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## Health facility emergency referral readiness data collection tool

Interviewer Name	<del>-</del>
Date (dd/mm/yyyy)://	

Instructions: Ask these questions of the transport officer, hospital administrator or person in charge who would know about referral (this person could be the head of a department, a midwife or public health nurse in charge).

Please note that a list of commonly used terms and their definitions can be found at the end of this document under 'Glossary.'

Note: Questions with \* beside them indicate they are needed to assess **essential emergency referral readiness.** 

#### **Section 0. General questions**

No.	Item	Response	Skip
Dist	Select the district where you are conducting this survey.	District 11 District 22 Etc.	
hf	Select the health facility where you are conducting this survey.	Health facility 11 Health facility 22 Etc.	
hft	Select the health facility type.	Health center I1 Health center II2 Health center III3 Health center IV4 District hospital5 Regional hospital6 Other	
001	Does this facility provide obstetric care 24 hours a day, 7 days a week?	Yes	
002	Does this facility provide neonatal care 24 hours a day, 7 days a week?	Yes0	
003	Can the staff on call providing obstetric and newborn care always reach the facility within 30 minutes?	Yes0	
004	How far is the nearest facility that provides obstetric surgery? (If this facility provides surgery, enter 0000; enter 9999 if distance is unknown)	_ _    km	If '0000', skip to q006
005	How long does it take to get to that facility that provides obstetric surgery?  (record time in minutes under ideal circumstances; enter 9999 if time unknown)	 minutes	
006	How far is the nearest facility with a special newborn care unit? (If this facility has a special newborn care unit, enter 0000; Enter 9999 if distance unknown)	_ _    km	If '0000', skip to q008

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007	How long does it take to get to that facility with a special newborn care unit? (record time in minutes under ideal circumstances; enter 9999 if time unknown)	<u>   </u>  _   minutes	
800	Has this facility referred a woman or newborn to another	Yes1	
	facility for emergency care in the last 12 months?	No0	
009	Approximately how many patients a month does this facility refer out for emergency care?		
	(if possible, consult the referral out logbooks)	a.   <u>          </u>	
	a. obstetric	b.	
	b. newborn		
	(88 = don't know)		

## **Section 1. Transportation readiness**

## Section 1.1 Offsite vehicles

No.	Item	Response		Skip
101	Does this health facility use any vehicles for emergency transport that are located offsite?	Yes1 No0		? S1.2
	By "offsite" we mean stationed somewhere other than the health facility. This includes cars, ambulances, taxis or other vehicles located at another health facility, the district, or within the community.			
102	Which of the following offsite vehicles does the health facility use for emergency transport? (read each item)	Yes	No	
	When we say "ambulance" we mean a vehicle that permits monitoring and intervention by a provider during transport. This can include a helicopter or boat if they are set up for			
	continued clinical care.	1	0	
	<ul> <li>a) Motorized ambulance(s) located offsite (e.g., at another health facility or central location)</li> </ul>	1	0	
	b) Non-ambulance motor vehicle(s) located offsite (e.g., vehicles from the District Health Office or	1	0	
	local council) c) A centrally coordinated ambulance system (an	1	0	
	ambulance system that is managed by a dedicated agency or department at a central location, e.g., through a dispatch center)	1	0	
	d) <b>Agreements</b> with private taxis, cars, trucks or motorcycles			

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	e) Other offsite vehicle, specify:						
uses n	nid your health facility accesses ambulances or other motor-venore than one type of offsite vehicle, think about your most requestions.				<del>-</del>	-	
103	Are these vehicles available 24 hours a day, 7 days a week?	Yes 1 No 0					
104	Are these vehicles reserved exclusively for emergency medical transport?	Yes 1 No 0					
105 *	When requested by facility staff, how reliably does the vehicle come to your health facility?	Always Most of th time3 Sometime Rarely Never	ne es	2 1			
106	Generally, how long does it take for the vehicle to arrive at your facility from the time you request it? Think about the last 5 calls you made to give an estimate. Include the full amount of time from the moment you call to request the vehicle until it is parked at your health facility. (record time in minutes under typical circumstances; 9999 = does not know)	_  min	_l ute	_l es			
107	When the vehicle reaches your facility, does it typically have sufficient fuel for referral transport?	Yes	es	0			
108 *	Which of the following are typically available in the offsite emergency vehicle(s)? (read each item)  a) IV fluids b) Oxytocin or other intravenous uterotonic c) Incubator, radiant warmer, plastic covering, or embrace warmer d) Oxygen e) Newborn pulse oximeter f) Bag and mask, for newborns g) Bag and mask, for adults h) Intravenous magnesium sulfate i) Anti-hypertensive medication j) Blood pressure monitoring equipment k) Personal protective equipment l) Stretcher m) Locally available pain control agents	Yes 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Z o	DK 888888888888888888888888888888888888			

