

# District Quality Assurance Programme for Reproductive Health Services

## An Operational Manual



Department of Health and Family Welfare  
Government of Gujarat



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# PREFACE

There is now a growing recognition for the need for quality of care in population programmes. Policymakers realize that health services of inferior quality do not promote equity or maximize health gains. A part of reason for poor quality services lies in the obstacles to operationalization of QOC interventions in the RH services in the public systems such as limited capacity, lack of programme standards and guidelines, and an obsession with quantified target achievements rather than monitoring client satisfaction.

Policy instruments clearly highlight quality of services (National Population Policy 2000, RCH 2 PIP 2005). However, we need to operationalize these strategies. Evidence shows that QOC frameworks can be adapted for use in quality assessment and improvement of broader reproductive health (RH) services in different settings, in a participatory manner. Most interventions are driven by the fact that provision of services should reflect on the providers and clients' perspectives. There is also increasing recognition of insistence on adhering to service delivery protocols by the providers so as to achieve desired outcomes from services. In this context, the quality of care (QOC) is seen as an integral and major component of people's reproductive rights.

Government of Gujarat is actively pursuing improvements in the quality of reproductive health care provided through the network of Primary Health Centres (PHCs) and Community Health Centres (CHCs). In order to institutionalize quality assurance, an attempt is being made to set up a functioning district quality assurance mechanism to ensure quality of reproductive health services provided through public systems. It is envisaged that each district will set up a Quality Assurance Group (QAG) with a clear mandate for steering the QA programme interventions at the district level.

As a step in this direction, this manual tries to explain the process of QA in simple practical terms and is directly addressing the needs of district health officials who have been given the task of ensuring quality of reproductive health services provided at primary health care facilities. Subsequent chapters attempt to reflect on how the QA programme can be implemented for RH services provided at PHCs and CHCs. This process manual is designed for the district level officials from health systems, who will constitute the District Quality Assurance Group. Inputs for this process manual have largely come from pilots undertaken in the Dahod District.

I would like to place on record my sincere thanks to Dr. Arvind Pulikkal, Dr. Dinesh Agarwal, Dr. S.R. Patel, Dr. J.L. Meena for creating awareness for this important issue in our state. I am also grateful to the UNFPA as well as the Population Council for supporting the State Government in this important issue.

I hope this operational guide for implementation of the QA interventions, will go a long way in improving the quality of RCH services for the people of Gujarat.

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# INTRODUCTION TO THE MANUAL

## Introduction to the Quality Assurance Programme

Governments of Maharashtra and Gujarat are actively pursuing improvements in the quality of reproductive health care provided through the network of Primary Health Centres (PHCs) and Community Health Centres (CHCs). In order to institutionalize quality assurance, an attempt is being made to set up a functioning district quality assurance mechanism to ensure quality of reproductive health services provided through public systems. This programmatic intervention has been supported through the Integrated Population and Development project (UNFPA supported) since 2004. It is envisaged that each district will set up a Quality Assurance Group (QAG) with a clear mandate for steering the QA programme interventions at the district level.

## Operational Manual

This process manual is designed for the district level officials from health systems, who will constitute the District Quality Assurance Group. Inputs for this process manual has largely come from pilots undertaken in the two states. It is meant as an operational guide for implementation of the QA intervention. The manual has been organized into six chapters.

The first chapter introduces the concept of quality assurance and briefly explains different components, elements and sub elements. Chapter two outlines the scope of quality assessment in the District Quality Assurance programme. Chapter three delves into the measurement of the elements of services to assess quality, i.e. inputs, processes and outputs and why it is important to use objective measures of quality, which are amenable to change over time. It explains how the District Quality Assurance Group should be formed and lists the roles and responsibilities of the members.

Chapter four guides the QAG members through the process of a quality assessment visit to a primary or community health centre and includes the checklists developed specifically for use during this programme. Chapter five describes the process of assessing each item/sub-item and significance of its measurement.

Finally chapter six outlines the follow-up activities required after a facility assessment visit is completed. All instruments used for data collection by District Quality Assurance Group members are annexed.

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## CHAPTER - 1

# INTRODUCTION TO QUALITY ASSURANCE FOR REPRODUCTIVE HEALTH SERVICES

### INTRODUCTION

The International Conference on Population and Development (ICPD) held in Cairo in 1994 was a milestone for programmes related to family planning. Post Cairo, there is growing recognition of focusing on quality of care in population programmes. The paradigm shift in the population programmes refer to responding to the reproductive health needs of the clients through provision of package of quality reproductive health services and address unmet reproductive health needs of the couples and individuals. In this context, the quality of care (QOC) is seen as an integral and major component of people's reproductive rights. Policymakers have also realized that health services of inferior quality do not promote equity or maximize health gains.

In the decade prior to ICPD, quality of care experts were increasingly demanding that users perspectives and inter-personal dimensions of service provision be included in the monitoring of family planning programmes. Senior researchers at the Population Council, Judith Bruce and Anrudh Jain (Bruce 1987, 1990, Jain 1989), devised a framework for QOC for family planning services which outlined the fundamental elements of care giving process while capturing both technical and interpersonal dimensions.

Subsequent follow-up work has suggested that QOC frameworks can be adapted for use in quality assessment and improvement of broader reproductive health (RH) services in different settings, in a participatory manner and achieve these objectives. Quality assessment and improvement activities have burgeoned in the recent years, stimulated by the diversified rationale, experiences and perspectives. Most interventions are driven by the fact that provision of services should reflect on the providers and clients' perspectives. There is also increasing recognition of insistence on adhering with service delivery protocols by the providers so as to achieve desired outcomes from services. Invariably there is also emphasis on bringing the element of measurement in the service quality on a continuing basis. Quality management models from industry, demands from providers, professional associations, focus on clients' perspectives and satisfaction, have also provided much needed impetus to these interventions.

Many obstacles are identified in operationalization of QOC interventions with special reference to RH services in the public systems. There are issues related to the limited capacity and availability of time with overworked providers and programme managers, lack of programme standards and guidelines, and an obsession with quantified target achievements rather than monitoring client satisfaction. Policy instruments clearly highlight quality of services (National Population Policy 2000, RCH 2 PIP 2005), it needs more substantive inputs to operationalize these strategies.

Quality assurance intervention in RH services is an attempt to move forward by initiating operationalizing programmatic interventions, initially in pilot settings. It proposes to develop and institutionalize the use of the field based, practical and feasible indicators in quality assessment and to transform existing supervision practices into a more standardized and structured quality assessment process. *Any sustainable change in terms of institutionalization of Quality Assurance (QA) will come from within the system and not from outside.* It is

however, hoped that corresponding interventions from demand side (for example, community and individuals demanding better services) will also put pressure on the system to deliver quality services which will, in turn, give impetus for investing in QA.

This manual tries to explain the process of QA in simple practical terms and is directly addressing the needs of district health officials who have been given the task of ensuring quality of reproductive health services provided at primary health care facilities. Subsequent chapters attempt to reflect on the how the QA programme can be implemented for RH services provided at PHC and CHCs.

## **Quality of Care**

*Quality of Care* as applied to a public health system is defined as “attributes of a service programme that reflect adherence to professional standards, in a congenial service environment and satisfaction on the part of the user” – (UNFPA Technical Report 1999).

## **Quality Assurance**

Quality assurance can be defined as “all activities that contribute to defining, designing, assessing, monitoring, and improving the quality of healthcare.” These activities can be performed as part of the accreditation of facilities, supervision of health workers, or other efforts to improve the performance of health workers and the quality of health services. Hence, QA applies broadly to an entire cycle of assessment which extends beyond problem identification, to verification of the problem, identification of what is correctable, initiation of interventions/improvements, and continual review to assure that identified problems have been adequately corrected and that no further problems have been engendered in the process.

The Quality Assurance Programme is made up of two main components:

- Quality Assessment
- Quality Improvement

Continuous assessment of the quality of services provided by facilities is fundamental to any QA programme. Assessment requires not only monitoring service utilization but also the processes undertaken in delivery of RH service package. It is assumed that both health providers and managers will pay more attention to the processes that are regularly monitored. It is known that unless monitored and supported, people often resort to the simplest or easiest ways of getting outcomes. And at times these outcomes do not necessarily correspond to ultimate and intermediate goals of health systems and hence don't lead to client satisfaction.

When assessment of quality is built into the routine monitoring of services – there will be more likelihood of attention being devoted to the processes in delivery of services.

<p><b>Quality assurance approach is one way to improve quality through systematic monitoring and improvements in delivery of services.</b></p>
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The objective of the proposed quality assurance intervention is to facilitate the measurement of quality of reproductive health services at PHCs and CHCs and consequently improvements in service quality by focusing on the gaps identified during the assessment process. It is proposed that members of district QA group will conduct their periodic assessment visits using specific tools and, based on the gaps identified, help the service providers address specific service quality elements and sub-elements.

This manual provides the tools to ensure that quality assessment is standardized and reduces subjectivity to the extent possible. These tools are also amenable to scoring and on the basis of service quality assessment for the facility a composite score can be arrived at. This summary assessment will allow the PHC/CHC in-charge and District Health Officer and his/her staff to identify and begin the process of change required to improve quality of services.

Thus, quality assessment through refocusing and restructuring routine monitoring visits, using standardized tools, will help in identification of existing gaps in service quality. This will also lead to initiate series of actions to address gaps and hence improvements in the quality. Subsequent visits will ensure that actions initiated have resulted in improvements in the facility score.

### **How Do We Measure the Quality of Health Services?**

There are three dimensions of quality requiring measurement using a systems approach – inputs, processes and outputs.

**Inputs:** It includes all programme efforts that facilitate the readiness of the PHC/CHC to provide services, when a client visits the clinic. Inputs include physical infrastructure, staffing, supplies, equipment, and etcetera. Availability of inputs will be critical for delivery of services as per the service delivery guidelines and protocols.

**Processes:** Refers to the actual process of care giving and service received. Processes include technical and interpersonal dimensions and a range of elements. All the actions that need to be conducted by staff of the PHC/CHC so that clients receive quality services are covered.

*Process observations* on the day of visit are used in this manual to assess whether the providers are maintaining standards of care as specified in service guidelines. Visit dates will need to be scheduled to be reasonably sure that on the date of visit a particular set of clients is present. For example, RCH camp days for family planning services observation, and ANC day for antenatal care observations.

**Outputs:** Outputs can be seen from the perspectives of clients, providers and managers. Outputs from service delivery will result in better reproductive health outcomes leading to achievements of the programme goals. One of the more difficult dimensions of quality is to measure output in a clinic setting especially during the monitoring visits. For example, clients who availed a particular RH service from the facility may or may not come for a follow-up visit. Therefore it may not be feasible for the QA team to visit enough number of clients to know their opinion of the service quality, and satisfaction levels with services offered by the particular facility during the monitoring visit. The other, practical but more indirect, approach is to review records for services provided paying special attention to follow-up for the negative events that result from clinic visits.

Standards of Care used to develop the Quality Indicators in this manual are those that are developed or recognized by the Government of India (GOI) and have been discussed during the national state level workshops to ensure consensus among different stakeholders. A list of these documents can be found at the end of this manual. Each state may also have a list of additional guidelines which are used when no formal GoI guidelines are currently available for the particular service delivery interventions.

**CHAPTER – 2**

**SCOPE OF QUALITY ASSESSMENT IN DISTRICT HEALTH MANAGEMENT**

**THE ELEMENTS OF QUALITY**

The following is extracted from the UNFPA’s technical report entitled “Planning Population and Development Projects (1999) with focus on decentralization and quality of care”. The framework for addressing quality of care issues is particularly relevant for services provided through primary health care system.

The **Reproductive Health Quality Framework** comprises of nine elements drawn from the agreed definition of Quality of Care (QOC) as applied to the public health system. Accordingly QOC is defined as *“attributes of a service programme that reflect adherence to professional standards, a congenial service environment and satisfaction on the part of the user.”* Each element has been defined and then described in more specific terms by “sub-elements”, which have been given below in the form of queries or questions.

**Elements of Quality**

There are nine elements that can be categorized into generic and specific elements. Four elements can be grouped, as specific elements as they are specific for each RH service while there are five that can be applied to any RH services and are therefore generic. The proposed QA intervention conveys most of these elements and sub-elements.

**Generic Elements (Common to all RH services)**

- a) Service environment
- b) Client provider interaction
- c) Informed decision-making
- d) Integration of services
- e) Women’s participation in management.

**a. Service Environment**

This is defined as organization of services for the client’s convenience and for maintaining standards.

***Sub-elements***

1. In the health service institution(s), are there adequate physical space and specifications for procedures? Water and electric supply connections as required? The QA Checklists asks questions that specifically address this aspect of quality – for example in the questions about a separate labor room, privacy, and etcetera.
2. Adequate sheltered waiting area, drinking water and clean toilets?

The sub-elements in the quality assessment also ascertain whether such adequate standards are maintained regarding:

3. Hygiene and cleanliness? Waste disposal system?
4. Facilities for ensuring privacy and confidentiality? Actual observance of the same?
5. Reasonable short waiting times for consultancy, tests and procedures?
6. Policy and provisions in place for maintenance of facilities? Regular periodic maintenance of building and amenities?

***b. Client Provider Interaction***

Defined as the nature of provider – client relationship and information exchanged between them. The assessment of client provider interaction cannot be directly observed in most cases as it violates the rights for privacy and confidentiality of the client and also the presence of an observer will most likely alert the provider towards changing behavior when observed. The methods used in the QA Checklists to assess client provider interaction are indirect and are limited to clients self-report in a short questionnaire about their satisfaction with services and questions asked to clients attending a RCH camp.

***Sub-elements***

1. Are providers friendly and courteous? Actively listen to clients? Invite doubts and questions?
2. Do providers give complete information on each service – eligibility, dosages, possible side-effects, follow-up schedule, and etcetera?
3. Do providers understand client's language or dialect? Do they give instructions using simple, easily understood words (without medical jargon)?
4. Do providers use models, pictures, samples and other communication aids while explaining clinical or contraceptive methods?

***c. Informed Decision-making***

Defined as availability of relevant information and service procedures that facilitate informed choice by client.

***Sub-elements***

1. Adequate balanced information through IEC interventions?
2. Do communication efforts address social and economic determinants of health related behavior?
3. Are client's decision biased by incomplete information on available options, or by threat to deny some or all service(s)?
4. Are those who switch or discontinue contraceptive methods encouraged to make another choice?
5. Adequate procedures in place for informed consent before major clinical procedures? Informed consent followed in practice? For example in the QA checklists the QAG member requests to review filled-in case sheets of clients who underwent a sterilization operation to check on complete recording of information and this is checked against self-reports by clients of the information they received.

***d. Integration of Services***

This is defined as linkage of services and health institutions in order to provide comprehensive RH care in a convenient manner.

### ***Sub-elements***

1. Clients with two or more RH needs (e.g. contraception & RTI) served at the same time or institutions?
2. Adequate upward referral system across primary, secondary and tertiary institutions? Referred clients reverted to peripheral institutions after specialized care?
3. Adequate linkage between government, private, voluntary and corporate sector health institutions?
4. Referral protocols established?
5. System established for co-ordination interaction between different health sectors?

### ***e. Women's Participation in Management***

Defined as accountability of a RH program to its clients, especially women; by involving them in planning, implementation and monitoring of RH services.

### ***Sub-elements***

Women within the system - number and role of women managers and supervisors

Career development for women employees

Mechanisms for involvement of community women group representatives in programme planning.

