KINGDOM OF CAMBODIA

NATION RELIGION KING



MINISTRY OF HEALTH

HEALTH CENTRE ASSESSMENT TOOL
LEVEL 1

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HEALTH CENTRE ASSESSMENT TOOL LEVEL 1

MINISTRY OF HEALTH

DEPARTMENT OF HOSPITAL SERVICES

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1. ACRONYMS

AMC	Average Monthly Consumption
ANC	Antenatal Care
ARI	Acute Respiratory Infection
BCG	Bacille Calmette-Guerin – TB vaccine
BK+	Acid fast bacilli positive (in sputum)
BK-	Acid fast bacilli negative (in sputum)
BP	Blood Pressure
BS	Birth Spacing
CMS	Central Medical Supplies
COC	Combined Oral Contraceptive
CDOTS	Community DOTS (Directly Observed Treatment)
DW	DOT Watcher
Depo	Depo Provera (progesterone injectable)
DPT/DTC	Diphtheria Pertussis Tetanus vaccine
EP	Extra Pulmonary
EPI	Extended Programme of Immunisation
IEC	Information Education Communication
HC	Health Centre
HC1	Health Centre form for monthly HIS data
HCMC	Health Centre Management Committee
HIS	Health Information System
IMCI	Integrated Management of Childhood Illness
IPD	Inpatient Department
IUD	Intrauterine Device
LRI	Lower Respiratory Tract Infection
MCH	Maternal and Child Health
MOH	Ministry of Health
MPA	Minimum Package of Activities
OD	Operational District
OPD	Outpatient Department
OPV	Oral Polio Vaccine
ORS	Oral rehydration solution
PAC	Post Abortion Care
POP	Progesterone only Pill
PNC	Post Natal Care
RH	Referral Hospital
Rx	Treatment
Sm +/-	Smear positive or negative (pertaining to TB)
STI	Sexually Transmitted infection
TB	Tuberculosis
URI	Upper Respiratory Tract Infection
VCCT	Voluntary Confidential Counselling and Testing
VHSG	Village Health Support Group
VSC	Voluntary Surgical Contraception

2. BACKGROUND

In recent years, Cambodia has developed and improved health coverage considerably. There are many more health facilities throughout Cambodia with greater access for rural populations. However, quality of care still needs to be improved so that the Millennium Development Goals in Cambodia are achieved.

Equity Funds have been introduced into some health facilities in Cambodia whereby health services are purchased for the poor. Equity Funds were initially introduced into Referral Hospitals but have recently been established in some National Hospitals and Health Centres. Other health financing schemes such as Community Based Health Insurance (CBHI) has also been introduced and continues to be expanded throughout Cambodia.

MOH has stated that prior to initiating these funds and financing schemes in health facilities, it is essential that a minimum standard be attained first so that services purchased by consumers are of a minimum quality.

This Health Centre Assessment Tool level 1 has been developed by USAID-HSSC-URC in collaboration with Quality Assurance Office of MOH and other health partners (BTC, GTZ, RACHA) to ensure health centres have these minimal standards in place prior to introduction of Equity Funds or other health financing schemes such as CBHI. The tool does not test for all functions of a Health Centre but is a snapshot of what is available in the health centre at the time of the assessment.

Prior to assessments it is recommended that key PHD and OD staff (supervisors of HC such as OD Director, Vice Director, Technical Bureau Chief, MCH, HIS, TB, EPI, Administration/Finance) and HC Chiefs are oriented to the tool. This 5 day orientation training consists of 2 days of classroom teaching and practical sessions followed by 3 half days of practice within a HC and 3 half days of debriefing/question/answer sessions. Following this orientation, the HC should perform a self assessment. The HC and OD should analyse results and make a quality improvement plan so that gaps are addressed and HC functioning will improve. The OD should coach the HC and assist with their improvement plan where possible. Once the HC feels ready to be assessed they should invite assessors for a formal assessment. Assessors should compare their results with the HC self assessment results and give feedback where there are differences (particularly when external assessors score lower than self assessments).

Health centres are required to reach a minimum of 65% prior to introduction of Equity Funds (and/or other health financing schemes). Annual reassessments will then be undertaken and participating health centres will be required to reach 75% after one year and make an improvement in at least 12 of the 24 indicators included in the tool. After the second year, health centres will be required to reach 85% and show improvement in at least 18 of the 24 indicators to continue receiving Equity Funds or participate in other health financing mechanisms.

Additional more difficult and complex tools will be developed over time which will focus more on quality of care. Health Centres reaching 85% on this current first level tool will be able to move to the second level tool working their way through each tool until accreditation is reached in the future.

Results of this assessment should be used in conjunction with other tools such as Integrated Supervision Checklist for Health Centres and other supervisory checklists from National Programmes. Supervisors will be able to use these results to focus on weak areas and coach and mentor health centre staff to improve services.

Assessment results can be used to identify key problems not only within the HC but also within the Operational District, Province and MOH. This will assist all levels including health partners to find solutions and initiate and develop quality improvement activities to tackle key issues.

3. INSTRUCTIONS FOR HC ASSESSMENT TOOL

The HC assessment tool is divided into sections – representing most 'units' of a HC
It has been designed so certain sections can be tested alone if required e.g. if Safe Motherhood components want to be assessed at a particular HC, it is possible to test those sections only. All sections can be used as stand alone documents although the Management section does have references to other sections therefore not all questions in Management can be answered if other sections are not tested at the same time. The tool measures performance of the HC (by checking indicators) as well as checking whether systems are in place, infrastructure and equipment is available etc.

1. COMPONENTS OF THE TOOL

- Management of Health Centre
- OPD
- OPD Prescribing habits
- ANC
- Delivery
- PNC
- BS
- EPI
- TB
- VCCT
- Pharmacy
- Inpatient Department
- HC Referral system
- Community Referral System
- Community interviews
- Indicators (from previous year)

There are no separate sections to test the following:

- STI clinic
- Malaria
- Laboratory
- Outreach
- Dental

However some of these components have been incorporated into certain tools e.g. STI and malaria drugs have been included in pharmacy section, laboratory equipment has been included in TB and VCCT sections; questions related to outreach have been included in EPI and Management sections[1]

The length of the tool looks unwieldy at first glance however many of the questions do not have to be checked IF the staff and/or the room used are the same as other sections e.g. ANC, PNC, BS and Delivery may all be performed by the same staff member and consultations for these may take place in the same room. If so, then all questions in ANC section are to be answered but questions in sections 1 and 4 are mostly excluded for PNC, BS and Delivery tools.

[1] The OD Integrated Supervision Checklist has a section on Outreach activities (Module C) which should be completed quarterly by the OD HC Supervision team. This module looks at services available at outreach, supplies for providing outreach services including IEC materials, quality of vaccine storage and staff performance for providing immunisation to children and women. Including an outreach section in this HC assessment tool would increase the length of the assessment by 1day as assessors would be required to observe staff and activities in the field. With outreach questions currently included in EPI and Management sections, it is deemed sufficient

Likewise if OPD, TB and VCCT are done by the same staff member or in the same room, all questions in OPD section should first be answered, but sections 1 and 4 of TB and VCCT are not required to be answered in full.

Full details are given in each section as to which questions can be skipped

The time taken for the assessment should be 1.5 - 2 days. A full day plus another half day may be required for the assessment and following this, a debriefing with all HC should be conducted to give feedback on results obtained. Where HC have more 'departments' e.g. IPD, VCCT it might take longer than 1.5 days to complete the assessment. Likewise where HC have few staff and not all components of MPA, the time taken may be shorter than 1.5 days. As assessors become more experienced, they will take less time and it may be possible in some HC to complete the testing in one day

Two assessors should initially work together (to assess each section) until they are familiar with the tool (this might mean doing each section of the tool ***at least twice***). Once they are familiar, the assessor could easily manage to test the various units alone.
A midwife should test the ANC, Delivery, PNC and BS sections when possible.
Assessors should be familiar with MPA including registration books, documents used, and HC1 form. All sections of the tool should be completed if a full HC assessment is carried out.
The exception to this is:
HC with no VCCT or IPD. These sections can be skipped and maximum score possible will be reduced (by 165 if no VCCT and 310 if no IPD).
Where HC are housed within the hospital grounds and ***all*** deliveries are performed in the RH, Delivery section can also be skipped. Total possible score would also be reduced (by 185 points) (If HC also performs deliveries, section should be assessed).
Some HC do not offer PNC however as this is a component of MPA, this section **must** be completed even if the HC receives 0 score (Total possible score should include PNC maximum score). Even if deliveries are performed in the hospital, PNC must be offered at the HC.

The order in which the sections should be completed is as follows:

- **1st assessor/team**

1. Indicators (using HC1 from the previous year)
2. ANC
3. Delivery (where HC are found in RH grounds, deliveries might only be performed in RH therefore skip this section)
4. PNC (even if HC do not do PNC this section must be completed)
5. BS
6. EPI

- **2nd Assessor/team**

7. OPD
8. OPD Prescribing habits
9. TB
10. VCCT (if existing in the Health Centre)
11. Pharmacy
12. Inpatient Department (if existing in the Health Centre)
13. HC Referral system
14. Community Referral system

If sections are done in the order mentioned above it will be easier for assessors to know which questions can be omitted.

The Management section (tool 15) and community interviews (tool 16) (village visits) should be completed after all other sections are completed – by either team/assessors. Cross checking between tools is required after all sections are done (see below for details).
The summary sheet is the final document that needs to be completed (tool 18). Assessors need to modify total scores possible pending questions/sections omitted

- It is important that assessors follow the tool as written i.e. questions should be asked in the order written; where drugs have their dose written, only the doses mentioned should be followed etc.

2. PRIOR TO STARTING THE ASSESSMENT

1) All documents required by the assessors should be collected (see list of documents/items below that HC should prepare prior to the assessment).

- To ensure efficiency, it is recommended that those assessing the tool obtain as many HC forms as possible ***prior*** to the assessment to become familiar with the sections that should be checked e.g. TB patient card, TB patient register, partogram, referral forms etc. These documents could be marked with the salient features that are to be checked. Assessors should also be knowledgeable about certain equipment/supplies for delivery/minor surgery such as episiotomy scissors, long sterile gloves, forceps, needle holder, blade holder etc. See below for photos of equipment and examples of forms, registration books and other documents

2) Assessors should ask HC staff about the dates of data collection within the HC i.e. what is the closing date for data collection each month. Each HC may be different therefore it is important to clarify with each section **prior** to starting the assessment (otherwise patients counted in registration books for each calendar month will not correspond to HIS data).

3) Check the number of staff assigned to the HC and their role i.e. is the midwife responsible for ANC also responsible for Delivery, PNC, BS, PAC etc? This will help determine which tools have to do be done with which staff. Make a list for easy reference. Check the services offered in the HC i.e. is there VCCT? Is there IPD? If so, how many wards?

- The assessment teams should discuss the tool ***at length*** to ensure clarity about the questions to ask. Preferably, each question in each section should be clarified

3. CONDUCTING THE ASSESSMENT

HOW MANY POINTS TO GIVE?

The points given should be the points that are indicated ***rather than other scores***. If you do think that there should be another score than the options presented, provide explanations in the comments box as to why you think they should receive a different amount but do not allocate different scores.

COMMENTS BOX

Please provide as many comments as possible as this will be useful for analysis as well as any future assessment - it isn't possible to write too much in the comments box! Please use it e.g. if you see that there are very dirty instruments being used, please comment. If needles are reused to draw up drugs, please comment. If drugs are given to patients in one container i.e. different drugs mixed up together, please comment.

UNDERLINING OF ANSWERS GIVEN

Where there is an option to choose from in the tool, please underline the option chosen e.g.
In the following example, the correct option is 'ANC room or equipment/supplies locked up' therefore this option should be underlined. If underlining is not performed, it is not possible to analyse the results

UNDERLINE THE OPTION YOU CHOOSE

Staff scheduled are on duty at time of assessment	5
Staff scheduled not at HC but at outreach/training/authorised leave and other trained staff member able to carry out all work related to ANC	4
Staff scheduled not at HC (not at outreach/training and no authorised leave) **or** no trained staff member able to carry out ANC duties at time of assessment **or** ANC room or equipment/supplies locked up	0



EQUIPMENT

Check whether the equipment is available, easily found, in good working order and ready to use. If available but not easily found, they only score one point. If the equipment should be sterile but it isn't, score only one point; if expired or broken or not kept refrigerated when it should be, no points are given (for refrigerated items, check for thermometer and monitoring graph – if not present score zero). If equipment is rusty, score zero (as cannot ever be used) See each section and below for more details

TB ASSESSMENT

The TB assessment is complicated and takes a lot of time particularly Qu 3, (3) where one must go through all the patients admitted to the programme for a 6 month period. It is ***not easy*** to check this and it may take two people to go through it thoroughly to ensure all parts of the registration book are up to date.
The patient cards also take time to check (Qu 3 (6). Please be ***meticulous*** when checking. Only assessors familiar with TB programme are recommended to complete this section. They should teach other assessors how to assess correctly.

VCCT

VCCT is only completed if the HC offers this service. Staff from counselling and laboratory should be interviewed and both rooms checked

HC WITH BEDS

HC with beds will need to have their IPD ward(s) checked. MPA guidelines state that HC should follow CPA guidelines for inpatients e.g. registration books should be MOH format, Referral Hospital treatment guidelines should be followed etc. When checking for referrals within these HC, it should be clear that a referral is the referral of a patient outside the HC i.e. to a hospital not an internal transfer from one department to the patient ward. Hence be sure to check carefully when looking at referral data.

REFERRAL SYSTEMS

There are two tools for Referrals – one for testing HC referral system and one for testing community referral system. If the HC has an ambulance (no matter how old or broken it is), then all questions on HC referral system should be asked. If the OD has a policy to train TBAs, then all questions on Community Referral system should be asked. See instructions in individual tools for more directions

INDICATORS

The assessment team should work out all indicators as listed for each HC i.e. they should not just copy from the annual performance record but to ensure accuracy, work it out for themselves from the HIS (HC1 form) and other data provided by the HC or OD. Indicators are very important in **analysis of HC performance** and should always be considered along with scores obtained. Indicators measure performance of the HC whereas the other sections of the tool are checking for systems, inputs, infrastructure. Therefore it is very important that the results of the departments (% obtained) are compared with the performance (indicators). Looking at either alone is not the best way to assess the function of HC.
It is recommended that Assessment team 1 assesses Indicators first

In the first year, HC will score 50 points if they have an accurate 12 month summary of their previous year's HC1 data. Ten items are to be checked and if 9 or 10 are correct, HC can score 50 points. If more than one item is wrong, score zero points.
In the second and subsequent years, indicators will be a larger percentage of the total score (20%). Each HC should aim to improve on each of their indicators. 15 points will be given per indicator that improved on the year before giving a total of 360 points if all indicators increase. There will also be bonus points – if 12 of 24 indicators improve, 100 points will be given and if 18 of 24 indicators improve, 200 points will be given making a total score possible of 560 points (20% of total score)

TOTAL SCORES

The total possible score will vary between HC depending on (1) number of staff working in HC and (2) services offered at the HC.
If a HC has all MPA services including VCCT, IPD and they also have an ambulance, then the total score possible in the first year will be 2350. If there is no VCCT or IPD but there is an ambulance the total score possible will be 2350 – 165 (VCCT) – 310 (no IPD) = 1875
If the HC is within the hospital grounds and **all** deliveries are performed in RH then 185 points (Delivery sections) would be deducted from the overall score

In addition, where questions are omitted as they are not relevant to that section e.g. asked in another tool, please reduce the total score possible (instructions are given in each section) e.g. Delivery section is worth 185 points, however if the same staff does ANC and Delivery, section 1 questions 1, 2 & 4 are omitted as they have been asked in ANC. Hence the total points for section 1 of Delivery, is only 5 points (rather than 25 points). This therefore reduces the overall score from 185 to 165. If the room for deliveries is the same as what is used for ANC, then section 4 is omitted completely, further reducing the overall score possible to 140. Instructions are given in each tool but please check which staff works in which areas **before** starting the assessment

See table below for more explanations

	Indic	ANC	Del*	PNC	BS
Administration					
Infrastructure					
Finance					
HIS	/50				
Staff and dept issues		/25	/	/	/
Equipment/supplies		/20	/35		/20
Documentation		/55	/100	/30	/50
Patient Verification					
Hygiene		/25	/	/	/
Other					
TOTAL POSSIBLE for this HC	50	125	*		
TOTAL scored **%**					

Put score received by HC

If midwife different to ANC put 25; if same midwife put 5

Put score received by HC

If delivery room different to ANC put 25. If same as ANC room put 0

Add all denominators from above. If same midwife but different room = 5 + 35 + 100 +25 = 165

Add all scores obtained from each section

Please note: In the second and subsequent years, the total score for HIS will increase due to the introduction of points being given for improving indicators.

VERIFICATION

At the end of the assessment cross checking between documents is required – (see check list of questions that need to be verified below). Modification of scores may be required. Please note that those questions that should be verified are marked with ** in the column on the left. A comment has also been placed at the end of the question to remind the assessment team that verification is required. The Management section can only be completed (verified) after all departments have been completed e.g. water back up within the HC needs to be verified by the different sections therefore Management section can only be completed when all sections have been assessed).

- At the end ***of the assessment*** further discussions need to be held to summarise the entire assessment i.e. go through each section and discuss whether the results appear consistent with what the assessors thought whilst performing the assessment.

For any HC obtaining results close to 65% on the first assessment e.g. 62% - 68% it is wise to inform them that the scores will be cross checked by independent assessors (to ensure no mistakes in adding or contradictory results between tools).

4. AFTER THE ASSESSMENT

It is important that the HC and OD receive a copy of the results of the assessment so they can learn what gaps have been identified. They should review and analyse the results and then work together to plan for improvements. Please ensure discussion of both performance (indicators) and overall score. Do not only focus on percentage received.

5. STRENGTHS OF THE TOOL

- Each section can be assessed independently of the others i.e. if the OD wants to check the functioning of EPI in all HC, just that tool can be checked. If the OD wants to check Referral systems, both HC and community referral system tools can be assessed alone
- Options are well described to ensure replicability and reliability between assessors
- The tool is comprehensive – it tests administrative issues (plans, schedules, meetings), financial issues, general organization of the HC and each unit, equipment, supplies and infrastructure, documentation including HIS system, hygiene and quality of services.
- For some questions where 100 or 200 patients have to be checked for completion in the registration book, it may be possible to stop the question if a mistake is found thereby reducing the amount of time to assess. See comments/instructions in tool

6. WEAKNESSES OF THE TOOL

- It may at times be difficult to complete all sections in 1.5 days if the HC is very busy or if staff is doing outreach however with experienced assessors it should certainly be possible
- Not all components of a HC are included in detail e.g. STI clinic, Laboratory, Malaria.
- Some questions are repetitive e.g. all sections are checked for completeness of documentation and then compared with HC1 form. If one staff member is responsible for various sections, it might be possible to omit some questions to lessen the time taken to assess

4. VERIFICATION OF QUESTIONS BETWEEN SECTIONS

Assessing for	Sections to Verify – Check A against B	
	A	**B**
AOP available	Management Section 1, Qu 1 If zero then	Management Section 1, Qu 2 and 3 also zero
Staff awareness about financial issues within HC	Management Section 1, Qu 6 should be zero if any of the following tools (in column B) score less than 10 points	ANC Section 1, Qu 4 Delivery Section 1, Qu 4 PNC Section 1, Qu 4 BS Section 1, Qu 4 EPI Section 1, Qu 4 OPD Section 1, Qu 4 TB Section 1, Qu 4 VCCT Section 1, Qu 4 Pharmacy Section 1, Qu 4 IPD Section 2, Qu 1
Staff schedule and staff attendance list	Management Section 1, Qu 6 if zero then	Management Section 1, Qu 7 should also be zero
HCMC meetings	Management Section 1, Qu 11 – if no HCMC then	Management Section 1, Qu 12 also zero
VHSG meetings	Management Section 1, Qu 13 – if no VHSG then	Management Section 1, Qu 14 also zero
Cross check indicator with HCMC meeting	Indicators no. 23	Management Section 1, Qu 12
Cross check indicator with VHSG meeting	Indicator no. 24	Management Section 1, Qu 14
Inventory List being available	Management section 2, question 1 is zero then	Management section 2, question 2 also zero
Inventory List being up to date	Management Section 2, Qu 2	ANC Section 2, Qu 1 Delivery Section 2, Qu 1 BS Section 2, Qu 1 EPI Section 2, Qu 1 OPD Section 2, Qu 1 TB Section 2, Qu 1 VCCT Section 2, Qu 1 IPD Section 2, Qu 1
Cleanliness and general appearance of the HC	Management Section 2, Qu 4	Management Section 2, Qu 3
Water supply available within the HC	Management Section 2, Qu 6	ANC Section 4, Qu 3 Delivery Section 4, Qu 3 PNC Section 3, Qu 3 BS Section 4, Qu 3 EPI Section 4, Qu 3 OPD Section 4, Qu 4 TB Section 4, Qu 3 VCCT Section 4, Qu 3 and 6 IPD Section 5, Qu 3
Provision of receipts to all patients including those exempted	Management Section 3, Qu 2	Management Section 3, Qu 6 Community interviews Qu 7
Policy to exempt patients or use Equity Funds	Management Section 3, Qu 3	Community Interviews Qu 6 and 8

Division of user fees amongst staff is transparent	Management Section 3, Qu 5	ANC Section 1, Qu 4 Delivery Section 1, Qu 4 PNC Section 1, Qu 4 BS Section 1, Qu 4 EPI Section 1, Qu 4 OPD Section 1, Qu 4 TB Section 1, Qu 4 VCCT Section 1, Qu 4 Pharmacy Section 1, Qu 4 IPD Section 1, Qu 4
Accounting of User Fees is correct	Management Section 3, Qu 6	Management Section 3, Qu 2
HIS	Management Section 4, Qu 1 if zero as no HIS then	Management Section 4, qu 2-8 all zero
General Hygiene related to water and soap	Tools 2, 3, 4, 5, 6, 7, 9, 10, 11, 12 question relating to water availability (usually section 4, qu 3 except PNC section 3, qu 3, OPD section 3, qu 4, VCCT qu 3 and 6 – if zero then	Tools 2, 3, 4, 5, 6, 7, 9, 10, 11, 12 question relating to soap (section 4, qu 4 except PND qu 4, OPD qu 5, VCCT qu 4 and 7, score zero also
Transpose data from one section to another	HC Referral System Qu 4	ANC Section 3, qu 6 Delivery Section 3, Qu 6 PNC Section 2, qu 4 OPD Section 3, Qu 6 PAC register book if HC has this registration book
Verification of whether HC record referrals from HC and write referral letters	HC Referral System Qu 6	ANC Section 3, qu 6 Delivery Section 3, Qu 6 PNC Section 2, qu 4 OPD Section 3, Qu 6 PAC register book if HC has this registration book
Verification of whether HC record referral to HC from VHSG, TBA, DW etc	Community Referral Question 5	ANC section 3, qu 9 Delivery section 3, qu 7 OPD Section 3, qu 8 PAC register if used by HC
Verification of patient being seen and examined on day of assessment	IPD Section 4, Qu 1 & 2	IPD Section 3, Qu 9
Verification by patient of having vital signs on day of assessment	IPD Section 4, Qu 3	IPD section 3, Qu 10

5. DOCUMENTS REQUIRED FOR HC ASSESSMENT TOOL

Health Centres should prepare these documents ***prior*** to the assessors visiting to facilitate easy assessment of each HC

- AOP for current year (or last year if doing assessment early in the year)
- Quarterly reviews of work plan (for current year (or last year if doing assessment early in the year)
- Monthly and quarterly work plans/schedule (for past 6 months and future quarter)
- Staff list from OD
- User Fee list (or see the board at the HC)
- Attendance list/register book
- Staff schedule for current month
- Book where staff sign for receipt of monthly incentives from user fees
- Staff meeting minutes including list of staff present (past 6 months)
- HCMC meeting minutes (past 6 months) including list of members present
- VHSG list for current year
- Record of trainings done with each VHSG
- List of villages in catchment area
- VHSG meeting minutes (past 6 months) including list of VHSG attending each meeting
- TBA list (of those TBAs in HC catchment area) for current year
- Record of trainings done with each TBA
- Training curricula for VHSG, TBAs and any other community trainings (village leaders, commune leaders, DOT Watchers etc)
- Contracts with any transporters (for referrals) or checklist of volunteers who assist with referrals
- Inventory List (from past 12 months)
- Cashier book/Receipt book
- Daily financial report
- Financial records and reports for past 2 months including expenditures and all incoming funds as well as quarterly financial reports for previous 12 months
- Guidelines for user fee distribution
- Pharmacy order for the past month (which should include amount dispensed in the past month, amount remaining and amount ordered)
- HC1 form for previous month, two months before and previous calendar year including a summary where possible (to make it easier to work out indicators)
- Essential drug list for Health facilities
- Referral Hospital Treatment Guidelines as well as National Treatment guidelines e.g. Malaria, TB, Leprosy, STI, Safe Motherhood etc particularly for HC with IPD

Required during visit

Registration books

- OPD register book
- ANC register book
- PNC register book
- Delivery register book
- EPI register book – for children
- Birth spacing register
- TB registers (sputum and treatment registers)
- Post abortion care register (if HC offers this service)

- VCCT registers (book of counselling registration, referrals for testing, laboratory registration book – 3 register books in total)
- IPD register book(s) (if IPD is present in this HC)
- Central Referral Register if this HC has this register
- Ambulance log book

Other documents

- Job descriptions for all staff including floating staff/positions
- Job description for HCMC and VHSG
- OPD Patient books (new/spare)
- ANC patient books (new/spare) (Mother card record)
- Partographs (new/spare)
- Family Planning cards - blue (new/spare) and green (patient cards)
- Yellow cards for children (new/spare)
- TB patient treatment cards (white)– new and current patients
- Sputum request forms from past month
- VCCT referral slip book
- Referral slips (blank) for other referrals
- Prescriptions from the last working day
- Pharmacy Stock cards - spare
- Daily tally (consumption) sheet (Pharmacy)
- Monthly tally (consumption) sheet (Pharmacy)
- IMCI sheets of last 100 patients

6. EQUIPMENT TO BE CHECKED

ANC equipment



Pinnard stethoscope (for foetal heart rate)



Doppler (for foetal heart rate)

Delivery Equipment





Umbilical clamp or sterile thread for tying umbilicus



Bulb syringe



Female bedpan



Vaginal speculum (must be sterile)



Steriliser or Autoclave



Long gloves (for manual removal of placenta)



Needle Holder



Episiotomy Scissors



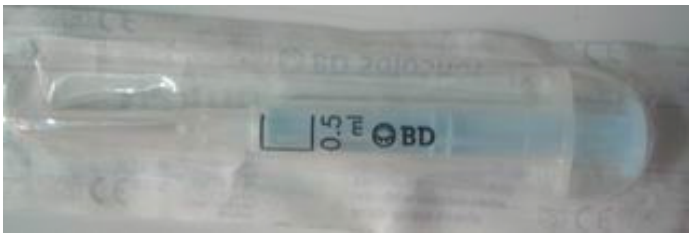


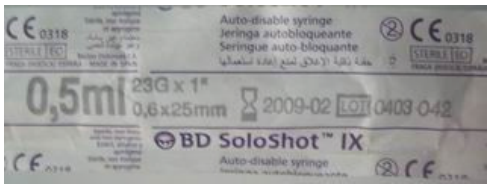
Baby scales – either type is ok providing the scales are working



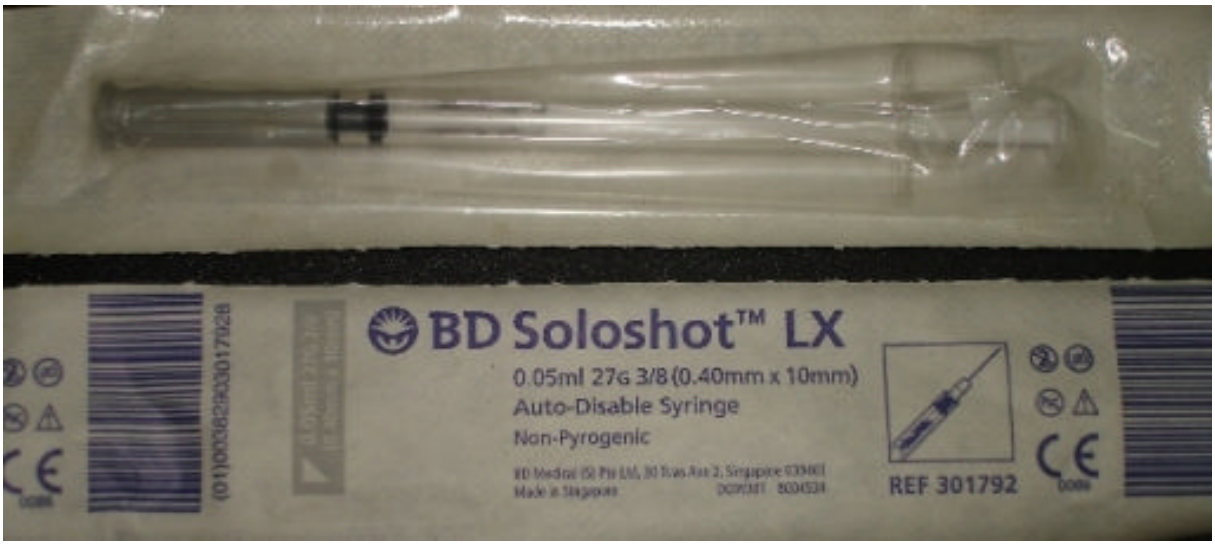
Delivery bed with stirrups

EPI Equipment





0.5 ml Autodestruct syringe



0.05 ml Autodestruct syringes



Vaccine fridge



Vaccine Ice box



Vaccine carrier

OPD and Minor Surgery Equipment





Otoscope





Forceps



Needle Holder



Scissors



Blade holder





Surgical instrument boxes





Cylindrical drum with sterile gauze



Weight for height chart
This should be wall mounted and ready to use. In this photo it is not mounted correctly as it should be meeting the ground. Children need to stand up against the chart to see where they fit against the graph.
If found in a HC like this, only one point would be given for it being available. No point for being ready to use

Chart should be touching the floor

TB Equipment



+



clear slide + diamond pencil (to write patient details)

OR



+ Normal pencil to write in frosted area

frosted slide + normal pencil to write on frosted area



Bamboo stick OR



Metal rod for making smears



Alcohol lamp for fixing slide



Sand bottle



Sputum containers



Aluminium tray

VCCT Equipment



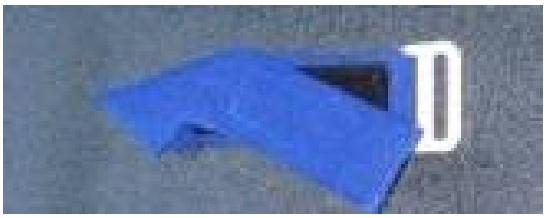


Vacutainer shield



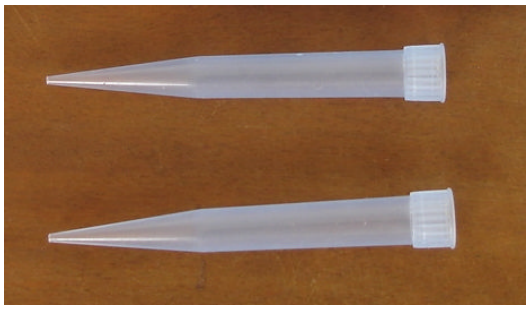


Vacutainer needles



Left: tourniquet (should be true tourniquet rather than a catheter or glove



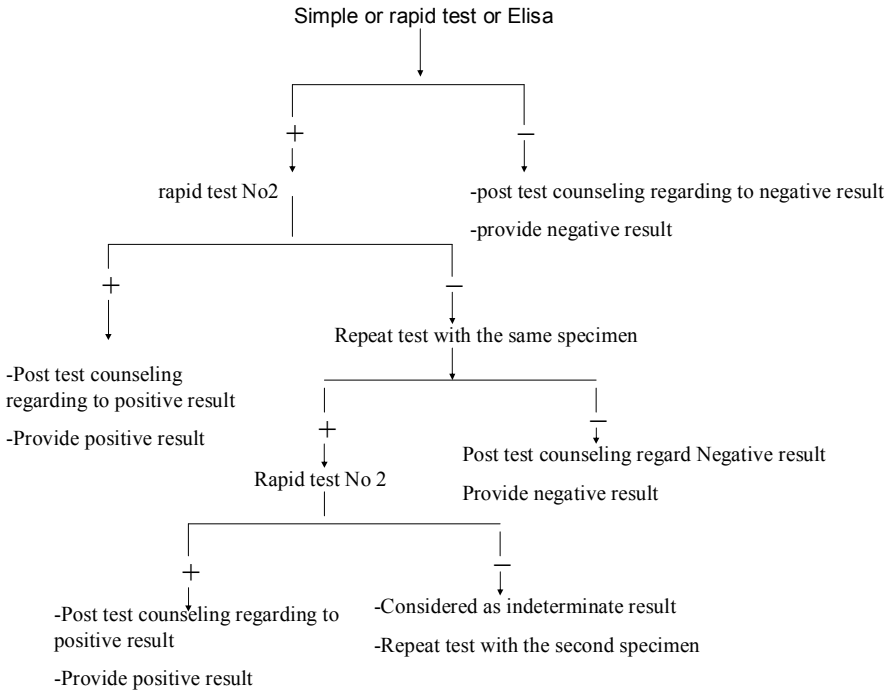


Pipette (5 or 10 or 20 to 200 mcl) and pipette tips





Centrifuge (electric or hand operated)



Above: Algorithm for HIV testing

7. TOOLS

Name of Health Centre: **Date of Assessment** **Name of Assessors:**

1. INDICATORS

These indicators come from the MOH and each HC should collect this data routinely every year
Using the HC1 statistics from the **previous year** (both monthly sheet and/or annual summary) it is possible to work out the first 20 indicators. Input from staff and other documents is required for the remaining 4 indicators
This section MUST be completed even if a summary of the HIS data for the past 12 months is not available. It is important to be able to review the indicators compared to the previous year, the national average as well as the OD and PHD average. If a 12 month HC1 summary is available, randomly check 10 items and add each month to see if it corresponds with the number on the summary sheet. If there are at least 2 mistakes, do not use this summary.
If the HIS summary of the past 12 months is not available (or wrong as above), assessors will have to add together items checked for each month to get the 12 month total prior to working out the indicator. Please use the HC1 form rather than the Tableau du Board as this does not have all information required for these indicators is often incomplete and often has statistics that differ from the HCs form.

