

CBNC MIDLINE –HEALTH POST INVENTORY AND REGISTER REVIEW FORM

MODULE 1: BACKGROUND INFORMATION OF THE HEALTH POST				
HP1.1	Date (Gregorian Calendar)		<input type="text"/> / <input type="text"/> / <input type="text"/> dd / mm / yy	HP1.1
HP1.2	Region Code		<input type="text"/>	HP1.2
HP1.3	Zone Code		<input type="text"/>	HP1.3
HP1.4	Woreda Name		<input style="width: 100%;" type="text"/>	HP1.4
HP1.5	Woreda code		<input type="text"/>	HP1.5
HP1.6	PHCU code		<input type="text"/>	HP1.6
HP1.7	Health Post Code		<input type="text"/>	HP1.7
HP1.8	Unique ID (composed of the 2 digit region, 2 digit zonal, 2 digit woreda code, 2 digit PHCU code and 1 digit health post code)		<input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/> Region / Zone / Woreda / PHCU / Health post	HP1.8
HP1.9	GPS Latitude Take coordinates of health post		<input type="text"/> : <input type="text"/>	HP1.9
HP1.10	GPS Longitude Take coordinates of health post		<input type="text"/> : <input type="text"/>	HP1.10
HP1.11	Interviewer Initials		<input type="text"/>	HP1.11
HP1.12	Did you read the HEW the consent form?	1 = Yes 2 = No	<input type="text"/>	HP1.12
HP1.13	Did the HEW agree to be interviewed?	1= Yes – GO TO MODULE 2 2 = No	<input type="text"/>	HP1.13
HP1.14	If not, why not?		END	HP1.14

MODULE 2: FACILITY, EQUIPMENT, MEDCINE AND JOB AIDS

INTERVIEWER: *I would now like to ask you questions about the facility, equipment, medicine and job aids at this health post.*

WALK AROUND THE FACILITY WITH THE HEW AND PERSONALLY CHECK THE AVAILABILITY OF EQUIPMENT, AND MEDICINE IN STOCK.

Does the facility have the following essential support services?

HP2.1	What is the main source of drinking water?	1 = Piped connection into health post 2 = Piped connection into yard 3 = Public standpipes 4 = Boreholes 5 = Protected dug wells 6 = Protected springs 7 = Rainwater collection 8 = Surface water 9 = Open dug wells 10 = Unprotected springs 11 = Vendor provided water 12 = Bottled water 13 = Tanker	<input type="checkbox"/>	HP2.1
HP2.2	Water supply available on day of survey	1 = Yes 2 = No	<input type="checkbox"/>	HP2.2
HP2.3	Electricity connection or other power sources (example, gas/solar generator)	1 = Yes 2 = No	<input type="checkbox"/>	HP2.3
HP2.4	Electricity supply on day of survey?	1 = Yes 2 = No	<input type="checkbox"/>	HP2.4
HP2.5	Functional sterilizer that works on the day of the survey?	1 = Yes 2 = No	<input type="checkbox"/>	HP2.5
HP2.6	Functional fridge that works on the day of the survey?	1 = Yes 2 = No	<input type="checkbox"/>	HP2.6
HP2.7	Toilets accessible to facility users?	1 = Yes 2 = No	<input type="checkbox"/>	HP2.7
HP2.8	Generally is there a cell phone signal at this health post?	1 = Yes 2 = No	<input type="checkbox"/>	HP2.8
HP2.9	Is it all functional today? INTERVIEWER -check your phone if there is signal on day of survey	1 = Yes 2 = No	<input type="checkbox"/>	HP2.9

		For each:1 = Yes 2 = No			
Which means of communication do you have to speak to the health facility? Check all that apply		HP2.10	Facility landline/mobile phone	<input type="checkbox"/>	HP2.10
		HP2.11	Staff member mobile phone	<input type="checkbox"/>	HP2.11
		HP2.12	Phone outside the facility	<input type="checkbox"/>	HP2.12
		HP2.13	In person communication	<input type="checkbox"/>	HP2.13
HP2.14	During the last sick newborn referral from the health post to health center, did you speak to the health facility directly?	1 = Yes 2 = No – GO TO HP2.16 3 = Don't know		<input type="checkbox"/>	HP2.14
HP2.15	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 5 = In person communication; 6 = No means of communication		<input type="checkbox"/>	HP2.15
HP2.16	When referring from this health post to the health center for further care, do you use referral forms?	1 = Yes 2 = No (Probe; if yes, check to see an official referral form)		<input type="checkbox"/>	HP2.16
HP2.17	Do you receive any back referral forms on cases you have referred?	1 = Yes 2 = No		<input type="checkbox"/>	HP2.17

INTERVIEWER: WALK AROUND THE FACILITY WITH THE RESPONDENT AND PERSONALLY CHECK THE AVAILABILITY OF THE FOLLOWING MEDICINES.

