



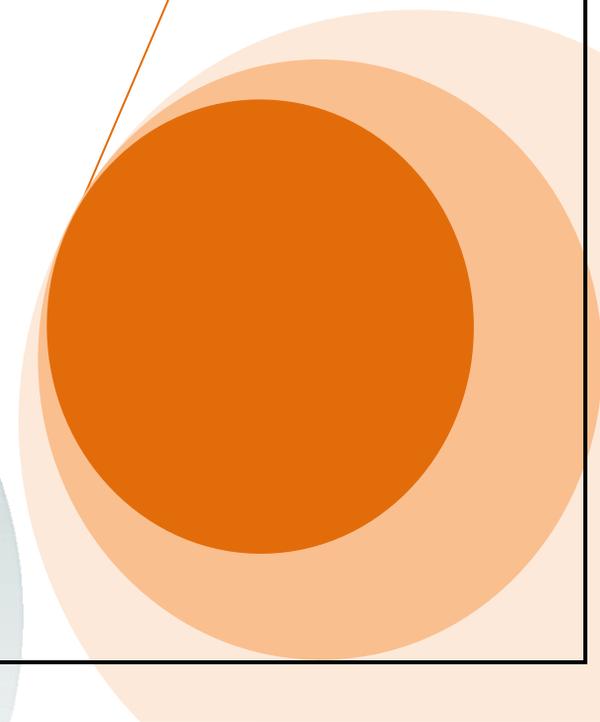
**USAID**  
FROM THE AMERICAN PEOPLE



# FACILITY READINESS FOR NEWBORN CARE

Assessment tool

**USAID - MCHIP-India**  
October 2010



PROFORMA FOR FACILITY ASSESSMENT FOR NEWBORN CARE SERVICES

The purpose of this Proforma is to assess the current capacity and status of functioning of the health facility involved in providing delivery and newborn care services. This survey elicits information on the status of operationalization of signal services and functioning based on parameters as defined in the GOI guidelines. It will also reflect the availability of other services and general condition of infrastructure. This tool attempts to capture and provide immediate feedback to the facility on the current situation and its capacity to respond to government’s priority to improve neonatal health. The findings would help us examine the resources available and accessible; identify bottlenecks in the functioning of the health unit and set forth recommendations to overcome them. It is not intended to go into qualitative details.

Your responses in this regard will be of immense help for us.

SECTION I: FACILITY IDENTIFICATION AND INFRASTRUCTURE

**Part 1: Interview Information**

**INSTRUCTIONS:** *The data collection team supervisor should complete this section as soon as the team arrives at the facility and before interviewing the facility officer in charge. Copy the Unique Facility Identifier (UFI) onto each page of Section 1 through 8 before the team begins to collect data.*

Team Number Code: \_\_\_\_\_

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Facility Code: (Refer List): \_\_\_\_\_

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Unique Facility Identification \_\_\_\_\_

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[2-digit Team Number + 2-digit Facility Number]

D	D	M	M	Y	Y	Y	Y
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Date of Survey: \_\_\_\_\_

District Name: \_\_\_\_\_ Block Name: \_\_\_\_\_

Respondent's name: \_\_\_\_\_

Time at the start of assessment (Ex: 07:00 AM as 0700)

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**Part 2. Facility Identification Information**

**INSTRUCTIONS:** Direct these questions to the officer in charge.

101 Name of facility: \_\_\_\_\_

102 Type of facility:

- District Hospital 01
- Sub District Hospital 02
- First Referral Unit (FRU) 03
- Community Health Centre (CHC) 04
- 24 x 7 Primary Health Centre (PHC) 05
- Primary Health Centre 06
- Additional PHC 07
- Any Other (Specify) 08

102 Type of facility code

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103 Location of the facility: \_\_\_\_\_

104 General Accessibility: *Connected well with rail and all weather road link or located less than 4 hours from the HQ*

- Yes 01
- No 02

105 Urban/rural designation

- Urban 01
- Rural 02

106 Type of operating agency (*circle one*)

- Government 01
- Private (for profit) 02
- Non-governmental Organization 03

Religious Mission 04  
 Other (specify): ----- 05

107 Since the major topic of interest of this survey is obstetric and newborn care, it will help us to organize our visit here if you could first tell us whether this facility have a delivery and newborn care services?

Yes 01  
 No 02

108 Have any deliveries have been attended in this facility in the last 6 months.

Yes 01  
 No 02

**Part3: General**

I'd like to ask you a few questions about the facility's overall capacity and infrastructure.

**Infrastructure**

109	Does this facility have a room for:( <i>read each item</i> )	<b>Yes</b>	<b>No</b>
	a. Labor	01	02
	b. Delivery	01	02
	c. Labor and delivery together	01	02
	d. Postpartum/natal ward	01	02
	e. Operation theater	01	02
	f. Neonatal care unit	01	02
	g. Blood bank	01	02
	h. Laboratory	01	02
	i. Blood bank and laboratory together	01	02

110 How many inpatient beds does the facility have?

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111 How many beds are there in the postpartum/ postnatal ward?

112 How many delivery tables are available?

113 Are there any beds dedicated to newborn care?

If yes how many?

114 Does the facility offer any designated area on the following functional areas

Designated area	Yes	No	Don't Know
Breast feeding	01	02	09
Hand washing	01	02	09
Designated area for mixing I/V fluids	01	02	09
Designated area for boiling and autoclaving	01	02	09
Designated area for laundry	01	02	09
Clean utility area (for storing supplies for regular use)	01	02	09
Soiled utility room (for storing use and contaminated material)	01	02	09
Stores ( Drugs and other Supply )	01	02	09
Duty room for doctors	01	02	09
Duty room for Nurses	01	02	09
Other Specific	01	02	09

115 Does this facility have electricity? *(Even if irregular, circle 1 for "Yes")*  
 Yes 01  
 No 02, If No skip to 119

116 Is electricity functioning now? (Check to see if electricity can be turned on)  
 Yes 01

Not functioning 02  
 Never have electricity 03

117 What is the primary source of electricity?  
 Power lines (grid) 01  
 Generator 02  
 Solar 03  
 Other (specify) 04

118 Does this facility have a back up or stand-by generator for electricity. *If yes, ask if the generator is functioning and if there is fuel available. Accept reported response.*  
 Yes, functioning with fuel 01  
 Yes, not functioning or no fuel 02  
 No 03

119 In the last month, how many days were you without electricity?  
*(write number; if electricity fails sporadically, but not for days at a time, use 88)*

120 Does this facility have water for functions such as infection prevention, patient and staff use, etc.?  
 Yes 01  
 No 02, If no skip to 123

121 What is the main source of water for the facility at this time?  
 Safe water source with sufficient amount for hand washing 01  
 Safe water source with in-sufficient amount for hand washing 02  
 Other water source (specify) \_\_\_\_\_ 03  
 No water source 09

**Safe water source:** piped, public tap, standpipe, protected spring, rain water;

**Other water source:** unprotected dug well, unprotected spring, cart with small tank/drum, tanker-truck, surface water (river, dam, lake, pond, etc.)

122 Is the running water currently functioning in the: <i>(read each item)</i>	Yes	No	NA
a. Operating theater?	01	02	09
b. Delivery room?	01	02	09
c. Postnatal room?	01	02	09

**Part 4: Services at the facility**

		<b>Yes</b>	<b>No</b>
123	<p>We'd like to know about some of the basic services provided at this facility. Does the facility provide:<i>(read each item)</i></p> <ul style="list-style-type: none"> <li>a. OPD services</li> <li>b. Injury and accident services/ emergency services</li> <li>c. Antenatal care</li> <li>d. Delivery services</li> <li>e. JSY scheme</li> <li>f. Postnatal care</li> <li>g. Family planning</li> <li>h. Prevention of mother-to-child transmission (PMTCT)                             <ul style="list-style-type: none"> <li>i. Obstetric surgery (e.g., cesarean)</li> <li>j. Blood storage/bank services</li> <li>k. Laboratory services</li> <li>l. General surgery including anesthesia</li> <li>m. Immunization services</li> <li>n. Referral services</li> <li>o. Inpatient general services</li> <li>p. Inpatient MCH services</li> </ul> </li> </ul> <p>Any other <i>(specify)</i> _____</p>	<p>01</p>	<p>02</p>
124	<p>Does the facility carry out audits or case reviews of newborn deaths on a routine basis? <i>(Routine basis: after every newborn death, or on a systematic, regular basis; for example, every month or every 6 months.)</i></p>	<p>Yes</p> <p>No</p> <p>Never had a death in last 1 year</p>	<p>01</p> <p>02</p> <p>09</p>

**Part 5. Transportation and Communication**

The next few questions I'd like to ask are related to transportation and communication to enable referral.

*If the answer to the question (127a – 127e) is “No,” do not ask whether people on duty use the telephone or mobile for referral. Skip to the next item.*

**Communication to enable referral**

125 Does the facility have a mechanism or a system to call outside that is available at all times the client services are being offered? Eg phone; mobile etc.

No.	Item	Is at least 1 available and functional?		If "Yes," is it used for referral?	
		Yes	No	Yes	No
a	Landline telephone in the maternity area	01	02	01	02
b	Landline telephone elsewhere in facility	01	02	01	02
c	Cell phone (owned by facility)	01	02	01	02
d	Cell phone (owned by individual staff)	01	02	01	02
e	Public telephone in the vicinity	01	02	01	02

Now I'm going to ask you about the modes of transportation available for emergency referral.

