

Health Facility Efficiency Study in PNG with a Focus on Secondary Care

Health Facility Assessment 2014

**Papua New Guinea Institute of Medical Research,
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University of South Carolina, Columbia, South Carolina, USA;
and Nossal Institute for Global Health, Melbourne, Australia.**

Start time: Hour |__|__| Minute |__|__|

Section 1. General information

No	Questions and Filters	Coding categories	Response	Skip
101	Name and position of the person interviewed for the survey (transfer information from cover page)	Interviewee name _____ Position _____	<input type="text"/>	
102	Type of health facility (transfer information from cover page)	HC.....03 DLH.....04 PH.....05 RH.....06 NH.....07 Other.....96	<input type="text"/>	
103	Ownership of the facility (transfer information from cover page)	Pubic.....1 Church Catholic.....2 Church Lutheran.....3 Church SDA.....4	<input type="checkbox"/>	
104	Is there a signboard/sign with the facility name?	Yes.....1 No.....2	<input type="checkbox"/>	
105	Is this facility open 24 hours a day, seven days a week?	Yes.....1 No.....2	<input type="checkbox"/>	
106	The services available 24/7 from this facility FOR EACH SERVICE, IF AVAILABLE 24 HOURS RECORD "1", OTHERWISE RECORD "2"	A. Inpatient hospital services B. Emergency room services C. Outpatient clinics for adults D. Outpatient clinics for children E. Outpatient clinics for women F. Lab and Diagnostic Services G. Pharmacy Services H. Snake-bite clinic services I. Other Services (specify) _____	<input type="text"/>	
107	How many days in a week the outpatient facility is open on weekdays?	Days	<input type="checkbox"/>	
108	Opening time on Weekdays (Mon-Fri)	Hour : Min	_ _ : _ _	
109	Closing time on Weekdays (Mon-Fri)	Hour : Min	_ _ : _ _	
110	Does this facility provide outpatient services on Saturdays and Sundays?	Only Saturdays.....1 Only Sundays.....2 Both Saturdays and Sundays.....3 Not open on weekends.....4	<input type="checkbox"/>	If 4 ➔113
111	Opening time on Weekends	Hour : Min	_ _ : _ _	
112	Closing time on Weekends	Hour : Min	_ _ : _ _	
113	Is the facility is connected to electric supply grid?	Yes.....1 No.....2	<input type="checkbox"/>	If 2 ➔117
114	Is the electricity available 24 hours a day from the grid in a normal week?	Yes.....1 No.....2	<input type="checkbox"/>	
115	Was electricity available through the grid all the time during the past one week?	Yes.....1 No.....2	<input type="checkbox"/>	
116	In last one week, how many hours the electricity was not available through the grid?	Hours	_ _ _	
117	Does the facility have a functional back up or standby generator or electricity?	Yes.....1 No.....2	<input type="checkbox"/>	

No	Questions and Filters	Coding categories	Response	Skip
118	Does the facility face problems with operating the backup system/generator due to lack of fuel in last one month?	Yes.....1 No2	<input type="checkbox"/>	
119	What is the health facility's <u>main</u> source of water now?	Piped.....1 Water tank (Water stored from supply).....2 Tube well.....3 Bore hole4 Protected well5 Others (Specify).....8	<input type="checkbox"/>	
120	If water comes from supply line, how many hours the water is normally available in a day?	Hours	_ _ _	
121	In 2014, has water been available from this source all year?	Yes1 No2	<input type="checkbox"/>	
122	Are health workers able to use this water source today when treating patients?	Yes1 No2	<input type="checkbox"/>	
123	Is the water supply connected to the delivery room and working today?	Yes1 No2	<input type="checkbox"/>	
124	If there is a problem with the water supply (fixtures and lines), who is responsible for fixing it?	Province.....1 District.....2 Church agency.....3 This facility.....4 Referral health facility5	<input type="checkbox"/>	
125	How are expenses for fixing problems with the water supply met?	Request province.....1 Request district.....2 Own budget.....3 Referral health facility4	<input type="checkbox"/>	
126	Do you think that the facility has adequate number of toilets?	Adequate.....1 Need few additional.....2 Not adequate at all.....3	<input type="checkbox"/>	
127	Is there a private pharmacy within walking distance from this facility?	Yes.....1 No2	<input type="checkbox"/>	
128	How many buildings are used to provide services in the facility?	Number of buildings	_ _	
129	Total land area of the facility	Land area in decimals	_ _ _ _	
130	Construction materials used in the construction of the main building of the facility	Cement/brick.....1 Tin/other metals/tile.....2 Wood.....3 Leaves/other low-cost materials.....4 Others8	Roof <input type="checkbox"/> Wall <input type="checkbox"/> Floor <input type="checkbox"/>	
131	Condition of the infrastructure	Most buildings/ building need major repairs.....1 In general, minor repairs needed.....2 Does not require much repairs.....3	<input type="checkbox"/>	
132	Is the land area around the health facility clean?	Yes.....1 No2	<input type="checkbox"/>	
133	Is the main building raised?	Yes.....1 No2	<input type="checkbox"/>	If 2 ➔135
134	How many meters the building is raised?	Meters (MM.M)	_ _ _ _	
135	Are there living quarters on campus?	Yes.....1 No2	<input type="checkbox"/>	If 2 ➔137

No	Questions and Filters	Coding categories	Response	Skip
136	How many families can live on campus (No. of separate quarters)	If more than 98 families, enter 98. Not known= 99	<input type="text"/>	
137	Does the facility have a blood bank?	Yes.....1 No2	<input type="checkbox"/>	
138	Does the health unit have blood transfusion facility?	Yes.....1 No2	<input type="checkbox"/>	If 2 →140
139	Were there any blood transfusions done in the last one month?	Yes.....1 No2 Not applicable.....3	<input type="checkbox"/>	
140	Does this facility have designated spaces for each of the doctors/key service providers to provide services after initial triage/examination?	Yes.....1 No2 Not applicable.....3	<input type="checkbox"/>	
141	Is there an on-call room/space where health care professionals can rest during their on-call?	Yes.....1 No2 Not applicable.....3	<input type="checkbox"/>	
142	Does this facility have working telephone or shortwave radio to call outside?	Yes.....1 No2	<input type="checkbox"/>	
143	Does this facility have ambulances?	Yes.....1 No2	<input type="checkbox"/>	If 2 →147
144	How many ambulances does the facility have?	Number	<input type="text"/>	
145	Was there any time this year when the ambulance was not in service?	Yes.....1 No2	<input type="checkbox"/>	
146	If yes, how many ambulances remained out of service and for how long on average over the last one year?	A. How many were out of service even temporarily? B. Average weeks of out-of-service	<input type="text"/> <input type="text"/>	
147	Does the facility have any other vehicles like cars, motorcycles etc.?	Yes.....1 No2	<input type="checkbox"/>	If 2 →201
148	How many vehicles does the facility have?	Car Motorcycles	<input type="text"/> <input type="text"/>	
149	Principal use of vehicles and ambulances in past seven days	Transporting patients to facility.....1 Transporting patients from village/local area to facility.....2 For use by health facility administrators.....3 For conducting outreach service.....4 Transporting healthcare providers to the facility..5	Ambulance <input type="text"/> Cars <input type="text"/> Motorcycles <input type="text"/> Boats <input type="text"/>	
150	Who meets the costs for maintenance / servicing of the vehicles?	Province.....1 District.....2 Own budget.....3 Referral health facility4	<input type="checkbox"/>	

Section 2.1: Information on each of the buildings

No	Questions/ Items	Responses and codes	Building/ Structure #1	Building/ Structure #2
201	Name of the structure/ building			
202	Principal activities normally performed in the building/ structure	Inpatient services.....1 Outpatient services.....2 Both inpatient and outpatient.....3 Lab/ diagnostic services.....4 Administrative offices.....5 Not used now.....6 Others.....8 Specify	<input type="checkbox"/>	<input type="checkbox"/>
203	Total floor space of the building	Floor space in sq meters	_ _ _ _ _ _ _	_ _ _ _ _ _ _
204	Number of rooms in the structure (not including toilets, closets, hallways)	Number Don't know: 998	_ _ _ _ _ _ _	_ _ _ _ _ _ _
205	Do windows and doors of the building need repairs?	No repairs needed1 Few repairs needed.....2 Many repairs needed.....3	<input type="checkbox"/>	<input type="checkbox"/>
206	Do interior walls and roof of the building need repairs?	No repairs needed1 Few repairs needed.....2 Many repairs needed.....3	<input type="checkbox"/>	<input type="checkbox"/>
207	Does electric supply system of the facility need repairs?	No repairs needed1 Few repairs needed.....2 Many repairs needed.....3	<input type="checkbox"/>	<input type="checkbox"/>
208	Does water supply system of the facility need repair works?	No repairs needed1 Few repairs needed.....2 Many repairs needed.....3	<input type="checkbox"/>	<input type="checkbox"/>
209	Does toilet (latrine) for clients' use of the facility need repair works?	No repairs needed1 Few repairs needed.....2 Many repairs needed.....3 Not present.....4	<input type="checkbox"/>	<input type="checkbox"/>
210	Number of toilets	Number Don't know: 98	_ _ _ _ _ _ _	_ _ _ _ _ _ _
211	Are most of the toilets functional?	Yes.....1 No2	<input type="checkbox"/>	<input type="checkbox"/>
212	Are the toilets clean?	Yes, all the toilets are clean.....1 Yes, most of the toilets are clean.....2 No, most are not clean.....3 No, all are unclean.....4	<input type="checkbox"/>	<input type="checkbox"/>
213	How many rooms or areas in the building have water connection?	Number Don't know: 98	_ _ _ _ _ _ _	_ _ _ _ _ _ _
214	Are the water outlets are functional in toilet?	Yes.....1 No2	<input type="checkbox"/>	<input type="checkbox"/>
215	Floor space of waiting rooms/space for clients	Floor space in sq meters	_ _ _ _ _ _ _	_ _ _ _ _ _ _
216	How many seating spaces are there in waiting rooms/spaces?	Number Don't know: 98	_ _ _ _ _ _ _	_ _ _ _ _ _ _
217	Are the waiting areas/rooms clean?	Yes.....1 No2	<input type="checkbox"/>	<input type="checkbox"/>
218	Floor space of outpatient consultation (not including consultant's offices)	Floor space in sq meters	_ _ _ _ _ _ _	_ _ _ _ _ _ _

