**Basic Assessments of Family Planning in Senegal**

**ASSESSMENT TOOL FOR PUBLIC HEALTH ESTABLISHMENTS**

**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 OF THE DEPARTMENT OR HIS REPRESENTATIVE**

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

DESIGNATION: 1. Head of department; 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 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**

**(COMPLETE THIS SECTION ONLY FOR PUBLIC HEALTH FACILITIES)**

| **NO. Q.** | **QUESTIONS AND FILTERS** | **CODING** | **SWITCH TO** |
| --- | --- | --- | --- |
| 201 | Estimate of the population polarized by the EPS | Population |  |
| 202 | Does this EPS have a gynaecology, obstetrics or maternity department? | 1. Yes 2. No |  |
| 203 | Does this EPS have a paediatric department? | 1. Yes 2. No |  |

**SECTION 3: GENERAL INFRASTRUCTURE**

*General observation of facility readiness: The information in this section will be gathered either through observations or by interviewing the Chief of Staff or the person designated by the Chief Medical Officer*

| **NO. Q.** | | **QUESTIONS AND FILTERS** | **CODING** | | | **SWITCH TO** |
| --- | --- | --- | --- | --- | --- | --- |
| **301** | | **Does PE have the following elements?** | **Yes** | | **No** |  |
| 1. **No** | | A waiting room with seating | 1 | | 2 |
| 1. 2 | | Men's toilet with running water in the waiting room | 1 | | 2 |
| 1. 2 | | Women's toilet with running water in the waiting room | 1 | | 2 |
| 1. 2 | | Handwashing device | 1 | | 2 |
| 1. 2 | | Drinking water | 1 | | 2 |
| 1. 2 | | Power supply | 1 | | 2 |
| 1. 2 | | Laboratory | 1 | | 2 |
| 1. 2 | | Imaging Service | 1 | | 2 |  |
| 1. 2 | | Operating room | 1 | | 2 |  |
| 1. 2 | | Pharmacy | 1 | | 2 |
| 1. 2 | | Orientation Signs | 1 | | 2 |
|  | | Ramps for people with disabilities | 1 | | 2 |
|  | | Biomedical waste collection room | 1 | | 2 |
|  | | Car parking | 1 | | 2 |
| **WORKSPACE**  *Visiting the delivery room and recording based on observation* | | | | | | |
| **302** | | **Does the EPS have the following in the workspace?** | **Yes** | | **Not** |  |
|  | | Functional toilets with running water and flushing toilets | 1 | | 2 |
|  | | Triage and examination area | 1 | | 2 |
|  | | Nurses' work rooms | 1 | | 2 |
|  | | Physician On-Call Room | 1 | | 2 |
|  | | On-call room for INF/SFE | 1 | | 2 |  |
|  | | Newborn Care Area | 1 | | 2 |  |
|  | | Medical storage area | 1 | | 2 |
|  | | Locker rooms | 1 | | 2 |
|  | | Medical washbasin | 1 | | 2 |
|  | | Decontamination area | 1 | | 2 |
| **303** | | **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 | 1 | 2 | 3 |
|  | | Fœtoscope/ Doppler |  |  |  |  |
|  | | Pinard Stethoscope |  |  |  |
|  | | 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 | 1 | 2 | 3 |  |
|  | | Heart clamp | 1 | 2 | 3 |  |
|  | | Kidney-shaped plateau (Beans) | 1 |  | 3 |
|  | | Syringe and cannula MVA (Manual Intrauterine Aspiration) | 1 |  | 3 |
|  | | Drum | 1 | 2 | 3 |
|  | | Drawstring scissors | 1 | 2 | 3 |
|  | | Drawstring clips | 1 | 2 | 3 |
|  | | Clamp de Bar | 1 | 2 | 3 |
|  | | Infusion Stand | 1 |  | 3 |
|  | | Intravenous Infusion Kits | 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 |
| **Hall**  *Visit to the obstetrics/gynaecology and paediatrics departments and registration on the basis of their observations* | | | | | | |
| **304** | | **Are the following facilities available in the Gynecology & Obstetrics & Pediatrics departments?** | **A. Gynaecology-Obstetrics / Maternity Department** | | **B. Paediatrics Department** |  |
|  | | Services d’hospitalisation | Yes 1  Not 2 | | Yes 1  Not ….2 |
|  | | Functional toilets with running water and flushing toilets in the department | Yes 1  Not 2 | | Yes 1  Not ….2 |
|  | | Separate hand washing and bath area for patients and visitors. | Yes 1  No 2 | | Yes 1  No ….2 |
|  | | Shaded waiting area for patient attendants | Adequate space  available 1  Inadequate available space 2  Not available 3 | | Adequate space  available 1  Inadequate available space 2  Not available ….3 |
|  | | Nurses' work rooms | Yes 1  Not 2 | | Yes 1  Not ….2 |
|  | | Decontamination room | Yes 1  Not 2 | | Yes 1  Not ….2 |
| **305** | | **Are the following instruments and equipment available and functional in the Obstetrics, Gynecology and Paediatrics (Hospitalization) departments?** | Available and functional 1  Available and Non-functional 2  Unavailable 3 | | Available and functional 1  Available and Non-functional 2  Unavailable........... 3 |  |
|  | | Furniture | 1 2 3 | | 1 2 3 |  |
|  | | Sphygmomanometer | 1 2 3 | |  |
|  | | Thermometer | 1 2 3 | | 1 2 3 |
|  | | Fœtoscope/Doppler | 1 2 3 | |  |
|  | | Pinard Stethoscope | 1 2 3 | |  |  |
|  | | Infant scale | 1 2 3 | | 1 2 3 |  |
|  | | Adult Scale | 1 2 3 | | 1 2 3 |
|  | | Adult Stethoscope | 1 2 3 | |  |
|  | | Speculum | 1 2 3 | |  |
|  | | Anterior Vaginal Wall Retractor | 1 2 3 | | 1 2 3 |
|  | | Center-Line/Concentrator/Cylinder Oxygen | 1 2 3 | | 1 2 3 |
|  | | Flow meter for the oxygen source, with graduations in ml | 1 2 3 | | 1 2 3 |
|  | | Humidifier/Air Conditioning | 1 2 3 | | 1 2 3 |
|  | | Adult/child oxygen delivery device (connecting tubes and mask) | 1 2 3 | | 1 2 3 |
|  | | Adult/Child Oxygen Delivery Device (Nasal Clips) | 1 2 3 | | 1 2 3 |