126 Does the facility have a functional ambulance or other vehicle on-site for referrals? If yes, ask if the vehicle is **functioning**. Accept reported response.

Transport		Is at least 1 available?		
No.	Item	Available and functional	Available but not functional	Not available
a	Motor vehicle ambulance	01	02	03
c	Other motor vehicle	01	02	03
d	Other (please specify): _____	01	02	03

**For motor vehicles**

No.	Item	Response
127	Is there an available source of tools, spare parts, and mechanics for the maintenance of the vehicles when necessary? [circle 9 (Not applicable) if no motorcycle or motor vehicle]	Yes 01 No 02 Not applicable 09
128	Are there funds available <b>today</b> for maintenance or repair if they were needed?	Yes 01

No.	Item	Response
	[circle 9 (Not applicable) if no motorcycle or motor vehicle]	No 02 Not applicable 09
129	Is sufficient fuel available <b>today</b> to transport women and newborns if needed? [circle 9 (Not applicable) if no motorcycle or motor vehicle]	Yes ..... 01 No..... 02 Not applicable ..... 09

**24/7 Availability and general referral**

No.	Item	Response
130	Does the facility provide any services 24 hours a day, 7 days a week? <i>Specify</i> _____	Yes ..... 01 No..... 02
131	How far is the nearest referral hospital? (Note the name of the referral hospital) (8888 = does not refer; 9999 = does not know)	__ __ __ __  km
132	How long does it take to get to that referral hospital? (record time in minutes under ideal circumstances: 8888 = does not refer; 9999 = does not know)	__ __ __ __  minutes

Comments	

**SECTION II: DELIVERY & NEWBORN CARE SERVICES**

**INSTRUCTIONS:** If the facility doesn't provide delivery and newborn services (see the answer to Question 107 of Section 1), skip this section and proceed to complete part 1 of Section IV: Essential Drugs, Equipment and Supplies.

201 Is there 24-hour coverage for delivery and newborn? *If yes, ask to see a duty roster for night staffing; if staff lives onsite mark 1.*  
 Yes, 24 hour duty roster observed / staff live onsite 01, Skip Q 202 & 203

Yes 24 hour coverage but no duty roster observed & no staff live onsite  
 No 24-hour coverage

02, Skip Q 202 & 203  
 03

Fill following question no 201 & 202 only if the facility is not providing 24 hr services.

- 202 What time does the MCH/ RCH care start?
- a. Monday to Friday \_\_\_\_\_
  - b. Saturday \_\_\_\_\_
  - c. Sunday \_\_\_\_\_
  - d. Public Holiday \_\_\_\_\_

- 203 What time does the MCH / RCH care end?
- a. Monday to Friday \_\_\_\_\_
  - b. Saturday \_\_\_\_\_
  - c. Sunday \_\_\_\_\_
  - d. Public Holiday \_\_\_\_\_

If ends at 7 am, record 0700; if ends at 7 pm, record 1900

**Critical services**

- 204 Does this facility provide delivery care?
- Yes
  - No
  - 204 a Normal deliveries
  - 204b. Assisted (Forceps delivery/Vacuum)
  - 204c. Manual removal of placenta
  - 204d. Administration of parenteral oxytocics/ antibiotics/  
Inj. Magnesium sulphate/ management of PPH/other complications
  - 204e. Caesarean section

01  
 02>>Go to Q 205

- 205 Does this facility have care at birth?
- Yes
  - No

01  
 02>>Go To 206

- 205 a Resuscitation
- 205b Thermal care
- 206 c Breast feeding support services

206 Provision of referral for mothers and newborns  
     Yes 01  
     No 02

207 How many hours do women generally stay at the facility following a normal delivery? *(enter 99 if no deliveries in last 6 months)* |\_\_|\_\_| hours

Comments	
<p><i>Give details of the referral transport used for mothers and newborns</i></p>	

208 Is the person skilled in conducting deliveries present at the facility or on call 24 hours a day, including holidays, to provide delivery care?  
     Yes present, schedule observed 01  
     Yes present, schedule reported, not seen 02

- |  |   |    |
|--|---|----|
|  | Yes, on call schedule observed            | 03 |
|  | Yes, on call, schedule reported, not seen | 04 |
|  | No  | 05 |
- 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    | 01 |
|  | Medical Officer | 02 |
|  | Nursing staff   | 03 |
|  | ANM             | 04 |
|  | Other           | 05 |
- 210 At normal working hours, what level of provider is most commonly on duty to conduct deliveries?
- |  |                 |    |
|--|-----------------|----|
|  | Obstetrician    | 01 |
|  | Medical Officer | 02 |
|  | Nursing staff   | 03 |
|  | ANM             | 04 |
|  | Other           | 05 |
- 211 What level of provider conducts complicated delivery at the facility?
- |  |                             |    |
|--|-----------------------------|----|
|  | Obstetrician                | 01 |
|  | Medical Officer             | 02 |
|  | Nursing staff               | 03 |
|  | Nursing staff u/s of Doctor | 04 |
|  | Other                       | 05 |
- 212 Does the same care provider who delivers the baby, also stabilizes the baby?
- |  |     |                                       |
|--|-----|---------------------------------------|
|  | Yes | 01 (If answer is YES skip Q. no. 213) |
|  | No  | 02                                    |
- 213 Are there separate care providers for delivery and newborn care?
- |  |     |    |
|--|-----|----|
|  | Yes | 01 |
|  | No  | 02 |
- 214 Is the person skilled in providing newborn care present at the facility or on call 24 hours a day, including holidays, to provide newborn care?
- |  |   |    |
|--|---|----|
|  | Yes present, schedule observed            | 01 |
|  | Yes present, schedule reported, not seen  | 02 |
|  | Yes, on call schedule observed            | 03 |
|  | Yes, on call, schedule reported, not seen | 04 |

No 05

215 At night, what level of provider is most commonly on duty to provide newborn care? *If different levels are commonly available, circle all relevant levels*

- Pediatrician 01a
- Obstetrician 01b
- Medical Officer 02
- Nursing staff 03
- ANM 04
- Other 05

216 At normal working hours, what level of provider is most commonly on duty to provide newborn care?

- Obstetrician 01
- Medical Officer 02
- Nursing staff 03
- ANM 04
- Other 05

217 What level of provider manages complications of newborns at the facility?

- Obstetrician 1a
- Pediatrician 1b
- Medical Officer 02
- Nursing staff 03
- Nursing staff u/s of Doctor 04
- Referral / Other (specify \_\_\_\_\_) 05

**SECTION III: HUMAN RESOURCE AND SIGNAL FUNCTIONS**

**INSTRUCTIONS:** Obtain answers for the **overall staffing** to the facility officer in charge or the administrator who is regular. If s/he does not know, go to the person in charge of the labor/ maternity ward

Obtain answers for the **Staff availability, Signal & other essential functions** to the person in charge of the MCH (includes labor, postnatal and newborn ward & OT for Caesarean Sections). If s/he does not know who provides services in any of the above, ask the person in charge of the operating theater at the time of the visit. These questions refer to services provided in this facility.

You should obtain an answer to the first question (How many regular positions does this facility have for this type of staff member?) for the first column (Medical officer) and work down the page through the first section 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 section is completed. As you begin the second section “24 Hour Availability,” ask only about those professionals who currently work at the facility. Like the first part, the table should be read from top to bottom for each type of health worker. Thus, the answer to question 2 of the first part will determine which columns will be filled out in all subsequent sections.

Include visiting medical personnel who are accredited and professional staff also.

If the facility has had no deliveries in the past 12 months (see the answer to Question 108 of Section 1), only complete Questions 301-304 of this section, then proceed to Section IV: Essential Drugs, Equipment and Supplies.

**Part 1. Overall Staffing**

No.	Item	Medical officer	Obstetrician/ Gynecologist	Pediatrician/ neonatologist	Nurse	ANM	Laboratory technician	Other
301	How many regular positions does this facility have for this type of staff member? (write number)							
302	How many regular staff are currently in position at this facility? (write number)							

No.	Item	Medical officer	Obstetrician/ Gynecologist	Pediatrician/ neonatologist	Nurse	ANM	Laboratory technician	Other
303	How many regular staff left ( including retired)this facility in the last 6 months? <i>(write number)</i>							
304	Of the regular staff, those who left, how many were transferred to another facility? <i>(write number)</i>							
305	How many contractual positions does this facility have for this type of staff member? <i>(write number)</i>							
306	How many contractual staff are currently in position at this facility? <i>(write number)</i>							
307	How many of the contractual staff left this facility in the last 6 months? <i>(write number)</i>							
308	Of the contractual staff, those who left, how many were transferred to another facility? <i>(write number)</i>							

On the next page, begin by circling or marking each category of health worker that currently works( Refer Q 302 & Q 306) in this facility. This should help you remember **to only ask questions** about professionals who are currently working in this facility.

**Part 2. 24-Hour Availability**

**INSTRUCTIONS:** Direct these questions to the person in charge of the MCH (includes labor, postnatal and newborn ward & OT for Caesarean Sections). “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.

Is this cadre of worker on duty, on call, or not available?