National MOH data should be used for estimates (children under 1 year, under 5 years, between 6 and 59 months, expected pregnancies per year, women of reproductive age) **rather than OD specific data** (to make a comparison between the HC and the national average). It is important that assessors obtain the most updated MOH data prior to the assessment to ensure consistency. The statistics provided below are from MOH for 2008 (from National Health Statistics 2007). Estimates are updated annually by MOH (usually at or before Joint Annual Performance Review).

POPULATION OF THIS HC CATCHMENT AREA =

Health Service Delivery

1. New consultations (curative consultations only) per inhabitant per year =

$$\frac{\text{Number of new consultations (Section I, table 1)}}{\text{Total population in HC coverage area (use the population figure for this OD provided by MOH } \textbf{\textit{not}} \text{ provincial authorities)}} =$$

Year 2 & 3	%
previous year	
current year	
Increased	Y/N

2. New consultations (curative consultations only) per child aged 0-59 months per year =

$$\frac{\text{Number of new consultations aged 0-59 months (Section I, table 2)}}{\text{Total number of children aged 0-59 months in the HC coverage area (use the population figure for this OD provided by MOH)*}} =$$

*Total number of children aged 0-59 months is estimated to be 11.1% of the population i.e. (population x 11.1)/100

Year 2 & 3	%
previous year	
current year	
Increased	Y/N

3. New consultations (curative consultations only) per females per year =

Number of new consultations that concerns females (Section I, table 1) =

total number of females in the HC coverage area (use the population figure for this OD provided by MOH)*

*Total number of females is estimated to be 51.7% of the population i.e. (population X 51.7)/100

Year 2 & 3	%
previous year	
current year	
Increased	Y/N

4. Percentage of new consultations (curative consultations only) referred to the Referral Hospital =

Number of new consultations that were referred to the RH (Section I, table 2) **X 100** =

Total number of new consultations at the HC (Section I, table 1 or 2)

Year 2 & 3	%
previous year	
current year	
Increased	Y/N

For HC with beds or FDH, please check for referrals from the HC to the RH (not those admitted to HC). See Section 1, table 2 (referrals) and for any patients admitted that were subsequently referred see Section II, table 1 – 'transfers'. Add these to get total referral

5. Percentage of deliveries attended by trained health staff (both at home and in the health centre) =

Number of deliveries attended by trained staff (this does not include TBAs) **X 100** =

Total number of expected pregnancies*

Year 2& 3	%
previous year	
current year	
Increased	Y/N

*Total number of expected pregnancies is 2.56% of total population (use the population figure for this OD provided by MOH) i.e. (population X 2.56)/100

Please check Section IV, table 2 for number of deliveries attended by trained staff.

Add together the following: at health centre (row 1), at home: health staff (row 2) Exclude those delivered by TBAs

6. Percentage of women attending ANC identified as 'at risk' =

Total number of women identified as 'at risk' (Section IV, Table 1) **X 100** =

Number of initial (ANC-1) consultations (Section IV, Table 1)

Year 2 & 3	%
previous year	
current year	
Increased	Y/N

7. Percentage of pregnant women who received 2 ANC consultations =

$$\frac{\text{Number of ANC-2 consultations (Section IV, Table 1)}}{\text{Total number of expected pregnancies*}} \times 100 =$$

Year 2 & 3	%
previous year	
current year	
Increased	Y/N

* Total number of expected pregnancies is 2.56% of total population (use the population figure for this OD provided by MOH) i.e. (population X 2.56)/100

8. Return rate for ANC consultations =

$$\frac{\text{Total number of ANC consultations (Section IV, Table 1)}}{\text{Number of initial (ANC-1) consultations (Section IV, Table 1)}} =$$

Year 2 & 3	%
previous year	
current year	
Increased	Y/N

9. Percentage of pregnant women who received 2 TT vaccinations =

$$\frac{\text{Number of pregnant women who received TT-2 (Section X, Table 2)}}{\text{Total number of expected pregnancies*}} \times 100 =$$

Year 2 & 3	%
previous year	
current year	
Increased	Y/N

* Total number of expected pregnancies is 2.56% of total population (use the population figure for this OD provided by MOH) i.e. (population X 2.56)/100

Please check Section X, table 2 for number of pregnant women who received TT 2 (at HC and at outreach)

Add together the following: at health centre (row 1), at outreach: trained staff (row 2)

10. Percentage of married women aged 15-49 years using a modern contraceptive method

$$\frac{\text{No. of married women aged 15-49 presently using a modern contraceptive method (see table in Section IX)}}{\text{Total number of married women aged 15-49 years *}} \times 100 =$$

Year 2 & 3	%
previous year	
current year	
Increased	Y/N

* total number of married women aged 15-49 is estimated to be 14% of the population (use the population figure for this OD provided by MOH) i.e. (population X 14)/100

To find the number of women using a modern contraceptive method use December statistics from the previous year. The number is the final number in the table i.e. row of 'current users' and column of 'total'

11. Percentage of children under 1 year of age who received BCG vaccination =

$$\frac{\text{No. of children under the age of 1 year who received BCG vaccination (Section X, Table 1)}}{\text{Total number of children under the age of 1 year *}} \times 100 =$$

Year 2 & 3	%
previous year	
current year	
Increased	Y/N

* Total number children under 1 year is estimated at 2.36% of the population (use the population figure for this OD provided by MOH) (population X 2.36)/100
Please check Section X, Table 1 'total' for number of children under age 1 who received BCG vaccination at both HC and during outreach

12. Percentage of children under 1 year of age who received measles vaccination =

$$\frac{\text{No. of children under the age of 1 year who received measles vaccination (Section X, Table 1)}}{\text{Total number of children under the age of 1 year *}} \times 100 =$$

Year 2 & 3	%
previous year	
current year	
Increased	Y/N

* Total number children under 1 year is estimated at 2.36% of the population (use the population figure for this OD provided by MOH) (population X 2.36)/100
Please check Section X, Table 1 'total' for number of children under age 1 who received measles vaccination at both HC and during outreach.

13. Percentage of children under 1 year of age who received DPT-HepB3 vaccination =

$$\frac{\text{No. of children under 1 year of age who received DPT-HepB3 vaccination (Section X, Table1)}}{\text{Total number of children under the age of 1 year *}} \times 100 =$$

Year 2 & 3	%
previous year	
current year	
Increased	Y/N

* Total number children under 1 year is estimated at 2.36% of the population (use the population figure for this OD provided by MOH) i.e. (population X 2.36)/100
Please check Section X, Table 1 'total' for number of children under age 1 who received DPT-HepB3 vaccination at both HC and during outreach

14. Percentage of children under 1 year of age who received complete vaccination =

$$\frac{\text{No. of children under 1 year of age who received complete vaccination (Section X, Table1)}}{\text{Total number of children under the age of 1 year *}} \times 100 =$$

Year 2 & 3	%
previous year	
current year	
Increased	Y/N

* Total number children under 1 year is estimated at 2.36% of the population (use the population figure for this OD provided by MOH) i.e. (population X 2.36)/100
Please check Section X, Table 1 for number of children under age 1 who completed vaccinations at both HC and during outreach

15. DTC1 – DTC3 drop-out rate =

$$\frac{\text{No. of children who received DTC1 – No. of children who received DTC3 (Section X, Table 1)}}{\text{Number of children who received DTC1}} \times 100 =$$

Year 2 & 3	%
previous year	
current year	
decreased	Y/N

Please check Section X, Table 1 'total' for number of children under age 1 who received DTC1 and DTC3 vaccination at both HC and during outreach
Please note this cannot be a negative number. If a negative number is found then incorrect records have been kept. Please comment if found

16. Percentage of children 6-59 months of age who received one dose of Vit A during the last 6 months =

$$\frac{\text{No. of children 6-59 months of age who received one dose of Vit A during the last 6 months (Section XI)*}}{\text{Children 6-59 months of age**}} \times 100 =$$

Year 2 & 3	%
previous year	
current year	
Increased	Y/N

** No. children 6-59 months of age is 9.92% of the population (worked out from MOH 2007 National Health Statistics where children < 5 = 11.1%. From this, take the population under 1 year (2.36%) 11.1-2.36 = 8.74 then add no. children between 6 and 12 months (2.36/2=1.18) hence 8.74 + 1.18 = 9.92

* Please check Section XI for each of the **past 6 months**, for number of children 6-11 months (column 1) and children 12-59 months (column 2) who received Vit A. These 2 columns should be added together. Please note, the total number includes the month of the campaign as well as other months during this 6 month period. The HC should record the number receiving Vit A at both HC and outreach

17. Percentage of post delivery women who received one dose of Vit A within 6 weeks of delivery =

$$\frac{\text{No. post delivery women who received one dose of Vit A within 6 weeks of delivery (Section XI)}}{\text{Total number of expected pregnancies*}} \times 100 =$$

Year 2 & 3	%
previous year	
current year	
Increased	Y/N

* Total number of expected pregnancies is 2.56% of total population (use the population figure for this OD provided by MOH) i.e. (population X 2.56)/100

Please check Section XI (column 3) for number of post delivery women who received Vitamin A within 6 weeks of delivery (should include those given Vit A at the HC and those that got Vitamin A during outreach

18. Percentage of pregnant women who received 90 tablets iron/folate during pregnancy =

$$\frac{\text{Percentage of pregnant women who received 90 tablets iron/folate during pregnancy (Section V)}}{\text{Total number of expected pregnancies*}} \times 100 =$$

Year 2 & 3	%
previous year	
current year	
Increased	Y/N

* Total number of expected pregnancies is 2.56% of total population (use the population figure for this OD provided by MOH) i.e. (population X 2.56)/100

Please check Section V (column 2 'HC 2nd visit' – 30 tablets – distributed both in and out of HC). As this is their second visit, it means they have received 60 tablets at the first visit hence this would be the number of women who have received 90 tablets.

19. Percentage of pregnant women who received 42 tablets iron/folate post delivery =

$$\frac{\text{Percentage of pregnant women who received 42 tablets iron/folate post delivery (Section V)}}{\text{Total number of expected pregnancies*}} \times 100 =$$

Year 2 & 3	%
previous year	
current year	
Increased	Y/N

* Total number of expected pregnancies is 2.56% of total population (use the population figure for this OD provided by MOH) i.e. (population X 2.56)/100 Please check Section V - distributed both in and out of HC)

20. BK+ case finding rate =

$$\frac{\text{Number of new BK+ cases found (check TB treatment register for no. sputum +ve cases } \textbf{not} \text{ sputum register)}}{\text{Total number of expected cases}} \times 100 =$$

Year 2 & 3	%
previous year	
current year	
Increased	Y/N

where total number of expected cases is 220/100000 (WHO estimates for 2006). Therefore to work out how many in this HC catchment use the following formula: (population X 220)/100,000

Human Resource Development

21. Total number of staff (including floating) =

MA =
Secondary midwife =
Primary midwife =
Secondary nurse =
Primary nurse =
Pharmacist/lab (if not nurse, MA or midwife) =
Floating staff: doing technical work e.g. EPI =
Floating staff: doing non technical work =
e.g. cleaner, driver etc

TOTAL number of **technical** staff =

Year 2 & 3 ONLY	Max possible	Score
8-11 staff **and** at least 1 sec midwife and 2 sec nurses or higher	15	
8-11 staff **but** don't have at least 1 sec midwife and 2 sec nurses or higher	10	
5-7 staff	10	
<5 staff	0	
>12 staff	0	
>12 staff except for FDH where 12 staff is allowed). In this case and where there is at least 1 sec midwife and 2 sec nurses or higher, score 15 points FDH with > 12 staff and at least 1 sec midwife and 2 sec nurses or higher	15	

Health Financing (please choose the applicable indicator for this HC i.e. if there is no HEF, chose exemption only; if there is an EF operations., check for both exemptions and EF cases)

22. Percentage of cases exempted OR Percentage cases exempted + fees paid by equity fund =

$$\frac{\text{Total number of } \textbf{cases} \text{ exempted (OPD, ANC, Delivery, PNC, BS, TB etc)}}{\text{Total number of } \textbf{cases} \text{ (total cases i.e. new and old cases)}} \times 100 =$$

Year 2 & 3	%
previous year	
current year	
Increased	Y/N

OR

$$\frac{\text{Total number of } \textbf{cases} \text{ exempted + fees paid by Equity Fund (OPD, ANC, Delivery, PNC, BS, TB etc)}}{\text{Total number of } \textbf{cases} \text{ (total cases i.e. new and old cases)}} \times 100 =$$

To collect this data one needs to view the finance records. There should be quarterly records (and then annual records) of columns showing number of paying patients, exempted, EF and insured patients. Check the total for the year that were exempt and if EF operational in this HC, check this column also. The denominator is the total number of cases seen in the HC both new and old (paying, exempt, EFB, insured)

If the HC does not use the most up to date finance records, check the cashier's registration book per month for the past year to get number patients and number of patients paying/exempt/EF (Please note, financial records might only record the amount of money received not number of patients so important to check cashier's registration book (but only if they record ALL consultations to this HC in this book i.e. OPD + ANC + PNC + Delivery + BS etc)

Institutional Development

23. Number of HCMC meetings held per year =

(Take from the previous year)

Compare this with Management section 1, question 12

Year 2 & 3	%
previous year	
current year	
Increased	Y/N

24. Number of VHSG meeting held per year =

(Take from the previous year)

Compare this with Management section 1, question 14

Year 2 & 3	%
previous year	
current year	
Increased	Y/N

POINTS

In the first year of assessment, points will be allocated to HC with a correct annual summary of the HC1 data. In the second and subsequent years, points will be allocated for improvement in each indicator over the previous year. See below for details.

First Assessment

The previous year's HIS data should be available and correct (randomly check 10 items and add up each month to see if the number in the 12 month summary is correct. If 2 or more are incorrect, score zero for this section.

Yes (correct for at least 9 of 10 randomly selected items)	**= 50 points**
Yes but correct for only 8 or less than 8 of 10 randomly selected items)	**= 0 points**
No	**= 0 points**

Scoring for Indicators Year 1

	Maximum possible	Total points
HIS summary available and correct	**50**	
HIS available but 8 or less than 8 items not correct	**0**	
TOTAL YEAR 1	**50**	

Second and subsequent Assessments

Points are not given for having the HC1 summary as with the previous year.

Score fifteen points for each indicator that is higher than the previous year (except indicator number 21 related to staff – see below). If the HC already achieved more than 100% e.g. BCG vaccination rate ≥100%, 12 HCMC meetings per year, 6 VHSG meetings in the previous year, score fifteen points (as can't improve more). If no improvement, score zero (other than maximum)

For vaccination drop out rate – if it is negative, score zero points. It cannot be negative

For Indicator 21:

Each year check the number of staff. Give points according to the table above i.e. if 8-11 staff and at least two secondary nurses and one secondary midwife, score 15 points. See above details for other points able to be scored.

Scoring for Indicators Years 2 & 3

		Maximum possible	Total points
Indicators improving from one year to next (or maximum achieved already) (count no. indicators increased and multiply by 15)	**No. indicators increased = ___ X 15 =** **+** **points for Indicator 21 (staff) =** **Total points scored equals**	**360**	
If 12 of 24 indicators increased score 100 points OR **If 18 of 24 indicators increased score 200 points** **If < 12 indicators improved score zero**	**No indicators increased =**	**100 or 200**	
TOTAL		**460 or 560**	

Name of Health Centre: **Date of Assessment** **Name of Assessors:**

2. ANTENATAL CARE

Please answer ALL questions in this section. If the midwife doing ANC also does Deliveries, PNC or BS, some questions in those sections don't have to be done in full – see individual tools for instructions

1. ORGANISATION AND PRESENTATION OF STAFF and DEPARTMENT

		Verified by	MAX SCORE	SCORING		TOTAL SCORE	COMMENTS
1 **	Check whether the staff that are assigned to work in ANC are currently on duty. If they are not available, is there another staff member who can cover ANC? Has that staff member had training on ANC (LSS or other on the job training)? Does this staff member have keys to all cupboards, desks etc related to ANC i.e. can s/he get to ANC cards, registration book etc? If there is no monthly staff schedule, score zero Cross check with Management Section 1, qu 6	Staff schedule, interview staff in ANC	5	Staff scheduled are on duty at time of assessment Staff scheduled not at HC but at outreach/training/authorised leave and other trained staff member able to carry out all work related to ANC Staff scheduled not at HC (not at outreach/training and no authorised leave) **or** no trained staff member able to carry out ANC duties at time of assessment **or** ANC room or equipment/supplies locked up **or** no staff schedule	5 4 0		
2	Staff member is in uniform, has name tag and is well presented Name tag should have name, title, qualification, place assigned to work and photo If uniform is dirty or untidy, score zero	Observe	5	Staff member is in full uniform, looks neat and tidy and is wearing name tag (if two staff then both must be in full uniform to score 5) Staff member in uniform (looks neat and tidy) but no name tag **or** has name tag but no uniform **or** only 1 staff member fully uniformed No uniform or name tag worn by staff member **or** uniform is not clean and tidy	5 2 0		
3	Is there a Job Description for the midwife managing the ANC section i.e. Job description for the position of ANC midwife The job description should specifically mention activities midwife should carry out during ANC. The Job description should be available in the room i.e. A4 sheet and not just the job description appearing in HC manual	Job Description	5	Job Description available; relevant to ANC post No Job description available **or** not relevant to ANC department **or** only available in HC manual **or** only person responsible mentioned not actual duties	5 0		
4 **	Does this staff member know how user fees are used in the HC? They should give this answer: 60% for staff incentives, 39% for running costs, 1% for Ministry of Finance (except EF HC where 40% is used for running costs). Don't prompt them – we want to check how transparent the financing system is in the HC	Discussions with staff member; finance reports for HC,	10	Staff member knows how user fees are used/divided up without prompting; has access to details about all sources of income and expenditure reports, receives incentive monthly and in the correct amount	10		

	Does this member of staff know how much s/he should receive per month i.e. does s/he have access to details about all sources of income and expenditure and does s/he know the formula for dividing the fees amongst staff. In some HC the Chief may get more than other staff or cleaners may get less or staff may have money deducted if they are not working daily. Is there a formula for distribution of funds or do staff get equal amounts? Does the staff member get the incentive regularly and in the correct amount? Staff members must have access to all income and expenditure details, receive funds monthly and in the correct amount and be aware of how fees are divided to obtain full points. This question needs to be cross checked with Management Section 3, qu 5	registration books, receipt books etc		Staff member receives monthly amount but does not know how user fees are used/divided up **or** Staff member receives monthly amount, may know how user fees are used/divided up but doesn't have access to all sources of income and expenditure reports **or** Staff member receives monthly amount but doesn't know whether it is in the correct amount 2 Staff member doesn't receive incentive monthly **or** doesn't get in correct amount 0		
		TOTAL	**25**			

2. EQUIPMENT, SUPPLIES AND INFRASTRUCTURE

1 **	Check for the following equipment: BP cuff, stethoscope, scales for adults, doppler or Pinnard stethoscope, tape measure. As all of this equipment should be used on a very regular basis it should be easily found and ready to use **in** the room where it will be used, not locked in a cupboard or at triage or OPD etc It must also be in good working order and clean This question needs to be cross checked with Management section 2, qu 2	Observe	10	One point for each item being available and one point if easily found/ready to use i.e. not locked up/in a corner as they should be used daily. No point if broken or not working properly BP cuff 1+1 Stethoscope 1+1 Scales for adults (assessor should check own weight for accuracy – if >2kg difference give no score) 1+1 Doppler/Pinnard 1+1 Tape measure 1+1		
2	Check whether there is a clean bed for examination. It should be free of documents and equipment i.e. it should be used for each patient therefore points can only be scored if bed is available and free from clutter, able to be used immediately and not broken	Observe	3	Bed available and clean and free from clutter/equipment 3 Bed available but has equipment/documents stored on it **or** bed available but could be cleaner/safer to use 1 No bed available **or** not able to be readily used **or** not clean at all 0		
3	Check for IEC materials for ANC i.e. flip charts, posters and pamphlets/leaflets on the following topics only (1) nutrition during pregnancy/for infants and small children (2) danger signs of pregnancy Full score can only be achieved if staff know that these topics exist and where to find the topics in these items. Ask them to show you where they are i.e. show you in the flipchart or in the leaflet not just give you the leaflet or say it is in the flipchart. They must know where the information is and be able to retrieve it quickly and easily (otherwise they can't be using it)	Observe IEC materials	7	Flip charts and either posters or leaflets/pamphlets available for both topics and staff is aware of where to find this information 7 Flip charts and either posters or leaflets/pamphlets available for only 1 topic and staff is aware of where to find this information 3 Flipcharts or posters or leaflets (i.e. less than 2 kinds) for both topics **or** no IEC material **or** staff not aware of whether these topics are included in IEC materia or not readily available 0		

		TOTAL	20			
3. DOCUMENTATION		**Verified by**	**MAX SCORE**	**SCORING**	**TOTAL SCORE**	**COMMENTS**
1	Two month supply of spare ANC books are available and easily found i.e. not locked up, person with keys is at HC. (Need to check how many new patients have been seen in the past two months and then count the number of ANC cards) No. cards currently available = No. ANC 1 patients last month = No. ANC 1 patients 2 months ago = No. cards required in 2 month period = Average no. cards per month (total in 2 mths/2) =	ANC books, HC1 from past 2 months	5	At least two month supply ANC books available and easily found 5 Only one to two months supply available (> average but not more than 2 months supply) 1 Less than one month supply available (< average) **or** two month supply but not easily found 0		
2	Check registration book for MOH standard (new version). Check all columns are included in registration book If additional columns are written in the registration book they do not get additional points	Register book	20	ANC 1 1 ANC 2 1 ANC 3 1 ANC 4 1 ANC ≥5 1 Name 1 Age 1 Card No 1 Address 1 Referred from 1 Duration of pregnancy/expected date of delivery 1 No. pregnancies (Gravida/Para) 1 At risk 1 Iron/folate 1 Tetanus toxoid given 1 date of HIV test 1 result HIV test 1 Referred to 1 User Fee 1 Remarks 1		
3	Is the registration book up to date i.e. are there any patients from today written in the register book?	Register book	5	Today's consultations entered 5 Nothing entered for today or no patients 0		
4	Check the last 200 patients in the registration book (go back 200 and mark the 200 so you know when to stop checking) Check to see whether each patient has been recorded as either ANC 1,2,3,4 or ≥5 (columns 2 to 6) If the correct MOH format is not used, score zero and go to question 7 If 1 patient has none of these columns ticked discontinue the question and score zero	Register book	5	All 200 patients have a tick in one of the following columns (ANC 1, 2, 3, 4, ≥5 5 At least one patient has a tick missing in one of these columns (2 to 6) **or** correct MOH format not used 0		

5	Check whether any of the past 200 patients have had a blood pressure of ≥ 140/90 recorded. If so, have they been ticked as 'at risk' (column 14), referred (column 19) and remark put in column 21? (HC should **refer** patients with high BP to the RH (not OPD) unless the HC has urine dipstick to check for protein and patient has no proteinuria. HC should **not** prescribe diuretics such as Frusemide, HCTZ or other antihypertensive) Referral letters need to be found to score full point It is expected that **at least** one of 200 pregnant patients would have a high BP particularly when prevalence of hypertension in Cambodia is high. (For HC with MA or doctors, urine dipstick must be available to test for proteinuria and if negative, patients can be admitted to HC with beds for observation. However MA or doctor **must** have training/experience in managing pregnant women with hypertension to score points If the correct MOH format is not used, score zero and go to qu 6.	Register book	5	All patients with BP ≥ 140/90 have been ticked as 'at risk', referred to RH and remark recorded; referral letter(s) found 5 No patient has had a BP recording of ≥ 140/90 **or** some have had 'at risk' but not 'referral' or 'remarks' **or** BP ≥ 140/90 but no action taken **or** correct MOH format not used **or** no referral letter found **or** patient treated at HC (inappropriately) 0		
6 **	Check the previous two months for any referrals recorded in the register book Referral s ***from*** HC last month = ____ Referrals ***from*** HC two months ago = _____ Use this data to answer qu 4 & 6 of 'HC Referral System' (tool no. 13) Check whether there is a referral letter written by the HC for each of the referrals (it may be kept with ANC or in a central place) No. referral slips written by HC last month = ____ No. referral slips written by HC two months ago = _____ Use this data to answer qu 4 of 'HC Referral System' (tool no. 13)	Register book, referral letters	Not applicable	Use the numbers recorded here to answer Qu 4 and 6 HC Referral System tool no. 13		
7	Count the number of ANC 1 cases in the registration book in the past month and compare with HC1 form of the same month (section IV, table 1) ANC 1 in register book = _____ ANC 1 in HC1 = _____ If no ANC cases in past month score zero	Register book, HC1 form from previous month	5	ANC 1 cases in register book= no. ANC 1 cases recorded on HC1 form 5 ANC 1 cases in register book does not equal no. ANC cases recorded on HC1 form **or** no ANC cases in past month 0		
8	Count the number of pregnant women in the past month that have a positive HIV test recorded in the registration book. Compare this with the number recorded in the HC1 form (Section IV, table 1) If the correct format for MOH registration book is not used, score zero	Register book, HC1 form from previous month	10	No. pregnant women recorded as HIV +ve in register book = no. recorded in HC1 form (if zero in both, score ten) 10 Number in registration book does not = number recorded on HC1 form **or** correct MOH format not used 0		
9 **	Check whether any referrals ***to*** the HC have been recorded e.g. from TBAs. Check for the past two months (amount not important just whether they refer or not) Transpose this information to tool 14 Community Referrals Qu 5	Register book	Not applicable	Referrals from TBA recorded = Yes Referrals from TBA recorded = No		
		TOTAL	**55**			

4. GENERAL HYGIENE		Verified by	MAX SCORE	SCORING		TOTAL SCORE	COMMENTS
1	Is there a rubbish bin in the ANC room? Is it overflowing or is there evidence that it is emptied regularly? (check that the rubbish doesn't look too old or dusty) Is there a sharps container in the ANC room that is in use i.e. has needles in it, not overflowing etc? If TT is not given here but in another area of the HC, disregard the sharps container. However, if the ANC room is also the delivery room then there must be a sharps container. If ANC room also delivery room, is there a contaminated rubbish bin? Is it overflowing or is there evidence that it is emptied regularly? Please record in remarks column details about situation in this HC	Observe ANC room	10	Rubbish bin available and not full **and** sharps container available and not full **and** contaminated rubbish bin available and not full (if room used for delivery also) **or** rubbish bin available and not full, TT given in another room therefore sharps container not necessary; ANC and delivery room separate rooms therefore contaminated rubbish bin not necessary Rubbish bin available but full or not emptied regularly, sharps container available but not full; (contaminated rubbish bin not full – if delivery and ANC room the same room) No rubbish bin available **or** sharps container full **or** no sharps container available **or** sharps put in rubbish bin **or** no contaminated rubbish bin when ANC and delivery room the same room	10 2 0		
2	Is there evidence that the floor is regularly swept and well mopped in ANC room? Is the room clean e.g. ceilings and walls clean and no cobwebs? Consider whether you or your family would be happy to be consulted in this room. Full points can only be scored if the room is very clean	Observe ANC room	5	Looks very clean (walls, ceiling, floor) and well mopped Walls and ceiling clean, swept but not mopped **or** mopped poorly Not clean	5 2 0		
3 **	Is there a tap in ANC room for staff to wash hands after consulting patients? (tap must be working). If not, is there a back up container of water (with water available), scoop and a sink? If no water available, score zero on next question This question is to be cross checked with Management section 2, qu 6	Observe ANC room	5	Tap and sink in working order **or** sink and back up water container (>half full) with water/scoop available No sink but has a bucket with water and scoop, and another container to catch used water Tap but no water or back up supply **or** water container < half full of water **or** no scoop **or** sink not hooked up to drain or blocked **or** no water/tap available in ANC room at all	5 1 0		
4 **	Is soap available for staff to use when washing hands? To score full points the soap must be readily available at the water source If no water (qu 3 above), score zero	Observe ANC room	5	Soap readily available for staff to use No soap available at the sink in this room **or** no water available	5 0		
		TOTAL	**25**				

	MAX SCORE	SCORE RECEIVED	%
1. ORGANISATION AND PRESENTATION OF STAFF and DEPARTMENT	25		
2. EQUIPMENT, SUPPLIES AND INFRASTRUCTURE	20		
3. DOCUMENTATION	55		
4. GENERAL HYGIENE	25		
TOTAL ANC	125		

