

MODULE 2. PHCU INFORMATION AND HEALTH CENTER STAFFING

INTERVIEWER: ASK HEAD OF HEALTH CENTER FOR THE INFORMATION BELOW.

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 will first start with the PHCU population for the last 12 months.

HC2.1	Number of people living in the health center's catchment area in the last 12 months?	_ _ _ _ _ _ _	HC2.1		
HC2.2	Number of households living in the health center's catchment area in the last 12 months?	_ _ _ _ _ _ _	HC2.2		
HC2.3	Total number of women of reproductive age living in the health center's catchment area in the last 12 months?	_ _ _ _ _ _ _	HC2.3		
HC2.4	Total number of under 5 children living in the health center's catchment area in the last 12 months?	_ _ _ _ _ _ _	HC2.4		
HC2.5	How many health posts are under this health center?	_ _ _	HC2.5		
HC2.6	How many Health Extension Workers (HEWs) in total work under this health center?	_ _ _	HC2.6		
<p>Currently, how many of each of the following staff work in this health center?</p> <p>Read list.</p>		Enter number for each one			
		HC2.7	Nurse	_ _ _	HC2.7
		HC2.8	Midwife	_ _ _	HC2.8
		HC2.9	Health officer	_ _ _	HC2.9
		HC2.10	Urban Health Extension Worker	_ _ _	HC2.10
		HC2.11	Pharmacist/druggist	_ _ _	HC2.11
		HC2.12	Laboratory Technician	_ _ _	HC2.12
HC2.13	Have the staff members in this health center been trained specifically in Integrated Management of Neonatal and Childhood Illnesses (IMNCI)?	<p>1 = Yes 2 = No – GO TOHC 2.31</p>			
HC2.14	How many of the staff in this health center have been trained specifically in Integrated Management of Neonatal and Childhood Illnesses (IMNCI)?	_ _ _	HC2.14		
Which staffs have been trained in IMNCI?		Enter number for each one			
		HC2.15	Nurse	_ _ _	HC2.15
		HC2.16	Midwife	_ _ _	HC2.16
		HC2.17	Health officer	_ _ _	HC2.17
HC2.18	Since taking the IMNCI training, have any of them left this Health Center?	<p>1 = Yes 2 = No – GO TO HC2.31</p>			
If YES, how many of trained staffs have left this Health Center?		Enter number for each one			
		HC2.19	Nurse	_ _ _	HC2.19
		HC2.20	Midwife	_ _ _	HC2.20
		HC2.21	Health officer	_ _ _	HC2.21

If YES, how many of the IMNCI trained staff that left were transferred, promoted or have moved to another organization?		Enter number for each one			
		HC2.22	Transferred	_ _ _	HC2.22
		HC2.23	Promoted	_ _ _	HC2.23
		HC2.24	Moved to another organization	_ _ _	HC2.24
		HC2.25	Other, specify (GO TO HC2.26)	_ _ _	HC2.25
		HC2.26	Specify _____		HC2.26
HC2.27	Have you replaced the IMNCI trained staffs that left by other trained staffs?	1 = Yes 2 = No – GO TO HC 2.31		_	HC2.27
If YES, how many IMNCI trained staffs were replaced?		Enter number for each one			
		HC2.28	Nurse	_ _ _	HC2.28
		HC2.29	Midwife	_ _ _	HC2.29
		HC2.30	Health officer	_ _ _	HC2.30
HC2.31	Have the staff members in this health center been trained specifically in Community Based Newborn Care (CBNC)?	1 = Yes 2 = No – GO TOHC2.49		_	HC2.31
HC2.32	How many of the staff in this health center have been trained specifically in Community Based Newborn Care (CBNC)?	Enter number		_ _ _	HC2.32
Which staffs have been trained in CBNC?		Enter number for each one			
		HC2.33	Nurse	_ _ _	HC2.33
		HC2.34	Midwife	_ _ _	HC2.34
		HC2.35	Health officer	_ _ _	HC2.35
HC2.36	Since taking the CBNC training, have any of them left this Health Center?	1 = Yes 2 = No – GO TO HC2.49		_	HC2.36
If YES, how many of trained staffs have left this Health Center?		Enter number for each one			
		HC2.37	Nurse	_ _ _	HC2.37
		HC2.38	Midwife	_ _ _	HC2.38
		HC2.39	Health office	_ _ _	HC2.39
If YES, How many of the CBNC trained staff that left were transferred, promoted or have moved to another organization?		HC2.40	Transferred	_ _ _	HC2.40
		HC2.41	Promoted	_ _ _	HC2.41

		HC2.42	Moved to another organization		HC2.42
		HC2.43	Other ,specify— GO TO HC2.44		HC2.43
		HC2.44	Specify _____		HC2.44
HC2.45	Have you replaced the CBNC trained staffs that left by other trained staffs?	1 = Yes 2 = No – GO TO HC2.49			HC2.45
If YES, how many CBNC trained staffs were replaced?		Enter number for each one			
		HC2.46	Nurse		HC2.46
		HC2.47	Midwife		HC2.47
		HC2.48	Health officer		HC2.48
HC2.49	Have the HEWs in the health center's catchment area been trained specifically in Community Based Newborn Care (CBNC) ?	1 = Yes 2 = No – GO TO HC2.55			HC2.49
HC2.50	How many of the HEWs in the health center's catchment have been trained specifically in Community Based Newborn Care (CBNC) ?	Enter number			HC2.50
HC2.51	Since taking the CBNC training, have any of the HEWs left among the HPs in this Health Center catchment or PHCU?	1 = Yes 2 = No – GO TO HC2.55			HC2.51
HC2.52	If YES, how many of the trained HEWs have left this Health Center's catchment?	Enter number			HC2.52
HC2.53	Have you replaced the CBNC trained HEWs who left by other trained HEWs?	1 = Yes 2 = No – GO TO HC2.55			HC2.53
HC2.54	If YES, how many of trained HEWs were replaced?	Enter number			HC2.54
HC2.55	Are there any other non-governmental organizations with maternal and newborn health initiatives happening at this health center?	1 = Yes 2 = No – GO TO MODULE 3			HC2.55
HC2.56	If YES , what is/are the name(s) of the organization that is supporting this work?	Specify a. _____ b. _____ c. _____			HC2.56
If YES , what is the focus area? Read list.		For each: 1 = Yes 2 = No			
		HC2.57	ANC		HC2.57
		HC2.58	Delivery		HC2.58
		HC2.59	PNC for baby		HC2.59
		HC2.60	Maternal post-partum		HC2.60
		HC2.61	Sick newborn care		HC2.61
		HC2.62	Other GOT TO HC2.63		HC2.62
HC2.63	Specify _____		HC2.63		

MODULE 3. SUPPORTIVE SUPERVISION CONDUCTED

INTERVIEWER:

PLEASE FIND A HEALTH EXTENSION SUPERVISOR TO ANSWER THE FOLLOWING QUESTIONS. IF NOT AVAILABLE ASK THE U 5 FOCAL PERSON FOR THIS SET OF QUESTIONS

I would now like to ask you some questions about maternal and newborn health related 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.

HC3.1	Has anyone in the health center conducted a supportive supervisory visit to health posts in the last 6 months?	1 = Yes 2 = No – GO TO HC 3.27	<input type="checkbox"/>	HC3.1	
HC3.2	If yes to HC3.1: How many of the health posts in your PHCU have been visited for supportive supervision in the last 6 months?	Enter number of health posts, 99 if don't know.	<input type="text"/>	HC3.2	
HC3.3	Has anyone in the health center conducted a supportive supervisory visit to health posts in the last 3 months?	1 = Yes 2 = No – GO TO HC 3.7	<input type="checkbox"/>	HC3.3	
HC3.4	If yes to HC3.3 How many of the health posts in your PHCU have been visited for supportive supervision in the 3 months?	Enter number of health posts 99 if don't know.	<input type="text"/>	HC3.4	
HC3.5	Has anyone in the health center conducted a supportive supervisory visit to a health post in the last 1 month?	1 = Yes 2 = No – GO TO HC3.7	<input type="checkbox"/>	HC3.5	
HC3.6	If yes to HC3.5 How many of the health posts in your PHCU have been visited for supportive supervision in the 1 months?	Enter number of health posts 99 if don't know.	<input type="text"/>	HC3.6	
If yes to any supervision in the last 6 months: Did that supportive supervision visit include any of the following? Read list.		For each: 1 = Yes 2 = No			
		HC3.7	Discussing on the reporting of early identification of pregnancy	<input type="checkbox"/>	HC3.7
		HC3.8	Discussing provision of Focused ANC	<input type="checkbox"/>	HC3.8

