



# NEST360 | UNICEF Health Facility Assessment (HFA)

Information Systems Module

Version: October 22, 2021

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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 Information Systems

**Section 1.** Data Sources (Forms) – (direct towards data/ward clerk or HRIO)

**Section 2.** Data Sources (Registers and Tally Sheets) – (direct towards data/ward clerk or HRIO)

**Section 3.** Filing Systems (direct towards data/ward clerk or HRIO)

**Section 4.** Neonatal Data Clerks (direct towards data/ward clerk)

**Section 5.** Summary Data for Reporting (direct towards data/ward clerk or HRIO)

**Section 6.** Maternal Perinatal Death Surveillance and Response (direct towards data/ward clerk or HRIO)

**Section 7.** Civil Registration and Vital Statistics (direct towards data/ward clerk or HRIO)

**Section 8.** Electronic Information Systems and Infrastructure (direct towards IT officer)

**Appendix A.** Indicator Variables (direct towards data/ward clerk and nurse)

Facility Name:

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## Section 1. Data Sources (Forms)

**Instructions:** Please have all participants fill in their names and positions below, before completing the following forms in *Section 1. Data Sources (Forms)*.

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

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## Section 1. Data Sources (Forms)

### Data Sources (Forms) Reference List

Form Type	Form Description
<b>Birth Forms</b>	
Birth Certificate	An official document issued to record a child/person's birth and identify them by name, place, date of birth and parentage.
Birth Notification	An official document issued by the hospital where birth took place within 6 months. Contains name of the child, parents' names, the hospital in which the child was delivered, the date, stamp and an authorized signature from the hospital. Used to apply for the Birth Certificate.
<b>Inpatient Forms</b>	
Inpatient Diagnostic Index Card	A card for coding and indexing of the inpatients conditions involved.
Mother and Child Booklet	A booklet containing information on safe pregnancy, delivery and child health. This booklet is kept by the mother/caregiver and used every time the mother/caregiver visits clinic from the first antenatal care visit until the child completes all required visits. It ensures continuity of care and provides health education to parents.
Inpatient/Clinical Medical Notes	Medical notes documented by clinical staff in the medical file during an inpatient stay. The notes include details of every procedure or intervention that was given to the patient to monitor patient progress, for reference and continuity of care. Notes are usually updated after every ward review.
Nursing Notes	These notes are a quick summary of individual patient needs that are used by nursing staff to communicate important information about their patients and updated at every shift change.
Inpatient Unit Perinatal Chart	A structured and standardized form for assessment and documentation of information about a pregnant woman's health and care. This form is usually started immediately after confirmation of pregnancy.
Treatment Sheet/Chart	A record of all drug treatments administered to a patient while in the ward. This record contains details such as date drugs prescribed, started, stopped, dose, route, frequency and names of prescribing clinical staff.
Labour, Delivery, Postnatal Case Notes	Medical/clinical notes documented in patient file during labour, deliver and post-natal care.
Reporting Form for Adverse Events	A tool used to collect initial and follow-up information for all adverse events in patients.
Admission Form	A form for recording patient information at the time of admission in the ward.
Prescription Form (CC pathway)	A document used by clinical staff to prescribe and/or document the drugs required by a patient in an outpatient clinic.

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Form Type	Form Description
KMC Chart	A tool for monitoring the progress of each individual baby enrolled in a Kangaroo Mother Care (KMC) Programme. This usually contains details including the baby's name, age, weight, hourly monitoring and total KMC time.
Vaccination Record (BCG Polio 0)	A card used for documenting immunization progress of each individual baby.
Facility/Ward Transfer Form (Referral)	A tool for documenting patient information and/or medical notes while being transferred from one ward to another ward or from a hospital to another hospital. This usually contains details such as patient biodata (e.g., name, DOB, etc.), admission diagnosis, treatment given and the reason for referral.
Daily Bed Return Form (Occupancy)	Daily summary statistics of ward data usually compiled by a nurse on duty. This usually contains details including the names and number of patients admitted and discharged, number of beds and cots, admission and discharge summary statistics, etc.
<b>Death and Discharge Forms</b>	
Discharge Form	A record for documenting patient information at the time of discharge from the ward.
Neonatal Death Audit Form	A structured form for reviewing and/or documenting cause of death for babies <28 days. This usually contains details about the mother and infant, including intrapartum care, neonatal causes of death, place of death and resuscitation.
Perinatal Death Audit Form	A structured form for reviewing and/or documenting cause of death for stillbirths or babies in the first 7 days of life. This usually contains details about the mother and infant, including intrapartum care, causes of death, place of death, and resuscitation.
Death Certification Form	An official document used by clinical staff to record the cause of death for each patient.
Neonatal Death Notification	An official document issued by the hospital where death took place for babies <28 days. This usually contains details about the mother and infant, including intrapartum care, causes of death, place of death, the date, stamp and an authorized signature from the hospital. Used to apply for the Death Certificate.
Perinatal Death Notification	An official document issued by the hospital where death took place for stillbirths or babies in the first 7 days of life. This usually contains details about the mother and infant, including intrapartum care, causes of death, place of death, the date, stamp and an authorized signature from the hospital. Used to apply for the Death Certificate.
Neonatal Unit Admission and Discharge Form	A neonatal unit discharge form is a structured record for documenting neonatal information at discharge from the neonatal unit. This usually contains details like patient biodata (e.g., name, DOB, etc.), discharge diagnosis, management while in the neonatal unit, discharge outcome, follow-up care and name of discharging clinical staff member.

Facility Name:

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Form Type	Form Description
Paediatric Admission and Discharge Form	A paediatric admission form is a structured record for documenting information at time of admission and during inpatient stay. This usually contains details like patient biodata (e.g., name, DOB, etc.), history, examination, investigations, admission diagnosis and name of admitting clinical staff member. A paediatric discharge form is a structured record for documenting information at discharge from the paediatric ward. This usually contains details like patient biodata (e.g., name, DOB, etc.), discharge diagnosis, management while in the paediatric ward, discharge outcome, follow-up care and name of discharging clinical staff member.
Mortality and Cause of Death Book	A register for recording all deaths that occur in the facility and have been certified by a clinical staff member.
Follow-Up Card	A card providing details of any follow-up outpatient appointment, including date, time and location.

Facility Name:

Facility Code:

## Section 1. Data Sources (Forms)

**Instructions:** Please direct these questions towards the data/ward clerk and/or the Health Records and Information Officer (HRIO). Select "Yes" if the document is used at the facility and "No" if it is not used at the facility. The document can be part of a larger document or booklet. If it is used at the facility, indicate who created the form and if it is paper-based or electronic. Examples of who created the document include "government" if it is an official ministry of health document, "facility" if the facility developed the document itself, "NGO" or "Project" if it is part of a special study or NGO-led program (e.g., WHO KMC study). If the form was created by the facility and is only used by the facility, the creator would be the facility.

Please circle the following letter corresponding to the form creator:

**Gov/MOH** = Government/Ministry of Health

**Facility**

**NGO** = NGO/Special Project

**Other** (specify):

If the facility has an informal method of documenting this information, please specify in the description box. It is likely that you will have to walk around to different parts of the hospital to view all the documents. If some of these documents are combined at a facility, please indicate that each one is available in the separate lines.

Please do not leave any variable blank.

No.	Item	Is it used at this facility?	What is the source?	What is the format?
<b>1.01 Birth Forms</b>				
1.01a	Birth Certificate Description:	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Gov/MOH <input type="radio"/> Facility <input type="radio"/> NGO <input type="radio"/> Other ( <i>specify below</i> )	<input type="radio"/> Paper <input type="radio"/> Electronic
1.01b	Birth Notification Description:	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Gov/MOH <input type="radio"/> Facility <input type="radio"/> NGO <input type="radio"/> Other ( <i>specify below</i> )	<input type="radio"/> Paper <input type="radio"/> Electronic
<b>1.02 Inpatient Forms</b>				
1.02a	Inpatient Diagnostic Index Card Description:	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Gov/MOH <input type="radio"/> Facility <input type="radio"/> NGO <input type="radio"/> Other ( <i>specify below</i> )	<input type="radio"/> Paper <input type="radio"/> Electronic
1.02b	Mother and Child Booklet Description:	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Gov/MOH <input type="radio"/> Facility <input type="radio"/> NGO <input type="radio"/> Other ( <i>specify below</i> )	<input type="radio"/> Paper <input type="radio"/> Electronic

Facility Name:

Facility Code:

No.	Item	Is it used at this facility?	What is the source?	What is the format?
1.02c	Inpatient/Clinical Medical Notes Description:	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Gov/MOH <input type="radio"/> Facility <input type="radio"/> NGO <input type="radio"/> Other ( <i>specify below</i> )	<input type="radio"/> Paper <input type="radio"/> Electronic
1.02d	Nursing Notes (Cardex) Description:	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Gov/MOH <input type="radio"/> Facility <input type="radio"/> NGO <input type="radio"/> Other ( <i>specify below</i> )	<input type="radio"/> Paper <input type="radio"/> Electronic
1.02e	Inpatient Unit Perinatal Chart Description:	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Gov/MOH <input type="radio"/> Facility <input type="radio"/> NGO <input type="radio"/> Other ( <i>specify below</i> )	<input type="radio"/> Paper <input type="radio"/> Electronic
1.02f	Treatment Sheet/Chart Description:	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Gov/MOH <input type="radio"/> Facility <input type="radio"/> NGO <input type="radio"/> Other ( <i>specify below</i> )	<input type="radio"/> Paper <input type="radio"/> Electronic
1.02g	Labour, Delivery, Postnatal Case Notes Description:	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Gov/MOH <input type="radio"/> Facility <input type="radio"/> NGO <input type="radio"/> Other ( <i>specify below</i> )	<input type="radio"/> Paper <input type="radio"/> Electronic
1.02h	Reporting Form for Adverse Events Description:	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Gov/MOH <input type="radio"/> Facility <input type="radio"/> NGO <input type="radio"/> Other ( <i>specify below</i> )	<input type="radio"/> Paper <input type="radio"/> Electronic
1.02i	Admission Form Description:	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Gov/MOH <input type="radio"/> Facility <input type="radio"/> NGO <input type="radio"/> Other ( <i>specify below</i> )	<input type="radio"/> Paper <input type="radio"/> Electronic
1.02j	Prescription Form (CC pathway) Description:	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Gov/MOH <input type="radio"/> Facility <input type="radio"/> NGO <input type="radio"/> Other ( <i>specify below</i> )	<input type="radio"/> Paper <input type="radio"/> Electronic



Facility Name:

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No.	Item	Is it used at this facility?	What is the source?	What is the format?
1.02k	KMC Chart Description:	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Gov/MOH <input type="radio"/> Facility <input type="radio"/> NGO <input type="radio"/> Other ( <i>specify below</i> )	<input type="radio"/> Paper <input type="radio"/> Electronic
1.02l	Vaccination Record (BCG Polio 0) Description:	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Gov/MOH <input type="radio"/> Facility <input type="radio"/> NGO <input type="radio"/> Other ( <i>specify below</i> )	<input type="radio"/> Paper <input type="radio"/> Electronic
1.02m	Facility/Ward Transfer Form (Referral) Description:	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Gov/MOH <input type="radio"/> Facility <input type="radio"/> NGO <input type="radio"/> Other ( <i>specify below</i> )	<input type="radio"/> Paper <input type="radio"/> Electronic
1.02n	Daily Bed Return Form (Occupancy) Description:	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Gov/MOH <input type="radio"/> Facility <input type="radio"/> NGO <input type="radio"/> Other ( <i>specify below</i> )	<input type="radio"/> Paper <input type="radio"/> Electronic
<b>1.03</b>	<b>Death and Discharge Forms</b>			
1.03a	Discharge Form Description:	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Gov/MOH <input type="radio"/> Facility <input type="radio"/> NGO <input type="radio"/> Other ( <i>specify below</i> )	<input type="radio"/> Paper <input type="radio"/> Electronic
1.03b	Neonatal Death Audit Form Description:	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Gov/MOH <input type="radio"/> Facility <input type="radio"/> NGO <input type="radio"/> Other ( <i>specify below</i> )	<input type="radio"/> Paper <input type="radio"/> Electronic
1.03c	Perinatal Death Audit Form Description:	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Gov/MOH <input type="radio"/> Facility <input type="radio"/> NGO <input type="radio"/> Other ( <i>specify below</i> )	<input type="radio"/> Paper <input type="radio"/> Electronic
1.03d	Death Certification Form Description:	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Gov/MOH <input type="radio"/> Facility <input type="radio"/> NGO <input type="radio"/> Other ( <i>specify below</i> )	<input type="radio"/> Paper <input type="radio"/> Electronic

Facility Name:

Facility Code:

No.	Item	Is it used at this facility?	What is the source?	What is the format?
1.03e	Neonatal Death Notification Description:	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Gov/MOH <input type="radio"/> Facility <input type="radio"/> NGO <input type="radio"/> Other ( <i>specify below</i> )	<input type="radio"/> Paper <input type="radio"/> Electronic
1.03f	Perinatal Death Notification Description:	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Gov/MOH <input type="radio"/> Facility <input type="radio"/> NGO <input type="radio"/> Other ( <i>specify below</i> )	<input type="radio"/> Paper <input type="radio"/> Electronic
1.04	Other Forms			
1.04a	Neonatal Unit Admission and Discharge Form Description:	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Gov/MOH <input type="radio"/> Facility <input type="radio"/> NGO <input type="radio"/> Other ( <i>specify below</i> )	<input type="radio"/> Paper <input type="radio"/> Electronic
1.04b	Paediatric Admission and Discharge Form Description:	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Gov/MOH <input type="radio"/> Facility <input type="radio"/> NGO <input type="radio"/> Other ( <i>specify below</i> )	<input type="radio"/> Paper <input type="radio"/> Electronic
1.04c	Mortality and Cause of Death Book Description:	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Gov/MOH <input type="radio"/> Facility <input type="radio"/> NGO <input type="radio"/> Other ( <i>specify below</i> )	<input type="radio"/> Paper <input type="radio"/> Electronic
1.04d	Follow-Up Card Description:	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Gov/MOH <input type="radio"/> Facility <input type="radio"/> NGO <input type="radio"/> Other ( <i>specify below</i> )	<input type="radio"/> Paper <input type="radio"/> Electronic
1.04e	Are there any other forms regularly used on the neonatal unit not covered in the previous questions? ( <i>specify below</i> )	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Gov/MOH <input type="radio"/> Facility <input type="radio"/> NGO <input type="radio"/> Other ( <i>specify below</i> )	<input type="radio"/> Paper <input type="radio"/> Electronic

Facility Name:

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## Section 2. Data Sources (Registers and Tally Sheets)

**Instructions:** Please have all participants fill in their names and positions below, before completing the following forms in *Section 2. Data Sources (Registers and Tally Sheets)*.

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 2. Data Sources (Registers and Tally Sheets)

### Data Sources (Registers and Tally Sheets) Reference List

Form Type	Form Description
<b>Labour and Delivery</b>	
Labour and Delivery Ward Register	This register contains individual patient information for all mothers that are patients on the labour and delivery ward.
PMTCT Labour and Delivery Register	This is specifically for mothers whose HIV status was tested during labour and delivery. This register contains individual patient information for all HIV positive mothers that are patients on the labour and delivery ward.
Helping Babies Breathe (HBB) Register	This register contains individual patient information for asphyxiated neonates.
<b>Newborn and Paediatric</b>	
Neonatal Admissions Register	This register contains individual patient information for all neonates admitted to the neonatal unit.
Neonatal Discharge Register	This register contains individual patient information for all neonates discharged from the neonatal unit.
Postnatal Register	This register contains individual patient information for all neonates cared for on the postnatal ward or at the postnatal clinic.
Outpatient Register Under 5 years	This register contains individual patient information for all patients under 5 years old who are cared for at outpatient departments.
Inpatient Register Under 5 years	This register contains individual patient information for all patients under 5 years old who are cared for at inpatient departments.
<b>Death and Referral</b>	
Death/Mortuary Register	This register contains individual patient information for all cases in the facility mortuary. This also includes deaths that have not been certified by clinical staff.
Referral/Counter Referral Register	This register contains individual patient information for all referral cases in a facility.
<b>Other Registers</b>	
Kangaroo Mother Care (KMC) Register	This register contains individual patient information for all preterm babies admitted for Kangaroo Mother Care.
Post-natal care (PNC) Register	This register contains individual patient information for mothers receiving postnatal care.
Immunization Permanent Register (EPI)	This register contains individual patient information for all patients who visit for immunizations/vaccinations.
Child Welfare Clinic Register	This register contains individual patient information for all children under 5 years old who visit the child welfare clinic for growth monitoring.
HIV Care and Treatment Register	This register contains individual patient information for records all patients who visit the HIV Care and Treatment clinic.

Facility Name:

Facility Code:

Form Type	Form Description
<b>Tally Sheets</b>	
Under 5 years Daily Outpatient Morbidity Tally Sheet	This tally sheet includes summary statistics of all children under 5 years old who are cared for at outpatient departments.
Immunization Tally Sheet	This tally sheet includes documentation of every time a dose of vaccine is administered. They are used as the basis for monitoring and making regular summary reports of vaccine use. A new tally sheet is usually used for each immunization session.
Child Health and Nutrition Information System (CHANIS) Tally Sheet for Child Health Welfare Clinics	This tally sheet includes documentation of every time a child visits the Child Welfare Clinic for growth monitoring. These are used as the basis for monitoring and making regular CHANIS summary reports.
<b>Report Sheets</b>	
Integrated Disease Surveillance and Response (IDSR) Monthly Report	Summary statistics for reporting case-based surveillance of non-communicable diseases. This report is compiled monthly.
Integrated Disease Surveillance and Response (IDSR) Weekly Report	Summary statistics for reporting case-based surveillance of non-communicable diseases. This report is compiled weekly.
Immunization Services Uptake Summary Report	Summary statistics for reporting vaccinations given to children and any vaccine logistics. This report is usually compiled monthly and includes data from the Immunization Tally sheets and Permanent Register for Immunization (EPI).
Integrated Reproductive and Child Health Summary Report	Summary form for reporting reproductive and maternal child health statistics. This report is usually compiled monthly.
Burial Permits	An official statement authorizing the removal of the dead body (corpse) from mortuary to the cemetery.

Facility Name:

Facility Code:

## Section 2. Data Sources (Registers and Tally Sheets)

**Instructions:** Please direct these questions towards the data/ward clerk and/or the Health Records and Information Officer (HRIO). Select "Yes" if the document is used at the facility and "No" if it is not used at the facility. The document can be part of a larger document or booklet. If it is used at the facility, indicate who created the register/tally sheet and if it is paper-based or electronic. Examples of who created the document include "government" if it is an official ministry of health document, "facility" if the facility developed the document itself, "NGO" or "Project" if it is part of a special study or NGO-led program (e.g., WHO KMC study). If the register/tally sheet was created by the facility and is only used by the facility, the creator would be the facility.

Please circle the following letter corresponding to the form creator:

**Gov/MOH** = Government/Ministry of Health

**Facility**

**NGO** = NGO/Special Project

**Other** (specify):

If the facility has an informal method of documenting this information, please specify in the description box. It is likely that you will have to walk around to different parts of the hospital to view all the documents. If some of these documents are combined at a facility, please indicate that each one is available in the separate lines.

Please do not leave any variable blank.

### 2A. Data Sources (Registers and Tally Sheets)

No.	Type of Document	Is it used at this facility?	What is the source?	What is the format?
2.01	Labour and Delivery			
2.01a	Labour and Delivery Ward Register Description:	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Gov/MOH <input type="radio"/> Facility <input type="radio"/> NGO <input type="radio"/> Other (specify below)	<input type="radio"/> Paper <input type="radio"/> Electronic
2.01b	Prevention of mother to child transmission (PMTCT) Labour and Delivery Register Description:	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Gov/MOH <input type="radio"/> Facility <input type="radio"/> NGO <input type="radio"/> Other (specify below)	<input type="radio"/> Paper <input type="radio"/> Electronic
2.01c	Helping Babies Breathe (HBB) Register Description:	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Gov/MOH <input type="radio"/> Facility <input type="radio"/> NGO <input type="radio"/> Other (specify below)	<input type="radio"/> Paper <input type="radio"/> Electronic
2.02	Newborn and Paediatric			
2.02a	Neonatal Admissions Register Description:	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Gov/MOH <input type="radio"/> Facility <input type="radio"/> NGO <input type="radio"/> Other (specify below)	<input type="radio"/> Paper <input type="radio"/> Electronic

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No.	Type of Document	Is it used at this facility?	What is the source?	What is the format?
2.02b	Neonatal Discharge Register Description:	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Gov/MOH <input type="radio"/> Facility <input type="radio"/> NGO <input type="radio"/> Other ( <i>specify below</i> )	<input type="radio"/> Paper <input type="radio"/> Electronic
2.02c	Postnatal Register Description:	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Gov/MOH <input type="radio"/> Facility <input type="radio"/> NGO <input type="radio"/> Other ( <i>specify below</i> )	<input type="radio"/> Paper <input type="radio"/> Electronic
2.02d	Outpatient Register Under 5 years Description:	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Gov/MOH <input type="radio"/> Facility <input type="radio"/> NGO <input type="radio"/> Other ( <i>specify below</i> )	<input type="radio"/> Paper <input type="radio"/> Electronic
2.02e	Inpatient Register Under 5 years Description:	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Gov/MOH <input type="radio"/> Facility <input type="radio"/> NGO <input type="radio"/> Other ( <i>specify below</i> )	<input type="radio"/> Paper <input type="radio"/> Electronic
2.03	Death and Referral			
2.03a	Death/Mortuary Register Description:	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Gov/MOH <input type="radio"/> Facility <input type="radio"/> NGO <input type="radio"/> Other ( <i>specify below</i> )	<input type="radio"/> Paper <input type="radio"/> Electronic
2.03b	Referral/Counter Referral Register Description:	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Gov/MOH <input type="radio"/> Facility <input type="radio"/> NGO <input type="radio"/> Other ( <i>specify below</i> )	<input type="radio"/> Paper <input type="radio"/> Electronic
2.04	Other Registers			
2.04a	KMC Register Description:	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Gov/MOH <input type="radio"/> Facility <input type="radio"/> NGO <input type="radio"/> Other ( <i>specify below</i> )	<input type="radio"/> Paper <input type="radio"/> Electronic
2.04b	Post-natal care (PNC) Register Description:	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Gov/MOH <input type="radio"/> Facility <input type="radio"/> NGO <input type="radio"/> Other ( <i>specify below</i> )	<input type="radio"/> Paper <input type="radio"/> Electronic

Facility Name:

Facility Code:

No.	Type of Document	Is it used at this facility?	What is the source?	What is the format?
2.04c	Immunization Permanent Register (EPI) Description:	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Gov/MOH <input type="radio"/> Facility <input type="radio"/> NGO <input type="radio"/> Other ( <i>specify below</i> )	<input type="radio"/> Paper <input type="radio"/> Electronic
2.04d	Child Welfare Clinic Register Description:	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Gov/MOH <input type="radio"/> Facility <input type="radio"/> NGO <input type="radio"/> Other ( <i>specify below</i> )	<input type="radio"/> Paper <input type="radio"/> Electronic
2.04e	HIV Care and Treatment Register Description:	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Gov/MOH <input type="radio"/> Facility <input type="radio"/> NGO <input type="radio"/> Other ( <i>specify below</i> )	<input type="radio"/> Paper <input type="radio"/> Electronic
2.04f	Are there any other registers regularly used on the neonatal unit not covered in the previous questions? ( <i>specify below</i> )	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Gov/MOH <input type="radio"/> Facility <input type="radio"/> NGO <input type="radio"/> Other ( <i>specify below</i> )	<input type="radio"/> Paper <input type="radio"/> Electronic
<b>2.05 Tally Sheets</b>				
2.05a	Under 5 years Daily Outpatient Morbidity Tally Sheet Description:	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Gov/MOH <input type="radio"/> Facility <input type="radio"/> NGO <input type="radio"/> Other ( <i>specify below</i> )	<input type="radio"/> Paper <input type="radio"/> Electronic
2.05b	Immunization Tally Sheet Description:	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Gov/MOH <input type="radio"/> Facility <input type="radio"/> NGO <input type="radio"/> Other ( <i>specify below</i> )	<input type="radio"/> Paper <input type="radio"/> Electronic
2.05c	Child Health and Nutrition Information System (CHANIS) Tally Sheet for Child Health Welfare Clinics Description:	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Gov/MOH <input type="radio"/> Facility <input type="radio"/> NGO <input type="radio"/> Other ( <i>specify below</i> )	<input type="radio"/> Paper <input type="radio"/> Electronic
2.05d	Are there any other tally sheets regularly used on the neonatal unit not covered in the previous questions? ( <i>specify below</i> )	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Gov/MOH <input type="radio"/> Facility <input type="radio"/> NGO <input type="radio"/> Other ( <i>specify below</i> )	<input type="radio"/> Paper <input type="radio"/> Electronic



Facility Name:

Facility Code:

No.	Type of Document	Is it used at this facility?	What is the source?	What is the format?
2.06	Reports			
2.06a	Integrated Disease Surveillance and Response (IDSR) Monthly Report Description:	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Gov/MOH <input type="radio"/> Facility <input type="radio"/> NGO <input type="radio"/> Other (specify below)	<input type="radio"/> Paper <input type="radio"/> Electronic
2.06b	Integrated Disease Surveillance and Response (IDSR) Weekly Report Description:	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Gov/MOH <input type="radio"/> Facility <input type="radio"/> NGO <input type="radio"/> Other (specify below)	<input type="radio"/> Paper <input type="radio"/> Electronic
2.06c	Immunization Services Uptake Summary Report Description:	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Gov/MOH <input type="radio"/> Facility <input type="radio"/> NGO <input type="radio"/> Other (specify below)	<input type="radio"/> Paper <input type="radio"/> Electronic
2.06d	Integrated Reproductive and Child Health Summary Report Description:	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Gov/MOH <input type="radio"/> Facility <input type="radio"/> NGO <input type="radio"/> Other (specify below)	<input type="radio"/> Paper <input type="radio"/> Electronic
2.07	Other			
2.07a	Burial Permits Description:	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Gov/MOH <input type="radio"/> Facility <input type="radio"/> NGO <input type="radio"/> Other (specify below)	<input type="radio"/> Paper <input type="radio"/> Electronic

## 2B. Supply of Forms and Registers

No.	Item	Response
	Supply of Forms and Registers	
2.08	Does the neonatal unit have <b>sufficient</b> supply of paper registers in stock right now? <i>(Sufficient is defined as allowing for the documentation of all neonates in the register with extra space to enter additional patients or a new register to use if the current one is filled.)</i>	<input type="radio"/> Yes <input type="radio"/> No
2.09	Did the neonatal unit have a stockout of paper registers in the last 4 weeks?	<input type="radio"/> Yes <input type="radio"/> No
2.10	Does the neonatal unit have <b>sufficient</b> supply of paper inpatient neonatal forms in stock right now? <i>(Sufficient is defined as having enough empty forms for the documentation of all neonates in the unit with extra space to accommodate additional patients who might be admitted today.)</i>	<input type="radio"/> Yes <input type="radio"/> No
2.11	Did the neonatal unit have a stockout of paper inpatient neonatal forms in the last 4 weeks?	<input type="radio"/> Yes <input type="radio"/> No

Facility Name:

Facility Code:

## 2C. Register Completion on Weekends and After Hours

No.	Item	Response
2.12	Is the neonatal unit register routinely filled <b>on the weekends</b> ? <i>(Routinely is defined as having a system in place to ensure it is always done, except in the case of an occasional extenuating circumstance.)</i>	<input type="radio"/> Yes <input type="radio"/> No
2.13	Is the neonatal unit register routinely filled <b>after working hours</b> ? <i>(Routinely is defined as having a system in place to ensure it is always done, except in the case of an occasional extenuating circumstance.)</i>	<input type="radio"/> Yes <input type="radio"/> No
2.14	Which cadre of staff is primarily responsible for filling out the neonatal unit register? <i>(Select one)</i>	<input type="radio"/> Nurse <input type="radio"/> Nurse in charge <input type="radio"/> Data Clerk <input type="radio"/> Other <i>(specify below)</i>

## 2D. Register Completeness

**Instructions:** Responses in the table below are for observation only.

No.	Item	Are all data entry fields complete for the last 4 weeks?	Is the register filled up to last night?
2.15	Neonatal unit register	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
2.16	Neonatal discharge register	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
2.17	KMC register	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Facility Name:

Facility Code:

## Section 3. Filing Systems

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

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. Filing Systems

**Instructions:** Direct these questions towards the data clerk and/or the Health Management and Information Officer (HMIO). Please do not leave any variable blank.

No.	Item	Response	Skip to
Filing on the Neonatal Unit			
3.01	<p>What filing system is used?</p> <p><i>(A chronological system is the arrangement of files according to their order in time. The system must be kept on a daily basis, not sorted by month alone. An Identification number is a unique number generated by the facility for each patient.)</i></p> <p><i>(Select all that apply)</i></p>	<input type="checkbox"/> Alphabetical <input type="checkbox"/> Chronological <input type="checkbox"/> Identification number <input type="checkbox"/> None <input type="checkbox"/> Other <i>(specify below)</i>	—
			—
3.02	<p>Where are medical records for babies stored during admission?</p> <p><i>(Select all that apply)</i></p>	<input type="checkbox"/> Bedside <input type="checkbox"/> Nurse's Station <input type="checkbox"/> Other <i>(specify below)</i>	—
3.03	<p>Who has access to medical records for babies on the neonatal unit?</p> <p><i>(Select all that apply)</i></p>	<input type="checkbox"/> Nurses <input type="checkbox"/> Doctors <input type="checkbox"/> Clinical Officers <input type="checkbox"/> Mothers/guardians <input type="checkbox"/> Other medical staff <input type="checkbox"/> Data clerk/HRIO <input type="checkbox"/> Other <i>(specify below)</i>	—
			—
3.04	<p>Who has access to the active neonatal admissions register?</p> <p><i>(Select all that apply)</i></p>	<input type="checkbox"/> Nurses <input type="checkbox"/> Doctors <input type="checkbox"/> Clinical Officers <input type="checkbox"/> Mothers/guardians <input type="checkbox"/> Other medical staff <input type="checkbox"/> Data clerk/HRIO <input type="checkbox"/> Other <i>(specify below)</i>	—
			—
Storage of Medical Records for Babies Discharged Alive			
3.05	<p>How long are old records stored for babies discharged alive?</p> <p><i>(Select one)</i></p>	<input type="radio"/> Less than 1 year <input type="radio"/> 1 – 3 years <input type="radio"/> More than 3 years	—
3.06	<p>Where are medical records for babies discharged alive stored after discharge?</p> <p><i>(Onsite storage can be anywhere in the facility, not just the neonatal unit. This is for long-term storage, after records have been processed by the HRIO or audit team.) (Select one)</i></p>	<input type="radio"/> Onsite <input type="radio"/> Offsite <input type="radio"/> Unknown	If "Offsite" or "Unknown", skip to 3.11

Facility Name:

Facility Code:

No.	Item	Response	Skip to
3.07	Where onsite are medical records for babies discharged alive stored after discharge? <i>(Central storage can be anywhere records are stored in the facility. This is for long-term storage, after records have been processed by the HRIO or audit team.) (Select all that apply)</i>	<input type="checkbox"/> Neonatal unit <input type="checkbox"/> Central storage <input type="checkbox"/> Data clerk's office <input type="checkbox"/> HMIS office <input type="checkbox"/> Other <i>(specify below)</i>	If <b>not</b> "Central storage", skip to 3.11
3.08	Who has access to medical records for babies discharged alive after they go to central storage? <i>(Select all that apply)</i>	<input type="checkbox"/> HMIO/HRIO <input type="checkbox"/> Data clerks <input type="checkbox"/> Hospital management/ Admin <input type="checkbox"/> Research organisations (after approval) <input type="checkbox"/> Other <i>(specify below)</i>	—
3.09	Who is responsible for bringing medical records for babies discharged alive to the central storage? <i>(Select one)</i>	<input type="radio"/> HMIO/HRIO <input type="radio"/> Data clerks <input type="radio"/> Other <i>(specify below)</i>	—
3.10	Who is responsible for managing/overseeing medical records for babies discharged alive in central storage? <i>(Select one)</i>	<input type="radio"/> HMIO/HRIO <input type="radio"/> Data clerks <input type="radio"/> Other <i>(specify below)</i>	—
3.11	Please summarise how medical records for babies discharged alive are transferred from the neonatal unit to long-term storage:		—
<b>Storage of Medical Records for Deceased Babies after Discharge</b>			
3.12	Where are medical records for deceased babies stored after discharge? <i>(Central storage can be anywhere records are stored in the facility. This is for long-term storage, after records have been processed by the HRIO or audit team.) (Select all that apply)</i>	<input type="checkbox"/> Neonatal unit <input type="checkbox"/> Central storage <input type="checkbox"/> Data clerk's office <input type="checkbox"/> HMIS office <input type="checkbox"/> Other <i>(specify below)</i>	—
3.13	Who has access to medical records for deceased babies after they go to central storage? <i>(Select all that apply)</i>	<input type="checkbox"/> HMIO/HRIO <input type="checkbox"/> Data clerks <input type="checkbox"/> Hospital management/ Admin <input type="checkbox"/> Research organisations (after approval) <input type="checkbox"/> Other <i>(specify below)</i>	—

Facility Name:

Facility Code:

No.	Item	Response	Skip to
3.14	Who is responsible for bringing medical records for deceased babies to the central storage? (Select one)	<input type="radio"/> HMIO/HRIO <input type="radio"/> Data clerks <input type="radio"/> Other (specify below)	—
			—
3.15	Who is responsible for managing/overseeing medical records for deceased babies in central storage?	<input type="radio"/> HMIO/HRIO <input type="radio"/> Data clerks <input type="radio"/> Other (specify below)	—
			—
3.16	How long are old records stored for deceased babies?	<input type="radio"/> Less than 1 year <input type="radio"/> 1 – 3 years <input type="radio"/> More than 3 years	—
3.17	Please summarise how medical records for deceased babies are transferred from the neonatal unit to long-term storage:		—
<b>Storage of Neonatal Admissions Register</b>			
3.18	Where are old/inactive neonatal admissions registers stored? (Central storage can be anywhere records are stored in the facility) (Select all that apply)	<input type="checkbox"/> Neonatal unit <input type="checkbox"/> Central storage <input type="checkbox"/> Data clerk's office <input type="checkbox"/> HMIS office <input type="checkbox"/> Other (specify below)	If not "Central storage", skip to 3.22
			—
3.19	Who has access to neonatal registers after they go to central storage? (Select all that apply)	<input type="checkbox"/> HMIO/HRIO <input type="checkbox"/> Data clerks <input type="checkbox"/> Hospital management/ Admin <input type="checkbox"/> Research organisations (after approval) <input type="checkbox"/> Other (specify below)	—
			—
3.20	Who is responsible for bringing neonatal registers to the central storage? (Select one)	<input type="radio"/> HMIO/HRIO <input type="radio"/> Data clerks <input type="radio"/> Other (specify below)	—
			—
3.21	Who is responsible for managing/overseeing old/inactive neonatal registers in central storage? (Select one)	<input type="radio"/> HMIO/HRIO <input type="radio"/> Data clerks <input type="radio"/> Other (specify below)	—
			—
3.22	Please summarise how old/inactive neonatal admissions registers are transferred from the neonatal unit to long-term storage:		—

Facility Name:

Facility Code:

No.	Item	Response	Skip to
	Other		
3.23	What, if any, logistical challenges have you faced with medical records? <i>(Read all response options aloud. Select all that apply)</i>	<input type="checkbox"/> Shortage of registers <input type="checkbox"/> Shortage of storage space <input type="checkbox"/> Missing patient notes/records <input type="checkbox"/> Infestations (e.g., mice, rats, silverfish) <input type="checkbox"/> None <input type="checkbox"/> Other <i>(specify below)</i>	—
			—
3.24	Is the baby given a unique record ID at the facility? <i>(A system that uses yearly serial numbers that go back to 01 at the start of each year does not count as a unique record ID system.)</i>	<input type="radio"/> Yes <input type="radio"/> No	—
3.25	When is the unique record ID given to the baby? <i>(Select one)</i>	<input type="radio"/> Immediately at birth/on admission <input type="radio"/> On first office working day after birth/admission <input type="radio"/> After discharge <input type="radio"/> Other <i>(specify below)</i>	—
3.26	When is the unique record ID given to the baby? <i>(Select one)</i>	<input type="radio"/> Medical staff <input type="radio"/> Hospital admin <input type="radio"/> Data clerk <input type="radio"/> Other <i>(specify below)</i>	—
3.27	How are baby and mothers' medical records linked? <i>(Select all that apply)</i>	<input type="checkbox"/> Mother's unique ID number written in baby's medical file <input type="checkbox"/> Baby's unique ID number written in mother's medical file <input type="checkbox"/> Baby and mother not linked <input type="checkbox"/> Other <i>(specify below)</i>	—
			—

Facility Name:

Facility Code:

No.	Item	Response	Skip to
3.28	How are multiple babies' medical records linked to each other? <i>(Select all that apply)</i>	<input type="checkbox"/> Mother's unique ID number written in each baby's medical file <input type="checkbox"/> Each baby's unique ID number written in mother's medical file <input type="checkbox"/> Each baby's unique ID numbers written in other baby's medical file <input type="checkbox"/> Multiple babies not linked <input type="checkbox"/> Other <i>(specify below)</i>	—
			—
3.29	<i>For observation only:</i> Are documents on the neonatal unit filed away neatly and the surface spaces (e.g., tables, examination areas) tidy?	<input type="radio"/> Yes <input type="radio"/> No	—



Facility Name:

Facility Code:

## Section 4. Neonatal Data Clerks

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

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 4. Neonatal Data Clerks

**Instructions:** Direct these questions towards the data clerk and/or the Health Management and Information Officer (HMIO).

No.	Item	Response	Skip to
4.01	How many neonatal ward clerks are currently employed by this facility?	Number: <input type="text"/>	—
4.02	Which days of the week do you usually work? (Select all that apply)	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	—
4.03	Does this facility have a ward clerk exclusively responsible for the neonatal unit?	<input type="radio"/> Yes <input type="radio"/> No	If "Yes", skip to 4.06
4.04	Does this facility have a ward clerk exclusively responsible for the neonatal unit and maternity ward combined?	<input type="radio"/> Yes <input type="radio"/> No	If "Yes", skip to 4.06
4.05	Is it the nurses' responsibility to perform these duties?	<input type="radio"/> Yes <input type="radio"/> No	—
4.06	Have you received a copy of your job description?	<input type="radio"/> Yes <input type="radio"/> No	—

Facility Name:

Facility Code:

## Section 5. Summary Data for Reporting

**Instructions:** Please have all participants fill in their names and positions below, before completing the following forms in *Section 5. Summary Data for Reporting*.

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 5. Summary Data for Reporting

**Instructions:** Direct these questions towards the HMIO. Please do not leave any variable blank.

No.	Item	Response	Skip to
5.01	Does this facility routinely calculate the following indicators? <i>(Read all options out loud)</i>		
5.01a	Institutional delivery rate	<input type="radio"/> Yes <input type="radio"/> No	If "No", skip to 5.03
5.01b	Neonatal mortality rate	<input type="radio"/> Yes <input type="radio"/> No	
5.01c	Neonatal mortality rate stratified by weight	<input type="radio"/> Yes <input type="radio"/> No	
5.01d	Institutional low birth weight rate	<input type="radio"/> Yes <input type="radio"/> No	
5.01e	Stillbirth rate	<input type="radio"/> Yes <input type="radio"/> No	
5.01f	Neonatal bed occupancy rate	<input type="radio"/> Yes <input type="radio"/> No	
5.01g	Referral rate	<input type="radio"/> Yes <input type="radio"/> No	
5.01h	Left-against-medical-advice rate	<input type="radio"/> Yes <input type="radio"/> No	
5.02	How frequently are indicators calculated? <i>(Select one)</i>	<input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Annually <input type="radio"/> Irregularly <input type="radio"/> Never <input type="radio"/> Other <i>(specify below)</i>	—
DHIS2			
5.03	Does this facility submit summary data electronically (e.g., DHIS2)?	<input type="radio"/> Yes <input type="radio"/> No	If "No", skip to next section
5.04	Does the facility have a DHIS2 office?	<input type="radio"/> Yes <input type="radio"/> No	If "No", skip to 5.06
5.05	How many staff currently work in the DHIS2 office?	Number: <input type="text"/>	—
5.06	Who is responsible for DHIS2 data entry? <i>(Select one)</i>	<input type="radio"/> Data clerks <input type="radio"/> Nurse <input type="radio"/> HMIO/HRIO <input type="radio"/> Other <i>(specify below)</i>	—
5.07	How frequently are neonatal data reported to DHIS2? <i>(Select one)</i>	<input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Annually <input type="radio"/> Irregularly <input type="radio"/> Never <input type="radio"/> Other <i>(specify below)</i>	—
5.08	Is the data checked by the nurse in charge before submission?	<input type="radio"/> Yes <input type="radio"/> No	—

Facility Name:

Facility Code:

## Section 6. Maternal Perinatal Death Surveillance and Response

**Instructions:** Please have all participants fill in their names and positions below, before completing the following forms in *Section 6. Maternal Perinatal Death Surveillance and Response*.

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 6. Maternal Perinatal Death Surveillance and Response

**Instructions:** Direct these questions towards the data clerk and/or the Health Management and Information Officer (HMIO). Please do not leave any variable blank. 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 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. For some questions, you will need to observe specific items/spaces at the facility.

No.	Item	Response	Skip to
6.01	Do you have the WHO MPDSR or relevant national guidelines?	<input type="radio"/> Available and easily accessible <input type="radio"/> Available, but not easily accessible <input type="radio"/> Not available	If "Not available", skip to 6.09
6.02	Select all national tools or WHO "tools for implementation" that the facility is using. (Documents must be observed to select "Yes")		
6.02a	<b>Terms of reference for review committee for MPDSR</b> (e.g., SOP or protocol for MPDSR. This can include relevant national guidelines or WHO MPDSR tools for implementation – Annex 2)	<input type="radio"/> Yes <input type="radio"/> No	—
6.02b	<b>Sample meeting code of practice</b> (e.g., relevant national guidelines or WHO MPDSR tools for implementation – Annex 3)	<input type="radio"/> Yes <input type="radio"/> No	—
6.02c	<b>Individual death care review/clinical summary forms</b> (e.g., relevant national guidelines or WHO MPDSR tools for implementation – Annex 12 or 13)	<input type="radio"/> Yes <input type="radio"/> No	—
6.03	Which, if any, of the following items from the <b>minimal perinatal dataset</b> are reported to the national level? (WHO MPDSR tools for implementation – Annex 14)		
6.03a	Mother's obstetric history (gravida, parity)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	—
6.03b	Mother's medical history	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	—
6.03c	Mother's age	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	—
6.03d	Single or multiple pregnancy	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	—
6.03e	Antenatal care history (number of visits)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	—
6.03f	HIV status	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	—
6.03g	Gestational age (and method of determination)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	—

Facility Name:

Facility Code:

No.	Item	Response	Skip to
6.03h	Place of delivery	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	—
6.03i	Date and time of birth	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	—
6.03j	Attendant at delivery	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	—
6.03k	Mode of delivery	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	—
6.03l	Sex of baby	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	—
6.03m	Birthweight	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	—
6.03n	Date and time of death (if applicable)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	—
6.03o	Type of death (antepartum stillbirth, intrapartum stillbirth, neonatal death)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	—
6.03p	Cause of death using ICD-10/11 or ICD-PM	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	—
Other			
6.04	Which, if any, standardised cause of death classification does the facility use for neonatal deaths? For example, ICD-PM or another. <i>(Select all that apply)</i>	<input type="checkbox"/> ICD-PM <input type="checkbox"/> ICD-10 <input type="checkbox"/> ICD-11 <input type="checkbox"/> None <input type="checkbox"/> Other <i>(specify below)</i>	—
6.05	Are neonatal deaths/stillbirths that occur outside the hospital (e.g., brought dead) or in the community included in the MPDSR process?	<input type="radio"/> Yes <input type="radio"/> No	—
6.06	Does the facility have an MPDSR “champion” or lead?	<input type="radio"/> Yes <input type="radio"/> No	—
6.07	How is MPDSR information communicated to the sub-national level (e.g., district, county)? <i>(Select all that apply)</i>	<input type="checkbox"/> Regular reports <input type="checkbox"/> Regular meetings <input type="checkbox"/> None <input type="checkbox"/> Other <i>(specify below)</i>	—
6.08	Does the facility receive feedback from the sub-national level (e.g., district, county) on MPDSR information?	<input type="radio"/> Yes <input type="radio"/> No	—

Facility Name:

Facility Code:

## Section 7. Civil Registration and Vital Statistics (CRVS)

**Instructions:** Please have all participants fill in their names and positions below, before completing the following forms in *Section 7. Civil Registration and Vital Statistics (CRVS)*.

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 7. Civil Registration and Vital Statistics (CRVS)

**Instructions:** Direct these questions towards the data clerk and/or the Health Management and Information Officer (HMIO). Please do not leave any variable blank. 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 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. For some questions, you will need to observe specific items/spaces at the facility.

No.	Item	Response	Skip to
7.01	Does the facility have an onsite Civil Registration and Vital Statistics (CRVS) office/registrar?	<input type="radio"/> Yes <input type="radio"/> No	—
7.02	Who is responsible for submitting data to the CRVS system? (Select one)	<input type="radio"/> CRVS Officer	—
		<input type="radio"/> HMIO/HRIO	—
		<input type="radio"/> Hospital Admin	—
		<input type="radio"/> Other (specify below)	—
7.03	Does the health facility have written, up-to-date guidelines for registering neonatal death and stillbirths? (Select one)	<input type="radio"/> Available and easily accessible <input type="radio"/> Available, but not easily accessible <input type="radio"/> Not available	—
7.04	Are births and deaths notified to the civil authority?	<input type="radio"/> Yes <input type="radio"/> No	—
7.05	Are births and deaths captured in the health management information system (HMIS)?	<input type="radio"/> Yes <input type="radio"/> No	—

Facility Name:

Facility Code:

## Section 8. Electronic Information Systems and Infrastructure

**Instructions:** Please have all participants fill in their names and positions below, before completing the following forms in *Section 8. Electronic Information Systems and 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

Facility Name:

Facility Code:

## Section 8. Electronic Information Systems and Infrastructure

**Instructions:** Direct these questions towards the IT Officer. Please do not leave any variable blank

Onsite Backup is a manual backup to a local storage device, such as a USB, CD, external hard drive, or other physical drive. Offsite Backup (cloud based) is a remote backup to an internet-based server. Offsite backup (other) can include a physical backup to a local storage device that is stored offsite or a not cloud-based remote backup to another secure server.

### 8A. Electronic Information Systems

No.	Item				
8.01	Patient Administration System (PAS)				
	Does facility have this system?	System Name/Vendor:	Is there a vendor support contract?	What, if any, system backups are there? (Select all that apply)	Is system storage encrypted?
	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	<input type="checkbox"/> Onsite <input type="checkbox"/> Offsite (cloud based) <input type="checkbox"/> Offsite (other) <input type="checkbox"/> None	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
8.02	Financial Management System and/or Billing System (FMS)				
	Does facility have this system?	System Name/Vendor:	Is there a vendor support contract?	What, if any, system backups are there? (Select all that apply)	Is system storage encrypted?
	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	<input type="checkbox"/> Onsite <input type="checkbox"/> Offsite (cloud based) <input type="checkbox"/> Offsite (other) <input type="checkbox"/> None	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
8.03	Laboratory Information System (LIS)				
	Does facility have this system?	System Name/Vendor:	Is there a vendor support contract?	What, if any, system backups are there? (Select all that apply)	Is system storage encrypted?
	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	<input type="checkbox"/> Onsite <input type="checkbox"/> Offsite (cloud based) <input type="checkbox"/> Offsite (other) <input type="checkbox"/> None	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
8.04	Picture Archiving and Communications System (PACS)				
	Does facility have this system?	System Name/Vendor:	Is there a vendor support contract?	What, if any, system backups are there? (Select all that apply)	Is system storage encrypted?
	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	<input type="checkbox"/> Onsite <input type="checkbox"/> Offsite (cloud based) <input type="checkbox"/> Offsite (other) <input type="checkbox"/> None	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown

Facility Name:

Facility Code:

No.	Item				
8.05	Outpatient Electronic Medical Records (EMR)				
	Does facility have this system?	System Name/Vendor:	Is there a vendor support contract?	What, if any, system backups are there? (Select all that apply)	Is system storage encrypted?
	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	<input type="checkbox"/> Onsite <input type="checkbox"/> Offsite (cloud based) <input type="checkbox"/> Offsite (other) <input type="checkbox"/> None	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
8.06	Inpatient Electronic Medical Records (EMR)				
	Does facility have this system?	System Name/Vendor:	Is there a vendor support contract?	What, if any, system backups are there? (Select all that apply)	Is system storage encrypted?
	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	<input type="checkbox"/> Onsite <input type="checkbox"/> Offsite (cloud based) <input type="checkbox"/> Offsite (other) <input type="checkbox"/> None	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
8.07	Comprehensive Care Clinics (CCC) Electronic Medical Records (EMR)				
	Does facility have this system?	System Name/Vendor:	Is there a vendor support contract?	What, if any, system backups are there? (Select all that apply)	Is system storage encrypted?
	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	<input type="checkbox"/> Onsite <input type="checkbox"/> Offsite (cloud based) <input type="checkbox"/> Offsite (other) <input type="checkbox"/> None	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
8.08	Pharmacy Information System (PIS)				
	Does facility have this system?	System Name/Vendor:	Is there a vendor support contract?	What, if any, system backups are there? (Select all that apply)	Is system storage encrypted?
	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	<input type="checkbox"/> Onsite <input type="checkbox"/> Offsite (cloud based) <input type="checkbox"/> Offsite (other) <input type="checkbox"/> None	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
8.09	National Health Management Information System (NHIS) (e.g., DHIS2)				
	Does facility have this system?	System Name/Vendor:	Is there a vendor support contract?	What, if any, system backups are there? (Select all that apply)	Is system storage encrypted?
	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	<input type="checkbox"/> Onsite <input type="checkbox"/> Offsite (cloud based) <input type="checkbox"/> Offsite (other) <input type="checkbox"/> None	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown

Facility Name:

Facility Code:

## 8B. Supporting Infrastructure

No.	Item	Response
8.10	Backup power for Information Systems <i>(This can include a fuel-generator, battery inverter, or solar power)</i>	<input type="radio"/> Yes <input type="radio"/> No
8.11	Wired Network <i>(This uses cables to connect devices, such as laptop or desktop computers, to the internet)</i>	<input type="radio"/> Yes <input type="radio"/> No
8.12	IT Support Staff	<input type="radio"/> Yes <input type="radio"/> No

Facility Name:

Facility Code:

## Appendix A. Indicator Variables

**Instructions:** Please have all participants fill in their names and positions below, before completing the following forms in *Appendix A. Indicator Variables*.

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:

## Appendix A. Indicator Variables

**Instructions:** Direct these questions towards the ward/data clerk. You might need to follow-up with the nurse to answer some of the questions. Please indicate if this variable is recorded for each newborn at the facility by circling yes or no. If yes, then write the name of the document where it is recorded (e.g., discharge register, inpatient notes). If the variable is collected at the facility but the document name is unknown, write “unknown”

**Note:** In countries with standard forms across all facilities, this section does not need to be done at every facility.

No.	Variable	Are the following collected at this facility?		Document name where variable is recorded
		Yes	No	
0.01	Baby Hospital ID / Registration Number	<input type="checkbox"/>	<input type="checkbox"/>	
0.02	Readmission	<input type="checkbox"/>	<input type="checkbox"/>	
0.03	Geographical information on the patient's residence	<input type="checkbox"/>	<input type="checkbox"/>	
0.04	Date of birth	<input type="checkbox"/>	<input type="checkbox"/>	
0.05	Time of birth	<input type="checkbox"/>	<input type="checkbox"/>	
0.06	Date of admission	<input type="checkbox"/>	<input type="checkbox"/>	
0.07	Time of admission	<input type="checkbox"/>	<input type="checkbox"/>	
0.08	Birth location	<input type="checkbox"/>	<input type="checkbox"/>	
0.09	Weight on admission	<input type="checkbox"/>	<input type="checkbox"/>	
0.10	Reason for admission	<input type="checkbox"/>	<input type="checkbox"/>	
0.11	Maternal date of birth	<input type="checkbox"/>	<input type="checkbox"/>	
0.12	Maternal age	<input type="checkbox"/>	<input type="checkbox"/>	
0.13	Mother alive	<input type="checkbox"/>	<input type="checkbox"/>	
0.14	Newborn from a singleton delivery	<input type="checkbox"/>	<input type="checkbox"/>	
0.15	Mode of delivery	<input type="checkbox"/>	<input type="checkbox"/>	
0.16	Antenatal Corticosteroids administered	<input type="checkbox"/>	<input type="checkbox"/>	
0.17	Maternal HIV status	<input type="checkbox"/>	<input type="checkbox"/>	
0.18	Maternal chronic condition	<input type="checkbox"/>	<input type="checkbox"/>	

Facility Name:

Facility Code:

No.	Variable	Are the following collected at this facility?		Document name where variable is recorded
		Yes	No	
0.19	Mother tested for SARS-CoV-2 (COVID-19)	<input type="checkbox"/>	<input type="checkbox"/>	
0.20	Mother presumed infected with SARS-CoV-2 (COVID-19) based on signs and symptoms	<input type="checkbox"/>	<input type="checkbox"/>	
0.21	Newborn tested for SARS-CoV-2 (COVID-19)	<input type="checkbox"/>	<input type="checkbox"/>	
0.22	Birth weight	<input type="checkbox"/>	<input type="checkbox"/>	
0.23	Gestational age	<input type="checkbox"/>	<input type="checkbox"/>	
0.24	Sex	<input type="checkbox"/>	<input type="checkbox"/>	
0.25	Temperature on admission	<input type="checkbox"/>	<input type="checkbox"/>	
0.26	Oxygen saturation on admission	<input type="checkbox"/>	<input type="checkbox"/>	
0.27	Signs of severe respiratory distress (e.g., severe in-drawing, grunting, high respiratory rate (>80 breaths))	<input type="checkbox"/>	<input type="checkbox"/>	
0.28	Cord chlorhexidine administered	<input type="checkbox"/>	<input type="checkbox"/>	
0.29	Vitamin K administered	<input type="checkbox"/>	<input type="checkbox"/>	
0.30	Blood sugar on admission	<input type="checkbox"/>	<input type="checkbox"/>	
0.31	Blood culture for suspected sepsis	<input type="checkbox"/>	<input type="checkbox"/>	
0.32	CSF culture for suspected meningitis	<input type="checkbox"/>	<input type="checkbox"/>	
0.33	KMC administered	<input type="checkbox"/>	<input type="checkbox"/>	
0.34	Oxygen therapy administered	<input type="checkbox"/>	<input type="checkbox"/>	
0.35	CPAP administered	<input type="checkbox"/>	<input type="checkbox"/>	
0.36	Mechanical ventilation administered	<input type="checkbox"/>	<input type="checkbox"/>	
0.37	Antibiotics administered	<input type="checkbox"/>	<input type="checkbox"/>	
0.38	Treatment of apnoea administered	<input type="checkbox"/>	<input type="checkbox"/>	
0.39	Phototherapy administered	<input type="checkbox"/>	<input type="checkbox"/>	
0.40	IV fluids administered	<input type="checkbox"/>	<input type="checkbox"/>	



Facility Name:

Facility Code:

No.	Variable	Are the following collected at this facility?		Document name where variable is recorded
		Yes	No	
0.41	Transfusion administered	<input type="checkbox"/>	<input type="checkbox"/>	
0.42	Lowest temperature during admission	<input type="checkbox"/>	<input type="checkbox"/>	
0.43	Highest temperature during admission	<input type="checkbox"/>	<input type="checkbox"/>	
0.44	Lowest oxygen saturation during admission	<input type="checkbox"/>	<input type="checkbox"/>	
0.45	Highest oxygen saturation during admission	<input type="checkbox"/>	<input type="checkbox"/>	
0.46	Breast milk start date	<input type="checkbox"/>	<input type="checkbox"/>	
0.47	Feeding (other than breast milk) start date	<input type="checkbox"/>	<input type="checkbox"/>	
0.48	Feeding at discharge	<input type="checkbox"/>	<input type="checkbox"/>	
0.49	Lowest blood sugar concentration during admission	<input type="checkbox"/>	<input type="checkbox"/>	
0.50	Highest blood sugar concentration during admission	<input type="checkbox"/>	<input type="checkbox"/>	
0.51	Bilirubin	<input type="checkbox"/>	<input type="checkbox"/>	
0.52	Seizures	<input type="checkbox"/>	<input type="checkbox"/>	
0.53	Status at discharge	<input type="checkbox"/>	<input type="checkbox"/>	
0.54	Date of discharge	<input type="checkbox"/>	<input type="checkbox"/>	
0.55	Time of discharge	<input type="checkbox"/>	<input type="checkbox"/>	
0.56	Discharge weight	<input type="checkbox"/>	<input type="checkbox"/>	
0.57	Given follow-up appointment	<input type="checkbox"/>	<input type="checkbox"/>	
0.58	Final discharge diagnosis/cause of death (primary)	<input type="checkbox"/>	<input type="checkbox"/>	
0.59	Final discharge diagnosis/cause of death (secondary)	<input type="checkbox"/>	<input type="checkbox"/>	