Name of Health Centre: **Date of Assessment** **Name of Assessors:**

3. DELIVERY

(If same midwife is responsible for ANC, skip section 1, questions 1, 2, and 4. If delivery room is the same room as ANC, skip section 4 completely)

1. ORGANISATION AND PRESENTATION OF STAFF and DEPARTMENT

		Verified by	MAX SCORE	SCORING		TOTAL SCORE	COMMENTS
(If same midwife is responsible for ANC skip section 1, questions 1, 2, and 4. The remainder should be completed in ANC section only)							
1 **	Check whether the staff that is assigned to work in Delivery section is currently on duty. If they are not available, is there another staff member who can cover Deliveries? Has that staff member had training (LSS or other relevant training)? Does this staff member have keys to all cupboards, desks etc related to deliveries i.e. can s/he get to delivery drugs, sterile packs, registration book etc? If there is no monthly staff schedule, score zero **Skip this question if same midwife does both ANC and deliveries Cross check with Management Section 1, qu 6	Staff schedule	5	Staff scheduled are on duty at time of assessment Staff scheduled not at HC but at outreach/training/authorised leave and other trained staff member able to carry out all work related to delivery Staff scheduled not at HC (not at outreach/training and no authorised leave) **or** no trained staff member able to carry out delivery at time of assessment **or** delivery room, equipment, supplies and/or documentation locked up **or** no staff schedule	5 4 0		
2	Staff member is in uniform, wearing name tag and is well presented. If uniform is dirty or untidy, score zero Name tag should have name, title, qualification, place assigned to work and photo **Skip this question if same midwife does both ANC and deliveries	Observe	5	Staff member is in full uniform, looks neat and tidy and is wearing a name tag (if two staff then both must be in full uniform to score 5) Staff member in uniform (looks neat and tidy) but no name tag **or** has name tag but no uniform **or** only 1 staff member fully uniformed No uniform or name tag worn by staff member **or** uniform is not clean and tidy	5 2 0		
3	Is there a Job Description for the midwife managing deliveries i.e. Job description for the position of delivery midwife The job description should specifically mention activities midwives should carry out for deliveries The Job description should be available in the room i.e. A4 sheet and not just the job description appearing in HC manual	Job Description	5	Job Description available; relevant to deliveries No Job description available **or** not relevant to deliveries **or** only available in HC manual **or** only person responsible mentioned not actual duties	5 0		
4 **	Does this staff member know how user fees are used in the HC? They should give this answer: 60% for staff incentives, 39% for running costs, 1% for Ministry of Finance (except EF HC where 40% is used for running costs). Don't prompt them – we want to check how transparent the financing system is in	Discussions with staff member; finance reports for	10	Staff member knows how user fees are used/divided up without prompting; has access to details about all sources of income and expenditure reports, receives incentive monthly and in the correct amount	10		

		the HC Does this member of staff know how much s/he should receive per month i.e. does s/he have access to details about all sources of income and expenditure and does s/he know the formula for dividing the fees amongst staff. In some HC the Chief may get more than other staff or cleaners may get less or staff may have money deducted if they are not working daily. Is there a formula for distribution of funds or do staff get equal amounts? Does the staff member get the incentive regularly and in the correct amount? Staff members must have access to all income and expenditure details, receive funds monthly and in the correct amount and be aware of how fees are divided to obtain full points. This question needs to be cross checked with Management Section 3, qu 5	HC, registration books, receipt books etc		Staff member receives monthly amount but does not know how user fees are used/divided up **or** Staff member receives monthly amount, may know how user fees are used/divided up but doesn't have access to all sources of income and expenditure reports **or** Staff member receives monthly amount but doesn't know whether it is in the correct amount Staff member doesn't receive incentive monthly **or** doesn't get in correct amount	2 0		
			TOTAL	**25 (or 5 if same midwife as ANC)**				

2. EQUIPMENT, SUPPLIES AND INFRASTRUCTURE

		Verified by	MAX SCORE	SCORING	TOTAL SCORE	COMMENTS
1 **	Check for the following equipment:: BP cuff, stethoscope, doppler or Pinnard stethoscope, umbilical clamp/thread (sterile), bulb syringe, female bedpan, sterile speculum, autoclave/sterilizer/pressure cooker, light/torch for suturing perineum, long sterile gloves (for retained placenta), needle holder, episiotomy scissors, absorbable suture material, baby scales, Oxytocin (within expiry date and kept in a monitored fridge or cold box) As all of this equipment should be used on a very regular basis it should be easily found and ready to use **in** the room where it will be used, not locked in a cupboard, or in ANC room or in OPD etc It must also be in good working order and clean or sterile (if specified) e.g. needle holder, episiotomy scissors should be sterile and ready to use to score 2 points each. If found in another room or not clean or not sterile then only one point given Every HC should have at least one functioning autoclave/steriliser/pressure cooker. If it is not kept in Delivery room, please check it in another department e.g. Minor surgery.	Observe	30	One point for each item being available/clean and one point if easily found/ready to use i.e. not locked up/in a corner as they should be used daily. No point if broken or expired or when not refrigerated but should be Only one point if not sterile when it should be BP cuff 1+1 Stethoscope 1+1 Doppler or Pinnard stethoscope 1+1 Umbilical clamp/thread (sterile) 1+1 Bulb syringe (clean and dry – squeeze ti to check) 1+1 Female Bedpan 1+1 Sterile speculum 1+1 Autoclave/steriliser/pressure cooker 1+1 Light/torch e.g. for suturing perineum 1+1 Long sterile gloves 1+1 Sterile Needle holder 1+1 Sterile Episiotomy scissors 1+1 Absorbable suture material not expired, not nylon 1+1 Baby scales 1+1 Oxytocin (if not expired and kept in a monitored fridge or cold box – if not, score zero) 1+1		

	This question needs to be cross checked with Management section 2, qu 2					
2	Is there evidence that the delivery bed is cleaned and well kept? It must be very clean to score full points. Think about whether you would want a family member to deliver on this bed	Observe delivery room	5	Delivery bed with stirrups clean and well kept and ready to use 5 Delivery bed with stirrups not really clean or not well kept or not ready to use **or** delivery bed with no stirrups 0		
		TOTAL	**35**			

3. DOCUMENTATION		**Verified by**	**MAX SCORE**	**SCORING**	**TOTAL SCORE**	**COMMENTS**
1	Two month supply of partograms are available and easily found i.e. not locked up, person with keys is at HC. (Need to check how many patients have delivered in the past two months and then count the number of partograms to work out whether 2 month supply is available) No. partograms currently available = No. delivery patients last month = No. delivery patients 2 months ago = No. partograms required in 2 month period = Average no. cards per month (total in 2 mths/2) =	New Partograms, HC 1 forms for past 2months	5	At least two month supply partograms available and easily found 5 Only one to two months supply (> average but not more than 2 months supply) 1 Less than one month supply available (>average) **or** two month supply but not easily found 0		
2	Check registration book for MOH standard. Check all columns are included in registration book If additional columns are written in the registration book they do not get additional points	Register book	25	Date 1 Name 1 Age 1 Address 1 Referred from 1 Number previous deliveries 1 HIV test (during pregnancy or during labour) 1 Delivered by 1 Place of delivery 1 Referred on 1 Normal Delivery 1 Complicated Delivery 1 Maternal death 1 Date of delivery 1 Live birth 1 Stillbirth 1 Neonatal death 1 Sex 1 <2 kg 1 between 2 and 2.5kg 1 ≥2.5kg 1 Date of discharge 1 Days of admission 1 User fees 1		

				Remarks 1		
3	Is the registration book up to date i.e. are there any patients from the past 7 days written in the register book? Deliveries include those performed at HC and those assisted at home by a midwife	Register book	5	Today's deliveries entered (or any delivery in past 7 days) 5 Nothing entered for today **or** no delivery in past 7 days **or** no dates written of day of delivery 0		
4	Check the Partograph for the **past 2 deliveries at HC (check delivery register and ask for those patient partograms. If they do not have partograms for the last 2 deliveries score zero.** (Even if the woman presented with a precipitous delivery, a partograph should be completed as it is important for the post partum period and Apgars of baby as well as labour) Check for completeness (name, date, time, maternal vital signs, liquor (intact, clear, meconium, absent), moulding ((o, +, ++, +++), foetal heart rate, dilation of cervix, descent of presenting part, contractions (strength/length - see below), Apgar scores at 1 and 5 minutes If the last deliveries were at home and there is no partograph, score zero Liquor should be recorded as I (intact), C (clear), M (meconium stained), A (absent, B (blood stained) Moulding should be recorded especially when membranes have ruptures. o = bones are separated and sutures easy to feel; +bones are just touching each other; ++ bones are overlapping; +++bones are overlapping severely Dilation of cervix should be recorded as x Descent of presenting part should be recorded as o Contractions should be recorded as • Less than 20 seconds:  • Between 20 and 40 seconds:  • More than 40 seconds:  Please check this carefully. A woman should not deliver if contractions are weak i.e. less than 20 seconds. They need to be longer to lead to dilation of cervix and descent of presenting part. Likewise, if a woman is having strong contractions (>40 secs) for more than 3 or 4 hours with no progression then the woman should be referred i.e. unlikely to deliver at HC under these circumstances. If the partographs look to be copied or made up rather than an accurate record of this woman's labour, score zero e.g. if maternal BP, PR and temp remain the same throughout, the FHR does not change, the Apgars of all babies are the same etc, score zero and provide reasons	Partograph	60	**Patient 1** Name - 1 Date of admission - 1 Time of admission - 1 Maternal Vital signs (temp, PR, BP) every 4 hours (or more frequently) throughout labour - 2 Liquor ((intact, clear, meconium, absent, blood stained) – 2 Moulding (o, +, ++, +++) - 2 Foetal heart rate done regularly (at least every half hour) – 4 Dilation of cervix (every 4 hours)– 2 Descent of presenting part (with record of whether the presenting part is vertex, foot etc) - 2 Contractions (strength/length) completed, correct - 8 Apgar scores for 1 and 5 minutes - 5 Nil partogram **or** can't find partogram **or** looks to have been completed after delivery **or** is identical to other partographs – 0 **TOTAL (out of 30)** **Patient 2** Name - 1 Date of admission - 1 Time of admission - 1 Maternal Vital signs (temp, PR, BP) every 4 hours (or more frequently) throughout labour - 2 Liquor ((intact, clear, meconium, absent, blood stained)– 2 Moulding (o, +, ++, +++)) - 2 Foetal heart rate done regularly (at least every half hour) – 4 Dilation of cervix (every 4 hours)– 2 Descent of presenting part (with record of whether the presenting part is vertex, foot etc) - 2 Contractions (strength/length) completed, correct - 8 Apgar scores for 1 and 5 minutes - 5 Nil partogram or can't find partogram **or** looks to have been completed after delivery **or** is identical to other partographs – 0 **TOTAL (out of 30)**		

5	Count the total number of Delivery cases by trained staff in the registration book for the past month and compare with HC1 form of the same month (Section IV, table 2) No. deliveries by midwife at HC = No. deliveries by midwife at home = Total no. deliveries by midwife = No. deliveries recorded on HC1 form = If nil deliveries at HC in last month, check for 2 months earlier Do not count deliveries by TBAs	Register book, HC1 form from previous month	5	Total deliveries by trained staff in register book= total no. deliveries on HC1 form 5 Total deliveries by trained staff in register book does not equal total no. deliveries on HC1 form **or** no deliveries in past 2 months 0		
6 **	Check the previous two months for any referrals recorded in the registration book Referral s by midwives last month = Referrals by midwives two months ago = Use this data to answer qu 4 & 6 of 'HC Referral System' (tool no. 13) Check whether there is a referral letter for each of the referrals (it may be kept with Deliver or in a central place) No. referral slips by midwives for last month = No. referral slips by midwives for two months ago = Use this data to answer qu 4 of 'HC Referral System' (tool no. 13)	Registration book, referral letters	Not applicable	Use the numbers recorded here to answer Qu 4 and 6 HC Referral System tool no. 13		
7 **	Check whether any referrals ***to*** the HC e.g. from TBA are recorded in the register book. Check for the past two months Transpose this information to tool 14 Community Referrals Qu 5	Register book	Not applicable	Referrals from TBA recorded = Yes Referrals from TBA recorded = No		
		TOTAL	**100**			

4. GENERAL HYGIENE		Verified by	MAX SCORE	SCORING	TOTAL SCORE	COMMENTS
If the ANC and delivery room are the same skip this section						
1	Is there a rubbish bin for contaminated items (e.g. blood or liquor stained gauze) in the delivery room? Is it overflowing or is there evidence that it is emptied regularly? (check that the rubbish doesn't look too old or dusty) Is there a sharps container in the delivery room that is in use i.e. has needles in it, not overflowing etc? **Skip this question if delivery room is the same room as ANC	Observe delivery room	10	Contaminated rubbish bin available and not full; sharps container available and not full 10 Contaminated rubbish bin available but full or not emptied regularly and sharps container available but not full 2 No rubbish bin for infectious waste available **or** sharps container full **or** no sharps container available **or** sharps put in rubbish bin 0		
2	Is there evidence that the floor is regularly swept and well mopped in delivery room? Is the room clean e.g. ceilings and walls clean and no cobwebs? Consider whether you or your family would be happy to be consulted in this room. Full points can only be scored if the room is very clean **Skip this question if delivery room is the same room as ANC	Observe delivery room	5	Looks very clean (walls, ceiling, floor) and well mopped 5 Walls and ceiling clean, swept but not mopped **or** mopped poorly 2 Not clean 0		
3 **	Is there a tap in the delivery room for staff to wash hands after consulting patients/delivering babies? (tap must be working). If not, is there a back up container of water (with water available), scoop and a sink? **Skip this question if delivery room is the same room as ANC This question is to be cross checked with Management section 2, qu 6 If no water available, score zero on next question	Observe delivery room	5	Tap and sink in working order **or** sink and back up water container (>half full) with water/scoop available 5 No sink but has a bucket with water and scoop, and another container to catch used water 1 Tap but no water or back up supply **or** water container < half full of water **or** sink not hooked up to drain or blocked **or** no scoop **or** n o water/tap available in Delivery room at all 0		
4 **	Is there soap available for staff to use when washing hands? To score full points the soap must be readily available at the water source. If no water (qu 3 above), score zero **Skip this question if delivery room is the same room as ANC	Observe	5	Soap available for staff to use 5 No soap available at the sink in this room **or** no water available 0		
		TOTAL	**25**			

	MAX SCORE	MAXIMUM SCORE POSSIBLE FOR THIS HC	SCORE RECEIVED	%
1. ORGANISATION AND PRESENTATION OF STAFF and DEPARTMENT	25 (or 5 if same midwife for ANC)			
2. EQUIPMENT, SUPPLIES AND INFRASTRUCTURE	35			
3. DOCUMENTATION	100			
4. GENERAL HYGIENE	25 (or N/A if delivery room is the same room as ANC)			
TOTAL DELIVERY	**185 (or 165 if same midwife as ANC but different room to delivery or 140 if same midwife, same room as ANC)**			

Name of Health Centre: **Date of Assessment** **Name of Assessors:**

4. POSTNATAL CARE

(If same midwife is responsible for ANC or Delivery, skip section 1, questions 1, 2, and 4. If the postnatal room is the same as ANC or delivery room, skip section 3)

1. ORGANISATION AND PRESENTATION OF STAFF and DEPARTMENT

		Verified by	MAX SCORE	SCORING	TOTAL SCORE	COMMENTS
If the same midwife does ANC or Delivery and PNC then only question 3 needs to be completed (the remainder should be completed in ANC section or Delivery only).						
1 **	Check whether the staff that is assigned to work in PNC is currently on duty. If they are not available, is there another staff member who can cover PNC? Has that staff member had training on PNC (LSS or other relevant training)? Does this staff member have keys to all cupboards, desks etc related to PNC i.e. can s/he get to new TT cards, registration book etc? If there is no monthly staff schedule, score zero **Skip this question if same midwife does both ANC and PNC Cross check with Management Section 1, qu 6	Staff schedule, interview staff in PNC	5	Staff scheduled are on duty at time of assessment 5 Staff scheduled not at HC but at outreach/training/authorised leave and other trained staff member able to carry out all work related to PNC 4 Staff scheduled not at HC (not at outreach/training and no authorised leave) **or** no trained staff member able to carry out PNC duties at time of assessment **or** PNC room or equipment/supplies locked up **or** no staff schedule 0		
2	Staff member is in uniform, has name tag and is well presented If uniform is dirty or untidy, score zero Name tag should have name, title, qualification, place assigned to work and photo **Skip this question if same midwife does both ANC and PNC	Observe	5	Staff member is in full uniform, looks neat and tidy and is wearing name tag (if two staff then both must be in full uniform to score 5) 5 Staff member in uniform (looks neat and tidy)but no name tag **or** has name tag but no uniform **or** only 1 staff member fully uniformed 2 No uniform or name tag worn by staff member **or** uniform is not clean and tidy 0		
3	Is there a Job Description for the midwife managing the Postnatal care section i.e. Job description for the position of PNC midwife? The job description should specifically mention activities midwife should carry out during PNC The Job description should be available in the room i.e. A4 sheet and not just the job description appearing in HC manual	Job Description	5	Job Description available; relevant to PNC post 5 No Job description available **or** not relevant to PNC **or** only available in HC manual **or** only person responsible mentioned not actual duties 0		

4 **	Does this staff member know how user fees are used in the HC? They should give this answer: 60% for staff incentives, 39% for running costs, 1% for Ministry of Finance (except EF HC where 40% is used for running costs). Don't prompt them – we want to check how transparent the financing system is in the HC Does this member of staff know how much s/he should receive per month i.e. does s/he have access to details about all sources of income and expenditure and does s/he know the formula for dividing the fees amongst staff. In some HC the Chief may get more than other staff or cleaners may get less or staff may have money deducted if they are not working daily. Is there a formula for distribution of funds or do staff get equal amounts? Does the staff member get the incentive regularly and in the correct amount? Staff members must have access to all income and expenditure details, receive funds monthly and in the correct amount and be aware of how fees are divided to obtain full points. **Skip this question if same midwife does both ANC and PNC This question needs to be cross checked with Management Section 3, qu 5	Discussions with staff member; finance reports for HC, registration books, receipt books etc	10	Staff member knows how user fees are used/divided up without prompting; has access to details about all sources of income and expenditure reports, receives incentive monthly and in the correct amount Staff member receives monthly amount but does not know how user fees are used/divided up **or** Staff member receives monthly amount, may know how user fees are used/divided up but doesn't have access to all sources of income and expenditure reports **or** Staff member receives monthly amount but doesn't know whether it is in the correct amount Staff member doesn't receive incentive monthly **or** doesn't get in correct amount	10 2 0		
		TOTAL	**25 (or 5 if same midwife as ANC)**				

2. DOCUMENTATION		**Verified by**	**MAX SCORE**	**SCORING**	**TOTAL SCORE**	**COMMENTS**
1	Check registration book for MOH standard. Check all columns are included in registration book If additional columns are written in the registration book they do not get additional points If no registration book for PNC score zero on entire section and go to section 3	Registration book	17	Visit 1 1 Visit 2 1 Visit 3 1 Visit >3 1 Name 1 Age 1 Address 1 Date of delivery 1 Place of delivery 1 Delivered by 1 Sex 1 weight 1 length 1 Treatment 1 Referred to 1 User fee 1 Remarks 1		
2	Is the registration book up to date i.e. are there any patients from the past week written in the register book? If no PNC patients in past week score zero	Registration book	3	Consultations entered for past 7 days 3 Nothing entered for past 7 days **or** no post partum patients 0		

3	Check the last 100 PNC 1 cases (go back 100 and mark the 100 so you know when to stop checking) Check to see whether all the following columns have been filled in for each patient: Date of delivery, place of delivery, delivered by, sex, weight, length (should be columns 9, 10, 11, 12, 13, 14) If correct MOH format not used or 1 column has been missed score zero. If one patient has a column not filled, discontinue and score zero	Registration book	5	All PNC 1 patients have had all the 6 columns (9 to 14) filled in At least one PNC 1 patient has one column not filled in **or** < 100 patients in PNC book	5 0		
4 **	Check the previous two months for any referrals recorded in the registration book Referral s from HC last month = Referrals from HC two months ago = Use this data to answer qu 4 & 6 of 'HC Referral System' (tool no. 13) Check whether there is a referral letter for each of the referrals (it may be kept with PNC or in a central place) No. referral slips written by HC last month = No. referral slips written by HC two months ago = Use this data to answer qu 4 of 'HC Referral System' (tool no. 13)	Registration book, referral letters	Not applicable	Use the numbers recorded here to answer Qu 4 and 6 HC Referral System tool no. 13			
5	Count the **total** number of PNC cases in the past month and compare with HC 1 form from previous month (section IV, table 3) Total PNC cases recorded in register book = Total no. PNC cases recorded in HC1 form =	Register book, HC1 form from previous month	5	Total no. PNC cases in register book = no. recorded in HC1 form Total no. PNC cases in register book does not equal no. recorded in HC1 form **or** no PNC patients recorded at all	5 0		
		TOTAL	**30**				

3. GENERAL HYGIENE		**Verified by**	**MAX SCORE**	**SCORING**		**TOTAL SCORE**	**COMMENTS**
If the ANC or delivery rooms are the same as PNC room, skip this section							
1	Is there a rubbish bin in the PNC room? Is it overflowing or is there evidence that it is emptied regularly? (check that the rubbish doesn't look too old or dusty) Is there a sharps container in the PNC room that is in use i.e. has needles in it, not overflowing etc? **Skip this question if PNC room is the same room as ANC	Observe PNC room	10	Rubbish bin available and not full; sharps container available and not full Rubbish bin available but full or not emptied regularly and sharps container available but not full No rubbish bin available **or** sharps container full **or** no sharps container available **or** sharps put in rubbish bin	10 2 0		
2	Is there evidence that the floor is regularly swept and well mopped in PNC room? Is the room clean e.g. ceilings and walls clean and no cobwebs? Consider whether you or your family would be happy to be consulted in this room. Full points can only be scored if the room is very clean **Skip this question if PNC room is the same room as ANC	Observe PNC room	5	Looks very clean (walls, ceiling, floor) and well mopped Walls and ceiling clean, swept but not mopped **or** mopped poorly Not clean	5 2 0		

3 **	Is there a tap in PNC room for staff to wash hands after consulting patients? (tap must be working). If not, is there a back up container of water (with water available), scoop and a sink? **Skip this question if PNC room is the same room as ANC This question is to be cross checked with Management section 2, qu 6 If no water available, score zero on next question	Observe PNC room	5	Tap and sink in working order **or** sink and back up water container (>half full) with water/scoop available 5 No sink but has a bucket with water and scoop, and another container to catch used water 1 Tap but no water or back up supply **or** water container < half full of water **or** no scoop **or** sink not hooked up to drain or blocked **or** no water/tap available in PNC room at all 0		
4 **	Is there soap available for staff to use when washing hands? To score full points the soap must be readily available at the water source. If no water (qu 3 above), score zero **Skip this question if PNC room is the same room as ANC	Observe PNC room	5	Soap available for staff to use 5 No soap available at the sink in this room **or** no water available 0		
		TOTAL	**25 (or remove from analysis if same room as ANC or delivery)**			

	MAX SCORE	MAXIMUM SCORE POSSIBLE FOR THIS HC	SCORE RECEIVED	%
1. ORGANISATION AND PRESENTATION OF STAFF and DEPARTMENT	**25 (or 5 if same midwife as ANC or Delivery)**			
2. DOCUMENTATION	**30**			
3. GENERAL HYGIENE	**25 (or N/A if same room as ANC or Delivery)**			
TOTAL POSTNATAL CARE	**80 (or 60 if same midwife as ANC or Delivery, different room to ANC/Delivery or 55 if different midwife but same room or 35 if same midwife/same room as ANC/Delivery)**			

Name of Health Centre: **Date of Assessment** **Name of Assessors:**

5. FAMILY PLANNING/BIRTH SPACING

(If same midwife is responsible for ANC or PNC or deliveries, skip section 1, questions 1, 2, and 4. If BS occurs in same room as ANC or PNC or Deliveries, skip section 4)

1. ORGANISATION AND PRESENTATION OF STAFF and DEPARTMENT

		Verified by	MAX SCORE	SCORING	TOTAL SCORE	COMMENTS
If the same midwife does ANC or PNC or deliveries then only question 3 needs to be completed (the remainder should be completed in ANC section)						
1 **	Check whether the staff that is assigned to work in BS is currently on duty. If they are not available, is there another staff member who can cover BS? Has that staff member had training in BS (10 day training)? Does this staff member have keys to all cupboards, desks etc related to BS i.e. can s/he get to registration book, COC/POP, Depo and syringes/needles etc? If there is no monthly staff schedule, score zero **Skip this question if same midwife does both ANC/PNC/deliveries and BS Cross check with Management Section 1, qu 6	Staff schedule, interview staff in BS	5	Staff scheduled are on duty at time of assessment 5 Staff scheduled not at HC but at outreach/training/authorised leave and other trained staff member able to carry out all work related to BS 4 Staff scheduled not at HC (not at outreach/training and no authorised leave) **or** no trained staff member able to carry out BS duties at time of assessment **or** BS room or equipment/supplies locked up **or** no staff schedule 0		
2	Staff member is in uniform, has name tag and is well presented Name tag should have name, title, qualification, place assigned to work and photo If uniform is dirty or untidy, score zero **Skip this question if same midwife does both ANC/PNC/deliveries and BS	Observe	5	Staff member is in full uniform, looks neat and tidy and is wearing name tag (if two staff then both must be in full uniform to score 5) 5 Staff member in uniform (looks neat and tidy) but no name tag **or** has name tag but no uniform **or** only 1 staff member fully uniformed 2 No uniform or name tag worn by staff member **or** uniform is not clean and tidy 0		
3	Is there a Job Description for the midwife managing the BS section? The job description should specifically mention activities midwife should carry out for counselling and providing contraceptives to women	Job Description	5	Job Description available; relevant to BS post 5 No Job description available **or** not relevant to BS **or** only available in HC manual **or** only person responsible mentioned not actual duties 0		

4 **	Does this staff member know how user fees are used in the HC? They should give this answer: 60% for staff incentives, 39% for running costs, 1% for Ministry of Finance (except EF HC where 40% is used for running costs). Don't prompt them – we want to check how transparent the financing system is in the HC Does this member of staff know how much s/he should receive per month i.e. does s/he have access to details about all sources of income and expenditure and does s/he know the formula for dividing the fees amongst staff. In some HC the Chief may get more than other staff or cleaners may get less or staff may have money deducted if they are not working daily. Is there a formula for distribution of funds or do staff get equal amounts? Does the staff member get the incentive regularly and in the correct amount? Staff members must have access to all income and expenditure details, receive funds monthly and in the correct amount and be aware of how fees are divided to obtain full points. **Skip this question if same midwife does both ANC/PNC/deliveries and BS This question needs to be cross checked with Management Section 3, qu 5	Discussions with staff member; finance reports for HC, registration books, receipt books etc	10	Staff member knows how user fees are used/divided up without prompting; has access to details about all sources of income and expenditure reports, receives incentive monthly and in the correct amount 10 Staff member receives monthly amount but does not know how user fees are used/divided up **or** Staff member receives monthly amount, may know how user fees are used/divided up but doesn't have access to all sources of income and expenditure reports **or** Staff member receives monthly amount but doesn't know whether it is in the correct amount 2 Staff member doesn't receive incentive monthly **or** doesn't get in correct amount 0		
		TOTAL	**25 (or 5 if ANC and BS midwife same)**			

2. EQUIPMENT, SUPPLIES AND INFRASTRUCTURE

1 **	Check for the following equipment: and supplies: BP cuff, stethoscope, scales and demonstration penis. As all of this equipment should be used on a very regular basis it should be easily found and ready to use **in** the room where it will be used, i.e. not locked in a cupboard or in another room. It must also be in good working order and clean Verify this question with section 3, qu 6 below regarding BP cuff and Management section 2, qu 2	Observe	8	One point for each item being available and one point if easily found and ready to use i.e. not locked up/in a corner as they should be used daily. No point if broken/not working properly BP cuff 1+1 Stethoscope 1+1 Scales for adults 1+1 Demonstration penis 1+1		
2	Check for IEC materials for the following (ask the staff member to show you where the information for the following topics are) flip charts for the following topics (1) COC (2) POP (3) Depo (4) Condoms (5) IUD (6) VSC (tubal ligation and vasectomy) Score full points only if the staff member is available to find all topics i.e. is aware that she has them to show patients. Ask them to show you where they are i.e. show you in the flipchart or in the leaflet not just give you the flipchart. They must know where the information is and be able to retrieve it quickly and easily (otherwise they can't be using it)	Observe IEC materials	12	Flip chart for all 6 topics available and staff is aware of where to find this information 12 Flip chart for only 3-5 topics and staff is aware of where to find this information 3 No flipchart **or** staff not aware of whether these topics are included in IEC material **or** not readily available/easily found 0		

	TOTAL	**20**			

3. DOCUMENTATION		**Verified by**	**MAX SCORE**	**SCORING**	**TOTAL SCORE**	**COMMENTS**
1	Two month supply of **blue** Family Planning patient cards (for COC/POP/Depo/condoms) are available and easily found i.e. not locked up, person with keys is at HC. (Need to check how many patients have been new acceptors of Family Planning for these methods in the past two months and then count the number of patient cards) No. cards currently available = No. new family planning patients last month = No. new family planning patients 2 months ago = No. patient cards required in 2 months period = Average no. cards per month (total in 2 mths/2) =	Family Planning patient cards (blue), HC1 for past 2 months	5	At least two month supply family planning patient cards available and easily found 5 Only one to two months supply (> average but not more than 2 months supply) 1 Less than one month supply available (<average) **or** two month supply but not easily found **or** orders only when nearly run out of stock 0		
2	Check registration book for MOH standard. Check all columns are included in registration book If additional columns are written in the registration book they do not get additional points	Registration book	18	Date 1 Code 1 Name 1 Age 1 Address 1 No. children 1 New user, first visit 1 New user (to this HC), used previously 1 Current user (old case) 1 Pill received 1 Injection received 1 Condom received 1 IUD received 1 Norplant 1 Factors related to health 1 Date of reappointment 1 User Fee 1 Remarks 1		
3	Is the registration book up to date i.e. are there any patients from today written in the register book? Check with the green patient cards to see if patients seen today have been written in the registration book	Registration book, patient cards (green)	2	Today's consultations entered 2 Nothing entered for today **or** no patients 0		

