

E.11. HR deployed /posted in Facility						
Designation	Posted	Trained in				
		SBA/ BEmOC	PPIUCD	NSSK	Other (Skill Lab/Dakshata)	RKSK
MO						
SN						
ANM						
AH counsellor						

F. SERVICE DELIVERY INDICATORS					
F 1. Ante Natal Care			F 2. Intra-partum and Immediate post-partum practices		
F1.1: No. of days ANC being conducted at facility in a week		F1.6: Appropriate management or referral of high risk clients		F 2.1: Fetal Heart Rate (FHR) recorded at the time of admission	F 2.6: Magnesium Sulfate used for eclampsia management
F1.2: Blood Pressure measured		F1.7: Family Planning Counselling		F 2.2: Mother's temperature recorded at the time of admission	F 2.7: Active Management of third stage of labor being performed
		F1.8: Universal HIV screening			
F1.3: Hemoglobin measured		F1.9: Hypothyroidism screening done for high risk ANC cases (DH/ MC)		F 2.3: Mother's BP recorded at the time of admission	F 2.8: Management of postpartum hemorrhage
F1.4: Blood Glucose measured		F1.10 Universal Syphilis screening		F 2.4:Partograph used to monitor progress of labor	F 2.9: Monitoring for vaginal bleeding upto 6 hrs. after delivery
F1.5: Urine Albumin estimation		F1.11 Malaria testing (For Malaria Endemic areas only)		F 2.5: Antenatal Corticosteroids used for preterm delivery	F 2.10: Recording of vital parameters(Temp,pulse,BP,R R) at time of discharge

F. SERVICE DELIVERY INDICATORS					
F3. Essential Newborn Care (ENBC), Resuscitation and Child Health			F 4. Family Planning		
F 3.1: Babies delivered on mother's abdomen		F 3.6: Baby weighed		F 4.1: Family planning counselling	
F 3.2: Babies dried with clean and sterile /towels just after delivery		F 3.7: Vitamin K1 administered to all newborns (within 24 hrs. of birth)		F 4.2:Postpartum IUCD insertions	
F 3.3: Delayed cord cutting (1-3 mins) practiced		F 3.8: Newborns given BCG,OPV, Hep-B within 24 hours of birth		F 4.3:Interval IUCD insertions	
F 3.4: Practice of skin to skin care		F 3.9: Provider aware about the steps of newborn resuscitation (Positioning, suctioning, stimulation, repositioning and PPV using Ambu bag)		F 4.4:Sterilization procedures (Fixed Day Static Services)	
F 3.5: Early initiation of breastfeeding practiced within one hour		F 3.10: KMC practiced for Low birth Weight in Post-natal ward		F 4.5:Sterilization procedures (Fixed Day Camps)	

F. SERVICE DELIVERY INDICATORS					
F 5. Client Satisfaction		F 6. Facility mechanism and others		F 7. Adolescent Health	
F 5.1: Diet provided?		F 6.1: Is utilization of untied fund adequate?		F7.1: Contraceptive available at AFHC	
F 5.2: Drug Provided?		F 6.2: Awareness generation (use of IEC/BCC) - Posters, audio visual aids, display of citizen charter? RH, MH, NH, CH AH & others		F 7.2: Contraceptive being given to client	
F5.3 Free Referral transport provided?					
F 5.4 Privacy during delivery?		F 6.3: Is grievance redressal mechanism in place?		F 7.3.Height Scale available	
				F 7.4 Height measured	
F 5.5: Staff was well behaved with you during your stay?		F 6.4: Infection prevention being practiced & segregation followed		F 7.5. Weighing Machine available	
				F 7.6 Weight measured	
F 5.6: Were you informed about the procedures before they were undertaken		F 6.5:Disinfection practices being followed		F 7.7. BP apparatus: Available at AFHC	
				F 7.8. BP Apparatus being used	
F 5.7: Would you suggest visiting this facility to your relatives/friends?		F 6.6:Availability of ANC / PNC register , case sheet, discharge sheet etc. as per Maternal and Newborn Healthtoolkit		F 7.9. BMI Calculated	
F 5.8: Did you get the services you were looking for?				F 7.10. Counselling conducted at AFHC	
				F7.11 Vision being checked with Snellen chart	

Major findings from last visit	
Action taken on interventions/ activities identified from last visit	

Plan of Action					
	Major findings from this visit	Intervention/ Activities identified	Level of intervention	Responsibility	Timeline
Reproductive Health/Family Planning					
Maternal Health					
Newborn Health					
Child Health					
Adolescent Health					

Facility In-charge Signature _____ Supervisor Signature _____

Community Checklist