

Supplement to: Dominico S, Serbanescu F, Mwakatundu N, et al. A comprehensive approach to improving emergency obstetric and newborn care in Kigoma, Tanzania. *Glob Health Sci Pract.* 2022;10(2): e2100485. <https://doi.org/10.9745/GHSP-D-21-00485>

Supplement 1. Health Facility Assessment Questionnaire (English version)

Dodoso La Kutathimini Vituo Vitoavyo Huduma Za Afya (Swahili version)

Files available upon request sent to the corresponding author.

2019 HEALTH FACILITY ASSESSMENT QUESTIONNAIRE

Interviewer name:

INTERVIEWER PLEASE READ: “Thank you for helping me to complete this facility assessment. We may need to consult with one or more team members in your facility and gather some information from facility registers, logbooks, and other records.”

Date: / / **Ward:** **Locality:**
dd mm yyyy

Facility name:

Facility’s catchment population size (# of people): _____, _____ people

Name of villages in the catchment area (ONLY FOR DISPENSARIES): _____

Facility type (CHECK ONE): Hospital [1] Health Centre [2] Dispensary [3] Other [8] (SPECIFY) _____

Facility personnel participating in the assessment:

	NAME	POSITION	QUALIFICATION	PHONE NUMBER
1.				
2.				
3.				

A. HUMAN RESOURCES (DATA COLLECTED BY *REVIEW* OF RECORDS, IF AVAILABLE, OR BY *REPORT* OF IN-CHARGE)

Data Source: Staff inventory (for cadre of staff required and available) AND current duty roster

Cadre	No. of staff in this position	No. trained <u>in-service</u> in EmONC**		No. trained <u>in-service</u> in CPAC **		No. trained <u>in-service</u> in FP**		No. trained <u>in-service</u> in Helping Babies Breathe		
		Total	Trained since Jan 2018	Total	Trained since Jan 2018	Total	Trained since Jan 2018	Total	Trained since Jan 2018	
1.Obstetrician/gynecologist										
2.General Surgeon										
3.Medical Doctor										
4.Assistant Medical Officer										
5.Clinical Officer/Assistant										
6.Midwife*										
7.Nurse Officer*										
8.Enrolled Nurse*										
9.Nurse Assistant/Nurse Attendant/Medical Attendant										
10.Anesthetist										
11.Nurse Anesthetist										
12.Records Officer /Assistant										
13.Lab technologist/Assistant										
14.Pharmacists/Assistants										
15.Other staff (SPECIFY) _____										
16.Other staff (SPECIFY) _____										
17. Do you have community health workers**** that are affiliated with the health facility? (CIRCLE ONE)						Yes 1	No 0			
17a. IF YES , how many?						No. Community Health Workers: _____				

* IF STAFF PERSON IS *BOTH* MIDWIFE AND NURSE OFFICER OR ENROLLED NURSE, RECORD AS **MIDWIFE**.

** EmONC = Emergency Obstetric and Neonatal Care, CPAC = Comprehensive Post-Abortion Care, FP=Family Planning

***THIS CADRE SHOULD NOT BE INCLUDED IN THE FACILITY STAFF COUNT

B. INFRASTRUCTURE (DATA COLLECTED BY OBSERVATION)

		Yes	No
B1	Does the facility have clean running water?	<input type="checkbox"/>	<input type="checkbox"/>
B1a	IF YES, piped inside the building?	<input type="checkbox"/>	<input type="checkbox"/>
B1aa	IF YES, piped outside the building?	<input type="checkbox"/>	<input type="checkbox"/>
B1b	IF YES, hand-pumped from Tube well / Borehole or protected dug well?	<input type="checkbox"/>	<input type="checkbox"/>
B1c	IF YES, from protected spring or rainwater collection?	<input type="checkbox"/>	<input type="checkbox"/>
B2	An alternative accessible source for clean water? (see the comments box for alternative sources)	<input type="checkbox"/>	<input type="checkbox"/>
B2a	PLEASE RECORD HERE THE MAIN WATER SOURCE	<input type="text" value="Main Source:"/>	
B2b	Is the main water source on premises or within 500m?	<input type="checkbox"/>	<input type="checkbox"/>
B2c	Is the water from main water source currently available?	<input type="checkbox"/>	<input type="checkbox"/>
B3	Does this facility have electricity? (EVEN IF IRREGULAR, RECORD "YES".)	<input type="checkbox"/>	<input type="checkbox"/>
B3a	IF YES, What is the primary source of electricity?	<input type="text" value="Primary Source:"/>	
B3b	IF YES, Is the electricity functioning (AT THE MOMENT OF THIS INTERVIEW)?	<input type="checkbox"/>	<input type="checkbox"/>
B5	A private area for clinical exams?	<input type="checkbox"/>	<input type="checkbox"/>
B6	At least one functional latrine or toilet available for patients?	<input type="checkbox"/>	<input type="checkbox"/>
SKIP TO B7 IF THE FACILITY DOES NOT HAVE A LATRINE/TOILET			
B6a	What type of latrine or toilet for patients does this facility have? (CIRCLE ONE, THE MOST COMMON):		
	1. Flush/Pour-flush to sewer		
	2. Flush/Pour-flush to tank or pit		
	3. Flush/Pour-flush to open drain		
	4. Pit latrine with slab/covered		
	5. Pit latrine without slab/open		
	6. Bucket		
	7. Hanging latrine_____		
B6	Is there at least one latrine or toilet for patients usable (available, functional and private)?	<input type="checkbox"/>	<input type="checkbox"/>
B6b	Does this facility have toilets separated for staff and patients?	<input type="checkbox"/>	<input type="checkbox"/>
B6c	Does this facility have toilets separated for male and female patients?	<input type="checkbox"/>	<input type="checkbox"/>

