

[NAME OF COUNTRY]
[NAME OF ORGANIZATION]

FORMATTING DATE: 01 Nov 2024
ENGLISH LANGUAGE: 26 Sep 2024

THE DHS PROGRAM SERVICE PROVISION ASSESSMENT HEALTH WORKER INTERVIEW

FACILITY IDENTIFICATION

FACILITY NUMBER	QTYPE	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px; text-align: center;">H</td><td style="width: 20px; height: 20px; text-align: center;">W</td><td style="width: 20px; height: 20px; text-align: center;">I</td></tr></table>	H	W	I	
H	W	I				
PROVIDER SERIAL NUMBER [FROM STAFF LISTING FORM]		<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				
PROVIDER SEX: (1 = MALE; 2 = FEMALE)		<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>				
PROVIDER STATUS: (1 = ASSIGNED; 2 = SECONDED)		<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>				

INTERVIEWER'S VISIT

DATE	DAY	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				
	MONTH	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				
	YEAR	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px; text-align: center;">2</td><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px; text-align: center;">2</td><td style="width: 20px; height: 20px;"></td></tr></table>	2	0	2	
2	0	2				
INTERVIEWER'S NAME	INTERVIEWER'S NUMBER	<table border="1" style="display: inline-table;"><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>				

PREVIOUS INTERVIEW ASSOCIATED WITH PROVIDER

<p>CHECK IF PROVIDER WAS PREVIOUSLY INTERVIEWED IN ANOTHER FACILITY.</p> <p>IF YES, RECORD NAME AND FACILITY NUMBER WHERE HE/ SHE WAS INTERVIEWED</p>	<p>YES, PREVIOUSLY INTERVIEWED 1) (RECORD NAME AND FACILITY NUMBER) ↙</p> <p>NAME OF FACILITY</p> <p>NUMBER OF FACILITY <table border="1" style="display: inline-table;"><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> → END</p> <p>NO, NOT PREVIOUSLY INTERVIEWED 2) GO TO CONSENT AND INTRODUCTION ↙</p>					

OBSERVATIONS AND SIMULATIONS ASSOCIATED WITH PROVIDER

NUMBER OF ANC OBSERVATIONS ASSOCIATED WITH PROVIDER		<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			
NUMBER OF FP OBSERVATIONS ASSOCIATED WITH PROVIDER		<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			
NUMBER OF SICK CHILD OBSERVATIONS ASSOCIATED WITH PROVIDER		<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			
CHECK STAFF LISTING FORM: PROVIDER SELECTED FOR NEWBORN RESUSCITATION SIMULATION (YES=1; NO =2)		<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>			

LANGUAGE OF QUESTIONNAIRE**	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px; text-align: center;">1</td></tr></table>	0	1	LANGUAGE OF INTERVIEW**	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			TRANSLATOR USED (YES = 1, NO = 2)	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>	
0	1									
LANGUAGE OF QUESTIONNAIRE**	ENGLISH	**LANGUAGE CODES: 01 ENGLISH 03 LANGUAGE 05 LANGUAGE 02 LANGUAGE 04 LANGUAGE 06 LANGUAGE								

TEAM	TEAM SUPERVISOR						
<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			NAME <table border="1" style="display: inline-table;"><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> NUMBER				
NUMBER	COVER						

THE DHS PROGRAM SERVICE PROVISION ASSESSMENT SURVEY

HEALTH WORKER INTERVIEW

INTRODUCTION AND CONSENT

READ THE FOLLOWING CONSENT STATEMENT

Good day. My name is _____. We are here on behalf of the [IMPLEMENTING AGENCY] conducting a survey of health facilities to assist the government in knowing more about health services in [COUNTRY].

Your facility was selected to participate in this study. We will be asking you several questions about the types of services that you personally provide, as well as questions about the training you have received. The questions usually take about 20-30 minutes.

All information you give will be confidential and will not be shared with anyone other than members of our survey team. The information you provide us may be used by the [IMPLEMENTING AGENCY], other organizations or researchers, for planning service improvements or further studies of services.

Neither your name nor that of any other health worker respondents participating in this study will be included in the dataset or in any report; however, there is a small chance that the facility can be identified. 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 collaborate with the study.

In case you need more information about the survey, you may contact the person listed on the card that has already been given to your facility manager.

Do you have any questions?

May I begin the interview now?

