

**Assessment checklist for EMEN standards**

**Name of Facility:**

**Date of Assessment:**

**Summary assessment by assessors:**

<b>Standards</b>	<b>Scoring</b>	<b>Comments on progress of achieving standards: good progress/average progress/no progress)</b>
Standard 1		
Standard 2		
Standard 3		
Standard 4		
Standard 5		
Standard 6		
Standard 7		
Standard 8		
Standard 9		
Standard 10		

**Name/organization of assessor:**

Components of EMEN standards				
STANDARD 1: Evidence-based safe antenatal care is provided				
SI	Core criteria	Means of verification	Score	Remarks
1.	History taking and documentation as per criteria: a. <b>Menstrual history</b> (LMP, EDD), <b>b. Obstetric history</b> (para/gravida, abortion/MR), c. <b>History of medical illness</b> (DM, Hypertension, APH, PPH, Anaemia, UTI)	Observation (if not possible- record review)	Not met- 0	
			Partial met (if history taken from at least one component from each broad area)-1	
			Fully met-2	
2.	Examination of pregnant women as per criteria (Wt, Ht, Anemia, oedema, <b>pulse, BP, fundal height, presentation, FHS</b> )	Observation /record reviewing	Not met -0	
			Partial met (if atleast examination done for <b>pulse, BP, fundal height, FHS</b> )-1	
			Fully met -2	
3.	Investigation as per criteria ( <b>Hb, blood grouping &amp; RH factor, blood sugar, Urine albumin, USG</b> )	Check on available investigation and record reviewing	Not met -0	
			Partial met (if minimum 4 tests done which are highlighted)-1	
			Fully met -2	
4.	Counseling as per Criteria( <b>Birth preparedness, danger signs, maternal nutrition, rest, Post Partum Family planning (PPFP), Newborn care, breast feeding</b> )	Observation/ record reviewing	Not met -0	
			Partial met (if minimum 3 points touched which are highlighted)-1	
			Fully met -2	
5	<b>Screening for</b>			

5.1	Anaemia	Observation/ record review	Not done-0		
			Done-2		
5.2	Pre-eclampsia	As above	Not done-0		
			Done-2		
5.3	Medical conditions( <b>hypertension, diabetes</b> , jaundice, heart disease, Thyroid disease)	As above	Not met-0		
			Partially met (at least highlighted two)-1		
			Fully met-2		
5.4	Infections (fever, UTI)	As above	Not done-0		
			Done-2		
6.	<b>Specific preventive and treatment measures for pregnant women as per criteria</b>				
6.1	Folic acid from 1 <sup>st</sup> trimester	Observation and record reviewing, checking availability of the items in store	Not done-0		
			Done-2		
6.2	Iron-folate and calcium supplementation(after 12 weeks)	As above	Not done-0		
			Done-2		
6.3	Anthelmintic after 12 weeks of pregnancy	As above	Not done-0		
			Done-2		
6.4	Tetanus immunization (if five dose not completed-as per EPI schedule)	As above	Not done-0		
			Done-2		
7	Antenatal Corticosteroids as per national guideline (if needed in case of premature labour)	Record reviewing (Checking available guidelines and use as per guideline)	Not done-0		
			Done-2		
8	<b>Complications managed (as specific for the particular health facility mentioned in the EMEN criteria)</b>				
8.a	<b>At upazila level:</b> Bleeding in early pregnancy (I/V fluid, Hb estimation and refer)	Record review	Not done-0		
			Done-2		
8.b	<b>At district level:</b> Bleeding in early pregnancy (I/V fluid, Hb estimation, BT,	As above	Not done-0		

	USG and relevant management such as MVA/Laparotomy for ectopic pregnancy or refer if needed		Done-2		
9.a	<b>At upazila level:</b> Bleeding in late pregnancy-APH (I/V fluid, Hb estimation and refer)	As above	Not done-0		
			Done-2		
9.b	<b>At district level:</b> Bleeding in late pregnancy managed with I/V fluid, Hb estimation, BT, USG and relevant management -C/S*, refer if needed)	As above	Not done-0		
			Done-2		
10.	<b>High blood pressure in pregnancy</b> (urine albumin, antihypertensive drugs, in case of severe PE or convulsion, Inj Mag sulph and obstetric management(NVD/CS)	As above	Not done-0		
			Done-2		
11.a	<b>At upazila :</b> Pregnant women with Diabetes/GDM (counseling /dietary advice/exercise/ insulin) -refer when required)	As above	Not done-0		
			Done-2		
11.b	<b>At District:</b> Pregnant women with Diabetes/Gestational Diabetes Mellitus in district (counseling /dietary advice/exercise/ insulin)	As above	Not done-0		
			Done-2		
12.	Pregnant women with Hepatitis(rest, isolation, nutrition, laxatives, oral neomycin and refer)	As above	Not done-0		
			Done-2		

13.a	<b>At upazila:</b> Pregnant women Severe anemia (BT or refer and iron folate treatment)	As above	Not done-0		
			Done-2		
13.b	<b>At district:</b> Pregnant women with Severe anemia: BT and specific management	As above	Not done-0		
			Done-2		
14.a	<b>At upazila:</b> Pregnant women with UTI (urine R/E and antibiotics)	As above	Not done-0		
			Done-2		
14.b	<b>At district:</b> Pregnant women with UTI (urine R/E and/or C/S and antibiotics)	As above	Not done-0		
			Done-2		
15.a	<b>At upazila:</b> Pregnant women with fever managed with sponging and paracetamol, plenty of oral fluid, referral if necessary	As above	Not done-0		
			Done-2		
15.b	<b>At district:</b> Pregnant women with fever sponging and paracetamol, plenty of oral fluid	As above	Not done-0		
			Done-2		
	<b>Total</b>				

[9.b\*: If previous CS with central placenta previa (USG diagnosed) should not be managed at district level]

**Components of EMEN standards**  
**STANDARD 2:**  
**Evidence-based safe care is provided during labour and child birth (maternal and neonatal)**

SI	Core criteria	Means of verification	Score	Remarks
1.	Assessment of general condition (labour confirmation with stage detection) done by 30 min of arrival in facility and documented	Record reviewing of 10 cases (indoor register entry time and P/V finding record time)	If less than 5 cases (within 30 minutes)- 0	
			6 to 7 cases (within 30 minutes)-1	
			8 or more cases (within 30 minutes)- 2	
2.	Assessment of pregnant women at arrival by trained care providers	Observation (check database for training and roster schedule)	Not done- 0	
			Done -2	
3.	History taking and documentation as per criteria <b>a. Menstrual history</b> (LMP, EDD), <b>b. Obstetric history</b> (para/gravida, abortion/MR), <b>c. History of medical illness</b> (DM, Hypertension, APH, PPH, Anaemia, UTI) <b>d. H/O recent bleeding</b> <b>e. time of initiation of labour</b> <b>f. Rapid initial assessment</b>	Observation/ record reviewing	Not met- 0	
			Partial met (if minimum 5 history taken)-1	
			Fully met -2	
4.	Examination of patients as per criteria: vitals (Pulse, BP, temp, respiration), Fundal height, Presentation, Uterine contraction, FHS, PV-Cervical dilatation, Rupture of membranes (use of antibiotics for PROM), Imminent delivery	Observation/record reviewing	Not met- 0	
			Partial met (if minimum 5 exams done)-1	
			Fully met -2	

	(Women in advanced 2 <sup>nd</sup> stage), Presence of any active bleeding				
<b>5</b>	<b>Assessment findings and management of Pregnant women in specific conditions</b>				
5.1	Convulsion	Observation and record reviewing, interviewing of providers	Not done-0		
			Done-2		
5.2	Headache	As above	Not done-0		
			Done-2		
5.3	blurring of vision	As above	Not done-0		
			Done-2		
5.4	Severe epigastric pain	As above	Not done-0		
			Done-2		
5.5	Vaginal bleeding	As above	Not done-0		
			Done-2		
5.6	Unconscious / sign of shock	As above	Not done-0		
			Done-2		
5.7	Prolonged labor / obstructed labour	As above	Not done-0		
			Done-2		
5.8	presentation other than head	As above	Not done-0		
			Done-2		
5.9	High fever > 100° F with or without chill and rigor	As above	Not done-0		
			Done-2		
<b>6.</b>	<b>Nursing care and Supportive care given</b>				
6.1	Communication: for assurance, explaining and informing	Observation/record reviewing	Not done-0		
			Done-2		
6.2	Birth companion as per request	As above	Not done-0		
			Done-2		
6.3	Pain relief	As above	Not done-0		
			Done-2		
6.4	Encourage for frequent emptying bladder	As above	Not done-0		
			Done-2		
<b>7</b>	<b>Standard management in first stages of labour as per criteria</b>				
7.1	Use of partograph and actions taken for any abnormality	Observation/record reviewing, check the availability of partograph	Not used-0		
			Used but not correct-1		
			Used and correct-2		

7.2	Fetal heart rate monitoring as per level of facility (based on criteria)	Observation/ record reviewing	Not done-0		
			Done-2		
7.3	Appropriate management taken as per any abnormality detected by partograph/CTG based on protocols	Observation/ record reviewing	Not done-0		
			Done-2		
<b>Standard management in second stages of labour as per criteria</b>					
8.	NVD (Evidence based management)	Observation / record reviewing/ checking knowledge of providers (any one method)			
8.a	Necessary equipment and medication availability (Annex-1)	As above	Not available-0		
			Available-2		
8.b	Ensuring frequent Bladder emptying	As above	Not done-0		
			Done-2		
8.c	Fetal monitoring with partograph	As above	Not done-0		
			Done-2		
9.	Assisted Vaginal Delivery as per criteria(note who is performing and indication)	Observation /record reviewing/ checking knowledge of providers (any one)	Not done-0		
			Done-2		
10.	LSCS as per criteria(if indication recorded or not)	Observation/ record reviewing/ checking knowledge of providers	Not done-0		
			Done-2		
11	<b>AMTSL done as per criteria</b>				
11.a	Oxytocin given immediately after the birth as per criteria (10 units of oxytocin within 1 min of delivery)	Observation/ record reviewing, (Checking knowledge of providers, checking availability of oxytocin)	Not done- 0		
			Done-2		
11.b	Delivery of placenta by CCT	As above	Not done-0		
			Done-2		
11.c	Uterine massage	As above	Not done-0		
			Done-2		
11.d	Skin to skin contact (put baby on mother's abdomen/ chest)	As above	Not done-0		
			Done-2		



11.e	Delayed cord clamping	As above	Not done-0		
			Done-2		
12	Immediate postpartum care given to the delivered women (within 24 hours)	Observation and record reviewing, checking knowledge of providers, checking availability of oxytocin			
12.a	Check vital signs (Pulse, BP, temperature, respiration)	As above	Not done-0		
			Done-2		
12.b	Continue to massage the uterus every 15 min for the first 2 hours after delivery.	As above	Not done-0		
			Done-2		
12.c	Check major bleeding	As above	Not done-0		
			Done-2		
12.d	Mother counseled on danger signs of mothers and newborn	As above	Not done-0		
			Done-2		
<b>Management of obstetric complications</b>					
13	Prolonged labour(I/V fluid, CS when indicated, antibiotics)	Observation /record reviewing /case scenario	Not done-0		
			Done-2		
14	Obstructed labour (I/V fluid, CS if baby alive/ destructive operation if dead fetus, as per SOP and EmONC protocol, antibiotics)	Observation /record reviewing	Not done- 0		
			Done- 2		
15.	APH(I/V fluid, Blood transfusion/ C/S if indicated as per OGSB- EmONC protocol)	As above	Not done-0		
			Done-2		
16.	pre-eclampsia and eclampsia managed with perenteral mag sulph as per OGSB protocol	Observation/ record reviewing ( case scenario, available BT facilities, Mag sulph, referral records )	Not done-0		
			Done-2		
17.	Threatened preterm delivery (use of ACS )	Observation / record reviewing,	Not done-0		
			Done-2		
18.	Post abortion care(use of Antibiotics, use of Misoprostol and Manual Vacuum aspiration	Observation / record reviewing,	Not done-0		
			Done-2		

<b>19</b>	<b>Immediate newborn care provided as per criteria</b>				
19.a	Dried immediately and thoroughly;	Observation/ record reviewing	Not done-0		
			Done-2		
19.b	Put the baby on mother's abdomen	Observation/ record reviewing	Not done-0		
			Done-2		
19.c	Spontaneous breathing of a newborn assessed -at birth - during drying	Observation/case scenario	Not done-0		
			Done-2		
19.d	The newborn initially assessed for -colour,	Observation/case scenario	Not done-0		
			Done-2		
19.di	Tone	Observation/case scenario	Not done-0		
			Done-2		
19.dii	Respiratory rate	Observation/case scenario	Not done-0		
			Done -2		
19.diii	Gasping/ grunting/ severe chest indrawing	Observation/case scenario	Not Done-0		
			Done -2		
19.div	Heart rate	Observation/case scenario	Not done-0		
			Done-2		
19.e	The newborn put into skin-to-skin contact with the mother immediately after birth (for 2-hour uninterrupted skin to skin contact )	Observation/ record review	Not done-0		
			Less than 2 hours-1		
			Two hours-2		
19.f	Delayed cord clamped between 1 – 3 minutes of birth and clean cord cutting	Observation/ case scenario	Not done-0		
			Done-2		
19.g	7.1% CHX applied on newborn's cut umbilical cord once as early as possible within 48 hours followed by dry cord care	Observation/ case scenario	Not done-0		
			Done-2		
19.h	Breastfeeding is initiated (feeding cues appear) within one hour after birth	Observation/ case scenario	Not done-0		
			Done-2		
19.i	Bathing delayed (not before 72 hours)	Observation/ case scenario	Not done-0		
			Done-2		

20	<b>Routine Newborn care within 90 minutes</b>				
20.a	Examine the baby: <b>breathing, skin colour, activity</b> , cord appearance, other physical features	Observation, case scenarios	Not done-0		
			Partially done (Highlighted 3 points)-1		
			Fully done-2		
20.b	Monitoring and record vital signs (temperature, heart rate, respiratory rate)	Observation/ case scenarios	Not done-0		
			Done-2		
20.c	Measure baby weight, length, occipito-frontal Circumference	Observation/case scenarios	Not done-0		
			Done-2		
20.d	identification for any				
20.di	-visible birth defects	Observation /case scenarios	Not done-0		
			Done-2		
20.dii	any danger sign present	Observation/ case scenarios	Not done-0		
			Done-2		
20.e	Classify (as normal baby, baby having problems and having danger signs as per SOP	Observation/ case scenarios	Not done-0		
			Done-2		
<b>21</b>	<b>Newborn resuscitation is initiated without delay if the newborn not breathing spontaneously at birth</b>				
21.a	The newborn receives -suction (if there's any secretion), stimulation	Observation/ case scenarios	Not done-0		
			Done-2		
21.b	Positive pressure ventilation (chest rise) with bag and mask is initiated within one minute after birth if not breathing well /gasp (after additional stimulation)	Observation/ case scenarios	Not done-0		
			Done-2		
21.c	Admit /refer: -prolonged ventilation (3-5 min) -Not breathing well after CPR Observation/ case scenarios	Observation/ case scenarios	Not done-0		
			Done-2		
	<b>Total</b>				

