

**Annex 7: Report of Health Facility Assessment**



***Mwayi wa Moyo* (“A Chance to Live”) Project**

**HEALTH FACILITY ASSESSMENT REPORT**

Conducted in Blantyre District

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## 1.0 Introduction

Save the Children is partnering with the Ministry of Health (MOH), Malawi College of Medicine (COM), and Blantyre District Health Management Team (DHMT) to implement a four-and-half-year innovation project (30 September 2011-31 March 2016) entitled *Mwayi wa Moyo* (“A Chance to Live”). The goal is to reduce under-five mortality by increasing use of key Maternal, Newborn, and Child Health (MNCH) services and practices, including Family Planning (FP) that are accessed, of quality, demanded, and enabled.

Save the Children conducted a Health Facility Assessment (HFA) of all 17 health centers in Blantyre with the following objectives:

- To gather information on various baseline indicators which can contribute towards setting the benchmarks for *Mwayi wa Moyo* performance indicators, annual targets and overall project targets;
- To collect information that will provide a platform for programmatic decision making and determine project focus areas; and
- To ascertain health facility specific gaps, needs and baseline information on key aspects.

The assessment was conducted by *Mwayi wa Moyo* project staff from 17<sup>th</sup> April to 20<sup>th</sup> April 2012. This information complements the information from the baseline that was conducted in February which established benchmarks for some indicators to be tracked by the program. A *voluntary family planning risk assessment* will be conducted to complement health facility information.

## 2.0 Methodology

The HFA tool used was adopted from Support for Service Delivery Integration (SSDI). The tool was adjusted to meet the requirements of *Mwayi wa Moyo*. SSDI pretested the tool during their baseline assessment conducted in the southwest and southeast zones therefore; *Mwayi wa Moyo* did not repeat the pretest. The exercise included mapping of current services provision of Maternal Newborn and Child Health (MNCH), Community Case Management (CCM) and other family planning (FP) services provided by HSAs within their catchment areas. The assessment looked at the existing structures and capacities available in the HCs.

The assessment was conducted by the Operations Research Coordinator, Training Officer and the SBCC Officer for the *Mwayi wa Moyo* project. A one-day orientation was conducted for the assessment team to familiarize themselves with the tool. The assessment was conducted in the following health facilities; Soche, Madziabango, Chimembe, M'deka, Makata, Lundu, Chavala, Chilomoni, Chileka, Limbe, Dziwe, Lirangwe, Chikowa, Mpemba, South Lunzu, Namikoko and Mlambe. These HCs fall in the catchment areas where *Mwayi wa Moyo* will be implemented.

The questionnaire was administered to key health facility personnel i.e. Medical Assistants, Registered Nurses and Clinical Officers. Senior Health Surveillance Assistants (SHSAs) were required as co-respondents on key sections of the questionnaire. The completed questionnaires were entered into data entry template developed by the Operations Research and Monitoring Coordinator for *Mwayi wa Moyo* and analyzed using SPSS 16.

### 3.0 Key Observations and Challenges

Some key respondents could not recall some information because of changes in staffing in the health facilities over the years. Another reason was due to the fact that some of the available staff was working in the HCs temporarily while waiting for the permanent staff that were on vacation.

### 4.0 Key Findings

#### 4.1 Facility infrastructure

The assessment indicated that 16 of the 17 health facilities (94%) are government owned and only one (Mlambe) is owned by CHAM. While 53% of the HCs have less than 10 beds, 41% have beds between 11-20 beds and only one facility has more than 100 beds. A good number of facilities (13) draw water from pipes (77%) while the rest draw water from boreholes and tanker trucks.

**Table 1. Summary of beds, water source in the health centers**

# of beds	Frequency	Percent	Water Source	Frequency	Percent
less than 10	9	52.9	pipe-borne	13	76.5
11-20	7	41.2	borehole	2	11.8
more than 100	1	5.9	tanker truck	2	11.8
<b>Total</b>	<b>17</b>	<b>100.0</b>	<b>Total</b>	<b>17</b>	<b>100.0</b>

**Table 2. Summary of infrastructure available**

		Frequency	Percent			Frequency	Percent
<b>Electricity</b>	yes	13	76.5	<b>Landline Telephone</b>	yes	1	5.9
	no	4	23.5		no	16	94.1
	<b>Total</b>	<b>17</b>	<b>100.0</b>		<b>Total</b>	<b>17</b>	<b>100.0</b>
<b>Power back up</b>	yes	3	17.6	<b>Mobile Telephone</b>	yes	7	41.2
	no	14	82.4		no	10	58.8
	<b>Total</b>	<b>17</b>	<b>100.0</b>		<b>Total</b>	<b>17</b>	<b>100.0</b>
<b>Computers</b>	yes	2	11.8	<b>Internet Connectivity</b>	yes	2	11.8
	no	15	88.2		no	15	88.2
	<b>Total</b>	<b>17</b>	<b>100.0</b>		<b>Total</b>	<b>17</b>	<b>100.0</b>

#### 4.2 Summary of general purpose equipment and supplies

An assessment was also conducted of the availability of recommended drugs, equipment and supplies required for the optimal delivery of BEmONC/Integrated IMNC services. Statistics according to Table 3 indicated that 90% of all the health facilities had adequate supplies and

equipment, digital scale for newborn (47%) and thermometers (58%). Equipment and supplies that were in short supply include; surgical blades (47%) and oxygen machines (18). Only one health facility possesses an incubator. See Table 3 below.

**Table 3. Summary of general purpose equipment and supplies**

<b>Name of Equipment</b>	<b>Frequency at Facility</b>	<b>Percentage</b>
Latex gloves	14	82.4
Blood pressure machine	14	82.4
Stethoscope	15	88.2
Fetoscope	14	82.4
Microscope	5	29.4
Refrigerator	17	100
Adult weighing scale	17	100
Weighing equipment for under-5	16	94.1
Digital scale for newborn	8	47.1
Height Boards	16	94.1
Muac Tapes (for upper arm circumference)	17	100
Thermometers	10	58.8
Incubators	1	5.9
Oxygen system/cylinders/concentrators	3	17.6
Sterilizers (autoclave, pressure pots, boiling pots, etc.)	15	88.2
Decontaminant (e.g. chlorine, bleach)	16	94.1
Buckets for infection prevention	17	100
Disposable syringes and safety boxes	14	82.4
Surgical blades	8	47.1
Local Anesthetic (e.g. lidocaine)	17	100
Delivery kit	12	70.2
Cord clamps	14	82.4

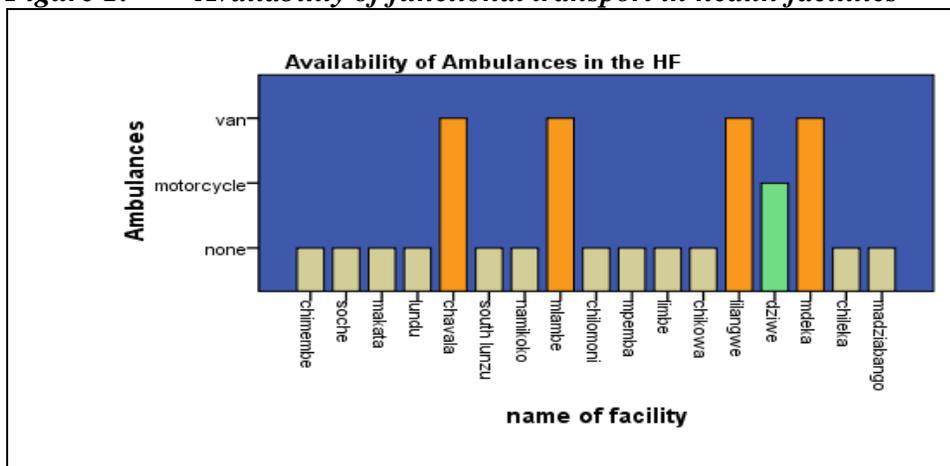
### **4.3 Communication and transport**

Most countries in Africa suffer from weak referral systems – broadly defined to include the full range of steps from recognition of complications at the household level through the appropriate and timely treatment at a referral facility. Communication and transport are two elements at the center of a referral system and when used effectively and expediently can save women’s and their babies’ lives during pregnancy, childbirth and the postpartum period. Communication can serve to request transportation, to inform the receiving facility that a patient is en route and in what condition. Telephones or radios can also be used to obtain medical advice and to provide counter-referral measures.

