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| **Question** |  |

 | **Available Options** | **Response Value/ Max Score** | **Explanation for assessors** |
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| --- |
| **Date & Start Time** |
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 |  |  |  |
| State |

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| --- |
| 36 states + FCT in Nigeria |

 |  |  |
| Local Government Area |

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| --- |
| LGAs of chosen states |

 |  |  |
| Ward |  |  |  |
| Latitude |  |  |  |
| Longitude |  |  |  |
| Type of health facility | Public, private |  |  |
| Type of public facility | State specialist, General hospital, comprehensive PHC, primary health care center, primary health care clinic, cottage hospital |  |  |
| Type of private facility-general | For profit, Not-for-profit |  |  |
| Type of care provided by private health facility | Multi-specialty hospital, Mono specialty hospital (General Practice), clinic, Maternity center, Nursing home, Diagnostic center. |  |  |
| Class of facility | Primary, secondary, tertiary |  |  |
| Name of Establishment |  |  |  |
| Full Address |  |  |  |
| Status of Establishment | New, Existing |  |  |
| MOH Reg. Number (if applicable) |  |  |  |
| Title of facility Manager |  |  |  |
| First Name of facility Manager |  |  |  |
| Surname of facility Manager |  |  |  |
| Phone Number of facility Manager |  |  |  |
| Email Address of facility Manager  |  |  |  |
| Qualification of facility Manager |  |  |  |
| Title of Head of clinical (if applicable) |  |  |  |
| First Name of Head of Clinical (if applicable) |  |  |  |
| Surname of Head of clinical (if applicable) |  |  |  |
| Days & hours of operation |  |  |  |
| Types of building | Not purpose built, purpose built |  |  |
| Types of Accommodation | Stand-Alone, Shared Accommodation |  |  |
| Does the facility have other branches/ annexes? | Yes, No |  |  |
| Specify number of branches |  |  |  |
| State(s) of other branch(es) | 36 states + FCT in Nigeria |  |  |
| Local Government Area(s) of other branch(es) | LGAs of chose states |  |  |
| Ward(s) of other branch(es) |  |  |  |
| Address (es) of other branch(es) |  |  |  |
|  |  |  |  |
| **B. OWNERSHIP, GOVERNACE** **& REGISTRATION STATUS** | MAX Score. Public (2), private (8) | Max Score: public =2, private =8 |  |
| There is an organogram describing the governance structure | Yes, No | 2,0 | Presences of an organogram and staff can describe the lines of authority |
| The health facility is registered with the corporate Affairs Commission (CAC) | Yes, No | 2,0 | Registered with certificate of incorporation, form C07 |
| The health facility is licensed by the Ministry of Health or relevant Agency | Yes, No | 2,0 | Presence of a registration certificate |
| The current license is displayed in the health facility. | Yes, No | 2,0 | Presence of a hospital license for the current year. If not available, evidence of payment of license for the current year |
| Last year of renewal |  | No score required for this question | Presence of previous certificate/license to practice |
| **C. OPERATIONAL/ BUSINESS PLAN** | MAX SCORE: 28 | MAX SCORE =28 |  |
| There is a quality team in the health facility | Yes, No | 2,0 | Documented evidence of a quality team sighted. The team should constitute representatives of all departments within the health care facility |
| There is a quality improvement plan in the health facility | Yes, No | 2,0 | A quality improvement plan is a set of activities developed to bridge quality gaps and improve service delivery. Activities should be SMART - Specific, Measurable, Achievable, Realistic & Time bound |
| There are minutes of meetings for the quality team | Yes, No | 2,0 | Minutes contain names of attendees, quality gaps discussed and action points. It should be signed and dated |
| There is a facility catchment area map | Yes, No | 2,0 | Map shows – distances, road networks, natural/seasonal barriers, communities and special points or landmark areas |
| There is evidence of frequent meetings between the hospital and community representatives | Yes, No | 2,0 | Frequency of meetings as defined by the state or project; quarterly, monthly, bi-annual etc. |
| There is evidence that HMIS data is analyzed and informs decision making | Yes, No | 2,0 | There is evidence of utilization data analysis and results are used for informed decision making |
| There is evidence that priority issues from data analyzed are discussed in quality team meetings | Yes, No | 2,0 | Evidenced in meeting minutes |
| Yearly/quarterly operational/business plans are available for the hospital, signed and dated | Yes, No | 2,0 | Health facility business plan should be sighted and must be signed and dated. |
| Operational/business plan shows strategies for procurement and contracting (for quarter under review) | Yes, No | 2,0 | Health facility business plan should include identified health facility needs, when it will be needed and how services or commodities will be procured. |
| Operational/business show provision for clients covered on different health insurance package (for quarter under review) | Yes, No | 2,0 |  |
| Operational/business plan show planning for care of indigent clients with criteria for defining them (for quarter under review) | Yes, No | 2,0 | Health facility business plan should include how indigents in the communities will be identified in collaboration with WDC and other stakeholders with the community |
| Operational/business plan shows strategies for achieving coverage indicator targets (for quarter under review) | Yes, No | 2,0 | Health facility business plan should include how the facility will achieve coverage indicator targets. These may include outreach activities, advocacy meetings or partnerships with the informal private sector. |
| Financial and accounting documents are available and well-kept in the health facility | Yes, No | 2,0 | Financial books are sighted at the health facility. It should include register(s) for capturing revenue from all sources, expenditure and bank statement details. Also, public health facilities must demonstrate availability of savings for emergency spending. |
| Financial reports are complete and accurate | Yes, No | 2,0  | Balance of incomes, running cost, bank deposits and loans, cashbook and other funds in the monthly financial reports are complete and accurate |
| **ADEQUACY OF FACILITY SPACES** | **Max score: 28** | Max Score = 28 |  |
| **Waiting/Reception Area** |  |  |  |
| Adequate in size | Yes, No | 2,0 | Adequate space for outpatients (minimum of 13 by 13 sq. ft) and their relatives to seat, ensure free flow, with proper cross ventilation |
| Well equipped | Yes, No | 2,0 | Equipped with adequate chairs, television for informative films (not mandatory), weighing scale, stadiometer, adequate light, ceiling fans/air conditioner (not mandatory) |
| Number of consulting rooms |  |  | Should be adequate for patient load, look out for queues |
| **Consulting Room Area** |  |  |  |