### **Service Specific Elements (Specific to Each RH Service)**

- a) Access to services
- b) Equipment and supplies
- c) Professional standards and technical competence
- d) Continuity of care.

### ***a. Access to Services***

This is defined as availability and accessibility of RH care to clients, especially to underserved segments of the population (age, religion, men, and women old young, etcetera) and marginalized groups (tribes, migrants, slum dwellers, etcetera.).

The sub elements of access include:

1. Location, distance and timing of institution – Any of these elements may pose as barriers to accessing services. For example, one of the questions used to assess this is “are the services and timings mentioned on a well-marked board?”
2. Availability of service providers on a routine basis, and in the event of an emergency? For example, the question asked regarding availability of nursing personnel at CHC for 24 hours.
3. Are services affordable? Cost of medication, fees, travel, lost wages, and etcetera? Since most of the services are free in the PHC/CHC the question testing this aspect of access is whether the cost of transportation to a higher level facility for referral is shown on a well-marked board.

### ***b. Equipment and Supplies***

Quality of care in terms of equipment and supplies has been defined in terms of functional status and quality of equipment and consumables supplied. Not all sub-elements are part of the QAG assessment.

### ***Sub-elements***

The sub-elements of QoC relating to equipments and supplies ensures whether:

1. Equipment of standard specifications is available?
2. In working order? Maintained regularly as required? For example, all beds in the PHC/CHC that are being used should have rubber covered mattress and sheets.
3. Sufficient supplies (of drugs, contraceptives, antiseptics, linen, etcetera.) available?

These should be well within expiry date. For example, the QA Checklists ask questions on supplies worded to ensure current supplies for at least 10 clients on date of visit.

4. Is there a need based procurement system and inventory control in place? The indent-delivery interval? Logistics management information system established and operational? The QA Checklists' columns 3 and 4 ask specifically about whether this information has been provided to the Chief District Health Officer (CDHO) in writing, which assumes a logistics Management Information System (MIS).
5. Warehousing and storage space is adequate? Protected from weather, pests and pilferage?
6. Adequate transportation arrangements for delivery of equipment and supplies?
7. Policy and provisions in place for maintenance of equipment and storage facilities?

### ***c. Professional Standards and Technical Competence***

This is defined as the availability of norms and service guidelines for procedures with administrative sanction for the same and provider competence for their observance.

### ***Sub-elements***

1. Service guidelines available at the point of use?
2. Service guidelines observed for clinical and asepsis procedures?
3. Providers' competence – clinical, communication and managerial skills, adequate for their prescribed roles? Regular training courses organized for skill enhancement?
4. Service standards established? Administrative sanction and provisions (staff norms, budget for supplies) for observing guidelines in place?
5. Training systems – how is need identified, the strategy training, certification norms, refresher courses, record keeping and personnel MIS adequate? For example, the QA Checklists' first four to five questions are specifically related to this for RH services.

### ***d. Continuity of Care***

Continuity of care is defined as continuity of services and records over a client's reproductive life cycle.

### ***Sub-elements***

1. MIS designed to track elements over different reproductive stages? For example, the QA Checklists asks questions related to ANC card maintained – this year and for the three months of last year.
2. MIS stationery available and records well maintained? The QA Checklists have questions that check the details of programmes are maintained – for example, the number of infants born during night –time hours, any records of those refused sterilizations and reasons given.

3. Client follow-up regular and effective? For example, the QA Checklists ask specifically about the number of IUDs removed – as an indicator of the follow-up of clients who were

A	...
B	...
C	...

to manage or refer side-effects, complications, relapse or recurrence? The Checklists are designed to address this aspect of continuity of care by specifically asking about the numbers of cases referred in the past three months.

**Scope of Quality Assessment in the District Quality Assurance Programme**

A	...
B	...
C	...

In addition, the reproductive health services to be assessed are limited to those provided at facilities such as PHC and CHCs and does NOT include outreach services or other facilities that are attached to the PHC or CHC.

<b>RH Service Areas</b>	
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**B. Safe Motherhood Services and Newborn Care:**

Assess all components of antenatal care, safe delivery, BEmOC, postpartum care and essential newborn care provided at the facility. Assess the necessary stabilization of client before transportation, and arrangements for transfer of the woman to the nearest Comprehensive Emergency Obstetric Care Facility in the District.

Maternal and Newborn Care Services	Elements of Quality Assessed
<ul style="list-style-type: none"> <li>A. Antenatal care</li> <li>B. Management of normal labor</li> <li>C. Postpartum care</li> <li>D. Essential newborn care</li> <li>E. Basic emergency obstetric care</li> <li>F. Referral of obstetric and newborn complications</li> </ul>	<ul style="list-style-type: none"> <li>1. Facility infrastructure: Consultation rooms, laboratory, labor room, ward, OT</li> <li>2. Transport - availability arrangements</li> <li>3. Communications: Telephone</li> <li>4. Equipment inventories including functionality</li> <li>5. Service equipment</li> <li>6. Supplies inventories, including EmOC drugs</li> <li>7. Staffing- training</li> <li>8. Staffing – knowledge and skills</li> <li>9. Availability of protocols</li> </ul>

**C. Management of Reproductive Tract Infections and Sexually Transmitted Infections:**

Assess the RTI and STI case management services. Currently these services at the PHC/CHC are being provided on the basis of lab diagnosis. The PHC and CHC are expected to be staffed with trained MO, nursing staff and a lab. Technicians have reagents and supplies and equipments to conduct simple tests to detect common RTI/STI pathogens and drugs for their treatment.

RTI/STI Services (Common RTIs/STIs Only)	Elements of Quality Assessed
<p>For all common RTI/STIs</p> <ul style="list-style-type: none"> <li>A. History taking, clinical examination</li> <li>B. Lab investigations</li> <li>C. Treatment</li> <li>D. Partner management</li> <li>E. Counseling</li> <li>F. Follow-ups and referrals</li> </ul>	<ul style="list-style-type: none"> <li>1. Facility infrastructure including laboratory</li> <li>2. Equipments</li> <li>3. Supplies inventories</li> <li>4. Staffing- availability</li> <li>5. Staffing – knowledge and skills, training</li> <li>6. Records maintenance for partner management and follow-ups</li> <li>7. Availability of treatment protocols</li> </ul>

## CHAPTER - 3

### **GETTING STARTED: SETTING UP INSTITUTIONAL MECHANISMS**

#### **FORMATION OF THE DISTRICT QUALITY ASSURANCE GROUP**

Any QA intervention needs to be institutionalized for it to gain legitimacy. It is proposed that Director, Family Welfare, State Government will issue a letter to the concerned District Health Officers to set up the District Quality Assurance Group (DQAG). A focal point in the state programme management structures need to be identified to steer quality assurance interventions.

The DQAG should consist of a minimum five to six members from the District Health Supervisory level officials, of which at least one should be a woman. The Chair of the district QAG will be the Chief Health Officer of the district. The Member secretary of the district QAG should be the District Quality Assurance In-charge or a person designated by the Chief Health Officer. It is desirable that the focal point or designated person is drawn from the ranks of senior district level officers in the health system. In case there is an active NGO working on health issues in the district, a representative may also be invited to join the DQAG.

The Government order should include the utilization of office equipments and vehicle with a driver. Resources available under RCH 2 programmes can be used by the state governments to ensure mobility support. In many states; the department is hiring vehicles on contract basis in the RCH 2 programme. Similar modalities can be used for ensuring availability of the vehicle during scheduled visits of the DQAG to the facilities in the district. The need for a designated vehicle may be explored depending on the number of visits to be conducted. Available supervisory vehicles can also be optimally used for these visits. The Chief District Health Officer should explore the possibility of assigning some office space and providing assistance in computerizing and maintaining the QAG, summaries, reports and records for quarterly follow-up at next QA visits.

#### **Terms of Reference of the District Quality Assurance Group**

- Plans QAG visits to facilities and communicates visit schedule to members of the Quality Assurance Group in advance
- Make necessary preparations for visit – transport, at least three members per visit, adequate supplies of QA forms
- Make visits to facilities and uses the QA Checklists to conduct the assessment
- Debriefs the Medical Officer In-charge of the facility
- Compiles findings during the visits at the district level
- Distributes the District Summary Report and discusses these at the monthly meeting with medical officers
- Communicates the findings back to the facilities with guidance on what actions needs to be taken
- Forward the minutes of the monthly QAG meeting and actions to be taken to the concerned officials
- Keeps a record of follow-up and actions taken so that these can be reviewed on subsequent visits to the facility.

The specific roles and responsibilities of the **Member Secretary (ADHO)** will be

- Planning the QAG visit schedule
- Ensuring that the all QAG members are informed about their responsibilities and days of QAG visits
- Ensuring that the QAG visits are reported and recorded within one week of visit
- Analyzing the QA Forms and preparing the District QA Summary Forms based on the findings of the facilities visited each month
- Communicating the date and time of the monthly QAG meeting at the district headquarters and keeping records of the minutes of the meeting, and sending them to the requested parties
- Assisting the DHO in presentation of the QAG findings and follow-up during meetings with the facility medical officers' in-charge
- Submitting the QAG District Summary Reports at the direction of the DHO.

Other district level health department officials who are to be part of the QAG are the CMO, ADHO-FW, RCHO, DTT (i/c), and DPHN/Tutor FWTC besides other members of the QAG selected by DHO based on local supervision roles. For example, in certain districts the supervisor of the Block in which the PHC/CHC is located should also accompany the team on field visits in his/her area.

### **Membership of the Quality Assurance Group**

The Chairperson of the QAG that is DHO should have the autonomy to decide who will be members of this group. DHO will also nominate one of the members as Member Secretary (ADHO).

### **Orientation of QAG Members through a Two-Day Workshop for the District QAG Members**

A two-day orientation for members of the Quality Assurance Group should be held in each district to familiarize the members to the QA programme. The orientation will help in better comprehension of the roles and responsibilities, the use of the QA Checklists for assessment at the PHC/CHC as well as the requirements for recording, reporting and meetings at the district level and the actions that need to be taken at each level, facility, district, regional and state level. The presence of Regional Director/Zonal Officers during the orientation is essential as it will help in arriving at a shared understanding for work and follow-up actions.

Computerized filling of Summary Report Forms (in Excel) will be demonstrated and examples practiced by the district data entry person for compilation of QA reports at the district level. Discussions on how improvements can be made and a mock QAG review meeting can be part of this training. A draft design of the two-day orientation programme for District QAG members can be found in the Annexure 1A.

### **Orientation Workshop on QA for Medical Officers In-charge of PHC and CHC Service Providers**

The MO's in charge of each PHC and CHC should receive orientation about the intervention and they in turn, are also expected to orient their staff about the QA programme. This will ensure that each facility is prepared for the visit and medical officers and staff know what are the objectives of the visit from QA group from the district. It will also lead to a more collegial QA visit and will reduce the time spent in explanations. The design of the proposed one-day orientation for medical officers' in-charge of PHC and CHC can be found in the Annexure 1B. These orientation meetings should be conducted by district level QAG members.

**It is essential to orient all MO's of PHCs and CHCs about the QA programme. A copy of the QA Checklists should be given to them during the orientation to be discussed with their staff.**

## CHAPTER 4

### USING THE QUALITY ASSESSING CHECKLISTS DURING THE QAG VISIT AT PHC/CHC

This chapter describes activities critical for successful completion of the DQAG visit to a facility.

#### **Planning for Schedule of Visits**

A schedule should be prepared for every quarter – stating the name of facilities, date of visit and QAG members conducting the assessment visit. A draft of the visit schedule is given in the Annexure. This should be prepared well in advance so that all facilities are informed at least one week in advance of the date of visit.

#### **The Quarterly QAG Workplan Should Contain**

- Visit schedule
- Dates of district QAG meetings
- Dates for monthly meetings with MO's regarding action to be taken and follow-up. Only MO/IC from facilities covered during the previous month are to be invited.
- Dates of regional/zonal quarterly meetings where regional and state level interventions required will be discussed and follow-up actions will be listed

#### **Immediate Pre-visit Activities**

The member secretary should ensure that all members of the team are available and ready on the day of the visit. The QAG member secretary should:

- Ensure that the Medical Officer in-charge of the facility has been informed at least one week in advance of the visit
- Ensure that the MO is available on the date of visit
- That allocation of vehicle and driver and POL has been made
- Adequate QA forms and additional stationery is ready for the visit.

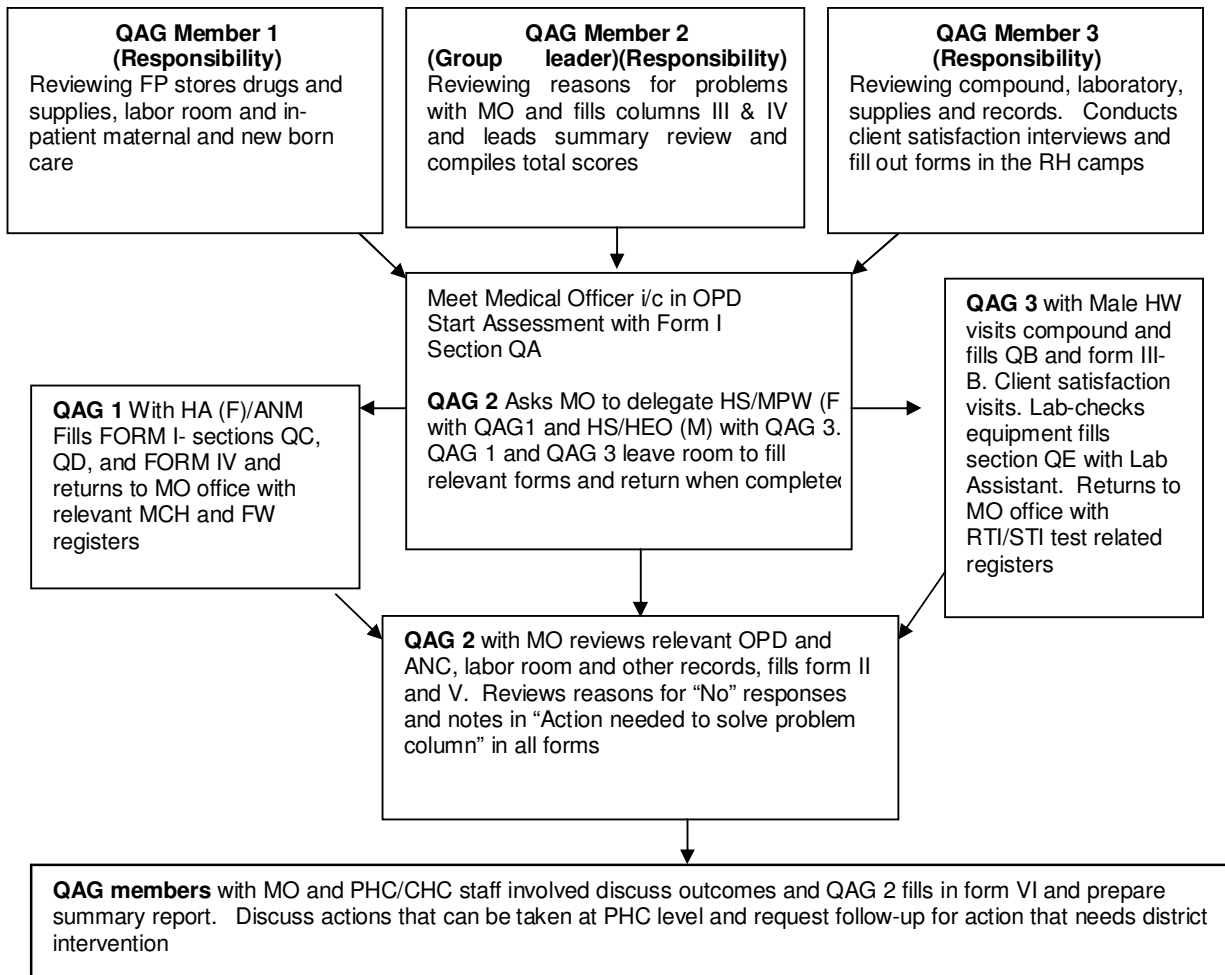
The team leader should be identified prior to the visit and is responsible to the CDHO for reporting on the visit.

