**Basic Assessments of Family Planning in Senegal**

**HEALTH POST ASSESSMENT TOOL**

**FAMILY PLANNING AND MATERNAL AND CHILD HEALTH SERVICES**

Hello. My name is\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

We are here on behalf of the Cheikh Anta Diop University (UCAD) of Dakar to help the Ministry of Health and Social Action (MSAS), more specifically the Directorate of Mother and Child Health (DSME). We are responsible for mapping all public health facilities (PHIs), health centers, and health posts across the country to determine their capacity to provide family planning and maternal and child health (MNCH) services. We would like to collect information on the infrastructure, equipment, medicines, supplies, availability of trained staff in family planning and maternal and child health, as well as statistics on some services related to your health facility. I ask you to help us fill out this form for your health facility.

The administration time for this form is approximately one hour. Your support in carrying out this mapping exercise is invaluable. I ask you to provide the most honest and correct information possible. If there are any questions where someone else is best placed to provide the information, we would appreciate it if you could introduce that person to us. We would also like to interview some of your staff members individually to administer a service provider questionnaire.

Do you have any questions?

Do you agree to participate in this interview? **Yes No**

**NAME OF THE HEAD NURSE OR HIS REPRESENTATIVE**

FIRST NAME(S) AND NOM\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DESIGNATION: 1. ICP; 2. Representative

SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REMARKS/COMMENTS BY THE SIGNATORY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SECTION 1: IDENTIFICATION DATA AND INTERVIEW DETAILS**

|  |  |
| --- | --- |
| **IDENTIFICATION** | **Code** |
| NAME OF THE REGION  NAME OF THE DEPARTMENT |  |
| DISTRICT NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| NEIGHBORHOOD NAME  TYPE OF LOCATION (RURAL = 1 URBAN = 2) |  |
| NAME OF THE HEALTH FACILITY |  |
| MANAGING AUTHORITY/OWNERSHIP (PUBLIC-1, PRIVATE-2) |  |
| GPS COORDINATES OF THE HEALTH FACILITY | LATITUDE  LONGITUDE  ALTITUDE |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **VISITS BY THE INVESTIGATOR** | | | |
|  | **1** | **2** | **FINAL VISITS** |
| DATE  INVESTIGATOR'S CODE  RESULT\*  TIME SPENT | DAY  MONTH  YEAR  CODE  RESULT DU CODE  TOTAL TIME  HR MIN | DAY  MONTH  YEAR  CODE  RESULT DU CODE  TOTAL TIME  HR MIN | DAY  MONTH  YEAR  CODE  RESULT DU CODE  TOTAL TIME  HR MIN |
| NEXT VISIT:  DATE  HOUR | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | TOTAL NUMBER OF VISITS |
| \*RESULT CODE:  1. COMPLETED  2. HEALTH FACILITY NOT FOUND  3. POSTPONED  4. REFUSAL  5. PARTIALLY COMPLETED | | | |

**SECTION 2: GENERAL INFORMATION**

**(FILL IN THIS SECTION ONLY FOR PUBLIC HEALTH FACILITIES)**

| **#** | **QUESTIONS AND FILTERS** | **CODING** | **SWITCH TO** |
| --- | --- | --- | --- |
| 201 | Polarized population estimate by health post | Population |  |
| 202 | Name of the referral health centre facility | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 203 | Does the health post offer outpatient services, inpatient services or both? | Outpatient care only 1  Inpatient and outpatient care 2 |  |

**SECTION 3: GENERAL INFRASTRUCTURE**

**GENERAL OBSERVATION OF THE STATE OF PREPAREDNESS OF THE HEALTH FACILITY: THE INFORMATION IN THIS SECTION WILL BE GATHERED EITHER THROUGH OBSERVATIONS OR BY INTERVIEWING THE HEAD OF THE HEALTH FACILITY OR HIS REPRESENTATIVE**

