

**IDEAS HEALTH FACILITY SURVEY
NIGERIA [DATES]
[ORGANISATION AND CONTACTS]**

SECTION 1: FACILITY IDENTIFIERS

1.1	Date	___/___/_____
1.2	State code	___
1.3	Facility name	_____
1.4	Village name	_____
1.5	EA number	___
1.6	Facility Type (1)Primary care facility (2)Secondary care	___
1.7	Facility Ownership (1)Government (2)Mission (3)NGO	___
1.8	GPS Longitude	_____ : _____
1.9	GPS Latitude	_____ : _____
1.10	Interviewer Initials	___

SECTION 2. EQUIPMENT, DRUGS AND VACCINES

Walk around the facility with the in-charge (or representative) and personally check the availability of equipment and stock. Essential support services

	Does the facility have the following essential support services?	
2.1	Source of clean running water (eg bucket+plug; piped water) (1)Yes (2)No	___
2.2	Electricity connection (1)Yes (2)No	___
2.3	Electricity supply on day of survey (1)Yes (2)No	___
2.3a	Does the facility have an alternative power supply (generator or solar) (1)Yes (2)No	___
2.4	Functional sterilizer, cooker or stove (1)Yes (2)No	___
2.5	Functional fridge (1)Yes (2)No	___
2.6	Toilets accessible to facility users (1)Yes (2)No	___
2.7	Motorised transport for referral (1)Yes (2)No (go to 2.8)	___
2.7a	If yes: How many motorbikes are available? <i>Enter number of motor bikes</i>	___
2.7b	If yes: How many cars/ambulances are available? <i>Enter number of cars/ambulances</i>	___
2.7c	If yes: Is there a vehicle for referral in the facility now? (1)yes (2)no	___
2.8	The last time there was an obstetric referral which transport was used? (1) facility owned vehicle (2) district office owned vehicle (3) she used her own vehicle (4) public transport (5) non-motorised vehicle (6) don't know	___
2.9	Which means of communication do you have to speak to another facility? (1) Facility landline/mobile phone (2) Staff member mobile phone; (3) Phone outside the facility; (4) Radio; (5) No means of communication	___
2.10	The last time a woman was referred to another facility for treatment did you speak to the facility directly? (1) Yes (2) No (go to 2.12)	___
2.11	If yes, Which means of communication did you use? (1) Facility landline/mobile phone (2) Staff member mobile phone; (3) Phone outside the facility; (4) Radio	___
2.12	The last time a woman was referred to another facility for maternity care did a staff member accompany her? (1) yes (2) no (go to 2.14)	___
2.13	If yes: Which cadre of staff member accompanied her? (1) CHEW; (2) CHO; (3) Registered nurse/midwife; (4) Enrolled nurse/midwife; (5) Doctor (6) Other	___