No	Questions/ Items	Responses and codes	Building/ Structure #1	Building/ Structure #2
219	Is there at least one site in the outpatient clinic area where both auditory and visual privacy can be maintained for client services?	Yes.....1 No2	<input type="checkbox"/>	<input type="checkbox"/>
220	Is the building is accessible to persons with disabilities (e.g., wheel chair ramps, elevators if more than one floor, hand rails etc.)	Yes.....1 No2	<input type="checkbox"/>	<input type="checkbox"/>
221	Floor space in the emergency department including waiting space	Floor space in sq meters	_ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _
222	Floor space for blood bank, blood donation space, etc.	Floor space in sq meters	_ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _
223	Number of observation beds in the building/ Structure (not including inpatient beds)	Number Don't know: 998	_ _ _ _ _	_ _ _ _ _
224	Number of inpatient wards in the building	Number Don't know: 998	_ _ _ _ _	_ _ _ _ _
225	Floor space of general adult wards	Floor space in sq meters	_ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _
226	Number of inpatient beds in general adult wards (according to National Medical Standards)	Number Don't know: 998	_ _ _ _ _	_ _ _ _ _
227	How many patients are in the general ward today?	Number Don't know: 998	_ _ _ _ _	_ _ _ _ _
228	Floor space of pediatric wards	Floor space in sq meters	_ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _
229	Number of inpatient beds in pediatric wards	Number Don't know: 998	_ _ _ _ _	_ _ _ _ _
230	Number of beds in pediatric wards (according to National Medical Standards)	Number Don't know: 998	_ _ _ _ _	_ _ _ _ _
231	How many patients are in the pediatric ward today?	Number Don't know: 998	_ _ _ _ _	_ _ _ _ _
232	Floor space of surgery wards	Floor space in sq meters	_ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _
233	Number of inpatient beds in surgery wards (according to National Medical Standards)	Number Don't know: 998	_ _ _ _ _	_ _ _ _ _
234	How many patients are in the surgery ward today?	Number Don't know: 998	_ _ _ _ _	_ _ _ _ _
235	Other wards (specify) _____ ward	Floor space in sq meters	_ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _
236	Number of inpatient beds in _____ ward	Number Don't know: 998	_ _ _ _ _	_ _ _ _ _
237	How many patients are in the _____ ward today?	Number Don't know: 998	_ _ _ _ _	_ _ _ _ _
238	Other wards (specify) _____ ward	Floor space in sq meters	_ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _
239	Number of inpatient beds in _____ ward	Number Don't know: 998	_ _ _ _ _	_ _ _ _ _
240	How many patients are in the _____ ward today?	Number Don't know: 998	_ _ _ _ _	_ _ _ _ _

No	Questions/ Items	Responses and codes	Building/ Structure #1	Building/ Structure #2
241	Condition of the mattresses on the beds?	Good.....1 Not so good/not so bad.....2 Bad.....3	<input type="checkbox"/>	<input type="checkbox"/>
242	Are there patients on floors in any of the wards or any other areas?	Yes.....1 No2	<input type="checkbox"/>	<input type="checkbox"/>
243	Are the inpatient areas clean?	Yes.....1 No2	<input type="checkbox"/>	<input type="checkbox"/>
244	Area of laboratory and diagnostic services including waiting areas	Floor space in sq meters	_ _ _ _ _ _ _	_ _ _ _ _ _ _
245	Are the lab/diagnostic services areas clean?	Yes.....1 No2	<input type="checkbox"/>	<input type="checkbox"/>
246	Area used for drug, supply and medical instrument storage	Floor space in sq meters	_ _ _ _ _ _ _	_ _ _ _ _ _ _
247	Floor space in sq meters used for drug dispensing (if separate from storage)	Floor space in sq meters	_ _ _ _ _ _ _	_ _ _ _ _ _ _
248	Floor space in sq meters of delivery rooms	Floor space in sq meters	_ _ _ _ _ _ _	_ _ _ _ _ _ _
249	How many delivery rooms are there in this building?	Number Don't know: 998	_ _ _ _ _ _ _	_ _ _ _ _ _ _
250	Are the delivery rooms equipped with delivery beds, lights, etc.?	Yes.....1 No2	<input type="checkbox"/>	<input type="checkbox"/>
251	Did the facility deliver babies in last seven days?	Yes.....1 No2	<input type="checkbox"/>	<input type="checkbox"/>
252	Are the delivery rooms clean?	Yes.....1 No2	<input type="checkbox"/>	<input type="checkbox"/>
253	Floor space in sq meters of operation theaters	Floor space in sq meters	_ _ _ _ _ _ _	_ _ _ _ _ _ _
254	How many operation theaters are there in the building?	Number Don't know: 998	_ _ _ _ _ _ _	_ _ _ _ _ _ _
255	Are the operation theaters functional and used regularly?	Yes.....1 No2	<input type="checkbox"/>	<input type="checkbox"/>
256	Floor space in sq meters used by administrative personnel	Floor space in sq meters	_ _ _ _ _ _ _	_ _ _ _ _ _ _
257	Floor space in sq meters used by laundry services	Floor space in sq meters	_ _ _ _ _ _ _	_ _ _ _ _ _ _
258	Floor space in sq meters used by food services and kitchen	Floor space in sq meters	_ _ _ _ _ _ _	_ _ _ _ _ _ _
259	Floor space in sq meters of cafeteria for employees and clients	Floor space in sq meters	_ _ _ _ _ _ _	_ _ _ _ _ _ _
260	Meeting and other common areas for the use of facility personnel	Floor space in sq meters	_ _ _ _ _ _ _	_ _ _ _ _ _ _
261	Floor space used by research projects/ NGOs and other external entities	Floor space in sq meters (EXCLUDE DIRECT PATIENT CARE AREAS)	_ _ _ _ _ _ _	_ _ _ _ _ _ _
262	Floor space in sq meters used by security personnel	Floor space in sq meters	_ _ _ _ _ _ _	_ _ _ _ _ _ _
263	Floor space in sq meters used by mortuary	Floor space in sq meters	_ _ _ _ _ _ _	_ _ _ _ _ _ _
264	How many private rooms are there for inpatient stays?	Number of rooms Don't know: 98	_ _ _ _ _ _ _	_ _ _ _ _ _ _
265	How many beds are there in the private rooms?	Number Don't know: 998	_ _ _ _ _ _ _	_ _ _ _ _ _ _
266	Floor space in sq meters used by private rooms	Floor space in sq meters	_ _ _ _ _ _ _	_ _ _ _ _ _ _

Section 2: Information on each of the buildings (USE ADDITIONAL FORMS IF NEEDED)

No	Questions/ Items	Responses and codes	Building/ Structure # _ _	Building/ Structure # _ _
201	Name of the structure/ building			
202	Principal activities normally performed in the building/ structure	Inpatient services.....1 Outpatient services.....2 Both inpatient and outpatient.....3 Lab/ diagnostic services.....4 Administrative offices.....5 Not used now.....6 Others8 Specify	<input type="checkbox"/>	<input type="checkbox"/>
203	Total floor space of the building	Floor space in sq meters	_ _ _ _ _	_ _ _ _ _
204	Number of rooms in the structure (not including toilets, closets, hallways)	Number Don't know: 998	_ _ _ _ _	_ _ _ _ _
205	Do windows and doors of the building need repairs?	No repairs needed1 Few repairs needed.....2 Many repairs needed.....3	<input type="checkbox"/>	<input type="checkbox"/>
206	Do interior walls and roof of the building need repairs?	No repairs needed1 Few repairs needed.....2 Many repairs needed.....3	<input type="checkbox"/>	<input type="checkbox"/>
207	Does electric supply system of the facility need repairs?	No repairs needed1 Few repairs needed.....2 Many repairs needed.....3	<input type="checkbox"/>	<input type="checkbox"/>
208	Does water supply system of the facility need repair works?	No repairs needed1 Few repairs needed.....2 Many repairs needed.....3	<input type="checkbox"/>	<input type="checkbox"/>
209	Does toilet (latrine) for clients' use of the facility need repair works?	No repairs needed1 Few repairs needed.....2 Many repairs needed.....3 Not present.....4	<input type="checkbox"/>	<input type="checkbox"/>
210	Number of toilets	Number Don't know: 98	_ _ _	_ _ _
211	Are most of the toilets functional?	Yes.....1 No2	<input type="checkbox"/>	<input type="checkbox"/>
212	Are the toilets clean?	Yes, all the toilets are clean.....1 Yes, most of the toilets are clean.....2 No, most are not clean.....3 No, all are unclean.....4	<input type="checkbox"/>	<input type="checkbox"/>
213	How many rooms or areas in the building have water connection?	Number Don't know: 98	_ _ _	_ _ _
214	Are the water outlets are functional in toilet?	Yes.....1 No2	<input type="checkbox"/>	<input type="checkbox"/>
215	Floor space of waiting rooms/space for clients	Floor space in sq meters	_ _ _ _ _	_ _ _ _ _
216	How many seating spaces are there in waiting rooms/spaces?	Number Don't know: 98	_ _ _	_ _ _
217	Are the waiting areas/rooms clean?	Yes.....1 No2	<input type="checkbox"/>	<input type="checkbox"/>
218	Floor space of outpatient consultation (not including consultant's offices)	Floor space in sq meters	_ _ _ _ _	_ _ _ _ _