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	n) Continuous positive airway pressure driver system with accessories		0		
109	Are the offsite emergency vehicles equipped with the following communication methods? (read each item)  a) Two-way radio b) Cellphone or airtime paid for by coordinating service or health system c) Other, specify:	1	N o 0 0 0	_	

### Section 1.2 Onsite vehicles

No.	Item	Response	Skip
110 *	Does this health facility use any motor vehicles for emergency transport located onsite at the facility?	Yes1 No0	₹ \$1.3
111	Do you have at least one ambulance or motor vehicle for emergency transport that is available and functional today?	Yes0	
112	Are the onsite ambulances/motor vehicles reserved exclusively for emergency medical transport?	Yes, all	
113	Does this facility have a driver(s) on-staff to transport patients?	Yes1 No0	<b>119</b>
114	When the health facility is <b>open</b> , how often is a driver available to transport a patient with an emergency? Would you say always, most of the time, sometimes, rarely or never?	Always4 Most of the time3 Sometimes2 Rarely1 Never0	2 116
115 *	When the health facility is <b>open</b> and the driver is contacted, how long does it typically take them to be onsite and ready? (record time in minutes under typical circumstances; 9999 = does not know)	 minutes	
116	When the facility is <b>closed</b> , how often is a driver available to transport a patient with an emergency? Would you say always, most of the time, sometimes, rarely or never?	Always	<ul><li>? 119</li><li>? 119</li></ul>
117	When the health facility is <b>closed</b> and the driver is contacted, how long does it typically take them to be onsite and ready? (record time in minutes under typical circumstances; 9999 = does not know)	_  minutes	
118	Are the drivers at this facility given a facility-supported cell phone or airtime to use during patient transport?	Yes0	

