

APPENDIX C. CES SURVEY INSTRUMENTS

- Health Facility Survey Form
- Health Care Practice (with Instructions)
- Patient Contact Form
- Health Care Provider Interview
- Mothers Interview Form
- Pharmacy Survey Form
- Pharmacy Simulated Purchase Survey Form (with Instructions)

Cost-Estimate Strategy (CES) Survey

Cost-Estimate Strategy (CES) Survey

HEALTH FACILITY SURVEY FORM

District:		Health Facility:	
Facility Type: (HO=hospital; HC=health center; DI=dispensary)			
Facility Administration: (G=government; N=nonprofit private; P=for-profit private)			
Date:		Data Collector:	

The study team should hold an introductory meeting with the key members of the hospital staff (medical superintendent, hospital matron, chief supplies officer, chief pharmacist) or with the medical and nursing officers in charge of a lower level facility. At this briefing, explain the purpose of the survey, and assure the staff that its purpose is not to rate their facility. After completing the briefing, explain that you would like to ask some general questions about the facility, its staff, the reproductive health services offered, and recent utilization. The staff may need to assemble the data for Questions 1-6 from a variety of sources.

SERVICES

1. Which of the following services are provided at this facility? <i>Read and ask about each service separately.</i>	Check box <input checked="" type="checkbox"/>	
a. Antenatal care	1 Yes	0 No
b. Treatment of STDs	1 Yes	0 No
c. Normal delivery care	1 Yes	0 No
d. Manual vacuum aspiration (MVA)	1 Yes	0 No

2. Which of the following complications can be managed at this facility? <i>Read and ask about each complication separately.</i>	Check box <input checked="" type="checkbox"/>	
a. Care for pre-eclampsia	1 Yes	0 No
b. Care for eclampsia	1 Yes	0 No
c. Care for obstructed or prolonged labor	1 Yes	0 No
d. Care for maternal hemorrhage	1 Yes	0 No
e. Cesarean section	1 Yes	0 No
f. Management of abortion complications/incomplete delivery	1 Yes	0 No

g. Care for maternal sepsis	1 Yes	0 No
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3. Which of the following laboratory tests are currently performed at this facility? <i>Read and ask about each lab test separately.</i>	Check box <input checked="" type="checkbox"/>	
a. Malaria smear	1 Yes	0 No
b. Urine analysis for glucose and protein	1 Yes	0 No
c. Urine culture and sensitivity	1 Yes	0 No
d. Hemoglobin	1 Yes	0 No
e. Blood group typing and RH cross-reactivity	1 Yes	0 No
f. Blood culture and sensitivity	1 Yes	0 No
g. Stool for ova and parasites	1 Yes	0 No

4. How many hours does it take to transfer patients to the nearest referral facility? <i>Enter number of hours.</i>	Hours
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Request to see the service utilization records for the previous calendar year (based on regular records, logs, or standard forms, for example, the MOH Workload Forms, Inpatient Morbidity Forms, or Outpatient Morbidity Forms). Record the total number of patient consultations during that year for each of the following categories of reproductive health services for which data are available. If annual data are not available for a given condition, enter N/A.

If no data from the previous year are available, calculate the average monthly number of consultations for each condition during the previous three months. Then multiply the average monthly consultations by 12 to estimate the total consultations for one year. Enter N/A if there are no data.

5. Consultations for RH Problems	<i>Total consultations reported during the previous calendar year</i>
a. Antenatal care	
b. Deliveries	
c. Cesarean sections	
d. UTI	
e. Syphilis (or GUD)	
f. Gonorrhea/ chlamydia (or vaginal discharge)	
g. PID	

INFRASTRUCTURE AND EQUIPMENT

Province:		District:		Health Facility:	
Date:		Data collector:			

Explain that you would like to see the facilities and equipment used here in providing MCH services. Visit all MCH areas, delivery rooms, maternity theatres, and the laboratory to observe the presence and condition of the following infrastructure and equipment.

Code each item of physical infrastructure based on its condition on the day of the visit:

0 = Not available

1 = Available but not satisfactory

2 = Available and satisfactory

Code as not satisfactory items which in your opinion are not functional, missing parts, unhygienic, or otherwise substandard.

6. Physical Infrastructure	0 = Not available 1 = Available but not satisfactory 2 = Available and satisfactory
a. Refrigerator	
b. Functioning laboratory facilities: including microscope, centrifuge, and clean water supply	
c. Functioning delivery room: including bed, linen, lighting, and clean water supply	
d. Functioning operating theatre: including operating table, shadowless lamp, trolley, suction apparatus, anesthesia equipment, oxygen, nitrous oxide, and emergency light	

Next, visit the MCH antenatal clinic in this facility. Count how many of the following items of basic medical equipment are present, and evaluate their condition. Tally the number of each item beside the name of the item as you count, and sum up the total for each item at the end.

Indicate in the appropriate column the number of items that are available and in satisfactory condition. Do not count items which are not functional, missing parts, unhygienic, or otherwise substandard.

After completing all equipment inventories that apply to this facility, ask the administrator to see medical equipment purchasing records for the previous year. If purchasing records are not kept in the health facility, there may be copies in the District Office. For any equipment item purchased during the previous year, record the most recent purchase price. Prices should **NOT be estimated, but based on actual recorded values. If no purchases were made, or records cannot be located, leave cells blank.**

FOR ALL FACILITIES:		
7. Basic MCH Equipment	<i>Number available and satisfactory</i>	<i>Last purchase price</i>
gestational wheel		
scale, adult		
scale, baby		
sphygmomanometer		
stethoscope		
stethoscope, fetal		
tape measure		
thermometer		

Next, if this facility handles normal births, visit the labor and delivery area and the maternity ward. Count the following items of equipment needed for normal delivery and evaluate their condition. Tally the number of each item beside the name of the item as you count, and sum up the total for each item at the end.

Indicate in the appropriate column the number of items that are available and in satisfactory condition. Do not count items which are not functional, missing parts, unhygienic, or otherwise substandard.