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Equipment

	Does the facility have the following equipment and materials today?	(1)Yes (2)No
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AVAILABLE IN THE MATERNITY CARE/ANC/FP SERVICE AREA		
2.14	Accessible and working baby scale	<input type="checkbox"/>
2.15	Family health cards/vaccination cards	<input type="checkbox"/>
2.16	Fetoscope	<input type="checkbox"/>
2.17	Stethoscope	<input type="checkbox"/>
2.18	Blood pressure machine (sphygmomanometer)	<input type="checkbox"/>
2.19	Single use needles and syringes for vaccinations	<input type="checkbox"/>
2.20	Suture material with needles	<input type="checkbox"/>
2.21	Needle holder	<input type="checkbox"/>
2.22	Sterile scissors or blade	<input type="checkbox"/>
2.23	Sharps boxes	<input type="checkbox"/>
2.24	Soap	<input type="checkbox"/>
2.25	Accessible and working adult scale	<input type="checkbox"/>
2.26	Working watch or timing device	<input type="checkbox"/>
2.27	Antenatal cards	<input type="checkbox"/>
2.28	Supplies to mix ORS, cups and spoons	<input type="checkbox"/>
2.29	Height stick	<input type="checkbox"/>
2.30	Disposable gloves	<input type="checkbox"/>
2.31	Single-use hand drying towels	<input type="checkbox"/>
2.32	Waste receptacle with lid and plastic liner	<input type="checkbox"/>
2.33	Disinfectant	<input type="checkbox"/>
2.34	Room giving visual privacy	<input type="checkbox"/>
2.35	24- hour functioning light source	<input type="checkbox"/>
2.36	Thermometer	<input type="checkbox"/>
2.37	Intravenous fluids with infusion set	<input type="checkbox"/>
2.38	Manual vacuum aspirator for abortion care	<input type="checkbox"/>
2.39	Speculum	<input type="checkbox"/>
2.40	Aspiration kit	<input type="checkbox"/>
2.41	Oxygen	<input type="checkbox"/>
2.42	Blank partographs	<input type="checkbox"/>
2.43	Vacuum extractor (for vacuum delivery/assisted delivery)	<input type="checkbox"/>
2.44	Newborn suction device	<input type="checkbox"/>
2.45	Newborn resuscitation device/Ambu bag	<input type="checkbox"/>
2.46	Mucus trap/suction machine	<input type="checkbox"/>
2.47	Clamp or umbilical tie	<input type="checkbox"/>
2.48	Gentian violet paint	<input type="checkbox"/>
2.49	Dextrose saline/ORS	<input type="checkbox"/>
2.50	Utensils for breastmilk expression and cup feeding	<input type="checkbox"/>
2.51	Nasogastric tubes/20ml syringes	<input type="checkbox"/>
2.52	Binders for Kangaroo Mother Care	<input type="checkbox"/>
2.53	Blanket to wrap newborn	<input type="checkbox"/>
2.54	Baby warmer/heat lamp	<input type="checkbox"/>
2.55	Phototherapy	<input type="checkbox"/>
2.56	What number of rooms are there at the facility? <i>Enter number</i> Include all rooms	<input type="text"/>
2.57	What number of beds available in the maternity area? <i>Enter the number</i>	<input type="text"/>

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Check the facility stocks. Answer the following questions based on what you see.

Current availability of drugs

	Does the facility have the following drugs available today? (1)Yes (2)No (3)Not possible to access drug store	
2.58	Sulphadoxine Pyrimethamine for IPTp	<input type="checkbox"/>
2.59	Vitamin A	<input type="checkbox"/>
2.60	Ferrous Sulphate	<input type="checkbox"/>
2.61	Folic Acid	<input type="checkbox"/>
2.62	Combined ferrous/folate	<input type="checkbox"/>
2.63	Benzyl penicillin	<input type="checkbox"/>
2.64	Diazepam (IM or IV)	<input type="checkbox"/>
2.65	Mebendazol	<input type="checkbox"/>
2.66	Amoxicillin	<input type="checkbox"/>
2.67	Penicilin or ampicilin	<input type="checkbox"/>
2.68	Calcium gluconate	<input type="checkbox"/>
2.69	Cotrimoxizole	<input type="checkbox"/>
2.70	Tetracycline ointment or silver nitrate eye drops	<input type="checkbox"/>
2.71	Corticosteroids (for preterm labour)	<input type="checkbox"/>
2.72	Ergometrine (oral or injectable)	<input type="checkbox"/>
2.73	Oxytocin	<input type="checkbox"/>
2.74	Misoprostol	<input type="checkbox"/>
2.75	IV Ampicillin	<input type="checkbox"/>
2.76	IV Gentamycin	<input type="checkbox"/>
2.77	IV Metronidazole	<input type="checkbox"/>
2.78	Local anaesthetics (such as lidocaine)	<input type="checkbox"/>
2.79	Zinc tablets	<input type="checkbox"/>
2.80	Nevirapine	<input type="checkbox"/>

Current availability of vaccines

	Does the facility have the following vaccines in stock today? (1)Yes (2)No (3)No access	
2.81	TT vaccine	<input type="checkbox"/>
2.82	Vitamin K	<input type="checkbox"/>
2.83	BCG	<input type="checkbox"/>
2.84	OPV	<input type="checkbox"/>

Current availability of diagnostics

	Which of the following test kits are available in this clinic today?	
2.85	Pregnancy test kit (1) Yes (2) No	<input type="checkbox"/>
2.86	Proteinuria (1) Yes (2) No	<input type="checkbox"/>
2.87	Rapid test for malaria (1) Yes (2) No	<input type="checkbox"/>
2.88	Does the facility offer HIV diagnostics in this clinic? (1)Yes; (2) No (go to 2.90)	<input type="checkbox"/>
2.89	If yes: Does the facility have HIV rapid tests in stock today? (1)yes (2)no (e.g. Dialab, SD Bioline, Determine, Retroscreen, Vikia, HIV Quick Check, Oraquick, DPP, Statpak, Unigold)	<input type="checkbox"/>
2.90	Does the facility offer syphilis diagnosis? (1)Yes at this clinic; (2) No, not at this clinic (go to 2.93)	<input type="checkbox"/>
2.91	If 2.90 yes: Does the facility have syphilis RPR syphilis tests in stock today? (1)Yes (2)No	<input type="checkbox"/>
2.92	If 2.90 yes: Does the facility have syphilis rapid tests in stock today? (1)Yes (2)No	<input type="checkbox"/>
2.93	Does the facility have anaemia tests, e.g.Haemoglobin colour scale/Tallquist (1) Yes (2) No	<input type="checkbox"/>

**IDEAS HEALTH FACILITY SURVEY
NIGERIA [DATES]
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SECTION 3 FACILITY SERVICES

Discuss with the head of facility to determine which services are routinely offered.

Services available

3.1	How many days per week is the facility open? <i>Write number of days</i>	<input type="text"/>
	What services are routinely offered at this clinic?	
3.2	Antenatal registration and counselling (1)yes (2)no	<input type="text"/>
3.3	If yes: are antenatal services available today? (1)yes (2)no	<input type="text"/>
3.3a	If yes: what is the cost of a routine antenatal consultation? <i>Enter total in Naira 0 if free</i>	<input type="text"/>
3.4	Vaccination (1)yes (2)no	<input type="text"/>
3.5	If yes: are vaccination services available today? (1)yes (2)no	<input type="text"/>
3.5a	If yes: what is the cost of vaccination services for pregnant women? <i>Enter total in Naira 0 if free</i>	<input type="text"/>
3.6	PMTCT (1)yes (2)no	<input type="text"/>
3.7	If yes: are PMTCT services available today? (1)yes (2)no	<input type="text"/>
3.8	Family planning counselling (1)yes (2)no	<input type="text"/>
3.9	If yes: is family planning counselling available today? (1)yes (2)no	<input type="text"/>
3.9a	If yes: what is the cost of routine family planning counselling? <i>Enter total in Naira 0 if free</i>	<input type="text"/>
3.10	Post-natal health checks for mother and newborn (1)yes (2)no	<input type="text"/>
3.11	If yes: are PNC available today? (1)yes (2)no	<input type="text"/>
3.11a	If yes: what is the cost of routine post-natal health checks? <i>Enter total in Naira 0 if free</i>	<input type="text"/>
3.12	Maternity/Intra-partum/Delivery care (1)yes (2)no	<input type="text"/>
3.13	If yes: is maternity/delivery care available today? (1)yes (2)no	<input type="text"/>
3.14	If maternity/delivery services are offered: How many days per week are maternity/delivery services available?	<input type="text"/>
3.15	If maternity/delivery services are offered: How many days per week are maternity/delivery services available 24 hours/day? <i>Enter number of days</i>	<input type="text"/>
3.15a	If yes: what is the cost of routine maternity/delivery care? <i>Enter total in Naira 0 if free</i>	<input type="text"/>
3.16	Abortion services (1)yes (2)no	<input type="text"/>
3.17	If yes: are abortion services available today? (1)yes (2)no	<input type="text"/>
3.17a	If yes: what is the cost of routine abortion services? <i>Enter total in Naira 0 if free</i>	<input type="text"/>
3.18	Are there ever any meetings where service statistics for delivery services are discussed with staff working at this facility? (1)yes (2)no	<input type="text"/>
3.19	Does the facility practise Kangaroo Mother Care (KMC)? (1)yes (2)no	<input type="text"/>

Health staff on the day of survey

Ask the in-charge to tell you the following about the staff at the facility. Enter the number. Under 'other' include all other staff at the facility, even non-health staff e.g. cleaners

	HOW MANY STAFF:	Clinician	Registered Nurse/midwife	Assistant nurse	CHEW	CHO	Other	Total
	Employed in the facility?	3.20	3.21	3.22	3.23	3.24	3.25	3.26
	Trained in clean and safe delivery?	3.27	3.28	3.29	3.30	3.31	3.32	3.33
	Trained in essential newborn care/PNC?	3.34	3.35	3.36	3.37	3.38	3.39	3.40
	Trained in PMTCT?	3.41	3.42	3.43	3.44	3.45	3.46	3.47
	Trained in syphilis screening?	3.48	3.49	3.50	3.51	3.52	3.53	3.54
	Provide antenatal care?	3.55	3.56	3.57	3.58	3.59	3.60	3.61
	Attend deliveries?	3.62	3.63	3.64	3.65	3.66	3.67	3.68

**IDEAS HEALTH FACILITY SURVEY
NIGERIA [DATES]
[ORGANISATION AND CONTACTS]**

	Provide essential newborn care?	3.69	3.70	3.71	3.72	3.73	3.74	3.75
	At work today?	3.76	3.77	3.78	3.79	3.80	3.81	3.82

Supervision

Ask the In-Charge about supervision visits received over the last six months, plus details about the last visit. If respondent is unsure try looking in the visitors book

3.83	Did the facility receive a supervision in the last six months? (1)yes (2)no	.
3.84	When was the last supervision visit? Enter date	/
	Now please think about the last supervision visit. Which supervisors came on the last visit? (tick all that apply)	(1)Yes (2)No
3.85	Federal Ministry of health team	
3.86	State Ministry of health team	
3.87	LGA health office team	
3.88	Other Medical doctor	
3.89	Project visitor (e.g.SFH) (specify)	
3.90	Vaccine official (non-government)	
3.91	Other (specify)	

Appropriate technology and usual practice

Ask the In-Charge - or head of the maternity ward - about usual practice during deliveries.

	Which of the following are (1) not used, (2) routine practise during deliveries in this clinic:	(1)=Yes (2)=No
3.92	Use of partograph	
3.93	Active management of 3 rd stage of labour (AMTSL)	
3.94	Newborn stays with mother in the same room	
3.95	Mother receives vitamin A before discharge	
3.96	Newborns are weighed immediately	
3.97	Newborns are fully bathed within 24 hours of birth	
3.98	Newborn given OPV vaccine prior to discharge	
3.99	Newborn given BCG vaccine prior to discharge	

Section 4 FACILITY RECORDS

Number of deliveries and number of live births in the last 6 months

Ask the health worker assisting to see all the Facility Registers for the previous 6 completed months. E.g., if you are on survey on 19th May 2012, we want to record all the events between 1st Nov 2011 to 30th April 2012.

		N of events
	During the last six months:	
4.1	What was the total number of deliveries in the clinic? <i>Include all birth outcomes. Write the number, or write 999 if information not available</i>	
4.2	What was the number of unassisted deliveries in the clinic? <i>Write the number, or write 999 if information not available</i>	
4.3	What was the number of caesarean sections in the clinic? <i>Write the number, or write 999 if information not available</i>	
4.4	What was the number of maternal fatalities in the clinic? <i>Write the number, or write 999 if information not available</i>	
4.5	What was the number of maternal fatalities due to obstructed labour in the clinic? <i>Write the number, or write 999 if information not available</i>	
4.6	What was the number of maternal fatalities due to eclampsia/pre-eclampsia? <i>Write</i>	

**IDEAS HEALTH FACILITY SURVEY
NIGERIA [DATES]
[ORGANISATION AND CONTACTS]**

	<i>the number, or write 999 if information not available</i>	
4.7	What was the number of maternal fatalities due to puerperal sepsis? <i>Write the number, or write 999 if information not available</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4.8	What was the number of live births in the clinic? <i>Write the number, or write 999 if information not available</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4.9	What was the number of still births in the clinic? <i>Write the number, or write 999 if information not available</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	What was the number of live births with an five minute APGAR score of:	
4.10	1	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4.11	2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4.12	3	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4.13	4	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4.14	5	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4.15	6	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4.16	7	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4.17	8	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4.18	9	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4.19	10	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4.20	Number with no APGAR score recorded	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4.21	What was the number of live births with birth weight <2500 grammes (or <2.5kg)? <i>Write the number or write 999 if information not available</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4.22	How many live birth records did not have birth weight recorded? <i>Write the number of missing birth weight records</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4.23	What number of newborns were referred for treatment/extra care? <i>Write the number of newborns referred for treatment</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4.24	What number of newborns were admitted for treatment/extra care? <i>Write the number or write 999 if information not available</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4.25	Are the maternity record books completely up to date until the day before survey? (1) Yes (2) No	<input type="text"/> <input type="text"/>
4.26	What is the date of the most recent birth recorded in the maternity register? Date: <i>look up on PDA</i>	<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"/>