

## MEASURE Service Provision Assessment

### **OBSERVATION OF INJECTION PROCEDURES IN INJECTION ROOM**

## FACILITY IDENTIFICATION

QTYPE OF _____	QTYPE .....OINJ.						
Name of the facility _____							
Facility Location _____							
Governorate _____ .....	GOV ..... <table border="1"><tr><td></td><td></td></tr></table>						
District _____ .....	DISTRICT..... <table border="1"><tr><td></td><td></td></tr></table>						
Code of the facility .....	FACILITY CODE <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						
Type of Health Facility and Operating Authority	FACILITY TYPE ..... <table border="1"><tr><td></td><td></td></tr></table>						
Governmental:	AND OPERATING AUTHORITY <table border="1"><tr><td></td><td></td></tr></table>						
11 = General Hospital							
12=District Hospital							
13=Fever Hospital							
14=Complimentary							
21=MCH Center							
22=Rural health unit							
23=Urban health unit							
24=Health Office							
25=Mobile Unit							
26=Other							
Non-Governmental:							
31 =CSI							
32= EFPA							
33=other non-governmental							

## Provider Information

<p>Provider category:</p> <p>11=OB/GYN Physician ;12=Family Planning Physician;  13=Pediatrician; 14=Family physician; 15=Other physician  specialist; 16=General Practitioner; 21=Nurse w/ midwifry;  22=Nurse; 23=Midwife; 24=Nurse asistant;  96=other (_____)</p> <p>(SPECIFY)</p> <p>Sex of Provider: (1= male; 2= female)</p> <p>Code for Provider (should be the same as that used for the  Provider Interview): _____</p>	<p>PROVIDER  CATEGORY.....</p> <div style="border: 1px solid black; width: 40px; height: 40px; margin-left: auto; margin-right: auto;"></div> <p>SEX OF PROVIDER.....</p> <div style="border: 1px solid black; width: 40px; height: 40px; margin-left: auto; margin-right: auto;"></div> <p>PROVIDER CODE.....</p> <div style="border: 1px solid black; width: 60px; height: 40px; margin-left: auto; margin-right: auto;"></div>
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## INFORMATION ABOUT INTERVIEW

Date: _____	DAY .....	<input type="text"/>	<input type="text"/>
	MONTH .....	<input type="text"/>	<input type="text"/>
	YEAR.....	<input type="text" value="2"/>	<input type="text" value="0"/>
		<input type="text" value="0"/>	<input type="text" value="4"/>
Name of the interviewer _____	INTERVIEWER CODE..	<input type="text"/>	<input type="text"/>
Time observation started: _____	HOUR.....	<input type="text"/>	<input type="text"/>
	MINUTES .....	<input type="text"/>	<input type="text"/>
INJ. Client Code _____	CLIENT CODE.....	<input type="text"/>	<input type="text"/>

1	INDICATE TYPE OF INJECTION BEING PROVIDED	VACCINATION..... 1 CURATIVE ..... 2			
2	INDICATE ROUTE OF INJECTION	INTRAMUSCULAR ..... 1 INTRADERMAL OR SUB-CUTANEOUS..... 2 I.V.....3 DON'T KNOW ..... 8			
3	INDICATE SOURCE OF SYRINGE	FACILITY STOCK ..... 1 PATIENT PROVIDED ..... 2 DON'T KNOW ..... 8			
4	INDICATE AGE OF CLIENT RECEIVING INJECTION	CHILD < 5 YEARS ..... 1 OTHER ..... 6 (specify)			
	<b>WHEN GIVING THE INJECTION DID THE PROVIDER:</b>		<b>YES</b>	<b>NO</b>	<b>NA</b>
5	WASH HANDS <u>BEFORE</u> INJECTION?	WASH HANDS .....	1	2	
6	PREPARE INJECTION IN AREA WITH CLEAN TABLE OR TRAY TO SET ITEMS ON?	CLEAN PREPARATION AREA	1	2	
7	USE NEW SYRINGE AND NEEDLE FROM A STERILE SEALED PACKET?	NEW SYRINGE AND NEEDLE	1	2	
8	DID YOU SEE THE PROVIDER OPEN THE NEW PACKET WITH SYRINGE AND NEEDLE?	SEE OPEN PACKET	1	2	
9	REMOVE NEEDLE FROM MULTIPLE DOSE VIAL EACH TIME?	REMOVE NEEDLE .....	1	2	5
10	CLEAN SKIN WITH ANTISEPTIC?	CLEAN SKIN	1	2	
11	DRAW BACK PLUNGER <u>BEFORE</u> INJECTION?	DRAW BACK PLUNGER....	1	2	5
12	USE SCOOP TECHNIQUE TO RECAP NEEDLE ?	SCOOP RECAP	1	2	
13	RECAP NEEDLE USING TWO HANDS?	TWO-HAND RECAP	1	2	
14	NOT RECAP NEEDLE?	NO-RECAP	1	2	
15	DISPOSE OF NEEDLES IN PUNCTURE RESISTANT SAFETY CONTAINERS?	DISPOSE OF SHARPS.....	1	2	