All 17 health facilities have a functioning radio as a means of communication; 94% use landline telephone. The assessment indicated lack of access to internet connectivity (12%). A functioning mode of transport is essential for referral. In all surveyed facilities, 23% reported availability of a functioning motor vehicle ambulance; only one health facility reported the availability of a

functioning motorcycle ambulance (Figure 1). This indicates a shortage of functional and reliable transportation in the HCs for referral.

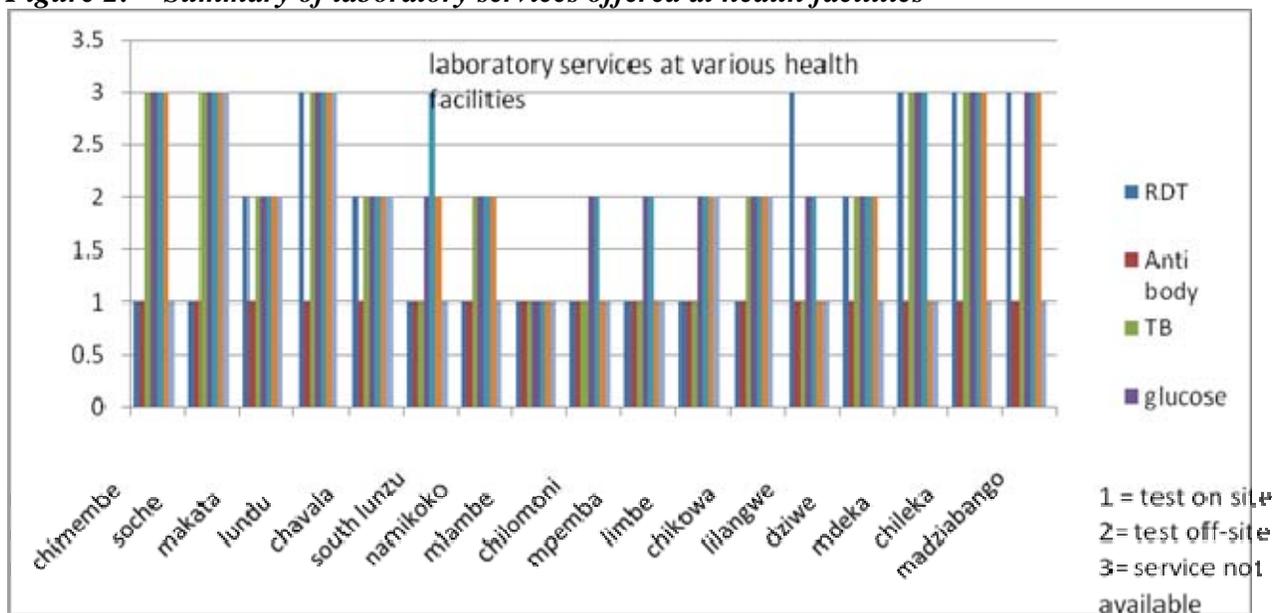
**Figure 1: Availability of functional transport in health facilities**



#### 4.4 Facility-based laboratory services

Nearly all facilities reported that they provided focused antenatal care (FANC) services such as HIV Testing which is an entry point to PMTCT. Most of the health facilities do not conduct various required tests due to unavailability of required equipment and other relevant resources. Fifty-three percent (53%) of HFs conduct Malaria tests and 53% reported that hemoglobin and full blood tests are conducted off-site, which is a low percentage considering its importance on prevention of pregnancy, labor and postpartum complications. VDRL for syphilis is conducted in most of the health facilities (64.7%). Cancer on-site testing is done in some of the health facilities (29%) while some do off-site testing (41%) with four HFs reporting no service. Below is the figure showing all the tests done at the facility level.

**Figure 2: Summary of laboratory services offered at health facilities**



#### 4.5 Human resources and health facility capacity

The functional review report produced by the Ministry of Health in October 2007 recommended the staffing levels for HCs as presented in Table 4. These staffing levels are ideal for effective functioning of health service facilities.

**Table 4: MOH recommended staffing levels for institutions<sup>1</sup>**

	District Hospital	Rural Hospital	Urban Health Center	Rural Health Center
Clinical Officer/Technician	65	5	5	2
Nursing Officer	18	0	0	0
Nurse Technician	70	28	16	16
Medical Technician/Assistant	24	4	4	2
Laboratory technician	6	2	1	1

*Mwayi wa Moyo* project is being implemented in 17 health facilities of which Limbe, Chilomoni and South Lunzu are urban located while Mlambe is a CHAM district hospital. The minimum staffing complement for a rural HC includes at least two Medical Assistants and 16 Nurse/Midwives. The assessment indicates that there are high shortages of Clinicians in all health facilities. MOH recommends that rural and urban HCs have 16 nurse midwives/technicians. The assessment indicates that most of the rural HCs have shortages averaging less than three per facility, as per Table 5 below.

**Table 5: Number of health worker cadres versus recommended target**

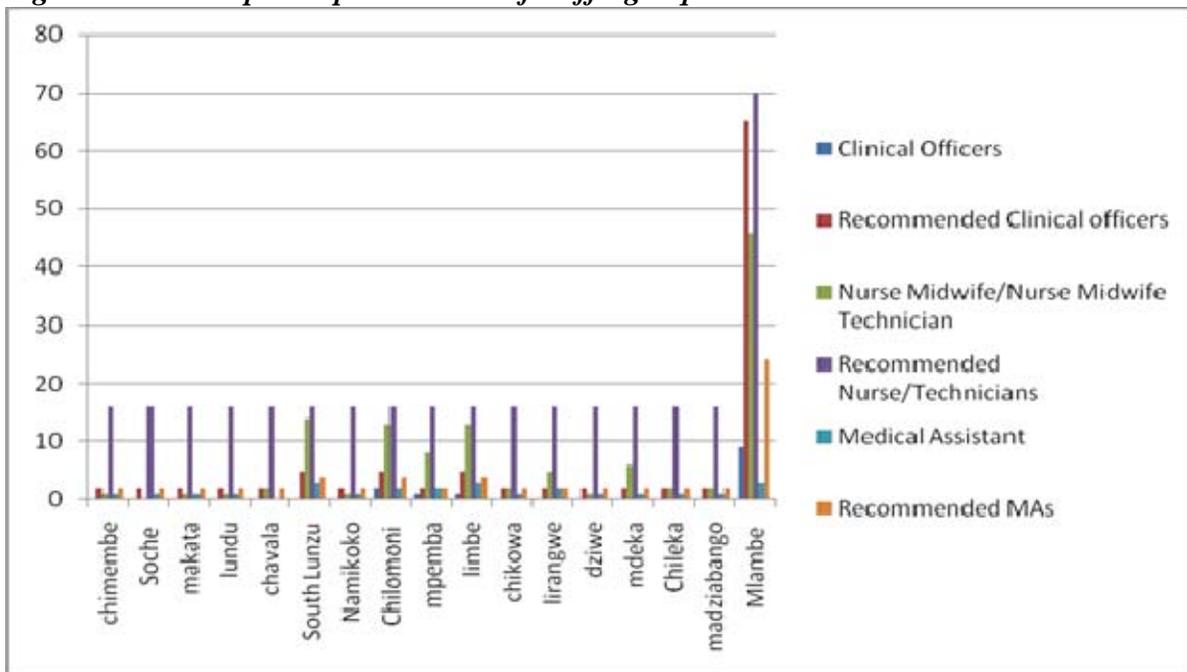
Health Center	Clinical Officers	Target for Clinical Officers	Nurse Midwife/ Nurse Midwife Technician	Target for Enrolled Nurse Midwife Technician	Medical Assistant	Target for Medical Assistants
Chimembe	0	2	1	16	1	2
Soche	0	2	0	16	1	2
Makata	0	2	1	16	1	2
Lundu	0	2	1	16	1	2
Chavala	0	2	2	16	0	2
South Lunzu	0	5	14	16	3	4
Namikoko	0	2	1	16	1	2
Chilomoni	2	5	13	16	2	4
Mpemba	1	2	8	16	2	2
Limbe	1	5	13	16	3	4

<sup>1</sup> Human Resource Section, MOH, October 2007.

Health Center	Clinical Officers	Target for Clinical Officers	Nurse Midwife/ Nurse Midwife Technician	Target for Enrolled Nurse Midwife/ Nurse Midwife Technician	Medical Assistant	Target for Medical Assistants
Chikowa	0	2	2	16	1	2
Lirangwe	0	2	5	16	2	2
Dziwe	0	2	1	16	1	2
Mdeka	0	2	6	16	1	2
Chileka	0	2	2	16	1	2
Madziabango	0	2	2	16	1	2
Mlambe	9	65	46	70	3	24

Mlambe Hospital, a CHAM supported facility has different recommended staffing requirements than the rest of the facilities. There are 13 clinical officers in all 17 HCs, 9 of which are from one facility (Mlambe). Meanwhile, 13 HFs (76.5%) do not have clinical officers and 82% of the facilities do not have State Registered Nurses (Mlambe Hospital has 7 of the 9). There are 26 Enrolled Nurses (41.2%) and 92 Nurse/Midwives (88.2%). There are few Laboratory Technicians in the health facilities; 14 HFs (82.4%) do not have Lab Technicians and only two facilities have Pharmacists. Thirteen (13) health facilities have Data Clerks responsible for HMIS while others have more than two staff, i.e. Chilomoni and Mlambe.

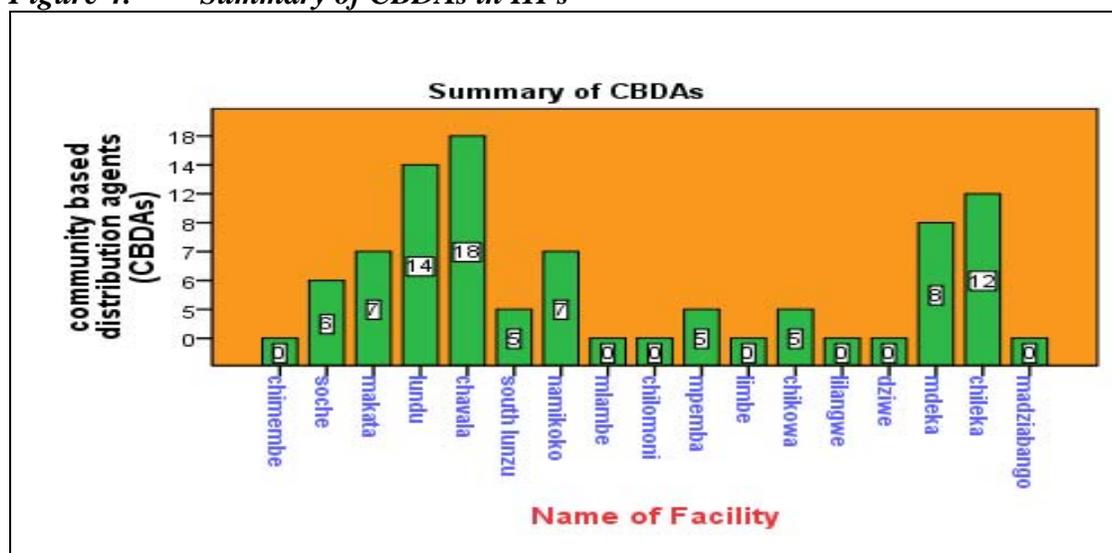
**Figure 3: Graphical presentation of staffing requirements**



### Community Based Distribution Assistants (CBDAs)

In most countries, community based distribution (CBD) has proven to be the optimum way of reaching people in the rural areas where conventional methods of service delivery do not exist<sup>2</sup>. The launch of the CBD program in Malawi has contributed significantly to the increase in the contraceptive prevalence rate (CPR). With 54% of the rural population are unable to access FP services within a 5km radius, community based distribution has become a successful alternative to bringing the products to the people<sup>3</sup>. The assessment therefore also aimed at identifying the number of CBDAs in the *Mwayi wa Moyo* catchment area who will be a vital component in the delivery of PFP.

Figure 4: Summary of CBDAs in HFs



The figure above shows that a few HCs have adequate CBDAs while most of them have inadequate numbers of CBDAs. The HC with the highest number of CBDAs is Chavala with 18 and at least seven HCs are without any CBDAs at all.

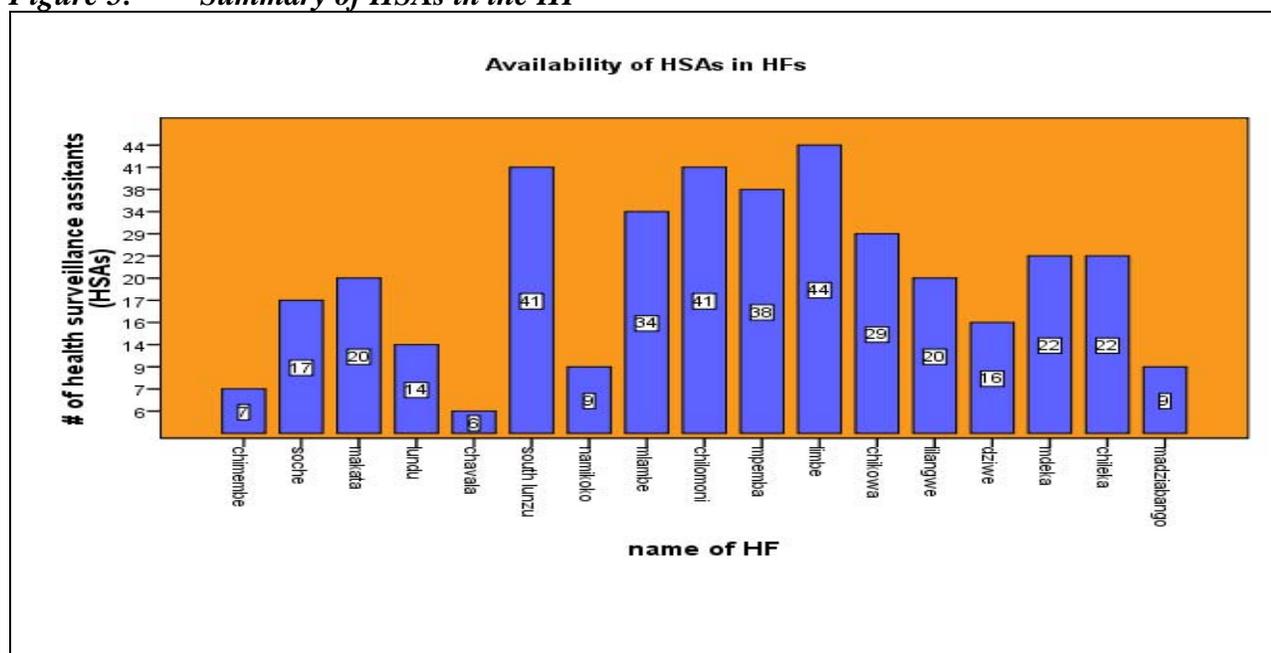
### Health Surveillance Assistants (HSAs)

Research has shown that community health workers such as Health Surveillance Assistants (HSAs) can contribute to the reduction of maternal and neonatal deaths. An HSA is a primary health care worker serving as a link between district health services and the community. They live within the rural community they serve and as a result, villagers trust the HSAs more than the facility workers. The ideal ratio of HSAs per catchment area is 1 HSA to 1000 population. Below are the findings on the number of HSAs in the *Mwayi wa Moyo* catchment areas:

<sup>2</sup> Ndola P rata, Farnaz Vihidnia, Malcolm Potts and Ingrid Dries-Daffner. Revisiting community-based distribution programs: are they still needed? *Contraception* 72(2005) 402-407.

<sup>3</sup> Solo, J., Issac Jacobstein, R., Malema, D., 2005. Repositioning family planning-Malawi case study: Choice, not chance. New York: The ACQUIRE Project/EngenderHealth.

**Figure 5: Summary of HSAs in the HF**



The graph shows that there are more HSAs in urban health facilities as compared to rural HCs which means people in the most remote and hard to reach areas are deprived of the adequate services available from these CHWs.

#### 4.6 Trainings

The HFA indicates that several key health facility personnel have not received appropriate technical trainings to assist in the delivery of integrated maternal, newborn and child health. Less than 30% of skilled birth attendants have received trainings in IMNC, PPF, and CCM. HSAs who are key in promoting health services in the community have not received key trainings to provide community based maternal and newborn care. None of the HSAs in the surveyed health facilities (hard to reach areas) have ever been trained in PPF, CBMNC or Community DMPA. There are observable gaps among skilled personnel in the health facilities as reflected from the percentage trained in various health skills. Table 6 summarizes various key trainings that the *Mwayi wa Moyo* Project intends to integrate into one training package. Health facility-specific analysis of staff trained in various topics can be done separately to further understand the picture on the ground.<sup>4</sup>

Infection prevention and control safety (11%), Community Mobilization (15%), and Community Case Management (14%) are the only trainings that HSAs from the 17 health facilities have received while other trainings indicate insignificant values. This suggests that more than 80% of HSAs have not been trained to provide community based MNCH and motivate mothers on PPF. The assessment further indicates that some skilled personnel i.e. State Registered Nurses, Nurse, Midwife Technicians have been trained in some of the key health packages although IMCI (38%);infection prevention and control safety (34%) are the only trainings above 30%.

<sup>4</sup> Further reference can be made to SPSS frequency outputs.

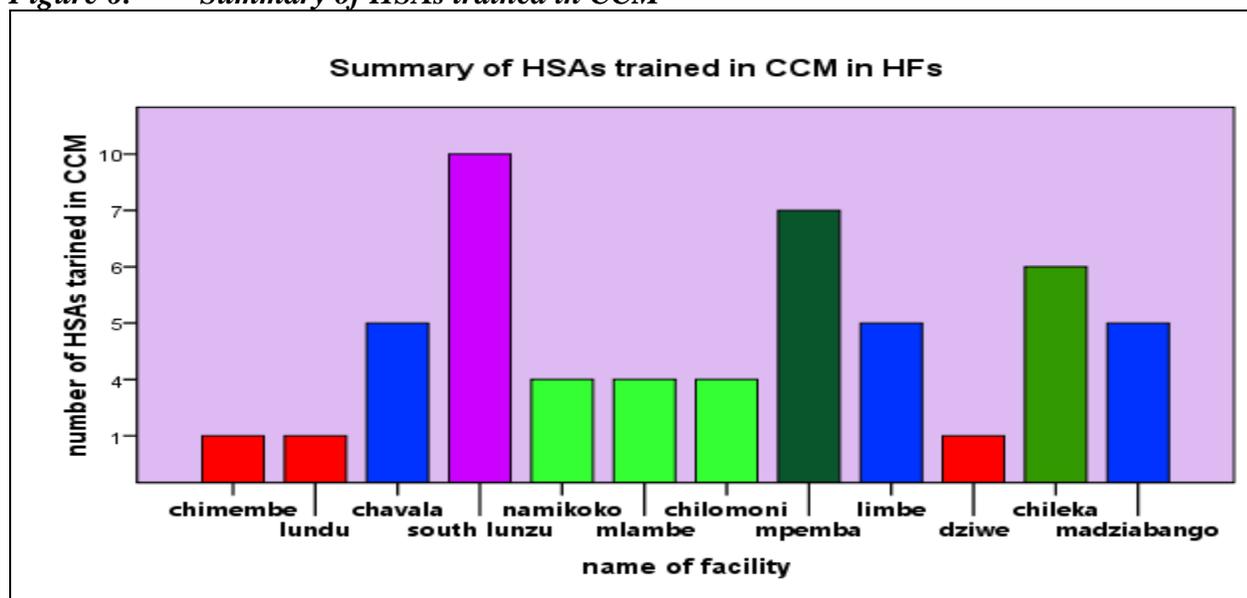
**Table 6: Summary of key trainings attended by various personnel<sup>5</sup>**

Type of Training	Skilled (COs & MAs) Denominator	%	Skilled (Nurses) Denominator	%	(HSAs) Denominator	%	(CBDAs) Denominator	%
Basic FP	38 <sup>6</sup>	<b>8</b>	127	<b>16</b>	389	<b>1</b>	87	<b>0</b>
Injectable contraceptives	38	<b>0</b>	127	<b>2</b>	389	<b>9</b>	87	<b>0</b>
LATFP (IUCD & sterilization)	38	<b>24</b>	127	<b>13</b>	389	<b>0</b>	87	<b>0</b>
Youth friendly health services	38	<b>13</b>	127	<b>7</b>	389	<b>4</b>	87	<b>0</b>
Emergency contraception	38	<b>24</b>	127	<b>19</b>	389	<b>0</b>	87	<b>0</b>
Neonatal resuscitation (HBB)	38	<b>5</b>	127	<b>17</b>	389	<b>0</b>	87	<b>0</b>
IMCI	38	<b>42</b>	127	<b>38</b>	389	<b>2</b>	87	<b>0</b>
BEmONC	38	<b>2</b>	127	<b>6</b>	389	<b>0</b>	87	<b>0</b>
PPFP	38	<b>5</b>	127	<b>2</b>	389	<b>0</b>	87	<b>0</b>
IMNC	38	<b>0</b>	127	<b>2</b>	389	<b>0</b>	87	<b>0</b>
KMC	38	<b>0</b>	127	<b>15</b>	389	<b>0</b>	87	<b>0</b>
CBMNC	38	<b>0</b>	127	<b>2</b>	389	<b>0</b>	87	<b>0</b>
CCM	38	<b>32</b>	127	<b>12</b>	389	<b>14</b>	87	<b>0</b>
IYCF	38	<b>3</b>	127	<b>6</b>	389	<b>0</b>	87	<b>0</b>
PMTCT	38	<b>26</b>	127	<b>20</b>	389	<b>1</b>	87	<b>0</b>
Integrated ART/PMTCT	38	<b>61</b>	127	<b>24</b>	389	<b>1</b>	87	<b>0</b>
Infection prevention & control safety	38	<b>39</b>	127	<b>34</b>	389	<b>11</b>	87	<b>0</b>
HMIS	38	<b>8</b>	127	<b>2</b>	389	<b>8</b>	87	<b>0</b>
Community Mobilization	38	<b>0</b>	127	<b>2</b>	389	<b>15</b>	87	<b>0</b>

<sup>5</sup> Percentage set to the nearest number.

<sup>6</sup> The denominator is a summation of clinical officers, medical assistants and medical doctors.

**Figure 6: Summary of HSAs trained in CCM**



CCM is one of the key trainings to be integrated by the child survival project. This is a high impact intervention that Save the Children supports in Blantyre District. South Lunzu, Mpemba and Chileka registered more HSAs trained in CCM while Dziwe, Lundu and Chimembe had the least number of trained HSAs.

#### 4.7 Interventions

The *Mwayi wa Moyo* project will integrate CBMNC, CCM and FP packages as part of HSAs training. Health facilities are currently implementing fragmented approaches (interventions) in the district through HSAs. The assessment indicated that several Health Facilities are offering a number of health interventions. Interventions that are not well covered include; CBMNC (35.6%), BEmONC (35.3%), and Gender/Gender-based Violence Counseling and Referral (11.8%). The assessment indicate that there is 100% of services i.e. growth monitoring, vaccinations, iodized salt promotion and CCM. The yellow shaded are some of the high impact interventions promoted by Ministry of Health.

**Table 7: Summary of interventions currently offered by 17 HFs**

Type of Health Intervention	Frequency	Percent
General Family Planning (FP) –Natural and Modern Contraceptives	16	94.1
Postpartum/ Post-Abortion Family Planning <sup>7</sup>	11	64.7
Emergency Contraception	11	64.7
Long-Acting Family Planning Methods (Implants, IUCD, Sterilization)	14	82.4
FP for HIV positive women (FP/HIV Integration)	12	70.6
Youth Friendly Health Services (Family Planning, STI and HIV)	12	70.6
Gender/Gender-based Violence Counseling and Referral	2	11.8

<sup>7</sup> The yellow shaded interventions are key will be prioritized in MwM program.

Type of Health Intervention	Frequency	Percent
Community-based FP Distribution Program (HSAs and CBDAs)	13	76.5
Focused Antenatal Care (FANC)	15	88.2
Basic Emergency Obstetrics and Newborn Care (BEmONC)	6	35.3
Post-abortion Care	10	58.8
Integrated Maternal and Newborn Care (IMNC)	9	52.9
Kangaroo Mother Care (KMC)	12	70.6
Helping Babies Breathe (HBB)	11	64.7
Emergency Triage Assessment and Treatment (ETAT)	10	58.8
Integrated Management of Childhood Illnesses (IMCI)	14	82.4
Child Immunization (EPI) and Growth Monitoring	17	100
EPI+ (new vaccines)	17	100
Community-based Maternal and Newborn Care (CBMNC)	6	35.3
Community Case Management (CCM) of Diarrhea, Pneumonia and Malaria	17	100
Promotion of optimal Infant and Young Child Feeding Practices (IYCF)	8	47.1
Nutrition, Education and Counseling on Essential Nutrition Actions (ENA)	13	76.5
Nutrition, Treatment, Care and Support for PLWHAs (NTCS)	11	64.7
Community-based Management of Acute Malnutrition (CMAM)	9	52.9
Promotion of Iodized Salt	17	100
HIV Counseling and Testing (HCT: including PITC and VCT)	16	94.1
Door-to-door HIV Counseling and Testing	4	23.5
Early Infant Diagnosis (DBS Sample Collection)	14	82.4
Early Infant Diagnosis (ELISA test for exposed babies after 18months of life)	10	58.8
HIV Counseling and Testing for Pregnant Women	14	82.4
PMTCT (ARV Prophylaxis : AZT/Nevirapine)	15	88.2
PMTCT (ART initiation- Option B+)	15	88.2
Antiretroviral Therapy (ART) Enrollment and Refill	16	94.1
Antiretroviral Therapy (ART) Refill only	16	94.1
Tuberculosis (TB) diagnosis (smear microscopy) and treatment	6	35.3
TB/HIV Integration (ART initiation in TB patients)	8	47.1
Community Outreach Services	16	94.1
Community Mobilization	15	88.2
KMC	11	64.7
Labor and Delivery Area	13	76.5
HCT	16	94.1

#### 4.8 Guidelines

Guidelines are available to inform job aids relevant to specific information provided by the health system. Several interventions and approaches come with specific guidelines which are supposed to be available and accessible in the health facilities.

