

## ANNEX C: INSTRUMENTS FOR HEALTH PROVIDER SURVEY

## Dagu Baseline Facility Questionnaire: Health Post

## MODULE 1: BACKGROUND INFORMATION OF THE HEALTH POST

100	Date (Gregorian Calendar)	_ _ _  /  _ _ _  /  _ _ _  dd / mm / yy	
101	Region Code	_ _ _ _ _ _ _	
102	Zone Code	_ _ _ _ _ _ _	
103	Woreda Name	_ _ _ _ _ _ _ _ _ _ _ _ _	
104	Woreda code	_ _ _ _ _ _ _	
105	PHCU/Health Centre name	_ _ _ _ _ _ _ _ _ _ _ _ _	
106	Kebele name	_ _ _ _ _ _ _ _ _ _ _ _ _	
107	Gote name	_ _ _ _ _ _ _ _ _ _ _ _ _	
108	Cluster code	_ _ _	
109	GPS Latitude Take coordinates of health post	_ _ _  :  _ _ _ _ _ _ _ _	
110	GPS Longitude Take coordinates of health post	_ _ _  :  _ _ _ _ _ _ _ _	
111	Interviewer Initials	_ _ _	
112	Did you read the HEW the consent form?	1 = Yes 2 = No	_ _
113	Did the HEW agree to be interviewed?	1 = Yes – GO TO MODULE 2 2 = No	_ _
114	If not, why not?	_ _ _ _ _ _ _ _ _ _ _ _ _	

## MODULE 2: FACILITY, EQUIPMENT, MEDICINE AND JOB AIDS

INTERVIEWER: *I would now like to ask you questions about the facility, equipment, medicine and job aids at this health post.*

WALK AROUND THE FACILITY WITH THE HEW AND PERSONALLY CHECK THE AVAILABILITY OF EQUIPMENT, AND MEDICINE IN STOCK.

*Does the facility have the following essential support services?*

115	What is the main source of drinking water?	1 = Piped connection into health post 2 = Piped connection into yard 3 = Public standpipes 4 = Boreholes 5 = Protected dug wells 6 = Protected springs 7 = Rainwater collection 8 = Surface water 9 = Open dug wells 10 = Unprotected springs 11 = Vendor provided water 12 = Bottled water 13 = Tanker	_ _
116	Water supply available on day of survey	1 = Yes 2 = No	_ _
117	Electricity connection or other power	1 = Yes	_ _

	<b>sources (example, gas/solar generator)</b>	<b>2 = No-SKIP 119</b>	
118	<b>Electricity supply on day of survey?</b>	1 = Yes 2 = No	__
119	<b>Functional sterilizer that works on the day of the survey?</b>	1 = Yes 2 = No	__
120	<b>Functional fridge that works on the day of the survey?</b>	1 = Yes 2 = No	__
121	<b>Toilets accessible to facility users?</b>	1 = Yes 2 = No	__
122	<b>Generally is there a cell phone signal at this health post?</b>	1 = Yes 2 = No	__
123	<b>Is it all functional today?</b> <i>INTERVIEWER -check your phone if there is signal on day of survey</i>	1 = Yes 2 = No	__
	<b>Which means of communication do you have to speak to the health facility?</b>	For each:1 = Yes 2 = No	
	<b>Check all that apply</b>	124 Facility landline/mobile phone	__
		125 Staff member mobile phone	__
		126 Phone outside the facility	__
		127 In person communication	__
128	<b>During the last sick newborn referral from the health post to health center, did you speak to the health facility directly?</b>	1 = Yes 2 = No – GO TO 130 3 =Don't know - GO TO 130	__
129	<b>IF YES, Which means of communication did you use?</b>	1 = Facility landline/mobile phone 2 = Staff member mobile phone; 3 = Phone outside the facility 4 = Radio 5 = In person communication;	__
130	<b>When referring from this health post to the health center for further care, do you use referral forms?</b>	1 = Yes (NOTE: check to see if an official referral form) 2 = No	__
131	<b>Do you receive any back referral forms on cases you have referred?</b>	1 = Yes 2 = No	__