| Adequate in size & number | Yes, No | 2,0 | Minimum of 2 rooms, adequate space (minimum of 13 by 13 sq. ft) for equipment, furniture & to seat a patient and a chaperone. There is free flow and proper cross ventilation. |
| Well equipped | Yes, No | 2,0 | There must be access to clean toilet facilities. Consulting room should contain at least 2 chairs, a table, hand washing facilities, dust bin, a window & curtains, ward screen, examination couch & equipment for patient examination |
| **Treatment / Injection room** |  |  |  |
| Adequate in size | Yes, No | 2,0 | Minimum of 13 by 10 sq. ft for equipment and furniture |
| Well equipped | Yes, No | 2,0 | Should contain medications tray, resuscitation tray, sterile packs, sample bottles, ward screens, color coded waste containers, sharps box |
| **Wards** |  |  |  |
| Adequate in size | Yes, No | 2,0 | Minimum of 3 ft space between beds in a general ward and maximum of 2 beds in a 35 sq. ft space for a private ward. |
| Well Equipped | Yes, No | 2,0 | Check for:• Patients bed• Diagnostic/assessment set• Bed pans• Ward screens• Fluid stands• Medications tray• Resuscitation tray• Nurse call system• Adequate windows for cross ventilation with curtains • Insecticide treated nets for each mattress |
| **Labour room** |  |  |  |
| Adequate in size | Yes, No | 2,0 | Minimum of 13 by 13 sq. ft space for a single delivery bed and a resuscitaire |
| Well equipped | Yes, No | 2,0 | Functional delivery couch with stirrupsResuscitaireSterile delivery packsInstruments trayMedications and IV fluidsAngle poise lampPaediatric ambu bagManual or automated suctionOxygen supply |
| Ventilation | Adequate, Inadequate | 2,0 | Minimum of a door, aa window and air conditioning (if available) |
| Lighting | Adequate, Inadequate | 2,0 | Low voltage bulb, one for every 6 ft or minimum of 4 bulbs for a room of 13 by 13 sq. ft. Adequate power back up. No dark area must be noted in or around the labour room |
| Painting | Adequate, Inadequate | 2,0 | Full wall paintings, devoid of cracks and stains |
| Roofing and ceiling | Adequate, Inadequate | 2,0 | No cracks or evidence of leaks |
| **E. OBSERVATION/INPATIENT CARE** | **10** | **Max. Score = 10** |  |
| Does this facility provide inpatient care? | Yes, No |  |  |
| Number of functional observation beds |  |  | Where inpatient care is provided, the number of beds should be adequate for level of care provided |
| Number of functional inpatient beds |  |  | Where inpatient care is provided, the number of beds should be adequate for level of care provided |
| 80% of beds are functional | Yes, No | 2,0 | Moveable, well painted or galvanized |
| At least, one metre space between beds | Yes, No | 2,0 | To reduce spread of nosocomial infections, beds should be spaced 3 ft apart as a minimum. This space is also needed for ease of movement of staff and equipment (trolleys etc.) |
| Mattresses completely sealed with mackintosh | Yes, No | 2,0 | It is important that bed and beddings be covered with mackintosh for ease of daily cleaning & between admissions |
| Pillows | Useable, Not Useable, Not Available | 2,0 | Pillows should be covered with cotton or mackintosh and there should be one for each bed |
| Each bed has an accompanying secure locker | Yes, No | 2,0 | Accompanying locker should have compartments and should be movable |
| **F. ANTENATAL CARE** | **16** | **Max. Score = 16** |  |
| Does this facility provide antenatal care? | Yes, No | 2,0 |  |
| There are standard protocols for conducting ANC in the hospital | Yes, No | 2,0 | If available, guidelines must cover frequency of ANC visits, tests to be conducted, examinations & measurements done for ANC visits, ANC drug prescription, frequency of ultrasound and health education topics |
| Qualified staff carry out ANC services | Yes, No | 2,0 | Licenses must be valid. For doctors and midwives, check for qualifications & current practicing license in respective personnel file |
| Evidence of refresher training for ANC staff in the last 2 years | Yes, No | 2,0 | Must be available for midwives |
| ANC examination findings are well documented for each patient | Yes, No | 2,0 | These includes parity, LMP, EGA, EDD, SFH, BP, weight, FHR, foetal presentation and other clinical findings |
| ANC files shows administration of Fesolate / Folic Acid, IPT, Tetanus Toxoid according to guidelines | Yes, No | 2,0 | Should be evident in at least 6 files |
| There is evidence that all laboratory and ultrasound investigations are done according to WHO guideline | Yes, No | 2,0 | Tests should include blood group, VDRL, HIV, Hep. B. Check for evidence in at least 6 patient files |
| ANC register for the facility is available and well filled | Yes, No | 2,0 | Ensure ANC information is accurate and adequately documented |
| There is a health education register/schedule | Yes, No | 2,0 | Should show date, topic, number of participants, leader of the activity and signature |

| **S/N** | **QUESTION** | **AVAILABLE OPTIONS** | **RESPONSE VALUE/MAX SCORE** | **EXPLANATION FOR ASSESSORS** |
| --- | --- | --- | --- | --- |
|  | **G. MATERNITY** |  | **Max. Score = 41** |  |
| G\_i | **Does this facility provide maternity services?**  | Yes, No |  |  |
| G\_ii | Number of delivery beds with stirrups |  |  |  |
| G\_iii | Number of angle poise lamps |  |  |  |
| G\_iv | Number of resuscitaire |  |  |  |
| G\_v | Number of incubators |  |  |  |
| G\_vi | Number of suction machine (manual) |  |  |  |
| G\_vii | Number of suction machine (automatic) |  |  |  |
| G\_viii | Number of baby cots |  |  |  |
| G\_43 | Delivery bed(s) with stirrups  | Functional, Non-functional | 2,0 |  |
| G\_44 | Angle poise lamp  | Functional, Non-functional | 2,0 |  |
| G\_45 | Resuscitaire | Functional, Non-functional | 2,0 |  |
| G\_46 | Incubator | Functional, Non-functional | 2,0 |  |
| G\_47 | Suction machine (manual)  | Functional, Non-functional | 2,0 |  |
| G\_48 | Suction machine (automatic) | Functional, Non-functional | 2,0 |  |
| G\_49 | Suturing materials | Available & adequate, Not available or Inadequate | 2,0 |  |
| G\_50 | Is medical oxygen available? | Yes, No | 2,0 |  |
| G\_50a | Indicate source of medical oxygen | Cylinder, Concentrator, Both |  |  |
| G\_51 | Medical oxygen cylinders stored in secure upright brackets | Yes, No | 2,0 |  |
| G\_52 | Parthographs are used to monitor delivery | Yes/No | 2,0 | Parthograph is a graphical record of key data such as fetal heart rate, cervical dilation and other vital signs during labour entered against time on a single sheet of paper. Check the casenote (6) of delivery patients to ensure the use of parthograph was documented. |
| G\_53 | Available equipment to check fetal heartbeat | Pinard, Sonicaid, CTG | 1,2,4 |  |
| G\_54 | Which of the following maternal life-saving drugs and commodities does the facility possess?  | Magnesium sulphate, Misoprostol, Oxytocin, Anti-shock garment | 2,2,2,2 | Only select the available options that are in adequate stock and are not expired |
