MOTHER AND CHILD SURVEY [SKAI]		
INTERVIEWER : _____ ⌊_⌊_⌊_⌋ SUPERVISOR : _____ ⌊_⌊_⌊_⌋	**CONFIDENTIAL**	**FACILITY ID** ⌊_⌊_⌊_⌋ ⌊_⌊_⌋

HEALTH FACILITY BOOK

SECTIONS: COV, LP, LK, KF, SD, AMKP, PI, KS, VF, RD, PP, CK, CP

Respondent is someone who is in charge of the data in the health facility

Respondent is someone who helps deliver babies. This could be the same person as above, or a different person

COV1. Name of Health Facility	_____
COV2. Type of Health Facility	1 Dispensary 2 Other (specify)

SECTION LP1. CONSENT FORM

		HEAD OF FACILITY	
IR01.	Name of Respondent	1a Name _____	
IR02.	Position at Health Facility	01. Medical Doctor / Medical Officer 02. Assistant Medical Officer 03. Clinical Officer / Medical Assistant 04. Clinical Assistant 05. Registered Nurse 06. Enrolled Nurse 07. Auxiliary Nurse / Assistant Nurse 08. Comprehensive Midwife-nurse (Enrolled and Registered) 09. Registered Midwife 10. Enrolled Midwife 11. Health Assistant	12. Dentist / Dentist Assistant 13. Laboratory Technician / Technologist 14. Laboratory Assistant / Attendant 15. Pharmacist / Dispenser 16. Facility Administrator 17. Accountant 18. Records Clerk 19. Cleaner / Sweeper / etc 20. Medical intern 95. Others_____
IR03.	PHONE NUMBER	A. Landline. └┴┴┴┘ └┴┴┴┴┴┴┴┘ B. Mobile Phone └┴┴┴┴┴┴┴┴┴┴┴┴┘ W. NONE	

READ TO THE HEAD OF DISPENSARY OR THE PERSON IN CHARGE **FACILITY ID** └┴┴┘

CONSENT FORM TO PARTICIPATE IN A NON-BIOMEDICAL RESEARCH - MOTHER AND CHILD HEALTH SURVEY IN HEALTH FACILITIES IN TANZANIA

Introduction

My name is _____, from Innovations for Poverty Action (IPA). We are doing a study called the Transparency for Development project with researchers from Harvard University, Results for Development Institute, and University of Washington in the United States.

What is the purpose of this research?

The purpose of this research is to learn about maternal and under-2 child health in the communities served by this health facility. The survey covers infrastructure, equipment, drugs, human resources, consultations, and financial information. We would be very grateful if you would provide us with the relevant information or point us to your colleagues who are responsible for these activities.

The questions usually take about 2 hours. Your health facility was selected to be part of this study and the information you provide may be shared with members of your community.

Participation is voluntary

You don't have to respond to the survey, but we hope you will agree to answer the questions since your views and the experience of this facility are important.

If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time. Refusal to participate or stopping your participation will involve no penalty to you or this facility.

Confidentiality and Risks

We will take measures to keep all personal information collected confidential. Although we may ask the names of respondents, we will remove your name from the answers and give it a code, but there is a chance that someone could find out your information. We will take every precaution to prevent this from happening, and your name will not be listed in any report that comes out of the survey.

Risks

We do not anticipate that this study exposes you to any physical or psychological risks other than those you may encounter in everyday life.

Compensation

Are there any benefits from being in this research study?

There are no direct benefits to you from taking part in this research. However, the results of this study may be used to help to improve maternal and child health in the communities this facility serves.

Questions or Concerns

If you have questions, concerns or complaints, the survey director for this study is _____, who can be reached at _____.

Do you give consent to participate in this study? 1. Yes 3. No

SECTION LK. LOCATION INFORMATION

01.	Region (Preprinted based on facility ID)		Code: └┴┘
02.	District (Preprinted)		Code: └┴┘
03.	Ward (Preprinted)		Code: └┴┴┘
04.	Village (Preprinted)		Code: └┴┴┘
05.	Address (WRITE STREET NAME, NAME OF ALLEY, HOUSE NUMBER, VILLAGE)	_____ _____ _____	
06.	Notes on location (RECORD BUILDING, OTHER LANDMARK NEAR THE FACILITY/ON THE SAME ROAD, SUCH AS: MOSQUE, SCHOOL, CHURCH, OR OTHER BUILDING)	_____ _____ _____ _____	
07.	Phone number	A. Landland : └┴┴┴┘-└┴┴┴┴┴┴┴┘ W. NOT APPLICABLE Y. DO NOT KNOW B. Mobile phone : └┴┴┴┘-└┴┴┴┴┴┴┴┘, Owner: _____	
08.	GPS COORDINATES **(1st measure)**	a. LATITUDE : └┘ └┴┴┘° └┴┘, └┴┴┘' c. ELEVATION : └┘.└┴┴┴┘ METER DPL b. LONGITUDE : └┘ └┴┴┘° └┴┘, └┴┴┘' d. ACCURACY : └┘ METER	
09.	GPS COORDINATES **(2nd measure)**	a. LATITUDE : └┘ └┴┴┘° └┴┘, └┴┴┘' c. ELEVATION : └┘.└┴┴┴┘ METER DPL b. LONGITUDE : └┘ └┴┴┘° └┴┘, └┴┴┘' d. ACCURACY : └┘ METER	

SECTION KF. FACILITY CHARACTERISTICS

FOR THE FOLLOWING QUESTIONS, PLEASE GET THE OFFICIAL LIST OF VILLAGES IN THE CATCHMENT AREA OF THIS FACILITY AND THE TOTAL POPULATION. USUALLY, THIS INFORMATION IS POSTED IN THE FACILITY.

01.	Unit of catchment area **NOTE: IF ALL SUB-VILLAGE IN ONE VILLAGE IS COVERED, CIRCLE VILLAGE**	1. Village	2. Sub-village
02.	Number of village/sub-village in the catchment area of this facility **INTERVIEWER'S NOTE: RECORD THE VILLAGES' NAME IN KF04A**	1. ⌊_⌋⌊_⌋ Village	2. ⌊_⌋⌊_⌋ Sub-village
03.	Information Source	DOCUMENT, specify _____	

INTERVIEWER'S NOTE: RECORD THE NAME OF VILLAGES IN THE CATCHMENT AREA OF THIS FACILITY IN KF04A

	04a **Name of Village**	**04b** **Village location** (Region/District/Ward/Village)	**04c** **Total Population**
1.		⌊_⌋⌊_⌋ ⌊_⌋⌊_⌋⌊_⌋ ⌊_⌋⌊_⌋⌊_⌋	⌊_⌋⌊_⌋⌊_⌋.⌊_⌋⌊_⌋⌊_⌋ persons 1. DOCUMENT 2. ESTIMATION
2.		⌊_⌋⌊_⌋ ⌊_⌋⌊_⌋⌊_⌋ ⌊_⌋⌊_⌋⌊_⌋	⌊_⌋⌊_⌋⌊_⌋.⌊_⌋⌊_⌋⌊_⌋ persons 1. DOCUMENT 2. ESTIMATION
3.		⌊_⌋⌊_⌋ ⌊_⌋⌊_⌋⌊_⌋ ⌊_⌋⌊_⌋⌊_⌋	⌊_⌋⌊_⌋⌊_⌋.⌊_⌋⌊_⌋⌊_⌋ persons 1. DOCUMENT 2. ESTIMATION
4.		⌊_⌋⌊_⌋ ⌊_⌋⌊_⌋⌊_⌋ ⌊_⌋⌊_⌋⌊_⌋	⌊_⌋⌊_⌋⌊_⌋.⌊_⌋⌊_⌋⌊_⌋ persons 1. DOCUMENT 2. ESTIMATION
5.		⌊_⌋⌊_⌋ ⌊_⌋⌊_⌋⌊_⌋ ⌊_⌋⌊_⌋⌊_⌋	⌊_⌋⌊_⌋⌊_⌋.⌊_⌋⌊_⌋⌊_⌋ persons 1. DOCUMENT 2. ESTIMATION
6.		⌊_⌋⌊_⌋ ⌊_⌋⌊_⌋⌊_⌋ ⌊_⌋⌊_⌋⌊_⌋	⌊_⌋⌊_⌋⌊_⌋.⌊_⌋⌊_⌋⌊_⌋ persons 1. DOCUMENT 2. ESTIMATION
7.		⌊_⌋⌊_⌋ ⌊_⌋⌊_⌋⌊_⌋ ⌊_⌋⌊_⌋⌊_⌋	⌊_⌋⌊_⌋⌊_⌋.⌊_⌋⌊_⌋⌊_⌋ persons 1. DOCUMENT 2. ESTIMATION
8.		⌊_⌋⌊_⌋ ⌊_⌋⌊_⌋⌊_⌋ ⌊_⌋⌊_⌋⌊_⌋	⌊_⌋⌊_⌋⌊_⌋.⌊_⌋⌊_⌋⌊_⌋ persons 1. DOCUMENT 2. ESTIMATION
9.		⌊_⌋⌊_⌋ ⌊_⌋⌊_⌋⌊_⌋ ⌊_⌋⌊_⌋⌊_⌋	⌊_⌋⌊_⌋⌊_⌋.⌊_⌋⌊_⌋⌊_⌋ persons 1. DOCUMENT 2. ESTIMATION

05.	Have patients from other villages outside the facility catchment area come to this dispensary **for antenatal care, to give birth, and/or for postnatal care or vaccinations** in the past 1 year? If yes, please specify the names of the villages **(RECORD IN 07a)** **NOTE: UNIT REFERS TO QUESTION 01. ASK WITHOUT LOOKING AT DOCUMENT (JUST BASED ON ESTIMATION)**	1. Yes 3. No ➔ **08**
06.	What are the main reasons that patients come here from outside of the catchment area, instead of visiting the clinic in their catchment area?	_____ _____ _____

INTERVIEWER'S NOTE: RECORD THE NAME OF THE VILLAGES/SUB-VILLAGES OF THE PATIENTS OUTSIDE THE OFFICIAL FACILITY CATCHMENT AREA WHO VISIT THIS FACILITY FOR ANC, BIRTH, POSTNATAL CARE/VACCINATION IN THE PAST 1 YEAR IN KF07A

	07a	**07b**
	Name of Vilage	**Village location** (Region/District/Ward/Village)
1.		⌊_⌊_⌋ ⌊_⌊_⌋ ⌊_⌊_⌊_⌋ ⌊_⌊_⌊_⌋
2.		⌊_⌊_⌋ ⌊_⌊_⌋ ⌊_⌊_⌊_⌋ ⌊_⌊_⌊_⌋
3.		⌊_⌊_⌋ ⌊_⌊_⌋ ⌊_⌊_⌊_⌋ ⌊_⌊_⌊_⌋
4.		⌊_⌊_⌋ ⌊_⌊_⌋ ⌊_⌊_⌊_⌋ ⌊_⌊_⌊_⌋
5.		⌊_⌊_⌋ ⌊_⌊_⌋ ⌊_⌊_⌊_⌋ ⌊_⌊_⌊_⌋
6.		⌊_⌊_⌋ ⌊_⌊_⌋ ⌊_⌊_⌊_⌋ ⌊_⌊_⌊_⌋
7.		⌊_⌊_⌋ ⌊_⌊_⌋ ⌊_⌊_⌊_⌋ ⌊_⌊_⌊_⌋
8.		⌊_⌊_⌋ ⌊_⌊_⌋ ⌊_⌊_⌊_⌋ ⌊_⌊_⌊_⌋
9		⌊_⌊_⌋ ⌊_⌊_⌋ ⌊_⌊_⌊_⌋ ⌊_⌊_⌊_⌋

08.	Are there other facilities that provide MNH services that serve this catchment area? These facilities could be any type (government, NGO, faith-based, private, etc.)	1. Yes 3. No ➔ **10** 98. Don't Know ➔ **10**
09.	Which type(s) of facility? **(SELECT ALL THAT APPLY)**	1. Hospital (Private for profit) 2. Hospital (Faith-based) 3. Hospital (Public/government) 4. Hospital (Other non-profit/NGO) 5. Health Center (Private for profit) 6. Health Center (Faith-based) 7. Health Center (Public/Government) 8. Health Center (Other non-profit/NGO) 9. Dispensary (Private For Profit) 10. Dispensary (Faith-based) 11. Dispensary (Public/Government) 12. Dispensary (Other non-profit/NGO) 95. OTHER (SPECIFY)

Now I'd like to ask you information regarding the operational hours of this facility

10.	Which days and hours does this facility usually provide regular service (not including emergency and in-patient service)? **(CIRCLE THE LETTER OF OPERATION DAY AND RECORD THE OPERATIONAL HOURS)**	**A. Day**	**B. Service Start time**	**C. Service End time**
		A. Monday	⌊_⌊_⌋:⌊_⌊_⌋	⌊_⌊_⌋:⌊_⌊_⌋
		B. Tuesday	⌊_⌊_⌋:⌊_⌊_⌋	⌊_⌊_⌋:⌊_⌊_⌋
		C. Wed	⌊_⌊_⌋:⌊_⌊_⌋	⌊_⌊_⌋:⌊_⌊_⌋
		D. Thursday	⌊_⌊_⌋:⌊_⌊_⌋	⌊_⌊_⌋:⌊_⌊_⌋
		E. Friday	⌊_⌊_⌋:⌊_⌊_⌋	⌊_⌊_⌋:⌊_⌊_⌋
		F. Saturday	⌊_⌊_⌋:⌊_⌊_⌋	⌊_⌊_⌋:⌊_⌊_⌋
		G. Sunday	⌊_⌊_⌋:⌊_⌊_⌋	⌊_⌊_⌋:⌊_⌊_⌋
11.	Are the operational hours posted publically at the facility? **(IF YES – VERIFY)**	1. Yes 3. No		
12.	Is there contact information for after hours care posted publicly at the facility? **(IF YES – VERIFY)**	1. Yes 3. No 6. Not Applicable (facility open 24 hours a day)		
13.	May I see the facility register that records the number of outpatient visit in this facility?	1. Yes 3. No (Reason) _____		

14.	About how many outpatient visits **per month** does this facility have on average? (Enter information from the facility register where outpatient visits are recorded. If respondent says the register is not true, still record what is written on the register.)	
A	Current month **(RECORD THE NUMBER OF OUTPATIENT VISITS UP UNTIL TODAY)**	⌊_⌊_⌊_⌋ ⌊_⌊_⌊_⌋ 1. Document 2. Estimation
B	Previous month / _____	⌊_⌊_⌊_⌋ ⌊_⌊_⌊_⌋ 1. Document 2. Estimation
C	2 months ago / _____	⌊_⌊_⌊_⌋ ⌊_⌊_⌊_⌋ 1. Document 2. Estimation
D	3 months ago / _____	⌊_⌊_⌊_⌋ ⌊_⌊_⌊_⌋ 1. Document 2. Estimation
E	4 months ago / _____	⌊_⌊_⌊_⌋ ⌊_⌊_⌊_⌋ 1. Document 2. Estimation
F	5 months ago / _____	⌊_⌊_⌊_⌋ ⌊_⌊_⌊_⌋ 1. Document 2. Estimation
G	6 months ago / _____	⌊_⌊_⌊_⌋ ⌊_⌊_⌊_⌋ 1. Document 2. Estimation
H	7 months ago / _____	⌊_⌊_⌊_⌋ ⌊_⌊_⌊_⌋ 1. Document 2. Estimation
I	8 months ago / _____	⌊_⌊_⌊_⌋ ⌊_⌊_⌊_⌋ 1. Document 2. Estimation
J	9 months ago / _____	⌊_⌊_⌊_⌋ ⌊_⌊_⌊_⌋ 1. Document 2. Estimation
K	10 months ago /_____	⌊_⌊_⌊_⌋ ⌊_⌊_⌊_⌋ 1. Document 2. Estimation
L	11 months ago /_____	⌊_⌊_⌊_⌋ ⌊_⌊_⌊_⌋ 1. Document 2. Estimation
M	12 months ago /_____	⌊_⌊_⌊_⌋ ⌊_⌊_⌊_⌋ 1. Document 2. Estimation

SECTION CK. BIRTH DELIVERY RECORD

01.	Does this facility handle deliveries?	1. Yes **-> 03** 2. No
02.	What are the names of the facilities where women who receive ANC at this facility are directed for deliveries? **IF 01 is NO, SKIP TO NEXT SECTION AFTER RECORDING THE RESPONSE TO THIS QUESTION.**	
03.	Health facility target births per month (Please record the official number of targeted births per month; this is normally displayed on a wall of the facility)	
04.	May I see the facility register where births are recorded?	1. Yes **-> 07** 2. No
05.	About how many LIVE births per year does this facility have on average?	
06.	About how many STILL births per year does this facility have on average? **IF 04 IS NO, SKIP TO NEXT SECTION AFTER RECORDING THE RESPONSE TO THIS QUESTION**	

INTERVIEWER'S NOTE: IN THE TABLE BELOW, PLEASE REFER TO THE FACILITY REGISTER AND RECORD THE NUMBER OF DELIVERIES IN THE FACILITY FOR EACH MONTH FOR THE PAST 1 YEAR, BEGIN BY RECORDING THE TOTAL NUMBER OF LIVE BIRTH IN THE CURRENT MONTH (07). ON THE NEXT LINE, PLEASE RECORD THE TOTAL NUMBER OF LIVE BIRTH IN THE PREVIOUS MONTH. FOR EXAMPLE, IF TODAYS DATE IS NOVEMBER 15, RECORD THE NUMBER OF BIRTH BETWEEN 1 NOV AND 15 NOV FOR LINE ONE, AND THE TOTAL LIVE BIRTH BETWEEN 1 OCT AND 31 OCT FOR LINE TWO.

