

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

**SECTION 1: FACILITY IDENTIFIERS**

|      |  |                         |
|------|--|-------------------------|
|      |  |                         |
| 1.1  | Date   | _ _ / _ _ / _ _ _ _     |
| 1.2  | Woreda name [select from PDA drop down list]                       | _ _ _                   |
| 1.3  | Kebele name [select from PDA drop down list]                       | _____                   |
| 1.4  | Kebele (cluster) code (automatically generated by PDA)             | _____                   |
| 1.5  | Facility idnumber  | _ _ _                   |
| 1.6  | Facility Type<br>(1)Health post (2)Health Centre (3)Private (4)NGO | _                       |
| 1.7  | Facility Ownership<br>(1)Government (2)Mission (3)NGO              | _                       |
| 1.8  | GPS Longitude  | _ _ _ _ : _ _ _ _ _ _ _ |
| 1.9  | GPS Latitude   | _ _ _ _ : _ _ _ _ _ _ _ |
| 1.10 | Interviewer Initials   | _ _                     |

**SECTION 2. EQUIPMENT, DRUGS AND VACCINES**

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

**Essential support services**

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

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|  |  |  |
|--|--|--|
|  | (1) Clinician; (2) Registered nurse; (3) Registered midwife; (4) Enrolled nurse/midwife; (5) Assistant (6) Other |  |
|--|--|--|

**Equipment**

|  |   |                 |
|--|---|-----------------|
|  | Does the facility have the following equipment and materials today? | (1)Yes<br>(2)No |
|--|---|-----------------|

| AVAILABLE IN THE MATERNITY CARE/ANC/FP SERVICE AREA |   |                          |
|---|---|--------------------------|
| 2.14  | Accessible and working baby scale   | <input type="checkbox"/> |
| 2.15  | Family health cards/vaccination cards   | <input type="checkbox"/> |
| 2.16  | Fetalscope  | <input type="checkbox"/> |
| 2.17  | Stethoscope   | <input type="checkbox"/> |
| 2.18  | Blood pressure machine (sphygmomanometer)   | <input type="checkbox"/> |
| 2.19  | Single use needles and syringes for vaccinations                                      | <input type="checkbox"/> |
| 2.20  | Suture material with needles  | <input type="checkbox"/> |
| 2.21  | Needle holder   | <input type="checkbox"/> |
| 2.22  | Sterile scissors or blade   | <input type="checkbox"/> |
| 2.23  | Sharps boxes  | <input type="checkbox"/> |
| 2.24  | Soap  | <input type="checkbox"/> |
| 2.25  | Accessible and working adult scale  | <input type="checkbox"/> |
| 2.26  | Working watch or timing device  | <input type="checkbox"/> |
| 2.27  | Antenatal cards   | <input type="checkbox"/> |
| 2.28  | Supplies to mix ORS, cups and spoons  | <input type="checkbox"/> |
| 2.29  | Height stick  | <input type="checkbox"/> |
| 2.30  | Disposable gloves   | <input type="checkbox"/> |
| 2.31  | Single-use hand drying towels   | <input type="checkbox"/> |
| 2.32  | Waste receptacle with lid and plastic liner   | <input type="checkbox"/> |
| 2.33  | Disinfectant  | <input type="checkbox"/> |
| 2.34  | Room giving visual privacy  | <input type="checkbox"/> |
| 2.35  | 24- hour functioning light source   | <input type="checkbox"/> |
| 2.36  | Thermometer   | <input type="checkbox"/> |
| 2.37  | Intravenous fluids with infusion set  | <input type="checkbox"/> |
| 2.38  | Manual vacuum aspirator for abortion care   | <input type="checkbox"/> |
| 2.39  | Speculum  | <input type="checkbox"/> |
| 2.40  | Aspiration kit  | <input type="checkbox"/> |
| 2.41  | Oxygen  | <input type="checkbox"/> |
| 2.42  | Blank partographs   | <input type="checkbox"/> |
| 2.43  | Vacuum extractor (for vacuum delivery/assisted delivery)                              | <input type="checkbox"/> |
| 2.44  | Newborn suction device  | <input type="checkbox"/> |
| 2.45  | Newborn resuscitation device/Ambu bag   | <input type="checkbox"/> |
| 2.46  | Mucus trap/suction machine  | <input type="checkbox"/> |
| 2.47  | Clamp or umbilical tie  | <input type="checkbox"/> |
| 2.48  | Gentian violet paint  | <input type="checkbox"/> |
| 2.49  | Dextrose saline/ORS   | <input type="checkbox"/> |
| 2.50  | Utensils for breastmilk expression and cup feeding                                    | <input type="checkbox"/> |
| 2.51  | Nasogastric tubes/20ml syringes   | <input type="checkbox"/> |
| 2.52  | Binders for Kangaroo Mother Care  | <input type="checkbox"/> |
| 2.53  | Blanket to wrap newborn   | <input type="checkbox"/> |
| 2.54  | Baby warmer/heat lamp   | <input type="checkbox"/> |
| 2.55  | Phototherapy  | <input type="checkbox"/> |
| 2.56  | What number of rooms are there at the facility? Enter number <b>Include all rooms</b> | <input type="text"/>     |
| 2.57  | What number of beds available in the maternity area?<br>Enter the number              | <input type="text"/>     |

