Record Review and Observation of Equipment and Job Aids

Project Title: Understanding opportunities and challenges of delivering maternal, infant and young child nutrition (MIYCN) services in urban maternal, newborn, and child health (MNCH) facilities in Dhaka City, Bangladesh

FORM 3A. REGISTER REVIEW				
INTRODUCTION Introduce yourself by saying, *"We are talking with facility managers to learn about health facility characteristics in Dhaka City, including health management information systems, reporting, and nutrition logistics."*				
TO COMPLETE THIS FORM, ASK THE FACILITY MANAGER FOR PERMISSION TO REVIEW FACILITY REGISTERS IN THE ANTENATAL CARE (ANC)/POSTNATAL CARE (PNC), PEDIATRIC AND IMMUNIZATION UNITS OF THE FACILITY.				
ANC/PNC UNIT		**Answer**	**Code**	**Remarks**
301.1	I am interested in the data routinely collected in the facility. For this section, I need to review some of the registers from this unit. Would it be possible for me to do this?	☐ Yes	1	
		☐ No, not available	2	→301.3
		☐ No, refused	3	→301.3
301.2	**RANDOMLY** SELECT TWO PAGES OF A RECENT REGISTER. CHECK THE ENTRIES FOUND ON THE TWO RANDOMLY SELECTED PAGES. **Register is regularly maintained?**	☐ Yes	1	
		☐ No	2	
		☐ Incomplete	3	
PEDIATRIC UNIT				
301.3	I am interested in the data routinely collected in the facility. For this section, I need to review some of the registers from this unit. Would it be possible for me to do this?	☐ Yes	1	
		☐ No, not available	2	→301.5
		☐ No, refused	3	→301.5
301.4	**RANDOMLY** SELECT TWO PAGES OF A RECENT REGISTER. CHECK THE ENTRIES FOUND ON THE TWO RANDOMLY SELECTED PAGES. **Register is regularly maintained?**	☐ Yes	1	
		☐ No	2	
		☐ Incomplete	3	
IMMUNIZATION UNIT				

301.5	I am interested in the data routinely collected in the facility. For this section, I need to review some of the registers from this unit. Would it be possible for me to do this?	☐ Yes	1	
		☐ No, not available	2	→END
		☐ No, refused	3	→END
301.6	**RANDOMLY** SELECT TWO PAGES OF A RECENT REGISTER. CHECK THE ENTRIES FOUND ON THE TWO RANDOMLY SELECTED PAGES. **Register is regularly maintained?**	☐ Yes	1	
		☐ No	2	
		☐ Incomplete	3	

3B. OBSERVATION OF AVAILABILITY OF LOGISTICS AND JOB AIDS/ INFORMATION, EDUCATION, AND COMMUNICATION (IEC) MATERIALS FOR ASSESSMENT OF MIYCN SERVICES
Now I would like to know about the tools, logistics and job aids available in your facility

	Items	**A. Available**		**B. Functioning**		**C. How many functioning? [Check from the inventory]**
302	**ANC/PNC unit**					
302.1	Adult weighing scale	☐ Yes	1	☐ Yes	1	☐☐
		☐ No	2	☐ No	2	
302.2	Adult stadiometer	☐ Yes	1	☐ Yes	1	☐☐
		☐ No	2	☐ No	2	
302.3	Record keeping register (ANC/PNC)	☐ Yes	1			
		☐ No	2			
302.4	Maternal body weight monitoring cards (ANC cards)	☐ Yes	1			
		☐ No	2			
302.5	Job aid on maternal nutrition	☐ Yes	1			
		☐ No	2			
302.6	Job aid on early breastfeeding	☐ Yes	1			
		☐ No	2			
302.7	Information, education, and	☐ Yes	1			

