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MCHIP Maternal and Child Health Integrated Program

Facility Assessment of Newborn Care

Data Collector's Instruction Manual

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List of Acronyms

Overview

Introduction

The Manual lays out a methodology for monitoring the functioning of the health system in providing Newborn Care, using a set of indicators to determine availability, use, and quality of this care.

Objectives of the Newborn Care Needs Assessment

The Newborn Care Needs Assessment will determine the existing capacity of health facilities to provide necessary care to pregnant women for delivery and their newborns for services for all newborns born at the facilities and when complications occur.

The general objectives are to:

- Establish a baseline useful in realizing a national plan of action (e.g., the Road Map for Accelerating the Attainment of the MDGs related to maternal and newborn health, if applicable); and
- Guide policy, planning, and prioritization to strengthen the health system using Newborn Care as a point of entry.

The specific objectives are to:

- Measure the availability of infrastructure;
- Establish a baseline for monitoring the availability, geographic distribution, level of utilization, and quality of Newborn Care (using the Newborn Care Indicators) that will be linked to the Health Management Information System (HMIS);
- Understand the policy environment for training health workers in newborn care practices;
- Determine the availability of essential drugs, equipment, and supplies for Newborn Care;
- Determine the availability of health workers who perform the Newborn Care Signal Functions;
- Measure knowledge and competency levels of health workers regarding newborn care;
- Provide information on any other topic relevant to the fulfillment of the stated general objectives.

Methodology

Overview

Needs Assessments are implemented as a census (or sample) of public and private hospitals and health centers throughout the country. The Newborn Care Needs Assessment data collection instruments are composed of nine Parts (Parts 1-9) which are described in detail below. The Parts will be administered by data collection teams who will visit each health facility in their assigned area/region. The Needs Assessment has a cross-Partal study design. It will give a picture of the current conditions in each facility. When information from all facilities is aggregated, the current conditions in the district/state as a whole will emerge.

Members of the data collection teams will be trained on the specifics of the Needs Assessment Parts to ensure a common understanding and interpretation. The training will last two days and will cover:

- Introduction and rationale for the Newborn Care Needs Assessment Parts;
- Discussion of methodology, ethics, and appropriate behavior;
- Training on key skills for data collection including interviewing, observation, and data collection and extraction;
- Activities and exercises to allow practice and reinforcement of key skills;
- Training on and practice in administration of each Part;
- Field practice in facilities and feedback on the field experience;
- Pre- and post-training assessment of data collectors; and
- Discussion of the logistics of field work.

After completion of the training, the data collection teams will travel to their respective areas and will begin visiting facilities and collecting data.

Estimated duration of facility visits

To do thorough data collection, it usually takes approximately two to three hours in large district hospitals, one to two hours in sub-district hospitals, and one hour in health centers. However, these are very rough estimates and the total time the team spends in the field will be a function of the size and patient volume of the facilities visited, distances between facilities, topography, and other logistical factors.

Organizing time in facility

NOTE: It is important to ensure that service delivery is not interrupted so as not to put the life of any patient in jeopardy. Data collection teams must be careful not to compromise provider-patient confidentiality.

Upon arrival at the facility, the first stop must be to the facility medical officer or another officer in charge. The data collection team supervisor should perform the following tasks:

- Explain the purpose of the visit;
- Introduce the data collection team;
- Present the study authorization letter;
- Receive permission to begin data collection; and
- Determine if the officer in charge will be available throughout the day to introduce relevant staff and to identify areas of the facility, as needed.

See Appendix 1 for a sample script for the introduction of a Needs Assessment and team.

Responsibilities and expectations of the data collection team supervisor

All teams will have a team supervisor who is responsible for closely monitoring the work of the data collectors, ensuring that the data collection Parts are completed correctly and consistently, answering questions that arise, and helping to collect data.

The team supervisor is responsible for maintaining a log of all the facilities visited, the dates of the visit, and any important comments about the visit. The Facility Log will help the team supervisor keep track of the Facility Number, which is a number that the supervisor assigns to each facility as it is visited. This Facility Number is recorded in Part 1 and makes up the important Unique Facility Identifier (UFI). More information about how to create the UFI is described in the Part on Part 1. See Appendix 2 for a sample of the first page of the Facility Log.

The team supervisor will communicate with the field coordinator (MCHIP Staff) at the state/district level, letting him/her know where the team is, how many facilities they have visited, problems they have encountered in the field, etc.

Before a team leaves a facility, the team supervisor should ensure that the team meets as a group to review the work at that particular facility and to discuss any inconsistencies in the answers recorded on the Parts. The team members might also exchange Parts with one another to double-check them for completeness.

The team supervisor is also responsible for supporting each team member by providing guidance and clarification, finding answers to difficult questions by contacting the field coordinator, and ensuring that

each team member is performing well. The team supervisor is ultimately responsible for the quality of the data collected by his/her team.

Responsibilities and expectations of the data collector

The responsibility of the individual data collector is to capture information about the facility in the truest and most accurate form possible. The data collector is expected to record data according to the guidance provided in this manual, the directions provided in Parts 1-9, and the instruction offered during training.

The data collectors' role involves asking many questions, listening, observing, and recording. Their role is **not** about teaching, critiquing, or advising. If advice is sought then suggestions may be offered, but it is most important that data collectors record what they see or are told.

The data collectors will acquire and improve their performance based on an inventory of skills listed in the table below;

Interviewing Skills
1. Demonstrate professionalism.
2. Listen effectively.
3. Capture data and responses and record them according to the standards outlined in the Data Collector's Manual.
4. Provide factual information as needed.
5. Demonstrate appropriate study behavior and communication skills.
6. Use appropriate non-verbal communication.
7. Recognize verbal and non-verbal problems and address problems as they are identified.
Observation Skills
8. Report observations in an objective manner.
Data Collection and Extraction Skills
9. Determine the appropriate source(s) for the information required; do not overlook important sources.
10. Recognize internal inconsistencies and resolve them when possible.
11. Accurately record information in the Needs Assessment Parts, according to outlined standards.

General Rules for Data Collection

There are several general rules for data collectors which should be followed when completing Part 1-9. They are described below.

General Rule 1: Each question should have an answer

In general, each question requires one response and no question should be left blank. The only time a question should be left blank is when you are directed to skip the question based on a skip pattern (General Rule 2). If a question that should have an answer is left blank, it is impossible to know how to interpret the blank response. For example, we will not know whether you forgot to ask the question, whether the information to answer the question was unavailable, whether the respondent did not know the answer, etc.

General Rule 2: Only skip questions when directed

There is only 1 skip question. Question number XX instructs you to skip to question number XX based on an answer provided by the respondent. The skips are usually indicated in the right-hand instruction of the Part, following answer. If no skip is noted, you should proceed to the very next question.
In the example below, the data collector recorded a response of "No" to Question XXX. As indicated by the skip instruction, the data collector should skip questions XX through XX and begin again at Question XX.

204	Does this facility provide delivery services?	
	Yes	01
	No	02>>Go To 205
	204 a Normal deliveries	☐
	204b. Assisted (Forceps delivery/Vacuum)	☐
	204c. Manual removal of placenta	☐
	204d. Administration of parental oxytocics/ antibiotics/ Inj. Magnesium sulphate/ management of PPH/other complications	☐
	204e. Caesarean Part	☐
205	Does this facility have Essential newborn care services?	
	Yes	01
	No	02>>Go To 206
	205 a Resuscitation	☐
	205b Thermal care	☐
	206 c Breast feeding support services	☐

General Rule 3: Circle the code next to response

Use circles to mark the codes next to each response. Do not circle the response itself, and do not use an X to mark the code. The X could cover the code and make it difficult to read during data entry.

Correct

207	Does the facility provide 24-coverage for delivery & newborn care services?	
	Yes, both delivery and newborn care services	01
	Only delivery services	02
	Only newborn care services	03
	None	04

Incorrect

207	Does the facility provide 24-coverage for delivery & newborn care services?	
	Yes, both delivery and newborn care services	01
	Only delivery services	02
	Only newborn care services	03
	None	04

207	Does the facility provide 24-coverage for delivery & newborn care services?	
	Yes, both delivery and newborn care services	~~01~~
	Only delivery services	02
	Only newborn care services	03
	None	04

General Rule 4: Do not read responses aloud to respondent

Generally, when conducting an interview, you should not read the responses to the respondent. Simply read the question and listen to the answer that is **spontaneously** provided by the respondent. Circle the code next to the response that is closest to the answer provided. In the example below, you would read: "At night, what level of provider is most commonly on duty to conduct deliveries?" You would then listen to the response, and circle the code that corresponds to the answer provided.

209	At night, what level of provider is most commonly on duty to conduct deliveries?	
If different levels are commonly available, circle all relevant levels		
	Obstetrician	1
	Medical Officer	2
	Nursing staff	3
	ANM	4
	Other	5

General Rule 5: Follow italicized directions in parentheses

Instructions to you, the data collector, are usually written in italics and may be contained within parentheses. Italicized directions appear in several places: 1) at the beginning of each Part; 2) at the beginning of some Parts within Parts; and 3) following individual questions.

Notice that the directions in the example below follow the question and indicate you should *read each Q*. This means that you would ask: "Does this facility provide delivery services? Then you would record the corresponding response. Next you would ask: "Does the facility conduct Normal deliveries?". Then you would record the response and continue on.

204	Does this facility provide delivery services?	Yes	01
		No	02>>Go To 205
	(Read each Q)		
	204 a Normal deliveries	☐	
	204b. Assisted (Forceps delivery/Vacuum)	☐	
	204c. Manual removal of placenta	☐	
	204d. Administration of parental oxytocics/ antibiotics/ Inj. Magnesium sulphate/ management of PPH/other complications	☐	
	204e. Caesarean Part	☐	

General Rule 6: Specify "Other" responses

If there is no code provided for the response given, you should circle the number for "Other" and write the response in the available space.

404	Where is the delivery and neonatal equipment located?	
	General consultation room	01
	Labor room	02
	OT	03
	Other (specify) __**Post natal ward** _____	96

General Rule 7: Record "don't know" or "no information available"

The majority of questions will have a response. There may even be some questions where the response is "Don't know" or, if you are reviewing documents, where the answer is "No information available." In some cases, there will be a pre-coded option for "Don't know" or "No information." You should write in or circle the correct code as appropriate.

In the example below, the directions indicate that if the respondent does not know functionality of equipment, you should fill in the space with a series of 09. Notice that this is different than if the respondent says that the Q is not available. In that case you would fill in the space with a series of 03, as per the directions.

S.No	Equipment/Supply	Availability				Functionality		
		Observed	Reported not seen	Not available	Don't know	Yes	No	Don't Know
MONITORING EQUIPMENTS								
1	Stethoscope with neonatal chest-piece	01	02	03	09	01	02	09
2	Non-invasive BP monitors	01	02	03	09	01	02	09
3	Heart Rate/ Apnea monitor	01	02	03	09	01	02	09
4	Pulse Oximeter	01	02	03	09	01	02	09
5	Low reading clinical thermometers	01	02	03	09	01	02	09
6	Room thermometers	01	02	03	09	01	02	09
7	Electronic Baby weighing scales	01	02	03	09	01	02	09
8	Mechanical Baby weighing scale	01	02	03	09	01	02	09
WARMING EQUIPMENTS								
9	Radiant warmer	01	02	03	09	01	02	09
10	Any other source (specify)	01	02	03	09	01	02	09
RESUCITATION EQUIPMENTS								
11	Self Inflating bag	01	02	03	09	01	02	09
12	Infant laryngoscopes	01	02	03	09	01	02	09
13	Endotracheal Tubes (2.5, 3.0, 3.5 mm) with adapters	01	02	03	09	01	02	09
14	Syringe pump	01	02	03	09	01	02	09
15	Foot operated suction pump	01	02	03	09	01	02	09
OXYGEN ATION FACILITY								
Oxygen source								
16	Centralized	01	02	03	09	01	02	09
17	Oxygen Cylinders	01	02	03	09	01	02	09
18	Concentrator	01	02	03	09	01	02	09
OXYGEN DELIVERY								
19	Head Boxes for delivery of Oxygen	01	02	03	09	01	02	09
EQUIPMENTS FOR INVESTIGATION								
20	Micro-hematocrit (Hemoglobinometer)	01	02	03	09	01	02	09
21	Dextrometer	01	02	03	09	01	02	09
22	Multistix	01	02	03	09	01	02	09
23	Microscope	01	02	03	09	01	02	09
24	Autoclave equipments	01	02	03	09	01	02	09
GENERAL EQUIPMENTS								
25	Generator	01	02	03	09	01	02	09
26	Invertors	01	02	03	09	01	02	09
27	Washing Machine	01	02	03	09	01	02	09
28	Refrigerator	01	02	03	09	01	02	09
29	Computer	01	02	03	09	01	02	09
30	Phototherapy unit	01	02	03	09	01	02	09
31	Wall clock with second hand	01	02	03	09	01	02	09
32	Surgical Instruments	01	02	03	09	01	02	09
33	Spot Lamps	01	02	03	09	01	02	09
34	Air Conditioner	01	02	03	09	01	02	09

In the next example, the data collector has entered 9999 as the number of deliveries. It means that there was no information available in the facility. To indicate this, the data collector has entered 9999.

