UFI: |___|___|___|___|

Unit: |___|___|

MODULE 5: EmONC SIGNAL FUNCTIONS & OTHER IMPORTANT SERVICES

Interviewer Name _____ **Date** (d/m/y): ___ / ___ / ___

Instructions: *Answer the following questions regarding the EmONC signal functions by interviewing health workers in the maternity ward and other sections, reviewing facility registers and through observation. Record whether the function has been performed in the past 3 months, if not, why it was not performed,* and whether it was performed in the last 12 months. Remember that 'parenteral' means by injection, either intramuscular or intravenous.*
This has to be complete separately for each unit in the institution.

You should separate the sections and ask for assistance for:

- *Section A from the Sister/Nurse in charge and the Medical Officer in the Maternity ward*
- *Section B from the Medical Officer in the maternity ward*
- *Section C from the Paediactric Medical Officer*

You should complete the check lists after directly observing the relevant sections

- *Section D from the labour room*
- *Section E from the post natal ward*

We have found that the following categories are very useful and cover most of the likely answers.

a. Non availability of human resources
1. Required health workers are not posted to this facility in adequate numbers (or at all)

b. Training issues
1. Authorized cadre is available, but not trained
2. Providers lack confidence in their own skills

c. Supplies/Equipment Issue
1. Supplies/equipment are not available, not functional, or broken
2. Needed drugs are unavailable

d. Management Issues
1. Providers desire compensation to perform this function
2. Providers are encouraged to perform alternative procedures
3. Providers uncomfortable or unwilling to perform procedure for reasons unrelated to training
4. Lack of supervision

e. Policy issues
1. National or facility policies do not allow function to be performed

No Indication - no client needing this procedure came to the facility during this time period.

UFI: |___|___|___|___|

Unit: |___|___|

Section A. Head Nurse and the Medical Officer in the Maternity ward

Parenteral Antibiotics

<table>
<tr><th>No.</th><th>Item</th><th>Responses</th><th>Skip to</th></tr>
<tr><td>1</td><td>Has essential antibiotics been administered parenterally in the last 3 months?</td><td>Yes.....1
No.....0</td><td>If ‘YES’, skip to 4</td></tr>
<tr><td>2</td><td>If ‘essential parenteral antibiotics’ were NOT administered in the last 3 months, why?

<table><tr><th></th><th>Yes</th><th>No</th></tr><tr><td>a. Non availability of human resources</td><td>1</td><td>0</td></tr><tr><td>b. training issues</td><td>1</td><td>0</td></tr><tr><td>c. Non availability of the antibiotics</td><td>1</td><td>0</td></tr><tr><td>d. management issues</td><td>1</td><td>0</td></tr><tr><td>e. No patients with an indication</td><td>1</td><td>0</td></tr><tr><td>f. other (specify)
_____</td><td>1</td><td>0</td></tr></table></td><td></td></tr>
<tr><td>3</td><td>If ‘parenteral antibiotics’ were NOT administered in the last 3 months, were they administered in the last 12 months?</td><td>Yes.....1
No.....0</td><td>If ‘No’, skip to 7</td></tr>
<tr><td>4</td><td>If parenteral antibiotics were given find out the most frequently used 5 according to frequency of use during the past one month</td><td>1.....
2.....
3.....
4.....
5.....</td><td></td></tr>
<tr><td>5</td><td>Place of obtaining the indicated parenteral antibiotic drug the last 1 / 12
<table><tr><th>Drug</th><th>Hospital entitlement</th><th>Hospital pharmacy</th><th>LP</th><th>Out of pocket</th></tr><tr><td>1</td><td></td><td></td><td></td><td></td></tr><tr><td>2</td><td></td><td></td><td></td><td></td></tr><tr><td>3</td><td></td><td></td><td></td><td></td></tr><tr><td>4</td><td></td><td></td><td></td><td></td></tr><tr><td>5</td><td></td><td></td><td></td><td></td></tr></table></td><td></td></tr>
</table>

No.	Item	Responses	Skip to
6	Indicate the one month stock position for the 5 drugs listed above List of drug / Stock position 1 2 3 4 5		
7	Whether there were stock outs during the period? (Check ward drug register over the past 3 months)	Yes……..1 No……0	
8	Whether there are delays in obtaining drugs in the ward? i.e. number of days from ordering to receiving (Check ward drug register over the past 3 months)	Yes……..1 No……0	If 'No' skip to 10
9	If there is a delay, what is the delay in days (number of days from ordering to receiving drugs in the ward)	|___|___| *days*	

Administer Uterotonic Drugs

No.	Item	Responses	Skip to
10	Has oxytocics been administered parenterally in the last 3 months?	Yes..... 1 No..... 0	If 'NO', skip to 12
11	If 'parenteral oxytocics' were administered in the last 3 months, which type of oxytocic was used more? (circle one)	Oxytocin .....1 Ergometrine .....2 Both .....3 Other (specify) .....4 _____	Skip to 13
12	If 'parenteral oxytocics' were NOT administered in the last 3 months, why? a. Non availability of human resources: Yes 1 / No 0 b. training issues: Yes 1 / No 0 c. Non availability of the drugs: Yes 1 / No 0 d. management issues: Yes 1 / No 0 e. No deliveries at the institution: Yes 1 / No 0 f. other (specify) _____: Yes 1 / No 0		

