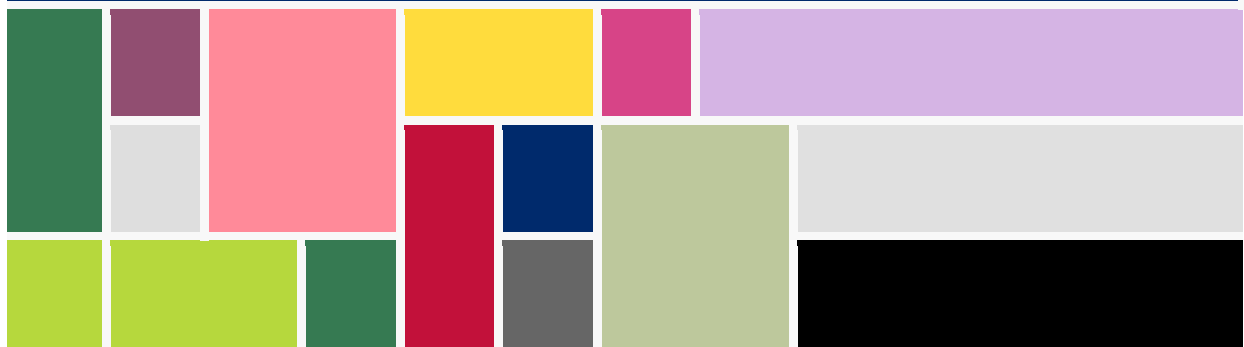




**USAID**  
FROM THE AMERICAN PEOPLE

Maternal and Child  
Survival Program

# Rwanda Health Facility Assessment Core Questionnaire Adapted from SARA and SPA tools



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# Information Sheet

**Instructions:** Provide information about purpose of the assessment to officer in charge.

Hello. My name is [state your name] and I am working with the Maternal and Child Survival Program (MCSP). MCSP is conducting a health facility assessment of reproductive, maternal, newborn and child health (RMNCH) issues in selected health facilities in collaboration with the Ministry of Health. The purpose of this assessment is to determine the current capacity of health facilities to provide RMNCH services and to learn more about existing resources and remaining gaps in RMNCH services. Your facility was randomly selected to participate in this study and we would appreciate your participation in this assessment. We expect to spend \_\_ days/hours in your facility conducting this assessment.

Taking part in this service availability and readiness survey is voluntary and the information you provide will be kept strictly confidential and none of your names will appear in any report. This information will be used only for program planning and implementation purposes with the aim of preventing deaths of women and children. Feel free to request clarification of unclear issues during this assessment. Choosing not to participate in this assessment will not involve any penalty and your participation will not result in a reward, but your information will provide us with an enormous opportunity to support your health facility to provide better maternal and newborn health care services. You may also choose to withdraw from the assessment at any time during the interview without penalty to you or your facility.



# SARA Core Instrument

Version 2.2 July, 2014

The SARA core instrument is a questionnaire broken down into the following sections:

## Cover page

- Interviewer visits
- Facility identification
- Geographic coordinates
- General information

## Module 1: Service Availability

### Section 1: Staffing

### Section 2: Inpatient and observation beds

### Section 3: Health Providers' Training

## Module 2: Service Readiness

### Section 1: Infrastructure

- Communications
- Ambulance/transport for emergencies
- Power supply
- Water source
- Basic client amenities
- Payment for services
- Infection control
- Processing of equipment for reuse

### Section 2: Available Services

#### A. Reproductive, Maternal and Newborn Health

- Family planning services
- Antenatal care services
- Obstetric and newborn care
- Caesarean section

#### B. Gender Based Violence

#### C. Child and Adolescent Health

- Child immunization
- Child preventative and curative care services
- Adolescent health services

### Section 3: Diagnostics

- Clinical chemistry

## Module 3: Availability of Register

## Module 4: Community Services and Mobilization

- Section 1: Community Outreach

●Section 2: Demand Creation

Module 5: Health Facility Level Use of Data

Interviewer's observations

No.	Question	Result	
<b>COVER PAGE</b>			
<b>Interviewer Visits</b>			
001	Facility number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
002	Is this a supervisor validation check of a facility?	Yes..... No.....	
<b>Date</b>	<b>1</b> _____	<b>2</b> _____	
<b>Interviewer Name</b>	_____	<b>3</b> _____	
<b>FINAL VISIT</b>			
DAY MONTH YEAR INT. NUMBER			
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
<b>Facility Identification</b>			
002a	Facility number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
003	Name of facility	_____	
005	Province	<input type="text"/>	
006	District	<input type="text"/> <input type="text"/>	
007	Type of facility*	National Referral hospital ..... 1 Provincial hospital ..... 2 District Hospital ..... 3 Health centre/clinic .....4 Others (specify ).....96	
008	Managing Authority (Ownership)	Government/public ..... 1 Private-for-profit..... 2 Mission/faith-based ..... 3 Other (specify) .....96	
009	Urban/Rural	Urban..... 1 Rural.....2	
010	Outpatient only	Yes..... 1 No .....2	

Collect geographic coordinates information following the instructions\*. Set default settings for GPS:

1. Set coordinate format to decimal degrees (HDDD.DDDDD)
2. Set "datum" to wgs84
3. Set "units" to metric, "north ref" to magnetic and "angle" to degree

Move to main entrance of the building. Stand within 30 meters of door where entrance is in plain view to the sky.

1. Turn GPS receiver on and wait until satellite page indicates "ready to navigate" and accuracy is at a recommended level
2. Go to the "menu" page and select "mark"
3. Highlight the waypoint number and press "enter"
4. Highlight "waypoint number" and press "enter"
5. Enter facility code and press "enter" to go back to the "mark" page
6. Highlight "ok" and press "enter" to register the waypoint
7. Go to the menu page, highlight "waypoint" and press "enter"
8. Highlight the waypoint and press "enter" to open its detailed information
9. Copy information from waypoint list page in the form below

Be sure to copy the waypoint name (facility number) from the waypoint list page to verify that you are entering **THE CORRECT WAYPOINT INFORMATION ON THE DATA FORM**

<b>011</b>	Waypoint name (Facility number)				
<b>012</b>	Altitude	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Meters			
<b>013</b>	Latitude	N/S..... a <input type="text"/> DEGREES/DEC b <input type="text"/> <input type="text"/> . c <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
<b>014</b>	Longitude	E/W..... a <input type="text"/> DEGREES/DEC b <input type="text"/> <input type="text"/> <input type="text"/> c <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			

\*Detailed information is available in the data collector's guide





No.	Question	Result	Skip
<b>General Information</b>			
<b>FACILITY NUMBER</b>	<input type="text"/>	<b>INTERVIEWER CODE</b>	<input type="text"/>
<p><b>FIND THE MANAGER, THE PERSON IN-CHARGE OF THE FACILITY, OR MOST SENIOR HEALTH WORKER RESPONSIBLE FOR OUTPATIENT SERVICES WHO IS PRESENT AT THE FACILITY. READ THE FOLLOWING GREETING:</b></p> <p>Good day! My name is _____. We are here on behalf of [IMPLEMENTING AGENCY] conducting a survey of health facilities to assist the government in knowing more about health services in [COUNTRY].</p> <p>Now I will read a statement explaining the study.</p> <p>Your facility was selected to participate in this study. We will be asking you questions about various health services. Information about your facility may be used by the [MOH], organizations supporting services in your facility, and researchers, for planning service improvement or for conducting further studies of health services.</p> <p>Neither your name nor that of any other health worker respondents participating in this study will be included in the dataset or in any report; however, there is a small chance that any of these respondents may be identified later. Still, we are asking for your help to ensure that the information we collect is accurate.</p> <p>You may refuse to answer any question or choose to stop the interview at any time. However, we hope you will answer the questions, which will benefit the services you provide and the nation.</p> <p>If there are questions for which someone else is the most appropriate person to provide the information, we would appreciate if you introduce us to that person to help us collect that information.</p> <p>At this point, do you have any questions about the study? Do I have your agreement to proceed?</p>			
		<input type="text"/>	<input type="text"/>
<b>Interviewer's Signature Indicating Consent Obtained</b>		<b>DAY</b>	<b>MONTH YEAR</b>
<b>015</b>	May I begin the interview?	Yes..... 1 No ..... 2	→STOP
<b>016</b>	<b>INTERVIEW START TIME</b> (use the 24 hour-clock system)	:	

Indicator Code	No.	Question	Result	Skip
<b>MODULE I: SERVICE AVAILABILITY</b>				
<b>Section I: Staffing</b>				
	<b>100</b>	I have a few questions on staffing for this facility. Please tell me how many staff with each of the following qualifications are currently assigned to, employed by, or seconded to this facility. Please count each staff member only once, on the basis of the highest technical or professional qualification. For doctors, I would also like to know, of the total number, how many are part-time in this facility.	A) ASSIGNED/ EMPLOYED/ SECONDED (INCLUDING PART TIME)	B) PART TIME
<b>S4</b>	<b>101</b>	Generalist (non-specialist) medical doctors	<input type="text"/>	<input type="text"/>
<b>S4</b>	<b>102</b>	Specialist medical doctors	<input type="text"/>	<input type="text"/>
<b>S4</b>	<b>103</b>	Non-physician clinicians/paramedical professionals	<input type="text"/>	
<b>S4</b>	<b>104</b>	Nursing professionals	<input type="text"/>	
<b>S4</b>	<b>105</b>	Midwifery professionals	<input type="text"/>	
	<b>106</b>	Pharmacists	<input type="text"/>	
	<b>107</b>	Laboratory technicians (medical and pathology)		
	<b>108</b>	ASM (associated with the facility)	<input type="text"/>	
	<b>109</b>	Binome (associated with the facility)	<input type="text"/>	

Indicator Code	No.	Question	Result	Skip
<b>Section 2: Inpatient and Observation Beds</b>				
	110	Have any deliveries been attended/ have you attended any deliveries in this facility in the last 12 months? This includes women presenting to the facility within 72 hours of delivery.	Yes..... 1 No .....2	
	111	Have you attended post-natal care cases in this facility in the last 12 months?	No ..... 1 Yes, Postnatal mothers only.....2 Yes, Postnatal newborns only .....3 Yes, Postnatal newborns and mothers .....4	
<b>S2</b>	112	Excluding any delivery beds, how many overnight/inpatient beds in total does this facility have, both for adults and children?	# of Overnight/Inpatient Beds <input type="text"/> <input type="text"/> <input type="text"/>	
<b>S3</b>	113	Of the overnight/inpatient beds in this facility, how many are dedicated maternity beds? <b>THIS DOES NOT INCLUDE DELIVERY BEDS</b>	# of Dedicated Maternity Beds <input type="text"/> <input type="text"/> <input type="text"/>	
	114	Do you think this number (in 302 above) is adequate for the current caseload of obstetrics and gynaecology clients?	Yes..... 1 No .....2	
	115	How many delivery beds do you have for the current caseload?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (range=0-995; don't know=997; not applicable=999)	
	116	Are supplies and equipment well organized (i.e., emergency trolley, BP apparatus)?	Yes..... 1 No .....2	
	117	What is the condition of the beds? (Check to ascertain the condition of the beds.) (Mark one response)	All are in good shape..... 1 Half need minor repair .....2 One-quarter need minor repair .....3 Half need major repair .....4 One-quarter need major repair .....5 All need major repair or replacement.....6	
	118	Are empty beds clean and ready for the next patient? (Check to ascertain the condition of the beds.)	Yes..... 1 No .....2	
	119	Who provides linens for patients?	Health facility..... 1 Family.....2 Both family and facility .....3 No one.....4	

