

**IDEAS HEALTH FACILITY SURVEY**  
**Gombe State, Nigeria August 2016**

**SECTION 1: FACILITY IDENTIFIERS**

1.1	Date	____/____/____
1.2	State Code	____
1.3	LGA name <b>select from list</b>	_____
1.3a	Ward name <b>select from list</b>	_____
1.4	EA name <b>select from list</b>	_____
1.5	EA number <b>Automatic on PDA</b>	____
1.5a	Facility name <b>Enter in facility name</b>	_____
1.5b	Facility type (1) Primary (2) Secondary	<input type="checkbox"/>
1.6	Facility level (1)Primary care facility type I (2)Primary care facility type II (3)Primary care facility type III (4)Secondary level (5) Tertiary level	<input type="checkbox"/>
1.7	Facility Ownership (1)Government (2)Mission (3)NGO	<input type="checkbox"/>
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? <i>Ko wannan cibiyar kiwon lafiyar na da wadannan muhimman abubuwan domin tallafawa aiki?</i>	
2.1	Source of clean running water (eg bucket+plug; piped water) (1)Yes (2)No <i>anyar samun tsabtace ruwa (Misali tsabtace ruwa daga injin, ruwan famfo)</i> 1)Yes (2)No	<input type="checkbox"/>
2.2	Electricity connection: <i>Wutar lantarki</i> (1)Yes (2)No	<input type="checkbox"/>
2.3	Electricity supply on day of survey : (1)Yes (2)No <i>Wutar lantarki ranar da aka zo wannan aikin nazarin</i> (1)Yes (2)No	<input type="checkbox"/>
2.3a	Does the facility have an alternative power supply (generator or solar) (1)Yes (2)No <i>Ko cibiyar kiwon lafiyar tana da wata hanyar samun wutar lantarki daban (Kamar janareto ko lantarki daga makamashin zafin rana)</i> (1)Yes (2)No	<input type="checkbox"/>
2.3b	Does the alternative power supply provide electricity to these units of the facility?  [A] Theatre [B] Labour room [C] Laboratory [D] Sterilization unit [E] Pharmacy [F] Wards [G] Immunization unit (vaccine refrigerator) [H] Others (specify)	
2.4	Functional sterilizer, cooker or stove or autoclave (1)Yes (2)No <i>Ko akwai na'urar tsabtace kayan aiki, murhun girki na zamani ko risho?</i>	<input type="checkbox"/>

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	(1)Yes (2)No	
2.5	Functional fridge for vaccine storage (1)Yes (2)No <i>Na'urar sanyaya ruwa mai aiki (Firiji)</i> 1)Yes (2)No	<input type="checkbox"/>
2.6	Toilets accessible to female facility users (1)Yes (2)No <i>Dakunan bahaya domin masu zuwa cibiyar kiwon lafiyar</i> 1)Yes (2)No	<input type="checkbox"/>
2.7	Motorised transport for referral (1)Yes (2)No (go to 2.8) <i>Mota ko babur din daukar majinyata domin turawa zuwa gaba don neman lafiya</i> 1)Yes (2)No(go to 2.8)	<input type="checkbox"/>
2.7a	<b>If yes:</b> How many motorbikes are available? <i>Enter number of motor bikes</i> <b>If yes,</b> <i>Adadin babura nawa ne cibiyar take da su?</i> <i>Enter number of motor bikes</i>	<input type="checkbox"/>
2.7b	<b>If yes:</b> How many cars/ambulances are available? <i>Enter number of cars/ambulances</i> <b>If yes,</b> <i>Adadin motoci/motar daukar majinyata nawa ne cibiyar kiwon lafiyar take da su? Enter number of cars/ambulances</i>	<input type="checkbox"/>
2.7c	<b>If yes:</b> Is there a functional motorised transport for referral in the facility now? (1)yes (2)no <b>If yes,</b> <i>A yanzu o akwai motar daukar majinyata cibiyar, domin turawa gaba domin neman lafiya?</i> (1)yes (2)no	<input type="checkbox"/>
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  <i>A baya-bayan nan wane irin sufuri akayi amfani da shi domin tura mace mai juna biyu ko haihuwa ko jego zuwa gaba domin neman lafiya?</i> (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="checkbox"/>
2.9	Which means of communication do you have to speak to another facility? <b>Select all</b> (1) Facility landline/mobile phone (2) Staff member mobile phone; (3) Phone outside the facility; (4) Radio; (5) No means of communication  <i>Wace irin hanyar sadarwa ake amfani da ita wajen yin magana da wata cibiyar kiwon lafiya (asibitin)?</i> (1) Facility landline/mobile phone (2) Staff member mobile phone; (3) Phone outside the facility; (4) Radio; (5) No means of communication	<input type="checkbox"/>
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> )  <i>A lokacin da aka tura wata mata zuwa wani babban asibiti domin jinya a baya-bayan nan an yi magana da asibitin kai tsaye?</i> (1) Yes (2) No (go to 2.12)	<input type="checkbox"/>
2.11	<b>If yes,</b> Which means of communication did you use? (1) Facility landline/mobile phone (2) Staff member mobile phone; (3) Phone outside the facility; (4) Radio  <i>Wace irin hanyar sadarwa aka yi amfani da ita?</i> (1) Facility landline/mobile phone (2) Staff member mobile phone; (3) Phone outside the facility; (4) Radio	<input type="checkbox"/>
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> )  <i>A lokacin da aka tura wata mata zuwa wani asibiti domin samun kulawar ciki, haihuwa ko jego a baya-bayan nan, akwai jami'in kiwon lafiya da ya/tayi mata rakiya?(1) yes (2)</i>	<input type="checkbox"/>

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	<b>no (go to 2.14)</b>	
2.13	<b>If yes:</b> Which cadre of staff member accompanied her? (1) CHEW; (2) CHO; (3) Registered nurse/midwife; (4) Enrolled nurse/midwife; (5) Doctor (6) Other  <b>If yes, Wanne irin jami'in kiwon lafiya ne ya raka matar?</b> (1) CHEW; (2) CHO; (3) Registered nurse/midwife; (4) Enrolled nurse/midwife; (5) Doctor (6) Other	<input type="checkbox"/>

**Equipment**

<b>AVAILABLE IN THE MATERNITY CARE/ANC/FP SERVICE AREA</b>		
2.14	Accessible and working baby scale <i>Sikelin gwada nauyin jarirai mai inganci wanda ke samuwa a ko da yausha</i>	<input type="checkbox"/>
2.15	Family health cards/vaccination cards <i>Katunan asibiti na lafiya domin iyali/katunan rigakafi</i>	<input type="checkbox"/>
2.16	Fetoscope <i>Na'urar sauraron bugun zuciyar dan da ke ciki</i>	<input type="checkbox"/>
2.17	Stethoscope <i>Na'urar auna bugun zuciya</i>	<input type="checkbox"/>
2.18	Blood pressure machine (sphygmomanometer) <i>Na'urar awon bugun jini</i>	<input type="checkbox"/>
2.19	Single use needles and syringes for vaccinations <i>Alurai da sirinjin da ake amfani dasu sau daya kawai yayin karban alluran rigakafi</i>	<input type="checkbox"/>
2.20	Suture material with needles <i>Zare da alluren dinki da ake amfani dasu a tiyata ko dinke rauni</i>	<input type="checkbox"/>
2.21	Needle holder: <i>Abinda ake rike alluradinkin dashi</i>	<input type="checkbox"/>
2.22	Sterile scissors or blade: <i>Tsabtatacencen almakasai ko reza</i>	<input type="checkbox"/>
2.23	Sharps boxes: <i>Akwatin da ake ajiye kayayyakin aiki masu kaifi/tsini da aka gama amfani dasu</i>	<input type="checkbox"/>
2.24	Soap: <i>Sabulu</i>	<input type="checkbox"/>
2.24a	Alcohol based hand rub <i>Sinadarin wanke hannu mai kasha kwayoyin cuta</i>	<input type="checkbox"/>
2.25	Accessible and working adult scale: <i>Sikelin gwada nauyin manya mai inganci</i>	<input type="checkbox"/>
2.26	Working watch or timing device : <i>Agogon yin aiki ko duba lokaci</i>	<input type="checkbox"/>
2.27	Antenatal cards: <i>Katin mata na zuwa awon juna biyu</i>	<input type="checkbox"/>
2.28	Supplies to mix ORS, cups and spoons: <i>Kayayyakin hada sinadarin da suga, kofuna da cokula</i>	<input type="checkbox"/>
2.29	Height stick: <i>Sandar gwada tsayi</i>	<input type="checkbox"/>
2.30	Disposable gloves: <i>Safar hannu da ake zubbawa bayan aiki</i>	<input type="checkbox"/>
2.31	Single-use hand drying towels: <i>Tawul din tsane hannaye da ake amfani dashi sau daya</i>	<input type="checkbox"/>
2.32	Waste receptacle with lid and plastic liner: <i>Kwanon zuba juji mai marfi da shumfudin roba</i>	<input type="checkbox"/>
2.33	Disinfectant: <i>Sinadarin kashe kwayoyin cuta</i>	<input type="checkbox"/>
2.34	Room giving visual privacy during labour: <i>Dakin nakudamai sirri</i>	<input type="checkbox"/>
2.35	24- hour functioning light source: <i>Tushen samun wutar lantarki dare da rana</i>	<input type="checkbox"/>
2.36	Thermometer:	<input type="checkbox"/>