Components of EMEN standards					
STANDARD 3: Evidence-based safe postnatal care is provided during labour and child birth(maternal and Neonatal)					
Sl	Core criteria	Means of verification	Score	Remarks	
<b>1. Recently delivered mothers stay at facility for at least 24 hours after delivery and receive postnatal care within 24 hours</b>					
1.a	Hospital stay for at least 24 hours	Record review	No-0		
			Yes-2		
2.	<b>Post natal Care</b>				
2.a	1 <sup>st</sup> PNC: within 24 hours of delivery	Record review	Not done-0		
			Done-2		
<b>3</b>	<b>Recently delivered mothers receive appropriate care-</b>				
3.a	Post-natal care given	Record review/ observation	Not done-0		
			Done-2		
3.b	History of labour and any physical complaints	Record review/ observation	Not done-0		
			Done-2		
3.c	Women examined at least once after delivery	Record review/ observation	Not done-0		
			Done-2		
3.d	Vital signs examined	Record review/ observation	Not done-0		
			Done-2		
3.e	Abdominal exam done on <b>height of the uterus, hardness of the uterus, condition of wound (if any), PV bleeding</b>	Record review/ observation	Not done-0		
			Done -2		
3.f	Examination of the breast to see whether normal or engorgement/ redness/ raised temperature, cracked nipple	Record review/ observation	Not done-0		
			Done-2		
3.g	PV exam done for any tear, episiotomy wound/ vulval haematoma/ vaginal bleeding, vaginal discharge (smell, amount)	Record review/ observation	Not done-0		
			Done-2		
3.h	Counseling given on <b>a. Diet and nutrition</b> <b>b. rest and ambulation c.</b>	As above	Not met-0		

	<b>importance of PNC visits, d.</b> general cleanliness or self-care <b>e. maternal and newborn danger signs</b> f. bowel and bladder habit <b>g. (PPFP) encouraging the long term and permanent (LAPM) method</b> <b>h. breastfeeding</b>		Partial met- 1 (at least 6 highlighted points)		
			Fully met-2		
3.i	Management as required: Reassurance, explain and medication (iron supplement, vitamin A) and pain management	As above	Not done-0		
			Done-2		
4	<b>Management of complication of recently delivered women</b>				
	<b>PPH</b>	record reviewing			
4.a	I/V fluid	record reviewing	Not done-0		
			Done-2		
4.b	Uterotonics (Oxytocin/ Ergometrine/ Misoprostol)	record reviewing	Not done-0		
			Done-2		
4.c	Blood transfusion	record reviewing	Not done-0		
			Done-2		
4.d	Balloon tamponade	record reviewing	Not done-0		
			Done-2		
4.e	Repair of tear, if any	record reviewing	Not done-0		
			Done-2		
4.f	Manual removal of retained placenta under G/A	record reviewing	Not done-0		
			Done-2		
4.g	Referral for further surgical management) if required	record reviewing	Not done-0		
			Done/NA-2		
5	<b>Puerperal sepsis</b>	Record reviewing/case scenario			
5.1	Appropriate antibiotics (Triple antibiotics: ampicillin, gentamicin and metronidazole) given	Record reviewing/case scenario	Not done-0		
			Done-2		

5.2	Evacuation of products done if present	Record reviewing/case scenario	Not done-0		
			Done-2		
5.3	Referral if not improved within 48 hours after initiation of treatment	Record reviewing/case scenario	Not done-0		
			Done/NA-2		
6	Vesico-vaginal and recto-vaginal fistula identify and appropriate steps for management	Record review	Not done-0		
			Done-2		
<b>Normal care newborn</b>					
7.	Healthy newborn -stay at facility for at least 24 hours after delivery	Record reviewing, /mothers interview, (available PNC checklist )	No-0		
			Yes-2		
8	Routine PNC as per schedule	Record reviewing/mothers interview ( available PNC checklist )			
8.a	1st PNC: within 24 hours of birth		Not done- 0		
			Done-2		
<b>9</b>	<b>Routine 1<sup>st</sup> PNC components as per SOP:</b>	<b>Record reviewing /mother's interview</b>			
9.a	Danger signs identification	As above	Not done-0		
			Done-2		
9.b	Exclusive Breast Feeding	As above	Not done-0		
			Done-2		
9.c	Dry Cord care after applying 7.1% CHX	As above	Not done-0		
			Done-2		
9.d	Low Birth Weight and premature newborn identification and referral (if needed)	As above	Not done-0		
			Done-2		
9.e	Counseling for keeping the newborn warm	As above	Not done-0		
			Done-2		
9.f	Counseling on bedding-in	As above	Not done-0		
			Done-2		
<b>10</b>	<b>Essential newborn care given to all newborns</b>				
10.a	The newborn	Interview/case	Not done-0		

	-dried immediately and thoroughly;	scenario	Done-2		
10.b	The newborn put into skin-to-skin contact with the mother immediately after birth (for 2-hour n-interrupted skin to skin contact)	Interview/case scenario	Not done-0		
			Less than 2 hours-1		
			Two hours-2		
10.c	Delayed cord clamping cutting and: between 1 – 3 minutes of birth	Interview/case scenario	Not done-0		
			Done-2		
10.d	7.1% CHX applied to umbilical stump immediately after birth followed by dry cord care	Interview/case scenario	Not done-0		
			Done-2		
10.e	Breastfeeding is initiated immediately after birth (within one hour) after the feeding cues appear and -Counselling on EBF for 6 months	As above	Not done-0		
			Done-2		
11	Administration of Vitamin-K (I/M single dose) immediately after birth for all neonates ( as per SOP) *if the baby delivered at facility	Record review	Not done-0		
			Done-2		
12	Bathing delayed for 72 hours	record reviewing/ mothers interview/case scenario	Not done-0		
			Done-2		
<b>13</b>	<b>Routine Newborn care within 90 minutes.</b>				
13.a	Newborns examined within 90 minutes after delivery	Observation/ record reviewing	Not done-0		
			Done-2		
13.b	Examine the baby: --breathing, -skin colour, activity, cord appearance, other physical features	Observation/ record reviewing	Not met-0		
			Partial met-1 (at least 3 highlighted points)		
			Fully met-2		
13.c	Monitoring vital signs (temperature, heart rate, respiratory rate)	As above	Not done-0		
			Done-2		

13.d	Measure temperature: normal, low or high,	As above	Not done-0		
			Done-2		
13.e	Measure baby weight, measure for weight, length, occipito-frontal Circumference	As above	Not done-0		
			Done-2		
<b>13.f</b>	<b>Look for any</b>	Observation/ record reviewing/case scenario			
13.f.i	Visible birth defects	As above	Not done-0		
			Done-2		
13.f.ii	Any danger sign	As above	Not done-0		
			Done-2		
13.g	Classify (as normal baby, baby having problems and having danger signs )	As above	Not done-0		
			Done-2		
14	Counseling of mothers for “bedding in”	Observation/ record reviewing /case scenario	Not done-0		
			Done -2		
15	Thermal protection for the newborn -Available Room heater -radiant warmers	Observation/case scenario	No-0		
			Yes-2		
16	Support for storage of BM at UHC/DH	Available refrigerator for storing expressed breast milk, LMC in DH/UHC, Labelling maintenance in container	Not available-0		
			Available-2		
17	Vaccination for newborn -BCG -OPV 0	Observation/record review	Not done-0		
			Done-2		
18	Management of low birth weight baby	Display of protocols, case scenario, Observation, record reviewing	Not done-0		
			Done-2		
19	Kangaroo Mother Care is initiated	Observation/ record reviewing (KMC register)	Not done-0		
			Done-2		
20	Newborn sepsis cases are managed by antibiotics according to guideline	Available guidelines Observation, record reviewing, case scenario	Not done-0		
			Done-2		



21.	Functional NSU at UHC/SCANU at DH (patient received services for last consecutive months)	Observation/ record reviewing(KMC register)	Non-functional-0		
			Functional-2		
22	BF support including alternative feeding practice (cup, spoon feeding, NG/ OG-tube feeding) are applied	BF corner/ available IEC materials/ interview -	Not available-0		
			Available-2		
23	Counseling before discharge (temp, Infection control, BF, danger signs)	Observation, record reviewing	Not done-0		
			Done-2		
<b>24</b>	<b>Management of danger sign</b>	<b>Observation/record reviewing</b>			
24.a	Convulsion		Not done-0		
			Done-2		
24.b	Lethargy		Not done-0		
			Done-2		
24.c	Reluctant to feed		Not done-0		
			Done-2		
24.d	Hypo/hyperthermia		Not done-0		
			Done-2		
24.e	Tachypnea		Not done-0		
			Done-2		
24.f	Chest indrawing		Not done-0		
			Done-2		
24.g	Redness around umbilicus		Not done-0		
			Done-2		
<b>25</b>	<b>Standard referral system in place</b>	<b>Referral checklist</b>			
25.a	Communication with parents and referring center	Observation/ Interview of provider	Not done-0		
			Done-2		
25.b	Referral note	Observation	Not done-0		
			Done-2		
25.c	Transport availability	Observation/ Interview of provider	Not done-0		
			Done-2		
	<b>Total</b>				

