

# RAPID EmONC ASSESSMENT – 2018 version

(based on EmOC Needs Assessment Toolkit developed by Columbia University/AMDD and available on: <https://www.mailman.columbia.edu/research/averting-maternal-death-and-disability-amdd/toolkit>)

## MODULE 1: IDENTIFICATION OF THE FACILITY AND INFRASTRUCTURE

Interviewer Name: .....

Date (dd/mm/yyyy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### SECTION 1.1: Facility Information

*Instructions:* Data collection team supervisor should complete this section as soon as the team arrives at the facility and before interviewing the facility officer in charge, copy the Unique Facility Identifier (UFI) onto each page of the questionnaire before the team begins collecting data.

Team Number	Facility Number	Unique Facility Identifier (UFI)
__ __	__ __  (Sequential number beginning with 01)	__ __ __ __  2-digit Team Number + 2-digit Facility Number
Facility Name		
Region/Province	District	
Region/Province Code	District Code	
__ __	__ __ __	

## SECTION 1.2. Facility Identification Information

**Instruction:** Explain the objectives of EmONC-rapid assessment, introduce data collection team to the facility manager/responsible then ask the following questions

SN	Item	Response
1	Since the major topic of interest of this survey is obstetric and newborn care, it will help us to organize our visit here if you could first tell us if any deliveries have been attended in this facility in the last 12 months.	Yes..... 1 No..... 0 <i>(If “No,” please immediately inform your team members that there have been no deliveries in the last 12 months and continue the interview.)</i>
2	Area (urban or rural)	Urban .....1 Rural .....2
3	Type of health facility <i>(circle one)</i>	National hospital/Maternity .....1 Regional hospital .....2 District Hospital .....3 Health Centre .....4 Private clinic ..... 5 Other <i>(specify)</i> ..... 6
4	Operating agency <i>(circle one)</i>	Public.....1 Private for profit .....2 Private faith based .....3 Other <i>(specify)</i> .....4

## SECTION 1.3: General

Read to your interviewee “I would like to ask you some questions about the capacity and infrastructure of this health facility”.

SN	Item	Response		Skip to
5	Does this facility have the following structures: <i>(read each item and circle the appropriate answer)</i>	Yes	No	
	a. Antenatal care room			
	b. Labor room	1	0	
	c. Delivery room	1	0	
	d. Labor and delivery together	1	0	
	e. Postpartum ward	1	0	
	f. Operating theater	1	0	
	g. Neonatal care unit	1	0	
	h. Corner for Newborn first aid/care	1	0	
	i. Kanganroo mother care area	1	0	

	j. Blood bank	1	0	
	k. Laboratory	1	0	
	l. Blood bank and laboratory together	1	0	

SN	Item	Response	Skip to
6	How many beds/coach exist in this health facility (HF)? (write number)	_ _ _	
7	How many of the total number of beds are dedicated exclusively to obstetric patients? (write number)	_ _ _	
8	How many of the total available beds/couches that are exclusively dedicated for labor or delivery? (write number)	_ _ _	
9	Does this facility have electricity? (even if irregular, circle 1 for "Yes")	Yes ..... 1 No ..... 0	If "No," skip to Item 13
10	What is the <b>primary</b> source of electricity? (Circle one)	Power lines (grid) ..... 1 Generator ..... 2 Solar ..... 3 Other (specify) ..... 4 .....	
11	Does this facility have a functional back-up generator available?	Yes ..... 1 No ..... 0	
12	In the last month, how many days were you without electricity? (Write number; if electricity fails sporadically, but not for days at a time, use 88)	_ _  days	
13	Does this facility have water for functions such as infection prevention, patient and staff use, etc.?	Yes ..... 1 No ..... 0	If "No," skip to Item 17
14	What is the <b>primary</b> source of water? (Circle one)	Piped water ..... 1 Hand pump ..... 2 Well ..... 3 River ..... 4 Other (specify) ..... 5 .....	
15	Is the water system currently functioning in the: (read each item) a. Labor and Delivery room? b. Operating theater? c. Postnatal room?	Yes 1 1 1 No 0 0 0 Room not available 9 9 9	

16	In the last month, how many days were you without water? (Write number; if without water sporadically, but not for days at a time, use 88)	days	
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## SECTION 1.4: Essential Service Delivery in the health facility

“Now, I would like to ask you some questions about health services provided in this HF”:

SN	Item	Response		Skip to
17	Does the facility provides the following: (Read each item)	Yes	No	
	a Antenatal care	1	0	
	b Postnatal care	1	0	
	c Obstetric surgery (ex. cesarean section)	1	0	
	d General anesthesia	1	0	
	e Spinal anesthesia	1	0	
	f Obstetric services 24H/24 and 7days/7	1	0	
	g Neonatal services 24 h/24 and 7 days/7	1	0	
	h Post Abortion Care (PAC)	1	0	
	i Post Abortion Family Planning	1	0	

## SECTION 1.5. Transportation and Communication

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

If the answer to the question (18 – 23) is “No,” do not ask whether people on duty use the telephone or radio for referral. Skip to the next item.

### Communication to enable referral

No.	Item	Is at least 1 available and functional?		If “Yes,” is it used for referral?	
		Yes	No	Yes	No
18	Landline telephone in the maternity area	1	0	1	0
19	Landline telephone elsewhere in facility	1	0	1	0
20	Cell phone (owned by facility)	1	0	1	0
21	Cell phone (owned by individual staff)	1	0	1	0
22	Public telephone in the vicinity	1	0	1	0

23	Two-way radio	1	0	1	0
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No.	Item	Response	Skip to
27	Is there a cell phone signal at this facility?	Yes ..... 1 No ..... 0	If "No," skip to Item 29
28	Is it a policy in this facility to reimburse staff who use their cell phones for work-related calls?	Yes ..... 1 No ..... 0	

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

Transport		Is at least 1 available?		
No.	Item	Available and functional	Available but not functional	Not available
29	Motor vehicle ambulance	1	2	0
30	Motorcycle ambulance	1	2	0
31	Bicycle ambulance	1	2	0
32	Other motor vehicle	1	2	0
33	Animal drawn cart	1	2	0
34	Stretcher	1	2	0
35	Other (please specify): _____	1	2	0

### For motor vehicles and motorcycles

No.	Item	Response
36	Is there an available source of tools, spare parts, and mechanics for the maintenance of the vehicles when necessary? <i>[Circle 9 (Not applicable) if no motorcycle or motor vehicle]</i>	Yes ..... 1 No ..... 0 Not applicable ..... 9
37	Who is responsible for ensuring that the vehicle(s) or motorcycle(s) are in working order? <i>[Circle 9 (Not applicable) if no motorcycle or motor vehicle]</i>	No one ..... 0 Facility director ..... 1 Facility administrator ..... 2 District health office ..... 3 Other ..... 4 Not applicable ..... 9
38	Are there funds available <u>today</u> for maintenance or repair if they were needed? <i>[Circle 9 (Not applicable) if no]</i>	Yes ..... 1 No ..... 0

No.	Item	Response
	<i>motorcycle or motor vehicle]</i>	Not applicable ..... 9
39	Is sufficient fuel available <b>today</b> to transport women and newborns if needed?  <i>[Circle 9 (Not applicable) if no motorcycle or motor vehicle]</i>	Yes ..... 1 No ..... 0 Not applicable ..... 9

## 24/7 Availability and general referral

No.	Item	Response
40	Does the facility provide obstetric and neonatal care 24 hours a day, 7 days a week?	Yes ..... 1 No ..... 0
41	How far is the nearest referral hospital with surgical care?  <i>(8888 = does not refer; 9999 = does not know)</i>	__ __ __ __  km
42	How long does it take to get to that referral hospital with surgical care?  <i>(Record time in minutes under ideal circumstances: 8888 = does not refer; 9999 = does not know)</i>	__ __ __ __  minutes

# RAPID EmONC ASSESSMENT

## MODULE 2: HUMAN RESOURCES

Interviewer Name: .....,

Date (dd/mm/yyyy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Instructions:

- *Direct questions under:*
  - **Overall staffing** to the facility officer in charge or the administrator who works with payroll. If s/he does not know, go to the person in charge of the maternity.
  - **EmOC Signal Functions and Other Essential Services and 24 Hour Availability** to the person in charge of the maternity. If s/he does not know who provides services in the operating theater, ask the person in charge of the operating theater at the time of the visit. These questions refer to services provided in this facility.
- *You should obtain an answer to the first question (Is this staff providing currently services in this health facility?) for the first column (Obs/Gyne) and work vertically through the first section with reference to that category of worker. Then move on to the next category of health worker (Pediatrician), and so on, until the first section is completed. As you begin the second section "EmONC Signal Functions," ask only about those professionals who currently work at the facility. Like the first section, the table should be read from top to bottom for each type of health worker. Thus, the answer to question 1b of the first section will determine which columns will be filled out in the second section.*
- *Include visiting medical personnel who are accredited and professional staff. Do not include students of any cadre in responses.*

If the facility has had no deliveries in the past 12 months (see the answer to Question 1 of Module 1), only complete Section 1 of this module, then proceed to Module 3: Essential Drugs, Equipment and Supplies.

