

MATERNAL AND NEWBORN QUALITY OF CARE FACILITY ASSESSMENT
Health Worker Line Listing

Cover Page

C1: Facility name	C2: Facility number
C3: Observer number	C4: Today's date (day/month/year)

FIND THE FACILITY DIRECTOR OR IN-CHARGE.

READ ORAL CONSENT SCRIPT TO FACILITY DIRECTOR OR IN-CHARGE.

[insert text of consent script here]

C5: Ask Facility Director/In-charge Do I have your agreement to proceed?

Yes, consent is given → go to C6

No, consent is not given → assessment at this facility must END.

C6: Name of Director/In-charge or initials

ASK DIRECTOR/IN-CHARGE FOR THE NAME (OR INITIALS FOR PRIVACY) OF EACH HEALTH WORKER IN THE FACILITY THAT PROVIDES SERVICES TO MOTHERS AND NEWBORNS. FOR EACH HEALTH WORKER, ASK FOR THEIR PROFESSIONAL QUALIFICATION, WHICH SERVICES THEY PROVIDE AT THE FACILITY, AND WHETHER THEY ARE PRESENT TODAY. CHOOSE THE APPROPRIATE HEALTH WORKER QUALIFICATION CODE FROM THE LIST AT THE TOP OF THE PAGE.

WHEN THE HEALTH WORKER LINE LISTING IS COMPLETED, EACH OBSERVER SHOULD COPY THIS FORM SO THAT THEY CAN RECORD THE APPROPRIATE HEALTH WORKER LINE NUMBER DURING THEIR OBSERVATIONS (QUESTION 6 ON COVER PAGE).

MATERNAL AND NEWBORN QUALITY OF CARE FACILITY ASSESSMENT

Health Worker Line Listing

Health Worker Qualification	Category Code	Health Worker Qualification	Category Code
Category 1	1		6
Category 2	2		7
	3		8
	4		9
	5	Category 10	10

Health Worker Line Number	Health Worker Name or Initials	Qualification (use category codes above)	Performs ANC?	Performs Deliveries?	Performs PNC?	Present Today?
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						

MATERNAL AND NEWBORN QUALITY OF CARE FACILITY ASSESSMENT

Health Worker Line Listing

Health Worker Line Number	Health Worker Name or Initials	Qualification (use category codes above)	Performs ANC?	Performs Deliveries?	Performs PNC?	Present Today?
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						

MATERNAL AND NEWBORN QUALITY OF CARE FACILITY ASSESSMENT

Health Worker Line Listing

Health Worker Line Number	Health Worker Name or Initials	Qualification (use category codes above)	Performs ANC?	Performs Deliveries?	Performs PNC?	Present Today?
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
51						
52						
53						
54						
55						
56						

Health Worker Qualification	Category Code	Health Worker Qualification	Category Code
Category 1	1		6
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