| **NO. Q.** | **QUESTIONS AND FILTERS** | **CODING** | | | **SWITCH TO** |
| --- | --- | --- | --- | --- | --- |
| **301** | **Does the health post have the following elements?** | **Yes** | 2 | |  |
|  | A waiting room with seating | 1 | 2 | |
|  | Men's toilet with running water in the waiting room | 1 | 2 | |
|  | Women's toilet with running water in the waiting room | 1 | 2 | |
|  | Handwashing device | 1 | 2 | |
|  | Drinking water | 1 | 2 | |
|  | Power supply | 1 | 2 | |
| **WORKSPACE**  *(Visit to the delivery room and check-in based on observation)* | | | | | |
| 302 | **Does the health post have a labor room?** | Oui………………………………………… 1  Not ………………………..2 | | | **305** |
| 303 | **Does the health post have a functional toilet with running water and flushing in the labour room?** | Oui………………………………………… 1  Not ………………………..2 | | |  |
| 304 | **Are the following instruments and equipment available and functional in the delivery room?** | **Available and functional** | **Available but not functional** | **Unavailable** |  |
|  | Birthing table | 1 | 2 | 3 |
|  | Adjustable lamp/lighting | 1 | 2 | 3 |
|  | Oxygen cylinder with regulator and mask | 1 | 2 | 3 |
|  | Electric vacuum cleaner | 1 | 2 | 3 |
|  | Suction bulb | 1 | 2 | 3 |
|  | Emergency medication in the tray/trolley of the equipment (antibiotic) | 1 | 2 | 3 |  |
|  | Emergency medication in the tray/trolley of the equipment (Analgesics) | 1 | 2 | 3 |  |
|  | Emergency medication in the tray/trolley of the equipment (Tranexamic acid or Exacyl) | 1 | 2 | 3 |  |
|  | Emergency medicine in the tray/trolley of the equipment (Magnesium Sulfate) | 1 | 2 | 3 |  |
|  | Emergency medicine in the tray/trolley of the equipment (Nifedipine) | 1 | 2 | 3 |  |
|  | Emergency medication in the tray/trolley of the equipment (Corticosteroid) | 1 | 2 | 3 |  |
|  | Normal Birthing Kit: Umbilical Cord Scissors | 1 | 2 | 3 |  |
|  | Normal Birthing Kit: Bar Clamp | 1 | 2 | 3 |
|  | Normal Birthing Kit: Breaking Clamp | 1 | 2 | 3 |
|  | Normal delivery kit: Sterile compresses | 1 | 2 | 3 |
|  | Normal Birthing Kit: Sterile Gloves | 1 | 2 | 3 |
|  | Equipment adapted for freestyle childbirth | 1 | 2 | 3 |
|  | Forceps Clamp | 1 | 2 | 3 |
|  | Plunger |  |  |  |
|  | Heart clamp | 1 | 2 | 3 |
|  | Kidney-shaped plateau (Beans) | 1 |  | 3 |
|  | Syringes and cannulas MVA (Manual Intrauterine Aspiration) | 1 |  | 3 |
|  | Drum | 1 | 2 | 3 |
|  | Drawstring scissors | 1 |  | 3 |
|  | Drawstring clips | 1 |  | 3 |
|  | Clamp de Bar | 1 |  | 3 |
|  | Infusion Stand | 1 |  | 3 |
|  | Intravenous Infusion Kit | 1 | 2 | 3 |
|  | Urinary catheter | 1 | 2 | 3 |
|  | Sterilized cotton and compress | 1 |  | 3 |
|  | High Pressure Sterilizer / Autoclave | 1 | 2 | 3 |
|  | Suture Kit (Forceps) | 1 | 2 | 3 |  |
|  | Suture Kit (Needle Holder) | 1 | 2 | 3 |
|  | Suture Kit (Scissors) | 1 | 2 | 3 |