4	Check the patient cards of 20 patients who are expected to return to the health centre for family planning next month. If less than 20 are expected next month, check for the following month also until you have checked a total of 20 cards. If the HC separates the cards according to method used, take some from each method i.e. COC, POP, Depo, condoms (total 20 cards) Check to see whether the follow up date is recorded. Check the date of the last consultation and how many months supply of their contraception was given. Were they given the appropriate amount for the follow up date? Is the follow up date correct? If 3 cards are incorrect discontinue and score zero	Family planning Patient cards (green)	10	All 20 patients had both the correct follow up date recorded and the appropriate supply of contraceptives provided 10 Only 18 or 19 patients had both the correct follow up date recorded and the appropriate supply of contraceptives provided 4 <18 patients had both the correct follow up date recorded and the appropriate supply of contraceptives provided **or** more than 2 patients had either incorrect follow up date **or** inappropriate supply given 0		
5	Using the same 20 patient cards, check whether they have been registered into the registration book for their last consultation. Check that all columns are completed i.e. date seen, code, name, age (the card age may be different to the current age if the person has been using BS for more than a year), address, no. children (book may differ from card if she has been registered for a few years), new or old user, type of contraception and amount, any health problems noted, date of reappointment If the date of reappointment or the amount of contraceptive supplied is not correct for at least 1 patient, score zero If there are other mistakes for at least one patient e.g. name or address or new/old patient etc, score zero	Registration book and patient cards (green)	5	All 20 patient cards are correctly entered into registration book and all details are complete 5 Not all patient cards are entered into the registration book **or** all are entered but some patient entries have not been completed **or** follow up date or amount of contraceptive supplied for at least 1 patient was not correct **or** at least one patient has other incorrect details in registration book 0		
6	Check the same 20 patient cards of patients due to return next month and an additional 30 cards (randomly selected) (a mix of methods e.g. COC, POP, Depo, condoms). Check BP recording on front of the green card as well as all BP readings of the follow up visits. Have any women had BP of ≥ 140/90 recorded? If so, have they been given a method other than COC or changed from COC to other method? Is there a record that they been referred for treatment of high BP? If no BP cuff in section 2, qu 1 or it is broken, score zero (even if BP recorded in patient cards) Score zero if not all BP recorded on patient cards or if the patient has the same BP recorded each time she presents (e.g. BP is 100/60 for each of her ten visits) Score zero if no patient found with BP ≥ 140/90	patient cards (green)	5	All patients with BP ≥ 140/90 have been given something other than COC and referred for treatment 5 No patient has had a BP recording of ≥ 140/90 **or** some have had BP ≥ 140/90 but have been given COC **or** some have had BP ≥ 140/90 but have not been referred **or** no BP cuff to take BP **or** not all BP are recorded for each patient **or** BP are always the same and therefore look unrealistic **or** less than 50 cards available 0		
7	Using registration book, count the number of NEW patients (new and also previously received elsewhere) receiving injections (Depo) in the past month (new users and current users) and compare with HC1 form of the same month (section IX, 'new clients during the month') If no patients receiving Depo in past month score zero No. new patients receiving injection recorded in register book = No. recorded in HC1 form =	Register book, HC1 form from previous month	5	No. new patients receiving injections in register book= no. recorded on HC1 form 5 No. new patients receiving injections in register book does not equal no. injections recorded on HC1 form **or** no patients given injections in past month 0		
		TOTAL	**50**			

4. GENERAL HYGIENE If the ANC or PNC or delivery room is the same as the BS room, skip this section		**Verified by**	**MAX SCORE**	**SCORING**	**TOTAL SCORE**	**COMMENTS**
1	Is there a rubbish bin in the BS room? Is it overflowing or is there evidence that it is emptied regularly? (check that the rubbish doesn't look too old or dusty) Is there a sharps container in the BS room that is in use i.e. has needles in it, not overflowing etc? **Skip this question if same room for ANC/PNC/delivery and BS	Observe BS room	10	Rubbish bin available and not full; sharps container available and not full 10 Rubbish bin available but full or not emptied regularly, sharps container available but not full 2 No rubbish bin available **or** sharps container full **or** no sharps container available **or** sharps put in rubbish bin 0		
2	Is there evidence that the floor is regularly swept and well mopped in BS room? Is the room clean e.g. ceilings and walls clean and no cobwebs? Consider whether you or your family would be happy to be consulted in this room. Full points can only be scored if the room is very clean **Skip this question if same room for ANC/PNC/delivery and BS	Observe BS room	5	Looks very clean (walls, ceiling, floor) and well mopped 5 Walls and ceiling clean, swept but not mopped **or** mopped poorly 2 Not clean 0		
3 **	Is there a tap in BS room for staff to wash hands after consulting patients? (tap must be working). If not, is there a back up container of water (with water available), scoop and a sink? **Skip this question if same room for ANC/PNC/delivery and BS This question is to be cross checked with Management section 2, qu 6 If no water available, score zero on next question	Observe BS room	5	Tap and sink in working order **or** sink and back up water container (>half full) with water/scoop available 5 No sink but has a bucket with water and scoop, and another container to catch used water 1 Tap but no water or back up supply **or** water container < half full of water **or** no scoop **or** sink not hooked up to drain or blocked **or** no water/tap available in BS room at all 0		
4 **	Is there soap available for staff to use when washing hands? To score full points the soap must be readily available at the water source. If no water (qu 3 above), score zero **Skip this question if same room for ANC/PNC/delivery and BS	Observe BS room	5	Soap available for staff to use 5 No soap available at the sink in this room **or** no water available 0		
		TOTAL	**25 (or 0 if ANC and BS room the same)**			

	MAX SCORE	MAXIMUM SCORE POSSIBLE FOR THIS HC	SCORE RECEIVED	%
1. ORGANISATION AND PRESENTATION OF STAFF and DEPARTMENT	**25 (or 5 if ANC and BS midwife the same)**			
2. EQUIPMENT, SUPPLIES AND INFRASTRUCTURE	**20**			
3. DOCUMENTATION	**50**			
4. GENERAL HYGIENE	**25 (or N/A if ANC and BS room the same)**			
TOTAL BIRTH SPACING	**120 (or 100 if ANC and BS midwife same or 95 if different midwife but same room or 75 if same midwife/same room)**			

Name of Health Centre: **Date of Assessment** **Name of Assessors:**

6. EPI SECTION

If staff responsible for EPI also works in another section, don't answer Section 1, qu 1, 2 and 4 if answered in previous tool. If the room is the same as ANC, PNC or BS (or other already checked), please skip section 4

1. ORGANISATION AND PRESENTATION OF STAFF and DEPARTMENT

		Verified by	MAX SCORE	SCORING	TOTAL SCORE	COMMENTS
If staff doing EPI also work in another section that has been tested, don't answer Section 1, qu 1, 2 and 4 if answered in previous tool						
1 **	Check whether the staff that is assigned to work in EPI is currently on duty. If it seems unrealistic that this staff member could take care of so many sections at the one time, score zero e.g. EPI, TB and Pharmacy If they are not available, is there another staff member who can cover EPI? Has that staff member had training on EPI? Does this staff member have keys to all cupboards, desks etc related to EPI i.e. can s/he get to yellow cards, registration book, vaccines etc? If no person available for EPI score zero If there is no monthly staff schedule, score zero Cross check with Management Section 1, qu 6	Staff schedule, interview staff in EPI	5	Staff scheduled are on duty at time of assessment 5 Staff scheduled not at HC but at outreach/training/authorised leave and other trained staff member able to carry out all work related to EPI 4 Staff scheduled not at HC (not at outreach/training and no authorised leave) **or** no trained staff member able to carry out EPI duties at time of assessment **or** EPI room or equipment/supplies locked up **or** no staff schedule **or** not realistic that this staff member can cover so many sections at the one time 0		
2	Staff member is in uniform, has name tag and is well presented Name tag should have name, title, qualification, place assigned to work and photo If uniform is dirty or untidy, score zero	Observe	5	Staff member is in full uniform, looks neat and tidy and is wearing name tag (if two staff then both must be in full uniform to score 5) 5 Staff member in uniform (looks neat and tidy) but no name tag **or** has name tag but no uniform **or** only 1 staff member fully uniformed 2 No uniform or name tag worn by staff member **or** uniform is not clean and tidy 0		
3	Is there a Job Description for the staff member managing the EPI section? The job description should specifically mention activities staff member should carry out for EPI including outreach activities The Job description should be available in the room i.e. A4 sheet and not just the job description appearing in HC manual	Job Description	5	Job Description available; relevant to EPI post including outreach activities 5 No Job description available **or** not relevant to EPI **or** doesn't include outreach activities **or** only available in HC manual **or** only person responsible mentioned not actual duties 0		

4 **	Does this staff member know how user fees are used in the HC? They should give this answer: 60% for staff incentives, 39% for running costs, 1% for Ministry of Finance (except EF HC where 40% is used for running costs). Don't prompt them – we want to check how transparent the financing system is in the HC Does this member of staff know how much s/he should receive per month i.e. does s/he have access to details about all sources of income and expenditure and does s/he know the formula for dividing the fees amongst staff. In some HC the Chief may get more than other staff or cleaners may get less or staff may have money deducted if they are not working daily. Is there a formula for distribution of funds or do staff get equal amounts? Does the staff member get the incentive regularly and in the correct amount? Staff members must have access to all income and expenditure details, receive funds monthly and in the correct amount and be aware of how fees are divided to obtain full points. This question needs to be cross checked with Management Section 3, qu 5	Discussions with staff member; finance reports for HC, registration books, receipt books etc	10	Staff member knows how user fees are used/divided up without prompting; has access to details about all sources of income and expenditure reports, receives incentive monthly and in the correct amount 10 Staff member receives monthly amount but does not know how user fees are used/divided up **or** Staff member receives monthly amount, may know how user fees are used/divided up but doesn't have access to all sources of income and expenditure reports **or** Staff member receives monthly amount but doesn't know whether it is in the correct amount 2 Staff member doesn't receive incentive monthly **or** doesn't get in correct amount 0		
		TOTAL	**25**			

2. EQUIPMENT, SUPPLIES AND INFRASTRUCTURE

1 **	Check for the following equipment: scales for infants, sharps container, syringes (autodestruct syringes – 0.5 and 0.1ml + needle), cotton wool, vaccine carrier, vaccine cold box or fridge, thermometer (for vaccine fridge/cold box), graph for monitoring temperature and yellow immunization cards As all of this equipment should be used on a very regular basis it should be easily found and ready to use **in** the room where it will be used, i.e. not locked in a cupboard It must also be in good working order and clean or sterile where required This question needs to be cross checked with Management section 2, qu 2	Observe	20	One point for each item being available and one point if easily found and ready to use or in use i.e. not locked up/in a corner as they should be used daily. No point if broken/full/not up to date/not sterile etc Scales for infants (not adult scales) 1+1 Sharps container 1+1 Autodestruct Syringe 0.5 ml + needle (sterile) 1+1 Autodestruct Syringe 0.05 or 0.1 ml + needle (sterile) 1+1 cotton wool 1+1 Vaccine carrier 1+1 Vaccine fridge or Vaccine cold box 1+1 Thermometer for vaccine fridge (if no, score zero question 2) 1+1 Graph for temperature monitoring of vaccines (up to date including date of assessment) (if no, score zero question 2) 1+1 Yellow cards 1+1		

2	Check for the availability of the following vaccines: • BCG • OPV • Hepatitis B (2 strengths – 10mcg (single dose) or 100 mcg (multi dose)) • DPT/Hepatitis B • Measles • Tetanus Toxoid Check they are not expired, they are not damaged (DPT/TT shouldn't have particles floating around as it signifies freezing has occurred), the tops are clean (if opened already); temperature is between 2 and 8° C or on ice if doing vaccinations at time of assessment. If there is no thermometer present or no monitoring of temperature (if scored zero above), score zero	Observe	10	All 7 types of vaccines are available, within expiry date, have clean lids, stored in correct temperature and don't look damaged 10 Not all vaccines are available **or** some expired **or** some look to be damaged **or** some look poorly kept and not clean **or** no temperature monitoring/no thermometer 0		
3	Check for IEC materials for EPI. They must be readily available (and staff has to know where to find the information) Are there flip charts and pamphlets/leaflets on the following topics (1) BCG (2) DPT (3) Measles Is there a poster or leaflet about (4) Hepatitis B If the HC has the new GAVI/MOH poster (yellow coloured poster that includes childhood vaccinations, TT, Vitamin, nutrition), this will suffice. If the HC says they have IEC material but you can't find it, check outreach bag. If not readily available, score zero. Ask them to show you where they are i.e. show you in the flipchart or in the leaflet not just give you the leaflet or say it is in the flipchart. They must know where the information is and be able to retrieve it quickly and easily (otherwise they can't be using it) Score full points only if the staff member is able to find all topics easily.	Observe IEC materials	10	Both flip charts **and** leaflets/pamphlets readily available for BCG, DPT, measles and a poster or leaflet is available for Hep B **or** yellow GAVI poster available and staff is aware of where to find this information 10 Both flip charts **and** leaflets/pamphlets available for BCG, DPT, measles only (not Hep B) and staff is aware of where to find this information 3 Either flipcharts or leaflets/pamphlets (not both) for BCG, DPT, measles topic **or** no IEC material **or** staff not aware of what is available **or** not readily available 0		
		TOTAL	**40**			

Before embarking on this section, please check the system used by this HC – how many villages in the catchment area, how many villages have outreach, are there registration books for each village or are they included in one book?
If a newborn comes to the HC for first vaccinations and is included in 'HC registration book', is this information transferred to the outreach book or does the HC registration book include all vaccinations (including all outreach)? If there is one central registration book of all vaccinations (those done at HC and those done at outreach, please use this book). If not, use a combination of both books

3. DOCUMENTATION		Verified by	MAX SCORE	SCORING	TOTAL SCORE	COMMENTS
1	Two month supply of yellow cards are available and easily found i.e. not locked up, person with keys is at HC. (Need to check HC 1 form for past two months to see how many BCG given in the past two months and then count the number of yellow cards) No. cards currently available = No. BCG given last month = No. BCG given 2 months ago = No. yellow cards required in 2 month period = Average no. cards per month (total in 2 mths/2) =	Yellow cards, HC1 past 2 months	5	At least two month supply yellow cards available and easily found 5 Only one to two months supply (> average but not more than 2 months supply) 1 Less than one month supply available (<average) **or** two month supply but not easily found 0		
2	Go back one year in the registration book. Find 20 children who were less than 12 months old when first registering (go backwards in the book). If there is more than one book, check 10 in two books. Check whether these 20 children have completed all their vaccinations i.e. if a child less than 1 year old first came to the HC 13 months ago, s/he should have now had all vaccinations If it is not possible to check children registering for the first time >12 months ago, score zero. If no registration book, score zero If 3 or more children have not been fully vaccinated, score zero	Register book	10	20 children enrolled in EPI for 12 months or more have all been fully vaccinated 10 18-19 children enrolled in EPI for 12 months or more have all been fully vaccinated 6 <18 children enrolled in EPI for 12 months or more have all been fully vaccinated **or** cannot check for children first registering >12 months ago 0		
3	Count the number of children under 12 months receiving measles in the past month (at HC and during outreach i.e. all registration books) and compare with HC1 form of the same month (section X, table 1) If no measles vaccinations given in past month score zero If no registration book, score zero No. children < 1 yr who received measles vaccination last month recorded in register book = No. children < 1 yr who received measles vaccination last month recorded in HC1 form =	Register book, HC1 form from previous month	5	No. measles vaccinations children < 12 mths in register book = no. at measles vaccinations recorded in HC1 form 5 No. measles vaccinations in register book does not equal no. measles vaccinations in HC1 form **or** no measles vaccinations cases in past month **or** no registration book to check 0		
		TOTAL	**20**			

4. GENERAL HYGIENE		Verified by	MAX SCORE	SCORING	TOTAL SCORE	COMMENTS
If the EPI room is combined with ANC, PNC or BS AND these sections have already been completed, then skip this section						
1	Is there a rubbish bin in the EPI room? Is it overflowing or is there evidence that it is emptied regularly? (check that the rubbish doesn't look too old or dusty) Is there a sharps container in the EPI room that is in use i.e. has needles in it, not overflowing etc?	Observe EPI room	10	Rubbish bin available and not full; sharps container available and not full 10 Rubbish bin available but full or not emptied regularly, sharps container available but not full 2 No rubbish bin available **or** sharps container full **or** no sharps container available **or** sharps put in rubbish bin 0		
2	Is there evidence that the floor is regularly swept and well mopped in EPI room? Is the room clean e.g. ceilings and walls clean and no cobwebs? Consider whether you or your family would be happy to be consulted in this room. Full points can only be scored if the room is very clean	Observe EPI room	5	Looks very clean (walls, ceiling, floor) and well mopped 5 Walls and ceiling clean, swept but not mopped **or** mopped poorly 2 Not clean 0		
3 **	Is there a tap in EPI room for staff to wash hands after consulting patients? (tap must be working). If not, is there a back up container of water (with water available), scoop and a sink? This question is to be cross checked with Management section 2, qu 6 If no water available, score zero on next question	Observe EPI room	5	Tap and sink in working order **or** sink and back up water container (>half full) with water/scoop available 5 No sink but has a bucket with water and scoop, and another container to catch used water 1 Tap but no water or back up supply **or** water container < half full of water **or** no scoop **or** sink not hooked up to drain or blocked **or** no water/tap available in EPI room at all 0		
4 **	Is there soap available for staff to use when washing hands? To score full points the soap must be readily available at the water source. If no water (qu 3 above), score zero	Observe EPI room	5	Soap available for staff to use 5 No soap available at the sink in this room **or** no water available 0		
5	Is there evidence of used needles not being put in sharps container i.e. have you seen any lying around on the table or floor?	Observe EPI room	**-10**	***Take off ten points if needles are seen lying about the room – on a table, on the floor, in a rubbish bin etc when it should be in the sharps container***		
		TOTAL	**25 or 0 if room combined with other section already tested**	**Don't forget to take 10 points off if needles are lying around**		

	MAX SCORE	MAXIMUM SCORE POSSIBLE FOR THIS HC	SCORE RECEIVED	%
1. ORGANISATION AND PRESENTATION OF STAFF and DEPARTMENT	**25 (or 5 if staff member works in another unit already assessed)**			
2. EQUIPMENT, SUPPLIES AND INFRASTRUCTURE	**40**			
3. DOCUMENTATION	**20**			
4. GENERAL HYGIENE	**25 or N/A if already checked**			
TOTAL EPI	**110 (or 90 if same staff working in another unit or 65 if same staff/same room used and already assessed)**			

Name of Health Centre: **Date of Assessment** **Name of Assessors:**

7. OPD AND MINOR SURGERY

1. ORGANISATION AND PRESENTATION OF STAFF and DEPARTMENT

		Verified by	MAX SCORE	SCORING	TOTAL SCORE	COMMENTS
1 **	Check whether the staff that is assigned to work in OPD is currently on duty. . If it seems unrealistic that this staff member could take care of so many sections at the one time, score zero e.g. OPD, TB and Pharmacy If they are not available, is there another staff member who can cover OPD? Has that staff member had training for OPD (Module 2 MPA)? Does this staff member have keys to all cupboards, desks etc related to OPD i.e. can s/he get to patient book, registration book, stethoscope, BP cuff, small surgical items etc? If there is no monthly staff schedule, score zero Cross check with Management Section 1, qu 6	Staff schedule, interview staff in OPD	5	Staff scheduled are on duty at time of assessment 5 Staff scheduled not at HC but at outreach/training/authorised leave and other trained staff member able to carry out all work related to OPD 4 Staff scheduled not at HC (not at outreach/training and no authorised leave) **or** no trained staff member able to carry out OPD duties at time of assessment **or** OPD room or equipment/supplies locked up **or** no staff schedule **or** not realistic that this staff member can cover so many sections at the one time 0		
2	Staff member is in uniform, has name tag and is well presented Name tag should have name, title, qualification, place assigned to work and photo If uniform is dirty or untidy, score zero	Observe	5	Staff member is in full uniform, looks neat and tidy and is wearing name tag (if two staff then both must be in full uniform to score 5) 5 Staff member in uniform (looks neat and tidy) but no name tag **or** has name tag but no uniform **or** only 1 staff member fully uniformed 2 No uniform or name tag worn by staff member **or** uniform is not clean and tidy 0		
3	Is there a Job Description for the staff member managing the OPD and minor surgery section? The job description should specifically mention activities the staff member should carry out during OPD The Job description should be available in the room i.e. A4 sheet and not just the job description appearing in HC manual	Job Description	5	Job Description available; relevant to OPD post 5 No Job description available **or** not relevant to OPD **or** only available in HC manual **or** only person responsible mentioned not actual duties 0		
4 **	Does this staff member know how user fees are used in the HC? They should give this answer: 60% for staff incentives, 39% for running costs, 1% for Ministry of Finance (except EF HC where 40% is used for running costs). Don't prompt them – we want to check how transparent the financing system is in the HC Does this member of staff know how much s/he should receive per month i.e. does s/he have access to details about all sources of income and expenditure and does s/he know the formula for dividing the fees amongst staff. In some HC the Chief may get more than other staff or cleaners may get less or staff may have	Discussions with staff member; finance reports for HC, registration books, receipt books etc	10	Staff member knows how user fees are used/divided up without prompting; has access to details about all sources of income and expenditure reports, receives incentive monthly and in the correct amount 10 Staff member receives monthly amount but does not know how user fees are used/divided up **or** Staff member receives monthly amount, may know how user fees are used/divided up but doesn't have access to all sources of income and expenditure reports **or** Staff member receives monthly amount but doesn't know whether it is		

	money deducted if they are not working daily. Is there a formula for distribution of funds or do staff get equal amounts? Does the staff member get the incentive regularly and in the correct amount? Staff members must have access to all income and expenditure details, receive funds monthly and in the correct amount and be aware of how fees are divided to obtain full points. This question needs to be cross checked with Management Section 3, qu 5			in the correct amount 2 Staff member doesn't receive incentive monthly **or** doesn't get in correct amount 0		
		TOTAL	**25**			

2. EQUIPMENT, SUPPLIES AND INFRASTRUCTURE

If OPD and Minor Surgery are in different rooms, please check both rooms

1 **	Check for the following equipment: thermometer, BP cuff, stethoscope, scales for children (up to 25kg) including weighing trousers, weight for height chart, otoscope, tongue depressor, forceps, needle holder, scissors, blade holder, box for instruments, antiseptic, cylindrical drum with sterile gauze, sharps container As all of this equipment should be used on a very regular basis it should be easily found i.e. not locked in a cupboard It must also be in good working order, clean, in the room it should be in for the particular activity etc e.g. if equipment is available and working but dirty, score only 1 point; if the cylindrical drum is available but has other things other than sterile gauze inside it, score 1 point only; if the BP cuff is not in OPD but in another room, no point This question needs to be cross checked with Management section 2, qu 2	Observe	30	One point for each item being available and easily found i.e. not locked up/in a corner/in another room as they should be used daily. One point if in working order/clean and ready to use, sterile e.g. gauze. No point if broken or not working properly Thermometer 1+1 BP cuff 1+1 stethoscope 1+1 Scales for children including weighing trousers/basket (maximum 25kg) 1+1 Weight for height chart (must be set up ready to use) 1+1 otoscope 1+1 Tongue depressors (wooden or metal and alcohol/cotton for cleaning) 1+1 Forceps 1+1 Needle holder 1+1 Scissors 1+1 Blade holder 1+1 Box for instruments 1+1 Antiseptic e.g. Chlorhexidine or Povidone Iodine or Gentian violet 1+1 Cylindrical drum with sterile gauze 1+1 Sharps container 1+1		
2	Check whether there is a clean bed for examination/minor surgery. It should be free of documents and equipment i.e. it should be used for each patient therefore points can only be scored if bed available and free from clutter and able to be used immediately. If there is a room for both OPD and minor surgery, each room should have an examination bed. Score full points only if both beds are clean and free from clutter	Observe	5	Bed (or beds) available and clean and free from clutter/equipment 5 Bed available but has equipment/documents stored on it **or** one bed available (clean and free) and the other has equipment/ documents stored on it/not clean 1 No bed available in either OPD or minor surgery **or** both not clean or able to be used immediately 0		

3	Are there two sterile packs made up to be used for minor trauma or one sterile pack and one just used i.e. today not yesterday or a few days ago (should already be cleaned and ready to re sterilise if used yesterday)? Check whether the sterile pack is wrapped up and stored correctly. Please open the sterile pack to check for cleanliness, rust etc. If only one set sterile check the non sterile set for rust.	Observe	5	Two sterile packs made up, easily found and stored away from dust and dirt **or** one sterile pack and one set just used (today) Only one sterile pack made up and no additional instruments **or** no sterile packs made up **or** no packs available to sterilise **or** instruments rusty or not cleaned	5 0		
		TOTAL	**40**				

3. DOCUMENTATION		**Verified by**	**MAX SCORE**	**SCORING**		**TOTAL SCORE**	**COMMENTS**
1	At least one month supply of spare patient books are available and easily found i.e. not locked up, person with keys is at HC. To work out how many patient books are required collect the following: No. patient books currently available = _____ No. new OPD patients last month = _____ No. new OPD patients 2 months ago = _____ Average no. new patients per month (total for 2 mths/2) = _____ It is estimated that about half of all new cases would forget their book or would require a new book. hence, average no. books required per month = average no. patients per month/2 = _____ If HC only has prescription pads (not patient books, score zero)	OPD patient books, HC1 from past 2 months	5	At least one month supply OPD books available and easily found (average no. new patients per month/2) Less than one month supply available (< average no. patients per month /2)) **or** no patient books only prescription pads available **or** don't use patient books at all	5 0		
2	Check registration book for MOH standard. Check all columns are included in registration book If additional columns are written in the registration book they do not get additional points	Registration book	22	No. Code No. New case Old case Name 0-4 5-14 15-49 >50 Male Female Address Zone A Zone B Zone C Referred from Symptoms Health Problems Treatment Referred to User Fee Remarks	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		

3	Is the OPD registration book up to date i.e. are there any patients from today written in the register book?	Registration book	3	Today's consultations entered 3 Nothing entered for today or no patients 0		
4	Check the last 100 patients in the registration book (go back 100 patients and mark them so that it is easy to see when to stop checking) Check to see whether **each** patient has column 3 (new case) or 4 (old case) ticked If 1 patient has none of these columns ticked, discontinue search and score zero	Registration book	5	All 100 patients have a tick in either column 3 or 4 5 At least one patient has a tick missing in columns 3 or 4 0		
5	Check the last 100 entries in the registration book (go back 100 and mark the 100 so you know when to stop checking) Check to see whether the following columns have been filled in for each patient: • symptoms (column 17) • health problem (column 18) • treatment (column 19) Information should be relevant to the title i.e. symptoms and signs must be in column 17 not other information If 1 column has been missed score zero	Registration book	5	All patients have had all 3 columns filled in with relevant information 5 At least one patient has one column not filled in or irrelevant information has been included 0		
6 **	Check the previous two months for any referrals recorded in the registration book Referrals from HC last month = Referrals from HC two months ago = Use this data to answer qu 4 & 6 of 'HC Referral System' (tool no. 13) Check whether there is a referral letter for each of the referrals (it may be kept with OPD or in a central place) No. referral slips written by HC last month = No. referral slips written by HC two months ago = Use this data to answer qu 4 of 'HC Referral System' (tool no. 13)	Registration book, referral letters	Not applicable	Use the numbers recorded here to answer Qu 4 and 6 HC Referral System tool no. 13		
7	Count the total number of children 0-4 years (new cases)in the past month in registration book and compare with HC 1 form from previous month (section I, table 2) If no children 0-4 yrs in past month score zero No. children 0-4 yrs new cases recorded in registration book = No. children 0-4 yrs new cases recorded in HC1 form =	Register book, HC1 form from previous month	5	No. children 0-4 yrs in register book = no. children 0-4 yrs recorded in HC1 form 5 No. children 0-4 yrs in register book does not equal No. children 0-4 yrs recorded in HC1 form **or** no children 0-4 yrs seen in past month 0		
8 **	Check whether any referrals ***to*** the HC e.g. from VHSG or other village member are recorded in the register book. Check for the past two months Transpose this information to tool 14 Community Referrals Qu 5	Register book	Not applicable	Referrals from VHSG or other community member recorded = Yes Referrals from VHSG or other community member recorded = No		
		TOTAL	**45**			

4. GENERAL HYGIENE		Verified by	MAX SCORE	SCORING		TOTAL SCORE	COMMENTS
1	Is there a rubbish bin in the OPD? Is it overflowing or is there evidence that it is emptied regularly? (check that the rubbish doesn't look too old or dusty) Is there a sharps container and rubbish bin for contaminated waste in the room where minor surgery is carried out? Are they full and overflowing? Does the bin look like it is routinely emptied? If any bin is missing e.g. don't have contaminated bin, score zero	Observe OPD and minor surgery	10	Rubbish bin available in OPD and not full; sharps container available and not full in minor surgery; contaminated waste bin available and not full Rubbish bin available in OPD but full or not emptied regularly; contaminated waste available but full or not emptied; sharps container available but not full No rubbish bin available in OPD **or** sharps container full **or** no sharps container available **or** no contaminated waste bin available **or** s harps seen in rubbish bin	10 2 0		
2	Is the area where minor surgery is carried out very clean and well kept? Check the bed, the area where instruments are kept, the tray that may be used etc. The HC can only score full marks if this area is free from dust, rubbish and is very, very clean Consider whether you or your family would be happy to be consulted in this room	Observe OPD and minor surgery	5	Area where minor surgery is performed is very clean, free from dust and well organised Area where minor surgery is performed is not set up well **or** not clean and well organised **or** not set up at all **or** no room for minor surgery	5 0		
3	Is there evidence that the floor is regularly swept and well mopped in OPD room? Is the room clean e.g. ceilings and walls clean and no cobwebs? Consider whether you or your family would be happy to be consulted in this room. Full points can only be scored if the room is very clean	Observe OPD and minor surgery	5	Looks very clean (walls, ceiling, floor) and well mopped Walls and ceiling clean, swept but not mopped **or** mopped poorly Not clean	5 2 0		
4 **	Is there a tap for staff to wash hands after consulting patients/performing minor surgery? (tap must be working). If not, is there a back up container of water (with water available), scoop and a sink? **If there are two rooms, water must be available in both to score points.** This question is to be cross checked with Management section 2, qu 6 If no water available, score zero on next question	Observe OPD and minor surgery	5	Tap and sink in working order **or** sink and back up water container (>half full) with water/scoop available (for both rooms if two) No sink but has a bucket with water and scoop, and another container to catch used water (in both rooms) Tap but no water or back up supply **or** water container < half full of water **or** no scoop **or** sink not hooked up to drain or blocked **or** no water/tap available in one of the rooms (OPD/minor surgery room) at all	5 1 0		
5 **	Is there soap available for staff to use when washing hands? There needs to be soap in both OPD and minor surgery room if the HC has two rooms for these activities to score full points. To score full points the soap must be readily available at the water source. If no water (qu 4 above), score zero	Observe OPD and minor surgery	5	Soap available for staff to use (in both OPD and minor surgery rooms) No soap available at the sink in this room **or** no water available	5 0		
		TOTAL	**30**				

	MAX SCORE	SCORE RECEIVED	%
1. ORGANISATION AND PRESENTATION OF STAFF and DEPARTMENT	**25**		
2. EQUIPMENT, SUPPLIES AND INFRASTRUCTURE	**40**		
3. DOCUMENTATION	**45**		
4. GENERAL HYGIENE	**30**		
TOTAL OPD/MINOR SURGERY	**140**		

