

| Form ID | Province ID |  | District ID |  | Commune ID |  |
|---------|-------------|--|-------------|--|------------|--|
|         |             |  |             |  |            |  |

**FORM 1: BACKGROUND INFORMATION ON THE PHYSICAL FACILITIES AND EQUIPMENT OF THE COMMUNE HEALTH CENTER IN 2014**

| BACKGROUND                                       |                                   |
|--|-----------------------------------|
| Province   | .....                             |
| District   | .....                             |
| Commune health center (CHC)                      | .....                             |
| Reported by:                                     | .....                             |
| Tel  | .....                             |
| Email  | .....                             |
| GPS position (to be filled in by the study team) | .....                             |
| Data provided on                                 | Date ..... Month ..... Year ..... |

| A. PHYSICAL FACILITIES |   |  |
|------------------------|---|--|
| 1.                     | Distance from the CHC to a district hospital                            | ..... km   |
| 2.                     | Time travelling by car from the CHC to a district hospital              | ..... minutes  |
| 3.                     | Time travelling by car from the CHC to a province hospital              | ..... minutes  |
| 4.                     | Time travelling by car from the CHC to the provincial Health Department | ..... minutes  |
| 5.                     | Current area of land used by the CHC                                    | ..... m <sup>2</sup>   |
| 6.                     | Built-up area of the CHC  | ..... m <sup>2</sup>   |
| 7.                     | Total number of functions   | ..... divisions  |
| 8.                     | Inpatient beds available at the CHC                                     | .....  |
| 9.                     | Regular power supply for the CHC<br>(select ONE option only)            | 1. Grid power<br>2. Generator<br>3. Others (specify): .....  |
| 10.                    | Backup power available<br>(MULTIPLE choices are allowed)                | 1. Other local generators<br>2. CHC's generator<br>3. Wind power, solar power<br>4. Others (specify): .....<br>5. None |

|     |  |   |
|-----|--|---|
| 11. | In the last three months, did the CHC ever lose access to electricity power for two consecutive hours or longer? | 1. Yes<br>2. No → <b>Move to question 13</b>  |
| 12. | If yes, in the last three months, how many cumulative days was the CHC in that situation?                        | ..... days  |
| 13. | What is the CHC's main water supply?<br>(select ONE option only)   | 1. Piped water available at the CHC<br>2. Public piped water<br>3. Drilled wells<br>4. Protected dug wells<br>5. Unprotected dug wells<br>6. Protected gravity-driven water<br>7. Unprotected gravity-driven water<br>8. Purchased water (in bottles/vases/tanks/small tank trucks)<br>9. Rain water<br>10. Others (specify): ..... |
| 14. | In the last three months, was the CHC ever lacking/cut off from water supply?                                    | 1. Yes<br>2. No → <b>Move to question 16</b>  |
| 15. | If yes, in the last three months, how many cumulative days was the CHC in that situation?                        | ..... days  |
| 16. | Does the CHC have a reserve water tank?  | 1. Yes<br>2. No   |
| 17. | What kind of toilets does the CHC have?<br>(MULTIPLE choices are allowed)  | 1. Composting toilets<br>2. Semi-composting toilets<br>3. Others (specify): .....   |
| 18. | How does the CHC manage wastewater?<br>(MULTIPLE choices are allowed)  | 1. With a concentrated sewage treatment system<br>2. Absorption field<br>3. Direct disposal to public sewage systems<br>4. Others (specify): .....  |
| 19. | How does the CHC manage solid medical wastes?<br>(MULTIPLE choices are allowed)                                  | 1. With specialized incinerators<br>2. Open-pit incineration (within the CHC compound)<br>3. Open-pit incineration (outside the CHC compound)<br>4. Landfill (within the CHC compound)<br>5. Landfill (outside the CHC compound)<br>6. Contracting a sanitation company/hospital for disposal                                       |

|     |   |   |
|-----|---|---|
|     |   | 7. Others (specify): .....  |
| 20. | Has the CHC received advice on medical waste management?  | 1. Yes<br>2. No   |
| 21. | Does the CHC have a computer for use in information management and reporting?<br>(select ONE option only) | 1. Yes, with Internet connection<br>2. Yes, without Internet connection<br>3. No  |
| 22. | Does the CHC have a functional land line telephone?   | 1. Yes<br>2. No   |
| 23. | Is there a functional cellular phone for use at the CHC?<br>(select ONE option only)                      | 1. Yes, a CHC cell phone<br>2. Yes, employees' cell phones<br>3. No   |
| 24. | Are there functional short-frequency communication equipment or walkie-talkies in use at the CHC?         | 1. Yes<br>2. No   |
| 25. | How does the CHC transport patients in case of emergency care?<br>(MULTIPLE choices are allowed)          | 1. District hospital ambulance/Call 115<br>2. CHC's motorcycles<br>3. The patients use their own transportation<br>4. Others (specify): ..... |

## B. MEDICAL EQUIPMENT

| No. | Name of equipment         | Yes/No<br>(If No, move to the next equipment item)       | Functional equipment | Non-functional/broken equipment |
|-----|---------------------------|--|----------------------|---------------------------------|
| 1.  | Adult scale               | <input type="checkbox"/> Yes <input type="checkbox"/> No | .....                | .....                           |
| 2.  | Child scale (250g gauge)  | <input type="checkbox"/> Yes <input type="checkbox"/> No | .....                | .....                           |
| 3.  | Infant scale (100g gauge) | <input type="checkbox"/> Yes <input type="checkbox"/> No | .....                | .....                           |
| 4.  | Thermometer               | <input type="checkbox"/> Yes <input type="checkbox"/> No | .....                | .....                           |
| 5.  | Stethoscope               | <input type="checkbox"/> Yes <input type="checkbox"/> No | .....                | .....                           |
| 6.  | Pinard horn               | <input type="checkbox"/> Yes <input type="checkbox"/> No | .....                | .....                           |
| 7.  | Sphygmomanometer          | <input type="checkbox"/> Yes <input type="checkbox"/> No | .....                | .....                           |
| 8.  | Oxygen canister           | <input type="checkbox"/> Yes <input type="checkbox"/> No | .....                | .....                           |
| 9.  | Ambu bag                  | <input type="checkbox"/> Yes <input type="checkbox"/> No | .....                | .....                           |
| 10. | Stomach cleansing toolkit | <input type="checkbox"/> Yes <input type="checkbox"/> No | .....                | .....                           |
| 11. | Delivery/natal care table | <input type="checkbox"/> Yes <input type="checkbox"/> No | .....                | .....                           |
| 12. | Oral fluid ventouse       | <input type="checkbox"/> Yes <input type="checkbox"/> No | .....                | .....                           |
| 13. | Antiseptic autoclave/oven | <input type="checkbox"/> Yes <input type="checkbox"/> No | .....                | .....                           |

|     |              |                              |                             |       |       |
|-----|--------------|------------------------------|-----------------------------|-------|-------|
| 14. | Refrigerator | <input type="checkbox"/> Yes | <input type="checkbox"/> No | ..... | ..... |
| 15. | Ice box      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | ..... | ..... |
| 16. | Microscope   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | ..... | ..... |

**Thank you!**