|  | Suture Kit (Blades) | 1 | 2 | 3 |
|  | Suture Kit (Threads) | 1 | 2 | 3 |
|  | Suture kit (sterile compresses) | 1 | 2 | 3 |
|  | Suture Kit (Sterile Gloves) | 1 | 2 | 3 |
|  | Suture Kit (Betadine) | 1 | 2 | 3 |
|  | Urine Pregnancy Test Kit | 1 |  | 3 |  |
|  | Hand washing under running water at the point of use | 1 | 2 | 3 |
|  | Elbow-operated faucets | 1 | 2 | 3 |
|  | Wide, deep sink to prevent splashing and water retention | 1 | 2 | 3 |
|  | Antiseptic soap with soap dish/liquid antiseptic with dispenser. | 1 |  | 3 |
|  | Alcohol-based hand rub | 1 |  | 3 |
|  | Posting point-of-use handwashing instructions | 1 |  | 3 |
|  | Personal Protective Equipment (PPE) | 1 |  | 3 |
|  | Disinfectant | 1 |  | 3 |
|  | Cleaning products | 1 |  | 3 |
|  | Color-coded waste bins at the point of waste generation | 1 | 2 | 3 |
|  | Plastic bags at the point of waste generation | 1 |  | 3 |
| **HOSPITAL ROOMS**  *(Visit of the department and registration based on observations)* | | | | | |
| 305 | **Is the hospitalization service available?** | Oui………………………………………… 1  Non………………………………………..…..2 | | | **401** |
| 306 | **Functional toilets with running water and flushing toilets in the department** | Oui………………………………………… 1  Non………………………………………..…..2 | | |  |
| 307 | **Separate hand washing and bathing area for patients and visitors.** | Oui………………………………………… 1  Non………………………………………..…..2 | | |
| 308 | **Are the following instruments and equipment available and functional in the department?** | Available and functional..................... 1  Available but not functional.......... 2  Unavailable............................................. 3 | | |  |
|  | Sphygmomanometer | 1 2 3 | | |  |
|  | Thermometer | 1 2 3 | | |
|  | Fœtoscope/Doppler | 1 2 3 | | |
|  | Infant scale | 1 2 3 | | |
|  | Adult Scale | 1 2 3 | | |
|  | Adult/child stethoscope | 1 2 3 | | |
|  | Speculum | 1 2 3 | | |
|  | Center-Line/Concentrator/Cylinder Oxygen | 1 2 3 | | |
|  | Flow meter for the oxygen source, with graduations in ml | 1 2 3 | | |
|  | Humidifier/Air Conditioning | 1 2 3 | | |
|  | Adult/child oxygen delivery device (connecting tubes and mask) | 1 2 3 | | |
|  | Adult/Child Oxygen Delivery Device (Nasal Clips) | 1 2 3 | | |
|  | Vacuum cleaner | 1 2 3 | | |
|  | Refrigerator | 1 2 3 | | |
|  | Resuscitation trolley with emergency tray | 1 2 3 | | |
|  | Instrument trolley | 1 2 3 | | |
|  | Equipment for the prevention of common infections | 1 2 3 | | |
|  | Infusion Stand (Stem) | 1 2 3 | | |
|  | Electrical device for equipment such as vacuum cleaner | 1 2 3 | | |
|  | Nursing Station | 1 2 3 | | |
|  | Pediatric Stethoscope | 1 2 3 | | |
|  | Pulse Oximeter | 1 2 3 | | |
|  | Torch | 1 2 3 | | |
|  | Nebulizer | 1 2 3 | | |
|  | Mask with inhalation chamber | 1 2 3 | | |
|  | Fascial masks: Newborn | 1 2 3 | | |
|  | Fascial masks: Adult | 1 2 3 | | |

