**Basic Assessments of Family Planning in Senegal**

**PRIVATE CLINIC 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?

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

**NAME OF CLINIC DIRECTOR OR REPRESENTATIVE**

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

DESIGNATION: 1. Director; 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 CLINIC | 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 | Clinic-Polarized Population Estimate | Population |  |
| 203 | Does the clinic offer outpatient services, inpatient services, or both? | Outpatient care only 1  Inpatient and outpatient care 2 |  |

**SECTION 3: GENERAL INFRASTRUCTURE**

*GENERAL FACILITY READINESS OBSERVATION: THE INFORMATION IN THIS SECTION WILL BE GATHERED EITHER THROUGH OBSERVATIONS OR BY INTERVIEWING THE MCD/CSR/MCD/CSR DESIGNEE***.**

| **No. Q.** | **QUESTIONS AND FILTERS** | **CODING** | | | **SWITCH TO** |
| --- | --- | --- | --- | --- | --- |
| **301** | **Does the clinic have the following?** | **Yes** | | **No** |  |
|  | 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 |
|  | Laboratory | 1 | | 2 |
|  | Operating Room (Operating Room) | 1 | | 2 |
|  | Pharmacy/Depot | 1 | | 2 |
|  | Orientation Signs | 1 | | 2 |
|  | Ramps for people with disabilities | 1 | | 2 |
|  | Biomedical waste collection room | 1 | | 2 |
|  | Car parking | 1 | | 2 |
| **WORKSPACE**  **VISIT TO THE DELIVERY ROOM AND CHECK-IN BASED ON OBSERVATION** | | | | | |
| **302** | **Does the clinic have the following in the labor room?** | **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 |
|  | Manual Intrauterine Aspirator (MVA) | 1 | 2 | 3 |
|  | Pingoin | 1 | 2 | 3 |
|  | Emergency medication in the tray/trolley of the equipment | 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 |  |
|  | 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 |
|  | Syringe and cannula MVA (Manual Intrauterine Aspiration) | 1 |  | 3 |
|  | Sthétoscope Pinard |  |  |  |  |
|  | Fœtoscope/Doppler | 1 | 2 | 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 |
| **HOSPITAL ROOMS**  *Maternity and paediatric visit and registration based on observations* | | | | | |
| **304** | **Are the following facilities available in the maternity and paediatric wards?** | **A. Maternity** | | **B. Pediatrics** |  |
|  | 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 bathing area for patients and visitors. | Yes 1  No 2 | | Yes 1  No 2 |
|  | Shaded waiting area for patient attendants | Sufficient space  available 1  Insufficient available space 2  Unavailable 3 | | Sufficient space  available 1  Insufficient available space 2  Unavailable 3 |
|  | Nurses' work rooms | Yes 1  Not 2 | | Yes 1  No 2 |
|  | Decontamination room | Yes 1  Not 2 | | Yes 1  Not 2 |
| **305** | **Are the following instruments and equipment available and functional in the maternity and paediatric wards?** | Sufficient space  available 1  Insufficient available space 2  Unavailable 3 | | Sufficient space  available 1  Insufficient available space 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 | |  |
|  | Infant scale (baby scale) | 1 2 3 | | 1 2 3 |
|  | Adult Scale | 1 2 3 | | 1 2 3 |
|  | Adult/child stethoscope | 1 2 3 | |  |
|  | Speculum | 1 2 3 | |  |
|  | Anterior vaginal wall retractor (speculum) | 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 Room | 1 2 3 | | 1 2 3 |
|  | Altimeter |  | | 1 2 3 |
|  | Fathom |  | | 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: Pediatrics |  | | 1 2 3 |
|  | Protective Masks: Adult | 1 2 3 | |  |
| **LABORATORY**  *Visit the laboratory if available and not the observations.* | | | | | |
| **306** | **Does the clinic have a laboratory?** | Yes 1  Not 2 | | | **401** |
| **307** | **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 |
| **308** | **Does the clinic have the following supplies/consumables in the lab?** | **Available** | | **Unavailable** |  |
|  | Soap | 1 | | 2 |
|  | Household 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 - Nonires | 1 | | 2 |
|  | Blue cardboard box for discarded glass ampoules and vials | 1 | | 2 |
| **309** | **Are the following tests available at the lab? 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 |
|  | **Investigation** |  | |  |
|  | Radiology | 1 | | 2 |
|  | Ultrasound | 1 | | 2 |
|  | Scanner | 1 | | 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 | | | | | | | | |

