

IDEAS HEALTH FACILITY SURVEY
ETHIOPIA follow-up 2015
JaRco/LSHTM

SECTION 1: FACILITY IDENTIFIERS

1.0	Region	<input type="text"/>
1.1	Zone name [select from list]	<input type="text"/>
1.2	Woreda name [select from list]	<input type="text"/>
1.3	Kebele (cluster) code [select from list]	<input type="text"/>
1.4	Date	<input type="text"/>
1.5	Facility id number	<input type="text"/>
1.6	Facility Type (1)Health post (2)Health Centre (3)Private (4)NGO (5)Referral hospital	<input type="text"/>
1.7	Facility Ownership (1)Government (2)Mission (3)NGO	<input type="text"/>
1.8	GPS Longitude	<input type="text"/>
1.9	GPS Latitude	<input type="text"/>
1.10	Interviewer Initials	<input type="text"/>

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?	<input type="text"/>
2.1	Source of clean running water (eg bucket+plug; piped water) (1)Yes (2)No	<input type="text"/>
2.2	Electricity connection (1)Yes (2)No	<input type="text"/>
2.3	Electricity supply on day of survey (1)Yes (2)No	<input type="text"/>
2.4	Functional sterilizer, cooker or stove (1)Yes (2)No	<input type="text"/>
2.5	Functional fridge (1)Yes (2)No	<input type="text"/>
2.6	Toilets accessible to facility users (1)Yes (2)No	<input type="text"/>
2.7	Motorised transport for referral (1)Yes (2)No (go to 2.8)	<input type="text"/>
2.7a	If yes: How many motorbikes are available? Enter number of motor bikes	<input type="text"/>
2.7b	If yes: How many cars/ambulances are available? Enter number of cars/ambulances	<input type="text"/>
2.7c	If yes: Is the vehicle for referral in the facility now? (1)yes (2)no	<input type="text"/>
2.8	The last time there was an obstetric referral which transport was used? (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	<input type="text"/>
2.9	Which means of communication do you have to speak to another facility? (1) Facility landline/mobile phone (2) Staff member mobile phone; (3) Phone outside the facility; (4) Radio; (5) No means of communication	<input type="text"/>
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 (go to 2.12)	<input type="text"/>
2.11	If yes, Which means of communication did you use? (1) Facility landline/mobile phone (2) Staff member mobile phone; (3) Phone outside the facility; (4) Radio	<input type="text"/>
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 (go to 2.14)	<input type="text"/>
2.13	If yes: Which cadre of staff member accompanied her? (1) Doctor; (2) Nurse; (3) Midwife; (4) Health Officer; (5) Health Assistant (6) HEW (7) Other	<input type="text"/>

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Equipment

	Does the facility have the following equipment and materials today?	(1)Yes (2)No
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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 – Bag and mask	<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 (or other cloths) for Kangaroo Mother Care	<input type="checkbox"/>
2.53	Blanket to wrap newborn	<input type="checkbox"/>
2.53a	Towel to dry the newborn at birth	<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; include all rooms	<input type="text"/>
2.57	What number of beds available in the maternity area? Enter the number	<input type="text"/>
2.57a	What method is available to assess gestation weeks of a pregnancy in this facility? Select all available methods (1)ultrasound (2) fundal height/physical examination (3) Menstrual calendar (4) no method	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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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? (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	Oral Penicilin	<input type="checkbox"/>
2.67a	Cefotaxime/Aminoglycoside	<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"/>
2.75a	IV Penicillin	<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 (or Tenofovir (TDF) or Lamivudine (3TC) or Efavirenz (EFV)	<input type="checkbox"/>
2.80a	Chlorhexidine	<input type="checkbox"/>

Current availability of vaccines and Vitamin K

	Does the facility have the following vaccines in stock today? (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"/>
2.84a	Pentavalent	<input type="checkbox"/>
2.84b	Rota vaccine	<input type="checkbox"/>
2.84c	Measles vaccine	<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? (1) Yes; (2) No (go to 2.90)	<input type="checkbox"/>
2.89	If yes: Does the facility have HIV rapid tests in stock today? (e.g. Capillus, SD Bioline, Determine, Statpak, Unigold)	<input type="checkbox"/>
2.90	Does the facility offer syphilis diagnosis?	<input type="checkbox"/>

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	(1) Yes at this clinic; (2) No, not at this clinic (go to 2.93)	
2.91	If 2.90 yes: Does the facility have syphilis RPR syphilis tests in stock today? (1) Yes (2) No	_
2.92	If 2.90 yes: Does the facility have syphilis rapid tests in stock today? (1) Yes (2) No	_
2.93	Does the facility have anaemia tests available today, e.g. Haemoglobin colour scale/Tallquist/Hematocrit (1) Yes (2) No	_

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

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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:	Doctor	Nurse/midwife	Assistant nurse	Health Extension Worker	Health Officer	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
	Trained in CBNC?	3.54a	3.54b	3.54c	3.54d	3.54e	3.54f	3.54g
	Provide antenatal care?	3.55	3.56	3.57	3.58	3.59	3.60	3.61
	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? (1)yes (2)no - if no go to 3.91	. <input type="checkbox"/> <input type="checkbox"/>
3.84	When was the last supervision visit? Enter date	<input type="text"/>
	Now please think about the last supervision visit. Which supervisors came on the last visit? (tick all that apply)	(1)Yes (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 (2) not used, (1) routine practise during a delivery:	(1 or2)
3.91	Use of partograph	<input type="checkbox"/>
3.92	Active management of 3 rd 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"/>
3.99	Mother has a birth partner of her choice in the labour ward during delivery	<input type="checkbox"/>
3.99a	Application of chlorhexidine on newborn cord	<input type="checkbox"/>

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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 19th April (2007), we want to record all the events between 1st Oct (2007) to 31st March (2007).