FOR ALL FACILITIES PERFORMING NORMAL DELIVERIES:		
8. Equipment for Normal Delivery	<i>Number available and satisfactory</i>	<i>Last purchase price</i>
airway		
ambu bag, baby		
blanket, baby		
bowl, kidney stainless steel 10"		
bowl, 36"		
forceps, artery 8" straight		
gestational wheel		
needle holder 7"		
scale, adult		
scale, baby		
scissors, cord 10 cm		
scissors, episiotomy 12.5 cm		
scrub brush, surgeon's		
sheet, Macintosh		
speculum, vaginal		

FOR ALL FACILITIES PERFORMING NORMAL DELIVERIES:		
8. Equipment for Normal Delivery (cont'd.)	<i>Number available and satisfactory</i>	<i>Last purchase price</i>
sphygmomanometer		
stethoscope		
stethoscope, fetal		
suction machine		
tape measure		
thermometer		
tongue blade		
towel, baby drying		

Finally, if this facility handles obstetric surgery, visit the maternity theatre. Be sure to check for equipment that may have been sent to the Central Sterilizing Supply Unit for sterilization. Count the following items of surgical equipment and evaluate their condition. Tally the number of each item beside the name of the item as you count, and sum up the total for each item at the end.

Indicate in the appropriate column the number of items that are present and in satisfactory condition. Do not count items that are not functional, missing parts, unhygienic, or otherwise substandard.

FOR ALL HOSPITALS PERFORMING OBSTETRIC SURGERY:		
9. Hospital Surgical Equipment	<i>Number available and satisfactory</i>	<i>Last purchase price</i>
airway, sm		
airway, med		
airway, lg		
blade handle (Bard Parker #4)		
boots, nonstatic gum (pair)		
bowl, lg stainless steel		
cannula, Carmans lpas double valve		
cannula, Carmans lpas single valve		
cannula, flexible sz 10		
cannula, flexible sz 4		
cannula, flexible sz 5		

FOR ALL HOSPITALS PERFORMING OBSTETRIC SURGERY:

9. Hospital Surgical Equipment (cont'd.)	<i>Number available and satisfactory</i>	<i>Last purchase price</i>
cannula, flexible sz 6		
cannula, flexible sz 7		
cannula, flexible sz 8		
cannula, flexible sz 9		
curette, uterine double ended 7"		
curette, uterine sharp ended 9"		
dilator, Hagggar's uterine (one set, size 3-16)		
forceps, artery 8" straight		
forceps, artery Chances (COF) 7"		
forceps, artery Dunhill (COF) 5"		
forceps, artery Spencer Wells 7"		
forceps, artery fine		
forceps, dissecting, toothed, Lanes, 7"		
forceps, dissecting, nontoothed, Trevors 7"		
forceps, dissecting, nontoothed, fine		
forceps, dissecting, nontoothed, lg		
forceps, dissecting, toothed, fine		
forceps, dissecting, toothed, lg		
forceps, double toothed teneculum		
forceps, obstetric		
forceps, ovum (9") medium 2 med, 1 lg		
forceps, sponge holding		
forceps, sponge holding (Lamley or Forester) 9"		
forceps, tissue green armetage		
forceps, tissue, Allis		
forceps, valsellum Trevors 9"		
gallipot 6"		
blade handle, Bard Parker size 3		
kidney dish, lg		
kidney dish, sm		
laryngoscope		

FOR ALL HOSPITALS PERFORMING OBSTETRIC SURGERY:

9. Hospital Surgical Equipment (cont'd.)	<i>Number available and satisfactory</i>	<i>Last purchase price</i>
mayo 6 1/2" straight		
mayo 7 1/2" curved		
needle holder, long		
pack, lg green		
retractor, doyens		
retractor, lagenback med		
scissors, mayo curved		
scissors, straight		
scrub brush		
sheet, plastic Macintosh		
speculum, Auvard 9"		
speculum, Simms 9" small		
speculum, Simms 9" large		
sponge holder		
suction end (metal)		
surgical gown		
towel clip		
towel, abdominal sheet		
towel, green		
tray, placenta		
trousers, surgical		
uterine sound graduated 12" double ended		
uterine sound graduated 12" single ended		
vacuum extractor, manual		
vest, surgical		
yankaur		

INVENTORY OF COMMODITIES

Province:		District:		Health Facility:	
Date:		Data Collector:			

Visit the pharmacy or supply areas where drug and medical supply stock records are kept. If there are drug kits or bulk shipments unopened in the facility stores, be sure to count the quantities available.

*Enter the strength for each drug found (e.g., 250 mg or 30 mg/ml). If more than one strength is found, record the one with the highest stock level. **CONSIDER ANY BRAND NAME ITEMS TO BE THE SAME AS THEIR GENERIC EQUIVALENTS.** Next, physically count and record the quantity actually in stock. For tablets or capsules, record the quantity to the nearest half bottle.*

*After completing the inventory, ask the pharmacist or facility administrator to see drug and medical supply equipment purchasing records for the previous year. If purchasing records are not kept in the health facility, there may be copies in the District Office. For any drug or medical supply item purchased during the previous year, record the most recent purchase price. Prices should **NOT** be estimated, but based on actual recorded values. If no purchases were made, or records cannot be located, leave cells blank.*

FOR ALL FACILITIES:

10. Inventory of Basic Drugs			Physical count	Last purchase price
Name	Form	Strength?		
amoxicillin	cap			
augmentin	tablet			
benzathine penicillin	vial			
chloroquine phosphate	tablet			
doxycycline	cap			
erythromycin	tablet			
ferrous sulphate	tablet			
folic acid	tablet			
mebendazole	tablet			
metronidazole	tablet			
norfloxacin	tablet			
paracetamol	tablet			
probenecid	tablet			

FOR ALL FACILITIES PERFORMING NORMAL DELIVERIES:				
11. Inventory of Additional Drugs for Delivery			<i>Physical count</i>	<i>Last purchase price</i>
<i>Name</i>	<i>Form</i>	<i>Strength?</i>		
cotrimoxazole	tablet			
ergometrine	amp			
lidocaine	ml			
normal saline	bottle			
oxytocin	amp			
tetracycline 1% ointment	tube			

