

## Structural assessment

Facility ID: \_\_\_\_\_

Date: \_\_\_\_\_

Assessor: \_\_\_\_\_

Contact person and number: \_\_\_\_\_

Facility ownership: \_\_\_\_\_

Facility type and level: \_\_\_\_\_

Position of person interviewed: \_\_\_\_\_

### Section 1: Staffing and records

#### 1.1 Staffing and Newborn Unit

*Request the following information from the medical supervisor or nurse-in-charge of facility. These are open questions, please provide details of answers and ask for further explanations to get a full description.*

Question	Answer/description
<b>Total staffing</b>	
Number of nurses in total at the facility	
Number of clinical officers at the facility (count interns separately)	Qualified
	Interns
Number of medical officers at the facility (count interns separately)	Qualified
	Interns
Number of paediatricians and obstetricians at the facility (count separately)	Paediatricians
	Obstetricians
Does the facility have clinicians available at all times? (describe daytime arrangement / night-time / weekends and cadre and whether within the facility at all times or at home / elsewhere but on call)	
Do you feel staffing (clinical and nursing separately) is adequate? Why/why not?	Clinical
	Nursing

Neonatal unit / area		
Type of NBU: Newborns cared for (1) in separate ward/nursery/unit with own nursing team, (2) in a separate ward within maternity with nurses shared across maternity and newborn, (3) in a room on the maternity ward with nurses shared, or (4) facility has only one inpatient area in total and all patients are managed by the same clinicians / nurses, (5) other	Type (write number 1-5): Describe:	
Up to which age are newborns admitted to the NBU?		
Are low weight newborns automatically admitted to the NBU? If so, when the newborn is under how many grams?		
Are out-born newborns admitted to the NBU?		
Shifts in newborn unit / area with newborns described above		
WEEKDAYS	Day	Night (for COs and MOs if cover provided by general on-call person indicate 'on-call')
Number and type of nurses working on the unit during the day shift and the night shift on average	Student nurses .....	Student nurses .....
	Certificate nurses/Enrolled community health nurses .....	Certificate nurses/Enrolled community health nurses .....
	Diploma (Basic) .....	Diploma (Basic) .....
	Higher diploma .....	Higher diploma .....
	Degree interns .....	Degree interns .....
	Degree (Qualified) .....	Degree (Qualified) .....
Number of clinical officers working on the unit (count interns separately)	Qualified	Qualified
	Interns	Interns
Number of medical officers allocated to the unit (count interns separately)	Qualified	Qualified
	Interns	Interns
WEEKENDS	Day	Night (for COs and MOs if cover provided by general on-call person indicate 'on-call')
Number and type of nurses working on the unit during the day shift and the night shift on average	Student nurses .....	Student nurses .....
	Certificate nurses/Enrolled community health nurses .....	Certificate nurses/Enrolled community health nurses .....
	Diploma (Basic) .....	Diploma (Basic) .....
	Higher diploma .....	Higher diploma .....
	Degree interns .....	Degree interns .....
	Degree (Qualified) .....	Degree (Qualified) .....
Number of clinical officers working on the unit (count interns separately)	Qualified	Qualified
	Interns	Interns
Number of medical officers allocated to the unit (count interns separately)	Qualified	Qualified
	Interns	Interns
Is staffing different on the weekend? Comment		

Do you feel that staffing in the newborn unit is adequate for different shifts? Why/why not? (enquire about medical and nursing separately)	Medical staff	
	Nursing staff	
<b>Shifts in labour ward / unit if this is a separate nursing team from newborns</b>		
<b>WEEKDAYS</b>	<b>Day</b>	<b>Night (for COs and MOs if cover provided by general on-call person indicate 'on-call')</b>
Number and type of nurses on duty during the day shift and the night shift on average	Student nurses .....	Student nurses .....
	Certificate nurses/Enrolled community health nurses .....	Certificate nurses/Enrolled community health nurses .....
	Diploma (Basic) .....	Diploma (Basic) .....
	Higher diploma .....	Higher diploma .....
	Degree interns .....	Degree interns .....
	Degree (Qualified) .....	Degree (Qualified) .....
Number of clinical officers working on the labour unit (count interns separately)	Qualified	Qualified
	Interns	Interns
Number of medical officers allocated to the unit (count interns separately)	Qualified	Qualified
	Interns	Interns
<b>WEEKENDS</b>	<b>Day</b>	<b>Night (for COs and MOs if cover provided by general on-call person indicate 'on-call')</b>
Number and type of nurses on duty during the day shift and the night shift on average	Student nurses .....	Student nurses .....
	Certificate nurses/Enrolled community health nurses .....	Certificate nurses/Enrolled community health nurses .....
	Diploma (Basic) .....	Diploma (Basic) .....
	Higher diploma .....	Higher diploma .....
	Degree interns .....	Degree interns .....
	Degree (Qualified) .....	Degree (Qualified) .....
Number of clinical officers working on the labour unit (count interns separately)	Qualified	Qualified
	Interns	Interns
Number of medical officers allocated to the unit (count interns separately)	Qualified	Qualified
	Interns	Interns
Is staffing different on the weekend? Comment		
Do you feel that staffing in the labour ward is adequate for different shifts? Why/why not? (enquire about medical and nursing separately)	Medical staff	
	Nursing staff	

