



# National Quality Assurance Standards for Ayushman Bharat- Health and Wellness Centres



**A Compendium**







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Date :



## **Preface**

Since the inception of the National Health Mission (NHM), Uttar Pradesh has been steadfast in its commitment to strengthen the healthcare systems through a diverse range of initiatives. The state has persistently worked towards its health objectives, embracing a multi-faceted strategy that has successfully transitioned from a curative approach to a proactive focus on preventive healthcare.

Ensuring equitable healthcare for all has consistently been a top priority for Uttar Pradesh, with a specific emphasis on delivering quality services at public health facilities. To uphold these standards, the state has implemented a robust quality assurance program in the past, placing a strong emphasis on improving the overall healthcare experience.

An important milestone in this journey has been the rapid establishment of health and wellness centres across the state. Uttar Pradesh has made a substantial contribution to the national achievement of surpassing 1.5 lakh health and wellness centres. These centres play a pivotal role in providing comprehensive healthcare services to communities, acting as beacons of well-being.

It is imperative that the services offered at these centres adhere to stringent national quality standards, ensuring that individuals receive care of the highest caliber. To facilitate this, this compendium serves as a valuable resource, providing primary healthcare teams at Health and Wellness Centres (HWCs) with standardized protocols to address any existing gaps identified in the NQAS (National Quality Assurance Standards) checklist for HWCs.

I hold great confidence that this compendium will serve as an invaluable tool for our dedicated teams on the ground, enabling them to swiftly bridge any gaps and contribute to the national certification of health and wellness centres across the state. By following these guidelines, we can collectively strive towards our shared vision of providing exceptional healthcare services to every individual in Uttar Pradesh.

Together, let us continue our unwavering commitment to enhancing the health and well-being of our fellow citizens, as we progress towards a brighter, healthier future.

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Principal Secretary,  
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## Foreword

I am delighted to introduce this compendium, which aims to strengthen the quality of health and wellness centres and ensure the provision of high-quality services to the community. As we continue our journey towards achieving universal health coverage for all, it is imperative that we focus on delivering services that meet the needs and expectations of our end users.

The operationalization of health and wellness centres has been a significant milestone in expanding access to essential healthcare services. However, our responsibility does not end with their establishment. We must now prioritize the delivery of quality services to truly make a difference in people's lives.

The National Quality Assurance Standards (NQAS) certification plays a crucial role in ensuring the quality of services provided at these centres. It serves as a standard mechanism through which we can guarantee the community that they will receive top-notch care at their doorstep. This certification instills trust and confidence in the community, minimizing delays in accessing services, eliminating out-of-pocket expenditures, and reducing the need for unnecessary travel for minor ailments.

This compendium serves as a valuable resource in bridging the gaps and strengthening the quality of health and wellness centres. By utilizing this resource optimally, I am confident that the concerned providers will be able to contribute responsibly towards delivering exceptional healthcare services. It is through their dedication and commitment that we can achieve our vision of ensuring accessible and high-quality healthcare for every individual.

I extend my sincere appreciation to all those involved in the development of this compendium. Your efforts in advancing the quality of health and wellness centres are commendable, and I encourage everyone to make the most of this valuable tool.

Together, let us continue our collective journey towards a healthier and more resilient community.

  
(Dr. Pinky Jewel) 22/8/23









**Dr. Archana Verma,**  
General Manager-Quality Assurance



National Health Mission,  
Uttar Pradesh,  
Mandi Parishad Bhavan,  
16-A.P.Sen Road, Lucknow

I am pleased to discuss the significant impact that health and wellness centers will have on our health system's responsiveness to the needs of the people. These centers will play a pivotal role in bringing essential services closer to communities, especially to the most marginalized individuals, through the dedicated efforts of the Primary Health Care Team.

Our ultimate goal is to provide quality services at these health and wellness centers. Achieving this aspiration requires a collective effort, and I firmly believe that it is through the determination and dedication of the entire team that we will succeed in delivering high-quality care at every public health facility.

This compendium has been meticulously designed to support the primary healthcare (PHC) team at health and wellness centers in closing the existing gaps and meeting the established standards. It serves as a comprehensive resource, providing all the necessary references and tools required to address each checkpoint outlined in the NQAS checklist for HWCs. By utilizing this compendium effectively, we can ensure that our services meet the expected quality standards.

I am pleased to announce that Uttar Pradesh is making rapid progress in certifying all its health and wellness centers after the successful national certifications of higher-level facilities. This achievement reflects our commitment to quality and signifies our dedication to providing excellent healthcare services across the state.

With unwavering determination, I firmly believe and aspire that Uttar Pradesh will soon achieve national certifications for all its health and wellness centers. This milestone will demonstrate our unwavering commitment to delivering quality care and will serve as a testament to the collective efforts of the entire team.

I extend my gratitude to team quality, community process and Jhpiego who have contributed to develop this compendium and the certification process. Your hard work and dedication is vital in driving the progress of our health and wellness centers. Let us continue working together to ensure that the people of Uttar Pradesh receive the best possible healthcare services.

Sincerely,

Dr Archana Verma  
General Manager  
Quality Assurance Unit, SPMU







## Executive Summary

In alignment with National Health Policy's aim to ensure Universal Health Coverage (UHC); Ayushman Bharat was launched in 2018 with Ayushman Bharat-Health and Wellness Centre (AB-HWC) and Pradhan Mantri Jan Arogya Yojana (PM-JAY) as its two strong pillars. Ayushman Bharat aims to bring paradigm shift in the country by increasing health systems' responsiveness to the up-surging demands of health seekers for prevention and treatment of the diseases.

AB-HWCs aims to ensure provision of expanded range of services to the catering population, where apart from promotive, preventive and primary health care services, emphasis has been laid down on the early screening & identification, primary management, timely referral to the higher centres and ensuring continuity of care through regular follow ups.

As mandated existing Sub Centres and Primary Health Centre (Rural and Urban) are in the process of conversion into AB-HWCs. As per health care facility's scope of services and responsibilities; the human resource and their skill requirements have also been defined. Similarly, other components like drugs & consumables, equipment etc. requirements have also been defined.

Along with making health services available, accessible and affordable to the local population at their doorsteps, it becomes more pertinent to ensure quality of the care provided by AB-HWC. It is well appreciated that optimal health care cannot be envisaged by just ensuring availability of infrastructure, human resource and medical supplies etc. It requires focus on continual improvement in quality of healthcare services, for ensuring effective, safe, patient centered, timely, equitable as well as integrated and efficient.

Ministry of Health and Family Welfare (MoHFW) has begun its journey of ensuring Quality across public health facilities in 2013 with launch of National Quality Assurance Programme (NQAP). The programme has been laid down on the foundation of sustainable, explicit and measurable Quality Standards for the public health facilities i.e. District hospital/Sub-district Hospital, Community Health Centre, Urban and Rural Primary health Centre.

Easy to use checklists, allow the provider and other stakeholders to assess the facility, identify the gaps, prioritize them, take up the improvement activities to traverse the gaps and finally meet the standards. Compliance to the Standards along with core criteria making them eligible for the certification and incentivization. The whole process is supported by a sturdy institutional framework, placed at National, State, District and Facility level.

In similar lines, for AB-HWCs (Sub Centre) a checklist with structure of Eight (8) Area of Concern, depending on type of facility, fifty (50) or forty-eight (48) standards have been defined. Standards and measurable elements which are non-applicable as per the scope of services to state can be disabled in checklist. Facility providing all 12 packages shall be assessed on approximately 125 measurable elements and 682 checkpoints. To be eligible for the state and national level certification it is mandatory to apply for seven packages at least. For AB-HWC in PHC and UPHC, few new additions shall be done and the existing NQAS checklists of PHC & UPHCs will be updated as per the revised scope of services of HWC.

"This compendium for AB-HWCs" aims to support the facility's, District's, State's and Nation's endeavor to ensure provision of Quality services to health seekers.

It has all the relevant templates and guidelines which will make access to the documents for NQAS checklist convenient.





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## Guidelines for Using the Compendium

### About this Compendium

This compendium is a comprehensive compilation of eight areas of concern derived from the National Quality Assurance Standards (NQAS) established by the Government of India. It encompasses a range of essential components, including standards, measurable elements, checkpoints, and related evidences. Its primary objective is to provide valuable insights into the service provider's adherence to a patient-centric approach in the delivery of high-quality healthcare services and the facilitation of a seamless continuum of care.

Each checkpoint within the compendium is accompanied by a specific reference, which may take the form of a website, guidelines, registers, or annexures. These references serve as tangible sources of evidence\* and are further supported by corresponding images that can be consulted for verification purposes. By consulting the compendium, healthcare providers gain a comprehensive understanding of the precise expectations outlined within the NQAS. This enables them to assess their own performance objectively, ensuring alignment with the desired patient-centric principles and fostering the provision of continuous, high-quality healthcare services.

### Purpose of this Compendium

The purpose of the compendium is to provide a concise and readily accessible compilation of relevant reading material from various guidelines. This compilation serves as a valuable resource for addressing gaps and fulfilling requirements outlined within different checkpoints of the NQAS checklist. By utilizing the compendium, Community Health Officers (CHOs) can enhance their understanding of the quality standards mandated by NQAS certification, as well as the associated documentation processes and service delivery procedures.

Furthermore, the compendium aims to contribute to improved health outcomes by facilitating the dissemination of essential knowledge and best practices. By equipping CHOs with the necessary information and guidance, the compendium empowers them to effectively implement quality standards, thereby enhancing the deliverables in terms of health outcomes.

### What does it contain?

The compendium contains:

- Sections of guidelines, consulted while preparing action points for gap closure
- Checklists and Templates of Registers.
- Posters, signage, and photos of display boards.

### Who will use the Compendium?

The compendium is designed to be utilized by a range of individuals within the healthcare system, including Medical Officers (MOs), CHOs, ANMs, and other staff members as a valuable resource for reference and guidance in the process of closing gaps identified during NQAS assessments.

### How to use the Compendium?

- The compendium is structured with Annexures, each assigned a specific number. These Annexures contain detailed information and relevant references.
- When referencing the compendium, users should refer to the specific Annexure numbers provided within the document.

*\*Disclaimer: Below mentioned proofs & evidences can be customised & changed as per the facilities requirement. Every proof provided in this compendium is only related to reference against record and review (RR) mentioned in the checklist.*



## List of Documents to be Submitted for National Assessment

MNL: QSM: 02/05/Form1-D



### HWC(SC): Document Verification Checklist for NQAS

(To be submitted along with the application)



Name of the Facility: .....

District/State: .....

NIN ID: .....

Delivery Conducted at HWC(SC): Yes/No: .....

S. No.	Name of the Documents	Status of submission (Yes/No)	Remarks
1.	No. and Names of service packages to be assessed		
2.	Latest District level assessment report verified by State*		
3.	Minutes of last Quality Team meeting (Preferable within Last Quarter)		
4.	Work Instructions (As per Service Packages)		
5.	Copy of Facility Wide Policies/ Instructions	3	
5.1	Quality Policy & Objectives		
5.2	Policy for Maintaining Patients' Records [its security, sharing of information and safe disposal] (Both physical and digital copies)		
5.3	Referral Policy		
6.	Last 3 months Patient Satisfaction Survey Report (Analysis) with subsequent Corrective and Preventive actions undertaken.		
7.	Last 3 months data of Key Performance Indicators (KPI).		
8.	Bio Medical Waste (BMW) Authorization Certificate		
9.	Letter for Fire compliance from the appropriate authority.		

\*As per procedure given in 'Operational Guidelines for Improving Quality in Public Healthcare Facilities-2021', Page No. 54, point II.



## Certification Criteria for the Award of Certificate



### CERTIFICATION CRITERIA FOR THE AWARD OF CERTIFICATE

1. Aggregate score of the health facility -  $\geq 70\%$
2. Score of each service package of the health facility (minimum 7 packages) -  $\geq 70\%$
3. Segregated score in each Area of Concern -  $\geq 60\%$
4. Score of Standard -  $\geq 60\%$ 
  - a. Standard A1 - The facility provides Comprehensive Primary Healthcare Services
  - b. Standard D3 - The facility has defined and established procedure for clinical records and data management with progressive use of digital technology
  - c. Standard D4 - The facility has defined and established procedures for hospital transparency and accountability
  - d. Standard D5 - The facility ensures health promotion and disease prevention activities through community mobilization
  - e. Standard G2 - The facility has established system for patient and employee satisfaction
5. Individual Standard wise score-  $\geq 50\%$
6. Patient/client Satisfaction Score - 60% or Score of 3.0 on Likert Scale, separately





## 12 Service Packages at HWC SHC

## Details of Services Provided At HWC\_HSC

1	Care in Pregnancy & Childbirth	Mandatory	7	Management of Non-Communicable Diseases	Mandatory
2	Neonatal & Infant Health Services	Mandatory	8	Care for Common Ophthalmic and ENT	
3	Childhood & Adolescent Health Services	Mandatory	9	Oral Health Care	
4	Family Planning	Mandatory	10	Elderly and Palliative Health Care	
5	Management of Communicable Diseases	Mandatory	11	Emergency Medical Services	
6	Management of Simple Illness including Minor Elements	Mandatory	12	Management of Mental Health Ailments	



# Area of Concern A: Service Provision

**Total Standards: 02**

**Total Measurable Elements: 16**

**Total Checkpoints: 54**









3. Availability of Normal Vaginal delivery services and referral services for Obstetrics emergencies: (Refer Proof: Labour Room Register; Source: Labour Room Register)

Proof: Labour Room Register

Labour Room Register		MCTS No <sup>1</sup> :	
01 Name	08 Aashar Number	16 Delivery	
02 Age	09 Facility Registration Number (GPO/POD)	17 Manual obstetric gestation in weeks/Weeks/C/ Section	
03 W/o or D/o	10 Date of Registration	18 Live birth/Still Birth/Abortion (obstetric gestation in weeks)	
04 Address	11 Whether RY Boundary (Y/N)	19 If any complication during delivery	
05 Mobile Number (Family/Other)	12 Party (GPLA)	20 Maternal conditions <sup>2</sup>	
06 Religion	13 LMP & EDD	21 Fetal conditions <sup>3</sup>	
07 Caste SC/ST/Other	14 Past History, if any, Specify <sup>4</sup>	22 PPLUCD insured (Y/N)	
	15 Past Obstetric History <sup>5</sup>		
<b>Present obstetric history</b>			
23 Any identified Complication/ high risk during ANC, specify <sup>6</sup>			
24 If diagnosed with Pre-term Labour, Pt. give reason			
25 Write natal corticosteroid given at nat.	Given (Y/N)	I Dose (Time)	II Dose (Time)
26 Complication during present pregnancy, specify			
<b>Perinatal/Neonatal history</b>			
27 Date and time of delivery			
28 Outcome (LB/Still Birth/ Abortion)			
29 Gestation age in weeks at the time of delivery			
30 Delivery conducted by (write name and designation)			
31 Type of delivery (normal/ assisted/ caesarean/ LSCS/other)			
32 Any medical/ surgical interventions (e.g., injectable drugs, ASB etc.) given Specify			
33 Indication for the intervention			
34 Post-delivery identification tag no. of newborn & mother			
35 Sex (M/F)			
36 Weight (in grams)			
<b>Essential newborn care/ Interventions/ Care of the newborn</b>			
37 Did the baby cry immediately after birth?			
38 Did the baby require resuscitation? (Y/N)			
39 Essential Newborn Care (ENBC) provided? (Y/N)			
40 Time of initiation of Breastfeeding			
41 Birth doses (BCG/OPV/ Hep. B/VK/D, Pt. specify			
42 If any congenital anomaly, specify			
43 PPLUCD flag given (Yes/ Not applicable)			
44 PPLUCD insured (If applicable) (Yes/ No)			
45 If referred, reason and place for referral, along with time of referral			
46 Death of the mother or new born - please specify			

4. Availability of prompt referral services for Obstetrics emergencies (Refer Proof: Labour Room Register)

ME A1.2: The facility provides Neonatal & Infant Health services

Checkpoints:

1. Identification, primary management & prompt referral of sick new born & infant (Refer Proof: Labour Room Register)
2. Availability of Immunization Services (Refer Proof: Immunization Register; Source: RCH Register III)

Proof: Immunization Register

Section-1) Child Registration Details		Section-4) Home Visits for Children under HBVC																																																																																																																			
Child Status: <input type="checkbox"/> Active <input type="checkbox"/> Migrated In/Out <input type="checkbox"/> Guest <input type="checkbox"/> Inactive <input type="checkbox"/> Closed Date: _____ District: _____ Type of Area: Rural/Urban: _____ Sub district/Taluka/Teahal/Mandal: _____ Municipal corporation/Municipality/Council: _____ Health Block/Ward: _____ Health Facility: _____ Health Sub facility/Sub center: _____ Village/Coverage Area: _____ Name of Health Provider (ANM): _____ Name of MPW: _____ Name of ASHA: _____ Date of Registration: _____ Date of Birth: _____ Name of Child: _____ Birth Certificate No.: _____ BCI ID of Child: _____ Sex of Child: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other Aadhar No. of Child: <input type="checkbox"/> NA _____ Weight at Birth (kg): _____ Mother's Name: _____ Religion: <input type="checkbox"/> Hindu <input type="checkbox"/> Muslim <input type="checkbox"/> Sikh <input type="checkbox"/> Christian <input type="checkbox"/> Other BCI ID of Mother: _____ Caste: <input type="checkbox"/> ST <input type="checkbox"/> SC <input type="checkbox"/> Other Father's Name/NAP: _____ Mobile No. (Mother/Father/Other): _____ Place of Birth: _____ Name of Facility: _____ Mobile No. (Mother/Father/Other): _____		Date of visit (dd/mm/yyyy): _____ Age appropriate immunization received (1): _____ Whether Child is in green zone of MCP Card (1) / (Y/N/NA/ Not Recorded/ Card Not Available) Was the New MCP card used to assess developmental attainment of Child (Y/N/NA/ Not Available) If yes, which "Red flag sign" of developmental issue identified. Write code (1): _____ (Refer Annexure-1) Whether Child is sick (Y/N) Recoding of weight for age by AWW (Y/N) Recoding of weight for length/height by AWW (Y/N) Mother counseled for exclusive breastfeeding (Y/N) Mother counseled for hand washing (Y/N) Mother counseled for family planning (Y/N) Date of Visit (dd/mm/yyyy): _____ Recoding of weight for age by AWW (Y/N) Recoding of weight for length/height by AWW (Y/N) Whether Child is in green zone of MCP Card (1) / (Y/N/NA/ Not Recorded/ Card Not Available) Was the New MCP card used to assess developmental attainment of Child (Y/N/NA/ Not Available) If yes, which "Red flag sign" of developmental issue identified. Write code (1): _____ (Refer Annexure-1) OHS provided (Y/N) Bottle of HA provided (Y/N) Whether Child is sick (Y/N) Recoding of weight for age by AWW (Y/N) Recoding of weight for length/height by AWW (Y/N) Mother counseled for hand washing (Y/N) Mother counseled for family planning (Y/N) Date of Visit (dd/mm/yyyy): _____ Age Appropriate immunization received (1): _____ Whether Child is in green zone of MCP Card (1) / (Y/N/NA/ Not Recorded/ Card Not Available) Was the New MCP card used to assess developmental attainment of Child (Y/N/NA/ Not Available) If yes, which "Red flag sign" of developmental issue identified. Write code (1): _____ (Refer Annexure-1) OHS provided (Y/N) Bottle of HA provided (Y/N) Whether Child is sick (Y/N) Recoding of weight for age by AWW (Y/N) Recoding of weight for length/height by AWW (Y/N) Mother counseled for hand washing (Y/N)																																																																																																																			
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3. Availability of post-natal new born care services (*Refer Proof: Labour room register + referring + MCP*)

**ME A1.3: The facility provides Childhood & Adolescent health services**

**Checkpoints:**

1. Identification, primary management, referral & follow up services for childhood ailments (*Refer Proof: OPD Register; Source: OPD Register for Uttar Pradesh*)

**Proof: OPD Register**



2. Education, Counselling and referral services for Adolescent health (*Confirm via Staff Interview*)

**ME A1.4: The facility provides Family Planning services**

**Checkpoints:**

1. Availability of family planning services (*Refer Proof: FP Services; Source: RCH Register I*)

**Proof: FP Services**



Page No.: 7

### Eligible Couple (EC)/Pregnant Woman (PW) Registration Format

Beneficiary Status (1):  Active  Allotted In/Out  Guest  Inactive  Closed Date: \_\_\_\_\_

District: \_\_\_\_\_ Type of Area (Rural/Urban): \_\_\_\_\_ Sub District/Taluka/Tehsil/Mandal: \_\_\_\_\_  
Municipal Corporation/Municipality Council: \_\_\_\_\_ Health Block/Ward: \_\_\_\_\_ Health Facility Type (2): \_\_\_\_\_  
Health Facility Name: \_\_\_\_\_ Health Sub Facility/Sub Centre: \_\_\_\_\_ Village/Coverage Area: \_\_\_\_\_  
Name of Health Provider (AAMA): \_\_\_\_\_ Name of MPW: \_\_\_\_\_ Name of ANM: \_\_\_\_\_  
Date of Registration (3): \_\_\_\_\_

**(Section -1) Beneficiary - Details**

ICCH ID no. of Woman (4): \_\_\_\_\_ Name of Husband (5): \_\_\_\_\_  
Name of Woman: \_\_\_\_\_ Aadhaar No:  NA  \_\_\_\_\_  
Aadhaar No (6)  NA  \_\_\_\_\_ Account No:  NA  \_\_\_\_\_  
Account No/Post office AC No:  NA  \_\_\_\_\_ Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_ IFSC Code: \_\_\_\_\_  
Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_ IFSC Code (7): \_\_\_\_\_  
Aadhaar linked with bank account:  Yes  No  Don't know  NAP  
Occupation: \_\_\_\_\_ Level of Education: \_\_\_\_\_  
Level of Education (7b): \_\_\_\_\_ Current Age of Husband (8): \_\_\_\_\_  
Current Age of Woman (8c): \_\_\_\_\_ Age of Husband at Marriage: \_\_\_\_\_  
Age of Woman at Marriage: \_\_\_\_\_  
Religion of Woman:  Hindu  Muslim  Sikh  Christian  Other  
Caste:  SC  ST  Other \_\_\_\_\_ Category:  BPL  Husband  Neighbor  Other  
Total No. of Children Born:  Male  Female  Other \_\_\_\_\_ Youngest child Age (9a in month): \_\_\_\_\_  
No. of Live Children:  Male  Female  Other \_\_\_\_\_ Youngest Child Sex:  Male  Female  Other  
Current Users:  Non Users

FY	Current usage of contraceptive (8)	Currently using spacing method and want to change contraceptive method (9)	Non users wanting to adopt contraceptive within one year (8)
PY1			
PY2			

**(Section -2) Tracking of Eligible Couples (EC) and Use of Contraceptives**

Contraceptive details (1)	FY	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
General Information	Date of Visit (dd/mm/yy)												
	LMP/Write LR for Lactation (menstruation) (1)												
	Pregnancy Test if done (2)												
	Type of Facility where this session was given (3)												
DCP & Contraceptives	Quantity received (4)												
	Type of AAR injection administered (5)												
	No. of Dose injection this session (6)												
Injectable MPA	Type of MPA injection (MMS/MS)												
	Weight of woman (in kg)												
	BP of woman												
	Change in menstrual bleeding (Y/N) (4)												
Sterilization	Date of Sterilization procedure												
	Type of Sterilization (5)												
	Follow up visit at facility done (Y/N) (6)												
	Issuance of sterilization												

**(Section -3) Pregnant Woman (PW) - Registration - Details**

UAP Date: \_\_\_\_\_ Age of PW: \_\_\_\_\_ Date of ANC Registration (2): \_\_\_\_\_  
EDG (2): \_\_\_\_\_ Weight of PW (kg): \_\_\_\_\_ Mobile Number: \_\_\_\_\_  
Height of PW (in cm): \_\_\_\_\_ Blood Group of PW: \_\_\_\_\_  
 Woman/Self  Husband  Neighbor  Other  
No. of completed weeks of Pregnancy at the time of Reg: \_\_\_\_\_  
Past illness:  TB  Diabetes  Hypertension  Heart Disease  Epilepsy  Still RTI  
 Hepatitis-B  Asthma  Any other (Specify): \_\_\_\_\_  
Past Obstetric History excluding current pregnancy (22) \_\_\_\_\_ Total No. of Pregnancy: \_\_\_\_\_

Details of last two pregnancy	Complications during last two pregnancy	Outcome of last Pregnancy (23)
Last Pregnancy		
Last to Last Pregnancy		

Indicate expected place of delivery: Facility Type (24): \_\_\_\_\_ Name of facility for delivery: \_\_\_\_\_

**(Section -4) ANC Service - Details**

Blood Examination	Blood Examination Date	Examination Status (25)	Result (26)
VDRL test		<input type="checkbox"/> Done <input type="checkbox"/> Not Done	<input type="checkbox"/> Reactive <input type="checkbox"/> Non Reactive
HIV Screening test (25a)		<input type="checkbox"/> Done <input type="checkbox"/> Not Done	<input type="checkbox"/> Non reactive <input type="checkbox"/> Refer to K.C.C.
HbA1c test		<input type="checkbox"/> Done <input type="checkbox"/> Not Done	<input type="checkbox"/> Positive <input type="checkbox"/> Negative

ANC Service details	1st Visit	2nd Visit	3rd Visit	4th Visit	Visit under PMSMA (28)
Date of ANC Visit (dd/mm/yy) (26)					
Facility/Place/Site of ANC Done					
Name of Health Facility/Site/Place					
No. of completed Weeks of pregnancy					

2. Education, Counselling and referral services for family planning services (*Confirm via Staff Interview*)
3. Identification and referral for Obstetric and Gynecological Conditions (*Refer Proof: OPD Register*)

**ME A1.5: The facility provides services for promotion, prevention and treatment of communicable diseases as mandated under National Health Program/state scheme**

**Checkpoints:**

1. Preventive & promotive services under NVBDCP (*Refer Proof: Management of Communicable Diseases for CHO; Source: Training Manual on Management of Communicable Diseases for Community Health Officer at Ayushman Bharat – Health and Wellness Centres*)

**Proof: Management of Communicable Diseases for CHO**





## VECTOR BORNE DISEASES

### Integrated Vector Management Activities under NVBDCP

Actions	For Individual Protection	For Community Protection
Decreasing human-mosquito contact	Insecticide treated nets, repellants, protective full-length clothing	Insecticide treated nets, protective full-length clothing
Destruction of adult mosquitoes	Mosquito killers/ repellent dhoop batt	Spraying, fogging of insecticides (DD, malathion) on inner walls of houses
Destruction of mosquito larvae	Cleanliness of areas surrounding house, Emptying of unused stagnant water (e.g. discarded items as tyres, drums placed over rooftops)	Spraying of larvicidal agents on water surfaces, placement of Gappi fish in water bodies
Source reduction	Small scale drainage, Putting lids over open drains near house	General cleanliness of public places, underground drains and closing of open drains
Social Participation	Motivation for personal and family protection	Health education, EC activity

### Role of CHO

- ▶ The main role of CHO is to act as a mid-level manager of the activities of VBDs under the area of his/her jurisdiction.
- ▶ On the field visit to villages, CHO to cross verify the records of ASHA by visiting houses of fever cases and ensuring that complete treatment was/s being provided.
- ▶ CHO to assess the level of IEC of the community regarding different VBDs, especially vector control measures, Signs and symptoms of diseases and usage of LLIN etc.
- ▶ Ensuring that records of all ASHA are routinely verified and compiled at SHC-HWC level and analysed to ensure that there is no sudden increase in number of fever cases.
- ▶ CHO must ensure good communication with field level health care workers to detect any signs of impending outbreaks and inform MO-PHC, BMO/DVBDCO/Nodal officer-IDSP.
- ▶ At the SHC-HWC, CHO to ensure that severe Malaria cases are referred to appropriate health facility with adequate pre-referral care.
- ▶ CHO to ensure all fever cases reporting to the SHC-HWC are tested and treated appropriately.
- ▶ CHO to supervise all the activities of ASHA and MPW in the field related to all VBDs

### Record Keeping

- ▶ Maintain and submit village wise monthly reports of Malaria in prescribed formats to MO-PHC
- ▶ Submit monthly stock positions of various drugs and diagnostics available at the HWC

2. Case detection, treatment, referral & follow up of cases under NVBDCP (*Refer Proof: Case detection, treatment, referral & follow up cases for NVBDCP; Source: Checklist for Monitoring and Evaluation, National Vector Borne Disease Control Program*)

**Proof: Case detection, treatment, referral & follow up cases for NVBDCP**





## National Vector Borne Disease Control Programme

### Checklist for Monitoring and Evaluation

Name of State \_\_\_\_\_ Name of District \_\_\_\_\_  
 Name of PHC visited \_\_\_\_\_ Name of Sub-centre(s) visited \_\_\_\_\_

**Note: Ask the questions related to Vector Borne Diseases which are prevalent in the area and for which the control programmes exist.**

### Observations from the Field Visit

#### ASHA

	Name	Village	Education	Village resident (Yes/No)	Since when working	Whether trained for VBD (Y/N)
ASHA 1						
ASHA 2						

#### Training of ASHA (Answer-Yes or NO)

Whether following subjects were covered in the training						
	Use of RDT	Collection of blood slide	Malaria Drug regimen	Dengue mosquito breeding and control	Drugs/ doses for MDA (LF)	
ASHA 1						
ASHA 2						
Whether having skills/knowledge						
ASHA 1						
ASHA 2						

Questions	ASHA 1	ASHA 2
Are the Registers of ASHA under NVBDCP being maintained up to date (verify by seeing the registers)		
When ASHA submitted the last due Report? (ask for the report)		
No of RDTs used in the last month		
No of fever cases found positive for malaria using RD kits in the last month		
Was blood slide also collected from patient tested by RDT		
No of slide collected & found positive (Last month)		
Were the results of blood slides received within 24 hours from the lab		
No of fever cases who completed RT in the last month		
Was ASHA visited by the health worker or MTS in the last one month?		

3. Preventive & promotive measures under NTEP (Refer Proof: Operational Guidelines for TB Services at HWCs; Source: Operational Guidelines for TB Services at HWCs)

**Proof: Operational Guidelines for TB Services at HWCs**



## 4. Human Resources at AB-HWCs and Capacity Building

### 4.1. Responsibilities of Primary Health Care Team Members in TB Prevention and Care

The key human resources that will be required and their roles in TB prevention and care are summarized below:

Position	Roles and Responsibilities
ASHA	<ul style="list-style-type: none"> <li>• Awareness generation about TB in the village during home visits/survey, community meetings, VHSNDs etc</li> <li>• Filling of the CBAC forms and identification of presumptive TB patients in the community</li> <li>• Mobilize and preferably accompany presumptive TB patients to the nearby AB-HWC-SHC</li> <li>• Sample collection and transportation to PHI (SHC/PHC/UPHC) as per the local need/requirement, following essential infection practices such as hand-washing/hand sanitization, wrapping of sputum cup/falcon tube with tissue paper, carrying sample to PHI in zip-lock cover/leak proof container/box etc</li> <li>• Work as treatment supporter for local TB patients</li> <li>• Submit patient's bank details to health facility for Nikshay Poshan Yojna</li> <li>• Counsel patients on treatment adherence, nutrition, healthy life-styles and cough etiquettes</li> <li>• Monitor the nutritional status of patients and provide feedback to MPW/CHO</li> <li>• Ensure treatment adherence and timely follow up of patient</li> <li>• Update TB patient's treatment cards/updation of health diaries provided by the health and wellness centres duly updating the family folders wherever required</li> <li>• Alert patients for ADR, if any and facilitate seeking medical care</li> <li>• Motivate household contacts of confirmed TB patients for undergoing TB screening and eligible contacts for taking complete chemoprophylaxis</li> <li>• Participate in vulnerability assessment of population by doing household survey (during the CBAC enumeration and further annual exercises or other household level surveys done by AB-HWCs) and in active case finding among identified vulnerable population</li> <li>• Discuss TB related agenda in VHSNC/MAS meetings</li> </ul>



14 OPERATIONAL GUIDELINES

4. Case detection, treatment, referral & follow up of cases under NTEP (*Refer Proof: TOG TB 2016-18; Source: Revised Technical and Operational Guidelines for TB Control in India 2016; Annexure 15 A, B, C, D, E*)

**Proof: Request card for examination of biological specimen for TB**



**RNTCP Request Card for examination of biological specimen for TB**  
(Required for Diagnosis of TB, Drug Sensitivity Testing and follow up)

Patient Information							
Patient name	Age (in yrs): _____	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> TG					
Patient mobile no. or other contact no.	Specimen Date of collection (DD/MM/YYYY) _____	<input type="checkbox"/> Sputum <input type="checkbox"/> Other (specify) _____					
Patient address with landmark	HIV Status: <input type="checkbox"/> Reactive <input type="checkbox"/> Non-Reactive <input type="checkbox"/> Unknown						
	Key populations: <input type="checkbox"/> Contact of known TB Patient <input type="checkbox"/> Diabetes <input type="checkbox"/> Tobacco <input type="checkbox"/> Prison <input type="checkbox"/> Miner <input type="checkbox"/> Migrant <input type="checkbox"/> Refugee <input type="checkbox"/> Urban slum <input type="checkbox"/> Health-care worker <input type="checkbox"/> Other (specify) _____						
Name referring facility (PH/DMC /DR-TB Centre /Laboratory/other): _____		CDL NIKSHAY ID: _____ RNTCP TB Reg No. _____ Or <input type="checkbox"/> Not Applicable					
Health Establishment ID (NIKSHAY): _____		State: _____ District: _____ Tuberculosis Unit (TU): _____					
Reason for Testing:							
Diagnosis and follow up of TB							
Diagnosis (NIKSHAY ID: _____)		Follow up (Smear and culture)					
H/O anti TB Rx for >1 month: <input type="checkbox"/> Yes <input type="checkbox"/> No		RNTCP TB Reg No. _____ NIKSHAY ID: _____					
<input type="checkbox"/> Presumptive TB	Predominant symptom _____	Regimen: <input type="checkbox"/> New <input type="checkbox"/> Previously Treated					
<input type="checkbox"/> Private referral	Duration _____ days	Reason: <input type="checkbox"/> End IP <input type="checkbox"/> End CP					
<input type="checkbox"/> Presumptive NTM		Post treatment: <input type="checkbox"/> 6m <input type="checkbox"/> 12m <input type="checkbox"/> 18m <input type="checkbox"/> 24m					
Diagnosis and follow up Drug-resistant TB							
Drug Susceptibility Testing (DST)		Follow up (Culture)					
<input type="checkbox"/> Presumptive MDR TB	<input type="checkbox"/> New <input type="checkbox"/> Previously treated	PMOT TB No. _____ DR TB NIKSHAY ID: _____					
	<input type="checkbox"/> At diagnosis <input type="checkbox"/> Contact of MDR/RR TB <input type="checkbox"/> Follow up Sm+ve <input type="checkbox"/> Private referral <input type="checkbox"/> Discordance resolution	Regimen: <input type="checkbox"/> Regimen for INI mono/poly resistant TB <input type="checkbox"/> Regimen for MDR/RR TB <input type="checkbox"/> Modified Regimen for MDR/RR-TB + FQ/SJL resistance <input type="checkbox"/> Regimen for XDR TB <input type="checkbox"/> Modified Regimen for mixed pattern resistance <input type="checkbox"/> Regimen with Bedaquiline for MDR-TB Regimen + FQ/SJL resistance <input type="checkbox"/> Regimen with Bedaquiline for XDR-TB <input type="checkbox"/> Regimen with Bedaquiline for failures of regimen for MDR-TB <input type="checkbox"/> Regimen with Bedaquiline for failures of regimen for XDR-TB <input type="checkbox"/> Other _____					
<input type="checkbox"/> Presumptive H mono/poly		Treatment <input type="checkbox"/> month <input type="checkbox"/> Week : _____					
<input type="checkbox"/> Presumptive XDR TB	<input type="checkbox"/> MDR/RR TB at Diagnosis <input type="checkbox"/> ≥ 4 months culture positive <input type="checkbox"/> 3 monthly for persistent culture positives (re-treatment month _____) <input type="checkbox"/> Culture reversion <input type="checkbox"/> Failure of MDR/RR-TB regimen <input type="checkbox"/> Recurrent case of second line treatment <input type="checkbox"/> Discordance resolution						
Test requested:							
<input type="checkbox"/> Microscopy <input type="checkbox"/> TST <input type="checkbox"/> IGRA <input type="checkbox"/> Chest X-ray <input type="checkbox"/> Cytopathology <input type="checkbox"/> Histopathology <input type="checkbox"/> CBNAAT <input type="checkbox"/> Culture <input type="checkbox"/> DST <input type="checkbox"/> Line Probe Assay <input type="checkbox"/> Gene Sequencing <input type="checkbox"/> Other (Please Specify) _____							
Requestor Name, Designation and Signature: _____ Contact Number: _____ Email ID: _____							
Results:		CDL NIKSHAY ID Generated: _____					
Microscopy ( <input type="checkbox"/> ZN <input type="checkbox"/> Fluorescent)							
Lab Sr. No	Visual appearance	Result			1+	2+	3+
		Negative	Scanty				
Sample A							
Sample B							
Date tested: _____		Data Reported: _____		Reported by: _____ (Name and Signature)			

## 5. Preventive &amp; promotive measures under NLEP (Confirm via Staff Interview)



6. Case detection, treatment, referral & follow up of cases under NLEP (*Refer Proof: Case detection, treatment, referral and follow up cases under NLEP; Source: Management of Communicable diseases for CHO- pages 28-39, Annexure 5*)

**Proof: Case detection, treatment, referral and follow up cases under NLEP**

## National Leprosy Eradication Program

**National Leprosy Eradication Programme (NLEP)**, India is a Centrally Sponsored Scheme under the umbrella of National Health Mission (NHM). The major concern of the Programme is to detect the cases of leprosy at an early stage, and to provide complete treatment, free of cost, in order to prevent the occurrence of Grade II Disability (G2D) in the affected persons. Under NLEP, it is aimed to ultimately reduce G2D percentage to ZERO among new cases of leprosy and ZERO new child cases. Several initiatives have been taken to encourage early case detection, to ensure complete treatment, and to contain the onset of disease in close contacts of the index cases (persons diagnosed with leprosy).

