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**REACH**

RESOURCES  
FOR CHILD  
HEALTH

# **ASSESSMENT OF PRIMARY HEALTH CARE IN HODEIDA GOVERNORATE**

## **Appendix F Questionnaires**

### **29 June - 31 August, 1991**

### **Yemen**



**The Resources for Child Health (REACH) Project**  
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**ASSESSMENT OF PRIMARY HEALTH CARE  
IN HODEIDA GOVERNORATE  
29th June - 31st August 1991**

Report prepared by

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October 1991

**Appendix F Questionnaires**

1	PHC Unit	19 pages
2	Trainer/Supervisor	18 pages
3	Health Centre	11 pages

These questionnaires were developed for use by experienced staff. They are designed for ease of use in obtaining reliable information during the interview, not for rapid tabulation. They are not suitable for use by enumerators.

Due to their length the questionnaires have been bound separately from the main report.

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ASSESSMENT OF BASIC HEALTH SERVICES IN HODEIDA GOVERNORATE  
 JULY-AUGUST 1991  
 HEALTH OFFICE AND ACCS/REACH

3rd Draft  
 26/7/91

Unit Name \_\_\_\_\_ PHC UNIT CODE \_\_\_\_\_  
 Prior Rank: Above/Average/Below NAHIA \_\_\_\_\_  
 QADA' \_\_\_\_\_  
 Date visited \_\_\_/\_\_\_/91 Supervised from \_\_\_\_\_  
 Time Started: \_\_\_:\_\_\_ Finished: \_\_\_:\_\_\_  
 Name of Murshid M PHCWs \_\_\_  
 Name(s) of Murshida F PHCWs \_\_\_  
 1. Has this Unit been closed for any amount of time since (it first opened/you started work)? NO  
 YES → Explain.

2. TRAINING & EMPLOYMENT  
 WRITE DATES (mm/yy) FOR THE FOLLOWING:

Name	2A	2B	2C	2D	3A		3B	
	Date Quali- fied	Date Started Work	Officially Employed by MoPH	Gap in months, B→C	In-service Training		Workshops	
M:					NO	YES	NO	YES
F:					NO	YES	NO	YES
					NO	YES	NO	YES
					NO	YES	NO	YES

2.D IF THERE IS A LONG GAP BETWEEN B & C:  
 What did you do about financial support? ASK FOR M AND FOR F

3. REFRESHER TRAINING

3.1 Since you started work, have you had any in-service training or attended any workshops? MARK IN GRID ABOVE, UNDER 3A/3B.

IF YES: Describe topics of In-Service Training / WorkShops, where they were held, duration, and who did the training. INDICATE IF FOR MALE OR FOR FEMALE.

4. REFERENCE MATERIALS:

4. A. Do you have (NAME OF MATERIAL) here at the Unit (or at home)?

IF A=YES: B. Do you use them? IF B=NO, ASK WHY NOT

IF B=YES: C. What was the last topic you looked up?  
 D. When was that?  
 E. Do you find (NAME OF MATERIAL) useful?

	A. AVAILABILITY			B. USED?	C. LAST TOPIC?	D. WHEN?	E. USEFUL?	
4.1 Manual for M PHCW	NO	UNIT	HOME	NO YES _____	_____	_____	NO	YES
4.2 Manual for F PHCW	NO	UNIT	HOME	NO YES _____	_____	_____	NO	YES
4.3 "Where there is no Doctor"	NO	UNIT	HOME	NO YES _____	_____	_____	NO	YES
4.4 TPHCP Child Health	NO	UNIT	HOME	NO YES _____	_____	_____	NO	YES
4.5 TPHCP Info.System	NO	UNIT	HOME	NO YES _____	_____	_____	NO	YES
4.6 TPHCP Child to Child	NO	UNIT	HOME	NO YES _____	_____	_____	NO	YES
4.7 MoH Statistics green	NO	UNIT	HOME	NO YES _____	_____	_____	NO	YES
4.8 MoH Referral orange	NO	UNIT	HOME	NO YES _____	_____	_____	NO	YES
4.9 MoH Logistics blue	NO	UNIT	HOME	NO YES _____	_____	_____	NO	YES

4.5 Are (other) reference materials wanted? NO YES-M YES-F

IF YES: On what topics?

5. CATCHMENT POPULATION

5.1 Have you ever done a survey in the catchment area covered by this unit? NO —> GO TO 5.2 YES

IF YES: Describe the survey, and when you did it.

5.2 IS THERE A MAP? NO YES

5.3 IS THERE A LIST OF VILLAGES & POPULATION? NO ONLY ON MAP YES  
 ↳GO TO 5.6

5.4 Have you ever updated the information about the population in your catchment area? NO YES

IF YES: FIND OUT WHY, HOW AND WHEN UPDATING OCCURRED



6. ACTIVITIES OF THE UNIT: RECORD WHETHER INFO IS FOR MURSHID M PHCW  
 OR FOR MURSHIDA F PHCW  
 PHCW'S ACTIVITY TIMETABLE AVAILABLE? YES  
 NO

A. Do you do (THIS ACTIVITY)?

B. IF YES: How often do you do it? (daily? weekly? monthly?)

C. IF NO: Why don't you do this activity?

ACTIVITY	(Reference on Activity Rpt)	A	B		D
			DOES THIS?	HOW OFTEN?	
			C	WHY DOESN'T DO IT	
6.1 *Curative (Attendance) (AT.No)	NO	YES—>	_____	_____	*
6.2 *Children's Clinic at Unit ( ? )	NO	YES—>	_____	_____	*
*6.2.1 Growth Monitoring	NO	YES—>	_____	_____	*
*6.2.2 Immunization (EPI Rpt)	NO	YES—>	_____	_____	*
*6.2.3 Treatment with ORS (ORL?)	NO	YES—>	_____	_____	*
6.2.4 Other curative (T 0-4)	NO	YES—>	_____	_____	
6.3 *Antenatal Clinic at Unit (UPVN)	NO	YES—>	_____	_____	*
*6.3.1 Gives TT? ( TT )	NO	YES—>	_____	_____	*
6.4 *Antenatal Home Visits (HPVN)	NO	YES—>	_____	_____	*
6.5 *Labour and Delivery ( ? )	NO	YES—>	_____	_____	*
6.6 *Postnatal visits ( ? )	NO	YES—>	_____	_____	*
6.7 *Pregnancy spacing clients (CSN)	NO	YES—>	_____	_____	*
6.8 Any other home visits? ( ? )	NO	YES—>	_____	_____	
6.9 Field visits, all (WS,GP,S&M,FS)	NO	YES—>	_____	_____	
6.10 Health Education, all topics (NL & NA for W,Nut,MC,Imm,Other)	NO	YES—>	_____	_____	
6.11 Meetings with community leaders	NO	YES—>	_____	_____	
6.12 Recording, registering and reporting	NO	YES—>	_____	_____	
6.13 Meetings with T/S & H. Office staff (incl. supervision)	NO	YES—>	_____	_____	
6.14 Travelling on health business outside the catchment area	NO	YES—>	_____	_____	
6.15 Other activities?	NO	YES—>	_____	_____	
		YES—>	_____	_____	
6.16 Days absent	NONE	YES—>	_____	DAYS ABSENT, LAST 30 DAYS	

D. (7.2) COUNT THE NUMBER OF CASES/VISITS IN LAST 30 DAYS FOR ITEMS MARKED \*

7.1 REGISTERS: LIST ALL THE CURRENT REGISTERS

- A. Is this register available at the Unit? IF YES, ASK B,C,D  
IF NO: When did you last have it in stock? (WRITE DATE OOS, MM/YY)
- B. IF A=YES: Is it used?
- C. IF B=NO: Why not?
- C. IF B=YES: By whom?
- D. DATE OF LAST ENTRY

	A IS IT IN STOCK? Date OOS	B USED?	C WHY NOT USED/ WHO USES IT?	D LAST ENTRY
7.1.1 Child Health Register showing newborns and their immunizations	NO ___/___	YES NO YES	-----	___/___
7.1.2 Birth Register	NO ___/___	YES NO YES	-----	___/___
7.1.3 Death Register	NO ___/___	YES NO YES	-----	___/___
7.1.4 Curative Attendances	NO ___/___	YES NO YES	-----	___/___
7.1.5 Family Planning Regist.	NO ___/___	YES NO YES	-----	___/___
7.1.6 Stock book for drugs	NO ___/___	YES NO YES	-----	___/___
7.1.7 EPI Register	NO ___/___	YES NO YES	-----	___/___
7.1.8 Duplicate Book	NO ___/___	YES NO YES	-----	___/___

7.2 COUNT NUMBER OF CASES/VISITS  
IN THE LAST 30 DAYS FOR  
ITEMS MARKED \* ON PAGE 4:

	CROSS CHECK	MONTH _____		TODAY'S COUNT	
		LAST NEW	REPORT /OLD	M PHCW NEW /OLD	F PHCW NEW /OLD
Curative attendance (total)	6.1__	___ / ___	___ / ___	___ / ___	
Children's Clinic at Unit	6.2__	n/a			
Growth Monitoring (nbr. weighed)	6.2.1__	n/a			
Immunization: DPT 3 under 1 yr	6.2.2__				
total doses					
Treatment with ORS	6.2.3__				<—
Antenatal clinic at unit	6.3__	___ / ___	___ / ___	___ / ___	<—
Tetanus toxoid: total doses	6.3.1__				
TT 2					
Antenatal home visits	6.4__				<—
Births Registered/Deliveries attended	6.5__	___ / ___	REG		ATTEN- DED<—
Postnatal visits	6.6__				
How many postnatal visits per woman delivered, usually?					
Pregnancy spacing clients	6.7__	___ / ___	___ / ___	___ / ___	<—

7.3 RECORDS AND FORMS IN STOCK

A. Is (TYPE OF STATIONERY) in stock at the Unit? IF YES, ASK B,C,D  
 IF A=NO: When did you last have it in stock? (WRITE DATE OOS, MM/YY)

B. IF A=YES: Quantity in stock  
 C. Is it used?  
 D. IF C=YES: By whom?  
 D. IF C=NO: Why not?

	A IS IT IN STOCK? Date OOS	B QUANTITY	C USED?	D WHO USES IT?/ WHY NOT USED?
7.3.1 Road to Health charts?	NO ___/___	YES _____	YES NO	_____
7.3.2 EPI cards (children)?	NO ___/___	YES _____	YES NO	_____
7.3.3 TT cards (women)?	NO ___/___	YES _____	YES NO	_____
7.3.4 Antenatal cards?	NO ___/___	YES _____	YES NO	_____
7.3.5 Family Planning cards?	NO ___/___	YES _____	YES NO	_____
7.3.6 Monthly Activity forms?	NO ___/___	YES _____	YES NO	_____
7.3.7 Monthly Disease forms?	NO ___/___	YES _____	YES NO	_____
7.3.8 Referral forms	NO ___/___	YES _____	YES NO	_____
7.3.9 EPI Daily Tally forms	NO ___/___	YES _____	YES NO	_____

REPORTING PRACTICES: Who fills out the Monthly Report on:

7.4 Activities at the Unit? M PHCW F PHCW T/S OTHER  
 7.5 Diseases, by age and sex? M PHCW F PHCW T/S OTHER

7.6 If you had a patient with (NAME THE CONDITION), where would you count it on the Monthly Report of Diseases (SHOW THE FORM)?

- A. Jaundice \_\_\_\_\_
- B. Vomiting & stomach pain \_\_\_\_\_
- C. Fever without headache or chills \_\_\_\_\_

7.7 Have you ever had a patient with any of these: (READ THE 5 MENTAL DISEASES ON THE FORM)? YES NO

7.8 How do you differentiate between psychiatric disturbances and mental disturbances?

7.9 FIND OUT HOW THE PHCW DIFFERENTIATES BETWEEN FIELD VISITS AND HEALTH EDUCATION - SEE 6.9 AND 6.10 ON PAGE 4.

## REPORTING PRACTICES (continued)

- 7.10 (SEE 7.2, PAGE 5): How do you define "Old" and "New" attenders?
- 7.11 Do you have equal numbers of male and female adult patients? YES  
NO
- What percentage of adult attenders is female? PHCW'S ESTIMATE \_\_\_%
- COUNT FROM REGISTER: ADULT MALE\_\_\_\_\_ ADULT FEMALE\_\_\_\_\_ % F
- Out of all your adult patients coming for treatment of disease, (\_\_\_%) is female. That means for every \_\_ adult patients, one is female. Can you explain why? EXPLAIN FOR LOW, EQUAL OR HIGH PROPORTION.
- 7.12 What is the maximum number of doses of Tetanus Toxoid that a woman should receive in her whole life? \_\_\_\_\_ MAXIMUM DOSES OF TT
- Which doses of TT do you report on the Monthly Summary of Activity? CIRCLE ALL MENTIONED
- |   | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| 1 |   |   |   |   |   |
| 2 |   |   |   |   |   |
| 3 |   |   |   |   |   |
| 4 |   |   |   |   |   |
| 5 |   |   |   |   |   |
- 7.13 Who fills out the Summary of EPI Activities, by age and dose? M PHCW  
F PHCW  
T/S, OTHER —> GO TO 7.15  
NOT DONE —> GO TO 7.15
- 7.14 If a baby receives its dose of BCG before the 'Arbaeen, where do you record it on the EPI Summary Form?
- 7.15 Do you give any babies their BCG before the 'Arbaeen? NO —>GO TO 7.16  
YES
- IF YES: Where do you record it in the EPI Register?
- NO EPI REGISTER (SEE 7.1)
- IMMUNIZATION COVERAGE CCUNTED FROM: DAILY TALLY SHEET  
EPI REGISTER
- 7.16 When was the last immunization session held here? \_\_\_\_/\_\_\_\_/\_\_\_\_ DAYS
- How many children attended on (that day/those days)? \_\_\_\_ CHILDREN
- COUNT, PAYING ATTENTION TO DATE OF BIRTH AND DATE OF SESSION.
- 7.17 How many children under 5 months received DPT1? \_\_\_\_\_

8. COVERAGE, TARGETS AND SCREENING:

MURSHID / M PHCW

CBR OF

8.1 The catchment population of this unit is \_\_\_\_\_ (see page 3).  
 How many children do you expect to be born here in a month? or a year?

45/1000  
 GIVES

BIRTHS PER MONTH \_\_\_\_\_  
 PER YEAR \_\_\_\_\_

MM \_\_\_\_\_  
 YY \_\_\_\_\_

8.2 Suppose all services, transport and supplies are available. How often would an immunization session be held here?

\_\_\_\_\_ PER \_\_\_\_\_

If immunization services were held that often, how many children should attend each (month/session)?

\_\_\_\_\_ CHILDREN

8.3 IF Q.7.1 SHOWS REGISTER EXISTS, ASK:  
 How many children are active on the Child Health Register now?

NO REGISTER

PHCW's ESTIMATE \_\_\_\_\_

What age group do you include in this Register?

\_\_\_\_\_

COUNT ELIGIBLE CASES FROM REGISTER AND DISCUSS ANY DISCREPANCIES

COUNT FROM REG. \_\_\_\_\_

8.4 When a child comes to you for the first time, what do you check for?

(A) CIRCLE THOSE THAT ARE MENTIONED WITHOUT A PROBE.  
 IF NOT MENTIONED, THEN PROBE AND RECORD ANSWER IN (B).

	A		B	
	M PHCW MENTIONED		AFTER PROBING	
Low birthweight	YES	NO —>	YES	NO
Failure to gain weight at normal rate	YES	NO —>	YES	NO
Family had previous infant deaths	YES	NO —>	YES	NO
Older children in family are underweight	YES	NO —>	YES	NO
Family does not come for immunization or child health clinic	YES	NO —>	YES	NO
OTHER RISK FACTORS MENTIONED:	N=____		N=____	

8.5 Suppose you saw a child for the first time, and found that it was underweight. What would you do?

	M PHCW MENTIONED		AFTER PROBING	
	YES	NO —>	YES	NO
Give advice about nutrition, feeding	YES	NO —>	YES	NO
Follow up with regular weighing to monitor growth	YES	NO —>	YES	NO

## SCREENING AND REFERRALS:

MURSHID / M PHCW

- |   | M PHCW MENTIONED | AFTER PROBING |        |
|---|------------------|---------------|--------|
| 8.6 Suppose you saw a child who had diarrhoea. What would you check for?          |                  |               |        |
| Dehydration   | YES              | NO —>         | YES NO |
| 8.7 If the fontanelle was sunk and the eyes were sunk and dry, what would you do? |                  |               |        |
| Prepare and start administering ORS   | YES              | NO —>         | YES NO |
| Show mother how to rehydrate child  | YES              | NO —>         | YES NO |
| Refer to doctor   | YES              | NO —>         | YES NO |
| 8.8 How do you follow up a referred case?   |                  |               |        |
| Registers the patient's details   | YES              | NO —>         | YES NO |
| Writes a note to the doctor/hospital  | YES              | NO —>         | YES NO |
| Visits the patient's home   | YES              | NO —>         | YES NO |
| 8.9 When was the last time you referred a child you considered to be at risk?     |                  | —/—           | NEVER  |
| 8.10 What was the problem?  |                  |               |        |

PREVENTIVE / EMERGENCY / MEDICAL

9. COVERAGE, TARGETS AND SCREENING: MURSHIDA / F PHCW
- 9.1 The catchment population of this unit is \_\_\_\_\_ (see page 3). CBR OF 45/1000  
 How many children do you expect to be born here in a month? or a year? BIRTHS PER MONTH \_\_\_\_\_ MM \_\_\_\_\_  
 PER YEAR \_\_\_\_\_ YY \_\_\_\_\_
- 9.2 When a woman sees you for the first antenatal visit of her pregnancy, how many months pregnant is she? \_\_\_\_\_ MONTH OF PREGNANCY
- 9.3 Ideally, how many times would you see her for normal checkups before she delivers? \_\_\_\_\_ ANC CHECK-UPS
- 9.4 Suppose all pregnant women were willing to have antenatal care. During one month, how many would you expect to see for a normal antenatal check-up? \_\_\_\_\_
- 9.5 COUNT FROM RECORDS FOR LAST 30 DAYS (PAGE 7) SHOWS \_\_\_\_\_ ANC AT CLINIC  
 AND \_\_\_\_\_ HOME VISITS
- DISCUSS ANY DISCREPANCIES. TOTAL \_\_\_\_\_ ANC LAST 30 DAYS.

9.6 When you see a pregnant woman for the first time, what do you check for?

(A) CIRCLE THOSE THAT ARE MENTIONED WITHOUT A PROBE.  
 IF NOT MENTIONED, THEN PROBE AND RECORD THE ANSWER IN (B).

	A	B	
F PHCW	MENTIONED	AFTER PROBING	
Age under ____	YES	NO —>	YES NO
Age over ____	YES	NO —>	YES NO
Short stature	YES	NO —>	YES NO
First baby	YES	NO —>	YES NO
High parity (____ or more)	YES	NO —>	YES NO
Bad obstetric history (miscarriage, haemorrhage, abnormal delivery, C.section, eclampsia, still birth) N=____	YES	NO —>	YES NO
Medical condition (severe anemia, TB or respiratory problem, heart problem, kidney problem, diabetic, eclampsia, jaundice) N=____	YES	NO —>	YES NO
OTHER RISK FACTORS MENTIONED:	N=____		N=____

MURSHIDA'S QUESTIONS: AT RISK CASES AND REFERRALS

9.7 Suppose a woman came for antenatal care, and you found out that she had had a Caesarian section. What would you do? F PHCW MENTIONED AFTER PROBING

Refer her to hospital for the delivery	YES		NO	—>	YES	NO
--	-----	--	----	----	-----	----

9.8 A. Have you ever had a pregnant woman with (CONDITION)?  
 B. IF A=YES: When? How long ago?  
 C. What did you do?  
 C. IF A=NO: What would you do if she had (CONDITION)?

	A	B	C	
	EVER SEEN?	WHEN?	WHAT ACTION (SHOULD BE)?	