SIGNATURE OF INTERVIEWER _____

DATE

DAY

MONTH

YEAR

2	0	2	

RESPONDENT AGREES

TO BE INTERVIEWED .. 1



RESPONDENT DOES NOT AGREE

TO BE INTERVIEWED 2 → END

2. GENERAL TRAINING

200	<p>I would like to ask you a few questions about in-service training you have received related to your work. In-service training refers to training you have received related to your work since you started working. I will start with some general topics. Note that the training topics I will mention may have been covered as stand alone trainings, or they may have been covered under another training topic.</p> <p>Have you received any in-service training, training updates, or refresher training in any of the following topics [READ TOPIC]</p> <p>IF YES, ASK: Was the last training within the past 24 months or more than 24 months ago?</p>	<table style="margin: auto;"> <tr> <td style="padding: 0 10px;">YES, WITHIN PAST 24 MONTH S</td> <td style="padding: 0 10px;">YES, OVER 24 MONTH S AGO</td> <td style="padding: 0 10px;">NO IN- SERVICE TRAINING OR UPDATES</td> </tr> </table>	YES, WITHIN PAST 24 MONTH S	YES, OVER 24 MONTH S AGO	NO IN- SERVICE TRAINING OR UPDATES		
YES, WITHIN PAST 24 MONTH S	YES, OVER 24 MONTH S AGO	NO IN- SERVICE TRAINING OR UPDATES					
01	<p>Standard precautions, including hand hygiene, cleaning and disinfection, waste management, needle stick and sharp injury prevention?</p>	<table style="margin: auto;"> <tr> <td style="padding: 0 10px;">01 STANDARD PRECAUTIONS</td> <td style="padding: 0 10px;">1</td> <td style="padding: 0 10px;">2</td> <td style="padding: 0 10px;">3</td> </tr> </table>	01 STANDARD PRECAUTIONS	1	2	3	
01 STANDARD PRECAUTIONS	1	2	3				
02	<p>Any specific training related to injection safety practices or safe injection practices?</p>	<table style="margin: auto;"> <tr> <td style="padding: 0 10px;">02 INJECTION SAFETY . . .</td> <td style="padding: 0 10px;">1</td> <td style="padding: 0 10px;">2</td> <td style="padding: 0 10px;">3</td> </tr> </table>	02 INJECTION SAFETY . . .	1	2	3	
02 INJECTION SAFETY . . .	1	2	3				
03	<p>Health Management Information Systems (HMIS) or reporting requirements for any service?</p>	<table style="margin: auto;"> <tr> <td style="padding: 0 10px;">03 HMIS</td> <td style="padding: 0 10px;">1</td> <td style="padding: 0 10px;">2</td> <td style="padding: 0 10px;">3</td> </tr> </table>	03 HMIS	1	2	3	
03 HMIS	1	2	3				
04	<p>How to care and/or refer victims of gender-based violence(GBV)?</p>	<table style="margin: auto;"> <tr> <td style="padding: 0 10px;">04 GBV VICTIMS CARE/ REFERRAL</td> <td style="padding: 0 10px;">1</td> <td style="padding: 0 10px;">2</td> <td style="padding: 0 10px;">3</td> </tr> </table>	04 GBV VICTIMS CARE/ REFERRAL	1	2	3	
04 GBV VICTIMS CARE/ REFERRAL	1	2	3				
05	<p>Use of personal protective equipment (PPE) to prevent infection at work?</p>	<table style="margin: auto;"> <tr> <td style="padding: 0 10px;">05 PPE USE</td> <td style="padding: 0 10px;">1</td> <td style="padding: 0 10px;">2</td> <td style="padding: 0 10px;">3</td> </tr> </table>	05 PPE USE	1	2	3	
05 PPE USE	1	2	3				
06	<p>Triage and isolation of patients with suspected or confirmed infectious diseases?</p>	<table style="margin: auto;"> <tr> <td style="padding: 0 10px;">06 TRIAGE/ISOLATION . . .</td> <td style="padding: 0 10px;">1</td> <td style="padding: 0 10px;">2</td> <td style="padding: 0 10px;">3</td> </tr> </table>	06 TRIAGE/ISOLATION . . .	1	2	3	
06 TRIAGE/ISOLATION . . .	1	2	3				
07	<p>Anemia assessment, diagnosis, and treatment?</p>	<table style="margin: auto;"> <tr> <td style="padding: 0 10px;">07 ANEMIA ASSESSMENT DIAGNOSIS/ TREATMENT</td> <td style="padding: 0 10px;">1</td> <td style="padding: 0 10px;">2</td> <td style="padding: 0 10px;">3</td> </tr> </table>	07 ANEMIA ASSESSMENT DIAGNOSIS/ TREATMENT	1	2	3	
07 ANEMIA ASSESSMENT DIAGNOSIS/ TREATMENT	1	2	3				
08	<p>Anemia testing, point of care or in a laboratory?</p>	<table style="margin: auto;"> <tr> <td style="padding: 0 10px;">08 ANEMIA TESTING ANY RDT/LABORATORY</td> <td style="padding: 0 10px;">1</td> <td style="padding: 0 10px;">2</td> <td style="padding: 0 10px;">3</td> </tr> </table>	08 ANEMIA TESTING ANY RDT/LABORATORY	1	2	3	
08 ANEMIA TESTING ANY RDT/LABORATORY	1	2	3				
201	<p>CHECK [Q102] FOR PROVIDER OCCUPATIONAL CATEGORY / QUALIFICATION</p> <p style="text-align: center;">CODE [14, 15, 16 OR 17] <input type="checkbox"/> → 700 (i.e., LABORATORY-RELATED) CIRCLED</p> <p>CODE [14, 15, 16 OR 17] <input type="checkbox"/> NOT CIRCLED ↓</p>						
INT2	<p>I will now ask you a few questions about services you personally provide in your current position in this facility and any in-service training, training updates, or refresher trainings you may have received related to that service. Please remember we are talking about services you provide in your current position in this facility. The training topics I will mention may have been covered as a stand-alone training, or covered as part of another training topic.</p>						

MALARIA

202	In your current position, and as a part of your work for this facility, do you personally diagnose and/or treat malaria?	YES 1 NO 2	
203	Have you received any in-service training, training updates, or refresher trainings on topics related to diagnosis and/or treatment of malaria?	YES 1 NO 2	→ 205
204	Have you received on the job mentorship, or onsite job training related to diagnosis and/or treatment of malaria?	YES 1 NO 2	→ 206
205	Have you received any in-service training, training updates, or refresher trainings in [READ TOPIC]: IF YES: Was the last training within the past 24 months or more than 24 months ago? Diagnosis of malaria, including through on the job mentorship, or onsite job training?	YES, WITHIN PAST 24 MONTHS YES, OVER 24 MONTHS AGO NO TRAINING OR UPDATES	
01		01 MALARIA DIAGNOSING 1 2 3	
02	Malaria rapid diagnostic test (mRDT), including through on the job mentorship, or onsite job training?	02 MALARIA RDT 1 2 3	
03	Malaria microscopy, including through on the job mentorship, or onsite job training?	03 MALARIA MICROSCOPY 1 2 3	
04	Case management / treatment of malaria, including through on the job mentorship, or onsite job training?	04 TREATMENT MALARIA 1 2 3	

DIABETES

206	In your current position, and as a part of your work for this facility, do you personally diagnose and/or manage diabetes?	YES 1 NO 2	
207	Have you received any in-service training, training updates, or refresher training on topics specific to the diagnosis and/or management of diabetes? IF YES: Was the last training within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS 1 YES, OVER 24 MONTHS AGO 2 NO TRAINING OR UPDATES 3	

CARDIO-VASCULAR DISEASES

208	In your current position, and as a part of your work for this facility, do you personally diagnose and/or manage cardio-vascular diseases?	YES 1 NO 2	
209	Have you received any in-service training, training updates, or refresher training on the diagnosis and/or management of cardio-vascular diseases? IF YES: Was the last training within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS 1 YES, OVER 24 MONTHS AGO 2 NO TRAINING OR UPDATES 3	

CHRONIC RESPIRATORY DISEASES

210	In your current position, and as a part of your work for this facility, do you personally diagnose and/or manage chronic respiratory conditions such as chronic obstructive pulmonary disease (COPD)?	YES 1 NO 2	
211	Have you received any in-service training, training updates, or refresher training on the diagnosis and/or management of chronic respiratory diseases? IF YES: Was the last training within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS 1 YES, OVER 24 MONTHS AGO 2 NO TRAINING OR UPDATES 3	

BREAST CANCER AND CERVICAL CANCER

212	In your current position, and as part of your work for this facility, do you personally provide any reproductive cancer screening, diagnosis and/or treatment services, that is for breast cancer and/or cervical cancer?	YES 1 NO 2	
213	Have you received any in-service training, training updates, or refresher training on topics related to breast cancer and/or cervical cancer services?	YES 1 NO 2	→ 300
214	Have you received any in-service training, training updates, or refresher training in [READ TOPIC] IF YES: Was the last training within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS YES, OVER 24 MONTHS AGO NO IN-SERVICE TRAINING OR UPDATES	
01	Clinical breast examinations?	01 BREAST EXAM 1 2 3	
02	Mammography?	02 MAMMOGRAM 1 2 3	
03	Cytology based screening such as the Papanicolaou ("Pap") smear or liquid-based cytology to screen for cervical cancer?	03 PAP SMEAR OR LBC 1 2 3	
04	The HPV testing to screen for cervical cancer?	04 HPV TEST 1 2 3	
05	Visual inspection of the cervix with acetic acid (VIA) for visual signs suspicious for cancer or pre-cancer?	05 VIA TEST 1 2 3	
06	Cryotherapy, or thermal ablation also called cold coagulation or thermal coagulation for treatment of cervical intraepithelial neoplasia?	06 CRYOTHERAPY OR THERMAL ABLATION 1 2 3	

3. CHILD HEALTH SERVICES

300	In your current position, and as a part of your work for this facility, do you personally provide any child vaccination services?	YES 1 NO 2					
301	In your current position, and as a part of your work for this facility, do you personally provide any child growth monitoring services?	YES 1 NO 2					
302	In your current position, and as a part of your work for this facility, do you personally provide any child curative care services (includes inpatient, outpatient, emergency/triage, malaria, tuberculosis and HIV)?	YES 1 NO 2					
303	Have you received any in-service training, training updates, or refresher training on topics related to child health or childhood illnesses?	YES 1 NO 2	→ 305				
304	Have you received any in-service training or training updates in [READ TOPIC] IIF YES: Was the last training within the past 24 months or more than 24 months ago?	<table style="margin-left: auto; margin-right: auto;"> <tr> <td></td> <td style="text-align: center;">YES, WITHIN PAST 24 MONTH S</td> <td style="text-align: center;">YES, OVER 24 MONTH S AGO</td> <td style="text-align: center;">NO IN- SERVICE TRAINING OR UPDATES</td> </tr> </table>		YES, WITHIN PAST 24 MONTH S	YES, OVER 24 MONTH S AGO	NO IN- SERVICE TRAINING OR UPDATES	
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01	Expanded programme on immunization (EPI) or cold chain monitoring?	01 EPI OR COLD CHAIN MONITORING 1 2 3					
02 (FN2)	Integrated management of childhood illness (IMCI)?	02 IMCI 1 2 3					
03	Diagnosis and/or treatment of acute respiratory infections?	03 DIAGNOSIS AND/OR TREATMENT OF ARI 1 2 3					
04	Diagnosis and/or treatment of diarrhea?	04 DIAGNOSIS AND/ OR TREATMENT OF DIARRHEA 1 2 3					
05	Nutritional assessment of child growth and/or screening for acute malnutrition?	05 NUTRITIONAL ASSESSMENT 1 2 3					
06	Assessment and/or treatment of micronutrient deficiencies in children?	06 MICRONUTRIENT DEFICIENCIES 1 2 3					
07	Breastfeeding?	07 BREASTFEEDING 1 2 3					
08	Complementary feeding in infants?	08 COMPLEMENTARY FEEDING IN INFANTS 1 2 3					
09	Pediatric HIV/AIDS?	09 PEDIATRIC HIV/AIDS 1 2 3					
10	Pediatric ART?	10 PEDIATRIC ART 1 2 3					
11	Pediatric emergency triage?	11 PEDIATRIC TRIAGE 1 2 3					
305	CHECK 205 MALARIA TRAINING NOT ASKED <input type="checkbox"/>	ANY CODE '1','2' OR '3' CIRCLED <input type="checkbox"/>	→ 400				

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP		
306	Have you received any in-service training, training updates, or refresher training related to malaria in [READ TOPIC] IF YES: Was the last training within the past 24 months or more than 24 months ago?		YES, WITHIN PAST 24 MONTH S	YES, OVER 24 MONTH S AGO	NO TRAINING OR UPDATES		
01	Diagnosis of malaria, including through on the job mentorship, or onsite job training?	01	DIAGNOSING MALARIA	1	2	3	
02	Malaria rapid diagnostic test (mRDT), including through on the job mentorship, or onsite job training?	02	MALARIA RDT	1	2	3	
03	Malaria microscopy, including through on the job mentorship, or onsite job training?	03	MALARIA MICROSCOPY	1	2	3	
04	Case management / treatment of malaria, including through on the job mentorship, or onsite job training?	04	TREATMENT OF MALARIA	1	2	3	

4. FAMILY PLANNING SERVICES

400	In your current position, and as a part of your work for this facility, do you personally provide any family planning services?	YES	1				
		NO	2				
401	Have you received any in-service training, training updates, or refresher training on topics related to family planning?	YES	1				
		NO	2			→ 500	
402	Have you received any in-service training, training updates, or refresher training in [READ TOPIC] IF YES: Was the last training within the past 24 months or more than 24 months ago? General counseling for family planning?		YES, WITHIN PAST 24 MONTH S	YES, OVER 24 MONTH S AGO	NO IN- SERVICE TRAINING OR UPDATES		
01		01	GENERAL COUNSELING	1	2	3	
02	IUD insertion and/or removal?	02	IUD INSERTION/ REMOVAL	1	2	3	
03	Implant insertion and/or removal?	03	IMPLANT INSERT/ REMOVAL	1	2	3	
04 (FN3)	Injectable administration and counseling?	04	INJECTABLE	1	2	3	
05	Performing sterilization such as a tubal ligation or a vasectomy?	05	STERILIZATION	1	2	3	
06	Counseling on family planning side effects and how to manage them?	06	FP SIDE EFFECTS	1	2	3	
07	Family planning for HIV positive women?	07	FP FOR HIV POSITIVE WOMEN	1	2	3	
08	Lactation Amenorrhea Method (LAM)	08	LAM	1	2	3	
09	Post-partum family planning counseling?	09	POST-PARTUM FP	1	2	3	
10	Post-abortion family planning counseling?	10	POST-ABORTION FP COUNSELING	1	2	3	

5. MATERNAL HEALTH SERVICES

ANC - PNC - PMTCT

500	<p>In your current position, and as a part of your work for this facility, do you personally provide any antenatal care or postnatal care services?</p> <p>IF YES, PROBE AND INDICATE WHICH SERVICES ARE PROVIDED</p>	<p>YES, ANTENATAL 1</p> <p>YES, POSTNATAL 2</p> <p>YES, BOTH 3</p> <p>NO, NEITHER 4</p>																										
501	<p>Have you received any in-service training, training updates, or refresher training on topics related to antenatal care or postnatal care?</p>	<p>YES 1</p> <p>NO 2</p>	→ 503																									
502	<p>Have you received any in-service training, training updates, or refresher training in [READ TOPIC]</p> <p>IF YES: Was the last training within the past 24 months or more than 24 months ago?</p> <p>ANC screening (e.g., blood pressure, urine glucose, and protein)?</p>	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;"></th> <th style="width:15%;"></th> <th style="width:15%; text-align: center;">YES, WITHIN PAST 24 MONTHS</th> <th style="width:15%; text-align: center;">YES, OVER 24 MONTHS AGO</th> <th style="width:15%; text-align: center;">NO IN- SERVICE TRAINING OR UPDATES</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">01</td> <td>ANC SCREENING</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td style="text-align: center;">02</td> <td>Counseling for ANC (e.g., nutrition, FP, and newborn care)?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td style="text-align: center;">03</td> <td>Micronutrient supplementation of pregnant women, such as iron and folic acid containing supplements, multiple micronutrient supplements, calcium, and others?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td style="text-align: center;">04</td> <td>Post-abortion family planning counseling?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> </tbody> </table>			YES, WITHIN PAST 24 MONTHS	YES, OVER 24 MONTHS AGO	NO IN- SERVICE TRAINING OR UPDATES	01	ANC SCREENING	1	2	3	02	Counseling for ANC (e.g., nutrition, FP, and newborn care)?	1	2	3	03	Micronutrient supplementation of pregnant women, such as iron and folic acid containing supplements, multiple micronutrient supplements, calcium, and others?	1	2	3	04	Post-abortion family planning counseling?	1	2	3	
		YES, WITHIN PAST 24 MONTHS	YES, OVER 24 MONTHS AGO	NO IN- SERVICE TRAINING OR UPDATES																								
01	ANC SCREENING	1	2	3																								
02	Counseling for ANC (e.g., nutrition, FP, and newborn care)?	1	2	3																								
03	Micronutrient supplementation of pregnant women, such as iron and folic acid containing supplements, multiple micronutrient supplements, calcium, and others?	1	2	3																								
04	Post-abortion family planning counseling?	1	2	3																								
503	<p>Do you personally provide any services that are specifically geared toward preventing mother-to-child transmission of HIV?</p>	<p>YES 1</p> <p>NO 2</p>																										
504	<p>Have you received any in-service training, training updates, or refresher training on topics related to prevention of mother-to-child transmission (PMTCT) of HIV?</p> <p>IF YES: Was the last training within the past 24 months or more than 24 months ago?</p>	<p>YES, WITHIN PAST 24 MONTHS 1</p> <p>YES, OVER 24 MONTHS AGO 2</p> <p>NO TRAINING OR UPDATES 3</p>																										

DELIVERY SERVICES

505	In your current position, and as a part of your work for this facility, do you personally provide delivery services? By that I mean conducting the actual delivery of newborns?	YES 1 NO 2	→ 510				
506	During the past 6 months, approximately how many deliveries have you conducted as the main provider (include deliveries conducted for private practice and for facility)?	TOTAL DELIVERIES <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>					
507	When was the last time you used a partograph?	NEVER 0 WITHIN PAST WEEK 1 WITHIN PAST MONTH 2 WITHIN PAST 6 MONTHS 3 OVER 6 MONTHS AGO 4					
508 (FN4)	Have you used a WHO Labour Care Guide that is the new generation partograph?	YES 1 NO 2	→ 510				
509 (FN4)	When was the last time you used a WHO Labour Care Guide that is the new generation partograph?	WITHIN PAST WEEK 1 WITHIN PAST MONTH 2 WITHIN PAST 6 MONTHS 3 OVER 6 MONTHS AGO 4					
510	Have you received any in-service training, training updates, or refresher training on topics related to delivery care?	YES 1 NO 2	→ 512				
511	Have you received any in-service training, training updates, or refresher training in [READ TOPIC] IF YES: Was the last training within the past 24 months or more than 24 months ago? Integrated Management of Pregnancy and Childbirth (IMPAC)?	<table style="margin-left: auto; margin-right: auto;"> <tr> <td></td> <td style="text-align: center;">YES, WITHIN PAST 24 MONTH S</td> <td style="text-align: center;">YES, OVER 24 MONTH S AGO</td> <td style="text-align: center;">NO IN- SERVICE TRAINING OR UPDATES</td> </tr> </table>		YES, WITHIN PAST 24 MONTH S	YES, OVER 24 MONTH S AGO	NO IN- SERVICE TRAINING OR UPDATES	
	YES, WITHIN PAST 24 MONTH S	YES, OVER 24 MONTH S AGO	NO IN- SERVICE TRAINING OR UPDATES				
01	01 IMPAC 1 2 3					
02	02 CEmONC 1 2 3					
03	03 CARE NORMAL VAGINAL L&D 1 2 3					
04	04 AMTSL 1 2 3					
05	05 BEmONC/LSS 1 2 3					
06	06 POST ABORTION CARE 1 2 3					
07	07 DELIVERY CARE FOR PMTCT 1 2 3					

NEWBORN CARE SERVICES			
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512	In your current position, and as a part of your work for this facility, do you personally provide care for the newborn?	YES 1 NO 2	
513	Have you received any in-service training, training updates, or refresher training on topics related to newborn care?	YES 1 NO 2	→ 515
514	Have you received any in-service training, training updates, or refresher training on essential newborn care? IF YES: Was the last training on essential newborn care within the past 24 months or more than 24 months ago or no training or updates?	YES, WITHIN PAST 24 MONTHS 1 YES, OVER 24 MONTHS AGO 2 NO TRAINING OR UPDATES 3	

TRAINING ON IPTP-EXCLUSIVE BF-NEONATAL RESUSCITATION			
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515	CHECK Q 202, 302 AND 500: IF PERSONALLY PROVIDES MALARIA CARE THAT IS CODE '1' CIRCLED IN 202, AND/ OR CHILD CURATIVE CARE THAT IS CODE '1' CIRCLED IN 302, AND /OR ANC THAT IS CODE '1' OR CODE '3' CIRCLED IN 500 YES, PROVIDES MALARIA CARE, AND /OR ANC, AND/OR CHILD CARE <input type="checkbox"/>	NO <input type="checkbox"/>	→ 517
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516	Have you received any in-service training, training updates, or refresher training related to Intermittent preventive treatment of malaria during pregnancy, including through on the job mentorship, or onsite job training? IF YES: Was the last training within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS 1 YES, OVER 24 MONTHS AGO 2 NO TRAINING OR UPDATES 3	
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517	CHECK Q 500, 505, AND 512: IF PERSONALLY PROVIDES ANTENATAL CARE, POSTNATAL CARE OR BOTH THAT IS CODE '1' OR '2' OR '3' IS CIRCLED IN 500, AND/ OR DELIVERY CARE THAT IS CODE '1' CIRCLED IN 505, AND/ OR NEWBORN CARE THAT IS CODE '1' CIRCLED IN 512 YES, PROVIDES ANC AND/OR PNC AND/OR DELIVERY CARE AND /OR NEWBORN CARE <input type="checkbox"/>	NO <input type="checkbox"/>	→ 519
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518	Have you received any in-service training, training updates, or refresher training related to early and exclusive breastfeeding? IF YES: Was the last training within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS 1 YES, OVER 24 MONTHS AGO 2 NO TRAINING OR UPDATES 3	
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519	CHECK Q 505 AND 512: IF PERSONALLY PROVIDES DELIVERY CARE THAT IS CODE '1' CIRCLED IN 505, AND/ OR NEWBORN CARE THAT IS CODE '1' CIRCLED IN 512 YES, PROVIDES DELIVERY CARE AND /OR NEWBORN <input type="checkbox"/>	NO <input type="checkbox"/>	→ 600
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
520	<p>Have you received any in-service training, training updates, or refresher training related to neonatal resuscitation using bag and mask?</p> <p>IF YES: Was the last training within the past 24 months or more than 24 months ago?</p>	<p>YES, WITHIN PAST 24 MONTHS 1</p> <p>YES, OVER 24 MONTHS AGO 2</p> <p>NO TRAINING OR UPDATES 3</p>	

6. SEXUALLY TRANSMITTED INFECTIONS - TB - HIV/AIDS

SEXUALLY TRANSMITTED INFECTIONS

600	<p>In your current position, and as part of your work for this facility, do you personally provide any STI services?</p>	<p>YES 1</p> <p>NO 2</p>	
601	<p>Have you received any in-service training, training updates, or refresher training related to diagnosing and treating sexually transmitted infections (STIs)?</p> <p>IF YES: Was the last training within the past 24 months or more than 24 months ago?</p>	<p>YES, WITHIN PAST 24 MONTHS 1</p> <p>YES, OVER 24 MONTHS AGO 2</p> <p>NO TRAINING OR UPDATES 3</p>	

TUBERCULOSIS (TB)

602	<p>In your current position, and as part of your work for this facility, do you personally provide any TB screening, diagnostic or management services?</p>	<p>YES 1</p> <p>NO 2</p>	
603	<p>In your current position, and as a part of your work for this facility, do you personally provide diagnosis of TB based on sputum tests using an AFB smear microscopy and or a TB diagnostic algorithm?</p>	<p>YES 1</p> <p>NO 2</p>	
604	<p>In your current position, and as a part of your work for this facility, do you personally provide treatment prescription for TB?</p>	<p>YES 1</p> <p>NO 2</p>	
605	<p>In your current position, and as a part of your work for this facility, do you personally provide management of TB-HIV co-infection?</p>	<p>YES 1</p> <p>NO 2</p>	
606	<p>Have you received any in-service training, training updates, or refresher training on topics related to TB services?</p>	<p>YES 1</p> <p>NO 2</p>	→ 608

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP	
607	Have you received any in-service training, training updates, or refresher training in [READ TOPIC] IF YES: Was the last training within the past 24 months or more than 24 months ago?		YES, WITHIN PAST 24 MONTH S	YES, OVER 24 MONTH S AGO	NO IN- SERVICE TRAINING OR UPDATES	
01	Screening for TB infection or TB disease: a) Mantoux tuberculin skin test b) The whole blood tests based on interferon-gamma release assays (IGRAs) c) Mtb antigen-based skin tests (TBST) d) Molecular WHO-recommended rapid diagnostic tests (mWRDs), alone or in combination e) Chest radiography such as X-ray f) The WHO-recommended four-symptom screen (W4SS), comprising screening for a current cough, fever, night sweats or weight loss g) GeneXpert Mtb/Rif test based on a sputum or GeneXpert ultra	01a) TUBERCULIN SKIN TEST	1	2	3	
		01b) BLOOD IGRA	1	2	3	
		01c) TBST	1	2	3	
		01d) TB mWRDs	1	2	3	
		01e) CHEST X-RAY	1	2	3	
		01f) FOUR SYMPTOM SCREEN	1	2	3	
		01g) GENEXPERT	1	2	3	
02	Diagnosis of TB based on a sputum microscopy?	02 MICROSCOPY	1	2	3	
03	Diagnosis of TB based on a TB diagnostic algorithm?	03 ALGORITHM	1	2	3	
04	Treatment prescription for TB?	04 TB TREATMENT	1	2	3	
05	Management of TB-HIV co-infection?	05 TB-HIV MANAGEMENT ..	1	2	3	

HIV/AIDS SERVICES

608	In your current position, and as part of your work for this facility, do you personally provide any HIV/AIDS services?	YES	1		
		NO	2		
609	In your current position, and as a part of your work for this facility, do you personally provide HIV counseling and testing?	YES	1		
		NO	2		
610	In your current position, and as a part of your work for this facility, do you personally provide HIV care and treatment including ART?	YES	1		
		NO	2		
611	In your current position, and as a part of your work for this facility, do you personally provide post-exposure prophylaxis (PEP) services?	YES	1		
		NO	2		
612	Have you received any in-service training, training updates, or refresher training on topics related to HIV/AIDS services?	YES	1		
		NO	2		→ 700