Review of the Facility Assessment Section 1 Through 9

The Newborn Care Needs Assessment Parts used by the data collectors encompass interviews,

502	Write months examined in register(s) for delivery/ death:	1 M ago	2 M ago	3 M ago	5 M ago	7 M ago	9 M ago	11 M ago
		a. mo/yr:	b. mo/yr:	c. mo/yr:	d. mo/yr:	e. mo/yr:	f. mo/yr:	g. mo/yr:
I	No. of all deliveries *(include assisted deliveries & c-Parts)*	a. 9 9 9 9	b.	c.	d.	e.	f.	g.

observations, review of registers and cases, and an inventory of drugs, supplies, and equipment.

The Sections are:

Section 1: Facility Identification and Infrastructure

OBJECTIVES:

- To record general identifying information about the facility in which you are conducting the survey, including the Unique Facility Identifier (UFI).
- To gather general information about the facility's overall size and infrastructure in terms of management, availability of electricity and water, and services offered.
- To identify the available and functioning means of transportation and communication at each facility.
- To determine if, how, and when individuals pay for services at health facilities.

DATA COLLECTION METHODS: Interviews and some observation.

Part 1 (Interview Information) should be completed by data collection team supervisor. Starting with Part 2 (Facility Identification Information), the data collector assigned to this Part should direct questions to the officer in charge who is responsible for overall facility operations, or to the person s/he designates. However, if the officer in charge does not know the answer to some questions, you may ask other people in the facility.

NOTES:

Part 1. Interview Information

Before beginning the interview, the team supervisor should complete Part 1 by entering the UFI and basic facility information. The following is an example of how the UFI is created.

Team Number	Facility Number	Unique Facility Identifier (UFI)

| 0 | 2 |	| 1 | 1 | Sequential number beginning with 01 as assigned by the supervisor	| 0 | 2 | 1 | 1 | 2-digit Team Number + 2-digit Facility Number

In this Part, please note that the area for district and block's name has been provided. Neither the team supervisor nor the data collector is required to enter any codes; this will be done at the time of data entry by the data entry. However, it is very important that you enter the names of the district and block where indicated.

Next, the team supervisor should let each team member know what the UFI is for that facility, and ask them to write the UFI on every page of every Part.

Part 2. Facility Identification Information

The data collector responsible for the rest of Part 1 should direct the remainder of the questions in the Part to the officer in charge of the facility.

- Q 101: *Have any deliveries been attended in this facility in the last 12 months?* IMPORTANT: If the answer to this Q is "No," do **not** complete all the Parts. You should:
    - Immediately inform your team members that there have been no deliveries so that they can adjust their strategy for data collection.
    - Record if there is an exclusion criterion.
- In Q 101, we are only interested in births that have occurred **within** the facility. Births attended by Health Extension Workers or Community Health Workers in the home are **not** considered facility births.
- Q 103: Use the designation followed by the District.
- Q 104: General accessibility is yes if the facility is connected well with rail and/or all weather road link or is less than 4 hours from the HQ
- Q 105*: Urban/rural designation?* (Urban and rural are defined by governments, usually by the number of inhabitants)
- Q 106: Facility operating agency is governed by the agency responsible for running the facilities, including availability of funds.

Part 3: General

First, read the transitional sentence at the beginning of the part.

- *Q 107: Does this facility have a room for (read each item) and circle appropriately.*
- *Q 108: How many beds are available for patients in this facility?* Enter the total number of beds that are available to be used in the facility. Do not include beds that are in storage.

- Q 109: *How many beds are available for patients in this facility?* Enter the total number of beds that are available to be used in the facility. Do not include beds that are in storage.
- Q 110: *How many delivery tables are available?* Include only delivery beds and tables that are in the delivery room(s).
- *Q 111: How many of the total number of beds are dedicated exclusively to neonatal patients?* Include beds in the labor and delivery ward, postnatal wards, as well as other beds used exclusively by pediatric patients.
- *Q 112: Does the facility offer designated area in the following functional parameters: S*pecific areas have been earmarked for functioning in a facility.
- Q 113: Does this facility have electricity? If No skip to Q 119
- Q 114- 118: The availability of electricity is to be discussed.
- Q 119: The availability of water is defined as having a source of water that is suitable for infection prevention and bathing. This does not have to be water appropriate for drinking.
- Q 121: *Does this facility have water for functions such as infection prevention, patient and staff use, etc.?* If a facility does not have water for **all** functions but has water for **some** functions, the answer to Q 119 is "Yes." For example, if there is water for infection prevention but not for patient use, the answer is "Yes."
- Q 123 – 125: Availability and functioning of the toilet is discussed.