**SECTION 5: AVAILABILITY OF SERVICES**

| **#** | | **QUESTIONS AND FILTERS** | | | **CODING** | | | **SWITCH TO** | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **501** | | | **Does the clinic offer an MNCH service?** | | Yes 1  Not 2 | | | 506 | |
| List of SMNI services | | | **502. How often is this service provided in the clinic?**  (Regularly=1, Occasionally=2, Not at all=3)  **[If the answer is 3, go to 505]** | **503. Is this service provided free of charge?**  (Oui=1, Non=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 non-availability of the service?**  (No qualified personnel available=1, Supplies not available=2, Infrastructure not available=3, Client does not want=4, Other(specify)=5 ) | |  | |
| **A. ANC Services [If "Yes" complete the line; 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** | |  | |
|  | | 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** | |  | |
|  | | Safe Abortion 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. Childbirth Services [If "Yes", complete the line; If "No" Proceed to Option C (Postnatal Services)]** | | | | | | | | | |
|  | | Normal Childbirth | **1 2 3** | **1 2** |  | **1 2 3 4 5** | |  | |
| b. | | 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** | |  | |
|  | | What is the cost of a caesarean section? | **1 2 3** | **1 2** |  | **1 2 3 4 5** | |  | | | |
| **C. Postnatal Services [If "Yes" complete the line; 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. Essential services for newborns [If "Yes" complete the line; If "No" Proceed to option E (abortion services)].** | | | | | | | | | |
|  | | Neonatal resuscitation | **1 2 3** | **1 2** |  | **1 2 3 4 5** | |  | |
|  | | Antenatal corticosteroids for the mother  (maturation pulmonaire) | **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** | |  | |
|  | | 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** | |  | |
|  | | Emollients / eye drops | **1 2 3** | **1 2** |  | **1 2 3 4 5** | |  | |
| **E. Abortion Services [If "Yes" complete the line; If "No" Proceed to Option F (Child Health)]** | | | | | | | | | |
|  | | 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 Health Services [If "Yes" complete 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** | |  | |
|  | | Screening for congenital anomalies | **1 2 3** | **1 2** |  | **1 2 3 4 5** | | |  | |
| h. | 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** | |  | | | |
|  | | 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** | |  | | |
|  | | Care for Hyperbilirubinemia | **1 2 3** | **1 2** |  | **1 2 3 4 5** | |  | | |
| **506** | | **Does the clinic 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 Service Unavailability**  (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?** | | | Yes 1  Not 2 | | | 601 | |
| **512** | | **How often are the local FP services organized by this structure?** | | | Weekly 1  Every fortnight 2  Monthly 3  Quarterly 4  Non-Fixed/ Needs-Based 4 | | |  | |
| **513** | | **Are the following FP methods/services provided during awareness sessions?** | | | **Yes** | | **Not** |  | |
|  | | Pills | | | **1** | | **2** |  | |
|  | | Injectable | | | **1** | | **2** |  | |
|  | | Male condom | | | **1** | | **2** |  | |
|  | | Female condom | | | **1** | | **2** |  | |
|  | | Contraception d’urgence | | | **1** | | **2** |  | |
|  | | SAYS | | | **1** | | **2** |  | |
|  | | Implant | | | **1** | | **2** |  | |
|  | | Female sterilization (tubal ligation) | | | **1** | | **2** |  | |
|  | | Male Sterilization/ Vasectomy | | | **1** | | **2** |  | |
|  | | Exclusive Breastfeeding (MAMA) | | | **1** | | **2** |  | |
|  | | Fixed Day Method (MJF) | | | **1** | | **2** |  | |