No.	Item	Medical officer	Obstetrician/ Gynecologist	Pediatrician/ neonatologist	Nurse	ANM	Laboratory technician	Other
309	Monday-Friday during the day?	On duty 01 On call 02 Not avail 09						
310	Monday-Friday at night?	On duty 01 On call 02 Not avail 09						
311	Saturday and Sunday during the day?	On duty 01 On call 02 Not avail 09						
312	Saturday and Sunday at night?	On duty 01 On call 02 Not avail 09						

**Part 3. Signal Functions and Other Essential Services**

**Expected level of newborn services at various levels**

SN	Type of Facility	Level of Care	Functions/ Services
1	24x7 PHC	New born Corner	<ul style="list-style-type: none"> <li>• Essential Care at birth</li> <li>• Resuscitation</li> <li>• Provision of warmth</li> <li>• Early initiation of breastfeeding</li> <li>• Weighing the neonate</li> <li>• Immunization</li> <li>• Referral services</li> </ul>
2	FRU/CHC	New Born Corner Stabilization unit	<ul style="list-style-type: none"> <li>• Care at birth</li> <li>• Provision of warmth</li> <li>• Resuscitation</li> <li>• Monitoring of vital signs</li> <li>• Initial care and stabilization of sick newborns</li> <li>• Care of low birth weight newborns not requiring intensive care</li> <li>• Breast feeding and feeding support</li> <li>• Immunization</li> <li>• Referral services</li> </ul>
3	District Hospital	SCNU	<ul style="list-style-type: none"> <li>• Care at birth, including resuscitation of asphyxiated newborns</li> <li>• Managing sick newborns (except those requiring mechanical ventilation and major surgical interventions)</li> <li>• Post-natal care</li> <li>• Follow-up of high risk newborns</li> <li>• Referral services</li> <li>• Immunization services</li> </ul>

Does this cadre of staff provide the following service? *(Exclude health workers that are acting on orders or assisting only.)*

No.	Signal Functions/ Essential Services	Medical doctor	Obstetrician/ Gynecologist	Pediatrician / neonatologist	Nurse	ANM	Laboratory technician	Other
313	Administer parenteral antibiotics	Yes.01 No..02	Yes.01 No..02	Yes 01 No..02	Yes 01 No..02	Yes 01 No..02	Yes 01 No .02	Yes.01 No ..02
314	Resuscitate newborn with bag and mask	Yes.01 No..02	Yes.01 No..02	Yes 01 No..02	Yes 01 No..02	Yes 01 No..02	Yes 01 No .02	Yes.01 No ..02
315	Perform obstetric surgery (e.g., cesarean delivery)	Yes.01 No..02	Yes.01 No..02	Yes 01 No..02	Yes 01 No..02	Yes 01 No..02	Yes 01 No .02	Yes.01 No ..02
316	Attend normal delivery	Yes.01 No..02	Yes.01 No..02	Yes 01 No..02	Yes 01 No..02	Yes 01 No..02	Yes 01 No .02	Yes.01 No ..02
317	Administer uterotonic drugs	Yes.01 No..02	Yes.01 No..02	Yes 01 No..02	Yes 01 No..02	Yes 01 No..02	Yes 01 No .02	Yes.01 No ..02
318	Fill out and use the partograph	Yes.01 No..02	Yes.01 No..02	Yes 01 No..02	Yes 01 No..02	Yes 01 No..02	Yes 01 No .02	Yes.01 No ..02
319	Provide immediate newborn care	Yes.01 No..02	Yes.01 No..02	Yes 01 No..02	Yes 01 No..02	Yes 01 No..02	Yes 01 No .02	Yes.01 No ..02
320	Provide thermal care to the newborn	Yes.01 No..02	Yes.01 No..02	Yes 01 No..02	Yes 01 No..02	Yes 01 No..02	Yes 01 No .02	Yes.01 No ..02
321	Monitor vital signs of a newborn	Yes.01 No..02	Yes.01 No..02	Yes 01 No..02	Yes 01 No..02	Yes 01 No..02	Yes 01 No .02	Yes.01 No ..02

No.	Signal Functions/ Essential Services	Medical doctor	Obstetrician/ Gynecologist	Pediatrician / neonatologist	Nurse	ANM	Laboratory technician	Other
322	Provide initial care and stabilization of sick newborns	Yes.01 No..02	Yes.01 No..02	Yes 01 No..02	Yes 01 No.. 02	Yes 01 No.. 02	Yes 01 No . 02	Yes .01 No ..02
323	Manage LBW babies	Yes.01 No..02	Yes.01 No..02	Yes 01 No..02	Yes 01 No.. 02	Yes 01 No.. 02	Yes 01 No . 02	Yes .01 No ..02
324	Provide breast feeding support	Yes.01 No..02	Yes.01 No..02	Yes 01 No..02	Yes 01 No.. 02	Yes 01 No.. 02	Yes 01 No . 02	Yes .01 No ..02
325	Provide focused antenatal care	Yes.01 No..02	Yes.01 No..02	Yes 01 No..02	Yes 01 No.. 02	Yes 01 No.. 02	Yes 01 No . 02	Yes .01 No ..02
326	Provide family planning methods (pills, condoms, injectables, implants, and IUDs) & counseling	Yes.01 No..02	Yes.01 No..02	Yes 01 No..02	Yes 01 No.. 02	Yes 01 No.. 02	Yes 01 No . 02	Yes .01 No ..02

**Part 4. Supervision**

*This supervision question is for the staff cadre involved in delivery and newborn care services at the facility.*

No.	Item	Response
327	How many routine external supervision visits that included Newborn Health occurred in the past 6 months? <i>(write number)</i>  <i>Specify the supervisory staff</i> _____	

328	What was the reason for the last visit?	Routine..... 1 Response to negative incident..... 2 Other ( <i>specify</i> ) ..... 3
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**Part 5. Training**

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329. Enlist by name

Staff Name <i>(Write for the current available staff Refer part 1 of this section)</i>	In-Position		Posted since	Whether any of the staff listed received training in any of following? # <i>(Pl. put code and number of staff trained against each in the rows below)</i>	
	Regular (01)	Contractual (02)	<i>(write month/year)</i>	a. SBA/ BEmOC b. IMNCI c. NSSK d. MTP using MVA e. Blood banking/ storage f. RTI/STI	g. IUCD h. Minilap/Lap i. NSV j. EmOC k. LSAS l. Any other
Paediatrician					
Anaesthetist					

Ob/Gyn				
Surgeon				
Other				
Medical Officers				
Nurses				
ANMs				

Lab technicians				
Pharmacist				
Data manager				
Other support staff				

# SBA – Skilled birth attendant; BEmOC - Basic Emergency Obstetric Care IMNCI- Integrated Management of Childhood Illnesses; NSSK – Navjaat Shishu sureksha Yojna, MVA – Manual vacuum aspiration; RTI/STI- Reproductive Tract Infections/Sexually Transmitted Infections; IUCD-Intra Uterine Devices; NSV- Non Scalpel Vasectomy; EmOC- Emergency Obstetric Care; LSAS – Life saving anaesthesia skills.

Instructions: Please ask for the duration of each of the training attended/received. Indicate as trained, only if, they have undergone the training for the following durations.

Type of training	Duration
1. SBA for ANMs/LHVs and Staff Nurses	2-3 weeks
2. SBA/ BEmOC for Medical Officers	10 Days

- 3. IMNCI for MO, ANM and Sahiya 8 days
- 4. F-IMNCI for MO and Staff Nurse 11 days
- 5. NSSK for MO, Staff Nurse and ANM 2 days
- 6. MVA/ Comprehensive abortion care for MO 2 weeks
- 7. Blood Banking for MO and Lab. Technician 3 days
- 8. RTI/STI for MO 3 days
- 9. IUCD for MO, Staff Nurse, LHV and ANM 6 days
- 10. Minilap/Lap for MO 12 days
- 11.. NSV for MO 5 days
- 12. Em. Obst. Care for MO 16 weeks
- 13. Life Saving Anaesthesia Skills for MO 18 weeks
- 14. Immunization training for HW 02 days
- 15. Immunization training for MO 03 days

330 In last 36 months, how many staff and community health workers have received training in the following?

Training	Doctors	Health Workers
SBA		
NSSK		
IMNCI		
F-IMNCI		
Immunization		
Management		
<b>Comments</b>		

**SECTION IV: ESSENTIAL DRUGS, EQUIPMENT AND SUPPLY**

**INSTRUCTIONS:** *This module includes two parts. You could separate the sections and ask assistance for:*

- *Part 1 & 2 (Drug Store) from the Pharmacist – general & essential drugs*
- *Part 3 (Maternity – includes labor room, postnatal and newborn wards) from the Staff Nurse or Nurse in the Labor room & (Operating Theater) from the Nurse in the Operating Theater for equipment and supply*

*If the person indicated above is not available, seek someone else who can help you answer the questions for each section.*

*If there is a drug store and a supply of medicines, circle 1 (“Yes”) for Q 401 and Q 403 and find the Pharmacist to help complete Part 1. If there is no supply of medicines in this facility, circle 0 (“No”) for Q 402, and do not complete Part 1.*

**Part 1. General**

No.	Item	Response	Skip to
401	Does this facility have a drugstore?	Yes ..... 01 No ..... 02	
402	Does the facility have a supply of medicines?	Yes ..... 01 No ..... 02	If “No,” end Part 1

403	What is the major source of medicines for this health facility? <i>(circle one response; if there are 2 sources of equal importance, specify in "Other")</i>	Government supplier ..... 01 Private pharmacy ..... 02 Non-governmental organization (NGO)/Mission ..... 03 Other ( <i>specify</i> ) ..... 04 _____	
404	Is there a drug inventory register?	Yes ..... 01 No ..... 02	If "No," skip to Q 406
405	Is the drug inventory register up-to-date (within the last week)?	Yes ..... 01 No ..... 02	
406	Is there a regularly used mechanism to ensure that expired drugs are not distributed?	Yes ..... 01 No ..... 02	
407	When was the last time that you received a routine supply of drugs and consumables?	Within prior month _____ 01 Between 1-3 months _____ 02 More than 3 months _____ 03 Don't know _____ 08	
408	Are drugs (vaccines) that require refrigeration stored in a functioning refrigerator?	Yes ..... 01 No ..... 02	
409	Does this facility determine the quantity of each medicine and order that, or is it the quantity that you receive determined elsewhere?	Determine own needs and orders ..... 01 Needs & orders determined elsewhere ..... 02 Don't know ..... 08	If "Ans 02 or 08," skip to Q 412

410	Routinely, when you order drugs, which best describes the system you use to determine <u>how much</u> of each to order? Do you?	<p>Order to maintain fixed to stock-fixed stock 01  <i>(Review the amount of each medicine remaining, and order to bring the stock amount to a pre-determined [fixed] amount)</i></p> <p>Order same amount 02  <i>(Order exactly the same quantity each time, regardless of the existing stock)</i></p> <p>Order based on utilization 03  <i>(Review the amount of each method used since the previous order, and plan based on prior utilization and expected future activity)</i></p> <p>Other (specify) _____ 04</p> <p>Don't Know 08</p>	
411	Routinely, when you order drugs, which best describes the system you use to deciding <u>when</u> to order? Do you	<p>Predetermined level 01  <i>(Place order whenever stock fall to a predetermined level)</i></p> <p>Fixed time 02,          Every __ __ weeks  <i>(Have a fixed time that orders are submitted)</i></p> <p>Order when needed 03  <i>(Place an order whenever there is believed to be a need, regardless of stock level)</i></p> <p>Other (specify) _____ 04</p> <p>Don't know 08</p>	
412	If there is shortage of a specific medicine between routine orders, what is the most common procedure followed by this facility?	<p>Special order 01  <i>(Place special order to normal supplier)</i></p> <p>Use RKS funds 02  <i>(Purchase utilizing the RKS funds)</i></p> <p>Patients purchase 03  <i>(Clients must purchase the drugs)</i></p>	

## Part 2: Essential drugs

INSTRUCTIONS: Data under this section to be filled under the direct supervision of the team supervisor.

No.	Drug	Available		
		Yes	No	Don't Know
<b>413</b>	<b>Antibiotics: Does this facility have antibiotics?</b> <i>If "No" → skip to Anticonvulsants (Q 414)</i>	01	02	09
a.	Amoxicillin	01	02	09
b.	Ampicillin	01	02	09
c.	Clindamycin	01	02	09
d.	Gentamicin (injection)	01	02	09
e.	Metronidazole (injection)	01	02	09
f.	Penicillin G (Benzyl)	01	02	09
g.	Procaine benzylpenicillin (procaine penicillin G)	01	02	09
h.	Trimethoprim/sulfamethoxazole	01	02	09
i.	Tetracycline eye ointment/drops	01	02	09
<b>414</b>	<b>Anticonvulsants: Does this facility have anticonvulsants?</b> <i>If "No" → skip to Antihypertensives (Q 415)</i>	01	02	09
a	Magnesium sulfate (injection) 50% concentration	01	02	09
b	Magnesium sulfate (injection) concentration other than 50%	01	02	09
c	Diazepam (injection)	01	02	09
d	Phenobarbital (injection)	01	02	09
e	Phenytoin (Diphenylhydantoin)	01	02	09
<b>415</b>	<b>Antihypertensives: Does this facility have antihypertensives?</b> <i>If "No" → skip to Oxytocics (Q 416)</i>	01	02	09

No.	Drug	Available		
		Yes	No	Don't Know
a	Hydralazine	01	02	09
b	Labetalol	01	02	09
c	Methyldopa	01	02	09
d	Nifedipine	01	02	09
416	<b>Oxytocics and prostaglandins: Does this facility have oxytocics or prostaglandins?</b> <i>If "No" → skip to Drugs used in emergencies (Q 417)</i>	01	02	09
a	Ergometrine	01	02	09
b	Methylergometrine	01	02	09
c	Misoprostol	01	02	09
d	Oxytocin	01	02	09
e	Prostaglandin E2 (dinoprostone)	01	02	09
417	<b>Drugs used in emergencies: Does this facility have drugs used in emergencies?</b> <i>If "No" → skip to Anesthetics (Q 418)</i>	01	02	09
a	Adrenaline (epinephrine)	01	02	09
b	Aminophylline	01	02	09
c	Atropine	01	02	09
d	Calcium gluconate	01	02	09
e	Digoxin	01	02	09
f	Diphenhydramine	01	02	09
g	Ephedrine	01	02	09

No.	Drug	Available		
		Yes	No	Don't Know
h	Fursemide	01	02	09
i	Hydrocortisone	01	02	09
j	Naloxone	01	02	09
k	Nitroglycerine	01	02	09
l	Promethazine	01	02	09
418	<b>Analgesics: Does this facility have analgesics?</b> <i>If "No" → skip to Tocolytics (Q 419)</i>	01	02	09
a	Acetylsalicylic acid	01	02	09
b	Paracetamol	01	02	09
c	Pethidine	01	02	09
419	<b>Tocolytics: Does this facility have Tocolytics?</b> <i>If "No" → skip to Steroids (Q 420)</i>	01	02	09
a	Salbutamol	01	02	09
420	<b>Steroids: Does this facility have steroids?</b> <i>If "No" → skip to Intravenous (IV) fluids (Q 421)</i>	01	02	09
a	Betamethasone	01	02	09
b	Dexamethasone	01	02	09
c	Prednisone	01	02	09
d	Prednisolone corticosteriod	01	02	09
421	<b>IV fluids: Does this facility have IV fluids?</b> <i>If "No" → skip to Antimalarials (Q 422)</i>	01	02	09
a	Dextrose	01	02	09

No.	Drug	Available		
		Yes	No	Don't Know
b	Dextran	01	02	09
c	Glucose 5%	01	02	09
d	Glucose 10%	01	02	09
e	Glucose 40% or 50%	01	02	09
f	Normal saline	01	02	09
g	Ringer's lactate	01	02	09
422	<b>Antimalarials: Does this facility have antimalarials?</b> <i>If No → skip to Antiretrovirals (Q 423)</i>	01	02	09
a	Chloroquine	01	02	09
b	Artemisium-based combination therapy (ACT)	01	02	09
c	Quinine Dihydrochloride	01	02	09
423	<b>Contraceptives: Does this facility have any contraceptives?</b> <i>If "No" → skip to Other drugs (Q 424)</i>	01	02	09
a	Combined oral contraceptives	01	02	09
b	Intrauterine devices (IUDs) <i>Specify</i>	01	02	09
c	Condoms	01	02	09
d	Emergency contraception(e pills)	01	02	09
424	<b>Other drugs and supplies</b>	01	02	09
a.	Vitamin K (for newborn)	01	02	09
b.	Nystatin (oral) (for newborn)	01	02	09
c.	Oral rehydration solution	01	02	09

No.	Drug	Available		
		Yes	No	Don't Know
d.	Gentian violet paint	01	02	09
e.	Ferrous sulfate or fumarate	01	02	09
f.	Folic acid	01	02	09
g.	Heparin	01	02	09
h.	Magnesium trisilicate	01	02	09
i.	Sodium citrate	01	02	09
j.	Anti-tetanus serum	01	02	09
k.	Tetanus toxoid vaccine	01	02	09
l.	Anti-Rho (D) immune globulin	01	02	09
m.	Insecticide-treated bednets (ITN)	01	02	09
n.	Pregnancy diagnostic kits	01	02	09

**Part 3. Equipment and supplies**

**INSTRUCTIONS:** If there are no delivery services in this facility, (“No delivery services”) circle 02 (“No”) for Q 108, and do not complete Part 3. If there are delivery services, complete Part 3.

Ask to see where deliveries are conducted. Also, note the area where the care at birth is provided to the newborn.

425 Write the approximate size of the labor room? *If there are more than one labor room, visit each labor room and record the information separately for each.*

--	--

feet

426 How many delivery tables are available?

--	--

- 427 How many are being used?
- 428 Is the lighting adequate in the labor room and newborn corner?  
 Yes 01  
 No 02
- 429 Is there privacy for the delivering mothers?  
 Yes 01  
 No 02
- 430 Is there a toilet that is available for clients to use?  
 Yes 01  
 No 02; Skip to Q 126
- 431 If yes, indicate the type of latrine available  
 Yes, improved type 01  
 Yes, other type 02  
 No 03
- Improved type:** flush/pour flush: to piped sewer system or septic tank or pit latrine, pit latrine or other with slab, composting toilet  
**Other type:** flush/pour to open field/ stream, pit latrine without slab, open pit, hanging bucket
- 432 Indicate the condition of the toilet/ latrine  
 Functioning 01  
 Not functioning 02  
 Unable to observe 03

**Part 3: Equipment and supplies**

**INSTRUCTIONS:** Note the availability and condition of the supplies and equipment for newborn care (The list is all encompassing for care at all levels. The purpose of listing here is not to judge the operationalization level but to have an inventory of all available equipment at the facility. Availability at the facility is important to note for planning and rationalization purposes. Functionality of the equipment needs to be observed.

S.No	Equipment/Supply	Availability	Functionality
------	------------------	--------------	---------------

433		Observed	Reported not seen	Not available	Don't know	Yes	No	Don't Know
<b>MONITORING EQUIPMENTS</b>								
1	Stethoscope with neonatal chest-piece	01	02	03	09	01	02	09
2	Neonatal 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
9	Salter's scale	01	02	03	09	01	02	09
<b>WARMING EQUIPMENTS ( Labor room and OT )</b>								
10	Radiant warmer	01	02	03	09	01	02	09
11	Phototherapy unit	01	02	03	09	01	02	09
12	Any other source (specify)	01	02	03	09	01	02	09
<b>RESUCITATION EQUIPMENTS</b>								
12	Self Inflating bag/ Ambu bag	01	02	03	09	01	02	09
13	Infant laryngoscopes	01	02	03	09	01	02	09
14	Endotracheal Tubes (2.5, 3.0, 3.5 mm) with adapters	01	02	03	09	01	02	09
15	Syringe pump	01	02	03	09	01	02	09
16	Foot operated suction pump	01	02	03	09	01	02	09
<b>OXYGEN ATION FACILITY</b>								
Oxygen source								
17	Centralized	01	02	03	09	01	02	09
18	Oxygen Cylinders	01	02	03	09	01	02	09
19	Concentrator	01	02	03	09	01	02	09
20	Head Boxes for delivery of Oxygen	01	02	03	09	01	02	09
<b>EQUIPMENTS FOR INVESTIGATION ( Laboratory)</b>								
21	Micro-hematocrit (Hemoglobinometer)	01	02	03	09	01	02	09
22	Dextrometer	01	02	03	09	01	02	09
23	Multistix	01	02	03	09	01	02	09

24	Microscope	01	02	03	09	01	02	09
25	Autoclave equipments	01	02	03	09	01	02	09
<b>GENERAL EQUIPMENTS</b>								
26	Generator	01	02	03	09	01	02	09
27	Invertors	01	02	03	09	01	02	09
28	Washing Machine	01	02	03	09	01	02	09
29	Refrigerator	01	02	03	09	01	02	09
30	Computer	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
<b>DELIVERY SET</b>								
35	Artery forceps	01	02	03	09	01	02	09
36	Sponge (ring) forceps	01	02	03	09	01	02	09
38	Dissecting forceps	01	02	03	09	01	02	09
39	Cord-cutting scissors	01	02	03	09	01	02	09
40	Cord ties	01	02	03	09	01	02	09
41	Episiotomy scissors	01	02	03	09	01	02	09
42	Straight stitch scissors	01	02	03	09	01	02	09
43	Gloves	01	02	03	09	01	02	09
44	Plastic sheeting	01	02	03	09	01	02	09
45	Gauze swabs	01	02	03	09	01	02	09
46	Baby cloth	01	02	03	09	01	02	09
47	How many complete delivery sets are there in total? (write number)				09			09

<b>CONSUMMABLES AND DRUGS</b>					
		<b>Observed</b>	<b>Reported not seen</b>	<b>Not available</b>	<b>Don't know</b>
48	I/V cannula	01	02	03	09
49	Needles	01	02	03	09
50	Syringes	01	02	03	09

51	Gloves	01	02	03	09
52	Cord tie	01	02	03	09
53	Soaps	01	02	03	09
54	Slippers	01	02	03	09
55	Surgical caps	01	02	03	09
56	Feeding Tubes	01	02	03	09
57	Suction Tubes	01	02	03	09
58	Scalpel / Blade	01	02	03	09
59	Inj Vit K	01	02	03	09
60	Inj Epinephrine	01	02	03	09
61	Normal saline	01	02	03	09
62	Inj Ampicillin	01	02	03	09
63	Inj Gentamycin	01	02	03	09
64	Inj. Mgsulf,	01	02	03	09
65	Tab. Misoprostol	01	02	03	09
66	Mucous Extractor	01	02	03	09
<b>OTHER DRUGS AND SUPPLIES</b>					
67	Nystatin (oral) (for newborn)	01	02	03	09
68	Oral rehydration solution	01	02	03	09
69	Gentian violet paint	01	02	03	09
70	Ferrous sulfate or fumarate	01	02	03	09
71	Folic acid	01	02	03	09
72	Magnesium trisilicate	01	02	03	09
73	Tetanus toxoid vaccine	01	02	03	09
74	Anti-Rho (D) immune globulin	01	02	03	09
75	Insecticide-treated bednets (ITN)	01	02	03	09

- 434 Where is the radiant warmer; resuscitation equipment located?
- Labor room 01
- OT 02
- Other (specify) 96
- 435 Is any log book maintained for the equipments?
- Yes 01

No

02

## 436 Mechanism of procurement and supply of the key equipment and supplies

S.No	Equipment / supplies	Local purchase & supply*	Purchased at the state and supplied by the state	Don't know	Not applicable
1	Stethoscope with neonatal chest-piece	01	02	09	99
2	Non-invasive BP monitors	01	02	09	99
3	Low reading clinical thermometers	01	02	09	99
4	Room thermometers	01	02	09	99
5	Electronic Baby weighing scale	01	02	09	99
6	Mechanical Baby weighing scale	01	02	09	99
7	Radiant warmer	01	02	09	99
8	Self Inflating bag	01	02	09	99
9	Foot operated suction pump	01	02	09	99
10	Oxygen Cylinders	01	02	09	99
11	Head Boxes for delivery of Oxygen	01	02	09	99
12	Autoclave equipments	01	02	09	99
13	Generator	01	02	09	99
14	Invertors	01	02	09	99
15	Wall clock with second hand	01	02	09	99
16	I/V cannulas	01	02	09	99
17	Needles	01	02	09	99
18	Syringes	01	02	09	99
19	Gloves	01	02	09	99
20	Cord tie	01	02	09	99
21	Soaps	01	02	09	99
22	Suction Tubes	01	02	09	99
23	Scalpel / Blade	01	02	09	99

## 437 Mechanism of maintenance and repair of equipment

Maintenance contract or AMC for all equipments

01

Maintenance contract or AMC for few major equipments\*

02

*Specify the equipments*

Maintenance ad-hoc

03

438 No maintenance 04  
 Are preventive visits as part of maintenance contract or AMC  
 Yes 01  
 No 02

439 In last 12 months any breakdown has happened for the following equipments (*Refer Q 433 and circle only for the applicable equipments*)

S.No	Equipment	Yes	No	Don't know	Not applicable
1	Baby weighing scales	01	02	09	99
2	Radiant warmer	01	02	09	99
3	Photo-therapy unit	01	02	09	99
4	Suction pump	01	02	09	99
5	Oxygen cylinders	01	02	09	99
6	Autoclave equipments	01	02	09	99
7	Generator	01	02	09	99
8	Invertors	01	02	09	99

440 If answer to any item is yes (01), please mention the time taken to get the equipment functional (Only applicable to equipments with breakdown in last 12 months)

S.No	Equipment	Repair Time			
		Less than a month	1-3 months	3-6 months	More than 6 months or still not functional
1	Baby weighing scales	01	02	09	99
2	Radiant warmer	01	02	09	99
3	Photo-therapy unit	01	02	09	99
4	Suction pump	01	02	09	99
5	Oxygen cylinders	01	02	09	99
6	Autoclave equipments	01	02	09	99
7	Generator	01	02	09	99
8	Invertors	01	02	09	99

**B. Stock Outs**

No.	Item	Response	Skip to
441	Have you had a stock out of any of the following antibiotics in the last 12 months? <ul style="list-style-type: none"> <li>• Ampicillin</li> <li>• Gentamicin (injection)</li> <li>• Metronidazole (injection)</li> <li>• Penicillin G (Benzyl)</li> <li>• Procaine benzylpenicillin (procaine penicillin G)</li> </ul>	Yes..... 01 No..... 02 Facility has never had these drugs..... 09	If “No” or “Facility has never had these drugs,” skip to Q 441
442	When was the most recent stock out of any of these antibiotics (injection)? <i>(circle one response)</i>	Currently out of stock ..... 01 Within last month..... 02 Within 3 months ..... 03 Within 6 months ..... 04 Within 12 months ..... 05	
443	Have you had a stock out of magnesium sulfate (injection) in the last 12 months?	Yes..... 01 No..... 02 Facility has never had this drug09	If “No” or “Facility has never had this drug,” skip to Item 433
444	When was the most recent stock out of magnesium sulfate (injection)? <i>(circle one response)</i>	Currently out of stock ..... 01 Within last month..... 02 Within 3 months ..... 03 Within 6 months ..... 04 Within 12 months ..... 05	
445	Have you had a stock out of vaccines in the last 12 months?	Yes..... 01 No..... 02 Facility has never had this drug09	If “No” or “Facility has never had this drug,” skip to this Q

No.	Item	Response	Skip to
446	When was the most recent stock out of vaccines? <i>(circle one response)</i>	Currently out of stock ..... 01 Within last month..... 02 Within 3 months ..... 03 Within 6 months ..... 04 Within 12 months ..... 05	

Comments

**SECTION V: REGISTER AND CLIENT CASE RECORD REVIEW**

**RECORD REVIEW** - Record the number of deliveries, births and deaths during the indicated months. If information is not available, then write 9999. If no cases, write 0.