#### **Reaching the Facility**

The team members should travel together in the designated vehicle. This will allow time for preliminary discussions on the way and ensuring clarity on the assignments for different members of the team.

The quality assessment visit should proceed according to a time schedule, and the QAG visit will be successful only if each member of the team understands and closely follows the procedures for filling in the QA forms.

**Figure 1: Flow of Work during a QAG Visit**



In the following sections, these procedures are reviewed in detail and a number of problems, which are likely to be encountered in the field, are discussed. As a QAG team member it is important that all members become familiar with the QA Checklists forms and they know how to handle various problems they may experience during the assessment visit.

On the day of the QAG visit to a PHC/CHC it is of utmost importance that the Medical Officer In-charge of the facility is present when the team arrives. The QAG visit needs to make the most use of the time it has for assessment and it should not be conducted in absence of the Medical Officer in-charge. In case district has selected a PHC/CHC without a MO in-charge, clarify with the CDHO who is the officiating MO in-charge and only after receiving CDHO's confirmation should a visit be conducted where an officiating person is the key respondent. In such cases procedures should be followed. Sometimes new MO's tend to abdicate authority to a senior nursing/paramedic. This is not to be encouraged. Take this opportunity to assist the new/young medical officer to understand his/her supervisory role.

Team members should all stay together for the initial introductory session with the MO and only then go on to separate rooms in order to administer the checklists.

The following are examples of the kinds of problems that may be experienced in gathering relevant information:

- **One member of the QAG team not available:** The QAG visit should be conducted by three QAG members working simultaneously to complete all the QA checklist forms. But in certain cases, for some unavoidable reason, one of the members is unable to attend then the remaining two QAG members should conduct the visit. Prior information of absence should be conveyed to the CDHO and the discretion whether QAG visit should be held or not is left to the CDHO.
- **Medical Officer is not available:** The MO's availability and willingness to be interviewed will depend in large part on the initial preparations made. Ensure that all MO's are fully aware of the importance of the QA visit and also have been given adequate advance notice about the due date of visit. In such situations, the team should not assess the facility and proceed to visit the next facility if assigned for the date, if MO is not available.
- **QA checklist could not be completed:** Once four hours have been assigned for the task it is very important that the team complete the QA visit. If not, the visit needs to be planned again for another date.
- **Item on QA form was not verifiable:** The MO or other respondent may be called away during the visit or he/she may not have the keys to rooms/cupboards/stock registers, to check utilization, availability or functionality at the time the visit is made. In all such cases the word of the MO should be considered final and should be trusted. The final report on the Forms is signed by the Medical Officer signifying his/her acknowledgement that the information collected in person or ascertained is correct to the best of his/her knowledge. However, on the QA form should indicate a small asterix (\*) that the particular item was not checked but only scored based on MO's response. It should be ensured that these particular items are physically verified in the next QAG visit.
- **Too much rush in OPD:** Visiting team must ensure that there is minimal disruption in routine patient care activities in OPD and other workstations.

### **Administering the QA Checklists**

The quality assessment instruments cover key indicators to assess whether these services are meeting quality standards. As you review the various checklists you will see that this is not a comprehensive or exhaustive list of all supplies, equipments, and records etcetera. That a PHC/CHC is supposed to have for provision of reproductive health services. Instead, it is a list of priority indicators of all the elements and sub elements of quality and is based on priority areas decided through a consensus process by national and state level administrators, service providers, experts and program managers. The importance of using the Checklists is to answer the question ***"Is this PHC/CHC today providing quality reproductive health services that meet the standard?"*** This would help to ascertain if the facility has been providing services as per agreed standards or "not".

The **QA tools consist of six Quality Assessment Checklists** that have been divided for ease of independent use by two - three members of the Quality Assurance Group. When the work is divided and assessments made simultaneously by all three members at a facility, the forms do not require more than three and a half hours at a facility. The checklist also take care that items listed are easy to assess and that the scores assigned to each item are proportionate to the importance of the RH services component it intends to measure.

**REMEMBER QA does not replace any other reporting required to be made to District.**

***QA FORM 1: Facility Readiness Assessment Checklist***

***QA FORM II: Quality Of RH Services Provided***

***QA FORM III A: Quality Of FP Services at RH Camps***

***QA FORM IIIB: Client Satisfaction With RH Services***

***QA FORM IV: Quality of Maternity Services***

***QA FORM V: Measurement of Use of RH Services***

***QA FORM VI: QAG Visit Summary Report***

Each of the QAG members will be required to fill one section of the checklists individually accompanied by a staff member of the PHC/CHC. After completion of the checklists assigned to a particular QAG member, they then return to the MO's office to score and discuss the assessment scores all together with the PHC/CHC Medical Officer In-charge. It is up to the MO whether he/she would like other members of his staff present during the process.

## **Instructions for filling in the QA FORMS:**

### **Introduction/Cover Page:**

Each checklist has an initial page to provide details about identity of the facility, person conducting the assessment and service provider present along with team for completing the assessment.

### **Step 1**

#### ***Visit in MO room and request MO to call relevant staff to the room***

Introduce yourselves and explain that all three/four of you will require time with various staff members in order to fill out the assessment forms. For this all staff involved in general and clinical OPD family planning services, maternity services and RTI/STI related services will be called to assist and accompany individual team members for the assessment. These include the MO, HA (F), HA (Male), lab. Technician and person looking after stores and RCH monthly report compilation. If there is any client being attended to by any staff in any of the rooms in the facility (e.g. OPD, labor room, and OT) ensure that the QA team members do not enter or observe procedures requiring privacy without explaining the reasons for their presence? Always ensure that the clients' right to privacy and confidentiality is maintained.

### **Step 2**

#### ***Complete filling all QA Checklists***

Sit together while the QAG team member (2) asks form 1 questions QA 1-7. Once this is complete, hand over form 1 to the QAG member (1). Ask the MO to depute the stores in-charge (HS/HA/Pharmacist/ANM) to accompany this person to take this QAG3 member with them for a visit around PHC/CHC in order to fill in the rest of form 1. If they have any difficulty they should return to the MO's room where QAG1 and MO will proceed to fill in form II, and form V after calling for all records and reports. Assign the QAG2 person to accompany the senior most female health worker (GNM/HA/ANM) to fill in form IV.

Once checklists forms I, II, IV and V have been filled, instruct the staff at the PHC to continue with their routine work and then allocate the following:

Form III A. Observation of FP services – QAG1

Form III B. Observation of Maternity and Newborn Care services—QAG2

QAG1 will fill in form VI at the end.

### **Step 3**

#### ***Filling in the various columns in the Forms: Use Blue Pen and Fill***

**Response:** These are a list of minimum standards of care. Hence in most cases they will require a Yes/No response. In cases where a number is requested, please state as observed and verified.

**Score:** The scores given for a Yes response are weighted 3, 2, and 1, according to the weighting mentioned next to the response options.

A high score is given to those considered absolutely essential **(3)**,  
A middle score **(2)** given to those that are necessary  
A lower score **(1)** given to those that are less important or are one of many components necessary for providing a particular service.

Progress will be measured at each 3 monthly visit by change in Scores

At the end of each page, total up the scores for that page. At the end of each section – add up the totals of each page in order to get a composite score for that particular measure.

The last page which adds up the totals for each section should be filled in when all three members of the QAG have finished their assessment and are meeting the Medical Officer in order to discuss the assessment. After a total score is assigned, the members should have an open discussion together with all the relevant staff persons - MO and HA/FHW, lab technician, pharmacist, etcetera in order to plan how the quality shortfalls can be addressed.

#### **Action Needed to Solve the Problem**

This column should be filled in after it is understood that the information for scoring less than full points on an item has been conveyed to the team and they have resolved how they can improve this. Exactly what PHC/CHC and DHO level actions are required to meet the standards should be discussed and these should be entered in these columns. These should be carefully filled because the quality assurance group's – PHC/CHC level action and DHO action requested notes - will be generated from the responses that are marked in these columns.

#### **Step 4**

#### ***Checking Completed QA Forms and Debriefing with Medical Officer***

It is the responsibility of the QAG team member (1) to review each form with MO at the facility itself when the verification is completed. This review should be done before they leave the PHC/CHC so that they can be sure that every appropriate question was asked, that all answers are clear and reasons for not meeting standards have been discussed and improvement suggestions are mentioned.

Do not recopy reasons in the summary report. As long as the answers are clear and readable in each section, it is not necessary that the summary report has all the reasons.

**Ensure that all actions that need to be taken at PHC/CHC and district level within the next three months are clearly stated.**

Only mention key issues that must be dealt with immediately to ensure quality services and refer to repeated problems or drawbacks by mentioning the section and item numbers. For QA checklists forms II, IV and V you will need to make calculations, you may write in the margins or use the back of the questionnaires for this. Also, we encourage you to explain anything out of the ordinary, either in the margins near the relevant question, or at the end of

the Form. These comments are very helpful to improve performance and as examples during district monthly meetings with the CDHO.

After rechecking the completed forms you should sign initials on the top of checklists to certify that you have rechecked the questionnaire, before thanking the MO and leaving the facility.

### **Immediate Post-visit Activities**

At the end of QAG field visit day, team leader or member secretary should collect all the checklists forms and ensure that they are punched together and return the checklists forms to the QAG Cell In-charge at district HQ. The next day the QA Cell In-charge checks and enters the information from the summary report on the QA Excel file given at the end of the summary report. This file helps to tabulate the information from the QA checklists and also works as a record. The summary report should be placed before the CDHO within two working days of each visit to ensure that early district level action on key problems can be taken.

Details of analysis of complied QA visits and discussions at district level are discussed in chapter V.

The next chapter provides details for understanding each question in the QA checklists forms.

## CHAPTER 5

### PROCEDURES FOR CHECKING ITEMS IN EACH QA FORM

#### INTRODUCTION

To collect effectively the information needed in the QAG Checklist forms you must understand why the items have been included and how to ask each question, what information the question is attempting to collect and how to record the reasons behind why the standard has not been achieved. You must also know how to correctly record the answers the respondent gives and how to tally up the scores for each section and how to follow special instructions in the summary report. This part of the QAG training manual is designed to familiarize you with the checklists.

#### Asking the Questions

The QA Checklists FORMS have all 4 columns. Col 1 has the question number Col 2 has questions and instruction (Questions Items), Col 3 has space to enter the score (Score). Col 4 and Col 5 should be ticked after a discussion with MO in-charge to ascertain what action needs to be taken and at what level.

The QA checklists are not confidential so it is acceptable if other members of the PHC/CHC team help with the exercise of verification such as showing you a commodity – or looking at old registers and calculating attendance/utilization– however it is of **utmost** importance that the QA Checklist forms be filled in **blue pen** only by a QAG member and not by a PHC/CHC staff member. The signature on the first page of each checklists form clearly signifies that this is the responsibility of the QAG team member signing on that cover page.

It is important that you understand each question exactly as it is written in the QA checklists so that this Checklist is standardized across PHC/CHC as well as across states. In cases where a particular item is clearly not relevant for the facility visited – print NOT APPLICABLE. When ascertaining functionality of an instrument, be sure that the respondent shows you it's functioning. At times you may explain the question in order to be sure the respondent understands it. In cases where there is a substitute for the particular item being used or an alternative procedure is mentioned do not give a full score but mention the alternate equipment/procedure exactly as it is reported in the columns ahead. Quality standards are set with specific instruments and procedures – a substitute is usually below standard and needs to be discussed at the district QAG meeting.

In some cases, you may have to ask additional questions (we call this probing), to obtain a complete answer from a respondent. If you do this, you must be careful that your probes do not change the meaning of the question and that they do not suggest an answer to the respondent. Probing requires both tact and skill, and it will be one of the most challenging aspects of your work as a QAG member.

#### Recording the Response

In the QA Checklists forms all QAG members will use pens with blue ink to complete all checklists. The CDHO or person at district deputed to compile all the formats will use a **red** pen. The following is a systematic list of instructions for each item on the checklists forms.

## Title Page and Checklists Details

Fill in exactly as is mentioned – even if repetitive, fill in the identification page for each forms. Remember that the objective of these checklists is to check the **functional** quality of the services being provided at the facility. It is for this reason that for most items there is an **all or nothing** trend in scoring. For example, in order to provide emergency transport both functioning vehicle and driver need to be present. If either driver or vehicle is not present-emergency transport is not possible and the item will be scored zero despite half of the conditions being met.

### QA checklists - I

Questions 1-6 are to be answered by Medical Officer with the help of the relevant staff. After that s/he needs to assign a senior paramedic.

#### *QA1. A Medical Officer trained in handling Emergency Obstetric Care and RTI/STIs*

This question should be asked for all medical officers who are appointed at the facility. If **any** medical officer(s) is trained in handling Emergency Obstetric Care and RTI/STIs circle '3' and response will be 3 in column 2. If **any** MO(s) is either trained in handling BEmOC or RTI/STI then circle accordingly and response will be 1 in column 2 and if **no** MO(s) is trained in handling BEmOC and **no** MO is trained in treating RTI/STI then circle '0' and response will be 0 in column2.

#### *QA2. An HS (LHV) or HW (F)/ANM trained for pelvic examination and per speculum examination*

This question relates to in-service training only, since RTI/STI management is not part of ANM curriculum or for promotional training. The training usually relates to, delivery services, IUD insertion as well as to RTI/STI management. This question can be asked to MO in-charge or HS/HW/ANM only. If **any** HS/HW available and trained for pelvic examination and per speculum examination then circles '3' and response will be 3. If HS/HW is available or posted at the facility but not trained for pelvic examination and per speculum examination then circle '1' and response will be 1 and if HS/HW is not available or posted at the facility then circle '0'. If the response is 1 or zero, ask why? The MO should mention when the CDHO's office was informed about shortage of worker or training. QAG members can recommend points like HS/HW should be posted and trained for pelvic examination and per speculum examination at the facility in their report.

#### *QA3. Availability of pharmacist or other staff person dedicated to dispense medicines during OPD hours*

The aim of this is question to know whether, pharmacist or other staff is available to dispense medicine to the clients according to the prescription during the OPD hours as per state norms. If the pharmacist or **any** other staff is designated to dispense medicines during OPD hours then circle '1' otherwise '0' and record the response in column 2.

#### *QA4. Availability of lab technician trained/oriented in RTI/STI lab tests*

The aim of this question is to know whether lab technician is available and trained/oriented in RTI/STI test. If the lab technician is available and trained/oriented in RTI/STI test then circle '3' and if lab tech. available but not trained in RTI/STI test then circle '1'. If the lab technician is not available **on all clinic days** or post is vacant then circle '0'. Record your response in column 2 accordingly.

QA5. (ONLY for CHCs) One nurse at any time in 24 hrs

This question is only applicable for CHCs. If one nurse is available on duty at **anytime** in 24 hours throughout the week then the answer will be yes and circle '3' otherwise circle '0'. Record your response in column 2 according to the answer.

QA6. (ONLY for CHCs) gynaecologist is available and anaesthetist on-call for 24 hrs

This question is only applicable for CHCs. If gynaecologist is available and anaesthetist (qualified post-graduate or MO trained in obstetric anaesthesia) available on-call for 24 hours then answer will be yes and circle '3' otherwise circle '0'. Record your response separately for gynaecologist and anaesthetist in column 2.

**Instruction: On the day of visit please physically verify and confirm from QB1 to QB10. This will be done by QAG3 along with senior paramedic.**

QB1. *Waiting area has benche(s) in the shade*

The purpose of asking this question is to look at client's comfort in the clinic. Is this facility providing clients with a comfortable waiting area (not too hot, clean place to sit)? If the waiting area has benche(s) in a covered area ( e.g. veranda) then the answer will be yes and circle on '2' and if there is no waiting area, or if there are no benches, then circle on '0'.

QB2. *Walk outside the building and check PHC/CHC compound*

The purpose of this question is to assess cleanliness, and maintenance of the PHC/CHC building. Response should be based on actual observation. Circle should be on appropriate answer.

- If there is no water logging **in the PHC/CHC compound** then circle on '1' otherwise '0'.
- If PHC/CHC **building** is painted or whitewashed and looks clean then circle on '1' otherwise '0'.
- If no windows are broken then circle on '1' otherwise '0'.
- If at least one residence **in PHC/CHC compound** in use by staff (MO or Nurse) then circles on '3' otherwise '0'. If there are no quarters – mention in the action columns.

QB3. *Walk through PHC/CHC and check*

This is also the observation question. Responses must be based on actual observation. This question provides information on facilities available for clients. Observe and record appropriate answer in Column 2.

- If potable drinking water is available **for clients** then circle on '1' otherwise '0'.
- If no cobwebs **inside rooms** then circle on '1' otherwise '0'.
- If solid waste containers in each **consulting room** then circle on '1' otherwise '0'.
- No dust in OT - for this rubs your finger on the window sill to check for dust. If there is no dust circle on '1' otherwise '0'.
- If all **occupied** beds have **mattresses** and **rubber covers** and **sheet** then circle on '1' otherwise '0'. The reason for 0 is most likely missing sheets or mattresses

QB3A. *A well marked signboard exhibiting clinic timings and all the reproductive health services provided by this centre – placed at the front entrance of the facility*

Read this item again. From this question, we want to know whether the community is getting information about PHC/CHC timings and what services are available for them. If a well marked signboard exhibiting clinic timings and all the services provided by this centre – placed at the front entrance of the PHC/CHC or on the PHC/CHC wall is available then circle '1' other wise circle on '0'.

*QB4. Toilets for clients have **water and at least one is for women***

The purpose of this question is to know whether clients can use toilet at facility and have at least one separate toilet for women at the PHC/CHC. The reason for needing a women's toilet is because of the routine need for a toilet during ANC examination (for urine testing) and also during labor and delivery (where an empty bladder is essential to assess and prevent obstructed labor or fistulae). Water is essential because without water supply it is not possible to keep toilet clean. A female toilet is essential when pregnant women and delivery cases use services. If both the facilities are available at the PHC/CHC like toilets for client have water and at least one only for women, then only circle on '1' and if any one or nothing is available at the facility then circle on '0'.

*QB5. Some form of **emergency lighting** – generator/emergency battery lamp/ bright gas lantern in functioning condition*

The purpose of gathering this information is to see if PHC/CHC has any form of alternate light in working condition **for handling normal and obstetric** emergencies as well as for visualization of perineum and cervix essential for RH services at night or at times when there is no electricity or there is load shedding. If the PHC/CHC has generator/ emergency battery lamp/ bright gas lantern **in working condition**, then answer will be 'Yes' or '1' otherwise 'No' or '0'.

*QB6. A locked suggestion box in main waiting area is available*

From this question we want to know whether suggestion box is available in the main waiting area where clients' views or feelings can be put in writing for complaints and improvement of the facility and if there is a procedure to open the box. This will also help the team to gauge extent of client satisfaction with services. If the lock suggestion box in the main waiting area and keys with MO is available and it is opened on day of the visit then circle on '1' otherwise circle on '0'.

*QB7. Arrangements to either burn or bury hospital wastes*

The purpose of this question is to know whether PHC/CHC have arrangements to segregate waste so that biological or contaminated waste is either burned or buried. If PHC/CHC has arrangement to either burn or bury contaminated wastes the code will be '1' and if there is no arrangement to either burn or bury contaminated wastes then the code will be '0'.

*QB8. A PHC/CHC vehicle (with driver) available on-call for 24 hrs for EmOC*

The purpose of this question is to know whether PHC/CHC has a **functional** emergency transportation system to manage EmOC at any time. This information would be asked from MO i/c. If driver and vehicle **both** are available on-call for **24 hours** for EmOC at the PHC/CHC, then circle '3'. If only driver is available but vehicle is not functioning or available and if neither driver nor functioning vehicle is available then circle '0'. The use of a private or "out-sourced" vehicle can get same scores only when there is 24-hour availability of such vehicle. The response on how to solve the problem will be in column 3 according to the answer.

*QB9. Is there a separate labor room?*

If facility has separate labor room then circle on '1' and if separate labor room is not available then circle on '0'. This room may also be used for other pelvic procedures such as IUD insertion and manual vacuum aspiration but should meet state norms for labor room.

*QB10. (ONLY FOR CHC) functioning phone (public or private) available for incoming and outgoing calls*

The aim of this question is to know that clients are getting public or private phone facility to keep contacts from relatives and friends and also to keep in touch with FRU and others during emergency. If the functioning phone (public or private) available for incoming and outgoing calls at the facility then circle on '1' otherwise circle on '0'.

### **Equipment & Supplies**

The purpose of questions in this section is to know availability of equipments and supplies, if they are in working condition, and their use. In the routinely provided RCH kits most of the essential equipments required have been supplied however, it is important to find out if specific instruments are available and drugs/expendables are in adequate supply. QAG members will check and confirm the availability and condition of the equipments and instruments. The emphasis is on functionality of the whole unit to set standards – for example in order to take blood pressure of a pregnant woman it is essential to have a BP apparatus and stethoscope in working order.

On the day of visit please check and confirm availability of the following items which are mentioned below. If all equipments and supplies are available and in working condition then circle on 'Yes' and if equipments and supplies are available but are not in working condition or not available then circle will be on 'No'. Record the appropriate response in column 2.

*QC1. BP apparatus and stethoscope in working order*

Both need to be available in order to get diastolic and systolic BP. This is essential.

### **For Delivery Room**

*QC2. Infant weighing scales in working order*

Place an object weighing approximately 2 kgs to test.

*QC3. Autoclave or sterilizer in working order*

Request the staff member to show something recently sterilized, or to switch on the sterilizer and feel the warmth.

*QC4. Delivery kit contains at a minimum all of the following sterile articles:*

a) scissor/blades and, b) cord ties or clamps and c) two cord clamping forceps

*QC5. Delivery bed/ table with Mattress and rubber cover*

This question will provide information regarding cleanliness of delivery bed / table. Facility must use the mattress with rubber cover and linen/sheet on delivery bed/table. QAG team should check whether these things are in use. If facility is using mattress with rubber cover

and linen/sheet on delivery bed or table then answer will be 'Yes' and circle on '3'. If bed / table neither have rubber cover nor clean sheet then answer should be 'No' or '0'.

*QC6. MVA syringe and ovum forceps available and sterilized*

This question will provide information on availability of sterilized manual vacuum aspiration (MVA) syringe and sterilized ovum forceps at the facility. These equipments are used in case of spontaneous incomplete abortions and in case clients seeking MTP services. The score "3" should be given only when these equipments are available and sterilized before use. If they are available but not sterilized give score "0".

*QC7. Room heater/ radiant baby warmer in CHC/PHCs where provided*

*QC8. Pediatric self-inflating Ambu bag*

*QC9. Newborn mucus extractor or bulb syringe*

*QC10. Sterile adult urinary catheter – 12 Fr/14 Fr/16 Fr*

*QC11. Sterile **suturing** tray – containing a) scissors, b) needle holder, c) sterile needles and d) sterile self dissolving suture thread/chromic cat-gut*

In sterile suturing tray contains all equipments like a) scissors, b) needle holder, c) sterile needles and d) sterile self dissolving suture thread/chromic cat-gut then circle will be on '3' and if any one of those are missing in the tray then the response will be '0'.

*QC12. I/V stand, sterile i/v needles/venflos and adhesive tape*

If the facility has I/V stand, sterile i/v needles/venflos and tubing along with skin adhesive tape then circle on '3' and if any one of those are missing in the tray then circle '0',

*QC13 Oxygen cylinder with tubing and disposable masks/ nasal prongs in working order*

If facility has oxygen cylinder with tube and disposable masks/nasal prongs in working order then circle on 'Yes' otherwise on 'No'.

*QC14. Curtains in exam room and labor room for privacy*

The clients have the right to get privacy during check-up and delivery. Therefore curtains should be available in both the rooms. If curtains are available in both the rooms then answer will be 'Yes'. If curtains are available only in one room or not available in any room, answer will be 'No' or '0'

### **Protocols and Job Aids**

In this section, we would like to know whether the facility is providing services to the clients according to the established protocols and guidelines. According to the government norms, all protocols and guidelines should be available in the clinic room or at appropriate place.

**Instruction:** On the day of visit please physically verify the availability of job aids in the facility or at appropriate place. The protocols or guidelines that should be observed should give details of treatment to be given.

QD1. RTI/STI– protocols these will be State specific

QD2. FP – method specific guidelines

- QD3. MTP guidelines
- QD4. Normal delivery guidelines
- QD5. Newborn care guidelines
- QD6. IEC materials displayed – on STI/ RTI/ FP/ EmOC

From QD1 to QD6, If facility has protocols, guidelines, charts, and IEC materials on the above mentioned topics in the clinic room or appropriate place then answer should be 'Yes'. Sometimes it is possible that protocols, guidelines, charts were given but providers have kept them at home or have locked them in a cupboard which cannot be accessed by other staff that may need them. Many IEC materials are available in stores but have not been properly displayed. Ensure that you "see" the protocols and guidelines yourself and that **any** IEC materials are displayed in public areas. If this is not done and if materials are not available then answer should be '0'.

### **Laboratory Equipments and Supplies**

On the day of visit please check and confirm availability of **all** the following equipments and supplies

- QE1. Microscope up to 40\*10 x magnification in working order
- QE2. Hemoglobinometer in working condition
- QE3. For gram staining **the entire** following are available:
  - a) Crystal violet
  - b) Iodine solution
  - c) Acetone-ethanol and
  - d) Safranin stain

(QAG team will give response 'Yes' only when all the above mentioned things are available at the facility. If any one of those things are not available then the response should be 'No' or '0')

- QE4. KOH solution for whiff test- smell KOH
- QE5. PH test strips
- QE6. RPR kits (refrigerated):
- QE7. At least 10 sterile swabs and 10 glass slides for RTI/STI specimen. If any or none of these are available, circle 'No' or '0'.
- QE8. Uristix available for urine albumin and sugar analysis (Benedict's solution and lamp for heat test)
- QE9. CHC only - Kits for ABO blood grouping
- QE10. CHC - Kits for Rh
- QE11. HIV test kits (CHC and VTCT centers only)

**Instruction:** Do not do a FP materials stock check – just check availability for at least 10 clients

### **FP supplies**

For at least 10 clients (please do not count total stock)

- QE12. IUD – at least 10 IUDs
- QE13. Condoms – at least 100 pieces
- QE14. OCP – at least 30 cycles
- QE15. ECP – at least 10 packets

**Instruction:** On the day of visit please check and confirm availability of **all** the following **drugs** for **at least 10 clients**. **Do not do a full inventory check.**

### ***Drugs for RTI/STIs***

- QE16. Tab. Norfloxacin
- QE17. Tab. Azythromycin
- QE18. Tab. Erythromycin
- QE19. Tab. Metronidazole 400 mg
- QE20. Tab. Fluconazole/Clotrimazole Vaginal tabs
- QE21. Inj. Benzathine Penicillin G

### **For active management of infections/complications in pregnancy/puerperium**

- QE22. Inj. Ampicilin
- QE23. Inj. Gentamycin
- QE24. Cap. Nifedipine
- QE25. Inj. Tetanus toxoid
- QE26. Inj. Oxytocin
- QE27. Inj. Magnesium sulphate
- QE28. Normal saline I/V 10 bottles
- QE29. Ringers Lactate 10 bottles
- QE30. Inj. Xylocaine For local anesthesia
- QE31. Plasma expander –5 bottles
- QE32. Inj. Adrenaline
- QE33. Inj. Dexamethsone
- QE34. Roll of cotton wool for making pads and sterile swabs
- QE35. Roll of cotton gauze for making pads and sterile sponge
- QE36. For Disinfection: Glutaraldehyde concentrates – to make fresh 2% solution
- QE37. Bleach-tablets/ powder or concentrate to make 5% Chlorine solution

### **Records**

In the previous section we have checked the supply of equipments, family planning and other materials, and medicines available at the facility.

In this section we will check and review if any records have been kept at the facility in the **past one month**, to see if facility is providing these services, and clients are coming to receive these services. The QAG2 can take this responsibility and ask the medical officer or senior paramedic to provide all the following records which are mentioned. The response of the following questions will be only in 'Yes' or 'No'. Write the appropriate code in response columns.

**Instruction:** On the day of visit please check and review that the following **records of services given in the past month are being maintained.**

*QF1. Lab register maintained to show RTI/STI tests done*

(This information is available in the lab register and the lab technician is responsible to maintain the register.)

*QF2. FW Records show OCP usage and new accepted*

(This information should be with LHV/Staff nurse. Please check and ask whether OCP users and new accepters have received supply from the facility only)

*QF3. IUD cards are available and filled for follow-up reasons for removal*

(This information should be with LHV/Staff nurse. Please check and ask whether the insertion of IUD had been done at the facility to the old users and new accepters and the follow-up form

was filled. It is possible that IUD cards are available but not filled. In this case, circle should be on 'No' or '0')

*QF4. Sterilization forms available and filled for follow-up/refusal reasons*

(This information should also be with LHV/Staff nurse. Please check the availability of forms for new clients and that they are filled in for follow-up. Check especially that reasons are mentioned in case of refusals. It is possible that sterilization forms are available but not filled/ In this case circle should be on 'No' or '0')

*QF5. MTP register maintained (check whether PHC/CHC conducts MTP)*

*QF6. ANC cards available and filled in*

(This information should also be with LHV/Staff nurse. Please check ANC cards are available and that they are filled. It is possible that ANC cards are available but not filled. In this case circle should be on 'No' or '0').

*QF7. Delivery records show normal deliveries and complications*

**Recording: Review RTI/STI Records For Process Measurement**

This section describes all those actions that need to be conducted by staff of the PHC/CHC so that clients receive services. Process observations on the day of visit are used in this Manual to see whether the providers are maintaining standards of care as specified in service guidelines. We would like to see the trends of services which are provided by the facility. Under the process measurement, QAG will review the records related to service usage over the last three months (for example QAG team is making visit in the month of May, 06 then team will review the records from the month of February, March, and April 06) and usage services when compared to same time period in the last year (February, March, and April 05) and calculate the difference (a-b) over the period. The services delivery changes can increase remain stable/have no change, decrease and also have no case reported in the current year or same period of last year.

