

**THE DHS PROGRAM**

**SERVICE PROVISION ASSESSMENT SURVEY**

**[COUNTRY AND YEAR]**

**INVENTORY QUESTIONNAIRE**

**FACILITY IDENTIFICATION**

001	NAME OF FACILITY						
002	LOCATION OF FACILITY (TOWN/CITY/VILLAGE)						
003	REGION .....	<table border="1" style="display:inline-table; border-collapse: collapse;"> <tr><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td></tr> </table>					
004	DISTRICT .....	<table border="1" style="display:inline-table; border-collapse: collapse;"> <tr><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td></tr> </table>					
005	FACILITY NUMBER .....	<table border="1" style="display:inline-table; border-collapse: collapse;"> <tr><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td></tr> </table>					
006	TYPE OF FACILITY (COUNTRY SPECIFIC)						
	FACILITY TYPE 1 .....	1					
	FACILITY TYPE 2 .....	2					
	FACILITY TYPE 3 .....	3					
	FACILITY TYPE 4 .....	4					
	FACILITY TYPE 5 .....	5					
	FACILITY TYPE 6 .....	6					
	FACILITY TYPE 7 .....	7					
	FACILITY TYPE 8 .....	8					
	FACILITY TYPE 9 .....	9					
007	MANAGING AUTHORITY (OWNERSHIP)						
	GOVERNMENT/PUBLIC .....	1					
	NGO/PRIVATE NOT-FOR-PROFIT .....	2					
	PRIVATE-FOR-PROFIT .....	3					
	MISSION/FAITH-BASED .....	4					
008	URBAN/RURAL						
	URBAN .....	1					
	RURAL .....	2					
009	INPATIENT AND OUTPATIENT SERVICE PROVISION						
	BOTH INPATIENT AND OUTPATIENT .....	1					
	ONLY INPATIENT .....	2					
	ONLY OUTPATIENT .....	3					

**INTERVIEWER VISITS**

	1	2	3	FINAL VISIT								
DATE .....				<table border="1" style="display:inline-table; border-collapse: collapse;"> <tr><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td></tr> <tr><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td></tr> </table>								
INTERVIEWER'S NAME .....				<table border="1" style="display:inline-table; border-collapse: collapse;"> <tr><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td></tr> <tr><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td></tr> </table>								
RESULT .....				<table border="1" style="display:inline-table; border-collapse: collapse;"> <tr><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td></tr> </table>								

**RESULT CODES (LAST VISIT):**

- 1 = FACILITY COMPLETED
- 2 = FACILITY RESPONDENTS NOT AVAILABLE
- 3 = POSTPONED / PARTIALLY COMPLETED
- 4 = FACILITY REFUSED
- 5 = FACILITY CLOSED / NOT YET FUNCTIONAL
- 6 = OTHER (SPECIFY) \_\_\_\_\_

**TOTAL NUMBER OF PROVIDER INTERVIEWS AND OBSERVATIONS**

TOTAL NUMBER OF PROVIDERS INTERVIEWED .....	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>											TOTAL # CLIENT VISITS		
TOTAL NUMBER OF ANC OBSERVATIONS .....	<table border="1"> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table>													
TOTAL NUMBER OF FAMILY PLANNING OBSERVATIONS .....														
TOTAL NUMBER OF SICK CHILD OBSERVATIONS .....														
TOTAL NUMBER OF PROVIDERS FOR NEONATAL RESUSCITATION .....														

**FACILITY GEOGRAPHIC COORDINATES**

010	WAYPOINT NAME (FACILITY NUMBER)	WAYPOINT .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
011	ELEVATION	ELEVATION .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
012	LATITUDE	N/S .....	a <input type="text"/>				
		DEGREES/DECI .....	b <input type="text"/>	<input type="text"/>	c <input type="text"/>	<input type="text"/>	<input type="text"/>
013	LONGITUDE	E/W .....	a <input type="text"/>				
		DEGREES/DECI .....	b <input type="text"/>	<input type="text"/>	c <input type="text"/>	<input type="text"/>	<input type="text"/>
014	ACCURACY	ACCURACY .....	<input type="text"/>	<input type="text"/>			

LANGUAGE OF QUESTIONNAIRE**	<input type="text" value="0"/> <input type="text" value="1"/>	LANGUAGE OF INTERVIEW**	<input type="text"/>	<input type="text"/>	NATIVE LANGUAGE OF RESPONDENT**	<input type="text"/>	<input type="text"/>	TRANSLATOR USED (YES = 1, NO = 2)	<input type="text"/>
LANGUAGE OF QUESTIONNAIRE**	<b>ENGLISH</b>	**LANGUAGE CODES:							
		01 ENGLISH	02 LANGUAGE 2	03 LANGUAGE 3	04 LANGUAGE 4	05 LANGUAGE 5	06 LANGUAGE 6		
TEAM	TEAM SUPERVISOR								
<input type="text"/>	<input type="text"/>								
NUMBER	NAME	NUMBER							

**CONSENT**

FIND THE MANAGER, THE PERSON IN-CHARGE OF THE FACILITY, OR THE MOST SENIOR HEALTH WORKER RESPONSIBLE FOR CLIENT SERVICES WHO IS PRESENT AT THE FACILITY. READ THE FOLLOWING GREETING:

Hello. My name is \_\_\_\_\_. I am working with [NAME OF ORGANIZATION] in collaboration with the Ministry of Health conducting a survey of health facilities all over [NAME OF COUNTRY]. The information we collect will help the government with planning and finding ways to improve the delivery of services.

Your facility was selected for the survey. I would like to ask you questions about various health services. If there are questions for which someone else is the most appropriate person to provide the information, we would appreciate if you introduce us to that person to help us collect that information. We anticipate that the time required from an individual respondent to complete data collection from a service site may take from 5 to 10 minutes, depending on how busy each separate site is.

The information acquired during this survey may be used by the Ministry of Health or other organizations to improve services, or for research on health services. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. Neither your name nor the names of any other health workers who participate in this study will be included in the dataset or in any report; however, there is a small chance the facility can be identified. Still, we are asking for your help in order to collect this information.

Participation in the survey is voluntary, you may refuse to answer any question or choose to stop the interview at any time. There is no penalty for refusing to participate, however, your experience and views are important, and we hope you will agree to participate in the survey and answer the questions, which will benefit the services you provide and the nation. In case you need more information about the survey, you may contact the person listed on this card.

GIVE CARD WITH CONTACT INFORMATION

Do you have any questions? May I begin the interview now?

	DAY .....		
INTERVIEWER'S SIGNATURE	MONTH .....		
	YEAR .....	2	0
		2	

	RESPONDENT AGREES TO BE INTERVIEWED .....	1	RESPONDENT DOES NOT AGREE TO BE INTERVIEWED .....	2	→	END
		↓				
100	RECORD THE TIME THE INTERVIEW STARTED USE 24 HOURS FORMAT		HOURS .....			
			MINUTES .....			

EXPLAIN TO THE RESPONDENT AT THE START OF THIS INTERVIEW THAT THERE ARE QUESTIONS ON MANAGEMENT MEETINGS AND QUALITY MANAGEMENT ACTIVITIES THAT REQUIRE LOOKING AT RECORDS OF THOSE MEETINGS AND ACTIVITIES. IT WILL THEREFORE BE HELPFUL IF RECORDS PERTAINING TO MANAGEMENT MEETINGS AND QUALITY MANAGEMENT ACTIVITIES ARE GATHERED, IF THEY ARE NOT READILY AVAILABLE AT THE LOCATION WHERE YOU ARE CONDUCTING THE INTERVIEW.

EXPLAIN ALSO THAT THERE IS A SUBSECTION ON HEALTH STATISTICS (NUMBER OF OUTPATIENT VISITS AND INPATIENT DISCHARGES) FOR THE IMMEDIATE PAST ONE COMPLETE MONTH. IT WILL BE HELPFUL TO ALSO START GATHERING SUCH INFORMATION IF INFORMATION IS NOT READILY AVAILABLE WHERE THE INTERVIEW IS BEING CONDUCTED.

NOTE!!!!

THANK THE RESPONDENT AT THE END OF EACH SECTION OR SUBSECTION BEFORE PROCEEDING TO THE NEXT DATA COLLECTION POINT

**MODULE 1: GENERAL INFORMATION AND SERVICE AVAILABILITY**

**SECTION 1: GENERAL AND INPATIENT SERVICE AVAILABILITY**

102	Does this facility offer any of the following client services? In other words, is there any location in this facility where clients can receive any of the following services:	YES	NO	DONE
01	Child vaccination services, either at the facility or as outreach.	1	2	<input type="checkbox"/>
02	Growth monitoring services, either at the facility or as outreach	1	2	<input type="checkbox"/>
03	Curative care services for children under age 5, either at the facility or as outreach	1	2	<input type="checkbox"/>
04	Any family planning services-- including modern methods, fertility awareness methods (natural family planning), male or female surgical sterilization	1	2	<input type="checkbox"/> <input type="checkbox"/>
05	Antenatal care (ANC) services	1	2	<input type="checkbox"/>
06	Services for the prevention of mother-to-child transmission of HIV, either with ANC or delivery services	1	2	<input type="checkbox"/>
07	Normal delivery	1	2	<input type="checkbox"/>
08	Care and/or referral services for victims of gender-based violence (GBV)	1	2	<input type="checkbox"/>
09	Post abortion care (PAC) services	1	2	<input type="checkbox"/>
10	Diagnosis or treatment of malaria	1	2	<input type="checkbox"/>
11	Diagnosis or treatment of STIs, excluding HIV	1	2	<input type="checkbox"/>
12	Diagnosis, treatment prescription or treatment follow-up for TB	1	2	<input type="checkbox"/>
13	HIV testing and counseling services	1	2	<input type="checkbox"/>
14	HIV/AIDS antiretroviral prescription or antiretroviral treatment follow-up services	1	2	<input type="checkbox"/>
15	HIV/AIDS care and treatment services, including treatment of opportunistic infections and provision of palliative care	1	2	<input type="checkbox"/>
16	Diagnosis or management of non-communicable diseases, specifically diabetes, cardiovascular diseases, and chronic respiratory conditions in adults	1	2	<input type="checkbox"/>
17	Screening for breast cancer	1	2	<input type="checkbox"/>
18	Screening for cervical cancer	1	2	<input type="checkbox"/>
19	Minor surgical services, such as incision and drainage of abscesses and suturing of lacerations that do not require the use of a theatre	1	2	
20	Cesarean delivery (Cesarean section)	1	2	<input type="checkbox"/>

21	Laboratory diagnostic services, including any rapid diagnostic testing	1	2	<input type="checkbox"/>
22	Blood transfusion services	1	2	<input type="checkbox"/>

INPATIENT SERVICES

110	Does this facility routinely provide in-patient care?	YES ..... 1 NO ..... 2	→ 112
111	Does this facility have beds for overnight observation?	YES ..... 1 NO ..... 2	← <input type="checkbox"/> NEXT SECTION
112	Excluding any delivery and/or maternity beds, how many overnight or in-patient beds in total does this facility have? Please count beds for both adults and children.	# OF OVERNIGHT/ INPATIENT BEDS <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW ..... 998	

THANK YOUR RESPONDENT FOR THEIR TIME AND HELP. PROCEED TO THE NEXT DATA COLLECTION SITE.

**SECTION 2: GENERAL INFORMATION**

PROCESSING OF INSTRUMENTS

200	<p>I have a few questions about how surgical instruments, such as speculums, forceps, and other metal equipment are processed for re-use in this facility.</p> <p>Are instruments that are used in the facility processed (i.e., sterilized or high-level disinfected) for re-use?</p>	<p>YES ..... 1                  NO ..... 2</p>	<p>→ 210</p>
201	<p>Is the final processing done in this facility, outside this facility, or both?</p>	<p>ONLY IN THIS FACILITY ..... 1                  BOTH IN THIS FACILITY AND                  OUTSIDE ..... 2                  ONLY AT AN OUTSIDE FACILITY ..... 3</p>	

STORAGE OF MEDICINES

210	<p>Does this facility store any medicines (including ARVs), vaccines or contraceptive commodities?</p>	<p>YES ..... 1                  NO ..... 2</p> <p align="right">NEXT SECTION ←</p>	<p>□</p>
211	<p><b>CHECK Q102.04</b></p> <p align="center">                     FAMILY PLANNING SERVICES AVAILABLE <input type="checkbox"/> </p> <p align="center">                     NO FAMILY PLANNING SERVICES <input type="checkbox"/> </p> <p align="right">NEXT SECTION ←</p>		
212	<p>Are contraceptive commodities generally stored in the family planning service area, or are they stored in a common area with other medicines?</p>	<p>STORED IN FP SERVICE AREA ..... 1                  STORED WITH OTHER MEDICINES ..... 2                  FP COMMODITIES NOT STOCKED ..... 3</p>	
<p align="center">THANK YOUR RESPONDENT FOR THEIR TIME AND HELP. PROCEED TO THE NEXT DATA COLLECTION SITE.</p>			

MODULE 2: GENERAL SERVICE READINESS

SECTION 3: INFRASTRUCTURE

24-HOUR STAFF COVERAGE

<p>300 (FN1)</p>	<p>Is there a health care worker present at the facility at all times, or officially on call for the facility at all times (24 hours a day and 7 days per week) for emergencies? Specifically, I am referring to emergency medicine specialists, general medicine specialists, other specialist doctors, nurses, and midwives [ADD COUNTRY SPECIFIC CLINICAL CARE CADRES PROVIDING EMERGENCY SERVICES].</p>	<p>YES ..... 1 NO ..... 2</p>	
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COMMUNICATION

<p>310</p>	<p>Does this facility have a land line telephone that is available to call outside at all times client services are offered?  CLARIFY THAT IF FACILITY OFFERS 24-HOUR EMERGENCY SERVICES, THEN THIS REFERS TO 24-HOUR AVAILABILITY.</p>	<p>YES ..... 1 NO ..... 2</p>	<p>→ 312</p>
<p>311</p>	<p>Is it functioning?  ACCEPT REPORTED RESPONSE</p>	<p>YES ..... 1 NO ..... 2</p>	
<p>312</p>	<p>Does this facility have a cellular telephone or a private cellular phone that is supported by the facility?</p>	<p>YES ..... 1 NO ..... 2</p>	<p>→ 314</p>
<p>313</p>	<p>Is it functioning?  ACCEPT REPORTED RESPONSE</p>	<p>YES ..... 1 NO ..... 2</p>	
<p>314</p>	<p>Is there access to email or internet via computer, mobile phone, or any other device within the facility?  ACCEPT REPORTED RESPONSE.</p>	<p>YES ..... 1 NO ..... 2</p>	

SOURCE OF WATER

<p>320</p>	<p>What is the most commonly used source of water for the facility at this time?</p>	<p>PIPED INTO FACILITY ..... 01 PIPED ONTO FACILITY GROUNDS .. 02 PUBLIC TAP/STANDPIPE ..... 03 TUBEWELL/BOREHOLE ..... 04 PROTECTED DUG WELL ..... 05 UNPROTECTED DUG WELL ..... 06 PROTECTED SPRING ..... 07 UNPROTECTED SPRING ..... 08 RAINWATER ..... 09 BOTTLED WATER ..... 10 CART W/SMALL TANK/DRUM ..... 11 TANKER TRUCK ..... 12 SURFACE WATER ..... 13  OTHER (SPECIFY) _____ 96 DON'T KNOW ..... 98 NO WATER SOURCE ..... 00</p>	<p>→ 322           → 322 → 322 → 322</p>
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321	<p>Is the water outlet from this water supply available onsite, within 500 meters, or beyond 500 meters of the facility?</p> <p>REPORTED RESPONSE IS ACCEPTABLE</p> <p>ONSITE MEANS WITHIN THE BUILDING OR FACILITY GROUNDS. THIS QUESTION REFERS TO THE LOCATION FROM WHERE THE WATER IS ACCESSED FOR USE IN THE HEALTH FACILITY (E.G. TAP, BOREHOLE), RATHER THAN THE SOURCE WHERE IT ORIGINATES</p>	<p>ONSITE ..... 1</p> <p>WITHIN 500M OF FACILITY ..... 2</p> <p>BEYOND 500M OF FACILITY ..... 3</p>	
322	<p>Is water available from <i>that source</i> at the time of the survey?</p> <p>OBSERVE THAT WATER IS AVAILABLE FROM SOURCE OR IN THE FACILITY ON THE DAY OF THE VISIT. E.G., CHECK THAT TAPS OR HAND PUMPS DELIVER WATER</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	

POWER SUPPLY

330	Is this facility connected to the national electricity grid?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	
331	Does this facility have other sources of electricity, such as a generator or solar system?	<p>YES ..... 1</p> <p>NO OTHER SOURCE ..... 2</p>	→ 339
332	<p>What other sources of electricity does this facility have?</p> <p>PROBE FOR ANSWERS AND CIRCLE ALL THAT APPLY</p>	<p>FUEL-OPERATED GENERATOR ..... A</p> <p>BATTERY-OPERATED GENERATOR .. B</p> <p>SOLAR SYSTEM ..... C</p> <p>OTHER ..... X</p>	
333	<p><b>CHECK Q332</b></p> <p>GENERATOR USED <input type="checkbox"/> (EITHER "A" OR "B" CIRCLED) ↓</p> <p>GENERATOR NOT USED <input type="checkbox"/> (NEITHER "A" NOR "B" CIRCLED) → 336</p>		
334	<p>Is the generator functional?</p> <p>ACCEPT REPORTED RESPONSE FROM KNOWLEDGEABLE RESPONDENT.</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	→ 336
335	<p>Is fuel (or a charged battery) available today for the generator?</p> <p>ACCEPT REPORTED RESPONSE FROM KNOWLEDGEABLE RESPONDENT.</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	
336	<p><b>CHECK Q332</b></p> <p>SOLAR SYSTEM USED <input type="checkbox"/> ("C" CIRCLED) ↓</p> <p>SOLAR SYSTEM NOT USED <input type="checkbox"/> ("C" NOT CIRCLED) → 339</p>		

337	Is the solar system functional?  ACCEPT REPORTED RESPONSE FROM KNOWLEDGEABLE RESPONDENT.	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	<input type="checkbox"/> → 340
338	Is there charged battery storage today?  ACCEPT REPORTED RESPONSE FROM KNOWLEDGEABLE RESPONDENT.	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	<input type="checkbox"/> → 340
339	<b>CHECK Q330 AND Q331</b> FACILITY HAS ANY POWER SOURCE ("1" CIRCLED IN EITHER Q330 OR Q331) <input type="checkbox"/> FACILITY HAS NO POWER SOURCE ("1" NOT CIRCLED IN EITHER Q330 OR Q331) <input type="checkbox"/> NEXT SECTION ←		
340	During the past 7 days, was electricity (excluding any back-up generator) available during the times when the facility was open for services, or was it ever interrupted for more than 2 hours at a time?  CONSIDER ELECTRICITY TO BE ALWAYS AVAILABLE IF INTERRUPTED FOR LESS THAN 2 HOURS AT A TIME.	ALWAYS AVAILABLE ..... 1 SOMETIMES INTERRUPTED ..... 2 DON'T KNOW ..... 8	
THANK YOUR RESPONDENT FOR THEIR TIME AND HELP. PROCEED TO THE NEXT DATA COLLECTION SITE.			

SECTION 3: INFRASTRUCTURE: FOOTNOTES

(FN1) Add country specific clinical care cadres providing emergency services.

**SECTION 4: MANAGEMENT**

STAFFING

400 (FN1)	<p>Please tell me how many staff in each of the following occupational categories are currently assigned to, employed by, or seconded to this facility. I am interested in the highest occupational category (such as nurse or doctor) regardless of the person's actual assignments or duties.</p> <p>For doctors, I would like to know how many are part-time. For other occupational categories, I would like to know only the total number, regardless of whether they are full-time or part-time.</p>																																																																													
	<table border="1"> <thead> <tr> <th data-bbox="243 336 893 441">OCCUPATIONAL CATEGORIES (COUNTRY SPECIFIC)</th> <th data-bbox="896 336 1161 441">(A) ASSIGNED, EMPLOYED, OR SECONDED</th> <th data-bbox="1164 336 1382 441">(B) PART TIME</th> </tr> </thead> <tbody> <tr> <td data-bbox="243 445 893 550">01 GENERALIST [NON-SPECIALIST] MEDICAL DOCTORS ASK: How many of them are part time?</td> <td data-bbox="896 445 1161 550"> <table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table> </td> <td data-bbox="1164 445 1382 550"> <table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table> </td> </tr> <tr> <td data-bbox="243 554 893 688">02 SPECIALISTS MEDICAL DOCTORS [INCLUDING ANESTHESIOLOGISTS &amp; PATHOLOGISTS] ASK: How many of them are part time?</td> <td data-bbox="896 554 1161 688"> <table border="1"> <tr> <td><input type="text"/></td> <td><input 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14	LABORATORY SCIENTIST	<input type="text"/>	
15	LABORATORY TECHNOLOGIST	<input type="text"/>	
16	LABORATORY TECHNICIAN	<input type="text"/>	
17	LABORATORY ASSISTANT	<input type="text"/>	
18	NUTRITIONIST	<input type="text"/>	
19	OTHER	<input type="text"/>	
20	SUM THE NUMBER OF STAFF REPORTED. VERIFY AND CORRECT THE TOTALS	<input type="text"/>	
401	<b>CHECK Q102.07</b> NORMAL DELIVERY SERVICES AVAILABLE <input type="checkbox"/> NO NORMAL DELIVERY SERVICES <input type="checkbox"/>		410
402	How many staff in this facility provide normal delivery services?	<input type="text"/>	
403	How many staff in this facility provide newborn care services, that is caring for newborns immediately after birth?	<input type="text"/>	

MANAGEMENT MEETINGS

NOTIFY THE RESPONDENT THAT THIS SUBSECTION REQUIRES LOOKING AT RECORDS OF MEETINGS. IT WILL THEREFORE BE HELPFUL IF SUCH RECORDS ARE GATHERED BEFORE PROCEEDING WITH THE INTERVIEW			
410	Does this facility have routine facility management meetings?	YES ..... 1 NO ..... 2	→ 412
411	How frequently do these facility management meetings take place?	MONTHLY OR MORE FREQUENTLY . . . 1 EVERY 2-3 MONTHS ..... 2 EVERY 4-6 MONTHS ..... 3 LESS FREQUENT THAN EVERY 6 MO.. 4 DON'T KNOW ..... 8	
412	Are there any routine meetings about facility activities or management issues that include both facility staff and community / community committee members?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 420
413	How frequently are routine meetings held with both facility staff and community / community committee members?	MONTHLY OR MORE FREQUENTL' . . . 1 EVERY 2-3 MONTHS ..... 2 EVERY 4-6 MONTHS ..... 3 LESS FREQUENT THAN EVERY 6 MO.. 4 DON'T KNOW ..... 8	→ 420
414	Is an official record of the meetings with both facility staff and community members maintained?	YES ..... 1 NO, RECORDS NOT MAINTAINED . . . 2	→ 420

415	May I see the records or minutes from the most recent meeting that took place within the last 6 months?	OBSERVED ..... 1 REPORTED, NOT SEEN ..... 2	
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CLIENT OPINION AND FEEDBACK

420	Does this facility have any system to solicit clients' opinions about the health facility or its services?	YES ..... 1 NO ..... 2	→ 430
421	Please tell me all the methods that this facility uses to solicit client opinion.  DO NOT READ RESPONSE OPTIONS  CIRCLE ALL METHODS MENTIONED AND PROBE.  ASK: Any more?	SUGGESTION BOX ..... A CLIENT SURVEY FORM ..... B CLIENT INTERVIEW FORM ..... C OFFICIAL MEETING WITH COMMUNITY LEADERS ..... D INFORMAL DISCUSSION WITH CLIENTS OR THE COMMUNITY ... E EMAIL FROM CLIENTS/COMMUNITY F FACILITY'S WEBSITE ..... G LETTERS FROM CLIENTS/ COMMUNITY ..... H OTHER ..... X DON'T KNOW ..... Z	→ 430
422	Is there a procedure for reviewing or reporting on clients' opinion?	YES ..... 1 NO PROCEDURE ..... 2 DON'T KNOW ..... 8	→ 430
423	May I see a report on the review of client opinion, or any document on such a review?	OBSERVED ..... 1 REPORTED, NOT SEEN ..... 2 REPORTS NEVER COMPILED ..... 3	

QUALITY MANAGEMENT

NOTIFY THE RESPONDENT THAT THIS SUBSECTION REQUIRES LOOKING AT RECORDS OF QUALITY MANAGEMENT ACTIVITIES. IT WILL THEREFORE BE HELPFUL IF SUCH RECORDS ARE GATHERED BEFORE PROCEEDING WITH THE INTERVIEW.			
430	Does this facility have Quality Improvement team(s) responsible for quality management in this facility?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
431	Does this facility routinely carry out quality management activities? An example may be facility-wide review of mortality, or periodic audit of registers.	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 440
432	Is there an official record of any quality management activities carried out during the past year?	YES ..... 1 NO, RECORDS NOT MAINTAINED ... 2	→ 434
433	May I see a record of any quality management activity?  A REPORT OR MINUTES OF A QUALITY MANAGEMENT MEETING, A SUPERVISORY CHECKLIST, A MORTALITY REVIEW, AN AUDIT OF RECORDS OR REGISTERS ARE ALL ACCEPTABLE.  CHECK DATE OF THE LATEST MEETING, REVIEW, AUDIT, OR OTHER ACTIVITY.	OBSERVED, LATEST MEETING WITHIN THE PREVIOUS YEAR ... 1 OBSERVED, LATEST MEETING BEFORE THE PREVIOUS YEAR . 2 REPORTED, NOT SEEN ..... 3	

434	<b>CHECK Q102.03</b>	CURATIVE CARE SERVICES AVAILABLE <input type="checkbox"/>	NO CURATIVE CARE SERVICES <input type="checkbox"/>	→ 440
435	Does this facility routinely carry out quality management activities, specifically for curative services for children? An example may be facility-wide review of pediatric mortality, or periodic audit of pediatric registers.	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8		→ 440
436	When was the last time this facility conducted quality management activities, specifically for curative services for children? Was it within the past 6 months or more than 6 months ago?	WITHIN THE PAST 6 MONTHS ..... 1 MORE THAN 6 MONTHS AGO ..... 2		

EXTERNAL SUPERVISION

440	Does this facility receive any external supervision, e.g., from the district, regional, zonal or national office?	YES ..... 1 NO ..... 2		→ 450
441	When was the last time a supervisor from outside this facility came here on a supervisory visit? Was it within the past 6 months or more than 6 months ago?	WITHIN THE PAST 6 MONTHS ..... 1 MORE THAN 6 MONTHS AGO ..... 2		→ 450
442	The last time during the past 6 months that a supervisor from outside the facility visited, did he or she do any of the following:	YES	NO	DON'T KNOW
01	Use a checklist to assess the quality of available health services data	1	2	8
02	Discuss health workers' clinical skills based on available health services data	1	2	8
03	Discuss health workers' interpersonal skills	1	2	8
04	Help the facility make any decisions based on available health services data	1	2	8

HMIS

FIND THE PERSON RESPONSIBLE FOR HEALTH INFORMATION SYSTEMS. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE ASSESSMENT BEFORE PROCEEDING WITH QUESTIONS IN THIS SUBSECTION				
450	Does this facility have a system in place to regularly collect health services data?	YES ..... 1 NO ..... 2		
451	Does this facility regularly compile any reports containing health services information?	YES ..... 1 NO ..... 2		→ 454
452	How frequently are these reports compiled?	MONTHLY OR MORE OFTEN ..... 1 EVERY 2-3 MONTHS ..... 2 EVERY 4-6 MONTHS ..... 3 LESS OFTEN THAN EVERY 6 MO ... 4		
453	May I see a copy of the most recent report?	RECORD OBSERVED ..... 1 REPORTED, NOT SEEN ..... 2		

454	Does this facility have a designated person, such as a data manager, who is responsible for health services data collection and management in this facility?	YES ..... 1 NO DEDICATED PERSON ..... 2	
455	Does this facility have a designated person, such as a data manager, who is responsible for surveillance of any infectious diseases?	YES ..... 1 NO DEDICATED PERSON ..... 2	
456	<b>CHECK Q102.07</b> NORMAL DELIVERY SERVICES AVAILABLE <input type="checkbox"/> NO NORMAL DELIVERY SERVICES AVAILABLE <input type="checkbox"/>		460
457	Does this facility have standard operating procedures for registration or notification of neonatal deaths and stillbirths?	YES, BOTH NEONATAL DEATHS AND STILL BIRHTS ..... 1 YES, ONLY NEONATAL DEATHS ... 2 YES, ONLY STILLBIRHTS ..... 3 NEITHER .. 4	

SERVICE STATISTICS

NOTIFY THE RESPONDENT THAT THIS SUBSECTION REQUIRES THAT SOME STATISTICS ARE GATHERED, IF SUCH INFORMATION IS NOT READILY AVAILABLE AT THE LOCATION WHERE THE INTERVIEW IS BEING CONDUCTED.			
460	Now, I would like to ask about service statistics in the last completed calendar month in this facility. The last completed calendar month refers to [MONTH].  IF INTERVIEW DATE IS 15TH OF THE MONTH OR LATER, THE COMPLETED CALENDAR MONTH IS THE PREVIOUS MONTH. IF INTERVIEW DATE IS EARLIER THAN 15TH OF THE MONTH, THE COMPLETE CALENDAR MONTH IS THE MONTH BEFORE THE PREVIOUS MONTH.		
461	How many outpatient client visits were made to this facility in the last completed calendar month [MONTH] for both adults and children?	# OF CLIENT VISITS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW ..... 99998	
462	<b>CHECK Q102.03</b> CURATIVE CARE SERVICES FOR CHILDREN UNDER-5 AVAILABLE <input type="checkbox"/> NO CURATIVE CARE SERVICES FOR CHILDREN UNDER-5 AVAILABLE <input type="checkbox"/>		464
463	How many sick-child care visits were made to this facility in the last completed calendar month [MONTH]?	# OF CLIENT VISITS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW ..... 99998	
464	<b>CHECK Q102.04</b> FAMILY PLANNING SERVICES AVAILABLE <input type="checkbox"/> NO FAMILY PLANNING SERVICES AVAILABLE <input type="checkbox"/>		466
465	How many family planning client visits were made to this facility in the last completed calendar month [MONTH]?	# OF CLIENT VISITS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW ..... 99998	
466	<b>CHECK Q102.05</b> ANTENATAL CARE SERVICES AVAILABLE <input type="checkbox"/> NO ANTENATAL CARE SERVICES AVAILABLE <input type="checkbox"/>		468
467	How many antenatal care client visits were made to this facility in the last completed calendar month [MONTH]?	# OF CLIENT VISITS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW ..... 99998	
468	<b>CHECK Q102.07</b> NORMAL DELIVERY SERVICES AVAILABLE <input type="checkbox"/> NO NORMAL DELIVERY SERVICES AVAILABLE <input type="checkbox"/>		480

469	How many deliveries took place at this facility in the last completed calendar month [MONTH]?	# OF DELIVERIES DON'T KNOW .....	<table border="1" style="display: inline-table;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table>						99998

TRANSPORT FOR EMERGENCIES

480	<p>Does this facility have a functional ambulance or other vehicle for emergency transportation for clients that is stationed at this facility and that operates from this facility?</p> <p>FUNCTIONAL AMBULANCE MEANS THE VEHICLE HAS NO MECHANICAL PROBLEM AND HAS FUEL AVAILABLE.</p>	YES ..... 1 NO ..... 2	
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EMERGENCY PREPAREDNESS

490	Does this facility have a written plan for natural disaster emergency?	YES ..... 1 NO ..... 2	→ 492
491	<p>May I see the plan?</p> <p>AN ACCEPTABLE DOCUMENT MAY INCLUDE ACTIONS PLANS FOR RISK COMMUNICATIONS, MANAGEMENT OF RESOURCES, OR OPERATIONAL PROCEDURES TO MANAGE PATIENTS.</p>	OBSERVED ..... 1 REPORTED, NOT SEEN ..... 2	
492	Does this facility have a written plan for public health emergency?	YES ..... 1 NO ..... 2	→ 494
493	<p>May I see the plan?</p> <p>AN ACCEPTABLE DOCUMENT MAY INCLUDE ACTIONS PLANS FOR RISK COMMUNICATIONS, MANAGEMENT OF RESOURCES, OR OPERATIONAL PROCEDURES TO MANAGE PATIENTS.</p>	OBSERVED ..... 1 REPORTED, NOT SEEN ..... 2	
494	In the past 12 months, has this facility conducted any emergency preparedness and response mock drills, simulation exercise, or tabletop exercise for natural disasters or infectious disease outbreaks?	YES ..... 1 NO ..... 2	
495	Does this facility have designated site to quarantine patients with suspected contagious disease?	YES ..... 1 NO ..... 2	
496	Does this facility have designated site to isolate patients with confirmed contagious disease?	YES ..... 1 NO ..... 2	
497	Does this facility have stockpile of essential medicines set aside for any emergency?	YES ..... 1 NO ..... 2	← <input type="checkbox"/> NEXT SECTION
498	Where does this facility store the stockpile?	MAIN LOCATION WHERE MEDICINES AND OTHER SUPPLIES ARE STORED . 1 NEXT SECTION ELSEWHERE ONSITE ..... 2 OFFSITE ..... 3 NEXT SECTION	<input type="checkbox"/> <input type="checkbox"/>

499	<p>May I see the stockpile?</p> <p>THE STOCKPILE IS RESERVED EXCLUSIVELY FOR EMERGENCY. INTERVIEWERS DO NOT NEED TO REVIEW ITS CONTENTS.</p>	<p>OBSERVED ..... 1</p> <p>REPORTED, NOT SEEN ..... 2</p>	
<p>THANK YOUR RESPONDENT FOR THEIR TIME AND HELP. PROCEED TO THE NEXT DATA COLLECTION SITE.</p>			

SECTION 4: MANAGEMENT: FOOTNOTES

(FN1) Adapt occupational categories according to the local health system

**SECTION 5: GENDER BASED VIOLENCE CARE**

500	<p><b>CHECK Q102.08</b></p> <p align="center">             GBV SERVICES AVAILABLE IN FACILITY <input type="checkbox"/> <span style="margin-left: 200px;">GBV SERVICES NOT AVAILABLE IN FACILITY <input type="checkbox"/></span> </p> <p align="right">NEXT SECTION <input type="checkbox"/></p>		
<p align="center">ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE GENDER BASED VIOLENCE CARE SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT GENDER BASED VIOLENCE CARE SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.</p>			
501	How many days in a week are gender-based violence care services offered at this facility?	NUMBER OF DAYS/WEEK <input type="checkbox"/>	
502	<p><b>CHECK Q300</b></p> <p align="center">             YES, 24-HR STAFF <input type="checkbox"/> <span style="margin-left: 100px;">NO 24-HOUR STAFF <input type="checkbox"/></span> </p>		504
503	How many hours a day are gender-based violence care services offered at this facility?	NUMBER OF HOURS/DAY <input type="checkbox"/>	
504	<p><b>CHECK Q501 AND Q503</b></p> <p align="center">             NOT OFFERED FOR 24 HOURS PER DAY AND 7 DAYS PER WEEK <input type="checkbox"/> <span style="margin-left: 100px;">OFFERED FOR 24 HOURS AND 7 DAYS <input type="checkbox"/></span> </p>		506
505	Does this facility help patients to access alternative facilities that provide GBV care during off-hours, by giving names and information of specific facilities?	YES ..... 1 NO ..... 2	
506 (FN1)	Following questions about providing services to patients who visit this facility for gender based violence care.	YES	NO
01	Does this facility require GBV patients to report to the police?	1	2
02	Does this facility have medico-legal forms?	1	2
03	Does this facility eliminate fees for the GBV care such as examination or laboratory cost? [PER COUNTRY POLICY]	1	2 05
04	Does this facility charge reduced fees for the GBV care? [PER COUNTRY POLICY]	1	2
05	Does this facility maintain patient privacy during triage/intake process?	1	2
06	Does this facility prioritize patients who have experienced sexual assault over other patients to ensure they receive care and support as soon as possible?	1	2
07	Does this facility provide GBV care to all, regardless of their sex, gender identity, sexual orientation, marital status, age, disability, race, ethnicity, and religion?	1	2

507	Following questions are about providing services to patients who visit this facility for reasons other than gender based violence care.	YES	NO	
01	Do providers in this facility ask about intimate-partner violence or sexual violence, if patients present with common signs and symptoms for intimate partner violence or sexual violence?	1	2	
02	Does this facility have guidelines to ask about intimate partner violence or sexual violence?	1	2	
03	Does this facility have a policy to conduct clinical enquiry about intimate partner violence or sexual violence routinely among all patients seeking certain services such as antenatal care and family planning?	1	2 509 ←	
508	Following questions are about conducting routine clinical enquiry about GBV.	YES	NO	
01	Does this facility have a protocol to conduct routine clinical enquiry about GBV?	1	2	
02	Does this facility have a questionnaire, with standard questions where providers can document responses?	1	2	
03	Does this facility offer first-line support to victims of GBV?  FIRST-LINE SUPPORT IS THE IMMEDIATE CARE GIVEN TO A GBV SURVIVOR UPON FIRST CONTACT WITH THE HEALTH OR CRIMINAL JUSTICE SYSTEM.	1	2	
04	Does the facility ensure private setting and confidentiality when conducting routine enquiry about GBV?	1	2	
05	Does this facility have a system for referrals or linkages to other services for victims of GBV if they are identified from the routine enquiry about GBV?	1	2	
509	Following questions are about training staff for GBV care and screening. In the past 12 months, has this facility provided training or training opportunities elsewhere on the following topics?	YES	NO	
01	How to ask about intimate partner violence or sexual violence, if patient presents with common signs and symptoms for such violence	1	2	
02	How to conduct routine enquiry about gender based violence or GBV	1	2	
THANK YOUR RESPONDENT FOR THEIR TIME AND HELP. PROCEED TO THE NEXT DATA COLLECTION SITE.				

SECTION 5: GENDER BASED VIOLENCE CARE(GBV): FOOTNOTES

(FN1) 506 (03-04) fees should be adapted according to the country specific GBV policy and guidelines

**SECTION 6: INFECTION PREVENTION AND CONTROL**

GUIDELINES AND MONITORING

FIND THE PERSON RESPONSIBLE FOR INFECTION PREVENTION AND CONTROL IN THE FACILITY. INTRODUCE YOURSELF AND EXPLAIN THE PURPOSE OF THE ASSESSMENT BEFORE PROCEEDING WITH THE QUESTIONS				
600	Does this facility have any programs or systems for infection prevention and control?	YES .....	1	
		NO .....	2	
601	Does this facility have any guidelines on infection prevention and control?	YES .....	1	
		NO GUIDELINE AVAILABLE .....	2	→ 603
602	I would like to know what IPC topics are covered in the guidelines. May I see the guideline?  CHECK EACH OF THE FOLLOWING TOPICS ARE INCLUDED			
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE
01	STANDARD PRECAUTIONS	1	2	3
02	TRANSMISSION BASED PRECAUTIONS	1	2	3
03	DECONTAMINATION OF MEDICAL DEVICES	1	2	3
04	HEALTH WORKER PROTECTION	1	2	3
05	ASEPTIC TECHNIQUE	1	2	3
06	TRIAGE OF PATIENTS WITH SUSPECTED INFECTION	1	2	3
603	Does this facility routinely monitor infection prevention and control?	YES .....	1	
		NO .....	2	→ 606
604	How often is the monitoring done?	MONTHLY OR MORE FREQUENTLY .....	1	
		ONCE EVERY 2-3 MONTHS .....	2	
		LESS FREQ. THAN EVERY 3 MONTHS .....	3	
		DON'T KNOW .....	8	
605	Are any of the following topics monitored?	YES	NO	DON'T KNOW
01	Condition and functionality of water, sanitation, and hygiene	1	2	8
02	Condition and functionality of medical waste management infrastructure	1	2	8
03	Quality and quantity of available IPC supplies and equipment	1	2	8
04	Staff compliance with critical IPC practices such as hand hygiene, routine cleaning and disinfection	1	2	8
606	Does this facility have designated staff for facility cleaning?	YES .....	1	
		NO .....	2	→ 610

607	<p>Have the designated staff for cleaning received training for environmental cleaning?</p> <p>Environmental cleaning is cleaning and disinfection of environmental surfaces such as chairs and surfaces of noncritical patient care equipment such as IV poles - when needed, according to risk level.</p>	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
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PROCESSING OF INSTRUMENTS FOR REUSE

610	<p><b>CHECK Q201</b></p> <p style="text-align: center;">EQUIPMENT PROCESSED IN THE FACILITY (1 or 2 CIRCLED) <input type="checkbox"/></p>	<p style="text-align: right;">NO (3 CIRCLED) <input type="checkbox"/> → 620</p>	
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ASK TO BE SHOWN THE MAIN LOCATION WHERE SURGICAL INSTRUMENTS ARE PROCESSED/STERILIZED IN THE FACILITY FOR REUSE. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT PROCESSING OF SURGICAL INSTRUMENTS IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND PROCEED.

611	<p>ASK IF EACH OF THE INDICATED ITEMS BELOW IS USED BY THE FACILITY AND AVAILABLE. IF AVAILABLE, ASK TO SEE IT. ASK IF IT IS FUNCTIONING OR NOT.</p> <p>Do you use [METHOD] in facility?          IF YES, ASK: "May I see it?"          THEN "Is it functioning?"</p>						
	(A) USE AND AVAILABILITY	(B) FUNCTIONING					
	OBSERVED	REPORTED, NOT SEEN	NOT USED	YES	NO	DON'T KNOW	
01	ELECTRIC AUTOCLAVE (PRESSURE & WET HEAT)	1 → B	2 → B	3 } 02 ←	1	2	8
02	NON-ELECTRIC AUTOCLAVE (PRESSURE & WET HEAT)	1 → B	2 → B	3 } 03 ←	1	2	8
03	ELECTRIC DRY HEAT STERILIZER	1 → B	2 → B	3 } 04 ←	1	2	8
04	HEAT SOURCE FOR NON-ELECTRIC EQUIPMENT (STOVE OR COOKER)	1 → B	2 → B	3 } 05 ←	1	2	8
05	ANY CHEMICALS FOR CHEMICAL HLD	1 → B	2 → B	3			

HEALTH CARE WASTE MANAGEMENT

FIND THE PERSON RESPONSIBLE FOR WASTE MANAGEMENT ACTIVITIES IN THE FACILITY. INTRODUCE YOURSELF AND EXPLAIN THE PURPOSE OF THE ASSESSMENT BEFORE PROCEEDING WITH THE QUESTIONS.

<p>620</p>	<p>Now I would like to ask you a few questions about waste management practices for sharps waste, such as needles or blades.</p> <p>How does this facility finally dispose of sharps waste (e.g., filled sharps boxes)?</p> <p>PROBE TO ARRIVE AT CORRECT RESPONSE</p> <p>IF ANY OF THE RESPONSES 02 - 09 TAKE PLACE OUTSIDE THE FACILITY, THEN THE CORRECT RESPONSE TO CIRCLE WILL BE IN THE CATEGORY OF "REMOVE OFFSITE"</p> <p>PREMISES MEANS THE BUILDING OR FACILITY GROUNDS.</p> <p>IF MORE THAN ONE APPLIES, SELECT THE METHOD USED MOST OFTEN.</p>	<p><b>BURN IN INCINERATOR:</b>                  TWO-CHAMBER INDUSTRIAL (800-1000+°C) ..... 02                  ONE-CHAMBER DRUM/BRICK ..... 03</p> <p><b>OPEN BURNING</b>                  FLAT GROUND-NO PROTECTION ..... 04                  PIT OR PROTECTED GROUND ..... 05</p> <p><b>DUMP WITHOUT BURNING</b>                  FLAT GROUND-NO PROTECTION ..... 06                  COVERED PIT OR PIT LATRINE ..... 07                  OPEN PIT-NO PROTECTION ..... 08                  PROTECTED GROUND OR PIT ..... 09</p> <p><b>REMOVE OFFSITE</b>                  STORED IN COVERED CONTAINER .... 10                  STORED IN OTHER PROTECTED ENVIRONMENT ..... 11                  STORED UNPROTECTED ..... 12                  OTHER (SPECIFY)..... 96                  NEVER HAVE SHARPS WASTE ..... 95</p>	<p>→ 622</p> <p>→ 622</p>
<p>621</p>	<p>Does this facility treat sharps waste using autoclave or medical waste microwave before final dispose?</p>	<p>YES ..... 1                  NO ..... 2</p>	
<p>622</p>	<p>Now I would like to ask you a few questions about waste management practices for medical waste other than sharps, such as used bandages.</p> <p>How does this facility finally dispose of medical waste other than sharps boxes?</p> <p>PROBE TO ARRIVE AT CORRECT RESPONSE</p> <p>IF ANY OF THE RESPONSES 02 - 09 TAKE PLACE OUTSIDE THE FACILITY, THEN THE CORRECT RESPONSE TO CIRCLE WILL BE IN THE CATEGORY OF "REMOVE OFFSITE"</p> <p>PREMISES MEANS THE BUILDING OR FACILITY GROUNDS.</p> <p>IF MORE THAN ONE APPLIES, SELECT THE METHOD USED MOST OFTEN.</p>	<p>SAME AS FOR SHARP ITEMS ..... 01</p> <p><b>BURN IN INCINERATOR:</b>                  TWO-CHAMBER INDUSTRIAL (800-1000+°C) ..... 02                  ONE-CHAMBER DRUM/BRICK ..... 03</p> <p><b>OPEN BURNING</b>                  FLAT GROUND-NO PROTECTION ..... 04                  PIT OR PROTECTED GROUND ..... 05</p> <p><b>DUMP WITHOUT BURNING</b>                  FLAT GROUND-NO PROTECTION ..... 06                  COVERED PIT OR PIT LATRINE ..... 07                  OPEN PIT-NO PROTECTION ..... 08                  PROTECTED GROUND OR PIT ..... 09</p> <p><b>REMOVE OFFSITE</b>                  STORED IN COVERED CONTAINER .... 10                  STORED IN OTHER PROTECTED ENVIRONMENT ..... 11                  STORED UNPROTECTED ..... 12                  OTHER (SPECIFY)..... 96                  NEVER HAVE MEDICAL WASTE ..... 95</p>	<p>→ 624</p> <p>→ 624</p>
<p>623</p>	<p>Does this facility treat medical waste using autoclave or medical waste microwave before final dispose?</p>	<p>YES ..... 1                  NO ..... 2</p>	

624	<b>CHECK Q620 AND Q622</b> INCINERATOR USED (EITHER "2" OR "3" CIRCLED) <input type="checkbox"/>	INCINERATOR NOT USED (NEITHER "2" NOR "3" CIRCLED) <input type="checkbox"/>	→ 630
625	ASK TO BE SHOWN THE INCINERATOR	INCINERATOR OBSERVED ..... 1 INCINERATOR REPORTED, NOT SEEN .... 2	
626	Is the incinerator functional today?  ACCEPT REPORTED RESPONSE FROM KNOWLEDGEABLE RESPONDENT.	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 630
627	Is fuel available today for the incinerator?  ACCEPT REPORTED RESPONSE	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	

CLIENT LATRINE

630	Is there a toilet (latrine) in functioning condition that is available for general outpatient client use?  IF YES, ASK TO SEE THE CLIENT TOILET AND INDICATE THE TYPE. THIS MUST BE TOILET FACILITIES FOR THE MAIN OUTPATIENT SERVICE AREA.  IF MORE THAN ONE TYPE OF TOILET IS USED, THE MOST COMMON TYPE OF TOILET/LATRINE IN THE OUTPATIENT SERVICE AREA SHOULD BE SELECTED.	<b>FLUSH OR POUR FLUSH TOILET</b> FLUSH TO PIPED SEWER SYSTEM .... 11 FLUSH TO SEPTIC TANK ..... 12 FLUSH TO PIT LATRINE ..... 13 FLUSH TO SOMEWHERE ELSE ..... 14 FLUSH, DON'T KNOW WHERE ..... 15 <b>PIT LATRINE</b> VENTILATED IMPROVED PIT LATRINE .. 21 PIT LATRINE WITH SLAB ..... 22 PIT LATRINE WITHOUT SLAB/OPEN PIT .. 23 COMPOSTING TOILET ..... 31 BUCKET TOILET ..... 41 HANGING TOILET / HANGING LATRINE .... 51 NO FUNCTIONING FACILITY/BUSH/FIELD .. 61 OTHER (SPECIFY) _____ 96	
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631	CIRCLE ANY OBSERVED CONDITION. IF NONE IS OBSERVED, CIRCLE "Y"	
01	TOILET IS AVAILABLE ONSITE ..... A ONSITE MEANS WITHIN THE BUILDING OR FACILITY GROUNDS.	
02	TOILET IS FUNCTIONAL ..... B FUNCTIONING CONDITION MEANS IT CAN BE USED. FOR EXAMPLE, WATER IS AVAILABLE FOR FLUSH TOILETS AND HOLE OR PIT IS NOT BLOCKED FOR PIT LATRINE.	
03	DOOR IS UNLOCKED WHEN NOT IN USE OR KEY IS AVAILABLE ..... C	
04	DOOR CAN BE LOCKED INSIDE ..... D	
05	WALLS AROUND TOILET ALLOWS PRIVACY ..... E	
06	EXCLUSIVE FEMALE TOILET IS AVAILABLE ..... F	
07	GENDER-NEUTRAL ROOM WITH A SINGLE TOILET AVAILABLE ..... G	
08	WATER IS AVAILABLE IN A PRIVATE SPACE FOR WASHING ..... H	
09	WATER IS AVAILABLE WITHIN 5 METERS OF TOILET ..... I	
10	SOAP IS AVAILABLE IN A PRIVATE SPACE FOR WASHING ..... J	
11	SOAP IS AVAILABLE WITHIN 5 METERS OF TOILET ..... K	
12	BIN WITH LID IS AVAILABLE FOR DISPOSAL OF USED MENSTRUAL HYGIENE PRODUCTS IN A PRIVATE SPACE ..... L	
13	TOILET IS ACCESSIBLE FOR PEOPLE WITH LIMITED MOBILITY ..... M  A TOILET CAN BE CONSIDERED ACCESSIBLE FOR PEOPLE WITH LIMITED MOBILITY IF IT MEETS RELEVANT NATIONAL OR LOCAL STANDARDS.  IN THE ABSENCE OF SUCH STANDARDS, IT SHOULD MEET THE FOLLOWING CONDITIONS: CAN BE ACCESSED WITHOUT STAIRS OR STEPS; HANDRAILS FOR SUPPORT ARE ATTACHED EITHER TO THE FLOOR OR SIDEWALLS; THE DOOR IS AT LEAST 80 CM WIDE, AND THE DOOR HANDLE AND SEAT ARE WITHIN REACH OF PEOPLE USING WHEELCHAIRS OR CRUTCHES/STICKS.	
14	NONE OF THE ABOVE ..... Y	

632	<b>CHECK Q631</b> EXCLUSIVE FEMALE TOILET OR GENDER NEUTRAL TOILET NOT AVAILABLE (NEITHER "F" NOR "G" CIRCLED)	EXCLUSIVE FEMALE TOILET OR GENDER NEUTRAL TOILET AVAILABLE (EITHER "F" OR "G" CIRCLED)	<input type="checkbox"/> → 634
633	Is there a toilet (latrine) available for female clients in this facility?	YES ..... 1 NO ..... 2	
634	<b>CHECK Q631</b> ACCESSIBLE TOILET NOT AVAILABLE ("M" NOT CIRCLED)	ACCESSIBLE TOILET AVAILABLE ("M" CIRCLED)	<input type="checkbox"/> → 636
635	Is there a toilet (latrine) available for people with limited mobility in this facility?	YES ..... 1 NO ..... 2	
636	Is there a toilet (latrine) reserved for the exclusive use of staff?	YES ..... 1 NO ..... 2	
THANK YOUR RESPONDENT FOR THEIR TIME AND HELP. PROCEED TO THE NEXT DATA COLLECTION SITE.			

**SECTION 7: BASIC SUPPLIES - CLIENT EXAMINATION ROOM CLIENT WAITING AREA**

AT THIS POINT TELL YOUR RESPONDENT THAT YOU WOULD LIKE TO SEE SOME BASIC SUPPLIES AND EQUIPMENT USED IN THE PROVISION OF CLIENT SERVICES. YOU WOULD LIKE TO SEE IF THESE SUPPLIES AND EQUIPMENT ARE AVAILABLE IN THE GENERAL OUTPATIENT AREA. IF YOU ARE NOT IN THE GENERAL OUTPATIENT AREA, ASK TO BE TAKEN TO THE GENERAL OUTPATIENT AREA.

BASIC SUPPLIES AND EQUIPMENT

700	I would like to know if the following items are available today in the main service area and are functioning.  ASK TO SEE ITEMS.	(A) AVAILABLE			(B) FUNCTIONING		
		OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01	ADULT WEIGHING SCALE	1 → B	2 → B	3	1	2	8
02	STADIOMETER (OR HEIGHT ROD) FOR MEASURING HEIGHT	1 → B	2 → B	3	1	2	8
03	MEASURING TAPE (GENERAL USE) (1 MILLIMETER GRADATION)	1	2	3			
04	THERMOMETER	1 → B	2 → B	3	1	2	8
05	STETHOSCOPE	1 → B	2 → B	3	1	2	8
06	DIGITAL BP APPARATUS	1 → B	2 → B	3	1 08 ↙	2	8
07	MANUAL BP APPARATUS	1 → B	2 → B	3	1	2	8
08	SELF-INFLATING BAG AND MASK [ADULT]	1 → B	2 → B	3	1	2	8
09	SELF-INFLATING BAG AND MASK [PEDIATRIC]	1 → B	2 → B	3	1	2	8
10	SPACERS FOR INHALERS	1	2	3			
11	PEAK FLOW METERS	1 → B	2 → B	3	1	2	8
12	PULSE OXIMETER	1 → B	2 → B	3	1	2	8
13	OXYGEN CONCENTRATORS	1 → B	2 → B	3	1	2	8
14	FILLED OXYGEN CYLINDER	1 → B	2 → B	3	1	2	8
15	OXYGEN DISTRIBUTION SYSTEM	1 → B	2 → B	3	1	2	8
16	OXYGEN ANALYZER	1 → B	2 → B	3	1	2	8
17	PRESSURE REGULATOR	1 → B	2 → B	3	1	2	8
18	CYLINDER GAUGES	1 → B	2 → B	3	1	2	8
19	HUMIDIFIERS	1 → B	2 → B	3	1	2	8

20	LOW FLOW METERS	1 → B	2 → B	3	1	2	8
21	NASAL CATHETER	1	2	3			
22	OXYGEN MASKS [ADULT]	1	2	3			
23	OXYGEN MASKS [PEDIATRIC]	1	2	3			
24	NASAL PRONGS/CANNULA	1	2	3			

CLIENT EXAMINATION ROOM

AT THIS POINT ASK TO BE SHOWN THE ROOM OR AREA IN THE GENERAL OUTPATIENT AREA WHERE MOST CLIENT SERVICES ARE OFFERED. OBSERVE THE CONDITION UNDER WHICH MOST CLIENT EXAMINATION TAKE PLACE. INDICATE IF THE FOLLOWING ITEMS ARE AVAILABLE IN THE ROOM OR AREA. ASK TO BE SHOWN ITEMS THAT YOU DO NOT SEE

710	STANDARD PRECAUTIONS AND CONDITIONS FOR CLIENT EXAMINATION	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE
01	RUNNING WATER (PIPED, BUCKET WITH TAP OR POUR PITCHER)	1	2	3
02	HAND-WASHING SOAP (MAY BE LIQUID SOAP)	1	2	3
03	ALCOHOL-BASED HAND RUB	1	2	3
04	WASTE RECEPTACLE (PEDAL BIN) WITH LID AND PLASTIC BIN LINER	1 06 ↙	2	3
05	OTHER WASTE RECEPTACLE	1	2	3
06	SHARPS CONTAINER ("SAFETY BOX")	1	2	3
07	DISPOSABLE LATEX GLOVES	1	2	3
08	MEDICAL MASKS	1	2	3
09	RESPIRATOR	1	2	3
10	GOWNS	1	2	3
11	EYE PROTECTION [GOGGLES OR FACE PROTECTION]	1	2	3
12	STANDARD PRECAUTIONS GUIDELINES FOR INFECTION CONTROL	1	2	3

THANK YOUR RESPONDENT FOR THEIR TIME AND HELP. PROCEED TO THE NEXT DATA COLLECTION SITE.

**SECTION 8: DIAGNOSTICS**

800	<b>CHECK Q102.21</b>	DIAGNOSTIC SERVICES AVAILABLE IN FACILITY <input type="checkbox"/>	NO DIAGNOSTIC SERVICES <input type="checkbox"/> NEXT SECTION OR SERVICE SITE ←
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ASK TO BE SHOWN THE MAIN LABORATORY OR LOCATION IN THE FACILITY WHERE MOST TESTING IS DONE TO START DATA COLLECTION. INTRODUCE YOURSELF AND EXPLAIN THE PURPOSE OF THE SURVEY. FOR EACH OF THE TEST OF INTEREST, ASK AND GO TO THE MAIN LOCATION IN THE FACILITY WHERE THE INFORMATION WILL BE AVAILABLE. IF INFORMATION IS NOT IN THAT LOCATION ASK IF IT IS ANYWHERE ELSE IN THE FACILITY AND GO THERE TO COMPLETE THE QUESTIONNAIRE.

**HEMATOLOGY**

801	Does this facility do any hemoglobin testing on site (i.e. in the facility)?	YES ..... 1 NO ..... 2	→ 810	
802	Please tell me if: A) Any of the following hemoglobin test equipment is used in this facility,  B) All items needed for the test are available, and  C) Equipment is in working order	(A) USED  YES      NO	(B) EQUIPMENT/ALL ITEMS FOR TEST AVAILABLE?  OBSERVED    REPORTED, NOT SEEN    NOT AVAILABLE	(C) IS THE ITEM IN WORKING ORDER OR UNEXPIRED?  YES      NO      DON'T KNOW
01	HEMATOLOGY ANALYZER (for total lymphocyte count, full blood count, platelet count, etc.)	1 → B      2 ] 02 ←	1 → C      2 → C      3 ] 02 ←	1      2      8
02	HEMOCUE	1 → B      2 ] 04 ←	1 → C      2 → C      3 ] 04 ←	1      2      8
03	MICROCUVETTE (with valid expiration date)		1      2      3	
04	COLORIMETER OR HEMOGLOBINOMETER	1 → B      2	1 → C      2 → C      3	1      2      8
803	Do you have a training manual, poster or other job aid for anemia testing?	YES ..... 1 NO ..... 2	→ 810	
804	May I see the training manual, poster or other job aid for anemia testing?	OBSERVED ..... 1 REPORTED, NOT SEEN ..... 2		

CLINICAL CHEMISTRY

810	Does this facility do any blood glucose testing in the facility?	YES ..... 1 NO ..... 2						→ 812	
811	Please tell me if: A) Any of the following blood glucose test equipment is used in this facility	(A) USED		(B) EQUIPMENT/ALL ITEMS FOR TEST AVAILABLE?			(C) IS THE ITEM IN WORKING ORDER OR UNEXPIRED?		
	B) It is available, and C) It is in working order	YES	NO	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01	GLUCOMETER	1 → B	2 ] 812 ←	1 → C	2 → C	3 ] 812 ←	1	2	8
02	GLUCOMETER TEST STRIPS			1 → C	2 → C	3	1	2	8
812	Does this facility do any <b>urine chemistry testing</b> using dipsticks and/or urine pregnancy test on site?	YES ..... 1 NO ..... 2						→ 820	
813	Please tell me if any of the following dipstick test is done (or used) in this location. If done or used, I will like to see one.	(A) USED		(B) OBSERVED AVAILABLE					
	IF DONE/USED ASK TO SEE IT AND NOTE IF VALID/UNEXPIRED	YES	NO	AT LEAST ONE VALID	AVAILABLE, NONE VALID	REPORTED, NOT SEEN	NORMALLY AVAILABLE, NOT TODAY		
01	DIP STICKS FOR URINE PROTEIN	1 → B	2 ] 02 ←	1	2	3	4		
02	DIP STICKS FOR URINE GLUCOSE	1 → B	2 ] 03 ←	1	2	3	4		
03	DIP STICKS FOR BACTERIA (NITRITE OR LEUKOCYTES)	1 → B	2 ] 820 ←	1	2	3	4		

PARASITOLGY/BACTERIOLOGY

820	Please tell me if: A) Any of the following equipment is used in the facility	(A) EQUIPMENT / TEST USED		(B) EQUIPMENT / ALL ITEMS FOR TEST AVAILABLE?			(C) IS THE ITEM IN WORKING ORDER?		
	B) It is available, and C) It is in working order	YES	NO	OBSERVED	REPORTED, NOT SEEN	NORMALLY AVAILABLE, NOT TODAY	YES	NO	DON'T KNOW
01	LIGHT MICROSCOPE	1 → B	2 ] 02 ←	1 → C	2 → C	3 ] 02 ←	1	2	8
02	MICROSCOPE WITH ELECTRIC LIGHT SOURCE	1 → B	2 ] 03 ←	1 → C	2 → C	3 ] 03 ←	1	2	8
03	REFRIGERATOR IN LAB AREA	1 → B	2 ] 04 ←	1 → C	2 → C	3 ] 04 ←	1	2	8

04	INCUBATOR	1 → B 2 } 05 ←	1 → C 2 → C 3 } 05 ←	1 2 8		
05	TEST TUBES	1 → B 2 } 06 ←	1 2 3			
06	CULTURE MEDIUM	1 → B 2 } 07 ←	1 2 3			
07	GLASS SLIDES AND COVERS	1 → B 2 } 821 ←	1 2 3			
821	Does this facility do any MALARIA tests (microscopy or mRDT) on site, i.e., in the facility?	YES ..... 1 NO ..... 2			→ 830	
822	Do you use malaria rapid diagnostic test to diagnose malaria at this laboratory/service site?	YES ..... 1 NO ..... 2		→ 826		
823	May I see a sample malaria rapid diagnostic test (RDT) kit?  CHECK TO SEE IF AT LEAST ONE IS VALID	OBSERVED, AT LEAST 1 VALID ... 1 OBSERVED, NONE VALID ..... 2 REPORTED AVAILABLE, NOT SEEN 3 NONE AVAILABLE TODAY ..... 4				
824	Do you have a training manual, poster or other job aid for using malaria rapid diagnostic test?	YES ..... 1 NO ..... 2		→ 826		
825	May I see the training manual, poster or other job aid for using malaria rapid diagnostic test?	OBSERVED ..... 1 REPORTED, NOT SEEN ..... 2				
826	Please tell me if: A) Any of the following malaria tests or equipment is used in the facility  B) All items needed for the test are available	(A) EQUIPMENT / TEST USED	(B) EQUIPMENT / ALL ITEMS FOR TEST AVAILABLE?			
		YES	NO	OBSERVED	REPORTED, NOT SEEN	NORMALLY AVAILABLE, NOT TODAY
01	GIEMSA STAIN	1 → B 2 } 02 ←	1 2 3			
02	FIELD STAIN	1 → B 2 } 03 ←	1 2 3			
03	ACRIDINE ORANGE (AO microscope, and Acridine orange stain)	1 → B 2 } 830 ←	1 2 3			

DIAGNOSTIC IMAGING

830	Does this facility perform diagnostic X-rays, ultrasound, or computerized tomography?  IF YES, ASK TO GO TO WHERE THE EQUIPMENT IS LOCATED AND SPEAK WITH THE MOST KNOWLEDGEABLE PERSON.	YES..... 1 NO..... 2 NEXT SECTION OR SERVICE AREA ←							
831	Please tell me: A) If any of the following imaging equipment is used in the facility  B) if it is available today, and  C) if it is functioning today	(A) EQUIPMENT USED		(B) EQUIPMENT AVAILABLE?			(C) IS THE ITEM IN WORKING ORDER?		
		YES	NO	OBSERVED	REPORTED, NOT SEEN	NORMALLY AVAILABLE, NOT TODAY	YES	NO	DONT KNOW
01	DIGITAL X-RAY MACHINE NOT REQUIRING FILM	1 → B	2 ] 02 ←	1 → C	2 → C	3 ] 02 ←	1	2	8
02	X-RAY MACHINE	1 → B	2 ] 04 ←	1 → C	2 → C	3 ] 03 ←	1	2	8
03	UNEXPIRED FILM FOR X-RAY			1	2	3			
04	ULTRASOUND SYSTEM / MACHINE	1 → B	2 ] 05 ←	1 → C	2 → C	3 ] 05 ←	1	2	8
05	CT SCAN	1 → B	2 ] NEXT SECTION ←	1 → C	2 → C	3 ] NEXT SECTION ←	1	2	8
THANK YOUR RESPONDENT FOR THEIR TIME AND HELP. PROCEED TO THE NEXT DATA COLLECTION SITE.									

**SECTION 9: MEDICINES AND COMMODITIES**

900	<b>CHECK Q210</b>	FACILITY STORES <input type="checkbox"/> MEDICINES ↓	FACILITY STORES NO MEDICINES <input type="checkbox"/> ↓ NEXT SECTION ←
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**SECTION 9.1: GENERAL MEDICINES AND SUPPLY ITEMS**

ASK TO BE SHOWN THE MAIN LOCATION IN THE FACILITY WHERE MEDICINES AND OTHER SUPPLIES ARE STORED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT STORAGE AND MANAGEMENT OF MEDICINES AND SUPPLIES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS
I would like to know if the following medicines are available today in this facility. If any of the medicines I mention is stored in another location in the facility, please tell me where in the facility it is stored so I can go there to verify.

**ANTIBIOTICS**

901	Are any of the following antibiotics available in this facility/location today?  CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
		AT LEAST ONE VALID	AVAILABLE, NONE VALID	REPORTED AVAILABLE, NOT SEEN	NOT AVAILABLE TODAY / DK	NEVER AVAILABLE
01	AMOXICILLIN TABLET/CAPSULE (Bacterial infections in adults)	1	2	3	4	5
02	AMOXICILLIN SYRUP/SUSPENSION OR DISPERSIBLE PEDIATRIC-DOSED TABLETS (Oral antibiotics for children)	1	2	3	4	5
03	AMOXICILIN/CLAVULINATE (AUGMENTIN) TABS (broad spectrum antibiotics)	1	2	3	4	5
04	AMPICILLIN (POWDER) INJECTION (Broad spectrum antibiotic)	1	2	3	4	5
05	AZITHROMYCIN TABS/CAPS (antibiotic)	1	2	3	4	5
06	AZITHROMYCIN SYR/SUSPENSION (antibiotic)	1	2	3	4	5
07	BENZATHINE BENZYL PENICILLIN (POWDER) FOR INJECTION	1	2	3	4	5
08	CEFOTAXIME	1	2	3	4	5
09	CEFTRIAZONE INJECTION (Injectable antibiotic)	1	2	3	4	5
10	CEPHALEXINE TABLET/CAPSULE	1	2	3	4	5
11	CEPHALEXINE SYR/SUSPENSION	1	2	3	4	5
12	CIPROFLOXACIN (2nd-line oral antibiotic)	1	2	3	4	5
13	CLOXACILLIN	1	2	3	4	5
14	CO-TRIMOXAZOLE (TABS) (Oral antibiotics-adult formation)	1	2	3	4	5

15	CO-TRIMOXAZOLE SUSPENSION OR DISPERSIBLE PEDIATRIC-DOSED TABLET (Oral antibiotics for children)	1	2	3	4	5
16	GENTAMYCIN INJECTION (Broad spectrum injectable antibiotic)	1	2	3	4	5
17	PENICILLIN INJECTION (Broad spectrum injectable antibiotic)	1	2	3	4	5

MEDICINES FOR WORM INFECTIONS

902	Are any of the following medicines for the treatment of worm infections available in the facility/location today?	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
	CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	AT LEAST ONE VALID	AVAILABLE, NONE VALID	REPORTED AVAILABLE, NOT SEEN	NOT AVAILABLE TODAY / DK	NEVER AVAILABLE
01	ALBENDAZOLE	1	2	3	4	5
02	MEBENDAZOLE	1	2	3	4	5

MEDICINES FOR NON-COMMUNICABLE DISEASES

903	Are any of the following medicines for the management of non-communicable diseases available in the facility/location today?	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
	CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	AT LEAST ONE VALID	AVAILABLE, NONE VALID	REPORTED AVAILABLE, NOT SEEN	NOT AVAILABLE TODAY / DK	NEVER AVAILABLE
01	AMLODIPINE TABLETS (CCB for high blood pressure)	1	2	3	4	5
02	ATENOLOL (Beta-blocker, Angina/hypertension)	1	2	3	4	5
03	BECLOMETHASONE INHALER	1	2	3	4	5
04	DEXAMETHASONE INJECTION	1	2	3	4	5
05	DEXAMETHASONE SYRUP/TABLETS	1	2	3	4	5
06	DIAZEPAM INJECTION (Anxiety/muscle relaxant/anticonvulsant)	1	2	3	4	5
07	ENALAPRIL CAPSULE/TABLET (A.C.E Inhibitor)	1	2	3	4	5
08	EPINEPHRINE INJECTION	1	2	3	4	5
09	THIAZIDE DIURETIC	1	2	3	4	5
10	GLIBENCLAMIDE (Oral treatment for type-2 diabetes)	1	2	3	4	5
11	GLUCOSE INJECTABLE SOLUTION	1	2	3	4	5
12	HYDROCORTISONE	1	2	3	4	5

13	INSULIN INJECTIONS (Diabetes)	1	2	3	4	5
14	METFORMIN TABLETS	1	2	3	4	5
15	PREDNISOLONE	1	2	3	4	5
16	SALBUTAMOL INHALER (Bronchospasms/Chronic asthma)	1	2	3	4	5
17	SALBUTAMOL INJECTION	1	2	3	4	5
18	ASPIRIN CAPSULES/TABLETS	1	2	3	4	5

ANTIMALARIAL MEDICINES(FN1)

ACT ANTIMALARIAL MEDICINES (Q904.01 - Q904.06) PART MUST BE ADAPTED BASED ON FIRST-LINE ANTIMALARIAL MEDICINES IN THE COUNTRY

904	Are any of the following antimalarial medicines available in the facility/location today?  CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
		AT LEAST ONE VALID	AVAILABLE, NONE VALID	REPORTED AVAILABLE, NOT SEEN	NOT AVAILABLE TODAY / DK	NEVER AVAILABLE
01	ARTEMISININ COMBINATION THERAPY: ARTEMETHER + LUMEFRANTRINE	1	2	3	4	5
02	ARTEMISININ COMBINATION THERAPY: ARTEMISININ + NAPTHOQUINE	1	2	3	4	5
03	ARTEMISININ COMBINATION THERAPY: DIHYDROARTEMISININ + PIPERAQUINE	1	2	3	4	5
04	ARTEMISININ COMBINATION THERAPY: ARTESUNATE + AMODIAQUINE	1	2	3	4	5
05	ARTEMISININ COMBINATION THERAPY: ARTESUNATE + MEFLOQUINE	1	2	3	4	5
06	ARTEMISININ COMBINATION THERAPY: OTHER	1	2	3	4	5
07	ARTEMETHER INJECTION	1	2	3	4	5
08	SULFADOXINE + PYRIMETHAMINE (SP)	1	2	3	4	5
09	QUININE TABLETS	1	2	3	4	5
10	QUININE INJECTION	1	2	3	4	5
11	ARTESUNATE INJECTABLE	1	2	3	4	5
12	ARTESUNATE SUPPOSITORIES / RECTAL ARTESUNATE	1	2	3	4	5
13	CHLOROQUINE	1	2	3	4	5
14	AMODIAQUINE	1	2	3	4	5

FEVER REDUCING AND PAIN MEDICINES

905	Are any of the following OTHER medicines available in the facility/location today?  CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
		AT LEAST ONE VALID	AVAILABLE, NONE VALID	REPORTED AVAILABLE, NOT SEEN	NOT AVAILABLE TODAY / DK	NEVER AVAILABLE
01	PARACETAMOL TABLETS	1	2	3	4	5
02	PARACETAMOL SYRUP OR DISPERSIBLE PEDIATRIC-DOZED TABLETS	1	2	3	4	5
03	MORPHINE INJECTION	1	2	3	4	5

MATERNAL AND CHILD HEALTH (FN2)

906	Are any of the following medicines for maternal and child health available in the facility/location today?  CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
		AT LEAST ONE VALID	AVAILABLE, NONE VALID	REPORTED AVAILABLE, NOT SEEN	NOT AVAILABLE TODAY / DK	NEVER AVAILABLE
01	CALCIUM GLUCONATE INJECTION	1	2	3	4	5
02	FOLIC ACID TABLETS [COUNTRY SPECIFIC ADULT DOSE]	1	2	3	4	5
03	IRON TABLETS [COUNTRY SPECIFIC ADULT DOSE]	1	2	3	4	5
04	IRON TABLETS [COUNTRY SPECIFIC PEDIATRIC DOSE]	1	2	3	4	5
05	IRON SYRUP	1	2	3	4	5
06	IRON + FOLIC ACID COMBINATION TABLET	1	2	3	4	5
07	[PER COUNTRY GUIDELINES] CALCIUM TABLET [COUNTRY SPECIFIC ADULT DOSE]	1	2	3	4	5
08	[PER COUNTRY GUIDELINES] ANTENATAL MULTIPLE MICRONUTRIENT SUPPLEMENTS [COUNTRY SPECIFIC ANTENATAL DOSE]	1	2	3	4	5
09	MAGNESIUM SULPHATE INJECTION	1	2	3	4	5
10	MISOPROSTOL TABLETS/CAPSULES	1	2	3	4	5
11	OXYTOCIN OR OTHER INJECTABLE UTEROTONIC	1	2	3	4	5
12	TETANUS TOXOID VACCINE	1	2	3	4	5
13	ORAL REHYDRATION SALTS (ORS) SACHETS	1	2	3	4	5

14	LOW OSMOLALITY ORAL REHYDRATION SALTS (ORS) SACHETS	1	2	3	4	5
15	VITAMIN A CAPSULES [COUNTRY SPECIFIC PEDIATRIC DOSE]	1	2	3	4	5
16	ZINC TABLETS	1	2	3	4	5
17	BUDESONIDE INHALATION (AEROSOL)	1	2	3	4	5
18	AMODIAQUINE	1	2	3	4	5
19	PHENOBARBITONE INJECTION	1	2	3	4	5
20	DOPAMINE INJECTION	1	2	3	4	5
21	CORTICOSTEROID	1	2	3	4	5

INTRAVENOUS FLUIDS

907	Are any of the following intravenous fluids available in the facility/location today?	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
	CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	AT LEAST ONE VALID	AVAILABLE, NONE VALID	REPORTED AVAILABLE, NOT SEEN	NOT AVAILABLE TODAY / DK	NEVER AVAILABLE
01	NORMAL SALINE / SODIUM CHLORIDE INJECTABLE SOLUTION	1	2	3	4	5
02	RINGERS LACTATE	1	2	3	4	5
03	5% DEXTROSE - NORMAL SALINE	1	2	3	4	5

STORAGE CONDITION: ANTIBIOTICS & GENERAL MEDICINES

908	OBSERVE THE PLACE WHERE THE MEDICINES ASSESSED SO FAR ARE STORED AND INDICATE THE PRESENCE (OR ABSENCE) OF EACH OF THE FOLLOWING STORAGE CONDITIONS	YES	NO
01	ARE THE MEDICINES OFF THE FLOOR?	1	2
02	ARE THE MEDICINES PROTECTED FROM WATER?	1	2
03	ARE THE MEDICINES PROTECTED FROM THE SUN?	1	2
04	IS THE ROOM CLEAN OF EVIDENCE OF RODENTS (BATS, RATS) OR PESTS (ROACHES, ETC)?	1	2
05	IS THE STORAGE ROOM WELL VENTILATED?	1	2
909	ARE THE MEDICINES ORGANIZED ACCORDING TO DATE OF EXPIRATION ("first expired, first out")?	YES, ALL MEDICINES ..... 1 YES, ONLY SOME MEDICINES ..... 2 NO ..... 3	

910	What system does this facility use to monitor the amount of medicines received, the amount issued, and the amount present today?  ASK TO SEE THE SYSTEM AND RECORD OBSERVATION	COMPUTER SYSTEM UPDATED DAILY ..... 1 LEDGER/STOCK CARD UPDATED DAILY ..... 2 COMPUTER SYSTEM NOT UPDATED DAILY, BUT THERE IS DAILY RECORD OF DISTRIBUTED MEDICINES ..... 3 LEDGER/STOCK CARD NOT UPDATED DAILY, BUT THERE IS DAILY RECORD OF DISTRIBUTED MEDICINES ..... 4 OTHER SYSTEM (SPECIFY) _____ 8
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SUPPLY ITEMS

911	Do you have the following supply items available in the facility/location today?	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE
01	INFUSION SET FOR IV SOLUTION	1	2	3
02	PEDIATRIC INFUSION SET FOR IV SOLUTION	1	2	3
03	CANULA FOR ADMINISTERING IV FLUIDS	1	2	3
04	CANULA FOR ADMINISTERING IV FLUIDS - 22/24 G	1	2	3
05	LATEX GLOVES	1	2	3
06	ALCOHOL-BASED HAND RUB	1	2	3
07	HAND WASHING SOAP	1	2	3
08	DISINFECTING SOLUTION	1	2	3
09	INSECTICIDE TREATED MOSQUITO NETS AND/OR ITN VOUCHERS	1	2	3

SECTION 9.2: CONTRACEPTIVE COMMODITIES

920	<b>CHECK Q212</b> CONTRACEPTIVES STORED WITH <input type="checkbox"/> OTHER MEDICINES IN COMMON LOCATION (RESPONSE 2 CIRCLED) ↓ CONTRACEPTIVES STORED IN FP SERVICE AREA OR NOT STOCKED AT ALL IN FACILITY <input type="checkbox"/> (RESPONSE 1 OR 3 CIRCLED) → 930					
921	Are any of the following CONTRACEPTIVE commodities available in the facility/location today?  CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE	(B) NOT OBSERVED			
		AT LEAST ONE VALID	AVAILABLE, NONE VALID	REPORTED AVAILABLE, NOT SEEN	NOT AVAILABLE TODAY / DK	NEVER AVAILABLE
01	COMBINED ORAL CONTRACEPTIVE PILLS	1	2	3	4	5
02	PROGESTIN-ONLY CONTRACEPTIVE PILLS	1	2	3	4	5
03	COMBINED INJECTABLE CONTRACEPTIVES	1	2	3	4	5
04	PROGESTIN-ONLY INJECTABLE CONTRACEPTIVES - INTRAMUSCULAR (DMPA-IM)	1	2	3	4	5

05	[PER COUNTRY GUIDELINES] PROGESTIN-ONLY INJECTABLE CONTRACEPTIVES - SUBCUTANEOUS (DMPA- SC)	1	2	3	4	5
06	MALE CONDOMS	1	2	3	4	5
07	FEMALE CONDOMS	1	2	3	4	5
08	INTRAUTERINE CONTRACEPTIVE DEVICE	1	2	3	4	5
09	IMPLANT	1	2	3	4	5
10	EMERGENCY CONTRACEPTIVE PILLS (E.G., PROSTINOL 2)	1	2	3	4	5
11	CYCLE BEADS FOR STANDARD DAYS METHOD	1	2	3	4	5

922	PRESENTLY INTERVIEWING IN PHARMACY <input type="checkbox"/>	PRESENTLY INTERVIEWING IN FAMILY PLANNING SERVICE AREA <input type="checkbox"/>	
		THANK THE RESPONDENT IN THE FP SERVICE AREA	
	PROCEED TO NEXT SECTION OR SERVICE SITE		

**SECTION 9.3: STOCKPILE OF MEDICINES RESERVED FOR EMERGENCY**

930	<b>CHECK Q498</b> STOCKPILE FOR EMERGENCY IS STORED IN THE MAIN LOCATION WHERE MEDICINES ARE STORED (RESPONSE 1 CIRCLED) <input type="checkbox"/>	STOCKPILE FOR EMERGENCY IS STORED AT ELSEWHERE ONSITE OR AT AN OFFSITE LOCATION (RESPONSE 2 OR 3 CIRCLED) <input type="checkbox"/>	
		THANK THE RESPONDENT AND CONTINUE TO NEXT SECTION OR SERVICE SITE	

931	May I see stockpile of essential medicines that is set aside for emergency situations such as natural  THE STOCKPILE IS RESERVED EXCLUSIVELY FOR EMERGENCY AND DIFFERENT FROM MEDICINES STORED FOR TYPICAL USE. INTERVIEWERS DO NOT NEED TO REVIEW ITS CONTENTS	OBSERVED ..... 1 REPORTED, NOT SEEN ..... 2	
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THANK YOUR RESPONDENT FOR THEIR TIME AND HELP. PROCEED TO THE NEXT DATA COLLECTION SITE

SECTION 9: MEDICINES AND COMMODITIES :FOOTNOTES

(FN1) Q904: Coding categories to be developed locally and revised based on the pretest. All antimalarials commonly used in the country should be included in the response categories. Common brand names for medicine, such as Coartem, Malaron, Artemether–Lumefantrine or Artesunate–Amodiaquine, should be added to the response categories for Artemisinin-based combination treatments (ACTs) as appropriate.

(2) Coding categories for a single or combined formulation of iron, folate, calcium, micronutrient supplements to be developed locally and revised based on the pretest.

MODULE 3: SERVICE-SPECIFIC READINESS

SECTION 10: CHILD VACCINATION

1000 (FN1)	<p><b>CHECK Q102.01</b></p> <p>CHILD VACCINATION SERVICES AVAILABLE <input type="checkbox"/></p> <p>NO CHILD VACCINATION SERVICES AVAILABLE <input type="checkbox"/></p> <p style="text-align: right;">→ 1006</p>																																							
<p>ASK TO BE SHOWN THE MAIN LOCATION WHERE CHILD VACCINATION SERVICES ARE PROVIDED IN THE FACILITY. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT CHILD VACCINATION SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.</p>																																								
1001	<p>Now I would like to ask you specifically about vaccination services for children under 5 years. For each of the following services, please tell me whether the service is offered by this facility either at your facility or through outreach.</p> <table border="1" data-bbox="235 472 1369 915"> <thead> <tr> <th rowspan="2">CHILD VACCINATION SERVICE</th> <th colspan="2">(A) AT FACILITY</th> <th colspan="2">(B) THROUGH OUTREACH</th> </tr> <tr> <th>YES</th> <th>NO</th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>01 Routine DPT+HepB+Hib (i.e., pentavalent)</td> <td>1</td> <td>2</td> <td>1</td> <td>2</td> </tr> <tr> <td>02 Routine polio vaccination</td> <td>1</td> <td>2</td> <td>1</td> <td>2</td> </tr> <tr> <td>03 Routine measles vaccination</td> <td>1</td> <td>2</td> <td>1</td> <td>2</td> </tr> <tr> <td>04 BCG vaccination</td> <td>1</td> <td>2</td> <td>1</td> <td>2</td> </tr> <tr> <td>05 Pneumococcal vaccination (pneumonia vaccine)</td> <td>1</td> <td>2</td> <td>1</td> <td>2</td> </tr> <tr> <td>06 Rotavirus vaccination</td> <td>1</td> <td>2</td> <td>1</td> <td>2</td> </tr> </tbody> </table>	CHILD VACCINATION SERVICE	(A) AT FACILITY		(B) THROUGH OUTREACH		YES	NO	YES	NO	01 Routine DPT+HepB+Hib (i.e., pentavalent)	1	2	1	2	02 Routine polio vaccination	1	2	1	2	03 Routine measles vaccination	1	2	1	2	04 BCG vaccination	1	2	1	2	05 Pneumococcal vaccination (pneumonia vaccine)	1	2	1	2	06 Rotavirus vaccination	1	2	1	2
CHILD VACCINATION SERVICE	(A) AT FACILITY		(B) THROUGH OUTREACH																																					
	YES	NO	YES	NO																																				
01 Routine DPT+HepB+Hib (i.e., pentavalent)	1	2	1	2																																				
02 Routine polio vaccination	1	2	1	2																																				
03 Routine measles vaccination	1	2	1	2																																				
04 BCG vaccination	1	2	1	2																																				
05 Pneumococcal vaccination (pneumonia vaccine)	1	2	1	2																																				
06 Rotavirus vaccination	1	2	1	2																																				
1002	<p>Do you have the national guidelines for child vaccinations available in this service area today?</p> <p>YES ..... 1</p> <p>NO ..... 2</p> <p style="text-align: right;">→ 1004</p>																																							
1003	<p>May I see the guidelines?</p> <p>OBSERVED ..... 1</p> <p>REPORTED, NOT SEEN ..... 2</p> <p style="text-align: right;">→ 1006</p>																																							
1004	<p>Do you have any other guidelines for child vaccinations available in this service area today?</p> <p>YES ..... 1</p> <p>NO ..... 2</p> <p style="text-align: right;">→ 1006</p>																																							
1005	<p>May I see the other guidelines?</p> <p>OBSERVED ..... 1</p> <p>REPORTED, NOT SEEN ..... 2</p>																																							
1006	<p>Does this facility offer HPV vaccine to adolescents?</p> <p>YES ..... 1</p> <p>NO ..... 2</p> <p style="text-align: right;">→ 1011</p>																																							
1007	<p>Do you have the HPV vaccination guidelines available at this service area today?</p> <p>YES ..... 1</p> <p>NO ..... 2</p> <p style="text-align: right;">→ 1009</p>																																							
1008	<p>May I see the national HPV vaccination guidelines?</p> <p>OBSERVED ..... 1</p> <p>REPORTED, NOT SEEN ..... 2</p> <p style="text-align: right;">→ 1011</p>																																							
1009	<p>Do you have any other guidelines on HPV vaccination available at this service area today?</p> <p>YES ..... 1</p> <p>NO ..... 2</p> <p style="text-align: right;">→ 1011</p>																																							

1010	May I see the other guidelines?	OBSERVED ..... 1 REPORTED, NOT SEEN ..... 2					
1011	Does this facility routinely store any vaccines, or are all its vaccines either picked up from another facility or delivered when services are being provided?	ROUTINELY STORE VACCINES ..... 1 STORES NO VACCINES ..... 2 NEXT SECTION OR SERVICE SITE ← <input type="checkbox"/>					
1012	ASK TO BE TAKEN TO THE AREA WHERE VACCINES ARE STORED. ASK TO SEE THE VACCINE REFRIGERATOR.	REFRIGERATOR OBSERVED ..... 1 REFRIGERATOR NOT OBSERVED ..... 2 NEXT SECTION OR SERVICE SITE ← <input type="checkbox"/>					
1013	What type of temperature monitoring device is used for monitoring temperature in the vaccine service refrigerator?	THERMOMETER ONLY ..... 1 FREEZE TAG ONLY ..... 2 BOTH THERMOMETER AND FREEZE TAG .. 3					
1014	Do you maintain a cold-chain temperature monitoring chart?	YES ..... 1 NO ..... 2	→ 1017				
1015	May I see the cold-chain temperature monitoring chart?	OBSERVED ..... 1 REPORTED, NOT SEEN ..... 2	→ 1017				
1016	CHECK WHETHER THE TEMPERATURE RECORD WAS COMPLETED TWICE DAILY FOR EACH OF THE PAST 30 DAYS, INCLUDING WEEKENDS AND PUBLIC HOLIDAYS.	YES, COMPLETED ..... 1 NO, NOT COMPLETED ..... 2					
1017	Please tell me if each of the following vaccines is available in the facility today. If available, I would like to see it.  IF AVAILABLE, CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED, VVM CHANGED, NOT FROZEN)	(A) OBSERVED AVAILABLE	(B) NOT OBSERVED				
		AT LEAST ONE VALID	AVAILABLE, NONE VALID	REPORTED, NOT SEEN	NOT AVAILABLE TODAY / DK	NEVER AVAILABLE	
	01	DPT+HepB+Hib (PENTAVALENT)	1	2	3	4	5
	02	ORAL POLIO VACCINE	1	2	3	4	5
	03	[PER COUNTRY GUIDELINES] INACTIVATED POLIO VACCINE	1	2	3	4	5
	04	MEASLES VACCINE AND DILUENT	1	2	3	4	5
	05	BCG VACCINE AND DILUENT	1	2	3	4	5
	06	PNEUMOCOCCAL CONJUGATE VACCINE	1	2	3	4	5
	07	ROTAVIRUS VACCINE	1	2	3	4	5
1018	<b>CHECK Q1006</b> HPV VACCINE IS PROVIDED <input type="checkbox"/>		HPV VACCINE IS NOT PROVIDED <input type="checkbox"/> → 1020				

1019	[PER COUNTRY GUIDELINES] Is HPV vaccine and diluent available in the facility today? If available, I would like to see it.	AT LEAST ONE VALID ..... 1 AVAILABLE, NONE VALID ..... 2 REPORTED, NOT SEEN ..... 3 NOT AVAILABLE TODAY / DK ..... 4 NEVER AVAILABLE ..... 5	
1020	<b>CHECK Q1013</b> THERMOMETER <input type="checkbox"/> (RESPONSE 1 OR 3 CIRCLED) ↓	FREEZE TAG ONLY <input type="checkbox"/> (RESPONSE 2 CIRCLED) →	1023
1021	CHECK THE THERMOMETER.  WHAT IS THE TEMPERATURE IN THE VACCINE REFRIGERATOR?	BETWEEN +2 AND +8 DEGREES ..... 1 ABOVE +8 DEGREES ..... 2 BELOW +2 DEGREES ..... 3 THERMOMETER NOT FUNCTIONAL ..... 4 THERMOMETER NOT AVAILABLE ..... 5	
1022	<b>CHECK Q1013</b> THERMOMETER AND FREEZE TAG <input type="checkbox"/> (RESPONSE 3 CIRCLED) ↓	THERMOMETER ONLY <input type="checkbox"/> (RESPONSE 1 CIRCLED) →	1024
1023	CHECK THE FREEZE TAG.  WHAT IS THE STATUS DISPLAYED ON THE FREEZE TAG IN THE VACCINE REFRIGERATOR?	GOOD ..... 1 ALARM ..... 2 FREEZE TAG NOT FUNCTIONAL ..... 3	
1024	Does this facility routinely offer vitamin A supplementation during vaccination for children?	YES ..... 1 NO ..... 2	
THANK YOUR RESPONDENT FOR THEIR TIME AND HELP. PROCEED TO THE NEXT DATA COLLECTION SITE.			

SECTION 10: CHILD VACCINATION:FOOTNOTES

(FN1) Adapt according to the country child vaccination program. Inactivated Polio Vaccine(IPV) and Human Papilloma Virus(HPV) vaccines should be removed in countries that don't have a program for the HPV and IPV



04	LENGTH BOARD	1 → B	2 → B	3 } 05 ←	1	2	8
05	MID UPPER ARM CIRCUMFERENCE (MUAC) MEASURING TAPE FOR CHILDREN	1	2	3			
06	MEASURING TAPE (GENERAL USE) (1 MILLIMETER GRADATION)	1	2	3			
07	GROWTH CHARTS	1	2	3			
08	THERMOMETER	1 → B	2 → B	3 } 09 ←	1	2	8
09	STETHOSCOPE	1 → B	2 → B	3 } 10 ←	1	2	8
10	PULSE OXIMETER	1 → B	2 → B	3 } 11 ←	1	2	8
11	TIMER OR WATCH WITH SECONDS HAND	1 → B	2 → B	3 } 12 ←	1 } 13 ←	2 } 13 ←	8
12	OTHER DEVICE (E.G., CELL PHONE) THAT CAN MEASURE SECONDS	1 → B	2 → B	3 } 13 ←	1	2	8
13	CALIBRATED 1/2 OR 1-LITER MEASURING JAR FOR ORS	1	2	3			
14	CUP AND SPOON	1	2	3			
15	ORS PACKETS OR SACHETS	1	2	3			
16	LOW OSMOLALITY ORS PACKETS OR SACHETS	1	2	3			
17	READY TO USE THERAPEUTIC FOODS (RUTF)	1	2	3			
THANK YOUR RESPONDENT FOR THEIR TIME AND HELP. PROCEED TO THE NEXT DATA COLLECTION SITE.							

SECTION 11: CHILD CURATIVE CARE SERVICES: FOOTNOTES

(FN1) Change the Integrated management of childhood illness (IMCI) according to the country specific adaptation of the IMCI guidelines, for example to the Integrated Management of Newborn & Childhood Illnesses (IMNCI), or Integrated Management of Neonatal and Childhood

**SECTION 12: CHILD GROWTH MONITORING SERVICES**

1200	<p><b>CHECK Q102.02</b></p> <p>GROWTH MONITORING SERVICES AVAILABLE <input type="checkbox"/></p> <p>NO GROWTH MONITORING SERVICES <input type="checkbox"/></p> <p align="center">NEXT SECTION OR SERVICE SITE ←</p>		
<p align="center">ASK TO BE SHOWN THE MAIN LOCATION WHERE GROWTH MONITORING SERVICES ARE PROVIDED IN THE FACILITY. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT GROWTH MONITORING SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.</p>			
1201	Does this facility provide growth monitoring services at this facility or through outreach?	<p>ONLY AT THIS FACILITY ..... 1</p> <p>ONLY THROUGH OUTREACH ..... 2</p> <p>BOTH AT THIS FACILITY AND THROUGH OUTREACH ..... 3</p>	
1202	Does this facility assess for wasting or acute malnutrition?	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 1207
1203	<p><b>CHECK Q1201</b></p> <p>GROWTH MONITORING BOTH AT THIS FACILITY AND THROUGH OUTREACH <input type="checkbox"/></p> <p>GROWTH MONITORING ONLY AT THIS FACILITY OR ONLY THROUGH OUTREACH <input type="checkbox"/></p>		→ 1205
1204	Is assessing for wasting or acute malnutrition done both at this facility and through outreach?	<p>ONLY AT THIS FACILITY ..... 1</p> <p>ONLY THROUGH OUTREACH ..... 2</p> <p>BOTH AT THIS FACILITY AND THROUGH OUTREACH ..... 3</p>	
1205	Do you have any guidelines for the diagnosis and management of malnutrition available in this service site today?	<p>YES ..... 1</p> <p>NO GUIDELINE AVAILABLE ..... 2</p> <p>ACCEPTABLE IF PART OF ANOTHER GUIDELINE.</p>	→ 1207
1206	May I see the guidelines for the diagnosis and management of malnutrition?	<p>OBSERVED ..... 1</p> <p>REPORTED, NOT SEEN ..... 2</p>	
1207	Do you have any guidelines for growth monitoring available in this service area today?	<p>YES ..... 1</p> <p>NO GUIDELINE AVAILABLE ..... 2</p> <p>ACCEPTABLE IF PART OF ANOTHER GUIDELINE.</p>	→ 1209
1208	May I see the guidelines for growth monitoring?	<p>OBSERVED ..... 1</p> <p>REPORTED, NOT SEEN ..... 2</p>	
1209	<p>IS GROWTH MONITORING OFFERED IN THE SAME ROOM OR AREA WITH CHILD CURATIVE CARE SERVICES?</p> <p>DIFFERENT ROOM OR AREA <input type="checkbox"/></p> <p>SAME ROOM OR AREA <input type="checkbox"/></p> <p align="center">NEXT SECTION OR SERVICE SITE ←</p>		

1210	I would like to know if the following items are available in this service area. I would like to see them. For equipment and instruments, I would like to know if they are functioning.	(A) AVAILABLE			(B) FUNCTIONING		
		OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01	WEIGHING SCALE (100 GRAM GRADATION)	1 → B	2 → B	3 } 02 ←	1	2	8
02	INFANT WEIGHING SCALE (10 GRAM GRADATION)	1 → B	2 → B	3 } 03 ←	1	2	8
03	HEIGHT BOARD	1 → B	2 → B	3 } 04 ←	1	2	8
04	LENGTH BOARD	1 → B	2 → B	3 } 05 ←	1	2	8
05	MID UPPER ARM CIRCUMFERENCE (MUAC) MEASURING TAPE FOR CHILDREN	1	2	3			
06	MEASURING TAPE (GENERAL USE) (1 MILLIMETER GRADATION)	1	2	3			
07	GROWTH CHARTS	1	2	3			
THANK YOUR RESPONDENT FOR THEIR TIME AND HELP. PROCEED TO THE NEXT DATA COLLECTION SITE.							

**SECTION 13: FAMILY PLANNING**

1300	<b>CHECK Q102.04</b>	FAMILY PLANNING SERVICES <input type="checkbox"/> ↓ NEXT SECTION OR SERVICE SITE ←	NO FAMILY PLANNING SERVICES <input type="checkbox"/> ↓ NEXT SECTION OR SERVICE SITE ←
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ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE FAMILY PLANNING SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT FAMILY PLANNING SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.

1301	Does this facility provide (i.e., stock the commodity) or prescribe, counsel or refer clients for any of the following modern methods of family planning:	PROVIDE - STOCK THE COMMODITY	PRESCRIBE, COUNSEL, OR REFER	NO
01	COMBINED ORAL CONTRACEPTIVE PILLS	1	2	3
02	PROGESTIN-ONLY CONTRACEPTIVE PILLS	1	2	3
03	COMBINED INJECTABLE CONTRACEPTIVES	1	2	3
04	PROGESTIN-ONLY INJECTABLE CONTRACEPTIVES - IM (DMPA-IM)	1	2	3
05	<b>[PER COUNTRY GUIDELINE] (FN1)</b> PROGESTIN-ONLY INJECTABLE CONTRACEPTIVES - SC (DMPA-SC)	1	2	3
06	MALE CONDOMS	1	2	3
07	FEMALE CONDOMS	1	2	3
08	INTRAUTERINE CONTRACEPTIVE DEVICE (IUD)	1	2	3
09	IMPLANT	1	2	3
10	EMERGENCY CONTRACEPTIVE PILLS (E.G., PROSTINOL 2)	1	2	3
11	CYCLE BEADS FOR STANDARD DAYS METHOD	1	2	3
12	COUNSEL CLIENTS ON PERIODIC ABSTINENCE		2	3
13	VASECTOMY (MALE STERILIZATION)	1	2	3
14	TUBAL LIGATION (FEMALE STERILIZATION)	1	2	3
15	OTHER METHODS (E.G., SPERMICIDE OR DIAPHRAGM)	1	2	3
1302	Do you have the national family planning guidelines available at this service area today?	YES ..... 1 NO ..... 2		→ 1304
1303	May I see the national family planning guidelines?	OBSERVED ..... 1 REPORTED, NOT SEEN ..... 2		→ 1306
1304	Do you have any other guidelines on family planning available at this service area today?	YES ..... 1 NO ..... 2		→ 1306
1305	May I see the other guidelines?	OBSERVED ..... 1 REPORTED, NOT SEEN ..... 2		

1306	Does this facility have a system whereby certain observations and parameters are routinely carried out on family planning clients before the consultation takes place?  IF YES, ASK TO SEE THE PLACE WHERE THESE ACTIVITIES TAKE PLACE.	YES ..... 1 NO ..... 2	→ 1308		
1307	OBSERVE IF THE BELOW ACTIVITIES ARE BEING DONE ROUTINELY. IF YOU DO NOT SEE AN ACTIVITY, ASK: Is [ACTIVITY YOU DO NOT SEE] routinely done for all family planning clients?	ACTIVITY OBSERVED	ACTIVITY REPORTED, NOT SEEN	ACTIVITY NOT ROUTINELY DONE	DON'T KNOW
01	Weighing of clients	1	2	3	8
02	Taking blood pressure	1	2	3	8
03	Conducting group health education sessions	1	2	3	8
1308	Do family planning providers in this facility routinely diagnose and treat STIs, or are STIs clients referred to another provider or location for STI diagnosis and treatment?  PROBE TO ARRIVE AT THE RIGHT ANSWER	ROUTINELY DIAGNOSE AND TREAT STIs ..... 1 DIAGNOSE BUT REFER ELSEWHERE FOR TREATMENT ..... 2 REFER ELSEWHERE IN FACILITY FOR DIAGNOSIS AND TREATMENT .. 3 REFER OUTSIDE FACILITY FOR DIAGNOSIS & TREATMENT .... 4 NO DIAGNOSIS / TREATMENT / REFERRAL ..... 5			
1309	Do providers of family planning conduct HIV testing from this service site?	YES ..... 1 NO ..... 2	→ 1320		
1310	May I see a sample HIV rapid diagnostic test (RDT) kit?  CHECK TO SEE IF AT LEAST ONE IS VALID	OBSERVED, AT LEAST 1 VALID .... 1 OBSERVED, NONE VALID ..... 2 REPORTED AVAILABLE, NOT SEEN . . 3 NOT AVAILABLE TODAY ..... 4			

EQUIPMENT AND SUPPLIES

1320	IS THIS THE SAME LOCATION AS THE OUTPATIENT SERVICE SITE?	YES, OUTPATIENT SERVICE SITE .. 1 NO, DIFFERENT LOCATION ..... 2	→ 1321.04				
1321	I would like to know if the following items are available in this service area today and are functioning	(A) AVAILABLE			(B) FUNCTIONING		
		OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01	DIGITAL BP APPARATUS	1 → B	2 → B	3 } 02 ←	1 } 04 ←	2	8
02	MANUAL BP APPARATUS	1 → B	2 → B	3 } 03 ←	1	2	8
03	STETHOSCOPE	1 → B	2 → B	3 } 04 ←	1	2	8

04	EXAMINATION LIGHT (FLASHLIGHT OK)	1 → B	2 → B	3 } 05 ←	1      2      8
05	EXAMINATION BED OR COUCH	1	2	3	
06	SAMPLE OF FP METHODS	1	2	3	
07	OTHER FP-SPECIFIC VISUAL AIDS [E.G., FLIP CHARTS, LEAFLETS]	1	2	3	
08	PELVIC MODEL FOR IUCD	1	2	3	
09	MODEL FOR SHOWING CONDOM USE	1	2	3	
1330	<p><b>CHECK Q212</b></p> <p>FP COMMODITIES STORED IN OTHER LOCATION OR NOT STOCKED <input type="checkbox"/> (RESPONSE 1 NOT CIRCLED)</p> <p>FP COMMODITIES STORED IN FP SERVICE AREA <input type="checkbox"/> (RESPONSE 1 CIRCLED) → 921</p> <p>THANK YOUR RESPONDENT NEXT SECTION OR SERVICE SITE ←</p>				

SECTION 13: FAMILY PLANNING: FOOTNOTES

(FN1) Q1301(05):Verify country program and adapt as per country needs or specific injectable. For example, in countries with a Sayna Press program, you may specify "DMPA-SC/ Sayana Press "

**SECTION 14: ANTENATAL CARE**

1400	<b>CHECK Q102.05</b>	ANC SERVICES AVAILABLE IN FACILITY <input type="checkbox"/> ↓	ANC SERVICES NOT AVAILABLE IN FACILITY <input type="checkbox"/> ↓ NEXT SECTION OR SERVICE SITE ←
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ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE ANTENATAL CARE SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT ANTENATAL CARE SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.

1401	Do ANC providers provide any of the following services to pregnant women as part of routine ANC?	YES	NO
01	Iron supplementation	1	2
02	Folic acid supplementation	1	2
03	Iron + folic acid combination tablet	1	2
04	Malaria testing	1	2
05	Intermittent preventive treatment (IPT) for malaria	1	2
06	Tetanus toxoid vaccination	1	2

1402	Do ANC providers in this facility provide any of the following tests from this site to pregnant women as part of ANC?  IF YES, ASK TO SEE THE TEST KIT OR EQUIPMENT. IF TEST NOT DONE IN ANC, PROBE TO DETERMINE IF THE TEST IS DONE ELSEWHERE IN THE FACILITY  CHECK TO SEE IF AT LEAST ONE TEST KIT OF EACH TEST IS VALID/UNEXPIRED	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED			
		AT LEAST ONE VALID	AVAILABLE, NONE VALID	REPORTED AVAILABLE, NOT SEEN	NONE AVAILABLE TODAY	NO, OR NEVER AVAILABLE	AVAILABLE ELSEWHERE IN FACILITY
01	HIV RAPID DIAGNOSTIC TEST	1	2	3	4	5	6
02	URINE PROTEIN TEST	1	2	3	4	5	6
03	URINE GLUCOSE TEST	1	2	3	4	5	6
04	ANY RAPID TEST FOR HEMOGLOBIN	1	2	3	4	5	6
05	SYPHILIS RAPID DIAGNOSTIC TEST	1	2	3	4	5	6

1403	As part of ANC services, please tell me if providers in this facility provide the following services to ANC clients	YES	NO
01	Counseling on recommended minimum of 8 ANC visits for each pregnancy	1	2
02	Counseling about healthy eating and physical activity during pregnancy	1	2
03	Counseling on birth preparedness or preparation for delivery	1	2
04	Counseling about postpartum family planning	1	2
05	Counseling about HIV/AIDS	1	2
06	Counseling about use of ITNs to prevent mosquito bites and malaria	1	2
07	Counseling about breastfeeding	1	2
08	Counseling about newborn care	1	2
09	Counseling on postnatal care visits	1	2
1404	Do ANC providers in this facility routinely diagnose and treat STIs, or are STI clients referred to another provider or location for diagnosis and treatment?	ROUTINELY DIAGNOSE AND TREAT STIs . . . . 1 DIAGNOSE BUT REFER ELSEWHERE FOR TREATMENT . . . . . 2 REFER ELSEWHERE IN FACILITY FOR DIAGNOSIS AND TREATMENT . . . . . 3 REFER OUTSIDE FACILITY FOR DIAGNOSIS AND TREATMENT . . . . . 4 NO DIAGNOSIS / TREATMENT / REFERRAL . . . . 5	
1405	Do you have the national ANC guidelines available in this service area today?	YES . . . . . 1 NO . . . . . 2	→ 1407
1406	May I see the national ANC guidelines?  ACCEPTABLE IF PART OF OTHER GUIDELINES	OBSERVED . . . . . 1 REPORTED, NOT SEEN . . . . . 2	→ 1409
1407	Do you have any other ANC guidelines available in this service area today?	YES . . . . . 1 NO . . . . . 2	→ 1409
1408	May I see the other guidelines?	OBSERVED . . . . . 1 REPORTED, NOT SEEN . . . . . 2	
1409	Do you have IPTp guidelines available in this service area?	YES . . . . . 1 NO . . . . . 2	→ 1411
1410	May I see the IPTp guidelines?  ACCEPTABLE IF PART OF OTHER GUIDELINES	OBSERVED . . . . . 1 REPORTED, NOT SEEN . . . . . 2	
1411	Do you have guidelines on micronutrient supplementation during pregnancy available in this service area?	YES . . . . . 1 NO . . . . . 2	→ 1420
1412	May I see the guidelines on micronutrient supplementation during pregnancy?	OBSERVED . . . . . 1 REPORTED, NOT SEEN . . . . . 2	

## EQUIPMENT AND SUPPLIES FOR ROUTINE ANC

1420	IS THIS THE SAME LOCATION AS THE OUTPATIENT SERVICE SITE?	YES, OUTPATIENT SERVICE SITE ..... 1 NO, DIFFERENT LOCATION ..... 2	→ 1421.06				
1421	I would like to know if the following items are available in this service area and are functioning.	(A) AVAILABLE			(B) FUNCTIONING		
		OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
		01	DIGITAL BP APPARATUS	1 → B      2 → B      3 02 ↙	1      2      8		
		02	MANUAL BP APPARATUS	1 → B      2 → B      3 03 ↙	1      2      8		
		03	STETHOSCOPE	1 → B      2 → B      3 04 ↙	1      2      8		
		04	MEASURING TAPE (GENERAL USE) (1 MILLIMETER GRADATION)	1 → B      2 → B      3 05 ↙			
		05	ADULT WEIGHING SCALE	1 → B      2 → B      3 06 ↙	1      2      8		
		06	FETAL STETHOSCOPE/PINNARD	1 → B      2 → B      3	1      2      8		
1422 (FN1)	Please tell me if any of the following medicines are available at this services site today. I would like to see them.  CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED			
		AT LEAST ONE VALID	AVAILABLE, NONE VALID	REPORTED AVAILABLE, NOT SEEN	NOT AVAILABLE TODAY / DK	NO, OR NEVER AVAILABLE	
	01	IRON TABLETS (INDIVIDUAL TABLETS) [COUNTRY SPECIFIC ADULT DOSE]	1      2	3      4      5			
	02	FOLIC ACID TABLETS (INDIVIDUAL TABLETS) [COUNTRY SPECIFIC ADULT DOSE]	1      2	3      4      5			
	03	COMBINED IRON AND FOLIC ACID TABLETS	1      2	3      4      5			
	04	<b>[PER COUNTRY GUIDELINES]</b> CALCIUM TABLET [COUNTRY SPECIFIC ADULT DOSE]	1      2	3      4      5			
	05	<b>[PER COUNTRY GUIDELINES]</b> ANTENATAL MULTIPLE MICRONUTRIENT SUPPLEMENTS [COUNTRY SPECIFIC ANTENATAL DOSE]	1      2	3      4      5			
	06	SP FOR IPT <sub>p</sub>	1      2	3      4      5			
	07	TETANUS TOXOID VACCINE	1      2	3      4      5			
	08	INSECTICIDE TREATED BEDNETS (ITNs) AND/OR ITN VOUCHERS	1      2	3      4      5			

1423	<p>IN THE SERVICE OR WAITING AREA, HAVE YOU SEEN OPENLY DISPLAYED BREASTMILK SUBSTITUTES AND RELATED PRODUCTS, POSTERS IDEALIZING THE USE OF BREASTMILK SUBSTITUTES, FEEDING BOTTLES OR NIPPLES?</p> <p>NOTE: FEEDING CUPS ARE PERMITTABLE. IF ONLY FEEDING CUPS ARE VISIBLE, CIRCLE CODE 'X' FOR 'NONE DISPLAYED'</p>	<p>FORMULA MARKETING POSTERS DISPLAYED ..... A</p> <p>INFANT FURMULA BOXES/CANS DISPLAYED ..... B</p> <p>FEEDING BOTTLES DISPLAYED ..... C</p> <p>NIPPLES DISPLAYED ..... D</p> <p>NONE DISPLAYED ..... X</p>	
THANK YOUR RESPONDENT FOR THEIR TIME AND HELP. PROCEED TO THE NEXT DATA COLLECTION SITE.			

SECTION 14: ANTENATAL CARE: FOOTNOTES

(FN1) Coding categories for a single or combined formulation of iron, folate, calcium, micronutrient supplements to be developed locally and revised based on the pretest.

**SECTION 15: PMTCT OF HIV INFECTION**

1500	<p><b>CHECK Q102.06</b></p> <p>PMTCT SERVICES OFFERED IN FACILITY <input type="checkbox"/></p> <p>NO PMTCT SERVICES IN FACILITY <input type="checkbox"/></p> <p>NEXT SECTION OR SERVICE SITE ←</p>		
<p align="center"><b>CAUTION!!!</b></p> <p align="center">THIS SECTION SHOULD BE COMPLETED ONLY AFTER COMPLETING THE ANC SECTION</p> <p align="center">ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE PMTCT SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT PROVISION OF PMTCT SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.</p>			
1501	As part of PMTCT services, please tell me if providers in this facility provide the following services to clients.	YES	NO
01	Provide HIV counseling and testing services to pregnant women. This includes testing done outside this location but results provided to client here	1	2
02	Provide HIV testing services to infants born to hiv positive women. This includes testing done outside this location but results provided to client here. for example, blood collected here as DBS but testing done elsewhere	1	2
03	Provide ART treatment initiation for HIV positive pregnant women	1	2
04	Provide ARV prophylaxis to newborns of HIV positive women	1	2
05	Provide infant and young child feeding counseling for PMTCT, including exclusive breastfeeding and lactation	1	2
06	Provide nutritional counseling for HIV positive pregnant women and their infants	1	2
07	Provide family planning counseling to HIV positive pregnant women	1	2
08	Provide cervical cancer screening to PMTCT patients	1	2
1502	<p><b>CHECK Q1501.01</b></p> <p>HIV COUNSELING AND TESTING FOR PREGNANT WOMEN <input type="checkbox"/></p> <p>NO HIV COUNSELING AND TESTING FOR PREGNANT WOMEN <input type="checkbox"/></p> <p>NEXT SECTION OR SERVICE SITE ←</p>		
1503	IS THIS THE SAME LOCATION AS THE ANC SERVICE SITE?	YES, ANC SERVICE SITE ..... 1 NEXT SECTION OR SERVICE SITE ← NO, DIFFERENT LOCATION ..... 2	
1504	Is HIV rapid diagnostic testing available from this service site?	YES ..... 1 NO ..... 2 NEXT SECTION OR SERVICE SITE ←	
1505	May I see a sample HIV rapid diagnostic test (RDT) kit?  CHECK TO SEE IF AT LEAST ONE IS VALID	OBSERVED, AT LEAST 1 VALID ..... 1 OBSERVED, NONE VALID ..... 2 REPORTED AVAILABLE, NOT SEEN ..... 3 NOT AVAILABLE TODAY ..... 4	
<p align="center">THANK YOUR RESPONDENT FOR THEIR TIME AND HELP. PROCEED TO THE NEXT DATA COLLECTION SITE.</p>			

SECTION 16: DELIVERY AND NEWBORN CARE

1600	<b>CHECK Q102.07</b>	NORMAL DELIVERY AVAILABLE	NORMAL DELIVERY NOT AVAILABLE
NEXT SECTION OR SERVICE SITE			

ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE NORMAL DELIVERY SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT DELIVERY SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.

SIGNAL FUNCTIONS

1601	Please tell me if any of the following interventions have ever been carried out by providers as part of their work in this facility, and if so, whether the intervention has been carried out at least once during the past 3 months.	(A) EVER PROVIDED IN FACILITY			(B) PROVIDED IN PAST 3 MONTHS		
		YES	NO	DON'T KNOW	YES	NO	DON'T KNOW
01	PARENTERAL ADMINISTRATION OF ANTIBIOTICS (IV OR IM)	1 → B	2 ↙ 02 ↙	8 ↙ 02 ↙	1	2	8
02	PARENTERAL ADMINISTRATION OF OXYTOCIC (IV OR IM)	1 → B	2 ↙ 03 ↙	8 ↙ 03 ↙	1	2	8
03	PARENTERAL ADMINISTRATION OF ANTICONVULSANT FOR HYPERTENSIVE DISORDERS OF PREGNANCY (IV OR IM)	1 → B	2 ↙ 04 ↙	8 ↙ 04 ↙	1	2	8
04	ASSISTED VAGINAL DELIVERY USING INSTRUMENT SUCH AS FORCEPS OR A SUCTION DEVICE	1 → B	2 ↙ 05 ↙	8 ↙ 05 ↙	1	2	8
05	MANUAL REMOVAL OF PLACENTA	1 → B	2 ↙ 06 ↙	8 ↙ 06 ↙	1	2	8
06	REMOVAL OF RETAINED PRODUCTS (E.G., MANUAL VACUUM EXTRACTION, DILATION AND CURETTAGE)	1 → B	2 ↙ 07 ↙	8 ↙ 07 ↙	1	2	8
07	NEONATAL RESUSCITATION	1 → B	2 ↙ 08 ↙	8 ↙ 08 ↙	1	2	8
08	KANGAROO MOTHER CARE FOR LOW BIRTH WEIGHT BABIES <b>NOTE: THIS IS NOT A SIGNAL FUNCTION</b>	1 → B	2 ↙ 08 ↙	8 ↙ 08 ↙	1	2	8
09	CORTICOSTEROIDS FOR PRE-TERM LABOR <b>NOTE: THIS IS NOT A SIGNAL FUNCTION</b>	1 → B	2 ↙ 10 ↙	8 ↙ 10 ↙	1	2	8
10	CESAREAN DELIVERY	1 → B	2 ↙ 11 ↙	8 ↙ 11 ↙	1	2	8
11	BLOOD TRANSFUSION	1 → B	2 ↙ 1603 ↙	8 ↙ 1603 ↙	1	2	8

1602	Has blood transfusion been done in this facility in a context of delivery during the past 3 months?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 3	
1603	Do you have the national guidelines for BEmONC available in this service site?	YES ..... 1 NO ..... 2	→ 1605
1604	May I see the guidelines for BEmONC ?	OBSERVED ..... 1 REPORTED, NOT SEEN ..... 2	
1605	Do you have the national guidelines for CEmONC?  ACCEPTABLE IF PART OF ANOTHER GUIDELINE.	YES ..... 1 NO ..... 2	→ 1607
1606	May I see the national guidelines for CEmONC?	OBSERVED ..... 1 REPORTED, NOT SEEN ..... 2	
1607	Do you have guidelines on management of pre-term labor?  ACCEPTABLE IF PART OF ANOTHER GUIDELINE.	YES ..... 1 NO ..... 2	→ 1609
1608	May I see the guidelines on management of pre-term labor?	OBSERVED ..... 1 REPORTED, NOT SEEN ..... 2	
1609	Do providers of delivery services in this facility use partograph to monitor labor and delivery?	YES ..... 1 NO USE OF PARTOGRAPH ..... 2	→ 1611
1610	Are partographs used routinely (for all cases) or selectively (only for some cases) to monitor labor and delivery in this facility?	ROUTINELY ..... 1 SELECTIVELY ..... 2	
1611 (FN1)	[PER COUNTRY GUIDELINES] Do providers of delivery services in this facility use Labour Care Guide (LCG) to monitor labor and delivery?	YES ..... 1 NO USE OF LABOUR CARE GUIDE ..... 2 DON'T KNOW ..... 8	→ 1613
1612	Is LCG used routinely (for all cases) or selectively (only for some cases) to monitor labor and delivery in this facility?	ROUTINELY ..... 1 SELECTIVELY ..... 2	
1613	Do you have guidelines on routine care of newborns immediately after birth, including breastfeeding?  ACCEPTABLE IF PART OF ANOTHER GUIDELINE.	YES ..... 1 NO ..... 2	→ 1615
1614	May I see the guidelines on routine care of newborns immediately after birth?	OBSERVED ..... 1 REPORTED, NOT SEEN ..... 2	
1615	Do you have guidelines on care of preterm and small babies immediately after birth?  ACCEPTABLE IF PART OF ANOTHER GUIDELINE.	YES ..... 1 NO ..... 2	→ 1617
1616	May I see the guidelines on care of preterm and small babies immediately after birth?	OBSERVED ..... 1 REPORTED, NOT SEEN ..... 2	

1617	Does the facility conduct regular reviews of maternal deaths or "near-misses"?	BOTH DEATHS AND NEAR MISSES .. 1 ONLY DEATHS ..... 2 ONLY NEAR MISSES ..... 3 NO ..... 4	
1618	Does the facility conduct regular reviews of newborn deaths or "near-misses"?	BOTH DEATHS AND NEAR MISSES .. 1 ONLY DEATHS ..... 2 ONLY NEAR MISSES ..... 3 NO ..... 4	

EQUIPMENT AND SUPPLIES FOR ROUTINE DELIVERIES

1620	I would like to know if the following items are available in this delivery area and are functioning.	(A) AVAILABLE			(B) FUNCTIONING		
		OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01	INCUBATOR	1 → B	2 → B	3 } 02 ←	1	2	8
02	OTHER EXTERNAL HEAT SOURCE	1 → B	2 → B	3 } 03 ←	1	2	8
03	EXAMINATION LIGHT (FLASHLIGHT OK)	1 → B	2 → B	3 } 04 ←	1	2	8
04	SUCTION BULB OR PENGUIN SUCKER	1 → B	2 → B	3 } 06 ←	1	2	8
05	MANUAL VACUUM EXTRACTOR (FOR VACUUM-ASSISTED DELIVERY)	1 → B	2 → B	3 } 06 ←	1	2	8
06	VACUUM ASPIRATION KIT OR D&C KIT	1 → B	2 → B	3 } 07 ←	1	2	8
07	NEONATAL SIZE SELF INFLATING BAG	1 → B	2 → B	3 } 08 ←	1	2	8
08	NEWBORN MASK SIZE 0	1 → B	2 → B	3 } 09 ←	1	2	8
09	NEWBORN MASK SIZE 1	1 → B	2 → B	3 } 10 ←	1	2	8
10	NEWBORN WEIGHING SCALE (10 GRAM GRADATION)	1 → B	2 → B	3 } 11 ←	1	2	8
11	FETAL STETHOSCOPE	1 → B	2 → B	3 } 12 ←	1	2	8
12	DIGITAL BLOOD PRESSURE APPARATUS	1 → B	2 → B	3 } 13 ←	1	2	8
13	MANUAL BLOOD PRESSURE MACHINE	1 → B	2 → B	3 } 14 ←	1	2	8
14	STETHOSCOPE	1 → B	2 → B	3 } 15 ←	1	2	8

15	PULSE OXIMETER	1 → B	2 → B	3 } 16 ←	1	2	8
16	OXYGEN CONCENTRATORS	1 → B	2 → B	3 } 17 ←	1	2	8
17	FILLED OXYGEN CYLINDER	1 → B	2 → B	3 } 18 ←	1	2	8
18	OXYGEN DISTRIBUTION SYSTEM	1 → B	2 → B	3 } 19 ←	1	2	8
19	OXYGEN ANALYZER	1 → B	2 → B	3 } 20 ←	1	2	8
20	PRESSURE REGULATOR	1 → B	2 → B	3 } 21 ←	1	2	8
21	CYLINDER GAUGES	1 → B	2 → B	3 } 22 ←	1	2	8
22	HUMIDIFIERS	1 → B	2 → B	3 } 23 ←	1	2	8
23	LOW FLOW METERS	1 → B	2 → B	3 } 24 ←	1	2	8
24	NASAL CATHETER	1 → B	2 → B	3 } 25 ←	1	2	8
25	OXYGEN MASKS	1 → B	2 → B	3 } 26 ←	1	2	8
26	NASAL PRONGS/CANNULA FOR ADULTS	1 → B	2 → B	3 } 27 ←	1	2	8
27	NASAL PRONGS/CANNULA FOR NEWBORNS	1 → B	2 → B	3 } 28 ←	1	2	8
28	AIR-OXYGEN BLENDERS	1 → B	2 → B	3 } 1621 ←	1	2	8
1621	Do you have any of the following items? If yes, I would like to see them.			OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
01	DELIVERY PACK			1 } 07 ←	2	3	
02	CORD CLAMP			1	2	3	
03	EPISIOTOMY SCISSORS			1	2	3	
04	SCISSORS OR BLADE TO CUT CORD			1	2	3	
05	SUTURE MATERIAL WITH NEEDLE			1	2	3	
06	NEEDLE HOLDER			1	2	3	
07	SPECULUM			1	2	3	

08	FORCEPS (LARGE)	1	2	3
09	FORCEPS (MEDIUM)	1	2	3
10	BLANK PARTOGRAPH OR LABOR CARE GUIDE	1	2	3
1622	Does this facility routinely observe any of the following postpartum or newborns related practices?	YES	NO	DON'T KNOW
01	Placing newborn to the abdomen (Skin to Skin)	1	2	8
02	Drying and wrapping newborns to keep them warm	1	2	8
03	Initiation of breastfeeding within the first hour	1	2	8
04	Routine, complete (head-to-toe) examination of newborn	1	2	8
05	Suction of the newborn by means of catheter	1	2	8
06	Suction of the newborn by means of suction bulb or penguin sucker	1	2	8
07	Weigh the newborn immediately	1	2	8
08	Administer Vitamin K to newborn	1	2	8

09	Apply Tetracycline eye ointment to both eyes	1	2	8		
10	Give full bath (immerse newborn in water) shortly (i.e., within a few minutes/hours) after birth	1	2	8		
11	Give the newborn prelacteal liquids	1	2	8		
12	Give the newborn OPV (oral polio vaccine/ polio zero vaccine) prior to discharge	1	2	8		
13	Give the newborn BCG prior to discharge	1	2	8		
1623	Does this facility routinely give free sample of formula to mothers and families when they return home after delivery?	YES .....	1			
		NO .....	2			
		DON'T KNOW .....	8			
1624	Does this facility provide counseling on post partum family planning before women return home after delivery?	YES .....	1			
		NO .....	2			
		DON'T KNOW .....	8			
1625	Please tell me if any of the following medicines or items are available at this service site today. I would like to see them.  CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
		AT LEAST ONE VALID	AVAILABLE, NONE VALID	REPORTED AVAILABLE, NOT SEEN	NOT AVAILABLE TODAY / DK	NO, OR NEVER AVAILABLE
01	TETRACYCLINE EYE OINTMENT FOR NEWBORN	1	2	3	4	5
02	INJECTABLE ANTIBIOTIC (E.G., CEFTRIAZONE, AMPICILLIN, GENTAMICIN)	1	2	3	4	5
03	OXYTOCIN	1	2	3	4	5
04	TRANEXAMIC ACID	1	2	3	4	5
05	MISOPROSTOL	1	2	3	4	5
06	MAGNESIUM SULPHATE	1	2	3	4	5
07	DIAZEPAM	1	2	3	4	5
08	ANTIHYPERTENSIVES (E.G. ALPHA METHYLDOPA, HYDRALAZINE, LABETOLOL)	1	2	3	4	5
09	IV SOLUTION (RINGER LACTATE) WITH INFUSION SET	1	2	3	4	5
10	SKIN DISINFECTANT (OTHER THAN CHLORHEXIDINE)	1	2	3	4	5
11	7.1% CHLORHEXIDINE DIGLUCONATE AQUEOUS SOLUTION OR GEL	1	2	3	4	5
1626	Does this facility allow birth companions to be present during labor and delivery?	YES .....	1			
		NO .....	2			

PMTCT DURING LABOR AND DELIVERY

1630	Do you provide or offer any PMTCT service at this service site for women who come in to deliver?	YES ..... 1 NO ..... 2	
1631	Do providers of delivery services conduct HIV testing from this service site?	YES ..... 1 NO ..... 2	→ 1650
1632	May I see a sample HIV rapid diagnostic test (RDT) kit?  CHECK TO SEE IF AT LEAST ONE IS VALID	OBSERVED, AT LEAST 1 VALID ..... 1 OBSERVED, NONE VALID ..... 2 REPORTED AVAILABLE, NOT SEEN ..... 3 NOT AVAILABLE TODAY ..... 4	

STANDARD PRECAUTIONS

1650	STANDARD PRECAUTIONS AND CONDITIONS FOR CLIENT EXAMINATION	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE
01	RUNNING WATER (PIPED, BUCKET WITH TAP OR POUR PITCHER)	1	2	3
02	HAND-WASHING SOAP (MAY BE LIQUID SOAP)	1	2	3
03	ALCOHOL-BASED HAND RUB	1	2	3
04	WASTE RECEPTACLE (PEDAL BIN) WITH LID AND PLASTIC BIN LINER	1 06 ↙	2	3
05	OTHER WASTE RECEPTACLE	1	2	3
06	SHARPS CONTAINER ("SAFETY BOX")	1	2	3
07	DISPOSABLE LATEX GLOVES	1	2	3
08	MEDICAL MASKS	1	2	3
09	GOWNS	1	2	3
10	RESPIRATOR	1	2	3
11	EYE PROTECTION [GOGGLES OR FACE PROTECTION]	1	2	3
12	STANDARD PRECAUTIONS GUIDELINES FOR INFECTION CONTROL	1	2	3

THANK YOUR RESPONDENT FOR THEIR TIME AND HELP. PROCEED TO THE NEXT DATA COLLECTION SITE.

SECTION 16: DELIVERY AND NEWBORN CARE: FOOTNOTES

(FN1) Only include if a country has accepted new WHO Labour Care Guide that is the new generation partograph. If a country includes both the old type partograph and the new generation partograph, retain both items. Remove this question in countries that do not have a nationally accepted WHO WHO Labor Guide that is the new generation partograph.

**SECTION 17: POST ABORTION CARE**

1700	<p><b>CHECK Q102.09</b></p> <p align="center">                 PAC SERVICES <input type="checkbox"/>                  AVAILABLE IN FACILITY             </p> <p align="center">                 PAC SERVICES <input type="checkbox"/>                  NOT AVAILABLE IN FACILITY             </p> <p align="center">NEXT SECTION OR SERVICE SITE ←</p>		
<p align="center">                 ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE POST ABORTION CARE SERVICES ARE PROVIDED.                  FIND THE PERSON MOST KNOWLEDGEABLE ABOUT POST ABORTION CARE SERVICES IN THE FACILITY.                  INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.             </p>			
1701	Do you have the national post abortion care guidelines available at this service area today?	YES ..... 1 NO ..... 2	→ 1703
1702	May I see the national post abortion care guidelines?	OBSERVED ..... 1 REPORTED, NOT SEEN ..... 2	→ 1705
1703	Do you have any other guidelines on family planning available at this service area today?	YES ..... 1 NO ..... 2	→ 1705
1704	May I see the other guidelines?	OBSERVED ..... 1 REPORTED, NOT SEEN ..... 2	
1705	After providing post abortion care, does this facility provide family planning counselling on the same day before women leave the facility?	YES ..... 1 NO ..... 2 NEXT SECTION OR SERVICE SITE ←	
1706	Is the counseling provided in the same location where post abortion care is provided?	YES ..... 1 NO ..... 2	
<p align="center">THANK YOUR RESPONDENT FOR THEIR TIME AND HELP. PROCEED TO THE NEXT DATA COLLECTION SITE.</p>			

**SECTION 18: OTHER REPRODUCTIVE AND WOMEN'S HEALTH**

1800	<p><b>CHECK Q102.17 AND Q102.18</b></p> <p>BREAST OR CERVICAL CANCER SCREENING SERVICES AVAILABLE IN FACILITY <input type="checkbox"/></p>				<p>BREAST OR CERVICAL CANCER SCREENING SERVICES NOT AVAILABLE IN FACILITY <input type="checkbox"/></p> <p>NEXT SECTION OR SERVICE SITE ←</p>
<p>ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE BREAST OR CERVICAL CANCER SCREENING SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT THE CANCER SCREENING SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.</p>					
1801	Does this facility offer diagnostic services for breast cancer?	YES ..... 1 NO ..... 2	→	1804	
1802	Does this facility have staff who are trained to administer breast examination?	YES ..... 1 NO ..... 2			
1803	Does this facility conduct mammography on-site or make referrals for mammography?	CONDUCT MAMMOGRAPHY ..... 1 MAMMOGRAPHY REFERRALS ..... 2 NEITHER ..... 3			
1804	Does this facility offer diagnostic services for cervical cancer?	YES ..... 1 NO ..... 2	→	1806	
1805	Does this facility have staff who are trained to conduct pap smear test?	YES ..... 1 NO ..... 2			
1806	Does this facility offer treatment services for cervical cancer such as cryotherapy or thermal ablation?	YES ..... 1 NO ..... 2			
<p>THANK YOUR RESPONDENT FOR THEIR TIME AND HELP. PROCEED TO THE NEXT DATA COLLECTION SITE.</p>					

**SECTION 19: MALARIA**

1900	<b>CHECK Q102.10 AND Q102.03</b> CURATIVE CARE SERVICES OR MALARIA SERVICES AVAILABLE <input type="checkbox"/>	CURATIVE CARE SERVICES OR MALARIA SERVICES NOT AVAILABLE <input type="checkbox"/>  NEXT SECTION OR SERVICE SITE ←	
ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE CLIENTS WITH MALARIA ARE SEEN. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT PROVISION OF MALARIA SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.			
1901	Do providers in this facility diagnose malaria?	YES ..... 1 NO ..... 2	→ 1910
1902	Do providers in this facility use blood tests to verify the diagnosis of malaria, either by microscopy or mRDT?	YES ..... 1 NO ..... 2	→ 1910
1903	Do providers use blood test to verify the diagnosis of malaria for all suspected cases always, or only sometimes?	ALWAYS ..... 1 ONLY SOMETIMES ..... 2	
1904	Does this facility have a trained microscopist who can conduct microscopy diagnostic test for malaria?	YES ..... 1 NO ..... 2	
1905	Do providers use malaria rapid diagnostic test (mRDT) to diagnose malaria at this service site?	YES ..... 1 NO ..... 2	→ 1907
1906	May I see a sample malaria RDT kit?  CHECK THAT AT LEAST ONE IS VALID	OBSERVED, AT LEAST 1 VALID ..... 1 OBSERVED, NONE VALID ..... 2 REPORTED AVAILABLE, NOT SEEN .... 3 NONE AVAILABLE TODAY ..... 4	
1907	Do you have a training manual, poster or other job aid for using malaria rapid diagnostic test?	YES ..... 1 NO ..... 2	→ 1909
1908	May I see the training manual, poster or other job aid for using malaria rapid diagnostic test?	OBSERVED ..... 1 REPORTED, NOT SEEN ..... 2	
1909	Does this facility offer pre-consultation malaria testing for children presenting with fever?	YES, SOMETIMES BEFORE CONSULTATION ..... 1 NO, ALWAYS AFTER CONSULTATION .. 2	
1910	Do providers in this facility prescribe treatment for uncomplicated malaria?	YES ..... 1 NO ..... 2	
1911	Do providers in this facility prescribe treatment for, or manage severe malaria?	YES ..... 1 NO, REFER ALL CASES OF SEVERE MALARIA ..... 2	
1912	Do you have the national guidelines for the diagnosis and treatment of malaria available in this service area?  ACCEPTABLE IF PART OF ANOTHER GUIDELINE.	YES ..... 1 NO ..... 2	→ 1914
1913	May I see the national guidelines for the diagnosis and treatment of malaria?	OBSERVED ..... 1 REPORTED, NOT SEEN ..... 2 NEXT SECTION OR SERVICE SITE ←	

1914	Do you have any other guidelines for the diagnosis and treatment of malaria in this service area?  ACCEPTABLE IF PART OF ANOTHER GUIDELINE.	YES ..... 1 NO ..... 2 NEXT SECTION OR SERVICE SITE ←	
1915	May I see the other guidelines for the diagnosis and treatment of malaria?	OBSERVED ..... 1 REPORTED, NOT SEEN ..... 2	
THANK YOUR RESPONDENT FOR THEIR TIME AND HELP. PROCEED TO THE NEXT DATA COLLECTION SITE.			

**SECTION 20: SEXUALLY TRANSMITTED INFECTIONS**

2000	<p align="center"><b>CHECK Q102.11</b></p> <p align="center">                     STI SERVICE OFFERED <input type="checkbox"/> <span style="margin-left: 200px;">STI SERVICE NOT OFFERED <input type="checkbox"/></span>                      ↓ <span style="margin-left: 150px;">←</span>                      NEXT SECTION OR SERVICE SITE                 </p>		
ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE STI SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT PROVISION OF STI SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.			
2001	Do providers in this facility make diagnosis that a client has a sexually transmitted infection (STI)?	YES ..... 1 NO ..... 2	
2002	Do providers in this facility prescribe treatment for STIs?	YES ..... 1 NO ..... 2	
2003	<p align="center"><b>CHECK Q2001 AND Q2002</b></p> <p align="center">                     RESPONSE "1" CIRCLED IN <input type="checkbox"/> <span style="margin-left: 150px;">RESPONSE "1" NOT CIRCLED IN <input type="checkbox"/></span>                      EITHER Q2001 OR Q2002 ↓ <span style="margin-left: 100px;">←</span>                      NEXT SECTION OR SERVICE SITE                 </p>		
2004	Are STI clients seen by this service ever referred for HIV counseling and testing, or offered the service from this service site?	YES ..... 1 NO ..... 2	→ 2008
2005	Are STI clients seen by this service routinely referred for HIV counseling and testing or offered the service from this service site? Or only if they are suspected to be infected with HIV?	ROUTINELY REFERRED OR OFFERED SERVICE ..... 1 ONLY IF CLIENT SUSPECTED TO BE HIV INFECTED ..... 2	
2006	Do STI service providers in this facility provide HIV testing from this service site?	YES ..... 1 NO ..... 2	→ 2008
2007	May I see a sample HIV rapid diagnostic test (RDT) kit?  CHECK TO SEE IF AT LEAST ONE IS VALID	OBSERVED, AT LEAST 1 VALID ..... 1 OBSERVED, NONE VALID ..... 2 REPORTED AVAILABLE, NOT SEEN ..... 3 NONE AVAILABLE TODAY ..... 4	
2008	Do you have the national guidelines for the diagnosis and treatment of STIs available in this service area?  ACCEPTABLE IF PART OF ANOTHER GUIDELINE.	YES ..... 1 NO ..... 2	→ 2010
2009	May I see the national guidelines for the diagnosis and treatment of STIs?	OBSERVED ..... 1 REPORTED, NOT SEEN ..... 2 NEXT SECTION OR SERVICE SITE ← <input type="checkbox"/>	
2010	Do you have any other guidelines for the diagnosis and treatment of STIs available in this service area?  ACCEPTABLE IF PART OF ANOTHER GUIDELINE.	YES ..... 1 NO ..... 2 NEXT SECTION OR SERVICE SITE ← <input type="checkbox"/>	
2011	May I see the other guidelines for the diagnosis and treatment of STIs?	OBSERVED ..... 1 REPORTED, NOT SEEN ..... 2	
THANK YOUR RESPONDENT FOR THEIR TIME AND HELP. PROCEED TO THE NEXT DATA COLLECTION SITE.			

**SECTION 21: TUBERCULOSIS (TB)**

2100	<b>CHECK Q102.12</b>	<p> <span style="display: inline-block; text-align: left;">TB SERVICES OFFERED IN FACILITY <input type="checkbox"/></span> <span style="display: inline-block; text-align: right; vertical-align: top;">NO TB SERVICES IN FACILITY <input type="checkbox"/></span> </p> <p style="text-align: center;">NEXT SECTION OR SERVICE SITE ←</p>	
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ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE TB SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT PROVISION OF TB SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.

**TB DIAGNOSIS**

2101	Do providers in this facility make diagnosis that a client has tuberculosis?	YES ..... 1 NO ..... 2	
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**TB TREATMENT**

2102	Do providers in this facility prescribe treatment for TB or manage patients who are on TB treatment?	YES ..... 1 NO ..... 2	
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2103	<b>CHECK Q2101 AND Q2102</b>	<p> <span style="display: inline-block; text-align: left;">TB DIAGNOSIS OR TREATMENT IN FACILITY (RESPONSE "1" CIRCLED IN EITHER Q2101 OR Q2102) <input type="checkbox"/></span> <span style="display: inline-block; text-align: right; vertical-align: top;">NO TB DIAGNOSIS OR TREATMENT IN FACILITY (RESPONSE "1" NOT CIRCLED IN EITHER Q2101 OR Q2102) <input type="checkbox"/></span> </p> <p style="text-align: center;">NEXT SECTION OR SERVICE SITE ←</p>	
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2104	Is HIV rapid diagnostic testing available from this service site?	YES ..... 1 NO ..... 2 NEXT SECTION OR SERVICE SITE ←	
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2105	May I see a sample HIV rapid diagnostic test (RDT) kit?  CHECK TO SEE IF AT LEAST ONE IS VALID	OBSERVED, AT LEAST 1 VALID ..... 1 OBSERVED, NONE VALID ..... 2 REPORTED AVAILABLE, NOT SEEN .... 3 NOT AVAILABLE TODAY ..... 4	
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THANK YOUR RESPONDENT FOR THEIR TIME AND HELP. PROCEED TO THE NEXT DATA COLLECTION SITE.

SECTION 22: HIV/AIDS

HIV TESTING

2200	<b>CHECK Q102.13</b>	HIV TESTING AVAILABLE IN FACILITY <input type="checkbox"/>	NO HIV TESTING SERVICES IN FACILITY <input type="checkbox"/>	→ 2220
<p>ASK TO BE SHOWN THE MAIN LOCATION IN THE FACILITY WHERE HIV COUNSELING AND TESTING SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT HIV COUNSELING &amp; TESTING SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.</p>				
2201	Do staff working in this facility have access to HIV post-exposure prophylaxis, i.e., PEP?	YES ..... 1 NO ..... 2		→ 2204
2202	Are there any written protocols/guidelines for post-exposure prophylaxis available in this site?  MAY BE PART OF ANOTHER DOCUMENT	YES ..... 1 NO ..... 2		→ 2204
2203	May I see the protocols or guidelines on PEP?	OBSERVED ..... 1 REPORTED, NOT SEEN ..... 2		
2204	Does this facility provide voluntary medical male circumcision to patients who tested HIV negative?	YES ..... 1 NO ..... 2		
2205	Does this facility provide pre-exposure prophylaxis (PrEP) to patients who tested HIV negative?	YES ..... 1 NO ..... 2		
2206	Does this facility provide post-exposure prophylaxis (PEP) to victims of sexual violence?	YES ..... 1 NO ..... 2		

HIV TREATMENT

2220	<b>CHECK Q102.14</b>	HIV TREATMENT SERVICES OFFERED IN FACILITY <input type="checkbox"/>	NO HIV TREATMENT SERVICES IN FACILITY <input type="checkbox"/>	→ 2240
<p>ASK TO BE SHOWN THE MAIN LOCATION IN THE FACILITY WHERE HIV TREATMENT SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT HIV TREATMENT SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.</p>				
2221	Do providers in this facility prescribe antiretroviral therapy (ART)?	YES ..... 1 NO ..... 2		
2222	Do providers in this facility provide treatment follow-up services for persons on ART, including providing community-based services?	YES ..... 1 NO ..... 2		
2223	<b>CHECK Q102.13</b>	NO HIV TESTING SERVICES IN FACILITY <input type="checkbox"/>	HIV TESTING SERVICES IN FACILITY <input type="checkbox"/> (Q2201-Q2206 asked)	→ 2240
2224	Do staff working in this facility have access to HIV post-exposure prophylaxis, i.e., PEP?	YES ..... 1 NO ..... 2		→ 2227

2225	Are there any written protocols/guidelines for post-exposure prophylaxis available in this site?  MAY BE PART OF ANOTHER DOCUMENT	YES ..... 1 NO ..... 2	→ 2227
2226	May I see the protocols or guidelines on PEP?	OBSERVED ..... 1 REPORTED, NOT SEEN ..... 2	
2227	Does this facility provide voluntary medical male circumcision to patients who tested HIV negative?	YES ..... 1 NO ..... 2	
2228	Does this facility provide pre-exposure prophylaxis (PrEP) to patients who tested HIV negative?	YES ..... 1 NO ..... 2	
2229	Does this facility provide post-exposure prophylaxis (PEP) to victims of sexual violence?	YES ..... 1 NO ..... 2	

**HIV CARE AND TREATMENT**

2240	<p><b>CHECK Q102.15</b></p> <p align="center"> HIV CARE AND TREATMENT SERVICES AVAILABLE IN FACILITY <input type="checkbox"/>  NO HIV CARE AND TREATMENT SERVICES IN FACILITY <input type="checkbox"/>  NEXT SECTION OR SERVICE SITE ← </p>	
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ASK TO BE SHOWN THE MAIN LOCATION IN THE FACILITY WHERE HIV CARE AND SUPPORT SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT HIV CARE AND SUPPORT SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.

2241	Please tell me if providers in this facility provide the following services for HIV/AIDS clients:	YES	NO	DON'T KNOW
01	Prescribe treatment for any opportunistic infections or symptoms related to HIV/AIDS. This includes treating topical fungal infections.	1	2	8
02	Provide systemic intravenous treatment of specific fungal infections such as cryptococcal meningitis	1	2	8
03	Provide treatment for Kaposi's sarcoma	1	2	8
04	Provide or prescribe palliative care for patients, such as symptom or pain management, or nursing care for the terminally ill, or severely debilitated clients	1	2	8
05	Provide Nutrition Assessment, Counseling, and Support (NACS) services	1	2	8
06	Care for pediatric HIV/AIDS patients	1	2	8
07	Prescribe or provide preventive treatment for TB (INH + Pyridoxine prophylaxis)	1	2	8
08	Primary preventive treatment for opportunistic infections, such as Cotrimoxazole preventive treatment (CPT)	1	2	8
09	Family planning counseling and/or services	1	2	8
10	Provide condoms for preventing further transmission of HIV	1	2	8
11	Provide mental health screening	1	2	8
12	Provide Hepatitis C screening	1	2	8

13	Provide Hepatitis C treatment	1	2	8
14	Provide cervical cancer screening for HIV positive women	1	2	8
2242	Is there a system for routinely screening and testing HIV-positive clients for TB?	YES .....	1	<input type="checkbox"/> 2244 ←
		NO SYSTEM .....	2	
2243	May I see the system, or evidence of such a system?	SYSTEM OR REGISTER OBSERVED .....	1	
		SYSTEM OR REGISTER REPORTED, NOT SEEN .....	2	
2244	<b>CHECK Q102.13 AND Q102.14</b>  NEITHER HIV TESTING NOR ART SERVICES IN FACILITY <input type="checkbox"/>		HIV TESTING OR ART SERVICES IN FACILITY <input type="checkbox"/> (Q2201-Q2206 or Q2224-Q2229 asked)  NEXT SECTION OR SERVICE SITE ←	
2245	Do staff working in this facility have access to HIV post-exposure prophylaxis, i.e., PEP?	YES .....	1	→ 2248
		NO .....	2	
2246	Are there any written protocols/guidelines for post-exposure prophylaxis available in this site?	YES .....	1	→ 2248
	MAY BE PART OF ANOTHER DOCUMENT	NO .....	2	
2247	May I see the protocols or guidelines on PEP?	OBSERVED .....	1	
		REPORTED, NOT SEEN .....	2	
2248	Does this facility provide voluntary medical male circumcision to patients who tested HIV negative?	YES .....	1	
		NO .....	2	
2249	Does this facility provide pre-exposure prophylaxis (PrEP) to patients who tested HIV negative?	YES .....	1	
		NO .....	2	
2250	Does this facility provide post-exposure prophylaxis (PEP) to victims of sexual violence?	YES .....	1	
		NO .....	2	
THANK YOUR RESPONDENT FOR THEIR TIME AND HELP. PROCEED TO THE NEXT DATA COLLECTION SITE.				

**SECTION 23: NON-COMMUNICABLE DISEASES**

2300	<b>CHECK Q102.16</b>	CHRONIC DISEASE SERVICES AVAILABLE FROM FACILITY <input type="checkbox"/>	CHRONIC DISEASE SERVICES NOT AVAILABLE FROM FACILITY <input type="checkbox"/> NEXT SECTION OR SERVICE SITE ←
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ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE CLIENTS WITH NON-COMMUNICABLE OR CHRONIC CONDITIONS SUCH AS DIABETES AND CARDIOVASCULAR DISEASES ARE SEEN. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT PROVISION OF SUCH SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.

**DIABETES**

2301	Do providers in this facility diagnose and/or manage diabetes?	YES, DIAGNOSE ONLY ..... 1 YES, MANAGEMENT ONLY ..... 2 YES, DIAGNOSE AND MANAGEMENT ..... 3 NO ..... 4	→ 2310
2302	Do you have the national guidelines for the diagnosis and management of diabetes available in this service area?	YES ..... 1 NO ..... 2	→ 2304
2303	May I see the national guidelines for the diagnosis and management of diabetes?	OBSERVED ..... 1 REPORTED, NOT SEEN ..... 2	→ 2310
2304	Do you have any other guidelines for the diagnosis and management of diabetes available in this service area?	YES ..... 1 NO ..... 2	→ 2310
2305	May I see the other guidelines for the diagnosis and management of diabetes?	OBSERVED ..... 1 REPORTED, NOT SEEN ..... 2	

**CARDIO-VASCULAR DISEASES**

2310	Do providers in this facility diagnose and/or manage cardiovascular diseases in patients?	YES, DIAGNOSE ONLY ..... 1 YES, MANAGEMENT ONLY ..... 2 YES, DIAGNOSE AND MANAGEMENT ..... 3 NO ..... 4	→ 2320
2311	Do you have the national guidelines for the diagnosis and management of cardio-vascular diseases available in this service area?	YES ..... 1 NO ..... 2	→ 2313
2312	May I see the national guidelines for the diagnosis and management of cardio-vascular diseases?	OBSERVED ..... 1 REPORTED, NOT SEEN ..... 2	→ 2320
2313	Do you have any other guidelines for the diagnosis and management of cardio-vascular diseases available in this service area?	YES ..... 1 NO ..... 2	→ 2320
2314	May I see the other guidelines for the diagnosis and management of cardio-vascular diseases?	OBSERVED ..... 1 REPORTED, NOT SEEN ..... 2	

RESPIRATORY

2320	Do providers in this facility diagnose and/or manage chronic respiratory diseases such as COPD in patients?	YES, DIAGNOSE ONLY ..... 1 YES, MANAGEMENT ONLY ..... 2 YES, DIAGNOSE AND MANAGEMENT ..... 3 NO ..... 4	→ 2330
2321	Do you have the national guidelines for the diagnosis and management of chronic respiratory diseases available in this service area?	YES ..... 1 NO ..... 2	→ 2323
2322	May I see the national guidelines for the diagnosis and management of chronic respiratory diseases?	OBSERVED ..... 1 REPORTED, NOT SEEN ..... 2	→ 2330
2323	Do you have any other guidelines for the diagnosis and/ management of chronic respiratory diseases available in this service area?	YES ..... 1 NO ..... 2	→ 2330
2324	May I see the other guidelines for the diagnosis and management of chronic respiratory diseases?	OBSERVED ..... 1 REPORTED, NOT SEEN ..... 2	

BASIC SUPPLIES AND EQUIPMENT

2330	IS THIS AREA SAME WITH THE GENERAL OUTPATIENT AREA THAT WAS ASSESSED?	SAME WITH THE OUTPATIENT SITE..... 1 NEXT SECTION OR SERVICE AREA ←						
		DIFFERENT FROM THE OUTPATIENT SITI.... 2						
2331	I would like to know if the following items are available today in the main service area and are functioning	(A) AVAILABLE			(B) FUNCTIONING			
	ASK TO SEE ITEMS.	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	
01	ADULT WEIGHING SCALE	1 → B	2 → B	3 } 02 ←	1	2	8	
02	STADIOMETER [OR HEIGHT ROD] FOR MEASURING HEIGHT	1 → B	2 → B	3 } 03 ←	1	2	8	
03	MEASURING TAPE (GENERAL USE) (1 MILLIMETER GRADATION)	1	2	3				
04	THERMOMETER	1 → B	2 → B	3 } 05 ←	1	2	8	
05	DIGITAL BP APPARATUS	1 → B	2 → B	3 } 07 ←	1 } 07 ←	2	8	
06	MANUAL BP APPARATUS	1 → B	2 → B	3 } 07 ←	1	2	8	
07	STETHOSCOPE	1 → B	2 → B	3 } 08 ←	1	2	8	
08	SELF-INFLATING BAG AND MASK [ADULT]	1 → B	2 → B	3 } 09 ←	1	2	8	

09	SELF-INFLATING BAG AND MASK [PEDIATRIC]	1 → B	2 → B	3 } 10 ←	1	2	8
10	MICRONEBULIZER	1 → B	2 → B	3 } 11 ←	1	2	8
11	SPACERS FOR INHALERS	1	2	3			
12	PEAK FLOW METERS	1 → B	2 → B	3 } 13 ←	1	2	8
13	PULSE OXIMETER	1 → B	2 → B	3 } 14 ←	1	2	8
14	OXYGEN CONCENTRATORS	1 → B	2 → B	3 } 15 ←	1	2	8
15	FILLED OXYGEN CYLINDER	1 → B	2 → B	3 } 16 ←	1	2	8
16	OXYGEN DISTRIBUTION SYSTEM	1 → B	2 → B	3	1	2	8

THANK YOUR RESPONDENT FOR THEIR TIME AND HELP. PROCEED TO THE NEXT DATA COLLECTION SITE.

**SECTION 24: CESAREAN DELIVERY**

2400	<b>CHECK Q102.20</b>	CESAREAN SECTION DONE IN FACILITY <input type="checkbox"/> ↓	CESAREAN DELIVERY NOT DONE IN FACILITY <input type="checkbox"/> ↙ 2500
ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE CESAREAN DELIVERIES ARE DONE. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT PROVISION OF SUCH SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.			
2401	Does the facility have a health worker who can perform Cesarean delivery (section) present at the facility or on call 24 hours a day (including weekends and on public holidays)?	YES ..... 1 NO ..... 2	
2402	Does this facility have an anesthetist present in the facility or on call 24 hours a day (including weekends and on public holidays)?	YES ..... 1 NO ..... 2	
2403	Have Cesarean deliveries been performed in this facility during the past 3 months?	YES ..... 1 NO ..... 2	
2404	Has blood transfusion been done in this facility in a context of cesarean delivery during the past 3 months?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 3	
THANK YOUR RESPONDENT. PROCEED TO THE FINAL SUMMARY SECTION.			

**SECTION 25: SUMMARY**

2500	<p>IN ANY OF THE SERVICE OR WAITING AREAS THROUGHOUT THE ASSESSMENT, HAVE YOU SEEN OPENLY DISPLAYED BREASTMILK SUBSTITUTES AND RELATED PRODUCTS, POSTERS IDEALIZING THE USE OF BREASTMILK SUBSTITUTES, FEEDING BOTTLES OR NIPPLES?</p> <p>NOTE: FEEDING CUPS ARE PERMITTABLE. IF ONLY FEEDING CUPS ARE VISIBLE, CIRCLE CODE 'X' FOR 'NONE DISPLAYED'</p>	<p>FORMULA MARKETING POSTERS DISPLAYED ..... A          INFANT FURMULA BOXES/CANS DISPLAYED ..... B          FEEDING BOTTLES DISPLAYE. C          NIPPLES DISPLAYE ..... D            NONE DISPLAYEI ..... X</p>								
2501	RECORD THE INTERVIEW END TIME	<p>HOURS ..... <table border="1" data-bbox="1032 420 1130 478" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>MINUTES ..... <table border="1" data-bbox="1032 483 1130 533" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p>								

END OF INTERVIEW

**INTERVIEWER'S OBSERVATIONS**

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

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COMMENTS ON SPECIFIC QUESTIONS:

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ANY OTHER COMMENTS:

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**SUPERVISOR'S OBSERVATIONS**

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NAME OF THE SUPERVISOR: \_\_\_\_\_ DATE: \_\_\_\_\_