

M N C H

Services Assessment

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Prepared By: _____

Date: ___/___/___

I. FACILITY INFORMATION & DEMOGRAPHOICS

Facility Name: _____ Facility Type: _____

Village /Town: _____ Union Council: _____ District: _____

Altitude: _____ Longitude: _____ Latitude: _____

 Catchment Population: _____ Don't Know

Supporting Organization (if any): _____

Name & Title of in charge: _____ Phone Number: _____

II. STAFF INFORMATION

Staff Category	Posts Number	Number Filled		Number Vacant	N/A
		Male	Female		
Medical Officer					<input type="checkbox"/>
Anaesthetist					<input type="checkbox"/>
Gynaecologist					<input type="checkbox"/>
Facility Based Lady Health Worker (LHW)					<input type="checkbox"/>
Lady Health Visitor					<input type="checkbox"/>
Facility Based Midwife					<input type="checkbox"/>
Community Based Midwife					<input type="checkbox"/>
Dai/TBA/ Aya					<input type="checkbox"/>
Sanitary worker					<input type="checkbox"/>
On Duty Staff			Yes	No	N/A
Is there on duty staff for 24 hour service			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Surgeon / Gynaecologist /Obstetrician			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Anaesthetist			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Medical Officer			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Women Medical Officer			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Female Paramedic (Nurse / LHV/FHT/Midwife)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Theatre Attendants			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Lab Technician			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Dispenser			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Sanitary worker			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is on duty Staff accommodated in Facility			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- I.
- II.
- III.
- IV.
- V.
- VI.

III. SERVICES

Services	IPD		OPD		N/A
	YES	NO	YES	NO	
Respondent Name & Title :					
Antenatal Services					<input type="checkbox"/>
• Blood Pressure monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Detection & Referral of high risk pregnancies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Detection, Stabilization & referral of Hypertensive Disorder in Pregnancy (Pre-eclampsia and eclampsia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Detection, Stabilization& referral of Antenatal Haemorrhage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Counselling & Provision of LLINS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

• Diagnosis & Evaluation of Pregnancy / Birth planning assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Diagnosis & Treatment of Anaemia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Diagnosis & Treatment of Intestinal Worms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Diagnosis & Treatment of Malaria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Diagnosis & Treatment of Urinary Tract Infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Cont. Services)

Services	IPD		OPD		N/A
	YES	NO	YES	NO	
• Urine Record (Albumin & Sugar)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Weight& Height measurement, Fundal height	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Detection, Stabilization, referral and Treatment of incomplete miscarriage and Ectopic Pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Ultrasound screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basic Delivery Services					<input type="checkbox"/>
• Assessing Mother in Labor and Foetal Status for proper action	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Identification & Referral of Foetal mal position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Labor Progress Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Provision of parenteral Antibiotics fluids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Provision of Intravenous fluids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Manual removal of Placenta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Essential Neonatal Care					<input type="checkbox"/>
• Thermal Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Basic Resuscitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Prevention of Infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Early & Exclusive Breast Feeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Recognition & Management of Neonatal Complications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Obstetric (EmOC)					<input type="checkbox"/>
Service hours (Tick One)	<input type="checkbox"/> 8- 14:00	<input type="checkbox"/> 8- 18:00			<input type="checkbox"/> 24 hr
a) Basic EmOC					<input type="checkbox"/>
• Administer parenteral antibiotics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Administer Uterotonic drugs (i.e. Parenteral, Oxytocin..)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Administer parenteral anticonvulsants for preeclampsia & eclampsia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Manual removal of Placenta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Removal of retained products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Performing assisted vaginal delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Performing basic neonatal resuscitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Comprehensive EmOC : All Basic Steps PLUS					<input type="checkbox"/>
• Performing C-Section	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Performing Blood Transfusion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Postnatal & Post Abortion Care					<input type="checkbox"/>
• Breast Examination & Advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Detection & Management of Perineal Tear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Detection, Stabilization & referral of Puerperal Haemorrhage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Follow-up visits for Mother & Child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Management of Puerperal Infections.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Screening& Treatment for Sexually Transmitted Diseases &Counselling.					<input type="checkbox"/>
Family Planning					<input type="checkbox"/>
• Counselling on Family Planning & Birth Spacing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Provision of Contraceptives (Condoms, Oral pills, IUD & Injectables)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Counselling & Referring Parents for voluntary surgical sterilisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expanded Programme of Immunization (EPI)					<input type="checkbox"/>
• Newborn Immunization (BCG, OPV0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Routine Immunization (BCG, DT, OPV0, Measles & HEB)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Tetanus Immunization for CPA/Pregnant women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