Name of Health Centre: **Date of Assessment** **Name of Assessors:**

8. OPD PRESCRIBING HABITS AND CORRECT TREATMENTS

		Verified by	MAX SCORE	SCORING	TOTAL SCORE	COMMENTS
1	Check the treatment recorded for the last 100 patients in the OPD registration book. Start from today's entries and work backwards. Mark 100 patients so you can easily see when to stop checking patients. If there are two registration books (one for children and one for adults), check the last 50 patients from each registration book Add total no drugs given to 100 patients (add all items including ORS, ointment, creams etc) then divide by 100. This will give the average number of drugs prescribed per patient. If treatment is not recorded in the registration book score zero	Registration book	50	Average number of drugs given to each patient ≤ 2.5 drugs 50 > 2.5 drugs given to each patient **or** treatment not recorded in registration book 0		
2	Check the same 100 hundred patients in registration book Check for those who have been prescribed antibiotics. Record those who have received at least one antibiotics (do not count the number of antibiotics – only the number of patients who received at least one antibiotic) Antibiotics include metronidazole, amoxicillin, ampicillin, cotrimoxazole, penicillin, cloxacillin, tetracycline, doxycycline, ciprofloxacin, erythromycin, nalidixic acid, If treatment is not recorded in the registration book score zero No patients with antibiotics prescribed = % patients prescribed antibiotics =	Registration book or Prescriptions	50	≤48% patients prescribed antibiotics 50 > 48% patients prescribed antibiotics **or** treatment not recorded in registration book 0		
3	Check the last 20 cases of diarrhoea (all ages) Start from today's entries and mark back to 20 patients with diarrhoea Count how many received ORS No ORS prescribed = ORS prescribed = If treatment is not recorded in the registration book score zero	Registration book	50	All patients with diarrhoea were prescribed ORS 50 18-19 patients were prescribed ORS 10 <18 cases were prescribed ORS **or** treatment not recorded in registration book 0		
4	Check the register for the past 20 children under 5 years diagnosed with ARI (includes common cold, pharyngitis, laryngitis, bronchitis, pneumonia, tonsillitis, otitis media, sinusitis, URI, LRI etc) Start from today's entries and mark back to 20 children with ARI. Check the age first and then the diagnosis as it will be quicker Count how many children had their respiratory rate recorded If treatment is not recorded in the registration book score zero	Registration book	10	All 20 children had RR recorded 10 18-19 children had RR recorded 2 <18 children had RR recorded **or** treatment not recorded in registration book 0		

5	Count how many children under 5 years (of 20 checked in question 4) had chest indrawing or stridor mentioned (check symptoms and signs column) Of the children that had chest indrawing or stridor present, how many were referred (check registration book)	Registration book	-10	At least one child had chest indrawing or stridor but was not referred -10 If no child with indrawing or stridor is mentioned, score nil		
6	Count how many of the 20 patients with ARI (upper and lower respiratory tract infection) were given antibiotics Number of patients given antibiotics = Number of patients given no antibiotics = % given antibiotics =	Registration book	-10 points	> 50% children prescribed antibiotics -10 HC will lose 10 points if > 50% patients were prescribed antibiotics		
		TOTAL	**160**	**Remember to take 10 points off if** **-A child had chest indrawing or stridor but was not referred or** **-antibiotics given when not necessary i.e. >50% children given antibiotics**		

Name of Health Centre: **Date of Assessment** **Name of Assessors:**

9. TB DEPARTMENT

(if the same staff member as OPD is also responsible for TB, then skip section 1, qu 1, 2 and 4. If the OPD and ALL TB activities are in the same room skip section 4. If smears are done in another room or outside, please complete section 4

1. ORGANISATION AND PRESENTATION OF STAFF and DEPARTMENT

		Verified by	MAX SCORE	SCORING		TOTAL SCORE	COMMENTS
Skip questions 1, 2 and 4 if staff member working in TB also works in OPD							
1 **	Check whether the staff that is assigned to work in TB is currently on duty. If it seems unrealistic that this staff member could take care of so many sections at the one time, score zero e.g. EPI, TB and Pharmacy If they are not available, is there another staff member who can cover TB? Has that staff member had training on TB? Does this staff member have keys to all cupboards, desks etc related to TB i.e. can s/he get to TB patient cards, registration book, cards for patients, sputum containers etc? If there is no monthly staff schedule, score zero **Skip this question if staff member works in OPD also Cross check with Management Section 1, qu 6	Staff schedule, interview staff in TB	5	Staff scheduled are on duty at time of assessment Staff scheduled not at HC but at training/in village following up patients/ authorised leave and other trained staff member able to carry out all work related to TB Staff scheduled not at HC (not at outreach/training and no authorised leave) **or** no trained staff member able to carry out TB duties at time of asst **or** TB room or equipment/supplies locked up **or** no staff schedule **or** not realistic that this staff member can cover so many sections at the one time	5 4 0		
2	Staff member is in uniform, has name tag and is well presented Name tag should have name, title, qualification, place assigned to work and photo If uniform is dirty or untidy, score zero **Skip this question if staff member works in OPD also	Observe	5	Staff member is in full uniform, looks neat and tidy and is wearing name tag (if two staff then both must be in full uniform to score 5) Staff member in uniform (looks neat and tidy) but no name tag **or** has name tag but no uniform **or** only 1 staff member fully uniformed No uniform or name tag worn by staff member **or** uniform is not clean and tidy	5 2 0		
3	Is there a Job Description for the staff member managing the TB section? The job description should specifically mention activities staff member should carry out in TB section The Job description should be available in the room i.e. A4 sheet and not just the job description appearing in HC manual	Job Description	5	Job Description available; relevant to TB post No Job description available **or** not relevant to TB **or** only available in HC manual or only mentions involvement in TB but does not give details of activities e.g. HC Chief helps in TB often but activities not mentioned in his/her job description **or** only person responsible mentioned not actual duties	5 0		

4 **	Does this staff member know how user fees are used in the HC? They should give this answer: 60% for staff incentives, 39% for running costs, 1% for Ministry of Finance (except EF HC where 40% is used for running costs). Don't prompt them – we want to check how transparent the financing system is in the HC Does this member of staff know how much s/he should receive per month i.e. does s/he have access to details about all sources of income and expenditure and does s/he know the formula for dividing the fees amongst staff. In some HC the Chief may get more than other staff or cleaners may get less or staff may have money deducted if they are not working daily. Is there a formula for distribution of funds or do staff get equal amounts? Does the staff member get the incentive regularly and in the correct amount? Staff members must have access to all income and expenditure details, receive funds monthly and in the correct amount and be aware of how fees are divided to obtain full points. **Skip this question if staff member works in OPD also This question needs to be cross checked with Management Section 3, qu 5	Discussions with staff member; finance reports for HC, registration books, receipt books etc	10	Staff member knows how user fees are used/divided up without prompting; has access to details about all sources of income and expenditure reports, receives incentive monthly and in the correct amount 10 Staff member receives monthly amount but does not know how user fees are used/divided up **or** Staff member receives monthly amount, may know how user fees are used/divided up but doesn't have access to all sources of income and expenditure reports **or** Staff member receives monthly amount but doesn't know whether it is in the correct amount 2 Staff member doesn't receive incentive monthly **or** doesn't get in correct amount 0		
		TOTAL	**25 (or 5 if staff wks in OPD also)**			
2. EQUIPMENT, SUPPLIES AND INFRASTRUCTURE						
1 **	Check for the following equipment and supplies:: scales, frosted slides and pencil **or** clear slides and diamond pencil (cannot have alternative combinations), bamboo stick/metal rod (for making smears), alcohol lamp, sand bottle, water filter, gloves, spare sputum containers (not bottles that had antibiotics in previously), aluminium tray to work on. The HC should have either frosted slides and pencil or clear slides and diamond pencil otherwise they cannot mark the slide permanently with patient details This equipment should be used on a very regular basis therefore it should be easily found and ready to use **in** the room where it will be used i.e. not locked in a cupboard, not in another room or at triage etc. It must also be in good working order and clean This question needs to be cross checked with Management section 2, qu 2	Observe	20	One point for each item being available. Another point for being ready to and easily found i.e. not locked up or in a corner as they should be used often. No point if broken Scales (assessor should check own weight for accuracy – if >2kg difference give no score) 1+1 Frosted Slides (1+1) **and** 1+1 pencil (1+ 1) 1+1 **or** or clear slides (1+1) **and** 1+1 diamond pencil ((1+1)) 1+1 Bamboo stick/metal rod 1+1 Alcohol lamp (must have alcohol and wick in it) 1+1 Sand bottle with sand and water (for cleaning metal rod/bamboo stick) 1+1 Water filter/drinking water (for swallowing drugs) 1+1 Gloves 1+1 Spare sputum containers 1+1 Aluminium tray 1+1		

2	Check for IEC materials for TB i.e. posters and flip charts/leaflets. Posters should be on the walls of the TB room or in OPD where patients can see them (posters of people covering mouth, not spitting, disposing of sputum in a container rather than the floor etc) The flipchart should be available for staff to use in the room where patients are consulted when educating patients and relatives Ask them to show you where they are i.e. show you in the flipchart or in the leaflet not just give you the leaflet or say it is in the flipchart. They must know where the information is and be able to retrieve it quickly and easily (otherwise they can't be using it)	Observe IEC materials	10	Flip charts/leaflets readily available and posters where patients can see them 10 Only flip chart/leaflets readily available or posters available not both 2 No flipcharts or posters available **or** posters not on walls for patients to see 0		
		TOTAL	**30**			

3. DOCUMENTATION		**Verified by**	**MAX SCORE**	**SCORING**	**TOTAL SCORE**	**COMMENTS**
1	Two month supply of spare (white) TB patient treatment cards are available and easily found i.e. not locked up, person with keys is at HC. (Need to check how many patients have started treatment in the past two months and then count the number of TB patient cards) No. new cards currently available = No. new TB patients last month = No. new TB patients 2 months ago = No. cards required in 2 month period = Average no. cards per month (total in 2 mths/2) =	TB patient treatment cards (white), registration book	5	At least two month supply TB patient treatment cards available and easily found 5 Only one to two months supply (> average but not more than 2 months supply) 1 Less than one month supply available (<average) **or** two month supply but not easily found 0		
2	Check the sputum registration book Check the sputum request slips (with results) that have been **returned** to the HC in the previous one month i.e. those that have been ordered in the previous month. Have all patients had their sputum results recorded in the sputum registration book? If more persons registered that sputum request slips, score zero	Sputum registration book, sputum request forms	10	All sputum results from previous month have been recorded in sputum register book 10 Not all sputum results yet recorded in register book i.e. some have, some haven't 2 No sputum results from past month entered into registration book **or** no sputum requests in previous month **or** number patients registered in book is greater than the number of slips found for the previous month 0		

3	Check the registration book is: (1) available i.e. not locked and in MOH format (2) up to date i.e. patients recently starting treatment have been registered in the registration book – check the patient cards, sputum registration book/sputum results for the most recent patients and cross check they are in the registration book Check the registration book is complete Check the TB register book for patients registered between 3 and 9 months prior to the assessment e.g. if you do the assessment in January, you would chose patients registered between April and October in the previous year. This would give the opportunity to review patients that have already finished their treatment as well as those that are still being treated. (3) Check those patients who have been recorded as BK+ (column 11 depending on the age of the registration book). Check the date treatment started (column 9). Work out how many sputum controls they should have done since starting treatment then check the columns on the right side of the register book (columns 20-22) to see whether they have been recorded (result **and** lab number needs to be recorded) e.g. if they have been on treatment for 4 months they should have their initial sputum result recorded and the 2 month control. If they have been on treatment for 5.5 months they should have initial, 2 month and 5 month controls recorded (including codes) (4) Now check the result or treatment (outcome) which should be recorded in one of the 6 columns to the right of the sputum results (cure, completed, died, failure, defaulted, transfer – columns 23-28). Only those patients who have had 6 months treatment should have an outcome recorded e.g. cured or complete except those who have defaulted or died before the end of 6 months when this should also be recorded)	Treatment registration book, patient cards, sputum registration book, sputum results,	20	(1) Available i.e. not locked and in MOH format 5 (2) Up to date (last patients starting treatment have been recorded in the treatment register – check patient cards, sputum register book and sputum results for the most recent patients and cross check they have been entered into TB treatment book) 5 (3) Completeness of registration book: All BK + patients have sputums recorded on time e.g. patients starting treatment 9 months ago had sputums at 2, 5, 6 months; likewise for patients starting treatment 8, 7 and 6 months earlier. For those starting 5 months earlier, have they had sputum control at 2 and 5 months? Have those starting 4 or 3 months ago, had their sputum control at 2 months? If any sputums have been missed, score zero 5 (4) All BK+ patients that have finished treatment have outcome recorded i.e. any patient who started treatment > 6 months ago (6, 7, 8 or 9 mths ago). If one patient has no outcome, score zero 5 Only the points shown can be provided i.e. one mistake then they get zero points for that section		
4	Check the last 20 patients registered for treatment. Mark back 20 patients. If less than 20 patients score zero How many patients have been referred to VCCT? There should be a date of the day they were referred If HC does not use up to date MOH format for registration book , check the remarks column for mention of referral for VCCT Check the referral book to see whether there is a copy of the referral. If not kept score zero If patients have already been tested in another centre(result is given in the appropriate column), exclude this patient from analysis and check another patient (so that 20 patients are checked) Please note: patients who have been counselled should have a date recorded in that column but if given a referral slip, they should also have date recorded in referred column No. referred to VCCT = No referred with referral slips =	Registration book, referral book	10	20 patients referred for VCCT; verified by a copy of their referral slip 10 18-19 patients referred for VCCT, verified by a copy of their referral slip 8 <18 patients referred for VCCT **or** no mention of referrals in old format registration book **or** no copies of referral slips found **or** less than 20 patients registered 0		

5	Of the patients referred to VCCT, how many had a result recorded? If HIV testing is available in HC, results should be recorded on the same day. If HIV testing is done in another HC, results should be back in one week therefore if patients have been referred within the past week, exclude them and find additional patients No. referred to VCCT = No. referred with a result recorded = % = (no. referred with result recorded/no. referred) x 100 Don't include patients who were tested in another centre i.e. those with only a result recorded and a comment as to where the test was performed.	Registration book	10	100% patients referred for VCCT have results recorded 10 90-99% patients referred for VCCT have results recorded 8 <90% patients referred have results recorded 0							
					pt 1	pt 2	pt 3	pt 4	pt 5	total	
6	Take 5 **current patients** and check their TB card (white A4 card kept by the HC). If no current patients, chose the last five patients Check card for availability then check card for: place of DOTS (top of page – should be HC, CDOTS or HBC DOTS), date starting Rx (if they start at RH the date of start should be written not the date they started treatment at the HC – and check whether they really started treatment by cross checking with the table below), name, age, sex, address, type of patient (Sm+/- or EP) (box on left), new or old patient (return after default, relapse, failure) (central box), weight up to date, sputum result (box on left), category (1,2 or 3), referred for HIV testing/result provided, treatment correct for weight, given drugs today (or if in the continuation phase, given in the past 2 weeks) (Please check with treatment chart showing correct dosage for weight to get appropriate dosage) If no patient card found, score zero	Patient TB cards	70	One point per item per patient Place of DOTS Date starting treatment (check with the table below to see whether patient was started on treatment on this date) Name Age Sex Address Type of pt (Sm +/-, EP) (box on left) New or old patient (return after default, relapse, failure) (central box) Weight up to date i.e. when sputums done, weights also recorded (need to be up to date to get a mark) (box on right) Sputum results (initial and controls must be recorded to get a mark) (box on right) Category e.g. 1, 2, 3 Referred for HIV testing with date and result recorded Treatment correct for weight Given drugs today (or if in continuous phase, within past 2 weeks) Zero points if patient card not found							
				TOTAL 14 points per patient							
7	Find these patients in the TB register and see if the TB register is up to date with card i.e. start date, name, age, sex, address, type of patient (BK+, BK-, EP), new or old patient, category, all sputum specimens are recorded including result and code, date of HIV counselling, date referred for HIV test, HIV results recorded Patient in register and up to date = Patient in register but not up to date = Patient not in register = Patient care and register have different information =	Patient TB cards (white) and TB register	25	Patient recorded in register and up to date – 5 Patient in register but not up to date **or** patient not in register **or** patient card and register have differing information – 0 Please indicate the answer for each TOTAL 5 points per patient							
		TOTAL	**150**								

4. GENERAL HYGIENE		Verified by	MAX SCORE	SCORING		TOTAL SCORE	COMMENTS
If TB is done exclusively in OPD room (consultations and smear making), then skip these questions however if there is a smear making area or room separate from consultation area, check it and ensure this section is completed (even if the smear making area is outside)							
1	Is there a rubbish bin for general rubbish in the TB room? Is it overflowing or is there evidence that it is emptied regularly? (check that the rubbish doesn't look too old or dusty) Is there a bin for contaminated rubbish i.e. sputum specimens, disposable equipment used for making smears? Is it overflowing or is there evidence that it is emptied regularly? (check that the rubbish doesn't look too old or dusty) Are there any sputum specimens or other contaminated materials in the wrong bin? Or are there any sputum smears seen left around the room (away from the smear making area?) If so score zero If there is a room for smear making, check also **If TB is done in OPD room, skip this question unless a room exists for making smears	Observe TB room	10	General rubbish bin available and not full; contaminated rubbish bin available and not full Rubbish bins full **or** no rubbish bin **or** no contaminated bin available **or** mix of rubbish in both bins **or** sharps put in rubbish bin **or** sputum specimens left lying around and not disposed of correctly	10 0		
2	Is there evidence that the floor is regularly swept and well mopped in TB room? If there is a room for smear making, check also Is the room (rooms) clean e.g. ceilings and walls clean and no cobwebs? Consider whether you or your family would be happy to be consulted in this room. Full points can only be scored if the room is very clean **If TB is done in OPD room, skip this question unless a room exists for making smears	Observe TB room	5	Looks very clean (walls, ceiling, floor) and well mopped Walls and ceiling clean, swept but not mopped **or** mopped poorly Not clean	5 2 0		
3 **	Is there a tap in TB room for staff to wash hands after consulting patients/making sputum smears? (tap must be working). If not, is there a back up container of water (with water available), scoop and a sink? If there is a room for smear making, check also **If TB is done in OPD room, skip this question unless a room exists for making smears This question is to be cross checked with Management section 2, qu 6 If no water available, score zero on next question	Observe TB room	5	Tap and sink in working order **or** sink and back up water container (>half full) with water/scoop available No sink but has a bucket with water and scoop, and another container to catch used water Tap but no water or back up supply **or** water container < half full of water **or** no scoop **or** sink not hooked up to drain or blocked **or** no water/tap available in TB room at all	5 1 0		
4 **	Is there soap available for staff to use when washing hands? If there is a room for smear making, check also To score full points the soap must be readily available at the water source(s) **If TB is done in OPD room, skip this question unless a room exists for making smears If no water (qu 3 above), score zero	Observe TB room	5	Soap available for staff to use No soap available at the sink in this room **or** no water available	5 0		
		TOTAL	**25 or 0 if OPD and TB rooms the same and no additional room for smear making**				

	MAX SCORE	MAXIMUM SCORE POSSIBLE FOR THIS HC	SCORE RECEIVED	%
1. ORGANISATION AND PRESENTATION OF STAFF and DEPARTMENT	**25 (or 5 if OPD and TB staff the same)**			
2. EQUIPMENT, SUPPLIES AND INFRASTRUCTURE	**30**			
3. DOCUMENTATION	**150**			
4. GENERAL HYGIENE	**25 (or N/A if OPD and TB rooms the same; no smear making room)**			
TOTAL TB	**230 or 210 if staff same or 185 if staff and room same as OPD**			

Name of Health Centre: **Date of Assessment** **Name of Assessors:**

10. VCCT

Please meet with both a designated counsellor and laboratory person responsible for VCCT and visit both rooms
If all staff members have already been interviewed for other sections, skip section 1, questions 1, 2, and 4.
For section 4 please check both the VCCT counselling room and the laboratory. If the rooms are used for other purposes and have been assessed as part of another tool, please skip the questions that are not applicable

1. ORGANISATION AND PRESENTATION OF STAFF and DEPARTMENT

		Verified by	MAX SCORE	SCORING		TOTAL SCORE	COMMENTS
1 **	Check whether the staff that are assigned to work in VCCT are currently on duty (there should be two staff always on duty– one counsellor, one laboratory person). If it seems unrealistic that this staff member could take care of so many sections at the one time, score zero e.g. EPI, VCCT and Pharmacy If they are not available, is there another staff member who can cover VCCT? Has that staff member had training on counselling or laboratory for VCCT? (It must be NCHADS approved training) Do the staff have keys to all rooms, cupboards, desks, equipment, reagents etc related to both counselling and blood testing i.e. can s/he get to registration books, referral forms, refrigerator, reagents, blood taking equipment, rapid tests etc? If there is no monthly staff schedule, score zero Cross check with Management Section 1, qu 6	Staff schedule, interview staff in VCCT (counsellor /lab)	5	Staff scheduled (1 counsellor, 1 laboratory) are both on duty at time of assessment Staff scheduled not at HC but at outreach/training/authorised leave and other trained staff member(s) able to carry out all work related to VCCT (counselling and blood testing) Staff scheduled not at HC (not at outreach/training and no authorised leave) **or** only one (or no) trained staff member able to carry out VCCT duties at time of assessment **or** at least one VCCT room or equipment/supplies locked up **or** staff schedule not available or not up to date **or** no staff schedule **or** not realistic that this staff member can cover so many sections at the one time	5 4 0		
2	Staff members both in uniform (lab person needs to have lab coat on and done up), both have name tags and are well presented Name tag should have name, title, qualification, place assigned to work and photo Check both counselling room and laboratory staff If uniform is dirty or untidy, score zero	Observe	5	Staff members are both in full uniform, look neat and tidy and are wearing name tag Staff members are both in full uniform (look neat and tidy) but not wearing name tags **or** both have name tags but no uniform **or** only 1 staff member fully uniformed/name tag No uniform or name tag worn by staff members **or** uniform is not clean and tidy	5 2 0		
3	Is there a Job Description for both positions i.e. counsellor and laboratory staff managing VCCT section? The job description should specifically mention activities that should be carried out during counselling and blood testing. The Job description should be available in the room where staff are being interviewed rather than in HC chief office or other place not easily accessible by the staff	Job Description	5	Job Descriptions both available; relevant to both positions One job description available only No job description available **or** not relevant to position **or** only available in HC manual **or** only person responsible mentioned not actual duties that need to be performed	5 2 0		

4 **	Do these staff members know how user fees are used in the HC? They should give this answer: 60% for staff incentives, 39% for running costs, 1% for Ministry of Finance (except EF HC where 40% is used for running costs). Don't prompt them – we want to check how transparent the financing system is in the HC Do they know how much they should receive per month i.e. do they have access to details about all sources of income and expenditure and does s/he know the formula for dividing the fees amongst staff. In some HC the Chief may get more than other staff or cleaners may get less or staff may have money deducted if they are not working daily. Is there a formula for distribution of funds or do staff get equal amounts? Do the staff receive incentives regularly and in the correct amount (not the VCCT incentives but incentives from patient user fees)? Staff members must have access to all income and expenditure details **,** receive funds monthly and in the correct amount and be aware of how fees are divided to obtain full points. This question needs to be cross checked with Management Section 3, qu 5	Discussions with staff members; finance reports for HC, registration books, receipt books etc	10	Both staff members know how user fees are used/divided up without prompting; ; has access to details about all sources of income and expenditure reports, both receive incentive monthly and in the correct amount 10 Both staff members receive monthly amount but at least one does not know how user fees are used/divided up **or** Both staff members receive monthly amount, may know how user fees are used/divided up but don't have access to all sources of income and expenditure reports **or** Both staff members receive monthly amount but at least one doesn't know whether it is in the correct amount 2 Both staff members don't receive monthly incentives **or** Both staff members don't get in correct amount 0		
		TOTAL	**25 or 5 if staff have been interviewed in another section**			

2. EQUIPMENT, SUPPLIES AND INFRASTRUCTURE

1 **	Check for the following equipment:: <u>Counselling room</u> vacutainer needle, vacutainer shield, tourniquet, sharps container, gloves, condoms. Vacuataner shield should be clean .i.e. free from blood <u>Laboratory</u> Refrigerator (electric or gas with thermometer either built in or within the fridge), monitoring sheet for temperature, pipettes (5 or 20-200mcl), pipette tips, centrifuge (hand or electric), at least two of the following rapid tests-Determine, Uni-Gold, Stat Pak, Serodia (all tests should be refrigerated and temperature monitored) , algorithm for testing, gloves, envelopes . As all of this equipment should be used on a very regular basis it should be easily found and ready to use **<u>in</u>** the room where it will be used, not locked in a cupboard etc It must also be in good working order and clean This question needs to be cross checked with Management section 2, qu 2	Observe	30	One point for each item being available and one point if easily found and ready to use i.e. not locked up/in a corner as they should be used daily. No point if broken or unclean (vacutainer shield) or not working or full (sharps container) or expired or not in use or not up to date (temperature monitoring sheet) <u>Counselling room</u> vacutainer needle 1+1 vacutainer shield 1+1 tourniquet 1+1 sharps container 1+1 gloves 1+1 condoms 1+1 <u>Laboratory</u> Refrigerator (electric or gas) with thermometer (built in or within the fridge) 1+1 Monitoring sheet for temperature) 1+1 pipettes (5 or 20-200mcl) 1+1 pipette tips 1+1 centrifuge (hand or electric) 1+1 **<u>at least two</u>** of the following rapid tests-Determine, Uni-Gold, Stat		

				Pak, Serodia (kept in monitored fridge, none expired) 1+1 algorithm for testing 1+1 gloves 1+1 envelopes 1+1		
2	Check whether the counselling room door can be closed to ensure privacy	Observe	5	Counselling room has door and can be closed (checked during assessment) 5 Counselling room has door but cannot be closed **or** at the time of assessment (something stopping it from closing **or** door broken 1 No door on counselling room 0		
3	Check for IEC materials for HIV i.e. posters and pamphlets/leaflets e.g. (1) using condoms or has demonstration penis and condoms (2) PMTCT (3) OI/ARV Score full points only if the staff member is available to find all topics i.e. is aware that s/he has them to show patients Ask them to show you where they are i.e. show you in the leaflet not just give you the leaflet. They must know where the information is and be able to retrieve it quickly and easily (otherwise they can't be using it)	Observe IEC materials	5	Posters or leaflets/pamphlets available for all topics and staff is aware of where to find this information 5 Posters or leaflets/pamphlets available for only 2 topics and staff is aware of where to find this information 2 Posters or leaflets for 1 topic **or** no IEC material **or** staff not aware of whether these topics are included in IEC materia or not readily available 0		
		TOTAL	**40**			

3. DOCUMENTATION **Need to check in both counselling rooms (qu 1-6) and laboratory (qu 7-8)**		**Verified by**	**MAX SCORE**	**SCORING**	**TOTAL SCORE**	**COMMENTS**
1	Two month supply of counselling registration sheets (in a book) are available and easily found i.e. not locked up, person with keys is at HC. (Need to check how many new patients have been seen in the past two months and then count the counselling registration sheets) No. counselling registration sheets currently available = No. counselling patients last month = No. counselling patients 2 months ago = No. counselling registration sheets required in 2 month period = Average no. cards per month (total in 2 mths/2) =	counselling registration sheets – new and used	5	At least two month supply counselling registration sheets available and easily found 5 Only one to two months supply (> average but not more than 2 months supply) 1 Less than one month supply available (<average) **or** two month supply but not easily found 0		

2	Check the first ten counselling registration sheets from the past month. If there were not ten patients counselled, go to previous month until you have found ten clients Check each for the following: Qu 11 (Reason for visit) – one box must be ticked Qu 12 (Re Referral) – one box is ticked Qu 13 (Risk assessment) – at least one box is ticked Qu 14. (Previous test history) – either no test previously or has had test and result recorded or didn't get result Qu 15. (Agrees to testing) – ticked either refused or referred and result recorded Qu 16. (Post test counselling) – section completed – yes/no (date)	counselling registration sheets – 10 from past month (or earlier)	10	All questions are completed for each client Not all questions completed for each client or information recorded is contradictory	10 0		
3	Now find the last 5 clients who have a positive result recorded on their counselling registration sheet (Qu 15) Check that they have had qu 17 (regarding referrals) completed. Check the referral slip book to see whether they have been referred and whether the information recorded (where referred to) corresponds to the counselling registration sheet Finally, check that this person has been recorded in the registration book for clients referred for testing	counselling registration sheets, referral slip book, registration book for clients referred for testing	10	All patients with a positive result have qu 17 completed, have been referred which is verified by a copy of a referral slip and recorded in the registration book All patients with a positive result have been recorded in the registration book but there is no referral slip found Not all patients with a positive result have been referred **or** not all patients have a referral slip written **or** not all positive patients are recorded in the registration book	10 2 0		
4	Check registration book for patients referred for testing. The registration book needs to be the MOH standard (17 columns). Is the registration book up to date i.e. are all clients from the last three days written in the register book? Please check against the counselling registration book to see whether clients have been referred in the past three days for testing. Check all those recorded in the counselling registration book that agreed to be tested have been recorded in registration book	Registration book for clients referred for testing, counselling registration book	5	All clients referred for testing in the past three days are registered in the book Not all patients referred for testing in the past three days registered in the book No clients referred for testing in the past three days registered in the book **or** no clients referred during past three days	5 1 0		
5	Check 200 patients recorded in the registration book starting from the last month and going backwards. Mark the 200 patients before starting so that it is easy to see where to stop checking. Check each column for completion rather than each patient as it is quicker. Check to see whether each entry has columns 4 (risk group), 5 (marital status), 6 (nationality), 8 (previous test), 9 (date of test), 10 (Rapid test result), 11 (control result) and 16 (result) completed and with correct information. If the correct MOH format is not used, score zero and go to question 7 If one column has a missing entry, discontinue and score zero	Register book for clients referred for testing	10	All 200 patients have correct information recorded in columns 4, 5, 6, 8, 9, 10, 11 and 16 At least one patient has information missing in at least one column **or** correct MOH format not used	10 0		
6	Check the number of people tested in the past month in the registration book and no. positive No. patients referred for testing in the past month = No. patients positive in the past month = Ensure you use the correct collection dates that the HC uses for all other statistics collecting This data will be used for question 9	Register book for clients referred for testing	Not applicable	This will be checked against the number of tests performed in the laboratory for the same month and also compared with the number of tests recorded in the HC1 form (qu 9)			

7	Check 200 patients recorded in the lab registration book starting from the last month and going backwards. Mark the 200 patients before starting so that it is easy to see where to stop checking. Check each column for completion rather than each patient as it is quicker. Check to see whether each entry has columns 2 (lab no.), 3 (date), 4 (rapid test name), 5 (result from 1st blood draw) and 9 (result) completed and with correct information. For any patients where column 5 is positive, go on to check column 6, 7 and 9 which are also to be completed If column 9 is indeterminate please check columns 10, 11, 12 and 14 are completed also If the correct MOH format for registration book is not used, score zero If one column has a missing entry, discontinue and score zero	Laboratory Register book	10	All 200 patients have correct information recorded in columns 2, 3, 4, 5 and 9. Where 5 is positive, columns 6, 7 and 9 are also completed. Where 9 is indeterminate, columns 10, 11, 12 and 14 are completed At least one patient has information missing in at least one column **or** correct MOH format not used	10 0		
8	Check the number of people tested in the past month in the laboratory registration book and no. positive No. patients tested in the lab in the past month = No. patients positive in the past month = Ensure you use the correct collection dates that the HC uses for all other statistics collecting This data will be used for question 9	Laboratory Register book	Not applicable	This will be checked against the number of tests requested for the same month and also compared with the number of tests recorded in the HC1 form (qu 9)			
9	Compare the number of patients tested and the number positive in the past month – use the statistics collected in qu 6 and 8 and compare with the number recorded in the HC 1 form (Section III, table 2) of last month. Ensure the data collection times are correct If the correct format for MOH registration book is not used, score zero If there were no tests performed in the past month, score zero Use information in qu 6 and 8 to answer this question No. HIV tests performed and recorded in patient registration book = No. HIV positives recorded in patient registration book = No. HIV tests performed and recorded in lab registration book = No. HIV positives recorded in lab registration book = No. HIV tests recorded in HC1 form = No. HIV positives recorded in HC1 form =	Register book for clients referred for testing, Laboratory Register book, HC1 form from previous month	10	No. tests performed and no. positives are equal in patient registration book, laboratory registration book and HC 1 form. Either no. tests performed or no. positives is not equal (in either registration book or HC1 form) **or** correct MOH registration format not used	10 0		
		TOTAL	**60**				