The assessment indicates that some facilities keep various guidelines that are displayed and accessible. There is a relationship between services provided by health facilities and the availability of respective guidelines. However, several facilities do not have guidelines despite indicating that the services were being offered.

**Table 8: Summary of guidelines available at HFs**

Name of Guideline	Frequency at Facility	Percentage
Reproductive Health Service Delivery Guidelines	13	76.5
National Sexual and Reproductive Health and Right (SRHR) Policy	7	41.2
Management of Malaria	16	94.1
Integrated Management of Childhood Illnesses (IMCI)	14	82.4
Kangaroo Mother Care (KMC)	9	52.9
Helping Babies Breathe (HBB)	7	41.2
Community-based Maternal and Newborn Care (CBMNC)	3	17.7
Integrated Management of Childhood Illnesses (IMCI)	12	70.6
Infant and Young Child Feeding Practices (IYCF)	5	29.4
Management of Adult and Adolescent Malnutrition (for Nutrition and HIV)	5	29.4
Community Case Management (CCM) of Diarrhea, Pneumonia and Malaria	14	82.4

#### 4.9 Essential drugs and commodities available at facilities

The assessment suggests that most health facilities possessed essential drugs and commodities at the time of assessment. However, some commodities were not available in some facilities. A complementary stock-out assessment will be conducted to ascertain periods of drug sufficiency. Table 8 below presents only drugs and commodities that were in short supply (less than 50%). Otherwise all other essential drugs and commodities were adequately available in the facilities.<sup>8</sup> The unavailability of male condoms (47.1%) and IUCD (17.6%) are areas that require deliberate attention.

**Table 9: Summary of drugs and commodities in short supply**

Name of Essential Drug/Commodity	Frequency at Facility	Percentage
Iron tablets	6	35.3
ROTA vaccine	0	0
Tetracycline eye ointment	8	47.1
Magnesium Sulphate	6	35.3
Ergometrine	1	5.9
Male condoms	8	47.1
Intrauterine device (IUCD)	3	17.6

<sup>8</sup> These can be referred and accessed from SPSS output.

#### 4.10 Recordkeeping

The assessment indicate that there are good recording and reporting systems as evidenced from the availability of various data collection forms and tools at the health facilities. All health facilities are reported to have registers for FP, Under-5, Under-1, Immunization, Growth Monitoring, CCM, HCT, TB and PMTCT. Other tools (registers) available include ANC, KMC, maternity, EID, and LMIS.

However, only one health facility reported having registers for Helping Babies Breathe (HBB), Community-based Maternal and Newborn Care (CBMNC) and CMAM Register . These interventions are not currently running in most HF. Stock cards, requisition forms, and drug forms were indicated as some of the other tools available at the HF.

#### 5.0 Lessons Learned

- It has been observed through analysis that many health facilities are currently offering several key health interventions despite results indicating that most of them have not been trained in respective health packages. The positive response could also be attributed to failure to differentiate or understand these various trainings by the respondents. This could also be partly attributed to how questions were structured and presented to the respondents which might likely affect their response.
- Poorly managed transition/handover processes when an officer leaves the facility makes it difficult for the successor to locate information about the facility.

#### 6.0 Stock-outs

An assessment on stock-outs was conducted in all 17 health facilities where *Mwayi wa Moyo* will be implemented. A generic tool for drug stock-out assessment was adopted and administered to Health Facility In-Charges. The assessed drugs are key to CCM, CBMNC and FP.

**Table10: Summary of Stock-outs in Health Facilities**

Name of Drug	% Available and Observed	% Not Available	% with Stocks in 3 Months	% of Stock-outs in 3 Months	Average # of Stock-out days <sup>9</sup>	Some Expired	None Expired
Cotrimoxazole tablets	47.1	52.9	23.5	76.5	12 (5/17)	0	100
Lumefantrine+ Artemisinin (LA)	82.4	17.6	29.4	70.6	21 (5/17)	5.9	94.1
Paracetamol tablets	35.3	65.7	47.1	52.9	25 (7/10)	0	100
Eye ointment per national policy	76.5	25.5	29.4	70.6	31 (5/17)	0	100
Injectable antibiotics	88.2	11.8	17.6	82.4	33 (4/17)	0	100
Iron tablets (Ferrous with folate)	58.8	41.2	35.3	64.7	27 (5/17)	0	100
Vitamin A capsules	29.4	70.6	64.7	35.3	14 (10/17)	17.7	82.3
First-line Antimalarial (LA)	88.2	11.8	47.1	52.9	19 (7/17)	5.9	94.1

<sup>9</sup> This average is only for those who reported to have stock-outs the previous three months. The brackets represent the proportion of HCs reported to have stock-outs

Name of Drug	% Available and Observed	% Not Available	% with Stocks in 3 Months	% of Stock-outs in 3 Months	Average # of Stock-out days <sup>9</sup>	Some Expired	None Expired
Second-line Antimalarial (Quinine)	76.5	24.5	41.2	58.8	14 (6/17)	0	100
Fansidar for IPTp	88.2	11.8	29.4	70.6	30 (3/17)	11.8	89.2
Mebendazole	52.9	47.1	58.8	41.2	17 (7/17)	11.8	89.2
Measles Vaccine	94.1	5.9	5.9	94.1	0	5.9	94.1
Tetanus Toxoid Vaccine (TTV)	94.1	5.9	0	100	0	0	100
BCG vaccine	94.1	5.9	17.6	82.4	14 (3/17)	0	100
Polio vaccine	94.1	5.9	23.5	76.5	7 (3/17)	0	100
Pentavalent vaccine	94.1	5.9	11.8	91.2	14 (2/17)	0	100
Tetracycline eye ointment	76.5	23.5	29.4	70.6	24 (5/17)	0	100
Antihypertensive drugs	88.2	11.8	23.5	76.5	40 (3/17)	5.9	94.1
Magnesium Sulphate	41.2	58.8	64.7	35.3	90 (8/17)	0	100
Anticonvulsants	41.2	58.8	58.8	41.2	18 (9/17)	5.9	94.1
Oxytocin	76.5	23.5	11.8	88.2	0	0	100
Ergometrine	17.6	82.4	43.8	56.2	15 (8/17)	5.9	94.1
Oral contraceptive pills	29.4	70.6	70.6	29.4	25 (9/17)	0	100
Injectable contraceptives	56.2	43.8	81.2	18.8	21 (11/17)	0	100
Male Condoms	11.8	88.2	43.8	56.2	24 (7/17)	0	100
Female Condoms	70.6	29.4	11.8	89.2	60 (2/17)	5.9	94.1
Implants	88.2	11.8	23.5	76.5	31 (1/17)	0	100
Intrauterine device (IUCD)	23.5	76.5	52.9	47.1	90 (5/17)	0	100
RUTF, F75, F100, Resmol	70.6	29.4	47.1	52.9	31 (6/17)	0	100

According to the assessment, there is significant shortage of FP methods. This corresponds to the voluntary family assessment results that were conducted in the same area. The assessment indicates the availability of injectable contraceptives (29.4%), IUD (23.5%), male condoms (11.8%) and oral contraceptive pills (29.4). The only available FP methods are implants (88.2%).

There were also significant shortages of ergometrine (17.6%). However, there was good availability of oxytocin (76.5) observed from the assessed health facilities. The other drugs that were in short supply are magnesium sulphate (41.2%), anticonvulsants (41.2%), vitamin A capsules (29.4%) and paracetamol tablets (35.3). Almost all health facilities had significant availability of various vaccines during the time of the assessment; i.e. measles, BCG, Tetanus Toxoid Vaccine (TTV), Polio and pentavalent (94.1%) respectively.

The assessment further indicates that there are significant stock-outs in the previous three months for all drugs except for vitamin A capsules (64.7%), mebendazole (52.9%), and Magnesium

Sulphate (64.7%) which were available in most of the health facilities in the past three months, as detailed in Table 10 above.

There are insignificant cases of drug expiration in most of the health facilities; three health facilities(17.7%) were observed to have some expired vitamin A capsules. Some fansidar for IPTp and mebendazole were reported to be expired in two HFs. Additionally, some female condoms, ergometrine, antihypertensive drugs, measles and LA were reported to have been expired in one health facility.

## **7.0 Conclusion**

The HFA was effectively conducted in all the health facilities which are within the *Mwayi wa Moyo* catchment zone. The program provided technical and resource support. The Blantyre District Health Office provided support through communication to the health facility respondents. The assessment unearthed a key picture that will enable *Mwayi wa Moyo* to complete and fill gaps at the facility level and ensure the quality of care by skilled birth attendants, after creating demand at the community level. The benchmarks will help the program implement its monitoring and evaluation plan (M&E Table) and its Detailed Implementation Plan (DIP). Voluntary FP risk and stock-out assessment will be assessed separately and will complement this report.

## ANNEXES

### *Annex 1: Summary of Assessment Facilitators*

<b>Name of Data Collector</b>	<b>Position</b>	<b>Contact</b>
Mayeso Mphande	ORME Coordinator	mamphande@savechildren.org
Timothy Bonyonga	Training Officer	tbononga@savechildren.org
Naomi Kalemba	SBCC Officer	nkalemba@savechildren.org

**Annex 2: Schedule for HFA**

<b>ID</b>	<b>Name of Health Center</b>	<b>Name of Medical Personnel</b>	<b>Contact</b>	<b>Date of HFA</b>	<b>Personnel</b>
1	Chilomoni	Dalitso Billy- CO	888119449/88 8138874	17 <sup>th</sup> April 2012	PM, ORME, FP & MNC
2	Limbe	R Mzumara- MA	884317192/09 99260720	17 <sup>th</sup> April 2012	PM, ORME, FP & MNC
3	Chileka	Mandala-CO	999150962	18 <sup>th</sup> April 2012	PM, ORME, FP & MNC
4	Chimembe	Mrs. Phambana-NMT	888144654	18 <sup>th</sup> April 2012	PM, ORME, FP & MNC
5	Dziwe	Mwalape Dulani	0888014004/9 99167190	18 <sup>th</sup> April 2012	PM, ORME, FP & MNC
6	Namikoko	Precious Kadzinja-MA	992032333	18 <sup>th</sup> April 2012	PM, ORME, FP & MNC
7	Lundu	Mike Matewere-CO	999365720	18 <sup>th</sup> April 2012	PM, ORME, FP & MNC
8	Mdeka	Samson Chima	999758809	19 <sup>th</sup> April 2012	PM, ORME, FP & MNC
9	Lirangwe	Falid James	995632452	19 <sup>th</sup> April 2012	PM, ORME, FP & MNC
10	South Lunzu	Young Chisanga-SMA	888313284	19 <sup>th</sup> April 2012	PM, ORME, FP & MNC
11	Soche	Rashid Msadala - MA	0999471170/8 84024147	19 <sup>th</sup> April 2012	PM, ORME, FP & MNC
12	Mlambe	Daudi-CO	888359165	20 <sup>th</sup> April 2012	PM, ORME, FP & MNC
13	Makata	Makura	881547355	20 <sup>th</sup> April 2012	PM, ORME, FP & MNC
14	Chikowa	Kanjere Mwakambewa	0888897200/0 994829869	20 <sup>th</sup> April 2012	PM, ORME, FP & MNC
15	Chabvala	Effie Magombo	0995544903/0 888452215	20 <sup>th</sup> April 2012	PM, ORME, FP & MNC
16	Madziabango	James Sebastiano	888670014	21 <sup>st</sup> April 2012	PM, ORME, FP & MNC
17	Mpemba	Koyokwa - CO	999341395	21 <sup>st</sup> April 2012	PM, ORME, FP & MNC

**Annex 3: Questionnaire used during Health Facility Assessment**

**Mwayi wa Moyo Project**

**Facility Baseline Assessment Questionnaire**

**Name and Code of Interviewer:**

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**1- Facility Rapid Situation Analysis**

**Section A – Facility Interview**

Administer this questionnaire to Key Informants in the facility, including Environmental Health Officers, Facility Health Providers and Health Center In-charges in the facility.

Circle appropriate figure (code), and if only one option is possible and write the code out in the box provided.

001	Date of Interview	dd/mm/yy	<table border="1" style="display: inline-table;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			
002	Respondent's Name					
003	Respondent's Job Title					
004	Respondent's contact information (telephone, email, other)					

**i. Facility Background Information**

102	District			
103	Facility Name			
104	Facility Type	1. Health Center 2. Hospital	<table border="1" style="display: inline-table;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table>	
105	Facility Ownership	1. Ministry 2. CHAM	<table border="1" style="display: inline-table;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table>	

## ii. Infrastructure and Technology Resources

201	Number of beds	1. Less than 10 2. 11- 20 3. 21-50 4. 51-100 5. More than 100	<input type="checkbox"/>
202	Main source of water	1. Pipe-borne 2. Open Well 3. Bore-hole 4. Surface 5. Rain 6. Tanker Truck	<input type="checkbox"/>
203	Is there electricity facility (ESCOM or Solar)?	1. Yes 2. No	<input type="checkbox"/>
204	Does the facility have a power back-up (e.g. generator, inverter, solar)?	1. Yes 2. No	<input type="checkbox"/>
205	Landline telephone	1. Yes 2. No	<input type="checkbox"/>
206	Mobile phone	1. Yes 2. No	<input type="checkbox"/>
207	Radio communication	1. Yes 2. No	<input type="checkbox"/>
208	Computers	1. Yes 2. No	<input type="checkbox"/>
209	Internet connections	1. Yes 2. No	<input type="checkbox"/>

## iii. General Purpose Equipment and Supplies

*Only check Yes, if equipment is available and functional*

301	Latex Gloves	1. Yes 2. No	<input type="checkbox"/>
302	Blood pressure machine	1. Yes 2. No If yes: number	<input type="checkbox"/> <input type="checkbox"/>
303	Stethoscope	1. Yes 2. No	<input type="checkbox"/>
304	Fetoscope	1. Yes 2. No	<input type="checkbox"/>
305	Microscope	3. Yes 4. No	<input type="checkbox"/>
306	Refrigerator	1. Yes 2. No	<input type="checkbox"/>
307	Adult weighing scale	1. Yes 2. No	<input type="checkbox"/>

308	Weighing equipment for under-5 (manual/Salter Harris)	1. Yes 2. No Specify type.....	<input type="checkbox"/>
309	Digital scale for newborn	1. Yes 2. No Specify type.....	<input type="checkbox"/>
310	Height Boards	1. Yes 2. No	<input type="checkbox"/>
311	Muac Tapes (for upper arm circumference)	1. Yes 2. No	<input type="checkbox"/>
312	Thermometers	1. Yes 2. No	<input type="checkbox"/>
313	Ambulance <b>(Circle all that apply)</b>	1. Van 2. Motorcycle 3. Bicycle 4. None	
315	Incubators	1. Yes 2. No	<input type="checkbox"/>
316	Oxygen system/cylinders/concentrators	1. Yes 2. No	<input type="checkbox"/>
317	Sterilizers (autoclave, pressure pots, boiling pots, etc.)	1. Yes 2. No	<input type="checkbox"/>
318	Decontaminant (e.g. chlorine, bleach)	1. Yes 2. No	<input type="checkbox"/>
319	Buckets for infection prevention	1. Yes 2. No	<input type="checkbox"/>
320	Disposable syringes and safety boxes	1. Yes 2. No	<input type="checkbox"/>
321	Surgical blades	1. Yes 2. No	<input type="checkbox"/>
322	<i>Local Anesthetic (e.g. lidocaine)</i>	1. Yes 2. No	<input type="checkbox"/>
323	Delivery kit	1. Yes 2. No	<input type="checkbox"/>
324	Cord clamps	1. Yes 2. No	<input type="checkbox"/>