Indicator Code	No.	Question	Result	Skip
	120	Are there beds/cots for <b>newborns</b> in postnatal care (PNC) wards?	Yes..... 1 No..... 2	
	121	Are there beds in the Neonatology for sick newborns?	Yes..... 1 No..... 2	
	122	Are there in patients beds for kangaroo mother care (KMC)?	Yes..... 1 No..... 2	
	123	Of the overnight/inpatient beds in this facility, how many are dedicated pediatric beds?	# of Dedicated Pediatrics Beds <input type="text"/> <input type="text"/> <input type="text"/>	
	124	What is the condition of the pediatric beds Check to ascertain the condition of the beds) (Mark one response)	All are in good shape..... 1 Half need minor repair ..... 2 One-quarter need minor repair ..... 3 Half need major repair..... 4 One-quarter need major repair ..... 5 All need major repair or replacement..... 6	
	125	Are there beds in isolated room for TB patients and contagious diseases?	Yes..... 1 No..... 2	

Health Providers' Training																
NO	Services and Training	Health Provider Type														
		Total (Male/Female)	Generalist (non-specialist) Medical Doctor	Youth Service Provider	Registered Nurse	Registered Midwife	Community Health Worker in Charge	Specialist in Obstetrics and Gynaecology	Specialist in Paediatrics	Specialist in Anaesthesia	Anaesthetist, Non-Doctor	Pharmacist	Pharmacist Assistant	Laboratory Technician	Radiologist	Radiologist Assistant
126	Total number employed in the facility?															
127	How many provide antenatal care (ANC)?															
128	How many attend normal deliveries?															
129	How many are trained in BEmONC?															
130	How many are working in the nursery and KMC ward/unit?															
131	How many provide essential newborn care?															
132	How many are trained to manage preterm and low birth weight (LBW) babies?															
133	How many are trained on KMC?															
134	How many are trained to provide nursery care, including care of babies in incubators, radiant heaters, ventilators or continuous positive airway pressure															

Health Providers' Training															
NO	Services and Training	Health Provider Type													
		Total (Male/Female)	Generalist (non-specialist) Medical Doctor	Youth Service Provider	Registered Nurse	Registered Midwife	Community Health Worker in Charge	Specialist in Obstetrics and Gynaecology	Specialist in Paediatrics	Specialist in Anaesthesia	Anaesthetist, Non-Doctor	Pharmacist	Pharmacist Assistant	Laboratory Technician	Radiologist
	(CPAP)?														
135	Asphyxia management / Helping babies breathe (HBB)														

Health Providers' Training																
NO	Services and Training	Health Provider Type														
		Total (Male/Female)	Generalist (non-specialist) Medical Doctor	Youth Service Provider	Registered Nurse	Registered Midwife	Community Health Worker in Charge	Specialist in Obstetrics and Gynaecology	Specialist in Paediatrics	Specialist in Anaesthesia	Anaesthetist, Non-Doctor	Pharmacist	Pharmacist Assistant	Laboratory Technician	Radiologist	Radiologist Assistant
136	How many are trained to manage sick newborns (including sepsis)?															
137	How many are trained in post-natal care for mothers?															
138	How many are trained in post-natal care for newborns?															
139	How many are trained in infection prevention and control?															
140	How many are trained to provide active management of the third stage of labor?															
141	How many are trained in provision of caesarean sections?															
142	How many are trained to assist during caesarean sections?															
143	How many are trained in focused antenatal care (FANC)?															
144	How many are trained on integrated FP including															

Health Providers' Training															
NO	Services and Training	Health Provider Type													
		Total (Male/Female)	Generalist (non-specialist) Medical Doctor	Youth Service Provider	Registered Nurse	Registered Midwife	Community Health Worker in Charge	Specialist in Obstetrics and Gynaecology	Specialist in Paediatrics	Specialist in Anaesthesia	Anaesthetist, Non-Doctor	Pharmacist	Pharmacist Assistant	Laboratory Technician	Radiologist
	intrauterine device (IUD)?														
145	Emergency triage and treatment (ETAT)														



Health Providers' Training																
NO	Services and Training	Health Provider Type														
		Total (Male/Female)	Generalist (non-specialist) Medical Doctor	Youth Service Provider	Registered Nurse	Registered Midwife	Community Health Worker in Charge	Specialist in Obstetrics and Gynaecology	Specialist in Paediatrics	Specialist in Anaesthesia	Anaesthetist, Non-Doctor	Pharmacist	Pharmacist Assistant	Laboratory Technician	Radiologist	Radiologist Assistant
146	How many are trained on integrated FP including implant services?															
147	How many are trained in tubal ligation?															
148	How many are trained in no scalpel vasectomy (NSV)?															
149	How many are trained on post-partum family planning (PPFP), including: •lactational amenorrhea method •Postpartum IUD •Postpartum tubal ligation?															
150	How many are trained on youth-friendly services?															
151	How many are trained on integrated management of neonatal and childhood illnesses services (IMCI)?															
152	How many are trained on gender-related matters?															

Health Providers' Training																
NO	Services and Training	Health Provider Type														
		Total (Male/Female)	Generalist (non-specialist) Medical Doctor	Youth Service Provider	Registered Nurse	Registered Midwife	Community Health Worker in Charge	Specialist in Obstetrics and Gynaecology	Specialist in Paediatrics	Specialist in Anaesthesia	Anaesthetist, Non-Doctor	Pharmacist	Pharmacist Assistant	Laboratory Technician	Radiologist	Radiologist Assistant
153	How many are trained/oriented on maternal death audits?															
154	How many are trained/oriented on newborn and perinatal death audits?															
155	How many are trained on malaria diagnosis and treatment?															
156	How many trained on anaemia diagnosis and management?															
157	Is at least one person on duty and physically present 24 hours a day? (Insert "Y" if Yes and "N" if No in each column.)															
158	How many are on morning shift?															
159	How many are on afternoon shift?															
160	How many are on night shift?															
161	How many employees are part-time?															
162	How many employees are seconded staff?															

Indicator Code	No.	Question	Result	Skip
<b>MODULE 2: SERVICE READINESS</b>				
<b>Section I: Infrastructure</b>				
This section will focus on questions related to infrastructure.				
<b>Communications</b>				
15	163	Does this facility have a <b><u>functioning land line telephone</u></b> that is available to call outside at all times client services are offered? <b>CLARIFY THAT IF FACILITY OFFERS 24-HOUR EMERGENCY SERVICES, THEN THIS REFERS TO 24-HOUR AVAILABILITY.</b>	Yes.....1 No.....2	
	164	Is there a functioning landline in the maternity area?	Yes.....1 No.....2	
15	165	Does this facility have a <b><u>functioning cellular telephone or a private cellular phone</u></b> that is supported by the facility?	Yes.....1 No.....2	
	166	Do individual staff (in the maternity) have cell phones?	Yes.....1 No.....2	
	167	Is there a cell phone signal at this facility? ( <b>Check to confirm</b> )	Yes.....1 No.....2	
15	168	Does this facility have a <b><u>functioning short-wave radio</u></b> for radio calls?	Yes.....1 No.....2	
16	169	Does this facility have a <b><u>functioning computer?</u></b>	Yes.....1 No.....2	
16	170	Is there access to email or internet within the facility today?	Yes.....1 No.....2	
	171	Does this facility have a system for determining clients' opinions about the health facility or its services? IF YES, circle all methods that are used for eliciting clients' opinions. Probe for all methods used.	Suggestion box.....1 Client survey form.....2 Client interview form.....3 Official meeting with community leaders...4 Informal discussions with client or community.....5 Other (specify) ..... 96 No..... 97 Don't know ..... 98	
	172	Is there a procedure for reviewing or reporting on clients' opinions? IF YES, ask to see a report or form on which data are compiled or discussion is reported.	Yes, reported seen.....1 Yes, reported not seen .....2 No.....3	

Indicator Code	No.	Question	Result	Skip
	173	In the past 3 months, have any changes been made in the program as a result of client opinion? IF YES, indicate if the change(s) are related to any of the listed topics.	Yes, change in services or times offered or way services are provided.....1 Yes, change for client comfort.....2 Other (specify) ..... 96 No.....4 Don't know ..... 98	
<b>Ambulance/Transport For Emergencies</b>				
17	174	Does this facility have a <b>functional ambulance</b> or other vehicle for emergency transportation for clients that is stationed at this facility or operates from this facility?	Yes.....1 No.....2	→176
17	175	Does this facility have access to an ambulance or other vehicle for emergency transport for clients that is stationed at another facility or that operates from another facility?	Yes.....1 No.....2	→185
17	176	Is fuel for the ambulance or other emergency vehicles available today?	Yes.....1 No.....2	
	177	If a vehicle is not available from the facility or district, are there funds (or vouchers) available at the facility to pay for private transport of emergency referrals?	No.....1 Yes, always.....2 Yes, sometimes .....3 Yes, rarely.....4 Not applicable..... 99	
	178	What is the main (most commonly used) means of transport to this health facility for women in labor? [Multiple responses allowed]	Public bus.....1 Public taxi.....2 Personal cars.....3 Motor bike.....4 Bicycle.....5 Walking .....6 Others (identify) ..... 96	
	179	How far is the nearest referral hospital that provides surgical care?	_ _ _ _  Km (range=1-995; surgical services are provided at this hospital facility=0000; facility does not refer=8888; don't know=9999)	
	180	Is there a formal written protocol for referring patients from this facility (ask to see it)?	Yes.....1 No.....2	
	181	When referring a patient, do staff inform the referral clinic or hospital about the patients and needed services?	No.....0 Immediately by phone/radio .....1 Immediately by text message.....2 Upon referral by paper .....3 Don't know ..... 98 Not applicable (does not refer) ..... 99	