Part 4: Services at the facility

- Q 126: Services at the facility.

Part 5. Transportation and Communication

Most questions in this Part ask if there is "at least 1 available and functional." If there is at least one of the specified Qs available and reported to be functioning the answer is "Yes" (01). If there are none available, or if the Q is available but it is not functioning, circle "No" (02).

- Q 128: *Landline telephone in the maternity area.* If there is no maternity area in the facility, the answer to this question is "No" (01).
- Qs 128a-e: In these questions, there is a second question that asks whether people use the telephones, cell phones, or radios for referral. Note that the skip instruction appears in the text before the table rows. In the example below, the data collector has recorded that there is a landline telephone available in the maternity area. Because the answer was "Yes," s/he would then ask whether the people on duty use the landline telephone for referral. Then the data collector would continue to the next row (i.e., Q 128 b). If the answer had been "No," the data collector would not ask about the use of the telephone in the maternity for referral, and would immediately continue to the next question.

Skip instruction

No.	Q	Is at least 1 available and functional?		If "Yes," is it used for referral?	
		Yes	No	Yes	No
a	Landline telephone in maternity area	1	0	1	0
b	Landline telephone elsewhere in facility	1	0	1	0
c	Cell phone (owned by facility)	1	0	1	0

- Q 137: *How long does it take to get to that referral hospital with surgical care?* We are looking for how long it takes, under ideal circumstances, to reach the nearest referral hospital with newborn care facilities from the facility you are assessing. Ideal circumstances mean that there is access to a working vehicle (for traveling drivable roads) and/or there is access to the fastest mode of transportation along paths that are not drivable (e.g., a motorcycle, walking, etc.). If it is necessary to use more than one mode of transportation, the time required for each leg of the trip should be added together. For example, if one needs to walk to the road and then take a vehicle along the road to the referral hospital, you should record the total number of minutes it takes to walk to the road and then drive to the hospital.

PART 6. Length of Stay

Q 138 Length of stay can depend on many factors. The purpose of this question is to record the general or average length of stay for the situation specified.

Comments Box

Each Part has a comments box either at the end or the beginning of the Part. These boxes can be used to note any information that might be helpful in understanding the answers to the Part questions, why a question might have been left blank, explanations for what looks like an inconsistency, or other issues that might warrant further explanation.

Section 2: MCH Services

OBJECTIVE:

To determine availability and coverage of the MCH services at the facility. This part collects information that will be used to describe the available service matched against the expected level of services as mentioned below'

DATA COLLECTION METHOD: Interviews.

New Born Care Services at different facility level			
SN	**Type of Facility**	**Level of Care**	**Services**

1	24x7 PHC	New born Corner	• Essential Care at birth • Resuscitation • Provision of warmth • Early initiation of breastfeeding • Weighing the neonate
2	FRU/CHC	New Born Corner Stabilization unit	• Care at birth • Provision of warmth • Resuscitation • Monitoring of vital signs • Initial care and stabilization of sick newborns • Care of low birth weight newborns not requiring intensive care • Breast feeding and feeding support • Referral services
3	District Hospital	SNCU	• Care at birth, including resuscitation of asphyxiated newborns • Managing sick newborns (except those requiring mechanical ventilation and major surgical interventions) • Post-natal care • Follow-up of high risk newborns • Referral services • Immunization services

NOTES

- ***24 Hour Availability*** and ***Newborn Care Signal Functions and Other Essential Services*** to the person in charge of the maternity. If s/he does not know who provides services in the operating theater, ask the person in charge of the operating theater at the time of the visit.

Part 2: Human Resources

OBJECTIVE:

To determine the staffing situation at the facility. This Part collects information that will be used to describe the available personnel, staff training, and services provided.

DATA COLLECTION METHOD: Interviews.

Direct questions under:

- ***Overall Staffing*** to the facility officer in charge or the administrator who works with the payroll. If s/he does not know, go to the person in charge of the maternity.

NOTES:

PART 1: Overall Staffing

IMPORTANT: If the facility has had no deliveries in the past 12 months (see answer to Question 1 of Part 1), only complete Questions 1-4 of Part 2.