|  | | Vacuum cleaner | 1 2 3 | | 1 2 3 |
|  | | Refrigerator | 1 2 3 | | 1 2 3 |
|  | | Resuscitation trolley with emergency tray | 1 2 3 | | 1 2 3 |
|  | | Equipment for standard prevention of common infections | 1 2 3 | | 1 2 3 |
|  | | Infusion Stand (Stem) | 1 2 3 | | 1 2 3 |
|  | | Electrical device for equipment such as vacuum cleaner | 1 2 3 | | 1 2 3 |
|  | | Nursing Station | 1 2 3 | | 1 2 3 |
|  | | Stadiometer for height |  | | 1 2 3 |
|  | | Infantometer for length |  | | 1 2 3 |
|  | | Pediatric Stethoscope | 1 2 3 | | 1 2 3 |
|  | | Pulse Oximeter | 1 2 3 | | 1 2 3 |
|  | | Blood pressure monitor with paediatric cuff |  | | 1 2 3 |
|  | | Torch | 1 2 3 | | 1 2 3 |
|  | | Nebulizer | 1 2 3 | | 1 2 3 |
|  | | Mask with inhalation chamber | 1 2 3 | | 1 2 3 |
|  | | Protective masks: Newborn | 1 2 3 | | 1 2 3 |
|  | | Protective masks: Infant |  | | 1 2 3 |
|  | | Protective masks: Child |  | | 1 2 3 |
|  | | Protective Masks: Adult | 1 2 3 | |  |
| **SICK NEWBORN CARE UNIT**  *Visit the sick newborn care unit, if applicable, and record observations* | | | | | | |
| 306 | | Does the facility have an intensive care unit? | Yes 1  Not 2 | | | **315** |
| 307 | | Clean area for mixing intravenous fluids and medications/fluid preparation area | Yes 1  Not 2 | | |  |
| 308 | | Mother's area for pumping/breastfeeding, dressing area | Yes 1  Not 2 | | |  |
| 309 | | Placeholder for the primary management centre unit | **Yes 1**  **Not 2** | | |  |
| 310 | | Availability of a locker room/on-call room for nurses | Yes 1  Not 2 | | |  |
| 311 | | Availability of a dirty laundry room | Yes 1  Not 2 | | |  |
| 312 | | Availability of an on-call room for physicians | Yes 1  Not 2 | | |  |
|  | | Availability of an on-call room for nurses |  | | |  |
| 313 | | Availability of a medication storage area | Yes 1  Not 2 | | |  |
| **314** | | **Are the following instruments and equipment available and functional in the Sick Newborn Care Unit?** | **Available and functional** | **Available but not functional** | **Unavailable** |  |
|  | | Multipara monitor (constant monitoring screen) | 1 | 2 | 3 |
|  | | Thermometer | 1 | 2 | 3 |
|  | | Balance | 1 | 2 | 3 |
|  | | Pulse Oximeter | 1 | 2 | 3 |
|  | | Pediatric Stethoscope | 1 | 2 | 3 |
|  | | Infantometer | 1 | 2 | 3 |
|  | | Measuring tape | 1 | 2 | 3 |
|  | | Flow Meter | 1 | 2 | 3 |
|  | | Glucometer | 1 | 2 | 3 |
|  | | Glucometer strips | 1 | 2 | 3 |
|  | | Functional Critical Care Equipment for Resuscitation | 1 | 2 | 3 |
|  | | Microinfusion pump with set | 1 | 2 | 3 |
|  | | Baby Resuscitation Kit | 1 | 2 | 3 |
|  | | Oxygen cylinder with regulator and mask | 1 | 2 | 3 |
|  | | Oxygen Hood | 1 | 2 | 3 |
|  | | Machine d'aspiration | 1 | 2 | 3 |
|  | | Phototherapy device | 1 | 2 | 3 |
|  | | Radiant heaters - servo motor controlled with oxygen and suction | 1 | 2 | 3 |
|  | | Neonatal transport equipment | 1 | 2 | 3 |
|  | | Digital thermometer | 1 | 2 | 3 |
|  | | Oxygen source flow meter, with graduations in ml | 1 | 2 | 3 |
|  | | Humidifier | 1 | 2 | 3 |
|  | | Pediatric oxygen delivery device (connecting tubes and mask/nasal angles) | 1 | 2 | 3 |
|  | | Neonatal-sized masks and cannulas | 1 | 2 | 3 |
|  | | Nose Clip | 1 | 2 | 3 |
|  | | Mucus suction part | 1 | 2 | 3 |
|  | | Feeding tube | 1 | 2 | 3 |
|  | | Refrigerator | 1 | 2 | 3 |
|  | | Resuscitation trolley with emergency tray | 1 | 2 | 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 | 2 | 3 |
|  | | Alcohol-based hand rub | 1 | 2 | 3 |
|  | | Posting point-of-use handwashing instructions | 1 | 2 | 3 |
|  | | Personal Protective Equipment (PPE) | 1 | 2 | 3 |
|  | | Disinfectant | 1 | 2 | 3 |
|  | | Cleaning agents | 1 | 2 | 3 |
|  | | Color-coded waste bins at the point of waste generation | 1 | 2 | 3 |
|  | | Plastic bags at the point of waste generation | 1 | 2 | 3 |
| **LABORATORY**  *Visit the laboratory if available and record observations.* | | | | | | |
| **315** | | **Does the EPS have a laboratory?** | Yes 1  Not 2 | | | **319** |
| **316** | | **Are the following facilities and equipment available and functional in the laboratory?** | **Available and functional** | **Available but not functional** | **Unavailable** |  |
|  | | Running water with normal tap | 1 | 2 | 3 |
|  | | Running water with angled tap | 1 | 2 | 3 |
|  | | Instrument Sterilizer | 1 | 2 | 3 |
|  | | Needle shredder/bit cutter | 1 | 2 | 3 |
|  | | Refrigerator | 1 | 2 | 3 |
|  | | Hemoglobinometer | 1 | 2 | 3 |
|  | | Binocular/monocular microscope | 1 | 2 | 3 |
|  | | Electrolyte Testing | 1 | 2 | 3 |
|  | | Glucometer/ Dextrorotatory | 1 | 2 | 3 |
|  | | Bilirubinometer | 1 | 2 | 3 |
| **317** | | **Does the EPS have the following supplies/consumables in the laboratory?** | **Available** | | **Unavailable** |  |
|  | | Soap | 1 | | 2 |
|  | | Utility Gloves | 1 | | 2 |
|  | | Surgical/Examination Gloves | 1 | | 2 |
|  | | Covered plastic bins for decontamination | 1 | | 2 |
|  | | Yellow biomedical waste bins | 1 | | 2 |
|  | | Biomedical waste bins-Red | 1 | | 2 |
|  | | Biomedical waste bins - black | 1 | | 2 |
|  | | Blue cardboard box for discarded glass ampoules and vials | 1 | | 2 |
| **318** | | **Are the following explorations available in the laboratory? REQUEST AND REGISTER** | **Available** | | **Unavailable** |  |
|  | | **Clinical pathology** |  | |  |