Does the facility have the following medicines today?

FOR STOCK-OUT/EXPIRY: CHECK FOR THE LAST THREE MONTHS AND WHAT WAS THE LONGEST NUMBER OF CONSECUTIVE DAYS WITHOUT THAT ITEM

Supplement given to newborns for blood clotting to avoid bleeding

HP2.18	Do you have Vitamin K 1 mg?	1 = Yes– GO TO HP2.20 2 = Not available 3 = Expired 4 = Never in stock- GO TO HP2.20	__	HP2.18
HP2.19	What was the duration of stock out /expiry for Vitamin K 1 mg	_ _ _ _ days		HP2.19

Prophylaxis given to newborns to prevent possible eye infection during birth

HP2.20	Do you have Tetracycline (TTC) eye ointment?	1 = Yes– GO TO HP2.22 2 = Not available 3 = Expired 4= Never in stock – GO TO HP2.22	__	HP2.20
HP2.21	What was the duration of stock out /expiry for Tetracycline (TTC) eye ointment	_ _ _ _ days		HP2.21

Treatment given for newborns with Very Severe Disease (VSD)

HP2.22	Do you have Gentamycin injectable 20 mg/2ml?	1 = Yes– GO TO HP2.24 2 = Not available 3 = Expired 4 = Never on stock – GO TO HP2.24	__	HP2.22
HP2.23	What was the duration of stock out /expiry for Gentamycin injectable 20mg/2ml?	_ _ _ _ days		HP2.23

Treatment given for newborns with Very Severe Disease (VSD) and Local Bacterial Infection

HP2.24	Do you have Amoxicillin suspension/syrup (125 mg/5 ml)?	1 = Yes– GO TO HP2.26 2 = Not available 3 = Expired 4 = Never on stock – GO TO HP2.26	__	HP2.24
HP2.25	What was the duration of stock out /expiry for Amoxicillin suspension/syrup (125 mg/5 ml)?	_ _ _ _ days		HP2.25

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HP2.26	Do you have Amoxicillin tab 125 mg (dispersible)?	1 = Yes– GO TO HP2.28 2 = Not available 3 = Expired 4 = Never on stock – GO TO HP2.28	__	HP2.26
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HP2.27	What was the duration of stock out /expiry for Amoxicillin tab 125 mg (dispersible)?	_ _ _ _ days		HP2.27
HP2.28	Do you have Amoxicillin tab 250 mg (dispersible)?	1 = Yes – GO TO HP2.30 2 = Not available 3 = Expired 4 = Never on stock – GO TO HP2.30	_	HP2.28
HP2.29	What was the duration of stock out /expiry for Amoxicillin tab 250 mg (dispersible)?	_ _ _ _ days		HP2.29
Treatment for newborns with dehydration due to diarrhea and vomiting				
HP2.30	Do you have ORS?	1 = Yes– GO TO HP2.32 2 = Not available 3 = Expired 4 = Never on stock – GO TO HP2.32	_	HP2.30
HP2.31	What was the duration of stock out /expiry for ORS?	_ _ _ _ days		HP2.31
HP2.32	Do you have Zinc?	1 = Yes– GO TO HP2.34 2 = Not available 3 = Expired 4 = Never on stock – GO TO HP2.34	_	HP2.32
HP2.33	What was the duration of stock out /expiry for Zinc?	_ _ _ _ days		HP2.33
General supportive treatment for mother and babies				
HP2.34	Do you have Paracetamol?	1 = Yes – GO TO HP2.36 2 = Not available 3 = Expired 4 = Never on stock – GO TO HP2.36	_	HP2.34
HP2.35	What was the duration of stock out /expiry for Paracetamol?	_ _ _ _ days		HP2.35
Vaccination for newborns (BCG for TB and Polio)				
HP2.36	Do you have BCG?	1 = Yes – GO TO HP2.38 2 = Not available 3 = Expired 4 = Never on stock – GO TO HP2.38	_	HP2.36
HP2.37	What was the duration of stock out /expiry for BCG?	_ _ _ _ days		HP2.37
HP2.38	Do you have Polio vaccine?	1 = Yes– GO TO HP2.40 2 = Not available 3 = Expired 4 = Never on stock – GO TO HP2.40	_	HP2.38

