



0%



Banco Interamericano de Desarrollo

Salud Mesoamerica 2015 (SM2015)

Login page for health facility survey

▶ ID:

1. Date:

 (DD/MM/YYYY)

2. Interviewer ID 1

3. Interviewer ID 2

4. District ID:

- Orange Walk
- Corozal District
- Cayo District
- Other

5. Facility ID:

- Orange Walk Town / Northern Regional Hospital
- Orange Walk Town / Orange Walk Health Center (Urban)
- San Jose Village / Zenobia Meggs Health Center
- San Felipe Village / San Felipe Health Center
- August Pine Ridge Village / August Pine Ridge Health Center
- Guinea Grass Village / Guinea Grass Health Center
- Santa Martha Village / Santa Martha Health Post
- Carmelita Village / Carmelita Health Post
- Lousiana Area, Orange Walk town / Lousiana Health Post (non functioning due to infrastructure)
- Fireburn Village / Fireburn Health Post (non functioning due to infrastructure)
- San Lazaro Village / Ignacia Moguel Health Post
- San Carlos Village / San Carlos Health Post

-
- Indian Church Village / Indian Church Health Post
 - San Antonio Village / San Antonio Health Post
 - San Roman Village / San Roman Health Post
 - Orange Walk Town / Mobile Clinic
 - Corozal Town / Corozal Community Hospital
 - Corozal Town / Corozal Health Center (Urban)
 - San Narciso Village / San Narciso Health Center
 - Caledonia Village / Caledonia Health Center
 - Libertad Village / Libertad Health Center
 - Sarteneja Village / Sarteneja Health Center
 - Progreso Village / Progreso Health Center
 - Chunox Village / Chunox Health Post
 - Concepcion Village / Concepcion Health Post
 - San Joaquin Village / San Joaquin Health Post
 - Xaibe Village / Xaibe Health Post
 - Chan Chen Village / Chan Chen Health Post
 - Copper Bank Village / Copper Bank Health Post
 - San Victor Village / San Victor Health Post
 - Corozal Town / Mobile Clinic
 - Belmopan City / Western Regional Hospital
 - Belmopan City / Belmopan Health Center (Urban)
 - Valley of Peace Village / Valley of Peace
 - Cotton Tree Village / Cotton Tree Health Post
 - St Matthews Village / St Matthews Health Post
 - Franks Eddy Village / Franks Eddy Health Post
 - Santa Martha /St Margaret Village / Santa Martha Health Post (St Margaret)
 - Belmopan City / Mobile Clinic
 - San Ignacio / San Ignacio Community Hospital
 - San Ignacio / San Ignacio Health Center (Urban)
 - Benque Viejo Del Carmen / Mopan Clinic Health Center
 - Georgeville / Georgeville Health Center
 - San Antonio Village / San Antonio Health Post
 - San Ignacio / Mobile Clinic
 - Other (specify):

6. What type of medical unit is this?
(CHOOSE ONE):

- Health Clinic / Health Post / Mobile Unit
- Community Hospital
- Regional Hospital

Observation checklist

After the interview with the manager of health unit, ask to start visiting the health unit accompanied by the manager or the person he/she designates.

7. Which room / service area are you going?

- Antenatal and postnatal care room
- Delivery room
- Emergency care room
- Child health services room
- Family planning area
- Immunization room
- Vaccine supply and cold chain
- Diagnostic Imaging area
- Bio hazardous waste disposal area
- Pharmacy
- Laboratory
- General facility characteristics
- End of the survey

8. Are you sure you're ready to submit?

- Yes
- No

Pre and postnatal care

9. Ask to see where antenatal and postnatal care services are provided.

Setting characteristics:

(Select one option)

- Private room with visual and auditory privacy
- Non-private room with auditory and visual privacy
- Visual privacy only
- No privacy
- Other
- Don't provide service
- Decline to show

Please note the availability of the following supplies and equipment

10.	Observed (yes/no)	Total observed	Total working
Scale with measuring rod	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
Gynecological examination table or stretcher	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
Obstetric tape for CLAP	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
Instrument / equipment cart or stand	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
Gestogram / pregnancy wheel calculator	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>

Swan neck lamp or pelvic examination lamp or headlight	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Sphygmomanometer (tensiometer)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Stethoscope	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
IUD insertion kit	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Fetoscope (pinard stetoscope or doppler)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Oral/axillary thermometer	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Reflex hammer	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

11.	Observed (yes/no)	Total observed	Total working
Scale with measuring rod	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Gynecological examination table or stretcher	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Obstetric tape for CLAP / measuring tape	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Instrument / equipment cart or stand	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Gestogram / pregnancy wheel calculator	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Swan neck lamp or pelvic examination lamp or headlight	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Sphygmomanometer (tensiometer)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Stethoscope	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Set for IUD insertion	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Fetoscope (Pinard stetoscope or doppler)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Oral / axillary thermometer	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Reflex hammer	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

Please check availability of the following inputs:

12.	Observed (yes/no)
Perinatal maternal medical history form/card	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Perinatal maternal card	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Referral forms	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Stretcher sheets	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

- Other
- Don't provide service
- Decline to show

Note availability, condition and number of the following equipment and supplies

19.	Observed (yes/no)	Total number	Number working
IV administration kit	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Sterile fields or sheltering for a baby	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Nasogastric tube 5/8	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>

Please check availability of the following inputs

20.	Observed (yes/no)
Intravenous catheter sterile N ° 18	<input type="checkbox"/> <input type="checkbox"/>
Metallic Clamp or umbilical tape for clamping umbilical	<input type="checkbox"/> <input type="checkbox"/>

21. Ask to see the delivery bag or kit used for emergency delivery in the facility

- Observed
- Bag not seen
- Declined to show

22. Please assess the condition of the delivery room

	Yes, observed	No, not observed	Other	Decline to show
Floor is swept, no obvious dirt or waste	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Counters/tables/chairs are wiped clean, no obvious dust or waste	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Equipment, papers, and boxes are shelved and clean	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walls are reasonably clean	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

23. Check delivery room for vertical delivery bed (for indigenous/native population)

- Observed
- Not observed
- decline to show

Emergency delivery room

24. Ask to see emergency room and indicate the setting (Select one answer)

- Private room with visual and auditory privacy
- Non-private room with auditory and visual privacy
- Visual privacy only
- No privacy

- Don't provide service
- Decline to show

Record the availability, condition and number of the following equipment and supplies

25.	Observed (yes/no)	Total observed	Total number of working
Blood pressure apparatus	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Stethoscope	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Portable Doppler	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Tank of oxygen	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Adult resuscitation bag	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Neonatal resuscitation bag	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Laryngoscope	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Uterine curettage kit	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>

26.	Observed (yes/no)	Functioning
Central oxygen supply	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

27.	Observed (yes/no)	Total observed	total functioning
Pinard stethoscope	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>

Record the availability, condition and number of the following equipment and supplies

28.	Observed (yes/no)	Total observed	Total functioning
Blood pressure apparatus	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Stethoscope	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Pediatric stethoscope	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Portable Doppler	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Tank of oxygen	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Adult resuscitation bag	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Neonatal resuscitation bag	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Laryngoscope	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
MVA kit	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Equipment for	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>

anesthesia
C-section kit

▼		
---	--	--

29. Observed (yes/no) Functioning

Central oxygen supply

▼	▼
---	---

30. Observed (yes/no) Total observed Total functioning

Neonatal stethoscope

▼		
---	--	--

31. Observed (yes/no) Total observed Total functioning

Pinard stethoscope

▼		
---	--	--

Child health services room

32. Ask to see where child health services are provided and indicate the setting (Select one option)

- Private room with visual and auditory privacy
- Non-private room with auditory and visual privacy
- Visual privacy only
- No privacy
- Other
- Don't provide service
- Declined to show

Please note availability of the following supplies and equipment

33. Observed (yes/no) Total observed Total functioning

Pediatric scales	▼		
Salter Scales	▼		
Height rod	▼		
Measuring tape	▼		
Stethoscope	▼		
Pediatric stethoscope	▼		
Oto-ophthalmoscope	▼		
Hand lamp	▼		
Examination table or stretcher	▼		

34. Observed (yes/no) Total observed Total functioning

Pediatric scales	<input type="checkbox"/>	<input type="checkbox"/>		
Height rod	<input type="checkbox"/>	<input type="checkbox"/>		
Measuring tape	<input type="checkbox"/>	<input type="checkbox"/>		
Pediatric blood pressure apparatus	<input type="checkbox"/>	<input type="checkbox"/>		
Neonatal tensiometer/neonatal blood pressure apparatus	<input type="checkbox"/>	<input type="checkbox"/>		
Pediatric stethoscope	<input type="checkbox"/>	<input type="checkbox"/>		
Hand lamp	<input type="checkbox"/>	<input type="checkbox"/>		
Binaural stethoscope for newborns	<input type="checkbox"/>	<input type="checkbox"/>		
Reflex hammer	<input type="checkbox"/>	<input type="checkbox"/>		
Negatoscope	<input type="checkbox"/>	<input type="checkbox"/>		
Pantascopes	<input type="checkbox"/>	<input type="checkbox"/>		
Examination table or stretcher	<input type="checkbox"/>	<input type="checkbox"/>		
Oto-ophthalmoscope	<input type="checkbox"/>	<input type="checkbox"/>		

35. Please check availability of growth and development card

- Observed
- Not observed

36. Observed (yes/no)

Oral thermometer	<input type="checkbox"/>	<input type="checkbox"/>
Growth and development card	<input type="checkbox"/>	<input type="checkbox"/>

37. Observed (yes/no)

Oral thermometer	<input type="checkbox"/>	<input type="checkbox"/>
Axillary Thermometer	<input type="checkbox"/>	<input type="checkbox"/>

38. Observed (yes/no)

Axillary thermometer	<input type="checkbox"/>	<input type="checkbox"/>
----------------------	--------------------------	--------------------------

39. Please note that the following materials should be placed on the wall or in any visible place

	Observed	Not observed	Declined to show
Printed materials on danger signs and symptoms of children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Printed materials on child growth and child development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

40. If available, ask to see the register(s) where child service information is recorded

(Select one option).

- Observed
- Not observed
- Other (specify)
- Declined to show

Immunization room

41. Ask to see where immunization services are provided and indicate the setting (Select one answer)

- Private room with visual and auditory privacy
- Non-private room with auditory and visual privacy
- Visual privacy only
- No privacy
- Other
- Don't provide service
- Declined to show

42. Ask to see the injection equipment used during routine immunization sessions at this facility. Note the type too.

(Select all that apply)

- Observed, single use
- Observed, sterilizable
- Observed, auto-disable
- Observed, other
- Not observed
- Declined to show

43. If available, ask to see the register(s) where child immunization service information is recorded

(SELECT ONE OPTION).

- Observed
- Not observed
- Other (specify)
- Declined to show

44. Check for items required for immunization services

	Observed	Not observed	Other	Declined to show
National vaccination scheme	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Summary sheet or vaccination cards	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Cold chain

45. Please check if this health facility stores any vaccines.

(Keeping vaccines 1-2 days only for immediate use is not considered storing vaccines)

(SELECT ONE OPTION)

- Yes, stores vaccines
- Collected from another health facility before use
- No vaccines are stored
- Declined to respond

Ask to go to where vaccines are stored, and check the equipment used to store vaccines

46.	Total quantity used	Number working
	for vaccine storage	
	0=none; -2=decline to show 0=none; -2=decline to show	
Electric refrigerator	<input type="text"/>	<input type="text"/>
Kerosene refrigerator	<input type="text"/>	<input type="text"/>
Gas refrigerator	<input type="text"/>	<input type="text"/>
Solar refrigerator	<input type="text"/>	<input type="text"/>
Cold box	<input type="text"/>	<input type="text"/>

47.	Total quantity used	Number working
	NOT for vaccine storage	
	0=none; -2=decline to show 0=none; -2=decline to show	
Electric refrigerator	<input type="text"/>	<input type="text"/>
Kerosene refrigerator	<input type="text"/>	<input type="text"/>
Gas refrigerator	<input type="text"/>	<input type="text"/>
Solar refrigerator	<input type="text"/>	<input type="text"/>
Cold box	<input type="text"/>	<input type="text"/>

Ask to see thermometers and indicate the following

48.	Total quantity	Number working
	0=none; -2=decline to show 0=none; -2=decline to show	
Digital thermometers	<input type="text"/>	<input type="text"/>
Alcohol thermometers	<input type="text"/>	<input type="text"/>
Other (specify)	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

49. How far are the refrigerators from the wall?

- Less than 10 cm
- 10-30 cm
- More than 30 cm
- Don't know

Declined to show

50. Ask to see the vaccine carriers and assess their condition

- Observed, # of carriers seen:
- Reported, but not seen
- Not observed
- Other
- Declined to show

51. Ask to see the ice packs used for the vaccine carriers (set = four or five per carrier)

- Observed, one set
- Observed, two or more sets
- Number of seen
- Other
- Declined to show

Vaccine supply

52. If available, ask to see register(s) where vaccine supply information is recorded

- Register observed
- Not observed
- Other
- Declined to show
- Don't provide immunization services

Please check the area where vaccines are stored and note the following information

53. Check whether the following are available **today**:

	Observed (yes/no)
Pentavalent (includes DPT, Hib, Hepb)	<input type="text"/> ▼
Polio	<input type="text"/> ▼
MMR	<input type="text"/> ▼
Influenza	<input type="text"/> ▼
BCG	<input type="text"/> ▼
DT (Tetanus)	<input type="text"/> ▼

54. Check the following with the bin card / kardex or other record of the following vaccines:

	Bin card / kardex was observed	Bin card / kardex was NOT observed
Pentavalent (includes DPT, Hib, HepB)	<input type="radio"/>	<input type="radio"/>
Polio	<input type="radio"/>	<input type="radio"/>
MMR (Measles, mumps and rubella)	<input type="radio"/>	<input type="radio"/>

Influenza	<input type="radio"/>	<input type="radio"/>
Rotavirus	<input type="radio"/>	<input type="radio"/>
Pneumococcal conjugate	<input type="radio"/>	<input type="radio"/>
BCG	<input type="radio"/>	<input type="radio"/>

55. Observed (yes/no)

DPT [separate, not as part of the pentavalent vaccine]

Hepb [separate, not as part of the pentavalent vaccine]

Hib [separate, not as part of the pentavalent vaccine]

Please ask to see bin cards/ kardex or other registry where information about stock of inputs is recorded and note the following information.

If for any **ONE day** the facility was:

56. BCG MMR

Stocked out (or without item) in the last month

Stocked out (or without item) between the previous 1st – 2nd months

Stocked out (or without item) between the previous 2nd – 3rd months

57. Please check as to the last time that this health facility received a new supply of vaccines. This includes supplies that the health facility ordered itself, and/or supplies received as part of the routine supply system. (SELECT ONE OPTION)

- Within prior 4 weeks
- Between 4 and 12 weeks ago
- More than 12 weeks ago
- There is no routine system
- Don't know

For refrigerator #1, respond to the following questions:

58. Indicate the temperature inside the refrigerator or cold box. If more than one system/storage equipment is used, select the one where DPT-Hib is stored and check the temperature.

(SELECT ONE OPTION)

- Temperature centigrade
- Not observed
- Thermometer not functioning
- No thermometer
- Other (specify)
- Declined to show

59. Ask to see the cold-chain temperature-monitoring chart.

(SELECT ONE OPTION)

Observed

- - Not observed
 - Other
 - Declined to show
-

60. Check whether the temperature record was completed twice daily for each of the past 30 days.

(Select one option):

- Yes, completed
 - No, not completed
 - Not observed
 - Other
 - Declined to show
-

61. Please check the registry and indicate on how many days during the last 30 days the temperature was out of 2-8 C?

- Number of days
 - Not recorded
-

62. Specify what was done on the days when temperature wasn't 2-8 C?

- Specify action
 - Not recorded
-

63. Indicate whether the refrigerator or cold box is protected from direct sunlight

- Yes, protected
 - Some of them protected
 - Not protected
 - Other
 - Declined to show
-

For refrigerator #2, respond to the following questions:

64. Indicate the temperature inside the refrigerator or cold box. If more than one system/storage equipment is used, select the one where DPT-Hib is stored and check the temperature.

(SELECT ONE OPTION)

- Temperature centigrade
 - Not observed
 - Thermometer not functioning
 - No thermometer
 - Other (specify)
 - Declined to show
-

65. Ask to see the cold-chain temperature-monitoring chart.

(SELECT ONE OPTION)

- Observed

- Not observed
 - Other
 - Declined to show
-

66. Check whether the temperature record was completed twice daily for each of the past 30 days.

(Select one option):

- Yes, completed
 - No, not completed
 - Not observed
 - Other
 - Declined to show
-

67. Please check the registry and indicate on how many days during the last 30 days the temperature was out of 2-8 C?

- Number of days
 - Not recorded
-

68. Specify what was done on the days when temperature wasn't 2-8 C?

- Specify action
 - Not recorded
-

69. Indicate whether the refrigerator or cold box is protected from direct sunlight

- Yes, protected
 - Some of them protected
 - Not protected
 - Other
 - Declined to show
-

For refrigerator #3, respond to the following questions:

70. Indicate the temperature inside the refrigerator or cold box. If more than one system/storage equipment is used, select the one where DPT-Hib is stored and check the temperature.

(SELECT ONE OPTION)

- Temperature centigrade
 - Not observed
 - Thermometer not functioning
 - No thermometer
 - Other (specify)
 - Declined to show
-

71. Ask to see the cold-chain temperature-monitoring chart.

(SELECT ONE OPTION)

- Observed
- Not observed

- Other
 - Declined to show
-

72. Check whether the temperature record was completed twice daily for each of the past 30 days.

(Select one option):

- Yes, completed
 - No, not completed
 - Not observed
 - Other
 - Declined to show
-

73. Please check the registry and indicate on how many days during the last 30 days the temperature was out of 2-8 C?

- Number of days
 - Not recorded
-

74. Specify what was done on the days when temperature wasn't 2-8 C?

- Specify action
 - Not recorded
-

75. Indicate whether the refrigerator or cold box is protected from direct sunlight

- Yes, protected
 - Some of them protected
 - Not protected
 - Other
 - Declined to show
-

For refrigerator #4, respond to the following questions:

76. Indicate the temperature inside the refrigerator or cold box. If more than one system/storage equipment is used, select the one where DPT-Hib is stored and check the temperature.

(SELECT ONE OPTION)

- Temperature centigrade
 - Not observed
 - Thermometer not functioning
 - No thermometer
 - Other (specify)
 - Declined to show
-

77. Ask to see the cold-chain temperature-monitoring chart.

(SELECT ONE OPTION)

- Observed
- Not observed
- Other

Declined to show

78. Check whether the temperature record was completed twice daily for each of the past 30 days.

(Select one option):

- Yes, completed
 - No, not completed
 - Not observed
 - Other
 - Declined to show
-

79. Please check the registry and indicate on how many days during the last 30 days the temperature was out of 2-8 C?

- Number of days
 - Not recorded
-

80. Specify what was done on the days when temperature wasn't 2-8 C?

- Specify action
 - Not recorded
-

81. Indicate whether the refrigerator or cold box is protected from direct sunlight

- Yes, protected
 - Some of them protected
 - Not protected
 - Other
 - Declined to show
-

For refrigerator #5, respond to the following questions:

82. Indicate the temperature inside the refrigerator or cold box. If more than one system/storage equipment is used, select the one where DPT-Hib is stored and check the temperature.

(SELECT ONE OPTION)

- Temperature centigrade
 - Not observed
 - Thermometer not functioning
 - No thermometer
 - Other (specify)
 - Declined to show
-

83. Ask to see the cold-chain temperature-monitoring chart.

(SELECT ONE OPTION)

- Observed
 - Not observed
 - Other
 - Declined to show
-

84. Check whether the temperature record was completed twice daily for each of the past 30 days.

(Select one option):

- Yes, completed
 - No, not completed
 - Not observed
 - Other
 - Declined to show
-

85. Please check the registry and indicate on how many days during the last 30 days the temperature was out of 2-8 C?

- Number of days
 - Not recorded
-

86. Specify what was done on the days when temperature wasn't 2-8 C?

- Specify action
 - Not recorded
-

87. Indicate whether the refrigerator or cold box is protected from direct sunlight

- Yes, protected
 - Some of them protected
 - Not protected
 - Other
 - Declined to show
-

For refrigerator #6, respond to the following questions:

88. Indicate the temperature inside the refrigerator or cold box. If more than one system/storage equipment is used, select the one where DPT-Hib is stored and check the temperature.

(SELECT ONE OPTION)

- Temperature centigrade
 - Not observed
 - Thermometer not functioning
 - No thermometer
 - Other (specify)
 - Declined to show
-

89. Ask to see the cold-chain temperature-monitoring chart.

(SELECT ONE OPTION)

- Observed
 - Not observed
 - Other
 - Declined to show
-

90. Check whether the temperature record was completed twice daily for each of the past 30 days.

(Select one option):

- Yes, completed
 - No, not completed
 - Not observed
 - Other
 - Declined to show
-

91. Please check the registry and indicate on how many days during the last 30 days the temperature was out of 2-8 C?

- Number of days
 - Not recorded
-

92. Specify what was done on the days when temperature wasn't 2-8 C?

- Specify action
 - Not recorded
-

93. Indicate whether the refrigerator or cold box is protected from direct sunlight

- Yes, protected
 - Some of them protected
 - Not protected
 - Other
 - Declined to show
-

For refrigerator #7, respond to the following questions:

94. Indicate the temperature inside the refrigerator or cold box. If more than one system/storage equipment is used, select the one where DPT-Hib is stored and check the temperature.

(SELECT ONE OPTION)

- Temperature centigrade
 - Not observed
 - Thermometer not functioning
 - No thermometer
 - Other (specify)
 - Declined to show
-

95. Ask to see the cold-chain temperature-monitoring chart.

(SELECT ONE OPTION)

- Observed
 - Not observed
 - Other
 - Declined to show
-

96. Check whether the temperature record was completed twice daily for each of the past 30 days.

(Select one option):

- Yes, completed
 - No, not completed
 - Not observed
 - Other
 - Declined to show
-

97. Please check the registry and indicate on how many days during the last 30 days the temperature was out of 2-8 C?

- Number of days
 - Not recorded
-

98. Specify what was done on the days when temperature wasn't 2-8 C?

- Specify action
 - Not recorded
-

99. Indicate whether the refrigerator or cold box is protected from direct sunlight

- Yes, protected
 - Some of them protected
 - Not protected
 - Other
 - Declined to show
-

For refrigerator #8, respond to the following questions:

100. Indicate the temperature inside the refrigerator or cold box. If more than one system/storage equipment is used, select the one where DPT-Hib is stored and check the temperature.

(SELECT ONE OPTION)

- Temperature centigrade
 - Not observed
 - Thermometer not functioning
 - No thermometer
 - Other (specify)
 - Declined to show
-

101. Ask to see the cold-chain temperature-monitoring chart.

(SELECT ONE OPTION)

- Observed
 - Not observed
 - Other
 - Declined to show
-

102. Check whether the temperature record was completed twice daily for each of the past 30 days.

(Select one option):

- Yes, completed
 - No, not completed
 - Not observed
 - Other
 - Declined to show
-

103. Please check the registry and indicate on how many days during the last 30 days the temperature was out of 2-8 C?

- Number of days
 - Not recorded
-

104. Specify what was done on the days when temperature wasn't 2-8 C?

- Specify action
 - Not recorded
-

105. Indicate whether the refrigerator or cold box is protected from direct sunlight

- Yes, protected
 - Some of them protected
 - Not protected
 - Other
 - Declined to show
-

For refrigerator #9, respond to the following questions:

106. Indicate the temperature inside the refrigerator or cold box. If more than one system/storage equipment is used, select the one where DPT-Hib is stored and check the temperature.

(SELECT ONE OPTION)

- Temperature centigrade
 - Not observed
 - Thermometer not functioning
 - No thermometer
 - Other (specify)
 - Declined to show
-

107. Ask to see the cold-chain temperature-monitoring chart.

(SELECT ONE OPTION)

- Observed

- Not observed
 - Other
 - Declined to show
-

108. Check whether the temperature record was completed twice daily for each of the past 30 days.

(Select one option):

- Yes, completed
 - No, not completed
 - Not observed
 - Other
 - Declined to show
-

109. Please check the registry and indicate on how many days during the last 30 days the temperature was out of 2-8 C?

- Number of days
 - Not recorded
-

110. Specify what was done on the days when temperature wasn't 2-8 C?

- Specify action
 - Not recorded
-

111. Indicate whether the refrigerator or cold box is protected from direct sunlight

- Yes, protected
 - Some of them protected
 - Not protected
 - Other
 - Declined to show
-

For refrigerator #10, respond to the following questions:

112. Indicate the temperature inside the refrigerator or cold box. If more than one system/storage equipment is used, select the one where DPT-Hib is stored and check the temperature.

(SELECT ONE OPTION)

- Temperature centigrade
 - Not observed
 - Thermometer not functioning
 - No thermometer
 - Other (specify)
 - Declined to show
-

113. Ask to see the cold-chain temperature-monitoring chart.

(SELECT ONE OPTION)

- Observed
- Not observed

- Other
 - Declined to show
-

114. Check whether the temperature record was completed twice daily for each of the past 30 days.

(Select one option):

- Yes, completed
 - No, not completed
 - Not observed
 - Other
 - Declined to show
-

115. Please check the registry and indicate on how many days during the last 30 days the temperature was out of 2-8 C?

- Number of days
 - Not recorded
-

116. Specify what was done on the days when temperature wasn't 2-8 C?

- Specify action
 - Not recorded
-

117. Indicate whether the refrigerator or cold box is protected from direct sunlight

- Yes, protected
 - Some of them protected
 - Not protected
 - Other
 - Declined to show
-

Family planning room

118. Ask to see where counseling for family planning is provided and indicate the setting. (SELECT ONE OPTION):

- Private room with visual and auditory privacy
 - Non-private room with auditory and visual privacy
 - Visual privacy only
 - No privacy
 - Other
 - Don't provide service
 - Declined to show
-

119. Please check whether any contraceptive methods are stored in this facility. (SELECT ALL THAT APPLY)

- Yes, in family planning (FP) service area
- Yes, in pharmacy or other site
- Yes, area locked, no access
- No
- Don't know



120. Please check whether contraceptive supplies are stored in the same location as other medicines.

(SELECT ONE OPTION)

- Yes
 No
 Don't know

121.	Observed (yes/no)	Total observed
IUD insertion kit	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>
Surgical equipment for bilateral tubal ligation	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>
Surgical equipment for vasectomy	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>

Record the availability of the following equipment

122.	Observed (yes/no)
Male condom	<input type="checkbox"/> <input type="checkbox"/>
Female condom	<input type="checkbox"/> <input type="checkbox"/>
Combined oral pill (e.g. microgynon)	<input type="checkbox"/> <input type="checkbox"/>
Progestin-only pill	<input type="checkbox"/> <input type="checkbox"/>
Combined injectable (with estrogen) (1 monthly)	<input type="checkbox"/> <input type="checkbox"/>
Progestin-only injectable (2 or 3 monthly)	<input type="checkbox"/> <input type="checkbox"/>
Emergency contraceptive pill	<input type="checkbox"/> <input type="checkbox"/>
Spermicides	<input type="checkbox"/> <input type="checkbox"/>
Diaphragm	<input type="checkbox"/> <input type="checkbox"/>
Intrauterine device	<input type="checkbox"/> <input type="checkbox"/>
Other (specify): <input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>

123.	Observed (yes/no)
Male condom	<input type="checkbox"/> <input type="checkbox"/>
Female condom	<input type="checkbox"/> <input type="checkbox"/>
Combined oral pill (e.g. microgynon)	<input type="checkbox"/> <input type="checkbox"/>
Progestin-only pill	<input type="checkbox"/> <input type="checkbox"/>
Combined injectable (with estrogen) (1 monthly)	<input type="checkbox"/> <input type="checkbox"/>
Progestin-only injectable (2 or 3 monthly)	<input type="checkbox"/> <input type="checkbox"/>
Emergency contraceptive pill	<input type="checkbox"/> <input type="checkbox"/>
Intrauterine device	<input type="checkbox"/> <input type="checkbox"/>
Implant(e.g. 6 rod,1 rod, implanon, jadelle, norplant)	<input type="checkbox"/> <input type="checkbox"/>
Spermicides	<input type="checkbox"/> <input type="checkbox"/>

Intrauterine device	<input type="radio"/>	<input type="radio"/>
IUD insertion kit	<input type="radio"/>	<input type="radio"/>

137. Please check as to the last time this health facility received a new supply of contraceptives. This includes supplies that the health facility ordered and/or supplies provided as part of a routine supply system.

(SELECT ONE OPTION).

- Within prior 4 weeks
- Between 4 and 12 weeks ago
- More than 12 weeks ago
- There is no routine supply system
- Don't know

138. If available, ask to see register(s) where information about counseling on family planning is recorded.

- Observed
- Not observed
- Other (specify)
- Declined to show

139. Please ask to see the outreach family planning services/family planning mobile clinic registry and check how frequently family planning outreach services are offered at this facility.

(SELECT ONE OPTION)

- Yes, number of days in the last month:
- Yes, number of days in last three months:
- No outreach service
- Don't know
- Decline to respond

140. Note the availability of the following protocols and teaching materials

(Select one in each)	Observed	Not observed	Declined to show
Any guideline or protocol on family planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Guidelines on the syndromic approach for STIs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other guidelines or protocols for diagnosing or treating STIs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

141. Ask to see the following types of information booklets or pamphlets for clients to take home.

Observed	Not observed	Declined to show
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Printed materials on hygiene	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Printed materials on nutrition counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Printed materials on danger signs and symptoms of sick children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Printed materials on child growth and child development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Printed materials on breastfeeding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Posters on family planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Posters for general awareness of STIs or HIV/AIDS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

142. Ask to see the following counseling materials on family planning

	Observed	Not observed	Decline to show
Anatomical models	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Flip charts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Brochures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tapes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Videos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

143. Please check the availability of the following educational materials specifically targeted at adolescents:

	Observed	Not observed	Decline to respond
Educational materials on menstrual period	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reproductive life plan worksheet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual and Reproductive Health Passport	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teen Parent Brochure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educational materials on sex for teens	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Contraceptives for adolescents flip chart	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thinking of having a baby? 10 reasons not to (brochure)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community-based Adolescent Sexual and Reproductive Health Programme (brochure)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
S & RH: Don't want to get pregnant right now?			

Birth Control (flyer)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having Sex? Things you need to know now (flyer)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Growing up? It's a normal part of life (Puberty - flyer)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seek help from your CHW (poster)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

144. Please check the availability of the following educational materials specifically targeted at adolescents:

	Observed (yes/no)
5 P Checklist (as within a manual)	<input type="checkbox"/> <input type="checkbox"/>
COC Fact Sheet / "What you need to know about birth control"	<input type="checkbox"/> <input type="checkbox"/>
Checklist for Contraception / Job Aid tool	<input type="checkbox"/> <input type="checkbox"/>
DEPO Fact Sheet	<input type="checkbox"/> <input type="checkbox"/>
Protect yourself / "Use a condom the right way every time you have sex" (poster)	<input type="checkbox"/> <input type="checkbox"/>
Dual Protection	<input type="checkbox"/> <input type="checkbox"/>
"What you need to Know about Birth Control" - Preventing unwanted pregnancies (brochure)	<input type="checkbox"/> <input type="checkbox"/>
STI's - Herpes (flyer)	<input type="checkbox"/> <input type="checkbox"/>
STI's - Gonorrhea (flyer)	<input type="checkbox"/> <input type="checkbox"/>
STI's - Genital Warts (flyer)	<input type="checkbox"/> <input type="checkbox"/>
HIV/AIDS (flyer)	<input type="checkbox"/> <input type="checkbox"/>
"Abstain or use modern contraceptive method" (poster)	<input type="checkbox"/> <input type="checkbox"/>
Wheel Criteria	<input type="checkbox"/> <input type="checkbox"/>

Diagnostic imaging area

145. Ask to see the diagnostic imaging area.
SELECT ONE OPTION

- Area or private office, with visual and auditory privacy
- Area or private office, without visual or auditory privacy
- Only area with visual privacy
- No private area
- Don't provide service
- Declined to show

146.

