

HEALTH CENTER QUESTIONNAIRE

The in-charge is the first choice for all sections unless otherwise specified. If another member of the staff - such as the senior MCH nurse, laboratory, pharmacy- is able to answer all questions (staffing, supervision, medicine & supplies, services provided, and record reviews), this is also acceptable.

Section 1. Facility Identifiers			
100	Date (dd/mm/yyyy)	_ _ _ / _ _ _ / _ _ _ _ _ _	
101	Region	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	
102	Zone	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	
103	Woreda name	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	
104	PHCU code	_ _ _ _ _ _ _	
105	Health Center name	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	
106	GPS Latitude Take coordinates of health center	_ _ _ _ : _ _ _ _ _ _ _ _ _ _ _ _	
107	GPS Longitude Take coordinates of health center	_ _ _ _ : _ _ _ _ _ _ _ _ _ _ _ _	
108	Interviewer Initials	_ _ _ _	
109	Facility Ownership	1 = Government 2 = NGO 3 = Mission	_ _
	<i>Did you read the consent form?</i>	1 = Yes 2 = No	_ _
110	<i>Did the official agree to be interviewed?</i> If YES go to section #2 and continue with interview	1 = Yes 2 = No	_ _
111	If not Why not?	_____	
		End interview	

Section 2. PHCU information and health center staffing Ask head of health Center for the information below			
Interviewer: <i>Thank you very much for agreeing to respond to this survey. I first would like to ask some questions about the primary health care unit as well as health center staffing.</i>			
200	How many health posts are under this health center?	Enter number	_ _
201	How many Health Extension Workers (HEWs) in total work under this health center?	Enter number	_ _
How many of each of the following staff work in this health center? Read list	Enter number for each one		
	202	Nurse	_ _ _
	203	Midwife	_ _ _
	204	Health officer	_ _ _
	205	Urban Health Extension Worker	_ _ _
206	Pharmacist/drugist	_ _ _	
207	How many of the staff in this health center have been trained specifically in Community Based Newborn Care (CBNC)?	Enter number	_ _ _
208	Are there any other non-governmental organizations maternal and newborn health initiatives happening at this health center?	1 = Yes 2 = No (GO TO Section 3)	_
209	If YES , what is the name of the organization that is supporting this work?	Specify _____	
If YES , what is the focus area? Read list	For each: 1 = Yes 2 = No		
	210	ANC	_
	211	Delivery	_
	212	PNC	_
	213	Maternal post-partum	_
	214	Sick newborn care	_
215	Other	_	
216	If YES , what is the name of the initiative?	Specify _____	
217	Is there a second non-governmental organization maternal and newborn health initiative happening at this health center?	1 = Yes 2 = No (Go to Section 3)	_
218	If YES , what is the name of the organization that is supporting this work?	Specify _____	
If YES , what is the focus area? Read list	For each: 1 = Yes 2 = No		
	219	ANC	_
	220	Delivery	_
	221	PNC	_
	222	Maternal post-partum	_
	223	Sick newborn care	_
224	Other	_	
225	If YES , what is the name of the initiative?	Specify _____	

226	Is there a third non-governmental organization maternal and newborn health initiative happening at this health center?	1 = Yes 2 = No (Go to Section 3)	_
227	If YES , what is the name of the organization that is supporting this work?	Specify _____	
If YES , what is the focus area? Read list	For each: 1 = Yes 2 = No		
	228	ANC	_
	229	Delivery	_
	230	PNC	_
	231	Maternal post-partum	_
	232	Sick newborn care	_
	233	Other	_
234	If YES , what is the name of the initiative?	Specify _____	
How many of staff that have been trained in Maternal and Child Health (MCH) have left the Health Centers in this woreda in the past three months?	Enter number for each one		
	235	Nurse	_ _
	236	Midwife	_ _
	237	Health officer	_ _
	238	Urban Health Extension Worker	_ _
	239	Pharmacist/drugist	_ _
	240	Lab technician	_ _
241	Emergency Surgical Officer	_ _	
242	How many HEWS have left the Health Posts in this woreda in the past three months?	Enter number	_ _