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

**Current availability of drugs**

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

**Current availability of vaccines**

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

**Current availability of diagnostics**

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

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**SECTION 3 FACILITY SERVICES**

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

**Services available**

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

**Health staff on the day of survey**

Ask the in-charge to tell you the following about the staff at the facility. Enter the number of staff for each category

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

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|  |                                 |      |      |      |      |      |      |      |
|--|---------------------------------|------|------|------|------|------|------|------|
|  | Attend deliveries?              | 3.62 | 3.63 | 3.64 | 3.65 | 3.66 | 3.67 | 3.68 |
|  | Provide essential newborn care? | 3.69 | 3.70 | 3.71 | 3.72 | 3.73 | 3.74 | 3.75 |
|  | At work today?                  | 3.76 | 3.77 | 3.78 | 3.79 | 3.80 | 3.81 | 3.82 |

**Supervision**

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

|      |   |  |
|------|---|--|
| 3.83 | Did the facility receive supervision in the last six months?<br>(1)yes (2)no - if no go to 3.91                       | . <input type="checkbox"/> <input type="checkbox"/>                |
| 3.84 | When was the last supervision visit?<br>Enter date  | <input type="text"/> / <input type="text"/> / <input type="text"/> |
|      | Now please think about the last supervision visit.<br>Which supervisors came on the last visit? (tick all that apply) | (1)Yes<br>(2)No  |
| 3.85 | Ministry of health team e.g. from Region or Zone  | <input type="checkbox"/>   |
| 3.86 | Woreda health office team   | <input type="checkbox"/>   |
| 3.87 | Other Medical doctor  | <input type="checkbox"/>   |
| 3.88 | Project visitor (e.g. L10K) (specify)   | <input type="checkbox"/>   |
| 3.89 | Vaccine official (e.g. from UNICEF/WHO/Government   | <input type="checkbox"/>   |
| 3.90 | Other (specify)   | <input type="checkbox"/>   |

**Appropriate technology and usual practice**

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

|      |   |                          |
|------|---|--------------------------|
|      | Which of the following are<br>(1) not used, (2) routine practise during a delivery: | (1<br>or2)               |
| 3.91 | Use of partograph   | <input type="checkbox"/> |
| 3.92 | Active management of 3 <sup>rd</sup> stage of labour (AMTSL)                        | <input type="checkbox"/> |
| 3.93 | Newborn stays with mother in the same room  | <input type="checkbox"/> |
| 3.94 | Mother receives vitamin A before discharge  | <input type="checkbox"/> |
| 3.95 | Newborns are weighed immediately  | <input type="checkbox"/> |
| 3.96 | Newborns are fully bathed within 24 hours of birth                                  | <input type="checkbox"/> |
| 3.97 | Newborn given OPV vaccine prior to discharge  | <input type="checkbox"/> |
| 3.98 | Newborn given BCG vaccine prior to discharge  | <input type="checkbox"/> |