Please note the availability and number of the following equipment and supplies.

(SELECT ONE RESPONSE FOR EACH QUESTION)	Observed number	Not observed	Declined to show

Doppler ultrasound to detect fetal heartbeat	<input type="radio"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>
X-ray	<input type="radio"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>
Ultrasound equipment	<input type="radio"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>
Portable ultrasound	<input type="radio"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>

147.

Please note working condition of the following items:

	Yes, it works	Not working	Don't know
Doppler ultrasound to detect fetal heartbeat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
X-ray	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ultrasound equipment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Portable ultrasound	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Pharmacy

148.

Observed (Yes/No)

Multivitamin	<input type="checkbox"/> <input type="checkbox"/>
Folic Acid	<input type="checkbox"/> <input type="checkbox"/>
Iron	<input type="checkbox"/> <input type="checkbox"/>
Nitrofurantoin	<input type="checkbox"/> <input type="checkbox"/>
Cefalexin	<input type="checkbox"/> <input type="checkbox"/>
Ayre palettes (for consideration of cervical cytology) / swabs	<input type="checkbox"/> <input type="checkbox"/>
PAP Smear slides	<input type="checkbox"/> <input type="checkbox"/>

149.

Observed (Yes/No)

Multivitamin	<input type="checkbox"/> <input type="checkbox"/>
Folic Acid	<input type="checkbox"/> <input type="checkbox"/>
Iron	<input type="checkbox"/> <input type="checkbox"/>
Nitrofurantoin	<input type="checkbox"/> <input type="checkbox"/>
Cefalexin	<input type="checkbox"/> <input type="checkbox"/>
Ayre palettes (for consideration of cervical cytology) / swabs	<input type="checkbox"/> <input type="checkbox"/>
PAP Smear slides	<input type="checkbox"/> <input type="checkbox"/>

150.

Observed (Yes/No)

Multivitamin	<input type="checkbox"/> <input type="checkbox"/>
Folic Acid	<input type="checkbox"/> <input type="checkbox"/>

Iron	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Nitrofurantoin	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Cefalexin	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Ayre palettes (for consideration of cervical cytology) / swabs	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
PAP Smear slides	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

151. For the following medicines, check to see if the Bin card/Kardex was observed:

	Bin card/Kardex was observed	Bin card/Kardex was NOT observed
Multivitamin	<input type="radio"/>	<input type="radio"/>
Nitrofurantoin	<input type="radio"/>	<input type="radio"/>
Cefalexin	<input type="radio"/>	<input type="radio"/>
Ayre palettes (for consideration of cervical cytology) / swabs	<input type="radio"/>	<input type="radio"/>
Iron	<input type="radio"/>	<input type="radio"/>
Folic acid	<input type="radio"/>	<input type="radio"/>

Please check the bin card/kardex/BHIS or other record to determine whether for **any single day**, the facility had stocked out of the following:

152. Multivitamin

Stocked out (or without item) in the last month

Stocked out (or without item) between the previous 1st – 2nd months

Stocked out (or without item) between the previous 2nd – 3rd months

153. Folic acid

Stocked out (or without item) in the last month

Stocked out (or without item) between the previous 1st – 2nd months

Stocked out (or without item) between the previous 2nd – 3rd months

154. Iron

Stocked out (or without item) in the last month

Stocked out (or without item) between the previous 1st – 2nd months

Stocked out (or without item) between the previous 2nd - 3rd months

155. Tetanus

Stocked out (or without item) in the last month

Stocked out (or without item) between the previous 1st – 2nd months

175. Observed (Yes/No)

Packet /envelopes of oral rehydration salt	<input type="checkbox"/> <input type="checkbox"/>
Ferrous sulfate drops	<input type="checkbox"/> <input type="checkbox"/>
Zinc sulfate	<input type="checkbox"/> <input type="checkbox"/>
Zinc gluconate	<input type="checkbox"/> <input type="checkbox"/>
Albendazol	<input type="checkbox"/> <input type="checkbox"/>
Mebendazol	<input type="checkbox"/> <input type="checkbox"/>
Benzathine penicillin	<input type="checkbox"/> <input type="checkbox"/>
Erythromycin	<input type="checkbox"/> <input type="checkbox"/>
Trimetropin sulfa	<input type="checkbox"/> <input type="checkbox"/>
Azitromicin	<input type="checkbox"/> <input type="checkbox"/>
IV set	<input type="checkbox"/> <input type="checkbox"/>
Ringer lactate/hartman/saline solution	<input type="checkbox"/> <input type="checkbox"/>

176.

	Bin card/Kardex was observed	Bin card/Kardex was not observed
Sachets of oral rehydration salt	<input type="radio"/>	<input type="radio"/>
Ferrous sulfate drops	<input type="radio"/>	<input type="radio"/>
Sulfate of Zinc	<input type="radio"/>	<input type="radio"/>
Gluconate of zinc	<input type="radio"/>	<input type="radio"/>
Albendazol	<input type="radio"/>	<input type="radio"/>
Mebendazol	<input type="radio"/>	<input type="radio"/>
Benzathine penicillin	<input type="radio"/>	<input type="radio"/>
Erythromycin	<input type="radio"/>	<input type="radio"/>
Trimetropin sulfa	<input type="radio"/>	<input type="radio"/>
Azitromicin	<input type="radio"/>	<input type="radio"/>
Ringer lactate/hartman/saline solution	<input type="radio"/>	<input type="radio"/>
IV Set	<input type="radio"/>	<input type="radio"/>
Amoxicillin	<input type="radio"/>	<input type="radio"/>

177.

Sachets of oral rehydration salt

Chloramphenicol	<input type="checkbox"/>	▼
Cefotaxime	<input type="checkbox"/>	▼
Ceftriaxone	<input type="checkbox"/>	▼
Gentamicin ampules 80 mg	<input type="checkbox"/>	▼
Magnesium sulfate	<input type="checkbox"/>	▼
Hydralazine amp 20 mg	<input type="checkbox"/>	▼
Diazepam	<input type="checkbox"/>	▼
Calcium gluconate	<input type="checkbox"/>	▼
Oxytocin 5 I.U/ 10 IU	<input type="checkbox"/>	▼
Ergometrine	<input type="checkbox"/>	▼

213. Observed? (Yes/No)

Dexametazon	<input type="checkbox"/>	▼
Betamethasone	<input type="checkbox"/>	▼
Amikacin Sulfate 100mg	<input type="checkbox"/>	▼
Atropine	<input type="checkbox"/>	▼
Epinephrine	<input type="checkbox"/>	▼
IV ampicillin	<input type="checkbox"/>	▼
Penicillin crystals	<input type="checkbox"/>	▼
Amoxicillin	<input type="checkbox"/>	▼
Ceftriaxona 1gr IV	<input type="checkbox"/>	▼
Chloramphenicol	<input type="checkbox"/>	▼
Metronidazole 500 mg IV	<input type="checkbox"/>	▼
Magnesium sulfate	<input type="checkbox"/>	▼
Hydralazine amp 20 mg	<input type="checkbox"/>	▼
Hydralazine chloride 20 mg IM-IV	<input type="checkbox"/>	▼
Nifedipine	<input type="checkbox"/>	▼
Furosemide	<input type="checkbox"/>	▼
Diazepam	<input type="checkbox"/>	▼
Midazolam Chloride 5mg/5ml	<input type="checkbox"/>	▼
Sevoflurane	<input type="checkbox"/>	▼
Suxamethonium Chloride	<input type="checkbox"/>	▼
Ergometrine	<input type="checkbox"/>	▼
Oxytocin 5 I.U/ 10 IU	<input type="checkbox"/>	▼
Isoflurane	<input type="checkbox"/>	▼

214.

Bin card/ kardex was not
observed

Bin card / kardex was
observed

Dexametazon	<input type="radio"/>	<input type="radio"/>
Betamethasone	<input type="radio"/>	<input type="radio"/>
Atropine	<input type="radio"/>	<input type="radio"/>
Epinephrine	<input type="radio"/>	<input type="radio"/>
Penicillin crystals	<input type="radio"/>	<input type="radio"/>
IV ampicillin 1 gr	<input type="radio"/>	<input type="radio"/>
Amoxicillin	<input type="radio"/>	<input type="radio"/>
Benzathine penicillin	<input type="radio"/>	<input type="radio"/>
Doxycycline 100mg	<input type="radio"/>	<input type="radio"/>
Clindamycin	<input type="radio"/>	<input type="radio"/>
Amikacin	<input type="radio"/>	<input type="radio"/>
Chloramphenicol	<input type="radio"/>	<input type="radio"/>
Isoflurane	<input type="radio"/>	<input type="radio"/>
Cefotaxime	<input type="radio"/>	<input type="radio"/>
Gentamicin ampules 80 mg	<input type="radio"/>	<input type="radio"/>
Magnesium sulfate	<input type="radio"/>	<input type="radio"/>
Hydralazine amp 20 mg	<input type="radio"/>	<input type="radio"/>
Diazepam	<input type="radio"/>	<input type="radio"/>
Calcium gluconate	<input type="radio"/>	<input type="radio"/>
Ergometrine	<input type="radio"/>	<input type="radio"/>
Metronidazole 500 mg IV	<input type="radio"/>	<input type="radio"/>
Hydralazine amp 20 mg	<input type="radio"/>	<input type="radio"/>
Nifedipine	<input type="radio"/>	<input type="radio"/>
Furosemide	<input type="radio"/>	<input type="radio"/>
Sevoflurane 100% 250ml	<input type="radio"/>	<input type="radio"/>
Suxamethonium Chloride	<input type="radio"/>	<input type="radio"/>

