

DRAFT TOOL

Quality Assessment Checklist for Family Planning Services- U-PHC

To be used by FPSA/QA point person- Urban for assessing the quality of services for spacing methods of FP only*

State					
City					
Type of Facility (Pls tick)	U-PHC		U-CHC		DWH
Name of Facility					
Date of Assessment					
Day of Assessment	FDS/FPD	/	Non FDS/FPD		
Facility code					
Name of FPSA			Signature		

Means of Verification: O= Observed ; I= Interview; R= Record review NO- Not Observed

					Yes	No	Means of verification (O/R/I)	Comments if any	
INPUTS									
I- Clinic Infrastructure									
I-i	Waiting area with adequate seating facility				1	0	0		
I-ii	Clinic environment acceptably clean				1	0	0		
I-iii	Hand washing facilities (running water and soap)				1	0	0		
I-iv	Functional Toilet				1	0	0		
I.v	Electricity available/ Power back up				1	0	O/I		
I.vi	Referral linkage/ referral facility				1	0	I		
	Score								
II- Staff									
II-i	Medical Officer- MBBS				1	0	O/I		
II-ii	Staff Nurse				1	0	O/I		
II-iii	At least one provider trained on IUCD insertion				1	0	I		
II-iv	At least one provider trained on injectable contraceptive				1	0	I		
II.v	ANM Attached				1	0	O/I		
II-vi	Support Staff				1	0	O/I		
	Score								
III Client Charter									
III-i	Clients' rights / Services displayed at a prominent place at the facility				1	0	0		
III-ii	Board displaying service timings				1	0	0		
III-iii	Rooms indicating the type of service /room no. displayed				1	0	0		
	Score								
IV Counselling Area									
IV-i	Counselling area with Audio Visual Privacy				1	0	0		
IV-ii	Flip Charts/Posters/Models/Job-aids for FP				1	0	0		
IV-iii	Samples of Contraceptives/informed choice basket				1	0	0		
IV-iv	Follow up Cards-IUCD/Injectable (Wherever applicable) cards				1	0	0		
	Score								
V Contraceptive Supplies									
	<i>Following products in unopened, undamaged, packages not beyond expiration dates:</i>								
V-i	Condoms				1	0	O/I		
V-ii	COC pills				1	0	O/I		
V-iii	EC pills				1	0	O/I		
V-iv	IUCD				1	0	O/I		
V-v	DMPA (ANTARA)				1	0	O/I		
V-vi	CHAAAYA				1	0	O/I		
	Score								
VI Consumables									
VI-i	Cotton				1	0	0		