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

| **#** | **QUESTIONS AND FILTERS** | **CODING** | | | | **SWITCH TO** | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **601** | **SAYS**  **Check: Si 507F ≠ 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 health facility?**  **OBSERVATION-BASED RECORDING** | Workroom | | | Coin FP/ DIU |  | |
| Available and functional 1  Available but Non-functional 2  Unavailable 3 | | | Available and functional 1  Available but Non-functional 2  Unavailable 3 |  | |
|  | Stainless steel tray with lid | 1 2 3 | | | 1 2 3 |  | |
|  | Small bowl for antiseptic solution | 1 2 3 | | | 1 2 3 |
|  | Kidney-shaped plateau (Beans) | 1 2 3 | | | 1 2 3 |
|  | Sim or Cusco Vaginal Speculum - Large, Medium, Small | 1 2 3 | | | 1 2 3 |
|  | Anterior Vaginal Wall Retractor (if Sim's Speculum is used) | 1 2 3 | | | 1 2 3 |
|  | Compress Clamp | 1 2 3 | | | 1 2 3 |
|  | Curved vulsellum/tenaculum forceps | 1 2 3 | | | 1 2 3 |
|  | Uterine tube | 1 2 3 | | | 1 2 3 |
|  | Ciseaux de Mayo | 1 2 3 | | | 1 2 3 |
|  | Straight clamp for long artery (for IUD removal) | 1 2 3 | | | 1 2 3 |
|  | Medium Artery Forceps | 1 2 3 | | | 1 2 3 |
|  | Cotton swabs | 1 2 3 | | | 1 2 3 |
|  | Porte-tablets | 1 2 3 | | | 1 2 3 |
|  | Sim's Speculum | 1 2 3 | | | 1 2 3 |
|  | Stainless steel tray with lid | 1 2 3 | | | 1 2 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 |  | |
|  | 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 | | | |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **#** | **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  No -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 |
|  | 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 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **611** | **Please indicate the availability of other supplies in the structure. 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 Saccharose 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 Tablets | 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 |
|  | Furosemide Injectable | 1 | 2 | 3 |
|  | Vecoronium Bromide Injection | 1 | 2 | 3 |
|  | Pentanolol de sodium Injectable | 1 | 2 | 3 |
|  | Inj Etophylline+Théophylline | 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 |
|  | Ringer Lactate / NS / DNS (500 ml) | 1 | 2 | 3 |
|  | Glucose Ampoules 10% or 30% | 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 (Haemacel /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 |
|  | 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 |
|  | IUD (Copper T) | 1 | 2 | 3 |
|  | Urinary catheters | 1 | 2 | 3 |
|  | Canules IV | 1 | 2 | 3 |
|  | Disposable 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 |
|  | Absorbent tablets | 1 | 2 | 3 |
|  | Sanitary napkins | 1 | 2 | 3 |
|  | Surgical gloves | 1 | 2 | 3 |
|  | Alcohol | 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: SERVICES DE COUNSELLING**

| **#** | **QUESTIONS AND FILTERS** | **CODING** | | **SWITCH TO** |
| --- | --- | --- | --- | --- |
| **701** | **Does this structure have a private space 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 | |  |
| **704** | **Does this structure offer FP counselling to teenagers?** | Yes 1  Not 2 | |  |
| **705** | **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 |
| **706** | **Availability of counselling tools** | **Available** | **Unavailable** |  |
|  | PCO Sample Pills for Demonstration | 1 | 2 |
|  | IUD samples for demonstration | 1 | 2 |
|  | Condom samples for demonstration | 1 | 2 |
|  | Penis model for demonstration | 1 | 2 |
|  | Picture box for consulting | 1 | 2 |
| **707** | **Availability of IEC (Information, Education, and Communication) materials for counselling** | **Available** | **Unavailable** |  |
|  | SAYS | 1 | 2 |
|  | Condom | 1 | 2 |
|  | Injectable contraceptives | 1 | 2 |
|  | Implants | 1 | 2 |
|  | Contraceptives | 1 | 2 |

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

| **#** | **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 |  |  |  | | | From\_\_/\_\_/\_\_\_\_  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 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 | **901. How many total customers were served in the last completed month?** | **902. Reference period (date)** | **903. NAME of Registry** |  |
|  | **Number of pregnant women registered for antenatal care** |  | From\_\_/\_\_/\_\_\_\_  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** |