Indicator Code	No.	Question	Result	Skip
	182	Who pays for transportation when referring mothers and newborns? <b>Multiple responses allowed]</b>	Health facility ..... 1 Patients/relations.....2 Free/no payment.....3 Medical insurance .....4	
	183	For what purpose/s is the referral transportation used in this facility?	Maternal emergencies alone ..... 1 Newborn emergencies alone.....2 Both maternal and newborn emergencies . 3 All emergency cases .....4 None .....5 Other (specify) ..... 96	
	184	Is there a vehicle used to conduct outreach visits from this facility to community or other health facility sites?	Yes ..... 1 No.....2 Don't know ..... 98	
<b>Power Supply</b>				
II	185	Does your facility have electricity from any source (e.g., electricity grid, generator, solar, or other) including for stand-alone devices (EPI cold chain)?	Yes ..... 1 No.....2	
II	186	What is the electricity used for in the facility?	Only stand-alone electric medical devices/appliances (e.g., epi cold room, refrigerator, suction apparatus, etc.) ..... 1 Electric lighting (excluding flashlights) and communications .....2 Electric lighting, communications, and 1 to 2 electric medical devices/ appliances .....3 All electrical needs of facility .....4 Other ..... 96	
	187	Other than the main or primary source, does the facility have functional secondary or backup source of electricity? IF YES: What is the secondary source of electricity?	No secondary source .....0 Central supply of electricity (e.g., national or community grid) ..... 1 Generator (fuel or battery operated generator) ..... 2 Solar system .....3 Other (specify) ..... 96	
II	188	During the past 7 days, was electricity available at all times from the main or any backup source when the facility was open for services?	Always available (no Interruptions)..... 1 Often available (interruptions of less than 2 hours per day) .....2 Sometimes available (frequent or prolonged interruptions of more than 2 hours per day).....3 Other (specify) ..... 96	
<b>Water Source</b>				

Indicator Code	No.	Question	Result	Skip
	189	What is the <b>most commonly used</b> source of water for the facility <b>at this time</b> ?	Piped into facility..... 1 Piped onto facility grounds..... 2 Public tap/standpipe..... 3 Tubewell/borehole ..... 4 Protected dug well ..... 5 Unprotected dug well..... 6 Protected spring..... 7 Unprotected spring..... 8 Rainwater collection ..... 9 Bottled water ..... 10 Cart w/small tank/drum ..... 11 Tanker truck..... 12 Surface water ..... 13 Other (specify)..... 96 <hr/> Don't know ..... 98 No water source ..... 0	→ 194
	190	Is there a backup water tank? (Check to ascertain.)	Yes ..... 1 No..... 2	
	191	Is the water system currently functioning in the: (read each item) (Check to ascertain.) a. Operating theater? b. Delivery room? c. Postnatal room? d. Nursery e. KMC unit f. ORT corner g. Where the first dose of drugs are given to sick children	Yes/No/N/A  Y/N/N/A (no OR) Y/N/N/A (no maternity) Y/N/N/A (no postnatal room) Y/ N/N/A (no nursery) Y/ N/N/A (no KMC) Y/ N/N/A (no ORT corner) Y/ N/N/A (no sick child unit)	
	192	In the past month, how often has there been interruption to the water supply?	Never ..... 0 Rarely (less than 24 hours per week) ... 1 Sometimes (at least once per week) ..... 2 Often (at least daily) ..... 3	
12	193	Is a water outlet from this source available within 500 meters of the facility?	Yes ..... 1 No..... 2	
<b>Basic Client Amenities</b>				
	194	On average, how many hours per day is this facility open?	4 hours or less..... 1 5 to 8 hours ..... 2 9 to 16 hours..... 3 17 to 23 hours..... 4 24 hours..... 5	
	195	Who provides food for patients in this facility?	Health facility ..... 1 Family..... 2 Other (specify)..... 96	

Indicator Code	No.	Question	Result	Skip
SPA 104	196	Is there a trained health provider assigned to and <b>present</b> at the facility at all times (24 hours a day) for emergencies? IF YES, ASK: Is there a duty schedule for 24-hour staff coverage? IF YES, ASK TO SEE THIS.	Yes, duty schedule observed ..... 1 Yes, 24-hour onsite staff no duty schedule seen ..... 2 No 24-hour onsite staff.....3	
	197	Is there a trained health provider available <b>away</b> from the facility, but officially on call, at all times (24 hours a day) for emergencies? IF YES, ASK: Is there a duty schedule for 24-hour staff coverage? IF YES, ASK TO SEE THIS.	Yes, duty schedule observed ..... 1 Yes, 24-hr on call staff no duty Schedule seen ..... 2 No 24-hour on call staff .....3	
	198	How often do obstetric patients share beds?	Never ..... 1 Sometimes (at least once per month) .....2 Often (at least once per week).....3 Most of the time (daily).....4 Don't know ..... 98	
	199	How long do women generally stay at the facility after an uncomplicated delivery?	Less than 6 hours..... 1 6–24 hours .....2 More than 24 hours .....3 Don't know ..... 98	
	200	Does this facility have a mothers' shelter or a temporary place to stay within the health facility premises?	Yes ..... 1 No.....2	

Indicator Code	No.	Question	Result			Skip		
<b>Payment for Services</b>								
	<b>201</b>	In an emergency, is payment/purchase of medications or other supplies required before treatment is provided to a woman?	Yes .....1 No.....2					
	<b>202</b>	If YES, given an example of what was required: _____						
<b>Infection Control</b>								
<b>TI</b>	<b>203</b>	Does this facility have any guidelines for standard precautions for infection prevention?  <b>IF YES, ASK TO SEE THE GUIDELINES.</b>	Yes, observed .....1 Yes, reported not seen .....2 No.....3					
<b>Processing of Equipment for Reuse</b>								
		Please tell me if the following items used for processing of equipment for reuse are available and functional in the facility today.  If available, ask to see it and indicate if it is functioning or not.	<b>A) Available</b>			<b>B) Functioning</b>		
			<b>Observed</b>	<b>Reported Not seen</b>	<b>Not available</b>	<b>Yes</b>	<b>No</b>	<b>Don't know</b>
<b>18</b>	<b>204</b>	Electric autoclave (pressure & wet heat)	1 → B	2	<sup>3</sup> 205	1	2	8
<b>18</b>	<b>205</b>	Non-electric autoclave	1 → B	2	<sup>3</sup> 206	1	2	8
<b>18</b>	<b>206</b>	Electric dry heat sterilizer	1 → B	2	<sup>3</sup> 207	1	2	8
	<b>207</b>	Electric boiler or steamer (no pressure)	1 → B	2	<sup>3</sup> 208	1	2	8
	<b>208</b>	Non-electric pot with cover for boiling/steam	1 → B	2	<sup>3</sup> 209	1	2	8
	<b>209</b>	Heat source for non-electric equipment	1 → b	2	<sup>3</sup>	1	2	8



Indicator Code	No.	Question	Result	Skip	
<b>SECTION 5: AVAILABLE SERVICES</b>					
This section will focus on questions related to available services.					
<b>A. Reproductive, Maternal and Newborn Health</b>					
<b>Family Planning Services</b>					
<b>S7</b>	<b>210</b>	Does this facility offer family planning (FP) services?	Yes ..... 1 No ..... 2		
	<b>211</b>	Is there a designated FP counselling and examination/procedure unit established?	Yes ..... 1 No ..... 2		
	<b>212</b>	Does family planning including both modern and natural FP method	Yes ..... 1 No ..... 2	→ 256	
ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE FAMILY PLANNING SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT FAMILY PLANNING SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.					
			<b>Observed</b>	<b>Reported Not Seen</b>	<b>Not Available</b>
	213	Is there a seating area available for FP clients in the waiting area?	1	2	3
	214	Is there a table and seat available for a FP provider and clients?	1	2	3
	215	Is a FP flip chart available?	1	2	3
	216	Are educational materials that are used by providers during counselling, such as flipchart, brochures, sample contraceptives, available?	1	2	3
	217	Are information, education and communication (IEC) materials available to give to FP clients?	1	2	3
	218	Is a hand washing stand, with soap, available in the FP unit for providers?	1	2	3
	219	Is adequate lighting available in the FP procedure unit?	1	2	3
	220	Is a sharps container/safety box available?	1	2	3
	221	Does the FP unit have auditory and visual privacy available for patient consultations?	Auditory privacy only ..... 1 Visual privacy only ..... 2 Both auditory and visual privacy ..... 3 No privacy ..... 4		
	222	Do you provide group education to clients on family planning?	Yes ..... 1 No ..... 2		

Indicator Code	No.	Question	Result		Skip
		Does this facility <b>provide</b> or <b>prescribe</b> any of the following modern methods of family planning:	<b>Yes</b>	<b>No</b>	<b>Skip</b>
<b>S7_01</b>	<b>223</b>	Combined estrogen progesterone oral contraceptive pills		2	
<b>S7_02</b>	<b>224</b>	Progestin-only contraceptive pills		2	
<b>S7_03</b>	<b>225</b>	Combined estrogen progesterone injectable contraceptives		2	
<b>S7_04</b>	<b>226</b>	Progestin-only injectable contraceptives (ie Noristerat)		2	
	<b>227</b>	Progestin- only Injectables (DMPA)		2	
<b>S7_05</b>	<b>228</b>	Male condoms		2	
<b>S7_06</b>	<b>229</b>	Female condoms		2	
	<b>230</b>	Diaphragms with spermicide (nonoxynol)		2	
<b>S7_07</b>	<b>231</b>	Intrauterine contraceptive device (IUCD)		2	
<b>S7_08</b>	<b>232</b>	Implants (Jadelle®)		2	
	<b>233</b>	Implants (Implanon®)		2	
	<b>234</b>	Implants (any)		2	
<b>S7_09</b>	<b>235</b>	Cycle beads for standard days method		2	
<b>S7_10</b>	<b>236</b>	Emergency contraceptive pills		2	
<b>S7_11</b>	<b>237</b>	Male sterilization		2	
<b>S7_12</b>	<b>238</b>	Female sterilization		2	
		Does this facility <b>provide</b> or <b>prescribe</b> any of the following modern methods of family planning for <b>unmarried adolescents</b> :	<b>Yes</b>	<b>No</b>	
<b>S12_02</b> <b>S12_03</b>	<b>239</b>	Combined estrogen progesterone oral contraceptive pills		2	
<b>S12_02</b> <b>S12_04</b>	<b>240</b>	Male condoms		2	
<b>S12_02</b> <b>S12_06</b>	<b>241</b>	Emergency contraceptive pills		2	
		Is there a complete equipment kit available to do the following FP procedures:	<b>Observed</b>	<b>Reported Not Seen</b>	<b>Not Available</b>
	<b>242</b>	IUD interval insertion/IUD removal		2	3
	<b>243</b>	Implant removal		2	3
	<b>244</b>	Mini-laparotomy		2	3
	<b>245</b>	No scalpel vasectomy (NSV)		2	3

