



MINIMUM HEALTH SERVICES DELIVERY PACKAGE
FOR PRIMARY HEALTH CARE FACILITIES

GOVERNMENT OF KHYBER PAKHTUNKHWA
HEALTH DEPARTMENT

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Abbreviations and Acronyms

1.	ARI	Acute Respiratory Infection
2.	ANC	Antenatal Care
3.	BCC	Behaviour Change Communication
4.	BHU	Basic Health Unit
5.	BMI	Body Mass Index
6.	CD	Civil Dispensary
7.	CHU	Comprehensive Health Unit
8.	CMWs	Community Midwives
9.	COPD	Chronic Obstructive Pulmonary Disease
10.	CPR	Cardio-Pulmonary Resuscitation
11.	CVD	Cardiovascular disease
12.	DHIS	District Health Information System
13.	DHQ	District Headquarter Hospital
14.	EPI	Expanded Programme on Immunisation
15.	HH	Health House
16.	DHIS	District Health Information System
17.	IDD	Iodine Deficiency Disorder
18.	IMNCI	Integrated Management of Neonatal and Childhood Illness
19.	IUCD	Intra Uterine Contraceptive Device
20.	KP	Khyber Pakhtunkhwa
21.	LHWs	Lady Health Workers
22.	LHV	Lady Health Visitor
23.	MHSDP	Minimum Health Services Delivery Package
24.	NNS	National Nutritional Survey
25.	OPD	Outpatient Department
26.	ORS	Oral Rehydration Solution
27.	PEI	Polio eradication initiative
28.	PPH	Post-Partum Haemorrhage
29.	PHC	Primary Health Care
30.	RHC	Rural Health Centres
31.	RUTF	Ready-to-use Therapeutic Foods
32.	SAM	Severe Acute Malnutrition

33.	STI	Sexually Transmitted Infection
34.	WHO	World Health Organisation

Background and Introduction

Health Department, Government of Khyber Pakhtunkhwa is committed to improve the health status of the people of the province, with a renewed focus on provision of Primary Health Care (PHC). The first outcome of Health Policy 2019 is “Enhancing coverage and access to essential health services especially for the poor and vulnerable”.

PHC services along with basic curative aspect are currently available in varying degrees through several tiers of health services delivery outlets, including the community level. However, there is a need to define and document Minimum Health Services Delivery Package (MHSDP) for each level. This will serve as a reference standard and guide for the availability of health services at a specific level of health care.

In 2012, Health Department had developed the Minimum Health Services Delivery Package for PHC, but there is need to revise the earlier package in view of the recent changes in service structures, nomenclature of various positions across different cadres along with cost implications and inflations over the past few years in order to have a practical and sustainable package for primary health care in the province.

With emergence of new dimensions in health systems, such as public-private partnership, it has become imperative to have standard packages of services at different levels with known cost. Only then it will be possible to let out services to the private sector such as for new initiatives like “Social Health Protection Schemes”. The details of package for each level of service should define:

- Functions at that level
- Infrastructure
- Staff
- Equipment
- Medicines and supplies, and
- Cost for the above

Nevertheless, Health Department is of the view that the developed MHSDP may be seen as a dynamic process and would be updated accordingly with the development and up-gradations in future as and when appropriate to achieve the ultimate objective of improving access to essential Health services/ universal health coverage. Currently it has been prepared keeping in view the resources available with respect to functional requirement for PHCs with minimum

standards such as infrastructure, manpower, instruments, equipment, drugs, vaccinations and other supplies, etc.

The Primary Health Care services

The following services are recommended to be included in PHC at the Alma-Ata Declaration in 1978:

1. Education concerning prevailing health problems and the methods of preventing and controlling them
2. Promotion of food supply and proper nutrition
3. An adequate supply of safe water and basic sanitation
4. Maternal and child health care, including family planning
5. Immunization against the major infectious diseases
6. Appropriate treatment of common diseases and injuries
7. Prevention and control of locally endemic diseases, and
8. Provision of essential drugs

The effective implementation of PHC services through an integrated system results in improving the health indicators of the covered population.

The facilities and cadres delivering PHC services

In Khyber Pakhtunkhwa, the PHC services are delivered through a network of facilities with various levels of functions in each one of them. These include the following:

Table 1: Distribution of PHC facilities in Khyber Pakhtunkhwa

S.No	PHC Facilities /Type	Number
1	RHCs	111
2	BHUs	769
3	CDs	437
4	MCH Centers	56
5	LHWs	15,727
6	CMWs	1,490
7	Other centers (T.B, leprosy, Sub-Health Centers etc.)	90

Source: DHIS, Health Department KP, Dec 2018

Health Department desires to deliver the PHC services through the following network ::

- i. Community Midwives (CMWs)
- ii. Lady Health Workers (LHWs) Civil Dispensaries (CDs)
- iii. Basic Health Units (BHUs),
- iv. Comprehensive Health Units (CHUs)
- v. Rural Health Centres (RHCs)

The different levels will provide some or all of the 8 PHC components listed above. Currently, even the similar levels do not deliver uniform and standardised services. Therefore, it is desired by the Health Department that a MHSDP be developed for each level of facility to bring uniformity of services in each level.

The objectives of MHSDP are to:

- Provide comprehensive primary health care to the community through the network of community-based workers and Primary Health Care facilities.
- Achieve and maintain an acceptable standard of quality of care.
- Make the services more responsive and sensitive to the needs of the community.

The comprehensive PHC services planned to be delivered through MHSDP are presented below in Table 2. The defined MHSDP covers all the essential service elements including preventive, promotive, curative and rehabilitative primary health care. This implies a wide range of services that include:

- **LHW services:**
 - Health Awareness , Health Education including Family Planning at community level
- **CMW services:**
 - 24-hours maternal and new-born care services
 - limited hours minor illnesses treatment service for other members of the family
- **CD services:**
 - 6-hours general treatment services
 - 6-hours ANC and PNC services
 - Health education services
 - Immunisation services
 - 6-hour referral service
- **BHU services:**
 - 6-hours planned health education services at the centre
 - 6-hours general treatment services
 - 6-hours ANC, PNC and delivery services

- Limited lab services
- 6-hour referral service
- **CHU Services:**
 - 8 hours OPD services Monday to Saturday (08am to 4pm)
 - 8-hours planned health education services at the centre
 - 8-hours general treatment services
 - 8-hours oral and dental services
 - 8-hours ECG services
 - 8-hour referral service
 - 8-hour emergency services and minor procedures such as appropriate management of injuries, accident, first aid, stabilisation of the condition of the patient in these and other emergency conditions
 - Limited lab and imaging services
 - CHU will perform 24/7 Basic EmONC services
 - 8 hourly inpatient services for stabilization
- **RHC services:**
 - 6-hours planned health education services at the centre.
 - 6-hours general treatment services
 - 24-hour delivery and new-born care services
 - 24-hour inpatient service (20 beds)
 - 24-hour emergency services, such as appropriate management of injuries, accident, dog bite/snake bite cases; First Aid, stabilisation of the condition of the patient in these and other emergency conditions;
 - 24-hour timely and appropriate referral
 - 6-hour selected surgical services ensuring universal infection control measures (stitching, abscess draining, removal of in growing toe nail, circumcision, E & C, back slab plaster, splinting, gastric lavage, catheterisation)
 - 24-hour medico legal services

Table 2: MHSDP for the network of PHC Facilities

1. Education concerning prevailing health problems and the methods of preventing and controlling them	<ul style="list-style-type: none"> ● In built in services 2 – 7
2. Proper nutrition	<ul style="list-style-type: none"> ● Assessment of nutritional status ● Prevention of malnutrition ● Management of malnutrition
3. An adequate supply of safe water and basic sanitation	<ul style="list-style-type: none"> ● Promoting measures for safe drinking water supply at home level ●

4. Maternal and child health care, including family planning	
4.1. Maternal Health	<ul style="list-style-type: none"> • Antenatal care • Delivery care • Postpartum care
4.2. New-born Health	<ul style="list-style-type: none"> • Care of the new-born
4.3. Child health	<ul style="list-style-type: none"> • Integrated management of neonatal and childhood illness (IMNCI) • School health services
4.4. Adolescent health	<ul style="list-style-type: none"> • Roles and responsibilities of men and women in building a healthy family • Promoting healthy life style behaviours • Imparting knowledge about menstrual cycle and risks involved in early age marriages
4.5. Family planning	<ul style="list-style-type: none"> • Natural methods • Non-permanent methods • Permanent methods
5. Immunization	<ul style="list-style-type: none"> • Expanded program on immunization (EPI) • Polio eradication initiative (PEI)
6. Appropriate treatment of common diseases and injuries	<ul style="list-style-type: none"> • First aid • Treatment of common diseases and injuries
7. Prevention and control of locally endemic diseases	
7.1. Management and control of endemic communicable disease	<ul style="list-style-type: none"> • Tuberculosis • Malaria • Hepatitis including B and C • Dengue fever • STIs and HIV • Trachoma • Leishmaniasis • Brucellosis • Tinea • Gastroenteritis etc. •

7.2. Management and control of endemic non communicable diseases	<ul style="list-style-type: none"> • Hypertension • Diabetes • Asthma • COPD • Arthritis • Irritable bowel syndrome • Peptic ulcers • Cancer etc. •
7.3. Disability prevention	<ul style="list-style-type: none"> • Early detection of visual, hearing, orthopaedic disability • Preventing Iodine deficiency • Primary eye care .
7.4. Mental Health	<ul style="list-style-type: none"> • Depression • Psychosis • Epilepsy • Child and adolescent mental and behavioral disorders • Dementia • Substance use disorder • Self harm/suicide
7.5. Oral health	<ul style="list-style-type: none"> • Tooth extraction • Scaling • Filling • Management of gingivitis • Education about oral health
8. Provision of essential drugs	<ul style="list-style-type: none"> • Described in “support services - section D”

The support services offered to provide the above services will include the following:

Table 3: Support services

A. Infrastructure	<ul style="list-style-type: none"> • Minimum rooms and areas
B. Human resource	<ul style="list-style-type: none"> • Types of health workers.
C. Equipment and supplies	<ul style="list-style-type: none"> • Type of equipment.
D. Essential drugs, vaccines & supplies	<ul style="list-style-type: none"> • Types of drugs and supplies.
E. Diagnostic services	<ul style="list-style-type: none"> • Type of diagnostic services
F. Referral Services	<ul style="list-style-type: none"> • Referral systems

SERVICES

1 Health Education concerning prevailing health problems and the methods of preventing and controlling them

In regions that have low literacy levels in combination with harmful traditional practices, the need for health information, education and behavioural change communication cannot be over emphasized. Similarly in KP, there is need to focus on improving health and living conditions of people at the primary level. Little awareness of the risk factors prevail that can lead to ill health. Therefore, the foremost priority in delivering PHC is that community people should be well informed about the need for taking preventive measures for healthy pregnancy and safe delivery, neonatal and child health, immunisation, family planning, prevention against endemic communicable and non-communicable diseases, etc.

Community level health centres must play a crucial role in behaviour change, in coordination with outreach programmes. In order to have a measureable impact on morbidity and mortality, PHC services need to focus on improving health-related behaviours of the families at home level. The following key areas have an effect on the quality of health and health care:

- Promotion of health
- Prevention of illness
- Early recognition of illness
- Seeking care from an appropriate provider outside of the home when necessary
- Providing quality care to sick in the home

The behaviours that have already been demonstrated to have a public health impact and that can be feasibly changed in a relatively cost-effective manner should be the focus of behavioural change communication (BCC).

The provincial district health team should shortlist behaviours that have broad public health importance in the district. BCC interventions should be undertaken from all the five PHC levels (LHW, CMW, CD, BHU and RHC) in a coordinated way.

It is being proposed that a Health Education Officer (HEO) be hired at BHU and RHC level for carrying out BCC regularly and effectively. This person should preferably be a female with a bachelor's or master's degree and with good interpersonal communication skills. The daily activity plan for each month should be developed specifying daily BCC activities. The plan should elaborate sessions to be held in groups, time for individual counselling and school or other community sessions. A certain topic should be the focus for BCC for a specified period, such as a month or a quarter of the year for which simple, action oriented messages be prepared and relevant materials obtained through the EDOH office.

It is important that same messages are given from all levels and there should not be any contradiction among messages at any level.

It is also important that messages should clearly identify the actions that need to be taken by the community people.

2 Proper Nutrition

According to National Nutritional Survey (NNS) 2011, 18% of women of reproductive age had low body mass index (BMI) and were underweight in Pakistan. In KP, 36.3% women had low haemoglobin levels, 5.4% women had iron deficiency anaemia, 71.1% mothers of sampled child had vitamin A deficiency, 61.4% pregnant women had hypocalcaemia, 39.2% Vitamin D deficiency, and 23.9% mothers had less than normal excretion of iodine levels.