VI-ii	Gloves (clean/ HLD/ sterile)	1	0	0	
VI-iii	Soap/Detergent	1	0	0	
VI-iv	Antiseptic (Chlorhexidine/ Povidone Iodine etc.) solution	1	0	0	
VI-v	Bleaching Powder	1	0	0	
VI-vi	Syringes	1	0	0	
	Score				
VIII	Infection Prevention				
VII-i	Bucket/ Tub for decontamination (for preparing bleaching solution to soak the instruments)	1	0	0	
VII-ii	Brush for cleaning hinges/ joints of instruments	1	0	0	
VII-iii	Autoclave/ Boiler functional/ Large utensils with lid + gas stove	1	0	0	
VII-iv	Waste disposal containers with colored plastic bags (as per guidelines)	1	0	0	
VII-v	Puncture Proof Box available	1	0	0	
VII-vi	Utility Gloves	1	0	0	
VII-vii	Clean sheet/mackintosh	1	0	0	
	Score				
VIII	Procedure Area				
VIII-i	Examination table	1	0	0	
VIII-ii	Light Source / Torch (functional)	1	0	0	
VIII-iii	Privacy	1	0	0	
	Score				
IX	Equipment/IUCD sets				
ix-i	Instruments at least 2 sets (on FP Day)	1	0	0	
IX-ii	Instrument tray with cover (HLD or sterile)	1	0	0	
IX-iii	Tenaculum/ Volsellum	1	0	0	
IX-iv	Uterine Sound	1	0	0	
IX-v	Vaginal Cusco's/Sim's Speculum (Large, Medium, Small)	1	0	0	
IX-vi	Anterior Vaginal Wall retractor	1	0	0	
IX-vii	Scissors (Mayo's scissors)	1	0	0	
IX-viii	Long Artery forceps	1	0	0	
IX-ix	Sponge-holding Forceps	1	0	0	
IX-x	Kidney Tray (Large)	1	0	0	
IX-xi	Small bowl for betadine	1	0	0	
IX-xii	Cheattle forceps	1	0	0	
IX-xiii	Kelly's Forceps/ Long Placental forceps	1	0	0	
	Score				
	Total Score-54				
	Score obtained-				
	Percentage (Score obtained divided by total score multiply by 100)-				
	PROCESS	Yes	No	Means of verification	Comments if any
	<i>In this section, 5 different clients (preferably 3 IUCD clients and 2 DMPA/Antara clients) are to be observed for assessing the quality of counselling, procedures and infection prevention practices adopted while providing services in the facility. In case clients are not available and FPSA is not able to observe then tick NO (Not observed) in I- Counselling, II-Procedure and III-Infection prevention under this section. For assessing quality of record keeping and whether quality improvement meeting held, no clients to be observed</i>				
	<i>Instruction for App: Individual Screen with 3 components (counselling, procedure and infection prevention) to be opened for each client with clearly identifying the type of client. Once FPSA complete this section for 5 clients then other 2 components i.e. record keeping and QI will open. These two components are not applicable for clients, to be filled one time for the facility.</i>			(O/R/I/NO)	
	Type of Client observed (IUCD or IC for each client)				
I-	Counselling				
I-i	Informed Choice given	1	0	O/NO	
I-ii	Method specific Counselling for Family Planning method (Effectiveness and Side effects)	1	0	O/NO	
I-iii	Tools used for counselling	1	0	O/NO	
	Score				
II-	Procedure				
II-i	Screening done for method chosen	1	0	O/NO	
II-ii	Bimanual examination done before IUCD insertion (<i>Applicable only for IUCD client</i>)	1	0	O/NO	
II-iii	IUCD inserted using no touch technique (<i>Applicable only for IUCD client</i>)	1	0	O/NO	
II-iv	Injectable contraceptive given using aseptic precaution (<i>Applicable only for DMPA client</i>)	1	0	O/NO	
II-v	Follow up advice given	1	0	O/NO	

	Score				
III	Infection Prevention				
III-i	Hand washing done / Hand scrub used before and after procedure	1	0	O/NO	
III-ii	Decontamination by bleaching Solution (instruments soaked for 10 mins) <i>(Applicable only for IUCD client)</i>	1	0	O/NO	
III-iii	Instruments processed by autoclave/HLD <i>(Applicable only for IUCD client)</i>	1	0	O/I/NO	
III-iv	Mopping of floors done by disinfectant	1	0	O/I/NO	
III-v	Availability of proper waste disposal mechanism	1	0	O/I/NO	
III-vi	Instruments stored properly	1	0	O/I/NO	
	Score				
IV	Record keeping				
IV-i	Family Planning Register	1	0	R	
IV-ii	IUCD Register	1	0	R	
IV-iii	Injectable Register	1	0	R	
IV-iv	Follow-up record maintained including complication management	1	0	R	
IV-v	Regular monthly reports maintained and shared	1	0	R	
	Score				
V	Internal Quality Improvement Team				
V-i	QI team Formed	1	0	I	
V-ii	QI team Monthly meeting held in last month and action plan followed	1	0	I/R	
	Score				
	Total Score-21 Score obtained- Percentage (Score obtained divided by total score multiply by 100)-				
	OUTPUT (No. of LARC cases in a month as well as provision of method mix is taken by HMIS)	Number		verification	
I	Patient satisfaction				
	Patient satisfaction score (average of last 30 days)				
I-i	Count the number of patient satisfactory survey records in last 30 days and write the average of score in the column Do not write in decimals.			R	

*Field Program Service Assistant- Staff Nurse