|  | | Haematology | 1 | | 2 |
|  | | Analyse d'urine | 1 | | 2 |
|  | | Stool analysis | 1 | | 2 |
|  | | **Biochemistry** |  | |  |
|  | | Glycemia | 1 | | 2 |
|  | | Blood Urea | 1 | | 2 |
|  | | Pregnancy test | 1 | | 2 |
|  | | Blood creatinine | 1 | | 2 |
|  | | **Serology** |  | |  |
|  | | Test Widal | 1 | | 2 |
|  | | ELISA test for HIV | 1 | | 2 |
|  | | Test VDRL | 1 | | 2 |
| **318a** | | **Are the following explorations available in the imaging department? REQUEST AND REGISTER** |  | |  |  |
|  | | Radiography | 1 | | 2 |  |
|  | | Ultrasound | 1 | | 2 |
|  | | Scanner | 1 | | 2 |
| **OPERATING ROOM (SO)**  **VISIT TO THE OPERATING ROOM IF AVAILABLE AND RECORDING BASED ON OBSERVATIONS** | | | | | | |
| **319** | | **Does the EPS have an operating room for elective surgeries and emergency surgeries?** | Yes 1  Not 2 | | | **401** |
| **320** | | **Does the operating room have the following rooms?** | **Yes** | | **Not** |  |
|  | | Waiting area for nursing staff | 1 | | 2 |
|  | | Demarcated protection zone | 1 | | 2 |
|  | | Demarcated clean area | 1 | | 2 |
|  | | Demarcated sterile area | 1 | | 2 |
|  | | Demarcated disposal area | 1 | | 2 |
|  | | Preoperative room | 1 | | 2 |
|  | | Postoperative room |  | |  |  |
| **321** | | **Are the following facilities/equipment available and functional in the operating room?** | **Available and functional** | **Available but not functional** | **Unavailable** |  |
|  | | Power supply with generator | 1 | 2 | 3 |
|  | | Toilets with running water | 1 | 2 | 3 |
|  | | Hand wash tap near the OT for cleaning | 1 | 2 | 3 |
|  | | Emergency light source | 1 | 2 | 3 |
|  | | Functional Occupational Therapy Table in Trendelenburg Position | 1 | 2 | 3 |
|  | | Simple occupational therapy table with the lower end raised by bricks or any other means | 1 | 2 | 3 |
|  | | Step | 1 | 2 | 3 |
|  | | Kelly's Carpet | 1 | 2 | 3 |
|  | | Functional spotlight / shadowless lamp | 1 | 2 | 3 |
|  | | Instrument trolley | 1 | 2 | 3 |
|  | | Blood pressure measuring instrument | 1 | 2 | 3 |
|  | | Stethoscope | 1 | 2 | 3 |
|  | | Room heating | 1 | 2 | 3 |
|  | | Air Conditioner (AC) | 1 | 2 | 3 |
|  | | Infusion Stand | 1 | 2 | 3 |
|  | | Operating table | 1 | 2 | 3 |
|  | | Oxygen cylinder with regulator and mask | 1 | 2 | 3 |
|  | | Heart Monitor | 1 | 2 | 3 |
|  | | Pulse Oximeter | 1 | 2 | 3 |
|  | | Diathermy equipment | 1 | 2 | 3 |
|  | | Tray/trolley for medicines and emergency equipment | 1 | 2 | 3 |
|  | | High Pressure Sterilizer / Autoclave | 1 | 2 | 3 |
|  | | Oropharyngeal airways (adult) | 1 | 2 | 3 |
|  | | Endotracheal tubes (adult size) | 1 | 2 | 3 |
|  | | Laryngoscope with Adult Blades | 1 | 2 | 3 |
|  | | Protective masks | 1 | 2 | 3 |
|  | | SS 4 Spinal Needle Kit 2 | 1 | 2 | 3 |
|  | | Anesthesia machine | 1 | 2 | 3 |
|  | | Boyles apparatus | 1 | 2 | 3 |
|  | | Nitrous oxide bottle | 1 | 2 | 3 |
|  | | Bhaprisateo's D'Halathane / D'Isflurane / D'Enflurane | 1 | 2 | 3 |
|  | | Sterilization Kit | 1 | 2 | 3 |
|  | | Kit D & C | 1 | 2 | 3 |
|  | | Kit LSCS | 1 | 2 | 3 |
|  | | Resuscitation table | 1 | 2 | 3 |
|  | | MVA syringe and cannula | 1 | 2 | 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 | 2 | 3 |
|  | | Alcohol-based hand rub | 1 | 2 | 3 |
|  | | Posting point-of-use handwashing instructions | 1 | 2 | 3 |
|  | | Personal Protective Equipment (PPE) | 1 | 2 | 3 |
|  | | Disinfectant | 1 | 2 | 3 |
|  | | Cleaning agents | 1 | 2 | 3 |
|  | | Color-coded waste bins at the point of waste generation | 1 | 2 | 3 |
|  | | Plastic bags at the point of waste generation | 1 | 2 | 3 |
| 322 | | Does the facility have the following supplies/consumables in the operating room? | **Available** | | **Not available** |  |
|  | | Puncture-proof white box for sharp metal objects (needles/blades) | 1 | | 2 |
|  | | Cardboard box for discarded glass ampoules and vials | 1 | | 2 |
|  | | Yellow biomedical bins | 1 | | 2 |
|  | | Biomedical Garbage Bins-Red | 1 | | 2 |
|  | | Biomedical Waste Bins - Black | 1 | | 2 |
|  | | Emergency Medication Bin | 1 | | 2 |
|  | | Functional clock | 1 | | 2 |
|  | | Drum - Laundry (autoclave) | 1 | | 2 |
|  | | Drum - Cotton gauze (autoclaved) | 1 | | 2 |
|  | | Cheattle Tongs | 1 | | 2 |
|  | | Cheattle Clamp Holder (Stainless Steel) | 1 | | 2 |
|  | | Covered bin for decontamination | 1 | | 2 |
|  | | Glutaraldehyde container (plastic/steel with lid) | 1 | | 2 |
|  | | Stainless steel tray with lid for other instruments | 1 | | 2 |
|  | | Surgical sheet / cutting cloth | 1 | | 2 |
|  | | Cotton Pads | 1 | | 2 |
|  | | Antiseptics (betadine/savlon, hand alcohol) | 1 | | 2 |
|  | | Size 6/7 and 7/8 gloves | 1 | | 2 |  |
|  | | Seringue, 5 ml | 1 | | 2 |  |
|  | | Needle, Length 1.5 inch 24-G, 26 G | 1 | | 2 |  |
|  | | 5 iodophore solutions | 1 | | 2 |  |
|  | | Suspensory bandage | 1 | | 2 |  |
|  | | Dressing material | 1 | | 2 |  |
|  | | Gauze Pieces | 1 | | 2 |  |
| **323** | | **How often is occupational therapy used for elective or emergency surgical procedures?** | Daily 1  Weekly 2  Every fortnight 3  Monthly 4  Not used 5 | | |  |
| **324** | | **Is occupational therapy used to provide spay/neuter services?** | Yes 1  No 2 | | |  |
| **325** | | **Is occupational therapy used for caesarean sections?** | Yes 1  No 2 | | |  |