Components of EMEN standards					
STANDARD 4: Fundamental human rights for MNH services are observed and the experience of care is dignified and respectful					
SI	Core criteria	Means of verification	Score		Remarks
1.	All women have informed choices for Health services they receive and participate in decisions regarding	Consent form in place/Mothers interview/ direct observation	No-0		
			Yes-2		
2.	All women are able to have a companion during delivery as per choice	Observation/ mother's interview	No-0		
			Yes-2		
3.	No women and newborns are refused care because of inability to pay	Exit interview	Not done-0		
			Done-2		
4.	Health workers had training of treating childbearing women with compassion and dignity	Interview/records on EMEN/WFHI training	Less than 50% trained-0		
			50-80% trained-1		
			>80% trained -2		
5.	Display of the service cost are available in facility/citizen charter available	Observation & Exit interview for compliance of the citizen charter	Not Available - 0		
			Available -2		
6.	Job aids, IEC materials on MNH care displayed in appropriate places (ANC/PNC/BF/ <b>Counselling/ waiting area</b> /labour room)	Observation in MNH service areas	Not Available - 0		
			Available in 3 highlighted areas- 1		
			Available-2		
7.	Routine and need-based counselling provided to women and her family members	Observation/review counselling checklist, interview with counselor	Not done-0		
			Done -2		
8.	Psychosocial support is provided for special group: (victims of violence or abuse, post-partum blues or adolescent group )	Observation, review counseling checklist, interview of counselor	Not done-0		
			Done- 2		
9.a	Ensure dignity during service for pregnancy/ labour, delivery, childbirth and post-partum period and while breastfeeding	Observation on Observation on practice, mothers interview	Not done-0		
			Done-2		

9.b	Ensure privacy during physical examination, (pregnancy/ labour, delivery, childbirth and post-partum period and while breastfeeding)	Observation on Screen/curtain availability, Observation on practice, mothers interview	Not Available -0		
			Available -2		
10.	Establish a system of lodging suggestions and complaints from the patient's end and resolving those	Available complaint box	Not Available -0		
			Available -2		
11.	Focal person in place and receiving complaints routinely (Review complaints by hospital QI committees, remedial actions taken during last 3 months if any complaints)	meeting notice or local circular (if found)/meeting minutes	Not done-0		
			Done-2		
12.	Patient's attendant or companions of the mother and newborn are treated cordially and respectfully	Interview of mothers/attendants	No-0		
			Yes-2		
13.	Process present for identifying abuse of women	Record review	No-0		
			Yes-2		
14.	Identified abuse cases reported	Record review	No-0		
			Yes-2		
15.	A women-friendly environment is available at health facility as per the criteria laid down in the WFHI Available basic amenities for the women, <ul style="list-style-type: none"> <li>✓ separate ticket counter</li> <li>✓ medicine dispensing counter,</li> <li>✓ separate Toilet facilities</li> </ul>	Observation of facility	Not met-0		
			Partial met-1 (minimum 2 met)		
			Fully met-2		
<b>Total</b>					

<b>Components of EMEN standards</b>					
<b>STANDARD 5:</b>					
<b>A governance system is in place to support the provision of quality maternal and newborn care</b>					
<b>SI</b>	<b>Core criteria</b>	<b>Means of verification</b>	<b>Score</b>		<b>Remarks</b>
1.a	Standard operating procedures and protocols on maternal health services are available in the health facilities	Observation	No-0		
			Yes-2		
1.b	Standard operating procedures and protocols on neonatal health services are available in the health facilities	Observation	No-0		
			Yes-2		
2.	Task shifting among the available providers for selected Maternal Newborn Health service areas	Observe during time of visit/record review/administrative order	No-0		
			Yes-2		
3.a	Hospital management committees are functional and review, plan and take actions on maternal and newborn services	Review HMC meeting records	Not available-0		
			Available but not functional-1		
			Available and functional-2		
3.b	Women Friendly Hospital Initiative (WFHI) stakeholder's committee are functional and review, plan and take actions on MNH services	Review meeting records	Not available-0		
			Available but not functional-1		
			Available and functional-2		
4.	Maternal Perinatal Death Reviews regularly held (MPDSR sub-committee meeting records)	Record reviewing (have agenda on MPDR); managers and providers interview	No-0		
			Yes-2		
5.	Regular conduction of Client Exit Interviews, review data and actions taken (feedback from QI committee as needful)	Record reviewing, managers and providers interview	Not done-0		
			Done -2		
6.	WIT formed and functional (problem identification, develop, implement and monitor action plan) following the national QI planning	Record reviewing ( meeting minutes and action plans)	Not formed-0		
			Formed but not functional-1		
			Formed and functional-2		
7	Data used to make programme and management decision	Interview/ meeting minutes	No-0		
			Yes-2		
<b>Total</b>					

