine (hydrogen maleate) 4mg			
		Syp Amoxicillin (trihydrate) 125mg, 250mg/5ml			
		Syp Mebendazole 100mg/5ml			
		Tab Metformin (hydrochloride) 500mg			
		Tab Methyldopa 250mg			
		Tab Ferrous sulphate + Folic acid (60mg/400mcg)			
		Tab Misoprostol 200mcg			
		Ethynylestradiol + Norethiestradiol CO pills 35mcg +1mg			

S No.	Characteristic	Categories	BHU	CHC	RHC
		Inj Medroxyprogesterone acetate (DMPA)			
		Oral Rehydration Salt – ORS			
		Tab Cotrimoxazole (120mg or 480mg)			
		Tab Zinc 20mg/ PAC-100			
<b>3.</b>	<b>VACCINES</b>	BCG			
		OPV			
		Penta-valent			
		Measles			
		TT (Tetanus Toxoid)			
<b>4.</b>	<b>FAMILY PLANNING COMMODITIES</b>	Condoms			
		Combined Oral Contraceptive (COC) Pills			
		IUCDs			
		Injection DMPA			
		Implants			
		Condoms			
		Combined Oral Contraceptive (COC) Pills			

#### 6. ACQUISITION OF MEDICINES AND FP SUPPLIES

S No.	Characteristic	Categories	BHU	CHC	RHC
<b>1.</b>	<b>REASONS FOR STOCK OUTS</b>	Problems of quantification			
		Delayed demand submission			
		Unavailability of buffer stock			
		Lack of storage capacity			
		Delayed supply			
		Supply less than the amount demanded			
		No procurement powers			
		Insufficient budget			
		Lack of cold-chain			
		Others: _____			
<b>2.</b>	<b>SOURCES OF FAMILY PLANNING COMMODITIES</b>	Department of Health			
		Population Welfare Dept.			
		NP for FP & PHC(LHW Program)			
		National/ International agencies			
		Others: _____			
<b>3.</b>	<b>SOURCE OF MEDICINES</b>	Department of Health/EDO office			
		Self-procurement			
		DSU			
		Others: _____			

**7. FACILITY MANAGEMENT, RECORDING AND REPORTING**

S No.	Characteristic	Categories	BHU	CHC	RHC
1.	<b>AVAILABILITY OF DUTY ROSTER AND DISEASE MANAGEMENT POSTERS/PROTOCOLA</b>	Staff duty roster			
		Antenatal care			
		Normal Vaginal Delivery care			
		Postnatal care			
		Emergency obstetric care			
		Newborn resuscitation			
		Integrated Management of Newborn & Childhood Illnesses (IMNCI)			
		Family planning			
		Infection control			
		Vaccination (EPI)			
		EPI outreach plan			
		Board with list of services, opening time and emergency contacts			
		A list with all fees and possible exemptions			
		Treatment protocols for severe acute malnourished children			
2.	<b>WORK COORDINATION AND SUPERVISION</b>	DHIS report submission			
		Performance Review Meetings			
		Participation in District Meetings			
		District officials visit to health facility			
		Availability of supervisory visit record			
		Feedback of supervisory visits			
		Availability of quality improvement plan			
3.	<b>RECORDING AND REPORTING TOOLS</b>	OPD ticket			
		OPD register			
		Maternal/ Mother health register			
		Obstetric/ Birth register			
		Family Planning register			
		EPI register (EPI room)			
		Meeting register/ Facility Staff Meeting Register (Facility In-charge)			

S No.	Characteristic	Categories	BHU	CHC	RHC
		Medicine Stock register (medicine store)			
		Daily medicine expense register (OPD dispensary)			
		DHIS monthly report (Facility In-charge)			