



NEST360 | UNICEF Health Facility Assessment (HFA)

Neonatal Unit Infrastructure Module

Version: August 31, 2021

Date (yyyy/mm/dd): / /

Data Collector 1 (first and last name):

Data Collector 2 (first and last name):

Facility Name:

Facility Code:

Module Overview for Neonatal Unit Infrastructure

Section 1. Neonatal Unit Infrastructure (direct questions to neonatal nurse in charge)

Section 2. Neonatal Unit Infection Prevention and Control (direct questions to neonatal nurse in charge)

Section 3. Neonatal Unit Electricity (direct questions to neonatal nurse in charge and technician)

Section 4. Neonatal Unit Layout

Section 5. Admission and Referral Criteria (direct questions to neonatal nurse in charge)

Facility Name:

Facility Code:

Section 1. Neonatal Unit Infrastructure

Instructions: Please have all participants fill in their names and positions below, before completing the following forms in *Section 1. Neonatal Unit Infrastructure*.

Respondents	
Respondent Name (first and last name)	Respondent Position
Respondent Name (first and last name)	Respondent Position
Respondent Name (first and last name)	Respondent Position
Respondent Name (first and last name)	Respondent Position
Respondent Name (first and last name)	Respondent Position
Respondent Name (first and last name)	Respondent Position
Respondent Name (first and last name)	Respondent Position
Respondent Name (first and last name)	Respondent Position

Facility Name:

Facility Code:

Section 1. Neonatal Unit Infrastructure

Instructions: 1) The data collection team should direct these questions to the neonatal nurse(s) in charge. For some questions, you will need to ask and observe the staff or specific items/spaces at the facility. An item is not functional if it is in need of repair. Please do not leave any variable blank. If a response is unknown, write “unknown” or select “unknown” from the multiple-choice answers.

Prompt: “I'd like to ask you a few questions and observe the neonatal unit's infrastructure.”

No.	Item	Response	Skip to
Neonatal Unit Capacity			
1.01	Does the facility provide neonatal care 24 hours a day, 7 days a week?	<input type="radio"/> Yes <input type="radio"/> No	—
1.02	What is the total capacity of your neonatal unit if you have one baby per bed, including cots, radiant warmers, incubators, etc.?	Number:	—
1.03	How many baby cots do you have in your neonatal unit? <i>(Count all mobile and stationary baby cots)</i>	Number:	—
1.04	Of all baby cots, how many are mobile baby cots with castors?	Number:	If “0”, skip to 1.06
1.05	Of the mobile baby cots, how many are functional?	Number:	—
1.06	Of all baby cots, how many are stationary baby cots without castors?	Number:	If “0”, skip to 1.08
1.07	Of the stationary baby cots, how many are functional?	Number:	—
1.08	Is there a mattress for every baby cot?	<input type="radio"/> Yes <input type="radio"/> No	If “Yes”, skip to 1.10
1.09	If no, how many mattresses are there? <i>(Count all mattresses)</i>	Number:	—
1.10	Do all the baby cots have insecticide treated bed nets?	<input type="radio"/> Yes <input type="radio"/> No	—
1.11	How close to each other are the closest two cots? <i>(Measure the space between the sides/walls of the two closest cots in centimeters)</i>	cm	—
1.12	Do you ever have more than one baby per cot ? If yes, how often? <i>(Select one)</i> <ul style="list-style-type: none"> • <i>Frequently: More than 2 times every week</i> • <i>Sometimes: Less than 1 time every week</i> • <i>Rarely: Less than 1 time every month</i> • <i>Never: less than 1 time every 3 months</i> 	<input type="radio"/> Frequently <input type="radio"/> Sometimes <input type="radio"/> Rarely <input type="radio"/> Never	—
1.13	Do you ever have more than one baby per radiant warmer ? If yes, how often? <i>(Select one)</i> <ul style="list-style-type: none"> • <i>Frequently: More than 2 times every week</i> • <i>Sometimes: Less than 1 time every week</i> • <i>Rarely: Less than 1 time every month</i> • <i>Never: less than 1 time every 3 months</i> 	<input type="radio"/> Frequently <input type="radio"/> Sometimes <input type="radio"/> Rarely <input type="radio"/> Never <input type="radio"/> N/A (no radiant warmer)	—

Facility Name:

Facility Code:

No.	Item	Response	Skip to
1.14	Do you ever have more than one baby per incubator ? If yes, how often? (<i>Select one</i>) <ul style="list-style-type: none"> • <i>Frequently: More than 2 times every week</i> • <i>Sometimes: Less than 1 time every week</i> • <i>Rarely: Less than 1 time every month</i> • <i>Never: less than 1 time every 3 months</i> 	<input type="radio"/> Frequently <input type="radio"/> Sometimes <input type="radio"/> Rarely <input type="radio"/> Never <input type="radio"/> N/A (no incubator)	—
1.15	Do you ever have more than one baby per phototherapy light ? If yes, how often? (<i>Select one</i>) <ul style="list-style-type: none"> • <i>Frequently: More than 2 times every week</i> • <i>Sometimes: Less than 1 time every week</i> • <i>Rarely: Less than 1 time every month</i> • <i>Never: less than 1 time every 3 months</i> 	<input type="radio"/> Frequently <input type="radio"/> Sometimes <input type="radio"/> Rarely <input type="radio"/> Never <input type="radio"/> N/A (no phototherapy light)	—
1.16	How many babies are currently in the neonatal unit? (<i>Count the number of babies currently in the neonatal unit. Do not count babies in the KMC unit.</i>)	Number:	—
1.17	How many babies are currently under phototherapy lights in the neonatal unit? (<i>Count the number of babies currently under phototherapy lights in the unit</i>)	Number:	—
1.18	Did you ever refuse admission or refer a neonate to another facility because of inadequate number of beds in your neonatal unit in the last year?	<input type="radio"/> Yes <input type="radio"/> No	—
1.19	Do you ever admit neonates in the paediatric ward?	<input type="radio"/> Yes <input type="radio"/> No	—
Transfers			
1.20	How do you usually transfer the neonates from the labour ward to the neonatal unit? (<i>Select all that apply</i>)	<input type="checkbox"/> Carried by hand <input type="checkbox"/> Carried by KMC <input type="checkbox"/> Carried in an incubator/radiant warmer <input type="checkbox"/> Carried in a cot <input type="checkbox"/> Other (<i>specify below</i>)	—
1.21	Is the neonatal unit in the same building as the labour ward? (<i>Select NO if the units are located in different buildings, even if they are connected by a covered walkway with no walls. If you have to walk outside, the units are located in different buildings.</i>)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A (no labour ward)	— — —
1.22	How long does it take to walk from the labour ward to the neonatal unit? (<i>Please walk from the labour ward to the neonatal unit to verify the estimate</i>)	<input type="radio"/> Less than a 5-minute walk <input type="radio"/> 5-10-minute walk <input type="radio"/> More than a 10-minute walk <input type="radio"/> N/A (no labour ward)	—
1.23	Is the neonatal unit in the same building as the maternity theatre? (<i>Select NO if the units are located in different buildings, even if they are connected by a covered walkway with no walls. If you have to walk outside, the units are located in different buildings.</i>)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A (no maternity theatre)	—