501	What source(s) of information were used to record the number of deliveries/ births & deaths? Ask if these registers	Delivery register ..... 1 Ward register ..... 2 OT register ..... 3	
-----	--	---	--

exist and which of them has the needed information.

**CIRCLE ALL THAT APPLY**

- Death register ..... 4
- Newborn register ..... 5
- Monthly Report/HIMS ..... 6
- Other ..... 7



		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:
502	Write months examined in register(s) for delivery/death:							
I	No. of all deliveries (include assisted deliveries & c-sections)	a. <input type="text"/>	b. <input type="text"/>	c. <input type="text"/>	d. <input type="text"/>	e. <input type="text"/>	f. <input type="text"/>	g. <input type="text"/>
II	No. of assisted deliveries	a. <input type="text"/>	b. <input type="text"/>	c. <input type="text"/>	d. <input type="text"/>	e. <input type="text"/>	f. <input type="text"/>	g. <input type="text"/>
III	Number of c-sections	a. <input type="text"/>	b. <input type="text"/>	c. <input type="text"/>	d. <input type="text"/>	e. <input type="text"/>	f. <input type="text"/>	g. <input type="text"/>

IV	Number of live births	a. <input type="text"/>	b. <input type="text"/>	c. <input type="text"/>	d. <input type="text"/>	e. <input type="text"/>	f. <input type="text"/>	g. <input type="text"/>
V	Number of newborn deaths	a. <input type="text"/>	b. <input type="text"/>	c. <input type="text"/>	d. <input type="text"/>	e. <input type="text"/>	f. <input type="text"/>	g. <input type="text"/>
VI	Number of fresh stillbirths	a. <input type="text"/>	b. <input type="text"/>	c. <input type="text"/>	d. <input type="text"/>	e. <input type="text"/>	f. <input type="text"/>	g. <input type="text"/>
VII	Number of macerated stillbirths	a. <input type="text"/>	b. <input type="text"/>	c. <input type="text"/>	d. <input type="text"/>	e. <input type="text"/>	f. <input type="text"/>	g. <input type="text"/>
VIII	No of newborns with asphyxia	a. <input type="text"/>	b. <input type="text"/>	c. <input type="text"/>	d. <input type="text"/>	e. <input type="text"/>	f. <input type="text"/>	g. <input type="text"/>

503	Write months examined in register(s) for live births	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:

IX	No. of births >2.5 Kg	a. <input type="text"/>	b. <input type="text"/>	c. <input type="text"/>	d. <input type="text"/>	e. <input type="text"/>	f. <input type="text"/>	gg. <input type="text"/>
X	No. of births < 2.5 Kg	a. <input type="text"/>	b. <input type="text"/>	c. <input type="text"/>	d. <input type="text"/>	e. <input type="text"/>	f. <input type="text"/>	gg. <input type="text"/>
XI	No. of births >37 weeks gestation	a. <input type="text"/>	b. <input type="text"/>	c. <input type="text"/>	d. <input type="text"/>	e. <input type="text"/>	f. <input type="text"/>	gg. <input type="text"/>
XII	No. of births <37 weeks gestation	a. <input type="text"/>	b. <input type="text"/>	c. <input type="text"/>	d. <input type="text"/>	e. <input type="text"/>	f. <input type="text"/>	gg. <input type="text"/>
XIII	No of male births	a. <input type="text"/>	b. <input type="text"/>	c. <input type="text"/>	d. <input type="text"/>	e. <input type="text"/>	f. <input type="text"/>	gg. <input type="text"/>
XIV	No of female births	a. <input type="text"/>	b. <input type="text"/>	c. <input type="text"/>	d. <input type="text"/>	e. <input type="text"/>	f. <input type="text"/>	gg. <input type="text"/>
XV	No of births in SC/ST	a. <input type="text"/>	b. <input type="text"/>	c. <input type="text"/>	d. <input type="text"/>	e. <input type="text"/>	f. <input type="text"/>	gg. <input type="text"/>
		<input type="text"/>						

**INDIVIDUAL CASE RECORDS – Bring Photocopy of a Case Record**

From the labor and delivery register, pick the first 6 deliveries in each of the last four completed months, for 24 total deliveries (or all deliveries in the last 4 months, whichever is the greater number). Find the individual client records that correspond to these deliveries. Ask to be shown the room

where client records are kept and ask to be allowed to pull these 24 client records. Examine each of these records for documentation that the following functions were performed.

No.	Questions	Coding Categories											
		ONE MONTH AGO						TWO MONTHS AGO					
	Case record # -->	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	#11	#12
504	Maternal H/O												
a	Age												
b	Gravida												
c	Para												
d	Maternal Complications												
505	Delivery outcome												
a	Live birth												
b	Still birth												
c	Term												
d	Preterm												
e	Normal B..wt												
f	LBW												
g	Male												
h	Female												
506	Is there a partograph present in chart?												
507	Documentation of use of Essential Newborn Care?												
a	Clean blade used to cut umbilicus?												
b	Immediate drying and wrapping?												
c	Immediate breastfeeding?												
508	Newborn complication												

a	Asphyxia												
b	Hypothermia												
c	Sepsis												
d	Feeding problem												
e	Congenital anomaly												
f	Any Other												
		<b>THREE MONTH AGO</b>						<b>FOUR MONTH AGO</b>					
<b>Case Record # --&gt;</b>		<b>#13</b>	<b>#14</b>	<b>#15</b>	<b>#16</b>	<b>#17</b>	<b>#18</b>	<b>#19</b>	<b>#20</b>	<b>#21</b>	<b>#22</b>	<b>#23</b>	<b>#24</b>
509	Maternal H/O												
a	Age												
b	Gravida												
c	Para												
d	Maternal Complications												
510	Delivery outcome												
a	Live birth												
b	Still birth												
c	Term												
d	Preterm												
e	Normal B..wt												
f	LBW												
g	Male												
h	Female												
511	Is there a partograph present in chart?												
512	Documentation of use of Essential Newborn Care?												
a	Clean blade used to cut umbilicus?												

b	Immediate drying and wrapping?													
c	Immediate breastfeeding?													
513	Newborn complication													
a	Asphyxia													
b	Hypothermia													
c	Sepsis													
d	Feeding problem													
e	Congenital anomaly													
f	Any Other													

**SECTION VI: PROTOCOLS AND GUIDELINES**

For each of the following, record if the protocol is present (seen) or not present (not seen)

- 601 Are patient education materials (IEC materials) displayed?
  - Present 01
  - Not present 02
- 602 Resuscitation & care at birth guidelines
  - Present 01
  - Not present 02
- 603 Protocols on essential newborn care
  - Present 01
  - Not present 02
- 604 Protocols on kangaroo mother care
  - Present 01

	Not present	02
605	Protocols for sick newborn case management	
	Present	01
	Not present	02
606	Breast-feeding policy	
	Present	01
	Not present	02
607	Protocols for handling equipments	
	Present	01
	Not present	02
608	Procedures Manual for Infection Prevention and Control.	
	Present	01
	Not present	02
609	Admission and discharge policy	
	Present	01
	Not present	02
610	Any other standard operating procedure manual	
	Present	01
	Not present	02

Comments
<i>Specify and list name of guidelines/ protocols /IEC seen in the facility</i>

## SECTION VII: INFECTION PREVENTION AND HYGIENE

	<b>Ideal</b>	<b>Method being used</b>	<b>Correct 01/ Incorrect 02</b>
Neonatal Face Mask ( Disinfect daily and sterilize daily)	Clean with detergent after each use  Immerse in 2% Gluteraldehyde  Rinse with clean water and dry with sterile linen (washed and sundried)		
Self inflating bag ( Disinfect daily and sterilize daily)	Dismantle parts  Immerse in 2% Gluteraldehyde  Rinse with clean water and dry with sterile linen  Reassemble parts		
Thermometers	Wipe with alcohol after use  Store in bottle containing dry cotton		
Cot and mattress	Claien everyday with 3% phenol or 5% Lysol		

	Replace mattresses whenever surface covering is broken		
Suction apparatus	<p>Suction bottle should contain 3% phenol or 5% Lysol</p> <p>Suction bottle cleaned with detergent and changed daily</p> <p>Change tube connected to bottle daily.</p> <p>OR</p> <p>Flush with water and dry</p> <p>Soak for infection in 2% gluteraldehyde</p> <p>Ideally suction catheter should be for single use</p>		
Feeding apparatus	<p>Cup, spoon, paladai boiled for at-least 15 min before use</p> <p>Feeding tubes – Disposable</p>		
Laryngoscope	Wipe with 70% isopropyl alcohol after use		

**Guidelines for Bio-medical Waste Management**

Table 4.1 Bio-medical Waste Management Rules – Schedule I

Option	Waste Category	Treatment and disposal
1	Human Anatomical Waste (human tissues, organs, body parts)	Incineration / deep burial
2	Animal Waste (animal tissues, organs, body parts carcasses, bleeding parts, fluid, blood and experimental animals used in research, waste generated by veterinary hospitals colleges, discharge from hospitals, animal houses)	Incineration / deep burial
3	Microbiology & Biotechnology Waste (wastes from laboratory cultures, stocks or specimens of micro-organisms live or attenuated vaccines, human and animal cell culture used in research and infectious agents from research and industrial laboratories, wastes from production of biologicals, toxins, dishes and devices used for transfer of cultures)	Local autoclaving / microwaving / incineration
4	Waste sharps (needles, syringes, scalpels, blades, glass, etc. that may cause puncture and cuts. This includes both used and unused sharps)	Disinfection (chemical treatment/ auto claving/microwaving and mutilation/shredding)
5	Discarded Medicines and Cytotoxic drugs (wastes comprising of outdated, contaminated and discarded medicines)	Incineration, destruction and drugs disposal in secured landfills
6	Solid Waste (Items contaminated with blood, and body fluids including cotton, dressings, soiled plaster casts, lines, beddings, other material contaminated with blood)	Incineration / autoclaving / microwaving
7	Solid Waste (wastes generated from disposable items other than the waste sharps such as tubings, catheters, intravenous sets etc.)	Disinfection by chemical treatment / autoclaving / microwaving and mutilation shredding
8	Liquid Waste (waste generated from laboratory and washing, cleaning, house-keeping and disinfecting activities)	Disinfection by chemical treatment and discharge into drains
9	Incineration Ash (ash from incineration of any bio-medical waste)	Disposal in municipal landfill
10	Chemical Waste (chemicals used in production of biologicals, chemicals used in disinfection, as insecticides, etc.)	Chemical treatment and discharge into drains for liquids and secured landfill for solids

Notes: (1) Chemicals treatment using at least 1% hypochlorite solution or any other equivalent chemical reagent. It must be ensured that chemical treatment ensures disinfection.  
 (2) Mutilation/shredding must be such so as to prevent unauthorized reuse.  
 (3) There will be no chemical pre-treatment before incineration. Chlorinated plastics shall not be incinerated.  
 (4) Deep burial shall be an option available only in towns with population less than five lakhs and in rural areas.  
 Source: Bio-medical Waste Management Rules, 1998, Schedule I. More at: <http://www.nihfw.org/ndc-nihfw/html/legislations/biomedicalwastemanagement.htm>

Colour Coding	Waste Category	Treatment option as per Schedule I
Yellow	Plastic bag Cat. 1, Cat. 2, and Cat. 3, Cat. 6.	Incineration / deep burial
Red	Disinfected container/plastic bag Cat. 3, Cat. 6, Cat.7	Autoclaving / Microwaving / Chemical Treatment
Blue / White Translucent	Plastic bag/puncture proof Cat. 4, Cat. 7. Container	Autoclaving / Microwaving / Chemical Treatment and Destruction / shredding
Black	Plastic bag Cat. 5 and Cat. 9 and Cat. 10. (solid)	Disposal in secured landfill

Notes:  
 1. Colour coding of waste categories with multiple treatment options as defined in Schedule I, shall be selected depending on treatment option chosen, which shall be as specified in Schedule I.  
 2. Waste collection bags for waste types needing incineration shall not be made of chlorinated plastics.  
 3. Categories 8 and 10 (liquid) do not require containers/bags.  
 4. Category 3 if disinfected locally need not be put in containers/bags.  
 Source: Bio-medical Waste Management Rules, 1998.  
 More at: <http://www.nihfw.org/ndc-nihfw/html/legislations/biomedicalwastemanagement.htm>

**SECTION VIII: PROVIDER KNOWLEDGE AND COMPETENCY FOR MATERNAL AND NEWBORN CARE**

**Instructions:** This form should be administered to the provider who attended the largest number of deliveries last month among all those who are present at the time of the visit. Do not read the answers unless the question specifies that they be read. Make the provider feel as comfortable/at ease as possible.

**Read to Provider:** I would like to ask you some questions about your experience and knowledge of maternal and newborn care. These questions are an important part of the facility readiness for newborn services. This is not a test, but rather a general assessment. I will not record your name, and the information you provide will be held in the utmost confidence. Your participation is voluntary; you may choose to not answer a particular question or to end the interview at any time.

No.	Question	Response
801	May I proceed with the interview?	Yes .....01 No .....02

*If the answer to question 801 is "No," end the interview. If "Yes," continue to Question 2.*

802	What is your professional qualification?	Obstetrician .....01 Medical officer (general physician).....02 Health officer (non-physician clinician) .....03 Senior nurse .....04 Nurse (GNM) .....05 ANM..... 06 Other ( <i>specify</i> ) _____ 08
803	How many deliveries did you attend last month?	__ __ __
804	How many years has it been since you received your professional qualification?	__ __  years  __ __  months

Comments

	Question	Response	
		Mentioned	Did not mention
805	What are the primary aspects of effective antenatal care? <i>(circle all spontaneous answers and ask: Anything else?)</i>	<ul style="list-style-type: none"> <li>a. Minimum of 4 consultations 01</li> <li>b. Ensure woman has birth plan 01</li> <li>c. Prevent illness and promote health (tetanus toxoid vaccine, iron tablets, protection against malaria) 01</li> <li>d. Detect existing illnesses and manage complications 01</li> <li>e. Teach the danger signs (of pregnancy, childbirth, and the postpartum period) 01</li> <li>f. Promote breastfeeding 01</li> </ul>	<ul style="list-style-type: none"> <li>02</li> <li>02</li> <li>02</li> <li>02</li> <li>02</li> <li>02</li> </ul>
806	Which women require a special care plan? <i>(circle all spontaneous answers and ask: Anything else?)</i>	<ul style="list-style-type: none"> <li>a. Women who have had a previous cesarean 01</li> <li>b. Women with 5 or more deliveries 01</li> <li>c. Interval &lt;2 years between two pregnancies 01</li> <li>d. Age of primi-gravida &lt;18 years &amp; &gt;30 years 01</li> <li>e. Previous stillbirth 01</li> <li>f. Previous neonatal death 01</li> <li>g. Previous instrumental delivery (vacuum extraction, forceps) 01</li> <li>h. History of severe obstetric complications 01</li> <li>i. Previous history of neonatal/ infant death 01</li> </ul>	<ul style="list-style-type: none"> <li>02</li> <li>02</li> <li>02</li> <li>02</li> <li>02</li> <li>02</li> <li>02</li> <li>02</li> <li>02</li> </ul>
807	How do you know when a pregnant woman is in labor? <i>(circle all spontaneous answers and ask: Anything else?)</i>	<ul style="list-style-type: none"> <li>a. Regular uterine contractions 01</li> <li>b. Dilation of the cervix 01</li> <li>c. Discharge of blood and mucus 01</li> <li>d. Breaking of the waters/ ruptured membranes 01</li> </ul>	<ul style="list-style-type: none"> <li>02</li> <li>02</li> <li>02</li> <li>02</li> </ul>

808	<p>For a woman in labor, what observations do you make as you monitor her progress? (circle all spontaneous answers and ask: Anything else?)</p>	<p>a. Fetal heartbeat b. Color of amniotic fluid c. Degree of molding d. Dilatation of the cervix e. Descent of the head f. Uterine contractions g. Maternal blood pressure h. Maternal temperature i. Maternal pulse</p>	<p>01 01 01 01 01 01 01 01 01</p>	<p>02 02 02 02 02 02 02 02 02</p>
809	<p>Where do you register these observations? (circle all spontaneous answers and ask: Anything else?)</p>	<p>a. On a partograph b. In the patient's clinical record c. On the partograph in the prenatal card d. On a piece of paper/ personal diaries</p>	<p>01 01 01 01</p>	<p>02 02 02 02</p>
810	<p>What are the actions taken during active management of the third stage of labor? (circle all spontaneous answers and ask: Anything else?)</p>	<p>a. Immediate oxytocin (within 1–2 minutes) b. Immediate ergometrine (within 1–2 minutes) c. Controlled cord traction d. Uterine massage</p>	<p>01 01 01 01</p>	<p>02 02 02 02</p>



813	When the newborn presents signs of infection, what initial steps do you take? <i>(circle all spontaneous answers and ask: Anything else?)</i>	a. Explain the situation/condition to the mother or caregiver	01	02
		b. Continue to breastfeed or give breast milk that has been expressed with nasogastric tube if necessary	01	02
		c. Keep airways open	01	02
		d. Begin antibiotics	01	02
		e. Refer	01	02
814	When a newborn weighs less than 2.5kgs, what special care do you provide? <i>(circle all spontaneous answers and ask: Anything else?)</i>	a. Make sure the baby is warm (skin-to-skin/kangaroo technique)	01	02
		b. Provide extra support to the mother to establish breastfeeding	01	02
		c. Monitor ability to breastfeed/sucking capacity	01	02
		d. Monitor baby for the first 24 hours	01	02
		e. Ensure infection prevention	01	02
		f. Refer to the hospital	01	02

815. I am going to read a list of services. For each one I would like you to tell me if you've been trained (during pre-service or in-service training) to provide the service, and if you have provided the service in the last 6 months.