| G\_55 | Delivery packs are available | Yes, No | 2,0 | Content of delivery pack:1. Mayo scissors2. 1L & 700ml Kidney dish3. Spencer Wells forceps x24. Sterile Syringe 25ml 5. Cord clamp6. Combines 10x20cm x27. Baby Wrap8. Baby name tag9. Needle - 18g x2, Needle - 23g x210. Gauze swabs x211. Abdominal sponges x512. Galley pot graduated 10 - 150ml x 213. Trolley cover/outer wrap x 114. Catheter pack: Foley’s 12FG catheter, 20ml syringe, urine bag, water for injection, tape15. Protective glasses16. Gloves - Sterile (size: 6, 7, 8) x217. Gown/Apron - disposable, non-sterile |
| G\_56 | Baby cots are adequate and functional  | Yes, No | 2,0 | Baby cots are available for the level of service rendered. Mattresses are covered in mackintosh and bed frame is not rusted |
| G\_57 | Newborn tags are available and used | Yes, No | 2,0 | Check for availability of tags and if there are newborns in the facility, check if they have been tagged |
|  |  |  |  |  |
|  | **H. FAMILY PLANNING** |  | **Max. Score = 12** |  |
| H\_i | **Does this health facility provide family planning services?**  | Yes, No |  | Family planning is the practice of controlling the number of children one has and the intervals between their births, particularly by means of contraception. |
| H\_57 | There is a qualified staff trained in family planning  | Yes, No | 2,0 | Check for FP certificates. A valid certificate equals yes. |
| H\_58 | The family planning room has a lockable door and non-transparent window blinds  | Yes, No | 2,0 | Select No if door is lockable but blinds are transparent. |
| H\_59 | Family planning methods available with demonstration box/tray for potential users | Male Condoms, Female Condoms, OCP, Injectable, Implant, IUD | **< any2 items=0, any 2&3 items=1, > any 3 items = 2** | Check for IUD, injectables, implants, barrier methods such as condoms and oral contraceptives |
| H\_60 | There is a stock management process in place | Yes, No | 2,0 | Check for a stock keeping book. The book should have details of daily opening and closing balance. Expiry date checks should also be documented |
| H\_61 | There is proper documentation of chosen method and findings of examination during follow-up.  | Yes, No | 2,0 | Check that ANC files have documentation of chosen method of family planning. Select No, if any of these 5 is not documented. (Check at least 5 files for documentation on: BP, Hepatomegaly, Varicose Veins and Weight gain) |
| H\_62 | Number of clients expected and those who actually come monthly for oral and injectable contraceptives calculated. | Yes, No | 2,0 | Check contraceptive register.Score Yes if this has been calculated.Score No if not calculated |
|  |  |  |  |  |
|  | **I. IMMUNIZATION** |  | **Max. Score = 24** |  |
| I\_i | **Does this health facility provide immunization services?** | Yes, No |  |  |
| I\_63 | There is at least one staff well trained on immunization  | Yes, No | 2,0 | Check for practicing license of staff of immunization staff |
| I\_64 | There is appropriate storage of vaccines with standard operating procedure  | Functional fridge, Cold box, Icepack | (If Coldbox & Ice Packs, score = 2), (If Functional fridge, score =2), (If Coldbox OR Ice Packs, score = 0) | SOP on appropriate vaccine storage is available and followed |
| I\_65 | There is presence of EPI fridge with different compartment, functional thermometer with adequate temperature forms available  | Yes, No | 2,0 | Check that the EPI fridge has a functional freezer compartment for measles vaccine and a functional fridge compartment for BCG, Penta, Hep B. The EPI fridge MUST store vaccines ONLY |
| I\_66 | There is a protocol on Vaccine Vial Monitor (VVM) and there are VVM labels on vaccines | Yes, No | 2,0 | VVM is a label put on vaccines vials which gives a visual indication of whether the vaccine has been kept at a temperature which preserves its potency. If the monitor is exposed to heat it changes color over time. If the square becomes the same color as the circle or becomes darker than the circle, then the vaccine contained in the vial is damaged and the vial should be discarded |
| I\_67 | There is an alternative power supply and evidence of cold chain maintenance | Yes, No | 2,0 | Connected to constant supply (solar, PHCN backed by generator = 2PHCN only = 0 |
| I\_68 | There are no expired vaccines on the day of assessment | Yes, No | 2,0 | There is evidence that vaccine expiry is regularly checked and documented |
| I\_69 | The labels on all vaccines are readable | Yes, No | 2,0 | Vaccine labels can sometimes be worn off due to prolonged contact with water. Check to see that labels are intact with manufacturer's information |
| I\_70 | There is evidence that staff calculate coverage rate and target for fully vaccinated children  | Yes, No | 2,0 | Coverage rates, target population and dropout rates are among some of the calculations used to monitor vaccine effectiveness. Check that these calculations are done and used for analysis |
| I\_71 | Health facility has a mechanism for tracking drop-outs | Yes, No | 2,0 | Health facility should have a documented plan or strategy for tracking immunization drop-outs. The plan should detail how children will be identified using health facility registers or immunization cards, house visits or phone calls to mothers periodically. The plan should be sighted at the facility during the visit.  |
| I\_72 | The child immunization register is adequately and completely filled. | Yes, No | 2,0 | Ensure the register is completely filled and up-to-date |
|  |  |  |  |  |
|  | **J. OPERATING THEATRE** |  | **Max. Score = 42** |  |
| J\_i | **Does this healthcare facility provide surgical services?**  | Yes, No |  |  |
| J\_75 | A trained personnel responsible for surgical services is readily available at the health facility | Yes, No | 2,0 | Personnel must possess the required certification and license for provision of surgical services in the country |
| J\_76 | A trained personnel responsible for anaesthesia is readily available at the health facility | Yes, No | 2,0 | Personnel must possess the required certification and license for anaesthetists in the country |
| J\_77 | The theatre is adequate in size | Yes, No | 2,0 | The size of the operating theatre must be large enough (minimum of 16 sq. ft) to house the operating table, operating equipment, anaesthesia and emergency equipment. It must also allow free movement of all equipment and authorized staff for surgery |
| J\_78 | The temperature/ humidity in the theatre is adequate  | Yes, No | 2,0 | Ideal temperature range for an operating room should be between 20 and 23 degrees celsius. Relative humidity should be between 20 and 60 percent and ventilation should be at least 20 cycles per hour |
| J\_79 | Daily temperature monitoring is done | Yes, No | 2,0 | Daily temperature checks should be monitored and logged |
| J\_80 | There are adequate scrub facilities separate from the theatre room  | Yes, No | 2,0 | There should be a separate scrub area with a connection to the operating theatre. It should have functional sinks with elbow taps, liquid soap dispensers, bins, trolley and storage for brushes, gloves, gowns, and masks and floors with good grip |