The NNS 2011 also reported that every 1 in 4 index child* (24.1%) is underweight. Only 53.2% children had normal haemoglobin level (Hb \geq 12gm/dL and iron deficiency anaemia was present in 13.4% index children. Vitamin A deficiency was present in 77.5%, zinc deficiency in 34%, Vitamin D deficiency in 29.7%

The recommended minimum health services for improving nutrition at the five PHC levels are:

- Nutritional Assessment
- Prevention of Malnutrition
- Treatment of Malnutrition

2.1 Nutritional Assessment

a) Growth Monitoring:

A commonly recommended measure is monthly growth monitoring. The major role of a growth chart (weight chart) is to focus the attention of health worker (LHW, LHV, doctor) on growth of a child through construction of calendar and plotting his/her weight on monthly basis and creating a path (a growth curve).

2.2 Prevention of Malnutrition

Accelerating interventions aimed at improving infant and young child feeding (IYCF) at community level is a key priority in the effort to improve survival, growth, and development of children with equity. However, IYCF practices remain far from optimal as caregivers often lack the practical support, one-to-one counselling and correct information. Community-based IYCF counselling and support can play an important role in improving these practices: it can ensure access to these services in the poorest and the most vulnerable communities with limited access to health care, and therefore become an important strategy for programming with an equity focus.

- a) Exclusive Breastfeeding
- b) Complementary Feeding
- c) Promotion of Maternal Nutrition
- d) Diagnosis of Micronutrient Deficiency
- e) Iron + Folic Acid Supplementation
- f) Prevention of Parasitic Infections
- g) Vitamin A
- h) Exposure to Sunshine + Vitamin D Supplementation
- i) Iodized Salt

2.3 Treatment of Malnutrition

a) Management of Mild to Moderate Malnutrition

b) Management of Severe Malnutrition

Table 4: Proper nutrition services at PHC facilities

#	Services	CMW	LHW	CD	BHU	CHU	RHC
1	Assessment of nutritional status						
i	Growth monitoring up to three years	No	Yes	Yes	Yes	Yes	Yes
2	Prevention of malnutrition						
i	Facilitate initiation of early breastfeeding	Yes	Yes	Yes	Yes	Yes	Yes
ii	Support and promote exclusive breastfeeding	Yes	Yes	Yes	Yes	Yes	Yes
iii	Deal with breastfeeding problems in early months	Yes	Yes	Yes	Yes	Yes	Yes
iv	Promotion of appropriate complementary feeding from 6 months	Yes	Yes	Yes	Yes	Yes	Yes
v	Promotion of maternal nutritional status through counselling	Yes	Yes	Yes	Yes	Yes	Yes
vi	Diagnosing malnutrition in pregnant and lactating women	Yes	Yes	Yes	Yes	Yes	Yes
vii	Iron/folic acid supplementation for pregnant, lactating women	Yes	Yes	Yes	Yes	Yes	Yes
viii	Prevent parasitic infections	No	Yes	Yes	Yes	Yes	Yes
ix	Vitamin A supplementation: To all children 6 months to 59 months and to post-partum mothers	Yes	Yes	Yes	Yes	Yes	Yes
x	Promote exposure to sunshine for women and children to avoid vitamin D deficiency	Yes	Yes	Yes	Yes	Yes	Yes

#	Services	CMW	LHW	CD	BHU	CHU	RHC
xi	Exclude vitamin D deficiency	No	No	Yes	Yes	Yes	Yes
xii	Promotion of iodized salt	Yes	Yes	Yes	Yes	Yes	Yes
3	Treatment of Malnutrition						
i	Diagnosis of micronutrient deficiency and treatment	Yes	Yes	Yes	Yes	Yes	Yes
ii	Treatment of mild + moderate malnutrition	No	Yes	Yes	Yes	Yes	Yes
iii	Management of severe acute malnutrition	No	Yes (screening)	Yes	Yes	Yes	Yes

3 Maternal and child health care, including family planning

3.1 Maternal Health

The services for maternal health include:

- Antenatal care
- Delivery care
- Postpartum care
- Abortion care

Table 5: Antenatal services by type of facility

#	Services	CMW	LHW	CD	BHU	CHU	RHC
1.	Identify pregnant women in the community	Yes	Yes	No	No	No	No
2.	Persuade and register pregnant women to receive ANC	Yes	Yes	Yes	Yes	Yes	Yes
3	Diagnosis of pregnancy						
i	History	Yes	Yes	Yes	Yes	Yes	Yes
ii	Examination	Yes	No	Yes	Yes	Yes	Yes
iii	Laboratory	No	No	No	Yes	Yes	Yes
4	Antenatal visits						
i	Height	Yes	No	Yes	Yes	Yes	Yes
ii	Weight	Yes	No	Yes	Yes	Yes	Yes
iii	BP measurement	Yes	No	Yes	Yes	Yes	Yes
iv	Fundal height	Yes	No	Yes	Yes	Yes	Yes
v	Goitre	Yes	No	Yes	Yes	Yes	Yes
vi	Tetanus immunization	Yes	Yes	Yes	Yes	Yes	Yes
vii	Iron/Folic/Calcium supplementation	Yes	Yes	Yes	Yes	Yes	Yes
viii	Counselling	Yes	Yes	Yes	Yes	Yes	Yes
ix	Prevention and management of anaemia						
	a. Examination	Yes	Yes	Yes	Yes	Yes	Yes
	b. Laboratory	No	No	No	Yes	Yes	Yes
	c. Treatment	Yes	Yes	Yes	Yes	Yes	Yes

5	Treat minor discomforts and Infections						
i	Treatment of worm infestation	Yes	Yes	Yes	Yes	Yes	Yes
ii	Prevention of malaria by promoting use of bednets	Yes	Yes	Yes	Yes	Yes	Yes
iii	Treatment of malaria <ul style="list-style-type: none"> • Presumptive • Based on lab findings 	No	Yes	Yes	Yes	Yes	Yes
		No	No	No	Yes		Yes
iv	Treatment of Urinary Tract Infection	No	No	Yes	Yes	Yes	Yes
v	Syndromic management of sexually transmitted infections	No	No	Refer to BHU/ RHC	Yes	Yes	Yes
6	Treatment of hypertensive disorders	No	No	Yes	Yes	Yes	Yes
7	Treatment of Diabetes Mellitus	Yes	No	Yes	Yes	Yes	Yes
8	Treatment of Vitamin A deficiency*	Yes	Yes	Yes	Yes	Yes	Yes
9	Management of pre-eclampsia	Yes	Refer	Refer	Yes	yes	Yes
10	Management of eclampsia	Refer	Refer	Refer	Refer	Refer	Stabilize and refer
11	Treatment of incomplete miscarriage / abortion	stabilize and refer	No	No	Stabilize and refer	Yes	Yes
12	Management of ectopic pregnancy	Stabilize and refer	No	No	Stabilize and refer	Stabilize and Refer	Stabilize and Refer
13	Ultrasound	No	No	Refer to hospital	Refer to hospital	Yes	Refer to hospital

* in the last trimester, if night blindness appears

Table 6: Delivery care by type of facility

#	Services	CMW	LHW	CD	BHU*	CHU	RHC
1	Identify true labour and monitor progression of labour –Partograph	Yes	No	No	Yes	yes	Yes
2	Prepare the environment and materials following infection control protocols	Yes	No	No	Yes	yes	Yes
3	Identify foetal malposition	Yes	No	No	Yes	Yes	Yes
4	External cephalic version	No	No	No	No	No	No -
5	Assist normal delivery	Yes	No	No	Yes	Yes	Yes
6	Parental administration of oxytocin.	Yes	No	No	Yes	Yes	Yes
7	Parental administration of anticonvulsants	Yes	No	Yes	Yes	Yes	Yes
8	Bimanual compression of uterus	Yes	No	No	Yes	Yes	Yes
9	Controlled cord traction	Yes	No	No	Yes	Yes	Yes
10	Suturing vaginal tears (1 st and 2 nd degree)	Yes	No	No	Yes	Yes	Yes
11	Suturing vaginal tears (3 rd degree)	No - refer to hospital	No	No	No	No	No - refer to hospital
12	Parental administration of antibiotics	Yes	No	No	Yes	Yes	Yes
13	Safe blood transfusion	No	No	No	No	No	No
14	Manual removal of placenta	Yes	No	No	Yes	Yes	Yes
15	Vacuum extraction(assisted vaginal delivery)	No	No	No	No	Yes (only outlet forceps)	Yes
16	Identify danger signs in the first, second or third stages of labour	Yes	No	Yes	Yes	Yes	Yes
17	Management of prolapsed cord	No	No	No	No	No	No

#	Services	CMW	LHW	CD	BHU*	CHU	RHC
18	Management of shoulder dystocia	No	No	No	No	No	No
19	Caesarean section	No	No	No	No	No	No

*Only in those BHUs that have delivery suites with proper facilities.

Table 7: Postpartum care by type of facility

#	Services	CMW	LHW	CD	BHU	CHU	RHC
1	Treatment of anaemia	Yes	Yes	Yes	Yes	Yes	Yes
2	Management of PPH	Yes	No	No	Yes	Yes	Yes
3	Treatment of puerperal infection	Yes & refer to hospital	No - refer to hospital	No refer to hospital	Yes	Yes	Yes
4	Breast examination	Yes	Yes	Yes	Yes	Yes	Yes
5	Counselling on family planning, exclusive breast feeding and hygiene	Yes	Yes	Yes	Yes	Yes	Yes

3.2 New-born Health

Table 8: Care of the new-born by type of facility

#	Services	CMW	LHW	CD	BHU	CHU	RHC
1	Immediate care						
i	○ Dry and stimulate the baby	Yes	yes	No	Yes	Yes	Yes
ii	○ Clean airway, assess the baby's breathing and colour, resuscitate if required.	Yes	No	No	Yes	Yes	Yes
iii	○						
iv	○ Avoid hypothermia, keep the baby warm by placing the baby in skin-to-skin contact with the mother (kangaroo care).	Yes	Yes	No	Yes	Yes	Yes
v	○ Counselling for breastfeeding within half hour	Yes	Yes	Yes	Yes	Yes	Yes
vi	○ Give eye care within one hour after birth	Yes	Yes	Yes	Yes	Yes	Yes
2	Care during the first day						
i	○ Conduct physical examination (colour, breathing, posture and tone, heart rate, warmth, activity, skin, head, eyes, mouth, chest, abdomen, back and spine, anus, genital organs, temperature and weight)	Yes	Yes	Yes	Yes	Yes	Yes
ii	○ Give vitamin K 1mg IM	No	No	No	Yes	Yes	Yes
iii	○ Give the first immunisation of BCG, polio, hepatitis	Refer	Refer	Yes	Yes	Yes	Yes
3	Care up to 28 days						
i	○ Keep the cord clean and dry	Yes	Yes	Yes	Yes	Yes	Yes

#	Services	CMW	LHW	CD	BHU	CHU	RHC
ii	<ul style="list-style-type: none"> ○ Teach and counsel mother/family about ○ Hand washing, ○ cord care, ○ exclusive breastfeeding for 6 months, including colostrum ○ keeping the baby warm ○ completing immunisation ○ not applying <i>surma</i> ○ recognising danger signs and taking appropriate actions if they occur 	Yes	Yes	Yes	Yes	Yes	Yes
iii	<ul style="list-style-type: none"> ○ Manage neonatal jaundice 	Yes	Yes	Yes	Yes	Yes	Yes

3.3 Child health

Table 9: Newborn and Child care by type of facility

#	Services	CMW	LHW	CD	BHU	CHU	RHC
1	Assess 'developmental milestones' at 2, 4, 6, 9, 12, 18 and 24 months	No	Yes	Yes	Yes	Yes	Yes
2	Perform growth monitoring up to three years	No	Yes	Yes	Yes	Yes	Yes
IMNCI							
3	Management of ARI						
i	Child with cough/fever	No	Yes	Yes	Yes	Yes	Yes
ii	Child with pneumonia	No	Yes	yes	Yes	Yes	Yes
iii	Child with severe pneumonia	No – refer to hospital	No – refer to hospital	No – refer to hospital	yes	Yes	Yes
iv	Child with very severe disease	No	No	No	No	No	No

