

## IMCI MULTI-COUNTRY EVALUATION

### Cost Data Collection at Facility-level

Questionnaire Number: _____	[quest_f] _____
Interview Date: dd/mm/yy _____	[date] ____ / ____ / ____
District name: _____ district code: ____	[d_name] _____ [d_code] _____
State Name: _____ State code: ____	[s_name] _____ [s_code] _____
Facility Name: _____ Facility code: ____	[f_name] _____ [f_code] _____
Facility Type:* _____	[f_type] _____
Interviewer name _____	[inter] _____
Interviewer number: _____	[surv_code] _____

\* health centre=0 dispensary =1

This **data collection tool** is one of three tools which are designed to collect costs of under five child health services from the providers perspective. This tool aims to collect data from the first level facility. The other two tools are designed to collect cost data at the district and national levels. Household costs will be collected through various modules of the household survey questionnaire for IMCI e.g., morbidity and cost modules. See <http://www.who.int/imci-mce/> for a copy of the tools and to contact MCE with any questions.

There are two ways to analyse the data collected through these various tools. They can be entered using **EPI info** software then transferred and analysed using **STATA** or other statistical software. Alternatively, they can be directly entered and analysed using the WHO/GPE **CostIt** software which is a costing template for automated cost analysis and reporting of results. See [www.who.int/evidence/cea](http://www.who.int/evidence/cea) for a copy of the CostIt software.

**Note:** Questions are in **bold**, interviewers' instructions in *italics*, adaptation notes in a box, and issues that still need to be resolved in the survey design in CAPITALS.  
(The latter two should be deleted in the final country version of the tool).

#### **Adaptation Notes:**

1. The data manager should ensure that facility codes are shown on each table of data entry to standardize data entry options under the specified question numbers and variable names. Variable names, shown in square brackets [ ] and codes should not be changed in order to facilitate cross-country analysis. Extra codes and names may be added.
2. It might be necessary to adapt the questionnaire to suit the different data types and availability in each country by shifting some of the questions from one tool to another (e.g. from the National to the District level tool).
3. At district level, you will be able to identify which year of data you will be looking for depending on the availability of completed records and the financial year in each country. After you have identified the year, revise the questions where the year of data collection is required and enter the year you identified.
4. Variable names can be deleted from the tool for data collection, if this is perceived to make the tool clearer to the interviewers.

#### **General instructions to interviewers:**

*There are three sections in this questionnaire:*

- A. Interview with the head of the facility**
- B. Observation**
- C. Record review**

- 1) **Before going to the facility,**

**Facility Code:** \_\_\_\_\_

- a) *If data was not available for the period identified, interviewers should use the most recent data that they could find and record the period it corresponds to. In this case, interviewers should try as much as possible to get the same months for all missing data, preferably one or two months in each season.*
- b) *Check if there are any tables that should be preloaded with data collected at district and national level prior to collecting data from health facilities, e.g., inserting a comprehensive drug list in Table 11.*
- c) *Enter the facility code at the top of each page of this questionnaire*
- d) *In some questions, different categories of answers exist but some options have been provided if other options are available other than the ones provided, add codes if necessary during the adaptation.*
- e) *Check you have all the equipment necessary to successfully complete the data collection. This includes items such as a lazer measuring device.*

**Adaptation Note:** Point 1(a) above can be removed if no data will be collected from national and district level prior to the facility survey.

- f) *During the interview, you will be requesting records that will be reviewed in section B . **After you finish your interview and the observation tour**, track all the questions where a follow up action was needed to interview someone or collect a record. **At the end of your visit** consult the checklist at the end of the questionnaire to check that you got all the data that you need.*

**Adaptation Note:** A set of standard introductions to be used with health facility staff will be added in each country. See example below:

Standard Introduction:

*We are from....., and are conducting an evaluation of health care for under fives. This is to guide future implementation of under five services. This evaluation is being carried out in xx districts, one of which is this district, and your facility was one of those selected.*

*The focus of this evaluation is to determine the type of services provided for under-five children, in order to help determine the costs involved in providing these services.*

*For this purpose, we would like to do the following:*

- *A brief interview with the In-charge of the facility (or the acting) about staffing, equipment and the different services provided.*
- *Observation of a randomly selected health worker as s/he carries out her/his daily activities in the facility.*
- *Records review*
- *Facility size assessment*

*I hope I have given you a brief overview of what we are looking for. Your time spared to assist in this endeavor will be highly appreciated.*

*<If no questions, thank the in-charge and start your interview>*

**A. QUESTIONNAIRE FOR THE HEAD OF THE UNIT (FACILITY) OR PERSON IN-CHARGE.**

**A.1. Questions on Personnel**

<b>Qf 1</b>	Can you tell me how many days per week this facility is open? 1 ( ) _____ days 8 ( ) Doesn't know → <b>Whom can I ask ?</b> _____	Qf 1: ____  [n_workdays]
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<b>Qf 2</b>	Can you tell me the names of all salaried employees who were working in this unit in <year of data collection>, their job titles, whether they have been trained in IMCI and their tasks? Include names of community health workers attached to the unit, if any 1 ( ) Yes → Enter data in Table 1 8 ( ) Doesn't know → <b>Whom can I ask?</b> _____	Qf 2: ____  [prof_staff]
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<b>Qf 3</b>	Were there any volunteers (non-salaried people) or non-government employees working in this unit in <year of data collection>? 1 ( ) Yes → Enter all relevant information in Table 1 2 ( ) No 8 ( ) Doesn't know → <b>Whom can I ask?</b> _____	Qf 3: ____  [volunteers]
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**Table 1. Personnel**

1 Staff No	2 Personnel name [pers_name]	3 Job title <sup>1</sup> [job_title]	4 How many months did he/she work in <year of data collection> [months_worked]	5 FTE 1=Full time (%)=Part time <sup>2</sup> [full_parttime]	6 How many hours does he/she usually work each week? (hours) [hrs_worked]	7 Trained in IMCI? 1= Yes 2= No 8= Doesn't know [trained_imci]	8 Main tasks <sup>2</sup> [m_act]		
							1	2	3
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									

<sup>1</sup> Fill in the relevant (code) from the list below for Job title

- |                            |                         |
|----------------------------|-------------------------|
| 1. Doctor                  | 7. Other specify _____  |
| 2. Nurse                   | 8. Other specify _____  |
| 3. Auxiliary nurse         | 9. Other specify _____  |
| 4. Community health worker | 10. Other specify _____ |
| 5. Guard                   | 11. Other specify _____ |
| 6. Driver                  |                         |

<sup>2</sup> Part time should be written as "0.5" for half time, "0.3" for quarter time etc. Only "." should be used for the decimal place, no ",", and "%" signs should not be included, just the number.

**Adaptation Note:** Change codes 7 to 11, and add more codes, for job categories not already included in the list.







**Facility Code:** \_\_\_\_\_

<b>Qf 12</b>	<b>Do you have a summary record of all outpatient visits that occurred in &lt;year of data collection&gt;? Check if it is divided into under and over five year olds.</b> 1( )Yes → <b>Can I have a look at it? To be entered later in Table 9</b> 2( )No 8( )Doesn't know → <b>Whom can I ask? _____</b>	Qf 12: __  [vis_sum_tot]
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<b>Qf 13</b>	<b>Can you tell me <u>how many patients per day, on average, a health worker sees in your unit?</u></b> 1( ) _____ Patients 8( )Doesn't know → <b>Whom can I ask? _____</b>	Qf 13: __  [vis_av_day]
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<b>Qf 14</b>	<b><u>How many more patients per day do you think a health worker could see without needing to work for extra hours?</u></b> 1( ) _____ Patients 8( )Doesn't know → <b>Whom can I ask? _____</b>	Qf 14: __  [vis_av_add]
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**A.3. Questions on inpatient and referrals**

<b>Qf 15</b>	<b>Did you have facilities for inpatient care in this unit in &lt;year of data collection&gt;?</b> 1( )Yes 2( )No → <i>Skip to Qf 18</i> 8( )Doesn't know → <b>Whom can I ask? _____</b>	Qf 15: __  [serv_in]
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<b>Qf 16</b>	<b>Do you have a summary record of number of admissions for both under and over five year olds for &lt;year of data collection&gt;?</b> 1( )Yes → <b>Can I have a look at it? To be entered later in Table 10</b> 2( )No 8( )Doesn't know → <b>Whom can I ask? _____</b>	Qf 16: __  [reg_u5]
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<b>Qf 17</b>	<b>How often do you have patients staying overnight in this unit?</b>	Qf 17: __
Qf 17a	a) rarely or never	1( )Yes 2( )No [stay_never]
Qf 17b	b) at least one night a month	1( )Yes 2( )No [stay_mth]
Qf 17c	c) at least once a week	1( )Yes 2( )No [stay_week]
Qf 17d	d) most or all nights	1( )Yes 2( )No [stay_most]
	8( ) Doesn't know → <b>Whom can I ask ? _____</b>	

**Adaptation Note:** if overnight stays are expected to play a significant role in services delivered in the facility, more questions should be added to capture them. Specifically ask for utilization records and the proportion of drugs used by inpatients.

<b>Qf 18</b>	<b>Do you have a summary record of number of referrals for over and under fives for &lt;year of data collection&gt;?</b> 1( )Yes → <b>Can I have a look at it? To be entered later in Table 10</b> 2( )No 8( )Doesn't know → <b>Whom can I ask ? _____</b>	Qf 18: __  [reg_ref]
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**A.4. Questions on Drugs and Vaccines**

<b>Qf 19</b>	<b>Do you keep Drug records in your unit?</b> 1( )Yes 2( )No → <i>Skip to Qf 21</i> 8( )Doesn't know → <b>Whom can I ask ? _____</b>	Qf 19: __  [reg_drugs]
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**Facility Code:** \_\_\_\_\_

<b>Qf 20</b>	<b>Do these records include information for</b> <year of data collection>? <i>prompt using the following list</i>  <i>If the information is available check the appropriate record number on the right side box. If the information is not collected check <u>NA: Not applicable</u> ,<u>DK: Doesn't Know</u>.</i>	Qf 20: __
Qf 20a	a) All the national drug kits received by this unit      1( )Yes 2( )No 8( )DK 9( )NA	[nat_kits]
Qf 20b	b) Local purchases of drugs      1( )Yes 2( )No 8( )DK 9( )NA	[local_drugs]
Qf 20c	c) Drugs which were destroyed being out of date      1( )Yes 2( )No 8( )DK 9( )NA	[out_date]
Qf 20d	d) Drugs returned to the district      1( )Yes 2( )No 8( )DK 9( )NA	[rtrn_district]
Qf 20e	e) Extra drugs that were requested and received from the district being out of stock <sup>1</sup> 1( )Yes 2( )No 8( )DK 9( )NA	[add_drugs]
Qf 20f	f) Drugs that are still available in the facility from from last year stocks      1( )Yes 2( )No 8( )DK 9( )NA	[bal_prev_yr]
Qf 20g	g) Drugs dispensed      1( )Yes 2( )No 8( )DK 9( )NA	[drug_distrib]

<sup>1</sup> All medications received in addition to the kits.