9.8.1 Severe anemia	NO	YES	_____	REFERRED	_____
9.8.2 TB or respiratory problem	NO	YES	_____	REFERRED	_____
9.8.3 Eclampsia (oedema+HBP)	NO	YES	_____	REFERRED	_____
9.8.4 Jaundice	NO	YES	_____	REFERRED	_____

9.9 If a woman bleeds alot after delivery, what do you do?

F PHCW MENTIONED AFTER PROBING

Give ergometrine	YES		NO	—>	YES	NO
Get her lying down, raise her legs	YES		NO	—>	YES	NO
Refer her to hospital	YES		NO	—>	YES	NO

9.10 When was the last time you referred a woman? \_\_\_\_\_ (DD/MM/YY)

Why did you refer her? \_\_\_\_\_ PREVENTIVE / EMERGENCY

Do women go when you refer them? NEVER SOMETIMES ALWAYS

IF NOT ALWAYS: Why don't they go? < \_\_\_\_\_

9.11 Do you report your referred cases in the Monthly Activities Report? YES NO

9.12 How do you follow up a referred case? MENTIONED AFTER PROBING

Registers the patient's details	YES		NO	—>	YES	NO
Writes a note to the doctor/hospital	YES		NO	—>	YES	NO
Visits the patient's home	YES		NO	—>	YES	NO

MURSHIDA'S QUESTIONS: KNOWLEDGE, ATTITUDES, PRACTICES

9.13 What is the maximum number of doses of Tetanus Toxoid /7.12 that a woman should receive in her whole life? MAXIMUM  
DOSES OF TT

Which doses of TT do you report on the Monthly Summary of Activity? 0 1 2 3 4 5

9.14 Do you advise mothers on breastfeeding and colostrum? YES NO

9.15 Do you give mothers information about pregnancy spacing? YES NO

IF NO: Why not?

IF YES: Do you have enough supplies of contraceptives? YES NO

9.16 Do you visit the mother and baby after the 'Arba'een? YES NO

IF NO: Why not?

9.17 Do you see them in the Unit at the Child Health Clinic? YES NO

IF NO: Why not?

9.18 Do you advise mothers about weaning foods? YES NO

IF YES: ...when the baby is how old? \_\_\_\_\_ MONTHS

9.19 How do you coordinate with the murshid for the care of the baby, after a delivery?

PROBE REGISTRATION OF NEWBORNS, USE OF REGISTERS.

MURSHIDA'S QUESTIONS ON SCREENING CHILDREN

9.20 When you see a child for the first time, what do you check for? /8.4

(A) CIRCLE THOSE THAT ARE MENTIONED WITHOUT A PROBE. IF NOT MENTIONED, THEN PROBE AND RECORD ANSWER IN (B).

	A		B	
	F PHCW MENTIONED		AFTER PROBING	
Low birthweight	YES	NO —>	YES	NO
Failure to gain weight at normal rate	YES	NO —>	YES	NO
Family had previous infant deaths	YES	NO —>	YES	NO
Older children in family are underweight	YES	NO —>	YES	NO
Family does not come for immunization or child health clinic	YES	NO —>	YES	NO

OTHER RISK FACTORS MENTIONED:

N=---

N=---

MURSHIDA'S QUESTIONS ON SCREENING CHILDREN (continued)

9.21 Suppose you saw a child for the first time, and found that it was /8.5 underweight. What would you do?

	F PHCW MENTIONED	AFTER PROBING	
Give advice about nutrition, feeding	YES	NO —>	YES NO
Follow up with regular weighing to monitor growth	YES	NO —>	YES NO

9.22 Suppose you saw a child who had /8.6 diarrhoea. What would you check for?

Dehydration	YES	NO —>	YES NO
-------------	-----	-------	--------

9.23 If the fontanelle was sunk and the eyes were sunk and dry, /8.7 what would you do?

Prepare and start administering ORS	YES	NO —>	YES NO
Show mother how to rehydrate child	YES	NO —>	YES NO
Refer to doctor	YES	NO —>	YES NO

9.24 When was the last time you referred a child /8.9 you considered to be at risk?

—/— NEVER

9.25 What was the problem? /8.10

PREVENTIVE / EMERGENCY

10. EQUIPMENT

A. IS IT AVAILABLE?

IF YES: B. IS IT WORKING? IF NO: SINCE WHEN? Describe problem overleaf

IF YES: C. IS IT USED?

IF YES: D. CHECK IF STAFF CAN USE SELECTED ITEMS CORRECTLY.

	A AVAILABLE?	B WORKING?	C USED?	D CORRECTLY?
10.1 Adult weighing scales	NO YES—>	NO_____ YES—>	NO YES—>	NO YES
10.2 Infant scales (table)	NO YES—>	NO_____ YES—>	NO YES—>	NO YES
10.3 Portable spring scale	NO YES—>	NO_____ YES—>	NO YES—>	NO YES
10.4 Stethoscope	NO YES—>	NO_____ YES—>	NO YES—>	NO YES
10.5 Blood pressure apparatus	NO YES—>	NO_____ YES—>	NO YES—>	NO YES
10.6 Fetoscope	NO YES—>	NO_____ YES—>	NO YES—>	NO YES
10.7 Scissors for delivery	NO YES—>	NO_____ YES—>	NO YES—>	SEE PAGE 15
10.8 Oral thermometer	NO YES—>	NO_____ YES—>	NO YES—>	NO YES
10.9 Tape measure	NO YES—>	NO_____ YES—>	NO YES	
10.10 Sterilizer	NO YES—>	NO_____ YES—>	NO YES—>	SEE PAGE 15
10.11 Forceps	NO YES—>	NO_____ YES—>	NO YES—>	NO YES
10.12 Stove	NO YES—>	NO_____ YES—>	NO YES	
10.13 Cabinet for drug store	NO YES—>	NO_____ YES—>	NO YES—>	SEE PAGE 15
10.14 Vaccine carrier daily	NO YES—>	NO_____ YES—>	NO YES—>	SEE PAGE 15
10.15 Cold box (7-day)	NO YES—>	NO_____ YES—>	NO YES—>	SEE PAGE 15
10.16 Refrigerator_____	NO YES—>	NO_____ YES—>	NO YES—>	SEE PAGE 15
10.17 Brush or broom	NO YES—>	NO_____ YES—>	NO YES	
10.18 Motorcycle_____	NO YES—>	NO_____ YES—>	NO YES—>	SEE BELOW
YEAR_____ cc:_____ SOURCE: TPHCP PHCW Other_____				
Kilometers:_____ How many km per month?_____ Km per litre? _____				
Is it insured? NO YES Running costs/year? YR_____				
REPAIRS, MAINTENANCE NEEDED; COST ESTIMATE:				

## CORRECT USE OF EQUIPMENT

## 10.19 IF SCISSORS (10.7) ARE USED:

What do you do with the scissors before using them (to cut the cord?)

## IF STERILIZER (10.10) IS USED:

How do you use the sterilizer?

	PHCW MENTIONED	AFTER PROBING	
- Item cleaned beforehand	YES	NO —>	YES NO
- Boiled for 20 minutes	YES	NO —>	YES NO
- Removed with sterile forceps	YES	NO —>	YES NO

## 10.20 IF DAILY VACCINE CARRIER IS USED - AT UNIT OR AT EPI SESSION

How do you handle vaccines during an immunization session?

- Carrier kept in the shade	YES	NO —>	YES NO
- Unused vials kept in the carrier	YES	NO —>	YES NO
- Opened vials in the ice pack	YES	NO —>	YES NO
- Icepack at 0 to +8oC	YES	NO —>	YES NO
- Part-used vials discarded	YES	NO —>	YES NO
- Unused vials discarded if there is no 7-day cold box: (10.15)	YES	NO —>	YES NO

## 10.21 IF 7-DAY COLDBOX IS USED - AT UNIT OR AT EPI SESSION

How do you look after vaccines kept in the 7-day cold box?

- Coldbox kept in the shade	YES	NO —>	YES NO
- Opened only twice daily	YES	NO —>	YES NO

## 10.22 IF REFRIGERATOR IS USED, CHECK THE FOLLOWING:

- Completed temperature records which are up to date?	YES	NO
- Is there a thermometer?	YES	NO
- Is temperature between 0o and +8oC?	YES	NO
- Are stock records kept?	YES	NO
- Are all vaccines in stock?	YES	NO
- Are all vaccines within expiry date?	YES	NO
- Are there frozen icepacks in the freezing compartment?	YES	NO
- Fridge is clean and orderly, used only for EPI?	YES	NO

## 10.23 OBSERVE HOW THE DRUG STOCKS ARE ARRANGED.

11. DRUG STOCKS A. Units recorded (eg. tins of 100)  
 B. Date of last supply  
 C. Balance in stock then  
 D. Number of units supplied then  
 E. Balance on Stock Register now: 0=out of stock; X=not registered  
 F. Physical count of stock  
 G. If out of stock (F=0), what was Date of stockout?  
 H. Expired?

	A Units	B Date of Last Supply	C Balance in stock then	D No. of units supp- lied	E Balance now in stock <u>RECORDS</u>	F <u>COUNT</u>	G If OOS, Date of Stockout	H Is it exp- ired
11.1 ORS packets								
11.2 Antibiotic syrup								
11.3 Antibiotic tablets								
11.4 Antibiotic Eye Ointment								
11.5 Antianaemic								
11.6 Antimalarial syrup								
11.7 Antimalarial tablets								
11.8 Analgesic								
11.9 Oral contra- ceptive								
.10 Ergometrine								
.11 Cord tape								
.12 Butagas for stove, fridge								
.13 Cleaning supplies								
.14 Fuel for motorbike								

- 11.15 COMPARE CURRENT STOCK WITH CASES IN LAST 30 DAYS (SEE PAGE 5, Q.7.2)  
 WHAT DOES PHCW DO IF THERE IS NO STOCK?

- > \_\_\_\_ Diarrhoea  
       \_\_\_\_ Acute Resp.Tract Infections  
       \_\_\_\_ Eye diseases
- > \_\_\_\_ Antenatal + \_\_\_\_ Anaemia  
       \_\_\_\_ Malaria
- > \_\_\_\_ FP users
- > \_\_\_\_ Deliveries by staff

12. SUPERVISION

12.1 Who is your supervisor? \_\_\_\_\_

When was (SUPERVISOR) last here? (DD/MM/YY)      \_\_\_/\_\_\_/\_\_\_

12.2 What did (he/she) do?

	PHCW MENTIONED	.... AFTER PROBING	WHEN DONE MM/YY
- Used the printed check list	YES	NO -> YES	NO -> ___/___
- Discussed comments about PHCW's work	YES	NO -> YES	NO -> ___/___
- Wrote these comments in Duplicate Book	YES	NO -> YES	NO -> ___/___
- Checked the Registers	YES	NO -> YES	NO -> ___/___
- Compared registers with Monthly Reports	YES	NO -> YES	NO -> ___/___
- Checked drug stocks	YES	NO -> YES	NO -> ___/___
- Brought Drug Kit	YES	NO -> YES	NO -> ___/___
- Brought other supplies (forms, etc)	YES	NO -> YES	NO -> ___/___
- Accompanied PHCW on house visits	YES	NO -> YES	NO -> ___/___
- Visited the school	YES	NO -> YES	NO -> ___/___
- Met community leaders	YES	NO -> YES	NO -> ___/___
-			
-			
-			

12.3 IF NOT DONE ON LAST VISIT:

When was the last time (SUPERVISOR) did this?      WRITE DATE ABOVE \_\_\_\_\_

12.4 When was the last visit by anyone from the Health Office?

(DD/MM/YY)      \_\_\_/\_\_\_/\_\_\_

Who came from the Health Office? \_\_\_\_\_

What did (HEALTH OFFICE STAFF) do?

	PHCW MENTIONED	.... AFTER PROBING
- Compared Monthly Report with Registers	YES	NO -> YES NO
- Discusses PHCW's relationship with T/S	YES	NO -> YES NO
- Discussed relationship w. community	YES	NO -> YES NO
- Met local leaders	YES	NO -> YES NO
- Read Duplicate Book notes	YES	NO -> YES NO
- Wrote comments in Duplicate Book	YES	NO -> YES NO
-		
-		
-		

12.5 Do you have scheduled meetings with (SUPERVISOR) and other PHCWs at (SUPERVISING CENTRE)?

NO -> GO TO 12.6  
YES

IF YES: How often are they held?

What happens at these meetings?

PROBE ABOUT COLLECTING DRUGS, SALARY; HANDING IN REPORTS;  
ATTENDING A MEETING, DISCUSSING PROBLEMS & TECHNICAL MATTERS

IF PHCW COLLECTS SALARY AT MONTHLY MEETING, GO TO 12.7

SUPERVISION (continued)

12.6 Would you prefer to collect your salary from the  
(SUPERVISING CENTRE) or as now, from the Health Office?

SUPERVISOR  
HEALTH OFFICE

12.7 During supervision visits, are you able to: IF YES OR NO GET AN EXAMPLE  
IF IT NEVER AROSE CODE n/a

... get advice about any technical matters which you are unsure about?	n/a	YES	NO	_____
... explain any problems with your work	n/a	YES	NO	_____
... resolve your problems?	n/a	YES	NO	_____

12.8 What is your biggest problem concerning your work?

12.9 Do you feel the need for further training in any aspect  
of your responsibilities as a (murshid/murshida)? NO YES

IF YES: What aspects?

12.10 How would you describe your relationship  
with the community? Excellent? Cordial? Neutral? Poor? Impossible?

Has it always been like that? NO YES

EXPLORE THE CONTRIBUTING FACTORS:



ASSESSMENT OF BASIC HEALTH SERVICES IN HODEIDA GOVERNORATE  
 JULY-AUGUST 1991  
 HEALTH OFFICE AND ACCS/REACH

2nd Draft  
 31/7/91

Supervisor \_\_\_\_\_ Based at \_\_\_\_\_

PHC Units surveyed A: \_\_\_\_\_ B: \_\_\_\_\_

Date visited \_\_\_/\_\_\_/91 Time Started: \_\_\_:\_\_\_ Finished: \_\_\_:\_\_\_

1. T/S's BASIC TRAINING AND EMPLOYMENT

School: Years of education completed \_\_\_

PLACE	DURATION MNTHS/YRS	QUALIFICATION		SUBSEQUENT WORK EXPERIENCE		
		TITLE	DATE	TITLE, TASKS	PLACE	DURATION
-----	-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----	-----

2. CHECK: Length of time working as a Trainer? \_\_\_\_\_ MONTHS / YEARS  
 Length of time working as a Supervisor? \_\_\_\_\_ MONTHS / YEARS  
 Length of time at this supervision centre? \_\_\_\_\_ MONTHS / YEARS

3. REFRESHER TRAINING AND SHORT COURSES ATTENDED BY T/S:

Start with most recent and work backwards.

Indicate whether Short Course (SC), In-Service (I-S) or Workshop (W) —> SC/

SUBJECT	PLACE YEMEN/ABROAD	DURATION	DATE ENDED	I-S
				/W?
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----

4. REFERENCE MATERIALS:

4. A. Do you have (NAME OF MATERIAL) here at the Health Centre (or at home)?

IF A=YES: B. Do you use them? IF B=NO, ASK WHY NOT

IF B=YES: C. What was the last topic you looked up?

D. When was that?

E. Do you find (NAME OF MATERIAL) useful?

	A. AVAILABILITY			B. USED?	C. LAST TOPIC?	D. WHEN?	E. USEFUL?	
4.1 Manual for M PHCW	NO	HC	HOME	NO YES _____	_____	_____	NO	YES
4.2 Manual for F PHCW	NO	HC	HOME	NO YES _____	_____	_____	NO	YES
4.3 "Where there is no Doctor"	NO	HC	HOME	NO YES _____	_____	_____	NO	YES
4.4 TPHCP Child Health	NO	HC	HOME	NO YES _____	_____	_____	NO	YES
4.5 TPHCP Info.System	NO	HC	HOME	NO YES _____	_____	_____	NO	YES
4.6 Child to Child (ICH,London)	NO	HC	HOME	NO YES _____	_____	_____	NO	YES
4.7 MoH Statistics green	NO	HC	HOME	NO YES _____	_____	_____	NO	YES
4.8 MoH Referral orange	NO	HC	HOME	NO YES _____	_____	_____	NO	YES
4.9 MoH Logistics blue	NO	HC	HOME	NO YES _____	_____	_____	NO	YES
.10 Helping Health Workers Learn	NO	HC	HOME	NO YES _____	_____	_____	NO	YES
.11 On Being In Charge	NO	HC	HOME	NO YES _____	_____	_____	NO	YES

4.5 Are (other) reference materials wanted? NO YES

IF YES: On what topics?

4.6 What reference materials or manuals do the Murshideen have?

LIST TITLES NAMED BY THEIR NUMBER ABOVE: 1 2 3 4 5 6 7 8 9

4.7 Do you think they need more reference materials or manuals? NO YES

IF YES: On what topics?

5. CATCHMENT POPULATIONS

5.1 For the Units which you supervise, do you know the villages in their catchment areas? YES NO → GO TO 5.3

	PHC UNIT A		PHC UNIT B
5.2 IF YES: Please name the villages for	_____	and	_____
CIRCLE THE ID NUMBER (from PHCW's Questionnaire) OF VILLAGES NAMED:			
	1 2 3 4 5 6 7 8 9		1 2 3 4 5 6 7 8 9

Are these villages for the regular PHC Unit's activities or for the EPI Campaign?

CAMPAIGN  
PHC UNIT

CAMPAIGN  
PHC UNIT

5.3 Does (UNIT A/B) have a list of the villages and population in its area?

NO YES

NO YES

5.4 Do you know the size of the population in the catchment area for (UNIT A/B)?

NO YES

NO YES

FROM PHC UNIT Q'AIRE, PAGE 3:

[\_\_\_\_\_]

[\_\_\_\_\_]

IF YES: What is it?

\_\_\_\_\_

\_\_\_\_\_

Is this the population for the EPI Campaign or for regular PHC?

CAMPAIGN  
PHC UNIT

CAMPAIGN  
PHC UNIT

5.5 Do you know of any private clinics in the area covered by the PHCW?

NO YES

NO YES

COMPARE WITH PHCW'S INFORMATION:

6. ACTIVITIES OF THE UNIT

Do the PHCWs supervised by you keep an Activity Timetable showing their weekly or monthly schedule?

YES

NO

IF NO: Why did they stop keeping an Activity Timetable?

CHECK PHCW's Q'AIRE FOR THE FOLLOWING ACTIVITIES. IF NOT DONE, ASK WHY?

(Source)	A: _____		B: _____	
	Page 4	Page 5	Page 4	Page 5
6.2.1 Growth Monitoring ( ? )	----	----	----	----
6.2.2 Immunization (EPI Rpt)	----	----	----	----
6.3.1 Gives TT? ( TT )	----	----	----	----
6.6 Postnatal visits ( ? )	----	----	----	----
6.7 Pregnancy spacing (CSN) clients	----	----	----	----

6.16 Do you know how many days (MURSID A/B) was absent from work for personal reasons or sickness during the last month?

IF YES: What were the reasons for his absence?

NO → GO TO Q.6.17  
 YES  
 A: \_\_\_ B: \_\_\_ DAYS ABSENT, LAST 30 DAYS

6.17 T/S's ACTIVITIES PER MONTH:

- Days at the Health Centre \_\_\_\_\_

What is your work at the Health Centre?  
 CHECK WHETHER HE ISSUES VACCINE.