Indicator Code	No.	Question	Result		Skip
	246	Have short-term family planning methods (pills, injectables or condoms) been provided in the last 3 months?	1	2	
	247	Have long acting family planning methods (IUD or implants) been provided in the last 3 months?	1	2	
	248	Has a <b>female</b> surgical method or permanent contraception been performed in the last 3 months?	1	2	
	249	Has a <b>male</b> surgical method or permanent contraception been performed in the last 3 months?	1	2	
	250	Does the facility routinely provide postabortion contraception to women?	1	2	
		Please tell me if the following documents are available in the facility today: <b>IF AVAILABLE, ASK TO SEE THE DOCUMENT</b>	<b>Yes, Observed</b>	<b>Yes, Reported Not Seen</b>	<b>No</b>
T2	251	National family planning guidelines	1	2	3
	252	Any family planning check-lists and/or job- aids	1	2	3
	253	Have you received any family planning training in the last two years?	YES .....1 NO .....2		
	254	Have you received any training in adolescent sexual and reproductive health in the last two years?	YES .....1 NO .....2		
	255	Does this facility stock contraceptive commodities at this service site?	YES .....1 NO .....2		

Indicator Code	No.	Question	Result			Skip	
<b>Antenatal Care Services</b>							
<b>ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE ANTENATAL CARE SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT ANTENATAL CARE SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.</b>							
		Do ANC providers provide any of the following services to pregnant women as part of routine ANC services?	<b>YES</b>	<b>NO</b>			
<b>S8_01</b>	<b>256</b>	Iron supplementation	1	2			
<b>S8_02</b>	<b>257</b>	Folic acid supplementation	1	2			
<b>S8_04</b>	<b>258</b>	Tetanus toxoid vaccination	1	2			
<b>S8_05</b>	<b>259</b>	Monitoring for hypertensive disorder of pregnancy	1	2			
	<b>260</b>	Routine BP screening	1	2			
	<b>261</b>	Urine protein testing	1	2			
	<b>262</b>	Counseling on family planning	1	2			
	<b>263</b>	Provision of ITNs	1	2			
	<b>264</b>	RDT for diagnosing malaria in pregnancy	1	2			
	<b>265</b>	RPR testing for syphilis	1	2			
<b>S20_01</b>	<b>266</b>	HIV counselling and testing services to HIV positive pregnant women for PMTCT during ANC?	1	2			
	<b>267</b>	Testing during labor and delivery for those who have not had ANC?	1	2			
<b>T4</b>	<b>268</b>	Do you have the national ANC guidelines available in this facility today? <b>IF YES, ASK TO SEE THE GUIDELINES.</b>	Yes, observed.....1 Yes, reported not seen.....2 No.....3				
<b>T5</b>	<b>269</b>	Have you received any ANC training in the last two years?	Yes.....1 No.....2				
		I would like to know if the following basic equipment items are available in this service area today. For each equipment or item, please tell me if it is available today and functioning. <b>ASK TO SEE THE ITEMS.</b>	<b>A) Available</b>			<b>B) Functioning</b>	
			Observed	Reported Not Seen	Not Available	Yes	No

Indicator Code	No.	Question	Result					Skip
	270	Blood pressure apparatus (may be digital or manual sphygmomanometer with stethoscope)	I → B	2	3	I	2	8
	271	Pregnancy wheel (for calculation of gestational age and EDD)	I → B	2	3	I	2	8
	272	Fetoscope or Pinard stethoscope	I → B	2	3	I	2	8
	273	Doppler to check fetal heart rate	I → B	2	3	I	2	8
	274	Ultrasound machine	I → B	2	3	I	2	8
	275	Urine protein tests	I → B	2	3	I	2	8
	276	RPR syphilis test kits	I → B	2	3	I	2	8
	277	RDT for malaria	I → B	2	3	I	2	8
	278	Does this facility stock any medicines for ANC in this service site?	Yes ..... 1 No ..... 2					→285

Indicator Code	No.	Question	Result					Skip
		Are any of the following medicines and commodities available in the ANC service area today? <b>CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)</b>	Observed Available		Not Observed			
			At Least One Valid	Available Non Valid	Reported Available But Not Seen	Not Available Today	Never Available	
	<b>279</b>	Iron tablets	1	2	3	4	5	
	<b>280</b>	Folic acid tablets	1	2	3	4	5	
	<b>281</b>	Iron and folic acid combination tablets	1	2	3	4	5	
	<b>282</b>	Tetanus toxoid vaccine	1	2	3	4	5	
	<b>283</b>	Penicillin injection (for syphilis treatment)	1	2	3	4	5	
<b>THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.</b>								

Indicator Code	No.	Question	Result	Skip
<b>Obstetric and Newborn Care Services</b>				
<b>S9</b>	<b>284</b>	Does this facility offer delivery (including normal delivery, basic emergency obstetric care, and/or comprehensive emergency obstetric care) and/or newborn care services?	Yes ..... 1 No ..... 2	→401
	285	Is there a separate maternity ward in this facility? (Check to ascertain.)	Yes ..... 1 No ..... 2	
	ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE OBSTETRIC AND NEWBORN CARE SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT OBSTETRIC AND NEWBORN CARE SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.			
	286	Is the maternity ward clean (absence of dust, cobwebs, dirt and blood stains, etc.)? (Check to ascertain. Question not applicable to most primary healthcare centers (PHCs.)	Yes ..... 1 No ..... 2	
	287	Is water and liquid soap available by the hand washing stand in the maternity ward? (Check to ascertain.)	Yes ..... 1 No ..... 2	
	288	Is there adequate lighting for procedures?	Yes ..... 1 No ..... 2	
	289	Is there a functioning toilet in the labor and delivery room for clients?	Yes ..... 1 No ..... 2	
	290	Is the labor and delivery room toilet clean (absence of dust, cobwebs, dirt, and blood stains, etc.)?	Yes ..... 1 No ..... 2	
	291	Are there curtains or other means used to maintain privacy in the delivery room?	Yes ..... 1 No ..... 2	
	292	In the delivery room, is there a newborn corner that includes table that is well-lit and warm for newborn resuscitation if required?	Yes ..... 1 No ..... 2	
	293	Is there a unit or neonatology for sick newborns?	Yes ..... 1 No ..... 2	
	294	Is there a KMC unit for preterm and LBW newborns?	Yes ..... 1 No ..... 2	
	295	Is the nursery and KMC unit together?	Yes ..... 1 No ..... 2	
	296	Are the nursery and KMC unit near the labor room?	Yes ..... 1 No ..... 2	
	297	Are labor and delivery services available at this facility 24 hours a day, 7 days?	Yes ..... 1 No ..... 2	

Indicator Code	No.	Question	Result		Skip
	298	Is the operating theatre available for procedures, such as caesarean section, at this facility 24 hours a day, 7 days a week? (Not applicable to most PHCs.)	Yes ..... 1 No ..... 2 N/A ..... 99		
	299	Approximately how many women per year come to the facility with symptoms and/or signs of obstetric fistula (e.g., leaking urine and/or faeces)?	None ..... 1 1-4 ..... 2 5-9 ..... 3 More than 10 ..... 4		
	300	Does this facility offer specialized psychosocial or other support services for women who present with symptoms and/or signs of obstetric fistula?	Yes ..... 1 No ..... 2		
	301	Does this facility offer surgical repair for women who present with symptoms and/or signs of obstetric fistula?	Yes ..... 1 No ..... 2		
	302	If surgical repair is offered, are surgical services provided by in-house staff, visiting staff, or both in-house staff and visiting staff?	In-house staff ..... 1 Visiting staff ..... 2 Both in-house staff and visiting staff 3		
		Please tell me if the following interventions and screening procedures are routinely carried out by providers of delivery services in this facility:	<b>Yes</b>	<b>No</b>	
	303	BP screening at admission in labor	1	2	
	304	Routine urine protein testing at admission in labor	1	2	
	305	Fetal heart tone measurement at admission in labor	1	2	
	306	Administration of oxytocin injection immediately after birth to all women for the prevention of postpartum hemorrhage	1	2	
	307	Monitoring and management of labor using partograph	1	2	
	308	Immediate drying of the newborn	1	2	
	309	Immediate skin to skin care of the newborn	1	2	
	310	Immediate and exclusive breastfeeding	1	2	
	311	Episiotomies	1	2	
	312	Breech delivery (performed in the last 3 months)	1	2	
	313	Newborn resuscitation, when needed	1	2	
	314	KMC for mothers with preterm births and LBW babies	1	2	



Indicator Code	No.	Question	Result		Skip
	315	Rapid testing for mothers with unknown HIV status (performed in the last 3 months)	1	2	
	316	ARVs given to HIV-infected mothers (in the last 3 months)	1	2	
	317	ARVs given to HIV-exposed newborns (in the last 3 months)	1	2	
	318	Postpartum IUDs	1	2	
	319	Referral of a sick newborn to another health facility (in the last 3 months)	1	2	
	320	Bubble continuous positive airway pressure (bCPAP) for a sick newborn (in the last 3 months)	1	2	
	321	Hygienic cord care (cut with sterile item and apply disinfectant to tip and stump, and no application of other substances)	1	2	
	322	Thermal protection (drying baby immediately after birth and wrapping)	1	2	
	323	Full treatment for sick newborn with sepsis or possible severe bacterial infection (in last 3 months) (full treatment is 7 to 10 days' course of injectable Penicillin / Ampicillin and Gentamicin)	1	2	
	324	Where are sick newborn services conducted?	Maternity unit.....1 Sick child unit / Paediatrics ....2 Neonatology unit .....3 Other (specify) _____96		
	325	Is there a stock of emergency medications (e.g., oxytocin, MgSO4)?	Yes .....1 No .....2		
	326	When emergency medications are not available, what do you do?	Check only one Patients are given a shopping list to go and buy.....1 Patients are referred elsewhere.....2 We do nothing.....3 Other (specify) _____96		
	327	Are there separate labor (1 <sup>st</sup> stage) and delivery rooms?	Yes .....1 No .....2		
	328	Is the space for the delivery room adequate?	Yes .....1 No .....2		
		Please tell me if any of the following interventions for the management of complications during and after pregnancy and childbirth have been carried out in the last 12 months by providers of delivery services as part of their work in this facility.	Yes	No	
S9_01	329	Parenteral administration of antibiotics (IV or IM) for mothers	1	2	