FOR HOSPITALS OFFERING REFERRAL CARE OR OBSTETRIC SURGERY:				
12. Inventory of Referral Drugs			<i>Physical count</i>	<i>Last purchase price</i>
<i>Name</i>	<i>Form</i>	<i>Strength?</i>		
amikacin	vial			
ampicillin	cap			
ampicillin	vial			
atropine	amp			
ciprofloxacin	tablet			
cloxacillin	cap			
crystalline penicillin	vial			
dextrose 5%	bottle			
dextrose and normal saline	bottle			
diazepam	amp			
gentamicin	amp			
hydralazine	amp			
methyldopa	tablet			
metronidazole suspension	bottle			
neostigmine	amp			
pancurarium	amp			
pethidine	amp			
phenobarbitone	tablet			
prochlorperazine	amp			

FOR HOSPITALS OFFERING REFERRAL CARE OR OBSTETRIC SURGERY:

12. Inventory of Referral Drugs (cont'd.)			<i>Physical count</i>	<i>Last purchase price</i>
<i>Name</i>	<i>Form</i>	<i>Strength?</i>		
sterile water	vial			
suxamethonium	amp			
thiopentone sodium	amp			

FOR ALL FACILITIES:

13. Inventory of Basic Medical Supplies	<i>Physical count</i>	<i>Last purchase price</i>
antenatal record		
glass slide		
glass tube, blood, red top		
glass tube, capillary		
lancet		
reagent for blood typing		
syringe and needle		
urine dipsticks (bottle of 100)		
VDRL kit		

FOR ALL FACILITIES PERFORMING NORMAL DELIVERIES:

14. Inventory of Additional Medical Supplies	<i>Physical count</i>	<i>Last purchase price</i>
branula		
cord clamps		
gauze, absorbent		
gloves, non-sterile (pair)		
gloves, sterile (pair)		
IV set		
hypochloride 1 L		
sutures, chromic or plain catgut		

FOR HOSPITALS OFFERING REFERRAL CARE OR OBSTETRIC SURGERY:

15. Inventory of Surgical Supplies	<i>Physical count</i>	<i>Last purchase price</i>
adhesive tape, roll		
elastoplast, roll		
endotracheal tube sz 7.5		
jug, hibitens w/ water, 10 L		
KY jelly, tube		
paper caps		
paper masks		
partogram		
plastic bags, leakproof lg		
scalpel blades sz 23		
spirits 5cc		
suction catheter sz 10		
sutures, chromic catgut sz 1 or 2		
swabs, abdominal lg (1/10 roll)		
swabs, small ratex		
syringe and needle, 20cc		
syringe and needle, 2cc		
syringe and needle, 5cc		

STOCK-OUTS OF TRACER DRUGS

If pharmacy stock records are routinely kept, record the number of days for which the following tracer drugs were out of stock during the previous six months. For each date on which stocks were drawn down to zero, count the number of days in each month until stocks were resupplied and write that number in the appropriate column. If there were no recorded stock-outs in a month, enter 0. If no stock records were kept for a given item, leave it blank.

16. Stock-Outs of Tracer Drugs		Month/Year					
		/	/	/	/	/	/
amoxicillin	cap						
benzathine penicillin	vial						
cotrimoxazole	tablet						
dextrose 5%	bottle						
doxycycline	cap						
ergometrine	amp						
ferrous sulphate	tablet						
lidocaine	ml						
metronidazole	tablet						
normal saline	bottle						
oxytocin	amp						

DATA COLLECTOR OBSERVATIONS

Notes about record keeping at the hospital:

Other observations:

Procedures for Studying Health Care Practice

Check to identify which reproductive health services are offered at the facility. For all services listed below that are offered, select a *random sample of patients* treated at the facility during the *previous five months*. In addition, select randomly from *current postnatal patients* still in the facility and from *current antenatal care patients*. The exact procedures for selecting cases are described below.

Identify cases from registers and medical records as follows:

For Deliveries, Cesarean Sections, and Cases of Maternal Hemorrhage or Sepsis

1. Identify sample cases using one of the suggested registers of cases (see tables 1 and 2)—the maternity log, the surgical theatre log, or the gynecological or medical ward logs.
2. Search for cases in chronological order, starting with the first patient on or after the cutoff date determined prior to the data collection.
3. Search for a case with the correct condition or diagnosis of interest and, when one is found, list her information on the appropriate Listing Form in the space for Primary Sample Cases.
4. Search for the next case with the correct condition or diagnosis and list her identifying information on the Listing Form in the space for Alternative Sample Cases.
5. After the initial primary and the initial alternative case have been found, continue listing one primary and one alternative case per week (for deliveries in a hospital), per two weeks (for C-sections or health center deliveries), or per month (for hemorrhage or sepsis cases).
6. This listing is achieved by skipping to the 8th of the month (if listing deliveries in a hospital), the 15th of the month (if listing C-sections or deliveries in a health center), or the beginning of the next month (if listing hemorrhage or sepsis cases) and repeating steps 2–4.
7. If fewer than the target number of cases to be listed (that is, 40, 20, or 10, respectively) were seen for any condition or diagnosis during the five months under study, simply list all the appropriate cases that were seen during this period.
8. After listing the target number of cases, search for the medical records of the primary sample cases in the department where they are kept at this facility and, for each record found, record the relevant treatment data on the Patient Contact Form.
9. If the medical record for a primary sample case cannot be found, substitute an alternative case, preferably the one seen in the same period as the primary case.
10. Stop recording treatment data after the target number of cases to be recorded has been reached, or when you have searched for all medical records of the listed primary and alternative cases.
11. If no medical records are kept at the facility for a given type of case, simply fill in the listing forms and make a note in the comments section of the Health Facility Survey Form.

For STI Cases and Urinary Tract Infections (UTIs)

1. Identify cases from diagnoses recorded in the outpatient treatment registers, which, in the case of STIs, may be a special register from the STI Program.
2. Usually data on drugs prescribed are recorded directly in the treatment register, so it is not necessary to list cases but only to transfer treatment data to the Patient Contact Form.
3. Record treatment data for one patient every two weeks for STI patients in any type of health facility and for UTI patients in hospitals, and for one UTI patient per month in health centers.
4. If no data on drugs appear on the treatment register, search for data for the sample cases in prescriptions retained at the pharmacy for this period, using the patient's name, ID number, and date.
5. If neither source of data is available on outpatient treatment, skip these cases and make a note in the comments section of the Health Facility Survey Form.

For Current Postnatal Patients

1. Make a list of names of all mothers currently staying in the health facility who have delivered a baby within the past week, including mothers with complications who may have been admitted to the general medical or surgical wards. (See Maternal History in Mothers Interview Form.)
2. Select up to five mothers from this list in hospitals or maternity homes and up to three mothers in health centers.
3. If there are fewer than the target number of mothers, select all who are available and make a note in the comments section of the Health Facility Survey Form.
4. Ask to see the ANC cards and medical records of the mothers in the sample, and record the content of their first antenatal visits on the Patient Contact Form.
5. Interview briefly the mothers in the sample, explaining the purpose of the study, and gather the data to complete the Mothers Interview Form.

For Current ANC Patients

1. Visit the MCH clinic of the facility, or the outpatient department (OPD) if MCH services are integrated, to identify mothers who have come for ANC services.
2. Choose at random five mothers who have ANC cards or books with them, explain briefly the purpose of the study, and ask to examine their cards or books.
3. Record the information from their cards or books pertaining to *their first ANC visit only* on the Patient Contact Form.
4. Interview the mothers in the sample and gather the data to complete the Mothers Interview Form, skipping the sections pertaining to labor and delivery.
5. The ANC sample should *always* be completed at a hospital, but if there are too few ANC mothers present at a health center or dispensary on the day of the survey, skip these cases and make a note in the comments section of the Health Facility Survey Form.

Table 1. Guidelines for Selecting Patient Encounter Samples at Facilities with Referral Services

IF THE FACILITY IS A HOSPITAL OR MATERNITY HOME OFFERINGS REFERRAL SERVICES			
RH Problem	No. to Record	No. to List	Possible Sources of Patient Records
RETROSPECTIVE SAMPLE			
Deliveries	20	40	maternity log
Cesarean section	10	20	delivery outcome cards, theatre or maternity logs
Maternal hemorrhage	5	10	gynecology ward or theatre logs
Maternal sepsis	5	10	gynecology or general medicine ward logs
STI (gonorrhea, syphilis, PID)	10	NA	STI program or OPD treatment logs
Urinary tract infections	10	NA	OPD treatment log
CONCURRENT SAMPLE			
Current ANC patients	5	NA	mothers waiting for ANC services
Current deliveries	Up to 5	NA	current postnatal patients

Table 2. Guidelines for Selecting Patient Encounter Samples at Facilities without Referral Services

IF THE FACILITY IS A HEALTH CENTER OR MATERNITY HOME WITHOUT REFERRAL SERVICES			
RH Problem	No. to Record	No. to List	Possible Sources of Patient Records
RETROSPECTIVE SAMPLE			
Deliveries	10	20	maternity log
STI (gonorrhea, syphilis, PID)	10	NA	STI program or OPD treatment logs
Urinary tract infections	5	NA	OPD treatment log
CONCURRENT SAMPLE			
Current ANC patients	5	NA	mothers waiting for ANC services
Current deliveries	Up to 3	NA	current maternity patients

Cost-Estimate Strategy (CES) Survey

MATERNAL DELIVERIES RETROSPECTIVE LISTING FORM

District:		Health Facility:	
Date of Interview:		Data Collector:	

PRIMARY SAMPLE OF DELIVERIES

	<i>Visit Date</i>	<i>Name</i>	<i>ID</i>	<i>Outcome/ Complication</i>	<i>Record Found?</i>
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

Cost-Estimate Strategy (CES) Survey

MATERNAL DELIVERIES RETROSPECTIVE LISTING FORM

ALTERNATIVE SAMPLE OF DELIVERIES

	<i>Visit Date</i>	<i>Name</i>	<i>ID</i>	<i>Outcome/ Complication</i>	<i>Record Found?</i>
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
36					
37					
38					
39					
40					

Cost-Estimate Strategy (CES) Survey

CESAREAN SECTION RETROSPECTIVE LISTING FORM

District:		Health Facility:	
Date of Interview:		Data Collector:	

PRIMARY SAMPLE OF C-SECTIONS

	<i>Visit Date</i>	<i>Name</i>	<i>ID</i>	<i>Outcome/Complication</i>	<i>Record Found?</i>
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

ALTERNATIVE SAMPLE OF C-SECTIONS

	<i>Visit Date</i>	<i>Name</i>	<i>ID</i>	<i>Outcome/Complication</i>	<i>Record Found?</i>
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

Cost-Estimate Strategy (CES) Survey

MATERNAL HEMORRHAGE RETROSPECTIVE LISTING FORM

District:		Health Facility:	
Date of Interview:		Data Collector:	

PRIMARY SAMPLE OF HEMORRHAGE CASES

	<i>Visit Date</i>	<i>Name</i>	<i>ID</i>	<i>Outcome/Complication</i>	<i>Record Found?</i>
1					
2					
3					
4					
5					

ALTERNATIVE SAMPLE OF HEMORRHAGE CASES

	<i>Visit Date</i>	<i>Name</i>	<i>ID</i>	<i>Outcome/Complication</i>	<i>Record Found?</i>
6					
7					
8					
9					
10					

Cost-Estimate Strategy (CES) Survey

MATERNAL SEPSIS RETROSPECTIVE LISTING FORM

District:		Health Facility:	
Date of Interview:		Data Collector:	

PRIMARY SAMPLE OF MATERNAL SEPSIS CASES

	<i>Visit Date</i>	<i>Name</i>	<i>ID</i>	<i>Outcome/Complication</i>	<i>Record Found?</i>
1					
2					
3					
4					
5					

ALTERNATIVE SAMPLE OF MATERNAL SEPSIS CASES

	<i>Visit Date</i>	<i>Name</i>	<i>ID</i>	<i>Outcome/Complication</i>	<i>Record Found?</i>
6					
7					
8					
9					
10					

Cost-Estimate Strategy (CES) Survey

Cost-Estimate Strategy (CES) Survey

PATIENT CONTACT FORM

District:		Health Facility:		Data Collector:		Date:	
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Type*	Patient ID	Visit Date	Age	Prescriber**
	Describe Conditions/Health Problems			Code
	Drug Name/Strength or Lab Test		Dose/Quantity	Code
Drugs or Lab Tests				
Comments (e.g., outcomes or complications):				

	Describe Conditions/Health Problems	Code	
	Drug Name/Strength or Lab Test	Dose/Quantity	Code
Drugs or Lab Tests			
Comments (e.g., outcomes or complications):			

*Type: 1=delivery, 2=Cesarean section, 3=hemorrhage, 4=sepsis, 5=STI, 6=UTI, 7=current ANC

**Prescriber: 1=doctor, 2=clinical officer, 3=nurse, 4=midwife, 5=other

Type*	Patient ID	Visit Date	Age	Prescriber**
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Cost-Estimate Strategy (CES) Survey

Cost-Estimate Strategy (CES) Survey

HEALTH CARE PROVIDER INTERVIEW

District:		Health Facility:	
Facility Type: (HO=hospital; HC=health center; DI=dispensary)			
Facility Administration (G=government; N=nonprofit private, P=for-profit private)			
Date:		Data Collector:	

Find out from the medical officer in charge the names of all staff currently present at this health facility who are routinely involved in prenatal care, delivery, treatment of postnatal complications, or treatment of STDs. From this list, randomly select the following clinicians to be interviewed:

<u>Type</u>	<u>Number</u>
OB/Gyn or other physician (if present)	1
clinical officer (if present)	1
nurse-midwife, nurse, or midwife	2

Locate the clinician and conduct the interview in a private location.

RESPONDENT BACKGROUND

After introducing the purpose of the study to the respondent, confirm that he/she is currently involved in treating women during pregnancy, delivery, or with STDs. Explain that you would like to ask some general questions about his/her background, training, and current duties.

1. Respondent gender	<i>Check one.</i>	1 Male	2 Female
2. What is your highest level of qualification?		<i>Check one category</i>	
OB/Gyn Specialist		1.	
GP or other medical specialty		2.	
Clinical Officer		3.	
Nurse WITH midwifery training		4.	
Nurse WITHOUT midwifery training		5.	
Midwife		6.	
3. How long have you been in practice?	<i>Check one.</i>	1. Less than 2 years 2. 2 –7 years 3. More than 7 years	

SERVICE PROVISION AND PRACTICE

4. Do you currently provide the following services? <i>Read and ask about each service separately.</i>	Check box <input checked="" type="checkbox"/>	
Antenatal care	1 Yes	0 No
Treatment of STDs	1 Yes	0 No
Normal delivery	1 Yes	0 No
Cesarean section	1 Yes	0 No
Management of abortion complications/incomplete delivery	1 Yes	0 No

5. When was the last time you saw a woman for her first antenatal visit ?	Check one category <input checked="" type="checkbox"/>
Within the last week	1.
Within the last six months	2.
More than six months ago	3. skip to Q. 7
Never	4. skip to Q. 7

6. What medicines (including immunizations) or tests did you order or give to her? <i>Elicit spontaneous response; DO NOT READ OUT LIST. Probe for multiple responses by asking "Anything else?" ONLY DRUGS AND TESTS should be listed.</i>			
Medicine / Immunization	Check <input checked="" type="checkbox"/> if mentioned	Test	Check <input checked="" type="checkbox"/> if mentioned
iron folate		blood grouping	
tetanus toxoid		hemoglobin	
quinine		malaria smear	
chloroquine		stool for ova and parasites	
		urine analysis for glucose & protein	
other drugs (<i>specify</i>):	Code	other tests (<i>specify</i>):	Code
a.		a.	
b.		b.	
c.		c.	

7. When was the last time you provided care to a woman with moderate pre-eclampsia ?	<i>Check one category</i> <input checked="" type="checkbox"/>
Within the last week	1.
Within the last six months	2.
More than six months ago	3. skip to Q. 9
Never	4. skip to Q. 9

8. What medicines or tests did you order or give to her?

*Elicit spontaneous response; DO NOT READ OUT LIST.
Probe for multiple responses by asking "Anything else?"
ONLY DRUGS AND TESTS should be listed.*

<i>Medicine</i>	<i>Check <input checked="" type="checkbox"/> if mentioned</i>	<i>Test</i>	<i>Check <input checked="" type="checkbox"/> if mentioned</i>
diazepam		urine for protein	
hydralazine		other tests (<i>specify</i>):	Code
methyldopa		a.	
paracetamol		b.	
phenobarbitone		c.	
propranolol		d.	
other drugs (<i>specify</i>):	Code		
a.			
b.			

9. When was the last time you cared for a women whose labor was not progressing but who did NOT require a Cesarean section ?	<i>Check one category</i> <input checked="" type="checkbox"/>
Within the last week	1.
Within the last six months	2.
More than six months ago	3. skip to Q. 11
Never	4. skip to Q. 11

10. What medicines or tests did you order or give to her before or during her delivery?

*Elicit spontaneous response; DO NOT READ OUT LIST.
Probe for multiple responses by asking "Anything else?"
ONLY DRUGS AND TESTS should be listed.*

Medicine	Check <input checked="" type="checkbox"/> if mentioned	Test	Check <input checked="" type="checkbox"/> if mentioned
dextrose 5%		(specify)	Code
diazepam		a.	
ergometrine		b.	
oxytocin		c.	
paracetamol		d.	
other drugs (specify):	Code		
a.			
b.			
c.			

11. When was the last time that you attended a **normal delivery**?

Check one category

Within the last week	1.
Within the last six months	2.
More than six months ago	3. skip to Q. 13
Never	4. skip to Q. 13

12. What medicines or tests did you order or give to her?

*Elicit spontaneous response; DO NOT READ OUT LIST.
Probe for multiple responses by asking "Anything else?"
ONLY DRUGS AND TESTS should be listed.*

Medicine	Check <input checked="" type="checkbox"/> if mentioned	Test	Check <input checked="" type="checkbox"/> if mentioned
diazepam		(specify):	Code
ergometrine		a.	
paracetamol		b.	
vitamin K		c.	
other drugs (specify):	Code	d.	
a.			
b.			

13. When was the last time you treated a woman who was hemorrhaging before, during, or after childbirth?	<i>Check one category</i> <input checked="" type="checkbox"/>
Within the last week	1.
Within the last six months	2.
More than six months ago	3. skip to Q. 15
Never	4. skip to Q. 15

14. What medicines (including blood and IV fluids) or tests did you order or give to her? <i>Elicit spontaneous response; DO NOT READ OUT LIST. Probe for multiple responses by asking "Anything else?" ONLY DRUGS AND TESTS should be listed.</i>			
<i>Name of Medicine / Blood IV fluid</i>	<i>Check <input checked="" type="checkbox"/> if mentioned</i>	<i>Test</i>	<i>Check <input checked="" type="checkbox"/> if mentioned</i>
ergometrine		other tests (<i>specify</i>):	Code
oxytocin		a.	
blood transfusion		b.	
IV fluid (<i>specify</i>):		c.	
other drugs (<i>specify</i>):	Code	d.	
a.			
b.			

15. When was the last time you performed a Cesarean section ?	<i>Check one category</i> <input checked="" type="checkbox"/>
Within the last week	1.
Within the last six months	2.
More than six months ago	3. skip to Q. 17
Never	4. skip to Q. 17

16. What medicines (including IV fluids, anesthesia, and analgesics) or tests did you order or give during the Cesarean section?

*Elicit spontaneous response; DO NOT READ OUT LIST.
Probe for multiple responses by asking "Anything else?"
ONLY DRUGS AND TESTS should be listed.*

Medicine	Check <input type="checkbox"/> if mentioned	Test	Check <input type="checkbox"/> if mentioned
atropine		(specify):	Code
IV fluids		a.	
neostigmine		b.	
normal saline		c.	
oxytocin		d.	
paracetamol		e.	
pethidine		f.	
prochlorperazine		g.	
sterile water			
suxamethonium			
thiopentone sodium			
other drugs (<i>specify</i>):	Code		
a.			
b.			

17. When was the last time you treated a women with postpartum sepsis ?	Check one category <input type="checkbox"/>
Within the last week	1.
Within the last six months	2.
More than six months ago	3. skip to Q. 19
Never	4. skip to Q. 19

18. What medicines (including IV fluids) or tests did you order or give to her?
*Elicit spontaneous response; DO NOT READ OUT LIST.
 Probe for multiple responses by asking "Anything else?"
 ONLY DRUGS AND TESTS should be listed.*

Medicine	Check <input checked="" type="checkbox"/> if mentioned	Test	Check <input checked="" type="checkbox"/> if mentioned
amoxicillin		(specify):	Code
ampicillin		a.	
dextrose 5%		b.	
gentamicin		c.	
metronidazole		d.	
paracetamol		e.	
other drugs (specify):	Code		
a.			
b.			

19. When was the last time you treated a woman with **urinary tract infection**? *Check one category*

Within the last week	1.
Within the last six months	2.
More than six months ago	3. skip to Q. 21
Never	4. skip to Q. 21

20. What medicines or tests did you order or give to her?
*Elicit spontaneous response; DO NOT READ OUT LIST.
 Probe for multiple responses by asking "Anything else?"
 ONLY DRUGS AND TESTS should be listed.*

Medicine	Check <input checked="" type="checkbox"/> if mentioned	Test	Check <input checked="" type="checkbox"/> if mentioned
ampicillin		(specify):	Code
amoxicillin		a.	
cotrimoxazole		b.	
erythromycin		c.	
metronidazole		d.	
nitrofurantoin		e.	

20. What medicines or tests did you order or give to her (cont'd.)?
*Elicit spontaneous response; DO NOT READ OUT LIST.
 Probe for multiple responses by asking "Anything else?"
 ONLY DRUGS AND TESTS should be listed.*

other drugs (<i>specify</i>):	Code		
a.			
b.			

21. When was the last time you treated a woman with **genital ulcers**? *Check one category*

Within the last week	1.
Within the last six months	2.
More than six months ago	3. skip to Q. 23
Never	4. skip to Q. 23

22. What medicines or tests did you order or give to her?
*Elicit spontaneous response; DO NOT READ OUT LIST.
 Probe for multiple responses by asking "Anything else?"
 ONLY DRUGS AND TESTS should be listed.*

Medicine	Check <input checked="" type="checkbox"/> if mentioned	Test	Check <input checked="" type="checkbox"/> if mentioned
amoxicillin		(specify):	Code
benzathine penicillin		a.	
ciprofloxacin		b.	
doxycycline		c.	
erythromycin		d.	
norfloxacin		e.	
other drugs (<i>specify</i>):	Code		
a.			
b.			

23. When was the last time you treated a woman with a **vaginal discharge**? *Check one category*

Within the last week	1.
Within the last six months	2.
More than six months ago	3. skip to Q. 25
Never	4. skip to Q. 25

24. What medicines or tests did you order or give to her?

*Elicit spontaneous response; DO NOT READ OUT LIST.
Probe for multiple responses by asking "Anything else?"
ONLY DRUGS AND TESTS should be listed.*

Medicine	Check <input type="checkbox"/> if mentioned	Test	Check <input type="checkbox"/> if mentioned
amoxicillin		(specify):	Code
augmentin		a.	
doxycycline		b.	
erythromycin		c.	
norfloxacin		d.	
probenecid			
other drugs (specify):	Code		
a.			
b.			

25. When was the last time that you treated a woman with **vaginal discharge** and **lower abdominal pain**?

Check one category

Within the last week	1.
Within the last six months	2.
More than six months ago	3. skip to end
Never	4. skip to end

26. What medicines and/or tests did you order or give to her?

*Elicit spontaneous response; DO NOT READ OUT LIST.
 Probe for multiple responses by asking "Anything else?"
 ONLY DRUGS AND TESTS should be listed.*

Medicine	Check <input type="checkbox"/> if mentioned	Test	Check <input type="checkbox"/> if mentioned
amoxicillin		(specify):	Code
doxycycline		a.	
erythromycin		b.	
metronidazole		c.	
norfloxacin		d.	
other drugs (specify):	Code		
a.			
b.			

