

Quality Improvement Secretariat
Checklist for field visit in Narsingdi

Date of visit:

Name of hospital: **District Hospital, Narsingdi**

Name of visitor: _____

District Hospital, Narsingdi

	No.:	Comment
Hospital capacity (Total no. of beds)		
Hospital provides Comprehensive EOC services	Yes/ No	
Consultant OG		
Consultant AN		
Consultant pediatrics		
MO trained in OG		
MO trained in AN		
MO trained in pediatrics		
MO trained in IMCI		
Total MOs		
Total no. of SSN		
SSN trained in EOC/safe delivery/Midwifery		
SSN trained in ETAT (SCANU management)		
SSN trained in IMCI		
Have functioning OT	Yes/ No	
Have functioning delivery room	Yes/ No	
Have separate ANC/PNC corner with assigned staff	Yes/ No	
Have IMCI corner with assigned staff	Yes/ No	
Have separate Adolescent Health corner with assigned staff	Yes/ No	
Have separate SRH corner with assigned staff	Yes/ No	
Have separate corner for FP services with assigned staff	Yes/ No	
Have functioning SCANU	Yes/ No	
Have necessary equipment at delivery room	Yes/ No	
Have necessary equipment at OT	Yes/ No	
Have necessary equipment at ANC/PNC corner	Yes/ No	
Have necessary equipment at IMCI corner	Yes/ No	
Have FP commodities at FP corner	Yes/ No	
Have necessary communication materials at AH/SRH corner	Yes/ No	
Hospital QIC formed	Yes/ No	
Regular QIC meeting held	Yes/ No	
No. of deliveries conducted last year:		
No. deliveries conducted in last 3 months:		
No. of C-sections done in last 3 months:		
No. of ANC provided last year		
No. of PNC provided last year		
No. children received services from IMCI corner: last 1 year		
No. of adolescents received services from adolescent corner last year		
No. patients received services from SRH corner (last year)		
No. of patients received services from SCANU last year		
Is there provision for safe blood transfusion?	Yes/ No	

Quality Improvement Secretariat
Checklist for field visit in Narsingdi

Date of visit:

Name of hospital: UHC _____

Name of visitor: _____

	No.:	Comment
Hospital capacity (Total no. of beds)		
Hospital provides Comprehensive/basic EOC services	Basic/ Comprehensive	
Consultant OG		
Consultant AN		
Consultant pediatrics		
MO trained in OG		
MO trained in AN		
MO trained in pediatrics		
MO trained in IMCI		
Total MOs		
Total no. of SSN		
SSN trained in EOC/safe delivery/Midwifery		
SSN trained in ETAT (SCANU management)		
SSN trained in IMCI		
Have functioning OT	Yes/ No	
Have functioning delivery room	Yes/ No	
Have separate ANC/PNC corner with assigned staff	Yes/ No	
Have IMCI corner with assigned staff	Yes/ No	
Have separate Adolescent Health corner with assigned staff	Yes/ No	
Have separate SRH corner with assigned staff	Yes/ No	
Have separate corner for FP services with assigned staff	Yes/ No	
Have newborn stabilization corner/unit	Yes/ No	
Have necessary equipment at delivery room	Yes/ No	
Have necessary equipment at OT	Yes/ No	
Have necessary equipment at ANC/PNC corner	Yes/ No	
Have necessary equipment at IMCI corner	Yes/ No	
Have FP commodities at FP corner	Yes/ No	
Have necessary communication materials at AH/SRH corner	Yes/ No	
Hospital QIC formed	Yes/ No	
Regular QIC meeting held	Yes/ No	
No. of deliveries conducted last year:		
No. deliveries conducted in last 3 months:		
No. of C-sections done in last 3 months:		
No. of ANC provided last year		
No. of PNC provided last year		
No. of children received services from IMCI corner: last 1 year	Yes/ No	
No. of adolescents received services from adolescent corner last year		
No. patients received services from SRH corner (last year)		
Is there provision for safe blood transfusion?	Yes/ No	

Quality Improvement Secretariat
Checklist for field visit in Narsingdi

Date of visit:

Name of hospital: **MCWC, Narsingdi**

Name of visitor: _____

	No.:	Comment
Hospital capacity (Total no. of beds)		
Hospital provides Comprehensive EOC services	Yes/ No	
MO MCH (trained in AN)		
MO-Clinic (trained in OG)		
MO trained in IMCI		
Total MOs		
Total no. of FWVs		
FWV trained in EOC/safe delivery/Midwifery		
FWV trained in ETAT (SCANU management)		
FWV trained in IMCI		
Have functioning OT	Yes/ No	
Have functioning delivery room	Yes/ No	
Have separate ANC/PNC corner with assigned staff	Yes/ No	
Have IMCI corner with assigned staff	Yes/ No	
Have separate Adolescent Health corner with assigned staff	Yes/ No	
Have separate SRH corner with assigned staff	Yes/ No	
Have separate corner for FP services with assigned staff	Yes/ No	
Have newborn stabilization corner/unit	Yes/ No	
Have necessary equipment at delivery room	Yes/ No	
Have necessary equipment at OT	Yes/ No	
Have necessary equipment at ANC/PNC corner	Yes/ No	
Have necessary equipment in IMCI corner	Yes/ No	
Have FP commodities at FP corner	Yes/ No	
Have necessary communication materials at AH/SRH corner	Yes/ No	
Hospital QIC formed	Yes/ No	
Regular QIC meeting held	Yes/ No	
No. of deliveries conducted last year:		
No. deliveries conducted in last 3 months:		
No. of C-sections done in last 3 months:		
No. of ANC provided last year		
No. of PNC provided last year		
No. of children received services from IMCI corner: last 1 year	Yes/ No	
No. of adolescents received services from adolescent corner last year		
No. patients received services from SRH corner (last year)		
Is there provision for safe blood transfusion?	Yes/ No	