Indicator Code	No.	Question	Result		Skip
	330	Parenteral administration of antibiotics to newborns for sepsis	1	2	
S9_02	331	Parenteral administration of oxytocic for treatment of postpartum hemorrhage (IV or IM)	1	2	
S9_03	332	Parenteral administration of magnesium sulphate for management of preeclampsia and eclampsia (IV or IM)	1	2	
S9_04	333	Assisted vaginal delivery	1	2	
S9_05	334	Manual removal of placenta	1	2	
S9_06	335	Removal of retained products of conception	1	2	
S9_07	336	Neonatal resuscitation with bag and mask	1	2	
S26_01	337	Caesarean section	1	2	
S26_02	338	Blood transfusion in this area of services	1	2	
	339	Antibiotics for preterm or prolonged PROM (premature rupture of membranes) to prevent infection	1	2	
	340	Corticosteroids in preterm labor	1	2	
	341	KMC (Kangaroo mother care) for premature/very small babies	1	2	
	342	Thermal care for preterm/LBW (Incubator/warmer care)	1	2	
		<b>Are the following documents available in the facility today: IF AVAILABLE, ASK TO SEE THE DOCUMENT</b>	Yes, Observed	Yes, Reported Not Seen	No
	343	Any national guideline for essential intrapartum care?	1	2	3
	344	Any check-lists and/or job-aids for essential intrapartum care? (ie the HBB action plan poster)	1	2	3
	345	Have you received training in newborn resuscitation using the newborn bag and mask in the last two years?	1	2	3
	346	Apart from newborn resuscitation, have you received training in essential intrapartum care in the last two years?	1	2	3
		I would like to know if the following basic equipment items are available in this service area today. For each equipment or item, please tell me if it is available today and functioning.	<b>A) Available</b>		<b>B) Functioning</b>
			Yes	No	
E7	347	Examination light (flashlight ok)	1	2	
E8	348	Delivery pack	1	2	

Indicator Code	No.	Question	Result			Skip
	349	Sterile gloves	1	2		
	350	Sharps/container box	1	2		
	351	Disposable syringes with disposable needles	1	2		
E8	352	Cord clamp/tie	1	2		
E8	353	Episiotomy scissors	1	2		
	354	Episiotomy/cervical/vaginal laceration repair packs	1	2		
	355	Bubble continuous positive airway pressure (bCPAP) machine	1	2		
E8	356	Scissors or blade to cut cord	1	2		
E8	357	Suture material with needle	1	2		
E8	358	Needle holder	1	2		
E10	359	Manual vacuum extractor	1	2		
E11	360	Vacuum aspirator or D&C kit (uterine evacuation packs)	1	2		
	361	Dressing instrument packs	1	2		
	362	Tubing for oxygen administration	1	2		
	363	Adult ventilator mask	1	2		
E30	364	Incubator	1	2		
E13	365	Blank partograph	1	2		
	366	Resuscitation table (with heat source) (for newborn resuscitation)	1	2		
E12, E43	367	Newborn bag and mask (size 1) for term babies (for newborn resuscitation)	1	2		
E12, E43	368	Newborn bag and mask size 0 for pre-term babies (for newborn resuscitation)	1	2		
E9, E43	369	Electric suction pump (for suction apparatus)	1	2		
E9, E43	370	Suction catheter (for suction apparatus) for suctioning newborn	1	2		
E9, E43	371	Suction bulb	1	2		
	372	Clean, dry towels (at least 2 per baby)	1	2		
	373	Ambu bags (neonates)	1	2		
E44	374	Speculum	1	2		
M111	375	Chlorhexidine gel or aqueous solution	1	2		

Indicator Code	No.	Question	Result					Skip
	376	Does this facility stock any medicines for obstetric care?	Yes .....		1			
			No .....		2			
		Are any of the following medicines and commodities available today in the delivery area? <b>CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)</b>	Observed Available		Not Observed			
			At least one valid	Available non valid	Reported available but not seen	Not available today	Never available	
M21	377	Antibiotic eye ointment for newborn	1	2	3	4	5	
M72 M23 M110	378	Gentamicin injection (concentration in one vial)	1	2	3	4	5	
M71 M23	379	Ampicillin powder for injection	1	2	3	4	5	
M106	380	Hydralazine injection	1	2	3	4	5	
M23 M73	381	Metronidazole injection	1	2	3	4	5	
M75	382	Azithromycin cap/tab or oral liquid	1	2	3	4	5	
M76	383	Cefixime cap/tab	1	2	3	4	5	
M77	384	Benzathine benzylpenicillin powder for injection	1	2	3	4	5	
M79	385	Nifedipine cap/tab (10mg)	1	2	3	4	5	
M107	386	Methyldopa tablet	1	2	3	4	5	
M70	387	Calcium gluconate injection	1	2	3	4	5	
M24	388	Magnesium sulphate injectable	1	2	3	4	5	
M26	389	Skin disinfectant	1	2	3	4	5	
M27	390	Intravenous solution with infusion set	1	2	3	4	5	
M69	391	Sodium chloride injectable solution	1	2	3	4	5	
M78	392	Betamethasone injection	1	2	3	4	5	
M78, M129	393	Dexamethasone injection	1	2	3	4	5	
M22	394	Oxytocin injection	1	2	3	4	5	
	395	Is the Oxytocin stored in cold storage?	Yes .....		1			
			No .....		2			
<b>Caesarean Section</b>								
	396	Is caesarean section offered in this facility?	Yes .....		1			
			No .....		2			
T51	397	Do you have the national guidelines for Comprehensive Emergency Obstetric Care (CEmOC) available in this facility today? IF AVAILABLE, ASK TO SEE THE DOCUMENT.	Yes, observed.....		1			
			Yes, reported not seen.....		2			
			No .....		3			
T52	398	Have you received any training in CEmOC in the last two years?	Yes .....		1			
			No .....		2			

Indicator Code	No.	Question	Result	Skip
T53	399	Does this facility have a health professional who can perform caesarean section present in the facility or on call 24 hours a day (including weekends and on public holidays)?	Yes ..... 1 No ..... 2	
T54	400	Does this facility have an anaesthetist (or doctor with anaesthetics training) present in the facility or on call 24 hours a day (including weekends and on public holidays)?	Yes ..... 1 No ..... 2	

Indicator	Number	Question	Result	Skip
<b>Gender-based violence services</b>				
	401	Does this facility offer gender-based violence services?	YES ..... 1 NO ..... 2	→ 439
	402	On WEEKDAY S, during what hours are GBV services available in this area or room?	Opening time ____/____ HH/MM Closing time ____/____ HH/MM	
	403	On WEEKEND S/PUBLIC HOLIDAYS, during what hours are GBV services available in this area or room?	Opening time ____/____ HH/MM Closing time ____/____ HH/MM	
	404	Is there a specific area or room	YES ..... 1 NO ..... 2	

Indicator	Number	Question	Result	Skip
		dedicated for GBV services?		
ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE GBV SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT GBV SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS. IF NO AREA OR ROOM EXISTS IN THIS FACILITY, SKIP TO QUESTION #439				
	405	Where are GBV services conducted?	FP unit.....1 ANC unit.....2 Maternity unit.....3 Other.....96	
	406	What services are offered in this area or room?	Medical Care.....1 HIV Post-Exposure Prophylaxis services.....2 Emergency contraception.....3 Forensic examination.....4 Counseling.....5 Police services.....6	
	407	Is this area or room available at all times when GBV services are offered?	YES .....1 NO .....2	
	408	If there is no dedicated area or room for GBV services, in what department/location are GBV <b>medical examinations</b> most frequently conducted?	Write name of department or location:	
	409	Are there adequate staff available at all times GBV services are offered?	Doctor .....1 Nurse.....2 Counselor.....3 Police Officer.....4	
	410	Is the	YES .....1	

Indicator	Number	Question	Result	Skip	
		person who accompanies the survivor allowed to be in the room or area where GBV services are provided?	NO ..... 2		
<p><b>Ask to see the area or room where clients receive medical services and/or counseling for GBV services. IF THIS AREA IS THE FP UNIT, ANC UNIT OR MATERNITY, WHICH HAVE ALREADY BEEN ASSESSED, ONLY QUESTIONS BELOW THAT HAVE NOT ALREADY BEEN ASKED SHOULD BE ASKED IN ORDER TO AVOID DUPLICATION</b></p>					
	411	Is auditory and visual privacy available for patient consultations?	AUDITORY PRIVACY ONLY ..... 1 VISUAL PRIVACY ONLY.....2 BOTH AUDITORY AND VISUAL PRIVACY .....3 NO PRIVACY.....4		
			<b>No</b>	<b>Yes</b>	<b>Did not observe</b>
	412	Is there a working angle lamp?	0	1	9
	413	Is there an examination couch or bed?	0	1	9
	414	Is there a speculum?	0	1	9
	415	Are there examination gloves?	0	1	9
	416	Is there a sharps container/safety box?	0	1	9
	417	Is there a lockable cupboard for the storage of forensic/medico-legal	0	1	9

Indicator	Number	Question	Result	Skip
		evidence?		
	418	Is there a lockable medical supply cabinet?	0	9
	419	Are there sanitary towels?	0	9
	420	Is there emergency clothing?	0	9
	421	Is there a consent form for the examination ?	0	9
	422	Are there swabs?	0	9
	423	Are there blood tubes?	0	9
	424	Are there special aids for examining child survivors of GBV (dolls, paper and pens for drawing pictures?)	0	9
	425	Is there a pregnancy test kit?	0	9
	426	Are there emergency contraceptive pills?	0	9
	427	If yes, what brand of emergency contraceptive pills are available?	(Write name).....	
	428	Is STI prophylaxis/ treatment	0	9



Indicator	Number	C u e s t i o n	Result	Skip	
		available?			
	429	Do facility registers clearly indicate if a client presents for GBV services?	0	1	9
	430	Do facility records indicate if a client receives follow-up care?	0	1	9
	431	Does the facility have written guidelines for referral of survivors to other services located in or nearby the room where <b>medical examinations</b> take place?			→439
	432	Do referral guidelines explicitly address procedures for removing a child from an unsafe domestic environment?	0	1	9
	433	What services are included in the referral guidelines?	Police.....1 Safe house/ shelter.....2 Legal services.....3 Counseling/psychosocial support..4 HIV/AIDS care and treatment...5 Other (write).....96		
	434	Do the	YES .....	1	

Indicator		Number	Question	Result	Skip
			referral guidelines include phone numbers and contact people at each referral point?	NO ..... 2	
	435		Does the facility have a copy of the national guidelines for providing GBV care located in or nearby the room or area where GBV services are provided?	0   1	9
	436		Are there special guidelines for examining and treating infants and children?	0   1	9
	437		Are leaflets or handouts on medication or support services provided to GBV survivors?	0   1	9
	438		Have you received any GBV training in the last two years?	YES .....1   1 NO .....2   2	

Indicator Code	No.	Question	Result	Skip
<b>B. Child and Adolescent Health</b>				
<b>Child Immunization</b>				
	439	Does this facility offer child immunization services, either at the facility or as outreach?	Yes..... 1 No..... 2	→444
T8	440	Do you have the national guidelines for child immunizations available in this facility today? <b>IF YES, ASK TO SEE THE GUIDELINES</b>	Yes, observed ..... 1 Yes, reported not seen ..... 2 No ..... 3	
	441	Have you (a provider of immunization services) received any training in child immunization services in the last two years?	Yes..... 1 No..... 2	
	442	Does this facility store any vaccines, or are all its vaccines either picked up from another facility or delivered when services are being provided?	Yes, store vaccines ..... 1 No storage of vaccines..... 2	→444
	443	Does this facility have a refrigerator for the storage of vaccines? <b>IF YES, ASK TO SEE THE REFRIGERATOR.</b>	Available and functional..... 1 Available not functional..... 2 Available don't know if functioning..... 3 Not available ..... 4	
<b>THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.</b>				