B6d	Are the toilets equipped with a bin with a lid on it for disposal of used hygiene products?	B6d	<input type="checkbox"/>	<input type="checkbox"/>
B6e	Does this facility have soap and water currently available within 5 m of a latrine/toilet (make a note if it has water only)?	B6e	<input type="checkbox"/>	<input type="checkbox"/>
B6f	Does this facility have soap and water (or alcohol-based hand rub) currently available in consultation/exam rooms (for staff or patients to clean their hands)?	B6f	<input type="checkbox"/>	<input type="checkbox"/>
B6g	Is waste separated into three bins in the consultation/exam room (sharps, infectious, and general waste)? (IF SHARPS AND INFECTIOUS HAVE SEPARATE BINS, MARK YES)	B6g	<input type="checkbox"/>	<input type="checkbox"/>
B7	Does this facility have an environment generally free from litter & medical waste?	B7	<input type="checkbox"/>	<input type="checkbox"/>
B8	Does this facility have a rubbish pit or other appropriate waste disposal system <i>in use</i> ?	B8	<input type="checkbox"/>	<input type="checkbox"/>
B9	An incinerator or placenta pit in working order?	B9	<input type="checkbox"/>	<input type="checkbox"/>
B9a	How does this facility dispose of sharps waste most of the time (CIRCLE ONE ANSWER ONLY): <ol style="list-style-type: none"> 1. Incinerator 2. Burning in protected pit 3. Not treated, but buried in lined, protected pit 4. Open dumping without treatment 5. Open burning 6. Not treated and added to general waste 7. Other (specify): _____ 			
B9b	How does this facility dispose of infectious waste most of the time (CIRCLE ONE ANSWER ONLY): <ol style="list-style-type: none"> 1. Incinerator 2. Burning in protected pit 3. Not treated, but buried in lined, protected pit 4. Open dumping without treatment 5. Open burning 6. Not treated and added to general waste 7. Other specify): _____ 			
B10	A primary electricity source available 24 hours? (e.g., grid, solar panel)	B10	<input type="checkbox"/>	<input type="checkbox"/>
B11	A working backup generator with fuel available 24 hours?	B11	<input type="checkbox"/>	<input type="checkbox"/>
B12	A facility telephone or radio transmitter in working order?	B12	<input type="checkbox"/>	<input type="checkbox"/>

B13 A working **personal mobile phone** accessible for referrals/communications?

B13	<input type="checkbox"/>	<input type="checkbox"/>
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B13a **Mobile phone reception** that works well most of the time?

B13a	<input type="checkbox"/>	<input type="checkbox"/>
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B13b **Access to the internet** through a facility connection, personal mobile phone, or personal internet access?

B13b	<input type="checkbox"/>	<input type="checkbox"/>
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B14 A **refrigerator** in working order, 24 hours/7 days?

B14	<input type="checkbox"/>	<input type="checkbox"/>
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Comments for B2 (CIRCLE ALL MENTIONED): A. Unprotected dug well; B. Unprotected spring; D. Tanker truck
E. Surface water (River/Lake/Pond); F. Other source (specify) _____

C. PROCESSES (CONFIRM BY OBSERVATION)

Does the facility have:

		Yes	No	N/A
C1	Written maternal health standards of care accessible to all MCH personnel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C1a	IF YES, Are standards displayed in a visible place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C2	The national guidelines for integrated management of pregnancy and childbirth available for reference (IMPAC)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C3	A defined system or algorithm for triage ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C3a	IF YES, Is it displayed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C4	A defined algorithm for managing obstetric emergencies ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C4a	IF YES, is it displayed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C5	A team-based obstetric emergency management training in past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C6	An up-to-date labour and delivery register or log book?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C7	An up-to-date obstetrics ward <u>admission and discharge book</u> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C8	An up-to-date obstetrics ward <u>report book</u> (nurse case notes)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C9	An up-to-date obstetrics ward <u>round book</u> (line entries)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C10	An up-to-date operative Obstetric theatre log book?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C11	An up-to-date major operative theatre log book?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C12	An up-to-date minor operative theatre log book?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C13	An up-to-date postpartum wards log ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C14	An up-to-date gynecology ward <u>report</u> book?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C15	An up-to-date gynecology ward <u>round</u> book?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C16	An up-to-date inpatient female ward log ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C17	An up-to-date private ward register?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C18	An up-to-date outpatient/emergency room log?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C19	Up-to-date patient charts ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C20	An up-to-date mortuary room log?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C21	An up-to-date monthly clinical audit binder/file for maternal and perinatal deaths, C-sections, and serious complications? (Thamini Uhai)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		<u>Yes</u>	<u>No</u>	<u>N/A</u>
C22	An up-to-date register/log for treatment of abortion complications?	C22 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C24	Standard maternal mortality audit forms (Maternal Death Review Form A)?	C24 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C25	Standard perinatal mortality audit forms (Perinatal Death Review Form A)?	C25 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C26	An up-to-date death register ?	C26 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C26a	An up-to-date perinatal death register ? (usually is kept at the mortuary)	C26a <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C27	A Helping Babies Breathe Implementation Guide ?	C27 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C28	Any Wazazi Nipendeni materials displayed or available for clients?	C28 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C29	An up to date Kangaroo Mother Care register?	C29 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C30	An up-to-date referral register for patients transferred from other facilities ?	C30 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C31	Does the facility have protocols, SOPs or instructions for cleaning (e.g. cleaning floors, sinks, spillage of blood, etc)	C31 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C32	Have all staff responsible for cleaning received training ? (CIRCLE ONE) 1. Yes, all have been trained 2. No, some but not all have been trained 3. No, none have been trained 4. No, there are no staff responsible for cleaning			

Comments:

D. ESSENTIAL DRUG STOCKS (CONFIRM BY OBSERVATION)

	In stock now? (observed)		Days stocked out last full <u>month</u> ?	Days stocked out last <u>3 months</u> ?	Days stocked out last full <u>year</u> ?
	Yes	No	(estimate out of 30)	(estimate out of 90)	(estimate out of 365)
D1 Ampicillin or equivalent (injectable)	<input type="checkbox"/>	<input type="checkbox"/>	D1 <input type="text"/>	<input type="text"/>	<input type="text"/>
D1a Ampicillin or equivalent (oral)	<input type="checkbox"/>	<input type="checkbox"/>	D1a <input type="text"/>	<input type="text"/>	<input type="text"/>
D1b Penicillin G (Benzyl)	<input type="checkbox"/>	<input type="checkbox"/>	D1b <input type="text"/>	<input type="text"/>	<input type="text"/>
D1c Procaine benzyl penicillin (Procaine penicillin G)	<input type="checkbox"/>	<input type="checkbox"/>	D1c <input type="text"/>	<input type="text"/>	<input type="text"/>
D2 Gentamicin or equivalent (injectable)	<input type="checkbox"/>	<input type="checkbox"/>	D2 <input type="text"/>	<input type="text"/>	<input type="text"/>
D3 Metronidazole or equivalent (injectable)	<input type="checkbox"/>	<input type="checkbox"/>	D3 <input type="text"/>	<input type="text"/>	<input type="text"/>
D4 Ceftriaxone or equivalent (injectable)	<input type="checkbox"/>	<input type="checkbox"/>	D4 <input type="text"/>	<input type="text"/>	<input type="text"/>
D5 Trimethoprim/sulfamethoxazole (Cotrimoxazole)	<input type="checkbox"/>	<input type="checkbox"/>	D5 <input type="text"/>	<input type="text"/>	<input type="text"/>
D6 Syntocinon (Oxytocin)	<input type="checkbox"/>	<input type="checkbox"/>	D6 <input type="text"/>	<input type="text"/>	<input type="text"/>
D7 Ergometrin/syntrometrine	<input type="checkbox"/>	<input type="checkbox"/>	D7 <input type="text"/>	<input type="text"/>	<input type="text"/>
D8 Misoprostol	<input type="checkbox"/>	<input type="checkbox"/>	D8 <input type="text"/>	<input type="text"/>	<input type="text"/>
D9 Magnesium sulfate (ANSWER YES IF ANY OF THE FOLLOWING DRUGS AVAILABLE)	<input type="checkbox"/>	<input type="checkbox"/>	D9 <input type="text"/>	<input type="text"/>	<input type="text"/>
D9a Magnesium sulfate (injectable) 50% concentration	<input type="checkbox"/>	<input type="checkbox"/>	D9a <input type="text"/>	<input type="text"/>	<input type="text"/>
D9b Magnesium sulfate concentration other than 50%	<input type="checkbox"/>	<input type="checkbox"/>	D9b <input type="text"/>	<input type="text"/>	<input type="text"/>
D10 Antihypertensive drugs (ANSWER YES IF ANY OF THE FOLLOWING DRUGS AVAILABLE)	<input type="checkbox"/>	<input type="checkbox"/>	D10 <input type="text"/>	<input type="text"/>	<input type="text"/>
D10a Hydralazine	<input type="checkbox"/>	<input type="checkbox"/>	D10a <input type="text"/>	<input type="text"/>	<input type="text"/>
D10b Labetalol	<input type="checkbox"/>	<input type="checkbox"/>	D10b <input type="text"/>	<input type="text"/>	<input type="text"/>
D10c Methyldopa	<input type="checkbox"/>	<input type="checkbox"/>	D10c <input type="text"/>	<input type="text"/>	<input type="text"/>
D10d Nifedipine	<input type="checkbox"/>	<input type="checkbox"/>	D10d <input type="text"/>	<input type="text"/>	<input type="text"/>
D11 Diazepam (injectable)	<input type="checkbox"/>	<input type="checkbox"/>	D11 <input type="text"/>	<input type="text"/>	<input type="text"/>