#	Services	CMW	LHW	CD	BHU	CHU	RHC
v	Child with wheeze	No	No	yes	Yes	Yes	Yes
vi	Child with ear infection	No – refer to BHU/RHC	No – refer to BHU/RHC	yes	Yes	Yes	Yes
vii	Health education ○	Yes	Yes	Yes	Yes	Yes	Yes
4	Management of Diarrhoea						
i	With no dehydration	Yes	Yes	Yes	Yes	Yes	Yes
ii	Some dehydration	No	Yes	Yes	Yes	Yes	Yes
iii	Severe dehydration	No	No	Refer to hospital	Refer to hospital	Refer to hospital	Refer to hospital
iv	With additional problems: ○ Diarrhoea > 14 days ○ With severe malnutrition ○ Fever > 38°C ⁰	No	Refer to hospital	Refer to hospital	Refer to hospital	Refer to hospital	Refer to hospital
5	Management of dysentery	No	Refer to BHU/RHC	Refer to BHU/RHC	Yes	Yes	Yes
6	Management of fever						
i	Laboratory	No	Refer to BHU/RHC	Refer to BHU/RHC	Yes	Yes	Yes
ii	Treatment	No	Yes – refer if > 101°F	Yes	Yes	Yes	Yes
7	Management of severely ill child	Refer to hospital	Refer to hospital	Refer to hospital	Refer to hospital	Refer to hospital	Refer to hospital

3.4 Adolescent health

Table 10: Health education to youth by type of facility

#	Services	CMW	LHW	CD	BHU	CHU	RHC
1	Promoting healthy life style behaviours	No	No	No	Yes	Yes	Yes

3.5 Family planning

Table 11: Family planning services by type of facility

#	Services	CMW	LHW	CD	BHU	CHU	RHC
1	Counselling on family planning methods to enhance CPR	Yes	Yes	Yes	Yes	Yes	Yes
2	Education about natural methods	Yes	Yes	Yes	Yes	Yes	Yes
3	Modern methods <ul style="list-style-type: none"> ○ Condoms ○ Pills ○ Injections ○ IUCD ○ Tubal ligation ○ Vasectomy 	Yes (condoms, pills, injection, IUCD)	Yes (condoms, pills)	Yes	Yes (condoms, pills, injection, IUCD)	Yes (condoms, pills, injection, IUCD)	Yes (condoms, pills, injection, IUCD)
4	Suggest alternatives in case of side effects	Yes	Yes	Yes	Yes	Yes	Yes

3.6 Immunisation

Table 12: Immunisation services by type of facility

#	Services	CMW	LHW	CD	BHU	CHU	RHC
1	Storage of vaccines	No	No	Yes	Yes	Yes	Yes
2	Routine Immunisation	Yes – motivate	Yes	Yes	Yes	Yes	Yes
3	Disease surveillance & case reporting	No	Yes	Yes	Yes	Yes	Yes

4 Appropriate treatment of endemic common diseases and injuries

Table 13: Treatment of common injuries by type of facility

#	Services	CMW	LHW	CD	BHU	CHU	RHC
1	Wound dressing	Yes	Yes	Yes	Yes	Yes	Yes
2	Snake bites	No	First aid + refer to DHQH	First aid + refer to DHQH	First aid + refer to DHQH	First aid + refer to DHQH	First aid + refer to DHQH
3	Dog bites	No	First aid + refer to DHQH	First aid + refer to DHQH	First aid + refer to DHQH	First aid + refer to DHQH	First aid + refer to DHQH
4	Fractures/ dislocations	No	Refer to hospital	Apply splint & refer to DHQH	Apply splint & refer to DHQH	Apply splint & refer to DHQH	Apply splint & refer to DHQH
5	Sprains/ strains	Refer to RHC	Refer to RHC	yes	yes	Yes	yes
6	For accidents	No	Refer to hospital	stabilize and refer	Stabilize and refer	Stabilize and refer	Stabilize and refer

Treatment of common diseases will be discussed in section 7.

4.1 Management and Control of endemic communicable diseases

Table 14: Management and Control of endemic communicable diseases by type of facility

#	Services	CMW	LHW	CD	BHU	CHU	RHC
1	Respiratory problems						
i	Common cold and cough	No	Yes	Yes	Yes	Yes	Yes
ii	Acute Bronchitis	No	Refer to BHU/ RHC	Yes	Yes	Yes	Yes
iii	LRTI & Pneumonia	No	Refer	Yes	Yes	Yes	Yes
2	GI problems						
i	Acute diarrhoea & Dysentery	No	Yes	Yes	Yes	Yes	Yes
ii	Chronic diarrhoea	No	Refer to hospital	Refer to hospital	Refer to hospital	Refer to hospital	Refer to hospital

#	Services	CMW	LHW	CD	BHU	CHU	RHC
3	Control of Tuberculosis						
i	Identification of suspects	No	Yes & refer to BHU/ RHC	Yes & refer to BHU/ RHC	Yes	Yes	Yes
ii	Sputum smear examination	No	No	No	Yes	Yes	Yes
iii	X-Ray for smear negative cases	No	No	No	Refer to RHC	Yes	Yes
iv	Treatment of diagnosed cases	No	yes	yes	Yes	Yes	Yes
4	Control of Malaria						
a	Laboratory	Refer to BHU/ RHC	Refer to BHU/ RHC	Refer to BHU/ RHC	Yes	Yes	Yes
ii	Management of Uncomplicated case	No	Yes	Yes	Yes	Yes	Yes
iii	Management of Complicated case	Refer to hospital	Refer to hospital	Refer to hospital	Refer to hospital	Refer to hospital	Refer to hospital
5	Typhoid						
i	Diagnosis						
	a. Laboratory	No	No	Refer to RHC	Refer to RHC	Yes	Yes
ii	Treatment	No	No	Yes	Yes	Yes	Yes
6	Dengue Fever						
a	a. Laboratory	No	No	yes	Yes	Yes	Yes
ii	Treatment	No	Refer	Yes	Yes	Yes	Yes
7	Skin infections						
i	Common wounds/ infections	Yes	Yes	Yes	Yes	Yes	Yes
ii	Scabies	No	Yes	Yes	Yes	Yes	Yes
8	Sexually Transmitted Infections						
a	a. Laboratory	No	No	Refer to RHC	Refer to RHC	Yes	Yes
ii	Treatment	No	No	Yes	Yes	Yes	Yes

#	Services	CMW	LHW	CD	BHU	CHU	RHC
9	Hepatitis A and E						
i	Diagnosis						
ii	Treatment	No	No	Yes	Yes	Yes	Yes
10	Hepatitis B and C						
a	a. Laboratory	No	No	No	Refer to RHC	Yes	Yes
ii	Treatment	No	No	No	No – refer to hospital	No – refer to hospital	No – refer to hospital
11	Leishmaniasis						
i	Diagnosis						
ii	Treatment	No	No	No	No	No	No
12	Brucellosis						
i	a. Laboratory	No	No	Refer to RHC	Refer to RHC	Yes	Yes
ii	Treatment	No	No	No	No	Yes	Yes
13	Tinea (foot, inguinal, face, armpits, breasts)						
i	a. Examination	No	No	Yes	Yes	Yes	Yes
ii	Treatment	No	No	Yes	Yes	Yes	Yes
14	Trachoma						
i	Treatment	No	No	Yes	Yes	Yes	Yes
15	HIV/AIDS						
i	Health education on transmission of HIV/AIDS	Yes	No	Yes	Yes	Yes	Yes

4.2 Management and control of endemic non communicable diseases

Table 15: Management and control of endemic non communicable diseases by type of facility

#	Services	CMW	LHW	CD	BHU	CHU	RHC
1	Hypertension						
a	a. Laboratory <ul style="list-style-type: none"> ○ Blood cholesterol ○ Lipid profile ○ Serum creatinine 	No	No	No	yes	Yes	yes
ii	Treatment	No	No	Yes	Yes	Yes	Yes
2	Diabetes Mellitus						
i	Diagnosis						
a.	Laboratory	No	No	yes	Yes	Yes	Yes
ii	Treatment	No	No	Yes	Yes	Yes	Yes
iii	Management of diabetic complications	No	No	No	Refer to DHQH	Refer to DHQH	Refer to DHQH
3	Asthma & COPD						
i	Diagnosis						
a.	X-ray	No	No	No	Refer to RHC	Yes	Yes
ii	Treatment	No	No	yes	Yes	Yes	Yes
4	Arthritis						
i	a. X-ray	No	No	No	Refer to DHQH	Yes	Yes
ii	Treatment	No	No	yes	Yes	Yes	Yes
5	Irritable Bowel Syndrome						
6	Peptic ulcer& gastritis						
i	Treatment	No	No	No	Yes	Yes	Yes

4.3 Disability prevention

Table 16: Disability prevention services by type of facility

#	Services	CMW	LHW	CD	BHU	CHU	RHC
1	Identification/referral for						
i	Visual impairment	Yes	Yes	Yes	Yes	Yes	Yes
ii	Hearing disability	Yes	Yes	Yes	Yes	Yes	Yes
iii	Orthopaedic disability	Yes	Yes	Yes	Yes	Yes	Yes
2	Control of iodine deficiency						
i	Identification of goitre and referral to DHQH	Yes	Yes	Yes	Yes	Yes	Yes
3	Primary eye care						
i	Diagnosis and treatment of common eye diseases	No – refer to hospital	Yes	Yes	Yes	Yes	Yes
ii	Refraction Services	No – refer to hospital	No	No	No	Yes	Yes
iii	Detection of cataract cases and referral for cataract surgery	No	Yes	Yes	Yes	Yes	Yes
iv	Detection of glaucoma and referral	No	Yes	Yes	Yes	Yes	Yes

4.4 Mental Health

Table 17: Mental health services by type of facility

#	Services	CMW	LHW	CD	BHU	CHU	RHC
1	Attention deficit disorder	No	No	No	Refer to DHQH	Refer to DHQH	Refer to DHQH
2	Generalized anxiety disorder	No	No	Identify and refer	Yes	Yes	Yes
3	Obsessive compulsive disorder	No	No	No	Refer to DHQH	Refer to DHQH	Refer to DHQH

#	Services	CMW	LHW	CD	BHU	CHU	RHC
4	Panic disorder	No	No	No	Refer to DHQH	Refer to DHQH	Refer to DHQH
5	Bipolar disorder	No	No	No	Refer to DHQH	Refer to DHQH	Refer to DHQH
6	Depression	No	No	Identify and refer	Yes	Yes	Yes
7	Schizophrenia	No	No	No	Refer to DHQH	Refer to DHQH	Refer to DHQH
8	Alcohol abuse and dependence	No	No	Identify and refer to DHQH	Refer to DHQH	Refer to DHQH	Refer to DHQH
9	Drug abuse	No	No	Identify and refer to DHQH	Refer to DHQH	Refer to DHQH	Refer to DHQH

4.5 Oral health

Table 18: Oral health services by type of facility

#	Services	CMW	LHW	CD	BHU	CHU	RHC
1	Tooth extraction	No	No	No	No	Yes	Yes
2	Scaling	No	No	No	No	Yes	Yes
3	Filling	No	No	No	No	Yes	Yes
4	Management of gingivitis and oral ailments	No	No	Yes	Yes	Yes	Yes
5	Health education on oral hygiene	No	Yes	Yes	Yes	Yes	Yes

A. Infrastructure

For Health House of LHW:

The LHW house is designated as a Health House. She is advised to establish a corner in the house where she can give counselling or treat minor illnesses in privacy. If possible, this place should display relevant posters. She is provided with the necessary material equipment and registers for recording her performance. These are to be safely stored in a separate cupboard.

For Work Station of CMW:

A room in the house of CMW will be her Work Station, which is a place where pregnant mothers will contact a CMW for consultation and examination. Please note that this will not be a Birthing Station as MNCH Programme promotes safe delivery at mothers' home.

A CMW needs a small place of not more than 4x6 feet in a room near the exit door in her house for establishing her Working Station.

The CMW will also hang a poster on the most prominent wall of her work station highlighting her catchment population, its indicators for maternal and child health, list of danger signs during pregnancy, list of do's and don'ts for her, and the most appropriate facilities for referral for different situations and needs

For Civil Dispensary:

The infrastructure of CDs already exists. However, a more ideal infrastructure is being proposed, which could be used for the constructions of the new facilities or when renovation of the old facilities is being carried out. Some features could be added in the current facilities wherever feasible, depending on the available resources, such as power supply back up.

Location: It should be located in an easily accessible area. The area chosen should have the facility for electricity, all weather road communication, adequate water supply, telephone. The building should be well lit and ventilated with as much use of natural light and ventilation as possible.

Compound: The area should have a rubbish pit for disposal of refuse and medical waste. The surroundings should be kept clean with no water-logging in and around the centre and vector breeding places.

Entrance: It should be well-lit and ventilated with space for Registration and record room, drug dispensing room, and waiting area for patients. A poster with listed services, their prices and operation timings should be displayed in a prominent place.

Waiting area: This should have adequate space and seating arrangements for waiting clients / patients (separate for male and females) It should protect clients/patients from the sun, rain and extremes of temperature.

The walls should carry posters imparting health education. Booklets / leaflets may be provided in the waiting area for the same purpose.

