

2603	Is fuel available today for the ambulance or other emergency transportation vehicle?	YES..... 1 NO..... 2 DON'T KNOW 8	
2604	Is there a driver available onsite or on call today?	YES, ONSITE..... 1 YES, ONCALL 2 NO..... 3	
2605	Does this facility have access to an ambulance or other vehicle for emergency transport for clients that is stationed at another facility or that operates from another facility in near proximity?	YES..... 1 NO..... 2	

SECTION 2.3: INTERVIEWER'S OBSERVATIONS			
2701	INTERVIEW END TIME (use the 24 hour-clock system)	<div style="display: flex; align-items: center; gap: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> : <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> </div>	
2702	RESULT CODES (LAST VISIT):	COMPLETED 1 1 RESPONDENT NOT AVAILABLE 2 REFUSED 3 3 PARTIALLY COMPLETED 4 OTHER _____ 96 <div style="text-align: center;">(SPECIFY)</div>	
2703 COMMENTS ABOUT THE RESPONDENT:			
2704 COMMENTS ON SPECIFIC QUESTIONS:			
2705 ANY OTHER COMMENTS:			
2706 SUPERVISOR'S OBSERVATIONS:			

NAME OF SUPERVISOR: _____	DATE: _____
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SECTION BREAK

MODULE 3: OUTPATIENT SERVICES

SECTION 3.1 COMMUNITY SERVICES

GO TO THE OUTPATIENT SERVICE AREA, AND ASK TO SPEAK WITH THE PERSON MOST FAMILIAR WITH COMMUNITY LINKAGES AND SERVICES PROVIDED IN THE COMMUNITY

A. LINKAGES WITH COMMUNITY VOLUNTEERS

3101	Does this facility have any formal systems for linking with community based volunteers? (CORPs/CHIPS)	YES 1 NO 2	
For each activity that I mention, please tell me whether this is a part of the linkages the facility has with community health workers			
1	Community engagement	YES.....1 NO.....2	
2	Community sensitization	YES.....1 NO.....2	
3	Others (SPECIFY)	YES.....1 NO.....2	

B. ANTENATAL CARE SERVICES

3201	Does this facility offer antenatal care (ANC) services?	YES..... 1 NO 2	→ 3401
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ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE ANTENATAL CARE SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT ANTENATAL CARE SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE ASSESSMENT AND ASK THE FOLLOWING QUESTIONS.

3202	Do ANC providers offer any of the following services to pregnant women as part of routine ANC services?	YES	NO
01	Iron supplementation	1	2
02	Folic acid supplementation	1	2
03	Intermittent preventive treatment in pregnancy (IPTp) for malaria	1	2
04	Tetanus toxoid immunization	1	2
05	Monitoring for hypertensive disorder of pregnancy	1	2
06		1	2
07	HIV testing	1	2
08	Provision of ARV for HIV positive ANC patients	1	2
09	Diagnosis and treatment for sexually transmitted infections	3	2 → 3203
10	What is the most common process for providing services for sexually transmitted infections for ANC clients?	DIAGNOSE AND PROVIDE TREATMENT IN ANC SERVICE AREA..... 1 REFER PATIENT TO OTHER SERVICE AREA FOR TREATMENT...2 OTHER _____ 96 (SPECIFY)	

3203	Do ANC providers conduct the following diagnostic tests for pregnant women as part of routine ANC services?	YES, ROUTIN ELY	SOMETIM ES, NOT ROUTINE LY	NO	
01	PCV test 01	1	2	3	
02	Hepatitis B test 04	1	2	3	
03	Hepatitis C test 05				
04	Syphilis test 06	1	2	3	
05	Blood grouping 02	1	2	3	
06	Genotype 03	1	2	3	
07	HIV test 07	1	2	3	
08	Urinalysis 08	1	2	3	

3204	Please tell me if the following documents are available in this service area today. IF YES ASK: May I see the document?	YES, OBSERVED	YES, REPORTED, NOT SEEN	NO			
01a		1➔02	2	3			
01	National Guidelines and Orientation Package for ANC	1	2	3			
02	Any ANC check-lists	1	2	3			
	Any ANC job-aids	1	2	3			
03	National Guidelines for Diagnosis and Treatment of Malaria (2015)	1	2	3			
04		1	2	3			
05		1	2	3			
06	Unfilled individual client record/chart/card	1	2	3			
3205	Now I want to know about a few items for providing ANC. For each item I ask about please tell me if it's available and functional and then show it to me	a) AVAILABLE			b) FUNCTIONING		
		OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW

01	Blood pressure apparatus	1→b	2→b	3→02	1	2	8
02	Fetal stethoscope	1→b	2→b	3→03	1	2	8
03	Adult weighing scale	1→b	2→b	3→04	1	2	8
04	Examination bed	1	2	3			
05	Measuring Tape	1	2	3			

3206	Does this facility have a routine system for follow-up for HIV positive pregnant women who are referred for ARV treatment?	YES 1 NO 2		
3207	Please tell me if any of the methods I mention are part of the system for following up HIV positive pregnant women referred for ARV treatment. IF YES, ASK: May I see any record or documentation that shows the system is functioning?	YES MECHANISM USED OBSERVED REPORTED, NOT SEEN NO		
01	Trace through phone calls/text message	1	2	3
02	Trace through CORPs/ CHIPS, community volunteer or facility outreach	1	2	3
03	Referral forms used with ART services	1	2	3
04	Feedback from ART services	1	2	3
05	ART information recorded on MCH cards	1	2	3
06	Unique ID numbers with interlinked monitoring system for PMTCT and ART services	1	2	3
07	Other linkages	1	2	3
		(SPECIFY)		
C. POSTNATAL CARE (PNC)				
3301	Does this facility provide PNC as an outpatient service?	YES 1 NO 2		→ 3401
3302	ASK TO GO TO WHERE OUTPATIENT PNC SERVICES ARE PROVIDED			

	Is there a register where PNC client information is recorded? IF YES, ASK: May I see the register?	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3	
3303	Are individual client charts/cards maintained for PNC clients? IF YES, ASK: May I see an unfilled chart/card?	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3	
3304	Does this facility have other check-lists and/or job-aids (including wall charts) for PNC services? IF YES ASK: May I see?	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3	

D. POST ABORTION CARE (PAC)			
3401	Does this facility provide any post-abortion care such as vacuum aspiration or D&C services to remove retained products of conception, or treatment of infections?	YES 1 NO 2	
3402	Are there any post abortion care guidelines in this service area? IF YES, ASK: May I see the guidelines?	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3	
3403	Does this facility have other check-lists for post abortion care services? IF YES ASK: May I see?	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3	
3404	Does this facility have other job-aids for post abortion care services IF YES ASK: May I see?	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3	

MODULE 4: DELIVERY AND SURGICAL SERVICES			
SECTION 4.1 DELIVERY SERVICES			
4001	Now I would like to ask about delivery services and resources available in this facility.		
	Does this facility offer delivery (including normal and/or assisted delivery	YES 1 NO 2	➔END
	ASK TO SPEAK WITH THE PERSON MOST KNOWLEDGEABLE ABOUT DELIVERY SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN: The in-charge has agreed that this facility can participate in this national assessment of facilities with inpatient services that is being conducted by the Ministry of Health. I am interested in learning about the delivery services available in this facility. First I will be asking about practices and staffing and then I would like to go into the delivery room to assess equipment and supplies.		

MODULE 4: DELIVERY AND SURGICAL SERVICES

SECTION 4.1 DELIVERY SERVICES

4002	INTERVIEW START TIME (use the 24 hour-clock system)	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	
4003	Are delivery and newborn care services offered in the outpatient or inpatient service area?	OUTPATIENT 1 INPATIENT 2 BOTH OUT AND INPATIENT AREAS 3	

A. HUMAN RESOURCES AND GUIDELINES FOR DELIVERY SERVICES

4101	Does the facility provide 24-hour coverage for delivery services?	YES 1 NO 2	
4102	Is a person skilled in conducting deliveries present at the facility or on-Call in near proximity 24 hours a day, including weekends, to provide delivery care? IF YES, INDICATE WHICH RESPONSE BEST REFLECTS THE NORMAL SITUATION	YES, 24 HOURS ONSITE . 1 YES, NOT 24 HOURS ONSITE, BUT 24 HOURS ON-CALL..... 2 NO 24-HOUR COVERAGE 3	
4103	During the day, what is the <u>lowest</u> level of provider who ever conducts deliveries?	OBSTETRICIAN/GYNECOLOGIST 1 OTHER DOCTOR/SPECIALIST 2 CLINICAL OFFICER 3 NURSE/MIDWIFE (DUAL TRAINED) 4 NURSE 5 MIDWIFE 6 SENIOR CHEW 7 JUNIOR CHEW 8 OTHER 96 (SPECIFY)	
4104	During the day is there <u>always</u> a delivery provider who has been trained in newborn resuscitation using a bag and mask?	YES, ALWAYS 1 NO, NOT ALWAYS 2	

4105	During nights and holidays, what is the <u>lowest</u> level of provider who ever conducts deliveries?	OBSTETRICIAN/GYNECOLOGIST 1 OTHER DOCTOR/SPECIALIST 2 CLINICAL OFFICER 3 NURSE/MIDWIFE (DUAL TRAINED) 4 NURSE 5 MIDWIFE 6 SENIOR CHEW 7 JUNIOR CHEW 8 NO NIGHT AND HOLIDAY SERVICES 8 OTHER 96 (SPECIFY)			→ 4108
4106	During nights and holidays is there <u>always</u> a delivery provider who has been trained in newborn resuscitation using a bag and mask?	YES, ALWAYS 1 NO, NOT ALWAYS 2			
4107	Does this facility have a maternity waiting center (first stage room) where women can stay prior to giving birth?	YES 1 NO 2			
4108	Does this facility have a maternity delivery room (second stage room)?	YES 1 NO 2			
4109	Please tell me for each type of document I ask about if it is present in the delivery service area, or if the topic is included in existing guidelines, and if yes, please show it to me.	YES, OBSERVED ↙	YES, REPORTED, NOT SEEN	NO	
01	National guidelines for Integrated Management of Pregnancy and Childbirth (IMPAC)/ LSS/ELSS/MLSS/ENC Manuals	1 → 04	2	3	
02	Other national guidelines for essential childbirth care	1 ↙	2	3	
03	Guidelines for safe birth practices for PMTCT	1	2	3	
04	Any other job aids for Integrated Management of Pregnancy and Childbirth, lifesaving skills, or any other aspects of childbirth and newborn care services?	1 → 4111	2	3	
06	Any check-lists for safe birth practices for PMTCT	1	2	3	
07	Any job-aids for safe birth practices for PMCTC				

4110	Have you or any provider(s) of delivery service received any training in neonatal resuscitation using the newborn bag and mask in the last two years?	YES..... 1 NO.....2	
4111	Have you or any provider(s) of delivery service received any training in any other aspect of delivery or essential newborn care, or lifesaving skills in the last two years ?	YES..... 1 NO.....2	➔4201

B. ROUTINE DELIVERY AND NEWBORN CARE PRACTICES

4201	Please tell me if any of the following are routine practices for deliveries in this facility.
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	ROUTINE DELIVERY PRACTICE	YES	NO	
01	Active management of third stage labour (AMTSL) including oxytocin within one minute after delivery, controlled cord traction, and fundal massage after delivery of placenta?	1	2	
02	Administration of misoprostol immediately after birth to all women for the prevention of post-partum haemorrhage when oxytocin is not available?	1	2	
03	Monitor and manage labour using a partograph	1	2	
4202	Now I want to know about routine practices in this facility for newborn care immediately postpartum. For each practice I mention, please tell me If this is a <u>routine</u> practice that is expected to be implemented for all newborn in this facility.			
	ROUTINE NEWBORN CARE PRACTICES	YES	NO	
01	Hygienic cord care (cut with sterile item and apply 4% Chlorhexidine gel to tip and stump, and no application of other substance)	1	2	
02	Thermal protection (drying baby immediately after birth and wrapping)	1	2	
03	Immediate skin to skin contact	1	2	
04	Delayed cord clamping	1	2	
06	Initiate breast feeding within 1 hour postpartum and counsel on exclusive breastfeeding	1	2	

C. MANAGEMENT OF COMPLICATIONS OF DELIVERIES	
4301	Please tell me if any of the following interventions for the management of complications during and after pregnancy and childbirth have been carried out in the last 12 months by providers of delivery services as part of their work in this facility. IF NOT WITHIN THE LAST 12 MONTHS ASK: is this because the service is not offered or because there were no cases requiring the service?

	DELIVERY INTERVENTION	YES	NO		
			SERVICE NOT OFFERED	TRAINED STAFF BUT NO CASES	
01	Parenteral administration of antibiotics (IV or IM) for mothers for postpartum sepsis?	1	2	5	
02	Parenteral administration of oxytocin for treatment of post-partum haemorrhage (IV or IM)	1	2	5	
03	Parenteral administration of magnesium sulphate for management of preeclampsia and eclampsia (IV or IM)	1	2	5	
04	Assisted vaginal delivery	1	2	5	
05	Manual removal of placenta	1	2	5	
06	Removal of retained products of conception	1	2	5	
07	Neonatal resuscitation with bag and mask	1	2	5	
08	Caesarean section	1	2	5	
09	Does this facility provide blood transfusion?	1	2	5	

4302	Does this facility routinely provide antibiotics for preterm or prolonged PROM (premature rupture of membranes) to prevent infection?	YES..... 1 NO..... 2		➔4305
4304	Has this service been provided in the past 12 months?	YES..... 1 NO..... 3		
4305	Does this facility routinely provide corticosteroids for preterm labour	YES..... 1 NO..... 2		➔4307
4306	Has this service been provided in the past 12 months?	YES..... 1 NO..... 3		
4307	Does this facility provide any PMTCT services for women who deliver in the facility?	YES..... 1 NO..... 2		➔4309
4308	Which of the followings are <u>routinely</u> provided as part of delivery services?		YES	NO
01	Assess maternal HIV status		1	2

4308	Which of the followings are <u>routinely</u> provided as part of delivery services?	YES	NO
02	Provide HIV counselling and testing services to all pregnant women in labour whose status is not known	1	2
03		1	2
04	Provide maternal ARV to infected mothers for PMTCT	1	2
05	Provide ARV to newborns of infected mothers for PMTCT	1	2
4309	Has there been a delivery for an HIV positive woman during the past 3 months?	YES 1 NO2 DON'T KNOW98	

ASK TO GO TO WHERE THE DELIVERIES ARE ACTUALLY CONDUCTED TO ASSESS CONDITIONS IN THE DELIVERY ROOM					
D. STANDARD PRECAUTIONS FOR INFECTION PREVENTION AND CONTROL FOR DELIVERY					
4401	I am interested in knowing if the following resources and supplies used for infection control are available in the delivery service area, or are in reasonable proximity that they can be easily used by providers for maternity patients.				
4402	ITEM	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
01	Clean running water (piped, bucket with tap, or pour pitcher)	1	2	3	
02	Hand-washing liquid soap	1	2	3	
03	Alcohol based hand rub	1	2	3	
05	Waste receptacle bin with lid and plastic bin liner	1	2 06	3 06	
05a	Waste bin is clearly marked, for example, by label or colour, for infectious non-sharp waste	1	2	3	
06	Sharps container ("safety box")	1	2	3	
07	Environmental disinfectant (e.g., chlorine, alcohol)	1	2	3	
08	Disposable syringes with disposable needles	1	2	3	
09	Auto-disable syringes	1	2	3	
4403	Is there electricity in this service area that is functional now? IF YES, VERIFY ELECTRICITY IS FUNCTIONAL.	YES, OBSERVED 1 NO, NOT TODAY2 NO, NEVER HAVE ELECTRICITY3			

E. EQUIPMENT FOR DELIVERY	
4501	<p>Now I would like to ask about equipment for delivery services. For each item that I ask about, please show me the item and when relevant, tell me if it is functional or not.</p> <p><u>TO COUNT AS PRESENT, ITEM MUST BE IN THE DELIVERY SERVICE AREA OR IMMEDIATE PROXIMITY</u> SUCH THAT A PROVIDER COULD REASONABLY BE EXPECTED TO USE IT.</p>

	ITEM	OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	FUNCTIONAL	NOT FUNCTIONAL	DON'T KNOW
01	Unfilled partograph	1	2	3			
02	Delivery bed	1	2	3			
03	Disposable non-sterile latex gloves	1	2	3			
04	Disposable sterile latex gloves	1	2	3			
05	Examination light (flashlight ok)	1 → b	2 → b	3 06	1	2	8
06	Delivery pack (should include items 3 to 11)** PLEASE ASK IF ITEMS 3 TO 11 ARE INCLUDED AND OBSERVE. IF IN SEALED PACK, MARK THEM AS “REPORTED, NOT SEEN”	1	2	3			
07	Cord clamp	1 → b	2 → b	3 08	1	2	8
08	Episiotomy scissors	1 → b	2 → b	3 09	1	2	8
09	Scissors or surgical blade to cut cord	1 → b	2 → b	3 10	1	2	8
10	Suture materials with needle	1	2	3			