**SECTION 4: HUMAN RESOURCES**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **401b** | **Please provide details of sanctioned (authorized) and available personnel (Gynecology Department)** | | | | | | | |
| Designation | Number (Personal) | Number of vacancies?  *[If greater than or equal to 1, go to point 11]* | Mostly level of education | Additional training received on MNCH (mostly) | Number of people currently providing MNCH services?  *[IF=0, proceed to the next level]* | What SMNI services do they provide?  MULTIPLE ANSWERS  **[REDEEM CODES]** | Why is the position(s) currently vacant?  **[REDEEM CODES]** | How long (on average) has this position(s) been vacant?  (in months, 0 if less than one month) |
| (1) | (2) | (3) | (4) | (8) | (9) | (10) | (11) | (12) |
| 1 (H) |  |  |  |  |  |  |  |  |
| 1 (F) |  |  |  |  |  |  |  |  |
| 2 (H) |  |  |  |  |  |  |  |  |
| 2 (F) |  |  |  |  |  |  |  |  |
| 3 (H) |  |  |  |  |  |  |  |  |
| 3 (F) |  |  |  |  |  |  |  |  |
| …. | …… | …… | …… | …… | …… | …… | …… | …… |
| **Codes for column (1):** Surgeon (general surgeon) =1, gynaecologist =2, anaesthetist =3, general practitioner =4, DES =5, paediatrician =6, pharmacist=7, nurse=8, midwife=9, CHW=10, other=96  **Codes for column (4):** (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 (8):** 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 (10):** 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 (11):** 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 | | | | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **401b** | **Please provide details of sanctioned (authorized) and available personnel (Paediatric Department)** | | | | | | | |
| Designation | Number (Personal) | Number of vacancies?  *[If greater than or equal to 1, go to point 11]* | Mostly level of education | Additional training received on MNCH (mostly) | Number of people currently providing MNCH services?  *[IF=0, proceed to the next level]* | What SMNI services do they provide?  MULTIPLE ANSWERS  **[REDEEM CODES]** | Why is the position(s) currently vacant?  **[REDEEM CODES]** | How long (on average) has this position(s) been vacant?  (in months, 0 if less than one month) |
| (1) | (2) | (3) | (4) | (8) | (9) | (10) | (11) | (12) |
| 1 (H) |  |  |  |  |  |  |  |  |
| 1 (F) |  |  |  |  |  |  |  |  |
| 2 (H) |  |  |  |  |  |  |  |  |
| 2 (F) |  |  |  |  |  |  |  |  |
| 3 (H) |  |  |  |  |  |  |  |  |
| 3 (F) |  |  |  |  |  |  |  |  |
| …. | …… | …… | …… | …… | …… | …… | …… | …… |
| **Codes for column (1):** Surgeon (general surgeon) =1, gynaecologist =2, anaesthetist =3, general practitioner =4, DES =5, paediatrician =6, pharmacist=7, nurse=8, midwife=9, CHW=10, other=96  **Codes for column (4):** (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 (8):** 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 (10):** 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 (11):** 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**