Indicator Code	No.	Question	Result		Skip
<b>B. Child and Adolescent Health</b>					
<b>Child Preventative and Curative Care Services</b>					
	<b>444</b>	Does this facility offer preventative and curative care services for children under 5?	Yes.....1 No .....2		►484
<b>ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE CHILD PREVENTATIVE AND CURATIVE CARE SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT CHILD PREVENTATIVE AND CURATIVE CARE SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.</b>					
	<b>445</b>	Please tell me if providers in this facility provide the following services:	Yes	No	
<b>S11_01</b>	<b>446</b>	Diagnose and/or treat child malnutrition	1	2	
<b>S11_02</b>	<b>447</b>	Provide vitamin A supplementation	1	2	
<b>S11_03</b>	<b>448</b>	Provide iron supplementation	1	2	
<b>S11_04</b>	<b>449</b>	Provide ORS and zinc supplementation to children with diarrhea	1	2	
<b>S11_05</b>	<b>450</b>	Child growth monitoring	1	2	
<b>S11_07</b>	<b>451</b>	Administration of amoxicillin for the treatment of pneumonia in children	1	2	
	<b>452</b>	Oxygen therapy for respiratory distress in children	1	2	
<b>S11_08</b>	<b>453</b>	Treatment of malaria in children	1	2	
	<b>454</b>	Does this facility has a place to treat and observe a moderately dehydrated children (ORT corner)	YES, OBSERVED, FUNCTIONAL.....1 YES, OBSERVED, NOT FUNCTIONAL.....2 NO .....3		
<b>T10</b>	<b>455</b>	Do you have the IMCI guidelines for the diagnosis and management of childhood illnesses available in this facility today? <b>IF YES, ASK TO SEE THE GUIDELINES.</b>	Yes, observed .....1 Yes, reported not seen .....2 No .....3		
<b>T13</b>	<b>456</b>	Do you have the national guidelines for growth monitoring available in this facility today? <b>IF YES, ASK TO SEE THE GUIDELINES.</b>	Yes, observed .....1 Yes, reported not seen .....2 No .....3		
<b>T12</b>	<b>457</b>	Have you received any training in Integrated Management of Childhood Illnesses (IMCI) in the last two years?	Yes.....1 No .....2		
<b>T12</b>	<b>458</b>	Have you or any provider(s) of growth monitoring services for children received any training in growth monitoring in the last two years?	Yes.....1 No .....2		

Indicator Code	No.	Question	Result					Skip
		I would like to know if the following basic equipment items are available in this service area today. For each equipment or item, please tell me if it is available today and functioning. <b>ASK TO SEE THE ITEMS.</b>	<b>A) Available</b>		<b>B) Functioning</b>			
			Yes	No	Yes	No	Don't Know	
<b>E2</b> <b>E38</b>	<b>459</b>	Child/infant weighing scale- 100 gram gradation	1 → b	2	1	2	98	
<b>E16</b>	<b>460</b>	Length/height measuring equipment	1 → b	2	1	2	98	
<b>E3</b>	<b>461</b>	Thermometer	1 → b	2	1	2	98	
<b>E4</b>	<b>462</b>	Stethoscope	1 → b	2	1	2	98	
	<b>463</b>	Respiratory rate counter	1 → b	2	1	2	98	
	<b>464</b>	Oxygen dispenser	1 → b	2	1	2	98	
<b>E17</b>	<b>465</b>	Growth charts	1 → b	2	1	2	98	
<b>I16</b>	<b>466</b>	Disposable latex gloves (nonsterile)	1 → b	2	1	2	98	
	<b>467</b>	Decontamination container solution	1 → b	2	1	2	98	
	<b>468</b>	Regular trash bin	1 → b	2	1	2	98	
	<b>469</b>	Does this facility stock any medicines for child health curative care in this service site?	Yes..... 1 No ..... 2				→484	
		Are any of the following medicines and commodities available in this service site today? <b>CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)</b>	<b>Observed Available</b>		<b>Not Observed</b>			
			At Least One Valid	Available Non Valid	Reported Available But Not Seen	Not Available Today	Never Available	
<b>M32</b>	<b>470</b>	Oral rehydration salts (ORS) sachets	1	2	3	4	5	
<b>M33</b>	<b>471</b>	Amoxicillin syrup/suspension	1	2	3	4	5	
	<b>472</b>	Dispersible amoxicillin	1	2	3	4	5	
<b>M7</b>	<b>473</b>	Co-trimoxazole syrup/suspension	1	2	3	4	5	
<b>M12</b>	<b>474</b>	Paracetamol syrup/suspension	1	2	3	4	5	
<b>M34</b>	<b>475</b>	Vitamin A capsules	1	2	3	4	5	
<b>M35</b>	<b>476</b>	Albendazole or Mebendazole cap/tab	1	2	3	4	5	
<b>M36</b>	<b>477</b>	Zinc tablets	1	2	3	4	5	
	<b>478</b>	Gentamicin Injectable	1	2	3	4	5	
	<b>479</b>	Metronidazole tablets	1	2	3	4	5	
	<b>480</b>	Diazepam vials	1	2	3	4	5	
	<b>481</b>	Salbutamol tablets	1	2	3	4	5	
	<b>482</b>	Gentian Violet	1	2	3	4	5	
	<b>483</b>	Mycostatin	1	2	3	4	5	
<b>THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.</b>								
<b>Adolescent Health Services</b>								
	<b>484</b>	Does this facility offer adolescent health services?	Yes..... 1 No..... 2					

Indicator Code	No.	Question	Result	Skip
<b>ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE ADOLESCENT HEALTH SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT ADOLESCENT HEALTH SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.</b>				
	485	Where is this area located?	FP unit.....1 Maternity unit.....2 Separate Adolescent health unit....3 Child health unit.....4 Other (please specify) _____96	
	486	Do you have the national guidelines for service provision to adolescents available in this facility today? <b>IF YES, ASK TO SEE THE GUIDELINES.</b>	Yes, observed ..... 1 Yes, reported not seen ..... 2 No..... 3	
	487	Have you, a provider of adolescent health services, received any training on the provision of adolescent health services in the last two years?	Yes..... 1 No..... 2	
	488	Do providers require parental consent or husband's consent to provide RMNCH services to adolescents?	Yes..... 1 No..... 2	
	489	Is there a transparent, confidential mechanism for adolescents to submit complaints or feedback about sexual/reproductive health (SRH) services at the facility?	Yes, reported seen . . . . . 1 Yes, reported not seen . . . . . 2 No . . . . . 3	
42 B.	Health Provider characteristics			
490	Are peer educators or peer counselors available?	Yes, reported seen . . . . . 1 Yes, reported not seen . . . . . 2 No . . . . . 3		
491	Are health providers of Adolescent health services assessed using quality standard checklists?	Yes, and checklist seen..... 1 No . . . . . 2		
42 C.	Health Program characteristics			
492	Do adolescents (female and male) play a role in the operation of the health facility, and in monitoring the quality of SRH service provision?	Yes, reported but not seen..... 1 No . . . . . 2		
493	Is a wide range of RH services available for adolescents? (FP, STI treatment and prevention, HIV counseling and testing, ante- and post-natal care, delivery care)	Yes, reported but not seen..... 1 No . . . . . 2		
494	Are condoms available to both female and male adolescents?	Yes, reported seen . . . . . 1 No . . . . . 2		
495	Are LARCs available to female adolescents without parental or husband's consent?	Yes, reported seen . . . . . 1 No . . . . . 2		
496	Are there written guidelines for providing adolescent services?	Yes, reported seen . . . . . 1 No . . . . . 2		
497	Are there RH educational materials, posters or job aids on site, which are designed to reach adolescents?	Yes, reported seen . . . . . 1 No . . . . . 2		
498	Are adolescent-specific indicators monitored on a regular basis? (e.g. number of adolescent clients, disaggregated by age and sex)	Yes, reported but not seen . . . . . 1 No . . . . . 2		

	Number	Question	Result				Skip
<b>Section 6: Diagnostics</b>							
	<b>499</b>	Does this facility conduct any diagnostic testing including any rapid diagnostic testing?	Yes..... 1 No..... 2				
<b>ASK TO BE SHOWN THE MAIN LABORATORY OR LOCATION IN THE FACILITY WHERE MOST TESTING IS DONE TO START DATA COLLECTION. INTRODUCE YOURSELF AND EXPLAIN THE PURPOSE OF THE SURVEY, THEN ASK THE FOLLOWING QUESTIONS.</b>							
<b>I would like to know if the following diagnostic tests and associated equipment are available today in this facility.</b>							
<b>Clinical Chemistry</b>							
		Does this facility conduct the following tests onsite or offsite?	Yes, Onsite	Yes, Offsite	Don't Conduct the Test	Skip	
<b>D2</b>	<b>500</b>	Blood glucose tests using a glucometer	1	2	3		
<b>D1</b>	<b>501</b>	Haemoglobin testing	1	2	3		
<b>D10</b>	<b>502</b>	General microscopy/wet-mounts	1	2	3		
<b>D3</b>	<b>503</b>	Malaria smear tests	1	2	3		
<b>D6, D23</b>	<b>504</b>	HIV antibody testing by ELISA	1	2	3		
		I would like to know if the following equipment items for rapid diagnostic testing are available and functional today or not available or not functioning today. <b>ASK TO SEE THE ITEMS.</b>	<b>Observed Available</b>		<b>Not Observed</b>		
			At Least One Valid	Available Not Valid	Reported Available But Not Seen	Not Available Today	Never Available
<b>D3 D34 D36</b>	<b>505</b>	Malaria rapid diagnostic kit	1	2	3	4	5
<b>D9</b>	<b>506</b>	Syphilis rapid test kit	1	2	3	4	5
<b>D6</b>	<b>507</b>	HIV rapid test kit	1	2	3	4	5
<b>D11</b>	<b>508</b>	Urine pregnancy test kit	1	2	3	4	5
<b>D4</b>	<b>509</b>	Dipsticks for urine protein	1	2	2	4	5
<b>D5</b>	<b>510</b>	Dipsticks for urine glucose	1	2	3	4	5
<b>D20</b>	<b>511</b>	Dipsticks for urine ketone bodies	1	2	3	4	5
<b>D7</b>	<b>512</b>	Dry Blood Spot (DBS) collection for HIV viral load or EID	1	2	3	4	5
	<b>513</b>	Needles and syringes (10–20cc)	1	2	3	4	5
	<b>514</b>	Point-of-care haemoglobin cuvettes	1	2	3	4	5
	<b>515</b>	Specimen tubes to collect blood for CD4 tests	1	2	3	4	5

	Number	Question	Result					Skip
	516	Glucometer	1	2	3	4	5	
	517	Glucometer test strips (with valid expiration date)	1	2	3	4	5	
		I would like to know if the following general equipment items are available and functional today. <b>ASK TO SEE THE ITEMS.</b>	Available and Functional	Available Not Functional	Available Don't Know If Functioning	Not Functioning		
D3 D10 D35 D8 D31 D32 D33	518	Light microscope	1	2	3	4		
D3 D10 D35 D8 D32	519	Glass slides and cover slips	1	2	3	4		
	520	Refrigerator	1	2	3	4		
D1	521	Colorimeter or haemoglobinometer	1	2	3	4		
D1	522	HemoCue	1	2	3	4		
D3, D35	523	Wright-Giemsa stain or other acceptable malaria parasite stain (e.g. Field Stain A and B)	1	2	3	4		
D6, D23	524	ELISA washer	1	2	3	4		
D6, D23	525	ELISA reader	1	2	3	4		
D6, D23	526	Incubator	1	2	3	4		
D6, D23	527	Specific assay kit- HIV antibody testing by ELISA	1	2	3	4		
T59 D35	528	Does this facility have an accredited/certified microscopist?	Yes.....1 No.....2					



### Module 3: Availability of Register

**Instructions:** Ask to see the registers.

**Prompt:** We would like to know more about the routine registers you maintain for obstetric and neonatal care at this facility. (Columns refer to the information entered for each client/patient seen; Rows refer to entry or list of names of each client/patient seen.)