1 1	Needle holder	$1 \rightarrow b$	$2 \rightarrow b$	$\begin{matrix} 3 \\ 12 \end{matrix}$	1	2	8
1 2	Manual vacuum extractor	$1 \rightarrow B$	$2 \rightarrow B$	$\begin{matrix} 3 \\ 13 \end{matrix}$	1	2	8
1 4	Vacuum aspirator	$1 \rightarrow b$	$2 \rightarrow b$	$\begin{matrix} 3 \\ 15 \end{matrix}$	1	2	8
1 5	D&C Kit	$1 \rightarrow b$	$2 \rightarrow b$	$\begin{matrix} 3 \\ 16 \end{matrix}$	1	2	8
1 6	Speculum	$1 \rightarrow b$	$2 \rightarrow b$	$\begin{matrix} 3 \\ 17 \end{matrix}$	3	2	8
1 8	Blood pressure apparatus	$1 \rightarrow b$	$2 \rightarrow b$	$\begin{matrix} 3 \\ 19 \end{matrix}$	1	2	8
1 9	Fetal stethoscope	$1 \rightarrow b$	$2 \rightarrow b$	$\begin{matrix} 3 \\ 20 \end{matrix}$	1	2	8
2 0	Wrap for drying newborn	$1 \rightarrow b$	$2 \rightarrow b$	$\begin{matrix} 3 \\ 21 \end{matrix}$	1	2	8
2 1	Infant scale (with 100 gram gradation)	$1 \rightarrow b$	$2 \rightarrow b$	$\begin{matrix} 3 \\ 22 \end{matrix}$	1	2	8
2 3	Incubator (MAY BE IN NURSERY)	$1 \rightarrow b$	$2 \rightarrow b$	$\begin{matrix} 3 \\ 24 \end{matrix}$	1	2	8
2 4	Resuscitation table (with heat source) (for newborn resuscitation)	$1 \rightarrow b$	$2 \rightarrow b$	$\begin{matrix} 3 \\ 25 \end{matrix}$	1	2	8
2 5	Electric or manual suction pump	$1 \rightarrow b$	$2 \rightarrow b$	$\begin{matrix} 3 \\ 26 \end{matrix}$	1	2	8
2 6	Suction catheter (for suction apparatus) for suctioning newborn	$1 \rightarrow b$	$2 \rightarrow b$	$\begin{matrix} 3 \\ 27 \end{matrix}$	1	2	8
2 7	Suction bulb (single use)	$1 \rightarrow b$	$2 \rightarrow b$	$\begin{matrix} 3 \\ 28 \end{matrix}$	1	2	8
2 8	Suction bulb (sterilizable multi-use)	$1 \rightarrow b$	$2 \rightarrow b$	$\begin{matrix} 3 \\ 29 \end{matrix}$	1	2	8

2 9	Thermometer	1 → b	2 → b	3 30	1	2 30	8 30
3 0	Self-inflating bag and mask for resuscitation- <u>adult</u>	1 → b	2 → b	3 31	1	2 31	8 31
3 1	Newborn bag and mask size 0 for resuscitation of pre-term babies	1 → b	2 → b	3 32	1	2 32	8 32
3 2	Newborn bag and mask size 1 for resuscitation of term babies	1 → b	2 → b	3 33	1	2 33	8 33
3 3	At any time during the past 3 months has the newborn bag and mask for term babies been unavailable for this unit for any reason?	YES..... 1 NO..... 2					
Now I would like to know about the availability of oxygen for patients in this unit. Does this unit ever provide oxygen to patients?		YES..... 1 NO 2				→ 5545	

4502	Is there any oxygen currently in the unit?	YES 1 NO, CALL FOR OXYGEN FROM ANOTHER UNIT IF NEEDED 2 NO3			→ 4504 → 4506		
4503	Now I would like to see the following items and to know if they are functional or not						
	GENERAL EQUIPMENT	A) AVAILABLE IN EMERGENCY SERVICE AREA			B) FUNCTIONING		
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW

04	Flowmeter for oxygen therapy (with humidification)	1 → b	2 → b	3 05	1	2	8
05	Oxygen delivery apparatus (key connecting tubes and mask/nasal prongs,)	1 → b	2 → b	3 5539	1	2	8
06	Oxygen Analyzer						
07	Pulse oxymeter						

4504	Was there any time in the last 3 months that oxygen was unavailable for this unit for any reason?	YES 1 NO 2	
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F. DRUGS FOR DELIVERY SERVICES			
4601	Does this facility stock any drugs for obstetric care and delivery services in this service site?	YES 1 NO 2	→ 5550
4602	Please tell me if any of the following drugs are available <u>in the delivery service area</u> . If the drug is available, I would like to see it. CHECK TO SEE IF AT LEAST ONE OF EACH ITEM IS VALID (NOT EXPIRED). DO NOT GO TO A PHARMACY OUTSIDE OF THE DELIVERY SERVICE AREA TO ASSESS THESE ITEMS.		

4603	MEDICINES	(a)					(b)	
		AVAILABILITY					Any stockout in the last 3 months? OBSERVED	
		OBSERVED		NOT OBSERVED				
		AT LEAST ONE NOT EXPIRED	AVAILABLE BUT EXPIRED	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE	YES	NO
01	Antibiotic eye ointment (erythromycin 0.5% eye ointment) for newborn	1➡b	202	3➡b	402	502	1	2
02	Hydralazine injection	1➡b	206	3➡b	406	506	1	2

4603	MEDICINES	(a)					(b)	
		AVAILABILITY					Any stockout in the last 3 months? OBSERVED	
		OBSERVED		NOT OBSERVED				
		AT LEAST ONE NOT EXPIRED	AVAILABLE BUT EXPIRED	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE	YES	NO
03	Labetalol inj 200mg ampoule)	1➡b	211	3➡b	411	511	1	2
04	Magnesium sulphate injection	1➡b	214	3➡b	414	514	1	2
05	Intravenous infusion set	1➡b	217	3➡b	417	517	1	2
06	IV cannula							
17	Dextrose and water 5% (D5W) intravenous solution	1➡b	218	3➡b	418	518	1	2
18	Sodium Chloride (.09NS) intravenous solution or Ringers Lactate	1➡b	219	3➡b	419	519	1	2
22	Skin disinfectant	1➡b	223	3➡b	423	523	1	2
23	4% chlorhexidine solution for umbilical cord	1➡b	224	3➡b	424	524	1	2
24	Oxytocin injection	1➡b	25898	3➡b	45898	55898	1	2

4603	MEDICINES	(a)						(b)	
		AVAILABILITY						Any stockout in the last 3 months? OBSERVED	
		OBSERVED			NOT OBSERVED				
		AT LEAST ONE NOT EXPIRED	AVAILABLE BUT EXPIRED	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE	YES	NO	
25	Is the oxytocin stored in cold storage?		YES 1 NO 2						

SECTION 4.2 POSTNATAL CARE

A. ROUTINE POSTNATAL CARE

4701	Now I am interested in knowing more about the postpartum care provided for the healthy newborn and mother.						
	Are healthy newborns routinely monitored postpartum for symptoms of possible risk?		YES 1 NO 2			➔ 4702	

4702	Which of the following are routinely monitored for the newborn?	ROUTINE FOR ALL NEWBORNS	SOMETIMES IF SYMPTOMS INDICATE	RARE/NEVER PART OF NEWBORN MONITORING	
01	Temperature	1	2	3	
02	Respiratory rate	1	2	3	
03	Jaundice	1	2	3	
04	Umbilical cord status	1	2	3	
05	Feeding status	1	2	3	

	Are healthy mothers routinely monitored postpartum for symptoms of possible risk?	YES 1 NO 2	➔ 4704
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4703	Which of the following are routinely monitored for the postpartum woman?	ROUTINE FOR ALL WOMEN	SOMETIMES IF SYMPTOMS INDICATE	RARE/NEVER PART OF PNC	
01	Blood pressure	1	2	3	
02	Temperature	1	2	3	
03	Fundal status	1	2	3	
04	Check pads for bleeding	1	2	3	
4704	Are there any guidelines or job aids in this service site for postpartum care?		YES..... 1 NO..... 2		→ 4706
4705	ASK TO SEE DOCUMENTS OR JOB AIDS RELATED TO THE FOLLOWING TOPICS	YES, OBSERVED	YES, REPORTED, NOT SEEN	NO	
01	Any guidelines or job aids for routine monitoring of the newborn	1	2	3	
02	Standard records with preprinted columns for information to be recorded for newborn monitoring such as jaundice, feeding, respiratory rate, and temperature.	1	2	3	
03	Any guidelines or job aids for routine monitoring of the postpartum woman?	1	2	3	