Facility Name:

Facility Code:

No.	Item	Response	Skip to
1.24	How long does it take to walk from the maternity theatre to the neonatal unit? <i>(Please walk from the maternity theatre to the neonatal unit to verify the estimate)</i>	<input type="radio"/> Less than a 5-minute walk <input type="radio"/> 5-10-minute walk <input type="radio"/> More than a 10-minute walk <input type="radio"/> N/A (no maternity theatre)	—
Dedicated Space Observations			
1.25	Which of the following areas do you have in the neonatal unit? <i>(Read all answer options out loud. Select all that apply.)</i>	<input type="checkbox"/> High risk/acute area <input type="checkbox"/> Low risk/stable area <input type="checkbox"/> Area for those admitted from outside the facility <input type="checkbox"/> Isolation room <input type="checkbox"/> None of the above <input type="checkbox"/> Other <i>(specify below)</i>	—
1.26	Is there a dedicated area for examination and triage when a newborn first arrives in the unit?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes, but not observed	—
Neonatal Unit Temperature			
1.27	Which, if any, functional heating arrangements are there for the neonatal unit? <i>(Select all that apply)</i> <i>(This does not include a radiant warmer or heating for neonates. Central heating is a system of heating buildings by warming air or water at one place and then sending it to different rooms through pipes or vents. When combined with other systems to control the building temperature (for example, cooling) the whole system can be an HVAC system.)</i>	<input type="checkbox"/> Central heating <input type="checkbox"/> Electric space heater <input type="checkbox"/> Gas heater <input type="checkbox"/> None <input type="checkbox"/> Other <i>(specify below)</i>	—
1.28	How many electric space heaters are available ?	Number:	If "0" skip to 1.31
1.29	How many electric space heaters are functional ?	Number:	—
1.30	<i>For observation only.</i> Are space heaters placed appropriately? <i>(Appropriate placement means there are no cables across the floor, the heaters are at a safe distance from babies, and not touching items that could catch fire.)</i>	<input type="radio"/> Yes <input type="radio"/> No	—
1.31	Is there a functional room thermometer within the neonatal unit?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes, but not observed	—
1.32	How many rooms within the neonatal unit have functional room thermometers?	Number:	If "0", skip to 1.35
1.33	What is the ambient room temperature in the room(s) with functional thermometers? <i>(Enter a number for the ambient room temperature in degrees Celsius to one decimal place. If more than three rooms, add additional readings in comments below).</i>	Room 1:	°C
		Room 2:	°C
		Room 3:	°C

Facility Name:

Facility Code:

No.	Item	Response	Skip to
1.34	For observation only: What time was the ambient room temperature observed?		—
1.35	For observation only: Observe if there is a draught coming from any of the windows (e.g., broken or open window).	<input type="radio"/> Yes <input type="radio"/> No	If “No”, 1.37
1.36	Comments on draught from windows:		
Lighting			
1.37	Is there adequate lighting to ensure good illumination during the day? <i>(There should be enough lighting for staff to easily carry out their work and complete any documentation at any time of day)</i>	<input type="radio"/> Yes <input type="radio"/> No	—
1.38	Is there adequate lighting to ensure good illumination during the night? <i>(There should be enough lighting for staff to easily carry out their work and complete any documentation at any time of night)</i>	<input type="radio"/> Yes <input type="radio"/> No	—
Medical Gases Systems			
1.39	Are there any oxygen wall outlets/ports in the neonatal unit?	<input type="radio"/> Yes <input type="radio"/> No	If “No”, 1.43
1.40	How many oxygen wall outlets/ports are there in the neonatal unit?	Number:	—
1.41	Is there walled/piped blended oxygen in the neonatal unit?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes, but not observed	—
1.42	Is there walled/piped medical air in the neonatal unit? <i>(Medical air is primarily made of Nitrogen and Oxygen.)</i>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes, but not observed	
Nurses Station			
1.43	Is there a nurse’s station or staff work area within the neonatal unit?	<input type="radio"/> Yes <input type="radio"/> No	If “No”, 1.46
1.44	Is there a place for staff to sit (e.g., chair, bench, <i>not</i> on the floor)?	<input type="radio"/> Yes <input type="radio"/> No	—
1.45	Can the nurses see every baby from the nurses’ station?	<input type="radio"/> Yes <input type="radio"/> No	—
Water			
1.46	Is there a time of the year when the neonatal unit routinely has a shortage or lack of water?	<input type="radio"/> Yes <input type="radio"/> No	—
1.47	Is there a reliable backup source of water? <i>(Reliable is defined as providing the facility with water supply to meet all its needs while the main water source is not functioning)</i>	<input type="radio"/> Yes <input type="radio"/> No	—

