UPLOAD4653107990145520960

Field	Question	Answer
info_note1	ENUMERATOR: Please introduce yourself and the survey as you have learned. This text can help you: START TO READ ALOUD: We would like to invite you to take part in the research on the "SURE-P Maternal and Child Health Initiative in Nigeria". The purpose of this study is to improve the delivery of maternal and child health, with the ultimate aim to reduce infant and maternal morbidity and mortality in Nigeria. You have been chosen to participate in this research because this Primary Health Centre has fulfilled the eligibility criteria of the SURE-P program. Your participation in this research will consist on answering a set of questions about your health facility's equipment and human resources. You are at liberty not to answer any questions that you feel uncomfortable with or to withdraw from the study at any time, or to withdraw any data that you might have already provided without providing an explanation. Withdrawing from the study will not affect any future benefits, care, education or employment possibilities in the future. The Information that you provide will be confidential and might be made available to other researchers for related studies to this one but only in a fully anonymized way and only for the purpose of research. This research has been approved by the National Health Research Ethics Committee, approval number NHREC/01/01/2007, valid from February 2, 2013 to February 1, 2014 and The Ethics Committee of University College London 1827/004. If you have any questions about this research or your rights as research participant, you should address them to: Dr. Sidi-Ali Imam Mohammed MCH/SURE-P NPHCDA 1, Mubi Close, Area 11, Garki e-mail: sidialimohammed@yahoo.com Tel. +234-8031973001 NHREC Administrative Officer Department of Health Planning and Research, Federal Ministry of Health PMB 083, Abuja +234 80 6547 9926 yaminads@yahoo.com If the respondent is suspicious, please emphasize that we are independent, data will be held confidentially, and analyzed anonymously.	
info_note2	ENUMERATOR PLEASE READ THE CONSENT FORM: Name of Representative: ……………………………………………………….. I consent and agree to participate in the research being conducted on the "SURE-P Maternal and Child Health Initiative in Nigeria" on behalf of my health facility. A study information sheet has been availed to me. This study is to help improve policy-making and programs to reduce infant and maternal morbidity and mortality in Nigeria in collaboration with health facilities such as this one. I acknowledge that I have been provided with a satisfactory explanation of the research, aims and objectives, and methods; and I agree to take part in the research. I also understand that: • I will be interviewed to provide information on the health facility, including questions regarding the administration of the health facility, the health facility's budget, human resources, and equipment. • Information that I provide will be confidential and will not identify me or connect me to the study or be disclosed to anyone, within the limits of the law. • The data collected by the researcher will be stored in a secure manner. • The data will not be available to any other persons except for the purpose of research. • I am at liberty not to answer any questions that I am uncomfortable with or to withdraw from the study at any time, or to withdraw any data that I might have already provided without providing an explanation. Withdrawing from the study will not affect any of my future benefits or employment opportunities. • The information I will provide is for the purpose of research only. • The research the community is participating in has been approved by the National Health Research Ethics Committee, approval number NHREC/01/01/2007, valid from February 2, 2013 to February 1, 2014. Interviewer to read: If you have any concerns of your rights as a research participant kindly contact: NHREC Administrative Officer Department of Health Planning and Research, Federal Ministry of Health PMB 083, Abuja +234 80 6547 9926 yaminads@yahoo.com Date: ………………………………….. Signature ……………………………… (or) Finger print: Signature (interviewer) …………………………………………Thank you	
note_0a	Hanovia Medical Limited	
Hanovia Medical Limited		
state_name (required)	I.1 What is the Name of State?	ANA Anambra ENU Enugu AKW Akwa Ibom ADA Adamawa ABI Abia BAU Bauchi BAY Bayelsa BEN Benue BOR Borno CRO Cross River DEL Delta EBO Ebonyi EDO Edo EKI Ekiti FCT FCT GOM Gombe IMO Imo JIG Jigawa KAD Kaduna

		KAN	Kano
		KAT	Katsina
		KEB	Kebbi
		KOG	Kogi
		KWA	Kwara
		LAG	Lagos
		NAS	Nasarawa
		NIG	Niger
		OGU	Ogun
		OND	Ondo
		OSU	Osun
		OYO	Oyo
		PLA	Plateau
		RIV	Rivers
		SOK	Sokoto
		TAR	Taraba
		YOB	Yobe
		ZAM	Zamfara
healthcare_name (required)	I.2 What is the Name of the Primary Healthcare Facility?	1	1
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village_place (required)	I.3 Enumerator, please record the type of setting	1	Rural
		2	Peri-urban
		3	Urban
Questionnaire			
note_1a	Section 1.1 - General Information I will now ask some questions about GENERAL INFORMATION in this Facility		
Questionnaire > Section 1.1 - General Information			
name_respondent (required)	1.1.1 What is your Name? Enter 'First Name' and 'Surname(Last Name)'		
respondent_mobilephone_sp (required)	1.1.1.1 Do you have Mobile Phone?	1	Yes
		0	No
respondent_mobilephone_number_sp (required)	1.1.1.2 Could you please tell me your personal cellphone number?		
in_charge (required)	1.1.2 Are you the In-Charge in this facility?	1	Yes
		0	No
charge_respondent (required)	1.1.3 What year did you become the in charge of this facility?		
position_respondent (required)	1.1.4 What is your profession?	1	Doctor
		2	Midwife
		3	Nurse
		4	Nurse Midwife
		5	Environmental Health Officer
		6	Pharmacist/Pharmacy Tech.
		7	Lab Technician
		8	CHEW
		9	Junior CHEW
		10	Senior CHEW
		11	Administrative Staff
		12	Record Officer
		other	Other
position_respondent_other	Specify other.		
age_respondent (required)	1.1.4 How old are you? If the answer is I DON'T KNOW record "-888" and if the answer is REFUSED TO ANSWER record "-999"		
gender_respondent (required)	1.1.5 Enumerator: record whether the respondent is male or female DO NOT ASK THIS QUESTION OUT LOUD	1	Female
		2	Male
ethnia_respondent (required)	1.1.6 What is your ETHNIC group?	1	Hausa
		2	Fulani
		3	Igbo
		4	Yoruba
		-888	-888
		-999	-999
		other	Other
ethnia_respondent_other	Specify other.		
	1.1.7 What is your RELIGION?	1	None

religion_respondent (required)	1.1.7 What is your RELIGION?	1	None
		2	Christianity
		3	Muslim/Islam
		4	Traditional
		-888	-888
		-999	-999
		other	Other
religion_respondent_other	Specify other.		
language_respondent (required)	1.1.8 What is your LANGUAGE?	1	English
		2	Yoruba
		3	Igbo
		4	Hausa
		5	Fulani
		6	Tiv
		7	Urhobo
		8	Isekiri
		9	Igala
		10	Gbagyi
		11	Idoma
		12	Efik
		13	Ibibio
		14	Nupe
		15	Ikwere
		16	Kanuri
		-888	-888
		-999	-999
		other	Other
language_respondent_other	Specify other.		
type_healthfacility (required)	1.1.9 What type of health facility is this?	1	Health Post
		2	Health Clinic
		3	Primary Health Care Center
		4	Comprehensive Primary Health Care Centre
		-888	-888
		-999	-999
		other	Other
type_healthfacility_other	Specify other.		
management_facility (required)	1.1.10 What authority manages the facility?	1	State Government
		2	Local Government
		-888	-888
		-999	-999
		other	Other
management_facility_other	Specify other.		
date_yes1 (required)	1.1.11 Do you know when (year) this health facility was built?	1	Yes
		0	No
date_year1 (required)	1.1.12 What year?		
date_yes2 (required)	1.1.13 Do you know when (year) the last major renovation of the physical structure of the building was done?	1	Yes
		0	No
date_year2 (required)	1.1.14 What year?		
open_facility (required)	1.1.15 How many days each week is the facility open for patient care?	1	0
		2	1
		3	2
		4	3
		5	4
		6	5
		7	6
		8	7
hours0 (required)	1.1.16 In the days that the facility is open, is there personnel shift rotation in place to cover 24 hours per day of patient care?	1	Yes
		0	No
hours2 (required)	1.1.17 Is at least one midwife available per shift?	1	Yes
		0	No

hours3 (required)	1.1.18 How many hours each day is at least one midwife available?			
hours1 (required)	1.1.19 How many hours per day is the facility open for patient care?			
hours4 (required)	1.1.20 How many hours each day is at least one midwife available?			
anc_days (required)	1.1.21 How many days each week is antenatal care available at this facility?	1	0	
		2	1	
		3	2	
		4	3	
		5	4	
		6	5	
		7	6	
		8	7	
note_1b	Section 1.2 - Facility Characteristics I will now ask questions about your FACILITY CHARACTERISTICS			

Questionnaire > Section 1.2 - Facility Characteristics

reception_room (required)	1.2.1 Is there a reception/registration room?	1	Yes	
		0	No	
waiting_indoor (required)	1.2.2 Is there an indoor waiting area for patients?	1	Yes	
		0	No	
waiting_room (required)	1.2.3 Is there a separate waiting room for women in the facility?	1	Yes	
		0	No	
observation_beds (required)	1.2.4 Are there any observation beds?	1	Yes	
		0	No	
available_beds (required)	1.2.5 How many beds are available for observation?			
cleanliness (required)	1.2.6 Enumerator should comment on Cleanliness Enumerator should observe only	1	Clean	
		2	Fairly clean	
		3	Not Clean	
energy_light (required)	1.2.7 What is the MAIN source of power supply? i.e. which do you use the most		1	Electricity from grid (NEPA/PHCN)
			2	Electricity from generator
			3	No source of power supply
			4	Solar panel
			other	Other
energy_light_other	Specify other.			
electricity (required)	1.2.8 During last week were there days in which this facility had no electricity/light at all? This question refers to National Grid only	1	Yes	
		0	No	
electricity_days (required)	1.2.9 How many? This question refers to National Grid only			
electricity_hours (required)	1.2.10 Last week, how many days did you have electricity interruptions that lasted 2 hours or more?	1	0	
		2	1	
		3	2	
		4	3	
		5	4	
		6	5	
		7	6	
		8	7	
water_dry_season (required)	1.2.11 What is the MAIN source of clean water in this facility in the dry season? i.e. which do you use the most		1	Directly from river/Lake/Stream/Dam
			2	Pumped/Piped from river/Lake/Stream/Dam
			3	Unprotected well
			4	Protected well
			5	Borehole
			6	Public tap
			7	Own tap
			8	Other tap (e.g. in nearby building)
			9	Bought from water vendor
			10	Bottled/Bagged water
			11	Rain water
			other	Other
water_dry_season_other	Specify other.			

Questionnaire > Section 1.2 - Facility Characteristics > table_list_13

generated_table_list_label_55	1.2.12 In the dry season, how long (hours and minutes) does it take to fetch water from the main source for this health facility (round trip)?		
table_list_13_1 (required)	HOURS If the answer is ZERO record "0"		
table_list_13_2 (required)	MINUTES If the answer is ZERO record "0"		
water_rainy_season (required)	1.2.13 What is the MAIN source of clean water in this facility in the rainy season? i.e. which do you use the most	1	Directly from river/Lake/Stream/Dam
		2	Pumped/Piped from river/Lake/Stream/Dam
		3	Unprotected well
		4	Protected well
		5	Borehole
		6	Public tap
		7	Own tap
		8	Other tap (e.g. in nearby building)
		9	Bought from water vendor
		10	Bottled/Bagged water
		11	Rain water
		other	Other
water_rainy_season_other	Specify other.		

Questionnaire > Section 1.2 - Facility Characteristics > table_list_14

generated_table_list_label_60	1.2.14 In the rainy season, how long (hours and minutes) does it take to fetch water from the main source for this health facility (round trip)?		
table_list_14_1 (required)	HOURS If the answer is ZERO record "0"		
table_list_14_2 (required)	MINUTES If the answer is ZERO record "0"		
telephone (required)	1.2.15 What is the primary source of telephone communication?	1	Landline
		2	Facility mobile phone
		3	Personal mobile phone
		4	One or two-way radio
		5	Outside facility
		6	None
		-888	-888
		-999	-999
		other	Other
telephone_other	Specify other.		
referral_facility1 (required)	1.2.16 Does this facility refer patients to other facilities?	1	Yes
		0	No
referral_facility2 (required)	1.2.17 How far, in kilometers, is the referral facility / hospital from this facility? Record distance in KM (if less than 1 KM record ZERO); Please state the average distance taken.		

Questionnaire > Section 1.2 - Facility Characteristics > table_list_15

generated_table_list_label_67	1.2.18 How long (hours and minutes) does it take to travel using a car from this health facility to the referral health facility?		
table_list_15_1 (required)	HOURS If the answer is ZERO record "0"		
table_list_15_2 (required)	MINUTES If the answer is ZERO record "0"		
transportation_facility (required)	1.2.19 Does the facility have access to transportation for patients? To pick up patients or take them to the referral facility	1	Yes
		0	No

Questionnaire > Section 1.2 - Facility Characteristics > table_list_16

generated_table_list_label_72	1.2.20 What type of transportation for patients does the facility have access to?		
reserved_name_for_field_list_labels_73		1	Yes
		0	No
table_list_16_1 (required)	Ambulance owned by facility	1	Yes
		0	No
table_list_16_2 (required)	Ambulance owned by LGA	1	Yes
		0	No
table_list_16_3 (required)	Private vehicle rented full-time	1	Yes
		0	No
table_list_16_4 (required)	Private vehicle rented part-time	1	Yes
		0	No

table_list_16_5 (required)	Other vehicle owned by facility	1	Yes
		0	No
table_list_16_6 (required)	Private vehicles on call	1	Yes
		0	No
table_list_16_7 (required)	Other	1	Yes
		0	No
table_list_16_8 (required)	Other (specify)		
transportation_availability (required)	1.2.21 Last week, how many hours was at least one of the type of transportation available? Record number of hours (max 168). If the answer is ZERO record "0"		
pc_facility (required)	1.2.22 Does the facility have access to a functioning computer?	1	Yes
		0	No

Questionnaire > Section 1.2 - Facility Characteristics > table_list_17

generated_table_list_label_84	1.2.23 Does the facility use the computer for any of the following: READ ALL OPTIONS ALOUD, AND RECORD "YES" / "NO" FOR EACH OPTION		
reserved_name_for_field_list_labels_85		1	Yes
		0	No
table_list_17_1 (required)	Tracking or organizing medical records	1	Yes
		0	No
table_list_17_2 (required)	Managing lab results	1	Yes
		0	No
table_list_17_3 (required)	Billing patients	1	Yes
		0	No
table_list_17_4 (required)	Tracking number of patients	1	Yes
		0	No
table_list_17_5 (required)	Tracking expenditures / costs	1	Yes
		0	No
table_list_17_6 (required)	Tracking drug inventory	1	Yes
		0	No
table_list_17_7 (required)	Scheduling of appoinments	1	Yes
		0	No
table_list_17_8 (required)	Other	1	Yes
		0	No
table_list_17_9 (required)	Other (specify)		
note_2	Section 2 - Administration and Management I will now ask questions about ADMINISTRATION AND MANAGEMENT at this Facility		

Questionnaire > Section 2 - Administration and Management

facility_meetings (required)	2.1 How many health facility staff meetings were held in the past 12 months? Record number of meetings in the last 12 months. If the answer is ZERO record "0"		
facility_workplan (required)	2.2 Has a facility workplan been developed for this year? Enumerator: If the answer is "YES" please sight the workplan.	1	Yes, but not sighted
		2	Yes, and sighted
		3	No
		-888	-888
		-999	-999
facility_workplan1 (required)	2.3 Enumerator: ask to see the workplan Enumerator: Record "YES" it if was shown to you. Record "NO" if it was not shown to you.	1	Yes
		0	No

