



ASSESSMENT TOOLKIT

Quality of Integrated Reproductive, Maternal, Newborn, Child, and Adolescent Health and HIV Services

JUNE 2020

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DISCLAIMER

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Acronyms

ANC	Antenatal care
ART	Antiretroviral therapy
ASSIST	USAID Applying Science to Strengthen and Improve Systems Project
DHS	Demographic and Health Survey
ENAPA	Every Newborn Action Plan
EPMM	Ending Preventable Maternal Mortality
FP	Family planning
HIV	Human immunodeficiency virus
IMNCI	Integrated management of newborn and childhood illness
L&D	Labor and delivery
MOH	Ministry of Health
NR	Newborn resuscitation
PCMD	Preventing child and maternal deaths
PNC	Postpartum/postnatal care
PPFP	Postpartum family planning
PPH	Postpartum hemorrhage
PrEP	Pre-exposure prophylaxis
PSBI	Possible severe bacterial infection
QI	Quality improvement
RMNCAH	Reproductive, maternal, newborn, child, and adolescent health
SPA	Service Provision Assessment
URC	University Research Co., LLC
USAID	United States Agency for International Development
WHO	World Health Organization

INTRODUCTION

The Assessment Toolkit for Quality of Integrated Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCAH) and HIV Services was designed by the USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project to support a comprehensive health facility assessment of the quality of care for integrated RMNCAH and HIV services at facilities in low- and middle-income countries. The survey fills an urgent need to assess the quality of RMNCAH, including HIV-related services, to inform service delivery and health system improvement efforts in USAID-assisted countries.

The specific objectives of this assessment are to answer two main questions:

1. What are the gaps in the quality of services provided for: a) women during pregnancy and childbirth, b) newborns, c) children under five years old, and d) adolescents? Namely, how does the current practice differ from WHO evidence-based recommendations?
2. What are the main opportunities and barriers in the supporting health system functions at health care facilities to enable them to provide quality RMNCAH and HIV services? Namely:
 - a. Provider practice, knowledge and skills for routine monitoring of women and newborns from labor through the immediate postpartum period, newborn resuscitation, management of antenatal, labor, delivery, and postpartum complications, prevention of mother-to-child transmission of HIV, antiretroviral therapy (ART) for HIV-positive women, care of the sick child, and adolescent health care;
 - b. Availability of an essential service delivery infrastructure to support services and infection prevention, guidelines, diagnostics, and medications for diagnosing and providing interventions for risk or complications, health system components to support quality services, and other key inputs;
 - c. Availability of clinical documentation and evidence that this information provides on the quality of RMNCAH services for antenatal care (ANC), labor and delivery (L&D) care, and immediate postpartum/postnatal care (PNC) for the woman and infant, and curative care for the infant and child; and
 - d. Individual and institutional quality improvement activities, including regular collection, analysis, and use of data for clinical improvements and administrative decisions to support service improvement.

This survey toolkit is based on the World Health Organization (WHO) framework and standards to improve Quality of Maternal and Newborn Care¹ and updated RMNCAH clinical recommendations tailored to low- and middle-income settings as of 2018, when these instruments were finalized. The tools are aligned with global measurement frameworks (WHO Every Newborn Action Plan [ENAP], WHO Quality of Care [QoC] Measures around childbirth, Ending Preventable Maternal Mortality [EPMM], the WHO Global Reference List of 100 Core Health Indicators) and are tailored to USAID preventing child and maternal deaths (PCMD) priority country context.

¹ Available at: <https://apps.who.int/iris/bitstream/handle/10665/249155/9789241511216-eng.pdf;jsessionid=A05B919128DAD4EBE62E6FA48F88F85C?sequence=1>

Applied originally in Uganda and Kenya², additional questions to enable a more in-depth understanding of integrated RMNCHA and HIV quality of care were added for use in a sub-set of facilities in Kenya. These additional questions are highlighted in the data collection tools in yellow.

The **RMNCAH and HIV Toolkit** provides following important added-value to existing facility-level surveys, such as the Demographic and Health Survey (DHS) Service Provision Assessment (SPA) and the WHO Service Availability and Readiness Assessment (SARA). It:

- Allows more in-depth assessment of integrated RMNCA and HIV care, including availability of various ART regimens, pre-exposure prophylaxis (PrEP), and other priority services.
- Places much more emphasis on **patient-centered** practices and experience of care, based on WHO's quality of care framework for childbirth and pediatric care. Tools explore continuity of care, referral, effective communication, respect and preservation of dignity, and emotional support.
- Care of sick children is specifically tailored to assess two different age groups: young infants below two months and children above two months up to five years of age.
- Provider questionnaires cover knowledge assessment for all priority content area (ANC, maternal, newborn, and child health) as well as the observation of simulated clinical scenarios using an anatomic model for newborn resuscitation. These areas are not covered by SPA or SARA, but critically important to understand the root-cause of the quality gap.
- Assesses use of unnecessary, harmful practices, including non-evidence-based use of antibiotics across the RMNCA continuum, an area that has been identified as deficient in many low- and middle-income countries but is not covered by SPA or SARA.
- Places greater emphasis on individual and institutional QI capacity and functionality of continuous QI processes within the facility, including routine measurement of quality for continuous quality improvement and data-driven decision-making.
- Supplements costly observations of processes of care with assessment of medical documentation. This is particularly helpful to assess quality of care of infrequent events (e.g., complications) within limited resources and helps countries to identify gaps in availability of medical information essential to assess quality of RMNCAH care.

The key services and topics assessed in the **RMNCAH and HIV Toolkit** are:

Infrastructure, resources, and systems: Basic service delivery infrastructure; basic equipment, diagnostics, medicines and essential commodities; standard infection control/prevention measures; supporting system functions (such as governance and management, human resources, financing, organization of health service delivery, and health management information systems, including standardization of medical records); continuous improvement systems and processes and patient-centered practices, including but not limited to women/families receive information about care, effective staff interaction (e.g., coordinated care, privacy and confidentiality, discrimination or maltreatment; consent for services; right to companion during birth; and emotional support).

Family planning (FP) and reproductive health: facility-level coverage with postpartum family planning (PPFP) services, women/couples' acceptance of method of choice, receiving preferred FP methods

² The report, *Assessment of Quality of Integrated Reproductive, Maternal, Newborn, Child and Adolescent Health and HIV Care in Uganda and Kenya*, published by the USAID ASSIST Project in May 2020, is available at: https://pdf.usaid.gov/pdf_docs/6e710931c8414449ab888953ba9c0153.pdf.

Antenatal care services: Process: Compliance with ANC best practices, including routine assessment, supplementation and counseling, early detection of complications, and treatment of common conditions/complications of pregnancy, including pre-eclampsia/eclampsia, malaria, anemia, STI/HIV; knowledge of ANC best practices; and experience with ANC care.

Labor and delivery and immediate post-partum care: Compliance with evidence-based best practices for routine assessment and treatment of women during labor and childbirth; diagnosis and treatment of postpartum hemorrhage (PPH), diagnosis/treatment of preeclampsia/eclampsia; diagnosis and treatment of obstructed labor; treatment of women with or at risk for infections; essential newborn care immediately after birth; newborn resuscitation; preterm birth/labor and care of small babies; treatment of newborns with suspected infection or risk factors for infection; routine postnatal care for mothers and newborns; and unnecessary or harmful practices during labor, childbirth, and the early postnatal period.

Integrated management of newborn and childhood illness (IMNCI): Compliance with evidence-based IMNCI practices, including preventive and curative care of: a) young infants (assessment, treatment counseling for major conditions, including Possible Severe Bacterial Infections, nutrition/feeding counseling, and routine vaccination) and b) children within two month-five years (assessment, treatment, and counseling for common childhood conditions, such as cough and cold, pneumonia, diarrhea, malaria; malnutrition prevention, diagnosis, and treatment; and routine vaccination) and child- and family-centered practices.

Adolescent health services: Availability of and client-provider knowledge, attitudes, and practices related to adolescent-friendly health services and preventive behaviors, including healthy diet/nutrition, physical activity, voluntary contraception, vaccination, prevention of anemia, smoking, alcohol use, substance abuse, and sexually transmitted infections (STIs).

Integrated RMNCAH and HIV care: Counseling on preventing HIV and other STIs as well as HIV testing for case detection among adolescents, caregivers for sick children, and partners of caregivers; case detection and identification of risk for HIV infection during pregnancy, childbirth, immediate postpartum, and child care continuum; assessing the HIV status of the partner of the pregnant woman; pre-exposure prophylaxis (PrEP) services; ART for the infected mother during pregnancy, delivery, and postnatal care along with counseling on infant feeding, FP, and interventions for the exposed infant (postnatal and early infant care).

Patient- and family-centered care: Birth companion; patient consent for clinical interventions; respectful care (e.g., pain medication), communication, privacy, confidentiality, and emotional support; avoidance of unnecessary or harmful practices.

The following 13 tools, presented in the **Appendix**, were designed, field tested, and applied in Uganda and Kenya to assess the quality of integrated RMNCAH and HIV services. The tools have a modular design and can be administered fully or partially to assess the quality of care for the following clinical content areas: ANC; maternal care during labor, delivery, and immediate postpartum periods; newborn care during childbirth period; outpatient care of young infants (0-2 months) and children from 2 months-5 years; and adolescent-friendly services.

1	Facility-Level Key Inputs	Inventory questionnaire	<ul style="list-style-type: none"> The availability of health system supports for quality care Referral systems Availability of drugs, equipment, and supplies
2	Health Provider Questionnaire	Self-administered questionnaire	<ul style="list-style-type: none"> Education and experience Training, supervision, and coaching

#	Tool name	Type	Topics covered
			<ul style="list-style-type: none"> • Individual and institutional QI capacity and role in QI • Main barriers for providing quality RMNC+A services • Training, comfort, practice, and knowledge for specific services
3	Observation of Newborn Resuscitation (NR) Bag and Mask Skills	Observation checklist	<ul style="list-style-type: none"> • Care providers' knowledge and skills in the management of NR assessed on NeoNatalie model • Clinical case study to assess NR knowledge, skills, clinical decision making, and teamwork • Skills in testing the NR equipment
4	Patient Interview	Survey questionnaire	<ul style="list-style-type: none"> • Experience and satisfaction • Barriers in receiving care • Interventions received • Patient knowledge
5	Observation of ANC Visit	Observation checklist	<ul style="list-style-type: none"> • Patient/family-friendly services • Provision of essential interventions • Patient education
6	Observation of Routine Intrapartum and Immediate Postpartum Care	Observation checklist	<ul style="list-style-type: none"> • Admission and initial assessment • Observation of all phases of labor • Immediate newborn care • Postpartum care • Use of partograph
7	Observation of Sick Young Infant (< 2 months) Visit	Observation checklist	<ul style="list-style-type: none"> • Assessment and treatment counseling for common childhood conditions (cough and cold, pneumonia, diarrhea, malaria) • Malnutrition prevention, diagnosis, and treatment • Routine vaccination
8	Observation of Sick Child (2 months-5 years) Visit	Observation checklist	<ul style="list-style-type: none"> • Assessment and treatment counseling for major conditions (including PSBI) • Nutrition/feeding counseling • Routine vaccination
9	ANC Medical Documentation Review	Medical documentation review	<ul style="list-style-type: none"> • Care and documentation of essential assessments, routine tests, provision of iron/folic acid supplementation, malaria prevention, identification and management of complications, counseling, and completeness of patient records
10	Maternal and Newborn Care Medical Documentation Review	Medical documentation review	<ul style="list-style-type: none"> • Care and documentation of essential maternal and newborn care, identification and management of complications, monitoring of mother and infant during labor, delivery, and the immediate postpartum period, and counseling

#	Tool name	Type	Topics covered
11	Maternal Complication Medical Documentation Review	Medical documentation review	<ul style="list-style-type: none"> Care and documentation of maternal complications (postpartum hemorrhage, pre-eclampsia/eclampsia, obstructed labor)
12	Newborn Complication Medical Documentation Review	Medical documentation review	<ul style="list-style-type: none"> Care and documentation of newborns at risk or with complications (asphyxia, low birth weight, preterm birth)
13	Child Outpatient Care Medical Documentation Review	Medical documentation review	<ul style="list-style-type: none"> Care and documentation of assessment of vital signs, danger signs, and nutritional status; classification of IMNCI conditions; evidence-based management of IMNCI conditions

Appendix

Tool 1. Facility-Level Key Inputs (34 pages)

Tool 2. Health Provider Questionnaire (89 pages)

- Module 1 General 17 pages
- Module 2 Adolescent services 8 pages
- Module 2 Adolescent services ANSWERS 2 pages
- Module 3 ANC 10 pages
- Module 3 ANC ANSWERS 5 pages
- Module 4 Maternal/obstetric 12 pages
- Module 4 Maternal/obstetric ANSWERS 5 pages
- Module 5 Maternal/newborn 9 pages
- Module 5 Maternal/newborn ANSWERS 8 pages
- Module 6 Sick child 7 pages
- Module 6 Sick infant/child ANSWERS 6 pages

Tool 3. Observation of Newborn Resuscitation (NR) Bag and Mask Skills (5 pages)

Tool 4. Patient Interview (32 pages):

- General (3 pages)
- Adolescent (6 pages)
- ANC (6 pages)
- Maternal and newborn care (11 pages)
- Postpartum care (1 page)
- Health literacy (5 pages)

Tool 5. Observation of ANC Visit (6 pages)

Tool 6. Observation of Routine Intrapartum and Immediate Postpartum Care (9 pages)

Tool 7. Observation of Sick Young Infant (< 2 months) Visit (16 pages)

Tool 8. Observation of Sick Child (2 months-5 years) Visit (18 pages)

Tool 9. ANC Medical Documentation Review (4 pages)

Tool 10. Maternal and Newborn Care Medical Documentation Review (15 pages)

Tool 11. Maternal Complication Medical Documentation Review (7 pages)

Tool 12. Newborn Complication Medical Documentation Review (8 pages)

Tool 13. Child Outpatient Care Medical Documentation Review (2 pages)

Tool #1: Facility-Level Key Inputs

Tool ID _____	District/County _____	Today's Date: Day ___ Month ___ /2017
Facility ID _____	Facility Code _____	PEPFAR-supported facility () USAID-supported ()
Interviewer Initials _____		

General Section

Q#	Question (Options)	Code	Go to
Z 1	Facility level <div style="text-align: right;"> Health Center/Clinic Referral Hospital General Hospital Health Post Maternal-child health clinic Other, specify _____ </div>	<div style="text-align: right;"> 1 2 3 4 5 6 </div>	If 2, 3, 4, 5, 6 ---->F3
Z 2	If health center, specify level _____		
Z 3	Facility type <div style="text-align: right;"> Public/Govnt Private Not for Profit Private for Profit Mission or Faith based Other, specify _____ </div>	<div style="text-align: right;"> 1 2 3 4 6 </div>	
Z 4	Location <div style="text-align: right;"> Rural Urban </div>	<div style="text-align: right;"> 1 2 </div>	
Z 5	General category of services provided (check all that apply) <div style="text-align: right;"> Inpatient and Outpatient Outpatient only </div>	<div style="text-align: right;"> 1 2 </div>	
Section 1. Basic service delivery Infrastructure and infection prevention/control measures		Yes	No Go To
Subsection 1.1. Basic Service Delivery Infrastructure			
B 1	Does this facility have a working phone or radio system to call outside that is available at all times client services are offered? (clarify that if 24 hour services are offered, this refers to 24 hour availability)		
	Yes, onsite or within 5 mins walk	1	
	Yes, within 5 min, not onsite	2	
	Only pay phone or personal cell phone	3	
	No	0	
Question (Options)		Yes	No Go To
B 2	Does this facility have a functional ambulance or other vehicle on-site for emergency transportation of clients?	1	0 0---> B4
B 3	Does this facility have a fuel all days to ensure transportation?	1	0
B 3a	On average, how many days per months does this facility experience fuel shortages?	___	Days
B 4	Does this facility have a power (grid or functional generator with fuel or functional solar panels)?	1	0 0---> B6

Tool #1: Facility level Key Inputs

B	5	Does health facility's energy infrastructure meet all the electricity demands of the facility and associated infrastructure all the times?	1	0	
B	6	On average, how many days per months does this facility experience power outages no alternative source of power ?	___	Days	
B	7	Does the facility have an energy management plan supported by an adequate budget and maintained by appropriately trained staff?	1	0	
B	8	Does the facility have a fuel management plan and a local buffer stock, supported by an adequate budget for all the fuel needs for vehicles, cooking and heating, as relevant and as required, at all times?	1	0	
B	9	Does this facility have computer with email/internet access?	1	0	
B	10	On average, how many days per 30 day-months does this facility does not have an internet	___	Days	
B	11	Does this facility have rooms with auditory and visual privacy for patient's consultations? (observe and check accordingly)			
		Yes, both visual and auditory privacy	1		
		Yes, only visual privacy	2		
		No visual or auditory privacy during the patient consultations	0		
		Question (Options)	Yes	No	Go To
B	12	Does this facility have medicine and supplies stock management system managed by a trained pharmacist or dispenser?			
B	13	Does this facility have on-site pharmacy ?	1	0	
B	14	Is pharmacy open 24/7?	1	0	
		Section 1.2. Water, Sanitation and Infection Prevention and Control Measures	Yes	No	Go To
S	1	Does this facility have a safe water source (piped. Public tap, standpipe, tube well, borehole, protected well, protected spring, harvested rain water)?			
		Yes, within 500 meters	1		
		Yes, within >500 meter	2		
		No	0		
S	2	Is the source of water safe and adequate to meet all demands for drinking, personal hygiene, medical interventions, cleaning, laundry and cooking for use by staff, women, newborns and their families	1	0	
S	3	Does this facility have sanitation facilities on premises that are usable, appropriately illuminated at night, accessible to people with limited mobility and separated by gender for staff and patients?	1	0	
S	4	Is there at least one toilet that meets the needs for menstrual hygiene management? (private space for cleaning and washing with access to adequate and sustained water supply and soap (observe and check accordingly)	1	0	
S	5	Are sanitation facilities equipped with handwashing stations and soap and water? (observe and check accordingly)	1	0	
S	6	Is there at least 1 latrine per 20 users for inpatient settings ?	1	0	
S	7	Does the health facility have at least one functioning hand hygiene station per 10 beds, with soap, water and towels (preferably disposable) or alcohol-based hand rub	1	0	
S	8	Does the facility have following inputs?	Yes	No	Go To
	a	Disposable syringes with disposable needles	1	0	
	b	Auto-disable syringes	1	0	
	c	Disposable latex gloves	1	0	
	d	Leak-proof, covered, labelled waste bins	1	0	
	e	Leak-proof, covered, labelled impermeable sharps containers	1	0	
	f	Functioning incinerator for treatment of infectious waste and used instruments	1	0	
	g	Other method for treatment of infectious waste and used instruments, specify _____			

Tool #1: Facility level Key Inputs

S	9	Does the waste bins labeled and segregated by minimum 4 categories: sharps, nonsharps infectious waste, general non-infectious waste (e.g. food, packaging) and anatomical waste (e.g. placenta)?	1	0		
S	10	What procedures do health workers follow for initial handling of contaminated equipment (such as speculums, scalpel handles, etc.) that will be reused another time?				
	a	Disinfectant, then soap & water scrub	1			
	b	Soap & water scrub, then disinfectant soak	2			
	c	Soap & water brush scrub only	3			
	d	Disinfectant soak, not scrubbed	4			
	e	Soap & water, not brush scrubbed	5			
	f	Other (Specify) _____	6			
	g	Nothing is done	0			
S	11	What are the methods of disinfecting or sterilizing medical equipment (such as surgical instruments) before they are reused?				
	a	Dry-heat sterilization	1	0		
	b	Autoclaving	1	0		
	c	Steam sterilization	1	0		
	d	Boiling	1	0		
	e	Chemical method (specify) _____	1	0		
	f	Other (Specify) _____	1	0		
S	12	Are following sterilization equipment available in the facility?	Yes	No	Go To	
	a	Electric autoclave (Pressure and Wet Heat)	1	0		
	b	Non-electric autoclave (Pressure and Wet Heat)	1	0		
	c	Electric dry heat sterilizer	1	0		
	d	Electric boiler or steamer (no pressure)	1	0		
	e	Non-electric pot with cover (for steam/boil)	1	0		
	f	Heat source for non-electric equipment	1	0		
	g	Chlorine-based or glutaraldehyde solution (for chemical method)	1	0		
S	13	Does the facility have written, up-to-date protocols and awareness-raising materials (posters) on following?	Yes	No	Go To	
	a	cleaning	1	0		
	b	Disinfection and sterilization				
	c	hand hygiene	1	0		
	d	operating and maintaining water	1	0		
	e	safe waste management	1	0		
	f	sanitation and hygiene facilities	1	0		
S	14	Does the facility have sufficient funds for rehabilitation, improvement and continuous operation and maintenance of water, sanitation, hygiene and health care waste services?	1	0		
S	15	Does the facility have a preventive risk plan for managing and improving water, sanitation and hygiene services, including for infection prevention and control.	1	0		
S	16	Does the facility have written, up-to-date guidelines for standard infection control and precautions for transmission	1	0		
S	17	Does health care staff receive training in standard infection control and precautions for transmission at least once every 12 months	1	0		
		Section 2 Other General Inputs				
		Subsection 2.1. Diagnostic Services				
		Does the facility have following diagnostic services?	yes, 24/7	yes, not 24/7	No	Go To
D	1	Hemoglobin testing with Hemoglobin meter	1	2	0	
D	2	HB testing by colour scale	1	2	0	
D	3	Full Blood Count	1	2	0	

Tool #1: Facility level Key Inputs

D	4	Hematocrit	1	2	0	
D	5	Rh blood typing	1	2	0	
D	6	Blood group and cross-matching	1	2	0	
D	7	Fasting plasma glucose	1	2	0	
D	8	1 h plasma glucose	1	2	0	
D	9	2 h plasma glucose	1	2	0	
D	10	Bilirubin	1	2	0	
D	11	Electrolytes	1	2	0	
D	12	Renal function tests	1	2	0	
D	13	Liver function tests	1	2	0	
D	14	Rapid HIV/AIDS Test	1	2	0	
D14 a		EIA/ELISA (KE Only)	1	2	0	
D14 b		Western Blot (KE Only)	1	2	0	
D14 c		HIV Viral Load (KE Only)	1	2	0	
D14 d		CD4 (e.g. FACSCount, FACSCalibur,Pima) (KE Only)	1	2	0	
D14 e		EID (e.g. HIV DNA PCR) (KE Only)	1	2	0	
D14 f		HIV Drug resistant genotyping (KE Only)	1	2	0	
D	15	Malaria rapid diagnostic tests	1	2	0	
D	16	Syphilis Test	1	2	0	
D	17	TB Test	1	2	0	
D	18	Blood Microbiology (Culture)	1	2	0	
D	19	Urinalysis	1	2	0	
D	20	Test for proteinuria (including dipstick)	1	2	0	
D	21	Urine test for glucose	1	2	0	
D	22	Test for asymptomatic bacteriuria ASB	1	2	0	
D	23	Midstream urine culture	1	2	0	
D	24	Midstream urine gram staining	1	2	0	
D	25	Urine dipstick for ASB	1	2	0	
D	26	Urine Culture	1	2	0	
D	27	Basic Ultrasound machine and trained staff who can perform basic obstetric ultrasound examination to determine number of fetuses present, gestational age, prenatal diagnosis of foetal anomalies or early diagnosis of placental insufficiency	1	2	0	
		Subsection 2.1. Medications and Other Commodities Which from commodities are available in the facility today	yes	No	Q#	# of days per month with stockouts
M	1	IV Fluid solution (Intravenous solutions: either Ringers lactate, D5NS, or NS infusion)	1	0	a	_____
M	2	Glucose solution	1	0	a	_____
		Antibiotics				
M	3	AMOXICILLIN TABLET/CAPSULE (Bacterial infections in adults)	1	0	a	_____
M	4	AMOXICILLIN SYRUP/SUSPENSION (Oral antibiotics for children)	1	0	a	_____
M	5	AMOXICILIN/CLAVULINATE (AUGMENTIN) TABS (broad spectrum antibiotics)	1	0	a	_____
M	6	AMPICILLIN (POWDER) INJECTION (Broad spectrum antibiotic)	1	0	a	_____
M	7	AZITHROMYCIN TABS/CAPS (antibiotic)	1	0	a	_____
M	8	AZITHROMYCIN SYR/SUSPENSION (antibiotic)	1	0	a	_____
M	9	BENZATHINE BENZYL PENICILLIN (POWDER) FOR INJECTION	1	0	a	_____
M	10	CEFIXIME TABS/CAPS (antibiotic)	1	0	a	_____
M	11	CEFTRIAXONE INJECTION (Injectable antibiotic)	1	0	a	_____
M	12	CIPROFLOXACIN (2nd-line oral antibiotic)	1	0	a	_____
M	13	CO-TRIMOXAZOLE (TABS) (Oral antibiotics-adult formation)	1	0	a	_____
M	14	CO-TRIMOXAZOLE SUSPENSION (Oral antibiotics for children)	1	0	a	_____
M	15	DOXYCLYCLINE [Broad spectrum antibiotic, oral caps]	1	0	a	_____

Tool #1: Facility level Key Inputs

M	16	ERYTHROMYCIN [Broad spectrum antibiotic, oral tabs]	1	0	a	_____
M	17	ERYTHROMYCIN [oral suspension]	1	0	a	_____
M	18	GENTAMYCIN INJECTION (Broad spectrum injectable antibiotic)	1	0	a	_____
M	19	METRONIDAZOLE TABLETS [antibiotic/amebecide/antiprotozoal]	1	0	a	_____
M	20	METRONIDAZOLE INJECTION	1	0	a	_____
M	21	PENICILLIN INJECTION (Broad spectrum injectable antibiotic)	1	0	a	_____
M	22	TETRACYCLINE [Broad spectrum antibiotic, oral caps]	1	0	a	_____
M	23	TETRACYCLINE EYE OINTMENT	1	0	a	_____
M	24	OTHER ANTIBIOTIC EYE OINTMENT FOR NEWBORN	1	0	a	_____
		<i>Uterotonics</i>				
M	25	Injectable ergometrine/ methergine	1	0	a	_____
M	26	Injectable oxytocin/ syntocin	1	0	a	_____
M	27	Misoprostol	1	0	a	_____

Tool #1: Facility level Key Inputs

	MEDICATIONS IN the facility	yes	No	Q#	# of days per month with stockouts
	<i>Antihypertensives/anticonvulsive agents</i>				
M 28	Injectable diazepam	1	0	a	_____
M 29	Rectal diazepam	1	0	a	_____
M 30	Injectable magnesium sulfate	1	0	a	_____
M 31	Methyldopa or Catapresan injectible	1	0	a	_____
M 32	Hydralazine or Labetalol	1	0	a	_____
	<i>Antenatal Corticosteroids</i>				
M 33	Betamethasone	1	0	a	_____
M 34	Dexamethasone	1	0	a	_____
M 35	Other corticosteroid, specify _____	1	0	a	_____
M 36	ORAL REHYDRATION SALTS (ORS) SACHETS	1	0	a	_____
	<i>Micronutrients</i>				
M 37	Vitamin K	1	0	a	_____
M 38	Vitamin A	1	0	a	_____
M 39	Iron	1	0	a	_____
M 40	Folic acid	1	0	a	_____
	<i>Vaccines</i>				
M 41	Tetanus toxoid	1	0	a	_____
M 42	BCG	1	0	a	_____
M 43	Hepatitis B	1	0	a	_____
M 44	Polio (oral or injectible)	1	0	a	_____
M 45	DPT vaccine	1	0	a	_____
M 46	Measles vaccine	1	0	a	_____
M 47	Hib	1	0	a	_____
M 48	Rotavirus	1	0	a	_____
M 49	Meningococcal	1	0	a	_____
M 50	PCV (pneumococcal conjugate vaccine)	1	0	a	_____
	<i>Antiretroviral Medications</i>				
	<i>Nucleoside Reverse Transcriptase Inhibitor (NTRI) ARVs</i>				
M 51	ZIDOVUDINE (ZDV, AZT) TABLETS	1	0	a	_____
M 52	ZIDOVUDINE (ZDV, AZT) SYRUP	1	0	a	_____
M 53	ABACAVIR (ABC) TABLETS	1	0	a	_____
M 54	DIDANOSINE (ddI) TABLETS	1	0	a	_____
M 55	LAMIVUDINE (3TC) TABLETS	1	0	a	_____
M 56	LAMIVUDINE (3TC) SYRUP	1	0	a	_____
M 57	STAVUDINE 30 (D4T)	1	0	a	_____
M 58	STAVUDINE SYRUP	1	0	a	_____
M 59	TENOFOVIR DISOPROXIL FUMARATE (TDF)	1	0	a	_____
M 60	EMTRICITABINE (FTC)	1	0	a	_____
	<i>Non-Nucleoside Reverse Transcriptase Inhibitor (NNRTI) ARVs</i>	1	0	a	_____
M 61	NEVIRAPINE (NVP) TABLETS	1	0	a	_____
M 62	NEVIRAPINE (NVP) SYRUP	1	0	a	_____
M 63	EFAVIRENZ (EFV) TABLETS/CAPSULES	1	0	a	_____
M 64	EFAVIRENZ (EFV) SYRUP	1	0	a	_____
M 65	DELAVIRDINE (DLV)	1	0	a	_____

Tool #1: Facility level Key Inputs

	MEDICATIONS IN the facility	yes	No	Q#	# of days per month with stockouts
	Protease Inhibitor ARVs	1	0	a	_____
M 66	LOPINAVIR (LPV)	1	0	a	_____
M 67	INDINAVIR (IDV)	1	0	a	_____
M 68	NELFINAVIR (NFV)	1	0	a	_____
M 69	SAQUINAVIR (SQV)	1	0	a	_____
M 70	RITONAVIR (RTV)	1	0	a	_____
M 71	ATAZANAVIR (ATV)	1	0	a	_____
M 72	FOSAMPRENAVIER (FPV)	1	0	a	_____
M 73	TIPRANAVIR (TPV)	1	0	a	_____
M 74	DARUNAVIR (DRV)	1	0	a	_____
	Fusion Inhibitor or Combined ARVs	1	0	a	_____
M 75	ENFUVIDITE (T-20)	1	0	a	_____
M 76	STAVUDINE + LAMIVUDINE [D4T + 3TC]	1	0	a	_____
M 77	STAVUDINE + LAMIVUDINE + NEVIRAPINE [D4T + 3TC + NVP]	1	0	a	_____
M 78	ZIDOVUDINE + LAMIVUDINE [AZT + 3TC]	1	0	a	_____
M 79	ZIDOVUDINE + LAMIVUDINE + ABACAVIR [AZT + 3TC + ABC]	1	0	a	_____
M 80	ZIDOVUDINE + LAMIVUDINE + NEVIRAPINE [AZT + 3TC + NVP]	1	0	a	_____
M 81	TENOFOVIR + EMTRICITABINE [TDF + FTC]	1	0	a	_____
M 82	TENOFOVIR + LAMIVUDINE [TDF + 3TC]	1	0	a	_____
M 83	TENOFOVIR + LAMIVUDINE + EFAVIRENZ [TDF + 3TC + EFV]	1	0	a	_____
M 84	TENOFOVIR + EMTRICITABINE + EFAVIRENZ [TDF + FTC + EFV]	1	0	a	_____
	Antimalarial medicines				
M 85	Sulfadoxine + pyrimethamine	1	0	a	_____
M 86	QUININE TABLETS	1	0	a	_____
M 87	QUININE INJECTION	1	0	a	_____
M 88	INJECTABLE ARTESUNATE	1	0	a	_____
M 89	ARTESUNATE SUPPOSITORIES	1	0	a	_____
M 90	Artesunate (oral)	1	0	a	_____
M 91	Co-artem	1	0	a	_____
M 92	Artemisinin	1	0	a	_____
M 93	Clindamicyn	1	0	a	_____
	Blood and Blood Products				
M 94	Blood Bank	1	0	a	_____
M 95	Red blood cells	1	0	a	_____
M 96	Frozen plasma	1	0	a	_____
M 97	Whole blood	1	0	a	_____
	FP Commodities				
M 98	Combined oral contraceptive pills	1	0	a	_____
M 99	Progestin-only contraceptive pills	1	0	a	_____
M 100	Combined injectable contraceptives	1	0	a	_____
M 101	Progestin-only injectable contraceptives	1	0	a	_____
M 102	Male condoms	1	0	a	_____
M 103	Female condoms	1	0	a	_____
M 104	Intrauterine contraceptive device	1	0	a	_____
M 105	Implant	1	0	a	_____
M 106	Emergency contraceptive pills	1	0	a	_____

Tool #1: Facility level Key Inputs

		Section 3: Labour and Delivery Key Inputs					
		Subsection 3.1. Range of services provided by facility					
L	1	Range of services provided by facility	Yes	No	Go To		
	a	Parenteral oxytocic drugs for pregnancy-related haemorrhage	1	0			
	b	parenteral anticonvulsants for pregnancy-related hypertension	1	0			
	c	parenteral antibiotics for pregnancy-related infections	1	0			
	d	manual removal of placenta	1	0			
	e	extract retained products of conception	1	0			
	f	caesarean sections	1	0			
	g	newborn resuscitation	1	0			
	h	assisted deliveries (e.g. use forceps or vacuum extractor)	1	0			
	i	care of the preterm babies	1	0			
	j	KMC	1	0			
	k	Prevention of Mother-to-Child Transmission of HIV/AIDS (PMTCT)	1	0			
	l	Blood transfusion	1	0			
L	2	Does your facility have staff present or on call 24/7 (including weekends) who can perform following services?	present	on call	No	Go To	
	a	Parenteral oxytocic drugs for pregnancy-related haemorrhage	1	2	0		
	b	Parenteral anticonvulsants for pregnancy-related hypertension	1	2	0		
	c	Parenteral antibiotics for pregnancy-related infections	1	2	0		
	d	Manual removal of placenta	1	2	0		
	e	Extract retained products of conception	1	2	0		
	f	Caesarean sections	1	2	0		
	g	Newborn resuscitation	1	2	0		
	h	Assisted deliveries (e.g. use forceps or vacuum extractor)	1	2	0		
	i	Care of the preterm babies	1	2	0		
	k	Blood transfusion	1	2	0		
L	3	Out of 100 women who need cesarean section, on average how many do not receive it in your facility because of lack of supplies or staff trained to conduct cesarean section?	_____				
		Subsection 3.2. Labor and Delivery Unit Infrastructure and Equipment	Codes			Go To	
L	4	Describe the setting of the delivery room(s) Private room with visual and auditory privacy Non-private room with visual and auditory privacy Visual privacy only No privacy	1 2 3 0				
L	5	Describe the conditions in the delivery room(s) Clean Dirty	1 2				
L	6	How many deliveries does the facility perform per months?	_____				
L	7	How many delivery rooms available in the facility?	_____				
L	8	How many beds are labor and delivery area?	_____				
L	9	Does the facility have adequate number of birthing rooms or areas to meet the estimated number of births in your service area?	1	0			
		Question (Options)	Observed	reported	No		Go To
L	10	Does the facility have a labor and childbirth area or room with a functional, clean and accessible bathroom or shower room and toilet for use only by women in labor?	1	2	0		
L	11	Are following supplies and equipment available in delivery room?					
	a	Clean and sterile gloves	1	2	0		
	b	Sharps container	1	2	0		
	c	Already mixed decontaminating solution	1	2	0		
	d	Alcohol hand rub	1	2	0		
	e	Waste receptacle with lid and plastic liner	1	2	0		
	f	Soap for handwashing	1	2	0		

Tool #1: Facility level Key Inputs

g	Water for handwashing	1	2	0	
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Tool #1: Facility level Key Inputs

L	12	Other essential maternal and newborn care items in delivery room				
	a	Syringes and Needles	1	2	0	
	b	Sterile scissors or blade	1	2	0	
	c	Sterile disposable cord ties or clamps	1	2	0	
	d	Temperature gauge	1	2	0	
	e	Timer (clock or watch with seconds hand)	1	2	0	
	f	Sphygmomanometer	1	2	0	
	g	Speculum (various sizes)	1	2	0	
	h	Delivery Table/Bed with light	1	2	0	
	i	Vacuum	1	2	0	
	j	Forceps	1	2	0	
	k	Clean towel or blanket to wrap baby	1	2	0	
	l	Thermometers	1	2	0	
	m	fetal stethoscopes	1	2	0	
	n	Newborn scale (weight)	1	2	0	
	o	Newborn examination table	1	2	0	
		Does the facility have supplies and functioning equipment for the emergency care and resuscitation of baby in L&D and neonatal care areas?	Observed	reported	No	Go To
L	13	Dedicated place in delivery room for resuscitation of newborns	1	2	0	
L	14	Resuscitation table	1	2	0	
L	15	Light	1	2	0	
L	16	Radiant warmer	1	2	0	
L	17	well-stocked neonatal resuscitation trolley	1	2	0	
L	18	Self-inflating ventilation bag (240-500 mL)	1	2	0	
L	19	Neonatal mask Size 1	1	2	0	
L	20	Neonatal mask Size 0	1	2	0	
L	21	Penguin sucker for mucus extraction	1	2	0	
L	22	Suction machine or bulb suction or DeLee suction (tube and reservoir)	1	2	0	
L	23	Pulse oximeter	1	2	0	
L	24	Laryngoscope	1	2	0	
L	25	Endotracheal tubes (2.5 to 4 sizes)	1	2	0	
		Does the facility have supplies/equipment for care to sick, stable and unstable preterm babies, including KMC	1	2	0	
L	26	Binders, baby hats, socks	1	2	0	
L	27	Clean incubators	1	2	0	
L	28	Warmers	1	2	0	
L	29	Phototherapy lamp	1	2	0	
L	30	Feeding cups and spoons,	1	2	0	
L	31	Infant formula	1	2	0	
L	32	Breast pumps	1	2	0	
L	33	Milk-storage facilities and pasteurizers	1	2	0	
L	34	Milk banks	1	2	0	
L	35	Intravenous fluids	1	2	0	
L	36	Nasogastric tubes	1	2	0	
		Does the facility have supplies and functioning equipment for the emergency care and resuscitation of women in L&D and postnatal area?	Observed	reported	No	Go To
L	37	Pulsoximeter (adult)	1	2	0	
L	38	Laryngoscope	1	2	0	
L	39	Adult endotracheal tubes	1	2	0	
L	40	Well-stocked resuscitation trolley	1	2	0	
L	41	Adult bag valve masks	1	2	0	
L	42	Suction device	1	2	0	
L	43	Infusion sets	1	2	0	
L	44	Intravenous fluids	1	2	0	

Tool #1: Facility level Key Inputs

		Does the facility have following equipment in Surgical Service Area?	Observed	reported	No	Go To
L	45	operating theatre close to the childbirth area of the maternity unit	1	2	0	
L	46	Operating Table	1	2	0	
L	47	Operating light	1	2	0	
L	48	Anesthesia giving set	1	2	0	
L	49	Scrub area adjacent to or in the operating room	1	2	0	
L	50	Tray, drum, or package with sterilized instruments ready for use	1	2	0	
		Does the facility have following MEDICATIONS IN SURGICAL SERVICE AREA				
L	51	Halothane	1	2	0	
L	52	Ketamine	1	2	0	
L	53	Is Oxygen available in following areas?				
	a	Labor and delivery rooms	1	2	0	
	b	Neonatal area	1	2	0	
	c	Operating theatre (77 if no operating theatre)	1	2	0/ 77	
L	54	On average, how many times do you experience shortage of oxygen per months?	_____			
L	55	Is oxygen delivery supplies (nasal prongs, blenders to give intermediate concentrations, catheters, masks), including nasal continuous positive airway pressure (CPAP) available in following area?				
	a	Labor and delivery rooms	1	2	0	
	b	Neonatal area	1	2	0	
	c	Operating theatre (77 if no operating theatre)	1	2	0/ 77	
		MEDICATIONS available IN DELIVERY ROOM	Observed	reported	No	Go To
L	56	IV Fluid solution (intravenous solutions: either Ringers lactate, D5NS, or NS infusion)	1	2	0	
L	57	Glucose solution	1	2	0	
		Antibiotics				
L	58	Amoxicillin or ampicillin oral	1	2	0	
L	59	Ampicillin injectable	1	2	0	
L	60	Benzyl penicillin	1	2	0	
L	61	Gentamicin injectable	1	2	0	
L	62	Ceftriaxone injectable	1	2	0	
L	63	Metronidazole Oral or injectable	1	2	0	
L	64	Oral Erythromycin	1	2	0	
		Uterotonics				
L	65	Injectable ergometrine/ methergine	1	2	0	
L	66	Injectable oxytocin/ syntocin	1	2	0	
L	67	Oxytocin stored in delivery room	1	2	0	
L	68	Misoprostol	1	2	0	
		Antihypertensives/anticonvulsive agents				
L	69	Injectable diazepam	1	2	0	
L	70	Rectal diazepam	1	2	0	
L	71	Injectable magnesium sulfate	1	2	0	
L	72	Methyldopa or Catapresan injectable	1	2	0	
L	73	Hydralazine or Labetalol	1	2	0	
		Antenatal Corticosteroids				
L	74	Betamethasone	1	2	0	
L	75	Dexamethasone	1	2	0	
L	76	Other corticosteroid _____ specify	1	2	0	
		Micronutrients				

Tool #1: Facility level Key Inputs

L	77	Vitamin K	1	2	0	
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Tool #1: Facility level Key Inputs

		MEDICATIONS available IN DELIVERY ROOM	Observed	reported	No	Go To
		Vaccines				
L 78		Tetanus toxoid	1	2	0	
L 79		BCG	1	2	0	
L 80		Polio (oral or injectable)	1	2	0	
L 81		Hepatitis B	1	2	0	
		ARVs				
L 82		Zidovudine	1	2	0	
L 83		Lamivudine	1	2	0	
L 84		Nevirapine	1	2	0	
L 85		Cotrimoxazole (CTX)	1	2	0	
		Antimalarial medicines				
L 86		Sulfadoxine + pyrimethamine	1	2	0	
L 87		QUININE TABLETS	1	2	0	
L 88		QUININE INJECTION	1	2	0	
L 89		INJECTABLE ARTESUNATE	1	2	0	
L 90		ARTESUNATE SUPPOSITORIES	1	2	0	
L 91		Artesunate (oral)	1	2	0	
L 92		Artemisinin	1	2	0	
L 93		Co-artem	1	2	0	
L 94		Clindamycin	1	2	0	
		Subsection 3.3. Guideline/Protocols	Observed	reported	No	Go To
		Guidelines/Protocols available in the labor and childbirth areas of the maternity unit				
L 95		Evaluation and admission of woman in labor	1	2	0	
L 96		Emergency obstetric care	1	2	0	
L 97		PMTCT	1	2	0	
L 98		Routine assessment, and treatment of women during labor and child birth	1	2	0	
L 99		Routine postnatal care of mothers	1	2	0	
L 100		Prevention and treatment of PPH	1	2	0	
L 101		Diagnosis and treatment of Pre-eclampsia and eclampsia	1	2	0	
L 102		Diagnosis and treatment of prolonged and obstructed labor	1	2	0	
L 103		Treatment of women with risk for infections	1	2	0	
L 104		Essential newborn care immediately after birth	1	2	0	
L 105		Newborn resuscitation	1	2	0	
L 106		Routine postnatal care of the newborn	1	2	0	
L 107		Preterm birth/labor-care of mothers/babies	1	2	0	
L 108		Treatment of newborn suspected with infection or risk factors of infections	1	2	0	
L 109		Unnecessarily and harmful practices during labor, childbirth and early postnatal period	1	2	0	
L 110		infection control and precautions for transmission	1	2	0	
L 111		Protocol/written plan to operationalize Kangaroo Mother Care	1	2	0	
		Subsection 3.4. Staff Training	Yes	No	Go To	
		Did health-care staff in the labor and childbirth areas of the maternity unit receive in-service training and/or refresher session during the last 12 months in following area?				
L 112		Evaluation and admission of woman in labor	1	0		
L 113		Routine assessment, and treatment of women during labor and child birth	1	0		
L 114		identification and management of obstetric emergencies during labor and childbirth	1	0		
L 115		detection of obstetric complications during labor and childbirth	1	0		
L 116		Routine postnatal care of mothers	1	0		
L 117		Prevention and treatment of PPH	1	0		

Tool #1: Facility level Key Inputs

L 118	Diagnosis and treatment of Pre-eclampsia and eclampsia	1	0	
L 119	Diagnosis and treatment of prolonged and obstructed labor (every 6 months)	1	0	
L 120	recognition and management of maternal peri-partum infections	1	0	
L 121	Essential newborn care immediately after birth	1	0	
L 122	Breastfeeding support	1	0	
L 123	Newborn resuscitation	1	0	
L 124	Routine postnatal care of the newborn	1	0	
L 125	Preterm birth/labor-care of mothers/babies	1	0	
L 126	Signs and treatment of newborn suspected with infection or risk factors of infections	1	0	
L 127	Unnecessarily and harmful practices during labor, childbirth and early postnatal period	1	0	
L 128	Infection control and precautions for transmission	1	0	
L 129	Kangaroo Mother Care	1	0	
L 130	PMTCT	1	0	
	Do health-care staff in the labor and childbirth area receive at least monthly drills or simulation exercises and supportive supervision in following area?	Yes	No	Go To
L 131	Essential newborn care and supporting breastfeeding	1	0	
L 132	Use of antihypertensive agents, intravenous infusion and magnesium sulfate for treating preeclampsia and eclampsia	1	0	
L 133	Basic newborn resuscitation	1	0	
L 134	Harmful practices and unnecessary interventions	1	0	
	Subsection 3.5. Supporting Policies/operating procedures and arrangements in the facility	Yes	No	Go To
L 135	local arrangements and a mechanism to maintain a documented room temperature in the labor and childbirth areas at or above 25 °C and free of draughts	1	0	
L 136	Yes, specify _____	1	0	
L 137	Enables rooming-in to allow mothers and babies to remain together 24 h a day	1	0	
L 138	a written breastfeeding policy that is routinely communicated to all health care and support staff	1	0	
L 139	local arrangements to ensure that every mother knows when and where postnatal care for herself and her newborn will be provided after discharge from the	1	0	
L 140	Yes, specify _____	1	0	
L 141	local arrangements for alternative feeding methods, including cup or cup-and spoon feeding, and avoids bottle-feeding	1	0	
L 142	local arrangement to inform pregnant women and their families about the benefits and management of breastfeeding	1	0	
L 143	facility ensures that feeding of infant formula is demonstrated to mothers/family members only when needed, with a full explanation of the hazards of improper use	1	0	
L 144	Is there infant formula or bottles and teats (including posters, placard) displayed in the facility?	1	0	
L 145	Does your facility promote infant formula on the wards, and samples are not distributed to	1	0	
L 146	Does your facility usually give newborns food or drink other than breast milk (unless medically indicated)?	1	0	

Tool #1: Facility level Key Inputs

		Section 4: Antenatal Key Inputs	Yes	No	Go To	
A	1	Does this facility offer any ANC services?	1	0	→F1	
		Subsection 4.1. Range of services provided by facility	Yes	No	Go To	
A1	a	Routine Antenatal care services;	1	0		
A1	b	Iron supplementation;	1	0		
A1	c	Folic acid supplementation;	1	0		
A1	d	Intermittent Preventive Treatment (IPT) for malaria;	1	0		
A1	e	Deworming	1	0		
A1	f	Screening for HIV infection	1	0		
A1	g	Tetanus toxoid vaccination;	1	0		
A1	h	Monitoring for hypertensive disorder of pregnancy.	1	0		
A1	i	Nutritional assessment of the pregnant woman	1	0		
A1	j	Performing RTD	1	0		
A1	k	Distribution of Nutrition Supplements (Iron, Folic acid)	1	0		
A1	l	Pelvic examination	1	0		
A1	m	Cervical Cancer screening	1	0		
A1	n	Immunization services	1	0		
A1	o	IV administration of medications	1	0		
A1	p	Initial treatment for pre-eclampsia	1	0		
A1	h	Blood transfusion	1	0		
A1	q	Counseling on recommended minimum of 4 ANC visits for each pregnancy	1	0		
A1	r	Counseling on birth preparedness or preparation for delivery	1	0		
A1	s	Counseling about family planning	1	0		
A1	t	Counseling about HIV/AIDS	1	0		
A1	u	Counseling about use of ITNs to prevent mosquito bites and malaria	1	0		
A1	v	Counseling about breastfeeding	1	0		
A1	w	Counseling about newborn care	1	0		
A1	x	Counseling on postnatal care visits	1	0		
A	2	How many days in a month are antenatal care services offered at this facility? Use a 4-week month to calculate # of days				
A	3	Do ANC providers in this facility routinely diagnose and treat STIs, or are STI clients referred to another provider or location for diagnosis and treatment? Routinely diagnose and treat STIs Refer elsewhere in facility Refer outside facility No diagnosis / treatment / referral	1 2 3 0			
		Question	Yes	No	Go To	
A	4	Does this facility have a system whereby observation or parameters for ANC clients are routinely carried out before the consultation?	1	0	→A5	
		<i>ASK TO SEE THE PLACE WHERE ANTENATAL CLIENTS ARE SEEN BEFORE THEY HAVE THEIR MEDICAL CONSULTATION AND INDICATE WHICH OF THE FOLLOWING ACTIVITIES ARE ROUTINELY CARRIED OUT THERE. OBSERVE IF THE BELOW ACTIVITIES ARE BEING CONDUCTED ROUTINELY. IF NOT SEEN ASK: Is [read activity you do not see] routinely conducted for all antenatal care clients?</i>	Observed	reported	No	Go To
A4	a	Weighing clients	1	2	0	
A4	b	Taking blood pressure	1	2	0	
A4	c	Urine test for protein	1	2	0	
A4	d	Blood test for anemia	1	2	0	
A4	e	Conducting group health education sessions	1	2	0	

Tool #1: Facility level Key Inputs

A	5	Which of the following activities are performed as part of routine services, that is, each client has this test at least once.	Observed	reported	No	Go To
	a	Blood test for anemia (HB, CBC, ABO, Rh)	1	2	0	
	b	Blood Grouping	1	2	0	
	c	Test Rh factor	1	2	0	
	d	Urine testing	1	2	0	
	e	Test for proteinuria	1	2	0	
	f	Urine test for glucose	1	2	0	
	g	Test for asymptomatic bacteriuria ASB	1	2	0	
	h	Midstream urine culture	1	2	0	
	i	Midstream urine gram staining	1	2	0	
	j	Urine dipstick for ASB	1	2	0	
	k	Blood test for gestational diabetes or Diabetes mellitus in plasma	1	2	0	
	l	Ultrasound Scan	1	2	0	
	m	Syphilis test	1	2	0	
	n	Malaria test (RDT) if history of fever confirmed	1	2	0	
	o	TB test if Cough >2 weeks confirmed by client	1	2	0	
	p	Other test Specify _____	1	2	0	
		Which of the following types of treatment and services are routinely offered to antenatal clients?	Observed	reported	No	Go To
A6	a	SP for Intermittent Preventive Therapy for malaria	1	2	0	→A10
A6	b	Counselling about family planning	1	2	0	
A6	c	Counselling about HIV/AIDS	1	2	0	
A6	d	Testing for HIV/AIDS	1	2	0	
A6	e	Folic/Iron supplementation	1	2	0	
A6	f	Monitoring of hypertensive disorders	1	2	0	
A6	g	Tetanus Toxoid vaccination	1	2	0	
A	7	Is tetanus toxoid vaccination available all days antenatal care services are offered? Yes 1 Not all days 2 Never offered 0				
A	8	How many days each week are tetanus toxoid vaccinations offered at this facility? (If never offered, enter 0, don't know enter 88)				
A	9	Is tetanus toxoid immunization available today? Yes 1 No 0				
Subsection 4.2. ANC clinic Infrastructure and Equipment			Codes	Go To		
A	10	Describe the setting of the ANC examination room Private room with visual and auditory privacy 1 Non-private room with visual and auditory privacy 2 Visual privacy only 3 No privacy 0				
A	11	Describe the conditions in the ANC Clean 1 Dirty 2 Don't Know 88				
A	12	Is there a toilet for client use near the ANC Yes 1 No 0				

Tool #1: Facility level Key Inputs

A	13	Is the toilet functioning?	Yes No Don't know	1 0 88		
SUPPLIES AND EQUIPMENT IN ANC EXAMINATION Room			Yes	No	Go To	
A14	a	Examination bed or couch	1	0		
A14	b	Clean and sterile gloves	1	0		
A14	c	Sharps container	1	0		
A14	d	Already mixed decontaminating solution	1	0		
A14	e	Alcohol hand rub	1	0		
A14	f	Waste receptacle with lid and plastic liner	1	0		
A14	g	Soap for hand washing	1	0		
A14	h	Water for hand washing	1	0		
SUPPLIES AND EQUIPMENT IN ANC EXAMINATION Room, AN ADJACENT ROOM, OR ROOM WHERE MEASURE IS TAKEN			Yes	No	Go To	
A15	a	Blood pressure apparatus	1	0		
A15	b	Stethoscope	1	0		
A15	c	Fetal stethoscope (Fetoscope)	1	0		
A15	d	Adult weighing scale	1	0		
A15	e	Blank standard antenatal cards for facility medical documentation	1	0		
A15	f	Blank standard antenatal cards for patients	1	0		
A15	g	visual aids for client education on subjects related to pregnancy or antenatal care	1	0		
Subsection 4.3: Guidelines/protocols			Observed	reported	No	Go To
Which Guidelines/Protocols are available in ANC Clinic						
A16	a	National ANC Guidelines	1	2	0	
A16	b	Other ANC Guidelines, specify_____	1	2	0	
A16	c	Antibiotic use in pregnancy	1	2	0	
A16	d	management of severe pre-eclampsia and eclampsia	1	2	0	
A16	e	testing, counselling and management of pregnant women with HIV	1	2	0	
A16	f	diagnosing and management of Malaria in pregnancy	1	2	0	
A16	g	National Intermittent Preventive Treatment (IPT) Guidelines	1	2	0	
A16	h	Screening, treatment, counselling for HIV infection during pregnancy	1	2	0	
A16	i	Other IPT Guidelines, specify_____	1	2	0	
Subsection 4.4: Staff Training						
Which trainings were conducted for respective staff during last 12 months			Yes	No	Go To	
A17	a	Routine screenings of antenatal care	1	0		
A17	b	Screening and Management of hypertension	1	0		
A17	c	Screening and Management of proteinuria	1	0		
A17	d	Prevention and treatment of malaria	1	0		
A17	e	Screening and Management of Gestational Diabetes	1	0		
A17	f	Screening and Management of Preeclampsia	1	0		
A17	g	Screening and Management of preterm labour	1	0		
A17	h	Prevention of Mother to Child Transmission of PMTCT	1	0		
A17	i	Malaria in Pregnancy	1	0		
A17	j	Nutritional assessment of the pregnant woman	1	0		
A17	k	Nutrition and Lifestyle Counseling for ANC	1	0		
A17	l	Birth Preparedness Counselling	1	0		
A17	m	Clinical enquiry on Intimate Partner Violence and Domestic violence	1	0		
A17	n	Supportive response for Intimate Partner Violence	1	0		
A17	o	interpersonal communication/counselling skills/cultural competence	1	0		

Tool #1: Facility level Key Inputs

		Section 5: Family Planning Inputs			Yes	No	Go To
		Subsection 5.1. Services provided			Yes	No	Go To
F	1	Does this facility offer any FP services?			1	0	0 →C1
F	1	Range of services provided by facility			Provided	Referred	No Go To
	a	Combined estrogen progesterone oral contraceptive pills			1	2	0
	b	Progestin-only contraceptive pills			1	2	0
	c	Combined estrogen progesterone injectable contraceptives			1	2	0
	d	Progestin-only injectable contraceptives			1	2	0
	e	Male condoms			1	2	0
	f	Female condoms			1	2	0
	g	Intrauterine contraceptive device (IUCD)			1	2	0
	h	Implants			1	2	0
	i	Cycle beads for standard days method			1	2	0
	j	Emergency contraceptive pills			1	2	0
	k	Male sterilization			1	2	0
	l	Female sterilization			1	2	0
	m	Barrier Fp methods-Diaphragm, cervical cap			1	2	0
F	2	How many days in a month are family planning services offered at this facility? Use a 4-week month to calculate # of days			—		
F	3	Do FP providers in this facility routinely diagnose and treat STIs, or are STI clients referred to another provider or location for diagnosis and treatment?					
		Routinely diagnose and treat STIs			1		
		Refer elsewhere in facility			2		
		Refer outside facility			3		
		No diagnosis / treatment / referral			0		
		Question			Yes	No	Go To
F	4	Does this facility have a system whereby certain observations and parameters are routinely carried out on family planning clients before the consultation takes place?			1	0	0 ---> F5
		ASK TO SEE THE PLACE WHERE FP CLIENTS ARE SEEN BEFORE THEY HAVE THEIR MEDICAL CONSULTATION AND INDICATE WHICH OF THE FOLLOWING ACTIVITIES ARE ROUTINELY CARRIED OUT THERE. OBSERVE IF THE BELOW ACTIVITIES ARE BEING CONDUCTED ROUTINELY. Is [ACTIVITY YOU DO NOT SEE] routinely conducted for all FP clients?			Observed	reported	No Go To
F4	a	Weighing clients			1	2	0
F4	b	Taking blood pressure			1	2	0
F4	c	Counselling about HIV/AIDS			1	2	0
F4	d	Testing for HIV/AIDS			1	2	0
F4	e	Conducting group health education sessions			1	2	0
		Subsection 5.2. FP clinic Infrastructure and Equipment			Yes	No	Go To
F	5	Is this FP provided as part of the different service (OPD, ANC, Maternity Initial Examination room) assessed in other modules?			1	0	0 --> F6
F5	a	Please specify the service and area _____					→F8
F	6	Describe the setting of the FP examination room					
		Private room with visual and auditory privacy			1		
		Non-private room with visual and auditory privacy			2		
		Visual privacy only			3		
		No privacy			0		
		SUPPLIES AND EQUIPMENT IN Service area today			Yes	No	Go To
F	7	Standard precautions and conditions for client examination					
	a	Running water (piped, bucket with tap or pour pitcher)			1	0	
	b	Hand-washing soap (may be liquid soap)			1	0	

Tool #1: Facility level Key Inputs

	c	Alcohol-based hand rub	1	0		
	d	Waste receptacle (pedal bin) with lid and plastic bin liner	1	0		
	e	Other waste receptacle	1	0		
	f	Sharps container ("safety box")	1	0		
	g	Disposable latex gloves	1	0		
	h	Disinfectant [e.g., chlorine, hibitane, alcohol]	1	0		
	i	Single use standard disposable syringes with needles or auto-disable syringes with needles	1	0		
	j	Medical masks	1	0		
	k	Gowns	1	0		
	l	Eye protection [goggles or face protection]	1	0		
F	8	Basic equipment				
	a	Blood pressure apparatus	1	0		
	b	Stethoscope	1	0		
	c	Examination/flashlight	1	0		
	d	Examination bed or couch	1	0		
	e	Sample of FP methods	1	0		
	f	Other FP-specific visual aids [e.g., flip charts, leaflets]	1	0		
	g	Pelvic model for IUCD	1	0		
	i	Model for showing condom use	1	0		
	j	Blank Standard Family Planning Patient Cards	1	0		
F	9	Are IUCD or Implants services provided in the facility	1	0	→F12	
	a	Sterile gloves	1	0		
	b	Antiseptic solution	1	0		
	c	Sponge holding forceps	1	0		
	d	Sterile gauze pad or cotton wool	1	0		
F	10	Are IUCD services provided in the facility	1	0	→F11	
	a	Vaginal speculum - small	1	0		
	b	Vaginal speculum - medium	1	0		
	c	Vaginal speculum - large	1	0		
	d	Tenacula (volsellum forceps)	1	0		
	e	Uterine sound	1	0		
F	11	Are implants provided in the facility?	1	0	→F12	
	a	Local anesthetic	1	0		
	b	Sterile syringe and needle	1	0		
	c	Cannula and trocar for inserting implant	1	0		
	d	Sealed implant pack	1	0		
	e	Scalpel with blade	1	0		
	f	Minor surgery kit (e.g., artery forceps)	1	0		
		Subsection 5.3: Guidelines/protocols/job aids	Observed	reported	No	Go To
		Which Guidelines/Protocols are available in FP Clinic				
F12	a	National FP Guidelines	1	2	0	
F12	b	Other FP Guidelines, specify _____	1	2	0	
F12	c	Any Family planning check-lists and/or job- aids	1	2	0	
F12	d	WHO Medical Eligibility Wheel (2015)	1	2	0	
F12	e	FP methods for HIV(+) patients	1	2	0	
F12	f	Counselling cards Method brochures	1	2	0	
		Subsection 5.4: Staff Training				
		Which trainings were conducted for respective staff during last 12 months	Yes	No	Go To	
F13	a	modern FP methods	1	0		
F13	b	FP Counselling	1	0		

Tool #1: Facility level Key Inputs

F13	c	Integration of FP services in immediate postpartum care	1	0
F13	d	Clinical enquiry on Intimate Partner Violence and Domestic violence	1	0
F13	e	Supportive response for Intimate Partner Violence	1	0
F13	f	interpersonal communication/counselling skills/cultural competence	1	0

Tool #1: Facility level Key Inputs

Section 6: Young Infant and Child Outpatient Services		Yes	No	Go To			
Subsection 6.1. Services provided							
C	1	Does this facility offer any outpatient services for children <5?		1	0	0 → T1	
Range of services provided by facility		Yes	No	Go To			
C2	a	Well-child visits (including monitoring of growth and nutrition)		1	0	0 → C4	
C2	b	Vitamin A supplementation		1	0		
C2	c	Iron supplementation		1	0		
C2	d	Zinc supplementation		1	0		
C2	e	Nutrition Clinic (including performing appetites test)		1	0		
C2	f	Outpatient visits of sick children for common childhood conditions (IMCI)		1	0		
C2	g	Inserting Nasogastric tube		1	0		
C2	h	Intramuscular administration of medications		1	0		
C2	i	Intravenous administration of medications		1	0		
C2	j	Performing Rapid test for Malaria		1	0		
C2	k	HIV infection screening for children		1	0		
C2	l	HIV infection screening for mothers		1	0		
C2	m	Child Immunization Services		1	0		
C	3	How many days in a month are following vaccination services offered at this facility? Use a 4-week month to calculate # of days					
	a	Routine DPT-Hib+HepB vaccination (i.e., pentavalent)		_____			
	b	Routine polio vaccination		_____			
	c	Routine measles vaccination		_____			
	d	BCG vaccination		_____			
C	4	How many days in a month are consultation or sick child care services offered at this facility? Use a 4-week month to calculate # of days		_____			
Question		Yes	No	Go To			
C	5	Does this facility have a system whereby certain observations and parameters are routinely carried out on family planning clients before the consultation takes place?		1	0	0 → C7	
C	6	Does this facility have a system whereby certain observations and parameters are routinely carried out on sick children before the consultation for the presenting illness? IF YES, ASK TO SEE THE PLACE WHERE THESE ACTIVITIES TAKE PLACE BEFORE THE CONSULTATION OBSERVE IF THE BELOW ACTIVITIES ARE BEING DONE ROUTINELY. IF YOU DO NOT SEE AN ACTIVITY, ASK: Is [ACTIVITY YOU DO NOT SEE] routinely conducted for all sick children?		Observed	reported	No	Go To
	a	Weighing the child		1	2	0	
	b	Plotting child's weight on graph		1	2	0	
	c	Taking child's temperature		1	2	0	
	d	Assessing child's vaccination status		1	2	0	
	e	Providing group health education		1	2	0	
	f	Administer fever-reducing medicines and/or sponge for fever		1	2	0	
	g	Assessing HIV status of children		1	2	0	
	h	Assessing HIV status of mothers		1	2	0	
	i	Triaging of sick children, i.e., prioritizing sick children based on the severity of their condition		1	2	0	
Subsection 6.2. OPD clinic Infrastructure and Equipment		Codes	Go To				
C	7	Describe the setting of the OPD examination room					
		Private room with visual and auditory privacy		1			
		Non-private room with visual and auditory privacy		2			
		Visual privacy only		3			
		No privacy		0			

Tool #1: Facility level Key Inputs

		SUPPLIES AND EQUIPMENT IN Service area today	Yes	No	Go To	
C	8	Standard precautions and conditions for client examination				
	a	Running water (piped, bucket with tap or pour pitcher)	1	0		
	b	Hand-washing soap (may be liquid soap)	1	0		
	c	Alcohol-based hand rub	1	0		
	d	Waste receptacle (pedal bin) with lid and plastic bin liner	1	0		
	e	Other waste receptacle	1	0		
	f	Sharps container ("safety box")	1	0		
	g	Disposable latex gloves	1	0		
	h	Disinfectant [e.g., chlorine, hibitane, alcohol]	1	0		
	i	Single use standard disposable syringes with needles or auto-disable syringes with needles	1	0		
	j	Medical masks	1	0		
	k	Gowns	1	0		
	l	Eye protection [goggles or face protection]	1	0		
C	9	Basic equipment				
	a	CHILD WEIGHING SCALE (250GRAM GRADATION)	1	0		
	b	INFANT WEIGHING SCALE (100 GRAM GRADATION)	1	0		
	c	THERMOMETER	1	0		
	d	STETHOSCOPE	1	0		
	e	Timer or watch with seconds hand	1	0		
	f	Staff has watch with seconds hand or other device (e.g., cell phone) that can measure s	1	0		
	g	Calibrated 1/2 or 1-liter measuring jar for ORS	1	0		
	i	Cup and spoon	1	0		
	j	At least 3 buckets (for cleaning used cups)	1	0		
C	10	ORS PACKETS OR SACHETS	1	0		
C	11	IMCI patient cards for facility documentation	1	0		
	a	IMCI mother's cards	1	0		
C	12	Other visual aids for teaching caretakers	1	0		
Subsection 6.3: Guidelines/protocols/job aids						
Which Guidelines/Protocols are available in FP Clinic			Observed	reported	No	Go To
C13	a	National guidelines for child vaccinations	1	2	0	
C13	b	IMCI Guidelines	1	2	0	
C13	c	IMCI Chart Books	1	2	0	
C13	d	Management of Possible Signs of Bacterial infection (PSBI) in newborns or young infants	1	2	0	
Subsection 6.4: Staff Training						
Which trainings were conducted for respective staff during last 12 months			Yes	No	Go To	
C14	a	Integrated care of young Infant (<2months) conditions (IMCI)	1	0		
C14	b	Integrated care of common childhood conditions (IMCI)	1	0		
C14	c	Management of Possible Signs of Bacterial infection (PSBI) in newborns or young infants	1	0		
C14	d	Nutrition /feeding/ breastfeeding counselling	1	0		
C14	e	Assessment, treatment, counselling for cough or cold	1	0		
C14	f	Assessment, treatment, counselling for pneumonia	1	0		
C14	g	Assessment, treatment, counselling for diarrhea	1	0		
C14	h	Assessment, treatment, counselling for malaria	1	0		
C14	i	Assessment, treatment, counselling for Anemia	1	0		
C14	j	Screening, treatment, counselling for HIV infection	1	0		
C14	k	Malnutrition prevention, diagnosis and treatment	1	0		
C14	l	Childhood immunization	1	0		

Tool #1: Facility level Key Inputs

		Section 7: Adolescent Health Services	yes	No		
		Subsection 7.1. Services provided	yes	No		
T	1	Does this facility offer any outpatient services for adolescents?	1	0	0--->Section 8	
T1		Range of services provided by facility	Provided	Referred	No	Go To
	a	Normal growth and pubertal development	1	2	0	
	b	Pubertal delay	1	2	0	
	c	Precocious puberty	1	2	0	
	d	Mental health and mental health problems	1	2	0	
	e	Nutrition, including anemia	1	2	0	
	f	Physical activity	1	2	0	
	g	Adolescent-specific immunization	1	2	0	
	h	Menstrual hygiene and health	1	2	0	
	i	At least one Family planning and contraception – oral contraceptive pills, IUDs, condoms, emergency contraceptive pills, implants, injectable contraceptives	1	2	0	
	j	Safe abortion (where legal), and post-abortion care	1	2	0	
	k	Antenatal care and emergency preparedness, delivery and postnatal care	1	2	0	
	l	Reproductive tract infections/ sexually transmitted infections	1	2	0	
	m	HIV	1	2	0	
	n	Sexual violence	1	2	0	
	o	Family violence	1	2	0	
	p	Bullying and school violence	1	2	0	
	q	Substance use and substance use disorders	1	2	0	
	r	Injuries	1	2	0	
	s	Skin problems	1	2	0	
	t	Chronic conditions and disabilities	1	2	0	
	u	Endemic diseases	1	2	0	
	v	Common conditions during adolescence (fatigue, abdominal pain, diarrhea, headache	1	2	0	
T	2	Does this facility have a system whereby certain observations and parameters are routinely carried out on adolescent clients before the consultation takes place?	1		0	→T3
T2		ASK TO SEE THE PLACE WHERE ADOLESCENTS ARE SEEN BEFORE THEY HAVE THEIR MEDICAL CONSULTATION AND INDICATE WHICH OF THE FOLLOWING ACTIVITIES ARE ROUTINELY CARRIED OUT THERE. OBSERVE IF THE BELOW ACTIVITIES ARE BEING CONDUCTED ROUTINELY. IF NOT SEEN ASK: WHETHER THE ASSESSMENT IS CONDUCTED AND IF YES, IS THIS DONE FOR ALL CLIENTS	Observed	reported	No	Go To
	a	Weighing clients	1	2	0	
	b	Taking blood pressure	1	2	0	
	c	Assessing child's vaccination status	1	2	0	
	d	Conducting group health education sessions	1	2	0	
		Subsection 7.2: Guidelines/protocols/job aids				
T	3	Which Guidelines/SOPs are available in the facility	Observed	reported	No	Go To
	a	Referral guidelines/SOPs	1	2	0	
	b	Policy/SOPs for a planned transition from pediatric to adult care	1	2	0	
	c	Guidelines/SOPs on providing services to all adolescents irrespective of their ability to pay, age, sex, marital status or other characteristics	1	2	0	
	d	Guidelines/SOPs on providing free, or affordable, services to adolescents	1	2	0	
	e	Guidelines/SOP on measures to protect the privacy and confidentiality of adolescents	1	2	0	
	f	Guidelines/SOP on measures to protect the privacy and confidentiality of adolescents	1	2	0	

Tool #1: Facility level Key Inputs

T	4	Which Clinical Guidelines/job aids/protocols are available in the facility	Observed	reported	No	Go To
	a	Normal growth and pubertal development	1	2	0	
	b	Pubertal delay	1	2	0	
	c	Precocious puberty	1	2	0	
	d	Mental health and mental health problems	1	2	0	
	e	Nutrition, including anaemia	1	2	0	
	f	Physical activity	1	2	0	
	g	Adolescent-specific immunization	1	2	0	
	h	Menstrual hygiene and health	1	2	0	
	i	Safe abortion (where legal), and post-abortion care	1	2	0	
	j	Antenatal care and emergency preparedness, delivery and postnatal care	1	2	0	
	k	Reproductive tract infections/ sexually transmitted infections	1	2	0	
	l	HIV	1	2	0	
	m	Sexual violence	1	2	0	
	n	Family violence	1	2	0	
	o	Bullying and school violence	1	2	0	
	p	Substance use and substance use disorders	1	2	0	
	q	Injuries	1	2	0	
	r	Skin problems	1	2	0	
	s	Chronic conditions and disabilities	1	2	0	
	t	Endemic diseases	1	2	0	
	u	Common conditions during adolescence (fatigue, abdominal pain, diarrhea, headache)	1	2	0	
		Subsection 7.3: Staff Training				
T	5	Which trainings were conducted for respective staff during last 12 months	Yes	No	Go To	
	a	Communication skills to talk to adolescents?	1	0		
	b	Communication skills to talk to adult visitors/community members	1	0		
	c	The policy on privacy and confidentiality	1	0		
	d	Clinical case management of adolescent patients?	1	0		
	e	Orientation on the importance of respecting the rights of adolescents to information and health care that is provided in a respectful, non-judgmental and non-discriminatory manner?	1	0		
	f	Policies and procedures to ensure free or affordable service provision?	1	0		
	g	Data collection, analysis and use for quality improvement	1	0		

Tool #1: Facility level Key Inputs

Section 8: Supporting facility level functions							
Subsection 8.1. Organization of service delivery							
Subsection 8.1.1 Coordination of care (Ask to provide evidence to confirm. If evidence is not provided, mark reported, not seen)							
			Observed	reported	No	Go To	
O	1	Does your facility have a standard form for clinical progress notes and monitoring events during labor (partograph), birth and after birth (individual patient chart) to facilitate written hand-over?	1	2	0		
O	2	Does your facility have written protocol for verbal and written hand-over of women, newborns and children during following?	1	2	0		
	a	At maternity unit at shift changes	1	2	0		
	b	During intra-facility transfer	1	2	0		
	c	During referral to other facilities	1	2	0		
	d	At discharge	1	2	0		
Subsection 8.1.2. Referral			Yes	No	NA	Go To	
O	3	Does this facility refer the severely-ill patients? (N/A= This is the highest level facility. We do not usually refer severely ill patients to other facilities)	1	0	77		
O	4	Does health care staff in your facility receive in-service training/orientation at least last 12 months in following area?	1	2			
	a	Referral protocols and guidelines (including for outpatient patients)	1	2			
	b	Clinical hand-over policy and communication of important information for hand-over, referral or discharge.	1	2			
O	5	If your facility had to urgently refer 10 pregnant women or mothers in labor to the higher level facility (e.g. hospital), on average how many from them would be able to reach the facility? (N/A= This is the highest level facility)	___		77		
O	6	If your facility had to urgently refer 10 newborns or severely ill newborns or young infants to the hospital, on average how many from them would be able to reach the facility? (N/A= This is the highest level facility)	___		77		
O	7	On average, how much time does it take to refer (from decision to entering referral hospital) pregnant or postpartum women to a higher-level facility for childbirth or further management? (N/A= This is the highest level facility)	___	minutes	77		
O	8	On average, how much time does it take to refer (from decision to entering referral hospital) sick, preterm or small newborns or young infants, who could not be managed at the health facility how many could reach appropriate level of care ?	___	minutes	77		
O	9	Out of 10 pregnant and postpartum women and newborns, how many you refer without appropriate emergency transport? (N/A= This is the highest level facility)	___		77		
O	10	Out of 10 patient referred from the health facility how many contributed financially to communication or to transport? (N/A= This is the highest level facility)	___		77		
Question			Yes	No	NA	Go To	
O	11	Does your facility receive referrals from lower level facilities?	1	0		0---> 16	
O	12	On average, how much time does it take for pregnant or postpartum women urgently referred from lower level facility to reach your facility for childbirth or further management?	___	minutes			
O	13	On average, how much time does it take for sick, preterm or small newborns or young infants, who were urgently referred from lower level facility to reach your facility?	___	minutes			
O	14	Out of 10 newborns referred from lower level facility to your facility for higher level care, how many have reached your facility without hypothermia?	___				
O	15	Out of 10 patients who need to continue care at the lower level facility, how many receive counter-referral information?	___				
Question			Observed	reported	No	NA	Go to

Tool #1: Facility level Key Inputs

O 16	Does your facility have an up-to-date list of network facilities in your geographical area that provide referral care for women and children?	1	2	0	
O 17	Does your facility have written clinical protocols or guidelines for identification, management (including pre-referral care) and referral of patients (both admitted and outpatient) to higher level facility? (N/A= This is the highest level facility)	1	2	0	77
O 18	Does your facility have a standardized referral form to document demographic and clinical information, clinical findings, diagnosis, pre-referral interventions or treatment given and reason for referral? (<i>observe and indicate yes, if all these criteria are met</i>)	1	2	0	
O 19	On average, out of 100 newborns and young infants who were referred to your facility and/or from your facility for further management, how many died before or during transfer? _____	_____			
O 20	On average, out of 100 women who were referred to your facility and/or from your facility for childbirth or further management, how many died before or during transfer?	_____			
O 21	On average out of 10 referred patients who need urgent care at the higher level, how many patients are accompanied with health care professional?	_____			
O 22	On average out of 10 referred patients who need urgent care at the higher level, how many have completed standardized referral note?	_____			
Subsection 8.2. Continuous Improvement		Yes	No	Go To	
Q 1	Does your facility have a written, up-to-date plan for improving the quality of care and a patient safety	1	0		
Q 2	Does your facility have a designated quality improvement team(s)?	1	0		
Q 3	Does your facility have an established continuous quality improvement process? My facility has a continuous QI process 1 My facility has some internal QI initiatives but not a continuous QI process 2 QI process in my facility is mostly initiated by external agents (coaches, supervisors) 3 Other, specify _____ 4 My facility does not have any QI process 0				
Q 4	If yes, please, specify all clinical area (e.g. FP, HIV, maternal care, newborn care etc.) in which your facility have a regular quality improvement process?	Yes	No	Go To	
a	FP	1	0		
b	HIV	1	0		
c	Maternal care around childbirth	1	0		
d	Newborn Care around childbirth	1	0		
e	Care of children	1	0		
f	Antenatal care	1	0		
g	Other, specify _____	1	0		
Q 5	Are you routinely conducting following activities at your facility to improve quality of care?	Yes	No	Go To	
a	Identifying gaps in patient care	1	0		
b	Analyzing the reasons of the gap in quality of care (barriers)	1	0		
c	Choosing the barriers to overcome	1	0		
d	planning and testing activities to address the gaps in care	1	0		
e	Routinely monitoring progress in improvement	1	0		
f	Refining improvement based on monitoring results	1	0		
g	Engaging women, families and communities in their own care	1	0		
h	sharing the improvement experiences within and outside of the organization	1	0		
i	organizing or participating in the meetings to learn from others' improvement experiences	1	0		
j	Regularly conducting Plan-do-study-act (PDSA) cycles	1	0		
k	Any other activities? specify _____				
Q 6	How many team meetings did your facility hold last 6 months to review progress on improving quality of care using process and/or outcome data and discuss changes to improve care? (<i>mark zero if no such meetings</i>)	_____			

Tool #1: Facility level Key Inputs

		Question	Yes	No	Go To	
Q	7	Are you routinely collecting data in your health facility to make decisions on quality improvement?	1	0	0---> Q9	
Q	8	How frequently? Daily or weekly Every 2-3 weeks Every month Every 1-3 months Every 4-6 months Every 6-11 months Annually	1 2 3 4 5 6 7			
		Question	Observed	reported	No	Go To
Q	9	Do you routinely conduct following activities to monitor the progress of quality improvement in your facility? (Only mark observed if you see the written evidence of the following steps or relevant results)				
	a	Document changes	1	2	0	
	b	Present data visually	1	2	0	
	c	Develop written results	1	2	0	
	d	Validate data	1	2	0	
	e	Analyze and interpret the data within the QI team/facility	1	2	0	
	f	Aggregate and disaggregate data to better understand gaps at individual and facility level	1	2	0	
	g	Document internal and external factors contributing to or hindering improvement	1	2	0	
	h	Compare performance with other facilities, district or national benchmarks	1	2	0	
	i	Identify what was learned from an improvement activity	1	2	0	
	j	Develop and tracks written plan for improvement based on the routine monitoring results	1	2	0	
	k	Other, specify _____	1		0	
	l	None of the above	1		0	
		Question	Yes	No	Go To	
Q	10	Did managers and health care workers in your facility used the routine monitoring results to plan or refine activities to improve care within the past six months?	1	0	0---> Q14	
Q	11	Could you please provide an illustrative, written evidence for improved quality of care in your facility during the last 6 months in RMNCHA care area?	1	0	0---> Q13	
Q	12	If yes, please, specify the evidence provided _____				
Q	13	Did your facility hold at least two annual meetings last year with external stakeholders (e.g. the community, service users, partners) to review its performance, identify problems and make recommendations for joint actions to improve quality?	1	0		
		Subsection 8.2.1. Maternal and Perinatal Death Audits	Yes	No	Go To	
Q	14	How many meetings your facility held last 6 months to review maternal and perinatal deaths and near-misses? (0 if you did not hold such meetings)	_____		If 0 ---> PC1	
Q	15	Select all death or near-misses reviews that are regularly conducted in your facility				
	a	Maternal death review	1	0		
	b	Neonatal death review	1	0		
	c	Perinatal death review	1	0		
	d	Review of maternal near-misses	1	0		
	e	Review of neonatal near misses	1	0		
Q	16	Out of 10 perinatal deaths occurring in your health facility how many is usually reviewed with standard audit tool?	_____			

Tool #1: Facility level Key Inputs

Q	17	Out of 10 maternal deaths occurring in the health facility how many is usually reviewed with standard audit tool?	_____			
Q	18	Out of 10 maternal near-misses occurring in the health facility how many is usually reviewed with standard audit tool?	_____			
Q	19	Does your facility have a system in your facility to track and follow up the implementation of the maternal or perinatal death review recommendations?	1	0	0 --->	Q21
Q	20	If yes, specify _____				
Q	21	On average, out of 10 death review recommendations how many are implemented in your facility?	_____			
Subsection 8.3. Patient-centered practices			Observed	reported	No	Go To
PC	1	Does your facility have written, up-to-date policy, protocol or guidelines:	1	2	0	
	a	that outline clear goals, operational plans and monitoring mechanisms to promote the interpersonal communication and counselling skills of health care staff	1	2	0	
	b	to ensure privacy and confidentiality for all women and newborns in all aspects of care	1	2	0	
	c	to obtain informed consent from women before examinations and procedures	1	2	0	
	d	zero-tolerance non-discriminatory policies with regard to mistreatment of patients	1	2	0	
	e	to ensure that the mothers of small, sick newborns can be close to and nurse their babies	1	2	0	
	f	that outline women's and families' right to make a complaint about the care received	1	2	0	
	g	for payment that specifically precludes detention of a woman or baby for nonpayment	1	2	0	
	h	that encourage all women to have at least one person of their choice, as culturally appropriate, with them during labor, childbirth and the immediate postpartum period	1	2	0	
	i	that require to explain to women/families, to minimize unnecessary interventions and support normal labor so that she feels in control of her childbirth experience	1	2	0	
	j	to strengthen their interpersonal and cultural competence in providing emotional support	1	2	0	
Question			Yes	No	Go To	
PC	2	Does your facility have a standard informed consent form?	1	0	0 --->	Q4
PC	3	Is the consent form specific for each procedure so that it helps health care staff to provide easily understandable information to patient?	1	0		
PC	4	What procedures require written consent from patient/ or a family member?				
	a	General vaginal delivery	1	0		
	b	Cesarean section	1	0		
	c	All surgical interventions	1	0		
	d	Other, please specify _____	1			
	e	No informed consent required from patient	1			
PC	5	Are women allowed in this facility to eat or drink during labor?	1	0		
PC	6	On average, out of 10 women who give birth in this health facility, how many are ambulatory during the first stage of labor?	_____	0		
PC	7	Does your facility have accountability mechanisms for redress for following events?				
	a	Violations of privacy, confidentiality or consent	1	0		
	b	Mistreatment	1	0		
	c	Women are denied informed choice	1	0		

Tool #1: Facility level Key Inputs

		Question	Yes	No	Go To	
PC	8	Does health care staff in the maternity unit receive in-service training last 12 months in following area				
	a	to improve their interpersonal communication, counselling skills and cultural competence	1	0		
	b	respecting the rights of patients, respectful care and accountability mechanisms	1	0		
	c	informed consent procedures and women's right to choose care at childbirth.	1	0		
	d	on the evidence for and positive impact of the presence of a chosen companion during childbirth	1	0		
	e	non-pharmacological and pharmacological pain relief	1	0		
PC	9	On average, out of 10 women who give birth in this health facility, how many have companion of their choice during labor and childbirth?	—			
PC	10	Does the facility have health education materials, in an accessible written or pictorial format, in the languages of the communities served by the health facility?	1	0		
PC	11	If yes, are these materials in languages of the communities served by the health facility?	1	0		
PC	12	Are fee structures for patient care clearly displayed in the facility?	1	0		
PC	13	On average, out of 10 patients who attended the health facility how many were refused care because of their inability to pay?	—			
PC	14	Does the facility have complaints box, which is easily accessible to women and their families?	1	0	0---> PC16	
PC	15	If yes, is it periodically emptied and the contents reviewed?	1	0		
PC	16	Does the facility have a mechanism for regular collection of information on patient and provider satisfaction?	1	0		
Subsection 8.4. Health Information Systems			Yes	Shortage >5 d/mon		No
HI	1	Does your health facility have following registers, data collection forms, clinical and observation charts all the time for routine recording and monitoring of all care processes for women and newborns? (mark 2 if forms available but facilities face shortage >5 days/month)	1	2	0	
	a	Mother -baby cards	1	2	0	
	b	Individual maternal charts/records for childbirth	1	2	0	
	c	Individual newborn and child care charts/records for sick children	1	2	0	
	d	Maternity registries	1	2	0	
	e	Partographs	1	2	0	
	f	Referral forms	1	2	0	
	g	Outpatient charts or registries	1	2	0	
	h	ANC charts of registries	1	2	0	
	i	FP registries	1	2	0	
	j	Maternal death audit forms	1	2	0	
	k	Newborn/Perinatal death audit forms	1	2	0	
Question			Yes	No	Go To	
HI	2	Does the health facility have a system for classifying diseases and birth outcomes, including death, which is aligned with the ICD?	1	2		
HI	3	Does the facility have individual patient identifiers for the newborns treated in this facility?	1	2		
HI	4	Does the facility have individual patient records for sick newborns and children?	1	2		
HI	5	Does the facility have individual patient records for women who are giving birth in the facility?	1	2		
HI	6	On average, out of 10 women delivered in the facility, how many were monitored using partograph?	—			

Tool #1: Facility level Key Inputs

HI 7	On average, out of 10 pregnant or post-partum women visited or admitted to the facility how many have diagnosis aligned with ICD codes? <i>(check the registers and note accordingly)</i>	_____			
HI 8	On average, out of 10 newborns or children visited or admitted to the facility how many have diagnosis aligned with ICD codes? <i>(check the registers and note accordingly)</i>	_____			
Subsection 8.5. Leadership, governance and management		Yes	No	Go To	
G 1	Does the health facility have a written leadership structure, with defined roles and responsibilities and lines of accountability for reporting?	1	0	0---> G4	
G 2	In which Quality Improvement activities are leaders/managers of the facility involved?	1	0		
a	Facilitate an enabling environment for quality improvement	1	0		
b	Develop coaching strategies to support the implementation of improvement activities	1	0		
c	Support team members to undertake, manage and sustain QI activities	1	0		
d	Monitor and evaluate QI team functionality and performance	1	0		
e	Communicate the performance of the facility through established mechanisms for monitoring (e.g. a dashboard, run charts) to all relevant staff	1	0		
f	Other, please specify _____				
g	None of the above	1	0		
G 3	Is the manager(s)/leader(s) in your facility trained in quality improvement and leading change?	1	0		
a	Is the manager(s)/leader(s) in your facility trained in leadership and management skills?	1	0		
b	Does your facility have standard governing procedures (policies and protocols)?	1	0		
c	Are these procedures accessible for all relevant staff?	1	0		
G 4	Does your facility have policy in place for staff to provide feedback to the facility management on quality improvement and their performance?	1	0		
Subsection 8.6. Health Workforce		Yes	No	N/A	Go To
HR 1	Does your health facility have skilled care providers at all times, in sufficient numbers to meet the anticipated workload of your facility's population following services?	1	0		1---> HR3
HR 2	In which specialties do you have the most acute shortage? _____ <i>(N/A no acute shortage)</i>			77	
Question		#			
HR 3	Out of 10 available posts in your health facility how many are filled by staff with the necessary competence for the job description to allow the facility to provide 24-h service.	_____			
HR 4	On average, how many deliveries does your facility have per day?	_____			
HR 5	How many skilled birth attendants do you have in day shifts in your maternity during workdays?	_____			
HR 6	How many skilled birth attendants do you have in the night shifts in your maternity during workdays?	_____			
HR 7	How many skilled birth attendants do you have during the weekends?	_____			
HR 8	On average, how many children and newborns does your facility have in inpatient ward	_____			
HR 9	How many child care providers do you have in inpatient ward during the day shift?	_____			
HR 10	How many child care providers do you have in inpatient ward during the night shift?	_____			
HR 11	On average, how many ANC visits does your facility have per day?	_____			
HR 12	How many skilled ANC providers does your facility have per day?	_____			
HR 13	On average, how many outpatient visits of sick children does your facility have per day?	_____			
HR 14	How many child care providers does your facility have per day in outpatient department?	_____			
HR 15	How many FP visits/consultations does your facility have per day?	_____			

Tool #1: Facility level Key Inputs

HR 16	How many FP care providers does your facility have per day?		
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Tool #1: Facility level Key Inputs

	Question	Observ	reporte	No	Go To
HR 17	Does your health facility have a written staffing policy, listing the numbers, types and competence of staff?	1	2	0	0----> HR19
HR 18	Is the staffing policy reviewed continuously based on the workload?	1	2	0	
HR 19	Does your health facility has a roster that is displayed in all areas, giving the names of staff on duty, the times of their shifts and their specific roles and responsibilities?	1	2	0	
HR 20	Does your health facility has a written, up-to-date policy on triage and waiting times for emergency and non-emergency consultations and treatment?	1	2	0	
HR 21	Does your health facility have a clear communication channels to reach staff on duty at all times?	1	2	0	
HR 22	Does your health facility have defined roles and responsibilities of your clinical staff based on the professional scope of practice and care needs?	1	2	0	
HR 23	Out of 10 new staff, how many are generally oriented to their functions, roles and responsibilities in the facility or unit to which they are assigned?	_____			
	Question	Yes	No	Go To	
HR 24	Does your health facility have a program for continuing professional development and skills development for all RMNCHA and HIV care providers and other support staff?	1	0	0----> HR31	
HR 25	Does your health facility conduct regular trainings of the staff?	1	0		
HR 26	Out of 10 care providers at your facility, on average, how many received in-service training, a refresher session or clinical mentoring (internal or external) within the past 12 months? _____				
HR 27	Does your health facility have standard procedures and plans for recruitment, deployment, motivation (recognition and reward scheme) and retention of all staff?	1	0		
HR 28	Is your health facility periodically appraising all staff?	1	0		
HR 29	Does the staff in your facility have designated clinical supervisors/mentors who supervise staff's individual clinical work and review their job performance?	1	0		
HR 30	On average, how many interactions do the facility staff have with their designated clinical supervisors/mentors to ensure clinical competence and improve performance?	1	0		
HR 31	How frequently the staff in this facility receive internal supportive supervision and mentoring to improve care of their patients (either internal or external)? <div style="text-align: right;"> Every months 1 Less frequently than months but at least every 3 months 2 Less frequently than 3 months but at least every 6 months 3 Less frequently than 6 months but at least every year 4 No regular clinical supervision is provided to the staff 5 </div>				
HR 32	On average, out of 10 staff at your facility, how many were assessed at least once in the preceding 12 months for their clinical performance?	1	0		
HR 33	Does your health facility have a mechanism for recognizing good performance?	1	0		0----> HR35
HR 34	If yes, please, describe _____				
HR 35	On average how many supervisory or coaching visits did the facility have from external agency last year? (mark 0 if no supervisory visits during the last year)	_____			
HR 36	Which institution provides external supportive supervision to your facility/staff the most frequently? (select only one) <div style="text-align: right;"> Central government 1 District/county level government 2 Professional association 3 Implementing partner with donor funding 4 </div>				

Tool #1: Facility level Key Inputs

	Other, specify _____	5	
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Tool #1: Facility level Key Inputs

Subsection 8.7. Health Financing		Yes	No	Go To
HF 1	<p>What is the single greatest source of financing RMNCHA and HIV services in your facility?</p> <p style="text-align: right;">Government-funded 1</p> <p style="text-align: right;">Donor-funded 2</p> <p style="text-align: right;">Private insurance or financing from private organization 3</p> <p style="text-align: right;">Out of pocket payments 4</p> <p style="text-align: right;">Other, specify _____ 5</p>			
HF 2	Does your health facility have a budget and protocol for the operation and maintenance of energy, safe water and sanitation services?	1	0	
HF 3	Does your health facility have an adequate budget for all the fuel needs for vehicles, cooking and heating?	1	0	
HF 4	Does your health facility have an adequate budget to ensure uninterrupted source of	1	0	
HF 5	The health facility has a dedicated budget for essential medicines, equipment (and its maintenance) and medical supplies for maternal and newborn care)	1	0	
HF 6	Does your health facility have an adequate budget to support quality improvement work?	1	0	
HF 7	Please, describe the main financing barriers in your facility to provide quality RMNCHA and HIV services to every patient every time			

For data collector use only	Tool Id: _____
District/County _____	Date: day ____ Month ____ Year ____
Facility Code: _____	Facility ID: _____
Informed Consent obtained:	Data collector Initials: _____

Tool #2: Provider Questionnaire

Section1: General Module

Individual Characteristics

Please select or write in the response that best describes you:

GM1. Your age in years: _____

GM 2. Your gender:

- 1) Male
- 2) Female

GM3. Your Specialty (Please select the single choice that best describes you or write in other):

- 1) Obstetrician/Gynecologist
- 2) Pediatrician/Neonatologist
- 3) Doctor(other)
- 4) Medical Officer
- 5) Senior Nursing Officer
- 6) Medical Clinical Officer
- 7) Public Health Nurse
- 8) Enrolled Nurse
- 9) Registered Nurse
- 10) Registered Nurse-Midwife
- 11) Registered Comprehensive Nurse-Midwife
- 12) Nursing Officer
- 13) Enrolled Midwife
- 14) Registered Midwife
- 15) Nursing Assistant
- 16) Other (specify) _____

GM4. Years since completion of your clinical training: _____

GM5. Years you have been working at this facility: _____

GM6. In your current position, and as a part of your work for this facility, please select all the services you personally provide?

- a) Antenatal Care
- b) Normal Labor and Delivery
- c) Labor complications
- d) Routine Newborn Care
- e) Sick child visits (including young Infants)
- f) Emergency, inpatient care of sick children
- g) Well Child visits (including immunization)
- h) Adolescent Medical Services

i) Family Planning

GM7. When was the last time you took a licensing or certification clinical exam?

- 1) never
- 2) 0-4 years ago
- 3) 5-9 years ago
- 4) ≥10 years ago

GM8. Does your Professional Specialty require you to take any Continuing Medical Education Courses?

- 1) No
- 2) Yes, and there are no requirements about # or type of courses I must take
- 3) Yes, and there are requirements about # of courses I must take in a specified time period but not which ones
- 4) Yes, and there are requirements about which kinds of courses I must take but not how many I must take in a given time period
- 5) Yes, and there are requirements about both which topics and how many courses I must take in a given time

Human Resources

HR1 Please select the option that best describes leadership/governance in your facility

- 1) Leaders often tell me how to do my job and leave little room for innovation and autonomy. Overall, they don't foster a positive culture.
- 2) Leaders struggle to find the right balance between reaching performance goals and supporting and empowering the staff.
- 3) Leaders maintain constancy of purpose, establish clear goals and expectations, and foster a respectful positive culture. Leaders take time to build knowledge, review and reflect, and take action about microsystems and the larger organization.
- 4) Can't Rate

HR2. Please select the option that best describes staff focus in your facility

- 1) I am not made to feel like a valued member of the microsystem. My orientation was incomplete. My continuing education and professional growth needs are not being met.
- 2) I feel like I am a valued member of the microsystem, but I don't think the microsystem is doing all that it could to support education and training of staff, workload, and professional growth.
- 3) I am a valued member of the microsystem and what I say matters. This is evident through staffing, education and training, workload, and professional growth.
- 4) Can't Rate

HR3. Overall How much would you rate your job satisfaction?

- 1) Extremely dissatisfied
- 2) Somewhat dissatisfied

- 3) Not satisfied not dissatisfied
- 4) Somewhat satisfied
- 5) Extremely satisfied

HR4. Are you actively seeking for another job?

- 1) Yes
- 0) No

HR5. Please select the option that best describes education and training in your facility

- 1) Training is accomplished in disciplinary silos, e.g., nurses train nurses, physicians train residents, etc. The educational efforts are not aligned with the flow of patient care, so that education becomes an “add-on” to what we do.
- 2) We recognize that our training could be different to reflect the needs of our microsystem, but we haven’t made many changes yet. Some continuing education is available to everyone.
- 3) There is a team approach to training, whether we are training staff, nurses or students. Education and patient care are integrated into the flow of work in a way that benefits both from the available resources. Continuing education for all staff is recognized as vital to our continued success.
- 4) Can’t Rate

HR6. Upon your assignment in the facility or unit have you been oriented to your functions, roles and responsibilities?

- 1) Yes
- 0) No

HR7. On deployment to the facility did you receive a written job description?

- 1) Yes
- 0) No

HR8. Did you participate in any clinical trainings in last 12 months?

- 1) Yes
- 0) No [Go to No→HR12](#)

HR9. What was the duration of the last training (in hours) you received?

_____ hours

HR10. What was the content of this training (select all that apply)?

- (a) Presentation/lecture
- (b) Interactive small group training
- (c) Case study discussion
- (d) Role play
- (e) Practice of specific clinical skills (LLS, Newborn resuscitation etc.) using an anatomic model/doll (e.g. NeoNatalie)
- (f) Pretest
- (g) Post-test

(h) Distribution of study materials/handouts

HR11. Who provided the training?

- 1) Facility Management
- 2) Government Agency
- 3) Donor (specify implementing agency _____)
- 4) Co-worker within my facility
- 5) Other (specify_____)
- 6) Don't know / can't remember

HR12. Please select the option that best describes interdependence in your facility

- 1) I work independently and I am responsible for my own part of the work. There is a lack of collaboration and a lack of appreciation for the importance of complementary roles.
- 2) The care approach is interdisciplinary, but we are not always able to work together as an effective team.
- 3) Care is provided by a interdisciplinary team characterized by trust, collaboration, appreciation of complementary roles, and a recognition that all contribute individually to a shared purpose.
- 4) Can't Rate

HR13. Do you have clinical supervisor who supervises your individual clinical work and reviews your job performance?

- 1) Yes
- 0) No [Go to No→HR16](#)

**HR14. When was the last time you met with your supervisor to review your job performance:
Supervision:**

- 1) < 3 months
- 2) 3-6 months
- 3) 7- 12 months
- 4) 13-24 months
- 5) 24 months
- 6) Never

HR15. Could you share last performance review result?

- 1) Satisfactory/excellent
- 2) Needs improvement
- 3) Prefer not to answer

HR16. Have you ever received any supportive supervision or coaching?

- 1) Yes
- 0) No [Go to No→OS1](#)

HR17. Who provides supportive supervision or coaching to you? *Select all that apply*

- (a) my clinical supervisor within the facility
- (b) my peer within the facility
- (c) my manager
- (d) Other staff in the facility, specify_____

(e) external coach or external supervisor (If Not checked [Go to No→HR21](#))

HR18 Who provides external supportive supervision or coaching? *Select all that apply*

- a. Clinical officer from District/County Health Management Team
- b. Administrative officer from District/County Health Management Team
- c. Central MoH
- d. Member of professional association
- e. Representative of donor-funded project
- f. Other, please, specify _____
- g. Not applicable (Do not receive any supportive supervision or coaching)

HR19 What is the frequency of external supportive supervision or coaching? *Select only one answer*

1. every month
2. every 2-3 month
3. every 4-6 month
4. every year
- 777 NA (no supervision)

HR20 What kind of supportive supervision or coaching do you receive from others (externally) outside of the facility? *Select all that apply*

- a. Observe my work
- b. Review of my clinical records
- c. Review of my reports
- d. Review of performance toward care outcome indicators
- e. Review of performance toward clinical process indicators
- f. QI capacity building
- g. On-job clinical trainings
- h. Observe my performance with an anatomic model/doll (e.g NeoNatalie)
- i. Distribution/sharing of the evidence-based guidelines, protocols, pass ways)
- j. Provide updates on administrative or technical issues related to your work
- k. Participating in care improvement activities
- l. Other, please specify _____

HR21 What is the frequency of supportive supervision or coaching within your organization? *Select only one answer*

1. every month
2. every 2-3 month
3. every 4-6 month
4. every year
- 777 NA (no internal supervision)

HR22. How many supportive supervisory visits to support clinical competence and performance improvement did you received in the past three months? _____

HR23. How many interactions per month do you have with your professional mentors to ensure clinical competence and improve performance? _____

HR23. What kind of supervision or coaching do you generally receive within your facility? *Select all that apply*

- a. Observe my work
- b. Review of my clinical records
- c. Review of my reports
- d. Review of performance toward care outcome indicators
- e. Review of performance toward clinical process indicators
- f. QI capacity building
- g. On-job clinical trainings
- h. Observe my performance of anatomic model/doll (e.g. NeoNatalie)
- i. Distribution/sharing of the evidence-based guidelines, protocols, pass ways
- j. Provide updates on administrative or technical issues related to your work
- k. Participating in care improvement activities
- l. Other, please specify _____
- m. Not applicable (Do not receive any supportive supervision or coaching within my facility)

Organization of health service delivery

OS1 Where do you refer the severely-ill patients?

Select all that apply

- (a) Health Center 2
- (b) Health Center 3
- (c) Health Center 4
- (d) General Hospital
- (e) Referral Hospital
- (f) Private physician
- (g) Other, specify:
- (h) N/A (I work at highest level, referral hospital) [Go to Q#→OS13](#)

OS2 Do you have protocol or any established procedure that defines when and where to refer patients if needed?

- 1) Yes
- 0) No [Go to No→OS4](#)

OS3. Is it written and available for you for quick reference?

- 1) Yes
- 0) No

OS4. Do you have any procedure of communication with the receiving facility?

- 1) Yes, specify _____
- 0) No

OS5 Does your facility offer transportation for patients with urgent referral?

- 1) Yes
- 0) No [Go to No→OS7](#)

OS6. If you had to urgently refer 10 patients to the hospital, on average how many from them would be able to use facility transport?

OS7. How long does it take for the patient to get to the referral center/physician using the most common local transport? Hours

OS8. If you had to urgently refer 10 patients to the hospital, how many of them do you think will end up going to the hospital?

OS9. What are the reasons that prevent you from referring a severely-ill patient to a higher level facility / hospital?

Select all that apply

- (a) Parent does not accept referral due to geographic accessibility
- (b) Parent does not accept referral due to affordability
- (c) Timely transportation to higher level facility is not possible
- (d) Other, please, specify, _____
- (e) I do not think this is a problem. Most of my patients referred accept the referral [Go to No→OS7](#)

OS10. What is main reason that prevent you from referring a severely-ill patient to a higher level facility/hospital?

- 1) Parent does not accept referral due to geographic accessibility
- 2) Parent does not accept referral due to affordability
- 3) Timely transportation to higher level facility is not possible
- 4) Other specified in previous question

OS11. Is there an established procedure to issue referral note each time you refer the patient?

- 1) Yes
- 0) No [Go to No→OS1](#)

OS12. Please write down all information that usually include in referral note (e.g Patients' name....)?

- (a) Patient's age
- (b) Date
- (c) Diagnosis/classification
- (d) Complaints
- (e) Clinical findings
- (f) Test results (if applicable)
- (g) Medications given (if applicable)

Note: Grey part is for the data collector/supervise. Not part of self-administered questionnaire

OS13. Do you care for patients referred from lower level facilities?

- 1) Yes
- 0) No [Go to No→OS16](#)

OS14. Do think you receive enough information from referring facilities in order to provide timely care for these patients?

- 1) Yes
- 0) No

OS15. Do you have communication with lower level facilities?

- 1) Yes
- 0) No

OS16. What is the usual practice regarding long-term monitoring or follow-up of discharged patients in your facility? *Please select one the best answer*

- 1) There is the outpatient care unit of the facility where the patient can refer without doctor's instruction at discharge,
- 2) Patient is instructed to visit facility of their choice after discharge;
- 3) Patient is referred to outpatient specific facility for follow up with a written plan defined at discharge;
- 4) Other, please specify _____
- 777) N/A I do not provide inpatient services

OS17. How do you communicate with other health care providers taking care of your patient? (e.g. specialist to specialist or primary care to specialist)? *(Please select only one answer)*

- 1) Usually patients do not have multiple providers
- 2) Communication usually occurs via written notes in the patient records or specific visit notes
- 3) Communication usually occurs via direct verbal communication
- 4) Communication usually occurs via a combination of verbal and written communication
- 5) It is not common practice for different providers of an individual patient to communicate in any way.
- 6) Other specify _____

OS18. When a patient is needs a follow up visit (including discharged patients) what is the usual process in your facility: *(Please select only one answer)*

- 1) Patients are given a follow up visit before they leave on the day of their visit
- 2) Patient is told when to come back and asked to schedule a follow up visit at a later time
- 3) Patient is told to come back if s/he has a problem
- 4) There is no usual practice with regard to follow up visits in our facility.
- 5) We are not able to schedule patient visits in this facility and patients are told to come back at a specified time (without an assigned appointment)
- 6) Other, please specify _____

OS19. In your facility, is there any system or procedure to track patients who do not come for a scheduled follow up visit?

- 1) Yes
- 0) No

OS20. Do you have a clear designation of responsibilities within the facility to ensure a welcoming and clean environment?

- 1) Yes
- 1) No

OS21. How much are you satisfied with the communication during clinical hand-over among members of the health care team in the health facility?

- 1) Extremely dissatisfied
- 2) Somewhat dissatisfied
- 3) Nor satisfied not dissatisfied
- 4) Somewhat satisfied
- 5) Extremely satisfied

OS22. How much are you satisfied with the water, sanitation and energy services and considered that these services contribute positively to providing high-quality care?

- 1) Extremely dissatisfied
- 2) Somewhat dissatisfied
- 3) Nor satisfied not dissatisfied
- 4) Somewhat satisfied
- 5) Extremely satisfied

OS23. Please select the option that best describes organizational support in your facility

- 1) The larger organization isn't supportive in a way that provides recognition, information, and resources to enhance my work.
- 2) The larger organization is inconsistent and unpredictable in providing the recognition, information and resources needed to enhance my work.
- 3) The larger organization provides recognition, information, and resources that enhance my work and makes it easier for me to meet the needs of patients.
- 4) Can't Rate

OS24. Does your facility use work of community health workers?

- 1) Yes
- 0) No [Go to No→OS16](#)

OS25. Do you do task shifting to ensure routine delivery of essential services?

- 1) Yes
- 0) No [Go to No→OS16](#)

OS26. Please select the option that best describes Community Focus in your facility

- 1) We focus on the patients who come to our unit. We haven't implemented any outreach programs in our community. Patients and their families often make their own connections to the community resources they need.
- 2) We have tried a few outreach programs and have had some success, but it is not the norm for us to go out into the community or actively connect patients to the community resources that are available to them.

- 3) We are doing everything we can to understand our community. We actively employ resources to help us work with the community. We add to the community and we draw on resources from the community to meet patient needs.
- 4) Can't Rate

Health Information System

HI1. What is the usual situation regarding a medical record for the patients visiting your ambulatory/outpatient department? *Please check the single best answer that applies most of the time to the patient's medical record:*

- 1) Patient brings unstandardized notebook, and keeps it at home. It is up to the patient whether or he/she will bring it next time;
- 2) We open standardized individual patient card at their first visit in the facility, and keep them in the facility in a way that they are easily accessible to health worker at every patient visit;
- 3) We open standardized individual patient record at their first visit, but facility does not have system to ensure finding them at next visit (e.g grouping by residence, alphabetical order), so at next visit we might open a new card;
- 4) We do not record patient information anywhere except register (please exclude specific cases, such as writing prescription or referral note)
- 5) Other, please specify_____

HI2. Please check the option that best describes availability of information for patients in your facility

- 1) Patients have access to some standard information that is available to all patients.
- 2) Patients have access to standard information that is available to all patients. We've started to think about how to improve the information they are given to better meet their needs.
- 3) Patients have a variety of ways to get the information they need and it can be customized to meet their individual learning styles. We routinely ask patients for feedback about how to improve the information we give them.
- 4) Can't rate

HI3. Please check the option that best describes availability of information for providers and staff in your facility

- 1) The technology I need to facilitate and enhance my work is either not available to me or it is available but not effective. The technology we currently have does not make my job easier.
- 2) I have access to technology that will enhance my work, but it is not easy to use and seems to be cumbersome and time consuming.
- 3) Technology facilitates a smooth linkage between information and patient care by providing timely, effective access to a rich information environment. The information environment has been designed to support the work of the clinical unit.
- 4) Can't Rate

HI4. Please check the option that best describes integration of information with technology in your facility

- 1) The technology I need to facilitate and enhance my work is either not available to me or it is available but not effective. The technology we currently have does not make my job easier.

- 2) I have access to technology that will enhance my work, but it is not easy to use and seems to be cumbersome and time consuming.
- 3) Technology facilitates a smooth linkage between information and patient care by providing timely, effective access to a rich information environment. The information environment has been designed to support the work of the clinical unit.
- 4) Can't Rate

Continuous improvement (institutional QI Capacity)

Q11 Are you aware of the basic principles and concepts of quality improvement science? *Select all that apply*

- a. yes, I know what the main dimensions of health care quality are
- b. yes, I understand needs, expectations, perceptions and preferences of key stakeholders related to quality of health care
- c. yes, I understand quality improvement principles, steps, tools, approaches and techniques
- d. No, I am not aware of the basic principles of QI [Go to Q#→Q13](#)

Q12 what are the main dimensions of quality? *Please, select all that apply*

- a. effectiveness
- b. collegiality
- c. efficiency
- d. timeliness
- e. patient-centeredness
- f. equity
- g. safety
- h. equality
- i. consumerism
- j. profitability

Q13 Does your facility have an established continuous quality improvement process? *Select only one answer that best describes QI process in your facility*

1. My facility has a continuous QI process
2. My facility has some internal QI initiatives but not a continuous QI process
3. QI process in my facility is mostly initiated by external agents (coaches, supervisors)
4. Other, specify _____
5. MY facility does not have any QI process [Go to Q#→Q15](#)

Q14 If yes, does your facility have a regular quality improvement process in the following clinical area(s)? *Select all that apply*

- a. Newborn resuscitation
- b. Routine newborn care at delivery
- c. Essential Newborn Care
- d. Care of the small newborn
- e. Care of the sick newborn
- f. Other, Please, specify clinical area _____

Q15 Does your facility have QI team(s) working on one or several clinical areas? *Select only one answer*

1. Yes, we have a QI team working on one area
2. Yes, we have a QI teams working on more than one clinical area
3. Yes, we have more than one QI teams-working on several clinical areas
4. No, [Go to Q#→Q19](#)
5. Other, please, specify_____

Q16 who is part of the QI team? *Select only one answer*

1. Only specific types of care providers
2. Only care providers
3. Care providers and support staff (lab technician, record keeper)
4. Care providers, support staff and supervisor/manager
5. Care providers, support staff, supervisor/ manager and patient(s)
6. Other, specify_____

Q17. If you have QI team(s) in your facility, please circle all routine activities of the QI team *Select all that apply*

- a. Planning and designing improvement
- b. Implementing improvement
- c. Routinely monitoring improvement
- d. Refining improvement based on assessment results
- e. Identifying improvement priorities
- f. Conducting series of Plan-do-study-act (PDSA) cycles
- g. Other, specify_____

Q18. How does the QI team monitor the progress of quality improvement in your facility? *Select all that apply.*

- a. Develops and tracks process indicators
- b. Develops and tracks outcome indicators
- c. Develop and maintains data collection and documentation
- d. Collects data
- e. Validates data
- f. Develops written results
- g. Documents changes
- h. Presents data visually
- i. Analyzes and interprets the data within the QI team
- j. Aggregates and disaggregates data to better understand gaps at individual and facility level
- k. Documents internal and external factors contributing to or hindering improvement
- l. Compares performance with other facilities, district or national benchmarks
- m. Identifies what was learned from an improvement activity
- n. Develops and tracks written plan for improvement based on assessment results
- o. None of the above
- p. Other, specify_____

Q19. How frequently does your facility (or its QI team) monitors the QI progress? *Select only one answer*

1. Daily or weekly
2. Every 2-3 weeks

3. Every month
4. Every 1-3 months
5. Every 4-6 months
6. Every 6-11 months
7. Annually
8. Does not monitor QI progress
9. Other, specify _____

QI10. How many team meetings did your facility hold per month to review competence and quality improvement activities? _____

QI11. How many active quality improvement team meetings/ quality improvement activities have you been engaged/participated in the preceding six months? _____

QI12. When was the most recent improvement cycle (PDSA) you completed (individually or as part of the QI team) within your facility? *Select only one answer*

1. Last week
2. During last 2-3 weeks
3. During last month
4. During last 1-3 months
5. During the last 4-6 months
6. During the last 6-11 months
7. During the last year
8. I did not complete any improvement cycle [Go to Q#→QI12](#)
9. I do not know what it means [Go to Q#→QI12](#)
10. Other, specify _____

QI13. Please briefly describe the most recent improvement (PDSA) cycle you completed within your facility related to newborn care (individually or as part of the QI team)

Please, write down improvement aim and steps you performed during the last PDSA cycle

Improvement objective/aim: _____

Plan _____

Do _____

Study _____

Act _____

- (a) Correctly formulates improvement aim and all steps of PDSA
- (b) Correctly formulates improvement objective
- (c) Correctly formulates planning stage
- (d) Correctly formulates implementation stage
- (e) Correctly formulates assessment stage
- (f) Correctly formulates learning from the improvement
- (g) Does not understand the PDSA cycle (incorrect formulation of improvement objective or steps)
- (h) No response to question

QI14. Have you ever received QI training?

1. Yes, during last 6 months
2. Yes, during last 7-12 months
3. Yes, during last 13-24 months
4. >24 months ago
5. Do not remember [Go to Q#→QI14](#)
6. Never [Go to Q#→QI14](#)

QI15. If yes, who provided the QI training? Select all that apply

- a. Clinical officer from District/County Health Management Team
- b. Administrative officer from District/County Health Management Team
- c. Central MoH
- d. Member of professional association
- e. Representative of donor-funded project (Specify _____)
- f. Other, please, specify _____

QI16. Please, describe your regular role in designing, planning and implementing the quality improvement process in your facility? Select only one answer

- 1) I am leading the improvement process in my facility
- 2) I participate in designing and planning of the improvement process [Go to Q#→QI17](#)
- 3) I am not involved in this process but there are some QI initiatives in my facility [Go to Q#→QI17](#)
- 4) There is no individual or institutional initiative to design and plan QI in my facility [Go to Q#→QI17](#)

QI17. If you lead improvement process, please, describe your leadership and support to quality improvement efforts in your facility. Select all that apply

- a. Facilitate an enabling environment for quality improvement
- b. Develop coaching strategies to support the implementation of improvement activities
- c. Support team members to undertake, manage and sustain QI activities
- d. Monitor and evaluate QI team functionality and performance
- e. Other, please, specify _____

QI18. Please, describe your regular role in evaluating the quality improvement process in your facility? Select only one answer

- 1) I am leading the assessment of quality in my facility
- 2) I participate in assessment of quality of the improvement process
- 3) I am not involved in assessment of quality that is happening in my facility
- 4) There is no individual or institutional initiative to assess quality in my facility
- 5) Other, please, specify _____

QI19. In your opinion, what are the main barriers to provide high quality medical services in your facility? Select all that apply

- a. Availability of essential equipment and medicines 24/7
- b. No routine maintenance
- c. NO standardized procedures to avoid stock-outs
- d. Lack of availability of evidence-based guidelines and protocols and provider decision support tools

- e. Shortage of designated skilled care providers present in delivery area 24/7
- f. Absence of designated area at respective point of care 24/7
- g. Availability of skilled care providers 24/7
- h. Limited knowledge and/or skills
- i. Limited QI competencies among facility staff
- j. Lack of supportive supervision and coaching
- k. Poor recognition and referral of high risk conditions to appropriate centers
- l. Lack of recognition of complications
- m. Care coordination between care providers
- n. Lack of clear staff roles between care providers during childbirth
- o. Lack of clear separation of tasks
- p. Poor standardization of records and registers to capture essential quality of care process and outcome data
- q. Limited documentation of clinical information to assess the quality of NR provided
- r. Small salary or financial incentive of care providers
- s. Financial affordability of services by patients
- t. Other, specify _____

QI20. Which area you think would most improve the quality medical services in your facility? Select only one

- 1. Availability of essential equipment and medicines 24/7
- 2. Routine maintenance
- 3. Standardized procedures to avoid stock-outs
- 4. Availability of evidence-based guidelines and protocols and provider decision support tools
- 5. Availability of designated skilled care providers present in delivery area 24/7
- 6. Presence of designated area at respective point of care 24/7
- 7. Availability of skilled care providers 24/7
- 8. Increased knowledge and/or skills
- 9. Increased QI competencies among facility staff
- 10. Supportive supervision and coaching
- 11. Recognition and referral of high risk conditions to appropriate centers
- 12. Recognition of complications
- 13. Care coordination between care providers
- 14. Clear staff roles between care providers
- 15. Clear separation of tasks
- 16. Standardization of records and registers to capture essential quality of care process and outcome data
- 17. Improved documentation of clinical information to assess the quality of NR provided
- 18. Increased salary or financial incentive of care providers
- 19. Financial affordability of services by patients
- 20. Other, specified above (Q# QI17)

QI21. Please check on option that best describes performance results in your facility

- 1) We don't routinely collect data on the process or outcomes of the care we provide.
- 2) We often collect data on the outcomes of the care we provide and on some processes of care.
- 3) Outcomes (clinical, satisfaction, financial, technical, safety) are routinely measured, the data is fed back to the staff, and we make changes based on data

4) Can't Rate

QI22. Please check on option that best describes process improvement in your facility

- 1) The resources required (in the form of training, financial support, and time) are rarely available to support improvement work. Any improvement activities we do are in addition to our daily work.
- 2) Some resources are available to support improvement work, but we don't use them as often as we could. Change ideas are implemented without much discipline.
- 3) There are ample resources to support continual improvement work. Studying, measuring and improving care in a scientific way are essential parts of our daily work.
- 4) Can't Rate

Patient-centered practices

PC1. Does your facility have any internal procedure/guideline to ensure confidentiality of patient information?

- 1) Yes
- 0) No

PC2. Can you please write down all measures that are in place to protect the confidentiality of patients? (Probe for measures in the list provided.)

- (a) Staff do not disclose any information given to or received from patient to third parties, such as family members, school teachers or employers, without the patient's consent.
- (b) Case records are kept in a secure place, accessible only to authorized personnel.
- (c) There are curtains in windows and doors, a screen separating the consultation area from the examination area to maintain privacy during the consultation.
- (d) Measures are implemented to prevent unauthorized access to electronically stored information.
- (e) Information on the identity of the patient and the presenting issue are gathered in confidence during client registration.
- (f) At least the first 3 items from the list were mentioned.

PC3. Does your facility have any requirements for informed consent for services provided in this facility?

- 1) Yes, approved at the national level (by government)
- 2) Yes, approved at the facility level,
- 0) No

PC4. Does your facility regularly measure patient satisfaction through any method?

- 1) Yes
- 0) No

PC5. Could you write down the most important skills to ensure good communication between you and your patients?

- (a) active listening

- (b) asking questions
- (c) responding to questions
- (d) verifying the understanding of patients and their families
- (e) supporting patients in problem-solving.

PC6. Please check on option that best describes patient focus in your facility

- 1) Most of us, including our patients, would agree that we do not always provide patient centered care. We are not always clear about what patients want and need.
- 2) We are actively working to provide patient centered care and we are making progress toward more effectively and consistently learning about and meeting patient needs.
- 3) We are effective in learning about and meeting patient needs — caring, listening, educating, and responding to special requests, and smooth service flow.
- 4) Can't Rate

Financing

F1. What is your average salary/income per month? _____

F2. What is the average number of hours you work in this facility per week? _____

F3. Do you ever receive bonuses (rewards) from the provider organization where you work?

- 1) Yes
- 0) No [Go to Q#→ F6](#)

F4. If you receive bonuses, was your reward related to the clinical outcomes for your patients?

- 1) Yes
- 0) No [Go to Q#→ F6](#)

F5. If yes, what was the form of recognition?

- 1) Performance incentives (monetary)
- 2) Certificate, Award, such as Best performer of the month
- 3) Other (please specify)

F6. In your opinion, what is the single most important problem (if any) related to financial reimbursement for services in your facility _____

For data collector use only	Tool Id: _____
District/county _____	Date: day ____ Month ____ Year ____
Facility Code: _____	Facility ID: _____
Informed Consent obtained:	Data collector Initials: _____

Tool #2: Provider Questionnaire

Section2: Adolescent services

AD1. Please check all services you provide to adolescent, for any of the following conditions or needs?

	Services	Information	Counselling	Clinical management	Referral
(a)	Normal growth and pubertal development				
(b)	Pubertal delay				
(c)	Precocious puberty				
(d)	Mental health and mental health problems				
(e)	Nutrition, including anaemia				
(f)	Physical activity				
(g)	Adolescent-specific immunization				
(h)	Menstrual hygiene and health				
(i)	At least one Family planning and contraception – oral contraceptive pills, IUDs, condoms, emergency contraceptive pills, implants, injectable contraceptives				
(j)	Safe abortion (where legal), and post-abortion care				
(k)	Antenatal care and emergency preparedness, delivery and postnatal care				
(l)	Reproductive tract infections/ sexually transmitted infections				
(m)	HIV				
(n)	Sexual violence				
(o)	Family violence				
(p)	Bullying and school violence				
(q)	Substance use and substance use disorders				
(r)	Injuries				
(s)	Skin problems				
(t)	Chronic conditions and disabilities				
(u)	Endemic diseases				

	Services	Information	Counselling	Clinical management	Referral
(v)	Common conditions during adolescence (fatigue, abdominal pain, diarrhoea, headache)				

AD2. Have you ever received the following training in adolescent health care?

- (a) Communication skills to talk to adolescents?
- (b) Communication skills to talk to adult visitors/community members
- (c) The policy on privacy and confidentiality
- (d) Clinical case management of adolescent patients?
- (e) Orientation on the importance of respecting the rights of adolescents to information and health care that is provided in a respectful, non-judgmental and non-discriminatory manner?
- (f) Policies and procedures to ensure free or affordable service provision?
- (g) Data collection, analysis and use for quality improvement?

AD3. Do you use guidelines or decision support tools, for example, job aids or algorithms, for information, counselling and clinical management in the following areas:

	Services	Information	Counselling	Clinical management	Referral
(a)	Normal growth and pubertal development				
(b)	Pubertal delay				
(c)	Precocious puberty				
(d)	Mental health and mental health problems				
(e)	Nutrition, including anaemia				
(f)	Physical activity				
(g)	Adolescent-specific immunization				
(h)	Menstrual hygiene and health				
(i)	At least one Family planning and contraception – oral contraceptive pills, IUDs, condoms, emergency contraceptive pills, implants, injectable contraceptives				
(j)	Safe abortion (where legal), and post-abortion care				
(k)	Antenatal care and emergency preparedness, delivery and postnatal care				
(l)	Reproductive tract infections/ sexually transmitted infections				
(m)	HIV				
(n)	Sexual violence				
(o)	Family violence				

	Services	Information	Counselling	Clinical management	Referral
(p)	Bullying and school violence				
(q)	Substance use and substance use disorders				
(r)	Injuries				
(s)	Skin problems				
(t)	Chronic conditions and disabilities				
(u)	Endemic diseases				
(v)	Common conditions during adolescence (fatigue, abdominal pain, diarrhoea, headache)				

AD4. Please describe lever of your personal comfort?

		Very comfortable (1)	Somewhat Comfortable (2)	Not comfortable (3)
(a)	Providing Care to Adolescents			
(b)	Answering Adolescents' questions			

AD5. Are you aware of the following SOPs/guidelines:

- (a) for which services, should be provided in the facility and which in the community?
- (b) Referral guidelines/SOPs?
- (c) Policy/SOPs for a planned transition from pediatric to adult care?
- (d) Guidelines/SOPs on informed consent?
- (e) Guidelines/SOPs on providing services to all adolescents irrespective of their ability to pay, age, sex, marital status or other characteristics?
- (f) Guidelines/SOPs on providing free, or affordable, services to adolescents?
- (g) Guidelines/SOP on measures to protect the privacy and confidentiality of adolescents?

AD6. What is facility policy regarding disclose any information given to or received from an adolescent to third parties, such as family members, school teachers or employers?

- (a) We do not disclose it to anybody without adolescent's consent without court order
- (b) We provide this information to legal guardians if requested, without seeking adolescents consent
- (c) We provide this information for any interested party if they have legitimate interest (e.g. ensure safety of other students)
- (d) Others, specify

AD7. Do you know any groups of adolescents in your community(ies) that are vulnerable regarding health issues?

- 1) Yes
- 0) No

AD8. Have you ever discussed with your manager and your colleagues, and undertaken actions in order to?

- (a) Make working hours convenient for adolescents?
- (b) Minimize waiting time?
- (c) Provide services to adolescents with, or without an appointment?

AD9. Did you ever participate in a facility self–assessment of the quality of care provided to adolescents? Do you think the working hours in this facility are convenient for adolescents?

- 1) Yes
- 0) No

AD10. Have you ever trained any of the following groups in these areas:

- (a) Outreach workers in adolescent health care?
- (b) Adolescents in providing certain services, for example, health education for peers, counselling?

AD11. Have you ever involved any of the following groups in these activities?

- (a) Adolescents in the planning, monitoring and evaluation of health services?
- (b) Adolescents in any aspects of service provision?
- (c) Vulnerable groups of adolescents in the planning, monitoring and evaluation of health services and service provision?

AD12. Have you ever worked with:

- (a) Agencies and organizations in the community to develop health education and behavior oriented communication strategies and materials and plan service provision?
- (b) Organizations from health and other sectors (for example social, recreational, legal) to establish referral networks for adolescent clients?

AD13. Do you inform adults visiting the health facility about services available for adolescents, and why it is important that adolescents use the services?

- 1) Yes
- 2) No

AD14. Do you have support materials to communicate with parents, guardians and other community members and organizations about the value of providing health services to adolescents?

- 1) Yes
- 0) No

AD15. Do you inform adolescents about the availability of health, social services and other services available?

- 1) Yes

0) No

AD16. When you see an adolescent client for services or counselling do you:

	When you see an adolescent client for services or counselling do you:	Always (1)	Most of the times (2)	Sometimes (3)	Never (4)
(a)	Introduce yourself first to the adolescent?				
(b)	Ask the adolescent what he/she likes to be called?				
(c)	Ask the adolescent who he/she has brought with him/her to the consultation?				
(d)	Explain to adolescents that are accompanied that you routinely spend some time alone with the adolescent towards the end of the consultation?				
(e)	Ask the adolescent permission to ask the accompanying person(s) their opinions/observations?				
(f)	Obtain, in cases when an informed consent from a third party is required, the adolescent's assent to the service/procedure?				
(g)	Ensure that no one can see or hear the adolescent client from outside during the consultation or counselling?				
(h)	Ensure that there is a screen between the consultation and examination area?				
(i)	Assure the adolescent client that no information will be disclosed to any one (parents/other) without his/her permission?				
(j)	Explain to the adolescent client the conditions when you might need to disclose information, such as in situations required by law, ¹ and if that is the case you will inform him/her of the intention to disclose unless doing so would place them at further risk of harm?				
(k)	k) Keep all records/lab test reports under lock and key or password protected if in the computer?				

AD17. During a consultation with an adolescent client, do you routinely take a psychosocial history such as:

	When you see an adolescent client for services or counselling do you:	Always (1)	Most of the times (2)	Sometimes (3)	Never (4)
(a)	Asking the adolescent questions about home and relationships with adults?				
(b)	Asking the adolescent questions about school?				
(c)	Asking the adolescent questions about his/her eating habits?				

	When you see an adolescent client for services or counselling do you:	Always (1)	Most of the times (2)	Sometimes (3)	Never (4)
(d)	Asking the adolescent questions about sports or other physical activity?				
(e)	Asking the adolescent questions about sexual relationships? Only adolescents of an appropriate age.				
(f)	Asking the adolescent questions about smoking, alcohol or other substances?				
(g)	Asking the adolescent questions about how happy he/she feels, or other questions about his/her mood or mental health?				

AD18. Would you provide the following services to all adolescents regardless of sex, age, marital status or ability to pay?

- (a) Hormonal contraceptives
- (b) Condoms
- (c) STI treatment
- (d) HIV testing and counselling
- (e) Medical termination of pregnancy/abortion [where legal]

AD19. How confident do you feel about your knowledge of how to provide care to adolescents?

- 1) Confident
- 2) Somewhat/not confident
- 3) Not confident

AD20. Has any adolescent been denied services within last 12 months because of:

- (a) Recent stock-outs?
- (b) Malfunctioning/unavailable equipment?

AD21. Do you do outreach work?

- 1) Yes
- 0) No [Go to No→AD23](#)

AD21. Do you have a plan for outreach activities?

- 1) Yes
- 0) No

AD22. During the last 12 months, have you:

- (a) Participated in school meetings to inform parents/guardians and teachers about the health services available for adolescents, and why it is important that they use the services?

- (b) Participated in meetings with youth and other community organizations to inform them about the health services available for adolescents and why it is important that adolescents use the services?
- (c) Conducted any outreach sessions with adolescents to inform them about the services available?
- (d) Conducted any outreach sessions with adolescents on health education about various topics?

AD23. Please write down all vaccinations for which you routinely screen, counsel, administer or refer:

- (a) HPV
- (b) Hepatitis B
- (c) Tetanoid Toxoid

AD24. Do you routinely educate adolescents on health and other consequences of getting married early?

- 1) Yes
- 0) No [Go to No→AD26](#)

AD25. Please you write down which consequences do you provide as an example

- (a) Dropping out of school
- (b) Early childbirth
- (c) More prone to sexually transmitted diseases
- (d) Other, specify _____
- (e) At least 2 items from the list were named.

AD26. Do you routinely educate adolescents on health consequences of having a baby at a young age?

- 1) Yes
- 0) No [Go to No→AD28](#)

AD27. Please write down the consequences do you provide as an example?

- (a) Anemia
- (b) Babies with low birth weight
- (c) Death of the mother
- (d) Difficult labor
- (e) Preterm birth
- (f) Death of the baby
- (g) Other (please specify) _____

AD28. Please rate effectiveness of family planning options (rate 1 for the least effective and 5 to the most effective, do not repeat the numbers

- (a) Withdrawal _____
- (b) Hormonal Implants _____
- (c) Combined Injectable Contraceptives (CICs)_____

- (d) Standard Days Method _____
 (e) Diaphragm _____

AD29. Based on your understanding, please indicate whether the following statements are true or false about emergency contraception pills (ECP)

	Questions	True (1)	Not true (0)
(a)	It is the only methods that can help prevent pregnancy after a woman has had unprotected sex.		
(b)	Is intended for regular use		
(c)	A woman using ECP repeatedly should receive additional family planning counseling in order to select the most appropriate continuous method.		
(d)	Is ineffective after 36 hours of unprotected sex		
(e)	Is safe to use in postpartum period		
(f)	Must be used within 5 days (120 hours) of unprotected sex.		
(g)	It cannot be used in rape victims		
(h)	Does not disrupt existing pregnancy		
(i)	Is not safe for a woman living with HIV/AIDS		
(j)	Cannot be used together with antiretroviral (ARV) medicines		

Tool#2: Provider Questionnaire

Section 2: Adolescent Care Module

Standardized Options for Open-ended questions and Correct Answers to Knowledge Questions

AD23. Please write down all vaccinations for which you routinely screen, counsel, administer or refer:

- (a) HPV
- (b) Hepatitis B
- (c) Tetanoid Toxoid

AD25. Please you write down which consequences do you provide as an example

- (a) Dropping out of school
- (b) Early childbirth
- (c) More prone to sexually transmitted diseases
- (d) Other, specify _____
- (e) At least 2 items from the list were named.

AD27. Please write down the consequences do you provide as an example?

- (a) Anemia
- (b) Babies with low birth weight
- (c) Death of the mother
- (d) Difficult labor
- (e) Preterm birth
- (f) Death of the baby
- (g) Other (please specify) _____

AD28. Please rate effectiveness of family planning options (rate 1 for the least effective and 5 to the most effective, do not repeat the numbers

- (a) Withdrawal _1__
- (b) Hormonal Implants ___5___
- (c) Combined Injectable Contraceptives (CICs)___4_
- (d) Standard Days Method ____3__
- (e) Diaphragm _2__

AD29. Based on your understanding, please indicate whether the following statements are true or false about emergency contraception pills (ECP)

	Questions	True (1)	Not true (0)
(a)	It is the only methods that can help prevent pregnancy after a woman has had unprotected sex.	X	
(b)	Is intended for regular use		X
(c)	A woman using ECP repeatedly should receive additional family planning counseling to select the most appropriate continuous method.	X	
(d)	Is ineffective after 36 hours of unprotected sex		X
(e)	Is safe to use in postpartum period	X	
(f)	Must be used within 5 days (120 hours) of unprotected sex.	X	
(g)	It cannot be used in rape victims		X
(h)	Does not disrupt existing pregnancy	X	
(i)	Is not safe for a woman living with HIV/AIDS		X
(j)	Cannot be used together with antiretroviral (ARV) medicines		X

For data collector use only	Tool Id: _____
District/County _____	Date: day ____ Month ____ Year ____
Facility Code: _____	Facility ID: _____
Informed Consent obtained:	Data collector Initials: _____

Tool #2: Provider Questionnaire

Section 3: ANC Module

The questions in this section assess your current clinical practices, opinions, and knowledge about selected ANC issues. For many questions, there is no right answer so please just answer the questions as you see best.

Services/Trainings/comfort:

ANT1. Please select all services you provide to pregnant women in this facility?

- (a) Nutritional assessment of the pregnant woman
- (b) Performing RTD
- (c) Screening for HIV infection
- (d) Distribution of Nutrition Supplements (Iron, Folic acid)
- (e) Pelvic examination
- (f) Cervical Cancer screening
- (g) Immunization services
- (h) IV administration of medications
- (i) Initial treatment for pre-eclampsia

ANT2. Please Indicate all trainings you received last 12 months?

- (a) Focused Antenatal Care
- (b) Obstetric Emergency training for complications of pregnancy and their management
- (c) Updated WHO recommendations on positive pregnancy experience
- (d) Screening and Management of Pre-eclampsia
- (e) Screening and Management of Gestational Diabetes
- (f) Screening for HIV infection and prevention of Mother to Child Transmission (PMTCT)
- (g) Prevention and referral for preterm birth
- (h) Danger signs during pregnancy, labor and childbirth Education
- (i) Nutritional assessment of the pregnant woman
- (j) Nutrition and Lifestyle Counseling for ANC
- (k) Birth Preparedness Counselling
- (l) Clinical enquiry on Intimate Partner Violence and Domestic violence
- (m) Supportive response for Intimate Partner Violence
- (n) Malaria in Pregnancy
- (o) interpersonal communication/counselling skills/cultural competence

ANT3. Do you use guidelines or decision support tools, for example, job aids or algorithms, for information, counselling and clinical management in the following areas:

- (a) Routine screenings of antenatal care
- (b) Screening and Management of hypertension

- (c) Screening and Management of proteinuria
- (d) Prevention and treatment of malaria
- (e) Screening and Management of Gestational Diabetes
- (f) Screening and Management of Preeclampsia
- (g) Screening and Management of preterm labour
- (h) Prevention of Mother to Child Transmission of PMTCT

ANT4. Please describe your personal level of comfort independently managing and deciding need for referral for the following conditions during the pregnancy

	Conditions	Very comfortable (1)	Somewhat Comfortable (2)	Not comfortable (3)
(a)	Screening and Management of hypertensive disorders			
(b)	Screening and Management of high Urinary Protein			
(c)	Screening and Management of high Blood Glucose			
(d)	Screening and modification of behavioral risk factors			
(e)	Fever and Infections			
(f)	Vaginal Bleeding			

ANT5. Are you aware of the following policies, protocols, SOPs/guidelines:

- (a) Routine ANC Screenings
- (b) Task shifting to provide quality Antenatal Care
- (c) Counseling on Intimate Partner Violence
- (d) Sexual and Reproductive Health Policy

ANT6. Do you do task shifting to promote health-related behaviors for maternal and newborn health?

- 1) Yes
- 0) No [Go to No→ANT9](#)

ANT7. Which services do you usually delegate to more general health cadre?

- (a) Health promotions messages auxiliary nurses,
- (b) ANC referral,
- (c) RDT,
- (d) HIV testing
- (e) Distribution of Folic Acid Supplements
- (f) Distribution of Iron Supplements
- (a) Intermittent Preventive Treatment for Malaria
- (b) Other, specify _____

ANT8. Who is involved in task shifting?

- (a) lay health workers,
- (b) auxiliary nurses,
- (c) nurses,
- (d) midwives
- (e) doctors
- (f) Other, specify the cadre _____

ANT8. Do you participate in outreach community based services?

- 1) Yes
- 0) No [Go to Q# → ANP1](#)

ANT9. Please specify which services are made available during outreach visits?

- (a) Antenatal Care
- (b) Rapid Diagnostic Test for Malaria
- (c) HIV testing
- (d) Family planning
- (e) Immunization
- (f) Other, specify _____

Practices

ANP1. how many basic visits pregnant women usually have? _____

ANP2. What is your practice regarding ANC patient notes? *Select all that way*

- (a) Patient notes are usually kept in the facility organized in systemic way, that makes them easily accessible during next visits
- (b) Patient notes are kept in the facility; however, we open new one at each visit as it is difficult or impossible to find the previous records
- (c) The only facility held medical information is record in the registers
- (d) Each pregnant woman carries her own Patient notes during pregnancy
- (e) Other specify _____

ANP3. Please select all conditions that you routinely screen at least once during ANC visits

- (a) Anemia
- (b) Asymptomatic bacteriuria
- (c) Pregnancy-related Hypertension
- (d) Proteinuria during the pregnancy
- (e) Gestational diabetes mellitus
- (f) Tobacco use
- (g) Exposure to second-hand smoke
- (h) Substance use
- (i) HIV Infection
- (j) Syphilis
- (k) Tuberculosis
- (l) Malaria
- (m) Helminthiasis
- (n) Iron insufficiency
- (o) Intimate partner violence

ANP4. If you screen for intimate partner/domestic violence do you think the privacy and time allocated for the visit are adequate for disclosure?

- 1) Yes
- 2) No
- 777) N/A (I never screen for IPV/DV) [Go to Q#→ ANP6](#)

ANP5. If patient confirms intimate partner violence do you have referral system in place to support her?

- 1) Yes
- 0) No

ANP6. Please select all fetal assessment you routinely perform on at least one ANC visits

- (a) abdominal palpation for the assessment of fetal growth
- (b) symphysis-fundal height (SFH) measurement for the assessment of fetal growth
- (c) Routine antenatal cardiotocography
- (d) ultrasound scan before 24 weeks of gestation
- (e) Doppler ultrasound of fetal blood vessels

ANP7. Routinely how do you screen for anemia during the pregnancy

- 1) Complete blood count
- 2) on-site hemoglobin testing
- 3) hemoglobin color scale
- 4) clinical findings

ANP8. What is your routine practice for screening high blood pressure during the pregnancy?

- (a) Measure Blood pressure at the first ANC visit
- (b) Measure Blood pressure at all visits
- (c) Ask pregnant women to measure Blood pressure twice a day and bring diary at each visit
- (d) Do not measure Blood Pressure at all
- (e) Start measuring blood pressure at or after 20th week of gestation
- (f) Other specify_____

ANP9. If you find blood Pressure $\geq 140/90$ mmHg what will be your next steps?

- (a) Refer pregnant women urgently to the specialist care
- (b) Recommend bedrest for a week
- (c) Perform electrocardiogram
- (d) Perform Blood test, specify _____
- (e) Perform urine test, specify_____
- (f) Prescribe antihypertensive regularly
- (g) Schedule follow up visit

ANP10. In your routine clinical practice which approach do you usually use (including referral to the lab) to diagnose Asymptomatic bacteriuria (ASB) during the pregnancy

- 1) I have no capacity to diagnose ASB [Go to Q#→ ANP12](#)
- 2) Midstream Urine Culture
- 3) on-site midstream urine Gram-staining
- 4) dipstick tests

ANP10. If you diagnose Asymptomatic bacteriuria (ASB) during the pregnancy, what are your usual approach for its management

- 1) Repeat the tests for confirmation of diagnosis
- 2) Refer to specialist care
- 3) Prescribe antibiotic for 5 days
- 4) Prescribe antibiotic for 7 days
- 5) Prescribe antibiotic for 10 days
- 6) No action, ASB is benign condition and no intervention is necessary

ANP11. Please select all measures you routinely offer for all pregnant women to prevent malaria:

- (a) No routine interventions except health education
- (b) Performing Rapid Diagnostic Test for Malaria
- (c) Distributing Insecticide treated nets at ANC visit
- (d) intermittent preventive treatment with sulfadoxine-pyrimethamine (IPT-SP) *If not checked Go to Q#→ANP15*

ANP12. When you usually start IPT-SP:

- 1) At the first ANC visit
- 2) As early as possible in the second trimester
- 3) As early as possible in the third trimester
- 4) At 20th week of gestation
- 5) Other specify _____

ANP13. What is the spacing the treatment doses in IPT-SP

- (a) At least a week
- (b) At least 14 days
- (c) At least a month
- (d) At least 6 weeks

ANP14. How many doses of IPT-SP your patients usually receive during a pregnancy? _____

ANP15. If pregnant woman tests positive for HIV, what are your routine actions?

- (a) Conduct CD4 count
- (b) Conduct Viral load
- (c) Conduct clinical staging of HIV infection
- (d) Evaluate for ART
- (e) Counsel on Prevention of Mother to Child transmission (PMTCT)
- (f) Start ARV treatment
- (g) Refer to the HIV clinic

ANP16. If you refer women to HIV clinic what is your communication the receiver facility

- (a) I Write free form referral note with all clinical information that I consider important for a patient to take to HIV clinic
- (b) I Write standard referral note with all information required by protocol for a patient to take to HIV clinic
- (c) Support staff verifies whether woman got admitted in HIV clinic
- (d) Patient brings standard record from HIV clinic with all necessary information
- (e) Patient brings free-form record from HIV clinic with all necessary information

ANP17. Do you have system to notify maternity on HIV+ status of pregnant to ensure PMTCT?

- 1) Yes
- 0) No [Go to Q#→ANP19](#)

ANP18. Please describe the system

ANP19. What is your approach for the management of physiologic symptoms of pregnancy?

- (a) I do not spend much time on them as they are benign self-limited conditions
- (b) I never screen for them unless pregnant woman presents as complaint, in this case I take time to ensure them that they are not dangerous for her or for their future baby.
- (c) I routinely screen for these symptoms as they might be important for the pregnancy experience
- (d) I routinely screen for these symptoms as can point to the potential pregnancy complications
- (e) The management options of these symptoms, should be strictly based on the evidence of their effectiveness
- (f) The management options of these symptoms, should be strictly based on the evidence of their effectiveness and local availability
- (g) The management of these symptoms based on women's preferences

ANP20. Could you write down most important issues that you feel important to educate every pregnant women

- (a) Birth preparedness/ Individual birth plan (IBP)
- (b) Pregnancy Complication preparedness
- (c) Birth spacing
- (d) Family planning
- (e) Danger signs (when to seek medical care)
- (f) Delivery with skilled attendant
- (g) Nutritional counseling
- (h) Rest and hygiene
- (i) Safer sex
- (j) Care of common discomforts in pregnancy
- (k) Use of IPT and ITNs
- (l) Avoidance of alcohol and drugs
- (m) Immunization
- (n) Newborn care
- (o) Early and exclusive Breastfeeding
- (p) HIV testing and PMTCT
- (q) Postnatal care

ANP21. Please write down all danger signs you routinely counsel all pregnant women that need immediate response she needs to be taken to hospital or health center immediately):

- (a) Any vaginal bleeding

- (b) convulsions or fits
- (c) severe headaches or blurred vision
- (d) fever and is too weak to get out of bed
- (e) severe abdominal pain
- (f) fast or difficult breathing

ANP22. Please write down all danger signs you routinely counsel all pregnant women when she needs to come to the health center as soon as possible:

- (a) Fever
- (b) Foul smelling discharge from her vagina
- (c) Abdominal pain
- (d) Feels ill
- (e) Swelling of fingers, face and legs

Knowledge

ANK1. Which dietary supplements are recommended for all pregnant women according to WHO

- (a) Iron
- (b) Vitamin C
- (c) Folic acid
- (d) Calcium
- (e) Vitamin A
- (f) Zinc
- (g) Multiple Micronutrients
- (h) Vitamin B6
- (i) Vitamin E
- (j) Vitamin D

ANK2. What will be your approach to prevent maternal and neonatal tetanus in pregnant women who never had any vaccination with toxoid-containing vaccine (TT-CV) or her vaccination status is unknown

- (a) two doses of a tetanus toxoid-containing vaccine (TT-CV) one month apart with the second dose given at least two weeks before delivery.
- (b) three doses of a tetanus toxoid-containing vaccine (TT-CV) one month apart with the last dose given at least two weeks before delivery.
- (c) One dose as soon as possible, the second 6 months after delivery and two more doses, in the two subsequent years or during two subsequent pregnancies.
- (d) one dose of a TT-CV during each subsequent pregnancy to a total of five doses

ANK3. Which interventions are recommended according to WHO to prevent preeclampsia/eclampsia at high risk of developing pre-eclampsia

- (a) Calcium supplementation
- (b) Advice to rest at home
- (c) Restriction in dietary salt intake
- (d) Vitamin D supplementation
- (e) combined vitamin C and vitamin E supplementation
- (f) Thiazide Diuretics
- (g) Low-dose acetylsalicylic acid

OBK4. Mrs. B. is 28 weeks pregnant. She complains of severe headaches, dizziness and blurred vision. She has had a headache for 3 days and has had difficulty standing up since last night. On examination her blood pressure is 165/110 and she has 3+ protein in her urine. Her diagnosis is:

- 1) Moderate preeclampsia
- 2) Severe preeclampsia
- 3) Chronic hypertension
- 4) Eclampsia

OBK5. Based on the diagnosis for Mrs. B, question OBK4 above, please indicate whether the following statements are true or false with regard to the next steps you and your team should take:

	Questions	True (1)	Not true (0)
(a)	If possible hospitalize her in area without noise, bright lights, or external stimuli.		
(b)	Interrupt the pregnancy as soon as possible		
(c)	Encourage her to continue the pregnancy until at least 32 weeks to allow for fetal maturation		
(d)	Recommend her reducing dietary sodium to decrease blood pressure		
(e)	Give her antihypertensive (hydralazine, labetalol or nifedipine)		
(f)	Give Diuretics		
(g)	Take her blood pressure at least every 15 minutes		
(h)	Allow her to rest until her blood pressure stabilizes and then refer her to a higher level of care		
(i)	Slowly give her 4g of 50% Magnesium Sulfate IV over 5 minutes.		
(j)	Administer oral Betamethasone or Dexamethasone		
(k)	Slowly give her 4 g of 20% Magnesium Sulfate IV over 5 minutes.		
(l)	Promptly after IV administration follow with 5 g of 50% magnesium sulfate solution in each buttock as a deep IM injection with 1 mL of 2% lignocaine in the same syringe.		
(m)	Promptly after IV administration follow with 10 g of 20% magnesium sulfate solution in each buttock as a deep IM injection with 1 mL of 2% lignocaine in the same syringe.		

ANK6. What can be recommended as first option for the relief of vomiting and nausea during pregnancy:

- (a) doxylamine
- (b) metoclopramide
- (c) Ginger
- (d) chamomile
- (e) vitamin B6
- (f) acupuncture
- (g) Lemon oil
- (h) Mint oil

ANK9. What can be recommended as the first option for the relief of heartburn during pregnancy:

- (a) doxylamine
- (b) metoclopramide
- (c) Ginger
- (d) chamomile
- (e) avoidance of large, fatty meals
- (f) avoidance of alcohol,
- (g) cessation of smoking,
- (h) raising the head of the bed to sleep.
- (i) antacids

ANK10. What statements are true regarding use of antacids during the pregnancy:

	Questions	True (1)	Not true (2)
(a)	Magnesium carbonate antacids should be given the preference over aluminium hydroxide antacids		
(b)	Aluminium hydroxide antacids should be given the preference over Magnesium carbonate antacids		
(c)	They should be strictly avoided as not safe during the pregnancy		
(d)	They should be taken strictly after the meal		
(e)	They should be taken two hours apart from other medications		

ANK11. What can be recommended for the relief of leg cramps in pregnancy:

- (a) Oral magnesium
- (b) Oral calcium
- (c) Muscle stretching,
- (d) Relaxation,
- (e) Heat therapy,
- (f) Ice Therapy,
- (g) Physiotherapy
- (h) Support Belts
- (i) Dorsiflexion of the foot
- (j) Plantar Extension of the foot
- (k) Oral vitamins B6
- (l) Oral vitamins B1

ANK12. What can be recommended to prevent low back and pelvic pain during the pregnancy:

- (a) Healthy eating
- (b) Regular exercise
- (c) Smoking cessation
- (d) Calcium supplementation
- (e) Iron Supplementation
- (f) Folic acid supplementation

ANK13. What can be recommended to reduce constipation during the pregnancy:

- (a) adequate intake of water
- (b) adequate intake of dietary fibre (found in vegetables, nuts, fruit and whole grains)
- (c) Oral calcium
- (d) Wheat bran
- (e) Fiber supplements
- (f) Stimulant laxatives regularly
- (g) Stimulant laxatives occasionally

ANK14. What can be recommended for the management of varicose veins and oedema in pregnancy:

- (a) adequate intake of water
- (b) compression stockings,
- (c) leg elevation
- (d) water immersion
- (e) Thiazide diuretics
- (f) Phlebotonics (e.g rutoside)
- (g) Foot massage by a professional masseur

Tool#2: Provider Questionnaire

Section 3: ANC Module

Standardized Options for Open-ended questions and MCQ answers

ANP20. Could you write down most important issues that you feel important to educate every pregnant women

- (a) Birth preparedness/Individual birth plan (IBP)
- (b) Pregnancy Complication preparedness
- (c) Birth spacing
- (d) Family planning
- (e) Danger signs (when to seek medical care)
- (f) Delivery with skilled attendant
- (g) Nutritional counseling
- (h) Rest and hygiene
- (i) Safer sex
- (j) Care of common discomforts in pregnancy
- (k) Use of IPT and ITNs
- (l) Avoidance of alcohol and drugs
- (m) Immunization
- (n) Newborn care
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- (a) Fever
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- (c) Abdominal pain
- (d) Feels ill
- (e) Swelling of fingers, face and legs

ANK1. Which dietary supplements are recommended for all pregnant women according to WHO

- (a) Iron**
- (b) Vitamin C
- (c) Folic acid**
- (d) Calcium
- (e) Vitamin A
- (f) Zinc
- (g) Multiple Micronutrients
- (h) Vitamin B6
- (i) Vitamin E
- (j) Vitamin D

ANK2. What will be your approach to prevent maternal and neonatal tetanus in pregnant women who never had any vaccination with toxoid-containing vaccine (TT-CV) or her vaccination status is unknown

- (a) two doses of a tetanus toxoid-containing vaccine (TT-CV) one month apart with the second dose given at least two weeks before delivery.**
- (b) three doses of a tetanus toxoid-containing vaccine (TT-CV) one month apart with the last dose given at least two weeks before delivery.
- (c) One dose as soon as possible, the second 6 months after delivery and two more doses, in the two subsequent years or during two subsequent pregnancies.
- (d) one dose of a TT-CV during each subsequent pregnancy to a total of five doses (if women had 1-4 doses of a TT-CV in the past)**

ANK3. Which interventions are recommended per WHO to prevent preeclampsia/eclampsia at high risk of developing pre-eclampsia

- (a) Calcium supplementation**
- (b) Advice to rest at home
- (c) Restriction in dietary salt intake
- (d) Vitamin D supplementation
- (e) combined vitamin C and vitamin E supplementation
- (f) Thiazide Diuretics
- (g) Low-dose acetylsalicylic acid**

OBK4. Mrs. B. is 28 weeks pregnant. She complains of severe headaches, dizziness and blurred vision. She has had a headache for 3 days and has had difficulty standing up since last night. On examination, her blood pressure is 165/110 and she has 3+ protein in her urine. Her diagnosis is:

- 1) Moderate preeclampsia
- 2) Severe preeclampsia**
- 3) Chronic hypertension
- 4) Eclampsia

OBK5. Based on the diagnosis for Mrs. B, question OBK4 above, please indicate whether the following statements are true or false with regard to the next steps you and your team should take:

	Questions	True(1)	Not true(0)
(a)	If possible hospitalize her in area without noise, bright lights, or external stimuli.	X	
(b)	Interrupt the pregnancy as soon as possible		X
(c)	Encourage her to continue the pregnancy until at least 32 weeks to allow for fetal maturation	X	
(d)	Recommend her reducing dietary sodium to decrease blood pressure		X
(e)	Give her antihypertensive (hydralazine, labetalol or nifedipine)	X	
(f)	Give Diuretics		X
(g)	Take her blood pressure at least every 15 minutes	X	
(h)	Allow her to rest until her blood pressure stabilizes and then refer her to a higher level of care		X
(i)	Slowly give her 4g of 50% Magnesium Sulfate IV over 5 minutes.		X
(j)	Administer oral Betamethasone or Dexamethasone	X	
(k)	Slowly give her 4 g of 20% Magnesium Sulfate IV over 5 minutes.	X	
(l)	Promptly after IV administration follow with 5 g of 50% magnesium sulfate solution in each buttock as a deep IM injection with 1 mL of 2% lignocaine in the same syringe.	X	
(m)	Promptly after IV administration follow with 10 g of 20% magnesium sulfate solution in each buttock as a deep IM injection with 1 mL of 2% lignocaine in the same syringe.		X

ANK6. What can be recommended as first option for the relief of vomiting and nausea during pregnancy:

- (a) doxylamine
- (b) metoclopramide
- (c) **Ginger**
- (d) **chamomile**
- (e) **vitamin B6**
- (f) **acupuncture**
- (g) Lemon oil
- (h) Mint oil

ANK9. What can be recommended as the first option for the relief of heartburn during pregnancy:

- (a) doxylamine
- (b) metoclopramide
- (c) Ginger
- (d) chamomile
- (e) **avoidance of large, fatty meals**
- (f) **avoidance of alcohol,**
- (g) **cessation of smoking,**
- (h) **raising the head of the bed to sleep.**

- (i) antacids

ANK10. What statements are true regarding use of antacids during the pregnancy:

	Questions	True (1)	Not true (2)
(a)	Magnesium carbonate antacids should be given the preference over aluminum hydroxide antacids		X
(b)	Aluminum hydroxide antacids should be given the preference over Magnesium carbonate antacids		X
(c)	They should be strictly avoided as not safe during the pregnancy		X
(d)	They should be taken strictly after the meal		X
(e)	They should be taken two hours apart from other medications	X	

ANK11. What can be recommended for the relief of leg cramps in pregnancy:

- (a) **Oral magnesium**
- (b) **Oral calcium**
- (c) **Muscle stretching,**
- (d) **Relaxation,**
- (e) **Heat therapy,**
- (f) Ice Therapy,
- (g) Physiotherapy
- (h) Support Belts
- (i) **Dorsiflexion of the foot**
- (j) Plantar Extension of the foot
- (k) Oral vitamins B6
- (l) Oral vitamins B1

ANK12. What can be recommended to prevent low back and pelvic pain during the pregnancy:

- (a) Healthy eating
- (b) Regular exercise**
- (c) Smoking cessation
- (d) Calcium supplementation
- (e) Iron Supplementation
- (f) Folic acid supplementation

ANK13. What can be recommended to reduce constipation during the pregnancy:?

- (a) **adequate intake of water**
- (b) adequate intake of dietary fiber (found in vegetables, nuts, fruit and whole grains)**
- (c) Oral calcium
- (d) **Wheat bran**
- (e) **Fiber supplements**
- (f) Stimulant laxatives regularly
- (g) Stimulant laxatives occasionally

ANK14. What can be recommended for the management of varicose veins and edema in pregnancy:

- (a) adequate intake of water
- (b) **compression stockings,**
- (c) **leg elevation**
- (d) **water immersion**
- (e) Thiazide diuretics
- (f) Phlebotonics (e.grutoside)
- (g) Foot massage by a professional masseur

For data collector use only	Tool Id: _____
District/County _____	Date: day ___ Month ___ Year _____
Facility Code: _____	Facility ID: _____
Informed Consent obtained:	Data collector Initials: _____

Tool #2: Provider Questionnaire

Section 4: Maternal (obstetric) Module

The questions in this section assess your current clinical practices, opinions, and knowledge about selected obstetric and postpartum issues. For many questions, there is no right answer so please just answer the questions as you see best.

Services/Trainings/comfort:

OBT1. Please describe all services you provide to the mothers in labor in this facility:

- (a) Normal delivery services;
- (b) IV administration of antibiotics;
- (c) Parenteral administration of oxytocic drug;
- (d) Parenteral administration of anticonvulsants;
- (e) Assisted vaginal delivery;
- (f) Manual removal of placenta;
- (g) Manual removal of retained products;
- (h) Advanced surgical services (including C-section),
- (i) Blood transfusion
- (j) Counseling for family planning
- (k) IUD insertion and/or removal
- (l) Implant insertion and/or removal
- (m) Performing vasectomy
- (n) Performing tubal ligation
- (o) Clinical management of FP methods, including managing side effects
- (p) Family planning for HIV positive women
- (q) Referral for FP services not available in your facility
- (r) Cervical Cancer Screening

OBT2. In the past 12 months, did you receive any training (initial or refresher) on the following topics:

- (a) Routine care for labor and normal vaginal delivery
- (b) Positive impact of the presence of a chosen companion during labour and birth
- (c) non-pharmacological and pharmacological pain relief during labour and birth
- (d) Interpersonal and cultural competence in providing emotional support during labour and birth
- (e) Screening and Management of Preeclampsia/eclampsia
- (f) Emergency obstetric care (EmOC)/Life-saving skills (LSS)
- (g) Diagnosis and treatment of Obstructed labour
- (h) Treatment of women with or at risk for infections
- (i) Preterm birth/Labour (care of mothers and babies)

- (j) Removal of placenta or products of conception (D&C, vacuum aspiration, etc.)
- (k) Manual removal of placenta
- (l) Special delivery care practices for preventing mother-to-child transmission (PMTCT) of HIV/AIDS
- (m) Assisted vaginal delivery (apply vacuum or forceps)
- (n) Resuscitate a newborn with bag and mask (HBB)
- (o) Cervical Cancer Screening
- (p) Maternal death or near miss reviews/audits
- (q) interpersonal communication/counselling skills/cultural competence

OBT3. Do you use guidelines or decision support tools, for example, job aids or algorithms, for clinical management in the following areas?

- (a) Screening and Management of Preeclampsia/eclampsia
- (b) Diagnosis and Management of Obstructed labor
- (c) Treatment of women with or at risk for infections
- (d) Preterm birth/Labor (care of mothers and babies)
- (e) Administration of Antenatal Corticosteroids
- (f) Screening for Cervical Cancer

OBT4. Please describe your personal level of comfort in independently managing the complications listed in the table below;

	Conditions	Very comfortable (1)	Somewhat Comfortable (2)	Not comfortable (0)
(a)	Obstructed Labor			
(b)	PPH			
(c)	Eclampsia			
(d)	Maternal Sepsis (risk of infections)			
(e)	Preterm Labor			

OBT5. Are you aware of the following policies, SOPs/guidelines:

- (a) On verbal and written hand-over of women at shift changes
- (b) On verbal and written hand-over of women during intra-facility transfer
- (c) On verbal and written hand-over of women on referral to other facilities
- (d) On verbal and written hand-over of women at discharge
- (e) zero-tolerance non-discriminatory policies with regard to mistreatment of women

OBT6. How much are you satisfied with the communication during clinical hand-over of women among members of the health care team in the health facility?

- 1) Extremely dissatisfied
- 2) Somewhat dissatisfied
- 3) Nor satisfied not dissatisfied
- 4) Somewhat satisfied
- 5) Extremely satisfied

Practices

OBP1. How many deliveries did you manage in the past month? _____

OBP2. Have you ever used a partograph?

- 1) Yes
- 0) No [Go to No→OBP5](#)

OBP3. When was the last time you used a partograph?

- 1) Never
- 2) Within Past Week
- 3) Within Past Month
- 4) Within Past 6 Months
- 5) Over 6 Months Ago

OBP4. How often you use a partograph in your clinical practice?

- 1) Always
- 2) For most of the times
- 3) At half of the cases
- 4) Less than half of the cases
- 5) Very rarely

OBP5. Do you normally allow a birth companion to be present during a woman's labor?

- 1) Yes
- 0) No [Go to No→OB9](#)

OBP6. Do you normally allow a birth companion to be present during a woman's delivery?

- 1) Yes
- 0) No [Go to No→OB9](#)

OBP7. Who can be a companion during a delivery?

- 1) Only close relative (mother, husband)
- 2) Only relative, but not important how close
- 3) Any female
- 4) Anybody of pregnant woman's choice
- 5) Other specify

OBP8. Do you provide orientation sessions or have information materials (written or pictorial) to orient the companion on their role?

- 1) Yes
- 0) No

OBP9: From the following list of procedures, please select which procedures do you perform routinely for all your patients during labor and delivery:

- (a) Artificial rupture of membranes
- (b) Active management of third stage of labor
- (c) Episiotomy

- (d) Perineal shaving
- (e) Maternal blood pressure monitoring
- (f) Administration of prophylactic antibiotics to women in labor
- (g) Enema
- (h) Fetal heart rate monitoring

OBP10. For which obstetric interventions, if any, do you ask a patient to sign a consent form: (Please check all that apply.)

- (a) NONE
- (b) Generic consent form at time of admission
- (c) Episiotomy
- (d) Cesarean section
- (e) Augmentation or induction of labor
- (f) Other (Please specify) _____

OBP11. How often do you usually check a woman's blood pressure during the first stage of uncomplicated labor: (Please select the answer that best describes your usual practice)?

- 1) at admission and after delivery only
- 2) at least every 2 hours from admission
- 3) at least every 4 hours from admission
- 4) at admission, only

OBP12. How often do you usually check a woman's Heart Rate during the first stage of uncomplicated labor: (Please select the answer that best describes your usual practice)?

- 1) at admission and immediately at the beginning of second stage
- 2) at least every hour from admission during the first stage
- 3) at least every 30 minutes from admission during the first stage
- 4) at admission, only

OBP13. How often do you usually check a woman's temperature the first stage of uncomplicated labor: (Please select the answer that best describes your usual practice)?

- 1) at admission and immediately at the beginning of second stage
- 2) at least every 2 hours from admission during the first stage
- 3) at least every 4 hours from admission during the first stage
- 4) at admission, only

OBP14. How often do you usually check a woman's urinalysis the first stage of uncomplicated labor: (Please select the answer that best describes your usual practice)?

- 1) at admission and immediately at the beginning of second stage
- 2) at least every 6 hours from admission during the first stage
- 3) at least every 4 hours from admission during the first stage
- 4) at admission, only

OBP15. How often do you usually check contractions the first stage of uncomplicated labor: (Please select the answer that best describes your usual practice)?

- 1) at admission and immediately at the beginning of second stage
- 2) at least every 2 hours from admission
- 3) at least every 4 hours from admission

- 4) at admission, only

OBP16. How often do you usually perform vaginal exam of women the first stage of uncomplicated labor: *(Please select the answer that best describes your usual practice)?*

- 1) at admission and after delivery only
- 2) at least once in every 2 hours from admission to discharge
- 3) at least once in every hour from admission to discharge
- 4) at least once in every 4 hours from admission to discharge
- 5) Once in 4 hour or less frequently
- 6) at admission only

OBP17. To which category of women you administer Uterotonic: (PPH) *(please choose only one)*

- 1) women with anemia
- 2) women with prior history of PPH
- 3) women with hematologic bleeding disorder
- 4) all women after vaginal delivery
- 5) women > age 35

OBP18. If you need to administer uterotonic how you space it after vaginal birth?

- 1) Within 5 minutes after delivery of fetus;
- 2) Immediately after delivery of placenta
- 3) Within one minute after delivery
- 4) It depends on the weight of the fetus

OBP19. What is average length of stay in your facility after uncomplicated vaginal birth? _____ hours

OBP20. Did you have even one severe pre-eclampsia or eclampsia patient in the health facility who did not receive the full dose of magnesium sulfate because of a stock-out?

- 1) Yes
- 0) No [Go to No→OBP22](#)

OBP21. From ten severe pre-eclampsia or eclampsia patients per your opinion how many would not receive the full dose of magnesium sulfate because of a stock-out? _____

OBP22. Did you have even one patient who needed emergency C-Section and but could not receive due to lack of supplies or staff trained to conduct caesarean section?

- 1) Yes
- 0) No [Go to No→OBP24](#)

OBP22. From 10 patients in need of emergency cesarean section how many could not receive it due to lack of supplies or staff trained to conduct caesarean section? _____

OBP23. Do women receive Family Planning Counselling before the discharge?

- 1) Yes
- 0) No

OBP24. Does your facility usually provide postnatal contact with a skilled health-care provider to mothers and babies 48–72 hours after normal birth

- 1) Yes
- 0) No [Go to No→OBP27](#)

OBP25. If your facility usually provides postnatal contact with a skilled health-care provider to mothers and babies 48–72 hours after normal birth, how it is organized?

- 1) Provider (specify _____) delivers home visits
- 2) The women have follow up visit scheduled at discharge)
- 3) Other specify _____

OBP26. From your 10 recent patients per your opinion how many had the postnatal contact after 48-72 hours of delivery? _____

OBP27. Do you routinely screen any group of your patients for cervical cancer?

- 1) Yes
- 0) No [Go to No→OBK1](#)

OBP25. Which group of your patients you are screen for cervical cancer? (select all that apply)

- (a) In the maternity before the discharge
- (b) At postnatal contact
- (c) At ANC visit
- (d) Other, specify _____

OBP26. Please write down what method you routinely use for Cervical Cancer Screening?

- (a) Pap Smear
- (b) Visual inspection with acetic acid
- (c) other specify _____

OBP27. Please describe follow-up system for HIV(+) mothers giving birth in your facility?

(77) We do not have any system in the facility

OBP28. Please describe system to ensure integration of HIV(+) mothers in HIV care?

(77) We do not have any system in the facility

OBP29. Please describe communication with HIV clinic to check whether HIV(+) mothers were integrated in HIV care?

(77) We do not have any communication

OBP30. Could you write down maternal danger signs, for which you routinely counsel all women at discharge?

- (a) Bleeding
- (b) Severe abdominal pain
- (c) Severe headache or visual disturbance
- (d) Breathing difficulty
- (e) Fever or chills
- (f) Difficulty emptying bladder
- (g) Epigastric pain

Knowledge

OBK1. Prophylactic antibiotics should be initiated during labor for which of the following indications (select all that apply)

- (e) If there is maternal fever
- (f) If it has been 18 hours or more since ROM
- (g) If the mother has been in active labor for > 24 hours
- (h) If there is a prior history of neonatal sepsis in a previous pregnancy

OBK2. Which item below is the *single best way* to prevent sepsis in both mother and child (Please choose only one):

- 1) Administer IV antibiotics during labor if there is ROM > 8 hours
- 2) Use sterile or high-level disinfected sheets during birth
- 3) Wash the vulva and perineum with antiseptic solution
- 4) Wash your hands appropriately before every patient contact

OBK3. At what gestational age do you administer antenatal corticosteroids to mother to improve newborn outcomes?

- 1) <36 weeks
- 2) 22-34 weeks
- 3) <32 weeks
- 4) 20-30 weeks

OBK4. Which from following conditions is contraindication of administration of antenatal steroids?

- 1) Clinical signs Maternal Hypertension
- 2) Documented Maternal Hyperglycemia
- 3) Clinical signs of Maternal Infection
- 4) Pregnancy with Multiple babies

OBK5. Which conditions below must be satisfied for safe administration of antenatal steroids?

- (a) gestational age assessment can be accurately undertaken;

- (b) preterm birth is considered imminent;
- (c) adequate childbirth care is available (including the capacity to recognize and safely manage preterm labour and birth);
- (d) the preterm newborn can receive adequate care if needed (including resuscitation, thermal care, feeding support, infection treatment and safe oxygen use).
- (e) Blood transfusion can be provided if necessary
- (f) Advanced surgical services (including C Section) is available in the facility

OBK6. For the statements below, please indicate whether the statement is true or not true:

	Questions	True (1)	Not true (0)
(a)	Active labor is diagnosed when a woman has regular contractions and her cervical dilatation is at least 2 cm		
(b)	The cervix should dilate at an average rate of at least 1 cm per hour		
(c)	A normal time range for the second stage of labor (between full cervical dilatation and delivery) is 3-4 hours		
(d)	For active labor to be effective, the frequency of uterine contractions should be at least every 6-7 minutes		

OBK7. For the following items, please check whether you 1=agree, 2= have no opinion; 0= not agree.

		Agree (1)	Have no opinion (2)	Not agree (0)
(a)	It is appropriate for a woman to walk around during labor			
(b)	Women should be allowed to eat and drink during the labor			
(c)	Choice of position for vaginal delivery should be made by healthcare professional based on mother's and fetus condition			
(d)	Neonatal resuscitation skills are important for all obstetric providers			
(e)	Patient privacy should be a priority even when the maternity is very busy			

		Agree (1)	Have no opinion (2)	Not agree (0)
(f)	Confidentiality of patient information is not a problem in my maternity			
(g)	It is best to avoid discussing complicated obstetric decisions with a woman in labor as she may become anxious or not be able to understand			
(h)	Patients should have a companion with them during labor			
(i)	Patients should have a companion with them during delivery			
(j)	A woman should choose her preferred delivery position			

The questions below are about treatment options in hypothetical clinical situations; please answer as you see best:

OBK8. A woman begins bleeding 20 minutes after delivering a healthy baby boy; she has had no complications during labor or delivery. You measure her blood loss as 550 cc. Your *first* action(s) would be select all that apply:

- (a) Massage uterus fundus
- (b) Examine vagina and perineum for lacerations
- (c) Administer a uteronic (IV or IM)
- (d) Begin IV fluids

OBK9. Mrs. A. is 30 weeks pregnant. She was referred from lower level facility to Referral Hospital with the diagnosis severe preeclampsia. She was given loading dose of magnesium sulfate 5 hours ago in the referring facility. On admission she still presents with severe headache, dizziness and blurred vision. On examination her blood pressure is 160/110 and she has 3+ protein in her urine. What should be the plan of management?

- (a) Repeat loading dose
- (b) Stabilize blood pressure with diuretics
- (c) Encourage her to continue the pregnancy until at least 32 weeks to allow for fetal maturation
- (d) Interrupt the pregnancy as soon as possible
- (e) Give 5 g of 50% magnesium sulfate solution with 1 mL of 2% lignocaine in the same syringe by deep IM injection into alternate buttocks every four hours

OBK10. If you are giving Magnesium Sulfate to Mrs A, in which case you withhold or delay administering next dose of Magnesium Sulfate Maintenance dose? *Select all that apply*

- (a) Respiratory rate 25 per minute
- (b) Respiratory rate 20 per minute

- (c) Respiratory rate 15 per minute
- (d) For last 4 hours, urinary output was 110 ml
- (e) For last 4 hours, urinary output was 90 ml
- (f) For last 4 hours, urinary output was 80 ml
- (g) Presence of patellar reflexes
- (h) Absence of patellar reflexes
- (i) Symptoms and signs of pulmonary oedema

OBK11. How long you will continue treatment of Mrs A with magnesium?

- (a) for 24 hours after delivery or the last convulsion, whichever occurs last.
- (b) other specify

OBK12. What actions during labor and delivery would you take in an HIV+ woman to prevent/ reduce mother-to-child transmission of the virus?

- (a) PMTCT counseling
- (b) Provide ARV prophylaxis to woman in early labor
- (c) Wipe nose, mouth, eyes of newborn with gauze, suction only if necessary
- (d) No routine episiotomy
- (e) Minimize instrument delivery
- (f) Hibitane vaginal cleansing
- (g) Minimize vaginal exam
- (h) Minimize artificial rupture of membranes
- (i) Avoid milking cord/ immediate clamp cord
- (j) Appropriate use of partograph
- (k) Active mgt of 3rd stage labor
- (l) Provide ARV prophylaxis to infant
- (m) Don't know

OBK13. What actions are appropriate for a woman who presents with, or develops heavy bleeding postpartum from atonic/uncontracted uterus?

- (a) Massage the fundus
- (b) Empty urinary bladder
- (c) Give uterotonics IM or IV
- (d) Perform bimanual compression of uterus
- (e) Perform abdominal compression of aorta
- (f) Start IV fluids
- (g) Take blood for hb, grouping and x-matching
- (h) Insert condom tamponade
- (i) Refer to doctor or hospital
- (j) Raise foot of bed
- (k) Don't know

OBK14. When should membranes be ruptured artificially by the provider?

- (a) At start of second stage
- (b) Immediately prior to delivery when they are bulging in vagina

- (c) Routinely during active phase of labor
- (d) As part of augmentation of labor
- (e) Upon admission for all women
- (f) To check color of fluid/liquor when fetal distress is noted
- (g) Not to be ruptured
- (h) Don't know

OBK15. Please rate effectiveness of family planning options (rate 1 for the least effective and 5 to the most effective, do not repeat the numbers)

- (a) Levonorgestrel Intrauterine System ____
- (b) Standard Days Method _____
- (c) Combined Oral Contraceptives ____
- (d) Male Condoms _____
- (e) Lactational Amenorrhea Method ____

OBK16. You are discharging a 32-year-old non-smoking mother after 28 hours after delivery. She currently is breastfeeding a child, but plans to introduce partial formula feeding so that she can resume her job within two weeks. History or lab does not reveal any other medical conditions. What family planning options can you offer to her? Select all that apply?

- (a) **Copper-bearing Intrauterine Device**
- (b) **LNG Intrauterine Device**
- (c) Hormonal Implants
- (d) Combined Injectable Contraceptives (CICs)
- (e) Progestin-only Oral Contraceptives
- (f) Combined Oral Contraceptives
- (g) Progestogen-only injectables

OBK17. You are discharging a 28-year-old non-smoking mother after 18 hours after delivery. She does not plan to breastfeed a child and so the baby is completely formula fed. History or lab does not reveal any other medical conditions. What family planning options can you offer to her? Select all that apply?

- (a) **Copper-bearing Intrauterine Device**
- (b) **LNG Intrauterine Device**
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- (d) Combined Injectable Contraceptives (CICs)
- (e) **Progestin-only Oral Contraceptives**
- (f) Combined Oral Contraceptives
- (g) **Progestogen-only injectables**

OBK18. The patient from the question above was not ready to choose FP method at discharge, but when she returned after 48 hours on her first post-natal visit she seemed more comfortable to discuss contraception methods. What family planning options can you offer to her now? Select all that apply

- (a) Copper-bearing Intrauterine Device
- (b) LNG Intrauterine Device
- (c) **Hormonal Implants**
- (d) Combined Injectable Contraceptives (CICs)

- (e) **Progestin-only Oral Contraceptives**
- (f) Combined Oral Contraceptives
- (g) Progesterone Vaginal Ring

Tool#2: Provider Questionnaire

Section 4: Maternal (obstetric) Module Standardized Options for Open-ended questions

OBP29. Please write down what method you routinely use for Cervical Cancer Screening?

- (a) Pap Smear
- (b) Visual inspection with acetic acid
- (c) other specify _____

OBP33. Could you write down maternal danger signs, for which you routinely counsel all women at discharge?

- (a) Bleeding
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- (e) Fever or chills
- (f) Difficulty emptying bladder
- (g) Epigastric pain

Knowledge

OBK1. Prophylactic antibiotics should be initiated during labor for which of the following indications (select all that apply)

- (a) If there is maternal fever**
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- (c) If the mother has been in active labor for > 24 hours
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OBK6. For the statements below, please indicate whether the statement is true or not true:

	Questions	True (1)	Not true (0)
(a)	Active labor is diagnosed when a woman has regular contractions and her cervical dilatation is at least 2 cm		X
(b)	The cervix should dilate at an average rate of at least 1 cm per hour	X	
(c)	A normal time range for the second stage of labor (between full cervical dilatation and delivery) is 3-4 hours	X	
(d)	For active labor to be effective, the frequency of uterine contractions should be at least every 6-7 minutes		X

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		Agree (1)	Have no opinion (2)	Not agree (0)
(a)	It is appropriate for a woman to walk around during labor	X		
(b)	Women should be allowed to eat and drink during the labor	X		
(c)	Choice of position for vaginal delivery should be made by healthcare professional based on mother's and fetus condition			X
(d)	Neonatal resuscitation skills are important for all obstetric providers	X		

		Agree (1)	Have no opinion (2)	Not agree (0)
(e)	Patient privacy should be a priority even when the maternity is very busy	X		
(f)	Confidentiality of patient information is not a problem in my maternity	X		
(g)	It is best to avoid discussing complicated obstetric decisions with a woman in labor as she may become anxious or not be able to understand			X
(h)	Patients should have a companion with them during labor	X		
(i)	Patients should have a companion with them during delivery	X		
(j)	A woman should choose her preferred delivery position	X		

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OBK12. What actions during labor and delivery would you take in an HIV+ woman to prevent/ reduce mother-to-child transmission of the virus?

- (a) PMTCT counseling**
- (b) Provide ARV prophylaxis to woman in early labor**
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OBK15. Please rate effectiveness of family planning options

	family planning options	Circle appropriate Rate (1 = least effective and 5 = most effective, do not repeat the numbers)
(a)	Levonorgestrel Intrauterine System	1 2 3 4 5
(b)	Standard Days Method	1 2 3 4 5
(c)	Combined Oral Contraceptives	1 2 3 4 5
(d)	Male Condoms	1 2 3 4 5
(e)	Lactational Amenorrhea Method	1 2 3 4 5

OBK16. You are discharging a 32-year-old non-smoking mother after 28 hours after delivery. She currently is breastfeeding a child, but plans to introduce partial formula feeding so that she can resume her job within two weeks. History or lab does not reveal any other medical conditions. What family planning options can you offer to her? Select all that apply?

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- (b) **LNG Intrauterine Device**
- (c) **Hormonal Implants**
- (d) Combined Injectable Contraceptives (CICs)
- (e) **Progestin-only Oral Contraceptives**
- (f) Combined Oral Contraceptives
- (g) Progestogen-only injectables

OBK18. The patient from the question above was not ready to choose FP method at discharge, but when she returned after 48 hours on her first post-natal visit she seemed more comfortable to discuss contraception methods. What family planning options can you offer to her now? Select all that apply

- (a) Copper-bearing Intrauterine Device
- (b) LNG Intrauterine Device
- (c) **Hormonal Implants**
- (d) Combined Injectable Contraceptives (CICs)
- (e) **Progestin-only Oral Contraceptives**
- (f) Combined Oral Contraceptives
- (g) Progesterone Vaginal Ring

5For data collector use only	Tool Id: _____
District/County _____	Date: day ___ Month ___ Year _____
Facility Code: _____	Facility ID: _____
Informed Consent obtained:	Data collector Initials: _____

Tool #2: Provider Questionnaire

Section 5: Maternal Newborn Module

The questions in this section assess your current clinical practices, opinions, and knowledge about selected newborn care issues. For many questions, there is no right answer so please just answer the questions as you see best.

Services/Trainings/comfort:

NET1. Please select all services you provide to the newborns:

- (a) Essential newborn care
- (b) Neonatal resuscitation
- (c) screening for Possible Severe Bacterial Infections;
- (d) Care of preterm babies,
- (e) Kangaroo Mother Care
- (f) Nasogastral tube insertion
- (g) IV administration of Medications

NET2. In the past 12 months, did you receive any training (initial or refresher) on the following topics:

- (a) Essential newborn care (e.g., cord care, warming, early and exclusive breastfeeding)
- (b) Resuscitation of newborns not crying or breathing at birth
- (c) Care of the very small newborn
- (d) Care of the sick newborn
- (e) Management of Possible Signs of Bacterial infection (PSBI) in newborns and young infants
- (f) Nutrition /feeding counselling
- (g) Routine vaccination
- (h) Integrated care of common newborn conditions (INCI)
- (i) Kangaroo Mother Care

NET3. Do you use guidelines or decision support tools, for example, job aids or algorithms, for clinical management in the following areas?

- (a) Essential newborn care (e.g., cord care, warming, early and exclusive breastfeeding)
- (b) Resuscitation of newborns not crying or breathing at birth
- (c) Care of the very small newborn
- (d) Care of the sick newborn
- (e) Management of Possible Signs of Bacterial infection (PSBI) in newborns and young infants

(f) Referral criteria for sick or premature babies

NET3. Did you ever have the opportunity to practice Newborn resuscitation skills using a newborn anatomic model/doll (e.g. NeoNatalie) after you were trained?

- 1) Yes
- 2) No [Go to No](#)→OB8

NET4. When was the last time when you practiced Newborn resuscitation skills using a newborn anatomic model/doll (e.g. NeoNatalie)?

_____ (months ago)

NET5. Please describe your personal level of comfort in independently managing the complications listed in the table below:

	Newborn complications	Very comfortable (1)	Somewhat Comfortable (2)	Not comfortable (3)
(a)	Asphyxia/ Resuscitation			
(b)	Newborn sepsis			
(c)	Low birth weight or Prematurity			
(d)	Possible signs of Bacterial Infections			

NET6. Are you aware of the following policies, SOPs/guidelines:

- (a) On verbal and written hand-over of newborns at shift changes
- (b) On verbal and written hand-over of newborns during intra-facility transfer
- (c) On verbal and written hand-over of newborns on referral to other facilities
- (d) On verbal and written hand-over of newborns at discharge
- (e) zero-tolerance non-discriminatory policies with regard to mistreatment of newborns

NET7. How much are you satisfied with the communication during clinical hand-over of women among members of the health care team in the health facility?

- 1) Extremely dissatisfied
- 2) Somewhat dissatisfied
- 3) Nor satisfied not dissatisfied
- 4) Somewhat satisfied
- 5) Extremely satisfied

[Practice:](#)

NEP1. On average, how many deliveries do you usually attend a month: _____

NEP2. How many times in last 3 months have you resuscitated a newborn: _____

NEP3. As part of your routine practice what is your first action after the baby is born?

- 1) Ensure they are breathing
- 2) Dry thoroughly
- 3) Tie and clamp the umbilicus
- 4) Place them in skin to skin contact with the mother

NEP4. Do you usually facilitate skin to skin contact to baby after the birth?

- 3) Yes
- 4) No [Go to No](#)→OB8

NEP5. Usually how long you keep babies with skin to skin contact with mothers after the birth?

- 5) At least 15 minutes
- 6) At least for half an hour
- 7) At least an hour
- 8) At least two hours

NEP6. When do you usually clamp or tie and cut umbilical cord during routine care?

- 1) Immediately after the baby is born
- 2) **Around 1-3 minutes after birth**
- 3) After the placenta is delivered
- 4) Before a baby has cried

NEP7. When do you usually initiate breastfeeding during routine care?

- 1) Immediately after birth
- 2) Within first 30 minutes
- 3) **Within the first hour**
- 4) Within first 24 hours

NEP8. Which vaccinations, if any, do you usually provide to newborns *select all that apply*

- (a) no routine vaccinations for newborn
- (b) BCG
- (c) Polio
- (d) Hepatitis B

NEP9. In your maternity, after delivery where do newborns usually stay most of the time: *(please select single best answer)*

- 1) with their mother
- 2) in a nursery with nurses

NEP10. For the following questions, please indicate whether you Agree, Do not have an opinion or Do not agree.

		Agree (1)	Have no opinion (2)	Not agree (3)
(a)	If there are no medical problems for the newborn, the mother should decide whether her newborn stays with her (at her bedside) after delivery until discharge			
(b)	If a mother has had a cesarean it is usually best to encourage her to mix bottle feeding with breastfeeding so that she can recuperate adequately.			
(c)	It is appropriate to place a newborn directly onto the mother's abdomen immediately after birth			

NEP11. Please describe follow-up system for babies born from HIV(+) mothers in your facility?

(77) We do not have any system in the facility

NEP12. Please describe system to ensure integration of babies born from HIV(+) mothers in HIV care if needed?

(77) We do not have any system in the facility

NEP13. Please describe communication with HIV clinic to check whether babies born from HIV(+) mothers were integrated in HIV care?

(77) We do not have any communication

Open-ended Questions

NEOP1. What basic equipment and supplies must be available to ensure the baby receives appropriate immediate care after birth? Please, write below

- (a) 2 dry warm towels or cloths
- (b) Sterile blade or scissors
- (c) Sterile or disposable cord ties/ clamps
- (d) Cap for baby
- (e) Source of warmth: heating lamp or incubator
- (f) Self-inflating ventilation bag
- (g) Newborn face mask size 1

- (h) Newborn face mask size 0
- (i) Penguin suction/Mucus extractor/ suction/ bulb syringe
- (j) Flat surface
- (k) Clock or watch with seconds

NEOP2. When a baby is delivered and there is no complication, what care is important to give them immediately after birth and in the first hour? Please, write all interventions below

- (a) Dry the baby thoroughly
- (b) Ensure baby was breathing/ crying
- (c) Provide thermal protection: place skin to skin with mother
- (d) Once placed skin-to-skin with mother, cover with dry towel
- (e) Clamp and cut cord with sterile blade/scissors
- (f) Monitor newborn breathing every 15 min
- (g) Monitor newborn temperature by hand every 15-30 min
- (h) Ensure mother initiates breast feeding within 1 hour

NEOP3. When a baby is delivered and there is no complication, what care is important to give the baby in the first 90 minutes after birth?

- (a) Assess/examine newborn within 90 mins
- (b) Measure temperature
- (c) Weigh newborn
- (d) Provide eye care
- (e) Provide cord care
- (f) Give Vit K (can be later, if too busy)

NEOP4. Can you please write all the signs and symptoms of severe clinical infection (sepsis) in a newborn? (Revised according to the new sepsis guideline)

- (a) Not able to feed since birth or stopped feeding well
- (b) Breathing difficulties/ severe chest in-drawing
- (c) Hypothermia (less than 35.5 °C)
- (d) Hyperthermia (38 °C or greater)
- (e) Breathing rating >60/minute
- (f) Convulsions
- (g) Movement only when stimulated or no movement at all

NEOP5. Can you please write danger signs in the newborn that require immediate attention of the care taker and provider?

- (a) Not feeding
- (b) Too hot/cold

- (c) Convulsions
- (d) No movement
- (e) Chest in-drawing or fast breathing
- (f) Yellow palms or soles of feet

Knowledge MCQ

NEK1. In the first minute after birth, you should

1. Weigh the baby
2. **Help the baby breathe if necessary**
3. Ensure mother initiates breast feeding
4. Provide eye care
5. Deliver the placenta
6. Evaluate the heart rate

NEK2. To prepare for a birth

1. **You identify a helper and be prepared for emergency plan of action**
2. You ask everyone but the mother to leave the area and do not disturb
3. Your equipment should be safely kept in sterile cabinet
4. Measure mother's temperature

NEK3. A baby is quiet, limp and not breathing at birth. What should you do?

1. **Dry the baby thoroughly**
2. Shake the baby
3. Throw cold water on the face
4. Hold the baby upside down

NEK4. A baby is born through meconium-stained amniotic fluid. Which statement is TRUE?

1. Stimulate the baby and then clear the airway
2. Meconium cannot be inhaled into the lungs
3. **Clear the airway before drying the baby**
4. All babies born through meconium-stained amniotic fluid can receive routine care

NEK5. A newborn baby is quiet, limp and not crying. The baby does not respond to steps to stimulate breathing. What should you do next?

1. Slap the baby's back
2. Hold the baby upside down
3. Squeeze the baby's ribs
4. **Begin ventilation**

NEK6. Which of the following statements about ventilation with bag and mask is TRUE?

1. The mask should cover the eyes
2. Air should escape between the mask and face
3. **Squeeze the bag to produce gentle movement of the chest**
4. Squeeze the bag to give 80 to 100 breaths per minute

NEK7. Which of the following signs does not need to be monitored in a baby during the first few hours after birth?

1. Breathing
2. Movement
3. Temperature
4. Feeding status
5. **Urine output**

NEK8. A baby's chest is not moving with bag and mask ventilation. What should you do?

1. Stop ventilation
2. **Reapply the mask to get a better seal**
3. Slap the baby's back
4. Give medicine to the baby

NEK9. You can stop ventilation if

1. Baby is blue and limp
2. Baby's heart rate is 80 per minute
3. Baby's heart rate is 120 per minute and the chest is not moving
4. **Baby's heart rate is 120 per minute and the baby is breathing or crying**

NEK10. What should you do to keep the baby clean?

1. **Wash your hands before touching the baby and help the mother wash her hands before breastfeeding**
2. Reuse the suction device before cleaning
3. Keep the umbilical cord tightly covered
4. Do not touch the baby

NEK11. Which factors should prompt close observation for symptoms of sepsis in a newborn:

- (a) Low newborn temperature (< 35 C)
- (b) Post-dates infant
- (c) Prolonged rupture of membranes before delivery
- (d) History of neonatal sepsis in a sibling

NEK12. The *first* step in thermal protection of newborns is:

- 1) Completely dry and cover the baby immediately following the birth
- 2) Completely dry the baby after the umbilical cord has been cut
- 3) Place a hat over the baby's head
- 4) Wrap the baby immediately in a blanket

NEK13. If a newborn does not spontaneously breathe at birth within 60 seconds what is the most important *first* action:

- 1) Begin bag and mask ventilation as quickly as possible
- 2) Assess for a heart rate
- 3) Suction the baby's mouth and nose
- 4) Dry and stimulate the newborn
- 5) none of the above

NEK14. The first step of the pre-cleaning (decontamination) process of newborn resuscitation equipment is:

1. Boil in water for 10-20 minutes
2. Soak in activated glutaraldehyde, then rinse well with boiled water
3. Wash with soap and water
4. Wiping the outside of the devices with a gauze soaked with 0.5% chlorine solution or **soak all parts in 0.5% chlorine solution for 10 minutes**
5. Steam autoclave (sterilization)

NEK15. Correct steps of reprocessing the reusable bag, mask and manual suction device is

1. Clean, disassemble, high level disinfection or sterilization, proper storage before next use and reassemble
2. **Pre-clean, disassemble, clean, reassemble and subject equipment to High level disinfection or sterilization and proper storage before the next use**
3. Disassemble, pre-clean, reassemble, clean, high level disinfection or sterilization and proper storage before the next use
4. Pre-clean when wearing gloves, clean, disassemble, high level disinfection or sterilization, reassemble, proper storage before the next use

NEK16. You are stationed at a HC IV as a midwife, and you deliver a mother who has a fever of 38.5°C during labour. What is the recommended next step of management? Select the single best answer

- 1) Treat mother for malaria and allow baby and mother to go home
- 2) Investigate and treat mother for infection
- 3) Give the new born an oral dose of Septrin syrup for five days
- 4) Give the new born IM/IV Ampicillin and Gentamycin for 2 days, reassess and continue antibiotics only if there are signs of sepsis
- 5) Treat mother for infection and give a stat dose of X-pen to the baby and follow up after 2 days
- 6) **2 and 4 above**
- 7) 1 and 4 above

NEK17. Which newborn can be placed in Kangaroo Mother Care?

- 1) Clinically stable baby weighing 2000-2500 g
- 2) Any baby weighing over 2000 g
- 3) Clinically stable baby weighing less than 2000 g
- 4) Babies born at 30-34 weeks of gestation

NEK17. Please name all Which newborn can be placed in Kangaroo Mother Care?

- 1) Clinically stable baby weighing 2000-2500 g
- 2) Any baby weighing over 2000 g
- 3) Clinically stable baby weighing less than 2000 g
- 4) Babies born at 30-34 weeks of gestation

NEK18. What interventions are included in Kangaroo Mother Care? Select all that apply:

	Questions	True (1)	Not true (2)
(a)	Baby should be wearing only diaper		
(b)	Mother needs special clothing for KMC		
(c)	Baby should be placed between the mother's breasts in an upright position, chest to chest		
(d)	Baby should be placed under the mother's breasts in horizontal position, facing upwards to facilitate breastfeeding on demand		
(e)	Mother should carry baby with one hand during all KMC session		

For data collector feeling only	Tool Id: _____
District _____	Date: day ___ Month ___ Year _____
Facility Code: _____	Facility ID: _____
Informed Consent obtained:	Data collector Initials: _____

Tool#2: Provider Questionnaire

Section 5: Maternal Newborn Module

The questions in this section assess your current clinical practices, opinions, and knowledge about selected newborn care issues. For many questions, there is no right answer so please just answer the questions as you see best.

Services/Trainings/comfort:

NET1. Please select all services you provide to the newborns:

NET2. In the past 12 months, did you receive any training (initial or refresher) on the following topics:

- (a) Essential newborn care (e.g., cord care, warming, early and exclusive breastfeeding)
- (b) Resuscitation of newborns not crying or breathing at birth
- (c) Care of the very small newborn
- (d) Care of the sick newborn
- (e) Management of Possible Signs of Bacterial infection (PSBI) in newborns and young infants
- (f) Nutrition /feeding counselling
- (g) Routine vaccination
- (h) Integrated care of common newborn conditions (INCI)
- (i) Kangaroo Mother Care

NET3. Do you use guidelines or decision support tools, for example, job aids or algorithms, for clinical management in the following areas?

- (a) Essential newborn care (e.g., cord care, warming, early and exclusive breastfeeding)
- (b) Resuscitation of newborns not crying or breathing at birth
- (c) Care of the very small newborn
- (d) Care of the sick newborn
- (e) Management of Possible Signs of Bacterial infection (PSBI) in newborns and young infants

(f) Referral criteria for sick or premature babies

NET3. Did you ever have the opportunity to practice Newborn resuscitation skills using a newborn anatomic model/doll (e.g. NeoNatalie) after you were trained?

- 1) Yes
- 2) No [Go to No→OB8](#)

NET4. When was the last time when you practiced Newborn resuscitation skills using a newborn anatomic model/doll (e.g. NeoNatalie)?

_____ (months ago)

NET5. Please describe your personal level of comfort in independently managing the complications listed in the table below:

	Newborn complications	Very comfortable (1)	Somewhat Comfortable (2)	Not comfortable (3)
(a)	Asphyxia/ Resuscitation			
(b)	Newborn sepsis			
(c)	Low birth weight or Prematurity			
(d)	Possible signs of Bacterial Infections			

NET6. Are you aware of the following policies, SOPs/guidelines:

- (a) On verbal and written hand-over of newborns at shift changes
- (b) On verbal and written hand-over of newborns during intra-facility transfer
- (c) On verbal and written hand-over of newborns on referral to other facilities
- (d) On verbal and written hand-over of newborns at discharge
- (e) zero-tolerance non-discriminatory policies with regard to mistreatment of newborns

NET7. How much are you satisfied with the communication during clinical hand-over of women among members of the health care team in the health facility?

- 1) Extremely dissatisfied
- 2) Somewhat dissatisfied
- 3) Nor satisfied not dissatisfied
- 4) Somewhat satisfied
- 5) Extremely satisfied

[Practice:](#)

NEP1. On average, how many deliveries do you usually attend a month: _____

NEP2. How many times in last 3 months have you resuscitated a newborn: _____

NEP3. As part of your routine practice what is your first action after the baby is born?

- 1) Ensure they are breathing
- 2) **Dry thoroughly**
- 3) Tie and clap the umbilicus
- 4) Place them in skin to skin contact with the mother

NEP4. Do you usually facilitate skin to skin contact to baby after the birth?

- 1) Yes
- 2) No [Go to No](#)→NEP6

NEP5. Usually how long you keep babies with skin to skin contact with mothers after the birth?

- 1) At least 15 minutes
- 2) At least for half an hour
- 3) At least an hour
- 4) At least two hours

NEP6. When do you usually clamp or tie and cut umbilical cord during routine care?

- 1) Immediately after the baby is born
- 2) **Around 1-3 minutes after birth**
- 3) After the placenta is delivered
- 4) Before a baby has cried

NEP7. When do you usually initiate breastfeeding during routine care?

- 1) Immediately after birth
- 2) Within first 30 minutes
- 3) **Within the first hour**
- 4) Within first 24 hours

NEP8. Which vaccinations, if any, do you usually provide to newborns*select all that apply*

- (a) no routine vaccinations for newborn
- (b) BCG
- (c) Polio
- (d) Hepatitis B

NEP9. In your maternity, after delivery where do newborns usually stay most of the time: *(please select single best answer)*

- 1) with their mother
- 2) in a nursery with nurses

NEP10. For the following questions, please indicate whether you Agree, Do not have an opinion or Do not agree.

		Agree (1)	Have no opinion (2)	Not agree (3)
(a)	If there are no medical problems for the newborn, the mother should decide whether her newborn stays with her (at her bedside) after delivery until discharge	X		
(b)	If a mother has had a cesarean it is usually best to encourage her to mix bottle feeding with breastfeeding so that she can recuperate adequately.			X
(c)	It is appropriate to place a newborn directly onto the mother's abdomen immediately after birth	X		

Open-ended Questions

NEOP1. What basic equipment and supplies must be available to ensure the baby receives appropriate immediate care after birth? *Please, write below*

- (a) 2 dry warm towels or cloths
- (b) Sterile blade or scissors
- (c) Sterile or disposable cord ties/ clamps
- (d) Cap for baby
- (e) Source of warmth: heating lamp or incubator
- (f) Self-inflating ventilation bag
- (g) Newborn face mask size 1
- (h) Newborn face mask size 0
- (i) Penguin suction/Mucus extractor/ suction/ bulb syringe
- (j) Flat surface
- (k) Clock or watch with seconds

NEOP2. When a baby is delivered and there is no complication, what care is important to give them immediately after birth and in the first hour? *Please, write all interventions below*

- (a) Dry the baby thoroughly
- (b) Ensure baby was breathing/ crying
- (c) Provide thermal protection: place skin to skin with mother
- (d) Once placed skin-to-skin with mother, cover with dry towel
- (e) Clamp and cut cord with sterile blade/scissors
- (f) Monitor newborn breathing every 15 min
- (g) Monitor newborn temperature by hand every 15-30 min
- (h) Ensure mother initiates breast feeding within 1 hour

NEOP3. When a baby is delivered and there is no complication, what care is important to give the baby in the first 90 minutes after birth?

- (a) Assess/examine newborn within 90 mins
- (b) Measure temperature
- (c) Weigh newborn
- (d) Provide eye care
- (e) Provide cord care
- (f) Give Vit K (can be later, if too busy)

NEOP4. Can you please write all the signs and symptoms of severe clinical infection (sepsis) in a newborn? (Revised according to the new sepsis guideline)

- (a) Not able to feed since birth or stopped feeding well
- (b) Breathing difficulties/ severe chest in-drawing
- (c) Hypothermia (less than 35.5 °C)
- (d) Hyperthermia (38 °C or greater)
- (e) Breathing rating >60/minute
- (f) Convulsions
- (g) Movement only when stimulated or no movement at all

NEOP5. Can you please write danger signs in the newborn that require immediate attention of the care taker and provider?

- (a) Not feeding
- (b) Too hot/cold
- (c) Convulsions
- (d) No movement
- (e) Chest in-drawing or fast breathing
- (f) Yellow palms or soles of feet

Knowledge MCQ

NEK1. In the first minute after birth, you should

1. Weigh the baby
2. **Help the baby breathe if necessary**
3. Ensure mother initiates breast feeding
4. Provide eye care
5. Deliver the placenta
6. Evaluate the heart rate

NEK2. To prepare for a birth

1. **You identify a helper and be prepared for emergency plan of action**
2. You ask everyone but the mother to leave the area and do not disturb

3. Your equipment should be safely kept in sterile cabinet
4. Measure mother's temperature

NEK3. A baby is quiet, limp and not breathing at birth. What should you do?

1. **Dry the baby thoroughly**
2. Shake the baby
3. Throw cold water on the face
4. Hold the baby upside down

NEK4. A baby is born through meconium-stained amniotic fluid. Which statement is TRUE?

1. Stimulate the baby and then clear the airway
2. Meconium cannot be inhaled into the lungs
3. **Clear the airway before drying the baby**
4. All babies born through meconium-stained amniotic fluid can receive routine care

NEK5. A newborn baby is quiet, limp and not crying. The baby does not respond to steps to stimulate breathing. What should you do next?

1. Slap the baby's back
2. Hold the baby upside down
3. Squeeze the baby's ribs
4. **Begin ventilation**

NEK6. Which of the following statements about ventilation with bag and mask is TRUE?

1. The mask should cover the eyes
2. Air should escape between the mask and face
3. **Squeeze the bag to produce gentle movement of the chest**
4. Squeeze the bag to give 80 to 100 breaths per minute

NEK7. Which of the following signs does not need to be monitored in a baby during the first few hours after birth?

1. Breathing
2. Movement
3. Temperature
4. Feeding status
5. **Urine output**

NEK8. A baby's chest is not moving with bag and mask ventilation. What should you do?

1. Stop ventilation
2. **Reapply the mask to get a better seal**
3. Slap the baby's back
4. Give medicine to the baby

NEK9. You can stop ventilation if

1. Baby is blue and limp
2. Baby's heart rate is 80 per minute
3. Baby's heart rate is 120 per minute and the chest is not moving
4. **Baby's heart rate is 120 per minute and the baby is breathing or crying**

NEK10. What should you do to keep the baby clean?

- 1. Wash your hands before touching the baby and help the mother wash her hands before breastfeeding**
2. Reuse the suction device before cleaning
3. Keep the umbilical cord tightly covered
4. Do not touch the baby

NEK11. Which factors should prompt close observation for symptoms of sepsis in a newborn:

- (a) Low newborn temperature (< 35 C)**
- (b) Post-dates infant
- (c) Prolonged rupture of membranes before delivery
- (d) History of neonatal sepsis in a sibling

NEK12. The *first* step in thermal protection of newborns is:

- 1) Completely dry and cover the baby immediately following the birth**
- 2) Completely dry the baby after the umbilical cord has been cut
- 3) Place a hat over the baby's head
- 4) Wrap the baby immediately in a blanket

NEK13. If a newborn does not spontaneously breathe at birth within 60 seconds what is the most important *first* action:

- 1) Begin bag and mask ventilation as quickly as possible
- 2) Assess for a heart rate
- 3) Suction the baby's mouth and nose
- 4) Dry and stimulate the newborn**
- 5) none of the above

NEK14. The first step of the pre-cleaning (decontamination) process of newborn resuscitation equipment is:

1. Boil in water for 10-20 minutes
2. Soak in activated glutaraldehyde, then rinse well with boiled water
3. Wash with soap and water
- 4. Wiping the outside of the devices with a gauze soaked with 0.5% chlorine solution or soak all parts in 0.5% chlorine solution for 10 minutes**
5. Steam autoclave (sterilization)

NEK15. Correct steps of reprocessing the reusable bag, mask and manual suction device is

1. Clean, disassemble, high level disinfection or sterilization, proper storage before next use and reassemble
- 2. Pre-clean, disassemble, clean, reassemble and subject equipment to High level disinfection or sterilization and proper storage before the next use**
3. Disassemble, pre-clean, reassemble, clean, high level disinfection or sterilization and proper storage before the next use
4. Pre-clean when wearing gloves, clean, disassemble, high level disinfection or sterilization, reassemble, proper storage before the next use

NEK16. You are stationed at a HC IV as a midwife, and you deliver a mother who has a fever of 38.5°C

during labour. What is the recommended next step of management? Select the single best answer

- 1) Treat mother for malaria and allow baby and mother to go home
- 2) Investigate and treat mother for infection
- 3) Give the new born an oral dose of Septrin syrup for five days
- 4) Give the new born IM/IV Ampicillin and Gentamycin for 2 days, reassess and continue antibiotics only if there are signs of sepsis
- 5) Treat mother for infection and give a stat dose of X-pen to the baby and follow up after 2 days
- 6) 2 and 4 above**
- 7) 1 and 4 above

NEK17. Which newborn can be placed in Kangaroo Mother Care?

- 1) Clinically stable baby weighing 2000-2500 g
- 2) Any baby weighing over 2000 g
- 3) Clinically stable baby weighing less than 2000 g**
- 4) Babies born at 30-34 weeks of gestation

NEK18. What interventions are included in Kangaroo Mother Care? Select all that apply:

	Questions	True (1)	Not true (2)
(a)	Baby should be wearing only diaper	X	
(b)	Mother needs special clothing for KMC		X
(c)	Baby should be placed between the mother's breasts in an upright position, chest to chest	X	
(d)	Baby should be placed under the mother's breasts in horizontal position, facing upwards to facilitate breastfeeding on demand		X
(e)	Mother should carry baby with one hand during all KMC session		X

For data collector use only

Tool Id: _____

Informed Consent obtained:

Data collector Initials: _____

Tool #2: Provider Questionnaire

Section 6: Sick Child (<5) Care Module

The questions in this section assess your current clinical practices, opinions, and knowledge about selected IMNCI issues. For many questions, there is no right answer so please just answer the questions as you see best.

Services/Trainings/comfort:

CHT1. Please select all the services you provide to the children under five?

- (a) Well-child visits (including monitoring of growth and nutrition)
- (b) Nutrition Clinic (including performing appetites test)
- (c) Outpatient visits of sick children for common childhood conditions (IMCI)
- (d) Inserting Nasogastric tube
- (e) Intramuscular administration of medications
- (f) Intravenous administration of medications
- (g) Performing Rapid test for Malaria
- (h) HIV infection screening for children
- (i) HIV infection screening for mothers
- (j) Childhood immunization

CHT2. In the past 12 months, did you receive any training (initial or refresher) on the following topics:

- (a) Integrated care of young Infant (<2months) conditions (IMCI)
- (b) Integrated care of common childhood conditions (IMCI)
- (c) Management of Possible Signs of Bacterial infection (PSBI) in newborns or young infants
- (d) Nutrition /feeding/ breastfeeding counselling
- (e) Assessment, treatment, counselling for cough or cold
- (f) Assessment, treatment, counselling for pneumonia,
- (g) Assessment, treatment, counselling for diarrhea,
- (h) Assessment, treatment, counselling for malaria
- (i) Assessment, treatment, counselling for Anaemia
- (j) Screening, treatment, counselling for HIV infection
- (k) Malnutrition prevention, diagnosis and treatment
- (l) Childhood immunization
- (m) Other, specify _____

CHT3. Do you use guidelines or decision support tools, for example, job aids or algorithms, for clinical management in the following areas?

- (a) IMCI chartbook
- (b) Management of Possible Signs of Bacterial infection (PSBI) in newborns or young infants
- (c) Nutrition /feeding/ breastfeeding counselling

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- (d) Assessment, treatment, counselling for cough or cold
- (e) Assessment, treatment, counselling for pneumonia,
- (f) Assessment, treatment, counselling for diarrhea,
- (g) Assessment, treatment, counselling for malaria
- (h) Assessment, treatment, counselling for Anaemia
- (i) Screening, treatment, counselling for HIV infection
- (j) Malnutrition prevention, diagnosis and treatment

CHT4. Please describe your personal level of comfort in independently managing the complications listed in the table below;

	Childhood Condiitons	Very comfortable (1)	Somewhat Comfortable (2)	Not comfortable (3)
(a)	Possible Signs of Bacterial infection (PSBI) in newborns or young infants			
(b)	Severe dehydration			
(c)	pneumonia			
(d)	Malaria			
(e)	Severe Febrile Illness			
(f)	HIV			
(g)	Severe Malnutrition			

KNOWLEDGE

CHK1. Please write down signs of a critically ill newborn:

- (a) Convulsions
- (b) Unable to cry
- (c) Respiratory rate of 70 bpm.
- (d) Bulging fontanelle.
- (e) Apnoea
- (f) Cyanosis,
- (g) Unconsciousness
- (h) Persistent vomiting

CHK2. A 6 weeks old infant is presented at a health centre II. The mother explains the baby is breathing fast, but is able to feed well. Your examination reveals an active baby with fast breathing (RR 66 bpm), but no chest in-drawing. Other findings are normal. What is the recommended choice of management? Select the **single best** answer

- 1) Immediately refer the infant for admission/further care
- 2) Recommend referral and if rejected prescribe Amoxicillin for 7 days
- 3) Give oral erythromycin syrup for 5 days and follow up visit.
- 4) Give oral dose of Septrin for 7 days and follow up visit.

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- 5) Prescribe home treatment with oral Amoxicillin for 7 days and a follow up visit.
- 6) Give a stat dose X-pen followed by an oral dose of erythromycin to complete 5 days.

CHK3. Write down all signs of Possible Severe Bacterial infection (PSBI) in a young infant (under 2 months of age)

- (a) not able to feed since birth or stopped feeding well (confirmed by observation),
- (b) convulsions,
- (c) fast breathing (60 breaths per minute or more)
- (d) severe chest in-drawing,
- (e) fever (38 °C or greater),
- (f) low body temperature (less than 35.5 °C),
- (g) movement only when stimulated or no movement at all

CHK4. 4 weeks old boy presents HC2 with history of two days illness. Mother complains that he stopped feeding well and feels hot. Your examination reveals axillary temperature 38 °C, RR 63 breath per minute, baby is awake and conscious, but three attempts to feed his is not successful as he stops sucking after a few minutes. What will be your actions? (Select all that apply):

- (a) Prescribe home treatment with oral amoxicillin for 7 days
- (b) Recommend immediate referral to higher level facility
- (c) Give ORS at the clinic
- (d) Administer injectable ampicillin
- (e) Administer injectable gentamicin
- (f) Treat to prevent low blood sugar
- (g) Check immunization status and vaccinate if needed
- (h) Give paracetamol at the clinic
- (i) Prescribe home treatment with oral Septrin for 5 days

CHK5. Please fill the table below with is a recommended treatment option for an infant below 2 months that presents with signs of severe infection but whose parents cannot access, accept or afford referral or inpatient services?

	Medication	dosage	Frequency per day	Duration (days)
1				
2				
3				
4				
5				

O

O

Tool #2: Provider Questionnaire, <5 Child Care Module

CHK6. given to 3 year old child that presents with cough, nasal congestion, respiratory rate of 28 bpm and no sign of chest in-drawing. What In the above scenario (K6), what recommended treatment would you prescribe for that child? Select the single best answer

- 1) Give oral Erythromycin and a safe cough remedy
- 2) Soothe the throat, relieve the cough with safe remedy and follow up in 5 days if not improving
- 3) Give Cotrimoxazole (Septrin) for 5 days.
- 4) Give oral Amoxicillin for 5 days and a safe cough remedy.
- 5) Give oral Erythromycin for 5 days only

CHK7. A 2 year old girl is presented at OPD. She has a dry cough and is restless. Your clinical assessment reveals a Temperature of 37.7°C and chest in-drawing, and a Respiratory rate of 50 bpm, other findings are normal. What is the most likely classification? Select the single best answer

- 1) Severe Pneumonia
- 2) Pneumonia
- 3) Clinical Malaria
- 4) RTI and Malaria
- 5) RTI

CHK8. with h/o cough and Difficulty of Breath. On examination you discover he is lethargic What is the recommended next step of management for Opolot? Select the single best answer

- 1) Refer immediately
- 2) Give appropriate Injectable Antimalarial for 1 day and change to oral antimalarial with improvement.
- 3) Give oral amoxicillin for 5 days and paracetamol
- 4) Oral erythromycin for 5 days and paracetamol.
- 5) Give an appropriate dose of IM/IV Ampicillin and Gentamicin and refer.

CHK11. Please write down all danger signs in children from 2 months to 5 years according to IMCI?

- (a) Convulsions
- (b) Difficulty in breathing
- (c) Vomiting everything
- (d) Unable to feed
- (e) Unconsciousness or Lethargic

CHK12. A 7 months old presents at your HC II with temperature 38.3°C, lethargy, a stiff neck and convulsions. What measures will you take, before referring him to higher level? (select all that apply)

- (a) Injectable antimalarial
- (b) Oral antimalarial
- (c) Paracetamol
- (d) Injectable antibiotic
- (e) Oral antibiotic
- (f) Diazepam,
- (g) Perform malaria rapid test before giving antimalarial

Tool #2: Provider Questionnaire, <5 Child Care Module

- (h) ORS
- (i) Give breast milk, substitute or sugar water with a spoon
- (j) Zinc
- (k) Other specify _____

CHK12. Choose the most appropriate response(s) to classify or treat fever at OPD according to IMCI
 Select the **single best** answer

For the statements below, please indicate whether the statement is true or not true:

	Questions	True (1)	Not true (0)
(a)	High prevalence of malaria excludes necessity of performing Malaria Rapid test		
(b)	Antimalarial test (if available) should be administered to every child before antimalarial treatment		
(c)	In low Malaria prevalence region children with obvious cause of fever does not need Malaria Rapid test		

CHK13. A 1 year old presents with a low grade fever, and watery diarrhoea, yellow-greenish in colour. Your assessment reveals a slow skin pinch and sunken eyes, Temp is 37.6⁰c. The baby is irritable, but is eager to drink. Other findings are normal. What recommended classification should you document in the OPD register? Select the **single best answer**

- 1) Diarrhoea
- 2) Clinical Malaria
- 3) Diarrhoea, no dehydration
- 4) Diarrhoea with some Dehydration.
- 5) Diarrhoea and Clinical Malaria

CHK14. From the above scenario (CK13), what would your plan of management be? Select the **single best answer**

- 1) Give oral cotrimoxazole, ORS (plan A), Zinc, counsel mother on danger signs and follow up in 5 days.
- 2) Give oral cotrimoxazole, ORS (plan B) Zinc, counsel mother on danger signs and follow up in 5 days.
- 3) Give ORS, Zinc (Plan B), counsel mother on danger signs and follow up in 5 days.
- 4) Admit or refer for further management

Tool #2: Provider Questionnaire, <5 Child Care Module

- 5) Give an Antimalarial, Septrin, ORS (Plan B) Zinc, counsel mother on danger signs and follow up in 5 days.

CK15. The following are indications for the use of antibiotics in diarrhoea. Select the single best answer

- 1) Greenish diarrhoea
- 2) Very Watery diarrhoea
- 3) Diarrhoea lasting more than 3 days
- 4) Diarrhoea with occasional episodes of vomiting.
- 5) None of the above

CHK16. An exclusively breastfed 5 weeks old infant is presented to you with a history frequent watery stool. The mother explains the young infant is not vomiting and is feeding well. Assessment reveals an active baby with no signs of dehydration and normal examination findings. Which of the following would you recommend? Select the single best answer

- 1) Give Zinc and Encourage frequent breastfeeding and follow up.
- 2) Encourage frequent breastfeeding and follow up
- 3) Give Zinc, an appropriate oral antibiotic with frequent breast feeding and follow up.
- 4) Prescribe cotrimoxazole syrup, encourage frequent breast feeding and follow up.
- 5) Give Zinc and ORS.
- 6) Give ORS or clean water in addition to breast milk if follow up is not available
- 7) 2 and 6
- 8) 2 and 5

CK17. What is the recommended IMCI treatment for a 3 year old boy that presents with bloody diarrhoea? Select the single best answer

- 1) Oral cotrimoxazole for 5 days with ORS, Zinc and follow up
- 2) Oral ciprofloxacin for 3 days with ORS, Zinc and follow up.
- 3) Give Iron supplement, Zinc and ORS
- 4) Give cotrimoxazole for 5 days, Iron supplement, Zinc and follow up.
- 5) Refer Immediately

CHK18. A 10 month old infant is presented to you at your Health Center, with h/o swelling of both feet for four days with skin and hair colour changes. You discover the child's mother passed away and is being looked after by the father. What would be the most appropriate response? Select the single best answer

- 1) This is possible Kidney Failure, refer immediately.
- 2) Counsel the father about feeding, give an oral antibiotic and send home for follow up.
- 3) Give injection X-pen for 3 days followed by an oral antibiotic and plan for follow up.
- 4) Give appropriate antibiotic, keep child warm, feed to prevent low blood sugar, educate the Father about feeding and send home for follow up.
- 5) Give an appropriate antibiotic, keep child warm, feed to prevent low blood sugar and refer.

Tool #2: Provider Questionnaire, <5 Child Care Module

CHK19. A One year old infant is brought to you for an OPD visit. Your assessment reveals a MUAC of 109mm. No other abnormalities are seen on examination. You offer RUTF and the child completes the portion given. What is the most likely Classification? Select the single best answer

- 1) Complicated Severe Acute Malnutrition
- 2) Uncomplicated Severe Acute Malnutrition
- 3) Moderate Acute Malnutrition
- 4) No Acute malnutrition
- 5) None of the above

CHK20. The following measurement would indicate a classification of Severe Acute Malnutrition in a 1 years old infant. Select the single best answer

- 1) MUAC 118mm
- 2) Weight of 8 kg
- 3) Weight for Height below -2 Z score
- 4) All the above
- 5) None of the above

CHK21. You work at a HC and there is an epidemic of malaria in your district. A one-year-old baby is brought to you with a history of fever for 2 days. Examination findings are generally normal. What is the recommended approach? Select the single best answer

- 1 Assume clinical malaria and treat immediately.
- 2 Do a malaria test before treatment
- 3 Give both an appropriate oral antimalarial and antibiotic.
- 4 Give an appropriate antibiotic only.
- 5 None of the Above

CHK22. A 6 month old child present to your health centre facility with a cough. You discover that the child missed their third DPT/Hib/HepB vaccination. What is the BEST RECOMMENDED approach? Select all that apply

- (a) Counsel mother to bring child for vaccination once cough is resolved
- (b) Counsel mother on importance of vaccination
- (c) Administer missed vaccine.
- (d) Counsel on when to return for next vaccination

Tool#2: Provider Questionnaire

Section 6: Sick Infant/Child Module

Standardized Options for Open-ended questions

CHK1. Please write down signs of a critically ill newborn:

- (a) Convulsions
- (b) Unable to cry
- (c) Respiratory rate of 70 bpm.
- (d) Bulging fontanelle.
- (e) Apnoea
- (f) Cyanosis,
- (g) Unconsciousness
- (h) Persistent vomiting

CHK2. A 6 weeks old infant is presented at a health centre II. The mother explains the baby is breathing fast, but is able to feed well. Your examination reveals an active baby with fast breathing (RR 66 bpm), but no chest in-drawing. Other findings are normal. What is the recommended choice of management? Select the *single best* answer

- 1) Immediately refer the infant for admission/further care
- 2) Recommend referral and if rejected prescribe Amoxicillin for 7 days
- 3) Give oral erythromycin syrup for 5 days and follow up visit.
- 4) Give oral dose of Septrin for 7 days and follow up visit.
- 5) Prescribe home treatment with oral Amoxicillin for 7 days and a follow up visit.**
- 6) Give a stat dose X-pen followed by an oral dose of erythromycin to complete 5 days.

CHK3. Write down all signs of Possible Severe Bacterial infection (PSBI) in a young infant (under 2 months of age)

- (a) not able to feed since birth or stopped feeding well (confirmed by observation),
- (b) convulsions,
- (c) fast breathing (60 breaths per minute or more)
- (d) severe chest in-drawing,
- (e) fever (38 °C or greater),
- (f) low body temperature (less than 35.5 °C),
- (g) movement only when stimulated or no movement at all

CHK4. 4 weeks old boy presents HC2 with history of two days' illness. Mother complains that he stopped feeding well and feels hot. Your examination reveals axillary temperature 38 °C, RR 63 breath per minute, baby is awake and conscious, but three attempts to feed his is not successful as he stops sucking after a few minutes. What will be your actions? (Select all that apply):

- (a) Prescribe home treatment with oral amoxicillin for 7 days
- (b) Recommend immediate referral to higher level facility**
- (c) Give ORS at the clinic
- (d) Administer injectable ampicillin**
- (e) Administer injectable gentamicin**
- (f) Treat to prevent low blood sugar**
- (g) Check immunization status and vaccinate if needed**
- (h) Give paracetamol at the clinic
- (i) Prescribe home treatment with oral Septrin for 5 days

CHK5. Please fill the table below with is a recommended treatment option for an infant below 2 months that presents with signs of severe infection but whose parents cannot access, accept or afford referral or inpatient services?

- a) Medication Choice: 1) Correct (Gentamicin + Amoxicillin) 2) not correct
- b) Regimen Adequate: 1) Correct Option 1:) Intramuscular gentamicin 5-7.5 mg/kg once daily for seven days 2) twice daily oral amoxicillin, 50 mg/kg per dose for seven days. Or Option 2: Intramuscular gentamicin 5-7.5 mg/kg once daily once daily for two days 2) oral amoxicillin twice daily, 50 mg/kg per dose for seven days. 2) Not correct

CHK6. given to 3-year-old child that presents with cough, nasal congestion, respiratory rate of 28 bpm and no sign of chest in-drawing. What In the above scenario (K6), what recommended treatment would you prescribe for that child? Select the single best answer

- 1) Give oral Erythromycin and a safe cough remedy
- 2) Soothe the throat, relieve the cough with safe remedy and follow up in 5 days if not improving**
- 3) Give Cotrimoxazole (Septrin) for 5 days.
- 4) Give oral Amoxicillin for 5 days and a safe cough remedy.
- 5) Give oral Erythromycin for 5 days only

CHK7. A 2-year-old girl is presented at OPD. She has a dry cough and is restless. Your clinical assessment reveals a Temperature of 37.7°C and chest in-drawing, and a Respiratory rate of 50 bpm, other findings are normal. What is the most likely classification? Select the single best answer

- 1) Severe Pneumonia

- 2) **Pneumonia**
- 3) Clinical Malaria
- 4) RTI and Malaria
- 5) RTI

CHK8. Opolot, 28 days-old boy presents to the clinic with 2 days history of cough and Difficulty of Breath. On examination, you discover he is lethargic. What is the recommended next step of management for Opolot? Select the single best answer

- 1) Refer immediately
- 2) Give appropriate Injectable Antimalarial for 1 day and change to oral antimalarial with improvement.
- 3) Give oral amoxicillin for 5 days and paracetamol
- 4) Oral erythromycin for 5 days and paracetamol.
- 5) **Give an appropriate dose of IM/IV Ampicillin and Gentamicin and refer.**

CHK9. Please write down all danger signs in children from 2 months to 5 years according to IMCI?

- (a) Convulsions
- (b) Difficulty in breathing
- (c) Vomiting everything
- (d) Unable to feed
- (e) Unconsciousness or Lethargic

CHK10. A 7 months old presents at your HC II with temperature 38.3°C, lethargy, a stiff neck and convulsions. What measures will you take, before referring him to higher level? (select all that apply)

- (a) **Injectable antimalarial**
- (b) Oral antimalarial
- (c) Paracetamol
- (d) **Injectable antibiotic**
- (e) Oral antibiotic
- (f) **Diazepam,**
- (g) Perform malaria rapid test before giving antimalarial
- (h) ORS
- (i) **Give breast milk, substitute or sugar water with a spoon**
- (j) Zinc
- (k) Other specify _____

CHK11. Choose the most appropriate response(s) to classify or treat fever at OPD according to IMCI
 Select the ***single best*** answer

For the statements below, please indicate whether the statement is true or not true:

	Questions	True (1)	Not true (0)
(a)	High prevalence of malaria excludes necessity of performing Malaria Rapid test		X
(b)	Antimalarial test (if available) should be administered to every child before antimalarial treatment	X	
(c)	In low Malaria prevalence region children with obvious cause of fever does not need Malaria Rapid test		X

CHK13. A 1 year old presents with a low-grade fever, and watery diarrhea, yellow-greenish in color. Your assessment reveals a slow skin pinch and sunken eyes, Temp is 37.6^oc. The baby is irritable, but is eager to drink. Other findings are normal. What recommended classification should you document in the OPD register? Select the *single best*** answer**

- 1) Diarrhea
- 2) Clinical Malaria
- 3) Diarrhea, no dehydration
- 4) Diarrhea with some Dehydration.**
- 5) Diarrhea and Clinical Malaria

CHK14. From the above scenario (CK13), what would your plan of management be? Select the *single best*** answer**

- 1) Give oral cotrimoxazole, ORS (plan A), Zinc, counsel mother on danger signs and follow up in 5 days.
- 2) Give oral cotrimoxazole, ORS (plan B) Zinc, counsel mother on danger signs and follow up in 5 days.
- 3) Give ORS, Zinc (Plan B), counsel mother on danger signs and follow up in 5 days.
- 4) Admit or refer for further management
- 5) Give an Antimalarial, Septrin, ORS (Plan B) Zinc, counsel mother on danger signs and follow up in 5 days.**

CK15. The following are indications for the use of antibiotics in diarrhea. Select the single best answer

- 1) Greenish diarrhea
- 2) Very Watery diarrhea
- 3) Diarrhea lasting more than 3 days
- 4) Diarrhea with occasional episodes of vomiting.
- 5) **None of the above**

CHK16. An exclusively breastfed 5 weeks old infant is presented to you with a history frequent watery stool. The mother explains the young infant is not vomiting and is feeding well. Assessment reveals an active baby with no signs of dehydration and normal examination findings. Which of the following would you recommend? Select the single best answer

- 1) Give Zinc and Encourage frequent breastfeeding and follow up.
- 2) Encourage frequent breastfeeding and follow up
- 3) Give Zinc, an appropriate oral antibiotic with frequent breast feeding and follow up.
- 4) Prescribe cotrimoxazole syrup, encourage frequent breast feeding and follow up.
- 5) Give Zinc and ORS.
- 6) Give ORS or clean water in addition to breast milk if follow up is not available
- 7) **2 and 6**
- 8) 2 and 5

CK17. What is the recommended IMCI treatment for a 3 year old boy that presents with bloody diarrhea? Select the single best answer

- 1) Oral cotrimoxazole for 5 days with ORS, Zinc and follow up
- 2) **Oral ciprofloxacin for 3 days with ORS, Zinc and follow up.**
- 3) Give Iron supplement, Zinc and ORS
- 4) Give cotrimoxazole for 5 days, Iron supplement, Zinc and follow up.
- 5) Refer Immediately

CHK18. A 10-month-old infant is presented to you at your Health Center, with h/o swelling of both feet for four days with skin and hair color changes. You discover the child's mother passed away and is being looked after by the father. What would be the most appropriate response? Select the single best answer

- 1) This is possible Kidney Failure, refer immediately.
- 2) Counsel the father about feeding, give an oral antibiotic and send home for follow up.
- 3) Give injection X-pen for 3 days followed by an oral antibiotic and plan for follow up.
- 4) Give appropriate antibiotic, keep child warm, feed to prevent low blood sugar, educate the Father about feeding and send home for follow up.
- 5) **Give an appropriate antibiotic, keep child warm, feed to prevent low blood sugar and refer.**

CHK19. A One year old infant is brought to you for an OPD visit. Your assessment reveals a MUAC of 109mm.No other abnormalities are seen on examination. You offer RUTF and the child completes the portion given. What is the most likely Classification? Select the single best answer

- 1) Complicated Severe Acute Malnutrition
- 2) Uncomplicated Severe Acute Malnutrition**
- 3) Moderate Acute Malnutrition
- 4) No Acute malnutrition
- 5) None of the above

CHK20. The following measurement would indicate a classification of Severe Acute Malnutrition in a 1 years old infant. Select the single best answer

- 1) MUAC 118mm
- 2) Weight of 8 kg
- 3) Weight for Height below -2 Z score
- 4) All the above
- 5) None of the above**

CHK21. You work at a HC and there is an epidemic of malaria in your district. A one-year-old baby is brought to you with a history of fever for 2 days. Examination findings are generally normal. What is the recommended approach? Select the single best answer

- 1 Assume clinical malaria and treat immediately.
- 2 Do a malaria test before treatment**
- 3 Give both an appropriate oral antimalarial and antibiotic.
- 4 Give an appropriate antibiotic only.
- 5 None of the Above

CHK22. A 6-month-old child present to your health center facility with a cough. You discover that the child missed their third DPT/Hib/HepB vaccination. What is the BEST RECOMMENDED approach? Select all that apply

- (a) Counsel mother to bring child for vaccination once cough is resolved
- (b) Counsel mother on importance of vaccination**
- (c) Administer missed vaccine.**
- (d) Counsel on when to return for next vaccination**

Tool #3: Observation on NR Bag & Mask Skills

Tool ID _____	Today's Date: Day ___ Month ___/2017
District/County _____	Facility ID _____ Facility Code _____
Interviewer Initials _____	

Q#	Question (Options)	Code	Go to
Demographic/general Information			
Z 1	Health worker's age Age in completed years _____		
Z 2	Health worker's Sex Male 1 Female 2		
Z 3	Health worker's cadre Generalist Medical Doctor 1 Specialist Medical Doctor 2 Non-physician Clinician 3 Nursing professionals (non-degree nurses) 4 Degree Nurses (BSN nurse) 5 Midwifery Professionals (non-degree midwives) 6 Degree Midwives 7 Enrolled nurse/enrolled midwife 8 Other (please specify) 9 _____		
Z 4	Had hands on skills training in Newborn Resuscitation Yes 1 No 0		→A1
Z 5	# months since last skills training Months _____		

Instructions to the Observer: Hand over the Neonatalie and other equipment to the health worker.

If the health worker is not familiar with the NeoNatalie model and resuscitation equipment, identify each piece of equipment and allow the health worker to examine the model thoroughly. Explain how the model works (e.g., the chest will rise when there is a proper seal with the bag and mask, etc.). Then read aloud to the health worker the following instructions:

Please read. Ventilation with bag and mask can be lifesaving when a baby does not breathe after clearing the airway and stimulation. Mastering and maintaining this skill requires ongoing practice. Using the NeoNatalie and other equipment provided to you, please perform all the steps in the appropriate sequence.

PLEASE READ: "I am going to read a role play case. Please listen carefully, and then show me the actions you would take. I will indicate the baby's response in words, but I will provide no other feedback until the end of the case."

Tool #3: Observation on NR Bag and Mask Skills

A. Prepares for birth

Prompt: "You are called to assist the delivery of a term baby. There are no complications in the pregnancy. The baby will be born in less than 10 minutes. Introduce yourself and prepare for the birth and care of the baby. If particular equipment is not available, explain the action in words"

Q#	Steps	Done	Not done
A 1	Identifies a helper and makes/reviews an emergency plan	1	0
A 2	Prepares the area for delivery: brings or makes sure all necessary equipment is present including 2 dry warm towels or cloths, sterile scissors, cord ties or clamps, cap for baby, ventilation bag, newborn face mask size 1 and size 0, penguin suction, clock or watch with seconds or timer and stethoscope) <i>(note: if equipment is not available, ask to count necessary equipment in words, mark not done if he/she missed any equipment)</i>	1	0
A 3	Cleans/washes hands and maintains clean technique throughout	1	0
A 4	Checks function of bag and mask and suction device: <i>outlet valve opens, pop-off valve activates, bag refills after squeezed</i>	1	0

B. Keeps baby warm

Prompt: After 2 minutes, give baby to health worker and say, "The amniotic fluid is clear. Show how you will care for the baby."

Q#	Steps	Done	Not done
B 1	Dries thoroughly, removes wet cloth, places skin-to-skin with mother, covers baby with dry cloth.	1	0

C. Evaluates breathing

Prompt: "The baby is not breathing. You do not see or hear secretion in the baby's mouth or nose"

Q#	Steps	Done	Not done
C 1	Recognizes baby is not crying	1	0
C 2	Stimulates breathing by rubbing the back up and down along the spine	1	0
<i>Prompt: "The baby is not breathing."</i>			
C 3	Acknowledges that the baby is not crying and breathing	1	0

D. Ventilates with bag and mask

Q#	Steps	Done	Not done
D 1	Cuts cord and Moves to area for ventilation OR ventilates by mother with intact cord	1	0
D 2	Starts ventilation within Golden Minute	1	0
D2 a	time passed after birth (at _____ seconds)		

Tool #3: Observation on NR Bag and Mask Skills

D	3	Achieves firm seal as demonstrated by chest movement	1	0
D	4	Ventilates at 40 BREATHS/MINUTE (30-50 ACCEPTABLE)	1	0
D	5	Evaluates continuously for breathing or chest movement	1	0

E. Evaluates breathing

Prompt for observer: Show or say "The baby is not breathing"

Q#	Steps	Done	Not done
E 1	Acknowledges baby is not breathing or crying	1	0
E 2	Calls for help	1	0
E 3	Continues ventilation	1	0

F. Improves ventilation

Prompt for observer: Say, "Please show what to do if the chest is not moving with ventilation."

Q#	Steps	Done	Not done
F 1	Reapplies mask to form a better seal	1	0
F 2	Repositions head with the neck slightly extended	1	0
F 3	Clears secretion from the mouth and nose	1	0
F 4	Opens mouth slightly	1	0
F 5	Bag- squeezes bag harder to give a larger breath	1	0

G. Evaluates breathing and heart rate

Prompt for observer: After one or more steps to improve ventilation say, "The chest is moving now but the baby is not breathing; heart rate is normal"

Q#	Steps	Done	Not done
G 1	Acknowledges baby is not breathing but heart rate is normal	1	0
G 2	Continues ventilation	1	0

H. Stops ventilation and continues routine care

Prompt for observer: After 2 minute say, "The heart rate is 120 per minute and the baby is breathing well."

Q#	Steps	Done	Not done
H 1	Acknowledges baby is crying and breathing well and heart rate is normal	1	0
H 2	Stops ventilation	1	0
H 3	Positions skin-to-skin on Mother's chest and keeps baby warm (puts on head covering if not done previously)	1	0
H 4	Communicates with mother	1	0

Summary Scores				
I	1	# steps done correctly	_____	
I	2	# of critical steps done correctly (A4, B1, D2-5, F1-2)	_____	

Tool #3: Observation on NR Bag and Mask Skills

J. Testing ventilation and suction device

Prompt for observer: Please, show me how you would test the ventilation device and ensure that it is working properly

Q#	Steps	Done	Not done
J 1	Puts the mask on the ventilation bag. Squeezes the bag and looks for the valve in the patient outlet to open as he/she squeezes, or feels air on tpalm)	1	0
J 2	Seals the mask and squeezes hard enough to hear air escaping from the pressure release valve.	1	0
J 3	Maintains the seal and check that the bag reinflates after each squeeze.	1	0
J 4	Squeezes the suction device, blocks the tip, and releases. The device should not expand until the tip is unblocked	1	0

Tool #3: Observation on NR Bag and Mask Skills

Tool #4: Patient Questionnaire

Tool ID _____	Today's Date: Day ___ Month ___/2017
District/County _____	Facility ID _____ Facility Code _____
Interviewer Initials _____	

General Section

Q#	Question (Options)	Code	Go to
Demographic/general Information			
PG 1	How old are you? <div style="text-align: right;">Age in completed years _____</div> <p style="text-align: center;"><i>If Age ≥20 skip Adolescent Sheet</i></p>		
PG 2	Sex <div style="text-align: right;">Male 1 Female 2</div>		
PG 3	What is your present marital status? <div style="text-align: right;">Unmarried 1 Married 2 Cohabiting 3 Widow/widower 4 Divorced 5 Separated 6 Other (please specify) 7</div> <p style="text-align: center;">_____ - _____</p>		
PG 4	What is the highest level of education that you have attained so far? <div style="text-align: right;">No education 1 Primary completed 2 Primary (some) 3 Secondary completed 4 Secondary (some) 5 College 6 University 7 Vocational 8 Other (please specify) 9</div> <p style="text-align: center;">_____ - _____</p>		
PG 5	What do you currently do? <div style="text-align: right;">Student 1 Housewife 2 Service 3 Business 4 Farming 5</div>		

		Other (please specify) 6	
PG 6	At present, whom do you live with?	<p>Alone 1</p> <p>With parents 2</p> <p>With husband 3</p> <p>With friends 4</p> <p>Other (please specify) 5</p>	
PG 7	How would you describe your current economic status:	<p>poor 1</p> <p>low middle 2</p> <p>Middle 3</p> <p>upper middle 4</p> <p>well off 5</p>	
PG 8	In general, how would you rate your health:	<p>Good 1</p> <p>Bad 2</p> <p>Very bad 3</p> <p>Medium 4</p>	
PG 9	What is your religion?	<p>Christian 1</p> <p>Buddhist 2</p> <p>Hindu 3</p> <p>Islam 4</p> <p>Jew 5</p> <p>Sikh 6</p> <p>Other (please specify) 7</p>	
PG 10	Could you tell me what is the reason of you being in the facility?	<p>Health worker scheduled this visit for me 1</p> <p>Health worker scheduled this visit for my child 2</p> <p>I came here for my medical problem or personal issue 3</p> <p>I brought sick child to health worker 4</p> <p>I am in maternity ward/ just have been discharged from 5</p> <p>I am accompanying somebody else 6</p> <p>Other, specify _____ 7</p>	
PG 11	Have you ever been Pregnant?	<p>Yes 1</p> <p>No 0</p>	→Adol Sheet
PG 12	How many times have you been pregnant?	Times _____	
PG 13	Are you pregnant now?	<p>Yes 1</p> <p>No 0</p>	→Q#PG15

PG 14	How many weeks pregnant are you? _____			
PG 15	Have you ever had a child? Yes 1 No 0			→Q#PG16
PG 16	How many times have you had a child? Times _____			
PG 17	What is the smallest spacing between the childbirths? Months _____			
PG 18	When was the last time when you had a child (fill only one) hours (if less than 24hours) _____ hours (if less than 7 days) _____ weeks (If less than 12 weeks) _____ More than 12 weeks 77			
Please select all the services you received in this facility within last 12 months and if at least one of them is yes, answer the questions below		Yes	No	
PG 19	ANC visit <i>If yes complete ANC Sheet</i>	1	0	
PG 20	Childbirth <i>If yes complete MNH Sheet</i>	1	0	
PG 21	Have you given birth from last pregnancy >72h ago <i>If yes complete PP Sheet</i>	1	0	
PG 22	Do you have Mother, Antenatal, Vaccination Card, Mother-child Booklet with you? <i>If yes complete Card Sheet</i>	1	0	
<i>Complete HL Sheet for all patients</i>				

Adolescent Care Section

Q#	Question (Options)	C	Go to
Visit Information			
AG 1	How many visits did you have as an adolescent in this facility?	—	
Community support			
AC 1	At your last visit, if someone accompanied you, could you tell me who it was? <div style="text-align: right;"> I came alone 1 Parent/guardian 2 Sibling 3 Spouse 4 Friend 5 Other (please specify) 6 </div> <hr/> <i>if more than one companion identify most important for respondent and write respective number and not listed options in the space above</i>		→Q#AC3
AC 2	If you came accompanied by another person, did you have some time alone with the health-care provider?	Yes 1 No 0	
AC 3	Does your guardian (parent/spouse/ in-laws/other) support your using this health facility?	Yes 1 No 0	
AC 4	Have you ever received information, counselling or health services in the community setting (for example in school, clubs, community meetings, or any other?)	Yes 1 No 0	
Appropriate package of services			
AS 1	During your last visit, what services did you come to this facility for?		
AS 2	During your last visit, did you get the services that you came for?	Yes 1 No 0	
AS 3	Did anybody tell you, today or in other occasions, what other services you can obtain in this facility?	Yes 1 No 0	→Q#AS5
Q#	Could you tell me what (other) services are provided to adolescents in this facility? (read each option below)	Ye s	No DK
AS4 a	Physical and pubertal development	1	0 88
AS4 b	Menstrual hygiene/ problems	1	0 88
AS4 c	Nutrition	1	0 88
AS4 d	Anemia	1	0 88

AS4 e	Immunization	1	0	88
AS4 f	STIs	1	0	88
AS4 g	HIV	1	0	88
AS4 h	Oral contraceptive pills	1	0	88
AS4 i	Condoms	1	0	88
AS4 j	IUD	1	0	88
AS4 k	Emergency contraceptive pills	1	0	88
AS4 l	Implants	1	0	88
AS4 m	Injectables	1	0	88
AS4 n	Antenatal care	1	0	88
AS4 o	Safe delivery	1	0	88
AS4 p	Postpartum care	1	0	88
AS4 q	Safe abortion	1	0	88
AS4 r	Post-abortion care	1	0	88
AS4 s	Dermatological	1	0	88
AS4 t	Mental health	1	0	88
AS4 u	Substance use	1	0	88
AS4 v	Violence	1	0	88
AS4 w	Injuries	1	0	88
AS4 x	Fever	1	0	88
AS4 y	Diarrhea	1	0	88
AS4 z	Malaria	1	0	88
AS4 aa	Tuberculosis	1	0	88
AS4 ab	Other (please specify) _____	1	0	88
AS 4	at least 2 other services are named apart from the service he/she came for.	Yes 1 No 0		
AS 5	During your last visit, has any service provider referred you to another health facility for services not provided here?	Yes 1 No 0	→Q#AS7	
AS 6	Did the provider give you a detailed referral note (stating the health condition, address of the referral, working hours and cost of services)?	Yes 1 No 0		
AS 7	If one day you will need services that are not provided in this facility, do you know where to go, or whom to ask?	Yes 1 No 0		
AS 8	Have you ever been vaccinated for HPV?	Yes 1 No 0 Don't know 88	→Q#AS10	
AS 9	If no, did your provider ever counselled about/ referred for HPV vaccination?	Yes 1 No 0 Don't know 88		

AS 10	Have you ever been vaccinated for Hepatitis B?	Yes 1 No 0 Don't know 88	→Q#AS12	
AS 11	If no, did your provider ever counselled about/ referred for Hepatitis B vaccination?	Yes 1 No 0 Don't know 88		
AS 12	If you ever been vaccinated for Tetanoid Toxoid?	Yes 1 No 0 Don't know 88	→Q#AS14	
AS 13	If no, did your provider ever counselled about/ referred for Tetanoid Toxoid vaccination?	Yes 1 No 0 Don't know 88		
AS 14	If an adolescent in your locality had an unwanted pregnancy, would they know where to go for medical advice?	Yes 1 No 0 Don't know 88		
Facility characteristics				
AF 1	Did you notice any signboard in a language you understand that mentions the operating hours of the facility?	Yes 1 No 2		
Today, when you visited the facility, did you find that it has:			Yes No	
AF 2	Working hours that are convenient for you?	1	0	
AF 3	reasonably short waiting time? (yes if waiting time < 30 minutes)	1	0	
AF 4	Curtains in doors/windows so that nobody can see you during the examination?	1	0	
AF 5	Comfortable seating in the waiting area?	1	0	
AF 6	Drinking water available?	1	0	
Were the following sufficiently clean:			Yes No	
AF 7	Surroundings?	1	0	
AF 8	Consultation areas?	1	0	
AF 9	Toilets, which were functional?	1	0	
During your last consultation or counselling session, did your provider:			Yes No Can't remember	
AF 10	talk to you about how to prevent diseases and what to do to stay healthy?	1	0	88
AF 11	inform you about the services available?	1	0	88
AF 12	ask you questions about your home and your relationships with adults?	1	0	88
AF 13	ask you questions about school?	1	0	88

AF 14	ask you questions about your eating habits?	1	0	88
AF 15	ask you questions about sports or other physical activity?	1	0	88
AF 16	ask you questions about sexual relationships?	1	0	88
AF 17	ask you questions about smoking, alcohol or other substances?	1	0	88
AF 18	ask you questions about how happy you feel, or other questions about your mood/mental health?	1	0	88
AF 19	treat you in a friendly manner?	1	0	88
AF 20	Was the service provider respectful of your needs?	1	0	88
AF 21	Did anyone else enter the room during your consultation?	1	0	88
AF 22	Did the service provider assure you at the beginning of the consultation that your information will not be shared with anyone without your consent?	1	0	88
AF 23	Do you feel confident that the information you shared with service provider today will not be disclosed to anyone else without your consent?	1	0	88
AF 24	Do you feel that the health information provided during the consultation was clear and that you understood it well?	1	0	88
AF 25	Did the provider ask you if you agree with the treatment/procedure/ solution that was proposed?	1	0	88
AF 26	During your last visit, did you not get the services you wanted because of a lack of equipment, or because the equipment was not functioning?	Yes 1 No 0		
AP 27	During your last visit, did you not get the services you wanted because of a lack of medicines or other materials?	Yes 1 No 0		
AF 28	Overall, did you feel that you were involved in the decisions regarding your care? For example, you had a chance to express your opinion or preference for the care provided, and your opinion was listened to, and heard?	Yes 1 No 0 Don't know 88		
AF 29	During your last visit, did you have any contact with anyone from support staff (receptionist, cleanin	Yes 1 No 0		→Q#AN1
AF 30	Did you feel that support staff were friendly and treated you with respect?	Yes 1 No 0		
AF 31	Did you see informational materials for adolescents, including video or TV, in the waiting area?	Yes 1 No 0		
HL 32	Did you like the informational materials?	Yes 1 No 0		
Equity and nondiscrimination				
AN 1	At your last visit, were you denied necessary services at this health facility?			

		Yes 1 No 0	→Q#AN4
AN 2	If yes, what do you think was the primary reason for the denial (Do not read the options, mark closest answer or write down exactly what patient is saying in other option)?	Age below 18 1 Unmarried 2 Not in school 3 Inability to pay 4 Unavailable in the facility 5 The condition needs referral 6 Other (please specify) _____ 7	
AN 3	Which services were denied? (do not read options)	Nutritional 1 Anemia 2 Immunization 3 Menstrual hygiene / problems 4 RTI and STI 5 HIV 6 Oral contraceptive pills 7 Condom 8 IUD 9 Emergency contraceptive pills 10 Implants 11 Injectables 12 Medical abortion/ menstrual regulation/ surgical abortion 13 Post-abortion care 14 Antenatal care 15 Postnatal care 16 Dermatological 17 Mental health 18 Substance use 19 Sexual violence 20 Other (please specify) _____ 21 <i>if more than one service denied identify most important for respondent and write respective number for rest and not listed options in the space above</i>	
AN 4	Have you seen a display with your rights?	Yes 1 No 0	
	Can you tell me what your rights are? (don't read options)		M en tione d
AN 5	Considerate, respectful and non-judgmental attitude	1	0
AN 6	Respect for privacy during consultations, examinations and treatments	1	0
AN 7	Protection from physical and verbal assault	1	0
AN 8	Confidentiality of information	1	0

AN	9	Non-discrimination	1	0
AN	10	Participation	1	0
AN	11	Adequate and clear information	1	0
AN	12	at least 3 mentioned from the list above	1	0
AN	13	Have you seen a display which mentions that services will be provided to all adolescents without discrimination? Yes 1 No 0 Can't remember 88		
AN	14	Have you seen a display of the confidentiality policy? Yes 1 No 0 Can't remember 88		
Adolescents' participation				
AP	1	Today, or in other occasions, were you or your friends approached to help staff in working with adolescents in this adolescent clinic/ health facility? Yes 1 No 0		
AP	2	Today, or in other occasions, were you or your friends approached to help in planning health services, or any activity to improve the quality of services such as surveys, participating in meetings to discuss the quality of care, or any other? Yes 1 No 0		
AP	3	Do you have some ideas for how adolescents can get more involved in planning designing and implementing good quality health care in this community? Yes 1 No 0		→Next Section
AP	4	Can you please share your ideas with us? _____ _____ _____		

Adolescent Care Section

Q#	Question (Options)	C	Go to
Visit Information			
AG 1	How many visits did you have as an adolescent in this facility?	—	
Community support			
AC 1	At your last visit, if someone accompanied you, could you tell me who it was? I came alone 1 Parent/guardian 2 Sibling 3 Spouse 4 Friend 5 Other (please specify) 6 <i>if more than one companion identify most important for respondent and write respective number and not listed options in the space above</i>		→Q#AC3
AC 2	If you came accompanied by another person, did you have some time alone with the health-care provider?	Yes 1 No 0	
AC 3	Does your guardian (parent/spouse/ in-laws/other) support your using this health facility?	Yes 1 No 0	
AC 4	Have you ever received information, counselling or health services in the community setting (for example in school, clubs, community meetings, or any other?)	Yes 1 No 0	
Appropriate package of services			
AS 1	During your last visit, what services did you come to this facility for?		
AS 2	During your last visit, did you get the services that you came for?	Yes 1 No 0	
AS 3	Did anybody tell you, today or in other occasions, what other services you can obtain in this facility?	Yes 1 No 0	→Q#AS5
Q#	Could you tell me what (other) services are provided to adolescents in this facility? (read each option below)	Ye s	No DK
AS4 a	Physical and pubertal development	1	0 88
AS4 b	Menstrual hygiene/ problems	1	0 88
AS4 c	Nutrition	1	0 88
AS4 d	Anemia	1	0 88

AS4 e	Immunization	1	0	88
AS4 f	STIs	1	0	88
AS4 g	HIV	1	0	88
AS4 h	Oral contraceptive pills	1	0	88
AS4 i	Condoms	1	0	88
AS4 j	IUD	1	0	88
AS4 k	Emergency contraceptive pills	1	0	88
AS4 l	Implants	1	0	88
AS4 m	Injectables	1	0	88
AS4 n	Antenatal care	1	0	88
AS4 o	Safe delivery	1	0	88
AS4 p	Postpartum care	1	0	88
AS4 q	Safe abortion	1	0	88
AS4 r	Post-abortion care	1	0	88
AS4 s	Dermatological	1	0	88
AS4 t	Mental health	1	0	88
AS4 u	Substance use	1	0	88
AS4 v	Violence	1	0	88
AS4 w	Injuries	1	0	88
AS4 x	Fever	1	0	88
AS4 y	Diarrhea	1	0	88
AS4 z	Malaria	1	0	88
AS4 aa	Tuberculosis	1	0	88
AS4 ab	Other (please specify) _____	1	0	88
AS 4	at least 2 other services are named apart from the service he/she came for.	Yes 1 No 0		
AS 5	During your last visit, has any service provider referred you to another health facility for services not provided here?	Yes 1 No 0		→Q#AS7
AS 6	Did the provider give you a detailed referral note (stating the health condition, address of the referral, working hours and cost of services)?	Yes 1 No 0		
AS 7	If one day you will need services that are not provided in this facility, do you know where to go, or whom to ask?	Yes 1 No 0		
AS 8	Have you ever been vaccinated for HPV?	Yes 1 No 0 Don't know 88		→Q#AS10
AS 9	If no, did your provider ever counselled about/ referred for HPV vaccination?	Yes 1 No 0 Don't know 88		

AS 10	Have you ever been vaccinated for Hepatitis B?	Yes 1 No 0 Don't know 88	→Q#AS12	
AS 11	If no, did your provider ever counselled about/ referred for Hepatitis B vaccination?	Yes 1 No 0 Don't know 88		
AS 12	If you ever been vaccinated for Tetanoid Toxoid?	Yes 1 No 0 Don't know 88	→Q#AS14	
AS 13	If no, did your provider ever counselled about/ referred for Tetanoid Toxoid vaccination?	Yes 1 No 0 Don't know 88		
AS 14	If an adolescent in your locality had an unwanted pregnancy, would they know where to go for medical advice?	Yes 1 No 0 Don't know 88		
Facility characteristics				
AF 1	Did you notice any signboard in a language you understand that mentions the operating hours of the facility?	Yes 1 No 2		
Today, when you visited the facility, did you find that it has:			Yes No	
AF 2	Working hours that are convenient for you?	1	0	
AF 3	reasonably short waiting time? (yes if waiting time < 30 minutes)	1	0	
AF 4	Curtains in doors/windows so that nobody can see you during the examination?	1	0	
AF 5	Comfortable seating in the waiting area?	1	0	
AF 6	Drinking water available?	1	0	
Were the following sufficiently clean:			Yes No	
AF 7	Surroundings?	1	0	
AF 8	Consultation areas?	1	0	
AF 9	Toilets, which were functional?	1	0	
During your last consultation or counselling session, did your provider:			Yes No Can't remember	
AF 10	talk to you about how to prevent diseases and what to do to stay healthy?	1	0	88
AF 11	inform you about the services available?	1	0	88
AF 12	ask you questions about your home and your relationships with adults?	1	0	88
AF 13	ask you questions about school?	1	0	88

AF 14	ask you questions about your eating habits?	1	0	88
AF 15	ask you questions about sports or other physical activity?	1	0	88
AF 16	ask you questions about sexual relationships?	1	0	88
AF 17	ask you questions about smoking, alcohol or other substances?	1	0	88
AF 18	ask you questions about how happy you feel, or other questions about your mood/mental health?	1	0	88
AF 19	treat you in a friendly manner?	1	0	88
AF 20	Was the service provider respectful of your needs?	1	0	88
AF 21	Did anyone else enter the room during your consultation?	1	0	88
AF 22	Did the service provider assure you at the beginning of the consultation that your information will not be shared with anyone without your consent?	1	0	88
AF 23	Do you feel confident that the information you shared with service provider today will not be disclosed to anyone else without your consent?	1	0	88
AF 24	Do you feel that the health information provided during the consultation was clear and that you understood it well?	1	0	88
AF 25	Did the provider ask you if you agree with the treatment/procedure/ solution that was proposed?	1	0	88
AF 26	During your last visit, did you not get the services you wanted because of a lack of equipment, or because the equipment was not functioning?	Yes 1 No 0		
AP 27	During your last visit, did you not get the services you wanted because of a lack of medicines or other materials?	Yes 1 No 0		
AF 28	Overall, did you feel that you were involved in the decisions regarding your care? For example, you had a chance to express your opinion or preference for the care provided, and your opinion was listened to, and heard?	Yes 1 No 0 Don't know 88		
AF 29	During your last visit, did you have any contact with anyone from support staff (receptionist, cleanin	Yes 1 No 0		→Q#AN1
AF 30	Did you feel that support staff were friendly and treated you with respect?	Yes 1 No 0		
AF 31	Did you see informational materials for adolescents, including video or TV, in the waiting area?	Yes 1 No 0		
HL 32	Did you like the informational materials?	Yes 1 No 0		
Equity and nondiscrimination				
AN 1	At your last visit, were you denied necessary services at this health facility?			

		Yes 1 No 0	→Q#AN4
AN 2	If yes, what do you think was the primary reason for the denial (Do not read the options, mark closest answer or write down exactly what patient is saying in other option)?	Age below 18 1 Unmarried 2 Not in school 3 Inability to pay 4 Unavailable in the facility 5 The condition needs referral 6 Other (please specify) _____ 7	
AN 3	Which services were denied? (do not read options)	Nutritional 1 Anemia 2 Immunization 3 Menstrual hygiene / problems 4 RTI and STI 5 HIV 6 Oral contraceptive pills 7 Condom 8 IUD 9 Emergency contraceptive pills 10 Implants 11 Injectables 12 Medical abortion/ menstrual regulation/ surgical abortion 13 Post-abortion care 14 Antenatal care 15 Postnatal care 16 Dermatological 17 Mental health 18 Substance use 19 Sexual violence 20 Other (please specify) _____ 21 <i>if more than one service denied identify most important for respondent and write respective number for rest and not listed options in the space above</i>	
AN 4	Have you seen a display with your rights?	Yes 1 No 0	
	Can you tell me what your rights are? (don't read options)		M en tione d
AN 5	Considerate, respectful and non-judgmental attitude	1	0
AN 6	Respect for privacy during consultations, examinations and treatments	1	0
AN 7	Protection from physical and verbal assault	1	0
AN 8	Confidentiality of information	1	0

AN	9	Non-discrimination	1	0
AN	10	Participation	1	0
AN	11	Adequate and clear information	1	0
AN	12	at least 3 mentioned from the list above	1	0
AN	13	Have you seen a display which mentions that services will be provided to all adolescents without discrimination? Yes 1 No 0 Can't remember 88		
AN	14	Have you seen a display of the confidentiality policy? Yes 1 No 0 Can't remember 88		
Adolescents' participation				
AP	1	Today, or in other occasions, were you or your friends approached to help staff in working with adolescents in this adolescent clinic/ health facility? Yes 1 No 0		
AP	2	Today, or in other occasions, were you or your friends approached to help in planning health services, or any activity to improve the quality of services such as surveys, participating in meetings to discuss the quality of care, or any other? Yes 1 No 0		
AP	3	Do you have some ideas for how adolescents can get more involved in planning designing and implementing good quality health care in this community? Yes 1 No 0		→Next Section
AP	4	Can you please share your ideas with us? _____ _____ _____		

Maternal & Newborn Services

Q#	Question (Options)	Code	Go to
Access & admission			
MA 1	How far away do you live from the hospital? <div style="text-align: right;">Kilometers _____ Minutes _____</div>		
MA 2	What type of transport did you use to get to the hospital? <div style="text-align: right;">No transport (I walked) 1 Provided by your health Center 2 Public Transport 3 Private (yours, neighbors, relatives) 4 Other, specify _____ 5</div>		
MA 3	How long before your delivery were you admitted to the health facility? <div style="text-align: right;">Hours _____</div>		
MA 4	Was it difficult for you to organize your transport to the hospital? <div style="text-align: right;">Yes 1 No 0</div>		→Q#MA6
MA 5	Could you explain what difficulties do you have to reach the hospital _____ _____ _____		
MA 6	How much did you pay for transport to the hospital? <div style="text-align: right;">Local Currency _____</div>		
MA 7	Did you get immediate attention from medical staff on your arrival at facility? <div style="text-align: right;">Yes 1 No 0</div>		→Q#MA9
MA 8	How long did you wait between the time you arrived at this facility and before the first medical attention (felt abdomen, blood pressure measurement, vaginal examination, etc.) <div style="text-align: right;">Minutes _____</div>		
MA 9	Did you have a family member/friend with you at all times during admission? <div style="text-align: right;">Yes 1 No 0</div>		
MA 10	Were you examined vaginally at admission? <div style="text-align: right;">Yes 1 No 0</div>		
MA 11	Was your Blood Pressure measured at admission? <div style="text-align: right;">Yes 1 No 0</div>		
MA 12	Was the baby's heart rate listened to at admission? <div style="text-align: right;">Yes 1 No 0</div>		

Labor & Delivery		
ML 1	Did each member of the delivery team introduce and identify him or herself when they came into the room?	Yes 1 No 0
ML 2	Did health workers explained to you any examination or procedure before performing them?	Yes 1 No 0
ML 3	Did health workers ask your permission before performing any examination or procedure?	Yes 1 No 0
ML 4	Do you feel that your provider(s) explained things to you clearly during your labor and delivery?	Yes, very well 1 some of the time 2 No 0
ML 5	Did you feel that your providers and nurses communicated well with one another (e.g. when one was arriving and one was leaving):	Yes, most of the time 1 Yes, some of the time 2 No 0
ML 6	Did you providers show good knowledge of your history and the care that had been given to date (e.g. you did not have to repeat the same to every provider involved in your care):	Yes, most of the time 1 Yes, some of the time 2 No 0
ML 7	Did you have a companion of your choice with you during your labor?	Yes 1 No 0
		→Q#ML11
ML 8	Was your companion given the orientation on his(her) role during labor and/or childbirth?	Yes 1 No 0
		→Q#ML10
ML 9	Was your companion satisfied with the orientation given on his(her) role during labor and/or childbirth:	Yes 1 No 0 Not sure/can not tell 88
ML 10	Did you have a companion of your choice with you during your delivery?	Yes 1 No 0
ML 11	Did you receive an enema prior to delivery?	Yes 1 No 0

ML 12	Were you shaved in your private area at any time?	Yes 1 No 0	
ML 13	Did your health care provider do an episiotomy before you delivered?	Yes 1 No 0	
ML 14	How your baby was born?	Uncomplicated vaginal birth 1 Vaginal Birth with any maternal complication 2 Planned C-Section (or emergency decided at admission) 3 Emergency C-section (decided after at least 1 hour of admission) 4 Other, specify _____ 5	→Q#ML40
ML 15	Where different positions to give birth discussed with you by your	Yes 1 No 0	→Q#ML17
ML 16	How was the position in which you gave birth decided?	I decided 1 My provider(s) decided 2	
ML 17	Did provider discussed with you that you could have food and drink during labor?	Yes 1 No 0 Don't Remember 77	
ML 18	Did you at any point of labor feel hungry or thirsty and asked for food or drink?	Yes 1 No 0	→Q#ML20
ML 19	Were you given sufficient food or drink?	Yes 1 No 0	
ML 20	How long were you in labor? (hours, days)	Hours ____	
ML 21	How long did you push the baby? (hours)	Hours ____	
ML 22	Did you have a vein punctured during labor?	Yes 1 No 0	
ML 23	Were you examined vaginally during labor?	Yes 1 No 0	→Q#ML27
ML 24	Do you remember how many times?	times ____ Don't Remember 88	
ML 25	Were you asked for your consent prior to being examined?	Yes 1	

		No	0	
ML 26	Are you satisfied with the degree of privacy during examinations and treatment?	Yes	1	
		No	0	
ML 27	How did they listen to the baby?	Don't listen at all	1	
		I am not sure	2	
		Through monitors I was connected	3	
		Listening to my abdomen with stethoscope/fetoscope	4	
		Other, specify _____	5	
ML 28	Were you offered options to relief pain during labor?	Yes	1	
		No	0	→Q#ML32
	Please specify all methods discussed for pain relief? (Do Not Read Options)	Yes	No	
ML29 a	Oral medications	1	0	
ML29 b	IV medications	1	0	
ML29 c	Medication given in spine	1	0	
ML29 d	continuous labor support	1	0	
ML29 e	bath	1	0	
ML29 f	intra dermal water block	1	0	
ML29 g	maternal movement and positioning	1	0	
ML29 h	childbirth education	1	0	
ML29 i	relaxation and breathing	1	0	
ML29 j	heat and cold	1	0	
ML29 k	acupressure	1	0	
ML29 l	hypnosis	1	0	
ML29 m	aromatherapy	1	0	
ML29 n	music	1	0	
ML29 o	audio analgesia	1	0	
ML 30	Were you given a choice about medications you could have for pain relief during labor, if you decided to use this method?	Yes	1	
		No	0	→Q#ML32
	N/A (I did not ask for medications)	77		→Q#ML32
ML 31	Were they effective?	Yes	1	
		No	0	
ML 32	Are you satisfied with the degree of privacy during your stay in the labor area?	Yes	1	
		No	0	
ML 33	Were you encouraged to walk around during the first stage of labor?	Yes	1	
		No	0	
ML 34	Did you walk around during the first stage of labor?	Yes	1	
		No	0	

MS 35	Overall, have you felt that your needs and preferences were taken into account by your providers during the labor:	Yes, all of the time 1 Some of the time 2 No, not most of the time 0	
MS 36	Overall, have you felt that you made shared decisions about your labor?	Yes 1 No 0	
ML 37	Are you satisfied with the degree of privacy during your stay in the childbirth area?	Yes 1 No 0	
MS 38	Overall, have you felt that your needs and preferences were taken into account by your providers during the childbirth:	Yes, all of the time 1 Some of the time 2 No, not most of the time 0	
MS 39	Overall, have you felt that you made shared decisions about your birth:	Yes 1 No 0	
ML 40	Was this decision on C-section made by	you 1 Provider 2 together with your care provider 3 N/A(no C-section) 77	→Q#NL1
ML 41	Could you tell me what was the reason for C-section	_____	
		Don't know 88	
Essential Newborn Care			
NL 1	Was your baby healthy at delivery?	Yes 1 No 0	→Q#NL4
NL 2	If NO, what was the problem:	Birth asphyxia 1 Preterm birth 2 Other: please describe _____ 3	
NL 3	Do you feel that you received additional emotional support from health facility staff on this occasion?	Yes 1 No 0	
NL 4	What was baby's weight?	Grams _____	
NL 5	Was your baby in skin to skin contact immediately after delivery	Yes 1 No 0	
NL 6	Was your baby kept with you in your room for almost the whole time you were in the hospital?		

		Yes 1 No 0	
NL 7	Who has decided where your baby has been since the delivery:	I have decided 1 My providers have decided. 0	
NL 8	Was your baby separated from you at birth?	Yes 1 No 0	
NL 9	Do you know the reason? Can you explain what happened?	_____ Don't know 88	
NL 10	What were you feeding your baby at the hospital?	breast milk 1 formula 2 expressed milk 3 other _____ 4	
NL 11	If you were breastfeeding, who has given you the most support and education about breastfeeding in the hospital?	doctor 1 midwife 2 nurse 3 other _____ 4	
NL 12	When were you asked to initiate breastfeeding after delivery?	Never 1 immediately after birth 2 In first hour after birth after birth 3 between 1-6 hours after birth 4 Between 6-24 hours after birth 5 > 24 hours after birth 6 I don't remember 88	
NL 13	How often were you advised to breastfeed our baby?	Once in every 3 hour with 6 hour night rest 1 Once in every 3 hour day and night 2 Once in every 4 hour with 8 hour night rest 3 Once in every 4 hour day and night 4 On demand as much as possible day and night 5 Other specify _____ 6	
Postpartum care (PPFP)			
MP 1	After your child was born how long did you stay in the facility?	hours _____	
MP 2	After your child was born how many times did medical staff check on you?	times _____ Don't remember 88	
MP 3	How many times did they check how much blood you were losing?	times _____ Don't remember 88	

MP 4	<p>How many times did they palpate your abdomen to check whether uterus was contracting?</p> <p style="text-align: right;">times _____ Don't remember 88</p>			
MP 5	<p>How many times your Blood Pressure was measured?</p> <p style="text-align: right;">times _____ Don't remember 88</p>			
MP 6	<p>How many times your temperature was measured?</p> <p style="text-align: right;">times _____ Don't remember 88</p>			
MP 7	<p>How many times your heart rate or pulse was measured?</p> <p style="text-align: right;">times _____ Don't remember 888</p>			
MP 8	<p>Did your baby receive full clinical examination before discharge (ask to specify how (s)he was examined and consider as full only if at least was undressed, heart and lung were listened, abdomen palpated, weight/height measured, reflexes checked)</p> <p style="text-align: right;">Yes 1 No 0</p>			
MP 9	<p>Overall, have you felt that your needs and preferences were taken into account by your providers during the postnatal period:</p> <p style="text-align: right;">Yes, all of the time 1 Some of the time 2 No, not most of the time 0</p>			
MP 10	<p>Overall, have you felt that you made shared decisions about your postnatal care:</p> <p style="text-align: right;">Yes 1 No 0</p>			
MP 11	<p>Overall, how satisfied are you with the health education and information you received from care providers</p> <p style="text-align: right;">Extremely dissatisfied 1 Somewhat dissatisfied 2 Nor satisfied not dissatisfied 3 Somewhat satisfied 4 Extremely satisfied 5</p>			
	Please specify all topics anyone counseled you about any of the following topics since you arrived in the maternity	Yes	No	Go To
MP12 a	What your baby needs to drink/eat for first 6 months	1	0	
MP12 b	Immunizations my baby needs	1	0	
MP12 c	Nutrition & Hygiene	1	0	
MP12 d	Maintaining Lactation	1	0	
MP12 e	Keeping baby warm & clean	1	0	
MP12 f	Communication and play with the baby	1	0	
MP12 g	Which signs to watch for (danger signs) in my baby	1	0	
MP12 h	Which signs to watch for (danger signs) in yourself	1	0	

MP12 i	Where to go in case emergency for myself	1	0			
MP12 j	Where to go in presence of danger signs in my baby	1	0			
MP12 k	When and where I need to follow up for myself	1	0			
MP12 l	When and where I need to follow up for my baby	1	0			
MP12 m	Healthy spacing between the pregnancies	1	0			
MP12 n	Family Planning options available to me now	1	0		→Q#MG1	
MP 13	Was your spouse(partner) invited on the counselling session on family planning?	Yes 1 No 0				
MP 14	Did you accepted/choose FP method before the discharge?	Yes 1 No 0			→Q#MG1	
	Please specify which method you choose before the discharge (if option is named, ask to specify whether the method was provided in the facility or referred, if not available in the facility and women was not given exact place where to go circle yes, not provided), circle No for everything not mentioned without reading them to the patient		Yes, provided	Yes, referred	Yes, not provided	No
MP14 a	Lactational Amenorrhea (LAM)	1			0	
MP14 b	Spermicide	1	2	3	0	
MP14 c	Female sterilization (within 7 days or delay 6 weeks)	1	2	3	0	
MP14 d	Copper intrauterine device	1	2	3	0	
MP14 e	(LNG-IUD) (within 48 hours or delay 4 weeks)	1	2	3	0	
MP14 f	Emergency Contraception pills	1	2	3	0	
MP14 g	Progestogen-only oral contraceptives (non-BF women)	1	2	3	0	
MP14 h	(non-BF women) Progestogen-only injectables	1	2	3	0	
MP14 i	(non-BF women) Implant	1	2	3	0	
MP14 j	Male Condoms	1	2	3	0	
MP14 k	Female Condoms	1	2	3	0	
MP14 l	Emergency Contraception pills	1	2	3	0	
General Infrastructure						
	How did you find the quality of the facilities (how clean they were and conducive to childbirth?) (READ OPTIONS)		Very Clean	Clean/Satisfactory	Dirty	DK
MG1 a	labor room	1	2	3	88	
MG1 b	ward room	1	2	3	88	
MG1 c	place to wash	1	2	3	88	
MG1 d	toilet	1	2	3	88	
MG1 e	other _____	1	2	3	88	
MG 2	Are you satisfied with the water, sanitation and energy services	yes 1 no 0				
MG 3	Are you satisfied with the power and lighting source	yes 1				

		no 0	
MG 4	Overall, Are you satisfied with the environment of the labor and childbirth area, including the cleanliness, proximity to a toilet, general lighting, level of crowding and privacy	yes 1 no 0	
MG 5	Did you have to purchase gloves and other necessary items during your childbirth?	Yes 1 No 0	
MG 6	Were you during your childbirths refused care because of inability to pay in this facility?	Yes 1 No 0	
Patient-centered services			
MS 1	In your opinion, has your private information been kept confidential while you have been in this maternity?	Yes 1 No 0	
MS 2	Did you sign a consent form for clinical care or any clinical procedures from admission to discharge?	Yes 1 No 0	
MS 3	Do you feel that every time you were asked to sign a consent form you were given adequate explanation what is what about and your options?	Yes 1 No 0	
MS 4	Do you know if there is complaints box in the facility?	Yes 1 No 0	→Q#MS6
MS 5	Do you know where complaints box is kept?	Yes 1 No 0	
MS 6	Did you make any complaint while being in the maternity?	Yes 1 No 0	→Q#MS9
MS 7	Was your complaint acted upon without repercussions?	Yes 1 No 0	
MS 8	Was your complaint about respect and preservation of the dignity of you and your families?	Yes 1 No 0	
MS 9	Did you experience physical, verbal or sexual abuse, to yourselves or your newborns, during labor or childbirth or after birth?	Yes 1 No 0	

MS 19	Overall, do you feel the facility met your religious and cultural needs: Yes 1 No 0	
MS 20	Overall, have you felt that your providers were warm and kind with you: Yes, all of the time 1 Some of the time 2 No, not most of the time 0	
MS 21	Overall, have you felt that you have been treated with respect and your dignity preserved: Yes 1 No 0	
MS 22	Overall, are you satisfied that your choices and preferences were Extremely dissatisfied 1 Somewhat dissatisfied 2 Nor satisfied not dissatisfied 3 Somewhat satisfied 4 Extremely satisfied 5	
MS 23	Overall, how would you rate your birth experience in this facility: Positive 1 Not positive not negative 2 Negative 0 Not sure/unable to answer 88	
MS 24	Would recommend childbirth in that facility to your friend or relative? Yes 1 No 0	

Postpartum care Section

Q#	Question (Options)	Code	Go to			
PP 1	How many post natal contacts with skilled health-care provider at home or facility did you have times _____		If 0 →Q#PP6			
PP 2	When did you have your first postnatal contact after the childbirth? Hours after the childbirth _____					
PP 3	Were you counselled on FP method at any of postnatal contacts? Yes 1 No 0		→Q#PP6			
PP 4	Did you accepted/choose FP method at any of these visits? Yes 1 No 0 N/A (I was provided method of my choice at discharge 77		→Q#PP6			
Please specify which method you choose before the discharge (<i>if option is named, ask to specify whether the method was provided in the facility or referred, if not available in the facility and women was not given exact place where to go circle yes, not provided</i>), circle No for everything not mentioned without reading them to the patient			Yes, provided	Yes, referred	Yes, not provided	No
PP5 a	Lactational Amenorea (LAM)	1				0
PP5 b	IntraUterine Device	1	2	3		0
PP5 c	postpartun tubal ligation	1	2	3		0
PP5 d	Male Condoms	1	2	3		0
PP5 e	Female Condoms	1	2	3		0
PP5 f	Emergency Contraception pills	1	2	3		0
PP 6	Is your child exclusively breastfed now? Yes 1 No 0		→PP8			
PP 7	How long was your child breastfed? weeks _____					
PP 8	Have you ever received cervical cancer screening Yes 1 No/Don't know 0		→Next Section			
PP 9	When was the last time you had cervical cancer screening? Years Ago _____					

Health Literacy Section

Q#	Question (Options)	Code	Go to
	What do you know about anemia? (DO NOT READ OPTIONS)	yes	No
HL1 a	Less hemoglobin/ blood	1	0
HL1 b	It leads to: Weakness/tiredness	1	0
HL1 c	Loss of appetite	1	0
HL1 d	Repeated illness	1	0
HL1 e	Slow growth and stunting	1	0
HL1 f	Other (please specify) _____	1	0
	# of correct items (all mentioned in the tool are correct)		
HL 1	Satisfactory answer (at least 2 items from the list were named)	1	0
	Do you know how to prevent anemia? (DO NOT READ OPTIONS)	yes	No
HL2 a	Iron and folic acid tablets	1	0
HL2 b	Eat leafy greens	1	0
HL2 c	Eat vegetables	1	0
HL2 d	Eat meat and liver	1	0
HL2 e	Drink milk	1	0
HL2 f	Eat eggs	1	0
HL2 g	Have a balanced diet	1	0
HL2 h	Other (please specify) _____	1	0
	# of correct items (all mentioned in the tool are correct)		
HL 2	At least 2 methods from the list were named	1	0
	Can you name any health or other consequences of getting married very young? (DO NOT READ OPTIONS)	yes	No
HL3 a	Dropping out of school	1	0
HL3 b	Early childbirth	1	0
HL3 c	More prone to sexually transmitted diseases	1	0
HL3 d	Other (please specify) _____	1	0
	# of correct items (all mentioned in the tool are correct)		
HL 3	At least 2 items from the list were named.	1	0
	Can you name any health consequences of having a baby at a young age? (DO NOT READ OPTIONS)	yes	No
HL4 a	Anemia	1	0
HL4 b	Babies with low birth weight	1	0
HL4 c	Death of the mother	1	0
HL4 d	Difficult labor	1	0
HL4 e	Preterm birth	1	0
HL4 f	Death of the baby	1	0
HL4 g	Other (please specify) _____	1	0
	# of correct items (all mentioned in the tool are correct)		

HL	4	at least 2 items from the list were named.	1	0
HL	5	Do you know what is the minimum number of check-ups that a pregnant woman should get? (Four for Uganda and Kenya) Correct Answer 1 Incorrect/no answer/don't know 0		
		Do you know where an adolescent girl can go for such check-ups?	yes	No
HL6	a	Government hospital	1	0
HL6	b	Adolescent clinic	1	0
HL6	c	Health center/office	1	0
HL6	d	Adolescent clinic	1	0
HL6	e	Private hospital	1	0
HL6	f	Other (please specify) _____	1	0
HL	6	Correct Answer	1	0
		Can you name any methods of contraception?	Mentioned	Not Mentioned
HL7	a	Condom	1	0
HL7	b	Oral contraceptive pills	1	0
HL7	c	Emergency contraceptive pills	1	0
HL7	d	IUD	1	0
HL7	e	Injectables	1	0
HL7	f	Implants	1	0
HL7	g	Abstinence	1	0
HL7	h	LAM	1	0
HL7	i	Standard Days Method	1	0
HL7	j	Withdrawal	1	0
HL7	k	Others (please specify) _____	1	0
		# of correct items (all mentioned in the tool are correct)		
HL	7	Satisfactory knowledge (At least 3 methods from the list, with at least 2 modern contraceptives (a-g), were named)	1	0
HL	8	Do you think you could get one if you needed it? Yes 1 No/Not sure 0		
HL	9	Have you heard about emergency contraceptive pills? Yes 1 No 0		→Q#HL12
HL	10	Do you know what they are used for? Stopping a pregnancy from happening 1 Anything else, specify _____ 0		
HL	11	Do you think you could get them if you needed them? Yes 1 No 0		
HL	12	Have you heard about condoms? Yes 1 No 0		→Q#HL16a

Could you tell me why a condom is used?		Mentioned	Not Mentioned	
HL13 a	For contraception/ preventing pregnancy	1	0	
HL13 b	Preventing HIV or other sexually transmitted infections	1	0	
HL13 c	Other (please specify) ...C _____	1	0	
HL 13	Satisfactory Knowledge (both pregnancy and STI prevention is mentioned)	1	0	
If you or your friends needed a condom, do you know where to get them? (Probe for where to get condoms.)		Mentioned	Not Mentioned	
HL14 a	Shop	1	0	
HL14 b	Pharmacy	1	0	
HL14 c	Government hospital / clinic/family planning center	1	0	
HL14 d	Adolescent clinic	1	0	
HL14 e	Private hospital/clinic/ family planning center	1	0	
HL14 f	Community volunteer	1	0	
HL14 g	Auxiliary nurse midwife	1	0	
HL14 h	Other(please specify) _____	1	0	
HL 14	Satisfactory knowledge (at least one place is mentioned)	1	0	
HL 15	Do you feel you could get a condom if you needed one?	Yes 1 No 0 Don't know 88		
HL 16	Have you heard of HIV?	Yes 1 No 0		→Q#HL21a
Could you please answer the following questions on HIV?		Yes	No	
HL17 a	Can the risk of HIV transmission be reduced by having sex with only one uninfected partner who has no other partners?	1	0	
HL17 b	Can a person reduce the risk of getting HIV by using a condom every time they have sex?	1	0	
HL17 c	Can a healthy-looking person have HIV?	1	0	
HL17 d	Can a person get HIV from mosquito bites?	1	0	
HL17 e	Can a person get HIV by sharing food with someone who is infected?	1	0	
HL 17	Correct (all five questions are answered correctly, correct answers are highlighted)	1	0	
HL 18	If you would want to get tested for HIV, do you know where you can readily get an HIV test?	Yes 1 No 0		
Do you know what care to take each month during the menstrual cycle?		Mentioned	Not Mentioned	
HL19 a	Daily shower	1	0	
HL19 b	Use soft and clean cloth	1	0	
HL19 c	Wash cloth with soap and water	1	0	
HL19 d	Dry cloth in sunlight	1	0	
HL19 e	Store cloth in clean place	1	0	

HL19	f	Use sanitary napkins	1	0
HL19	g	How to dispose of sanitary napkins	1	0
HL19	h	Other (please specify)	1	0
		# of correct items (all mentioned in the tool are correct)		
HL19	i	At least two items from the list were named.	1	0
HL	20	Have you ever heard of diseases that can be transmitted through sexual intercourse?	Yes 1 No 0 Don't know 88	→Q#HL25a →Q#HL25a
Do you know any symptoms of sexually transmitted infections?			Mentioned	Not Mentioned
HL21	a	Abdominal pain	1	0
HL21	b	Genital discharge	1	0
HL21	c	Foul-smelling discharge	1	0
HL21	d	Burning pain on urination	1	0
HL21	e	Genital ulcers/sores	1	0
HL21	f	Other(please specify)	1	0
		# of correct items (all mentioned in the tool are correct)		
HL	21	At least one correct symptom is named.	1	0
If you or someone of your age had these problems, would you know where to go for a check-up and treatment? (Probe for where to go for checkup and treatment.)			Mentioned	Not Mentioned
HL22	a	Self-treat	1	0
HL22	b	Traditional healer	1	0
HL22	c	Adolescent clinic	1	0
HL22	d	Government facility	1	0
HL22	e	Auxiliary nurse midwife	1	0
HL22	f	Private clinic	1	0
HL22	g	Other(please specify)	1	0
HL	22	Satisfactory (at least one healthcare facility _ c,d or f_ is named)	1	0
Per your understanding what healthy eating means (prompt also which food they should eat more often and which one less often)?			Mentioned	Not Mentioned
HL23	a	Eating variety of foods	1	0
HL23	b	balanced diet	1	0
HL23	c	More Green Vegetables	1	0
HL23	d	More Orange Vegetables	1	0
HL23	e	Getting protein from meat and fish	1	0
HL23	f	More beans	1	0
HL23	g	More nuts	1	0
HL23	h	whole grain	1	0
HL23	i	Fruit	1	0
HL23	j	less animal fat	1	0
HL23	k	less processed food	1	0

HL23	k	Less salt	1	0
HL23	l	Less added sugar	1	0
HL	24	How many hours of moderate or vigorous physical activity per week to stay healthy? <hr/>		
HL	25	Can you tell me which physical activity can be considered as moderate or vigorous? <hr/>		
HL	26	Could you name the ways how can you can prevent Cervical Cancer? <div style="text-align: right;"> HPV Vaccination 1 Other, Specify _____ 2 Don't know 88 </div>		
HL	27	What age is optimal for HPV Vaccination, do not read options, select the closest <div style="text-align: right;"> Before initiation of sexual activity 1 Other specify _____ 2 Doesn't know 88 </div>		



Tool #5: Observation of Antenatal Care Visit

Tool ID _____
 Today's Date: Day ___ Month ___/2017 Time Observation started ___/___ AM/PM
 District/County _____ Facility ID _____ Facility Code _____
 Interviewer Initials _____

2. Provider Information	
PC1	<u>Provider category</u>
	Generalist Medical Doctor 1
	Specialist Medical Doctor 2
	Non-physician Clinician 3
	Nursing professionals (non-degree nurses) 4
	Degree Nurses (BSN nurse) 5
	Midwifery Professionals (non-degree midwives) 6
	Degree Midwives 7
	Enrolled nurse/enrolled midwife 8
	Other Specify _____ 9
PC2	Sex Male 1 Female 2

3.1. History Taking: General Information			
RECORD WHETHER THE PROVIDER CARRIED OUT THE FOLLOWING STEPS AND/OR EXAMINATIONS:			
Question	Yes	No	Go to
H1	Did the health worker greet the client (and others present) in a		
H2	Was the visit conducted in private room?		
H3	Did the health worker ask about or the client mention any of the		
H3a	Client's age		
H3b	Medication the client is taking		
H3c	Date that client's last menstrual period began		
H3d	Prior pregnancies		
H3e	Number of prior pregnancies (0 if no prior pregnancy)		

3.2 History Taking: Prior Pregnancy(ies)						
H4	Did the health worker or client discuss any of the following complications for prior pregnancies? <i>if asked, fill last two columns</i>	Provider asked about or client mentioned		#	Client Confirmed	
		Yes	No		Yes	No
H4a	Heavy bleeding during or after delivery	1	0	H4a1	1	0
H4b	Previous Anemia	1	0	H4b1	1	0
H4e	High fever or infection during pregnancy/prior pregnancies	1	0	H4e1	1	0
H4f	Prolonged labour	1	0	H4f1	1	0
H4g	C-section	1	0	H4g1	1	0
H4h	Assisted delivery (forceps, ventouse)	1	0	H4h1	1	0
H4i	Prior neonatal death (death of baby less than 28 days old)	1	0	H4i1	1	0

H4j	Prior stillbirth (baby born dead that does not breathe or cry)	1	0	H4j1	1	0
H4k	Prior abortion/miscarriage (loss of pregnancy)	1	0	H4k1	1	0
H4l	Previous preeclampsia or eclampsia (or convulsions)	1	0	H4l1	1	0
H4m	Previous Multiple pregnancies (twins or above)	1	0	H4m1	1	0
H5	Did health worker or client discussed existence of any chronic conditions	1	0	H5a	1	0
H5a	Diabetes or gestational diabetes	if H5=0, ->H6		H5a1	1	0
H5b	High Blood Pressure (previous or existing)			H5b1	1	0
H5c	Autoimmune disease			H5c1	1	0
H5d	Renal disease			H5d1	1	0
H5e	Autoimmune disease			H5e1	1	0
H5f	Other specify _____			H5f1	1	0

3.3 History Taking: Current Pregnancy: danger signs

H6	Did the health worker ask about or the client mention any of the following danger signs for current pregnancy? <i>if asked, fill last two columns</i>	Provider asked about or client		#	Client Confirmed	
		Yes	No		Yes	No
H6a	Vaginal bleeding	1	0	H6a1	1	0
H6b	Fever	1	0	H6b1	1	0
H6c	Headaches or blurred vision	1	0	H6c1	1	0
H6d	Swollen face or hands	1	0	H6d1	1	0
H6e	Convulsions or loss of consciousness	1	0	H6e1	1	0
H6f	Severe difficulty breathing	1	0	H6f1	1	0
H6g	Persistent cough for 2 weeks or longer	1	0	H6g1	1	0
H6h	Severe abdominal pain	1	0	H6h1	1	0
H6i	Foul smelling discharge	1	0	H6i1	1	0
H6j	Frequent or painful urination	1	0	H6j1	1	0
H6k	Whether the client has felt a decrease or stop in fetal movement	1	0	H6k1	1	0
H6l	If there are any other problems the client is concerned about	1	0	65l1	1	0
H6m	If there are any other problems reported, specify: _____					

4.1 Maternal Assessment: Assessment and counselling on physiological symptoms

A6	Did the health worker ask about or the client mention any of the following physiological symptoms during current pregnancy? Mark 77 if symptoms not confirmed	Provider asked about or client		#	Client Confirmed	
		Yes	No		NA=77	Yes
A6	Nausea and vomiting during early pregnancy	1	0	A6a	1	0
A6b	If yes, did provider offered range of available options (including ginger, chamomile, vitamin B6 and/or acupuncture)?	1	0	77		
A7	Heartburn	1	0	A7a	1	0
A7b	If heartburn confirmed, did provider counseled on diet and lifestyle or Antacid if lifestyle modification is not effective?	1	0	77		
A8	Leg cramps	1	0	A8a	1	0
A8b	If leg cramps confirmed, did provide prescribe Magnesium, calcium or non-pharmacological intervention?	1	0	77		
A9	Low back and pelvic pain	1	0	A9a	1	0
A9b	If yes, did provider counsel on any of these: regular exercise, physiotherapy, support belts and/or acupuncture?	1	0	77		
A10	Constipation	1	0	A10a	1	0
A10b	If yes, did provide counsel on dietary modification or wheat bran or fiber?	1	0	77		
A11	Varicose Veins and oedema	1	0	A11a	1	0

A11b	if Varicose veins and oedema, did provider counsel on non-pharmacological options, such as compression stockings, leg	1	0	77		
4.2. Maternal Assessment: Assessment and counselling on intimate partner violence (IPV) and unhealthy behaviors						
	Did the health worker ask about or the client mention any of the following?	Provider asked about or client		#	Client Confirmed	
		Yes	No	NA=77	Yes	No
A12	Intimate partner or family violence?	1	0	A12a	1	0
A12b	If yes, did provider counsel or refer to special	1	0	77		
A13	Tobacco use (past or present)	1	0	A13a	1	0
A14	Exposure to second-hand smoke?	1	0	A14a	1	0
A14b	Did provider counsel on smoking cessation and/or avoidance of	1	0			
	Did the health worker ask about or the client mention any of the following?	Provider asked about or client		#	Client Confirmed	
		Yes	No	NA=77	Yes	No
A15	Alcohol or other substance use?	1	0	A15a	1	0
A15b	If substance use confirmed, did provider counsel or refer to special	1	0	77		
4.3. Assessment: Physical Examination						
	Question	Yes	No	Card		
A16	Did the health worker wash his/her hands with soap or use alcohol	1	0			
	Did the health worker perform any of the following procedures?					
A18	Weigh the client	1	0	2		
A19	Measures height of the client (any time)	1	0	2		
A20	Take the client's blood pressure	1	0	2	No -> Go to A21	
A20a	If measured, BP is 140–159/90–109 mmHg after 20 weeks	1	0	2		
A20b	If measured, BP is ≥160/110 mmHg after 20 weeks gestation	1	0	2		
A21	Examine hands, legs, feet for edema	1	0			
A22	Check conjunctiva/palms for anemia	1	0			
A23	Palpate the client's abdomen for uterine height	1	0			
A24	Conducted symphysis-fundal height measurement	1	0			
A25	Listen to the client's abdomen for fetal heartbeat	1	0			
4.4. Maternal Assessment: Diagnostic Tests						
	Question	Yes	No	Card	Go to	
	Did provider ask, perform or refer for the following tests?					
D1	Test for anemia (any time during this pregnancy)	1	0	2	No→D2	
D1a	Full blood count	1	0	2		
D1b	HB testing using haemoglobinometer	1	0	2		
D1c	HB testing by color scale	1	0	2		
D2	Blood Grouping (anywhere or anytime)	1	0	2		
D3	Rh factor (anywhere)	1	0	2		
	Urine test					
D4	Test for proteinuria at this visit	1	0	2	No→D5	
D4a	If measured confirmed Proteinuria this visit (spot urine protein/creatinine >30 mg/mmol [0.3 mg/mg] or >300	1	0	2		
D5	Test for asymptomatic bacteriuria ASB (any time during pregnancy)	1	0	2	No→D6	
D5a	midstream urine culture	1	0	2		
D5b	midstream urine gram staining	1	0	2		
D5c	Urine dipstick for ASB	1	0	2		
	Did provider ask, perform or refer for the following tests?					

D6	Urine test for glucose (any time during pregnancy)	1	0	2	
D7	Blood test for gestational diabetes or Diabetes mellitus in plasma	1	0	2	No→D8
D7a	(fasting plasma glucose)	1	0	2	
D7b	1 h plasma glucose	1	0	2	
D7c	2 h plasma glucose	1	0	2	
D8	Ultrasound Scan (any time during pregnancy)	1	0	2	
D9	Syphilis test (any time during pregnancy)	1	0	2	
D10	Malaria test (RDT) during this visit	1	0	2	
D11	TB test if cough >2 weeks confirmed by client	1	0	2	N/A =77
D12	Other test Specify_____	1	0		
D13	Other test Specify_____	1	0		
D14	Other test Specify_____	1	0		
4.5. Maternal Assessment: HIV testing and counselling					
	Question	Yes	No	DK	Go to
V1	Did the health worker ask about or the client mention her HIV status?	1	0		
V2	Did the health worker perform, inquire about, or refer for an HIV test?	1	0		
V3	Is client HIV positive? (Circle Don't Know if HIV status is unknown or status is not discussed, check medical documentation for the answer)	1	0	88	No/DK→N2
V3a	Did health worker ask for HIV status of the partner (KE only)	1	0		
V3b	Is partner HIV positive (KE only)	1	0		
V3c	If yes, did provider mention /prescribe PrP to pregnant woman? (Check Card if TDF is prescribed) (Kenya only)	1	0		
V4	Did the health worker provide any counseling on HIV/PMTCT?	1	0		
V5	Did the health worker provide counseling on the following HIV/PMTCT topics?	1	0		
V5a	The purpose of ARV prophylaxis	1	0		
V5b	When to collect NVP	1	0		
V5c	When to take NVP at the onset of labour	1	0		
V5d	How to take AZT at 14 weeks	1	0		
V5d1	When to take NVP and AZT for HEI(KE only)				
V5e	Advantages and side effects of ART	1	0		
V5f	Feeding options for exposed babies	1	0		
V5g	Importance of bringing exposed infant back for testing	1	0		
V5h	Adherence counselling and importance of engagement in care	1	0		
V5i	Importance of partner involvement in HIV testing and/or	1	0		
5.1 Nutrition and physical activity interventions					
	Did caretaker provided any of the following interventions?				
N2	Counseling on healthy eating	1	0		
N4	Counseling on physical activity	1	0		
	Question	Yes	No	Card	NA Go to
	Did caretaker provided any of the following interventions?				
N3	Counselling on restricted caffeine intake (if>300 mg/day) <i>Mark 88 if not asked about cofeine intake</i>	1	0	88	77
N5	Increased daily energy and protein intake	1	0		
N6	Protein dietary supplementation	1	0	2	

N7	Prevention of Anemia: Prescribed daily Oral Iron and folic acid or	1	0	2	No/DK→N8
N7a	Explained purpose of Iron or folic acid	1	0		
N7b	Explained how to take pill	1	0		
N7c	Explained possible side effects	1	0		
N7d	Give supply of Iron	1	0		
N7e	Give supply of folic acid	1	0		
N8	Prescribe daily calcium supplementation	1	0	2	
N9	Prescribe Vit A supplementation	1	0	2	
N10	Prescribe Zinc Supplementation	1	0	2	
5.2. Other Preventive Measures					
	Question	Yes	No	Card	Go To
	Did caretaker provided any of the following interventions?				
P1	Tetanus: Prescribed or gave a tetanus toxoid (TT) injection (<i>Mark 77 if Tetanus vaccination is not due</i>)	1	0	77	No, 77→P2
P1a	Explained the purpose of the TT injection	1	0		
P2	Anti-malarial prophylaxis: Prescribed or gave anti-malarial prophylaxis (SP for IPT) (<i>Mark 77 if Tetanus vaccination is not due</i>)	1	0	77	No, 77→P2d
P2a	Explained the purpose of the preventative treatment with anti-malarial medication	1	0		
P2b	Explained how to take the anti-malarial medication	1	0		
P2c	Explained side effects of anti-malarial medication	1	0		
P2d	Gave voucher for ITN or gave free ITN, or ITN already purchased by	1	0	2	No→P3
P2e	Importance of using ITN explained	1	0		
P3	Deworming: Prescribed or gave deworming medication	1	0	2	No→C1
P3a	Explained the purpose of deworming	1	0		
P3b	Explained how to take deworming medication	1	0		
P3c	Explained side effects of deworming medication	1	0		
6.1. Counselling in preparation for delivery					
C1	Did the health worker inform the client about the progress of the	1	0		
C2	Did the health worker counsel the client in any of the following	1	0		No→C3
C2a	Seek immediate care if she has vaginal bleeding	1	0		
C2b	If she has convulsions	1	0		
C2c	If she has severe headaches with blurred vision	1	0		
C2d	If she has fever and is too weak to get out of bed	1	0		
C2e	If she has severe abdominal pain	1	0		
C2f	If she has fast or difficult breathing	1	0		
C3	Did the health worker counsel the client in any of the following ways	1	0		No→C4
C3a	Asked the client where she will deliver	1	0		
C3b	Advised the client to prepare for delivery (e.g. arrange for emergency transportation)	1	0		
C3c	Advised the client to use a skilled health worker during delivery	1	0		
C3d	Discussed with client what items to have on hand at home for emergencies (e.g. sterile blade)	1	0		
6.2. Newborn and postpartum recommendations					
	Question	Yes	No	DK	Go To
C4	Did the health worker discuss breastfeeding?	1	0		
C5	Did the health worker discuss family planning for use and spacing of	1	0		
C6	Did the health worker counsel on when to return for next visit?	1	0		
7. Client-provider interaction					

	Question	Yes	No	NA=77	Go To
C7	Did the health worker ask whether the client had any questions?	1	0		
C8	Did the health worker use any visual aids (e.g. nutrition, FP, HIV/STI) for health education or counseling during the consultation?	1	0		
C9	Did the health worker speak using easy-to-understand language for the client?	1	0		
C10	Did the health worker asked about client's health card/booklet	1	0		0→GE1
C11	Did client bring card (e.g. mother baby passport or any personal notebook)	1	0		0→GE1
C10	Did the health worker look at the client's health card/booklet, either before beginning the consultation or while collecting information or	1	0		
C11	Did the health worker write on the client's health card or any document given to the patient?	1	0		
<i>AT THE END OF THE CONSULTATION, ASK THE HEALTH WORKER THE FOLLOWING QUESTIONS AND FILL ANY MISSING INFORMATION FROM MEDICAL DOCUMENTATION OR CLIENT'S CARD</i>					
8. Gestational age and visit #					
GE	# of weeks of pregnancy				
VN	Ask the health worker whether this is the client's 1st,	1st	1		
		2nd	2		
		3rd	3		
		4th	4		
		5th -7	5		
		8th or more	6		
		Do not know	88		
9. Diagnosis and Treatment					
	Question	Yes	No	Go To	
Ds1	Did care provider document pregnant' s diagnosis anywhere	1	0	No→	
Ds2	Write down all diagnosis given by care provider				
Ds2a	Diagnosis _____				
Ds2b	Diagnosis _____				
Ds2c	Diagnosis _____				
Ds2d	Diagnosis _____				
T1	Did care provider record treatment of the pregnant?	1	0	No→O1	
Medications Prescribed		T2	T3	T4	T5
a	Name				
b	Formulation/route				
c	Amount each time				
d	Number of times per day				
e	total days				
10. Visit Outcome (RECORD OUTCOME of the VISIT)					
O1	Client goes home	1			
	Client referred (to lab or other provider) at the same facility	2			
	Client admitted to the same facility	3			
	Client referred to other facility	4			
END OBSERVATION					
END	Record the time ANC consultation ended	/AM/PM			

Tool #6: Observation of routine intrapartum and immediate postpartum care

Tool ID _____
 Today's Date: Day ____ Month ____ /2017
 District/County _____ Facility ID _____ Facility Code _____
 Interviewer Initials _____
 Start time of the observation (24h): hour ____ min ____
 End time of the observation (24h): hour ____ min ____

SECTIONS 1,2,3,7, 8: ESSENTIAL OBSTETRIC AND NEWBORN CARE

NO.	QUESTION / TASK	CODING			GO TO
SECTION C: OBSERVATION OF INITIAL CLIENT ASSESSMENT					
	RECORD WHETHER THE PROVIDER CARRIED OUT THE FOLLOWING STEPS AND/OR EXAMINES		NO	DK	
C1	Is this section observed?	1	0		→ D1
C1 a	Start time of the observation		:		
C2	Respectfully greets the pregnant woman	1	0	88	
C3	Introduces him/herself to pregnant women	1	0	88	
C4	Encourages the woman to have a support person present during labour and birth	1	0	88	
C6	Asks woman (and support person, if present) if she has any questions	1	0	88	
C7	Checks client card OR asks client her age, length of pregnancy, & parity	1	0	88	
C8	Asks whether she has experienced any of the following danger signs				
a	Fever	1	0	88	
b	Foul smelling discharge	1	0	88	
c	Headaches or blurred vision	1	0	88	
d	Swollen face or hands	1	0	88	
e	Convulsions or loss of consciousness	1	0	88	
f	Shortness of breath	1	0	88	
g	Vaginal bleeding	1	0	88	
	RECORD WHETHER THE PROVIDER CARRIED OUT THE FOLLOWING STEPS AND/OR EXAMINES		NO	DK	
C10	Is woman HIV positive?	1	0	88	→ C13
C11	Asks if client is currently taking ARVs (fill only for HIV+)	1	0		→ C15
a	Is client currently taking ARVs?	1	0	88, 0,88	→ C15
C12	Asks client when she took last dose of ARVs	1	0	0	→ C15
C13	Offers woman HIV test	1	0	88	
C14	If test done during the observation, is woman HIV positive?	1	0	88, 0,88	→ C16
C15 a	Explains why the mother should take an ARV(s)	1	0	88	
b	Explains when and how the mother should take ARV(s)	1	0	88	
c	Administers ARV(s) to mother	1	0	88	
d	Explains why the newborn should take an ARV(s)	1	0	88	
e	Explains when and how newborn should take ARV(s)	1	0	88	
C16	Client has any previous pregnancies	1	0	88, 0,88	→ C18
C17	Asks about complications during previous pregnancies, specifically	1	0	88, 0,88	→ C18
a	High blood pressure	1	0	88	
b	Convulsions	1	0	88	
c	Heavy bleeding during or after delivery/hemorrhage	1	0	88	
d	Previous C sections	1	0	88	
e	Prior stillbirths	1	0	88	
f	Prolonged labor	1	0	88	
g	Prior neonatal death	1	0	88	
h	Abortion	1	0	88	
i	Prior assisted delivery	1	0	88	
C18	Washes his/her hand with water and soap or alcohol-based hand rub before initial exam	1	0	88	
C19	Uses sterile gloves when performing vaginal examination	1	0	88	
C20	Explains procedures to woman (support person) before proceeding	1	0	88	
A21	Takes temperature	1	0	88	
C22	Takes pulse	1	0	88	
C23	Takes blood pressure	1	0	88	

C24	Asks/notes amount of urine output	1	0	88
C25	Tests urine for presence of protein	1	0	88
C26	Performs general examination (e.g., looks for pallor, oedema)	1	0	88
C27	Performs abdominal examination:			
a	Checks fundal height with measuring tape	1	0	88
b	Checks fetal presentation by palpation of abdomen	1	0	88
c	Checks fetal heart rates with fetoscope/doppler/ultrasound	1	0	88
C28	Performs vaginal examination (cervical dilation; fetal descent, position, membranes, m	1	0	88
C29	Informs the pregnant woman of findings	1	0	88
C30	Removes gloves after caring for patient	1	0	88
C31	Washes his/her hand after examination	1	0	88
C32	End time of the observation		:	

RECORD WHETHER THE PROVIDER CARRIED OUT THE FOLLOWING STEPS AND/OR EXAMINES		NO	DK	
D1	Is this section observed?	1	0	→ E1
D1 a	Start time of the observation		:	
D2	Alert line of partograph passed	1	0	88 0, 88 → D6
D3	OBSERVER: "action" line reached on partograph, record time (use 24 hour clock)		.	
D4	OBSERVER: Record time that DEFINITIVE action taken (use 24 hour clock)		.	
D5	What DEFINITIVE action was taken? (mark all that apply)			
a	Consult with specialist or senior person if available	1	0	
b	Encourage women to empty bladder	1	0	
c	Alert emergency transport services	1	0	
d	advise on hydration but omit solid food	1	0	
e	encourage upright position and walking	1	0	
f	Reassess in 2 hours	1	0	
g	Refers to higher level facility	1	0	
h	other, specify	1	0	
i	None	1	0	
D6	Action line on partograph reached	1 0	88 0, 88 → D10
D7	OBSERVER: "action" line reached on partograph, record time (use 24 hour clock)		.	
D8	OBSERVER: Record time that DEFINITIVE action taken (use 24 hour clock)		.	
D9	What DEFINITIVE action was taken?			
a	Consult with specialist	1		
b	Referred to facility for specialist care	1		
c	Prepare assisted delivery	1		
d	Prepare for C-section	1		
e	Other specify	1		
f	None	1		
D10	Supports the mother during labour in a friendly way	1	0	88
D11	Birth companion is with women during the 1st stage	1	0	88
D12	Check if following measurements done during the observation on active 1st stage			
a	Checked fetal HR rate every 30 min?	1	0	88 1, 88 → D12b
b	Checked fetal HR _____ times during the observation on this stage			88
c	Checked mother's HR every 30 min	1	0	88 1, 88 → D12c
d	Checked maternal pulse _____ times during the observation on this stage			88
e	Checked contractions every 30 min	1	0	88 1, 88 → D12d
f	Checked contractions _____ times during the observation on this stage			88
g	Checked Temperature at least every 2 hours	1	0	88 1, 88 → D12e
h	Checked Temperature _____ times during the observation on this stage			88
i	Checked BP at least every 4 hours	1	0	88
j	Checked BP _____ times uring the observation on this stage			88
D 13	Was following supportive care observed at least once?	YES	NO	DK
D13 a	Explains what will happen in labor to the woman and/ or her support person	1	0	88
D14	Encourages woman to consume fluids/food throughout labour	1	0	88
D15	Encourages/assists the woman to ambulate and assume different positions during labo	1	0	88
D16	Explains and teaches breathing techniques for labour and delivery	1	0	88
D17	Encourages to walk around freely during labour and delivery	1	0	88
D18	Encourages to eat and drink as she wishes	1	0	88
D19	Encourages to empty the bladder	1	0	88
D20	Gave mother any option of pain releaf during labour	1	0	88

D21	Drapes woman (one drape under buttocks, one over abdomen)	1	0	88
D22	Washes his/her hands before examination of woman	1	0	88
D23	Wears high-level disinfected or sterile gloves for vaginal examination	1	0	88
D24	Does digital vaginal examination immediately if the membranes rupture and amniotic f	1	0	88
	CHECK TO SEE IF FOLLOWING EQUIPMENT AND SUPPLIES ARE LAID OUT & READY FOR USE DURING IMMEDIATE POSTPARTUM:	YES	NO	DK
D25	Puts on clean protective clothing in preparation for birth that protects face, hands and	1	0	88
D26	Prepares uterotonic drug to use for AMTSL	1	0	
a	Oxytocin	1		
b	Ergometrine	2		
c	Syntometrine	3		
d	Prostaglandins	4		
e	No	0		
	Prepares/lays out following equipment for preparation of newborn resuscitation			
D27	Timer (clock or watch with seconds hand)	1	0	88
D28	Self-inflating ventilation bag (240-500 mL)	1	0	88
D29 a	Face mask size 0 (part a and b combined as 1 question)	1	0	88
b	Face mask size 1	1	0	88
D30	Oxygen	1	0	88
D30a	Blender to give intermediate concentrations.	1	0	88
D31	Suction machine or bulb suction or DeLee suction (tube and reservoir)	1	0	88
D32	Gloves	1	0	88
D33	At least 2 cloths/blankets (1 to dry;1 to cover)	1	0	88
D34	End time of the observation		:	

Section E: CONTINUOUS OBSERVATION OF SECOND & THIRD STAGE OF LABOUR

	RECORD WHETHER THE PROVIDER CARRIED OUT THE FOLLOWING STEPS AND/OR EXAMINES	NO	DK/NA
E1	Is this section observed?	1	0
E1a	Start time of the observation		:
E1b	Birth companion is with women throughout labour and delivery	1	0
E2	Checks every 5 minutes during the observation on 2nd stage	1	0
a	Fetal HR	1	0
b	Frequency, duration and intensity of contractions	1	0
c	Perineum thinning and bulging	1	0
d	Visible descend of fetal head or during contraction	1	0
E3	Records findings in labor record and partograph in every _____ mins (write zero if does not record)		
E4	Wash hands with clean water and soap before delivery	1	0
E5	Put on sterile gloves just before delivery.	1	0
E6	Conducts epistiotomy only if presence of physical obstruction due lesions or scar tissue	1	0
E7	As baby's head is delivered, supports perineum	1	0
E8	OBSERVER: Note time of the delivery of the baby (use 24-hour clock)		:
E9	Verifies the absence of another fetus by palpating abdomen prior to administration of	1	0
E10	Note time uterotonic given (use 24 hour clock)		:
E11	Timing of administration of prophylactic uterotonic		
	ANTERIOR SHOULDER	1	
	WITHIN 1 MINUTE	2	
	WITHIN 3 MINUTES	3	
	AFTER PLACENTA	4	
	DOES NOT GIVE	0	
E12	Which uterotonic given?		
	Oxytocin	1	
	Ergometrine	2	
	Syntometrine	3	
	Prostaglandins	4	
E13	Dose of uterotonic given and type of units of medication (IF NECESSARY, ASK AFTERW	1	0
a	# of units		
E14	UNITS of Uterotonic given (circle only one)		
	IU	1	
	mg	2	

RECORD WHETHER THE PROVIDER CARRIED OUT THE FOLLOWING STEPS (some of the		YES	NO	DK
E16	Changes gloves before clamping the cord	1	0	77
E17	Note time the cord was clamped (use 24 hour clock)		:	
E18	Applies traction to cord while applying suprapubic counter traction	1	0	88
E19	Performs uterine massage immediately following delivery if placenta	1	0	88
E20	Time of delivery of Placenta		:	
E21	Manual removal of placenta if not delivered within 1 hour after delivery	1	0	77
E22	Assesses completeness of the placenta and membranes	1	0	88
E23	manual removal of the fragments if placenta is not complete	1	0	77
E24	Gives antibiotic if manual removal of placenta or its fragments	1	0	77
E25	Assesses for perineal and vaginal lacerations	1	0	88
E26	Episiotomy/tears are repaired with local anaesthesia (77= no tears)	1	0	77
E26 a	Time Episiotomy performed		:	
E27	If 3rd, 4th degree tear, gives antibiotic to the mother (77- no 3rd-4th degree tear)	1	0	77
E28	Vagina and perineum was not swabbed with antiseptics after delivery	1	0	88
E29	Bladder catheterisation was performed if mother was not able to urinate	1	0	88
E30	Urgent Referral initiated at any time during the 2nd-3rd stage of referral	1	0	88 0.88
	If yes, indicate time from decision to referral		Min	
E31	If yes, specify the reason/complication:			
SECTION F: OBSERVATION OF IMMEDIATE NEWBORN & POSTPARTUM CARE				
RECORD WHETHER THE PROVIDER CARRIED OUT THE FOLLOWING STEPS AND/OR EXAM		YES	NO	DK
F1	Is this section observed?	1	0	—
F2	Immediately and thoroughly dries baby with towel after breathing assessed	1	0	88
F3	Discards wet towel and covers with dry towel	1	0	88
F4	Suctions airways when amniotic fluids are clear (no obvious reason, e.g. meconium)	1	0	77, 88
F5	Immediately places newborn on the mother's abdomen "skin to skin"	1	0	88
F6	Continues skin-to-skin with mother during the 1st hour (with body and head covered)	1	0	88
F6 a	Was baby breathing or crying at birth?	1	0	88 1, 88
F6 b	Stimulation by rubbing the back performed	1	0	88
F6 c	Newborn resuscitation with bag and mask performed	1	0	88 0, 88
F6 d	Bag and mask performed within _____ minutes after delivery	1	0	88
F6 e	Newborn is breathing within 5 minutes after resuscitation	1	0	88
F7	Assists the mother to initiate breastfeeding within the first hour.	1	0	88
F8	Monitors baby every 15 minutes in the first hour (chest indrawing, fast breathing, warm	1	0	88
F9	Completes clinical examination of the baby after BF within 1st hour			
a	Weigh measurement	1	0	88
b	Temperature	1	0	88
c	RR	1	0	88
d	Eye care with Tetracycline	1	0	88
e	Cord care with Chlorhexidine	1	0	88
F11	Is the mother HIV positive	1	0	88 0, 88
F12	Administers ARV(s) prophylaxis to newborn	1	0	88
F13	Administers ART or ARV prophylaxis to mother	1	0	88
F14	Administers Vitamin K	1	0	88
Conducts maternal examination				
F15	Takes mother's BP shortly (within 15 mins) after birth	1	0	88
F16	Palpates uterus 15 minutes after delivery of placenta	1	0	88
F17	Checks following measures 1 hour after birth	1	0	88
a	Vaginal bleeding	1	0	88
b	Uterine contractions	1	0	88
c	fundal height	1	0	88
d	Temperature	1	0	88
e	HR	1	0	88
f	BP	1	0	88

F17

End time of the observation

		:		
--	--	---	--	--

|

SECTION G: OBSERVATION OF CLEAN UP

RECORD WHETHER THE PROVIDER CARRIED OUT THE FOLLOWING STEPS AND/OR EXAM		YES	NO	DK	
G1	Is this section observed?	1	0		→ H1
G2	Disposes of all sharps in puncture-proof container immediately after use	1	0	88	
G3	Decontaminates all reusable instruments in 0.5% chlorine solution	1	0	88	
G4	Disposes of all contaminated waste in leakproof containers	1	0	88	
G5	Removes apron and wipe with chlorine solution	1	0	88	
G6	Washes hands thoroughly with soap and water and dries them	1	0	88	

SECTION H: Infection prevention measures and unnecessary, harmful, undignified practices

H1	Assessment of 5 moments of handwashing (mark yes if all 5 steps of G8 (a, b, c, d,e) ar YES		NO	DK	
H2	Did care provider not wash his/her hand during any of these moments at least ones? (W	1	0	88	
a	Before Contact patient	1	0	88	
b	Before an aseptic task	1	0	88	
c	After body fluid exposure risk	1	0	88	
d	After patient contact	1	0	88	
e	After contacts with patient surroundings	1	0	88	
f	Hand washing procedure followed all time	1	0	88	

H3	DID YOU SEE ANY OF THE FOLLOWING PRACTICES THAT ARE NEVER INDICATED? (CHECKYES				
a	ENEMA	1	0	88	
b	PUBIC or PERINEAL SHAVING	1	0	88	
c	SLAP NEWBORN	1	0	88	
d	HOLD NEWBORN DOWN	1	0	88	
e	MILK THE CORD of NEWBORN	1	0	88	
f	STRETCHING OF PERINEUM	1	0	88	
g	DIGITAL STRETCHING OF PERINEUM	1	0	88	
h	VERBAL ABUSE	1	0	88	
k	PHYSICAL ABUSE	1	0	88	
l	NONE OF ABOVE	1			

H4	DID YOU SEE ANY OF THE FOLLOWING PRACTICES WHICH SHOULD ONLY BE DONE IF THYES				
a	FREQUENT (<4h) vaginal examination	1			
c	MANUAL EXPLORATION of UTERUS AFTE MA	1			
d	EPISIOTOMY NU	1			
e	ASPIRATE NEWBORN AS SOON AS HEAD EPIS	1			
f	RESTRICT FOOD&FLUIDS IOT	1			
g	OTHER ASA	1			
h	NONE OF ABOVE NEA	1			
					TRI

SECTION I: Review of Medical Documentation

REVIEW OF DOCUMENTATION IN CHART/PARTOGRAPH/REGISTER		YES	NO	DK	
I1	What documentaiton was filled during the observation? Mark all that apply	YES			
a	Mother-baby card/passport	1			
b	Individual maternal chart	1			
c	Individual newborn chart	1			
d	Maternity registry	1			
e	Referral form	1			
f	other specify _____	1			
g	No documentation was filled even at least one component of the L&D was fully observ	1	0	0	→ END

I2	When provider initiates filling medical documentation for following phases? (mark 0 if	YES	NO	DK	
a	Initial client assesment _____ minute after completion	1	0	88	
b	1st stage of labour _____ minutes after the first contact with patient at the labour	1	0	88	
c	2nd stage of labour _____ minutes after full dilation	1	0	88	
d	3rd stage of labour _____ minutes after delivery	1	0	88	

I3	Is following information recorded in medical documentation during the initial examination?				
----	--	--	--	--	--

a	Client age	1	0	
b	gestational age	1	0	
c	gravida	1	0	
d	para	1	0	
e	history on prior pregnancy	1	0	77
f	history of current pregnancy	1	0	
g	Rapid plasma reagin (RPR),	1	0	
h	HB results	1	0	
i	Tetanus immunization status	1	0	
g	HIV status	1	0	
k	Blood Pressure of mother	1	0	
l	Temperature of mother	1	0	
m	HR of mother	1	0	
n	FHT	1	0	
o	Cervical dilation	1	0	
p	Frequency, intensity and duration of contractions	1	0	
u	Fetal lie	1	0	
r	Fetal presentation	1	0	
I4	Did provider use partograph for monitoring labour progression? (mark 88 if relevant ep	1	0	88 0,88
I5	Which partograph used?	1	0	88
a	Used WHO partograph (with latent phase)	1	0	88
b	Used new WHO partograph (at 4 cm dilatation)	1	0	88
c	Used other partograph starting at active phase (4cm)	1	0	88
d	Used other partograph starting at latent phase (<4 cm)	1	0	88
I7	Following information is recorded in partograph (check all that apply)			
a	Cervical dilation (checked at least every 4 hours)	1	0	88
b	Liquor	1	0	88
c	Moulding	1	0	88
d	membranes and liquor	1	0	88
e	Maternal BP (every 4 h, if diastolic bp <90mmHg, if >90, every hour)	1	0	88
f	Pulse (every 0.5 h)	1	0	88
g	Temperature (every 0.5 h)	1	0	88
h	Contractions (every 0.5 h)	1	0	88
i	FHR (every 0.5 h)	1	0	88
j	Descent of Fetal head (at least 4 hours)	1	0	88
k	Urine (including volume, protein and acetone)	1	0	88

18

18	Following information is recorded after delivery (<i>mark 88 if this episode of care was not observed</i>)			
a	Administration of uterotonic for prevention of PPH	1	0	88
b	Birth time	1	0	88
c	Delivery method	1	0	88
d	Estimated blood loss	1	0	88
	Please, comment on any important gaps in quality of maternal and newborn care that was not addressed in the questionnaire			
	END			

Form 7. Observation of the visit of Young Infant (age 0-59 days)

Questionnaire No.

Date: / /

Facility ID _____ Facility code

Health worker ID

Sex: (1) M (2) F

Cadre: (1) Doctor (2) Clinical Officer (3) Registered Midwife (4) Enrolled Nurse Midwife
(5) Comprehensive Nurse (6) Nursing Assistant (7) Student (8) Other _____

Trained in IMCI: (1) Yes (0) No PSBI: (1) Yes (0) No

Number of months from last IMCI training:

Number of months from last PSBI training:

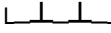
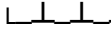

Young infant: Initials..... ID Sex: (1) M (2) F

Age (in days): Or DOB Day ___ Month ___ Year _____

Observer Initials:.....

Please make sure that you are able to observe what the health worker says and does, but you are not interfering with normal practice. Because this is an observation of practice, you should not speak or interrupt the consultation at any time, nor express any opinions or give advice. If a symptom was mentioned by caretaker please mark the assessment questions about the symptom "yes". (E.g if caretaker brought child with complain of diarrhea please mark A17 "Does health worker ask for diarrhea" as yes regardless health worker asking this question or not)

ASSESSMENT MODULE

Basic Measurements		
Question	Response	Code
Did the health worker ask if this is the first visit or follow up visit?	Yes, first visit (1) Yes, follow up visit (2) No (0)	A1
Did the health worker, or another staff, count respiratory rate of the young infant today? <i>Select all that apply</i>	a Yes, counted but not recorded b Yes, counted and recorded in patient's notebook c Yes, counted and recorded in outpatient registry d Yes, counted and recorded in other place, specify _____ e Not counted <i>GO to A3</i>	A2
If RR was counted (A2 was not e), what was the RR counted by health worker?	 breaths per minute	A2a
Did the health worker, or another staff, weigh and record the weight of the young infant today? <i>Select all that apply</i>	a Yes, weighed but not recorded b Yes, weighed and recorded in patient's notebook c Yes, weighed and recorded in outpatient registry d Yes, weighed and recorded in other place, specify _____ e Not weighed <i>Go to A4</i>	A3
If A3 was not (e), what was the weight measured by health worker?	 Grams	A3a
Did the health worker, or another staff, measure the temperature of the young infant? <i>Select all that apply</i>	a Yes, measured but not recorded b Yes, measured and recorded in patient's notebook c Yes, measured and recorded in outpatient registry d Yes, measured and recorded in another place, specify _____ e Not measured <i>Go to A5</i>	A4
If A4 was not (e), what was the temperature measured by health worker?	 °C	A4a

What reasons does the caretaker give for bringing the young infant to the health facility?		A5
Diarrhea	Yes (1) No (0)	A5_1
Vomiting	Yes (1) No (0)	A5_2
Fever	Yes (1) No (0)	A5_3
Cough/breathing problems	Yes (1) No (0)	A5_4
Ear problems	Yes (1) No (0)	A5_5
General danger signs (convulsions, lethargy, not drinking, vomiting everything)	Yes (1) No (0)	A5_6
Other, <i>Specify</i> _____	Yes (1) No (0)	A5_7
Did care health worker undress the child during the visit to assess chest in-drawing, jaundice, general rash, etc.?	Yes (1) No (0)	A5a
Did care health worker feel skull of the infant during the visit to assess fontanelle?	Yes (1) No (0)	A5b
Did care health worker look into the mouth of the infant during the visit	Yes (1) No (0)	A5c

Assessment by health worker on signs of clinical severe infection, critical illness or severe disease requiring urgent referral to hospital		
Question	Response	Code
Did health worker ask if young infant is able to drink or breastfeed?	Yes (1) No (0) <i>Go to A7</i>	A6
If A6=yes , did care taker confirm that infant is able to drink or breastfeed	Yes (1) <i>Go to A7</i> No (0)	A6a
If A6a=no , was feeding status observed by health worker?	Yes (1) No (0)	A6_1
Was inability of feeding/drinking confirmed by observation?	Yes (1) No (0)	A6_1a

If A6_1a =yes , did health worker ask clarifying questions about feeding status?	Yes (1) No (0) <i>Go to A7</i>	A6_1b
If A6a=yes , what was the response of care taker on infant's feeding status?	Stopped feeding well (1) Not able to feed well since birth (2) Unable to feed at all (3)	A6b
Did health worker ask if child had convulsions during the present illness?	Yes (1) No (0) <i>Go to A8</i>	A7
If A7=yes , did care taker confirm that infant had convulsions?	Yes (1) No (0)	A7a
Are the following visible:		
Grunting	Yes (1) No (0)	A8_1a
Severe chest in-drawing	Yes (1) No (0)	A9a
Cyanosis	Yes (1) No (0)	A14a
Bulging Fontanelle	Yes (1) No (0)	A15
Major congenital malformations	Yes (1) No (0)	A16
Active bleeding	Yes (1) No (0)	A16a
Is the child visibly awake (e.g., playing, smiling, and crying with energy)?	Yes (1) <i>Go to A13</i> No (0)	A12
If A12=No , did the health worker check for lethargy or unconsciousness (try to wake up the child)?	Yes (1) No (0) <i>Go to A13</i>	A12_2
A12_2=yes , were the following confirmed?		
Movement only when stimulated or no movement at all	Yes (1) No (0)	A12_2a
Unable to cry or unconscious	Yes (1) No (0)	A12_2b
Does health worker ask if young infant vomits everything?	Yes (1) No (0)	A13

If A13=yes , did care taker confirmed that child vomits everything?	Yes (1) No (0)	A13_1
A13_1=yes , did health worker ask mother to breastfeed infant or offer a drink to observe vomiting?	Yes (1) No (0) <i>Go to A17</i>	A13_2
A13_2=yes, and infant vomited after first attempt were at least three attempts to feed made?	Yes (1) No (0) <i>Go to A17</i> N/A (77) <i>Go to A17</i>	A13_2a
if A13_2=yes , is there persistent vomiting (defined as vomiting following three attempts to feed the infant within 30 minutes, and the infant vomits after each attempt)?	Yes (1) No (0)	A13_2b

Assessment of Diarrhea/Dehydration		
Question	Response	Code
Does health worker ask about whether the young infant has diarrhea?	Yes (1) No (0) <i>Go to A20</i>	A17
If A17=yes , Did the care taker confirm Diarrhea?	Yes (1) No (0) <i>Go to A20</i>	A17a
If A17a=yes , does health worker ask for how long?	Yes (1) No (0) <i>Go to A17_2</i>	A17_1
If A17_1=yes , specify duration?	<input type="text"/> Days	A17_1a
Were the following conditions present?		
Restless/irritable	Yes (1) No (0)	A17_2b
Sunken eyes	Yes (1) No (0)	A18
Did health worker pinch skin on abdomen?	Yes (1) No (0) <i>Go to A20</i>	A19
If A19=yes , did skin pinch go back	Very slowly (more than 2 seconds) (1) Slowly (1-2 seconds) (2) Normally (<1 second) (3)	A19a

Assessment of HIV Status		
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Question	Response	Code
Did health worker ask if mother ever had HIV test?	Yes (1) No (0)	A20
Did health worker ask if the infant ever had any HIV test?	Yes (1) No (0)	A21

Assessment of Local Bacteria Infection and Jaundice		
Question	Response	Code
Did health worker ask look at the umbilicus if is red or draining pus?	Yes (1) No (0)	A23
Did health worker look in infants' eyes?	Yes (1) No (0)	A24
<i>Were any of the following conditions present</i>		
Umbilicus red or draining puss	Yes (1) No (0)	A23a
Skin pustules	Yes (1) No (0)	A24
Jaundice (yellow eyes or skin)	Yes (1) No (0)	A25a
If A25a=yes, did health worker check palms and soles for jaundice?	Yes (1) No (0) <i>Go to A27</i>	A25
If A25=yes were palms and soles yellow?	Yes (1) No (0) <i>Go to A27</i>	A25b
If A25a=yes, Did health worker ask when the jaundice started?	Yes (1) No (0) <i>Go to A27</i>	A26
If A26=yes, what was the care takers answer:	Appeared within first 24 hours of age (1) Appeared after 24 hours after of age (2) Care taker was not sure (did not know) (3)	A26a

Assessment of Vaccination		
Question	Response	Code
Did the health worker ask for and check the child's vaccination card/book?	Yes (1) No (0) <i>Go to A29</i>	A27

Does the caretaker have the child's vaccination card/book?	Yes (1) No (0) <i>Go to A30</i>	A28
Did the health worker ask the caretaker the following questions: <i>Please, refer to question QCM13 and QCM`14 to document any counselling, referral or vaccination done during the visit</i>		A29
Has the child ever been given an injection in the arm /shoulder against tuberculosis (BGG)?	Yes (1) No (0)	A29a
Has the child ever been given drops against polio?	Yes (1) No (0)	A29b
Has the child ever been given injection against DTP?	Yes (1) No (0)	A29c
Has the child ever been given an injection in the arm against measles?	Yes (1) No (0)	A29d
Has the child ever been given vitamin A capsules?	Yes (1) No (0)	A29e
Has the child ever been given drops against Rota virus?	Yes (1) No (0)	A29f
Has the child ever been given injection against HepB?	Yes (1) No (0)	A29g
Has the child ever been given injection against Hib?	Yes (1) No (0)	A29h
Has the child ever been given an injection against OPV/PCV?	Yes (1) No (0)	A29i
Check all immunizations that were done according to vaccination card or according to caretaker's response <i>(circle all that apply)</i>		A30
At birth	BCG, OPV 0	
At 6 weeks	DPT + Hib1 OPV 1 HepB1 PCV 1	

Within 6 weeks	Vitamin A for mother	
Is child up to date with vaccinations	Yes (1) No (0)	A30a

Assessment of Feeding Status		
Question	Response	Code
Did health worker ask whether child is breastfed?	Yes (1) No (0) <i>Go to A32</i>	A31
If A31=yes , is child breastfed according to care taker?	Yes (1) No (0) <i>Go to A31d</i>	A31a
If A31a=yes , did provider ask about:		
frequency during 24 h	Yes (1) No (0)	A31b
if breastfeed during the night?	Yes (1) No (0)	A31c
Did provider check the attachment?	Yes (1) No, (s)he did not make any attempt (2) No, due to patient circumstances, infant fed in previous hour, mother refused to wait (3)	A31g_1
Did health worker ask if child takes any other foods or drinks (other than breast milk)	Yes (1) No (0)	A31d
If A31d=yes , did care taker confirm child taking any other food except breast milk?	Yes (1) No (0)	A31da_1
If A31da_1=yes , did provider ask about:		
how often child eats or drinks something else	Yes (1) No (0)	A31e
what food do they give to the child	Yes (1) No (0)	A31f
Does health worker check child's weight against a growth chart - Z-score?	Yes (1) No (0) <i>Go to A33</i>	A32
If A32=yes , was WFH/L:	Less than -3 z scores (1) Between -3 and -2 z-scores (2) Z scores are -2 or more (3)	A32a

Did health worker looked/asked about possible “other problems”?	Yes (1) No (0)	A33
If A33= yes, specify other problems	_____ _____ _____	A33a

Classification Module		
Question	Response	Code
Does health worker give one or more classifications for the young infant?	Yes (1) No (0) <i>fill only the 2nd column of the following table</i>	C1
Supervisors: Please, select all classifications given by provider to the child that correspond to the classifications in T1	<i>Supervisors: Please, reassess the classification in first column, according to documented diagnostic criteria by observer after reviewing filled forms</i>	
C 01 Feeding problem or low weight 1 C 02 no feeding problem 1 C03. One or more danger signs C04 Critical Illness ¹ 1 C05. Clinical severe infection, PSBI ² / 1 C06. Fast Breathing as the only sign of illness/ Fast breathing pneumonia 1 C07. Local bacterial infection 1 C08 severe disease or local infection unlikely 1 C09 Very Severe Disease C10 Severe pneumonia/very severe disease 1 C11 Pneumonia 1 C12 No pneumonia 1 C15 Severe Jaundice 1 C16 Jaundice 1 C20a Severe dehydration 1 C20b Some dehydration 1 C20c No dehydration 1 C21 Severe persistent diarrhea 1 C22 Persistent diarrhea 1	OC 01 Feeding problem or low weight 1 OC 02 no feeding problem 1 OC03. One or more danger signs 1 OC04 Critical Illness 1 OC05. Clinical severe infection, PSBI/ 1 OC06. Fast Breathing as the only sign of illness/ Fast breathing pneumonia 1 OC07. Local bacterial infection 1 OC.08 severe disease or local infection unlikely 1 OC15 Severe Jaundice 1 OC16 Jaundice 1 OC20a Severe dehydration 1 OC20b Some dehydration 1 OC20c No dehydration 1 OC24a Feeding problem or low weight OC24b No Feeding problem OC25a Confirmed HIV infection OC25b HIV exposed OC 60 Other, specify_____	

¹In a sick young infant, presence of any of the following signs: unconscious, convulsions, unable to feed at all, apnoea, unable to cry, cyanosis, bulging fontanelle, major congenital malformations inhibiting oral antibiotic intake, active bleeding requiring transfusion, surgical conditions needing hospital referral, persistent vomiting (defined as vomiting following three attempts to feed the infant within 30 minutes, and the infant vomits after each attempt).

²In a young infant (0-59 days old), at least one sign of severe infection, i.e. movement only when stimulated, not feeding well on observation, temperature greater than or equal to 38°C or less than 35.5°C or severe chest in-drawing.

C23 Dysentery 1 OC24a Feeding problem or low weight OC24b No Feeding problem OC25a Confirmed HIV infection OC25b HIV exposed C30 Very severe febrile disease 1 C31 Malaria 1 C32 Fever, malaria unlikely 1 C33 Fever, no malaria 1 C34 Severe complicated measles 1 C35 Measles with eye/mouth complications 1 C36 Measles 1 C40 Mastoiditis 1 C41 Acute ear infection 1 C42 Chronic ear infection 1 C43 No ear infection 1 C50a Severe malnutrition 1 C50b. Severe Anaemia 1 C51a Anaemia 1 C51b Very low weight 1 C52. No Anemia and not very low weight 1 C60. Other, specify 1 C61. Other, specify 1 Note: Numbers above are not consecutive to allow space to add country-specific adaptations of the IMCI guidelines without changing variable labels in the data file	OC 61 Other, specify _____ OC62 requires urgent referral 1 yes 2 no OC63 requires follow up 1 yes 2 no OC63a if yes in _____ days	
Did health worker document child classification status anywhere?	Yes (1) No (0) <i>Go to Treatment Module QT1</i>	C65
If health worker documented child classification status anywhere (<i>select all that apply</i>)	a In registry b Yes, in patient card c Yes, referral form d Yes, in Form 5 e yes, in other form Please specify _____	C65_1

Treatment Module	Response	Code
Diagnosis given during the consultation by care health worker?	_____ _____ _____ _____	T1

Does the health worker prescribe treatment?	Yes (1) No (0) <i>Go to T5</i>	T2		
For this next section, record all treatment prescribed for home treatment: Please, note all that documented, leave blank if not documented. Please, complete this form during the visit or before starting observation of next child.				
Medication Prescribed	T3_1	T3_2	T3_3	T3_4
a Name				
b Formulation/route				
c Amount each time				
d Number of times per day				
e total days				
Medication prescribed	T3_5	T3_6	T3_7	T3_8
a Name				
b Formulation/route				
c Amount each time				
d Number of times per day				
e total days				
Was the treatment EB?	Yes (1) No (0)	T3a		
Was dosing of antibiotic adequate?	Yes (1) No (0) N/A (777)	T3b		
Where was the treatment documented (check all that apply)?	a Outpatient registry b Patient card c Referral form d Form #5 e Other, specify	T4		
Does the health worker prescribe referral for the child?	Yes (1) No (0) <i>GO TO COMMUNICATION MODULE</i>	T5		
If immediate referral prescribed, did health worker administer initial treatment to the child before referral in the facility?	Yes (1) No (0) <i>GO TO T9</i>	T6		
If T6=yes, specify all treatment given in the facility in the box below (including prevention of low blood sugar, if any)		T7		

Treatment administered	T7_1	T7_2	T7_3	T7_4
a Name				
b Formulation/route				
c Amount				
d Regimen				
Was the pre-referral treatment adequate?	Yes (1) No (0)			T7a
Did the health worker treat to prevent low blood sugar during referral?	<p>Yes, by breastfeeding, if young infant is able to eat (1)</p> <p>Yes, If the young infant is not able to breastfeed but is able to swallow Give 20-50 ml (10 ml/kg) expressed breast milk before departure or give 20-50 ml (10 ml/kg) sugar water (Dissolve 4 level teaspoons of sugar (20 grams) in a 200-ml cup of clean water). (2)</p> <p>Yes, if the young infant is not able to swallow: Give 20-50 ml (10 ml/kg) of expressed breast milk or sugar water by nasogastric tube (3)</p> <p>No (4)</p> <p>Not applicable (Infant does not need immediate referral or does not have severe clinical infection or Jaundice) (777)</p>			T8
If immediate referral prescribed, does the caretaker accept referral for the child?	<p>Yes (1) <i>Skip T10 and T11 and go to Communication module</i></p> <p>No (0)</p> <p>N/A (777)</p>			T9
If caretaker does not accept referral, what is the main reason of it? is prescription (for not only initial treatment but full treatment) and/or follow up to treat the child at outpatient settings discussed and documented?	<p>(a) Caretaker does not accepted referral due to geographic accessibility (it is too far away)</p> <p>(b) Caretaker does not accepted referral due to financial affordability</p> <p>(c) Timely transportation to higher level facility is not possible</p> <p>(d) Other reason, please, specify</p> <p>_____</p> <p>(e) Caretaker did not specify the reason</p>			T10
If caretaker does not accept referral, is prescription (for not only initial treatment but full treatment) and/or follow up to treat the child at outpatient settings discussed and documented?	<p>(a) Full prescription discussed</p> <p>(b) Full prescription documented</p> <p>(c) follow up discussed</p> <p>(d) follow up documented</p>			T11

Communication Module		
Question	Response	Code
Does the health worker explain how to administer the following oral treatment?		CM1
Antibiotic?	Yes (1) No (0) N/A (777)	CM1a
ORS?	Yes (1) No (0) N/A (777)	CM1b
Does the health worker demonstrate how to administer the following oral treatment?		CM2
Antibiotic?	Yes (1) No (0) N/A (777)	CM2a
ORS?	Yes (1) No (0) N/A (777)	CM2b
Does the health worker ask an open-ended question to verify the caretakers' comprehension of how to administer the oral treatment?		CM3
Antibiotic?	Yes (1) No (0) N/A (777)	CM3a
ORS?	Yes (1) No (0) N/A (777)	CM3b
Does the health worker give or ask the mother to give the first dose of the oral drug at the facility?		CM4
Antibiotic?	Yes (1) No (0) N/A (777)	CM4a

Did the health worker explain/discuss initial treatment that he/she was giving to child in the facility, including injection?	Yes (1) No (0) N/A (777) child was not referred or referral not accepted	CM5
Did the health worker plan follow up visit?	Yes (1) No (0) N/A (777)	CM6
If CM6=yes, when was follow up required?	_____ Days	CM6_1
Does the health worker explain the need to give more liquid or breast milk to child during referral?	Yes (1) No (0) N/A (777) child was not referred or referral not accepted	CM7
Does the health worker explain the need to give more liquid or breast milk at home?	Yes (1) No (0)	CM8
Does the health worker explain the need to continue feeding or breastfeeding at home?	Yes (1) No (0)	CM9
Does the health worker give advice on BF?	Yes (1) No (0) <i>Go to CM11</i>	CM10
If CM10=yes, exclusive breastfeeding until 6 months?	Yes (1) No (0)	CM10a
If CM10=yes, how many times/24 hours did the health worker advise to feed/breastfeed?	_____ times/24 hours	CM10b
If CM10=yes, did the health worker teach correct positioning and attachment for breastfeeding?	Yes (1) No (0)	CM10c
If CM10= yes, did health worker teach mother how to express breast milk?	Yes (1) No (0)	CM10d
Did the health worker tell the caretaker to bring the child back immediately for the following signs?		CM11
Young infant is not able to drink or breastfeed	Yes (1) No (0)	CM11a
Young infant is drinking poorly	Yes (1) No (0)	CM11b
Young infant becomes sicker or infection worsens	Yes (1) No (0)	CM11c

Young infant develops a fever >38°C	Yes (1) No (0)	CM11d
Young infant develops low body temperature <35.5°C	Yes (1) No (0)	CM11e
Young infant develops fast breathing	Yes (1) No (0)	CM11f
Young infant develops difficult breathing	Yes (1) No (0)	CM11g
Young infant develops convulsions	Yes (1) No (0)	CM11h
Young infant's palms and soles appear yellow or Jaundice	Yes (1) No (0)	CM11i
Other, <i>specify</i> _____	Yes (1) No (0)	CM11j
Did the health worker ask at least one question about the mother's health (ask about her own health, access to family planning or vaccination status)?	Yes (1) No (0)	CM12
Did the health worker use the IMCI chart booklet at any time during the management of the child?	Yes (1) No (0)	CM13
Did the health worker counsel/refer or administer vaccine or suggested time for next vaccination? <i>please circle all that apply</i>		CM14
At birth	BCG, OPV 0 HepB0	CM14a
At 6 weeks	DPT + Hib1 OPV 1 HepB1 RTV1 PCV 1	CM14b
Vitamin A for the Mother	Yes (1) No (0)	CM14c

<p>Did the health worker counsel about vaccination?</p>	<p>a Yes, counseled, about <u>all missed vaccinations</u> b Counseled PARTIALLY c No, not counseled during the visit at all d N/A (fully vaccinated for age) END OF OBSERVATION</p>	<p>CM15</p>
<p>Did the health worker refer for vaccination?</p>	<p>a Yes, referred for <u>all missed vaccinations</u> b Referred for some vaccines c No, not referred during the visit at all</p>	<p>CM16</p>
<p>Did the health worker administer vaccination?</p> <p><i>Based on the Q47_1 and CM14, please circle all that apply</i></p>	<p>a Yes, administered <u>all missed vaccinations</u> b Administered some vaccinations c No, not vaccinated during the visit at all</p>	<p>CM17</p>
<p>Did the health worker schedule time for next vaccination?</p>	<p>Yes (1) No (0)</p>	<p>Cm18</p>

Tool # 8. Observation Checklist for the Sick Child visit (2 months–5 years)



Tool ID _____	Today's Date: Day ___ Month ___/2017	
District/County _____	Facility ID _____	Facility Code _____
Interviewer Initials _____		

Q#	Question (Options)	Code	Go to
Provider Information			
Z 1	Health worker's age Age in completed years _____		
Z 2	Health worker's Sex Male Female	1 2	
Z 3	Health worker's cadre Doctor Clinical Officer Registered Midwife Enrolled Nurse midwife Comprehensive Nurse Nursing Assistant Student Other (please specify) _____	1 2 3 4 5 6 7 8	
Z 4	Trained in IMCI? Yes No	1 0	→Z7
Z 5	# months since last training Months _____		
Z 6	Child's ID _____		
Z 7	Child's age Age in Years _____ Months _____		
Z 8	OR DOB Day _____ Months _____ Year _____		
Z 9	Child's Sex Male Female	1 2	


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ASSESSMENT MODULE

Note: Please make sure that the observation instrument is completed (e.g. that all ‘yes’ and ‘no’ responses are circled and there are no invalid skips) before the next observation. Because this is an observation of practice, the surveyor should not speak or interrupt the consultation at any time, nor express any opinions or give advice. However, if provider had not clearly discussed classification and the treatment you can ask the health worker for the classification and treatment given when the consultation is over. Similarly, if enrollment card said there were assessments done before the visit and you are not sure what information provider used for classification you can ask: Were there any assessments that made before the visit that you used for the classification? This is the only time that it is permissible to ask the health worker a direct question.

Basic measurements		
Question	Response	Code
Did the health worker ask if this is the first visit or follow up visit?	Yes (1) No (0)	A1
Did the health worker, or another staff, count respiratory rate of the child today? <i>Select all that apply</i>	a Yes, counted but not recorded b Yes, counted and recorded in patient’s notebook c Yes, counted and recorded in outpatient registry d Yes, counted and recorded in other place, specify _____ e Not counted <i>GO to A3</i>	A2
If A2 was not e, what was the RR counted by health worker	 breaths per minute	A2a
Did the health worker, or another staff, weigh and record the weight of the child today?	a Yes, weighed but not recorded b Yes, weighed and recorded in patient’s notebook c Yes, weighed and recorded in outpatient registry d Yes, weighed and recorded in other place, specify _____ e Not weighed	A3
If A4 was not e, what was the weight measured by provider	 Grams	A3a

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<p>Did the health worker, or another staff, measure the temperature of the child? <i>Select all that apply</i></p>	<p>a Yes, measured but not recorded b Yes, measured and recorded in patient's notebook c Yes, measured and recorded in outpatient registry d Yes, measured and recorded in another place, specify _____ e Not measured <i>Go to A5</i></p>	<p>A4</p>
<p>If A4 not e, what was the temperature measured by provider</p>	<p> °C</p>	<p>A4a</p>
<p>What reason(s) did the caretaker give for bringing the child to the health facility?</p>		<p>A5_1</p>
<p>Diarrhea/Vomiting</p>	<p>Yes (1) No (0)</p>	<p>A5_2</p>
<p>Fever</p>	<p>Yes (1) No (0)</p>	<p>A5_3</p>
<p>Cough/breathing problem</p>	<p>Yes (1) No (0)</p>	<p>A5_4</p>
<p>Ear Problems</p>	<p>Yes (1) No (0)</p>	<p>A5_5</p>
<p>General Danger signs (convulsion, lethargy, not drinking, vomiting everything...)</p>	<p>Yes (1) No (0)</p>	<p>A5_6</p>
<p>other</p>	<p>Yes (1) No (0)</p>	<p>A5_7</p>
<p>If A5_7=yes, please specify</p>	<p>_____ _____ _____</p>	<p>A5_8</p>
<p>Did care health worker undress the child during the visit to assess chest in-drawing, general rash etc.</p>	<p>Yes (1) No (0)</p>	<p>A5a</p>

<p>Assessment by health worker on any general danger signs</p>		
<p>Question</p>	<p>Response</p>	<p>Code</p>
<p>Did health worker asked if child is able to drink or breastfeed?</p>	<p>Yes (1) No (0)</p>	<p>A6</p>

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If A6=yes , did care taker confirm that child is able to drink or breastfeed	Yes (1) <i>Go to A7</i> No (0)	A6a
If A6=no , was feeding status observed by health worker?	Yes (1) No (0) <i>Go to A7</i>	A6_1
Was inability of feeding/drinking confirmed by observation?	Yes (1) No (0)	A6_1a
Did health worker ask if child vomits everything?	Yes (1) No (0) <i>Go to A8</i>	A7
If A7=yes , did care taker confirm that child vomits everything?	Yes (1) No (0)	A7a
Did health worker ask if child had convulsions during the present illness?	Yes (1) No (0) <i>Go to A9</i>	A8
If A8=yes , did care taker confirm that child had convulsions during the present illness?	Yes (1) No (0)	A8a
Is the child visibly awake (e.g., playing, smiling, and crying with energy)?	Yes (1) <i>Go to A11</i> No (0)	A9
If A9=No , did the health worker check for lethargy or unconsciousness (try to wake up the child)?	Yes (1) No (0)	A10
If A10=yes , is Lethargy or unconsciousness confirmed?	Yes (1) No (0)	A10a

Assessment of Respiratory Symptoms		
Question	Response	Code
Does child have cough or breathing problems?	Yes (1) No (0)	A11
If A11=yes , did care taker confirmed that child has Cough/breathing problems	Yes (1) No (0) <i>Go to A16</i>	A11a
If A11a=yes , specify if child has:		
Cough	Yes (1) No (0)	A11b
Breathing problems	Yes (1) No (0) <i>Go to A12</i>	A11c
If child has cough (A11b=yes) , did health worker ask for the duration of cough?	Yes (1) No (0) <i>Go to A12</i>	A11_1

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If A11_1=yes, what was the duration reported by care taker?	<u> </u> days	A11_1a
Are any of the following visible:		
Difficulty breathing/grunting	Yes (1) No (0)	A12
Chest in-drawing	Yes (1) No (0)	A13
Stridor	Yes (1) No (0)	A14
Wheezing	Yes (1) No (0)	A15

Assessment of Fever		
Question	Response	Code
Did the health worker ask/feel for fever?	Yes (1) No (0) <i>Go to A21</i>	A16
If A16=yes, did care taker confirm that child has fever	Yes (1) No (0)	A16a
If A16a=yes, did health worker ask about duration?	Yes (1) No (0) <i>Go to A18</i>	A17
if A17=yes, please specify	<u> </u> days	A17_1
If A17_1>7, Does health worker ask whether fever was present every day?	Yes (1) No (0) <i>Go to A18</i>	A17_2
If A17=yes, does care taker confirm having fever for more than 7 days every day	Yes (1) No (0)	A17a
Did health worker assess for stiff neck (including directing child's attention to the toes)?	Yes (1) No (0)	A18
if A18=yes, was stiff neck observed?	Yes (1) No (0)	A18a
Was malaria test administered?	Yes (1) No (0) <i>Go to A20</i>	A19
If A20=yes, was it positive?	Yes (1) No (0)	A19a

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Assessment of Ear Problems		
Question	Response	Code
Asked about existence of ear pain?	Yes (1) No (0) <i>Go to A23</i>	A20
If A20=yes, existence of ear pain?	Yes (1) No (0) <i>Go to A23</i>	A20a
Asked/checked about existence of ear discharge?	Yes (1) No (0) <i>Go to A23</i>	A21
If A21=yes, ear discharge?	Yes (1) No (0) <i>Go to A23</i>	A21a
If A21a=yes, did health worker ask about duration?	Yes (1) No (0) <i>Go to A23</i>	A22
If A21a=yes, specify duration	▬▬▬▬ days	A22a
Checked existence of tender swelling?	Yes (1) No (0) <i>Go to A23</i>	A22_1
If A22_1=yes, was tender swelling observed?	Yes (1) No (0)	A22_1a

Assessment of Diarrhea		
Question	Response	Code
Does health worker ask for diarrhea?	Yes (1) No (0) <i>Go to A29</i>	A23
If A23=yes, Did the caretaker confirm diarrhea	Yes (1) No (0) <i>Go to A29</i>	A23a
If A23a=yes, does health worker ask for how long?	Yes (1) No (0) <i>Go to A25</i>	A23_1
If A24_1=yes, specify duration	▬▬▬▬ days	A23_1a
Does health worker ask about blood in stool?	Yes (1) No (0) <i>Go to A25</i>	A24
If A24=yes, was blood in stool confirmed by care taker?	Yes (1) No (0)	A24a
Is the child restless, irritable?	Yes (1) No (0)	A25

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Does the child have sunken eyes?	Yes (1) No (0)	A26
Did health worker pinch skin on abdomen?	Yes (1) No (0) <i>Go to A28</i>	A27
If A27=yes, did skin pinch go back...	Very slowly (more than 2 seconds) (1) Slowly (1-2 seconds) (2) Normally (1<1sec) (3)	A27a
Did health worker offer drink and observe child drinking?	Yes (1) No (0) <i>Go to A29</i>	A28
If A28=yes, was Child...	Not able to drink or drinking poorly (1) Drinking eagerly, thirsty (2) Drinking normally (3)	A28a

Assessment of HIV status		
Question	Response	Code
Did health worker ask if mother ever had HIV test?	Yes (1) No (0)	A29
Did health worker ask if the child ever had any HIV test?	Yes (1) No (0)	A30

Assessment of Measles		
Question	Response	Code
Did the health worker check if child has measles or generalized rash with fever, runny nose or red eyes within last three months?	Yes (1) No (0) <i>Go to A35</i>	A31
If A31=yes, did care taker confirm measles within last 3 months?	Yes (1) No (0) <i>Go to A35</i>	A31a
If A31=yes, did health worker:		
Look at mouth ulcers	Yes (1) No (0)	A32
Check puss draining from the eye	Yes (1) No (0)	A33
Check clouding of the cornea	Yes (1) No (0)	A34

Assessment of Anemia and Nutrition status		
Question	Response	Code

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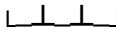
Does the facility offer Outpatient or Inpatient treatment care (OTC or IRC) for nutrition treatment?	Yes (1) No (0)	A35
Does health worker look for palmar pallor?	Yes (1) No (0) <i>Go to A37</i>	A36
If A36=yes, did you observe:	Severe palmar pallor (1) Some pallor (2) No palmar pallor (3)	A36a
Does health worker look for edema of both feet?	Yes (1) No (0) <i>Go to A38</i>	A37
If A40=yes, was it observed?	Yes (1) No (0)	A37a
Does health worker check child's weight against a growth chart - Z-score?	Yes (1) No (0) <i>Go to A39</i>	A38
If A42=yes, was WFH/L...	Less than -3 z scores (1) Between -3 and -2 z-scores (2) Z scores are -2 or more (3)	A38a
If visible severe malnutrition (any of the following: edema for both feet or low Z (< -3) or MUAC (<115) scores): does health worker offer RUTF to Eat?	Yes (1) No (0) No severe malnutrition-N/A (777)	A39
If A39=yes, Was child able to finish RUTF?	Yes (1) No (0) N/A (777)	A39a
Does health worker check child's MUAC?	Yes (1) No (0) <i>Go to A41</i>	A40
If A40=yes, was MUAC?	Less than 115mm (1) 115mm to 125mm (2) 125mm or more (3)	A40a

Assessment of Vaccination status		
Question	Response	Code
Did the health worker ask for and check the child's vaccination card?	Yes (1) No (0) <i>Go to A43</i>	A41
Does the caretaker have the child's vaccination card?	Yes (1) <i>Go to A44</i> No (0)	A42
Did the health worker ask the caretaker the following questions?		A43

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<i>(Please, refer to question QCM13 and QCM14 to document any counselling, referral or vaccination done during the visit)</i>		
Has the child ever been given an injection in the shoulder against tuberculosis (BGG)?	Yes (1) No (0)	A43a
Has the child ever been given drops against polio?	Yes (1) No (0)	A43b
Has the child ever been given injection against DTP?	Yes (1) No (0)	A43c
Has the child ever been given an injection in the arm against measles?	Yes (1) No (0)	A43d
Has the child ever been given vitamin A capsules?	Yes (1) No (0)	A43e
Has the child ever been given drops against Rota virus?	Yes (1) No (0)	A43f
Has the child ever been given injection against HepB?	Yes (1) No (0)	A43g
Has the child ever been given injection against Hib?	Yes (1) No (0)	A43h
Has the child ever been given an injection against OPV/PCV?	Yes (1) No (0)	A43i
Has the child ever been given an injection against measles?	Yes (1) No (0)	A43j
Check all immunizations that were done according to vaccination card or according to caretaker's response (circle all that apply)		A44
At birth	BCG, OPV 0 HepB0	A44a
At 6 weeks	DPT + Hib1 OPV 1 HepB1 RTV1 PCV 1	A44b
At 10 weeks	DPT + Hib2 OPV 2 HepB2 RTV2 PCV 2	A44c

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At 14 weeks	DPT + Hib3 OPV 3 HepB3 RTV2 PCV 2	A44d
At 9 months	Measles	A44e
At 18 months	DPT	A44f
How many doses of vitamin A did the child receive?	 Doses	A45
If the child has received vitamin A, at what ages were the doses given? (<i>circle all that apply</i>)	6 months 12 months 18 months 24 months 30 months 36 months 42 months 48 months 54 months 60 months	A45a
Is child up to date with vaccinations	Yes (1) No (0)	A45b
Is Child up to date with Vit A supplementation?	Yes (1) No (0)	A45c
Did the health worker ask any questions about feeding status if child is less than 2 years old, has moderate acute malnutrition, anemia, or HIV exposed or infected?	Yes (1) No (0) <i>Go to A50</i> N/A (777) <i>Go to A50</i>	A46
Did health worker ask whether child is breastfed?	Yes (1) No (0) <i>Go to A50</i>	A47
If A47=yes , is child breastfed according to care taker?	Yes (1) No (0) <i>Go to A48</i>	A47a
If A50a=yes , did provider asked about:		
frequency during 24 h	Yes (1) No (0)	A47b
if breastfeed during the night?	Yes (1) No (0)	A47c

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Did provider check the attachment?	Yes (1) No, (s)he did not make any attempt (2) No, due to patient circumstances, infant fed in previous hour, mother refused to wait (3)	A47d
Did health worker ask if child takes any other foods or drinks (other than breast milk)	Yes (1) No (0)	A48
If A48=yes , did care taker confirm taking any other food except breast milk?	Yes (1) No (0)	A48b
If A48b=yes , did provider ask about:		A48c
how often child eats or drinks something else	Yes (1) No (0)	A48c_1
what food they give to the child	Yes (1) No (0)	A48c_2
at what age started to eat other foods or drinks	Yes (1) No (0)	A48c_3
if duration of exclusive breastfeeding was established please specify the duration mentioned by caretaker?	<u> </u> months	A48c_4
If moderate acute malnutrition, did health worker assess:		A49
How large are servings?	Yes (1) No (0)	A49a
Does the child receive his own serving?	Yes (1) No (0)	A49b
Who feeds the child and how?	Yes (1) No (0)	A49c
Does health worker ask about possible "other problems"?	Yes (1) No (0) <i>Go to C1</i>	A50
If A50 yes , specify other problems	_____ _____ _____ _____	A50a

Classification Module		
Question	Response	Code
Does health worker give one or more classifications for the child?	Yes (1) No (0) <i>fill only the 2nd column of the following table</i>	C1

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<p><i>Please, select all classification given by provider to the child</i></p>	<p><i>Supervisors: Please, reassess the classification recorded in T1 (first column), according to documented diagnostic criteria by observer after reviewing filled forms</i></p>	
<p>C05 One or more danger signs 1 C10 Severe pneumonia/very severe disease 1 C11 Pneumonia 1 C12 Cough or cold 1 C20a Severe dehydration 1 C20b Some dehydration 1 C20 No dehydration 1 C21 Severe persistent diarrhea 1 C22 Persistent diarrhea 1 C23 Dysentery 1 C30 Very severe febrile disease 1 C31 Malaria 1 C32 Fever, no malaria 1 C33 Fever 1 C34 Severe complicated measles 1 C35 Measles with eye/mouth complications 1 C36 Measles 1 C40 Mastoiditis 1 C41 Acute ear infection 1 C42 Chronic ear infection 1 C43 No ear infection 1 C50a complicated Severe acute malnutrition 1 C50b complicated Severe acute malnutrition 1 C50c moderate acute malnutrition 1 C50d no acute malnutrition 1 C51a Severe anemia 1 C51b Anemia 1 C60 Other, specify C61 Other, specify</p>	<p>OC05 One or more danger signs 1 OC10 Severe pneumonia/very severe disease 1 OC11 Pneumonia 1 OC12 Cough or cold 1 OC20a Severe dehydration 1 OC20b Some dehydration 1 OC20 No dehydration 1 OC21 Severe persistent diarrhea 1 OC22 Persistent diarrhea 1 OC23 Dysentery 1 OC30 Very severe febrile disease 1 OC31 Malaria 1 OC32 Fever, no malaria 1 OC33 Fever 1 OC34 Severe complicated measles 1 OC35 Measles with eye/mouth complications 1 OC36 Measles 1 OC40 Mastoiditis 1 OC41 Acute ear infection 1 OC42 Chronic ear infection 1 OC43 No ear infection 1 OC50a complicated Severe acute malnutrition 1 OC50b complicated Severe acute malnutrition 1 OC50c moderate acute malnutrition 1 OC50d no acute malnutrition 1 OC51a Severe anemia 1 OC51b Anemia 1 OC60 Other, specify OC61 Other, specify OC62 requires urgent referral ----1 yes 2 no OC63 requires follow-up-----1 yes 2 no OC63a if yes in ----- days</p>	
<p>Did health worker document child classification status anywhere?</p>	<p>Yes (1) No (0) <i>Go to Treatment Module</i></p>	<p align="center">C65</p>
<p>If health worker documented child classification status anywhere (<i>select all that apply</i>)</p>	<p>a In registry b Yes, in patient card c Yes, referral form d Yes, in Form 5 e yes, in other form Please specify _____</p>	<p align="center">C65_1</p>

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Treatment Module				
Question	Response		Code	
Diagnosis given during the consultation by care health worker?	<hr/> <hr/> <hr/>		T1	
Does the health worker prescribe treatment?	Yes (1) No (0) <i>Go to T5</i>		T2	
For this next section, record all treatment prescribed for treatment at home: (Please, complete this form during the visit or before starting observation of next child)				
Medication given	T3_1	T3_2	T3_3	T3_4
a Name				
b Formulation/route				
c Amount each time				
d Number of times per day				
e total days				
Medication given	T3_5	T3_6	T3_7	T3_8
a Name				
b Formulation/route				
c Amount each time				
d Number of times per day				
e total days				
Was the treatment EB?	Yes (1) No (0)		T3a	
Was dosing of antibiotic adequate?	Yes (1) No (0) N/A (777)		T3b	
Was dosing of antimalarial adequate?	Yes (1) No (0) N/A (777)		T3c	
Where was the treatment documented (check all that apply)?	a Outpatient registry b Patient card c Referral form d Form #5 e Other, specify		T4	

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Does the health worker prescribe referral for the child?	Yes, immediate (1) No (2) <i>Go to T5</i> Yes, but not urgent (3) <i>Go to T5</i>	T5																														
If immediate referral prescribed, did health worker administer initial treatment to the child before referral in the facility?	Yes (1) No (0)	T6																														
For the next question, specify all treatment given in the facility in the box below (including pre-referral treatment, injectables, prevention of low blood sugar, if any)		T7																														
<table border="1"> <thead> <tr> <th data-bbox="134 562 456 642">Treatment administered</th> <th data-bbox="464 562 703 642">T7_1</th> <th data-bbox="711 562 950 642">T7_2</th> <th data-bbox="958 562 1196 642">T7_3</th> <th data-bbox="1205 562 1459 642">T7_4</th> </tr> </thead> <tbody> <tr> <td data-bbox="134 646 456 680">a Name</td> <td data-bbox="464 646 703 680"></td> <td data-bbox="711 646 950 680"></td> <td data-bbox="958 646 1196 680"></td> <td data-bbox="1205 646 1459 680"></td> </tr> <tr> <td data-bbox="134 684 456 718">b Formulation/route</td> <td data-bbox="464 684 703 718"></td> <td data-bbox="711 684 950 718"></td> <td data-bbox="958 684 1196 718"></td> <td data-bbox="1205 684 1459 718"></td> </tr> <tr> <td data-bbox="134 722 456 756">c Amount</td> <td data-bbox="464 722 703 756"></td> <td data-bbox="711 722 950 756"></td> <td data-bbox="958 722 1196 756"></td> <td data-bbox="1205 722 1459 756"></td> </tr> <tr> <td data-bbox="134 760 456 793">d Regimen</td> <td data-bbox="464 760 703 793"></td> <td data-bbox="711 760 950 793"></td> <td data-bbox="958 760 1196 793"></td> <td data-bbox="1205 760 1459 793"></td> </tr> <tr> <td data-bbox="134 798 456 831">e</td> <td data-bbox="464 798 703 831"></td> <td data-bbox="711 798 950 831"></td> <td data-bbox="958 798 1196 831"></td> <td data-bbox="1205 798 1459 831"></td> </tr> </tbody> </table>			Treatment administered	T7_1	T7_2	T7_3	T7_4	a Name					b Formulation/route					c Amount					d Regimen					e				
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Was the pre-referral treatment adequate?	Yes (1) No (0)	T7a																														
Does the caretaker accept referral for the child?	Yes (1) <i>Go to CM1</i> No (0) N/A (777) <i>Go to CM1</i>	T8																														
If caretaker does not accept referral, what is the main reason?	a Caretaker does not accepted referral due to geographic accessibility (it is too far away) b Caretaker does not accepted referral due to financial affordability c Timely transportation to higher level facility is not possible d Other reason, please, specify _____ e. Caretaker did not specify the reason	T9																														
If caretaker does not accept referral, is prescription (for not only initial treatment but full treatment) and/or follow up to treat the child at outpatient settings discussed and documented?	a Full prescription discussed b Full prescription documented c follow up discussed d follow up documented	T10																														

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Communication Module		
Question	Response	Code
Does the health worker explain how to administer the following oral treatment?		CM1
Antibiotic?	Yes (1) No (0) N/A (777)	CM1a
Antimalarial?	Yes (1) No (0) N/A (777)	CM1b
ORS?	Yes (1) No (0) N/A (777)	CM1c
Does the health worker demonstrate how to administer the following oral treatment?		CM2
Antibiotic?	Yes (1) No (0) N/A (777)	CM2a
Antimalarial?	Yes (1) No (0) N/A (777)	CM2b
ORS?	Yes (1) No (0) N/A (777)	CM2c
Does the health worker ask an open-ended question to verify the caretakers' comprehension of how to administer the oral treatment?		CM3
Antibiotic?	Yes (1) No (0) N/A (777)	CM3a
Antimalarial?	Yes (1) No (0) N/A (777)	CM3b
ORS?	Yes (1) No (0) N/A (777)	CM3c

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Does the health worker give or ask the mother to give the first dose of the oral drug at the facility?		CM4
Antibiotic?	Yes (1) No (0) N/A (777)	CM4a
Antimalarial?	Yes (1) No (0) N/A (777)	CM4b
Other (<i>specify</i>)	_____	CM4c
Did the health worker explained/discussed initial treatment that he/she was giving to child in the facility, including injection?	Yes (1) No (0) N/A (777) child was not referred or referral not accepted	CM5
Did the health worker plan follow up visit?	Yes (1) No (0) <i>Go to CM7</i> N/A (777)	CM6
If CM6=yes, when was follow up planned?	_____ Days	CM6_1
Does the health worker explain the need to give more liquid or breast milk to child during referral?	Yes (1) No (0) N/A (777) child was not referred or referral not accepted	CM7
Does the health worker explain the need to give more liquid or breast milk at home?	Yes (1) No (0)	CM8
Does the health worker explain the need to continue feeding or breastfeeding at home?	Yes (1) No (0)	CM9
Does the health worker give advice on feeding/BF?	Yes (1) No (0) <i>Go to CM11</i>	CM10
If CM10=yes, exclusive breastfeeding till 6 months?	Yes (1) No (0)	CM10a
If CM10=yes, how many times/24 hours did the health worker advice to feed/breastfeed?	_____ times/24 hours	CM10b
Did the health worker tell the caretaker to bring the child back immediately for the following signs?		CM11
Child is not able to drink or breastfeed	Yes (1) No (0)	CM11a

Tool # 8. Observation Checklist on the Sick Child visit

Child becomes sicker or infection worsens	Yes (1) No (0)	CM11b
Child develops a fever	Yes (1) No (0)	CM11c
Child develops fast breathing	Yes (1) No (0)	CM11d
Child develops difficult breathing	Yes (1) No (0)	CM11e
Child develops blood in the stool	Yes (1) No (0)	CM11f
Child drinking poorly	Yes (1) No (0)	CM11g
Develops convulsions	Yes (1) No (0)	CM11h
Other, specify _____	Yes (1) No (0)	CM11i
Did the health worker ask at least one question about the mother's health (ask about her own health, access to family planning or vaccination status)?	Yes (1) No (0)	CM12
Did the health worker use the IMCI chart booklet at any time during the management of the child?	Yes (1) No (0)	CM13
Did the health worker counsel/refer or administer vaccine or suggested time for next vaccination? <i>please circle all that apply</i>		CM14
At birth	BCG, OPV 0 HepB0	CM14a
At 6 weeks	DPT + Hib1 OPV 1 HepB1 RTV1 PCV 1	CM14b
At 10 weeks	DPT + Hib2 OPV 2 HepB2 RTV2 PCV 2	CM14c

Tool # 8. Observation Checklist on the Sick Child visit

At 14 weeks	DPT + Hib3 OPV 3 HepB3 RTV2 PCV 2	CM14d
At 9 months	Measles	CM14e
At 18 months	DPT	CM14f
Did Provide counselled for or proscribed vitamin A supplementation to the child?	Yes (1) No (0)	CM14g
Did the health worker counsel about vaccination?	a Yes, counseled, about <u>all missed vaccinations</u> b Counseled PARTIALLY c No, not counseled during the visit at all	CM15
Did the health worker refer for vaccination?	a Yes, referred for <u>all missed vaccinations</u> b Referred for some vaccines c No, not counseled, referred or vaccinated during the visit at all	CM16
Did the health worker administer vaccination?	a Yes, administered <u>all missed vaccinations</u> b Administered some vaccinations c No, not vaccinated during the visit at all	CM17
Did the health worker scheduled time for next vaccination?	Yes (1) No (0)	Cm18



Tool #9: Antenatal Care Medical Documentation Review

Tool ID _____	Today's Date: Day ___ Month ___/2017
District/County _____	Facility ID _____ Facility Code _____
Interviewer Initials _____	

Q#	Question (Options)	Code	Selection	
	<i>Circle appropriate</i>			
A 1	1=10-19 2=20-24 3= 25-29 4≥30		a) Last 15 ANC visits	
A 2	# of ANC Visit _____		b) HIV+	
A 3	# of prior pregnancies (0 if 1st pregnancy) _____		c) BP>140/90 mmHg	
A 4	Gestational Age _____ weeks DK(88)			
Documentation of assessments		yes	No	Go to
B 1	Temperature	1	0	No→Q#B2
B1 a	Specify _____			
B 2	Blood pressure documented	1	0	No→Q#B3
B2 a	<140/90mmHg 1 140–159/90–109 mmHg 2 > 160/110 mmHg 3			
B 3	Weight	1	0	No→Q#B4
B3 a	Specify _____			
B 4	Height	1	0	No→Q#B5
B4 a	Specify _____			
B 5	MUAC/BMI	1	0	No→Q#B6
B5 a	Specify _____			
B 6	Presence or absence Danger signs	1	0	No→Q#B7
B6 a	Specify _____			
B 7	Presence or absence of prior diseases/complications	1	0	No→Q#B8
B7 a	Specify _____			
B 8	Behavioral Risk factors documented	1	0	No→Q#C1
B8 a	Specify _____			
B8 b	Specify _____			
B8 c	Specify _____			
HIV testing and counselling		Code	Go to	
C 1	Is HIV Status, Testing or counselling for women documented?	Yes 1 No 0	→Q#C14	
C 2	What was Client's HIV status before this visit?	Positive 1 Negative 0 Not Known 88		
C 3	If status negative was retesting done at this visit?		→Q#C6 →Q#C4	

		Yes 1		→Q#C5	
		No 0		→Q#C14	
		Not known 88		→Q#C14	
C	4	Was Counselling for HIV test conducted?			
		Yes 1			
		No 0		→Q#C14	
C	5	What was the outcome of HIV counselling?			
		Client declined testing 1		→Q#C14	
		Tested did not received the results 2		→Q#C14	
		HIV(+) 3		→Q#C14	
		HIV(-) 4		→Q#C14	
		Unknown 5		→Q#C14	
			Yes	No	DK
C	6	Stage, viral load or CD4 documented			No→Q#C13
		1	0		
C	7	Stage _____			88
C	8	CD4 _____			88
					DK→Q#C10
C	9	CD4 done at current visit	1	0	
C	10	Viral load _____			88
					DK→Q#C12
C	11	Viral load done at current visit	1	0	
C	12	Is client ART eligible? (Not collected in Kenya, all HIV+ a	1	0	
C12	a	Is client having severe/advanced HIV? (CD4 count <350	1	0	
C	13	What is women's ART status?			
		Client is on Pre-ART list 1			
		Initiated ART for eMTCT on this visit (UG Code ART) 2			
		Initiated ART for eMTCT prior to this visit (UG Code 3			
		On HAART for their own health before the pregnancy (UG Code ARTK, ARTKY) 4			
		Not known 88			
C	14	Was partner Counseled on HIV?			
		Yes 1			
		No 0		→Q#D1	
C	15	What was the outcome of partner's HIV counselling?			
		Partner declined testing 1			
		Partner Tested did not received the results 2			
		Partner HIV(+) 3			
		Partner HIV(-) 4			
			yes	No	Go to
D	1	TB Testing and Treatment			
		TB status documented	1	0	no→Q#E1
D	2	What is TB status			
		TB Unlikely (no TB signs) 1			
		TB Suspect 2			
		Diagnosed with TB, not on TB treatment 3			
		Diagnosed with TB, currently on TB treatment 4			
		Completed TB treatment 5			
			yes	No	Go to
E	1	Anemia testing and prevention			
		Hemoglobin tested	1	0	No→Q#E2
E1	a	If yes, specify _____			

E	2	Devorming treatment documented	1	0	No→Q#F1
E2	a	If yes, specify deworming status Anthelminthic received this visit 1 Anthelminthic due at this visit, but not received 2 NA not due at this visit 3 Antihelminthic treatment completed (given previously) 4 Not given, eligibility can not be established 5			
Syphilis testing and treatment			yes	No	Go to
F	1	Tested for Syphilis	1	0	No→Q#G1
F1	a	What are results of Syphilis test Test results negative 1 Tested positive given treatment 2 Tested positive no treatment 3			
Malaria testing and prevention			yes	No	Go to
G	1	Tested for Malaria	1	0	No→Q#G4
G	2	Was Malaria test positive	1	0	No→Q#G4
G	3	Was treatment given if test positive	1	0	
G	4	Long Lasting Insecticide Nets (LLIN) was given	1	0	
G	5	Intermittent preventive treatment documented IPT1 1 IPT2 2 Not eligible (e.g. 1st trimester) 3 Completed 4 IPT3 (KE only) 5 IPT4 (KE only) 6 Not Documented 88			No→Q#G6 No→Q#G6
Other Tests done/results:					
G	6	Other test specify _____			
G6	a	Test result, Specify _____			
G	7	Other test specify _____			
G7	a	Test result, Specify _____			
Other Preventive Practices			yes	No	Go to
H	1	Tetanus Vaccination	1	0	No→Q#H3
H	2	# doses received _____			
H	3	Iron Supplementation documented	1	0	
H	4	Folic Acid supplementation documented	1	0	
Counselling					
I	1	Infant feeding counselling	1	0	
I	2	Maternal Nutrition counselling	1	0	
I	3	FP counselling documented	1	0	
I	4	Counseled for dual protection (HIV positive only)	1	0	
I	5	Counseling on ARV treatment adherence (fill this for HIV positive)	1	0	
Diagnosis/Classification					
J1	a	_____			
J1	b	_____			
J1	c	_____			
a) HTN () b) DM or GDM () c) preeclampsia () d) Eclampsia () e) Anemia () f) Malaria () g) () () () ()					

		HIV () h) TB () i) Syphilis () g) Malnutrition ()			
		Treatment Given or Prescribed including doses (If possible stratify home or facility) write out everything documented in treatment section	Home	Facility	DK
J2	a				
J2	b				
J2	c				
J2	d				
J2	e				
J2	f				
		Iron Supplementation, Folic acid supplementation, Vit A, Zink, Calcium, Low-dose Aspirin, MgSo4 (loading dose and referral), MgSo4, IPT, HIV prophylaxis, ART, anti-TB, Iron for Anemia treatment, Malaria treatment, Syphilis treatment, devorming, dietary supplementation, treatment for Diabetes			
J	3	Is any Referral in or out of the facility documented? Yes 1 No 0			→END
J	4	Specify the type of referral From Facility (UG code REF OUT) 1 Referred from other Site (UG code REF IN) 2 Referred from community (UG code C/REF IN) 3 HIV(+) referred to Family Support Group 4 Not specified 88			
END of the questionnaire					

Notes for data collectors:

1 Danger signs to be documented:

Vaginal bleeding , Fever, Headaches or blurred vision, Fever, Swollen face or hands, Convulsions or loss of consciousness, Severe difficulty in breathing , Swollen face or hands, Persistent cough for 2 weeks or longer, Severe abdominal pain,

Foul smelling discharge, Frequent or painful urination, decrease or stop in fetal movement

2. Risk factors: tobacco, alcohol, substance abuse, hypodinamia/adinamia

3. ART eligibility Criteria: If clinical stage 1 and 2 and CD4 ≤350 cells/mm3, if clinical stage 3 and 4 irrespective of CD4



_____ hours



Tool #10: Maternal and Newborn Care Medical Documentation Review

Tool ID _____		Today's Date: Day ___ Month ___ /2017		
District/County _____		Facility ID _____		
Data Collector Initials _____		Facility Code _____		
S1 Selection of the Sample 1) General Sample () 2) Specific Sample ()				
Medical Documentation and general information on mother and baby				
Q#	QUESTION / TASK	CODING		S2 Specific Sample
A 1	Type of medical documentation used (select all that apply)	Yes	No	a) HIV+ mothers/baby () b) Newborns with Asphyxia () c) LBW (≤ 2000 g) () d) Baby Born <37 weeks ()
A1 a	Mother's Chart	1	0	
A1 b	Baby's chart	1	0	
A1 c	Partograph	1	0	
A1 d	Maternity Register	1	0	
A1 e	Discharge form	1	0	
A1 f	Other specify _____			
A1 g	Other specify _____			
A 2	Maternal Age _____			
A 3	Parity (# of deliveries) _____			
A 4	Gravida (# prior pregnancies) _____			
A 5	Prior Cesarean	yes	1	
		No	0	
A 6	Type of delivery	Normal Vaginal delivery	1	
		Assisted delivery (forceps, vacuum)	2	
		Cesarean (not planned)	3	
		Not recorded	0	
	Other _____		5	
A 7	Birth weight	≤1000gm	1	
		1001-1500gm	2	
		1501-2000gm	3	
		2001-2500gm	4	
		≥2500gm	5	
		Not recorded	0	

Tool #10: Maternal and Newborn Care Medical Documentation Review

A 8	Referral status of Mother (select all that apply)	Yes	No		
A8 a	Patient presented directly to facility.	1	0		
A8 b	Referred to facility from a lower level facility	1	0		
A8 c	Referral made to other (higher) level facility	1	0		
A 9	Referral status of Baby	Yes	No		
A9 a	Referred to facility from a lower level facility	1	0		
A9 b	Referral made to other (higher) level facility	1	0		
A9 c	Referred in special care unit within the facility	1	0		
A 10	Length of stay of mother in the health facility				
	<12 hours		1		
	12-23 hours		2		
	24 hours		3		
	24-47 hours		4		
	≥48 hours		5		
	DK		88		

Section B: Birth Complications and Outcomes

NO.	QUESTION / TASK	CODING			GO TO
		Yes	No	DK	
B0	Birth Complications recorded in the documentation (<i>please note complications recorded specifically by provider, not based on your review of chart</i>)	1	0		0 → B2
B1 a	Obstructed labor	1	0		
B1 b	Maternal sepsis	1	0		
B1 c	Post partum Endometritis	1	0		
B1 d	Eclampsia	1	0		
B1 e	Maternal PPH	1	0		
B1 f	Preeclampsia	1	0		
B1 g	Prematurity (< 37 weeks)	1	0		
B1 h	Low Birth Weight (< 2500 gm)	1	0		
B1 i	Neonatal asphyxia	1	0		
B1 l	Neonatal sepsis	1	0		
B1 m	High Blood Pressure ≥140/90	1	0	0----->B1k	
B1 j	If hgh blood presure, specify _____ mm Hg	1	0		
B1 k	Other Specify _____	1	0		
B2	Maternal Outcome				
	Alive	1			
	Dead	2			
	Not recorded	88			

Tool #10: Maternal and Newborn Care Medical Documentation Review

NO.	QUESTION / TASK	CODING			GO TO
		Yes	No	DK	
B3	Newborn Outcome				
	Alive	1			
	Stillborn fresh	2			
	Stillborn Macerated	3			
	Died before discharge	4			
	Not recorded (DK)	88			
SECTION C: Admission Information					
C1	Time of Onset of Active Labor (24 hour clock) (at least 4 cm dilation) -- hour -- minutes	88			
C2	Gestational age				
	Full terms (≥37 weeks)	1			
	35-36/6 weeks	2			
	≤34 weeks	3			
	DK	88			
	Is any of following assessments recorded in the documentation	Yes	No		
C3	Prior any ANC information recorded	1	0		
C4	Blood Pressure	1	0		
C5	Urinalysis	1	0		
C6	Urine protein documented	1	0		
C7	Presence or absence of maternal chronic co-morbid condition or complications at the current pregnancy (Asthma, Hypertension, CVD) documented	1	0		0 → C9
C8	If yes, Specify _____				
C9	Presence/absence of maternal behavioral risk factors (low physical activity, tobacco, substance abuse) documented	1	0		0 → C10
C9 a	If yes, Specify _____				
C10	Allergies on medications documented	1	0		
C11	Complications during previous pregnancies documented	1	0		0 → D1
C11 a	High blood pressure	1	0		
C11 b	Convulsions	1	0		
C11 c	Heavy bleeding during or after delivery/hemorrhage	1	0		
C11 d	Previous C sections	1	0		
C11 e	Prior stillbirths	1	0		
C11 f	Prolonged labor	1	0		
C11 g	Prior neonatal death	1	0		
C11 h	Abortion	1	0		
C11 i	Prior assisted delivery	1	0		

Tool #10: Maternal and Newborn Care Medical Documentation Review

NO.	QUESTION / TASK	CODING			GO TO	
		Yes	No	DK		
SECTION D: Intrapartum record						
D1	Is Partograph available 77= women is admitted at the second stage	1	0	77	If 77---->D7	
D1 a	Duration of the first stage of labour _____ hours			88		
D2 a	Is fetal HR rate documented every 30 min?	1	0	88		
b	Checked fetal HR _____ times during first stage			88		
c	the largest interval between FHR assessments is _____ mins			88		
D3 a	Checked mother's pulse or HR every 30 min	1	0	88		
b	Checked maternal pulse/HR _____ times during the first stage			88		
c	the largest interval between maternal pulse assessments is _____ mins			88		
D4 a	Checked contractions every 30 min	1	0	88		
b	Checked contractions _____ times during the first stage			88		
c	the largest interval between contraction assessments is _____ mins			88		
D4 aa	Checked Temperature at least every 2 hours	1	0	88		
ba	Checked Temperature _____ times during the first stage			88		
ca	the largest interval between temperature assessments is _____ mins			88		
D5 a	Checked BP at least every 4 hours	1	0	88		
b	Checked BP _____ times during the first stage			88		
c	the largest interval between BP assessments is _____ mins			88		
D6 a	Is cervical dilation documented every 4 hours	1	0	88		
b	Checked cervical dilation _____ times during the first stage			88		
c	the largest interval between cervical dilation assessments is _____ mins			88		
D7	Maternal fever (>38.0C) documented	1	0	88		
D7 a	ROM >18 hours	1	0	88		
D8	Preterm premature ROM (before 37 0/7day)	1	0	77		
D9	Meconium-stained amniotic fluid (antibiotic not recommended)	1	0	88		
D10	Antibiotic initiated	1	0			0 → E1
D11	Antibiotic Given (circle all that apply)					
a	Penicillin	1	0			
b	Ampicillin	1	0			
c	Gentamicin	1	0			
d	Metronidazole	1	0			
e	Cephalosporine	1	0			
f	Clindamycin	1	0			
g	Erythromycin	1	0			
h	Other, specify _____	1	0			
SECTION E: Maternal Immediate Postpartum						
	Mark if following practices documented	YES	NO	DK		
E1	Uterotonic administered	1	0			0 → E7
E2	Time of administration of uterotonic after delivery					
	<1 minutes	1				
	1-5 minutes	2				
	>5 mins	3				
	time is not documented	88				
E3	Which uterotonic given?					

