

THE DEMOGRAPHIC AND HEALTH SURVEYS PROGRAM
 SERVICE PROVISION ASSESSMENT SURVEY
 INVENTORY QUESTIONNAIRE

[NAME OF COUNTRY]
 [NAME OF ORGANIZATION]

FACILITY IDENTIFICATION											
001	NAME OF FACILITY _____										
002	LOCATION OF FACILITY (TOWN/CITY/VILLAGE) _____										
003	REGION										
004	DISTRICT										
005	FACILITY NUMBER										
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	_____	_____	_____	DAY							
				MONTH							
INTERVIEWER'S NAME	_____	_____	_____	YEAR							
				INT. NUMBER.							
RESULT	_____	_____	_____	RESULT							
<p>RESULT CODES (LAST VISIT):</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1 = FACILITY COMPLETED</td> <td style="width: 50%;">4 = FACILITY REFUSED</td> </tr> <tr> <td>2 = FACILITY RESPONDENTS NOT AVAILABLE</td> <td>5 = FACILITY CLOSED / NOT YET FUNCTIONAL</td> </tr> <tr> <td>3 = POSTPONED / PARTIALLY COMPLETED</td> <td>6 = OTHER (SPECIFY) _____</td> </tr> </table>						1 = FACILITY COMPLETED	4 = FACILITY REFUSED	2 = FACILITY RESPONDENTS NOT AVAILABLE	5 = FACILITY CLOSED / NOT YET FUNCTIONAL	3 = POSTPONED / PARTIALLY COMPLETED	6 = OTHER (SPECIFY) _____
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TOTAL NUMBER OF PROVIDERS FOR INTERVIEW AND NEONATAL RESUSCITATION									
TOTAL NUMBER OF PROVIDERS TOTAL NUMBER OF PROVIDERS FOR NEONATAL RESUSCITATION SIMULATION	<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%; text-align: center;">ELIGIBLE</th> <th style="width: 50%; text-align: center;">INTERVIEW</th> </tr> <tr> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> </tr> <tr> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> </tr> </table>	ELIGIBLE	INTERVIEW						
ELIGIBLE	INTERVIEW								
TOTAL NUMBER OF CLIENTS FOR OBSERVATION AND EXIT INTERVIEW									
TOTAL NUMBER OF ANC CLIENTS TOTAL NUMBER OF FAMILY PLANNING CLIENTS TOTAL NUMBER OF OUTPATIENT SICK CHILDREN UNDER AGE 5	<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%; text-align: center;">ELIGIBLE</th> <th style="width: 50%; text-align: center;">OBSERVED</th> </tr> <tr> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> </tr> <tr> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> </tr> <tr> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> </tr> </table>	ELIGIBLE	OBSERVED						
ELIGIBLE	OBSERVED								
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ELIGIBLE	INTERVIEW								
FACILITY GEOGRAPHIC COORDINATES									
INT	STAND IN A LOCATION AT THE ENTRANCE OF THE FACILITY WITH A PLAIN VIEW OF THE SKY. INSERT GPS DONGLE IN TABLET USB PORT AND WAIT UNTIL AVAILABLE. IF DONGLE CANNOT ACQUIRE SIGNAL, SELECT OPTION 2 TO POSTPONE GPS DATA COLLECTION.								
010	WAYPOINT NAME (FACILITY NUMBER) WAYPOINT NAME ... 								
011	LATITUDE <table style="display: inline-table; vertical-align: middle;"> <tr> <td style="text-align: center;">N/S</td> <td style="text-align: center;">DEGREES</td> <td style="text-align: center;">DECIMAL</td> </tr> <tr> <td style="text-align: center;">a </td> <td style="text-align: center;">b </td> <td style="text-align: center;">c </td> </tr> </table>	N/S	DEGREES	DECIMAL	a 	b 	c 		
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a 	b 	c 							
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E/W	DEGREES	DECIMAL							
a 	b 	c 							
013	ACCURACY ACCURACY 								
LANGUAGE OF QUESTIONNAIRE** 01 LANGUAGE OF INTERVIEW** TRANSLATOR USED (YES = 1, NO = 2) 									
LANGUAGE OF QUESTIONNAIRE** ENGLISH **LANGUAGE CODES: 01 ENGLISH 03 LANGUAGE 3 05 LANGUAGE 5 02 LANGUAGE 2 04 LANGUAGE 4 06 LANGUAGE 6									
TEAM NUMBER 	TEAM SUPERVISOR NAME NUMBER 								

CONSENT

INT-A	<p>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:</p>																	
CON	<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>GIVE CARD WITH CONTACT INFORMATION</p> <p>Do you have any questions? May I begin the interview now?</p> <p>_____ DAY <table border="1" style="display:inline-table; vertical-align:middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>INTERVIEWER'S SIGNATURE MONTH <table border="1" style="display:inline-table; vertical-align:middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>YEAR <table border="1" style="display:inline-table; vertical-align:middle;"><tr><td>2</td><td>0</td><td>2</td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table></p>										2	0	2					
2	0	2																
	<p>RESPONDENT AGREES TO BE INTERVIEWED 1</p> <p style="text-align:center;">↓</p>	<p>RESPONDENT DOES NOT AGREE TO BE INTERVIEWED 2 → END</p>																
101	<p>RECORD THE TIME THE INTERVIEW STARTED.</p> <p>USE 24 HOURS FORMAT</p>	<p>HOURS <table border="1" style="display:inline-table; vertical-align:middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>MINUTES <table border="1" style="display:inline-table; vertical-align:middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p>																
INT-B	<p>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.</p> <p>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.</p> <p>NOTE!!!!</p> <p>THANK THE RESPONDENT AT THE END OF EACH SECTION OR SUBSECTION BEFORE PROCEEDING TO THE NEXT DATA COLLECTION POINT</p>																	

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	
01	Child vaccination services, either at the facility or as outreach.	1	2	
02	Growth monitoring services, either at the facility or as outreach	1	2	
03	Curative care services for children under age 5	1	2	
04	Any family planning services-- including modern methods, fertility awareness methods (natural family planning), male or female surgical sterilization	1	2	
05	Antenatal care (ANC) services	1	2	
06	Services for the prevention of mother-to-child transmission of HIV, either with ANC or delivery services	1	2	
07	Normal delivery	1	2	
08	Care and/or referral services for victims of gender-based violence (GBV)	1	2	
09	Post abortion care (PAC) services	1	2	
10	Diagnosis or treatment of malaria	1	2	
11	Diagnosis or treatment of STIs, excluding HIV	1	2	
12	Diagnosis, treatment prescription or treatment follow-up for TB	1	2	
13	HIV counseling and testing services	1	2	
14	HIV/AIDS antiretroviral prescription or antiretroviral treatment follow-up services	1	2	
15	HIV/AIDS care and treatment services, including treatment of opportunistic infections and provision of palliative care	1	2	
16	Diagnosis or management of non-communicable diseases in adults	1	2	
17	Screening for breast cancer	1	2	
18	Screening for cervical cancer	1	2	
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	
21	Laboratory diagnostic services, including any rapid diagnostic testing	1	2	
22	Blood transfusion services	1	2	

INPATIENT SERVICES

110	Does this facility routinely provide in-patient care?	YES 1 NO 2	→ 112
111	Excluding any delivery and/or maternity beds, how many in-patient beds in total does this facility have? Please count beds for both adults and children.	# OF INPATIENT BEDS <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	
112	Does this facility have beds for overnight observation?	YES 1 NO 2 NEXT SECTION ←	<input type="checkbox"/>
113	Excluding any delivery and/or maternity beds, how many overnight beds in total does this facility have? Please count beds for both adults and children.	# OF OVERNIGHT 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>→ NEXT SECTION</p>
211	<p>CHECK Q102.04</p> <p>FAMILY PLANNING SERVICES AVAILABLE <input type="checkbox"/></p>	<p>NO FAMILY PLANNING SERVICES</p> <p>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>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

300 (FN1)	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].	YES 1 NO 2	
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COMMUNICATION

310	Does this facility have a 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.	YES 1 NO 2	→ 312
311	Is it functioning? ACCEPT REPORTED RESPONSE	YES 1 NO 2	
312	Is there access to email or internet via computer, mobile phone, or any other device within the facility? ACCEPT REPORTED RESPONSE	YES 1 NO 2	

SOURCE OF WATER

320	What is the most commonly used source of water for the facility at this time?	PIPED INTO FACILITY 01 PIPED ONTO FACILITY GROUNDS 02 PIPED OUTSIDE THE BUILDING 03 PUBLIC TAP/STANDPIPE 04 TUBEWELL/BOREHOLE 05 PROTECTED DUG WELL 06 UNPROTECTED DUG WELL 07 PROTECTED SPRING 08 UNPROTECTED SPRING 09 RAINWATER 10 BOTTLED WATER 11 CART W/SMALL TANK/DRUM 12 TANKER TRUCK 13 SURFACE WATER 14 OTHER _____ 96 SPECIFY _____ DON'T KNOW 98 NO WATER SOURCE 00	→ 322 → 322 → 322 → 322
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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 WITHIN 500M OF FACILITY ... 2 BEYOND 500M OF FACILITY . 3</p>	
322	<p>Is water available from that source 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 NO 2 DON'T KNOW 8</p>	

POWER SUPPLY

330	<p>Is this facility connected to the national electricity grid?</p>	<p>YES 1 NO 2 DON'T KNOW 8</p>	
331	<p>Does this facility have other sources of electricity, such as a generator or solar system?</p>	<p>YES 1 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 BATTERY-OPERATED GENERATOR B SOLAR SYSTEM C OTHER X</p>	
333	<p>CHECK Q332</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)</p>		→ 336
334	<p>Is the generator functional?</p> <p>ACCEPT REPORTED RESPONSE FROM KNOWLEDGEABLE RESPONDENT.</p>	<p>YES 1 NO 2 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 NO 2 DON'T KNOW 8</p>	
336	<p>CHECK Q332</p> <p>SOLAR SYSTEM USED <input type="checkbox"/> ("C" CIRCLED) ↓</p> <p>SOLAR SYSTEM NOT USED <input type="checkbox"/> ("C" NOT CIRCLED)</p>		→ 339
337	<p>Is the solar system functional?</p> <p>ACCEPT REPORTED RESPONSE FROM KNOWLEDGEABLE RESPONDENT.</p>	<p>YES 1 NO 2 DON'T KNOW 8</p>	→ 340

338	<p>Is there charged battery storage available today?</p> <p>ACCEPT REPORTED RESPONSE FROM KNOWLEDGEABLE RESPONDENT.</p>	<p>YES..... 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>→ 340</p>		
<p>339 CHECK Q330 AND Q331</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>FACILITY HAS ANY POWER SOURCE ("1" CIRCLED IN EITHER Q330 OR Q331)</p> <p style="text-align: center;">↓</p> </td> <td style="width: 50%; vertical-align: top;"> <p>FACILITY HAS NO POWER SOURCE ("1" NOT CIRCLED IN EITHER Q330 OR Q331)</p> <p style="text-align: center;">↓</p> <p style="text-align: center;">NEXT SECTION ←</p> </td> </tr> </table>				<p>FACILITY HAS ANY POWER SOURCE ("1" CIRCLED IN EITHER Q330 OR Q331)</p> <p style="text-align: center;">↓</p>	<p>FACILITY HAS NO POWER SOURCE ("1" NOT CIRCLED IN EITHER Q330 OR Q331)</p> <p style="text-align: center;">↓</p> <p style="text-align: center;">NEXT SECTION ←</p>
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340	<p>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.</p>	<p>ALWAYS AVAILABLE 1</p> <p>SOMETIMES INTERRUPTED . . . 2</p> <p>DON'T KNOW 8</p>			
<p>THANK YOUR RESPONDENT FOR THEIR TIME AND HELP. PROCEED TO THE NEXT DATA COLLECTION SITE.</p>					

SECTION 3: INFRASTRUCTURE: FOOTNOTES

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

SECTION 4: MANAGEMENT

STAFFING

INT4	NOTIFY THE RESPONDENT THAT THIS SUBSECTION REQUIRES KNOWLEDGE OF STAFF NUMBERS BY CADRE AND IF THEY WORK FULL TIME OR PART TIME. IT WILL THEREFORE BE HELPFUL IF SUCH RECORDS ARE GATHERED BEFORE PROCEEDING WITH THE INTERVIEW		
400 (FN1) (FN2)	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. 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.		
	OCCUPATIONAL CATEGORIES (COUNTRY SPECIFIC)	(A) ASSIGNED, EMPLOYED, OR SECONDED	(B) PART TIME
01	GENERALIST [NON-SPECIALIST] MEDICAL DOCTORS ASK: How many of them are part time?	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
02	SPECIALISTS MEDICAL DOCTORS [INCLUDING ANESTHESIOLOGISTS & PATHOLOGISTS] ASK: How many of them are part time?	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
03	ASSISTANT MEDICAL OFFICER	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
04	CLINICAL OFFICER	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
05	ASSISTANT CLINICAL OFFICER	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
06	ANESTHETIST	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
07	MIDWIVES	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
08	REGISTERED NURSE (INCLUDING NURSING OFFICERS)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
09	ENROLLED NURSE (INCLUDING TRAINED NURSES AND PUBLIC HEALTH NURSE)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
10	NURSE ASSISTANT/ATTENDANT	<input type="text"/> <input type="text"/> <input type="text"/>	
11	PHARMACIST	<input type="text"/> <input type="text"/> <input type="text"/>	
12	PHARMACEUTICAL TECHNICIAN	<input type="text"/> <input type="text"/> <input type="text"/>	
13	PHARMACEUTICAL ASSISTANT	<input type="text"/> <input type="text"/> <input type="text"/>	
14	LABORATORY SCIENTIST	<input type="text"/> <input type="text"/> <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"/>	<input type="text"/>
19	OTHER	<input type="text"/>	
20	SUM THE NUMBER OF STAFF REPORTED. VERIFY AND CORRECT THE TOTALS	<input type="text"/>	<input type="text"/>
401	CHECK Q102.07 NORMAL DELIVERY <input type="checkbox"/> SERVICES AVAILABLE ↓ NO NORMAL DELIVERY <input type="checkbox"/> SERVICES → 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

INT4B	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
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NO.	QUESTIONS	CODING CLASSIFICATION	SKIP
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 MONTHS 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 FREQUENTLY 1 EVERY 2-3 MONTHS 2 EVERY 4-6 MONTHS 3 LESS FREQUENT THAN EVERY 6 MONTHS 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	

NO.	QUESTIONS	CODING CLASSIFICATION	SKIP
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/ SOCIAL MEDIA G LETTERS FROM CLIENTS/ COMMUNITY H OTHER _____ X (SPECIFY) 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

INT4C	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	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	OBSERVED, LATEST MEETING WITHIN THE PREVIOUS YEAR 1 OBSERVED, LATEST MEETING BEFORE THE PREVIOUS YEAR 2 REPORTED, NOT SEEN 3	

NO.	QUESTIONS	CODING CLASSIFICATION	SKIP
434	CHECK Q102.03 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

INT4D	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 MONTHS 4	

NO.	QUESTIONS	CODING CLASSIFICATION	SKIP
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	CHECK Q102.07 NORMAL DELIVERY <input type="checkbox"/> SERVICES AVAILABLE NO NORMAL DELIVERY <input type="checkbox"/> SERVICES AVAILABLE		460
457	Does this facility have standard operating procedures for registration or notification of neonatal deaths and stillbirths?	YES, BOTH NEONATAL DEATHS AND STILL BIRTHS 1 YES, ONLY NEONATAL DEATHS 2 YES, ONLY STILLBIRTHS ... 3 NEITHER 4	

SERVICE STATISTICS

INT4E	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	<p>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 NAME].</p> <p>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.</p>	MONTH NAME <input type="text"/>	
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"/> DON'T KNOW 99998	
462	CHECK Q102.03 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"/> DON'T KNOW 99998	

NO.	QUESTIONS	CODING CLASSIFICATION	SKIP
464	CHECK Q102.04 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 DON'T KNOW 99998	
466	CHECK Q102.05 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 DON'T KNOW 99998	
468	CHECK Q102.07 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 DELIVERIE DON'T KNOW 99998	
TRANSPORT FOR EMERGENCIES			
480	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? FUNCTIONAL AMBULANCE MEANS THE VEHICLE HAS NO MECHANICAL PROBLEM AND HAS FUEL AVAILABLE.	YES 1 NO 2	
EMERGENCY PREPAREDNESS			
490	Does this facility have a written plan for natural disaster emergency?	YES 1 NO 2	→ 492
491	May I see the plan? AN ACCEPTABLE DOCUMENT MAY INCLUDE ACTIONS PLANS FOR RISK COMMUNICATIONS, MANAGEMENT OF RESOURCES, OR OPERATIONAL PROCEDURES TO MANAGE PATIENTS.	OBSERVED 1 REPORTED, NOT SEEN 2	
492	Does this facility have a written plan for public health emergency?	YES 1 NO 2	→ 494
493	May I see the plan? AN ACCEPTABLE DOCUMENT MAY INCLUDE ACTIONS PLANS FOR RISK COMMUNICATIONS, MANAGEMENT OF RESOURCES, OR OPERATIONAL PROCEDURES TO MANAGE PATIENTS.	OBSERVED 1 REPORTED, NOT SEEN 2	

NO.	QUESTIONS	CODING CLASSIFICATION	SKIP
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 FN(3)	Does this facility have stockpile of essential medicines set aside for any emergency?	YES 1 NO 2 NEXT SECTION ←	<input type="checkbox"/>
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	May I see the stockpile? THE STOCKPILE IS RESERVED EXCLUSIVELY FOR EMERGENCY. INTERVIEWERS DO NOT NEED TO REVIEW ITS CONTENTS.	OBSERVED 1 REPORTED, NOT SEEN 2	

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

SECTION 4: MANAGEMENT: FOOTNOTES

- (FN1) Adapt occupational categories according to the local health system
- (FN2) extend the column (B) PART TIME to all clinical occupations
- (FN3) If necessary, use the country-specific definition for what is considered a public health emergency and natural disaster emergency. Discuss with MOH during the questionnaire adaptation about types of emergencies that may require a stockpile, to clarify emergency stockpiles.

SECTION 5: GENDER BASED VIOLENCE CARE

500	<p>CHECK Q102.08</p> <p align="center"> GBV SERVICES AVAILABLE IN FACILITY <input type="checkbox"/> GBV SERVICES NOT AVAILABLE IN FACILITY <input type="checkbox"/> </p> <p align="center"> NEXT SECTION <input type="checkbox"/> </p>		
INT5	<p>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="text"/>	
502	<p>CHECK Q300</p> <p align="center"> YES, 24-HR STAFF <input type="checkbox"/> NO 24-HOUR STAFF <input type="checkbox"/> </p>		→ 504
503	How many hours a day are gender-based violence care services offered at this facility?	NUMBER OF HOURS/DAY <input type="text"/> <input type="text"/>	
504	<p>CHECK Q501 AND Q503</p> <p align="center"> NOT OFFERED FOR 24 HOURS PER DAY AND 7 DAYS PER WEEK <input type="checkbox"/> OFFERED FOR 24 HOURS AND 7 DAYS <input type="checkbox"/> </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 are 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 routinely conduct clinical enquiry about intimate partner violence or sexual violence 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	
03	How to ensure privacy and confidentiality when conducting routine enquiry about 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

INT6A	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	REPORTED NOT OBSERVED NOT SEEN 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>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>
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PROCESSING OF INSTRUMENTS FOR REUSE

610	<p>CHECK Q201</p> <p style="text-align: center;">EQUIPMENT PROCESSED IN THE FACILITY (1 or 2 CIRCLED) <input type="checkbox"/></p> <p style="text-align: center;">NO (3 CIRCLED) <input type="checkbox"/> → 620</p>	
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INT6B	<p>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.</p>
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611	<p>ASK IF EACH OF THE INDICATED ITEMS BELOW LISTED IN CAPITAL LETTERS 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		
		REPORTED OBSERVED	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	1	2	3			

HEALTH CARE WASTE MANAGEMENT

INT6C	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.	
620	<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>BURN IN INCINERATOR: TWO-CHAMBER INDUSTRIAL (800-1000+°C) 02 ONE-CHAMBER DRUM/BRICK 03 → 622</p> <p>OPEN BURNING FLAT GROUND-NO PROTECTION 04 PIT OR PROTECTED GROUND 05</p> <p>DUMP WITHOUT BURNING FLAT GROUND-NO PROTECTION 06 COVERED PIT OR PIT LATRINE 07 OPEN PIT-NO PROTECTION 08 PROTECTED GROUND OR PIT 09</p> <p>REMOVE OFFSITE STORED IN COVERED CONTAINER 10 STORED IN OTHER PROTECTED ENVIRONMENT 11 → 622 STORED UNPROTECTED 12</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>NEVER HAVE SHARPS WASTE 95 → 622</p>
621	Does this facility treat sharps waste using autoclave or medical waste microwave before final disposal?	YES, AUTOCLAVE 1 YES, MICROWAVE 2 YES, BOTH 3 NO/ NONE 4 DON'T KNOW 8
622	<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?</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>BURN IN INCINERATOR: TWO-CHAMBER INDUSTRIAL (800-1000+°C) 02 ONE-CHAMBER DRUM/BRICK 03 → 630</p> <p>OPEN BURNING FLAT GROUND-NO PROTECTION 04 PIT OR PROTECTED GROUND 05</p> <p>DUMP WITHOUT BURNING FLAT GROUND-NO PROTECTION 06 COVERED PIT OR PIT LATRINE 07 OPEN PIT-NO PROTECTION 08 PROTECTED GROUND OR PIT 09</p> <p>REMOVE OFFSITE STORED IN COVERED CONTAINER 10 STORED IN OTHER PROTECTED ENVIRONMENT 11 → 630 STORED UNPROTECTED 12</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>NEVER HAVE MEDICAL WASTE 95 → 630</p>

623	Does this facility treat medical waste other than sharps using autoclave or medical waste microwave before final disposal?	YES, AUTOCLAVE 1 YES, MICROWAVE 2 YES, BOTH 3 NO/ NONE 4 DON'T KNOW 8	
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CLIENT LATRINE

630	<p>Is there a toilet (latrine) in functioning condition that is available for general outpatient client use?</p> <p>IF YES, ASK TO SEE THE CLIENT TOILET AND INDICATE THE TYPE. THIS MUST BE TOILET FACILITIES FOR THE MAIN OUTPATIENT SERVICE AREA.</p> <p>IF MORE THAN ONE TYPE OF TOILET IS USED, THE MOST COMMON TYPE OF TOILET/LATRINE IN THE OUTPATIENT SERVICE AREA SHOULD BE SELECTED.</p>	<p>FLUSH OR POUR FLUSH TOILET</p> <p>FLUSH TO PIPED SEWER SYSTEM 11</p> <p>FLUSH TO SEPTIC TANK 12</p> <p>FLUSH TO PIT LATRINE 13</p> <p>FLUSH TO SOMEWHERE ELSE . 14</p> <p>FLUSH, DON'T KNOW WHERE . 15</p> <p>PIT LATRINE</p> <p>VENTILATED IMPROVED PIT LATRINE 21</p> <p>PIT LATRINE WITH SLAB 22</p> <p>PIT LATRINE WITHOUT SLAB/ OPEN PIT 23</p> <p>COMPOSTING TOILET 31</p> <p>BUCKET TOILET 41</p> <p>HANGING TOILET / HANGING LATRINE 51</p> <p>NO FUNCTIONING FACILITY/ BUSH/FIELD 61</p> <p>OTHER _____ 96</p> <p style="text-align: center;">(SPECIFY)</p>	→ 636
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631	CIRCLE ANY OBSERVED CONDITION. IF NONE IS OBSERVED, CIRCLE "Y"		
	TOILET IS AVAILABLE ONSITE A		
	ONSITE MEANS WITHIN THE BUILDING OR FACILITY GROUNDS.		

	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.		

	DOOR IS UNLOCKED WHEN NOT IN USE OR KEY IS AVAILABLE C		

	DOOR CAN BE LOCKED INSIDE D		

	WALLS AROUND TOILET ALLOWS PRIVACY E		

	EXCLUSIVE FEMALE TOILET IS AVAILABLE F		

GENDER-NEUTRAL ROOM WITH A SINGLE TOILET AVAILABLE G			

WATER IS AVAILABLE IN A PRIVATE SPACE FOR WASHING H			

WATER IS AVAILABLE WITHIN 5 METERS OF TOILET I			

SOAP IS AVAILABLE IN A PRIVATE SPACE FOR WASHING J			

SOAP IS AVAILABLE WITHIN 5 METERS OF TOILET K			

BIN WITH LID IS AVAILABLE FOR DISPOSAL OF USED MENSTRUAL HYGIENE PRODUCTS IN A PRIVATE SPACE L			

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.			

NONE OF THE ABOVE Y			
632	CHECK Q631 EXCLUSIVE FEMALE TOILET OR GENDER NEUTRAL TOILET NOT AVAILABLE (NEITHER "F" NOR "G" CIRCLED) <input type="checkbox"/>		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	CHECK Q631 ACCESSIBLE TOILET NOT AVAILABLE ("M" NOT CIRCLED) <input type="checkbox"/>		
635		ACCESSIBLE TOILET AVAILABLE ("M" CIRCLED) <input type="checkbox"/> → 636 For people with limited mobility, a toilet (latrine) is easy to use if it has no steps, a wide door, a handrail for support, and the door handle and seats within easy reach. Is there such toilet (latrine) available 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 - GENERAL OUTPATIENT CLIENT EXAMINATION ROOM

INT7A	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.
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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. READ OUT EACH ITEM LISTED IN CAPITAL LETTERS. 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 } 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)	1	2	3			
04	THERMOMETER	1 → B	2 → B	3 } 05 ←	1	2	8
05	STETHOSCOPE	1 → B	2 → B	3 } 06 ←	1	2	8
06	BLOOD PRESSURE APPARATUS (MAY BE DIGITAL OR MANUAL SPHYGMOMANOMETER WITH STETHOSCOPE)	1 → B	2 → B	3 } 07 ←	1	2	8
07	SELF-INFLATING BAG AND MASK [ADULT]	1 → B	2 → B	3 } 08 ←	1	2	8
08	SELF-INFLATING BAG AND MASK [PEDIATRIC]	1 → B	2 → B	3 } 09 ←	1	2	8
09	SPACERS FOR INHALERS	1	2	3			
10	PEAK FLOW METERS	1 → B	2 → B	3 } 11 ←	1	2	8
11	PULSE OXIMETER	1 → B	2 → B	3 } 12 ←	1	2	8
12	OXYGEN CONCENTRATORS	1 → B	2 → B	3 } 13 ←	1	2	8
13	FILLED OXYGEN CYLINDER	1 → B	2 → B	3 } 14 ←	1	2	8
14	OXYGEN DISTRIBUTION SYSTEM	1 → B	2 → B	3 } 15 ←	1	2	8
15	OXYGEN ANALYZER	1 → B	2 → B	3 } 16 ←	1	2	8
16	PRESSURE REGULATOR	1 → B	2 → B	3 } 17 ←	1	2	8

17	CYLINDER GAUGES	1 → B	2 → B	3 } 18 ←	1	2	8
18	HUMIDIFIERS	1 → B	2 → B	3 } 19 ←	1	2	8
19	LOW FLOW METERS	1 → B	2 → B	3 } 20 ←	1	2	8
20	NASAL CATHETER	1	2	3			
21	OXYGEN MASKS [ADULT]	1	2	3			
22	OXYGEN MASKS [PEDIATRIC]	1	2	3			
23	NASAL PRONGS/CANNULA FOR ADULTS	1	2	3			
24	NASAL PRONGS/CANNULA FOR CHILDREN/NEWBORNS	1	2	3			
25	AIR-OXYGEN BLENDERS	1	2	3			
CLIENT EXAMINATION ROOM							
INT7B	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 (FN1)	STANDARD PRECAUTIONS AND CONDITIONS FOR CLIENT EXAMINATION				REPORTED, OBSERVED	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, NITRILE, OR VINYL 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	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.							

(FN1) 710-07 DISPOSABLE LATEX, NITRILE, OR VINYL GLOVES. Adapt during the questionnaire adaptation using the country-specific guidelines on infection prevention control and personal protective equipment, for example, nonsterile or sterile single-use medical examination gloves could be made of natural rubber latex or made from synthetic materials (such as polyvinyl chloride (PVC), nitrile, or polyurethane). Whether the examination gloves are nitrile, latex, or vinyl they should meet the minimum technical standard of EN 455 or any of American Society for Testing and Materials (ASTM) D6319/D3576/D5250/D6977 or equivalent of the country-specific standards. In countries that use gloves made of polyethylene (plastic) make sure to confirm that these are of a recommended standard for medical grade devices vs for food handling.

SECTION 8: DIAGNOSTICS

800	<p>CHECK Q102.21</p> <p>DIAGNOSTIC SERVICES <input type="checkbox"/> NO DIAGNOSTIC SERVICES <input type="checkbox"/></p> <p>AVAILABLE IN FACILITY ↓ NEXT SECTION OR SERVICE SITE ←</p>
INT8	<p>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.</p>

HEMATOLOGY

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

CLINICAL CHEMISTRY

810	Does this facility do any blood glucose testing in the facility?	YES..... 1 NO 2	→812	
811	<p>Please tell me if:</p> <p>A) Any of the following blood glucose test equipment is used in this facility</p> <p>B) It is available, and</p> <p>C) It is in working order</p> <p>READ OUT EACH ITEM LISTED IN CAPITAL LETTERS</p>	(A) USED	(B) EQUIPMENT/ALL ITEMS FOR TEST AVAILABLE?	(C) IS THE ITEM IN WORKING ORDER OR UNEXPIRED?
		YES NO	OBSERVED REPORTED, NOT OBSERVED, NOT SEEN 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 urine chemistry testing using dipsticks and/or urine pregnancy test on site?	YES..... 1 NO 2	→820	
813	<p>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.</p> <p>READ OUT EACH ITEM LISTED IN CAPITAL LETTERS. IF DONE/USED ASK TO SEE IT AND NOTE IF VALID/UNEXPIRED</p>	(A) USED	(B) OBSERVED AVAILABLE	
		YES NO	AT LEAST ONE VALID AVAILABLE, NONE VALID REPORTED, NOT SEEN NORMALLY AVAILABLE, NOT TODAY	
01	DIPSTICKS FOR URINE PROTEIN/ GLUCOSE/ BACTERIA (NITRITE OR LEUKOCYTES)	1→B 2] 820←	1 2 3 4	

PARASITOLOGY/BACTERIOLOGY

820	Please tell me if: A) Any of the following equipment is used in this facility B) It is available, and C) It is in working order READ OUT EACH ITEM LISTED IN CAPITAL LETTERS	(A) EQUIPMENT / TEST USED		(B) EQUIPMENT / ALL ITEMS FOR TEST AVAILABLE?			(C) IS THE ITEM IN WORKING ORDER?		
		YES	NO	OBSERVED	REPORTED, NOT SEEN	NORMALLY AVAILABLE, NOT TODAY	YES	NO	DON'T KNOW
01	MICROSCOPE WITH ELECTRIC LIGHT	1→B 2] 02←		1→C	2→C	3] 02←	1	2	8
02	REFRIGERATOR IN LAB AREA	1→B 2] 03←		1→C	2→C	3] 03←	1	2	8
03	INCUBATOR	1→B 2] 04←		1→C	2→C	3] 04←	1	2	8
04	TEST TUBES	1→B 2] 05←		1	2	3			
05	CULTURE MEDIUM	1→B 2] 06←		1	2	3			
06	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 READ OUT EACH ITEM LISTED IN CAPITAL LETTERS	(A) EQUIPMENT / TEST USED	(B) EQUIPMENT / ALL ITEMS FOR TEST AVAILABLE?		
		YES NO	OBSERVED	REPORTED, NOT SEEN	NORMALLY AVAILABLE, NOT TODAY
		1 → B 2] 02 ←	1	2	3
		1 → B 2] 03 ←	1	2	3
01	GIEMSA STAIN	1 → B 2] 02 ←	1	2	3
02	FIELD STAIN	1 → B 2] 03 ←	1	2	3
03	ACRIDINE ORANGE PROBE: 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
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831	Please tell me if: A) Any of the following imaging equipment is used in the facility B) if it is available today, and C) if it is functioning today READ OUT EACH ITEM LISTED IN CAPITAL LETTERS	(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	DON'T KNOW	
		1 → B 2] 02 ←	1 → C 2 → C 3] 02 ←	1	2	3	1	2	8
		1 → B 2] 04 ←	1 → C 2 → C 3] 04 ←	1	2	3	1	2	8
		1 → B 2] NEXT SECTION ←	1 → C 2 → C 3] NEXT SECTION ←	1	2	3	1	2	8
01	X-RAY MACHINE	1 → B 2] 02 ←	1 → C 2 → C 3] 02 ←	1	2	3	1	2	8
02	UNEXPIRED FILM FOR X-RAY		1	2	3				
03	ULTRASOUND SYSTEM / MACHINE	1 → B 2] 04 ←	1 → C 2 → C 3] 04 ←	1	2	3	1	2	8
04	CT SCAN	1 → B 2] NEXT SECTION ←	1 → C 2 → C 3] NEXT SECTION ←	1	2	3	1	2	8

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

SECTION 9: MEDICINES AND COMMODITIES

900	<p>CHECK Q210</p> <p>FACILITY STORES <input type="checkbox"/> FACILITY STORES NO MEDICINES <input type="checkbox"/></p> <p>MEDICINES ↓</p> <p align="right">920 ←</p>
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SECTION 9.1: GENERAL MEDICINES AND SUPPLY ITEMS

INT9	<p>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.</p>
900A	<p>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.</p>

ANTIBIOTICS

901	Are any of the following antibiotics available in this facility/location today? READ OUT EACH MEDICINE LISTED IN CAPITAL LETTERS AND PROBE IF NEEDED. CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED) AMOXICILLIN TABLET/CAPSULE PROBE: Bacterial infections in adults.	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
		AT LEAST ONE VALID	AVAILABLE, NONE VALID	REPORTED AVAILABLE, NOT SEEN	NOT AVAILABLE TODAY / DK	NEVER AVAILABLE
01		1	2	3	4	5
02	AMOXICILLIN SYRUP/SUSPENSION OR DISPERSIBLE PEDIATRIC-DOSED TABLETS PROBE: Oral antibiotics for children.	1	2	3	4	5
03	AMOXICILLIN/CLAVULINATE (AUGMENTIN) TABS PROBE: Broad spectrum antibiotics.	1	2	3	4	5
04	AMPICILLIN (POWDER) INJECTION PROBE: Broad spectrum antibiotic.	1	2	3	4	5
05	AZITHROMYCIN TABS/CAPS PROBE: Antibiotic	1	2	3	4	5
06	AZITHROMYCIN SYRUP/SUSPENSION	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 PROBE: Injectable antibiotic.	1	2	3	4	5
10	CEPHALEXINE TABLET/CAPSULE	1	2	3	4	5
11	CEPHALEXINE	1	2	3	4	5
12	CIPROFLOXACIN PROBE: 2nd-line oral antibiotic.	1	2	3	4	5
13	CLOXACILLIN	1	2	3	4	5
14	CO-TRIMOXAZOLE (TABS) PROBE: Oral antibiotics-adult	1	2	3	4	5
15	CO-TRIMOXAZOLE SUSPENSION OR DISPERSIBLE PEDIATRIC-DOSED TABLET PROBE: Oral antibiotics for children	1	2	3	4	5
16	GENTAMYCIN INJECTION PROBE: Broad spectrum injectable	1	2	3	4	5
17	PENICILLIN INJECTION PROBE: Broad spectrum injectable	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? READ OUT EACH MEDICINE LISTED IN CAPITAL LETTERS. 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	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? READ OUT EACH MEDICINE LISTED IN CAPITAL LETTERS AND PROBE IF NEEDED. 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	AMLODIPINE TABLETS (CCB for high blood pressure)	1	2	3	4	5
02	ATENOLOL PROBE: Beta-blocker,	1	2	3	4	5
03	BECLOMETHASONE INHALER	1	2	3	4	5
04	DEXAMETHASONE INJECTION	1	2	3	4	5
05	DEXAMETHASONE	1	2	3	4	5
06	DIAZEPAM INJECTION PROBE: Anxiety/muscle	1	2	3	4	5
07	ENALAPRIL CAPSULE/TABLET PROBE: 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 PROBE: Oral treatment for type-2	1	2	3	4	5
11	GLUCOSE INJECTABLE SOLUTION	1	2	3	4	5
12	HYDROCORTISONE TABLETS OR INJECTION	1	2	3	4	5
13	INSULIN INJECTIONS PROBE: Diabetes	1	2	3	4	5
14	METFORMIN TABLETS	1	2	3	4	5

15	PREDNISOLONE TABLETS OR INJECTION	1	2	3	4	5
16	SALBUTAMOL INHALER PROBE: 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

(FN1)

ANTIMALARIAL MEDICINES

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? READ OUT EACH MEDICINE LISTED IN CAPITAL LETTERS. 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 + LUMEFANTRINE	1	2	3	4	5
02	ARTEMISININ COMBINATION THERAPY: ARTEMISININ + NAPHTHOQUINE	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? READ OUT EACH MEDICINE LISTED IN CAPITAL LETTERS. 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

(FN2)

MATERNAL AND CHILD HEALTH

906	Are any of the following medicines for maternal and child health available in the facility/location today? READ OUT EACH MEDICINE LISTED IN CAPITAL LETTERS. 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, OR IRON LIQUID	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	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 OSMOLARITY ORAL REHYDRATION SALTS (ORS) SACHETS	1	2	3	4	5
15	VITAMIN A CAPSULES [COUNTRY SPECIFIC PEDIATRIC	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	BETAMETHASONE INJECTION	1	2	3	4	5

INTRAVENOUS FLUIDS

907	Are any of the following intravenous fluids available in the facility/location today? READ OUT EACH MEDICINE LISTED IN CAPITAL LETTERS. 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	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	OBSERVE: 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 _____ 6 (SPECIFY)	

SUPPLY ITEMS

911	Do you have the following supply items available in the facility/location today? READ OUT EACH ITEM LISTED IN CAPITAL LETTERS.			
		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	1	2	3
05	LATEX, NITRILE, OR VINYL 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	CHECK Q212 CONTRACEPTIVES STORED WITH OTHER MEDICINES IN COMMON AREA (RESPONSE 2 CIRCLED) <input type="checkbox"/>	CONTRACEPTIVES STORED IN FP SERVICE AREA OR NOT STOCKED AT ALL IN FACILITY (RESPONSE 1 OR 3 CIRCLED) <input type="checkbox"/>	930
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921	Are any of the following CONTRACEPTIVE commodities available in the facility/location today? READ OUT EACH ITEM LISTED IN CAPITAL LETTERS. 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	<p>PRESENTLY INTERVIEWING IN PHARMACY</p> <div style="border: 1px solid black; width: 20px; height: 20px; margin-left: 10px;"></div>	<p>PRESENTLY INTERVIEWING IN FAMILY PLANNING SERVICE AREA</p> <div style="border: 1px solid black; width: 20px; height: 20px; margin-left: 10px;"></div>
	<p>THANK THE RESPONDENT IN THE FP SERVICE AREA</p> <p>PROCEED TO NEXT SECTION OR SERVICE SITE</p>	<p>THANK THE RESPONDENT IN THE FP SERVICE AREA</p> <p>PROCEED TO NEXT SECTION OR SERVICE SITE</p>

SECTION 9.3: STOCKPILE OF MEDICINES RESERVED FOR EMERGENCY

930	<p>CHECK Q498</p> <p>STOCKPILE FOR EMERGENCY IS STORED IN THE MAIN LOCATION WHERE MEDICINES ARE STORED (RESPONSE 1 CIRCLED)</p> <div style="border: 1px solid black; width: 20px; height: 20px; margin-left: 10px;"></div>	<p>STOCKPILE FOR EMERGENCY IS STORED AT ELSEWHERE ONSITE OR AT AN OFFSITE LOCATION (RESPONSE 2 OR 3 CIRCLED)</p> <div style="border: 1px solid black; width: 20px; height: 20px; margin-left: 10px;"></div>
	<p>THANK THE RESPONDENT AND CONTINUE TO NEXT SECTION OR SERVICE SITE</p>	<p>THANK THE RESPONDENT AND CONTINUE TO NEXT SECTION OR SERVICE SITE</p>

931	<p>May I see stockpile of essential medicines that is set aside for emergency situations such as natural disasters or health emergency?</p> <p>THE STOCKPILE IS RESERVED EXCLUSIVELY FOR EMERGENCY AND DIFFERENT FROM MEDICINES STORED FOR TYPICAL USE. INTERVIEWERS DO NOT NEED TO REVIEW ITS</p>	<p>OBSERVED 1</p> <p>REPORTED, NOT SEEN 2</p>
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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.

(FN2) Coding categories for a single or combined formulation of iron, folate, calcium, micronutrient supplements to be developed locally and revised based on the pretest. If there is no pediatric dose of elemental iron available in tablet form, specify alternative forms that are administered to newborns and young children, like iron syrup, liquid oral iron, iron drops, iron suspension, and so on.

MODULE 3: SERVICE-SPECIFIC READINESS

SECTION 10: CHILD VACCINATION

1000 (FN1)	CHECK Q102.01 CHILD VACCINATION SERVICES AVAILABLE <input type="checkbox"/> NO CHILD VACCINATION SERVICES AVAILABLE <input type="checkbox"/>	→ 1006																																																						
INT10	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.																																																							
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"> <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> <tr> <td>07 Inactivated polio vaccination (IPV)</td> <td>1</td> <td>2</td> <td>1</td> <td>2</td> </tr> <tr> <td>08 [PER COUNTRY GUIDELINES]</td> <td>1</td> <td>2</td> <td>1</td> <td>2</td> </tr> <tr> <td>09 [PER COUNTRY GUIDELINES]</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	07 Inactivated polio vaccination (IPV)	1	2	1	2	08 [PER COUNTRY GUIDELINES]	1	2	1	2	09 [PER COUNTRY GUIDELINES]	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																																																				
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08 [PER COUNTRY GUIDELINES]	1	2	1	2																																																				
09 [PER COUNTRY GUIDELINES]	1	2	1	2																																																				
1002	Do you have the national guidelines for child vaccinations available in this service area today?	YES 1 NO 2 → 1004																																																						
1003	May I see the guidelines?	OBSERVED 1 REPORTED, NOT SEEN 2 → 1006																																																						
1004	Do you have any other guidelines for child vaccinations available in this service area today?	YES 1 NO 2 → 1006																																																						
1005	May I see the other guidelines?	OBSERVED 1 REPORTED, NOT SEEN 2																																																						
1006	Does this facility offer HPV vaccine to adolescents?	YES 1 NO 2 → 1011																																																						
1007	Do you have the national HPV vaccination guidelines available at this service area today?	YES 1 NO 2 → 1009																																																						

1008	May I see the national HPV vaccination guidelines?	OBSERVED 1 REPORTED, NOT SEEN 2	→ 1011
1009	Do you have any other guidelines on HPV vaccination available at this service area today?	YES 1 NO 2	→ 1011
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 ←	
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 ←	
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 NONE 4	→ 1017
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. READ OUT EACH ITEM LISTED IN CAPITAL LETTERS. IF AVAILABLE, CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED, VVM CHANGED, NOT FROZEN).	(A) OBSERVED AVAILABLE AT LEAST AVAILABLE, ONE VALID NONE VALID	(B) NOT OBSERVED NOT REPORTED, AVAILABLE TODAY / DK NEVER AVAILABLE
01		1 2	3 4 5
02	ORAL POLIO VACCINE	1 2	3 4 5
03	MEASLES VACCINE AND DILUENT	1 2	3 4 5
04	BCG VACCINE AND DILUENT	1 2	3 4 5
05	PNEUMOCOCCAL CONJUGATE VACCINE	1 2	3 4 5
06	ROTAVIRUS VACCINE	1 2	3 4 5

07	INACTIVATED POLIO VACCINE	1	2	3	4	5
08	[PER COUNTRY GUIDELINES]	1	2	3	4	5
09	[PER COUNTRY GUIDELINES]	1	2	3	4	5
1018	CHECK Q1006 HPV VACCINE IS OFFERED <input type="checkbox"/> HPV VACCINE IS NOT OFFERED <input type="checkbox"/>					1020
1019	Is HPV vaccine and diluent available in the facility today? If available, I would like to see it. [PER COUNTRY GUIDELINES]	AT LEAST ONE VALID 1 AVAILABLE, NONE VALID 2 REPORTED, NOT SEEN 3 NOT AVAILABLE TODAY/DK ... 4 NEVER AVAILABLE 5				
1020	CHECK Q1013 THERMOMETER <input type="checkbox"/> NONE (CODE 4 CIRCLED) <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 SEI..... 5				
1022	CHECK Q1013 THERMOMETER AND FREEZE TAG <input type="checkbox"/> NONE (CODE 4 CIRCLED) <input type="checkbox"/> (RESPONSE 2 OR 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 FREEZE TAG NOT SEEN 4				
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

SECTION 11: CHILD CURATIVE CARE SERVICES

1100	<p>CHECK Q102.03</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>CURATIVE CARE SERVICES AVAILABLE</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>NO CURATIVE CARE SERVICES</p> <input type="checkbox"/> </div> </div> <p align="center">NEXT SECTION OR SERVICE SITE ←</p>																					
INT11	<p>ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE CURATIVE CARE SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT CURATIVE CARE SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.</p>																					
1101	<p>Please tell me if providers in this facility provide the following services as part of sick-child care.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 40%;"></th> <th style="width: 20%; text-align: center;">YES</th> <th style="width: 20%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">01</td> <td>Assess and/or treat child malnutrition</td> <td style="text-align: center;">01 1</td> <td style="text-align: center;">2</td> </tr> <tr> <td style="text-align: center;">02</td> <td>Provide vitamin A supplementation to children</td> <td style="text-align: center;">02 1</td> <td style="text-align: center;">2</td> </tr> <tr> <td style="text-align: center;">03</td> <td>Provide iron supplementation to children</td> <td style="text-align: center;">03 1</td> <td style="text-align: center;">2</td> </tr> <tr> <td style="text-align: center;">04</td> <td>Provide zinc supplementation to children</td> <td style="text-align: center;">04 1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>			YES	NO	01	Assess and/or treat child malnutrition	01 1	2	02	Provide vitamin A supplementation to children	02 1	2	03	Provide iron supplementation to children	03 1	2	04	Provide zinc supplementation to children	04 1	2
		YES	NO																			
01	Assess and/or treat child malnutrition	01 1	2																			
02	Provide vitamin A supplementation to children	02 1	2																			
03	Provide iron supplementation to children	03 1	2																			
04	Provide zinc supplementation to children	04 1	2																			
1102 (FN1)	<p>Do providers of services for sick children in this facility follow the Integrated management of childhood illness (IMCI) guidelines in the provision of services to children under 5 years?</p>	<p>YES 1 NO 2</p>																				
1103 (FN1)	<p>Do you have the IMCI guidelines (chart booklet) for the diagnosis and management of childhood illnesses available in this service area today?</p>	<p>YES 1 NO 2</p>	→ 1105																			
1104 (FN1)	<p>May I see the IMCI guidelines?</p>	<p>OBSERVED 1 REPORTED, NOT SEEN 2</p>	→ 1107																			
1105	<p>Do you have any (other) guidelines for the diagnosis and management of childhood illnesses available in this service site today?</p>	<p>YES 1 NO 2</p>	→ 1107																			
1106	<p>May I see the other guidelines?</p>	<p>OBSERVED 1 REPORTED, NOT SEEN 2</p>																				
1107	<p>Does this facility have a system whereby certain observations or parameters are routinely carried out on sick children before the consultation for the presenting illness? IF YES, ASK TO SEE THE PLACE WHERE THESE ACTIVITIES TAKE PLACE BEFORE THE CONSULTATION</p>	<p>YES 1 NO 2</p>	→ 1109																			

1108	<p>OBSERVE IF THE BELOW ACTIVITIES ARE BEING DONE ROUTINELY. IF YOU DO NOT SEE AN ACTIVITY, ASK:</p> <p>Is [ACTIVITY YOU DO NOT SEE] routinely done for all sick children?</p>	ACTIVITY OBSERVED	ACTIVITY REPORTED NOT SEEN	ACTIVITY NOT ROUTINELY DONE	DON'T KNOW		
01	Weighing the child	1	2	3	8		
02	Measuring child's height or length	1	2	3	8		
03	Taking child's temperature	1	2	3	8		
04	Other measurements	1	2	3	8		
	SPECIFY						
1109	<p>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. READ OUT EACH ITEM LISTED IN CAPITAL LETTERS</p>	(A) AVAILABLE			(B) FUNCTIONING		
	CHILD WEIGHING SCALE (100 GRAM GRADATION)	REPORTED, OBSERVED	NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01		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			
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	2	8
12	OTHER DEVICE THAT CAN MEASURE SECONDS (E.G., CELL PHONE)	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 OSMOLARITY ORS PACKETS OR SACHETS	1	2	3	
17 (FN2)	READY TO USE THERAPEUTIC FOODS (RUTF)	1	2	3	
18 (FN2)	READY TO USE SUPPLEMENTARY FOODS (RUSF)	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 Illness (IMNCI) as appropriate

(FN2) Adapt according to the country's child care, nutrition, and growth monitoring programs. Ready-to-use therapeutic foods (RUTF) and ready-to-use supplementary foods (RUSF) should be placed in the appropriate service site, whether they most likely could be observed; for example, some countries store them in the sick child service site, while others store them only in the growth monitoring service site, while some could store them in both service sites.

SECTION 12: CHILD GROWTH MONITORING SERVICES

1200	<p>CHECK Q102.02</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>		
INT12	<p>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	<p>Does this facility provide growth monitoring services at this facility or through outreach?</p>	<p>ONLY AT THIS FACILITY 1 ONLY THROUGH OUTREACH 2 BOTH AT THIS FACILITY AND THROUGH OUTREACH 3</p>	
1202	<p>Does this facility assess for wasting or acute malnutrition?</p>	<p>YES 1 NO 2</p>	→ 1207
1203	<p>CHECK Q1201</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> <p>CODE 3 CIRCLED CODE 1 OR CODE 2 CIRCLED</p>		→ 1205
1204	<p>Is assessing for wasting or acute malnutrition done both at this facility and through outreach?</p>	<p>ONLY AT THIS FACILITY 1 ONLY THROUGH OUTREACH 2 BOTH AT THIS FACILITY AND THROUGH OUTREACH 3</p>	
1205	<p>Do you have any guidelines for the diagnosis and management of malnutrition available in this service site today?</p> <p>ACCEPTABLE IF PART OF ANOTHER GUIDELINE.</p>	<p>YES 1 NO GUIDELINE AVAILABLE 2</p>	→ 1207
1206	<p>May I see the guidelines for the diagnosis and management of malnutrition?</p>	<p>OBSERVED 1 REPORTED, NOT SEEN 2</p>	
1207	<p>Do you have any guidelines for growth monitoring available in this service area today?</p> <p>ACCEPTABLE IF PART OF ANOTHER GUIDELINE.</p>	<p>YES 1 NO GUIDELINE AVAILABLE 2</p>	→ 1209
1208	<p>May I see the guidelines for growth monitoring?</p>	<p>OBSERVED 1 REPORTED, NOT SEEN 2</p>	
1209	<p>OBSERVE: IS GROWTH MONITORING OFFERED IN THE SAME ROOM OR AREA WITH CHILD CURATIVE CARE SERVICES?</p>	<p>DIFFERENT ROOM 1 SAME ROOM 2</p>	→ NEXT

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. READ OUT EACH ITEM LISTED IN CAPITAL LETTERS.	(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			
08	READY TO USE THERAPEUTIC FOODS (RUTF)	1	2	3			
09	READY TO USE SUPPLEMENTARY FOODS (RUSF)	1	2	3			

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

SECTION 13: FAMILY PLANNING

1300	<p>CHECK Q102.04</p> <p style="text-align:center;"> FAMILY PLANNING SERVICES <input type="checkbox"/> NO FAMILY PLANNING SERVICES <input type="checkbox"/> </p> <p style="text-align:center;">NEXT SECTION OR SERVICE SITE ←</p>			
INT13	<p>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.</p>			
1301	<p>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: READ OUT EACH ITEM LISTED IN CAPITAL LETTERS</p>	<p>PROVIDE - STOCK THE COMMODITY</p>	<p>PRESCRIBE, COUNSEL, OR REFER</p>	<p>NO</p>
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	[PER COUNTRY GUIDELINE] (FN1)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	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 MODERN METHODS	1	2	3
1302	Do you have the national family planning guidelines available at this service area today?	<p>YES 1</p> <p>NO 2</p>		→ 1304
1303	May I see the national family planning guidelines?	<p>OBSERVED 1</p> <p>REPORTED, NOT SEEN ... 2</p>		→ 1306
1304	Do you have any other guidelines on family planning available at this service area today?	<p>YES 1</p> <p>NO 2</p>		→ 1306
1305	May I see the other guidelines?	<p>OBSERVED 1</p> <p>REPORTED, NOT SEEN ... 2</p>		

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	<p>IS THIS THE SAME GENERAL OUTPATIENT OR MAIN SERVICE AREA THAT WAS ASSESSED IN Q700 ON BASIC SUPPLIES AND EQUIPMENT? IF YES, CIRCLE CODE 1 FOR SAME LOCATION AND SKIP TO 1321-03.</p> <p>ASSESS THE ROOM OR AREA FOR THE ITEMS LISTED BELOW. FOR ITEMS THAT YOU DO NOT SEE, ASK YOUR RESPONDENT TO SHOW THEM TO YOU.</p>	<p>YES, SAME LOCATION AS IN MAIN OUTPATIENT AREA Q700 1</p> <p>NO, DIFFERENT LOCATION 2</p>	<p>→ 1321.03</p>																																																																										
1321	<p>I would like to know if the following items are available in this service area today and are functioning READ OUT EACH ITEM LISTED IN CAPITAL LETTERS</p>	<p>(A) AVAILABLE</p> <table border="1"> <thead> <tr> <th>OBSERVED</th> <th>REPORTED, NOT SEEN</th> <th>NOT AVAILABLE</th> </tr> </thead> <tbody> <tr> <td>1 → B</td> <td>2 → B</td> <td>3 } 02 ←</td> </tr> <tr> <td>1 → B</td> <td>2 → B</td> <td>3 } 03 ←</td> </tr> <tr> <td>1 → B</td> <td>2 → B</td> <td>3 } 04 ←</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	1 → B	2 → B	3 } 02 ←	1 → B	2 → B	3 } 03 ←	1 → B	2 → B	3 } 04 ←	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	<p>(B) FUNCTIONING</p> <table border="1"> <thead> <tr> <th>YES</th> <th>NO</th> <th>DON'T KNOW</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td colspan="3" rowspan="5" style="background-color: #cccccc;"></td> </tr> <tr> </tr> <tr> </tr> <tr> </tr> <tr> </tr> <tr> <td>01</td> <td>BLOOD PRESSURE APPARATUS (MAY BE DIGITAL OR MANUAL SPHYGMOMANOMETER WITH STETHOSCOPE)</td> <td></td> <td></td> </tr> <tr> <td>02</td> <td>STETHOSCOPE</td> <td></td> <td></td> </tr> <tr> <td>03</td> <td>EXAMINATION LIGHT (FLASHLIGHT OK)</td> <td></td> <td></td> </tr> <tr> <td>04</td> <td>EXAMINATION BED OR COUCH</td> <td></td> <td></td> </tr> <tr> <td>05</td> <td>SAMPLE OF FP METHODS</td> <td></td> <td></td> </tr> <tr> <td>06</td> <td>OTHER FP-SPECIFIC VISUAL</td> <td></td> <td></td> </tr> <tr> <td>07</td> <td>PELVIC MODEL FOR IUCD</td> <td></td> <td></td> </tr> <tr> <td>08</td> <td>MODEL FOR SHOWING CONDOM USE</td> <td></td> <td></td> </tr> </tbody></table>	YES	NO	DON'T KNOW	1	2	8	1	2	8	1	2	8				01	BLOOD PRESSURE APPARATUS (MAY BE DIGITAL OR MANUAL SPHYGMOMANOMETER WITH STETHOSCOPE)			02	STETHOSCOPE			03	EXAMINATION LIGHT (FLASHLIGHT OK)			04	EXAMINATION BED OR COUCH			05	SAMPLE OF FP METHODS			06	OTHER FP-SPECIFIC VISUAL			07	PELVIC MODEL FOR IUCD			08	MODEL FOR SHOWING CONDOM USE		
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1330

CHECK Q212

FP COMMODITIES STORED IN OTHER LOCATION OR NOT STOCKED (RESPONSE 1 NOT CIRCLED)

FP COMMODITIES STORED IN FP SERVICE AREA (RESPONSE 1 CIRCLED)

THANK YOUR RESPONDENT NEXT SECTION OR SERVICE SITE →

→ 921

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 Sayana Press program, you may specify "DMPA-SC/Sayana Press "

SECTION 14: ANTENATAL CARE

1400	CHECK Q102.05 <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>ANC SERVICES AVAILABLE IN FACILITY</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>ANC SERVICES NOT AVAILABLE IN FACILITY</p> <input type="checkbox"/> </div> </div> <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 10px;"> <div style="text-align: center;"> <p>↓</p> </div> <div style="text-align: center;"> <p>←</p> </div> </div> <p style="text-align: center; margin-top: 10px;">NEXT SECTION OR SERVICE SITE</p>																																				
INT14	<p>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.</p>																																				
1401	<p>Do ANC providers provide any of the following services to pregnant women as part of routine ANC?</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"></td> <td style="width:25%; text-align:center;">YES</td> <td style="width:25%; text-align:center;">NO</td> </tr> <tr> <td>01 Iron supplementation</td> <td style="text-align:center;">1</td> <td style="text-align:center;">2</td> </tr> <tr> <td>02 Folic acid supplementation</td> <td style="text-align:center;">1</td> <td style="text-align:center;">2</td> </tr> <tr> <td>03 Iron + folic acid combination tablet</td> <td style="text-align:center;">1</td> <td style="text-align:center;">2</td> </tr> <tr> <td>04 Malaria testing</td> <td style="text-align:center;">1</td> <td style="text-align:center;">2</td> </tr> <tr> <td>05 Intermittent preventive treatment (IPT) for malaria</td> <td style="text-align:center;">1</td> <td style="text-align:center;">2</td> </tr> <tr> <td>06 Tetanus toxoid vaccination</td> <td style="text-align:center;">1</td> <td style="text-align:center;">2</td> </tr> </table>		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														
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1402	<p>Do ANC providers in this facility provide any of the following tests from this site to pregnant women as part of ANC?</p> <p>READ OUT EACH ITEM LISTED IN CAPITAL LETTERS. 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.</p> <p>CHECK TO SEE IF AT LEAST ONE TEST KIT OF EACH TEST IS VALID/UNEXPIRED</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;"></td> <td colspan="2" style="text-align:center;">(A) OBSERVED AVAILABLE</td> <td colspan="4" style="text-align:center;">(B) NOT OBSERVED</td> </tr> <tr> <td style="text-align:center; vertical-align:top;">01 HIV RAPID DIAGNOSTIC TEST</td> <td style="text-align:center; vertical-align:top;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"></td> <td style="width:50%; text-align:center;">AVAILABLE, NONE VALID</td> </tr> <tr> <td style="text-align:center;">1</td> <td style="text-align:center;">2</td> </tr> </table> </td> <td style="text-align:center; vertical-align:top;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;"></td> <td style="width:33%; text-align:center;">REPORTED AVAILABLE, NOT SEEN</td> <td style="width:33%; text-align:center;">NONE AVAILABLE TODAY</td> <td style="width:33%; text-align:center;">NO, OR NEVER AVAILABLE</td> <td style="width:33%; text-align:center;">AVAILABLE ELSEWHERE IN FACILITY</td> </tr> <tr> <td style="text-align:center;">3</td> <td style="text-align:center;">4</td> <td style="text-align:center;">5</td> <td style="text-align:center;">6</td> </tr> </table> </td> </tr> <tr> <td style="text-align:center; vertical-align:top;">02 URINE PROTEIN TEST</td> <td style="text-align:center; vertical-align:top;">1 2</td> <td style="text-align:center; vertical-align:top;">3 4 5 6</td> </tr> <tr> <td style="text-align:center; vertical-align:top;">03 URINE GLUCOSE</td> <td style="text-align:center; vertical-align:top;">1 2</td> <td style="text-align:center; vertical-align:top;">3 4 5 6</td> </tr> <tr> <td style="text-align:center; vertical-align:top;">04 ANY RAPID TEST FOR HEMOGLOBIN</td> <td style="text-align:center; vertical-align:top;">1 2</td> <td style="text-align:center; vertical-align:top;">3 4 5 6</td> </tr> <tr> <td style="text-align:center; vertical-align:top;">05 SYPHILIS RAPID DIAGNOSTIC TEST</td> <td style="text-align:center; vertical-align:top;">1 2</td> <td style="text-align:center; vertical-align:top;">3 4 5 6</td> </tr> </table>		(A) OBSERVED AVAILABLE		(B) NOT OBSERVED				01 HIV RAPID DIAGNOSTIC TEST	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"></td> <td style="width:50%; text-align:center;">AVAILABLE, NONE VALID</td> </tr> <tr> <td style="text-align:center;">1</td> <td style="text-align:center;">2</td> </tr> </table>		AVAILABLE, NONE VALID	1	2	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;"></td> <td style="width:33%; text-align:center;">REPORTED AVAILABLE, NOT SEEN</td> <td style="width:33%; text-align:center;">NONE AVAILABLE TODAY</td> <td style="width:33%; text-align:center;">NO, OR NEVER AVAILABLE</td> <td style="width:33%; text-align:center;">AVAILABLE ELSEWHERE IN FACILITY</td> </tr> <tr> <td style="text-align:center;">3</td> <td style="text-align:center;">4</td> <td style="text-align:center;">5</td> <td style="text-align:center;">6</td> </tr> </table>		REPORTED AVAILABLE, NOT SEEN	NONE AVAILABLE TODAY	NO, OR NEVER AVAILABLE	AVAILABLE ELSEWHERE IN FACILITY	3	4	5	6	02 URINE PROTEIN TEST	1 2	3 4 5 6	03 URINE GLUCOSE	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
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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	→ 1413
1412	May I see the guidelines on micronutrient supplementation during pregnancy?	OBSERVED 1 REPORTED, NOT SEEN 2	

1413	Does this facility have a system whereby certain observations or parameters for ANC clients are routinely carried out before the consultation? IF YES, ASK TO SEE THE PLACE WHERE THESE ACTIVITIES TAKE PLACE	YES 1 NO 2	→ 1420		
1414	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 antenatal care clients?	ACTIVITY OBSERVED	ACTIVITY REPORTED NOT SEEN	ACTIVITY NOT ROUTINELY DONE	DON'T KNOW
01	Weighing of clients	1	2	3	8
02	Measuring client's height	1	2	3	8
03	Taking blood pressure	1	2	3	8
04	Taking client's temperature	1	2	3	8
05	Other measurements	1	2	3	8
	SPECIFY				

EQUIPMENT AND SUPPLIES FOR ROUTINE ANC

1420	IS THIS THE SAME GENERAL OUTPATIENT OR MAIN SERVICE AREA THAT WAS ASSESSED IN Q700 ON BASIC SUPPLIES AND EQUIPMENT? IF YES, CIRCLE CODE 1 FOR SAME LOCATION AND SKIP TO 1421-05. ASSESS THE ROOM OR AREA FOR THE ITEMS LISTED BELOW. FOR ITEMS THAT YOU DO NOT SEE, ASK YOUR RESPONDENT TO SHOW THEM TO YOU.	YES, SAME LOCATION AS IN MAIN OUTPATIENT AREA Q700 1 NO, DIFFERENT LOCATION 2	→ 1421.05
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1421	I would like to know if the following items are available in this service area and are functioning. READ OUT EACH ITEM LISTED IN CAPITAL LETTERS	(A) AVAILABLE			(B) FUNCTIONING		
		OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01	BLOOD PRESSURE APPARATUS (MAY BE DIGITAL OR MANUAL SPHYGMOMANOMETER WITH STETHOSCOPE)	1 →B	2 →B	3 } 02 ←	1	2	8
02	STETHOSCOPE	1 →B	2 →B	3 } 03 ←	1	2	8
03	MEASURING TAPE (GENERAL USE) (1 MILLIMETER)	1	2	3			
04	ADULT WEIGHING SCALE	1 →B	2 →B	3 } 05 ←	1	2	8
05	FETAL STETHOSCOPE/PINNARD	1 →B	2 →B	3 } 1422 ←	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. READ OUT EACH ITEM LISTED IN CAPITAL LETTERS 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	[PER COUNTRY GUIDELINES] CALCIUM TABLET [COUNTRY SPECIFIC ADULT DOSE]	1	2	3	4	5
05	[PER COUNTRY GUIDELINES] ANTENATAL MULTIPLE MICRONUTRIENT SUPPLEMENTS [COUNTRY SPECIFIC ANTENATAL DOSE]	1	2	3	4	5
06	SP FOR IPTp	1	2	3	4	5
07	TETANUS TOXOID VACCINE	1	2	3	4	5
08	INSECTICIDE TREATED BEDNETS (ITNs) AND/OR ITN	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 PERMISSIBLE. IF ONLY FEEDING CUPS ARE VISIBLE, CIRCLE CODE 'Y' FOR 'NONE DISPLAYED'</p>	FORMULA MARKETING POSTERS DISPLAYED A INFANT FORMULA BOXES/CANS DISPLAYED B FEEDING BOTTLES DISPLAYED C NIPPLES DISPLAYED D NONE DISPLAYED Y				

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>CHECK Q102.06</p> <p style="text-align: center;"> PMTCT SERVICES OFFERED IN FACILITY <input type="checkbox"/> NO PMTCT SERVICES IN FACILITY <input type="checkbox"/> </p> <p style="text-align: center;"> ↓ ← </p> <p style="text-align: center;">NEXT SECTION OR SERVICE SITE</p>
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INT15	<p>CAUTION!!!</p> <p>THIS SECTION SHOULD BE COMPLETED ONLY AFTER COMPLETING THE ANC SECTION. 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>
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		YES	NO
1501	As part of PMTCT services, please tell me if providers in this facility provide the following services to clients.		
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>CHECK Q1501.01</p> <p style="text-align: center;"> HIV COUNSELING AND TESTING FOR PREGNANT WOMEN <input type="checkbox"/> NO HIV COUNSELING AND TESTING FOR PREGNANT WOMEN <input type="checkbox"/> </p> <p style="text-align: center;"> ↓ ← </p> <p style="text-align: center;">NEXT SECTION OR SERVICE SITE</p>
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1503	<p>IS THIS THE SAME LOCATION AS THE ANC SERVICE SITE?</p>	<p>YES, ANC SERVICE SITE 1 <input type="checkbox"/></p> <p style="text-align: center;">NEXT SECTION OR SERVICE SITE ←</p> <p>NO, DIFFERENT LOCATIC 2</p>
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1504	<p>Is HIV rapid diagnostic testing available from this service site?</p>	<p>YES 1</p> <p>NO 2 <input type="checkbox"/></p> <p style="text-align: center;">NEXT SECTION OR SERVICE SITE ←</p>
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1505	<p>May I see a sample HIV rapid diagnostic test (RDT) kit?</p> <p>CHECK TO SEE IF AT LEAST ONE IS VALID</p>	<p>OBSERVED, AT LEAST 1 VALID . . . 1</p> <p>OBSERVED, NONE VALID 2</p> <p>REPORTED AVAILABLE, NOT SEEN 3</p> <p>NOT AVAILABLE TODAY 4</p>
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<p>THANK YOUR RESPONDENT FOR THEIR TIME AND HELP. PROCEED TO THE NEXT DATA COLLECTION SITE.</p>

SECTION 16: DELIVERY AND NEWBORN CARE

1600	<p>CHECK Q102.07</p> <p>NORMAL DELIVERY AVAILABLE <input type="checkbox"/></p> <p style="text-align: center;">↓</p>		<p>NORMAL DELIVERY NOT AVAILABLE <input type="checkbox"/></p> <p style="text-align: center;">←</p> <p>NEXT SECTION OR SERVICE SITE</p>	
INT16	<p>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.</p>			

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. READ OUT EACH ITEM LISTED IN CAPITAL LETTERS	(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 NOTE: THIS IS NOT A SIGNAL FUNCTION	1 → B	2 ↘ 09 ←	8 ↘ 09 ←	1	2	8
09	CORTICOSTEROIDS FOR PRE-TERM LABOR NOTE: THIS IS NOT A SIGNAL FUNCTION	1 → B	2 ↘ 10 ←	8 ↘ 10 ←	1	2	8

10	CESAREAN DELIVERY	1 → B 2 ↘ 8 ↘ 11 ← 11 ←	1 2 8
11	BLOOD TRANSFUSION	1 → B 2 ↘ 8 ↘ 1603 ← 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)	Do providers of delivery services in this facility use Labor Care Guide (LCG) to monitor labor and delivery? [PER COUNTRY GUIDELINES]	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. READ OUT EACH ITEM LISTED IN CAPITAL LETTERS	(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 } 05 ←	1	2	8
05	SUCTION CATHETER IN A SUCTION MACHINE	1 → B	2 → B	3 } 06 ←	1	2	8
06	MANUAL VACUUM EXTRACTOR (FOR VACUUM-ASSISTED DELIVERY)	1 → B	2 → B	3 } 07 ←	1	2	8
07	VACUUM ASPIRATION KIT OR D&C KIT	1 → B	2 → B	3 } 08 ←	1	2	8
08	NEONATAL SIZE SELF INFLATING BAG	1 → B	2 → B	3 } 09 ←	1	2	8
09	NEWBORN MASK SIZE 0	1 → B	2 → B	3 } 10 ←	1	2	8
10	NEWBORN MASK SIZE 1	1 → B	2 → B	3 } 11 ←	1	2	8
11	NEWBORN WEIGHING SCALE (10 GRAM GRADATION)	1 → B	2 → B	3 } 12 ←	1	2	8
12	FETAL STETHOSCOPE	1 → B	2 → B	3 } 13 ←	1	2	8
13	BLOOD PRESSURE APPARATUS (MAY BE DIGITAL OR MANUAL SPHYGMOMANOMETER WITH STETHOSCOPE)	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 FN2	Do you have any of the following items? If yes, I would like to see them. READ OUT EACH ITEM LISTED IN 1621-01 TO 1621-10	REPORTED, NOT OBSERVED, NOT SEEN, AVAILABLE		
		1	2	3
01	DELIVERY PACK PLEASE ASK IF EACH OF ITEMS 02 TO 06 ARE INCLUDED IN THE DELIVERY PACK. IF THEY ARE IN THE PACK AND IT IS SEALED, MARK THE ITEMS AS "REPORTED NOT SEEN". IF THE ITEM CAN BE OBSERVED (EITHER FROM A USED PACK OR BECAUSE IT IS OUTSIDE THE PACK, MARK IT AS "OBSERVED"	1	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 in a suction apparatus	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. READ OUT EACH ITEM LISTED IN CAPITAL LETTERS. 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., CEFTRIAXONE, 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
12	DEXAMETHASONE INJECTABLE	1	2	3	4	5
13	BETAMETHASONE INJECTABLE	1	2	3	4	5

1626	Does this facility allow birth companions to be present during labor and delivery?	YES 1 NO 2	
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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	→ 1640
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

1640	STANDARD PRECAUTIONS AND CONDITIONS FOR CLIENT EXAMINATION	REPORTED, NOT		
		OBSERVED	NOT SEEN	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, NITRILE, OR VINYL 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 Labor Guide that is the new generation partograph.

(FN2) A delivery pack items should be adapted to the country-approved specified items. Revise the items 02-10 not covered by the delivery pack accordingly. If the list is too long, keep the broader categories suggested by the CORE questionnaire and add selected items essential for the country's use. Standard core items 02-06 (cord clamp, episiotomy scissors, scissors (or blade) to cut the cord, suture material with needle, and needle holder) should be included in the delivery pack list.

SECTION 17: POST ABORTION CARE

1700	CHECK Q102.09	
	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> PAC SERVICES AVAILABLE IN FACILITY <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> PAC SERVICES NOT AVAILABLE IN FACILITY <input type="checkbox"/> ← </div> </div> <p align="center">NEXT SECTION OR SERVICE SITE</p>	
INT17	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.	
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 → 1705 REPORTED, NOT SEEN 2
1703	Do you have any other guidelines on post abortion care 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 counseling on the same day before women leave the facility?	YES 1 NO 2 NEXT SECTION OR SERVICE SITE ← <input type="checkbox"/>
1706	Is the counseling provided in the same location where post abortion care is provided?	YES 1 NO 2
THANK YOUR RESPONDENT FOR THEIR TIME AND HELP. PROCEED TO THE NEXT DATA COLLECTION SITE.		

SECTION 18: OTHER REPRODUCTIVE AND WOMEN'S HEALTH

1800	CHECK Q102.17 <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>BREAST CANCER SCREENING SERVICES AVAILABLE IN FACILITY</p> <input style="width: 40px; height: 20px; border: 1px solid black;" type="checkbox"/> </div> <div style="text-align: center;"> <p>BREAST CANCER SCREENING SERVICES NOT AVAILABLE IN FACILITY</p> <input style="width: 40px; height: 20px; border: 1px solid black;" type="checkbox"/> </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: center;">↓</div> <div style="text-align: center;">← GOTO 1804</div> </div>	
INT18A	ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE BREAST CANCER SCREENING SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT THE BREAST CANCER SCREENING SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.	
1801	Does this facility offer diagnostic services for breast cancer?	YES 1 NO 2
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	CHECK Q102.18 <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>CERVICAL CANCER SCREENING SERVICES AVAILABLE IN FACILITY</p> <input style="width: 40px; height: 20px; border: 1px solid black;" type="checkbox"/> </div> <div style="text-align: center;"> <p>CERVICAL CANCER SCREENING SERVICES NOT AVAILABLE IN FACILITY</p> <input style="width: 40px; height: 20px; border: 1px solid black;" type="checkbox"/> </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: center;">↓</div> <div style="text-align: center;">← NEXT SECTION OR SERVICE SITE</div> </div>	
INT18B	ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE CERVICAL CANCER SCREENING SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT THE CERVICAL CANCER SCREENING SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.	
1805	Does this facility offer diagnostic services for cervical cancer?	YES 1 NO 2
1806	Does this facility have staff who are trained to conduct pap smear test?	YES 1 NO 2
1807	Does this facility offer treatment services for cervical cancer such as cryotherapy or thermal ablation?	YES 1 NO 2
THANK YOUR RESPONDENT FOR THEIR TIME AND HELP. PROCEED TO THE NEXT DATA COLLECTION SITE.		

SECTION 19: MALARIA

1900	<p align="center">CHECK Q102.10 AND Q102.03</p> <p align="center"> CURATIVE CARE SERVICES OR MALARIA SERVICES AVAILABLE <input type="checkbox"/> </p> <p align="center"> CURATIVE CARE SERVICES AND MALARIA SERVICES NOT AVAILABLE <input type="checkbox"/> </p> <p align="center"> ↓ NEXT SECTION OR SERVICE SITE ← </p>		
INT19	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 provide malaria testing for children presenting with fever before the consultation with the provider or during or after the consultation?	BEFORE CONSULTATION 1 DURING OR 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	

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

SECTION 20: SEXUALLY TRANSMITTED INFECTIONS

2000	<p>CHECK Q102.11</p> <p>STI SERVICE OFFERED <input type="checkbox"/></p> <p>STI SERVICE NOT OFFERED <input type="checkbox"/></p> <p>NEXT SECTION OR SERVICE SITE ←</p>		
INT20	<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.</p>		
2001	<p>Do providers in this facility make diagnosis that a client has a sexually transmitted infection (STI)?</p>	<p>YES 1</p> <p>NO 2</p>	
2002	<p>Do providers in this facility prescribe treatment for STIs?</p>	<p>YES 1</p> <p>NO 2</p>	
2003	<p>CHECK Q2001 AND Q2002</p> <p>RESPONSE "1" CIRCLED IN EITHER Q2001 OR Q2002 <input type="checkbox"/></p> <p>RESPONSE "1" NOT CIRCLED IN EITHER Q2001 OR Q2002 <input type="checkbox"/></p> <p>NEXT SECTION OR SERVICE SITE ←</p>		
2004	<p>Are STI clients seen by this service offered HIV testing and counseling from this service site, or referred elsewhere in this facility or another facility, or not at all?</p>	<p>YES, OFFERED AT THIS SITE ... 1</p> <p>YES, REFERRED ELSEWHERE ... 2</p> <p>NO, NOT AT ALL ... 3</p>	→ 2006
2005	<p>Are all STI clients seen by this service offered or referred for HIV testing and counseling, or only STI clients who are suspected to be infected with HIV?</p>	<p>ALL STI CLIENTS OFFERED AT THIS SITE OR REFERRED ... 1</p> <p>ONLY IF CLIENT SUSPECTED TO BE HIV INFECTED ... 2</p>	
2006	<p>Do STI service providers in this facility provide HIV testing from this service site?</p>	<p>YES 1</p> <p>NO 2</p>	→ 2008
2007	<p>May I see a sample HIV rapid diagnostic test (RDT) kit?</p> <p>CHECK TO SEE IF AT LEAST ONE IS VALID</p>	<p>OBSERVED, AT LEAST 1 VALID 1</p> <p>OBSERVED, NONE VALID ... 2</p> <p>REPORTED AVAILABLE, NOT SEEN 3</p> <p>NONE AVAILABLE TODAY ... 4</p>	
2008	<p>Do you have the national guidelines for the diagnosis and treatment of STIs available in this service area?</p> <p>ACCEPTABLE IF PART OF ANOTHER GUIDELINE.</p>	<p>YES 1</p> <p>NO 2</p>	→ 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	CHECK Q102.12	<p> <input type="checkbox"/> TB SERVICES OFFERED IN FACILITY <input type="checkbox"/> NO TB SERVICES IN FACILITY </p> <p align="center">NEXT SECTION OR SERVICE SITE ←</p>	
INT21	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	
2103	CHECK Q2101 AND Q2102 <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p> <input type="checkbox"/> TB DIAGNOSIS OR TREATMENT IN FACILITY (RESPONSE "1" CIRCLED IN EITHER Q2101 OR Q2102) </p> </div> <div style="width: 45%;"> <p> <input type="checkbox"/> NO TB DIAGNOSIS OR TREATMENT IN FACILITY (RESPONSE "1" NOT CIRCLED IN EITHER Q2101 OR Q2102) </p> </div> </div> <p align="center">NEXT SECTION OR SERVICE SITE ←</p>		
2104	Is HIV rapid diagnostic testing available from this service site?	YES 1 NO 2	NEXT SECTION OR SERVICE SITE ←
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	

THANK YOUR RESPONDENT FOR THEIR TIME AND HELP. PROCEED TO THE NEXT DATA COLLECTION SITE.
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SECTION 22: HIV/AIDS

HIV TESTING

2200	<p>CHECK Q102.13</p> <p align="center"> HIV TESTING AVAILABLE IN FACILITY <input type="checkbox"/> NO HIV TESTING SERVICES IN FACILITY <input type="checkbox"/> → 2220 </p>		
INT22A	<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 & 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 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	<p>CHECK Q102.14</p> <p align="center"> HIV TREATMENT SERVICES OFFERED IN FACILITY <input type="checkbox"/> NO HIV TREATMENT SERVICES IN FACILITY <input type="checkbox"/> → 2240 </p>		
INT22B	<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	<p align="center">CHECK Q102.13</p> <p align="center">NO HIV TESTING SERVICES IN FACILITY <input type="checkbox"/></p> <p align="center">HIV TESTING SERVICES IN FACILITY (Q2201-Q2206 ASKED) <input type="checkbox"/> → 2240</p>		
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 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 align="center">CHECK Q102.15</p> <p align="center">HIV CARE AND TREATMENT SERVICES AVAILABLE IN FACILITY <input type="checkbox"/></p> <p align="center">NO HIV CARE AND TREATMENT SERVICES IN FACILITY <input type="checkbox"/></p> <p align="center">NEXT SECTION OR SERVICE SITE ←</p>		
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INT22C	ASK TO BE SHOWN THE MAIN LOCATION IN THE FACILITY WHERE HIV CARE AND TREATMENT SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT HIV CARE AND TREATMENT 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	→ 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	<p align="center">CHECK Q102.13 AND Q102.14</p> <p align="center">NEITHER HIV TESTING NOR ART SERVICES IN FACILITY <input type="checkbox"/></p> <p align="center">HIV TESTING OR ART SERVICES IN FACILITY <input type="checkbox"/> (Q2201-Q2206 OR Q2224-Q2229 ASKED)</p> <p align="center">NEXT SECTION OR SERVICE SITE ←</p>		
2245	Do staff working in this facility have access to HIV post-exposure prophylaxis, i.e., PEP?	YES 1 NO 2	→ 2248
2246	Are there any written protocols/guidelines for post-exposure prophylaxis available in this site? <small>MAY BE PART OF ANOTHER DOCUMENT</small>	YES 1 NO 2	→ 2248
2247	May I see the protocols or guidelines on PEP?	OBSERVED 1 REPORTED, NOT 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	CHECK Q102.16	<p>NON-COMMUNICABLE DISEASES SERVICES AVAILABLE FROM FACILITY <input type="checkbox"/></p> <p>NON-COMMUNICABLE DISEASES SERVICES NOT AVAILABLE FROM FACILITY <input type="checkbox"/></p> <p>NEXT SECTION OR SERVICE SITE ←</p>	
INT23	<p>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.</p>		

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 SITE 2						
2331	I would like to know if the following items are available today in the main service area and are functioning. READ OUT EACH ITEM LISTED IN CAPITAL LETTERS. 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 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	BLOOD PRESSURE APPARATUS (MAY BE DIGITAL OR MANUAL SPHYGMOMANOMETER WITH STETHOSCOPE)	1→B	2→B	3 06←	1	2	8
06	STETHOSCOPE	1→B	2→B	3 07←	1	2	8
07	SELF-INFLATING BAG AND MASK [ADULT]	1→B	2→B	3 08←	1	2	8
08	SELF-INFLATING BAG AND MASK [PEDIATRIC]	1→B	2→B	3 09←	1	2	8
09	MICRONEBULIZER	1→B	2→B	3 10←	1	2	8
10	SPACERS FOR INHALERS	1	2	3			
11	PEAK FLOW METERS	1→B	2→B	3 12←	1	2	8
12	PULSE OXIMETER	1→B	2→B	3 13←	1	2	8
13	OXYGEN CONCENTRATORS	1→B	2→B	3 14←	1	2	8
14	FILLED OXYGEN CYLINDER	1→B	2→B	3 15←	1	2	8
15	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	CHECK Q102.20 <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> CESAREAN SECTION DONE IN FACILITY <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> CESAREAN DELIVERY NOT DONE IN FACILITY <input type="checkbox"/> ← 2500 </div> </div>	
INT24	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 anesthesiologist or anesthesiologist 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 8
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 'Y' FOR 'NONE DISPLAYED'</p>	<p>FORMULA MARKETING POSTERS DISPLAYED A INFANT FORMULA BOXES/CANS DISPLAYED B FEEDING BOTTLES DISPLAYED C NIPPLES DISPLAYED ... D NONE DISPLAYED Y</p>				
2501	RECORD THE INTERVIEW END TIME	<p>HOURS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><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:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF THE SUPERVISOR: _____ DATE: _____