HP2.39	What was the duration of stock out /expiry for Polio vaccine?	____ ____ ____ days		HP2.39
Malaria Diagnosis				
HP2.40	Does the facility offer Rapid Diagnostic Tests (RDT) service for malaria?	1 = Yes 2 = No– GO TO HP2.43	____	HP2.40
HP2.41	Do you have Rapid Diagnostic Tests (RDT) kit for malaria today?	1 = Yes– GO TO HP2.43 2 = Not available 3 = Expired 4 = Never on stock-GO TO HP2.43	____	HP2.41
HP2.42	What was the duration of stock out /expiry for RDT?	____ ____ ____ days		HP2.42
Malaria Treatment				
HP2.43	Is the entire study area endemic for malaria?	1 = Yes 2 = No – GO TO HP2.50	____	HP2.43
HP2.44	Do you have Coartem (Artemether/lumefantrine)?	1 = Yes – GO TO HP2.46 2 = Not available 3 = Expired 4 = Never on stock- GO TO HP2.46	____	HP2.44
HP2.45	What was the duration of stock out /expiry for Coartem (Artemether/lumefantrine)?	____ ____ ____ days		HP2.45
HP2.46	Do you have Chloroquine syrup?	1 = Yes– GO TO HP2.48 2 = Not available 3 = Expired 4 = Never on stock-GO TO HP2.48	____	HP2.46
HP2.47	What was the duration of stock out /expiry for Chloroquine syrup?	____ ____ ____ days		HP2.47
HP2.48	Do you have Artesunate suppository?	1 = Yes– GO TO HP2.50 2 = Not available 3 = Expired 4 = Never on stock-GO TO HP2.50	____	HP2.48
HP2.49	What was the duration of stock out /expiry for Artesunate suppository?	____ ____ ____ days		HP2.49
HIV				
HP2.50	Does the facility offer HIV diagnostic tests?	1 = Yes 2 = No– GO TO HP2.53	____	HP2.50
HP2.51	Do you have HIV Test Kit today (e.g. KHB, Statpak, Unigold)?	1 = Yes– GO TO HP2.53 2 = Not available 3 = Expired 4 = Never on stock GO TO HP2.53	____	HP2.51

HP2.52	What was the duration of stock out /expiry for HIV Test Kit?	_ _ _ _ days		HP2.52
For each:1 = Yes 2 = No				
Does the facility have the following functional equipment today?	HP2.53	Ambu bag / face mask (full size 0 and 1)	_	HP2.53
	HP2.54	Clinical Thermometer, digital	_	HP2.54
	HP2.55	Infant scale	_	HP2.55
	HP2.56	Weighing sling	_	HP2.56
	HP2.57	Blood pressure cuff	_	HP2.57
	HP2.58	Stethoscope	_	HP2.58
	HP2.59	Watch or clock	_	HP2.59
	HP2.60	Tape measure	_	HP2.60
	HP2.61	Examination couch	_	HP2.61
	HP2.62	Drape	_	HP2.62
	HP2.63	Washable mackintosh	_	HP2.63
	HP2.64	Dustbin	_	HP2.64
	HP2.65	Cups/drinking water	_	HP2.65
	HP2.66	Sharps container	_	HP2.66
	HP2.67	Chlorine bleach	_	HP2.67
	HP2.68	Bucket for decontamination solution	_	HP2.68
	HP2.69	Contaminated waste container	_	HP2.69
	HP2.70	Soap and towel or handrub	_	HP2.70
	HP2.71	Alcohol-based hand rub	_	HP2.71
	HP2.72	Clean glove	_	HP2.72
HP2.73	Syringe with needle for Gentamycin injection	_	HP2.73	
HP2.74	MUAC tape measure	_	HP2.74	
HP2.75	ANC Register	_	HP2.75	
HP2.76	Delivery Register	_	HP2.76	
HP2.77	PNC Register	_	HP2.77	
For each:1 = Yes 2 = No				
Does the facility have the following job aids and forms today?	HP2.78	Family health cards	_	HP2.78
	HP2.79	Vaccination cards	_	HP2.79
	HP2.80	Family folder	_	HP2.80
	HP2.81	Stock card/bin card	_	HP2.81
	HP2.82	HMIS forms (monthly and quarterly reporting)	_	HP2.82
	HP2.83	Request and re-supply form	_	HP2.83
	HP2.84	Chart booklet	_	HP2.84
	HP2.85	ICCM registration book for 0- under 2 months	_	HP2.85