- Days out for supervision \_\_\_\_\_

- Days out for EPI \_\_\_\_\_

- Meetings at the Health Office \_\_\_\_\_

- Other health business: \_\_\_\_\_

Explain:

7. REGISTERS, RECORDS AND FORMS

A. What registers, report forms, patient records (cards) and other stationery should every PHC Unit have? (SEE 7.1 and 7.3)

B. IF NOT MENTIONED, PROBE.

C. Do your units have all the necessary stationery? COMPARE WITH UNITS' DATA

D. DISCUSS ANY SHORTAGES OR DISCREPANCIES.

	A	B	C	D
	T/S MENTIONED	AFTER PROBING	UNITS O.O.S. A / B	EXPLANATIONS
7.1.1 Child Health Register showing newborns and their immunizations	YES	NO —>	YES NO	-----
7.1.2 Birth Register	YES	NO —>	YES NO	-----
7.1.3 Death Register	YES	NO —>	YES NO	-----
7.1.4 Curative Attendances	YES	NO —>	YES NO	-----
7.1.5 Family Planning Regist.	YES	NO —>	YES NO	-----
7.1.6 Stock book for drugs	YES	NO —>	YES NO	-----
7.1.7 EPI Register	YES	NO —>	YES NO	-----
7.1.8 Duplicate Book	YES	NO —>	YES NO	-----
7.3.1 Road to Health charts	YES	NO —>	YES NO	-----
7.3.2 EPI cards (children)	YES	NO —>	YES NO	-----
7.3.3 TT cards (women)	YES	NO —>	YES NO	-----
7.3.4 Antenatal cards	YES	NO —>	YES NO	-----
7.3.5 Family Planning cards	YES	NO —>	YES NO	-----
7.3.6 Monthly Activity forms	YES	NO —>	YES NO	-----
7.3.7 Monthly Disease forms	YES	NO —>	YES NO	-----
7.3.8 Referral forms	YES	NO —>	YES NO	-----
7.3.9 EPI Daily Tally forms	YES	NO —>	YES NO	-----
7.3.10 EPI Summary forms (rough tally, Child & TT)	YES	NO —>	YES NO	-----
7.3.11 EPI Summary forms (final numbers)	YES	NO —>	YES NO	-----
7.3.12 Stock Request/Issue forms	YES	NO —>	YES NO	-----

REPORTING PRACTICES: CROSS-CHECK FROM UNIT Q'AIRES: WHO FILLS OUT THE MONTHLY REPORTS FOR:

7.4 ACTIVITIES AT THE UNIT?

A: \_\_\_\_\_ B: \_\_\_\_\_

7.5 DISEASES, BY AGE AND SEX?

\_\_\_\_\_

\_\_\_\_\_

Do you check the Monthly Report of Activities and the Monthly Report of Diseases for (UNIT A/B)?

YES NO YES NO

IF YES: FIND OUT HOW T/S DOES THIS CHECKING.  
IF NO: Why don't you check (MONTHLY REPORT)?

7.6 If the Murshid had a patient with (NAME THE CONDITION), where should he count it on the Monthly Report of Diseases (SHOW THE FORM)?

- A. Jaundice \_\_\_\_\_
- B. Vomiting & stomach pain \_\_\_\_\_
- C. Fever without headache or chills \_\_\_\_\_

7.8 If a Murshid asked you how they should differentiate between psychiatric disturbances and mental disturbances (SHOW THE FORM), how would you explain the difference to them?

7.9 If a Murshid visited the Water Project to check for stagnant water, met some people there and discussed drainage, how would you advise him to record these activities on the Monthly Report?

7.10 Which patients should be recorded under Curative Attendance?

	T/S MENTIONED		AFTER PROBING	
	YES	NO —>	YES	NO
WHERE: Patient seen at the Unit	YES	NO —>	YES	NO
Patient seen at home	YES	NO —>	YES	NO
SERVICE PROVIDED:				
If drug treatment was dispensed	YES	NO —>	YES	NO
If drugs not dispensed but prescribed	YES	NO —>	YES	NO
First dressing of a wound	YES	NO —>	YES	NO
Changing old dressings	YES	NO —>	YES	NO
Giving an injection brought by patient	YES	NO —>	YES	NO
If a sick patient is given advice only	YES	NO —>	YES	NO
If patient is referred to the doctor	YES	NO —>	YES	NO

REPORTING PRACTICES (continued)

7.10 How should the Murshid define "Old" and "New" attenders?  
B

7.12 What is the maximum number of doses of Tetanus Toxoid that a woman should receive in her whole life? \_\_\_\_\_ MAXIMUM DOSES OF TT

At what intervals?

Which doses of TT should be reported on the Monthly Summary of Activity? CIRCLE ALL MENTIONED

1	2	3	4	5
---	---	---	---	---

7.13 Who fills out the Summary of EPI Activities, by age and dose?

M PHCW	F PHCW
T/S	
OTHER	

7.14 If a baby receives its dose of BCG before the 'Arbaeen, where do you record it on the EPI Summary Form?

7.15 Where should the Murshid record it in the EPI Register?

IMMUNIZATION COVERAGE

	PHC UNIT A	PHC UNIT B
7.16 When we visited (UNIT A/B) we found out that the last immunization session was held on	___/___/___	___/___/___
and lasted for (NUMBER OF DAYS),	___ DAYS	___ DAYS
(but before that there have only been ..... (NUMBER OF MONTHS) since the Campaign when EPI was offered in that area).	___ MONTHS	___ MONTHS

Why is immunization not available every month?

CHECK WHETHER ALL ANTIGENS WERE OFFERED LAST SESSION:	BCG DPT OPV	BCG DPT OPV
IF ANY WERE NOT OFFERED, FIND OUT WHY.	MEASLES TT	MEASLES TT

How do you inform the Murshid when you will bring vaccines for EPI?

8. COVERAGE, TARGETS AND SCREENING: CBR OF 45/1000 GIVES 11-12 BIRTHS/MONTH  
135 BIRTHS/YEAR

8.1 The catchment population of a PHC Unit is about 3,000 people.  
How many children do you expect to be born  
in the area covered by the Unit in a month? BIRTHS \_\_\_\_\_ /MONTH  
or in a year? OR \_\_\_\_\_ /YEAR

How do you calculate this number of births from the population figures?

8.2 Suppose all services, transport and supplies are available. How often should an immunization session be held at (UNIT A/B) A: \_\_\_\_\_ B: \_\_\_\_\_  
\_\_\_\_\_ DAYS \_\_\_\_\_ DAYS  
PER \_\_\_\_\_ PER \_\_\_\_\_  
If immunization services were held that often, how many children should attend each month in (UNIT A/B)? \_\_\_\_\_CHILDREN \_\_\_\_\_CHILDREN

8.3 What age group should be included in the EPI Register now (after the Campaign)?  
What age group should be in the Child Health Register, for growth monitoring?

8.4 When the Murshid sees a child for the first time, what should he check for?

	T/S MENTIONED	AFTER PROBING	
Low birthweight: Below _ _ _ _ gm	YES	NO —>	YES NO
Failure to gain weight at normal rate	YES	NO —>	YES NO
Family had previous infant deaths	YES	NO —>	YES NO
Older children in family are underweight	YES	NO —>	YES NO
Family does not come for immunization or child health clinic	YES	NO —>	YES NO
OTHER RISK FACTORS MENTIONED:	N=---	N=---	

8.5 Suppose the Murshid saw a child for the first time, and found that it was underweight. What should he do?

	T/S MENTIONED	AFTER PROBING	
Give advice about nutrition, feeding	YES	NO —>	YES NO
Follow up with regular weighing to monitor growth	YES	NO —>	YES NO

## SCREENING AND REFERRALS:

8.6 Suppose the Murshid saw a child who had diarrhoea. What should he check for?

Dehydration

T/S MENTIONED	AFTER PROBING	
YES	NO —>	YES NO
YES	NO —>	YES NO

8.7 If the fontanelle was sunk and the eyes were sunk and dry, what should he do?

Prepare and start administering ORS

YES	NO —>	YES NO
YES	NO —>	YES NO

Show mother how to rehydrate child

YES	NO —>	YES NO
YES	NO —>	YES NO

Refer to doctor

YES	NO —>	YES NO
YES	NO —>	YES NO

8.8 How does the Murshid follow up a referred case?

Registers the patient's details

YES	NO —>	YES NO
YES	NO —>	YES NO

Writes a note to the doctor/hospital

YES	NO —>	YES NO
YES	NO —>	YES NO

Visits the patient's home

YES	NO —>	YES NO
YES	NO —>	YES NO

CHECK: IF NO REFERRAL FORMS, HOW DOES MURSHID COMMUNICATE WITH THE DOCTOR?

A: --

B: --

8.9 Do you follow up with the Murshid on referred cases? YES NO

IF YES: How?

IF NO: Why not?

13

9. COVERAGE, TARGETS AND SCREENING FOR FEMALE T/S CBR OF 45/1000 GIVES 11-12 BIRTHS/MONTH  
135 BIRTHS/YEAR

9.1 The catchment population of a PHC Unit is about 3,000 people.  
How many children do you expect to be born in the area covered by the Unit in a month? BIRTHS \_\_\_\_\_ /MONTH  
or in a year? OR \_\_\_\_\_ /YEAR

How do you calculate this number of births from the population figures?

9.3 Ideally, how many times should the Murshida/Daiya see a woman for normal checkups before she delivers? \_\_\_\_\_ ANC CHECK-UPS

9.4 Suppose all pregnant women were willing to have antenatal care. During one month, how many women would you expect the Murshida/Daiya to see for a normal antenatal check-up? \_\_\_\_\_

Are the Murshidaat/Daiyaat reaching this target? YES NO  
IF NO: Why not?

9.6 When the Murshida/Daiya sees a pregnant woman for the first time, what should she check for?

	T/S MENTIONED	AFTER PROBING	
Age under ____	YES	NO →	YES NO
Age over ____	YES	NO →	YES NO
Short stature	YES	NO →	YES NO
First baby	YES	NO →	YES NO
High parity (____ or more)	YES	NO →	YES NO
Bad obstetric history (miscarriage, haemorrhage, abnormal delivery, C.section, eclampsia, still birth) N=____	YES	NO →	YES NO
Medical condition (severe anemia, TB or respiratory problem, heart problem, kidney problem, diabetic, eclampsia, jaundice) N=____	YES	NO →	YES NO
OTHER RISK FACTORS MENTIONED:	N=____		N=____

FEMALE T/S: AT RISK CASES AND REFERRALS

9.7 Suppose the Murshida/Daiya saw a woman for antenatal care, and she found out that the woman had had a Caesarian section. What should she do?