**SECTION 4: HUMAN RESOURCES**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **401** | **Please provide details of authorized and available personnel** | | | | | | | | | | | |
| Sl # | Designation of authorized personnel  **[REDEEM CODES]** | Is this position currently vacant?  **(Yes -1, No – 2)**    **[If yes, go to item 12]** | Sex  (Male-1, Female -2, Other -3) | Level of education  [**REDEEM CODES**] | Further FP Training  **[REDEEM CODES]** | Is this person currently providing FP services?  **(Yes -1, No-2)**  **[If No, go to 9]** | What methods does he/she propose?  **MULTIPLE ANSWERS**  **[REDEEM CODES]** | Additional training received on MNCH?  **[REDEEM CODES]** | Is this person currently providing an MNCH service?  (Yes -1, No-2)  **[If no, proceed to the next staff member]** | What SMNI services does he/she provide?  MULTIPLE ANSWERS  **[REDEEM CODES]** | Why is the position currently vacant?  **[REDEEM CODES]** | How long has this position been vacant?  (in months, 0 if less than one month) |
| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) | (12) | (13) |
| 1 |  | Yes No  1 2 | M F O  1 2 3 |  |  | Yes No  1 2 |  |  | Yes No  1 2 |  |  |  |
| 2 |  | 1 2 | 1 2 3 |  |  | 1 2 |  |  | 1 2 |  |  |  |
| 3 |  | 1 2 | 1 2 3 |  |  | 1 2 |  |  | 1 2 |  |  |  |
| 4 |  | 1 2 | 1 2 3 |  |  | 1 2 |  |  | 1 2 |  |  |  |
| 5 |  | 1 2 | 1 2 3 |  |  | 1 2 |  |  | 1 2 |  |  |  |
| **Codes for column (2):** nurse=1, nursing assistant=2, midwife=3, CHA=4  **Codes for column (5):** (No level=0, primary=1, secondary=2, bachelor's=3, bachelor's=4, master's=5, master's=6, doctorate=7, doctorate with specialization (DES)=8, other=96)  **Codes for Column (6):** None=0, IUD=1, Injectable Contraceptive=2, Implants = 3, Female Sterilization = 4, Male Sterilization = 5, IUD Removal = 6, Implant Removal = 7  **Codes for column (8):** Pills=A, Injectables=B, Male condom=C, Female condom=D, Emergency contraception=E, IUD=F, Implants=G, Female sterilization (tubal ligation)H, Male sterilization/Vasectomy=J, Exclusive breastfeeding (MAMA)= K, Fixed day method (MJF)= L  **Codes for column (9):** None=0, Comprehensive Emergency Obstetric Care (SONUC))=1, Basic Emergency Obstetric Care (SONUB)=2, Skilled Birth Attendant=3, Infection Prevention and Waste Management=4, STI and HIV/AIDS Diagnosis and Treatment=5, Prevention of Mother-to-Child Transmission of HIV/AIDS (PMTCT)=6, Maternal and Child Feeding Practice and Newborn Care=7, Comprehensive Abortion Care = 8, Integrated Management of Childhood Illness (IMCI) = 9, Adolescent Health Issues = 10, Immunization Services = 11 , Blood Transfusion Services = 12 , ECG = 13 , Ultrasound = 14  **Codes for column (11):** ANC=A, normal delivery=B, caesarean section=C, management of maternal complications=D, management of neonatal complications=E, vaccination=F, treatment of childhood diseases=G  **Codes for column (12):** Not recruited/appointed=1, Seconded to another health facility=2, On leave/pursuing higher education or training for more than 6 months=3, Absent from work=4, Other=5 | | | | | | | | | | | | |