• Outreach Routine Immunization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Disease Surveillance & case Reporting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Logistics Management & Reporting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Growth Monitoring, Breast & Infant Feeding Support Services					<input type="checkbox"/>
• Promoting Breastfeeding & Support for Lactating Mothers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Advice on Appropriate & Timely Complementary feeding.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Infant feeding assessment & advice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Periodic Growth Monitoring.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Cont. Services)

Services	IPD		OPD		N/A
	YES	NO	YES	NO	
• Identification, Management & Referral of Moderate and Severe malnutrition Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Follow up on discharged Children from Stabilization Centres.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Promoting Hygiene/ Sanitation & Health education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• De Worming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IMNCI (Under 5 Children)					<input type="checkbox"/>
• Assessment & proper action for General Danger Signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Assessment & Treatment for Cough or Difficult Breathing (ARI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Assessment & Treatment for Diarrhoea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Assessment & Treatment for Ear and Throat Problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Assessment & Treatment for Fevers (Measles, Meningitis & Malaria)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Assessment & Treatment for De worming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Nebulizer availability for treating wheezy Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition					<input type="checkbox"/>
• Assessment & Management of Adolescent & Maternal Nutrition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Assessment & Management of Children Nutrition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Counselling & Support for Pregnant and Lactating women.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Micro nutrition Supplement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o Iron & Folate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o Vitamin A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Promotion of Iodised Salts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IV. INFRA STRUCTURE

Description	Available			Number of Rooms	Number of Beds
	Yes	No	N/A		
Female Ward	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Paediatric Ward	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Maternity & Gynaecology Ward	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Nursery & Newborn Ward	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Surgical Ward	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Labor Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Minor Operations Rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Operation Theatre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Laboratory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Radiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
OTHER SERVICES					
24 hour Electricity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Running Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Sanitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Medical Waste Disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Emergency Generator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Toilettes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Medical Gas Supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Laundry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		



Transport (Ambulance, Drivers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Number of Vehicles ()
• Vehicles in working condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Vehicles located within Facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

V. EQUIPMENT & SUPPLIES

Description	Available		Functional		N/A
	YES	NO	YES	NO	
1- EPI & COLD CHAIN					<input type="checkbox"/>
• Diluents & Vaccines Available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Vaccine Refrigerator Electrically powered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Vaccine Thermometer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2- LABORATORY					<input type="checkbox"/>
• Microscope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Computer System + Printer & UPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Refrigerator (10 cbft or more)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Centrifuge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Chemistry Analyzer + Necessary Supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Hematology Analyzer + Necessary Supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• A/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3- OBSTETRIC & GAEYNOCOLGY					<input type="checkbox"/>
i- OB/GYN Ward					<input type="checkbox"/>
• Air Conditioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Cabinet Instrument large	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Fowler Bed (Iron)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Refrigerator (10 cu ft)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Screen Folding complete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Weighing scale- Adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii- OB/GYN Out Patient					<input type="checkbox"/>
• Weighing Scale –Adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Weighing Scale -Infant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Screen Folding complete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Ultrasound Machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Steam Inhaler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Nebulizer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii- IUCD Insertion/ Removal					<input type="checkbox"/>
• Cuscow's/ Sim's Speculum right angel, Small	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Cuscow's/ Sim's Speculum right angel, Medium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Cuscow's/ Sim's Speculum right angel, Large	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Sponge Forceps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Uterine Sound	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Vulsellum Forceps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Scissors dissecting blunt pointed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv- Labour Room					<input type="checkbox"/>
• Delivery Bed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Infant Weighing Scale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Foetal Stethoscope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Jar for Forceps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Dressing Forceps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Artery Forceps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Blunt Scissors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Needle Holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Vacuum Extractor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Obstetric Forceps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

• UPS Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5-PAEDIATRIC					
i- Neonatal Resuscitation					
• Mucus Extractor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Oropharyngeal Airway (Paediatric Size)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Infant Face Mask (2 different sizes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Infant Ambu Bag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Cont. Equipment & Supplies)