<b>Qf 21</b>	<b>Do you have vaccine records in your unit for</b> <year of data collection>? 1( )Yes                                      ➔ <i>To be entered later in Table 12</i> 2( ) No 8( )Doesn't know                      ➔ <b>Whom can I ask?</b> _____	Qf 21: __  [reg_vac]
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**A.5. Questions on medical supplies and Equipment**

<b>Qf 22</b>	<b>Do you have records on medical supplies in this unit for</b> <year of data collection>? 1( )Yes                                      ➔ <b>Can I have a look at it?</b> <i>To be entered later in Table 13</i> 2( ) No 8( )Doesn't know                      ➔ <b>Whom can I ask ?</b> _____	Qf 22: __  [reg_ms]
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<b>Qf 23</b>	<b>Do you have records on medical equipment in this unit for</b> <year of data collection>? 1( )Yes                                      ➔ <b>Can I have a look at it?</b> <i>To be entered later in Table 8</i> 2( ) No 8( )Doesn't know                      ➔ <b>Whom can I ask ?</b> _____	Qf 23: __  [reg_equip]
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**A.6. Questions on transport**

<b>Qf 24</b>	<b>Do you have any means of transport in this unit?</b> 1( )Yes 2( ) No                                      ➔ <i>Skip to Qf 27</i> 8( )Doesn't know                      ➔ <b>Whom can I ask ?</b> _____	Qf 24: __  [trp]
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<b>Qf 25</b>	<b>Can you tell me what means of transport were available in</b> <year of data collection>? 1( )Yes                                      ➔ <b>Can I have a look at it?</b> <i>To be entered later in Table 15 column 1 &amp;2</i> 2( ) No 8( )Doesn't know                      ➔ <b>Whom can I ask ?</b> _____	Qf 25: __  [trp_yr]
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<b>Qf 26</b>	<b>Did you keep any logbooks for registering their use in</b> <year of data collection>? 1( )Yes                                      ➔ <b>Can I have a look at it?</b> <i>To be entered later in Table 15</i> 2( ) No 8( )Doesn't know                      ➔ <b>Whom can I ask ?</b> _____	Qf 26: __  [reg_trp]
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**A.7. Records on utilities**

<b>Qf 27</b>	<p><b>Do you have any records on other expenditures like kerosene, water, electricity etc... for &lt;year of data collection&gt;?</b></p> <p>1( )Yes → <b>Can I have a look at it? To be entered later in Table 16</b></p> <p>2( )No</p> <p>8( )Doesn't know → <b>Whom can I ask ? _____</b></p>	<p>Qf 27: __</p> <p>[reg_ut]</p>
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**A.8. Questions on laboratory facilities**

<b>Qf 28</b>	<p><b>Did this unit provide any laboratory services in &lt;year of data collection&gt;?</b></p> <p>1( )Yes</p> <p>2( )No → <i>This ends the interview.</i></p> <p>8( )Doesn't know → <b>Whom can I ask ? _____</b></p>	<p>Qf 28: __</p> <p>[lab]</p>
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<b>Qf 29</b>	<p><b>What were the lab tests done in this unit in &lt;year of data collection&gt;? Tick the available tests</b></p> <p>Qf 29a a) hemoglobin in blood 1( )Yes 2( )No 8( )DK</p> <p>Qf 29b b) stool analysis for parasites 1( )Yes 2( )No 8( )DK</p> <p>Qf 29c c) blood smear for malaria 1( )Yes 2( )No 8( )DK</p> <p>Qf 29d d) Urine test 1( )Yes 2( )No 8( )DK</p> <p>Qf 29e e) others (specify) _____ 1( )Yes 2( )No 8( )DK</p> <p>Qf 29f f) others (specify) _____ 1( )Yes 2( )No 8( )DK</p> <p>8( )Doesn't know → <b>Whom can I ask ? _____</b></p>	<p>Qf 29: __</p> <p>[test_hb]</p> <p>[test_faecal]</p> <p>[test_malaria]</p> <p>[test_urine]</p> <p>[test_oth1]</p> <p>[test_oth2]</p>
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<b>Qf 30</b>	<p><b>Do you have summary records on lab tests done in the unit in &lt;year of data collection&gt;?</b></p> <p>1( )Yes → <b>Can I have a look at it? To be entered later in Table 17</b></p> <p>2( )No</p> <p>8( )Doesn't know → <b>Whom can I ask? _____</b></p>	<p>Qf 30: __</p> <p>[reg_labtest]</p>
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<b>Qf 31</b>	<p><b>Did this unit make any laboratory referrals in &lt;year of data collection&gt;?</b></p> <p>1( )Yes</p> <p>2( )No</p> <p>8( )Doesn't know → <b>Whom can I ask ? _____</b></p>	<p>Qf 31: __</p> <p>[samples_ref]</p>
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*This will be the end of your interview, **Thank the head of the unit for his/her time.***

*See whether you would like to proceed with the tour of the facility or you would prefer to start by examining the records and then have a tour of the facility at the end of the day. This will depend on how busy the unit is and the availability of more than one health worker to examine patients.*

**B. OBSERVATION:**

- *Ask the head of the facility if you can make a tour of the facility to get some information on the building space, vehicles and equipment.*
- *Use the space below to draw a simple layout of the facility. Identify the type of service delivered in each room/space using the codes available under table 3 below. Specify a number for each room /space on the map.*

**Sketch of the facility:**

***This will be the end of the tour. Thank the head of the facility and ask him if you can revisit the different rooms to complete measurements (if required) and make a closer observation.***

- *Use the following table to fill in the required information for each room in the building(s)*
- *You need to have a Laser measuring instrument( used to calculate length and width of the room) with you to measure square meter surface area*

*You need to complete the following observations:*

- *Record the measurements needed in Table 7*
- *Draw a sketch of the facility in the space available above*
- *Complete Table 8 with the inventory of furniture and equipment available in each room.*
- *Complete information needed in Table 7*



Facility Code: \_\_\_\_\_

1 No	2 Name of equipment or furniture [eq_g_name]	3 Quantity of functioning items													
		Rooms [eq_rm#]													
		1	2	3	4	5	6	7	8	9	10	11	12	13	14
6	Stethoscope														
7	Clock /watch														
8	Microscope														
9	Dental chair														
10	Centrifuge														
11	Suction machine														
12	Fetoscope														
13	Wheel chair														
14	Wooden chair														
15	Metal chair														
16	Wooden Table														
17	Large wooden benches														
18	Small wooden benches														
19	Large medicine cupboard														
20	Hand washing basin														
21	Examination bed														
22	Inpatient bed														
23	Delivery bed														
24	Mattress														
25	Drip stand														
26	Screen														
27	Stool														
28	Sink														
29	Plastic bucket														
30	Metal file cabinet														
31	Medicine trolley														
32	Bed side locker														
33															
34															
35															
36															

3. Materials used in construction

<b>Qf 32</b>	<b>What type of materials were used for the walls of the building ?</b>	Qf 32: __
Qf 32a	a)Blocks 1( )Yes 2( )No 8( )DK	[wall_block]
Qf 32b	b) Wood 1( )Yes 2( )No 8( )DK	[wall_wood]
Qf 32c	c)Mud 1( )Yes 2( )No 8( )DK	[wall_mud]
Qf 32d	d)Stones 1( )Yes 2( )No 8( )DK	[wall_stone]
Qf 32e	e)other 1( )Yes 2( )No 8( )DK	[wall_other]

<b>Qf 33</b>	<b>What type of materials were used for the roof of the building ?</b>	Qf 33: __
Qf 33a	a) Ceiling 1( )Yes 2( )No 8( )DK	[roof_ceiling]
Qf 33b	b) Aluminium sheets 1( )Yes 2( )No 8( )DK	[roof_alu]
Qf 33c	c) wood 1( )Yes 2( )No 8( )DK	[roof_wood]
Qf 33d	d) Palm leaves 1( )Yes 2( )No 8( )DK	[roof_leaf]
Qf 33e	e) other 1( )Yes 2( )No 8( )DK	[roof_other]

**C. RECORD REVIEW**

**C.1. Records on Visits**

Identify records for all visits to the health facility. Do not include inpatient records.

**Table 9. Total Visits**

1	2	3	4	5	6
Month	Total no. of outpatient visits ( ALL AGES) <sup>1</sup>	Total number of outpatient visits by CHILDREN <sup>2</sup> under age 5	VACCINATION <sup>3</sup> visits (0-5yrs)	Total number of ANTENATAL visits	FAMILY PLANNING visits
[vis_mth]	[vis_tot]	[vis_u5_tot]	[vis_vac]	[vis_pnatal]	[vis_fp]
Jan					
Feb					
Mar					
Apr					
May					
June					
July					
Aug					
Sept					
Oct					
Nov					
Dec					
<b>Total</b>					
Months covered					

<sup>1</sup> use official forms: adaptation note: specify details of form name and table number in the form

<sup>2</sup> add all visits made by under-fives including those who came for follow up

<sup>3</sup> if vaccination visits are not readily available, they can be estimated as the sum of BCG doses, DPT 1,2,3 doses and Measles doses.

**C.2. Records on Admissions and Referrals**

**Table 10. Admissions and Referrals**

1	2	3	4	5
Record type	Total number in <year of data collection>	No. of Under-Fives	No. of Over-Fives	Number of Months covered
[a_r]	[a_r tot]	[a_r u5]	[a_r o5]	[a_r_mth cov]
<b>Admissions</b>				
<b>Referrals</b>				
<b>Observation 24hr</b>				

Facility Code: \_\_\_\_\_

**C.3. Records on Drugs and Vaccines**

**Adaptation Note:** Use the list provided or the drug kit list that you got from the district as your list of ingredients. Drug names should be preloaded during pre-testing. The columns in the table might need some revision, depending on how the data is available.

**Table 11. Drugs**

1 No	2 Drug name	3 Form ( <i>tablet, ampoules</i> )  [drug_form]	4 Balance at start of <year of data collection>  [drug_prev balance]	5 Total amount received in <year of data collection>  [drug_recei ved]	6 Total amount utilized in <year of data collection>  [drug_used]	7 Balance at end of <year of data collection >  [drug_end balance]	8 Number of months covered  [drug_mt h_cov]
1.	Acetylsalicylic acid 300mg tab						
2.	Adrenaline 1mg-ml						
3.	Aminophylline 100 mg tabs						
4.	Aminophylline injection 25 mg/ml, 10 ml						
5.	Amoxycillin syrup 125 mg/5 ml						
6.	Amoxycilline 250 mg cap						
7.	Benzoic acid oint 6%+3%						
8.	Benzyl Benzoate 500 ml bottle						
9.	Benzyl benzoic saponated						
10.	Benzylpenicilline 5 MU vial						
11.	Cetrimide 15%Cholo-hexidine glucose 1.5% (lt)						
12.	Chlopheniramine 4 mg tab						
13.	Chlopromazine 25mg tab						
14.	Chlorinated lime						
15.	Chloroquine 150 base tab						
16.	Chloroquine 50mg base/5 Bottle 1000ml Syrup						
17.	Chloroquine 50mg base/5 Bottle 1000ml Syrup						
18.	Chloroquine inj 40 mg/ml; 39ml						
19.	Co-trimoxazole susp 200/40mg/5m 100 ml bottle						
20.	Co-trimoxazole tab 400mg/80mg						
21.	Cresol Saponated (Lysol)						
22.	Diazepam inj 5mg/ml						
23.	Doxycycline Cap 100mg						
24.	Ephedrine 30mg tablet						
25.	Epinephrine inj						
26.	Ergometrine 0.2mg/ml						
27.	Ferrous sulphate tab. 200 + 0.25mg						
28.	Folic Acid 5mg						
29.	Hyocine - N - Butylbromide tabs 10mg						
30.	Lignocain						
31.	Magnesium trisilicate BPC						

**Facility Code:**

1	2	3	4	5	6	7	8
No	Drug name	Form ( <i>tablet, ampoules</i> )  [drug_form]	Balance at start of <year of data collection>  [drug_prev balance]	Total amount received in <year of data collection> [drug_recei ved]	Total amount utilized in <year of data collection> [drug_used]	Balance at end of <year of data collection > [drug_end balance]	Number of months covered  [drug_mt h_cov]
32.	Mebendazole 100 mg tab						
33.	Metronidazole tab 250mg						
34.	Nitrofurantoin 100mg						
35.	Oral Rehydration Salts						
36.	Oxytetracycline						
37.	Paracetamol 120/5ml syrup						
38.	Paracetamol tab 500 mg						
39.	Phenobarbital 30 mg tab						
40.	Phenoxymethyl penicillin tabs 250mg						
41.	Phenytoin 50MG						
42.	Phenytoin Tab 100mg						
43.	Povidone Iodine 10% solution 500 ml						
44.	Praziquantel tabs 600mg						
45.	Procaine Penicillin Fortified 4 MU						
46.	Quinine inj 300mg/ml						
47.	Quinine tab 300mg						
48.	Salbutamol tab 4mg						
49.	Sodium chloride + dextrose (Isotonic)						
50.	Tertracycline eye ointment 1%						
51.	Tetracyclinecap 250mg						
52.	Vit B complex tabs						
53.	Vitamin A						
54.	Water for injection 10m						

**Table 12. Vaccines**

**Adaptation Note:** Vaccine names should be preloaded during pre-testing. The columns in the table might need some revision, depending on how the data is available.

1	2	3	4	5	6	7	8
No	Vaccine name	Balance of doses at the start of <year of data collection>  [vac_prevbalance]	Doses received in <year of data collection>  [vac_received]	Doses used in <year of data collection> for <5yrs  [vac_u5_used]	Doses used in <year of data collection> for >5yrs  [vac_o5_used]	Balance at end of <year of data collection > (doses) [vac_endb alance]	Number of months covered  [vac_mth cov]
1.	BCG						
2.	DPT						
3.	Polio						
4.	Heamophylus Influenza B						

Facility Code: \_\_\_\_\_

5.	Hepatitis B						
6.	Measles Mumps Rubella(MMR)						

**C.4. Records on Medical Supplies**

**Table 13. Medical supplies**

**Adaptation Note:** Medical supplies list should be preloaded during pre-testing. The columns in the table might need some revision, depending on how the data is available.

1	2	3	4	5	6	7
No	Name of Medical Supply	Balance at start of <year of data collection> [ms_prevbalance]	Total amount received in <year of data collection> [ms_received]	Total amount utilized in <year of data collection> [ms_used]	Balance at end of <year of data collection> [ms_endbalance]	Number of months covered [ms_mth_cov]
1.	Syringe for needles					
2.	Suture Cat gut Chr plain					
3.	Suture Silk braided					
4.	Cotton Wool					
5.	Gauze absorbent rolls					
6.	Plaster wound adhesive					
7.	Surgical gloves					
8.	Bandage					
9.	Scalp blade					
10.	Clinical thermometer					
11.	Kidney dish					
12.	Gallipot					
13.	Scalp vein					
14.	Giving set					
15.	Clinical thermometer					
16.	Cannula					
17.	Needle half circle 16 triangular					

**Table 14. Medical equipment**

**Adaptation Note:** Medical equipment list should be preloaded during pre-testing. The columns in the table might need some revision, depending on how the data is available.

1	2	3	4	5	6	7
No	Name of Medical equipment	Balance at start of <year of data collection> [eq_prevbalance]	Total amount received in <year of data collection> [eq_received]	Total amount utilized in <year of data collection> [eq_used]	Balance at end of <year of data collection> [eq_endbalance]	Number of months covered [eq_mth_cov]
1	Steriliser /stove 4 burner					
2	Refrigerator					
3	Weighing scale for adults					
4	Weighing scale for babies					

Facility Code: \_\_\_\_\_

5	Sphygmomanometer					
6	Stethoscope					
7	Clock /watch					
8	Microscope					
9	Dental chair					
10	Centrifuge					
11	Suction machine					
12	Fetoscope					
13	Wheel chair					

**C.5. Records on Transport**

**Table 15. Transport**

To be filled later after consulting log books						
1	2	3	4	5	6	7
Type of mean of transport <sup>1</sup>	Was it functioning in <year of data collection> 1=Yes, 2=No	What was it used for <sup>2</sup>	Total km traveled in <year of data collection>	Or Total fuel consumed	Total fuel costs (Local Currency)	N° of Months covered
[f_trp_name]	[f_trp_func]	[f_trp_use]	[f_tot_km]	[f_tot_fuel]	[f_cost_fuel]	[f_mth_cov_fuel]
1.						
2.						
3.						
4.						
5.						
6.						
Total						

<sup>1</sup> Type of means of transport used

1. Motorbike
2. Bicycle
3. Four wheel drive vehicle
4. Other

<sup>2</sup> The function for which transport was used

1. Home visits
2. Transportation of medicine and vaccines
3. Administrative
4. Other \_\_\_\_\_

**Adaptation Note:** Add more codes if necessary

**C.6. Records on Utilities**

**Table 16. Utilities**

1	2	3	4	5	6
No	Item	Quantity	Unit of measurement (e.g. Liters, Watts)	Total Expenditure <year of data collection> (Local Currency)	Number of Months covered
	[ut_name]	[ut_quantity]	[ut_umeasur]	[ut_totcosts]	[ut_mth_cov]
<b>1.</b>	<b>Means of transport</b>				
	Lubricant				
	Maintenance				
	Repairs				

**Facility Code:** \_\_\_\_\_

1	2	3	4	5	6
No	Item	Quantity	Unit of measurement (e.g. Liters, Watts)	Total Expenditure <year of data collection> (Local Currency)	Number of Months covered
	[ut_name]	[ut_quantity]	[ut_umeasur]	[ut_totcosts]	[ut_mth_cov]
	Insurance				
	Tire spare parts				
	Others				
	Total (If available)				
<b>2.</b>	<b>Building</b>				
	Electricity				
	Water				
	Facility rent (if relevant)				
	Maintenance				
	Telephone				
	Charcoal				
	Kerosene				
	Cleaning				
	Other				
	Total (If available)				
<b>3.</b>	<b>Equipment</b>				
	Maintenance				
	Repairs				
	Other				
	Total (If available)				

**C.7. Records on laboratory tests**

**Table 17. Laboratory tests**

1	2	3	4	5
No	Name of laboratory test	Total no. of tests in <year of data collection>	Total no. of tests done for under five children in <year of data collection>	No. of months covered
	[test_name]	[test_tot]	[test_u5]	[test_mth_cov]
1.	Hemoglobin in Blood			
2.	Stool analysis for parasites			
3.	Blood smear for malaria			
4.	Urine test			

**N.B:** If data is not available in this breakdown, take a sample from the lab records using the same days that you sampled for drug use

Facility Code: \_\_\_\_\_

## ***CHECKLIST***

### **Before leaving the Facility CHECK and tick:**

<b>No</b>	<b>Information needed</b>	<b>completed</b>
CL 1	<i>Have you reviewed the records for personnel salaries, and allowances?</i>	( )
CL 2	<i>Have you reviewed the records for outpatient visits, inpatient visits and referrals?</i>	( )
CL 3	<i>Have you reviewed ALL drug and vaccine records?</i>	( )
CL 4	<i>Have you reviewed records on medical supplies and equipment?</i>	( )
CL 5	<i>Have you reviewed vehicle logbooks if they exist?</i>	( )
CL 6	<i>Have you reviewed the records on utilities if they exist?</i>	( )
CL 7	<i>Have you reviewed lab registers if they exist?</i>	( )
CL 8	<i>Have you measured the dimensions of every room, noted the use and sketched the facility layout?</i>	( )
CL 9	<i>Have you completed taking inventory of furniture and equipment in each room?</i>	( )
CL 10	<i>Have you observed the materials the building is made of?</i>	( )
CL 11	<i>Have you checked that all questions in the record review section and C.3. have been answered?</i>	( )