### OBJECTIVES

- i. To bring down Prevalence Rate of leprosy to less than 1/10,000 population at district level
- ii. To bring down Grade II Disability rate per million population to Zero at district level
- iii. To bring down Grade II Disability percentage to ZERO among new cases
- iv. To bring down child leprosy cases to ZERO among new cases
- v. To generate awareness about leprosy disease
- vi. To strengthen Disability Prevention & Medical Rehabilitation (DPMR) services for persons affected by leprosy

### STRATEGIES FOR LEPROSY ELIMINATION IN INDIA

- ▶ Decentralized integrated leprosy services through General Health Care system
- ▶ Early detection & complete treatment of new leprosy cases
- ▶ Early diagnosis & prompt MDT, through Active case detection and Regular surveillance
- ▶ Strengthening of Disability Prevention & Medical Rehabilitation (DPMR) services
- ▶ Contact survey and Post Exposure Prophylaxis through Single Dose of Rifampicin (SDR) among close contacts
- ▶ Information, Education & Communication (IEC) activities in the community to improve self-reporting to Health facilities and reduction of stigma
- ▶ Intensive monitoring and supervision





7. Preventive & promotive services under NACP (*Refer Proof: Prevention among high risk groups NACO; Source: Prevention & promotion among high risk behavior groups, NACO, <https://naco.gov.in/tis-high-risk-groups>*)

**Proof: Prevention among high risk groups NACO**

Prevention & promotion among high risk behaviour groups, NACO

Prevention Strategies<sup>1</sup>

Targeted Intervention for High Risk Group

India's HIV program has been recognized globally as a very successful public health model with specific interventions for key population of Female Sex Workers (FSW), Men who have Sex with Men (MSM), Transgender (TG)/Hijra and Injecting Drug Users (IDUs) known as the Core Group and Migrants and Truckers known as the Bridge Population. Over 3 decades of implementing Targeted Interventions through NGO/CBOs, critical insights into the operational aspects is gained. Consolidating the success gained, a focused HIV intervention has been developed to reduce HIV prevalence among the key population.

The TI program has evolved over 4 Phases of the National AIDS Control Program (NACP) and this has been achieved through national, regional and state level consultations with multiple stake holders including community members and civil society organizations.

**Targeted Intervention (TI) Approach**

The prevention of HIV infection among the high risk group (HRGs) is the main thrust area for the NACP and the TI program has demonstrated that it is the most effective way of controlling the epidemic among this population. The approach for providing services to this population began by conducting various mapping exercises that helped in arriving at a specific denominator for service provision. The latest mapping was conducted for TGs/Hijra in 2013. One of the primary aims of NACO and the State AIDS Control Society (SACS) is to ensure saturation of this figure through TI service components of Behaviour Change Communication, Condom Distribution for Core Group, Condom Social Marketing for Bridge Population, Outreach Services, Counseling, HIV testing, Linkages/Referrals, STI management, Needle/Syringe Program (for IDUs), Opioid Substitution Therapy (for IDUs), enabling environment for all key population and advocacy to reduce stigma and discrimination.

In order to measure the program efficiency a system of HIV Sentinel Surveillance was introduced and over the years India's efficient response to HIV has resulted in reduction of HIV prevalence among most of the core group with the exception of IDUs and TGs/Hijra. The HIV prevalence among ANC is 0.29% and Female Sex Worker 2.20%, Men who have Sex with Men 4.30%, Injecting Drug Users 9.90%, and Transgender/Hijra population 7.20% (IBBS 2015). The bridge population consisting of Truckers and Migrants had HIV prevalence of 2.59% and 0.99% respectively. (HSS 2012-13 Technical Brief)

**Female Sex Workers (FSWs)**

The HIV epidemic in India is known to be a concentrated epidemic with FSWs being one of the core risk groups that are affected. FSWs have many sexual partners concurrently. Generally, full time FSWs have at least one client per day. Some FSWs have more clients than others. In addition to the number of clients their nature of work also increases their vulnerability to HIV. The higher risk of FSWs is reflected in a substantially higher prevalence of HIV among them than in the general population.

As per the IBBS conducted in 2014-15, HIV prevalence among FSWs found to be 2.2%, which is eight times more than among pregnant women attending antenatal clinics (0.29%) as per HSS 2014-15. However there has been a steady decline in the HIV prevalence among this population as a result of effective interventions over the years.

<sup>1</sup> <http://naco.gov.in/prevention-strategies>



8. Referral & follow up of cases under NACP (*Refer Proof: Compliance to Art and Follow up; Source: National guidelines for HIV care and treatment 2021-pages 57-64 (Adherence to ART)*)

**Proof: Compliance to Art and Follow up**

## 2.4 > Adherence to ART

### 2.4.1 Adherence

“Extent to which a person’s behaviour – the taking of medication and following healthy lifestyle including a healthy diet and other activities – corresponds with the agreed recommendations of the healthcare providers” (WHO, 2003).

Though the terms ‘adherence’ and ‘compliance’ are synonymously used, adherence differs from compliance. Compliance is the extent to which a patient’s behaviour matches the prescriber’s advice. Compliance implies patient’s obedience to the physician’s authority, whereas adherence signifies that the patient and physician collaborate to improve the patient’s health by integrating the physician’s medical opinion and the patient’s lifestyle, values and preferences to care.

Assessing a patient’s ART readiness is the first step to successful ART adherence. Patients starting ART should be willing and able to commit to treatment and understand the benefits and risks of therapy and the importance of adherence.

For ART, a high level of sustained adherence is necessary to (1) suppress viral replication and improve immunological and clinical outcomes; (2) decrease the risk of developing ARV drug resistance; and (3) reduce the risk of transmitting HIV (WHO, 2013).

Adherence should be assessed and routinely reinforced by everyone in the HIV care team (treating physicians, counsellors, nurses, pharmacists, peer educators, care coordinator, Care and Support Centre [CSC] staff and others) at each of the patient’s visit to the ART centre. Studies indicate that >95% of adherence is required for optimal viral load suppression. Lesser degree of adherence is often associated with virological failure.


Factors associated with poor adherence include the following:

- Poor patient–clinician relationship
- Medication-related factors may include (1) adverse events; (2) drug toxicity; (3) complexity of dosing regimens; and (4) pill burden.
- Dietary restrictions
- Health system factors may include requiring PLHIV to (1) visit health services frequently to receive care and obtain refills; (2) travelling long distance to reach health services; and (3) bearing the direct and indirect costs of care (financial problems).
- Lack of caregiver
- Lack of patient education:
  - inability of patients to identify their medications;
  - lack of clear information or instruction on medication;
  - limited knowledge on the course of HIV infection and treatment;



9. Provision for the screening for HIV (*Refer Proof: Provision for the screening of HIV; Source: Management of Communicable diseases for CHO- pages 60-63, Annexure 4*)

**Proof: Provision for the screening of HIV**



**EPIDEMIOLOGY**

Human immunodeficiency virus (HIV) is the virus that attacks and weakens immune system of an infected persons by destroying important white blood cells that fight disease and infection. As time passes, the virus destroys more and more of these cells and finally leads to a stage where the HIV infected persons become immune deficient. Acquired immunodeficiency syndrome (AIDS) is the advanced stage of HIV infection where immunodeficiency results in increased susceptibility to a wide range of infections (opportunistic infections), cancers and other diseases that people with healthy immune systems can fight off. Death among HIV infected people is mostly because of the opportunistic infections.

**The virus is transmitted primarily through four routes:**

- ▶ Unprotected sexual intercourse (vaginal and anal) with an infected partner
- ▶ Transfusion of infected blood and blood products (packed red cells, fresh-frozen plasma, platelets etc.)
- ▶ Sharing of unsterilized injecting drug equipment (needles, syringes etc.), and
- ▶ From infected mother to her baby during pregnancy, delivery or breastfeeding (Vertical transmission)

There is no definitive treatment that can completely remove HIV viral infection. Currently available medicines called as 'Anti-Retroviral Therapy (ART)' effectively help patients to keep minimum load of virus in blood, so that person has relatively well functioning immune system. This therapy if taken regularly results in significantly improved quality of life, prolongation of life and decreased rate of opportunistic infections. However, persons who are HIV-positive are infected for life and are also infectious until and unless they have achieved viral load suppression through life-long ART treatment.

It is estimated that, in the year 2019, 22 out of 10,000 adults (15-49 years old) in India were infected with HIV. However, there are States where the prevalence is much higher with 100 or more HIV infected persons among every 10,000 adults (15-49 years old). In 2019, there were around 69,200 new HIV infections in country and around 59,000 PLHIV died of AIDS related illness in the same year.

**AT-RISK POPULATION**

Under the National AIDS Control Programme, female sex workers (FSW), men who have sex with men (MSM), injecting drug users (IDU) and hijra/transgender (H/TG) people are considered as high-risk groups (HRG) as they are most at risk of acquiring and transmitting HIV because

60

10. Preventive & promotive measures under NVHCP (*Confirm via Staff Interview*)
11. Case detection, treatment, referral & follow up of cases under NVHCP (*Refer Proof: NVHCP; Source: Management of Communicable diseases for CHO- pages 77-81, Annexure 3, Viral hepatitis-facts and treatment guidelines- pages 10-47*)





Proof: NVHCP

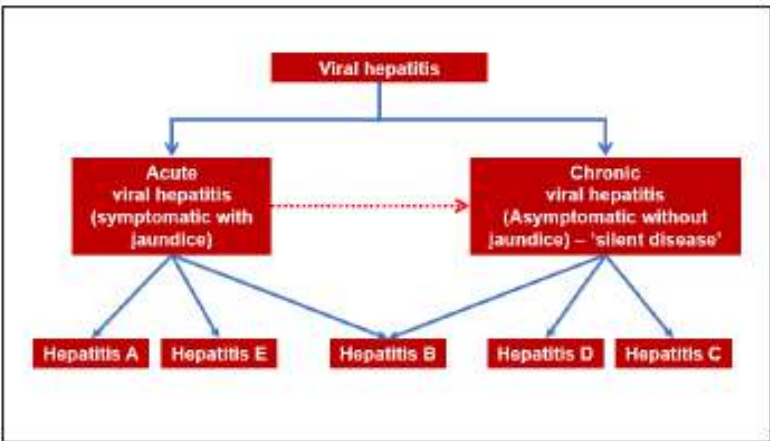
## Viral Hepatitis

**EPIDEMIOLOGY**

Viral hepatitis is a global public health problem of epidemic proportions that caused 13.4 lakhs deaths in 2015 a number comparable to deaths caused by tuberculosis and higher than those caused by HIV. Due to paucity of national representative data the exact burden of disease in India cannot be established. However, based on some regional level studies it is estimated that in India, approximately 4 crores are chronically infected by hepatitis B and 0.6 -1.2 crores with hepatitis C.

**CLINICAL FEATURES**

Viral hepatitis can be caused by the five known hepatitis viruses—A, B, C, D and E (HAV, HBV, HCV, HDV and HEV). Acute hepatitis presents with yellowish discoloration of sclera (jaundice) and skin (serum bilirubin above 2.5mg/dL) and serum alanine aminotransferase (ALT) is more than 10 times the upper limit of normal.



```

graph TD
    VH[Viral hepatitis] --> AVH[Acute viral hepatitis  
(symptomatic with jaundice)]
    VH --> CVH[Chronic viral hepatitis  
(Asymptomatic without jaundice) - 'silent disease']
    AVH --> HA[Hepatitis A]
    AVH --> HE[Hepatitis E]
    CVH --> HB[Hepatitis B]
    CVH --> HD[Hepatitis D]
    CVH --> HC[Hepatitis C]
    AVH -.-> CVH
  
```

Fig.1

12. Availability of functional services under IDSP (Refer Proof: IDSP; Source: S, P and L forms, IHIP portal, Quarterly monitoring report, IDSP Lab checklist)

Proof: IDSP

IDSP MONITORING REPORT FOR THE QUARTER .....TO ..... YEAR.....STATE.....

**General Guidelines for the report:**

1. Report for the last quarter to be sent by 15<sup>th</sup> April/July/October/January by State Surveillance unit (SSU) at the following email id: [idsnp-npo@nic.in](mailto:idsnp-npo@nic.in) positively.
2. SSU to refer their RoPs for approvals of trainings, District Public Health Labs (DPHLs) and Referral Labs. The States which have not received RoP 18-19 may mention "RoP not received in the relevant column".
3. Extra rows may be added in the sheet to provide complete information.
4. Only correct and valid information to be provided.
5. All efforts should be made to collect and compile the information at the level of SSU. SSU may further utilise this template for generating their State IDSP monitoring report.
6. Report to be signed by SSO/SNO IDSP.



**ME A1.6: The facility provides services for acute Simple illness & minor ailments****Checkpoints:**


1. Identification, management and referral of acute illness & minor ailments (*Refer Proof: OPD Register*)
2. Preventive & promotive measures for acute illness (*Confirm via Staff Interview*)

**ME A1.7: The facility provides services for the promotion, prevention and treatment of Non-communicable diseases as mandated under National Health Program/state scheme****Checkpoints:**

1. Availability of services for Hypertension (*Refer Proof: NPCDCS Reporting Format SHC-HWC*)
2. Availability of services for Diabetes (*Refer Proof: NPCDCS Reporting Format SHC-HWC*)
3. Availability of services for Nonalcoholic fatty liver disease (NAFLD) (*Refer Proof: NPCDCS Reporting Format SHC-HWC*)
4. Availability of Services for Cancers (*Refer Proof: NPCDCS Reporting Format SHC-HWC*)
5. Availability of services for respiratory diseases (*Refer Proof: NPCDCS Reporting Format SHC-HWC*)
6. Availability of services for Epilepsy (*Refer Proof: OPD Register*)
7. Availability of services for locally prevalent health diseases & substance abuse (*Refer Proof: Module for Multi-Purpose Workers; Source: Module for Multi-Purpose Workers - Prevention, Screening and Control of Common NCDS\_Annexure1.pdf*)

**Proof: Module for Multi-Purpose Workers**





Annexure 1  
**Format for ASHA**

ASHA Name \_\_\_\_\_

Village Name \_\_\_\_\_ Hamlet Name \_\_\_\_\_

Sub centre Name \_\_\_\_\_ PHC Name \_\_\_\_\_

**Part A) Family folder**

1. Household details -		
i. Number/ID		
ii. Name of Head of the Household		
iii. Details of household amenities -		Please specify
a) Type of house ( <i>Kuccha/Pucca with stone and mortar/Pucca with bricks and concrete/ or any other specify</i> )		
b) Availability of toilet ( <i>Flush toilet with running water/ flush toilet without water/ pit toilet with running water supply and pit toilet without water supply/ or any other specify</i> )		
c) Source of drinking water ( <i>Tap water/hand pump within house/hand pump outside of house/ well/ tank/river/ pond/ or any other specify</i> )		
d) Availability of electricity ( <i>Electricity supply/generator/ solar power/kerosene lamp/ or any other specify</i> )		
e) Motorised Vehicle ( <i>Motor bike/Car/Tractor/ or any other specify</i> )		
f) Type of Fuel used for cooking - ( <i>Firewood/ Crop Residues/ Cow dung cake/ Coal/ Kerosene/ LPG/ or any other specify</i> )		
g) Contact details - (Telephone number of head of the family)		

S. No	Individual Name	Aadhaar ID (if Aadhaar id is not available please add details of other ids like Voter id or Ration card)	Individual Health ID (issued by SHC/ ANM)	Sex	Date of birth	Age	Marital Status	Beneficiary of any health insurance scheme	Current Status of residence		
								Yes/ No	Details of the scheme (as applicable)	Staying at the house currently	Migrated temporarily for work

### 8. Preventive & promotive services under NCD (Confirm via Staff Interview)

#### ME A1.8: The facility provides services for common eye ailments

##### Checkpoints:

1. Availability of Ophthalmic Services (Refer Proof: OPD Register)
2. Preventive & promotive services under for Ophthalmic (Confirm via Staff Interview)

#### ME A1.9: The facility provides services for common ENT ailments

##### Checkpoints:

1. Availability of ENT Services (Refer Proof: OPD Register)
2. Preventive & promotive services under for ENT (Confirm via Staff Interview)

#### ME A1.10: The facility provides service for oral health ailments

##### Checkpoints:

1. Availability of early identification & referral services for oral Health conditions (Refer Proof: OPD Register)
2. Availability of symptomatic management & referral services for oral Health conditions (Refer Proof: OPD Register)
3. Preventive & promotive services under oral health (Confirm via Staff Interview)







## ANNEXURES

**Annexure 1: VHSNC Monthly Meeting Attendance Record**

Village Health and Sanitation Committee, Village: \_\_\_\_\_ GP: \_\_\_\_\_  
 Block: \_\_\_\_\_ Meeting Date: \_\_\_\_\_ Meeting Time: \_\_\_\_\_  
 Meeting Chaired by: \_\_\_\_\_

Sl. No.	Name*	Hamlet/ Post	Signature

\*Mention details of special invitee if any.

**Annexure 1b: VHSNC Monthly Meeting Minutes Record**

Agenda Item	Key discussions**	Decisions Taken	Name of individuals assigned responsibilities	Financial allocations, if any with stated details

\*\*Specify issues in objection or support of the Agenda item.

**Sign of Member Secretary:** \_\_\_\_\_ **Sign of Chairperson:** \_\_\_\_\_

Handbook for Members of Village Health Sanitation and Nutrition Committee | 27

2. Provision of wellness services through Yoga and other activities (*Confirm via Staff Interview*)
3. Provision of AYUSH services (*Confirm via Staff Interview*)
4. Provision of counseling services for Eat Right (*Refer Proof: Eat Right Toolkit; Source: The Eat Right Toolkit*)

**Proof: Eat Right Toolkit**



**JSSAI** भारतीय राज्य संस्था एवं  
राज्य प्राधिकरण  
विचार का संचार, कृषिगत एवं वैशेषिक कार्य का आयोजन  
संसाधन के सीमित उपयोग के लिए, अल्प संसाधन

**ईट राइट  
इंडिया**  
सह-शिक्षण, सह-संचारण

द 'ईट राइट' टूलकिट

Logos at the bottom: NITI Aayog, FIT INDIA, Ministry of Health and Family Welfare, Government of India, and other partner organizations.







# Area of Concern B: Patients Right

**Total Standards: 05**

**Total Measurable Elements: 13**

**Total Checkpoints: 42**





3. Citizen charter is displayed (*Refer Proof: Citizen Charter; Source: Customised Citizen Charter for Uttar Pradesh*)
4. HWC displays entitlements available as per scope of services: (*Refer Proof: Citizen Charter*)

**Proof: Citizen Charter**

5. List of Available drugs prominently displayed: (*Refer Proof: List of EDL for SHC; Source: Ministry of Health and Family Welfare Essential Medicine List for SHC & PHC Level Ayushman Bharat - Health and Wellness Center, 2020*)

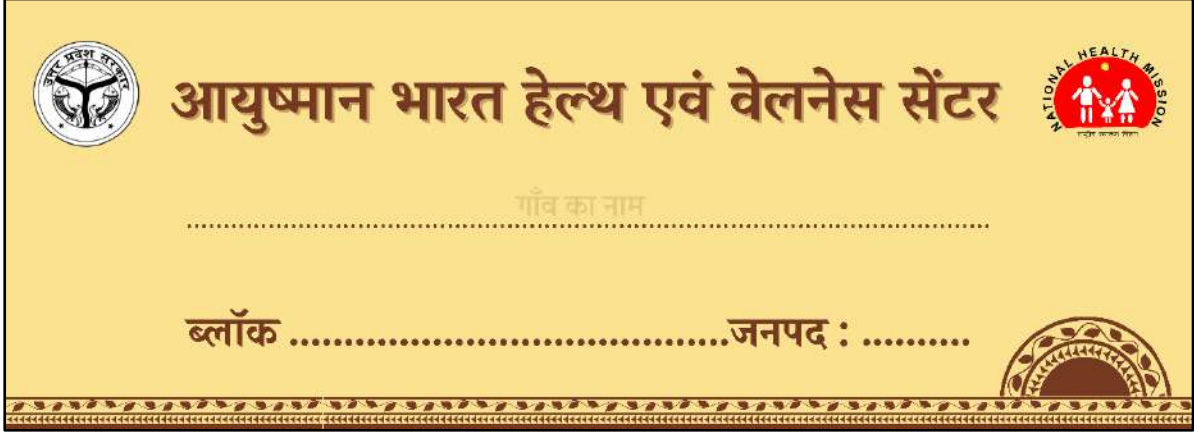
**Proof: List of EDL for SHC**

S. No.	Medicine	Availability Status (✓/✗)	S. No.	Medicine	Availability Status (✓/✗)
01	Amoxicillin - Tablet 500 mg		36	Paracetamol Tablet 500 mg	
02	Paracetamol - Tablet 500 mg		37	Amoxicillin Tablet 250 mg	
03	Paracetamol - Tablet 250 mg		38	Amoxicillin Tablet 500 mg	
04	Paracetamol Syrup - 125 mg/5 ml		39	Amoxicillin Tablet 125 mg	
05	Amoxicillin Tablet 125 mg		40	Amoxicillin Tablet 250 mg	
06	Amoxicillin - Tablet 250 mg		41	Amoxicillin Tablet 500 mg	
07	Amoxicillin - Oral Liquid 80mg/5ml		42	Amoxicillin Tablet 125 mg	
08	Methicillin acid Capsule - 250mg		43	Amoxicillin Tablet 250 mg	
09	Clarithromycin Tablet - 500mg		44	Amoxicillin Tablet 500 mg	
10	Cefixime Syrup - 100mg/5ml		45	Amoxicillin Tablet 125 mg	
11	Amoxicillin Capsule 250 mg		46	Amoxicillin Tablet 250 mg	
12	Ciprofloxacin 500 mg		47	Amoxicillin Tablet 500 mg	
13	Gentamicin Injection 80 mg/ml		48	Amoxicillin Tablet 125 mg	
14	Amoxicillin 250 mg (Dispersible)		49	Amoxicillin Tablet 250 mg	
15	Amoxicillin Capsule 250 mg		50	Amoxicillin Tablet 500 mg	
16	Amoxicillin (oral) 80mg/5ml		51	Amoxicillin Tablet 125 mg	
17	Pharmazolin Eye Drops		52	Amoxicillin Tablet 250 mg	
18	Pharmazolin 3.3 mg		53	Amoxicillin Tablet 500 mg	
19	Chloropheniramine 4mg		54	Amoxicillin Tablet 125 mg	
20	Paracetamol (A) + Folic acid (B) 500mg/5mg/5mg (A+B) x 100 mg (B)		55	Amoxicillin Tablet 250 mg	
21	Paracetamol (A) + Folic acid (B) 100 mg/5mg/5mg (A+B) x 100 mg (B)		56	Amoxicillin Tablet 500 mg	
22	Paracetamol (A) + Folic acid (B) 250 mg/5mg/5mg (A+B) x 100 mg (B)		57	Amoxicillin Tablet 125 mg	
23	Paracetamol (A) + Folic acid (B) 500 mg/5mg/5mg (A+B) x 100 mg (B)		58	Amoxicillin Tablet 250 mg	
24	Paracetamol (A) + Folic acid (B) 100 mg/5mg/5mg (A+B) x 100 mg (B)				
25	Paracetamol (A) + Folic acid (B) 250 mg/5mg/5mg (A+B) x 100 mg (B)				
26	Paracetamol (A) + Folic acid (B) 500 mg/5mg/5mg (A+B) x 100 mg (B)				
27	Paracetamol (A) + Folic acid (B) 100 mg/5mg/5mg (A+B) x 100 mg (B)				
28	Paracetamol (A) + Folic acid (B) 250 mg/5mg/5mg (A+B) x 100 mg (B)				
29	Paracetamol (A) + Folic acid (B) 500 mg/5mg/5mg (A+B) x 100 mg (B)				
30	Paracetamol (A) + Folic acid (B) 100 mg/5mg/5mg (A+B) x 100 mg (B)				
31	Paracetamol (A) + Folic acid (B) 250 mg/5mg/5mg (A+B) x 100 mg (B)				
32	Paracetamol (A) + Folic acid (B) 500 mg/5mg/5mg (A+B) x 100 mg (B)				
33	Paracetamol (A) + Folic acid (B) 100 mg/5mg/5mg (A+B) x 100 mg (B)				
34	Paracetamol (A) + Folic acid (B) 250 mg/5mg/5mg (A+B) x 100 mg (B)				
35	Paracetamol (A) + Folic acid (B) 500 mg/5mg/5mg (A+B) x 100 mg (B)				

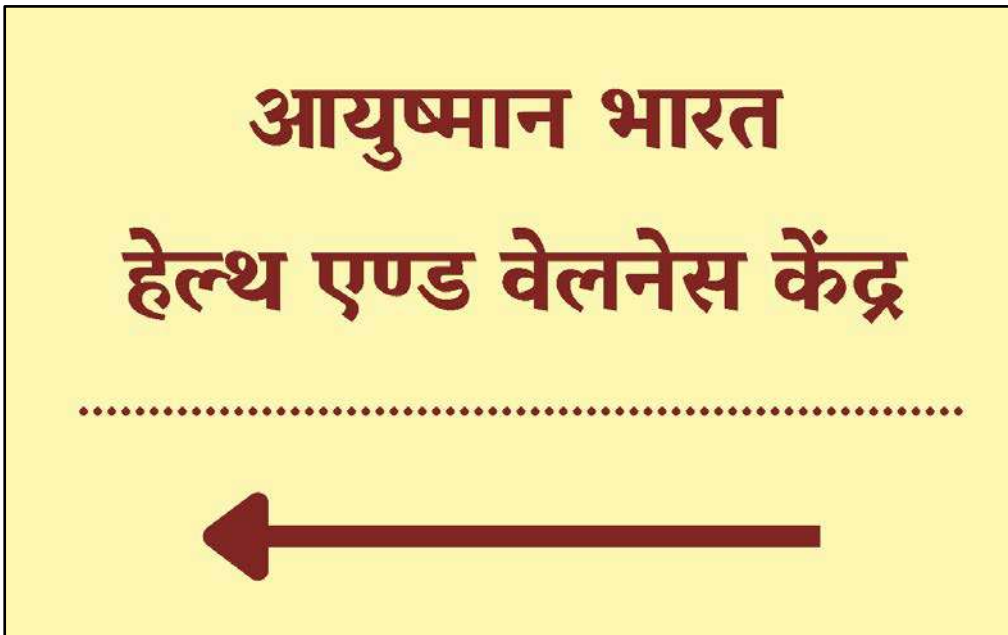


6. All signages are of uniform colour, user friendly & in local language: (Refer Proof: Facility Branding; *Source: Reference Manual: Facade Branding for Health and Wellness Centres, Ayushman Bharat Scheme*)

Proof: Facility Branding



7. Directional signages are displayed in the catchment area: (*Refer Proof: Road Signage; Source: Reference Manual: Facade Branding for Health and Wellness Centres, Ayushman Bharat Scheme*)



**ME B1.2: Patients & visitors are sensitized and educated through appropriate IEC / BCC approaches**

**Checkpoints:**

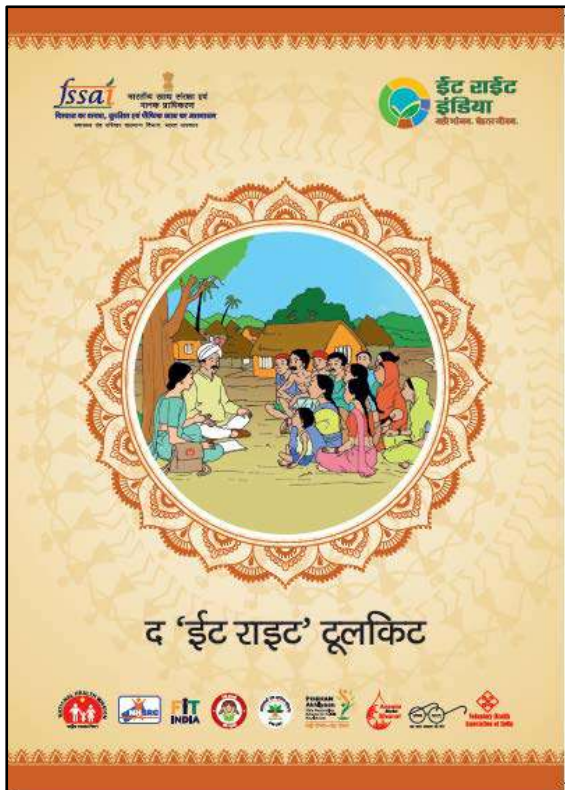
1. IEC Material is displayed as per services provided (*Refer proof: Posters; Source: HWC IEC Guidelines\_2023-24\_CP Division SPMU, Uttar Pradesh*)

**Proof: Posters**



2. HWC promotes wellness through EAT right campaign (*Refer proof: Eat Right Handbook; Source: The Eat Right Toolkit*)

**Proof: The Eat Right Toolkit**



3. Health Promotion activities are undertaken using various BCC approach (*Refer proof: Wellness Calendar; Source: HWC IEC Guidelines\_2023-24\_CP Division SPMU, Uttar Pradesh*)

**Proof: Wellness Calendar**

माह	योग सत्र	वेलनेस दिवस	
जनवरी		Jan 12 – Youth Day	Jan 30 – Anti Leprosy Day
फरवरी		Feb 4 – Cancer Day	Feb 10 – Deworming Day Feb 11 – Epilepsy Day
मार्च		Mar 8 – Women's Day Mar 10 – National GDM Awareness Day	Mar 24 – World Tuberculosis Day
अप्रैल		Apr 7 – Health Day Apr 11 – Safe Motherhood Day	Apr 14 – AB-HWC Day Last week of Apr – Immunization week
मई		May 05 – International Midwives' Day May 12 – International Nurses Day	May 28 – Menstrual Hygiene Day May 28 - June 8 - IDCF May 31 – No Tobacco Day
जून		Jun 14 – World Blood Donor Day	Jun 21 – International Yoga Day Jun 26 – International Day Against Drug Abuse
जुलाई		Jul 01 – Doctor's Day Jul 11 – Population Day	Jul 28 – Hepatitis Day
अगस्त		Aug 1-7 -World Breast Feeding Day/Week Aug 10 – Deworming Day	Aug 15 – Independence Day
सितंबर		Sep 1 to 7 – National Nutrition Week Sep 23 – AB-PMJAY Day	Sep 27 – AB-Digital Mission Day Sep 29 – Heart Day
अक्टूबर		Oct 1 – Elderly Day Oct 10 – Mental Health Day	Oct 25 – PM Ayushman Bharat Health Infrastructure Mission Day
नवंबर		Nov 7 - Cancer Awareness Day Nov 12 – Pneumonia Day	Nov 14 – Children's/ Diabetes Day Nov 15 – 21 – Newborn Week Nov 17 – Prematurity Day Nov 25 – International day for the elimination of violence against women
दिसम्बर		Dec 1 – World AIDS Day	Dec 10 – Human Rights Day Dec 12 – Universal Health Coverage Day

Note: Please mention the short-form of activities conducted on each day Probable Activities: HT- Health Talk; WT- Walkathon; ST- School Talk; PRIM - PRI Meeting; PE- Physical Exercise; CT- Cyclothon; CL- Club; GC- Group Counselling; SC- Sports Competition; Med- Meditation; DM- Demonstration; HC- Health Camp; NN- Nukkad Natak; CM- Community Mobilization; HV- Home Visit; PGM- Patient Group Meeting; R- Rally

**ME B1.3: Information about the treatment and entitlements are shared with patients or attendants**

**Checkpoints:**

1. Patient is informed about clinical condition and treatment plan (*Refer proof: OPD Slip; Source: HWC IEC Guidelines\_2023-24\_CP Division SPMU\_Uttar Pradesh*)

**Proof: OPD Slip**







## आयुष्मान भारत हेल्थ एवं वेलनेस सेंटर



### ओ.पी.डी पर्ची

दिनांक ..... रोगी आईडी संख्या .....