No	Questions/ Items	Responses and codes	Building/ Structure # _ _	Building/ Structure # _ _
219	Is there at least one site in the outpatient clinic area where both auditory and visual privacy can be maintained for client services?	Yes.....1 No2	<input type="checkbox"/>	<input type="checkbox"/>
220	Is the building is accessible to persons with disabilities (e.g., wheel chair ramps, elevators if more than one floor, hand rails etc.)	Yes.....1 No2	<input type="checkbox"/>	<input type="checkbox"/>
221	Floor space in the emergency department including waiting space	Floor space in sq meters	_ _ _ _ _ _ _	_ _ _ _ _ _ _
222	Floor space for blood bank, blood donation space, etc.	Floor space in sq meters	_ _ _ _ _ _ _	_ _ _ _ _ _ _
223	Number of observation beds in the building/ Structure (not including inpatient beds)	Number Don't know: 998	_ _ _ _	_ _ _ _
224	Number of inpatient wards in the building	Number Don't know: 998	_ _ _ _	_ _ _ _
225	Floor space of general adult wards	Floor space in sq meters	_ _ _ _ _ _ _	_ _ _ _ _ _ _
226	Number of inpatient beds in general adult wards (according to National Medical Standards)	Number Don't know: 998	_ _ _ _	_ _ _ _
227	How many patients are in the general ward today?	Number Don't know: 998	_ _ _ _	_ _ _ _
228	Floor space of pediatric wards	Floor space in sq meters	_ _ _ _ _ _ _	_ _ _ _ _ _ _
229	Number of inpatient beds in pediatric wards	Number Don't know: 998	_ _ _ _	_ _ _ _
230	Number of beds in pediatric wards (according to National Medical Standards)	Number Don't know: 998	_ _ _ _	_ _ _ _
231	How many patients are in the pediatric ward today?	Number Don't know: 998	_ _ _ _	_ _ _ _
232	Floor space of surgery wards	Floor space in sq meters	_ _ _ _ _ _ _	_ _ _ _ _ _ _
233	Number of inpatient beds in surgery wards (according to National Medical Standards)	Number Don't know: 998	_ _ _ _	_ _ _ _
234	How many patients are in the surgery ward today?	Number Don't know: 998	_ _ _ _	_ _ _ _
235	Other wards (specify) _____ward	Floor space in sq meters	_ _ _ _ _ _ _	_ _ _ _ _ _ _
236	Number of inpatient beds in _____ward	Number Don't know: 998	_ _ _ _	_ _ _ _
237	How many patients are in the _____ward today?	Number Don't know: 998	_ _ _ _	_ _ _ _
238	Other wards (specify) _____ward	Floor space in sq meters	_ _ _ _ _ _ _	_ _ _ _ _ _ _
239	Number of inpatient beds in _____ward	Number Don't know: 998	_ _ _ _	_ _ _ _
240	How many patients are in the _____ward today?	Number Don't know: 998	_ _ _ _	_ _ _ _

No	Questions/ Items	Responses and codes	Building/ Structure # _ _	Building/ Structure # _ _
241	Condition of the mattresses on the beds?	Good.....1 Not so good/not so bad.....2 Bad.....3	<input type="checkbox"/>	<input type="checkbox"/>
242	Are there patients on floors in any of the wards or any other areas?	Yes.....1 No2	<input type="checkbox"/>	<input type="checkbox"/>
243	Are the inpatient areas clean?	Yes.....1 No2	<input type="checkbox"/>	<input type="checkbox"/>
244	Area of laboratory and diagnostic services including waiting areas	Floor space in sq meters	_ _ _ _ _	_ _ _ _ _
245	Are the lab/diagnostic services areas clean?	Yes.....1 No2	<input type="checkbox"/>	<input type="checkbox"/>
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247	Floor space in sq meters used for drug dispensing (if separate from storage)	Floor space in sq meters	_ _ _ _ _	_ _ _ _ _
248	Floor space in sq meters of delivery rooms	Floor space in sq meters	_ _ _ _ _	_ _ _ _ _
249	How many delivery rooms are there in this building?	Number Don't know: 998	_ _ _ _	_ _ _ _
250	Are the delivery rooms equipped with delivery beds, lights, etc.?	Yes.....1 No2	<input type="checkbox"/>	<input type="checkbox"/>
251	Did the facility deliver babies in last seven days?	Yes.....1 No2	<input type="checkbox"/>	<input type="checkbox"/>
252	Are the delivery rooms clean?	Yes.....1 No2	<input type="checkbox"/>	<input type="checkbox"/>
253	Floor space in sq meters of operation theaters	Floor space in sq meters	_ _ _ _ _	_ _ _ _ _
254	How many operation theaters are there in the building?	Number Don't know: 998	_ _ _ _	_ _ _ _
255	Are the operation theaters functional and used regularly?	Yes.....1 No2	<input type="checkbox"/>	<input type="checkbox"/>
256	Floor space in sq meters used by administrative personnel	Floor space in sq meters	_ _ _ _ _	_ _ _ _ _
257	Floor space in sq meters used by laundry services	Floor space in sq meters	_ _ _ _ _	_ _ _ _ _
258	Floor space in sq meters used by food services and kitchen	Floor space in sq meters	_ _ _ _ _	_ _ _ _ _
259	Floor space in sq meters of cafeteria for employees and clients	Floor space in sq meters	_ _ _ _ _	_ _ _ _ _
260	Meeting and other common areas for the use of facility personnel	Floor space in sq meters	_ _ _ _ _	_ _ _ _ _
261	Floor space used by research projects/ NGOs and other external entities	Floor space in sq meters (EXCLUDE DIRECT PATIENT CARE AREAS)	_ _ _ _ _	_ _ _ _ _
262	Floor space in sq meters used by security personnel	Floor space in sq meters	_ _ _ _ _	_ _ _ _ _
263	Floor space in sq meters used by mortuary	Floor space in sq meters	_ _ _ _ _	_ _ _ _ _
264	How many private rooms are there for inpatient stays?	Number of rooms Don't know: 98	_ _ _	_ _ _
265	How many beds are there in the private rooms?	Number Don't know: 998	_ _ _ _	_ _ _ _
266	Floor space in sq meters used by private rooms	Floor space in sq meters	_ _ _ _ _	_ _ _ _ _

Section 3: Communications between this health facility and a referral facility

No	Questions and Filters	Coding categories	Response	Skip
301	How far is the closest referral facility from this facility?	Kilometers Don't know..... 998 Not applicable..... 999	<input type="text"/>	
302	What type of facility is that (the referral facility)?	NH..... 1 RH..... 2 PH..... 3 DH..... 4 Other..... 9	<input type="checkbox"/>	
303	On the average, how many patients are referred to other facilities in a month from this facility?	Number of patients referred Don't know..... 998	<input type="text"/>	
304	How long does it take to transfer sick patients to the referral hospital if transported by ambulance (hours and days)	Hours and/or days	<input type="text"/> hours <input type="text"/> days	
305	What is the average cost per trip for the patients, please specify	A. Travel person: _____ PNG kina B. Accommodation per person: _____ PNG kina C. Per diem per person _____ PNG kina	<input type="text"/> <input type="text"/> <input type="text"/>	
306	Do you budget specifically for patient transfers?	Yes 1 No 2	<input type="checkbox"/>	
307	Were the referred patients treated at the referral facility?	Yes..... 1 No..... 2 Some, but not all..... 3 Don't know..... 8	<input type="checkbox"/>	
308	Did the referral facilities refer some of the referred patients to another facility?	Yes..... 1 No..... 2 Don't know..... 8	<input type="checkbox"/>	
309	What is the mode of communication between this facility and the usual referral center?	No formal communication system..... 1 Only discharge card..... 2 Telephone or mobile phone..... 3 Two Way Radio..... 4 Other means..... 9 (specify)	<input type="checkbox"/>	
310	What is the most common form of transport when referring patients?	Using the facility's ambulance/vehicle..... 1 Using commercially available cars..... 2 Using vans..... 3 Using boats..... 4 Plane/helicopter..... 5 Other means..... 9 (specify)	<input type="checkbox"/>	
311	Does a health worker travel with a sick patient to the referral hospital?	Yes 1 No 2	<input type="checkbox"/>	
312	Does the referral hospital have to verbally confirm they will accept the patient before they can be transferred?	Yes 1 No 2	<input type="checkbox"/>	

Section 4: Repair and Medical Waste Management

No	Questions and Filters	Coding categories	Response	Skip
401	Who should be responsible for ensuring infrastructure maintenance is carried out?	Province.....1 District.....2 Church agency.....3 This facility.....4 Referral health facility.....5	<input type="checkbox"/>	
402	Is it desirable for other maintenance (i.e. anything other than really simple tasks) being managed at a higher level?	Yes1 No2	<input type="checkbox"/>	If 2 →404
403	If yes, by who?	Province.....1 District.....2 Church agency.....3 This facility.....4 Referral health facility.....5	<input type="checkbox"/>	
404	Who should be responsible for ensuring basic utilities are maintained at the health facility?	Province.....1 District.....2 Church agency.....3 This facility.....4 Referral health facility.....5	<input type="checkbox"/>	
405	Comments on repair needs or types of repair problems of the facility:			
	Medical waste treatment Verify use if incinerator use log is available			
406	Is there any incinerator (high temperature) available in the facility?	Available and used.....1 Available but not used.....2 Not available.....3	<input type="checkbox"/>	
407	Is there any incinerator (1 chamber drum/brick) available in the facility?	Available and used.....1 Available but not used.....2 Not available.....3	<input type="checkbox"/>	
408	Is there any burial pit for waste available in the facility?	Available and used.....1 Available but not used.....2 Not available.....3	<input type="checkbox"/>	
409	Is there any system of segregating medical wastes into three colored waste baskets available in the facility?	Available and used.....1 Available but not used.....2 Not available.....3	<input type="checkbox"/>	
410	Disposal practice of sharps (needles, glass, surgical instruments, etc.)	Incinerator.....1 Burn and bury.....2 Bury but do not burn.....3 Burn but do not bury.....4 Put in a covered pit (could be latrine).....5 Put in an open pit.....6 Store, collect and move offsite.....7 Just throw out in the open.....8 Other.....9	<input type="checkbox"/>	
411	Disposal practice of biomedical wastes (placenta, human body parts, laboratory waste, etc.)	Incinerator.....1 Burn and bury.....2 Bury but do not burn.....3 Burn but do not bury.....4 Put in a covered pit (could be latrine).....5 Put in an open pit.....6 Store, collect and move offsite.....7 Just throw out in the open.....8 Other.....9	<input type="checkbox"/>	