| **#** | **QUESTIONS AND FILTERS** | | **CODING** | | | | | | **SWITCH TO** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **501** | **Does this EPS offer an SMNI service?** | | Yes 1  No 2 | | | | | | 506 |
|  | List of SMNI services | **502. How often is this service provided in the establishment?**  (Regularly=1, Occasionally=2,  Not at all=3)  **[If the answer is 3, go to 505]** | **503.a 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. 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) | |  |
| **A. ANC Services [If "Yes" continue on the line, If "No" Proceed to Option B (Delivery Services))** | | | | | | | | | |
| **What is the cost of the CPN ticket? What is the cost of the available paraclinical examinations?** | | | | | | | |
|  | 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 | |
|  | Blood typing | 1 2 3 | 1 2 | |  | | 1 2 3 4 5 | |
|  | Determination of the Rhesus factor | 1 2 3 | 1 2 | |  | | 1 2 3 4 5 | |
|  | Syphilis test performed | 1 2 3 | 1 2 | |  | | 1 2 3 4 5 | |
|  | HIV test performed | 1 2 3 | 1 2 | |  | | 1 2 3 4 5 | |
|  | Vaginal swab performed | 1 2 3 | 1 2 | |  | | 1 2 3 4 5 | |
|  | Deworming | 1 2 3 | 1 2 | |  | | 1 2 3 4 5 | |
|  | Management of pregnancy complications | 1 2 3 | 1 2 | |  | | 1 2 3 4 5 | |
|  | Management of severe anemia | 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. Birthing Services [If "Yes" continue on the line, If "No" Proceed to Option C (Postnatal Services)]** | | | | | | | | | |
|  | | | | | | | | |
|  | Normal delivery | 1 2 3 | 1 2 | |  | | 1 2 3 4 5 | |  |
|  | What is the cost of vaginal delivery? |  |  | |  |  | | |  |
|  | 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 | |
|  | Management of Eclampsia | 1 2 3 | 1 2 | |  | | 1 2 3 4 5 | |
|  | Management of pre-eclampsia | 1 2 3 | 1 2 | |  | | 1 2 3 4 5 | |
|  | Management of PPH | 1 2 3 | 1 2 | |  | | 1 2 3 4 5 | |
|  | Assisted delivery (vacuum/forceps) | 1 2 3 | 1 2 | |  | | 1 2 3 4 5 | |
|  | Episiotomy and suture Cervical tear | 1 2 3 | 1 2 | |  | | 1 2 3 4 5 | |
|  | IM/IV antibiotics | 1 2 3 | 1 2 | |  | | 1 2 3 4 5 | |
|  | Furosémide IV | 1 2 3 | 1 2 | |  | | 1 2 3 4 5 | |
|  | Magnesium sulfate injection | 1 2 3 | 1 2 | |  | | 1 2 3 4 5 | |
|  | Tocolytics for Preterm Labour | 1 2 3 | 1 2 | |  | | 1 2 3 4 5 | |
|  | Steroids for Preterm Labor | 1 2 3 | 1 2 | |  | | 1 2 3 4 5 | |
|  | Manual removal of the placenta | 1 2 3 | 1 2 | |  | | 1 2 3 4 5 | |
|  | Transfusion sanguine | 1 2 3 | 1 2 | |  | | 1 2 3 4 5 | |
|  | Caesarean section | 1 2 3 | 1 2 | |  | | 1 2 3 4 5 | |
|  | What is the cost of a caesarean section? |  |  |  |  | | | |  |
| **C. Postnatal Services [If yes no Proceed to Option D (Essential Newborn Services)].** | | | | | | | | | |
|  | 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. Essential services for newborns [If yes no Proceed to option E (abortion services)].** | | | | | | | | | |
|  | Neonatal resuscitation | 1 2 3 | 1 2 | |  | | 1 2 3 4 5 | |  |
|  | Antenatal corticosteroids for the mother | 1 2 3 | 1 2 | |  | | 1 2 3 4 5 | |
|  | Vitamin K for premature babies | 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 (HEB0, BCG and OPV) | 1 2 3 | 1 2 | |  | | 1 2 3 4 5 | |  |
|  | Emollients / collyres | 1 2 3 | 1 2 | |  | | 1 2 3 4 5 | |  |
| **E. Post-abortion services [If "Yes" continue on the line, If "No" Proceed to Option F (Child Health)]** | | | | | | | | | |
|  | D & C (dilatation et curetage) | 1 2 3 | 1 2 | |  | | 1 2 3 4 5 | |  |
|  | MVA (Manual Vacuum Suction) | 1 2 3 | 1 2 | |  | | 1 2 3 4 5 | |
|  | Management of abortion complications | 1 2 3 | 1 2 | |  | | 1 2 3 4 5 | |
| **F. Child and Newborn Health Services [If "Yes" continue on the line, If "No" Skip 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 | |
|  | Management of sick newborns | 1 2 3 | 1 2 |  | 1 2 3 4 5 | | |  |
|  | Management of low birth weight newborns | 1 2 3 | 1 2 |  | 1 2 3 4 5 | | |  |
|  | Management of preterm infants | 1 2 3 | 1 2 |  | 1 2 3 4 5 | | |  |
|  | Screening for congenital anomalies | 1 2 3 | 1 2 |  | 1 2 3 4 5 | | |  |
|  | Nasogastric feeding | 1 2 3 | 1 2 |  | 1 2 3 4 5 | | |  |
|  | Stabilization of the sick infant | 1 2 3 | 1 2 |  | 1 2 3 4 5 | | |  |
| **506** | **Does EPS offer family planning services on site?** | | Yes 1  Not 2 | | | | | | 511 |
|  | FP Services List | 507. How often is this service provided in the establishment?  (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 local currency) | | 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 | |
| 511 | Does this structure offer local family planning services? | |  | | | | | | 601 |
| 512 | How often are the local FP services organized by this structure? | |  | | | | | |  |
| 513 | Are the following FP methods/services provided during awareness sessions? | | **Yes** | | | | **Not** | |  |
|  | IUD Placement | | 1 | | | | 2 | |
|  | PA (Post-Partum) DIU | | 1 | | | | 2 | |
|  | PP (Post-Placenta) IUD | | 1 | | | | 2 | |
|  | IUD removal | | 1 | | | | 2 | |
|  | Oral contraceptive pills | | 1 | | | | 2 | |
|  | Condoms (male) | | 1 | | | | 2 | |
|  | Condoms (female) | | 1 | | | | 2 | |
|  | Injectable-Depot Check | | 1 | | | | 2 | |
|  | Injectable-Sayana Press | | 1 | | | | 2 | |
|  | Implants | | 1 | | | | 2 | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NO. Q.** | **QUESTIONS AND FILTERS** | **CODING** | | **SWITCH TO** |
|  | Implant removal | 1 | 2 |  |
|  | Diaphragm | 1 | 2 |
|  | Foam/Jelly | 1 | 2 |
|  | Fixed Day Method (MJF) | 1 | 2 |
|  | Emergency contraceptive pill | 1 | 2 |
|  | Laparoscopic sterilization | 1 | 2 |
|  | Mini Laparotomy Sterilization (Female) | 1 | 2 |
|  | Postpartum sterilization | 1 | 2 |
|  | Post-abortion sterilization | 1 | 2 |
|  | Male Sterilization - VSB (NO-SCALPEL VASECTOMY) | 1 | 2 |