	Item	Register is Available & Used		Columns Filled Completely		Rows Up to Date	
		Yes	No	Yes	No	Yes	No
529	General admission register	Y	N	Y	N	Y	N
530	Labor and delivery register	Y	N	Y	N	Y	N
531	Antenatal care register	Y	N	Y	N	Y	N
532	Postnatal register	Y	N	Y	N	Y	N
533	PPFP register in maternity area	Y	N	Y	N	Y	N
534	Inpatient Pediatric register (for sick newborns and children under 5 on admission)	Y	N	Y	N	Y	N
535	Outpatient pediatric register	Y	N	Y	N	Y	N
536	Operating theater register	Y	N	Y	N	Y	N
537	Gynecology register	Y	N	Y	N	Y	N
538	Family Planning register	Y	N	Y	N	Y	N
539	Post-Abortion register	Y	N	Y	N	Y	N
540	Death register	Y	N	Y	N	Y	N
541	PMTCT labor and delivery register	Y	N	Y	N	Y	N
542	Referral register	Y	N	Y	N	Y	N
543	Drug inventory register	Y	N	Y	N	Y	N
544	Discharge register (labor and delivery)	Y	N	Y	N	Y	N
545	Death/morgue register	Y	N	Y	N	Y	N
546	GBV register	Y	N	Y	N	Y	N
547	Any separate register for adolescent reproductive health (RH) services provided	Y	N	Y	N	Y	N

## Section I. Community Outreach

**Prompt:** These questions deal with this facility's community outreach activities to the community.

	Question	Result	Sk ip
548	Does this health facility have a health (management) committee?	Yes.....1 No.....2	
549	If Yes, is the community represented in the committee?	Yes.....1 No.....2	
550	Are women health groups or any other community groups in existence to improve maternal newborn and child health working in the facility catchment area?	Yes.....1 No.....2	
551	Does any community group (health committee, health management committee, women group etc.) have a written action?	Yes.....1 No.....2	
552	If yes, does the action plan include activities/intervention related to the following topics:	ANC Yes.....1 No.....2 PNC Yes.....1 No.....2 Health facility delivery Yes.....1 No.....2 Quality Improvement Yes.....1 No.....2 Immunization Yes.....1 No.....2 FP Yes.....1 No.....2 New-born care Yes.....1 No.....2 Birth preparedness Yes.....1 No.....2 Emergency transportation Yes.....1 No.....2	
553	Can the community group show evidence of regular documented meeting?	Yes.....1 No.....2	
554	Can the community group show evidence of regular implementation of its action plan?	Yes.....1 No.....2	
555	Have the community group or health committee members benefited of any training/refresher in the last year?	Yes.....1 No.....2	
556	If yes, on what topic were they trained and by whom? _____		
557	Does the health committee receive any kind of supervision/coaching?	Yes.....1 No.....2	
558	If yes by whom? _____		
559	Does the health facility catchment area benefit from the work of a cadre of community health workers including volunteers?	Yes.....1 No.....2	
560	If yes what is their number? The various types and their roles and responsibilities per type _____		
561	What type of health services do the various CHWs offer to the communities?	ICCM Yes   No 2 ANC Yes   No 2 PNC Yes   No 2 HF delivery Yes   No 2 Immunization Yes   No 2 FP Yes   No 2 New born care Yes   No 2 HIV/AIDS Yes   No 2 Community Mobilization Yes   No 2 Other (specify)	

		<u>96</u>																																																								
562	Do the CHWs have a register to capture and report on their activities?	Yes.....1 No.....2																																																								
563	If yes to whom do they report to? How often _____																																																									
564	Are service statistics from CHWs included in the montly reports that facilities send up to the district level? _____	Yes.....1 No.....2																																																								
565	Have the CHW benefited from any training on RMNCH in the last year?	Yes.....1 No.....2																																																								
566	If yes on which topic?	<table border="0" style="width: 100%;"> <tr> <td>ICCM</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">1</td> <td style="text-align: center;">No</td> <td style="text-align: center;">2</td> </tr> <tr> <td>ANC</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">1</td> <td style="text-align: center;">No</td> <td style="text-align: center;">2</td> </tr> <tr> <td>PNC</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">1</td> <td style="text-align: center;">No</td> <td style="text-align: center;">2</td> </tr> <tr> <td>HF delivery</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">1</td> <td style="text-align: center;">No</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Immunization</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">1</td> <td style="text-align: center;">No</td> <td style="text-align: center;">2</td> </tr> <tr> <td>FP</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">1</td> <td style="text-align: center;">No</td> <td style="text-align: center;">2</td> </tr> <tr> <td>New born care</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">1</td> <td style="text-align: center;">No</td> <td style="text-align: center;">2</td> </tr> <tr> <td>HIV/AIDS</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">1</td> <td style="text-align: center;">No</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Community Mobilization</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">1</td> <td style="text-align: center;">No</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Other (specify)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;"><u>96</u></td> </tr> </table>	ICCM	Yes	1	No	2	ANC	Yes	1	No	2	PNC	Yes	1	No	2	HF delivery	Yes	1	No	2	Immunization	Yes	1	No	2	FP	Yes	1	No	2	New born care	Yes	1	No	2	HIV/AIDS	Yes	1	No	2	Community Mobilization	Yes	1	No	2	Other (specify)					<u>96</u>					
ICCM	Yes	1	No	2																																																						
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Other (specify)																																																										
<u>96</u>																																																										
567	How many hours per week do CHW work?	_____hours																																																								
568	Who supervises the CHW? _____																																																									
569	What does the CHW supervision include/cover? _____																																																									
570	Are any CHW supervision tools available?	Yes.....1 No.....2																																																								
571	Is there a regular supply to CHW?	Yes.....1 No.....2																																																								
572	If Yes, who provide supplies to CHW and how often?	Supplies by _____ Frequency of supply _____																																																								
573	What feedback mechanism exit from health facility to the CHW to inform CHW about the cases CHW referred? _____																																																									

## Section 2: Demand Creation

**Prompt:** These questions deal with the community's link to this facility.

Is there a community-based organization that links the community to this health facility to improve community health and increase demand for the following services:

	Topic of Demand Creation	No	Yes, rarely	Yes, sometimes	Yes, ongoing & frequent	Don't Know	Name of organization
574	HIV testing?	0	1	2	3	9	
575	PMTCT?	0	1	2	3	9	
576	Antenatal Care?	0	1	2	3	9	
577	Facility based deliveries?	0	1	2	3	9	
578	Newborn care?	0	1	2	3	9	
579	Family planning?	0	1	2	3	9	
580	Gender-based violence?	0	1	2	3	9	
581	Male involvement in maternal and neonatal health?	0	1	2	3	9	
582	Identification and management of sick newborns, care of very small babies?	0	1	2	3	9	
583	Sick child care	0	1	2	3	9	
584	Well baby care/immunization for under fives	0	1	2	3	9	

## Module 5: Health Facility Level Use of Data

The purpose of collecting and analyzing data is to improve health services by enabling more informed decisions. This module is designed to understand the process of use of data, the barriers and constraints in terms of the availability and use of data on Reproductive, Maternal, Neonatal and Child health (RMNCH), which will inform interventions about how to resolve these barriers and constraints. For the purpose of this module, 'data use for decision-making' refers to analyzing health facility or community data for making decisions related to review of responsibilities for facility personnel, mobilization/shifting of resources based on comparison by services, advocacy for more resources, review or revise policies, protocols, staff training or supervision, community education or mobilization, use of data for facility workload planning, outreach services, commodity procurement, etc.

The questions in this section should ideally be asked to a medical officer in-charge of the facility. In case the medical officer is not available, please ask other doctor(s) engaged in providing MNH services or nurse/midwives or M&E/HIS officers. Please record the respondent below:

Code.	I.Respondent	Yes (1)	No (0)
585	a) Medical officer in charge of facility		
586	b) Other doctor(s)		
587	c) Nurses/midwives		
588	d) Monitoring and evaluation officer / health information system officer		
589	e) Other (WRITE IN)		
590	Is the health facility using the harmonized 2013 National Health Information System registers and forms? 1.		