4. GENERAL HYGIENE (Need to check both Counselling Room and Laboratory)

	Counselling Room If this room has been tested as part of another section, skip these questions	**Verified by**	**MAX SCORE**	**SCORING**	**TOTAL SCORE**	**COMMENTS**
1	Is there a rubbish bin in the VCCT room? Is it overflowing or is there evidence that it is emptied regularly? (check that the rubbish doesn't look too old or dusty) Is there a sharps container in the VCCT room that is in use i.e. has needles in it, not overflowing etc?	Observe VCCT counselling room	10	Rubbish bin available and not full; sharps container available and not full 10 Rubbish bin available but full or not emptied regularly, sharps container available but not full 2 No rubbish bin available **or** sharps container full **or** no sharps container available **or** sharps put in rubbish bin 0		
2	Is there evidence that the floor is regularly swept and well mopped in VCCT room? Is the room clean e.g. ceilings and walls clean and no cobwebs? Consider whether you or your family would be happy to be consulted in this room. Full points can only be scored if the room is very clean	Observe VCCT counselling room	5	Looks very clean (walls, ceiling, floor) and well mopped 5 Walls and ceiling clean, swept but not mopped **or** mopped poorly 2 Not clean 0		
3 **	Is there a tap in VCCT room for staff to wash hands after taking blood from patients? (tap must be working). If not, is there a back up container of water (with water available), scoop and a sink? This question is to be cross checked with Management section 2, qu 6 If no water available, score zero on next question	Observe VCCT counselling room	5	Tap and sink in working order **or** sink and back up water container (>half full) with water/scoop available 5 No sink but has a bucket with water and scoop, and another container to catch used water 1 Tap but no water or back up supply **or** water container < half full of water **or** no scoop **or** sink not hooked up to drain or blocked **or** no water/tap available in VCCT room at all 0		
4 **	Is there soap available for staff to use when washing hands? To score full points the soap must be readily available at the water source. If no water (qu 3 above), score zero	Observe VCCT counselling room	5	Soap available for staff to use 5 No soap available at the sink in this room **or** no water available 0		

Laboratory - If this room has been tested as part of another section, skip these questions (except if same room as counselling room, score zero for all as policy states have to have two different rooms)							
5	Is there a sharps container in the laboratory that is in use i.e. has needles in it, not overflowing etc?	Observe VCCT Lab	5	Sharps container available and not full Sharps container full **or** no sharps container available **or** same room as counselling room	5 0		
6 **	Is there a tap in laboratory for staff to wash hands after testing for HIV? (tap must be working). If not, is there a back up container of water (with water available), scoop and a sink? This question is to be cross checked with Management section 2, qu 6 If no water available, score zero on next question	Observe VCCT Lab	5	Tap and sink in working order **or** sink and back up water container (>half full) with water/scoop available No sink but has a bucket with water and scoop, and another container to catch used water Tap but no water or back up supply **or** water container < half full of water **or** no scoop **or** sink not hooked up to drain or blocked **or** no water/tap available in VCCT lab at all **or** same room as counselling room	5 1 0		
7	Is there soap available for staff to use when washing hands? To score full points the soap must be readily available at the water source If no water (qu 6 above), score zero	Observe VCCT Lab	5	Soap available for staff to use No soap available **or** no water available **or** same room as counselling room	5 0		
		TOTAL	**40 (or less if these rooms have been tested as part of another tool)**				

	MAX SCORE	MAXIMUM SCORE POSSIBLE FOR THIS HC	SCORE RECEIVED	%
1. ORGANISATION AND PRESENTATION OF STAFF and DEPARTMENT	**25 (or 5 if staff interviewed in other section)**			
2. EQUIPMENT, SUPPLIES AND INFRASTRUCTURE	**40**			
3. DOCUMENTATION	**60**			
4. GENERAL HYGIENE	**40 or less if tested in other parts of tool**			
TOTAL VCCT	**165 (or 145 if staff interviewed in other section or less if staff and rooms already assessed elsewhere – please delete questions not applicable and alter total score possible)**			

Name of Health Centre: **Date of Assessment** **Name of Assessors:**

11. PHARMACY

1. ORGANISATION AND PRESENTATION OF STAFF and DEPARTMENT

		Verified by	MAX SCORE	SCORING		TOTAL SCORE	COMMENTS
1 **	Check whether the staff that are assigned to work in Pharmacy are currently on duty. If it seems unrealistic that this staff member could take care of so many sections at the one time, score zero e.g. EPI, TB and Pharmacy If they are not available, is there another staff member who can cover Pharmacy? Has that staff member had training on how to run the pharmacy? Does this staff member have keys to all cupboards, desks, drugs etc related to pharmacy i.e. can s/he get to stock cards, tally sheets, drugs etc? If there is no monthly staff schedule, score zero Cross check with Management Section 1, qu 6	Staff schedule, interview staff in pharmacy	5	Staff scheduled are on duty at time of assessment Staff scheduled not at HC but at training/authorised leave and other trained staff member able to carry out all work related to Pharmacy Staff scheduled not at HC (not at outreach/training and no authorised leave) **or** no trained staff member able to carry out Pharmacy duties at time of assessment **or** Pharmacy ore equipment/supplies locked up **or** no staff schedule **or** not realistic that this staff member can cover so many sections at the one time	5 4 0		
2	Staff member is in uniform, has name tag and is well presented Name tag should have name, title, qualification, place assigned to work and photo If uniform is dirty or untidy, score zero	Observe	5	Staff member is in full uniform, looks neat and tidy and is wearing name tag (if two staff then both must be in full uniform to score 5) Staff member in uniform (looks neat and tidy) but no name tag **or** has name tag but no uniform **or** only 1 staff member fully uniformed No uniform or name tag worn by staff member **or** uniform is not clean and tidy	5 2 0		
3	Is there a Job Description for the pharmacist? The job description should specifically mention activities pharmacist should carry out The Job description should be available in the room i.e. A4 sheet and not just the job description appearing in HC manual	Job Description	5	Job Description available; relevant to pharmacy No Job description available **or** not relevant to Pharmacy **or** only available in HC manual **or** only person responsible mentioned not actual duties	5 0		
4 **	Does this staff member know how user fees are used in the HC? They should give this answer: 60% for staff incentives, 39% for running costs, 1% for Ministry of Finance (except EF HC where 40% is used for running costs). Don't prompt them – we want to check how transparent the financing system is in the HC Does this member of staff know how much s/he should receive	Discussions with staff member; finance reports for HC, registration	10	Staff member knows how user fees are used/divided up without prompting; has access to details about all sources of income and expenditure reports, receives incentive monthly and in the correct amount	10		

	per month i.e. does s/he have access to details about all sources of income and expenditure and does s/he know the formula for dividing the fees amongst staff. In some HC the Chief may get more than other staff or cleaners may get less or staff may have money deducted if they are not working daily. Is there a formula for distribution of funds or do staff get equal amounts? Does the staff member get the incentive regularly and in the correct amount? Staff members must have access to all income and expenditure details , receive funds monthly and in the correct amount and be aware of how fees are divided to obtain full points. This question needs to be cross checked with Management Section 3, qu 5	books, receipt books etc		Staff member receives monthly amount but does not know how user fees are used/divided up **or** Staff member receives monthly amount, may know how user fees are used/divided up but doesn't have access to all sources of income and expenditure reports **or** Staff member receives monthly amount but doesn't know whether it is in the correct amount 2 Staff member doesn't receive incentive monthly **or** doesn't get in correct amount 0		
		TOTAL	**25**			

2. EQUIPMENT, SUPPLIES AND INFRASTRUCTURE

1	Check whether drugs are kept in alphabetical order and look orderly and tidy. They can be grouped into oral medications, injectables, supplies etc but they must be in alphabetical order. They can also be grouped according to national programmes e.g. malaria, STIs but they must be in alphabetical order	Observe	5	Drugs are kept in alphabetical order and pharmacy is well organised 5 Some drugs only are in alphabetical order 1 Drugs are not in alphabetical order **or** pharmacy not well organised 0		
2	Check for the following items: All must have the doses that are mentioned e.g. amoxicillin or ampicillin must be in 250mg NOT 125mg or 500mg to score points If expired or not kept refrigerated when necessary e.g. oxytocin, score zero For HC with new Fixed dose combinations for TB treatment, please check those drugs. The doses written must be present. If FDC have not yet been introduced into this HC, please check for Rifampicin150mg/Isoniazid 75mg combination and Pyrazinamide 400mg If they are not in the correct container i.e. it has a different drug name or dose, score zero	Spot check	40	One point for item being present and one point for being within expiry date and easily found Ferrous sulphate or Fe/folate 1+1 Paracetamol 100 mg tablets 1+1 Paracetamol 500 mg tablets 1+1 Rifampicin 150mg/Isoniazid 75 mg and Pyrazinamide 400 mg 1+1 OR Rifampicin150mg/Isoniazid 75mg/Ethambutol275mg/Pyrazinamide 400mg and 1+1 Rifampicin 150mg/Isoniazid 75 mg 1+1 Amoxycillin or Ampicillin 250 mg 1+1 ORS sachets 1+1 Co-trimoxazole 400+80mg 1+1 Combined oral contraceptive (oestrogen and progesterone (COC)) 1+1 Progesterone only Pill (POP) 1+1 Artesunate/Mefloquine (A + M2) 1+1 Artesunate/Mefloquine (A + M4) 1+1 Oxytocin (kept in monitored fridge between 2-8 degrees Celsius – if not, score 0) 1+1 Tetracycline eye ointment (antibiotic not steroid) 1+1 Doxycycline 100mg (not tetracycline) 1+1 Ringer's Lactate 1+1 Vitamin A 100,000U 1+1		

				Benzyl benzoate 25% 1+1 Nylon suture 2/0 1+1 Gauze rolls or packets of gauze 1+1		
3	For the following 5 drugs, check 1) the amount used every month for the past 6 months. This can be found on the monthly order to CMS/OD or the monthly consumption sheets. Add the amounts together and divide the total by 6 to get an average (AMC- (average monthly consumption) for the past 6 months. 2) Now check the amount remaining in stock at the end of the last month (Check last month's order to CMS (via OD) to see what the remaining balance is) The amount remaining should be at least one AMC e.g. if there was 5644 Cotrimoxazole dispensed in the past 6 months then the AMC would be 941 tablets. There should be at least 941 tablets remaining in the HC at the end of last month. Drugs to check are: • Amoxicillin or Ampicillin 250 mg • Cotrimoxazole 400/80 mg • Paracetamol 500mg • ORS • Ferrous sulphate or ferrous/folate Use the table below for checking	Drug order from previous month	10	All 5 drugs had at least 1 AMC in stock at the end of the previous month 10 4 of the drugs had at least 1 AMC in stock at the end of the previous month 4 3 or less of the drugs had at least 1 AMC at the end of the previous month **or** unable to check as documents not available 0		

Month name	Amount used per month				
	Amoxicillin or Ampicillin 250 mg	Cotrimoxazole 400/80 mg	Paracetamol 500 mg	ORS	Ferrous Sulphate or Ferrous/folate
AMC (average over 6 months)					
Amount remaining last month (month 6)					
1 AMC or more at end of last month Y/N					

	TOTAL	**55**		

3. DOCUMENTATION		Verified by	MAX SCORE	SCORING		TOTAL SCORE	COMMENTS
1	Pharmacy has at least ten spare stock cards and at least 30 spare daily drug consumption sheets which are available and easily found i.e. not locked up, person with keys is at HC. Daily drug consumption sheets are sheets that are used to tally up the drugs used per day. They are not the sheets that give a summary of the total number that have been given that day	Spare stock cards and daily drug consumption sheets	5	Ten spare stock cards and at least 30 spare daily drug consumption sheets available and easily found Ten spare stock cards but less than one month supply of daily drug consumption sheets No stock cards **or** no daily drug consumption sheets	5 1 0		
2	Take all OPD prescriptions from the last working day and check whether the prescriptions (no. drugs etc) have been transposed correctly to daily tally (consumption) sheet. (This may take some time if there have been many patients however all prescriptions need to be checked to get a daily tally). If the HC does not do this daily, then they get zero	Prescriptions, tally sheet	10	All prescriptions have been transposed to daily tally sheet correctly and total no. drugs dispensed = no. prescribed one prescription has not been transposed correctly More than one prescription has not been transposed correctly **or** not able to check as amounts not separated by day **or** no tally sheet **or** don't transpose daily	10 1 0		
3	Check **ten** stock cards at random i.e. ten drugs (avoid first few and go for middle or end). Check the following columns are completed: – Generic name is recorded – Check there is only one dosage per page i.e. 250mg separate from 500mg (i.e. one page per dose) – Date of entry – Date of exit – Remaining balance – Expiry Date of all incoming drugs recorded (if all drugs don't have expiry date score zero) Check that amount in the stock book is what is on the shelf (the number of drugs dispensed since the last date in the stock card will have to be checked on the daily consumption sheet. The amount in the stock card minus the amount dispensed should be the amount remaining. If there is no up to date daily consumption sheet, score zero A 2% error is allowed for oral drugs i.e. if there is supposed to be 1200 tablets then if there is between 1176 and 1224 tablets, the stock card = amount drugs. If however there is only 1150 tablets counted, then this is an error and the amount does not equal the stock card amount If 3 or more stock cards are incomplete, discontinue and score zero Use the table below for checking	Stock cards	20	All ten stock cards up to date (all columns are completed) **and** amount in stock book corresponds with amount expected on the shelf (2% error allowed for oral drugs only – IV and vials excluded) 8 or 9 stock cards up to date and complete and amount corresponds with amount expected on shelf (2% error allowed for oral drugs only – IV and vials excluded) ≤7 stock cards are up to date **or** amount for ≤7 drugs doesn't correspond with amount expected on shelf **or** incomplete (2% error allowed for oral drugs only – IV and vials excluded)**or** all drugs have no expiry date written on stock card **or** no up to date daily consumption record	20 2 0		

	Name of drug	All columns in stock card completed (generic name, one dose, date of entry and exit, balance, expiry date recorded for all new entries - Y/N	Balance on stock card (A)	Amount dispensed (from last stock card entry until day of asst) (B)	Amount supposed to be available on shelf (C = A - B)	Amount actually available after counting (D) D should be equal to C +/-2%)	Stock card and amount expected on shelf concur Y/N
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total stock cards up to date. (If 1 drug not complete, cannot score full points)						Total no. stock cards concurring with amount expected on shelf	

4	Check five of the drugs just checked above for their expiry dates (i.e. check them on the shelf) to confirm what is written	Spot check	10	All 5 drugs are within the expiry date and all expiry dates have been recorded in stock card correctly 10 All 5 drugs are within expiry date but not all expiry dates have been recorded in stock book 2 Some drugs expired **or** no expiry dates recorded in book **or** expiry dates not correct 0		
5	Check expiry date of five additional oral drugs **<u>at random</u>** from shelf	Observe	10	No drugs expired 10 At least one of the five drugs expired **or** no expiry date recorded e.g. not kept in original container 0		
		TOTAL	**55**			

4. GENERAL HYGIENE		Verified by	MAX SCORE	SCORING		TOTAL SCORE	COMMENTS
1	Is there a rubbish bin in the Pharmacy? Is it overflowing or is there evidence that it is emptied regularly? (check that the rubbish doesn't look too old or dusty)	Observe	10	Rubbish bin available and not full Rubbish bin available but full or not emptied regularly No rubbish bin available	10 2 0		
2	Is there evidence that the floor is regularly swept and well mopped in Pharmacy and the room looks very clean e.g. ceilings and walls clean and no cobwebs? Consider whether you would be happy to work in this room in its current state. Full points can only be scored if the room is very clean	Observe	5	Looks very clean (walls, ceiling, floor) and well mopped Walls and ceiling clean, swept but not mopped **or** mopped poorly Not clean	5 1 0		
		TOTAL	**15**				

	MAX SCORE	SCORE RECEIVED	%
1. ORGANISATION AND PRESENTATION OF STAFF and DEPARTMENT	**25**		
2. EQUIPMENT, SUPPLIES AND INFRASTRUCTURE	**55**		
3. DOCUMENTATION	**55**		
4. GENERAL HYGIENE	**15**		
TOTAL PHARMACY	**150**		

Name of Health Centre: **Date of Assessment** **Name of Assessors:**

12. INPATIENT WARD

HC with beds will need to have their IPD ward(s) checked. MPA guidelines state that HC should follow CPA guidelines for inpatients e.g. registration books should be MOH format, Referral Hospital treatment guidelines should be followed etc. When checking for referrals within these HC, it should be clear that a referral is the referral of a patient outside the HC i.e. to a hospital not an internal transfer from one department to the patient ward. Hence be sure to check carefully when looking at referral data.

If there is more than one IPD ward e.g. TB, general medical, Obstetrics, test all wards using this tool i.e. have more than one copy of this tool. If 1 ward combines various patients, test only once

1. ORGANISATION AND PRESENTATION OF STAFF AND WARD (visit ward)

(If staff member working in IPD is responsible for any other department that has already been tested, skip section 1, questions 1, 2, and 4)

		Verified by	MAX SCORE	SCORING		TOTAL SCORE	COMMENTS
1 **	Check whether the staff that are assigned to work in inpatient ward are currently on duty. Is this staff able to manage the patients on these wards e.g. if Obstetric patients, is there a midwife on duty to look after the patient? Does the staff member(s) have keys to all cupboards, desks etc related to IPD i.e. can s/he get to IPD forms, registration book etc? If there is no monthly staff schedule, score zero Cross check with Management Section 1, qu 6	Staff schedule, interview staff in IPD	5	Staff scheduled are on duty at time of assessment Staff scheduled not at HC but at outreach/training/authorised leave and other trained staff member able to carry out all work related to IPD Staff scheduled not at HC (not at outreach/training and no authorised leave) **or** no trained staff member able to carry out IPD duties at time of asst **or** IPD room or equipment/supplies locked up **or** no staff schedule	5 4 0		
2	Staff member(s) is in uniform, has name tag and is well presented Name tag should have name, title, qualification, place assigned to work and photo No. staff = No. staff in full uniform with name tag and well presented = If uniform is dirty or untidy, score zero	Observe	5	Staff member is in full uniform, looks neat and tidy and is wearing name tag or if > 1 staff, all staff in full uniform, look neat and wearing name tag Staff member in uniform (looks neat and tidy) but no name tag **or** has name tag but no uniform **or** only 1 staff member fully uniformed No uniform or name tag worn by staff member **or** uniform is not clean and tidy **or** 1 staff not in uniform, wearing name tag and well presented	5 2 0		

3	Is there a Job Description for staff working in IPD? The job description should specifically mention activities that should be carried out in IPD e.g. managing IVs, catheters, taking vital signs, doing dressings etc. The Job description should be available in the IPD i.e. A4 sheet and not just the job description appearing in HC manual	Job Description	5	Job Description available; relevant to IPD post 5 No Job description available **or** not relevant to IPD **or** only available in HC manual **or** only person responsible mentioned not actual duties 0		
4 **	Does this staff member know how user fees are used in the HC? They should give this answer: 60% for staff incentives, 39% for running costs, 1% for Ministry of Finance (except EF HC where 40% is used for running costs). Don't prompt them – we want to check how transparent the financing system is in the HC Does this member of staff know how much s/he should receive per month i.e. does s/he have access to details about all sources of income and expenditure and does s/he know the formula for dividing the fees amongst staff. In some HC the Chief may get more than other staff or cleaners may get less or staff may have money deducted if they are not working daily. Is there a formula for distribution of funds or do staff get equal amounts? Does the staff member get the incentive regularly and in the correct amount? Staff members must have access to all income and expenditure details , receive funds monthly and in the correct amount and be aware of how fees are divided to obtain full points. This question needs to be cross checked with Management Section 3, qu 5	Discussions with staff member; finance reports for HC, registration books, receipt books etc	10	Staff member knows how user fees are used/divided up without prompting; has access to details about all sources of income and expenditure reports, receives incentive monthly and in the correct amount 10 Staff member receives monthly amount but does not know how user fees are used/divided up **or** Staff member receives monthly amount, may know how user fees are used/divided up but doesn't have access to all sources of income and expenditure reports **or** Staff member receives monthly amount but doesn't know whether it is in the correct amount 2 Staff member doesn't receive incentive monthly **or** doesn't get in correct amount 0		
		TOTAL	**25**			

2. EQUIPMENT AND SUPPLIES

		Verified by	**MAX SCORE**	**SCORING**	**TOTAL SCORE**	**COMMENTS**
1 **	Check for the following: thermometer, BP cuff, stethoscope, scales for older children; scales for adults. Is it easily found or locked in a cupboard? It must also be in good working order. Zero points are given if this equipment is missing in this ward i.e. kept in another room or department This question needs to be cross checked with Management section 2, qu 2	Spot check and Observe in ward	10	One point for each piece of equipment and another point if that item is easily found and ready to use i.e. total of 2 points per item. Nil points if broken Thermometer 1+1 BP (child cuff) 1+1 Stethoscope 1+1 Scales for older children 1+1 Scales for adults(assessor should check own weight for accuracy – if >2kg difference give no score) 1+1		
2	Are there new patient files/admission sheets (include sheets for: 1-patients details, 2-history, exam, diagnosis and treatment, 3. medication, and 4. vital signs). Are they readily available and made up ready for the next admission	Spot check	5	All sheets readily available and completely made up 5 All sheets readily available but not made up into a file 1 Not available **or** not readily available 0		

3	Are there blank discharge letters available?	Spot check	5	Available and easily found Not available **or** not readily found	5 0		
		TOTAL	**20**				

3. QUALITY OF DOCUMENTATION AND PROCEDURES

INPATIENT WARD		**Verified by**	**MAX SCORE**	**SCORING**	**TOTAL SCORE**	**COMMENTS**
1	Check the IPD registration book for the following columns: running number, name, sex, age, address, date of admission, diagnosis on admission, date of discharge, diagnosis on admission, outcome (discharged, unauthorised d/c, referred (to other health facility or ward), death), no. days admitted, user fees, remarks. Are all columns included? All of these columns should be present to score full points. If additional columns are added, do not score additional points	Register book	20	Give one point for each item being in the register Running number Name Sex: M F Age divided into 4 columns: 0-4 5-14 15-49 ≥50 Address Date of admission Diagnosis on admission Date of discharge Diagnosis on d/c Outcome: Discharged unauthorised discharge referred (to other health facility or ward) death No. days admitted User fees Remarks Total points 20		
2	Is the registration book up to date i.e. are there any patients admitted today recorded in the register book? Check against the OPD register book for any admissions not just IPD register book	OPD and IPD Register book	5	Today's admissions entered and up to date; today's d/c up to date 5 Today's admission entered -not up to date, today's d/c not up to date 1 Nothing entered for today 0		
3	Go to the first day of the registration book of two months ago and check all entries for one month. If there were no admissions, go back to the previous month and check the entries Check to see whether the patients entered have had all data collected i.e. there should be a recording for each column (for sex – either M or F ticked), age – one column ticked; outcome – at least one column ticked) Go down each column to see whether there is an entry. If all columns are not included, score zero	Register book	10	All columns are correctly filled in for each patient 10 One column is not completed 4 > 1 column is incomplete **or** the registration book does not have all columns included 0		

		Verified by	MAX SCORE	SCORING			TOTAL SCORE	COMMENTS
4	Check the total number of discharges recorded in registration book in the past month for patients aged 15-49 and compare with the HC1 form of the previous month (Section II, table 1) No. discharges 15-49 recorded in registration book = No. discharges 15-49 recorded in HC1 form =	Register book, HC1 form	5	Number discharges aged 15-49 recorded in registration book = number recorded in HC1 form 5 Number discharges aged 15-49 not equal to number on HC1 form 0				
5	Check the total number of discharges by outcome in the previous month and compare with the HC1 form (Section II, table 2) i.e. check total number of authorised discharges, unauthorised discharges, deaths, referred and compare with the HC1 form Section II, table 2)	Register book, HC1 form	5	Outcomes recorded in registration book = outcomes recorded in HC1 form 5 At least one outcome has a different number recorded in registration book and HC1 form 0				
Take 2 <u>current patient files</u> and check for completion of: If only one inpatient or no inpatient at time of assessment, find the patient file of the last 2 patients and answer all questions except qu 9 which is not relevant for discharged patients					**Pt 1**	**Pt 2**	**Total**	
6	name, address, age, sex, date of admission	Patient file	10	One point for each i.e. total 5 points per patient, total 5 points if all correctly filled in name address age sex date of admission				
				TOTAL 5 points per patients – total 10 points for 2 patients				
7	Vital signs on admission completed History of illness, examination and diagnosis completed in admission record	Patient file	30	Vital signs: one point for completion of each i.e. T BP PR RR History: if detailed and extensive - 4 incomplete **or** very scant - 1 no history - 0 Examination: complete/extensive - 4 not complete - 1 nil - 0 Diagnosis: if fits with history and vital signs and examination - 3 (if scant history or examination score 0) if little or no history **or** examination or vital signs missing – 0				
				TOTAL 15 points per patient – total 30 points for 2 patients				
8	Were the drugs prescribed on the essential drug list and according to MOH treatment guidelines?	Patient file, essential drug list, RH treatment guidelines	10	On essential drug list and treatment according to guidelines - 5 Not on essential drug list - 0 not according to guidelines - 0				
				TOTAL 5 points per patient – total 10 points 2 patients				

		Verified by	MAX SCORE	SCORING	Pt 1	Pt 2	TOTAL SCORE	COMMENTS
9 **	Check the file for **today's** entry/recording. Is there a date, clinical notes, examination, treatment orders, signature of staff responsible for treatment (doctor, MA, secondary nurse or midwife)? Verify this question with question 1 and 2 below. If patient denies being seen, score zero for this patient despite what the notes may record	Patient file	10 or 5 or 0 pending whether inpatient or not	One point for each Date Clinical notes Examination Treatment orders Signature of staff responsible				
				TOTAL 5 points per patient – total 10 points 2 patients				
10 **	Check the vital sign chart for entire admission of these current patients. Is there at least **daily** recording of temperature, PR, BP, RR with a signature of the person taking them? If no daily vital signs for each patient, no point is given for that item. If **no** vital sign chart at all, then ***no points*** Verify this question with question 3 below If patient denies having vital signs taken, score zero for this patient despite what the notes may record	Patient file	10	One point for each vital sign (only if they have been done every day of admission) and signature. If they missed any vital sign during their admission then no point is given T everyday BP everyday PR everyday RR everyday Signature everyday				
				TOTAL 5 points per patient – total 10 points 2 patients				
11	Take 2 files of discharged patients and check for discharge letter (may have filled front sheet of admission sheet i.e. final diagnosis. If patient not referred, this will suffice) but if referred, discharge letter is mandatory	Patient files	10	Discharge letter attached or patient not referred and admission sheet completed (final diagnosis) – 5 No discharge letter/final diagnosis not recorded on admission sheet **or** files not available – 0				
				TOTAL 5 points per patient – total 10 points 2 patients				
		TOTAL	**125**					

4. PATIENT VERIFICATION (meet patients in ward)

	Ask two patients (or their relative) who have been prescribed oral medications i.e. ask each patient or check the file before the interview: If less than 2 patients, multiply total amount scored by 2 and divide by number of patient files e.g. if 1 patient scored 4 then 4 x 2/1 is the final score If no inpatients, remove entire section from analysis				Pt 1	Pt 2	Total	COMMENTS
1 **	Have you been seen by the staff responsible for your care today? If the answer is no, then score zero on next question If patient denies being seen then score 0 on question 9 above	Patient interview	4 or N/A if no inpatient	Yes - 2 No - 0 Total 2 points per patient				
2 **	Did s/he speak to you, examine you? Score zero if no score on question above If patient denies being seen by the treating staff member, then score 0 on question 9 above	Patient interview	10 or N/A if no inpatient	Spoke and examined - 5 Spoke but didn't examine - 0 Didn't speak and didn't examine **or** hasn't been seen - 0 TOTAL 5 points per patient				

3 **	Has anyone taken your temperature, BP, PR, today? Verify question 10 above after asking patient this question	Patient interview	6 or N/A if no inpatient	One point for each vital sign T BP PR TOTAL 3 points per patient				
The next two questions are about oral drugs – the first is about ***receiving*** them and how to take them and the second is about ***taking*** them. Don't confuse the answers		**Verified by**	**MAX SCORE**	**SCORING**	**Pt 1**	**Pt 2**	**TOTAL SCORE**	**COMMENTS**
4	Did you get your oral drugs today? Were you told how many to take and when? Ask patient to show their drugs and explain how and when to take them. If you ask pts before 10 am, they may not have received any BUT they should have some left from yesterday). If not, they score zero. If you ask this question after 10 am, and they have not received any drugs today, score zero.	Patient interview	10 or N/A if no inpatient	Received drugs, told how many to take and when, can give correct information on how often to take them - 5 Received drugs but not told how many/ time to take - 0 Not given drugs (give time of asking question) - 0 TOTAL 5 points per patient				
5	Have you taken your drugs as asked today? Check the drugs.	Patient interview	10 or N/A if no inpatient	Ask patient to tell you how many and when If know correctly and have already taken them - 5 If don't know how to take them - 0 If haven't taken them today - 0 Not given drugs - 0 TOTAL 5 points per patient				
6	Do you know what your diagnosis and plan for treatment is?	Patient interview	10 or N/A if no inpatient	Know diagnosis and plan for treatment - 5 Know diagnosis but not plan for treatment - 1 Doesn't know diagnosis - 0 TOTAL 5 points per patient				
7	Is there staff here at night that you can call on if you need to?	Patient interview	10 or N/A if no inpatient	Staff available on ward and easily contactable - 5 Staff available but not on ward or easily contacted - 1 Staff not available – 0 TOTAL 5 points per patient				
8	Were you told about food being provided by the HC twice daily (or given 2500 R per day for food if the HC doesn't have a kitchen)? Were there any comments about amount provided or quality of food? If so please record in comments box in right	Patient interview	10 or N/A if no inpatient	Told about food/money for food and received it twice daily (food)/money daily - 5 Told about food/money but didn't receive it twice daily (food) or money daily - 2 Told about food/money but never received it - 1 Not told about food/money for food - 0 TOTAL 5 points per patient				
9	Were you told where the patient toilet/bathroom was on admission (or is it very obvious being in the same ward)? Can you use it or is it locked, is there always enough water? Is there enough water for washing clothes also?	Patient interview	10 or N/A if no inpatient	Told where toilet/bathroom is, (or in ward and very obvious), not locked when want to use it, water always available for bathing/washing - 5 Told where toilet/bathroom is, (or in ward and very obvious) but can't use it all the time because locked or water not always available - 0 Not told where toilet/bathroom is or not in ward and not obvious - 0 TOTAL 5 points per patient				