You should obtain an answer to the first question (*How many funded positions does this facility have for this type of staff member?*) for the first column (Medical Doctor) and work down the Part through all questions on the first Part with reference to that category of worker. Then move on to the next category of health worker (Obstetrician/Gynecologist), and so on, until the first Part is completed.

PART 2: 24 Hour Availability

Before beginning Part 2, take a moment to circle or mark the categories of health worker for which the answer to Question 2 is one or more. Do this on the remaining pages of the Part. Ask only about those groups of professionals who currently work at the facility. This will save you time and make the interview go more smoothly.

Like the first Part, the table should be read from top to bottom for each type of health worker. If there is no health worker currently on staff, leave the column blank.

- Questions 9-12: *Is this cadre of worker on duty?* It is important to distinguish whether a health worker is on duty or on call. "On duty" means that there is at least one staff member in this category who is physically present in the facility or nearby. "On call" means that the worker can be contacted but is not physically present in the facility. This distinction is important because workers who are on call could cause a delay in the performance of a given function.

PART 3: Newborn Care Signal Functions and Other Essential Services

These questions ask whether each category of health worker provides specific services. It could be that only one individual of a health worker category provides the service, while others do not; in this case, circle "Yes" (1). We are not interested in whether the health worker was trained to provide the service. If a health worker category **requests** of another category that a service be provided or **directs** another type of worker to provide the service, but does not administer or perform the service him/herself, the answer to the question would be "No" (0). If a health worker ever provides the service him/herself, the answer is "Yes" (1).

- Question 34: *Does this cadre of staff provide immediate newborn care?* Immediate newborn care includes making sure the baby is dry, keeping the baby warm (e.g., skin-to-skin contact), exclusive breastfeeding, and eye and cord care.

- Question 39: *Does this cadre of staff provide PMTCT services?* PMTCT, the prevention of mother-to-child transmission of HIV, comprises many services, and can vary by setting. The most important elements of PMTCT for Newborn Care are rapid testing of the mother, and if she is seropositive, provision of antiretrovirals (ARVs) to the mother and the newborn.

Part 3: Essential Drugs, Equipment, and Supplies

OBJECTIVE:

To evaluate the availability and functionality of the drugs, equipment, and supplies necessary for the delivery of Newborn Care services.

DATA COLLECTION METHODS: Interviews and observation.

Appendices

Appendix 1: Script for Introduction of Assessment and Team

This script is for you to use as reference when you make your first introductions at the facility. It covers the most important information that should be explained to the officer in charge. Feel free to put any part or all of this script into your own words.

> Hello. My name is _____. I am the supervisor of the team assigned in this area to collect health facility information to assess the availability and quality of newborn Care. This is an important subject because too many newborns are dying during childbirth and early neonatal period. This assessment will help the government target its investments in facility care so that newborns would receive adequate care at the health facilities. This assessment is implemented on behalf of the NRHM, H&FW Department, Government of Jharkhand by the USAID-MCHIP.
>
> The main objective of the assessment is to provide information so that we can effectively plan and track the district's progress in improving access to Newborn Care. Also, the results of this assessment will play a critical role in providing policy guidance and in planning interventions to strengthen the health delivery system.
>
> This national assessment is the FIRST of its kind in this state. Together with our colleagues, we will gather information from 22 government facilities across the state, including all district and sub-district facilities.
>
> We will need to speak with key people in this facility and to review registers and log books to collect information on various obstetric and newborn services.
>
> We would very much appreciate your participation. We will not share your identity or your individual responses with anyone. No patient or client identities will be included in the data we collect, and all the information that we collect will be used only for the very purpose indicated above. Only the survey coordinators that oversee this study may view the data. The responses you provide and the information you give us access to will be kept strictly confidential and will not be shown to other persons. Our visit usually takes less than one day for a health facility.
>
> Participation in this assessment is voluntary and you and your staff can choose not to answer any individual question or all the questions. However, we hope that you and your staff will participate fully since your views are important.
>
> At this point, is there anything you would like to ask us about the survey? For additional information about the assessment you can contact Dr. Pawan Pathak # and Dr. Ajit #
>
> Would you be kind enough to introduce us to management staff at this facility so that we can begin our survey? Thank you.

Appendix 2: Facility Log (page 1)

NEWBORN CARE NEEDS ASSESSMENT

Facility Log

Supervisor's Name----------

Team Members' Names ----------

Facility No.	Facility Name	Data Collection (day/month/year)		Remarks: Include here any anecdotal information, reasons why any Parts are incomplete, etc.
		Start Date	End Date	
01				
02				
03				
04				

Appendix 3: Photo List of Equipment