*QG1. Total no. of ANC women registered in last 3 months*

*QG2. Total no. of ANC women receiving RPR test during the period*

The purpose of this question is to know whether RPR test is being done at the facility and what is the rate of RPR test out of ANC registration? The information of RPR test and ANC registration will be available from the lab test register and ANC registration, register respectively.

*QG4. Total number of IUD acceptors screened for RTI/STI with a lab test during the period*

The purpose of this question is to know the percentage of IUD acceptors screened for RTI/STI with a lab test during the period. The information of screened RTI/STI cases with a lab test and the IUD acceptors can be obtained from RTI/STI lab test register and IUD acceptors register, respectively.

*QG5. Total number of STI cases*

*QG6. Percentage of male cases out of total STI cases during the past three months*

This question will provide information on percentage of males screened than out of total STI cases. It is infact that female STI cases are higher than males because men are only screened as partner identification and treatment of positive female STI cases. This information is available in OPD register. Some facilities do have separate RTI/STI OPD register.

QG7. *Please review last 10 RTI/STI cases from RTI/ STI OPD register. How many RTI/ STI cases were referred for a lab test?*

QG8. *Total no. of urethral/vaginal swabs tested for STI*

QG9. *Among last 10 STI/RTI tests done for suspected cases, how many had a positive result? (I.e. vaginal swab, Gram's staining, RPR test, from lab records?)*

QG10. *How many with positive lab test were treated for that diagnosis according to the treatment protocol?*

### **FORM III A: Observation of Family Planning Services During RCH Camp Day**

This section assesses the Quality of RH services provided through RCH camps conducted in PHC/CHC. It is equally important to maintain the quality of RH services provided through RCH camps as in the routine service delivery at PHC/CHC. The quality often gets compromised due to a large number of clients who need to be served in a short span of time in a RCH camp. The poor quality of services translates into post-service complications among clients which often results in low acceptance or rejection of the service.

In RCH camps, the QAG members should observe whether providers are following the protocols and guidelines when providing sterilization and FW services.

**Instruction:** On the day of visit observe and verify the following procedures are being followed:

QH1. *A minimum of three functional laparoscope's available per team*

(In Action columns note how many were available and where any extra can be procured from so that a minimum of 3 laparoscopes as standard, can be maintained on the day of the camp)

According to the RCH Program norms, a minimum of three functional laparoscopes should be available per team so that each one can be disinfected in 2% Cidex for a full 20 minutes. States need to find ways to ensure that this norm in maintained.

QH2. *Operation theatre has suction and insufflator in working order for laparoscopy/sterilization*

QH3. *Glutaraldehyde solution is reconstituted and date of reconstitution marked*

QH4. *Laparoscope is disinfected between cases for a full 20 minutes in freshly prepared glutaraldehyde solution and rinsed with sterile water*

QH5. *Standard guidelines are being followed used for clinical screening of all cases of female sterilization (e.g. Hb>8 gm%, Temp, BP, P/v etcetera)*

QAG members should observe the screening of cases for sterilization. They should check whether blood was tested, temperature and BP was measured and p/C test was done. These steps are essential before considering a case for sterilization.

QH6. *Clients recall that they have given their written informed consent for surgery after being informed of the methods*

a. Its side effects

- b. The procedure
- c. Instruction for follow-up

Service provider should inform about the side-effects of the method the procedure and follow-up instruction to the clients.

QH7. *Clients undergoing vasectomy recall the instruction to use condoms for next 3 months.*

QH8. *Follow-up instructions are given orally and in writing in all sterilization discharge notes*

QH9. *Surgeon change, glove between two operations*

QH10. *Surgeon and assisting nursing staff wear masks properly (that cover mouth and nose)*

QH11. *Cleanliness of OT – Dust on window sills: If dust is found on sills circle in 'o', if not then circle on '3'.*

**FORM III B. Client Satisfaction Questionnaire (fill for at least 5 different clients)**

The aim of this section is to assess the client's satisfaction with the service she received during the current PHC/CHC visit. Clients have right to receive satisfactory services from the facility. The section intends to get clients' feedback on quality of services in terms of time spent by provider. Satisfaction with received services, opportunities to ask questions etc. among others.

CS1. *Type of transportation used to come to clinic?*

CS2. *What services did you come to seek at this place?*

Fill after the client has received services and is conscious and fit to respond to questions

CS3. *Did you receive the service?*

Clients come to a facility in order to obtain particular services. The purpose of this question is to find out if the client obtained the services s/he desired.

CS4. *Are you satisfied with the services you received?*

CS5. *Was the time you spent with the provider adequate?*

CS6. *Were you given an opportunity to ask questions?*

**Form IV: Process: Maternity Services**

Under the process measurement, we will measure some indicators of maternity services which are provided by the facility and assess whether providers are maintaining the standards. QAG will review the records of service usage over the last three months (October, November, and December, 04) and compare it with the service utilization in the same time period (October, November, and December, 03 or 3 months) in the last year and calculate the percentage change over the period. The service utilization may be increased, remain stable/ unchanged, decrease and no case may be reported in these months of the current year or of last year.

**Instruction:** On the day of visit please review **records** in order to ascertain use of services **in the past three months (rounded to the nearest month end).**

TOTAL NEW ANC REGISTRATION IN PAST MONTH (-----) this is needed in order to calculate percentages.

Q11. *Total no. of ANC women with BP greater than 130/90*

Q12. *Total no. of deliveries at this facility during past 3 months*

Q13. *Number of births in the past three months that took place between 8 pm and 8 am*

This question would record whether the facility is providing delivery services at night i.e. between 8 pm to 8 am and whether providers are staying in the town Campus/nearby and are available on call at night.

Q14. *Number of low birth weight babies (birth weight less than 2.5 kg) that stayed at facility for 24 hours observation*

The purpose of this question is to know whether the clinic has the facility to keep low birth weight babies in observation for at least 24 hours.

Q15. *Number of times the PHC/CHC vehicle was used to take an obstetric emergency case to a higher level facility.*

The information can be obtained from referral slips. The details are available in the referral slip like name of the patient, age, sex, name of disease, purpose of referral, place to referral, date and time. Some information can also be obtained from vehicle movement register.

Q16. *Number of women managed for PPH as per guideline.*

From this question we would like to know whether facility is maintaining the standards according to guidelines.

Q17. *Total number of cases where MVA with MR syringe was performed.*

#### **Form IV: Process Observation: Newborn Care**

The objective of this section is to assess the quality of newborn care at PHC/CHC. On the day of visit, QAG member will find out if there is any mother and baby admitted. If they find a case, member will check and verify the types of received by the newborn baby. Newborn baby should receive services according to the newborn care protocol. All information will be collected through observation. The response of all questions will be only in 'Yes' or 'No'.

**TOTAL DELIVERIES IN FACILITY IN PAST THREE MONTH = \_\_\_\_\_**

QJ1. *Baby's cord should have no medicine or bandage and be clean and dry*

According to the newborn baby protocol and guideline, the baby's cord should have no medicine or bandage and should be clean and dry. However, traditionally, family members apply oil on the baby's cord in the absence of a provider. The provider should inform the family not to apply any oil as it could lead to septic.

QJ2. *Breastfeeding should have been initiated within half hour and nothing other than breast milk has been given to the baby since birth*

After delivery, breastfeeding should be initiated within half an hour and nothing other than breast milk should be given to the baby. This helps the baby to receive nutrients that help build immunity.

There are many benefits of the breast milk, if breast milk is given immediately then baby has been protected from many diseases, placenta will come out soon and under weighted baby is start gaining weight.

*QJ3. Baby has received zero polio dose*

Observe or ask the service provider (ANM/LHV) whether baby has been given zero polio dose within 48 hours.

*QJ4. The baby is properly covered and kept warm*

### **FORM V: Trends in Reproductive Health Services Utilization**

This is an output section and we would like to evaluate the utilization of services like RTI/STI, family planning, maternity and MTP in the last quarter of the current year and compare with the same period of last year (i.e. October, November, & December 2004 and compare with October, November, & December, 2003). It will help in assessing whether services utilization has increased, remain stable or decreased.

#### ***RTI/STI***

QAG member should look at the OPD register and record the number of cases registered for treatment and subsequently referred for a lab test.

*QK1. Number of RTI/STI lab tests conducted*

This question will provide information whether RTI/STI cases that have been screened and referred for a lab test. QAG member should collect the total number of RTI/STI lab tests conducted during the last quarter of the current year and the same data for the corresponding quarter of the previous year.

*QK2. Number of men/ women treated for STI/RTI*

*QK3. Number of partners of primary cases also received treatment*

#### ***Family Planning***

The aim of the following questions are to evaluate the utilization of family planning services, which are being provided in the facility. QAG member should collect the information for all FP methods and also ensure that the information is only about the services provided at facility. For example 'x' OCP cycle packets distributed from the PHC/CHC and 'Y' OCP cycle packets distributed through sub centers. At some places, it is possible that the facility had organized camps for sterilization. The services provided through camps will be treated as facility level service provision. We will not consider the cases referred from the facility to another facility for sterilization.

*QK4. Number of pieces of condoms distributed*

*QK5. No. of pill users who have continued using OCPs for more than one year*

*QK6. No. of IUD users returned to facility for removal after completion of 3 years*

*QK7. Number of female sterilizations at this facility (regularly or on a camp day)*

*QK8. Number of male sterilizations at facility*

***Maternity***

*QK9. Number of deliveries conducted*

This question will provide information about the trend in delivery services utilization from the facility. An increase would indicate increased clients' satisfaction and motivation towards facility based deliveries.

*QK10. Number of caesarean sections at CHC*

This question will provide information about the availability of caesarean section facility at CHC and the rate of high risk pregnancy.

*QK11. Postnatal visits by women and/or newborns at the facility within 6 weeks of delivery.*

*QK12. Number of MTPs conducted.*

## CHAPTER 6

### POST ASSESSMENT FOLLOW-UP AT PHC, DISTRICT FOR QUALITY IMPROVEMENT

#### INTRODUCTION

The Quality Assurance process will only be completed if monitoring of actions to improve quality after the visit is assured. The ultimate objective is to ensure that reproductive health services provided meet the stated standards and are well utilized by the community.

This chapter discusses the key steps that need to be taken after each QA visit and what district and regional level action and monitoring needs to take place to achieve improved quality. It requires understanding of key actions that need to be taken and then to systematically decide whether the actions needed are at the facility, district, regional or state level, and follow-up to ensure that services are finally being provided. Changes over each assessment visit will need to be documented and communicated to providers at facilities to motivate them towards better quality.

#### STEP 1: At the Facility

##### *Joint Meeting of QAG Members at the Facility*

After completion of QA checklists, QAG members should sit with the MO and senior nursing and health staff and make a summary report. The format of the report is provided in the QA Checklists Form VII. After completing the report the QAG should conduct a meeting with facility members (MOs, LHV, staff nurse, lab technician, and pharmacist) and discuss it item wise. Where it is clear that the action to improve quality can be taken by MO or use of contingency funds at PHC is possible, the QAG members should inform the MO I/C to take action and sort out the problems at his/her level.

#### STEP 2: At District HQ

Below are briefly mentioned all the steps that need to be taken at the district headquarters on a monthly basis.

- After approval of the CMHO, the Member Secretary circulates the District QA Summary Report to all QAG members
- Ensures that all members receive summary report at least one week in advance
- Review meeting minutes from prior meetings and action taken
- Minutes of the QAG meeting sent to Regional/Joint Director with copy to Director FW
- Ensures that the response on individual facility action to be taken is communicated to the MO in-charge of the concerned facility
- Discusses copies of previous QA forms and action to be taken with the QAG members on the next QAG visit to the facility so that improvements can be documented.

Details of each step are provided below.

### **Recording the Visit**

The senior most QAG member who visited the facility should hand over the filled in QA forms to the QAG Member Secretary who will add the key information into the QA visit files so that a record of all QA visits can be compiled and analyzed.

- Forms should be seen and scrutinized by the team leader
- Within one week data should be entered and analysis reported in the District Summary Report (found at the end of this chapter)
- Report submitted to the concerned officials

### **Joint Meeting of QAG Members at the District Level**

All QAG members will have a meeting at district headquarter at least **once** every month chaired by the CMO, The QAG member secretary should compile a report of all those facilities which QAG had visited during the month. Ensure all PHCs/CHCs scores on QA checklists I and II are complete and reports based on compilation of forms 3 – 5 are in the prescribed checklist format. These results should be shared and discussed at the QAG meeting. Scores across facilities should show – high low and modal scores on a graph.

Lists of Items: Supplies and equipment needed should be reported and District supplies to the PHC/CHC be sent. Or if the District does not have any of these it should indent/request from state/regional stores accordingly. This will become a routine as more visits are made and systematic indenting for re-supplies and equipment repair improves.

Process Report: As far as process reports go (Forms III A, B, IV and V), during the first set of QA visit based QAG meetings, discussions should clarify what actions were reported that needed to be taken at each PHC/CHC as well as the actions that need to be taken at CDHO level. Based on the meeting with CDHO and DDO, a district level Actions Taken Report should be developed. This report needs to be reviewed at the next meeting and all follow-up at higher level should be continued.

Once this becomes routine the QAG should compare results for the same facility between previous and current visit. For example, for results on QA Checklists Forms - 4 the PHC/CHC should have showed improvements by actions taken at the PHC/CHC and answers of the following questions should be provided:

- What RH services are not being provided or recorded?
- What reasons were identified for this in the last visit?
- What decision had been taken in last visit/meeting time?
- Any performance improved?
- If no, what needs to be done for further improvement?

### **Monthly Meeting of CDHO/CDMO with MOs and QAG Members**

This should become part of routine monthly performance review meetings with MOs. In this meeting the discussion will be on shortfalls among PHCs and CHCs and action needed to be taken to improve performance. An example of the agenda for this meeting can be found in the Appendix. Examples from the filled QA checklists summary should be highlighted. What actions have been taken already and what the district authorities are doing to remedy

issues requiring their intervention should be informed to the MOs. Any decisions from higher authorities should also be communicated. Comparisons in the level of improvements made over time will help motivate them towards better action.

The following is an example of the DISTRICT SUMMARY showing changes that were made during pilot phase.

<b>Box 1: Changes in Dahod District, Gujarat in Personnel</b>	
<b>Facility</b>	<b>Changes found between the 1<sup>st</sup> and 2<sup>nd</sup> visit of QAG (2005)</b>
Mandor (PHC)	<ul style="list-style-type: none"> <li>✓ HS (LHV) or HW (F) is available and trained for pelvic examination &amp; per speculum examination</li> <li>✓ Pharmacist or other staff is available to dispense medicines during OPD hours</li> <li>✓ Lab technician is available and trained in RTI/STI lab tests</li> </ul>
Mirakhedi (PHC)	<ul style="list-style-type: none"> <li>✓ HS (LHV) or HW (F) is available and trained for pelvic examination &amp; per speculum examination</li> <li>✓ Pharmacist or other staff is available to dispense medicines during OPD hours</li> </ul>
Garwada (CHC)	<ul style="list-style-type: none"> <li>✓ Medical Officer is trained in handling Emergency Obst. Care and RTI/STIs (EmOC)</li> <li>✓ Two nurses give services at CHC any time in 24 hrs</li> </ul>

<b>Box 2: Changes in Dahod District, Gujarat in Infrastructure</b>	
<b>Facility</b>	<b>Changes found between the first and second QAG 2005</b>
Mandor (PHC)	<ul style="list-style-type: none"> <li>✓ Waiting area has benche(s) in the shade</li> <li>✓ Outside the building, there is no water logging in the PHC compound</li> <li>✓ Potable drinking water for clients available at PHC and no cobwebs found</li> <li>✓ Emergency lighting – generator available</li> <li>✓ A locked suggestion box is available in main waiting area – key with MO and is opened on day of visit</li> </ul>
Gangardi (PHC)	<ul style="list-style-type: none"> <li>✓ Separate labor room available</li> <li>✓ Phone (functional) is available for incoming and outgoing calls</li> </ul>
Garwada (CHC)	<ul style="list-style-type: none"> <li>✓ Outside the building, there is no water logging in the PHC compound, PHC building has painted and looks clean, No windows broken, residences are in use</li> <li>✓ Potable drinking water for clients available at PHC and no cobwebs found, Solid waste containers in each room available, No Dust in OT found, All occupied beds mattresses have rubber cover and sheet</li> <li>✓ Emergency lighting – generator available</li> <li>✓ A locked suggestion box is available in main waiting area – key with MO</li> </ul>

### Box 3: Changes in Dahod District, Gujarat in Equipment & Supplies

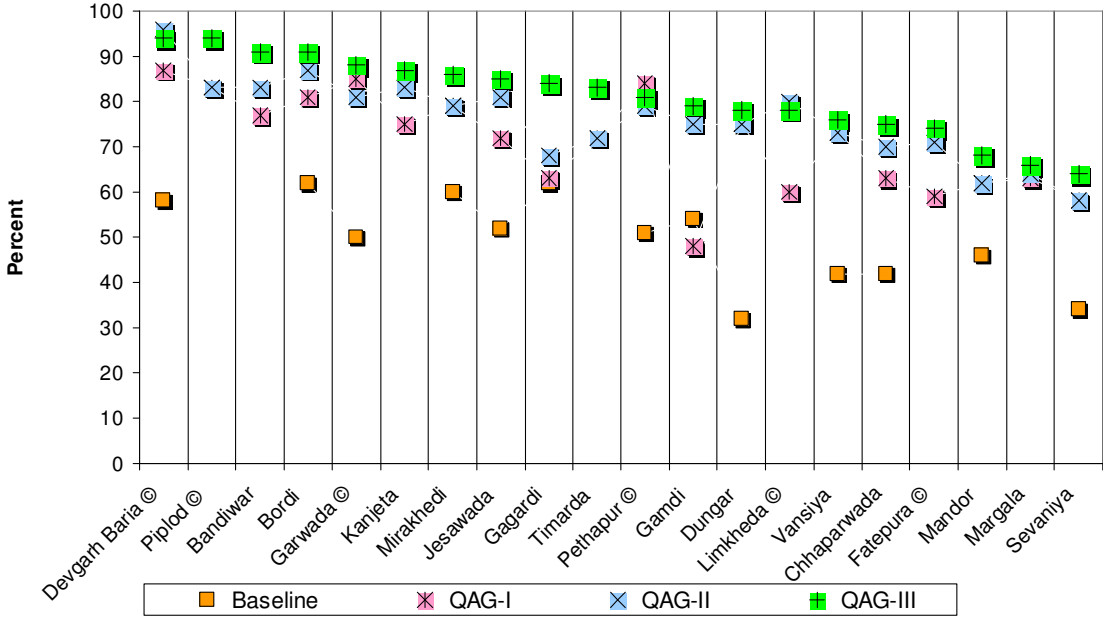
Facility	Changes found between the baseline survey and first visit of QAG (2-3 months period)
Jesawada (PHC)	<ul style="list-style-type: none"> <li>✓ Delivery kit contains sterile articles like scissor/blades, cord ties/clamps and two cord clamping forceps</li> <li>✓ Delivery table had mattress, with rubber cover and linen/sheet</li> <li>✓ In pediatric resuscitation kit, newborn mucus extractor or bulb syringe available</li> <li>✓ Sterile urinary catheter – 12 Fr. or smaller 14 Fr, 16 Fr available</li> </ul>
Bordi (PHC)	<ul style="list-style-type: none"> <li>✓ Infant weighing scales in working order available</li> <li>✓ Delivery table had mattress, with rubber cover and linen/sheet</li> <li>✓ Both were available in working order: Sterile Manual Vacuum Aspiration (MVA) syringe and sterile cannula (4 -10 mm) for incomplete abortion and sterile ovum forceps available</li> <li>✓ Pediatric resuscitation kit – pediatric self-inflating Ambu bag available</li> <li>✓ Sterile Episiotomy tray containing scissors, needle holder, sterile needles and sterile self dissolving suture thread/chromic cat-gut available</li> <li>✓ Curtains in exam room and labor room for privacy available</li> </ul>
Vansiya (PHC)	<ul style="list-style-type: none"> <li>✓ Autoclave/sterilizer in working order available</li> <li>✓ Delivery kit contains sterile articles like scissor/blades, cord ties/clamps and two cord clamping forceps</li> <li>✓ Delivery table had mattress, with rubber cover and linen/sheet</li> <li>✓ In pediatric resuscitation kit, newborn mucus extractor or bulb syringe available</li> <li>✓ Sterile Episiotomy tray containing scissors, needle holder, sterile needles and sterile self dissolving suture thread/chromic cat-gut available</li> <li>✓ Curtains in exam room and labor room for privacy available</li> </ul>
Garwada (CHC)	<ul style="list-style-type: none"> <li>✓ Delivery kit contains sterile articles like scissor/blades, cord ties/clamps and two cord clamping forceps</li> <li>✓ Delivery table had mattress, with rubber cover and linen/sheet</li> <li>✓ Sterile Manual Vacuum</li> <li>✓ Aspiration (MVA) syringe and sterile cannula (4 -10 mm) for incomplete abortion and sterile ovum forceps available</li> <li>✓ In pediatric resuscitation, newborn mucus extractor or bulb syringe available</li> <li>✓ Sterile urinary catheter – 12 Fr. or smaller 14 Fr, 16 Fr available</li> <li>✓ Curtains in exam room and labor room for privacy available</li> </ul>

#### Box4: Changes in Dahod District, Gujarat in Essential Protocols and Job Aids

Facility	Changes found between the baseline survey and first visit of QAG (2-3 months period)
Mandor (PHC)	<p><u>After base line survey the following additional protocols and guidelines were found:</u></p> <ul style="list-style-type: none"> <li>• <u>RTI management protocols and guideline</u></li> <li>• RTI/STI lab testing flow charts</li> <li>• RTI/STI diagnosis and treatment guidelines</li> <li>• FP method specific guidelines</li> <li>• MTP guidelines</li> <li>• Normal delivery guidelines</li> <li>• IEC materials displayed on STI/ RTI/ FP/ EmOC</li> </ul>
Jeshawada (PHC)	<p><u>After base line survey the following additional protocols and guidelines were found:</u></p> <ul style="list-style-type: none"> <li>• RTI management protocols and guideline</li> <li>• RTI/STI lab testing flow charts</li> <li>• Basic emergency obst. Care guidelines</li> <li>• RTI/STI diagnosis and treatment guidelines</li> <li>• FP method specific guidelines</li> <li>• MTP guidelines</li> <li>• Normal delivery guidelines</li> <li>• Newborn care guidelines</li> <li>• IEC materials displayed – on STI/ RTI/ FP/ EmOC</li> </ul>
Bordi (PHC)	<p><u>After base line survey the following additional protocols and guidelines were found:</u></p> <ul style="list-style-type: none"> <li>• RTI/STI lab testing flow charts</li> <li>• Basic emergency obst. Care guidelines</li> </ul>
Mirakhedi (PHC)	<p><u>After base line survey the following additional protocols and guidelines were found:</u></p> <ul style="list-style-type: none"> <li>• <u>RTI management protocols and guideline</u></li> <li>• RTI/STI lab testing flow charts</li> <li>• FP method specific guidelines</li> <li>• Newborn care guidelines</li> <li>• IEC materials displayed on STI/ RTI/ FP/ EmOC</li> </ul>
Garwada (CHC)	<p><u>After base line survey the following additional protocols and guidelines were found:</u></p> <ul style="list-style-type: none"> <li>• FP method specific guidelines</li> <li>• Newborn care guidelines</li> <li>• IEC materials displayed on STI/ RTI/ FP/ EmOC</li> </ul>

**Example of graph showing change in QA scores (Inputs)**

Baseline to 3<sup>rd</sup> QA Visit (3 months), Dahod\*



“\*” Score based on presence of 85 items/facilities

## ANNEXURE 1A

### QAG Orientation Plans

#### OUTLINE

District QAG Orientation Workshop

Venue: .....

Date and timings:

#### Day 1.

Morning

- Session 1: Introduction to the QA Programme within District IPD plans
- Session 2: Formation of the Quality Assurance Group (QAG)- roles and responsibilities of District officials after the QA visit.
- Session 3: Discussion on the QAG Visit Schedule (previously drafted by the QAG cell in-charge)

LUNCH

Afternoon

- Session 4: Learning Exercise 1: Review of filled example of QA Checklists FORMS –compiling of summary tables.

#### Day 2.

Morning

- Session 1: Review of filled example of QA Checklists FORMS – Continue exercise 1 for analysis of summary tables and action needed. Changes observed at next visit.

LUNCH

Afternoon

- Session 2: Discussion on QAG member responsibilities and Routine District QAG meeting Agenda for
- District level action and follow-up with PHC/CHC
  - Intervention from DDO/RDD/State Level

- Session 3: General Discussion on how improvements in quality will be brought about and assessed.

## ANNEXURE 1B

### PHC and CHC MO's Orientation to Quality Assurance Programme

District

Date and Venue: \_

#### MORNING

Session 1: Orientation to Quality Assurance Programme in District X

Session 2: Components of Quality that are going to be assessed and how

Session 3: District QAG composition and roles and responsibilities

#### LUNCH

#### AFTERNOON

Session 4: Section wise overview of QA Checklists contents\*

Session 5: Discussion on MO level supervisory action to be taken to improve quality assessment results and documentation of issues to be brought to the notice of District supervisors

Session 6: Distribution of QA Checklists and Discussion of QA visit and follow-up meeting scheduled for the next 3 months

\* This will not be a detailed item-wise review. MO in-charge will be expected to take a copy of the QA Checklists and share its contents with PHC/CHC staff to ensure that all staff is aware of standards that are expected prior to a visit by QAG to their centre.

## **Monthly Review Meeting**

**Date:**

**Venue: Zila Panchayat Office, \_\_\_\_\_**

## **Agenda**

**Chairperson – CDHO or DDO or CEO**

### **1. Attendance to ensure all QAG members present**

### **2. QAG visits taken place in the month of June**

Review of last quarter QAG visits. Ask all teams that visited each facility to discuss

1. Item wise discussion on check-listed FORM I-VI
2. Debriefing action taken at PHC level in this quarter/3 months
3. Item wise, action taken at District level in this quarter.
4. Item wise list of actions required at District level.
5. Points, action to be required from RDD and State level

### **3. Observations for all facilities visited in Quarter \_\_\_\_\_ (these 3 months)**

1. Discussion based on last 3 months QA visits recorded in the QA Monthly Summary forms discuss any improvements

What level was Action taken at

- a. At the Facility
- b. At District level
- c. At RDD/State level

### **4. Discussion & Visit Schedule and Planning for QAG visits in next Quarter (next 3 months)**

- Develop visit plan for next quarter
- Review QAG teams (if any change required)
- Check availability of adequate QA Forms and Vehicle with POL
- Give instructions for QA revisit.

**ANNEXURE 2**

**FORM I**

**QUALITY ASSURANCE GROUP VISIT  
FACILITY READINESS ASSESSMENT CHECKLIST**

**IDENTIFICATION**

State: ----- District: \_\_\_\_\_ Taluka: \_\_\_\_\_

Block: \_\_\_\_\_ Type of Facility: \_\_\_ PHC \_\_\_ CHC Other (specify) \_\_\_\_\_

Name & Address of Facility \_\_\_\_\_  
-----

**PHC/CHC Staff respondents**

	Name	Designation
1		
2		
3		
4		

**QAG Members**

	Name	Designation
1.		
2.		
3.		
4.		

Time started assessment: \_\_\_\_\_ Time ended assessment: \_\_\_\_\_

Date of Assessment: \_\_\_\_\_

## FORM I

### A. PERSONNEL

No.	Quality Indicator Instructions: On day of visit ask MO I/C and identified staff and fill the Personnel Assessment section	Response	If No: Give Date When DHO was Informed (if applicable)	Action Needed to Solve the Problem		
				Facility level √	DHO level √	Higher level √
QA1	A Medical Officer trained in handling Emergency Obst. Care and RTI/STIs <i>Both EmOC and RTI/STIs 3</i> <i>Only EmOC 1</i> <i>Only RTI/STIs 1</i> <i>No additional training 0</i>					
QA2	An HS (LHV) or HW (F) trained for RTI/STI screening with per speculum examination <i>Yes, available and trained 3</i> <i>Available but not trained 1</i> <i>Not available 0</i>					
QA3	Availability of pharmacist or other Staff to dispense medicines during OPD hours <i>Yes 1</i> <i>No 0</i>					
QA4	Availability of lab technician trained/oriented in common RTI/STI lab tests <i>Yes available and trained 3</i> <i>Not trained 1</i> <i>Not available 0</i>					
QA5	<b><u>ONLY for CHCs</u></b> At least ONE staff nurse/LHV/ANM at CHC in eight hourly duties <i>Yes 3</i> <i>No 0</i>					
QA6	<b><u>ONLY for CHCs identified FRUs</u></b> Gynaecologist available and anaesthetist/trained anaesthetist on call 24 hrs <i>Only gynaecologist available</i> <i>Yes 3</i> <i>No 0</i> <i>Anaesthetist available</i> <i>Yes 3</i> <i>No 0</i>					
QA	<b>TOTAL SCORES</b>					

**B: INFRASTRUCTURE**

No.	Quality Indicator	Response	If No: Give Date When DHO was Informed (if applicable)	Action Needed to Solve the Problem		
				Facility level √	DHO level √	Higher level √
QB1	Waiting area has benche(s) in the shade  Yes 2 No 0					
QB 2	Walk outside the building and check PHC/CHC compound: A. There is no water logging 1 B. PHC/CHC painted and looks clean 1 C. No windows broken 1					
QB3	Walk through PHC/CHC and check: A. Potable drinking water for clients 1 B. No cobwebs 1 C. Solid waste containers in each room 1 D. No Dust in OT 1 E. All occupied beds have mattresses, rubber cover and bed sheet 1					
QB3a	A well marked signboard exhibiting clinic timings and all the services provided by this centre placed at the front entrance of facility  Yes 1 No 0					
QB4	Toilets for client have water and at least one is marked only for women  Yes 1 No 0					
QB5	Some form of emergency lighting –generator/emergency battery lamp/ bright gas lantern is functioning  Yes 1 No 0					
QB6	A locked suggestion box in main waiting area  Yes 1 No 0					
QB7	Proper arrangements for segregation of wastes being generated at the facility  Yes 2 No 0					

No.	Quality Indicator	Response	If No: Give Date When DHO was Informed (if applicable)	Action Needed to Solve the Problem		
				Facility level √	DHO level √	Higher level √
QB8	A PHC/CHC vehicle (with driver) or outsourced available on call 24 hrs for referrals for EmOC <i>PHC/CHC vehicle &amp; driver available 3 Not available 0</i>					
QB9	Is there a separate labor room <i>Yes 1 No 0</i>					
QB10	<b>FOR CHC</b> Functioning phone (public or private) available for incoming and outgoing calls <i>Yes 1 No 0</i>					
QB	<b>TOTAL SCORES</b>					

**FORM I: MCH EQUIPMENT & SUPPLIES**

No.	Measure Instructions: FOR DELIVERY ROOM	Response	If No: Give Date When DHO was Informed (if applicable)	Action Needed to Solve the Problem		
				PHC level √	DHO level √	RDD level √
QC1	BP apparatus and stethoscope in working order Yes 3 No 0					
QC2	Infant weighing scales in working order Yes 3 No 0					
QC3	Autoclave/sterilizer in working order Yes 3 No 0					
QC4	Delivery kit contains at a minimum all of the following sterile articles: a) scissor/blades, b) cord ties/clamps and c) two cord clamping forceps Yes 3 No 0					
QC5	Delivery bed/ table with pillow and rubber cover Yes 3 No 0					
QC6	BOTH are available and sterilized a) Sterile Manual Vacuum Aspiration (MVA) syringe with sterile cannula (4 -10 mm) for incomplete abortion and b) Sterile ovum forceps Yes 3 No 0					
QC7	Room heater/ radiant baby warmer Yes 2 No 0					
QC8	Paediatric resuscitation kit – paediatric self-inflating Ambu bag Yes 3 No 0					
QC9	Newborn mucus extractor or bulb syringe Yes 2 No 0					
QC10	Sterile adult urinary catheter – 12 Fr. or smaller 14 Fr, 16 Fr Yes 3 No 0					

No.	Measure Instructions: FOR DELIVERY ROOM	Response	If No: Give Date When DHO was Informed (if applicable)	Action Needed to Solve the Problem		
				PHC level √	DHO level √	RDD level √
QC11	Sterile suturing tray – containing a) scissors/blade, b) needle holder, c) sterile needles and d) sterile self dissolving suture thread/chromic cat-gut  Yes 3 No 0					
QC12	I/V stand, sterile i/v needles/venflos and adhesive tape  Yes 3 No 0					
QC13	Full oxygen cylinder with tubing and disposable masks/ nasal prongs in working order  Yes 3 No 0					
QC14	Curtains or covered windows in exam room and labor room for privacy  Yes 2 No 0					
<b>QC</b>	<b>TOTAL SCORES</b>					

**FORM I: ESSENTIAL PROTOCOLS AND JOB AIDS**

No.	<b>Measure</b> <b>Instructions:</b> On the day of visit please physically verify following job aids in the clinic room or area where they need to be present:	Response	If No: Give Date When DHO was Informed (if applicable)	Action Needed to Solve the Problem		
				PHC level √	DHO level √	RDD level √
QD1	RTI/STI – management protocols Yes 2 No 0					
QD2	FP – method specific guidelines Yes 2 No 0					
QD3	MTP guidelines Yes 2 No 0					
QD4	Normal delivery guidelines Yes 2 No 0					
QD5	Newborn care guidelines Yes 2 No 0					
QD6	IEC materials displayed – on STI/ RTI/ FP/ EmOC Yes 2 No 0					
QD	<b>TOTAL SCORES</b>					

**FORM I: LAB EQUIPMENT AND SUPPLIES**

No.	Measure  Instructions: On the day of visit please check and confirm availability of ALL the following Equipment and supplies:	Response	If No: Give Date When DHO was Informed (if applicable)	Action Needed to Solve the Problem		
				PHC level √	DHO level √	RDD level √
QE1	Microscope up to 40 *10 X magnification in working order  Yes 3 No 0					
QE2	Sahli's Heamoglobinometer in working condition to be used for measuring Hb with fresh N/10 HCL solution  Yes 3 No 0					
QE3	For Gram Staining ALL the following available: a) crystal violet, b) iodine solution, c) acetone-ethanol and d) Safranin stain  Yes 2 No 0					
QE4	KOH solution for whiff test  Yes 1 No 0					
QE5	pH test strips  Yes 1 No 0					
QE6	RPR kits (for: syphilis)  Yes 1 No 0					
QE7	At least 10 sterile swabs and 10 glass slides for RTI/STI specimen  Yes 1 No 0					
QE8	Urine albumin & sugar Uristix or (Benedict's solution and lamp for heat test) available  Yes 2 No 0					
QE9	<u>CHC only</u> - Kits for ABO blood grouping  Yes 1 No 0					
QE10	<u>CHC</u> - Kits for RH  Yes 1 No 0					
QE11	HIV test kits (only at CHCs-VTCT centers)  Yes 1 No 0					

<b>DRUGS AND CONSUMABLES</b>						
<b>Instructions: FP supplies: DO NOT stock check – just check availability of at least for 10 persons</b>						
<b>No.</b>	<b>Measure</b>  <b>Instructions:</b> On the day of visit please check and confirm availability of ALL the following Equipment and supplies:	<b>Response</b>	<b>If No: Give Date When DHO was Informed (if applicable)</b>	<b>Action Needed to Solve the Problem</b>		
				<b>PHC level</b> √	<b>DHO level</b> √	<b>RDD level</b> √
QE12	Copper T 380 – at least 10 Yes 2 No 0					
QE13	Condoms – at least 100 pieces Yes 2 No 0					
QE14	OCP – at least 30 cycles Yes 2 No 0					
QE15	ECP – at least 10 packets Yes 2 No 0					
<b>For RTI/STIs</b>						
QE16	Tab. Norfloxacin Yes 1 No 0					
QE17	Tab. Azithromycin Yes 1 No 0					
QE18	Tab. Erythromycin Yes 1 No 0					
QE19	Tab. Metronidazole 400 mg Yes 1 No 0					
QE20	Tab. Fluconazole or Clotrimazole Vaginal tabs Yes 1 No 0					
QE21	Inj. Benzathine Penicillin G Yes 1 No 0					
<b>For active management of infections/complications in pregnancy/puerperium</b>						
QE22	Inj. Ampicilin Yes 1 No 0					
QE23	Inj Gentamycin Yes 1 No 0					
QE24	Cap. Nifedipine Yes 1 No 0					
QE25	Inj Tetanus toxoid Yes 3 No 0					
QE26	Inj. Oxytocin Yes 2 No 0					

No.	Measure  Instructions: On the day of visit please check and confirm availability of ALL the following Equipment and supplies:	Response	If No: Give Date When DHO was Informed (if applicable)	Action Needed to Solve the Problem		
				PHC level √	DHO level √	RDD level √
QE27	Inj. Magnesium sulphate Yes 2 No 0					
QE28	Normal saline I/V 10 bottles Yes 2 No 0					
QE29	Ringers Lactate 10 bottles Yes 1 No 0					
QE30	Inj. Xylocaine for local anaesthesia Yes 1 No 0					
QE31	Plasma expander –5 bottles e.g. heamaxyl Yes 1 No 0					
QE32	Inj. Adrenaline Yes 1 No 0					
QE33	Inj. Dexamethsone Yes 1 No 0					
QE34	Roll of cotton wool for making pads and sterile swabs Yes 1 No 0					
QE35	Roll of cotton gauze for making pads and sterile sponge Yes 1 No 0					
QE36	<b>For Disinfection</b> Glutaraldehyde concentrate(Cidex) Yes 2 No 0					
QE37	Bleach-tablets/concentrated solution Yes 2 No 0					
QE	<b>TOTAL SCORES</b>					

**FORM II  
QUALITY ASSURANCE GROUP VISIT  
SERVICE QUALITY ASSESSMENT FORM**

Date \_\_\_\_\_

PHC \_\_\_\_\_

<b><u>IDENTIFICATION</u></b>		
State: -----	District: _____	Taluka: _____
Block: _____	Type of Facility: ___ PHC ___ CHC	Other (specify) _____
Name & Address of Facility _____		
-----		

**PHC/CHC Staff respondents**

	Name	Designation
1		
2		
3		
4		

**QAG Member reviewing**

	Name	Designation
1.		
2.		
3.		
4.		

Time started \_\_\_\_\_

Time ended \_\_\_\_\_

**In the past month were any of the following services provided?**

Any RTI/STI case management/ diagnosed through lab test	Yes	/	No
Any EmOC care being given (i.e. management of APH, PPH, obstructed labor, incomplete abortion & postpartum infection)	Yes	/	No
Any IUD/ sterilization provided	Yes	/	No

**FORM II : PROCESS MEASUREMENT MAINTINENCE OF RECORDING: RH GENERAL**

No.	Measure  Instructions: On the day of visit please check and review the following:	Response	If No: Give Date When DHO was Informed (if applicable)	Action Needed to Solve the Problem		
				PHC level √	DHO level √	RDD level √
QF1.	Lab register maintained to show RTI/STI tests done  Yes 1 No 0					
QF2.	FW records show OCP usage and new accepted  Yes 1 No 0					
QF3.	IUD cards available and filled for follow-up (needs reasons for removal)  Yes 1 No 0					
QF4.	Sterilization forms available and filled for follow-up/refusal reasons  Yes 1 No 0					
QF5.	MTP register maintained: Fill only if designated facility  Yes 1 No 0					
QF6.	ANC cards available and filled  Yes 1 No 0					
QF7.	Labor room registers record normal deliveries and complications  Yes 1 No 0					
QF	<b>TOTAL SCORES</b>					

**FORM II: RECORDING: REVIEW RTI/STI RECORDS FOR PROCESS MEASUREMENT**

**STI Services Being Provided at This Facility Since \_\_\_\_\_ Mo/ Year**

**Lab Providing STI Tests Since \_\_\_\_\_ Mo/Year**

No.	RTI/STI Services Review From: 1)ANC registration 2) Lab registers 3) OPD registers recording RTI/STI Cases	Usage Over the Last Three Months	Usage and Change When Compared to Same Time Period (3 Months) in the Last Year		Change in Usage Score s  0 → 0 1-25 → 1 26-50 → 2 51-100 → 3 100+ → 4
		Number of clients (A)	Number of clients (B)	Change in no. of clients (A-B)	
QG1	Total number of ANC women registered				
QG2	Total number of ANC women receiving RPR test				
QG3	Total number of IUD acceptors				
QG4	Total number of IUD acceptors screened for RTI/STI with a lab test				
QG5	Total number of STI cases				
QG6	Total number of male cases out of total STI cases				
QG7	Please review last 10 RTI/STI cases from RTI/STI OPD register in these months. How many of these RTI/ STI cases have a lab test prescribed by doctor?				
QG8	Total number of urethral/ vaginal swabs tested for STI				
QG9	Among last 10 STI/RTI Lab tests recorded for suspected infection, how many had a positive test result? (E.g. vaginal swab, Gram's staining, whiff test, from lab records)?				
QG10	Among last 10 positive lab tests for STI how many partners were treated according to the treatment protocol?				
QG	<b>TOTAL SCORES</b>				

FORM III -A

FORM III-A QUALITY OF FAMILY PLANNING SERVICES AT RH CAMP  
ASSESSMENT CHECKLIST

Checklist for Assessing Quality of Sterilization and Other FW-related Services  
Provided During RCH Camp at the Following Facility

Date \_\_\_\_\_

PHC/CHC \_\_\_\_\_

<b><u>IDENTIFICATION</u></b>		
State :-----	District:_____	Taluka:_____
Block:_____	Type of Facility:___ PHC ___ CHC Other(specify)_____	
Name & Address of Facility ----- -----		

**PHC/CHC Staff respondents**

	Name	Designation
1		
2		
3		
4		

**QAG Member reviewing**

	Name	Designation
1.		
2.		
3.		
4.		

Time started \_\_\_\_\_

Time ended \_\_\_\_\_

**FORM III-A OBSERVATION OF FAMILY PLANNING SERVICES on CAMP DAY**

No.	Instructions: On the day of visit observe and verify the following procedures are being followed:	Response	If No: Give Date When DHO was Informed (if applicable)	Action Needed to Solve the Problem		
				PHC level √	DHO level √	RDD level √
QH1	For laparoscopic sterilization check that a minimum of three functional laparoscope's are available per team  Yes 3 No 0					
QH2	Operation theatre has suction and an insufflator for laparoscopy in working condition  Yes 3 No 0					
QH3	Glutaraldehyde solution for disinfection of laproscater is reconstituted and date of reconstitution marked  Yes 2 No 0					
QH4	Laparoscope is disinfected between cases for a full 20 mins in freshly prepared glutaraldehyde solution and rinsed with sterile water  Yes 3 No 0					
QH5	Standard guidelines used for pre-operative clinical screening for all clients  Yes 2 No 0					
QH6	Clients recall that they have given their written informed consent for surgery after being informed of the methods a. Its side effects Yes 1 No 0 b. The procedure Yes 1 No 0 c. Instruction for follow-up Yes 1 No 0					
QH7	Clients undergoing vasectomy recall that they have been instructed to use condoms for next three					

No.	Instructions: On the day of visit observe and verify the following procedures are being followed:	Response	If No: Give Date When DHO was Informed (if applicable)	Action Needed to Solve the Problem		
				PHC level √	DHO level √	RDD level √
	months Yes 3 No 0					
<b>QH8</b>	Follow-up instructions are given orally and in writing in all M/F sterilization discharge notes Yes 2 No 0					
<b>QH9</b>	Surgeon changes gloves between two operations Yes 1 No 0					
<b>QH10</b>	Surgeon and assisting nursing staff wearing masks properly (mouth and nose is covered with mask) Yes 1 No 0					
<b>QH11</b>	<b>Cleanliness of OT dust on window sills</b> Yes - 0 No - 3					
<b>In cases where a client willing for a permanent method was rejected on the day of surgery – find out the following:</b>						
<b>QH</b>	<b>TOTAL SCORES</b>					

## **FORM III -B CLIENT SATISFACTION WITH RH SERVICES**

(Fill for at least five different clients). Locate clients coming out of the PHC/CHC. Request them to fill in this questionnaire if literate –if illiterate read out the questions and record their answers.

### **CLIENT SATISFACTION QUESTIONNAIRE**

Respected client, we wish to get your feedback on the quality of services provided by this facility. We would like to request you to spare 10 minutes to answer the following questions which will help us to assess the quality of services.

**Location:**

**Date:**

**Time:**

**Approx Age:**

**Sex:**

**Village of residence:**

**Fill by asking a person about the services she/he came to the PHC/CHC for:**

**CS1. Type of transportation used to come to the clinic?**

**CS 2. What services did you come for to this place?**

**CS 3. Did you receive the service you came for? Yes/No**

**CS 4. Are you satisfied with the services you received? Yes/No**

**CS 5. Was the time you spent with the provider adequate? Yes/No**

**CS 6. Were you given an opportunity to ask questions? Yes/No**

## **FORM III -B CLIENT SATISFACTION WITH RH SERVICES**

(Fill for at least five different clients). Locate clients coming out of the PHC/CHC. Request them to fill in this questionnaire if literate –if illiterate read out the questions and record their answers.

### **CLIENT SATISFACTION QUESTIONNAIRE**

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**Location:**

**Date:**

**Time:**

**Approx Age:**

**Sex:**

**Village of residence:**

**Fill by asking a person about the services she/he came to the PHC/CHC for:**

**CS1. Type of transportation used to come to the clinic?**

**CS 2. What services did you come for to this place?**

**CS 3. Did you receive the service you came for? Yes/No**

**CS 4. Are you satisfied with the services you received? Yes/No**

**CS 5. Was the time you spent with the provider adequate? Yes/No**

**CS 6. Were you given an opportunity to ask questions? Yes/No**

## **FORM III -B CLIENT SATISFACTION WITH RH SERVICES**

(Fill for at least five different clients). Locate clients coming out of the PHC/CHC. Request them to fill in this questionnaire if literate –if illiterate read out the questions and record their answers.