B. CARE FOR THE SMALL OR SICK NEWBORN					
4801	Now I would like to know about services provided in this facility for the small or sick newborn.				
IF THE INDICATED SERVICE IS PROVIDED MAKE SURE YOU SPEAK TO THE MOST KNOWLEDGEABLE PERSON ABOUT THE SERVICE. THIS MAY REQUIRE GOING TO ANOTHER SERVICE SITE SUCH AS A POSTPARTUM UNIT					
4802	IS KMC (Kangaroo mother care) for premature/very small babies) routinely used in this facility?	YES 1 NO 2			→ 4806
4803	Has KMC been provided at any time during the past 3 months?	YES 1 NO 2			
4804	Are there any job aids or guidelines for KMC? IF YES, ASK: May I see the guidelines or job aids?	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3			

4805	Have you or another provider received training in KMC during the past 2 years?	YES 1 NO 2			
4806	Has this facility ever seen cases of severely ill newborns, with possible severe bacteria infection or sepsis among inpatients?	YES 1 NO 2			→ 4901
4807	When there is a newborn with possible severe bacteria infection or sepsis, what is the routine practice by inpatient service providers? FOR EACH PRACTICE, CLARIFY IF THIS IS ALWAYS, SOMETIMES, OR NEVER PRACTICED	YES ALWAYS	YES SOMETIMES	NEVER	
01	Immediate referral without providing any medicine?	1	2	3	
02	Provide one dose injectable antibiotic and then refer?	1	2	3	
03	Prescribe the full antibiotic regimen and follow up	1	2	3	
4809	Are there any job aids or guidelines related to newborn sepsis? IF YES, ASK: May I see the guidelines or job aids?	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3			
4810	Has this facility had a newborn sepsis case within the last 3 months?	YES 1 NO 2			
4811	Have you or another provider received training related to newborn sepsis during the last 2 years?	YES 1 NO 2			

C. REVIEWS FOR QUALITY OF DELIVERY SERVICES	
	Finally, I want to know about reviews and records maintained for deliveries

4901	Are maternal death reviews carried out on a routine basis? By routine, I mean there are defined criteria for when a maternal death review will be carried out and a defined process for conducting the review.	YES..... 1 NO..... 2 NEVER HAD A MATERNAL DEATH 3	
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4902	Are neonatal death reviews carried out on a routine basis? By routine, I mean there is a defined criteria for when a neonatal death review will be carried out and a defined process for conducting the review.	YES..... 1 NO..... 2 NEVER HAD A NEONATAL DEATH 3	
4903	Are perinatal death reviews carried out on a routine basis? This includes stillbirths.	YES..... 1 NO..... 2 NEVER HAD A PERINATAL DEATH 3	
4904	Is a delivery register maintained where complications, maternal, and birth outcomes are recorded? IF YES, ASK TO SEE THE REGISTER	YES, OBSERVED NATIONAL DELIVERY REGISTER..... 1 YES, OBSERVED OTHER REGISTER..... 2 REPORTED, NOT SEEN..... 3 NO..... 4	

4905	INDICATE IF THE FOLLOWING WAS OBSERVED IN THE UNIT	YES	NO	
01	FLOOR: SWEEPED, NO OBVIOUS DIRT OR WASTE	1	2	
02	COUNTERS/TABLES/CHAIRS: WIPED CLEAN- NO OBVIOUS DUST OR WASTE	1	2	
03	NEEDLES, SHARPS OUTSIDE SHARPS BOX	1	2	
04	SHARPS BOX OVERFLOWING OR TORN/PIERCED	1	2	
05	BANDAGES/INFECTIOUS WASTE LYING UNCOVERED	1	2	
06	WERE STAFF WEARING APPROPRAITE UNIFORMS IN THIS UNIT?	1	2	
07	WERE STAFF WEARING ID BADGES IN THIS UNIT?	1	2	
08	WERE NON-SMOKING SIGNS OBSERVED IN THIS UNIT?	1	2	