Section 3. Supervision conducted			
Interviewer: Please find a health extension supervisor to answer the following questions if not ask head of health Center			
<i>I would now like to ask you some questions about supportive supervision provided by the health center. By supportive supervision, I mean visits by health center staff to health posts to discuss, review and give feedback on HEWs work.</i>			
300	Has anyone in the health center conducted a supportive supervisory visit to a health post in the last 3 months?	1 = Yes 2 = No (SKIP TO 321) 3 = Don't know	_
301	If 300 is yes: How many of the health posts in your PHCU have been visited for supportive supervision in the last 3 months?	Enter number of health posts, 99 if don't know.	_ _
302	If 300 yes: How many health posts have been visitedfor supportive supervision two times in the last 3 months?	Enter number of health posts, 99 if don't know.	_ _
303	If 300 yes: How many health posts have been visitedfor supportive supervision three times in the last 3 months?	Enter number of health posts, 99 if don't know.	_ _
If 300 yes , did that supportive supervision visit include any of the following? Read list	For each:1 = Yes2 = No		
	304	Discussing on the reporting of early identification of pregnancy	_
	305	Discussing provision of Focused ANC	_

	306	Discussing promotion of institutional delivery	<input type="checkbox"/>
	307	Discussing safe and clean delivery	<input type="checkbox"/>
	308	Discussing immediate newborn care including cord care (chlorohexidine)	<input type="checkbox"/>
	309	Discussing recognition of asphyxia, initial stimulation, and resuscitation of newborn babies	<input type="checkbox"/>
	310	Discussing prevention and management of hypothermia	<input type="checkbox"/>
	311	Discussing management of pre-term and/or low birth weight neonates	<input type="checkbox"/>
	312	Discussing management of very severe disease in newborns	<input type="checkbox"/>
	313	Discussing HEW activities with HDA	<input type="checkbox"/>
	314	Observing record keeping and reporting	<input type="checkbox"/>
	315	Checking/delivering supplies/training manuals. job aides, request forms	<input type="checkbox"/>
	316	Observing client interaction	<input type="checkbox"/>
	317	Conducted household visits together	<input type="checkbox"/>
	318	Providing feedback to you on your work	<input type="checkbox"/>
	319	Other, specify	<input type="checkbox"/>
320	Specify _____		
321	Have you provided supportive supervisory visits to HEWs in the last 3 months specifically for iCCM?	1 = yes 2 = no	<input type="checkbox"/>
Interviewer: Ask the head of the health center or MCH head for this set of questions I would now like to ask you some questions about performance review and clinical mentoring (PRCMM). By performance review and clinical mentoring, I mean when health center and health post staff meet together to discuss performance, targets, and ways to achieve targets?			
322	In the past 6 months, have the health center and health post staff met together to discuss performance, targets, and ways to achieve targets (PRCMM)?	1 = Yes 2 = No (SKIP TO Section 4)	<input type="checkbox"/>
Did that meeting cover performance and targets on the following? Read list		For each: 1 = Yes 2 = No	
	323	Early identification of pregnancy	<input type="checkbox"/>
	324	Focused ANC	<input type="checkbox"/>
	325	Promotion of institutional delivery	<input type="checkbox"/>
	326	Safe and clean delivery	<input type="checkbox"/>
	327	Immediate newborn care including cord care (chlorohexidine)	<input type="checkbox"/>
	328	Recognition of asphyxia, initial stimulation and resuscitation of newborn babies	<input type="checkbox"/>
	329	Prevention and management of hypothermia	<input type="checkbox"/>
	330	Cover management of pre-term and/or low birth weight neonates	<input type="checkbox"/>
331	Management of neonatal/very severe	<input type="checkbox"/>	

		disease	
332	Did that meeting extract data from HEW's 0- 2 month (newborn) registers?	1 = Yes 2 = No	__
333	At that meeting, did your health center staff get a chance to offer mentoring directly to the HEWs under this health center?	1 = Yes 2 = No	__

Section 4. Supervision received

Interviewer:
I would now like to ask some questions about supportive supervision received by the health center from woreda/zone/region.
Ask the head of health center