Toilets: Latrines or toilets should exist within the facility or facility compound for patients as well as staff. (male and female separately)

Safe water supply: Running water (pipe) should be available within the facility. Safe drinking water should be available in the facility.

Examination rooms: Two examination rooms should be available, one for the health care provider, one for pharmacy technician and for LHV. Examinations should be held behind curtains/ screens to ensure the privacy of patients/ clients.

Dressing Room/Injection Room/Vaccination Room: This should be well equipped with all the emergency drugs, instruments and vaccines.

Storage area: Separate area for storage of sterile and common linen and other materials/ drugs/ consumable etc. should be provided with adequate storage space. The area should be well-lit and ventilated and should be rodent/pest free.

For Basic Health Unit, Comprehensive Health Unit and Rural Health Centre:

The infrastructure of BHUs, CHUs and RHCs already exist. However, a more ideal infrastructure is being proposed, which could be used for the constructions of the new facilities or when renovation of the old facilities is being carried out. Some minor features could be added in the current facilities, wherever feasible, depending on the available resources.

Location: It should be located in an easily accessible area. The area chosen should have the facility for electricity, all weather road communication, adequate water supply, telephone. The building should be well lit and ventilated with as much use of natural light and ventilation as possible.

Nomenclature: Appropriate names in local languages should be given to various types of facilities, instead of CD, BHU, CHU and RHC. The building should have a prominent board displaying the name of the Centre in the local language.

Compound: The facility compound should have boundary wall with gate and should be clean. The area should have a rubbish pit for disposal of refuse and medical waste. The surroundings

should be kept clean with no water-logging in and around the centre and vector breeding places.

Entrance: It should be well-lit and ventilated with space for Registration and record room, drug dispensing room, and waiting area for patients. The doorway leading to the entrance should also have a ramp facilitating easy access for handicapped patients, wheel chairs, stretchers etc.

A poster with listed services, opening times and emergency contacts during closing times should be displayed in a prominent place where the clients/ patients can see it. The text should be in an understandable format, e/g/ local or national language.

Waiting area: This should have adequate space and seating arrangements for waiting clients / patients. It should protect clients/patients from the sun, rain and extremes of temperature. There should be designated separate male and female waiting areas with chairs or other seating arrangements. The walls and ceilings should be intact with no broken masonry and are free from dirt and stains. The floor should be clean of debris/trash.

The walls should carry posters imparting health education. Booklets / leaflets may be provided in the waiting area for the same purpose.

A list with all fees and possible exemptions should be displayed in a prominent area where the clients/patients can see it. The text should be in an understandable format, e/g/ local or national language.

A locked complaint / suggestion box should be provided and it should be ensured that the complaints/suggestions are looked into at regular intervals and the complaints are addressed.

Toilets: Latrines or toilets should exist within the facility or facility compound. Staff and clients/patients/attendants have access to separate latrines or toilets. There should be separate and clean toilets for men and women.

Safe water supply: Running water (pipe) should be available within the facility or there is a tank within the facility or there is a protected water source within 200 metres of the facility (borehole, water tank, protected spring) and temporary storage container e.g. jerry cans or drums should be available. Safe drinking water should be available in the facility.

Examination rooms: Separate examination rooms should be available and consultations and examinations are held behind curtains/ screens to ensure the privacy of patients/ clients.

Wards: In RHCs, there should be 5 beds wards for males and females separately that have the necessary furniture, as described earlier. Clean linen should be provided and cleanliness should be ensured at all times. Cooking should not be allowed inside the wards for admitted

patients. A suitable arrangement for provision of nutritious and hygienic food at reasonable rates should be made wherever feasible and possible.

Operation Theatre: In RHCs, to facilitate conducting selected surgical procedures. It should have a changing room, sterilization area operating area and washing area. Separate facilities for storing of sterile and unsterile equipment /instruments should be available in the OT. The OT should be well-equipped with all the necessary accessories and equipment

Labour Room: The LR should be well-lit and ventilated with an attached toilet and drinking water facilities and should have designated place for newborn care.

Dressing Room/Injection Room: This should be well equipped with all the emergency drugs and instruments.

Laboratory: Sufficient space with workbenches and separate area for collection and screening should be available. Should have marble/stone table top for platform and wash basins.

General Store: Separate area for storage of sterile and common linen and other materials/ drugs/ consumable etc. should be provided with adequate storage space. The area should be well-lit and ventilated and should be rodent/pest free.

Besides the above, the health facility should have

- Dispensing cum store area
- Vaccine storage and immunisation area
- BCC and family planning counsel area
- Office room
- Utility room for dirty linen and used items

Laundry: RHC should have its own arrangement for safe washing of bed linen, blankets, and sheets used in different areas.

Decent Residential Accommodation with all the amenities, like 24-hrs water supply, electricity, etc. should be available for medical officers, paramedical staff, support staff in RHCs, and for peon/*chowkidar* at BHUs.

Other Amenities:

- Electricity with generator + POL back-up or generation of solar energy
- Adequate water supply
- Telephone: at least one direct line

Wherever possible garden should be developed

A. Human Resource

CMWs and LHWs work as individuals in the communities or their established centres (birthing station for CMWs and health houses for LHWs). Therefore, human resource requirement for CD, BHU and RHC is being proposed.

The human resource requirements are being projected based on the basis of maximum:

- 6-7 patients per hour per doctor
- 5 patients per hour per LHV
- 8-10 patients per hour per CD

These projections should be viewed in a dynamic process such that if the utilisation goes up, the manpower would be increased accordingly.

Table 19: Type and number of health workers in CD

#	Type of Health Worker	Proposed posts
1	Medical Officer (MO)	1
2	Clinical Technician multipurpose	1
3	PHC Technician (MCH)	2
4	PHC Technician (Multi-purpose) / EPI	2
5	Dai	2
6	Ward Orderly	1
7	Chowkidar	2
8	Sweeper	1

Table 20: Type and number of health workers in BHU

#	Type of Health Worker	Proposed posts
1	Medical Officer (MO / WMO)	1
2	PHC Technician (Multi-purpose)	1
3	Clinical Technician (Pharmacy)	
4	Clinical Technician (Pathology)	1
5	PHC Technician (MCH) / LHV	2
6	PHC Technician (Multi-purpose) / EPI	2
7	Health Educator	1

8	Computer operator	1
9	Dai	2
10	Ward Orderly	2
11	Chowkidar	2
12	Sweeper	1

Table 21: Type and number of health workers in CHU

S.No	Type of Health Staff	Proposed posts
1	Medical Officer (Male)	1
2	Women Medical Officer	1
3	Dental Surgeon	1
4	PHC Technician MCH	4
5	PHC Technician Multipurpose	1
6	PHC Technical Pathology	1
7	PHC Technician Multipurpose (EPI)	2
8	PHC Technician Radiology	1
9	PHC Technician Dental	1
10	PHC Technician Cardiology	1
11	Nutrition Assistant	1
12	Health Educator	1
13	Charge Nurse	2
14	Dai	2
15	Computer operator	1
16	Peon	3
17	Cleaner	1
18	Ambulance/Insaf Cab Driver	3
19	Security Guard	3
20	Dhobi	1
21	Cook	1
22	Lady Health Supervisor	1 per 30 LHWs
23	Lady Health Workers*	1 per 1000 population
24	Community Midwife*	1 per 7000 population

Table 22: Type and number of health workers in RHC

#	Type of Health Worker	Proposed posts
1.	PMO	1
2.	SMO	3
3.	MO/WMO	3
4.	Dental Surgeon	1
5.	Clinical Technician (Dental)	1
6.	PHC Technician (Multi-purpose)	6
7.	PHC Technician (MCH) / LHV	5
8.	PHC Technician (MP) / EPI	2
9.	Clinical Technician (Radiology)	2
10.	Clinical Technician (Pathology)	2
11.	Clinical Technician (Surgical)	1
12.	Technologist	1
13.	Driver	3
14.	Peon	1
15.	Dai	7
16.	Ward Orderly	10
17.	Chowkidar	5
18.	Mali	2
19.	Washerman	1
20.	Sweeper	6

C. Equipment and supplies

C.1 Equipment and supplies for LHWs

Table 23: Items required for LHW Health House

#	Items	Life of items
1.	Salter Scale	1 for three years
2.	Six Type Charts	1 set for 2 years
3.	LHW Kit	1 kit for 3 years
4.	Health House Board	1 board for 3 years
5.	Identity Card	One year/subject to conditions

Table 24: Items in LHW Kit per LHW per month

#	Items	No.
1.	Paracetamol Tablets	200 tablets
2.	Paracetamol Syrup	10 bottles
3.	Chloroquine Tablets 150 mg	100 tablets
4.	Chloroquine Syrup 50 mg/5 ml	5 bottles
5.	Iron + Folic tablets	1000 tablets
6.	Antiseptic lotion	1 bottle
7.	Amoxiciline Suspension 125 mg	5 bottles
8.	Polyfax eye ointment	10 tubes
9.	Vitamin B Syrup	7 bottles
10.	B.B. Lotion	2 bottles
11.	Sticking Plaster	1 roll
12.	Mabendazole Tablets	100 tablets
13.	Cotton Roll	1 roll
14.	Cotton Bandage	1 roll
15.	Piperazine syrup	5 bottles
16.	ORS	20 sachets
17.	Zinc Sulphate Susp	7 bottles
18.	Thermometers	1 each per year
19.	Scissors	1 for two years
20.	Pencil Torch	1 for 6 months
21.	Condoms	100 pcs per month
22.	Oral Pills	10 cycles/month
23.	Depo Injection with syringe	3 injections/month
24.	Health education material	
25.	Data recording and reporting instruments	

C.2 Equipment and supplies for CMWs

Table 25: List of equipment for CMWs

#	Items	No.
1.	Office table	1
2.	Office chair	1
3.	Client stool	1
4.	Examination couch	1
5.	Delivery table	1
6.	Safety box with syringe cutting machine	1
7.	Steriliser (electric 12x16)	1
8.	Vacuum extraction equipment	1
9.	Baby ambubag	1
10.	Screen	1
11.	Fetoscope	1
12.	BP apparatus	1
13.	Thermometer	1
14.	Stethoscope	1
15.	Baby weighing machine	1
16.	Weighing machine adult	1
17.	Measuring tape	2
18.	Delivery items (Forcep, Sponge Forcep, Kidney Tray, Steel Bowl, Speculum, Infusion with set, I/V Cannula)	1
19.	Equipment required for episiotomies	1
20.	Kit box steel	1
21.	Signboard	1

Table 26: List of medicines and supplies, with estimated 20 clients per month per CMW

#	Items	No.
1.	Disposable delivery kit	50
2.	Lignocaine 2%	1
3.	Suture material	
4.	Urine Dipsticks	Container of 50/100
5.	Hemoglobinometer	1
6.	Kit for blood grouping	
7.	Plastic sheet	1
8.	Partograph chart	1
9.	Urinary catheters 12G 1x use	3
10.	Amoxicillin tablets (250 & 500 mg) Cefaclor(Velosef) if allergic to penicillin	80 20
11.	Metronidazole tablets (200 & 400 mg)	200 each
12.	IV fluid Normal Saline or Ringers lactate IL	40
13.	Injection Magnesium Sulphate	4

#	Items	No.
14.	Tablet Misoprostal 200 mcg	20
15.	Tablet Paracetamol/Mefenamic acid	100
16.	Pyodine Antiseptic solution	2
17.	Injection Oxytocin required for AMSTL	20
18.	Disposable syringes 5cc	100
19.	Iron, Folic acid (tablets)	3600
20.	Vitamin A (capsule)	20
21.	Contraceptives (Condoms, Pills, IUCD)	
22.	IUCD Insertion Kit	
23.	Mebendazole 500 mg	20
24.	Cannula (18 and 20 size)	10
25.	Cotton roll (400g)	1
26.	Antifungal vaginal tablets with applicator	20
27.	Baby blanket	2
28.	Gloves	
29.	Health education materials	
30.	Data recording and reporting instruments	

C.3 List of equipment and supplies for CD, BHU and RHC

Table 27: List of equipment proposed for CD, BHU and RHC

#	Items	CD	BHU	CHU	RHC
1. OPD					
1.	Stethoscope	2	4	7	7
2.	B. P. apparatus (mercury)	2	4	4	4
3.	Clinical thermometer	12	50 available all the time	100	100
4.	Examination torch	2	6	10	10
5.	Tongue depressor	1	Disposable	Disposable in every OPD	Disposable in every OPD
6.	ENT diagnostic set	2	2	6	6
7.	Examination couch	2	4	6	6
8.	Linen sheets for couch/beds	10	Atleast 4 per bed.	Atleast 4 per bed	Atleast 4 per bed
9.	Revolving stool	2	4	10	10
10.					
11.					
12.	Tape measure for nutrition assessment	10	20	30	30
13.	Baby weighing machine	1	4	6	6
14.	Weighing scale for adults	1	1	3	3
15.	Tuning fork	0	2	3	3
16.	Patella hammer	0	2	3	3
17.	Scissors	2	2	5	5

#	Items	CD	BHU	CHU	RHC
18.	Dressing trays	1	1	3	3
19.	Dressing scissors	1	1	3	3
20.	Kidney tray- large size	2	2	3	3
21.	Bowl large size	2	2	3	3
22.	Dressing drum	1	1	3	3
23.	Sterilizer	1	1	4	4
24.	IV drip stand	1	2	3	3
25.	Needle holder forceps	2	2	3	3
26.	Artery forceps straight	2	2	3	3
27.	Artery forceps curved	2	2	3	3
28.	Screen four fold	2	2	6	6
29.	Oxygen gas cylinder	0	?	2	2
30.	Tissue forceps – plain	0	2	3	3
31.	Tissue forceps – toothed	0	2	3	3
32.	Vision testing chart	1	1	3	3
33.	Cold box refrigerator for EPI	1	1	1	1
34.	Vaccine carrier and ice pack	0	2 + 6	6 + 24	6 + 24
35.	Breast pumps	1	1	2	2
36.	Stretcher	0	1	4	4
37.	Wheel chair	0	0	3	3
38.	Scalpel handle and blades	2	2	3	3
39.	Tourniquet	2	2	4	4
40.	Suturing silk	2	4	4	4
41.	Nebulizer	2	2	2	2
42.	Observation beds	0	2	4	4
43.	Pillows	0	4	8	8
44.	Blankets	0	4	8	8
2. In All Areas					
1.	Running water	6 hours	6 hours	24 hours	24 hours
2.	Soaps				
3.	Sinks/ basins				
4.	Alcohol and glycerine for handrub				
5.	Antiseptic solution				
6.	Detergent				
7.	Disinfectant (5% hypochlorite solution – common bleach)				
8.	Latex gloves				
9.	Utility gloves				
10.	Masks surgical				
11.	Masks N95				
12.	Eye wear				
13.	Head cover/ cap				
14.	Footwear (closed shoes)				
15.	Aprons/ Macintosh				
16.	Gowns (non-sterile and sterile in OT)				
17.	Puncture resistant sharp containers				
18.	Mops for cleaning	3	4	12	12
19.	Buckets for cleaning	3	4	6	6

#	Items	CD	BHU	CHU	RHC
20.	Green/white/blue buckets (non-infectious waste)	4	4	8	8
21.	Red buckets (infectious waste)	4	4	8	8
22.	Plastic bags – green/white/blue				
23.	Plastic bags – red				
24.	Fluid proof laundry bags				
25.	Ambubag for infant, child and adult	0			
26.	Pedal suction machine (electric?)	0			
27.	Relevant posters				
3. Ward					
1.	Bed with side table/locker	-	4	20	20
2.	Foot steps	-	4	10	10
3.	Baby cots	-	2	4	4
4.	Patient trolley	-	2	2	2
5.	Oxygen gas cylinder	-	2	2	2
6.	Nebulizer + Masks	-	2	2	2
7.	Peak flow meter	-	1	1	1
8.	Spacers for inhalers	-	2	2	2
9.	Radiant warmer/heater for newborn	-	1	1	1
4. Labour Room					
1.	Running water	-	6 hours	24-hour	24-hour
2.	Availability of Hot water	-	6 hours	24-hour	24-hour
3.	An area earmarked for new-born care	-	Yes	Yes	Yes
4.	Labour /Delivery Table	-	1	1	1
5.	Macintosh	-	4	8	8
6.	Shadowless Lamps	-	1	1	1
7.	Normal delivery set	-	2	4	4
8.	E&C set	-	1	2	2
9.	Equipment for assisted vacuum delivery	-	0	1	1
10.	Equipment for Manual Vacuum Aspiration	-	1	1	1
11.	Emergency drug tray with inj. Oxytocin, Inj. Diazepam, Tab. Nifedepine, Magnesium sulphate, Inj. Lignocaine hydrochloride, Inj. Methyl ergometrine maleate, misoprostol, Sterilised cotton and gauze	-	1	1	1
12.	Baby resuscitation apparatus.	-	1	1	1
13.	Feotoscope	-	1	1	1
14.	Mucus extractor with suction tube and a foot operated suction machine	-	1	1	1
15.	Neonatal resuscitation trolley	-	1	1	1

#	Items	CD	BHU	CHU	RHC
16.	Radiant warmer /Heater for newborn baby	-	1	1	1
For family planning					
i.	IUD insertion kit	-	1	1	1
5.Vaccine storage					
1.	ILR/Deep Freezer	-	1	1	1
2.	Ice box	-	4	4	4
3.	Ice packs	-	10	10	10
6. Laboratory					
1.	Sputum and blood specimen bottles	-			
2.	Centrifuge (bench top)	-	1	1	1
3.	Centrifuge machine	-	1	1	1
4.	Stop watch	-	1	2	2
5.	Refrigerator	-	1	1	1
6.	Binocular microscope	-	1	1	1
7.	Urine meter.	-	1	1	1
8.	Calorie metre for Hb estimation	-	1	1	1
9.	DLC counter	-	1	1	1
10.	Haemocytometer	-	1	2	2
11.	ESR Racks.	-	1	2	2
12.	ESR Pipettes	-	1	2	2
13.	Water Bath	-	1	1	1
14.	Glass rods	-	2	4	4
15.	Glass slides	-			
16.	Cover slips	-			
17.	Centrifuge Tubes(Plastic)	-	6	12	12
18.	Centrifuge Tubes (Glass)	-	6	12	12
19.	Glass Pipettes various sizes corrected	-	6	12	12
20.	Jester Pipettes Fixed -various sizes	-	0	2	2
21.	Jester pipettes adjustable-various sizes	-	0	2	2
22.	Test tubes	-	10	20	20
23.	Pipette stands	-	1	2	2
24.	Sahli Haemoglobinometer	-	1	1	1
25.	Table lamp.	-	1	1	1
26.	Lancets (pack)	-	2	6	6
27.	Tube Sealer.	-	1	1	1
28.	Blood Grouping Viewing Box.	-	1	1	1
29.	Test Tube Holder.	-	2	4	4
30.	Reagent Bottles.	-	4	4	4
31.	Gas Burner.	-	1	1	1
32.	Stainless Steel Test Tube Racks.	-	1	1	1
33.	Glucometer	-	1	1	1
7. Dental unit					
1.	Dental unit (complete with chair, light, handpiece unit with	-	-	1	1

#	Items	CD	BHU	CHU	RHC
	hand pieces, suction and compressor				
2.	Dental hand instruments (set)	-	-	2	2
3.	Aseptic Trolley	-	-	1	1
4.	Dental Autoclave	-	-	1	1
5.	Amalgamator ?	-	-	1	1
6.	Dental X-ray unit	-	-	1	1
7.	Intraoral X-ray film processor	-	-	1	1
8.	X-ray view box	-	-	1	1
9.	Lead apron	-	-	1	1
10.	Ultrasonic scaler	-	-	1	1
11.	Dental operating stool	-	-	1	1
8. Operation Theatre					
1.	Operation table	-	-	1	1
2.	Shadowless Lamps	-	-	1	1
3.	Macintosh	-	-	4	4
4.	Patients Trolley	-	-	1	1
5.	Oxygen Cylinder (large size with regulator)	-	-	2	2
6.	Instruments Trolley	-	-	1	1
7.	Dressing Drum(large size)	-	-	2	2
8.	Stand for Dressing.	-	-	2	2
9.	Scissors	-	-	4	4
10.	Dressing trays	-	-	2	2
11.	Dressing scissors	-	-	2	2
12.	Kidney tray- large size	-	-	4	4
13.	Bowl large size	-	-	4	4
14.	Sterilizer	-	-	1	1
15.	Needle holder forceps	-	-	4	4
16.	Artery forceps straight	-	-	2	2
17.	Artery forceps curved	-	-	2	2
18.	Tissue forceps – plain	-	-	4	4
19.	Tissue forceps – toothed	-	-	4	4
20.	Scalpel handle and blades	-	-	4	4
21.	Tourniquet	-	-	4	4
22.	Suturing silk	-	-	4	4
23.	McGill Forceps	-	-	2	2
24.	Basin	-	-	2	2
25.	Basin Stands.	-	-	2	2
26.	Towel Clips.	-	-		
27.	BP Handle	-	-	2	2
28.	BP Blades	-	-		
29.	Dissecting Forceps (plain)	-	-	2	2
30.	Needle Holder(large size)	-	-	2	2
31.	Sponge Holding Forceps(large size)	-	-	2	2
32.	Metallic Catheter (1-12)	-	-	2	2
33.	Nose Speculum.	-	-	2	2
34.	Proctoscope.	-	-	2	2
35.	Arm Splint Different sizes.	-	-	6	6
36.	Instruments Cabinet Large size.	-	-	1	1

#	Items	CD	BHU	CHU	RHC
37.	Spot Light	-	-	1	1
38.	Nail Brush	-	-	2	2
39.	Thermometer	-	-		
40.	Container for thermometer.	-	-		
41.	Stand for Drip	-	-	1	1
42.	Bucket El.	-	-	1	1
43.	Aircushion Rubber	-	-	2	2
44.	Hot Water Bottles	-	-	10	10
45.	Stomach Tube.	-	-	2	2
46.	Urine Collecting Bags.	-	-		
47.	Instrument trolley	-	-	1	1
9. Equipment for eye care and vision testing					
1.	Directophthalmoscope	-	-	1	1
2.	Illuminated vision testing drum	-	-	1	1
3.	Trial lens sets with trial frames	-	-	1	1
4.	Snellen and near vision charts	-	-	1	1
5.	Battery operated torch	-	-	1	1
10. Others					
1.	Pressure cooker autoclaves	1	-	-	-
2.	Autoclaves	-	1	3	3
3.	Electricity supply with backup facility (generator with POL)/ UPS or inverter/ Solar panel	24 hours	24 hours	24 hours	24 hours
4.	Computer with accessories, including internet access	0	1	2	2
5.	Basins	4	4	6	6
6.	Gas stove/ cylinder	1	1	1	1
7.	Ambulance	0	0	1	1
11. X-ray room					
1.	X-ray unit	0	0	1	1
12. Incinerator					
1.	Incinerator	0	0	1	1
12. Health education material					
1.	Health education material				
13. Registers and forms					
1.	Data recording and reporting instruments				

D. Essential drugs, vaccines and supplies by type of facility

Table 28: List of essential drugs by type of facility

#	Therapeutic category (generic name)	Description	CD	BHU	CHU	RHC
1.	Analgesics, antipyretics, non-steroidal anti-inflammatory drugs					
i.	Non –opioids					
a.	Acetyl salicylic acid (aspirin)	Tablet 500mg	Yes	Yes	Yes	Yes
b.	Acetaminophin (paracetamol)	Tablet, 500 mg Strip/blister	Yes	Yes	Yes	Yes
c.	Acetaminophin (paracetamol)	Syrup, 125 mg /5 ml	Yes	Yes	Yes	Yes
d.	Acetaminophin (paracetamol)	Suppository 100 mg	No	No	Yes	Yes

#	Therapeutic category (generic name)	Description	CD	BHU	CHU	RHC
e.	Ibuprofen	Tablets 400mg Strip/blister	Yes	Yes	Yes	Yes
f.	Ibuprofen	Syrup 200mg/5ml	Yes	Yes	Yes	Yes
g.	Diclofenac Sodium	Tab. 50mg and 75 mg	Yes	Yes	Yes	Yes
h.	Diclofenac Sodium	Injection 75mg/3ml	No	Yes	Yes	Yes
i.	Tremadol	Inj. 100 mg	No	No	Yes	Yes
2.	Antibacterial drugs/ Antiprotozoal					
i.	Amoxicillin	Capsule 250 mg (anhydrous) Strip/blister	Yes	Yes	Yes	Yes
ii.	Amoxicillin	Powder for oral suspension, 125 mg/5ml	Yes	Yes	Yes	Yes
iii.	Amoxicillin + Clavulanic acid	Tablet 500 mg + 125 mg	Yes	Yes	Yes	Yes
iv.	Amoxicillin + Clavulanic acid	Syp. 125 + 31.25	Yes	Yes	Yes	Yes
v.	Sulfamethoxazole + Trimethoprim	Tablet, 400 mg + 80mg strip/blister	Yes	Yes	Yes	Yes
vi.	Sulfamethoxazole + Trimethoprim	Oral suspension 200mg+40mg/5ml	Yes	Yes	Yes	Yes
vii.	Doxycycline	Cap. 100mg	Yes	Yes	Yes	Yes
viii.	Tetracycline	Capsules 250 mg	No	Yes	Yes	Yes
ix.	Erythromycin	Tab. 250mg	Yes	Yes	Yes	Yes
x.	Erythromycin	Suspension 200mg/5ml	Yes	Yes	Yes	Yes
xi.	Ceftriaxone	Inj. 250mg and 500mg	No	No	Yes	Yes
xii.	Ampicillin	Inj.250mg	No	No	Yes	Yes
xiii.	Ciprofloxacin	Tab. 500mg	Yes	Yes	Yes	Yes
xiv.	Neomycin +Bacitracin	Ointment 5 mg + 500 IU	Yes	Yes	Yes	Yes
xv.	Nalidixic Acid	Tablets 250 mg, 500 mg	Yes	Yes	Yes	Yes
xvi.	Norfloxacin	Tablets 400 mg	No	No	Yes	Yes
xvii.	Metronidazole	Tablet, 400 mg Strip/blister	Yes	Yes	Yes	Yes
xviii.	Metronidazole	Oral suspension, 200 mg (as benzoate)/5 ml	Yes	Yes	Yes	Yes
xix.	DiloxanideFuroate	Tablets 500 mg	No	Yes	Yes	Yes
xx.	Tinidazole	Tablets 500 mg	No	Yes	Yes	Yes
3.	Antiallergics and drugs used in anaphylaxis					
i.	Chlorpheniramine	Tablet , 4 mg Strip/blister	Yes	Yes	Yes	Yes
ii.	Chlorpheniramine	Syrup ,2 mg /5 ml	Yes	Yes	Yes	Yes
iii.	Dexamethasone	Inj. 4mg/ml	Yes	Yes	Yes	Yes
iv.	Hydrocortisone	Powder for inj.250mg (assodium succinate)in vial	No	Yes	Yes	Yes
v.	Hydrocortisone	Powder for injection , 100mg(as sodium succinate)in vial	No	Yes	Yes	Yes
vi.	Adrenaline	Inj. 1mg/ml	No	Yes	Yes	Yes
4.	Oxytocics					
i.	Oxytocin	Inj. 10IU/ml	Yes	Yes	Yes	Yes
ii.	Ergometrine	Inj. 200mcg/ml	Yes	Yes	Yes	Yes
iii.	Misoprostol	Tab. 200mcg	No	Yes	Yes	Yes
5.	Hormone replacements (menopausal)					
i.	Oestradiol	Tab. 0.5mg	No	Yes	Yes	Yes

#	Therapeutic category (generic name)	Description	CD	BHU	CHU	RHC
ii.	Medroxyprogesterone	Tab. 5mg	No	Yes	Yes	Yes
6.	Contraceptives					
i.	Norethisterone enantate (8 weekly)	Inj. 200mg/ml	Yes	Yes	Yes	Yes
ii.	Medroxyprogesterone acetate (12 weekly)	Inj. 150mg	Yes	Yes	Yes	Yes
iii.	Norethisterone + ethinyl oestradiol	Tab. 1mg + 35mcg	Yes	Yes	Yes	Yes
iv.	Levonorgestrel + ethinyl oestradiol	Tab. 150mg + 30mg	Yes	Yes	Yes	Yes
7.	Contraceptive emergency					
i.	Levonorgestrel	Tab 30mcg, 750mcg, 1.5mg	Yes	Yes	Yes	Yes
8.	Oral Rehydration					
i.	Oral rehydration salt, glucose-salt solution	Dry mixture(WHO formula) in sachet for 1 liter of soln.	Yes	Yes	Yes	Yes
ii.	Oral rehydration salt, glucose-salt solution	Dry mixture (reduceosmolarity / glucose 75 meq / 1, Sodium 75 meq / 1, Chloride 65 meq / 1, Potassium 20 meq / 1, Citrate 10 meq / 1) insachet for 1 liter of solution	Yes	Yes	Yes	Yes
iii.	Zinc sulphate	Tab 20mg	Yes	Yes	Yes	Yes
iv.	Zinc sulphate	Syp	Yes	Yes	Yes	Yes
9.	Parasitic Infections					
i.	Mebendazole	Tablet, 100 mg Strip/blister	Yes	Yes	Yes	Yes
ii.	Mebendazole	Syp 100mg/5ml in 30ml	Yes	Yes	Yes	Yes
iii.	Albendazole	Tab 400mg	No	Yes	Yes	Yes
iv.	Meglumine antimonite, and sodium stibogluconate	Inj 333 mg	No	Yes	Yes	Yes
10.	Antimalarial (Malaria Control Program)					
i.	Chloroquine	Tablet, 150 mg (as phosphate or sulfate) Strip/blister	Yes	Yes	Yes	Yes
ii.	Chloroquine	Syrup, 50 mg/5ml (as phosphate or sulphate)	Yes	Yes	Yes	Yes
iii.	Sulfadoxin+Pyrimethamine	Tab. Sulfadoxin500mg+ Pyrimethamine25mg	Yes	Yes	Yes	Yes
iv.	Sulfadoxin+Pyrimethamine	Syp. Sulfadoxin500mg+ Pyrimethamine25mg/5ml	Yes	Yes	Yes	Yes
v.	Artesunate	Tab. 50mg	Yes	Yes	Yes	Yes
vi.	Primaquine		Yes	Yes	Yes	Yes
11.	Antituberculosis drugs (TB program)					
i.	Ethambutol	Tablet, 400 mg Strip/blister	Yes	Yes	Yes	Yes

#	Therapeutic category (generic name)	Description	CD	BHU	CHU	RHC
ii.	Rifampicin+Isoniazid	Tablet, 150 mg + 100 mg strip/blister	Yes	Yes	Yes	Yes
iii.	Rifampicin+Isoniazid	Tablet, 300 mg + 150 mg Strip/blister	Yes	Yes	Yes	Yes
iv.	Isoniazide + Ethambutol	Tablet, 150 mg + 400 mg Strip/blister	Yes	Yes	Yes	Yes
v.	Rifampacin + Isoniazide + Pyrazinamide+Ethambutol	Tab., 150mg+75mg+400 mg+275mg strip/blister	Yes	Yes	Yes	Yes
vi.	Streptomycin	Powder for injection, 1g (assulfate) in vial	Yes	Yes	Yes	Yes
vii.	Isoniazide	Tab 100mg	Yes	Yes	Yes	Yes
12.	Antifungal Drugs					
i.	Benzoic Acid +Salicylic Acid	Ointment or Cream 6% + 3%	Yes	Yes	Yes	Yes
ii.	Nystatin	Tab 500,000 iu,	Yes	Yes	Yes	Yes
iii.	Nystatin	Oral drops100,000 iu/ml	Yes	Yes	Yes	Yes
iv.	Clotrimazole	Pessary 100,000iu	No	Yes	Yes	Yes
v.	Griseofulvin	Capsules or Tablets 125 mg, 250 mg	Yes	Yes	Yes	Yes
vi.	Clotrimazole	1 % Cream	Yes	Yes	Yes	Yes
13.	Antianemic drugs					
i.	Ferrous sulphate/fumerate+ folic acid	Tablet , equivalent to 60 mg iron+ folic acid 0.5mg	Yes	Yes	Yes	Yes
ii.	Folic acid	Tab. 5mg	Yes	Yes	Yes	Yes
iii.	Ferrous Salt	Syp. 25mg iron/ml	Yes	Yes	Yes	Yes
14.	Scabicides and pediculicides					
i.	Benzoyl benzoate	Lotion 25%	Yes	Yes	Yes	Yes
ii.	Permethrin	Cream 5%	No	Yes	Yes	Yes
15.	Antipruritic					
i.	Calamin	Lotion 15%	Yes	Yes	Yes	Yes
16.	Anticonvulsant					
i.	Magnesium sulphate	Inj. 500mg/ml	Yes	Yes	Yes	Yes
17.	Diuretics					
i.	Furosemide	Tab 40 mg Strip/blister	Yes	Yes	Yes	Yes
ii.	Furosemide	Inj. Furosemide 20 mg/ 2ml (Amp of 2ml)	No	No	Yes	Yes
iii.	Hydrochlorthiazide	Tab 25 mg	No	No	Yes	Yes
iv.	Spironolactone	Tab 25mg	No	No	Yes	Yes
18.	Antihypertensive/ cardiovascular drugs					
i.	Dispirin CV / Loprin	Tab. 75mg	No	Yes	Yes	Yes
ii.	GlycerylTrinitrate	Sublingual Tab. 0.5 mg	No	Yes	Yes	Yes
iii.	Propranolol	Tab 40mg Strips/blister	No	Yes	Yes	Yes
iv.	Atenolol	Tab 50mg	No	Yes	Yes	Yes
v.	Isosorbidedinitrate	Tab. 10mg	No	Yes	Yes	Yes
vi.	Methyldopa	Tab. 250mg	Yes	Yes	Yes	Yes
vii.	Amlodipine	Tab 5mg	No	No	Yes	Yes
viii.	Angiotensin inhibitor (enalapril maleate)	5mg	No	No	Yes	Yes
19.	Antacids and other anti-ulcer					

#	Therapeutic category (generic name)	Description	CD	BHU	CHU	RHC
i.	AluminiumHydroxide+Magnesium Trisilicate	Tab. Aluminium Hydroxide250mg + Magnesium Trisilicate 500mg	Yes	Yes	Yes	Yes
ii.	Ranitidine	Tablets 150 mg	No	Yes	Yes	Yes
iii.	Ispaghulla	Ispaghulla Husk	Yes	Yes	Yes	Yes
iv.	Omeprazole	Cap. 20mg	No	Yes	Yes	Yes
20.	Anti-emetic drugs					
i.	Dimenhydrinate	Tab.50mg	No	Yes	Yes	Yes
ii.	Dimenhydrinate	Syp.12.5mg/4ml	Yes	Yes	Yes	Yes
iii.	Dimenhydrinate	Inj. 10mg/2ml	Yes	Yes	Yes	Yes
21.	Antispasmodic drugs					
i.	Hyoscine butyl bromide	Tablet10 mg	Yes	Yes	Yes	Yes
ii.	Hyoscine butyl bromide	Inj. 20mg/2ml	Yes	Yes	Yes	Yes
iii.	Atropine Sulphate	Injection 0.5 mg/ ml Amp of 1ml	No	No	Yes	Yes
22.	Laxatives					
i.	Glycerine	Suppository	Yes	Yes	Yes	Yes
ii.	Ispaghula		Yes	Yes	Yes	Yes
iii.	Enema	Small and large	Yes	Yes	Yes	Yes
23.	Antidiabetic					
i.	Glibenclamide	Tab 5mg	No	Yes	Yes	Yes
ii.	Metformin	Tablet HCl 500 mg	No	Yes	Yes	Yes
iii.	Insulin	Inj. 40 IU/ml	No	No	Yes	Yes
iv.	Insulin	Inj. 100 IU/ml	No	No	Yes	Yes
24.	Ophthalmic preparation					
i.	PolymyxinB+Bacitracin Zinc	Eye oint. 10,000iu+500iu	Yes	Yes	Yes	Yes
ii.	Tetracycline	Eye oint. 1%	Yes	Yes	Yes	Yes
iii.	Chloramphenicol	Eye drops 0.5%	No	No	Yes	Yes
iv.	Chloramphenicol	Eye-oint. 1%	No	No	Yes	Yes
25.	Ear drops					
i.	Soda glycerine	Ear drops	Yes	Yes	Yes	Yes
ii.	Chloramphenicol	Ear drops	Yes	Yes	Yes	Yes
iii.	PolymyxinB+LignocaineHCl	Ear Drops PolymyxinB 10,000iu+ Lignocaine HCl 50mg	Yes	Yes	Yes	Yes
26.	Antiasthmatic drugs					
i.	Salbutamol	Inhalation 100mcg/dose for use in nebuliser	No	Yes	Yes	Yes
ii.	Salbutamol	Tablet 4mg	Yes	Yes	Yes	Yes
iii.	Salbutamol	Syp.	Yes	Yes	Yes	Yes
iv.	Aminophyllin	Inj. 250mg	No	No	Yes	Yes
v.	Theophyllin	Tab.SR 200mg	No	No	Yes	Yes
vi.	Prednisolone	Tab 5mg	No	No	Yes	Yes
27.	Antitussives					