रोगी का नाम .....

पति / पिता का नाम .....

आयु ..... लिंग .....

पता (गाँव , ब्लॉक , जिला)..... मोबाईल नः .....

रोगी की मुख्य शिकायत:.....

पारिवारिक इतिहास:..... व्यक्तिगत इतिहास:.....

चिकित्सीय इतिहास:..... एलर्जी:.....

**अनिवार्य जाँचे**

Systolic BP (mmhg)..... Diastolic BP(mmhg)..... Weight(Kg)..... Height(cm).....

BMI (value)....., Temperature (F)....., Pulse Rate (bpm)....., SPO2 (%)......

**जाँच परिणाम:**

हीमोग्लोबिन:..... यूपीटी:..... यूरिन ऐल्ब्यूमिन शुगर :..... डेगू.....

मलेरिया:..... सिफलिस (वी डी आर एल ):..... एच आई वी:..... हेपेटाइटिस:.....

क्षय (टी बी):..... ब्लड शुगर (मधुमेह):..... वी आई ए (सर्वाइकल कैंसर):..... फाइलेरिया:.....

**डायग्नोसिस**

सुझावित दवाइयों

क्र संख्या	दवाई	डोज (1/2,1 गोली, 1/2, 1 tsp)	तरीका (खाली पेट, खाने से पहले/ बाद, रात को सोने से पहले )	कितनी बार (1,2,3,4)	कितने दिन (1,2,3,...120)

सुझाव/अन्य जांच की आवश्यकता

**सीएचओ का विवरण**

नाम ..... एच डब्लू सी का नाम ..... ब्लॉक .....

जिला ..... निन नंबर..... मोबाईल नः .....

हस्ताक्षर



घर बैठे ही विशेषज्ञों द्वारा निःशुल्क चिकित्सीय परामर्श प्राप्त करने के लिए गूगल प्ले स्टोर से  
eSanjeevani™ एप डाउनलोड करें या [www.eSanjeevani.mohfw.gov.in](http://www.eSanjeevani.mohfw.gov.in) पर login करें।

2. Consent is taken before procedure for conditions (wherever required)
3. Primary healthcare team provide information to beneficiaries or families regarding their entitlements (Confirm via staff/client interview)
4. HWC team provide support for linkage with PM- JAY to avail the scheme benefits (Confirm via staff/client interview)





**Standard B2: Facility ensures services are accessible to care seekers and visitors including those required some affirmative action**

**ME B2.1: The facility is accessible from community and referral centre**

**Checkpoints:**

1. HWC is located closer to community (Confirm via staff/client interview)
2. Check outreach sessions are conducted (Confirm via staff/client interview)
3. The services are available for the time period, as mandated (Refer proof: Citizen Charter)
4. The facility provides access to expanded range of services (Refer proof: OPD Register; **Source: HWC IEC Guidelines\_2023-24\_CP Division SPMU\_Uttar Pradesh**)

**Proof: OPD Register**

The image shows the cover of an OPD Register. At the top left is the Ayushman Bharat logo, and at the top right is the National Health Mission logo. The main title is 'आयुष्मान भारत हेल्थ एंड वेलनेस सेंटर' in large black Hindi font, with 'OPD REGISTER' in blue below it. There are three lines for entering information: 'केन्द्र .....', 'ब्लॉक.....जनपद .....', and 'सत्र.....'. At the bottom, there are six small circular logos representing different health services.

**ME B2.2: Access to facility is provided without any physical barrier & friendly to people with disability.**

**Checkpoints:**

1. Check HWC premises is free from any physical barrier (Confirm via observation)
2. Check HWC premises is obstacle free for ambulatory and semi ambulatory individuals (Confirm via observation)
3. Check HWC premises is obstacle free for sight and hearing disable individuals (Confirm via observation)



**ME B2.3: There is affirmative action to ensure that vulnerable and marginalized sections can access services.**

**Checkpoints:**

1. Check for special precaution is taken for maintaining privacy & confidentiality of cases having social stigma (Confirm via staff interview)
2. There are linkages of care, Counselling and Protection of vulnerable and marginalized section. (Confirm via staff interview)



## Standard B3: Services are delivered in a manner that are sensitive to gender, religious & cultural needs and there is no discrimination on account of economic or social reasons

### ME B3.1: Services are provided in manner that are sensitive to gender religious & cultural need

#### Checkpoints:

1. Availability of female staff / attendant, if a male CHO examines a female patient (Refer proof: OPD Register; **Source: Charter of Patients' Rights for adoption by NHSRC**)

#### Proof: Patient's rights and responsibilities

<b>Charter of Patients' Rights for adoption by NHRC</b>	
<i>Patients' rights are Human rights!</i>	
<b>Preamble</b>	
<p>The Universal Declaration of Human Rights (1948) emphasizes the fundamental dignity and equality of all human beings. Based on this concept, the notion of Patient Rights has been developed across the globe in the last few decades. There is a growing consensus at international level that all patients must enjoy certain basic rights. In other words, the patient is entitled to certain amount of protection to be ensured by physicians, healthcare providers and the State, which have been codified in various societies and countries in the form of Charters of Patient's Rights. In India, there are various legal provisions related to Patient's Rights which are scattered across different legal documents e.g. The Constitution of India, Article 21, Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations 2002; The Consumer Protection Act 1986; Drugs and Cosmetic Act 1940, Clinical Establishment Act 2010 and rules and standards framed therein; various judgments given by Hon'ble Supreme Court of India and decisions of the National Consumer Disputes Redressal Commission.</p>	
<p>This Charter of Patient's Rights adopted by the National Human Rights Commission draws upon all relevant provisions, inspired by international charters and guided by national level provisions, with the objective of consolidating these into a single document, thereby making them publicly known in a coherent manner. There is an expectation that this document will act as a guidance document for the Union Government and State Governments to formulate concrete mechanisms so that Patient's Rights are given adequate protection and operational mechanisms are set up</p>	

2. Religious and cultural preferences of patients and their attendants are taken into consideration, while delivering services (Confirm via observation)
3. There is no discrimination-based religion, ethnicity, socio economic status, cast, gender & language etc. (Refer proof above and proof: Right to non-discrimination; **Source: Charter of Patients' Rights for adoption by NHSRC**)

#### Proof: Right to non-discrimination

<b>Right to non-discrimination</b>	<p>Every patient has the right to receive treatment without any discrimination based on his or her illnesses or conditions, including HIV status or other health condition, religion, caste, ethnicity, gender, age, sexual orientation, linguistic or geographical /social origins.</p> <p>The hospital management has a duty to ensure that no form of discriminatory behaviour or treatment takes place with any person under the hospital's care.</p> <p>The hospital management must regularly orient and instruct all its doctors and</p>	1) Annexure 8 of standards for Hospital level 1 by National Clinical Establishments Council set up as per Clinical Establishment Act 2010
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**Standard B4: The facility maintains privacy, confidentiality & dignity of patient****ME B4.1: Adequate visual privacy is provided at every point of care****Checkpoints:**

1. Availability of screen/curtains in examination area and in windows (Confirm via observation)
2. One Patient is seen at a time by CHO (Confirm via observation)

**ME B4.2: Confidentiality of patients' records and clinical information is maintained****Checkpoints:**

1. Patient records are kept in safe custody (Confirm via observation)
2. Check patient and their kin's have access to clinical records (Confirm via observation)

**ME B4.3: The facility ensures behaviors of its staff is dignified and respectful, while delivering the services****Checkpoints:**

1. Behaviour of staff is empathetic and courteous to patients and visitors (Confirm via observation)
2. Behaviour of staff is dignified & respectful (Confirm via observation)



**Standard B5: The facility ensures all services are provided free of cost to its users****ME B5.1: The facility provides free of cost services as per prevalent government schemes/ norms.****Checkpoints:**

1. HWC provide free of cost access to all the services (*Confirm via client investigation*)
2. The facility provides free of cost screening and investigations services as per requirement (*Confirm via client investigation*)
3. The facility provides free of cost essential medicines and refills as per treatment plan (*Confirm via client investigation*)
4. Availability of Free referral /ambulance services (*Confirm via client investigation*)
5. Availability of free teleconsultation services (*Confirm via client investigation*)



# Area of Concern C: Inputs

**Total Standards: 05**

**Total Measurable Elements: 12**

**Total Checkpoints: 75**



**Standard C1: The facility has adequate and safe infrastructure for delivery of assured services as per prevalent norms and it provides optimal care and comfort to users**

**ME C1.1: Facility has adequate infrastructure, space and amenities as per patient or work load**

**Checkpoints:**

1. Well ventilated & illuminated clinic room with examination space. *(Confirm via observation)*
2. Availability of adequate patient waiting area. *(Confirm via observation)*
3. Demarcated space for Laboratory / diagnostics. *(Confirm via observation)*
4. Adequate space/room for Yoga activities. *(Confirm via observation)*
5. Demarcated area for carrying out immunization activities. *(Confirm via observation)*
6. Demarcated area of storage. *(Confirm via observation)*
7. Availability of functional telephone/Mobile and internet services. *(Confirm via observation)*
8. Availability of regular & uninterrupted electricity supply. *(Confirm via observation)*
9. Adequate water supply with storage facility. *(Confirm via observation)*
10. Availability of separate toilets for male & female. *(Confirm via observation)*
11. HWC premises has intact boundary wall. *(Confirm via observation)*
12. Availability of separate room for delivery with required amenities. *(Confirm via observation)*

**ME C1.2: The facility ensures physical safety including electrical and fire safety of infrastructure**

**Checkpoints:**

1. HWC has installed fire extinguisher and staff know how to operate it. *(Confirm via observation)*
2. HWC does not have temporary connections and loosely hanging wires. *(Confirm via observation)*
3. Nonstructural components are properly secured. *(Confirm via observation)*

**ME C1.3: The facility ensures availability of information & communication technologies**

**Checkpoints:**

1. HWC has adequate ICT hardware for efficient delivery of services. *(Confirm via staff interview)*
2. HWC has adequate ICT software for efficient delivery of services. *(Confirm via staff interview)*







### Standard C3: Facility has a defined and established procedure for effective utilization, evaluation and augmentation of competence and performance of staff

**ME C3.1: Competence assessment and performance evaluation of all staff is done on predefined criteria**

**Checkpoints:**

1. Check parameters for assessing skills and proficiency of staff has been defined (*Confirm via staff interview*)
2. Check for performance evaluation is done at least once in a year (*Confirm via staff interview*)
3. Check actions are taken for all the identified gaps (*Refer Proof: Training Need Assessment Form; Source: Customized Format Sample*)

**Proof: Training Need Assessment Form**

TRAINING NEED ASSESSMENT FORM				
Employee Name.....		Designation.....		
Unit/Ward.....				
		Staff Awareness		
Sl.No.	Training topics	Yes	No	Not Applicable
1	Is Staff aware of wearing & removing of gloves?			
2	Is Staff able to Demonstrate the management of Blood& mercury Spill ?			
3	Is Staff aware of work place management techniques like SS?			
4	Is Staff aware of Preparation of Bleaching/Chlorine Solution?			
5	Is Staff aware of Sharp management?			
6	Is Staff aware of BMW Waste Segregation?			
7	Is Staff aware of the needle Stick Injury Protocol?			
8	Is Staff aware of the 5 moments of hand hygiene?			
9	Is Staff aware of the 6 steps of hand washing?			
10	Is Staff aware of Sterilization protocol?			
11	Is Staff aware of Linen Management Protocol?			
12	Is Staff aware of Autoclave protocol?			
13	Is Staff aware of healthcare associated infections?			
14	Is Staff aware of about the roles & responsibilities of the staff towards cleaning?			
15	Is Staff aware of mopping techniques?			

**ME C3.2: The staff is provided training as per defined core competencies and training plan**

**Checkpoints:**

1. CHO is trained as per mandate (*Refer Proof: Training Record; Source: Customised Format Sample*)
2. MPW is trained as per mandate (*Refer Proof: Training Record; Source: Customised Format Sample*)



3. AHSAs are trained as per mandate (*Refer Proof: Training Record; Source: Customised Format Sample*)
4. Staff is provided with quality assurance training (*Refer Proof: Training Record; Source: Training Record; Source: Customised Format Sample*)
5. Check HWC use IT platforms for regular continuous learning & capacity building (*Refer Proof: Training Record; Source: Customised Format Sample*)

**Proof: Training Record**

<b>Training Records Record</b>				
<b>Month: -</b>				
Staff	Particular of trainings	Number of <u>staff</u> trained	Date of training conducted	Mode of training (Physical/Virtual)
<b>CHO</b>	6 Months Certificate Program in Community Health			
	3 Day IT training including Tele Medicine			
	Supplementary training on the new health program and new skills			
	NCD Screening			
	NCD App			
	Refresher Training			
	Basic Physiotherapy			
	Training on EAT Right tool kit			
	Quality Assurance Training			
	Infection Control Training			
	BMW Management			
	Expanded Service Package			
	Others (Patient safety, BLS, QA Methods, PSS,SS, PDCA Etc.)			
MPW (F)/ANM	IUCD Training			



## Standard C4: The facility provides drugs and consumables required for assured services

### ME C4.1: The facility has availability of adequate drugs

#### Checkpoints:

1. Availability of Anesthetics agents (*Refer Proof: Essential Medicine List*)
2. Availability of Anti-allergic (*Refer Proof: Essential Medicine List*)
3. Availability of Analgesics, Anti Pyretic, NSAIDS (*Refer Proof: Essential Medicine List*)
4. Availability on Anticonvulsants /Anti epileptics (*Refer Proof: Essential Medicine List*)
5. Availability of Intestinal Anti Helminthes (*Refer Proof: Essential Medicine List*)
6. Availability of Antifilarial (*Refer Proof: Essential Medicine List*)
7. Availability of Anti-Bacterial (*Refer Proof: Essential Medicine List*)
8. Availability of Anti leprosy (*Refer Proof: Essential Medicine List*)
9. Availability of Anti-Malarial (*Refer Proof: Essential Medicine List*)
10. Availability of anti Anaemic drug (*Refer Proof: Essential Medicine List*)
11. Availability of drugs for Palliative care (*Refer Proof: Essential Medicine List*)
12. Availability of Cardiovascular medicines (*Refer Proof: Essential Medicine List*)
13. Availability of drugs for Hypertension (*Refer Proof: Essential Medicine List*)
14. Availability of drugs for Hypolipidemic (*Refer Proof: Essential Medicine List*)
15. Availability of Dermatological & antifungal medicines (*Refer Proof: Essential Medicine List*)
16. Availability of Diuretics (*Refer Proof: Essential Medicine List*)
17. Availability of Drugs for dementia (*Refer Proof: Essential Medicine List*)
18. Availability of Eye drugs (*Refer Proof: Essential Medicine List*)
19. Availability of ENT drugs (*Refer Proof: Essential Medicine List*)
20. Availability of Gastroinstinal medicines (*Refer Proof: Essential Medicine List*)
21. Availability of Contraceptives (*Refer Proof: Essential Medicine List*)
22. Availability of drugs for diabetes Mellitus (*Refer Proof: Essential Medicine List*)
23. Availability of drugs for Thyroid (*Refer Proof: Essential Medicine List*)
24. Availability of Oxytocin and Antioxytocsics (*Refer Proof: Essential Medicine List*)
25. Availability of medicines for Respiratory tract (*Refer Proof: Essential Medicine List*)
26. Availability of IV Fluids (*Refer Proof: Essential Medicine List*)
27. Availability of Vitamins and Minerals (*Refer Proof: Essential Medicine List*)
28. Availability of Antidotes (*Refer Proof: Essential Medicine List*)
29. Availability of injectables (*Refer Proof: Essential Medicine List*)
30. Availability of Emergency Drug Tray / injectables at injection room (*Refer Proof: Essential Medicine List*)
31. Availability of Anti septic (*Refer Proof: Essential Medicine List*)
32. Availability of drugs for oral health (*Refer Proof: Essential Medicine List*)

### ME C4.2: The facility has adequate consumables as per requirement

#### Checkpoints:

1. Availability of Rapid Diagnostic Kits (*Refer Proof: Essential Medicine List*)
2. Availability of disposables for dressing / Emergency management (*Refer Proof: Essential Medicine List*)
3. Availability of disposables at clinics (*Refer Proof: Essential Medicine List*)
4. Availability of Drugs and Consumables for VHNDs or camps (*Refer Proof: Essential Medicine List*)
5. Availability of drugs & consumables for home care kit (*Refer Proof: Essential Medicine List*)





## Standard C5: Facility has adequate functional equipment and instruments for assured list of services

### ME C5.1: The facility ensures availability of equipment and instruments for examination and monitoring of patients

#### Checkpoints:

1. Availability of functional Equipment & instruments for examination & Monitoring at Clinic (*Confirm Via Observation*)
2. Availability of functional Equipment & instruments for ENT services (*Confirm Via Observation*)
3. Availability of functional Equipment & instruments for oral services (*Confirm Via Observation*)
4. Availability of functional equipment & instruments for normal delivery services (*Confirm Via Observation*)
5. Availability of emergency functional equipment (*Confirm Via Observation*)

### ME C5.2: The facility has adequate furniture and fixture as per service provision

#### Checkpoints:

1. Availability of furniture & fixture at Clinics (*Confirm Via Observation*)



# Area of Concern D: Support Services

**Total Standards: 06**

**Total Measurable Elements: 15**

**Total Checkpoints: 88**





- No condemned/Junk material in HWC (corridors, roof, administrative area, backyard). *(Confirm via observation)*
- There is a system of timely corrective & preventive breakdown maintenance of the equipment. *(Confirm via observation)*
- All the measuring equipment/instruments are calibrated. *(Refer Proof: Equipment Calibration Format; Source: Customised Format Sample)*

**Proof: Equipment Calibration Format**

**Suggestive Format for Maintaining Periodic Calibration of Equipment at SHC-HWCs**

History Sheet								
Name Of Equipment :-			Asset. Code :-					
Name of Company/Supplier :-			Location :-					
Model :-			Frequency of Calibration:-					
Date of Installation :-			Frequency of PM :-					
Sr. No :-			Warranty Expiry Date :-					
Maintaince Record								
SL. No.	Date of Complaint	Date of Completion	Time take for PM(Hr)	Breakdown Time (Hr)	Fault	Action Taken		
1								
2								
3								
4								
5								
Monthly Breakdown Analysis of All Equipments								
Month:								
Type of Breakdown								
SL. No.	Equipment	User		Technical			Other	Mechanical
		Nurses	Doctors	Electrical	Mother Board	I/O Device		
				Main Power Supply	Internal Power Supply			

**ME D1.2: The facility has established system for maintaining sanitation and hygiene**

**Checkpoints:**

- Check all the areas are clean & hygienic. *(Refer Proof: Cleaning Monitoring Format; Source: Customised Format Sample)*

**Proof: Cleaning monitoring format:**

**Monitoring of Cleaning/Housekeeping Activities**  
**MEDI.2**

Name of the HWC: \_\_\_\_\_  
Date: \_\_\_\_\_

Date	Cleaner has done work	Dusting completed	Dry Mopping completed	Wet Mopping completed	Toilets are clean	Dust bins are cleaned	Bins with liners are available	Sign	Remarks







## Standard D2: The facility has defined procedures for storage, inventory management and dispensing of drugs

**ME D2.1:** There is established procedure for estimation and indenting of drugs and consumables as per requirement

### Checkpoints:

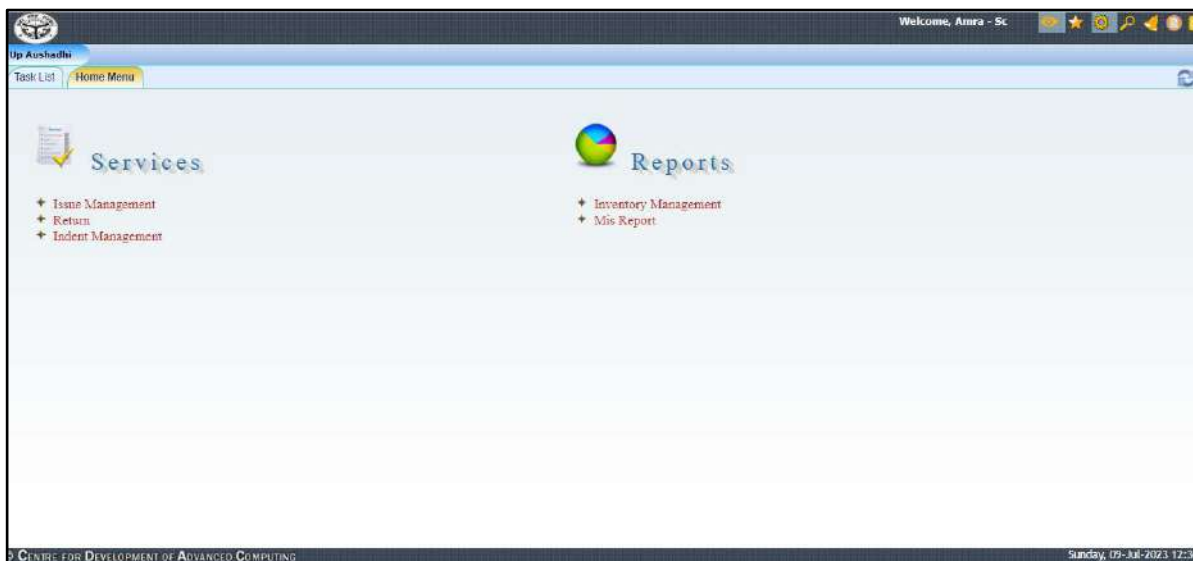
1. HWC has a process to consolidate and calculate the consumption. (*Refer Proof: Drug stock register; Source: Customised Format Sample*)

### Proof: Drug Stock Register

The image shows the cover of a 'DRUG STOCK REGISTER' form. At the top left is the logo of the Ministry of Health and Family Welfare, Government of India. At the top right is the logo of the National Health Mission. The central text reads 'आयुष्मान भारत हेल्थ एंड वेलनेस सेंटर DRUG STOCK REGISTER'. Below this, there are fields for 'केन्द्र', 'ब्लॉक', 'जनपद', and 'सत्र'. At the bottom, there are six small circular logos representing different health centers.

2. Check Drugs and consumables forecasting and indenting is IT enabled (Refer proof: DVDMS Portal; *Source: DVDMS Account of HWC*)

### Proof: DVDMS Portal



3. Check there is established system to timely indent the drugs as per services package (*Refer Proof: Drug stock register*)



4. Check there is no stock out of essential & vital drugs (*Refer Proof: Drug stock register*)
5. Check drugs are categorized in Vital, Essential and desirable (*Refer Proof: Drug stock register*)

## ME D2.2: The facility ensures proper storage of drugs and consumables

### Checkpoints:

1. There is specified place to store medicines in HWC. (*Refer Proof: Storage of drugs and consumables guidelines; Source: Guidelines for Planning and Establishing Drug Warehouse, 2021, MoHFW, GoI*)
2. Check drugs are kept in racks and shelves with proper labelling (*Refer Proof: Storage of drugs and consumables guidelines; Source: Guidelines for Planning and Establishing Drug Warehouse, 2021, MoHFW, GoI*)

Proof: *Storage of drugs and consumables guidelines*

**8 Do's and Don'ts of Drug Warehouse**

**8.1 Do's: Best Practices**

1. Check the following while receiving goods:
  - Torn/frayed packaging
  - Quantity as per purchase order (PO)
  - Batch/date of expiry as per invoice
  - Discoloration or sedimentation, if any
  - Broken seals, moisture, leakage in packaging
  - Crumbled pills
2. Conduct active verification of received products and documents and ensure they meet standards only then let the transport enter the warehouse premises
3. Do batch wise physical verification every month
4. Always receive and stock goods on pallets
5. Segregate health care products and quarantine them from the active stock prior to issuing them in the warehouse
6. Acknowledge physically received goods on the same day in the IT system
7. Take samples within 24 hours of receiving the goods and batch wise sampling should be done
8. Send packed samples within 48 hours of goods received to the empowered laboratory for quality check and maintain the cold chain as required
9. Complete picking and packing of goods for issuing drugs keeping in mind their near expiry date (goods with nearest expiry date to be issued ahead of drugs with prolonged expiry date). There should be provision of First Expiry First Out (FEFO) in the software
10. Store high demand and fast moving items near the shipment location with easy accessibility
11. Store tablets, capsules, powder, ointment on upper shelves, liquids and injectables in the middle shelves and surgical and laboratory items in lower shelves
12. Follow FEFO (First Expiry First Out) for better management of health care products
13. Always keep doors of the cool & cold storage room closed and allow only authorised entry. The standard operating procedure (SOP) should be pasted on the door
14. The supervisor should do daily monitoring of warehouse activities and its premises
15. Update the tools and equipment of the warehouse and make it functional at all times
16. Maintain security in the warehouse at all times
17. Report all serious and minor accidents and injuries immediately

**Prevent Lifting Injuries**

**Lift With Your Legs No With Your Back**

1. Be close to the load
2. Use your legs, not your back, to lift. Keep the load close to your feet
3. Use your feet and knees to push away from you
4. Push by your feet, not your back

**DO'S**

- Be close to the load as possible
- Use your legs, not your back, to lift

**DON'TS**

- Don't use your back to lift
- Don't lift heavy loads
- Don't twist your back
- Don't lift when you are tired

**Figure 9: How to prevent lifting injuries**

3. LASA (Look alike and Sound alike) are stored separately (*Confirm via Observation*)
4. Check heat and light sensitive drugs are stored as per manufacturer's instructions (*Refer Proof: Storage of drugs and consumables guidelines; Source: Guidelines for Planning and Establishing Drug Warehouse, 2021, MoHFW, GoI*)
5. Check process followed to maintain the temperature of refrigerator used for drugs/ vaccine/ lab kits (*Refer Proof: Temperature Chart; Source: Customised Format*)









**ME D3.2: The facility ensures safe storage, maintenance and retrieval of information & records of services****Checkpoints:**

1. HWC has established procedure for safe keeping & retrieval of paper-based records (*Confirm via Observation/Staff Interview*)
2. HWC has established procedure for access & retrieval of electronic records (*Confirm via Observation/Staff Interview*)
3. HWC has policy for retention period for different information & records (*Confirm via Staff Interview*)

**ME D3.3: The facility has established procedure for providing consultation using tele medicine****Checkpoints:**

1. Hubs are identified for tele consultation (*Confirm via Observation*)
2. Cases are identified for tele consultation for specialist & non-specialist consultation (*Confirm via Staff Interview*)
3. Coordination with specialist / super specialist for tele consultation (*Confirm via Staff Interview*)
4. Coordination with patient & creating awareness about tele consultation services (*Confirm via Staff Interview*)
5. Dispense drugs as per prescription received through tele consultation (*Confirm via Observation*)



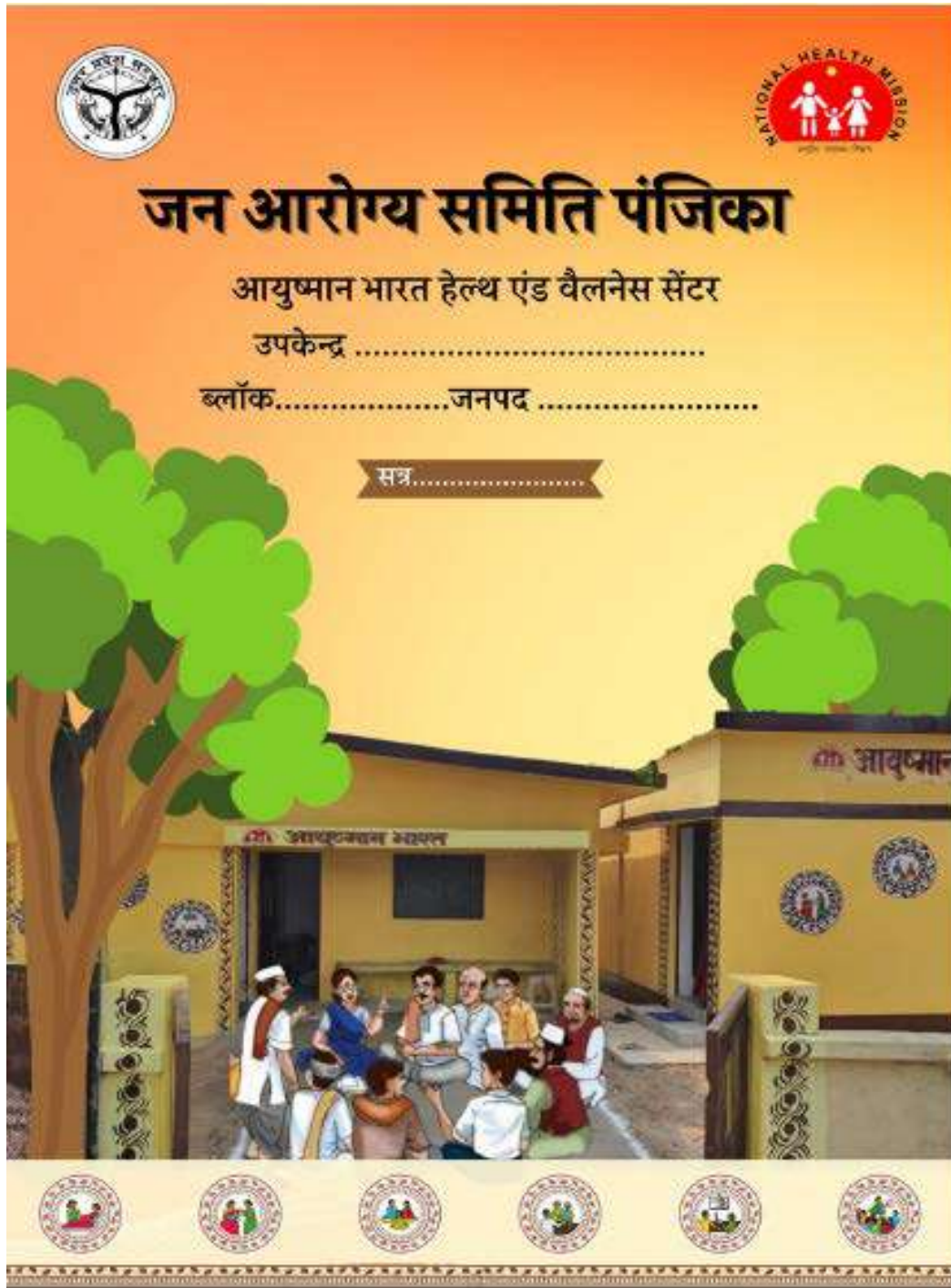
**Standard D4: The facility has defined and established procedures for hospital transparency and accountability.**

**ME D4.1: The facility has established procedure for management of activities of Jan Arogya Samiti**

**Checkpoints:**

1. HWC has functional Jan Arogya Samiti (*Refer Proof: JAS Register; Source: JAS Register\_CP Division\_SPMU\_NHM UP*)

**Proof: JAS Register**



2. Committee members are aware of its roles & responsibilities (*Refer proof: JAS Register*)
3. JAS meetings are held at defined intervals (*Refer proof: JAS Register*)



4. Check JAS supports HWC to mobilize resources/funds (*Refer proof: JAS Register*)
5. Timely planning & utilization of untied funds (*Refer proof: Untied Funds; Source: Untied Fund Letter\_SPMU/CP/VHSNC/2023-24/10/863\_29 May 2023*)

### Proof: Untied Funds

<ul style="list-style-type: none"> <li>• जनपदों द्वारा यह सुनिश्चित किया जाये कि वर्ष 2021-22 तक के उपकेन्द्रों के अन्दाइह खातों का पैडम आधार पर सत्यापन 31 अक्टूबर, 2022 तक अवश्य पूर्ण कर लिया जाये।</li> <li>• प्रत्येक उपकेन्द्र से उपलब्धता प्रमाण-पत्र अवश्य प्राप्त कर लिया जाये तथा व्यव शिक्म जनपद स्तर पर निर्धारित FMR कोड में अंकित किया जाये।</li> </ul> <p>उपकेन्द्र अन्दाइह धनराशि का उपयोग निम्नलिखित मामलों में किया जा सकता है: -</p> <ol style="list-style-type: none"> <li>1. उपकेन्द्र में पदों की व्यवस्था, पानी की व्यवस्था, प्रकाश इत्यादि की व्यवस्था।</li> <li>2. आकस्मिक परिस्थितियों (एम्बुलेंस सेवा उपलब्ध न होने की दशा में) में लोगों को सदरमन इकाई तक ले जाने की व्यवस्था।</li> <li>3. महामारी के दौरान नमूना जांच की लागे ले जाने हेतु परिवहन इत्यादि की व्यवस्था।</li> <li>4. उपकेन्द्र में पदों इत्यादि के क्रय हेतु।</li> <li>5. प्रसवपूर्व/पश्चात् देखभाल हेतु कजन मापन, ब्लड प्रेशर, हीमोग्लोबिन एवं ग्लूकोज की जांच आदि के लिए मशीन/किट का क्रय/मरम्मत कराना।</li> <li>6. डिस्ट्रिक्ट/डिवीजन एवं ब्लीचिंग पाउडर क्रय करने हेतु।</li> <li>7. पर्यावरण सुरक्षा एवं स्वच्छता अभियान हेतु।</li> <li>8. ग्रामीण स्तर पर सामाजिक मोबिलाइजेशन एवं सामुदायिक स्तरीय गतिविधियां हेतु।</li> <li>9. उपकेन्द्र स्तर पर भवनों में लघु धरिक्शन तथा लघु मरम्मत के कार्य जैसे- फर्नीचर एवं उपकरणों की मरम्मत जो कि स्थानीय स्तर पर किया जा सकता हो।</li> <li>10. प्रत्येक प्रकार की मरम्मत कार्य व नवीनीकरण किया जाना जिसमें आवासीय भवन भी सम्मिलित है।</li> <li>11. सैटिक टैंक/शौचालय का निर्माण, मरम्मत एवं साफ-सफाई।</li> <li>12. जल निकासण टैंक (क्रय, स्थापना, निर्माण, मरम्मत साफ-सफाई इत्यादि)।</li> <li>13. रंगाई-पुलाई।</li> <li>14. बायो मेडिकल वेस्ट मैनेजमेंट (कुड़ेदान, गद्दे, निस्तान्नामक) की व्यवस्था।</li> <li>15. उपकेन्द्र तक जाने वाले रास्तों की मरम्मत एवं सुदृक्ता।</li> <li>16. उपकेन्द्र के प्रांगण का सौन्दर्यकरण।</li> <li>17. उपकेन्द्र में तदर्थ साफ-सफाई जैसे प्रसव के तुरन्त बाद सफाई।</li> <li>18. आशा एवं आंगनवाड़ी की मासिक बैठकों का आयोजन। (उपकेन्द्र स्तरीय मासिक बैठक)</li> <li>19. हेल्थ एण्ड वेल्नेस शोर्टर से सम्बन्धित अन्य कोई कार्य जिस हेतु कोई धनराशि अलग से प्राक्कानित न की गयी हो।</li> </ol> <p>नोट-</p> <ol style="list-style-type: none"> <li>1. धनराशि के उपयोग के समम यह सुनिश्चित करना चाहिए कि उक्त मद में किसी अन्य स्रोत से धनराशि आवंटित न की गई हो।</li> </ol>
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6. Check JAS provide support for Health promotion & prevention activities (*Refer proof: JAS Register*)
7. Check JAS facilitate Public hearing or Jan Sunwais (*Refer proof: JAS Register*)

### ME D4.2: The facility has established procedures for community-based monitoring of its services through social audits

#### Checkpoints:

1. Check social audits are done at periodic intervals. Customised register is maintained for Aarogya Sabha and Jan Samvad (*Refer proof: Role of JAS in Social Accountability Exercise; Source: JAS Guidelines*)

4. Role of JAS in Social Accountability exercise			
Monthly assessment checklist for social accountability exercise			
Social accountability exercise at AB-HWC in both SHC and PHC	Yes/No	Remarks	
CRA exercise is regularly conducted in every village under SHC- HWC per month on rotation basis	<input type="checkbox"/>	<input type="checkbox"/>	
Convenient and accessible area is selected for CRA exercise	<input type="checkbox"/>	<input type="checkbox"/>	
JAS Chairperson visits the concerned village on the designated day for community reflection assessment (CRA) exercise along with AB-HWC team	<input type="checkbox"/>	<input type="checkbox"/>	
Ensure that ASHA facilitator shares with community the time and venue for the CRA exercise	<input type="checkbox"/>	<input type="checkbox"/>	
Mobilize communities to participate in CRA exercise	<input type="checkbox"/>	<input type="checkbox"/>	
Make sure the service delivery report of previous month is shared by the CHO on the day of CRA	<input type="checkbox"/>	<input type="checkbox"/>	
Updates on Follow up Action Note (FAN) or any escalated issues are discussed in the next JAS meeting and review of the actions taken in the previous month	<input type="checkbox"/>	<input type="checkbox"/>	
Summary report (Annexure) is prepared on follow-up action and submitted to MO of PHC, and concerned gram panchayat as a part of monthly report	<input type="checkbox"/>	<input type="checkbox"/>	
Arogya Sabha conducted on the 14 April each year and other Sabha six months later	<input type="checkbox"/>	<input type="checkbox"/>	





2. Check JAS is aware of the issues emerged in Social Audits & public hearing (*Refer proof: Gap Analysis Format; Source: Customised Format Sample*)

**Proof: Gap Analysis Format**

**I Gap Analysis format**

S.No	Gap Statement (a)	Reference Number (b)	Gap classification (c)	Severity rating (d)
1.				
2.				
3.				
4.				
5.				

- a. Gap Statement: - The gap statement should be written for all the gaps. The statement should be specific and not a generic statement.

Eg:

Gap Statement	Statement are	Practice is
BMW management was not maintained properly	Generic	X
Deep burial pit and sharp pit was not available in the facility to dispose BMW	Specific	✓
Infection control practices was not up to the mark	Generic	X
The facility staff was not adhering to 6 steps of hand washing	Specific	✓

- b. Reference Number: - All gaps should be identifiable by its measurable element (MEs). The staff should write the reference number from the checklist of NQAS certification. All checkpoints are provided with MEs in the left-hand side of the checklist.
- c. Gap Classification: - Gap may be categories in to: -  
 Structure: - If the problem is related with the infrastructure, availability of human resources, Drugs, equipment etc.  
 Process: - If the problem is related with the procedure not followed.  
 Outcome: - If the problem is related with the monitoring of performance indicators.
- d. Severity rating: - Gap may also be classified based on the criticality.  
 Severe: - If that gap is directly affecting the patient care or if that gaps are required to be follow as per statutory and legal requirement.  
 Moderate: - If that gap is indirectly affecting the patient care  
 Low: - If the gap is not at all affecting the patient care.



3. Check JAS committee has prepared action plan along with HWC (*Refer Proof: Action Planning Format; Source: Customised Format Sample*)

**Proof: Action Planning Format**

Action Planning format					
S.N.	Gap Statement	Action required	Responsible person	Time line	End of the month status
1.	Client feedback system is not available in the HWC	1. A feedback form will be developed 2. System of collection of client feedback will be initiated	CHO	By Aug 2022	
2.					
3.					

4. Check social audits are conducted before completion of Annual planning of the gram Panchayat (*Refer proof: JAS Register*)

**ME D4.3: The facility has established procedure for supporting and monitoring activities of Community health workers**

**Checkpoints:**

1. Check CHO conducts periodic meetings with MPW & ASHA (*Refer Proof: Meeting Record; Source: Customised Format Sample*)
2. Check CHO provide on job mentoring & supervision household visits (*Refer Proof: Meeting Record; Source: Customised Format Sample*)





## Standard D5: The facility ensures health promotion and disease prevention activities through community mobilization

**ME D5.1: The HWC facilitate planning & implementation of health promotion and disease prevention activities through community level interventions**

### Checkpoints:

1. Check HWC is aware of community level approaches for health promotion and disease prevention (*Confirm via Staff Interview*)
2. Check VHSNC are constituted & functional (*Proof: Monthly Meeting Format; Source: Monthly Meeting Format\_VHSNC Register*)

### Proof: Monthly Meeting Format

ग्राम स्वास्थ्य, स्वच्छता एवं पोषण समिति की बैठक का कार्यवृत्त					
माह .....			वर्ष .....		
ग्राम स्वास्थ्य, स्वच्छता एवं पोषण समिति की निर्धारित बैठक दिनांक .....					
को, समय ..... बजे से ..... बजे तक, स्थान .....					
श्री / श्रीमती ..... की अध्यक्षता में एजेण्डा अनुसार आयोजित की गयी जिसमें निम्नलिखित सदस्यों ने प्रतिभाग किया-					
क्र.सं.	नाम	पदनाम	मोबाइल नं.	व्यवसाय	हस्ताक्षर/अंगूठे का निशान

3. Check VHSNC members are aware of their roles & responsibilities towards Health & wellness centre (*Confirm via Staff Interview/Client Interview*)
4. VHSNC actively involved in review of public services & programmes viz. ICDS, drinking water, sanitation, mid-day meal including HWCs etc. (*Proof: VHSNC Register English*)
5. Check number of VHSNC meeting attended by CHO in preceding quarter (*Proof: VHSNC Register English*)
6. Check number of VHND planned & conducted in CHO's catering area in preceding quarter (*Proof: VHND planned vs held; Source: Annexure 3\_MPR\_JAS Register\_UP*)
7. Micro planning to conduct VHND is done by HWC staff & frontline workers (*Proof: MPR ; Source: Annexure 3\_MPR\_JAS Register\_UP*)



संलग्नक-3						
ए बी-एच डब्ल्यू सी की मासिक प्रगति रिपोर्ट						
भाग 1						
<b>I. एच डब्ल्यू सी में स्वास्थ्य सेवाओं की प्रगति</b>						
1. HWC पर सेवा प्राप्त लाभार्थियों की संख्या	बच्चे		बयस्क		दूसरे/दर	सभी रोगियों की कुल संख्या
	पुरुष	महिला	पुरुष	महिला		
2. माह में पैदा हुए बच्चों की संख्या						
3. माह में एच डब्ल्यू सी क्षेत्र के अग्रगत मृत्यु पंजीकरण की संख्या	1. नवजात मृत्यु (0-28 दिन) -					
	2. किशु मृत्यु (0 से 1 वर्ष) -					
	3. बच्चों की मृत्यु (5 साल से कम) -					
	4. किशोरों की मृत्यु (10- वर्ष)					
	5. मातृ मृत्यु (गर्भासम्पन्न के पश्चात 42 दिनों तक)					
	6. वृद्ध व्यक्तियों की मृत्यु (>60वर्ष)					
माह में कुल मृत्यु की संख्या:						
4. नियोजित सत्रों के सप्ताह आयोजित प्राम स्वास्थ्य एवं पोषण दिवसों का प्रतिशत	नियोजित	आयोजित	प्रतिशत			
5. पीएम-जे ए वाई से सम्बद्ध लोगों की संख्या	पात्र	पंजीकृत	संदर्भित	पी एम जे के अन्तर्गत इलाज प्राप्त लाभार्थियों की संख्या		
<b>A. प्रजनन और बात स्वास्थ्य देखभाल</b>						
1. पिछले माह में आर सी एच के लिए ओपीडी के कुल मामलों की संख्या (गर्भवती महिलाओं, बच्चों, किशोरों)	कुल	फॉलो-अप	उच्च इकाइयों को संदर्भित			
सर्विस डिलीवरी इंडिकेटर (सोल- एसएचसी/एचडब्ल्यूसी- एसएचसी और एचडब्ल्यूसी- पीएचसी का सेवा वितरण रिकॉर्ड)	लक्ष्य	लाभार्थियों की संख्या जिनके द्वारा सेवा प्राप्त की गई है	प्रतिशत			
2. गर्भवती महिलाओं की संख्या जिनका शीघ्र पंजीकरण एवं चार बार सूची अनुसार प्रसव पूर्व देखभाल प्रदान की गई						

8. Check functional equipment, instrument and adequate consumables are available to conduct VHND (Confirm via Staff Interview/Observation)
9. Check the health promotion & disease presentation activities are performed during VHNDs (Proof: Format for wellness VHSNC)
10. Check primary healthcare team perform advocacy with community influencers for giving key messages for health promotion (Confirm via Client Interview)
11. Check the health promotion & disease prevention activities are performed by ASHA (Confirm via Client Interview)
12. Check the process followed to identify key challenges and list of priorities for monthly campaigns (Refer Proof: CBAC)
13. Check Annual calendar is prepared for monthly campaign based on situational analysis (Refer Proof: Wellness Calendar and VHSNC)





14. Check health promotion campaign are conducted as per planning (Refer Proof: Wellness Calendar)
15. Check the involvement of HWC in planning & facilitation of monthly campaign activities
16. There is a system of taking feedback from ASHAs / VHNSCs/ VHND to improve the services

**ME D5.2: The facility has Patient Support Groups (PSG) as per the issues/ diseases in its catering population**

**Checkpoints:**

1. HWC has created Patient support groups (PSGs) for various issues/ disease conditions (*Proof: Patient Support Group; Source: Customised Format Sample*)
2. Check the process followed to create PSGs (*Proof: Patient Support Group*)

**Proof: Patient Support Group**

<b>Patient Support Group</b>				
S.No.	PSG constituted for	Name of Person identified for PSG	Meeting Held	Issues Discussed
	Diabetes			
	Hypertension			
	TB Patients			
	Cancer Patients			

3. Check staff is aware of guiding principles to be followed to constitute PSGs (*Confirm via Staff Interview/ Client Interview*)
4. Check members of PSGs aware of their roles (*Confirm via Staff Interview/ Client Interview*)
5. Check the frequency, location & timing of PSG meetings facilitated by HWC (*Confirm via Staff Interview/ Client Interview*)
6. Primary health care team/worker is aware of their role in conducting PSGs

**ME D5.3: The facility ensures multisectoral convergence for health promotion and primary prevention**

**Checkpoints:**

1. HWC engages other allied departments for intersectoral convergence (*Proof: Wellness and VHSNC Format*)
2. HWC support & felicitate promotion activities with their convergence departments
3. Check Ayushman ambassador are identified (*Proof: Wellness and VHSNC Format*)
4. HWC organizes training sessions & competitions for school children (*Proof: Wellness and VHSNC Format*)
5. HWC promotes wellness & health promotion through Yoga (*Refer Proof: Wellness Register*)



## Standard D6: The facility is compliant with statutory and regulatory requirement

ME D6.1: The facility ensures its processes are in compliance with statutory and legal requirement

### Checkpoints:

1. Authorization for Bio Medical waste Management (*Refer Proof: Bio Medical Waste Management Rules; Source: BMW Rules 2016*)

Proof: Bio Medical Waste Management Rules

[Published in the Gazette of India, Extraordinary, Part II, Section 3, Sub-section (i)]

**GOVERNMENT OF INDIA**  
**MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE**

**NOTIFICATION**

New Delhi, the 28<sup>th</sup> March, 2016

G.S.R. 343(E).-Whereas the Bio-Medical Waste (Management and Handling) Rules, 1998 was published vide notification number S.O. 630 (E) dated the 20<sup>th</sup> July, 1998, by the Government of India in the erstwhile Ministry of Environment and Forests, provided a regulatory frame work for management of bio-medical waste generated in the country;

And whereas, to implement these rules more effectively and to improve the collection, segregation, processing, treatment and disposal of these bio-medical wastes in an environmentally sound management thereby, reducing the bio- medical waste generation and its impact on the environment, the Central Government reviewed the existing rules;

And whereas, in exercise of the powers conferred by sections 6, 8 and 25 of the Environment (Protection) Act, 1986 (29 of 1986), the Central Government published the draft rules in the Gazette vide number G.S.R. 450 (E), dated the 3<sup>rd</sup> June, 2015 inviting objections or suggestions from the public within sixty days from the date on which copies of the Gazette containing the said notification were made available to the public;

And whereas, the copies of the Gazette containing the said draft rules were made available to the public on the 3<sup>rd</sup> June, 2015;

And whereas, the objections or comments received within the specified period from the public in respect of the said draft rules have been duly considered by the Central Government;

Now, therefore, in exercise of the powers conferred by section 6, 8 and 25 of the Environment (Protection) Act, 1986 (29 of 1986), and in supersession of the Bio-Medical Waste (Management and Handling) Rules, 1998, except as respects things done or omitted to be done before such suppression, the Central Government hereby makes the following rules, namely:-

1. **Short title and commencement.**- (1) these rules may be called the Bio-Medical Waste Management Rules, 2016.
- (2) They shall come into force on the date of their publication in the Official Gazette.
2. **Application.**-
- (1) These rules shall apply to all persons who generate, collect, receive, store, transport, treat, dispose, or handle bio medical waste in any form including hospitals, nursing homes, clinics, dispensaries, veterinary institutions, animal houses, pathological laboratories, blood banks, ayush

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2. No Smoking sign is displayed at the prominent places
3. Any positive report of notifiable disease is intimated to designated authorities (*Refer Proof: IDSP; Source: Checklist for IDSP Portal during Field Visit at State Surveillance Unit*)



## Proof: IDSP

**Checklist for IDSP Portal during Field Visit at State Surveillance Unit**

Total District: \_\_\_\_\_

Name of State: \_\_\_\_\_ Name of SSO: \_\_\_\_\_

1. Whether State has received user ID and password for IDSP Portal (Yes/No)
2. No. of districts which have received user ID & passwords. \_\_\_\_\_
3. No. & Name of districts which have not updated master data on IDSP Portal \_\_\_\_\_

4. Timeline for updation of Master data in the remaining districts (Please specify the name of districts) \_\_\_\_\_
5. No. of districts reported weekly surveillance data in current year \_\_\_\_\_
6. No. of districts not reported weekly surveillance data in current year (Please specify the name of districts with reasons) \_\_\_\_\_
7. No. of districts reported disease outbreak in current year (including 'NIL' report) \_\_\_\_\_
8. How many districts not reported weekly disease outbreak in current year (Please mention the name of districts with reasons)

9. How many reporting units reported weekly surveillance data in last week
  - a. Form S (Reported/Total): \_\_\_\_\_
  - b. Form P (Reported/Total): \_\_\_\_\_
  - c. Form L (Reported/Total): \_\_\_\_\_
10. Are you using this portal on weekly basis (Yes/No)
11. Are you facing any problem in accessing the IDSP Portal (Yes/No)
12. How many times you accessed the Resource Section on IDSP Portal in last one month \_\_\_\_\_
13. Have you accessed the reports on IDSP Portal (Yes/No)
14. Are you facing any problem in accessing the following reports
  - (i) Surveillance Reports (S/P/L) (Yes/No)
  - (ii) Summary / Status Reports (Yes/No)
  - (iii) Quarterly Financial Monitoring Reports (FMR) (Yes/No)
  - (iv) Disease Outbreak Reports (Yes/No)
  - (v) Reporting Unit details (Yes/No)
15. Are you able to find the consistency report unit wise from IDSP Portal (Yes/No)
16. Are you able to analyse the trend of diseases from the above reports (Yes/No)
17. Have you ever logged any complaint related to IDSP Portal to CSU (Yes/No)
18. Were your complaints regarding portal got resolved by CSU (Yes/No)
19. If complaints were not resolved, what were the complaints \_\_\_\_\_

4. Updated copies of relevant laws, regulations and Govt orders are available (*Refer Proof: Bio Medical Waste Management Rules*)



# Area of Concern E: Wellness & Clinical Services

**Total Standards: 18**

**Total Measurable Elements: 49**

**Total Checkpoints: 228**



## Standard E1: The facility has defined procedures for registration, consultation, clinical assessment and reassessment of the patients

ME E1.1: The facility has established procedure for empanelment & registration of individual & families

### Checkpoints:

1. HWC is aware of constitution of its catering population. (*Confirm via staff interview*)
2. HWC periodically estimates & updates number of beneficiaries for RMNCHA services (*Refer Proof: Monthly Progress Report; Source: Annexure 3\_MPR\_JAS Register\_UP*)

### Proof: Monthly Progress Report

संलग्नक-3						
ए बी-एच डब्ल्यू सी की मासिक प्रगति रिपोर्ट						
भाग 1						
<b>I. एच डब्ल्यू सी में स्वास्थ्य सेवाओं की प्रगति</b>						
1. HWC पर सेवा प्राप्त लाभार्थियों की संख्या	बच्चों		वयस्क		द्वैसजेंडर	सभी सेवियों की कुल संख्या
	पुरुष	महिला	पुरुष	महिला		
2. माह में पैदा हुए बच्चों की संख्या						
3. माह में एच डब्ल्यू सी क्षेत्र के अंतर्गत मृत्यु पंजीकरण की संख्या	1. नवजात मृत्यु (0-28 दिन) -					
	2. किशु मृत्यु (0 से 1 वर्ष) -					
	3. बच्चों की मृत्यु (5 साल से कम) -					
	4. किशोरों की मृत्यु (10- वर्ष)					
	5. मातृ मृत्यु (गर्भासम्पन्न के पश्चात 42 दिनों तक)					
	6. वृद्ध व्यक्तियों की मृत्यु (>60वर्ष)					
माह में कुल मृत्यु की संख्या:						
4. नियोजित सत्रों के सप्ताह आधारित ग्राम स्वास्थ्य एवं पोषण दिवसों का प्रतिशत	नियोजित	आयोजित	प्रतिशत			
5. पीएम-जे ए याई से सम्बद्ध लोगों की संख्या	पात्र	पंजीकृत	संदर्भित	पी एम जे के अन्तर्गत इलाज प्राप्त लाभार्थियों की संख्या		
<b>A. प्रजनन और बाल स्वास्थ्य देखभाल</b>						
1. पिछले माह में आर सी एच के लिए ओपीडी के कुल मामलों की संख्या (गर्भवती महिलाओं, बच्चों, किशोरों)	कुल	फॉलो-अप	उच्च इकाइयों को संदर्भित			
सर्विस डिलीवरी इंडिकेटर (स्रोत- एसएचसी/एचडब्ल्यूसी-एसएचसी और एचडब्ल्यूसी-पीएचसी का सेवा वितरण रिकॉर्ड)	लक्ष्य	लाभार्थियों की संख्या जिनके द्वारा सेवा प्राप्त की गई है		प्रतिशत		
2. गर्भवती महिलाओं की संख्या जिनका शीघ्र पंजीकरण एवं चार बार सूची अनुसार प्रसव पूर्व देखभाल प्रदान की गई						

3. HWC periodically estimates & updates number of beneficiaries for NCDs (*Refer Proof: CBAC*)
4. HWC periodically estimates & updates number of beneficiaries for CDs (*Confirm via client interview*)





5. All individuals and families are empaneled under HWC (Refer Proof: Family Folder; Source: Annexure 5, Format for ASHA, Training Module for Staff Nurses on Population Based Screening of Common Non-Communicable Diseases, NPCDCS)

Proof: Family Folder

नेशनल प्रोग्राम फॉर प्रिवेन्शन एण्ड कंट्रोल ऑफ कैंसर,  
 डायबिटीज, कार्डियोवेस्कुलर  
 डिजीज एण्ड स्ट्रोक (एन.पी.सी.डी.सी.एस.)  
 पॉपुलेशन बेस्ड स्क्रीनिंग  
**फैमिली फोल्डर**

रूपकेन्द्र का नाम : .....

ब्लॉक का नाम : .....

परिवार के मुखिया का नाम : .....

गांव व मौहल्ला का पता : .....

मोबाइल नम्बर : .....

वर्ष : .....

दिनांक जिस तिथि को फैमिली फोल्डर भरा : .....

जिला स्वास्थ्य समिति - बुलन्दशहर

ME E1.2: The facility has established procedure for registration & consultation in HWC

Checkpoints:

1. Unique identification number is given to each patient. (Refer Proof: OPD Register)
2. Patient demographic details are recorded in OPD register/portal. (Refer Proof: OPD Register)
3. The facility has established procedure for OPD Consultation (Refer Proof: OPD Register)
4. Facility has system to undertaken opinion /consultation from higher centre (Refer Proof: OPD Register)
5. All the empaneled individuals are screened (Confirm via Staff Interview)



**ME E1.3: The facility has established procedure for follow up/ re-assessment of patients****Checkpoints:**

1. Facilities provide follow up/re assessment for cases under RMNCHA (*Refer Proof: OPD Register*)
2. Facilities provide follow up/re assessment for cases under Communicable diseases (*Refer Proof: OPD Register*)
3. Facilities provide follow up/reassessment for cases under non-communicable diseases (*Confirm via Client Interview*)
4. Facilities provide follow up/reassessment for other clinical conditions (*Refer Proof: OPD Register*)



## Standard E2: The facility has defined and established procedures for continuity of care through two-way referral

### ME E2.1: The facility has established procedure for continuity of care

#### Checkpoints:

1. Facility ensures continuity of care at community/household level. *(Refer Proof: OPD Register)*
2. Continuity of care is ensured at Health & wellness centre. *(Refer Proof: OPD Register)*
3. Continuity of care is ensured at referral Centre/higher centre *(Refer Proof: OPD Register)*

### ME E2.2: The facility has established procedure for undertaking referred in & referred out of the cases

#### Checkpoints:

1. Facility has defined protocols for referral out. *(Refer Proof: OPD Register)*
2. Check availability of separate color-coded referral slip. *(Confirm via observation)*
3. Facility has defined protocols for referral in *(Confirm via Staff Interview)*
4. Facility has referral procedure in place to ensure continuity of care *(Refer Proof: Final Referral Policy; Source: Customised Policy)*

#### Proof: Referral Policy

<b>Referral Policy:</b>		
<b>PROCESS DETAILS:</b>		
<ul style="list-style-type: none"> <li>• All patient transfers shall be well co-coordinated with the facility where patient is being transferred.</li> <li>• Decision of transfer / referral shall be taken by the CHO/ANM and the same shall be intimated to patient and relatives with reasons.</li> <li>• Patients coming in for Emergency shall be provided with first aid treatment and stabilized, if required before transferring.</li> <li>• All patients who are being transferred to external facility (including transfers from emergency) shall be provided with a case summary mentioning the status of patient, significant findings and treatment given in the hospital.</li> </ul>		
<b>ACTIVITY AND RESPONSIBILITY:</b>		
<b>S. NO.</b>	<b>ACTIVITY</b>	<b>RESPONSIBILITY</b>
1.	Patient will be referred, if the concerned equipment or services are not available in the HWC.	CHO/ANM
2.	If the patient comes in emergency situation, basic treatment will be provided and if required refer the patient to nearest referral center for better treatment and follow up.	CHO/ANM
3.	Enter patient case records in the referral slip format /CPHC IT application and provide information on the closest and most appropriate health facility for seeking care.	CHO/ANM
4.	Provide information to the service providers at referral centers for the patients and enter the details in Referral slip and Referral out register.	CHO/ANM
5.	The patient shall be transported by the support of 108 ambulance, and if not possible then patient can go on their own vehicle	CHO/ANM





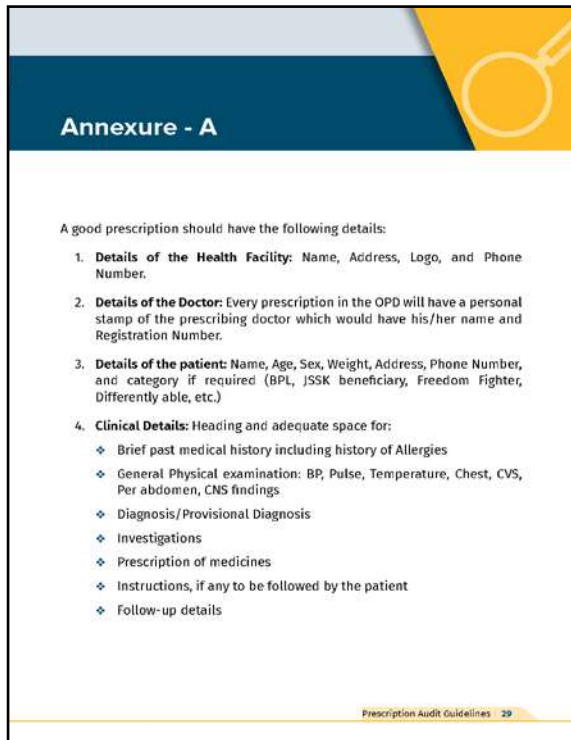
**Standard E4: The facility has defined procedures for safe drug administration.**

**ME E4.1: Facility follows protocols for safe drug administration**

**Checkpoints:**

1. Medication orders are written legibly and updated (*Refer Proof: Prescription Audit Guidelines; Source: Prescription Audit Guidelines, NHSRC*)

**Proof: Prescription Audit Guidelines**

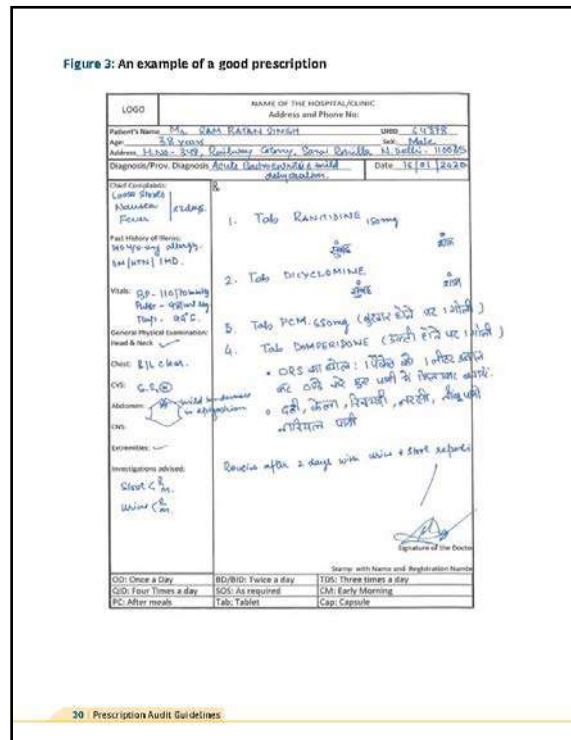


**Annexure - A**

A good prescription should have the following details:

1. **Details of the Health Facility:** Name, Address, Logo, and Phone Number.
2. **Details of the Doctor:** Every prescription in the OPD will have a personal stamp of the prescribing doctor which would have his/her name and Registration Number.
3. **Details of the patient:** Name, Age, Sex, Weight, Address, Phone Number, and category if required (BPL, JSSK beneficiary, Freedom Fighter, Differently able, etc.)
4. **Clinical Details:** Heading and adequate space for:
  - ❖ Brief past medical history including history of Allergies
  - ❖ General Physical examination: BP, Pulse, Temperature, Chest, CVS, Per abdomen, CNS findings
  - ❖ Diagnosis/Provisional Diagnosis
  - ❖ Investigations
  - ❖ Prescription of medicines
  - ❖ Instructions, if any to be followed by the patient
  - ❖ Follow-up details

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**Figure 3: An example of a good prescription**

The image shows a handwritten prescription form with the following details:

- LOGO:** [Logo of the hospital/clinic]
- NAME OF THE HOSPITAL/CLINIC:** [Name and Address]
- Patient's Name:** Mr. KUMAR KATACH SINGH
- Age:** 50 years
- Sex:** Male
- Address:** H.No. 209, [Address]
- Diagnosis/Prov. Diagnosis:** Acute Gastroenteritis & mild dehydration
- Date:** 12/11/2020
- Chief Complaints:** Loose stools, Nausea, Vomiting
- Past History of Illness:** No history of allergy
- Vitals:** BP: 110/70 mmHg, Pulse: 98 bpm, Temp: 38°C
- General Physical Examination:** Head & Neck: Normal, Chest: B/L clear, Abdomen: Mild tenderness in epigastrium, CNS: Normal
- Investigations advised:** Stool C & M, Urine C & M
- Prescription:**
  1. Tab. RANITIDINE (30mg)
  2. Tab. DICYCLIMINE
  3. Tab. PCM. 650mg (after food or 1st half)
  4. Tab. DIMPERSONE (after food or 1st half)
- Instructions:** ORS after 1st half or 1st half after ORS, after 2nd half or 2nd half after ORS, after 3rd half or 3rd half after ORS, after 4th half or 4th half after ORS.
- Signature of the Doctor:** [Signature]
- Legend:**
  - QD: Once a day
  - BIDD: Twice a day
  - QID: Four times a day
  - PC: After meals
  - Tab: Tablet
  - Cap: Capsule
  - Stat: with Name and Registration Number
  - TDS: Three times a day
  - AS: As required
  - EM: Early Morning

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2. There is procedure to check the drugs before administration and dispensing (*Confirm Via Observation*)
3. Patients are counselled for self drug administration (*Confirm via client/staff interview*)

**ME E4.2: There is process for identifying and cautious administration of high alert drugs**

**Checkpoints:**

1. Check high alerts drugs are identified & its maximum dose are defined (*Refer Proof: High Alert Drug; Source: Customised Format Sample*)
2. Check staff is aware of right dose of high alert drugs (*Refer Proof: High Alert Drug; Source: Customised Format Sample*)


**Proof: High Alert Drug**









## High-Alert Medications

Policies CS-06-06-01 and CS-06-06-19



Definition: medications with higher risk of causing significant client harm and injury when used in error.

- Pharmacy maintains a list of High Alert Medications which is reviewed annually.
- To reduce risks of errors, Pharmacy will supply high-alert medications in a ready-to-use format whenever possible.
- "High Alert Medication" label stickers are applied to packaging and storage containers.
- High Alert Medications often, Look alike, Sound alike, and/or Read alike. The use of TALLman lettering assists with distinguishing the subtle differences.
- The **Therapeutic Index (TI)** is the concentration of medication required to produce a therapeutic effect without causing toxicity. Medications such as Warfarin, Digoxin, and Levothyroxine, have a narrow TI in which a small dose difference may lead to adverse effects.

**High-Alert Medication Groups:**


- ! Anticoagulants
- ! Benzodiazepines
- ! Chemotherapy Drugs
- ! Concentrated Electrolytes
- ! Hypoglycemic Medications
- ! Opiate Narcotics
- ! Local Anesthetics
- ! Transdermal Patches
- ! Dialysis Solutions

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- All High-Alert Medications are stored in individual containers/bins with only one type of medication per storage container. Bins are labelled with generic name, strength, dosage form, and product size.
- All site prepared doses of insulin, heparin, or potent narcotics, require **Independent Double-Check** to verify calculations and the dose prior to administration where a second nurse/regulated health professional is available. **Co-signature** is used to indicate Independent Double-Check is completed. **Note:** double-check is not required for Low Molecular Weight Heparin (LMWH) supplied as a pre-filled syringe in the ordered dose.
- Errors involving High Alert Meds may have serious consequences and are automatically deemed Severity Level 3 or 4.**

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To reduce medication errors, Pharmacy will **physically separate, isolate, and segregate** these medications. **TALLman** lettering is used to differentiate medications with similar spelling.



Yellow Bins =  
Oral Meds

Red Bins =  
Injectable Meds

Green Bins =  
Topical Meds

3. Check staff follows 6 Rs of drug administration (*Refer Proof: Prescription Audit Guidelines*)
4. Check with staff if any untoward drug events have ever occurred (*Refer Proof: Adverse Event Register; Source: Customised Format Sample*)



## Proof: Adverse Event Register

Adverse Event Register						
S.no.	Adverse event details	Date and Time	Seriousness of the reaction (Serious/Severe/Minor)	Outcome of the event (Recovered, recovering, not recovered, fatal, unknown)	Case seen by MOIC (Yes/No)	Corrective & preventive action taken

5. Check any untoward/adverse drug events are recorded and reported (*Refer Proof: Adverse Event Form; Source: Suspected Adverse Drug Reaction Reporting Form (for HCPs), Pharmacovigilance Program of India: <https://www.ipc.gov.in/PvPI/adr.html>*)

## Proof: Adverse Event Form

INDIAN PHARMACOPOEIA COMMISSION										FOR AMC/NCC USE ONLY		
(National Coordination Centre- Pharmacovigilance Programme of India) Ministry of Health & Family Welfare, Government of India Sector-23, Raj Nagar, Chandigarh-160022										AMC Report No. _____		
Report Type <input type="checkbox"/> Initial <input type="checkbox"/> Follow up										Worldwide Unique No. _____		
A. PATIENT INFORMATION										12. Relevant tests/ laboratory data with dates		
1. Patient Initials		2. Age at time of Event or Date of Birth		3. M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/>		4. Weight		Kgs				
B. SUSPECTED ADVERSE REACTION										13. Relevant medical/ medication history (e.g. allergies, race, pregnancy, smoking, alcohol use, hepatic/renal dysfunction etc.)		
5. Date of reaction started (dd/mm/yyyy)										14. Seriousness of the reaction: No <input type="checkbox"/> if Yes <input type="checkbox"/> (please tick anyone)		
6. Date of recovery (dd/mm/yyyy)										<input type="checkbox"/> Death (dd/mm/yyyy)		
7. Describe reaction or problem										<input type="checkbox"/> Life threatening		
										<input type="checkbox"/> Hospitalization/Prolonged		
										<input type="checkbox"/> Disability		
										<input type="checkbox"/> Other (specify)		
										15. Outcomes		
										<input type="checkbox"/> Recovered		
										<input type="checkbox"/> Recovering		
										<input type="checkbox"/> Not recovered		
										<input type="checkbox"/> Fatal		
										<input type="checkbox"/> Recovered with sequelae		
										<input type="checkbox"/> Unknown		
C. SUSPECTED MEDICATION(S)												
S.No.	B. Name (Brand/Generic)	Manufacturer (if known)	Batch No. / Lot No.	Exp. Date (if known)	Dose used	Route used	Frequency (OD, BD, etc.)	Therapy dates		Indication	Causality Assessment	
								Date started	Date stopped			
i												
ii												
iii												
iv												
5. No. as per C.	8. Action Taken (please tick)						10. Reaction reappeared after reintroduction (please tick)					
	Drug withdrawn	Dose increased	Dose reduced	Dose not changed	Not applicable	Unknown	Yes	No	Effect unknown	Dose (if reintroduced)		
i												
ii												
iii												
iv												
11. Concomitant medical product including self-medication and herbal remedies with therapy dates. (Exclude those used to treat reaction)												
S.No.	Name (Brand/Generic)	Dose used	Route used	Frequency (OD, BD, etc.)	Therapy dates		Indication					
					Date started	Date stopped						
i												
ii												
iii												
Additional Information:								19. REPORTER DETAILS				
								16. Name and Professional Address: _____				
								Pin: _____ E mail _____				
								Tel. No. (with STD code) _____ Signature: _____				
								Occupation: _____				
								17. Date of this report (dd/mm/yyyy): _____				
Confidentiality: The patient's identity is held in strict confidence and protected to the fullest extent. Programme staff is not expected to and will not disclose the reporter's identity in response to a request from the public. Submission of a report does not constitute an admission that medical personnel or manufacturer or the product caused or contributed to the reaction.												



## Standard E5: The facility follows standard treatment guidelines and ensures rational use of drugs

### ME E5.1: There is procedure of rational use of drugs

#### Checkpoints:

1. Check staff is aware of rational use of drugs (*Refer Proof: Prescription Audit Guidelines*)
2. Check STG/ clinical algorithm is followed (*Confirm via Staff Interview*)
3. Check medication review is scheduled for regular chronic cases (*Confirm via Staff Interview*)
4. Check drugs are prescribed with generic name (*Refer Proof: Prescription Audit Guidelines*)
5. Check HWC has antibiotic policy (*Confirm via Staff Interview*)

### ME E5.2: Facility has system in place to periodically monitor the treatment provided by CHO

#### Checkpoints:

1. Treatment provided by CHO is monitored regularly (*Refer Proof: Prescription Audit Guidelines*)
2. Check monitoring is done by qualified personnel (*Refer Proof: Prescription Audit Guidelines*)
3. Check medication orders/ procedure is written legibly & comprehensible (*Refer Proof: Prescription Audit Guidelines*)
4. Action taken on non-compliances (*Refer Proof: Prescription Audit Guidelines*)



## Standard E6: The facility has defined and established procedures for nursing care.

### ME E6.1: There is established procedure for identification & periodic monitoring of the patients

#### Checkpoints:

1. There is process for ensuring the identification of patient before any procedure (*Confirm via Staff Interview*)
2. There is process in place to identify non-compliant patient in chronic disease (*Refer Proof: Prescription Audit Guidelines*)
3. Patient's vital are monitored and recorded periodically in follow up (*Refer Proof: OPD Register*)

### ME E6.2: Prescribed treatment plan and procedure performed are recorded in patient's record

#### Checkpoints:

1. Prescribed Treatment plan, procedure performed are written in case sheet/OPD ticket/Portal (*Refer Proof: Prescription Audit Guidelines*)
2. Day to day progress of patient is recorded where ever required/ critical/ chronic cases (*Refer Proof: Prescription Audit Guidelines*)

### ME E6.3: Adequate forms, formats and records are available as per services mandate

#### Checkpoints:

1. Standard forms & formats are available (*Confirm via observation*)
2. Updated Registers & records are available (*Confirm via Record Register*)
3. All the register/records are identified and numbered (*Confirm via observation*)





## Standard E7: The facility has defined and established procedures for emergency care.

### ME E7.1: Emergency protocols are defined and implemented

#### Checkpoints:

1. Emergency protocols for first aid and stabilization are available (*Refer Proof: Management of Common Emergencies; Source: SOP for Common Emergencies\_Customized Sample*)
2. Staff is aware of procedure for CPR (*Refer Proof: Management of Common Emergencies; Source: SOP for Common Emergencies\_Customized Sample*)

#### Proof: Management of Common Emergencies

### Management of Common Emergencies

#### Purpose

To provide quality medical care to patients with life-threatening, complex medical and surgical emergencies on account of accidents, illness, trauma, abuse, poisoning, burns, snake bites, dog bites, electric shocks etc. and thus prevent loss of life & limb and initiate action for restoration of normal healthy life.

#### Scope:

- Providing immediate and correct lifesaving medical care round the clock and under all situations.
- To arrange prompt transfer of the patients to referral hospital for services not available after adequate medication.

#### Service Delivery Frame Work

Frontline workers like ANMs, MPWs and ASHAs will ensure following activities at community level: -

- Using Community based platforms – demonstration of preventive and promotive practices and to educate the community to undertake first aid measures for management of trauma, burns, medical & surgical emergency conditions. Mobilization of community members to attend camps or use of VHSND to raise awareness on Dos and Don'ts for prevention and primary action in case of emergencies.
- Guide patients to nearest health facilities/Referral centre.
- Guide the community to undertake first aid measures for management of trauma, burn, medical & surgical emergency conditions.
- Survey of the area to identify loose electricity wires, potential fire hazards, outbreak situations etc.
- Initial assessment, identification of life-threatening conditions, initial management including Basic Care Life Support and arrangement of referral transport as needed.
- Coordinating with the Panchayat and ULB leaders to undertake activities for risk reduction through NREGA .

The approaches for promoting emergency health care at community will include the following:

- **Community awareness (Promotive):** identification and response to critical emergencies both traumatic and non-traumatic (chest pain, stroke, respiratory problems etc.)
- **Medical (Preventive and curative):** Directed at early identification of risk factors like high blood pressure, obesity, high cholesterol levels, deranged blood sugar levels etc.
- **Behavioural (or lifestyle):** Directed at behavioural risk factors such as smoking, poor nutrition, physical inactivity, drunk driving etc.
- **Socio-environmental:** Directed at risk conditions such as poverty, low education, insufficient income, unemployment, inadequate housing etc.
- **Medico legal:** Directed at institutionalizing the medico legal aspect of the conditions like MLC reporting to the concerned Police Station, forensic knowledge for categorization and identification of the injury.





3. Staff is aware of protocols to manage suspected Medico legal cases (*Refer Proof: Management of Medicolegal cases; Sources: Operational Guidelines\_Management of common emergencies, burns and trauma at Primary Care Level\_NHSRC*)

**Proof: Management of Medicolegal cases**

### XIII. Management & Police Intimation of Medico Legal Cases

The MO should handle medico legal cases as per the GOI or State manuals/ protocols. Handling of cases of rape/sexual violence against minors and women, should be done in conformity with MoHFW's "Guidelines and Protocols for Survivors/Victims of Sexual Violence" 2014 which has detailed provisions on treatment, examination, evidence collection, police intimation, consent, confidentiality and privacy. Some of the overarching and broad points related to medico-legal cases, are reinforced herein below:

1. If any medico-legal case is brought to a CHO at HWC, she/he should, if warranted, provide emergency first aid management to save life/ stabilize, and refer to MO at PHC without any delay, with proper documentation of first aid provided.
2. Types of cases that are to be treated as medico-legal are: (1) all cases of injuries and burns - the circumstances of which suggest commission of an offense by somebody (irrespective of suspicion of foul play); (2) all vehicular, factory, or other unnatural accident cases specially when there is a likelihood of patient's death or grievous hurt; (3) cases of suspected or evident rape/sexual violence; (4) cases of suspected or evident criminal abortion; (5) cases of unconsciousness where its cause is not natural or not clear; (6) all cases of suspected or evident poisoning; (7) cases referred from court or otherwise for age estimation; (8) cases brought dead with improper history creating suspicion of an offense; (9)

4. HWC ensures timely availability of ambulances services for emergency cases (*Confirm via Client Interview*)

**ME E7.2: The facility has disaster management plan in place**

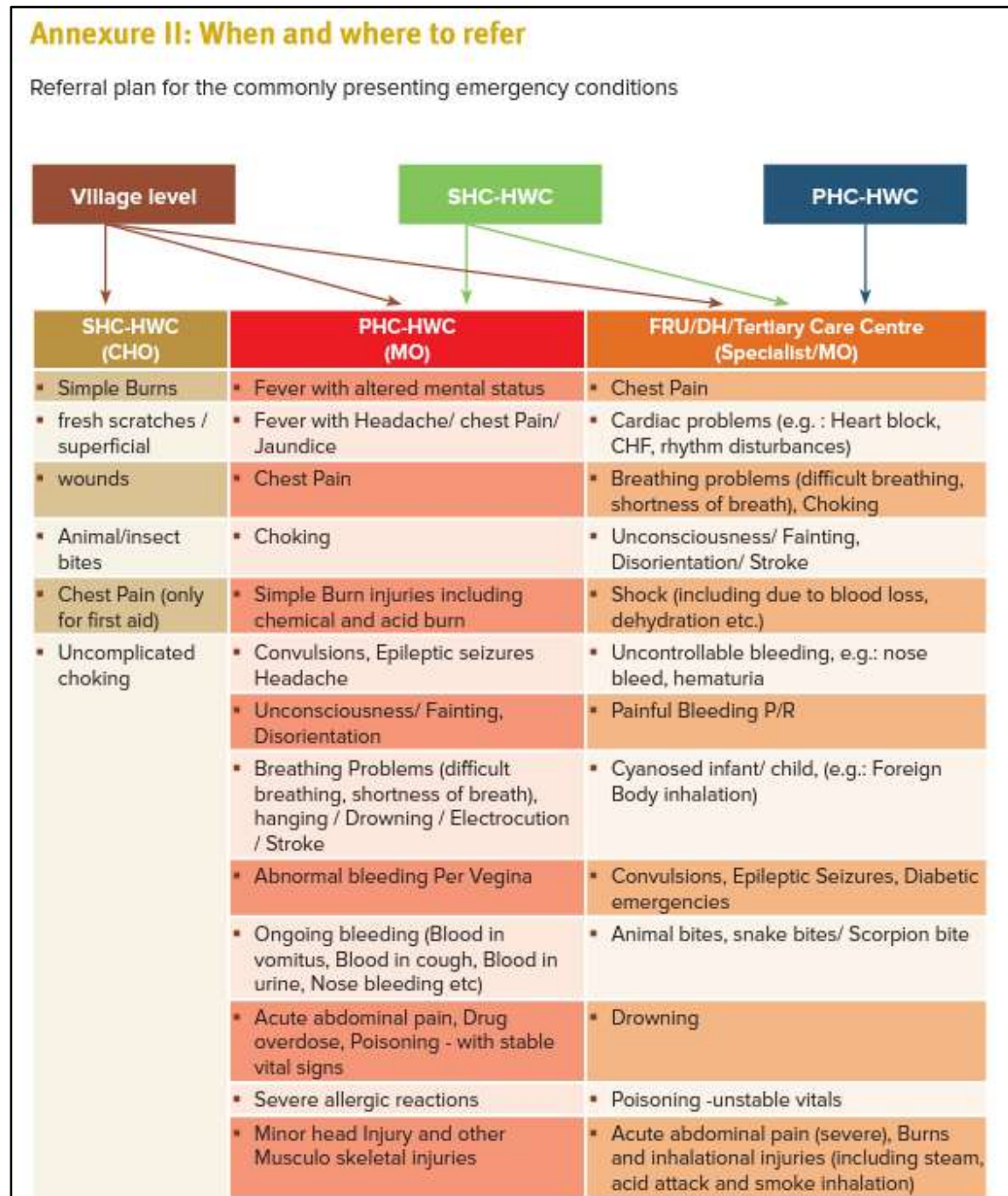
**Checkpoints:**

1. Emergency care is given in case of disaster (*Confirm via Staff Interview*)



2. Staff is aware of process of sorting the patients in case of mass casualty/ outbreak (*Refer Proof: Referral of Patients; Source: Training Manual on Management of Common Emergencies, Burns and Trauma for Community Health Officer at Ayushman Bharat Health and Wellness Centres*)

**Proof: Referral of Patients**



## Standard E8: The facility has defined & established procedures for management of ophthalmic, ENT and Oral ailments as per operational/ clinical guidelines

**ME E8.1: The facility provides services for Ophthalmic ailments including blindness and refractive errors as per guidelines**

### Checkpoints:

1. Staff screen & refer cases of common ophthalmic ailments lead to blindness & refractive errors  
(Refer Proof: List of Services for Eye Care; **Source: Work Instruction for Management of Common Ophthalmic Problems\_Customized Sample**)

Health & Wellness Centre		Responsibilities
Services	Preventive and Curative care	
Screening for blindness and refractive errors	<ul style="list-style-type: none"> <li>Visual Acuity by using Snellen's Chart and near Vision card (Annexure 2).</li> <li>Case identification for Cataract, Presbyopia, Trachoma and Corneal disease.</li> <li>Screening for visual acuity in Diabetic patients.</li> <li>Dispensing of medicines for Conjunctivitis, Dry eye, Trachoma and follow up medicines for chronic eye disease (e.g. Cataract, Glaucoma and Diabetes) treated at referral centre.</li> </ul>	CHO/ANM/MPW
Conjunctivitis, Acute red eye and Eye allergy	<ul style="list-style-type: none"> <li>To create awareness about these contagious eye diseases through IEC to avoid spread of these conditions using appropriate measures.</li> </ul>	CHO
Trachoma	<ul style="list-style-type: none"> <li>Awareness generation on common eye diseases and need of seeking early eye care services whenever required.</li> <li>Awareness generation on eye donation.</li> <li>Educate community regarding personal hygiene, facial cleanness and cleanliness of environment to prevent spread of Trachoma.</li> <li>Refer patients to higher centre for treatment.</li> <li>Surveillance of TT/TI cases and their referral to eye specialist where needed.</li> <li>Maintenance of record as per NPCBVI guidelines.</li> </ul>	CHO
Xerophthalmia	<ul style="list-style-type: none"> <li>To identify Vitamin A deficiency and Bitot's spot</li> <li>To assure Vitamin A prophylaxis</li> </ul>	CHO/ ANM/ MPW
First aid for foreign body, eye injuries, stabilization and then referral	<ul style="list-style-type: none"> <li>Wash eyes with clean and running water.</li> <li>Do not rub the eye in case of foreign body.</li> <li>Attempt to remove only superficial foreign body especially those located in the conjunctival sac of the eye.</li> <li>Don't attempt to remove foreign body from cornea.</li> <li>Stabilization and patch the affected eye with stabilized gauze pad and refer to nearest facility having an Ophthalmologist.</li> </ul>	CHO
Acid/Alkali/ Chemical exposure	<ul style="list-style-type: none"> <li>Wash with clean water by avoiding spilling over on unaffected facial area and immediate referral to an ophthalmologist.</li> </ul>	CHO/MPW/ANM
IEC Activities	<ul style="list-style-type: none"> <li>Avoid touching face and eye during eye infections</li> <li>CHO/ANM/MPW will provide eye drops against prescription</li> </ul>	CHO/MPW/ANM



2. Staff is aware of identification & primary management common ophthalmic conditions including emergencies (Refer Proof: Work Instruction for Management of Common Ophthalmic Problems; Source: Work Instruction for Management of Common Ophthalmic Problems\_Customized Sample)

**Proof: Work Instruction for Management of Common Ophthalmic Problems**

<b>Community Level</b>		<b>Responsibilities</b>
<b>Services:</b>	<b>Preventive and Curative care</b>	
Community based services for eye care and Counselling and support for care seeking for blindness, other eye disorders	<ul style="list-style-type: none"> <li>• Awareness generation on common eye disorders and the need for early care seeking through Y-GEN/IMAS, Y-IND/UMND and other community level meetings.</li> <li>• Clarifying misconceptions related to eye care and eye disorders, including discouraging the use of traditional eye medication or <u>self-care</u> eye drops. Providing information about availability of services related to eye treatment at different levels of healthcare.</li> <li>• To ensure Vitamin A, ophthalmic routine for children under age 6 months to 3 Years</li> <li>• Identification/Mobilization of patient with identified eye disease (of known diabetic, identified patients)</li> <li>• Referral and follow up for availability of eye care services at referral centres.</li> <li>• Follow up of post-operative cataract patients and distribution of spectacles to them.</li> <li>• To ensure regular use of spectacles and follow-up bi-annually in children with refractive error.</li> <li>• To enable the elderly and those with Presbyopia to get free spectacles.</li> </ul>	ASHA/AJAF
Screening for blindness and Refractive errors	<ul style="list-style-type: none"> <li>• By ASHA: Screening of Visual Impairment Less than 6/12 in any eye.</li> <li>• Screening of population above 30 years of age and identification of those with Presbyopia (Poor near vision related to ageing), symptomatic cataract with visual impairment, Known Diabetic patient and cataract with subnormal vision, red eye and any other eye complaint.</li> <li>• Imparting health education for motivating people who are at risk of visual impairment.</li> <li>• Under the RSK, all children are screened for visual acuity at school and Anganwadi levels.</li> <li>• Record keeping: maintain a list of referrals from community who cannot read to 6/12 vision. To maintain a list of visual impaired and blind individuals in the community.</li> <li>• Undertake Rehabilitation and counselling.</li> </ul>	Primary Health Care team. In coordination with RSK team, where needed
Community screening for congenital disorders referral	<ul style="list-style-type: none"> <li>• Encourage eye examinations for all children who were born less than 30 weeks or low birth weight less than 2 kg) within 30 days of their birth through RSK, facilitated by ASHA/AJAF</li> </ul>	









**Purpose:** Overall purpose of this work instruction is to ensure patients with Ear, Nose and Throat problems are screened, managed and timely referred.

**Scope:** It applies to all the staffs who are involved to provide ENT services in the HWC. It covers broadly covers two areas availability of ENT services at HWCs and preventive and promotive activities.

## I. Service Delivery Framework

For effective management of common ear, nose and throat problems, following activities will be ensured at HWC SCs

### Individual/Family/Community level

- Health promotion through appropriate and effective Information Education & Communication (IEC) strategies with special emphasis on prevention of Ear, Nose and Throat related problems.
- Educating community about healthy Ear, Nose and Throat habits.
- Awareness on protection against excessive noise, safe listening and improving the acoustic environment.
- Frontline workers, ASHA, Multiple Purpose Worker/Auxiliary Nurse Midwife (MPW/ANM) to be skilled for Primary, basic diagnostic and community level preventive care for ENT related problems.
- Early identification of Ear, Nose and Throat (ENT) related problems, including signs of hearing loss in infants, children and adults.
- Community based New born screening at home through MPWs for new-borns till six weeks of age, during home visits/immunization sessions using devices, which are approved for the Public Health interventions.
- For children from six weeks to 18 years, – Anganwadi Centre (AWC)/ school-based screening will be undertaken through the Rashtriya Bal Swasthya Karyakram (RBSK).
- Informing children and adults with Ear, Nose and Throat problems, family members and the general public about available options for their inclusion and integration in the community.
- Counselling and appropriate referral of patients requiring medical/ surgical interventions.

### Health and Wellness Centre-Sub Health Centre level (HWC-SHC)

- Public health Actions through promotion and implementation of immunization, maternal and perinatal health care and child health care.
  - Early detection of common problems related to Ear, Nose and Throat, including hearing impairment and deafness.
  - Identification and referral of thyroid swelling, discharge from ear (Wet ear), blocked nose, hoarseness and dysphagia.
  - Undertake Otoscopy for ear discharge after Community Health Officers (CHO) are trained on its use.
  - Diagnosis and management for common diseases like otomycosis, otitis externa, ear discharge, etc.
  - Management of common cold, injury, pharyngitis, laryngitis, rhinitis, Upper Respiratory Infections (URI), sinusitis, epistaxis.
  - Management of common throat complaints like tonsillitis, pharyngitis, laryngitis, sinusitis.
3. Staff is trained & using diagnostic tools for identification of ear problems (*Refer Proof: Competencies for ENT care at HWCs; Source: Operational Guidelines for Ear, Nose and Throat (ENT) Care at Health and Wellness Centre*)



### Annexure 3: Competencies to be acquired by ENT care provider at various levels

1. At the community level
  - a. Teaching the public how to instil nasal drops
  - b. Teaching the public how to instil ear drops
  - c. Teaching the public how to pinch nose in case of epistaxis
  - d. Teaching the public how to perform the Heimlich manoeuvre
  - e. How to perform the nasal patency test with cotton wisp
  - f. How to perform the 'Rattle' test for hearing loss
2. At the Health and Wellness Centre level
  - a. All of the above
  - b. How to remove Ear-Wax by syringing
  - c. How to remove Ear-Wax by Instrumentation
  - d. How to remove Foreign Body
    - Ear
    - Nose
  - e. How to perform App Based Audiometry
3. Competencies specific for ENT care provider
  - a. How to use Nasal Drops
  - b. How to put ear drops
  - c. Heimlich manoeuvre
  - d. Nasal foreign body removal using Eustachian catheter
  - e. Ear wax removal
  - f. Instrumental manipulation
  - g. How to pinch nose in epistaxis

4. Identification & management of nose problem (*Refer Proof: Work Instruction for Management of ENT*)
5. Staff is trained & using diagnostic tools for identification of Nose ailments (*Confirm via Staff Interview/Observation*)
6. Identification & primary management of throat ailments (*Refer Proof: Work Instruction for Management of ENT*)
7. Check staff is trained & able to perform Heimlich manoeuvre/ dislodge obstruction from windpipe (*Confirm via Staff Interview/Observation*)
8. Staff is trained to identify ENT ailments require referral to higher centre (*Refer Proof: Work Instruction for Management of ENT*)
9. Promotion & supportive activities for ENT (*Confirm via Staff Interview/Observation*)



**ME E8.3: The facility provides service for oral health ailments****Checkpoints:**

1. Staff is aware about Oral health conditions, primary management & referral (*Refer Proof: Work Instruction for Management of Oral Problems*)
2. Staff is aware of symptomatic treatment for dental emergencies (*Refer Proof: Work Instruction for Management of Oral Problems; Source: Work Instruction for Management of Oral Problems\_Customized Sample*)

**Proof: Work Instruction for Management of Oral Problems**

**Management Of Common Oral Problems**

**1. Purpose:**

- i. To ensure that Basic oral Healthcare services are provided to patients visiting our Health and Wellness Center in a consistent manner without compromising the quality of services.
- ii. To respond to the need and expectations of the patients and to enhance patient satisfaction.
- iii. To improve quality of services

**2. Scope:**

It covers the persons who visit the HWC for Basic Oral Healthcare services (new and follow up patients) for identification, symptomatic relief and management of common oral diseases and referral to appropriate facility/Dentist for further necessary consultation, investigation and Specialised Treatment as per need.

**Service Delivery Frame Work**

**For effective management of common Oral Problems, following activities will be ensured at HWCs**

**Family/Individual level (ASHA/MPW)**

- Building the level of awareness and healthcare-seeking practices through IEC and planned interactive sessions in-home visits, community meetings and through meetings of the VHSNC, MAS and Village/Urban Health and Nutrition Days in rural and urban areas.
- They will also recognize and refer seven common conditions like tooth decay, gum diseases, dental emergencies including the abscesses of dental origin, ulcer/growth in the mouth, dental fluorosis, cleft lip/palate and irregular alignment of teeth.

**Village Level:-**

- Early identification of common dental problems including pain and potentially malignant lesions, and their timely referral to the CHO at the Health and Wellness Centres.
- Population based screening for 0-18 years (under RBSK) and those 30 years and above (through Community Based Assessment Checklist) could serve as an entry point strategy for identifying common dental problems.
- Promotion of oral health across all age groups with special focus on pregnant women, mothers, children, elderly and medically compromised through:
  - IEC Activities.
  - Oral Health Education – Oral hygiene practices, habits, addressing myths and taboos.
  - Prevention of common oral diseases through dietary advice and tobacco cessation.

3. Screening of oral health conditions is done as per protocol (*Confirm via Staff Interview*)
4. Promotion & supportive activities for oral health (*Confirm via Client Interview*)



## Standard E9: The facility has defined & established procedure for screening & basic management of Mental Health ailments as per Operational/ clinical guidelines

### ME E9.1: The facility provides services under mental health Program as per guidelines

#### Checkpoints:

1. Check staff is aware of MNS (Mental, neurological & substance use) conditions (*Refer Proof: Work Instructions for management of Common Mental Health Disorders; Source: Work Instructions for Management of Common Mental Health Disorders\_Customized Sample*)

#### Proof: Work Instructions for Management of Common Mental Health Disorders

#### Purpose and Scope of the Document

##### Purpose

Overall purpose of this work instruction is to ensure screening and appropriate referral of individuals with potential MNS (Mental, Neurological and Substance abuse) conditions in the catchment area of the Health and Wellness Centre

##### Scope

It applies to the Health and Wellness team which includes (ASHA, ANM and CHO). It includes role of ASHA, ANM and CHO in completing the standard process screening, management and referral of the patients at higher center for timely and correct intervention.

#### Service Delivery Framework

For early identification and effective management of common NCDs, the services and activities to be undertaken by the Primary Care Teams are categorised as following:

##### Individual/Family/ Community Level

- Awareness programs about mental health conditions and stigma reduction through IEC and community mobilization.
- Providing information on services available at different platforms of care.
- General symptoms of common mental disorders and suicide ideation.
- Awareness and advocacy about societal problems that act as risk factors for mental health conditions such as domestic violence, sexual violence, child abuse (emotional, physical or sexual abuse), etc.
- Healthy lifestyle tips e.g. balanced diet, exercise, sleep hygiene and stress management.
- Improving psychosocial competencies at individual and family level e.g. through basic psychoeducation, psychological first aid, basic suicide risk assessment/management.
- Promotion of mental health through family enrichment programs, school health programs, positive parenting, and physical activities initiative including yoga.
- Screening, identification and referral of patients suspected for mental health conditions to the SHC-HWC.
- Follow up and treatment adherence support to patients on treatment for mental health conditions.

##### Sub Health Centre - Health and Wellness Centre Level

- Community Health Officers (CHO) will provide the primary level care at the HWCs, which will include:
  - Screening of patients through Patient Health Questionnaire (PHQ) 9
  - Referral of patients based on the scoring in PHQ 9
  - Regular follow up of patients on treatment of MNS conditions and regular tracking through improvement in their PHQ 9 score.
  - Dispensing the already prescribed medications against prescriptions of the MO or psychiatrist at DH/MC.



2. Check Staff uses specific tools for early identification & screening of MNS (*Refer Proof: OPD Register*)
3. Staff is competent for basic management, referral & follow up of MNS (*Refer Proof: Core competencies of HR for MNS care; Source: Operational Guidelines for Mental, Neurological and Substance Use (MNS) disorders care*)

**Proof: Core competencies of HR for MNS care**

<b>ANNEXURE E: Core Competencies of HR</b>	
Service Provider	Core Competencies
ASHA/MPW	<ul style="list-style-type: none"> <li>▶ Basic principles of community engagement</li> <li>▶ Basic knowledge of broad categories of MNS conditions/ disorders, symptoms etc. required for detection and/or referral for detection</li> <li>▶ Basic knowledge of and competency to provide psychological first aid</li> <li>▶ Knowledge about the myths related to MNS disorders, esp. epilepsy</li> <li>▶ Capable of identifying status epilepticus</li> <li>▶ Knowledge about when, how, where and whom to refer</li> <li>▶ Patient engagement skills to provide treatment adherence support and follow-up care in the community</li> <li>▶ Basic knowledge of psychotropic medications</li> <li>▶ Capacity to identify red flags, which need immediate referral</li> <li>▶ Knowledge about the rehabilitation measures for dementia</li> <li>▶ Sensitization towards vulnerabilities, stigma, discrimination and rights violations associated with MNS disorders</li> <li>▶ Ability to use health care technology as and when introduced</li> </ul>
CHO	<ul style="list-style-type: none"> <li>▶ Knowledge of and ability to use IEC materials appropriately</li> <li>▶ Knowledge of categories of mental health problems</li> <li>▶ Knowledge about the myths related to epilepsy and dementia</li> <li>▶ Basic knowledge of seizures, epilepsy and dementia including its causes</li> <li>▶ Basic knowledge of neurological disorders medications</li> <li>▶ Knowledge of concerns relating to children and women</li> <li>▶ Capable of identifying status epilepticus and providing first aid with Intranasal Midazolam</li> <li>▶ Capable of providing medicines as per the direction/ prescription of Medical Officers/ Specialists</li> </ul>

4. Check staff is trained for emergency management of Epilepsy (*Confirm via Staff Interview*)
5. Promotion & supportive activities for mental health (*Confirm via Staff Interview*)







## 4. Human Resources at AB-HWCs and Capacity Building

### 4.1. Responsibilities of Primary Health Care Team Members in TB Prevention and Care

The key human resources that will be required and their roles in TB prevention and care are summarized below:

Position	Roles and Responsibilities
ASHA	<ul style="list-style-type: none"> <li>• Awareness generation about TB in the village during home visits/survey, community meetings, VHSNDs etc</li> <li>• Filling of the CBAC forms and identification of presumptive TB patients in the community</li> <li>• Mobilize and preferably accompany presumptive TB patients to the nearby AB-HWC-SHC</li> <li>• Sample collection and transportation to PHI (SHC/PHC/UPHC) as per the local need/requirement, following essential infection practices such as hand-washing/hand sanitization, wrapping of sputum cup/falcon tube with tissue paper, carrying sample to PHI in zip-lock cover/leak proof container/box etc</li> <li>• Work as treatment supporter for local TB patients</li> <li>• Submit patient's bank details to health facility for Nikshay Poshan Yojna</li> <li>• Counsel patients on treatment adherence, nutrition, healthy life-styles and cough etiquettes</li> <li>• Monitor the nutritional status of patients and provide feedback to MPW/CHO</li> <li>• Ensure treatment adherence and timely follow up of patient</li> <li>• Update TB patient's treatment cards/updation of health diaries provided by the health and wellness centres duly updating the family folders wherever required</li> <li>• Alert patients for ADR, if any and facilitate seeking medical care</li> <li>• Motivate household contacts of confirmed TB patients for undergoing TB screening and eligible contacts for taking complete chemoprophylaxis</li> <li>• Participate in vulnerability assessment of population by doing household survey (during the CBAC enumeration and further annual exercises or other household level surveys done by AB-HWCs) and in active case finding among identified vulnerable population</li> <li>• Discuss TB related agenda in VHSNC/MAS meetings</li> </ul>



14 OPERATIONAL GUIDELINES

2. HWC support, supervision & manage presumptive, confirmed & on treatment cases including DR- TB patients (*Refer Proof: List of Records and Registers for TB services at HWCs; Source: Operational Guidelines: TB Services at Ayushman Bharat Health and Wellness Centres*)
3. Staff is aware of follow up protocol after treatment completion (*Refer Proof: List of Records and Registers for TB services at HWCs; Source: Operational Guidelines: TB Services at Ayushman Bharat Health and Wellness Centres*)
4. NTEP register & records are maintained (*Refer Proof: List of Records and Registers for TB services at HWCs; Source: Operational Guidelines: TB Services at Ayushman Bharat Health and Wellness Centres*)



## Proof: List of Records and Registers for TB services at HWCs

### 5. Records and Registers

All AB-HWCs will use Nikshay for recording of information of presumptive TB, TB patients and drug resistant TB patients. All AB-HWCs including AB-HWC-SHCs will use Nikshay Aushadhi for drug inventory management. Following physical records will be maintained at AB-HWC, but not limited to the list given below. Based on changes in programmatic guidelines and local needs, additional records can be maintained.

AB- HWC-SHC	AB-HWC-PHC / UPHC
<ul style="list-style-type: none"> <li>• Referral slips (Printed triplicates with perforators)</li> <li>• NTEP request form for examination of biological specimen for TB (Annex 15 A)</li> <li>• DSTB Treatment card</li> <li>• PMDT Treatment Card</li> <li>• Drug Stock Register</li> </ul>	<ul style="list-style-type: none"> <li>• NTEP request form for examination of biological specimen for TB (Annex 15 A)</li> <li>• DSTB Treatment card</li> <li>• PMDT Treatment Card</li> <li>• TB laboratory register at microscopy centre</li> <li>• TB notification register</li> <li>• Transfer form at PHC level Health and Wellness Centre</li> <li>• Drug and consumable stock register</li> </ul>

**ME E10.3: The facility provides services under National Leprosy Eradication Program as per guidelines**

#### Checkpoints:

1. Primary healthcare team identify and ensure referral of suspected cases of Leprosy (*Refer Proof: Services for Leprosy at HWC; Source: Training Manual on Management of Communicable Diseases for Community Health Officer at Ayushman Bharat – Health and Wellness Centres*)

**Proof: Services for Leprosy at HWC**



## National Leprosy Eradication Program

**National Leprosy Eradication Programme (NLEP)**, India is a Centrally Sponsored Scheme under the umbrella of National Health Mission (NHM). The major concern of the Programme is to detect the cases of leprosy at an early stage, and to provide complete treatment, free of cost, in order to prevent the occurrence of Grade II Disability (G2D) in the affected persons. Under NLEP, it is aimed to ultimately reduce G2D percentage to ZERO among new cases of leprosy and ZERO new child cases. Several initiatives have been taken to encourage early case detection, to ensure complete treatment, and to contain the onset of disease in close contacts of the Index cases (persons diagnosed with leprosy).