| J\_81 | There is a changing area with secure storage for belongings  | Yes, No | 2,0 | Changing area should be separate with secure entrances, secure lockers, benches, linen shelves, bins and adequate lighting |
| J\_82 | There is a clearly marked red line | Yes, No | 2,0 | The red line should be placed in strategic areas to prevent unauthorized persons from accessing the sterile areas of the operating theatre complex. It should be bold, visible and should have a width of at least 20 cm |
| J\_83 | There is a functional anaesthetic machine | Yes, No | 2,0 | It is an equipment used for inhalation anesthesia, including flowmeters, vaporizers, and sources of compressed gases, but not including the anesthetic circuit or mechanisms for elimination of carbon dioxide |
| J\_84 | Anaesthetic gas(es) is/are available  | Yes, No | 2,0 | All required gases for anaesthesia must be available in good quantity. Safety features should be intact and storage must be adequate and well secured. Gas cylinders and delivery gauges should be regularly serviced and documented |
| J\_85 | There is a functional suction machine  | Yes, No | 2,0 | Functional suction machines must be available for the level of services rendered. They should be regularly cleaned and evidence of servicing should be documented |
| J\_86 | The theatre bed is appropriate for surgeries performed | Yes, No | 2,0 | Table must be functional enough to adjust the height and to assume various positions needed for surgery. It must have all required accessories such stirrups, drip stands etc. and must have evidence of regular servicing be documented |
| J\_87 | The theatre light is adjustable  | Yes, No | 2,0 | Theatre lights must be movable and adjustable. Regular maintenance checks must be carried out and documented |
| J\_88 | There is a dedicated functional UPS for theatre light | Yes, No | 2,0 | The theatre light should have a backup battery source in case of power failure |
| J\_89 | Medical oxygen is available? | Yes, No | 2,0 | Oxygen cylinders and/or concentrators must be available for the level of service rendered. Pressure gauges and flow meters should be checked to ensure adequate amount of gas is being delivered. Regular maintenance checks must be carried out and documented |
| J\_90 | Indicate source of medical oxygen? | Cylinder, Concentrator, Both |  |  |
| J\_91 | Medical oxygen cylinders are stored in secure upright brackets | Yes, No | 2,0 |  |
| J\_92 | The resuscitation tray is adequate | Yes, No | 2,0 | Resuscitation tray must have minimum required drugs and equipment. Drugs include•Injections such as Adrenaline, Atropine, Antihistamine, Dexamethasone, Hydrocortisone, Diazepam, Frusemide, Vit K, Aminophylline, Potassium chloride, Aspirin Tabs etc.•Equipment such as ambu bag, airway and mask in adult and paediatric sizes, NG Tubes, cannulas, syringes & needles, IV lines, swabs, cottons, adhesive tapes, forceps and sutures, gloves, chest tubes, glucometer, catheters, stethoscope etc.Adequate daily stock management practices must be employed to prevent stockouts |
| J\_93 | The lighting is adequate | Yes, No | 2,0 | Colour corrected lights good enough to illuminate the operating theatre and connected to a UPS must be available |
| J\_94 | There are no cracked tiles on the floor | Yes, No | 2,0 | Walls painted or tiled in light colours must be smooth from the ceiling to the floors with no cracks or collusion corners |
| J\_95 | Walls are tiled and clean  | Adequate, Inadequate | 2,0 |  |
| J\_96 | The recovery room is adequately equipped  | Adequate, Inadequate | 2,0 | Recovery room should have a minimum of one functional bed, monitor, handwashing stations, resuscitation equipment, drugs and oxygen |
|  |  |  |  |  |
|  | **K. EMERGENCY SERVICES** |  | **Max. Score = 20 (10 for public)** |  |
| K\_97A | There is an emergency tray | Yes, No | 2,0 | All medication, consumables and items required for emergency care should all be together in a trolley, tray or suitable container (depending on the level of care) for easy access when required |
| K\_97B | Please select contents of an emergency tray that are available | 1. Pocket mask with 1-way valve (1) (Secondary Health Facility Only)2. Disposable airways (Secondary Health Facility Only)• Adult Size (2)• Child Size (2)• Infant Size (2)3. Adult and Paediatric Ambu bag4. Blood pressure cuff – Adult (1)5. Blood pressure cuff – Paediatric (1) 6. Manometer appropriate for both cuffs (1)7. Stethoscope (1)8. Tourniquet (2)9. Alcohol wipes (15)10. Syringes – disposable11. 3 cc with 20 g 1 ½ inch needle (5)12. Band-Aids (one box)13. Adhesive tape 14. IV solutions (Dextrose Saline, LR, NS)15. IV tubing16. cannulas (Pink, Green, Yellow, Blue)17. Epinephrine – 1:1000 1 cc ampoule (5)18. Benadryl – 50 mg/cc 10 ml multi-dose vial (1)19. Atropine – 1 mg ampoule (1)20. Oxygen tank, wrench and tubing (1)21. Hydrocortisone 100 mg ampoule | <5=0, 5-8=1,9-12=2,13-16=3, >16=4 |  |
| K\_98 | There is an adequate dedicated space for emergency services  | Yes, No | 2,0 | The room (space or area) for emergency services is well labelled and has enough space to contain required furniture, equipment and supplies for emergency care. The available space should also allow for free movement of personnel providing services |
| K\_99 | Clinical and nursing personnel are trained on Basic Life Support (BLS) or Advanced Cardiac Life Support (ACLS) | Yes, No | 2,0 | Check for evidence of periodic training of relevant staff on Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS). Staff who are regularly trained are better positioned to provide up-to-date emergency care |
|  | These emergency equipment are available and functional |  |  | Emergency equipment are required in health facilities to help save lives thus reducing mortality. Basic emergency equipment include oxygen, ambu bag, suction machine and nebulizer. Check that these are available and functional |
| K\_100A | Functional oxygen cylinder/concentrator | Yes, No | 2,0 |  |
| K\_100B | Ambu bag paediatrics  | Yes, No | 2,0 |  |
| K\_100C | Ambu bag adult | Yes, No | 2,0 |  |
| K\_100D | Functional suction machine | Yes, No | 2,0 |  |
| K\_100E | Functional nebulizer | Yes, No | 2,0 |  |
|  |  |  |  |  |
|  | **L. REFERRAL SERVICES** |  | **Max. Score = 6** |  |
| L\_i | Does this health facility provide referral services?  | Yes, No |  |  |
| L\_101 | A referral system is in place  | Yes, No | 2,0 | A referral system can be defined as a process in which a health facility, having insufficient resources (drugs, equipment, skills) to manage a clinical condition, seeks the assistance of a better or differently resourced facility at the same or higher level to assist in, or take over the management of, the client’s case. Check for availablity of triplicate copy referral forms and if they are adequately filled for all referred cases |
| L\_102 | There is a functional ambulance | Yes, No | 2,0 | A functional ambulance is a vehicle that has equipment, medication and consumables required to stabilize / monitor a patient whilst being transported to the referral centre. It is expected that secondary healthcare facilities should have an ambulance. In the absence of an ambulance, arrangements must be in place for transporting patients to a referral centre. The health facility does not necessarily have to bear the cost for referral transportation |
| L\_103 | Arrangements are in place for referral transportation (where there is no ambulance) | Yes, No | 2,0 | Ask if there is a system to help patients arrange transportation and negotiate a cheaper price |

| **QUESTION** | **AVAILABLE OPTIONS** | **RESPONSE VALUE/MAX SCORE** | **EXPLANATION FOR ASSESSORS** |
| --- | --- | --- | --- |
| M. INFECTION CONTROL |  | **Max. Score = 54** |  |
| There is a designated sterilization area/CSSD | Yes, No | 2,0 | A separate well-equipped room or unit for the sole purpose of sterilizing instrument, packs, drapes and gowns should be available. The sterilization area should be organized and clean |
| There is an instrument washing area | Yes, No | 2,0 | A section of the sterilization area should be dedicated to washing, drying and preparing of instruments |
| Autoclave(s) is(are) available, functional and adequate | Yes, No | 2,0 | An autoclave large enough to cater to sterilization needs of the health facility should be available. Please note that the facility can have multiple autoclaves |
| Sterilization drums are available, functional and adequate | Yes, No | 2,0 | Sterilization drums available should be enough to accommodate the sterilization load of the facility. Drums should not be rusty |
| Indicator tape is used when sterilizing | Yes, No | 2,0 | An indicator tape looks like masking tape but has faint diagonal lines. The lines become marked (obvious) when sterilization has occurred |
| PPEs are adequate in the following areas: |  |  | Personal Protective Equipment (PPEs) are used by health workers as a barrier against infection transfer. PPEs may differ from department to department. PPEs include ward coat, lab coat, overall, cap, goggles, face mask, apron, surgical gloves, regular latex gloves, elbow length gloves, boots |
|  |  |  |
| Laboratory | Yes, No, Not Applicable | 2,0,no score |
| Theatre | Yes, No, Not Applicable | 2,0,no score |
| Outpatient department | Yes, No | 2,0 |
| Inpatient department | Yes, No, Not Applicable | 2,0,no score |
| Cleaning / laundry | Yes, No | 2,0 |
| Hand washing facilities are available in the following areas: |  |  | Hand washing facilities include clean running water, liquid soap (with manual or automatic applicator) and a means of hand drying (single-use towels, disposable paper or hand dryer). These must be present in all relevant areas of the facility |
| Treatment room | Yes, No | 2,0 |
| Consulting room(s)  | Yes, No | 2,0 |
| Wards  | Yes, No, Not Applicable | 2,0,no score |
| Labour room  | Yes, No | 2,0 |
| Laboratory  | Yes, No, Not Applicable | 2,0,no score |
| Pharmacy  | Yes, No | 2,0 |
| Toilets  | Yes, No | 2,0 |
| Immunization  | Yes, No, Not Applicable | 2,0,no score |
| Family planning  | Yes, No, Not Applicable | 2,0,no score |
| Kitchen  | Yes, No, Not Applicable | 2,0,no score |
| This health facility is registered with the state's waste management agency | Yes, No | 2,0 | Check for evidence of registration and or payment to the waste management agency |
| Waste bins and safety boxes are not filled to the brim | Yes, No | 2,0 | Waste bins should not be seen overflowing. Safety boxes should not be more than 3/4 full |
| Waste segregation using coloured bags is appropriately done in the following areas: |  |  | Waste segregation is done using colour codes. Red for highly infectious waste, yellow for infectious waste, black for domestic waste, brown for expired commodities, and safety boxes for sharps. Red, yellow, black and safety boxes must be available in the labour room, theatre, laboratory, and emergency room. Waste segregation is also required at the final point i.e. waste storage |
| Labour room | Yes, No | 2,0 |  |
| Emergency room | Yes, No | 2,0 |  |
| Laboratory | Yes, No, Not Applicable | 2,0,no score |  |
| Theatre | Yes, No, Not Applicable | 2,0,no score |  |
| Final waste storage point | Yes, No | 2,0 |  |
|  |  |
| N. HEALTH RECORDS |  | **Max. Score = 10** |  |
| Please indicate the method for capturing health records | Paper-based, EMR, Both |  | Patient health records can be entirely paper-based, entirely digital, or a mixture of both methods. Electronic Medical Records (EMR) is the term that connotes patient health records are being captured digitally. Please note that the presence of a computer does not equate to the availability of an EMR |
| Patient health records are filed individually | Yes, No | 2,0 | All records pertaining to a patient should be kept together in a file or case note dedicated to the patient. Check that each patient has a file |
| Shelves are adequate for storage of patient health records | Yes, No | 2,0 | All paper-based health records (patient files and registers) are kept on shelves. No patient files or registers are seen on the floor |
| Patient health records are securely stored | Yes, No | 2,0 | Security of patient health records applies to both paper-based and electronic versions. Physical records should be kept in lockable cupboards, cabinets or rooms. Passwords for computers and EMR access is a security feature for digital records |
| NHMIS registers are available and appropriately filled | Yes, No | 2,0 | All required NHMIS registers are available for the level of services provided at the health facility. These registers should be completely and correctly filled |
| NHMIS data is submitted monthly to state authorities | Yes, No | 2,0 | Data in NHMIS registers should be collated and submitted to the appropriate authority monthly. All monthly data should be verified and signed off by the most senior staff in concerned department or any other delegated staff |
|  |  |
| O. LABORATORY |  | **Max Score = 16** |  |
| Does this health facility provide laboratory services? | Yes, No |  |  |
| Please select laboratory type | Stand alone, Hospital Lab, Hospital Side Lab |  |  |
| Is the Laboratory generally clean and there is delineation between clean and dirty areas?  | Yes, No | 2,0 | The Laboratory and the equipment should be clean, not dusty and well-arranged. |
| Please select personnel in charge of the laboratory | Pathologist, Medical Laboratory Scientist, Laboratory Technician, Laboratory Assistant | Secondary facility: Pathologist or Medical Laboratory Scientist=2, Laboratory Technician or Laboratory Assistant=0Primary facility: Pathologist or Medical Laboratory Scientist or Laboratory Technician=2, Laboratory Assistant=0 | Check for qualification certificate and valid license of personnel in charge of the laboratory. |
| Available laboratory equipment is adequate for the scope of services provided | Yes, No | 2,0 | Equipment are available for the laboratory services available and are enough for the sample load. Available laboratory equipment must be functional. List of common laboratory equipment include Microscope, centrifuge, test tube, spirit lamp, bursen burner, tripod stand, wire gauze, laboratory glassware, blood lancets, tourniquet, urine dipsticks, specimen bottles, haemoglobinometer |
| Available laboratory equipment are functional and calibrated up-to-date | Yes, No | 2,0 | Evidence of maintenance and calibration is seen for laboratory equipment |
| Illumination in the laboratory is adequate | Yes, No | 2,0 | Good lighting allows for easier sample collection and processing. The laboratory, including the phlebotomy area must be well lit. Check that all light bulbs are functional. |
| Water supply in the laboratory is adequate | Yes, No | 2,0 | Check that water runs through every tap in the laboratory or is available at every point of need. Also check that running water points are enough for the laboratory taking into consideration the scope of service and sample load |
| There is a functional blood bank refrigerator | Yes, No, Not Applicable | 2,0,no score | The blood bank refrigerator is a type of refrigerator dedicated to storing blood and blood products. Check that the blood bank refrigerator is working, that the temperature is within normal range, and that nothing else but blood is stored within |
| Blood bank refrigerator temperature is recorded daily | Yes, No, Not Applicable | 2,0,no score | Check for the evidence of temperature recording in the laboratory. |
| There is evidence that blood being issued out have Lagos State Blood Transfusion Committee Logo | Yes, No, Not Applicable | 2,0 | Check the blood bags in the blood bank refrigerator for LSBTC Logo. |
| P. ULTRASOUND SERVICES |  | **Max. Score = 6** |  |
| Does this health facility provide ultrasound scan services? | Yes, No |  |  |
| Please select personnel that perform ultrasound scans | Radiologist, Sonologist, Sonographer, Medical Doctor, Others | Radiologist, Sonologist or Sonographer=2, Medical Doctor=1, Others=0 | Ultrasound scan services can only be overseen by a radiologist/sonologist and they are both qualified to perform scans and write reports. A sonographer however is only allowed to perform scans. Check for qualification/training certificates as well as current practicing licenses of those who perform and report scans to determine if they are authorized for service provision |
| There is a functional ultrasound scan machine | Yes, No | 2,0 | Check that ultrasound machine is appropriate for the level of service rendered |
| Ultrasound scan is interpreted and reported by qualified personnel | Yes, No | 2,0 | Only radiologists and sonologists are qualified to interpret and report scans. Check for qualifications and current practicing licenses |
|  |  |
| Q. X-RAY |  | **Max. Score = 18** |  |
| Does this health facility provide X-ray services? | Yes, No |  |  |
| Indicate scope of X-ray service | X-ray only, Contrast studies |  |  |
| Indicate type of X-ray machine | Manual, Digital, Both |  |  |
| Select personnel that provide X-ray services | Radiologist, Radiographer, Medical Doctor, Others | Radiologist or Radiographer=2, Medical Doctor or Others=0 | Radiologist and radiographers are qualified to perform X-rays. Check for qualification/training certificates as well as current practicing licenses of those who perform X-rays to determine if they are authorized. |
| There is a Radiation Safety Inspection Report by Nigeria Nuclear Regulatory Agency (NNRA) | Yes, No | 2,0 | Check if a copy of the Radiation Safety Inspection Report is seen. This report is signed and is still valid as at the time of conducting this assessment |
| Doors and walls are lead lined | Yes, No | 2,0 | Lead lined walls provide shielding from high level radiation. This is important for X-ray rooms to protect healthcare workers that are at risk of prolonged radiation exposure |
| X-ray machine(s) is(are) well calibrated | Yes, No | 2,0 | Records of calibration of X-ray machine are seen and are up to date |
| The X-ray unit (department) is registered with the radioactive waste disposal entity  | Yes, No | 2,0 | Evidence of registration with the relevant entity is seen and registration has not expired |
| There is a functional indicator / warning light | Yes, No | 2,0 | The indicator / warning light is usually red. When on, it signifies that an X-ray is being performed and the X-ray room is off limit. This is a method of reducing exposure to radiation. Switch the light on to be sure it is working |
| Lead jackets (apron) are available and adequate for the scope of service provided | Yes, No | 2,0 | Check that lead jackets are available, enough for service provision, and intact (not torn or worn out) |
| Select other PPEs available at the facility | Thyroid shield, Gonads shield, Optical shield  |  |  |
| Thermoluminescent Dosimeter (TLD) Badge(s) is(are) available and functional | Yes, No | 2,0 | A TLD badge measures the radiation dose received and is used to establish that the radiation doses received by personnel are within permissible limits. It is also used to verify that the facilities for radiation protection are adequate and to show that radiation protection techniques are acceptable. It is usually worn at the chest or waist level. |
| X-ray films are interpreted and reported by qualified personnel | Yes, No | 2,0 | Only a radiologist is qualified to write a report on an X-ray film. Check for qualification/training certificates as well as current practicing licenses of those who report X-rays to determine if they are authorized. |
|  |  |
| R. MEDICATION MANAGEMENT |  | **Max. Score = 22** |  |
| Select the designated area(s) for medication | Pharmacy, Dispensary, Both |  |  |
| Select personnel in charge of the dispensary / pharmacy | Pharmacist, Pharmacy Technician, Nurse, CHEW | **Secondary facility: Pharmacist=2, Pharmacy Technician=1, Nurse & CHEW=0Primary facility: Pharmacist=2, Pharmacy Technician=2, Nurse = 2** | Check for qualification/training certificates as well as current practicing licenses of personnel in charge of the pharmacy/dispensary to determine if he/she is authorized.  |
| There is a counselling area | Yes, No | 2,0 | Counselling area is present, and is close to the pharmacy. Privacy and comfort of the patient are guaranteed |
| There is a compounding area | Yes, No, Not Applicable | 2,0,no score | A compounding area exists. Area is clean and tidy. A compounding area is where combining, mixing, or alterations are made to create a medication tailored to the needs of an individual patient. Compounding includes the combining of two or more drugs |
| The size of the dispensing room (area) is adequate | Yes, No | 2,0 | The dispensing room (area) is a minimum of 10 sq. ft |
| Ventilation and illumination are adequate | Yes, No | 2,0 | Windows are sufficient and allow for cross ventilation. Light bulbs are functional and bright |
| Room temperature charts are available | Yes, No | 2,0 | Room temperature is recorded and up to date. Includes remedial actions taken when temperatures are above 25C |
| There is a functional fridge where only medication is stored | Yes, No, Not Applicable | 2,0,no score | Functional fridge is present. Well arranged, not overloaded, and used ONLY for medication. Note that a PHC may not have a medication fridge if they do not have drugs that require storage under 8oC.  |
| Fridge temperature charts are available | Yes, No | 2,0 | Fridge temperature is recorded and up to date. Includes remedial actions taken when temperatures are above 8C |
| There is a lockable DDA cupboard and register | Yes, No | 2,0 | There is a lockable DDA cupboard and a register. Access to the keys are restricted |
| Essential drugs are available in the health facility | Yes, No | 2,0 | Ascertain the availability of essential drugs within the health facility by identifying the top 10 common diseases treated in the health facility and check for the availability of drugs to treat these diseases. In addition, a list of tracer drugs for tracking availability of essential drugs can also be used. The tracer drugs identified according to WHO include Salbutamol, Glibenclamide, Atenolol, Captopril, Simvastatin, Amitriptyline, Ciprofloxacin, Co-trimoxazole, Amoxicillin, Ceftriaxone, Diazepam, Diclofenac, Paracetamol and Omeprazole. |
| Expired drugs and consumables are securely stored and disposed | Yes, No | 2,0 | There is a guideline on the proper storage / disposal of expired drugs and consumables. Evidence of implementation is seen |

| **QUESTION** | **AVAILABLE OPTIONS** | **RESPONSE VALUE/MAX SCORE** | **EXPLANATION FOR ASSESSORS** |
| --- | --- | --- | --- |
| **S. HIV Services** |  | **Max. Score = 16** |  |
| Does this health facility provide HIV services? | Yes, No |  |  |
| Select the type of HIV services provided | VCT only, PMTCT, Comprehensive |  | Select “VCT only” for facilities that provide only counselling and testing services.Select “PMTCT” for facilities that in addition to VCT provide prevention of mother to child transmission services.Select “Comprehensive” for facilities that provide the full spectrum of HIV care including management of all positive cases. |
| Trained staff are available for the identification, testing and, where applicable, treatment of HIV | Yes, No | 2,0 | Training certificate on HIV service provision sighted. |
| There is a counselling room which ensures adequate privacy | Yes, No | 2,0 | Counselling room is available. Privacy and comfort of the patient are guaranteed. |
| Registers for capturing data on HIV screening, diagnosis and, where applicable, treatment are available | Yes, No | 2,0 | Check availability of relevant registers. Registers must be completely filled, dated and signed in required sections. |
| Examinations, tests and, where applicable, medications and follow-up information are recorded in individual patient files | Yes, No | 2,0 | Check individual patient files for records of HIV testing, examination, treatment and follow-up. |
| All HIV patients are screened for TB | Yes, No | 2,0 | Review patient files (6) to ensure that all patients screened for HIV are screened for TB as well |
| HIV test kits are available in the health facility | Yes, No | 2,0 | Check for availability of HIV test kits in the counselling room and storage room. Check test kits and other materials to ensure they are not expired. |
| Health facility has a referral process for HIV positive patients | Yes, No | 2,0 | Check for availability of document on referral process and list of referral sites identified by the health facility |
| Antiretroviral drugs are available & not expired | Yes, No | 2,0 | Minimum of first line medication seen and not expired. |
|  |  |  |  |
| **T. TB SERVICES** |  | **Max. Score = 10** |  |
| Does this health facility provide TB services? | Yes, No |  |  |
| Select the type of TB services provided | Identify & Refer, Treatment only, Diagnosis only, Treatment & Diagnosis |  | Select “Identify & Refer” if facility only provides TB screening and referral of presumptive cases.Select “Treatment only” for facilities who provide only TB treatment.Select “Diagnosis only” for facilities who perform TB testing but do not treat.Select “Diagnosis & Treatment” for facilities who provide TB testing and treatment. |
| Trained staff are available for TB service provision | Yes, No | 2,0 | Training certificate for TB service provision sighted. |
| Registers for capturing data on TB screening, referral, testing, diagnosis and treatment (as applicable) are available | Yes, No | 2,0 | Check availability of relevant registers. Registers must be completely filled, dated and signed in required sections. |
| Examinations, referrals, tests, medication and follow-up information (as applicable) are recorded in individual patient files | Yes, No | 2,0 | Check individual patient files for records of TB testing, referral, examination, treatment and follow-up. |
| All TB patients are screened for HIV | Yes, No | 2,0 | Review patient files (6) to ensure that all patients screened for TB are screened for HIV as well |
| Anti-TB drugs are available & not expired | Yes, No | 2,0 | Minimum of first line medication (STOP TB Kit) seen and not expired.  |
|  |  |  |  |
| **U. CATERING SERVICES** |  | **Max. Score = 10** |  |
| Select option that describes the status of catering services at this facility | Not Provided, Provided but Outsourced, Provided In-house |  |  |
| The kitchen is clean | Yes, No | 2,0 | Walls and floors should be made of materials that can easily be cleaned. Walls and floors are smooth and non-slip. |
| The kitchen is well-ventilated | Yes, No | 2,0 | A minimum of 1 window & 1 door is needed for cross-ventilation. Where this is not possible an extractor can be used to take out the heat. All windows and doors should have fly and other pest screens. |
| The kitchen is well equipped | Yes, No | 2,0 | Kitchen should have adequate supply of:- Utensils (spoons, pots, plates, pans, etc.)- Storage drums /shelves for the different classes of food- Separate chopping boards for different items (meat, vegetables, other raw food items & cooked food)- Refrigerator /freezer- PPEs (Aprons, boots, hair cover etc.) |
| Firefighting equipment is available and functional  | Yes, No | 2,0 | Fire extinguishers and/or fire blankets seen. Fire alarms are installed. Test knowledge of kitchen staff on how to use a fire extinguisher and blanket. |
| Food handlers are tested | Yes, No | 2,0 | Evidence of tests (Salmonella, stool, Staph Aureus, TB, HepA etc.) conducted periodically for food handlers is sighted. |
|  |  |  |  |
| **V. ENVIRONMENT AND AMENITIES** |  | **Max. Score = 22** |  |
| In general, ventilation is adequate | Yes, No | 2,0 | Building clusters around the facility as well as high walls that prevent circulation of air need to be considered when assessing for adequacy of ventilation. Doors and windows should be available for ventilation. |
| In general, illumination is adequate | Yes, No | 2,0 | Good lighting is required within and outside the facility for ease of work and security. All light bulbs should be functional. |
| There is a primary source of power | Yes, No | 2,0 | PHCN is usually the primary source of power. Check that there is a primary source of power. |
| There is an alternate source of power | Yes, No | 2,0 | Alternative sources of power include generator, inverter and solar systems.  |