Comments

## SECTION 2.1: Overall Staffing

### 2.1.1 Overall staffing

SN	Item	Obstetrician/ Gynecologist	Medical doctor (general practitioner)	General surgeon	Pediatrician	Neonatologist	Emergency Surgical Officer	Community Health Officer (CHO)	Midwife	Nurse auxiliary midwife (MCHAides)	Nurse	Anesthesiologist (MD)	Nurse Anesthetist	Laboratory technician
1	Is this staff providing currently services in this health facility?	Yes..... 1 No..... 0	Yes..... 1 No..... 0	Yes..... 1 No..... 0	Yes..... 1 No..... 0	Yes..... 1 No..... 0	Yes..... 1 No..... 0	Yes..... 1 No..... 0	Yes..... 1 No..... 0	Yes..... 1 No..... 0	Yes..... 1 No..... 0	Yes..... 1 No..... 0	Yes..... 1 No..... 0	Yes..... 1 No..... 0
2	How many are currently employed and have pin code in this facility? (write number)													
3	How many are currently volunteers in this HF? (unpaid professionals) (write number)													
4	How many left this facility in the last 12 months? (write number)													
5	How many were posted at this facility in the last 12 months? (write number)													

On the next page, begin by circling or marking each category of health worker that currently provides services in this facility. This should help you remember to only ask questions about professionals who are currently working in this facility.



### 2.1.2 Availability of staff 24/7

**Instructions:** Direct these questions to the person in charge of the maternity. “On duty” means that there is at least one staff member in this category who is physically present in the facility or nearby. “On call” means that the worker can be contacted but is not physically present in the facility.

Is this cadre of worker available (on duty, on call, or not available) in case of maternal and/or newborn emergency?

SN	Item	Obstetrician/ Gynecologist	Medical doctor (general practitioner)	General surgeon	Pediatrician	Neonatologist	Emergency Surgical Officers	Community Health Officer (CHO)	Midwife	Nurse auxiliary midwife (MCHAides)	Nurse	Anesthesiologist (MD)	Nurse Anesthetist	Laboratory technician
6	Monday through Friday during the day?	On duty.....1 On call.....2 Not avail.....0	On duty ..... 1 On call ..... 2 Not avail ..... 0	On duty ..... 1 On call ..... 2 Not avail ..... 0	On duty ..... 1 On call ..... 2 Not avail ..... 0	On duty ..... 1 On call ..... 2 Not avail ..... 0	On duty .....1 On call .....2 Not avail.....0	On duty .....1 On call .....2 Not avail.....0	On duty ..... 1 On call ..... 2 Not avail..... 0	On duty ..... 1 On call ..... 2 Not avail ..... 0	On duty .....1 On call .....2 Not avail.....0	On duty..... 1 On call.....2 Not avail .....0	On duty.....1 On call .....2 Not avail .....0	On duty..... 1 On call ..... 2 Not avail ..... 0
7	Monday through Friday at night?	On duty.....1 On call.....2 Not avail.....0	On duty ..... 1 On call ..... 2 Not avail ..... 0	On duty ..... 1 On call ..... 2 Not avail ..... 0	On duty ..... 1 On call ..... 2 Not avail ..... 0	On duty ..... 1 On call ..... 2 Not avail ..... 0	On duty .....1 On call .....2 Not avail.....0	On duty .....1 On call .....2 Not avail.....0	On duty ..... 1 On call ..... 2 Not avail..... 0	On duty ..... 1 On call ..... 2 Not avail ..... 0	On duty .....1 On call .....2 Not avail.....0	On duty..... 1 On call.....2 Not avail .....0	On duty.....1 On call .....2 Not avail .....0	On duty..... 1 On call ..... 2 Not avail ..... 0
8	Saturday, Sunday, and holidays during the day?	On duty.....1 On call.....2 Not avail.....0	On duty ..... 1 On call ..... 2 Not avail ..... 0	On duty ..... 1 On call ..... 2 Not avail ..... 0	On duty ..... 1 On call ..... 2 Not avail ..... 0	On duty ..... 1 On call ..... 2 Not avail ..... 0	On duty .....1 On call .....2 Not avail.....0	On duty .....1 On call .....2 Not avail.....0	On duty ..... 1 On call ..... 2 Not avail..... 0	On duty ..... 1 On call ..... 2 Not avail ..... 0	On duty .....1 On call .....2 Not avail.....0	On duty..... 1 On call.....2 Not avail .....0	On duty.....1 On call .....2 Not avail .....0	On duty..... 1 On call ..... 2 Not avail ..... 0
9	Saturday, Sunday, and holidays at night?	On duty.....1 On call.....2 Not avail.....0	On duty ..... 1 On call ..... 2 Not avail ..... 0	On duty ..... 1 On call ..... 2 Not avail ..... 0	On duty ..... 1 On call ..... 2 Not avail ..... 0	On duty ..... 1 On call ..... 2 Not avail ..... 0	On duty .....1 On call .....2 Not avail.....0	On duty .....1 On call .....2 Not avail.....0	On duty ..... 1 On call ..... 2 Not avail..... 0	On duty ..... 1 On call ..... 2 Not avail ..... 0	On duty .....1 On call .....2 Not avail.....0	On duty..... 1 On call.....2 Not avail .....0	On duty.....1 On call .....2 Not avail .....0	On duty..... 1 On call ..... 2 Not avail ..... 0

## SECTION 2.2. EmONC Signal Functions and Other Essential Services

**Instruction :** For each type of staff currently in this HF, ask your interviewee if he/she provides EmONC signal functions and other essential services.  
Exclude health workers that are acting on orders or assisting only

SN	Signal Functions/ Essential Services	Obstetrician/ Gynecologist	Medical doctor (general practitioner)	General surgeon	Pediatrician	Neonatologist	Emergency Surgical Officer	Community Health Officer (CHO)	Midwife	Nurse	Anesthesiologist / Anesthetist	Laboratory technician
10	Administer parenteral antibiotics	Yes ..... 1	Yes ..... 1	Yes ..... 1	Yes ..... 1	Yes ..... 1	Yes ..... 1	Yes ..... 1	Yes ..... 1	Yes ..... 1	Yes ..... 1	Yes ..... 1
		No ..... 0	No ..... 0	No ..... 0	No ..... 0	No ..... 0	No ..... 0	No ..... 0	No ..... 0	No ..... 0	No ..... 0	No ..... 0
11	Administer uterotonic drugs – parenteral oxytocics	Yes ..... 1	Yes ..... 1	Yes ..... 1	Yes ..... 1	Yes ..... 1	Yes ..... 1	Yes ..... 1	Yes ..... 1	Yes ..... 1	Yes ..... 1	Yes ..... 1
		No ..... 0	No ..... 0	No ..... 0	No ..... 0	No ..... 0	No ..... 0	No ..... 0	No ..... 0	No ..... 0	No ..... 0	No ..... 0
12	Administer parenteral anticonvulsants	Yes ..... 1	Yes ..... 1	Yes ..... 1	Yes ..... 1	Yes ..... 1	Yes ..... 1	Yes ..... 1	Yes ..... 1	Yes ..... 1	Yes ..... 1	Yes ..... 1
		No ..... 0	No ..... 0	No ..... 0	No ..... 0	No ..... 0	No ..... 0	No ..... 0	No ..... 0	No ..... 0	No ..... 0	No ..... 0
13	Perform manual removal of placenta	Yes ..... 1	Yes ..... 1	Yes ..... 1	Yes ..... 1	Yes ..... 1	Yes ..... 1	Yes ..... 1	Yes ..... 1	Yes ..... 1	Yes ..... 1	Yes ..... 1
		No ..... 0	No ..... 0	No ..... 0	No ..... 0	No ..... 0	No ..... 0	No ..... 0	No ..... 0	No ..... 0	No ..... 0	No ..... 0
14	Perform manual vacuum aspiration (MVA) or electric aspiration	Yes ..... 1	Yes ..... 1	Yes ..... 1	Yes ..... 1	Yes ..... 1	Yes ..... 1	Yes ..... 1	Yes ..... 1	Yes ..... 1	Yes ..... 1	Yes ..... 1
		No ..... 0	No ..... 0	No ..... 0	No ..... 0	No ..... 0	No ..... 0	No ..... 0	No ..... 0	No ..... 0	No ..... 0	No ..... 0
15	Perform vacuum extraction delivery	Yes ..... 1	Yes ..... 1	Yes ..... 1	Yes ..... 1	Yes ..... 1	Yes ..... 1	Yes ..... 1	Yes ..... 1	Yes ..... 1	Yes ..... 1	Yes ..... 1
		No ..... 0	No ..... 0	No ..... 0	No ..... 0	No ..... 0	No ..... 0	No ..... 0	No ..... 0	No ..... 0	No ..... 0	No ..... 0
16	Perform forceps delivery	Yes ..... 1	Yes ..... 1	Yes ..... 1	Yes ..... 1	Yes ..... 1	Yes ..... 1	Yes ..... 1	Yes ..... 1	Yes ..... 1	Yes ..... 1	Yes ..... 1
		No ..... 0	No ..... 0	No ..... 0	No ..... 0	No ..... 0	No ..... 0	No ..... 0	No ..... 0	No ..... 0	No ..... 0	No ..... 0
17	Resuscitate newborn with bag and mask	Yes ..... 1	Yes ..... 1	Yes ..... 1	Yes ..... 1	Yes ..... 1	Yes ..... 1	Yes ..... 1	Yes ..... 1	Yes ..... 1	Yes ..... 1	Yes ..... 1
		No ..... 0	No ..... 0	No ..... 0	No ..... 0	No ..... 0	No ..... 0	No ..... 0	No ..... 0	No ..... 0	No ..... 0	No ..... 0

SN	Signal Functions/ Essential Services	Obstetrician/ Gynecologist	Medical doctor (general practitioner)	General surgeon	Pediatrician	Neonatologist	Emergency Surgical Officer	Community Health Officer (CHO)	Midwife	Nurse	Anesthesiologist / Anesthetist	Laboratory technician
18	Perform blood transfusion for mother	Yes ..... 1 No ..... 0	Yes ..... 1 No ..... 0	Yes ..... 1 No ..... 0	Yes ..... 1 No ..... 0	Yes ..... 1 No ..... 0	Yes ..... 1 No ..... 0	Yes ..... 1 No ..... 0	Yes ..... 1 No ..... 0	Yes ..... 1 No ..... 0	Yes ..... 1 No ..... 0	Yes ..... 1 No ..... 0
19	Perform obstetric surgery (e.g., cesarean delivery)	Yes ..... 1 No ..... 0	Yes ..... 1 No ..... 0	Yes ..... 1 No ..... 0	Yes ..... 1 No ..... 0	Yes ..... 1 No ..... 0	Yes ..... 1 No ..... 0	Yes ..... 1 No ..... 0	Yes ..... 1 No ..... 0	Yes ..... 1 No ..... 0	Yes ..... 1 No ..... 0	Yes ..... 1 No ..... 0
20	Has anyone of this cadre trained on EmONC?	Yes ..... 1 No ..... 0	Yes ..... 1 No ..... 0	Yes ..... 1 No ..... 0	Yes ..... 1 No ..... 0	Yes ..... 1 No ..... 0	Yes ..... 1 No ..... 0	Yes ..... 1 No ..... 0	Yes ..... 1 No ..... 0	Yes ..... 1 No ..... 0	Yes ..... 1 No ..... 0	Yes ..... 1 No ..... 0
21	Has anyone of this cadre trained on newborn resuscitation with bag and mask?	Yes ..... 1 No ..... 0	Yes ..... 1 No ..... 0	Yes ..... 1 No ..... 0	Yes ..... 1 No ..... 0	Yes ..... 1 No ..... 0	Yes ..... 1 No ..... 0	Yes ..... 1 No ..... 0	Yes ..... 1 No ..... 0	Yes ..... 1 No ..... 0	Yes ..... 1 No ..... 0	Yes ..... 1 No ..... 0
22	Attend normal delivery	Yes ..... 1 No ..... 0	Yes ..... 1 No ..... 0	Yes ..... 1 No ..... 0	Yes ..... 1 No ..... 0	Yes ..... 1 No ..... 0	Yes ..... 1 No ..... 0	Yes ..... 1 No ..... 0	Yes ..... 1 No ..... 0	Yes ..... 1 No ..... 0	Yes ..... 1 No ..... 0	Yes ..... 1 No ..... 0
23	Provide corticosteroids for preterm labor	Yes ..... 1 No ..... 0	Yes ..... 1 No ..... 0	Yes ..... 1 No ..... 0	Yes ..... 1 No ..... 0	Yes ..... 1 No ..... 0	Yes ..... 1 No ..... 0	Yes ..... 1 No ..... 0	Yes ..... 1 No ..... 0	Yes ..... 1 No ..... 0	Yes ..... 1 No ..... 0	Yes ..... 1 No ..... 0
24	Administer uterotonic drugs (misoprostol ) sublingually, rectally, or vaginally	Yes ..... 1 No ..... 0	Yes ..... 1 No ..... 0	Yes ..... 1 No ..... 0	Yes ..... 1 No ..... 0	Yes ..... 1 No ..... 0	Yes ..... 1 No ..... 0	Yes ..... 1 No ..... 0	Yes ..... 1 No ..... 0	Yes ..... 1 No ..... 0	Yes ..... 1 No ..... 0	Yes ..... 1 No ..... 0
25	Provide regional/spinal/ epidural anesthesia	Yes ..... 1 No ..... 0	Yes ..... 1 No ..... 0	Yes ..... 1 No ..... 0	Yes ..... 1 No ..... 0	Yes ..... 1 No ..... 0	Yes ..... 1 No ..... 0	Yes ..... 1 No ..... 0	Yes ..... 1 No ..... 0	Yes ..... 1 No ..... 0	Yes ..... 1 No ..... 0	Yes ..... 1 No ..... 0
26	Provide immediate newborn care	Yes ..... 1 No ..... 0	Yes ..... 1 No ..... 0	Yes ..... 1 No ..... 0	Yes ..... 1 No ..... 0	Yes ..... 1 No ..... 0	Yes ..... 1 No ..... 0	Yes ..... 1 No ..... 0	Yes ..... 1 No ..... 0	Yes ..... 1 No ..... 0	Yes ..... 1 No ..... 0	Yes ..... 1 No ..... 0

SN	Signal Functions/ Essential Services	Obstetrician/ Gynecologist	Medical doctor (general practitioner)	General surgeon	Pediatrician	Neonatologist	Emergency Surgical Officer	Community Health Officer (CHO)	Midwife	Nurse	Anesthesiologist / Anesthetist	Laboratory technician
27	Provide Focused anti natal care (FANC)	Yes..... 1 No ..... 0	Yes..... 1 No ..... 0	Yes ..... 1 No ..... 0	Yes..... 1 No ..... 0	Yes ..... 1 No ..... 0	Yes..... 1 No..... 0	Yes .....1 No.....0	Yes ..... 1 No ..... 0	Yes..... 1 No.....0	Yes..... 1 No ..... 0	Yes..... 1 No ..... 0
28	Provide PMTCT services?	Yes..... 1 No ..... 0	Yes..... 1 No ..... 0	Yes ..... 1 No ..... 0	Yes..... 1 No ..... 0	Yes ..... 1 No ..... 0	Yes..... 1 No..... 0	Yes .....1 No.....0	Yes ..... 1 No ..... 0	Yes..... 1 No.....0	Yes..... 1 No ..... 0	Yes..... 1 No ..... 0
29	Provide Family Planning	Yes..... 1 No ..... 0	Yes..... 1 No ..... 0	Yes ..... 1 No ..... 0	Yes..... 1 No ..... 0	Yes ..... 1 No ..... 0	Yes..... 1 No..... 0	Yes .....1 No.....0	Yes ..... 1 No ..... 0	Yes..... 1 No.....0	Yes..... 1 No ..... 0	Yes..... 1 No ..... 0

# RAPID EmONC ASSESSMENT

## MODULE 3: ESSENTIAL DRUGS, EQUIPMENT, AND SUPPLIES

Interviewer Name: \_\_\_\_\_

Date (dd/mm/yyyy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

- Section 1 (Pharmacy) from the Pharmacist
- Section 2 (Maternity) from the Head Midwife or Nurse in the Maternity
- Section 3 (Operating Theater) from the Head Nurse in the Operating Theater
- Section 4 (Laboratory) from the Head Laboratory Technician

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

If there is a pharmacy and a supply of medicines, circle 1 ("Yes") for Item 1 and Item 2 and find the Pharmacist to help complete Section 1. If there is no supply of medicines in this facility, circle 0 ("No") for Item 2, and do not complete Section 1.

If there are no delivery services in this facility, circle 9 ("No delivery services") for Item 41, and do not complete Section 2. If there are delivery services, circle the appropriate response for Item 41 and complete Section 2.

If there is no operating theater in this facility, circle 0 ("No") for Item 64, and do not complete Section 3. If there is an operating theater in the facility, circle 1 ("Yes") for Item 64 and complete Section 3.

If there is no laboratory in this facility, circle 0 ("No") for Item 71, and Section 4 should not be completed. If there is a laboratory in the facility, circle 1 ("Yes") for Item 71 and complete Section 4.

Comments

## SECTION 1. Pharmacy

Most of the questions should be answered by circling 1 for "Yes," or 0 for "No." Some questions have several pre-coded answers (see Item 3 as an example). In these cases, please circle the number next to the answer given. If the respondent does not give one of the pre-coded answers, circle the number next to "Other" and specify the answer in the space provided.

