

Annexure – 6.

Facility Audit

General Information		
i	Date (D/M/Y)/...../.....
ii	Clinic Venue: PHC/CHC/DH/Any Other (Specify)	
iii	Name of the block, district and state	
iv	Name and designation of observer	

		Yes/No	Comments	Suggestions/Recommendations
Infrastructural Facilities				
1	Is the building in good condition (walls, doors, window, roof and floor)?			
2	Is the facility clean?			
3	Is running water available at service points?			
4	Is clean and functional toilet facility available for staff and clients?			
5	Is electricity available?			
6	If there is no running water or electricity, are alternatives available that permit providers to deliver the available services hygienically?			
7	Is there a functional generator/alternative power source available ?			
8	Is petrol oil and Lubricants (POL) available for the generator?			
9	Is there space earmarked for examination and counselling to assure privacy?			
10	Is waiting area with adequate seating facility available?			

		Yes/No	Comments	Suggestions/Recommendations
Facilities available at OT				
11	Is there a proper OT Facility available?			
12	Does the OT have running water available?			
13	Is an operation table with Trendelenburg facility (For female sterilization) ?			
14	Is a functional shadow less lamp available?			
15	Is functional suction apparatus available?			
16	Is functional emergency light (through a functional inverter available)?			
17	Is oxygen cylinder with gas and accessories available?			
18	Availability of : • Minilap Instrument • Laparoscopic Set • NSV Set			
19	Instruments for laparotomy (applicable to female sterilization)			
20	Emergency resuscitation equipment like Ambu bag, face mask, airways etc.			
21	Emergency Medicine Tray			
22	Sterilized consumables in dressing			
23	Sterilized surgical attire such as apron, gloves, mask and cap			
24	Other essential requirements			
Contraceptive Stock Position				
25	Buffer stock available for one month: Oral pills, Condoms, IUCD, EC pills			
26	Does the facility have adequate storage facility for contraceptives (away from water and sources of heat, direct sunlight, etc) on the premises?			
27	Do stock outs occur?			
28	Is there an effective logistic system that tracks stock levels and notifies staff when supplies need recording?			

		Yes/No	Comments	Suggestions/Recommendations
Contraceptive Stock Position				
29	Are supplies in good condition (not expired, not damaged, etc)?			
30	Are expired contraceptives destroyed to prevent resale or other inappropriate use?			
Availability of Vehicle				
31	Does the facility have a vehicle/ Ambulance in running condition or suitable referral service?			
32	Availability of POL for vehicle			
Information, Education, Communication (IEC) Materials				
33	Clients' rights displayed at a prominent place at the facility			
34	Board displaying service timings			
35	Availability of free and paid services displayed on wall painting			
36	Signboard indicating the direction for each service point displayed			
37	Flip charts, models, specimens and samples of contraceptives available in the counselling room			
38	IEC materials such as poster, banner and handbills available at the site and displayed			
39	Suggestion and complaint system for clients (Complaint box or book)			
Management Information system				
40	Client register and record maintained			
41	Records on Family Planning (FP) (including number of clients counselled			
42	Sterilization records			
43	Follow up records for FP Clients			
44	Regular furnishing of Monthly Progress Reports (MPR)			
45	Does staff complete client records by including information essential for the continued care of clients?			

		Yes/No	Comments	Suggestions/Recommendations
Management Information system				
46	When clients return for follow up services, can staff retrieve their records easily?			
Human Resources				
47	Availability of all staff as per sanctioned posts			
48	Are the various categories of staff adequate for the activities of the centre?			
49	Are the doctors empanelled in the district/ state?			
Infection Prevention				
50	Are the autoclave and instrument boiler functional?			
51	Are needle destroyers available?			
52	Is there a container for disposal of sharp instruments available in the dispensing room?			
53	Mopping of floor and surfaces by liquid bleach			
54	Utility gloves in use for cleaning floor, instruments and linen?			
55	Availability of proper waste disposal mechanisms (Incinerator/ Other)			
56	Final remarks of observer			

Name:

Designation of Observer:.....

Date:

Signature

Annexure – 17.

Observation of Asepsis and Surgical Procedure

General Information		
1	Date (D/M/Y)	
2	Clinic Venue: PHC/CHC/DH/Any Other (Specify)	
3	Name of the block, district and state	
4	Name and designation of observer	
Asepsis Issues (Observe for 60 minutes in one session inside operation room)		
5	Was 0.5% chlorine solution prepared and used correctly	Yes/No.....
6	Did the theatre personnel (those involved directly or indirectly in the procedures) change into the following theatre attires	Gowns : Yes/No..... Caps : Yes/No..... Masks : Yes/No..... Theatre shoes : Yes/No.....
7	Did the surgeon and the assistant scrub before starting	Yes/No.....
8	For approximately how many minutes did the surgeon scrub using soap	<5 min..... 3-5 min..... >5 min.....
9	Was the scrubbing procedure followed properly	Yes/No.....
10	Was the mask kept over the bridge of nose at all times by the surgeon (s) and the assistant (s)	Yes/No.....
11	Were the gloves changed after operating each case?	Yes/No.....
12	After how many cases did surgeon scrub again	After 1-5 cases..... After 6-10 cases..... After 10 cases..... Did not scrub again.....
13	Did the surgeon/assistant leave the OT at any time between cases	Yes/No.....
14	A. If yes, did the surgeon /assistant change her/his shoes while going out	Yes/No.....
	B. Did she/he change his/her gown on returning	Yes/No.....
	C. Did she/he scrub again on returning	Yes/No.....

Surgeon and anaesthesia (Observe atleast 3 procedures, but more if possible)				
	Client Number	1	2	3
15	Name of procedure: Minilap Tubectomy/Laproscopey / Vasectomy/NSV			
16	Type of anaesthesia used: Local/Spinal/General If Local Anaesthesia was used , what was the approximate interval between injecting LA and starting surgery (in minutes)			
17	Was the skin scrubbed adequately before surgery (Yes/No)			
18	Were sterile drapes used? (Yes/No)			
19	Did the client wince at any time during the operation? (Yes/No)			
20	What was the total duration of the surgery (from skin incision to skin closure) (in minutes)			
21	If Laproscopey was performed:			
	A. Which gas was used for creating pneumoperitoneum? (✓) Tick the option	<ul style="list-style-type: none"> • CO₂ • N₂O • Air 		
	B. How was it insufflated? (✓) Tick the option	<ul style="list-style-type: none"> • Insufflation apparatus • BP instrument bulb • Any other 		
	C. How was the laproscope cleaned in between procedures? <ul style="list-style-type: none"> • Immersed in cidex >20 min • Immersed in cidex<20 min (specify minutes) • Cleaned with antiseptic solution (spirit)..... • Cleaned with water..... • Any other (specify)..... 	Yes/No..... Yes/No..... Yes/No..... Yes/No..... Yes/No.....		
22	Have the following surgical instruments been used			
	A. Light source for laproscope	Yes/No.....		
	B. Operating Laproscope	Yes/No.....		
	C. Pneumoperitoneum Insufflation Apparatus	Yes/No.....		
	Gas cylinder CO ₂	Yes/No.....		
	Air	Yes/No.....		
	Any other	Yes/No.....		
	D. Veress needle	Yes/No.....		
	E. Trocar with cannula	Yes/No.....		
	F. Minilap Kit	Yes/No.....		
	G. Laproscopic Kit	Yes/No.....		
	H. Conventional Vasectomy Kit	Yes/No.....		
	I. NSV kit	Yes/No.....		

Annexure – 19.

Client Exit Interview

(Prior consent to be taken for the interview)

General Information		
1	Date (D/M/Y)	
2	Clinic Venue: HC/CHC/DH/Any Other (Specify)	
3	Name of the block, district and state	
4	Name and designation of observer	
Client Information		
5	Name of the client (Optional)	
6	Age of client	
7	Sex of client	Male/Female
8	Age of spouse	
9	Number of living children	
10	Religion (✓) Tick the response	<ul style="list-style-type: none"> • Hindu..... • Muslim..... • Christian..... • Other.....
11	Status	SC/ST/BPL/APL/Others.....
12	How did you come to know about sterilization? (✓) Tick the response	<ul style="list-style-type: none"> • Health Worker..... • Friends/Relatives..... • Posters/hoardings/banners..... • PRIs..... • TV..... • Newspapers/Magazines..... • Radio..... • Cinema..... • Religious leaders..... • Any other.....
13	Was it your own choice to adopt the method or was it because it was suggested by someone else?	<ul style="list-style-type: none"> • Own choice..... • Suggested by someone.....
14	How long did you have to wait before surgery from the time of admission?hrs.....min
15	While waiting, did you have a place to sit? Were toilet facilities available Did you experience any discomfort?	Yes/No..... Yes/No..... Yes/No.....
16	Was the facility static/camp?	Yes/No.....

Client Information		
17	How was the behavior of the staff at the facility? (✓) Tick the response	<ul style="list-style-type: none"> • Very Good • Good..... • Indifferent..... • Rude.....
18	Did you feel free to ask questions?	Yes/No.....
19	Did you change from street clothes to theatre clothes at the camp/static facility	Yes/No.....
20	Did you have adequate privacy during the examination? During the procedure?	Yes/No..... Yes/No.....
21	Did the doctor examine you before discharging you?	Yes/No.....
22	Did you receive written instructions about post-operative care	Yes/No.....
23	How will you take your medicines during the post-operative period?	Knows well..... Does not know.....
24	When can you resume sexual intercourse?	Knows well..... Does not know well.....
25	In the case of Male clients: Do you need to use some other method of contraception for a certain period? If yes for how long?	Yes/No.....
26	When can you resume light and full activity?	Knows well..... Does not know.....
27	How long did you stay at the camp/site after surgery?hrs
28	Did you get any compensation money for undergoing sterilization? If yes how much?	Yes/No.....Rs
29	Did you have any problem after sterilization? If yes what sort of problem?	Yes/No.....
30	Do you have any suggestions for improving sterilization services? (✓) Tick the response	<ul style="list-style-type: none"> • More Cleanliness..... • More Privacy..... • Better care by doctor..... • Better care by other staff..... • Shorter waiting time..... • Low cost..... • Any other(Specify)..... • None.....

Grading of services by the client

1-Very Good 2-Good 3-Average 4-Unsatisfactory