#	Therapeutic category (generic name)	Description	CD	BHU	CHU	RHC
i.	(Cough Syrup) TriprolidineHCl. +Pseudoephedrine HCl+Dextromethorphan HBr.	Syrup.Each 5ml contains: TriprolidineHCl. 1.25mg + Pseudoephedrine HCl . 30mg +Dextromethorphan HBr. 10mg.	Yes	Yes	Yes	Yes
28.	Antidepressants/ Anxiolytics					
i.	Fluoxetine	Cap 20mg	No	Yes	Yes	Yes
ii.	Diazepam	Tab 5mg	No	Yes	Yes	Yes
29.	Vitamins and minerals					
i.	B-Complex	Tab.B- Complex+Minerals	Yes	Yes	Yes	Yes
ii.	B-Complex	Syp.	Yes	Yes	Yes	Yes
iii.	Pyridoxine	Tab. 50mg	Yes	Yes	Yes	Yes
iv.	Calcium Lactate	Tab. 10mg	Yes	Yes	Yes	Yes
v.	Ascorbic Acid	Tab. 100mg	Yes	Yes	Yes	Yes
vi.	Vitamin A	Cap. 50,000 IU, 100,000 IU, 200,000 IU	Yes	Yes	Yes	Yes
30.	Antidotes and other substances used in poisonings					
i.	Activated charcoal powder	Powder	Yes	Yes	Yes	Yes
ii.	Naloxone	Inj. 400mcg/ml	No	Yes	Yes	Yes
31.	Disinfectants, antiseptics and anti-infectives					
i.	Chlorine	5% concentrated solution	Yes	Yes	Yes	Yes
ii.	Povidone iodine	Solution , 10%	Yes	Yes	Yes	Yes
iii.	Hydrogen peroxide	Soln. 6%	Yes	Yes	Yes	Yes
iv.	Gentian violet	Paint 0.5%, 1%,	Yes	Yes	Yes	Yes
v.	Benzoin compound		Yes	Yes	Yes	Yes
vi.	Tincture					
32.	Parenterals					
i.	Dextrose	Infusion 5% 500ml	No	Yes	Yes	Yes
ii.	Dextrose	Infusion 5% 1000ml	No	Yes	Yes	Yes
iii.	Glucose with sodium chloride	Injectable solution, 5% glucose, 0.9% sodium chloride 1000ml with IV set	No	Yes	Yes	Yes
iv.	Glucose with sodium chloride	Injectable solution, 5%	No	Yes	Yes	Yes

#	Therapeutic category (generic name)	Description	CD	BHU	CHU	RHC
		glucose, 0.18% sodium chloride 500ml with IV set				
v.	Sodium chloride	Injectable soln.0.9%isotonic1000ml	No	Yes	Yes	Yes
vi.	Sodium Bicarbonate		No	Yes	Yes	Yes
vii.	Ringer's Lactate	Injectable solution 1000ml with IV set	No	Yes	Yes	Yes
viii.	Ringer's Lactate	Injectable solution 500ml With IV set	No	Yes	Yes	Yes
ix.	Haemaccel	3%, 5% intravenous solution	No	Yes	Yes	Yes
x.	Dextran	Injection 6%	No	Yes	Yes	Yes
33.	Topical antibiotics/ antibacterials					
i.	Polymyxin B +Bacitracin Zinc ointment	Polymyxin B Sulphate 10000iu+Bacitracin Zinc 500mg/gm	Yes	Yes	Yes	Yes
ii.	Silver sulphadiazene	1% cream	Yes	Yes	Yes	Yes
iii.	Tetracycline	Oint. 1%	No	Yes	Yes	Yes
34.	Local anesthetics					
i.	Lidocaine	Injection,2%(hydrochloride)in 10 -ml ampoule	Yes	Yes	Yes	Yes
ii.	Lidocaine	Topical forms, 2% (HCl)	No	Yes	Yes	Yes
35.	Preoperative medication					
i.	Adrenaline	Inj. 1mg/ml	No	No	Yes	Yes
ii.	Diazepam	Injection, 5 mg/ml in 2-ml ampoule	No	No	Yes	Yes
iii.	Atropine	Inj. Atropine 1mg	No	No	Yes	Yes
36.	Vaccines					
i.	BCG		Yes	Yes	Yes	Yes
ii.	OPV		Yes	Yes	Yes	Yes
iii.	Pentavalent		Yes	Yes	Yes	Yes
iv.	Measles vaccine		Yes	Yes	Yes	Yes
v.	Hepatitis B vaccine		No	No	Yes	Yes
vi.	Tetanus toxoid		Yes	Yes	Yes	Yes

Table 29: List of supplies by type of facility

#	Item	CD	BHU	CHU	RHC
1.	Cotton, Gauze and Bandages				
i.	Absorbent cotton wool, 500 g i. 500 g, roll, non-sterile, ii. Surgical hydrophilic cotton	Yes	Yes	Yes	Yes
ii.	Crepe elastic bandage 7.5cm x 5m, per (roll) i. 100% cotton, unbleached, ii. Elasticity; minimum of 150%, unstretched 3m, stretched 5m	Yes	Yes	Yes	Yes
iii.	Gauze pad / compress 10cm x 10cm, 12 ply sterile, pack of 20, Absorbent gauze 100% cotton	Yes	Yes	Yes	Yes
iv.	Gauze bandage 5cmx10m, absorbent wow, pack of 10 rolls	Yes	Yes	Yes	Yes
v.	Gauze roll 90cm x 100M non-sterile, with selvages, absorbent 100% cotton i. Gauze roll width 22.5cm after 4 folds, ii. Weight 23 gm/m ² , type 17 threads/cm ²	Yes	Yes	Yes	Yes
2.	Catheters and tubes				
i.	Foley catheter, sterile CH 10, 40cm, balloon 3-5 ml latex silicone coated	No	No	Yes	Yes
ii.	Foley catheter, sterile CH 16, 40 cm, balloon 10ml, latex silicone coated	No	No	Yes	Yes
iii.	Foley catheter sterile, CH 18, 40cm, balloon 10ml, latex, silicone coated	No	No	Yes	Yes
iv.	Suction tube CH 8, 50cm, sterile, disp, PVC, box of 50 (i) Open distal end with side windows and connector,)	No	No	Yes	Yes
v.	Suction tube CH 10, 50cm, sterile, disp, PVC, box of 50 (i) Open distal end with side windows and connector)	No	Yes	Yes	Yes
vi.	Suction tube CH 14, 50cm, sterile, disp, PVC, box of 50 (i) Open distal end with side windows and connector)	No	Yes	Yes	Yes
vii.	Suction tube CH 16, 50cm, sterile, disp, PVC, box of 50 (i) Open distal end with side windows and connector)	No	Yes	Yes	Yes

#	Item	CD	BHU	CHU	RHC
3.	Sutures				
i.	Chromic catgut	Yes	Yes	Yes	Yes
ii.	Silk braided	Yes	Yes	Yes	Yes
4.	Syringes, cannula and needles				
i.	Syringe 10cc, Luer, sterile disposable, two piece, (P/P or PEF) box of 100	No	No	Yes	Yes
ii.	Syringe, 20cc Luer, sterile disposable, two piece, (P/P or PEF), box of 100	No	No	Yes	Yes
iii.	Syringe 5cc, Luer, sterile disposable, two piece (P/P or PEF), box of 100	Yes	Yes	Yes	Yes
iv.	Syringe 50/60cc, Luer lock sterile disp, concentric tip, box of 100	No	Yes	Yes	Yes
v.	Needle Luer, IM, disposable, 21G (0.8x38mm) sterile, stainless steel, box 100	No	No	Yes	Yes
vi.	Needle disp 19G (1.1x40mm), sterile, stainless steel, box of 100	No	No	Yes	Yes
vii.	Needle disp 21G (0.8x40mm), sterile, stainless steel, box of 100	No	No	Yes	Yes
viii.	Needle disp 22G (0.7x30mm), sterile, stainless steel, box of 100	No	No	Yes	Yes
ix.	Needle disp 23G (0.6x25mm), sterile, stainless steel, box of 100	No	No	Yes	Yes
x.	Needle disp 25G (0.5x16mm), sterile. stainless steel, box of 100	No	Yes	Yes	Yes
xi.	IV Cannula, short, 18G, 20G, 22G (1.1x32mm) i. Sterile, disposable, ii. Trocar: Stainless steel, iii. Injection port, iv. Cannula: Polypropylene or Teflon	No	Yes	Yes	Yes
5.	Gloves				
i.	Gloves, examination latex, large, non-sterile, powdered, box of 100	Yes	Yes	Yes	Yes
ii.	Gloves, examination latex, medium, non-sterile, powdered, box of 100	Yes	Yes	Yes	Yes

#	Item	CD	BHU	CHU	RHC
6.	Surgical adhesive tapes				
i.	Tape adhesive, 2.5 cm x 5 meter, roll (Colour white, non-stretch, Aerated textile strip impregnated with adhesive. Storage: dry conditions and at less than 25 degrees C if possible)	Yes	Yes	Yes	Yes
7.	Blade and razor				
i.	Razor safety, stainless steel, 3 piece unit (handle and blade holder), reusable (Razor blades, double edged, steel, disposable, pack of 5. Box of 10 packs)	Yes	Yes	Yes	Yes
8.	Test strips				
i.	Blood glucose test strips	Yes	Yes	Yes	Yes
ii.	Urine protein test strips	Yes	Yes	Yes	Yes
iii.	Urine pregnancy test	Yes	Yes	Yes	Yes
iv.	Bowie-Dick strips for checking sterilisation	Yes	Yes	Yes	Yes
9.	Others				
i.	Battery dry cell alkaline AA size 1.5V or LR6 (for otoscope), single unit	Yes	Yes	Yes	Yes
ii.	Tongue depressor (wooden), disposable, box of 100	Yes	Yes	Yes	Yes
iii.	Towels or paper wraps for covering instruments for sterilisation	Yes	Yes	Yes	Yes
iv.	Apron, utility plastic reusable, unit (Straight apron with bib and neckband back fastening, Moisture proof and blood, water, chemical and stain resistant. Able to withstand extreme temperature, Length 120cm, width 90cm, Re-usable and able to withstand disinfection. Material:Opaque/transparent plastic, PVC, vinyl or polypropylene)	Yes	Yes	Yes	Yes
v.	Bucket, plastic, approximately 12 litres, with lid. Unit	Yes	Yes	Yes	Yes
vi.	Swipes/ Mops	Yes	Yes	Yes	Yes
vii.	<i>Jharoo</i>	Yes	Yes	Yes	Yes
viii.	Dusters	Yes	Yes	Yes	Yes
10.	Laboratory supplies				

#	Item	CD	BHU	CHU	RHC
i.	Gram's Iodine	No	Yes	Yes	Yes
ii.	Crystal violet stain	No	Yes	Yes	Yes
iii.	Ziehl Neilsen stain	No	Yes	Yes	Yes
iv.	ABO & Rh antibodies	No	Yes	Yes	Yes
v.	RPR test kits for syphilis	No	No	Yes	Yes
11.	X-Ray radiology				
i.	X- ray film, blue sensitive, interleaved, 18 x 24 cm, box of 100	No	No	Yes	Yes
ii.	X- ray film, blue sensitive, interleaved, 24 x 30 cm, box of 100	No	No	Yes	Yes
iii.	X- ray film, blue sensitive, interleaved, 30 x 40 cm, box of 100	No	No	Yes	Yes
iv.	X-ray developer powder for 25 liters, 2.6Kg	No	No	Yes	Yes
v.	X-ray fixer for 22.5 L, 3.3kg	No	No	Yes	Yes

E. Diagnostic services by type of facility

Table 30: List of diagnostic services by type of facility

#	Services	BHU	CHU	RHC
1.	Laboratory Services			
a.	Hematology			
i.	Hemoglobin	Yes	Yes	Yes
ii.	Red and white blood cell count	Yes	Yes	Yes
iii.	Differential cell count	Yes	Yes	Yes
iv.	ESR	Yes	Yes	Yes
v.	Hematocrit	Yes	Yes	Yes
vi.	Malaria parasite smear (MPS)	Yes	Yes	Yes
vii.	Bleeding time and coagulation time	Yes	Yes	Yes
viii.	Blood grouping and Rh factors	Yes	Yes	Yes
ix.	Hepatitis B and C and syphilis tests	Yes	Yes	Yes
x.	HIV test	No	Yes	Yes
b.	Bacteriology			
i.	Ziehl-Nielsen staining for acid fast bacilli (AFB)	Yes	Yes	Yes
ii.	Direct smear for AFB	Yes	Yes	Yes
iii.	Gram's staining	Yes	Yes	Yes
c.	Serology			
i.	Typhidot	No	Yes	Yes
d.	Clinical Pathology			
i.	Urine analysis: physical exam	Yes	Yes	Yes
ii.	Chemical exam: Albumin (qualitative)	Yes	Yes	Yes
iii.	Chemical exam: Albumin (quantitative)	Yes	Yes	Yes
iv.	Chemical exam: Glucose (qualitative)	Yes	Yes	Yes
v.	Chemical exam: Glucose (quantitative)	Yes	Yes	Yes
vi.	Microscopic (stool test)	Yes	Yes	Yes
vii.	Macroscopic (stool test)	Yes	Yes	Yes

#	Services	BHU	CHU	RHC
viii.	Pregnancy test	Yes	Yes	Yes
e.	Biochemistry			
i.	Blood-sugar test	Yes	Yes	Yes
ii.	Urea test	No	Yes	Yes
iii.	Creatinine test	No	Yes	Yes
iv.	Total protein test	No	Yes	Yes
v.	Simple liver-function test	No	Yes	Yes
vi.	Brucellosis	No	Yes	Yes
f.	Gram Stain			
i.	Body fluids	Yes	Yes	Yes
2.	Imaging Services			
a.	X-Rays			
i.	Chest	No	Yes	Yes
ii.	Abdomen	No	Yes	Yes
iii.	Skeletal	No	Yes	Yes
iv.	Ultrasound	No	Yes	Yes

Monitoring Tools for BHU/CHU/RHC

Performance Standard	Verification Criteria	Yes/ No	Comments
Cleanliness of the Facility	Verify absence of visible dust, cobwebs, blood, trash, used needles and syringes in the following areas		
	• Admission/registration		
	• Examination room		
	• Labour or birth room		
	• Postpartum area		
	• Instrument processing areas		
	• Lab or pharmacy		
	• Toilet areas		
	• Around sinks		
	• Waiting area		
• No BHU/RHC waste in the surrounding area of the facility			
1. Adequate supply of safe water for drinking and other uses	Observe the provision of water for the BHU/RHC		
	• Tap water available		
	• Overhead and underground water tanks are clean		
	• Water is brought and kept in containers		
	• Water containers are clean		
	• Drinking water is purified and kept properly		
2. Hand Hygiene is practiced	• Last water testing done on		
	Verify and observe if		
	• Soap is available		
	• Antiseptic hand rub is available		
	• Hand rub/Handwash is performed before touching each patient		
• Handwash is done after situations where hands are contaminated			
3. Type and use of Containers for Sharps	Verify whether:		
	• The sharps containers are puncture-proof (cardboard box, hard plastic containers or cans that are closed) with only small opening for disposing of syringes with needle		
	• Sharp containers are all less than $\frac{3}{4}$ full		

	<ul style="list-style-type: none"> • Empty and new containers are nearby and ready for use with 0.5% chlorine solution in the following areas <ul style="list-style-type: none"> ○ Examination room ○ Labour and birth room ○ Wards ○ EPI vaccination room ○ Pharmacy or lab area 		
4. Availability and usage of Personal protective equipment	Verify whether the following are available and ready for use:		
	<ul style="list-style-type: none"> • Disposable gloves • Caps • Gowns for labour and delivery/surgery • Eye wear • Close-toed shoes • Heavy gloves for cleaning instruments 		
5. Availability of clean supplies	Verify whether:		
	<ul style="list-style-type: none"> • Gauze and cotton is stored in dry containers without an antiseptic • Instruments and other items are stored in dry containers without antiseptics • Pick-up forceps are stored in dry containers without antiseptics 		
6. Availability of Antiseptics and Disinfectants	Verify whether the following are available in storeroom in sufficient amounts:		
	Antiseptics:		
	<ul style="list-style-type: none"> • Alcohol (spirit), ethyl or isopropyl alcohol • Chlorhexidine gluconate (2-4%) (e.g. Savlon) or • Iodine preparations (1-3%) (e.g. Lugol's) or • Pyodine 		
	Disinfectant:		
	<ul style="list-style-type: none"> • Chlorine solution 		
7. Decontamination of Instruments	Verify whether <ul style="list-style-type: none"> • Concentration of chlorine solution is 0.5%: 		
	Liquid Chlorine:		
	<ul style="list-style-type: none"> ○ If using a concentration of 32%, 1 part bleach for 63 parts water or 		

		<ul style="list-style-type: none"> ○ If using a concentration of 5%, 1 part bleach to 9 parts water 		
		Powder Chlorine		
		<ul style="list-style-type: none"> ○ If using Calcium hypochlorite (35%), 14 g bleach powder for 1 litre water 		
		<ul style="list-style-type: none"> ○ If using calcium hypochlorite (70%), 7 g bleach for 1 litre water 		
		<ul style="list-style-type: none"> • A new chlorine solution is prepared at the beginning of the day 		
		<ul style="list-style-type: none"> • Plastic containers are used for decontamination 		
		<ul style="list-style-type: none"> • Instruments and other items are soaked in the 0.5% chlorine solution for at least 10 minutes 		
		<ul style="list-style-type: none"> • Items are taken to prep room in bucket or leak proof containers 		
8. Separate Allocated Instrument Cleaning	Area for	Verify whether		
		<ul style="list-style-type: none"> • Area for cleaning instruments is separated from the procedure areas 		
		<ul style="list-style-type: none"> • Dirty and clean items do not have contact 		
		<ul style="list-style-type: none"> • There is at least one deep sink/basin with running water for washing instruments 		
		<ul style="list-style-type: none"> • There is a counter/separate space for instruments to dry 		
		<ul style="list-style-type: none"> • A closed shelf area exists for storing clean items 		
		<ul style="list-style-type: none"> • Contaminated linen or medical waste are not brought into this room 		
		<ul style="list-style-type: none"> • No electric items are near the water area 		
		<ul style="list-style-type: none"> • No spills or water on the floors 		
		<ul style="list-style-type: none"> • Clean items are on one side of the room, dirty items on the other 		
9. Cleaning Instruments and Other Items	of and	Verify whether the person cleaning the instruments complies with the following steps:		
		Wears:		
		<ul style="list-style-type: none"> • Utility gloves 		
		<ul style="list-style-type: none"> • Eyewear protection or face shield 		
		<ul style="list-style-type: none"> • Plastic apron 		
		<ul style="list-style-type: none"> • Gumboots or enclosed shoes 		

	Uses:		
	• Soft brush		
	• Detergent (liquid or powder, without acid or ammonia)		
	• 0.5% chlorine solution in the detergent water		
	• Scrubs instruments and other items under the surface of water, completely removing all blood and other foreign matter		
	• Disassembles instruments and other items with multiple parts, and cleans in the grooves, teeth and joints with a brush		
	• Rinses the instruments and other items thoroughly with clean water		
	• Allows instruments and other items to air-dry, or dries with a clean towel (if autoclaving)		
• Washes hands with running water and soap for 10-15 seconds and dries			
10. Instrument Processing	Verify whether instrument processing area:		
	• Is well illuminated		
	• Has at least one autoclave/boiler in working order		
	• Has an area to store sterile and/or HLD supplies, instruments and equipment with limited access to the storage area or closed cabinets		
11. Sterilization/HLD Process is performed Properly	Verify whether the HLD cycles listed below are followed:		
	Boiling		
	• All cleaned, disassembled instruments are totally immersed in water before lid is closed		
	• The lid is closed		
	• Do not add anything to the pot after timing starts		
	• Instruments are boiled for 20 minutes starting from the time a rolling boil begins		
• After 20 minutes, instruments are removed with HLD or			

	sterile forceps and stored in HLD containers		
	<ul style="list-style-type: none"> Boiled instruments are not left in water that has stopped boiling 		
	OR Sterilization		
	<ul style="list-style-type: none"> The autoclave or an autoclave pressure cooker is available and in working order with: <ul style="list-style-type: none"> Working thermometer Working pressure gauge (autoclave pressure cooker) 		
	<ul style="list-style-type: none"> Instruments are properly prepared and placed in the sterilizer <ul style="list-style-type: none"> Laid out in a metal box with holes or wrapped in two double layers of muslin or cotton cloth or two layers of Kraft paper Sufficient space between packets/boxes exists to allow steam to circulate All jointed instruments are in an unlocked position and instruments composed of sliding parts are disassembled A 7 to 8 cm space exists between the packets and the upper portion (in the case of a vertical autoclave) or the front portion (in case of a horizontal autoclave) 		
	<ul style="list-style-type: none"> The material is exposed to temperature of 121°C (250°F) and a pressure of 1.5 atm (106 kPa or 15 lbs/in²), for a period of 30 minutes (in the autoclave pressure cooker) 		
	<ul style="list-style-type: none"> The material is exposed to a pressure of 17-19 lbs for a period of 35 minutes (in the autoclave pressure cooker) 		
	<ul style="list-style-type: none"> The material is dry when removed following sterilization 		
	<ul style="list-style-type: none"> Wrapped sterile instruments are used within 2 weeks 		

	<ul style="list-style-type: none"> Unwrapped items are used immediately 			
12. Shelf-life System is adopted	Verify whether			
	<ul style="list-style-type: none"> Sterile packs and/or containers have expiration dates on them 			
	<ul style="list-style-type: none"> The sterile packs are free of teams. Dampness, excessive dust and gross oil 			
13. Soiled linen is Collected and Cleaned Properly	Verify whether			
	<ul style="list-style-type: none"> Wears: <ul style="list-style-type: none"> Utility gloves Eye protection Gumboots or enclosed shoes 			
	<ul style="list-style-type: none"> Collects soiled linen in leak proof containers/plastic bad without being pre-soaked 			
	<ul style="list-style-type: none"> Brings linen to the laundry in closed containers (buckets, plastic bags or carts) for sorting, washing and drying 			
	<ul style="list-style-type: none"> Cleans linen using detergent without acid, ammonia or ammonium and mixed with chlorine bleach in the water 			
	<ul style="list-style-type: none"> Washes hands with soap and water after removing gloves and other personal protective equipment 			
	<ul style="list-style-type: none"> Maintains laundry area clean and free of spills (walls, tables, floors) 			
	14. Waste Collection	Verify whether the person collecting waste complies with the following steps:		
		<ul style="list-style-type: none"> Wears: <ul style="list-style-type: none"> Utility gloves Eye protection Gumboots or enclosed shoes 		
<ul style="list-style-type: none"> Collects waste in leak proof containers 				
<ul style="list-style-type: none"> Collects waste the container is $\frac{3}{4}$ full 				
<ul style="list-style-type: none"> Assures all tissue samples or placentas are double bagged in leak-proof containers 				
<ul style="list-style-type: none"> Sufficient dustbins outside the facility (in the grounds) exist for general waste to avoid littering 				

	<ul style="list-style-type: none"> The grounds (outside of the facility) are free of hospital waste 		
	<ul style="list-style-type: none"> Maintains waste collection area clean and free of spills (walls, tables, floors) 		
	<ul style="list-style-type: none"> Collection person washes hands with soap and water after removing gloves and other personal protective equipment 		
15. Waste Disposal	Verify whether:		
	<ul style="list-style-type: none"> Contaminated liquid waste (blood, urine, faeces and other body fluids) are disposed of in the following manner: <ul style="list-style-type: none"> Emptied into a toilet or sink from which water can be drained into a sewer system The sink is rinsed with water after the waste has been emptied 		
	<ul style="list-style-type: none"> Containers with sharps are incinerated 		
	<ul style="list-style-type: none"> Solid waste (used dressings and other materials contaminated with blood and organic matter) are incinerated/buried 		
	<ul style="list-style-type: none"> The person in charge of waste wears eye protection and utility gloves 		
	If the waste is incinerated, verify whether:		
	<ul style="list-style-type: none"> The waste is burned in a small designated area 		
	<ul style="list-style-type: none"> The waste is transported to the area just before burning 		
	<ul style="list-style-type: none"> During incineration, visible flames occur and last until ashes are seen 		
	<ul style="list-style-type: none"> Ash from incinerated material is disposed off by burying 		
	<ul style="list-style-type: none"> That no waste is lying around the grounds 		
	OR		
	If the waste is buried in a pit, verify whether		

	<ul style="list-style-type: none"> The area is not accessible to other staff, the community and domestic animals 		
	<ul style="list-style-type: none"> The burial site is lined with a material of low permeability (e.g. clay) 		
	<ul style="list-style-type: none"> The burial site is at least 50 meters away from any water source and it is located in an area free of floods 		
	<ul style="list-style-type: none"> The pit is about 1 meter square and 2 meters deep 		
	<ul style="list-style-type: none"> The disposed waste is covered with 10-15 cm of dirt each day 		
	<ul style="list-style-type: none"> The final layer of dirt is 50-60 cm 		
	<ul style="list-style-type: none"> The burial pit lasts for 30-60 days maximum 		
	<ul style="list-style-type: none"> There is no waste lying around the grounds 		
	<p>OR</p> <p>If the waste is encapsulated, verify whether</p>		
	<ul style="list-style-type: none"> The sharps are collected in puncture resistant and leak proof container 		
	<ul style="list-style-type: none"> When the box is $\frac{3}{4}$ full, pour a material such as cement or clay until completely filled 		
	<ul style="list-style-type: none"> The material has hardened 		
	<ul style="list-style-type: none"> The container is land filled or buried 		