***[Type in study site]***

PLACE STICKER LABEL (IDENTIFIER)

**PERIODIC ASSESSMENT PROTOCOL**

**FORM 3, HEALTH FACILITY LISTING OF PROMOTIONAL AND INFORMATIONAL OR EDUCATIONAL MATERIALS**

|  |  |
| --- | --- |
| **Type of health facility (***[change to appropriate local administrative unit/division)* | □ Health Centre ………….………………1  □ Health Clinic ……………..…………….2  □ Hospital….………………..………………3  □ Other (SPECIFY\_\_\_\_\_\_\_\_).……….4 |
| **Public / Private** | □ Public ………………………..……………1  □ Private ………….…………….………….2 |
| **For large facilities, indicate Ward/ Unit/Department , if applicable**  *[adapt as above]* | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Facility name** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Facility ID** | \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ |
| **Data collector ID** | \_\_ \_\_ \_\_ |
| **Date (dd/mm/yyyy)** | \_\_ \_\_/\_\_ \_\_/\_\_ \_\_ \_\_ \_\_ |

**PROMOTIONAL AND INFORMATIONAL OR EDUCATION MATERIALS CHECKLIST FOR HEALTH FACILITY OBSERVATIONS**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Content | | Item 1 | Item 2 | Item 3 | Item 4 | Item 5 | Item 6 | Item 7 | Item 8 | Item 9 |
| Equipment showing company brands or logos | Clocks | □ | □ | □ | □ | □ | □ | □ | □ | □ |
| Tables | □ | □ | □ | □ | □ | □ | □ | □ | □ |
| Copy machines | □ | □ | □ | □ | □ | □ | □ | □ | □ |
| Other (specify) | □\_\_\_\_\_\_\_\_ | □\_\_\_\_\_\_\_\_ | □\_\_\_\_\_\_\_\_ | □\_\_\_\_\_\_\_\_ | □\_\_\_\_\_\_\_\_ | □\_\_\_\_\_\_\_\_ | □\_\_\_\_\_\_\_\_ | □\_\_\_\_\_\_\_\_ | □\_\_\_\_\_\_\_\_ |
| Other promotional materials | Free samples of any baby milk products | □ | □ | □ | □ | □ | □ | □ | □ | □ |
| Free bottles or teats | □ | □ | □ | □ | □ | □ | □ | □ | □ |
| Coupons | □ | □ | □ | □ | □ | □ | □ | □ | □ |
| Diaper bags | □ | □ | □ | □ | □ | □ | □ | □ | □ |
| Pens | □ | □ | □ | □ | □ | □ | □ | □ | □ |
| Calendars | □ | □ | □ | □ | □ | □ | □ | □ | □ |
| Posters | □ | □ | □ | □ | □ | □ | □ | □ | □ |
| Note pads | □ | □ | □ | □ | □ | □ | □ | □ | □ |
| Toys | □ | □ | □ | □ | □ | □ | □ | □ | □ |
| Growth charts | □ | □ | □ | □ | □ | □ | □ | □ | □ |
| Clothing | □ | □ | □ | □ | □ | □ | □ | □ | □ |
| Other (SPECIFY) | □\_\_\_\_\_\_\_\_ | □\_\_\_\_\_\_\_\_ | □\_\_\_\_\_\_\_\_ | □\_\_\_\_\_\_\_\_ | □\_\_\_\_\_\_\_\_ | □\_\_\_\_\_\_\_\_ | □\_\_\_\_\_\_\_\_ | □\_\_\_\_\_\_\_\_ | □\_\_\_\_\_\_\_\_ |
| Informational or educational materials | Brochure | □ | □ | □ | □ | □ | □ | □ | □ | □ |
| Booklet | □ | □ | □ | □ | □ | □ | □ | □ | □ |
| Informational poster | □ | □ | □ | □ | □ | □ | □ | □ | □ |
| Video | □ | □ | □ | □ | □ | □ | □ | □ | □ |
| Other (SPECIFY) | □\_\_\_\_\_\_\_\_ | □\_\_\_\_\_\_\_\_ | □\_\_\_\_\_\_\_\_ | □\_\_\_\_\_\_\_\_ | □\_\_\_\_\_\_\_\_ | □\_\_\_\_\_\_\_\_ | □\_\_\_\_\_\_\_\_ | □\_\_\_\_\_\_\_\_ | □\_\_\_\_\_\_\_\_ |
| Is the item intended to be taken home? | | □ Yes  □ No | □ Yes  □ No | □ Yes  □ No | □ Yes  □ No | □ Yes  □ No | □ Yes  □ No | □ Yes  □ No | □ Yes  □ No | □ Yes  □ No |
| Is the item part of a discharge pack? | | □ Yes  □ No | □ Yes  □ No | □ Yes  □ No | □ Yes  □ No | □ Yes  □ No | □ Yes  □ No | □ Yes  □ No | □ Yes  □ No | □ Yes  □ No |
| Company  **WRITE "MULTIPLE" IF MORE THAN ONE PROMOTED** | | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ |
| Brand  **WRITE "MULTIPLE" IF MORE THAN ONE PROMOTED** | | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ |
| Picture number  **RECORD START AND END NUMBER** | | From  \_\_ \_\_ \_\_  To  \_\_ \_\_ \_\_ | From  \_\_ \_\_ \_\_  To  \_\_ \_\_ \_\_ | From  \_\_ \_\_ \_\_  To  \_\_ \_\_ \_\_ | From  \_\_ \_\_ \_\_  To  \_\_ \_\_ \_\_ | From  \_\_ \_\_ \_\_  To  \_\_ \_\_ \_\_ | From  \_\_ \_\_ \_\_  To  \_\_ \_\_ \_\_ | From  \_\_ \_\_ \_\_  To  \_\_ \_\_ \_\_ | From  \_\_ \_\_ \_\_  To  \_\_ \_\_ \_\_ | From  \_\_ \_\_ \_\_  To  \_\_ \_\_ \_\_ |
| Label identifier  **IF COPY WAS OBTAINED, TWO IDENTICAL LABELS SHOULD RESPECTIVELY BE PLACED ON THE COPY AND THIS FORM** | | [PLACE LABEL IDENTIFIER HERE] | [PLACE LABEL IDENTIFIER HERE] | [PLACE LABEL IDENTIFIER HERE] | [PLACE LABEL IDENTIFIER HERE] | [PLACE LABEL IDENTIFIER HERE] | [PLACE LABEL IDENTIFIER HERE] | [PLACE LABEL IDENTIFIER HERE] | [PLACE LABEL IDENTIFIER HERE] | [PLACE LABEL IDENTIFIER HERE] |