### 1A. General

No.	Item	Response	Skip to
1	Does this facility have a pharmacy/drugstore?	Yes.....1 No .....0	
2	Does the facility have a supply of medicines?	Yes.....1 No .....0	If "No," end Section 1
3	What is the major source of medicines for this health facility? <i>(circle one response; if there are 2 sources of equal importance, specify in "Other")</i>	Government supplier .....1 Private pharmacy .....2 Non-governmental organization (NGO)/Mission .....3 Other ( <i>specify</i> ) .....4 _____	
4	Is there a drug inventory register?	Yes.....1 No .....0	If "No," skip to Item 6
5	Is the drug inventory register up-to-date (within the last week)?	Yes.....1 No .....0	
6	When are drugs ordered? <i>(circle one response)</i>	Order same time each week/month/quarter .....1 Order every 6 or 12 months.....2 Order whenever stocks reach reorder level.....3 Reorder when we run out .....4 Never order drugs (shipments come/kits arrive).....5 Other ( <i>specify</i> ) .....6	
7	What is the primary source for gloves, syringes and other medical supplies? <i>(circle one response; if there are 2 sources of equal importance, specify in "Other")</i>	Government supplier .....1 Private pharmacy .....2 NGO/Mission .....3 Other ( <i>specify</i> ) .....4 _____	7

No.	Item	Response	Skip to
8	What is the primary source for infection prevention supplies? <i>(circle one response; if there are 2 sources of equal importance, specify in "Other")</i>	Government supplier .....1 Private pharmacy .....2 NGO/Mission .....3 Other (specify) .....4 _____	
9	What is the most common cause of delay in the delivery of supplies? <i>(circle one response)</i>	Inadequate transport.....1 Administrative difficulties .....2 Financial problems.....3 Insufficient fuel.....4 Insufficient staff .....5 Stock out at the central store .....6 Other (specify) .....7	
10	Is the pharmacy accessible 24 hours a day?	Yes .....1 No .....0	
11	Is a "First-Expired-First-out" system for supply management used?	Yes .....1 No .....0	
12	Is there a regularly used mechanism to ensure that expired drugs are not distributed?	Yes .....1 No .....0	
13	Are drugs protected from moisture, heat, or infestation (e.g., placed on shelves or slats, ventilated)?	Yes .....1 No .....0	
14	Are drugs that require refrigeration stored in a functioning refrigerator (e.g. Oxytocin)? <i>(write 8, if you could not observe Oxytocin is refrigerated)</i>	Yes .....1 No .....0 Did not observe .....8	
15	Does this facility have at least one functioning electric/gas (liquid or compressed) refrigerator?	Yes .....1 No .....0	
16	Does this facility have at least one functioning solar refrigerator?	Yes .....1 No .....0	

**1B. Essential Drugs**

No.	Drug	Available	
		Yes	No
<b>17</b>	<b>Antibiotics: Does this facility have antibiotics?</b> <i>If "No" → skip to Anticonvulsants (Item 18)</i>	1	0
17.01	Amoxicillin	1	0
17.02	Ampicillin	1	0
17.03	Cephazoline sodium	1	0
17.04	Cefixime	1	0
17.05	Ceftriaxone	1	0
17.06	Cefotaxime injection (for newborn)	1	0
17.07	Chloramphenicol (injection)	1	0
17.08	Clindamycin	1	0
17.09	Cloxacillin sodium	1	0
17.10	Erythromycin	1	0
17.11	Oral flucloxacillin (for newborn)	1	0
17.12	Gentamicin (injection)	1	0
17.13	Metronidazole (injection)	1	0
17.14	Penicillin G (Benzyl)	1	0
17.15	Procaine benzylpenicillin (procaine penicillin G)	1	0
17.16	Trimethoprim/sulfamethoxazole	1	0
17.17	Tetracycline eye ointment/drops	1	0



No.	Drug	Available	
		Yes	No
<b>18</b>	<b>Anticonvulsants: Does this facility have anticonvulsants?</b> <i>If "No" → skip to Antihypertensives (Item 19)</i>	1	0
18.01	Magnesium sulfate (injection) 50% concentration	1	0
18.02	Magnesium sulfate (injection) concentration other than 50%	1	0
18.03	Diazepam (injection)	1	0
18.04	Phenobarbital (injection)	1	0
18.05	Phenytoin (Diphenylhydantoin)	1	0
<b>19</b>	<b>Antihypertensives: Does this facility have antihypertensives?</b> <i>If "No" → skip to Oxytocics (Item 20)</i>	1	0
19.01	Hydralazine	1	0
19.02	Labetalol	1	0
19.03	Methyldopa	1	0
19.04	Nifedipine	1	0
<b>20</b>	<b>Oxytocics and prostaglandins: Does this facility have oxytocics or prostaglandins?</b> <i>If "No" → skip to Drugs used in emergencies (Item 21)</i>	1	0
20.01	Ergometrine	1	0
20.02	Methylethergometrine	1	0
20.03	Misoprostol	1	0
20.04	Oxytocin	1	0
20.05	Prostaglandin E2 (dinoprostone)	1	0
<b>21</b>	<b>Drugs used in emergencies: Does this facility have drugs used in emergencies?</b> <i>If "No" → skip to Anesthetics (Item 22)</i>	1	0
21.01	Adrenaline (epinephrine)	1	0

No.	Drug	Available	
		Yes	No
21.02	Aminophylline	1	0
21.03	Atropine	1	0
21.04	Calcium gluconate	1	0
21.05	Digoxin	1	0
21.06	Diphenhydramine	1	0
21.07	Ephedrine	1	0
21.08	Furosemide	1	0
21.09	Hydrocortisone	1	0
21.10	Naloxone	1	0
21.11	Nitroglycerine	1	0
21.12	Promethazine	1	0
22	<b>Anesthetics: Does this facility have anesthetics?</b> <i>If "No" → skip to Analgesics (Item 23)</i>	1	0
22.01	Halothane	1	0
22.02	Ketamine	1	0
22.03	Lignocaine/Lidocaine 2% or 1%	1	0
23	<b>Analgesics: Does this facility have analgesics?</b> <i>If "No" → skip to Tocolytics (Item 24)</i>	1	0
23.01	Acetylsalicylic acid	1	0
23.02	Indomethacin	1	0
23.03	Morphine	1	0
23.04	Paracetamol	1	0
23.05	Pethidine	1	0

No.	Drug	Available	
		Yes	No
<b>24</b>	<b>Tocolytics: Does this facility have Tocolytics?</b> <i>If "No" → skip to Steroids (Item 25)</i>	1	0
24.01	Indomethacin	1	0
24.02	Ritodrine	1	0
24.03	Salbutamol	1	0
<b>25</b>	<b>Steroids: Does this facility have steroids?</b> <i>If "No" → skip to Intravenous (IV) fluids (Item 26)</i>	1	0
25.01	Betamethasone	1	0
25.02	Dexamethasone	1	0
25.03	Prednisone	1	0
25.04	Prednisolone corticosteriod	1	0
<b>26</b>	<b>IV fluids: Does this facility have IV fluids?</b> <i>If "No" → skip to Antimalarials (Item 27)</i>	1	0
26.01	Dextrose	1	0
26.02	Dextran	1	0
26.03	Glucose 5%	1	0
26.04	Glucose 10%	1	0
26.05	Glucose 40% or 50%	1	0
26.06	Normal saline	1	0
26.07	Ringer's lactate	1	0
<b>27</b>	<b>Antimalarials: Does this facility have antimalarials?</b> <i>If No → skip to Antiretrovirals (Item 28)</i>	1	0
27.01	Chloroquine	1	0

No.	Drug	Available	
		Yes	No
27.02	Artemisium-based combination therapy (ACT)	1	0
27.03	Quinine Dihydrochloride	1	0
<b>28</b>	<b>Antiretrovirals (ARVs): Does this facility have any antiretrovirals?</b> <i>If "No" → skip to Contraceptives (Item 29)</i>	1	0
28.01	Nevirapine (for mother)	1	0
28.02	Nevirapine (for newborn)	1	0
28.03	Post-HIV exposure prophylactic treatment	1	0
28.04	Combined ARVs for mother	1	0
28.05	Combined ARVs for newborn	1	0
<b>29</b>	<b>Contraceptives: Does this facility have any contraceptives?</b> <i>If "No" → skip to Other drugs (Item 30)</i>	1	0
29.01	Combined oral contraceptives	1	0
29.02	Implants	1	0
29.03	3-month injectables	1	0
29.04	Intrauterine devices (IUDs)	1	0
29.05	Male condoms	1	0
29.06	Female condoms	1	0
29.07	Emergency contraception	1	0
<b>30</b>	<b>Other drugs and supplies</b>		
30.01	Vitamin K (for newborn)	1	0
30.02	Nystatin (oral) (for newborn)	1	0
30.03	Oral rehydration solution	1	0

No.	Drug	Available	
		Yes	No
30.04	Gentian violet paint	1	0
30.05	Ferrous sulfate or fumarate	1	0
30.06	Folic acid	1	0
30.07	Heparin	1	0
30.08	Magnesium trisilicate (MTS)	1	0
30.09	Sodium citrate	1	0
30.10	Anti-tetanus serum	1	0
30.11	Tetanus toxoid vaccine	1	0
30.12	Anti-Rho (D) immune globulin	1	0
30.13	Insecticide-treated bednets (ITN)	1	0

### 1C. Stock Outs

No.	Item	Response			Skip to
		Yes	No	Facility has never had this drug	
31	Have you had a stock out of any of the following antibiotics in the last 12 months?  a. Ampicillin b. Gentamicin (injection) c. Metronidazole (injection) d. Penicillin G (Benzyl) e. Procaine benzyl penicillin (procaine penicillin G)	1 1 1 1 1 1	0 0 0 0 0 0	9 9 9 9 9 9	If "No" or "Facility has never had any of the drugs," skip to Item 33
32	When was the most recent stock out of any of these antibiotics (injection)?  (circle one response)	Currently out of stock ..... 1 Within last month ..... 2 Within 3 months ..... 3 Within 6 months ..... 4 Within 12 months ..... 5			
33	Have you had a stock out of magnesium sulfate (injection) in the last 12 months?	Yes ..... 1 No ..... 0 Facility has never had this drug .. 9			If "No" or "Facility has never had this drug," skip to Item 35

No.	Item	Response	Skip to
34	When was the most recent stock out of magnesium sulfate (injection)? (circle one response)	Currently out of stock ..... 1 Within last month ..... 2 Within 3 months ..... 3 Within 6 months ..... 4 Within 12 months ..... 5	
35	Have you had a stock out of oxytocin (injection) in the last 12 months?	Yes ..... 1 No ..... 0 Facility has never had this drug .. 9	If "No" or "Facility has never had this drug," skip to Item 37
36	When was the most recent stock out of oxytocin (injection)? (circle one response)	Currently out of stock ..... 1 Within last month ..... 2 Within 3 months ..... 3 Within 6 months ..... 4 Within 12 months ..... 5	
37	Have you had a stock out of ketamine in the last 12 months?	Yes ..... 1 No ..... 0 Facility has never had this drug .. 9	If "No" or "Facility has never had this drug," skip to Item 39
38	When was the most recent stock out of ketamine? (circle one response)	Currently out of stock ..... 1 Within last month ..... 2 Within 3 months ..... 3 Within 6 months ..... 4 Within 12 months ..... 5	
39	Have you had a stock out of atropine in the last 12 months?	Yes ..... 1 No ..... 0 Facility has never had this drug .. 9	If 0 or 9, end Section 1
40	When was the most recent stock out of atropine? (circle one response)	Currently out of stock ..... 1 Within last month ..... 2 Within 3 months ..... 3 Within 6 months ..... 4 Within 12 months ..... 5	

Comments
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## SECTION 2. Labor and Delivery and Maternity

Most of the questions should be answered by circling 1 for "Yes," or 0 for "No." Some questions have several pre-coded answers (for example, see Item 41). In these cases, please circle the number next to the answer given. If the respondent does not give one of the pre-coded answers, circle the number next to "Other" and specify the answer in the space provided.

### 2A. Drug Management

No.	Item	Response	Skip to
41	In labor and delivery, when are drug supplies ordered? <i>(circle one response)</i>	Order same time each week/month/quarter .....1 Order whenever stocks reach reorder level .....2 Reorder when we run out.....3 Never order drugs (shipments come/kits arrive) .....4 Drug ordered on patient-by-patient basis .....5 Other <i>(specify)</i> .....6 No delivery services .....9	If "No delivery services," end Section 2
42	In the maternity (post-natal) ward, when are drug supplies ordered? <i>(circle one response)</i>	Order same time each week/month/quarter .....1 Order whenever stocks reach reorder level .....2 Reorder when we run out.....3 Never order drugs (shipments come/kits arrive) .....4 Drug ordered on patient-by-patient basis .....5 Other <i>(specify)</i> .....6	

### 2B. Infection Prevention

No.	Item	Is at least 1 available and functional?	
		Yes	No
43	<b>Basic</b>		
43.01	Soap	1	0
43.02	Antiseptics	1	0
43.03	Gloves	1	0
43.04	Heavy duty gloves	1	0



No.	Item	Is at least 1 available and functional?	
		Yes	No
43.05	Non-sterile protective clothing	1	0
43.06	Decontamination container	1	0
43.07	Bleach or bleaching powder	1	0
43.08	Prepared disinfection solution	1	0
43.09	Regular trash bin	1	0
43.10	Covered contaminated waste trash bin	1	0
43.11	Puncture-proof sharps container	1	0
43.12	Mayo stand (or equivalent to establish sterile field)	1	0
<b>44</b>	<b>Disinfectants and antiseptics</b>		
44.01	Chlorhexidine	1	0
44.02	Ethanol	1	0
44.03	Polyvidone iodine	1	0

**2C. Infrastructure**

No.	Item	Is at least 1 available and functional?	
		Yes	No
<b>45</b>	<b>Infrastructure</b>		
45.01	Sufficient light source to perform tasks during the day	1	0
45.02	Sufficient light source to perform tasks at night	1	0
45.03	Means of ventilation	1	0
45.04	Running water	1	0
45.05	Functioning toilet	1	0
45.06	Heating/heating arrangements	1	0
45.07	Functional fan/air conditioning	1	0
45.08	Curtains/means of providing patient privacy	1	0
45.09	Waiting area for visitors and family	1	0

## 2D. Guidelines and Protocols

No.	Item	Response	
		Yes	No
<b>46</b>	<b>Are there guidelines or protocols available in the maternity for:</b>		
46.01	Management of obstetric and newborn complications*	1	0
46.02	Immediate newborn care	1	0
46.03	Kangaroo mother care	1	0
46.04	Focused antenatal care	1	0
46.05	Prevention of mother-to-child transmission of HIV (PMTCT) (maternal and newborn dosing)	1	0
46.06	Infection prevention for HIV/AIDS (universal precautions)	1	0
46.07	Safe abortion	1	0
46.08	Post-abortion care	1	0
46.09	Family planning	1	0

## 2E. Equipment and Supplies

No.	Item	Is at least 1 available and functional?	
		Yes	No
<b>47</b>	<b>General</b>		
47.01	Filled oxygen cylinder with cylinder carrier and key to open valve	1	0
47.02	Ultrasound	1	0
47.03	Blood pressure cuff	1	0
47.04	Stethoscope	1	0
47.05	Fetal stethoscope	1	0

\* Might include sepsis, prolonged labor, hemorrhage, eclampsia, retained placenta, asphyxia, care for premature or low birth weight baby

No.	Item	Is at least 1 available and functional?	
		Yes	No
47.06	Kidney basins	1	0
47.07	Sponge bowls	1	0
47.08	Clinical oral thermometer	1	0
47.09	Rectal thermometer for newborn	1	0
47.10	Low reading thermometer (32 or 35 degree C)	1	0
47.11	Scissors	1	0
47.12	Needles and syringes (10-20cc)	1	0
47.13	Syringes (1ml, 2ml, 5ml, 10ml)	1	0
47.14	Needles (23-25 gauge)	1	0
47.15	Suture needles/suture materials	1	0
47.16	Catheter for IV line (16-18)	1	0
47.17	IV Infusion stand(s)	1	0
47.18	Urinary catheters	1	0
47.19	IV cannulae	1	0
47.20	IV fluid (neonatal giving) set/umbilical catheter	1	0
47.21	Uristix (dip stick for protein in urine)	1	0
47.22	Adult ventilator bag and mask	1	0
47.23	Mouth gag	1	0
47.24	Wheelchair	1	0
47.25	Stretcher with trolley	1	0
47.26	Examination table	1	0
47.27	Labor/delivery table with stirrups	1	0
47.28	Labor/delivery table without stirrups	1	0

No.	Item	Is at least 1 available and functional?	
		Yes	No
47.29	Partographs	1	0
47.30	Dressing forceps	1	0
47.31	Surgeon's handbrush with nylon bristles	1	0
47.32	Watch or clock with second hand that can be easily seen	1	0
47.33	Measuring tape	1	0
47.34	Nasogastric tubes or other tubing for oxygen administration	1	0
47.35	Blood sugar testing sticks	1	0
47.36	Pulse oximeter	1	0
47.37	Apnea monitor	1	0
47.38	Instrument trolley	1	0
47.39	Instrument tray	1	0
47.40	Beds	1	0
47.41	Linens	1	0
47.42	Blankets for cold weather	1	0
47.43	Water filter (or other means to make potable water available to patients and staff)	1	0
47.44	HIV rapid testing kit	1	0
<b>48</b>	<b>Material for the newborn</b>		
48.01	Baby weighing scale	1	0
48.02	Newborn resuscitation table	1	0
48.03	Incubator	1	0
48.04	Radiant warmer	1	0
48.05	Icterometer	1	0
48.06	Fluorescent tubes for phototherapy to treat jaundice	1	0

No.	Item	Is at least 1 available and functional?	
		Yes	No
48.07	Small cup for breast milk expression	1	0
48.08	Towels or cloth for newborn	1	0
<b>49</b>	<b>Delivery set/pack</b> (S/S=stainless steel)		
49.01	Artery forceps, 18cm, CVD	1	0
49.02	Sponge (ring) forceps	1	0
49.03	Dissecting forceps, standard pattern, 145mm, S/S	1	0
49.04	Pean artery forceps, straight, 140mm, S/S	1	0
49.05	Cord-cutting scissors, curved, 135mm, S/S	1	0
49.06	Cord ties	1	0
49.07	Episiotomy scissors, angular, 145mm, S/S	1	0
49.08	Straight stitch scissors, 135mm	1	0
49.09	Gloves	1	0
49.10	Long gloves	1	0
49.11	Plastic sheeting	1	0
49.12	Gauze swabs	1	0
49.13	Cloth	1	0
49.14	How many complete delivery sets are there in total? (write number)		
<b>50</b>	<b>Episiotomy/perineal/vaginal/cervical repair pack</b>		
50.01	Sponge (ring) forceps	1	0
50.02	Artery forceps large/small	1	0
50.03	Needle holder	1	0
50.04	Sutures	1	0
50.05	Stitch scissors	1	0

No.	Item	Is at least 1 available and functional?	
		Yes	No
50.06	Dissecting forceps, toothed	1	0
50.07	Vaginal speculum, Sims	1	0
50.08	Vaginal speculum, Cusco	1	0
<b>51</b>	<b>Vacuum extraction/forceps delivery</b>		
51.01	Vacuum extractor with different size cups	1	0
51.02	Obstetric forceps, outlet	1	0
51.03	Obstetric forceps, mid-cavity	1	0
51.04	Obstetric forceps, breech	1	0
<b>52</b>	<b>Uterine evacuation (S/S=stainless steel)</b>		
52.01	Vaginal speculum, (Sims)	1	0
52.02	Sponge (ring) forceps	1	0
52.03	Dissecting forceps, serrated jaws 250mm S/S	1	0
52.04	Towel clip	1	0
52.05	Ovum forceps, 240mm, S/S	1	0
52.06	Uterine forceps, 3x4 teeth, curved, S/S	1	0
52.07	Uterine forceps, 241mm, S/S	1	0
52.08	Uterine dilators, sizes 13-27	1	0
52.09	Sharp uterine curettes, size 0 or 00	1	0
52.10	Blunt uterine curettes, size 0 or 00	1	0
52.11	Uterine sound	1	0
<b>53</b>	<b>Manual vacuum aspiration</b>		
53.01	Vacuum aspirators/syringes	1	0
53.02	Silicone lubricant (for lubricating O-ring)	1	0

No.	Item	Is at least 1 available and functional?	
		Yes	No
53.03	Other oil (for lubricating O-ring)	1	0
53.04	Flexible cannulae, 4-6mm	1	0
53.05	Flexible cannulae, 7-12mm	1	0
<b>54</b>	<b>Dressing instrument set</b> (S/S=stainless steel)		
54.01	Gallipot bowl or jar, S/S	1	0
54.02	Dissecting forceps, 1x2 teeth 140mm	1	0
54.03	Needle holder, 180mm, S/S	1	0
54.04	Scissors, sharp, straight, 120mm, S/S	1	0
54.05	Scissors, flat, curved, 180mm, S/S	1	0
54.06	Sponge (ring) forceps	1	0
54.07	Artery forceps, straight, mosquito, 130mm, S/S	1	0
<b>55</b>	<b>Gynecological equipment</b> (S/S=stainless steel)		
55.01	Vaginal speculum, Sims	1	0
55.02	Vaginal speculum, Cusco, virgin size, 75x17mm	1	0
55.03	Vaginal speculum, Cusco, adult sized	1	0
55.04	Uterine sound, graduated, 305mm, S/S	1	0
55.05	Tenaculum	1	0
55.06	Scissors, straight, sharp 145mm S/S	1	0
<b>56</b>	<b>Neonatal resuscitation pack</b>		
56.01	Mucus extractor	1	0
56.02	Infant face masks, sizes 0, 1, 2	1	0
56.03	Ambu (ventilatory) bag	1	0
56.04	Suction catheter, 10, 12 Ch	1	0



No.	Item	Is at least 1 available and functional?	
		Yes	No
56.05	Infant laryngoscope with spare bulb and batteries	1	0
56.06	Endotracheal tubes, 3.5, 3.0	1	0
56.07	Disposable uncuffed tracheal tubes, sizes 2.0 to 3.5	1	0
56.08	Suction aspirator (operated by foot or electrically)	1	0
56.09	Mucus trap for suction	1	0

## 2F. Autoclave Room

No.	Item	Is at least 1 available and functional?	
		Yes	No
<b>57</b>	<b>Autoclave room items</b>		
57.01	Separate autoclave room	1	0
57.02	Autoclave with temperature and pressure gauges	1	0
57.03	Hot air sterilizer (dry oven)	1	0
57.04	Steam sterilizer	1	0
57.05	Steam instrument sterilizer/pressure cooker, electric	1	0
57.06	Sterilizer/pressure cooker, kerosene heated	1	0
57.07	Sterilization drum	1	0
57.08	Sterilization drum stand	1	0

## 2G. Miscellaneous

No.	Item	Response	Skip to
58	Does the facility have a functioning incinerator?	Yes .....1 No.....0	
59	Is food provided to patients by the facility?	Yes.....1 No.....0	

No.	Item	Response	Skip to
60	Are there empty beds for the next patients?	Yes.....1 No .....0	(if "No," skip to Item 62)
61	If yes, are the empty beds clean and ready to receive new patients?	Yes.....1 No .....0	
62	How many beds are in storage? (write number; 00 = none)	__ __	
63	<i>For observation only:</i> Can you see any liquid spills or trash on the floor?	Yes.....1 No .....0	

Comments

## SECTION 3. Operating Theater

Most of the questions should be answered by circling 1 for “Yes,” or 0 for “No.” Some questions have several pre-coded answers (for example, see Item 66). In these cases, please circle the number next to the answer given. If the respondent does not give one of the pre-coded answers, circle the number next to “Other” and specify the answer in the space provided.

### 3A. General

No.	Item	Response
64	Does this facility have an operating theater?	Yes..... 1 No ..... 0 <i>If “No” → skip to Section 4.</i>
65	Is there a separate operating theater only for obstetric patients?	Yes..... 1 No ..... 0
66	In the operating theater, when are drug supplies ordered? (circle one response)	Order same time each week/ month/quarter ..... 1 Order every 6 or 12 months ..... 2 Order whenever stocks reach reorder level ..... 3 Reorder when we run out..... 4 Never order (shipments come/kits arrive) ..... 5 Order whenever needed ..... 6 Other (specify) ..... 7

### 3B. Equipment and Supplies

No.	Item	Is at least 1 available and functional?	
		Yes	No
<b>67</b>	<b>Basic items</b>		
67.01	Operating table	1	0
67.02	Light, adjustable, shadowless	1	0
67.03	Surgical drapes	1	0
67.05	Syringes, 5ml	1	0
67.06	Syringes, 10ml	1	0
67.07	Syringes, 20ml	1	0
67.08	Needles, 21, 22, 23	1	0

68	Obstetric laparotomy/cesarean delivery pack/mini-lap		
68.01	Stainless steel instrument tray with cover	1	0
68.02	Towel clips	1	0
68.03	Sponge (ring) forceps, 22.5cm	1	0
68.04	Straight artery forceps, 16cm	1	0
68.05	Uterine hemostasis forceps, 20cm	1	0
68.06	Needle holder	1	0
68.07	Surgical knife handle, No. 3	1	0
68.08	Surgical knife handle, No. 4	1	0
68.09	Surgical knife blades	1	0
68.10	Triangular point suture needles, 7.3cm/size 6	1	0
68.11	Round-bodied needles, No. 12/size 6	1	0
68.12	Abdominal retractor, size 3	1	0
68.13	Abdominal retractors, double-ended	1	0
68.14	Operating scissors, curved, blunt 17cm	1	0
68.15	Operating scissors, straight, blunt 17cm	1	0
68.16	Scissors, straight, 23cm	1	0
68.17	Suction nozzle	1	0
68.18	Suction tube, 22.5cm, 23 French gauge	1	0
68.19	Intestinal clamps, curved, 22.5cm	1	0
68.20	Intestinal clamps, straight, 22.5cm	1	0
68.21	Dressing (tissue) forceps, non-toothed, 15cm	1	0
68.22	Dressing (tissue) forceps, non-toothed, 25cm	1	0
68.23	Sutures (different sizes and types)	1	0
68.24	Mini-laparotomy kit	1	0

<b>69</b>	<b>Anesthesia equipment</b>		
69.01	Anesthetic face masks	1	0
69.02	Oropharyngeal airways	1	0
69.03	Laryngoscopes with spare bulbs and batteries	1	0
69.04	Endotracheal tubes with cuffs, 8mm	1	0
69.05	Endotracheal tubes with cuffs, 10mm	1	0
69.06	Intubating forceps	1	0
69.07	Endotracheal tube connectors, plastic, 15 mm (connect directly to breathing valve; three for each tube size)	1	0
69.08	Spinal needles, 18 gauge to 25 gauge	1	0
69.09	Suction aspirator, foot-operated	1	0
69.10	Suction aspirator, electric	1	0
69.11	Anesthetic vaporizers (draw-over system)	1	0
69.12	Oxygen cylinders with manometer and flowmeter (low flow) tubes and connectors	1	0
<b>70</b>	<b>Craniotomy equipment</b> (S/S=stainless steel)		
70.01	Decapitation hook S/S	1	0
70.02	Craniotomy forceps S/S	1	0
70.03	Embryotomy scissors	1	0
70.04	Perforator	1	0

Comments	

## SECTION 4. Laboratory and Blood Bank

All of the questions should be answered by circling 1 for “Yes,” or 0 for “No.”