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

| **#** | **QUESTIONS AND FILTERS** | **CODING** | | **SWITCH TO** |
| --- | --- | --- | --- | --- |
| **601** | **SAYS**  **Check: If 513A ≠ 5 OR 513B ≠ 5 OR 513C ≠ 5 OR 513D ≠ 5** | | | **607** |
| 602 | Place of insertion/removal of IUDs in the health structure? | Workroom 1  Coin DIU 2  Operating theatre 3  Other (specify) 4 | |  |
| 603 | Are the following IUD equipment available and functional in the workroom and IUD corner? | Workroom | Coin PF/ DIU | Other |
| Available and functional 1  Available but not functional 2  Unavailable 3 | Available and functional 1  Available but not functional 2  Unavailable 3 |  |
|  | Stainless steel tray with lid | 1 2 3 | 1 2 3 | 12 3 |
|  | Small bowl for antiseptic solution | 1 2 3 | 1 2 3 | 12 3 |
|  | Kidney-shaped plateau (Beans) | 1 2 3 | 1 2 3 | 12 3 |
|  | Sim or Cusco Vaginal Speculum - Large, Medium, Small | 1 2 3 | 1 2 3 | 12 3 |
|  | Anterior Vaginal Wall Retractor (if Sim's Speculum is used) | 1 2 3 | 1 2 3 | 12 3 |
|  | Compress Clamp | 1 2 3 | 1 2 3 | 12 3 |
|  | Curved vulsellum/tenaculum forceps | 1 2 3 | 1 2 3 | 12 3 |
|  | Sonde uterine | 1 2 3 | 1 2 3 | 12 3 |
|  | Ciseaux de Mayo | 1 2 3 | 1 2 3 | 12 3 |
|  | Straight clamp for long artery (for IUD removal) | 1 2 3 | 1 2 3 | 12 3 |
|  | Medium Artery Forceps | 1 2 3 | 1 2 3 | 12 3 |
|  | Cotton swabs | 1 2 3 | 1 2 3 | 12 3 |
|  | Porte-tablets | 1 2 3 | 1 2 3 | 12 3 |
|  | Sim's Speculum | 1 2 3 | 1 2 3 | 12 3 |
|  | Stainless steel tray with lid | 1 2 3 | 1 2 3 | 12 3 |
| **604** | **Are the following IUD supplies/consumables available and functional in the workroom and in the IUD corner?** | Workroom | Coin FP/ DIU |  |
| Available 1  Unavailable 2 | Available 1  Unavailable 2 |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NO. Q.** | **QUESTIONS AND FILTERS** | **CODING** | | **SWITCH TO** |
|  | 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 | |  |
| **607** | **FEMALE STERILIZATION (MINI LAP)**  **Check: If 513Q ≠ 5** | | | **610** | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **608** | **Are the following mini enema devices available and functional in the structure?** | **Available and functional** | **Available but not functional** | **Unavailable** |  |
|  | Sponge tweezers | 1 | 2 | 3 |
|  | Surgical sheet (towel with center hole) | 1 | 2 | 3 |
|  | Seringue, 10 cc | 1 | 2 | 3 |
|  | Needle, 22G, 1V2 | 1 | 2 | 3 |
|  | Bistoury | 1 | 2 | 3 |
|  | Scalpel Blade Size 15 | 1 | 2 | 3 |
|  | Pince d'Allis | 1 | 2 | 3 |
|  | Clamp for medium arteries straight | 1 | 2 | 3 |
|  | Curved Medium Artery Clamp | 1 | 2 | 3 |
|  | Holder | 1 | 2 | 3 |
|  | Straight scissors | 1 | 2 | 3 |
|  | Curved scissors | 1 | 2 | 3 |
|  | Babcock Clamp (Medium Size) | 1 | 2 | 3 |
|  | Small Langenbeck Clamp (Right Angle Abdominal) | 1 | 2 | 3 |
|  | Toothed dissection forceps | 1 | 2 | 3 |
|  | Non-toothed dissecting forceps | 1 | 2 | 3 |
|  | Uterus Lifter (for interval procedure) | 1 | 2 | 3 |
|  | Vaginal Speculum, Sim Medium | 1 | 2 | 3 |
|  | Small stainless steel bowl | 1 | 2 | 3 |
|  | Vulsellum | 1 | 2 | 3 |
|  | Tubal hook | 1 | 2 | 3 |
|  | Chromic Catgut in "O" | 1 | 2 | 3 |
|  | Small curved hand with round body | 1 | 2 | 3 |
|  | Small cutting needle | 1 | 2 | 3 |
|  | Non-absorbable suture material | 1 | 2 | 3 |
|  | Stainless steel kidney tray | 1 | 2 | 3 |

|  |  |  |  |
| --- | --- | --- | --- |
| **609** | **How many complete Mini Lap kits are available in the facility?**  **SAVE "000" IF THERE ARE NONE** | Number of Mini Lap Kits |  |
| **610** | **FEMALE STERILIZATION (LAPAROSCOPIC)**  **Check: If 513P ≠ 5** | | **613** | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **611** | **Are the following laparoscopy equipment available and functional in the facility?** | **Available and functional** | **Available but not functional** | **Unavailable** |  |
|  | Veress Needle | 1 | 2 | 3 |
|  | Light source for the laparoscope | 1 | 2 | 3 |
|  | Replacement bulb for light source | 1 | 2 | 3 |
|  | Emergency light source for laparoscope | 1 | 2 | 3 |
|  | Fiber optic cable | 1 | 2 | 3 |
|  | Trocar with cannula | 1 | 2 | 3 |
|  | Operative laparoscope or laparocator | 1 | 2 | 3 |
|  | Carbon dioxide bottle | 1 | 2 | 3 |
|  | Pneumoperitoneum insufflation device | 1 | 2 | 3 |
|  | Falope Ring Charger | 1 | 2 | 3 |
|  | Falope ring | 1 | 2 | 3 |
|  | Toothed dissection forceps | 1 | 2 | 3 |
|  | Scalpel with blade No. 11 | 1 | 2 | 3 |
|  | Spéculum vaginal de Sim | 1 | 2 | 3 |
|  | Uterine tube | 1 | 2 | 3 |
|  | Uterus Lift | 1 | 2 | 3 |
|  | Vulsellum | 1 | 2 | 3 |
|  | Straight scissors | 1 | 2 | 3 |
|  | Holder | 1 | 2 | 3 |
|  | Sponge tweezers | 1 | 2 | 3 |
|  | Catgut Suture, 0 or 00 | 1 | 2 | 3 |
| 612 | How many complete female sterilization kits (LAP) are available in the structure? | Number of LAP Kits | | |  |

