

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/Mission 3 = other	_ _
110	<i>Did you read the consent form?</i>	1 = Yes 2 = No	_ _
111	<i>Did the official agree to be interviewed?</i> If YES go to section #2 and continue with interview	1 = Yes 2 = No	_ _
110112	If not Why not?	_____	
		End interview	

Section 2. PHCU information and health center staffing Ask head of health Center for the information below				
Interviewer: 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.				
200a	Respondent Designation	1= Health Center Head 2= MNCH Head/Focal Person 3= Under-five Head/Focal Person 4= HEW Supervisor 5= Pharmacist/Druggist 6= HMIS/Record Keeping Focal Person 7= Laboratory Technologist/Technician 8= Member of staff not currently available - skip this section and go back to it later when the member of staff is available	_ _	
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	_ _	
Currently, 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/druggist	_ _
	206a	Lab technician	_ _	
207a	Have the staff members in this health center been trained specifically in Community Based Newborn Care (CBNC) ?	1 = Yes 2 = No – GO TO 207r	_ _	
207	How many of the staff in this health center have been trained specifically in Community Based Newborn Care (CBNC)?	Enter number	_ _	
Which staffs have been trained in CBNC? (Currently employed)		Enter for each one		
		207b	Nurse	_ _
		207c	Midwife	_ _
		207d	Health officer	_ _
207e	Since taking the CBNC training, have any of them left this Health Center?	1 = Yes 2 = No – GO TO HC 207r	_ _	
If YES, how many of trained staffs have left this Health Center? (Currently not employed)		Enter number for each one		
		207 f	Nurse	_ _
		207 g	Midwife	_ _
		207 h	Health officer	_ _
If YES, How many of the CBNC trained staff that left were transferred, promoted or have moved to another organization?		207 i	Transferred	_
		207 j	Promoted	_
		207 k	Moved to another organization	_
		207 l	Other ,specify—GO TO 207m	_

		207 m	Specify _____	
207 n	Have you replaced the CBNC trained staffs that left by other trained staffs?	1 = Yes 2 = No – GO TO 207r		__
If YES, how many CBNC trained staffs were replaced?		Enter number for each one		
		207 o	Nurse	__
		207 p	Midwife	__
207 q	Health officer	__		
207 r	Have the HEWs in the health center's catchment area been trained specifically in Community Based Newborn Care (CBNC)? (excluding urban HEWs)	1 = Yes 2 = No – GO TO 207aa		__
207 s	How many of the HEWs in the health center's catchment have been trained specifically in Community Based Newborn Care (CBNC)? (excluding urban HEWs)	Enter number		__ __
207 t	Since taking the CBNC training, have any of the HEWs left among the HPs in this Health Center catchment or PHCU? (excluding urban HEWs)	1 = Yes 2 = No – GO TO 207aa		__
207 u	If YES, how many of the trained HEWs have left this Health Center's catchment?	Enter number		__ __
207 v	Have you replaced the CBNC trained HEWs who left by other trained HEWs?	1 = Yes 2 = No – GO TO 207aa		__
207 w	If YES, how many of trained HEWs were replaced?	Enter number		__ __
207aa	Have the staff members in this health center been trained specifically in Integrated Management of Neonatal and Childhood Illnesses (IMNCI)?	1 = Yes 2 = No – GO 208		__
207 bb	How many of the staff in this health center have been trained specifically in Integrated Management of Neonatal and Childhood Illnesses (IMNCI)?	Enter number		__ __
Which staffs have been trained in IMNCI?		Enter number for each one		
		207 cc	Nurse	__ __
		207 dd	Midwife	__ __
207 ee	Health officer	__ __		
207 ff	Since taking the IMNCI training, have any of them left this Health Center?	1 = Yes 2 = No – GO TO 208		
If YES, how many of trained staffs have left this Health Center?		207 gg	Nurse	__ __
		207 hh	Midwife	__ __

	207 ii	Health officer	_ _
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		
	207 jj	Transferred	_ _
	207 kk	Promoted	_ _
	207 ll	Moved to another organization	_ _
	207 mm	Other, specify (GO TO 207nn)	_ _
	207 nn	Specify _____	
207oo	Have you replaced the IMNCI trained staffs that left by other trained staffs?	1 = Yes 2 = No – GO TO 208	_
If YES, how many IMNCI trained staffs were replaced?	Enter number for each one		
	207 pp	Nurse	_ _ _
	207 qq	Midwife	_ _ _
	207 rr	Health officer	_ _ _
208	Are there any 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 for baby	_
	213	Maternal post-partum	_
	214	Sick newborn care	_
	215	Other – Go to 215a	_
	215a	Specify: _____	
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 for baby	_
	222	Maternal post-partum	_
	223	Sick newborn care	_
	224	Other – Go to 224a	_
	224a	Specify: _____	
225	If YES , what is the name of the	Specify _____	