### **CLIENT SATISFACTION QUESTIONNAIRE**

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**Location:**

**Date:**

**Time:**

**Approx Age:**

**Sex:**

**Village of residence:**

**Fill by asking a person about the services she/he came to the PHC/CHC for:**

**CS1. Type of transportation used to come to the clinic?**

**CS 2. What services did you come for to this place?**

**CS 3. Did you receive the service you came for? Yes/No**

**CS 4. Are you satisfied with the services you received? Yes/No**

**CS 5. Was the time you spent with the provider adequate? Yes/No**

**CS 6. Were you given an opportunity to ask questions? Yes/No**

## **FORM III -B CLIENT SATISFACTION WITH RH SERVICES**

(Fill for at least five different clients). Locate clients coming out of the PHC/CHC. Request them to fill in this questionnaire if literate –if illiterate read out the questions and record their answers.

### **CLIENT SATISFACTION QUESTIONNAIRE**

Respected client, we wish to get your feedback on the quality of services provided by this facility. We would like to request you to spare 10 minutes to answer the following questions which will help us to assess the quality of services.

**Location:**

**Date:**

**Time:**

**Approx Age:**

**Sex:**

**Village of residence:**

**Fill by asking a person about the services she/he came to the PHC/CHC for:**

**CS1. Type of transportation used to come to the clinic?**

**CS 2. What services did you come for to this place?**

**CS 3. Did you receive the service you came for? Yes/No**

**CS 4. Are you satisfied with the services you received? Yes/No**

**CS 5. Was the time you spent with the provider adequate? Yes/No**

**CS 6. Were you given an opportunity to ask questions? Yes/No**

## **FORM III -B CLIENT SATISFACTION WITH RH SERVICES**

(Fill for at least five different clients). Locate clients coming out of the PHC/CHC. Request them to fill in this questionnaire if literate –if illiterate read out the questions and record their answers.

### **CLIENT SATISFACTION QUESTIONNAIRE**

Respected client, we wish to get your feedback on the quality of services provided by this facility. We would like to request you to spare 10 minutes to answer the following questions which will help us to assess the quality of services.

**Location:**

**Date:**

**Time:**

**Approx Age:**

**Sex:**

**Village of residence:**

**Fill by asking a person about the services she/he came to the PHC/CHC for:**

**CS1. Type of transportation used to come to the clinic?**

**CS 2. What services did you come for to this place?**

**CS 3. Did you receive the service you came for? Yes/No**

**CS 4. Are you satisfied with the services you received? Yes/No**

**CS 5. Was the time you spent with the provider adequate? Yes/No**

**CS 6. Were you given an opportunity to ask questions? Yes/No**

**FORM IV: QUALITY OF MATERNITY SERVICES  
 QUALITY ASSURANCE GROUP VISIT  
 MATERNITY SERVICES ASSESSMENT CHECKLIST**

Date \_\_\_\_\_

PHC/CHC \_\_\_\_\_

<b><u>IDENTIFICATION</u></b>		
State: -----	District: _____	Taluka: _____
Block: _____	Type of Facility: ___ PHC ___ CHC Other (specify) _____	
Name & Address of Facility _____		
-----		

**PHC/CHC Staff respondents**

	Name	Designation
1		
2		
3		
4		

**QAG Member reviewing**

	Name	Designation
1.		
2.		
3.		
4.		

**FORM IV: PROCESS: MATERNITY SERVICES**

**Total New ANC Registration In Past Month= \_\_\_\_\_**

No.	Service Records  <b>Instructions:</b> On the day of visit please review records in order to ascertain use of services in the past three months (count from the immediate completed months)	Usage Over the Last Three Months	Usage and Percent Change When Compared to Same Time Period (3 months) in the Last Year		Change in Usage Scoring :  0 → 0 1-10 → 1 11-25 → 2 26 - 50 → 3 50+ → 4
		Number (A)	Number (B)	No. change (A-B)	
Q11.	Total number of ANC Women with BP greater than 130/90				
Q12.	Total number of deliveries at this facility.				
Q13.	Total number of births that took place between 8 pm and 8 am				
Q14	Total number of low birth weight babies (birth weight less than 2.5 kg) that stayed at facility for 24 hours observation				
Q15	Total number of times the PHC/CHC vehicle was used to take an obstetric emergency case to a higher level facility.				
Q16	Total number of women managed for PPH as per guideline ( from review of case records)				
Q17	Total number of cases where manual vacuum aspiration with MR syringe was performed				
<b>QI</b>	<b>TOTAL SCORES</b>				

**Form IV: PROCESS OBSERVATION: Newborn Care**

**Total Deliveries in Facility in Past Three Months** \_\_\_\_\_

**Total no of Stillbirths** \_\_\_\_\_ **Newborn Deaths** \_\_\_\_\_ **Among Deliveries at Facility in Past Three Months.**

No.	Measure At PHC and CHC in-patient Instructions: On the day of visit if there is ANY mother and baby admitted please check and confirm the following for ONE baby:	Response	If No: Give Date When DHO was Informed (if applicable)	Action Needed to Solve the Problem		
				PHC level √	DHO level √	RDD level √
QJ1	Baby's cord should have no medicine or bandage and be clean and dry  Yes 1 No 0					
QJ2	Breastfeeding should have been initiated within half hour and nothing other than breast milk has been given to baby since birth  Yes 1 No 0					
QJ3	Baby has received zero polio dose  Yes 1 No 0					
QJ4	The baby is properly covered and kept warm  Yes 1 No 0					
QJ	<b>TOTAL SCORES</b>					

**FORM V  
QUALITY ASSURANCE GROUP VISIT  
ASSESSMENT FORM**

((LOCAL QUOTATION ON QUALITY: (IN LOCAL LANGUAGE)

**TRENDS IN RH SERVICES UTILIZATION**

**Indicators for Assessing the Quality of Reproductive Health Services Provided at the Following Facility**

Date \_\_\_\_\_

PHC/CHC \_\_\_\_\_

<b><u>IDENTIFICATION</u></b>		
State :-----	District:_____	Taluka:_____
Block: _____	Type of Facility:___ PHC __ CHC Other(specify)_____	
Name & Address of Facility ----- -----		

**PHC/CHC Staff respondents**

Name	Designation
1	
2	
3	
4	

**QAG Member reviewing**

Name	Designation
1.	
2.	
3.	
4.	

Time started \_\_\_\_\_

Time ended \_\_\_\_\_

## FORM V : TRENDS IN RH SERVICES UTILIZATION

### OUTPUT ASSESSMENT

Total General OPD Attendance In Past Three Months = \_\_\_\_\_

#### Trends in Reproductive Health Services Utilization

No.	Service Records  <b>Instructions:</b> On the day of visit please check and review records for the past three completed months and report:	Usage Over the Last Three Months	Usage and Change When Compared to Same Time Period (3 months) in the Last Year		Change in Usage Scores  0 → 0 1-25 → 1 26-50 → 2 51-100 → 3 100+ → 4
		Number (A)	Number (B)	No. change (A-B)	
QK1.	<b>RTI/STI</b> Number of RTI/STI lab tests conducted				
QK2.	Number of men/ women treated for STI/RTI				
QK3.	Number of partners of primary cases of STI/RTI also received treatment				
QK4.	<b>Family Planning</b> Number of pieces of condoms distributed				
QK5.	No. Of Pill users who have continued using oral pills for more than 1 year				
QK6.	Number of IUDs users returned for removal after completion of 3 years				
QK7.	Number of female sterilizations conducted at this facility				
QK8.	Number of male sterilizations conducted at facility				
QK9.	<b>Maternity</b> Number of deliveries in facility				
QK10.	Number of caesarean sections at (only for CHC)				
QK11.	Number of postnatal visits by women and/or newborns (babies) at the facility within 6 weeks of delivery				
QK12.	Number of MTPs conducted				
QK	<b>TOTAL SCORES</b>				

## FORM VI

### QAG VISIT SUMMARY REPORT

**QAG VISIT DATE:**

**NEXT VISIT DATE:**

**Quality Assessment Report**

No.	Measures	Maximum Scores	Response Scores	(Total No. of Sub-items $\checkmark$ for Action Needed to Solve the Problem)			Refer for Action to be Taken
				PHC level	DHO level	RDD level	Action areas
<b>QA</b>	Trained personnel						<b>A</b>
<b>QB</b>	Infrastructure						<b>B</b>
<b>QC</b>	Equipment						<b>C</b>
<b>QD</b>	Standard protocols, IEC materials & job aids						<b>D</b>
<b>QE</b>	Consumables and supplies						<b>E</b>
<b>QF</b>	Recording						<b>F</b>
<b>QG</b>	Other RTI/STI Related Reporting						<b>G</b>
<b>QG</b>	Other family planning related reporting						<b>H</b>
<b>QI</b>	Other Maternity Care Related Reporting						<b>I</b>
<b>QH</b>	Other newborn care related reporting						<b>J</b>
<b>QK</b>	Trends in Outputs- Services Utilization						<b>K</b>
	<b>TOTAL SCORES</b>						

Scoring procedures:

- During the totals scored by all facilities will be documented and arranged on a percentile curve (Grade A-100- 76% , B-75-51% , Grade C- 50-26%. D- 25-0%).
- Change in score between two visits to the same facility will be assessed. By the end of the year the proportion showing improvement will be reported.

<b>Reviewed and understood</b>	
Signed _____	QAG – member _____
Date _____	Date _____

**FORM VI: QAG VISIT SUMMARY REPORT**

**INPUTS SUMMARY**

**Action Point A: Staff and Training**

**Action Point B: Infrastructure Needs**

**Action Point C: Equipment Needs: New**

**Maintenance/ Discarding**

**Action Point D: Copies of Standards, Protocols and IEC Needed**

**Action Point E: Supplies Needed**

**PROCESS AND UTILIZATION SUMMARY**

**Action Point F: Reasons for records not maintained or no clients for particular services**

**Action needed includes:**

(Need for personnel training should match with action point QA, supplies with QB etcetera.)

**Action Point G: Reasons for lack of certain RTI/STI processes being followed**

Protocol explained and provided \_\_\_\_\_Signature

**Action Point H: Reasons for lack of certain FP processes being followed**

Standards and Protocols explained and provided \_\_\_\_\_Signature

**Action Point I: Reasons for lack of certain maternity processes being followed**

Standards and protocols explained and provided \_\_\_\_\_Signature

**Action Point J: Reasons for lack of certain newborn care processes being followed**

Standards and protocols explained and provided \_\_\_\_\_Signature

**UTILIZATION TRENDS – CHANGES**

**Action Point K: Reasons for change in utilization of services addressed**

**For example:**

**Personnel: Transfers- no/new provider needs new skills**

**Supplies and equipment: Provision of new supplies/stock-outs**

**Other reasons: Better efforts needed**

**Exemplary service by provider: Name forwarded for recognition**

**Reviewed and understood**

**Signed**

\_\_\_\_\_**MO in-charge**

**Date** \_\_\_\_\_

**QAG – member** \_\_\_\_\_

**Date** \_\_\_\_\_

### DISRTICT SUMMARY QA REPORT

FORM – 1

QUALITY ASSURANCE PROGRAM: STATUS OF THE PHC/CHC, YEAR---

S.No.	Name of the PHC/CHC	Score of the PHC/CHC in the quarter												Remark			
		Month of QAG visit in quarter- I			Month of QAG visit in quarter- II			Month of QAG visit in quarter - III			Month of QAG visit in quarter - IV						
1.																	
2.																	
3.																	
4.																	
5.																	
6.																	
7.																	
8.																	
9.																	
10.																	
11.																	
12.																	
13.																	
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20.																	
21.																	
22.																	
23.																	
24.																	
25.																	
26.																	
27.																	
28.																	
29.																	
30.																	

S.No.	Name of PHC/CHC	<b>FORM 2 - INPUTS SUMMARY Continued.....</b>			
		<b>Action Point A: Staff and Training</b>	<b>Action Point B: Infrastructure Needs</b>	<b>Action Point C: Equipment Needs: New Maintenance/Discarding</b>	<b>Action Point D: Copies of Standards, Protocols and IEC Needed</b>
1					
2					
3					
4					
5					
6					

S.No.	Name of PHC/CHC	Date of Visit	<b>FORM 2 - INPUTS SUMMARY</b>	
			<b>Action Point E: Supplies needed</b>	<b>Report of consumption of supplies validated by records – see Q,H, I, J</b>
1				
2				
3				
4				
5				
6				

<b>FORM 2 - PROCESS AND UTILIZATION SUMMARY Continued.....</b>					
<b>S.No.</b>	<b>Name of PHC/CHC</b>	<b>Action Point F: Reasons for records not maintained or no clients for particular services</b>	<b>Action Needed Includes: (Need for personnel training should match with action point QA, supplies with QB etcetera.)</b>	<b>Action Point G: Reasons for lack of certain RTI/STI processes being followed</b>	<b>Protocol Explained and Provided ____ Signature</b>
1					
2					
3					
4					
5					
6					

Date:	Name of PHC/CHC	<b>Form 2 - PROCESS AND UTILIZATION SUMMARY Continued.....</b>		
		<b>Action Point H: Reasons for lack of certain FP processes being followed</b>	<b>Standards and Protocols Explained and Provided</b>	<b>Action Point I: Reasons for lack of certain maternity processes being followed</b>
1				
2				
3	-			
4				
5				
6				

<b>FORM 2 - PROCESS AND UTILIZATION SUMMARY</b>				
S.N.	Name of PHC/CHC	Standards and protocols explained and provided	Action Point J: Reasons for lack of certain newborn care processes being followed	Standards and protocols explained and provided
		_____Signature		_____Signature
<b>1</b>				
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				
<b>6</b>				

<b>FORM 2 - UTILIZATION TRENDS – CHANGES: Continued.....</b>				
<b>S.N.</b>	<b>Name of PHC/CHC</b>	<b>Action Point K: Reasons for change in utilization of services addressed</b>	<b>Personnel: Transfers or trainings</b>	<b>Supplies and equipment: Request for supplies/equipment Maintenance/condemn request</b>
1				
2				
3				
4				
5				
6				

<b>FORM 2 - UTILIZATION TRENDS – CHANGES</b>				
<b>S.N.</b>	<b>Name of PHC/CHC</b>	<b>Other Reasons: Better efforts needed</b>	<b>Exemplary service by provider – name forwarded for recognition</b>	<b>Reviewed and understood</b>
1				
2				
3				
4				
5				
6				

<b>FORM – 3</b>					
<b>QUALITY ASSURANCE PROGRAM: DISTRICT LEVEL SUMMARY REPORT OF THE MONTH OF -----</b>					
SN	Name of the PHC/CHC	Action Point A: Staff and training			
		Problem identified by the QAG during their visit at the facility	Who will take action to sort out the problem (DDO/CDHO) / RDD / State?	What action has been taken to sort out the problem?	Remark
1					
2					
3					
4					
5					
6					

**Note:** Form – 3 is the sample format and it should be used for all **Action Points (i.e. Action Point A, B.....K)**

**FORM - 4**

**QUALITY ASSURANCE PROGRAM: REVIEW OF THE PROGRESS OF THE PHC/CHC IN THE MONTH OF -----**

D A T E	Name of PHC/CHC	Action point A: Staff and training				
		What problems were identified in the last visit?	What decision had been taken in last time?	Who had taken action to solve the problem ?	Has the problem been solved? Yes/No	If No, action required?

**Note:** Form – 4 is the sample format and it should be used for all **Action Points** (i.e. **Action Point A, B.....K**)

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