| **613** | **MALE STERILIZATION (VSB (NO-SCALPEL VASECTOMY))**  **Check: If 513T ≠ 5** | **616** |
| --- | --- | --- |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **614** | **Are the following VSB (no-scalpel vasectomy) equipment available and functional in the facility?** | **Available and functional** | **Available but not functional** | **Unavailable** |  |
|  | Surgical sheet (towel with center hole) | 1 | 2 | 3 |
|  | Small stainless steel bowl | 1 | 2 | 3 |
|  | Sponge holder | 1 | 2 | 3 |
|  | Surgical tray with lid (small) | 1 | 2 | 3 |
|  | Ciseaux Metazenbaum | 1 | 2 | 3 |
|  | Extracutaneous canal fixation ring forceps | 1 | 2 | 3 |
|  | Vascular Dissection Forceps | 1 | 2 | 3 |
|  | Non-absorbable suture (2-0 silk) | 1 | 2 | 3 |
|  | 5% iodophore solutions. | 1 | 2 | 3 |
| **615** | **How many complete VSB (no-scalpel vasectomy) kits are available in the health facility?**  **SAVE "000" IF THERE ARE NONE** | Number of VSB (no-scalpel vasectomy) kits | | |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **#** | **QUESTIONS AND FILTERS** | | **CODING** | | | **SWITCH TO** |
|  | **FP COMMODITIES IN HEALTH CARE** | | | | |  |
|  | Inputs | **616. Availability**  In stock and observed-1,  In stock but not observed-2, Out of stock-3,  Not applicable (product never ordered by the pharmacy)  **[If answer= 3, go to 609]** | **617. Has this product been out of stock in the last three months?**  Yes-1  Not -2  **[If answer =2**  **Proceed to the next product]** | **618. How long (in months) has this product not been available in the health facility?**  **[SAVE "0" IF LESS THAN ONE MONTH]** | **619. 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 |
|  | Emergency contraceptive pill (PKU) | 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 |
|  | Oral contraceptive pills (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 |
|  | Tubal Rings | 1 2 3 | 1 2 |  | 1 2 3 4 5 |
|  | Pregnancy Test Kits | 1 2 3 | 1 2 |  | 1 2 3 4 5 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **620** | **Please indicate the availability of other supplies in the PSA. Record the responses 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 |
|  | Fer Sucrose Injectable | 1 | 2 | 3 |
|  | Oxytocin Injections (Syntocinon/Pitocin) | 1 | 2 | 3 |
|  | Hyoscine Butyl Bromide Injectable | 1 | 2 | 3 |
|  | Methergine/ Methylergometrine Injectable | 1 | 2 | 3 |
|  | Methylergometrine Tablets | 1 | 2 | 3 |
|  | Misoprostol Tablet/ Prostodine Injection | 1 | 2 | 3 |
|  | Magnesium Sulphate Injection | 1 | 2 | 3 |
|  | Betamethasone / Dexamethasone Injection | 1 | 2 | 3 |
|  | Nifedipine/tablets | 1 | 2 | 3 |
|  | Hydralazine Injectable | 1 | 2 | 3 |
|  | Diazepam Injectable | 1 | 2 | 3 |
|  | Amoxycillin Tablets | 1 | 2 | 3 |
|  | Amoxycilline Injectable | 1 | 2 | 3 |
|  | Ampicillin Tablets | 1 | 2 | 3 |
|  | Ampicilline Injectable | 1 | 2 | 3 |
|  | Tinidazole Tablets | 1 | 2 | 3 |
|  | Cloxacillin Tablets | 1 | 2 | 3 |
|  | Erythromycin Tablets | 1 | 2 | 3 |
|  | Gentamycine Injectable | 1 | 2 | 3 |
|  | Metronidazole Tablet | 1 | 2 | 3 |
|  | Métronidazole Injectable | 1 | 2 | 3 |
|  | Albendazole /Mebendazole Injectable | 1 | 2 | 3 |
|  | Albendazole Sirop | 1 | 2 | 3 |
|  | Dicyclomine Tablets | 1 | 2 | 3 |
|  | Paracetamol / Diclofenac (Voveran) Tablets | 1 | 2 | 3 |
|  | Ibuprofen Tablets | 1 | 2 | 3 |
|  | Paracetamol / Diclofenac Sodium (Voveran) Injectable | 1 | 2 | 3 |
|  | Chloramphenicol Ophthalmic Ointment | 1 | 2 | 3 |
|  | Adrenaline Injection | 1 | 2 | 3 |
|  | Amikacine Injectable | 1 | 2 | 3 |
|  | Xylocaine/Lidocaine/Linocaine Injection | 1 | 2 | 3 |
|  | Sensorcaine Injectable | 1 | 2 | 3 |
|  | Phénobarbital Injectable | 1 | 2 | 3 |
|  | Phenytoin Injection | 1 | 2 | 3 |
|  | Ceftriaxone Sodium Injection | 1 | 2 | 3 |
|  | Cefotoxamine Injectable | 1 | 2 | 3 |
|  | Promethazine HCL Injectable | 1 | 2 | 3 |
|  | Sodium Chloride Injection | 1 | 2 | 3 |
|  | Gluconate de calcium Injectable | 1 | 2 | 3 |
|  | Drotaverine Injectable | 1 | 2 | 3 |
|  | Atropine Sulphate Injectable | 1 | 2 | 3 |
|  | Ethamsylate Injectable | 1 | 2 | 3 |
|  | Fortwin Injectable | 1 | 2 | 3 |
|  | Frusemide Injectable | 1 | 2 | 3 |
|  | Vecoronium Bromide Injection | 1 | 2 | 3 |
|  | Pentanol de sodium Injectable | 1 | 2 | 3 |
|  | Etophylline+Théophylline Injectable | 1 | 2 | 3 |
|  | Demperidon Gout | 1 | 2 | 3 |
|  | Bicarbonate de sodium Injectable | 1 | 2 | 3 |
|  | Povidone iodine ointment | 1 | 2 | 3 |
|  | ORS in sachets | 1 | 2 | 3 |
|  | Lactate de Ringer / NS / DNS (500 ml) | 1 | 2 | 3 |
|  | 10% or 25% dextrose ampoules | 1 | 2 | 3 |
|  | Nevirapine Tablets | 1 | 2 | 3 |
|  | Nevirapine Syrup | 1 | 2 | 3 |
|  | Bupivacaine Injectable | 1 | 2 | 3 |
|  | Thiopentone (Pentothal) / Ketamine / Propofol Injectable | 1 | 2 | 3 |
|  | Isoflurane/ Enfluorine / Stale | 1 | 2 | 3 |
|  | Colloïdes (Hemaccel /Venofundin) | 1 | 2 | 3 |
|  | Isolyte P (Pediatric IV Fluids) | 1 | 2 | 3 |
|  | Injectable tetanus vaccine | 1 | 2 | 3 |
|  | Vaccin BCG injectable | 1 | 2 | 3 |
|  | Oral vaccine against polio (VPO) | 1 | 2 | 3 |
|  | Penta vaccine | 1 | 2 | 3 |
|  | Vaccine HEB0 | 1 | 2 | 3 |
|  | Vaccin PNEUMO | 1 | 2 | 3 |
|  | Vaccin Rotavirus | 1 | 2 | 3 |
|  | Injectable Measles Vaccine | 1 | 2 | 3 |
|  | Vit A Injectable | 1 | 2 | 3 |
|  | Vit K Injectable | 1 | 2 | 3 |
|  | Condoms | 1 | 2 | 3 |
|  | Oral contraceptive pills (OCP, Mala D.) | 1 | 2 | 3 |
|  | Injectable contraceptives | 1 | 2 | 3 |
|  | DCIU (Copper T) | 1 | 2 | 3 |
|  | Urethral catheters | 1 | 2 | 3 |
|  | Canules IV | 1 | 2 | 3 |
|  | Disposable/AD syringes | 1 | 2 | 3 |
|  | Disposable gloves | 1 | 2 | 3 |
|  | Albumin/urine sugar strips | 1 | 2 | 3 |
|  | Urine Pregnancy Test Kits | 1 | 2 | 3 |
|  | Absorbent cotton | 1 | 2 | 3 |
|  | Gaze Absorbente | 1 | 2 | 3 |
|  | Sanitary napkins | 1 | 2 | 3 |
|  | Surgical gloves | 1 | 2 | 3 |
|  | Surgical Spirits | 1 | 2 | 3 |
|  | Ruban chirurgical | 1 | 2 | 3 |
|  | Solution d'iode povidone | 1 | 2 | 3 |
|  | Reagents for ABO and Rh antibodies | 1 | 2 | 3 |
|  | HIV Test Kits | 1 | 2 | 3 |
|  | Maternal and Newborn Health Record | 1 | 2 | 3 |
|  | Vaccination cards for children under 5 years old | 1 | 2 | 3 |
|  | Partograph/childbirth care guide charts | 1 | 2 | 3 |