Questionnaire > Section 2 - Administration and Management > table_list_21

generated_table_list_label_101	2.4 Who was involved in setting this workplan? READ ALL OPTIONS ALOUD, AND RECORD "YES" / "NO" FOR EACH OPTION		
reserved_name_for_field_list_labels_102		1	Yes
		0	No
table_list_21_1 (required)	Health facility staff	1	Yes
		0	No
table_list_21_2 (required)	NGO staff	1	Yes
		0	No
table_list_21_3 (required)	Local government	1	Yes
		0	No
table_list_21_4 (required)	Community health workers	1	Yes
		0	No
table_list_21_5 (required)	Community members	1	Yes
		0	No
table_list_21_6 (required)	Village / Ward Development Committee	1	Yes
		0	No

table_list_21_7 (required)	Other	1	Yes
		0	No
table_list_21_8 (required)	Other (specify)		
identified_activities (required)	2.5 Are priority activities identified for 2013 in the Workplan?	1	Yes
		0	No
Questionnaire > Section 2 - Administration and Management > table_list_22			
generated_table_list_label_112	2.6 What are the priority activities for 2013 in Workplan? DO NOT READ ALOUD THE OPTIONS, AND RECORD "YES" / "NO" FOR EACH OPTION		
reserved_name_for_field_list_labels_113		1	Yes
		0	No
table_list_22_1 (required)	Antenatal care	1	Yes
		0	No
table_list_22_2 (required)	Institutional delivery	1	Yes
		0	No
table_list_22_3 (required)	Post Natal care	1	Yes
		0	No
table_list_22_4 (required)	Immunization	1	Yes
		0	No
table_list_22_5 (required)	Nutrition	1	Yes
		0	No
table_list_22_6 (required)	IMCI	1	Yes
		0	No
table_list_22_7 (required)	Malaria	1	Yes
		0	No
table_list_22_8 (required)	TB	1	Yes
		0	No
table_list_22_9 (required)	HIV/AIDS	1	Yes
		0	No
table_list_22_10 (required)	Other	1	Yes
		0	No
table_list_22_11 (required)	Other (specify)		
facility_internally (required)	2.7 In the last 12 months, how many times was staff performance at this facility internally assessed (ie, assessed by personnel working IN facility)? Record number of times. If the answer is ZERO record "0"		
facility_externally (required)	2.8 In the last 12 months, how many times was staff performance at this facility externally assessed (ie, assessed by personnel working OUTSIDE the facility)? Record number of times. If the answer is ZERO record "0"		
supervision (required)	2.9 Is there a community group, such as a ward or village development committee, that supervises the work of this health facility?	1	Yes
		0	No
supervision_visits (required)	2.10 In the last 6 months, how many supervision visits were made by this group or these community members? Record number of visits. If the answer is ZERO record "0"		
supervision_book (required)	2.11 Were recommendations written in a supervision book from last supervision?	1	Yes, but not sighted
		2	Yes, and sighted
		3	No
		-888	-888
		-999	-999
recommendations (required)	2.12 Is there a community group, such as a ward or village development committee, who make formal recommendations to this health facility?	1	Yes
		0	No
supervision_visits_213 (required)	2.13 In the past 6 months, have any formal recommendation been made by this group or committee??	1	Yes
		0	No
supervision_visits_lga (required)	2.14 In the past 6 months, how many supervision visits were made by an LGA representative? Record number of visits. If the answer is ZERO record "0"		
supervision_book3 (required)	2.15 Were recommendations written in a supervision book from last supervision?	1	Yes, but not sighted
		2	Yes, and sighted
		3	No
		-888	-888
		-999	-999
supervision_visits_ngo (required)	2.16 In the past 6 months, how many supervision visits were made by representatives of NGOs or other donor organizations? Record number of visits. If the answer is ZERO record "0"		
supervision_book4 (required)	2.17 Were recommendations written in a supervision book from last supervision?	1	Yes, but not sighted
		2	Yes, and sighted
		3	No

		-888	-888
		-999	-999
supervision_visits_cdd (required)	2.18 In the past 6 months, how many times did employees of this health facility make supervisory visits to community health workers or community directed distributors (CDDs)? Record number of visits. If the answer is ZERO record "0"		
patient_opinion1 (required)	2.19 Is there a mechanism through which patients can provide feedback about the services of this facility?	1	Yes
		0	No
patient_opinion2 (required)	2.20 Which mechanism?	1	Suggestion box
		2	Client surveys
		3	Report complain to PHC staff
		4	Report complain to WDC
		5	Report complain toLGA authorities
		-888	-888
		-999	-999
		other	Other
patient_opinion2_other	Specify other.		
phc_staff (required)	2.21 Is the PHC staff aware of community meetings where needs for healthcare are discussed?	1	Yes
		0	No
meetings_staff (required)	2.22 Which type of meetings? Select all that apply	1	Community meeting
		2	Community Leaders meeting
		3	Community Security meeting
		4	Ward Development Committee
		-888	-888
		-999	-999
		other	Other
meetings_staff_other	Specify other.		
meetings_phc (required)	2.23 Does the PHC staff participate in such meetings?	1	Yes
		0	No
patient_opinion (required)	2.24 Is patient opinion reviewed/reported to staff?	1	Yes
		0	No
patient_opinion_changes (required)	2.25 In the last 12 months, have any changes occurred as a result of patient opinion?	1	Yes
		0	No
changes_notmade (required)	2.26 Why were there no changes made in the last 12 months?	1	Nobody cared
		2	No money
		3	Forgot about it
		4	Outside our scope
		5	Authority didn't allow
		-888	-888
		-999	-999
		other	Other
changes_notmade_other	Specify other.		
annual_budget (required)	2.27 Is there an annual budget for the health facility in the form of a written document? Enumerator: If the answer is "YES" please sight the annual budget	1	Yes, but not sighted
		2	Yes, and sighted
		3	No
		-888	-888
		-999	-999
annual_budget1 (required)	2.28 Enumerator: ask to see the annual budget Enumerator: Record "YES" it if was shown to you. Record "NO" if it was not shown to you.	1	Yes
		0	No
Questionnaire > Section 2 - Administration and Management > table_list_23a			
generated_table_list_label_147	2.29 Who was involved with developing the budget? READ ALL OPTIONS ALOUD, AND RECORD "YES" / "NO" FOR EACH OPTION		
reserved_name_for_field_list_labels_148		1	Yes
		0	No
table_list_23a_1 (required)	In-charge	1	Yes
		0	No
table_list_23a_2 (required)	Other Health Facility staff	1	Yes

		0	No
table_list_23a_3 (required)	NGO staff	1	Yes
		0	No
table_list_23a_4 (required)	Local Government	1	Yes
		0	No
table_list_23a_5 (required)	Community Health workers	1	Yes
		0	No
table_list_23a_6 (required)	Community members	1	Yes
		0	No
table_list_23a_7 (required)	Village/Ward Development committee	1	Yes
		0	No
table_list_23a_8 (required)	Other	1	Yes
		0	No
table_list_23a_9 (required)	Other (specify)		
Questionnaire > Section 2 - Administration and Management > table_list_23b			
generated_table_list_label_158	2.30 Of the people that participated, who was most important, second most important, and third most important in developing this budget? READ THE PERSONS AND MARK UP IN ORDER OF IMPORTANCE		
reserved_name_for_field_list_labels_159		1	First
		2	Second
		3	Third
		-888	-888
		-999	-999
table_list_23b_1 (required)	In-charge	1	First
		2	Second
		3	Third
		-888	-888
		-999	-999
table_list_23b_2 (required)	Other Health Facility staff	1	First
		2	Second
		3	Third
		-888	-888
		-999	-999
table_list_23b_3 (required)	NGO staff	1	First
		2	Second
		3	Third
		-888	-888
		-999	-999
table_list_23b_4 (required)	Local Government	1	First
		2	Second
		3	Third
		-888	-888
		-999	-999
table_list_23b_5 (required)	Community Health workers	1	First
		2	Second
		3	Third
		-888	-888
		-999	-999
table_list_23b_6 (required)	Community members	1	First
		2	Second
		3	Third
		-888	-888
		-999	-999
table_list_23b_7 (required)	Village/Ward Development committee	1	First
		2	Second
		3	Third
		-888	-888
		-999	-999
table_list_23b_8 (required)	Other	1	First
		2	Second

		3	Third
		-888	-888
		-999	-999
table_list_23b_9 (required)	Other (specify)		
phc_report (required)	2.31 What government body does the PHC report to? Select all that apply. Probe further if they report to the State Government	1	LGA
		2	STATE
government_visit (required)	2.32 Do representatives of that government body ever visit the PHC to assess needs for resources and quality of care?	1	Yes
		0	No
government_visit_times (required)	2.33 How often?	1	Weekly
		2	Bi-weekly
		3	Monthly
		4	Bi-Monthly
		5	Quarterly
		6	Yearly
		-888	-888
		-999	-999
note_3	Section 3 - Human Resources I will now ask questions about HUMAN RESOURCES at this Facility		
Questionnaire > Section 3 - Human Resources			
Questionnaire > Section 3 - Human Resources > table_list_31			
generated_table_list_label_175	3.1 In the last 12 months, has any worker of this facility received any of the following training? READ ALL OPTIONS ALOUD, AND RECORD "YES" / "NO" FOR EACH OPTION		
reserved_name_for_field_list_labels_176		1	Yes
		0	No
table_list_31_1 (required)	ANTENATAL CARE	1	Yes
		0	No
table_list_31_2 (required)	INSTITUTIONAL DELIVERY	1	Yes
		0	No
table_list_31_3 (required)	POST-NATAL CARE	1	Yes
		0	No
table_list_31_4 (required)	IMMUNIZATION	1	Yes
		0	No
table_list_31_5 (required)	NUTRITION	1	Yes
		0	No
table_list_31_6 (required)	MALARIA	1	Yes
		0	No
table_list_31_7 (required)	TB	1	Yes
		0	No
table_list_31_8 (required)	HIV/AIDS	1	Yes
		0	No
table_list_31_9 (required)	RECORD KEEPING	1	Yes
		0	No
Questionnaire > Section 3 - Human Resources > table_list_32a			
generated_table_list_label_186	3.2 In the last 12 months, how many _____ have received training in ANTENATAL CARE?		
table_list_32_1 (required)	Midwives If the answer is ZERO record "0"		
table_list_32_2 (required)	Other clinical staff If the answer is ZERO record "0"		
Questionnaire > Section 3 - Human Resources > table_list_32b			
generated_table_list_label_190	3.3 In the last 12 months, how many _____ have received training in INSTITUTIONAL DELIVERY?		
table_list_32_3 (required)	Midwives If the answer is ZERO record "0"		
table_list_32_4 (required)	Other clinical staff If the answer is ZERO record "0"		
Questionnaire > Section 3 - Human Resources > table_list_32c			
generated_table_list_label_194	3.4 In the last 12 months, how many _____ have received training in POST-NATAL CARE?		
table_list_32_5 (required)	Midwives If the answer is ZERO record "0"		
table_list_32_6 (required)	Other clinical staff If the answer is ZERO record "0"		
Questionnaire > Section 3 - Human Resources > table_list_32d			

generated_table_list_label_198	3.5 In the last 12 months, how many _____ have received training in IMMUNIZATION?		
table_list_32_7 (required)	Midwives If the answer is ZERO record "0"		
table_list_32_8 (required)	Other clinical staff If the answer is ZERO record "0"		
Questionnaire > Section 3 - Human Resources > table_list_32e			
generated_table_list_label_202	3.6 In the last 12 months, how many _____ have received training in NUTRITION?		
table_list_32_9 (required)	Midwives If the answer is ZERO record "0"		
table_list_32_10 (required)	Other clinical staff If the answer is ZERO record "0"		
Questionnaire > Section 3 - Human Resources > table_list_32g			
generated_table_list_label_206	3.7 In the last 12 months, how many _____ have received training in MALARIA?		
table_list_32_10 (required)	Midwives If the answer is ZERO record "0"		
table_list_32_11 (required)	Other clinical staff If the answer is ZERO record "0"		
Questionnaire > Section 3 - Human Resources > table_list_32h			
generated_table_list_label_210	3.8 In the last 12 months, how many _____ have received training in TB?		
table_list_32_12 (required)	Midwives If the answer is ZERO record "0"		
table_list_32_13 (required)	Other clinical staff If the answer is ZERO record "0"		
Questionnaire > Section 3 - Human Resources > table_list_32i			
generated_table_list_label_214	3.9 In the last 12 months, how many _____ have received training in HIV/AIDS?		
table_list_32_14 (required)	Midwives If the answer is ZERO record "0"		
table_list_32_15 (required)	Other clinical staff If the answer is ZERO record "0"		
Questionnaire > Section 3 - Human Resources > table_list_32j			
generated_table_list_label_218	3.10 In the last 12 months, how many _____ have received training in RECORD KEEPING?		
table_list_32_16 (required)	Midwives If the answer is ZERO record "0"		
table_list_32_17 (required)	Other clinical staff If the answer is ZERO record "0"		
num_midwivesnurses (required)	3.11 How many STAFF QUALIFIED AS BOTH MIDWIVES AND NURSES were working in the Primary Health Centre 12 months ago? Irrespective of whether they are working now or not		
name_mvnur1 (required)	3.12.1 What is her name? Enter 'First Name' and 'Surname(Last Name)'		
name_mvnur2 (required)	3.13.1 What is her name? Enter 'First Name' and 'Surname(Last Name)'		
name_mvnur3 (required)	3.14.1 What is her name? Enter 'First Name' and 'Surname(Last Name)'		
name_mvnur4 (required)	3.15.1 What is her name? Enter 'First Name' and 'Surname(Last Name)'		
name_mvnur5 (required)	3.16.1 What is her name? Enter 'First Name' and 'Surname(Last Name)'		
name_mvnur6 (required)	3.17.1 What is her name? Enter 'First Name' and 'Surname(Last Name)'		
name_mvnur7 (required)	3.18.1 What is her name? Enter 'First Name' and 'Surname(Last Name)'		
name_mvnur8 (required)	3.19.1 What is her name? Enter 'First Name' and 'Surname(Last Name)'		
name_mvnur9 (required)	3.20.1 What is her name? Enter 'First Name' and 'Surname(Last Name)'		
name_mvnur10 (required)	3.21.1 What is her name? Enter 'First Name' and 'Surname(Last Name)'		
Questionnaire > Section 3 - Human Resources			
date_month_year_mwnur1a (required)	3.12.2 When did [name_mvnur1] join the practice?		
work_mwnur1 (required)	3.12.3 Is [name_mvnur1] still working in this facility?	1	Yes
		0	No
work_left_mwnur1 (required)	3.12.4 When did [name_mvnur1] leave?		
date_month_year_mwnur1b (required)	3.12.5 Why did [name_mvnur1] leave?	1	Resign
		2	Transferred
		3	Retirement
		-888	-888
		-999	-999
		other	Other
date_month_year_mwnur1b_other	Specify other.		

vacancy_mwnur1 (required)	3.12.6 Is [name_mvnur1] post still vacant?	1	Yes
		0	No
replacement_mwnur1 (required)	3.12.7 How many months did it take to replace [name_mvnur1]?		
replacement_mwnur1a_sp (required)	3.12.7.a How many days did it take to replace [name_mvnur1]?		
date_month_year_mwnur2a (required)	3.13.2 When did [name_mvnur2] join the practice?		
work_mwnur2 (required)	3.13.3 Is [name_mvnur2] still working?	1	Yes
		0	No
work_left_mwnur2 (required)	3.13.4 When did [name_mvnur2] leave?		
date_month_year_mwnur2b (required)	3.13.5 Why did [name_mvnur2] leave?	1	Resign
		2	Transferred
		3	Retirement
		-888	-888
		-999	-999
		other	Other
date_month_year_mwnur2b_other	Specify other.		
vacancy_mwnur2 (required)	3.13.6 Is [name_mvnur2] post still vacant?	1	Yes
		0	No
replacement_mwnur2 (required)	3.13.7 How many months did it take to replace [name_mvnur2]?		
replacement_mwnur2a_sp (required)	3.13.7.a How many days did it take to replace [name_mvnur2]?		
date_month_year_mwnur3a (required)	3.14.2 When did [name_mvnur3] join the practice?		
work_mwnur3 (required)	3.14.3 Is [name_mvnur3] still working?	1	Yes
		0	No
work_left_mwnur3 (required)	3.14.4 When did [name_mvnur3] leave?		
date_month_year_mwnur3b (required)	3.14.5 Why did [name_mvnur3] leave?	1	Resign
		2	Transferred
		3	Retirement
		-888	-888
		-999	-999
		other	Other
date_month_year_mwnur3b_other	Specify other.		
vacancy_mwnur3 (required)	3.14.6 Is [name_mvnur3] post still vacant?	1	Yes
		0	No
replacement_mwnur3 (required)	3.14.7 How many months did it take to replace [name_mvnur3]?		
replacement_mwnur3a_sp (required)	3.14.7.a How many days did it take to replace [name_mvnur3]?		
date_month_year_mwnur4a (required)	3.15.2 When did [name_mvnur4] join the practice?		
work_mwnur4 (required)	3.15.3 Is [name_mvnur4] still working?	1	Yes
		0	No
work_left_mwnur4 (required)	3.15.4 When did [name_mvnur4] leave?		
date_month_year_mwnur4b (required)	3.15.5 Why did [name_mvnur4] leave?	1	Resign
		2	Transferred
		3	Retirement
		-888	-888
		-999	-999
		other	Other
date_month_year_mwnur4b_other	Specify other.		
vacancy_mwnur4 (required)	3.15.6 Is [name_mvnur4] post still vacant?	1	Yes
		0	No
replacement_mwnur4 (required)	3.15.7 How many months did it take to replace [name_mvnur4]?		
replacement_mwnur4a_sp (required)	3.15.7.a How many days did it take to replace [name_mvnur4]?		
date_month_year_mwnur5a (required)	3.16.2 When did [name_mvnur5] join the practice?		
work_mwnur5 (required)	3.16.3 Is [name_mvnur5] still working?	1	Yes
		0	No
work_left_mwnur5 (required)	3.16.4 When did [name_mvnur5] leave?		
date_month_year_mwnur5b (required)	3.16.5 Why did [name_mvnur5] leave?	1	Resign
		2	Transferred
		3	Retirement
		-888	-888
		-999	-999
		other	Other
date_month_year_mwnur5b_other	Specify other.		
vacancy_mwnur5 (required)	3.16.6 Is [name_mvnur5] post still vacant?	1	Yes

			0	No
replacement_mwnur5 (required)	3.16.7 How many months did it take to replace [name_mvnur5]?			
replacement_mwnur5a_sp (required)	3.16.7.a How many days did it take to replace [name_mvnur5]?			
date_month_year_mwnur6a (required)	3.17.2 When did [name_mvnur6] join the practice?			
work_mwnur6 (required)	3.17.3 Is [name_mvnur6] still working?		1	Yes
			0	No
work_left_mwnur6 (required)	3.17.4 When did [name_mvnur6] leave?			
date_month_year_mwnur6b (required)	3.17.5 Why did [name_mvnur6] leave?		1	Resign
			2	Transferred
			3	Retirement
			-888	-888
			-999	-999
			other	Other
date_month_year_mwnur6b_other	Specify other.			
vacancy_mwnur6 (required)	3.17.6 Is [name_mvnur6] post still vacant?		1	Yes
			0	No
replacement_mwnur6 (required)	3.17.7 How many months did it take to replace [name_mvnur6]?			
replacement_mwnur6a_sp (required)	3.17.7.a How many days did it take to replace [name_mvnur6]?			
date_month_year_mwnur7a (required)	3.18.2 When did [name_mvnur7] join the practice?			
work_mwnur7 (required)	3.18.3 Is [name_mvnur7] still working?		1	Yes
			0	No
work_left_mwnur7 (required)	3.18.4 When did [name_mvnur7] leave?			
date_month_year_mwnur7b (required)	3.18.5 Why did [name_mvnur7] leave?		1	Resign
			2	Transferred
			3	Retirement
			-888	-888
			-999	-999
			other	Other
date_month_year_mwnur7b_other	Specify other.			
vacancy_mwnur7 (required)	3.18.6 Is [name_mvnur7] post still vacant?		1	Yes
			0	No
replacement_mwnur7 (required)	3.18.7 How many months did it take to replace [name_mvnur7]?			
replacement_mwnur7a_sp (required)	3.18.7.a How many days did it take to replace [name_mvnur7]?			
date_month_year_mwnur8a (required)	3.19.2 When did [name_mvnur8] join the practice?			
work_mwnur8 (required)	3.19.3 Is [name_mvnur8] still working?		1	Yes
			0	No
work_left_mwnur8 (required)	3.19.4 When did [name_mvnur8] leave?			
date_month_year_mwnur8b (required)	3.19.5 Why did [name_mvnur8] leave?		1	Resign
			2	Transferred
			3	Retirement
			-888	-888
			-999	-999
			other	Other
date_month_year_mwnur8b_other	Specify other.			
vacancy_mwnur8 (required)	3.19.6 Is [name_mvnur8] post still vacant?		1	Yes
			0	No
replacement_mwnur8 (required)	3.19.7 How many months did it take to replace [name_mvnur8]?			
replacement_mwnur8a_sp (required)	3.19.7.a How many days did it take to replace [name_mvnur8]?			
date_month_year_mwnur9a (required)	3.20.2 When did [name_mvnur9] join the practice?			
work_mwnur9 (required)	3.20.3 Is [name_mvnur9] still working?		1	Yes
			0	No
work_left_mwnur9 (required)	3.20.4 When did [name_mvnur9] leave?			
date_month_year_mwnur9b (required)	3.20.5 Why did [name_mvnur9] leave?		1	Resign
			2	Transferred
			3	Retirement
			-888	-888
			-999	-999
			other	Other
date_month_year_mwnur9b_other	Specify other.			
vacancy_mwnur9 (required)	3.20.6 Is [name_mvnur9] post still vacant?		1	Yes
			0	No

replacement_mwnur9 (required)	3.20.7 How many months did it take to replace [name_mvnur9]?		
replacement_mwnur9a_sp (required)	3.20.7.a How many days did it take to replace [name_mvnur9]?		
date_month_year_mwnur10a (required)	3.21.2 When did [name_mvnur10] join the practice?		
work_mwnur10 (required)	3.21.3 Is [name_mvnur10] still working?	1	Yes
		0	No
work_left_mwnur10 (required)	3.21.4 When did [name_mvnur10] leave?		
date_month_year_mwnur10b (required)	3.21.5 Why did [name_mvnur10] leave?	1	Resign
		2	Transferred
		3	Retirement
		-888	-888
		-999	-999
		other	Other
date_month_year_mwnur10b_other	Specify other.		
vacancy_mwnur10 (required)	3.21.6 Is [name_mvnur10] post still vacant?	1	Yes
		0	No
replacement_mwnur10 (required)	3.21.7 How many months did it take to replace [name_mvnur10]?		
replacement_mwnur10a_sp (required)	3.21.7.a How many days did it take to replace [name_mvnur10]?		
num_midwives (required)	3.22 How many MIDWIVES (that DO NOT have a nursing qualification) were working in the Primary Health Centre 12 months ago? Irrespective of whether they are working now or not		
name_mw1 (required)	3.23.1 What is her name? Enter 'First Name' and 'Surname(Last Name)'		
name_mw2 (required)	3.24.1 What is her name? Enter 'First Name' and 'Surname(Last Name)'		
name_mw3 (required)	3.25.1 What is her name? Enter 'First Name' and 'Surname(Last Name)'		
name_mw4 (required)	3.26.1 What is her name? Enter 'First Name' and 'Surname(Last Name)'		
name_mw5 (required)	3.27.1 What is her name? Enter 'First Name' and 'Surname(Last Name)'		
name_mw6 (required)	3.28.1 What is her name? Enter 'First Name' and 'Surname(Last Name)'		
name_mw7 (required)	3.29.1 What is her name? Enter 'First Name' and 'Surname(Last Name)'		
name_mw8 (required)	3.30.1 What is her name? Enter 'First Name' and 'Surname(Last Name)'		
name_mw9 (required)	3.31.1 What is her name? Enter 'First Name' and 'Surname(Last Name)'		
name_mw10 (required)	3.32.1 What is her name? Enter 'First Name' and 'Surname(Last Name)'		
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date_month_year_mw1a (required)	3.23.2 When did [name_mw1] join the practice?		
work_mw1 (required)	3.23.3 Is [name_mw1] still working in this facility?	1	Yes
		0	No
work_left_mw1 (required)	3.23.4 When did [name_mw1] leave?		
date_month_year_mw1b (required)	3.23.5 Why did [name_mw1] leave?	1	Resign
		2	Transferred
		3	Retirement
		-888	-888
		-999	-999
		other	Other
date_month_year_mw1b_other	Specify other.		
vacancy_mw1 (required)	3.23.6 Is [name_mw1] post still vacant?	1	Yes
		0	No
replacement_mw1 (required)	3.23.7 How many months did it take to replace [name_mw1]?		
replacement_mw1_sp (required)	3.23.7.a How many days did it take to replace [name_mw1]?		
date_month_year_mw2a (required)	3.24.2 When did [name_mw2] join the practice?		
work_mw2 (required)	3.24.3 Is [name_mw2] still working?	1	Yes
		0	No
work_left_mw2 (required)	3.24.4 When did [name_mw2] leave?		
date_month_year_mw2b (required)	3.24.5 Why did [name_mw2] leave?	1	Resign
		2	Transferred
		3	Retirement
		-888	-888

		-999	-999
		other	Other
date_month_year_mw2b_other	Specify other.		
vacancy_mw2 (required)	3.24.6 Is [name_mw2] post still vacant?	1	Yes
		0	No
replacement_mw2 (required)	3.24.7 How many months did it take to replace [name_mw2]?		
replacement_mw2_sp (required)	3.24.7.a How many days did it take to replace [name_mw2]?		
date_month_year_mw3a (required)	3.25.2 When did [name_mw3] join the practice?		
work_mw3 (required)	3.25.3 Is [name_mw3] still working?	1	Yes
		0	No
work_left_mw3 (required)	3.25.4 When did [name_mw3] leave?		
date_month_year_mw3b (required)	3.25.5 Why did [name_mw3] leave?	1	Resign
		2	Transferred
		3	Retirement
		-888	-888
		-999	-999
		other	Other
date_month_year_mw3b_other	Specify other.		
vacancy_mw3 (required)	3.25.6 Is [name_mw3] post still vacant?	1	Yes
		0	No
replacement_mw3 (required)	3.25.7 How many months did it take to replace [name_mw3]?		
replacement_mw3_sp (required)	3.25.7.a How many days did it take to replace [name_mw3]?		
date_month_year_mw4a (required)	3.26.2 When did [name_mw4] join the practice?		
work_mw4 (required)	3.26.3 Is [name_mw4] still working?	1	Yes
		0	No
work_left_mw4 (required)	3.26.4 When did [name_mw4] leave?		
date_month_year_mw4b (required)	3.26.5 Why did [name_mw4] leave?	1	Resign
		2	Transferred
		3	Retirement
		-888	-888
		-999	-999
		other	Other
date_month_year_mw4b_other	Specify other.		
vacancy_mw4 (required)	3.26.6 Is [name_mw4] post still vacant?	1	Yes
		0	No
replacement_mw4 (required)	3.26.7 How many months did it take to replace [name_mw4]?		
replacement_mw4_sp (required)	3.26.7.a How many days did it take to replace [name_mw4]?		
date_month_year_mw5a (required)	3.27.2 When did [name_mw5] join the practice?		
work_mw5 (required)	3.27.3 Is [name_mw5] still working?	1	Yes
		0	No
work_left_mw5 (required)	3.27.4 When did [name_mw5] leave?		
date_month_year_mw5b (required)	3.27.5 Why did [name_mw5] leave?	1	Resign
		2	Transferred
		3	Retirement
		-888	-888
		-999	-999
		other	Other
date_month_year_mw5b_other	Specify other.		
vacancy_mw5 (required)	3.27.6 Is [name_mw5] post still vacant?	1	Yes
		0	No
replacement_mw5 (required)	3.27.7 How many months did it take to replace [name_mw5]?		
replacement_mw5_sp (required)	3.27.7.a How many days did it take to replace [name_mw5]?		
date_month_year_mw6a (required)	3.28.2 When did [name_mw6] join the practice?		
work_mw6 (required)	3.28.3 Is [name_mw6] still working?	1	Yes
		0	No
work_left_mw6 (required)	3.28.4 When did [name_mw6] leave?		
date_month_year_mw6b (required)	3.28.5 Why did [name_mw6] leave?	1	Resign
		2	Transferred
		3	Retirement
		-888	-888
		-999	-999

		other	Other
date_month_year_mw6b_other	Specify other.		
vacancy_mw6 (required)	3.28.6 Is [name_mw6] post still vacant?	1	Yes
		0	No
replacement_mw6 (required)	3.28.7 How many months did it take to replace [name_mw6]?		
replacement_mw6_sp (required)	3.28.7.a How many days did it take to replace [name_mw6]?		
date_month_year_mw7a (required)	3.29.2 When did [name_mw7] join the practice?		
work_mw7 (required)	3.29.3 Is [name_mw7] still working?	1	Yes
		0	No
work_left_mw7 (required)	3.29.4 When did [name_mw7] leave?		
date_month_year_mw7b (required)	3.29.5 Why did [name_mw7] leave?	1	Resign
		2	Transferred
		3	Retirement
		-888	-888
		-999	-999
		other	Other
date_month_year_mw7b_other	Specify other.		
vacancy_mw7 (required)	3.29.6 Is [name_mw7] post still vacant?	1	Yes
		0	No
replacement_mw7 (required)	3.29.7 How many months did it take to replace [name_mw7]?		
replacement_mw7_sp (required)	3.29.7.a How many days did it take to replace [name_mw7]?		
date_month_year_mw8a (required)	3.30.2 When did [name_mw8] join the practice?		
work_mw8 (required)	3.30.3 Is [name_mw8] still working?	1	Yes
		0	No
work_left_mw8 (required)	3.30.4 When did [name_mw8] leave?		
date_month_year_mw8b (required)	3.30.5 Why did [name_mw8] leave?	1	Resign
		2	Transferred
		3	Retirement
		-888	-888
		-999	-999
		other	Other
date_month_year_mw8b_other	Specify other.		
vacancy_mw8 (required)	3.30.6 Is [name_mw8] post still vacant?	1	Yes
		0	No
replacement_mw8 (required)	3.30.7 How many months did it take to replace [name_mw8]?		
replacement_mw8_sp (required)	3.30.7.a How many days did it take to replace [name_mw8]?		
date_month_year_mw9a (required)	3.31.2 When did [name_mw9] join the practice?		
work_mw9 (required)	3.31.3 Is [name_mw9] still working?	1	Yes
		0	No
work_left_mw9 (required)	3.31.4 When did [name_mw9] leave?		
date_month_year_mw9b (required)	3.31.5 Why did [name_mw9] leave?	1	Resign
		2	Transferred
		3	Retirement
		-888	-888
		-999	-999
		other	Other
date_month_year_mw9b_other	Specify other.		
vacancy_mw9 (required)	3.31.6 Is [name_mw9] post still vacant?	1	Yes
		0	No
replacement_mw9 (required)	3.31.7 How many months did it take to replace [name_mw9]?		
replacement_mw9_sp (required)	3.31.7.a How many days did it take to replace [name_mw9]?		
date_month_year_mw10a (required)	3.32.2 When did [name_mw10] join the practice?		
work_mw10 (required)	3.32.3 Is [name_mw10] still working?	1	Yes
		0	No
work_left_mw10 (required)	3.32.4 When did [name_mw10] leave?		
date_month_year_mw10b (required)	3.32.5 Why did [name_mw10] leave?	1	Resign
		2	Transferred
		3	Retirement
		-888	-888
		-999	-999
		other	Other

date_month_year_mw10b_other	Specify other.		
vacancy_mw10 (required)	3.32.6 Is [name_mw10] post still vacant?	1	Yes
		0	No
replacement_mw10 (required)	3.32.7 How many months did it take to replace [name_mw10]?		
replacement_mw10_sp (required)	3.32.7.a How many days did it take to replace [name_mw10]?		
num_nurses (required)	3.33 How many NURSES (that DO NOT have a midwifery qualification) were working in the practice 12 MONTHS AGO? Even if they are NOT working now		
name_nurses1 (required)	3.33.1 What is her name? Enter 'First Name' and 'Surname(Last Name)'		
name_nurses2 (required)	3.34.1 What is her name? Enter 'First Name' and 'Surname(Last Name)'		
name_nurses3 (required)	3.35.1 What is her name? Enter 'First Name' and 'Surname(Last Name)'		
name_nurses4 (required)	3.36.1 What is her name? Enter 'First Name' and 'Surname(Last Name)'		
name_nurses5 (required)	3.37.1 What is her name? Enter 'First Name' and 'Surname(Last Name)'		
name_nurses6 (required)	3.38.1 What is her name? Enter 'First Name' and 'Surname(Last Name)'		
name_nurses7 (required)	3.39.1 What is her name? Enter 'First Name' and 'Surname(Last Name)'		
name_nurses8 (required)	3.40.1 What is her name? Enter 'First Name' and 'Surname(Last Name)'		
name_nurses9 (required)	3.41.1 What is her name? Enter 'First Name' and 'Surname(Last Name)'		
name_nurses10 (required)	3.42.1 What is her name? Enter 'First Name' and 'Surname(Last Name)'		
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date_month_year_nurses1a (required)	3.33.2 When did [name_nurses1] join the practice?		
work_nurses1 (required)	3.33.3 Is [name_nurses1] still working?	1	Yes
		0	No
work_left_nurses1 (required)	3.33.4 When did [name_nurses1] leave?		
date_month_year_nurses1b (required)	3.33.5 Why did [name_nurses1] leave?	1	Resign
		2	Transferred
		3	Retirement
		-888	-888
		-999	-999
		other	Other
date_month_year_nurses1b_other	Specify other.		
vacancy_nurses1 (required)	3.33.6 Is [name_nurses1] post still vacant?	1	Yes
		0	No
replacement_nurses1 (required)	3.33.7 How many months did it take to replace [name_nurses1]?		
replacement_nurses1_sp (required)	3.33.7.a How many days did it take to replace [name_nurses1]?		
date_month_year_nurses2a (required)	3.34.2 When did [name_nurses2] join the practice?		
work_nurses2 (required)	3.34.3 Is [name_nurses2] still working?	1	Yes
		0	No
work_left_nurses2 (required)	3.34.4 When did [name_nurses2] leave?		
date_month_year_nurses2b (required)	3.34.5 Why did [name_nurses2] leave?	1	Resign
		2	Transferred
		3	Retirement
		-888	-888
		-999	-999
		other	Other
date_month_year_nurses2b_other	Specify other.		
vacancy_nurses2 (required)	3.34.6 Is [name_nurses2] post still vacant?	1	Yes
		0	No
replacement_nurses2 (required)	3.34.7 How many months did it take to replace [name_nurses2]?		
replacement_nurses2_sp (required)	3.34.7.a How many days did it take to replace [name_nurses2]?		
date_month_year_nurses3a (required)	3.35.2 When did [name_nurses3] join the practice?		
work_nurses3 (required)	3.35.3 Is [name_nurses3] still working?	1	Yes
		0	No
work_left_nurses3 (required)	3.35.4 When did [name_nurses3] leave?		
date_month_year_nurses3b (required)	3.35.5 Why did [name_nurses3] leave?	1	Resign
		2	Transferred