Stocked out (or without item) between the previous 1st
- 2nd months

Stocked out (or without item) between the previous 2nd
- 3rd months

223. Doxycycline

Stocked out (or without item) in the last month

Stocked out (or without item) between the previous 1st - 2nd months

Stocked out (or without item) between the previous 1st - 2nd months

224. Clindamycin

Stocked out (or without item) in the last month

Stocked out (or without item) between the previous 1st - 2nd months

Stocked out (or without item) between the previous 2nd - 3rd months

225. Amikacin

Stocked out (or without item) in the last month

Stocked out (or without item) between the previous 1st - 2nd months

Stocked out (or without item) between the previous 2nd - 3rd months

226. Chloramphenicol

Stocked out (or without item) in the last month

Stocked out (or without item) between the previous 1st - 2nd months

Stocked out (or without item) between the previous 2nd - 3rd months

227. Cefotaxime

Stocked out (or without item) in the last month

Stocked out (or without item) between the previous 1st - 2nd months

Stocked out (or without item) between the previous 2nd - 3rd months

228. Gentamicin ampules 80
mg

Stocked out (or without item) in the last month

Stocked out (or without item) between the previous 1st - 2nd
months

Stocked out (or without item) between the previous 2nd - 3rd
months

229. Magnesium sulfate

Stocked out (or without item) in the last month

Stocked out (or without item) between the previous 1st - 2nd months

Stocked out (or without item) between the previous 2nd - 3rd months

238. Amikacin Sulfate 100 mg

Stocked out (or without item) in the last month

Stocked out (or without item) between the previous 1st – 2nd months

Stocked out (or without item) between the previous 2nd – 3rd months

239. Atropine

Stocked out (or without item) in the last month

Stocked out (or without item) between the previous 1st – 2nd months

Stocked out (or without item) between the previous 2nd – 3rd months

240. Epinephrine

Stocked out (or without item) in the last month

Stocked out (or without item) between the previous 1st – 2nd months

Stocked out (or without item) between the previous 2nd – 3rd months

241. IV ampicillin

Stocked out (or without item) in the last month

Stocked out (or without item) between the previous 1st – 2nd months

Stocked out (or without item) between the previous 2nd – 3rd months

242. Penicillin crystals

Stocked out (or without item) in the last month

Stocked out (or without item) between the previous 1st – 2nd months

Stocked out (or without item) between the previous 2nd – 3rd months

243. Amoxicillin

Stocked out (or without item) in the last month

Stocked out (or without item) between the previous 1st – 2nd months

Stocked out (or without item) between the previous 2nd – 3rd months

244. Ceftriaxone 1gr IV

Stocked out (or without item) in the last month

Stocked out (or without item) between the previous 1st – 2nd months

Stocked out (or without item) between the previous 2nd – 3rd months

245. Chloramphenicol

Stocked out (or without item) in the last month

Stocked out (or without item) between the previous 1st – 2nd months

Stocked out (or without item) between the previous 2nd – 3rd months

	<input type="text"/>	<input type="text"/>
246.	Metronidazole	
Stocked out (or without item) in the last month	<input type="text"/>	<input type="text"/>
Stocked out (or without item) between the previous 1st – 2nd months	<input type="text"/>	<input type="text"/>
Stocked out (or without item) between the previous 2nd – 3rd months	<input type="text"/>	<input type="text"/>
247.	Magnesium sulfate	
Stocked out (or without item) in the last month	<input type="text"/>	<input type="text"/>
Stocked out (or without item) between the previous 1st – 2nd months	<input type="text"/>	<input type="text"/>
Stocked out (or without item) between the previous 2nd – 3rd months	<input type="text"/>	<input type="text"/>
248.	Hydralazine ampule 20 mg	
Stocked out (or without item) in the last month	<input type="text"/>	<input type="text"/>
Stocked out (or without item) between the previous 1st – 2nd months	<input type="text"/>	<input type="text"/>
Stocked out (or without item) between the previous 2nd – 3rd months	<input type="text"/>	<input type="text"/>
249.	Hydralazine Chloride	
Stocked out (or without item) in the last month	<input type="text"/>	<input type="text"/>
Stocked out (or without item) between the previous 1st – 2nd months	<input type="text"/>	<input type="text"/>
Stocked out (or without item) between the previous 2nd – 3rd months	<input type="text"/>	<input type="text"/>
250.	Nifedipine	
Stocked out (or without item) in the last month	<input type="text"/>	<input type="text"/>
Stocked out (or without item) between the previous 1st – 2nd months	<input type="text"/>	<input type="text"/>
Stocked out (or without item) between the previous 2nd – 3rd months	<input type="text"/>	<input type="text"/>
251.	Furosemide	
Stocked out (or without item) in the last month	<input type="text"/>	<input type="text"/>
Stocked out (or without item) between the previous 1st – 2nd months	<input type="text"/>	<input type="text"/>
Stocked out (or without item) between the previous 2nd – 3rd months	<input type="text"/>	<input type="text"/>
252.	Diazepam	
Stocked out (or without item) in the last month	<input type="text"/>	<input type="text"/>
Stocked out (or without item) between the previous 1st – 2nd months	<input type="text"/>	<input type="text"/>
Stocked out (or without item) between the previous 2nd – 3rd months	<input type="text"/>	<input type="text"/>
253.	Sevoflurane	
Stocked out (or without item) in the last month	<input type="text"/>	<input type="text"/>

Stocked out (or without item) between the previous 1st – 2nd months

Stocked out (or without item) between the previous 2nd – 3rd months

254.

Suxamethonium
Chloride

Stocked out (or without item) in the last month

Stocked out (or without item) between the previous 1st – 2nd months

Stocked out (or without item) between the previous 2nd – 3rd months

255.

Ergometrine

Stocked out (or without item) in the last month

Stocked out (or without item) between the previous 1st – 2nd months

Stocked out (or without item) between the previous 2nd – 3rd months

256.

Oxytocin

Stocked out (or without item) in the last month

Stocked out (or without item) between the previous 1st – 2nd months

Stocked out (or without item) between the previous 2nd – 3rd months

257.

Isoflurane

Stocked out (or without item) in the last month

Stocked out (or without item) between the previous 1st – 2nd months

Stocked out (or without item) between the previous 2nd – 3rd months

Laboratory services

258. Ask to see where laboratory analysis is performed and indicate the setting:

(Select one option)

- Private room with visual and auditory privacy
- Private room with visual and auditory privacy
- Visual privacy only
- No privacy
- Other
- Don't provide service
- Decline to show

259. Note availability and condition of the following equipment and supplies

Observed (yes/no)

Rapid syphilis test's kit

Rapid HIV/AIDS test's kit

Urine protein strips

- Blood glucose strip
- Hemocue
- Microcuvettes
- Pregnancy test kit

260. Please ask to see bin cards, cardex or other registry where information about stock of inputs for Rapid HIV/AIDS test's kit is recorded and note the following information:

- | | |
|---|---|
| | Observed
(yes/no) |
| Stocked out (or without item) in the last month | <input type="checkbox"/> <input type="checkbox"/> |
| Stocked out (or without item) between the previous 1st – 2nd months | <input type="checkbox"/> <input type="checkbox"/> |
| Stocked out (or without item) between the previous 2nd – 3rd months | <input type="checkbox"/> <input type="checkbox"/> |

261. Observed (yes/no)

- Dark field microscope
- Equipment for enzyme immunoassay
- Fluorescence Microscope
- Urinalysis equipment
- Glucose meter
- Automated cell counter

262. Ask to see the following reagents and note availability

	Observed	Not observed
Potassium ferricyanide	○	○
Syphilis antigen	○	○
HIV/AIDS antigen	○	○
Cyanmethemoglobin	○	○
Anticoagulants	○	○
Blood group antibodies	○	○
Rh antibodies	○	○

Please ask to see cardex / registry where information about stock of inputs is recorded and note the following information

- Not working
 Don't know
-

272. Do you have fuel for emergency generator?

- Yes
 No
 Don't know
-

Please check if the following are available.

273. Computer

 

274. Printer

 

275. Network connection

 

Please check if the following are available **in the maternity ward**.

276. Computer

 

277. Printer

 

278. Network connection

 

Please check if the following are available **in the Family and Community Health Department (maternal and child health unit)**.

279. Computer

 

280. Printer

 

281. Network connection

 

According to our records, one or more of the areas indicated below have not been completed. If this facility does not provide a service listed below, please select the room or area to return to and indicate that those services are not provided.

Select the area below where you would like to continue the observation.

282. Select the area where you will conduct the observation

- Antenatal and postnatal care
- Delivery room
- Emergency care area
- Child care area
- Vaccine Area
- Vaccine storgae Area
- Family planning area
- Diagnostic imaging area
- Pharmacy Area
- Laboratory Area
- General Conditions
- The End of the survey

283. Enter relevant comments about this section

(Please continue to add comments, if necessary, at the end of each section)

You've reached the end of this part of the survey.

Please click the button 'Submit' to send your responses and close the survey. You may not revise any of the responses after submitting the survey.

If you think you have reached this page by error, please click on 'Previous' and revise your responses as necessary.

Thank you for your time today.

Powered by DatStat