**SECTION 7: ADVISORY SERVICES**

| **#** | **QUESTIONS AND FILTERS** | **CODING** | | **SWITCH TO** |
| --- | --- | --- | --- | --- |
| **701** | **Does this EPS have a private area for FP advice?** | Yes 1  Not 2 | |  |
| **702** | **Is a FP advisor available in this space?** | Yes 1  Not 2 | |  |
| **703** | **Is FP counselling provided by someone other than the counsellor?** | Yes 1  Not 2 | |  |
| **704** | **Do women with HIV/AIDS receive FP counselling as part of the prevention of mother-to-child transmission (PMTCT)?** | Yes 1  Not 2 | |  |
| **705** | **Does this PE offer FP advice to teens?** | Yes 1  Not 2 | |  |
| **706** | **Availability of general elements for family planning counselling** | **Available** | **Unavailable** |  |
|  | Wayfinding Signs | 1 | 2 |
|  | Medical Screen | 1 | 2 |
|  | Armoire d’arrangement | 1 | 2 |
|  | Table | 1 | 2 |
|  | Chair | 1 | 2 |
|  | Client Record | 1 | 2 |
|  | Oral contraceptive pill stock | 1 | 2 |
|  | Emergency contraceptive pill stock | 1 | 2 |
|  | Stock of condoms (male) | 1 | 2 |
|  | Stock of condoms (female) | 1 | 2 |
| **707** | **Availability of working tools for consulting** | **Available** | **Unavailable** |  |
|  | OCP Sample Pills for Demonstration | 1 | 2 |
|  | Samples of DCEU for demonstration | 1 | 2 |
|  | Condom samples for demonstration | 1 | 2 |
|  | Penis model for demonstration | 1 | 2 |
|  | Flipbook for Consulting | 1 | 2 |
|  | MEC Wheel | 1 | 2 |
| **708** | **Availability of IEC equipment for consulting** | **Available** | **Unavailable** |  |
|  | SAYS | 1 | 2 |
|  | Condom | 1 | 2 |
|  | PAFP | 1 | 2 |
|  | PPFP | 1 | 2 |
|  | Injectable contraceptives | 1 | 2 |
|  | Implants | 1 | 2 |
|  | Oral contraceptive pills | 1 | 2 |
|  | Female sterilization | 1 | 2 |
|  | Male sterilization | 1 | 2 |

**SECTION 8: PROVISION AND MONITORING OF FP SERVICES**

| **NO. Q.** | | **QUESTIONS AND FILTERS** | | | | **CODING** | | | | | | **SWITCH TO** | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Services de PF** | | **801. Total FP visits (new and ongoing) in the last completed month for each method** | **802. Number of new clients who received FP services in the last month completed for each method** | **803. Total number of FP products supplied in the last completed month for each method** | | | **804. Reference period (date)** | | | **805. Name of Register** | |  |
|  | Pills | |  |  |  | | | Also\_\_/\_\_/\_\_\_\_  at\_\_/\_\_/\_\_\_\_ | | | \_\_\_\_\_\_\_ | |
|  | Injectable | |  |  |  | | | From\_\_/\_\_/\_\_\_\_  at\_\_/\_\_/\_\_\_\_ | | | \_\_\_\_\_\_\_ | |
|  | Male condom | |  |  |  | | | From\_\_/\_\_/\_\_\_\_  at\_\_/\_\_/\_\_\_\_ | | | \_\_\_\_\_\_\_ | |
|  | Female condom | |  |  |  | | | From\_\_/\_\_/\_\_\_\_  at\_\_/\_\_/\_\_\_\_ | | | \_\_\_\_\_\_\_ | |
|  | Contraception d’urgence | |  |  |  | | | From\_\_/\_\_/\_\_\_\_  at\_\_/\_\_/\_\_\_\_ | | | \_\_\_\_\_\_\_ | |
|  | IUD | |  |  |  | | | From\_\_/\_\_/\_\_\_\_  at\_\_/\_\_/\_\_\_\_ | | | \_\_\_\_\_\_\_ | |
|  | Implant | |  |  |  | | | From\_\_/\_\_/\_\_\_\_  at\_\_/\_\_/\_\_\_\_ | | | \_\_\_\_\_\_\_ | |
|  | Female sterilization (tubal ligation) | |  |  |  | | | From\_\_/\_\_/\_\_\_\_  at\_\_/\_\_/\_\_\_\_ | | | \_\_\_\_\_\_\_ | |
|  | Male Sterilization/ Vasectomy | |  |  |  | | | From\_\_/\_\_/\_\_\_\_  at\_\_/\_\_/\_\_\_\_ | | | \_\_\_\_\_\_\_ | |
|  | Exclusive Breastfeeding (MAMA) | |  |  |  | | | From\_\_/\_\_/\_\_\_\_  at\_\_/\_\_/\_\_\_\_ | | | \_\_\_\_\_\_\_ | |
|  | Fixed Day Method (MJF) | |  |  |  | | | From\_\_/\_\_/\_\_\_\_  at\_\_/\_\_/\_\_\_\_ | | | \_\_\_\_\_\_\_ | |
| **806** | | **Does this structure have a mechanism for monitoring FP users?** | | | | Yes 1  Not 2 | | | | | | **808** | |
| **807** | | **What tracking mechanism is there for FP users?** | | | | Personal visit 1  By phone 2  By message/ WhatsApp 3  Other (specify) 4 | | | | | |  | |
| **808** | | **To what extent are the FP users of this EPS lost to follow-up?** | | | | **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 | **901. How many total customers were served in the last completed month?** | **902. Reference period (date)** | **903. Registry Name** |  |
|  | Number of pregnant women registered for antenatal care |  | Also\_\_/\_\_/\_\_\_\_  at\_\_/\_\_/\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Number of pregnant women referred to higher health care centres |  | From\_\_/\_\_/\_\_\_\_  at\_\_/\_\_/\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Number of normal deliveries performed |  | From\_\_/\_\_/\_\_\_\_  at\_\_/\_\_/\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Number of caesarean sections performed |  | From\_\_/\_\_/\_\_\_\_  at\_\_/\_\_/\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Number of live births |  | From\_\_/\_\_/\_\_\_\_  at\_\_/\_\_/\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Number of infants who received measles vaccine |  | From\_\_/\_\_/\_\_\_\_  at\_\_/\_\_/\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_ |

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