Annex : 2

Please provide Tick mark √ on the right side of the box of the service that your health facility is currently offering:

List of Services

Sl.no	Name of services	Yes	No	Remarks
1	Doctor consultation (General)			
2	Antenatal care (ANC)			
3	Postnatal care (PNC)			
4	Neonatal care			
5	Reproductive health care (consultation)			
6	Adolescent health care (consultation)			
7	Family planning (consultation)			
8	Child health care			
9	Communicable diseases (consultation)			
10	Non communicable diseases (consultation)			
11	Post abortion care (consultation)			
12	Violence against women (VAW) (first aid support consultation)			
13	People with disability care (identification and referral)			
14	Primary eye health care			
15	Accidental injury management			
Pathological test and Imaging				
1	Pregnancy check up			
2	Haemoglobin (Hb)%			
3	Complete Blood Count (CBC)			
4	Blood grouping & Rh typing, Cross matching			
5	Urine/RE			
6	Random Blood Sugar (RBS)			
7	Venereal Disease Research Laboratory Test (VDRL)			
8	Hepatitis B			
9	Ultrasonography			
10	Serum Creatinine			
11	Chest X- ray			
Pharmacy				
1	All drugs prescribed by the physician			
Operative Procedure				
1	Normal delivery			
2	Caesarian section			
3	Stitching			
4	Full slab plaster			
5	Half slab plaster			