	HP2.86	ICCM registration book 2 - 59 months	_ _	HP2.86
	HP2.87	Pregnant woman registration book	_ _	HP2.87

MODULE 3: HEALTH POST REGISTER REVIEW BY THE DATA COLLECTOR

INTERVIEWER: FOR QUESTION HP3.1 TO HP 3.4 COLLECT INFORMATION FOR THE LAST YEAR. FOR QUESTIONS 3.5 TO THE END COLLECT INFORMATION ON THE LAST THREE MONTHS ON SERVICES PROVIDED BY THE HEALTH POST.

PLEASE LOOK AT THE SPECIFIED HEW REGISTERS DETAILED BELOW FOR THE DIFFERENT DATA ELEMENTS.

WRITE 9999,999 OR 99 IF NOT AVAILABLE.

I would now like to take a look at your registers to abstract information about the community in this kebele and the services provided them. I will ask about the population profile for the last 12 months and services provided by you for the last three months from _____ to _____.

Obtain data on population FOR THE YEAR from the day of survey from Health Post wall records

HP3.1	Number of people in the kebele	_ _ _ _ _ _ _	HP3.1
HP3.2	Number of households in the kebele	_ _ _ _ _ _ _	HP3.2
HP3.3	Total number of women of reproductive age	_ _ _ _ _ _ _	HP3.3
HP3.4	Total number of under 5 children in the kebele	_ _ _ _ _ _ _	HP3.4

Obtain data on expected number of pregnancies and births from the PAST QUARTER from Health Post wall records

HP3.5	Expected number pregnancies	_ _ _	HP3.5
HP3.6	Expected number of births	_ _ _	HP3.6
HP3.7	Expected number of facility births	_ _ _	HP3.7

Obtain data from ANC registers for the PAST QUARTER

HP3.8	Number of women receiving 1 visit	_ _ _	HP3.8
HP3.9	Number of women receiving 2 visits	_ _ _	HP3.9
HP3.10	Number of women receiving 3 visits	_ _ _	HP3.10
HP3.11	Number of women receiving 4 visits	_ _ _	HP3.11

Obtain data from delivery registers for the PAST QUARTER

HP3.12	Number of births attended by the HEW	_ _ _	HP3.12
HP3.13	Number of total births (home, health post, health center, hospital)	_ _ _	HP3.13
HP3.14	Number of live births	_ _ _	HP3.14
HP3.15	Number of newborn deaths (28 days or less)	_ _ _	HP3.15

PNC data

HP3.16	Is there a Post Natal Care register (standard or otherwise) in this health post	1 = Yes 2 = No	HP3.16
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If Post Natal Care register is not available but family folder is available, obtain the

information from the family folder given for the PAST QUARTER. Ask the HEWs to separate those.			
HP3.17	Number receiving 1 visit	_ _ _	HP3.17
HP3.18	Number receiving 2 visits	_ _ _	HP3.18
HP3.19	Number receiving 3 visits	_ _ _	HP3.19
If information is not available from register books on the following, enquire from the HEW where to obtain the following information for the PAST QUARTER			
HP3.20	Number of newborns treated for asphyxia, initial stimulation, or resuscitation by the HEW	_ _ _	HP3.20
HP3.21	Number of newborns given chlorohexidine cord care by the HEW	_ _ _	HP3.21