Refer her to hospital for the delivery

T/S MENTIONED AFTER PROBING

YES | NO —> YES NO

9.8 If the Murshida/Daiya sees a pregnant woman with (CONDITION), what should she do?

T/S SAID

AFTER PROBING

9.8.1 Severe anemia

REFER

REFER

WOULD NOT REFER

9.8.2 TB or respiratory problem

REFER

REFER

WOULD NOT REFER

9.8.3 Eclampsia (oedema+HBP)

REFER

REFER

WOULD NOT REFER

9.8.4 Jaundice

REFER

REFER

WOULD NOT REFER

9.9 If a woman bleeds alot after delivery, what should the Murshida/Daiya do?

T/S MENTIONED

AFTER PROBING

Give ergometrine

YES

NO —>

YES

NO

Get her lying down, raise her legs

YES

NO —>

YES

NO

Refer her to hospital

YES

NO —>

YES

NO

9.11 Where are the Murshida's/Daiya's referred cases reported?

— MONTHLY ACTIVITY REPORT

— MURSHIDA'S MONTHLY REPORT

— NOT REPORTED

9.12 How should the Murshida/Daiya follow up a referred case?

T/S MENTIONED

AFTER PROBING

Registers the patient's details

YES

NO —>

YES

NO

Writes a note to the doctor/hospital

YES

NO —>

YES

NO

Visits the patient's home

YES

NO —>

YES

NO

9.12 Do you follow up cases referred by the Murshida/Daiya?

YES

NO

A

IF YES: How?

IF NO: Why not?

## SCREENING CHILDREN BY MURSHIDAAT/DAIYAAT

9.13 What is the maximum number of doses of Tetanus Toxoid  
/7.12 that a woman should receive in her whole life?

MAXIMUM  
DOSES OF TT

At what intervals?

Which doses of TT do you report on the  
Monthly Summary of Activity?

0 1 2 3 4 5

9.20 When the Murshida/Daiya sees a child for the first time,  
/8.4 what should she check for?

	T/S MENTIONED	AFTER PROBING	
Low birthweight	YES	NO —>	YES NO
Failure to gain weight at normal rate	YES	NO —>	YES NO
Family had previous infant deaths	YES	NO —>	YES NO
Older children in family are underweight	YES	NO —>	YES NO
Family does not come for immunization or child health clinic	YES	NO —>	YES NO
OTHER RISK FACTORS MENTIONED:	N=---	N=---	

9.21 Suppose she saw a child for the first time, and found that it was  
/8.5 underweight. What should she do?

Give advice about nutrition, feeding	YES	NO —>	YES NO
Follow up with regular weighing to monitor growth	YES	NO —>	YES NO

9.22 Suppose she saw a child who had  
/8.6 diarrhoea. What should she check for?

Dehydration	YES	NO —>	YES NO
-------------	-----	-------	--------

9.23 If the fontanelle was sunk and the eyes dry,  
/8.7 what should she do?

Prepare and start administering ORS	YES	NO —>	YES NO
Show mother how to rehydrate child	YES	NO —>	YES NO
Refer to doctor	YES	NO —>	YES NO

## 10. EQUIPMENT FOR MALE: MARK ITEMS NOT AVAILABLE OR NOT WORKING AT UNITS A &amp; B

What items of equipment do you consider essential for a Murshid?

	A	B	T/S MENTIONED AFTER PROBE			
10.1 Adult weighing scales	---	---	YES	NO —>	YES	NO
10.2 Infant scales (table)	---	---	YES	NO —>	YES	NO
10.3 Portable spring scale	---	---	YES	NO —>	YES	NO
10.4 Stethoscope	---	---	YES	NO —>	YES	NO
10.5 Blood pressure apparat.	---	---	YES	NO —>	YES	NO
10.6 Fetoscope	---	---	YES	NO —>	YES	NO
10.7 Scissors for surgical	---	---	YES	NO —>	YES	NO
10.8 Oral thermometer	---	---	YES	NO —>	YES	NO
10.9 Tape measure	---	---	YES	NO —>	YES	NO
10.10 Sterilizer	---	---	YES	NO —>	YES	NO
10.11 Forceps	---	---	YES	NO —>	YES	NO
10.12 Stove	---	---	YES	NO —>	YES	NO
10.13 Cabinet for drug store	---	---	YES	NO —>	YES	NO
10.14 Vaccine carrier daily	---	---	YES	NO —>	YES	NO
10.15 Cold box (7-day)	---	---	YES	NO —>	YES	NO
10.16 Refrigerator	---	---	YES	NO —>	YES	NO
10.17 Brush or broom	---	---	YES	NO —>	YES	NO
10.18 Motorcycle	---	---	YES	NO —>	YES	NO

If an essential piece of equipment is broken, unusable or not available at the Unit, what do you do?

CORRECT USE OF EQUIPMENT

10.19 How should the Murshid/Murshida make the scissors ready for use?

	T/S MENTIONED		AFTER PROBING	
	YES	NO	YES	NO
- Item cleaned beforehand	YES	NO	YES	NO
- Boiled for 20 minutes	YES	NO	YES	NO
- Removed with sterile forceps	YES	NO	YES	NO

10.20 How should vaccines be handled during an immunization session?

	T/S MENTIONED		AFTER PROBING	
	YES	NO	YES	NO
- Carrier kept in the shade	YES	NO	YES	NO
- Unused vials kept in the carrier	YES	NO	YES	NO
- Opened vials in the ice pack	YES	NO	YES	NO
- Icepack at 0oC to +8oC	YES	NO	YES	NO
- Part-used vials discarded	YES	NO	YES	NO
- Unused vials discarded if there is no 7-day cold box or fridge	YES	NO	YES	NO

10.21 How do you pack the 7-day cold box with vaccines?

- DPT and TT protected from freezing	YES	NO	YES	NO
- Cold box full of icepacks: n=_____	YES	NO	YES	NO

How should the Murshid look after vaccines kept in this cold box?

- Coldbox kept in the shade	YES	NO	YES	NO
- Opened only twice daily	YES	NO	YES	NO

10.22 DESCRIBE AND CHECK THE EQUIPMENT USED FOR VACCINES:

BCG	Below 0oC?	YES	NO	20 doses x _____ vials = _____ doses
Measles	Below 0oC?	YES	NO	10 doses x _____ vials = _____ doses
OPV	Below 0oC?	YES	NO	20 doses x _____ vials = _____ doses
DPT	Above 0, <8oC?	YES	NO	20 doses x _____ vials = _____ doses
TT	Above 0, <8oC?	YES	NO	20 doses x _____ vials = _____ doses

- Are all vaccines in stock? YES NO
- Are all vaccines within expiry date? YES NO

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VACCINE HANDLING (continued)

- Completed temperature records which are up to date? YES NO
- Is there a thermometer? YES NO
- Is temperature in freezer below 0oC? YES NO
- Is refrigerator temperature between 0o and +8oC? YES NO
- Are stock records kept? YES NO
- Are frozen icepacks in freezing compartment? n=----- YES NO
- Fridge is clean and orderly, used only for EPI? YES NO

11. DRUG STOCKS AND RESUPPLY

COMPARE CURRENT STOCK WITH CASES IN LAST 30 DAYS FROM PAGE 16 FOR UNITS.  
IF MURSHID/MURSHIDA HAD CASES BUT NO STOCK, ASK:

	A	B	What do you do if the Murshid(a) has no drugs or supplies for treating these cases?
Diarrhoea	---	---	
Acute R.T.I.	---	---	
Eye diseases	---	---	
Antenatal + Anaemia	---	---	
Malaria	---	---	
FP users	---	---	
Deliveries by staff	---	---	

12. SUPERVISION

Please name all the PHC Units which you supervise. N=-----  
CHECK AGAINST THE COMPUTER LIST.

Do you have a timetable for visiting these units? YES NO

12.1 When did you last go to (UNIT A/B)? \_\_\_/\_\_\_/\_\_\_ \_\_\_/\_\_\_/\_\_\_

Was it for EPI or regular supervision? EPI SUPVN EPI SUPVN

IF EPI: When was the last supervision visit? \_\_\_/\_\_\_/\_\_\_ \_\_\_/\_\_\_/\_\_\_  
IF MORE THAN 1 MONTH AGO, EXPLAIN:

How do you prepare for a regular supervision visit?

	YES	T/S MENTIONED	AFTER PROBING	YES	NO
- Review last report for requests, plans	YES	NO	—>	YES	NO
- Assemble supplies needed by Murshid(a)	YES	NO	—>	YES	NO
- Plan any special activity	YES	NO	—>	YES	NO
- Discuss the plan with a colleague	YES	NO	—>	YES	NO
- Arrange for car/driver/fuel	YES	NO	—>	YES	NO

IF YES: Who prepares these? \_\_\_\_\_

What time do you leave the Health Centre? \_\_\_\_\_ and return there? \_\_\_\_\_

How many Units can you visit in one day? \_\_\_\_\_

SUPERVISION (continued)

When you reach the Unit, what is the first thing you do?

Where did you find the Murshid(a)?

AT UNIT AT HOME \_\_\_\_\_

12.2 What did you do during the visit?

T/S . . . . AFTER WHY NOT  
MENTIONED PROBING DONE?

- Used the printed check list YES | NO -> YES NO -> \_\_\_\_\_
- Discussed your comments about the Murshid(a)'s work YES | NO -> YES NO -> \_\_\_\_\_
- Wrote these comments in Duplicate Book YES | NO -> YES NO -> \_\_\_\_\_
- Checked the Registers YES | NO -> YES NO -> \_\_\_\_\_
- Compared registers with Monthly Reports YES | NO -> YES NO -> \_\_\_\_\_
- Checked drug stocks YES | NO -> YES NO -> \_\_\_\_\_
- Brought the Drug Kit YES | NO -> YES NO -> \_\_\_\_\_
- Brought other supplies (forms, etc) YES | NO -> YES NO -> \_\_\_\_\_
- Accompanied Murshid(a) on home visits YES | NO -> YES NO -> \_\_\_\_\_
- Visited the school, water projects YES | NO -> YES NO -> \_\_\_\_\_
- Met community leaders YES | NO -> YES NO -> \_\_\_\_\_  
IF YES: Where did you meet them? \_\_\_\_\_
- Supervised Murshid(a)'s activities YES | NO -> YES NO -> \_\_\_\_\_  
IF YES: How did you evaluate these activities? Were any unacceptable?  
How did you deal with this? \_\_\_\_\_
- Prepared a plan of action for Murshid(a) to follow until the next visit YES | NO -> YES NO -> \_\_\_\_\_

How long did all these activities take?

When did you leave the Unit?

What follow-up action did you take after this supervision visit? With whom?