<b>Walk around the facility with the respondent and personally check the availability of medicine</b>					
	<b>Does the facility have the following medicines today?</b>			<b>If not available or expired, what was the duration of stock out /expiry for?</b>	
	<i>For each: 1 = Yes 2 = Not available 3= Expired 4 = Never available</i>			<i>Check for the last three months and what was the longest number of consecutive days without that item (in days)</i>	
132	Vitamin k 1 mg	__	133	Vitamin k 1 mg	__ __ __
132A	Vitamin k 10 mg	__	132B	Vitamin k 10 mg	__ __ __
134	Vitamin A 200,000 IU	__	135	Vitamin A 200,000 IU	__ __ __
136	Vitamin A 100,000 IU	__	137	Vitamin A 100,000 IU	__ __ __
138	TTC eye ointment	__	139	TTC eye ointment	__ __ __
140	Chlorohexidine	__	141	Chlorohexidine	__ __ __

142	Gentamycin 20 mg/2ml, box of 50 amp	__	143	Gentamycin 20 mg/2ml, box of 50 amp	__ __
144	Gentamycin 80mg/2ml		145	Gentamycin 80mg/2ml	__ __
146	Amoxicillin suspension (125 mg/5 ml)	__	147	Amoxicillin suspension (125 mg/5 ml)	__ __
148	Amoxicillin tab 250 (dispersible)	__	149	Amoxicillin tab 250 (dispersible)	__ __
150	Amoxicillin tab 125 mg (dispersible)	__	151	Amoxicillin tab 125 mg (dispersible)	__ __
152	Ampicillin powder for inj, 500 mg	__	153	Ampicillin powder for inj, 500 mg	__ __
154	Paracetamol	__	155	Paracetamol	__ __
156	Iron	__	157	Iron	__ __
158	Folate	__	159	Folate	__ __
160	BCG	__	161	BCG	__ __
162	Polio vaccine	__	163	Polio vaccine	__ __
164	ORS	__	165	ORS	__ __
166	Zinc	__	167	Zinc	__ __
168	Zinc-ORS combined	__	169	Zinc-ORS combined	__ __
170	Malaria RDT	__	171	Malaria RDT	__ __
172	Coartem (Artemether/lumefantrine)	__	173	Coartem (Artemether/lumefantrine)	__ __
174	Chloroquine syrup	__	175	Chloroquine syrup	__ __
176	Artesunate suppository	__	177	Artesunate suppository	__ __
178	HIV diagnostic tests	__	179	HIV diagnostic tests	__ __
180	Cotrimoazole	__	181	Cotrimoazole	__ __
182	Plumpy nut	__	183	Plumpy nut	__ __
184	BP100	__	185	BP100	__ __

	Does the facility have the following functional equipment today?	For each 1=yes, 2=no	
	186	Ambu bag / face mask (full size 0 and 1)	__
	187	Any Thermometer	__
	188	Infant scale	__
	189	Weighing sling	__
	190	Blood pressure cuff	__
	191	Stethoscope	__
	192	Watch or clock	__
	193	Tape measure	__
	194	Examination couch	__
	195	Drape	__
	196	Washable mackintosh	__
	197	Dustbin	__

		198	Cups/drinking water	__
		199	Sharps container	__
		200	Chlorine bleach	__
		201	Bucket for decontamination solution	__
		202	Contaminated waste container	__
		203	Soap and towel or handrub	__
		204	Alcohol-based hand rub	__
		205	Clean glove	__
		206	Syringe with needle for Gentamycin injection	__
		207	MUAC tape measure	__
	<b>Does the facility have the following job aids and forms today?</b>		<i>For each 1=yes, 2=no</i>	
		208	Pregnant woman registration book	__
		209	ANC Register	__
		210	Delivery Register	__
		211	PNC Register	__
		212	ICCM registration book for 0- under 2 months	__
		213	ICCM registration book 2 -59 months	__
		214	Family health cards	__
		215	Vaccination cards	__
		216	Family folder	__
		217	Stock card/bin card	__
		218	HMIS forms (monthly and quarterly reporting)	__
		219	Request and re-supply form	__
	220	Chart booklet	__	

### MODULE 3: HEALTH POST REGISTER REVIEW BY THE DATA COLLECTOR

PLEASE LOOK AT THE SPECIFIED HEW REGISTERS DETAILED BELOW FOR THE DIFFERENT DATA ELEMENTS. WRITE 9999, 999 OR 99 IF NOT AVAILABLE.

*I would now like to take a look at your registers to abstract information about the community in this kebele and the services provided them. I will ask about the population profile for the last 12 months and services provided by you for the last three months from \_\_\_\_\_ to \_\_\_\_\_.*

	<b>Obtain data on population FOR THE YEAR from the day of survey from Health Post wall records</b>	
221	Number of people in the kebele	_ _ _ _
222	Number of households in the kebele	_ _ _ _
223	Total number of women of reproductive age	_ _ _ _
224	Total number of under 5 children in the kebele	_ _ _ _
	<b>Obtain data on expected number of pregnancies and births from the PAST QUARTER from Health Post wall records</b>	
225	Expected number pregnancies	_ _ _ _
226	Expected number of births	_ _ _ _

227	Expected number of facility births	_ _ _ _
	<b>Obtain data from ANC registers for the PAST QUARTER</b>	
228	Number of women receiving 1 visit	_ _ _
229	Number of women receiving 2 visits	_ _ _
230	Number of women receiving 3 visits	_ _ _
231	Number of women receiving 4 visits	_ _ _
	<b>Obtain data from delivery registers for the PAST QUARTER</b>	
232	Number of births attended by the HEW	_ _ _
233	Number of total births (home, health post, health center, <b>hospital</b> )	_ _ _ _
234	Number of live births	_ _ _
235	Number of newborn deaths (28 days or less)	_ _ _
	<b>PNC data</b>	
236	Is there a Post Natal Care register (standard or otherwise) in this health post 1= Yes, 2=No	_
	<b>If Post Natal Care register is not available but family folder is available, obtain the information from the family folder given for the PAST QUARTER. Ask the HEWs to separate those.</b>	
237	Number receiving 1 visit	_ _ _
238	Number receiving 2 visits	_ _ _
239	Number receiving 3 visits	_ _ _
	<b>If information is not available from register books on the following, enquire from the HEW where to obtain the following information for the PAST QUARTER</b>	
240	Number of newborns treated for asphyxia, initial stimulation, or resuscitation by the HEW	_ _ _
241	Number of newborns given chlorohexidine cord care by the HEW	_ _ _
	<b>Obtain data from the ICCM 2-59 month register for the PAST QUARTER</b>	
242	Number of initial consultations with children	_ _ _ _
243	Number of sick children who were referred	_ _ _ _
244	Number of children classified as having pneumonia	_ _ _ _
245	Number of children classified as having diarrhea	_ _ _ _
246	Number of children classified as having malaria	_ _ _ _
247	Number of children who received antibiotic for pneumonia	_ _ _ _
248	Number of children who received ORS for diarrhea	_ _ _ _
249	Number of children who received zinc for diarrhea	_ _ _ _
250	Number of children who received zinc-ORS combined for diarrhea	_ _ _ _
251	Number of children who received RDT for malaria	_ _ _ _
252	Number of children who received ACT for malaria	_ _ _ _

**Obtain data from iCCM 0-2 month registration book for information below for the PAST QUARTER**  
**For each of the newborn less than 2 months old seen at the health center (recorded above) complete a separate record review.**