This is the end of the interview. Thank the participant for his/her time.

Cost-Estimate Strategy (CES) Survey

MOTHERS INTERVIEW FORM

District:		Health Facility:	
Date of Interview:		Data Collector:	

This form should be used for interviewing (1) women who just gave birth and are still in their postnatal stay or (2) pregnant mothers attending MCH clinic. After introducing yourself and the survey, explain that you would like to ask about her experience during pregnancy (and birth, if she has already delivered).

1. Type of Respondent (check one):	a. Antenatal clinic attender	
	b. Postnatal mother	

ANTENATAL CARE

2. How many months pregnant were you when you first visited a health facility for antenatal care during this pregnancy? <i>Enter number of months; if no antenatal visits, enter 0.</i>	months If no ANC visit, skip to Q. 8
3. What kind of health facility did you attend for your first antenatal visit? <i>Read list and check one.</i>	Check one type <input checked="" type="checkbox"/>
a. government hospital	1.
b. mission hospital	2.
c. government health center	3.
d. government dispensary	4.
f. other (<i>specify</i>):	5.
4. Did they do any of the following during your first antenatal visit? <i>Read each item and record response; leave item blank if mother does not know.</i>	Check box <input checked="" type="checkbox"/>
a. take a blood sample from you or prick your thumb for tests?	1 Yes 0 No
b. take urine from you for tests?	1 Yes 0 No
c. take stool from you for tests?	1 Yes 0 No
5. Did you receive any drugs or injections during your first antenatal visit?	1 Yes 0 No Skip to Q.7

6. Which drugs were they? <i>Elicit spontaneous response; DO NOT READ LIST; probe by asking "Anything else?"</i>	Check boxes <input checked="" type="checkbox"/>
drug for anemia (iron folate, ferrous sulfate, folic acid)	
vitamin	
tetanus immunization	
malaria medication	
others (specify):	
7. Overall, please tell me all the drugs that you are taking (or have taken) during your pregnancy, including those suggested by health workers and those you got for yourself. <i>Elicit spontaneous response; DO NOT READ LIST; probe by asking "Anything else?"</i>	Check box(es) <input checked="" type="checkbox"/>
drug for anemia (iron folate, ferrous sulfate, folic acid)	
vitamin	
tetanus immunization	
malaria medication	
others (specify):	

If the respondent is a mother attending an antenatal clinic, this is the end of the interview. Thank the respondent for her time and ask if she has any questions.

COMMODITIES AND COST FOR DELIVERY

8. Were you asked to bring any of the following drugs or supplies to this facility for your delivery? <i>Read list, check box, and enter number and cost of each item.</i>	Check box <input checked="" type="checkbox"/>		<i>If yes, enter no. and cost</i>	
			Number	Cost
gloves	1 Yes	0 No		
sutures	1 Yes	0 No		
drugs (specify):	1 Yes	0 No		
mackintosh	1 Yes	0 No		
other (specify):	1 Yes	0 No		
9. In total, how much did you spend to buy items that you needed for your delivery? <i>Enter the amount. If not known or if no items were purchased, enter 0.</i>				
10. Finally, I would like to know a few things about your labor and delivery.	Check box <input checked="" type="checkbox"/>			
a. Did you have surgery for your delivery?	1 Yes	0 No		
b. Did you receive any IV drugs while you were in the labor room?	1 Yes	0 No		
c. Did you receive a blood transfusion?	1 Yes	0 No		

This is the end of the interview. Thank the respondent for her time and ask if she has any questions.

Cost-Estimate Strategy (CES) Survey

PHARMACY SURVEY FORM

District:		Pharmacy:	
Date:		Data Collector:	

Introduce yourself to the person in charge of the pharmacy and explain the purpose of the study. Ask if it would be possible to ask a few short questions about care during pregnancy to (1) the pharmacist and (2) one of the counter staff who regularly waits on customers. Conduct the interviews separately.

1. Type of respondent (check one):	a. pharmacist	
	b. other pharmacy employee	

PRACTICES AND RECOMMENDATIONS

2. On average, about how many pregnant women visit this pharmacy each week? <i>Enter number; if not known, enter 0.</i>		
3. Are there drugs (prescription or OTC) that you <u>recommend</u> for pregnant women? <i>If yes, ask to see the drugs and record the following information.</i>		1 Yes
		0 No
<i>Trade Name, Strength</i>	<i>Amount usually sold to one customer</i>	<i>Price to the customer</i>
a.		
b.		
c.		
d.		
e.		

4. Are there drugs (prescription or OTC) that you <u>recommend against</u> for pregnant women? <i>If yes, ask to see the drugs and record the following information.</i>		1 Yes	0 No
Trade Name, Strength		Amount usually sold to one customer	Price to customer
a.			
b.			
c.			
d.			
e.			
5. Is there any other information that you give to pregnant customers? What? <i>Elicit spontaneous response; probe for multiple responses; do not read the list.</i>		Check box <input checked="" type="checkbox"/>	
a. Visit an antenatal care clinic		1 Yes	0 No
b. Take iron folate		1 Yes	0 No
c. Dietary advice (<i>specify</i>):		1 Yes	0 No
d. Other (<i>specify</i>):		1 Yes	0 No
6. If you have a female customer who has had vaginal discharge for the last two weeks, what would you recommend to her? <i>Elicit spontaneous response; probe for multiple responses; do not read the list.</i>		Check box <input checked="" type="checkbox"/>	
Visit a doctor		1 Yes	0 No
Get tested for STI		1 Yes	0 No
Take drugs (<i>specify</i>):		1 Yes	0 No
Other (<i>specify</i>):		1 Yes	0 No
7. If you recommend drugs, could you please show me the ones you recommend? <i>Record the following information.</i>			
Trade Name, Strength		Amount usually sold to one customer	Price to customer
a.			
b.			
c.			
d.			
e.			

MEDICAL SUPPLIES FOR DELIVERY

8. If a pregnant customer or her family member comes to your shop to buy medical supplies for her delivery at a health facility, what items does she usually buy?