**SECTION 5: AVAILABILITY OF SERVICES**

| **NO. Q.** | **QUESTIONS AND FILTERS** | | **CODING** | | | **SWITCH TO** |
| --- | --- | --- | --- | --- | --- | --- |
| **501** | **Does this health post offer an MNCH service?** | | Yes 1  Not 2 | | | 506 |
|  | List of SMNI services | **502. How often is this service provided at the health post?**  (Regularly=1, Occasionally=2,  Not at all=3)  *[If the answer is 3, go to 505]* | **503. Is this service provided free of charge?**  (Yes=1, No=2)  *[If the answer is 1, proceed to the next service.]* | **504. How much does it cost per unit?**  (in local currency) | **505. What are the reasons for the unavailability of the service?**  (No qualified personnel available=1, Supplies not available=2, Infrastructure not available=3, Client does not want to=4, Other(specify)=5 ) |  |
| **Has. Are ANC services available? Yes No [If "No" Proceed to Option B (Delivery Services)]** | | | | | | |
|  | Check in | 1 2 3 | 1 2 |  | 1 2 3 4 5 |  |
|  | Physical examination | 1 2 3 | 1 2 |  | 1 2 3 4 5 |
|  | Weight gain | 1 2 3 | 1 2 |  | 1 2 3 4 5 |
|  | Blood pressure measurement | 1 2 3 | 1 2 |  | 1 2 3 4 5 |
|  | Examen de l'abdomen | 1 2 3 | 1 2 |  | 1 2 3 4 5 |
|  | Treatment of danger signs | 1 2 3 | 1 2 |  | 1 2 3 4 5 |
|  | Iron Supplementation, Folic Acid | 1 2 3 | 1 2 |  | 1 2 3 4 5 |
|  | Performing a hemoglobin test | 1 2 3 | 1 2 |  | 1 2 3 4 5 |
|  | Testing for albumin in urine | 1 2 3 | 1 2 |  | 1 2 3 4 5 |
|  | Urine sugar test | 1 2 3 | 1 2 |  | 1 2 3 4 5 |
|  | Pregnancy test | 1 2 3 | 1 2 |  | 1 2 3 4 5 |
|  | Tetanus vaccination | 1 2 3 | 1 2 |  | 1 2 3 4 5 |
|  | Deworming | 1 2 3 | 1 2 |  | 1 2 3 4 5 |
|  | Nutrition Counseling | 1 2 3 | 1 2 |  | 1 2 3 4 5 |
|  | Childbirth preparation tips | 1 2 3 | 1 2 |  | 1 2 3 4 5 |
|  | FP Counseling | 1 2 3 | 1 2 |  | 1 2 3 4 5 |
|  | Advice on childbirth in a health facility | 1 2 3 | 1 2 |  | 1 2 3 4 5 |
| **B. Are delivery services available? Yes No [If no Proceed to Option C (Postpartum Services)]** | | | | | | |
|  | Normal delivery | 1 2 3 | 1 2 |  | 1 2 3 4 5 |  |
|  | Use of the partograph | 1 2 3 | 1 2 |  | 1 2 3 4 5 |
|  | Active Management of the Third Stage of Work (GATPA) | 1 2 3 | 1 2 |  | 1 2 3 4 5 |
| **C. Are postpartum services available? Yes No [If no Proceed to Option D (Essential Services for Newborns)].** | | | | | | |
|  | Routine use of uterotonics | 1 2 3 | 1 2 |  | 1 2 3 4 5 |  |
|  | Estimation of blood loss | 1 2 3 | 1 2 |  | 1 2 3 4 5 |