Tool #10: Maternal and Newborn Care Medical Documentation Review

NO.	QUESTION / TASK	CODING			GO TO
		Yes	No	DK	
	Oxytocin	1			
	Misoprostol	2			
	Ergometrine	3			
	Prostaglandins	4			
	Other specify	5			
	Not documented	88			

Tool #10: Maternal and Newborn Care Medical Documentation Review

NO.	QUESTION / TASK	CODING			GO TO
		Yes	No	DK	
E4	Dose of uterotonic given and type of units of medication documented	1	0		0 → E6
a	# of units _____				
E5	UNITS of Uterotonic given (circle only one)				
	IU	1			
	mg	2			
	ML	3			
	mcg	4			
E6	Route uterotonic given (circle only one)				
	IM	1			
	IV push (bolus)	2			
	IV drip	3			
	IV drip plus IM	4			
	ORAL	5			
	VAGINAL	6			
	RECTAL	7			
	SUBLINNGUAL	8			
	Route not recorded	88			
E7	Time of placenta delivery recorded				
	≤30 minutes after delivery of fetus	1			
	>30 mins	2			
	Not recorded	88			

SECTION F: Post partum monitoring of mother and newborn				
	Mark if following practices documented	YES	NO	DK/NA
F1	Time from delivery to discharge _____ hours			88
F2 a	Bleeding assessment recorded at least every 30 minutes first 2 hours	1	0	
F2 b	Number of times of bleeding assessment documented during first two hours _____			
F2 c	Bleeding assessment recorded at least every 6 hours from 3rd hour until discharge	1	0	
F2 d	Number of times of bleeding assessment documented from 3rd hour till discharge _____			
F3	Maternal BP shortly after birth (15 mins) and at least every 6 hours first 24-48 hours	1	0	
F3 a	Maternal BP least every 6 hours after 1st hour of delivery	1	0	
F3 b	Number of times maternal BP documented after 1st hour of delivery _____			
F4	Urine void documented at least 6 hours after birth	1	0	
F4 a	Number of times urine void documented after birth _____			
F5	Uterine contraction documented at least every 6 hours	1	0	
F5 a	Number of time Uterine contraction documented after birth _____			
F6	Fundal height assessment documented anywhere after birth	1	0	
F7	Maternal temperature at least every 6 hours first 24-48 hours	1	0	

Tool #10: Maternal and Newborn Care Medical Documentation Review

NO.	QUESTION / TASK	CODING			GO TO
		Yes	No	DK	
F7 a	Number of times Maternal Temperature documented after birth				
F8	Maternal fever (temp > 38.0) recorded any time during postpartum	1	0		
F9	Meconium-stained amniotic fluid documented (not indicated)	1	0		
F10	Episiotomy	1	0		
F11	3rd or 4th degree perineal tear	1	0		
F12	Manual removal of the placenta	1	0		

Tool #10: Maternal and Newborn Care Medical Documentation Review

NO.	QUESTION / TASK	CODING			GO TO
		Yes	No	DK	
F13	Assisted vaginal birth	1	0		
F14	Antibiotic initiated postpartum	1	0		0 → F17
F15	If cesarean, antibiotic given before incision (77=N/A not cesarean)	1	0	77	
F16	Type of antibiotic Given (circle all that apply and indicate route)	1=IV	2=IM	3=PER_OS	4=route not known
a	Penicillin	1	2	3	4
b	Ampicillin	1	2	3	4
c	Gentamicin	1	2	3	4
d	Metronidazole	1	2	3	4
e	Cephalosporine	1	2	3	4
f	Clindamycin	1	2	3	4
g	Erythromycin	1	2	3	4
h	Other, specify _____	1	2	3	4
		YES	NO	DK	GO TO
F17	Iron/Folate prescribed	1	0		
F18	Vit A prescribed (not recommended)	1	0		
	Any of the practices noted	YES	NO	NA / DK	GO TO
G 1	Immediate drying	1	0		
G 2	Immediate "skin to skin"	1	0		
G 3	Suctioning airways with clear amniotic fluid (77= if amniotic fluid is not clear)	1	0	77 88	
G 4	Cord clamping within 1-3 mins after birth (0= if cord clamped within <1 min or >3 mins; 88= time is not indicated)	1	0	88	
G 5	Continued skin-to-skin with mother during the 1st hour	1	0		
6	Assessment of the baby within 1st hour documented				
G6 a	weight measurement	1	0		
G6 b	Temperature	1	0		
G6 c	Respiratory Rate	1	0		
G 7	What medication was used for cord care? Chlorhexidine Normal Saline other, specify _____ None	1 2 3 0			
	Question	YES	NO	DK	GO TO
G 8	Eye care with tetracycline drops or eye ointment documented	1	0		
G 9	Feeding status documented	1	0		0 → G11

Tool #10: Maternal and Newborn Care Medical Documentation Review

NO.	QUESTION / TASK	CODING			GO TO
		Yes	No	DK	
G9 a	Specify the feeding status	Exclusive breastfeeding	1		2 → G11
		On Replacement feeding	2		
		Mixed feeding	3		
G 10	When breastfeeding was initiated?	Breastfeeding Within 1st hour	1		
		Breastfeeding 1-12 h	2		
		Breastfeeding 13-24 h	3		
		Breastfeeding >24h	4		
		Initiation time not documented	5		
G11	Vaccination documented to baby				
G11 a	BCG	1	0		
G11 b	Polio	1	0		
G11 c	Hep B	1	0		
G 12	Vitamin K administration documented	1	0		
G 13	Respiratory Rate of Baby recorded during the post-partum period	1	0		0 → G14
G13 a	How frequently is RR recorded?	at least every 4 h	1		
		less frequently than 4 h but at least twice a day	2		
		less frequently than twice but at least once	3		
		not recorded	0		
G 14	Temperature recorded during the post-partum period	1	0		0 → G15
G14 a	How frequently is temperature recorded?	at least every 4 h	1		
		less frequently than 4 h but at least twice a day	2		
		less frequently than twice but at least once	3		
		not recorded	0		
G 15	Feeding status recorded during the post-partum period	1	0		0 → H1
G15 a	How frequently feeding status recorded?	at least every 4 h	1		
		less frequently than 4 h but at least twice a day	2		
		less frequently than twice but at least once	3		
		not recorded	0		

Tool #10: Maternal and Newborn Care Medical Documentation Review

NO.	QUESTION / TASK	CODING			GO TO
		Yes	No	DK	
SECTION H: Care of newborns at risk or sick					
	Any of the practices noted	YES	NO	DK	
H1	Newborn Asphyxia recorded	1	0		0 → H5
H2	Stimulation by rubbing the back recorded	1	0		
H3	Newborn resuscitation with bag and mask recorded	1	0		0 → H5
H3 a	Resuscitation with bag and mask noted within 1st minute after birth recorded	1	0		
H3 b	Successful newborn resuscitation with bag and mask recorded (breathing within 5 minutes after resuscitation)	1	0	88	
H4	Newborn intubation recorded	1	0		
H5	LBW/KMC: Is baby's weighing ≤2000 g at birth	1	0	88	0,88 → H8
H5	Is newborn clinically stable? (Mark 1=yes, if T=norm, 30<RR<50, 120<HR<180 and general condition or absence	1	0	88	
H6	KMC initiated : (early, continuous and prolonged skin-to-skin contact between the mother and the baby, and exclusive breastfeeding (ideally) or feeding with breast milk)	1	0		0 → H6b
H6 a	KMC continued throughout stay (prolonged skin-to-skin contact between the mother and the baby, and exclusive breastfeeding (ideally) or feeding with expressed breast milk)	1	0		1, 0 → H8
H6 b	The reason of not receiving KMC noted . Specify _____	1	0		
H7	Baby cared in a thermo-neutral environment (radiant warmer or incubator)	1	0		
H8	Any specialized care provided for LBW babies weighing ≤2500 g (77= weigh>2500)	1	0	77	0,77 → H9
a	Referral to higher level facility	1	0		
b	Specialized nursery (NICU)	1	0		
c	Other, specify	1	0		
H 9	Baby born prematurely (<37 weeks)	1	0	88	0,88 → H14
H9 a	Specify Gestation				
	≥24 weeks and <34 weeks	1			
	≥34 -37 weeks of gestation	2			
H10	Antenatal corticosteroid (ANC) given to mother if prematurity	1	0		0 → H13
H11	Antenatal corticosteroid initiated at least 24 hours prior to delivery (88= ANC given, time is not noted)	1	0	88	
H12	Antenatal corticosteroid regimen is documented	1	0		0 → H13

Tool #10: Maternal and Newborn Care Medical Documentation Review

NO.	QUESTION / TASK	CODING			GO TO
		Yes	No	DK	
H12 a	Specify Antenatal corticosteroid regimen total 24 MG (IM) Betamethasone or dexamethasone, 4 doses, 6 mg 12 hour intervals total 24 MG (IM) Betamethasone or dexamethasone, 2 doses, 12 mg 24 hour intervals Betamethasone or dexamethasone 6 mg (< 4 doses) Betamethasone or dexamethasone 12 mg (< 2 does) Prednisolone, 2 doses at 12 hour intervals Other , specify medication, dose, frequency and regimen _____ _____	1 2 3 4 5 6			
	Any following interventions documented for premature babies (all that apply)	YES	NO	DK	
H13	Surfactant for preterm infants is given	1	0		
H13 a	Respiratory Distress Syndrome noted	1	0		0 → H13c
H13 b	Continuous positive airway pressure (CPAP) for preterm infants with respiratory distress syndrome	1	0		
H13 c	Referral to higher level facility or specialized nursery (NICU)	1	0		
H14	Newborns with signs of infection: any following signs documented anywhere	1	0	88	0,88 → H15
H14 a	not able to feed since birth or stopped feeding well	1	0		
H14 b	convulsions	1	0		
H14 c	fast breathing (≥60 breaths per min)	1	0		
H14 d	severe chest in-drawing,	1	0		
H14 e	fever (38 °C or greater)	1	0		
H14 f	low body temperature (less than 35.5 °C)	1	0		
H14 g	movement only when stimulated or no movement at all	1	0		
H14 h	Newborn with maternal risk of infection (if membranes ruptured> 18 hours before delivery or mother had fever> 38 °C before delivery or during labour, or amniotic fluid was foul-smelling or purulent)	1	0		
H14 i	Preterm Premature rupture of Membranes (premature rupture of membranes that occurs before 37 weeks)	1	0		
	presence of any of the above signs of infection noted	1	0		
H15	Was Newborn prescribed Antibiotic for any reason?	1	0		0 → I1

Tool #10: Maternal and Newborn Care Medical Documentation Review

NO.	QUESTION / TASK	CODING			GO TO
		Yes	No	DK	
	What was type and route of antibiotic?	1=IV	2=IM	3=PER-OS	4=route not known
H15 a	Penicillin	1	2	3	4
H15 b	Ampicillin	1	2	3	4
H15 c	Gentamicin	1	2	3	4
H15 d	Metronidazole	1	2	3	4
H15 e	Cephalosporine	1	2	3	4
H15 f	Seprine	1	2	3	4
H15 g	Erythromycin	1	2	3	4
H15 h	Other, specify	1	2	3	4
SECTION I: HIV Counselling, testing and treatment of mother and baby					
	Any of the practices noted	YES	NO	DK	
I1	Women' HIV+ during the pregnancy (at the admission) (yes= HIV+, No= HIV-, DK= status not known)	1 -->I3b	0	88	88 → I3
I2	Was last test HIV negative at early pregnancy (1st or 2nd trimester) (88= time of HIV - status not specified)	1	0	88	0 → J1
I3	Offered HIV test in the facility	1	0		0 → J1
I3 a	What was the outcome of HIV test counseling				
	Counselled but declined HIV testing	1			
	Tested HIV+	2			
	Tested HIV-	3			
I3 b	Mother is HIV+ (ANC HIV+ or Confirmed after testing)	1	0	88	0,88 → J1
I5	Are following criteria met CD4 cell count of ≤350 cells/mm ³ , irrespective of WHO clinical staging, and for all in WHO clinical stage 3 or 4, irrespective of CD4 cell count	1	0	88	
I5 a	ARV treatment/prophylaxis status of mother documented	1	0		0 → I6
I5 b	What is ARV treatment/prophylaxis status of mother?				
	Woman was on HAART for her own health before the pregnancy	1			
	ARV started during the pregnancy	2			
	ARV started at delivery	3			
	ARV started during postpartum	4			
	Mother is on ARV treatment but initiation time not known	5			
	Mother is on pre-ART list	6			
I6	ARV regimen of mother is documented	1	0		0 → I7

Tool #10: Maternal and Newborn Care Medical Documentation Review

NO.	QUESTION / TASK	CODING			GO TO
		Yes	No	DK	
16 a	Specify the regimen				
	Option A	1			
	Option B	2			
	Option B+	3			
	Triple ARV for ART eligible mother (D4 cell count of ≤ 350 cells/mm ³ , irrespective of WHO clinical staging, and for all in WHO clinical stage 3 or 4, irrespective of CD4 cell count)	4			
Other, Specify _____	5				
17	ARV prophylaxis for exposed infant is documented	1	0		0 → 19
18	ARV prophylaxis regimen for infant is documented				
	Option A	1			
	Option B	2			
	Option B+	3			
	Other, ARV prophylaxis: specify _____	4			
	Regimen not documented	5			
19	What is newborn feeding status?				
	Breastfeeding	1			
	Exclusive Replacement feeding	2			
	Newborn feeding status not documented	0			

Tool #10: Maternal and Newborn Care Medical Documentation Review

NO.	QUESTION / TASK	CODING			GO TO
		Yes	No	DK	
I10	Referred to ART services	1	0		0 → I11
a	Referred for ART treatment as ART is not available	1		88	
b	Referred to visit HIV services with her baby	1		88	
c	Other, specify _____	1			
I11	FP counselling documented	1	0		
I12	Safe sex counselling	1	0		
SECTION J: Predischarge counselling and care					
	Any of the practices noted	YES	NO	DK	
J 1	Predicharge physical exam of mother documented				
J1 a	Temperature.	1	0		
J1 b	Blood Pressure	1	0		
J1 c	Heart Rate	1	0		
J1 d	Absence or presence of danger signs (e.g. bleeding, abdominal pain, breathing difficulties)	1	0		
J1 e	Urination difficulty	1	0		
J1 f	Uterine contractions and fundal height	1	0		
J1 g	Full predischarge physical exam of mother documented	1	0		
J 2	Any following counselling or follow up documented				
J2 a	Exclusive breastfeeding	1	0		
J2 b	hygiene	1	0		
J2 c	newborn care	1	0		
J2 d	maternal and infant nutrition	1	0		
J2 e	Post-partum depression	1	0		
J2 f	Sleeping under LLITN	1	0		
J2 g	Resuming sexual relations	1	0		
J2 h	Ensuring safe sex	1	0		
J2 i	follow up for mother with any medical condition scheduled	1	0		
J 3	Post-partum Family Planning counselling is documented	1	0		
J 4	Start of any contraceptive method documented				
J4 a	Lactational amenorrhea method (LAM)	1	0		
J4 b	Condoms	1	0		
J4 c	Spermicide	1	0		
J4 d	Female sterilization (within 7 days or delay 6 weeks)	1	0		
J4 e	Copper IUD or levonorgestrel-releasing intrauterine device	1	0		
J4 f	(LNG-IUD) (within 48 hours or delay 4 weeks)	1	0		
J4 g	Progestogen-only oral contraceptives (non-BF women)	1	0		
J4 h	(non-BF women) Progestogen-only injectable	1	0		
J4 i	(non-BF women) Implant	1	0		
J 5	Patient's choice of contraceptive method is documented	1	0		0 → J7
J 6	Started contraceptive method of patient's choice	1	0		
J 7	Referred for any FP services	1	0		
J 8	Follow-up scheduled	1	0		0 → J10
J 9	Reason of follow-up documented	1	0		0 → J10
J9 b	ARV treatment	1	0	77	

Tool #10: Maternal and Newborn Care Medical Documentation Review

NO.	QUESTION / TASK	CODING			GO TO
		Yes	No	DK	
J9 c	Postnatal Care	1	0		
J9 d	Other specify _____	1	0		
J 10	Mother discharged home with any following:				
J10 a	Any danger sign (bleeding, severe abdominal pain, severe headache, breathing difficulty, vomiting, <i>(DK if absence of symptoms/or mother's good general condition is not noted)</i>)	1	0	88	
J10 b	An abnormal vital sign: high blood pressure (SBP > 140 mmHg or DBP > 90 mmHg), fever (> 38.0°C), or heart rate (> 100 beats per minute) <i>(DK if T, BP, HR is not noted)</i>	1	0	88	
J10 c	Inability to urinate easily or leaking urine <i>(DK if urination status not documented)</i>	1	0	88	
J11	Predischage physical exam of baby documented				
J11 a	RR	1	0		
J11 b	Temperature	1	0		
J11 c	absence or presence of danger signs	1	0		
J11 d	Feeding status	1	0		
J11 e	Absence or presence of bleeding, discharge, a foul odor, or redness from the umbilical stamp	1	0		
	Baby Discharged home with any following:				
J12 a	Fast breathing (> 60 breaths/minute), severe chest in-drawing, fever (temperature ≥ 37.5°C axillary), hypothermia (temperature < 35.5°C), yellow palms (hands) or soles (feet), convulsions, no movement or movement only on stimulation, feeding poorly or not feeding at all <i>(No=0 if all symptoms noted and i normal range, DK=88 if RR, T or danger signs not documented)</i>	1	0	88	
J12 b	Breastfeeding less than every 2–3 hours (day and night) <i>(No if breastfeeding more than 2-3 hours, DK if feeding)</i>	1	0	88	
J12 c	Weight < 2,500 g (No =weight ≥2500; 88= weight is not documented)	1	0	88	
J12 d	Has not passed urine and/or stool	1	0	88	
J12 e	Umbilical stump that is bleeding or has discharge, a foul odor, or redness around it	1	0	88	
J 13	Data collector notes: please write out any specific information recorded in the documentation that you consider to be important and is not addressed in the questionnaire.				
	END				

Tool #11: Maternal Complication Medical Documentation Review

Tool ID _____		Today's Date: Day ___ Month ___ /2017	
District/County _____		Facility ID _____ Facility Code _____	
Interviewer Initials _____			
Q#	Question (Options)	Code	Go to
A 2	Date of Admission: Day _____ Month _____ /2017		
A 3	Time of admission in the facility (24h): hour ___ min ___	DK(88)	
A 4	Date of Birth: Day _____ Month _____ Year ___	DK(88)	Selection (A1)
A 5	Or Age: complete years ___	NA(77)	A1a) PPH ()
A 6	Gravida: _____	DK(88)	A1b) Pre/eclampsia ()
A 7	Para: _____	DK(88)	A1c) Preterm labor ()
A 8	Weeks of Gestation: _____	DK(88)	A1d) Prolonged Labor ()
A 9	Length of Stay (hours): _____		
A 10	Time of discharge/referral: day __, hour ___ min ___ <i>indicate calendar day of hospital stay, as 1st, 2nd etc.</i>	DK(88)	
A 11	What referral route is documented?: Self-referred 1 Referred by Community Health Worker 2 Referred from Health Center 3 Referred from Hospital 4 Can not tell from the documentation 88		→Q#A14 →Q#A14
A 12	Is referral note available?: Yes 1 No 0		
A 13	Time from referral note: day ___ hour ___ min ___	DK(88)	
A 14	Is diagnosis of complication documented on referral note?: Yes 1 No 0		
A 15	Is initial management of complication documented on referral note?: Yes 1 No 0		
A 16	Time of first medical assessment at facility (24h): hour ___ min ___	DK(88)	
A 17	Was women in active labor at admission? Yes 1 No 0 Can not tell from the documentation 88		→Q#A19 →Q#A19
A 18	Indicate the stage: Stage 1 1 Stage 2 2 Can not tell from the documentation 88		→Q#A20 →Q#A20 →Q#A20
A 19	What was the situation (if not in active labor)? Active labor started in the facility 1 Other, specify _____ 2		

Tool #11: Maternal Complication Medical Documentation Review

A 20	Time of diagnosis of active labor: day __, hour __ min __ DK(88) <i>indicate calendar day of hospital stay, as 1st, 2nd (or negative -1, if this was a day before admission) etc.</i>	
A 21	Duration of First stage _____ hours	
A 22	Time of starting the Second stage: day __, hour __ min __ DK(88)	
A 23	Duration of Second stage _____ hours	
A 24	Time of delivery: day __, hour __ min __ DK(88)	
A 25	Was fetus alive at admission?: Yes 1 No 0 Can not tell from the documentation 88	
A 26	How many fetus were noted at admission?: Singleton 1 Twins 2 Can not tell from the documentation 88	
A 27	What was presentation of fetus at admission? Cephalic 1 Breech 2 Shoulder 3 Can not tell from the documentation 88	
A 28	Mode of Delivery: Spontaneous vaginal 1 Assisted (instrumented) 2 Cesarean Section planned 3 Emergency Cesarean Section 4 Cannot tell from the documentation 88	→Q#A31 →Q#A31
A 29	Is induction/augmentation of labor noted (including artificial rupture of membranes): Yes 1 No 0	→Q#A31
A 30	Time of induction/augmentation: day __, hour __ min __ DK(88)	
A 31	Is any other maternal or newborn complication noted: Yes 1 No 0	→Q#A33
A 32	Please specify all other complications _____ _____ _____	
A 33	Is maternal near miss noted in the chart?: Yes 1 No 0	
A 34	What is maternal outcome: Discharged home 1 Referred to other facility 2 Referred to another department within the same facility 3 Death of mother 4 Cannot tell from the documentation 88	

Tool #11: Maternal Complication Medical Documentation Review

A 35	What is neonatal/fetal outcome:	Discharged home 1 Referred to outside facility 2 Referred to another department within the same facility 3 fresh stillbirth 4 Macerated stillbirth 5 Newborn death 6 Cannot tell from the documentation 88		
General Documentation/Assessments/interventions				
Q#	Question (Options)	Code	Go to	
B 1	Is partograph available?	Yes 1 No 0	→B4	
B 2	What kind of partograph is it?	New WHO 1 National 2 Facility Specific 3		
B 3	When the use of the Partograph is initiated?	cm dilation _____		
Please write down whether the following assessments are recorded at admission and during the labor		yes	No	Go to
B 4	Frequency & duration of contractions at least in every 0.5 hour	1	0	→Q#B17
B 5	Fetal heart tones at least in every 0.5 hour	1	0	
B 6	Maternal pulse at least in every 0.5 hour	1	0	
B 7	Is urinalysis performed at least once?	1	0	
B 8	cervix dilation every 4h	1	0	
B 9	Descend of Head in every 4h during first stage	1	0	
B 10	Uterine Contraction (intensity and length) every 0,5 h	1	0	
B 11	Membranes & amniotic fluid every 4h	1	0	
B 12	Moulding of Fetal Skull bones in every 4h	1	0	
B 13	Specify urine protein _____			
B 14	BP recorded at least once before delivery	1	0	
B 15	Specify highest Diastolic BP _____			
B 16	BP recorded at least every four hours during labor	1	0	
B 17	Was IV line placed?	1	0	
B 18	Indicate time _____ DK(88)			→Q#C1
B 19	Was IV line fluids given?	1	0	
B 20	Was Urinary catheter placed?	1	0	
B 21	Indicate time _____ DK(88)			
Preeclampsia Module				
		yes	No	Go to
C 1	Is diagnostic criteria for severe preeclampsia met: Diastolic blood pressure ≥ 110 mmHg and 3+ proteinuria, or Diastolic blood pressure ≥ 90 mmHg on two readings and 2+ proteinuria, and any of: severe headache, blurred vision and epigastric pain.	1	0	If C1&C2=0 →Q#D1
C 2	Diagnosis of severe preeclampsia or eclampsia	1	0	→Q#C7

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		yes	No	Go to
C 3	Was diagnosis made at lower level (referring) facility	1	0	→Q#C7
C 4	Is information on initial treatment at referring facility available?	1	0	→Q#C7
C 5	Is administration of MgSO4 at referring facility documented	1	0	→Q#C7
C 6	Was full loading dose administered At referring facility?	1	0	0,1→Q#C9
C 7	Was MgSO4 administered at this facility?	1	0	→Q#C24
C 8	Specify time from High BP and before administration of MgSO4 ____ min DK(88)			
C 9	Can dosage or mode of delivery define from the document?	1	0	→Q#C13
C 10	Was MgSO4 given IV?	1	0	→Q#C9
C 11	Specify the form ____%			
C 12	Specify the amount: ____ grams			
C 13	Was MgSO4 given IM?	1	0	→Q#C17
C 14	Was it given in both buttocks?	1	0	
C 15	Specify the form ____%			
C 16	Specify the amount in each buttock ____ grams			
C 17	Time between Diagnosis and MgSO4 administration ____ hours or DK(88)			
C 18	Was women referred to another facility for care in less then 4h?	1	0	→Q#C24
C 19	Was maintenance dose administered at least once ?	1	0	→Q#C24
C 20	Specify the route: IV 1 IM 2			
C 21	Specify the form ____%	yes	No	
C 22	Specify the amount ____ grams			
C 23	Was MgSO4 administered in every 4 hour for at least 24 hours after delivery or seizure whichever occurred the last	1	0	
C 24	Is Development of Seizures in the facility recorded?	1	0	
C 25	Is administration of diazepam noted?	1	0	
	Are following assessments documented at least hourly?			
C 26	Blood pressure	1	0	
C 27	Respiratory Rate	1	0	
C 28	Urinary output	1	0	
C 29	Patellar reflexes	1	0	
C 30	Pulmonary sounds	1	0	
C 31	At any time was one or more from signs above indicating MgSO4 toxicity (RR<16, Urine output<100ml per 4 hour...)	1	0	→Q#C34
C 32	If yes was the next dose of MgSO4 administered?	1	0	
C 33	Was Calcium Gluconate administered	1	0	
C 34	Was anytime diastolic BP≥110 at the facility noted?	1	0	→Q#C37
C 35	If yes was antihypertensive administered?	1	0	
C 36	Please, Specify_____	1	0	
	Are results of these tests available in documentation?			
C 37	Liver Enzymes	1	0	

Tool #11: Maternal Complication Medical Documentation Review

		yes	No	Go to
C 38	Coagulogram/blood clotting	1	0	
C 39	Platelet count	1	0	
Postpartum Hemorrhage module				
D 1	Is administration of uterotonic after delivery noted?	1	0	→Q#D4
D 2	Can time between childbirth and administration of oxytocin be calculated	1	0	
D 3	If yes specify _____ min			
D 4	Time of delivery of placenta: day __, hour __ min __ DK(88)			
D 5	Examination of placenta for completeness is noted	1	0	→Q#D6
D5 a	Specify Time of placenta examination noted: day __, hour __ min __ DK(88)			
D 6	Is Estimated blood loss recorded	1	0	→Q#D7
D6 a	Specify, ml _____			If<500ml and D7=0 →Q#E1
D 7	Is diagnosis of PPH made	1	0	
D7 a	Time of diagnosis of PPH: day __, hour __ min __	1	0	
	Which diagnosis of PPH are documented (select all that apply)			
D7 b	Atonic uterus	1	0	
D7 c	Laceration	1	0	
D7 d	Incomplete expulsion of placenta	1	0	
D7 e	Placenta attached	1	0	
D7 f	Coagulopathy	1	0	
D 8	Is administration of therapeutic uterotonic(s) recorded	1	0	→Q#D9
D8 a	If yes specify _____			
D8 b	Specify Time of uterotonic administration: day __, hour __ min __			
D 9	Is uterine massage noted	1	0	→Q#D10
D9 a	Time of uterine massage: day __, hour __ min __			
D 10	Is abdominal examination for uterine contraction documented	1	0	→Q#D11
D10 a	Specify Time of abdominal exam: day __, hour __ min __			
D 11	Presence/absence of lacerations and or cervical tears noted	1	0	
D 12	Is uterine mechanical evacuation documented?	1	0	→Q#D12
D12 a	Specify Time of manual removal of placenta: day __, hour __ min __ DK(88)			
D 13	Is manual removal of the placenta documented?	1	0	→Q#D13
D13 a	Specify Time of procedure: day __, hour __ min __ DK(88)			
D 14	Is bimanual compression of the uterus documented?	1	0	→Q#D15
D14 a	Specify Time of procedure: day __, hour __ min __ DK(88)			
D 15	Is aortic compression documented?	1	0	→Q#D16
D15 a	Specify Time of procedure: day __, hour __ min __ DK(88)			
D 16	Is balloon or condom tamponade documented?	1	0	→Q#D17
D16 a	Specify Time of procedure: day __, hour __ min __ DK(88)			
D 17	Is blood transfusion noted?	1	0	
D17 a	Specify #of Units _____ DK(88)			
D17 b	Specify Time of procedure: day __, hour __ min __ DK(88)			

Tool #11: Maternal Complication Medical Documentation Review

		yes	No	Go to
Are results of these tests available in documentation?				
D 18	hemoglobin/hematocrit	1	0	
D 19	Coagulogram/blood clotting	1	0	
D 20	blood grouping and cross matching	1	0	
Delayed/Obstructed Labor module				
E 1	Was the labor adequately monitored by partogram with 4h action line?	1	0	→Q#E3
E 2	Is action line crossed	1	0	0→Q#F1; 1→Q#E4
E 3	Is diagnosis of Delayed/Obstructed Labor made?	1	0	0→Q#F1
E 4	Is 3rd degree moulding noted?	1	0	
E 5	Insufficient descent noted, while progress of cervical dilatation and strong uterine contractions?	1	0	
E 6	Was cephalopelvic disproportion assessed?	1	0	0→Q#E8
E 7	Was cephalopelvic disproportion ruled out?	1	0	
E 8	Is augmentation of labor noted?	1	0	
E 9	Time of delayed labor diagnosis: day __, hour__ min__ <i>indicate calendar day of hospital stay, as 1st, 2nd etc.</i>			
E 10	Time of Care decision: day __, hour__ min__			
E 11	Time of Care Action: day __, hour__ min__			
Preterm Labor module				
Q#	Question (Options)	Code		Go to
F 1	Is gestation age < 37 weeks?:	Yes 1	No 0	→Q#F9
F 2	Is administration of antenatal corticosteroids noted?:	Yes 1	No 0	→Q#F8
F 3	How many hours before the preterm birth were ANC therapy initiated? _____hours	DK(88)		
F 4	Which Antenatal corticosteroid is documented?: Betamethasone 1 Dexamethasone 2 Prednisolone 3 Other, specify _____ 4 Can not tell from the documentation 88			
F 5	Specify the dose given each time? _____mg	DK(88)		if=1 →Q#F8
F 6	Specify # of doses received? _____doses	DK(88)		
F 7	Specify time interval between first and last dose? _____hours	DK(88)		
F 8	Is administration of MgSO4 noted?:	Yes 1	No 0	

Tool #11: Maternal Complication Medical Documentation Review

		yes	No	Go to
F 9	Are Antibiotics administered?	Yes 1 No 0		→Q#F11
F 10	Indicate antibiotic _____DK(88)			
Are following signs/conditions documented anywhere?		yes	No	Go to
F 11	signs of Maternal Infection (Temp > 38 ⁰ C)	1	0	
F 12	Preterm prelabour rupture of membranes	1	0	
F 13	chorioamnionitis	1	0	



_____ hours



Tool #12: Newborn Care Complication Tool

Tool ID _____		Today's Date: Day ___ Month ___ /2017		
District/County _____		Facility ID _____		
Data Collector Initials _____		Facility Code _____		
S1 Selection of the Sample 2) Specific Sample ()				
Medical Documentation and general information on mother and baby				
Q#	QUESTION / TASK	CODING		S2 Specific Sample
A 1	Type of medical documentation used (select all that apply)	Yes	No	b) Asphyxia () c) LBW (\leq 2000 g) () d) GA<37 weeks ()
A1 a	Mother's Chart	1	0	
A1 b	Newborn's chart	1	0	
A1 c	Partograph	1	0	
A1 d	Maternity Register	1	0	
A1 e	Discharge form	1	0	
A1 f	Other specify _____			
A1 g	Other specify _____			
A 2	Maternal Age _____			
A 3	Parity (# of deliveries) _____			
A 4	Gravida (# prior pregnancies) _____			
A 6	Type of delivery			
	Normal Vaginal delivery	1		
	Assisted delivery (forceps, vacuum)	2		
	Cesarean (not planned)	3		
	Not recorded	0		
	Other _____	5		
A 7	Birth weight			
	\leq 1000gm	1		
	1001-1500gm	2		
	1501-2000gm	3		
	2001-2500gm	4		
	\geq 2500gm	5		
	Not recorded	0		

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A 8	Referral status of Mother (select all that apply)	Yes	No		
A8 a	Patient presented directly to facility.	1	0		
A8 b	Referred to facility from a lower level facility	1	0		
A8 c	Referral made to other (higher) level facility	1	0		
A 9	Referral status of Baby	Yes	No		
A9 a	Referred to facility from a lower level facility	1	0		
A9 b	Referral made to other (higher) level facility	1	0		
A9 c	Referred in special care unit within the facility	1	0		
A 10	Length of stay of newborn in the health facility				
	<12 hours			1	
	12-23 hours			2	
	24 hours			3	
	24-47 hours			4	
	≥48 hours			5	
	DK			88	

Section B: Birth Complications and Outcomes

NO.	QUESTION / TASK	CODING			GO TO
		Yes	No	DK	
B0	Birth Complications recorded in the documentation (<i>please note complications recorded specifically by provider, not based on your review of chart</i>)	1	0		0 → B2
B1 a	Obstructed labor	1	0		
B1 b	Maternal sepsis	1	0		
B1 c	Post partum Endometritis	1	0		
B1 d	Eclampsia	1	0		
B1 e	Maternal PPH	1	0		
B1 f	Preeclampsia	1	0		
B1 g	Prematurity (< 37 weeks)	1	0		
B1 h	Low Birth Weight (< 2500 gm)	1	0		
B1 i	Neonatal asphyxia	1	0		
B1 j	Neonatal sepsis	1	0		
B1 k	Other Specify _____	1	0		
B2	Maternal Outcome				
	Alive	1			
	Dead	2			
	Not recorded	88			

Tool #10: Maternal and Newborn Care Medical Documentation Review

NO.	QUESTION / TASK	CODING			GO TO
		Yes	No	DK	
B3	Newborn Outcome	Alive	1		
		Stillborn fresh	2		
		Stillborn Macerated	3		
		Died before discharge	4		
		Not recorded (DK)	88		
SECTION C: Admission Information					
C2	Gestational age	Full terms (≥37 weeks)	1		
		35-36/6 weeks	2		
		≤34 weeks	3		
		DK	88		
SECTION F: Post partum monitoring of mother and baby					
	Any of the practices noted	YES	NO	NA / DK	GO TO
G 1	Immediate drying	1	0		
G 2	Immediate "skin to skin"	1	0		
G 3	Suctioning airways with clear amniotic fluid (77= if amniotic fluid is not clear)	1	0	77 88	
G 4	Cord clamping within 1-3 mins after birth (0= if cord clamped within <1 min or >3 mins; 88= time is not indicated)	1	0	88	
G 5	Continued skin-to-skin with mother during the 1st hour	1	0		
6	Assessment of the baby within 1st hour documented				
G6 a	weight measurement	1	0		
G6 b	Temperature	1	0		
G6 c	Respiratory Rate	1	0		
G 7	What medication was used for cord care?				
	Chlorhexidine	1			
	Normal Saline	2			
	other, specify _____	3			
	None	0			
	Question	YES	NO	DK	GO TO
G 8	Eye care with tetracycline drops or eye ointment documented	1	0		
G 9	Feeding status documented	1	0		0 → G11

Tool #10: Maternal and Newborn Care Medical Documentation Review

NO.	QUESTION / TASK	CODING			GO TO
		Yes	No	DK	
G9 a	Specify the feeding status				2 → G11
	Exclusive breastfeeding	1			
	On Replacement feeding	2			
	Mixed feeding	3			
G 10	When breastfeeding was initiated?				
	Breastfeeding Within 1st hour	1			
	Breastfeeding 1-12 h	2			
	Breastfeeding 13-24 h	3			
	Breastfeeding >24h	4			
	Initiation time not documented	5			
G11	Vaccination documented to baby				
G11 a	BCG	1	0		
G11 b	Polio	1	0		
G11 c	Hep B	1	0		
G 12	Vitamin K administration documented	1	0		
G 13	Respiratory Rate of Baby recorded during the post-partum period	1	0		0 → G14
G13 a	How frequently is RR recorded?				
	at least every 4 h	1			
	less frequently than 4 h but at least twice a day	2			
	less frequently than twice but at least once	3			
	not recorded	0			
G 14	Temperature recorded during the post-partum period	1	0		0 → G15
G14 a	How frequently is temperature recorded?				
	at least every 4 h	1			
	less frequently than 4 h but at least twice a day	2			
	less frequently than twice but at least once	3			
	not recorded	0			
G 15	Feeding status recorded during the post-partum period	1	0		0 → H1
G15 a	How frequently feeding status recorded?				
	at least every 4 h	1			
	less frequently than 4 h but at least twice a day	2			
	less frequently than twice but at least once	3			
	not recorded	0			

Tool #10: Maternal and Newborn Care Medical Documentation Review

NO.	QUESTION / TASK	CODING			GO TO
		Yes	No	DK	
SECTION H: Care of newborns at risk or sick					
	Any of the practices noted	YES	NO	DK	
H1	Newborn Asphyxia recorded	1	0		0 → H5
H2	Stimulation by rubbing the back recorded	1	0		
H3	Newborn resuscitation with bag and mask recorded	1	0		0 → H5
H3 a	Resuscitation with bag and mask noted within 1st minute after birth recorded	1	0		
H3 b	Successful newborn resuscitation with bag and mask recorded (breathing within 5 minutes after resuscitation)	1	0	88	
H4	Newborn intubation recorded	1	0		
H5	LBW/KMC: Is baby's weighing ≤2000 g at birth	1	0	88	0,88 → H8
H5 a	Is newborn clinically stable? (Mark 1=yes, if T=norm, 30<RR<50, 120<HR<180 and general condition or absence	1	0	88	
H6	KMC initiated : (early, continuous and prolonged skin-to-skin contact between the mother and the baby, and exclusive breastfeeding (ideally) or feeding with breast milk)	1	0		0 → H6b
H6 a	KMC continued throughout stay (prolonged skin-to-skin contact between the mother and the baby, and exclusive breastfeeding (ideally) or feeding with expressed breast milk)	1	0		1, 0 → H8
H6 b	The reason of not receiving KMC noted . Specify _____	1	0		
H7	Baby cared in a thermo-neutral environment (radiant warmer or incubator)	1	0		
H8	Any specialized care provided for LBW babies weighing ≤2500 g (77= weigh>2500)	1	0	77	0,77 → H9
a	Referral to higher level facility	1	0		
b	Specialized nursery (NICU)	1	0		
c	Other, specify	1	0		
H 9	Baby born prematurely (<37 weeks)	1	0	88	0,88 → H14
H9 a	Specify Gestation				
	≥24 weeks and <34 weeks	1			
	≥34 -37 weeks of gestation	2			
H10	Antenatal corticosteroid (ANC) given to mother if prematurity	1	0		0 → H13
H11	Antenatal corticosteroid initiated at least 24 hours prior to delivery (88= ANC given, time is not noted)	1	0	88	
H12	Antenatal corticosteroid regimen is documented	1	0		0 → H13

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NO.	QUESTION / TASK	CODING			GO TO
		Yes	No	DK	
H12 a	Specify Antenatal corticosteroid regimen total 24 MG (IM) Betamethasone or dexamethasone, 4 doses, 6 mg 12 hour intervals total 24 MG (IM) Betamethasone or dexamethasone, 2 doses, 12 mg 24 hour intervals Betamethasone or dexamethasone 6 mg (< 4 doses) Betamethasone or dexamethasone 12 mg (< 2 does) Prednisolone, 2 doses at 12 hour intervals Other , specify medication, dose, frequency and regimen _____ _____	1 2 3 4 5 6			
	Any following interventions documented for premature babies (all that apply)	YES	NO	DK	
H13	Surfactant for preterm infants is given	1	0		
H13 a	Respiratory Distress Syndrome noted	1	0		0 → H13c
H13 b	Continuous positive airway pressure (CPAP) for preterm infants with respiratory distress syndrome	1	0		
H13 c	Referral to higher level facility or specialized nursery (NICU)	1	0		
H14	Newborns with signs of infection: any following signs documented anywhere	1	0	88	0,88 → H15
H14 a	not able to feed since birth or stopped feeding well	1	0		
H14 b	convulsions	1	0		
H14 c	fast breathing (≥60 breaths per min)	1	0		
H14 d	severe chest in-drawing,	1	0		
H14 e	fever (38 °C or greater)	1	0		
H14 f	low body temperature (less than 35.5 °C)	1	0		
H14 g	movement only when stimulated or no movement at all	1	0		
H14 h	Newborn with maternal risk of infection (if membranes ruptured> 18 hours before delivery or mother had fever> 38 °C before delivery or during labour, or amniotic fluid was foul-smelling or purulent)	1	0		
H14 i	Preterm Premature rupture of Membranes (premature rupture of membranes that occurs before 37 weeks)	1	0		
	presence of any of the above signs of infection noted	1	0		
H15	Was Newborn prescribed Antibiotic for any reason?	1	0		0 → 11

Tool #10: Maternal and Newborn Care Medical Documentation Review

NO.	QUESTION / TASK	CODING			GO TO
		Yes	No	DK	
	What was type and route of antibiotic?	1=IV	2=IM	3=PER-OS	4=route not known
H15 a	Penicillin	1	2	3	4
H15 b	Ampicillin	1	2	3	4
H15 c	Gentamicin	1	2	3	4
H15 d	Metronidazole	1	2	3	4
H15 e	Cephalosporine	1	2	3	4
H15 f	Seprine	1	2	3	4
H15 g	Erythromycin	1	2	3	4
H15 h	Other, specify _____	1	2	3	4
SECTION I: HIV Counselling, testing and treatment of mother and baby					
	Any of the practices noted	YES	NO	DK	
13 b	Mother is HIV+ (ANC HIV+ or Confirmed after testing)	1	0	88	0,88 → J1
17	ARV prophylaxis for exposed infant is documented	1	0		0 → I9
18	ARV prophylaxis regimen for infant is documented				
	Option A	1			
	Option B	2			
	Option B+	3			
	Other, ARV prophylaxis: specify _____	4			
	Regimen not documented	5			
19	What is newborn feeding status?				
	Breastfeeding	1			
	Exclusive Replacement feeding	2			
	Newborn feeding status not documented	0			

Tool #10: Maternal and Newborn Care Medical Documentation Review

NO.	QUESTION / TASK	CODING			GO TO
		Yes	No	DK	
I10	Ref	1	0		0 → I11
a	Referred for ART treatment as ART is not available	1		88	
b	Referred to visit HIV services with her baby	1		88	
c	Other, specify _____	1			
SECTION J: Predischarge counselling and care					
	Any of the practices noted	YES	NO	DK	
J 2	Any following counselling or follow up documented				
J2 a	Exclusive breastfeeding	1	0		
J2 c	newborn care	1	0		
J2 d	maternal and infant nutrition	1	0		
J11	Predischarge physical exam of baby documented				
J11 a	RR	1	0		
J11 b	Temperature	1	0		
J11 c	absence or presence of danger signs	1	0		
J11 d	Feeding status	1	0		
J11 e	Absence or presence of bleeding, discharge, a foul odor, or redness from the umbilical stump	1	0		
	Baby Discharged home with any following:				
J12 a	Fast breathing (> 60 breaths/minute), severe chest in-drawing, fever (temperature ≥ 37.5°C axillary), hypothermia (temperature < 35.5°C), yellow palms (hands) or soles (feet), convulsions, no movement or movement only on stimulation, feeding poorly or not feeding at all (No=0 if all symptoms noted and i normal range, DK=88 if RR, T or danger signs not documented)	1	0	88	
J12 b	Breastfeeding less than every 2–3 hours (day and night) (No if breastfeeding more than 2-3 hours, DK if feeding)	1	0	88	
J12 c	Weight < 2,500 g (No =weight ≥2500; 88= weight is not documented)	1	0	88	
J12 d	Has not passed urine and/or stool	1	0	88	
J12 e	Umbilical stump that is bleeding or has discharge, a foul odor, or redness around it	1	0	88	
J 13	Data collector notes: please write out any specific information recorded in the documentation that you consider to be important and is not addressed in the questionnaire.				
	END				

Tool #13: Child Outpatient Care Medical Documentation Review

Tool ID _____	Today's Date: Day ___ Month ___/2017
District/County _____	Facility ID _____ Facility Code _____
Interviewer Initials _____	

A1 Selection 1) Last 15 2m-<5yr () 2) Last 15 <2m () 3) Specific Samples ()

Q#	Question (Options)	Code		Specific samples(A2)
B 1	Date of Visit: Day _____ Month _____ Year _____			2m-<5yr
B 2	Date of Birth: Day _____ Month _____ Year _____			a) pneumonia ()
B 3	Or Age Year ___ month _____ (if age>1month) or day _____			b) diarrhea ()
B 4	Sex			C)<2months
	Male 1			1) PSBI referred ()
	Female 2			2) PSBI outpatient ()
				3) Pneum or RR>60 ()
Documentation of assessments		yes	No	Go to
B 5	Temperature	1	0	→Q#OPD6
B 5a	Specify _____ °C			
B 6	Respiratory Rate	1	0	→Q#OPD7
B 6a	Specify _____			
B 7	Weight	1	0	→Q#OPD8
B 7a	Specify _____ kg			
B 8	Height/length	1	0	→Q#OPD9
B 8a	Specify _____ cm			
B 9	Z score/MUAC	1	0	→Q#OPD10
B 9a	Specify _____ mm			
B 10	Presence or absence Danger signs/Signs of Severe Disease	1	0	→Q#OPD11
B 10a	Specify _____			
B 11	Vaccination Status	1	0	→Q#OPD14
B 12	Incomplete vaccination for age	1	0	→Q#OPD14
B 13	Referred for vaccination	1	0	
B 14	Referred to nutrition clinic	1	0	
B 15	Refferral to higher level of care	1	0	
B 17	Other Tests done/results:	Tests/results(B16)		
	_____	yes	No	Test
	_____	a 1	0	RTD mal
B 18	Diagnosis/Classification	b 1	0	Mal (+)
	_____	c 1	0	HIV testing
	_____	d 1	0	HIV (+)
B 19	Treatment (If noted stratify home or facility)	Supervisor Coding (C1)		
	_____	yes	No	Indicator
	_____	a 1	0	Severity Cl
	_____	b 1	0	IMCI Class

		c	1	0	Antib just
OPDD:	a) Malaria () b) Pneumonia () c) Diarrhea () d) any RTI () e) RTI ()	d	1	0	1st line
Diagnose	f) Cough or Cold () g) Severe Acute Malnutrition ()	e	1	0	Dosage
		f	1	0	EB treat
OPDTREAT1	a) Antibiotic () b) antimalarial () c) ORS () d) Zinc ()	g	1	0	Non-EB med

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