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Don't know			<u> </u>			
120   Does the facility have a fuel management plan?   By fuel management plan, we mean a plan to handle fuel-related issues (such as shortages or gas station closures) with an adequate budget.   1						
Does the facility have a fuel management plan? By fuel management plan, we mean a plan to handle fuel-related issues (such as shortages or gas station closures) with an adequate budget.   121   Does the facility have a fuel reserve or buffer stock available today?   Ves		Is sufficient fuel available today for referral transport if	1			
Does the facility have a fuel management plan; By fuel management plan, we mean a plan to handle fuel-related issues (such as shortoges or gas station closures) with an adequate budget.  121 Does the facility have a fuel reserve or buffer stock available today?  122 Is there a routine preventive maintenance schedule for onsite emergency vehicles?  123 How often does routine preventive maintenance for onsite emergency vehicles take place?  124 Are there funds available today for maintenance and repairs if they were needed?  125 Is there a policy at this facility to disinfect surfaces contacted by patients in the emergency transport vehicles after each use?  126 Are surfaces contacted by patients in the emergency transport vehicles disinfected after each use?  127 Are emergency transport vehicles disinfected on a routine schedule?  128 Which of the following are available in the onsite emergency vehicle(s) today? If possible, go and observe what is available in the vehicle. a) IV fluids b) Oxytocin or other intravenous uterotonic c) Incubator, radiant warmer, plastic covering, or embrace warmer  129 Ves	*	needed?	No		0	
Does the facility have a fuel management plan? By fuel management plan, we mean a plan to handle fuel-related issues (such as shortages or gas station closures) with an adequate budget.  121 Does the facility have a fuel reserve or buffer stock available today?  122 Is there a routine preventive maintenance schedule for onsite emergency vehicles?  123 How often does routine preventive maintenance for onsite emergency vehicles take place?  124 Are there funds available today for maintenance and repairs if they were needed?  125 Is there a policy at this facility to disinfect surfaces contacted by patients in the emergency transport vehicles after each use?  126 Are surfaces contacted by patients in the emergency transport vehicles disinfected after each use?  127 Are emergency transport vehicles disinfected on a routine schedule?  128 Which of the following are available in the onsite emergency vehicle(s) today? If possible, go and observe what is available in the vehicle.  a) IV fluids b) Oxytocin or other intravenous uterotonic c) Incubator, radiant warmer, plastic covering, or embrace warmer			Don't k	now	8	
By fuel management plan, we mean a plan to handle fuel-related issues (such as shortages or gas station closures) with an adequate budget.	120	Does the facility have a fuel management plan?				
fuel-related issues (such as shortages or gas station closures) with an adequate budget.  121 Does the facility have a fuel reserve or buffer stock available today?  122 Is there a routine preventive maintenance schedule for onsite emergency vehicles?  123 How often does routine preventive maintenance for onsite emergency vehicles take place?  124 Are there funds available today for maintenance and repairs if they were needed?  125 Is there a policy at this facility to disinfect surfaces contacted by patients in the emergency vehicles disinfected after each use?  126 Are surfaces contacted by patients in the emergency transport vehicles disinfected after each use?  127 Are emergency transport vehicles disinfected on a routine schedule?  128 Which of the following are available in the onsite emergency vehicles) today?  If possible, go and observe what is available in the vehicle.  a) IV fluids b) Oxytocin or other intravenous uterotonic c) Incubator, radiant warmer, plastic covering, or embrace warmer		l	1			
Closures) with an adequate budget.   121   Does the facility have a fuel reserve or buffer stock available today?   No		'				
121   Does the facility have a fuel reserve or buffer stock available today?   No		l	Dontk	110 00	0	
available today?    No	101		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
Don't know	121	·				
122   Is there a routine preventive maintenance schedule for onsite emergency vehicles?   Yes		available today?				
onsite emergency vehicles?  123 How often does routine preventive maintenance for onsite emergency vehicles take place?  124 Are there funds available today for maintenance and repairs if they were needed?  125 Is there a policy at this facility to disinfect surfaces contacted by patients in the emergency transport vehicles after each use?  126 Are surfaces contacted by patients in the emergency transport vehicles disinfected after each use?  127 Are emergency transport vehicles disinfected on a routine schedule?  128 Which of the following are available in the onsite emergency vehicle(s) today? If possible, go and observe what is available in the vehicle.  a) IV fluids b) Oxytocin or other intravenous uterotonic c) Incubator, radiant warmer, plastic covering, or embrace warmer						
Don't know	122	Is there a routine preventive maintenance schedule for	1			
How often does routine preventive maintenance for onsite emergency vehicles take place?   Never		onsite emergency vehicles?	No	• • • • • • • • • • • • • • • • • • • •	0	
How often does routine preventive maintenance for onsite emergency vehicles take place?   Never			Don't k	now	8	
onsite emergency vehicles take place?    Irregularly	123	How often does routine preventive maintenance for				
Every 5000 km		· · · · · · · · · · · · · · · · · · ·				
124   Are there funds available today for maintenance and repairs if they were needed?   No		anorte efficigency vernicles take place.	_	-		
Every 1000 km			1	JOO KIII		
Rm3   Don't know				000		
Don't know						
124					^	
repairs if they were needed?  Is there a policy at this facility to disinfect surfaces contacted by patients in the emergency transport vehicles after each use?  Are surfaces contacted by patients in the emergency transport vehicles disinfected after each use?  Are surfaces contacted by patients in the emergency transport vehicles disinfected after each use?  Are emergency transport vehicles disinfected on a routine schedule?  Are emergency transport vehicles disinfected on a routine schedule?  Are emergency transport vehicles disinfected on a routine schedule?  Are emergency transport vehicles disinfected on a routine schedule?  Yes, daily 1 Yes, at least weekly 2 Yes, monthly or less frequently						
Don't know	124	l ·				
125		repairs if they were needed?	No0			
contacted by patients in the emergency transport vehicles after each use?  126 Are surfaces contacted by patients in the emergency transport vehicles disinfected after each use?  127 Are emergency transport vehicles disinfected on a routine schedule?  128 Which of the following are available in the onsite emergency vehicle(s) today?  128 If possible, go and observe what is available in the vehicle.  a) IV fluids b) Oxytocin or other intravenous uterotonic c) Incubator, radiant warmer, plastic covering, or embrace warmer			Don't know8			
contacted by patients in the emergency transport vehicles after each use?  126 Are surfaces contacted by patients in the emergency transport vehicles disinfected after each use?  127 Are emergency transport vehicles disinfected on a routine schedule?  128 Which of the following are available in the onsite emergency vehicle(s) today?  128 If possible, go and observe what is available in the vehicle.  a) IV fluids b) Oxytocin or other intravenous uterotonic c) Incubator, radiant warmer, plastic covering, or embrace warmer	125	Is there a policy at this facility to disinfect surfaces	Yes, observed1			
vehicles after each use?  Are surfaces contacted by patients in the emergency transport vehicles disinfected after each use?  Are emergency transport vehicles disinfected on a routine schedule?  Are emergency transport vehicles disinfected on a routine schedule?  Are emergency transport vehicles disinfected on a routine schedule?  Are emergency transport vehicles disinfected on a routine schedule?  Yes, daily 1 Yes, at least weekly 2 Yes, monthly or less frequently 3 Irregularly						
Don't know						
126   Are surfaces contacted by patients in the emergency transport vehicles disinfected after each use?   Always						
transport vehicles disinfected after each use?  Sometimes	126	Are surfaces contacted by natients in the emergency				
Are emergency transport vehicles disinfected on a routine schedule?  Yes, daily 1 Yes, at least weekly 2 Yes, monthly or less frequently 3 Irregularly	120					
Are emergency transport vehicles disinfected on a routine schedule?  Yes, daily 1 Yes, at least weekly 2 Yes, monthly or less frequently 3 Irregularly		transport verneres distinceted after each use.	1			
routine schedule?  Yes, at least weekly 2 Yes, monthly or less frequently	127	Are amarganes transport vahicles disinfected an a			1	
Yes, monthly or less frequently 3 Irregularly	12/			•	1. 1	
frequently 3 Irregularly		routine schedule:	1		-	
Irregularly  4 No routine disinfecting schedule 0 Don't know			1	-	_	
4 No routine disinfecting schedule 0 Don't know				-	•	
No routine disinfecting schedule  Don't know			Irregula	arly	•••••	
disinfecting schedule 0 Don't know 8  Which of the following are available in the onsite emergency vehicle(s) today? If possible, go and observe what is available in the vehicle.  a) IV fluids b) Oxytocin or other intravenous uterotonic c) Incubator, radiant warmer, plastic covering, or embrace warmer			4			
128 Which of the following are available in the onsite emergency vehicle(s) today?  If possible, go and observe what is available in the vehicle.  a) IV fluids b) Oxytocin or other intravenous uterotonic c) Incubator, radiant warmer, plastic covering, or embrace warmer			No routine			
128 Which of the following are available in the onsite emergency vehicle(s) today?  If possible, go and observe what is available in the vehicle.  a) IV fluids b) Oxytocin or other intravenous uterotonic c) Incubator, radiant warmer, plastic covering, or embrace warmer			disinfecting schedule			
* Which of the following are available in the onsite emergency vehicle(s) today? If possible, go and observe what is available in the vehicle.  a) IV fluids b) Oxytocin or other intravenous uterotonic c) Incubator, radiant warmer, plastic covering, or embrace warmer				-	_	
* Which of the following are available in the onsite emergency vehicle(s) today? If possible, go and observe what is available in the vehicle.  a) IV fluids b) Oxytocin or other intravenous uterotonic c) Incubator, radiant warmer, plastic covering, or embrace warmer			Don't k	now		
Which of the following are available in the onsite emergency vehicle(s) today? If possible, go and observe what is available in the vehicle.  a) IV fluids b) Oxytocin or other intravenous uterotonic c) Incubator, radiant warmer, plastic covering, or embrace warmer						
* emergency vehicle(s) today?  If possible, go and observe what is available in the vehicle.  a) IV fluids b) Oxytocin or other intravenous uterotonic c) Incubator, radiant warmer, plastic covering, or embrace warmer	128	Which of the following are available in the onsite		Yes	Nο	
If possible, go and observe what is available in the vehicle.  a) IV fluids b) Oxytocin or other intravenous uterotonic 1 2 0 c) Incubator, radiant warmer, plastic covering, or embrace warmer		_	· '	-	` ` `	
a) IV fluids b) Oxytocin or other intravenous uterotonic 1 2 0 c) Incubator, radiant warmer, plastic covering, or embrace warmer		l	1			
a) IV fluids b) Oxytocin or other intravenous uterotonic 1 2 0 0 c) Incubator, radiant warmer, plastic covering, or embrace warmer		ן זון איניזאופ, צט מוזמ טשיפו עב אינומג וז מעמוזמטוב ווז גווב עפוזוכוב. 	l veu			
b) Oxytocin or other intravenous uterotonic 1 2 0 0 c) Incubator, radiant warmer, plastic covering, or embrace warmer		\ 0.40 *1		vea		
c) Incubator, radiant warmer, plastic covering, or embrace warmer		·				
embrace warmer						
		c) Incubator, radiant warmer, plastic covering, or	1	2	0	
		embrace warmer				
			1	2	0	

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	d) Oxygen e) Newborn pulse oximeter f) Bag and mask, for newborns g) Bag and mask, for adults h) Intravenous magnesium sulfate i) Anti-hypertensive medication j) Blood pressure monitoring equipment k) Personal protective equipment l) Stretcher m) Locally available pain control agents n) Continuous positive airway pressure driver system with accessories	1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2		0 0 0 0 0 0 0 0 0	
129	Which of the following onsite motor vehicles does the health facility use for emergency transport? (read each item)  When we say "ambulance" we mean a vehicle that permits monitoring and intervention by a provider during transport. This can include a helicopter or boat if they are set up for continued clinical care.  a) Motorized ambulance(s) located onsite b) Non-ambulance motor vehicle(s) located onsite (e.g., car, pick up, minibus, motorcycle, motorboat, etc.) c) Other, specify:	Yes 1 1	0 0		If (a)=1 $?$ q130, otherwise go to S1.3
130	Is there a routine preventive maintenance schedule for medical equipment onboard your onsite ambulance(s)?	Yes No Don't kno		0	② q132 ② q132
131	How often does routine preventive maintenance of medical equipment onboard your onsite ambulance(s) take place?	Never Irregularl Annually. Quarterly Don't kno	y	0 1 2 3	
132	Is your onsite ambulance equipped with a two-way radio?	Yes No Don't kno		0	