	Items	A. Available		B. Functioning		C. How many functioning? [Check from the inventory]
	communication (IEC) materials related to maternal nutrition	☐ No	2			
303	**Pediatric unit/ Immunization unit**					
303.1	Infant weighing scale	☐ Yes	1	☐ Yes	1	☐☐
		☐ No	2	☐ No	2	
303.2	Child weighing scale (could be mother/baby scale)	☐ Yes	1	☐ Yes	1	☐☐
		☐ No	2	☐ No	2	
303.3	Height/length board	☐ Yes	1	☐ Yes	1	☐☐
		☐ No	2	☐ No	2	
303.4	Mid-upper arm circumference (MUAC) tape	☐ Yes	1	☐ Yes	1	☐☐
		☐ No	2	☐ No	2	
303.5	Growth Monitoring and Promotion Card (Girls and Boys)	☐ Yes	1			
		☐ No	2			
303.6	Register and reporting Form	☐ Yes	1			
		☐ No	2			

	Items	A. Available		B. Functioning		C. How many functioning? [Check from the inventory]	
303.7	Integrated management of childhood illness (IMCI) chart booklet	☐ Yes	1				
		☐ No	2				
303.8	Job aid on child nutrition/infant and young child feeding (IYCF)	☐ Yes	1				
		☐ No	2				
303.9	IEC materials on IYCF	☐ Yes	1	IF YES, MATERIALS ON WHAT TOPIC?	☐ Breastfeeding	1	
		☐ No	2		☐ Complementary feeding	2	
					☐ IYCF during illness	3	
303.10	Referral slip	☐ Yes	1				
		☐ No	2				

FORM 3C. DATA REPORT REVIEW			
TO COMPLETE THIS FORM, THE DATA COLLECTOR ASKS THE FACILITY MANAGER FOR PERMISSION TO REVIEW FACILITY REPORTS FROM THE PREVIOUS 3 MONTHS. [THE NAMES OF THE THREE PREVIOUS MONTHS SHOULD ALSO BE INSERTED INTO THIS TOOL IN ADVANCE.]			
304	Now I would like to review the facility reports on routine data collected to get a sense of services provided and the numbers of clients reached with these services. Would it be possible for me to review the reports from this facility from the past 3 months?	☐ YES (1) ☐ NO, NOT AVAILABLE (2) ☐ NO, REFUSED (3)	

Review the reports provided. For each of the following indicators, record the following information:
Column 'a': circle the code corresponding with the report where data on the indicator was found.
Columns 'b' – 'd': record in the boxes provided the number for each item for each of the previous three months. If not included in report, enter 999.

305	Indicator	A. Report where indicator is reported *(Tick the appropriate box)*		B. Number reported in **[month 1]** _____	C. Number reported in **[month 2]** _____	D. Number reported in **[month 3]** _____
305.1	Number of pregnant women who received ANC services	☐ HMIS REPORT	1	☐☐☐	☐☐☐	☐☐☐
		☐OTHER SPECIFY: _____ _____	2			
		☐ NOT REPORTED	7			
		☐ DON'T KNOW	8			
305.2	Number of mothers who were provided PNC services	☐ HMIS REPORT	1	☐☐☐	☐☐☐	☐☐☐
		☐OTHER SPECIFY: _____ _____	2			

305	Indicator	A. Report where indicator is reported *(Tick the appropriate box)*		B. Number reported in **[month 1]** _____	C. Number reported in **[month 2]** _____	D. Number reported in **[month 3]** _____
		☐ NOT REPORTED	7			
		☐ DON'T KNOW	8			
305.3	Number of deliveries held	☐ HMIS REPORT	1	☐☐☐ Normal vaginal delivery (NVD)- _____ C-Section- ____	☐☐☐ NVD- _____ C-Section- ____	☐☐☐ NVD- _____ C-Section- ____
		☐OTHER SPECIFY: _____ _____	2			
		☐ NOT REPORTED	7			
		☐ DON'T KNOW	8			
305.4	Number of pregnant women whose weights were recorded	☐ HMIS REPORT	1	☐☐☐	☐☐☐	☐☐☐
		☐OTHER SPECIFY: _____ _____	2			
		☐ NOT REPORTED	7			
		☐ DON'T KNOW	8			
305.5	Number of pregnant women counseled on maternal nutrition	☐ HMIS REPORT	1	☐☐☐	☐☐☐	☐☐☐
		☐OTHER SPECIFY: _____ _____	2			

305	Indicator	A. Report where indicator is reported *(Tick the appropriate box)*		B. Number reported in **[month 1]** _____	C. Number reported in **[month 2]** _____	D. Number reported in **[month 3]** _____
		☐ NOT REPORTED	7			
		☐ DON'T KNOW	8			
305.6	Number of children who visit the pediatric unit	☐ HMIS REPORT	1	☐☐☐	☐☐☐	☐☐☐
		☐OTHER SPECIFY: _____ _____	2			
		☐ NOT REPORTED	7			
		☐ DON'T KNOW	8			
305.7	Number of children immunized	☐ HMIS REPORT	1	☐☐☐	☐☐☐	☐☐☐
		☐OTHER SPECIFY: _____ _____	2			
		☐ NOT REPORTED	7			
		☐ DON'T KNOW	8			
305.8	Number of caregivers counseled on IYCF	☐ HMIS REPORT	1	☐☐☐	☐☐☐	☐☐☐
		☐OTHER SPECIFY: _____ _____	2			

305	Indicator	A. Report where indicator is reported *(Tick the appropriate box)*		B. Number reported in **[month 1]** _____	C. Number reported in **[month 2]** _____	D. Number reported in **[month 3]** _____
		☐ NOT REPORTED	7			
		☐ DON'T KNOW	8			
305.9	No. of children whose anthropometric measurements were taken	☐ HMIS REPORT	1	☐☐☐	☐☐☐	☐☐☐
		☐OTHER SPECIFY: _____ _____	2			
		☐ NOT REPORTED	7			
		☐ DON'T KNOW	8			
305.10	No. of severe acute malnutrition (SAM) children identified and managed`	☐ HMIS REPORT	1	☐☐☐	☐☐☐	☐☐☐
		☐OTHER SPECIFY: _____ _____	2			
		☐ NOT REPORTED	7			
		☐ DON'T KNOW	8			
305.11	No. of moderate acute malnourished (MAM) children	☐ HMIS REPORT	1	☐☐☐	☐☐☐	☐☐☐
		☐OTHER SPECIFY: _____ _____	2			

305	Indicator	A. Report where indicator is reported *(Tick the appropriate box)*		B. Number reported in **[month 1]** _____	C. Number reported in **[month 2]** _____	D. Number reported in **[month 3]** _____
	identified and managed`	☐ NOT REPORTED	7			
		☐ DON'T KNOW	8			

FORM 3D. INTERVIEW AND OBSERVATION OF STORE ROOM				
Now I would like to ask you about the availability of micronutrient supplements at this facility. I am interested in knowing about selected products you have in stock today and observing the general storage conditions.				
306	Could you take me to the store room where micronutrients (e.g. calcium, iron folic acid, vitamin A) are stored?	☐ Yes	1	
		☐ No	2	→ END
307	Storeroom is maintained in good condition (clean, all trash removed, sturdy shelves, organized boxes).	☐ Yes	1	
		☐ No	2	
	COMMENTS: _____ _____			
308	Current space and organization are sufficient for existing products.	☐ Yes	1	
		☐ No	2	
	COMMENTS: _____ _____			
309	Cartons and products are in good condition, not crushed, wet, or otherwise damaged due to mishandling.	☐ Yes	1	
		☐ No	2	
	COMMENTS: _____ _____			

NOW EXPLAIN: I am specifically interested in knowing the stock status of nutrition drugs/supplements for the period of [last 3 months]; and today_____, the day of the interview.
A. ASK: Is [PRODUCT] managed (typically stocked) at this facility? CIRCLE THE CODE "1" FOR "YES", "2" FOR "NO", OR "8" FOR "DON'T KNOW".
FOR ALL PRODUCTS MANAGED AT THE FACILITY, ASK TO SEE THE STOCK BOOK, ASK EACH QUESTION AND REVIEW STOCK CARDS AS INDICATED BELOW.
B. REVIEW THE STOCK CARD. CIRCLE THE CODE "1" IF THERE IS AN ENTRY FROM A SPECIFIED REPORTING PERIOD, "2" IF THERE IS NO SUCH ENTRY, OR "9" IF THERE IS NO STOCK CARD.
C. REVIEW THE STOCK CARD OR STOCK. CIRCLE THE CODE "1" IF THERE IS STOCK ON HAND (ANY QUANTITY), "2" IF THERE IS NONE, OR "9" IF THERE IS NO STOCK CARD.
D. ASK: Has the facility had a stock-out of [PRODUCT] during the [SPECIFIED REPORTING PERIOD]? CIRCLE THE CODE "1" FOR "YES", "2" FOR "NO", OR "8" FOR "DON'T KNOW".

(TICK THE APPROPRIATE BOX)

	Product	**A. Is [PRODUCT] managed at this facility?**	**B. OBSERVE: IS THERE AN ENTRY IN THE STOCK CARD FROM [last 3 months]?**	**C. REVIEW STOCK CARD OR STOCK: IS NON-EXPIRED STOCK OF [PRODUCT] ON HAND?**	**D. REVIEW STOCK CARD OR STOCK: IS THERE ANY EXPIRED [PRODUCT]?**	**E. Have you had any stock-out of [PRODUCT] in the [last 3 months]?**
310	Folic Acid	☐ YES (1) ☐ NO (2) → Q311 ☐ DON'T KNOW (DK) (8) → Q311	☐ YES (1) ☐ NO (2) ☐ NO, stock card (9)	☐ YES (1) ☐ NO (2) ☐ NO, stock card (9)	☐ YES (1) ☐ NO (2) ☐ DK (8)	☐ YES (1) ☐ NO (2) ☐ DK (8)
311	Iron	☐ YES (1) ☐ NO (2) → Q312	☐ YES (1) ☐ NO (2) ☐ NO, stock card (9)	☐ YES (1) ☐ NO (2) ☐ NO, stock card (9)	☐ YES (1) ☐ NO (2) ☐ DK (8)	☐ YES (1) ☐ NO (2) ☐ DK (8)

		☐ DON'T KNOW (DK) (8) → Q312				
312	Calcium	☐ YES (1) ☐ NO (2) → Q313 ☐ DON'T KNOW (DK) (8) → Q313	☐ YES (1) ☐ NO (2) ☐ NO, stock card (9)	☐ YES (1) ☐ NO (2) ☐ NO, stock card (9)	☐ YES (1) ☐ NO (2) ☐ DK (8)	☐ YES (1) ☐ NO (2) ☐ DK (8)
313	IFA tablets	☐ YES (1) ☐ NO (2) → Q314 ☐ DON'T KNOW (DK) (8) → Q314	☐ YES (1) ☐ NO (2) ☐ NO, stock card (9)	☐ YES (1) ☐ NO (2) ☐ NO, stock card (9)	☐ YES (1) ☐ NO (2) ☐ DK (8)	☐ YES (1) ☐ NO (2) ☐ DK (8)
314	Vitamin A (Post-partum)	☐ YES (1) ☐ NO (2) → Q315 ☐ DON'T KNOW (DK) (8) → Q315	☐ YES (1) ☐ NO (2) ☐ NO, stock card (9)	☐ YES (1) ☐ NO (2) ☐ NO, stock card (9)	☐ YES (1) ☐ NO (2) ☐ DK (8)	☐ YES (1) ☐ NO (2) ☐ DK (8)

315. Field Notes on the supply chain system, where do facilities obtain supplies from, how frequently, how is quantification done, by whom, etc.

_____

_____

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Conclude the interview by thanking the respondent for his/her time and for sharing about the health facility visit.