TYPE		07 Total number of live birth only in this facility	08 Total number of stillbirth, both macerated and fresh, only in this facility	09 Total number of live birth in the catchment area	10 Total number of stillbirth, both macerated and fresh, in the catchment area
A	Current month **(RECORD THE TOTAL NUMBER OF DELIVERY UP UNTIL TODAY)**	1. └─┴─┴─┘ 6. NO DELIVERY UNIT	1. └─┴─┴─┘ 6. NO DELIVERY UNIT		
B	Previous month /_____	1. └─┴─┴─┘ 6. NO DELIVERY UNIT	1. └─┴─┴─┘ 6. NO DELIVERY UNIT	1. └─┴─┴─┘ 3. Same as the facility 6. No data	1. └─┴─┴─┘ 3. Same as the facility 6. No data
C	2 months ago/_____	1. └─┴─┴─┘ 6. NO DELIVERY UNIT	1. └─┴─┴─┘ 6. NO DELIVERY UNIT	1. └─┴─┴─┘ 3. Same as the facility 6. No data	1. └─┴─┴─┘ 3. Same as the facility 6. No data
D	3 months ago /_____	1. └─┴─┴─┘ 6. NO DELIVERY UNIT	1. └─┴─┴─┘ 6. NO DELIVERY UNIT	1. └─┴─┴─┘ 3. Same as the facility 6. No data	1. └─┴─┴─┘ 3. Same as the facility 6. No data
E	4 months ago /_____	1. └─┴─┴─┘ 6. NO DELIVERY UNIT	1. └─┴─┴─┘ 6. NO DELIVERY UNIT	1. └─┴─┴─┘ 3. Same as the facility 6. No data	1. └─┴─┴─┘ 3. Same as the facility 6. No data
F	5 months ago /_____	1. └─┴─┴─┘ 6. NO DELIVERY UNIT	1. └─┴─┴─┘ 6. NO DELIVERY UNIT	1. └─┴─┴─┘ 3. Same as the facility 6. No data	1. └─┴─┴─┘ 3. Same as the facility 6. No data
G	6 months ago /_____	1. └─┴─┴─┘ 6. NO DELIVERY UNIT	1. └─┴─┴─┘ 6. NO DELIVERY UNIT	1. └─┴─┴─┘ 3. Same as the facility 6. No data	1. └─┴─┴─┘ 3. Same as the facility 6. No data

H	7 months ago /_____	1. ⌊_⌊_⌊_⌋ 6. NO DELIVERY UNIT	1. ⌊_⌊_⌊_⌋ 6. NO DELIVERY UNIT	1. ⌊_⌊_⌊_⌋ 3. Same as the facility 6. No data	1. ⌊_⌊_⌊_⌋ 3. Same as the facility 6. No data
I	8 months ago /_____	1. ⌊_⌊_⌊_⌋ 6. NO DELIVERY UNIT	1. ⌊_⌊_⌊_⌋ 6. NO DELIVERY UNIT	1. ⌊_⌊_⌊_⌋ 3. Same as the facility 6. No data	1. ⌊_⌊_⌊_⌋ 3. Same as the facility 6. No data
J.	9 months ago /_____	1. ⌊_⌊_⌊_⌋ 6. NO DELIVERY UNIT	1. ⌊_⌊_⌊_⌋ 6. NO DELIVERY UNIT	1. ⌊_⌊_⌊_⌋ 3. Same as the facility 6. No data	1. ⌊_⌊_⌊_⌋ 3. Same as the facility 6. No data
K.	10 months ago /_____	1. ⌊_⌊_⌊_⌋ 6. NO DELIVERY UNIT	1. ⌊_⌊_⌊_⌋ 6. NO DELIVERY UNIT	1. ⌊_⌊_⌊_⌋ 3. Same as the facility 6. No data	1. ⌊_⌊_⌊_⌋ 3. Same as the facility 6. No data
L.	11 months ago /_____	1. ⌊_⌊_⌊_⌋ 6. NO DELIVERY UNIT	1. ⌊_⌊_⌊_⌋ 6. NO DELIVERY UNIT	1. ⌊_⌊_⌊_⌋ 3. Same as the facility 6. No data	1. ⌊_⌊_⌊_⌋ 3. Same as the facility 6. No data
M.	12 months ago /_____	1. ⌊_⌊_⌊_⌋ 6. NO DELIVERY UNIT	1. ⌊_⌊_⌊_⌋ 6. NO DELIVERY UNIT	1. ⌊_⌊_⌊_⌋ 3. Same as the facility 6. No data	1. ⌊_⌊_⌊_⌋ 3. Same as the facility 6. No data

SECTION SD. HUMAN RESOURCES

Now I'd like to ask about the number of staff in this facility and the number of vacant positions

01.	What is the total number of paid medical workers who are supposed to work at this facility?	⌊__⌋⌊__⌋
02.	What is the total number of paid medical staff who work at this facility?	
03.	Are there any positions for paid medical staff which are unfilled (vacant)?	
04.	How many positions for paid medical staff are unfilled (vacant)?	

Please record all the medical staff (paid and volunteer)

05		06	07	08	09	10	11	12
NAME OF STAFF	No.	**What is the position of [...]? (RECORD CODE FROM BELOW)**	**Gender**	**Does (….) deliver babies?**	**Is this person paid staff or a volunteer?**	**Is this person at the facility today?**	**Why is […] not present at the facility today?**	**Is […] provided free housing?**
	01		1 2	1. Yes 2. No		1. Yes → **12** 2. No		1. Yes 2. No
	02		1 2	1. Yes 2. No		1. Yes → **12** 2. No		1. Yes 2. No
	03		1 2	1. Yes 2. No		1. Yes → **12** 2. No		1. Yes 2. No
	04		1 2	1. Yes 2. No		1. Yes → **12** 2. No		1. Yes 2. No
	05		1 2	1. Yes 2. No		1. Yes → **12** 2. No		1. Yes 2. No
	06		1 2	1. Yes 2. No		1. Yes → **12** 2. No		1. Yes 2. No
	07		1 2	1. Yes 2. No		1. Yes → **12** 2. No		1. Yes 2. No

Code 06

01. Medical Doctor / Medical Officer
02. Assistant Medical Officer
03. Clinical Officer / Medical Assistant
04. Clinical Assistant
05. Registered Nurse
06. Enrolled Nurse
07. Auxiliary Nurse / Assistant Nurse
08. Comprehensive Midwife-nurse (Enrolled and Registered)
09. Registered Midwife
10. Enrolled Midwife
11. Health Assistant
12. Dentist / Dentist Assistant
13. Laboratory Technician / Technologist
14. Laboratory Assistant / Attendant
15. Pharmacist / Dispenser
16. Facility Administrator
17. Accountant
18. Records Clerk
19. Cleaner / Sweeper / etc
20. Medical intern
95. Others_____

07

1. Male
2. Female

09

1. Paid Staff
2. Volunteer
3. Unpaid intern
95. Other, specify

11

(1)Sick,(2)Conducting outreach,(3)At MOHSW,(4)Being trained,(5)At workshop,(6)Picking up salary,(7)Picking up drugs/supplies,(8)Working at another job,(9)Study leave,(10)Annual/maternity leave,(11)Off-duty/night duty,(12)Studying/exams,(13)Personal emergency,(14)Volunteer,(15)Visiting a patient at home,(16)On duty at another facility,(-96)OTHER (SPECIFY),(-99)DON'T KNOW

SECTION AMKP. FACILITY INFRASTRUCTURE AND AMENITIES

Now I'm going to ask about the availability of power and water in this facility

Power Supply		
01	Is the facility connected to the main electricity grid?	1. Yes 2. No **-> 03**
02	During the past 7 days, was electricity (excluding any back-up generator) available during the times when the facility was open for services, or was it ever interrupted for more than 2 hours at a time?	1. Always available 2. Sometimes interrupted
03	Does this facility have other sources of electricity, such as a generator or solar system?	1. Yes 2. No other source → **08**
04	What other sources of electricity does this facility have? (probe for answers and select all that apply) CAPI WILL LOAD QUESTION 05, 06, OR 07 BASED ON THE SELECTED ANSWER(S)	A. Fuel-operated generator B. Battery operated generator C. Solar panel D. Gas V. Other (specify)
05	Is the generator functional? (**Skip if AMKP04 is NOT A or B)**	1. Yes 2. No
06	Is fuel (or a charged battery) available today for the generator? (**Skip if AMKP04 is NOT A or B)**	1. Yes 2. No
07	Is the solar panel functional? (**Skip if AMKP04 is NOT C)**	1. Yes 2. No
08	When you have power, for what purpose is it used?	A. Lighting B. Vaccine fridge C. Water pump D. Delivery room V. Other, specify

Water Source		
09	What is the most commonly used source of water for the facility at this time? *OBSERVE THAT WATER IS AVAILABLE FROM SOURCE OR IN THE FACILITY ON THE DAY OF THE VISIT. E.G., CHECK THAT THE PIPE IS FUNCTIONING.*	1 Piped into facility 2 Piped to yard/plot 3. Piped to neighbor 4 Public tap/standpipe 5 Tubewell/borehole 6 Protected dug well 7 Unprotected dug well 8 Protected Spring 9 Unprotected Spring 10 Rainwater 11 Tanker truck 12 Cart with small tank 13 Surface water (river/dam/lake/pond/stream/ canal/ Irrigation channel) 95 Other (specify) 98 Don't Know 0 No water source
10	Is the water outlet from this source available onsite, within 500 meters of the facility, or beyond 500 meters of the facility?	1. Onsite 2. Within 500M of facility 3. Beyond 500M of facility
11	Is there routinely a time of year when the facility has a severe shortage or lack of water?	1. Yes 2. No **-> AMKP 13**