**Section 4 FACILITY RECORDS**

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

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

|     |  |   |
|-----|--|---|
|     |  | N of<br>events                            |
|     | <b>During the last six months:</b>   |   |
| 4.1 | What was the total number of deliveries in the health centre/health post? <i>Include all birth outcomes. Write the number, or write 999 if information not available</i> | <input type="text"/> <input type="text"/> |
| 4.2 | What was the number of unassisted deliveries in the health centre/health post?<br><i>Write the number, or write 999 if information not available</i>                     | <input type="text"/> <input type="text"/> |
| 4.3 | What was the number of caesarean sections in the health centre/health post ?<br><i>Write the number, or write 999 if information not available</i>                       | <input type="text"/> <input type="text"/> |
| 4.4 | What was the number of maternal fatalities in the health centre/health post?<br><i>Write the number, or write 999 if information not available</i>                       | <input type="text"/> <input type="text"/> |
| 4.5 | What was the number of maternal fatalities due to obstructed labour in the health  | <input type="text"/> <input type="text"/> |

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|------|---|-----|
|      | centre/health post? <i>Write the number, or write 999 if information not available</i>  |     |
| 4.6  | What was the number of maternal fatalities due to eclampsia/pre-eclampsia? <i>Write the number, or write 999 if information not available</i>     | _ _ |
| 4.7  | What was the number of maternal fatalities due to puerperal sepsis? <i>Write the number, or write 999 if information not available</i>            | _ _ |
| 4.8  | What was the number of live births in the health centre/health post?<br><i>Write the number, or write 999 if information not available</i>        | _ _ |
| 4.9  | What was the number of still births in the health centre/health post?<br><i>Write the number, or write 999 if information not available</i>       | _ _ |
|      | What was the number of live births with an five minute APGAR score of:  |     |
| 4.10 | 1   | _ _ |
| 4.11 | 2   | _ _ |
| 4.12 | 3   | _ _ |
| 4.13 | 4   | _ _ |
| 4.14 | 5   | _ _ |
| 4.15 | 6   | _ _ |
| 4.16 | 7   | _ _ |
| 4.17 | 8   | _ _ |
| 4.18 | 9   | _ _ |
| 4.19 | 10  | _ _ |
| 4.20 | Number with no APGAR score recorded   | _ _ |
| 4.21 | What was the number of live births with birth weight <2500 grammes (or <2.5kg)? <i>Write the number or write 999 if information not available</i> | _ _ |
| 4.22 | How many live birth records did not have birth weight recorded?<br><i>Write the number of missing birth weight records</i>                        | _ _ |
| 4.23 | What numbers of newborns were referred for treatment/extra care?<br><i>Write the number of newborns referred for treatment</i>                    | _ _ |
| 4.24 | What number of newborns were admitted for treatment/extra care?<br><i>Write the number or write 999 if information not available</i>              | _ _ |
| 4.25 | Are the maternity record books completely up to date until the day before survey? (1) Yes (2) No  | _ _ |
| 4.26 | What is the date of the most recent birth recorded in the maternity register? Date: <i>look up on PDA</i>   | _ _ |

**What was the number of patients seen in the past 4 months with the following conditions?**

| <i>Condition</i>                      | <i>No of patients in the past 4 months</i> | <i>No managed at HF</i> | <i>No referred</i> |
|---------------------------------------|--|-------------------------|--------------------|
| <i>Puerperal sepsis</i>               | 4.27                                       | 4.28                    | 4.29               |
| <i>Severe post-partum haemorrhage</i> | 4.30                                       | 4.31                    | 4.32               |
| <i>Retained placenta</i>              | 4.33                                       | 4.34                    | 4.35               |
| <i>Severe Pre-eclampsia</i>           | 4.36                                       | 4.37                    | 4.38               |
| <i>Eclampsia</i>                      | 4.39                                       | 4.40                    | 4.41               |
| <i>Complications of abortion</i>      | 4.42                                       | 4.43                    | 4.44               |
| <i>Obstructed labor</i>               | 4.45                                       | 4.46                    | 4.47               |
| <i>Neonatal asphyxia</i>              | 4.48                                       | 4.49                    | 4.50               |
| <i>Severe malaria in pregnancy</i>    | 4.51                                       | 4.52                    | 4.53               |
| <i>Severe anaemia in pregnancy</i>    | 4.54                                       | 4.55                    | 4.56               |

**Bold text:** instructions for interview/PDA

*Italic text:* responses

Normal text: questions