Description	Available		Functional		N/A
	YES	NO	YES	NO	
• Suction Catheter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Radiant Warmer / Heater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii- Paediatric Nursery					
• Neonatal Resuscitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Mucus Extractor disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Infant Face Mask	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Infant Ambu Bag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Suction Catheter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Infant Laryngoscope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Endotracheal tubes no. 3.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Electric Suction Apparatus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Infant Incubators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Phototherapy Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Oxygen Cylinder + Regulator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Disposable Oxygen Mask	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Baby Cote heating facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Air Conditioner & Heater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Infant B.P apparatus (Cuff 2.5 Cm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Disposable Syringe cutter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Steam Inhaler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii- Paediatric Ward					
• Suction Machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Infant B.P Apparatus (Cuff 2.5 Cm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Stethoscope Paediatric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Nebulizer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Oxygen Cylinder Complete with trolley & regulator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Glucometer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Infusion Pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Ophthalmoscope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6- OPERATION THEATRE					
• Sponge Forceps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Needle Holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Stitch Scissors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Dissecting Forceps, Toothed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Sim's Speculums Large	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Sim's Speculum Medium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7- LAPARATOMY/ C-SECTION					
• Obstetric Forceps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Rectangular instrument tray lids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Towel Clips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Sponge Forceps 22.5 Cm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Straight Artery Forceps, 16 Cm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Uterine Haemostasis Forceps, 20 Cm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Hysterectomy Forceps Straight, 22.5 Cm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Mosquito Forceps, 12.5 Cm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Tissue Forceps, 19 Cm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Needle Holder Straight, 17.5 Cm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

• Surgical Knife Handle & Blades	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Triangular point Suture Needles, 7.3 Cm, size 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Round bodied Needles no. 12, size 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Abdominal Retractors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Curved Operating Scissors, Blunt pointed (Mayo), 17 Cm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8- ANAESTHESIA					<input type="checkbox"/>
• Oropharyngeal Airway (Adult)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Cont. Equipment & Supplies)

Description	Available		Functional		N/A
	YES	NO	YES	NO	
• Anaesthesia Face Masks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Anaesthesia Machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Laryngoscope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Epidural Sets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Endotracheal Tubes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9- SUPPLIES					<input type="checkbox"/>
• Antiseptic Solutions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Bandages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Gauze	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Surgical Cotton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Adhesive Tape	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Surgial Gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Utility Gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Surgical Clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Scrub Brushes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Spare Bulb & Batteries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• IV Infusion Set & Fluids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Scalpel Blades	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Syringes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Suture & Suture Needles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Urethral Catheter & Bag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VI. MEDICINES

- **For Public Hospitals Verify from Stock register.**
- **For Private Hospitals Verify from Hospital Register.**

Description	Available		Days Stock
	YES	NO	
i- EMERGENCY	<input type="checkbox"/>	<input type="checkbox"/>	
• Dexamethasone	<input type="checkbox"/>	<input type="checkbox"/>	
• Adrenaline	<input type="checkbox"/>	<input type="checkbox"/>	
• Aminophylline	<input type="checkbox"/>	<input type="checkbox"/>	
• Atropine Sulphate	<input type="checkbox"/>	<input type="checkbox"/>	
• Calcium Gluconate	<input type="checkbox"/>	<input type="checkbox"/>	
• Diphenhydramine	<input type="checkbox"/>	<input type="checkbox"/>	
• Dopamine	<input type="checkbox"/>	<input type="checkbox"/>	
• Frusemide	<input type="checkbox"/>	<input type="checkbox"/>	
• Insulin	<input type="checkbox"/>	<input type="checkbox"/>	
• Naloxone	<input type="checkbox"/>	<input type="checkbox"/>	
• Glucose (5%.10%)	<input type="checkbox"/>	<input type="checkbox"/>	
• Normal Saline	<input type="checkbox"/>	<input type="checkbox"/>	
• Magnesium Sulphate	<input type="checkbox"/>	<input type="checkbox"/>	
• Diazepam	<input type="checkbox"/>	<input type="checkbox"/>	
ii- Antibiotics	<input type="checkbox"/>	<input type="checkbox"/>	
• Amoxicillin	<input type="checkbox"/>	<input type="checkbox"/>	
o Oral Suspension	<input type="checkbox"/>	<input type="checkbox"/>	
o Capsule	<input type="checkbox"/>	<input type="checkbox"/>	

