



NEST360 | UNICEF Health Facility Assessment (HFA)

Human Resources for Health and Performance Module

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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 Human Resources for Health and Performance

Section 1. Facility Staffing (direct questions to human resources and management)

Section 2. Facility Policies and Working Conditions (direct questions to nurse in charge)

Section 3. Neonatal Unit Staffing (direct questions to nurse in charge)

Section 4. Clinical Care Policies and Guidelines (direct questions to nurse in charge)

Section 5. Newborn Care Signal Functions (direct questions to nurse in charge)

Section 6: Supervisory Support and Motivation (direct questions to nurse in charge and doctor)

Facility Name:

Facility Code:

Section 1. Facility Staffing

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

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

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Section 1. Facility Staffing

Instructions: The data collection team should direct these questions to the human resources team. Do not include students in any of the staff member counts (clinical technicians can be counted as clinical officers). Do not leave any variable blank (write “0” if no staff).

1A. Details on Facility Staffing

No.	Item	Response	
1.01	How many established positions does this facility have for this type of staff member? <i>(This is the number of positions the hospital can fill for each cadre)</i>		
1.01a	General Medical Doctor	Staff:	
1.01b	Paediatrician	Staff:	
1.01c	Neonatologist	Staff:	
1.01d	General nurse	Staff:	
1.01e	Neonatal or paediatric nurse	Staff:	
1.01f	Clinical officer	Staff:	
1.02	How many are currently employed by this facility?		
1.02a	General Medical Doctor	Staff:	
1.02b	Paediatrician	Staff:	
1.02c	Neonatologist	Staff:	
1.02d	General nurse	Staff:	
1.02e	Neonatal or paediatric nurse	Staff:	
1.02f	Clinical officer	Staff:	
1.03	How many provide care to newborns? <i>(This includes providing care to newborns anywhere in the facility (e.g., labour ward, paediatrics, KMC, neonatal unit, etc.))</i>		
1.03a	General Medical Doctor	Staff:	
		Locum:	
1.03b	Paediatrician	Staff:	
		Locum:	
1.03c	Neonatologist	Staff:	
		Locum:	
1.03d	General nurse	Staff:	
		Locum:	
1.03e	Neonatal or paediatric nurse	Staff:	
		Locum:	
1.03f	Clinical officer	Staff:	
		Locum:	

Facility Name:

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No.	Item	Response	
1.04	Of those providing care to newborns, how many provide care exclusively to newborns? <i>(This includes staff that only provide care to newborns (e.g., not also to older children or mothers)</i>		
1.04a	General Medical Doctor	Staff:	
		Locum:	
1.04b	Paediatrician	Staff:	
		Locum:	
1.04c	Neonatologist	Staff:	
		Locum:	
1.04d	General nurse	Staff:	
		Locum:	
1.04e	Neonatal or paediatric nurse	Staff:	
		Locum:	
1.04f	Clinical officer	Staff:	
		Locum:	
1.05	Of those providing care exclusively to newborns, how many are assigned exclusively to the neonatal unit? <i>(Staff working ONLY in the neonatal unit do not include those who also work in the postnatal or paediatrics ward)</i>		
1.05a	General Medical Doctor	Staff:	
		Locum:	
1.05b	Paediatrician	Staff:	
		Locum:	
1.05c	Neonatologist	Staff:	
		Locum:	
1.05d	General nurse	Staff:	
		Locum:	
1.05e	Neonatal or paediatric nurse	Staff:	
		Locum:	
1.05f	Clinical officer	Staff:	
		Locum:	
1.06	Of those providing care exclusively to newborns, how many were posted into this neonatal unit in the last 12 months?		
1.06a	General Medical Doctor	Staff:	
1.06b	Paediatrician	Staff:	
1.06c	Neonatologist	Staff:	
1.06d	General nurse	Staff:	
1.06e	Neonatal or paediatric nurse	Staff:	
1.06f	Clinical officer	Staff:	

Facility Name:

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No.	Item	Response
1.07	Of those providing care exclusively to newborns, how many also work on the KMC ward?	
1.07a	General Medical Doctor	Staff:
		Locum:
1.07b	Paediatrician	Staff:
		Locum:
1.07c	Neonatologist	Staff:
		Locum:
1.07d	General nurse	Staff:
		Locum:
1.07e	Neonatal or paediatric nurse	Staff:
		Locum:
1.07f	Clinical officer	Staff:
		Locum:
1.08	Of those providing care to newborns, how many are currently on extended leave (more than 4 weeks)?	
1.08a	General Medical Doctor	Staff:
1.08b	Paediatrician	Staff:
1.08c	Neonatologist	Staff:
1.08d	General nurse	Staff:
1.08e	Neonatal or paediatric nurse	Staff:
1.08f	Clinical officer	Staff:
1.09	Of those providing care to newborns, how many have had formal training in newborn care (e.g., HBB, COIN, ETAT+, ENC, EmONC etc.)?	
1.09c	General nurse	Staff:
		Locum:
1.09d	Neonatal or paediatric nurse	Staff:
		Locum:
1.10	Of those providing care to newborns, how many were posted to this facility in the last 12 months?	
1.10a	General Medical Doctor	Staff:
1.10b	Paediatrician	Staff:
1.10c	Neonatologist	Staff:
1.10d	General nurse	Staff:
1.10e	Neonatal or paediatric nurse	Staff:
1.10f	Clinical officer	Staff:

1B. Established Positions for Staff

No.	Item	Response
1.11	How many established positions does this facility have for neonatal ward clerks?	
1.12	How many established positions does this facility have for (Bio)med Technician/Engineer?	
1.13	How many established positions does this facility have for laboratory technicians?	

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1C. Number of Students Rotating in the Neonatal Unit today

No.	Item	Response
1.14	How many medical students are rotating in the neonatal unit today ?	
1.15	How many nursing students are rotating in the neonatal unit today ?	
1.16	How many clinical officer students are rotating in the neonatal unit today ?	

Facility Name:

Facility Code:

Section 2. Facility Policies and Working Conditions

Instructions: Please have all participants fill in their names and positions below, before completing the following forms in *Section 2. Facility Policies and Working Conditions*.

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:

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Section 2. Facility Policies and Working Conditions

Instructions: The data collection team should direct these questions to the nurse in charge. 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
Contract and Job Description			
2.01	How long have you been working in this facility? (Select one)	<input type="radio"/> Less than 3 months <input type="radio"/> 3 – 6 months <input type="radio"/> 6 – 12 months <input type="radio"/> 1 – 2 years <input type="radio"/> More than 2 years	—
2.02	Are you on a short term (<1 year) or long term (>1 year) contract? (Select one)	<input type="radio"/> Short term (<1 year) <input type="radio"/> Long term (>1 year)	—
2.03	When did you last receive any on-the- job training in newborn health? (Select one) (This includes any training while doing the job, including mentorship, informal training, shadowing, side-by-side work, etc.)	<input type="radio"/> Never <input type="radio"/> In the last 6 months <input type="radio"/> In the last year <input type="radio"/> More than a year ago	—
2.04	Do you currently have a written job description for your position?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/>	If “No”, 2.06
2.05	Do you have a copy of the job description?	<input type="radio"/> Yes <input type="radio"/> No	—
2.06	Does this facility have a written management structure or an organogram that details reporting relationships?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	—
2.07	Is the reporting structure for administrative purposes clear to you?	<input type="radio"/> Yes <input type="radio"/> No	—
2.08	Do you ever complete or make reports that are sent to the next administrative level?	<input type="radio"/> Yes <input type="radio"/> No	—
Staff Rotations			
2.09	Does this facility have a policy on staff rotation to different units in the facility? (This would be a policy intended to manage the rotation of staff effectively)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	—
2.10	Does this facility conduct staff rotations in and out of the neonatal unit?	<input type="radio"/> Yes <input type="radio"/> No	If “No”, 2.13
2.11	Was there a staff rotation of nurses on the neonatal unit within the last 12 months?	<input type="radio"/> Yes <input type="radio"/> No	If “No”, 2.13
2.12	How many nurses were rotated out of the neonatal unit during the last staff rotation?	Number:	—

Facility Name:

Facility Code:

No.	Item	Response	Skip to
2.13	Do you have an up-to-date daily staff rota which details the shifts of all clinical staff in the neonatal unit? If yes, how many weeks does it cover? <i>(Ask to see latest staff roster)</i> <i>(Select one)</i>	<input type="radio"/> No staff rota available <input type="radio"/> Staff rota for the next 4 weeks is available <input type="radio"/> Staff rota for the next 2 weeks is available <input type="radio"/> Staff rota for the next week is available <input type="radio"/> Staff rota available, but not up-to-date	—
2.14	Do you have a designated person who develops the staff rota for nurses in the neonatal unit?	<input type="radio"/> Yes <input type="radio"/> No	—
Staff Cell Phone Policy			
2.15	Do you use your cell phone to talk with patients or other providers?	<input type="radio"/> Yes <input type="radio"/> No	If "No", skip to next section
2.16	Can you estimate approximately how much you have paid out of pocket to talk with patients or other providers in the last 7 days?	Amount:	—
2.17	What currency are the out-of-pocket costs above estimated in?		—
2.18	Have you been reimbursed for these costs?	<input type="radio"/> Yes <input type="radio"/> No	—

Facility Name:

Facility Code:

Section 3. Neonatal Unit Staffing

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

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:

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Section 3. Neonatal Unit Staffing

Instructions: 1) Direct these questions to the nurse(s) in charge of the neonatal unit. 2) **“Physically present”** means that there is at least one staff member in this category who is physically present in the facility. This can include any staff who provide care on the neonatal unit, but also work on other wards, such as the paediatric or postnatal wards. 3) **“On call”** means that the worker can be contacted, and if called, could reach the facility in less than 30 minutes, or if they are able to provide all necessary support needed by telephone. **“On call”** excludes the staff that are physically present at the time. 4) Ask about each health care worker cadre. Do not include students in any of the staff member counts. 5) If any number is unknown, write “unknown”.

3A. Neonatal Unit Shifts and Assignments

No.	Item	Response	
	Neonatal Unit Shifts		
3.01	How many hours per day is each shift expected to cover? <i>(Write N/A if the neonatal unit does not have a shift)</i>		
3.01a	Morning shift	Hours:	
3.01b	Afternoon shift	Hours:	
3.01c	Evening shift	Hours:	
3.01d	Night shift	Hours:	
3.02	How many hours did you work in the last 7 days?	Hours:	
3.03	How many nights in a row did you work when you were last on night duty?	Nights:	
3.04	How many nights off did you receive after being on night duty?	Nights off:	
	How many of the following staff are currently assigned to the neonatal unit?		
3.05	General Medical Doctor	Staff:	
3.06	Paediatrician	Staff:	
3.07	Neonatologist	Staff:	
3.08	General nurse	Staff:	
3.09	Neonatal or paediatric nurse	Staff:	
3.10	Clinical officer	Staff:	

Facility Name:

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3B. Staff Providing Care in Neonatal Unit (Regular Schedule (not on-call staff))

No.	Shift	General Medical Doctor	Paediatrician	Neonatologist	General Nurse	Neonatal or Paediatric Nurse	Clinical Officer	Other	Other	Other
3.11		How many in total providing care on the neonatal unit are physically present in the facility during these shifts? (Fill in the blank; write 0 if none are physically present). Staff who provide care on the neonatal unit can also provide care to newborns elsewhere at the facility (e.g., postnatal unit, paediatric unit, KMC unit, etc.).								
3.11a	Monday – Friday (Day)									
3.11b	Monday – Friday (Night)									
3.11c	Saturday (Day)									
3.11d	Saturday (Night)									
3.11e	Sunday (Day)									
3.11f	Sunday (Night)									
3.11g	Today									
3.11h	Last night									
3.12		Of those who provide care on the neonatal unit and are physically present, how many provide care exclusively on the neonatal unit during these shifts? (Fill in the blank; write 0 if none). Staff providing care exclusively on the neonatal unit work only on the neonatal unit (not also on the postnatal unit or paediatrics ward, for example).								
3.12a	Monday – Friday (Day)									
3.12b	Monday – Friday (Night)									
3.12c	Saturday (Day)									
3.12d	Saturday (Night)									
3.12e	Sunday (Day)									
3.12f	Sunday (Night)									
3.12g	Today									
3.12h	Last night									

Facility Name:

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3C. Staff Providing Care in Neonatal Unit (On-call Schedule)

No.	Shift	General Medical Doctor	Paediatrician	Neonatologist	General Nurse	Neonatal or Paediatric Nurse	Clinical Officer	Other	Other	Other
3.13		How many providing care on the neonatal unit are on-call during these shifts? <i>(Fill in the blank; write 0 if none are physically present). (Someone is considered on call if they can be called and reach the hospital within 30 minutes, or if they are able to provide all necessary support needed by telephone. On call excludes the staff that are physically present at the time.)</i>								
3.13a	Monday – Friday (Day)									
3.13b	Monday – Friday (Night)									
3.13c	Saturday (Day)									
3.13d	Saturday (Night)									
3.13e	Sunday (Day)									
3.13f	Sunday (Night)									
3.13g	Today									
3.13h	Last night									

Facility Name:

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Section 4. Clinical Care Policies and Guidelines

Instructions: Address these questions to the nurse in charge. Please ask the nurse in charge if the following guidelines are available. 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. Note that some of these guidelines might be found on the labour and delivery ward. If any guideline is part of a larger protocol, that counts as being available.

No.	Item	Response
<i>General Newborn Care Protocols: Does the facility have...?</i>		
4.01	BEmOC and CEmOC guidelines	<input type="radio"/> Available and easily accessible <input type="radio"/> Available but not easily accessible <input type="radio"/> Not available
<i>Newborn Resuscitation Protocols: Does the facility have...?</i>		
4.02	Wall charts/action sequences for neonatal resuscitation (e.g., HBB flowchart, ETAT+ flowchart)	<input type="radio"/> Available and easily accessible <input type="radio"/> Available but not easily accessible <input type="radio"/> Not available
4.03	Neonatal resuscitation guidelines	<input type="radio"/> Available and easily accessible <input type="radio"/> Available but not easily accessible <input type="radio"/> Not available
<i>Thermal Protection Protocols for Newborns: Does the facility have...?</i>		
4.04	Thermal protection guidelines	<input type="radio"/> Available and easily accessible <input type="radio"/> Available but not easily accessible <input type="radio"/> Not available
<i>PMTCT Protocols: Does the facility have...?</i>		
4.04	PMTCT guidelines	<input type="radio"/> Available and easily accessible <input type="radio"/> Available but not easily accessible <input type="radio"/> Not available
<i>Breastfeeding Protocols: Does the facility have...?</i>		
4.05	Standards on immediate initiation and exclusive breastfeeding	<input type="radio"/> Available and easily accessible <input type="radio"/> Available but not easily accessible <input type="radio"/> Not available
4.06	Maternal, Infant and Young Child Nutrition guidelines	<input type="radio"/> Available and easily accessible <input type="radio"/> Available but not easily accessible <input type="radio"/> Not available
4.07	“Ten steps to successful breastfeeding” or implementation of International Code of Marketing of Breast-milk Substitutes written policy	<input type="radio"/> Available and easily accessible <input type="radio"/> Available but not easily accessible <input type="radio"/> Not available
<i>Hypoglycaemia and IV Fluids Protocols: Does the facility have...?</i>		
4.08	Fluid, volume, and medication guidelines	<input type="radio"/> Available and easily accessible <input type="radio"/> Available but not easily accessible <input type="radio"/> Not available
4.09	Prevention and management of hypoglycaemia in those at risk of impaired metabolic adaptation guidelines	<input type="radio"/> Available and easily accessible <input type="radio"/> Available but not easily accessible <input type="radio"/> Not available

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No.	Item	Response
<i>Kangaroo Mother Care (KMC) Protocols: Does the facility have...?</i>		
4.10	Kangaroo Mother Care guidelines	<input type="radio"/> Available and easily accessible <input type="radio"/> Available but not easily accessible <input type="radio"/> Not available
<i>Safe Oxygen Delivery Protocols: Does the facility have...?</i>		
4.11	Classification of breathing difficulty and SpO ₂ thresholds and protocols for oxygen therapy and monitoring	<input type="radio"/> Available and easily accessible <input type="radio"/> Available but not easily accessible <input type="radio"/> Not available
4.12	Assessment, management, and prevention of apnoea guidelines	<input type="radio"/> Available and easily accessible <input type="radio"/> Available but not easily accessible <input type="radio"/> Not available
<i>Alternative Feeding and Nutrition Protocols: Does the facility have...?</i>		
4.13	Infant feeding for the neonatal unit, including enteral feeding volumes by weight and age guidelines	<input type="radio"/> Available and easily accessible <input type="radio"/> Available but not easily accessible <input type="radio"/> Not available
4.14	IV fluid volumes guidelines	<input type="radio"/> Available and easily accessible <input type="radio"/> Available but not easily accessible <input type="radio"/> Not available
4.15	Fluid balance and feeding chart (fluid input and output)	<input type="radio"/> Available and easily accessible <input type="radio"/> Available but not easily accessible <input type="radio"/> Not available
4.16	Providing vitamin D, calcium, phosphorus and iron supplements for very-low-birth-weight newborns protocol	<input type="radio"/> Available and easily accessible <input type="radio"/> Available but not easily accessible <input type="radio"/> Not available
<i>Phototherapy Protocols: Does the facility have...?</i>		
4.17	Treatment thresholds for phototherapy	<input type="radio"/> Available and easily accessible <input type="radio"/> Available but not easily accessible <input type="radio"/> Not available
4.18	Treatment thresholds for exchange transfusion	<input type="radio"/> Available and easily accessible <input type="radio"/> Available but not easily accessible <input type="radio"/> Not available
4.19	Use of phototherapy units (e.g., positioning of phototherapy lamps, etc.)	<input type="radio"/> Available and easily accessible <input type="radio"/> Available but not easily accessible <input type="radio"/> Not available
<i>Seizure Management Protocols: Does the facility have...?</i>		
4.20	Guidelines on management of newborn convulsions and spasms	<input type="radio"/> Available and easily accessible <input type="radio"/> Available but not easily accessible <input type="radio"/> Not available
<i>CPAP Protocols: Does the facility have...?</i>		
4.21	CPAP initiation and weaning protocols	<input type="radio"/> Available and easily accessible <input type="radio"/> Available but not easily accessible <input type="radio"/> Not available
4.22	CPAP wall chart	<input type="radio"/> Available and easily accessible <input type="radio"/> Available but not easily accessible <input type="radio"/> Not available

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No.	Item	Response
<i>Mechanical Ventilation Protocols: Does the facility have...?</i>		
4.23	Mechanical ventilation guidelines	<input type="radio"/> Available and easily accessible <input type="radio"/> Available but not easily accessible <input type="radio"/> Not available
<i>Blood Transfusion Protocols: Does the facility have...?</i>		
4.24	Blood transfusion procedural guidelines	<input type="radio"/> Available and easily accessible <input type="radio"/> Available but not easily accessible <input type="radio"/> Not available
4.25	Exchange transfusion procedural guidelines	<input type="radio"/> Available and easily accessible <input type="radio"/> Available but not easily accessible <input type="radio"/> Not available
4.26	Blood transfusion monitoring chart	<input type="radio"/> Available and easily accessible <input type="radio"/> Available but not easily accessible <input type="radio"/> Not available
<i>Congenital Abnormalities Protocols: Does the facility have...?</i>		
4.27	Assessment and management of newborns with congenital abnormalities, including for specialist consultation and referral pathways guidelines	<input type="radio"/> Available and easily accessible <input type="radio"/> Available but not easily accessible <input type="radio"/> Not available
<i>Neonatal Encephalopathy Protocols: Does the facility have...?</i>		
4.28	Assessment and management of neonatal encephalopathy in newborns guidelines	<input type="radio"/> Available and easily accessible <input type="radio"/> Available but not easily accessible <input type="radio"/> Not available
<i>Retinopathy of Prematurity Protocols: Does the facility have...?</i>		
4.29	Prevention, screening, documentation and treatment of retinopathy of prematurity guidelines	<input type="radio"/> Available and easily accessible <input type="radio"/> Available but not easily accessible <input type="radio"/> Not available
<i>Congenital Syphilis Protocols: Does the facility have...?</i>		
4.30	Management of congenital syphilis guidelines	<input type="radio"/> Available and easily accessible <input type="radio"/> Available but not easily accessible <input type="radio"/> Not available
<i>Anaemia Protocols: Does the facility have...?</i>		
4.31	Assessment and management of anaemia in small and sick newborns guidelines	<input type="radio"/> Available and easily accessible <input type="radio"/> Available but not easily accessible <input type="radio"/> Not available
<i>Skin and Nasal Trauma Protocols: Does the facility have...?</i>		
4.32	Prevention, monitoring, detection and management of complications related to health care equipment, devices and practices, including skin erythema, skin breakdown, pressure sores, nasal trauma, and tissue injury guidelines	<input type="radio"/> Available and easily accessible <input type="radio"/> Available but not easily accessible <input type="radio"/> Not available
<i>Ophthalmia Neonatorum Protocols: Does the facility have...?</i>		
4.33	Prevention and management of ophthalmia neonatorum in newborns guidelines	<input type="radio"/> Available and easily accessible <input type="radio"/> Available but not easily accessible <input type="radio"/> Not available

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No.	Item	Response
	Pre-referral Protocols: <i>Does the facility have...?</i>	
4.34	Pre-referral management of all small and sick newborns who require referral protocol	<input type="radio"/> Available and easily accessible <input type="radio"/> Available but not easily accessible <input type="radio"/> Not available
	Handover Protocols: <i>Does the facility have...?</i>	
4.35	Structured, standard form for written handover of newborns among care teams at shift changes or during transfer among facilities protocol	<input type="radio"/> Available and easily accessible <input type="radio"/> Available but not easily accessible <input type="radio"/> Not available

Facility Name:

Facility Code:

Section 5. Newborn Care Signal Functions

Instructions: Please have all participants fill in their names and positions below, before completing the following forms in *Section 5. Newborn Care Signal Functions*.

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:

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Section 5. Newborn Care Signal Functions

Instructions: Address these questions to the nurse in charge. Please indicate who provides the following services to newborns at this facility.

5A. Signal Functions/Core Competencies

No.	Signal Function	General Medical Doctor	Paediatrician	Neonatologist	General Nurse	Neonatal or Paediatric Nurse	Clinical Officer	Other (Please specify)	
5.01	Resuscitate newborn with bag and mask?	Was the signal function performed?	Who can initiate care?						
		<input type="radio"/> Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="radio"/> No	Who can provide care?						
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.02	Provide support for Kangaroo Mother Care (KMC)?	Was the signal function performed?	Who can initiate care?						
		<input type="radio"/> Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="radio"/> No	Who can provide care?						
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.03	Provide oxygen to a newborn?	Was the signal function performed?	Who can initiate care?						
		<input type="radio"/> Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="radio"/> No	Who can provide care?						
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.04	Provide phototherapy light treatment to a newborn?	Was the signal function performed?	Who can initiate care?						
		<input type="radio"/> Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="radio"/> No	Who can provide care?						
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.04	Provide antibiotics for neonatal infections?	Was the signal function performed?	Who can initiate care?						
		<input type="radio"/> Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="radio"/> No	Who can provide care?						
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Facility Name:

Facility Code:

No.	Signal Function	General Medical Doctor	Paediatrician	Neonatologist	General Nurse	Neonatal or Paediatric Nurse	Clinical Officer	Other (Please specify)	
5.05	Provide parenteral anticonvulsants to a newborn?	Was the signal function performed?	Who can initiate care?						
		<input type="radio"/> Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="radio"/> No	Who can provide care?						
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.06	Provide IV fluids using a syringe pump to a newborn?	Was the signal function performed?	Who can initiate care?						
		<input type="radio"/> Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="radio"/> No	Who can provide care?						
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.07	Provide CPAP treatment to a newborn?	Was the signal function performed?	Who can initiate care?						
		<input type="radio"/> Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="radio"/> No	Who can provide care?						
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.08	Provide mechanical ventilation to a newborn?	Was the signal function performed?	Who can initiate care?						
		<input type="radio"/> Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="radio"/> No	Who can provide care?						
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.09	Perform blood transfusion for a newborn?	Was the signal function performed?	Who can initiate care?						
		<input type="radio"/> Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="radio"/> No	Who can provide care?						
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Facility Name:

Facility Code:

5B. Newborn Services Pricing

No.	Item	Response	Skip to
5.10	Are any newborn services provided free at the point of care?	<input type="radio"/> Yes <input type="radio"/> No	If "No", 5.29
5.11	Which newborn services are provided free at the point of care? <i>(Select all that apply)</i>	<input type="checkbox"/> PMTCT services <input type="checkbox"/> Resuscitation of newborn with bag and mask <input type="checkbox"/> Support for breastfeeding <input type="checkbox"/> Treatment for hypoglycaemia to a newborn <input type="checkbox"/> KMC <input type="checkbox"/> Safe administration of oxygen <input type="checkbox"/> Total parenteral feeding to a newborn <input type="checkbox"/> Phototherapy light treatment to a newborn <input type="checkbox"/> Antibiotics for neonatal infections <input type="checkbox"/> Parenteral anticonvulsants to a newborn <input type="checkbox"/> IV fluids using a syringe pump to a newborn <input type="checkbox"/> Management of neonatal encephalopathy <input type="checkbox"/> Treatment for congenital syphilis <input type="checkbox"/> Treatment for anaemia to a newborn <input type="checkbox"/> CPAP treatment to a newborn <input type="checkbox"/> Mechanical ventilation to a newborn <input type="checkbox"/> Blood transfusion for a newborn <input type="checkbox"/> Follow-up for retinopathy of prematurity <input type="checkbox"/> Pre and post neonatal surgical care <input type="checkbox"/> Thermal protection to a newborn <input type="checkbox"/> Palliative care to a newborn <input type="checkbox"/> Treatment for congenital abnormalities <input type="checkbox"/> Treatment for ophthalmia neonatorum <input type="checkbox"/> Treatment for necrotising enterocolitis to a newborn <input type="checkbox"/> Treatment for intraventricular haemorrhage to a newborn	—
5.12	Are prices of treatments and services displayed publicly anywhere in the hospital?	<input type="radio"/> Yes <input type="radio"/> No	—

Facility Name:

Facility Code:

5C. Signal functions performed in the last 4 weeks

Instructions: Address these questions to the nurse in charge. Read the question out loud, but do not read the answer options. Only document the answers that the respondent spontaneously mentions. Select “not mentioned” for all items not spontaneously mentioned by the respondent. Do not leave the items blank.

No.	Item	Response		Skip to
Infection Control				
5.13	Do all healthcare workers always wash their hands with soap or use hand sanitiser before and after handling each baby?	<input type="radio"/> Yes <input type="radio"/> No		
5.14	If healthcare workers sometimes or never wash their hands with soap or use hand sanitiser before and after handling each baby, what prevents them from doing it all the time?	Spontaneously mentioned	Not mentioned	—
5.14a	lack of soap	<input type="checkbox"/>	<input type="checkbox"/>	
5.14b	lack of running water	<input type="checkbox"/>	<input type="checkbox"/>	
5.14c	lack of sinks	<input type="checkbox"/>	<input type="checkbox"/>	
5.14d	sinks too far away	<input type="checkbox"/>	<input type="checkbox"/>	
5.14e	lack of towels	<input type="checkbox"/>	<input type="checkbox"/>	
5.14f	training needed	<input type="checkbox"/>	<input type="checkbox"/>	
5.14g	not enough time/too many patients	<input type="checkbox"/>	<input type="checkbox"/>	
5.14h	unmotivated	<input type="checkbox"/>	<input type="checkbox"/>	
5.14i	unsupportive management	<input type="checkbox"/>	<input type="checkbox"/>	
Supporting Mothers to Exclusively Breastfeed				
5.15	Have mothers been supported in exclusive breastfeeding in the last 4 weeks?	<input type="radio"/> Yes <input type="radio"/> No		
5.16	What are the challenges you faced in the last 4 weeks in supporting mothers to exclusively breastfeed?	Spontaneously mentioned	Not mentioned	—
5.16a	restricted neonatal unit visitation hours	<input type="checkbox"/>	<input type="checkbox"/>	
5.16b	lack of any space to express/breastfeed	<input type="checkbox"/>	<input type="checkbox"/>	
5.16c	training needed	<input type="checkbox"/>	<input type="checkbox"/>	
5.16d	lack of expressing supplies or equipment	<input type="checkbox"/>	<input type="checkbox"/>	
5.16e	unsupportive management	<input type="checkbox"/>	<input type="checkbox"/>	
5.16f	declined by family/consent not given	<input type="checkbox"/>	<input type="checkbox"/>	
5.16g	not enough time/too many patients	<input type="checkbox"/>	<input type="checkbox"/>	
Resuscitation with Bag and Mask				
5.17	Has neonatal resuscitation with bag and mask been performed in the last 4 weeks?	<input type="radio"/> Yes <input type="radio"/> No		
5.18	What are the challenges you faced in the last 4 weeks in providing neonatal resuscitation with bag and mask to every newborn who needed it?	Spontaneously mentioned	Not mentioned	—
5.18a	no indication	<input type="checkbox"/>	<input type="checkbox"/>	
5.18b	not enough time/too many patients	<input type="checkbox"/>	<input type="checkbox"/>	
5.18c	training needed	<input type="checkbox"/>	<input type="checkbox"/>	
5.18d	lack of supplies, equipment, drugs	<input type="checkbox"/>	<input type="checkbox"/>	
5.18e	unsupportive management	<input type="checkbox"/>	<input type="checkbox"/>	

Facility Name:

Facility Code:

No.	Item	Response		Skip to
Hypoglycaemia				
5.19	Has hypoglycaemia treatment been provided to neonates in the last 4 weeks?	<input type="radio"/> Yes <input type="radio"/> No		
5.20	What are the challenges you faced in the last 4 weeks in providing hypoglycaemia treatment to every newborn who needed it?	Spontaneously mentioned	Not mentioned	—
5.20a	no indication	<input type="checkbox"/>	<input type="checkbox"/>	
5.20b	not enough time/too many patients	<input type="checkbox"/>	<input type="checkbox"/>	
5.20c	training needed	<input type="checkbox"/>	<input type="checkbox"/>	
5.20d	lack of supplies, equipment, drugs	<input type="checkbox"/>	<input type="checkbox"/>	
5.20e	unsupportive management	<input type="checkbox"/>	<input type="checkbox"/>	
5.20f	declined by family/consent not given	<input type="checkbox"/>	<input type="checkbox"/>	
Kangaroo Mother Care (KMC)				
5.21	Has support for KMC been provided in the last 4 weeks?	<input type="radio"/> Yes <input type="radio"/> No		
5.22	What are the challenges you faced in the last 4 weeks in providing support for KMC to every newborn who needed it?	Spontaneously mentioned	Not mentioned	—
5.23a	no indication	<input type="checkbox"/>	<input type="checkbox"/>	
5.24b	not enough time/too many patients	<input type="checkbox"/>	<input type="checkbox"/>	
5.25c	training needed	<input type="checkbox"/>	<input type="checkbox"/>	
5.26d	no or not enough space designated for KMC	<input type="checkbox"/>	<input type="checkbox"/>	
5.27e	lack of KMC beds	<input type="checkbox"/>	<input type="checkbox"/>	
5.28f	unsupportive management	<input type="checkbox"/>	<input type="checkbox"/>	
5.29g	declined by family/consent not given	<input type="checkbox"/>	<input type="checkbox"/>	
Safe Administration of Oxygen				
5.30	Has oxygen been administered to neonates in the last 4 weeks?	<input type="radio"/> Yes <input type="radio"/> No		
5.31	What are the challenges you faced in the last 4 weeks in administering oxygen to every newborn who needed it?	Spontaneously mentioned	Not mentioned	—
5.31a	no indication	<input type="checkbox"/>	<input type="checkbox"/>	
5.31b	not enough time/too many patients	<input type="checkbox"/>	<input type="checkbox"/>	
5.31c	training needed	<input type="checkbox"/>	<input type="checkbox"/>	
5.31d	lack of oxygen	<input type="checkbox"/>	<input type="checkbox"/>	
5.31e	faulty oxygen concentrators/cylinders/wall ports	<input type="checkbox"/>	<input type="checkbox"/>	
5.31f	lack of oxygen supply accessories	<input type="checkbox"/>	<input type="checkbox"/>	
5.31g	unsupportive management	<input type="checkbox"/>	<input type="checkbox"/>	
5.31h	declined by family/consent not given	<input type="checkbox"/>	<input type="checkbox"/>	
Thermal Protection				
5.32	Has thermal protection been provided to neonates in the last 4 weeks?	<input type="radio"/> Yes <input type="radio"/> No		

Facility Name:

Facility Code:

No.	Item	Response		Skip to
5.33	What are the challenges you faced in the last 4 weeks in providing thermal protection to every newborn who needed it?	Spontaneously mentioned	Not mentioned	—
5.33a	no indication	<input type="checkbox"/>	<input type="checkbox"/>	
5.61b	not enough time/too many patients	<input type="checkbox"/>	<input type="checkbox"/>	
5.61c	training needed	<input type="checkbox"/>	<input type="checkbox"/>	
5.61d	lack of supplies, equipment, drugs	<input type="checkbox"/>	<input type="checkbox"/>	
5.61e	unsupportive management	<input type="checkbox"/>	<input type="checkbox"/>	
5.61f	declined by family/consent not given	<input type="checkbox"/>	<input type="checkbox"/>	
Alternative Feeding				
5.42	Has alternative feeding (breastmilk substitute) been provided to neonates in the last 4 weeks?	<input type="radio"/> Yes <input type="radio"/> No		
5.43	What are the challenges you faced in the last 4 weeks in providing alternative feeding to every newborn who needed it?	Spontaneously mentioned	Not mentioned	—
5.43a	no indication	<input type="checkbox"/>	<input type="checkbox"/>	
5.43b	not enough time/too many patients	<input type="checkbox"/>	<input type="checkbox"/>	
5.43c	training needed	<input type="checkbox"/>	<input type="checkbox"/>	
5.43d	lack of supplies to support feeding	<input type="checkbox"/>	<input type="checkbox"/>	
5.43e	unsupportive management	<input type="checkbox"/>	<input type="checkbox"/>	
5.43f	declined by family/consent not given	<input type="checkbox"/>	<input type="checkbox"/>	
Phototherapy				
5.44	Has phototherapy treatment been provided to neonates in the last 4 weeks?	<input type="radio"/> Yes <input type="radio"/> No		
5.45	What are the challenges you faced in the last 4 weeks in providing phototherapy treatment to every newborn who needed it?	Spontaneously mentioned	Not mentioned	—
5.45a	no indication	<input type="checkbox"/>	<input type="checkbox"/>	
5.45b	not enough time/too many patients	<input type="checkbox"/>	<input type="checkbox"/>	
5.45c	training needed	<input type="checkbox"/>	<input type="checkbox"/>	
5.45d	lack of supplies or equipment	<input type="checkbox"/>	<input type="checkbox"/>	
5.45e	unsupportive management	<input type="checkbox"/>	<input type="checkbox"/>	
5.45f	declined by family/consent not given	<input type="checkbox"/>	<input type="checkbox"/>	
Infection Treatment				
5.46	Have antibiotics, guided by culture report, been administered to a neonate in the last 4 weeks?	<input type="radio"/> Yes <input type="radio"/> No		
5.47	What are the challenges you faced in the last 4 weeks in providing antibiotics, guided by culture report, to every newborn who needed it?	Spontaneously mentioned	Not mentioned	—
5.47a	no indication	<input type="checkbox"/>	<input type="checkbox"/>	
5.47b	not enough time/too many patients	<input type="checkbox"/>	<input type="checkbox"/>	
5.47c	training needed	<input type="checkbox"/>	<input type="checkbox"/>	
5.47d	lack of drugs	<input type="checkbox"/>	<input type="checkbox"/>	
5.47e	unsupportive management	<input type="checkbox"/>	<input type="checkbox"/>	

Facility Name:

Facility Code:

No.	Item	Response		Skip to
5.47f	lack of lab capacity or lab supplies	<input type="checkbox"/>	<input type="checkbox"/>	
5.47g	lack of communication between lab and neonatal unit	<input type="checkbox"/>	<input type="checkbox"/>	
5.47h	declined by family/consent not given	<input type="checkbox"/>	<input type="checkbox"/>	
Seizure Management				
5.48	Have anticonvulsants been administered to neonates in the last 4 weeks?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		
5.49	What are the challenges you faced in the last 4 weeks in administering anticonvulsants to every newborn who needed it?	Spontaneously mentioned	Not mentioned	—
5.49a	no indication	<input type="checkbox"/>	<input type="checkbox"/>	
5.49b	not enough time/too many patients	<input type="checkbox"/>	<input type="checkbox"/>	
5.49c	training needed	<input type="checkbox"/>	<input type="checkbox"/>	
5.49d	lack of drugs	<input type="checkbox"/>	<input type="checkbox"/>	
5.49e	unsupportive management	<input type="checkbox"/>	<input type="checkbox"/>	
5.49f	declined by family/consent not given	<input type="checkbox"/>	<input type="checkbox"/>	
Administration of IV Fluids				
5.50	Have IV fluids been administered to neonates in the last 4 weeks?	<input type="radio"/> Yes <input type="radio"/> No		
5.51	What are the challenges you faced in the last 4 weeks in administering IV fluids to every newborn who needed it?	Spontaneously mentioned	Not mentioned	—
5.51a	no indication	<input type="checkbox"/>	<input type="checkbox"/>	
5.51b	not enough time/too many patients	<input type="checkbox"/>	<input type="checkbox"/>	
5.51c	training needed	<input type="checkbox"/>	<input type="checkbox"/>	
5.51d	lack of IV fluids	<input type="checkbox"/>	<input type="checkbox"/>	
5.51e	lack of neonatal IV fluid giving sets	<input type="checkbox"/>	<input type="checkbox"/>	
5.51f	no guidelines	<input type="checkbox"/>	<input type="checkbox"/>	
5.51g	unsupportive management	<input type="checkbox"/>	<input type="checkbox"/>	
5.51h	declined by family/consent not given	<input type="checkbox"/>	<input type="checkbox"/>	
CPAP				
5.52	Has CPAP been provided to neonates in the last 4 weeks?	<input type="radio"/> Yes <input type="radio"/> No		
5.53	What are the challenges you faced in the last 4 weeks in providing CPAP to every newborn who needed it?	Spontaneously mentioned	Not mentioned	—
5.53a	no indication	<input type="checkbox"/>	<input type="checkbox"/>	
5.53b	not enough time/too many patients	<input type="checkbox"/>	<input type="checkbox"/>	
5.53c	training needed	<input type="checkbox"/>	<input type="checkbox"/>	
5.53d	lack of supplies or equipment	<input type="checkbox"/>	<input type="checkbox"/>	
5.53e	unsupportive management	<input type="checkbox"/>	<input type="checkbox"/>	
5.53f	declined by family/consent not given	<input type="checkbox"/>	<input type="checkbox"/>	

Facility Name:

Facility Code:

No.	Item	Response		Skip to
Mechanical Ventilation				
5.54	Has mechanical ventilation been provided to neonates in the last 4 weeks?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/>		
5.55	What are the challenges you faced in the last 4 weeks in providing mechanical ventilation to every newborn who needed it?	Spontaneously mentioned	Not mentioned	—
5.55a	no indication	<input type="checkbox"/>	<input type="checkbox"/>	
5.55b	lack of human resources	<input type="checkbox"/>	<input type="checkbox"/>	
5.55c	training needed	<input type="checkbox"/>	<input type="checkbox"/>	
5.55d	lack of supplies or equipment	<input type="checkbox"/>	<input type="checkbox"/>	
5.55e	unsupportive management	<input type="checkbox"/>	<input type="checkbox"/>	
5.55f	declined by family/consent not given	<input type="checkbox"/>	<input type="checkbox"/>	
Blood Transfusion				
5.56	Have blood transfusions been provided to neonates in the last 4 weeks?	<input type="radio"/> Yes <input type="radio"/> No		
5.57	What are the challenges you faced in the last 4 weeks in providing blood transfusions to every newborn who needed it?	Spontaneously mentioned	Not mentioned	—
5.57a	no indication	<input type="checkbox"/>	<input type="checkbox"/>	
5.57b	not enough time/too many patients	<input type="checkbox"/>	<input type="checkbox"/>	
5.57c	training needed	<input type="checkbox"/>	<input type="checkbox"/>	
5.57d	lack of supplies, equipment, drugs	<input type="checkbox"/>	<input type="checkbox"/>	
5.57e	unsupportive management	<input type="checkbox"/>	<input type="checkbox"/>	
5.57f	declined by family/consent not given	<input type="checkbox"/>	<input type="checkbox"/>	
Retinopathy of Prematurity Follow-Up				
5.58	Has there been follow-up of retinopathy of prematurity in the last 4 weeks?	<input type="radio"/> Yes <input type="radio"/> No		
5.59	What are the challenges you faced in the last 4 weeks in providing follow-up of retinopathy of prematurity to every newborn who needed it?	Spontaneously mentioned	Not mentioned	—
5.59a	no indication	<input type="checkbox"/>	<input type="checkbox"/>	
5.59b	not enough time/too many patients	<input type="checkbox"/>	<input type="checkbox"/>	
5.59c	training needed	<input type="checkbox"/>	<input type="checkbox"/>	
5.59d	lack of supplies, equipment, drugs	<input type="checkbox"/>	<input type="checkbox"/>	
5.59e	unsupportive management	<input type="checkbox"/>	<input type="checkbox"/>	
5.59f	declined by family/consent not given	<input type="checkbox"/>	<input type="checkbox"/>	

Facility Name:

Facility Code:

Section 6. Supervisory Support, Motivation, and Knowledge

Instructions: Please have all participants fill in their names and positions below, before completing the following forms in *Section 6. Supervisory Support, Motivation, and Knowledge*.

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 6. Supervisory support, motivation, and knowledge

Instructions: At a minimum, one clinician and one nurse should be assessed. One nurse per 20 neonates ward capacity should ideally be assessed. Read the questions across the rows. The following section asks about the experience and training of the respondent regarding various services typically provided to newborns.

'Pre-service training' is defined as any training received before beginning formal work, generally during college or a certification process. **'On the job training'** is defined as any training undertaken while you are doing the job, including mentorship, informal training, shadowing and side-by-side work. **'A formal in-service course'** is defined as any formal training undertaken during your employment period, but not while you are at work. This could include any offsite or onsite training course.

6A. Clinical Experience and Training

Nurse in Charge

No.	Service	A) Were you trained during pre-service training on how to...?		B) Have you in the past 5 years received a formal in-service course on how to...?		C) Have you in the past 5 years received on the job training on how to...?		D) Did you provide this service at this facility in the last 4 weeks?	
		<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
6.01	Provide breastfeeding support	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
6.02	Resuscitate a newborn with bag and mask	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
6.03	Treat newborn for hypoglycaemia	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
6.04	Provide kangaroo mother care (KMC)	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
6.05	Provide antiretrovirals for PMTCT	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
6.06	Provide safe oxygen to newborns	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
6.07	Provide alternative feeding to newborns	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
6.08	Provide phototherapy to newborns	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
6.09	Provide antibiotics for neonatal infections	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
6.10	Manage newborn seizures	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
6.11	Provide fluids intravenously to newborns	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
6.12	Provide management for neonatal encephalopathy	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
6.13	Provide treatment for congenital syphilis	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No

Facility Name:

Facility Code:

No.	Service	A) Were you trained during pre-service training on how to...?		B) Have you in the past 5 years received a formal in-service course on how to...?		C) Have you in the past 5 years received on the job training on how to...?		D) Did you provide this service at this facility in the last 4 weeks?	
6.14	Provide treatment for anaemia to newborns	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
6.15	Place newborn on CPAP	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
6.16	Place newborn on mechanical ventilation	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
6.17	Provide blood transfusion to newborns	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
6.18	Provide follow-up for retinopathy of prematurity	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
6.19	Take measures for infection prevention control	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
6.20	Provide essential newborn care	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
6.21	Provide thermal protection to newborns	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
6.22	Provide palliative care to newborns	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
6.23	Provide family centred care	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
6.24	Classify conditions and diseases in accordance with the International Classification of Diseases	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
6.25	Legal and medical ethical principles of autonomy, informed consent, confidentiality and privacy	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
6.26	Complete registers currently used at this facility	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No

Facility Name:

Facility Code:

Clinician (specify cadre _____)

No.	Service	A) Were you trained during pre-service training on how to...?		B) Have you in the past 5 years received a formal in-service course on how to...?		C) Have you in the past 5 years received on the job training on how to...?		D) Did you provide this service at this facility in the last 4 weeks?	
		<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
6.26	Provide breastfeeding support	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
6.27	Resuscitate a newborn with bag and mask	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
6.28	Treat newborn for hypoglycaemia	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
6.29	Provide kangaroo mother care (KMC)	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
6.30	Provide antiretrovirals for PMTCT	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
6.31	Provide safe oxygen to newborns	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
6.32	Provide alternative feeding to newborns	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
6.33	Provide phototherapy to newborns	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
6.34	Provide antibiotics for neonatal infections	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
6.35	Manage newborn seizures	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
6.36	Provide fluids intravenously to newborn	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
6.37	Provide treatment for neonatal encephalopathy	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
6.38	Provide treatment for congenital syphilis	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
6.39	Provide treatment for anaemia to newborn	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
6.40	Place newborn on continuous positive airway pressure (CPAP)	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
6.41	Place newborn on mechanical ventilation	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
6.42	Provide blood transfusion to newborns	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
6.43	Provide follow-up for retinopathy of prematurity	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
6.44	Infection prevention control	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
6.45	Provide essential newborn care	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No

Facility Name:

Facility Code:

No.	Service	A) Were you trained during pre-service training on how to...?		B) Have you in the past 5 years received a formal in-service course on how to...?		C) Have you in the past 5 years received on the job training on how to...?		D) Did you provide this service at this facility in the last 4 weeks?	
6.46	Provide thermal protection to newborns	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
6.47	Provide palliative care to newborns	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
6.48	Provide family centred care	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
6.49	Classify conditions and diseases in accordance with the International Classification of Diseases	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
6.50	Legal and medical ethical principles of autonomy, informed consent, confidentiality and privacy	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
6.51	Complete registers currently used at this facility	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No

Facility Name:

Facility Code:

6B. Support and Supervision

Instructions: This section should be filled out by the nurse as a **written questionnaire**. Do not record the name of the respondent anywhere on this form.

Please read the following to the respondent in order to continue.

Instructions to the Respondent: During the first part of the interview, you agreed to answer our questions about your training. The final questions relate to your experience working in this facility and your answers might be considered more private. Thus, we are asking you again to agree to answer several more questions and to guarantee your anonymity and confidentiality. Your response will never be shared with the facility. We request that you do not record your name anywhere on the questionnaire. Again, your participation is voluntary; you may choose to not answer a particular question or to end the interview at any time.

No.	Question	Response	
6.52	I agree to proceed with the interview	<input type="radio"/> Yes	<input type="radio"/> No

If the answer to this question is "No," then mark "No" and the interview is concluded. If "Yes," continue. The questionnaire for the respondent is on a separate page.

Facility Name:

Facility Code:

Part 1

Instructions: Please circle (or fill in) the choices that respond to your answer. If you have any questions related to how to fill in this questionnaire, you can ask the interviewer. Do not write your name on this paper.

No.	Question	Response		
1.01	Do you receive technical support or supervision in your work from someone senior in this facility? (Select one)	<input type="radio"/> No technical support or supervision <input type="radio"/> Yes, in the last 3 months <input type="radio"/> Yes, in the last 12 months <input type="radio"/> Yes, but longer ago than 12 months		
1.02	Do you receive technical support or supervision in your work from an external senior supervisor? (Select one)	<input type="radio"/> No technical support or supervision <input type="radio"/> Yes, in the last 3 months <input type="radio"/> Yes, in the last 12 months <input type="radio"/> Yes, but longer ago than 12 months		
1.03	Thinking back to the last time you were supervised, did the supervisor do any of the following?	Yes	No	
1.03a	Check your records or reports	<input type="radio"/>	<input type="radio"/>	
1.03b	Observe your work	<input type="radio"/>	<input type="radio"/>	
1.03c	Provide any feedback (either negative or positive) on your performance	<input type="radio"/>	<input type="radio"/>	
1.03d	Provide updates on administrative or technical issues related to work	<input type="radio"/>	<input type="radio"/>	
1.03e	Discuss problems you have encountered	<input type="radio"/>	<input type="radio"/>	

Facility Name:

Facility Code:

Part 2

2A. Perceived Supervisory Support

Instructions: Thinking about your most immediate supervisor, please indicate your level of agreement with the statements below. Circle the number that indicates your level of agreement in the response column. Outlined in this chart are different levels of agreement ranging from 1 to 5.

1	2	3	4	5
Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

Statement	Response				
My supervisor values my contribution.	1	2	3	4	5
If my supervisor could hire someone to do my work at a lower salary, s/he would do so.	1	2	3	4	5
My supervisor fails to appreciate any extra effort from me.	1	2	3	4	5
My supervisor considers my goals and values.	1	2	3	4	5
My supervisor would ignore any complaint from me.	1	2	3	4	5
My supervisor does not regard my best interests when s/he makes decisions that affect me.	1	2	3	4	5
Help is available from my supervisor when I have a problem.	1	2	3	4	5
My supervisor really cares about my well-being.	1	2	3	4	5
Even if I did my best job possible, my supervisor would fail to notice.	1	2	3	4	5
My supervisor is willing to help when I need a special favour.	1	2	3	4	5
My supervisor cares about my general satisfaction at work.	1	2	3	4	5
If given the opportunity, my supervisor would take advantage of me.	1	2	3	4	5
My supervisor shows very little concern for me.	1	2	3	4	5
My supervisor cares about my opinions.	1	2	3	4	5
My supervisor is proud of my accomplishments at work.	1	2	3	4	5
My supervisor tries to make my work as interesting as possible.	1	2	3	4	5

Facility Name:

Facility Code:

2B. Motivation

Instructions: Thinking about your job in general, please indicate your level of agreement with the statements below. Circle the number that indicates your level of agreement in the response column. Outlined in this chart are different levels of agreement ranging from 1 to 5.

1	2	3	4	5
Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

Statement	Response				
These days, I feel motivated to work as hard as I can.	1	2	3	4	5
Overall, I am very satisfied with my job.	1	2	3	4	5
I am satisfied with the opportunity to use my abilities in my job.	1	2	3	4	5
I do not feel like I accomplish anything worthwhile on this job.	1	2	3	4	5
I am proud to be working for this hospital/health centre/clinic.	1	2	3	4	5
I would rather work for another facility in the country rather than this facility.	1	2	3	4	5
This hospital/health centre/clinic really inspires me to do my very best on the job.	1	2	3	4	5
I always complete my tasks efficiently and correctly.	1	2	3	4	5
I am a hard worker.	1	2	3	4	5
I am punctual about coming to work (within 15 minutes of start-time).	1	2	3	4	5
What is the biggest factor contributing to your motivation or lack of motivation in your job? (Select one)	<input type="radio"/> Neonatal unit infrastructure <input type="radio"/> Equipment and supplies <input type="radio"/> Management support <input type="radio"/> Team spirit <input type="radio"/> Compensation <input type="radio"/> Other (specify below)				

Facility Name:

Facility Code:

2C. Working Conditions

Statement	Response				
On a scale of 1 to 5, where 1 is low and 5 is high, how would you rate...					
The rewards you receive from your organisation?	1	2	3	4	5
The resources available to do your job?	1	2	3	4	5
The distribution of resources among your fellow employees?	1	2	3	4	5
Among various things related to your working situation that you would like to see improved, tell me the 3 that you think would most improve your ability to provide good quality services. Please tell me what they are in order of importance with the first one being the most important. <i>(Enter the corresponding letters in the spaces for "First", "Second", and "Third" in the response column)</i>	Ranking				
a. More support from supervisor	First:				
b. More knowledge/updates/training					
c. More supplies/stock					
d. Better quality supplies/stock					
e. Less workload (e.g., more staff)	Second:				
f. Better working hours					
g. More incentives (salary, promotion, holidays)					
h. Transportation for referral patients					
i. Better facility infrastructure (for patient or staff comfort)	Third:				
j. More autonomy / independence					
k. Other <i>(specify below)</i>					
Did you receive your salary on time last month?	<input type="radio"/> Yes <input type="radio"/> No				
Have you ever felt sexually harassed by staff in this facility?	<input type="radio"/> Yes <input type="radio"/> No				