	HC3.9	Discussing promotion of institutional delivery	<input type="checkbox"/>	HC3.9
	HC3.10	Discussing safe and clean delivery	<input type="checkbox"/>	HC3.10
	HC3.11	Discussing immediate newborn care including cord care (chlorohexidine)	<input type="checkbox"/>	HC3.11
	HC3.12	Discussing recognition of asphyxia, initial stimulation, and resuscitation of newborn babies	<input type="checkbox"/>	HC3.12
	HC3.13	Discussing prevention and management of hypothermia	<input type="checkbox"/>	HC3.13
	HC3.14	Discussing management of pre-term and/or low birth weight neonates	<input type="checkbox"/>	HC3.14
	HC3.15	Discussing management of very severe disease in newborns	<input type="checkbox"/>	HC3.15
	HC3.16	Discussing HEW activities with WDA	<input type="checkbox"/>	HC3.16
	HC3.17	Observing record keeping and reporting	<input type="checkbox"/>	HC3.17
	HC3.18	Checking the register for consistency and completeness ,	<input type="checkbox"/>	HC3.18
	HC3.19	Checking supplies/training manuals, job aides, request forms	<input type="checkbox"/>	HC3.19
	HC3.20	Delivering supplies/training manuals, job aides, request forms	<input type="checkbox"/>	HC3.20
	HC3.21	Observing client interaction	<input type="checkbox"/>	HC3.21
	HC3.22	Conducted postnatal household visits together to observe HEWs skill on checking general danger signs	<input type="checkbox"/>	HC3.22
	HC3.23	Providing feedback to the HEWs on their work	<input type="checkbox"/>	HC3.23
	HC3.24	Checking if they visited a sick neonate under treatment or that has been treated ,	<input type="checkbox"/>	HC3.24
	HC3.25	Other, specify Go to HC3.26	<input type="checkbox"/>	HC3.25
	HC3.26	Specify _____		HC3.26
HC3.27	Have you provided supportive supervisory visits to HEWs in the last		<input type="checkbox"/>	HC3.27
	1 = Yes 2 = No			

	one month specifically for CBNC?			
INTERVIEWER: ASK THE <u>HEAD OF THE HEALTH CENTER</u>. IF NOT AVAILABLE ASK THE <u>U 5 FOCAL PERSON</u> FOR THIS SET OF QUESTIONS				
<i>I would now like to ask you some questions about Performance Review and Clinical Mentoring Meeting (PRCMM) meeting. By performance review and refresher training, I mean when health center and health post staff meet together to discuss performance, targets, and ways to achieve targets with respect to ICCM and CBNC?</i>				
HC3.28	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 – GO TO Module 4	<input type="checkbox"/>	HC3.28
<p>Did that meeting cover performance and targets on the following?</p> <p>Read list</p>		For each: 1 = Yes 2 = No		
	HC3.29	Early identification of pregnancy	<input type="checkbox"/>	HC3.29
	HC3.30	Focused ANC	<input type="checkbox"/>	HC3.30
	HC3.31	Promotion of institutional delivery	<input type="checkbox"/>	HC3.31
	HC3.32	Safe and clean delivery	<input type="checkbox"/>	HC3.32
	HC3.33	Immediate newborn care including cord care (chlorohexidine)	<input type="checkbox"/>	HC3.33
	HC3.34	Recognition of asphyxia, initial stimulation and resuscitation of newborn babies	<input type="checkbox"/>	HC3.34
	HC3.35	Management of diarrhea among neonate	<input type="checkbox"/>	HC3.35
	HC3.36	Breast feeding among neonate	<input type="checkbox"/>	HC3.36
	HC3.37	Immunization among neonate	<input type="checkbox"/>	HC3.37
	HC3.38	Prevention and management of hypothermia	<input type="checkbox"/>	HC3.38
	HC3.39	Management of pre-term and/or low birth weight neonates	<input type="checkbox"/>	HC3.39
	HC3.40	Management of neonatal/very severe disease	<input type="checkbox"/>	HC3.40
HC3.41	Register review	<input type="checkbox"/>	HC3.41	
HC3.42	Community level observation	<input type="checkbox"/>	HC3.42	
HC3.43	Did that meeting extract data from HEW's 0- 2 month (newborn) registers?	1 = Yes 2 = No	<input type="checkbox"/>	HC3.38
HC3.44	At that meeting, did your health center staff get a chance to offer skills mentoring (on newborn management)	1 = Yes 2 = No	<input type="checkbox"/>	HC3.39

	directly to the HEWs under this health center?			
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MODULE 4. FACILITY, EQUIPMENT, MEDICINES, AND JOB AIDS AT THE HEALTH CENTER

INTERVIEWER: 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.

READ THE FOLLOWING TO RESPONDENT:

I would now like to ask you questions about the facility, equipment, medicines, and job aids at this health center.

HC4.1	What is the main source of drinking water? Do not prompt	1 = Piped connection into health center 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"/>	HC4.1	
HC4.2	Water supply available on day of survey?	1 = Yes 2 = No	<input type="checkbox"/>	HC4.2	
Does the health center have:		For each: 1 = Yes 2 = No			
		HC4.3	Electricity connection or other power sources (example, gas/solar generator)	<input type="checkbox"/>	HC4.3
		HC4.4	Electricity supply on day of survey	<input type="checkbox"/>	HC4.4
		HC4.5	Functional sterilizer, cooker or stove	<input type="checkbox"/>	HC4.5
		HC4.6	Functional fridge	<input type="checkbox"/>	HC4.6
		HC4.7	Toilets accessible to facility users	<input type="checkbox"/>	HC4.7
HC4.8	Is there a cell phone signal at the health center?	1 = Yes 2 = No	<input type="checkbox"/>	HC4.8	
HC4.9	Is there a cell phone signal at the health center today? Check a phone to ensure there is signal on that day	1 = Yes 2 = No	<input type="checkbox"/>	HC4.9	
HC4.10	Does the health center have functional motorized transport for incoming referrals?	1 = Yes 2 = No – GO TO HC4.15	<input type="checkbox"/>	HC4.10	

	If the motorized transport is not functional the answer is no				
HC4.11	If YES: How many motorbikes are available?	Enter number of motorbikes	__	HC4.11	
HC4.12	If YES: How many three-wheelers are available? (e.g. Bajaj)	Enter number of three-wheelers	__	HC4.12	
HC4.13	If YES: How many cars/ambulances are available?	Enter number of cars/ambulances	__	HC4.13	
HC4.14	If YES: Is the vehicle for referral in the facility now?	1 = Yes 2 = No	__	HC4.14	
HC4.15	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-motorized vehicle 6 = Red Cross (NGO) ambulance 7 = Don't know	__	HC4.15	
Which means of communication do you have to speak to another facility?		For each:1 = Yes 2 = No			
		HC4.16	Facility landline/mobile phone	__	HC4.16
		HC4.17	Staff member mobile phone	__	HC4.17
		HC4.18	Phone outside the facility	__	HC4.18
		HC4.19	Radio	__	HC4.19
		HC4.20	In person communication	__	HC4.20
		HC4.21	Other	__	HC4.21
Does the facility have the following job aids and forms today? Walk around the facility with the respondent and personally verify the availability of job aids and forms		For each:1 = Yes 2 = No			
		HC4.22	Family health cards	__	HC4.22
		HC4.23	Vaccination cards	__	HC4.23
		HC4.24	Stock card/bin card	__	HC4.24
		HC4.25	HMIS forms (monthly and quarterly reporting)	__	HC4.25
		HC4.26	Request and re-supply form	__	HC4.26
		HC4.27	Supervision checklist	__	HC4.27
		HC4.28	Chart booklet	__	HC4.28
		HC4.29	Birth Preparedness and Complication Readiness (BPCR) form	__	HC4.29
		HC4.30	PNC Registration book	__	HC4.30
		HC4.31	IMNCI registration book for 0- under 2 months	__	HC4.31
		HC4.32	IMNCI registration book 2 - 59 months	__	HC4.32
		HC4.33	Pregnant woman and outcome registration book	__	HC4.33
Ask a <u>Druggist/Pharmacist</u> the following questions					

HC4.34	In the past three months, the last time you received gentamycin (20mg/2ml) to be distributed to the health posts, who delivered it to you?	1 = PFSA 2 = Woreda Health Office 3 = NGO (ex. L10K, IFHP, Save the Children) 4 = UNICEF 5 = Other 6 = Have not received in the last 3 months – GO TO HC4.36	__	HC4.34
HC4.35	In the past three months, the last time you received the gentamycin did you receive it before stock-out?	1 = Yes 2 = No	__	HC4.35
HC4.36	In the past three months, the last time you received amoxicillin syrup (125mg/5ml) to be distributed to the health posts, who delivered it to you?	1 = PFSA 2 = Woreda Health Office 3 = NGO (ex. L10K, IFHP, Save the Children) 4 = UNICEF 5 = Other 6 = Have not received in the last 3 months – GO TO HC4.38	__	HC4.36
HC4.37	In the past three months, the last time you received the amoxicillin syrup (125 mg/5ml) , did you receive it before stock-out?	1 = Yes 2 = No	__	HC4.37
HC4.38	In the past three months, the last time you received amoxicillin tab, 125 mg (dispersible) to be distributed to the health posts, who delivered it to you?	1 = PFSA 2 = Woreda Health Office 3 = NGO (ex. L10K, IFHP, Save the Children) 4 = UNICEF 5 = Other 6 = Have not received in the last 3 months – GO TO HC4.40	__	HC4.38
HC4.39	In the past three months, the last time you received the amoxicillin tab, 125 mg (dispersible) , did you receive it before stock-out?	1 = Yes 2 = No	__	HC4.39
HC4.40	In the past three months, the last time you received amoxicillin tab, 250 mg (dispersible) to be distributed to the health posts, who delivered it to you?	1 = PFSA 2 = Woreda Health Office 3 = NGO (ex. L10K, IFHP, Save the Children) 4 = UNICEF 5 = Other 6 = Have not received in the last 3 months – GO TO HC4.42	__	HC4.40
HC4.41	In the past three months, the last time you received the amoxicillin tab, 250 mg (dispersible) , did you receive it before stock-out?	1 = Yes 2 = No	__	HC4.41
HC4.42	In the past three months, the last time you received chlorhexidine to be distributed to the health posts, who delivered it to you?	1 = PFSA 2 = Woreda Health Office 3 = NGO (ex. L10K, IFHP, Save the Children) 4 = UNICEF 5 = Other 6 = Have not received in the last 3 months – GO TO HC4.44	__	HC4.42

HC4.43	In the past three months, the last time you received chlorhexidine , did you receive it before stock-out?	1 = Yes 2 = No	<input type="checkbox"/>	HC4.43
For each: 1 = Yes 2 = No				
Does the facility have the following medicines today? Walk around the facility with the respondent and personally check the availability of medicine	HC4.44	Vitamin k 1 mg	<input type="checkbox"/>	HC4.44
	HC4.45	Vitamin A 200,000 IU	<input type="checkbox"/>	HC4.45
	HC4.46	Vitamin A 100,000 IU	<input type="checkbox"/>	HC4.46
	HC4.47	TTC eye ointment	<input type="checkbox"/>	HC4.47
	HC4.48	Chlorohexidine	<input type="checkbox"/>	HC4.48
	HC4.49	Gentamycin 20 mg/2ml, box of 50 amp	<input type="checkbox"/>	HC4.49
	HC4.50	Gentamycin 80mg/2ml	<input type="checkbox"/>	HC4.50
	HC4.51	Amoxicillin suspension (125 mg/5 ml)	<input type="checkbox"/>	HC4.51
	HC4.52	Amoxicillin tab 250 (dispersible)	<input type="checkbox"/>	HC4.52
	HC4.53	Amoxicillin tab 150 mg (dispersible)	<input type="checkbox"/>	HC4.53
	HC4.54	Ampicillin powder for inj, 500 mg	<input type="checkbox"/>	HC4.54
	HC4.55	Uterotonics	<input type="checkbox"/>	HC4.55
	HC4.56	antibiotics for premature rapture of membrane (PROM)	<input type="checkbox"/>	HC4.56
	HC4.57	Magnesium Sulfate (MgSO4)	<input type="checkbox"/>	HC4.57
	HC4.58	Paracetamol	<input type="checkbox"/>	HC4.58
HC4.59	Iron	<input type="checkbox"/>	HC4.59	
HC4.60	Folate	<input type="checkbox"/>	HC4.60	
HC4.61	Antihelminths	<input type="checkbox"/>	HC4.61	
HC4.62	BCG	<input type="checkbox"/>	HC4.62	
HC4.63	Polio vaccine	<input type="checkbox"/>	HC4.63	
Ask the <u>MCH Head</u> for the questions below				
For each: 1 = Yes 2 = No				
Does the facility have the following functional equipment today? Walk around the facility with the respondent and personally verify k the availability of equipment.	HC4.64	Ambu bag (full size 0 and 1)/Face mask	<input type="checkbox"/>	HC4.64
	HC4.65	Blood pressure cuff	<input type="checkbox"/>	HC4.65
	HC4.66	Stethoscope	<input type="checkbox"/>	HC4.66
	HC4.67	Examination couch	<input type="checkbox"/>	HC4.67
	HC4.68	Drape	<input type="checkbox"/>	HC4.68
	HC4.69	Washable mackintosh	<input type="checkbox"/>	HC4.69
	HC4.70	Dustbin	<input type="checkbox"/>	HC4.70
	HC4.71	Sharps container	<input type="checkbox"/>	HC4.71
	HC4.72	Chlorine bleach	<input type="checkbox"/>	HC4.72

		HC4.73	Bucket for decontamination solution	<input type="checkbox"/>	HC4.73
		HC4.74	Contaminated waste container	<input type="checkbox"/>	HC4.74
		HC4.75	Soap and towel or handrub	<input type="checkbox"/>	HC4.75
		HC4.76	Alcohol-based hand rub	<input type="checkbox"/>	HC4.76
		HC4.77	Suction bulb for newborn care	<input type="checkbox"/>	HC4.77
		HC4.78	Warmer for newborn care	<input type="checkbox"/>	HC4.78
		HC4.79	Bed (for KMC)	<input type="checkbox"/>	HC4.79
		HC4.80	Clinical Thermometer, digital	<input type="checkbox"/>	HC4.80
		HC4.81	Infant scale	<input type="checkbox"/>	HC4.81
		HC4.82	Watch/ clock /mobile phone clock	<input type="checkbox"/>	HC4.82
		HC4.83	Tape measure	<input type="checkbox"/>	HC4.83
		HC4.84	Water for injection	<input type="checkbox"/>	HC4.84
		HC4.85	NG tube (Small)	<input type="checkbox"/>	HC4.85
		HC4.86	IV cannula (Butterfly)	<input type="checkbox"/>	HC4.86
		HC4.87	IV fluid 5% DW	<input type="checkbox"/>	HC4.87
		HC4.88	IV fluid 5% NS	<input type="checkbox"/>	HC4.88
		HC4.89	Surgical glove	<input type="checkbox"/>	HC4.89
		HC4.90	Clean glove	<input type="checkbox"/>	HC4.90
		HC4.91	Syringe with needle	<input type="checkbox"/>	HC4.91
HC4.92	When referring to Health Posts for maternal and newborn care, do you use referral forms? Probe: Check to see an official woreda/zonal/regional referral form	1 = Yes 2 = No		<input type="checkbox"/>	HC4.92
HC4.93	Do you receive any referral forms for maternal and newborn care for cases referred from Health Posts?	1 = Yes 2 = No		<input type="checkbox"/>	HC4.93
HC4.94	Do you conduct pregnant women conference in the community?	1 = Yes 2 = No GO TO MODULE 5		<input type="checkbox"/>	HC4.94
HC4.95	How regularly do you conduct the pregnant women's conference?	1 = Once a week 2 = Every two weeks 3 = Once a month 4= Every other month		<input type="checkbox"/>	HC4.95
HC4.96	Have you, had a planning meeting with a HEWs and 1-30 WDA leaders in the last 3 months?	1 = Yes 2 = No		<input type="checkbox"/>	HC4.96
HC4.97	How many times did you have a meeting as a group in the last 3 months?	Enter number Enter 99 if don't know		<input type="text"/>	HC4.97

MODULE 5. REGISTER REVIEW BY THE DATA COLLECTOR

INTERVIEWER:

For ANC and PNC data ask to see the registers at the MCH department and talk to the MCH focal person

For Newborn illness ask to see the IMNCI register in the Under 5 department and talk to Under 5 focal person

Collect information for last quarter preceding the date of the interview

Write number for each. Write 999 if not available

I would now like to look at your registers to extract information about the services provided.

Obtain data on expected number of pregnancies for the last quarter from MCH department wall records and ANC data from ANC register in MCH department

HC5.1	Expected number of pregnancies in the health center catchment area in the last 3 months?	_ _ _ _ _	HC5.1
HC5.2	Number of women receiving 1 st ANC visit at the health center	_ _ _ _ _	HC5.2
HC5.3	Number of women receiving 2 nd ANC visit at the health center	_ _ _ _ _	HC5.3
HC5.4	Number of women receiving 3 rd ANC visit at the health center	_ _ _ _ _	HC5.4
HC5.5	Number of women receiving 4 th ANC visit at the health center	_ _ _ _ _	HC5.5

Obtain data on expected facility deliveries for the last quarter from MCH department wall records and delivery information from the delivery register in MCH department

HC5.6	Expected number of facility births in the health center in the last three months?	_ _ _ _ _	HC5.6
HC5.7	Number of total deliveries in the health center <i>[Include all birth outcomes-still and live]</i>	_ _ _ _ _	HC5.7
HC5.8	Number of live births in the health center	_ _ _ _ _	HC5.8
HC5.9	Number of still births in the health center	_ _ _ _ _	HC5.9

Obtain data for the following from PNC register in MCH department

HC5.10	Number receiving 1 st PNC visits for the mother at the health center	_ _ _ _ _	HC5.10
HC5.11	Number receiving 2 nd PNC visits for the mother at the health center	_ _ _ _ _	HC5.11
HC5.12	Number receiving 3 rd PNC visits for the mother at the health center	_ _ _ _ _	HC5.12
HC5.13	Number receiving 1 st PNC visits for the child at the health center	_ _ _ _ _	HC5.13

HC5.14	Number receiving 2 nd PNC visits for the child at the health center	_ _ _ _	HC5.14
HC5.15	Number receiving 3 rd PNC visits for the child at the health center	_ _ _ _	HC5.15
HC5.16	Number of live births with birth weight <2500 grammes (or <2.5kg) in the health center	_ _ _	HC5.16
HC5.17	Number of newborns treated for asphyxia,- initial stimulation, or resuscitation in the health center	_ _ _	HC5.17
HC5.18	Number of pre-term and/or low birth weight neonates treated at the health center – Kangaroo-Mother-Care (KMC)	_ _ _	HC5.18
Obtain data for the following from 0-2 IMNCI register books in the Under 5 department			
HC5.19	Number of sick newborns from 0-2 months seen at the health center in the last 3 months	_ _ _ _	HC5.19
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>			
HC5.20	Name of child	_____ First name _____ Last name	HC5.20
HC5.21	Address of child	_____ Keble name	HC5.21
HC5.22	Date Seen Gregorian calendar	_ _ _ / _ _ _ / _ _ _ (DD/MM/YY)	HC5.22
HC5.23	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	HC5.23
HC5.24	Gender of baby	1 = Male 2 = Female	HC5.24
HC5.25	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	HC5.25
HC5.26	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	HC5.26

HC5.27	Gestational Age (in weeks)	1. < 32 weeks 2. 32 – 36 weeks 3. >= 37 weeks 4. Unknown	HC5.27		
HC5.28	Temperature on the day of consultation in degree Celsius Record temperature to one decimal place e.g. 34.3 °C	_ _ _ _ _ °C If unknown 99.9	HC5.28		
HC5.29	Respiratory Rate per minute on the day of consultation	_ _ _ _ _ If unknown 999	HC5.29		
Signs and symptoms of the newborn at the time of consultation? Record all that apply		For each: 1 = Yes 2 = No			
		HC5.30	Reduced feeding/unable to feed	_ _	HC5.30
		HC5.31	Convulsion	_ _	HC5.31
		HC5.32	Severe Chest in-drawing	_ _	HC5.32
		HC5.33	Vomiting	_ _	HC5.33
		HC5.34	Fever	_ _	HC5.34
		HC5.35	Diarrhea	_ _	HC5.35
		HC5.36	Fast breathing	_ _	HC5.36
		HC5.37	Coughing	_ _	HC5.37
		HC5.38	Grunting	_ _	HC5.38
		HC5.39	Skin pustules	_ _	HC5.39
		HC5.40	Yellow palms and soles	_ _	HC5.40
		HC5.41	Yellow eyes and skin	_ _	HC5.41
		HC5.42	Red umbilicus or draining pus	_ _	HC5.42
		HC5.43	Movement only when stimulated or no movement even when stimulated	_ _	HC5.43
		HC5.44	Lethargic/Unconscious	_ _	HC5.44
		HC5.45	Bulging fontanelle	_ _	HC5.45
		HC5.46	Restless/Irritable	_ _	HC5.46
		HC5.47	Sunken eyes	_ _	HC5.47
		HC5.48	Skin pinch goes back slowly	_ _	HC5.48
		HC5.49	Skin pinch goes back very slowly	_ _	HC5.49
		HC5.50	Diarrhea lasting 14 days or more	_ _	HC5.50
		HC5.51	Blood in the stool	_ _	HC5.51
		HC5.52	Not suckling well	_ _	HC5.52
		HC5.53	Less than 8 breast feeds in 24 hours	_ _	HC5.53
HC5.54	Switching to another breast before one is emptied	_ _	HC5.54		
HC5.55	Not breast feeding more	_ _	HC5.55		

		frequently and longer during sickness		
	HC5.56	Poor positioning during breast feeding	__	HC5.56
	HC5.57	Not well attached during breast feeding	__	HC5.57
	HC5.58	Receives other foods or drinks (even water)	__	HC5.58
	HC5.59	Low weight for age	__	HC5.59
	HC5.60	Thrush (ulcers or white patches in mouth)	__	HC5.60
	HC5.60a	Signs and symptoms not given	__	HC5.60a
	HC5.61	Other. Go to HC5.61a		HC5.61
	HC5.61a	Specify_____		HC5.61a
Disease classification of the newborn Record all that apply	For each:1 = Yes 2 = No			
	HC5.62	Very Preterm and/or very low birth weight	__	HC5.62
	HC5.63	Preterm and/or low birth weight	__	HC5.63
	HC5.64	VSD	__	HC5.64
	HC5.65	Local bacterial infection	__	HC5.65
	HC5.66	Severe Dehydration	__	HC5.66
	HC5.67	Some Dehydration	__	HC5.67
	HC5.68	No Dehydration	__	HC5.68
	HC5.69	Severe Persistent Diarrhea	__	HC5.69
	HC5.70	Dysentery	__	HC5.70
	HC5.71	Jaundice	__	HC5.71
	HC5.72	Severe Jaundice	__	HC5.72
	HC5.73	Malaria	__	HC5.73
	HC5.74	Feeding problem or low weight	__	HC5.74
	HC5.74a	Classification not given	__	HC5.74a
	HC5.75	Other, specify --GO TO HC 5.76_____		
HC5.76	Specify_____			HC5.76
Treatment given to the newborn (if treatment not provided write none)		HC5.77	Specify_____	HC5.77
HC5.78	Was newborn referred to a higher facility?	1 = Yes – GO TO HC5.80 2 = No	__	HC5.78
HC5.79	If newborn had VSD and was treated at health center was gentamycin treatment completed?	1 = Yes 2 = No 3 = Not VSD case	__	HC5.79
Outcome of the newborn treatment		For each:1 = Yes 2 = No		

	HC5.80	Health improved/healed	<input type="checkbox"/>	HC5.80
	HC5.81	Died	<input type="checkbox"/>	HC5.81
	HC5.82	Worsened	<input type="checkbox"/>	HC5.82
	HC5.83	Same	<input type="checkbox"/>	HC5.83
	HC5.84	Unknown	<input type="checkbox"/>	HC5.84

MODULE 6. AVAILABILITY OF DIAGNOSTICS				
INTERVIEWER: Ask laboratory department. Walk around the facility with the respondent and personally check the availability of laboratory equipment. For drugs and test kits the definition of availability is if the drugs is available and have not expired. Therefore, the response should be a “yes”. If the drug is not available or expired the response should be a “No”				
HC6.1	Are pregnancy test kits available at this facility today?	1 = Yes 2 = No	<input type="checkbox"/>	HC6.1
HC6.2	Are proteinuria test kits available at this facility today?	1 = Yes 2 = No	<input type="checkbox"/>	HC6.2
HC6.3	Does the facility have HIV rapid test- KHB in stock today?	1 = Yes 2 = No	<input type="checkbox"/>	HC6.3
HC6.4	Does the facility have HIV rapid test- Statpak in stock today?	1 = Yes 2 = No	<input type="checkbox"/>	HC6.4
HC6.5	Does the facility have HIV rapid test- Unigold in stock today?	1 = Yes 2 = No	<input type="checkbox"/>	HC6.5
HC6.6	Does the facility have syphilis RPR/VDRA syphilis tests in stock today?	1 = Yes 2 = No	<input type="checkbox"/>	HC6.6
HC6.7	Does the facility have syphilis rapid tests in stock today?	1 = Yes 2 = No	<input type="checkbox"/>	HC6.7
HC6.8	Does the facility have anemia test kit today? <i>e.g. Haemoglobin, Hematocrit</i>	1 = Yes 2 = No	<input type="checkbox"/>	HC6.8
HC6.9	Does the facility offer glucose level tests to assess gestational diabetes as part of ANC today?	1 = Yes 2 = No	<input type="checkbox"/>	HC6.9

MODULE 7. Additional Questions				
INTERVIEWER: This is a question on trying to find out how the health center defines the 1 st PNC. Ask the MCH department head				
C7.1	Which PNC is recorded as the first PNC in this health center	1 = Any care provided to the mother and newborn during their stay at the facility after delivery 2 = Any care provided to the mother and newborn after discharge and within 24 hours of delivery	<input type="checkbox"/>	HC7.1

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