

APPENDIX D

QUESTIONNAIRES

Bangladesh Service Provision Assessment Survey 1999-2000
Health Facility Module

Village/Mahalla Questionnaire				
<div style="margin-bottom: 5px;">DIVISION _____</div> <div style="margin-bottom: 5px;">DISTRICT _____</div> <div style="margin-bottom: 5px;">THANA _____</div> <div style="margin-bottom: 5px;">UNION/WARD _____</div> <div style="margin-bottom: 5px;">VILLAGE/MAHALLA/BLOCK _____</div> <div style="margin-bottom: 5px;">CLUSTER NUMBER _____</div> <div style="margin-bottom: 5px;">DHAKA/CHITTAGONG = 1, SMALL CITY = 2, TOWN = 3, VILLAGE = 4</div>	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> </div> <div style="text-align: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> </div> <div style="text-align: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> </div> </div>			
GPS READING: <div style="margin-top: 10px;">LATITUDE.....</div> <div style="margin-top: 10px;">LONGITUDE</div>	<div style="border: 1px solid black; padding: 2px;">N</div> <div style="border: 1px solid black; padding: 2px;">E</div>	Degrees <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	Minutes <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	Thousands <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
WAYPOINT	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>			
<div style="margin-bottom: 10px;">DATE OF VISIT _____</div> <div>RESULTS OF THE INTERVIEW: [COMPLETED = 1, INCOMPLETE = 2, OTHER (SPECIFY) = 6]</div> <div style="margin-top: 10px;">NAME OF INTERVIEWER _____</div>	<div style="margin-bottom: 10px;">DAY MONTH YEAR.....</div> <div style="margin-bottom: 10px;">RESULT</div> <div>INTERVIEWER CODE</div>			
POSITION OF PERSON INTERVIEWED 1 _____ 2 _____ 3 _____ 4 _____ 5 _____	SEX (Male = 1; Female = 2) <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> </div>			
BEGINNING TIME:	<div style="margin-bottom: 5px;">HOUR</div> <div>MINUTES.....</div>			

1. Community Information

AFTER ASSEMBLING THE INFORMANTS, READ THE FOLLOWING GREETING:

Hello. We are carrying out a survey of health facilities and communities to get a picture of services available to the communities and to understand when and why people use health services. We would like to ask you some questions about your community and about sources of health care in it and around it as a way of better understanding how to serve the population. Please be assured that this discussion is strictly confidential and you may choose to stop the interview at any time. May I continue?

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TC
100	PERMISSION RECEIVED TO CONTINUE?	YES 1 NO 2	→Stop
101	How far is the Thana Headquarters? IF LESS THAN ONE MILE/KILOMETER, RECORD "00." RECORD "97" IF DISTANCE IS MORE THAN 97 MILES/KILOMETERS.	MILE <input type="text"/> <input type="text"/> KILOMETER <input type="text"/> <input type="text"/>	
102	Which is the most common type of transportation, i.e., that which most of the people use to go to the Thana Headquarters?	CAR/BUS/TEMPO 01 MOTORCYCLE 02 MOTOR LAUNCH 03 BICYCLE 04 ANIMAL CART 05 BOAT 06 PATH 07 RICKSHAW/RICKSHAW VAN 08 TRAIN 09 OTHER 96 (SPECIFY)	
103	How long does it take to go to the Thana Headquarters using the transportation (MENTIONED IN Q 102)?	MINUTES <input type="text"/> <input type="text"/> <input type="text"/>	
104	How far is the District Headquarters? IF LESS THAN ONE MILE/KILOMETER, RECORD "00." RECORD "97" IF DISTANCE IS MORE THAN 97 MILES/KILOMETERS.	MILE <input type="text"/> <input type="text"/> KILOMETER <input type="text"/> <input type="text"/>	
105	Which is the most common type of transportation, i.e., that which most of the people use to go to the District Headquarters?	CAR/BUS/TEMPO 01 MOTORCYCLE 02 MOTOR LAUNCH 03 BICYCLE 04 ANIMAL CART 05 BOAT 06 PATH 07 RICKSHAW/RICKSHAW VAN 08 TRAIN 09 OTHER 96 (SPECIFY)	
106	How long does it take to go to the District Headquarters using the transportation (MENTIONED IN Q 105)?	MINUTES <input type="text"/> <input type="text"/> <input type="text"/>	

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
107	What is the main access route to this village?	ALL-WEATHER ROAD 1 SEASONAL ROAD 2 WATERWAY 3 PATH 4 OTHER 6 (SPECIFY)	
108	What are the main economic activities in this area/village? (CIRCLE ALL MENTIONED)	AGRICULTURE 01 LIVESTOCK 02 FISHING 03 COMMERCE 04 MANUFACTURING 05 LABOR 06 OTHER 96 (SPECIFY)	
109	How far is the nearest daily market from this village? IF LESS THAN ONE MILE/KILOMETER, RECORD "00." RECORD "97" IF DISTANCE IS MORE THAN 97 MILES/KILOMETERS.	MILE <input type="text"/> <input type="text"/> KILOMETER <input type="text"/> <input type="text"/>	
110	How far is the nearest weekly market from this village? IF LESS THAN ONE MILE/KILOMETER, RECORD "00." RECORD "97" IF DISTANCE IS MORE THAN 97 MILES/KILOMETERS.	MILE <input type="text"/> <input type="text"/> KILOMETER <input type="text"/> <input type="text"/>	
111a	Is there any telephone service in this area?	YES 1 NO 2	→ 112
111b	How far is the nearest telephone service (government or private) from this village? IF LESS THAN ONE MILE/KILOMETER, RECORD "00." RECORD "97" IF DISTANCE IS MORE THAN 97 MILES/KILOMETERS.	MILE <input type="text"/> <input type="text"/> KILOMETER <input type="text"/> <input type="text"/>	
112	Is electricity available here?	YES 1 NO 2	
113	What is the primary source of water for the majority of people in this village?	PIPED 01 PUBLIC TAP 02 WELL 03 TUBE WELL 04 RIVER/STREAM/LAKE 05 RAINWATER 06 OTHER 96	→116 →116 →116 →116 →116
114	As you may know, some parts of Bangladesh have a problem of arsenic in the water, which can cause serious health problems for residents who drink that water. The Ministry of Health has been testing some wells/tube wells to see whether they have safe water. Do you know whether the wells/tube wells in this village have been tested?	YES 1 NO 2	→116
115	Is there a red marker or a green marker on this well?	ALL RED MARK 1 ALL GREEN MARK 2 SOME RED AND SOME GREEN MARK 3 NO MARK 4	
116	In this village/mahalla, are there any mothers clubs or ladies associations?	YES 1 NO 2	
117	In this village/mahalla, is there a Grameen Bank member?	YES 1 NO 2	
118	In this village/mahalla, are there any cottage industries of BSIC?	YES 1	

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
		NO 2	
119	In this village/mahalla, is there any cooperative society?	YES 1 NO 2	
120	In this village/mahalla, are there any NGOs with income-generating activities?	YES 1 NO 2	
121	In this village/mahalla, is there a television for the community?	YES 1 NO 2	
122	<p>Please tell me whether the following things are in this village/mahalla. IF YES, WRITE "00." IF NO, ASK: How far is it? IF DO NOT KNOW, PUT "98."</p> <p>A. How far is the madrasha from this village/mahalla?</p> <p>B. How far is the boys primary school from this village/mahalla?</p> <p>C. How far is the girls primary school from this village/mahalla?</p> <p>D. How far is the primary school (co-education)?</p> <p>E. How far is the boys high school from this village/mahalla?</p> <p>F. How far is the girls high school from this village/mahalla?</p> <p>G. How far is the high school (co-education)?</p> <p>H. How far is the post office from this village/mahalla?</p> <p>I. How far is the cinema hall from this village/mahalla?</p>	<p>MILE KILOMETER</p> <p>MADRASHA..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>BOYS PRIMARY <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>GIRLS PRIMARY <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>PRIMARY (CED) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>BOYS HIGH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>GIRLS HIGH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>HIGH (CO-ED) .. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>POST OFFICE .. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>CINEMA HALL .. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	
123	Is there anyone in the village/mahalla who sells family planning methods from his or her house?	YES 1 NO 2	
124	Is there any shop in this village/mahalla that sells family planning methods?	YES 1 NO 2	
125	<p>In some places, there is a clinic that is set up temporarily in someone's house or at a school on certain days to provide health and family planning services to mothers and children. It is called a satellite clinic. Was there a clinic like this held in this village/mahalla in the last 6 months?</p>	<p>YES 1 NO 2 DOES NOT KNOW 8</p>	→127
126	<p>Was there a clinic like this held near this village/mahalla in the last 6 months?</p> <p>IF YES: How far away is the place where they had the clinic?</p>	<p>YES 1 NO 2 DOES NOT KNOW 8</p> <p>MILES <input type="text"/> <input type="text"/> KM <input type="text"/> <input type="text"/></p>	→ 128

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																																																									
127	Does this outreach program/satellite clinic provide: A. Family planning education/counseling? B. Family planning services? if YES— C. Pill? D. IUD insertion? E. Injections? F. Condoms? G. Menstrual regulation? H. Antenatal care? I. Delivery care? J. Postpartum care? K. Child immunization? L. Growth monitoring? M. Treatment of sick children? N. Oral rehydration therapy? O. Health education? P. Vitamin A? Q. National Immunization Day (NID)? R. Other _____? (Specify)	<table><thead><tr><th></th><th>YES</th><th>NO</th></tr></thead><tbody><tr><td>FP EDUCATION/COUNSELING ...</td><td>1</td><td>2</td></tr><tr><td>FAMILY PLANNING SERVICES ...</td><td>1</td><td>2</td></tr><tr><td>PILL</td><td>1</td><td>2</td></tr><tr><td>IUD INSERTION</td><td>1</td><td>2</td></tr><tr><td>INJECTIONS</td><td>1</td><td>2</td></tr><tr><td>CONDOMS</td><td>1</td><td>2</td></tr><tr><td>MENSTRUAL REGULATION</td><td>1</td><td>2</td></tr><tr><td>ANTENATAL CARE</td><td>1</td><td>2</td></tr><tr><td>DELIVERY CARE</td><td>1</td><td>2</td></tr><tr><td>POSTPARTUM CARE</td><td>1</td><td>2</td></tr><tr><td>CHILD IMMUNIZATION</td><td>1</td><td>2</td></tr><tr><td>GROWTH MONITORING</td><td>1</td><td>2</td></tr><tr><td>TREATMENT OF SICK CHILD</td><td>1</td><td>2</td></tr><tr><td>ORAL REHYDRATION</td><td>1</td><td>2</td></tr><tr><td>HEALTH EDUCATION</td><td>1</td><td>2</td></tr><tr><td>VITAMIN A</td><td>1</td><td>2</td></tr><tr><td>NID</td><td>1</td><td>2</td></tr><tr><td>OTHER</td><td>1</td><td>2</td></tr></tbody></table>		YES	NO	FP EDUCATION/COUNSELING ...	1	2	FAMILY PLANNING SERVICES ...	1	2	PILL	1	2	IUD INSERTION	1	2	INJECTIONS	1	2	CONDOMS	1	2	MENSTRUAL REGULATION	1	2	ANTENATAL CARE	1	2	DELIVERY CARE	1	2	POSTPARTUM CARE	1	2	CHILD IMMUNIZATION	1	2	GROWTH MONITORING	1	2	TREATMENT OF SICK CHILD	1	2	ORAL REHYDRATION	1	2	HEALTH EDUCATION	1	2	VITAMIN A	1	2	NID	1	2	OTHER	1	2	→ 127H
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128	How far is it from here to the nearest place that provides: A. Child immunization? B. ORS packets? C. Condoms? D. Pill? E. Injectables? F. IUD? G. Vasectomy? H. Tubectomy? IF NEAREST PLACE IS IN VILLAGE/MAHALLA, RECORD "00." IF DISTANCE IS UNKNOWN, RECORD "98."	<table><tbody><tr><td>MILE</td><td><input type="text"/><input type="text"/></td><td>KILOMETER</td><td><input type="text"/><input type="text"/></td></tr><tr><td>MILE</td><td><input type="text"/><input type="text"/></td><td>KILOMETER</td><td><input type="text"/><input type="text"/></td></tr><tr><td>MILE</td><td><input type="text"/><input type="text"/></td><td>KILOMETER</td><td><input type="text"/><input type="text"/></td></tr><tr><td>MILE</td><td><input type="text"/><input type="text"/></td><td>KILOMETER</td><td><input type="text"/><input type="text"/></td></tr><tr><td>MILE</td><td><input type="text"/><input type="text"/></td><td>KILOMETER</td><td><input type="text"/><input type="text"/></td></tr><tr><td>MILE</td><td><input type="text"/><input type="text"/></td><td>KILOMETER</td><td><input type="text"/><input type="text"/></td></tr><tr><td>MILE</td><td><input type="text"/><input type="text"/></td><td>KILOMETER</td><td><input type="text"/><input type="text"/></td></tr><tr><td>MILE</td><td><input type="text"/><input type="text"/></td><td>KILOMETER</td><td><input type="text"/><input type="text"/></td></tr></tbody></table>	MILE	<input type="text"/> <input type="text"/>	KILOMETER	<input type="text"/> <input type="text"/>	MILE	<input type="text"/> <input type="text"/>	KILOMETER	<input type="text"/> <input type="text"/>	MILE	<input type="text"/> <input type="text"/>	KILOMETER	<input type="text"/> <input type="text"/>	MILE	<input type="text"/> <input type="text"/>	KILOMETER	<input type="text"/> <input type="text"/>	MILE	<input type="text"/> <input type="text"/>	KILOMETER	<input type="text"/> <input type="text"/>	MILE	<input type="text"/> <input type="text"/>	KILOMETER	<input type="text"/> <input type="text"/>	MILE	<input type="text"/> <input type="text"/>	KILOMETER	<input type="text"/> <input type="text"/>	MILE	<input type="text"/> <input type="text"/>	KILOMETER	<input type="text"/> <input type="text"/>																										
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2. Identification of Health Facilities and Pharmacies

Now, I will ask you questions about health facilities that offer health services to the villagers. The purpose of this section is to identify the sources of health services available to the villagers. Please mention all facilities that offer services.

[illegible]

HEALTH FACILITY	201. What is the name of nearest HEALTH FACILITY?	202. Where is the HEALTH FACILITY located?	203. How far away in miles/kilometers is the HEALTH FACILITY located? IF LOCATED IN THE VILLAGE/MAHALLA, RECORD "00."	204. How many minutes does it take to go to the HEALTH FACILITY using the most common type of transportation?	205. What is the HEALTH FACILITY's operating authority?	WRITE THE CODE FOR ELIGIBILITY FOR THE INTERVIEW. THE FIRST THREE BOXES ARE THE CLUSTER NUMBER, THE NEXT TWO BOXES ARE THE FACILITY CODE. THE NEXT BOX IS FOR THE NUMBER OF THE FACILITY OR "8" OR "9" FOR DON'T KNOW OR MISSING. THE "1" IN THE LAST BOX IS THE CODE FOR THE FACILITY.							
06. NON-GOVERNMENT HEALTH CENTER/CLINIC	NAME _____ DON'T KNOW _____	DISTRICT: _____ THANA: _____ LOCATION: _____	MILES <input type="text"/> <input type="text"/> KMS <input type="text"/> <input type="text"/> DON'T KNOW98	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW998	NGO2 PRIVATE3 RELIGIOUS4 OTHER5 DK8	WRITE THE CODE FOR THE NGO HEALTH CENTER/CLINIC IF IT IS LOCATED IN THE UNION. <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> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">0</td> <td style="width: 20px; height: 20px; text-align: center;">6</td> <td style="width: 20px; height: 20px; text-align: center;">1</td> <td style="width: 20px; height: 20px; text-align: center;">1</td> </tr> </table>				0	6	1	1
			0	6	1	1							
07. PHARMACY (IF MORE THAN ONE PHARMACY, TAKE THE NEAREST ONE)	NAME _____ DON'T KNOW _____	DISTRICT: _____ THANA: _____ LOCATION: _____	MILES <input type="text"/> <input type="text"/> KMS <input type="text"/> <input type="text"/> DON'T KNOW98	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW998	NGO2 PRIVATE3 RELIGIOUS4 OTHER5 DK8								
08A. OTHER FACILITY _____ (SPECIFY)	NAME _____ DON'T KNOW _____	DISTRICT: _____ THANA: _____ LOCATION: _____	MILES <input type="text"/> <input type="text"/> KMS <input type="text"/> <input type="text"/> DON'T KNOW98	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW998	GOVERNMENT1 NGO2 PRIVATE3 RELIGIOUS4 OTHER5 DK8								
08B. OTHER FACILITY _____ (SPECIFY)	NAME _____ DON'T KNOW _____	DISTRICT: _____ THANA: _____ LOCATION: _____	MILES <input type="text"/> <input type="text"/> KMS <input type="text"/> <input type="text"/> DON'T KNOW98	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW998	GOVERNMENT1 NGO2 PRIVATE3 RELIGIOUS4 OTHER5 DK8								
08C. OTHER FACILITY _____ (SPECIFY)	NAME _____ DON'T KNOW _____	DISTRICT: _____ THANA: _____ LOCATION: _____	MILES <input type="text"/> <input type="text"/> KMS <input type="text"/> <input type="text"/> DON'T KNOW98	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW998	GOVERNMENT1 NGO2 PRIVATE3 RELIGIOUS4 OTHER5 DK8								

3. List of the Health and Family Planning Workers. Please provide us with the names of all fieldworkers working in this cluster/village.

Title and Name of the fieldworker	301. By what name is he/she known?	302. Does he/she live in this locality?	303. Where does he/she live?	304. What service does he/she provide?	CODE FOR ELIGIBILITY FOR THE INTERVIEW. THE FIRST THREE BOXES ARE THE CLUSTER NUMBER. THE NEXT TWO BOXES ARE THE HEALTH WORKER CODE. THE NEXT BOX IS THE NUMBER OF THE WORKER OR "8" OR "9" FOR DON'T KNOW OR MISSING. "2" IN THE LAST BOX IS THE CODE FOR THE HEALTH WORKER.
01. Is there a government FWV in this union? YES..... 1 NAME: _____ NO2 ➡ NEXT	Known as: _____	YES 1 (GO TO 304) ← NO 2	DISTRICT: _____ THANA: _____ UNION: _____ VILLAGE: _____	HEALTH1 FAMILY PLANNING2 BOTH3 DON'T KNOW8	<div> <div></div><div></div><div></div><div>0</div><div>1</div><div>1</div><div>2</div> </div>
02. Is there a government medical assistant (SACMO/MA) in this union? YES..... 1 NAME: _____ NO2 ➡ NEXT	Known as: _____	YES 1 (GO TO 304) ← NO 2	DISTRICT: _____ THANA: _____ UNION: _____ VILLAGE: _____	HEALTH1 FAMILY PLANNING2 BOTH3 DON'T KNOW8	<div> <div></div><div></div><div></div><div>0</div><div>2</div><div>1</div><div>2</div> </div>
03. Is there a government family planning worker in this village/mahalla? YES..... 1 NAME: _____ NO2 ➡ NEXT	Known as: _____	YES 1 (GO TO 304) ← NO 2	DISTRICT: _____ THANA: _____ UNION: _____ VILLAGE: _____	HEALTH1 FAMILY PLANNING2 BOTH3 DON'T KNOW8	<div> <div></div><div></div><div></div><div>0</div><div>3</div><div>1</div><div>2</div> </div>

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04. Is there a government health assistant in this village/mahalla? YES..... 1 NAME: _____ NO2 ➡ NEXT	Known as: _____	YES 1 (GO TO 304) ← NO 2	DISTRICT: _____ THANA: _____ UNION: _____ VILLAGE: _____	HEALTH1 FAMILY PLANNING.....2 BOTH3 DON'T KNOW 8	<table border="1"><tr><td></td><td></td><td></td><td>0</td><td>4</td><td>1</td><td>2</td></tr></table>				0	4	1	2
			0	4	1	2						
05. Is there a nongovernment health/family planning worker in this village/mahalla? YES..... 1 NAME: _____ NO2 ➡ NEXT	Known as: _____	YES 1 (GO TO 304) ← NO 2	DISTRICT: _____ THANA: _____ UNION: _____ VILLAGE: _____	HEALTH1 FAMILY PLANNING.....2 BOTH3 DON'T KNOW 8	<table border="1"><tr><td></td><td></td><td></td><td>0</td><td>5</td><td>1</td><td>2</td></tr></table>				0	5	1	2
			0	5	1	2						
05. Is there any other nongovernment health/family planning worker in this village/mahalla? YES..... 1 NAME: _____ NO2 ➡ 401	Known as: _____	YES 1 (GO TO 304) ← NO 2	DISTRICT: _____ THANA: _____ UNION: _____ VILLAGE: _____	HEALTH1 FAMILY PLANNING.....2 BOTH3 DON'T KNOW 8	<table border="1"><tr><td></td><td></td><td></td><td>0</td><td>5</td><td>2</td><td>2</td></tr></table>				0	5	2	2
			0	5	2	2						

4. List of Doctors (Allopathic, Homeopathic)

401. Please provide us with the names of all doctors (allopath, homeopath, and ayurvedic) working in this village/mahalla.

[illegible]

CODE

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Bangladesh Service Provision Assessment Survey 1999-2000
Health Facility Module

Facility Questionnaire

IDENTIFICATION

<div style="margin-bottom: 5px;">DIVISION _____</div> <div style="margin-bottom: 5px;">DISTRICT _____</div> <div style="margin-bottom: 5px;">THANA _____</div> <div style="margin-bottom: 5px;">UNION/WARD _____</div> <div style="margin-bottom: 5px;">VILLAGE/MOHALLA/BLOCK _____</div> <div style="margin-bottom: 5px;">CLUSTER NUMBER</div> <div style="margin-bottom: 5px;">DHAKA/CHITTAGONG = 1, SMALL CITY = 2, TOWN = 3, VILLAGE = 4</div> <div style="margin-bottom: 5px;">TYPE OF FACILITY: (THC = 03, MCH [AT THC]/FWC = 04, RURAL DISPENSARY = 05, NGO HEALTH CENTER/CLINIC = 06).....</div>	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																														

GPS READING: LATITUDE..... LONGITUDE.....	<table style="width: 100%;"><tr><td style="text-align: center;">Degrees</td><td style="text-align: center;">Minutes</td><td style="text-align: center;">Thousandths</td></tr><tr><td style="text-align: center;"><table border="1" style="display: inline-table;"><tr><td>N</td></tr></table></td><td style="text-align: center;"><table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table></td><td style="text-align: center;"><table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table></td></tr><tr><td style="text-align: center;">Degrees</td><td style="text-align: center;">Minutes</td><td style="text-align: center;">Thousandths</td></tr><tr><td style="text-align: center;"><table border="1" style="display: inline-table;"><tr><td>E</td></tr></table></td><td style="text-align: center;"><table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table></td><td style="text-align: center;"><table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table></td></tr></table>	Degrees	Minutes	Thousandths	<table border="1" style="display: inline-table;"><tr><td>N</td></tr></table>	N	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table>			<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table>				Degrees	Minutes	Thousandths	<table border="1" style="display: inline-table;"><tr><td>E</td></tr></table>	E	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table>			
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WAYPOINT	<table border="1" style="width: 100%; height: 30px; border-collapse: collapse;"></table>
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DATE OF VISIT _____ RESULTS OF THE INTERVIEW: (COMPLETED = 1, INCOMPLETE = 2, OTHER [SPECIFY] = 6) NAME OF INTERVIEWER _____	<div style="margin-bottom: 5px;">DAY <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table></div> <div style="margin-bottom: 5px;">MONTH <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table></div> <div style="margin-bottom: 5px;">YEAR..... <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table></div> <div style="margin-bottom: 5px;">RESULT <table border="1" style="display: inline-table;"><tr><td> </td></tr></table></div> <div style="margin-bottom: 5px;">INTERVIEWER CODE <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table></div>											

POSITION OF PERSON INTERVIEWED: (1 = MANAGER/FACILITY ADMINISTRATOR, 2 = PHYSICIAN, 3 = PROFESSIONAL NURSE/MIDWIFE, 4 = AUXILIARY NURSE, 5 = OTHER)	INTERVIEWEE NAME _____ <table border="1" style="display: inline-table;"><tr><td> </td></tr></table> AND CODE	

BEGINNING TIME	<div style="margin-bottom: 5px;">HOUR..... <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table></div> <div style="margin-bottom: 5px;">MINUTES..... <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table></div>				

Section 1. General Information

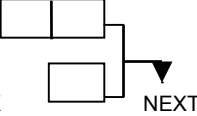

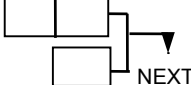

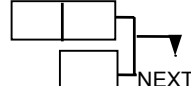
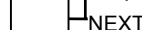
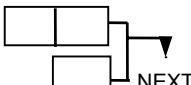

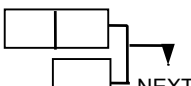

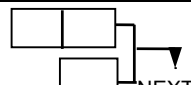

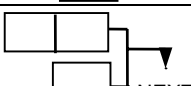

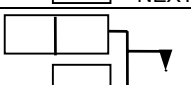


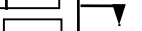
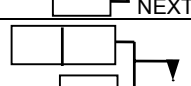
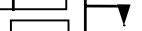
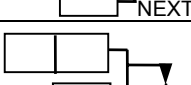
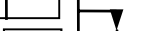
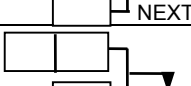
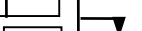
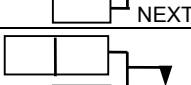

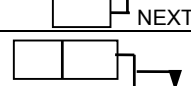

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																																																
101	Under what authority does this facility operate?	GOVERNMENT 1 NGO 2 QUASI-GOVERNMENT 3 PRIVATE/COMPANY 4 RELIGIOUS 5 OTHER 6 (SPECIFY) DON'T KNOW 8																																																	
102	How long has this facility been functioning?	YEARS..... <input type="text"/> <input type="text"/>																																																	
103	How many days per week is this facility open for outpatients? (Outpatients are people seen for preventive care and sick people who go home the same day.)	DAYS..... <input type="text"/>																																																	
104	At what time does this facility normally open to see outpatients?	TIME <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																																																	
105	At what time does this facility normally stop seeing outpatients?	TIME <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																																																	
106	Does this facility offer family planning services?	YES 1 NO 2																																																	
107	How many regular staff of the following types does this facility have	<table border="1"> <thead> <tr> <th></th><th>TOTAL</th><th>HEALTH</th><th>FP</th></tr> </thead> <tbody> <tr><td>Doctor/medical officer</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>SACMO/medical assistant</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Medical aides</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Nurses</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Trained midwives</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Family welfare visitor (FWV)</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Paramedics</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Counselor/service promoter</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Pharmacist/compounder</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Field worker</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Other _____ (SPECIFY)</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> </tbody> </table>		TOTAL	HEALTH	FP	Doctor/medical officer	<input type="text"/>	<input type="text"/>	<input type="text"/>	SACMO/medical assistant	<input type="text"/>	<input type="text"/>	<input type="text"/>	Medical aides	<input type="text"/>	<input type="text"/>	<input type="text"/>	Nurses	<input type="text"/>	<input type="text"/>	<input type="text"/>	Trained midwives	<input type="text"/>	<input type="text"/>	<input type="text"/>	Family welfare visitor (FWV)	<input type="text"/>	<input type="text"/>	<input type="text"/>	Paramedics	<input type="text"/>	<input type="text"/>	<input type="text"/>	Counselor/service promoter	<input type="text"/>	<input type="text"/>	<input type="text"/>	Pharmacist/compounder	<input type="text"/>	<input type="text"/>	<input type="text"/>	Field worker	<input type="text"/>	<input type="text"/>	<input type="text"/>	Other _____ (SPECIFY)	<input type="text"/>	<input type="text"/>	<input type="text"/>	
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Other _____ (SPECIFY)	<input type="text"/>	<input type="text"/>	<input type="text"/>																																																
108	Does this facility have electricity?	YES 1 NO 2																																																	
109	What is the source of water for this facility?	TUBE WELL 1 TAP 2 NO 3																																																	
110	Is there a toilet in the compound/building that is being used?	<table border="1"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr><td>MALE TOILET 1</td><td>1</td><td>2</td></tr> <tr><td>FEMALE TOILET 1</td><td>1</td><td>2</td></tr> <tr><td>UNISEX TOILET 1</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	MALE TOILET 1	1	2	FEMALE TOILET 1	1	2	UNISEX TOILET 1	1	2																																					
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No.	QUESTIONS	CODING CLASSIFICATION	GO TO																					
111	Does this facility offer inpatient care or are patients ever observed overnight?	YES 1 NO 2	→113																					
112	How many total beds are available for inpatient care in this facility?	NUMBER..... <input type="text"/> <input type="text"/> DON'T KNOW 98																						
113	How many outpatients were seen at this facility last month? CHECK REGISTRAR AND WRITE THE NUMBER.	NUMBER..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998																						
114	Does this facility provide basic laboratory testing?	YES 1 NO 2	⇒116																					
115	What types of tests are performed at this facility?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>BLOOD (Routine test, TC/DC/ESR)</td> <td>1</td> <td>2</td> </tr> <tr> <td>URINE (Routine test).....</td> <td>1</td> <td>2</td> </tr> <tr> <td>STOOL (Routine test).....</td> <td>1</td> <td>2</td> </tr> <tr> <td>X-RAY.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>COUGH</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER</td> <td>1</td> <td>2</td> </tr> </tbody> </table> <p>(SPECIFY)</p>		YES	NO	BLOOD (Routine test, TC/DC/ESR)	1	2	URINE (Routine test).....	1	2	STOOL (Routine test).....	1	2	X-RAY.....	1	2	COUGH	1	2	OTHER	1	2	
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STOOL (Routine test).....	1	2																						
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OTHER	1	2																						
116	In addition to services at the facility, does this facility have an outreach program in which facility staff visit villages on a regular basis to deliver services or organize satellite clinics?	YES 1 NO 2	⇒201																					
117	How often does this facility make outreach visits or implement satellite clinics?	NO. OF TIMES PER MONTH <input type="text"/> <input type="text"/> <input type="text"/>																						
118	What type of outreach program is it?	EPI..... A SATELLITE CLINIC..... B EPI AND SATELLITE CLINIC C NATIONAL IMMUNIZATION DAY (NID) ...D VITAMIN A WEEK E LEPROSY WEEK..... F ORS CAMPAIGN WEEK.....G																						
119	In the last six month, did you provide any outreach program/ satellite clinic in the VILLAGE? IF NOT: What is the name of the nearest village and distance from here?	THIS VILLAGE00 DISTANCE FROM THIS VILLAGE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MILE KILOMETER																						

Section 2. Services Available and Service Statistics

Now I would like to ask you about services provided at this facility.

NOTE: 1A THROUGH 1H ARE NOT APPLICABLE FOR THANA HEALTH COMPLEX

SERVICES	201. Is this SERVICE available to clients at this facility?	202. How many days per week/month is it available?	203. Does this facility refer to other facilities for this SERVICE?
1. FAMILY PLANNING A. Pill	YES 1 NO 2⇒203A	MO.  WEEK  NEXT	YES 1 NO 2
B. Condom	YES 1 NO 2⇒203B	MO.  WEEK  NEXT	YES 1 NO 2
C. IUD	YES 1 NO 2⇒203C	MO.  WEEK  NEXT	YES 1 NO 2
D. Injectables	YES 1 NO 2⇒203D	MO.  WEEK  NEXT	YES 1 NO 2
E. Norplant	YES 1 NO 2⇒203E	MO.  WEEK  NEXT	YES 1 NO 2
F. Vasectomy	YES 1 NO 2⇒203F	MO.  WEEK  NEXT	YES 1 NO 2
G. Tubectomy	YES 1 NO 2⇒203G	MO.  WEEK  NEXT	YES 1 NO 2
H. Menstrual Regulation (MR)	YES 1 NO 2⇒203H	MO.  WEEK  NEXT	YES 1 NO 2
2. CHILD IMMUNIZATION	YES 1 NO 2⇒203(2)	MO.  WEEK  NEXT	YES 1 NO 2
3. ORAL REHYDRATION PACKETS	YES 1 NO 2⇒203(3)	MO.  WEEK  NEXT	YES 1 NO 2
4. VITAMIN A CAPSULE	YES 1 NO 2⇒203(4)	MO.  WEEK  NEXT	YES 1 NO 2
5. ANTENATAL CARE	YES 1 NO 2⇒203(5)	MO.  WEEK  NEXT	YES 1 NO 2
6. MATERNITY CARE/ DELIVERY SERVICE	YES 1 NO 2⇒203(6)	MO.  WEEK  NEXT	YES 1 NO 2
7. POSTPARTUM CARE	YES 1 NO 2⇒203(7)	MO.  WEEK  NEXT	YES 1 NO 2

SERVICES	201. Is this SERVICE available to clients at this facility?	202. How many days per week/month is it available?	203. Does this facility refer to other facilities for this SERVICE?
8. GROWTH MONITORING	YES 1 NO 2 → 203(8)	MO. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> WEEK <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NEXT	YES 1 NO 2
9. TETANUS INJECTION	YES 1 NO 2 → 203(9)	MO. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> WEEK <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NEXT	YES 1 NO 2
10. GENERAL HEALTH SERVICES	YES 1 NO 2 → 203(10)	MO. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> WEEK <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NEXT	YES 1 NO 2
11. LEPROSY	YES 1 NO 2 → 203(11)	MO. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> WEEK <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NEXT	YES 1 NO 2
12. TUBERCULOSIS	YES 1 NO 2 → 203(12)	MO. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> WEEK <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NEXT	YES 1 NO 2
13. HEALTH EDUCATION	YES 1 NO 2 → NEXT	MO. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> WEEK <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NEXT	
14. OTHER (SPECIFY)	YES 1 NO 2 → 204	MO. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> WEEK <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NEXT	

MATERNAL SERVICES AVAILABLE IN THE FACILITY:

Now I would like to ask you about the services available in this facility. ASK Q 204 FOR EACH SERVICE AND IF IT IS AVAILABLE, ASK Q 205. IF UNAVAILABLE, ASK ABOUT THE NEXT SERVICE.

SERVICE	204. Does the facility provide this SERVICE?	205. Is this SERVICE available 24 hours per day?
a) Treatment of postpartum hemorrhage/excessive bleeding	YES 1 NO 2 → 204b	YES 1 NO 2
b) Treatment of hypertension	YES 1 NO 2 → 204c	YES 1 NO 2
c) Treatment of pre-eclampsia/eclampsia	YES 1 NO 2 → 204d	YES 1 NO 2
d) Treatment of puerperal sepsis	YES 1 NO 2 → 204e	YES 1 NO 2
e) Removal of retained placenta	YES 1 NO 2 → 204f	YES 1 NO 2
f) Vacuum delivery	YES 1 NO 2 → 204g	YES 1 NO 2
g) Assisted vaginal delivery for prolonged labor	YES 1 NO 2 → 204h	YES 1 NO 2
h) Resuscitation of a newborn	YES 1 NO 2 → 204i	YES 1 NO 2
i) Cesarean section	YES 1 NO 2 → 301	YES 1 NO 2

Section 3. Availability of Supplies and Equipment

A. MEDICATION AVAILABLE IN THE FACILITY:

Now I would like to ask you about the medications available in this facility. When we are finished, I will need to see your stock of the medications that we discuss.

ASK NO. 301 FOR EACH MEDICATION AND IF IT IS NOT AVAILABLE, SKIP TO THE NEXT MEDICATION.

MEDICATION	301a. Do you provide this MEDICATION here?	301b. Do you have this MEDICATION now?	302. At any time in the last 6 months did this facility run out of this MEDICATION?	303. MEDICATION SEEN (WITH EXPIRATION DATE)/ NOT SEEN
1. Metronidazole tab.	YES 1 NO 2 → 2	YES 1 NO 2 → 2	YES 1 NO 2	SEEN, UNEXPIRED 1 SEEN, EXPIRED 2 NOT SEEN 3
2. Paracetamol tab.	YES 1 NO 2 → 3	YES 1 NO 2 → 3	YES 1 NO 2	SEEN, UNEXPIRED 1 SEEN, EXPIRED 2 NOT SEEN 3
3. Butapen tab.	YES 1 NO 2 → 4	YES 1 NO 2 → 4	YES 1 NO 2	SEEN, UNEXPIRED 1 SEEN, EXPIRED 2 NOT SEEN 3
4. Coitrimoxazole tab.	YES 1 NO 2 → 5	YES 1 NO 2 → 5	YES 1 NO 2	SEEN, UNEXPIRED 1 SEEN, EXPIRED 2 NOT SEEN 3
5. Nalidexic acid tab.	YES 1 NO 2 → 6	YES 1 NO 2 → 6	YES 1 NO 2	SEEN, UNEXPIRED 1 SEEN, EXPIRED 2 NOT SEEN 3
6. Selaxid tab.	YES 1 NO 2 → 7	YES 1 NO 2 → 7	YES 1 NO 2	SEEN, UNEXPIRED 1 SEEN, EXPIRED 2 NOT SEEN 3
7. Co-trimoxazole syrup	YES 1 NO 2 → 8	YES 1 NO 2 → 8	YES 1 NO 2	SEEN, UNEXPIRED 1 SEEN, EXPIRED 2 NOT SEEN 3
8. Histacin tab.	YES 1 NO 2 → 9	YES 1 NO 2 → 9	YES 1 NO 2	SEEN, UNEXPIRED 1 SEEN, EXPIRED 2 NOT SEEN 3
9. Antacid tab.	YES 1 NO 2 → 10	YES 1 NO 2 → 10	YES 1 NO 2	SEEN, UNEXPIRED 1 SEEN, EXPIRED 2 NOT SEEN 3
10. Ferrous sulphate tab.	YES 1 NO 2 → 11	YES 1 NO 2 → 11	YES 1 NO 2	SEEN, UNEXPIRED 1 SEEN, EXPIRED 2 NOT SEEN 3
11. Erythromycin tab	YES 1 NO 2 → 12	YES 1 NO 2 → 12	YES 1 NO 2	SEEN, UNEXPIRED 1 SEEN, EXPIRED 2 NOT SEEN 3
12. Isoniazid tab.	YES 1 NO 2 → 13	YES 1 NO 2 → 13	YES 1 NO 2	SEEN, UNEXPIRED 1 SEEN, EXPIRED 2 NOT SEEN 3
13. Thiocetazone tab.	YES 1 NO 2 → 14	YES 1 NO 2 → 14	YES 1 NO 2	SEEN, UNEXPIRED 1 SEEN, EXPIRED 2 NOT SEEN 3
14. Ethambutol tab.	YES 1 NO 2 → 15	YES 1 NO 2 → 15	YES 1 NO 2	SEEN, UNEXPIRED 1 SEEN, EXPIRED 2 NOT SEEN 3

MEDICATION	301a. Do you provide this MEDICATION here?	301b. Do you have this MEDICATION now?	302. At any time in the last 6 months did this facility run out of this MEDICATION?	303. MEDICATION SEEN (WITH EXPIRATION DATE)/ NOT SEEN
15. Pyrazinamid tab.	YES 1 NO 2→16	YES 1 NO 2→16	YES 1 NO 2	SEEN, UNEXPIRED 1 SEEN, EXPIRED 2 NOT SEEN 3
16. Rifampicin tab.	YES 1 NO 2→17	YES 1 NO 2→17	YES 1 NO 2	SEEN, UNEXPIRED 1 SEEN, EXPIRED 2 NOT SEEN 3
17. Ampicillin capsule	YES 1 NO 2→18	YES 1 NO 2→18	YES 1 NO 2	SEEN, UNEXPIRED 1 SEEN, EXPIRED 2 NOT SEEN 3
18. Cloxacillin cap.	YES 1 NO 2→19	YES 1 NO 2→19	YES 1 NO 2	SEEN, UNEXPIRED 1 SEEN, EXPIRED 2 NOT SEEN 3
19. Tetracycline cap.	YES 1 NO 2→20	YES 1 NO 2→20	YES 1 NO 2	SEEN, UNEXPIRED 1 SEEN, EXPIRED 2 NOT SEEN 3
20. Amoxycillin cap.	YES 1 NO 2→21	YES 1 NO 2→21	YES 1 NO 2	SEEN, UNEXPIRED 1 SEEN, EXPIRED 2 NOT SEEN 3
21. Ciprofloxacin cap.	YES 1 NO 2→22	YES 1 NO 2→22	YES 1 NO 2	SEEN, UNEXPIRED 1 SEEN, EXPIRED 2 NOT SEEN 3
22. Doxycycline cap.	YES 1 NO 2→23	YES 1 NO 2→23	YES 1 NO 2	SEEN, UNEXPIRED 1 SEEN, EXPIRED 2 NOT SEEN 3
23. Diazepam inj.	YES 1 NO 2→24	YES 1 NO 2→24	YES 1 NO 2	SEEN, UNEXPIRED 1 SEEN, EXPIRED 2 NOT SEEN 3
24. Pathedin inj.	YES 1 NO 2→25	YES 1 NO 2→25	YES 1 NO 2	SEEN, UNEXPIRED 1 SEEN, EXPIRED 2 NOT SEEN 3
25. Largactil inj.	YES 1 NO 2→26	YES 1 NO 2→26	YES 1 NO 2	SEEN, UNEXPIRED 1 SEEN, EXPIRED 2 NOT SEEN 3
26. Phenergan inj.	YES 1 NO 2→27	YES 1 NO 2→27	YES 1 NO 2	SEEN, UNEXPIRED 1 SEEN, EXPIRED 2 NOT SEEN 3
27. Syntocenon inj.	YES 1 NO 2→28	YES 1 NO 2→28	YES 1 NO 2	SEEN, UNEXPIRED 1 SEEN, EXPIRED 2 NOT SEEN 3
28. Ergometrin inj.	YES 1 NO 2→29	YES 1 NO 2→29	YES 1 NO 2	SEEN, UNEXPIRED 1 SEEN, EXPIRED 2 NOT SEEN 3
29. Cloxacillin inj.	YES 1 NO 2→30	YES 1 NO 2→30	YES 1 NO 2	SEEN, UNEXPIRED 1 SEEN, EXPIRED 2 NOT SEEN 3
30. Ampicillin inj.	YES 1 NO 2→31	YES 1 NO 2→31	YES 1 NO 2	SEEN, UNEXPIRED 1 SEEN, EXPIRED 2 NOT SEEN 3

MEDICATION	301a. Do you provide this MEDICATION here?	301b. Do you have this MEDICATION now?	302. At any time in the last 6 months did this facility run out of this MEDICATION?	303. MEDICATION SEEN (WITH EXPIRATION DATE)/ NOT SEEN
31. Gentamycin inj.	YES 1 NO 2→32	YES 1 NO 2→32	YES 1 NO 2	SEEN, UNEXPIRED 1 SEEN, EXPIRED 2 NOT SEEN 3
32. Atropin inj.	YES 1 NO 2→33	YES 1 NO 2→33	YES 1 NO 2	SEEN, UNEXPIRED 1 SEEN, EXPIRED 2 NOT SEEN 3
33. Dexamethason inj.	YES 1 NO 2→34	YES 1 NO 2→34	YES 1 NO 2	SEEN, UNEXPIRED 1 SEEN, EXPIRED 2 NOT SEEN 3
34. Amoxycillin inj.	YES 1 NO 2→35	YES 1 NO 2→35	YES 1 NO 2	SEEN, UNEXPIRED 1 SEEN, EXPIRED 2 NOT SEEN 3
35. Metronidazole inj.	YES 1 NO 2→36	YES 1 NO 2→36	YES 1 NO 2	SEEN, UNEXPIRED 1 SEEN, EXPIRED 2 NOT SEEN 3
36. 25% glucose ampule inj.	YES 1 NO 2→37	YES 1 NO 2→37	YES 1 NO 2	SEEN, UNEXPIRED 1 SEEN, EXPIRED 2 NOT SEEN 3
37. Salbutamol syp.	YES 1 NO 2→38	YES 1 NO 2→38	YES 1 NO 2	SEEN, UNEXPIRED 1 SEEN, EXPIRED 2 NOT SEEN 3
38. Ampicillin syp.	YES 1 NO 2→39	YES 1 NO 2→39	YES 1 NO 2	SEEN, UNEXPIRED 1 SEEN, EXPIRED 2 NOT SEEN 3
39. Paracetamol syp.	YES 1 NO 2→40	YES 1 NO 2→40	YES 1 NO 2	SEEN, UNEXPIRED 1 SEEN, EXPIRED 2 NOT SEEN 3
40. Amoxycillin syp.	YES 1 NO 2→41	YES 1 NO 2→41	YES 1 NO 2	SEEN, UNEXPIRED 1 SEEN, EXPIRED 2 NOT SEEN 3
41. ORS	YES 1 NO 2→42	YES 1 NO 2→42	YES 1 NO 2	SEEN, UNEXPIRED 1 SEEN, EXPIRED 2 NOT SEEN 3
42. Whitefeild ointment	YES 1 NO 2→43	YES 1 NO 2→43	YES 1 NO 2	SEEN, UNEXPIRED 1 SEEN, EXPIRED 2 NOT SEEN 3
43. SS magsulph	YES 1 NO 2→44	YES 1 NO 2→44	YES 1 NO 2	SEEN, UNEXPIRED 1 SEEN, EXPIRED 2 NOT SEEN 3
44. IV fluid	YES 1 NO 2→45	YES 1 NO 2→45	YES 1 NO 2	SEEN, UNEXPIRED 1 SEEN, EXPIRED 2 NOT SEEN 3
45. Benzyl benzoate lotion	YES 1 NO 2→46	YES 1 NO 2→46	YES 1 NO 2	SEEN, UNEXPIRED 1 SEEN, EXPIRED 2 NOT SEEN 3

MEDICATION	301a. Do you provide this MEDICATION here?	301b. Do you have this MEDICATION now?	302. At any time in the last 6 months did this facility run out of this MEDICATION?	303. MEDICATION SEEN (WITH EXPIRATION DATE)/ NOT SEEN
46. 1% gentian violet	YES 1 NO 2→47	YES 1 NO 2→47	YES 1 NO 2	SEEN, UNEXPIRED 1 SEEN, EXPIRED 2 NOT SEEN 3
47. Savlon	YES 1 NO 2→48	YES 1 NO 2→48	YES 1 NO 2	SEEN, UNEXPIRED 1 SEEN, EXPIRED 2 NOT SEEN 3
48. Cloramphenicol eye/ear drop	YES 1 NO 2→49	YES 1 NO 2→49	YES 1 NO 2	SEEN, UNEXPIRED 1 SEEN, EXPIRED 2 NOT SEEN 3
49. Sulbutamol inhaler	YES 1 NO 2→Q304	YES 1 NO 2→Q304	YES 1 NO 2	SEEN, UNEXPIRED 1 SEEN, EXPIRED 2 NOT SEEN 3

B. FAMILY PLANNING METHODS AVAILABLE IN THE FACILITY:

Now I would like to ask you about the family planning methods available in this facility. When we are finished, I will need to see your stock of the methods that we discuss.

METHOD	304. Does this facility have this METHOD now? CHECK Q 201. IF NOT CIRCLED FOR YES, THEN CIRCLE "7."	305. Have you had a stock-out of this METHOD or been unable to provide this METHOD in the past 6 months?	306. How many days in the last 6 months have you been out of this METHOD or unable to provide this METHOD?	307. METHOD SEEN/NOT SEEN	308. Do you refer clients for this METHOD?
a) Pill	YES 1 NO... 2→308a NA.... 7→308a	YES 1 NO 2→307a	DAYS <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	SEEN 1 NOT SEEN 2 304b ←	YES 1 NO 2
b) Condoms	YES 1 NO... 2→308b NA.... 7→308b	YES 1 NO 2→307b	DAYS <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	SEEN 1 NOT SEEN 2 304c ←	YES 1 NO 2
c) IUD	YES 1 NO... 2→308c NA.... 7→308c	YES 1 NO 2→307c	DAYS <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	SEEN 1 NOT SEEN 2 304d ←	YES 1 NO 2
d) Injectables	YES 1 NO... 2→308d NA.... 7→308d	YES 1 NO 2→307d	DAYS <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	SEEN 1 NOT SEEN 2 304e ←	YES 1 NO 2
e) NORPLANT	YES 1 NO... 2→308e NA.... 7→308e	YES 1 NO 2→307e	DAYS <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	SEEN 1 NOT SEEN 2 304f ←	YES 1 NO 2
f) Tubectomy	YES 1 NO... 2→308f NA.... 7→308f	YES 1 NO 2→304g	DAYS <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998		YES 1 NO 2
g) Vasectomy	YES 1 NO... 2→308g NA.... 7→308g	YES 1 NO 2→304h	DAYS <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998		YES 1 NO 2
h) Safe Delivery	YES 1 NO... 2→308h NA.... 7→308h	YES 1 NO 2→310	DAYS <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998		YES 1 NO 2

C. AVAILABILITY OF EQUIPMENT IN THE FACILITY:

Now I would like to ask you about the equipment available in this facility.

EQUIPMENT	310. Is this EQUIPMENT available and operational?	311. Has the EQUIPMENT been broken at any time in the last 6 months?	312. May I see the EQUIPMENT?
1. Blood pressure instrument	YES1 NO 2 →2	YES1 NO2	SEEN1 NOT SEEN2
2. Height-weight machine	YES1 NO 2 →3	YES1 NO2	SEEN1 NOT SEEN2
3. Stethoscope	YES1 NO 2 →4	YES1 NO2	SEEN1 NOT SEEN2
4. Baby weighing scale	YES1 NO 2 →5	YES1 NO2	SEEN1 NOT SEEN2
5. Disposable needles	YES1 NO 2 →6	YES1 NO2	SEEN1 NOT SEEN2
6. Sterilizer/autoclave	YES1 NO 2 →7	YES1 NO2	SEEN1 NOT SEEN2
7. Vaccine carrier/cold chain	YES1 NO 2 →8	YES1 NO2	SEEN1 NOT SEEN2
8. Safe delivery kit	YES1 NO 2 →9	YES1 NO2	SEEN1 NOT SEEN2
9. MCH kit	YES1 NO 2 →10	YES1 NO2	SEEN1 NOT SEEN2
10. Tubectomy kit	YES1 NO 2 →11	YES1 NO2	SEEN1 NOT SEEN2
11. Vasectomy kit	YES1 NO 2 →END	YES1 NO2	SEEN1 NOT SEEN2

COMMENT:

END OF INTERVIEW TIME

HOUR.....

--	--

MINUTE.....

--	--

CODE

--	--	--	--	--	--	--

Bangladesh Service Provision Assessment Survey 1999-2000

Health Facility Module

FWV/SACMO/NGO Health Personnel Questionnaire

IDENTIFICATION

<div>DIVISION _____</div> <div>DISTRICT _____</div> <div>THANA _____</div> <div>UNION/WARD _____</div> <div>VILLAGE/MOHALLA/BLOCK _____</div> <div>CLUSTER NUMBER</div> <div>DHAKA/CHITTAGONG = 1, SMALL CITY = 2, TOWN = 3, VILLAGE = 4</div> <div>TYPE OF FACILITY: (THC = 03, MCH [AT THC]/FWC = 04, RURAL DISPENSARY = 05, NGO HEALTH CENTRE/CLINIC = 06)</div>	<table style="width: 100%;"><tr><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td></tr><tr><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td></tr><tr><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td></tr><tr><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td></tr><tr><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td></tr></table>															
<div>DATE OF VISIT _____</div>	<div>DAY <table style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></div> <div>MONTH <table style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></div> <div>YEAR <table style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></div>															
<div>NAME OF HEALTH PERSONNEL _____</div> <div>POSITION OF HEALTH PERSONNEL INTERVIEWED: (FWV = 01, SACMO = 02, FPO = 93, NGO MEDICAL PERSONNEL = 96)</div> <div>SEX OF HEALTH PERSONNEL (1 = FEMALE, 2 = MALE)</div> <div>RESULT OF THE INTERVIEW: (COMPLETED = 1; POSTPONED = 2, REFUSED = 3, NOT AVAILABLE = 4)</div> <div>NAME OF INTERVIEWER _____</div> <div>INTERVIEWER CODE</div>	<table style="width: 100%;"><tr><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td></tr><tr><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td></tr><tr><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td></tr><tr><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td></tr><tr><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td></tr></table>															
<div>BEGINNING TIME</div>	<div>HOUR..... <table style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></div> <div>MINUTES <table style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></div>															

INTRODUCTION

We are carrying out a survey on maternal and child health services with the objective of supporting national efforts to improve these services. We are interested in knowing about your experiences in providing health services. We would like to ask you some questions about this subject. Please be assured that the information will be confidential and will never be linked back to you.

100	May I continue?	<div>YES 1</div> <div>NO 2</div>	→STOP
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Section 1. Experience and Training in MCH/FP Services

No.	QUESTIONS	CODING CLASSIFICATION	GO TO																												
101	Which organization do you work for?	BANGLADESH GOVT./MOHFP..... 1 NONGOVT. AGENCY..... 2 (NAME OF NGO)																													
102	How many years have you been working in this organization?	YEARS <input type="text"/> <input type="text"/> LESS THAN ONE YEAR 00 DON'T KNOW 98																													
106	Do you have any problems with shortage of methods or medicines you distribute? Such as: Family Planning Antibiotic ORS Immunization Vitamin A Other	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>NA</th> </tr> </thead> <tbody> <tr> <td>FP METHOD</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>ANTIBIOTIC</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>ORS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>IMMUNIZATION</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>VITAMIN A</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>OTHER..... 1</td> <td>2</td> <td>8</td> <td></td> </tr> </tbody> </table> (SPECIFY)		YES	NO	NA	FP METHOD	1	2	8	ANTIBIOTIC	1	2	8	ORS	1	2	8	IMMUNIZATION	1	2	8	VITAMIN A	1	2	8	OTHER..... 1	2	8		
	YES	NO	NA																												
FP METHOD	1	2	8																												
ANTIBIOTIC	1	2	8																												
ORS	1	2	8																												
IMMUNIZATION	1	2	8																												
VITAMIN A	1	2	8																												
OTHER..... 1	2	8																													
107a	Did you receive any basic/primary training before you started working as a family planning/health worker?	YES..... 1 NO 2 DON'T KNOW..... 8																													
107b	(In addition to basic training), did you receive any other training, such as in-service training?	YES..... 1 NO 2	→110																												

NAME OF THE TRAINING COURSE	108. Did this training include (COURSE)?	109. How long ago did this training (most recent) take place? (IF YEAR IS LESS THAN A YEAR CODE "00"; DK = "98")
a. MR	YES..... 1 NO 2 →108b	YEARS AGO <input type="text"/> <input type="text"/> DATE ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
b. EPI	YES..... 1 NO 2 →108c	YEARS AGO <input type="text"/> <input type="text"/> DATE ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
c. ARI	YES..... 1 NO 2 →108d	YEARS AGO <input type="text"/> <input type="text"/> DATE ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
d. Diarrhea	YES..... 1 NO 2 →108e	YEARS AGO <input type="text"/> <input type="text"/> DATE ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
e. Logistic management training	YES..... 1 NO 2 →108f	YEARS AGO <input type="text"/> <input type="text"/> DATE ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
f. HEALTH/FP MIS	YES..... 1 NO 2 →108g	YEARS AGO <input type="text"/> <input type="text"/> DATE ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
g. Low-dose oral pill	YES..... 1 NO 2 →108h	YEARS AGO <input type="text"/> <input type="text"/> DATE ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
h. IUD insertion and FP injectable	YES..... 1 NO 2 →108i	YEARS AGO <input type="text"/> <input type="text"/> DATE ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
i. MCH care	YES..... 1 NO 2 →108j	YEARS AGO <input type="text"/> <input type="text"/> DATE ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

NAME OF THE TRAINING COURSE	108. Did this training include (COURSE)?	109. How long ago did this training (most recent) take place? (IF YEAR IS LESS THAN A YEAR CODE "00"; DK = "98")
j. Satellite clinic management	YES..... 1 NO 2 →108k	YEARS AGO <input type="text"/> <input type="text"/> DATE ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
k. Nutrition and growth monitoring	YES..... 1 NO 2 →108l	YEARS AGO <input type="text"/> <input type="text"/> DATE ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
l. FP method distribution	YES..... 1 NO 2 →108m	YEARS AGO <input type="text"/> <input type="text"/> DATE ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
m. Essential Services Package (ESP)	YES..... 1 NO 2 →110	YEARS AGO <input type="text"/> <input type="text"/> DATE ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

SERVICES	110. Do you personally provide (SERVICE) to clients at this health center?
a. Antenatal care	YES.....1 NO.....2
b. Postnatal care	YES.....1 NO.....2
c. Care during delivery	YES.....1 NO.....2
d. Immunization	YES.....1 NO.....2
e. ARI management, diarrheal treatment	YES.....1 NO.....2
f. Vitamin A	YES.....1 NO.....2
g. Family planning counseling	YES.....1 NO.....2
h. Family planning services	YES.....1 NO.....2
i. Health education	YES.....1 NO.....2
j. Other _____ (PLEASE SPECIFY)	YES.....1 NO.....2

111. Do you know any pregnancy complications that need medical attention?	
CIRCLE CODE "1" FOR EACH COMPLICATION MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN AND READ THE DESCRIPTION OF EACH COMPLICATION NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE "2" IF THE COMPLICATION IS RECOGNIZED AND CODE "3" IF NOT RECOGNIZED.	
A. Anemia	YES (SPONTANEOUS)1 YES (PROBED)2 NO3
B. Severe headache/blurry vision	YES (SPONTANEOUS)1 YES (PROBED)2 NO3
C. Swollen arms and legs	YES (SPONTANEOUS)1 YES (PROBED)2 NO3
D. Abdominal pain	YES (SPONTANEOUS)1 YES (PROBED)2 NO3
E. Vaginal bleeding	YES (SPONTANEOUS)1 YES (PROBED)2 NO3

No.	QUESTIONS AND FILTERS	CODING CLASSIFICATION	GO TO
112	<p>What symptoms and warning signs during pregnancy, delivery, and after delivery would prompt you to refer a woman to a treatment facility?</p> <p>PROBE: Anything else?</p> <p>(CIRCLE ALL MENTIONED)</p>	<p>PREVIOUS BAD OBSTETRIC HISTORY/ ABDOMINAL SCARS/PREVIOUS STILLBIRTHA HYPERTENSION/HEADACHE/ SWELLING/FITSB ANEMIA/PALLOR/FATIGUE/ BREATHLESSNESSC CESSATION OF FETAL MOVEMENT/ BABYDOES NOT MOVE.....D ABNORMAL LIE/POSITION OF FETUS SEPSIS/FOUL-SMELLING DISCHARGE/ POSTPARTUM BDOMINAL PAIN F LIGHT BLEEDING/SPOTTINGG HEMORRHAGE/HEAVY BLEEDINGH MULTIPLE PREGNANCY/LARGE ABDOMEN.....I OBSTRUCTED/PROLONGED LABORJ NOTHING.....Y DON'T KNOWZ OTHER X (SPECIFY)</p>	

Section 2. Family Planning

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
201	CHECK 110g/110h. IF "YES", CIRCLE "1", OTHERWISE, CIRCLE "2".	YES 1 NO 2	→301
202	During the last three months, have you offered clients any family planning method? PROBE: Any others? (CIRCLE ALL MENTIONED)	FEMALE STERILIZATION A MALE STERILIZATION B PILL C IUD D INJECTION E NORPLANT F CONDOM G MENSTRUAL REGULATION H LAM I NATURAL FAMILY PLANNING J OTHER X (SPECIFY) NONE Y	
203	What methods would you recommend for women who want to delay or space births? PROBE: Any others? (CIRCLE ALL MENTIONED)	FEMALE STERILIZATION A MALE STERILIZATION B PILL C IUD D INJECTION E NORPLANT F CONDOM G MENSTRUAL REGULATION H LAM I NATURAL FAMILY PLANNING J OTHER X (SPECIFY) NONE Y	
204	What methods would you recommend for women who do not want any more children? PROBE: Any others? (CIRCLE ALL MENTIONED)	FEMALE STERILIZATION A MALE STERILIZATION B PILL C IUD D INJECTION E NORPLANT F CONDOM G MENSTRUAL REGULATION H LAM I NATURAL FAMILY PLANNING J OTHER X (SPECIFY) NONE Y	

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
205	<p>When someone tells you he/she is interested in using family planning, what questions would you ask her to determine which method would be appropriate?</p> <p>PROBE: Anything else?</p> <p>(CIRCLE ALL MENTIONED)</p>	<p>WHETHER HE/SHE IS NEWLY MARRIED A NO. OF CHILDREN HE/SHE HAS B WHETHER HE/SHE WANTS MORE CHILDREN C METHOD HE/SHE PREFERS D WHETHER SHE IS BREASTFEEDING E WHETHER SHE HAS IRREGULAR MENSTRUATION F WHETHER SHE HAS SEVERE HEADACHE G WHETHER SHE HAS DIFFICULTY BREATHING H OTHER X (SPECIFY)</p>	
206	<p>When a new family planning client comes for a method, what information do you give her?</p> <p>PROBE: Anything else?</p> <p>(CIRCLE ALL MENTIONED)</p>	<p>DISCUSS ADVANTAGES A DISCUSS DISADVANTAGES B DISCUSS SIDE EFFECTS C DISCUSS MULTIPLE METHODS D DISCUSS HOW TO USE E SOURCE OF GETTING METHOD E OTHER X (SPECIFY)</p>	
207A	<p>Is there a medical condition for which you should not recommend the pill?</p> <p>PROBE: Anything else?</p> <p>(CIRCLE ALL MENTIONED)</p>	<p>CARDIAC DISEASE (HIGH BLOOD PRESSURE, HEART DISEASE) A EPILEPSY B DIABETES, SICKLE CELL, LIVER DISEASE, JAUNDICE, ANEMIA C BREAST LUMPS/CANCER D PID E TUBERCULOSIS F OTHER X (SPECIFY) DON'T KNOW Z</p>	
207B	<p>Is there a medical condition for which you should not recommend IUD?</p> <p>PROBE: Anything else?</p> <p>(CIRCLE ALL MENTIONED)</p>	<p>CARDIAC DISEASE (HIGH BLOOD PRESSURE, HEART DISEASE) A EPILEPSY B DIABETES, SICKLE CELL, LIVER DISEASE, JAUNDICE, ANEMIA C BREAST LUMPS/CANCER D PID E TUBERCULOSIS F ULCER IN UTERUS G IRREGULAR MENSTRUATION H ABDOMINAL PAIN I OTHER X (SPECIFY) DON'T KNOW Z</p>	

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
207C	<p>Is there a medical condition for which you should not recommend injectables?</p> <p>PROBE: Anything else?</p> <p>(CIRCLE ALL MENTIONED)</p>	<p>CARDIAC DISEASE (HIGH BLOOD PRESSURE, HEART DISEASE)..... A</p> <p>EPILEPSYB</p> <p>DIABETES, SICKLE CELL, LIVER DISEASE, ANEMIAC</p> <p>BREAST LUMPS/CANCER D</p> <p>PIDE</p> <p>TUBERCULOSISF</p> <p>OTHER.....X</p> <p>(SPECIFY)</p> <p>DON'T KNOWZ</p>	

Section 3. RTI/STI Services

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
301	<p>In a woman, what signs and symptoms would lead you to think that she may have a sexually transmitted infection?</p> <p>PROBE: Any others?</p> <p>(RECORD ALL MENTIONED)</p>	<p>ABDOMINAL PAIN A</p> <p>GENITAL DISCHARGE..... B</p> <p>FOUL-SMELLING DISCHARGE C</p> <p>BURNING PAIN ON URINATION D</p> <p>REDNESS/INFLAMMATION IN GENITAL AREA E</p> <p>SWELLING IN GENITAL AREAF</p> <p>GENITAL SORES/ULCERS G</p> <p>GENITAL WARTS H</p> <p>BLOOD IN URINE I</p> <p>LOSS OF WEIGHT J</p> <p>INABILITY TO GIVE BIRTH K</p> <p>NO SYMPTOMS.....L</p> <p>OTHER..... W</p> <p>(SPECIFY)</p> <p>OTHER..... X</p> <p>(SPECIFY)</p> <p>DON'T KNOWZ</p>	
302	<p>Have you had training in reproductive tract infections (RTIs)/sexually transmitted infections (STIs)?</p>	<p>YES1</p> <p>NO2</p>	

Section 4. Supervision and Demographics

To finish, I would like to ask you some questions about yourself.

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
401	Do you have regular supervision of your job performance?	YES 1 NO 2	→406
402	Do you have a schedule for supervisory visits?	YES 1 NO 2	
403	How many times in the last 6 months have you had a visit from your supervisor?	NO. OF TIMES <input type="text"/> <input type="text"/> DON'T KNOW 98	
404	What did your supervisor do the last time he/she supervised you? PROBE: Anything else? (CIRCLE ALL MENTIONED)	DELIVERED SUPPLIES (FUEL, MEDICINE) A OBSERVED IMMUNIZATIONS B OBSERVED SICK CHILD MANAGEMENT C OBSERVED ANTENATAL CARE D OBSERVED FAMILY PLANNING E REVIEWED REPORTS F UPDATED HEALTH WORKER PROGRAM G DISCUSSED PROBLEMS H CHECKED REGISTER I SAW ACHIEVEMENT AND TARGET ... J OTHER: X (SPECIFY) NO VISIT Y	→406
405	Do you think that supervisory visits are useful?	FULLY USEFUL 1 PARTIALLY USEFUL 2 NOT USEFUL 3	
406	How old were you on your last birthday?	AGE IN YEARS <input type="text"/> <input type="text"/>	
407	What is your religion?	MUSLIM 1 HINDU 2 BUDDHIST 3 CHRISTIAN 4 OTHER 6	
408	Are you currently married?	MARRIED 1 SINGLE/NEVER MARRIED 2 DIVORCED/SEPARATED 3 WIDOW/ER 4	→410
409	How many living children do you have? IF THERE ARE NO LIVING CHILDREN, RECORD "00."	LIVING SONS <input type="text"/> <input type="text"/> LIVING DAUGHTERS <input type="text"/> <input type="text"/>	

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
410	CHECK Q 408: CURRENTLY MARRIED <input type="checkbox"/>	CURRENTLY NOT MARRIED <input type="checkbox"/>	413
411	Are you currently using a family planning method?	YES..... 1 NO..... 2	→413
412	Which method are you using?	FEMALE STERILIZATION01 MALE STERILIZATION.....02 PILL03 IUD04 INJECTION05 NORPLANT06 CONDOM.....07 MENSTRUAL REGULATION.....08 LAM09 NATURAL FAMILY PLANNING10 OTHER.....96 (SPECIFY)	
413	What are the most difficult problems that you face in doing your job? (CIRCLE ALL MENTIONED) PROBE: Anything else?	STAFF SHORTAGES A LACK OF SUPPLIES/ STOCK..... B LACK OF TRAINING FOR SELF..... C LACK OF SUPERVISION..... D LACK OF TIME TO DO WORK..... E PEOPLE DON'T USE FACILITY F LACK OF FEEDBACK ON PERFORMANCE G INADEQUATE TRANSPORT FOR PATIENTS..... H LACK OF MOTIVATION FOR STAFF... I LACK OF MOTIVATION FOR PATIENTS..... J LACK OF COORDINATION K POOR WORKING ENVIRONMENT..... L NO TRAVELING ALLOWANCE..... M NO JOB SECURITY N STAFF UNDERPAID..... O INSUFFICIENT OFFICE SPACE..... P OTHER..... X (SPECIFY) NO PROBLEM..... Y	
COMMENTS:			
ENDING TIME		HOUR.....	<input type="text"/> <input type="text"/>
		MINUTES	<input type="text"/> <input type="text"/>

CODE

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Bangladesh Service Provision Assessment Survey 1999-2000

Health Facility Module

Fieldworker Interview Questionnaire

IDENTIFICATION

DIVISION _____ DISTRICT _____ THANA _____ UNION/WARD _____ VILLAGE/MAHALLA/BLOCK _____ CLUSTER NUMBER _____ DHAKA/CHITTAGONG = 1, SMALL CITY = 2, TOWN = 3, VILLAGE = 4 _____									
DATE OF VISIT _____	DAY MONTH YEAR								
NAME OF FIELDWORKER: _____ POSITION OF FIELDWORKER INTERVIEWED: GOVT. FP FIELDWORKER (FWA) = 03, HEALTH ASSISTANT (HA) = 04, NONGOVT. FIELDWORKER = 05 SEX OF FIELDWORKER (1 = FEMALE, 2 = MALE) _____ RESULT OF THE INTERVIEW: (COMPLETED = 1, POSTPONED = 2, REFUSED = 3, NO WORKER AVAILABLE WITH THIS NAME = 4, NOT AT HOME = 5) NAME OF INTERVIEWER _____ INTERVIEWER CODE _____	<table border="1" style="margin: 0 auto;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
BEGINNING TIME	HOUR MINUTES								

INTRODUCTION

We are carrying out a survey on maternal and child health services with the objective of supporting national efforts to improve these services. We are interested in knowing about your experiences in providing health services. I would like to ask you some questions about this subject. Please be assured that the information will be confidential and will never be linked back to you.

100	May I continue?	YES 1 NO 2 <input type="checkbox"/> STOP
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Section 1. Experience and Training in MCH/FP Services

No.	QUESTIONS	CODING CLASSIFICATION	GO TO																												
101	Which organization do you work for?	BANGLADESH GOVT./MOHFP 1 NONGOVT. AGENCY 2 (NAME OF NGO)																													
102	How many years have you been working as a fieldworker in this organization?	YEARS <input type="text"/> <input type="text"/> LESS THAN ONE YEAR 00 DON'T KNOW 98																													
103	Do you work full time or part time?	FULL TIME 1 PART TIME 2	<input type="checkbox"/> 106																												
104	How many hours per week do you normally work?	HOURS <input type="text"/> <input type="text"/> DON'T KNOW 98																													
106	Do you have any problems with shortage of methods or medicines you distribute? Such as: Family planning methods Antibiotic ORS Immunization Vitamin A Other	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>NA</th> </tr> </thead> <tbody> <tr> <td>FP METHOD</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>ANTIBIOTIC</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>ORS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>IMMUNIZATION</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>VITAMIN A</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>OTHER.....1</td> <td>2</td> <td>8</td> <td></td> </tr> </tbody> </table> (SPECIFY)		YES	NO	NA	FP METHOD	1	2	8	ANTIBIOTIC	1	2	8	ORS	1	2	8	IMMUNIZATION	1	2	8	VITAMIN A	1	2	8	OTHER.....1	2	8		
	YES	NO	NA																												
FP METHOD	1	2	8																												
ANTIBIOTIC	1	2	8																												
ORS	1	2	8																												
IMMUNIZATION	1	2	8																												
VITAMIN A	1	2	8																												
OTHER.....1	2	8																													
107a	Did you receive any basic/primary training before you started working as a family planning/health worker?	YES 1 NO 2 DON'T KNOW 8																													
107b	(In addition to basic training), did you receive any other training such as in-service training?	YES..... 1 NO 2	→110																												

NAME OF THE TRAINING COURSE	108. Did this training include (COURSE)?	109. How long ago did this training (most recent) take place? (IF LESS THAN A YEAR CODE "00"; DK = "98")
a. EPI	YES..... 1 NO 2 →108b	YEARS AGO <input type="text"/> <input type="text"/> DATE ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
b. ARI	YES..... 1 NO 2 →108c	YEARS AGO <input type="text"/> <input type="text"/> DATE ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
c. Diarrhea	YES..... 1 NO 2 →108d	YEARS AGO <input type="text"/> <input type="text"/> DATE ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
d. Logistic management training	YES..... 1 NO 2 →108e	YEARS AGO <input type="text"/> <input type="text"/> DATE ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
e. Health/FP MIS	YES..... 1 NO 2 →108f	YEARS AGO <input type="text"/> <input type="text"/> DATE ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
f. Low-dose oral pill	YES..... 1 NO 2 →108g	YEARS AGO <input type="text"/> <input type="text"/> DATE ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

NAME OF THE TRAINING COURSE	108. Did this training include (COURSE)?	109. How long ago did this training (most recent) take place? (IF LESS THAN A YEAR CODE "00"; DK = "98")
g. IUD insertion and FP injectable	YES..... 1 NO 2 →108h	YEARS AGO <input type="text"/> <input type="text"/> DATE ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
h. MCH care	YES..... 1 NO 2 →108i	YEARS AGO <input type="text"/> <input type="text"/> DATE ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
i. Satellite clinic management	YES..... 1 NO 2 →108j	YEARS AGO <input type="text"/> <input type="text"/> DATE ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
j. Nutrition and growth monitoring	YES..... 1 NO 2 →108k	YEARS AGO <input type="text"/> <input type="text"/> DATE ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
k. FP method distribution	YES..... 1 NO 2 →108l	YEARS AGO <input type="text"/> <input type="text"/> DATE ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
l. Family planning counseling	YES..... 1 NO 2 →110	YEARS AGO <input type="text"/> <input type="text"/> DATE ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

SERVICES	110. Do you personally provide (SERVICE) to clients?
a. Immunization	YES.....1 NO.....2
b. ARI management, diarrheal treatment	YES.....1 NO.....2
c. Vitamin A	YES.....1 NO.....2
d. Family planning counseling	YES.....1 NO.....2
e. Family planning services	YES.....1 NO.....2
f. Health education	YES.....1 NO.....2
g. Other _____ (PLEASE SPECIFY)	YES.....1 NO.....2

111. Do you know any pregnancy complications that need medical attention?	
CIRCLE CODE "1" FOR EACH COMPLICATION MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN AND READ THE DESCRIPTION OF EACH COMPLICATION NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE "2" IF THE COMPLICATION IS RECOGNIZED AND CODE "3" IF NOT RECOGNIZED.	
A. Anemia	YES (SPONTANEOUS)1 YES (PROBED)2 NO3
B. Severe headache/blurry vision	YES (SPONTANEOUS)1 YES (PROBED)2 NO3
C. Swollen arms and legs	YES (SPONTANEOUS)1 YES (PROBED)2 NO3
D. Abdominal pain	YES (SPONTANEOUS)1 YES (PROBED)2 NO3
E. Vaginal bleeding	YES (SPONTANEOUS)1 YES (PROBED)2 NO3

No.	QUESTIONS AND FILTERS	CODING CLASSIFICATION	GO TO
112	<p>What symptoms and warning signs during pregnancy, delivery, and after delivery would prompt you to refer a woman to a treatment facility?</p> <p>PROBE: Anything else?</p> <p>(CIRCLE ALL MENTIONED)</p>	<p>PREVIOUS BAD OBSTETRIC HISTORY/ ABDOMINAL SCARS/PREVIOUS STILLBIRTHA HYPERTENSION/HEADACHE/ SWELLING/FITSB ANEMIA/PALLOR/FATIGUE/ BREATHLESSNESSC CESSATION OF FETAL MOVEMENT/ BABY DOES NOT MOVE.....D ABNORMAL LIE/POSITION OF FETUS/ SEPSIS/FOUL-SMELLING DISCHARGE/ POSTPARTUM ABDOMINAL PAINF LIGHT BLEEDING/SPOTTINGG HEMORRHAGE/HEAVY BLEEDING....H MULTIPLE PREGNANCY/LARGE ABDOMENI OBSTRUCTED/PROLONGED LABOR .J NOTHING.....Y DON'T KNOWZ OTHER.....X</p> <p>(SPECIFY)</p>	

Section 2. Family Planning

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
201	CHECK 110d/110e. IF "YES," CIRCLE "1," OTHERWISE, CIRCLE "2."	YES 1 NO 2	<input type="checkbox"/> 301
202	<p>During the last three months, have you offered clients any family planning method?</p> <p>PROBE: Any others?</p> <p>(CIRCLE ALL MENTIONED)</p>	<p>FEMALE STERILIZATION A MALE STERILIZATION B PILL C IUD D INJECTION E NORPLANT F CONDOM G MENSTRUAL REGULATION H LAM I NATURAL FAMILY PLANNING J</p> <p>OTHER _____ _____ (SPECIFY) X NONE Y</p>	
203	<p>What methods would you recommend for delaying or spacing births?</p> <p>PROBE: Any others?</p> <p>(CIRCLE ALL MENTIONED)</p>	<p>FEMALE STERILIZATION A MALE STERILIZATION B PILL C IUD D INJECTION E NORPLANT F CONDOM G MENSTRUAL REGULATION H LAM I NATURAL FAMILY PLANNING J</p> <p>OTHER _____ X _____ (SPECIFY) Y NONE Y</p>	
204	<p>What methods would you recommend for women who do not want any more children?</p> <p>PROBE: Any others?</p> <p>(CIRCLE ALL MENTIONED)</p>	<p>FEMALE STERILIZATION A MALE STERILIZATION B PILL C IUD D INJECTION E NORPLANT F CONDOM G MENSTRUAL REGULATION H LAM I NATURAL FAMILY PLANNING J</p> <p>OTHER _____ X _____ (SPECIFY) Y NONE Y</p>	

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
205	<p>When someone tells you he/she is interested in using family planning, what questions would you ask to determine which method would be appropriate?</p> <p>PROBE: Anything else?</p> <p>(CIRCLE ALL MENTIONED)</p>	<p>WHETHER HE/SHE IS NEWLY MARRIED A NO. OF CHILDREN HE/SHE HAS B WHETHER HE/SHE WANTS MORE CHILDREN C METHOD HE/SHE PREFERS D WHETHER SHE IS BREASTFEEDING E WHETHER SHE HAS IRREGULAR MENSTRUATION F WHETHER SHE HAS SEVERE HEADACHE G WHETHER SHE HAS DIFFICULTY BREATHING H OTHER X (SPECIFY)</p>	
206	<p>When a new family planning client comes for a method, what information do you give her?</p> <p>PROBE: Anything else?</p> <p>(CIRCLE ALL MENTIONED)</p>	<p>DISCUSS ADVANTAGES A DISCUSS DISADVANTAGES B DISCUSS SIDE EFFECTS C DISCUSS MULTIPLE METHODS D DISCUSS HOW TO USE E SOURCE OF GETTING METHOD F OTHER X (SPECIFY)</p>	
207A	<p>Is there a medical condition for which you should not recommend the pill?</p> <p>PROBE: Anything else?</p> <p>(CIRCLE ALL MENTIONED)</p>	<p>CARDIAC DISEASE (HIGH BLOOD PRESSURE, HEART DISEASE) A EPILEPSY B DIABETES, SICKLE CELL, LIVER DISEASE, JAUNDICE, ANEMIA C BREAST LUMPS/CANCER D PID E TUBERCULOSIS F OTHER X (SPECIFY) DON'T KNOW Z</p>	
207B	<p>Is there a medical condition for which you should not recommend IUD?</p> <p>PROBE: Anything else?</p> <p>(CIRCLE ALL MENTIONED)</p>	<p>CARDIAC DISEASE (HIGH BLOOD PRESSURE, HEART DISEASE) A EPILEPSY B DIABETES, SICKLE CELL, LIVER DISEASE, JAUNDICE, ANEMIA C BREAST LUMPS/CANCER D PID E TUBERCULOSIS F ULCER IN UTERUS G IRREGULAR MENSTRUATION H ABDOMINAL PAIN I OTHER X (SPECIFY) DON'T KNOW Z</p>	

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
207C	<p>Is there a medical condition for which you should not recommend injectables?</p> <p>PROBE: Anything else?</p> <p>(CIRCLE ALL MENTIONED)</p>	<p>CARDIAC DISEASE (HIGH BLOOD PRESSURE, HEART DISEASE) A</p> <p>EPILEPSY B</p> <p>DIABETES, SICKLE CELL, LIVER DISEASE, ANEMIA C</p> <p>BREAST LUMPS/CANCER D</p> <p>PID E</p> <p>TUBERCULOSIS F</p> <p>OTHER X</p> <p>(SPECIFY)</p> <p>DON'T KNOW Z</p>	

Section 3. RTI/STI Services

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
301	<p>In a woman, what signs and symptoms would lead you to think that she may have a sexually transmitted infection?</p> <p>PROBE: Any others?</p> <p>(RECORD ALL MENTIONED)</p>	<p>ABDOMINAL PAIN A</p> <p>GENITAL DISCHARGE B</p> <p>FOUL-SMELLING DISCHARGE C</p> <p>BURNING PAIN ON URINATION D</p> <p>REDNESS/INFLAMMATION IN GENITAL AREA E</p> <p>SWELLING IN GENITAL AREA F</p> <p>GENITAL SORES/ULCERS G</p> <p>GENITAL WARTS H</p> <p>BLOOD IN URINE I</p> <p>LOSS OF WEIGHT J</p> <p>INABILITY TO GIVE BIRTH K</p> <p>NO SYMPTOMS L</p> <p>OTHER W</p> <p>(SPECIFY)</p> <p>OTHER X</p> <p>(SPECIFY)</p> <p>DON'T KNOW Z</p>	
302	<p>Have you had training in reproductive tract infections (RTIs)/sexually transmitted infections (STIs)?</p>	<p>YES 1</p> <p>NO 2</p>	

Section 4. Supervision and Demographics

Now, I would like to ask you some questions about yourself.

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
401	Do you have regular supervision of your job performance?	YES 1 NO 2	<input type="checkbox"/> 406
402	Do you have a schedule for supervisory visits?	YES 1 NO 2	
403	How many times in the last 6 months have you had a visit from your supervisor?	NO. OF TIMES <input type="text"/> DON'T KNOW 98	
404	What did your supervisor do the last time he/she supervised you? (CIRCLE ALL MENTIONED) PROBE: Anything else?	DELIVERED SUPPLIES (FUEL, MEDICINE) A OBSERVED IMMUNIZATIONS B OBSERVED SICK CHILD MANAGEMENT C OBSERVED ANTENATAL CARE D OBSERVED FAMILY PLANNING E REVIEWED REPORTS F UPDATED HEALTH WORKER PROGRAM G DISCUSSED PROBLEMS H CHECKED REGISTER I SAW ACHIEVEMENT AND TARGET J OTHER: X (SPECIFY) NO VISIT Y	<input type="checkbox"/> 406
405	Do you think that supervisory visits are useful?	FULLY USEFUL 1 PARTIALLY USEFUL 2 NOT USEFUL 3	
406	How old were you on your last birthday?	AGE IN YEARS <input type="text"/>	
407	What is your religion?	MUSLIM 1 HINDU 2 BUDDHIST 3 CHRISTIAN 4 OTHER 6	
408	Are you currently married?	MARRIED 1 SINGLE/NEVER MARRIED 2 DIVORCED/SEPARATED 3 WIDOWER 4	<input type="checkbox"/>
409	How many living children do you have? IF THERE ARE NO LIVING CHILDREN, RECORD "00."	LIVING SON <input type="text"/> LIVING DAUGHTER <input type="text"/>	
410	CHECK Q 408: CURRENTLY MARRIED <input type="checkbox"/>	CURRENTLY NOT MARRIED <input type="checkbox"/>	413

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
411	Are you currently using a family planning method?	YES 1 NO 2	<input type="checkbox"/> <input type="checkbox"/> 13
412	Which method are you using?	FEMALE STERILIZATION.....01 MALE STERILIZATION02 PILL03 IUD04 INJECTION.....05 NORPLANT06 CONDOM07 MENSTRUAL REGULATION08 LAM09 NATURAL FAMILY PLANNING..... 10 OTHER.....96 (SPECIFY)	
413	What are the most difficult problems that you face in doing your job? (CIRCLE ALL MENTIONED) PROBE: Anything else?	STAFF SHORTAGES.....A LACK OF SUPPLIES/STOCKB LACK OF TRAINING FOR SELFC LACK OF SUPERVISION.....D LACK OF TIME TO DO WORKE PEOPLE DON'T USE FACILITYF LACK OF FEEDBACK ON PERFORMANCE.....G INADEQUATE TRANSPORT FOR PATIENTSH LACK OF MOTIVATION FOR STAFF . I LACK OF MOTIVATION FOR PATIENTSJ LACK OF COORDINATIONK POOR WORKING ENVIRONMENT ... L NO TRAVELING ALLOWANCEM NO JOB SECURITYN STAFF UNDERPAIDO INSUFFICIENT OFFICE SPACE.....P OTHER.....X (SPECIFY) NO PROBLEM.....Y	
COMMENTS:			
ENDING TIME		HOUR.....	<input type="text"/> <input type="text"/>
		MINUTES	<input type="text"/> <input type="text"/>