<i>Item</i>	<i>Number of Units</i>	<i>Unit Price</i>
a.		
b.		
c.		
d.		
e.		

If this is the second interview conducted in this pharmacy and you have already completed the inventory of commodities, skip to the end of the interview.

INVENTORY OF COMMODITIES

Check if this pharmacy has the following drugs in stock. The drugs are listed by generic names, but consider all brand name products containing the same ingredient to be equivalent. If one or more equivalent products are in stock, ask the respondent which is the most popular. Record the trade name, strength, pack size, and price of the most popular brand for each item.

<i>Tracer Drugs</i>		<i>Check <input checked="" type="checkbox"/> if in stock</i>	<i>Information on most popular brand</i>		
			<i>Trade Name, Strength</i>	<i>Usual amount sold to one customer</i>	<i>Price to the customer</i>
amoxicillin	cap				
benzathine penicillin	vial				
cotrimoxazole	tablet				
dextrose 5%	bottle				
doxycycline	cap				
ergometrine	amp				
ferrous sulphate	tablet				
lidocaine	ml				
metronidazole	bottle				
normal saline	amp				
oxytocin	tablet				

<i>Tracer Supplies</i>	<i>Check ☒ if in stock</i>	<i>Information on most popular brand</i>		
		<i>Trade Name, Strength</i>	<i>Usual amount sold to one customer</i>	<i>Price to the customer</i>
gauze, absorbent				
gloves, sterile (pair)				
sheet, plastic (Macintosh)				
sutures, chromic or catgut				

This is the end of the interview. Thank the respondent for his/her time and ask if there are any questions.

Cost-Estimate Strategy (CES) Survey

Instructions for Simulated Purchase Survey at Pharmacies

Scenario:

The surveyor will enter the pharmacy and tell the pharmacy attendant (regardless if she/he is a pharmacist or not) that she thinks she is pregnant. She has been feeling sick in the morning and sometimes vomits. She also feels weak and dizzy. The surveyor will then ask the person at the counter who assists her for advice on what products are best to treat this condition.

No other information will be given at this point, unless asked for by the pharmacy attendant.

At some point before the end of the interview, ask the pharmacy attendant if she/he is a pharmacist.

Only if the pharmacy attendant asks her questions, the surveyor will provide the following information:

General Condition:

- ▶ The surveyor has been having this problem for the last few weeks.
- ▶ Her last period was 4 months ago.
- ▶ She does not have joint pain or fever.
- ▶ She does not have any previous children.

Antenatal Care:

- ▶ She has not visited any doctor because she is usually very busy during the day.
- ▶ She does not have a regular doctor.
- ▶ She is not taking any medication or special food.

Purchase of Drugs:

- ▶ At first, the surveyor should not mention how much she is willing to spend on drugs to treat her condition.
- ▶ If the total cost of products that the pharmacy attendant recommends exceeds the amount that was set for the survey (about \$5 in local currency), she should mention that she has only a little money to spend on drugs.
- ▶ If the pharmacy attendant recommends an antibiotic for more than one week, the surveyor should tell the pharmacy attendant that she would like to try it for one week first.

Actions:

The surveyor will remember:

- ▶ Any questions that the pharmacy attendant asks before making a recommendation;
- ▶ Any advice about the products recommended;
- ▶ Any advice about products that she should avoid;
- ▶ Any other advice about how to deal with the condition she presented.

Purchase all products recommended in the quantities offered, if they are within the amount which the surveyor told the pharmacy attendant she can spend. (*Keep all receipts.*) Remember names and prices of products that the surveyor does not purchase, but which were recommended by the shop attendant.

All information should be recorded on the information sheets by the surveyor as soon as possible after leaving the store.

Cost-Estimate Strategy (CES) Survey

Cost-Estimate Strategy (CES) Survey

PHARMACY SIMULATED PURCHASE SURVEY FORM

Province:		District:		Name of Pharmacy:	
Date:		Data Collector:			

Complete this form after leaving the store, based on your memory of the interaction with the pharmacist or shop attendant.

ANTENATAL CARE

1. Person who waited on simulated customer:	Check box <input checked="" type="checkbox"/>	
	1 Pharmacist	
	2 Other	

2. Which of the following questions did the counter attendant ask you before making a treatment recommendation?	Check box <input checked="" type="checkbox"/>	
a. Pregnancy tested?	1 Yes	0 No
b. Visited antenatal care or OB/GYN doctor?	1 Yes	0 No
c. When was the last period?	1 Yes	0 No
d. Have lack of sleep or rest?	1 Yes	0 No
e. Have joint pain?	1 Yes	0 No
f. Have fever?	1 Yes	0 No
g. Lost appetite?	1 Yes	0 No
h. Other (<i>specify</i>):	1 Yes	0 No
	1 Yes	0 No

3. Record the following information about all drugs recommended, including those that you did not purchase because of the price. Check the products that you purchased.

<i>Brand Name (Generic Name)</i>	<i>Reason Recommended</i>	<i>Number Suggested</i>	<i>Price for Suggested Number</i>	<i>Check if Purchased</i>
a. (generic name:)				
b. (generic name:)				
c. (generic name:)				
d. (generic name:)				
e. (generic name:)				
f. (generic name:)				
g. (generic name:)				

4. When you mentioned that you had a limited budget, what advice did the attendant give you?

Check box

a. To substitute less expensive generic products	1 Yes	0 No
b. To purchase fewer products	1 Yes	0 No
c. To purchase less of the products recommended	1 Yes	0 No
c. To purchase all drugs, and pay later	1 Yes	0 No
d. Other (<i>specify</i>):	1 Yes	0 No

5. What other advice did the pharmacy attendant give you?	Check box <input checked="" type="checkbox"/>	
a. To visit an antenatal care clinic	1 Yes	0 No
b. Recommended a doctor or midwife	1 Yes	0 No
c. Diet or food supplement	1 Yes	0 No
d. To have blood pressure checked	1 Yes	0 No
e. To avoid certain drugs	1 Yes	0 No
f. Other (<i>specify</i>):	1 Yes	0 No
	1 Yes	0 No
	1 Yes	0 No
	1 Yes	0 No

Comments:

