

# Adaptable Health Facility Readiness Assessment Tool for Maternal Immunization Services

## Introduction

1. This assessment aims to establish service availability and readiness for maternal immunization at health facilities providing antenatal care (ANC) services. The findings can be used to enable facilities to improve readiness for and delivery of maternal immunization services.
2. The assessment may be initiated at national, sub-national, or health facility level to gather information for planning and management of available resources for maternal immunization.
3. A team of assessors will be dispatched to facilities with relevant approval. The assessor(s) will contact the facility in advance to arrange for this assessment. During the assessment, the assessor(s) will meet the officer-in-charge of the facility or maternal child health (MCH) clinic to introduce, plan, and agree on modalities of the assessment.
4. The exercise involves a walk-through of the facility, interview with clinic staff, direct observation of clinical practices and review of the availability and use of equipment and supplies for service delivery.
5. At the end of the assessment, the assessors will hold a debrief session with the facility team on findings and actionable items. An action plan to drive improvement will be drawn with the facility and other relevant team(s) for follow-up and support.

## Consent

The Ministry of Health (MoH), in close collaboration with partners, is conducting this assessment to establish service availability and readiness for maternal immunization at health facility level. This information will be collected in selected primary health care and secondary referral facilities as part of the government's ongoing efforts to improve maternal immunization services across the country. The facilities included in the assessment were randomly selected from a list of all facilities to ensure a representative sample.

As the in-charge of this facility/ MCH, we are asking you to help us collect the information from the persons who are most knowledgeable about the services. For any questions we ask, if there is another person who is in a better position to provide details, please feel free to refer us to that person.. We anticipate that the time required from an individual respondent to complete data collection from a service site may take up to 60 minutes. The information will be shared with the MoH, and other relevant stakeholders, to provide information for planning purposes. No names of any respondents will be shared. In case you have any question(s) about this assessment at any time, please feel free to contact the County Reproductive Health Coordinator. At this point, do you have any questions about the assessment?

Do I have your permission to proceed?

Yes, proceed      1  
No, stop            2

\_\_\_\_\_  
Signature of lead assessor  
Indicating informed consent  
was administered

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(dd / mm / yyyy)

\_\_\_\_\_  
Signature of Health Facility / MCH In-charge  
authorizing data collection at health facility

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(dd / mm / yyyy)

100: FACILITY IDENTIFICATION															
No.	Question	Result /Response	Skip/Comment												
101	Health facility name	[ ]													
102	Facility code	[ ]													
103	County or district	[list]													
104	Sub-county or sub-district	[list]													
105	Facility level	[ ]													
106	Facility type (circle appropriately)	National teaching and referral hospital.....1 District referral hospital .....2 Nursing/maternity home.....3 Health centre.....4 Dispensary/medical clinic.....5 Other (specify).....6													
107	Facility managing authority (ownership) (circle appropriately)	Public/Ministry of Health.....1 Private .....2 Non-governmental/private not-for-profit.....3 Mission/faith-based organization.....4 Other (specify).....5													
108	Date of assessment (dd/mm/yyyy)	___ / ___ / ____													
109	Assessor's name														
110	Facility / in-charge's name and telephone number	Name: [ ] Telephone Number: [ ]													
111	Geographic coordinates	Altitude (meters): ___ ___ Latitude (N/S): ___ Degrees: ___ Decimals: ____ Longitude (E/W): ___ Degrees: ___ Decimals: ____													
112	Revisits and dates (if applicable) / Tick  <u>Results Code</u> 1=interview started 2=interview postponed 3=interview completed	Revisits (where applicable) <table border="1"> <thead> <tr> <th>Revisits / Tick</th> <th>Date</th> <th>Result Code</th> </tr> </thead> <tbody> <tr> <td>1 [ ]</td> <td>___ / ___ / ____</td> <td></td> </tr> <tr> <td>2 [ ]</td> <td>___ / ___ / ____</td> <td></td> </tr> <tr> <td>3 [ ]</td> <td>___ / ___ / ____</td> <td></td> </tr> </tbody> </table> Not applicable.....1 (if interview completed without revisit)	Revisits / Tick	Date	Result Code	1 [ ]	___ / ___ / ____		2 [ ]	___ / ___ / ____		3 [ ]	___ / ___ / ____		Skip to Q201
Revisits / Tick	Date	Result Code													
1 [ ]	___ / ___ / ____														
2 [ ]	___ / ___ / ____														
3 [ ]	___ / ___ / ____														

**200: SERVICES AVAILABILITY**

Find out whether the following services are offered at the health facility

No.	Question	Result/Response	Skip/Comment
201	Is ANC integrated with other services in MCH?	Integrated in a designated room .....1 Not integrated in a designated room.....2	
202	Services integrated with ANC (circle all that apply)	Immunization.....1 Family planning.....2 Child health .....3 Prevention of vertical transmission of HIV.....4 Postnatal .....5 Cervical cancer screening.....6 Clinical breast examination.....7 Nutrition services.....8 Gender based violence.....9 Other (specify).....10 [ ]	
203	Which other services are available within the facility?	Comprehensive care clinic.....1 Tuberculosis services.....2 General outpatient.....3 Inpatient.....4 Laboratory.....5 Maternity.....6 Pharmacy.....7 Others (specify).....8	
204	Does the facility provide the following services at ANC? (Observe) Document services offered at 1 <sup>st</sup> ANC	Greeting/create rapport.....1 Blood pressure (BP).....2 Temperature.....3 Medical and obstetric history.....4 Menstrual history (last menstrual period).....5 Head-to-toe exam.....6 Uterine exam.....7 Fundal height measure .....8 Weight .....9 Height .....10 Clinical breast examination.....11 Tuberculosis screening.....12 Foetal heart rate.....13 Family planning counseling.....14 Blood grouping.....15 Rhesus factor.....16 Syphilis test.....17 Hepatitis B .....18 Haemoglobin.....19 Urinalysis.....20 Tetanus diphtheria (Td) toxoid .....21 HIV counseling and testing.....22 Elimination of vertical transmission of HIV..23 Insecticide treated net provided.....24 Birth planning discussion.....25 Nutrition supplementation.....26 Obstetric ultrasound.....27 Other health messaging.....28 Random blood sugar.....29 Iron and folic acid .....31 Other (specify) .....32	

205	What is the routine practice for measuring and recording the gestational age during an ANC visit? (select all that apply)	<b>Measure:</b> Last menstrual period (with/without pregnancy wheel).....1 Fundal height measure.....2 Obstetric ultrasound .....3  <b>Recording:</b> ANC registers.....1 Mother child handbook.....2 Electronic medical records.....3	
206	Are there any fees currently incurred by pregnant women out of pocket to access ANC services?	Yes=1 / No=2	If Yes continue, if No, skip to 301
207	What does the fee cover?	Triage .....1 Examination.....2 Appointments.....3 Immunization.....4 ANC profile.....5 Ultrasound.....6 Other laboratory tests.....7 Medications.....8 Nutritional supplements.....9 All services are charged.....10 Other (specify).....11	
208	If fees charged, review service charter and observe if it's indicated and is up-to-date	Fees on service charter is up-to-date.....1 Fees indicated on not up-to-date.....2 Fees not indicated on service charter.....3 Service charter not available.....4	

**300: STAFF WORKFLOW and SUPPORT**

301: Indicate the number of staff working in the health facility at each service delivery point below (excluding students)

	Cadre	Total in facility	Antenatal Care	Immunization	Postnatal	Maternity	Child welfare	Other (specify)
301a	Obstetrician/gynecologists							
301b	Paediatricians							
301c	Medical officers							
301d	Pharmacist							
301e	Pharmaceutical technologist							
301f	Nurses/midwives							
301g	Registered clinical officers							
301h	Laboratory staff							
301i	HIV testing counsellors							
301j	Public health officers							
301k	Community health assistants							
301l	Community health extension workers							
301m	Nutritionist							
301n	Health records and information officers							
301o	Interns							
301p	Others (specify):							
302	Does the facility have an adequate number of health care providers to provide maternal immunization services without affecting other ANC services?	Yes=1 / No=2			Review workload at ANC - where one HCP sees up to 30 clients per day – there is adequate number of HCPs in the facility. If >30 clients per day, then HCPs not adequate. (Adequate human resource capacity is needed to meet demand for administration and safe delivery of the immunization program)			
303	Is there a training program in place for health care providers' education and training in relation to maternal immunization?	Yes=1 / No=2			An adequately trained workforce communicates with pregnant women, answers questions, safely administers vaccines, and has the knowledge and experience to address adverse events promptly			

400: PHYSICAL INFRASTRUCTURE – overview of ANC facility			
401	Does the ANC room meet the required standards for offering ANC services as per the norms and standards for health service delivery? ( <i>observe: ventilation, lighting, space, accessibility for all pregnant mother including those living with disability, availability of couch</i> )	Yes=1 / No=2  Yes - is ventilated, well lit, spacious, accessible to pregnant mother and there is a couch  No – does not meet these criteria	
402	<b>Locations (rooms) for ANC:</b> <i>List the various locations used for ANC (with attention to spaces as listed below), and rate privacy and amenity (identify all the rooms in ANC and rate them, below)</i>		
	Rate the privacy and amenity of the room(space)	<u>Rate room privacy</u> “Adequate” = room is conducive, acceptable auditory and visual/ physical privacy to client “Needs improvement” = room is not conducive, not acceptable; privacy is lacking auditory and/or physical aspects, and should be enhanced	<u>Rate room amenity:</u> “Good” = provides comfort and privacy “Usable” = adequate but needs some renovation “Poor” = significantly lacking in comfort and privacy; barely or not usable
	Waiting bay	Adequate .....1 Needs improvement.....2	Good.....1 Usable.....2 Poor.....3
	Examination room	Adequate .....1 Needs improvement.....2	Good.....1 Usable.....2 Poor.....3
	HIV testing and counselling room	Adequate .....1 Needs improvement.....2	Good.....1 Usable.....2 Poor.....3
	Immunization space	Adequate .....1 Needs improvement.....2	Good.....1 Usable.....2 Poor.....3
	Family planning	Adequate .....1 Needs improvement.....2	Good.....1 Usable.....2 Poor.....3
	ANC room	Adequate .....1 Needs improvement.....2	Good.....1 Usable.....2 Poor.....3
	Other (specify):	Adequate .....1 Needs improvement.....2	Good.....1 Usable.....2 Poor.....3
	<b>Power supply</b>		
403	Does this facility have electricity from any source such as electricity grid, generator, solar, or other, including stand-alone devices such as those used to maintain the Expanded Programme on Immunization (EPI) cold chain?	Yes=1 / No=2	If No, skip to 407
404	What is the facility’s main source of electricity?	Electricity grid .....1 Generator (fuel or battery).....2 Solar .....3 Other (specify): .....4	
405	In the last 7 days, was electricity available from the main source or any backup source at all times when facility was open for services?	Always available (no interruptions).....1 Often available (interruption <2 hours).....2 Sometimes available (interruptions >2hours)....3	

406	Which locations in the facility have electricity?	All locations have electricity.....1 Only some locations have electricity.....2 Some locations don't have electricity.....3	
407	What is the <b>most commonly</b> used source of water for the facility at this time?	Piped water to facility..... 1 Public tap.....2 Borehole.....3 Protected well.....4 Unprotected well.....5 Rain water.....6 Water vendor.....7 Other (specify) .....8 Don't know..... 98 No water source .....00	
408	In the last 7 days, was there any time when there was no water in the facility?	Yes=1 / No=2	
409	Is there a toilet/latrine in functioning condition available for general outpatient/ANC client use?	Yes=1 / No=2	If No, skip to 414
410	If yes, what type of toilet?	Flush toilet.....1 Vented improved pit latrine .....2 Other (specify).....3	
411	Are there separate functional toilets/latrines for staff and clients?	Yes=1 / No=2	
412	Are the clients' toilets/latrines separate for male and female clients? Or are they shared?	Yes, separate for male and female.....1 No, clients share toilets.....2	
413	Does the facility have toilets designed for clients with physical disability?	Yes=1 / No=2	
414	How does this facility dispose of medical waste, including sharps (safety boxes)?	Incinerator ..... 1 Pit ..... 2 Burn and bury ..... 3 Send waste to another facility..... 4 Other (specify) ..... 5	
415	<u>Injectable waste disposal in consultation rooms</u> Indicate the type of injection waste disposal containers in MCH ( <u>look for informal boxes/ bottles or purpose-built? Safety box for use in incinerator?</u> )	Safety box/sharps container.....1 Improvised sharps container.....2 Open container .....3 Other (specify):.....4	

500: EQUIPMENT IN CLINICAL AREAS				
501	Are the following equipment available, functional, and in use?			
	<b>Equipment</b> <i>(if equipment not available skip functional and use options)</i>	<b>Available</b>	<b>Functional</b>	<b>In use</b>
501a	Gestational age estimation wheel	Yes=1 / No=2	Yes=1 / No=2	Yes=1 / No=2
501b	BP machine manual	Yes=1 / No=2	Yes=1 / No=2	Yes=1 / No=2
501c	BP machine auto	Yes=1 / No=2	Yes=1 / No=2	Yes=1 / No=2
501d	Stethoscope	Yes=1 / No=2	Yes=1 / No=2	Yes=1 / No=2
501e	Weighing scale	Yes=1 / No=2	Yes=1 / No=2	Yes=1 / No=2
501f	Height measure	Yes=1 / No=2	Yes=1 / No=2	Yes=1 / No=2
501g	Tape measure (fundal height)	Yes=1 / No=2	Yes=1 / No=2	Yes=1 / No=2
501h	Foetal stethoscope	Yes=1 / No=2	Yes=1 / No=2	Yes=1 / No=2
501i	Haemoglobin measure	Yes=1 / No=2	Yes=1 / No=2	Yes=1 / No=2
501j	Ultrasound machine	Yes=1 / No=2	Yes=1 / No=2	Yes=1 / No=2
501k	Doppler foetal monitoring	Yes=1 / No=2	Yes=1 / No=2	Yes=1 / No=2
501l	Light source	Yes=1 / No=2	Yes=1 / No=2	Yes=1 / No=2
501m	Thermometer	Yes=1 / No=2	Yes=1 / No=2	Yes=1 / No=2
501n	Pulse oximeter	Yes=1 / No=2	Yes=1 / No=2	Yes=1 / No=2
501o	Other (specify):	Yes=1 / No=2	Yes=1 / No=2	Yes=1 / No=2
502	<b>Vaccine-specific equipment in clinical areas (are they available, functional and in use?)</b>			
	Needles and syringes suitable for vaccination	Yes=1 / No=2	Yes=1 / No=2	Yes=1 / No=2
	Adverse events following immunization (AEFI) kit <i>(Injection adrenaline, disposable syringe (insulin type) and intramuscular (IM) needle, scalp vein set with medium-bore needles, intravenous (IV) cannulas, paracetamol tabs, IV fluids, IV drip set, cotton wool and adhesive tape – one each, AEFI reporting forms, label showing: date of inspection, expiry date of injectable adrenaline and shortest expiry date of any of the components, drug dosage tables for injecting adrenaline)</i>	Yes=1 / No=2	Yes=1 / No=2	Yes=1 / No=2
	Other (specify):.....	Yes=1 / No=2	Yes=1 / No=2	Yes=1 / No=2
503	<b>Vaccine storage equipment (are they available, functional and in use?)</b>			
	Freezer for vaccines	Yes=1 / No=2	Yes=1 / No=2	Yes=1 / No=2
	Freezer for icepacks	Yes=1 / No=2	Yes=1 / No=2	Yes=1 / No=2
	Vaccine refrigerator	Yes=1 / No=2	Yes=1 / No=2	Yes=1 / No=2
	Vaccine carrier(s)	Yes=1 / No=2	Yes=1 / No=2	Yes=1 / No=2
	Thermometers for vaccine carrier(s)	Yes=1 / No=2	Yes=1 / No=2	Yes=1 / No=2
	Other (specify):	Yes=1 / No=2	Yes=1 / No=2	Yes=1 / No=2
504	<b>Vaccines storage equipment usage (are they available, functional and in use?)</b>			
	Are other commodities stored with vaccines? (If accompanied by EPI logistician during data collection, the commodities stored can be physically verified)	Yes=1 / No=2		If No, skip to 506



505	Which commodities are stored with vaccines? (list the commodities) (Check especially for muscle relaxants or other potentially dangerous injectable medicines)	Insulin.....1 Muscle relaxants.....2 Other injectables (specify).....3																			
506	How often are temperatures recorded?	Once daily.....1 Twice daily.....2 Not recorded.....3 Other (specify).....4																			
507	Are temperatures monitored and recorded on weekends and holidays? (Check the temperature monitoring sheet)	Yes.....1 Sometimes.....2 No.....3																			
508	Are there thermometers outside the freezers and refrigerators?	Yes=1 / No=2																			
509	Are there thermometers / fridge tags inside the freezers and refrigerators?	Yes=1 / No=2																			
510	Is the temperature inside the refrigerators currently between +2° and +8° C?	Yes=1 / No=2																			
511	Are all vaccines arranged as “First expiry, First out”?	Yes=1 / No=2																			
512	Did you observe any expired vaccines?  <i>(If yes, write down type of vaccine and how many vaccines vials are expired?)</i>	Yes=1 / No=2 <table border="1"> <thead> <tr> <th></th> <th>Type of vaccine (expired)</th> <th>Number of vials (expired)</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td></td> <td></td> </tr> <tr> <td>2</td> <td></td> <td></td> </tr> <tr> <td>3</td> <td></td> <td></td> </tr> <tr> <td>4.</td> <td></td> <td></td> </tr> <tr> <td>..</td> <td></td> <td></td> </tr> </tbody> </table>		Type of vaccine (expired)	Number of vials (expired)	1.			2			3			4.			..			
	Type of vaccine (expired)	Number of vials (expired)																			
1.																					
2																					
3																					
4.																					
..																					
513	Comment on access to vaccine storage	Access restricted/storage under lock.....1 Access not restricted/not locked.....2																			
514	Who has access to vaccine storage area? (Multiple response; select all that apply)	Facility in-charge/EPI coordinator only.....1 Nurse at immunization room.....2 Every MCH health care provider.....3 Other (Specify).....4																			
515	<b>Commodity audit: check if the following commodities are in stock</b>																				
515a	Tetanus-diphtheria vaccine	In stock...1 / Out of stock....2																			
515b	Oral polio vaccine	In stock...1 / Out of stock....2																			
515c	BCG vaccine	In stock...1 / Out of stock....2																			
515d	Pentavalent or DTP-containing	In stock...1 / Out of stock....2																			
515e	Measles vaccine	In stock...1 / Out of stock....2																			
515f	Yellow fever vaccine	In stock...1 / Out of stock....2 / N/A .....3																			
515g	Hepatitis B vaccine	In stock...1 / Out of stock....2																			
515h	Pneumococcal conjugate vaccine (PCV)	In stock...1 / Out of stock....2																			
515i	Inactivated polio vaccine (IPV)	In stock...1 / Out of stock....2																			
515j	HPV vaccine	In stock...1 / Out of stock....2																			
515k	COVID-19 vaccine	In stock...1 / Out of stock....2																			
515l	Malaria vaccine	In stock...1 / Out of stock....2 / N/A .....3																			
515m	Influenza vaccine	In stock...1 / Out of stock....2																			

515n	Rotavirus vaccine	In stock...1 / Out of stock.....2	
515o	Other vaccine (specify).....	In stock...1 / Out of stock.....2	
515p	Diluent (if applicable)	In stock...1 / Out of stock.....2	
515q	Needles and syringes	In stock...1 / Out of stock.....2	

600: INFORMATION, EDUCATION, AND COMMUNICATIONS (IEC) MATERIALS, POLICIES, STANDARDS, AND GUIDELINES		
601: Select available IEC materials - posters, job aids, flip charts, brochures on safe pregnancy, immunization, family planning, elimination of vertical transmission of HIV, COVID-19, handwashing materials	Danger signs in pregnancy chart	Yes=1 / No=2
	Family planning / Tiaht Chart	Yes=1 / No=2
	Elimination of vertical transmission of HIV chart	Yes=1 / No=2
	Handwashing poster	Yes=1 / No=2
	COVID-19 poster	Yes=1 / No=2
	Positioning and attachment breastfeeding chart	Yes=1 / No=2
	Immunization chart	Yes=1 / No=2
	Other (specify)	Yes=1 / No=2
<b>Policies, Guidelines, and Standards</b>		
602: Are current versions of the following documents available and at this facility? <i>(Tick yes only if current versions are available and in use)</i>	National guidelines for antenatal care	Yes=1 / No=2
	National immunization guidelines	Yes=1 / No=2
	National guidelines for infection prevention and control	Yes=1 / No=2
	Other	Yes=1 / No=2
	Other	Yes=1 / No=2
700: FEEDBACK AND CLIENT GRIEVANCE REDRESS MECHANISM		
701: Health facility feedback mechanisms in place <i>(e.g exit interviews, suggestion boxes)</i>	Is there any mechanism in place for obtaining patient feedback?	Yes – used .....1 Yes – not used.....2 No mechanism in place.....3
702: Client grievance redress mechanism (GRM) <i>(This is a locally based, formalized way to resolve client feedback or complaints. A GRM can take the form of a simple spreadsheet to a more complicated web-based system that collects data from SMS, phone, and other uptake channels).</i>	Is there a grievance redress mechanism in place at this facility?	Yes – used .....1 Yes – not used.....2 No mechanism in place.....3

**800: MATERNAL IMMUNIZATION DATA (Review ANC register for the last 6 months)**

801	Pregnant women who received vaccination against tetanus-diphtheria, COVID-19, or any other infection		Total # of women who received vaccine	# pregnant women who attended ANC	Percentage (%) who received vaccination	
	Tetanus-diphtheria vaccine					
	COVID-19 vaccine					
	Other vaccines (specify)					
	How many pregnant women received the vaccine, in each of the trimester?		1 <sup>st</sup> trimester	2 <sup>nd</sup> trimester	3 <sup>rd</sup> trimester	
	Tetanus-diphtheria vaccine					
	COVID-19 vaccine					
	Other vaccines (specify)					
802	<b>Observe at least one vaccination session</b>					
Session observation	Environment	Counter or injection space is clean and organized.....Yes=1 / No=2 Adequate privacy (visual and audio).....Yes=1 / No=2 Adequate space.....Yes=1 / No=2				
	Preparation	Checked expiry date on ampoule/vial.....Yes=1 / No=2 Checked the vaccine vial monitor.....Yes=1 / No=2 Check vials for freezing before use .....Yes=1 / No=2 Counted sufficient quantities of syringes and vaccines.....Yes=1 / No=2 Vaccine retrieved from fridge (NOT FREEZER).....Yes=1 / No=2 Used a safety box/disposal sharps container.....Yes=1 / No=2 Arranged AEFI kit (if available).....Yes=1 / No=2				
	Immunization	Greeted woman / created rapport.....Yes=1 / No=2 Health worker washed hands / Sanitized.....Yes=1 / No=2 Checked vaccine information in mother's record.....Yes=1 / No=2 Provided information about vaccine and invited questions for clarification.....Yes=1 / No=2 Sterile AD syringe was used.....Yes=1 / No=2 Required dose drawn and administered immediately.....Yes=1 / No=2 Skin cleaned with dry swab.....Yes=1 / No=2 Immediately disposed of used syringe into a safety box.....Yes=1 / No=2 Recorded vaccination in register and mother child handbook.....Yes=1 / No=2				
	After session	Opened and reconstituted multi-dose vials (powder) discarded or <i>labelled*</i> and stored as recommended at end of session.....Yes=1 / No=2 Opened multi-dose vials (liquid—not needing mixing) discarded or labelled and stored as per recommendation at end of session .....Yes=1 / No=2 Proper waste segregation done.....Yes=1 / No=2 Full safety boxes disposed.....Yes=1 / No=2 / Not applicable (if safety box is not full) (*Labelling instructions: Date and time written and returned to cool box)				

**900: HEALTH INFORMATION SYSTEMS**

	Question	Response			Skip
901	<b>Are the current MOH registers and summary tools available and in use at this facility?</b>	<b>Current version available</b>	<b>Available and in use at facility</b>	<b>Tools are updated</b> (captures client's latest visit)	
901a	Maternity Register	Yes=1 / No=2	Yes=1 / No=2	Yes=1 / No=2	
901b	Postnatal Care Register	Yes=1 / No=2	Yes=1 / No=2	Yes=1 / No=2	
901c	ANC Register	Yes=1 / No=2	Yes=1 / No=2	Yes=1 / No=2	
901d	Mother Child Handbook	Yes=1 / No=2	Yes=1 / No=2	Yes=1 / No=2	
901e	Immunization Permanent Register	Yes=1 / No=2	Yes=1 / No=2	Yes=1 / No=2	
901f	Immunization Service uptake Summary	Yes=1 / No=2	Yes=1 / No=2	Yes=1 / No=2	
901g	Immunization Tally Sheet	Yes=1 / No=2	Yes=1 / No=2	Yes=1 / No=2	
901h	Integration Summary Report: Reproductive & Child Health, Medical & Rehabilitation Services	Yes=1 / No=2	Yes=1 / No=2	Yes=1 / No=2	
902	Review records (reporting forms and registers): If immunization data is reported every month, has immunization data been reported in the last 3 months?	Yes, all months.....1 Yes, some months.....2 Not reported .....3			
903	Is there a system in place for capturing women's health information at MCH (e.g., demographics, ANC visits, gestation)?	Yes=1 / No=2			If No, skip to 906
904	If there is system in place, what type of system is it?	Paper-based system.....1 Electronic system.....2 Hybrid system.....3			
905	Is the system capable of tracking patients for active follow-up? <i>Cross-sectional/longitudinal</i>	Yes=1 / No=2			
906	<b>Ask specifically about immunization:</b> Is there a system for recording vaccination information?	Yes=1 / No=2			If No, skip to 909
907	If there is a system in place for recording immunization, what type of system is it?	Paper-based system.....1 Electronic system.....2 Hybrid system (paper & electronic).....3			
908	Is the system capable of tracking patients for active follow-up?	Yes=1 / No=2	<i>Ask if system has capacity for longitudinal follow-up</i>		
909	<b>Now, ask about AEFI:</b> Is there a system in place in this facility for reporting AEFIs? (either immediate or delayed)	Yes=1 / No=2 (A system to monitor AEFI is essential to capture AEFI that are apparent when vaccine is on a large scale and enables the health system to deal promptly with severe AEFI to maintain public confidence in the immunization and ANC services)			If No, skip to 1000
910	What type of system for AEFI is in place?	Paper-based system.....1 Electronic system.....2			
911	Does the facility have a contact person who is informed following AEFI?	Yes=1 / No=2			
912	Are AEFI reporting forms available and in use at the facility?	Yes=1 / No=2			

913	Does the AEFI reporting system have the capacity to identify pregnant and lactating women?	Yes=1 / No=2	
914	Where do you send the AEFI reports?	Sub-national coordinator .....1 Directly in a national reporting portal.....2 Enters directly into DHIS2 .....3 Remains at facility, not reported.....4	

**1000: Summarize the assessment including any information not captured / additional observations:**

This image shows a single page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page, leaving small margins at the top and bottom. There is no handwriting or other markings on the paper.

### Antenatal Care Indicators

Relevant data from facility, national, and/or subnational level should be summarized by assessment team (if possible in advance) from electronic data, facility registers, summary sheets, surveys, and other sources. These data may be helpful in understanding the functionality of the ANC platform into which a new maternal immunization will be integrated, as well as several markers for ANC quality that will be important to track before during and after the introduction of new interventions in ANC.

No.	Core indicators	Data source
1	Percentage of pregnant women with first ANC contact in the first trimester (before 12 weeks of gestation)	
2	Percentage of pregnant women who received iron and folic acid supplements for 90+ days	
3	Percentage of pregnant women screened for syphilis during ANC	
4	Percentage of pregnant women with at least four ANC contacts	
5	Percentage of pregnant women with a minimum of eight ANC contacts	
6	Percentage of pregnant women who were told about pregnancy danger signs during ANC	
7	Blood pressure measurement: percentage of pregnant women with at least one blood pressure measure during ANC	
8	Blood pressure measurement: percentage of pregnant women with at least one blood pressure measure in the third trimester during ANC	
9	Percentage of pregnant women whose baby's heartbeat was listened to at least once during ANC	
10	Percentage of pregnant women with an ultrasound scan before 24 weeks	
11	Experience of care (e.g., waiting time and support received during ANC contacts)	

Drawn from: Lattof SR, Moran AC, Kidula N, Moller AB, Jayathilaka CA, Diaz T, Tunçalp Ö. Implementation of the new WHO antenatal care model for a positive pregnancy experience: a monitoring framework. *BMJ Glob Health*. 2020 Jun;5(6):e002605. doi: 10.1136/bmjgh-2020-002605. PMID: 32565442; PMCID: PMC7307532.