<b>Components of EMEN standards</b>					
<b>STANDARD 6:</b>					
<b>The physical environment of the health facility is safe for providing maternal and newborn care</b>					
<b>SI</b>	<b>Core criteria</b>	<b>Means of verification</b>	<b>Score</b>		<b>Remarks</b>
1.	External and internal signage availability and displayed for identification of the hospital and its service areas	Facility Observation, patient's interview	No-0		
			Yes-2		
2.	A comfortable waiting space is available for pregnant women and visitors in outpatient and in patients	Observation on basic amenities, sitting arrangements, patient's interview	No-0		
			Yes-2		
3.	Regular supply of safe running water in all clinical care areas including the maternal and newborn service areas	Facility Observation (Available safe water in all designated areas of MNH service areas),	Not available-0		
			Available-2		
4.	A clean toilet is located close to - labour rooms and - ward, -KMC areas	Facility Observation	No-0		
			Yes-2		
5.	Access restricted and controlled in labour room, OT, post-operative ward, nursery, female neonatal ward, SCANU, KMC areas	Facility Observation ( Notice board displayed for access restriction in labour room, OT, post-operative ward, nursery, female neonatal ward, SCANU/ KMC area), available guards, stickers	No- 0		
			Yes-2		
6.a	Record keeping of wound infection rates due to caesarean section	Record reviewing	Not done-0		
			Done -2		
6.b	Record keeping of late onset of neonatal sepsis rates	Record reviewing	Not done-0		
			Done -2		
7.	Adequate infection prevention supplies (gloves, sharp containers) are available and procedures practiced as per SOP	IP guidelines available, adequate logistics	Not adequate-0		
			Adequate-2		
8.	Skilled attendants wore PPE and correctly	Observation	No-0,		
			yes-2		
9.	soap and hand disinfectants are available and standard hand	Practice observation, Interview with	No-0		

	washing procedures practiced and monitored	providers/managers and observation (on IP guidelines available, adequate logistics, trained providers)	Yes -2		
<b>10</b>	<b>Maintenance of hygiene during delivery</b>				
10. a	Health workers knowledge with hand hygiene “five moments”	Observation/ interview	No-0 Yes-2		
10. b	Staff washed their hands before and after examining patients	Observation	No-0 Yes-2		
10. c	Staff wore gloves during handling medical waste	Observation	No-0 Yes-2		
	<b>Drying methods of hands</b>				
11.	With clean towels / Disposable towels/ tissue/ Air dry	Observation	No-0, Yes-2		
12. a	Adequate and coloured waste bins are available	Facility observation,	No-0 Yes-2		
12. b	Disposal of waste as per SOP	Practice observation,	No-0 Yes-2		
13. a	Puncture-proof sharps containers located in each clinical area	Observation	No-0 Yes-2		
13. b	Sharps containers no more than ¾ full	Observation	No-0 Yes-2		
13. c	Concrete-lined sharp pit or incinerator for sharps disposal	Observation	No-0 Yes-2		
13. d	Well-ventilated, maintained & protected placenta pit	Observation	No-0 Yes-2		
14	Delivery unit cleaned after the delivery	Observation	No-0 Yes-2		
	<b>Total</b>				

Components of EMEN standards					
STANDARD 7: Qualified and competent staff are available in adequate numbers to provide safe, quality mother and newborn care					
SI	Core criteria	Means of verification	Score		Remarks
1.	All sanctioned positions of skilled health care provider to provide 24/7 Maternal Newborn Health care are filled up	Record review, interview with providers/managers, patients interview	Less than 50% -0		
			50-80%-1		
			above 80% -2		
2.	Staffs are available at the facility in three shifts to provide 24/7 Maternal Newborn Health care including CEMoNC	Roster reviewing, Record review, interview with providers/managers, patients interview	No-0		
			Yes-2		
3.	Staff residence facilities are available for carrying out 24/7 maternal and newborn services	interview with providers/managers	Not available-0		
			Available -2		
4	Mechanism adopted in case of staff shortage				
4.a	Re-assignment of staff / Opt for on-call staff/ Contract-in staff	Interview with manager/ record review (roster)	No-0,		
			Yes-2		
6.	Staffs providing Maternal Newborn Health care have received formal training on high impact Maternal Newborn Health interventions	Record review(Training database on KMC, ETAT., EMOC etc), providers interview	Not received-0		
			At least two received -1		
			All received-2		
7	Staffs providing Maternal Newborn Health care have received formal training on high impact Maternal Newborn Health interventions	Record review(Training database on KMC, ETAT., EMOC etc), providers interview	Not received-0		
			At least two received -1		
			All received-2		
8	Staffs providing Maternal Newborn Health care have received formal training on high impact Maternal Newborn Health interventions	Record review(Training database on KMC, ETAT., EMOC etc), providers interview	Not received-0		
			At least two received -1		
			All received-2		
9.	Supportive supervision/mentoring in place for Maternal Newborn Health service providers including adherence to guidelines,	Internal monitoring Record reviewing	No-0		
			Yes-2		
	<b>Total</b>				

**Components of EMEN standards**  
**STANDARD 8:**  
**Essential drugs, supplies, functional equipment and diagnostic services are consistently available to provide mother and newborn care**

