**COMPREHENSIVE REPRODUCTIVE HEALTH SERVICES SUPERVISORY CHECKLIST**

**2018**

 **Background**

Reproductive Maternal Neonatal, Child and Adolescents Health (RMNCAH) services are key indicators to reflect country’s health status during emergency, recovery and development. During humanitarian crisis, the priority intervention is to provide lifesaving services and to structure coordination mechanism to ensure efficient management of the available resources.

The objective of the checklist is to provide supportive supervision through its utilization by reproductive health programme managers, clinics managers, and other staff during field visits. The checklist encompasses major areas that could be interfaced during delivery of Sexual reproductive health services which includes: antenatal care, post-natal care, Delivery services , family planning , post abortion care and counselling ,prevention and management of sexual transmitted infections , Gender based violence (GBV), referral services and community integration.

The Comprehensive Reproductive Health Services Supervisory Checklist is revised and updated based on previous checklist that was developed in 2016 to conduct rapid RH assessment.

This list is ready and recommended to be used by all member of Reproductive Health Sub Working Group (RH SWG ) preferably on quarterly basis and whenever a new reproductive health clinic is established.

***List of Acronyms:***

ANC: Antenatal care

CBOs: Community Based organizations

CCASS: Clinical care of sexual assaults Survivors

CDM: clinical Data Management.

COC: Code of Conducts

CMR: Clinical management of Rape

CS: cesarean section.

MdM: Medicine Due Monde

EDD: Expected Delivery Date

EmONC: Emergency Obstetric and Neonatal Care

GBV: Gender Based Violence

GUE: General Urine Exaimination

HF: Health Facility.

FP: Family planning

Hb: Hemoglobin test

HLD: High-level Disinfectant

HIS: Health Information System

HIV: Human Immuno Deficiency Virus

IEC: Information, Education and communication

IUD: Intra Uterine Device

JHAS: Jordan Health aid society

LMP: Last Menstrual Period

MISP: Minimum initial service package

NVD: Normal Vaginal Delivery

NGOs: Non-Governmental Organizations

NHIS: National Health Information system

PEP: Post Exposure prophylaxis

PNC: post-natal care

RH: Reproductive Health

Rh: Rhesus factor

RH SWG: Reproductive Health Sub Working group

RMNCAH: Reproductive Maternal Neonatal, Child and Adolescents Health

STI: Sexual Transmitted Infection

SGBV: Sexual Gender Based Violence

SOPS: Standards Operating Procedure

TT: Tetanus Toxoid

UNFPA: United Nation population Fund

U/S: ultrasound

***Comprehensive Reproductive Health Services Supervisory Checklist***

|  |  |
| --- | --- |
| **Name of the Supervisor** |  **List of key staff interviewed**  |
| Name of the facility: | Name: | Job title: |
| Address of the facility:  | Name: | Job title: |
| Date of visit: | Name: | Job title: |

|  |
| --- |
| **Additional staff list interviewed**  |
| Name | Job title:  |
| Name: | Job title |
| Name: | Job title: |

|  |
| --- |
| **General information** |
| Availability of donor logo / visibility  |  |
| Total population served by health center |  |
| Average number of woman and girls attending RH services per day:  |  |
| Number of woman attending RH services per month |  |
| Number of detected cases of GBV per month  |  |
| Number of referred cases to other services per month |  |

|  |
| --- |
| **Section 1: Infrastructure** |
| **Infrastructure**  | Yes | No | Don’t Know=DK | Action / Responsible org. | Remarks |
| Protected space for examination (Private room, privacy screen, curtains) |  |  |  |  |  |
|  Emergency, observation or inpatient beds available  |  |  |  |  |  |
| Waiting place for clients |  |  |  |  |  |
| Health Education corner |  |  |  |  |  |
| Restroom(toilet) that is available for clients to use |  |  |  |  |  |
| Health facility have potable water |  |  |  |  |  |
|  Health facility have water for handwashing |  |  |  |  |  |
| Lab. facility available |  |  |  |  |  |
| Pharmacy available |  |  |  |  |  |
| Data entry unit available |  |  |  |  |  |

|  |
| --- |
| **Section 2: Registers (data collection tools)** |
| **Registers** | Yes | No | DK=Don’t know | Action / Responsible org. | Remarks |
| RH/ANC log book available and used |  |  |  |  |  |
| RH cards available and used |  |  |  |  |  |
| PNC log book available and used |  |  |  |  |  |
| FP log book available and used |  |  |  |  |  |
| Miscarriage and Post abortion care FP log book available and used |  |  |  |  |  |
| STI’s log book available and used |  |  |  |  |  |
| Delivery room log book (mothers and neonates) |  |  |  |  |  |
| Awareness sessions log book available and used |  |  |  |  |  |
| Referral log book for RH cases  |  |  |  |  |  |
| Referral log book for GBV cases  |  |  |  |  |  |
| Comprehensive list of equipment for ANC services  |  |  |  |  |  |
| Comprehensive list of equipment for PNC  |  |  |  |  |  |
| Comprehensive list of equipment for FP |  |  |  |  |  |
| CDM system for HIS in place  |  |  |  |  | Only for certain partners  |
| List of Kit #3 PEP available  |  |  |  |  |  |

|  |
| --- |
| **Section 3: Guidelines**  |
| **Guidelines** | Yes | No | DK=Don’t know | Action / Responsible org. | Remarks |
| Guidelines for Syndromic management of STIs available, WHO guideline-  |  |  |  |  |  |
| FP Clinical Guidelines available -  |  |  |  |  |  |
| Infection Control Guidelines -  |  |  |  |  |  |
| ANC guidelines are available -  |  |  |  |  |  |
| PNC guidelines are available - |  |  |  |  |  |
| Referral guidelines based on of high risk pregnancy( Coopland scoring) to secondary and tertiary level are available-  |  |  |  |  |  |
| Monitoring tool for delivery(Partogam) is available  |  |  |  |  |  |
| CMR protocols available.  |  |  |  |  |  |
| Occupational hazard policy exists- |  |  |  |  |  |
| IEC awareness raising materials on ANC(e.g: Hygiene, TT vaccine, Regular Visits, Danger signs of pregnancy, Breast feeding …etc) |  |  |  |  |  |
| IEC awareness raising materials on PNC(e.g: Breast feedings, warning signs of infection , vaccination …etc)  |  |  |  |  |  |
| IEC awareness raising material on post abortion care and counselling  |  |  |  |  |  |
| IEC awareness raising materials on FP methods. |  |  |  |  |  |
| IEC materials on STIs are available and distributed to clients (e. g personal Hygiene, STI’s and HIV transmission and prevention , signs of infection..etc)  |  |  |  |  |  |
| IEC materials on GBV issues  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |
| --- |
| **Section 4: Documentation** |
| **4.1: Documentation for ANC in Log book and /or CDM** |
| **ANC documentation in Log book** | Yes | No | DK=Don’t know | Action / Responsible org. | Remarks |
| Name and age of client |  |  |  |  |  |
| Date of visit |  |  |  |  |  |
| Number and sex of living children  |  |  |  |  |  |
| Number of miscarriages and stillbirths  |  |  |  |  |  |
| Risk factor (R)identified  |  |  |  |  |  |
| LMP and EDD clearly listed  |  |  |  |  |  |
| Weight and height clearly listed |  |  |  |  |  |
| Findings of general medical examination clearly listed including Weight, fundal height at each visit , |  |  |  |  |  |
| Results of routine investigations clearly listed (GUE, Hb, ABO/Rh factor)  |  |  |  |  |  |
| Dates of ANC s visits and general assessment at visit clearly listed  |  |  |  |  |  |
| TT history clearly listed and missing doses identified / given |  |  |  |  |  |
| US finding reported  |  |  |  |  |  |
| Weight and height clearly listed  |  |  |  |  |  |
| HB screening  |  |  |  |  |  |
| Iron and folic acid supplementation provided and documented  |  |  |  |  |  |
| Time for follow up visits documented  |  |  |  |  |  |
| listed and missing doses identified / given  |  |  |  |  |  |
| Referral to other HF reported  |  |  |  |  |  |
| **4.2: Documentation for ANC in RH card**  |
| **ANC documentation in RH card**  | Yes | No | DK=Don’t know | Action / Responsible org. | Remarks |
| Risk factor (R)identified |  |  |  |  |  |
| Information on clients (name ,age , husband name ,address,…etc) documented  |  |  |  |  |  |
| Name of clinic and file umber mentioned  |  |  |  |  |  |
| Client’s family history (documented) |  |  |  |  |  |
| Past medical history (documented) |  |  |  |  |  |
| Current medications (reported) |  |  |  |  |  |
| Previous Obstetric history |  |  |  |  |  |
| LMP and EDD reported  |  |  |  |  |  |
| Gravity and parity |  |  |  |  |  |
| Number of N.V.D |  |  |  |  |  |
| Number of C/S |  |  |  |  |  |
| # of Stillbirths and miscarriages |  |  |  |  |  |
| Name of clinic |  |  |  |  |  |
| Date of visit  |  |  |  |  |  |
| Gestational age in weeks reported  |  |  |  |  |  |
| Weight reported |  |  |  |  |  |
| Blood Pressure measured and reported |  |  |  |  |  |
| Foetal position reported  |  |  |  |  |  |
| Ultrasound findings  |  |  |  |  |  |
| Results of routine investigations clearly listed (GUE, Hb, ABO/Rh factor) |  |  |  |  |  |
| Iron and folic acid supplementation provided and documented |  |  |  |  |  |
| Date for Next visit documented |  |  |  |  |  |
| Referral to other facility documented |  |  |  |  |  |
| Reason for referral mentioned |  |  |  |  |  |
| **4.3 Post Natal Care documentation in RH card** | Yes | No | DK=Don’t know | Action / Responsible org. | Remarks |
| Date of visit(4 post Natal visit )documented |  |  |  |  |  |
| Examination of the mother at each visit is documented(first 24 hrs, first week,4th week and 6th week) |  |  |  |  |  |
| Examination of the neonate at each visit |  |  |  |  |  |
| **4.4 :Family planning documentation in RH card** | Yes | No | DK=Don’t know | Action / Responsible org. | Remarks |
| Date of visit |  |  |  |  |  |
| Type of method  |  |  |  |  |  |
| Document the visit whether New or repeated  |  |  |  |  |  |
| History of any complication reported for the method used |  |  |  |  |  |
| Date of next visit |  |  |  |  |  |

|  |
| --- |
| **4.5 Documentation of labour and the newborn vital signs** |
| **labour Notes**  | Yes | No | DK=Don’t know | Action / Responsible org. | Remarks |
| Pregnancy outcome documented(full term baby, pre-term baby or still birth |  |  |  |  |  |
| Duration of labour documented(normal less than 12 hours, prolonged labour more than 12 hours) |  |  |  |  |  |
| Type of delivery documented (N.V.D, assisted delivery with forceps or Vantouse, C/S)  |  |  |  |  |  |
| Position of the baby at time of delivery(normal /head or breech or others)  |  |  |  |  |  |
| Sex of the newborn documented.(male or female) |  |  |  |  |  |
| Abgar score reported at (I min., 5 min., and 10 min.) |  |  |  |  |  |
|  Weight of newborn documented  |  |  |  |  |  |
| Height of newborn documented |  |  |  |  |  |
| Early initiation of breast feeding documented(within first hour or within the first 24 hours) |  |  |  |  |  |
| **4.5 STI’s documentation** |
| **STI’s documentation**  | Yes | No | DK=Don’t know | Action / Responsible org. | Remarks |
| Log book for STIs is remained confidential  |  |  |  |  |  |
| Basic demographic data (Age ,Sex ,place of living documented)  |  |  |  |  |  |
| Diagnosis of STI’s (syndromic approach |  |  |  |  |  |
| Treatment of STIs provided  |  |  |  |  |  |
| Relevant reports to MoH if requested are prepared/contact number