### OBJECTIVES

- i. To bring down Prevalence Rate of leprosy to less than 1/10,000 population at district level
- ii. To bring down Grade II Disability rate per million population to Zero at district level
- iii. To bring down Grade II Disability percentage to ZERO among new cases
- iv. To bring down child leprosy cases to ZERO among new cases
- v. To generate awareness about leprosy disease
- vi. To strengthen Disability Prevention & Medical Rehabilitation (DPMR) services for persons affected by leprosy

### STRATEGIES FOR LEPROSY ELIMINATION IN INDIA

- ▶ Decentralized Integrated leprosy services through General Health Care system
- ▶ Early detection & complete treatment of new leprosy cases
- ▶ Early diagnosis & prompt MDT, through Active case detection and Regular surveillance
- ▶ Strengthening of Disability Prevention & Medical Rehabilitation (DPMR) services
- ▶ Contact survey and Post-Exposure Prophylaxis through Single Dose of Rifampicin (SDR) among close contacts
- ▶ Information, Education & Communication (IEC) activities in the community to improve self-reporting to Health facilities and reduction of stigma
- ▶ Intensive monitoring and supervision





2. Check the availability / delivery of subsequent doses of MDT and follow up of persons under treatment (*Refer Proof: Availability of Subsequent Doses of MDT; Source: Training Manual on Management of Communicable Diseases for Community Health Officer at Ayushman Bharat – Health and Wellness Centres*)

**Proof: Availability of Subsequent Doses of MDT**

**MYCOBACTERIAL INFECTIONS**

Characteristic	PB (Paucibacillary)	MB (Multibacillary)
Skin lesions	1-5 lesions with definite loss of sensation	6 and above with definite loss of sensation
Peripheral nerve involvement	No nerve/ only one nerve	More than one nerve
Skin smear	Negative at all sites	Positive at any site

**MANAGEMENT AT SHC-HWC LEVEL**

Any suspected case of leprosy, either presenting to the SHC-HWC or detected during Active Case Detection and Regular Surveillance (ACDRS) should immediately be referred to the Medical Officer at the PHC-HWC. The following signs should be carefully looked for to suspect a leprosy case:

1. Any change in the skin color (Pale or Reddish patches on skin) with partial or complete loss of sensation
2. Thickened skin on the patches
3. Shiny or Oily face skin
4. Nodules on skin
5. Thickening of ear lobe(s)/ Nodules on earlobe(s)/ nodules on face
6. Inability to close eye(s)/ watering of eye(s)
7. Eyebrow loss
8. Nasal infiltration (saddle nose deformity)
9. Thickened peripheral nerve(s)
10. Pain and/ or tingling in the vicinity of the elbow, knee or ankle
11. Inability to feel cold or hot objects.
12. Loss of sensation in palm(s)
13. Numbness in hand(s)/ foot/ feet
14. Ulceration in hand(s)/ painless wounds or burns on palm(s)
15. Weakness in hand(s) when grasping or holding objects; inability to grasp or hold objects
16. Difficulty in buttoning up shirt/ jacket etc.
17. Tingling in fingers(s)/ toe(s)
18. Tingling in hand(s)/ foot/feet
19. Ulceration in foot/ feet; painless wounds or burns on foot/feet
20. Clawing/ bending of finger(s)/ toe(s)
21. Loss of sensation in sole of foot/ feet
22. Weakness in foot/ feet/ footwear comes off while walking
23. Foot drop/ dragging the foot while walking





3. NLEP register & records are maintained (*Refer Proof: NLEP Case Card; Source: Annexure 2\_NLEP Recording and Reporting Format\_Training Manual for Medical Officers 2019, NLEP, MoHFW, GoI*)

**Proof: NLEP Case Card**

Medical Officer's Training Module											
Annexure –II : NLEP Recording and reporting formats											
U.L.F. 01											
<b>NATIONAL LEPROSY ERADICATION PROGRAMME (NLEP)</b>											
<b>PATIENT CARD</b>											
Subcentre				PHC							
Block/CHC			District			State					
Registration Number				SC		ST		Others			
Name				Age		Female		Male			
Address (with mobile No.)											
Duration of signs/ symptom in months		.....Duration of disability, if any.....									
Mode of detection		Voluntary/byASHA/referred by other/by contact survey/other mode									
Classification		PB		MB		New Case		Other Cases (specify)			
Disability		Gr-I		Gr-II		EHF score					
Date of First Dose											
AFTER ENTERING ABOVE INFORMATION IN THE PHC TREATMENT RECORD, THIS PATIENT CARD IS TO BE TRANSFERRED TO SUB CENTRE FOR DELIVERY OF SUBSEQUENT DOSES								Signature of Medical Officer			
Date of subsequent doses:											
2	3	4	5	6 (PB final)	7	8	9	10	11	12 (MB final)	
Date of Discharge		Date:				RFT/otherwise deleted (specify)					
End Status		EHF score		Follow up required (after RFT) for reaction, deformity, Ulcer or eye care							
THIS CARD IS TO BE MAINTAINED AT SUB-CENTRE AFTER EVERY DOSE UPDATE THE PHC TREATMENT RECORD AFTER ACHIEVEING END STATUS THE MPW SHOULD SIGN THIS CARD AND RETAIN AT SUB- CENTRE FOR FUTURE REFERENCE								Signature of Sub Centre MPW			
CONTACT SURVEY IN MB/CHILD CASE				No. Examined-				Cases Detected: MB- PB-			
Record of Lepra Reaction/Neuritis											
Type – I/II						Neuritis - Yes/No					
Prednisolone doses issued with dates at PHC/District hospital											
Dates of VCR footwear if issued											
Date of referral for RCS											
Contact examination done on ..... new cases suspected/confirmed.....											
NB: this patient card is for use for the new cases as well as other cases. In urban situation this card can be used by changing sub-centre/PHC/CHC with appropriate health unit area/region.											



4. Facility provide awareness about leprosy & availability of its treatment (*Refer Proof: Health Education to the Community regarding signs of Leprosy; Source: Training Manual for Medical Officers 2019, NLEP, MoHFW, GoI*)

**Proof: Health Education to the Community regarding signs of Leprosy**

Medical Officer's Training Module

## Chapter 11

### 11. IEC and Counseling

#### 11.1 Role of Medical Officer in IEC and Counselling

It is well known that problems like delay in reporting by untreated cases, hiding the disease, poor drug compliance, irregular self care practices and discriminations are due to lack of awareness and stigma attached with leprosy. It is essential to make the people aware about early signs and symptoms of leprosy, free availability of full course of effective and safe treatment, disabilities are preventable and discrimination is unjustified. Medical officers should be aware about facts about leprosy, standard messages to be disseminated, language and media to be used for spreading messages and frequency of disseminating messages. Interpersonal communication with persons affected, influential persons, village health sanitation committee and decision makers at all levels in the form of advocacy, counselling, training and focused group discussion will be helpful in reducing stigma. Demonstration of rational behaviour, not maintaining distances, no isolation is a strong force to change the behaviour. Setting examples will reduce discriminations. Medical Officer need to guide health workers in organizing rallies, film shows or campaigns along with using mass media during anti-leprosy day and other occasions and build attitudes in communities. Developing team of local volunteers in tribal and difficult to reach areas for increasing awareness and changing attitudes may prove to be a sustainable tool.

**Standard messages for different target persons may be –**

- Leprosy is a disease, not the curse of God.
- Leprosy is completely curable if treated in time.
- Full course of treatment is available free of cost in all government hospitals and health centers
- Disabilities/Deformities due to leprosy are not inevitable and can be corrected by reconstructive surgery, self-care and simple exercises.
- Leprosy does not spread by touch, nor is hereditary.

Counselling of persons affected, family members and community around is often required to treat patients and remove discrimination. The objective of counselling is to encourage the needy person to realize about the existence of the problem and analyze the cause and reason behind it. Further it is hoped that the needy person himself would act and do something to solve the problem. This act of doing something to solve the problem is his/her own decision; however, it may be under the guidance given by the counselor. In counselling decision to act or not to act should solely be taken by the needy person and under any circumstance it should not be enforced.



**ME E10.4: The facility provides services under National AIDS Control Program as per guidelines****Checkpoints:**

1. HWC-HSC is aware of their roles in NACP (*Refer Proof: HWC-HSP Roles in NACP; Source: Training Manual on Management of Communicable Diseases for Community Health Officer at Ayushman Bharat – Health and Wellness Centres*)

**Proof: HWC-HSP Roles in NACP**

SEXUALLY TRANSMITTED INFECTIONS

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of the high-risk behaviors in which they engage. In India, while overall, there are only 22 HIV infected people for every 10,000 adults (15-49 years) population, among IDUs there were 626 HIV infected IDU for every 10000 IDU population in 2017. Similarly, there are 314 HIV infected H/TG people for every 10,000 H/TG people. There are 269 HIV infected MSM people for every 10,000 MSM population while 156 HIV infected FSW for every 10,000 FSW population.

Another risk group are the bridge populations comprises of people who through close proximity to high risk groups are at the relatively higher risk of contracting HIV than the rest of the population. Quite often they are clients or partners of female sex workers. Truckers and migrant labors are major bridge populations. There are 86 HIV infected truckers among every 10,000 long distance truckers while 51 HIV positive migrants among every 10,000 positive single male migrants.

HIV negative spouses as well as other sexual/injecting partners of HRGs, bridge population and people living with HIV are other population group who are at-risk of acquiring HIV infections. The HIV sero-positivity among spouse/partner of HIV positive has consistently been in the range of 50%–52% from 2017–18 to 2019–20.

**CLINICAL FEATURES**

HIV infection is asymptomatic in the initial stage. The infected person can be an asymptomatic carrier for a variable period of time (few months to few years). AIDS is the end-stage of HIV infection, with the following three major symptoms:

- ▶ Weight Loss more than/ equal to 10% of body weight
- ▶ Chronic diarrhea for more than one month
- ▶ Prolonged fever for more than one month (intermittent or constant)

**Signs of Opportunistic Infections that Occur as a Result of Reduced Immunity**

- ▶ Persistent cough for more than one month
- ▶ Generalized pruritic dermatitis
- ▶ Generalized lymphadenopathy
- ▶ History of Herpes Zoster
- ▶ Oro-pharyngeal Candidiasis
- ▶ Chronic progressive or disseminated herpes simplex infection
- ▶ Fungal meningitis
- ▶ Cancers (Kaposi's sarcoma)
- ▶ General Lymphadenopathy

**MANAGEMENT AT HWC LEVEL**

**(A) PREVENTION OF HIV AT HWC LEVEL**

Following activities are to be undertaken as preventive measures at HWC level:

- ▶ Promotion of use of Condoms: Condoms, if used during intercourse properly and regularly, are effective personal protective measure to prevent spread of HIV infection. All

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2. HWC -SC has linkage for management of HIV/AIDS complications (*Confirm via Record*)



3. Staff is aware of promotional & supportive activities done under NACP (Refer Proof: HWC-HSP Roles in NACP)

**ME E10.5: The facility provides services under Integrate Disease surveillance as per guidelines**

**Checkpoints:**

1. Staff is aware of syndrome under surveillance in IDSP (Refer Proof: Weekly Reporting Format; Source: Form P, IDSP)

**Proof: Weekly Reporting Format**

<b>FORM P</b>			
<b>(Weekly Reporting Format –IDSP)</b>			
Name of Reporting Institution:		I.D. No.:	
State:	District:	Block/Town/City:	
Officer-In-Charge	Name:	Signature:	
IDSP Reporting Week:-	Start Date:-	End Date:-	Date of Reporting:-
	_ / _ / _	_ / _ / _	_ / _ / _
S.no	Diseases/Syndromes	No. of cases	
1	Acute Diarrhoeal Disease (Including acute gastroenteritis)		
2	Bacillary Dysentery		
3	Viral Hepatitis		
4	Enteric Fever		
5	Malaria		
6	Dengue / DHF / DSS		
7	Chikungunya		
8	Acute Encephalitis Syndrome		
9	Meningitis		
10	Measles		
11	Diphtheria		
12	Pertussis		
13	Chicken Pox		
14	Fever of Unknown Origin (PUO)		
15	Acute Respiratory Infection (ARI) / Influenza Like Illness (ILI)		
16	Pneumonia		
17	Leptospirosis		
18	Acute Flaccid Paralysis < 15 Years of <u>Age</u>		
19	Dog bite		
20	Snake bite		
21	Any other State Specific Disease (Specify)		
22	Unusual Syndromes NOT Captured Above (Specify clinical diagnosis)		
Total New OPD attendance (Not to be filled up when data collected for indoor cases)			
Action taken in brief if unusual increase noticed in cases/deaths for any of the above diseases			



2. Check process to collect information in form S (*Refer Proof: Checklist for SSU; Source: IDSP*)
3. Check Analysis & reporting of information for syndromic surveillance is done  
(*Refer proof: Checklist for SSU; source IDSP*)

**Proof: Checklist for SSU**

<u>Checklist for IDSP Portal during Field Visit at State Surveillance Unit</u>	
<b>Name of State:</b>	<b>Total District:</b> _____
<b>Name of SSO:</b>	
<ol style="list-style-type: none"> <li>1. Whether State has received user ID and password for IDSP Portal (<b>Yes/No</b>)</li> <li>2. No. of districts which have received user ID &amp; passwords. _____</li> <li>3. No. &amp; Name of districts which have not updated master data on IDSP Portal</li> </ol>	
<ol style="list-style-type: none"> <li>4. Timelines for updation of Master data in the remaining districts (Please specify the name of districts)</li> <li>5. No. of districts reported weekly surveillance data in current year _____</li> <li>6. No. of districts not reported weekly surveillance data in current year (Please specify the name of districts with reasons) _____</li> <li>7. No. of districts reported disease outbreak in current year (including 'NIL' report) _____</li> <li>8. How many districts not reported weekly disease outbreak in current year (Please mention the name of districts with reasons)</li> </ol>	
<ol style="list-style-type: none"> <li>9. How many reporting units reported weekly surveillance data in last week               <ol style="list-style-type: none"> <li>a. Form S (Reported/Total): _____</li> <li>b. Form P (Reported/ Total): _____</li> <li>c. Form L (Reported/ Total): _____</li> </ol> </li> <li>10. Are you using this portal on weekly basis (<b>Yes/No</b>)</li> <li>11. Are you facing any problem in accessing the IDSP Portal (<b>Yes/No</b>)</li> <li>12. How many times you accessed the Resource Section an IDSP Portal in last one month</li> <li>13. Have you accessed the reports on IDSP Portal (<b>Yes/No</b>)</li> <li>14. Are you facing any problem in accessing the following reports               <ol style="list-style-type: none"> <li>(i) Surveillance Reports (S/P/L) (<b>Yes/No</b>)</li> <li>(ii) Summary / Status Reports (<b>Yes/No</b>)</li> <li>(iii) Quarterly Financial Monitoring Reports (FMR) (<b>Yes/No</b>)</li> <li>(iv) Disease Outbreak Reports (<b>Yes/No</b>)</li> <li>(v) Reporting Unit details (<b>Yes/No</b>)</li> </ol> </li> <li>15. Are you able to find the consistency report unit wise from IDSP Portal (<b>Yes/No</b>)</li> <li>16. Are you able to analyse the trend of diseases from the above reports (<b>Yes/No</b>)</li> <li>17. Have you ever logged any complaint related to IDSP Portal to CSU (<b>Yes/No</b>)</li> <li>18. Were your complaints regarding portal got resolved by CSU (<b>Yes/No</b>)</li> <li>19. If complaints were not resolved, what were the complaints _____</li> </ol>	

**ME10.6: The facilities provide services for National Viral Hepatitis Control Programme (NVHCP)**

**Checkpoints:**

1. Availability of diagnostic & treatment services (*Refer Proof: Lab Register Format*)
2. Staff is aware of preventive measures for NVHCP (*Confirm Via Staff Interview*)





## Standard E11: The facility has defined & established procedures for management of non-communicable diseases as per operational/ clinical guidelines

### ME E11.1: The facility provides services for hypertension as per guidelines

#### Checkpoints:

1. Staff is aware of process of population identification and referral for hypertension (*Refer Proof: NCD-OPD Register*)
2. CHO is aware of sign & symptoms of Hypertension (*Refer Proof: Management of Common NCDs; Source: SOP for Common NCD\_Customized Sample*)

#### Proof: Management of Common NCDs

##### Purpose and Scope of the Document

**Purpose:** The overall purpose of this work instruction document is to support the primary care team of CHO, ANM and ASHAs to ensure delivery of services for Non-Communicable Diseases including screening, management and appropriate referral for all individuals who are 30 years or above in the catchment area of a Health and Wellness Centre.

**Scope:** This document has been prepared for the Primary Care Team comprising of ASHAs, MPW/ANM and CHO at the SHC-HWC. The document includes role of ASHAs, ANMs and CHOs to follow standard processes for population enumeration, filling up of CBAC forms including risk assessment, screening of individuals and referral of patients who are suspected to have NCDs.

##### Service Delivery Framework

###### Community Level:

- Building awareness and health care seeking practices through IEC and planned interactive sessions during home visits, community meetings and VHSNCs etc.
- Health promotion activities – to promote healthy lifestyle and address risk factors
- Population empanelment, Risk assessment for screening for common NCDs for population age 30 years and above
- Early detection and referral for - Respiratory disorders – COPD, Epilepsy, Cancer, Diabetes, Hypertension and other occupational diseases
- Mobilization activities at village level and schools for primary and secondary prevention
- Treatment compliance and follow up for positive cases

###### Sub Health Centre - Health and Wellness Centre Level:

- Screening of patients referred to SHC-HWCs by ASHAs/ ANMs for Hypertension and Diabetes
- Appropriate and timely referral of patients with suspected diagnosis for NCDs
- Screening and follow up care for occupational diseases, respiratory disorders and epilepsy
- Screening for common cancers and referral for suspected cases
- Confirmation and referral for deaddiction – tobacco/alcohol/ substance abuse
- Dispensation of medicines for NCDs based on the prescription of MO-PHC or specialist
- Treatment compliance and follow up for all diagnosed cases
- Linking with specialists and undertaking two- way referral for complication
- Undertake teleconsultation for patients under treatment



3. HWC ensures frequency of follow up & supply of required medicines (*Confirm via Client Interview*)
4. Staff is aware of promotional & supportive activities for Hypertension (*Refer Proof: Work Instructions for Management of Common NCDs*)

**ME E11.2: The facility provides services for Diabetes as per guidelines**

**Checkpoints:**

1. Staff is aware of process of population identification and referral for diabetes (Refer Proof: NCD-OPD Register)
2. CHO is aware of sign & symptoms of diabetes (Refer Proof: Work Instructions for Management of Common NCDs)
3. HWC ensures frequency of follow up & supply of required medicines (Refer Proof: SCM HWCs Guidelines)
4. Check Patient is counselled about identification & immediate management hypoglycaemia (Confirm via Staff/Client Interview)
5. HWC is aware of risk factors of Nonalcoholic fatty liver disease (NAFLD) (Confirm via Client Interview)
6. Staff is aware of promotional & supportive activities for diabetes (Confirm via Client Interview)

**ME E11.3: The facility provides services for cancer screening and referral as per guidelines**

**Checkpoints:**

1. Check cancer screening services are provided through HWC (*Refer Proof: Work Instructions for Management of Common NCDs*)
2. Staff is aware about sign & symptom of cervical cancer (*Refer Proof: NCD-OPD Register*)
3. Staff is aware about sign & symptom of Breast cancer (*Refer Proof: Work Instructions for Management of Common NCDs*)
4. Staff is aware about sign & symptom of Oral Cancer (*Refer Proof: Work Instructions for Management of Common NCDs*)
5. Check with staff about methodology followed for cancer screening (*Refer Proof: NCD-OPD Register*)
6. Check CHW is aware of referral centre for all types of cancer (*Refer Proof: NCD-OPD Register*)
7. Staff is aware of promotional & supportive activities for diabetes (*Refer Proof: Work Instructions for Management of Common NCDs*)

**ME E11.4: The facility provides services for de addiction, and locally prevalent health diseases as per guidelines**

**Checkpoints:**

1. Confirmation and referral of cases for Tobacco/alcohol/ substance abuse (*Refer Proof: OPD Register*)
2. Promotional & supportive activities for Tobacco/alcohol/ substance abuse (*Confirm via Client Interview*)
3. Check Screening & referral locally prevalent diseases (*Confirm via Staff/Client Interview*)

**ME E11.5: The facility promotes services for health & wellness**

**Checkpoints:**

1. Check HWC is providing Yoga services (*Refer Proof: Wellness and Yoga Register; Source: Customized Format Sample*)





3. Check Ayurveda services are available (*Confirm via Observation*)
4. Check counselling of mother's for nutrition & hygiene maintenance under Eat right (*Refer Proof: Eat Right Toolkit Handbook*)
5. Check staff counsel and guide the mother's about household preparation of complementary feeds (*Refer Proof: Eat Right Toolkit Handbook*)
6. Check Primary health care team generate awareness in community about balanced diet (*Refer Proof: Eat Right Toolkit Handbook*)
7. Check Primary health care team generate awareness in community about food fortification (*Refer Proof: Eat Right Toolkit Handbook*)
8. Check Primary health care team generate awareness in community about Eat safe practices (*Refer Proof: Eat Right Toolkit Handbook*)
9. Check Primary health care team generate awareness in community about food safety (*Refer Proof: Eat Right Toolkit Handbook*)



## Standard E12: Elderly & palliative health care services are provided as per guidelines

### ME E12.1: The facility provides services for elderly Care as per guidelines

#### Checkpoints:

1. Elderly population is mapped & screened (*Refer Proof: Comprehensive Geriatric Assessment Tool; Source: Training Manual on Elderly Care for Community Health Officer at Ayushman Bharat – Health and Wellness Centres*)

#### Proof: Comprehensive Geriatric Assessment Tool

Annexure 2: Comprehensive Geriatric Assessment Tool

Overview of Components of CGA	
Section 1: Basic details	A. Registration details B. Identification data of elderly person
Section 2: History taking	A. Chief Complaint B. Details of Complaint C. Past Medical History D. Drug History E. Consumption of addictive substance F. Nutritional History G. Family History H. Social & Spiritual History I. Personal History J. Home safety Environment
Section 3: 10 Minute comprehensive screening	A. Screening for Geriatric Syndromes B. Screening for other age-related problems C. Functional Assessment
Section 4: Physical Examination	A. General Examination B. Systemic Examination
Section 5: Syndromic specific toolkit for assessment of the problem identified in section 3	A. Memory Loss B. Screening for cognitive impairment C. Screening for depression D. Fall risk evaluation E. Incontinence assessment & Management guide
Section 6: Comprehensive Geriatric Assessment report	

Training Manual on Elderly Care for Community Health Officer at Ayushman Bharat – Health and Wellness Centres

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2. CHO is aware & competent to use various geriatric tools (*Refer Proof: Management of Elderly Care; Source: Work Instruction for Management of Elderly Care\_Customized Sample*)

### Proof: Management of Elderly Care

#### Elderly Care Services: Purpose and Scope

Care services for elderly individuals is majorly based on specialised care through Health Facility and care & support at community or household level. The Primary Health Care Team has the responsibility for providing primary care to the elderly close at the community level only through respective SHC-HWC and associated PHC-HWC above.

**Purpose:** Overall purpose of this work instruction is to ensure elderly patients are mapped, screened, sensitized for self-care, managed through primary care services at HWCs and timely referred to higher level facilities in a systematic manner.

**Scope:** It applies to all the staffs who are involved in providing primary care services to elderly at the level of Health & Wellness Centre (HWC) broadly covering 4 (four) types of services:

- a. General Awareness about Healthy life style, Social Security schemes for elderly and promote active & healthy aging, Identification of age-related ailments and increase supportive environment in families,
- b. Mapping of elderly Population,
- c. Comprehensive Geriatric assessment (CGA) by Primary health care team, and
- d. Essential Primary care, Domiciliary care & follow up visits to bed ridden patients.

#### Service Delivery Framework (including Roles and Responsibilities)

Overall Service Delivery Framework at the level of HWCs can be broadly divided into-

- Community Level
- SHC-HWC Level

##### At the community level-

ASHA/MPW(M/F)/PHN/CHN (as per state specific context) will-

- identify/list down elderly population (60 and above),
- map elderly patients in the community under HWC in the category of bedbound, restricted and mobile elderly,
- undertake early risk assessment of the elderly,
- provide counselling & support to the elderly for various health conditions, including basic nursing care,
- provide support to the caregivers,
- identify and report medical conditions suspected to be elderly abuse cases to HWC,
- identify and medical conditions and refer to the nearby HWCs/CHO for further management and provide follow up care & support,
- mobilize elderly population in the community to access health services,
- hold monthly meetings in community for sensitization and advocacy, and
- enable formation of support groups for the elderly and caregivers.

##### At the SHC-HWC level

CHO/MPW(F) will carry out-

- comprehensive geriatric assessments of elderly individuals,
- manage common geriatric ailments and/or refer to appropriate higher centres,



3. HWC -undertake preliminary assessment for the need of assistive devices (*Refer Proof: Comprehensive Geriatric Assessment Tool*)
4. Promotional & supportive activities for Geriatric care (*Confirm via Staff Interview*)

### ME E12.2: The facility provides services for Palliative care as per guidelines

#### Checkpoints:

1. Screening, basic management & referral of Palliative Care patient is done (*Refer Proof: Home Visit Format and Follow Up Sheet Palliative Care*)
2. Home based palliative care services are being provided (*Refer Proof: Home Visit Format and Follow Up Sheet Palliative Care*)
3. Check Home care kit is available & case sheet are updated (*Refer Proof: Home Visit Format and Follow Up Sheet Palliative Care*)
4. Check end of life care is given by Palliative care team (whenever required) (*Refer Proof: Home Visit Format and Follow Up Sheet Palliative Care; Source: Training Manual on Palliative Care for Community Health Officer at Ayushman Bharat Health and Wellness Centres*)

#### Proof: Home Visit Format and Follow Up Sheet Palliative Care

**Annexure 1: Suggested format for documentation of Palliative Care Services**

Patients with palliative care needs						
Sr.No.	Name	Age/Sex	Diagnosis	Functional Diagnosis*	Screening score	Referral Yes/ No
1						
2						
3						
4						
5						
Home care visits						
Sr. No.	Name	Age/Sex	Diagnosis	Functional Diagnosis*	Accompanied by	Main interventions
1						
2						
3						
Sensitization/ IEC activities						
Sr. No.	No. of beneficiaries	Venue	Resource person		Type of beneficiaries	Method used
1						
2						
3						

\* With respect to Activities of Daily Living (ADL) - Independent/Minimal support required/Bed ridden

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5. Check patient support groups are available (*Confirm via Staff Interview*)
6. HWC identify & train volunteer for supporting palliative care activities (*Confirm via Staff Interview*)
7. Promotional & supportive activities for palliative care (*Confirm via Staff Interview*)



## Standard E13: The facility has established procedures for care of new born, infant and child as per guidelines

**ME E13.1: Post-natal visit & counselling for new born & infant care is provided as per guideline**

**Checkpoints:**

1. CHO & CHW are aware of danger signs of new born & infant (*Refer Proof: Management of Normal Vaginal Delivery and Newborn Care; Source: Work Instruction for Normal Vaginal Delivery and Newborn Care\_Customized Sample*)

**Proof: Management of Normal Vaginal Delivery and Newborn Care**

### Management of Normal Delivery and New born care

**Purpose:**

- a. Improve Quality of care during delivery
- b. Provide respectful maternity care to all pregnant women coming to the facility
- c. Identify high risk pregnancies and ensure referral to higher health facility
- d. Ensure essential new born care and prompt referral.

**Scope:** It covers the Pregnant women, their new born and attendant who visit the HWC for Delivery services and management of normal vaginal delivery and referral of complicated cases to appropriate facility/ for further necessary and specialised treatment as per need.

**Responsibility: -**

The CHO (SBA trained) and MPW-F/ANM are responsible to ensure compliance as mentioned in this document.

2. Primary management & prompt referral of sick new born & infants (*Confirm via Staff Interview*)
3. Staff is aware of post-natal care counselling (*Confirm via Staff Interview*)

**ME E13.2: The facility provides immunization services as per guideline**

**Checkpoints:**

1. Check for vaccines & diluents are kept as per the recommendation of guidelines (*Confirm via Observation*)
2. Reconstituted vaccines are not used after recommended time (*Refer Proof: Open Vial Policy; Source: Revised Guideline on Open Vial Policy under Universal Immunization Program\_2015\_Gol*)

**Proof: Open Vial Policy**



## Purpose

- To safely handle the vaccine.
- Implementation of Open Vial Policy allows reuse of partially used multi-dose vials of applicable vaccines under UIP in subsequent sessions (both fixed and outreach) up to four weeks (28 days) subject to meeting certain conditions and thus reduces vaccine wastage.

## Scope

Open Vial Policy is applicable on DPT, TT, Hepatitis B, Oral Polio Vaccine (OPV), Haemophilus influenzae type B (Hib) containing Pentavalent vaccine and injectable Inactivated Poliovirus Vaccine (IPV). Open Vial Policy does not apply to Measles, BCG and Japanese Encephalitis (JE) vaccines.

## Conditions that must be fulfilled for the use of open vial policy:

- Any vial of the applicable vaccines opened/used in a session (fixed or outreach) can be used at more than one immunization session up to four weeks (28 days) provided that:
  1. The expiry date has not passed.
  2. The vaccines are stored under appropriate cold chain conditions both during transportation and storage in cold chain storage points.
  3. The vaccine vial septum has not been submerged in water or contaminated in any way.
  4. Aseptic technique has been used to withdraw vaccine doses.
  5. The vaccine vial monitor (VVM), has not reached/crossed the discard point.

## Discard vaccine vial in case any one of the following conditions is met:

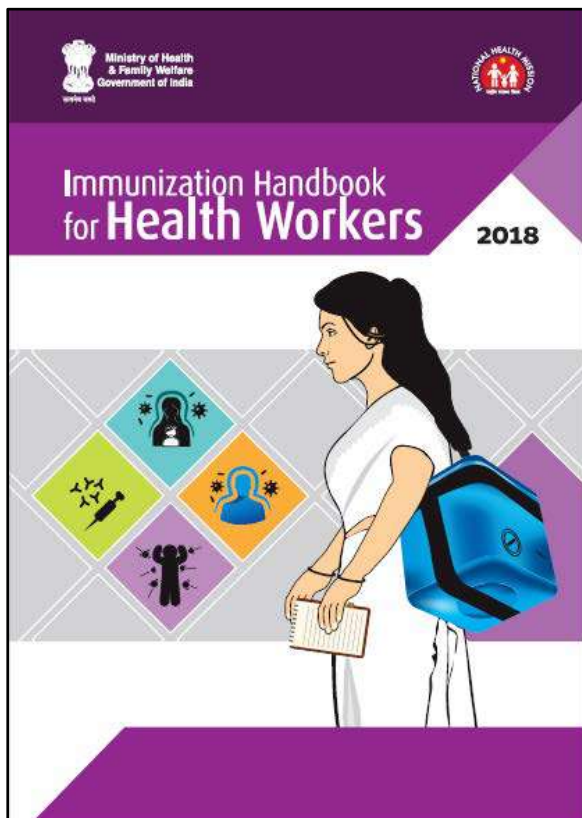
1. Expiry date has passed.
2. VVM reached/crossed discard point (for freeze-dried vaccine, before reconstitution only) or vaccine vials without VVM or disfigured VVM.
3. No label/partially torn label and/or writing on the label not legible.
4. Any vial thought to be exposed to a non-sterile procedure for withdrawal.
5. Open vials that have been underwater or vials removed from a vaccine carrier that has water.
6. If vaccine vial is frozen or contains floccules or any foreign body.

3. Staff checks VVM level before using vaccines and identify discard point (*Confirm via Staff Interview*)
4. Parents are counselled for informing any untoward event of concern following vaccination (*Confirm via Staff Interview*)
5. Antipyretic drugs are provided wherever required (*Confirm via Observation*)
6. Beneficiary is asked to stay for half an hour after vaccination (*Confirm via Client Interview*)
7. Vaccinator is aware about how to manage any immediate serious reaction/anaphylaxis (*Confirm via Staff Interview*)
8. Check the availability of anaphylaxis kit with ANM at session site (*Confirm via Observation*)



9. Check adrenaline is not expired in kit (*Confirm via Observation*)
10. Check for injection site is not cleaned with spirit before administering vaccine dose (*Confirm via Observation*)
11. Check that Staff knows how to use AD Syringe (*Confirm via Observation*)
12. Staff is aware of the shelf life of Vit A once it is opened and ensures it is not given after shelf life (*Confirm via Observation*)
13. ANM/CHW is aware segregation policy after completion of immunization session (*Confirm via Observation*)
14. Staff is aware of Open vial policy (*Refer Proof: Final Open Vial Policy*)
15. Check for HWC -SHC micro plan for immunization & its adequacy (*Confirm via Observation*)
16. Staff is aware of how to calculate the number of beneficiaries, quantity of vaccines & syringes (*Confirm via Staff Interview/Observation*)
17. HWC -SC maintain tracking bag/ tickler box (*Confirm via Staff Interview/Observation*)
18. Check Vaccinator is aware of different categories of AEFI (*Confirm via Staff Interview/Observation*)
19. Check person responsible for notifying & reporting of the AEFI is identified (*Refer Proof: Immunization Handbook for Health workers; Source: Immunization Handbook for Health Workers\_2018\_MoHFW*)
20. Process of reporting and route is communicated to all concerned (*Refer Proof: Immunization Handbook for Health workers; Source: Immunization Handbook for Health Workers\_2018\_MoHFW*)
21. Reporting of AEFI cases is ensured by ANM (*Refer Proof: Immunization Handbook for Health workers; Source: Immunization Handbook for Health Workers\_2018\_MoHFW*)
22. Frontline workers & Health supervisor is aware of his/her roles & responsibility for AEFI surveillance Programme (*Refer Proof: Immunization Handbook for Health workers; Source: Immunization Handbook for Health Workers\_2018\_MoHFW*)

**Proof: Immunization Handbook for Health workers**






- 23. Vaccinator is aware about how to prevent immunization error related reactions (*Confirm via Staff Interview*)
- 24. Primary healthcare team communicate the benefits of RI at VHND sessions (*Confirm via Staff Observation*)

**ME E13.2: Management of children for ARI, diarrhea, malnutrition and other illness**


**Checkpoints:**

1. Assessment for identification of ARI, diarrhea, malnutrition and Other Illness (*Refer Proof: OPD Register*)
2. Assessment for identification of possible serious bacterial infections among young infant (0-59 days) & children (2 -59 months) (*Refer Proof: OPD Register*)
3. Management of diarrhea is done as per protocols (*Refer Proof: OPD Register*)
4. Management of ARI is done as per protocols (*Refer Proof: OPD Register*)
5. Management of Possible serious bacterial infection as per protocols (*Refer Proof: OPD Register*)
6. Management of Malnutrition is done as per protocols (*Confirm via Staff Interview*)
7. Screening, referral and follow up of children for anomalies, disabilities and developmental delays (*Refer Proof: RBSK Screening and Referral Formats; Source: Job Aids\_RBSK\_Ministry of Health & Family Welfare Government of India August, 2014*)

**Proof: RBSK Screening and Referral Formats**



**Ministry of Health & Family Welfare  
Government of India  
RashtriyaBalSwasthyaKaryakram (RBSK)  
Screening Tool and Referral Card for Children (0 - 6 years)**



**Preliminary Particulars**

District/Block :		Mobile Health Team ID :		Name of AWC :		AWC ID :	
Name of ASHA & Contact no.:		ASHA ID :	Name of Father/Guardian :		Name of Mother :		Contact no. :
Name of Child :		Age of Child (in months / years) :		Gender (M/F) :		M : <input type="checkbox"/> F : <input type="checkbox"/>	
MCTS No. (18 Digit) Unique ID (16 Digit)				AADHAAR No. :			
Weight (in kg) :		Height/Length (in cm) :		Head Circumference (in cm) :		MUAC (in cm) :	
Weight for age classification, Refer chart in Job Aids		Height for age classification, Refer chart in Job Aids		Head Circumference classification, Refer chart in Job Aids		only in 6-60 months and when weight < 25 kg	
Normal <input type="checkbox"/>	<-2SD <input type="checkbox"/>	<-2SD <input type="checkbox"/>	<-2SD <input type="checkbox"/>	Normal <input type="checkbox"/>	<-2SD <input type="checkbox"/>	+2SD <input type="checkbox"/>	MUAC classification Refer chart in Job Aids
Weight for length/height classification, Refer chart in Job Aids		Normal <input type="checkbox"/>	<-2SD <input type="checkbox"/>	Normal <input type="checkbox"/>	<-2SD <input type="checkbox"/>	+2SD <input type="checkbox"/>	Red <input type="checkbox"/>
							Yellow <input type="checkbox"/>
							Green <input type="checkbox"/>
RBSK Age: less than 2 years: completed months only * Age: more than 2 years: completed years & months							

**SCREENING TOOL (FOR AGE: Birth to 6 yrs.)**

A. Defects at Birth, if YES Refer			
A1	Head: Abnormally large or small in size/shape deformity. Measure: Check: Mark < -2SD; > 2SD	<input type="checkbox"/>	A1C Features Suggestive of Down's Syndrome (Refer: Physical)
A2	Eyes: Any visible abnormality i.e. white pupil, Squint (constant esp. after 3 months), frequent jerky movements, tilting the head when focusing (constant esp. after 6 months)	<input type="checkbox"/>	A1C (a) Eye: Upward slant of eyes (imaginary line extended from the inner canthus to the outer canthus, goes below the outer canthus), and/or epicanthic fold
A3	Ears: Any abnormality of shape <i>do not refer if isolated finding</i>	<input type="checkbox"/>	A1C (b) Nose: Depressed Bridge
A4	Lips and Palate: Cleft; (One side or both sides)	<input type="checkbox"/>	A1C (c) Ears: Low set Ears (imaginary line extended from inner to outer canthus and to the ear, passes above ear)
A5	Difficulty in sucking and swallowing, including sweating on forehead while trying to suck/breast feed (sign is especially important if intense is less than 6 months)	<input type="checkbox"/>	A1C (d) Palm: Single crease across center of palm (Simian crease)
A6	Neck: Excessively short <i>do not refer if isolated finding</i>	<input type="checkbox"/>	A1C (e) Feet: Wide gap (or cleft) between the great and first toe
A7	HP: DDH: In case of a female child seen through a breech delivery or while walking with a limp or asymmetrical thigh and gluteal scar folds	<input type="checkbox"/>	A11 Congenital Heart Disease: Any loud murmur or the chest or cyanosis on lips or bluish spells or 'swellings' of congestive cardiac failure (Sweating during feeding, recurrent breathing difficulties, poor weight gain, Lethargy, rickets, easy fatigability, edema/pitting edema)
A8	Limbs: Any deformity/dub feet	<input type="checkbox"/>	
A9	Spine: Neural tube defect	<input type="checkbox"/>	
B. Deficiency, if YES Refer			
B1	SAM: Weight, for Height/Length, refer if the child is less than -3 SD as per WHO chart counsel if < -2 SD	<input type="checkbox"/>	B1 Vitamin A Deficiency: Ask for night blindness/look for Bitot's spot (white patches on retina)
B2	SAM: Oedema: Bilateral pitting oedema	<input type="checkbox"/>	B5 Vitamin D Deficiency: Look for wrist widening/bowing of legs/modular swelling or rickets
B3	Severe anemia: Look for severe palmar pallor	<input type="checkbox"/>	

Job Aids: Rashtriya Bal Swasthya Karyakram (RBSK) | 7



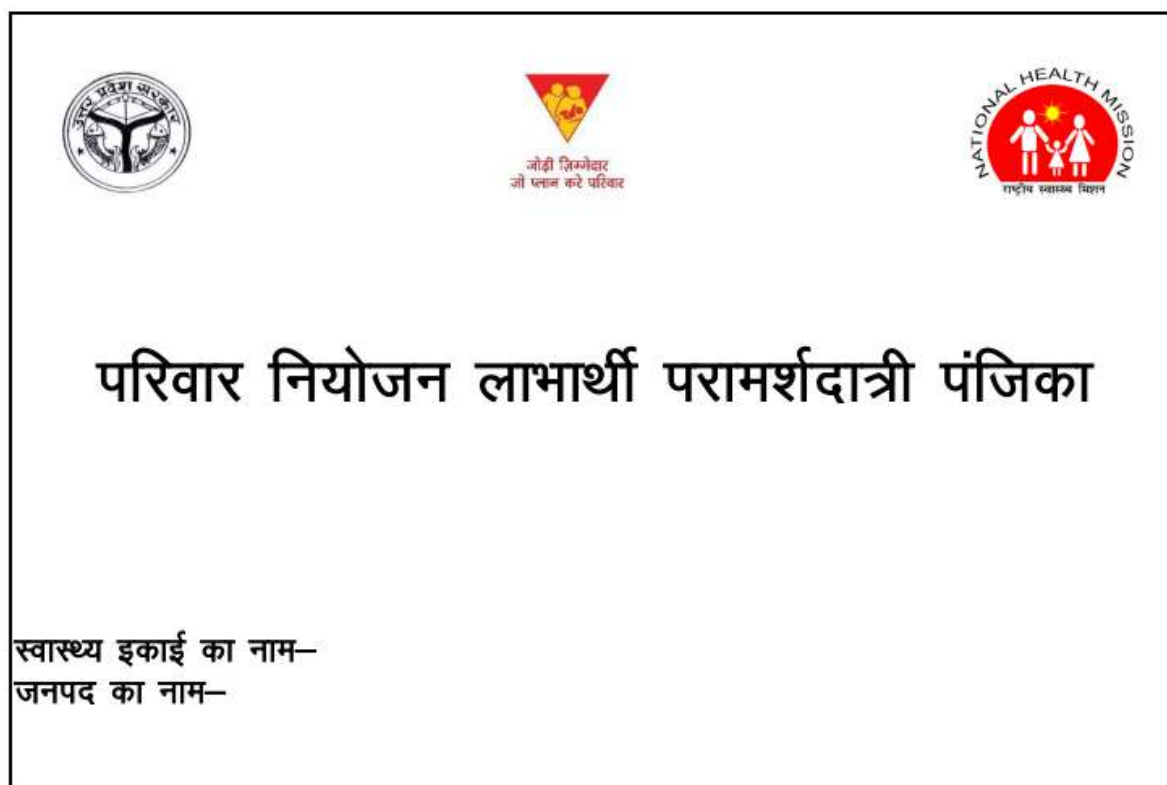
**Standard E14: The facility has established procedures for family planning as per government guidelines and law.**

**ME E14.1: Family planning counselling services are provided as per guidelines**

**Checkpoints:**

1. The client is given full information about family planning methods (*Refer Proof: FP Counselling Register; Source: Register\_FP Counselling\_GoUP*)


**Proof: FP Counselling Register**




2. Staff is aware of Method specific counselling approaches (*Confirm via Staff Interview*)
3. Care seeker is counselled about contraindications & adverse events of chosen FP methods (*Confirm via Client/Staff Interview*)
4. Promotional activities for Family Planning are provided at facility under Mission Parivar Vikas (*Refer Proof: Mission Parivar Vikas Guideline; Source: Mission Parivar Vikas Guideline\_10 Nov. 2016\_Gol*)

**Proof: Mission Parivar Vikas Guideline**





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भारत सरकार  
स्वास्थ्य एवं परिवार कल्याण मंत्रालय  
स्वास्थ्य एवं परिवार कल्याण विभाग  
निर्माण भवन, नई दिल्ली - 110011  
Government of India  
Ministry of Health & Family Welfare  
Department of Health & Family Welfare  
Nirman Bhavan, New Delhi - 110011

D.O. No. N. 11023/2/2016 – FP  
10<sup>th</sup> November, 2016

**Subject: "Mission Parivar Vikas"** for improved access to contraceptives and family planning services in 145 High Fertility Districts in 7 states.

Family Planning is one of the most crucial interventions to address maternal and infant morbidities and mortalities. Currently, there are 145 High Fertility Districts spanning over seven high focus states (Uttar Pradesh, Bihar, Rajasthan, Madhya Pradesh, Chhattisgarh, Jharkhand and Assam) with TFR of 3 and above. These districts further constitute approximately 28% of India's population, and contribute to around 30% of maternal deaths and almost 50% of infant deaths.

Considering this, the Government has conceived 'Mission Parivar Vikas' with a stratified approach for substantially increasing the access to contraceptives and family planning services in these districts, which will also have a positive impact on the overall development parameters of these districts and consequently the states.

A five pronged strategy has, thus, been developed, which comprises :

1. Delivering assured services;
2. Building additional Capacity / HRD for enhanced service delivery;
3. Ensuring commodity security;
4. Implementing new 'Promotional Schemes';
5. Creating Enabling Environment.

The detailed guidelines on the modified and additional schemes, roles and responsibilities of various personnel and monitoring modalities are placed at Annexure I.

**Healthy Village, Healthy Nation**

**ME E14.2: The facility provides spacing methods for family planning as per guidelines**

**Checkpoints:**

1. Staff is aware of case selection criteria for family planning methods (*Refer Proof: Eligible Couple FP Formats*)
2. Staff is aware of options, indications & methods for administration for Oral Contraceptives (*Refer Proof: Oral Contraceptives; Source: Training Manual on Family Planning and Reproductive Health Care Services for Community Health Officer at Ayushman Bharat - Health and Wellness Centres*)



## Proof: Oral Contraceptives

### 3.2. Oral Contraceptive

Oral Contraceptive methods, both hormonal and non-hormonal, offer women and couples a wide range of options for delaying, spacing, and limiting births. Oral contraceptives are safe, effective, reversible methods to prevent pregnancy and need to be taken regularly. They do not disrupt an existing pregnancy and do not interfere with sexual intercourse. However, they do not protect a woman from HIV or other Sexually Transmitted Infections (STIs). Women using oral contraceptives must use condoms to prevent HIV and other STIs.

#### Types of Oral Contraception:

Hormonal	Non-Hormonal
• Combined Oral Contraceptives (COCs)	• Centchroman (Ormeloxifene)
• Emergency Contraceptive Pill (ECP)	

#### Hormonal Oral Contraceptives:

##### a. Combined Oral Contraceptives:

Combined Oral Contraceptives pills (COCs) contain low doses of two synthetic hormones, progestin and estrogen which are similar to the natural hormones in a woman's body.

#### Key Points

- COCs are safe and effective.
- COCs have several non-contraceptive benefits, like protection against endometrial and ovarian cancer, iron deficiency anemia, polycystic ovarian syndrome and endometriosis.
- COCs should not be given to breast feeding women till 6 months post partum.
- One pill is to be taken every day. For greatest effectiveness, a woman must take pills daily without any break (28 pills packet).

The available COC pills in the public sector is Mala-N (Fig 5)

- Mala N contains Levonorgestrel (0.15mg) + Ethinyl estradiol (30 micrograms). Mala-N is supplied free of cost through government health centres and hospitals.
- Each strip of Mala-N contains 21 hormonal tablets and 7 non hormonal (iron)tablets.



Figure 5: Mala-N in Public Sector

3. IUD insertion & follow up is done as per standard protocol (Refer Proof: IUCD Registers; Source: IUCD Insertion Register\_Gol)

## Proof: IUCD Registers






IUCD Insertion Register																										
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27
Monthly SNo.	OPD/IPD no. (as applicable)	Client's Name	Client's Age	Husband's Name	Client's Address	Contact No.	No. of living children	Last Child Birth (mm/yy)	Counselled During (Tick as applicable)				LMP (write L.A for Lactational amenorrhoea)	Per Speculum/ Per vaginal findings (if done) (write NAD if no abnormality found)	Type of IUCD inserted (380 A / 375)	Interval IUCD	Timing of IUCD insertion				Date of insertion	Due date of follow up	Name of provider who inserted IUCD (Interval IUCD/ PPIUCD/ PAIUCD)	Name of Accompanying ASHA (If not accompanied by ASHA, put x)	IUCD Card issued (Yes/No)	Remarks
									Interval Period	Antenatal Period	Early labour/ at facility before abortion	Postpartum Period/ Post abortion period				Post Placental IUCD (within 10 min)	Postpartum (upto 48 hours)	Intra Caesarean	Post Abortion (Concurrent/ within 12 days of spontaneous or surgical abortion)							

4. Injectable Contraceptives are given as per protocols (*Refer Proof: Injectable Contraceptive Antara; Source: Training Manual on Family Planning and Reproductive Health Care Services for Community Health Officer at Ayushman Bharat - Health and Wellness Centres*)

#### Proof: Injectable Contraceptive Antara

**3.3 Injectable Contraceptive: Medroxy Progesterone Acetate (MPA)**



Injectable contraceptive MPA is a three-monthly injection containing synthetic hormone progestin and is available at government health facilities under the Antara Programme. First dose is given only after the screening by trained doctor (MBBS and above) and subsequent doses may be given by trained health provider (AYUSH/MBBS Doctor/CHO/SN/ANM) in the health facility. Injection MPA prevents pregnancy over a longer period of time and helps in achieving spacing between children. It can be safely given to women of all reproductive age groups after proper screening. Under National Family Planning Program, single dose vials (150 mg) is available.

**Figure 8: Antara Programme**

**Benefits of MPA:**

- Needs to be taken only once in three months rather than daily.
- Does not interfere with sexual intercourse.
- Safe for breastfeeding mothers as it does not affect the quality and quantity of milk.
- Can be used by women who are not able to take hormonal oral contraceptives like Mala-N.
- It does not cause problems with getting pregnant after discontinuation.
- Reduces menstrual cramps (some cases).

**Possible side effects post injection:**

- It causes changes in menstrual cycle sometimes by stopping the monthly cycle which is not harmful. This actually takes care of anemia by reducing menstrual blood loss.
- Does not interfere with any medicine.
- Protects from uterine and ovarian cancer.
- Does not require any laboratory investigation before starting the dose.

**Possible side effects post injection:**

- Menstrual irregularities: Irregular bleeding, prolonged bleeding or amenorrhoea. These changes are temporary and reversible on stopping the use of method.





**ME E14.3: The facility provides limiting methods for family planning as per guidelines****Checkpoints:**

1. Staff is aware of case selection criteria for limiting mentors (*Refer Proof: Limiting FP Methods; Source: Training Manual on Family Planning and Reproductive Health Care Services for Community Health Officer at Ayushman Bharat - Health and Wellness Centres*)
2. HCW is supporting & encouraging the clients for post sterilization follow up (*Refer Proof: Limiting FP Methods; Source: Training Manual on Family Planning and Reproductive Health Care Services for Community Health Officer at Ayushman Bharat - Health and Wellness Centres*)

**Proof: Limiting FP Methods**

### 3.3 Injectable Contraceptive: Medroxy Progesterone Acetate (MPA)



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Figure 8: Antara Programme

Program, single dose vials (150 mg) is available.

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- It causes changes in menstrual cycle sometimes by stopping the monthly cycle which is not harmful. This actually takes care of anemia by reducing menstrual blood loss.
- Does not interfere with any medicine.
- Protects from uterine and ovarian cancer.
- Does not require any laboratory investigation before starting the dose.

**Possible side effects post injection:**

- Menstrual irregularities: Irregular bleeding, prolonged bleeding or amenorrhoea. These changes are temporary and reversible on stopping the use of method.



**Standard E15: The facility provides Adolescent Reproductive and Sexual Health services as per guidelines.**

**ME E15.1 The facility provides promotive, preventive & curative service for adolescent**

**Checkpoints:**

1. Provision of education & counselling services for adolescent (*Confirm via Client Information*)
2. Services for treatment & referral of common RTI/STI's, Nutritional Anaemia & Menstrual disorders (*Refer Proof: OPD Register*)



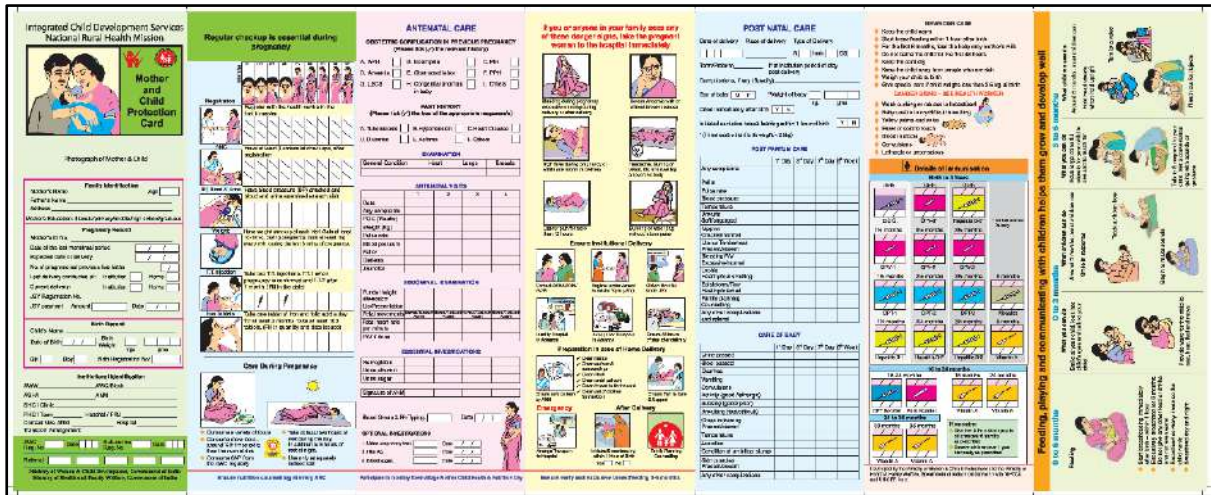
**Standard E16: The facility has established procedures for Antenatal care as per guidelines.**

**ME E16.1** There is an established procedure for registration and follow up of pregnant women.

**Checkpoints:**

1. Facility provides and updates “Mother and Child Protection Card” (Refer Proof: MCP Card; Source: MCP Card, MoHFW)

**Proof: MCP Card**



2. Facility ensures early registration & line listing of high-risk ANC cases (Refer Proof: ANC Register; Source: RCH Register II, MoHFW)
3. Clinical information & records of ANC is kept with HWC (Refer Proof: ANC Register; Source: RCH Register II, MoHFW)
4. Staff has knowledge of calculating expected pregnancies in the area (Refer Proof: ANC Register; Source: RCH Register II, MoHFW)
5. Tracking of Missed and left out ANC (Refer Proof: ANC Register; Source: RCH Register II, MoHFW)
6. All pregnant women get ANC check-up as per recommended schedule (Refer Proof: ANC Register; Source: RCH Register II, MoHFW)

**Proof: ANC Register**

ANC (Ante-natal Care) Register		MCTS No <sup>1</sup> :			
01 Name	09 Amlbari Record	15 LMP & EDD			
02 Age	10 Facility Registration Number (OP/IPC)	16 Obstetric High risk cause if any <sup>2</sup>			
03 Sex or Sex	11 Date of Registration	a. Anaemia/Severe Anaemia (CR)			
04 Address	12 Whether JY Beneficiary (Y/N)	b. Hypertension (CR)			
05 Health Insurance (Others)	13 PM-JAY	c. Anaemia (20 weeks CR)			
06 Religion	14 Paid History, if any, Specify <sup>3</sup>	d. Haemoglobin < 10 weeks (CR)			
07 Caste/SC/ST/Other	15 Obstetric History <sup>4</sup>	e. Any other illness/complications (CR)			
		ANC 1	ANC 2	ANC 3	ANC 4
General Information	17 Date of last egg to ovulate				
	18 Weight (in kg)				
	19 Pulse				
	20 Blood pressure				
	21 Haemoglobin				
	22 Hb - Spot/Color/Scale				
	23 Fetal heart rate				
	24 Urinary albumin				
	25 Fetal Movement (Normal/Reduced/absent)				
	26 Fetal heart rate per minute				
Lab Investigation	27 PT & APTT				
	28 Coagulation, if any specify				
	29 Urea - Nitrogen & Sugar				
	30 Blood sugar - Fasting/PP				
Treatment	31 VDR				
	32 HIV (Indicated cases)				
	33 Blood group (ABO & Rh)				
	34 Heparin (Antenatal/Postnatal)				
	35 Number of 1st, 2nd, 3rd, 4th, 5th, 6th, 7th, 8th, 9th, 10th, 11th, 12th, 13th, 14th, 15th, 16th, 17th, 18th, 19th, 20th, 21st, 22nd, 23rd, 24th, 25th, 26th, 27th, 28th, 29th, 30th, 31st, 32nd, 33rd, 34th, 35th, 36th, 37th, 38th, 39th, 40th, 41st, 42nd, 43rd, 44th, 45th, 46th, 47th, 48th, 49th, 50th, 51st, 52nd, 53rd, 54th, 55th, 56th, 57th, 58th, 59th, 60th, 61st, 62nd, 63rd, 64th, 65th, 66th, 67th, 68th, 69th, 70th, 71st, 72nd, 73rd, 74th, 75th, 76th, 77th, 78th, 79th, 80th, 81st, 82nd, 83rd, 84th, 85th, 86th, 87th, 88th, 89th, 90th, 91st, 92nd, 93rd, 94th, 95th, 96th, 97th, 98th, 99th, 100th				
	36 Number of 1st, 2nd, 3rd, 4th, 5th, 6th, 7th, 8th, 9th, 10th, 11th, 12th, 13th, 14th, 15th, 16th, 17th, 18th, 19th, 20th, 21st, 22nd, 23rd, 24th, 25th, 26th, 27th, 28th, 29th, 30th, 31st, 32nd, 33rd, 34th, 35th, 36th, 37th, 38th, 39th, 40th, 41st, 42nd, 43rd, 44th, 45th, 46th, 47th, 48th, 49th, 50th, 51st, 52nd, 53rd, 54th, 55th, 56th, 57th, 58th, 59th, 60th, 61st, 62nd, 63rd, 64th, 65th, 66th, 67th, 68th, 69th, 70th, 71st, 72nd, 73rd, 74th, 75th, 76th, 77th, 78th, 79th, 80th, 81st, 82nd, 83rd, 84th, 85th, 86th, 87th, 88th, 89th, 90th, 91st, 92nd, 93rd, 94th, 95th, 96th, 97th, 98th, 99th, 100th				
	37 Treatment provided for complications				
	38 Any other investigations, if required <sup>5</sup>				
	39 Contraception counseling (Duration, Family planning, breast feeding etc.) provided (Y/N)				
	40 If any complication/high risk indicator - PT, specify				
41 Date & time of referral, if required					
42 Place of referral facility (Referral unit)					
43 No. of P/W received on referral (Referral unit)					
44 Maternal/fetal death & cause of death, neonatal death & cause of death					

<sup>1</sup> MCTS number is not provided. From the MCTS number to be generated by the leading health facility. Holdings of the MCTS are the equivalent MCTS used by the leading facility.  
<sup>2</sup> High Risk - Anaemia, Diabetes, Hypertension, Heart Disease, Multiple Gestation, COVID-19, HIV & Hepatitis B, and/or any other specify.  
<sup>3</sup> Paid History - category 1st of any category (category 1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18,19,20,21,22,23,24,25,26,27,28,29,30,31,32,33,34,35,36,37,38,39,40,41,42,43,44,45,46,47,48,49,50,51,52,53,54,55,56,57,58,59,60,61,62,63,64,65,66,67,68,69,70,71,72,73,74,75,76,77,78,79,80,81,82,83,84,85,86,87,88,89,90,91,92,93,94,95,96,97,98,99,100).  
<sup>4</sup> High Risk - category 1st of any category (category 1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18,19,20,21,22,23,24,25,26,27,28,29,30,31,32,33,34,35,36,37,38,39,40,41,42,43,44,45,46,47,48,49,50,51,52,53,54,55,56,57,58,59,60,61,62,63,64,65,66,67,68,69,70,71,72,73,74,75,76,77,78,79,80,81,82,83,84,85,86,87,88,89,90,91,92,93,94,95,96,97,98,99,100).  
<sup>5</sup> Any other investigations - CBC, PT, APTT etc.



**ME E16.2 There is an established procedure for History taking, Physical examination, and counselling of each antenatal woman, visiting the facility.**

**Checkpoints:**

1. At ANC clinic, Pregnancy is confirmed by performing urine test (*Refer Proof: ANC and MCP Card*)
2. Last menstrual period (LMP) is recorded and Expected date of Delivery (EDD) is calculated on first visit (*Refer Proof: ANC and MCP Card*)
3. Comprehensive Obstetric history is recorded (*Refer Proof: ANC and MCP Card*)
4. Physical Examination & vitals of Pregnant Women is done on every ANC visit (*Refer Proof: ANC and MCP Card*)
5. Abdominal Examination is done as per protocol (*Refer Proof: ANC and MCP Card*)

**ME E16.3: The facility ensures of drugs & diagnostics are prescribed as per protocol.**

**Checkpoints:**

1. Diagnostic test for every pregnant woman (*Refer Proof: Drug Diagnostic Stock Register*)
2. Referral is done for the remaining ANC diagnostics (*Refer Proof: Labour Room + Referring Register*)
3. Tetanus Toxoid (2 Dosages/ Booster) have been during ANC visits (*Refer Proof: ANC and MCP Card*)

**ME E16.4: There is an established procedure for the identification of High-risk pregnancies and appropriate & timely referral.**

**Checkpoints:**

1. Staff can recognize the cases, which would need referral to higher centre (FRU) (*Refer Proof: ANC and MCP Card*)
2. Staff is competent to identify Hypertension / Pregnancy Induced Hypertension (*Refer Proof: ANC and MCP Card*)
3. Staff is competent to identify Pre-Eclampsia (*Refer Proof: ANC and MCP Card*)
4. Staff is competent to identify high risk cases based on Abdominal examination (*Refer Proof: ANC and MCP Card*)
5. Staff is competent to classify anaemia according to Haemoglobin Level (*Refer Proof: ANC and MCP Card*)
6. Line listing of pregnant women with moderate and severe anaemia (*Refer Proof: ANC and MCP Card*)
7. Staff is aware of prophylactic & Therapeutic dose of IFA & progress is monitored (*Refer Proof: ANC and MCP Card*)

**ME E16.5: Counselling of pregnant women is done as per standard protocol and gestational age.**

**Checkpoints:**

1. Pregnant women are counselled for planning and preparation for birth (*Refer Proof: Pregnant Women Tracking Format*)
2. Pregnant women are counselled recognize danger signs during pregnancy (*Refer Proof: Pregnant Women Tracking Format*)
3. Pregnant women are counselled to recognize sign of labour & arrange for referral transport (*Refer Proof: Pregnant Women Tracking Format*)





- 4. Pregnant women are counselled diet, rest, breast feeding & family planning (Confirm via Staff Interview)

Proof: Pregnant Women Tracking Format

Tracking of Pregnant Woman (PW)/Infant													
Abortion (1) If any during the current pregnancy Post-Abortion Contraceptive details (2)		Induced (3) (Method used) (3a)		Spontaneous (4) (Gestational weeks) (4a)		Date of Birth (5)		Referral to higher facility for management (6)		If admitted in SHI, write SHI admission number (7)		Note: Date of delivery & date of birth should be same	
Date (dd/mm/yyyy) No. weeks of pregnancy		Date (dd/mm/yyyy) Method used (3a)		Date (dd/mm/yyyy) Gestational weeks (4a)		Infant ID of Child (8)		Referral to higher facility for management (6)		If admitted in SHI, write SHI admission number (7)		Date of delivery (9) Date of birth (10)	
<b>(Section - 4) ANC Services Details</b>													
Weight (kg) (1)		1st Visit (2)		2nd Visit (3)		3rd Visit (4)		4th Visit (5)		Visit under PNC/MA (6)		Birth Dose (Given date: (11))	
Mid service attendance (in one visit) (1a)		1st Visit (2a)		2nd Visit (3a)		3rd Visit (4a)		4th Visit (5a)		Visit under PNC/MA (6a)		Birth Dose (11a)	
Blood Pressure (12)		1st Visit (12a)		2nd Visit (12b)		3rd Visit (12c)		4th Visit (12d)		Visit under PNC/MA (12e)		Birth Dose (11b)	
Urine Test (13)		1st Visit (13a)		2nd Visit (13b)		3rd Visit (13c)		4th Visit (13d)		Visit under PNC/MA (13e)		Birth Dose (11c)	
Blood Sugar Test (B1)		1st Visit (14)		2nd Visit (15)		3rd Visit (16)		4th Visit (17)		Visit under PNC/MA (18)		Birth Dose (11d)	
TT (Drop to Drop) (19)		1st Visit (19a)		2nd Visit (19b)		3rd Visit (19c)		4th Visit (19d)		Visit under PNC/MA (19e)		Birth Dose (11e)	
Iron/Folic Acid (16)		1st Visit (16a)		2nd Visit (16b)		3rd Visit (16c)		4th Visit (16d)		Visit under PNC/MA (16e)		Birth Dose (11f)	
No. of Folic Acid (17)		1st Visit (17a)		2nd Visit (17b)		3rd Visit (17c)		4th Visit (17d)		Visit under PNC/MA (17e)		Birth Dose (11g)	
No. of Folic Acid (18)		1st Visit (18a)		2nd Visit (18b)		3rd Visit (18c)		4th Visit (18d)		Visit under PNC/MA (18e)		Birth Dose (11h)	
Urine found screening (20)		1st Visit (20a)		2nd Visit (20b)		3rd Visit (20c)		4th Visit (20d)		Visit under PNC/MA (20e)		Birth Dose (11i)	
Whether birth complication observed (21)		1st Visit (21a)		2nd Visit (21b)		3rd Visit (21c)		4th Visit (21d)		Visit under PNC/MA (21e)		Birth Dose (11j)	
Fundal/Abdominal Examination (22)		1st Visit (22a)		2nd Visit (22b)		3rd Visit (22c)		4th Visit (22d)		Visit under PNC/MA (22e)		Birth Dose (11k)	
Indicate any abnormality (23)		1st Visit (23a)		2nd Visit (23b)		3rd Visit (23c)		4th Visit (23d)		Visit under PNC/MA (23e)		Birth Dose (11l)	
Pulse rate (24)		1st Visit (24a)		2nd Visit (24b)		3rd Visit (24c)		4th Visit (24d)		Visit under PNC/MA (24e)		Birth Dose (11m)	
BP (25)		1st Visit (25a)		2nd Visit (25b)		3rd Visit (25c)		4th Visit (25d)		Visit under PNC/MA (25e)		Birth Dose (11n)	
Date of Delivery (26)		Time of Delivery (27)		Complication during Delivery (28)		Date of Birth (29)		Referral to higher facility for management (30)		If admitted in SHI, write SHI admission number (31)		Note: Date of delivery & date of birth should be same	
Place of delivery (26a)		Type of Facility (27a)		Complication during Delivery (28a)		Date of Birth (29a)		Referral to higher facility for management (30a)		If admitted in SHI, write SHI admission number (31a)		Note: Date of delivery & date of birth should be same	
Who conducted Delivery (Doctor/ANM/HE/Staff Nurse/Relative/Other (Specify)) (29)		Type of Facility (27a)		Complication during Delivery (28a)		Date of Birth (29a)		Referral to higher facility for management (30a)		If admitted in SHI, write SHI admission number (31a)		Note: Date of delivery & date of birth should be same	
Type of Delivery (32)		Outcome of Delivery (33)		Date of Discharge (34)		No. of Live Births (35)		No. of Still Births (36)		No. of Neonatal Deaths (37)		No. of Maternal Deaths (38)	
Date of Discharge (34)		Outcome of Delivery (33)		Date of Discharge (34)		No. of Live Births (35)		No. of Still Births (36)		No. of Neonatal Deaths (37)		No. of Maternal Deaths (38)	
No. of Live Births (35)		Outcome of Delivery (33)		Date of Discharge (34)		No. of Live Births (35)		No. of Still Births (36)		No. of Neonatal Deaths (37)		No. of Maternal Deaths (38)	
No. of Still Births (36)		Outcome of Delivery (33)		Date of Discharge (34)		No. of Live Births (35)		No. of Still Births (36)		No. of Neonatal Deaths (37)		No. of Maternal Deaths (38)	
No. of Neonatal Deaths (37)		Outcome of Delivery (33)		Date of Discharge (34)		No. of Live Births (35)		No. of Still Births (36)		No. of Neonatal Deaths (37)		No. of Maternal Deaths (38)	
No. of Maternal Deaths (38)		Outcome of Delivery (33)		Date of Discharge (34)		No. of Live Births (35)		No. of Still Births (36)		No. of Neonatal Deaths (37)		No. of Maternal Deaths (38)	





## Standard E17: The facility has established procedure for intranatal care as per guidelines

**ME E17.1** Established procedures and standard protocols for management of different stages of labour including AMTSL (Active Management of third Stage of labour) are followed at the facility

### Checkpoints:

1. Management of 1st stage of labour (*Refer Proof: LR Case Sheet; Source: L1 Case Sheet for Delivery, MoHFW*)
2. Management of 2nd stage of labour (*Refer Proof: LR Case Sheet; Source: L1 Case Sheet for Delivery, MoHFW*)
3. Check no unnecessary episiotomy and unnecessary augmentation and induction labour is done using uterotonic drugs (*Refer Proof: LR Case Sheet; Source: L1 Case Sheet for Delivery, MoHFW*)
4. Active Management of Third stage of labour (*Refer Proof: LR Case Sheet; Source: L1 Case Sheet for Delivery, MoHFW*)
5. Staff is aware of route, doses and time of Uterotonic Drugs (*Refer Proof: LR Case Sheet; Source: L1 Case Sheet for Delivery, MoHFW*)

### Proof: LR Case Sheet

Case Sheet for Maternity Services - L1 Facility (PHC and Sub-Centre)	
<b>Admission Form</b>	
MCTS No. <input type="text"/>	Name of Facility <input type="text"/>
Booked Yes <input type="checkbox"/> No <input type="checkbox"/>	Block <input type="text"/>
IPD/Registration No. <input type="text"/>	District <input type="text"/>
BPL/JSY Registration Yes <input type="checkbox"/> No <input type="checkbox"/>	Contact number (facility) <input type="text"/>
Aadhar Card No. <input type="text"/>	Name of ASHA <input type="text"/>
Referred from & Reason <input type="text"/>	
Name: <input type="text"/> Age: <input type="text"/> W/o OR D/o: <input type="text"/>	
Address: <input type="text"/>	
Contact No: <input type="text"/>	Marital status: <input type="text"/>
Admission date: <input type="text"/> / <input type="text"/> / <input type="text"/> Time: <input type="text"/>	Name of birth companion: <input type="text"/>
Admission category: presented with labor pain <input type="checkbox"/> referred in from other facility <input type="checkbox"/> presented with complications of pregnancy <input type="checkbox"/>	
LMP: <input type="text"/> / <input type="text"/> / <input type="text"/>	EDD: <input type="text"/> / <input type="text"/> / <input type="text"/>
Provisional Diagnosis: <input type="text"/>	Final Diagnosis: <input type="text"/>
Contraception History: <input type="text"/>	
Delivery outcome: Live <input type="checkbox"/> Abortion <input type="checkbox"/> Sex of Baby: Male <input type="checkbox"/> Female <input type="checkbox"/> Fresh Still Birth <input type="checkbox"/> Macerated Still Birth <input type="checkbox"/> Preterm: Yes <input type="checkbox"/> No <input type="checkbox"/> Single <input type="checkbox"/> Twin/Multiple <input type="checkbox"/> Birth weight (in kgs) <input type="text"/> Inj.VILK1 <input type="checkbox"/>	
Delivery date: <input type="text"/> / <input type="text"/> / <input type="text"/> Time: <input type="text"/> Immunization: BCG <input type="checkbox"/> OPV <input type="checkbox"/> HepB <input type="checkbox"/>	
Mode of Delivery: Normal <input type="checkbox"/>	
Final outcome: Discharge/ Referral/ Death/ LAMA/ Abortion	
Name and signature of service provider: <input type="text"/>	Designation: <input type="text"/> Phone No: <input type="text"/> Date & Time: <input type="text"/>



**ME E17.2 Facility staff adheres to standard procedures for routine care of new-born immediately after birth and new born resuscitation****Checkpoints:**

1. Wipes the baby with a clean pre-warmed towel and wraps baby in second pre-warmed towel  
(Refer Proof: Labor Room + Case Sheet)
2. Performs delayed cord clamping and cutting (1-3 min) & Initiates breast-feeding soon after birth  
(Confirm via Observation)
3. Records birth weight and gives injection vitamin K (Refer Proof: Labor Room + Case Sheet)
4. New born Resuscitation (Refer Proof: Labor Room + Case Sheet)

**ME E17.3 There is established procedure for management/Referral of Obstetrics Emergencies as per scope of services.****Checkpoints:**

1. Staff is aware of Indications for referring patient for to higher centre (Refer Proof: Labor Room + Case Sheet)
2. Initial Management of Eclampsia \Pre-Eclampsia (Refer Proof: Labor Room + Case Sheet)
3. Post-Partum Hemorrhage (Refer Proof: Labor Room + Case Sheet)



**Standard E18: The facility has established procedure for post-natal care**

**ME E18.1 Postpartum care is provided to the mothers**

**Checkpoints:**

1. Mother is monitored as per post-natal care guideline (*Refer Proof: Labor Room + Case Sheet*)

**ME E18.2 There is an established procedure for Postnatal visits & counselling of Mother and Child**

**Checkpoints:**

1. Check Mother is educated & counselled about danger signs during puerperium & during postnatal visit (*Refer Proof: Labor Room + Case Sheet*)



# Area of Concern F: Infection Control

**Total Standards: 05**

**Total Measurable Elements: 09**

**Total Checkpoints: 31**



## Standard F1: The facility has established program for infection prevention and control

### ME F1.1: Facility ensures that staff is working as team and monitor the infection control practices

#### Checkpoints:

1. Staff is working as team to improve sanitation & hygiene of the facility. *(Refer Proof: Cleaning Protocols; Source: Annexure 9, HWC IPHS Standards 2022)*

#### Proof: Cleaning Protocols

ANNEXURE 9				
Cleaning Protocols at HWC-SHC/UHWC				
<p>Routine cleaning is of utmost importance in every area of a health care facility. Certain chemicals are recommended for cleaning, particularly in moderate and high-risk areas, but such chemicals keep on changing based on scientific updates. It needs to be understood that since none of the chemicals used on walls and floors provide 100% safety from various microorganisms and spores. So, behavior of staff towards routine cleaning and adherence to infection prevention protocols is the most important action which needs to be followed by health care staff and workforce.</p>				
Cleaning frequency, level of cleaning/ disinfection and evaluation/ auditing frequency according to the type of functional area risk category Functional Area Risk Category	Frequency of cleaning	Level of cleaning/ disinfection (As per Spaulding's Classification)	Method of cleaning/ Disinfection	Evaluation/ auditing frequency
<b>High risk areas</b> <ul style="list-style-type: none"> <li>• Labour Room Complex</li> <li>• Dressing room/ Injection Room/ Emergency</li> <li>• Minor OT</li> <li>• Laboratory</li> </ul>	<b>Floors, walls and Surfaces:</b> Routine cleaning once in two hours with aldehyde free high-level disinfectant (HLD) like 70% isopropyl alcohol  <b>Spot Cleaning:</b> As required OT table, Labour beds and other such surfaces to be cleaned and disinfected after every use.  Intensive deep cleaning: Weekly/ Holidays	Cleaning and Intermediate level disinfection	Routine Cleaning with soap detergent plus disinfection with aldehyde free high-level disinfectant (HLD) like 70% isopropyl alcohol  <b>Spot Cleaning:</b> As required after disinfection with 0.5% chlorine solution.  All Equipment and instruments to be disinfected and cleaned with aldehyde free high-level disinfectant like peracetic acid and autoclaving accept heat sensitive Equipment & instruments.	Weekly or monthly if cleanliness of high standards is maintained as certified by Officer I/C Sanitation and Infection Control Team

2. Check Records of Medical Check-up and Immunization *(Confirm via Records)*
3. Facility has a system to monitor cleanliness & hygiene practices *(Refer Proof: Monitoring of Cleaning; Source: Customised Format Sample)*





**Proof: Monitoring of Cleaning**

<b>Monitoring of Cleaning/Housekeeping Activities</b>									
<b>MEDI.2</b>									
Name of the HWC:									
Date:									
Date	Cleaner has done work	Dusting completed	Dry Mopping completed	Wet Mopping completed	Toilets are clean	Dust bins are cleaned	Bins with liners are available	Sign	Remarks



**Standard F2: The facility has defined and Implemented procedures for ensuring hand hygiene practices**

**ME F2.1: Hand Hygiene facilities are provided at point of use & ensures adherence to standard practices**

**Checkpoints:**

1. Availability of Hand washing facilities (*Confirm via Observation*)
2. Check Washbasin, tap & running water as per standard protocols (*Confirm via Staff Interview/Observation*)
3. Check availability of Soap and Alcohol Hand rub for outreach (*Confirm via Observation*)
4. Staff is trained and adheres to hand washing practices (*Confirm via Staff Interview/Observation*)



**Standard F3: The facility ensures standard practices and equipment for personal protection**

**ME F3.1: The facility ensures availability of personal protection equipment and ensures adherence to standard practices**

**Checkpoints:**

1. Check availability & use of PPE (*Confirm via Observation*)
2. Compliance to correct method of wearing and removing PPE (*Confirm via Staff Interview/Observation*)
3. Availability & adherence to Personal protective kit for infectious patients/ HIV pts. (*Confirm via Staff Interview*)



**Standard F4: The facility has standard procedures for disinfection and sterilization of equipment and instruments.**

**ME F4.1: The facility ensures availability of material and adherence to Standard Practices for decontamination and cleaning of instruments and followed by procedure/ patient care areas.**

**Checkpoints:**

- 1. Adequate supply of decontamination and cleaning agents at the point of use (*Refer Proof: Monitoring of Cleaning; Source: Customised Format Sample*)
- 2. Staff is trained for the decontamination and cleaning procedure (*Confirm via Staff Interview/Observation*)
- 3. Decontamination and cleaning of instruments and surfaces. (*Confirm via Staff Interview*)

**ME F4.2: The facility ensures standard practices and materials for disinfection and sterilization of instruments and equipment**

**Checkpoints:**

- 1. Availability of disinfectants (*Refer Proof: Monitoring of Cleaning; Source: Customised Format Sample*)
- 2. Staff adhere to the process of disinfection (*Confirm via Staff Interview/Observation*)
- 3. Sterilization/HLD records are maintained (*Refer Proof: Sterilization Record; Source: Customised Format Sample*)

**Proof: Sterilization Record**

**Sterilization Record**

S.No.	Date	Item	Time Autoclave turned on	Time Autoclave turned off	Temperature & Pressure	Staff sign	Paste chemical Indicator	Remarks



**Standard F5: The facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous waste.**

**ME F5.1: The facility ensures segregation and storage of Bio Medical Waste as per guidelines**

**Checkpoints:**

1. Availability of colour coded bins and non-chlorinated plastic bags and needle cutters at point of waste generation (*Confirm via Observation/Staff Interview*)
2. Segregation of BMW is done as per latest prevalent rules (*Confirm via Observation/Staff Interview*)
3. Check there is no mixing of the Biomedical & general waste (*Confirm via Observation*)
4. Display of work instructions for segregation (*Confirm via Observation*)
5. HWC has designated area for storage for BMW (*Confirm via Observation/Staff Interview*)

**ME F5.2: The facility ensures management of sharps as per guidelines**

**Checkpoints:**

1. Disinfection of broken / discarded Glassware is done as per recommended procedure (*Confirm via Observation/Staff Interview*)
2. Sharp waste is stored in puncture proof container (*Confirm via Observation/Staff Interview*)
3. Availability of post exposure prophylaxis and staff is aware what to do in such condition (*Refer Proof: Post Exposure Prophylaxis Record; Source: Customised Format Sample*)

**Proof: Post Exposure Prophylaxis Record**

**Post Exposure prophylaxis Record  
ME F5.2**

S.No.	Date	Name of health care worker	Date and time of injury	action taken onsite	Date and time of PPE given	If not taken, reason for the same	Test result after exposure	Date and time of vaccination	Remarks

**ME F5.3: The facility ensures management of hazardous & general waste**

**Checkpoints:**

1. Facility has provision for liquid waste management (*Confirm via Observation/Staff Interview*)
2. Check facility is mercury free (*Confirm via Observation/Staff Interview*)
3. Disposal of general waste (*Refer Proof: Bio Medical Waste Logbook; Source: Customised Format Sample*)





## Proof: Bio Medical Waste Logbook

Bio Medical Waste Logbook										
ME F5.1										
S.NO	Date of Generation	Quantity of Bio Medical Waste In KG.					Date and time of Collection by Waste Collection Agency (if applicable)	Date and time Disposal of waste in Deep burial & sharp pit	Name and Signature of Waste Collector (if applicable)	Name and Signature of HCF Staff
		Yellow	Red	White	Blue	Total				

## ME F5.4: The facility ensures transportation &amp; disposal of waste as per guidelines

## Checkpoints:

1. HWC waste is collected & transported in close container/bag (*Confirm via Record*)
2. HWC has facility for disposal of Biomedical waste (*Confirm via Observation*)
3. Facility manages recyclable waste as per approved procedure (*Refer Proof: Bio Medical Waste Logbook*)
4. No burning of any category of waste within/outside HWC (*Confirm via Observation*)



# Area of Concern G: Quality Management

**Total Standards: 05**

**Total Measurable Elements: 07**

**Total Checkpoints: 36**



## Standard G1: The facility has established organizational framework for quality improvement.

**ME G1.1:** The facility has a quality improvement team and it review its quality activities at periodic intervals

**Checkpoints:**

1. The HWC has quality team in place. (*Refer Proof: HWC Quality Team; Source: Customised Format Sample*)

**Proof: Quality Assurance Team Health Wellness Centre**

<b>Quality Assurance Team Health Wellness Centre</b>					
Name of the facility- Name of the facility I/C-			District- Date of establishment-		
S.N.	Composition of Quality Team (Role & Responsibility)	Name of Officers/Staff	Designation	Mobile No.	Signature
1	I/C HWC-SC CHO, OPD \Service, General Admin: Chairperson		CHO		
2	Member		Satff Nurse/ANM		
3	Member		MPW		
4	Member		ASHA		

**Signature with seal  
(CHO)**

2. Quality team meets monthly and review its activities (*Refer Proof: Meeting Record*)
3. HWC reviews performance of its indicators (*Refer Proof: AB HWC KPI SC Indicators; Source: AOC H, NQAS Checklist for HWC SHC*)

**Proof: AB HWC KPI SC Indicators**



HWC SC - OUTCOME INDICATOR / KEY PERFORMANCE INDICATORS(KPI)									
Type	S No	Indicators	Means of Verification	Formula	Source of Data	Significance	Jan/22	Feb/22	Mar/22
	1	No. of OPD Cases per month	Case specific OPD of pregnant mothers, neonate, infant, children, Adolescent, FP and CD	No. of OPD Cases per month	OPD Register	Utilisation of OPD services			
	1a.	Pregnant mothers		No of OPD cases of Pregnant mothers per month					
	1b.	Neonate (less than 1 month)		No. of OPD cases of neonate (less than 1 month)					
	1c.	Infant (less than 1 year)		No. of OPD cases of infant (less than 1 year)					
	1d.	Children (0 to 10 years)		No. of OPD cases of Children (0 to 10 years)					
	1e.	Adolescent (11 to 19 yrs)		No. of OPD cases of adolescent (11 to 19 yrs)					
	1f.	Family Planning cases		No. of OPD cases of Family Planning					
	1g.	Communicable diseases		No. of OPD cases of Communicable diseases					

4. Review & update work plan as per requirement (*Refer Proof: Action Planning Format; Source: Customised Format Sample*)

**Proof: Action Planning Format**

Action Planning format					
S.N.	Gap Statement	Action required	Responsible person	Time line	End of the month status
1.	Client feedback system is not available in the HWC	1. A feedback form will be developed 2. System of collection of client feedback will be initiated	CHO	By Aug 2022	
2.					
3.					

5. Identify the issues needed to be addressed at PHC review meeting (*Refer Proof: Monthly Progress SHC-HWCs*)
6. Results of Kayakalp and NQAS Internal /External assessments are reviewed (*Confirm via Records*)
7. Progress on time bound action plan is reviewed (*Confirm via Staff Interview*)



## Standard G2: The facility has established system for patient and employee satisfaction

### ME G2.1: The facility ensures mechanism for conducting patient satisfaction survey

#### Checkpoints:

1. Client satisfaction survey is done. (Refer Proof: Patient Satisfaction Form; Source: Annexure 2, JAS Register)
2. Analysis of low performing attributes is done (Refer Proof: Patient Satisfaction Form; Source: Annexure 2, JAS Register)

#### Proof: Patient Satisfaction Form

**संलग्नक - II**

**बाह्य रोगी फीडबैक प्रपत्र**

प्रिय मित्र,

आपने अपने मूल्यवान समय को अपने रिश्तेदार / मित्र के उपचार के संबंध में अस्पताल में बिताया है। यदि आप नीचे दी गई तालिका में इस अस्पताल की सेवा विशेषताओं पर अपनी राय साझा करते हैं, तो सेवा की गुणवत्ता में सुधार करने के हमारे प्रयास में यह हमारी मदद करेगा।

कृपया उपयुक्त बॉक्स पर टिक करें और सुझाव पेटिका में प्रश्नावली छोड़ दें।

क्रमसं	विवरण	खराब	ठीक	अच्छा	बहुत अच्छा	अतिउत्कृष्ट	कोईटिप्पणी नहीं
1.	HWC पर पर्याप्त जानकारी की उपलब्धता (पंजीकरण), उपचार, निदान, दवाओं और संदर्भन (						
2.	पंजीकरण काउंटर पर प्रतीक्षा समय	30 मिनट से अधिक	10-30 मिनट	5-10 मिनट	5 मिनट के भीतर	सुरत	
3.	एच डब्ल्यू सी कर्मचारियों का व्यवहार						
4.	प्रतीक्षा क्षेत्र में सुविधाओं की स्थिति (कुर्सी, पंखे, पीने का पानी आदि)						
5.	परिसर, शौचालय और आसपास की सफाई						
6.	क्या एमओ / सी एच ओ प्रतिदिन उपलब्ध रहते हैं?						
7.	जॉब और काउंसलिंग में लगा समय						
8.	एच डब्ल्यू सी में निर्धारित दवाओं की उपलब्धता						
9.	एच डब्ल्यू सी में निदान सेवाओं की उपलब्धता						
10.	क्या सभी दवाएँ और डायग्नोस्टिक्स नि:शुल्क प्राप्त हुईं?						
11.	HWC मेंटेली परामर्श सेवाओं की उपलब्धता						
12.	क्या आशा / ए एन एम द्वारा आप के घर पर भ्रमण किया गया?						

3. Actions are taken on lowest performing factors (Confirm via Record)





**Standard G3: The facility has established, documented, implemented and updated Standard Operating Procedures for all key processes and support services.**

**ME G3.1: Updated work instructions for all key clinical processes are available**

**Checkpoints:**

1. Instructions for using RDK are available (*Refer Proof: Work Instruction for RDK; Source: Customised Format Sample*)

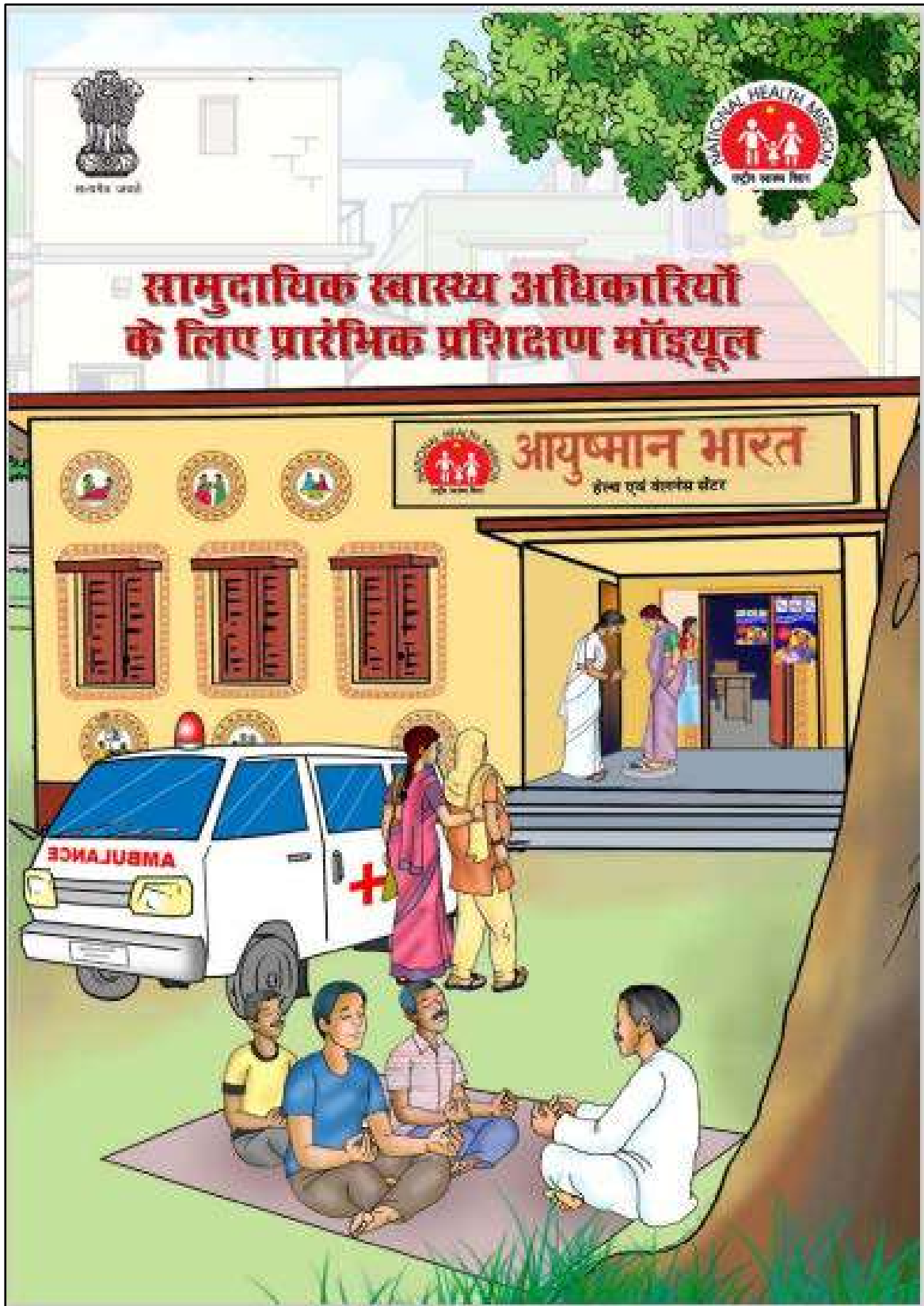
**Proof: Work Instruction for RDK**

<b>WORK INSTRUCTION</b>		
<b>FOR RAPID KIT TESTS AT HWC-SHC</b>		
Prepared by:	Name of the Health Facility:	Doc No:
Signature & Date		Version No:
		Effective Date:
<b>Purpose</b>		
To provide rapid kit based diagnostic Tests at HWC.		
❖ List of rapid diagnostic Kits available at the HWC-SHC are as follows		
1. Blood Sugar		
2. Haemoglobin		
3. Urine Dipstick test for Sugar and protein		
4. Urine Pregnancy test		
5. Malaria		
6. Dengue		
7. HIV		
8. Filariasis		
9. Syphilis		
10. Hepatitis-B		
11. Test for faecal water contamination		
12. Test for water chlorination		
13. Test for Iodine in salt		
14. Sputum collection for TB		
15. VIA for cervical cancer screening		

2. Work instruction for RMNCHA services (*Refer Proof: RMNCHA Services; Source: Induction Training Module for CHO at AB-HWC*)

**Proof: RMNCHA Services**





**1. Purpose:**

- a. To ensure that immunization services are provided at Health and Wellness Centre safely, in a consistent manner without compromising the quality of services.
- b. To ensure that HWCs staff should Identify common adverse events, manage an adverse event when it occurs.
- c. List the responsibilities of health service providers in minimizing AEFIs

**2. Scope:**

The document provides basic and necessary information to provide adverse events following Immunization (AEFIs), Types of AEFIs, managing AEFI when it occurs, described responsibilities of health service providers in minimizing AEFIs, reporting of AEFI.

**3. Responsibility:**

Sl.	Staff	Responsibility
1	ASHA	<ol style="list-style-type: none"> <li>1. Awareness generation and community mobilization</li> <li>2. Ensure follow-up visits to beneficiaries to identify minor vaccine reactions or AEFIs</li> </ol>
2	MPW-F/M	<ol style="list-style-type: none"> <li>1. Planning for Immunization</li> <li>2. Managing the Cold chain</li> <li>3. Receiving the vaccine carrier and logistics</li> <li>4. Preparing and conducting the immunization session</li> <li>5. Communicating with caregivers</li> <li>6. If any AEFI occurs following use of any vial, do not use that vial; mark it and retain safely for AEFI investigation.</li> <li>7. Primarily Management &amp; ensure recording of all AEFIs in the Block AEFI register</li> <li>8. Capacity building of ASHAs and AWWs to perform their roles in AEFI</li> </ol>
3	CHO	<p>Overall supervision of all the processes related to immunization and manage and report AEFI to appropriate level.</p> <ol style="list-style-type: none"> <li>1. Planning for Immunization</li> <li>2. Managing the Cold chain</li> <li>3. Communicating with caregivers</li> <li>4. Recording, Reporting and tracking of AEFI cases</li> <li>5. Capacity building of ANM, ASHAs and AWWs to perform their roles in AEFI</li> </ol>

3. Protocols and instructions for preventing, identifying and managing AEFI are displayed at immunization site (Refer Proof: Work Instruction for Management of AEFI)
4. WI for screening, management and appropriate referral of NCDs (Refer Proof: Work Instruction for Management of NCDs)
5. WI for screening, management and appropriate referral of Communicable disease (Refer Proof: Work Instruction for Management of Ophthalmic Problems)
6. WI for screening and referral of patients with mental disorders (Refer Proof: Work Instruction for Management of Common Mental Problems)
7. WI for screening of common ophthalmic problems (Refer Proof: Work Instruction for Management of Ophthalmic Problems)
8. WI for screening of ENT problems (Refer Proof: Work Instruction for Management of ENT Problems)
9. WI for screening of common oral problems (Refer Proof: Work Instruction for Management of common oral Problems)
10. WI for screening of common elderly & palliative care (Refer Proof: Work Instruction for Management of elderly care)



11. WI for management of emergency medical services (Refer Proof: Work Instruction for Management of common emergencies)
12. WI for infection prevention & Bio medical waste management (Refer Proof: Work Instruction for Management of IC and BMW)
13. Work instruction for conducting the Normal vaginal delivery (Refer Proof: Work Instruction for Normal Vaginal Delivery and Newborn care)
14. Work instruction for management of new born (Refer Proof: Work Instruction for Normal Vaginal Delivery and Newborn care)
15. WI are updated as per current practices (Confirm via Records)



## Standard G4: The facility has established system of periodic review of clinical, support and quality management processes

**ME G4.1: Handholding support and supervision is provided to HWC by PHC, block/ district/state teams**

### Checkpoints:

1. Service delivery and performance of HWC is reviewed regularly (*Refer Proof: Visitor Register; Source: Customised Format Sample*)
2. HWC performance is reviewed regularly by block/district/state nodal officer (*Refer Proof: Visitor Register; Source: Customised Format Sample*)

<b>Visitor Register</b>	
Name of Visitor:	
Designation:	
Date:	Time:
Purpose of the visit:	
Key Observation:	
Key Suggestions:	
Action Point with Time line:	

3. Check gaps have been identified and actions are taken (*Refer Proof: Action Planning Format*)

**ME G4.2: The facility conducts periodic internal assessment**

### Checkpoints:

1. Periodic assessment using NQAS checklist (*Confirm via Records*)
2. Periodic assessment using Kayakalp checklist (*Confirm via Records*)

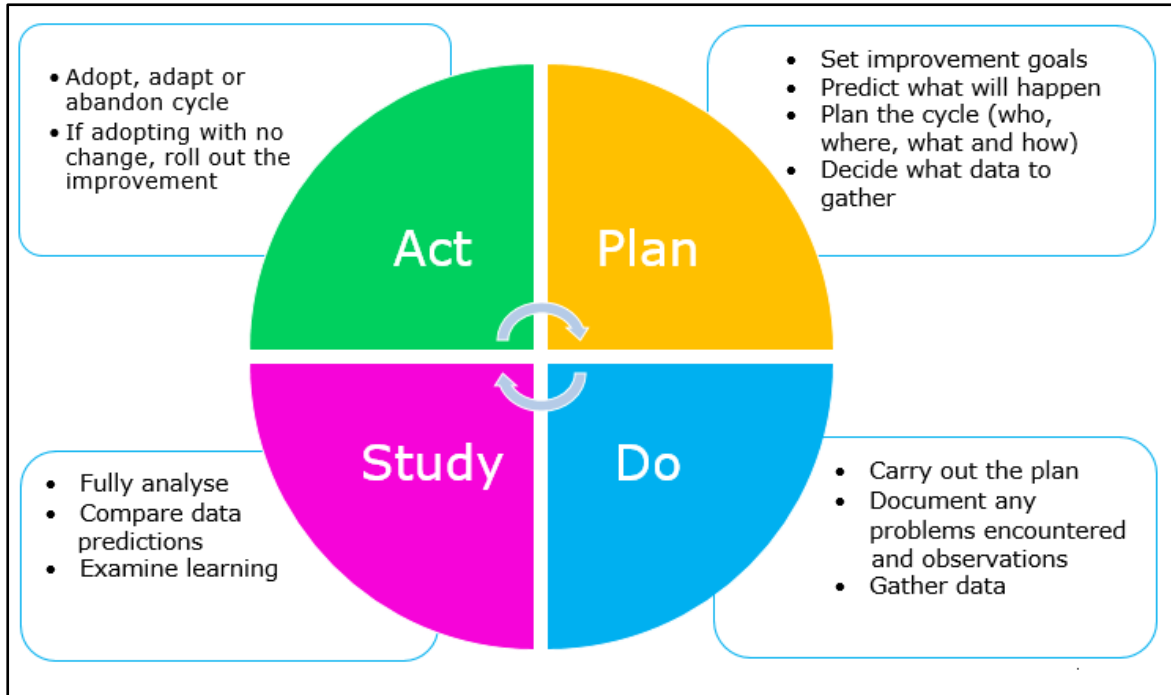
**ME G4.3: The facility ensures non-compliances are recorded adequately and action plan is made on the gaps found in the assessment/review process using quality improvement methods**

### Checkpoints:

1. Non-Compliance found in the internal Assessment using NQAS, Kayakalp and other monitoring checklists are recorded (*Refer proof: Action Planning Format*)
2. Root cause analysis is done (*Refer proof: Root Cause Analysis; Source: Customised Format Analysis*)
3. HWC team improve on the identified non-compliances & action are taken (*Refer Proof: PDSA Analysis; Source: Customised Format Sample*)





**Proof: PDSA Analysis**

**Standard G5: Facility has defined Mission, Values, Quality policy and Objectives, and approved plan to achieve them.**

**ME G5.1: The facility has defined Quality policy and quality objectives**

**Checkpoints:**

1. Quality policy are defined (*Refer proof: Quality Policy*)
2. Quality objectives are defined for the HWC (*Refer proof: Quality Objective*)

**Proof: Quality Objective**

**Quality Objectives**

Client safety and well-being shall always be our top priority.

We always strive: -

1. To practice Client centric approach & remain sensitive to the need of our clients.
2. To ensure safety of clients, staff and community.
3. To monitor, measure, assess and improve our performance to achieve service excellence and client delight.
4. To provide a platform for continuous learning at all levels

3. There is system for monitoring of performance toward quality objectives (*Confirm via Staff Interview*)



# Area of Concern H: Outcome

**Total Standards: 04**

**Total Measurable Elements: 04**

**Total Checkpoints: 28**



**Standard H1: The facility measures productivity indicators****ME H1.1: The facility measures productivity indicators services on monthly basis****Checkpoints:**

1. No. of OPD Cases per month (*Refer Proof: AB HWC KPI SC Indicators*)
2. No. of follow up cases (repeat visit) per month (*Refer Proof: AB HWC KPI SC Indicators*)
3. No. of cases referred to higher centre per month (*Refer Proof: AB HWC KPI SC Indicators*)
4. No. of Normal deliveries conducted (*Refer Proof: AB HWC KPI SC Indicators*)
5. No. of Case specific OPD per month (as per defined service package) (*Refer Proof: AB HWC KPI SC Indicators*)
6. No. of cases referred to higher centre per month (*Refer Proof: AB HWC KPI SC Indicators*)
7. No. of case specific follow up per month (*Refer Proof: AB HWC KPI SC Indicators*)
8. No. of dropout rate cases following identification (as per service Package) (*Refer Proof: AB HWC KPI SC Indicators*)



**Standard H2: The facility measures efficiency indicators.****ME H2.1: The facility measures efficiency indicators on monthly basis****Checkpoints:**

1. Percentage of women receiving all four ANC's (*Refer Proof: AB HWC KPI SC Indicators*)
2. Dropout rate for Pentavalent immunization (*Refer Proof: AB HWC KPI SC Indicators*)
3. Dropout rate for NCDs (*Refer Proof: AB HWC KPI SC Indicators*)
4. No. of stock out days of essential medicines (*Refer Proof: AB HWC KPI SC Indicators*)
5. No. of stock out days of essential diagnostic test (*Refer Proof: AB HWC KPI SC Indicators*)
6. No. of Yoga session conducted in month (*Refer Proof: AB HWC KPI SC Indicators*)
7. No of VHNDs conducted (for vulnerable population) (*Refer Proof: AB HWC KPI SC Indicators*)





**Standard H3: The facility measures clinical care indicators.****ME H3.1: The facility measures clinical care indicators on monthly basis****Checkpoints:**

1. No. of high-risk pregnancy identified during ANC (*Refer Proof: AB HWC KPI SC Indicators*)
2. No. of AEFI cases reported (*Refer Proof: AB HWC KPI SC Indicators*)
3. No. of Children with diarrhoea treated with ORS & Zn (*Refer Proof: AB HWC KPI SC Indicators*)
4. Contraceptives acceptance rate (*Refer Proof: AB HWC KPI SC Indicators*)
5. No. of Anaemia cases treated successfully (*Refer Proof: AB HWC KPI SC Indicators*)
6. Treatment completion rate for Tuberculosis (*Refer Proof: AB HWC KPI SC Indicators*)
7. Percentage of cases on treatment achieved blood pressure control (*Refer Proof: AB HWC KPI SC Indicators*)
8. Percentage of cases on treatment achieved blood sugar control (*Refer Proof: AB HWC KPI SC Indicators*)
9. Percentage of cases screened positive for cancer underwent biopsy (*Refer Proof: AB HWC KPI SC Indicators*)
10. Percentage of cancer cases underwent treatment for each cancer (*Refer Proof: AB HWC KPI SC Indicators*)



## Standard H4: The facility measures service quality indicators

### ME H4.1: The facility measures service quality indicators on monthly basis

#### Checkpoints:

1. Client Satisfaction Score (Patients) (*Refer Proof: Patient Satisfaction Form IP + OPJas*)
2. Client Satisfaction Score (Community) (*Refer Proof: Patient Satisfaction Form IP + OPJas*)
3. Percentage of chronic cases who started treatment at PHC/above are still under treatment for last 3 months (*Confirm via Records*)





## List of Contributors

<b>S.No.</b>	<b>Name</b>	<b>Designation</b>
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04	Mr Ajay Srivastava	Deputy General Manager-Quality Assurance, SPMU-UP
04	Mr RS Chaurasia	State Quality Consultant, SPMU-UP
05	Dr Kamala Mishra	State Quality Consultant, SPMU-UP
06	Mr Aash Mohamad	State Quality Consultant, SPMU-UP
07	Dr KK Dhawan	State Quality Consultant, SPMU-UP
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**Disclaimer: This compendium is developed with support from Jhpiego**