- Gave Monthly Reports and Duplicate Book note to Health Office YES | NO -> YES NO \_\_\_\_\_
- Requested registers, reporting forms YES | NO -> YES NO \_\_\_\_\_
- Requested drugs and supplies YES | NO -> YES NO \_\_\_\_\_
- Discussed Murshid's work or problems with colleagues YES | NO -> YES NO \_\_\_\_\_

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SUPERVISION (continued)

12.7 During supervision visits, are you able to: GET AN EXAMPLE.

... give the Murshid(a) advice about any technical matters which he/she is unsure about? YES NO \_\_\_\_\_

IF YES: What was your approach?

... discuss any problems with his/her work? YES NO \_\_\_\_\_

IF YES: Was the problem solved? How?

12.5 Do you have scheduled meetings with all the Murshideen/Murshidaat here at (SUPERVISING CENTRE)? YES NO

IF YES: How often are they held?

What happens at these meetings?

IF NO: Do you think that such a meeting, held once a month, would be a good idea?

PROBE ABOUT DISTRIBUTING DRUGS, SALARY; COLLECTING REPORTS; HAVING A MEETING TO DISCUSSING PROBLEMS & TECHNICAL MATTERS

12.6 Which system for distributing Murshideen's salary is better: direct from the Health Office or from here? SUPERVISOR AT HC HEALTH OFFICE

Why?

12.8 What is your biggest problem concerning your work?

12.9 Do you feel the need for further training in any aspect of your responsibilities as a Trainer or as a Supervisor? NO YES

IF YES: What aspects?



ACTIVITIES AND SERVICES OFFERED

A. Do you have (THIS SERVICE)? Do you do (THIS ACTIVITY)?

B. IF YES: How often do you do it? (daily? weekly? monthly?)

C. IF NO: Why don't you do it?

ACTIVITY	(Reference on Activity Rpt)	A	B HOW OFTEN?	C WHY DOESN'T DO IT	D
6.1 *Curative (Attendance)	(AT.No)	NO	YES—>_____	_____	*
6.2 *Children's Visits	(Child)	NO	YES—>_____	_____	*
*6.2.1 Growth Monitoring	( ? )	NO	YES—>_____	_____	*
*6.2.2 Immunization	(EPI Rpt)	NO	YES—>_____	_____	*
*6.2.3 Treatment with ORS	(ORT)	NO	YES—>_____	_____	*
6.2.4 Other curative	(T 0-4)	NO	YES—>_____	_____	
6.3 *Antenatal Clinic at HC	(UPVN)	NO	YES—>_____	_____	*
*6.3.1 Gives TT?	( TT )	NO	YES—>_____	_____	*
6.4 Antenatal Home Visits	( ? )	NO	YES—>_____	_____	
6.5 *Deliveries at H.Centre	(NDCen)	NO	YES—>_____	_____	*
*Deliveries at home	(NDHome)	NO	YES—>_____	_____	*
6.6 Postnatal home visits	( ? )	NO	YES—>_____	_____	
6.7 *Pregnancy spacing clients	(CSN)	NO	YES—>_____	_____	*
6.8 Any other home visits? (No.Home) Visit		NO	YES—>_____	_____	
6.10 Health Education, all topics (NL & NA for W,Nut,MC,Imm,Other)		NO	YES—>_____	_____	
6.11 Meetings with community leaders		NO	YES—>_____	_____	
6.12 Recording, registering and reporting		NO	YES—>_____	_____	
6.13 Meetings with T/S & H. Office staff (incl. supervision)		NO	YES—>_____	_____	
6.14 Travelling on health business outside the catchment area		NO	YES—>_____	_____	
6.15 Other activities?		NO	YES—>_____	_____	
			YES—>_____	_____	

D. (7.2) COUNT THE NUMBER OF CASES/VISITS IN LAST 30 DAYS FOR ITEMS MARKED \*

7.1 REGISTERS: LIST ALL THE CURRENT REGISTERS

A. Is (REGISTER/FORM) available at the Health Centre? IF YES, ASK B,C,D

IF NO: When did you last have it in stock? (WRITE DATE OOS, MM/YY)

B. IF A=YES: Is it used?

C. IF B=NO: Why not? IF B=YES: By whom?

D. DATE OF LAST ENTRY

	A IS IT IN STOCK? Date OOS	B USED?	C WHY NOT USED/ WHO USES IT?	D LAST ENTRY
7.1.1 Child Health Register showing newborns and their immunizations	NO ___/___	YES NO YES	_____	___/___
7.1.2 Birth Register	NO ___/___	YES NO YES	_____	___/___
7.1.3 Death Register	NO ___/___	YES NO YES	_____	___/___
7.1.4 Curative Attendances	NO ___/___	YES NO YES	_____	___/___
7.1.5 Family Planning Regist.	NO ___/___	YES NO YES	_____	___/___
7.1.6 Stock book for drugs	NO ___/___	YES NO YES	_____	___/___
7.1.7 EPI Register	NO ___/___	YES NO YES	_____	___/___
7.1.8 Visitors' Book	NO ___/___	YES NO YES	_____	___/___

7.3 RECORDS & FORMS

	A IS IT IN STOCK? Date OOS	B QUANTITY	C USED?	D WHO USES IT?/ WHY NOT USED?
7.3.1 Road to Health charts?	NO ___/___	YES _____	YES NO	_____
7.3.2 EPI cards (children)?	NO ___/___	YES _____	YES NO	_____
7.3.3 TT cards (women)?	NO ___/___	YES _____	YES NO	_____
7.3.4 Antenatal cards?	NO ___/___	YES _____	YES NO	_____
7.3.5 Family Planning cards?	NO ___/___	YES _____	YES NO	_____
7.3.6 Monthly Activity forms?	NO ___/___	YES _____	YES NO	_____
7.3.7 Monthly Disease forms?	NO ___/___	YES _____	YES NO	_____
7.3.8 Referral forms	NO ___/___	YES _____	YES NO	_____
7.3.9 EPI Daily Tally forms	NO ___/___	YES _____	YES NO	_____
7.3.10 EPI Summary forms (rough tally, Child & TT)	NO ___/___	YES _____	YES NO	_____
7.3.11 EPI Summary forms (final numbers)	NO ___/___	YES _____	YES NO	_____
7.3.12 Stock Request/Issue forms	NO ___/___	YES _____	YES NO	_____

7.2 COUNT NUMBER OF CASES/VISITS IN THE LAST 30 DAYS FOR ITEMS MARKED * ON PAGE 2:	CROSS CHECK	MONTH----- LAST REPORT		TODAY'S COUNT	
		NEW	/ OLD	NEW	/ OLD
Curative attendance	6.1__	___	/ ___	___	/ ___
Children's Visits	6.2__	___	/ ___	___	/ ___
Growth Monitoring (nbr. weighed)	6.2.1__	n/a		___	___
Immunization: DPT 3 under 1 yr	6.2.2__	___	___	___	___
total doses		___	___	___	___
Treatment with ORS	6.2.3__	___	___	___	<—
Antenatal clinic at H.Centre	6.3__	___	/ ___	___	/ ___ <—
Tetanus toxoid: total doses	6.3.1__	___	___	___	___
TT 2		___	___	___	___
Antenatal home visits	6.4__	n/a		___	<—
Births Registered	6.5__	___	/ ___	___	/ ___ <—
		Live	S.B.	Live	S.B.
Deliveries attended: at H.Centre		___	/ ___	___	/ ___ <—
		Live	S.B.	Live	S.B.
at home		___	/ ___	___	/ ___ <—
		Live	S.B.	Live	S.B.
Postnatal home visits	6.6__	n/a		___	___
How many postnatal visits per woman delivered, usually?		___	___	___	___
Pregnancy spacing clients	6.7__	___	/ ___	___	/ ___ <—
Home visits	6.8__	___	___	___	___

11.15 COMPARE CURRENT STOCK WITH CASES IN LAST 30 DAYS  
WHAT HAPPENS IF THERE IS NO STOCK?

- > \_\_\_ Diarrhoea
- \_\_\_ Acute Resp.Tract Infections
- \_\_\_ Eye diseases
- > \_\_\_ Antenatal + \_\_\_ Anaemia
- \_\_\_ Malaria
- > \_\_\_ FP users
- > \_\_\_ Deliveries by staff

REPORTING PRACTICES

7.4 Who fills out the Monthly Report on Activities at the Health Centre?

CHECK WITH THAT PERSON:

Does Curative attendance include Children's attendance?  
Curative home visits?

Does Children's attendance include ORT cases?

What is counted in "Home Visits"? Does it include ANC and PNC at home?

Where are home visits for curative care recorded?

Are "Deliveries Attended" those done by midwife? murshida? LBA? Jidda?

7.5 Who fills out the report on Diseases, by age and sex?

7.6 If you had a patient with (NAME THE CONDITION), where would you count it on the Monthly Report of Diseases (SHOW THE FORM)?

- A. Jaundice \_\_\_\_\_
- B. Vomiting & stomach pain \_\_\_\_\_
- C. Fever without headache or chills \_\_\_\_\_

7.7 Have you ever had a patient with any of these:  
(READ THE 5 MENTAL DISEASES ON THE FORM)? YES NO

7.8 How do you differentiate between psychiatric disturbances and mental disturbances?

7.10 (SEE 7.2, PAGE 4): How do you define "Old" and "New" attenders?

7.11 Do you have equal numbers of male and female adult patients? YES NO

What percentage of adult attenders is female? ESTIMATE \_\_\_%

COUNT ADULTS (15+) FROM MONTHLY DISEASE REPORT: ADULT MALE\_\_\_\_\_ ADULT FEMALE\_\_\_\_\_ \_\_\_% F

Out of all your adult patients coming for treatment of disease, (\_\_\_%) are female. Can you explain why?

EPI SERVICES: Staff \_\_\_\_\_

- 7.12 What is the maximum number of doses of Tetanus Toxoid that a woman should receive in her whole life?  
 Which doses of TT do you report on the Monthly Summary of Activity? CIRCLE ALL MENTIONED
- |  |  |  |                     |   |   |   |   |
|--|--|--|---------------------|---|---|---|---|
|  |  |  | MAXIMUM DOSES OF TT |   |   |   |   |
|  |  |  | 1                   | 2 | 3 | 4 | 5 |
- 7.13 Who fills out the Summary of EPI Activities, by age and dose?
- |            |               |
|------------|---------------|
| M PHCW     |               |
| F PHCW     |               |
| T/S, OTHER | —> GO TO 7.15 |
| NOT DONE   | —> GO TO 7.15 |
- 7.14 If a baby receives its dose of BCG before the 'Arbaeen, where do you record it on the EPI Summary Form?
- 7.15 Do you give any babies their BCG before the 'Arbaeen?  
 IF YES: Where do you record it in the EPI Register?
- |                 |              |
|-----------------|--------------|
| NO              | —>GO TO 7.16 |
| YES             |              |
| NO EPI REGISTER | (SEE 7.1)    |
- IMMUNIZATION COVERAGE COUNTED FROM: DAILY TALLY SHEET  
 EPI REGISTER
- 7.16 How many days was immunization offered last month?  
 IF NOT DAILY, FIND OUT WHY.
- \_\_\_\_\_DAYS
- How many children attended LAST MONTH?
- \_\_\_\_\_ CHILDREN
- COUNT DOSES/DAY OF EACH ANTIGEN AND CALCULATE WASTAGE.
- 7.17 How many children under 5 months received DPT1? \_\_\_\_\_
- 10.20 How should vaccines be handled during an immunization session?
- |                                    |     |    |    |     |    |
|------------------------------------|-----|----|----|-----|----|
| - Unused vials kept in the carrier | YES | NO | —> | YES | NO |
| - Opened vials in the ice pack     | YES | NO | —> | YES | NO |
| - Icepack at 0oC to +8oC           | YES | NO | —> | YES | NO |
| - Part-used vials discarded        | YES | NO | —> | YES | NO |
- 10.21 Who packs the 7-day cold box with vaccines for PHC Units?
- |       |                 |
|-------|-----------------|
| T/S   | —> GO TO PAGE 7 |
| OTHER |                 |
- ASK THE PERSON RESPONSIBLE: How is the 7-day cold box packed?
- |                                      |     |    |    |     |    |
|--------------------------------------|-----|----|----|-----|----|
| - DPT and TT protected from freezing | YES | NO | —> | YES | NO |
| - Cold box full of icepacks: n=_____ | YES | NO | —> | YES | NO |
- How should the Murshid look after vaccines kept in this cold box?
- |                             |     |    |    |     |    |
|-----------------------------|-----|----|----|-----|----|
| - Coldbox kept in the shade | YES | NO | —> | YES | NO |
| - Opened only twice daily   | YES | NO | —> | YES | NO |

10.22 DESCRIBE AND CHECK THE EQUIPMENT USED FOR VACCINES:

BCC Below 0oC? YES NO 20 doses x \_\_\_\_\_ vials = \_\_\_\_\_ doses  
 Measles Below 0oC? YES NO 10 doses x \_\_\_\_\_ vials = \_\_\_\_\_ doses  
 OPV Below 0oC? YES NO 20 doses x \_\_\_\_\_ vials = \_\_\_\_\_ doses  
 DPT Above 0, <8oC? YES NO 20 doses x \_\_\_\_\_ vials = \_\_\_\_\_ doses  
 TT Above 0, <8oC? YES NO 20 doses x \_\_\_\_\_ vials = \_\_\_\_\_ doses

BCC Syringes\_\_\_\_\_ Needles\_\_\_\_\_ IM Syringes\_\_\_\_\_ Needles\_\_\_\_\_

- Are all vaccines in stock? YES NO
- Are all vaccines within expiry date? YES NO
- Completed temperature records which are up to date? YES NO
- Is there a thermometer? YES NO
- Is temperature in freezer below 0oC? YES NO
- Is refrigerator temperature between 0o and +8oC? YES NO
- Are stock records kept? YES NO
- Are frozen icepacks in freezing compartment? n=\_\_\_\_\_ YES NO
- Fridge is clean and orderly, used only for EPI? YES NO

8. COVERAGE, TARGETS AND SCREENING:

8.1 What is the population of (TOWN)? \_\_\_\_\_

What is the population of the catchment area served by this Health Centre? \_\_\_\_\_

How many children do you expect to be born in (TOWN) per month? or per year? BIRTHS PER MONTH \_\_\_\_\_  
 PER YEAR \_\_\_\_\_

8.2 How many children should come for EPI each month? \_\_\_\_\_ CHILDREN

How do you follow up children who do not come?

8.3 IF EPI REGISTER EXISTS, ASK:

How many children are active on the EPI Register now?

NO REGISTER

STAFF ESTIMATE \_\_\_\_\_

What age group do you include in the EPI Register? \_\_\_\_\_

COUNT ELIGIBLE CASES FROM REGISTER AND DISCUSS ANY DISCREPANCIES

COUNT FROM REG. \_\_\_\_\_

REFERRALS: ASK SENIOR MEDICAL STAFF

When a patient comes here, can you tell if he has been referred by a Murshid? NO —> GO TO 8.9  
YES

IF YES: How do you know he is a referred patient?

Do you inform the Murshid of the result of the patient's visit? YES NO

IF YES: How? IF NO: Why not?

8.9 When was the last time you referred a child you considered to be at risk? —/— NEVER

8.10 What was the problem?

PREVENTIVE / EMERGENCY / MEDICAL

MATERNITY REFERRALS

NO MCH

When a woman comes here, can you tell if she has been referred by a Murshida or Daiya or Jidda? NO —> GO TO 9.10  
YES

IF YES: How do you know she is a referred patient?

Do you inform the Murshida of the result of the woman's visit? YES NO

IF YES: How? IF NO: Why not?

9.10 When was the last time you referred a woman? \_\_\_\_\_ (DD/MM/YY)

Why did you refer her? \_\_\_\_\_ PREVENTIVE / EMERGENCY

Do women go when you refer them? NEVER SOMETIMES ALWAYS

IF NOT ALWAYS: Why don't they go? < \_\_\_\_\_

CORRECT STERILIZATION OF EQUIPMENT: ASK IN DRESSINGS ROOM

10.19 How do you sterilize your equipment?	MENTIONED	AFTER PROBING
- Item cleaned beforehand	YES	NO —> YES NO
- Boiled for 20 minutes	YES	NO —> YES NO
- Removed with sterile forceps	YES	NO —> YES NO

10. EQUIPMENT

A. IS IT AVAILABLE?

IF YES: B. IS IT WORKING? IF NO: SINCE WHEN? Describe problem overleaf

IF YES: C. IS IT USED?

IF YES: D. CHECK IF STAFF CAN USE SELECTED ITEMS CORRECTLY.

	A AVAILABLE?	B WORKING?	C USED?	D CORRECTLY?
10.1 Adult weighing scales	NO YES—>	NO_____ YES—>	NO YES—>	NO YES
10.2 Infant scales (table)	NO YES—>	NO_____ YES—>	NO YES—>	NO YES
10.3 Portable spring scale	NO YES—>	NO_____ YES—>	NO YES—>	NO YES
10.4 Stethoscope	NO YES—>	NO_____ YES—>	NO YES—>	NO YES
10.5 Blood pressure apparat.	NO YES—>	NO_____ YES—>	NO YES—>	NO YES
10.6 Fetoscope	NO YES—>	NO_____ YES—>	NO YES—>	NO YES
10.7 Scissors for delivery dressings	NO YES—>	NO_____ YES—>	NO YES—>	SEE PAGE 8
10.8 Oral thermometer	NO YES—>	NO_____ YES—>	NO YES—>	NO YES
10.9 Tape measure	NO YES—>	NO_____ YES—>	NO YES	
10.10 Sterilizer	NO YES—>	NO_____ YES—>	NO YES—>	SEE PAGE 8
10.11 Forceps	NO YES—>	NO_____ YES—>	NO YES—>	NO YES
10.12 Stove	NO YES—>	NO_____ YES—>	NO YES	
10.13 Cabinet for drug store	NO YES—>	NO_____ YES—>	NO YES—>	SEE PAGE 10
10.14 Vaccine carrier daily	NO YES—>	NO_____ YES—>	NO YES—>	SEE PAGE 6
10.15 Cold box (7-day)	NO YES—>	NO_____ YES—>	NO YES—>	SEE PAGE 6
10.16 Refrigerator_____	NO YES—>	NO_____ YES—>	NO YES—>	SEE PAGE 7
10.17 Brush or broom	NO YES—>	NO_____ YES—>	NO YES	
10.18 Vehicle_____	NO YES—>	NO_____ YES—>	NO YES—>	SEE BELOW
YEAR_____	SOURCE: TPHCP PHCW Other_____			
Kilometers:_____	How many km per month?_____ Km per litre? _____			
Is it insured?	NO YES	Running costs/year? YR_____		

REPAIRS, MAINTENANCE NEEDED; COST ESTIMATE:

11. DRUG STOCKS
- A. Units recorded (eg. tins of 100)
  - B. Date of last supply
  - C. Balance in stock then
  - D. Number of units supplied then
  - E. Balance on Stock Register now: 0=out of stock; X=not registered
  - F. Physical count of stock
  - G. If out of stock (F=0), what was Date of stockout?
  - H. Expired?

	A Units	B Date of Last Supply	C Balance in stock then	D No. of units supplied	E Balance now in stock RECORDS	F COUNT	G If OOS, Date of Stockout	H Is it expired
11.1 ORS packets								
11.2 Antibiotic syrup								
11.3 Antibiotic tablets								
11.4 Antibiotic Eye Ointment								
11.5 Antianaemic								
11.6 Antimalarial syrup								
11.7 Antimalarial tablets								
11.8 Analgesic								
11.9 Oral contraceptive								
.10 Ergometrine								
.11 Cord tape								
.12 Butagas for stove, fridge								
.13 Cleaning supplies								
.14 Fuel for vehicle								

11.15 COMPARE CURRENT STOCK WITH CASES IN LAST 30 DAYS (SEE PAGE 5, Q.7.2)

- > \_\_\_\_ Diarrhoea
- \_\_\_\_ Acute Resp.Tract Infections
- \_\_\_\_ Eye diseases
- > \_\_\_\_ Antenatal + \_\_\_\_ Anaemia
- \_\_\_\_ Malaria
- > \_\_\_\_ FP users
- > \_\_\_\_ Deliveries by staff

12. SUPERVISION

12.1 Who is your supervisor? \_\_\_\_\_

When was (SUPERVISOR) last here? (DD/MM/YY)      \_\_\_/\_\_\_/\_\_\_