## Section 1.3 Other transportation options and issues

No.	Item	Response		Skip
133	Does this health facility use any of the following other strategies for emergency transportation? (read each item)  a) Non-motorized transportation options located onsite (e.g., bicycle, bicycle	Yes	No O	

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	<ul> <li>ambulance, paddle boat, canoe, animal drawn cart, stretcher (not part of ambulance))</li> <li>b) Non-motorized transportation options located offsite (e.g., bicycle, bicycle ambulance, paddle boat, canoe, animal drawn cart, stretcher (not part of ambulance))</li> <li>c) Assist patients and families to organize private transport (ad hoc, no formal agreements)</li> <li>d) Patients and families are responsible for arranging their own transportation</li> <li>e) Other, specify:</li> </ul>	1 1	0 0 0	
134	What barriers disrupt the route(s) to the nearest health facility where you refer emergency obstetric and newborn patients?  Read each item	Yes	No	
	a) Significant traffic b) Poor or narrow roads c) Roadblocks or closures (may be due to	1 1 1	0 0 0	If no to all, skip to next section
	livestock, construction, demonstrations, etc.) d) Seasonal weather conditions (rainy season,	1	0	
	winter conditions, dust storms, etc.) e) Mountainous terrain (including potential for	1	0	
	rocks falling and avalanches) f) Extreme weather events (e.g., cyclones,	1	0	
	typhoons, hurricanes, fires, etc.) g) Other, specify:	1	0	
135	Are the emergency transportation options available at your facility equipped to handle these barriers?	Yes, comp Yes, some No, not at	what2	
	For example, having a siren to navigate traffic, four-wheel drive for difficult terrain, winter tires and deicing fluid for winter weather, an emergency raft, reinforced windows, a bulbar, etc.	Not applic transport  Don't kno	cable, no available 4	

## Section 2. Referral efficiency and coordination of care

No.	Item	Response	Skip
201	Does this health facility have explicit written criteria to determine when obstetric and newborn cases should be referred (referral criteria)? Verify by observation.	Yes, observed1 Yes, not observed2 No0	203

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		1	
	When we say referral criteria, we mean a set of evidence-based guidelines for clinicians to determine when a patient needs to be referred to a higher level of care, typically based on facility level capacity, the severity of a patient's condition and likelihood of the condition worsening.		
202	Have all staff been trained on the referral criteria?	Yes0 No0 Don't know8	
203	Does this health facility have a <b>predefined set of steps to carry out an emergency referral</b> (referral protocols, or procedures)? For example, the WHO Acute Transfer Checklist. Verify by observation.	Yes, observed1 Yes, not observed2 No0	<b>208</b>
204	Do the steps of referral (referral procedures or protocols) clearly indicate who is responsible for coordinating a referral?	Yes0  Don't know8	
205	Do the steps of referral (protocols/ procedures) describe how to communicate with and counsel families on referral?	Yes0 No0 Don't know8	
206	Have all relevant staff been trained on the steps of referral (protocols/ procedures)?	Yes	
207	How often are the steps of referral (protocols/ procedures) followed when referring a maternal or newborn patient out for emergency care?	Never0Usually1Sometimes2Rarely3Don't know	
208	Does this facility have explicit written guidelines or protocols for the management and stabilization of clients with major obstetric and newborn complications before they are referred (pre-referral management guidelines)? Verify by observation.  When we say pre-referral management guidelines we mean the clinical guidelines to manage emergency conditions and stabilize patients prior to referral.	Yes, observed1 Yes, not observed2 No0	2210
209	Have all relevant staff been trained on the pre-referral management and stabilization guidelines or protocols?	Yes	
210	When patients are referred out for emergency care, how often do they leave accompanied with a referral form? Would you say usually, sometimes, rarely or never?	Never 0 Usually 1 Sometimes 2 Rarely 3 Don't know8	212

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211	Is the form standardized (used at other facilities too) or is it a form used only in this facility?	Standardized 1 Used only by this facility2 Both types are used 3 Don't know 8	
212	Is there a policy at this facility to <b>call ahead</b> to inform a receiving facility that a patient is coming, when referring a patient for emergency care? <i>Verify by observation</i> .	Yes, observed1 Yes, not observed2 No0	
213	When referring a patient for emergency care, how often does staff call ahead to inform the receiving facility or a centrally coordinated ambulance system that the patient is coming? Would you say usually, sometimes, rarely or never?	Never 0 Usually 1 Sometimes 2 Rarely 3 Don't know8	
214	Does this health facility have clear guidance on what information should be communicated when contacting a receiving facility about a referral? (For example, a communication protocol or job aid)  Verify by observation	Yes, observed1 Yes, not observed2 No0	
215	Does this health facility have a register that is dedicated to documenting patients being referred out? Verify by observation	Yes, observed1 Yes, not observed2 No0	217
216	Is the register routinely used to document outbound referrals? (check if it has been filled out in the last week) Verify by observation	Yes, observed1 Yes, not observed2 No0	

The next few questions I'd like to ask you are related to communication to enable emergency referral of patients from your facility.

#### Communication to enable referral

No.	Item	Is at least one available & functional?		
NO.	item	in the maternity or  1 0 elsewhere in 1 0 cility, cannot access 1 0 cty, can access 1 0 cidividual staff, 1 0 cidual staff, can 1 0		
217*	Landline/Wireless telephone in the maternity or neonatal areas	1	0	
218*	Landline/Wireless telephone elsewhere in facility	1	0	
219a *	Basic cell phone (owned by facility, cannot access internet)	1	0	
219b *	Smart phone (owned by facility, can access internet)	1	0	
220a *	Basic cell phone (owned by individual staff, cannot access internet)	1	0	
220b *	Smart phone (owned by individual staff, can access internet)	1	0	
221*	Public telephone in the vicinity	1	0	
222*	Two-way radio	1	0	
223*	Internet connection/signal in the maternity or neonatal areas	1	0	

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224*	Internet connection/signal elsewhere in the facility	1	0
225*	Computer (owned by facility)	1	0

No.	Item	Response	Skip
226	Is there a closed user group (e.g., a WhatsApp group) that is used to coordinate emergency referrals between facilities in your area?	Yes0 No0 Don't know8	
227	Is there a toll-free number to reach a centrally coordinated emergency services unit that serves this area?	Yes0 No0 Don't know8	<ul><li>?229</li><li>?229</li></ul>
228	Is the toll-free number available 24 hours a day, 7 days a week?	Yes0 No0 Don't know8	
229	How is the cell phone signal at this facility? Would you say it is very dependable, somewhat dependable or not very dependable? Or does it not exist?	No cell phone signal 0 Not very dependable 1 Somewhat dependable 2 Very dependable 3	
230	How is the internet network at this facility? Would you say it is very dependable, somewhat dependable or not very dependable? Or does it not exist?	No internet network0 Not very dependable 1 Somewhat dependable 2 Very dependable 3	

## Section 3. Care during transport

No.	Item	Response	Skip
301*	Is there a policy at this health facility for a	Yes, observed1	
	service provider to accompany a patient being	Yes, not observed2	
	referred?	No0	
302*	How often does a service provider accompany	Never 0	2 310
	the patient being referred? Would you say	Usually 1	
	usually, sometimes, rarely or never?	Sometimes 2	
		Rarely 3	
		Don't know8	
303	When a service provider accompanies a	In front with driver0	
	patient being referred, where do they	In back with patient1	
	typically ride in the vehicle?	In a separate vehicle2	
		Don't know8	
304	How often does the provider accompanying	Never 0	
	the patient have real-time access to medical	Usually 1	
	expertise to help guide care during transport	Sometimes 2	
		Rarely 3	

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	(e.g., calling the receiving facility to discuss	Don't	Don't know8			
005*	care with an obstetrician or pediatrician)?					
305*	Would you say that all the service providers	All	Some	None	DK	
	who accompany maternal and newborn					
	referrals have the training and skills to					
	perform the following functions: (read each item)					
	a) Provide IV fluids	1	2	0	8	
	b) Control bleeding with external	1	2	ő	8	
	maneuvers (uterine massage,	-	-			
	compression, aortic compression,					
	NSAG)	1	2	0	8	
	c) Administer uterotonics	1	2	0	8	
	d) Maintain newborn body temperature					
	through ongoing kangaroo care and	1	2	0	8	
	covering					
	e) Ensure airway patency through					
	positioning or head tilt/chin lift and	1	2	0	8	
	monitored by observation					
	f) Maintain newborn respiratory support	1	2	0	8	
	via O2 and bag mask ventilation,					
	g) Monitor newborns thorough	1	2	0	8	
	observation and vital signs with pulse	*	~			
	oximetry;	1	2	0	8	
	h) Perform neonatal CPR for heart rates	-	-			
	< 60 beats per minute					
	i) Provide obstetric and neonatal pain					
	control in accordance with local					
	guidelines					
306*	Have the service providers who accompany	Yes, a	ill		1	
	newborn referral patients from this health		ome			
	facility been trained on how to transfer small		one			
	and sick newborns?		pplicable			
			ders			
207	D		know			
307	Do service providers who accompany					<u> </u>
	maternal and newborn referral patients participate in regular emergency services		pplicable			[ 2310   2310
	refresher trainings?					1 1010
	(This may include pre-referral management,	providers2 Don't know8			<u>310</u>	
	first aid, emergency assessment, using KMC	DOTT CRITOW		= 3 - 2		
	during transfer, etc.)					
308	How often do providers participate in the	Monthly1				
	regular refresher trainings?	Quarterly2				
			nually (tv			
			• • • • • • • • • • • • • • • • • • • •			
			ally			
			than ann	•		
		Don't	know	•••••	8	

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309	How long is the refresher training?	Less than 1 hour	
310*	How are newborns with complications typically transferred out of this facility to another facility?	By skin-to-skin/Kangaroo care (KMC)	
311	Are referral patients from this health facility accompanied by emergency providers who are entirely dedicated to providing emergency transport? (for example, an emergency medical technician)	Yes, always	

# Section 4. Financial accessibility of emergency referral

No.	Item	Response	Skip
401	Are the costs related to emergency referral clearly indicated in the health facility for clients to see? Even if referral is free, is it indicated?	Yes, observed2 Yes, not observed2 No0	
402 *	When a maternal or newborn client is referred for emergency care, do expenses at this facility need to be cleared before they are referred?	Yes0  Not applicable, services are free2	
403	When a maternal or newborn client is referred for emergency care, do transport expenses (vehicle or fuel) have to be paid before they are transferred or admitted to the next facility?	Yes, for ambulance/vehicle1 Yes, for fuel 2 Yes, for both 3 No0 Not applicable, transport is free4	
404	At this health facility, are there financial options to cover the costs of emergency <b>services</b> for patients who cannot pay?	Yes	
405	At this health facility, are there financial options to cover the costs of emergency <b>transportation</b> for patients who cannot pay?	Yes	
406	Does this facility have a mechanism to cover the costs for a service provider to accompany a patient being referred (such as return transport, per diem, lodging, etc.)?	Yes0  Don't know8	

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407	Can this facility recuperate costs of referral	Yes1	
	through a health insurance scheme or other	No0	
	mechanism?	Not applicable2	
408	Does this facility have a line item in its annual	Yes1	
	budget for referral-related expenses?	No0	?S5
			?S5
		Don't know8	?S5
409	Is the budgeted amount for referral-related	Yes1	
	expenses typically sufficient to cover all annual	No0	
	costs?	Don't know8	

# Section 5. Family-centered referral

No.	Item	Response	Skip
501	Is there a policy at this facility to minimize separation between a parent/caregiver and newborn, including during referral?	Yes, observed1 Yes, not observed2 No0	
502 *	Is there a policy at this facility to allow a birth companion to accompany a client being referred for an obstetric emergency in a facility-supported emergency vehicle?	Yes, observed1 Yes, not observed2 No0	
503	In cases of emergency obstetric and newborn referrals, how often does staff explain to families where and why their family member is being referred?	Never 0 Usually 1 Sometimes 2 Rarely 3 Don't know8	
504	In cases of emergency obstetric and newborn referrals, how often does staff ask the patient or their proxy (parent, caregiver or chosen birth companion) for consent to refer?	Never 0 Usually 1 Sometimes 2 Rarely 3 Don't know8	
505	In cases of emergency newborn referrals, how often is the newborn accompanied by a parent or caregiver during transfer?	Never 0 Usually 1 Sometimes 2 Rarely 3 Don't know8	2508
506	When a parent/caregiver accompanies a newborn during an emergency referral, where do they typically ride in the vehicle?	In front with driver0 In back with patient1 In a separate vehicle.2 Don't know8	
507	When a parent/caregiver accompanies a newborn during an emergency referral, how often are they given assistance to safely transfer their newborn in the kangaroo care (KMC) position?	Never 0 Usually 1 Sometimes 2 Rarely 3 Don't know8	
508	In cases of emergency obstetric referrals, how often is the client accompanied by their chosen birth companion during transfer?	Never0Usually1Sometimes2	2510

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		Rarely 3 Don't know8	
509	When a birth companion accompanies a client being referred for an obstetric complication, where do they typically ride in the vehicle?	In front with driver0 In back with patient1 In a separate vehicle2 Don't know8	
510	Does this health facility actively seek community feedback on the referral process?	Yes	
511	During antenatal care, how common is it for providers to counsel clients on the possibility of emergency referral and its cost?	Never 0 Usually 1 Sometimes 2 Rarely 3 Not applicable, do not offer ANC	
512	Have all staff providing obstetric and newborn care at this facility been trained on family-centered, patient-centered or respectful maternity care?	Yes, all	

# Section 6. Inter-facility relational dynamics

No.	Item	Response	Skip
601	Is there a list of organizations or facilities that provide obstetric and newborn care, and other related services, in the area (directory)?	Yes, observed	
602	Does the health facility have the contact information for all services at receiving health facilities?	Yes, observed1 Yes, not observed2 No0	
603	Does the health facility have information on the location and hours of operations for each receiving facility or organization?	Yes, observed	
604	Is the contact information, hours of operation, and list of available services kept up-to-date?	Yes	
605	Is there a written agreement between this health facility and at least one facility that can receive referrals or a central coordinating body for emergency services?  We are not referring to a national health policy that describes how referral works. Here we mean an agreement specifically at this local level.	Yes, observed	2608
606	Does the written agreement describe how referrals are to be carried out?	Yes, observed	

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607	Does the written agreement describe what	Yes, observed1
	information must be communicated during a	Yes, not observed2
	referral?	No0
608	Is there a mechanism in place for collaborative	Yes1
	problem-solving related to referral with this	No0
	facility's receiving facility(ies)? For example, a	Don't know8
	district-level referral meeting or consortium.	
609	Is there a policy at this facility to confirm a	Yes, observed1
*	receiving facility's capacity to handle an	Yes, not observed2
	incoming referral when making contact? (e.g.,	No0
	available beds, blood supply, electricity, staffing,	Not applicable, central
	etc.)	coordinating unit does
/10	Have after do so shaff as aftime a massiving	this7  Never 0
610	How often does staff confirm a receiving facility's capacity to handle an incoming patient	Never 0 Usually 1
	when making referrals?	Sometimes 2
	When making referrals:	Rarely 3
		Not applicable, central
		coordinating unit does
		this7
		Don't know8
611	Does this facility have a mechanism for staff to	Yes1
	receive remote clinical support in the event of a	No0
	referral? (e.g., to assist with pre-referral	Don't know8
	management and stabilization)	
612	(Ask nurse in-charge of maternal and newborn	Many3
	health care)	Some2
	Have you personally met providers at this	Few1
	facility's receiving facility(ies)? Would you say	None0
	you have met many, some, few or none?	
613	(Ask nurse in-charge of maternal and newborn	Usually0
	health care)	Sometimes1
	When providers from your facility accompany a	Rarely2
	client for an emergency referral, do they often	Never3
	get scolded or treated with a negative attitude by the providers at the receiving facility? Would	
	you say usually, sometimes, rarely or never?	
614	(Ask nurse in-charge of maternal and newborn	Very confident3
014	health care)	Somewhat confident2
	How confident are you that when you refer a	A little confident1
	patient, they will get the care they need at the	Not at all confident0
	receiving facility? Would you say you are very	
	confident, somewhat confident, a little confident	
	or not at all confident?	
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### Glossary

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Ambulance	A vehicle that permits monitoring and intervention by a provider during transport. This can be any type of motorized vehicle including a helicopter or boat if they are set up for continued clinical care.
Centrally	An ambulance system that is managed by a dedicated agency or department at a
coordinated	central location, e.g., through a dispatch center.
ambulance system	
Closed user group	A service provided by mobile operators that allow subscribers to make and receive
	calls and SMS from any member associated within the group (e.g., a Whatsapp group).
Directory	A list of organizations or facilities that provide obstetric and newborn care, and other related services, in the area. It should typically include contact information for all services at the facilities as well as their location and hours of operation.
Facility-supported	Either owned by, provided by, or paid for by, the health facility.
Fuel management	A plan to handle fuel-related issues (such as shortages or gas station closures) with an
plan	adequate budget.
Guidelines or protocols for the pre-referral management and stabilization	The clinical guidelines or protocols to manage emergency conditions and stabilize patients prior to referral.
Inter-facility referral	Referral that occurs between any two health facilities.
Locally available pain control agents	Medications used to manage pain that are typically available in the context where the assessment is taking place.
Motor vehicles	A vehicle propelled by internal-combustion engine or electricity.
Offsite vehicle	Any vehicle (including cars, ambulances and taxis) stationed somewhere other than the health facility. They may be located at another health facility, the district office, or within the community.
Onsite vehicle	Any vehicle (including cars, ambulances and taxis) stationed on the premises of the health facility being surveyed.
Referral	When a patient is directed to another provider or health facility for further health care. This indicates a request from one health worker to another to assume responsibility for the management of one or more of a patient's specific health needs.
Referral criteria	A set of evidence-based guidelines for clinicians to determine <i>when</i> a patient needs to be referred to a higher level of care, typically based on facility level capacity, the severity of a patient's condition and likelihood of the condition worsening.
Referral protocols or procedures	A predefined set of steps defining how to carry out an emergency referral.
Special newborn care unit	A neonatal unit that provides care for sick newborns but does not perform major surgery or assisted ventilation. It is an intermediate unit between the postnatal care and neonatal intensive care units. Newborns may be admitted to the special newborn care unit if they were born prematurely, have low birthweight, have breathing problems, low blood sugar or jaundice.
Transport	Also termed, <i>transfer</i> , in the emergency care field, involves the movement of patients between different health care locations or stages of care.