○ Injection	<input type="checkbox"/>	<input type="checkbox"/>	
• Metronidazole	<input type="checkbox"/>	<input type="checkbox"/>	
○ Oral Suspension	<input type="checkbox"/>	<input type="checkbox"/>	
○ Tablets	<input type="checkbox"/>	<input type="checkbox"/>	
○ Injexction	<input type="checkbox"/>	<input type="checkbox"/>	
• Ciprofloxacillin	<input type="checkbox"/>	<input type="checkbox"/>	
○ Tablet	<input type="checkbox"/>	<input type="checkbox"/>	
○ Injection	<input type="checkbox"/>	<input type="checkbox"/>	

(Cont. Medicines)

Description	Available		Days Stock
	YES	NO	
• Benzyl Penicillin Powder for Injection	<input type="checkbox"/>	<input type="checkbox"/>	
• Cloxacillin. Powder for Oral use	<input type="checkbox"/>	<input type="checkbox"/>	
• Gentamicin, Injection	<input type="checkbox"/>	<input type="checkbox"/>	
iii- Anti Hypertensive	<input type="checkbox"/>	<input type="checkbox"/>	
• Methyldopa tabs	<input type="checkbox"/>	<input type="checkbox"/>	
• Nifedil	<input type="checkbox"/>	<input type="checkbox"/>	
• Adalat	<input type="checkbox"/>	<input type="checkbox"/>	
iv- Obstetric	<input type="checkbox"/>	<input type="checkbox"/>	
• Ergometrine inj.	<input type="checkbox"/>	<input type="checkbox"/>	
• Oxytocin inj.	<input type="checkbox"/>	<input type="checkbox"/>	
• Misoprostol tab	<input type="checkbox"/>	<input type="checkbox"/>	
v- Family Planning Supplies	<input type="checkbox"/>	<input type="checkbox"/>	
• Condoms	<input type="checkbox"/>	<input type="checkbox"/>	
• Contraceptives (Explain.....)	<input type="checkbox"/>	<input type="checkbox"/>	
• IUCD	<input type="checkbox"/>	<input type="checkbox"/>	
vi- Paediatric	<input type="checkbox"/>	<input type="checkbox"/>	
• Oral Hydration Salt	<input type="checkbox"/>	<input type="checkbox"/>	
• Paracetamol Syrup	<input type="checkbox"/>	<input type="checkbox"/>	
• Phenobarbital tabs 15-100 mg	<input type="checkbox"/>	<input type="checkbox"/>	
• Chloroquine Syrup 50 mg	<input type="checkbox"/>	<input type="checkbox"/>	
• Pyrantel Oral Suspension 50 mg	<input type="checkbox"/>	<input type="checkbox"/>	
v- Analgesics	<input type="checkbox"/>	<input type="checkbox"/>	
• Diclofenac tab	<input type="checkbox"/>	<input type="checkbox"/>	
• Diclofenac Inj.	<input type="checkbox"/>	<input type="checkbox"/>	
vi- Anti Asthmatics	<input type="checkbox"/>	<input type="checkbox"/>	
• Salbutamol tab	<input type="checkbox"/>	<input type="checkbox"/>	
• Salbutamol inj.	<input type="checkbox"/>	<input type="checkbox"/>	
vii- Anaesthetics	<input type="checkbox"/>	<input type="checkbox"/>	
• Sevoflorane	<input type="checkbox"/>	<input type="checkbox"/>	
• Halothane Inhalators	<input type="checkbox"/>	<input type="checkbox"/>	
• Nitrous Oxide Inhalators	<input type="checkbox"/>	<input type="checkbox"/>	
• Thiopentone inj.	<input type="checkbox"/>	<input type="checkbox"/>	
• Lignocaine	<input type="checkbox"/>	<input type="checkbox"/>	
• Propofol inj.	<input type="checkbox"/>	<input type="checkbox"/>	
• Neostigmine inj.	<input type="checkbox"/>	<input type="checkbox"/>	
• Pancuronium/ Atracurium/ Vecuronium	<input type="checkbox"/>	<input type="checkbox"/>	
viii- Minerals & Vitamins	<input type="checkbox"/>	<input type="checkbox"/>	
• Zinc Sulphate tab or syrup	<input type="checkbox"/>	<input type="checkbox"/>	
• Iron Supplements Oral	<input type="checkbox"/>	<input type="checkbox"/>	
• Folic Acid tab	<input type="checkbox"/>	<input type="checkbox"/>	
• Vitamins tabs (Explain	<input type="checkbox"/>	<input type="checkbox"/>	

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Please do not forget to Thank Staff for their time and Cooperation