		In stock now? (observed)		Days stocked out last full month?	Days stocked out last 3 months?	Days stocked out last full year?
		Yes	No	(estimate out of 30)	(estimate out of 90)	(estimate out of 365)
D12	SP (e.g., Fansidar, Sulfadoxine/pyrimethamine)	<input type="checkbox"/>	<input type="checkbox"/>	D12 <input type="text"/>	<input type="text"/>	<input type="text"/>
D13	ACT (artemisinin comb. therapy)	<input type="checkbox"/>	<input type="checkbox"/>	D13 <input type="text"/>	<input type="text"/>	<input type="text"/>
D14	Quinine	<input type="checkbox"/>	<input type="checkbox"/>	D14 <input type="text"/>	<input type="text"/>	<input type="text"/>
D15	Saline or Ringer’s Lactate	<input type="checkbox"/>	<input type="checkbox"/>	D15 <input type="text"/>	<input type="text"/>	<input type="text"/>
D16	Dextrose	<input type="checkbox"/>	<input type="checkbox"/>	D16 <input type="text"/>	<input type="text"/>	<input type="text"/>
D17	ARVs	<input type="checkbox"/>	<input type="checkbox"/>	D17 <input type="text"/>	<input type="text"/>	<input type="text"/>
D18	Hematinics (e.g., Ferrous Sulfate)	<input type="checkbox"/>	<input type="checkbox"/>	D18 <input type="text"/>	<input type="text"/>	<input type="text"/>
D19	Tetanus toxoid	<input type="checkbox"/>	<input type="checkbox"/>	D19 <input type="text"/>	<input type="text"/>	<input type="text"/>
D20	Tetracycline eye ointment/or equivalent	<input type="checkbox"/>	<input type="checkbox"/>	D20 <input type="text"/>	<input type="text"/>	<input type="text"/>
D21	Injectable contraception	<input type="checkbox"/>	<input type="checkbox"/>	D21 <input type="text"/>	<input type="text"/>	<input type="text"/>
D22	Contraceptive pills	<input type="checkbox"/>	<input type="checkbox"/>	D22 <input type="text"/>	<input type="text"/>	<input type="text"/>
D23	Condoms	<input type="checkbox"/>	<input type="checkbox"/>	D23 <input type="text"/>	<input type="text"/>	<input type="text"/>
D24	Intrauterine devices (IUD/IUCD/coil)	<input type="checkbox"/>	<input type="checkbox"/>	D24 <input type="text"/>	<input type="text"/>	<input type="text"/>
D25	Contraceptive implants	<input type="checkbox"/>	<input type="checkbox"/>	D25 <input type="text"/>	<input type="text"/>	<input type="text"/>
D26	Soap/hand sanitizer	<input type="checkbox"/>	<input type="checkbox"/>	D26 <input type="text"/>	<input type="text"/>	<input type="text"/>
D27	HIV test kit	<input type="checkbox"/>	<input type="checkbox"/>	D27 <input type="text"/>	<input type="text"/>	<input type="text"/>
D28	Early infant HIV diagnostic test	<input type="checkbox"/>	<input type="checkbox"/>	D28 <input type="text"/>	<input type="text"/>	<input type="text"/>
D29	Tranexamic acid	<input type="checkbox"/>	<input type="checkbox"/>	D29 <input type="text"/>	<input type="text"/>	<input type="text"/>

Comments

E. ESSENTIAL EQUIPMENT (CONFIRM BY OBSERVATION)

FUNCTIONAL = CLEAN & UNBROKEN. IF EQUIPMENT IS AVAILABLE BUT BROKEN, MARK 'NO'.