Parenteral Anticonvulsants

No.	Item	Responses	Skip to
13	Have anticonvulsants been administered parenterally in the last 6 months?	Yes.....1 No 0	If 'NO', skip to 15
14	If 'parenteral anticonvulsants' were administered in the last 6 months, what is the ward policy on the preferred anti convalescent? *(circle one)*	Magnesium sulfate ..... 1 Diazepam ..... 2 Both ..... 3 Other (specify) ..... 4 _____	Skip to 16
15	If 'parenteral anticonvulsants' were NOT administered in the last 6 months, why?		
16	What is the ward policy on use of Magnesium Sulphate?	…… …… ……	
17	Is the drug available in the ward?	Yes..... 1 No 0	If 'No' skip to 19
18	If available where?	On emergency tray……....1 Other (specify)……..…….9 _____	
19	What is the route of administration of Magnesium Sulphate?	IV……..1 IM – deltoid ……..……2 Deep IM – buttock……3	

	Yes	No
a. Non availability of human resources	1	0
b. training issues	1	0
c. non availability of drugs	1	0
d. management issues	1	0
e. No patients with eclampsia	1	0
f. other (specify) _____	1	0

Family planning services

No.	Item	Response	Remarks
20	Do you provide FP counseling for post partum and post abortion patients before discharge from the ward?	Yes.....1 No.....0	

No.	Item	Response	Remarks
21	Do you provide FP services to post partum and post abortion patients before discharge from the ward?	Yes.....1 No.....0	If 'Yes' skip to 23
22	If not where do you refer them for the FP services?	Hospital FP clinic ……..… 1 FP clinic at the MOH …….. 2 Field PHM …… 3 Pharmacy ……..…… 4 General practitioner …… 5 Other (specify)…….... 9 _____	
23	Do you have a dedicated theatre time for permanent FP methods (Sterilization)?	Yes ……..……1 No…….……...…...0	If 'Yes' skip to 25
24	If not how do you arrange for FP sterilization of women?	Routine list .....1 Casualty list .....2 Appointment (waiting list).....3	
25	Is there a trained doctor who can perform ligation and resection of tubes (LRT)?	Yes.....1 No.....0	Only for non specialized institutions
26	Is there a trained doctor who can perform vasectomy?	Yes.....1 No.....0	Only for non specialized institutions
27	What is your current practice for a post partum LRT request made by the patient?	Perform it within 24 H ….…… 1 Give an appointment to come later …… 2	
28	If an appointment is given what is the average waiting time? *(Write in days)*	|___|___|___| *days*	
29	How many post partum LRT was done in your facility during the last 6 months? *(write number)*	|___|___|___|	Check from OT log book or FP register
30	Do you have a regularly functioning FP clinic?	Yes ……..……1 No…….……...…...0	
31	What is the frequency of the FP clinic? *(Write the frequency in weeks)*	|___|___| *weekly*	
32	Is it linked to a consultant unit?	Yes ……..……1 No…….……...…...0	
33	Who conducts the FP clinic?	The VOG…….……...1 SR / Registrar ……..…..2 SHO/MO…….…..…….3 Nursing sister……..…...4	

No.	Item	Response	Remarks
34	What are the contraceptives provided at the FP clinic?	Pills……..1 Condoms……..…..…..2 DMPA…… ……..……3 IUD……..……..…..4 Implants……5 ECP…… 6 No services ……..…..……9	
35	Who inserts IUDs at the clinic?	SHO/MO…….……1 Nursing sister……...2 Not provided…….... 0 Other_____ 9	
36	Has he / she received training on IUD insertion?	Yes ……..……1 No…….……...…...0	
37	Who provides Implant insertion at the clinic?	SHO/MO…….……1 Nursing sister……...2 Not provided…….. 0 Other_____ 9	
38	Has he / she received training on Implant insertion?	Yes ……..……1 No…….……...…...0	
39	How many were referred from the ward to the FP clinic during the last 2 months? *(write number)*	|___|___|___|	
40	Is there adequate privacy for patients undergoing IUD insertion?	Yes ……..…1 No……...0	To be observed & filled
41	Did you have any shortages of contraceptives during the last 6 months?	Yes ……..……1 No……...0	If 'No' skip to 43
42	What were the shortages?	Pills……..1 Condoms……..…..…..2 DMPA…… ……..……3 IUD……..……..…..4 Implants……..…5 ECP…… 6 No services ……..…..……9	
43	From where are the contraceptive supplies obtained?	MOH …….. 1 RMSD …… 2 FHB …… 3 Other_____9	
44	Is the monthly contraceptive stock return/request (H 1158) available?	Yes ……1 No……...0	If 'No' skip to 45

No.	Item	Response	Remarks
45	Do you regularly send the monthly return (H 1200 A) to MOH?	Yes ……1 No……0	If 'No' skip to 47
46	If yes when was the last return sent to MOH?	(……/……../2011)	To be observed & filled
47	Are you maintaining any methods of following up the clients	Yes ……1 No……0	To be observed & filled

Comments: