

**FORM 1: FACILITY AUDIT****FACILITY VISIT ID:**

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Facility ID e.g.  
UWK, KAB etc.

Visit ID e.g.  
001, 002 etc.

Today's Date: 

d	d
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 – 

m	m
---	---

 – 

y	y	y	y
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 Time: 

□	□
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□	□
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Date previous form completed (or if first Visit, date study opened at this site):

d	d	–	m	m	–	y	y	y	y
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Are you collecting the data during the baseline or intervention phase?

Baseline

Intervention

3. How many of the following **MATERNAL OUTCOMES** have you had since the last visit?

Maternal Outcome	Number
Maternal Sepsis	
Maternal Deaths	
Post-Partum haemorrhage (>1L)	
Ante-Partum haemorrhage (>50ml)	
Severe pre-eclampsia/eclampsia (>160/110 and >2+ protein in urine)	
Blood transfusions	

4. How many of the following **NEONATAL OUTCOMES** have you had since the last visit?

Neonatal Outcome	Number
Live Births	
Neonatal deaths before discharge from hospital	
Babies requiring antibiotics	
Still births	

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5. How many of the following **RESOURCES** are available today?

Resource	Availability		
	Good *	Limited	None
Types of IV fluid:			
A) 0.9% Saline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B) Ringers Lactate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Type of oral antibiotics:			
A) Amoxicillin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B) Augmentin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C) Cephalosporin (e.g. Cefalexin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D) Cefixime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E) Ciprofloxacin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F) Clindamycin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G) Doxycycline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H) Erythromycin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I) Metronidazole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J) Other (please state):	<input type="checkbox"/>	<input type="checkbox"/>	
Type of IM / IV antibiotics:			
A) Ampicillin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B) Penicillin G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C) Cefazolin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D) Cephalosporin (e.g. ceftriazone etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E) Ciprofloxacin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F) Clindamycin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Facility ID e.g. UWK, KAB etc.      Visit ID e.g. 001, 002 etc.

G) Gentamycin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H) Metronidazole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I) Vancomycin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J) Other (please state):	<input type="checkbox"/>	<input type="checkbox"/>	

\* Good availability defined as a supply that is unlikely to run out before the next anticipated delivery

Resource	Availability		
	Good *	Limited	None
Equipment for IV line (cannula, dressings etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Malaria tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Functioning theatre and staff able to remove source of infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate means to transport to transfer patients for specialist care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working thermometers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working BP machines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working O2 saturation machines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fetoscopes / Pinnards / fetal stethoscopes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clocks / watches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spare batteries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FAST-M Observation charts *1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FAST-M Decision tools *1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FAST-M Treatment tools *1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FAST-M Referral letter *1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\* Good availability defined as a supply that is unlikely to run out before the next anticipated delivery

\*<sup>1</sup> only applicable if completing form during the intervention phase

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**FACILITY VISIT ID:**  -

*Facility ID e.g.  
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*Visit ID e.g.  
001, 002 etc.*

Completed by: \_\_\_\_\_

Role: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: *DD / MMM / YYYY*

*You must have signed the Site Signature & Delegation Log*