#### iv. Facility-based Laboratory Services

401	Hemoglobin and full blood count	1. Test done on-site 2. Test done off-site 3. Service not available (no referral)	<input type="checkbox"/>
402	Giemsa stain for malaria	1. Test done on-site 2. Test done off-site 3. Service not available (no referral)	<input type="checkbox"/>
403	HIV-antibody test	1. Test done on-site 2. Test done off-site 3. Service not available (no referral)	<input type="checkbox"/>

404	Smear microscopy for Tuberculosis (TB)	1. Test done on-site 2. Test done off-site 3. Service not available (no referral)	<input type="checkbox"/>
405	Blood Glucose levels	1. Test done on-site 2. Test done off-site 3. Service not available (no referral)	<input type="checkbox"/>
406	Urinalysis	1. Test done on-site 2. Test done off-site 3. Service not available (no referral)	<input type="checkbox"/>
407	Cervical Cancer (VIA)	1. Test done on-site 2. Test done off-site 3. Service not available (no referral)	<input type="checkbox"/>
408	VDRL for syphilis	1. Test done on-site 2. Test done off-site 3. Service not available (no referral)	<input type="checkbox"/>

#### v. Human Resources

How many of the following employees work full time in this facility?

	Cadre	Number
501	Clinical Officers	
502	Medical Assistants	
503	State Registered Nurses / Midwives (SRNM)	
504	Enrolled Nurse Midwives	
505	Nurse/Midwifery Technicians	
506	Laboratory Technicians/Assistants	
507	Pharmacists/ Drug dispensers	
508	HMIS personnel/Records Assistants/Data Clerks	
509	HIV Counselors	
510	Health Surveillance Assistants (HSAs)	
511	Community-based Distribution Agents (CBDAs)	
512	Home Craft Workers	
513	Area Environmental Health Assistants	

**vi. Training**

*Insert number of trained staff in the appropriate cell*

	In the last two years, how many staff currently working in this facility have received any of the following training while working in this facility or elsewhere?	Medical Doctors	Clinical Officers	Medical Assistants	State Registered Nurses (SRN)/ Midwives	Enrolled Nurse /Midwives or Nurse Technician	HSAs	CBDAs	TOTs <i>(only ask this at district/ central hospitals)</i>	HMIS/ Records Assistants <i>(data clerks)</i>
601	Basic Family Planning									
602	Injectable contraceptives <i>(only for HSAs and CBDAs)</i>									
603	Long-Acting Family Planning Method (Implant, IUCD or Sterilization)									
604	STI Management and Treatment									
605	Youth Friendly Health Services (Family Planning, STI and HIV)									
606	Emergency contraception									
607	Gender/Gender-based Violence									
608	Focused Antenatal Care (FANC) including IPTp									
609	Neonatal Resuscitation (Helping Babies Breathe)									
610	Integrated Management of Childhood Illnesses (IMCI)									
611	Basic Emergency Obstetric and Newborn									

	In the last two years, how many staff currently working in this facility have received any of the following training while working in this facility or elsewhere?	Medical Doctors	Clinical Officers	Medical Assistants	State Registered Nurses (SRN)/ Midwives	Enrolled Nurse /Midwives or Nurse Technician	HSAs	CBDAs	TOTs <i>(only ask this at district/ central hospitals)</i>	HMIS/ Records Assistants <i>(data clerks)</i>
	Care (BEmONC)									
612	Postpartum Family Planning									
613	Post-abortion Care									
614	Cervical Cancer									
615	Integrated Maternal and Newborn Care (IMNC)									
616	Kangaroo Mother Care									
617	Emergency Triage Assessment and Treatment (ETAT)									
618	Acute Respiratory Tract Infection (ARI)									
619	Community-based Maternal and Newborn Care (CBMNC)									
620	Community Case Management (CCM) of Diarrhea, Pneumonia and Malaria									
621	Infant and Young Child Feeding Practices (IYCF)									
622	Essential Nutrition Action (ENA)									
623	Nutrition, Treatment, Care and Support for PLWHAs (NTCS)									
624	Community-based Management of Acute Malnutrition (CMAM)									
625	New Growth Standards									

	In the last two years, how many staff currently working in this facility have received any of the following training while working in this facility or elsewhere?	Medical Doctors	Clinical Officers	Medical Assistants	State Registered Nurses (SRN)/ Midwives	Enrolled Nurse /Midwives or Nurse Technician	HSAs	CBDAAs	TOTs <i>(only ask this at district/ central hospitals)</i>	HMIS/ Records Assistants <i>(data clerks)</i>
626	HIV Counseling and Testing (PITC or VCT)									
627	HIV Testing using Dried Blood Spot (DBS)/EID									
628	Prevention of Mother-to-child Transmission (PMTCT)									
629	ART Care and Treatment (including treatment of HIV/AIDS opportunistic infection)									
630	Integrated ART/PMTCT									
631	Post-exposure Prophylaxis (PEP)									
632	TB/HIV Integration									
633	Infection Prevention and Control/Injection Safety									
634	Diagnosis and Treatment of Malaria (including ACTs)									
635	Malaria prevention using ITN									
636	HMIS									
637	Community Mobilization									

## vii. Interventions

Are any of the following interventions/services currently being provided in the facility?

701	General Family Planning (FP) – Natural and Modern Contraceptives	1. Yes 2. No	<input type="checkbox"/>
702	Postpartum/ Post-Abortion Family Planning	1. Yes 2. No	<input type="checkbox"/>
703	Emergency Contraception	1. Yes 2. No	<input type="checkbox"/>
704	Long-Acting Family Planning Methods (Implants, IUCD, Sterilization)	1. Yes 2. No	<input type="checkbox"/>
705	FP for HIV positive women (FP/HIV Integration)	1. Yes 2. No	<input type="checkbox"/>
706	Youth Friendly Health Services (Family Planning, STI and HIV)	1. Yes 2. No	<input type="checkbox"/>
707	Gender/Gender-based Violence counseling and referral	1. Yes 2. No	<input type="checkbox"/>
708	Community-based FP Distribution Program (HSAs and CBDAs)	1. Yes 2. No	<input type="checkbox"/>
709	Focused Antenatal Care (FANC)	1. Yes 2. No	<input type="checkbox"/>
710	Basic Emergency Obstetrics and Newborn Care (BEmONC)	1. Yes 2. No	<input type="checkbox"/>
711	Post-abortion Care	1. Yes 2. No	<input type="checkbox"/>
712	Integrated Maternal and Newborn Care (IMNC)	1. Yes 2. No	<input type="checkbox"/>
713	Kangaroo Mother Care (KMC)	1. Yes 2. No	<input type="checkbox"/>
714	Helping Babies Breathe (HBB)	1. Yes 2. No	<input type="checkbox"/>
715	Emergency Triage Assessment and Treatment (ETAT)	1. Yes 2. No	<input type="checkbox"/>
716	Integrated Management of Childhood Illnesses (IMCI)	1. Yes 2. No	<input type="checkbox"/>
717	Child Immunization (EPI) and Growth Monitoring	1. Yes 2. No	<input type="checkbox"/>
718	EPI+ (new vaccines)	1. Yes 2. No	<input type="checkbox"/>
719	Community-based Maternal and Newborn Care (CBMNC)	1. Yes 2. No	<input type="checkbox"/>
720	Community Case Management (CCM) of Diarrhea, Pneumonia and Malaria	1. Yes 2. No	<input type="checkbox"/>