10	Were you given any explanation about the exemption scheme when you first arrived at hospital or when you were admitted?	Patient interview	10 or N/A if no inpatient	Exemption scheme explained well – 5 Exemption mentioned but not explained well - 1 Noticed exemption mentioned on user fees board but no explanation - 1 No mention of exemption – 0 TOTAL 5 points per patient				
11	Were you asked to pay additional fees after admission including drugs not available in the HC? Please check all receipts that patient has and ask them whether they always received receipts (even if paid additional amounts during admission). For patients who are exempted e.g. monks, HIV +ve patients, EF beneficiaries, they should receive something to say they are exempt	receipt	20 or N/A if no inpatient	Receipt from admission and no additional fees paid **or** have receipt for additional fees paid **or** have receipt and exempted – 10 Receipt from admission but no receipt for subsequent payments **or** no receipt but exempted – 1 No receipt but had to pay **or** receipt attached to patient file only – 0 TOTAL 10 points per patient				
12	Check all patients in ward. Count how many patients have IVs up – IVs up = Are there any IVs that are empty or have any of the IVs stopped i.e. no drops being visible? If there are no IVs on the ward, they can score 5 points	Patient interview	5 or N/A if no inpatient	Count no. patients with IV and no. patients with IV stopped. All IVs are dripping normally (or no IVs at all on the ward) - 5 At least one IV stopped or empty– 0				
		TOTAL	**115** or N/A if no inpatient					

5. GENERAL HYGIENE

		Verified by	MAX SCORE	SCORING		TOTAL SCORE	COMMENTS
1	Are there at least 2 rubbish bins in the IPD ward? Are they overflowing or is there evidence that they are emptied regularly? (check that the rubbish doesn't look too old or dusty) Is there a sharps container in the nurse's station that is in use i.e. has needles in it, not overflowing etc?	Observe IPD	10	Rubbish bins available and not full; sharps container available and not full Rubbish bins available but full or not emptied regularly, sharps container available but not full One or no rubbish bin available **or** sharps container full **or** no sharps container available **or** sharps put in rubbish bin	10 2 0		
2	Is there evidence that the floor is regularly swept and mopped in patient ward? (currently clean, floor is not smeared but looks very clean and shiny if tiled) Are the. ceilings and walls clean with no cobwebs? To score full points, this ward must be extremely clean i.e. cannot be improved any more if re cleaned. Consider whether you or your family would be happy to be an inpatient in this ward Full points can only be scored if the room is very clean	Observe IPD	5	Looks very clean (walls, ceiling, floor) and well mopped Walls and ceiling clean, swept but not mopped or mopped poorly Not clean	5 1 0		

3 **	Is there a tap in IPD for staff to wash hands after consulting patients? (tap must be working). If not, is there a back up container of water (with water available), scoop and a sink? This question is to be cross checked with Management section 2, qu 6 If no water available, score zero on next question	Observe IPD	5	Tap and sink in working order **or** sink and back up water container (>half full) with water/scoop available 5 No sink but has a bucket with water and scoop, and another container to catch used water 2 Tap but no water or back up supply **or** water container < half full of water **or** no scoop **or** sink not hooked up to drain or blocked **or** no water/tap available in IPD at all 0		
4 **	Is there soap available for staff to use when washing hands? To score full points the soap must be readily available at the water source. If no water (qu 3 above), score zero	Observe IPD	5	Soap available for staff to use 5 No soap available at the sink in this room **or** no water available 0		
		TOTAL	**25**			

		MAX POSSIBLE	*MAXIMUM SCORE POSSIBLE FOR THIS HC*	SCORE RECEIVED	%
1	**ORGANISATION AND PRESENTATION OF STAFF AND WARD**	**25 (or less if staff member already checked in other section)**			
2	**EQUIPMENT AND SUPPLIES**	**20**			
3	**QUALITY OF DOCUMENTATION AND PROCEDURES**	**125 (or less if no inpatient)**			
4	**PATIENT VERIFICATION**	**115 (or less if no inpatient)**			
5	**GENERAL HYGIENE**	**25**			
	TOTAL INPATIENT WARD	**310 or less if staff member already interviewed elsewhere or no inpatients at time of assessment**			

Name of Health Centre: **Date of Assessment** **Name of Assessors:**

13. REFERRAL SYSTEM FOR HC

Need to check Referral letters (blank and completed), Registers for OPD, MCH (ANC, delivery, post partum, PAC (if available in this HC) and if used in this HC, the Referral register (if it exists), IMCI sheets, HC1 form, HC ambulance (if existing including log book), speak with/contact driver if ambulance is available

		Verified by	MAX SCORE	SCORING	TOTAL SCORE	COMMENTS
1	Does the HC have blank referral letters available to use (at least 5)? They should be MOH format. Are they easily found or locked away in a cupboard or room and not available to those in OPD and MCH?	Referral letters	4	Referral letters (MOH format) are readily available i.e. easily found and in easy reach of the persons who would write the letter (not locked in a cupboard or room of someone who would never write the letter) 4 Referral letters are available but not readily found **or** less than 5 available **or** not MOH format 1 No blank referral letters available **or** not all departments (OPD/MCH) have them available to use 0		
2	Does the HC keep a record of the referral letter that they wrote and sent with the patient? Check for last month. If no referrals, check for the month prior to last month. All referral letters should be kept in one central place so that HC Chief can take these to OD meeting to follow up on the referred patients Referral letters should be written by OPD, TB or MCH staff for patients requiring further management or treatment. This question does not include referrals for VCCT (as referral slips should be kept with VCCT counsellor rather than kept centrally)	Completed referral letters	4	Copies of referral letters are kept in a central place 4 Copies of referral letters are kept but not filed in a central place 1 No copies of referral letters are kept **or** no referrals in past 2 months 0		
3	Does the HC have a central register of ALL patients being referred to RH i.e. one book that records ALL referrals from the HC (OPD, ANC, delivery, post partum +/- post abortion care (PAC)? If no central register exists, check for the presence of the following registration books: OPD, ANC, delivery, post partum, (+/- PAC if HC uses it) Underline which books are available at the HC	Central register, Register books for OPD, ANC, delivery, post partum, +/- PAC	2	The HC has a central register with all referrals from the HC recorded **OR** The HC doesn't have a central register for all referrals but has all the following registration books for OPD, ANC, deliveries and post partum 2 The HC has only some of the registration books but not all 0		

<table>
<tr><th></th><th></th><th>Verified by</th><th>MAX SCORE</th><th>SCORING</th><th>TOTAL SCORE</th><th>COMMENTS</th></tr>
<tr><td>4
**</td><td>If the answer to Qu 2 is zero go to question six (6)
Use data collected while assessing OPD, ANC, Delivery, PNC sections (no. referrals and no. referral letters for either last month or the previous month) to help answer this question
Does the HC record all referrals from the HC?
Check last month's central register or each individual register book if no central register to see if any referrals are recorded. If there are no referrals in the month before, check 2 months before.
Check that each patient registered in the book has a referral letter
(This question can only be answered if the HC keeps a duplicate of all referral slips and all registration books are present i.e. if the answer to Qu 2 above is zero then skip this question).
Verify this question with results in Q above and OPD Section 3, Qu 6, ANC, Section 3, qu 6, Delivery Section 3, Qu 6, PNC Section 2, qu 4 and PAC register book if HC has this registration book. If the HC is a FDH or has beds, please check that ward also for any referrals
Transpose information from other tools here.
If numbers are all equal, HC can score points – Use either last month's referrals or previous month for all sections (whichever has all information complete
<table><tr><th></th><th>Last month</th><th>Previous month</th></tr><tr><td>ANC referrals</td><td></td><td></td></tr><tr><td>ANC referral letters</td><td></td><td></td></tr><tr><td>Delivery referrals</td><td></td><td></td></tr><tr><td>Delivery referral letters</td><td></td><td></td></tr><tr><td>PNC referrals</td><td></td><td></td></tr><tr><td>PNC referral letters</td><td></td><td></td></tr><tr><td>OPD referrals</td><td></td><td></td></tr><tr><td>OPD referral letters</td><td></td><td></td></tr><tr><td>PAC referrals</td><td></td><td></td></tr><tr><td>PAC referral letters</td><td></td><td></td></tr><tr><td>Other referrals e.g. if FDH and referral to RH</td><td></td><td></td></tr><tr><td>referral letters</td><td></td><td></td></tr><tr><td>Total No. referrals</td><td></td><td></td></tr><tr><td>Total No. referral letters</td><td></td><td></td></tr></table></td><td>Central register book for all referrals or register books for OPD, ANC, delivery, post partum and PAC, duplicates of referral letters</td><td>10</td><td>Number of referrals in central register is same as number of referral letter duplicates or
the total number of referrals in each register book equals the total number of referral letter duplicates 10

Number of referrals registered and number of referral slips is different or
names on slips are not those recorded in the registration book 0</td><td></td><td></td></tr>
<tr><td>5</td><td>If no central register, skip this question

If there is a central register book, add up the number of referrals in the last month and compare with the number of referrals recorded in each of the registration books. The sum of all those recorded in the registration books should be the same as the number in the central register.
If no referrals in the month before, check for 2 months prior</td><td>Central register or register books for OPD, ANC, delivery, post partum, PAC</td><td>5</td><td>The number of referrals in the central register is equal to the sum of all referrals recorded in registration book (if no referrals in past 2 months, score zero – see option below) 5

The number of referrals in the central register is not equal to the sum of all referrals recorded in registration book or
there is no central register book or
no referrals in past 2 months 0</td><td></td><td></td></tr>
</table>

6 **	Check the HC1 form from previous month for referrals i.e. check OPD table (section 1), ANC, Delivery, Abortion (section VI). Check whether they have a number recorded. If so, go to the registration books and compare whether the numbers are the same. Check the various tools as above (OPD Section 3, Qu 6, ANC, Section 3, qu 6, Delivery Section 3, Qu 6, PNC Section 2, qu 4 and PAC register book if HC has this registration book for number of referrals recorded in registration books If no referrals in the previous month, check for 2 months prior. If no referrals at all recorded on HC1 form, score zero **PLEASE NOTE:** The postpartum register specifies a column for 'refer to' yet in the HC1 form, there is no section for 'refer to'. Hence do not check this register	Register books for OPD, ANC, delivery, PAC, HC1 form	10	The sum of all OPD and MCH referrals (ANC, delivery +/- PAC)are equal to the number of referrals on the HIS form (if no referrals in past 2 months score zero – see option below) 10 At least one of the registration book referrals has a different number recorded on HC1 form (Please underline which registration book differs from the HC1 form (OPD,ANC, deliveries, PAC)) 2 None of the referrals recorded in the register books are the same as the HIS **or** no referrals are recorded in any registration book during that month or the previous month 0		

If the HC does not use the standard MOH ANC book format, score zero on the next three questions (but please check their registration book to see if they record 'at risk' and refer patients. Put comments about HC ability to recognize and refer patients in the comments columns e.g. did the patient have a BP >140/90 but was not referred? Did they record that the woman had oedema of face and hands but didn't refer her?						
		Verified by	**MAX SCORE**	**SCORING**	**TOTAL SCORE**	**COMMENTS**
7	Check the last 200 patients who visited the HC for ANC check up. Check columns 14 (at risk) and 21 (remarks). If the HC does not use the standard MOH ANC book format, score zero Check all those who have a tick in column 14 (at risk). They should have something recorded in 'remarks' (column 21). Examples of high risk include: very pale, high BP (≥140/90), severe headache, dizziness or blurred vision, face/hand swelling, high fever, fast of difficulty breathing, vaginal bleeding, fundal height smaller or larger than expected, no foetal movements, abnormal presentation very late in pregnancy e.g. 38 weeks/8.5 months), twin pregnancy, previous haemorrhage, previous caesarean section, previous stillbirth, past history pre-eclampsia or eclampsia, leg deformity and no previous delivery, short stature, 5 or more deliveries, older than 35 yrs, previous complication of pregnancy or delivery, chronic disease such as heart or thyroid disease, diabetes, TB or suspect TB. They should also mention the action that is to be taken e.g. if multigravida, delivery should occur in HC or RH; high BP referred to RH etc This question is included to assess the Health Centre's ability to recognise a pregnancy that is at risk of complications	Check register book ANC	10	if 'at risk' column is ticked, all have a remark stating what the high risk is in column 21 AND the remark IS recognised as a risk category AND the action they will take is mentioned 10 'at risk' column is ticked but not all have a comment in the 'remarks' column or not all have action to be taken mentioned 2 no 'at risk' patients are recorded **or** HC not using MOH ANC book format 0		

8	Check the last 200 patients who visited the HC for ANC check up. Mark back 200 patients so it is easy to know when to stop checking. Check column 19 to see if there is any ticks for referrals for the past 200 patients. If so, check for a referral letter Is there a reason recorded in column 21 for referring the patient? Have they ticked the 'at risk' column also? This questions is included to ascertain whether the HC staff have documented why this patient needs to be referred i.e. is she at risk of complication and if so, has it been documented?	Check register book ANC	10	Column 19 'referral' is ticked, referral letter is found, a comment is given in remarks column as to the reason AND 'at risk' is also ticked 10 Column 19 'referral' is ticked but not all patients have a comment in 'remarks' column or 'at risk' column or not all referral letters are found 2 Column 19 'referral' is ticked but no patients have a comment in 'remarks' column at all **or** Column 19 'referral' has not been ticked at all **or** HC not using MOH ANC book format **or** referral letters not found 0		
9	Check column 21 'remarks' of the same 200 patients If the remarks state a risk category (e.g. one of those above) has column 14 and/or 19 be ticked? If referral column is ticked, is there a referral letter **PLEASE NOTE:** It is possible for 'at risk' and 'remarks' columns to be completed but 'referral' column may be blank e.g. in the case that a woman does not need referral until closer to or at term (previous caesarean, previous haemorrhage)	Check register book ANC	10	'Remarks' column states a risk category or dangerous situation for mother or unborn baby and 'at risk' and/or 'referral' column is ticked. If referral column ticked, referral letter is found 10 'Remarks' column states a high risk or dangerous condition but there is no tick in 'at risk' or 'referral' column for all patients **or** HC not using MOH ANC book format **or** no comments in remarks column 0		
If this HC has IMCI please complete questions 10-12 then go to question 16 If there is no IMCI please complete questions 13-15 (skip questions 10-12) and then proceed with question 16						
10	Check the last 100 completed IMCI sheets (2 months to 5 years)starting from the previous month (and go backwards until you have found 100 charts) Check the first section regarding danger signs. Have any of these give been ticked or circled? Is so, were they referred? If no danger signs identified, score zero	IMCI sheets	10	All patients with one or more of the five danger signs has been referred 10 Only some of the patients with one of the five danger signs have been referred **or** no patient with one of the five danger signs has been referred **or** no patient has had a danger sign ticked/circled 0		
11	Check the next 6 sections of each of the same 100 forms to see whether any of the following are present and whether patient was referred? • Chest indrawing or stridor • unconscious or somnolent • sunken eyes and reduced skin turgor • stiff neck • Signs of bleeding (petechiae, epistaxis, bleeding gums, vomiting blood) • clouding of cornea or extensive mouth ulcers • cold extremities • severe palmar pallor • somnolence • tender swelling behind the ear • visible severe wasting • oedema of both feet Each patient with any of the above symptoms or signs circled MUST be referred. If not, they cannot score 10 points If NO danger sign or severe sign is found in 100 patients score 0	IMCI sheets	10	Severe symptoms and/or signs have been ticked and referrals made for all patients 10 Severe symptoms and/or signs have been ticked but not all have been referred **or** no recording of any severe symptoms or signs **or** referral made but no symptoms/signs ticked 0		

		Verified by	MAX SCORE	SCORING	TOTAL SCORE	COMMENTS
12	Check the OPD registration book of all those patients from above that were referred to see if they have been recorded in the following way: symptoms/signs are recorded (column 11) health problem is given (column 12) referral column (column 14) is ticked **If the HC does not use standard MOH registration book format score zero**	IMCI sheets and OPD registration book	10	Symptoms/signs recorded, health problem provided **and** referral column ticked 10 Not all patients referred have symptoms/signs/health problem recorded or referral column not always ticked 2 No symptoms or signs are recorded **or** referral column is not ticked **or** no referral at all **or** HC does not use MOH standard format for registration book 0		
If there is no IMCI please complete the next 3 questions (13-15) Go to question 16 if IMCI (and last 3 questions answered)						
13	Check 100 patients under 5 years in the OPD registration book starting from last month (and going backwards). Mark the 100 patients so it is obvious when to stop. Look at the symptoms and signs column (column 11). Is there any record of the following danger symptoms or signs? • Not able to drink or breastfeed • Vomits everything • Convulsions • Lethargic or unconscious • Stridor • Severe chest indrawing • Very sunken eyes/absent tears • Very sunken or bulging fontanelle • Reduced skin turgor • Stiff neck • Corneal clouding • Somnolence • agitation • cold extremities • Signs of bleeding (petechiae, epistaxis, bleeding gums, vomiting blood) • Flaccid paralysis • Oedema of both feet or severe visible wasting If there is a record of any of the above, has column 14 'referred' been ticked?	Check OPD registration book	10	All patients with a record of any of the listed danger symptoms or signs were referred to the hospital 10 Some patients with a record of the listed danger symptoms or signs were referred to the hospital but not all 2 No danger symptoms or signs were recorded at all **or** no referrals 0		

		Verified by	MAX SCORE	SCORING	TOTAL SCORE	COMMENTS
14	Check 100 patients under 5 years in the OPD registration book starting from last month (and going backwards – mark the 100 before starting). Check the 'health problem' column (column 12) for the following health problem. If any of those below are present, is the referral column (column 14) ticked? • Diarrhoea and vomiting with severe dehydration • Prolonged diarrhoea • Severe pneumonia • Severe respiratory distress • Meningitis/loss of consciousness • Dengue haemorrhagic fever or severe bleeding • Severe malaria • Severe malnutrition (wasting or kwashiorkor) • Polio/flaccid paralysis	Check OPD registration book	10	Referral for severe illness is recorded 10 No severe illness has been recorded **or** referral was not recorded despite having a severe illness **or** no referral in past two months 0		
15	Check last month's HC1 form for referrals of children under 5 years. If there is a referral recorded, find this in the registration book – referral column (column 14). What is the health problem given? Do the symptoms and signs fit with the diagnosis? Is this an appropriate referral?	Check OPD registration book, HC 1 form	10	Symptoms and signs are recorded **and** are consistent with the diagnosis **and** patient was appropriately referred 10 Signs and symptoms are not recorded despite a referral having been made **or** symptoms or signs that are danger signs are not recorded in the registration book **or** no diagnosis/health problem is given **or** inadequate information is written to assess whether an appropriate referral has been made **or** no referral made 0		
16	Does the HC have a reliable and consistent system for transporting the referred patient, i.e. - HC has working communication system and always calls RH ambulance to collect patient or - HC has their own HC ambulance which is always used or - HC has arranged contracted transport with fixed price and able to contact the driver easily and when required or - HC is within the RH Is there evidence that they use this system i.e. do they record how the patient is taken to the hospital? If the HC says they use the RH ambulance, please verify with questions 5,6,8 & 9 of Referral Asst tool for RH (section 12) when analysing results	Ask staff, check documents (referral slips, log book ambulance, RH asst tool section 12)	10	HC has a well defined system and documents how each patient goes to RH (underline the system below) • HC has working communication system and always calls RH ambulance to collect patient **or** • HC has their own HC ambulance which is used **or** • HC has arranged contracted transport with fixed price and able to contact the driver **or** • HC is within the RH /in the town therefore many moto dops or other transport available 10 HC says they have a well defined system but no evidence of how it works **or** transport is only available for some of the time e.g. during dry season **or** only when RH ambulance decides to come 3 No well defined system in place 0		

		Verified by	MAX SCORE	SCORING		TOTAL SCORE	COMMENTS
17	Does the HC have a radio to contact RH? Is it working? Is it on at the time of the visit and is it on the correct frequency? Is it kept in a room where it can always be accessed even at night i.e. the person on duty/on guard has access at all times e.g. if it is in the pharmacy it won't be able to be used by all at any time If there is no radio: Is there a phone that is available and reliable (private or phone close to HC that can be used)? It must have a signal guaranteed Is there phone numbers of the Hospital Director, Hospital Emergency, and Hospital Ambulance? Check whether there has ever been a problem with phone not having money/power i.e. couldn't be used. Check whether there is any money on the phone at the time of the visit. If not, they score zero Please underline the correct answer i.e. whether they have a radio or phone (or both)	Spot check	10	Radio is on correct frequency and kept in central area where it can **always** be accessed Radio is on correct frequency but not kept in a place where it is always accessible Radio is not working **or** on wrong frequency **or** no radio in the HC **OR** HC has phone readily available **or** phone is available to use close to HC **and** HC has list of phone numbers for Hospital Director, Emergency and ambulance (if HC has own phone check whether any money on the phone) Phone not readily available **or** signal not reliable and phone numbers not available readily No phone **or** no money currently on the phone	10 2 0 10 2 0		
18	Has the HC staff been trained in emergencies (Module 13 MPA or other emergency training including training by national programme e.g. MCH on obstetric emergencies?) Floating staff are excluded Please include details in the remarks section about the various trainings	Ask staff	10	All HC staff (except floating staff) have had training Only some of the HC staff have had training No HC staff have had training	10 2 0		
19	Does HC have an ambulance (this includes remorque, go-yon, other vehicle for use as an ambulance)? If the HC says they have an old ambulance that is not working please check it and continue with the questions below	Ask staff and check in HC	-	Circle: yes No		- If Yes, continue to questions # 20 and 21 - If No, ignore questions # 20 and 21	
20	Ambulance – check it is in the HC, check physically whether the moto has **petrol**, check **tyres** of remorque/ko-yon are inflated (and therefore able to be readily used), check the **keys** for the moto/ko-yon are readily available Check the **driver** is at the HC (or contact him by phone or radio to see if possible to contact him easily – mock transfer) **If one of these things is not ok then they cannot score 25 points**	Observe, contact driver	25	Ambulance available, driver on hand (i.e. you speak to him), petrol in moto/ko-yon, tyres inflated, keys available Ambulance available, driver not on hand but able to be contacted and at HC within 15 minutes, petrol in moto/ko-yon No petrol in moto/ko-yon **or** driver can't be found **or** keys not available **or** tyres not inflated	25 15 0		

21	HC/ambulance has a log book which is filled in correctly and is up to date (date of transfer, patient name, age, sex, complaint, place of pick up, place of transfer, cost and amount received) Verify with registration books/referral letters to see if mode of transport recorded	Log book, reg books	10	Ambulance has log book with all categories stated on left and is up to date 10 Has log book but doesn't have all items listed **or** not up to date **or** not completed correctly **or** lack of info collected 2 Ambulance has no log book 0		
		TOTAL	**160 (or 125 if no ambulance and 120 if no central register)**	**If HC has no central register, remove question 5 from analysis** **If HC has IMCI don't score qu 13-15. If the HC doesn't have IMCI, don't score 10-12** **Overall score therefore that the HC can obtain is 125 (if no ambulance), 120 if no central ambulance or 160 (with ambulance)**		

Note: If a HC does not have an ambulance, then questions #20 and 21 should be ignored. Total score possible is therefore only 160 points.

REMEMBER: IF YOU SEE SOMETHING THAT IS NOT INCLUDED IN THIS TOOL BUT RELEVANT TO REFERRALS, PLEASE MAKE COMMENTS ABOUT IT

HC REFERRAL SYSTEM - HC HAS NO AMBULANCE			
	MAX SCORE	**TOTAL SCORE**	**%**
Referral System HC	**125 (if central register) or 120 (if no central register)**		
TOTAL HC REFERRAL SYSTEM (NO HC AMBULANCE)	**125/120**		

HC REFERRAL SYSTEM – HC HAS AMBULANCE			
	MAX SCORE	**TOTAL SCORE**	**%**
Referral System HC	**125**		
Supplementary Questions if HC has ambulance	**35**		
TOTAL HC REFERRAL SYSTEM (HC HAS AMBULANCE)	**160**		

Name of Health Centre: **Date of Assessment** **Name of Assessors:**

14. COMMUNITY REFERRAL SYSTEM

IF YOU SEE SOMETHING THAT IS NOT INCLUDED IN THIS TOOL THAT IS RELEVANT TO THIS TOPIC OF REFERRALS E.G. CURRICULUM ABOUT OTHER MAJOR DISEASES, PLEASE PUT COMMENTS ABOUT WHAT YOU FIND SO THAT DURING ANALYSIS WE CAN SEE WHERE OTHER PROBLEMS AND GAPS OCCUR

		Verified by	MAX SCORE	SCORING	TOTAL SCORE	COMMENTS
1	VHSG have been trained in danger signs of common medical problems below in the past 2 years: • diarrhoea • ARI • symptoms of TB in the past 2 years (Trained = formal training or refresher training during a monthly/bimonthly meeting) Check the curriculum of the training. It should be formal curriculum i.e. plan for the training, teaching documents, IEC materials, copy of handout to VHSG etc. Having only IEC materials is not a formal curriculum therefore if only IEC materials available, score zero. Curriculum for all three topics above should be seen to score ten marks Check the number of VHSG (the HC should have two VHSG per village. They should have a list of all VHSG. If not, do they have photos of all of the VHSG that you can check? Check the attendance list of the trainings for the three topics (should be kept with curriculum if HC well organised) Check how many VHSG trained i.e. is it more than half or less than half?	VHSG curriculum, data on no. VHSG in catchment area for current year, no. VHSG trained	10	Majority (>50%) of VHSG in the HC catchment area are trained in danger signs of diarrhoea, ARI, and symptoms of TB, can be verified by curriculum 10 Minority (<50%) of VHSG in the HC catchment area are trained in danger signs diarrhoea, ARI, and symptoms of TB; and can be verified by curriculum 4 No VHSG trained in danger signs **or** unable to be verified because no curriculum kept by HC **or** incomplete curricula **or** only trained in 1 or 2 of the topics mentioned 0		
2	Are there other village members (e.g. VHV, Village leaders, Village health committee members, VDC, village malaria workers, DOT watchers etc) who have been trained in danger signs of common diseases (diarrhoea, ARI, and symptoms of TB) and asked to assist in referring patients Check curriculum of training and who has had the training. Please document all those who have been trained Curriculum for all three topics must be present at the HC for the HC to get 10 points	Curriculum of other village training, no. trained	10	Other community members trained in danger signs of diarrhoea, ARI, and symptoms of TB and asked to refer patients **and** verified by participation list 10 No other community members trained in danger signs **or** unable to be verified because no curriculum kept by HC **or** incomplete curricula **or** only trained in 1 or 2 of the topics mentioned 0		
3	Does OD have a policy to train TBAs?	Ask staff	-	Circle: yes No	- If Yes, continue to questions 4 - If No, skip to question 5	

		Verified by	MAX SCORE	SCORING			TOTAL SCORE
4	TBAs are trained in at least 3 of the following danger signs of pregnancy or labour/delivery? 1) vaginal bleeding during pregnancy, labour or heavy bleeding post partum 2) severe headache, blurred vision, swelling of face/hands 3) multiple pregnancy 4) premature rupture of membranes 5) prolonged rupture of membranes 6) no foetal movements (Trained = formal training or refresher training during a monthly/bimonthly meeting) Please state in the comments column which topics have been trained (even if no curriculum is available) Check the curriculum of the training. It should be formal curriculum i.e. plan for the training, teaching documents, IEC materials, copy of handout to TBA etc. Having only IEC materials is not a formal curriculum therefore if only IEC materials available, score zero. Curriculum for at least three of the above topics should be seen to score ten marks. If not, score zero Check the number of TBAs (the HC should have a list of all TBAs they are collaborating with). If not, do they have photos of the TBAs that you can check? Check the attendance list of the trainings for the three topics (should be kept with curriculum if HC well organised) Check how many TBAs trained i.e. is it more than half or less than half?	TBA curriculum, data on no. TBAs in catchment area, no. TBAs trained	10	Majority of TBAs (>50%) in the HC catchment area are trained in at least 3 of the mentioned danger signs of pregnancy and labour/delivery; verified with the curriculum 10 Minority of TBAs (<50%) in the HC catchment area are trained in at least 3 of the mentioned danger signs of pregnancy and labour/delivery; verified with the curriculum 4 No TBAs trained at all **or** unable to be verified because no curriculum kept by HC 0		
5 **	Does the HC record referrals from the community e.g. referrals from VHSG, VHV, TBAs, village leaders or other villagers who have the mandate to refer patients to the health facilities? Check the system the HC has e.g. the register books for each department – there should be a column to record referrals in OPD, ANC, delivery and PAC registers (not post partum register)? Does the HC report these referrals on the HC1 form? Verify with OPD Section 3, qu 8, ANC section 3, qu 9, Delivery section 3, qu 7 and PAC register if used by HC Referrals recorded in ANC book Section 3, Qu 9 – Y/N (circle) Delivery book Section 3, Qu 7 – Y/N (circle) OPD book Section 3, Qu 8 – Y/N (circle) PAC book – Y/N (circle)	Register books for ANC, delivery, PAC; OPD, HC1 form for the previous month; referral slips (if used in this HC)	5	All register books i.e. OPD, ANC, delivery, PAC record referrals from the community AND record the monthly totals on HC1 form (in comments sections) 5 All register books i.e. OPD, ANC, delivery, PAC record referrals from the community but don't report it on HC1 form 4 Only some register books record referrals from community members 1 No record of referrals from community members 0		

6	Is there a village emergency referral system established in each village e.g. VHSG/TBA or other trained person refers patient and assists them to find transport **or** volunteers have been identified, trained, transport identified (pre determined price fixed), communication to HC/RH possible) To verify this, you will have to find out HOW the VHSG/TBA finds transport (they often say they facilitate the referral but in practice they may not). If there is a formal volunteer training for emergencies then you should get details of how many trained, in which villages, the curriculum, the details about the transport that is pre identified, how they decided on the fixed price, how they communicate with the contracted transport etc Written verification is required to score marks Please underline the answer that is the most appropriate	Ask HC staff, check training curriculum, check referral slips, check contracts with transporters checklist of volunteers names etc	10	System established in village (and currently working) e.g. VHSG/TBA helps with referrals **or** other trained person assists patient to find transport (or goes with them) **or** Volunteers for emergencies identified and trained and system currently working **and** transport identified (pre determined i.e. hammock, moto, remorque, ko-yon etc and fixed price) **and** communication to HC/RH possible) in all villages in catchment area 10 HC says that there is a system in place but it is not convincing or there is no verification that it is followed **or** that it works **or** cannot be verified **or** systems established but not in all villages of HC catchment area 1 No formal village emergency referral system established **or** no evidence that formal system really works **or** not working now 0		
7	How are funds obtained for emergency referrals from village to HC? Is there a micro credit scheme with part profits used for referrals? Funds may be used for some referrals only e.g. suspect TB patients, HIV tests, deliveries etc or for all referrals. Please check for details Is there a village emergency fund? Is there an equity fund? If so, are transport costs to HC available as well as transport costs for RH? Is a fund unnecessary as the HC provides transport (HC ambulance or contracted transport) with exemptions for those who cannot pay? Please underline the answer that is the most appropriate	HC ambulance, referral register (log book), details about micro credit scheme or village emergency funds	10	Micro credit scheme is operational for ***all*** referrals **or** village emergency funds are available in ***all*** villages in HC catchment area **or** equity funds are available and cover transport costs to HC (and RH) **or** HC provides reliable contracted transport **or** HC ambulance is available and works (Please underline which system is in place) 10 Micro credit scheme is operational for ***some*** referrals only **or** village emergency funds are available in ***some*** villages in HC catchment area **or** equity funds are available (transport costs to RH only) **or** HC provides ambulance for some transfers **or** contracted transport may be available **or** funds available for certain referrals (e.g.. emergency obstetrical care) 6 No funds are available for referrals and patients must pay themselves for referrals, no exemptions are available 0		.
	TOTAL	**55 or 45 if no policy to train TBAs**			