	Yes	No	
E1 Functional ambu bag for mother ?	<input type="checkbox"/>	<input type="checkbox"/>	
E2 Functional ambu bag for baby ?	<input type="checkbox"/>	<input type="checkbox"/>	
E2a IF YES, ambu bag size 0 ?	<input type="checkbox"/>	<input type="checkbox"/>	
E2b IF YES, ambu bag size 1 ?	<input type="checkbox"/>	<input type="checkbox"/>	
E3 Functional blood pressure cuff ?	<input type="checkbox"/>	<input type="checkbox"/>	
E4 Functional adult stethoscope ?	<input type="checkbox"/>	<input type="checkbox"/>	
E5 Functional fetal stethoscope/doppler ?	<input type="checkbox"/>	<input type="checkbox"/>	
E6 Functional vacuum extractor ?	<input type="checkbox"/>	<input type="checkbox"/>	
E7 Functional suction equipment for clearing neonate airways?	<input type="checkbox"/>	<input type="checkbox"/>	
E8 Oxygen ?	<input type="checkbox"/>	<input type="checkbox"/>	
E9 Functional suction equipment for OT ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> *N/A if OT not available
E10 Sterilization strips ?	<input type="checkbox"/>	<input type="checkbox"/>	
E11 Manual Vacuum Aspirator (MVA) and cannulae?	<input type="checkbox"/>	<input type="checkbox"/>	
E12 How many <i>complete</i> delivery instrument sets (<i>must</i> include: scissors/razor, clamps, needle, needle holder)?			E12 How many: <input type="text"/>
E13 How many single-use birth kits (<i>must</i> include: string, gauze, gloves, soap, sheet)?			E13 How many: <input type="text"/>
E14 Type of sterilization:			
E14a Dry			E14a YES NO <input type="text"/>
E14b Steam			E14b YES NO <input type="text"/>
E14c Boiling			E14c YES NO <input type="text"/>
E14d Local chemical disinfectant			E14d YES NO <input type="text"/>
E15 Type of anesthesia available:			
E15a General			E15a YES NO <input type="text"/>
E15b Spine			E15b YES NO <input type="text"/>
E15c Local			E15c YES NO <input type="text"/>
E16 Functional ultrasound machine for abdominal scan?			E16 YES NO <input type="text"/>
E17 Does this site have three large decontamination buckets that are labeled with the date and concentration?			E17 YES NO <input type="text"/>
E18 Does this site have three small decontamination buckets used for newborn resuscitation equipment that are labeled with the date and concentration?			E18 YES NO <input type="text"/>
E19 Does this site have a functional scale for babies?			E19 YES NO <input type="text"/>

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Comments

F. FACILITY CAPACITY, WORKLOAD AND PRACTICES IN OBSTETRICS

In this facility, what is the total of number of beds in acceptable condition? Total Beds (all beds in facility) Obst-only Beds Gyn-only Beds Obst/ Gyn Beds

		YES	NO	N/A
F0a	In the past 3 months , did it ever happen for women to share beds during labor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F0b	In the past 3 months , did it ever happen for women to share beds during postpartum?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F0c	In the past 3 months , did it ever happen for delivery beds to not be available , and women had to deliver on the floor or in a labor bed ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F0d	Are there walls or curtains between beds in the delivery room ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F0e	Are there walls or curtains between beds in the labor room ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F1	Are labor & delivery services available 24 hours per day Monday-Friday ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F2	Are labor & delivery services available 24 hours per day on weekends ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F3	Is there a private delivery ward ? (hospitals only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F4	Is there an operating theatre available? (OBSERVE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F5	IF YES , is it available 24 hours per day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F6	Are partograph forms currently in stock ? (OBSERVE)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
F7	ASK TO SEE A CURRENT RECORD OF LABOR IN PROGRESS OR RECENT DELIVERY. Does it contain a completed (values entered) partograph ? If no patient charts, enter N/A.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F8	Is active management of the third stage of labor (uterotonic drug immediately following delivery of fetus, controlled cord traction, uterine massage) practiced here for ALL vaginal births ?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
F9	ASK TO SEE THE L&D REGISTER. Does it indicate use of active management of the third stage of labor ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F10	Is there a blood supply available for transfusions 24 hours per day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F11	Are emergency C-sections available 24 hours every day at this facility? ¹	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

¹ Emergency C-sections require *both* functional OT and a professional trained to perform surgeries. If one is available but not the other, answer “No.”