400	Have you received a supportive supervision visit in the last 3 months?	1 = Yes 2 = No (SKIP TO Section 5)	__
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If Yes: Who from? Select all mentioned	For each:1 = Yes2 = No		
	401	Federal Ministry of Health	__
	402	Region	__
	403	Zone	__
	404	Woreda health office	__
	405	NGO	__
	406	Other (specify)	__
407	Specify _____		

408	If 400 is yes: How many times did you receive a supportive supervision visit in the last 3 months?	Enter number of visits, 99 if don't know.	__ __
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If 400 yes, did that supportive supervision visit include the following? Read list	For each:1 = Yes 2 = No		
	409	Discussing on the reporting of early identification of pregnancy	__
	410	Discussing provision of Focused ANC	__
	411	Discussing promotion of institutional delivery	__
	412	Discussingsafe and clean delivery	__
	413	Discussing immediate newborn care including cord care (chlorohexidine)	__
	414	Discussing recognition of asphyxia, initial stimulation, and resuscitation of newborn babies	__
	415	Discussing prevention and management of hypothermia	__
	416	Discussing management of pre-term and/or low birth weight neonates	__
417	Discussing management of very severe disease in newborns	__	

	418	Discussing HEW activities with HDA	<input type="checkbox"/>
	419	Observing record keeping and reporting	<input type="checkbox"/>
	420	Checking/delivering supplies/training manuals, job aides, request forms	<input type="checkbox"/>
	421	Observing client interaction	<input type="checkbox"/>
	422	Conducted household visits together	<input type="checkbox"/>
	423	Providing feedback to you on your work	<input type="checkbox"/>
	424	Other, specify	<input type="checkbox"/>
	425	Specify _____	
426	Can you tell us whether or not you were satisfied with the supportive supervision received? Do not read list of options		1 = Yes was satisfied 2 = No was not satisfied (GO to 428) 3 = Neither satisfied nor dissatisfied (Go to Section 5) <input type="checkbox"/>
427	IF YES , then what was the level of satisfaction? Read both options		1 = Fully satisfied 2 = Somewhat satisfied <input type="checkbox"/>
428	IF NO , then what was the level of dissatisfaction? Read both options		1 = Fully dissatisfied 2 = Somewhat dissatisfied <input type="checkbox"/>

Section 5. Facility, equipment, medicines, and job aids at the health center			
For the first part of this section, speak with the head of the health center. Walk around the facility with the respondent and personally check the availability of equipment and stock.			
For 500-513 ask head of health center			
Interviewer: <i>I would now like to ask you questions about the facility, equipment, medicines, and job aids at this health center.</i>			
500	What is the main source of drinking water? Do not prompt	1 = Piped connection into house 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"/>
501	Water supply available on day of survey?	1 = Yes 2 = No	<input type="checkbox"/>
Does the health center have:		For each: 1 = Yes 2 = No	

		502	Electricity connection or other power sources (example, gas/solar generator)	<input type="checkbox"/>
		503	Electricity supply on day of survey	<input type="checkbox"/>
		504	Functional sterilizer, cooker or stove	<input type="checkbox"/>
		505	Functional fridge	<input type="checkbox"/>
		506	Toilets accessible to facility users	<input type="checkbox"/>
507	Is there a cell phone signal at the health center?		1 = Yes 2 = No	<input type="checkbox"/>
508	Is there a cell phone signal at the health center today?		1 = Yes 2 = No	<input type="checkbox"/>
509	Does the health center have functional motorised transport for incoming referrals? If the motorized transport is not functional the answer is no		1 = Yes 2 = No (go to 514)	<input type="checkbox"/>
510	If YES: How many motorbikes are available?		Enter number of motorbikes	<input type="checkbox"/>
511	If YES: How many three-wheelers are available? (<i>eg. Bajaj</i>)		Enter number of three-wheelers	<input type="checkbox"/>
512	If YES: How many cars/ambulances are available?		Enter number of cars/ambulances	<input type="checkbox"/>
513	If YES: Is the vehicle for referral in the facility now?		1 = Yes 2 = No	<input type="checkbox"/>
514	The last time there was an obstetric referral from a health post to the health center which transport was used?		1 = Facility owned vehicle 2 = Woreda office owned vehicle 3 = own personal vehicle 4 = Public transport 5 = Non-motorised vehicle 6 = Red Cross (NGO) ambulance 7 = Don't know	<input type="checkbox"/>
Which means of communication do you have to speak to another facility?		For each: 1 = Yes 2 = No		
		515	Facility landline/mobile phone	<input type="checkbox"/>
		516	Staff member mobile phone	<input type="checkbox"/>
		517	Phone outside the facility	<input type="checkbox"/>
		518	Radio	<input type="checkbox"/>
		519	In person communication	<input type="checkbox"/>
		520	No means of communication	<input type="checkbox"/>
521	Other	<input type="checkbox"/>		
Ask the MCH head for the questions below				
522	The last time a woman was referred from a health post to the health center for obstetric care did a health center staff member speak to the health post HEW directly?		1 = Yes 2 = No (go to 524) 3 = Don't know	<input type="checkbox"/>
523	If YES, Which means of communication was used?		1 = Facility landline/mobile phone 2 = Staff member mobile phone 3 = Phone outside the facility 4 = Radio 5 = In person communication	<input type="checkbox"/>
524	The last time a woman was referred from a health post to the health center for obstetric care did an HEW accompany her?		1 = Yes 2 = No 3 = Don't know	<input type="checkbox"/>
525	The last time a woman was referred from a health post to the health center for obstetric care did an HDA accompany her?		1 = Yes 2 = No 3 = Don't know	<input type="checkbox"/>
526	The last time a neonate was referred from a health post		1 = Yes 2 = No (go to 528)	<input type="checkbox"/>

	to the health center for neonatal care did a health center staff member speak to the health post directly?	3 = Don't know	
527	If YES, Which means of communication was used?	1 = Facility landline/mobile phone 2 = Staff member mobile phone 3 = Phone outside the facility 4 = Radio 5 = In person communication	<input type="checkbox"/>
528	The last time a neonate was referred from a health post to the health center for neonatal care did an HEW accompany them?	1 = Yes 2 = No 3 = Don't know	<input type="checkbox"/>
529	The last time a neonate was referred from a health post to the health center for neonatal care did an HDA accompany them?	1 = Yes 2 = No 3 = Don't know	<input type="checkbox"/>
530	When referring for further maternal and newborn care do you use referral forms? Probe: Check to see an official woreda referral form	1 = Yes 2 = No	<input type="checkbox"/>
531	Do you receive any back referral forms for maternal and newborn care on cases you have referred?	1 = Yes 2 = No	<input type="checkbox"/>
<p>Does the facility have the following functional equipment today?</p> <p>Walk around the facility with the respondent and personally check the availability of equipment</p>		For each: 1 = Yes 2 = No	
	532	Ambu bag/Face mask	<input type="checkbox"/>
	533	Clinical Thermometer, digital	<input type="checkbox"/>
	534	Infant scale	<input type="checkbox"/>
	535	Weighing sling	<input type="checkbox"/>
	536	Blood pressure cuff	<input type="checkbox"/>
	537	Stethoscope	<input type="checkbox"/>
	538	Watch/ clock /mobile phone clock	<input type="checkbox"/>
	539	Tape measure	<input type="checkbox"/>
	540	Examination couch	<input type="checkbox"/>
	541	Drape	<input type="checkbox"/>
	542	Washable mackintosh	<input type="checkbox"/>
	543	Dustbin	<input type="checkbox"/>
	544	Uristix	<input type="checkbox"/>
	545	Cups/drinking water /bottles	<input type="checkbox"/>
	546	Sharps container	<input type="checkbox"/>
	547	Chlorine bleach	<input type="checkbox"/>
	548	Bucket for decontamination solution	<input type="checkbox"/>
	549	Contaminated waste container	<input type="checkbox"/>
	550	Soap and towel or handrub	<input type="checkbox"/>
551	Suction bulb for newborn care	<input type="checkbox"/>	
552	Warmer for newborn care	<input type="checkbox"/>	
553	Heater (for KMC) Bed (for KMC)	<input type="checkbox"/>	
554	Water for injection	<input type="checkbox"/>	
555	NG tube	<input type="checkbox"/>	
556	IV cannula	<input type="checkbox"/>	
557	IV fluid 5% DW	<input type="checkbox"/>	
558	IV fluid 5% NS	<input type="checkbox"/>	

	559	Surgical glove	<input type="checkbox"/>
	560	Clean glove	<input type="checkbox"/>
	561	Syringe with needle	<input type="checkbox"/>

Ask a druggist or pharmacist for the questions below

<p>Does the facility have the following medicines today? Walk around the facility with the respondent and personally check the availability of medicine</p>		For each:1 = Yes 2 = N	
	562	Vitamin k 1 mg	<input type="checkbox"/>
	563	Vitamin A 200,000 IU	<input type="checkbox"/>
	564	Vitamin A 100,000 IU	<input type="checkbox"/>
	565	TTC eye ointment	<input type="checkbox"/>
	566	Chlorohexidine	<input type="checkbox"/>
	567	Gentamycin 10 mg/ml, box of 50 amp	<input type="checkbox"/>
	568	Amoxicillin suspension (125 mg/5 ml)	<input type="checkbox"/>
	569	Amoxicillin tab 250 (dispersible)	<input type="checkbox"/>
	570	Ampicillin powder for inj, 500 mg	<input type="checkbox"/>
	571	Paracetamol	<input type="checkbox"/>
	572	Iron	<input type="checkbox"/>
	573	Folate	<input type="checkbox"/>
	574	Antihelminths	<input type="checkbox"/>
575	BCG	<input type="checkbox"/>	
576	Polio vaccine	<input type="checkbox"/>	

577	The last time you received gentamycin to be distributed to the health posts, who delivered it to you?	<p>1 = PFSA 2 = Woreda Health Office 3 = NGO (ex. L10K, IFHP, Save the Children) 4 = UNICEF 5 = Other 6 =Have never received (GO to 580)</p>	<input type="checkbox"/>
578	In the last three months, did you receive it on time?	<p>1 = Yes 2 = No</p>	<input type="checkbox"/>
579	The last time you received amoxicillin to be distributed to the health posts, who delivered it to you?	<p>1 = PFSA 2 = Woreda Health Office 3 = NGO (ex. L10K, IFHP, Save the Children) 4 = UNICEF 5 = Other 6 =Have never received (GO to 582)</p>	<input type="checkbox"/>
580	In the last three months, did you receive it on time?	<p>1 = Yes 2 = No</p>	<input type="checkbox"/>
581	The last time you received chlorhexidine to be distributed to the health posts, who delivered it to you?	<p>1 = PFSA 2 = Woreda Health Office 3 = NGO (ex. L10K, IFHP, Save the Children) 4 = UNICEF 5 = Other 6 =Have never received (GO to 584)</p>	<input type="checkbox"/>
582	In the last three months, did you receive it on time?	<p>1 = Yes 2 = No</p>	<input type="checkbox"/>

Ask HMIS, record keeping or HEW supervisor department

<p>Does the facility have the following job aids and forms today? Walk around the facility with the respondent and personally check the</p>	For each:1 = Yes 2 = No		
	583	Family health cards	<input type="checkbox"/>
	584	Vaccination cards	<input type="checkbox"/>
	585	Stock card/bin card	<input type="checkbox"/>
	586	HMIS forms (monthly and quarterly)	<input type="checkbox"/>

availability of job aids and forms		reporting)	
	587	Request and re-supply form	<input type="checkbox"/>
	588	Supervision checklist	<input type="checkbox"/>
	589	Chart booklet	<input type="checkbox"/>
	590	Birth Preparedness and Complication Readiness (BPCR) form	<input type="checkbox"/>
	591	Young Infant Record Form (2 month infants)	<input type="checkbox"/>
	592	IMNCI registration book for 0- under 2 months	<input type="checkbox"/>
	593	IMNCI registration book 2 -59 months	<input type="checkbox"/>
594	Pregnant woman and outcome registration book	<input type="checkbox"/>	

Section 6. Availability of diagnostics

Current availability of diagnostics			
Ask laboratory department			
Walk around the facility with the respondent and personally check the availability of laboratory equipment			
600	Are pregnancy test kits available at this facility today?	1 = Yes 2 = No	<input type="checkbox"/>
601	Are proteinuria test kits available at this facility today?	1 = Yes 2 = No	<input type="checkbox"/>
602	Does the facility offer HIV diagnostic tests?	1 = Yes 2 = No (go to 604)	<input type="checkbox"/>
603	If YES: Does the facility have HIV rapid tests in stock today? (e.g. <i>SD, Statpak, Bioline, Determine, , Unigold,</i>)	1 = Yes 2 = No	<input type="checkbox"/>
604	Does the facility offer syphilis diagnosis/?	1 = Yes at this clinic 2 = No, not at this clinic (go to 607)	<input type="checkbox"/>
605	If YES: Does the facility have syphilis RPR syphilis tests in stock today?	1 = Yes 2 = No	<input type="checkbox"/>
606	If YES yes: Does the facility have syphilis rapid tests in stock today?	1 = Yes 2 = No	<input type="checkbox"/>
607	Does the facility have anaemia tests? <i>e.g. Haemoglobincolourscale/Tallquist, Sahl method</i>	1 = Yes 2 = No	<input type="checkbox"/>
608	Does the facility offer glucose level tests to assess gestational diabetes as part of ANC?	1 = yes 2 = no	<input type="checkbox"/>

Section 7. Facility Services

For this section, the head of Maternal and Child Health (usually a nurse or midwife) is the first choice to answer the questions. If this is not possible, the in-charge is the second choice.

Interviewer:
I would now like to discuss which services have been consistently offered at this health center in the past three months.

700	Has skilled delivery with surgical gloves been consistently offered in the past three months?	1 = Yes 2 = No	<input type="checkbox"/>
701	Has immediate newborn care including cord care been	1 = Yes	<input type="checkbox"/>

	consistently offered in the past three months?	2 = No	
702	Has chlorhexidine been used for cord care consistently in the past three months?	1 = Yes (go to 704) 2 = No	_ _
703	IF NO , was it because chlorhexidine was not available?	1 = Yes 2 = No	_ _
704	Has recognition of asphyxia, initial stimulation and resuscitation of newborn babies been consistently offered in the past three months?	1 = Yes 2 = No	_ _
705	Has prevention and management of hypothermia for newborn babies been consistently offered in the past three months?	1 = Yes 2 = No	_ _
706	Has management of pre-term and/or low birth weight neonates been consistently offered in the past three months?	1 = Yes 2 = No	_ _
707	Has treatment of neonatal very severe disease been consistently offered in the past three months?	1 = Yes 2 = No (GO to 709)	_ _
708	If YES: is treatment of neonatal very severe disease available today?	1 = Yes 2 = No	_ _
709	Is treatment of neonatal very severe disease available every day of the week, if needed?	1 = Yes 2 = No	_ _
710	Have post-natal health checks for mothers been consistently offered in the past three months?	1 = Yes 2 = No	_ _
711	Have post-natal health checks for newborns been consistently offered in the past three months?	1 = Yes 2 = No	_ _
712	If maternity/delivery care services are offered: How many days per week are delivery services available 24 hours/day?	Enter number of days from 1-7	_ _
713	Are there ever any meetings where service statistics for delivery services are discussed with staff working at this facility?	1 = Yes 2 = No	_ _
714	Has Kangaroo Mother Care (KMC) been consistently offered in the past three months?	1 = Yes 2 = No	_ _

Section 8. Register review by the data collector

Interviewer:

I would now like to look at your registers to abstract information about the community and the services provided.

Please look at the registers to collect the following information for the previous 3 months. For questions 800- 803 collect the most up to date information using the health center data

For questions 804 onwards collect information for three months preceding the date of the interview Write number for each. Write 9999 if not available

800	Number of people living and covered by the health posts under the health center	_ _ _ _ _ _ _
801	Number of households covered by all the health posts under the health center	_ _ _ _ _ _ _
802	Total number of women of reproductive age covered by all the health posts under the health center	_ _ _ _ _ _ _

803	Total number of under 5 children covered by all the health posts under the health center	_ _ _ _ _ _ _
804	Expected number of pregnancies covered by all the health posts under the health center	_ _ _ _ _ _ _
805	Expected number of births covered by all the health posts under the health center (<i>include all birth outcomes</i>)	_ _ _ _ _ _ _
806	Expected number of facility births in the health center	_ _ _ _ _ _ _
807	Total number of births in the health posts in this PHCU	_ _ _ _ _ _ _
808	Number of pregnant women covered by all the health posts under the health center	_ _ _ _ _ _ _
Obtain data for the following from ANC register		
809	Number of women covered by all the health posts under the health center receiving ANC visits	_ _ _ _ _ _ _
810	Number of women covered by all the health posts under the health center receiving 1 ANC visit	_ _ _ _ _ _ _
811	Number of women covered by all the health posts under the health center receiving 2 ANC visits	_ _ _ _ _ _ _
812	Number of women covered by all the health posts under the health center receiving 3 ANC visits	_ _ _ _ _ _ _
813	Number of women covered by all the health posts under the health center receiving 4 ANC visits	_ _ _ _ _ _ _
814	Number of women covered by all the health posts under the health center receiving more than 4 ANC visits	_ _ _ _ _ _ _
815	Number of women receiving ANC visits at the health center	_ _ _ _ _ _ _
816	Number of women receiving 1 st ANC visit at the health center	_ _ _ _ _ _ _
817	Number of women receiving 2 nd ANC visit at the health center	_ _ _ _ _ _ _
818	Number of women receiving 3 rd ANC visit at the health center	_ _ _ _ _ _ _
819	Number of women receiving 4 th ANC visit at the health center	_ _ _ _ _ _ _
820	Number of women receiving more than 4 visits at the health center	_ _ _ _ _ _ _
821	Number of total births covered by all the health posts under the health center	_ _ _ _ _ _ _
822	Number of live births covered by all the health posts under the health center	_ _ _ _ _ _ _
823	Number of deliveries in the health center <i>Include all birth outcomes</i>	_ _ _ _ _ _ _
824	Number of total births in the health center	_ _ _ _ _ _ _
825	Number of still births in the health center	_ _ _ _ _ _ _
Obtain data for the following from delivery register On the register find the APGAR column and count the number of times each score is recorded and enter the number		

Number of live births at the health center with a five minute APGAR score of:	For each: enter number		
	826	1	_ _ _ _ _
	827	2	_ _ _ _ _
	828	3	_ _ _ _ _
	829	4	_ _ _ _ _
	830	5	_ _ _ _ _
	831	6	_ _ _ _ _
	832	7	_ _ _ _ _
	833	8	_ _ _ _ _
	834	9	_ _ _ _ _
	835	10	_ _ _ _ _
836	Number with no APGAR score recorded	_ _ _ _ _	

Obtain data for the following from PNC register

837	Number of PNC visits for the mother provided covered by all the health posts under the health center	_ _ _ _ _
838	Number receiving 1 st PNC visit for the mother covered by all the health posts under the health center	_ _ _ _ _
839	Number receiving 2 nd PNC visit for the mother covered by all the health posts under the health center	_ _ _ _ _
840	Number receiving 3 rd PNC visit for the mother covered by all the health posts under the health center	_ _ _ _ _
841	Number receiving 4 th PNC visit for the mother covered by all the health posts under the health center	_ _ _ _ _
842	Number of PNC visits for the child covered by all the health posts under the health center	_ _ _ _ _
843	Number receiving 1 st PNC visit for the child covered by all the health posts under the health center	_ _ _ _ _
844	Number receiving 2 nd PNC visit for the child covered by all the health posts under the health center	_ _ _ _ _
845	Number receiving 3 rd PNC visit for the child covered by all the health posts under the health center	_ _ _ _ _
846	Number receiving 4 th PNC visit for the child covered by all the health posts under the health center	_ _ _ _ _
847	Number of PNC visits for the mother provided at the health center	_ _ _ _ _
848	Number receiving 1 st PNC visits for the mother at the health center	_ _ _ _ _