Obtain data from iCCM 0-2 month registration book for information below for the PAST QUARTER			
For each of the newborn less than 2 months old seen at the health center (recorded above) complete a separate record review.			
<u>Record 1</u>			
HP3.22	Name of child	_____ First name _____ Last name	HP3.22
HP3.23	Address of child	_____ Gote name _____ Keble name	HP3.23
HP3.24	Date Seen Gregorian calendar	_ _ _ / _ _ _ / _ _ _ DD / MM / YY	HP3.24
HP3.25	Age of baby at the time of consultation in weeks Record age of baby in weeks ranging from 1-8 weeks	_____ weeks If unknown 9	HP3.25
HP3.26	Gender of baby	1 = Male 2 = Female	HP3.26
HP3.27	Weight on the day of consultation in grams If weight is given in KGs record in grams e.g 3.5 KG = 3500 grams.	_ _ _ _ _ grams If unknown 9999	HP3.27
HP3.28	Birth Weight (Written for those less than 7 days)	1. < 1,500 grams 2. 1,500 - < 2,500 grams 3. >= 2,500 grams 4. Unknown	HP3.28
HP3.29	Gestational Age (in weeks)	1. < 32 weeks 2. 32 – 36 weeks 3. >= 37 weeks 4. Unknown	HP3.29
HP3.30	Temperature on the day of consultation in degree Celsius	_ _ _ . _ _ °C If unknown 99.9	HP3.30

	Record temperature to one decimal place e.g. 34.3 °C			
HP3.31	Respiratory Rate per minute on the day of consultation	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> If unknown 999	HP3.31	
<p>Signs and symptoms of the newborn at the time of consultation?</p> <p>Record all that apply</p>	For each: 1 = Yes 2 = No			
	HP3.32	Reduced feeding/unable to feed	<input type="text"/>	HP3.32
	HP3.33	Convulsion	<input type="text"/>	HP3.33
	HP3.34	Severe Chest in-drawing	<input type="text"/>	HP3.34
	HP3.35	Vomiting	<input type="text"/>	HP3.35
	HP3.36	Fever	<input type="text"/>	HP3.36
	HP3.37	Diarrhea	<input type="text"/>	HP3.37
	HP3.38	Fast breathing	<input type="text"/>	HP3.38
	HP3.39	Coughing	<input type="text"/>	HP3.39
	HP3.40	Grunting	<input type="text"/>	HP3.40
	HP3.41	Skin pustules	<input type="text"/>	HP3.41
	HP3.42	Yellow palms and soles	<input type="text"/>	HP3.42
	HP3.43	Yellow eyes and skin	<input type="text"/>	HP3.43
	HP3.44	Red umbilicus or draining pus	<input type="text"/>	HP3.44
	HP3.45	Movement only when stimulated or no movement even when stimulated	<input type="text"/>	HP3.45
	HP3.46	Lethargic/Unconscious	<input type="text"/>	HP3.46
	HP3.47	Bulging fontanelle	<input type="text"/>	HP3.47
	HP3.48	Restless/Irritable	<input type="text"/>	HP3.48
	HP3.49	Sunken eyes	<input type="text"/>	HP3.49
	HP3.50	Skin pinch goes back slowly	<input type="text"/>	HP3.50
	HP3.51	Skin pinch goes back very slowly	<input type="text"/>	HP3.51
	HP3.52	Diarrhea lasting 14 days or more	<input type="text"/>	HP3.52
	HP3.53	Blood in the stool	<input type="text"/>	HP3.53
	HP3.54	Not suckling well	<input type="text"/>	HP3.54
	HP3.55	Less than 8 breast feeds in 24 hours	<input type="text"/>	HP3.55
	HP3.56	Switching to another breast before one is emptied	<input type="text"/>	HP3.56
	HP3.57	Not breast feeding more frequently and longer during sickness	<input type="text"/>	HP3.57
	HP3.58	Poor positioning during breast feeding	<input type="text"/>	HP3.58
	HP3.59	Not well attached during breast feeding	<input type="text"/>	HP3.59
	HP3.60	Receives other foods or drinks (even water)	<input type="text"/>	HP3.60
	HP3.61	Low weight for age	<input type="text"/>	HP3.61