**Record 1**

253A	How many 0-2 months were seen in the last quarter?	_ _ _ _	
253	<b>Name of child</b>	_____ First name	
		_____ Last name	
254	<b>Address of child</b>	_____ Gote name	
		_____ Keble name	
255	<b>Date Seen</b>	<i>Gregorian calendar (DD/MM/YY)</i>	_ _ _ / _ _ _ / _ _ _
256	<b>Age of baby at the time of consultation in weeks</b>	<i>Record age of baby in weeks ranging from 1-8 weeks. If unknown 9</i>	_ _  weeks
257	<b>Gender of baby</b>	1 = Male 2 = Female	_ _
258	<b>Weight on the day of consultation in grams</b>	<i>If weight is given in KGs record in grams e.g 3.5 KG = 3500 grams. If unknown 9999</i>	_ _ _ _ _ _ _  grams
259	<b>Birth Weight (Written for those less than 7 days)</b>	1= < 1,500 grams 2= 1,500 - < 2,500 grams 3= >/= 2,500 grams 9= Unknown	_ _
260	<b>Gestational Age (in weeks)</b>	1= < 32 weeks 2= 32 – 36 weeks 3= >/= 37 weeks 9= Unknown	_ _
261	<b>Temperature on the day of consultation in degree Celsius</b>	<i>Record temperature to one decimal place (e.g. 34.3 °C) If unknown 99.9</i>	_ _ _ _ . _ _  °C
262	<b>Respiratory Rate per minute on the day of consultation</b>	<i>If unknown 999</i>	_ _ _ _
	<b>Signs and symptoms of the newborn at the time of consultation?</b>	For each:1 = Yes 2 = No	
	<b>Record all that apply</b>	263 Reduced feeding/unable to feed	_ _
		264 Convulsion	_ _
		265 Severe Chest in-drawing	_ _
		266 Vomiting	_ _
		267 Fever	_ _
		268 Diarrhea	_ _
		269 Fast breathing	_ _
		270 Coughing	_ _
		271 Grunting	_ _
		272 Skin pustules	_ _
		273 Yellow palms and soles	_ _
		274 Yellow eyes and skin	_ _
		275 Red umbilicus or draining pus	_ _
		276 Movement only when stimulated or no movement even when stimulated	_ _
		277 Movement only when stimulated or no movement even when stimulated	_ _

		278	Bulging fontanelle	<input type="checkbox"/>
		279	Restless/Irritable	<input type="checkbox"/>
		280	Sunken eyes	<input type="checkbox"/>
		281	Skin pinch goes back slowly	<input type="checkbox"/>
		282	Skin pinch goes back very slowly	<input type="checkbox"/>
		283	Diarrhea lasting 14 days or more	<input type="checkbox"/>
		284	Blood in the stool	<input type="checkbox"/>
		285	Not suckling well	<input type="checkbox"/>
		286	Less than 8 breast feeds in 24 hours	<input type="checkbox"/>
		287	Switching to another breast before one is emptied	<input type="checkbox"/>
		288	Not breast feeding more frequently and longer during sickness	<input type="checkbox"/>
		289	Poor positioning during breast feeding	<input type="checkbox"/>
		290	Not well attached during breast feeding	<input type="checkbox"/>
		291	Receives other foods or drinks (even water)	<input type="checkbox"/>
		292	Low weight for age	<input type="checkbox"/>
		293	Thrush (ulcers or white patches in mouth)	<input type="checkbox"/>
		294	Signs and symptoms not given	<input type="checkbox"/>
		295	Other – GO TO 297	<input type="checkbox"/>
		296	Specify _____	
			For each:1 = Yes 2 = No	
	<b>Disease classification of the newborn</b> <b>Record all that apply</b>	297	Very Preterm and/or very low birth weight	<input type="checkbox"/>
		298	Preterm and/or low birth weight	<input type="checkbox"/>
		299	VSD	<input type="checkbox"/>
		300	Local bacterial infection	<input type="checkbox"/>
		301	Severe Dehydration	<input type="checkbox"/>
		302	Some Dehydration	<input type="checkbox"/>
		303	No Dehydration	<input type="checkbox"/>
		304	Severe Persistent Diarrhea	<input type="checkbox"/>
		305	Dysentery	<input type="checkbox"/>
		306	Jaundice	<input type="checkbox"/>
		307	Severe Jaundice	<input type="checkbox"/>
		308	Malaria	<input type="checkbox"/>
		309	Feeding problem or low weight	<input type="checkbox"/>
		310	Classification not given	<input type="checkbox"/>
	311	Other Go to 313	<input type="checkbox"/>	
	312	Specify _____		
			For each:1 = Yes 2 = No	
	<b>Treatment given to the newborn</b> <b>Record all that apply</b>	313	Gentamycin IM first dose	<input type="checkbox"/>
		314	Gentamycin IM for seven days	<input type="checkbox"/>
		315	Amoxicillin suspension/dispersible first dose	<input type="checkbox"/>
		316	Amoxicillin suspension/dispersible for 7 days	<input type="checkbox"/>
		317	Amoxicillin suspension/dispersible for 5 days	<input type="checkbox"/>
		318	ORS (Plan B) – Facility treatment	<input type="checkbox"/>
		319	ORS (Plan A) – Home treatment	<input type="checkbox"/>
		320	Zinc for 10 days	<input type="checkbox"/>
		321	Zinc-ORS combined	<input type="checkbox"/>
		322	Oral chloroquine (Anti-malarial)	<input type="checkbox"/>
		323	Oral quinine (Anti-malarial)	<input type="checkbox"/>
		324	Oral coartem (Anti-malarial)	<input type="checkbox"/>
		325	Rectal Artesunate (Anti-malarial)	<input type="checkbox"/>
		326	IV Quinine (Anti-malarial)	<input type="checkbox"/>
		327	Other Antimalarial (specify)	<input type="checkbox"/>

		328	TTC (Tetracycline) eye ointment	__
		329	GV paint (Gentian Violet)	__
		330	Nutritional Counseling	__
		331	Exposing to sunshine 20– 30 minutes everyday	__
		332	Other treatment GO TO 334	__
		333	Specify _____	
334	<b>Was newborn referred to a higher facility?</b>		1 = Yes – GO TO 337 2 = No	__
335	<b>If newborn had VSD and was treated at health post was gentamycin treatment completed?</b>		1 = Yes 2 = No 3 = Not VSD case	__
	<b>Outcome of the newborn treatment</b>		For each:1 = Yes 2 = No	
		336	Health improved/healed	__
		337	Died	__
		338	Worsened	__
		339	Same	__
		340	Unknown	__



**Obtain data from iCCM 2-59 registration book for information below for the PAST QUARTER**  
**For the past 10 children seen at the health post (recorded above) complete a separate record review.**

**Record 1**

341A	How many 2-59 months were seen in the last quarter?	_ _ _ _		
341	Name of child	_____ First name		
		_____ Last name		
342	Address of child	_____ Gote name		
		_____ Keble name		
343	Date Seen	Gregorian calendar (DD/MM/YY)	_ _  / _ _  / _ _	
344	Age of child at the time of consultation	Record age of child in months. If unknown 99	_ _   months	
345	Gender	1 = Male 2 = Female	_	
346	Weight on the day of consultation in grams	If weight is given in KGs record in grams e.g 3.5 KG = 3500 grams. If unknown 9999	_ _ _ _  grams	
347	Temperature on the day of consultation in degree Celsius	Record temperature to one decimal place (e.g. 34.3 °C) If unknown 99.9	_ _ _ . _ _ °C	
348	Respiratory Rate per minute on the day of consultation	If unknown 999	_ _ _	
349-373	Signs and symptoms of the child at the time of consultation?  Record all that apply	For each: 1 = Yes 2 = No		
		349	Reduced feeding/unable to feed	_
		350	Vomiting	_
		351	Convulsion	_
		352	Movement only when stimulated or no movement even when stimulated	_
		353	Movement only when stimulated or no movement even when stimulated	_
		354	Restless/Irritable	_
		355	Difficult breathing	_
		356	Fast breathing	_
		357	Coughing	_
		358	Severe Chest in-drawing	_
		359	Stridor	_
		360	Diarrhea	_
		361	Diarrhea lasting 14 days or more	_
		362	Blood in the stool	_
		363	Skin pinch goes back slowly	_
		364	Skin pinch goes back very slowly	_
		365	Fever	_
		366	Bulging fontanelle	_
		367	Rash	_
368	Mouth ulcers	_		
369	Pus or clouding of cornea	_		
370	Perform malaria RDT	_		
371	Discharge / pus in the ear	_		
372	Swelling	_		
373	Visible severe wasting	_		

		374	Palmar pallor	__
		375	Signs and symptoms not given	__
		376	Other – GO TO 377	__
		377	Specify _____	
	<b>Disease classification of the child</b> <b>Record all that apply</b>		For each:1 = Yes 2 = No	
		378	One or more danger signs (unable to drink or breastfeed, vomits everything, convulsions, movement only when stimulated or no movement even when stimulated)	__
		379	Severe pneumonia/very severe disease	__
		380	Pneumonia	__
		381	Severe dehydration	__
		382	Some dehydration	__
		383	Severe persistent diarrhoea	__
		384	Persistent diarrhoea	__
		385	Dysentery	__
		386	Very severe febrile disease	__
		387	Malaria	__
		388	Fever, malaria unlikely	__
		389	Fever, no malaria	__
		390	Severe complicated measles	__
		391	Measles with eye/mouth complications	__
		392	Measles	__
		393	Acute ear infection	__
		394	Chronic ear infection	__
		395	Severe malnutrition	__
		396	Moderate malnutrition	__
		397	Severe anaemia	__
		398	Anaemia	__
		399	Vaccination status not up-to-date	__
	400	Vaccine(s) needed (specify)	__	
	401	Vitamin A status not up-to-date	__	
	402	Classification not given	__	
	403	Other Go to 404	__	
	404	Specify _____		
	<b>Treatment given to the child</b> <b>Record all that apply</b>		For each:1 = Yes 2 = No	
		405	ORS (Plan A) – Home treatment	__
		406	ORS (Plan B) – Facility treatment	__
		407	Zinc for ten days	__
		408	Oral coartem (Anti-malarial)	__
		409	Oral chloroquine (Anti-malarial)	__
		410	Oral quinine (Anti-malarial)	__
		411	Rectal Artesunate (Anti-malarial)	__
		412	IV Quinine (Anti-malarial)	__
		413	Other Antimalarial (specify)	__
		414	Cotrimoxazole	__
		415	Vitamin A	__
		416	Paracetamol	__
		417	Gentamycin IM first dose	__
		418	Gentamycin IM for seven days	__
	419	Amoxicillin suspension/dispersible first dose	__	
	420	Amoxicillin suspension/dispersible for seven days	__	
	421	Amoxicillin suspension/dispersible for five days	__	

		422	TTC (Tetracycline) eye ointment	__
		423	Plumpy nut	__
		424	BP100	__
		425	Nutritional Counseling	__
		426	Other treatment GO TO 427	__
		427	Specify _____	
428	<b>Was the child referred to a higher facility?</b>		1 = Yes 2 = No	__
	<b>Outcome of the child treatment</b>		For each:1 = Yes 2 = No	
		429	Health improved/healed	__
		430	Died	__
		431	Worsened	__
		432	Same	__
		433	Unknown	__