	Question	Yes	No	Comment
591	Does the facility have a list of priority indicators for RMNH that should be monitored on a regular (quarterly) basis and used to make decisions about service delivery at this facility?	1	0	
592	Does the facility ensure that there are appropriate job aids (e.g. partograph, counselling flipcharts) available for the services provided in each RMNH service room (i.e., on the wall, on the desk, in providers' pockets).	1	0	
<b>Data Visualization and Use</b>				
	Does the health facility team staff regularly (quarterly) conduct analysis and create graphs, tables or charts for service statistics related to the following topics (for the priority RMNH interventions)?	Graph, chart displayed and updated	Targets available for each indicator	No graphs, charts or targets
593	PPH	2. Yes	1. Yes	0. No
594	Eclampsia/Pre eclampsia	2. Yes	1. Yes	0. No

	Question	Yes	No	Comment
595	Very early Maternal deaths (prior to discharge)	2. Yes	1. Yes	0. No
596	Very early Neonatal deaths (prior to discharge)	2. Yes	1. Yes	0. No
597	C-section	2. Yes	1. Yes	0. No
598	Diagnosis and treatment of ARI	2. Yes	1. Yes	0. No
599	Assisted delivery	2. Yes	1. Yes	0. No
600	Newborn resuscitation	2. Yes	1. Yes	0. No
601	Intra-partum/fresh still births	2. Yes	1. Yes	0. No
602	Essential newborn care, such as drying, skin to skin care and/or immediate breastfeeding	2. Yes	1. Yes	0. No
603	Is there a process in place at the facility to review and discuss this information on a routine basis?	Yes.....1 No.....2		
604	Is there a report submitted to districts on the analysis of these priority RMNH indicators?	1. Yes, Observed	2. Yes, not observed	0. No
605	What is the frequency of these reports?	1.Monthly 2.Quarterly  3.Bi-annual or annual		
<b>Health Facility QI process</b>				
606	Does the facility have a “quality committee” that works to promote the QI of RMNH services?	1.Yes	0.No	
607	How many times did the “quality committee” meet during the last three months?	[ ] [ ]		
608	Please check official record of the meeting records for the last three months to see if the following topics were discussed:			
609	Data quality, reporting, or timeliness of RMNH indicators	1.Yes, observed	0. No	
610	Discussion on data analysis, service coverage, medicine stock-out	1.Yes, observed	0. No	
611	Are there any HIS related issues/problems referred to regional/national level for actions?	1.Yes, observed	0. No	
612	Have they made any decisions based on the above discussions?	1.Yes, observed	0. No	
613	Has any follow-up action taken place on the decisions made during the previous meetings?	1.Yes, observed	0. No	
614	If Yes, list the top three decision: 1..... 2..... 3.....			
615	<b>Other management meetings at the HF level</b>			
616	Are there daily handover meetings occur on the delivery wards?	1.Yes, observed	0. No	
617	Are there regular clinical team/wards meetings occur at least monthly?	1.Yes, observed	0. No	
618	Do management committees occur regularly—with written agenda, minutes and action items with follow-up at the next meeting?	1.Yes, observed	0. No	

	Question	Yes	No	Comment
619	Do management committees, use data to assess progress and identify gaps from other meetings (i.e., quality committee, audit committee, clinical teams, etc.) within 3 months.	I.Yes, observed	0.No	
<b>Decision-Making Using Data</b>				
620	What kinds of decisions or actions have been made/taken in the past 3 months based on the use of MNCH service statistics? Please check on types of decisions based on types of analyses present in reports (Please give some examples).	1..... 2..... 3.....		
621	Review strategy by examining service performance target	I.Yes	0.No	
622	Review facility personnel responsibilities	I.Yes	0.No	
623	Mobilization/shifting of resources based on comparison by services	I.Yes	0.No	
624	Advocacy for more resources	I.Yes	0.No	
625	Review or revise policies, protocols	I.Yes	0.No	
626	Staff training or supervision	I.Yes	0.No	
627	Community education or mobilization	I.Yes	0.No	
628	Improve data quality, use or analysis	I.Yes	0.No	
629	Commodity procurement	I.Yes	0.No	
630	Does the facility have an annual plan showing that data on above interventions is used during annual planning?	I.Yes	0.No	
631	Does the the staff in this facility have regular (quarterly) opportunities to update skills in data analysis, problem solving and use.	I.Yes	0.No	
<b>District-Level Support</b>				
632	Has staff form the facility attended meetings at the district level related to the review of MNH performance?	I.Yes	0.No	
633	Number of meeting in the last 3 months	.....		
634	Any decisions made?	I.Yes	0.No	
635	Facility's performance in relation to RMNH indicators	I.Yes	0.No	
636	Support to make decisions using RMNH data	I.Yes	0.No	
<b>Supervision by the District Health Office</b>				
637	Did the district supervisor or district health management team visit the facility during the last three months?	I.Yes	0.No	
638	How many times did the district supervisor visit the facility during the last three months?	1. Once 2. Twice 3. Thrice 4. More than three times		
639	Which services were supervised in the last three month? (list all that apply)			
640	Did the supervisor check staff availability and training for MNCH/FP services?	I.Yes	0.No	
641	Did the supervisor check the MNCH service statistic data quality and analysis?	I.Yes	0.No	

	Question	Yes	No	Comment
642	Did the district supervisor review performance on MNCH/FP service statistics when he/she visited your facility?	1.Yes	0.No	
643	Did the supervisor help make a decision based on RMNCH-HIS information?	1.Yes	0.No	
644	Did the supervisor send a report/feedback/note on the last two supervisory visits for RMNCH indicators?	1.Yes	0.No	
645	Did the supervisor identify staff capacity building needs in data analysis, problem solving and use.	1.Yes	0.No	
Data dissemination and community engagement				
646	Do health facility staff document problems associated with lower performance?	1.Yes	0.No	
647	Are MNCH/FP service statistics shared with community members?	1.Yes	0.No	
648	In the last 3 months, how has the facility made RMNCH information available to members of community or other partners?			
649	Displayed on the wall of health facility	1.Yes	0.No	
650	Respond to request from community or NGOs	1.Yes	0.No	
651	Shared at community meetings	1.Yes	0.No	
652	Media – radio or television	1.Yes	0.No	
653	None	1.Yes	0.No	
Data collection and use at health facility				
654	Are all Maternal, Perinatal and Neonatal Death reported to higher levels	1.Yes 0.No If yes, which level? 1.District only 2.District and Central Level 3.Central level only 4.Community		
655	Are all Maternal, Perinatal and Neonatal Deaths reported to the district level?	Yes.....1 No.....2		
656	Is there a formal audit or case review of maternal deaths at the facility?	Yes.....1 No.....0 Not Applicable or Never had a death 99		
657	How often are maternal deaths audited or reviewed?	Never.....0 After every maternal death..... 1 On a scheduled basis.....2 Only occasionally or Rarely .....3 Other.....96		
658	Every maternal death is audited within the last 6 months	1.Yes	0.No	
659	HF has a functioning committee for Maternal, Perinatal and Neonatal Death Audit?	1.Yes	0.No	
660	About what percentage of Maternal, Perinatal and Neonatal Death reported are reviewed?	State the figure: _____		
661	HF has a written SOP on audit implementation with systematic approach	1.Yes	0.No	



	Question	Yes	No	Comment
662	Is there a formal audit or case review of perinatal deaths at the facility?	Yes.....1 No.....0 Not Applicable or Never had a death.....99		
663	How often are perinatal deaths audited or reviewed?	After every maternal death.....1 On a scheduled basis.....2 Only occasionally or Rarely .....3 Never.....0 Other.....96		
664	Every perinatal death is audited within the last 6 months	1.Yes	0.No	
665	How often are stillbirths audited or reviewed?	After every maternal death.....1 On a scheduled basis.....2 Only occasionally or Rarely .....3 Never.....0 Other.....9.		
666	Every stillbirths death is audited within the last 6 months	1.Yes	0.No	
667	Every case is audited within the last 6 months	1.Yes	0.No	
668	Death audit committee meets regularly (i.e., monthly if a death or near-miss occurs) and meetings are attended by related professionals (i.e., ob/gyns, pediatrician, anesthesiologist, general practitioners, midwives, and nurses).	1.Yes	0.No	
669	HF has records of regular Maternal and Neonatal Death Audit and Committee meetings during the last year.	1. Yes	0. No	
670	HF has records of Maternal, Perinatal and Neonatal Death Audits and written conclusions, recommendations and action plan.	1. Yes	0. No	
671	HF has records of Maternal and Neonatal Death Audit and Committee recommendations were implemented and action plan completed.	1. Yes	0. No	
672	When you carry out an maternal death review, are the findings and recommendations shared with anyone outside of the health facility? IF YES: Who?	1.Ministry of Health (national or state level) 2.District health management 3.Local council 4.Civil society organization(s) 5.Public 6.Other (WRITE IN)		
673	To what extent do maternal death review results inform this facility's strategy to decrease maternal mortality?	1.MDR reports are a strong influence on our mortality reduction strategy 2.MDR reports don't influence our mortality reduction strategy 3.Don't know		

	Question	Yes	No	Comment
674	What percentage of Maternal Death Reviews in this facility are carried out according to the official MDSR guidelines?	1.All of them (100%) 2.Most of them (51-99%) 3.Some of them (1-50%) 4.None of them (0%) 5.Not applicable – there is no official guideline		
675	What management decisions, if any, were taken at the most recent maternal death review meeting? (please specify) _____			
<b>Data collection and use at health facility</b>				
	Does anything prevent this facility from using MNCH/FP service statistic data for decision-making?			
676	Nothing, we make good use of data	I. Yes	0. No	
677	We don't get data on priority interventions in MNCH	I. Yes	0. No	
678	The format is difficult to understand and use	I. Yes	0. No	
679	Shortage of time	I. Yes	0. No	
680	Low capacity and confidence in using data	I. Yes	0. No	
681	No motivation to use data	I. Yes	0. No	
682	No resources to take action	I. Yes	0. No	
683	No support/interest from management	I. Yes	0. No	
684	Poor data quality/missing data	I. Yes	0. No	
685	Other (please specify) _____			

Q. numbers	How the following influences how this facility makes decisions?	Strongly Agree (4)	Agree (3)	Neither Agree Nor Disagree (2)	Disagree (1)	Disagree Strongly (0)	Don't know (9)
686	Decisions-makers' personal preferences	4	3	2	1	0	9
687	Superiors' directives	4	3	2	1	0	9
688	Health needs identified based on service statistics	4	3	2	1	0	9
689	Community input/suggestions	4	3	2	1	0	9
690	Health facility staff input	4	3	2	1	0	9
691	What funds/resources are available	4	3	2	1	0	9
<b>Data on referral system</b>							
692	Does the current HIS capture referral of patients from the community level	Yes.....1		No.....2			
693	Does the current HIS capture referral of patients to a higher level health facility	Yes.....1		No.....2			

For each of the following activities, please indicate whether you could do it with no difficulty, you do it with a little help/support, you could do it but would need a lot of help/support, or you could not do it at all. Please be honest in your answers – we will not tell anyone what you have said, we just need to find out how many people need further training or support in the use of data.

Please tick one box for each activity:

Staff at this Health Facility is Competent to		With No Difficulty (3)	With a Little Help (2)	With a Lot of Help (1)	Not at All (0)
694	Check data accuracy.	3	2	1	0
695	Calculate percentages and rates correctly.	3	2	1	0
696	Plot data on graph by months or years.	3	2	1	0
697	Explain findings and their implications.	3	2	1	0
698	Use data for identifying gaps and setting targets.	3	2	1	0
699	Use data for making various types of decisions and providing feedback.	3	2	1	0

No.	Question	Result	Skip
<b>INTERVIEWER'S OBSERVATIONS</b>			
700	<b>INTERVIEW END TIME</b> (use the 24 hour-clock system)	<input type="text"/> : <input type="text"/>	
701	<b>RESULT CODES (LAST VISIT):</b>	Completed ..... 1 Respondent Not Available..... 2 Refused ..... 3 Partially Completed ..... 4 Other (Specify) ..... 96	
<b>Comments about the respondent:</b>			
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			
<b>Comments on specific questions:</b>			
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			
<b>Any other comments:</b>			

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<b>Supervisor's observations:</b>	
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
<b>Name of supervisor:</b> _____	<b>Date:</b> _____