	YES	NO	N/A
F12 Are anesthesia services available 24 hours every day? ²	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F13 Does the facility have referral agreement to another facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F14 Is the facility able to type and match blood ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F15 Does this facility take blood from donors/relatives in case of emergency blood transfusion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F16 Does this facility have blood storage facilities ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F17 Does this facility have refrigerators dedicated for blood storage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F18 Does this facility have any standard operating procedures (SOP) for blood storage ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F19 Does this facility have any SOP for blood grouping ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F20 Does this facility have any SOP for blood X-matching ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

² Anesthesia services require *both* anesthesia and a professional trained to apply it. If one is available but not the other, answer “No.”

G. SIGNAL FUNCTIONS

FOR THE FOLLOWING SECTION, PLEASE ASK IF THE INTERVENTION WAS PERFORMED IN THE LAST THREE MONTHS. IF THE ANSWER IS ‘NO’ FOR THE LAST THREE MONTHS, CONTINUE ASKING IF THE INTERVENTION WAS PERFORMED IN THE LAST 12 MONTHS.

Did your facility:	In the last 3 months?		In the last 12 months?		
	Yes	No	Yes	No	N/A
G1 Administer parenteral antibiotics (IV or IM) for mothers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
G2 Administer parenteral oxytocics for mothers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
G3 Administer anticonvulsants for mothers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
G4 Perform manual removal of the placenta ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
G5 Perform a procedure for removing retained products of conception ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
G6 Perform vacuum-assisted delivery (assisted vaginal delivery) ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
G7 Perform neonatal resuscitation with bag and mask ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
FOR HOSPITALS AND HEALTH CENTERS ONLY:					
G8 Perform cesarean section ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G9 Perform blood transfusion ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

H. PROCEDURES

		YES	NO
H1	For every live birth, does this facility perform immediate and thorough drying of the baby ?	H1 <input type="checkbox"/>	<input type="checkbox"/>
H2	For every live birth, does this facility perform immediate skin-to-skin contact ?	H2 <input type="checkbox"/>	<input type="checkbox"/>
H3	For every live birth, does this facility perform delayed cord-clamping ?	H3 <input type="checkbox"/>	<input type="checkbox"/>
H4	For every live birth, does this facility initiate breastfeeding within the first hour after birth?	H4 <input type="checkbox"/>	<input type="checkbox"/>
H5	Does this facility promote/teach Kangaroo Mother Care ?	H5 <input type="checkbox"/>	<input type="checkbox"/>
H5a	Do you provide a designated space for Kangaroo Mother Care ?	H5a <input type="checkbox"/>	<input type="checkbox"/>
H6	Does this facility allow women to have a birth companion with them in labor ?	H6 <input type="checkbox"/>	<input type="checkbox"/>
H7	Does this facility allow women to have a birth companion with them at the time of delivery ?	H7 <input type="checkbox"/>	<input type="checkbox"/>
H7a	Does this facility allow women to have a birth companion with them after the baby is born?	H7a <input type="checkbox"/>	<input type="checkbox"/>
H8	Is misoprostol used in this facility for (READ H8a–H8e) :		
H8a	Management of postpartum hemorrhage	H8a <input type="checkbox"/>	<input type="checkbox"/>
H8b	Post-abortion care	H8b <input type="checkbox"/>	<input type="checkbox"/>
H8c	Induction of labor	H8c <input type="checkbox"/>	<input type="checkbox"/>
H8d	Augmentation of labor	H8d <input type="checkbox"/>	<input type="checkbox"/>
H8e	Other (SPECIFY) _____	H8e <input type="checkbox"/>	<input type="checkbox"/>

I. REFERRAL PROCEDURES

#	Item	Response (circle number or fill in spaces)
I1	Does the staff providing EmONC services at this facility stay in staff housing at this facility ?	YES 1 NO 0 NO EmONC STAFF 8 (IF YES, OR IF NO EMONC STAFF, SKIP TO I2.)
I1a	IF NO, How long does it take EmONC staff to reach the facility in case of an obstetric emergency?	__ __ __ minutes DOES NOT KNOW 999
I2	What is the name of the nearest health facility providing obstetric surgery ?	Facility name: _____
I3	How long does it take to get to that facility that provides obstetric surgery , under ideal circumstances? (RECORD TIME IN MINUTES)	__ __ __ minutes INTERVIEWEE’S FACILITY PROVIDES SURGERY 000 DOES NOT KNOW 999
I4	What is the name of the nearest facility with a special newborn care unit or neonatal intensive care unit (NICU) ?	Facility name: _____
I5	How long does it take to get to that facility with a special newborn care unit or NICU , under ideal circumstances? (RECORD TIME IN MINUTES)	__ __ __ minutes INTERVIEWEE’S FACILITY HAS NEWBORN CARE UNIT 000 DOES NOT KNOW 999
I6	Does your health facility ever refer patients to other health facilities ?	YES 1 NO 0 (IF NO, SKIP TO SECTION J.)
I6a	When referring a patient to a higher level of care, how often does the staff call ahead to inform the receiving facility that the patient is coming? Would you say usually, sometimes, rarely, or never?	USUALLY 1 SOMETIMES 2 RARELY 3 NEVER 0 DOESN’T KNOW 9

I6b	What are the names of the facilities accepting your patients?	(RECORD FACILITY NAMES) 1) _____ 2) _____ 3) _____ 4) _____ 5) _____	
I7	How does staff communicate with the referral clinic or hospital to alert them about the patient’s arrival? (READ A-C; CIRCLE ALL MENTIONED)	PHONE/RADIO.....A SMS.....B PAPER REFERRAL SLIP.....C DOES NOT KNOW.....Z	
I8	To transport emergency patients from this facility, what strategies does this facility use? Does it... (READ EACH ITEM a-f)	YES	NO
	a. Use its own means of transportation ?	1	0
	b. Use a dispatch center ?	1	0
	c. Have agreements with private taxis , cars, trucks, or motorcycles?	1	0
	d. Use vehicles from the District Health Office ?	1	0
	e. Use vehicles from the local council ?	1	0
	f. Assume patients will arrange their own transport?	1	0
I9	When patients are referred out to a higher level facility, how often do they leave accompanied with a referral form ? Would you say usually, sometimes, rarely or never?	USUALLY 1 SOMETIMES..... 2 RARELY 3 NEVER 0 DOESN'T KNOW 9	
I10	After this facility refers a patient, how often do you receive feedback about the treatment or outcomes of that patient ? Would you say usually, sometimes, rarely, or never?	USUALLY 1 SOMETIMES..... 2 RARELY 3 NEVER 0 DOESN'T KNOW 9	
I11	How often does a medical person accompany the patient being referred? Would you say usually, sometimes, rarely, or never?	USUALLY 1 SOMETIMES..... 2 RARELY 3 NEVER 0 DOESN'T KNOW 9 (IF NEVER, SKIP TO QUESTION I13.)	

<p>I12</p>	<p>What type of health worker accompanies the patients? (DO NOT READ OPTIONS; CIRCLE ALL THAT ARE MENTIONED)</p>	<p>MIDWIFEA COMMUNITY HEALTH WORKERB NURSE.....C CLINICAL OFFICER.....D ASSISTANT CLINICIAN.....E DOCTOR F OTHER: _____X TYPICALLY UNACCOMPANIEDY</p>
<p>I13</p>	<p>Is there a stand-alone logbook, or another record folder, just for maternity referrals out? (CONFIRM WITH OBSERVATION)</p>	<p>YES 1 NO 0</p>

J. TRANSPORTATION

#	Item	Response (CIRCLE NUMBER OR FILL IN SPACES)		
J1	Does this facility have any type of ambulance on-site? (Motor vehicle, motorcycle, tricycle, other type)	YES	1	
		NO	0	
		(IF NO, SKIP TO J6.)		
J1a	Is the vehicle available and functional ?	AVAILABLE & FUNCTIONAL	AVAILAB LE & NOT FUNCTIO NAL	NOT AVAILAB LE
	a. Motor vehicle ambulance	1	0	8
	b. Motorcycle ambulance	1	0	8
	c. Tricycle ambulance (motorized)	1	0	8
	d. Other type of ambulance (SPECIFY): _____	1	0	8
J1b	Does the vehicle currently have fuel ?	YES	NO	N/A
	a. Motor vehicle ambulance	1	0	8
	b. Motorcycle ambulance	1	0	8
	c. Tricycle ambulance (motorized)	1	0	8
	d. Other type of ambulance (SPECIFY): _____	1	0	8
J2	Is use of the ambulance regulated by explicit written guidelines ?	YES	1	
		NO.....	0	
		DOESN'T KNOW.....	9	
J3	Does the ambulance have a radio, cell phone, or some other means of communication ?	YES	1	
		NO.....	0	
		DOESN'T KNOW.....	9	
J4	Does the ambulance have a _____? (READ EACH ITEM)	YES	NO	
	a. Drip line	1	0	
	b. Incubator	1	0	
	c. Stretcher	1	0	
	d. Pressure dressings	1	0	
	e. Splints	1	0	
	f. Protective wear for attendants	1	0	
	g. Oxygen	1	0	
	h. Ambu bags	1	0	
	i. Advanced life support equipment	1	0	
J5	Is there a local person who can repair the ambulance if it breaks down?	YES	1	
		NO.....	0	

		DOESN'T KNOW.....9
J6	Does this facility have any other means of transportation on site that is functional and available?	YES (SPECIFY): _____ 1 NO.....0
J7	Does this facility have a driver on staff to transport patients, either full time or part time?	YES..... 1 NO.....0 N/A8
J9	What is the material of the main access road or water way to this facility? (CIRCLE ALL THAT APPLY)	PAVED.....A DIRT.....B WATER.....C OTHER (SPECIFY): _____D
J10	How is the physical access to your health facility affected during rainy season ? Would you say mildly, moderately, or severely?	MIDLY..... 1 MODERATELY.....2 SEVERELY.....3

K. PROCEDURES FOR PATIENTS REFERRED INTO THIS FACILITY

#	Item	Response (circle number or fill in spaces)
K1	Do other health facilities refer patients to your facility ?	YES 1 NO 0 (IF NO, END QUESTIONNAIRE.)
K2	What are the names of these referring facilities?	(RECORD FACILITY NAMES) 1) _____ 2) _____ 3) _____ 4) _____ 5) _____
K3	Does your facility provide transportation for patients who are referred from other health facilities ?	YES 1 NO 0 (IF NO, SKIP TO K5.)
K4	When your facility provides transportation for referred patients, where do the patients come from? (READ OPTIONS A-D; CIRCLE ALL MENTIONED)	PATIENT’S HOME A DISPENSARY B (ANOTHER) HEALTH CENTER C (ANOTHER) HOSPITAL D
K5	Approximately how many referred patients does this facility receive each month ?	
	a. Obstetric	a. ____ ____
	b. Newborn	b. ____ ____
K6	Is there a system for staff to determine the priority of need and proper place of treatment of patients who are referred in – what we call ‘ triage ’?	YES 1 NO 0 DOESN’T KNOW 9
K7	Is there a stand-alone logbook just for referrals into this facility? (CONFIRM BY OBSERVATION)	YES 1 NO 0

THANK THE RESPONDENT

BEFORE YOU LEAVE THE FACILITY, PLEASE CHECK THIS QUESTIONNAIRE FOR ERRORS AND MISSING INFORMATION.

Supplement to: Dominico S, Serbanescu F, Mwakatundu N, et al. A comprehensive approach to improving emergency obstetric and newborn care in Kigoma, Tanzania. *Glob Health Sci Pract.* 2022;10(2): e2100485. <https://doi.org/10.9745/GHSP-D-21-00485>

Supplement 2. Data collection form for abstracting individual delivery records (Excel conditional formatting data entry tool available upon request [to the corresponding author](#))

TZ_POIMS 2019 L&D_Form	4	6	8	11	13/14.1	*	14.3	14.4	14.5	14.6	14.7	14.9	14.9	14.10	14.11	14.11	14.12	15.6	21.1	21.4	check 21.6 & 22.2	check 14.10 and 15.4	
newreg #	Mother's initials	Age	Para	Del. Day	MODE OF DEL. 1 = SVD 2 = CS 3 = AVD 4 = Evac. 5 = BBA/TBA 7 = Undelivered 9 = Unknown	OUTCOME 1 = Single LIVE B. 2 = Single SB 3 = Twin both alive 4 = Twin LB/SB 5 = Both SB 9 = Unknown	Appgar 1 0-10 99 = Unknown	Appgar 5 0-10 99 = Unknown	HBB (# as seen, no commas) 0 = No (Hapana) 7 = Yes (Ndiyo) 9 = Unknown	BF within 1st hr 1 = N = Yes 2 = H = No 9 = Missing/unknown	Weight (100g) 99=Unknown	FSB (ASI=0) (0; 1; 2)	MSB (ASI=0) (0; 1; 2)	Mother Compl 1 (Abbrev.)	Mother Compl 2 (Abbrev.)	Mother Compl 3 (Abbrev.)	AMTSL 1 = N = Yes 2 = H = No 9 = Missing/unknown	Blood Transfusion 1 = N = Yes 2 = H = No 9 = Missing/unknown	Mother Alive at Discharge? 1 = H = Yes 2 = A = No 9 = Missing/unknown	Baby Alive at Discharge? 1 = H = Yes 2 = A = No 9 = Missing/unknown	Baby's complication	Obstetric Surgery (Abbrev.)	
1																							
2																							
3																							
4																							
5																							
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