		3	Retirement
		-888	-888
		-999	-999
		other	Other
date_month_year_nurses3b_other	Specify other.		
vacancy_nurses3 (required)	3.35.6 Is [name_nurses3] post still vacant?	1	Yes
		0	No
replacement_nurses3 (required)	3.35.7 How many months did it take to replace [name_nurses3]?		
replacement_nurses3_sp (required)	3.35.7.a How many days did it take to replace [name_nurses3]?		
date_month_year_nurses4a (required)	3.36.2 When did [name_nurses4] join the practice?		
work_nurses4 (required)	3.36.3 Is [name_nurses4] still working?	1	Yes
		0	No
work_left_nurses4 (required)	3.36.4 When did [name_nurses4] leave?		
date_month_year_nurses4b (required)	3.36.5 Why did [name_nurses4] leave?	1	Resign
		2	Transferred
		3	Retirement
		-888	-888
		-999	-999
		other	Other
date_month_year_nurses4b_other	Specify other.		
vacancy_nurses4 (required)	3.36.6 Is [name_nurses4] post still vacant?	1	Yes
		0	No
replacement_nurses4 (required)	3.36.7 How many months did it take to replace [name_nurses4]?		
replacement_nurses4_sp (required)	3.36.7.a How many days did it take to replace [name_nurses4]?		
date_month_year_nurses5a (required)	3.37.2 When did [name_nurses5] join the practice?		
work_nurses5 (required)	3.37.3 Is [name_nurses5] still working?	1	Yes
		0	No
work_left_nurses5 (required)	3.37.4 When did [name_nurses5] leave?		
date_month_year_nurses5b (required)	3.37.5 Why did [name_nurses5] leave?	1	Resign
		2	Transferred
		3	Retirement
		-888	-888
		-999	-999
		other	Other
date_month_year_nurses5b_other	Specify other.		
vacancy_nurses5 (required)	3.37.6 Is [name_nurses5] post still vacant?	1	Yes
		0	No
replacement_nurses5 (required)	3.37.7 How many months did it take to replace [name_nurses5]?		
replacement_nurses5_sp (required)	3.37.7.a How many days did it take to replace [name_nurses5]?		
date_month_year_nurses6a (required)	3.38.2 When did [name_nurses6] join the practice?		
work_nurses6 (required)	3.38.3 Is [name_nurses6] still working?	1	Yes
		0	No
work_left_nurses6 (required)	3.38.4 When did [name_nurses6] leave?		
date_month_year_nurses6b (required)	3.38.5 Why did [name_nurses6] leave?	1	Resign
		2	Transferred
		3	Retirement
		-888	-888
		-999	-999
		other	Other
date_month_year_nurses6b_other	Specify other.		
vacancy_nurses6 (required)	3.38.6 Is [name_nurses6] post still vacant?	1	Yes
		0	No
replacement_nurses6 (required)	3.38.7 How many months did it take to replace [name_nurses6]?		
replacement_nurses6_sp (required)	3.38.7.a How many days did it take to replace [name_nurses6]?		
date_month_year_nurses7a (required)	3.39.2 When did [name_nurses7] join the practice?		
work_nurses7 (required)	3.39.3 Is [name_nurses7] still working?	1	Yes
		0	No
work_left_nurses7 (required)	3.39.4 When did [name_nurses7] leave?		
date_month_year_nurses7b (required)	3.39.5 Why did [name_nurses7] leave?	1	Resign
		2	Transferred
		3	Retirement

		-888	-888
		-999	-999
		other	Other
date_month_year_nurses7b_other	Specify other.		
vacancy_nurses7 (required)	3.39.6 Is [name_nurses7] post still vacant?	1	Yes
		0	No
replacement_nurses7 (required)	3.39.7 How many months did it take to replace [name_nurses7]?		
replacement_nurses7_sp (required)	3.39.7.a How many days did it take to replace [name_nurses7]?		
date_month_year_nurses8a (required)	3.40.2 When did [name_nurses8] join the practice?		
work_nurses8 (required)	3.40.3 Is [name_nurses8] still working?	1	Yes
		0	No
work_left_nurses8 (required)	3.40.4 When did [name_nurses8] leave?		
date_month_year_nurses8b (required)	3.40.5 Why did [name_nurses8] leave?	1	Resign
		2	Transferred
		3	Retirement
		-888	-888
		-999	-999
		other	Other
date_month_year_nurses8b_other	Specify other.		
vacancy_nurses8 (required)	3.40.6 Is [name_nurses8] post still vacant?	1	Yes
		0	No
replacement_nurses8 (required)	3.40.7 How many months did it take to replace [name_nurses8]?		
replacement_nurses8_sp (required)	3.40.7.a How many days did it take to replace [name_nurses8]?		
date_month_year_nurses9a (required)	3.41.2 When did [name_nurses9] join the practice?		
work_nurses9 (required)	3.41.3 Is [name_nurses9] still working?	1	Yes
		0	No
work_left_nurses9 (required)	3.41.4 When did [name_nurses9] leave?		
date_month_year_nurses9b (required)	3.41.5 Why did [name_nurses9] leave?	1	Resign
		2	Transferred
		3	Retirement
		-888	-888
		-999	-999
		other	Other
date_month_year_nurses9b_other	Specify other.		
vacancy_nurses9 (required)	3.41.6 Is [name_nurses9] post still vacant?	1	Yes
		0	No
replacement_nurses9 (required)	3.41.7 How many months did it take to replace [name_nurses9]?		
replacement_nurses9_sp (required)	3.41.7.a How many days did it take to replace [name_nurses9]?		
date_month_year_nurses10a (required)	3.42.2 When did [name_nurses10] join the practice?		
work_nurses10 (required)	3.42.3 Is [name_nurses10] still working?	1	Yes
		0	No
work_left_nurses10 (required)	3.42.4 When did [name_nurses10] leave?		
date_month_year_nurses10b (required)	3.42.5 Why did [name_nurses10] leave?	1	Resign
		2	Transferred
		3	Retirement
		-888	-888
		-999	-999
		other	Other
date_month_year_nurses10b_other	Specify other.		
vacancy_nurses10 (required)	3.42.6 Is [name_nurses10] post still vacant?	1	Yes
		0	No
replacement_nurses10 (required)	3.42.7 How many months did it take to replace [name_nurses10]?		
replacement_nurses10_sp (required)	3.42.7.a How many days did it take to replace [name_nurses10]?		
num_wk_0 (required)	3.43.a How many WORKERS OF ALL TYPES are working in this facility? FOR THIS QUESTION PLEASE COUNT ALL WORKERS in the facility, INCLUDING the respondent. This number does NOT have a limit. Worker types include: - Doctors - Staff qualified as both midwives and nurses - Nurses (that DO NOT have a midwifery qualification) - Midwives (that DO NOT have a nursing qualification) - Pharmacists/pharmacy technicians - Lab technicians - Junior CHEWs - Senior CHEWs - Administrative workers - Data managers		
num_wk (required)	3.43.b How many WORKERS OF ALL TYPES are working in this facility? FOR THIS QUESTION PLEASE RESTRICT THE PREVIOUS NUMBER OF ALL WORKERS TO A MAXIMUM OF 10 HEALTH WORKERS		

Questionnaire > Section 3 - Human Resources

name_wk1 (required)	3.44.1 What is your name? Enter 'First Name' and 'Surname(Last Name)'		
care_wk1 (required)	3.44.2 In the last working day, how many hours did you spend providing medical care to patients? If the answer is ZERO record "0"		
maternalcare_wk1 (required)	3.44.3 In the last working day, how many hours did you spend providing maternal and child health care? If the answer is ZERO record "0"		

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prenatal_wk1 (required)	3.44.4 Do you provide antenatal care directly?	1	Yes
		0	No
		-777	Not Applicable
		-888	-888
		-999	-999
curative_wk1 (required)	3.44.5 Do you provide curative care for children directly?	1	Yes
		0	No
		-777	Not Applicable
		-888	-888
		-999	-999
curativeadult_wk1 (required)	3.44.6 Do you provide curative care for male adults?	1	Yes
		0	No
		-777	Not Applicable
		-888	-888
		-999	-999

Questionnaire > Section 3 - Human Resources

exp_wk1 (required)	3.44.7 How many years have you been working as health care worker? If the answer is ZERO record "0"		
agetime_wk1 (required)	3.44.8 How many years have you worked at this facility? If the answer is ZERO record "0"		
hours_a_wk1 (required)	3.44.9 How many hours per week do you usually work at this facility? If the answer is ZERO record "0"		
hours_b_wk1 (required)	3.44.10 How many hours per week do you usually spend providing medical care to patients? If the answer is ZERO record "0"		

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name_wk2 (required)	3.45.1 What is his/her name? Enter 'First Name' and 'Surname(Last Name)'		

Questionnaire > Section 3 - Human Resources

gender_wk2 (required)	3.45.2 Is [name_wk2] male or female?	1	Female
		2	Male
position_wk2 (required)	3.45.3 What is [name_wk2]'s position in this facility?	1	Clinical Officer
		2	Doctor
		3	Midwife
		4	Nurse
		5	Environmental Health Officer
		6	Pharmacist/Pharmacy Tech.
		7	Lab Technician
		8	Junior CHEW
		9	Senior CHEW
		10	Administrative Staff
		11	Data Manager
		12	Other Staff
		13	In-charge of Facility
		-888	-888
		-999	-999

Questionnaire > Section 3 - Human Resources

care_wk2 (required)	3.45.4 In the last working day, how many hours did [name_wk2] spend providing medical care to patients? If the answer is ZERO record "0"		
maternalcare_wk2 (required)	3.45.5 In the last working day, how many hours did [name_wk2] spend providing maternal and child health care? If the answer is ZERO record "0"		

Questionnaire > Section 3 - Human Resources

prenatal_wk2 (required)	3.45.6 Does [name_wk2] provide antenatal care directly?	1	Yes
		0	No
		-777	Not Applicable
		-888	-888
		-999	-999
curative_wk2 (required)	3.45.7 Does [name_wk2] provide curative care for children directly?	1	Yes

		0	No
		-777	Not Applicable
		-888	-888
		-999	-999
curativeadult_wk2 (required)	3.45.8 Does [name_wk2] provide curative care for male adults?	1	Yes
		0	No
		-777	Not Applicable
		-888	-888
		-999	-999

Questionnaire > Section 3 - Human Resources

exp_wk2 (required)	3.45.9 How many years has [name_wk2] been working as health care worker? If the answer is ZERO record "0"		
agetime_wk2 (required)	3.45.10 How many years has [name_wk2] worked at this facility? If the answer is ZERO record "0"		
hours_a_wk2 (required)	3.45.11 How many hours per week does [name_wk2] usually work at this facility? If the answer is ZERO record "0"		
hours_b_wk2 (required)	3.45.12 How many hours per week does [name_wk2] usually spend providing medical care to patients? If the answer is ZERO record "0"		

Questionnaire > Section 3 - Human Resources

name_wk3 (required)	3.46.1 What is his/her name? Enter 'First Name' and 'Surname(Last Name)'		

Questionnaire > Section 3 - Human Resources

gender_wk3 (required)	3.46.2 Is [name_wk3] male or female?	1	Female
		2	Male
position_wk3 (required)	3.46.3 What is [name_wk3]'s position in this facility?	1	Clinical Officer
		2	Doctor
		3	Midwife
		4	Nurse
		5	Environmental Health Officer
		6	Pharmacist/Pharmacy Tech.
		7	Lab Technician
		8	Junior CHEW
		9	Senior CHEW
		10	Administrative Staff
		11	Data Manager
		12	Other Staff
		13	In-charge of Facility
		-888	-888
		-999	-999

Questionnaire > Section 3 - Human Resources

care_wk3 (required)	3.46.4 In the last working day, how many hours did [name_wk3] spend providing medical care to patients? If the answer is ZERO record "0"		
maternalcare_wk3 (required)	3.46.5 In the last working day, how many hours did [name_wk3] spend providing maternal and child health care? If the answer is ZERO record "0"		

Questionnaire > Section 3 - Human Resources

prenatal_wk3 (required)	3.46.6 Does [name_wk3] provide antenatal care directly?	1	Yes
		0	No
		-777	Not Applicable
		-888	-888
		-999	-999
curative_wk3 (required)	3.46.7 Does [name_wk3] provide curative care for children directly?	1	Yes
		0	No
		-777	Not Applicable
		-888	-888
		-999	-999
curativeadult_wk3 (required)	3.46.8 Does [name_wk3] provide curative care for male adults?	1	Yes
		0	No
		-777	Not Applicable
		-888	-888
		-999	-999

Questionnaire > Section 3 - Human Resources

exp_wk3 (required)	3.46.9 How many years has [name_wk3] been working as health care worker? If the answer is ZERO record "0"		
agetime_wk3 (required)	3.46.10 How many years has [name_wk3] worked at this facility? If the answer is ZERO record "0"		
hours_a_wk3 (required)	3.46.11 How many hours per week does [name_wk3] usually work at this facility? If the answer is ZERO record "0"		
hours_b_wk3 (required)	3.46.12 How many hours per week does [name_wk3] usually spend providing medical care to patients? If the answer is ZERO record "0"		
Questionnaire > Section 3 - Human Resources			
name_wk4 (required)	3.47.1 What is his/her name? Enter 'First Name' and 'Surname(Last Name)'		
Questionnaire > Section 3 - Human Resources			
gender_wk4 (required)	3.47.2 Is [name_wk4] male or female?	1	Female
		2	Male
position_wk4 (required)	3.47.3 What is [name_wk4]'s position in this facility?	1	Clinical Officer
		2	Doctor
		3	Midwife
		4	Nurse
		5	Environmental Health Officer
		6	Pharmacist/Pharmacy Tech.
		7	Lab Technician
		8	Junior CHEW
		9	Senior CHEW
		10	Administrative Staff
		11	Data Manager
		12	Other Staff
		13	In-charge of Facility
		-888	-888
		-999	-999
Questionnaire > Section 3 - Human Resources			
care_wk4 (required)	3.47.4 In the last working day, how many hours did [name_wk4] spend providing medical care to patients? If the answer is ZERO record "0"		
maternalcare_wk4 (required)	3.47.5 In the last working day, how many hours did [name_wk4] spend providing maternal and child health care? If the answer is ZERO record "0"		
Questionnaire > Section 3 - Human Resources			
prenatal_wk4 (required)	3.47.6 Does [name_wk4] provide antenatal care directly?	1	Yes
		0	No
		-777	Not Applicable
		-888	-888
		-999	-999
curative_wk4 (required)	3.47.7 Does [name_wk4] provide curative care for children directly?	1	Yes
		0	No
		-777	Not Applicable
		-888	-888
		-999	-999
curativeadult_wk4 (required)	3.47.8 Does [name_wk4] provide curative care for male adults?	1	Yes
		0	No
		-777	Not Applicable
		-888	-888
		-999	-999
Questionnaire > Section 3 - Human Resources			
exp_wk4 (required)	3.47.9 How many years has [name_wk4] been working as health care worker? If the answer is ZERO record "0"		
agetime_wk4 (required)	3.47.10 How many years has [name_wk4] worked at this facility? If the answer is ZERO record "0"		
hours_a_wk4 (required)	3.47.11 How many hours per week does [name_wk4] usually work at this facility? If the answer is ZERO record "0"		
hours_b_wk4 (required)	3.47.12 How many hours per week does [name_wk4] usually spend providing medical care to patients? If the answer is ZERO record "0"		
Questionnaire > Section 3 - Human Resources			
name_wk5 (required)	3.48.1 What is his/her name? Enter 'First Name' and 'Surname(Last Name)'		
Questionnaire > Section 3 - Human Resources			
gender_wk5 (required)	3.48.2 Is [name_wk5] male or female?	1	Female

		2	Male
position_wk5 (required)	3.48.3 What is [name_wk5]'s position in this facility?	1	Clinical Officer
		2	Doctor
		3	Midwife
		4	Nurse
		5	Environmental Health Officer
		6	Pharmacist/Pharmacy Tech.
		7	Lab Technician
		8	Junior CHEW
		9	Senior CHEW
		10	Administrative Staff
		11	Data Manager
		12	Other Staff
		13	In-charge of Facility
		-888	-888
		-999	-999

Questionnaire > Section 3 - Human Resources

care_wk5 (required)	3.48.4 In the last working day, how many hours did [name_wk5] spend providing medical care to patients? If the answer is ZERO record "0"		
maternalcare_wk5 (required)	3.48.5 In the last working day, how many hours did [name_wk5] spend providing maternal and child health care? If the answer is ZERO record "0"		

Questionnaire > Section 3 - Human Resources

prenatal_wk5 (required)	3.48.6 Does [name_wk5] provide antenatal care directly?	1	Yes
		0	No
		-777	Not Applicable
		-888	-888
		-999	-999
curative_wk5 (required)	3.48.7 Does [name_wk5] provide curative care for children directly?	1	Yes
		0	No
		-777	Not Applicable
		-888	-888
		-999	-999
curativeadult_wk5 (required)	3.48.8 Does [name_wk5] provide curative care for male adults?	1	Yes
		0	No
		-777	Not Applicable
		-888	-888
		-999	-999

Questionnaire > Section 3 - Human Resources

exp_wk5 (required)	3.48.9 How many years has [name_wk5] been working as health care worker? If the answer is ZERO record "0"		
agetime_wk5 (required)	3.48.10 How many years has [name_wk5] worked at this facility? If the answer is ZERO record "0"		
hours_a_wk5 (required)	3.48.11 How many hours per week does [name_wk5] usually work at this facility? If the answer is ZERO record "0"		
hours_b_wk5 (required)	3.48.12 How many hours per week does [name_wk5] usually spend providing medical care to patients? If the answer is ZERO record "0"		

Questionnaire > Section 3 - Human Resources

name_wk6 (required)	3.49.1 What is his/her name? Enter 'First Name' and 'Surname(Last Name)'		

Questionnaire > Section 3 - Human Resources

gender_wk6 (required)	3.49.2 Is [name_wk6] male or female?	1	Female
		2	Male
position_wk6 (required)	3.49.3 What is [name_wk6]'s position in this facility?	1	Clinical Officer
		2	Doctor
		3	Midwife
		4	Nurse
		5	Environmental Health Officer
		6	Pharmacist/Pharmacy Tech.
		7	Lab Technician
		8	Junior CHEW

		9	Senior CHEW
		10	Administrative Staff
		11	Data Manager
		12	Other Staff
		13	In-charge of Facility
		-888	-888
		-999	-999

Questionnaire > Section 3 - Human Resources			
care_wk6 (required)	3.49.4 In the last working day, how many hours did [name_wk6] spend providing medical care to patients? If the answer is ZERO record "0"		
maternalcare_wk6 (required)	3.49.5 In the last working day, how many hours did [name_wk6] spend providing maternal and child health care? If the answer is ZERO record "0"		

Questionnaire > Section 3 - Human Resources			
prenatal_wk6 (required)	3.49.6 Does [name_wk6] provide antenatal care directly?	1	Yes
		0	No
		-777	Not Applicable
		-888	-888
		-999	-999
curative_wk6 (required)	3.49.7 Does [name_wk6] provide curative care for children directly?	1	Yes
		0	No
		-777	Not Applicable
		-888	-888
		-999	-999
curativeadult_wk6 (required)	3.49.8 Does [name_wk6] provide curative care for male adults?	1	Yes
		0	No
		-777	Not Applicable
		-888	-888
		-999	-999

Questionnaire > Section 3 - Human Resources			
exp_wk6 (required)	3.49.9 How many years has [name_wk6] been working as health care worker? If the answer is ZERO record "0"		
agetime_wk6 (required)	3.49.10 How many years has [name_wk6] worked at this facility? If the answer is ZERO record "0"		
hours_a_wk6 (required)	3.49.11 How many hours per week does [name_wk6] usually work at this facility? If the answer is ZERO record "0"		
hours_b_wk6 (required)	3.49.12 How many hours per week does [name_wk6] usually spend providing medical care to patients? If the answer is ZERO record "0"		

Questionnaire > Section 3 - Human Resources			
name_wk7 (required)	3.50.1 What is her name? Enter 'First Name' and 'Surname(Last Name)'		

Questionnaire > Section 3 - Human Resources			
gender_wk7 (required)	3.50.2 Is [name_wk7] male or female?	1	Female
		2	Male
position_wk7 (required)	3.50.3 What is [name_wk7]'s position in this facility?	1	Clinical Officer
		2	Doctor
		3	Midwife
		4	Nurse
		5	Environmental Health Officer
		6	Pharmacist/Pharmacy Tech.
		7	Lab Technician
		8	Junior CHEW
		9	Senior CHEW
		10	Administrative Staff
		11	Data Manager
		12	Other Staff
		13	In-charge of Facility
		-888	-888
		-999	-999

Questionnaire > Section 3 - Human Resources			
care_wk7 (required)	3.50.4 In the last working day, how many hours did [name_wk7] spend providing medical care to patients? If the answer is ZERO record "0"		
maternalcare_wk7 (required)	3.50.5 In the last working day, how many hours did [name_wk7] spend providing maternal and child health care?		

Questionnaire > Section 3 - Human Resources			
prenatal_wk7 (required)	3.50.6 Does [name_wk7] provide antenatal care directly?	1	Yes
		0	No
		-777	Not Applicable
		-888	-888
		-999	-999
curative_wk7 (required)	3.50.7 Does [name_wk7] provide curative care for children directly?	1	Yes
		0	No
		-777	Not Applicable
		-888	-888
		-999	-999
curativeadult_wk7 (required)	3.50.8 Does [name_wk7] provide curative care for male adults?	1	Yes
		0	No
		-777	Not Applicable
		-888	-888
		-999	-999

Questionnaire > Section 3 - Human Resources			
exp_wk7 (required)	3.50.9 How many years has [name_wk7] been working as health care worker? If the answer is ZERO record "0"		
agetime_wk7 (required)	3.50.10 How many years has [name_wk7] worked at this facility? If the answer is ZERO record "0"		
hours_a_wk7 (required)	3.50.11 How many hours per week does [name_wk7] usually work at this facility? If the answer is ZERO record "0"		
hours_b_wk7 (required)	3.50.12 How many hours per week does [name_wk7] usually spend providing medical care to patients? If the answer is ZERO record "0"		

Questionnaire > Section 3 - Human Resources			
name_wk8 (required)	3.51.1 What is his/her name? Enter 'First Name' and 'Surname(Last Name)'		

Questionnaire > Section 3 - Human Resources			
gender_wk8 (required)	3.51.2 Is [name_wk8] male or female?	1	Female
		2	Male
position_wk8 (required)	3.51.3 What is [name_wk8]'s position in this facility?	1	Clinical Officer
		2	Doctor
		3	Midwife
		4	Nurse
		5	Environmental Health Officer
		6	Pharmacist/Pharmacy Tech.
		7	Lab Technician
		8	Junior CHEW
		9	Senior CHEW
		10	Administrative Staff
		11	Data Manager
		12	Other Staff
		13	In-charge of Facility
		-888	-888
		-999	-999

Questionnaire > Section 3 - Human Resources			
care_wk8 (required)	3.51.4 In the last working day, how many hours did [name_wk8] spend providing medical care to patients? If the answer is ZERO record "0"		
maternalcare_wk8 (required)	3.51.5 In the last working day, how many hours did [name_wk8] spend providing maternal and child health care? If the answer is ZERO record "0"		

Questionnaire > Section 3 - Human Resources			
prenatal_wk8 (required)	3.51.6 Does [name_wk8] provide antenatal care directly?	1	Yes
		0	No
		-777	Not Applicable
		-888	-888
		-999	-999
curative_wk8 (required)	3.51.7 Does [name_wk8] provide curative care for children directly?	1	Yes
		0	No
		-777	Not Applicable
		-888	-888

		-999	-999
curativeadult_wk8 (required)	3.51.8 Does [name_wk8] provide curative care for male adults?	1	Yes
		0	No
		-777	Not Applicable
		-888	-888
		-999	-999

Questionnaire > Section 3 - Human Resources

exp_wk8 (required)	3.51.9 How many years has [name_wk8] been working as health care worker? If the answer is ZERO record "0"		
agetime_wk8 (required)	3.51.10 How many years has [name_wk8] worked at this facility? If the answer is ZERO record "0"		
hours_a_wk8 (required)	3.51.11 How many hours per week does [name_wk8] usually work at this facility? If the answer is ZERO record "0"		
hours_b_wk8 (required)	3.51.12 How many hours per week does [name_wk8] usually spend providing medical care to patients? If the answer is ZERO record "0"		

Questionnaire > Section 3 - Human Resources

name_wk9 (required)	3.52.1 What is his/her name? Enter 'First Name' and 'Surname(Last Name)'		

Questionnaire > Section 3 - Human Resources

gender_wk9 (required)	3.52.2 Is [name_wk9] male or female?	1	Female
		2	Male
position_wk9 (required)	3.52.3 What is [name_wk9]'s position in this facility?	1	Clinical Officer
		2	Doctor
		3	Midwife
		4	Nurse
		5	Environmental Health Officer
		6	Pharmacist/Pharmacy Tech.
		7	Lab Technician
		8	Junior CHEW
		9	Senior CHEW
		10	Administrative Staff
		11	Data Manager
		12	Other Staff
		13	In-charge of Facility
		-888	-888
		-999	-999

Questionnaire > Section 3 - Human Resources

care_wk9 (required)	3.52.4 In the last working day, how many hours did [name_wk9] spend providing medical care to patients? If the answer is ZERO record "0"		
maternalcare_wk9 (required)	3.52.5 In the last working day, how many hours did [name_wk9] spend providing maternal and child health care? If the answer is ZERO record "0"		

Questionnaire > Section 3 - Human Resources

prenatal_wk9 (required)	3.52.6 Does [name_wk9] provide antenatal care directly?	1	Yes
		0	No
		-777	Not Applicable
		-888	-888
		-999	-999
curative_wk9 (required)	3.52.7 Does [name_wk9] provide curative care for children directly?	1	Yes
		0	No
		-777	Not Applicable
		-888	-888
		-999	-999
curativeadult_wk9 (required)	3.52.8 Does [name_wk9] provide curative care for male adults?	1	Yes
		0	No
		-777	Not Applicable
		-888	-888
		-999	-999

Questionnaire > Section 3 - Human Resources

exp_wk9 (required)	3.52.9 How many years has [name_wk9] been working as health care worker? If the answer is ZERO record "0"		
agetime_wk9 (required)	3.52.10 How many years has [name_wk9] worked at this facility? If the answer is ZERO record "0"		

hours_a_wk9 (required)	3.52.11 How many hours per week does [name_wk9] usually work at this facility? If the answer is ZERO record "0"	
hours_b_wk9 (required)	3.52.12 How many hours per week does [name_wk9] usually spend providing medical care to patients? If the answer is ZERO record "0"	

Questionnaire > Section 3 - Human Resources

name_wk10 (required)	3.53.1 What is his/her name? Enter 'First Name' and 'Surname(Last Name)'	

Questionnaire > Section 3 - Human Resources

gender_wk10 (required)	3.53.2 Is [name_wk10] male or female?	1	Female
		2	Male
position_wk10 (required)	3.53.3 What is [name_wk10]'s position in this facility?	1	Clinical Officer
		2	Doctor
		3	Midwife
		4	Nurse
		5	Environmental Health Officer
		6	Pharmacist/Pharmacy Tech.
		7	Lab Technician
		8	Junior CHEW
		9	Senior CHEW
		10	Administrative Staff
		11	Data Manager
		12	Other Staff
		13	In-charge of Facility
		-888	-888
		-999	-999

Questionnaire > Section 3 - Human Resources

care_wk10 (required)	3.53.4 In the last working day, how many hours did [name_wk10] spend providing medical care to patients? If the answer is ZERO record "0"	
maternalcare_wk10 (required)	3.53.5 In the last working day, how many hours did [name_wk10] spend providing maternal and child health care? If the answer is ZERO record "0"	

Questionnaire > Section 3 - Human Resources

prenatal_wk10 (required)	3.53.6 Does [name_wk10] provide antenatal care directly?	1	Yes
		0	No
		-777	Not Applicable
		-888	-888
		-999	-999
curative_wk10 (required)	3.53.7 Does [name_wk10] provide curative care for children directly?	1	Yes
		0	No
		-777	Not Applicable
		-888	-888
		-999	-999
curativeadult_wk10 (required)	3.53.8 Does [name_wk10] provide curative care for male adults?	1	Yes
		0	No
		-777	Not Applicable
		-888	-888
		-999	-999

Questionnaire > Section 3 - Human Resources

exp_wk10 (required)	3.53.9 How many years has [name_wk10] been working as health care worker? If the answer is ZERO record "0"	
agetime_wk10 (required)	3.53.10 How many years has [name_wk10] worked at this facility? If the answer is ZERO record "0"	
hours_a_wk10 (required)	3.53.11 How many hours per week does [name_wk10] usually work at this facility? If the answer is ZERO record "0"	
hours_b_wk10 (required)	3.53.12 How many hours per week does [name_wk10] usually spend providing medical care to patients? If the answer is ZERO record "0"	

Questionnaire > Section 3 - Human Resources

name_wk11 (required)	3.54.1 What is his/her name? Enter 'First Name' and 'Surname(Last Name)'	

Questionnaire > Section 3 - Human Resources

gender_wk11 (required)	3.54.2 Is [name_wk11] male or female?	1	Female
		2	Male
position_wk11 (required)	3.54.3 What is [name_wk11]'s position in this facility?	1	Clinical Officer
		2	Doctor

	3	Midwife
	4	Nurse
	5	Environmental Health Officer
	6	Pharmacist/Pharmacy Tech.
	7	Lab Technician
	8	Junior CHEW
	9	Senior CHEW
	10	Administrative Staff
	11	Data Manager
	12	Other Staff
	13	In-charge of Facility
	-888	-888
	-999	-999

Questionnaire > Section 3 - Human Resources

care_wk11 (required)	3.54.4 In the last working day, how many hours did [name_wk11] spend providing medical care to patients? If the answer is ZERO record "0"	
maternalcare_wk11 (required)	3.54.5 In the last working day, how many hours did [name_wk11] spend providing maternal and child health care? If the answer is ZERO record "0"	

Questionnaire > Section 3 - Human Resources

prenatal_wk11 (required)	3.54.6 Does [name_wk11] provide antenatal care directly?	1	Yes
		0	No
		-777	Not Applicable
		-888	-888
		-999	-999
curative_wk11 (required)	3.54.7 Does [name_wk11] provide curative care for children directly?	1	Yes
		0	No
		-777	Not Applicable
		-888	-888
		-999	-999
curativeadult_wk11 (required)	3.54.8 Does [name_wk11] provide curative care for male adults?	1	Yes
		0	No
		-777	Not Applicable
		-888	-888
		-999	-999

Questionnaire > Section 3 - Human Resources

exp_wk11 (required)	3.54.9 How many years has [name_wk11] been working as health care worker? If the answer is ZERO record "0"	
agetime_wk11 (required)	3.54.10 How many years has [name_wk11] worked at this facility? If the answer is ZERO record "0"	
hours_a_wk11 (required)	3.54.11 How many hours per week does [name_wk11] usually work at this facility? If the answer is ZERO record "0"	
hours_b_wk11 (required)	3.54.12 How many hours per week does [name_wk11] usually spend providing medical care to patients? If the answer is ZERO record "0"	

Questionnaire > Section 3 - Human Resources

name_wk12 (required)	3.55.1 What is his/her name? Enter 'First Name' and 'Surname(Last Name)'	

Questionnaire > Section 3 - Human Resources

gender_wk12 (required)	3.55.2 Is [name_wk12] male or female?	1	Female
		2	Male
position_wk12 (required)	3.55.3 What is [name_wk12]'s position in this facility?	1	Clinical Officer
		2	Doctor
		3	Midwife
		4	Nurse
		5	Environmental Health Officer
		6	Pharmacist/Pharmacy Tech.
		7	Lab Technician
		8	Junior CHEW
		9	Senior CHEW
		10	Administrative Staff

		11	Data Manager
		12	Other Staff
		13	In-charge of Facility
		-888	-888
		-999	-999

Questionnaire > Section 3 - Human Resources			
care_wk12 (required)	3.55.4 In the last working day, how many hours did [name_wk12] spend providing medical care to patients? If the answer is ZERO record "0"		
maternalcare_wk12 (required)	3.55.5 In the last working day, how many hours did [name_wk12] spend providing maternal and child health care? If the answer is ZERO record "0"		

Questionnaire > Section 3 - Human Resources			
prenatal_wk12 (required)	3.55.6 Does [name_wk12] provide antenatal care directly?	1	Yes
		0	No
		-777	Not Applicable
		-888	-888
		-999	-999
curative_wk12 (required)	3.55.7 Does [name_wk12] provide curative care for children directly?	1	Yes
		0	No
		-777	Not Applicable
		-888	-888
		-999	-999
curativeadult_wk12 (required)	3.55.8 Does [name_wk12] provide curative care for male adults?	1	Yes
		0	No
		-777	Not Applicable
		-888	-888
		-999	-999

Questionnaire > Section 3 - Human Resources			
exp_wk12 (required)	3.55.9 How many years has [name_wk12] been working as health care worker? If the answer is ZERO record "0"		
agetime_wk12 (required)	3.55.10 How many years has [name_wk12] worked at this facility? If the answer is ZERO record "0"		
hours_a_wk12 (required)	3.55.11 How many hours per week does [name_wk12] usually work at this facility? If the answer is ZERO record "0"		
hours_b_wk12 (required)	3.55.12 How many hours per week does [name_wk12] usually spend providing medical care to patients? If the answer is ZERO record "0"		

Questionnaire > Section 3 - Human Resources			
services_work1 (required)	3.44.11 What service are you providing today? Select all that apply	1	Antenatal
		2	Child Care
		3	Adult Care
		4	VCT
		5	Family Planning
		6	Post Natal Care
		-888	-888
		-999	-999
		other	Other
services_work1_other	Specify other.		
dayswork_wk1 (required)	3.44.12 In the last week, how many days should you have come to work? If the answer is ZERO record "0"		
notdayswork_wk1 (required)	3.44.13 Of those, how many days you did you NOT come to work? If the answer is ZERO record "0"		
atfacility_work2 (required)	3.45.13 Is [name_wk2] here today?	1	Yes
		0	No
services_work2 (required)	3.45.14 What service is [name_wk2] providing today?	1	Antenatal
		2	Child Care
		3	Adult Care
		4	VCT
		5	Family Planning
		6	Post Natal Care
		-888	-888
		-999	-999
		other	Other
services_work2_other	Specify other.		
notatfacility_work2 (required)	3.45.15 Why is [name_wk2] not here today? Select all that apply	1	Off Duty
		2	Not On Shift

		3	On leave
		4	Sick
		5	Family member sick
		6	Other authorized absence
		7	Unauthorized absence
		8	Late
		-888	-888
		-999	-999
		other	Other
notatfacility_work2_other	Specify other.		
dayswork_wk2 (required)	3.45.16 In the last week, how many days should [name_wk2] have come to work? If the answer is ZERO record "0"		
notdayswork_wk2 (required)	3.45.17 Of those, how many days [name_wk2] did you NOT come to work? If the answer is ZERO record "0"		
atfacility_work3 (required)	3.46.13 Is [name_wk3] here today?	1	Yes
		0	No
services_work3 (required)	3.46.14 What service is [name_wk3] providing today?	1	Antenatal
		2	Child Care
		3	Adult Care
		4	VCT
		5	Family Planning
		6	Post Natal Care
		-888	-888
		-999	-999
		other	Other
services_work3_other	Specify other.		
notatfacility_work3 (required)	3.46.15 Why is [name_wk3] not here today? Select all that apply	1	Off Duty
		2	Not On Shift
		3	On leave
		4	Sick
		5	Family member sick
		6	Other authorized absence
		7	Unauthorized absence
		8	Late
		-888	-888
		-999	-999
		other	Other
notatfacility_work3_other	Specify other.		
dayswork_wk3 (required)	3.46.16 In the last week, how many days should [name_wk3] have come to work? If the answer is ZERO record "0"		
notdayswork_wk3 (required)	3.46.17 Of those, how many days [name_wk3] did you NOT come to work? If the answer is ZERO record "0"		
atfacility_work4 (required)	3.47.13 Is [name_wk4] here today?	1	Yes
		0	No
services_work4 (required)	3.47.14 What service is [name_wk4] providing today?	1	Antenatal
		2	Child Care
		3	Adult Care
		4	VCT
		5	Family Planning
		6	Post Natal Care
		-888	-888
		-999	-999
		other	Other
services_work4_other	Specify other.		
notatfacility_work4 (required)	3.47.15 Why is [name_wk4] not here today? Select all that apply	1	Off Duty
		2	Not On Shift
		3	On leave
		4	Sick
		5	Family member sick
		6	Other authorized absence
		7	Unauthorized absence
		8	Late
		-888	-888

		-999	-999
		other	Other
notatfacility_work4_other	Specify other.		
dayswork_wk4 (required)	3.47.16 In the last week, how many days should [name_wk4] have come to work? If the answer is ZERO record "0"		
notdayswork_wk4 (required)	3.47.17 Of those, how many days [name_wk4] did you NOT come to work? If the answer is ZERO record "0"		
atfacility_work5 (required)	3.48.13 Is [name_wk5] here today?	1	Yes
		0	No
services_work5 (required)	3.48.14 What service is [name_wk5] providing today?	1	Antenatal
		2	Child Care
		3	Adult Care
		4	VCT
		5	Family Planning
		6	Post Natal Care
		-888	-888
		-999	-999
		other	Other
services_work5_other	Specify other.		
notatfacility_work5 (required)	3.48.15 Why is [name_wk5] not here today? Select all that apply	1	Off Duty
		2	Not On Shift
		3	On leave
		4	Sick
		5	Family member sick
		6	Other authorized absence
		7	Unauthorized absence
		8	Late
		-888	-888
		-999	-999
		other	Other
notatfacility_work5_other	Specify other.		
dayswork_wk5 (required)	3.48.16 In the last week, how many days should [name_wk5] have come to work? If the answer is ZERO record "0"		
notdayswork_wk5 (required)	3.48.17 Of those, how many days [name_wk5] did you NOT come to work? If the answer is ZERO record "0"		
atfacility_work6 (required)	3.49.13 Is [name_wk6] here today?	1	Yes
		0	No
services_work6 (required)	3.49.14 What service is [name_wk6] providing today?	1	Antenatal
		2	Child Care
		3	Adult Care
		4	VCT
		5	Family Planning
		6	Post Natal Care
		-888	-888
		-999	-999
		other	Other
services_work6_other	Specify other.		
notatfacility_work6 (required)	3.49.15 Why is [name_wk6] not here today? Select all that apply	1	Off Duty
		2	Not On Shift
		3	On leave
		4	Sick
		5	Family member sick
		6	Other authorized absence
		7	Unauthorized absence
		8	Late
		-888	-888
		-999	-999
		other	Other
notatfacility_work6_other	Specify other.		
dayswork_wk6 (required)	3.49.16 In the last week, how many days should [name_wk6] have come to work? If the answer is ZERO record "0"		
notdayswork_wk6 (required)	3.49.17 Of those, how many days [name_wk6] did you NOT come to work? If the answer is ZERO record "0"		
atfacility_work7 (required)	3.50.13 Is [name_wk7] here today?	1	Yes

		0	No
services_work7 (required)	3.50.14 What service is [name_wk7] providing today?	1	Antenatal
		2	Child Care
		3	Adult Care
		4	VCT
		5	Family Planning
		6	Post Natal Care
		-888	-888
		-999	-999
		other	Other
services_work7_other	Specify other.		
notatfacility_work7 (required)	3.50.15 Why is [name_wk7] not here today? Select all that apply	1	Off Duty
		2	Not On Shift
		3	On leave
		4	Sick
		5	Family member sick
		6	Other authorized absence
		7	Unauthorized absence
		8	Late
		-888	-888
		-999	-999
		other	Other
notatfacility_work7_other	Specify other.		
dayswork_wk7 (required)	3.50.16 In the last week, how many days should [name_wk7] have come to work? If the answer is ZERO record "0"		
notdayswork_wk7 (required)	3.50.17 Of those, how many days [name_wk7] did you NOT come to work? If the answer is ZERO record "0"		
atfacility_work8 (required)	3.51.13 Is [name_wk8] here today?	1	Yes
		0	No
services_work8 (required)	3.51.14 What service is [name_wk8] providing today?	1	Antenatal
		2	Child Care
		3	Adult Care
		4	VCT
		5	Family Planning
		6	Post Natal Care
		-888	-888
		-999	-999
		other	Other
services_work8_other	Specify other.		
notatfacility_work8 (required)	3.51.15 Why is [name_wk8] not here today? Select all that apply	1	Off Duty
		2	Not On Shift
		3	On leave
		4	Sick
		5	Family member sick
		6	Other authorized absence
		7	Unauthorized absence
		8	Late
		-888	-888
		-999	-999
		other	Other
notatfacility_work8_other	Specify other.		
dayswork_wk8 (required)	3.51.16 In the last week, how many days should [name_wk8] have come to work? If the answer is ZERO record "0"		
notdayswork_wk8 (required)	3.51.17 Of those, how many days [name_wk8] did you NOT come to work? If the answer is ZERO record "0"		
atfacility_work9 (required)	3.52.13 Is [name_wk9] here today?	1	Yes
		0	No
services_work9 (required)	3.52.14 What service is [name_wk9] providing today?	1	Antenatal
		2	Child Care
		3	Adult Care
		4	VCT
		5	Family Planning

		6	Post Natal Care
		-888	-888
		-999	-999
		other	Other
services_work9_other	Specify other.		
notatfacility_work9 (required)	3.52.15 Why is [name_wk9] not here today? Select all that apply	1	Off Duty
		2	Not On Shift
		3	On leave
		4	Sick
		5	Family member sick
		6	Other authorized absence
		7	Unauthorized absence
		8	Late
		-888	-888
		-999	-999
		other	Other
notatfacility_work9_other	Specify other.		
dayswork_wk9 (required)	3.52.16 In the last week, how many days should [name_wk9] have come to work? If the answer is ZERO record "0"		
notdayswork_wk9 (required)	3.52.17 Of those, how many days [name_wk9] did you NOT come to work? If the answer is ZERO record "0"		
atfacility_work10 (required)	3.53.13 Is [name_wk10] here today?	1	Yes
		0	No
services_work10 (required)	3.53.14 What service is [name_wk10] providing today?	1	Antenatal
		2	Child Care
		3	Adult Care
		4	VCT
		5	Family Planning
		6	Post Natal Care
		-888	-888
		-999	-999
		other	Other
services_work10_other	Specify other.		
notatfacility_work10 (required)	3.53.15 Why is [name_wk10] not here today? Select all that apply	1	Off Duty
		2	Not On Shift
		3	On leave
		4	Sick
		5	Family member sick
		6	Other authorized absence
		7	Unauthorized absence
		8	Late
		-888	-888
		-999	-999
		other	Other
notatfacility_work10_other	Specify other.		
dayswork_wk10 (required)	3.53.16 In the last week, how many days should [name_wk10] have come to work? If the answer is ZERO record "0"		
notdayswork_wk10 (required)	3.53.17 Of those, how many days [name_wk10] did you NOT come to work? If the answer is ZERO record "0"		
atfacility_work11 (required)	3.54.13 Is [name_wk11] here today?	1	Yes
		0	No
services_work11 (required)	3.54.14 What service is [name_wk11] providing today?	1	Antenatal
		2	Child Care
		3	Adult Care
		4	VCT
		5	Family Planning
		6	Post Natal Care
		-888	-888
		-999	-999
		other	Other
services_work11_other	Specify other.		
notatfacility_work11 (required)	3.54.15 Why is [name_wk11] not here today? Select all that apply	1	Off Duty
		2	Not On Shift

		3	On leave
		4	Sick
		5	Family member sick
		6	Other authorized absence
		7	Unauthorized absence
		8	Late
		-888	-888
		-999	-999
		other	Other
notatfacility_work11_other	Specify other.		
dayswork_wk11 (required)	3.54.16 In the last week, how many days should [name_wk11] have come to work? If the answer is ZERO record "0"		
notdayswork_wk11 (required)	3.54.17 Of those, how many days [name_wk11] did you NOT come to work? If the answer is ZERO record "0"		
atfacility_work12 (required)	3.55.13 Is [name_wk12] here today?	1	Yes
		0	No
services_work12 (required)	3.55.14 What service is [name_wk12] providing today?	1	Antenatal
		2	Child Care
		3	Adult Care
		4	VCT
		5	Family Planning
		6	Post Natal Care
		-888	-888
		-999	-999
		other	Other
services_work12_other	Specify other.		
notatfacility_work12 (required)	3.55.15 Why is [name_wk12] not here today? Select all that apply	1	Off Duty
		2	Not On Shift
		3	On leave
		4	Sick
		5	Family member sick
		6	Other authorized absence
		7	Unauthorized absence
		8	Late
		-888	-888
		-999	-999
		other	Other
notatfacility_work12_other	Specify other.		
dayswork_wk12 (required)	3.55.16 In the last week, how many days should [name_wk12] have come to work? If the answer is ZERO record "0"		
notdayswork_wk12 (required)	3.55.17 Of those, how many days [name_wk12] did you NOT come to work? If the answer is ZERO record "0"		
note_4	Section 4 - Organizational Citizenship and Behaviors Now I will ask questions about ORGANIZATIONAL CITIZENSHIP AND BEHAVIORS at this Facility		
Questionnaire > Section 4 - Organizational Citizenship and Behaviors			
reward_team (required)	4.1 Is there anything done to reward staff who perform exceptionally well?	1	Yes
		0	No
reward_team_what (required)	4.2 What?	1	Monetary reward
		2	Exhibiting symbol of recognition in the facility (photo, plaque, etc)
		3	Praising him/her for his/her performance privately
		4	Praising him/her for his/her performance in front of other workers
		5	Other non-monetary gifts
		-888	-888
		-999	-999
		other	Other
reward_team_what_other	Specify other.		
reward_members (required)	4.3 How many member of staff received this recognition last year? If the answer is ZERO record "0"		
reward_members_mw (required)	4.4 How many of them were midwives?		

	If the answer is ZERO record "0"		
bonuses_team (required)	4.5 In this PHC, are bonuses paid to health workers who perform exceptionally well?	1	Yes
		0	No
bonuses_team_what (required)	4.6 What?		
bonuses_members (required)	4.7 How many members of staff received these bonuses last year?		
	If the answer is ZERO record "0"		
number_midwives (required)	4.8 How many of them were midwives?		
	If the answer is ZERO record "0"		
Questionnaire > Section 4 - Organizational Citizenship and Behaviors > table_list_41			
generated_table_list_label_802	4.9 How would you RATE each of the following statements:		
	ENUMERATOR: Remember to show the grafical aid meanwhile you read the question: _____ SA: Strongly disagree / D: Disagree / NAND: Neither agree nor disagree / A: Agree / SA: Strongly agree / NA: Not applicable		
reserved_name_for_field_list_labels_803		1	SD
		2	D
		3	NAND
		4	A
		5	SA
		6	NA
table_list_41_1 (required)	When disagreements occur among staff, midwives try to act like peacemakers and resolve the situation themselves	1	SD
		2	D
		3	NAND
		4	A
		5	SA
		6	NA
table_list_41_2 (required)	Midwives willingly share their expertise with other members of staff	1	SD
		2	D
		3	NAND
		4	A
		5	SA
		6	NA
table_list_41_3 (required)	Often conflict emerges between midwives and other PHC workers?	1	SD
		2	D
		3	NAND
		4	A
		5	SA
		6	NA
table_list_41_4 (required)	Midwives willingly give their time to help each other out when someone falls behind or has difficulties with work	1	SD
		2	D
		3	NAND
		4	A
		5	SA
		6	NA
table_list_41_5 (required)	Nurses and CHEWs are willingly to help Midwives with their tasks when they need it	1	SD
		2	D
		3	NAND
		4	A
		5	SA
		6	NA
note_5	Section 5 - Maslach Burnout Inventory (MBI)		
	Enumerator: The use of show cards with the options in this section goes a long way in aiding comprehension and understanding of the respondents. Also it is important to read the statements slowly so that the respondent can follow. Give the respondent the show card and elicit their response after reading each statement.		
Questionnaire > Section 5 - Maslach Burnout Inventory (MBI)			
mbi_a (required)	5.1 Enumerator: record if the respondent going to be interviewed is a SURE-P midwife	1	Yes
	DO NOT ASK THIS QUESTION OUT LOUD	0	No
mbi_b (required)	5.2 What is your name?		
	Enter 'First Name' and 'Surname(Last Name)'		
mbi_c (required)	5.3 What is your Practicing License Number?		
	If she HAS IT but DOES NOT REMEMBER record "-666"		
Questionnaire > Section 5 - Maslach Burnout Inventory (MBI) > table_list_50a			
generated_table_list_label_815	FTY: Few times a year / FTM: Few times a month / EW: Every week / FTW: Few times a week / ED: Every day / N: Never		
	Now I will ask you some questions about HOW YOU FEEL AT WORK. Please tell me how often you feel the following:		
reserved_name_for_field_list_labels_816		1	FTY

		2	FTM
		3	EW
		4	FTW
		5	ED
		6	N
table_list_50a_1 (required)	5.4 I feel emotionally drained from my work	1	FTY
		2	FTM
		3	EW
		4	FTW
		5	ED
		6	N
table_list_50a_2 (required)	5.5 I feel used up at the end of the workday	1	FTY
		2	FTM
		3	EW
		4	FTW
		5	ED
		6	N
table_list_50a_3 (required)	5.6 I feel fatigued when I get up in the morning and have to face another day on the job	1	FTY
		2	FTM
		3	EW
		4	FTW
		5	ED
		6	N

Questionnaire > Section 5 - Maslach Burnout Inventory (MBI) > table_list_50b

generated_table_list_label_820	FTY: Few times a year / FTM: Few times a month / EW: Every week / FTW: Few times a week / ED: Every day / N: Never		
reserved_name_for_field_list_labels_821		1	FTY
		2	FTM
		3	EW
		4	FTW
		5	ED
		6	N
table_list_50b_1 (required)	5.7 Working with people all day is really a strain for me	1	FTY
		2	FTM
		3	EW
		4	FTW
		5	ED
		6	N
table_list_50b_2 (required)	5.8 I feel burned out from my work	1	FTY
		2	FTM
		3	EW
		4	FTW
		5	ED
		6	N
table_list_50b_3 (required)	5.9 I feel frustrated by my job	1	FTY
		2	FTM
		3	EW
		4	FTW
		5	ED
		6	N

Questionnaire > Section 5 - Maslach Burnout Inventory (MBI) > table_list_50c

generated_table_list_label_825	FTY: Few times a year / FTM: Few times a month / EW: Every week / FTW: Few times a week / ED: Every day / N: Never		
reserved_name_for_field_list_labels_826		1	FTY
		2	FTM
		3	EW
		4	FTW
		5	ED
		6	N
table_list_50c_1 (required)	5.10 I feel I am working too hard on my job	1	FTY
		2	FTM
		3	EW

		4	FTW
		5	ED
		6	N
table_list_50c_2 (required)	5.11 Working with people directly puts too much stress on me	1	FTY
		2	FTM
		3	EW
		4	FTW
		5	ED
		6	N
table_list_50c_3 (required)	5.12 I feel very frustrated at work	1	FTY
		2	FTM
		3	EW
		4	FTW
		5	ED
		6	N

Questionnaire > Section 5 - Maslach Burnout Inventory (MBI) > table_list_50d

generated_table_list_label_830	FTY: Few times a year / FTM: Few times a month / EW: Every week / FTW: Few times a week / ED: Every day / N: Never		
reserved_name_for_field_list_labels_831		1	FTY
		2	FTM
		3	EW
		4	FTW
		5	ED
		6	N
table_list_50d_1 (required)	5.13 I can easily understand how my patients feel about things	1	FTY
		2	FTM
		3	EW
		4	FTW
		5	ED
		6	N
table_list_50d_2 (required)	5.14 I deal very effectively with the problems of my patients	1	FTY
		2	FTM
		3	EW
		4	FTW
		5	ED
		6	N
table_list_50d_3 (required)	5.15 I feel I am positively influencing other people's lives through my work	1	FTY
		2	FTM
		3	EW
		4	FTW
		5	ED
		6	N

Questionnaire > Section 5 - Maslach Burnout Inventory (MBI) > table_list_50e

generated_table_list_label_835	FTY: Few times a year / FTM: Few times a month / EW: Every week / FTW: Few times a week / ED: Every day / N: Never		
reserved_name_for_field_list_labels_836		1	FTY
		2	FTM
		3	EW
		4	FTW
		5	ED
		6	N
table_list_50e_1 (required)	5.16 I feel very energetic	1	FTY
		2	FTM
		3	EW
		4	FTW
		5	ED
		6	N
table_list_50e_2 (required)	5.17 I can easily create a relaxed atmosphere with my patients	1	FTY
		2	FTM
		3	EW
		4	FTW
		5	ED

		6	N
table_list_50e_3 (required)	5.18 I feel excited after working closely with my patients	1	FTY
		2	FTM
		3	EW
		4	FTW
		5	ED
		6	N

Questionnaire > Section 5 - Maslach Burnout Inventory (MBI) > table_list_50f

generated_table_list_label_840	FTY: Few times a year / FTM: Few times a month / EW: Every week / FTW: Few times a week / ED: Every day / N: Never		
reserved_name_for_field_list_labels_841		1	FTY
		2	FTM
		3	EW
		4	FTW
		5	ED
		6	N
table_list_50f_1 (required)	5.19 I have accomplished many worthwhile things in this job	1	FTY
		2	FTM
		3	EW
		4	FTW
		5	ED
		6	N
table_list_50f_2 (required)	5.20 In my work, I deal with emotional problems very calmly	1	FTY
		2	FTM
		3	EW
		4	FTW
		5	ED
		6	N

Questionnaire > Section 5 - Maslach Burnout Inventory (MBI) > table_list_50g

generated_table_list_label_844	FTY: Few times a year / FTM: Few times a month / EW: Every week / FTW: Few times a week / ED: Every day / N: Never		
reserved_name_for_field_list_labels_845		1	FTY
		2	FTM
		3	EW
		4	FTW
		5	ED
		6	N
table_list_50g_1 (required)	5.21 I feel I treat some patients as if they were impersonal 'objects'	1	FTY
		2	FTM
		3	EW
		4	FTW
		5	ED
		6	N
table_list_50g_2 (required)	5.22 I've become more callous toward people since I took this job	1	FTY
		2	FTM
		3	EW
		4	FTW
		5	ED
		6	N
table_list_50g_3 (required)	5.23 I worry that this job is hardening me emotionally	1	FTY
		2	FTM
		3	EW
		4	FTW
		5	ED
		6	N

Questionnaire > Section 5 - Maslach Burnout Inventory (MBI) > table_list_50h

generated_table_list_label_849	FTY: Few times a year / FTM: Few times a month / EW: Every week / FTW: Few times a week / ED: Every day / N: Never		
reserved_name_for_field_list_labels_850		1	FTY
		2	FTM
		3	EW
		4	FTW

		5	ED
		6	N
table_list_50h_1 (required)	5.24 I don't really care what happens to some patients	1	FTY
		2	FTM
		3	EW
		4	FTW
		5	ED
		6	N
table_list_50h_2 (required)	5.25 I feel patients blame me for some of their problems	1	FTY
		2	FTM
		3	EW
		4	FTW
		5	ED
		6	N
note_6	Section 6 - Patient Records Now I will ask questions about RECORDS at this Facility		
Questionnaire > Section 6.1 Patient Records			
register_mch (required)	6.1.1 Does the facility have an MCH register?	1	Yes
		0	No
register_mch_show (required)	6.1.2 Can you please show it to me?	1	Yes
		0	No
Questionnaire > Section 6.2 Facility records and general Health Management Information Systems (HMIS)			
language_major (required)	6.2.1 What is the major LANGUAGE in the catchment area of this health facility?	1	English
		2	Yoruba
		3	Igbo
		4	Hausa
		5	Fulani
		6	Tiv
		7	Urhobo
		8	Isekiri
		9	Igala
		10	Gbagyi
		11	Idoma
		12	Efik
		13	Ibibio
		14	Nupe
		15	Ikwere
		16	Kanuri
		-888	-888
		-999	-999
		other	Other
language_major_other	Specify other.		
ethnicity_major (required)	6.2.2 What is the major ETHNICITY in the catchment area of this health facility?	1	Hausa
		2	Fulani
		3	Igbo
		4	Yoruba
		-888	-888
		-999	-999
		other	Other
ethnicity_major_other	Specify other.		
religion_major (required)	6.2.3 What is the major RELIGION in the catchment area of this health facility?	1	None
		2	Christianity
		3	Muslim/Islam
		4	Traditional
		-888	-888
		-999	-999
		other	Other
religion_major_other	Specify other.		
distance_min (required)	6.2.4 What is the AVERAGE time travelled by pregnant women in Minutes to come to the facility? How long it will take by foot. Record number of Minutes. If the answer is ZERO record "0"		
transportation1 (required)	6.2.5 What is the most common means of transportation used by pregnant women?	1	Ambulance

	Select all that apply	2	Paid private vehicle
		3	Paid public/commercial vehicle
		4	Free private vehicle
		5	Free public/commercial vehicle
		6	Bicycle
		7	Motorbike
		8	Animal cart
		9	Carried by person
		10	Walked
		11	Canoe/boat
		12	Tricycle (Keke NAPEP)
		-888	-888
		-999	-999
		other	Other
transportation1_other	Specify other.		
transportation2 (required)	6.2.6 Is tranportation facilitated by the PHC?	1	Yes, Ambulance is Provided
		2	Yes, Money is Provided
		3	No
		-888	-888
		-999	-999

Questionnaire > Section 6.2 Facility records and general Health Management Information Systems (HMIS) > table_list_61

generated_table_list_label_866	6.2.7 During the last week, HOW MANY of the following occurred in the facility? READ ALL OPTIONS ALOUD, AND RECORD THE APPROPRIARE NUMBER IN EACH CASE		
table_list_61_1 (required)	Total number of maternal deaths recorded (in the catchment area) Record number. If the answer is ZERO record "0"		
table_list_61_2 (required)	Total children of less than 28 days deaths recorded Record number. If the answer is ZERO record "0"		
birth (required)	6.2.8 How many women were discharged (sent home) last week after having given birth?		
birth_1 (required)	6.2.9 Of those, how many had to come back to the facility because of a health problem with themselves or the baby?		

Questionnaire > Section 6.2 Facility records and general Health Management Information Systems (HMIS) > table_list_62

generated_table_list_label_872	6.2.10 Does this facility have a _____ READ ALL OPTIONS ALOUD, AND RECORD ANSWER IN EACH CASE: YSC: Yes, seen and complete / YSNC: Yes, seen and not complete / YNS: Yes, not seen / NO: No		
reserved_name_for_field_list_labels_873		1	YSC
		2	YSNC
		3	YNS
		4	NO
table_list_62_1 (required)	Monthly summary report/record?	1	YSC
		2	YSNC
		3	YNS
		4	NO
table_list_62_2 (required)	Drug/Commodity Inventory Form?	1	YSC
		2	YSNC
		3	YNS
		4	NO
note_7	Section 7 - Community Outreach I will now ask questions about COMMUNITY OUTREACH		

Questionnaire > Section 7 - Community Outreach

communities_supported (required)	7.1 How many communities are supported by this facility? Record ESTIMATED number. If the answer is ZERO record "0"		
people_supported (required)	7.2 How many people are served/supported by this facility? Record ESTIMATED number. If the answer is ZERO record "0"		
voluntary_health (required)	7.3 How many Voluntary Health Workers are currently active in this facility's catchment area? If the answer is ZERO record "0"		
note_8	Section 8 - Health Services I would like to ask you some questions about the HEALTH SERVICES AVAILABLE in this Facility		

Questionnaire > Section 8 - Health Services

Questionnaire > Section 8 - Health Services > table_list_81a

generated_table_list_label_885	8.1 Does this Facility provide _____ within the Facility or as Outreach? READ ALL OPTIONS ALOUD		
reserved_name_for_field_list_labels_886		1	Yes
		0	No

		2	I don't know that
		3	Not Applicable
		-999	-999
table_list_81a_1 (required)	BCG (immunization)	1	Yes
		0	No
		2	I don't know that
		3	Not Applicable
		-999	-999
table_list_81a_2 (required)	DPT (pentavalent 1, 2, 3) (immunization)	1	Yes
		0	No
		2	I don't know that
		3	Not Applicable
		-999	-999
table_list_81a_3 (required)	Polio (immunization)	1	Yes
		0	No
		2	I don't know that
		3	Not Applicable
		-999	-999
table_list_81a_4 (required)	Measles (immunization)	1	Yes
		0	No
		2	I don't know that
		3	Not Applicable
		-999	-999
table_list_81a_5 (required)	Tetanus Toxoid (immunization)	1	Yes
		0	No
		2	I don't know that
		3	Not Applicable
		-999	-999

Questionnaire > Section 8 - Health Services > table_list_81b

generated_table_list_label_892	8.1 Does this Facility provide _____ within the Facility or as Outreach? READ ALL OPTIONS ALOUD		
reserved_name_for_field_list_labels_893		1	Yes
		0	No
		2	I don't know that
		3	Not Applicable
		-999	-999
table_list_81b_1 (required)	Antenatal care	1	Yes
		0	No
		2	I don't know that
		3	Not Applicable
		-999	-999
table_list_81b_2 (required)	Normal delivery (labor)	1	Yes
		0	No
		2	I don't know that
		3	Not Applicable
		-999	-999
table_list_81b_3 (required)	Ceasarian delivery (labor)	1	Yes
		0	No
		2	I don't know that
		3	Not Applicable
		-999	-999
table_list_81b_4 (required)	Assisted delivery (forcepts, vaccuum) (labor)	1	Yes
		0	No
		2	I don't know that
		3	Not Applicable
		-999	-999
table_list_81b_5 (required)	Home delivery with skilled staff	1	Yes
		0	No
		2	I don't know that
		3	Not Applicable
		-999	-999

table_list_81b_6 (required)	Blood transfusion	1	Yes
		0	No
		2	I don't know that
		3	Not Applicable
		-999	-999
table_list_81b_7 (required)	Inpatient stay	1	Yes
		0	No
		2	I don't know that
		3	Not Applicable
		-999	-999
table_list_81b_8 (required)	Referal to another facility (ambulance ride)	1	Yes
		0	No
		2	I don't know that
		3	Not Applicable
		-999	-999
Questionnaire > Section 8 - Health Services > table_list_81d			
generated_table_list_label_902	8.1 Does this Facility provide _____ within the Facility or as Outreach? READ ALL OPTIONS ALOUD		
reserved_name_for_field_list_labels_903		1	Yes
		0	No
		2	I don't know that
		3	Not Applicable
		-999	-999
table_list_81d_1 (required)	Diagnosis (microscopy) (malaria)	1	Yes
		0	No
		2	I don't know that
		3	Not Applicable
		-999	-999
table_list_81d_2 (required)	Diagnosis (RDT) (malaria)	1	Yes
		0	No
		2	I don't know that
		3	Not Applicable
		-999	-999
table_list_81d_3 (required)	ACT (malaria)	1	Yes
		0	No
		2	I don't know that
		3	Not Applicable
		-999	-999
table_list_81d_4 (required)	Intermittent Preventive Treatment (IPT) (malaria)	1	Yes
		0	No
		2	I don't know that
		3	Not Applicable
		-999	-999
table_list_81d_5 (required)	Treatment for complicated malaria	1	Yes
		0	No
		2	I don't know that
		3	Not Applicable
		-999	-999
table_list_81d_6 (required)	Tuberculosis diagnosis	1	Yes
		0	No
		2	I don't know that
		3	Not Applicable
		-999	-999
table_list_81d_7 (required)	Tuberculosis treatment	1	Yes
		0	No
		2	I don't know that
		3	Not Applicable
		-999	-999
table_list_81d_8 (required)	VCT (HIV/AIDs services)	1	Yes
		0	No
		2	I don't know that

		3	Not Applicable
		-999	-999

Questionnaire > Section 8 - Health Services > table_list_83b		
generated_table_list_label_912	8.2 What is the price per unit charged for _____, excluding the registration fee? Record amount in NAIRA. if not received at all record "0". If the answer is 20,000 record "20,000". DO NOT record "20".	
table_list_83b_1 (required)	Prenatal care PER VISIT	
table_list_83b_2 (required)	Normal delivery (labor) PER DELIVERY	
table_list_83b_3 (required)	Ceasarian delivery (labor) PER DELIVERY	
table_list_83b_4 (required)	Assisted delivery (forcepts, vaccuum) (labor) PER DELIVERY	
table_list_83b_5 (required)	Home delivery with skilled staff PER DELIVERY	
table_list_83b_6 (required)	Blood transfusion PER UNIT	
table_list_83b_7 (required)	Impatient stay PER DAY	
table_list_83b_8 (required)	Referal to another facility (ambulance ride) PER TRANSPORT	

Questionnaire > Section 8 - Health Services > table_list_83d		
generated_table_list_label_922	8.2 What is the price per unit charged for _____, excluding the registration fee? Record amount in NAIRA. if not received at all record "0". If the answer is 20,000 record "20,000". DO NOT record "20".	
table_list_83d_1 (required)	Diagnosis (microscopy) (malaria)	
table_list_83d_2 (required)	Diagnosis (RDT) (malaria)	
table_list_83d_3 (required)	ACT (malaria) PER VISIT	
table_list_83d_4 (required)	Intermittent Preventive Treatment (IPT) (malaria) PER VISIT	
table_list_83d_5 (required)	Treatment for complicated malaria PER VISIT	
table_list_83d_6 (required)	Tuberculosis diagnosis PER NEW CASE	
table_list_83d_7 (required)	Tuberculosis treatment PER DOT	
table_list_83d_8 (required)	VCT (HIV/AIDs services)	

Questionnaire > Section 8 - Health Services > table_list_84b		
generated_table_list_label_932	8.3 What is the number of patients LISTED in the REGISTER for BOTH in-facility and outreach in the LAST MONTH? If the answer is ZERO record "0"	
table_list_84b_1 (required)	Antenatal care	
table_list_84b_2 (required)	Delivery of babies in facility (any method)	
table_list_84b_3 (required)	Home delivery with skilled staff	
table_list_84b_4 (required)	Referal to another facility (ambulance ride)	

Questionnaire > Section 8 - Health Services > table_list_84d		
generated_table_list_label_938	8.3 What is the number of patients LISTED in the REGISTER for BOTH in-facility and outreach in the LAST WEEK? If the answer is ZERO record "0"	
table_list_84d_3 (required)	Tuberculosis diagnosis	
table_list_84d_5 (required)	Tuberculosis treatment	
note_9	Section 9 - User Fees Now I will ask questions about USER FEES at this Facility	

Questionnaire > Section 9 - User Fees			
fees_collected (required)	9.1 Are user fees being collected for providing care to adult males?	1	Yes
		0	No
amount1 (required)	9.2 How much? Record amount in NAIRA. if not received at all record "0". If the answer is 20,000 record "20,000". DO NOT record "20" and if the answer is NOT APPLICABLE record "-777".		
pay_registration1 (required)	9.3 Do pregnant women pay for registration?	1	Yes
		0	No
amount2 (required)	9.4 How much? Record amount in NAIRA. if not received at all record "0". If the answer is 20,000 record "20,000". DO NOT record "20" and if the answer is NOT APPLICABLE record "-777".		
pay_antenatal (required)	9.5 Do pregnant women pay for antenatal care (including consultation/health professional fee)?	1	Yes
		0	No
amount3 (required)	9.6 How much? Record amount in NAIRA. if not received at all record "0". If the answer is 20,000 record "20,000". DO NOT record "20" and if the answer is NOT APPLICABLE record "-777".		

payment_med1 (required)	9.7 Do pregnant women pay for iron and folic acid?	1	Yes
		0	No
amount4 (required)	9.8 How much? Record amount in NAIRA. if not received at all record "0". If the answer is 20,000 record "20,000". DO NOT record "20" and if the answer is NOT APPLICABLE record "-777".		
payment_med2 (required)	9.9 Do pregnant women pay for Intermittent Preventive Treatment (IPT)?	1	Yes
		0	No
amount5 (required)	9.10 How much? Record amount in NAIRA. if not received at all record "0". If the answer is 20,000 record "20,000". DO NOT record "20" and if the answer is NOT APPLICABLE record "-777".		
payment_med3 (required)	9.11 Do pregnant women pay for institutional delivery?	1	Yes
		0	No
amount6 (required)	9.12 How much? Record amount in NAIRA. if not received at all record "0". If the answer is 20,000 record "20,000". DO NOT record "20" and if the answer is NOT APPLICABLE record "-777".		
payment_med4 (required)	9.13 Do pregnant women pay tetanus vaccine?	1	Yes
		0	No
amount7 (required)	9.14 How much? Record amount in NAIRA. if not received at all record "0". If the answer is 20,000 record "20,000". DO NOT record "20" and if the answer is NOT APPLICABLE record "-777".		
payment_med5 (required)	9.15 Do pregnant women pay for post-natal visit?	1	Yes
		0	No
amount8 (required)	9.16 How much? Record amount in NAIRA. if not received at all record "0". If the answer is 20,000 record "20,000". DO NOT record "20" and if the answer is NOT APPLICABLE record "-777".		
antenatal_pay_medicine (required)	9.17 In the case of antenatal care: do pregnant women pay for medicines if they need them?	1	Yes
		0	No
pay_lab_test (required)	9.18 In the case of antenatal care: do pregnant women pay fees for lab tests (e.g. lab diagnosis, x-ray) if they happen to need them?	1	Yes
		0	No
pay_supplies (required)	9.19 Do pregnant women pay fees for supplies (e.g. dressing)?	1	Yes
		0	No
note_10	Section 10 - National Protocols Now I will ask questions about NATIONAL PROTOCOLS at this Facility		
Questionnaire > Section 10 - National Protocols			
Questionnaire > Section 10 - National Protocols > table_list_101a			
generated_table_list_label_967	10.1 Are patient education materials in the facility (clearly visible to patients)? READ ALL OPTIONS ALOUD, AND RECORD "YES" / "NO" FOR EACH OPTION		
reserved_name_for_field_list_labels_968		1	Yes
		0	No
table_list_101a_1 (required)	IMCI chart book or wall chart	1	Yes
		0	No
table_list_101a_2 (required)	Tuberculosis diagnosis and treatment	1	Yes
		0	No
table_list_101a_3 (required)	Health Management Information Systems (HMIS) data	1	Yes
		0	No
Questionnaire > Section 10 - National Protocols > table_list_101b			
generated_table_list_label_972	10.1 Are patient education materials in the facility (clearly visible to patients)? READ ALL OPTIONS ALOUD, AND RECORD "YES" / "NO" FOR EACH OPTION		
reserved_name_for_field_list_labels_973		1	Yes
		0	No
table_list_101a_4 (required)	Malaria diagnosis and treatment	1	Yes
		0	No
table_list_101a_5 (required)	Immunization schedule	1	Yes
		0	No
table_list_101a_6 (required)	Antenatal care national standards	1	Yes
		0	No
table_list_101a_7 (required)	Newborn care national standards	1	Yes
		0	No
table_list_101a_8 (required)	Post-partum care national standards	1	Yes
		0	No
table_list_101a_9 (required)	Procedures manual for infection prevention and control	1	Yes
		0	No
note_11	Section 11 - Equipment Now I will ask questions about EQUIPMENT at this Facility		
Questionnaire > Section 11 - Equipment			

outpatient_equipment (required)	11.1 Where is the outpatient equipment located?	1	General Consultation
		2	Separate Outpatient room
		3	None
		-888	-888
		-999	-999
		other	Other
outpatient_equipment_other	Specify other.		

Questionnaire > Section 11 - Equipment > table_list_111a

generated_table_list_label_984	11.2 Is the _____ equipment Present and Working (PW), Present but Not Working (PNW), or Not Present (NP) PW: Present and working / PNW: Present and not working / NP: Not present		
reserved_name_for_field_list_labels_985		1	PW
		2	PNW
		3	NP
		-888	-888
		-999	-999
table_list_111_1 (required)	Sterilizer	1	PW
		2	PNW
		3	NP
		-888	-888
		-999	-999
table_list_111_2 (required)	Timer or clock with second hand	1	PW
		2	PNW
		3	NP
		-888	-888
		-999	-999
table_list_111_3 (required)	Children's scale	1	PW
		2	PNW
		3	NP
		-888	-888
		-999	-999
table_list_111_4 (required)	Blood pressure instrument	1	PW
		2	PNW
		3	NP
		-888	-888
		-999	-999
table_list_111_5 (required)	Thermometer	1	PW
		2	PNW
		3	NP
		-888	-888
		-999	-999
table_list_111_6 (required)	Stethoscope	1	PW
		2	PNW
		3	NP
		-888	-888
		-999	-999
table_list_111_7 (required)	Suction/Aspirating device	1	PW
		2	PNW
		3	NP
		-888	-888
		-999	-999
table_list_111_8 (required)	Oxygen tank	1	PW
		2	PNW
		3	NP
		-888	-888
		-999	-999
table_list_111_9 (required)	Ambubag	1	PW
		2	PNW
		3	NP
		-888	-888
		-999	-999
lab_facility (required)	11.3 Is there a Lab in this facility?	1	Yes

		0	No
lab_equipment (required)	11.4 Where is the lab equipment located?	1	General Consultation
		2	Separate Laboratory
		-888	-888
		-999	-999
		other	Other
lab_equipment_other	Specify other.		

Questionnaire > Section 11 - Equipment > table_list_111b

generated_table_list_label_997	11.5 Is the _____ equipment Present and Working (PW), Present but Not Working (PNW), or Not Present (NP) PW: Present and working / PNW: Present and not working / NP: Not present		
reserved_name_for_field_list_labels_998		1	PW
		2	PNW
		3	NP
		-888	-888
		-999	-999
table_list_111_10 (required)	Microscope	1	PW
		2	PNW
		3	NP
		-888	-888
		-999	-999
table_list_111_11 (required)	Functioning Refrigerator	1	PW
		2	PNW
		3	NP
		-888	-888
		-999	-999
neonatal_equipment (required)	11.6 Where is the delivery and neonatal equipment located?	1	General Consultation
		2	Separate Outpatient room
		3	None
		-888	-888
		-999	-999
		other	Other
neonatal_equipment_other	Specify other.		

Questionnaire > Section 11 - Equipment > table_list_111c

generated_table_list_label_1002	11.7 Is the _____ equipment Present and Working (PW), Present but Not Working (PNW), or Not Present (NP) PW: Present and working / PNW: Present and not working / NP: Not present		
reserved_name_for_field_list_labels_1003		1	PW
		2	PNW
		3	NP
		-888	-888
		-999	-999
table_list_111_12 (required)	Delivery table	1	PW
		2	PNW
		3	NP
		-888	-888
		-999	-999
table_list_111_13 (required)	Fetoscope	1	PW
		2	PNW
		3	NP
		-888	-888
		-999	-999
table_list_111_14 (required)	Partograph	1	PW
		2	PNW
		3	NP
		-888	-888
		-999	-999
table_list_111_15 (required)	Delivery light	1	PW
		2	PNW
		3	NP
		-888	-888
		-999	-999

table_list_111_16 (required)	Aspirator/Suction bulb	1	PW
		2	PNW
		3	NP
		-888	-888
		-999	-999
table_list_111_17 (required)	Resusciation bag, newborn	1	PW
		2	PNW
		3	NP
		-888	-888
		-999	-999
table_list_111_18 (required)	Eye drops or ointment for newborn	1	PW
		2	PNW
		3	NP
		-888	-888
		-999	-999
table_list_111_19 (required)	IV sets, including sterilized needle and tube	1	PW
		2	PNW
		3	NP
		-888	-888
		-999	-999

Questionnaire > Section 11 - Equipment > table_list_111d

generated_table_list_label_1012	11.8 Is the _____ equipment Present and Working (PW), Present but Not Working (PNW), or Not Present (NP) PW: Present and working / PNW: Present and not working / NP: Not present		
reserved_name_for_field_list_labels_1013		1	PW
		2	PNW
		3	NP
		-888	-888
		-999	-999
table_list_111_20 (required)	Sterile tray	1	PW
		2	PNW
		3	NP
		-888	-888
		-999	-999
table_list_111_21 (required)	Plastic container with a plastic liner to dispose the placenta	1	PW
		2	PNW
		3	NP
		-888	-888
		-999	-999
table_list_111_22 (required)	Stethoscope, adult	1	PW
		2	PNW
		3	NP
		-888	-888
		-999	-999
table_list_111_23 (required)	Stethoscope, pinard fetal	1	PW
		2	PNW
		3	NP
		-888	-888
		-999	-999
note_12	Section 12 - Drug Storage and Availability Now I will ask questions about DRUG STORAGE AND AVAILABILITY at this Facility		

Questionnaire > Section 12 - Drug Storage and Availability

separate_pharmacy (required)	12.1 Is there a separate pharmacy or drug storage area in the health facility?	1	Yes
		0	No
drug_security (required)	12.2 Can the doors and windows be locked to keep the drug storage area secured?	1	Yes
		0	No
drug_storage (required)	12.3 Enumerator: Record if the drug storage area is clean	1	Yes
		0	No
drug_protection (required)	12.4 Are drugs protected from water and sunlight?	1	Yes
		0	No
outpatient_pharmacy (required)	12.5 Does the outpatient pharmacy maintain stock cards or stock register?	1	Yes
		0	No

Questionnaire > Section 12 - Drug Storage and Availability > table_list_121a			
generated_table_list_label_1026	12.6 Does the pharmacy or drug storage have _____?		
reserved_name_for_field_list_labels_1027		1	Yes
		0	No
		2	I don't know that
		3	Not Applicable
		-999	-999
table_list_121a_1 (required)	Paracetamol tabs	1	Yes
		0	No
		2	I don't know that
		3	Not Applicable
		-999	-999
table_list_121a_2 (required)	Amoxicillin (syrup, tabs, or capsule)	1	Yes
		0	No
		2	I don't know that
		3	Not Applicable
		-999	-999
table_list_121a_3 (required)	Iron tabs (with or without folic acid)	1	Yes
		0	No
		2	I don't know that
		3	Not Applicable
		-999	-999

Questionnaire > Section 12 - Drug Storage and Availability > table_list_121b			
generated_table_list_label_1031	12.6 Does the pharmacy or drug storage have _____?		
reserved_name_for_field_list_labels_1032		1	Yes
		0	No
		2	I don't know that
		3	Not Applicable
		-999	-999
table_list_121b_1 (required)	ACT (malaria)	1	Yes
		0	No
		2	I don't know that
		3	Not Applicable
		-999	-999
table_list_121b_2 (required)	SP/Fansidar (malaria)	1	Yes
		0	No
		2	I don't know that
		3	Not Applicable
		-999	-999

Questionnaire > Section 12 - Drug Storage and Availability > table_list_121c			
generated_table_list_label_1035	12.6 Does the pharmacy or drug storage have _____?		
reserved_name_for_field_list_labels_1036		1	Yes
		0	No
		2	I don't know that
		3	Not Applicable
		-999	-999
table_list_121c_1 (required)	Magnesium sulfate (obstetric care)	1	Yes
		0	No
		2	I don't know that
		3	Not Applicable
		-999	-999
table_list_121c_2 (required)	Diazepam injection (obstetric care)	1	Yes
		0	No
		2	I don't know that
		3	Not Applicable
		-999	-999
table_list_121c_3 (required)	Misoprostol (obstetric care)	1	Yes
		0	No
		2	I don't know that
		3	Not Applicable
		-999	-999

table_list_121c_4 (required)	Oxytocin (obstetric care)	1	Yes
		0	No
		2	I don't know that
		3	Not Applicable
		-999	-999
Questionnaire > Section 12 - Drug Storage and Availability > table_list_122a			
generated_table_list_label_1041	12.7 For how many days has _____ been out of stock in the last 90 days? If the answer is ZERO record "0"		
table_list_122a_1 (required)	Iron tabs (with or without folic acid)		
table_list_122a_2 (required)	ACT (malaria)		
table_list_122a_3 (required)	SP/Fansidar (malaria)		
Questionnaire > Section 12 - Drug Storage and Availability > table_list_122b			
generated_table_list_label_1046	12.7 For how many days has _____ been out of stock? If the answer is ZERO record "0"		
table_list_122b_1 (required)	Magnesium sulfate (obstetric care)		
table_list_122b_2 (required)	Diazepam injection (obstetric care)		
table_list_122b_3 (required)	Misoprostol (obstetric care)		
table_list_122b_4 (required)	Oxytocin (obstetric care)		
Questionnaire > Section 12 - Drug Storage and Availability > table_list_123a			
generated_table_list_label_1052	12.8 Once ordered, how many days does the stock take to be replenished? If the answer is ZERO record "0"		
table_list_123a_1 (required)	Paracetamol tabs		
table_list_123a_2 (required)	Amoxicillin (syrup, tabs, or capsule)		
table_list_123a_3 (required)	Iron tabs (with or without folic acid)		
Questionnaire > Section 12 - Drug Storage and Availability > table_list_123b			
generated_table_list_label_1057	12.8 Once ordered, how many days does the stock take to be replenished? If the answer is ZERO record "0"		
table_list_123b_1 (required)	ACT (malaria)		
table_list_123b_2 (required)	SP/Fansidar (malaria)		
Questionnaire > Section 12 - Drug Storage and Availability > table_list_123c			
generated_table_list_label_1061	12.8 Once ordered, how many days does the stock take to be replenished? If the answer is ZERO record "0"		
table_list_123c_1 (required)	Magnesium sulfate (obstetric care)		
table_list_123c_2 (required)	Diazepam injection (obstetric care)		
table_list_123c_3 (required)	Misoprostol (obstetric care)		
table_list_123c_4 (required)	Oxytocin (obstetric care)		
inventory_logs (required)	12.9 Are there inventory logs and checks?	1	Yes
		0	No
inventory_regular (required)	12.10 How regular?	1	Weekly
		2	Monthly
		3	Quarterly
		4	Annually
		-888	-888
		-999	-999
responsibility_check (required)	12.11 Who has the responsibility of performing these checks?	1	Inspector from LGA
		2	Auditor from LGA
		3	PHC staff
		-888	-888
		-999	-999
		other	Other
responsibility_check_other	Specify other.		
information_recived (required)	12.12 Who receives this information?	1	LGA
		2	STATE
		-888	-888
		-999	-999
stockouts (required)	12.13 Is there a procedure for when stockouts are detected?	1	Yes
		0	No
Questionnaire > Section 12 - Drug Storage and Availability > table_list_124			
generated_table_list_label_1072	12.14 How long does it take for drugs/consumables to be ordered?		
table_list_124_1 (required)	Days		
table_list_124_2 (required)	Weeks		
table_list_124_3 (required)	Months		
note_13	Interview information		
Questionnaire > Interview information			

enumerator_name (required)	13.1 Enumerator, please record YOUR name		
interview_result (required)	13.2 Record the result of interview	1	Completed
		2	Partially completed
		3	Refusal
		4	Respondent(s) not present
		-888	-888
		-999	-999
		other	Other
interview_result_other	Specify other.		
interview_language (required)	13.3 Which is the main language of the interview?	1	English
		2	Yoruba
		3	Igbo
		4	Hausa
		5	Fulani
		6	Tiv
		7	Urhobo
		8	Isekiri
		9	Igala
		10	Gbagyi
		11	Idoma
		12	Efik
		13	Ibibio
		14	Nupe
		15	Ikwere
		16	Kanuri
		-888	-888
		-999	-999
		other	Other
interview_language_other	Specify other.		
respondent_language (required)	13.4 Which is the respondents' local language?	1	English
		2	Yoruba
		3	Igbo
		4	Hausa
		5	Fulani
		6	Tiv
		7	Urhobo
		8	Isekiri
		9	Igala
		10	Gbagyi
		11	Idoma
		12	Efik
		13	Ibibio
		14	Nupe
		15	Ikwere
		16	Kanuri
		-888	-888
		-999	-999
		other	Other
respondent_language_other	Specify other.		
traslator_used (required)	13.5 Did you use translator?	1	Never
		2	Sometimes
		3	Always
		-888	-888
		-999	-999
hh_location	13.5 Collect the GPS coordinates of this facility GPS coordinates can only be collected when outside		
enumerator_comments (required)	13.6 ENUMERATOR: Please introduce your comments		