SI	Core criteria	Means of verification	Score	Remarks
1.	Drugs and supplies are available in -pharmacy, -maternity ward and neonatal ward as per criteria -Within expiry date (using first expired/first out rules) -Maintain appropriate temperature and - No stock out within past 3 months	Record review, interview with store keeper, available drug list, nurse, providers, Substore of ward incharge checking to see the availability	Not met-0	
			Partial met-1	
			Fully met-2	
2.	Oxygen supply is available in maternal and newborn care areas	Observation, interview with providers and patients, central or cylinder oxygen	No-0	
			Yes-2	
3.	Equipment is available and in good working conditions as per criteria (as per annex)	Observation, interview with providers and patients	Not available-0	
			Available but not functional-1	
			Available and functional-2	
4	Logistic Management Information System (LMIS) in place	Observation, record reviewing	No-0,	
			Yes-2	
5.	Timely and regular preventive maintenance, trouble shooting, repair and/or replacement of equipment is available to ensure functionality	Record review (for regular checking of equipment and follow up actions),skill assessment in handling medical equipment for nurse and doctors, interview	No-0,	
			Yes-2	
6.	Diagnostic examinations for essential investigations are accessible for pregnant women, mothers and newborns as per criteria	Record review, interview of lab technicians, providers	No-0,	
			Yes but not 24/7-1	
			For 24/7- 2	



7.	Critical test results are reported according to policy/procedure. -bilirubin -RBS -Electrolyues -Screening tests for BT (all 5)	Lab Record review, interview of lab technicians, providers	No-0		
			Yes-2		
8.	Safety and quality of diagnostic and BT procedures	Record review, interview of lab technicians/providers	No-0		
			Yes-2		
<b>Total</b>					

**Components of EMEN standards**

**STANDARD 9:**

**Health Information systems are in place to manage patient clinical records and service data**

SI	Core criteria	Means of verification	Score	Remarks
1.	Facilities have registers containing complete data on maternal and newborn as per criteria	Register review for all variables including completeness	Not met-0	
			Partial met-1 (incomplete data)	
			Fully met-2	
2.	Critical data is collected during labor, childbirth and the postnatal period and analyzed later	Record review, interview with providers, managers	No-0	
			Yes-2	
3.	Accurate and complete healthcare data is submitted to authorities in a timely manner	Record review, interview with providers, managers	No-0	
			Yes -2	
4	Functional review committee of MNPDSR existing in health facilities	Record reviewing(Regular meetings and follow up actions), interview with providers, managers	No-0,	
			Yes-2	
5.	Regular Facility Assessment done including internal and external	Record review, interview with providers, managers	No-0, Yes-2	
<b>Total</b>				

<b>Components of EMEN standards</b>					
<b>STANDARD 10:</b>					
<b>Services for mother and newborn are available to ensure continuity of care</b>					
<b>SI</b>	<b>Core criteria</b>	<b>Means of verification</b>	<b>Score</b>		<b>Remarks</b>
1.	Facilities have standardized handover process ( e.g. change of shift, and transfer between departments, facilities and service providers)	Record review (on handover notes etc), interview of providers	Not met-0		
			Partial met-1 (minimum 2 present)		
			Fully met-2		
2	Facilities have standardized follow up for high risk patients ( e.g. change of shift, and transfer between departments, facilities and service providers)	Record review (on handover notes etc), interview of providers	Not met-0		
			Partial met-1 (minimum 2 present)		
			Fully met-2		
3.	Postnatal care counseling prior discharge on –Breast feeding, family planning, immunization, newborn danger sign	interview of providers, Observation during discharge or exit interview	Not done-0		
			Partially done-1 (minimum 2)		
			Fully done-2		
4.	Postnatal care follow-up for mother and baby ensured through communication or linkage with the CHWs for subsequent postnatal care contacts	Record review and interview of providers	No-0		
			Yes -2		
5	Guidelines are updated /developed for referral	Record review , Available Referral guidelines, interview of providers ,filled in referral checklist	No-0,		
			Yes-2		
6.	Reliable communication methods for facility are operational including mobile phone, landline or radio for use in Referrals and consultation on complicated cases, and Patient follow-up (facility to client, e.g. reminders	Available mobile phone, landline, interview of providers/patients	No-0,		
			Yes-2		
7	Functional emergency transport is available for mother and baby	Available ambulance for referral support in referral hospital, interview of providers/patients, record review	No-0		
			Yes-2		

8	A system for tracking defaulter mothers and newborns are in place	Record review, mothers interview, providers interview, Any evidence on records that some called during last 3 months	No-0		
			Yes-2		
9	Monitoring and evaluation practiced by managers and documented	Monitoring schedule and checklist available, filled up form, M&E report, interview with providers and managers,	No-0		
			Partial-1		
			Yes-2		
10	Active community support group functional to facilitate timely access to referral care	record review (of communication at community level for referral cases)	No-0		
			Yes-2		
11	Available data analyzed, evaluated and well documented for improvement	Record review on QI data	No-0		
			Yes-2		
	<b>Total</b>				