12	How long is that period of severe shortage or lack of water?	⌊__⌊__⌋ **Unit: 1.Day 2. Month**

Communication		
13	Does this facility have any type of telephone (land or mobile) that is available to call outside at all times client services are offered?	1. Yes 3. No → **AMKP16**
14	May I see the telephone?	1. Observed 2. Reported not seen
15	Is it functioning? ***ACCEPT REPORTED RESPONSE***	1. Yes 3. No
16	Does this facility have a short-wave radio for radio calls?	1. Yes 3. No → **AMKP19**
17	May I see the short-wave radio?	1. Observed 2. Reported not seen
18	Is it functioning? ***ACCEPT REPORTED RESPONSE***	1. Yes 3. No

	Computer and Internet	
19	Does this facility have a computer?	1. Yes 3. No → **AMKP22**
20	May I see the computer?	1. Observed 2. Reported not seen
21	Is it functioning? ***ACCEPT REPORTED RESPONSE***	1. Yes 2. No

22	Is there access to email or internet via computer and/or mobile phone within the facility?	1. Yes 3. No **-> AMKP24**
23	Is the email or internet routinely available for at least 2 hours on days that client services are offered?	1. Yes 3. No

Transport for Emergencies		
24	Does this facility have a functional ambulance or other vehicle for emergency transportation for clients that is **stationed at this facility** and that operates from this facility?	1. Yes 3. No → **AMKP27**
25	May I see the ambulance (or other vehicle)?	1. Observed 2. Reported not seen
26	Is fuel for the ambulance/vehicle available today? ***ACCEPT REPORTED RESPONSE***	1. Yes 2. No 98. Don't know
27	Does the facility have access to an ambulance or other vehicle for emergency transportation for clients that is **stationed at another facility** or that operates from another facility?	1. Yes 3. No

INTERVIEWER'S NOTE: ASK FOR PERMISSION FROM THE PERSON IN CHARGE TO OBSERVE THE DELIVERY ROOM AND TOILET IN THIS HEALTH FACILITY

Now we'd like to ask permission to observe the delivery room and toilet

	FACILITY CONDITION	**ANSWER**
28	Is there a specific room for deliveries?	Yes……..1 → **AMKP30** No ……..2

29	If no, where do deliveries usually take place? **OPEN RESPONSE**	1. In other health facility_____➔ **SECTION PI** 2. In this facility, not in a specified delivery room _____
30	PRIVACY LEVEL OF THE DELIVERY ROOM **(DO NOT READ QUESTION AND ANSWER CHOICES)** **(IF THERE ARE MULTIPLE DELIVERY ROOMS, OBSERVE ALL DELIVERY ROOMS. THEN, RECORD THE "*HIGHEST* QUALITY OPTION")**	01. PRIVATE ROOM – ONE BED PER ROOM LOCATED IN A LOW PUBLIC ACCESS AREA (AUDITORY AND VISUAL PRIVACY) 02. SEMI PRIVATE ROOM – ONE BED PER ROOM BUT LOCATED IN A HIGH PUBLIC ACCESS AREA (VISUAL PRIVACY, LOW AUDITORY PRIVACY) 03. MULTIPLE BEDS IN THE ROOM, BUT WITH SOME PARTITION (VISUAL PRIVACY) 04. MULTIPLE BEDS IN A ROOM WITH NO PARTITION 95. OTHERS (SPECIFY) _____ 96. NO DESIGNATED DELIVERY ROOM
31	Total number of designated delivery beds available at the facility	└┴┘ Designated delivery bed

	FACILITY CONDITION	ANSWER
32	If the number of women who come to deliver outnumber the number of designated delivery beds, where would a woman give birth? **(CIRCLE ALL THAT APPLY)**	A. Outpatient treatment bed B. Emergency room bed C. Extra bed in the delivery room D. Consultation Room (ANC/PNC) bed E. Referred to a different facility V. Other_____ Y. DO NOT KNOW
32a	Is there a maternity home or resting place for women to wait near the health facility to give birth?	1. Yes 2. No

33	**DELIVERY ROOM OBSERVATION** **(IF THERE ARE MULTIPLE DELIVERY ROOMS, OBSERVE ALL DELIVERY ROOMS. THEN, RECORD THE "*LOWEST* QUALITY OPTION")**	
a.	BED	1. DELIVERY BED IS CLEAN (NO BLOOD, FLUIDS, DIRT VISIBLE ON BED) 2. OBSERVED BLOOD ON BED 3. OBSERVED OTHER DIRT OR FLUIDS ON BEDS
b.	FLOOR	1. FLOOR IS CLEAN (NO BLOOD, FLUIDS, DIRT VISIBLE ON FLOOR) 2. OBSERVED BLOOD ON FLOOR 3. OBSERVED OTHER DIRT OR FLUIDS ON FLOOR
c.	VENTILATION	1. ROOM IS WELL VENTILATED (WINDOWS ARE LARGE AND CAN BE OPENED, GOOD AIR CIRCULATION) 2. POOR VENTILATION (CLOSED WINDOWS / NO WINDOWS) 6. USING AC
d.	MEDICAL/BIOLOGICAL WASTE	1. BIOLOGICAL/MEDICAL WASTE DISPOSAL IS AVAILABLE 2. BIOLOGICAL/MEDICAL WASTE DISPOSAL IS NOT AVAILABLE

e.	DUST AND MOLD	1. OBSERVED DUST OR MOLD IN THE ROOM 2. NO DUST OR MOLD IS OBSERVED IN THE ROOM

34.	How is placenta disposal handled at this facility? **(ONLY CIRCLE ONE ANSWER)**	1. Put directly in the regular bin 2. In a plastic bag, tied and put in the regular bin 3. In a separate bin for the placenta 4. In the placenta pit (outside of the facility) 5. Given to family members to be brought home 95. Other (specify) _____

TOILET

35	TYPE OF TOILETS USE BY DELIVERY PATIENT **(ONLY CIRCLE ONE ANSWER)**	01. FLUSH TO PIPED SEWER SYSTEM 02. FLUSH TO SEPTIC TANK 03. FLUSH TO PIT LATRINE 04. FLUSH TO SOMEWHERE ELSE 05. FLUSH, DON'T KNOW WHERE 06. VENTILATED IMPROVED PIT LATRINE 07. PIT LATRINE WITH SLAB (WASHABLE) 08. PIT LATRINE WITH SLAB (NOT WASHABLE) 09. PIT LATRINE WITHOUT SLAB/OPEN PIT 10. COMPOSTING TOILET 11. BUCKET TOILET 12. HANGING TOILET/HANGING LATRINE 95. OTHERS, _____ 96. NO TOILET (BROKEN/BUSH/FIELD/FOREST/ RIVER/BEACH) ➔ **AMKP38**

36.	OBSERVATION ON THE CLEANLINESS AND PRIVACY OF THE FACILITY TOILET **(IF THERE ARE MULTIPLE TOILETS, OBSERVE ALL TOILETS. THEN, RECORD THE "*LOWEST* QUALITY OPTION")**	
a.	WATER IS AVAILABLE TO FLUSH	1. YES 2. NO
b.	WATER IS AVAILABLE TO WASH HANDS	1. YES 2. NO
c.	SOAP IS AVAILABLE TO WASH HANDS	1. YES 2. NO
d.	TOILET CLEANLINESS	1. TOILET IS CLEAN AND TIDY 2. TOILET IS SOMEWHAT CLEAN 3. TOILET FACILITY IS DIRTY
e.	PRIVACY	1. HAS DOOR AND CAN BE LOCKED 2. HAS DOOR BUT CANNOT BE LOCKED 3. HAS NO DOOR

37	TOILET ACCESS FROM THE DELIVERY ROOM **(ONLY CIRCLE ONE ANSWER)**	1. INSIDE OR NEXT TO THE DELIVERY ROOM 2. INSIDE FACILITY/FAR FROM THE DELIVERY ROOM 3. OUTSIDE FACILITY

	COMMUNICATION	**ANSWER**
38	Is a person skilled in conducting deliveries present at the facility or on call at all times (24 hours a day), including weekends, to provide delivery care?	1. Yes 2. No
39	How would a pregnant mother contact health staff if the facility is closed or staff member not present at the time? (**CIRCLE ALL THAT APPLY)**	A. Mobile phone B. Send someone to the health staff's house C. The mother needs to travel to the health facility and ask the security/someone in the to contact the health staff D. Ask a community health worker or village staff to contact health staff V. Other (specify) _____ W. Health staff is always present

SECTION PI. COSTS AND SERVICES

Now we'd like to ask about the costs and services for mothers and babies provided by this health facility.

01. You mentioned that there were [**CAPI preload** – CK02A+CK02B+CK03A+CK03B] births in this month and the previous month. How many of these births at this facility were…**?**	
A. Paid for using insurance (CHF, NHIF, other)	_____ persons
B. Not paid for with insurance	_____ persons
V. Other (specify) _____	_____ persons
W. Not applicable	

02	Which types of health insurance are accepted at the clinic?	A. CHF B. NHIF V. Other, specify _____
03.	Are there charges for registration as a new patient at this dispensary?	1. Yes 3. No ➔ **PI05**
04.	How much are the charges?	TSH. ⌊_⌊_⌊_⌋ . ⌊_⌊_⌊_⌋
05.	How much would a regular patient of this dispensary's catchment area pay for the following services?:	a. Antenatal care (1x visit) TSH. ⌊_⌊_⌋ . ⌊_⌊_⌊_⌋ . ⌊_⌊_⌊_⌋ b. Laboratory test related to antenatal TSH. ⌊_⌊_⌋ . ⌊_⌊_⌊_⌋ . ⌊_⌊_⌊_⌋

	(ASK FOR ESTIMATION OF THE TOTAL COST. IF THERE ARE DIFFERENT PRICES FOR PATIENTS FROM WITHIN THE DISPENSARY JURISDICTION AREA AND PATIENTS FROM OUTSIDE THE DISPENSARY JURISDICTION, RECORD THE PRICES FOR PATIENTS FROM WITHIN THE DISPENSARY JURISDICTION AREA.)	c. Normal delivery **(SKIP IF CK02 ALL PARTS=6)** TSH. ⌊_⌊_⌋ . ⌊_⌊_⌊_⌋ . ⌊_⌊_⌊_⌋ d. Postnatal (1x visit after leaving the delivery room) TSH. ⌊_⌊_⌋ . ⌊_⌊_⌊_⌋ . ⌊_⌊_⌊_⌋ e. Laboratory test related to postnatal TSH. ⌊_⌊_⌋ . ⌊_⌊_⌊_⌋ . ⌊_⌊_⌊_⌋
06.	Is there information about delivery cost of services posted publicly?	1. Yes 2. No 6. Not Applicable (no delivery unit)

	(IF YES – VERIFY)	
06a.	Is there information about other cost of services posted publicly? **(IF YES – VERIFY)**	1. Yes 2. No
07.	Has there been any new initiative/strategy to increase the number of mothers who give birth in this health facility in the past 3 years?	1. Yes 2. No ➔ **PI09** **6.** NO DELIVERY UNIT **-> PI09**
08.	If yes, what are the initiatives/strategies? **(DO NOT READ ANSWER CHOICES – CIRCLE ALL THAT APPLY)** _____ _____ _____ _____ _____	A. PARTNERSHIP BETWEEN TBAs AND THE DISPENSARY B. TRAINING/CERTIFICATION OF TBAs C. PICKING UP PATIENTS USING FACILITY AMBULANCE D. IMPOSE SANCTIONS FOR MIDWIVES/DISPENSARY STAFF WHO HELP DELIVERY OUTSIDE THE FACILITY E. ROUTINE MEETING WITH VILLAGE OFFICIALS TO IDENTIFY ISSUES RELATED TO WOMEN GIVING BIRTH AT HOME F. PROVIDING INCENTIVES TO COMMUNITY HEALTH VOLUNTEERS G. PROVIDING TRAINING TO COMMUNITY HEALTH VOLUNTEERS H. STATIONING A MIDWIFE IN EACH VILLAGE I. CREATING A MATERNITY HOME OR PROVIDING ROOMS FOR PATIENTS WHO ARE ABOUT TO GIVE BIRTH TO STAY IN OR NEARTHE FACILITY FOR A COUPLE OF DAYS BEFORE DELIVERY J. CLASSES FOR PREGNANT MOTHERS K. PROVIDE INCENTIVES TO PEOPLE WHO HELP TRANSPORT PREGNANT WOMENTO DELIVER IN THE HEALTH FACILITY

	L. PROVIDE SOCIALIZATION/EDUCATION TO COMMUNITY MEMBERS ON THE IMPORTANCE OF GIVING BIRTH IN A HEALTH FACILITY M. CREATE A REGULATION REGARDING THE NUMBER OF PEOPLE WHO CAN ENTER THE DELIVERY ROOM TO PROVIDE PRIVACY N. PROVIDE MORAL/MENTAL/EMOTIONAL/SPIRITUAL SUPPORT V. OTHER (SPECIFY)

08a.	Does this dispensary have a partnership with TBAs to ensure they encourage women to deliver in the facility with a midwife?	1…….. Yes 3…….. No
08b.	Are you aware of any programs or campaigns aimed at educating TBAs in the area, or convincing them to not deliver babies at home? These programs could have been undertaken by this health facility, an NGO, or by people of this village or nearby villages.	1…….. Yes 3…….. No

09.	Does this facility have a complaint management system, like a suggestion/complaint box?	1. Yes 2. No ➔ **11**
10.	What is the system? **(DO NOT READ ANSWER CHOICES – CIRCLE ALL THAT APPLY)**	A. PHONE NUMBER AVAILABLE PUBLICLY B. SUGGESTION BOX V. OTHERS, _____
11.	Does this health facility conduct routine meeting with community members in the service area to improve the service quality of this facility?	1. Yes 2. No ➔ **QUESTION 14**
12.	How often have these community meetings happened in the past one year?	└__┘__┘ times
13.	Who has typically attended these meetings? **(DO NOT READ ANSWER CHOICES – CIRCLE ALL THAT APPLY)**	A. DISTRICT GOVERNMENT B. WARD GOVERNMENT C. VILLAGE GOVERNMENT D. VILLAGE HEALTH COMMITTEE E. FAITH-BASED ORGANIZATION F. NGO G. LOCAL LEADERS (SHEHE, HEAD OF YOUTH GROUPS, KITONGOJI HEADS) H. REGULAR COMMUNITY MEMBERS V. OTHERS, _____ X. REFUSED TO ANSWER Y. DON'T KNOW

INTERVIEWER NOTE: FOR QUESTION 14 – 22, ASK HEAD OF DISPENSARY OR MOST SENIOR STAFF.

[NAMES OF SAMPLE VILLAGES SERVED BY THE FACILITY SHOULD BE PRE-LOADED)

14.	Does **[SAMPLE VILLAGE 1]** have a local regulation/by-law on maternal health services (cost, delivery at a facility, visit to health facility, etc.)? (for example: a fine of women who don't give birth in a health facility or seek postnatal or antenatal care)	1. Yes 3. No ➔ 16
15.	What is the by-law?	_____ _____

16.	Does **[SAMPLE VILLAGE 2]** have a local regulation/by-law on maternal health services (cost, delivery at a facility, visit to health facility, etc.)? (for example: a fine of women who don't give birth in a health facility or seek postnatal or antenatal care) **INTERVIEWER: SKIP IF THERE IS ONLY ONE SAMPLE VILLAGE SERVED BY THE FACILITY**	1. Yes 3. No ➔ 18
17.	What is the by-law?	
18.	Does the health centre you refer to or this dispensary have a local regulation/by-law on maternal health services (cost, delivery at a facility, visit to health facility, etc.)? (for example: a fine of women who don't give birth in a health facility or seek postnatal or antenatal care)	1. Yes 3. No ➔ **KS**
19.	What is the content of this by-law?	_____ _____ _____

SECTION KS. AVAILABILITY OF MEDICINES AND SUPPLIES

Now I'd like to ask about the availability of drugs and equipments in this facility.

INTERVIEWER'S NOTE: WRITE THE RESPONDENT CHARACTERISTICS IN SECTION IR

	OUT STOCK	
KS01.	I'd like to see what drugs and supplies are available <u>today</u>. May I see the stock room?	1. Yes 3. No (reason) _____

Group 1 (mothers)

KS03		
	Name of medicines	Are the following medicines in stock today? **(RECORD THROUGH OBSERVATION)**

A	**OXYTOCIN**	1. YES	3. NO	6. NEVER AVAILABLE ↓	
B	Sodium Chloride (saline) or RINGERS LACTATE	1. YES	3. NO	6. NEVER AVAILABLE ↓	
C	Calcium gluconate injection (for treatment of magnesium toxicity)	1. YES	3. NO	6. NEVER AVAILABLE ↓	
D	**MAGNESIUM SULFATE**	1. YES	3. NO	6. NEVER AVAILABLE ↓	
E	**AMPICILLIN**	1. YES	3. NO	6. NEVER AVAILABLE ↓	
F	Gentamicin	1. YES	3. NO	6. NEVER AVAILABLE ↓	
G	Metronidazole	1. YES	3. NO	6. NEVER AVAILABLE ↓	
H	Misoprostol	1. YES	3. NO	6. NEVER AVAILABLE ↓	
I	Azithromycin	1. YES	3. NO	6. NEVER AVAILABLE ↓	
J	Cefixime	1. YES	3. NO	6. NEVER AVAILABLE ↓	
K	Benzathine benzylpenicillin	1. YES	3. NO	6. NEVER AVAILABLE ↓	
L	Betamathasone or Dexamethasone	1. YES	3. NO	6. NEVER AVAILABLE ↓	
M	Nifedipine	1. YES	3. NO	6. NEVER AVAILABLE ↓	
N	Iron tablets or syrup	1. YES	3. NO	6. NEVER AVAILABLE ↓	
O	Folic acid tablets	1. YES	3. NO	6. NEVER AVAILABLE ↓	
P	Diazepam	1. YES	3. NO	6. NEVER AVAILABLE ↓	

Group 2 (children)

KS04					
	Name of drugs/equipments	Are the following medicines in stock today? (RECORD THROUGH OBSERVATION)			
A	**AMOXICILLIN**	1. YES	3. NO	6. NEVER AVAILABLE ↓	
B	Ceftriaxone	1. YES	3. NO	6. NEVER AVAILABLE ↓	
C	Oxygen	1. YES	3. NO	6. NEVER AVAILABLE ↓	
D	Procaine benzylpenicillin	1. YES	3. NO	6. NEVER AVAILABLE ↓	
E	Oral Rehydration salts (ORS)	1. YES	3. NO	6. NEVER AVAILABLE ↓	

F	Zinc	1. YES	3. NO	6. NEVER AVAILABLE ↓	
G	Artemisinin combination therapy	1. YES	3. NO	6. NEVER AVAILABLE ↓	
H	Artesunate	1. YES	3. NO	6. NEVER AVAILABLE ↓	
I	Standard regimen for first-line **anti-retroviral treatment (ARV)**	1. YES	3. NO	6. NEVER AVAILABLE ↓	
J	Vitamin A	1. YES	3. NO	6. NEVER AVAILABLE ↓	
K	Morphine	1. YES	3. NO	6. NEVER AVAILABLE ↓	
L	Paracetamol	1. YES	3. NO	6. NEVER AVAILABLE ↓	
M	Antibiotic eye ointment for newborns	1. YES	3. NO	6. NEVER AVAILABLE ↓	
N	Albendazole/Melbendazole tablet	1. YES	3. NO	6. NEVER AVAILABLE ↓	
O	Vitamin K	1. YES	3. NO	6. NEVER AVAILABLE ↓	

Vaccines

KS05					
	Type of vaccine	Are the following vaccines in stock today? (RECORD THROUGH OBSERVATION)			
A	POLIO (OPV)	1. YES	3. NO	6. NEVER AVAILABLE ↓	
B	BCG	1. YES	3. NO	6. NEVER AVAILABLE ↓	
C	HepB vaccine (alone)	1. YES	3. NO	6. NEVER AVAILABLE ↓	
D	DPT-Hib-HepB	1. YES	3. NO	6. NEVER AVAILABLE ↓	
E	MEASLES/RUBELLA	1. YES	3. NO	6. NEVER AVAILABLE ↓	
F	Tetanus Toxoid	1. YES	3. NO	6. NEVER AVAILABLE ↓	
G	Rotavirus	1. YES	3. NO	6. NEVER AVAILABLE ↓	
H	Pneumococcal	1. YES	3. NO	6. NEVER AVAILABLE ↓	
KS06					
	Name of supplies	Are the following supplies in stock today? **(RECORD THROUGH OBSERVATION)**			
A	SYRINGES (DISPOSABLE)	1. YES	3. NO	6. NEVER AVAILABLE ↓	

B	Sterile GLOVES	1. YES	3. NO	6. NEVER AVAILABLE ↓
C	Skin disinfectant	1. YES	3. NO	6. NEVER AVAILABLE ↓
D	Thermometer	1. YES	3. NO	6. NEVER AVAILABLE ↓
E	Stethoscope	1. YES	3. NO	6. NEVER AVAILABLE ↓
F	Light source	1. YES	3. NO	6. NEVER AVAILABLE ↓
G	Delivery pack	1. YES	3. NO	6. NEVER AVAILABLE ↓
H	Neonatal bag and mask	1. YES	3. NO	6. NEVER AVAILABLE ↓
I	Pregnancy test	1. YES	3. NO	6. NEVER AVAILABLE ↓

KS07 Are the following types of equipment available and functional at the facility today?		
	Type of Equipment	**Availability**
A	Blood pressure equipment	Available and functional ..... 1 Available and broken ..... 2 Not available 3
B	Infant weight scale	Available and functional ..... 1 Available and broken ..... 2 Not available 3
C	Adult weight scale	Available and functional ..... 1 Available and broken ..... 2 Not available 3
D	Measuring tape (for head, arm, hip measurement, etc)	Available and functional ..... 1 Available and broken ..... 2 Not available 3
E	Equipment to measure infant's height/ length	Available and functional ..... 1 Available and broken ..... 2 Not available 3
F	Adult height scale	Available and functional ..... 1 Available and broken ..... 2 Not available 3
G	Growth chart	Available and functional ..... 1 Available and broken ..... 2 Not available 3
H	Examination light	Available and functional ..... 1 Available and broken ..... 2 Not available 3
I	Suction apparatus (mucus extractor)	Available and functional ..... 1 Available and broken ..... 2 Not available 3

J	Manual/electric vaccuum extractor	Available and functional ..... 1 Available and broken ..... 2 Not available 3
K	Vaccuum Aspirator or D&C kit	Available and functional ..... 1 Available and broken ..... 2 Not available 3
L	Partograph	Available and functional ..... 1 Available and broken ..... 2 Not available 3
M	Cold box/vaccine carrier with ice packs	Available and functional ..... 1 Available and broken ..... 2 Not available 3
N	Refridgerator	Available and functional ..... 1 Available and broken ..... 2 Not available 3
O	Sharps container	Available and functional ..... 1 Available and broken ..... 2 Not available 3

SECTION VF. CATCHMENT HEALTH FACILITIES AND SERVICES IN VILLAGE OF INTEREST

Now I'm going to ask you some questions about a specific village in your catchment area [*village name*]. Please answer the following questions based on the services available in [*village name*] only.

01	Are there any community health workers/village healthworkers (CHW/VHWs) assigned to [*village name*]?	Yes ..... 1 No ..... 2 → 04
02	How many CHW/VHWs are assigned to *[village name]?*	⌊__⌊__⌋
03	Do these CHW/VHWs live in [*village name*]?	Yes ..... 1 No 2
04	Is there a "mobile clinic" or any other type of outreach service that serves *[village name]?* Please do not incude CHW/VHWs here.	Yes ..... 1 No .....2 → 06
05	Was this mobile clinic/outreach service established within the past 3 years?	Yes ..... 1 No 2
06	Is there a health dispensary location in [*village name*]?	Yes ..... 1 No 2

SECTION RD. RANDOM

NOTE: THE SELECTION OF RESPONDENT TO ANSWER SECTION PP. COPY THE NAMES OF ALL STAFF WHO DELIVER BABIES IN SD-07 (ANSWER = 1. YES). USE A RANDOM NUMBER TO CHOOSE THE HEALTH FACILITY STAFF MEMBER WHO WILL BE INTERVIEWED FOR THE KNOWLEDGE SECTION (PP).

IF NO STAFF HAS BEEN OFFICIALLY ASSIGNED TO DELIVER BABIES, IDENTIFY THE STAFF WHO IS RESPONSIBLE FOR PROVIDING MATERNAL & NEWBORN HEALTH CARE IN THAT PARTICULAR SAMPLE VILLAGE. THIS COULD BE A DOCTOR, NURSE, MIDWIFE, MEDICAL OFFICER, OR OTHER MEDICAL STAFF IN THE MNH & BIRTH UNIT (DO NOT INTERVIEW NON-MEDICAL STAFF).

01	02	03	04
No	**Name of Midwife**	**Random Number**	**Selected or not selected**
1			**1.Yes, interviewed** **2. Yes, cant be interviewed (enter code) _____** **3. No**

2			**1.Yes, interviewed** **3. No**	**2. Yes, cant be interviewed (enter code) _____**
3			**1.Yes, interviewed** **3. No**	**2. Yes, cant be interviewed (enter code) _____**
4			**1.Yes, interviewed** **3. No**	**2. Yes, cant be interviewed (enter code) _____**
5			**1.Yes, interviewed** **3. No**	**2. Yes, cant be interviewed (enter code) _____**
6			**1.Yes, interviewed** **3. No**	**2. Yes, cant be interviewed (enter code) _____**
7			**1.Yes, interviewed** **3. No**	**2. Yes, cant be interviewed (enter code) _____**
8			**1.Yes, interviewed** **3. No**	**2. Yes, cant be interviewed (enter code) _____**
9			**1.Yes, interviewed** **3. No**	**2. Yes, cant be interviewed (enter code) _____**
10			**1.Yes, interviewed** **3. No**	**2. Yes, cant be interviewed (enter code) _____**

Code RD04

01. Sick	04. Personal errands	07. At Department of Health	10. Doing other job	13. Training	16. No reason
02. Annual/Maternity Leave	05. Family needs	08. Picking up salary	11. Different shift	14. Workshop	95. Others_____
03. Weather	06. Doing outreach	09. Picking up drugs/supplies	12. Volunter	15. At school /taking exam	98.DO NOT KNOW

SECTION PP. HEALTH WORKER KNOWLEDGE/BEHAVIOR

	RESPONDENT
IR01. Name of Respondent	1a Name _____

IR02.	Position at Health Facility	01. Medical Doctor / Medical Officer 02. Assistant Medical Officer 03. Clinical Officer / Medical Assistant 04. Clinical Assistant 05. Registered Nurse 06. Enrolled Nurse 07. Auxiliary Nurse / Assistant Nurse 08. Comprehensive Midwife-nurse (Enrolled and Registered) 09. Registered Midwife 10. Enrolled Midwife 11. Health Assistant	12. Dentist / Dentist Assistant 13. Laboratory Technician / Technologist 14. Laboratory Assistant / Attendant 15. Pharmacist / Dispenser 16. Facility Administrator 17. Accountant 18. Records Clerk 19. Cleaner / Sweeper / etc 20. Medical intern 95. Others_____
IR03.	PHONE NUMBER	A. Landline. └┴┴┴┴┘ . └┴┴┴┴┴┴┴┴┘ B. Mobile Phone └┴┴┴┴┴┴┴┴┴┴┴┴┴┘ W. NONE	

PP00.	**COPY FROM RD01 AND RD02, NAME AND CODE OF RESONDENT SELECTED**	**a.Name:** _____ **b.No RD01** └┴┘
PP00X	**HAS RESPONDENT (PP00) BEEN READ THE INFORMED CONSENT FOR ANOTHER SECTION?**	**1.YES → PP01** **3.NO → READ INFORM CONSENT, SECTION IR, CONTINUE TO PP01**

PP00Y. CONSENT FORM

RESPONDENT 2: READ TO RESPONDENT FACILITY ID └┴┴┘ └┴┘

CONSENT FORM TO PARTICIPATE IN A NON-BIOMEDICAL RESEARCH - MOTHER AND CHILD HEALTH SURVEY IN HEALTH FACILITIES IN TANZANIA

Introduction

My name is _____, from Innovations for Poverty Action (IPA). We are doing a study called the Transparency for Development project with researchers from Harvard University, Results for Development Institute, and University of Washington in the United States.

What is the purpose of this research?

The purpose of this research is to learn about maternal and under-2 child health in the communities served by this health facility. The survey covers infrastructure, equipment, drugs, human resources, consultations, and financial information. We would be very grateful if you would provide us with the relevant information or point us to your colleagues who are responsible for these activities.

The questions usually take about 2 hours. Your health facility was selected to be part of this study and the information you provide may be shared with members of your community.

Participation is voluntary

You don't have to respond to the survey, but we hope you will agree to answer the questions since your views and the experience of this facility are important.

If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time. Refusal to participate or stopping your participation will involve no penalty to you or this facility.

Confidentiality and Risks

We will take measures to keep all personal information collected confidential. Although we may ask the names of respondents, we will remove your name from the answers and give it a code, but there is a chance that someone could find out your information. We will take every precaution to prevent this from happening, and your name will not be listed in any report that comes out of the survey.

Risks

We do not anticipate that this study exposes you to any physical or psychological risks other than those you may encounter in everyday life.

Compensation

Are there any benefits from being in this research study?

There are no direct benefits to you from taking part in this research. However, the results of this study may be used to help to improve maternal and child health in the communities this facility serves.

Questions or Concerns

If you have questions, concerns or complaints, the survey director for this study is _____ who can be reached at _____.

Do you give consent to participate in this study? 1. Yes 2. No

01a.	How long have you been working at this dispensary?	└─┴─┘ **Unit: 1.Year 3. Month**	
01b.	In the last 3 years, has any community member approached you to: **(NOTE: THIS QUESTION DOES NOT MEAN "ARE YOU DOING THIS ACTIVITY".** **IT MEANS "DID ANY COMMUNITY APPROACH YOU TO DO THIS ACTIVITY".** **THERE IS A DIFFERENCE BETWEEN THE TWO)**	1. Facilitate or lead an education/sensitization event	1. Yes 3. No
		2. Help with an insurance registration event/campaign	1. Yes 3. No
		3. Help with a blood drive	1. Yes 3. No
		4. Improve services or cleanliness at the dispensary	1. Yes 3. No
		5. Help with inviting husbands to accompany women in health facility visits	1. Yes 3. No
		6. Participate in any other actions like these for improving maternal and newborn health outcomes?	1. Yes, specify _____ 3. No
01c.	Are you paid, or voluntary staff?	1. Paid Staff 2. Volunteer 3. Unpaid intern 95. Other, specify	

For the following statements, I would like to hear your opinion related to health services for mothers and babies. Please answer whether you "strongly agree", "somewhat agree," "somewhat disagree," or "strongly disagree" with the following statements.

01.	If a pregnant mother has already had a baby and did not experience complications before, then the mother does not need to seek antenatal care for her current pregnancy **(ONLY CIRCLE ONE ANSWER)**	Strongly agree ..... 01 Somewhat agree ..... 02 Somewhat disagree ..... 03 Strongly disagree ..... 04 REFUSED TO ANSWER ..... 97 DO NOT KNOW 98
02.	It is fine to stay at home during labor and wait until a woman begins having complications to go to a health facility **(ONLY CIRCLE ONE ANSWER)**	Strongly agree ..... 01 Somewhat agree ..... 02 Somewhat disagree ..... 03 Strongly disagree ..... 04 REFUSED TO ANSWER ..... 97 DO NOT KNOW 98
03.	For what reasons would you refer a woman to give birth in a health centre or hospital (rather than at a dispensary)? **(DO NOT READ ANSWER CHOICES – CIRCLE ALL THAT APPLY)**	A. FIRST PREGNANCY B. 4TH OR HIGHER PREGNANCY C. MOTHER YOUNGER THAN 18 D. MOTHER OLDER THAN 35 E. BREACH BABY F. HIGH RISK OF COMPLICATIONS V. OTHER (SPECIFY) _____
04.	At what point during the pregnancy do you recommend pregnant mothers first seek antenatal care? (First contact) **(DO NOT READ ANSWER CHOICES - ONLY CIRCLE ONE ANSWER)**	1. As soon as she knows she is pregnant 2. When she begins to show 3. Only if she is experiencing complications 4. Within the first 3 months/12 weeks/first trimester 5. A time later than the first 3 months/12 weeks/first trimester 6. If her menstrual cycle is late 7. Never 95 OTHER (SPECIFY) _____ 97. REFUSED TO ANSWER 98. DO NOT KNOW
05.	Which vaccinations should an infant under 1 year be given? **(DO NOT READ ANSWER CHOICES – CIRCLE ALL THAT APPLY)**	A. Polio/OPV B. BCG C. DPT or DPT-HB or DPT-HB-Hib D. Measles or Measles-Rubella or MMR E. Rotavirus F. Pneumococcal V. OTHER (SPECIFY)

06.	According to you, what is the main reason pregnant women	01. COST 02. DISTANCE

	do not give birth at a health facility? **(DO NOT READ ANSWER CHOICES – ONLY CIRCLE ONE ANSWER)** _____ _____ _____ _____ _____ _____	03. TRANSPORTATION 04. DIDN'T KNOW TO DELIVER IN FACILITY/DIDN'T KNOW WHERE TO GO 05. OPPOSITION OF PARTNER/FAMILY 06. AGAINST LOCAL NORMS/TRADITION 07. PROVIDER WAS NOT PRESENT/FACILITY WAS CLOSED 08. WAIT TOO LONG AT THE FACILITY 09. LABOR PROGRESSED TOO QUICKLY AND PATIENT DIDN'T HAVE TIME TO GET TO THE FACILITY 10. NO BIRTH PLAN 12. CHOOSE TO DELIVER AT HOME 13. THE QUALITY OF SERVICE PROVIDED BY THIS FACILITY IS NOT GOOD 14. FACILITY IS NOT CLEAN/COMFORTABLE 15. FACILITY DOESN'T HAVE ADEQUATE EQUIPMENT 95. OTHER (SPECIFY) _____ 97. REFUSED TO ANSWER 98. DO NOT KNOW

07.	According to you, what is the **main reason** a pregnant mother may not receive post natal care at **any facility in general** within one week of delivery? **(DO NOT READ ANSWER CHOICES – ONLY CIRCLE ONE ANSWER)**	1. COST 2. DISTANCE 3. TRANSPORTATION 4. DIDN'T KNOW THEY SHOULD SEEK POSTNATAL CARE AT THE FACILITY 5. OPPOSITION FROM PARTNER/FAMILY 6. AGAINST LOCAL NORMS/TRADITION 7. PROVIDER WAS NOT PRESENT/ FACILITY WAS CLOSED 8. WAIT TOO LONG AT THE FACILITY 9. CHOOSE TO CONSULT WITH A TBA 10. QUALITY OF SERVICE AT FACILITY IS NOT GOOD 11 FACILITY IS NOT CLEAN/COMFORTABLE 12. FACILITY DOESN'T HAVE ADEQUATE EQUIPMENT