|  | Uterine massage in case of severe bleeding | 1 2 3 | 1 2 |  | 1 2 3 4 5 |
|  | Immediate initiation of breastfeeding | 1 2 3 | 1 2 |  | 1 2 3 4 5 |
|  | Management of early postpartum complications | 1 2 3 | 1 2 |  | 1 2 3 4 5 |
| **D. Are essential newborn services available? Yes No [If no Proceed to option E (child health services)].** | | | | | | |
|  | Neonatal resuscitation | 1 2 3 | 1 2 |  | 1 2 3 4 5 |  |
|  | Weighing of the newborn | 1 2 3 | 1 2 |  | 1 2 3 4 5 |
|  | Clean Cord Care | 1 2 3 | 1 2 |  | 1 2 3 4 5 |
|  | Screening for congenital anomalies | 1 2 3 | 1 2 |  | 1 2 3 4 5 |
|  | Zero-day vaccination (BCG and OPV) | 1 2 3 | 1 2 |  | 1 2 3 4 5 |
| **E. Are child health services available? Yes No [If no Upgrade to Q503]** | | | | | | |
|  | Using the Growth Chart for Weight Recording | 1 2 3 | 1 2 |  | 1 2 3 4 5 |  |
|  | Childhood Immunization | 1 2 3 | 1 2 |  | 1 2 3 4 5 |
|  | Management of pneumonia | 1 2 3 | 1 2 |  | 1 2 3 4 5 |
|  | Antibiotics for acute respiratory infections | 1 2 3 | 1 2 |  | 1 2 3 4 5 |
|  | Management of dehydration/diarrhea | 1 2 3 | 1 2 |  | 1 2 3 4 5 |
|  | Weight measurement | 1 2 3 | 1 2 |  | 1 2 3 4 5 |
|  | Size measurement | 1 2 3 | 1 2 |  | 1 2 3 4 5 |
| 506 | Does the health facility offer family planning services on site? | | Yes 1  Not 2 | | | 601 |
|  | FP Services List | 507. How often is this service provided in the health facility?  (Daily=1,  Hebdomadaire=2,  Every fortnight=3  Mensuel=4,  Not at all=5)  **[If the answer is 5, go to 510]** | 508. Is this service provided free of charge?  (Oui=1, Non=2)  **[If the answer is 1, proceed to the next FP service.]** | 509. What is the cost per unit?  (In CFA) | 510. Reasons for unavailability of service  (No trained providers=1, supplies not available=2, infrastructure not available=3,  Customer doesn't want to=4, Other (specify) =5) |  |
|  | Pills | 1 2 3 4 5 | 1 2 |  | 1 2 3 4 5 |  |
|  | Injectable | 1 2 3 4 5 | 1 2 |  | 1 2 3 4 5 |
|  | Male condom | 1 2 3 4 5 | 1 2 |  | 1 2 3 4 5 |
|  | Female condom | 1 2 3 4 5 | 1 2 |  | 1 2 3 4 5 |
|  | Contraception d’urgence | 1 2 3 4 5 | 1 2 |  | 1 2 3 4 5 |
|  | SAYS | 1 2 3 4 5 | 1 2 |  | 1 2 3 4 5 |
|  | Implant | 1 2 3 4 5 | 1 2 |  | 1 2 3 4 5 |
|  | Female sterilization (tubal ligation) | 1 2 3 4 5 | 1 2 |  | 1 2 3 4 5 |
|  | Male Sterilization/ Vasectomy | 1 2 3 4 5 | 1 2 |  | 1 2 3 4 5 |
|  | Exclusive Breastfeeding (MAMA) | 1 2 3 4 5 | 1 2 |  | 1 2 3 4 5 |
|  | Fixed Day Method (MJF) | 1 2 3 4 5 | 1 2 |  | 1 2 3 4 5 |

**SECTION 6: EQUIPMENT, DRUGS AND SUPPLIES**

| **NO. Q.** | **QUESTIONS AND FILTERS** | **CODING** | | | **SWITCH TO** | |
| --- | --- | --- | --- | --- | --- | --- |
| **601** | **SAYS**  **Check: If 507A ≠ 5 OR 507B ≠ 5 OR 507C ≠ 5 OR 507D ≠ 5 Other** | | | | **607** | |
| 602 | Are the following IUD equipment available and functional in the health facility? OBSERVATION-BASED RECORDING | Available and functional ……………………….1  Available but not functional .................2  Unavailable.................................................... 3 | | |  | |
|  | Stainless steel tray with lid | 1 2 3 | | |  | |
|  | Cup for antiseptic solution | 1 2 3 | | |
|  | Kidney-shaped plateau (Beans) | 1 2 3 | | |
|  | Sim or Cusco Vaginal Speculum - Large, Medium, Small | 1 2 3 | | |
|  | Anterior Vaginal Wall Retractor (if Sim's Speculum is used) | 1 2 3 | | |
|  | Compress Clamp | 1 2 3 | | |
|  | Curved vulsellum/tenaculum forceps | 1 2 3 | | |
|  | Uterine tube | 1 2 3 | | |
|  | Ciseaux de Mayo | 1 2 3 | | |
|  | Straight clamp for long artery (for IUD removal) | 1 2 3 | | |
|  | Medium Artery Forceps | 1 2 3 | | |
|  | Cotton swabs | 1 2 3 | | |
|  | Porte-tablets | 1 2 3 | | |
|  | Sim's Speculum | 1 2 3 | | |
|  | Stainless steel tray with lid | 1 2 3 | | |
| 604 | Are the following IUD supplies/consumables available in the health facility? | Available 1  Unavailable 2 | | |  | |
|  | |
|  | Dry sterile cotton swab | | 1 2 | 1 2 | |  |
|  | Gloves (sterile/disinfected high-level surgical gloves or examination gloves) | | 1 2 | 1 2 | |
| 605 | How many complete IUD kits are available in the health facility?  **SAVE "000" IF THERE ARE NONE** | | Number of IUD Kits | | |  |
| 606 | How many complete kits of PP IUDs are available in the health facility?  **SAVE "000" IF THERE ARE NONE** | | Number of PP IUD kits | | |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **NO. Q.** | **QUESTIONS AND FILTERS** | | **CODING** | | | **SWITCH TO** |
|  | **FP COMMODITIES IN HEALTH CARE** | | | | |  |
|  | Inputs | 607. Availability  In stock and observed-1,  In stock but not observed-2, Out of stock-3  **[If answer= 3, go to 609]** | 608. Has this product been out of stock in the last three months?  Yes-1  Not -2  **[If answer =2**  **Proceed to the next product]** | 609. How long (in months) has this product not been available in the health facility?  **[SAVE "0" IF LESS THAN ONE MONTH]** | 610. Reasons for non-availability  No supply received-1, budget constraints-2, limited purchase options-3  Quality Assurance Issues-4  Other (specify)-5 |  |
|  | Male Condom | 1 2 3 | 1 2 |  | 1 2 3 4 5 |  |
|  | Female condom | 1 2 3 | 1 2 |  | 1 2 3 4 5 |
|  | PCU | 1 2 3 | 1 2 |  | 1 2 3 4 5 |
|  | Injectable-Depot Check | 1 2 3 | 1 2 |  | 1 2 3 4 5 |
|  | Injectable - Sayana Press | 1 2 3 | 1 2 |  | 1 2 3 4 5 |
|  | Implants | 1 2 3 | 1 2 |  | 1 2 3 4 5 |
|  | PCO | 1 2 3 | 1 2 |  | 1 2 3 4 5 |
|  | Progesterone-only pills | 1 2 3 | 1 2 |  | 1 2 3 4 5 |
|  | SAYS | 1 2 3 | 1 2 |  | 1 2 3 4 5 |
|  | Pregnancy Test Kits | 1 2 3 | 1 2 |  | 1 2 3 4 5 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **611** | **Please indicate the availability of other inputs in the health facility. Record the answers as follows:** | **In stock and observed** | **In stock but not observed** | **Out of stock** |  |
|  | Compressed iron and folic acid | 1 | 2 | 3 |  |
|  | Iron and Injectable Folic Acid | 1 | 2 | 3 |
|  | Sulfate de zinc | 1 | 2 | 3 |
|  | Iron and folic acid syrup | 1 | 2 | 3 |
|  | Vitamin A syrup | 1 | 2 | 3 |
|  | Misoprostol / Inj Prostadine | 1 | 2 | 3 |
|  | Amoxicillin Tablet | 1 | 2 | 3 |
|  | Amoxycilline Injectables | 1 | 2 | 3 |
|  | Ampicillin Tablet | 1 | 2 | 3 |
|  | Ampicilline Injectables | 1 | 2 | 3 |
|  | Albendazole /Mebendazole Tablets | 1 | 2 | 3 |
|  | Albendazole Sirop | 1 | 2 | 3 |
|  | Paracetamol / Diclofenac (Voveran) Tablets | 1 | 2 | 3 |
|  | Ibuprofen Tablets | 1 | 2 | 3 |
|  | Paracetamol/Diclofenac Sodium (Voveran) Injections | 1 | 2 | 3 |
|  | SRO Packages | 1 | 2 | 3 |
|  | Vaccin TT Injectables | 1 | 2 | 3 |
|  | vaccin BCG Injectables | 1 | 2 | 3 |
|  | Oral vaccine against polio (VPO) | 1 | 2 | 3 |
|  | Vaccin Pentavalent Injectables | 1 | 2 | 3 |
|  | Measles Vaccine Injectables | 1 | 2 | 3 |
|  | Vit A Injectable | 1 | 2 | 3 |
|  | Vit K Injectable | 1 | 2 | 3 |
|  | Condoms | 1 | 2 | 3 |
|  | Oral contraceptive pills (OCP) | 1 | 2 | 3 |
|  | Injectable contraceptives | 1 | 2 | 3 |
|  | SAYS | 1 | 2 | 3 |
|  | Catheters | 1 | 2 | 3 |
|  | Disposable syringes | 1 | 2 | 3 |
|  | Disposable gloves | 1 | 2 | 3 |
|  | Albumin/urine sugar strips | 1 | 2 | 3 |
|  | Urine pregnancy tests | 1 | 2 | 3 |
|  | Absorbent cotton | 1 | 2 | 3 |
|  | Compresses | 1 | 2 | 3 |
|  | Sanitary napkins | 1 | 2 | 3 |
|  | Surgical gloves | 1 | 2 | 3 |
|  | Alcohol | 1 | 2 | 3 |
|  | Surgical Adhesive Tape | 1 | 2 | 3 |
|  | Iodine solution | 1 | 2 | 3 |
|  | Reagents for ABO and Rh antibodies | 1 | 2 | 3 |
|  | HIV Test Kits | 1 | 2 | 3 |
|  | Antenatal care records | 1 | 2 | 3 |
|  | Vaccination records for children under 5 years old | 1 | 2 | 3 |
|  | Partogram/Guide to Childbirth | 1 | 2 | 3 |

**SECTION 7: PROVISION AND MONITORING OF FP SERVICES**

| **NO. Q.** | | **QUESTIONS AND FILTERS** | | | | **CODING** | | | | | | **SWITCH TO** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Services du PF** | | **701. Total number of FP visits (new and ongoing) in the last completed month for each method** | **702. Number of new clients who received FP services in the last month completed for each method** | **703. Total number of FP products supplied in the last completed month for each method** | | | **704. Reference period (date)** | | | **705. Name of Register** |  |
|  | Pills | |  |  |  | | | From\_\_/\_\_/\_\_\_\_  at\_\_/\_\_/\_\_\_\_ | | | \_\_\_\_\_\_\_ |
|  | Injectable | |  |  |  | | | From\_\_/\_\_/\_\_\_\_  at\_\_/\_\_/\_\_\_\_ | | | \_\_\_\_\_\_\_ |
|  | Male condom | |  |  |  | | | From\_\_/\_\_/\_\_\_\_  at\_\_/\_\_/\_\_\_\_ | | | \_\_\_\_\_\_\_ |
|  | Female condom | |  |  |  | | | From\_\_/\_\_/\_\_\_\_  at\_\_/\_\_/\_\_\_\_ | | | \_\_\_\_\_\_\_ |
|  | Contraception d’urgence | |  |  |  | | | From\_\_/\_\_/\_\_\_\_  at\_\_/\_\_/\_\_\_\_ | | | \_\_\_\_\_\_\_ |
|  | IUD | |  |  |  | | | From\_\_/\_\_/\_\_\_\_  at\_\_/\_\_/\_\_\_\_ | | | \_\_\_\_\_\_\_ |
|  | Implants | |  |  |  | | | From\_\_/\_\_/\_\_\_\_  at\_\_/\_\_/\_\_\_\_ | | | \_\_\_\_\_\_\_ |
|  | Female sterilization (tubal ligation) | |  |  |  | | | From\_\_/\_\_/\_\_\_\_  at\_\_/\_\_/\_\_\_\_ | | | \_\_\_\_\_\_\_ |
|  | Male Sterilization/ Vasectomy | |  |  |  | | | From\_\_/\_\_/\_\_\_\_  at\_\_/\_\_/\_\_\_\_\_ | | | \_\_\_\_\_\_\_ |
|  | Exclusive Breastfeeding (MAMA) | |  |  |  | | | From\_\_/\_\_/\_\_\_\_  at\_\_/\_\_/\_\_\_\_ | | | \_\_\_\_\_\_\_ |
| 706 | | Does this structure have a mechanism for monitoring FP users? | | | | Yes 1  Not 2 | | | | | | **708** |
| 707 | | What tracking mechanism is there for FP users? | | | | Personal visit 1  By phone 2  By message/ WhatsApp 3  Other (specify)) 4 | | | | | |  |
| 708 | | To what extent are the FP users of this structure lost sight of? | | | | **None of them** | **Some of them** | | **Most of them** | **All of them** | |  |
|  | | IUD users | | | | 1 | 2 | | 3 | 4 | |
|  | | Oral contraceptive users | | | | 1 | 2 | | 3 | 4 | |
|  | | Users of injectable products | | | | 1 | 2 | | 3 | 4 | |
|  | | Implant users | | | | 1 | 2 | | 3 | 4 | |

**SECTION 9: PROVISION OF MNIS SERVICES**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **NO. Q.** | **QUESTIONS AND FILTERS** | **CODING** | | | **SWITCH TO** |
|  | **Services SMNI** | **801. How many total customers were served in the last month?** | **802 Reference period (date)** | **803. Registry Name** |  |
|  | **Number of pregnant women registered for antenatal care** |  | From\_\_/\_\_/\_\_\_\_  at\_\_/\_\_/\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | **Number of pregnant women referred to higher-level health care facilities** |  | From\_\_/\_\_/\_\_\_\_  at\_\_/\_\_/\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | **Number of Normal Deliveries** |  | From\_\_/\_\_/\_\_\_\_  at\_\_/\_\_/\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | **Number of live births** |  | From\_\_/\_\_/\_\_\_\_  at\_\_/\_\_/\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | **Number of infants who received measles vaccine** |  | From\_\_/\_\_/\_\_\_\_  at\_\_/\_\_/\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **General comments/remarks** |