	initiative?		
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 for baby	__
	231	Maternal post-partum	__
	232	Sick newborn care	__
	233	Other – Go to 233a	__
	233a	Specify: _____	
234	If YES , what is the name of the initiative?	Specify _____	
	235	xxxx	
	236	xxxx	
	237	xxxx	
	238	xxxx	
	239	xxxx	
	240	xxxx	
	241	xxxx	
242	xxxx		

Section 3. Supervision conducted

Interviewer:

Please find a health extension supervisor to answer the following questions if not ask the under-five focal person

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.

300a	Respondent Designation	1= Health Center Head 2= MNCH Head/Focal Person 3= Under-five Head/Focal Person 4= HEW Supervisor 5=	
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		6= 7= 8= Member of staff not currently available - skip this section and go back to it later when the member of staff is available	
300b	Has anyone in the health center conducted a supportive supervisory visit to a health post in the last 6 months (Jun – November 2017)? By supportive supervision we mean a visit to a health post where staff from this health center provided assessed the performance of HEWs and provided technical support to HEWs.	1 = Yes 2 = No (SKIP TO 321) 3 = Don't know	
300c	If 300b is yes: 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.	
300	Has anyone in the health center conducted a supportive supervisory visit to a health post in the last 3 months (Nehase 2009 – Hidar 2010)?	1 = Yes 2 = No (SKIP TO 304) 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.	_ _
301a	Has anyone in the health center conducted a supportive supervisory visit to a health post in the last 1 month (Tikmet or Hidar 2010)?	1 = Yes 2 = No (SKIP TO 304) 3 = Don't know	_
301b	If 301a is yes: How many of the health posts in your PHCU have been visited for supportive supervision in the last 1 month?	Enter number of health posts, 99 if don't know.	_
302	xxxx		
303	xxxx		
If yes to any supervision in the past six months (Jun – November 2017), did that supportive supervision visit include any of the following? Read list	For each: 1 = Yes 2 = No		
	304	Discussing on the reporting of early identification of pregnancy	_
	305	Discussing provision of Focused ANC	_
	306	Discussing promotion of institutional delivery	_
	307	Discussing safe and clean delivery	_
	308	Discussing immediate newborn care including cord care (chlorohexidine)	_
	309	Discussing recognition of asphyxia, initial stimulation, and resuscitation of newborn babies	_
	310	Discussing prevention and management of hypothermia	_
	311	Discussing management of pre-term and/or low birth weight neonates	_
	312	Discussing management of very severe	_

		disease in newborns	
	313	Discussing HEW activities with WDA	__
	314	Observing record keeping and reporting	__
	314a	Checking the register for consistency and completeness	__
	315	Checking supplies/training manuals. job aides, request forms	__
	315a	Delivering supplies/training manuals. job aides, request forms	__
	316	Observing client interaction	__
	317	Conducted postnatal household visits together to observe HEWs skill on checking general danger signs	__
	318	Providing feedback to the HEWs on their work	__
	318a	Checking if they visited a sick neonate under treatment or that has been treated	__
	319	Other (CBNC related), specify – Go to 320	__
	320	Specify _____	
321	Have you provided supportive supervisory visits to HEWs in the last 3 months (Nehase 2009 to Hidar 2010) specifically for iCCM?		1 = yes 2 = no __
321a	Have you provided supportive supervisory visits to HEWs in the last one month (Tikmet or Hidar 2010) specifically for CBNC?		1 = yes 2 = no __
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?			
322a	Respondent Designation	1= Health Center Head 2= MNCH Head/Focal Person 3= Under-five Head/Focal Person 4= HEW Supervisor 5= 6= 7= 8= Member of staff not currently available - skip this section and go back to it later when the member of staff is available	__
322	In the past 6 months (Gimbot 2009 to Tikmet 2010), 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) __
Did that meeting cover performance and targets on the following?			For each:1 = Yes 2 = No

Read list	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 disease	<input type="checkbox"/>
	331a	Management of diarrhea among neonate	<input type="checkbox"/>
	331b	Breast feeding among neonate	<input type="checkbox"/>
	331c	Immunization among neonate	<input type="checkbox"/>
	331d	Register review	<input type="checkbox"/>
331e	Community level observation	<input type="checkbox"/>	
332	Did that meeting extract data from HEW's 0- 2 month (newborn) registers?	1 = Yes 2 = No	<input type="checkbox"/>
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	<input type="checkbox"/>

Section 4. Supervision received			
Interviewer: <i>I would now like to ask some questions about supportive supervision <u>received by the health center from woreda/zone/region.</u></i> Ask the head of health center			
400a	Respondent Designation	1= Health Center Head 2= MNCH Head/Focal Person 3= Under-five Head/Focal Person 4= HEW Supervisor 5= 6= 7= 8= Member of staff not currently available - skip this section and go back to it later when the member of staff is available	<input type="checkbox"/>
400	Have you received a supportive supervision visit in the last 3 months (Nehase 2009 to Hidar 2010)?	1 = Yes 2 = No (SKIP TO Section 5)	<input type="checkbox"/>
If Yes: Who from?		For each: 1 = Yes 2 = No	

Select all mentioned	401	Federal Ministry of Health	<input type="checkbox"/>
	402	Region	<input type="checkbox"/>
	403	Zone	<input type="checkbox"/>
	404	Woreda health office	<input type="checkbox"/>
	405	NGO	<input type="checkbox"/>
	406	Other (specify)	<input type="checkbox"/>
	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.
		<input type="text"/>	
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	<input type="checkbox"/>
	410	Discussing provision of Focused ANC	<input type="checkbox"/>
	411	Discussing promotion of institutional delivery	<input type="checkbox"/>
	412	Discussing safe and clean delivery	<input type="checkbox"/>
	413	Discussing immediate newborn care including cord care (chlorohexidine)	<input type="checkbox"/>
	414	Discussing recognition of asphyxia, initial stimulation, and resuscitation of newborn babies	<input type="checkbox"/>
	415	Discussing prevention and management of hypothermia	<input type="checkbox"/>
	416	Discussing management of pre-term and/or low birth weight neonates	<input type="checkbox"/>
	417	Discussing management of very severe disease in newborns	<input type="checkbox"/>
	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 429)	<input type="checkbox"/>

427	IF YES , then what was the level of satisfaction? Read both options		1 = Fully satisfied (Go to 427a) 2 = Somewhat satisfied (Go to 429)	<input type="checkbox"/>
		427a	Sufficient visits	<input type="checkbox"/>
		427b	Sufficient crash trainings	<input type="checkbox"/>
		427c	Sufficient technical supervision	<input type="checkbox"/>
		427d	Other GO TO 427e	<input type="checkbox"/>
		427e	Specify	

428	IF NO , then what was the level of dissatisfaction? Read both options		1 = Fully dissatisfied (Go to 428a) 2 = Somewhat dissatisfied (Go to 429)	<input type="checkbox"/>
	What were the reasons for your satisfaction? What were the reasons for your dissatisfaction? Read list Select all that apply Read list Select all that apply	428a	Insufficient visits	<input type="checkbox"/>
		428b	Insufficient crash trainings	<input type="checkbox"/>
		428c	Insufficient technical supervision	<input type="checkbox"/>
		428d	Other GO TO 428e	<input type="checkbox"/>
		428e	Specify _____	<input type="checkbox"/>
	How can the quality of the supervision be further improved: Read list Select all that apply	For each: 1 = Yes 2 = No		
		429	More visits	<input type="checkbox"/>
		430	More crash trainings	<input type="checkbox"/>
		431	More technical supervision	<input type="checkbox"/>
		432	Other GO TO 433	<input type="checkbox"/>
		433	Specify _____	<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 would now like to ask you questions about the facility, equipment, medicines, and job aids at this health center.

500a	Respondent Designation	1= Health Center Head 2= MNCH Head/Focal Person 3= Under-five Head/Focal Person 4= HEW Supervisor	<input type="checkbox"/>
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		5= Pharmacist/Druggist 6= HMIS/Record Keeping Focal Person 7= Laboratory Technologist/Technician 8= Member of staff not currently available - skip this section and go back to it later when the member of staff is available		
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="text"/>	
501	Water supply [for hand-washing and drinking purposes] available on day of survey?	1 = Yes 2 = No	<input type="text"/>	
Does the health center have:		For each: 1 = Yes 2 = No		
		502	Electricity connection or other power sources (example, gas/solar generator) If no, skip to 506	<input type="text"/>
		503	Electricity supply on day of survey	<input type="text"/>
		504	Functional sterilizer, cooker or stove	<input type="text"/>
		505	Functional fridge	<input type="text"/>
		506	Toilets accessible to facility users	<input type="text"/>
507	Is there a cell phone signal at the health center?	1 = Yes 2 = No	<input type="text"/>	
508	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="text"/>	
508a	Does the health center have access to computer with e-mail and Internet	1=Yes 2=No	<input type="text"/>	
508b	Are the health center rooms with auditory and visual privacy for patient consultations?	1=Yes 2=No	<input type="text"/>	
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="text"/>	
510	If YES: How many motorbikes are available?	Enter number of motorbikes	<input type="text"/>	
511	If YES: How many three-wheelers are available? (<i>eg. Bajaj</i>)	Enter number of three-wheelers	<input type="text"/>	
512	If YES: How many cars/ambulances are available?	Enter number of cars/ambulances	<input type="text"/>	
513	If YES: Is the vehicle for referral in the facility now?	1 = Yes 2 = No	<input type="text"/>	
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)	<input type="text"/>	

		ambulance 7 = Don't know	
Which means of communication do you have to speak to another facility? (SELECT ALL)		For each: 1 = Yes 2 = No	
	515	Facility landline/OFFICIAL mobile phone	__
	516	Staff member [PERSONAL] mobile phone	__
	517	Phone outside the facility	__
	518	Radio	__
	519	In person communication	__
	520	No means of communication	__
	521	Other – Go to 521a	__
	521a	Specify _____	
Ask the MCH head for the questions below			
522a	Respondent Designation	1= Health Center Head 2= MNCH Head/Focal Person 3= Under-five Head/Focal Person 4= HEW Supervisor 5= 6= 7= 8= Member of staff not currently available - skip this section and go back to it later when the member of staff is available	__
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	__
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	__
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	__
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	__
526	The last time a neonate was referred from a health post to the health center for neonatal care did a health center staff member speak to the health post directly?	1 = Yes 2 = No (go to 528) 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	__
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	__
529	The last time a neonate was referred from a health	1 = Yes	__

	post to the health center for neonatal care did an HDA accompany them?	2 = No 3 = Don't know	
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	__
531	Do you receive any back referral forms for maternal and newborn care on cases you have referred?	1 = Yes 2 = No	__
531a	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	__
531b	Do you receive any referral forms for maternal and newborn care for cases referred from Health Posts?	1 = Yes 2 = No	__
531c	Do you conduct pregnant women conference in the community?	1 = Yes 2 = No GO 532	__
531d	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	__
531e	Have you, had a planning meeting with a HEWs and 1-30 WDA leaders in the last 3 months (Nehase 2009 to Hidar 2010)?	1 = Yes 2 = No Go to 532	__
531f	How many times did you have a planning meeting as a group in the last 3 months?	Enter number Enter 99 if don't know	__
<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 (OBSERVATION BASED)</p>		For each: 1 = Yes 2 = No	
	532	Ambu bag (full size 0 and 1)/Face mask	__
	533	Clinical Thermometer - digital	__
	533a	Any thermometer	__
	534	Infant scale	__
	534a	Child scale	__
	534b	Adult scale	__
	535	xxxx	
	536	Blood pressure cuff	__
	537	Stethoscope	__
	538	Watch/ clock /mobile phone clock	__
	539	Tape measure	__
	540	Examination couch	__
	541	Drape	__
	542	Washable mackintosh	__
	543	Dustbin	__
	544	xxxx	
545	xxxx		
546	Sharps container	__	
547	Chlorine bleach	__	
548	Bucket for decontamination solution	__	

	549	Contaminated waste container	<input type="checkbox"/>
	550	Soap and towel or handrub	<input type="checkbox"/>
	550a	Alcohol-based hand rub	<input type="checkbox"/>
	551	Suction bulb for newborn care	<input type="checkbox"/>
	552	Warmer for newborn care	<input type="checkbox"/>
	553	Bed (for KMC)	<input type="checkbox"/>
	554	Water for injection	<input type="checkbox"/>
	555	NG tube (small)	<input type="checkbox"/>
	556	IV cannula (butterfly)	<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"/>
	561a	Single-use, standard disposable or auto-disable syringes	<input type="checkbox"/>
	561b	Excluding any delivery beds designated to child birth in delivery room (delivery bed), how many overnight/inpatient beds in total does this facility have, both for adults and children?	<input type="checkbox"/> <input type="checkbox"/>
	561c	Of the overnight/inpatient beds in this facility, how many are dedicated maternity beds? (THIS DOES NOT INCLUDE DELIVERY BEDS)	<input type="checkbox"/> <input type="checkbox"/>
	561d	How many delivery beds does this facility have? (beds designated to child birth in delivery rooms)	<input type="checkbox"/> <input type="checkbox"/>
If possible ask a druggist or pharmacist for the questions below			
562a	Respondent Designation	1= Health Center Head 2= MNCH Head/Focal Person 3= Under-five Head/Focal Person 4= HEW Supervisor 5= Pharmacist/Druggist 6= HMIS/Record Keeping Focal Person 7= Laboratory Technologist/Technician 8= Member of staff not currently available - skip this section and go back to it later when the member of staff is available	<input type="checkbox"/>
Does the facility have the following medicines today? Walk around the facility with the respondent and personally check the availability of medicine		For each: 1 = Yes 2 = N	
	562	Vitamin k 1 mg	<input type="checkbox"/>
	562a	Vitamin K 10 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	xxxx	<input type="checkbox"/>
567a	Gentamycin 20 mg/2ml, box of 50 amp	<input type="checkbox"/>
567b	Gentamycin 80mg/2ml	<input type="checkbox"/>
568	Amoxicillin suspension (125 mg/5 ml)	<input type="checkbox"/>
569	Amoxicillin tab 250 (dispersible)	<input type="checkbox"/>
569a	Amoxicillin tab 125 mg (dispersible)	<input type="checkbox"/>
570	Ampicillin powder for inj, 500 mg	<input type="checkbox"/>
570a	Cotrimoxazole tab	<input type="checkbox"/>
571	Paracetamol	<input type="checkbox"/>
572	Iron	<input type="checkbox"/>
573	Folate	<input type="checkbox"/>
573a	Iron-folate	<input type="checkbox"/>
574	Anthelminths	<input type="checkbox"/>
574a	Amlodipine tablet or alternative calcium channel blocker	<input type="checkbox"/>
574b	Aspirin (capsules/tablets)	<input type="checkbox"/>
574c	Beclomethasone inhaler	<input type="checkbox"/>
574d	Beta blocker (e.g. bisoprolol, metoprolol, carvedilol, atenolol)	<input type="checkbox"/>
574e	Carbamazepine tablet	<input type="checkbox"/>
574f	Ceftriaxone injection	<input type="checkbox"/>
574g	Diazepam injection	<input type="checkbox"/>
574h	Enalapril tablet or alternative ACE inhibitor (e.g. lisonopril, Ramipril, perindopril)	<input type="checkbox"/>
574i	Fluoxetine tablet	<input type="checkbox"/>
574j	Glibenclamide tablet	<input type="checkbox"/>
574k	Haloperidol tablet	<input type="checkbox"/>
574l	Insulin regular injection	<input type="checkbox"/>
574m	Magnesium sulfate injectable	<input type="checkbox"/>
574n	Metformin tablet	<input type="checkbox"/>
574o	Omeprazole tablet or alternative (e.g. pantoprazole, rabeprazole)	<input type="checkbox"/>
574p	Oral rehydration solution (ORS)	<input type="checkbox"/>
574q	Oxytocin injection	<input type="checkbox"/>

	574r	Salbutamol inhaler	<input type="checkbox"/>
	574s	Simvastatin tablet or other statin (e.g. atorvastatin, pravastatin, fluvastatin)	<input type="checkbox"/>
	574t	Thiazide (e.g. hydrochlorothiazide)	<input type="checkbox"/>
	574u	Zinc sulphate (tablet or syrup)	<input type="checkbox"/>
	575	BCG	<input type="checkbox"/>
	576	Polio vaccine	<input type="checkbox"/>
	576a	Penta	<input type="checkbox"/>
	576b	PCV	<input type="checkbox"/>
	576c	Measles	<input type="checkbox"/>
	576d	Rota	<input type="checkbox"/>
	576e	Tetanus Toxoid	<input type="checkbox"/>
Modern Family Planning Methods			
	576f	Combined estrogen progesterone oral contraceptive pills	<input type="checkbox"/>
	576g	Progestin-only contraceptive pills	<input type="checkbox"/>
	576h	Combined estrogen progesterone injectable contraceptives	<input type="checkbox"/>
	576i	Progestin-only injectable contraceptives	<input type="checkbox"/>
	576j	Male condoms	<input type="checkbox"/>
	576k	Female condoms	<input type="checkbox"/>
	576l	Intrauterine contraceptive device (IUCD)	<input type="checkbox"/>
	576m	Implants	<input type="checkbox"/>
	576n	Cycle beads for standard days method	<input type="checkbox"/>
	576o	Emergency contraceptive pills	<input type="checkbox"/>
	576p	Male sterilization	<input type="checkbox"/>
	576q	Female sterilization	<input type="checkbox"/>
Infection Prevention			
	576r	Safe final disposal of sharps	<input type="checkbox"/>
	576s	Safe final disposal of infectious wastes	<input type="checkbox"/>
	576t	Guidelines for standard precautions	<input type="checkbox"/>
577	xxxx		
577a	In the past three months (Nehase 2009 to Hidar 2010), 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 579a	<input type="checkbox"/>
578	xxxx		
578a	In the past three months, the last time you received the gentamycin did you receive it before stock-out?	1 = Yes 2 = No 3 = Last time was the first delivery	<input type="checkbox"/>
579	xxxx		
579a	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)	<input type="checkbox"/>

		4 = UNICEF 5 = Other 6 = Have not received in the last 3 months – GO TO 580b		
580	xxxx			
580a	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 3 = Last time was the first delivery	<input type="checkbox"/>	
580b	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 581a	<input type="checkbox"/>	
580c	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 3 = Last time was the first delivery	<input type="checkbox"/>	
581	xxxx			
581a	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 583	<input type="checkbox"/>	
582	xxxx			
582a	In the past three months, the last time you received chlorhexidine , did you receive it before stock-out?	1 = Yes 2 = No 3 = Last time was the first delivery	<input type="checkbox"/>	
Ask HMIS, record keeping or HEW supervisor department				
583a	Respondent Designation	1= Health Center Head 2= MNCH Head/Focal Person 3= Under-five Head/Focal Person 4= HEW Supervisor 5= Pharmacist/Druggist 6= HMIS/Record Keeping Focal Person 7= Laboratory Technologist/Technician 8= Member of staff not currently available - skip this section and go back to it later when the member of staff is available	<input type="checkbox"/>	
<p>Does the facility have the following job aids and forms today?</p> <p>Walk around the facility with the respondent and personally check the availability of job aids and forms</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 reporting)	<input type="checkbox"/>
		587	Request and re-supply form	<input type="checkbox"/>
		588	Supervision checklist	<input type="checkbox"/>
		589	Chart booklet (ICCM)	<input type="checkbox"/>
590	Birth Preparedness and Complication	<input type="checkbox"/>		

		Readiness (BPCR) form	
	591	xxxx	
	591a	PNC registration book	__
	592	IMNCI registration book for 0- under 2 months	__
	593	IMNCI registration book 2 -59 months	__
	594	Pregnant woman and outcome registration book	__

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

600a	Respondent Designation	1= Health Center Head 2= MNCH Head/Focal Person 3= Under-five Head/Focal Person 4= HEW Supervisor 5= Pharmacist/Drugist 6= HMIS/Record Keeping Focal Person 7= Laboratory Technologist/Technician 8= Member of staff not currently available - skip this section and go back to it later when the member of staff is available	__
600	Are pregnancy test kits available at this facility today?	1 = Yes 2 = No	__
601	Are proteinuria test kits available at this facility today?	1 = Yes 2 = No	__
601a	Are Urine dipsticks – glucose available at this facility today?	1=Yes 2= No	__
602	xxxx		
603	xxxx		
603a	Does the facility have HIV rapid test- Wanita in stock today?	1 = Yes 2 = No	__
603b	Does the facility have HIV rapid test- Unigold in stock today?	1 = Yes 2 = No	__
603c	Does the facility have HIV rapid test- Vikia in stock today?	1 = Yes 2 = No	__
604	xxxx		
605	Does the facility have syphilis RPR/VDRL syphilis tests in stock today?	1 = Yes 2 = No	__
606	Does the facility have syphilis rapid tests in stock today?	1 = Yes 2 = No	__
607	Does the facility have anemia test kits today? e.g. Hémoglobine/Hématocrite	1 = Yes 2 = No	__

608	Does the facility offer glucose level tests to assess gestational diabetes as part of ANC or diabetes in non-pregnant?	1 = yes 2 = no	<input type="checkbox"/>
609	Malaria diagnostic capacity (RDT or smear)?		<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 (Nehase 2009 to Hidar 2010). By consistently we mean without any interruption caused by lack of drugs, supplies and/or skilled staff.

700a	Respondent Designation	1= Health Center Head 2= MNCH Head/Focal Person 3= Under-five Head/Focal Person 4= HEW Supervisor 5= 6= 7= 8= Member of staff not currently available - skip this section and go back to it later when the member of staff is available	<input type="checkbox"/>
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 consistently offered in the past three months?	1 = Yes 2 = No	<input type="checkbox"/>
702	Has chlorhexidine been used for cord care consistently in the past three months?	1 = Yes (go to 704) 2 = No	<input type="checkbox"/>
703	IF NO , was it because chlorhexidine was not available?	1 = Yes 2 = No	<input type="checkbox"/>
704	Has recognition of asphyxia, initial stimulation and resuscitation of newborn babies been consistently offered in the past three months?	1 = Yes 2 = No	<input type="checkbox"/>
705	Has prevention and management of hypothermia for newborn babies been consistently offered in the past three months?	1 = Yes 2 = No	<input type="checkbox"/>
706	Has management of pre-term and/or low birth weight neonates been consistently offered in the past three months?	1 = Yes 2 = No	<input type="checkbox"/>
707	Has treatment of neonatal very severe disease been consistently offered in the past three months?	1 = Yes 2 = No (GO to 709)	<input type="checkbox"/>
708	If YES: is treatment of neonatal very severe disease available today?	1 = Yes 2 = No	<input type="checkbox"/>
709	Is treatment of neonatal very severe disease available every day of the week, if needed?	1 = Yes 2 = No	<input type="checkbox"/>
710	Have post-natal health checks for mothers been consistently offered in the past three months?	1 = Yes 2 = No	<input type="checkbox"/>
711	Have post-natal health checks for newborns been consistently offered in the past three months?	1 = Yes 2 = No	<input type="checkbox"/>
712	If maternity/delivery care services are offered: How many days per week are delivery services	Enter number of days from 1-7	<input type="checkbox"/>

	available 24 hours/day?		
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 (Nehase 2009 – Hidar 2010)

).

For questions 800- 803 collect the most up to date information using the health center data (in the last 12 months: Hidar 2009 – Hidar 2010)

For questions 804 onwards collect information for three months (Nehase 2009 – Hidar 2010) preceding the date of the interview

Write number for each. Write 9999 if not available

800	xxxx	
800a	Current number of people living in the health center's catchment area?	_ _ _ _ _ _ _
801	xxxx	
801a	Current number of households living in the health center's catchment area?	_ _ _ _ _ _ _
802	xxxxx	
802a	Current total number of women of reproductive age living in the health center's catchment area?	_ _ _ _ _ _ _
803	xxxx	
803a	Current total number of under-5 children living in the health center's catchment area?	_ _ _ _ _ _ _
804	xxxx	
805	xxxx	
806	xxxx	

807	xxxx	
808	xxxx	
Obtain data for the following from ANC register		
809	xxxx	
810	xxxx	
811	xxxx	
812	xxxx	
813	xxxx	
814	xxxx	
815	xxxx	
815a	Expected number of pregnancies in the health center catchment area in the last 3 months? (Nehase 2009 to Hidar 2010)	_ _ _ _ _ _ _
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	xxxx	
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		
821	xxxx	
822	xxxx	
822a	Expected number of facility births in the health center in the last three months (Nehase 2009 to Hidar 2010). ?	_ _ _ _ _ _ _
823	Number of total deliveries in the health center <i>[Include all birth outcomes- still and alive]</i>	_ _ _ _ _ _ _
824	Number of live births in the health center	_ _ _ _ _ _ _
825	Number of still births in the health center	_ _ _ _ _ _ _

	XXXX	
	826	XXXX
	827	XXXX
	828	XXXX
	829	XXXX
	830	XXXX
	831	XXXX
	832	XXXX
	833	XXXX
	834	XXXX
	835	XXXX
	836	XXXX

Obtain data for the following from PNC register in MCH Department

837	XXXX	
838	XXXX	
839	XXXX	
840	XXXX	
841	XXXX	
842	XXXX	
843	XXXX	
844	XXXX	
845	XXXX	
846	XXXX	

847	xxxx	
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	xxxx	
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 (Nehase 2009 to Hidar 2010).		
857	xxxx	
858	xxxx	
859	Number of live births with birth weight <2500 grammes (or <2.5kg) in the health center	_ _ _ _ _ _ _
860	xxxx	
861	Number of newborns treated for asphyxia, initial stimulation, or resuscitation in the health center	_ _ _ _ _ _ _
862	xxxx	
863	xxxx	
864	xxxx	
865	xxxx	
866	xxxx	
867	Number of pre-term and/or low birth weight neonates treated at the health center – Kangaroo-mother-care (KMC)	_ _ _ _ _ _ _
Obtain data for the following from IMNCI register books		
868	xxxx	
869	xxxx	

870	XXXX	
871	XXXX	
872	XXXX	
873	XXXX	
874	XXXX	
875	XXXX	
876	XXXX	
877	XXXX	
878	XXXX	
879	XXXX	
880	XXXX	
881	XXXX	
882	XXXX	
883	XXXX	

Obtain data for the following from 0-2 IMNCI register books in the Under 5 department

884	Number of sick newborns from 0-2 months seen at the health center in the last 3 months Nehase 2009 to Hidar 2010	_ _ _ _
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For each of the newborn less than 2 months old seen at the health center (recorded above) complete a separate record review.

Record 1

885	Name of child	<p align="center">_____ First name</p> <p align="center">_____ Last name</p>
-----	---------------	--

886	Address of child	_____ Keble name
887	Date Seen Gregorian calendar	_ _ _ / _ _ _ / _ _ _ (DD/MM/YY)
888	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
889	Gender of baby	1 = Male 2 = Female
890	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
891	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
892	Gestational Age (in weeks)	1. < 32 weeks 2. 32 – 36 weeks 3. >= 37 weeks 4. Unknown
893	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
894	Respiratory Rate per minute on the day of consultation	_ _ _ _ If unknown 999
Signs and symptoms of the newborn at the time of consultation? Record all that apply		For each: 1 = Yes 2 = No
		895 Reduced feeding/unable to feed _ _
		896 Convulsion _ _
		897 Severe Chest in-drawing _ _
		898 Vomiting _ _
		899 Fever _ _
		900 Diarrhea _ _
		901 Fast breathing _ _
		902 Coughing _ _
		903 Grunting _ _
904 Skin pustules _ _		

	905	Yellow palms and soles	<input type="checkbox"/>
	906	Yellow eyes and skin	<input type="checkbox"/>
	907	Red umbilicus or draining pus	<input type="checkbox"/>
	908	Movement only when stimulated or no movement even when stimulated	<input type="checkbox"/>
	909	Lethargic/Unconscious	<input type="checkbox"/>
	910	Bulging fontanelle	<input type="checkbox"/>
	911	Restless/Irritable	<input type="checkbox"/>
	912	Sunken eyes	<input type="checkbox"/>
	913	Skin pinch goes back slowly	<input type="checkbox"/>
	914	Skin pinch goes back very slowly	<input type="checkbox"/>
	915	Diarrhea lasting 14 days or more	<input type="checkbox"/>
	916	Blood in the stool	<input type="checkbox"/>
	917	Not suckling well	<input type="checkbox"/>
	918	Less than 8 breast feeds in 24 hours	<input type="checkbox"/>
	919	Switching to another breast before one is emptied	<input type="checkbox"/>
	920	Not breast feeding more frequently and longer during sickness	<input type="checkbox"/>
	921	Poor positioning during breast feeding	<input type="checkbox"/>
	922	Not well attached during breast feeding	<input type="checkbox"/>
	923	Receives other foods or drinks (even water)	<input type="checkbox"/>
	924	Low weight for age	<input type="checkbox"/>
	925	Thrush (ulcers or white patches in mouth)	<input type="checkbox"/>
	926	Signs and symptoms not given	<input type="checkbox"/>
	927	Other. Go to 929	<input type="checkbox"/>
	928	Specify _____	
Disease classification of the newborn Record all that apply	For each: 1 = Yes 2 = No		
	929	Very Preterm and/or very low birth weight	<input type="checkbox"/>
	930	Preterm and/or low birth weight	<input type="checkbox"/>
	931	VSD	<input type="checkbox"/>
	932	Local bacterial infection	<input type="checkbox"/>
	933	Severe Dehydration	<input type="checkbox"/>
	934	Some Dehydration	<input type="checkbox"/>
	935	No Dehydration	<input type="checkbox"/>

	936	Severe Persistent Diarrhea	<input type="checkbox"/>
	937	Dysentery	<input type="checkbox"/>
	938	Jaundice	<input type="checkbox"/>
	939	Severe Jaundice	<input type="checkbox"/>
	940	Malaria	<input type="checkbox"/>
	941	Feeding problem or low weight	<input type="checkbox"/>
	942	Classification not given	<input type="checkbox"/>
	943	Other, specify -- Go to 944 _____	<input type="checkbox"/>
	944	Specify	
Treatment given to the newborn (if treatment not provided write none)			
	945	Specify _____	
946	Was newborn referred to a higher facility?	1 = Yes – GO TO 948 2 = No	<input type="checkbox"/>
947	If newborn had VSD and was treated at health center, was gentamycin injection treatment for seven days completed?	1 = Yes 2 = No 3 = Not VSD case	<input type="checkbox"/>
For each: 1 = Yes 2 = No			
Outcome of the newborn treatment	948	Health improved/healed	<input type="checkbox"/>
	949	Same	<input type="checkbox"/>
	950	Worsened	<input type="checkbox"/>
	951	Died	<input type="checkbox"/>
	952	Unknown	<input type="checkbox"/>

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