| Select type of alternate power source available | Generator, Solar, Inverter |  |  |
| Potable water is available | Yes, No | 2,0 | Water may be sourced from the government or from a borehole / well. Regardless of source, water should be piped and run within the facility.  |
| Select source(s) of water available | Borehole, Govt. Pipe borne water, Well with pumping machine, Others |  |  |
| Toilets are functional and adequate  | Yes, No | 2,0 | Toilets should be adequate & functional for the level of service provision. Different toilets should be available for male & female patients. Health facility must ensure availability of separate toilets for male and female patients. Also, toilets should be available for staffs.  |
| Toilets are equipped with essentials for handwashing | Yes, No | 2,0 | Toilets should be equipped with necessary materials for hand hygiene.- Wash hand basin- Clean running water- Liquid soap- Paper towels (or alternative)- Pedal bins |
| Availability of cleaning agents and disinfectant | Yes, No | 2,0 |  |
| There are bathrooms with running water | Yes, No | 2,0 | Bathrooms should be clean, functional, adequate for the level of service provision, and must be equipped with materials for cleaning. Where there is no running water, adequate volume of storage water should be available within the facility. |
| There is(are) external drainage(s) e.g. gutter | Yes, No | 2,0 | Drainage channels (gutters) should be clean and covered to prevent injury to staff and patients |
| External drainage(s) is(are) covered | Yes, No | 2,0 | Drainage channels (gutters) should be clean and covered to prevent injury to staff and patients |
|  |  |  |  |
| **W. FIRE SAFETY** |  | **Max. Score = 10** |  |
| There is a Fire Safety Certificate  | Yes, No | 2,0 | Fire safety certificates are issued by the fire safety agency after facility inspection |
| Firefighting equipment is available and adequate  | Yes, No | 2,0 | Each floor (as well as the pharmacy, laboratory, generator house, etc.) should each have a fire extinguisher |
| Each firefighting equipment has a service sticker | Yes, No | 2,0 | Check that firefighting equipment has a service history and that each equipment's last service is within 1 year |
| There are at least two readily accessible and labelled exits | Yes, No | 2,0 | Multiple exit points (at least 2) should be available and appropriately labelled in case of evacuation during a fire. Muster point should be clearly indicated |
| There is a muster/assembly point | Yes, No | 2,0 |  |
|  |  |  |  |
| **X. STAFFING** |  | **Max. Score = 8** |  |
| Qualification certificates are available onsite | Yes, No | 2,0 | Qalification certificates for doctors, nurses, pharmacist, pharmacy technician, laboratory scientist, laboratory technician and other professional staff are sighted in respective personnel file |
| Current practicing licenses are available onsite | Yes, No | 2,0 | Current practicing licenses for doctors, nurses, pharmacist, pharmacy technician, laboratory scientist, laboratory technician and other professional staff are sighted in respective personnel file |
| There is a duty roster for health personnel available | Yes, No | 2,0 | Sight duty roster and check that all shifts are adequately covered by professionals and signed off by the facility manager |
| Number of qualified health personnel is adequate | Yes, No | 2,0 | At the very minimum, align the staffing of the health facility with that recommended by the MoH |
|  |  |  |  |
| **Y. IEC MATERIALS** |  | **Max. Score = 8** |  |
| Select type of IEC materials sighted | Paper-based; electronic; both; none | Paper-based; electronic or both= 2None= 0 | IEC stands for Information, Education and Communication. They are informative materials used to health educate patients on disease prevention and treatment |
| IEC materials are sufficient and well pasted for patient's use | Yes, No | 2, 0 | Check they are sufficiently located in conspicuous places such as waiting areas |
| IEC materials on FP, immunization & nutrition seen | Yes, No | 2, 0 | IEC on FP must contain the different commonly accepted methods for contraception. IEC on immunization will contain the nationally accepted immunization schedule |
| IEC materials on TB, HIV & handwashing seen | Yes, No | 2, 0 | Check the TB/HIV clinic(s) and check handwashing stations for posters describing steps for effective handwashing |
|  |  |  |  |

| S/N | **Response Type** | **Question** | **Available Options** | Response Value /Max Score |
| --- | --- | --- | --- | --- |
|  | **Section Title/Header** | **STAFFING LIST - to be conducted by obtaining staff list** |  |  |
|  | **Title/Header** | **DETAILS OF FULL TIME STAFF** |  |  |
| FT\_1 | Number | Doctors |  |  |
| FT\_2 | Number | Registered nurses |  |  |
| FT\_3 |  | Registered Midwives |  |  |
| FT\_4 |  | Registered Nurse/Midwife |  |  |
| FT\_5 | Number | Pharmacists |  |  |
| FT\_6 | Number | Pharmacy technicians |  |  |
| FT\_7 | Number | Lab scientists |  |  |
| FT\_8 | Number | Lab technicians |  |  |
| FT\_9 | Number | Lab assistants |  |  |
| FT\_10 | Number | CHEW |  |  |
| FT\_11 |  | Junior CHEW |  |  |
| FT\_12 | Number | Admin/Account |  |  |
| FT\_13 | Number | Records |  |  |
| FT\_14 | Number | Cleaning |  |  |
| FT\_15 | Number | Security |  |  |
| FT\_16 | Number | Drivers |  |  |
| FT\_17 |  | Environment health personnel |  |  |
| FT\_18 |  | Health education personnel |  |  |
| FT\_19 | Number | Others  |  |  |
|  | **Title/Header** | **DETAILS OF PART TIME STAFF** |  |  |
| PT\_1 | Number | Doctors |  |  |
| PT\_2 | Number | Registered nurses |  |  |
| PT\_3 | Number | Midwives |  |  |
| PT\_4 |  | Registered Nurses/Midwives |  |  |
| PT\_5 | Number | Pharmacists |  |  |
| PT\_6 | Number | Pharmacy technicians |  |  |
| PT\_7 | Number | Lab scientists |  |  |
| PT\_8 | Number | Lab technicians |  |  |
| PT\_9 | Number | Lab assistants |  |  |
| PT\_10 | Number | CHEW |  |  |
| PT\_11 | Number | Junior CHEW |  |  |
| PT\_12 | Number | Admin/Account |  |  |
| PT\_13 | Number | Records |  |  |
| PT\_14 | Number | Cleaning |  |  |
| PT\_15 | Number | Security |  |  |
| PT\_16 |  | Drivers |  |  |
| PT\_17 |  | Environment health personnel |  |  |
| PT\_18 |  | Health education personnel |  |  |
| PT\_19 |  | Others  |  |  |
|  | **Title/Header** | **DETAILS OF PERSONS INTERVIEWED** |  |  |
| HR\_1a | Text | Title of Respondent |  |  |
| HR\_1b | Text | First Name of Respondent |  |  |
| HR\_1c | Text | Surname of Respondent |  |  |
| HR\_1d | Text | Designation |  |  |
| HR\_1e | Text | Department |  |  |
|  |  | **Add more >>> (to repeat the above grouped questions)** |  |  |
|  | Invisible to User | **End Date & Time (To pick up date & time of mobile device)** |  |  |
|  | Radio Buttons | **Will you like to submit the assessment now?** | Yes, No |  |
|  |  |  |  |  |
|  |  | **Assessment data submitted/Assessment data pending submission** |  | Response depending on internet availability**Internet available:** Assessment data submitted**No internet:** Assessment data pending submission |