		13. DON'T THINK IT'S IMPORTANT TO HAVE A POSTNATAL CONSULTATION 95. OTHER (SPECIFY) _____ 97. REFUSED TO ANSWER 98. DO NOT KNOW
08.	According to you, what is the main reason a pregnant women may not have a birth preparedness plan? **(DO NOT READ ANSWER CHOICES – ONLY CIRCLE ONE ANSWER)**	1. MOTHER HAS GIVEN BIRTH PREVIOUSLY WITHOUT COMPLICATION 2. DIDN'T THINK IT'S IMPORTANT TO MAKE THE PLAN 3. BIRTH PLAN IS ORGANIZED BY PARTNER/OTHER FAMILY MEMBERS 4. NEVER HEARD OF BIRTH PREPAREDNESS PLAN/NO ONE TOLD MOTHER TO MAKE THE PLAN 5. MOTHER PLANS TO GIVE BIRTH AT HOME AND IF COMPLICATION OCCURS THEN FOLLOW UP PLAN IS MADE 95 OTHER (SPECIFY) _____ 97. REFUSED TO ANSWER 98. DO NOT KNOW
09.	If you chould do something to improve the care offered to women and babies in this facility, what would you like to do? **(DO NOT READ ANSWER CHOICES – CIRCLE <u>ALL</u> THAT APPLY)** _____ _____ _____ _____ _____ _____	A. SHORTEN WAITING TIME TO SEE DOCTOR B. IMPROVE SKILLS OF DOCTORS/NURSES C. IMPROVE THE CLEANLINESS OF THE FACILITY D. IMPROVE RESPECT OF DOCTORS/NURSES TOWARD PATIENTS E. IMPROVE CONFIDENTIALITY/PRIVACY F. IMPROVE SUPPLY OF MEDICINES G. ADD/FIX EQUIPMENT H. REDUCE COST OF TREATMENT/FREE OF CHARGE/NO BRIBES I. LESS ADMINISTRATION WORK/PAPERWORK J. IMPROVE PATIENT'S ABILITY TO CHOOSE A HEALTH CARE PROVIDER K. ADD CLASSES FOR PREGNANT WOMEN L. INVITE HUSBANDS TO ACCOMPANY MOTHERS TO HEALTH FACILITY VISITS

		M. IMPROVE PERSONAL TOUCH V. OTHER (SPECIFY) _____ X. REFUSED TO ANSWER ➔ **PP09** Y. DO NOT KNOW ➔ **PP09**
10.	If the effort to improve services for pregnant women and babies in this facility requires money (PP07), how would you get it? **(CIRCLE ALL THAT APPLY)**	A. National or regional government B. District or ward government C. Village government D. NGO/CSO E. Faith based org., church or mission group F. Collecting funds from community members (donation box) G. Own expenses H. Does not require money V. Others, _____

11.	If there was a problem with broken equipment at the facility or with human resources (lacking/not available), to whom would you turn for help? **(DO NOT READ ANSWER CHOICES – CIRCLE ALL THAT APPLY)** _____ _____ _____ _____ _____ _____	A. NATIONAL GOVERNMENT B. REGIONAL GOVERNMENT C. REGIONAL LEVEL – DEPARTMENT OF HEALTH D. DISTRICT GOVERNMENT E. DISTRICT LEVEL – DEPARTMENT OF HEALTH F. WARD GOVERNMENT G. VEO/VILLAGE CHAIRMAN H. VILLAGE HEALTH COMMITTEE I. FAITH-BASED ORGANIZATION/CHURCH/MISSION GROUP J. NGO/CSO K. LOCAL LEADERS (SHEHE, YOUTH LEADER, VITONGOGI CHAIR) L. COMMUNITY HEALTH WORKERS/VILLAGE HEALTH WORKERS M. REGULAR COMMUNITY MEMBERS N. NO ONE/ WOULD SEEK NO HELP V. OTHER (SPECIFY) _____ X. REFUSED TO ANSWER
12.	If there were a problem with community members willingness or ability to access the services at this facility, to whom would you turn for help? **(DO NOT READ ANSWER CHOICES – CIRCLE ALL THAT APPLY)** _____ _____ _____ _____ _____ _____	A. NATIONAL GOVERNMENT B. REGIONAL GOVERNMENT C. REGIONAL LEVEL – DEPARTMENT OF HEALTH D. DISTRICT GOVERNMENT E. DISTRICT LEVEL – DEPARTMENT OF HEALTH F. WARD GOVERNMENT G. VEO/VILLAGE CHAIRMAN H. VILLAGE HEALTH COMMITTEE I. FAITH-BASED ORGANIZATION/CHURCH/MISSION GROUP J. NGO/CSO K. LOCAL LEADERS (SHEHE, YOUTH LEADER, KITONGOGI CHAIR) L. COMMUNITY HEALTH WORKERS/VILLAGE HEALTH WORKERS M. REGULAR COMMUNITY MEMBERS

	N. NO ONE/ WOULD SEEK NO HELP V. OTHER (SPECIFY) _____ X. REFUSED TO ANSWER

13.	In your opinion, what are the main barriers to making improvements in your health facility? (open-ended question)	1. Answer _____ 3. No significant barriers

For the following statements, I would like to hear your opinion related to health services for mothers and babies. Please answer whether you "strongly agree", "somewhat agree," "somewhat disagree," or "strongly disagree" with the following statements.

14.	Women are generally well aware of the maternal/newborn health services offered at [dispensary name].	Strongly agree ..... 01 Somewhat agree ..... 02 Somewhat disagree ..... 03 Strongly disagree ..... 04 REFUSED TO ANSWER 97
15.	Women seeking maternal/new-born health services understand the constraints and problems that arise in running [dispensary name].	Strongly agree ..... 01 Somewhat agree ..... 02 Somewhat disagree ..... 03 Strongly disagree ..... 04 REFUSED TO ANSWER 97
16.	When [dispensary name] is making a decision about something that affects the maternal/newborn health services the community will receive, community members are consulted about it.	Strongly agree ..... 01 Somewhat agree ..... 02 Somewhat disagree ..... 03 Strongly disagree ..... 04 REFUSED TO ANSWER 97
17.	In general, maternal health patients do not have meaningful feedback on your services.	Strongly agree ..... 01 Somewhat agree ..... 02 Somewhat disagree ..... 03 Strongly disagree ..... 04 REFUSED TO ANSWER 97
18.	Most patients don't appreciate the level of effort put in by the staff at [dispensary name]. .	Strongly agree ..... 01 Somewhat agree ..... 02 Somewhat disagree ..... 03 Strongly disagree ..... 04 REFUSED TO ANSWER 97
19.	Patients generally communicate with you about their feedback on maternal/newborn health services.	Strongly agree ..... 01 Somewhat agree ..... 02 Somewhat disagree ..... 03 Strongly disagree ..... 04 REFUSED TO ANSWER 97

SECTION CP. INTERVIEWER'S NOTE

CP01.	WHAT LANGUAGE IS USED THROUGHOUT/MOST OF THE INTERVIEW?	00. Swahili 01. Etc. 02. Etc. 03. Etc. 04. Etc. 05. Etc. 95. OTHER (specify) _____
CP02.	ARE THERE ANY OTHER LANGUAGE USED	1. YES └─┴─┘, _____ (SAME CODE WITH CP01) 3. NO
CP03.	WHO ELSE BESIDES THE RESPONDENT PRESENT DURING THE INTERVIEW?	A. NONE B. HUSBAND/WIFE C. CHILDREN ≥ 5 YEARS OLD D. CHILDREN < 5 YEARS OLD E. ADULT, FACILITY STAFF F. ADULT, NOT FACILITY STAFF
CP04.	HOW WOULD THE ENUMERATOR RATE THE ACCURACY OF THE RESPONDENT'S ANSWERS?	1. VERY GOOD – Respondents answered all questions clearly and without hesitation, and during verfication all responses were found to be correct 2. GOOD – Respondents answered most questions clearly and without hesitation, and during verification most responses were found to be correct 3. AVERAGE – Respondents seemed unsure of the response to several questions, and during verification a few of the responses were found to be incorrect 4. BAD – Respondents were unsure of the response to most questions, and during verficiation most of the responses were found to be incorrect
CP05.	HOW WOULD THE ENUMERATOR RATE THE ATTENTION GIVEN BY THE RESPONDENT?	1. VERY GOOD – Respondents listened to, and answered, all questions attentively 2. GOOD – Respondents listened to, and answered, most questions attentively 3. AVERAGE – Respondents were attentive for only a few parts of the survey, and seemed distracted for other parts. 4. BAD – Respondents seemed generally busy, distracted, and unwilling to spend much time listening or responding.
CP06.	WHICH QUESTIONS CAUSED RESPONDENT TO FEEL EMBARRASED, OR CONFUSED AND DIFFICULT TO ANSWER? (WRITE THE SECTION AND THE QUESTION NUMBER)	_____ _____ _____

SECTION	QUESTION NUMBER	INTERVIEWER'S NOTE

NUMVIS. NUMBER OF VISIT: └──┘

	a. FIRST VISIT	b. SECOND VISIT	c. THIRD VISIT
DATE	└─┴─┘ / └─┴─┘ / └─┴─┴─┴─┘	└─┴─┘ / └─┴─┘ / └─┴─┴─┴─┘	└─┴─┘ / └─┴─┘ / └─┴─┴─┴─┘
START TIME	└─┴─┘ : └─┴─┘	└─┴─┘ : └─┴─┘	└─┴─┘ : └─┴─┘
END TIME	└─┴─┘ : └─┴─┘	└─┴─┘ : └─┴─┘	└─┴─┘ : └─┴─┘

VISIT RESULT

COV3. VISIT RESULT	COV4. REVIEWED BY SUPERVISOR		
1. Completed 2. Half completed, _____ 3. Not completed, _____		YES	NO
	a. Observed	1	3
	b. Checked.....	1	3
	c. Verified.....	1	3