Please note: if an OD does not have a policy to train TBAs then question 4 should be ignored. Total score possible is therefore only 45

REMEMBER: IF YOU SEE SOMETHING THAT IS NOT INCLUDED IN THIS TOOL BUT RELEVANT TO REFERRALS, PLEASE MAKE COMMENTS ABOUT IT

Community Referral System – OD HAS NO policy to train TBAs			
	MAX SCORE	**TOTAL SCORE**	**%**
Referral System Community	**45**		
TOTAL COMMUNITY REFERRAL SYSTEM	**45**		

Community Referral System – OD HAS a policy to train TBAs			
	MAX SCORE	**TOTAL SCORE**	**%**
Referral System Community	**45**		
Supplementary Questions if OD has a policy to train TBAs	**10**		
TOTAL COMMUNITY REFERRAL SYSTEM	**55**		

Name of Health Centre: **Date of Assessment** **Name of Assessors:**

15. HEALTH CENTRE MANAGEMENT

1. ADMINISTRATION (Interview should be conducted with Health Centre Chief and Vice Chief. Documents relevant to the assessment should be prepared by HC in advance so that they are readily available during the assessment

		Verified by	MAX SCORE	SCORING	TOTAL SCORE	COMMENTS
1 **	Does the HC have an annual operational plan for the current year and is it complete i.e. standard MOH updated format and all categories for this HC filled in? i.e. not targets for MOH or PHD or OD– there **must** be targets for this HC. The plan should include 1) activity plan which has the following components (programme, sub programme, indicators, targets, activities) and 2) Budget plan which has activity, budget, source of funds. If the HC does not have the MoH format or both components, score zero If no annual operational plan, give zero for next two questions also Underline option chosen where possible	Annual Operational plan	5	Annual operational plan in MOH format is readily available and complete for this HC for the current year 5 Annual operational plan in MOH format is available but difficult to find **or** incomplete 1 No Annual operational plan for this HC available for this year **or** unable to find the plan **or** plan is not updated standard MOH format **or** HC only has an activity plan or separate budget plan **or** only has OD or PHD targets not HC specific targets 0		
2 **	Has there been a quarterly review of the work plan for the previous quarter ? If the assessment is done at the beginning of the year before a quarter has past, check for the last quarter of the previous year. Has there been any analysis of the results achieved and a new quarterly work plan made after review? Problems may be stated but they ***must*** be specific and not such things as "strengthen management", "strengthen service delivery" etc. There needs to be ***clear evidence*** that the HC responds to obvious needs If no AOP, recent quarterly review and quarterly plan, score zero Underline option chosen where possible	Annual Operational plan, most recent quarterly review and new quarterly plan (may include previous yr quarterly review if asst done early in the year)	10	AOP available, Quarterly review is available and new quarterly plan is available and appropriate for the situation 10 AOP available, Quarterly review of HC achievement is available but no analysis of achievements; new quarterly plan available but does not appear appropriate to the results found 1 No Quarterly review available **or** no Quarterly work plan available **or** no AOP available 0		
3 **	Please check annual operational plan for the following four indicators 1) % pregnant women who received 2 ANC consultations 2) % pregnant women who received 2 TT vaccinations	Annual Operational plan (for the current year)	5	AOP has all four indicators and targets for all **4 indicators** look to be realistic i.e. they are set for the HC rather than using MOH or OD targets and look to be achievable 5		

	3) % women 15-49 currently using modern contraceptive method 4) % children 12 months that have been fully immunised Are the targets MOH targets, PHD or OD targets or HC specific targets? They should be HC specific targets. Are the targets realistic i.e. could they attain those targets or are they set too high? e.g. if the number of children having completed all vaccinations is only 45% then it is unlikely they would reach a target of 90% in 1 year. If all four indicators are not included in plan, score zero If no AOP for the current year, score zero If the assessment is done early in the new year prior to a review, take last year's plan			AOP uses MOH or OD targets only and targets look to be too ambitious to achieve in 12 months **or** AOP does not mention all indicators mentioned **or** no AOP available 0		
4	Is there an up to date HC organisational chart publicly displayed? Go through each person and check whether all are still working at HC and in position written on chart). Photos and position should be included Verify with staff list from OD and document showing signature of staff having received user fees. If there are any new staff or others have left in the past 3 months and the chart is not updated, score zero	Organ. chart, staff list from OD, doc of staff signature for receipt of incentives from user fees, attendance list	5	Chart up to date and in a public area 5 Chart up to date but not publicly displayed 2 Chart not up to date **or** no organisational chart 0		
5	Is there a regular and fixed meeting with all staff where HC problems are discussed and suggestions for solving problems documented? Obtain minutes of the past 6 months of any staff meetings At least 5 meetings in past 6 months are required to score full points	Minutes staff meetings past 6 months	10	Regular minutes of staff meetings from past <u>6 months</u> available (at least 5) and include problems/complaints brought up by staff which are followed up (need to show link of resolution of problems between minutes) 10 Irregular meetings (<5 in 6 months) but all problems/complaints brought up by staff are followed up **or** Regular meetings (at least 5) but not all problems followed up 4 HC has some minutes of meetings but no problems discussed or documented **or** no link between minutes 1 No minutes of meetings in past 6 months **or** only 1 meeting therefore can't check follow up of problems 0		
6 **	Is there an up to date monthly staff schedule? There should be a ***clear*** schedule for ***day, night, weekends and holidays***. The schedule should be up on a wall easily seen by all A yearly schedule is not adequate – a monthly schedule is required to reflect the ***real*** situation. If there is evidence of the HC still using the old guard schedule (three teams rotating) score zero If the answer to this question is zero, please score zero on next question and Section 1, qu 1 for tools 2, 3, 4, 5, 6, 7, 9, 10, 11, 12	current HC staff schedule; attendance list	10	Day, night, weekend and holiday duty schedule present for the current month and easily seen by all 10 No up to date schedule for current month **or** schedule not easily found **or** schedule does not cover after hours (nights, weekends and holidays) **or** only daily or weekly schedule **or** still using old guard schedule 0		

7 **	Is there a register book for staff daily attendance? Is it up to date i.e. has today been filled in? Check attendance book for past 5 days including today and compare with schedule seen above. If no staff schedule or no register book, score zero on this question Verify with Section 1, qu 1 in all other tools. If the answer to this question is zero then they should all be zero to as no schedule to check	Check register book for staff attendance, staff schedule, observe today's staff	5	Daily attendance register is up to date and corresponds to staff schedule for past 5 days 5 At least one of five days not tallying with staff schedule **or** today's register book not up to date **or** no daily attendance register **or** no schedule to verify 0		
8	Are there job descriptions for the following? • Chief of HC • Vice Chief of HC • Cleaner • HCMC member • VHSG member All have to be witnessed to score full points. Job description must be relevant to the title of the position	Check job descriptions	5	All positions mentioned have a written job description 5 Job descriptions lacking for all five positions **or** no job descriptions 0		
9	Is there a monthly plan for the HC that is clearly seen by all staff which includes: • outreach activities (dates of visiting villages) • supervision days (OD to HC) • staff meetings • HCMC meetings • VHSG meetings • dates when reports are due etc Check for past 6 months. Need to have plans for the past 6 months to score full marks. There may be an additional outreach schedule. If so, outreach does not have to be included on the monthly plan	Check monthly plan for past 6 mths	10	Monthly plan available for past 6 months, includes all topics on left and is easily accessible to all staff 10 Monthly plan available for past 6 months but includes only some of the topics on left; is easily accessible to all staff 5 Only some monthly plans are available for past 6 months 2 No monthly plans are available **or** plan not available for all staff to see **or** none of the topics on left included in the monthly plans **or** no up to date plan 0		
10	Is floating/contracted staff included in the staff meetings? This includes cleaners, ambulance driver etc Check for past 6 months. HC has to have monthly staff meetings (at least 5 in past 6 month) to obtain full score If no floating staff, remove this question from analysis	Staff list, Attendance lists for meetings for past 6 months	10	Floating/contracted staff are named on the list of participants for each staff meeting 10 Floating/contracted staff are not named on list of participants in staff meeting **or** Have not participated every month for past 6 months **or** No staff meetings **or** floating staff never been to staff meetings **or** no floating staff 0		
11 **	Does HC have HCMC meetings monthly (or at least bi-monthly)? Do the topics discussed at the meeting reflect problems mentioned in the previous minutes? i.e. are problems followed up? Please check the past 6 months' minutes. If unavailable, score zero There needs to be at least 3 meetings to score full points If no meeting score zero on the next question (12) and go to question 13	Minutes of HCMC meetings for past 6 months	10	Problems are identified and recorded in minutes; subsequent minutes report on progress of all problems (at least 3 mtgs past 6 mths) 10 Problems are identified and recorded but not all are followed up/mentioned in subsequent minutes 3 Problems are identified and recorded in minutes but no progress of solving the problem appears in later minutes 1 No problems mentioned in minutes **or** no minutes of mtg **or** less than 3 minutes (< bi-monthly in past 6 mths) **or** no HCHC meetings 0		

12 **	Check the attendance list for the past 6 months of HCMC meetings. How many HCMC are present? (Ask HC Chief how many persons are on the HCMC committee) There should be at least 70% attendance at each meeting i.e. For 7 member committee – minimum of 5 should be present at each meeting (71%) For 8 member committee – minimum of 6 should be present at each meeting (70%) For a 9 member committee – minimum of 7 should be present at each meeting (78%) 10 member committee – 7 present at each meeting (70%) 11 member committee – 8 present at each meeting (73%) 12 member committee – 9 present at each meeting (75%) There should be at least 3 meetings for the past 6 months	Attendance list for past 6 months HCMC meetings	10	At least 3 HCMC meetings in past 6 months and at least 70% attendance at each meeting. 10 At least 3 HCMC meetings in past 6 months but <70% attendance for at least one meeting 2 Less than 3 HCMC meetings in past 6 months **or** all HCMC meeting have <70% attendance **or** no meetings at all 0		
13 **	Does the HC have VHSG? How many VHSG? Please check how many villages in the HC catchment. There should be 2 volunteers per village. Verify with a list of VHSG (from the current year) and the number of villages in the catchment area	List of VHSG for current year; list of villages in catchment area of HC	5	Two members per village are on the up to date list of VHSG 5 Some villages have only one volunteer according to list 2 List for this year is not available **or** some villages have no volunteer according to list **or** no VHSG at all for this HC 0		
14 **	Do the VHSG attend at least bi-monthly meetings? Are problems discussed and followed up at later meetings? Check the minutes of meetings for the past 12 months (or at least three consecutive meetings) to ensure problems are discussed and followed up. Check the number of VHSG that attend the meetings. Are there more than 50% attending each meeting? No. villages in HC catchment area = No VHSG that should attend meeting = % VHSG attended =no. attendedX100/No. villages X2 persons Meeting 1 % = Meeting 2 % = Meeting 3 % = Meeting 4 % = Meeting 5 % = Meeting 6 % = Check the number of meetings in the past 12 months with the number recorded at indicator no. 24	Attendance list for past 12 months VHSG meetings, minutes meetings past 12 mths	10	> 50% VHSG attend all bimonthly meetings (for past 12 months) and problems are discussed and followed up at subsequent meetings 10 meetings are not bi-monthly i.e. less than 3 in past 12 months **or** problems are not discussed **or** problems are not followed up **or** no meetings at all **or** no VHSG at all for this HC 0		
		TOTAL	**110**			

2. INFRASTRUCTURE AND LOGISTICS

		Verified by	MAX SCORE	SCORING		TOTAL SCORE	COMMENTS
1 **	Does the HC have an Annual equipment list for the current year i.e. an up to date Annual equipment list has been made in the past twelve months?	Inventory List	5	Annual equipment list available and updated within the past 12 months Annual equipment list available but older than 12 months **or** not available	5 0		
2 **	Check the equipment lists of ANC, Delivery, EPI, BS, OPD, TB, VCCT and IPD and find a total of ten items that are not available or are not in working order. Check these items against the Annual equipment list. Verify with Section 2, qu 1 for ANC, Delivery, EPI, BS, OPD, TB, VCCT and IPD If there is no up to date Annual equipment list, score zero	Equipment section of ANC, Delivery , EPI, BS, OPD, TB, VCCT, IPD and Inventory List	5	Ten items not available or broken are not on Annual equipment list or are listed as missing or broken Some items listed as missing/broken are recorded as being available on the Annual equipment list All items listed as missing or broken are written on the Annual equipment list as being available and in working order **or** no up to date Annual equipment list	5 2 0		
3	Check the incinerator and surrounding area. Is the incinerator full? Is the rubbish old or recent looking? Are there piles of rubbish or burnt piles close to incinerator or around the grounds of the HC? Does the incinerator look used? Is there ash in the bottom of the incinerator? Are there needles or syringes seen in incinerator or in surrounds?	Observe	10	Incinerator looks to be used regularly (no piles of rubbish around incinerator or throughout the HC grounds, part full bins (rubbish looks recent not old) or bins empty Incinerator looks as though it is used sometimes but not regularly with piles of rubbish close to the incinerator but not throughout the HC grounds Incinerator not used often (may be full of old rubbish or empty) **or** piles of rubbish throughout the HC grounds **or** no incinerator or needles/syringes seen around or in incinerator	10 2 0		
4 **	Observe the cleanliness and general appearance of HC grounds (i.e. outside the HC building but within the grounds). Take note of bins, whether there are piles of rubbish around, grass is cut, garden (trees/flowers) well kept Verify with question 3 above i.e. if didn't score full marks for incinerator then can't get full points for this questions	Observe	10	No piles of rubbish seen around the HC, bins have lids and no bins are full or over flowing, grass well kept, flowers and trees well kept, no needles/syringes seen around the HC, no cows/pigs in HC compound Evidence of piles of rubbish having been burnt throughout the HC, grass partly cut, garden partly kept, lack of bins Piles of rubbish lying around **or** animals going through rubbish (chickens, dogs, pigs etc) **or** cows/pigs in HC compound **or** piles of rubbish not burnt **or** bins with no lids **or** bins full **or** no bins **or** grass not cut **or** garden unkempt	10 2 0		

5	Check that a toilet is available for patients – it is not locked, is working properly, has a door that can be closed and water is available (a tap is in place, working and can fill up the tank or there is a near full tank/container of water). Check for scoop and soap also. Toilet must be clean	Observe	10	Toilet unlocked and clean, working order, closable door, water available (greater than half), scoop and soap available 10 Toilet unlocked but water tank not more than half full 2 Toilet locked **or** no water **or** no scoop **or** no toilet present **or** not clean **or** no soap 0		
6 **	Water supply is available for HC. The HC should have piped water that is reliable i.e. the supply never runs out. If there is only a small tank which only fills during the wet season then the HC should have a back up supply e.g. well with the capacity to pump up to this tank if necessary. If unable to pump then they should have water containers next to all sinks so that they can be filled with water from the well. There should always be water available for staff to wash hands, wash instruments etc Verify this with questions from the following sections: (if one service does not have water or a back up score zero) ANC, Delivery, BS, EPI, TB - section 4, Qu 3 PNC - section 3, Qu 3 OPD - section 4, Qu 4 VCCT - section 4, Qu 3 and qu 6 IPD - section 5, Qu 3	Check other sections of tool, observe in rooms – ANC, delivery, PNC, EPI, BS, OPD, TB, IPD	10	Water is piped and reliable in all areas **or** water is piped but unreliable, reliable back up routinely exists at all areas 10 Water is unreliable and no back up exists **or** water is unreliable and storage is not routine or sufficient **or** at least one area has no water 0		
7	Is electricity available at night e.g. for emergencies, deliveries etc? Check HC has 1) a battery and a light (needs to be working i.e. battery cannot be flat) or 2) solar panels with batteries – check light is working or 3) electricity is hooked up to building (from generator or town supply) and is available for the entire night and reliable– check the switches and that power is available at time of assessment (if only available for a few hours each night then this is insufficient)	Observe	10	Electricity is available for nights – either light switch or battery with light (currently working) 10 Battery and light available but not working at time of assessment **or** mains power not working 2 No electricity supply **or** no batteries/lights at all 0		
8	Was there evidence when walking around the grounds and departments/rooms that there is a significant infection control problem e.g. sharps containers found in HC grounds (waiting to be burnt perhaps), ampoules, needles and IV lines on the ground or in rubbish bins rather than sharps containers?	Observe	- 20 points	Yes – take **OFF** 20 points from the total No		
		TOTAL	**60**	**Don't forget to deduct 20 points if there are needles and syringes seen around the HC**		

3. FINANCE		Verified by	MAX SCORE	SCORING		TOTAL SCORE	COMMENTS
1	Is there a User Fee system implemented? If so, are fees displayed in central location near cashier (Check area where patients pay fees) Are exemptions mentioned? A permission letter from MOH should be witnessed to ensure official user fees are implemented, If not, score zero	Observe, permission letter from MOH	10	User fees are displayed at area where patients pay and large enough for patients to be able to see/read it, includes exemption information: permission letter seen User fees not displayed at place of payment or not large enough for patients to see clearly, no exemption criteria documented No user fees on display **or** no permission letter	10 1 0		
2 **	Are receipts provided to all paying patients? Verify with qu 7 of community interviews and Qu 6 below	Patient interviews	10	Receipts provided to all paying patients met Receipts not given to all patients interviewed (some have no receipt) No receipts given	10 1 0		
3 **	Does the HC have a system to exempt patients? Please check user fees board to see if it is mentioned, whether written criteria for exemption is available; check registration book/cashier book to see if patients are exempt. Obtain information from HC financial records whether exemptions were provided Verify answer with Qu. 6 and 8 of community interviews	Pt interviews, user fee board, receipt books, financial records	10	Exemptions are explained to patients or user fee board gives information and HC documents all exemptions which is verified by patient interviews (some patients are exempt) HC says that they exempt patients, no record of exemption but patients verify exemption No mention of exemptions on board **or** patients are not aware of exemptions **or** no exemptions given	10 3 0		
4	Mechanism for allocating user fees (excluding money from EF) is documented (HC has written guidelines) and is according to MOH guidelines (60% for staff, 39% for running costs). Check financial records including budget lines for the 39% (to check whether these costs are for running costs i.e. not for staff)	Guidelines for distribution of user fees	10	Written guidelines are witnessed, verification that HC uses 60% for staff salaries and 39% used for running costs (excludes funds for night duty, overtime etc) Written guidelines are witnessed but 39% is also used for staff top up salaries/incentives No written guidelines for distribution of 60%	10 2 0		
5 **	How is the amount of money generated per month and disseminated to staff? Do they receive money from user fees monthly and are they aware of the method to decide on amount each staff member will receive? There should be guidelines ***not*** just a monthly sheet which the staff has signed when funds are received. Check the financial records to get information on how the money is divided between staff Verify answer with the following Section 1, Qu 4 ANC, Delivery, PNC, BS, EPI, OPD, TB, Pharmacy and IPD. If any staff do not know about how user fees are disseminated, score zero	Staff interviews, financial records, verification sheet signed by staff, all tools section 1, question 4	10	All staff verify that information about user fees is disseminated monthly, they receive funds regularly and in correct amount All staff verify that information about user fees is disseminated but funds are not received monthly **or** not in the amount they expect **or** don't know if they get correct amount Information is not given to all staff about user fees generated **or** how dispersed between staff **or** staff do not receive the amount they should **or** don't receive it at all	10 2 0		

6 **	Accounting of user fees is correct. Check receipts, registration book and financial records for the past three days. If only paying patients are given receipts then the number of paying patients recorded in registration book should = no. receipts given. If all patients are given receipts (paying patients and exempted patients), then the total number of receipts should equal number of patients registered Verify with Qu 2 above	Register book, Receipt book and daily financial report	10	Past three days records of user fees collected in registration book = amount recorded in receipt book = amount recorded on daily financial report 10 Amount collected is not equal to receipt book or daily financial report **or** no receipt book 0		
		TOTAL	**60**			

	4. HIS (need to have HC1 form for last month and also last years total report)	**Verified by**	**MAX SCORE**	**SCORING**	**TOTAL SCORE**	**COMMENTS**
1	Is last months HC1 report available and each section completed? For HC with no beds, sections that need to be completed are: I (1 & 2), III (1, 2 & 3), IV (1,2 & 3), V, VI,,VII, VIII, IX, X (1,2,&3), Xi, XII, XIII, XIV, XVI, XVII, XVIII i.e. **not** sections II or XV For HC with beds, sections that need to be completed are: I (1 & 2), II (1 & 2), III (1, 2 & 3), IV (1, 2 & 3), V, VI, VII, VIII, IX, X(1,2,&3), Xi, XII, XIII, XIV, XVI, XVII, XVIII i.e. not XV	HC1 report	5	CANNOT score between 0 and 5 – either available or not Available and all sections completed 5 Not available **or** not completed 0		
2	Check the following for accuracy (Section I, Table 2) Add together different age groups of each of the following rows of HC **morbidity** (simple diarrhoea, upper ARI, lower ARI, skin infection, others) i.e. different age groups of each disease and check whether the total number written on right side column is correct.	HC1 report	5	All columns correct 5 1 or 2 columns incorrect 1 >2 columns incorrect 0		
3	Check total number new cases (Section I, table 1) and compare with total number given in Section I, table 2	HC1 report	5	Total number new cases table 1 = total number given in table 2 5 Number is different 0		
4	Check Section IV, table 2 (Delivery) Add each column and check whether it is equal to the total written at the bottom of the table	HC1 report	5	7 of 7 columns correct 5 5 or 6 columns correct only 1 0-4 columns correct only 0		
5	Add the total number of maternal deaths in Section IV, table 2 and compare with the total number of maternal deaths in table VII. They should be equal or table VII should be more if women died without midwife or TBA attendance	HC1 report	5	Total no. maternal deaths in Section IV, table 2 ≤ total number written in table VII **or** no maternal deaths 5 Maternal deaths are different in Section IV, table 2 and table VII **or** not completed 0		
6	Check the number of women attending ANC in the past month in the registration book and compare with the total number recorded in Section IV, table 1 (HC1 from last month) If no ANC visits in past month score zero	HC1 report, ANC registration book	5	Total number of ANC visits in registration book = no. recorded in HC1 form (only score if have patients in past month) 5 Total number of ANC visits in registration book is not equal to no. recorded in HC1 form **or** ANC book is not available **or** no ANC visits 0		

7	Check total number of post natal visits in the past month in the registration book and compare with the total number recorded in Section IV, table 3 (HC1 from last month) If no post natal visits in past month or no post natal registration book, score zero	HC1 report, post partum registration book	5	Total number post partum visits in registration book = no. recorded in HC1 form (only score 5 if patients seen in past month) Total number post partum visits in registration book is not equal to no. recorded in HC1 form **or** no post partum book available **or** no post partum visits	5 0		
8	Check the total number of children under 1 year given BCG in the last month (registration book) and compare with total number of children receiving BCG at HC and outreach (Section X, table 1) (HC1 from last month) If HC has 2 registration books (HC and outreach) then check both	HC1 report, EPI registration book	5	Total no. children under 1 year receiving BCG (registration book) = no. recorded in HC1 form Total no. children under 1 year receiving BCG (registration book) does not equal no. recorded in HC1 form **or** no BCG available	5 0		
9	Is there a whiteboard showing HC statistics and is it up to date (last month's statistics)?	Observe	10	Whiteboard mounted on wall and up to date Whiteboard mounted on wall but last month's data not yet recorded (previous months are) Whiteboard not up to date > 1 month No whiteboard	10 2 1 0		
		TOTAL	**50**				

	MAX SCORE	**SCORE RECEIVED**	**%**
1. Administration	**110**		
2. Infrastructure and Logistics	**60**		
3. Finance	**60**		
4. HIS	**50**		
TOTAL MANAGEMENT	**280**		

Name of Health Centre: **Date of Assessment** **Name of Assessors:**

16. COMMUNITY INTERVIEWS

Interview 5 persons – preferably 5 persons from a village or villages rather than persons who have just left the HC

		MAX SCORE	SCORING	1	2	3	4	5	Total	COMMENTS
1	Have you ever been to the HC before? If asking a villager, discontinue the interview and find another person If asking a patient in the HC, continue with the interview	5	Yes – 1 No/Don't know – 0							
	We would like to ask you some questions. Can you think of the last time you visited the HC and give answers for that last time?									
2	Was the HC open and were there any staff the last time you went to the HC?	5	Yes – 1 No/Don't remember - 0							
3	If there was only one or two staff, can you tell us who the staff was i.e. what position they had? Please record who the staff was e.g. guard, midwife, nurse etc. If they don't know it does not matter but if they do please record									
4	Do you feel that you were treated well i.e. were the staff friendly, did they explain the problem and educate you about your problem?	5	Yes – 1 No/Don't know – 0							
5	Did you have to wait long to be seen? Please describe the circumstances if you had to wait a long time e.g. at night, many patients etc	5	At least 4 of 5 didn't wait long – 5 points 2 or more persons waited a long time – 0 points							
6 **	Did you pay for the service? **If not go to question 8** Verify with Management section 3, qu 3	Not applicable	Yes or No i.e. put Y or N (no score)							
7 **	Did you receive a receipt? **If yes go to question 11** Verify with Management section 3, qu 2	5	Yes – 1 No/Don't know – 0							
8 **	Do you have an Equity Fund Card? **If no, go to question 10** Verify with Management section 3, qu 3	Not applicable	Yes or No i.e. put Y or N (no score)							
9	Have you ever been asked to pay at the HC since having an equity fund card?	Not applicable	Yes or No i.e. put Y or N (no score)							
10	Have you ever been asked to pay costs that were not advertised on the user fee list? If so, please give details	Not applicable	Yes or No i.e. put Y or N (no score)							
11	Has the HC ever referred you (or wanted to refer you) to a hospital? If not, go to qu 13	Not applicable	Yes or No i.e. put Y or N (no score)							
12	If so, how did you get there? Please describe	Not applicable								
13	Have you ever been to the HC when the HC was closed i.e. no one there at all? If so, what time and day was that (weekend, public holiday or normal working day?)	Not applicable	Yes or No i.e. put Y or N (no score)							
	TOTAL	**25**								

17. SCORING

MAXIMUM SCORES POSSIBLE - YEAR 1

	Indicators	ANC	Delivery	PNC	BS	EPI	OPD/ minor surgery	OPD Pres Habits	TB	VCCT	Phar	IPD	HC Referral	Comm Ref	Mgt	I/V Comm	TOT	%
Administration															110		110	5%
Infrastructure															60		60	3%
Finance															60		60	3%
HIS	50														50		100	4%
Staff and department issues		25	25	25	25	25	25		25	25	25	25					250	11%
Equipment/supplies		20	35	0	20	40	40		30	40	55	20					300	13%
Documentation		55	100	30	50	20	45		150	60	55	125					690	30%
Patient Verification												115					115	5%
Hygiene		25	25	25	25	25	30		25	40	15	25					260	11%
Other								160					125	45		25	355	15%
TOTAL (if all questions asked, no ambu; policy to train TBAs)	50	125	185	80	120	110	140	160	230	165	150	310	125	45	280	25	2300	100%
HC has ambu; policy	50	125	185	80	120	110	140	160	230	165	150	310	160	55	280	25	2345	

	Indic	Safe Motherhood	EPI	OPD/min surgery	TB	VCCT	Phar	IPD	Referral system	Mgt	Comm	Total
% of Total score (no amb)	2 %	22%	5%	13%	10%	7%	7%	13%	7%	12%	1%	100%

MAXIMUM SCORES POSSIBLE - Year 2 & 3

	Indicators	ANC	Delivery	PNC	BS	EPI	OPD/ minor surgery	OPD Pres Habits	TB	VCCT	Phar	IPD	HC Referral	Comm Ref	Mgt	I/V Comm	TOT	%
Administration															110		110	4%
Infrastructure															60		60	2%
Finance															60		60	2%
HIS	560														50		610	22%
Staff and department issues		25	25	25	25	25	25		25	25	25	25					250	9%
Equipment/supplies		20	35	0	20	40	40		30	40	55	20					300	11%
Documentation		55	100	30	50	20	45		150	60	55	125					690	25%
Patient Verification												115					115	4%
Hygiene		25	25	25	25	25	30		25	40	15	25					260	9%
Other								160					125	45		25	355	13%
TOTAL (if all questions asked, no ambu; policy to train TBAs)	560	125	185	80	120	110	140	160	230	165	150	310	125	45	280	25	2810	100%
HC has ambu; policy	560	125	185	80	120	110	140	160	230	165	150	310	160	55	280	25	2855	

	Indic	Safe Motherhood	EPI	OPD/Min Surg	TB	VCCT	Phar	IPD	Referral system	Mgt	Comm	Total
% of Total score (no amb)	20%	18%	4%	11%	8%	6%	5%	11%	6%	10%	1%	100%

18. SUMMARY TABLE

FOR HEALTH CENTRE UNDER ASSESSMENT - Year 1

(Please complete after assessment ensuring correct denominator is applied to those sections that may be changeable)

	Indicators	ANC	Del *	PNC	BS	EPI	OPD/ minor surgery	OPD Prescribing Habits	TB	VCCT**	Phar	IPD **	HC Ref	Com Ref	Mgt	I/V Com	TOT
Administration															/110		/110
Infrastructure															/60		/60
Finance															/60		/60
HIS	/50														/50		/100
Staff and dept issues		/25	/	/	/	/	/25		/	/	/	/					
Equipment/supplies		/20	/35		/20	/40	/40		/30	/40	/	/20					
Documentation		/55	/100	/30	/50	/20	/45		/150	/60	/	/125					
Patient Verification												/115					/115
Hygiene		/25	/	/	/	/	/30		/	/	/150	/25					
Other								/160					/	/		/25	/
TOTAL POSSIBLE for this HC	50	125					140	160			150				280	25	
TOTAL scored																	
%																	

EVERY Health Centre should perform PNC activities. If they do not, score zero (i.e. don't remove total score from analysis)

*If the Health Centre is in the hospital grounds and deliveries are available **only** at the hospital, remove total score for deliveries from analysis.

*If the Health Centre being assessed has no VCCT or IPD, do not include in analysis i.e. total score possible will not include these sections

If the HC has more than one IPD, add a column (each ward should be assessed)

SUMMARY TABLE FOR HEALTH CENTRE UNDER ASSESSMENT - Year 2 & 3

(Please complete after assessment ensuring correct denominator is applied to those sections that may be changeable)

	Indicators	ANC	Del *	PNC	BS	EPI	OPD/ minor surgery	OPD Prescribing Habits	TB	VCCT**	Phar	IPD **	HC Ref	Com Ref	Mgt	I/V Com	TOT
Administration															/110		/110
Infrastructure															/60		/60
Finance															/60		/60
HIS	/560														/50		/610
Staff and Dept issues		/25	/	/	/	/	/25		/	/	/	/					
Equipment/supplies		/20	/35		/20	/40	/40		/30	/40	/	/20					
Documentation		/55	/100	/30	/50	/20	/45		/150	/60	/	/125					
Patient Verification												/115					/115
Hygiene		/25	/	/	/	/	/30		/	/	/150	/25					
Other								/160					/	/		/25	/
TOTAL POSSIBLE for this HC	560	125					140	160			150				280	25	
TOTAL scored																	
%																	

EVERY Health Centre should perform PNC activities. If they do not, score zero (i.e. don't remove total score from analysis)

*If the Health Centre is in the hospital grounds and deliveries are available **only** at the hospital, remove total score for deliveries from analysis.

*If the Health Centre being assessed has no VCCT or IPD, do not include in analysis i.e. total score possible will not include these sections

If the HC has more than one IPD, add a column (each ward should be assessed)

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