		N of events
	During the last six months:	
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"/> <input type="text"/>
4.2	What was the number of unassisted deliveries in the health centre/health post? <i>Write the number, or write 999 if information not available</i>	<input type="text"/> <input type="text"/> <input type="text"/>
4.3	What was the number of caesarean sections in the health centre/health post ? Write the number, or write 999 if information not available	<input type="text"/> <input type="text"/> <input type="text"/>
4.4	What was the number of maternal fatalities in the health centre/health post? Write the number, or write 999 if information not available	<input type="text"/> <input type="text"/> <input type="text"/>
4.5	What was the number of maternal fatalities due to obstructed labour in the health centre/health post? Write the number, or write 999 if information not available	<input type="text"/> <input type="text"/> <input type="text"/>
4.6	What was the number of maternal fatalities due to eclampsia/pre-eclampsia? Write the number, or write 999 if information not available	<input type="text"/> <input type="text"/> <input type="text"/>
4.7	What was the number of maternal fatalities due to puerperal sepsis? Write the number, or write 999 if information not available	<input type="text"/> <input type="text"/> <input type="text"/>
4.8	What was the number of live births in the health centre/health post? Write the number, or write 999 if information not available	<input type="text"/> <input type="text"/> <input type="text"/>
4.9	What was the number of still births in the health centre/health post? Write the number, or write 999 if information not available	<input type="text"/> <input type="text"/> <input type="text"/>
	What was the number of live births with an five minute APGAR score of: (write 999 if information not available)	
4.10	1	<input type="text"/> <input type="text"/> <input type="text"/>
4.11	2	<input type="text"/> <input type="text"/> <input type="text"/>
4.12	3	<input type="text"/> <input type="text"/> <input type="text"/>
4.13	4	<input type="text"/> <input type="text"/> <input type="text"/>
4.14	5	<input type="text"/> <input type="text"/> <input type="text"/>
4.15	6	<input type="text"/> <input type="text"/> <input type="text"/>
4.16	7	<input type="text"/> <input type="text"/> <input type="text"/>
4.17	8	<input type="text"/> <input type="text"/> <input type="text"/>
4.18	9	<input type="text"/> <input type="text"/> <input type="text"/>
4.19	10	<input type="text"/> <input type="text"/> <input type="text"/>
4.20	Number with no APGAR score recorded	<input type="text"/> <input type="text"/> <input type="text"/>
4.21	What was the number of live births with birth weight <2500 grammes (or <2.5kg)? Write the number or write 999 if information not available	<input type="text"/> <input type="text"/> <input type="text"/>
4.22	How many live birth records did not have birth weight recorded? Write the number of missing birth weight records	<input type="text"/> <input type="text"/> <input type="text"/>
4.22a	What was the number of live births recorded as preterm births? Write the number or write 999 if information not available	<input type="text"/> <input type="text"/> <input type="text"/>
4.22b	What was the number of live births with no gestational age recorded? Write the number of missing gestational age records	<input type="text"/> <input type="text"/> <input type="text"/>
4.23	What numbers of newborns were referred for treatment/extra care? Write the number of newborns referred for treatment	<input type="text"/> <input type="text"/> <input type="text"/>
4.24	What number of newborns were admitted for treatment/extra care? Write the number or write 999 if information not available	<input type="text"/> <input type="text"/> <input type="text"/>
4.25	Are the maternity record books completely up to date until the day before survey? (1) Yes (2) No	<input type="text"/> <input type="text"/> <input type="text"/>
4.26	What is the date of the most recent birth recorded in the maternity register? Enter date	<input type="text"/> <input type="text"/> <input type="text"/>

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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>	<i>4.27</i>	<i>4.28</i>	<i>4.29</i>
	<i>Severe post-partum haemorrhage</i>	<i>4.30</i>	<i>4.31</i>	<i>4.32</i>
	<i>Retained placenta</i>	<i>4.33</i>	<i>4.34</i>	<i>4.35</i>
	<i>Severe Pre-eclampsia</i>	<i>4.36</i>	<i>4.37</i>	<i>4.38</i>
	<i>Eclampsia</i>	<i>4.39</i>	<i>4.40</i>	<i>4.41</i>
	<i>Complications of abortion</i>	<i>4.42</i>	<i>4.43</i>	<i>4.44</i>
	<i>Obstructed labor</i>	<i>4.45</i>	<i>4.46</i>	<i>4.47</i>
	<i>Neonatal asphyxia</i>	<i>4.48</i>	<i>4.49</i>	<i>4.50</i>
	<i>Severe malaria in pregnancy</i>	<i>4.51</i>	<i>4.52</i>	<i>4.53</i>
	<i>Severe anaemia in pregnancy</i>	<i>4.54</i>	<i>4.55</i>	<i>4.56</i>

Bold text: instructions for interview/PDA

Italic text: responses

Normal text: questions