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	<i>Na'urar gwada dumin jiki</i>	
2.37	Intravenous fluids with infusion set : <i>Ruwa da kayan karin ruwa</i>	<input type="checkbox"/>
2.38	Manual vacuum aspirator for abortion care: <i>Na'urar tsotse sauran gudar jini ko tsoka daga cikin uwa lokacin bari</i>	<input type="checkbox"/>
2.39	Speculum <i>Karfen bude farjin mata</i>	<input type="checkbox"/>
2.40	Aspiration kit <i>Na'urar tsotse majina da yawu daga aki/hanci akogoro</i>	<input type="checkbox"/>
2.41	Oxygen <i>Iskar shaka</i>	<input type="checkbox"/>
2.42	Blank partographs <i>Takardun rubuta yadda nakuda ke gudana</i>	<input type="checkbox"/>
2.43	Vacuum extractor (for vaccum delivery/assisted delivery) <i>Na'urar zuo da daga cikin uwa</i>	<input type="checkbox"/>
2.44	Newborn suction device <i>Na'urar tsotse majina da yawu daga aki/anciakogoro jarirai</i>	<input type="checkbox"/>
2.45	Functioning newborn resuscitation device – Bag and mask size 0 (for preterms) <i>Na'urar busa wa jarirai iska zuwa cikin huhu</i>	<input type="checkbox"/>
2.45a	Functioning newborn resuscitation device - bag and mask size 1 (for term babies) <i>Na'urar farfado da numfashin jarirai</i>	<input type="checkbox"/>
2.46	Mucus trap/suction machine <i>Na'urar tsotse majina da yawu daga aki/anciakogoro jarirai</i>	<input type="checkbox"/>
2.47	Clamp or umbilical tie <i>Zaren ko robar matse cibiya</i>	<input type="checkbox"/>
2.48	Gentian violet paint <i>GB</i>	<input type="checkbox"/>
2.49	ORS <i>Ruwan gishiri da suga wanda ake baiwa marasa lafiya ta jijiya /ruwan gishiri da suga wanda ake sha ta baki</i>	<input type="checkbox"/>
2.50	Utensils for breastmilk expression and cup feeding <i>Kwanukan tatse nonon uwa da kofin shayarwa</i>	<input type="checkbox"/>
2.51	Nasogastric tubes/20ml syringes <i>Bututun ciyarwa da sirinjin sa</i>	<input type="checkbox"/>
2.52	Binders for Kangaroo Mother Care (KMC) <i>Zanin goyon na KMC</i>	<input type="checkbox"/>
2.53	Blanket to wrap newborn <i>Bargo domin kudundune jariri</i>	<input type="checkbox"/>
2.53a	Towel to dry the newborn at birth <i>Tawul domin tsane jariri/jaririya lokacin haihuwa</i>	<input type="checkbox"/>
2.54	Baby warmer/heat lamp <i>Na'urar dumama jariri/jaririya/fitilar duma daki</i>	<input type="checkbox"/>
2.55	Phototherapy <i>Na'urar haske mai maganin ciwon shawaran jarirai</i>	<input type="checkbox"/>
2.56	What number of rooms are there at the facility? <i>Enter number; include all rooms</i> <i>Dakuna nawa ne jimla a asibitin? Enter number; include all rooms</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2.57	What number of beds available in the maternity area? <i>Enter the number</i> <i>Gadaje nawa ne a bangaren haihuwa na asibitin? Enter the number</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	What method is available to assess gestation weeks of a pregnancy in this facility? <b>Select all available methods</b> <i>Wadanne hanyoyi ne ake amfani dasu a wannan asibitin domin gano watannin ciki?</i>	
2.57a	Ultrasound : <i>Daukar hoton ciki da na'ura</i>	<input type="checkbox"/>
2.57b	Fundal height/physical examination : <i>Duba girman ciki a zahirance</i>	<input type="checkbox"/>
2.57c	Menstrual calendar : <i>Jadwalin al'adar mata ta yin hila</i>	<input type="checkbox"/>
2.57d	No method: <i>Babu wata hanya</i>	<input type="checkbox"/>
2.57e	Does the facility have a written policy available on respectful maternity care <i>Ko wannan asibitin nada dokar da ke tabbatar girmamawa da mutuntawa yayin lura</i>	<input type="checkbox"/>

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	<i>da mata masu juna biyu</i>	
2.57f	Does the facility have a written policy available on infection prevention? <i>Ko wannan asibitin nada dokar da ke tabbatar da kare yaduwar kwayoyin cututtuka</i>	<input type="checkbox"/>

**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 <i>Ko wannan cibiyar kiwon lafiyar/ asibitin tana da wadannan magungunan a yau?</i> 1)Yes (2)No (3)Not possible to access drug store	
2.58	Sulphadoxine Pyrimethamine for IPTp <i>Kwayar magani mai rigakafin zazzabin cizon sauro</i>	<input type="checkbox"/>
2.59	Vitamin A <i>Sinadarin baitamin A</i>	<input type="checkbox"/>
2.60	Ferrous Sulphate <i>Maganing karin jini jajaye</i>	<input type="checkbox"/>
2.61	Folic Acid <i>Maganing karin jini masu ruwan dorowa</i>	<input type="checkbox"/>
2.62	Combined ferrous/folate <i>Maganing karin jini wadda ya hada jajaye da masu ruwan dorowa</i>	<input type="checkbox"/>
2.63	Benzyl penicillin <i>Allural maganin kwayoyin cututtuka (misali tari lamonia)</i>	<input type="checkbox"/>
2.63a	Benzathine penicillin	<input type="checkbox"/>
2.64	Diazepam (IM or IV) <i>Allurar sa barci da hana taune-taune</i>	<input type="checkbox"/>
2.65	Mebendazol <i>Maganin tsutsan ciki</i>	<input type="checkbox"/>
2.66	Amoxicillin <i>Maganin kwayoyin cututtuka (misali tari lamonia, zawo)</i>	<input type="checkbox"/>
2.67	Oral Penicilin <i>Maganin kwayoyin cututtuka na fenicilin</i>	<input type="checkbox"/>
2.67a	Cefotaxime	<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 <i>Maganin ciwon idon mai kamar kwantsa</i>	<input type="checkbox"/>
2.71	Corticosteroids (for preterm labour) <i>Maganin da ake baiwa mata masu nakudar da bata kai cikakken lokaci ba domin nunar da huhun jariri/jaririya</i>	<input type="checkbox"/>
2.71a	Dexamethasone	
2.71b	Betamethasone	
2.71c	Others (specify)	
2.72	Ergometrine (oral or injectable) <i>Allurar tsaida yankewar jini ta Ego</i>	<input type="checkbox"/>
2.73	Oxytocin <i>Allurar kare/tsaida yankewar jini ta Ozitosin</i>	<input type="checkbox"/>
2.74	Misoprostol <i>Maganin tsaida yankewar jini ta Miso</i>	<input type="checkbox"/>
2.75a	IV Penicilin	
2.75	IV Ampicillin <i>Allurar ampicillin da ake bayarwa ta hanyar jijiya</i>	<input type="checkbox"/>
2.76	IV Gentamycin <i>Allurar Jenta</i>	<input type="checkbox"/>
2.77	IV Metronidazole	<input type="checkbox"/>
2.78	Local anaesthetics (such as lidocaine) <i>Allurar kashe jin zafi a fata</i>	<input type="checkbox"/>
2.79	Zinc tablets	<input type="checkbox"/>