Service	Have you ever received instruction on how to...?		Have you provided this service in the past 6 months?	
	Yes	No	Yes	No
a. Provide effective antenatal care	01	02	01	02
b. Use the partograph	01	02	01	02
c. Do active management of the third stage of labor	01	02	01	02
d. Do manual removal of the placenta	01	02	01	02
e. Begin IV fluids	01	02	01	02

Service	Have you ever received instruction on how to...?		Have you provided this service in the past 6 months?	
	Yes	No	Yes	No
f. Check for anemia	01	02	01	02
g. Administer IM or IV magnesium sulfate for the treatment of severe pre-eclampsia or eclampsia	01	02	01	02
h. Administer antiretrovirals for PMTCT	01	02	01	02
i. Counsel women about family planning and contraception	01	02	01	02
j. Resuscitate a newborn with bag and mask	01	02	01	02
k. Breast-feeding support	01	02	01	02
l. Identify sick newborns using IMNCI approach	01	02	01	02
m. Provide kangaroo mother Care	01	02	01	02
n. Infection prevention and control	01	02	01	02
o. Detection of hypothermia in newborns	01	02	01	02
p. Feeding of LBW babies	01	02	01	02

**Guided Interview for Newborn Resuscitation**

Check the answer to the last question (Question 815j). If interviewee has not been trained to resuscitate a newborn with bag and mask or tube and mask **and** has not performed newborn resuscitation in the past 6 months, end the interview. If s/he has been trained or s/he has performed newborn resuscitation, proceed.

No.	Question	Response
816	Where did you receive training in newborn resuscitation?  (read options)	In-service ..... 1 Pre-service..... 2 Both ..... 3 Other (specify) _____ 4

No.	Question	Response		
		Mentioned	Did not mention	
817	Please describe how you would diagnose birth asphyxia.  <i>(circle all spontaneous answers and ask whether there is anything else the respondent would like to add)</i>	a. Depressed breathing b. Floppiness c. Not cried at birth d. Delayed crying ( 1 min after birth) e. Delayed crying ( 5 min after birth) f. Heart rate below 100 beats per minute g. Central cyanosis (blue tongue)	01 01 01 01 01 01 01	02 02 02 02 02 02 02
818	Please describe the sequential steps of neonatal resuscitation.  <i>(circle all spontaneous answers and ask whether there is anything else the respondent would like to add)</i>	a. Call for help b. Explain to mother condition of baby c. Place the newborn face up d. Wrap or cover baby, except for face and upper portion of chest e. Position baby's head so neck is slightly extended f. Suction mouth then nose g. Start ventilation using bag and mask	01 01 01 01 01 01 01	02 02 02 02 02 02 02
819	<i>(Data collector's observation only; do not ask aloud)</i> Were the steps mentioned in sequential order?		<b>Yes</b> 01	<b>No</b> 02

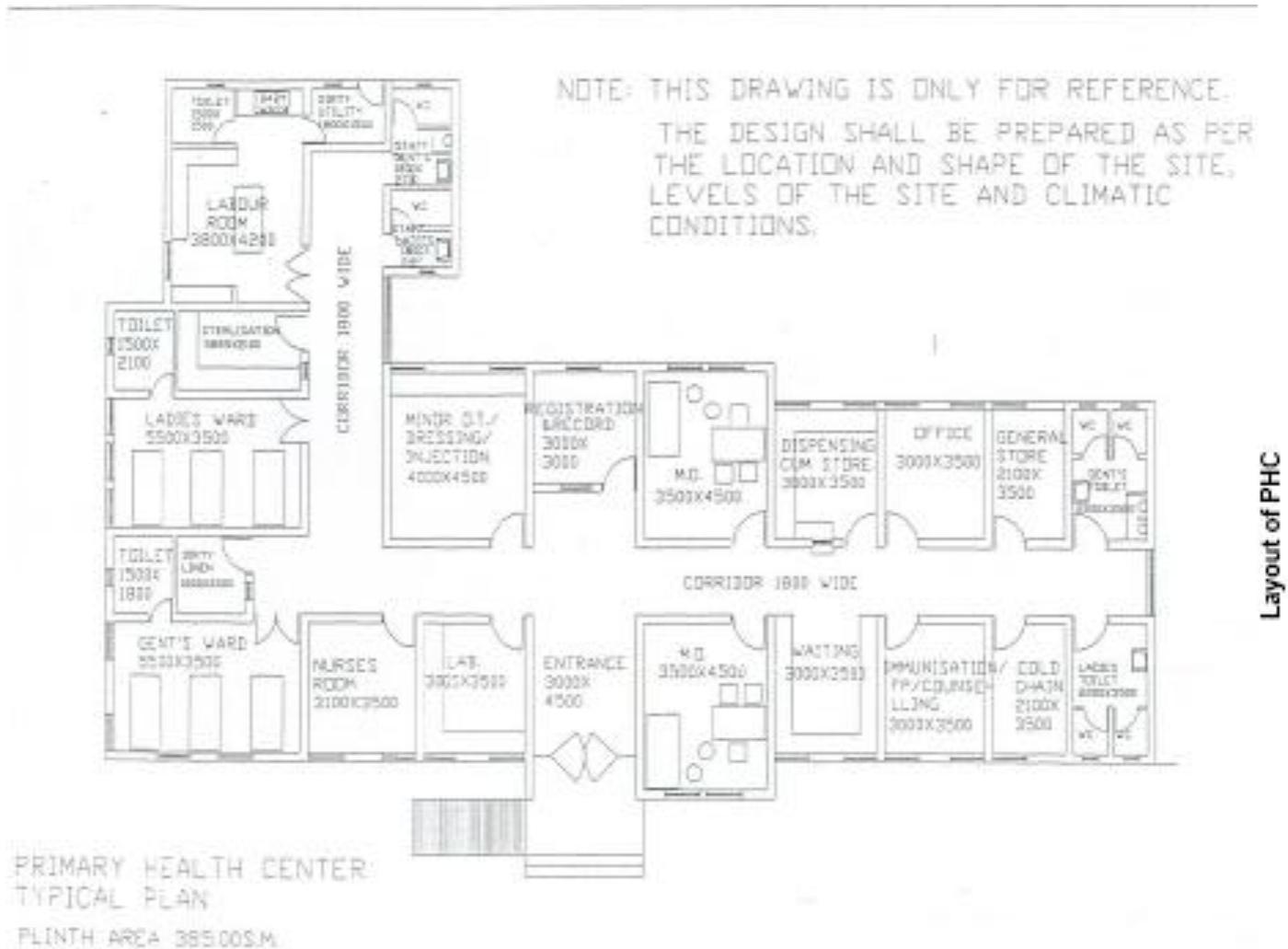
No.	Question	Response		
		Mentioned	Did not mention	
820	If resuscitating with bag and mask, what do you do? <i>(circle all spontaneous answers and ask: Anything else?)</i>	a. Place mask so it covers baby’s chin, mouth, and nose	01	02
		b. Ensure appropriate seal has been formed between mask, nose, mouth, and chin	01	02
		c. Ventilate 1 or 2 times and see if chest is rising	01	02
		d. Ventilate 40-60 times per minute for 1 minute	01	02
		e. Pause and determine whether baby is breathing spontaneously	01	02
821	If baby is breathing and there is no sign of respiratory difficulty (intercostal retractions or grunting), what do you do? <i>(circle all spontaneous answers and ask: Anything else?)</i>	a. Keep baby warm	01	02
		b. Initiate breastfeeding	01	02
		c. Continue monitoring the baby	01	02
822	If baby does NOT begin to breathe or if breathing is less than 30 breaths per minute, or if there is intercostal retraction or grunting, what do you do? <i>(circle all spontaneous answers and ask: Anything else?)</i>	a. Continue to ventilate	01	02
		b. Administer oxygen, if available	01	02
		c. Assess the need for special care	01	02
		d. Explain to the mother what is happening	01	02
		e. Intubate per the resuscitation guidelines	01	02
		e. Refer the newborn	01	02

SECTION IX: ROOM “WALK- THROUGH”

**INSTRUCTIONS:** *The walk-through is to attempt to trace the physical path that a women and the newborn might follow as it stays in the facility. In order to assess the readiness of the facility to provide newborn care services, it is important to note the following two as you walk through the facility*

*1<sup>st</sup> – Team's should walk through the overall facility to understand the basic layout of various rooms providing different services. If the facility is large, the team should only capture the route during the visit that the team had to follow, for areas providing various services for delivery and post natal care. The route ideally should reflect – Arrival, Evaluation, Stabilization or initial observation or treatment, Definitive treatment, Monitoring and recovery and information/ counseling and discharge*

*3<sup>rd</sup> -In-order to organize immediate newborn care in the labor room, setting up of the labor room for the following – Arrival, Hand-washing, delivery area, newborn corners, placement of suction and weighing scales, discharge.*



Draw below a rough layout of the facility as you walked through

Time at the end of assessment

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Signature:

Date:

**Thank all the staff of the facility for supporting the assessment. Inform that the facility report will be shared with the medical officer in-charge.**

*Disclaimer: "These study/study tools is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of the Maternal and Child Health Integrated Program (MCHIP) and do not necessarily reflect the views of USAID or the United States Government. "*