	HP3.62	Thrush (ulcers or white patches in mouth)	<input type="checkbox"/>	HP3.62
	HP3.62a	Signs and symptoms not given	<input type="checkbox"/>	HP3.62a
	HP3.63	Other – GO TO HP3.64	<input type="checkbox"/>	HP3.63
	HP3.64	Specify _____		HP3.64
Disease classification of the newborn Record all that apply	For each:1 = Yes 2 = No			
	HP3.65	Very Preterm and/or very low birth weight	<input type="checkbox"/>	HP3.65
	HP3.66	Preterm and/or low birth weight	<input type="checkbox"/>	HP3.66
	HP3.67	VSD	<input type="checkbox"/>	HP3.67
	HP3.68	Local bacterial infection	<input type="checkbox"/>	HP3.68
	HP3.69	Severe Dehydration	<input type="checkbox"/>	HP3.69
	HP3.70	Some Dehydration	<input type="checkbox"/>	HP3.70
	HP3.71	No Dehydration	<input type="checkbox"/>	HP3.71
	HP3.72	Severe Persistent Diarrhea	<input type="checkbox"/>	HP3.72
	HP3.73	Dysentery	<input type="checkbox"/>	HP3.73
	HP3.74	Jaundice	<input type="checkbox"/>	HP3.74
	HP3.75	Severe Jaundice	<input type="checkbox"/>	HP3.75
	HP3.76	Malaria	<input type="checkbox"/>	HP3.76
	HP3.77	Feeding problem or low weight	<input type="checkbox"/>	HP3.77
	HP3.77a	Classification not given	<input type="checkbox"/>	HP3.77a
	HP3.78	Other Go to HP3.79	<input type="checkbox"/>	HP3.78
	HP3.79	Specify _____		HP3.79
Treatment given to the newborn Record all that apply	For each:1 = Yes 2 = No			
	HP3.80	Gentamycin IM first dose	<input type="checkbox"/>	HP3.80
	HP3.81	Gentamycin IM for seven days	<input type="checkbox"/>	HP3.81
	HP3.82	Amoxicillin suspension/dispersible first dose	<input type="checkbox"/>	HP3.82
	HP3.83	Amoxicillin suspension/dispersible for seven days	<input type="checkbox"/>	HP3.83
	HP3.84	Amoxicillin suspension/dispersible for five days	<input type="checkbox"/>	HP3.84
	HP3.85	ORS (Plan B) – Facility treatment	<input type="checkbox"/>	HP3.85
	HP3.86	ORS (Plan A) – Home treatment	<input type="checkbox"/>	HP3.86
	HP3.87	Zinc for ten days	<input type="checkbox"/>	HP3.87
	HP3.88	Oral chloroquine (Anti-malarial)	<input type="checkbox"/>	HP3.88
	HP3.89	Oral quinine (Anti-malarial)	<input type="checkbox"/>	HP3.89
	HP3.90	Oral coartem (Anti-malarial)	<input type="checkbox"/>	HP3.90
	HP3.91	Rectal Artesunate (Anti-malarial)	<input type="checkbox"/>	HP3.91
HP3.92	IV Quinine (Anti-malarial)	<input type="checkbox"/>	HP3.92	

	HP3.93	Other Antimalarial (specify)	<input type="checkbox"/>	HP3.93
	HP3.94	TTC (Tetracycline) eye ointment	<input type="checkbox"/>	HP3.94
	HP3.95	GV paint (Gentian Violet)	<input type="checkbox"/>	HP3.95
	HP3.96	Nutritional Counseling	<input type="checkbox"/>	HP3.96
	HP3.97	Exposing to sunshine 20 – 30 minutes everyday	<input type="checkbox"/>	HP3.97
	HP3.98	Other treatment GO TO HP3.99	<input type="checkbox"/>	HP3.98
	HP3.99	Specify _____		HP3.99
HP3.100	Was newborn referred to a higher facility?		<input type="checkbox"/>	HP3.100
			1 = Yes – GO TOHP3.102 2 = No	
HP3.101	If newborn had VSD and was treated at health post was gentamycin treatment completed?		<input type="checkbox"/>	HP3.101
			1 = Yes 2 = No 3 = Not VSD case	
Outcome of the newborn treatment	For each:1 = Yes 2 = No			
	HP3.102	Health improved/healed	<input type="checkbox"/>	HP3.102
	HP3.103	Died	<input type="checkbox"/>	HP3.103
	HP3.104	Worsened	<input type="checkbox"/>	HP3.104
	HP3.105	Same		HP3.105
	HP3.106	Unknown		HP3.106