### 4A. General

No.	Item	Available
71	Does this facility have a laboratory?	Yes..... 1 No..... 0 <i>If “No” → skip to end.</i>
72	Is there a set of guidelines for the laboratory?	Yes..... 1 No ..... 0

### 4B. Equipment and Supplies

No.	Item	Is at least 1 available and functional?	
		Yes	No
<b>73</b>	<b>Provision of donor blood for transfusion</b>		
73.01	Refrigerator for blood bank	1	0
73.02	Test tubes, small size	1	0
73.03	Test tubes, medium size	1	0
73.04	Microscope slides	1	0
73.05	Compound microscope for cross-matching	1	0
73.06	Microscope illuminator	1	0
73.07	Blood lancets	1	0
73.08	Cotton wool	1	0
73.09	Rack	1	0
73.10	8.5g/l Sodium chloride solution	1	0
73.11	20% Bovine albumin	1	0
73.12	Centrifuge, electric	1	0
73.13	Centrifuge, hand driven	1	0

No.	Item	Is at least 1 available and functional?	
		Yes	No
73.14	37° C Water bath (or incubator)	1	0
73.15	Pipettes volumetric, 1ml	1	0
73.16	Pipettes volumetric, 2ml	1	0
73.17	Pipettes volumetric, 3ml	1	0
73.18	Pipettes volumetric, 5ml	1	0
73.19	Pipettes volumetric, 10ml	1	0
73.20	Pipettes volumetric, 20ml	1	0
73.21	Pipette holder of 10 pieces	1	0
73.22	Blood typing and cross-matching reagents	1	0
73.23	Bags for collecting blood	1	0
<b>74</b>	<b>Blood collection and screening tests</b>		
74.01	Airway needle for giving blood	1	0
74.02	Artery forceps	1	0
74.03	Anticoagulant bottles	1	0
74.04	Scale for blood collection	1	0
74.05	Hepatitis B test	1	0
74.06	Hepatitis C test	1	0
74.07	HIV test	1	0
74.08	Syphilis test	1	0
<b>75</b>	<b>Laboratory supplies</b>		
75.01	Microscope	1	0
75.02	Immersion oil	1	0
75.03	Glass rods	1	0
75.04	Sink or staining tank	1	0

No.	Item	Is at least 1 available and functional?	
		Yes	No
75.05	Measuring cylinder, polypropylene, 25ml	1	0
75.06	Measuring cylinder, polypropylene, 50ml	1	0
75.07	Measuring cylinder, polypropylene, 100ml	1	0
75.08	Measuring cylinder, polypropylene, 250ml	1	0
75.09	Measuring cylinder, polypropylene, 500ml	1	0
75.10	Wash bottle	1	0
75.11	Bottle with buffered water	1	0
75.12	Timer clock with alarm	1	0
75.13	Rack for drying slides	1	0
75.14	Giemsa stain	1	0
75.15	Wright stain	1	0
75.16	May Grünwald stain	1	0
75.17	Funnel and filter paper	1	0
75.18	Methanol	1	0
75.19	Refrigerator for laboratory supplies	1	0
75.20	Glass containers	1	0
75.21	Counting chamber (differential counter)	1	0
75.22	Pipette, 5ml	1	0
75.23	Pipette, graduated 1.0ml	1	0
75.24	Dropping pipette	1	0
75.25	Cover slips	1	0
75.26	Petri dishes	1	0
75.27	Bowls, kidney dishes, various sizes, S/S	1	0
75.28	Turk diluting solution	1	0



No.	Item	Is at least 1 available and functional?	
		Yes	No
75.29	Tally counter	1	0
75.29	Hemoglobinometer and hydrochloric acid solution	1	0
75.30	Spectrophotometer (symex, screenplus)	1	0
75.31	Microhematocrit centrifuge (manual or electric)	1	0
75.32	Balance for reading results	1	0
75.33	Heparinized capillary tubes, 75mm x 1.5mm	1	0
75.34	Spirit lamp	1	0
75.35	Ethanol	1	0
75.36	Dip sticks (Coubec-10 or URS-10)	1	0
75.37	Test tubes	1	0
75.38	Test tube rack	1	0
75.39	Beaker, 100ml	1	0
75.40	Beaker, 250ml	1	0
75.41	Beaker, 1000ml	1	0
75.42	Ammonia	1	0
75.43	Lugol's iodine solution	1	0
75.44	CD4 machine	1	0

#### 4C. Blood Transfusion Supplies

No.	Item	Response
76	How many units of blood ready for transfusion do you have in stock?	

Comments
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# RAPID EmONC ASSESSMENT

## MODULE 4: FACILITY CASE SUMMARY

Interviewer Name: \_\_\_\_\_

Date (dd/mm/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

**Instruction:** These data will be used to measure EmONC indicators and other indicators related to the mother and the newborn health. Consult registers and data sources available in the health facility and indicate the number of cases for each category and for each month. If necessary, seek the help of the head of the HF for clarification

### SECTION 4.1. Registers and data sources

**Instruction:** In addition, ask whether the registers below are used, complete, and up-to-date in this facility for maternal and newborn care. Ask whether there are additional registers not listed here.

Registers not listed here.

No.	Question	Is it used at this facility? (Circle 1 response only)		If it is used, are all columns filled out/ completed? (Circle 1 response only)			If it is used, is the register/data up-to-date? (Circle 1 response only)		
Register type		Yes	No	Yes	No	Register not available	Yes	No	Register not available
1	a. Labor and delivery ward register	1	0	1	0	9	1	0	9
2	b. Operating theater register	1	0	1	0	9	1	0	9
3	c. Maternal death register	1	0	1	0	9	1	0	9
4	d. Mother and Neonatal Register	1	0	1	0	9	1	0	9
5	e. PNC Register	1	0	1	0	9	1	0	9
6	f. PAC Register	1	0	1	0	9	1	0	9
7	g. PMTCT Register	1	0	1	0	9	1	0	9
8	h. Family Planning Register	1	0	1	0	9	1	0	9
9	i. MDSR Register/Log Book	1	0	1	0	9	1	0	9
10	j. Other (specify)	1	0	1	0	9	1	0	9

### SECTION 4.2: Data for Indicators

Provide the number of cases for each category.

No.	Item	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
<b>Deliveries by Type</b>													
11	Spontaneous vaginal deliveries (normal, breech)												
12	Deliveries with vacuum extraction												
13	Forceps deliveries												
14	Craniotomies/embryotomies												
15	Cesarean deliveries (emergencies and electives)												
16	Laparotomies (for ruptured uterus)												
<b>Post abortion Care and Family Planning</b>													
17	PAC cases (no severe complications)												
18	Post abortion women discharged with a family planning method												
19	Postpartum women discharged with a family planning method												
<b>Direct Obstetric Complications</b>													
20	Antepartum hemorrhage												

No.	Item	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
21	Postpartum hemorrhage												
22	Retained placenta												
23	Prolonged/obstructed labor												
24	Ruptured uterus												
25	Postpartum sepsis												
26	Severe pre-eclampsia/eclampsia												
27	Abortion complications (hemorrhage and/or sepsis)												
28	Ectopic pregnancy												
29	Other direct obstetric complications <sup>1</sup>												
<b>Indirect Obstetric Complications</b>													
30	Malaria												
31	HIV/AIDS-related												
32	Severe anemia												
33	Hepatitis												
34	Other indirect complications <sup>**</sup>												
<b>Maternal Deaths Due to Direct Obstetric Causes</b>													
35	Antepartum hemorrhage												

<sup>1</sup> Examples of other direct complications include: premature rupture of membranes, preterm labor, post-term labor, previous cesarean, cord prolapse, and multiple gestations.

<sup>\*\*</sup> Examples of other indirect complications include: typhoid, cardiac disease, diabetes (including gestational diabetes), tuberculosis (TB), etc.

No.	Item	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
36	Postpartum hemorrhage												
37	Retained placenta												
38	Obstructed/prolonged labor												
39	Ruptured uterus												
40	Post-partum sepsis												
41	Severe pre-eclampsia/eclampsia												
42	Abortion complications												
43	Ectopic pregnancy												
44	Other maternal deaths due to direct causes <sup>***</sup>												
<b>Maternal Deaths Due to Indirect Obstetric Causes</b>													
45	Malaria												
46	HIV/AIDS-related												
47	Severe anemia												
48	Hepatitis												
49	Other indirect causes <sup>****</sup>												
<b>Maternal Deaths Due to Unknown or Unspecified Causes</b>													

<sup>\*\*\*</sup>Examples of other maternal deaths due to direct causes include: embolism, anesthesia, suicide, etc.

<sup>\*\*\*\*</sup> Examples of maternal death due to other indirect causes include: cardiac disease, diabetes (including gestational diabetes), TB, etc.

No.	Item	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
50	Unknown/unspecified causes												
Newborn Outcomes (for Facility Births)													
51	Live births $\geq 2.5\text{kg}$												
52	Live birth ( $< 2.5\text{kg}$ )												
53	Live births with unspecified weight												
54	Fresh Stillbirth ( $\geq 2,5\text{ kg}$ )												
55	Fresh Stillbirth ( $< 2,5\text{ kg}$ )												
56	Fresh Stillbirth with unspecified weight												
57	Macerated Stillbirth ( $\geq 2,5\text{ kg}$ )												
58	Macerated Stillbirth ( $< 2,5\text{ kg}$ )												
59	Stillbirths (unspecified birth weight and/or timing of fetal death)												
Very Early Neonatal Deaths													
60	Very early neonatal deaths (first 24 hours; $\geq 2.5\text{kg}$ )												
61	Very early neonatal deaths (first 24 hours; $< 2.5\text{kg.}$ )												
62	Very early neonatal deaths (first 24 hours; unspecified birth weight)												
Referrals													
63	Referrals <b>out</b> of this facility due to obstetric												

No.	Item	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
	indications****												
64	Referrals <b>out</b> of this facility due to newborn indications*****												

Comments

\*\*\*\* If a referral was made for both obstetric and newborn indications, count it under Row 65 (obstetric indications).  
 \*\*\*\*\* If a referral was made for both obstetric and newborn indications, count it under Row 65 (obstetric indications).



# EmONC RAPID ASSESSMENT

## MODULE 5. EMONC SIGNAL FUNCTIONS AND OTHER ESSENTIAL SERVICES

Interviewer Name \_\_\_\_\_

Date (dd/mm/yyyy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Instructions:** Answer the following questions regarding the EmONC Signal Functions by interviewing health workers in the maternity ward and other departments, reviewing facility registers, and through observation. Record whether the function has been performed in the past 3 months. Remember that “parenteral” means by injection, either intramuscular or intravenous.