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	<i>Sinadarin maganin zawo na yara</i>	
2.80	Nevirapine <i>Maganin daake baiwa jarirai domin kare su daga kwayar cutar kanjamau in uwar dauke da kwayar cutar</i>	<input type="checkbox"/>
2.80a	ARV for mother (e.g. TDF/3TC/EFV) <i>Maganin da ake baiwa uwar da ke dauke da cutar kanjamau domin bada kariya ga jariransu</i>	<input type="checkbox"/>
2.80b	Chlorhexidine <i>Sinadarin kashe kwayoyin cuttuka da ake shafawa cibiya</i>	<input type="checkbox"/>
2.80c	Magnesium sulphate	<input type="checkbox"/>
2.80d	Erythromycin for preventing infections in cases of Premature Rupture of Membranes (PROM)	<input type="checkbox"/>

**Current availability of vaccines**

	Does the facility have the following vaccines in stock today? (1)Yes (2)No (3)No access  <i>Ko wannan asibitin na da wadannan alluran rigakafin a ajiye a yau?</i> (1)Yes (2)No (3)No access	
2.81	TT vaccine: <i>Allurar bada kariya ta cutar sarkewa</i>	<input type="checkbox"/>
2.82	Vitamin K <i>Allurar tsaida yakewar jinin jarirai</i>	<input type="checkbox"/>
2.83	BCG: <i>Allurar bada kariya daga tarin fuka (BCG)</i>	<input type="checkbox"/>
2.84	OPV: <i>Allurar bada kariya ta cutar shan inna</i>	<input type="checkbox"/>
2.84a	Measles: <i>Allurar bada kariya ta cutar kyanda</i>	<input type="checkbox"/>
2.84b	Pentavalent (DPT/HBV/Influenza)	<input type="checkbox"/>
2.84c	IPV (Inactivated Poliovirus Vaccine)	<input type="checkbox"/>

**Current availability of diagnostics**

	Which of the following test kits are available in this clinic today? <i>Wane irin kayan gwaji kuke dashi daga cikin wadannan a wannan asibitin/ cibiyar kiwon lafiya yau?</i>	
2.85	Pregnancy test kit (1) Yes (2) No <i>Kayan gwajin tabbatar da samun juna biyu</i> (1) Yes (2) No	<input type="checkbox"/>
2.86	Proteinuria (dipsticks or Multistix (1) Yes (2) No	<input type="checkbox"/>
2.87	Rapid test for malaria (1) Yes (2) No <i>Awon zazzabin cizon sauro na gaggawa</i> (1) Yes (2) No	<input type="checkbox"/>
2.88	Does the facility offer HIV diagnostics in this clinic? (1)Yes; (2) No( <b>go to 2.90</b> ) <i>Ko ana gwajin binciken kamuwa da kwayar cutar kanjamau a wannan asibitin?</i> (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?(1)yes (2)no (e.g. Dialab, SD Bioline, Determine, Retroscreen, Vikia, HIV Quick Check, Oraquick, DPP, Statpak, Unigold) <b>If yes:</b> Ko wannan asibitin na da kayan gwajin kanjamau na gaggawa a yau? (1)yes (2)no (e.g. Dialab, SD Bioline, Determine, Retroscreen, Vikia, HIV Quick Check, Oraquick, DPP, Statpak, Unigold)	<input type="checkbox"/>
2.90	Does the facility offer syphilis diagnosis? (1)Yes at this clinic; (2) No, not at this clinic( <b>go to 2.93</b> ) <i>Ko ana gwajin ciwon sanyi a wannan asibitin?</i> (1)Yes at this clinic; (2) No, not at this clinic( <b>go to 2.93</b> )	<input type="checkbox"/>
2.91	<b>If 2.90yes:</b> Does the facility have syphilis RPR syphilis tests in stock today?	<input type="checkbox"/>

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	(1)Yes (2)No <b>If 2.90yes:</b> Ko akwai kayan aikin gwajin ciwon sanyi a wannan asibitin yau? (1)Yes (2)No	
2.92	<b>If 2.90 yes:</b> Does the facility have syphilis rapid tests in stock today? (1)Yes (2)No <b>If 2.90 yes:</b> Ko akwai kayan aikin gwajin ciwon sanyi na gaggawa a wannan asibitin yau?(1)Yes (2)No	<input type="checkbox"/>
2.93	Does the facility have anaemia tests available today, e.g.Haemoglobin colour scale/Tallquist/Hematocrit(1) Yes (2) No Ko akwai kayan aikin gwajin jini a asibitin nan yau?e.g.Haemoglobin colour scale/Tallquist/Hematocrit(1) Yes (2) No	<input type="checkbox"/>

**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 Sau nawa a sati ake bude wannan asibitin? Write number of days	<input type="checkbox"/>
	What services are routinely offered at this clinic? Wadanne ayyuka ne ake yi ko yausha a wannan asibitin?	
3.2	Antenatal registration and counselling (1)yes (2)no Rijistar masu zuwan awon ciki da basu shawarwari(1)yes (2)no	<input type="checkbox"/>
3.3	<b>If yes:</b> are antenatal services available today? (1)yes (2)no <b>If yes,</b> Ko an gudanar da ayyukan awon ciki a yau(1)yes (2)no	<input type="checkbox"/>
3.3a	<b>If yes:</b> what is the cost of a routine antenatal consultation? Enter total in Naira <b>0 if free</b> <b>If yes,</b> Nawa ne kudin da ake biya domin ganin jami'i lafiya kan awon ciki? <b>free</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3.4	Vaccination (1)yes (2)no Alluran rigakafi (1)yes (2)no	<input type="checkbox"/>
3.5	<b>If yes:</b> are vaccination services available today? (1)yes (2)no <b>If yes:</b> Ko anyi alluran riga kafi a yau? (1)yes (2)no	<input type="checkbox"/>
3.5a	<b>If yes:</b> what is the cost of vaccination services for pregnant women? Enter total in Naira <b>0 if free</b> <b>If yes:</b> Nawa ne kudin da ake biya domin yin rigakafi ga mata masu juna biyu?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3.6	PMTCT(1)yes (2)no Ko akwai ayyukan bada kariya daga yaduwar ciwon kanjamau daga uwa zuwa da/ya (1)yes (2)no	<input type="checkbox"/>
3.7	<b>If yes:</b> are PMTCT services available today? (1)yes (2)no <b>If yes:</b> Ko akwai ayyukan bada kariya daga yaduwar ciwon kanjamau daga uwa zuwa da/ya a wannan asibitin a yau? (1)yes (2)no	<input type="checkbox"/>
3.8	Family planning counselling(1)yes (2)no Shawarwari domin bada tazarar haihuwa/tsarin iyali (1)yes (2)no	<input type="checkbox"/>
3.9	<b>If yes:</b> is family planning counselling available today? (1)yes (2)no <b>If yes:</b> Ko ana bada shawarwarin bada tazarar haihuwa/ tsarin iyali a yau? (1)yes (2)no	<input type="checkbox"/>
3.9a	<b>If yes:</b> what is the cost of routine family planning counselling? Enter total in Naira <b>0 if free</b> <b>If yes:</b> Nawa ne kudin da ake biya domin aikin shawarwarin bada tazarar haihuwa/ tsarin iyali? Enter total in Naira <b>0 if free</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3.10	Post-natal health checks for mother and newborn(1)yes (2)no Binciken lafiya na bayan haihuwa ga uwa da sabon haihuwa (1)yes (2)no	<input type="checkbox"/>
3.11	<b>If yes:</b> are PNC available today? (1)yes (2)no <b>If yes,</b> Ko akwai ayyukan bada shawarwari akan kulawar bayan haihuwa ga iyaye da jarirai da aka aiwatar a yau? (1)yes (2)no	<input type="checkbox"/>
3.11a	<b>If yes:</b> what is the cost of routine post-natal health checks? Enter total in Naira <b>0 if free</b> <b>If yes:</b> Nawa ne kudin da ake biya domin binciken lafiya na bayan haihuwa?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3.12	Maternity/Intra-partum/Delivery care (1)yes (2)no Kulawar renon ciki/kulawar tsakanin haihuwa da jego/kulawar lokacin haihuwa (1)yes (2)no	<input type="checkbox"/>

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3.13	<b>If yes:</b> Is delivery care available today? (1)yes (2)no <b>If yes:</b> Ko akwai ayyukan kulawar renon ciki/kulawar lokacin haihuwa a yau? (1)yes (2)no	<input type="checkbox"/>
3.14	<b>If delivery services are offered:</b> How many days per week are delivery services available? <i>Kwanaki nawa ne a sati ake gudanar da ayyukan renon ciki/kulawar lokacin haihuwa?</i>	<input type="checkbox"/>
3.15	<b>If delivery services are offered:</b> How many days per week are delivery services available 24 hours/day? Enter number of days <i>Kwanaki nawa ne a cikin sati ake gudanar da ayyukan kulawa da haihuwa a kowace rana? Enter number of days</i>	<input type="checkbox"/>
3.15a	<b>If yes:</b> what is the cost of routine delivery care? Enter total in Naira <b>0 if free</b> <b>If yes:</b> Nawa ne kudin da ake biya domin aikin kulawar jego/kulawar bayan haihuwa? Enter total in Naira <b>0 if free</b>	<input type="text"/>
3.15 a-i	<b>If yes:</b> Does this facility routinely administer oxytocin injection immediately after birth to all women for the prevention of post-partum haemorrhage? 1)yes (2)no <i>Ko a wannan asibitin akan yi mata allurar tsaida jini jim kadan bayan haihuwa domin kariya ga kwararar jini</i>	<input type="checkbox"/>
	Please tell me if any of the following interventions <b>for the management of complications</b> during and after pregnancy and childbirth have been carried out in the last 3 months (1 <sup>st</sup> April 2016 to 30 <sup>th</sup> June 2016) by providers of delivery services as part of their work in this facility. <b>Int: try to verify from record books in addition to asking the respondent</b>  <i>Ka/ki gaya min ko aiwatar da wadannan taimakon domin kare matsaloli da ke iya faruwa lokacin goyon ciki, ko lokacin nakuda ko bayan haihuwa a kan ayyukan da suke yi a wannan asibiti?</i>	
3.15b	Parenteral administration of antibiotics (IV or IM) (1)yes (2)no	<input type="checkbox"/>
3.15c	Parenteral administration of oxytocic for treatment of post-partum haemorrhage (IV or IM) <i>Yin allurar tsaida jini ta hanyar jijiya domin tsaida kwararar jini byan haihuwa (1)yes (2)no</i>	<input type="checkbox"/>
3.15d	Parenteral administration of anticonvulsants for pre-eclampsia and eclampsia (i.e. magnesium sulphate) (IV or IM) <i>Yin allurar magnesium sulfate ta hanyar jijiya domin tsaida ciwon taune-taune (1)yes (2)no</i>	<input type="checkbox"/>
3.15e	Perform assisted vaginal delivery (e.g. vacuum extraction, forceps delivery) <i>Yin amfani da na'urar zuko jariri ko karfen jawo jariri daga hanyar haihuwa (1)yes (2)no</i>	<input type="checkbox"/>
3.15f	Perform manual removal of placenta <i>Zakulo uwar maihaifa da hannu (1)yes (2)no</i>	<input type="checkbox"/>
3.15g	Perform removal of retained products of conception <i>Zakulo sauran uwar maihaifa ko tantanin da suka rege a baya (1)yes (2)no</i>	<input type="checkbox"/>
3.15h	Perform neonatal resuscitation (e.g. with a bag and mask) <i>Farfado numfashin jariri misali da bututu iska (1)yes (2)no</i>	<input type="checkbox"/>
3.15i	Perform surgery (e.g. caesarean section) <i>Yin tiata domin ciro jariri (1)yes (2)no</i>	<input type="checkbox"/>
3.15j	Perform blood transfusion <i>Karin jini (1)yes (2)no</i>	<input type="checkbox"/>
3.16	Abortion services <i>Taimako da ake bayarwa idan mace tayi bari (1)yes (2)no (1)yes (2)no</i>	<input type="checkbox"/>



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3.17	<p><b>If yes:</b> are abortion services available today? (1)yes (2)no</p> <p><b>If yes:</b> Ayau, ana bda taimako idan mace tayi bari ? (1)yes (2)no</p>	<input type="text"/>
3.17a	<p><b>If yes:</b> what is the cost of routine abortion services? Enter total in Naira <b>0 if free</b></p> <p><b>If yes:</b> Nawa ne kudin da ake biya wajen bada taimako idan mace tayi bari? Enter total in Naira <b>0 if free</b></p>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3.18	<p>Are there ever any meetings where service statistics for delivery services are discussed with staff working at this facility? (1)yes (2)no</p> <p>An taba gabatarda zauren tattaunawa akan alkaluman ayyukan haihuwa a wannan asibiti? (1)yes (2)no</p>	<input type="text"/>
3.19	<p>Does the facility practise Kangaroo Mother Care (KMC)? (1)yes (2)no</p> <p>Ko wannan asibitin nagudanar da ayyukan dumama bakwaini? (1)yes (2)no</p>	<input type="text"/>
3.19a	<p><b>If yes:</b></p> <p>Does the facility have a space available specifically for mothers to practise KMC?</p> <p>A wannan asibitin akwai waje na musamman da aka ware domi koyarda hanyoyin da ake dumama jaririrai (1)yes (2)no</p>	<input type="text"/>

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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. Under 'other' include all other staff at the facility, even non-health staff e.g. cleaners

	<b>HOW MANY STAFF:</b>	Medical Doctors	Nurses	Midwives / nurse- midwives	(CHW) Community Health Workers (JCHEW, CHEW, CHO)	(EHW) Environm ental Health Workers (EHA, EHT, EHW)	Other	Total
	Employed in the facility? <i>Nawa aka dauka aiki a wannan asibitin?</i>	3.20	3.21	3.22	3.23	3.24	3.25	3.26
	Trained in clean and safe delivery (including training in AMSTL and use of uterotonics)? <i>Nawa aka horar akan hanya mafi tsabta kuma marar hadari wajen amsar haihuwa?</i>	3.27	3.28	3.29	3.30	3.31	3.32	3.33
	Trained in essential newborn care/PNC? <i>Nawa aka horar akan ayyukan karbar haihuwa da kula da su na musamman?</i>	3.34	3.35	3.36	3.37	3.38	3.39	3.40
	<b>Trained in PMTCT?</b> <i>Nawa aka horar kan ayyukan bada kariyar yaduwar kanjamau daga uwa zuwa 'da/ya?</i>	3.41	3.42	3.43	3.44	3.45	3.46	3.47
	Trained in syphilis screening? <i>Nawa aka horar akan ayyukan tantance kamuwa da ciwon sanyi?</i>	3.48	3.49	3.50	3.51	3.52	3.53	3.54
	Trained in IMCI? <i>Nawa aka horar akan gamayyar ayyukan kula da cutuktukan yara?</i>	3.54a	3.54b	3.54c	3.54d	3.54e	3.54f	3.54g
	Trained in KMC? <i>Nawa aka horar akan ayyukan dunduma bakwaini?</i>	3.54h	3.54i	3.54j	3.54k	3.54l	3.54m	3.54n
	Trained in newborn resuscitation?  <i>Nawa aka horar akan farfado da nunfashin jariri?</i>	3.54o	3.54p	3.54q	3.54r	3.54s	3.54t	3.54u
	Trained in post-partum family planning <i>Nawa aka horar akan ayyukan tazarar haihuwa lokacin jego?</i>	3.54v	3.54w	3.54x	3.54y	3.54z	3.54za	3.54zb
	Provide antenatal care? <i>Nawa aka horar akan ayyukan bada kulawar awon ciki?</i>	3.55	3.56	3.57	3.58	3.59	3.60	3.61

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	Attend deliveries? <i>Nawa aka horar domin amsar haihuwa?</i>	3.62	3.63	3.64	3.65	3.66	3.67	3.68
	Provide essential newborn care? <i>Nawa ne aka horar akan bada ayyukan kulawar sabon haihuwa?</i>	3.69	3.70	3.71	3.72	3.73	3.74	3.75
	At work today? <i>Nawa ne suka zo aiki yau?</i>	3.76	3.77	3.78	3.79	3.80	3.81	3.82
3.82a	In the last seven days did this facility have at least one midwife/clinician available 24 hours a day, 7 days a week?  <i>A cikin kwanaki bakwai na baya-bayan nan, akwai kwararriyar ngozoma (midwife) ko likita wanda ke nan a cikin kowane sa'a na ranakunun sati bakwai. (yes) (2) no</i>							<input type="checkbox"/>

**Supervision**

**Ask the In-Charge about supervision visits (NOT PASSING THROUGH VISIT) received over the last six months (1<sup>st</sup> January 2016 to 30<sup>th</sup> June 2016), plus details about the last visit. If respondent is unsure, try looking in the visitors' book**

3.83	Did the facility receive a supervision in the last six months? (1)yes (2)no <i>A cikin watanni shida da suke wuce, ko an kawo ziyarar binciken nagartar aiki a wannan asibitin?(1)yes (2)no</i>	<input type="checkbox"/>
3.84	When was the last supervision visit? Enter date <i>Yaushe ne aka kawo ziyarar binciken nagartar aiki ta karshe? Enter date</i>	<input type="text"/>
	Now please think about the last supervision visit. Which supervisors came on the last visit? <b>(tick all that apply)</b> Wadanne jami'an ziyarar binciken nagartar aiki ne suka zo a ziyara ta karshe? <b>(tick all that apply)</b>	(1)Yes (2)No
3.85	Federal Ministry of health team <i>Kungiya daga ma'aikatar kiwon lafiya ta kasa</i>	<input type="checkbox"/>
3.86	State Ministry of health team <i>Kungiya daga ma'aikatar kiwon lafiya ta Jiha</i>	<input type="checkbox"/>
3.87	LGA health office team <i>Kungiya daga ma'aikatar kiwon lafiya ta karamar hukuma</i>	<input type="checkbox"/>
3.88	Other Medical doctor <i>Wasu likitocin daban</i>	<input type="checkbox"/>
3.89	Project visitor [e.g] SFH) (specify) <i>Jami'i mai lura da aikin binciken nagartar aiki, misali daga Kungiyar kula da lafiyar lyali (SHF)</i>	<input type="checkbox"/>
3.90	Vaccine official(non-government) <i>Jami'in bada allurar riga kafi (wanda ba daga gwamnati ba)</i>	<input type="checkbox"/>
3.90a	Ward Development Committee	<input type="checkbox"/>
3.91	Other (specify) <i>Wani abun daban</i>	<input type="checkbox"/>
3.91a	At the last supervision visit did the supervisor observe case management of a child under 5 years in outpatients? <b>Interviewer may have to ask some outside MCH clinic for this question if OPD is outside</b> (1)yes (2)no (3)don't know (4)no OPD in this clinic  <i>A lokacin ziyarar aikin duba nagartar aiki da aka yi a baya-bayan nan, ko jami'in aikin ya lura da yadda ake kulawa da lafiyar yara 'yan kasa da shekara 5 cikin wadanda suka duba a asibitin? Interviewer may have to ask some outside MCH clinic for this question if OPD is outside(1)yes (2)no (3)don't know (4)no OPD in this clinic</i>	<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 routine practise during deliveries in this clinic:	(1)=Yes(2)=No
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	<i>Wadanne abubuwa ne, ayyukan yau da kullum da akeyi lokacin haihuwa a wannan asibitin</i>	
3.92	Use of partograph to take care of labour	<input type="checkbox"/>
3.93	Active management of 3 <sup>rd</sup> stage of labour (AMTSL) <i>Ayyukan kare hatsarin gabar karshe ta haihuwa</i>	<input type="checkbox"/>
3.94	Newborn stays with mother in the same room <i>Sabon haihuwa na zama da uwa a daki daya</i>	<input type="checkbox"/>
3.95	Mother receives vitamin A before discharge <i>Uwa ta karbi sinadrin vitamin A kafin sallama</i>	<input type="checkbox"/>
3.96	Newborns are weighed immediately <i>Gwada nauyin sababbin haihuwa da zaran an yi haihuwar</i>	<input type="checkbox"/>
3.97	Newborns are fully bathed within 24 hours of birth <i>Yi ma sababbin haihuwa wanka cikin awa 24 bayan haihuwa</i>	<input type="checkbox"/>
3.98	Newborn given OPV vaccine prior to discharge <i>Baiwa sabon haihuwa allurar rigakafin polio kafin sallama</i>	<input type="checkbox"/>
3.99	Newborn given BCG vaccine prior to discharge <i>Baiwa sabon haihuwa allurar rigakafin BCG kafin sallama</i>	<input type="checkbox"/>
3.99a	Application of chlorhexidine on newborn cord <i>Ana sa wa sabon haihuwa sinadarin chlohexidine a cibiya bayan haihuwa</i>	<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. i.e. from 1<sup>st</sup> January 2016 to 30<sup>th</sup> June 2016**

		N of events
	<b>During the last six months:</b>	
4.1	What was the total number of deliveries in the clinic? <b>Include all birth outcomes. Write the number, or write 999 if information not available</b>  <i>Nawa ne adadin haihuwar da aka yi a wannan asibitin?</i> <b>Write the number, or write 999 if information not available</b>	<input type="text"/>
4.2	What was the number of unassisted deliveries in the clinic? <b>Write the number, or write 999 if information not available</b>  <i>Nawa ne adadin haihuwar da ba a taimaka wa mai jega ba wajen karbar a wannan asibitin?</i> <b>Write the number, or write 999 if information not available</b>	<input type="text"/>
4.3	What was the number of caesarean sections in the clinic? <b>Write the number, or write 999 if information not available</b>  <i>Nawa ne adadin haihuwar da aka yi ta hanyar yin aikin tiyata domin ciro jariri a wannan asibitin?</i> <b>Write the number, or write 999 if information not available</b>	<input type="text"/>
4.4	What was the number of maternal fatalities in the clinic? <b>Write the number, or write 999 if information not available</b>  <i>Nawa ne adadin matan da suka rasa rayukar su a sanadiyan juna biyu/haihuwa/jega a wannan asibitin?</i> <b>Write the number, or write 999 if information not available</b>	<input type="text"/>
4.5	What was the number of maternal fatalities due to obstructed labour in the clinic? <b>Write the number, or write 999 if information not available</b>  <i>Nawa ne adadin matan da suka rasa rayukan su a sanadiya doguwar nakuda a wannan asibitin?</i> <b>Include all birth outcomes. Write the number, or write 999 if information not available</b>	<input type="text"/>
4.6	What was the number of maternal fatalities due to eclampsia/pre-eclampsia? <b>Write the number, or write 999 if information not available</b>  <i>Nawa ne adadin matan da suka rasa rayukan su a sanadiyarcutar taune-taune a</i>	<input type="text"/>

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	wannan asibitin? <b>Write the number, or write 999 if information not available</b>	
4.7	What was the number of maternal fatalities due to puerperal sepsis? <b>Write the number, or write 999 if information not available</b>  <i>Nawa ne adadin matan da suka rasa rayukan su a sanadiyar kamuwa da kwayoyin cutuktuka a wannan asibitin?</i> <b>Write the number, or write 999 if information not available</b>	□ □ □ □
4.8	What was the number of live births in the clinic? <b>Write the number, or write 999 if information not available</b>  <i>Nawa ne adadin jariran da aka haifa da rai a wannan asibitin?</i> <b>Write the number, or write 999 if information not available</b>	□ □ □ □
4.9	What was the number of still births in the clinic? <b>Write the number, or write 999 if information not available</b>  <i>Nawa ne adadin jariran da aka haifa a wannan asibitin waɗanda basu zo da rai ba?</i> <b>Write the number, or write 999 if information not available</b>	□ □ □ □
	What was the number of live births with a five minute APGAR score: <i>na APGAR da kayi minti 5</i>	
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)? <b>Write the number or write 999 if information not available</b>  <i>Nawa ne adadin jariran da aka haifa da rai waɗanda nauyin su ya gaza &lt;2500 ko &lt;2.5 kg) Write the number or write 999 if information not available</i>	□ □ □ □
4.22	How many live birth records did not have birth weight recorded? <b>Write the number of missing birth weight records</b> <i>Nawa ne adadin haihuwar da ta zo da rai wadda ba'a rubuta nauyin jariran ba?</i> <b>Write the number of missing birth weight records</b>	□ □ □ □
4.22a	What was the number of live births recorded as preterm births (<37 weeks gestation)? <b>Write the number or write 999 if information not available</b> <i>Nawa ne adadin jariran da aka haifa waɗanda watannin cikin su bai cika bai?</i> <b>Write the number or write 999 if information not available</b>	
4.22b	What was the number of live births with no gestational age recorded? <b>Write the number of missing gestational age records</b> <i>Nawa ne adadin jarirai da aka haifa masu rai waɗanda ba'a rubuta watanninzaman su a cikin uwa ba?</i> <b>Write the number of missing gestational age records</b>	□ □ □ □
4.23	What number of newborns were referred for treatment/extra care? <b>Write the number of newborns referred for treatment</b> <i>Nawa ne adadin jariran da aka tura zuwa gaba domin samun magani/kulawa ta musamman?</i> <b>Write the number of newborns referred for treatment</b>	□ □ □ □
4.23a	What number of newborns were started on KMC in the facility?	□ □ □ □
4.24	What number of newborns were admitted for treatment/extra care? <b>Write the number or write 999 if information not available</b> <i>Nawa ne adadin jariran da aka kwantar a wannan asibitin domin samun magani/kulawa ta musamman?</i> <b>Write the number or write 999 if information not available</b>	□ □ □ □

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4.25	<p>Are the maternity record books completely up to date until the day before survey?  (1) Yes (2) No</p> <p><i>Ko akwai cikakken bayani kan al'kaluman haihuwa a rubuce kafin ranar da aka fara wannan binciken ko tambayoyi?</i>  (1) Yes (2) No</p>	_
4.26	<p>What is the date of the most recent birth recorded in the maternity register?  Date: <b>look up on PDA</b></p> <p><i>Wace ranace ta baya-bayan nan da aka rubutata sabon haihuwar da aka samu a wannan asibitin?</i>  Date: <b>look up on PDA</b></p>	_ _ _ / _ _ _ _ _