849	Number receiving 2 nd PNC visits for the mother at the health center	_ _ _ _ _ _ _
850	Number receiving 3 rd PNC visits for the mother at the health center	_ _ _ _ _ _ _
851	Number receiving 4 th PNC visits for the mother at the health center	_ _ _ _ _ _ _
852	Number of PNC visits for the child provided at the health center	_ _ _ _ _ _ _
853	Number receiving 1 st PNC visits for the child at the health center	_ _ _ _ _ _ _
854	Number receiving 2 nd PNC visits for the child at the health center	_ _ _ _ _ _ _
855	Number receiving 3 rd PNC visits for the child at the health center	_ _ _ _ _ _ _
856	Number receiving 4 th PNC visits for the child at the health center	_ _ _ _ _ _ _
If information is not available from register books on the following, enquire from the health center or staff where to obtain the following information for the past 3 months		
857	Number of women who gave birth that received misoprostol at the health center	_ _ _ _ _ _ _
858	Number of live births with birth weight <2500 grammes (or <2.5kg) in the catchment area	_ _ _ _ _ _ _
859	Number of live births with birth weight <2500 grammes (or <2.5kg) in the health center	_ _ _ _ _ _ _
860	Number of newborns treated for asphyxia, initial stimulation, or resuscitation in the catchment area	_ _ _ _ _ _ _
861	Number of newborns treated for asphyxia, initial stimulation, or resuscitation in the health center	_ _ _ _ _ _ _
862	Number of newborns given chlorohexidine cord care in the catchment area	_ _ _ _ _ _ _
863	Number of newborns given chlorohexidine cord care at the health center	_ _ _ _ _ _ _
864	Number of newborns treated for hypothermia in the catchment area	_ _ _ _ _ _ _
865	Number of newborns treated for hypothermia at the health center	_ _ _ _ _ _ _
866	Number of pre-term and/or low birth weight neonates treated in the catchment area	_ _ _ _ _ _ _
867	Number of pre-term and/or low birth weight neonates treated at the health center	_ _ _ _ _ _ _
Obtain data for the following from IMNCI register books		
868	Number of sick newborns seen by health center in the catchment area	_ _ _ _ _ _ _
869	Number of sick newborns seen by health center at the health center	_ _ _ _ _ _ _
870	Number of sick newborns that were treated in the catchment area	_ _ _ _ _ _ _
871	Number of sick newborns that were treated at the health center	_ _ _ _ _ _ _
872	Number of newborns treated for diarrhea in the catchment area	_ _ _ _ _ _ _

873	Number of newborns treated for diarrheaat the health center	_ _ _ _ _ _ _
874	Number of newbornstreated for jaundicein the catchment area	_ _ _ _ _ _ _
875	Number of newborns treated for jaundiceat the health center	_ _ _ _ _ _ _
876	Number of sick newborns with very severe disease seen in the catchment area	_ _ _ _ _ _ _
877	Number of sick newborns with very severe disease seen by the health centerat the health center	_ _ _ _ _ _ _
878	Number of sick newborns who initiated treatment (with amoxicillin/ampicillin/gentamycin) for very severe disease in the catchment area	_ _ _ _ _ _ _
879	Number of sick newborns who initiated treatment(with amoxicillin/ampicillin/gentamycin) for very severe disease at the health center	_ _ _ _ _ _ _
880	Number of sick newborns with very severe disease that received 7 consecutive days of gentamycin injections in the catchment area	_ _ _ _ _ _ _
881	Number of sick newborns with very severe disease that received 7 consecutive days of gentamycin injections at the health center	_ _ _ _ _ _ _
882	Number of sick newborns with very severe disease that had to be referred back to the health post to complete treatment	_ _ _ _ _ _ _
883	Number of sick newborns with very severe disease that had to be referred from the health center to a hospital	_ _ _ _ _ _ _

Thank the respondent for taking the time to take part in the survey.