SN	Item	Reponse		Skip to
<b>Signal Function 1: Parenteral Antibiotics</b>				
1	Have parenteral antibiotics been administered in this facility to a pregnant or recently delivered woman in the last 3 months?	Yes..... 1 No ..... 0		If Yes, skip to item 3
2	If parenteral antibiotics were NOT administered in the last 3 months, why? <i>(Circle 1 for all spontaneous answers; otherwise circle 0)</i> a. Availability of human resources b. Training issues c. Supplies/equipment/drugs d. Management issues e. Policy issues f. No indication g. Other (specify) _____	Spontaneously mentioned  1 1 1 1 1 1 1	Not mentioned  0 0 0 0 0 0 0	
<b>Signal Function 2: Parenteral Uterotonics</b>				
3	Have parenteral oxytocics been administered in this facility in the last 3 months?	Yes..... 1 No ..... 0		If No, skip to item 6
4	If parenteral oxytocics were administered in the last 3 months, which type of oxytocic was used? <i>(Circle one)</i>	Oxytocin..... 1 Ergometrine ..... 2 Both ..... 3 Other (specify) ..... 4		
5	Have Misoprostol been administered in this facility for obstetric indications in the last 3 months?	Yes..... 1 No ..... 0		If Yes, skip to item 7

SN	Item	Reponse		Skip to
6	If parenteral Oxytocics were NOT administered in the last 3 months, why? <i>(Circle 1 for all spontaneous answers; otherwise circle 0)</i> a. Availability of human resources b. training issues c. Supplies/equipment/drugs d. Management issues e. Policy issues f. No indication g. Other ( <i>specify</i> ) _____	Spontaneously mentioned  1 1 1 1 1 1 1	Not mentioned  0 0 0 0 0 0 0	
<b>Signal Function 3: Parenteral Anticonvulsants</b>				
7	Have parenteral anticonvulsants been administered in this facility in the last 3 months?	Yes..... 1 No ..... 0		If No, skip to item 9
8	If parenteral anticonvulsants were administered in the last 3 months, which type of anticonvulsant was used? <i>(Read each option and circle the appropriate answer)</i>	Magnesium sulfate ..... 1 Diazepam..... 2 Both ..... 3 Phenobarbital ..... 4 Other ( <i>specify</i> ) ..... 5		
9	If parenteral anticonvulsants were NOT administered in the last 3 months, why? <i>(Circle 1 for all spontaneous answers; otherwise circle 0)</i> a. Availability of human resources b. Training issues c. Supplies/equipment/drugs d. Management issues e. Policy issues f. No indication g. Other ( <i>specify</i> ) _____	Spontaneously mentioned  1 1 1 1 1 1 1	Not mentioned  0 0 0 0 0 0 0	
<b>Signal Function 4: Manual Removal of Placenta</b>				
10	Has manual removal of placenta been performed in this facility in the last 3 months?	Yes..... 1 No ..... 0		If Yes, skip to item 12
11	If manual removal of placenta was NOT performed in the last 3 months, why? <i>(Circle 1 for all spontaneous answers; otherwise circle 0)</i>	Spontaneously mentioned  1 1 1 1 1 1 1	Not mentioned  0 0 0 0 0 0 0	

SN	Item	Reponse		Skip to
	a. Availability of human resources	1	0	
	b. Training issues	1	0	
	c. Supplies/equipment/drugs	1	0	
	d. Management issues	1	0	
	e. Policy issues	1	0	
	f. No indication	1	0	
	g. Other ( <i>specify</i> )	1	0	
	_____			
<b>Signal Function 5: Removal of Retained Products of conception</b>				
12	Has removal of retained products of conception been performed in this facility in the last 3 months?	Yes.....1 No .....0		If No, skip to item 14
13	If removal of retained products was performed in last 3 months, which method was used?  ( <i>Read options</i> ) a. Vacuum aspiration b. Dilatation and curettage (D&C) c. Dilatation and evacuation (D&E) d. Misoprostol	Yes   1 1 1 1	No   0 0 0 0	All answers to this item skip to Item 15
14	If removal of retained products of conception was NOT performed in the last 3 months, why? ( <i>Circle 1 for all spontaneous answers; otherwise circle 0</i> ) a. Availability of human resources b. Training issues c. Supplies/equipment/drugs d. Management issues e. Policy issues f. No indication g. Other ( <i>specify</i> ) _____	Spontaneously mentioned   1 1 1 1 1 1 1 1	Not mentioned   0 0 0 0 0 0 0	
<b>Signal Function 6: Assisted Vaginal Delivery</b>				
15	Has assisted vaginal delivery (vacuum or forceps) been performed in this facility in the last 3 months?	Yes.....1 No.....0		If No, skip to item 17
16	If assisted vaginal delivery was performed in last 3 months, what instrument was used? ( <i>Circle one</i> )	Vacuum extractor .....1 Forceps .....2 Both .....3		All responses to this item skip to Item 18

SN	Item	Reponse		Skip to
17	<p>If assisted vaginal delivery was NOT performed in the last 3 months, why?</p> <p><i>(Circle 1 for all spontaneous answers; otherwise circle 0)</i></p> <p>a. Availability of human resources</p> <p>b. Training issues</p> <p>c. Supplies/equipment/drugs</p> <p>d. Management issues</p> <p>e. Policy issues</p> <p>f. No indication</p> <p>g. Other <i>(specify)</i></p> <p>_____</p>	<p>Spontaneously mentioned</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p>	<p>Not mentioned</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p>	
<b>Signal Function 7: Newborn resuscitation:</b>				
18	Has newborn resuscitation with bag and mask been performed in this facility in the last 3 months?	<p>Yes..... 1</p> <p>No ..... 0</p>		If Yes, skip to item 20
19	<p>If newborn resuscitation was NOT performed in the last 3 months, why?</p> <p><i>(Circle 1 for all spontaneous answers; otherwise circle 0)</i></p> <p>a. Availability of human resources</p> <p>b. Training issues</p> <p>c. Supplies/equipment/drugs</p> <p>d. Management issues</p> <p>e. Policy issues</p> <p>f. No indication</p> <p>g. Other <i>(specify)</i></p> <p>_____</p>	<p>Spontaneously mentioned</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p>	<p>Not mentioned</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p>	
<b>Signal Function 8: Obstetric Surgery (Cesarean Delivery)</b>				
20	Has a cesarean delivery been performed in this facility in the last 3 months?	<p>Yes..... 1</p> <p>No ..... 0</p>		If No, skip to item 22
21	<p>What type of anesthesia is currently used when performing a cesarean delivery?</p> <p><i>(Read options out loud circle the appropriate answer)</i></p>	<p>General.....1</p> <p>Spinal/epidural.....2</p> <p>Ketamine.....3</p> <p>Other <i>(specify)</i> .....4</p>		All responses to this item, skip to item 23
22	<p>If cesarean delivery was NOT performed in the last 3 months, why?</p> <p><i>(Circle 1 for all spontaneous answers; otherwise circle 0)</i></p>	<p>Spontaneously mentioned</p>	<p>Not mentioned</p>	

SN	Item	Reponse		Skip to
	a. Availability of human resources	1	0	
	b. Training issues	1	0	
	c. Supplies/equipment/drugs	1	0	
	d. Management issues	1	0	
	e. Policy issues	1	0	
	f. No indication	1	0	
	g. Other ( <i>specify</i> )	1	0	
	_____			
<b>Signal Function 9: Blood Transfusion</b>				
23	Has blood transfusion been performed in this facility in the last 3 months?	Yes ..... 1 No ..... 0		If No, skip to item 25
24	If blood transfusion was performed in the last 3 months, describe the primary supply of blood. <i>[Circle the appropriate answer(s)]</i>	Blood comes from central blood bank ..... 1 Blood comes from a facility blood bank ..... 2 Blood is collected from family or friends as needed (i.e., direct transfusion) ..... 3 Other ( <i>specify</i> ) ..... 4		All responses to this item skip to item 26
25	If blood transfusion was NOT performed in the last 3 months, why? <i>(Circle 1 for all spontaneous answers; otherwise circle 0)</i>	Spontaneously mentioned	Not mentioned	
	a. Availability of human resources	1	0	
	b. Training issues	1	0	
	c. Supplies/equipment/drugs	1	0	
	d. Management issues	1	0	
	e. Policy issues	1	0	
	f. No indication	1	0	
	g. Other ( <i>specify</i> )	1	0	
	_____			
<b>Other MNH related Services</b>				
26	Do staffs provide systematic active management of the third stage of labor?	Yes.....1 No.....0		
27	Has a partograph been used to manage labor in the last 3 months?	Yes.....1 No.....0		
28	Have staff provided essential care to premature and/or low birth weight babies in the last 3 months?	Yes.....1 No.....0		
29	Has corticosteroids been provided in this facility to manage preterm labor/low birth	Yes.....1		

SN	Item	Reponse	Skip to
	weight in the last 3 months?	No.....0	
30	Has Kangaroo Mother Care (KMC) been provided to very small babies in the last 3 months?	Yes.....1 No.....0	
31	Is there a health worker at this facility who is trained to repair obstetric fistula?	Yes.....1 No .....0	If “No,” skip to Item 33
32	If there is a health worker trained to repair obstetric fistula, has <b>at least one</b> fistula been repaired in this facility in the last 3 months?	Yes.....1 No .....0	
33	Have family planning methods been provided to post abortion women in the last 3 months?	Yes.....1 No.....0	

Comments