|  |
| --- |
| for MoH is available  |
|  |

 |  |  |  |  |  |
| Time for follow up visit is documented |  |  |  |  |  |
| **4.6 :Post abortion care documentation** |
| **POC documentation** | Yes | No | DK=Don’t know | Action / Responsible org. | Remarks |
| Current age  |  |  |  |  |  |
| Number of miscarriages |  |  |  |  |  |
| Duration of pregnancy at time of miscarriage documented  |  |  |  |  |  |
| Individual /couple counselling conducted |  |  |  |  |  |
| Iron folate supplementation provided  |  |  |  |  |  |
| Schedule for F/UP visit documented |  |  |  |  |  |
|  |  |  |  |  |  |
| **Section 5 : Reporting** |
| ( HIS,CDM…etc) | Yes | No | DK=Don’t know | Action / Responsible org. | Remarks |
| Reporting mechanism exists and consistent between the clinic and the central organization  |  |  |  |  |  |
| Reporting focal point available  |  |  |  |  |  |
| HIS electronic system is existing  |  |  |  |  |  |
| **Section 5:Human Resources** |
| Human Resources | Yes | No | DK=Don’t know | Action / Responsible org. | Remarks |
| Total trained midwives per shift. |  |  |  |  |  |
| Total trained physicians / shift |  |  |  |  |  |
| Total trained pediatricians / shift |  |  |  |  |  |
| Total trained nurses / shift |  |  |  |  |  |
| Total trained community health volunteers |  |  |  |  |  |
| Total trained case manager |  |  |  |  |  |
|  |  |  |  |  |  |
| **Section 6: Trainings** |
| **Specific training topics** | **Number of days of training** | **date of last training** | **Action/responsible**  | **Certificate provided** | **Remarks** |
| RH protocols |  |  |  |  |  |
| EMoNC |  |  |  |  |  |
| Family planning |  |  |  |  |  |
| CMR |  |  |  |  |  |
| MISP |  |  |  |  |  |
| Maternal nutrition |  |  |  |  |  |
| STI’s |  |  |  |  |  |
| SGBV SOPs including referral |  |  |  |  |  |
| Post abortion care and counselling |  |  |  |  |  |
| Infection control  |  |  |  |  |  |
| Code of Conduct |  |  |  |  |  |
| Medical waste management  |  |  |  |  |  |
| **Any other training (please list)** |
| **Name of training** | **No. of days** | **date of last training** | **Certification provided** |  | **Comments** |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  |  |
| 6. |  |  |  |  |  |
| **Section 7:community integration** |
| **Community integration** | Yes | No | DK=Don’t know | Action / Responsible org. | Remarks |
| Mapping of available CBO’s ,clinics, hospitals, and related facilities is available |  |  |  |  |  |
| Mechanism of coordination with the community is available (e.g: key contacts information, referral mechanism ,coordination of events…etc) |  |  |  |  |  |
| Events organized in collaboration with local community  |  |  |  |  |  |
| Community outreach mechanism |  |  |  |  |  |
| **Section 8: Infection Control**  |
| **Infection Control Items**  | **Yes**  | **No**  | **Comment and actions**  | **Responsible**  | Remarks  |
| Facility has designated area with proper sink used instruments’ processing  |  |  |  |  |  |
| Facility has a toilet for patients and another one for staff  |  |  |  |  |  |
| Facility has a sterilizer or hot oven with a working temperature gauge that is in good working condition  |  |  |  |  |  |
| Facility has sharp box at each medical procedure site  |  |  |  |  |  |
| Facility has covered , labeled waste bin and yellow bags for medical waste segregation at each medical waste generation site  |  |  |  |  |  |
| Facility has liquid soap or any kind of hand washing disinfectant solution  |  |  |  |  |  |
| Facility has enough antiseptic solutions to follow the IP protocol (Enzymatic decontamination detergent/ solution ,liquid detergent for cleaning, and chloride solution for surface cleaning  |  |  |  |  |  |
| Facility has three separate containers marked for decontamination, washing, and rinsing  |  |  |  |  |  |
| Facility has sufficient number brushes of different sizes, towels, and racks for instruments cleaning and drying  |  |  |  |  |  |
| HLD (high-level disinfected), surgical and disposable gloves of good quality  |  |  |  |  |  |
| Facility has the capacity to provide tissue or sheet underneath the clients when examined  |  |  |  |  |  |
| Facility has an incinerator for medical waste treatment within the facility  |  |  |  |  |  |
| Facility has proper active arrangement for medical waste transport and disposal at least once a week with an authorized institutions  |  |  |  |  |  |
| Instructions on hand washing, IP and medical waste management steps are posted in the designated area  |  |  |  |  |  |

**Delivery checklist – \*For Facilities providing Basic Emergency Obstetric Care**

|  |  |
| --- | --- |
| Name of the Supervisor | List of staff interviewed: |
| Name of the facility: | Name: | Job title: |
| Address of the facility: | Name: | Job title: |
| Date of visit: | Name: | Job title |

|  |
| --- |
| **Section 1:Physical resources:** |
| Registration and Data Collection Tools  | Yes  | No  | Comments and Actions  | Responsible  | Remarks  |
| Availability of Logbook for cases  |  |  |  |  |  |
| Availability of Medical record / patients file  |  |  |  |  |  |
| Patient file completed for medical history, Obstetric history, ANC care, ABO/Rh, and complete physical examination  |  |  |  |  |  |
| Availability of Partogram  |  |  |  |  |  |
| Availability of referral forms and a list of referral facilities and 24/7 ambulance services / telephone numbers |  |  | Referral for higher level available  |  |  |
| Tally sheets for reporting to HIS / NHIS |  |  |  |  |  |
| Template for regular reporting / copies of most recent report |  |  |  |  |  |
| **Section 2:Guidelines**  |
| Guidelines | Yes  | No  | Comments and Actions  | Responsible  | Remarks  |
| (EMoNC ), Guidelines for the management of delivery including complications and high-risk pregnancies? |  |  |  |  |  |
| Availability of Basic Neonatal care guidelines |  |  |  |  |  |
| Availability of referral guidelines |  |  |  |  |  |
| Availability of occupational hazard policy |  |  |  |  |  |
| Availability of infection control guidelines  |  |  |  |  |  |
| Availability of Health Care Waste Management Guidelines, including for placenta |  |  |  |  |  |
| IEC awareness raising material on early initiation of BF |  |  |  |  |  |
| **Section 3: Allocated Space** |
| **Allocated Space**  | Yes  | No  | Comments and Actions  | Responsible  | Remarks  |
| Protected space for examination? - (Private room, privacy screen, curtains)  |  |  |  |  |  |
| Adequate space and bed capacity allocated for stage 1  |  |  |  |  |  |
| Adequate space and bed capacity allocated for stage 2  |  |  |  |  |  |
| Adequate space and bed capacity for mothers and neonates allocated for post-partum room  |  |  |  |  |  |
| **Section 4:Availability of Supplies / Equipment** |
| **Availability of Supplies / Equipment** | Yes  | No  | Comments and Actions  | Responsible  | Remarks  |
| Cleaning (running water, soap and towel)  |  |  |  |  |  |
| Disinfectants / Antiseptics  |  |  |  |  |  |
| Gloves – Clean and sterilized  |  |  |  |  |  |
| Gowns ,masks and shoes cover – Clean and sterilized  |  |  |  |  |  |
| Autoclave – in working order  |  |  |  |  |  |
| Adequate number of beds  |  |  |  |  |  |
| Clean / disposable sheets  |  |  |  |  |  |
| Room Thermometer - Functioning  |  |  |  |  |  |
| Safe sharp disposal / Container  |  |  |  |  |  |