721	Promotion of optimal Infant and Young Child Feeding Practices (IYCF)	1. Yes 2. No	<input type="checkbox"/>
722	Nutrition, Education and Counseling on Essential Nutrition Actions (ENA)	1. Yes 2. No	<input type="checkbox"/>
723	Nutrition, Treatment, Care and Support for PLWHAs (NTCS)	1. Yes 2. No	<input type="checkbox"/>
724	Community-based Management of Acute Malnutrition (CMAM)	1. Yes 2. No	<input type="checkbox"/>
725	Promotion of Iodized Salt	1. Yes 2. No	<input type="checkbox"/>
726	HIV Counseling and Testing (HCT: including PITC and VCT)	1. Yes 2. No	<input type="checkbox"/>
727	Door-to-door HIV Counseling and Testing	1. Yes 2. No	<input type="checkbox"/>
728	Early Infant Diagnosis (DBS Sample Collection)	1. Yes 2. No	<input type="checkbox"/>
729	Early Infant Diagnosis (ELISA test for exposed babies after 18months of life)	1. Yes 2. No	<input type="checkbox"/>
730	HIV Counseling and Testing for Pregnant Women	1. Yes 2. No	<input type="checkbox"/>
731	PMTCT (ARV Prophylaxis : AZT/Nevirapine)	1. Yes 2. No	<input type="checkbox"/>
732	PMTCT (ART initiation- Option B+)	1. Yes 2. No	<input type="checkbox"/>
733	Antiretroviral Therapy (ART) Enrollment and Refill	1. Yes 2. No	<input type="checkbox"/>
734	Antiretroviral Therapy (ART) Refill only	1. Yes 2. No	<input type="checkbox"/>
735	Tuberculosis (TB) diagnosis (smear microscopy) and treatment	1. Yes 2. No	<input type="checkbox"/>
736	TB/HIV Integration (ART initiation in TB patients)	1. Yes 2. No	<input type="checkbox"/>
737	Community Outreach Services	1. Yes 2. No	<input type="checkbox"/>
738	Community Mobilization	1. Yes 2. No	<input type="checkbox"/>
739	FANC	1. Yes 2. No	<input type="checkbox"/>
740	KMC	1. Yes 2. No	<input type="checkbox"/>
741	Labor and Delivery Area	1. Yes 2. No	<input type="checkbox"/>
742	HCT	1. Yes 2. No	<input type="checkbox"/>

**viii. Guidelines (Available and Accessible)**

801	Reproductive Health Service Delivery Guidelines	1. Yes 2. No	<input type="checkbox"/>
802	National Sexual and Reproductive Health and Right (SRHR) Policy	1. Yes 2. No	<input type="checkbox"/>
803	Management of Malaria	1. Yes 2. No	<input type="checkbox"/>
804	Integrated Management of Childhood Illnesses (IMCI)	1. Yes 2. No	<input type="checkbox"/>
805	Kangaroo Mother Care (KMC)	1. Yes 2. No	<input type="checkbox"/>
806	Helping Babies Breathe (HBB)	1. Yes 2. No	<input type="checkbox"/>
807	Community-based Maternal and Newborn Care (CBMNC)	1. Yes 2. No	<input type="checkbox"/>
808	Integrated Management of Childhood Illnesses (IMCI)	1. Yes 2. No	<input type="checkbox"/>
809	Infant and Young Child Feeding Practices (IYCF)	1. Yes 2. No	<input type="checkbox"/>
810	Management of Adult and Adolescent Malnutrition (for Nutrition and HIV)	1. Yes 2. No	<input type="checkbox"/>
811	Community Case Management (CCM) of Diarrhea, Pneumonia and Malaria	1. Yes 2. No	<input type="checkbox"/>
812	Brochures, posters, or other materials including counseling cards <b>(please specify)</b>		

**ix. Essential Drugs and Commodities (available at the facility)**

901	Injectable antibiotics	1. Yes 2. No	<input type="checkbox"/>
902	Oral antibiotics	1. Yes 2. No	<input type="checkbox"/>
903	Oral Rehydration Solution (ORS)	1. Yes 2. No	<input type="checkbox"/>
904	Iron tablets (Ferrous with folate)	1. Yes 2. No	<input type="checkbox"/>
905	Vitamin A capsules	1. Yes 2. No	<input type="checkbox"/>
906	First-line Antimalarial (LA)	1. Yes 2. No	<input type="checkbox"/>
907	Second-line Antimalarial (Quinine)	1. Yes 2. No	<input type="checkbox"/>
908	Fansidar for IPTp	1. Yes 2. No	<input type="checkbox"/>

909	Mebendazole	1. Yes 2. No	<input type="checkbox"/>
910	Measles Vaccine	1. Yes 2. No	<input type="checkbox"/>
911	Tetanus Toxoid Vaccine (TTV)	1. Yes 2. No	<input type="checkbox"/>
912	BCG vaccine	1. Yes 2. No	<input type="checkbox"/>
913	Polio vaccine	1. Yes 2. No	<input type="checkbox"/>
914	PCV	1. Yes 2. No	<input type="checkbox"/>
915	ROTA	1. Yes 2. No	<input type="checkbox"/>
916	Pentavalent vaccine	1. Yes 2. No	<input type="checkbox"/>
917	Tetracycline eye ointment	1. Yes 2. No	<input type="checkbox"/>
918	Antihypertensive drugs	1. Yes 2. No	<input type="checkbox"/>
919	Magnesium Sulphate	1. Yes 2. No	<input type="checkbox"/>
920	Anticonvulsants	1. Yes 2. No	<input type="checkbox"/>
921	Oxytocin	1. Yes 2. No	<input type="checkbox"/>
922	Ergometrine	1. Yes 2. No	<input type="checkbox"/>
923	Oral contraceptive pills	1. Yes 2. No	<input type="checkbox"/>
924	Injectable contraceptives	1. Yes 2. No	<input type="checkbox"/>
925	Male Condoms	1. Yes 2. No	<input type="checkbox"/>
926	Female Condoms	1. Yes 2. No	<input type="checkbox"/>
927	Implants	1. Yes 2. No	<input type="checkbox"/>
928	Intrauterine device (IUCD)	1. Yes 2. No	<input type="checkbox"/>
929	RUTF, F75, F100, Resmol	1. Yes 2. No	<input type="checkbox"/>

**x. Referrals**

1000	Does this facility receive case referrals from other facilities?	1. Yes 2. No <b>(skip to 1003)</b> <input type="checkbox"/>	
1001	What types of health facilities refer cases to this facility?  <i>(Circle all that apply and insert the number of facilities referring cases to your facility)</i>	<b>Facility Type</b>	<b>Number referring cases to your facility</b>
		1. Hospital	
		2. Health Center	
		3. Dispensary	
		4. Health Post	
		5. Village Clinic	
1002	Does this facility refer cases to higher facilities?	1. Yes 2. No <b>(skip to 1005)</b> <input type="checkbox"/>	
1003	What types of facilities are cases referred to?  <i>(Circle all that apply)</i>	1. Central Hospital 2. District hospital 3. Rural/community Hospital 4. Health Center 5. Others, please specify..... <input type="checkbox"/>	
1004	Which of the following communication systems are available for referral at the facility?  <i>(Circle all that apply)</i>	1. Landline 2. Cell Phone 3. Radio communication	
1005	Is there a functional ambulance (Van or Motorcycle) set aside for referrals	1. Yes 2. No <input type="checkbox"/> Please specify type.....	
91006	Does your facility use Referral Forms/Tool to make referrals? <i>(check if referral form is available)</i>	1. Yes 2. No <input type="checkbox"/>	
1007	Is there a mechanism for referral feedback	1. Yes 2. No 3. Please specify..... <input type="checkbox"/>	

## 2 -Registers and Records Review

### xii. Facility Registers Available and Accessible

1201	Family Planning (FP) Register	1. Yes 2. No	<input type="checkbox"/>
1202	Under-5 Children Register	1. Yes 2. No	<input type="checkbox"/>
1203	Under-1 Children Register	1. Yes 2. No	<input type="checkbox"/>
1204	Immunization Register	1. Yes 2. No	<input type="checkbox"/>
1205	Growth Monitoring Register	1. Yes 2. No	<input type="checkbox"/>
1206	ANC Register	1. Yes 2. No	<input type="checkbox"/>
1207	KMC Register	1. Yes 2. No	<input type="checkbox"/>
1208	HBB Register	1. Yes 2. No	<input type="checkbox"/>
1209	Maternity Register	1. Yes 2. No	<input type="checkbox"/>
1210	Community-based Maternal and Newborn Care (CBMNC) Register	1. Yes 2. No	<input type="checkbox"/>
1211	CCM Register	1. Yes 2. No	<input type="checkbox"/>
1212	HCT Register	1. Yes 2. No	<input type="checkbox"/>
1213	ART/PMTCT Register	1. Yes 2. No	<input type="checkbox"/>
1214	TB Register	1. Yes 2. No	<input type="checkbox"/>
1215	Exposed Child Follow-up Register (EID)	1. Yes 2. No	<input type="checkbox"/>
1216	CMAM Register	1. Yes 2. No	<input type="checkbox"/>
1217	NTCS Register	1. Yes 2. No	<input type="checkbox"/>
1218	Logistics Management Information System (LMIS) Tools	1. Yes 2. No	<input type="checkbox"/>
1219	If yes to <b>1218</b> , list the available LMIS tools		

*Thank you for your time*