Section 5: Food Services and Kitchen Area

Food Services and availability				
No	Questions and Filters	Coding categories	Response	Skip
501	Do you provide food service to inpatients?	Yes.....1 No.....2	<input type="checkbox"/>	If 2 →601
502	Do you charge inpatients any money for food?	Yes1 No2	<input type="checkbox"/>	
503	How much do you charge for food per person per day?	PGKina. (000 if patients are not charged)	_ _ _ _	
504	What is the cost of food per person per day?	PGKina	_ _ _ _	
505	Number of patients who were served with food yesterday?	Number of patients#	_ _ _ _	
506	Is there a protocol for feeding hospitalized infants (<1 year)?	Yes.....1 No.....2	<input type="checkbox"/>	
507	How many meals are typically provided for infants in 24 hours?	Two to three times.....1 Four to five times.....2 Six times or more.....3	<input type="checkbox"/>	
508	Is the budget allocated for food service enough for buying groceries and other needs for all patients in the facility?	Yes1 No.....2	<input type="checkbox"/>	
509	Does the facility contract out food services?	Yes, only grocery procurement contracted out.....1 Yes, cooking +other food services contracted out..2 No.....3	<input type="checkbox"/>	
510	Is the food prepared on-site or prepared outside the facility?	Prepared in the facility.....1 Not prepared in the facility.....2	<input type="checkbox"/>	If 2 →601
511	Is there a chimney or working exhaust fan in cooking area?	Yes1 No.....2	<input type="checkbox"/>	
512	Is soap/detergent present in cooking area for washing hands?	Yes1 No.....2	<input type="checkbox"/>	
513	Is soap/detergent present for washing pots, pans, plates, utensils	Yes1 No.....2	<input type="checkbox"/>	
514	Is the kitchen floor clean (no garbage on floor)?	Yes1 No.....2	<input type="checkbox"/>	
515	Is the wiping cloth used in the kitchen is clean, not smelly?	Yes1 No.....2	<input type="checkbox"/>	
516	Are there signs of cockroach/mice infestation in the kitchen area?	Yes1 No.....2	<input type="checkbox"/>	
517	Do cooking personnel tie hair back and/or wear caps?	Yes1 No.....2	<input type="checkbox"/>	
518	Do cooks wear gloves while handling food?	Yes1 No.....2	<input type="checkbox"/>	
519	Are prepared foods covered?	Yes1 No.....2	<input type="checkbox"/>	

Section 6: Services and other supplies

Section 6.1: Maternal and neonatal care: Antenatal care

	Questions and Filters	Coding categories	Response	Skip
601	Are Antenatal services provided at this facility?	Yes.....1 No.....2	<input type="checkbox"/>	If 2 → 604
602	How many days in a week the facility provide ANC?	#Days in a week	<input type="text"/>	
603	Number of antenatal outreach clinics held in the last 3 months?	Number of outreach clinics held Don't know.....998	<input type="text"/>	
Antenatal clinic equipment and supplies: check to see whether the following items are present and functional in or near the area where antenatal services are provided				
604	Fetal stethoscope (or foetal monitor)	A. Number B. Number Working C. Number regularly used	<input type="text"/> <input type="text"/> <input type="text"/>	
605	Stethoscope and blood pressure cuff	A. Number B. Number Working C. Number regularly used	<input type="text"/> <input type="text"/> <input type="text"/>	
606	Tape measure	A. Number B. Number Working C. Number regularly used	<input type="text"/> <input type="text"/> <input type="text"/>	
607	Scale	A. Number B. Number Working C. Number regularly used	<input type="text"/> <input type="text"/> <input type="text"/>	
608	Ultrasound Machine (and gel)	A. Number B. Number Working C. Number regularly used	<input type="text"/> <input type="text"/> <input type="text"/>	
MATERNAL AND NEONATAL CARE: Deliveries.				
<i>Ask the in charge to assist you with questions in this section.</i>				
609	Does the facility staff assist with deliveries, either in the facility or in the community?	Yes 1 No.....2	<input type="checkbox"/>	If 2 → 611
610	Does the facility staff assist with deliveries only in the facility, only in the community, or in both facility and community?	Only in facility..... 1 Only in community.....2 Both in facility and community.....3	<input type="checkbox"/>	
611	Does this facility have the capacity to administer antibiotics, oxytocics, and anticonvulsants for delivery of babies?	Yes, can do all of the three1 Can do two of the three2 Can do one of the three3 No.....4	<input type="checkbox"/>	
612	Does this facility have the ability/capacity for manual removal of the placenta?	Yes, can do now 1 Usually, but nit now 2 Does not have the capacity 3	<input type="checkbox"/>	
613	Does this facility have the capacity to remove retained products following miscarriage or abortion?	Yes, can do now 1 Usually, but not now 2 Does not have the capacity 3	<input type="checkbox"/>	
614	Does this facility have the capacity to do assisted vaginal delivery, preferably with vacuum extractor?	Yes, can do now 1 Usually, but not now 2 Does not have the capacity 3	<input type="checkbox"/>	
615	Does the facility have the capacity to provide newborn care?	Yes, can do now 1 Usually, but not now 2 Does not have the capacity 3	<input type="checkbox"/>	
616	Does the facility have the capacity to manage caesarean section?	Yes, can do now 1 Usually, but not now 2 Does not have the capacity 3	<input type="checkbox"/>	

617	Does the facility have the capacity to do safe blood transfusion?	Yes, can do now1 Usually, but not now2 Does not have the capacity3	<input type="checkbox"/>	
618	Does the facility have the capacity to administer anesthesia?	Yes, can do now1 Usually, but not now2 Does not have the capacity3	<input type="checkbox"/>	
619	Does the facility have the capacity to care for sick and low-birth weight newborns, including resuscitation?	Yes, can do now1 Usually, but not now2 Does not have the capacity3	<input type="checkbox"/>	
620	Does the facility have at least two skilled attendants covering 24 hours a day and seven days a week, assisted by trained support staff?	Yes1 No.....2	<input type="checkbox"/>	
MATERNAL AND NEONATAL CARE: Delivery room equipment and supplies				
<i>Check to see whether the following items are present and functional in or near the delivery room.</i>				
621	Delivery kit (instruments, supplies)	Present and complete..... 1 Present but not complete..... 2 Not present.....3	<input type="checkbox"/>	
<i>check to see whether the following items are present and functional in or near the area where antenatal services are provided</i>				
622	Stethoscope	A. Number B. Number Working C. Number regularly used	<input type="checkbox"/>	
623	Partograph	A. Number B. Number Working C. Number regularly used	<input type="checkbox"/>	
624	Pelvic procedure instruments like speculum	A. Number B. Number Working C. Number regularly used	<input type="checkbox"/>	
625	Delivery light	A. Number B. Number Working C. Number regularly used	<input type="checkbox"/>	
626	Sterilizer	A. Number B. Number Working C. Number regularly used	<input type="checkbox"/>	
627	Vacuum extractor	A. Number B. Number Working C. Number regularly used	<input type="checkbox"/>	
628	Forceps	A. Number B. Number Working C. Number regularly used	<input type="checkbox"/>	
629	Manual vacuum aspirator/suction bulb	A. Number B. Number Working C. Number regularly used	<input type="checkbox"/>	
630	Resuscitation bag , newborn	A. Number B. Number Working C. Number regularly used	<input type="checkbox"/>	
631	Eye drops or ointment for newborn	A. Number B. Number Working C. Number regularly used	<input type="checkbox"/>	
632	Needles and syringes (10-20 cc)	A. Number B. Number Working C. Number regularly used	<input type="checkbox"/>	

633	Sterile C-section instrument kits		A. Number B. Number Working C. Number regularly used	<input type="text"/> <input type="text"/> <input type="text"/>	
634	Cord supplies for new born: clamps, ties, scissors		A. Number B. Number Working C. Number regularly used	<input type="text"/> <input type="text"/> <input type="text"/>	
635	IV sets, including sterilized needle and tube		A. Number B. Number Working C. Number regularly used	<input type="text"/> <input type="text"/> <input type="text"/>	
636	IV fluids, including normal saline and ringer lactate		A. Number B. Number Working C. Number regularly used	<input type="text"/> <input type="text"/> <input type="text"/>	
MATERNAL AND NEONATAL CARE: Postpartum Care					
637	Are postpartum care services offered routinely?	Yes, in the facility as part of routine services only.....1 Yes, in the facility as part of routine services and in special clinics...2 NO, not as part of routine services but only in special clinics.....3 NO, not offered at this facility4		<input type="checkbox"/>	If 4 → 645
Are the following services provided?					
638	Maternal examination & treatment	Yes 1 No..... 2		<input type="checkbox"/>	
639	Breast feeding counseling	Yes 1 No..... 2		<input type="checkbox"/>	
640	Newborn examination & treatment	Yes 1 No..... 2		<input type="checkbox"/>	
641	Growth Monitoring & promotion	Yes 1 No..... 2		<input type="checkbox"/>	
642	Vaccination counseling	Yes 1 No..... 2		<input type="checkbox"/>	
643	Family planning counseling	Yes 1 No..... 2		<input type="checkbox"/>	
644	Treatment of severe malnutrition	Yes 1 No..... 2		<input type="checkbox"/>	

Section 6.2: Protocols, Guidelines and Templates

Ask to see the protocols and guidelines and check to see which of the following are present.				
No	Questions and Filters	Coding categories	Response	Skip
645	IMCI chart book or wall chart	Present 1 Not Present..... 2	<input type="checkbox"/>	
646	ARI (NOT PART OF IMCI)	Present 1 Not Present..... 2	<input type="checkbox"/>	
647	Diagnosis and treatment of diarrhea (NOT PART OF IMCI)	Present 1 Not Present..... 2	<input type="checkbox"/>	
648	Graphs for growth monitoring	Present 1 Not Present..... 2	<input type="checkbox"/>	
649	Treatment of severe malnutrition	Present 1 Not Present..... 2	<input type="checkbox"/>	
650	Tuberculosis diagnosis and treatment	Present 1 Not Present..... 2	<input type="checkbox"/>	
651	NHIS guidelines	Present 1 Not Present..... 2	<input type="checkbox"/>	

652	Malaria Protocol	Present 1 Not Present..... 2	<input type="checkbox"/>	
653	Immunization schedule	Present 1 Not Present..... 2	<input type="checkbox"/>	
654	Family planning	Present 1 Not Present..... 2	<input type="checkbox"/>	
655	Are patient education materials displayed?	Present 1 Not Present..... 2	<input type="checkbox"/>	

Section 6.3: Laboratory tests

<i>Ask to see the protocols and guidelines and check to see which of the following are present.</i>				
No	Questions and Filters	Coding categories	Response	Skip
656	Malaria tests (Malaria RDT)	Able to do this test today 1 Able to do this test in past 6 months but not today...2 Cannot do this test 3	<input type="checkbox"/>	
657	Does this facility perform laboratory tests other than malaria test?	Yes 1 No..... 2	<input type="checkbox"/>	If 2 → 670
658	Anemia testing	Able to do this test today 1 Able to do this test in past 6 months but not today...2 Cannot do this test 3	<input type="checkbox"/>	
659	Urine for R/M/E	Able to do this test today 1 Able to do this test in past 6 months but not today...2 Cannot do this test 3	<input type="checkbox"/>	
660	Blood Glucose	Able to do this test today 1 Able to do this test in past 6 months but not today...2 Cannot do this test 3	<input type="checkbox"/>	
661	Stool for RE	Able to do this test today 1 Able to do this test in past 6 months but not today...2 Cannot do this test 3	<input type="checkbox"/>	
662	HIV Testing	Able to do this test today 1 Able to do this test in past 6 months but not today...2 Cannot do this test 3	<input type="checkbox"/>	
663	TB Smears	Able to do this test today 1 Able to do this test in past 6 months but not today...2 Cannot do this test 3	<input type="checkbox"/>	
664	Gram Stains	Able to do this test today 1 Able to do this test in past 6 months but not today...2 Cannot do this test 3	<input type="checkbox"/>	
665	Blood Typing and cross matching	Able to do this test today 1 Able to do this test in past 6 months but not today...2 Cannot do this test 3	<input type="checkbox"/>	
666	Syphilis testing	Able to do this test today 1 Able to do this test in past 6 months but not today...2 Cannot do this test 3	<input type="checkbox"/>	
667	Liver function testing	Able to do this test today 1 Able to do this test in past 6 months but not today...2 Cannot do this test 3	<input type="checkbox"/>	
668	Pregnancy testing	Able to do this test today 1 Able to do this test in past 6 months but not today...2 Cannot do this test 3	<input type="checkbox"/>	
669	Hepatitis	Able to do this test today 1 Able to do this test in past 6 months but not today...2 Cannot do this test 3	<input type="checkbox"/>	

Section 6.4: Pharmacy room, drug storage area and supply system

No	Questions and Filters	Coding categories	Response	Skip
670	Is there a separate room/space for drug storage?	Yes 1 No 2	<input type="checkbox"/>	If 2 → 749
671	Are doors and windows secured in the drug storage area?	Yes 1 No 2	<input type="checkbox"/>	
672	Drug storage area has ventilation?	Yes 1 No 2	<input type="checkbox"/>	
673	Are there enough shelves for storing drugs/other supplies (nothing on the floor)?	Yes 1 No 2	<input type="checkbox"/>	
674	Are the stored items protected from sun?	Yes 1 No 2	<input type="checkbox"/>	
675	Are the stored items protected from rain?	Yes 1 No 2	<input type="checkbox"/>	
676	Is/are there functioning refrigerator/s for storing drugs?	Yes 1 No 2	<input type="checkbox"/>	
677	How many boxes of drugs did you receive in the last six months (Push system)?	Number of Boxes	_ _ _	
678	When do you think you might get next batch of boxes (Push system)?	Less than 2 weeks 1 2 weeks to 1 month 2 1 to 2 months 3 More than 2 months 4	<input type="checkbox"/>	
679	Currently, do you or your staff order medicines for the health facility?	Yes 1 No 2	<input type="checkbox"/>	
680	If yes, from where do you order most of the drugs used in the facility?	Referral health facility / Hospital 1 Provincial / district health office 2 Area Medical store 3 Provincial Medical Store 4 NDoH 5	<input type="checkbox"/>	
681	When did you order drugs last time?	Less than a month ago 1 1 month to less than 2 months 2 2 months to less than 3 months 3 3 months to less than 4 months 4 4 months to less than 6 months 5 6 months to less than 9 months 6 9 months to less than 1 year 7 More than 1 year ago 8	<input type="checkbox"/>	
682	Where did you order for the drug last time?	Referral health facility / Hospital 1 Provincial / district health office 2 Area Medical store 3 Provincial Medical Store 4 NDoH 5	<input type="checkbox"/>	
683	The previous order you received (not the last order), how long it took for the drugs to arrive after the placement of order?	Less than 2 weeks 1 2 weeks to 1 month 2 1 to 2 months 3 More than 2 months 4	<input type="checkbox"/>	
684	Do you always get the drugs you ordered?	Yes 1 No 2	<input type="checkbox"/>	If 2 → 691
685	On average, what percentage of drugs ordered are received?	Percent of drugs ordered received	_ _	

686	Who normally makes the collection from the facility?	Community health worker.....1 Volunteer.....2 Nurse.....3 Brought to the facility by suppliers.....4	<input type="checkbox"/>	
687	How is the drug delivered to the facility?	Facility gets the drug from medical store/NDoH....1 Medical store/NDoH delivers to the facility.....2 Others deliver to the facility3	<input type="checkbox"/>	
688	How do you pay the expenses for collecting drugs ordered?	Province.....1 Own budget.....2 Referral health facility3 Others4	<input type="checkbox"/>	
689	How much does it cost (all expenses) on one average pick up?	PNG Kina Don't Know: 99999	_ _ _ _	
690	Where did you go last time to collect medical supplies?	Please specify	_ _	
Medical Supply Kits (Push System)				
691	What month and year did you receive your last round of medical supply kits?	Month Year	_ _ _ _	
692	Were the medical supply kits delivered directly or did the facility pick up the kits?	Delivered1 Picked up.....2	<input type="checkbox"/>	
693	List three drugs that you think are more than enough based on needs here in the facility WRITE NAME AND CODE OF THE DRUGS FROM THE SUPPLY KITS DRUG LIST	A _____ B _____ C _____	_ _ _ _ _ _ _ _ _ _ _ _	
694	List three drugs that you think are not enough based on needs in the facility? WRITE NAME AND CODE OF THE DRUGS FROM THE SUPPLY KITS DRUG LIST	A _____ B _____ C _____	_ _ _ _ _ _ _ _ _ _ _ _	
Purchased Drugs				
695	Have you purchased additional medicines or medical supplies this year?	Yes 1 No 2	<input type="checkbox"/>	
696	If yes, how did you pay for this purchase?	Request province.....1 Own budget.....2 Referral health facility3	<input type="checkbox"/>	
697	How much did you spend on additional drugs in 2014?	PNG Kina	_ _ _ _	
698	Are you planning on purchasing additional drugs in 2015?	Yes 1 No 2	<input type="checkbox"/>	

Section 7.1: Availability of Essential Drugs or supplies

SL #	Drug	Question	Response	Question	Response
		Drugs continuously available last 30 days without any stock-outs?	A	Are expired drug present?	B
701	Panadol/ Paracetamol tablet	Yes1 No2	<input type="checkbox"/>	Yes.....1 No2 No expiry date ...3 Drug is not present ...4	<input type="checkbox"/>
702	Paracetamol liquid	Yes1 No2	<input type="checkbox"/>	Yes.....1 No2 No expiry date ...3 Drug is not present ...4	<input type="checkbox"/>
703	Diclofenac (pain/inflammation) capsule or tab	Yes1 No2	<input type="checkbox"/>	Yes.....1 No2 No expiry date ...3 Drug is not present ...4	<input type="checkbox"/>
704	Pethidine	Yes1 No2	<input type="checkbox"/>	Yes.....1 No2 No expiry date ...3 Drug is not present ...4	<input type="checkbox"/>
705	Chloroquine	Yes1 No2	<input type="checkbox"/>	Yes.....1 No2 No expiry date ...3 Drug is not present ...4	<input type="checkbox"/>
706	Quinine Injection	Yes1 No2	<input type="checkbox"/>	Yes.....1 No2 No expiry date ...3 Drug is not present ...4	<input type="checkbox"/>
707	Primaquine	Yes1 No2	<input type="checkbox"/>	Yes.....1 No2 No expiry date ...3 Drug is not present ...4	<input type="checkbox"/>
708	Amodiaquine	Yes1 No2	<input type="checkbox"/>	Yes.....1 No2 No expiry date ...3 Drug is not present ...4	<input type="checkbox"/>
709	Artemisinin combination	Yes1 No2	<input type="checkbox"/>	Yes.....1 No2 No expiry date ...3 Drug is not present ...4	<input type="checkbox"/>
710	Fansidar	Yes1 No2	<input type="checkbox"/>	Yes.....1 No2 No expiry date ...3 Drug is not present ...4	<input type="checkbox"/>
711	Sulfadoxine tab.	Yes1 No2	<input type="checkbox"/>	Yes.....1 No2 No expiry date ...3 Drug is not present ...4	<input type="checkbox"/>
712	Pyrimethamine tab.	Yes1 No2	<input type="checkbox"/>	Yes.....1 No2 No expiry date ...3 Drug is not present ...4	<input type="checkbox"/>

SL #	Drug	Question	Response	Question	Response
		Drugs continuously available last 30 days without any stock-outs?	A	Are expired drug present?	B
713	Rifampicin	Yes1 No2	<input type="checkbox"/>	Yes.....1 No2 No expiry date ...3 Drug is not present ...4	<input type="checkbox"/>
714	Isoniazid	Yes1 No2	<input type="checkbox"/>	Yes.....1 No2 No expiry date ...3 Drug is not present ...4	<input type="checkbox"/>
715	Ethambutol	Yes1 No2	<input type="checkbox"/>	Yes.....1 No2 No expiry date ...3 Drug is not present ...4	<input type="checkbox"/>
716	Pyrazinamide	Yes1 No2	<input type="checkbox"/>	Yes.....1 No2 No expiry date ...3 Drug is not present ...4	<input type="checkbox"/>
717	Streptomycin	Yes1 No2	<input type="checkbox"/>	Yes.....1 No2 No expiry date ...3 Drug is not present ...4	<input type="checkbox"/>
718	TB blister packs	Yes1 No2	<input type="checkbox"/>	Yes.....1 No2 No expiry date ...3 Drug is not present ...4	<input type="checkbox"/>
719	Oxytocin	Yes1 No2	<input type="checkbox"/>	Yes.....1 No2 No expiry date ...3 Drug is not present ...4	<input type="checkbox"/>
720	Ergometrine	Yes1 No2	<input type="checkbox"/>	Yes.....1 No2 No expiry date ...3 Drug is not present ...4	<input type="checkbox"/>
721	Lignocaine	Yes1 No2	<input type="checkbox"/>	Yes.....1 No2 No expiry date ...3 Drug is not present ...4	<input type="checkbox"/>
722	Depo-provera	Yes1 No2	<input type="checkbox"/>	Yes.....1 No2 No expiry date ...3 Drug is not present ...4	<input type="checkbox"/>
723	Ferrous sulphate	Yes1 No2	<input type="checkbox"/>	Yes.....1 No2 No expiry date ...3 Drug is not present ...4	<input type="checkbox"/>
724	Liniment	Yes1 No2	<input type="checkbox"/>	Yes.....1 No2 No expiry date ...3 Drug is not present ...4	<input type="checkbox"/>

SL #	Drug	Question	Response	Question	Response
		Drugs continuously available last 30 days without any stock-outs?	A	Are expired drug present?	B
725	Flagyl/ Metronidazole	Yes1 No2	<input type="checkbox"/>	Yes.....1 No2 No expiry date ...3 Drug is not present ...4	<input type="checkbox"/>
726	Amoxicillin capsule or tablets	Yes1 No2	<input type="checkbox"/>	Yes.....1 No2 No expiry date ...3 Drug is not present ...4	<input type="checkbox"/>
727	Co-trimoxazole oral susp or tablet	Yes1 No2	<input type="checkbox"/>	Yes.....1 No2 No expiry date ...3 Drug is not present ...4	<input type="checkbox"/>
728	Diazepam capsule or tablet	Yes1 No2	<input type="checkbox"/>	Yes.....1 No2 No expiry date ...3 Drug is not present ...4	<input type="checkbox"/>
729	Amitriptyline 25 mg, capsule or tablet (depression medicine)	Yes1 No2	<input type="checkbox"/>	Yes.....1 No2 No expiry date ...3 Drug is not present ...4	<input type="checkbox"/>
730	Paraldehyde	Yes1 No2	<input type="checkbox"/>	Yes.....1 No2 No expiry date ...3 Drug is not present ...4	<input type="checkbox"/>
731	Albendazole tab	Yes1 No2	<input type="checkbox"/>	Yes.....1 No2 No expiry date ...3 Drug is not present ...4	<input type="checkbox"/>
732	Tinidazole tab	Yes1 No2	<input type="checkbox"/>	Yes.....1 No2 No expiry date ...3 Drug is not present ...4	<input type="checkbox"/>
733	Ciprofloxacin capsule or tablet (usually 500 mg)	Yes1 No2	<input type="checkbox"/>	Yes.....1 No2 No expiry date ...3 Drug is not present ...4	<input type="checkbox"/>
734	Crystalline penicillin injection	Yes1 No2	<input type="checkbox"/>	Yes.....1 No2 No expiry date ...3 Drug is not present ...4	<input type="checkbox"/>
735	Ceftriaxone 1g/vial injection	Yes1 No2	<input type="checkbox"/>	Yes.....1 No2 No expiry date ...3 Drug is not present ...4	<input type="checkbox"/>
736	Chloramphenicol injection	Yes1 No2	<input type="checkbox"/>	Yes.....1 No2 No expiry date ...3 Drug is not present ...4	<input type="checkbox"/>

SL #	Drug	Question	Response	Question	Response
		Drugs continuously available last 30 days without any stock-outs?	A	Are expired drug present?	B
737	Mala wan (1)	Yes1 No2	<input type="checkbox"/>	Yes.....1 No2 No expiry date ...3 Drug is not present ...4	<input type="checkbox"/>
738	Captopril, 25 mg, capsule or tab	Yes1 No2	<input type="checkbox"/>	Yes.....1 No2 No expiry date ...3 Drug is not present ...4	<input type="checkbox"/>
739	Atenolol 50 mg, capsule or tablet (Cardiovascular disease drug)	Yes1 No2	<input type="checkbox"/>	Yes.....1 No2 No expiry date ...3 Drug is not present ...4	<input type="checkbox"/>
740	Simvastatin 20 mg, capsule or tablet	Yes1 No2	<input type="checkbox"/>	Yes.....1 No2 No expiry date ...3 Drug is not present ...4	<input type="checkbox"/>
741	Glibenclamide 5mg, capsule or tablet (for diabetes)	Yes1 No2	<input type="checkbox"/>	Yes.....1 No2 No expiry date ...3 Drug is not present ...4	<input type="checkbox"/>
742	Salbutamol tab 4 mg	Yes1 No2	<input type="checkbox"/>	Yes.....1 No2 No expiry date ...3 Drug is not present ...4	<input type="checkbox"/>
743	CMP(Chlorpheniramine maleate) tablet	Yes1 No2	<input type="checkbox"/>	Yes.....1 No2 No expiry date ...3 Drug is not present ...4	<input type="checkbox"/>
744	Omeprazole (capsule or tablet)	Yes1 No2	<input type="checkbox"/>	Yes.....1 No2 No expiry date ...3 Drug is not present ...4	<input type="checkbox"/>
745	ART for HIV/AIDS	Yes1 No2	<input type="checkbox"/>	Yes.....1 No2 No expiry date ...3 Drug is not present ...4	<input type="checkbox"/>

Table 7.2: Availability and Stock-out information of other supplies

SL #		Available for use today (Yes=1, No=2)	Continuously available in the last 30 days without any stock-outs? (Yes=1, No=2)
Family Planning items			
749	Family planning: Oral pills		
750	Family planning Injections		
751	Condoms		
Vaccines and related items			
752	BCG		
753	HEP B		
754	Vitamin A		
755	Sabin		
756	DTP/Hib		
757	Measles		
758	Tetanus Toxoid		
759	Iron tablet or folic acid		
Availability of Kits for Malaria, TB and HIV/AIDS			
760	HIV/AIDS Test Kit		
761	RDT Test kit for Malaria		
762	TB Category 1 kit		
762	TB Category 2 kit		
Other items			
763	ORS for diarrhea		
764	HS Darrows		
765	Oxygen		
766	Baby/scale book		
767	Mother's health book		
768	Quarterly TB report book		
769	Monthly report forms		
770	Health center record books		
771	Daily summary book		

Section 7.3: EPI and Cold Chain

No	Questions and Filters	Coding categories	Response	Skip
772	Does this facility provide EPI services?	Yes 1 No 2	<input type="checkbox"/>	If 2 →801
773	Does this facility provide opportunistic immunizations (i.e., immunization provided when an unimmunized child shows up)?	Yes 1 No 2	<input type="checkbox"/>	
774	Are child immunizations regularly given to children at this facility or in outreach EPI activities?	Yes, at facility only 1 Yes, at outreach only 2 Yes, both facilities & outreach 3	<input type="checkbox"/>	If 1 →777
775	How many EPI outreach activities were conducted in the past 3 months?	Number EPI outreach activities	_ _ _	
776	How many children were vaccinated during past three months and what proportion of total children was vaccinated through outreach activities?	A. Total immunized B. % immunize through outreach	_ _ _ _ _ _	
777	How is the main vaccine refrigerator powered?	None 1 Fuel 2 Electric 3 Solar 4 Gas 5 Other 6 <i>Specify</i>	<input type="checkbox"/>	If 1 →782
778	Is the main vaccine refrigerator working?	Yes 1 No 2	<input type="checkbox"/>	
779	Is the main vaccine thermometer present and working?	Yes 1 No 2	<input type="checkbox"/>	
780	Is a temperature log kept	At least twice a day for past 30 days 1 Less than twice a day readings 2 No vaccine log kept 3	<input type="checkbox"/>	If 1 →782
781	# of days in the past month in which refrigerator temp over 8°C or under 0°C	Number of days Don't know 98	_ _	
782	Are most of the cold boxes/vaccine carriers functional /working?	Almost all working 1 Most not working 2 Do not have 3	<input type="checkbox"/>	
783	Are ice packs present and in good condition?	Present, good condition 1 Present, not good condition 2 Not present 3	<input type="checkbox"/>	
784	Are adequate immunization cards present for at least 30 days? (Based on estimation by in-charge)	Yes 1 No 2	<input type="checkbox"/>	

Section 8.1 Health Outreach Patrols

SL No	Questions and Filters	Coding categories	Response	Skip
801	Does this facility conduct outreach patrols in the community?	Yes 1 No 2	<input type="checkbox"/>	If 2 → 822
802	How many health outreach patrols to villages were planned in 2014?	Number of days Don't know 998	_ _ _ _	
803	How many health outreach patrols to villages were conducted in 2014?	Number of days Don't know 998	_ _ _ _	
804	How many for each of the following types conducted in 2014?	A. Maternal and child health (MCH) B. Immunization C. Joint outreach clinics	_ _ _ _ _ _ _ _ _ _ _ _	
805	If the number conducted is less than the number planned, what are the reasons?	Lack of funds 1 Lack of fuel 2 Lack of staff 3 Unwillingness of staff to travel 4	<input type="checkbox"/>	
806	How many villages/patrol sites are reached on a typical patrol?	Number Don't know 98	_ _ _	
807	What is the typical average time taken to conduct one patrol? i.e., how long are health workers normally away from the facility at a time.	Half day 1 One day 2 Two days 3 Three days 4 More than three days 5	<input type="checkbox"/>	
808	Do health workers receive an allowance to go out on patrol?	Yes No 2	<input type="checkbox"/>	
809	If yes, how much per typical patrol?	PNG Kina Don't know 998	_ _ _ _	
810	Are porters / volunteers / casual health staff used to help this facility carry out patrols?	Yes 1 No 2	<input type="checkbox"/>	
811	Is the health information gathered from conducting a patrol incorporated into monthly reporting for this health facility?	Yes No 2	<input type="checkbox"/>	
812	What proportion of total catchment population is served either through the facility or the outreach patrols in a quarter?	Almost all served 1 Majority served 2 More than quarter served 3 Less than quarter served 4 None served 5	<input type="checkbox"/>	
813	What proportion of total catchment population do you think live in "remote areas" (at least a day's walk from an operational road)?	% of population	_ _ _ _	
814	What proportion of the "remote areas" population covered?	% of population	_ _ _ _	
815	Do you receive support and involvement from 'higher levels' (i.e. hospitals, district health office) such as doctors, specialists accompanying you on patrols?	Yes No 2	<input type="checkbox"/>	

SL No	Questions and Filters	Coding categories	Response	Skip
816	If yes, please specify the designation of that personnel RECORD 1 IF THE PERSONNEL ACCOMPANIED AND 2 IF NOT ACCOMPANIED	A. Doctor B. Specialist C. Administrators/ Managers D. Other health personnel E. Security personnel F. Other _____ Specify		
817	In your opinion, has the system of conducting regular outreach patrols to rural and remote communities in the past five years gotten better, worse or stagnated?	Better.....1 Stagnated.....2 Worse.....3	<input type="checkbox"/>	
818	The reasons for this change over the last five years RECORD 1 IF THE REASON IS MENTIONED AND 2 IF NOT MENTIONED	A. Availability of funds B. Availability of transportation C. Availability of staff D. Weather E. Unrest F. Other _____ Specify		
819	If a health patrol finds very sick patients in remote areas, what action is normally taken?	Ask community for help1 Call health centre.....2 Report back to health facility.3 Other, specify.4	<input type="checkbox"/>	
820	Do you have the means to respond immediately to the health emergency?	Yes1 No2	<input type="checkbox"/>	If 2 → 822
821	How do you respond to health emergencies RECORD 1 IF THE WAY IS MENTIONED AND 2 IF NOT MENTIONED	A. Call ambulance or vehicle to transport patient B. Call specialist from the local hospital C. Inform emergency situation to NDOH D. Other _____ Specify		

Section 8.2: Administration and management

SL No	Questions and Filters	Coding categories	Response	Skip
822	How many health care providers arrived at the facility on time today (+/- 10 minutes)	Number of days Don't know..... 9998	<input type="text"/>	
823	How many HEOs, nurses, midwives, and CHWs arrived on time at the facility today?	Number of days Don't know..... 9998	<input type="text"/>	
824	How many doctors are present now? RECORD "98" FOR THE NUMBER IF NOT KNOWN	A. Time now: Hour and Minute C. Number present:	<input type="text"/> <input type="text"/>	
825	Are there enough official registers, stationery and other supplies?	Yes 1 No 2	<input type="checkbox"/>	
826	Are there enough forms for the admission and discharge?	Yes 1 No 2 Not applicable 2	<input type="checkbox"/>	
827	How many meetings of the facility staff were held in past three months?	Number Don't know..... 98	<input type="text"/>	
828	Is there a Hospital/facility community advisory committee/Village Health Committees in this area?	Yes..... 1 No 2	<input type="checkbox"/>	If 2 → 831
829	How many meetings of the Hospital/facility community advisory committee were held in past three months?	Number held in past year Don't know 998	<input type="text"/>	
830	Does the facility have written records of activities carried out by the Hospital/facility community advisory committee?	Yes 1 No 2	<input type="checkbox"/>	
831	Is there an asset registry (equipment and furniture inventory)? <i>Ask to see the inventory; if health staff report having list but do not show it to you, circle 4.</i>	Yes..... 1 Present, not complete 2 Not present 3 Staff report having inventory but do not show it to surveyor 4	<input type="checkbox"/>	
832	When was the last time inventory updated?	Within last one month..... 1 With last three months..... 2 Within last six months..... 3 More than six months ago..... 4	<input type="checkbox"/>	
833	Did the health facility have to close for any reason this year?	Yes 1 No 2	<input type="checkbox"/>	If 2 → 835
834	If yes, how long and the reason for disruption in operations.	A. Days remaining closed last year: B. Reason (please specify): _____	<input type="text"/> <input type="text"/>	

Section 8.3: Supervision

SL No	Questions and Filters	Coding categories	Response	Skip
835	Is there at least one officially assigned external supervisor for this health facility?	Yes.....1 No.....2	<input type="checkbox"/>	If 2 →838
836	What are the designations of the supervisors who visited the health facility in the last one year and how many times did they visit? RECORD THE NUMBER OF VISITS FOR EACH KIND OF SUPERVISOR IN RESPONSE COLUMN AND RECORD 00 IF NO SUPERVISION DONE BY THAT TYPE OF PERSONNEL	A. Doctor B. PHO C. DHA D. PDCO E. Maternal and Child Health F. Church Health Secretary G. Other _____ Specify		
837	What were the purpose/ reasons for latest supervisor's visit? RECORD 1 IF THE REASON MENTIONED AND 2 IF NOT MENTIONED	A. Overall activities in the facility B. Drug Storage and Distribution C. Auditing the finance D. Maternal/Child health Services E. Immunization program F. Other _____ Specify		
838	Does a doctor work at this health facility?	Yes.....1 No2	<input type="checkbox"/>	If 1 →840
839	If no, how many times has a doctor visited this health facility in 2014?	Number Don't know.....998	_ _ _	
840	Does a Health Extension Officer work at this health facility?	Yes.....1 No2	<input type="checkbox"/>	If 1 →842
841	If no, how many times did a Health Extension Officer (HEO) visit this health facility in 2014?	Number Don't know.....998	_ _ _	
842	Does this health facility supervise aid posts / sub-health centers?	Yes1 No.....2	<input type="checkbox"/>	If 2 →844
843	If yes, how many?	Number Don't know.....998	_ _ _	
844	How many supervisory visits were made to these clinics in 2014?	Number Don't know.....998	_ _ _	
845	How are the costs for supervisory visits paid for at the health facility?	Request province.....1 Request district.....2 Own budget.....3 Referral health facility4	<input type="checkbox"/>	
846	Are any other tasks carried out in conjunction with conducting supervisory visits? RECORD 1 IF THE TASK MENTIONED AND 2 IF NOT MENTIONED	A. Consultation to patients B. MCH services C. Care in Well baby Clinic D. Immunization services E. Other _____ Specify		
847	Were recommendations written in a supervision book from last supervision?	Book present, recommendations written.....1 Book present, No recommendations.....2 No book.....3	<input type="checkbox"/>	

Section 8.4: Autonomy [Respondent: Health Facility Manager only]

SL No	Questions and Filters	Coding categories	Response	Skip
848	What authority do you have to make decision on expenditure of funds provided to your facility? RECORD 1 IF THE DECISION MENTIONED AND 2 IF NOT MENTIONED	A. Total amount to be spent B. Reallocation of money within same category C. Reallocation between exp categories D. Months in which expenditures can be made E. Can sign cheques to pay suppliers and other vendors		
849	Do you need preapprovals for exercising the authorities you have related to fund allocation?	Yes 1 No 2	<input type="checkbox"/>	
850	What authority do you have in decisions related to facility personnel? RECORD 1 IF THE DECISION MENTIONED AND 2 IF NOT MENTIONED	A. Disciplinary action/reporting for poor performance B. Identify needs for additional / new staff C. Hiring of new staff D. Determine level of payment for staff E. Allocating tasks/duties to existing staff F. Commending staff for good performance G. Promoting staff to higher position H. Dismissal of staff I. Other _____ Specify		
851	Do you need preapprovals for exercising the authorities you have related to fund allocation?	Yes 1 No 2	<input type="checkbox"/>	
852	What authority do you have in decisions on the type/organizations of service provision? RECORD 1 IF THE DECISION MENTIONED AND 2 IF NOT MENTIONED	A. Planning the schedule of services B. Changing the content of services delivered C. Quality of services D. Operating procedures E. Procedures for accessing services F. Charges for services G. Addition of new services H. Other _____ Specify		
853	For each area of authority: are you satisfied with the level of authority you have?	Yes 1 No 2	<input type="checkbox"/>	
854	If not what type of authority you think you need for improving performance of the health facility? RECORD 1 IF THE AUTHORITY MENTIONED AND 2 IF NOT MENTIONED	A. Authority to generate revenue for facility B. Authority to allocate budget C. Authority to hire and fire staff D. Authority to give reward/punishment E. Authority to plan F. Authority of quality assurance G. Other _____ Specify		

Section 8.5: Barriers to managing facility

856	What are the three main constraints you face in managing this facility effectively?	1.	
		2.	
		3.	
		No problem	9
857	Please identify three ways in which the government or your organization could help you do your job better.	1.	
		2.	
		3.	
		No problem	9
858	Suggest three ways of better involving the community with the health facility activities.	1.	
		2.	
		3.	
		No problem	9

Section 8.6: Facility health information systems

Review records for the last completed month.		Record the appropriate number in the "Response" column					Response
		1. Do not provide the service, no register	2. Register Present, fully completed	3. Register Present, not fully completed	4. Report having but did not show it to surveyor	5. Not present	
859	ANC register	1	2	3	4	5	
860	Delivery/maternity register	1	2	3	4	5	
861	OT register	1	2	3	4	5	
862	Blood bank register	1	2	3	4	5	
863	HIV Register	1	2	3	4	5	
864	TB Register	1	2	3	4	5	
865	Hospital activity report	1	2	3	4	5	
866	EPI report	1	2	3	4	5	
867	Family Planning report	1	2	3	4	5	
868	Leprosy report	1	2	3	4	5	
869	Lab register	1	2	3	4	5	
870	Morbidity/ Mortality report	1	2	3	4	5	
871	Malaria, Kala-azar report	1	2	3	4	5	
872	Notifiable Disease report	1	2	3	4	5	
873	IMCI report	1	2	3	4	5	
874	Equipment status report	1	2	3	4	5	
875	Other _____	1	2	3	4	5	
876	Other _____	1	2	3	4	5	
877	Other _____	1	2	3	4	5	
878	Other _____	1	2	3	4	5	
879	Other _____	1	2	3	4	5	

Section 9: Number of cases by disease or medical conditions for the latest month (based on the latest Health Center Monthly Summary Report available)

SL #	Question or items	Response instructions	Record Response	Skip				
901	Does the facility have monthly reports available for review (either from facility or elsewhere)?	Yes.....1 No.....2	<input type="checkbox"/>	If 2 → 904				
902	The month and year of latest monthly report available in the facility or obtained from upper administrative level	Month (MM) and Year (YY)	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					
903	Is the latest monthly report complete?	All fields are recorded/completed.....1 Most of the fields completed.....2 Most of the fields not completed.....3 Only very few items are recorded.....4	<input type="checkbox"/>					

Table 9.1: Outpatients (from monthly report)

SL No	Diseases	Male (Number of cases)	Female (Number of cases)
		A	B
904	Measles (suspected)	<input type="checkbox"/>	<input type="checkbox"/>
905	Pertussis	<input type="checkbox"/>	<input type="checkbox"/>
906	Simple cough	<input type="checkbox"/>	<input type="checkbox"/>
907	Pneumonia (<1 year)	<input type="checkbox"/>	<input type="checkbox"/>
908	Pneumonia (1-4 yrs)	<input type="checkbox"/>	<input type="checkbox"/>
909	Pneumonia (5 yrs+)	<input type="checkbox"/>	<input type="checkbox"/>
910	Chronic Obstructive Pulmonary Diseases	<input type="checkbox"/>	<input type="checkbox"/>
911	Asthma	<input type="checkbox"/>	<input type="checkbox"/>
912	Other upper respiratory tract infections	<input type="checkbox"/>	<input type="checkbox"/>
913	Diarrhea (<1 year)	<input type="checkbox"/>	<input type="checkbox"/>
914	Diarrhea (1-4 yrs)	<input type="checkbox"/>	<input type="checkbox"/>
915	Diarrhea (5 yrs+)	<input type="checkbox"/>	<input type="checkbox"/>
916	Malaria (<1 year)	<input type="checkbox"/>	<input type="checkbox"/>
917	Malaria (1-4 yrs)	<input type="checkbox"/>	<input type="checkbox"/>
918	Malaria (5 yrs+)	<input type="checkbox"/>	<input type="checkbox"/>
919	Malaria (Pregnant women)		<input type="checkbox"/>
920	Pyrexia (Fever) of unknown cause (PUO)	<input type="checkbox"/>	<input type="checkbox"/>
921	Anaemia	<input type="checkbox"/>	<input type="checkbox"/>
922	Malnutrition (<1 yr)	<input type="checkbox"/>	<input type="checkbox"/>
923	Malnutrition (1-4 yrs)	<input type="checkbox"/>	<input type="checkbox"/>
924	Accident /injuries	<input type="checkbox"/>	<input type="checkbox"/>
925	Genital ulcers	<input type="checkbox"/>	<input type="checkbox"/>
926	Urethral discharge	<input type="checkbox"/>	
927	Vaginal discharge		<input type="checkbox"/>
928	Pelvic Inflammatory Disease		<input type="checkbox"/>
929	Genital warts	<input type="checkbox"/>	<input type="checkbox"/>
930	Latent syphilis (blood test)	<input type="checkbox"/>	<input type="checkbox"/>
931	Other STI	<input type="checkbox"/>	<input type="checkbox"/>

SL No	Diseases or medical conditions	Male (Number of cases)	Female (Number of cases)
		A	B
932	Pulmonary TB suspect	_ _ _ _ _ _ _	_ _ _ _ _ _ _
933	Pulmonary TB confirmed by sputum test	_ _ _ _ _ _ _	_ _ _ _ _ _ _
934	Leprosy	_ _ _ _ _ _ _	_ _ _ _ _ _ _
935	Yaws	_ _ _ _ _ _ _	_ _ _ _ _ _ _
936	Other skin diseases	_ _ _ _ _ _ _	_ _ _ _ _ _ _
937	Ear infections (including both middle and outer ear infections)	_ _ _ _ _ _ _	_ _ _ _ _ _ _
938	Eye infections	_ _ _ _ _ _ _	_ _ _ _ _ _ _
939	All other new cases	_ _ _ _ _ _ _	_ _ _ _ _ _ _

Table 9.2: Inpatients (Number of discharges from monthly report)

SL No	Diseases or medical conditions	Male (discharges)	Female (discharges)
		A	B
940	Diphtheria	_ _ _ _ _ _ _	_ _ _ _ _ _ _
941	Neonatal Tetanus	_ _ _ _ _ _ _	_ _ _ _ _ _ _
942	Acute Flaccid Paralysis	_ _ _ _ _ _ _	_ _ _ _ _ _ _
943	Measles (suspected)	_ _ _ _ _ _ _	_ _ _ _ _ _ _
944	Pertussis	_ _ _ _ _ _ _	_ _ _ _ _ _ _
945	Neonatal sepsis	_ _ _ _ _ _ _	_ _ _ _ _ _ _
946	Pneumonia (<1 year)	_ _ _ _ _ _ _	_ _ _ _ _ _ _
947	Pneumonia (1-4 yrs)	_ _ _ _ _ _ _	_ _ _ _ _ _ _
948	Pneumonia (5 yrs+)	_ _ _ _ _ _ _	_ _ _ _ _ _ _
949	Chronic Obstructive Pulmonary Diseases	_ _ _ _ _ _ _	_ _ _ _ _ _ _
950	Asthma	_ _ _ _ _ _ _	_ _ _ _ _ _ _
951	Other respiratory	_ _ _ _ _ _ _	_ _ _ _ _ _ _
952	Diarrhea (<1 year)	_ _ _ _ _ _ _	_ _ _ _ _ _ _
953	Diarrhea (1-4 yrs)	_ _ _ _ _ _ _	_ _ _ _ _ _ _
954	Diarrhea (5 yrs+)	_ _ _ _ _ _ _	_ _ _ _ _ _ _
955	Malaria (Clinical diagnosis) (0-4 years)	_ _ _ _ _ _ _	_ _ _ _ _ _ _
956	Malaria (Clinical diagnosis) (5-14 years)	_ _ _ _ _ _ _	_ _ _ _ _ _ _
957	Malaria (Clinical diagnosis) (15 yrs+)	_ _ _ _ _ _ _	_ _ _ _ _ _ _
958	Malaria (Clinical diagnosis) (Pregnant)	██████████	_ _ _ _ _ _ _
959	Malaria (Slide or RDT diagnosis) (0-4 years)	_ _ _ _ _ _ _	_ _ _ _ _ _ _
960	Malaria (Slide or RDT diagnosis) (5-14 years)	_ _ _ _ _ _ _	_ _ _ _ _ _ _
961	Malaria (Slide or RDT diagnosis) (15 yrs +)	_ _ _ _ _ _ _	_ _ _ _ _ _ _
962	Malaria (Slide or RDT diagnosis) (Pregnant)	██████████	_ _ _ _ _ _ _
963	Anemia	_ _ _ _ _ _ _	_ _ _ _ _ _ _
964	Malnutrition (<1 yr)	_ _ _ _ _ _ _	_ _ _ _ _ _ _
965	Malnutrition (1-4 yrs)	_ _ _ _ _ _ _	_ _ _ _ _ _ _
966	All accidents/injuries	_ _ _ _ _ _ _	_ _ _ _ _ _ _

SL No	Diseases or medical conditions	Male (discharges)	Female (discharges)
		A	B
967	Typhoid		
968	TB		
969	Leprosy		
970	Meningitis (<1 year)		
971	Meningitis (1-4 years)		
972	Meningitis (5 years+)		
973	Snakebite		
974	Skin diseases		
975	HIV/AIDS (<5 years)		
976	HIV/AIDS (5-14 years)		
977	HIV/AIDS (15-24 years)		
978	HIV/AIDS (25 years+)		
979	TB-HIV Patients		
980	Ischemic heart diseases		
981	Cancer		
982	Hypertension		
983	Diabetes		
984	Other discharges not included above		

Table 9.3: Family Planning Services Provided

SL No	FP Methods and services	New attendance in facility	Re-attendance in facility	New attendance in Aidpost	Re-attendance in Aidpost
		A	B	C	D
985	Breast feeding				
986	Com. Pill (OCP)				
987	Injection				
988	Ovulation				
989	Condom				
990	Loops/IUD				
991	T/ligation				
992	Vasectomy				
993	Referred out to other facilities				

Table 9.4: Maternal, Neonatal and Child Health Services

SL No	Antenatal care	Number
994	First visit	
995	Fourth visit	
996	Other	
997	First dose TT	
998	Second dose TT	
999	Booster	

	Deliveries	Number
1000	Uncomplicated deliveries in health facility	_____
1001	Deliveries with complications in health facility	_____
1002	Transferred to hospital for pregnancy and delivery complications	_____
1003	Birth weight <2500 grams	_____
1004	Still births	_____
1005	Born before arrival	_____
1006	Village births attended (total)	_____

Table 9.5 Well Baby Clinic

SL Number	Type of service	New attend	Re-attend
		A	B
1007	Clinic Attendances (<1 year)	_____	_____
1008	Clinic Attendances (1-4 years)	_____	_____

Table 9.6: Immunizations administered

Serial No	Vaccine type administered	Administered in clinic or in outreach	Administered by Aidposts
		A	B
1009	BCG (Within 24 hours of birth)	_____	_____
1010	BCG (<1 week but not within 24 hours of birth)	_____	_____
1011	BCG (> 1 week)	_____	_____
1012	Hepatitis B (Within 24 hours of birth)	_____	_____
1013	Hepatitis B (> 24 hours)	_____	_____
1014	DTP/Hib (Hep B) (First dose < 1 year)	_____	_____
1015	DTP/Hib (Hep B) (Second dose < 1 year)	_____	_____
1016	DTP/Hib (Hep B) (Third dose < 1 year)	_____	_____
1017	DTP/Hib (Hep B) (> 1 year)	_____	_____
1018	Sabin Polio Vaccine (First dose < 1 year)	_____	_____
1019	Sabin Polio Vaccine (Second dose < 1 year)	_____	_____
1020	Sabin Polio Vaccine (Third dose < 1 year)	_____	_____
1021	Sabin Polio Vaccine (> 1 year)	_____	_____
1022	Measles (6-8 months)	_____	_____
1023	Measles (9-11 months)	_____	_____
1024	Measles (>1 year)	_____	_____
1025	Vitamin A (6 months)	_____	_____
1026	Vitamin A (12 months)	_____	_____
1027	Vitamin A (>1 year)	_____	_____

Survey completed at: Hour _____ Minutes _____

Phone number for future contact _____