| Safe waste disposal / Container – yellow bags  |  |  |  |  |  |
| Safe container for contaminated laundry  |  |  |  |  |  |
| Stethoscope  |  |  |  |  |  |
| Sphygmomanometer  |  |  |  |  |  |
| Episiotomy sets - Sterile |  |  | Minimum number of Delivery sets available. please mention #: ( ) |  |  |
| Forceps sets - Sterile  |  |  |  |  |
| Vacuum extractor  |  |  |  |  |
| Sterile cord clamps  |  |  |  |  |
| Sterile cords scissors  |  |  |  |  |
| Mother and baby labels  |  |  |  |  |  |
| IV catheter  |  |  |  |  |  |
| Syringes / needles  |  |  |  |  |  |
| Urinary catheter  |  |  |  |  |  |
| Baby trolley  |  |  |  |  |  |
| Baby scale  |  |  |  |  |  |
| Suction machine with baby tubes  |  |  |  |  |  |
| Baby cloth  |  |  |  |  |  |
| Baby crib  |  |  |  |  |  |
| Baby blanket  |  |  |  |  |  |
| Fridge  |  |  |  |  |  |
| Emergency / parenteral medications (oxytocin, Ergometrine, magnesium sulphate, diazepam, calcium gluconate, ampicillin, gentamycin, metronidazole, Ringer’s lactate, other….)  |  |  |  |  |  |
| IV fluids  |  |  |  |  |  |
| Oxygen  |  |  |  |  |  |
| Blood transfusion  |  |  |  |  |  |
| **Section 5:Management of Delivery / Practices** |
| **Management of first stage of labour** | Yes  | No  | Comments and Actions  | Responsible  | Remarks  |
| Parturient woman received with the necessary documentation completed  |  |  |  |  |  |
| Parturient woman gowned in delivery room gown  |  |  |  |  |  |
| Parturient woman assessed for the stage of delivery  |  |  |  |  |  |
| Partogram used  |  |  |  |  |  |
| Tocography used  |  |  |  |  |  |
| Periodic monitoring every 30 min  |  |  |  |  |  |
| Bladder emptied  |  |  |  |  |  |
| Progress of delivery recorded  |  |  |  |  |  |
| **Management of second stage**  | **Yes**  | **No**  | **Comments and Actions**  | **Responsible**  | **remarks** |
| Parturient woman properly positioned  |  |  |  |  |  |
| Parturient woman monitoring every 5 min  |  |  |  |  |  |
| Staff scrub and gloved / gowned before delivery  |  |  |  |  |  |
| Proper management of birth  |  |  |  |  |  |
| **Management of third stage**  | Yes  | No  | Comments and Actions  | Responsible  | remarks |
| Proper clamping of the umbilical cord  |  |  |  |  |  |
| Parturient woman properly assisted to complete placental delivery  |  |  |  |  |  |
| Placenta checked for complete expulsion  |  |  |  |  |  |
| Baby handled, dried and wrapped in clean dry towel  |  |  |  |  |  |
| Apgar score at 1 and 5 minutes and recording results  |  |  |  |  |  |
| Suction of baby airways, if necessary  |  |  |  |  |  |
| Weighing of baby and recording weight  |  |  |  |  |  |
| Supporting mother for early bonding and initiation of BF within first hour after birth |  |  |  |  |  |
| Proper disposal of the placenta  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |
| --- |
|  |

ANNEXES

**Annex1: Comprehensive checklist of ANC checklist:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Item**  | **Available Number**  | **Equipment condition**  | **Not available**  | **Comments** |
| 1 | Ultrasound  |  |  |  |  |
| 2 | Examination coach  |  |  |  |  |
| 3 | Privacy Curtains  |  |  |  |  |
| 4 | Fetal Heart Doppler  |  |  |  |  |
| 5 | Sonicaid |  |  |  |  |
| 6 | Hemoglobin meter (HemoCue)  |  |  |  |  |
| 7 | Stethoscope  |  |  |  |  |
| 8 | Sphygmomanometer  |  |  |  |  |
| 9 | Thermometer  |  |  |  |  |
| 10 | Weight scale  |  |  |  |  |
| 11 |  Height Scale  |  |  |  |  |
| 12 | Glucometer machine and strips  |  |  |  |  |
| 13 | Pregnancy Strips  |  |  |  |  |
| 14 | Urine strips  |  |  |  |  |
| 15 | Urine cups  |  |  |  |  |
| 16 | Tourniquet  |  |  |  |  |
| 17 | Syringes  |  |  |  |  |
| 18 | Gloves  |  |  |  |  |
| 19 |  Sharp item container  |  |  |  |  |
| 20 | Hand disinfectant  |  |  |  |  |

**Annex 2: Comprehensive checklist of PNC checklist:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Item**  | **Available Number**  | **Equipment condition**  | **Not available**  | **Comments** |
| 1 | Ultrasound  |  |  |  |  |
| 2 | Examination coach  |  |  |  |  |
| 3 | Privacy Curtains  |  |  |  |  |
| 4 | Hemoglobin meter (HemoCue)  |  |  |  |  |
| 5 | Stethoscope  |  |  |  |  |
| 6 |  Sphygmomanometer  |  |  |  |  |
| 7 | Thermometer  |  |  |  |  |
| 8 | Weight scale for the mother  |  |  |  |  |
| 9 | Height Scale for the mother  |  |  |  |  |
| 10 |  Weight scale for the baby  |  |  |  |  |
| 11 | Height Scale for the baby |  |  |  |  |
| 12 |  Glucometer machine and strips  |  |  |  |  |
| 13 | Tourniquet  |  |  |  |  |
| 14 | Syringes  |  |  |  |  |
| 15 | Gloves  |  |  |  |  |
| 16 | Sharp item container  |  |  |  |  |
| 17 | Hand disinfectant  |  |  |  |  |

**Annex 3: Comprehensive checklist of Family Planning checklist:**

|  |
| --- |
| **List of Medical Equipment for Family Planning room** |
|  | **Equipment**  | **Available Number**  | **Equipment condition /**  | **Not available**  | **Comments** |
| 1 | Examination couch  |  |  |  |  |
| 2 | Gyn. couch  |  |  |  |  |
| 3 |  Stool  |  |  |  |  |
| 4 | Adult scale  |  |  |  |  |
| 5 | Examination light  |  |  |  |  |
| 6 | Step  |  |  |  |  |
| 7 | Trolley  |  |  |  |  |
| 8 |  Double basin  |  |  |  |  |
| 9 | Autoclave/ sterilizer Or High capacity Hot oven  |  |  |  |  |
| 10 | U/S with vaginal probe  |  |  |  |  |
| 11 | Ultrasound printer  |  |  |  |  |
| 12 | Additional screen for ultrasound  |  |  |  |  |
| 13 | Sphygmomanometer  |  |  |  |  |
| 14 | Stethoscope  |  |  |  |  |
| 15 | Measuring tape  |  |  |  |  |
| 16 | Small Speculums  |  |  |  |  |
| 17 | Medium Speculums  |  |  |  |  |
| 18 | Large Speculums  |  |  |  |  |
| 19 | Tenaculums (25 cm fine teeth)  |  |  |  |  |
| 20 | Sounds (32 cm rigid) |  |  |  |  |
| 21 | Forceps (thin teeth) 26 cm |  |  |  |  |
| 22 | Forceps 23cm |  |  |  |  |
| 23 | Ovum Forceps (Sponge holder 25 cm)  |  |  |  |  |
| 24  | Shettle Forceps |  |  |  |  |
| 25  |  Alligator Forceps |  |  |  |  |
| 26 | Scissors (22 cm) different sizes |  |  |  |  |
| 27 | Storage cupboard for medicines and contraception |  |  |  |  |
| 28 | Instrument Containers |  |  |  |  |
| 29 | Instruments tray |  |  |  |  |
| 30 | Pap smear Jars\* |  |  |  |  |
| 31 | Blade holder |  |  |  |  |
| 32 |  Sharp box |  |  |  |  |
| 33 |  Microscope\* |  |  |  |  |
| \* |  - Doesn’t apply to Health facilities at camp level but to secondary HF level  |  |  |  |  |
| **Contraceptives** |  |
|  | Item  | Available | Quantity | Not Available  | comments |
| 1 | Combined oral contraceptives |  |  |  |  |
| 2 | Progesterone only pills |  |  |  |  |
| 3 | Cu-T IUD |  |  |  |  |
| 4 | Depo provera injections |  |  |  |  |
| 5 | Implants |  |  |  |  |
| 6 | Condoms |  |  |  |  |
| 7 | Emergency contraceptives |  |  |  |  |
| 8 | Others |  |  |  |  |
| **Medical Supplies** |  |
| 1 | Iodine\bottles |  |  |  |  |
| 2 | Local anesthesia; Xylocaine or lidocaine |  |  |  |  |
| 3 | Antiseptic-Alcohol |  |  |  |  |
| 4 | Chlorine solution |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Sterile gloves |  |  |  |
|  | Latex gloves |  |  |  |
|  | Disposable gloves |  |  |  |
|  | Utility gloves |  |  |  |
|  | Detergent |  |  |  |
|  | Cotton |  |  |  |
|  | Gauzes of different sizes  |  |  |  |
|  | Cotton Swab sticks  |  |  |  |
|  | Spatula  |  |  |  |
|  | Brush for Pap smear  |  |  |  |
|  | Slides  |  |  |  |
|  | Cover for slides  |  |  |  |
|  | Tongue depressors  |  |  |  |
|  | Tape  |  |  |  |
|  | Lubrication jelly  |  |  |  |
|  | Potassium hydroxide solution (KOH)/saline with pipette  |  |  |  |
|  | Buckets marked for decontamination, washing and rinsing  |  |  |  |
|  | Large bucket for immersing and cleaning instruments  |  |  |  |
|  | Brush for instruments’ cleaning  |  |  |  |
|  | **IEC Materials**  | **Available**  | **Number**  | **comments** |
|  | Posters  |  |  |  |
|  | Flip chart  |  |  |  |
|  | Brochure/pamphlet  |  |  |  |
|  | Counseling cards  |  |  |  |
|  | Other  |  |  |  |
|  |  |  |  |  |
|  | **Essential Equipment for delivery room** | **Available**  | **Number**  | **comments** |
| 1 | Delivery beds break down in the middle to become birthing beds, complete with stirrups, handles, and even a birthing bar |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 2 | Incubator  |  |  |  |
| 3 | Medical Equipment(suction and oxygen receptacles |  |  |  |
| 4 | Infant resuscitation  |  |  |  |
| 5 | Foetal Monitor |  |  |  |
| 6 | Sphygmomanometer  |  |  |  |
| 7 | stethoscope |  |  |  |
| 8 | Wall thermometer  |  |  |  |
| 9 | Newborn Station after delivery |  |  |  |
| 10 | Newborn Bassinet |  |  |  |
| 11 | Other consumables (gauze, sutures …etc) |  |  |  |
| 12. | Other surgical instruments as mentioned earlier) |  |  |  |