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP		
613	Have you received any in-service training, training updates, or refresher training in [READ TOPIC] IF YES: Was the last training within the past 24 months or more than 24 months ago? HIV counseling and testing?		YES, WITHIN PAST 24 MONTH S	YES, OVER 24 MONTH S AGO	NO IN- SERVICE TRAINING OR UPDATES		
01		01	HIV TESTING & COUNSELING	1	2	3	
02	HIV care and treatment including ART?	02	HIV CARE AND TREATMENT	1	2	3	
03	Post-exposure prophylaxis (PEP) services?	03	PEP	1	2	3	

7. DIAGNOSTIC SERVICES

700	In your current position, and as a part of your work for this facility, do you personally conduct laboratory tests including rapid diagnostic tests? CIRCLE 'NO' IF THE PROVIDER ONLY COLLECTS SPECIMENS.	YES	1	NO	2	→ 800
701	Please tell me if you personally conduct any of the following laboratory tests as part of your work in this facility.			YES	NO	
01	Microscopic examining of sputum for diagnosing TB?	01	SPUTUM MICROSCOPY	1	2	
02	Any other TB screening or diagnostics tests?	02	OTHER TB SCREENING OR DIAGNOSTIC TESTS	1	2	
03	HIV rapid testing?	03	HIV RDT	1	2	
04	Any other HIV test, such as PCR, ELISA, or Western Blot?	04	OTHER HIV TEST	1	2	
05	Hematology testing, such as anemia testing?	05	ANEMIA	1	2	
06	Malaria microscopy?	06	MALARIA MICROSCOPY	1	2	
07	Malaria rapid diagnostic test (mRDT)?	07	MALARIA RDT	1	2	
08	Cytology based screening such as the Papanicolaou ("Pap") smear or liquid-based cytology to screen for cervical cancer?	08	PAP SMEAR OR LBC	1	2	
09	The HPV testing to screen for cervical cancer?	09	HPV TESTING	1	2	
10	Syphilis rapid diagnostic test?	10	SYPHILIS RDT	1	2	
11	Any other Syphilis test, such as the rapid plasma reagin (RPR) or venereal disease research laboratory (VDRL)?	11	OTHER SYPHILIS TEST RPR/VDRL	1	2	
12	Urine tests including dipstick and 24-hour for proteinuria?	12	URINE TEST	1	2	
702	Have you received any in-service training, training updates, or refresher training on topics related to the tests you conduct?	YES	1	NO	2	→ 709

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																								
703	CHECK 606: TRAINING RECEIVED ON TOPICS RELATED TO TB SERVICES NO <input type="checkbox"/> YES, CODE 1 CIRCLED <input type="checkbox"/>		704(03)																																								
704	Have you received any in-service training, training updates, or refresher training in [READ TOPIC] IF YES: Was the last training within the past 24 months or more than 24 months ago?	<table border="1"> <thead> <tr> <th></th> <th>YES, WITHIN PAST 24 MONTHS</th> <th>YES, OVER 24 MONTHS AGO</th> <th>NO IN-SERVICE TRAINING OR UPDATES</th> </tr> </thead> <tbody> <tr> <td>01a) TUBERCULIN SKIN TEST</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>01b) BLOOD IGRA</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>01c) TBST</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>01d) TB mWRDs</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>01e) CHEST X-RAY</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>01g) GENEXPERT</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>02) TB MICROSCOPY</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>03) HIV RDT</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>04) OTHER HIV TEST</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		YES, WITHIN PAST 24 MONTHS	YES, OVER 24 MONTHS AGO	NO IN-SERVICE TRAINING OR UPDATES	01a) TUBERCULIN SKIN TEST	1	2	3	01b) BLOOD IGRA	1	2	3	01c) TBST	1	2	3	01d) TB mWRDs	1	2	3	01e) CHEST X-RAY	1	2	3	01g) GENEXPERT	1	2	3	02) TB MICROSCOPY	1	2	3	03) HIV RDT	1	2	3	04) OTHER HIV TEST	1	2	3	
	YES, WITHIN PAST 24 MONTHS	YES, OVER 24 MONTHS AGO	NO IN-SERVICE TRAINING OR UPDATES																																								
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705	CHECK 205 OR 306 TRAINING RECEIVED ON TOPICS RELATED TO MALARIA SERVICES CHECK IF ANY CODE CIRCLED NOT ASKED <input type="checkbox"/> YES ANY CODE CIRCLED <input type="checkbox"/>		707																																								
706	Have you received any in-service training, training updates, or refresher training in [READ TOPIC] IF YES: Was the last training within the past 24 months or more than 24 months ago?	<table border="1"> <thead> <tr> <th></th> <th>YES, WITHIN PAST 24 MONTHS</th> <th>YES, OVER 24 MONTHS AGO</th> <th>NO IN-SERVICE TRAINING OR UPDATES</th> </tr> </thead> <tbody> <tr> <td>01) MALARIA MICROSCOPY</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>02) MALARIA RDT</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		YES, WITHIN PAST 24 MONTHS	YES, OVER 24 MONTHS AGO	NO IN-SERVICE TRAINING OR UPDATES	01) MALARIA MICROSCOPY	1	2	3	02) MALARIA RDT	1	2	3																													
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01) MALARIA MICROSCOPY	1	2	3																																								
02) MALARIA RDT	1	2	3																																								
707	CHECK 213 TRAINING RECEIVED ON TOPICS RELATED TO REPRODUCTIVE CANCERS SERVICES NO <input type="checkbox"/> YES, CODE 1 CIRCLED <input type="checkbox"/>		708(03)																																								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
708	Have you received any in-service training, training updates, or refresher training in [READ TOPIC] IF YES: Was the last training within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS YES, OVER 24 MONTHS AGO NO IN-SERVICE TRAINING OR UPDATES	
01	Cytology based screening such as the Papanicolaou ("Pap") smear or liquid-based cytology to screen for cervical cancer?	01 PAP SMEAR OR LBC 1 2 3	
02	The HPV testing to screen for cervical cancer?	02 HPV TESTING 1 2 3	
03	Syphilis rapid diagnostic test?	03 SYPHILIS RDT 1 2 3	
04	Any other Syphilis test, such as the rapid plasma reagin (RPR) or venereal disease research laboratory (VDRL)?	04 OTHER SYPHILIS TEST RPR/VDRL 1 2 3	
05	Urine tests including dipstick and 24-hour for proteinuria?	05 URINE TEST 1 2 3	

709	CHECK 205 OR 306 OR 706 TRAINING RECEIVED ON TOPICS RELATED TO MALARIA SERVICES CHECK IF ANY CODE "1","2",OR"3" CIRCLED NO <input type="checkbox"/> YES ANY CODE "1","2",OR"3" CIRCLED <input type="checkbox"/>		800
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710	Have you received on the job mentorship, or onsite job training related to malaria microscopy? IF YES: Was the last mentorship, or training on malaria microscopy within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS 1 YES, OVER 24 MONTHS AGO 2 NO TRAINING OR UPDATES 3	
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711	Have you received on the job mentorship, or onsite job training related to malaria rapid diagnostic test (mRDT)? IF YES: Was the last mentorship, or training on malaria rapid diagnostic test within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS 1 YES, OVER 24 MONTHS AGO 2 NO TRAINING OR UPDATES 3	
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8. WORKING CONDITIONS IN FACILITY

800	Now I want to ask you a few more questions about your work in this facility. In an average week, how many hours do you work in this facility? IF WEEKS ARE NOT CONSISTENT, ASK THE RESPONDENT TO AVERAGE OUT HOW MANY HOURS PER MONTH AND THEN DIVIDE THIS BY 4.	AVERAGE HOURS PER WEEK WORKING IN THIS FACILITY <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>	
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801	Now I would like to ask you some questions about supervision you have personally received. This supervision may have been from a supervisor either from this facility or outside the facility. Do you receive technical support or supervision in your work? IF YES, ASK: When was the most recent time?	YES, IN THE LAST 3 MONTHS 1 YES, IN THE LAST 4-6 MONTHS 2 YES, IN THE LAST 7-12 MONTHS 3 YES, MORE THAN 12 MONTHS AGO 4 NO 5	804
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
802	How many times in the past six months has your work been supervised? IF SUPERVISED 99 OR MORE TIMES, CIRCLE CODE 96 FOR EVERY DAY	NUMBER OF TIMES <input type="text"/> <input type="text"/> EVERY DAY 96	
803	The last time you were personally supervised, did your supervisor do any of the following:	YES NO DON'T KNOW	
01	Check your records or reports?	01 CHECKED RECORD .. 1 2 8	
02	Observe your work?	02 OBSERVED WORK .. 1 2 8	
03	Provide any feedback (either positive or negative) on your performance?	03 FEEDBACK 1 2 8 05 05	
04	Give you verbal or written feedback that you were doing your work well?	04 VERBAL PRAISE 1 2 8	
05	Provide updates on administrative or technical issues related to your work?	05 UPDATES 1 2 8	
06	Discuss problems you have encountered?	06 PROBLEMS 1 2 8	
07	Discuss clinical skills?	07 CLINICAL SKILLS 1 2 8	
08	Discuss interpersonal skills?	08 INTERPERSONAL 1 2 8	
804	Do you have a written job description of your current job or position in this facility? IF YES, ASK: May I see it?	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3	
805	Are there any opportunities for promotion in your current job?	YES 1 NO 2 UNCERTAIN/ DON'T KNOW 8	
806	Have you ever been offered any continued professional development opportunities in this facility to facilitate your professional development or move up to career advancement? IF YES, ASK: When was the most recent time?	YES, IN THE LAST 6 MONTHS 1 YES, IN THE LAST 7-12 MONTHS 2 YES, MORE THAN 12 MONTHS AGO 3 NO 4	
807	Do you think that you have equal treatment and opportunities as your colleagues of the opposite sex a) in terms of training? b) in terms of professional advancement? c) in terms of preferred geographic posts? d) in terms of time off? e) in terms of work schedule?	YES NO DON'T KNOW a) TRAINING 1 2 8 b) ADVANCEMENT 1 2 8 c) GEOGRAPHIC POST .. 1 2 8 d) TIME OFF 1 2 8 e) WORK SCHEDULE .. 1 2 8	
808	Are you paid salary for the work you do in your current position at this facility or are you not paid at all?	YES PAID SALARY 1 NOT PAID 2	→ 810
809	When was the last time you received your salary for the work you do in this facility?	PAID WITHIN THE LAST 6 MONTHS 1 PAID IN LAST 7-12 MONTHS 2 PAID MORE THAN 12 MONTHS AGO 3	
810 (FN5)	While working in your current position at this facility, have you received any monetary salary supplement for the work you do? IF YES, PROBE: When was the last time you received a monetary salary supplement?	YES, WITHIN THE LAST 6 MONTHS 1 YES, IN THE LAST 7-12 MONTHS 2 YES, MORE THAN 12 MONTHS AGO 3 NO/ NEVER 4	→ 812

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
811	Which types of monetary salary supplements did you receive? PROBE: Anything else?	MONTHLY OR DAILY SALARY SUPPLEMENT A PER DIEM WHEN ATTENDING TRAINING B DUTY ALLOWANCE C PAYMENT FOR EXTRA ACTIVITIES (NOT ROUTINELY PROVIDED) D OTHER _____ X (SPECIFY)	
812 (FN6)	While working in your current position at this facility, have you received any non-monetary incentives for the work you do? IF YES, ASK: When was the most recent time?	YES, IN THE LAST 6 MONTHS 1 YES, IN THE LAST 7-12 MONTHS 2 YES, MORE THAN 12 MONTHS AGO 3 NO/ NEVER 4	→ 814
813	What non-monetary incentives have you received? PROBE: Anything else?	TIME OFF / VACATIONS A UNIFORMS, BACKPACKS, CAPS, ETC. B DISCOUNT MEDICINES, FREE TICKETS, VOUCHER, ETC. C TRAINING D FOOD RATION / MEALS E SUBSIDIZED HOUSING F OTHER _____ X (SPECIFY)	
814	CHECK Q 202, 302, AND 701: IF DIAGNOSING AND/OR TREATING MALARIA THAT IS CODE '1' CIRCLED IN 202, AND /OR PROVIDES CHILD CURATIVE CARE CODE '1' CIRCLED IN 302, AND /OR CONDUCTS MALARIA LABORATORY TESTS: MALARIA MICROSCOPY CODE '1' CIRCLED IN 701(06), AND/OR MALARIA RAPID DIAGNOSTIC TEST CODE '1' CIRCLED IN 701(07) YES, PROVIDES MALARIA CARE, AND/OR CHILD CARE AND/OR MALARIA LAB TEST <input type="checkbox"/>	NO <input type="checkbox"/>	→ 817
815	In the last 24 months, has someone provided supportive supervision as part of your malaria specific work in this facility? This supportive supervision may have been from a supervisor outside the facility.	YES 1 NO 2 UNCERTAIN/ DON'T KNOW 8	→ 817
816	In the last 24 months, how many supportive supervision visits did you have? FOR DON'T KNOW OR UNCERTAIN, CIRCLE 98	NUMBER OF TIMES <input type="text"/> <input type="text"/> UNCERTAIN/ DON'T KNOW 98	
817	Now I would like to talk about your time working in this facility. Would you say that you are very satisfied, satisfied, not satisfied, or very dissatisfied about working here?	VERY SATISFIED 1 SATISFIED 2 NOT SATISFIED 3 VERY DISSATISFIED 4	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP						
818	<p>Among the various things related to your working situation that you would like to see improved, can you tell me the three that you think would most improve your ability to provide good quality of care services?</p> <p>Please rank them in order of importance, with 1 being the most important.</p> <p>DO NOT READ CHOICES TO YOUR RESPONDENT</p> <p>ENTER LETTER CORRESPONDING WITH THE 1ST MENTIONED INTO THE 1ST BOX, AND REPEAT WITH THE 2ND AND 3RD.</p> <p>IF THE PROVIDER ONLY MENTIONS 1 OR 2 ITEMS THEN PUT "Y" IN THE REMAINING BOX/ES.</p> <p>DO NOT LEAVE ANY BOX EMPTY. THERE MUST BE 3 ENTRY.</p>	<p>MORE SUPPORT FROM SUPERVISOR A</p> <p>MORE KNOWLEDGE / UPDATES TRAINING B</p> <p>MORE SUPPLIES/STOCK C</p> <p>BETTER QUALITY EQUIPMENT/SUPPLIES D</p> <p>LESS WORKLOAD (i.e. MORE STAFF) E</p> <p>BETTER WORKING HOURS / FLEXIBLE TIMES F</p> <p>MORE INCENTIVES (SALARY,PROMOTION, HOLIDAYS) G</p> <p>TRANSPORTATION FOR REFERRAL PATIENTS H</p> <p>PROVIDING ART I</p> <p>PROVIDING PEP J</p> <p>INCREASED SECURITY K</p> <p>BETTER FACILITY INFRASTRUCTURE L</p> <p>MORE AUTONOMY / INDEPENDENCE M</p> <p>EMOTIONAL SUPPORT FOR STAFF (COUNSELING / SOCIAL ACTIVITIES) N</p> <p>OTHER BOX 1 _____ V (SPECIFY)</p> <p>OTHER BOX 2 _____ W (SPECIFY)</p> <p>OTHER BOX 3 _____ X (SPECIFY)</p> <p>NO PROBLEM/ NO MORE PROBLEM MENTIONED Y</p> <p style="text-align: center;">RANKING</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> <tr> <td style="text-align: center; font-size: 8px;">BOX 1</td> <td style="text-align: center; font-size: 8px;">BOX 2</td> <td style="text-align: center; font-size: 8px;">BOX 3</td> </tr> </table>				BOX 1	BOX 2	BOX 3	
BOX 1	BOX 2	BOX 3							

819	<p>CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL PRIVACY IS ENSURED.</p> <p style="text-align: center;"> PRIVACY OBTAINED 1 ↓ PRIVACY NOT POSSIBLE 2 → </p>	825
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820	<p>READ TO THE RESPONDENT:</p> <p>Now I would like to ask you questions about some other important aspects of your work. You may find some of these questions very personal. However, your answers are crucial for helping to understand the condition of health providers in [COUNTRY]. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else in your health facility will know that you were asked these questions. If I ask you any question you don't want to answer, just let me know and I will go on to the next question.</p>	
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821	<p>At any time during your work in this health facility, did any staff member</p> <p>IF THE RESPONDENT REFUSED TO ANSWER THE QUESTION, CIRCLE CODE 3 RF IN THE ROW FOR THAT QUESTION, THEN GO TO THE NEXT ROW AND ASK NEXT QUESTION</p> <p>a) Slap you? b) Hit or punch you? c) Physically threaten you? d) Physically mistreat or harm you in any other way?</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NORF</th> <th style="width: 20%;"></th> </tr> </thead> <tbody> <tr> <td>a) SLAP</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>b) HIT OR PUNCH</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>c) PHYSICALLY THREATEN</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>d) OTHER PHYSICAL HARM</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> </tbody> </table>		YES	NORF		a) SLAP	1	2	3	b) HIT OR PUNCH	1	2	3	c) PHYSICALLY THREATEN	1	2	3	d) OTHER PHYSICAL HARM	1	2	3	
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THANK THE RESPONDENT AND MOVE TO THE NEXT DATA COLLECTION POINT																		

HEALTH WORKER INTERVIEW. FOOTNOTES

(FN1) Professional categories should be adapted to the country specific list of health care providers, however, the broad categories must be maintained

(FN2) 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 Illness (IMNCI) as appropriate

(FN3) Adapt as per country needs or specific injectable. For example, in countries with a Sayana Press program, you may specify "DMPA-SC/ Sayana Press administration and counseling?"

(FN4) 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 Labor Guide that is the new generation partograph.

(FN5) "Monetary salary supplement" : discuss during the qre adaptation whether this is a familiar term used in country, and use a country specific term describing the context of the monetary salary supplementation, which is some form of payment in cash that is given in addition to the regular compensation or a salary for encouragement or to reward for the work well done, for example, like Motivation Money, or similar.

FN6) Non-monetary "incentives" : discuss during the qre adaptation whether "incentives" is a familiar term used in country, and use a country specific term describing the context of any non-monetary incentive, which is some form of payment in a non-cash form that is given separately from a regular compensation for encouragement or to reward for the work well done, for example, a non-monetary motivator could be a different term for incentive, that could include a time off, free meals, uniform, subsidized housing, etc..