Facility Name:

Facility Code:

No.	Item	Response	Skip to
Fire Prevention			
1.48	Is there a fire extinguisher?	<input type="radio"/> Yes <input type="radio"/> No	If "No", 1.51
1.49	Has the fire extinguisher ever been formally inspected for functionality?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	—
1.50	When was it inspected? (yyyy/mm/dd) <i>(If date is unknown, enter 1999/01/01)</i>	____/____/____	—
1.51	Does the facility conduct fire drills at least once per year?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	—
1.52	Does the facility have a neonatal evacuation plan in case of a fire?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	—
Emergency Drills			
1.53	Has there been an emergency care drill on the neonatal unit in the last 12 months?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	—

Comments

Facility Name:

Facility Code:

Section 2. Neonatal Unit Infection Prevention and Control

Instructions: Please have all participants fill in their names and positions below, before completing the following forms in *Section 2. Neonatal Unit Infection Prevention and Control*.

Respondents	
Respondent Name (first and last name)	Respondent Position
Respondent Name (first and last name)	Respondent Position
Respondent Name (first and last name)	Respondent Position
Respondent Name (first and last name)	Respondent Position
Respondent Name (first and last name)	Respondent Position
Respondent Name (first and last name)	Respondent Position
Respondent Name (first and last name)	Respondent Position
Respondent Name (first and last name)	Respondent Position

Facility Name:

Facility Code:

Section 2. Neonatal Unit Infection Prevention and Control

Instructions: Direct these questions to the nurse(s) in charge of the neonatal unit. For some questions, you will need to observe the staff or specific items/spaces at the facility. If a guideline is available, continue to ask if it is easily accessible. All guidelines must be seen in order to select "Yes" to being available and to being easily accessible. In order to select "Yes" to easily accessible the nurse must know where the guideline is stored and be able to retrieve it quickly. Please do not leave any variable blank. If a response is unknown, write "unknown" or select "unknown" from the multiple-choice answers.

Prompt: "Next I'll ask you a few questions about the neonatal unit's infection prevention."

2A. Guidelines

No.	Does the facility have the following?	Available and easily accessible	Available but not easily accessible	Not available
2.01	Infection Prevention Protocols			
2.01a	Prevention of neonatal infections protocol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.01b	Handwashing wall chart	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.01c	Cleaning the neonatal unit guidelines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.01d	Cleaning medical equipment guidelines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.02	Infection Control Protocols			
2.02a	Infection control guidelines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.02b	Early diagnosis and management of neonatal infections protocol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.02c	Drug doses, dilutions and preparations for the neonatal unit guidelines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.02d	Safe and rational use of antibiotics and other medications based on weight and age guidelines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.02e	Prescription chart	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.02f	Care of small and sick newborns in outbreak guidelines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.02g	Accidental needle prick protocol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

No.	Item	Response	Skip to
	Surveillance		
2.03	Is surveillance conducted for device-associated infections (for example, catheter-associated urinary tract infections, central line-associated bloodstream infections)?	<input type="radio"/> Yes <input type="radio"/> No	—
2.04	Is surveillance conducted for hospital-acquired infection outbreaks for neonates?	<input type="radio"/> Yes <input type="radio"/> No	—

No.	Item	Response	Skip to
	Hand hygiene policies		
2.05	Is there a policy for staff to wash their hands with soap before or immediately upon entry to the neonatal unit?	<input type="radio"/> Yes <input type="radio"/> No	—
2.06	Is there a policy for staff to use hand sanitiser before or immediately upon entry to the neonatal unit?	<input type="radio"/> Yes <input type="radio"/> No	—
2.07	Is there a policy for visitors to wash their hands with soap and/or use hand sanitiser before or immediately upon entry to the neonatal unit?	<input type="radio"/> Yes <input type="radio"/> No	—

Facility Name:

Facility Code:

No.	Item	Response	Skip to
Hand hygiene before or immediately at the entrance to the neonatal unit			
2.08	Are hand hygiene options available before or immediately at the entrance to the neonatal unit?	<input type="radio"/> Yes <input type="radio"/> No	If "No", 2.13
2.09	What hand hygiene options are available before or immediately at the entrance to the neonatal unit? (Select all that apply)	<input type="checkbox"/> Sink with soap <input type="checkbox"/> Sink without soap <input type="checkbox"/> Sink with hand sanitiser <input type="checkbox"/> Free-standing hand sanitiser or alcohol-based rub <input type="checkbox"/> Bucket <input type="checkbox"/> Other (specify below)	—
2.10	What type of soap is available before or immediately at the entrance to the neonatal unit? (Select all that apply)	<input type="checkbox"/> None <input type="checkbox"/> Bar soap <input type="checkbox"/> Liquid hand soap pump bottle <input type="checkbox"/> Elbow operated soap dispenser <input type="checkbox"/> Other (specify below)	—
2.11	How are water taps before or immediately at the entrance operated? (Select all that apply)	<input type="checkbox"/> Hand <input type="checkbox"/> Elbow <input type="checkbox"/> Foot <input type="checkbox"/> Knee <input type="checkbox"/> N/A (no taps)	—
2.12	What, if any, options for hand drying are available before or immediately at the entrance to the neonatal unit? (Select all that apply)	<input type="checkbox"/> None <input type="checkbox"/> Single use hand drying towels <input type="checkbox"/> Cloth towel <input type="checkbox"/> Electric hand dryer <input type="checkbox"/> Other (specify below)	—
Hand hygiene before entry to each room in the neonatal unit			
2.13	Are hand hygiene options available before entry to each room in the neonatal unit?	<input type="radio"/> All rooms <input type="radio"/> Some rooms <input type="radio"/> No rooms	If "No rooms", 2.18

Facility Name:

Facility Code:

No.	Item	Response	Skip to
2.14	What hand hygiene options are available before entry to each room in the neonatal unit? (Select all that apply)	<input type="checkbox"/> Sink with soap <input type="checkbox"/> Sink without soap <input type="checkbox"/> Sink with hand sanitiser <input type="checkbox"/> Free-standing hand sanitiser or alcohol-based rub <input type="checkbox"/> Bucket <input type="checkbox"/> Other (specify below)	—
			—
2.15	What type of soap is available before entry to each room in the neonatal unit? (Select all that apply)	<input type="checkbox"/> None <input type="checkbox"/> Bar soap <input type="checkbox"/> Liquid hand soap pump bottle <input type="checkbox"/> Elbow operated soap dispenser <input type="checkbox"/> Other (specify below)	—
			—
2.16	How are water taps before entry to each room operated? (Select all that apply)	<input type="checkbox"/> Hand <input type="checkbox"/> Elbow <input type="checkbox"/> Foot <input type="checkbox"/> Knee <input type="checkbox"/> N/A (no taps)	—
2.17	What, if any, options for hand drying are available before entry to each room in the neonatal unit? (Select all that apply)	<input type="checkbox"/> None <input type="checkbox"/> Single use hand drying towels <input type="checkbox"/> Cloth towel <input type="checkbox"/> Electric hand dryer <input type="checkbox"/> Other (specify below)	—
			—
Hand hygiene in each room in the neonatal unit			
2.18	Are hand hygiene options available in each room in the neonatal unit?	<input type="radio"/> All rooms <input type="radio"/> Some rooms <input type="radio"/> No rooms	If "No rooms", 2.23
2.19	What hand hygiene options are available in each room in the neonatal unit? (Select all that apply)	<input type="checkbox"/> Sink with soap <input type="checkbox"/> Sink without soap <input type="checkbox"/> Sink with hand sanitiser <input type="checkbox"/> Free-standing hand sanitiser or alcohol-based rub <input type="checkbox"/> Bucket <input type="checkbox"/> Other (specify below)	—
			—

Facility Name:

Facility Code:

No.	Item	Response	Skip to
2.20	What type of soap is available in each room in the neonatal unit? (Select all that apply)	<input type="checkbox"/> None <input type="checkbox"/> Bar soap <input type="checkbox"/> Liquid hand soap pump bottle <input type="checkbox"/> Elbow operated soap dispenser <input type="checkbox"/> Other (specify below)	—
			—
2.21	How are water taps in each room operated? (Select all that apply)	<input type="checkbox"/> Hand <input type="checkbox"/> Elbow <input type="checkbox"/> Foot <input type="checkbox"/> Knee <input type="checkbox"/> N/A (no taps)	—
2.22	What, if any, options for hand drying are available in each room in the neonatal unit? (Select all that apply)	<input type="checkbox"/> None <input type="checkbox"/> Single use hand drying towels <input type="checkbox"/> Cloth towel <input type="checkbox"/> Electric hand dryer <input type="checkbox"/> Other (specify below)	—
			—
All Sinks			
2.23	For observation only: Are all of the sinks functioning (running water, not clogged up, not leaking)?	<input type="radio"/> All <input type="radio"/> Some <input type="radio"/> None	—
2.24	Have liquid soaps been diluted with water? (Observe all soaps in the neonatal unit)	<input type="radio"/> All <input type="radio"/> Some <input type="radio"/> None <input type="radio"/> N/A (no soap)	—

No.	Item	Response	Skip to
Toilets/Latrines			
2.25	Are there toilets for staff or caretaker/guardian use? (Select all that apply)	<input type="checkbox"/> No toilets <input type="checkbox"/> Yes, separate toilet for staff <input type="checkbox"/> Yes, separate toilet for caretaker/guardian <input type="checkbox"/> Yes, shared toilet for staff and caretaker/guardian	
Separate staff toilets			
2.26	Can staff access the toilet at the time of the visit?	<input type="radio"/> Yes <input type="radio"/> No	—
2.27	Can staff access the toilet 24 hours per day 7 days per week?	<input type="radio"/> Yes <input type="radio"/> No	—
2.28	Is the toilet for staff use visibly clean and functional? (Functioning means that it does not require any maintenance for appropriate use)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes, but not observed	—

Facility Name:

Facility Code:

No.	Item	Response	Skip to
2.29	What hand hygiene options are available in the staff toilet? (Select all that apply)	<input type="checkbox"/> None <input type="checkbox"/> Sink with soap <input type="checkbox"/> Sink without soap <input type="checkbox"/> Sink with hand sanitiser <input type="checkbox"/> Free-standing hand sanitiser or alcohol-based rub <input type="checkbox"/> Bucket <input type="checkbox"/> Other (specify below)	—
			—
2.30	How are water taps in the staff toilet operated? (Select all that apply)	<input type="checkbox"/> Hand <input type="checkbox"/> Elbow <input type="checkbox"/> Foot <input type="checkbox"/> Knee <input type="checkbox"/> N/A (no taps)	—
2.31	What, if any, options for hand drying are available in the staff toilet ? (Select all that apply)	<input type="checkbox"/> None <input type="checkbox"/> Single use hand drying towels <input type="checkbox"/> Cloth towel <input type="checkbox"/> Electric hand dryer <input type="checkbox"/> Other (specify below)	—
			—
2.32	Location of nearest toilet for staff use from the neonatal unit: (Select one)	<input type="radio"/> Neonatal unit <input type="radio"/> Postnatal unit <input type="radio"/> Elsewhere in the facility <input type="radio"/> Not on premises	—
2.33	What type of toilet or latrine is it? (Select one)	<input type="radio"/> Flush or pour flush toilet <input type="radio"/> Ventilated improved pit latrine <input type="radio"/> Pit latrine with slab <input type="radio"/> Pit latrine without slab/open pit <input type="radio"/> Composting toilet <input type="radio"/> Unknown <input type="radio"/> Other (specify below)	—
			—
2.34	How often are toilets for staff use cleaned? (Select one)	<input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Irregularly <input type="radio"/> Never <input type="radio"/> Other (specify below)	—
			—
2.35	Is there a rota of times they are cleaned?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes, but not observed	—

Facility Name:

Facility Code:

No.	Item	Response	Skip to
2.36	Is there a dedicated person whose job it is to clean the staff toilets?	<input type="radio"/> Yes <input type="radio"/> No	—
<i>Separate caretaker/guardian toilet</i>			
2.37	Can caretakers/guardians access the toilet at the time of the visit?	<input type="radio"/> Yes <input type="radio"/> No	—
2.38	Which family members are permitted to use the toilet? (<i>Select all that apply</i>)	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandmother <input type="checkbox"/> Caretaker/ Guardian <input type="checkbox"/> Other (<i>specify below</i>)	—
2.39	Can caretakers/guardians access the toilet 24 hours per day 7 days per week?	<input type="radio"/> Yes <input type="radio"/> No	—
2.40	Is the toilet for caretaker/guardian use visibly clean and functional? (<i>Functioning means that it does not require any maintenance for appropriate use</i>)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes, but not observed	—
2.41	What hand hygiene options are available in the caretaker/guardian toilet? (<i>Select all that apply</i>)	<input type="checkbox"/> None <input type="checkbox"/> Sink with soap <input type="checkbox"/> Sink without soap <input type="checkbox"/> Sink with hand sanitiser <input type="checkbox"/> Free-standing hand sanitiser or alcohol-based rub <input type="checkbox"/> Bucket <input type="checkbox"/> Other (<i>specify below</i>)	—
2.42	How are water taps in the caretaker/guardian toilet operated? (<i>Select all that apply</i>)	<input type="checkbox"/> Hand <input type="checkbox"/> Elbow <input type="checkbox"/> Foot <input type="checkbox"/> Knee <input type="checkbox"/> N/A (no taps)	—
2.43	What, if any, options for hand drying are available in the caretaker/guardian toilet? (<i>Select all that apply</i>)	<input type="checkbox"/> None <input type="checkbox"/> Single use hand drying towels <input type="checkbox"/> Cloth towel <input type="checkbox"/> Electric hand dryer <input type="checkbox"/> Other (<i>specify below</i>)	—
2.44	Location of nearest toilet for caretakers/guardians use from the neonatal unit: (<i>Select one</i>)	<input type="radio"/> Neonatal unit <input type="radio"/> Postnatal unit <input type="radio"/> Elsewhere in the facility, but not dedicated exclusively to new mothers <input type="radio"/> Not on premises	—

Facility Name:

Facility Code:

No.	Item	Response	Skip to
2.45	What type of toilet or latrine is it? (<i>Select one</i>)	<input type="radio"/> Flush or pour flush toilet <input type="radio"/> Ventilated improved pit latrine <input type="radio"/> Pit latrine with slab <input type="radio"/> Pit latrine without slab/open pit <input type="radio"/> Composting toilet <input type="radio"/> Unknown <input type="radio"/> Other (<i>specify below</i>)	—
			—
2.46	How often are toilets for caretaker/guardian use cleaned? (<i>Select one</i>)	<input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Irregularly <input type="radio"/> Never <input type="radio"/> Other (<i>specify below</i>)	—
			—
2.47	Is there a rota of times they are cleaned?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes, but not observed	—
2.48	Is there a dedicated person whose job it is to clean the caretaker/guardian toilets?	<input type="radio"/> Yes <input type="radio"/> No	—
Shared staff and caretaker/guardian toilet			
2.49	Can staff and caretakers/guardians access the shared toilet at the time of the visit?	<input type="radio"/> Yes <input type="radio"/> No	—
2.50	Which family members are permitted to use the shared toilet? (<i>Select all that apply</i>)	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandmother <input type="checkbox"/> Caretaker/Guardian <input type="checkbox"/> Other (<i>specify below</i>)	—
			—
2.51	Can staff and caretakers/guardians access the shared toilet 24 hours per day 7 days per week?	<input type="radio"/> Yes <input type="radio"/> No	—
2.52	Is the shared toilet for staff and caretaker/guardian use visibly clean and functional? (<i>Functioning means that it does not require any maintenance for appropriate use</i>)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes, but not observed	—
2.53	What hand hygiene options are available in the shared toilet? (<i>Select all that apply</i>)	<input type="checkbox"/> None <input type="checkbox"/> Sink with soap <input type="checkbox"/> Sink without soap <input type="checkbox"/> Sink with hand sanitiser <input type="checkbox"/> Free-standing hand sanitiser or alcohol-based rub <input type="checkbox"/> Bucket <input type="checkbox"/> Other (<i>specify below</i>)	—
			—

Facility Name:

Facility Code:

No.	Item	Response	Skip to
2.54	How are water taps in the staff and caretaker/guardian toilet operated? (Select all that apply)	<input type="checkbox"/> Hand <input type="checkbox"/> Elbow <input type="checkbox"/> Foot <input type="checkbox"/> Knee <input type="checkbox"/> N/A (no taps)	—
2.55	What, if any, options for hand drying are available in the staff and caretaker/guardian toilet? (Select all that apply)	<input type="checkbox"/> None <input type="checkbox"/> Single use hand drying towels <input type="checkbox"/> Cloth towel <input type="checkbox"/> Electric hand dryer <input type="checkbox"/> Other (specify below)	—
2.56	Location of nearest shared toilet for staff and caretaker/guardian use from the neonatal unit: (Select one)	<input type="radio"/> Neonatal unit <input type="radio"/> Postnatal unit <input type="radio"/> Elsewhere in the facility <input type="radio"/> Not on premises	—
2.57	What type of toilet or latrine is it? (Select one)	<input type="radio"/> Flush or pour flush toilet <input type="radio"/> Ventilated improved pit latrine <input type="radio"/> Pit latrine with slab <input type="radio"/> Pit latrine without slab/open pit <input type="radio"/> Composting toilet <input type="radio"/> Unknown <input type="radio"/> Other (specify below)	—
2.58	How often are shared toilets cleaned? (Select one)	<input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Irregularly <input type="radio"/> Never <input type="radio"/> Other (specify below)	—
2.59	Is there a rota of times they are cleaned?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes, but not observed	—
2.60	Is there a dedicated person whose job it is to clean the shared toilets?	<input type="radio"/> Yes <input type="radio"/> No	—

No.	Item	Response	Skip to
Sterilisation and Equipment Disinfection			
2.61	Is there an area for cleaning and disinfecting supplies and equipment on the neonatal unit?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes, but not observed	—
2.62	Are disinfection buckets available on the day of the visit?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes, but not observed	—

Facility Name:

Facility Code:

No.	Item	Response	Skip to
2.63	What areas are there for cleaning and disinfecting supplies and equipment on the neonatal unit? <i>(Select all that apply)</i>	<input type="checkbox"/> None <input type="checkbox"/> Separate sluice or soiled utility room <input type="checkbox"/> Separate sink used exclusively for supplies and equipment <input type="checkbox"/> Sink, but shared for hand washing <input type="checkbox"/> Disinfection bucket <input type="checkbox"/> Other <i>(specify below)</i>	—
2.64	Is there a space for sterilisation (e.g., space for dry heat, steam, electric boiler, steamer, non-electrics with cover for boiling and steaming & drum and stand)?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes, but not observed	—
2.65	Is there a clean storage space on the neonatal unit for supplies (e.g., linen, clinical supplies, and general equipment)? <i>(A clean storage space means that the storage area is free of spills, the linens are freshly laundered, etc.)</i>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes, but not observed	—
2.66	For observation only: Is the storage space tidy and organised? <i>(Items should be neatly stacked, easily visible, and accessible, and the space should not be over filled)</i>	<input type="radio"/> Yes <input type="radio"/> No	—

No.	Item	Response	Skip to
Ventilation			
2.67	Is there a functioning air filtration system to prevent risk of airborne infection? <i>(An air filtration system can include any freestanding equipment or building system that filters the air in the neonatal unit)</i>	<input type="radio"/> Yes <input type="radio"/> No	—

No.	Item	Response	Skip to
Waste Management			
2.68	Is there a functioning incinerator (e.g., burning incinerator, non-burning incinerator, off-site incineration)? <i>(May be shared with other units)</i>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes, but not observed	—
2.69	What types of separate covered waste bins are available on the neonatal unit? <i>(Select all that apply)</i>	<input type="checkbox"/> Puncture-proofs sharps container <input type="checkbox"/> Contaminated waste (red) <input type="checkbox"/> Discarded medicines (black) <input type="checkbox"/> Anatomical/human waste (yellow) <input type="checkbox"/> Glass (blue) <input type="checkbox"/> General trash bin <input type="checkbox"/> Other <i>(specify below)</i>	—

Facility Name:

Facility Code:

No.	Item	Response	Skip to
2.70	For observation only: Are waste bins used appropriately on the day of visit? <i>(Appropriate use of waste bins includes the covering of bins with a lid, correct designation of waste, and bins not overflowing)</i>	<input type="radio"/> All <input type="radio"/> Some <input type="radio"/> None	—
2.71	Is trash collected at least once per day from the neonatal unit?	<input type="radio"/> Yes <input type="radio"/> No	—
2.72	Are there designated staff for waste handling?	<input type="radio"/> Yes <input type="radio"/> No	—
2.73	Is there storage space for soiled utility? <i>(Could be anywhere in the facility)</i>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes, but not observed	—
2.74	For observation only: Can you see any liquid spills or trash on the floor in the neonatal unit?	<input type="radio"/> Yes <input type="radio"/> No	—
2.75	Do you ever see any vermin like mice or cockroaches, or animal feces on the neonatal unit?	<input type="radio"/> Yes <input type="radio"/> No	—
2.76	Is there a staff rest area (e.g. tea room, etc.)?	<input type="radio"/> Yes <input type="radio"/> No	—
2.77	Is food allowed in patient areas?	<input type="radio"/> Yes <input type="radio"/> No	—

No.	Item	Response	Skip to
Personal Items			
2.78	How many neonatal unit uniforms do you own?	Number:	—
2.79	What clothes do you come to work in on most days? <i>(Select one)</i>	<input type="radio"/> Own clothes <input type="radio"/> Uniform <input type="radio"/> Other <i>(specify below)</i>	—
			—
2.80	What clothes do you go home in after your shift on most days? <i>(Select one)</i>	<input type="radio"/> Own clothes <input type="radio"/> Uniform <input type="radio"/> Other <i>(specify below)</i>	—
			—
2.81	How frequently do you wash your uniform? <i>(Select one)</i>	<input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Irregularly <input type="radio"/> Never	—
2.82	Is there a place for staff to leave their personal items (e.g., lockers, cubbies, etc.)? <i>(Select one)</i>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes, but not observed	—
2.83	Are staff mobile phones allowed in the neonatal unit? <i>(Select one)</i>	<input type="radio"/> Yes, any phones <input type="radio"/> Yes, if disinfected before entry <input type="radio"/> No <input type="radio"/> No regulations for mobile phones	—

Facility Name:

Facility Code:

No.	Item	Response	Skip to
2.84	Are caretaker/guardian mobile phones allowed in the neonatal unit? (<i>Select one</i>)	<input type="radio"/> Yes, any phones <input type="radio"/> Yes, if disinfected before entry <input type="radio"/> No <input type="radio"/> No regulations for mobile phones	—

Comments

Facility Name:

Facility Code:

Section 3. Neonatal Unit Electricity

Instructions: Please have all participants fill in their names and positions below, before completing the following forms in *Section 3. Neonatal Unit Electricity*.

Respondents	
Respondent Name (first and last name)	Respondent Position
Respondent Name (first and last name)	Respondent Position
Respondent Name (first and last name)	Respondent Position
Respondent Name (first and last name)	Respondent Position
Respondent Name (first and last name)	Respondent Position
Respondent Name (first and last name)	Respondent Position
Respondent Name (first and last name)	Respondent Position
Respondent Name (first and last name)	Respondent Position

Facility Name:

Facility Code:

Section 3. Neonatal Unit Electricity

Instructions: Direct these questions to the nurse(s) in charge of the neonatal unit. For some questions, you will need to observe the staff or specific items/spaces at the facility. Please do not leave any variable blank. If a response is unknown, write “unknown” or select "unknown" from the multiple-choice answers.

No.	Item	Response	Skip to
Fuel-operated Generator			
3.01	Does this facility have a fuel-operated generator?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes, but not observed	If “No”, 3.07
3.02	Is the neonatal unit covered by this generator?	<input type="radio"/> Yes <input type="radio"/> No	—
3.03	Does this generator exclusively cover the neonatal unit?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	—
3.04	What neonatal unit lighting does the fuel-operated generator cover?	<input type="radio"/> All lighting <input type="radio"/> Some lighting <input type="radio"/> No lighting	—
3.05	What neonatal unit equipment does the fuel-operated generator cover?	<input type="radio"/> All equipment <input type="radio"/> Some equipment <input type="radio"/> No equipment	If All or No, 3.07
3.06	Specify what neonatal unit equipment is powered by the fuel-operated generator: (<i>Select all that apply</i>)	<input type="checkbox"/> Oxygen Concentrator <input type="checkbox"/> Oxygen Flow Splitter <input type="checkbox"/> CPAP <input type="checkbox"/> Pulse Oximeter <input type="checkbox"/> Glucometer <input type="checkbox"/> Suction Pump <input type="checkbox"/> Syringe Pump <input type="checkbox"/> Phototherapy Light <input type="checkbox"/> Radiant Warmer <input type="checkbox"/> Incubator <input type="checkbox"/> Other (<i>specify below</i>)	—
Battery Inverter			
3.07	Does this facility have a battery inverter?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes, but not observed	If “No”, 3.13
3.08	Is the neonatal unit covered by the battery inverter?	<input type="radio"/> Yes <input type="radio"/> No	—
3.09	Does the battery inverter exclusively cover the neonatal unit?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	—
3.10	What neonatal unit lighting does the battery inverter cover?	<input type="radio"/> All lighting <input type="radio"/> Some lighting <input type="radio"/> No lighting	—

Facility Name:

Facility Code:

No.	Item	Response	Skip to
3.11	What neonatal unit equipment does the battery inverter cover?	<input type="radio"/> All equipment <input type="radio"/> Some equipment <input type="radio"/> No equipment	If All or No, 3.13
3.12	Specify what neonatal unit equipment is powered by the battery inverter: (<i>Select all that apply</i>)	<input type="checkbox"/> Oxygen Concentrator <input type="checkbox"/> Oxygen Flow Splitter <input type="checkbox"/> CPAP <input type="checkbox"/> Pulse Oximeter <input type="checkbox"/> Glucometer <input type="checkbox"/> Suction Pump <input type="checkbox"/> Syringe Pump <input type="checkbox"/> Phototherapy Light <input type="checkbox"/> Radiant Warmer <input type="checkbox"/> Incubator <input type="checkbox"/> Other (<i>specify below</i>)	—
Solar Power			
3.13	Does this facility have solar power?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes, but not observed	If "No", 3.19
3.14	Is the neonatal unit covered by solar power?	<input type="radio"/> Yes <input type="radio"/> No	—
3.15	Does the solar power exclusively cover the neonatal unit?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	—
3.16	What neonatal unit lighting does the solar power cover?	<input type="radio"/> All lighting <input type="radio"/> Some lighting <input type="radio"/> No lighting	—
3.17	What neonatal unit equipment does the solar power cover?	<input type="radio"/> All equipment <input type="radio"/> Some equipment <input type="radio"/> No equipment	If All or No, 3.19
3.18	Specify what neonatal unit equipment is powered by the solar power: (<i>Select all that apply</i>)	<input type="checkbox"/> Oxygen Concentrator <input type="checkbox"/> Oxygen Flow Splitter <input type="checkbox"/> CPAP <input type="checkbox"/> Pulse Oximeter <input type="checkbox"/> Glucometer <input type="checkbox"/> Suction Pump <input type="checkbox"/> Syringe Pump <input type="checkbox"/> Phototherapy Light <input type="checkbox"/> Radiant Warmer <input type="checkbox"/> Incubator <input type="checkbox"/> Other (<i>specify below</i>)	—
Other			
3.19	Do you feel that power outages are impacting care on the neonatal unit?	<input type="radio"/> Yes <input type="radio"/> No	—

Facility Name:

Facility Code:

Instructions: Direct these questions to the technician. For some questions, you will need to observe the staff or specific items/spaces at the facility. Please do not leave any variable blank. If a response is unknown, write “unknown” or select "unknown" from the multiple-choice answers.

No.	Item	Response	Skip to
Outlets and Power Strips			
3.20	Given the amount of equipment on the unit, are electrical outlets sufficient? <i>(Sufficient means all equipment can be plugged in. Select NO if devices or equipment ever need to be unplugged from electrical outlets to accommodate other devices.)</i>	<input type="radio"/> Yes <input type="radio"/> No	—
3.21	How many outlets are in the neonatal unit? <i>(Count each plug in the neonatal unit. Count double outlets as two separate plugs.)</i>	Number:	—
3.22	How many power strips/surge protectors are available for use in the neonatal unit?	Number:	If “0”, 3.27
3.23	How many plugs are there among all of the power strips/surge protectors that are available for use ? <i>(Please count all available spaces to connect devices)</i>	Number:	—
3.24	How many power strips/surge protectors are in use on the neonatal unit?	Number:	—
3.25	How many devices are currently connected to any of the power strips/surge protectors? <i>(Please count the number of devices connected to power strips/surge protectors at the time of the visit)</i>	Number:	—
3.26	Which devices are connected to the surge protectors? <i>(Select all that apply)</i>	<input type="checkbox"/> Oxygen concentrator <input type="checkbox"/> Oxygen flow splitter <input type="checkbox"/> CPAP <input type="checkbox"/> Pulse oximeter <input type="checkbox"/> Glucometer <input type="checkbox"/> Suction pump <input type="checkbox"/> Syringe pump <input type="checkbox"/> Phototherapy light <input type="checkbox"/> Radiant warmer <input type="checkbox"/> Incubator <input type="checkbox"/> Other <i>(specify below)</i>	—
3.27	Do you have an inline voltage surge protector (e.g., AVS)?	<input type="radio"/> Yes <input type="radio"/> No	—
3.28	For observation only: Are there cables running across the floor that can be tripped over?	<input type="radio"/> Yes <input type="radio"/> No	—

Facility Name:

Facility Code:

No.	Item	Response	Skip to
Power Quality Assessment			
3.29	Is there a voltage stabiliser in the unit?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes, but not observed	—
3.30	Was a power audit and certification for electric load done for the unit in the last 12 months?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	—
3.31	Has any equipment broken in the last 12 months due to problems with the electricity?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	—
3.32	Does the facility conduct internal power quality assessments?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	If "No", 3.34
3.33	Does the facility experience power surges or lags? <i>(Select all that apply)</i>	<input type="checkbox"/> Power surges <input type="checkbox"/> Power lags <input type="checkbox"/> None	—
3.34	Given the equipment in the neonatal unit, is the amperage of the power supply appropriate?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	—
3.35	<i>Make any comments regarding your observation on the amperage of the power supply.</i>		—

Comments

Facility Name:

Facility Code:

Section 4. Neonatal Unit Layout

Instructions: Please have all participants fill in their names and positions below, before completing the following forms in *Section 4. Neonatal Unit Layout*.

Respondents	
Respondent Name (first and last name)	Respondent Position
Respondent Name (first and last name)	Respondent Position
Respondent Name (first and last name)	Respondent Position
Respondent Name (first and last name)	Respondent Position
Respondent Name (first and last name)	Respondent Position
Respondent Name (first and last name)	Respondent Position
Respondent Name (first and last name)	Respondent Position
Respondent Name (first and last name)	Respondent Position

Facility Name:

Facility Code:

Section 4. Neonatal Unit Layout

Instructions: Take at least 3 photos of the neonatal unit from different angles. Try to take photos when there are no caretakers in the room. Please respect the privacy and confidentiality of patients and their caretakers. When photographing the neonatal unit, avoid up-close photographs depicting the face of neonates, and ensure caretakers are not in the frame. Do not photograph the KMC ward if mothers are present. For each photo, label what areas (e.g. high-risk area, low risk area, area for those admitted from outside the facility, isolation room, KMC unit, waiting area) are pictured.

Please measure the dimensions of the neonatal unit in cm and draw a basic outline on this page. Include all rooms, including patient areas, the KMC unit, and the waiting area for caretakers. For the waiting area, include any seating such as chairs or benches. See the appendix on neonatal unit layout for instructions. If the neonatal unit is made up of multiple rooms, please draw each room on a separate sheet of paper. The first diagram should be an overview of all the rooms and subsequent drawings should be detailed diagrams of each room. For each diagram, label what areas are in the diagram (e.g. overall layout, detailed diagram of KMC unit, etc.).

Include the following items:

1. Room dimensions (in cm)
2. Doors
3. Windows
4. Sinks/water sources
5. Electrical plugs
6. Baby beds/cots and distance between cots in cm
7. Indicate isolation areas
8. CPAPs
9. Oxygen concentrators/cylinders
10. Phototherapy lights
11. Suction pumps
12. Radiant warmers
13. Incubators
14. Beds intended for mothers
15. Hand sanitiser
16. Nurse's station
17. Sluice room
18. Oxygen wall ports

Facility Name:

Facility Code:

Section 5. Admission, Discharge, and Referral Criteria

Instructions: Please have all participants fill in their names and positions below, before completing the following forms in *Section 5. Admission, Discharge, and Referral Criteria*.

Respondents	
Respondent Name (first and last name)	Respondent Position
Respondent Name (first and last name)	Respondent Position
Respondent Name (first and last name)	Respondent Position
Respondent Name (first and last name)	Respondent Position
Respondent Name (first and last name)	Respondent Position
Respondent Name (first and last name)	Respondent Position
Respondent Name (first and last name)	Respondent Position

Facility Name:

Facility Code:

Section 5. Admission, Discharge, and Referral Criteria

Instructions: Please direct these questions to the nurse(s) in charge. Either write a summary or take a photo of official guidelines if available.

Prompt: “Now I’m going to ask you about admissions, discharge, and referral criteria.”

What are the admission criteria for the neonatal unit?

What are the admission criteria for neonates admitted to the paediatric ward?
(Write N/A if neonates never admitted into paediatric ward)

What are the discharge criteria for the neonatal unit?

What are the criteria for referring a newborn from this facility to a higher-level facility?
(If you are already the highest level facility, please write N/A)

What are the criteria for referring a newborn from this facility to a lower level facility?

Facility Name:

Facility Code:

What are the admission criteria for the KMC unit?

What are the discharge criteria for the KMC unit?

Comments