**Basic Assessments of Family Planning in Senegal**

**HEALTH BOX 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 PERSON IN CHARGE OR HIS/HER REPRESENTATIVE**

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

DESIGNATION: 1. Controller; 2. Representative

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

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

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

|  |  |
| --- | --- |
| **IDENTIFICATION** | **Code** |
| NAME OF THE REGION  NAME OF THE DEPARTMENT |  |
| DISTRICT NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| NAME OF THE DISTRICT/VILLAGE  TYPE OF LOCATION (RURAL = 1 URBAN = 2) |  |
| NAME OF THE HEALTH BOX |  |
| 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 | Estimate of the population polarized by the health box | Population |  |
| 202 | Name of the establishment of the reference health post | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

**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 box have the following?** | **Yes** | **No** | |  |
|  | A waiting room with seating | 1 | 2 | |
|  | Toilets 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 hut have a delivery room?** | Oui………………………………………… 1  Not ………………………..2 | | | **401** |
| 303 | **Does the health hut have a functional toilet with running water and flushing in the delivery 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 (Antispasmodic) | 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: Kocher's Forceps | 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 |

**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):** ASC =1, matron =2, DSDOM =3, other=96  **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, 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, Exclusive breastfeeding (MAMA)= F, Fixed day method (MJF)= J  **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 case offer an MNCH service?** | | Yes 1  Not 2 | | | 506 |
|  | List of SMNI services | **502. How often is this service provided in the health hut?**  (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, Customer doesn't want=4, Not in service package=5, Other(specify)=6) |  |
| **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 |
|  | 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 |
| **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 |
|  | 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 |
|  | 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** |
|  | **FP COMMODITIES IN HEALTH CARE** | | | | |  |
|  | Inputs | 601. Availability  In stock and observed-1,  In stock but not observed-2, Out of stock-3  **[If answer= 3, go to 609]** | 602. Has this product been out of stock in the last three months?  Yes-1  Not -2  **[If answer =2**  **Proceed to the next product]** | 603. How long (in months) has this product not been available in the health facility?  **[SAVE "0" IF LESS THAN ONE MONTH]** | 604. 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 |
|  | PCO | 1 2 3 | 1 2 |  | 1 2 3 4 5 |
|  | Pregnancy Test Kits | 1 2 3 | 1 2 |  | 1 2 3 4 5 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **605** | **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** |  |
|  | TDR | 1 | 2 | 3 |  |
|  | ACT | 1 | 2 | 3 |
|  | SRO | 1 | 2 | 3 |
|  | Zinc | 1 | 2 | 3 |
|  | Kit SRO zinc | 1 | 2 | 3 |
|  | Amoxicillin (disperishable tablets) | 1 | 2 | 3 |
|  | Mébendazole/Albéndazole | 1 | 2 | 3 |
|  | Iron/Folic Acid | 1 | 2 | 3 |
|  | Vitamins A 100,000 IU | 1 | 2 | 3 |
|  | Vitamins A 200,000 IU | 1 | 2 | 3 |
|  | ASPE /Plumpy sup | 1 | 2 | 3 |
|  | Paracetamol | 1 | 2 | 3 |
|  | Female condom | 1 | 2 | 3 |
|  | Male condom | 1 | 2 | 3 |
|  | Collier | 1 | 2 | 3 |
|  | Injectable-Depot Check | 1 | 2 | 3 |
|  | Injectable - Sayana Press | 1 | 2 | 3 |
|  | Maternity notebook/ SPNN | 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 | |  |  |  | | | Also\_\_/\_\_/\_\_\_\_  at\_\_/\_\_/\_\_\_\_ | | | \_\_\_\_\_\_\_ |
|  | Injectable | |  |  |  | | | Also\_\_/\_\_/\_\_\_\_  at\_\_/\_\_/\_\_\_\_ | | | \_\_\_\_\_\_\_ |
|  | Male condom | |  |  |  | | | From\_\_/\_\_/\_\_\_\_  at\_\_/\_\_/\_\_\_\_ | | | \_\_\_\_\_\_\_ |
|  | Female condom | |  |  |  | | | From\_\_/\_\_/\_\_\_\_  at\_\_/\_\_/\_\_\_\_ | | | \_\_\_\_\_\_\_ |
|  | Contraception d’urgence | |  |  |  | | | From\_\_/\_\_/\_\_\_\_  at\_\_/\_\_/\_\_\_\_ | | | \_\_\_\_\_\_\_ |
|  | Exclusive Breastfeeding (MAMA) | |  |  |  | | | From\_\_/\_\_/\_\_\_\_  at\_\_/\_\_/\_\_\_\_ | | | \_\_\_\_\_\_\_ |
| 706 | | Does this structure have a mechanism for monitoring FP users? | | | | Yes 1  No 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** | |  |
|  | | Oral contraceptive users | | | | 1 | 2 | | 3 | 4 | |
|  | | Users of injectable products | | | | 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\_\_/\_\_/\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_ |

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