For inpatient newborn unit / area	
Are there daily rounds by clinical staff to check inpatient newborns? (describe cadre of staff who do these)	Weekdays
	Weekends/holidays
How would you describe the level of clinical care and staffing for inpatient newborns?	
Are decisions about clinical care of the inpatient newborn usually taken by a clinician or nurse? (for example, when to start/stop antibiotics; whether to start oxygen or feeding) Explain.	
How would you describe the level of nursing care and staffing available for inpatient newborns?	

## 1.2 Referrals

*Request the following information from the nurse-in-charge*

Question	For sick newborns	For women with pregnancy related complications
Written referral plan in place? (Seen?)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the facility receive referrals from other facilities?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, list the facilities from which referrals are most commonly received.	1. _____ 2. _____ 3. _____ 4. _____	1. _____ 2. _____ 3. _____ 4. _____
Does the facility refer <b>to</b> other facilities?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, list the facilities <b>to</b> which referrals are most commonly sent.	1. _____ 2. _____ 3. _____ 4. _____	1. _____ 2. _____ 3. _____ 4. _____
Comment		

## 1.3 Record keeping

*\*This information must be obtained by checking the records\**

## A. ADMISSIONS REGISTERS

Item	Neonatal patients	Maternity patients	Comment
Existence and quality of admission register.	<input type="checkbox"/> Available – high quality <input type="checkbox"/> Available – medium quality <input type="checkbox"/> Available – low quality <input type="checkbox"/> Not available	<input type="checkbox"/> Available – high quality <input type="checkbox"/> Available – medium quality <input type="checkbox"/> Available – low quality <input type="checkbox"/> Not available	
Type of admissions register	<input type="checkbox"/> Paper <input type="checkbox"/> Electronic	<input type="checkbox"/> Paper <input type="checkbox"/> Electronic	If electronic, describe:
National admissions register in use.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**B. REFERRAL DOCUMENTATION**

Item	Neonatal patients			Maternity patients			Comment	
		IN	OUT	BTWN		IN		OUT
Existence and quality of referral documentation about referral in and out of the facility and between wards.	High quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	High quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Medium quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medium quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Low quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Low quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Not available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**C. MEDICAL RECORDS**

*Review a minimum of five recent records to determine the following information*

Item	Neonatal patients	Maternity patients	Comment
NAR in use?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do newborn patients have their own medical record separate from the mother's records?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Type of medical records	<input type="checkbox"/> Paper <input type="checkbox"/> Electronic	<input type="checkbox"/> Paper <input type="checkbox"/> Electronic	If electronic, describe:
Are medical records clear and legible?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are medical records dated?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are admission & discharge diagnoses clearly written in the notes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are drugs and treatments clearly identifiable?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Overall quality of medical records (include comment)	<input type="checkbox"/> High quality <input type="checkbox"/> Medium quality <input type="checkbox"/> Low quality <input type="checkbox"/> Not available	<input type="checkbox"/> High quality <input type="checkbox"/> Medium quality <input type="checkbox"/> Low quality <input type="checkbox"/> Not available	

## Section 2: Infrastructure

### 2.1 Basic infrastructure and services

*Request the following information from the nurse-in-charge*

Item	Answer	Comment
Power outages at the facility	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Less than monthly <input type="checkbox"/> Never	
Does the facility have a back-up power supply/generator?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If yes, does this a back-up power supply/generator also serve:</i>		
the maternity ward?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
the newborn unit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
the maternal (or general, if no maternal) surgical theatre?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there a source of heating to keep the maternity/delivery ward warm?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there a source of heating to keep the newborn unit/area warm?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is running water continuously available?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
What process is used to sterilise equipment?	Describe:	
Does the facility own ambulances?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
In the last 10 times you needed to use an ambulance for referring a patient in an emergency, how many times was an ambulance available within one hour?	_____ times (0-10)	
Are laboratory services open 24 hours a day?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are laboratory services open on weekends?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is Kangaroo mother care provided for preterm/low-weight babies? If so, where is it provided? If so, on average for how many hours each day do mothers do kangaroo mother care?	Describe:	

## 2.2 Organisation

Please tick where observed to be present and explained by the nurse-in-charge

Item	Answer	Comment
<b>Sick newborns</b>		
Incubators	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there sharing of any of the incubators (excluding sharing by twins)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Separation of sick and healthy babies?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Separation of born in and born out of hospital newborns	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Most seriously ill babies nearest to nursing station	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Number of beds/cots available for inpatient newborns	Number: _____	
Are the beds/cots clean?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there an area for mothers to sit and breastfeed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Surgery provided for congenital malformations?	Describe:	
<b>Delivery ward</b>		
Designated admissions room	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Designated first stage room	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Designated second stage and delivery room	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Designated fourth stage (recovery) room	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Designated acute room	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Designated maternity surgery theatre	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If no</i> , access to the surgery general theatre	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Other</b>		
Designated area for kangaroo mother care	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Approximate distance between delivery ward and NBU (if separate areas)		

## 2.3 Laboratory Services

Please tick where observed to be present

Item	Answer	Comment
Blood culture ability	<input type="checkbox"/> Yes <input type="checkbox"/> No	
CSF microscopy	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Test for haemoglobin	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Test for direct Coombs test	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Test for bilirubin (blood test)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Glucose tests	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Blood bank	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Blood grouping and cross match	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Electrolytes (sodium / potassium)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Urea or creatinine	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Liver function tests (enzymes e.g. AST/ALT)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Coagulation profile	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Microscopy & culture: Pus swab and urine culture	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Blood slide microscopy for malaria parasites	<input type="checkbox"/> Yes <input type="checkbox"/> No	



### Section 3: Equipment for delivery ward and newborn unit

#### 3.1 Basic Hygiene and Safety

*Please tick where observed to be present*

Item	Delivery ward	Neonatal unit	Shared	Comment
Sinks with soap and water for hand-washing	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	
Alcohol hand rub	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	
Cleaning/disinfectant supplies (e.g. dilute bleach/JIK)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	
Sharps are disposed of in a special container	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Separation of clinical and non-clinical waste	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	
Mother has access to running water	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	
Availability of rapid HIV test	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	
Availability of clean (non-sterile) gloves	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	

#### 3.2 Equipment for mothers in the delivery ward

*Please tick where observed to be present*

Item	Answer	Comment
Thermometer	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sterile gloves	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sterile syringes	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sterile needles	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sterile vaginal examination packs	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sterile delivery set (complete)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
A clock	<input type="checkbox"/> Yes <input type="checkbox"/> No	
A stethoscope	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Amnicots/sterile Kocker's forceps for artificial rupture of membrane	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Urine dipstick kits/strips	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Urinary catheters	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vacuum (such as Kiwi) for assisted vaginal delivery	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Manual vacuum aspirator (MVA)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Long gloves for manual removal of placenta	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Guedel airways – these should be a full range of sizes	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Bag Valve Mask (BVM) device: adult size bag and mask	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Oxygen source (any and working)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Nasal catheters/prongs	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Oxygen face –masks (with and without reservoir bags)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Oxygen flow regulators	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Laryngoscope	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Laryngoscope blades (straight, curved, and different sizes)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Endotracheal tubes (of different sizes)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
IV fluid giving sets	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Blood giving set	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Adult IV cannulae	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Blood pressure monitor (any and working)	<input type="checkbox"/> Yes <input type="checkbox"/> No	

## 3.3 Equipment for newborns in the delivery ward and newborn unit

*Please tick where observed to be present*

Item	Delivery ward	Neonatal unit	Shared	Comment
Thermometer	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	
Weighing scales	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	
Sterile syringes	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	
Sterile needles	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	
Warm dry towels for drying and wrapping the newborn	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	
Sterile cord clamp	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Sterile scissors	<input type="checkbox"/> Yes <input type="checkbox"/> No			
A firm stable surface for placing the newborn for resuscitation (where warmth can be maintained)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	
An overhead light source above the surface for resuscitation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	
A clock in view or reach of surface for resuscitation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	
A stethoscope	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	
Suction tubes/catheters	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	
Suction Machine	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	
Guedel airways – these should be a full range of sizes	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	
Bag Valve Mask (BVM) devices: bag size 500 ml or 750 ml, that are in working order with newborn face masks (sizes 0 and 1)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	
Oxygen source (any and working)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	
Nasal catheters/prongs	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	
Oxygen face –masks (with and without reservoir bags)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	
Oxygen flow regulators	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	
Pulse oximeter	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	
Warming equipment-working radiant heaters	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	
Feeding cups for giving expressed breast milk	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	
Kangaroo mother care wraps	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	
Ventilator		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Bubble CPAP		<input type="checkbox"/> Yes <input type="checkbox"/> No		
IV fluid burette		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Infusion set / adult IV fluid set		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Paediatric cannulae		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Nasogastric tube (FG6 or 8 or other)		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Lumber puncture needle		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Phototherapy equipment		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Eye protection for phototherapy		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Exchange transfusion set/pack		<input type="checkbox"/> Yes <input type="checkbox"/> No		
3 way catheter for exchange transfusion		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Blood transfusion giving set		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Blood pressure monitor (any and working)		<input type="checkbox"/> Yes <input type="checkbox"/> No		

## 3.4 Drugs and feeds

Please tick where observed to be present or readily accessible

Item	Delivery ward	Neonatal unit	Shared	Comment
<b>Drugs for newborn</b>				
Vitamin K*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	
Nevirapine solution*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	
Prophylactic tetracycline eye ointment*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> In store
Naloxone	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> In store
Surfactant	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	
Phenobarbitone (injection)		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Phenytoin (injection)		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> In store
Aminophylline		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> In store
Penicillin (injection)		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> In store
Gentamicin		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> In store
Ampicillin / Cloxacillin (injection)		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> In store
Oral Cloxacillin		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> In store
Oral erythromycin		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> In store
Metronidazole (injection)		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> In store
Ceftriaxone		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> In store
Cefotaxime		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> In store
Ferrous Fumarate suspension		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> In store
Folate drops		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> In store
Multivitamin syrup/drops		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> In store
Amikacin		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> In store
Intravenous (Anti-D) immunoglobulin (for rhesus disease)		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> In store

\*These items might be found on the postnatal ward instead of the delivery ward, if that is the case, make a note in the comment box

Item	Delivery ward	Comment
<b>Drugs for mother</b>		
Adrenaline	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Magnesium sulphate	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Atropine	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Lasix	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Digoxin	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Morphine	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Parenteral chlorpheniramine	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Oxytocin	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Misoprostol (prostaglandin E2)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Dexamethasone	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In store
Prostaglandin F2 alpha	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In store
Calcium gluconate	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Naloxone	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In store
Aminophylline	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In store
Penicillin	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In store
Amoxiclav	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In store

Gentamicin	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In store
Ceftriaxone	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In store
Cefuroxime	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In store
Oral erythromycin	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In store
Metronidazole (injection)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In store
Nitrofurantoin	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In store

Item	Delivery ward	Neonatal unit	Shared	Comment
<b>Intravenous fluids</b>				
Glucose 10%	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	
Normal saline IV	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	
Ringer's lactate IV	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	
Half Strength Darrow's with five percent dextrose	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	
Plain Half Strength Darrow's	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	
<b>Alternative feeds</b>				
Term formula		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Preterm formula		<input type="checkbox"/> Yes <input type="checkbox"/> No		

### 3.5 Job Aides

*Please tick where observed to be present*

Item	Delivery ward	Neonatal unit	Comment
Feeding chart with volumes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Fluid chart with volumes	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Treatment sheet	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Basic Paediatric Protocol available to staff	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Newborn resuscitation guidelines	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
PMTCT (national) guidelines	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
APGAR score chart	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Partograph	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Wall charts</b>			
Management of antepartum haemorrhage (APH)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Management of post-partum haemorrhage (PPH)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Magnesium sulphate administration for eclampsia	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Active management of third stage of labour (AMTSL)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Management of shoulder dystocia	<input type="checkbox"/> Yes <input type="checkbox"/> No		

**Section 4: Equipment and supplies for maternity or general surgical theatre (if applicable)**

This equipment should be inside or in the perimeter of the maternity or general surgical theatre. If a facility has both a maternal and general surgical theatre, then answer for the maternal theatre.

Item	Answer	Comment
Designated scrubbing area	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Functional operating lights	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Designated recovery area	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Oxygen supply	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Resuscitaire or firm surface with heater for receiving neonates	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Standard operating table	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Functional anaesthetic machine	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Diathermy machine	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Suction machine	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Oropharyngeal airways	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Endotracheal tubes	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Laryngoscopes	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sterile needles	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sterile spinal needles	<input type="checkbox"/> Yes <input type="checkbox"/> No	
IV cannulae	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Adult size Ambu bag and mask	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Caesarian section sets (complete)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Hysterectomy set (complete)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Dilatation and curettage set (complete)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Manual vacuum aspiration kit (complete)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Drugs and IV fluids in theatre or anaesthetic room</b>		
Atropine sulphate	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Diazepam	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Promethazine	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Morphine	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Hyoscine hydrobromide	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Suxamethonium	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Thiopentone Sodium	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Ketamine	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Propofol	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pancuronium	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Halothane	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Bupivacaine	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Mercaine	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Lignocaine	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Adrenaline	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Nitrous Oxide	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Oxytocin	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Misoprostol	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Normal saline	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Ringer's lactate	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5% Dextrose	<input type="checkbox"/> Yes <input type="checkbox"/> No	
50% Dextrose	<input type="checkbox"/> Yes <input type="checkbox"/> No	