

## MEASURE Service Provision Assessment

### Facility Resources Questionnaire

#### FACILITY IDENTIFICATION

Name of the facility _____ Facility Location _____ Governorate _____ District _____ Code of the facility _____ Type of Health Facility and Operating Authority Governmental: 11 = General Hospital      21=MCH Center 12=District Hospital      22=Rural health unit 13= Fever Hospital      23=Urban health unit 14= Integrated Hospital    24=Health Office 25=Mobile Unit              26=Other  Non-Governmental: 31 =CSI 32= EFPA 33=other non-governmental	QTYPE ..... RES  GOV..... DISTRICT..... FACILITY CODE FACILITY TYPE ..... AND OPERATING AUTHORITY
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Date: _____   Name of the interviewer _____	DAY ..... MONTH ..... YEAR..... INTERVIEWER CODE..
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**Number of questionnaires completed at facility:**

**Questionnaire Type**

1	Sick Child Observations _____	CHILD OBSERVATION		
2	Sick Child Exit Interviews _____	CHILD EXIT		
3	FP Observations _____	FP OBSERVATION		
4	FP Exit Interviews _____	FP EXIT		
5	ANC Observations _____	ANC OBSERVATION		
6	ANC Exit Interviews _____	ANC EXIT		
7	STI Observation _____	STI OBSERVATION		
8	STI Exit Interviews _____	STI EXIT		
9	Provider Interviews _____	PROVIDER INTERVIEWS		
10	Injection Observ _____	INJECTION OBSERVATION		

001	If this facility a hospital or MCH center or urban health unit (see cover page) circle 1 and ask Q 002. If not, circle 2 and go to Q 003.	YES .....1 NO .....2	→003
002	Is this facility with or adjacent to a Health Office?	YES .....1 NO .....2	
003	If this facility a Health Office(see cover page), circle 1 and ask Q 004. If not, circle 2 and go to Q100	YES .....1 NO .....2	→100
004	Is this facility with or adjacent to a hospital, MCH center or urban health unit?	YES .....1 NO .....2	

TURN ON AND WAIT UNTIL SATELLITE PAGE CHANGES TO “POSITION”

- 1 WRITE ALTITUDE
- 2 PRESS MARK
- 3 HIGHLIGHT “AVERAGE” AND PRESS ENTER
- 4 HIGHLIGHT WAYPOINT NUMBER AND PRESS ENTER
- 5 ENTER FACILITY CODE (6 DIGITS)
- 6 WAIT 5 MINUTES
- 7 HIGHLIGHT “ SAVE” AND PRESS ENTER
- 8 PAGE TO MAIN MENUE AND HIGHLIGHT “WAYPOINT LIST” AND PRESS ENTER
- 9 HIGHLIGHT YOUR WAYPOINT
- 10 COPY INFORMATION FROM WAYPOINT LIST PAGE- THIS IS THE AVERAGE OF ALL THE SATTELITE READINGS
- 11 BE SURE AND COPY THE WAYPPOINT NAME FROM THE WAYPOINT LIST PAGE TO VERIFY YOU ARE ENTERING THE CORRECT WAYPOINT INFORMATION ON THE DATA FORM

POSITION			
WAYPOINT NAME.....			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
ALTITUDE.....			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
LATITUDE.....	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<b>DEGREES</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
LONGITUDE.....	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

## Section 1a. General Information: Management

NO.	QUESTIONS	CODE CLASSIFICATION	GO TO
	<p>FOR OUTPATIENT SERVICES: FIND THE MANAGER OR MOST SENIOR HEALTH WORKER RESPONSIBLE FOR <b>OUTPATIENT SERVICES</b> WHO IS PRESENT AT THE FACILITY. READ THE FOLLOWING GREETING:</p> <p>Hello. I am representing the Ministry of Health. We are carrying out a survey of health facilities that provide services to women and children with the goal of finding ways to improve service delivery. We would be interested in talking to you about this facility and your experiences in providing health services. Please be assured that the information is completely confidential and is not identified with any facility name. We are asking for your help to ensure that the information collected is accurate. If there are sections where someone else is the most appropriate person to provide information, we would appreciate your introducing us to that person. I will ask questions and then for many topics I will ask to see some record related to the question. You may choose to stop the interview at any time.</p> <p>Do you have any questions for me? Do I have your agreement to participate?</p>		
	<p>INTERVIEWER'S SIGNATURE (Indicates respondent's willingness to participate)</p>	<p>DATE</p>	
100	May I begin the interview?	YES ..... 1 NO ..... 2	→ STOP
101	Routinely, how many days each week is the facility open for outpatient adult curative services?	NUMBER OF DAYS ..... <input style="width: 40px; height: 20px;" type="text"/> DON'T KNOW ..... 8	
101a	Is there a physician who lives <b>onsite</b> at this facility?	YES ..... 1 NO ..... 2 NOT APPLICABLE ..... 3 DON'T KNOW ..... 8	
102	Is there a physician present (assigned) at the facility at all times (24 hours/day) for emergency services? IF YES, ASK TO SEE DUTY SCHEDULE.	YES, SCHEDULE SEEN ..... 1 YES, SCHEDULE NOT SEEN ..... 2 NO ..... 3	→ 104 → 104
103	Is there a physician available away from the facility, but officially on call at all times after hours for emergency services? IF YES, ASK TO SEE ON CALL DUTY SCHEDULE.	YES, SCHEDULE SEEN ..... 1 YES, SCHEDULE NOT SEEN ..... 2 NO ..... 3	
104	Does this facility routinely admit inpatients for treatment?	YES ..... 1 NO ..... 2	→ 106
105	Does this facility have beds for overnight observation?	YES ..... 1 NO ..... 2	
106	Does this facility have routine meetings for reviewing management or administrative issues?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 109 → 109
107	How often do meetings to discuss the facility management/administrative issues take place?	MONTHLY OR MORE OFTEN ..... 1 EVERY 2-3 MONTHS ..... 2 EVERY 4-6 MONTHS ..... 3 LESS OFTEN THAN EVERY 6 MONTHS ..... 4 OTHER ..... 6	
108	Is an official record of meetings maintained? IF YES, ASK TO SEE SOME RECORD (MINUTES/NOTES) FROM THE MOST RECENT MEETING	YES, RECORD OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO RECORD MAINTAINED ..... 3	
109	Are there any <u>routine</u> meetings about facility activities or management issues that include both facility managers and community members?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
110	Does this facility have any system for determining client opinion about the health facility or services? IF YES, CIRCLE ALL METHODS FOR ELICITING CLIENT OPINIONS THAT ARE USED	SUGGESTION BOX ..... A CLIENT SURVEY FORM ..... B CLIENT INTERVIEW ..... C OTHER ..... X (SPECIFY) NO CLIENT FEEDBACK ..... Y DON'T KNOW ..... Z	→ 113 → 113

NO.	QUESTIONS	CODE CLASSIFICATION				GO TO
111	Is there a procedure for collecting and reporting on client opinion? IF YES, ASK TO SEE A REPORT OR FORM WHERE DATA IS COMPILED.	YES, REPORT SEEN.....1	YES, NO REPORT SEEN .....2	NO .....3		
112	In the past 3 months have any changes been made in the program as a result of client opinion? IF YES, DESCRIBE THE CHANGES MADE.	YES, _____ .1 (SPECIFY)	NO .....2	DON'T KNOW.....8		
113	Does this facility provide services according to quality criteria? This refers to a <u>routine</u> program for quality assurance.	YES.....1	NO .....2	DON'T KNOW.....8		→117 →117
114	Is this system implemented throughout the facility, or is it within specific services only?	THROUGHOUT FACILITY .....1	ONLY SPECIFIC SERVICES .....2			
115	Are any of the following methods for quality assurance used? IF YES, ASK TO SEE SOME DOCUMENTATION (REPORT/ MINUTES/ ETC). FOR THE METHOD IMPLEMENTATION.					
	METHOD	METHOD USED				
		1 DOCUME NT SEEN	2 DOCUME NT NOT SEEN	3 METHOD NOT USED	8 NOT DETERMINED	
	1) Supervisory checklist for health system components (e.g. service specific equipment, meds, and records)	1	2	3	8	
	2) Supervisory checklist for health service provision (e.g. Observation Check list)	1	2	3	8	
	3) Facility-wide review of mortality	1	2	3	8	
	4) Periodic audit of medical records or service registers	1	2	3	8	
	5) Quality Assurance committee/team?	1	2	3	8	
	6) Quality Improvement Program (QIP)	1	2	3	8	
	7) Other (SPECIFY)	1	2	3	8	
116	Who is responsible for reviewing findings and taking action from quality activities? CIRCLE ALL THAT APPLY AND INDICATE IF THE PERSON(S) ARE POSTED INTERNAL (IN)TO THE FACILITY OR EXTERNAL (OUT) OR BOTH	1 PERSON S INTERNA L TO FACILITY	2 PERSON S EXTERNA L TO FACILITY	3 BOTH INTERNA L AND EXTERNA L	4 NOT USED	8 DON'T KNO W
	1) Individual Supervisors .....	1	2	3	4	8
	2) Management Committee .....	1	2	3	4	8
	3) Special Quality Assurance committee or team.....	1	2	3	4	8
	4) Governorate or district Management Team ...	1	2	3	4	8
	5) Other .....	1	2	3	4	8
117	When was the last time a supervisor from <u>outside</u> this facility visited the facility?	WITHIN THE LAST 6 MONTHS .... 1 MORE THAN 6 MONTHS AGO .... 2 NEVER SUPERVISED FROM OUTSIDE FACILITY ..... 3				→119 →119

NO.	QUESTIONS	CODE CLASSIFICATION			GO TO
		YES	NO	DK	
118	The most recent time within the last 6 months that a supervisor from outside the facility visited, did the supervisor:  1) Check some registers/books?..... 2) Discuss problems?..... 3) Discuss policy/administrative issues?..... 4) Discuss technical protocols or issues related to service delivery practices?..... 5) Hold an official staff meeting?..... 6) Observe individual staff providing services?.... 7) Record observations in supervision book..... 8) Do anything else? .....	CHECKED REGISTERS..... 1 DISCUSSED PROBLEMS.. 1 DISCUSSED POLICY..... 1 DISCUSSED TECHNICAL MATTERS..... 1 HELD STAFF MEETING..... 1 OBSERVE SERVICE PROVISION..... 1 RECORD IN BOOK..... 1 OTHER_____ 1 (SPECIFY)	2 2 2 2 2 2 2 2	8 8 8 8 8 8 8 8	
119	Is there a standard form used for clients referred to other facilities? ASK TO SEE THE FORM. (IF THE FACILITY IS THE REFERRAL FACILITY, THEN CIRCLE "4" FOR REFERRAL FACILITY.	YES, FORM SEEN..... 1 YES, FORM NOT SEEN..... 2 NO FORM USED..... 3 REFERRAL FACILITY..... 4 DON'T KNOW..... 8			→121 →121 →121
120	Does the referral form have a section requiring client information explaining the reason for the referral?	YES..... 1 NO..... 2 DON'T KNOW..... 8			
121	What is the primary source(s) from which equipment, supplies, other goods required for services are made available for this facility.	GOVERNMENT (MoH)..... A DONORS..... B CLIENT REVENUES..... C OTHER _____ X DON'T KNOW..... Z			
122	What are the primary sources of funds for your facility. BUDGET MEANS AN ANNUAL AMOUNT OF MONEY AVAILABLE TO THE FACILITY FOR NORMAL RUNNING COSTS	ANNUAL BUDGET (MOH)..... A MOH, BUT NOT THROUGH ANNUAL BUDGET..... B ANNUAL BUDGET (DONORS) .... C DONORS, NOT ANNUAL BUDGET..... D CLIENT REVENUES..... E OTHER _____ X DON'T KNOW..... Z			
123	Does this facility have a specific system for maintenance and repair of the building or infrastructure (e.g. plumbing or electric) ? IF YES, Who authorizes repairs?	IN-CHARGE OF FACILITY..... A IN-CHARGE OF UNIT REQUIRING REPAIR..... B OTHER _____ X (SPECIFY) NO SYSTEM..... Y DON'T KNOW..... Z			→125 →125
124	Who makes repairs for the building or infrastructure?	ON-SITE STAFF..... 1 HIRE FROM OUTSIDE..... 2 BOTH ON-SITE AND OUTSIDE.... 3 OTHER_____ 6 (SPECIFY) DON'T KNOW..... 8			

NO.	QUESTIONS	CODE CLASSIFICATION	GO TO	
125	Does this facility have a program for routine <b>preventive</b> maintenance for major equipment such as a generator or sterilizing equipment? This means the equipment is checked periodically even if there is no problem. IF YES: Who is responsible for the maintenance?	YES, ON-SITE STAFF ..... 1 YES, OUTSIDE SUPPORT ..... 2 YES, BOTH ONSITE AND OUTSIDE ..... 3 NO ROUTINE MAINTENANCE ..... 4 DON'T KNOW ..... 8		
126	What is the system for repairing or replacing small equipment (blood pressure cuffs, stethoscope, etc). (CIRCLE ALL THAT APPLY).	ON-SITE MAINTENANCE ..... A PETTY CASH FOR REPLACING .. B SEND ELSEWHERE FOR REPAIR ..... C OTHER _____ ..... X (SPECIFY) NO SYSTEM ..... Y DON'T KNOW ..... Z		
127	Does this facility have a budget line-item in the current budget, or use funds from service improvement box for equipment maintenance?	YES, BUDGET LINE ITEM ..... A YES, SERVICE IMPROVEMENT BOX ..... B NO ..... Y DON'T KNOW ..... Z	→ 129 → 129	
128	Is the budget and/or funds from the service improvement box adequate to meet normal needs of your facility for maintaining large equipment and repairing or replacing small equipment ?	APPEARS SUFFICIENT ..... 1 UNCERTAIN IF WILL BE SUFFICIENT ..... 2 NOT SUFFICIENT ..... 3 DON'T KNOW .. ..... 8		
129	Does this facility routinely charge for adult outpatient curative consultation services? IF YES, WHAT SYSTEMS APPLY?	YES, FEE VARIES BY DAY OR TIME OF DAY ..... A YES, ECONOMIC AND FREE SECTION ..... B YES, DISCOUNT OR EXEMPTION FOR SOME CLIENTS ..... C YES, FIXED FEE, VARIES BY TYPE OF CLIENT ..... D YES, PREPAY FOR MULTIPLE VISITS FOR ONE SERVICE ..... E OTHER _____ ..... X (SPECIFY) NO ..... Y DON'T KNOW ..... Z	→ 136 → 136	
130	<b>CIRCLE ALL CHARGING PRACTICES USED</b>	<b>ECONOMIC</b>	<b>FREE SECTION</b>	<b>NO</b>
	1 Fixed fee for registration ticket or consultation	A	B	Y
	2 Fixed fee health card	A	B	Y
	3 Charge for medications	A	B	Y
	4 Charge for tests	A	B	Y
131	Are the indicated fees posted in the area where fees are collected in a manner that the client can easily see the official charges? [GO TO AREA AFTER COMPLETING INTERVIEW WITH DIRECTOR]	YES ALL FEES POSTED ..... 1 YES, SOME, NOT ALL FEES POSTED ..... 2 NO POSTED FEES ..... 3 DON'T KNOW ..... 8		
132	<b>CHECK QUESTION 129 C. DOES THE FACILITY OFFER EXEMPTIONS OR DISCOUNTS FOR SOME CLIENTS?</b>	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 136 → 136	
133	Who is in charge of making the final decision on whether a client receives a discount of exemption?	IN-CHARGE ..... A SOCIAL WORKER ..... B OTHER _____ ..... X DON'T KNOW ..... Z		

NO.	QUESTIONS	CODE CLASSIFICATION	GO TO
134	Is there a book or register where discounted fees are collected and exemptions are listed? IF YES, ASK TO SEE THE REGISTER.	YES, REGISTER SEEN..... 1 YES, REGISTER NOT SEEN ..... 2 NO REGISTER ..... 3 DON'T KNOW ..... 8	→ 136 → 136 → 136
135	What is the most recent date for an exemption or discount?	WITHIN 7 DAYS..... 1 >7 DAYS WITHIN 30 DAYS..... 2 MORE THAN 30 DAYS..... 3	
136	Does this facility receive any reimbursement for services to discounted or exempted clients from sources outside of the routine running budget or direct client fees? This may include reimbursement from insurance companies, from charities or communities that reimburse for poor clients, or other systems the facility may participate in. IF YES, INDICATE WHICH PLANS APPLY.	CHARITY FUND FOR POOR .....A INSURANCE/PRE-PAY .....B HIO/SHIP ..... C MOH FUND..... D OTHER SYSTEM _____X (SPECIFY) NO ..... Y DON'T KNOW ..... Z	
137	Does this facility have an active women's Club? IF YES, ASK TO SEE ANY RECORD OF ACTIVITIES OR SCHEDULE OF ACTIVITIES FOR THE PRIOR MONTH OR THE CURRENT MONTH	YES, DOCUMENT SEEN ..... 1 YES, NO DOCUMENT SEEN ..... 2 NO ..... 3 DON'T KNOW ..... 8	
138	Does this facility have a working phone or short-wave radio for calling outside?	YES ..... 1 NO ..... 2	→ 140
139	Is there a phone or short-wave radio within five minutes time from the facility that staff can use in an emergency? IF YES: Is that phone or short-wave radio available 24 hours a day?	YES, AVAILABLE 24 HOURS ..... 1 YES, NOT AVAILABLE 24 HOURS ..... 2 NO, NONE WITHIN 5 MINUTES ... 3	
140	Does this facility ever have electricity? (from any source)	YES ..... 1 NO ..... 2	→ 142
141	Is the electricity always available during the times when the facility is providing services or is it sometimes interrupted? IF SOMETIMES INTERRUPTED, ASK: On how many <b>days</b> during the past week was the electricity <b>not available for two (2) or more hours?</b>	ALWAYS AVAILABLE..... 0  <input type="checkbox"/> <b># OF DAYS NOT AVAILABLE PAST WEEK</b>	
142	What is the <u>most commonly used</u> source of water for the facility <u>at this time?</u>	PIPED ..... 10 PROTECTED WELL/ BOREHOLE ..... 20 UNPROTECTED WELL / BOREHOLE ..... 21 RIVER/LAKE /POND..... 30 OTHER _____ _96 (SPECIFY) NO WATER SOURCE ..... 00	→ 145
143	Is water outlet from this source available on-site (that is, within 500m ) of the facility?	YES, ON-SITE ..... 1 NO ..... 2	
144	Does this source of water for the facility vary seasonally?	YES ..... 1 NO ..... 2 NO NORMAL SOURCE ..... 3	

145	<p>Now I have some questions about the staff <b>who provide OUTPATIENT services</b> .          We want to know the highest technical qualification and the number of staff who are permanently assigned for outpatient services. This may include staff who also rotate to inpatient service. If someone is a specialist physician or nurse, we want to know their basic qualification (e.g. Nurse or Doctor) regardless of specialty or position.</p>																					
	<table border="1"> <thead> <tr> <th data-bbox="256 338 878 380">QUALIFICATION</th> <th data-bbox="878 338 1451 380">TOTAL NUMBER</th> </tr> </thead> <tbody> <tr> <td data-bbox="256 380 878 453">1) OB/GYN PHYSICIAN</td> <td data-bbox="878 380 1451 453">OB/GYN <input type="text"/><input type="text"/><input type="text"/></td> </tr> <tr> <td data-bbox="256 453 878 527">2) FAMILY PLANNING PHYSICIAN</td> <td data-bbox="878 453 1451 527">FAMILY PLANNING <input type="text"/><input type="text"/><input type="text"/></td> </tr> <tr> <td data-bbox="256 527 878 600">3) PEDIATRICIAN</td> <td data-bbox="878 527 1451 600">PEDIATRIC <input type="text"/><input type="text"/><input type="text"/></td> </tr> <tr> <td data-bbox="256 600 878 674">4) FAMILY PHYSICIAN</td> <td data-bbox="878 600 1451 674">FAMILY <input type="text"/><input type="text"/><input type="text"/></td> </tr> <tr> <td data-bbox="256 674 878 747">5) OTHER PHYSICIAN SPECIALIST</td> <td data-bbox="878 674 1451 747">OTHER SPECIALITY <input type="text"/><input type="text"/><input type="text"/></td> </tr> <tr> <td data-bbox="256 747 878 821">6) GENERAL PRACTITIONER</td> <td data-bbox="878 747 1451 821">GENERALIST <input type="text"/><input type="text"/><input type="text"/></td> </tr> <tr> <td data-bbox="256 821 878 894">7) NURSE WITH MIDWIFRY</td> <td data-bbox="878 821 1451 894">NURSE W/ MIDWIFRY <input type="text"/><input type="text"/><input type="text"/></td> </tr> <tr> <td data-bbox="256 894 878 968">8) NURSE</td> <td data-bbox="878 894 1451 968">NURSE <input type="text"/><input type="text"/><input type="text"/></td> </tr> <tr> <td data-bbox="256 968 878 1167">9) OTHER (SPECIFY) _____</td> <td data-bbox="878 968 1451 1167">OTHER <input type="text"/><input type="text"/><input type="text"/></td> </tr> </tbody> </table>	QUALIFICATION	TOTAL NUMBER	1) OB/GYN PHYSICIAN	OB/GYN <input type="text"/> <input type="text"/> <input type="text"/>	2) FAMILY PLANNING PHYSICIAN	FAMILY PLANNING <input type="text"/> <input type="text"/> <input type="text"/>	3) PEDIATRICIAN	PEDIATRIC <input type="text"/> <input type="text"/> <input type="text"/>	4) FAMILY PHYSICIAN	FAMILY <input type="text"/> <input type="text"/> <input type="text"/>	5) OTHER PHYSICIAN SPECIALIST	OTHER SPECIALITY <input type="text"/> <input type="text"/> <input type="text"/>	6) GENERAL PRACTITIONER	GENERALIST <input type="text"/> <input type="text"/> <input type="text"/>	7) NURSE WITH MIDWIFRY	NURSE W/ MIDWIFRY <input type="text"/> <input type="text"/> <input type="text"/>	8) NURSE	NURSE <input type="text"/> <input type="text"/> <input type="text"/>	9) OTHER (SPECIFY) _____	OTHER <input type="text"/> <input type="text"/> <input type="text"/>	
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9) OTHER (SPECIFY) _____	OTHER <input type="text"/> <input type="text"/> <input type="text"/>																					
	<p>10) SUM THE NUMBER OF STAFF REPORTED IN 1-9 AND CHECK: YOU HAVE TOLD ME THAT YOU HAVE ___ (NUMBER OF STAFF) WHO PROVIDE OUTPATIENT SERVICES. IS THIS CORRECT? IF NOT CORRECT, PROBE AND CHANGE 1-10 AS NECESSARY.</p>	<p>YES, NUMBER CORRECT ..... 1          NO ..... 2</p>																				
146	<p>Do have an estimate of the size of the catchment population that this facility serves, that is, the size of the population living in the area served by this facility?</p> <p>IF YES: How many people is that?</p>	<p>CATCHMENT POPULATION</p> <p><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>NO CATCHMENT AREA... 9999995          DON'T KNOW SIZE OF CATCHMENT POPULATION..... 9999998</p>																				
147	<p>Does the facility have an ESU computer. If Yes, is it functioning?          THE ESU COMPUTER IS USED FOR TRACKING 26 PRIORITY INFECTIOUS DISEASES AND IS CONNECTED TO THE CENTRAL ESU IN MOHP.</p>	<p>YES, FUNCTIONING .....1          YES, NOT FUNCTIONING .....2          NO .....3</p>																				

## Section 1b. General Information: Resources

NO.	QUESTIONS	CODE CLASSIFICATION	GO TO
	ASK TO GO TO THE MAIN AREA WHERE EQUIPMENT IS CLEANED AND STERILIZED OR DISINFECTED AND ASK TO SPEAK WITH THE PERSON MOST KNOWLEDGEABLE OF THE PROCESSES USED. I want to ask you about how you process used medical equipment such as surgical equipment, forceps, speculums, or other equipment that must be processed before reusing.		
150	What procedure is used for cleaning contaminated equipment prior to final processing for reuse?	SOAKED IN DISINFECTANT SOLUTION BRUSH SCRUBBED WITH SOAP AND WATER.....1 BRUSH SCRUBBED W/ SOAP AND WATER AND THEN SOAKED IN DISINFECTANT .....2 BRUSH SCRUBBED WITH SOAP AND WATER .....3 SOAKED IN DISINFECTANT ONLY, NOT SCRUBBED .....4 OTHER .....6 NONE .....7 DON'T KNOW .....8	
151	After cleaning, what is the final process most commonly used for disinfecting or sterilizing medical equipment (e.g., surgical instruments) prior to reuse? IF DIFFERENT METHODS ARE USED FOR DIFFERENT TYPES OF EQUIPMENT, INDICATE THE DIFFERENT METHODS.	DRY HEAT STERILIZATION..... A AUTOCLAVE ..... B STEAM ..... C BOILING ..... D CHEMICAL ..... E PROCESS OUTSIDE FACILITY... F OTHER ..... X NONE ..... Y	→ 159  → 159
GO TO WHERE EQUIPMENT IS STERILIZED AND ASSESS AVAILABILITY OF EQUIPMENT REQUIRED FOR PROCEDURES.			
152	ITEM	(a) AVAILABILITY	(b) FUNCTIONING
		OBSERVED      REPORTED AVAILABLE      NOT AVAILABLE      NOT DETERMINED	YES      NO      NOT DETER
01	Electric dry heat sterilizer	1→b      2→b      3↓      8↓	1      2      8
02	Electric autoclave (pressure; wet heat)	1→b      2→b      3↓      8↓	1      2      8
03	Non-electric autoclave	1→b      2→b      3↓      8↓	1      2      8
04	Pot with cover (for steaming or boiling)	1      2      3      8	
05	Other method _____ (SPECIFY)	1      2      3      8	
153	Heat source (stove/Cooker w/fuel or power present) For steaming, boiling, or using non-electric autoclave)	1→b      2→b      3↓      8↓	1      2      8
154	Automatic timer (MAY BE ON MACHINE)	1→b      2→b      3↓      8↓	1      2      8
155	TST Indicator strips (Tape indicating sterilization)	1      2      3      8	
156	Biological indicator for testing effectiveness of sterilization	1      2      3      8	
157	Written guidelines for disinfection and sterilization	1      2      3      8	

158 FOR EACH OF THE FOLLOWING METHODS FOR STERILIZATION/DISINFECTION AND CHEMICAL DECONTAMINATION USED IN THE FACILITY, INDICATE THE PROCESSING DETAILS INCLUDING TIME PROCESSED AFTER THE REQUIRED TEMPERATURE/ PRESSURE/ BOILING IS REACHED

	(a) Dry heat sterilization	(b) Autoclave	(c) Boil or steam (high level disinfectant ,HLD)	(d) Chemical decontaminant	(e) Chemical High Level Disinfectant (HLD)	(f) OTHER
01	Method USED .....1 NOT USED .....2→b	USED .....1 NOT USED .....2→c Temperature AUTOMATIC 666 DON'T KNOW 998	USED .....1 NOT USED .....2→d	USED .....1 NOT USED .....2→e	USED .....1 NOT USED .....2→f	Temperature AUTOMATIC 666 DON'T KNOW 998
02	Temperature (centigrade)	Temperature AUTOMATIC 666 DON'T KNOW 998	Temperature AUTOMATIC 666 DON'T KNOW 998			Temperature AUTOMATIC 666 DON'T KNOW 998
03	PRESSURE	AUTOMATIC ..... 666 DK PRESSURE ..... 998  UNITS OF PRESSURE DK UNITS OF PRESSURE... 8 POUNDS/SQ.IN ..... 1 ATM PRESSURE ..... 2 KILOPASCAL ..... 3 MILLIMETER HG ..... 4	AUTOMATIC ..... 666 DK PRESSURE ..... 998  UNITS OF PRESSURE DK UNITS OF PRESSURE... 8 POUNDS/SQ.IN ..... 1 ATM PRESSURE ..... 2 KILOPASCAL ..... 3 MILLIMETER HG ..... 4			AUTOMATIC ..... 666 DON'T KNOW ..... 998  UNITS OF PRESSURE DK UNITS OF PRES... 8 POUNDS/SQ.IN ..... 1 ATM PRESSURE ..... 2 KILOPASCAL ..... 3 MILLIMETER HG ..... 4
04	Minutes-when equipment is not wrapped in cloth	Minutes AUTOMATIC ..... 666 DON'T KNOW ..... 998	Minutes DON'T KNOW ..... 998	Minutes	Minutes	Minutes AUTOMATIC ..... 666 DON'T KNOW ..... 998
05	Minutes when equipment is wrapped	Minutes wrapped AUTOMATIC ..... 666 DON'T KNOW ..... 998	Minutes wrapped DON'T KNOW ..... 998	Minutes wrapped	Minutes wrapped	Minutes wrapped AUTOMATIC ..... 666 DON'T KNOW ..... 998
06	Chemical solution (DISINFECTANT)					
07	Percent solution (Concentration before diluted)					
08	Mixture, parts disinfectant and water					

NO.	QUESTIONS	CODE CLASSIFICATION				GO TO
		1 OBSERVED	2 REPORTED AVAILABLE	3 NOT AVAILABLE	8 NOT DETERMINED	
159	ASK TO SEE WHERE CENTRALLY PROCESSED ITEMS ARE STORED AFTER PROCESSING, AND INDICATE FOR EACH OF THE BELOW IF THIS WAS OBSERVED OR REPORTED AS A PRACTICE:					
	1) Wrapped in sterile cloth, sealed with TST tape.	1	2	3	8	
	2) Stored in sterile container with lid which clasps shut	1	2	3	8	
	3) Stored unwrapped inside autoclave or dry heat sterilizer	1	2	3	8	
	4) On tray, covered with cloth or wrapped without TST sealing tape	1	2	3	8	
	5) In container with disinfectant or antiseptic	1	2	3	8	
	6) Other _____ (SPECIFY)	1	2	3	8	
160	Is the date of sterilization for the stored items indicated?	1	2	3	8	
161	Is the storage area for sterilized items clean and dry?	1	2	3	8	
162	Is there a generator for the facility? IF YES, INDICATE IF THE GENERATOR FUNCTIONS OR NOT.	YES, FUNCTIONING ..... 1 YES, NOT FUNCTIONING ..... 2 NO ..... 3 DON'T KNOW ..... 8				→ 164 → 164
163	Is fuel available for the generator? IF YES, ASK TO SEE WHERE THE FUEL IS STORED.	YES, OBSERVED ..... 1 YES, NOT SEEN ..... 2 NO ..... 3 DON'T KNOW ..... 8				
164	Is there a waiting area for clients, where they are protected from sun and rain?	YES ..... 1 NO ..... 2				
165	Is there a toilet (latrine) in functioning condition which is available for use of clients?	YES, OBSERVED ..... 1 YES, NOT SEEN ..... 2 NO ..... 3				→ 167 → 167
166	Is there soap and water available in the toilette?	YES, OBSERVED SOAP & WATER ..... 1 YES, WATER ONLY ..... 2 NO ..... 3				
167	How does this facility dispose of paper waste or common trash (e.g. not contaminated waste)?	BURNED IN INCINERATOR..... 01 COLLECTED AND DISPOSED EXTERNALLY ..... 02 BURNED IN OPEN PIT ..... 03 BURNED AND BURIED ..... 04 BURNED NOT BURIED ..... 05 THROW IN TRASH/OPEN PIT .... 06 THROW IN PIT LATRINE ..... 07 OTHER ..... 96				
168	How does this facility dispose of potentially contaminated waste and items which are not reused (e.g. bandages, syringes)?	BURNED IN INCINERATOR..... 01 COLLECTED AND DISPOSED EXTERNALLY ..... 02 BURNED IN OPEN PIT ..... 03 BURNED AND BURIED ..... 04 BURNED NOT BURIED ..... 05 THROW IN TRASH/OPEN PIT .... 06 THROW IN PIT LATRINE ..... 07 OTHER ..... 96				

NO.	QUESTIONS	CODE CLASSIFICATION	GO TO
169	INTERVIEWER: ASK TO SEE PLACE USED FOR WASTE DISPOSAL (AND IF APPLICABLE, WHERE CONTAMINATED WASTE IS STORED <u>EXTERNAL</u> TO SERVICE DELIVERY AREA PRIOR TO DISPOSAL) AND INDICATE THE CONDITION THAT APPLIES WHEN YOU CONSIDER BOTH SITES)	WASTE VISIBLE, <u>NOT</u> PROTECTED ..... 1 WASTE VISIBLE,PROTECTED .... 2 NO WASTE VISIBLE ..... 3 WASTE SITE NOT INSPECTED ... 8	
170	ASSESS GENERAL CONDITION OF FACILITY AND INDICATE IF ANY OF THE ITEMS LISTED WERE NOTED	BROKEN WINDOWS.....A BROKEN DOORS.....B BROKEN WALLS ..... C LEAKING PLUMBING..... D OTHER .....X NO MAJOR PROBLEMS ..... Y	
171	ASSESS GENERAL CLEANLINESS OF FACILITY  ■ A FACILITY IS CLEAN IF THE FLOORS ARE SWEEPED, COUNTERS/TABLES ARE WIPED AND FREE FROM OBVIOUS DIRT OR WASTE. ■ A FACILITY IS NOT CLEAN IF THERE IS OBVIOUS DIRT/WASTE/BROKEN OBJECTS ON FLOORS OR COUNTERS	FACILITY CLEAN ..... 1  FACILITY NOT CLEAN ..... 2	



NO.	QUESTIONS	CODE CLASSIFICATION	GO TO
209	Do you have a system that allows you to check the amount of each vaccine that is available daily? IF YES, ASK TO SEE THE RECORDS AND INDICATE THE METHOD FOR WHICH YOU OBSERVED RECORDS.	INVENTORY NOT UPDATED DAILY, BUT WITH REGISTER OF DISTRIBUTED VACCINES KEPT DAILY ..... 1 INVENTORY UPDATED DAILY ..... 2 NO INVENTORY RECORDS SEEN ..... 3	

ASK TO SEE THE VACCINES AND VITAMIN A. FOR ALL ITEMS, CHECK THAT AT LEAST ONE VALID UNIT IS AVAILABLE. CHECK ALL TO VERIFY IF (A) THEY ARE ARRANGED BY EXPIRY DATE, (B) WERE THERE ANY EXPIRED UNITS PRESENT, AND (C) VERIFY THAT INVENTORY AND SUPPLY MATCH. IF NECESSARY, ADD ITEMS FROM DAILY REGISTER OR PRESCRIPTION AND SUBTRACT THESE FROM INVENTORY TO DETERMINE THE SUPPLY THAT SHOULD BE AVAILABLE TODAY. NOTE: IF YOU ARE UNABLE TO SEE AN ITEM, ASK IF IT IS AVAILABLE. FOR EACH ITEM, CIRCLE THE APPROPRIATE CODE:

210	VACCINE AND VITAMIN-A	(a) AVAILABILITY OF VACCINES 1=OBSERVED AT LEAST ONE VALID, 2 REPORTED AVAILABLE 3=NOT AVAILABLE 8=NOT DETERMINED	(b) VALIDITY 1=ALL VALID 2=SOME EXPIRED 8=DON'T KNOW	(c) SUPPLY AND INVENTORY (W/REGISTER) SAME  1=YES 2=NO 8=DON'T KNOW
	1) Tetanus Toxoid	1→b 2 3 8	1 2 8	1 2 8
	2) BCG and Dilutant	1→b 2 3 8	1 2 8	1 2 8
	3) Oral Polio (OPV)	1→b 2 3 8	1 2 8	1 2 8
	4) DPT	1→b 2 3 8	1 2 8	1 2 8
	5) Measles & Dilutant	1→b 2 3 8	1 2 8	1 2 8
	6) Hepatitis B	1→b 2 3 8	1 2 8	1 2 8
	7) Hep-DPT ("square)	1→b 2 3 8	1 2 8	1 2 8
	8) MMR	1→b 2 3 8	1 2 8	1 2 8
	9) Vitamin A	1→b 2 3 8	1 2 8	1 2 8

211	Were the vaccines organized according to expiry date "first expire first out" in the fridge/cold box? (VERIFIED WHEN COMPLETING 210)	YES, VERIFIED..... 1 NO ..... 2 DON'T KNOW ..... 8	
212	Does this facility determine the amount of vaccines required and order this amount, or is the amount that you receive determined elsewhere?	DETERMINES OWN NEED AND ORDERS ..... 1 NEED DETERMINED ELSEWHERE ..... 2 BOTH (DIFFER BY VACCINE) ..... 3 OTHER ..... 6 (SPECIFY)	→214a
213	IF DETERMINED ELSEWHERE: Do you always receive a standard fixed supply or does the quantity you receive vary with the activity level that you report?	QUANTITY BASED ON ACTIVITY LEVEL ..... 1 STANDARD FIXED SUPPLY ..... 2 DON'T KNOW ..... 8	→216 →216 →216
214a	When was the last time that you received a routine supply of <b>vaccines</b> ?	WITHIN PRIOR 4 FULL WEEKS....1 WITHIN PRIOR 12 FULL WEEKS...2 MORE THAN 12 WEEKS AGO .....3 DON'T KNOW.....8	

NO.	QUESTIONS	CODE CLASSIFICATION	GO TO
214b	<p>Routinely, when you order <b>vaccines</b>, which best describes the system you use to determine how much of each to order:</p> <p>1) Do you review the amount of each <b>vaccine</b> remaining, and order to bring the stock amount to a pre-determined (fixed) amount?</p> <p>2) Do you order the exact same amount each time?</p> <p>3) Do you look at the amount used since the previous order, and plan based on prior utilization and expected future activity?</p> <p>4) Others</p> <p>5) RESPONDENT FAMILIAR WITH ORDERING SYSTEM IS NOT AVAILABLE</p>	<p>ORDER TO MAINTAIN FIXED STOCK LEVEL .....1</p> <p>ORDER SAME AMOUNT .....2</p> <p>ORDER BASED ON UTILIZATION.....3</p> <p>OTHER _____...6 (SPECIFY)</p> <p>DON'T KNOW.....8</p>	<p>→ 215a</p> <p>→ 215a</p> <p>→215a</p> <p>→216</p>
214c	<p>When deciding how much of each <b>vaccine</b> to order, based on prior utilization and planned activities, do you have a mathematical formula for calculating how much to use, or do you use your judgment?</p>	<p>MATHEMATICAL FORMULA .....1</p> <p>JUDGMENT .....2</p>	
215a	<p>Which of the following best describes the system for deciding when to order <b>vaccines</b>?</p> <p>1) Whenever stock levels fall to a predetermined level</p> <p>2) There is a fixed time that orders are accepted. IF YES, INDICATE THE NORMAL FIXED TIME FOR SUBMITTING ORDERS.</p> <p>3) An order is placed at no fixed time, but rather whenever there is a need.</p> <p>4) Other</p>	<p>PREDETERMINED LEVEL .....1</p> <p>EVERY <input type="text"/> <input type="text"/> WEEKS.....2</p> <p>ORDER AS NEEDED .....3</p> <p>OTHER _____...6 (SPECIFY)</p>	
215b	<p>If there is a shortage of specific <b>vaccine</b> between routine orders, what is most common procedure followed by this facility?</p> <p>1) Submit special order to normal supplier.</p> <p>2) Tell client to return when vaccine is available.</p>	<p>SPECIAL ORDER.....1</p> <p>CLIENT MUST RETURN.....2</p> <p>NO SHORTAGE.....3</p>	
216	<p>During the past 3 months, how often have you received the amount of vaccines (s) that you order (or that you are suppose to routinely receive)?</p>	<p>ALWAYS ..... 1</p> <p>SOMETIMES..... 2</p> <p>ALMOST NEVER ..... 3</p> <p>D.K.....8</p>	
217	<p>How many vaccine carriers do you have available?</p>	<p>ONE ..... 1</p> <p>TWO OR MORE ..... 2</p> <p>NONE ..... 3</p>	<p>→219</p>

218	Are there ice packs for the vaccine carriers (4-5 per carrier)?	YES, ONE SET ..... 1 YES, TWO OR MORE SETS ..... 2 NO, USE PURCHASED ICE ..... 3 NO ..... 4
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**Section 2b. Child Health Services-vaccinations**

NO.	QUESTIONS	CODE CLASSIFICATION	GO TO
219	Does this facility provide any services for children below 5 years of age, either at the facility or on an outreach basis?	YES ..... 1 NO ..... 2	→ 300

FIND THE MANAGER OR MOST SENIOR HEALTH WORKER INVOLVED IN THE DELIVERY OF CHILD CURATIVE HEALTH SERVICES. IF DIFFERENT FROM INDIVIDUAL RESPONDING PREVIOUSLY, INTRODUCE YOURSELF AS FOLLOWS. IF THE PERSON IS THE SAME, CONTINUE WITH 220.

**READ TO CHILD HEALTH SERVICES INFORMANT (IF DIFFERENT FROM PREVIOUS INFORMANT):**

Hello. I am representing the Ministry of Health. We are carrying out a survey of health facilities that provide services to women and children with the goal of finding ways to improve service delivery. We would be interested in talking to you about the child health services provided through this facility. Please be assured that the information is completely confidential. You may choose to stop the interview at any time. Do you have any questions for me? Do I have your agreement to participate?

\_\_\_\_\_  
 INTERVIEWER'S SIGNATURE  
 (Indicates respondent's willingness to participate)

\_\_\_\_\_  
 DATE

220	May I begin the interview?	YES ..... 1 NO ..... 2	→ 300
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	Now, I would like to ask you specifically about child health services. For each of the following services please tell me if the service is offered by your facility, and if yes, how many days per week the service is provided <u>at the facility</u> and days per month in the outreach		
221	CHILD HEALTH SERVICE	(a) # Days per week service provided <u>at facility</u>	(b) # Days per month service provided through outreach (village level)activities
	1) Consultation / curative services for the sick child?	# DAYS <input type="checkbox"/> 0=NO SERVICE 8=LESS THAN ONCE A WEEK	# DAYS <input type="text"/> <input type="text"/> 00=NO SERVICE
	2) Growth monitoring or growth promotion (where the <u>healthy child</u> is routinely weighed and weight is charted on growth chart?)	# DAYS <input type="checkbox"/> 0=NO SERVICE 8=LESS THAN ONCE A WEEK	# DAYS <input type="text"/> <input type="text"/> 00=NO SERVICE
	3) Immunization services for children? Don't include (BCG)	# DAYS <input type="checkbox"/> 0=NO SERVICE 8=LESS THAN ONCE A WEEK	# DAYS <input type="text"/> <input type="text"/> 00=NO SERVICE
	4) BCG Immunization?	# DAYS <input type="checkbox"/> 0=NO SERVICE 8=LESS THAN ONCE A WEEK	# DAYS <input type="text"/> <input type="text"/> 00=NO SERVICE
222	CHECK 221a (3) AND INDICATE IF CHILD IMMUNIZATIONS ARE EVER PROVIDED AT THE FACILITY	YES ..... 1 NO ..... 2	→235
223	Are immunization services being offered at the facility today?	YES, ALL ..... 1 YES, ALL BUT BCG ..... 2 NO ..... 3 OTHER ..... 6 (SPECIFY)	
224	Are immunizations offered in the facility or in an adjacent, affiliated facility on every day that sick child consultations are provided? IF YES, RECORD THE ARRANGEMENT UNDER WHICH IMMUNIZATIONS FOR SICK CHILDREN ARE PROVIDED	YES, AT ROUTINE EPI SERVICE.. 1 YES, SPECIAL ARRANGEMENT WITH EPI SERVICE..... 2 YES, OTHER ..... 3 SPECIFY NO ..... 4 DON'T KNOW ..... 8	
225	Does this facility routinely charge for any vaccination services? IF YES, CIRCLE ALL ROUTINE CHARGING PRACTICES THAT ARE USED	YES, FIXED FEE FOR EPI CARD.. A YES, FIXED FEE FOR VACCINE SESSION ..... B YES, VARIABLE FEE PER VACCINE ..... C OTHER ..... X (SPECIFY) NO CHARGES ..... Y DON'T KNOW ..... Z	→227 →227

226	Are the indicated fees posted in the area where fees are collected in a manner that the client can easily see the official charges?	YES ALL FEES POSTED ..... 1 YES, SOME, NOT ALL FEES POSTED ..... 2 NO POSTED FEES ..... 3 DON'T KNOW ..... 8			
ASK TO SEE THE ROOM WHERE IMMUNIZATIONS ARE PROVIDED					
227	WAS ROOM ALREADY OBSERVED FOR ITEMS IN 228 and 229? IF YES, INDICATE WHICH SECTION INFORMATION FOR THE ROOM IS IN.	YES, INJECTION ROOM [243-244] ..... 1 NOT PREVIOUSLY ASSESSED .... 2	→230		
FOR THE FOLLOWING ITEMS, CHECK TO SEE IF THE ITEM IS IN THE ROOM WHERE THE SERVICE IS BEING PROVIDED OR IN AN IMMEDIATELY ADJACENT ROOM.					
228	ITEMS REQUIRED TO PROVIDE IMMUNIZATION SERVICES	1 OBSERVED	2 REPORTED AVAILABLE	3 NOT AVAILABLE	8 NOT DETERMINED
	1) Safety box for needles	1	2	3	8
	2) 5 or more 0.5 or 1 ml disposable syringes (w/needles).	1	2	3	8
	3) 5 or more 2 or 3 ml disposable syringes (w/ 21 gauge needles)	1	2	3	8
	4) Waste receptacle with lid and plastic liner	1	2	3	8
	5) Hand-washing items (soap)?	1	2	3	8
	6) Water for hand-washing?	1	2	3 →230	8 →230
229	How is water made available for use in the immunization area in the facility <u>today</u> ?	PIPED ..... 1 BUCKET W/ TAP ..... 2 BUCKET/BASIN ..... 3			
230	OTHER ITEMS REQUIRED TO PROVIDE IMMUNIZATION SERVICES	1 OBSERVED	2 REPORTED AVAILABLE	3 NOT AVAILABLE	8 NOT DETERMINED
	1) Blank, individual child immunization cards	1	2	3	8
	2) Immunization tally/register sheets	1	2	3	8
231	What is the current estimate for your annual DPT dropout rate?	DPT DROPOUT RATE (%) ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW ..... 998			
232	Do have an estimate of the total number of the target population for child measles immunizations in the facility catchment area?  IF YES: How many children is that?	TARGET POPULATION .. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NO CATCHMENT AREA ..... 99995 DON'T KNOW TARGET POPULATION SIZE ..... 99998	→235 →235		
233	What is the current annual estimate for your measles coverage?	MEASLES COVERAGE (%) ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW ..... 998			
234	RECORD THE SOURCE(S) OF INFORMATION FOR % COVERAGE AND DROPOUT RATE ESTIMATES	WRITTEN REPORT ..... A WALL GRAPH ..... B OTHER ..... X (SPECIFY) NO COVERAGE RATES ..... Y SOURCE NOT KNOWN ..... Z			



CHECK TO SEE IF THE FOLLOWING ITEMS ARE PRESENT (AND IN FUNCTIONING CONDITION) IN THE ROOM WHERE SICK CHILD CONSULTATIONS ARE CONDUCTED								
240		(a) AVAILABILITY				(b) FUNCTIONS		
		1 OBSERVED	2 REPORTED AVAILABLE	3 NOT AVAILABLE	8 NOT DETER- MINED	1 YES	2 NO	8 NOT DETERM INED
	1) Infant Scale	1→b	2→b	3↓	8↓	1	2	8
	2) Child Scale	1→b	2→b	3↓	8↓	1	2	8
	3) Thermometer	1→b	2→b	3↓	8↓	1	2	8
	4) Timer/Watch with second hand	1→b	2→b	3↓	8↓	1	2	8
	5) Oxygen cylinder and regulator	1→b	2→b	3↓	8↓	1	2	8
	6) Nebulizer	1→b	2→b	3↓	8↓	1	2	8
	7) Light for looking in throat	1→b	2→b	3↓	8↓	1	2	8
	8) Wooden tongue depressor	1	2	3	8			
	9) Jar for ORS	1	2	3	8			
	10) Cup and spoon	1	2	3	8			
	11) Height measuring tool	1	2	3	8			

		(a) AVAILABILITY						
		1 OBSERVED	2 REPORTED AVAILABLE	3 NOT AVAILABLE	8 NOT DETER- MINED			
241	<b>PROTOCOLS/TEACHING MATERIALS</b>							
	1) Medical Protocols for treating CHILD ILLNESS	1	2	3	8			
	2) IMCI Chart Booklet	1	2	3	8			
	3) IMCI counseling cards for provider to use	1	2	3	8			
	4) IMCI mothers cards (to give to caretaker)	1	2	3	8			
	5) Other Visual aids for teaching caretaker	1	2	3	8			
	6) Do you have a copy of the MOHP Infection Control Guidelines? If YES, may I see them?	1	2	3	8			
	7) Do you have a copy of the OTHER Infection Control Guidelines? If YES, may I see them?	1	2	3	8			

ASK TO SEE THE ROOM WHERE THERAPEUTIC (TREATMENT) INJECTIONS ARE PROVIDED FOR SICK CHILDREN.

242	WAS ROOM ALREADY OBSERVED FOR ITEMS IN 243 and 244? IF YES, INDICATE WHICH SECTION INFORMATION FOR THE ROOM IS IN.	YES, IMMUNIZATION ROOM [228-229] .....	1	→245
		NO INJECTION ROOM .....	2	→245
		NOT PREVIOUSLY SEEN .....	3	

FOR THE FOLLOWING ITEMS, CHECK TO SEE IF THE ITEM IS IN THE ROOM WHERE THE SERVICE IS BEING PROVIDED OR IN AN IMMEDIATELY ADJACENT ROOM.					
243	ITEMS REQUIRED TO PROVIDE INJECTION SERVICES	1 OBSERVED	2 REPORTED AVAILABLE	3 NOT AVAILABLE	4 NOT DETERMINED
	1) Safety box for needles	1	2	3	8
	2) 5 or more 0.5 or 1 ml disposable syringes (w/needles).	1	2	3	8
	3) 5 or more 2 or 3 ml disposable syringes (w/ 21 gauge needles)	1	2	3	8
	4) Waste receptacle with lid and plastic liner	1	2	3	8
	5) Hand-washing items (soap)?	1	2	3	8
	6) Water for hand-washing?	1	2	3→245	8→245
244	How is water made available for use in injection room in the facility <u>today</u> ?	PIPED ..... 1 BUCKET W/ TAP ..... 2 BUCKET/BASIN..... 3			
245	Is there a <u>routine</u> system for providing the first dose of oral antibiotic for the child by someone other than the provider who examines the child? IF YES, ASK TO SEE WHERE THE FIRST DOSE IS PROVIDED.	YES, OBSERVED CHILD RECEIVING DOSE..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3 DON'T KNOW..... 8			
246	Is there a patient register where information on each child consultation is written? IF YES, ASK TO SEE REGISTER. REGISTER MUST HAVE CHILD AGE AND DIAGNOSIS TO BE VALID.	YES, REGISTER SEEN ..... 1 YES, REGISTER NOT SEEN..... 2 NO REGISTER KEPT ..... 3			→248 →248
247	How recent is the date of the most recent entry?	WITHIN THE PAST 7 DAYS..... 1 > 7 DAYS BUT WITHIN 30 DAYS..... 2 > 30 DAYS ..... 3			
248	How many sick children (below 5 years of age) received consultation services during the previous twelve (12) completed months?	NUMBER OF CHILDREN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW ..... 99998			→250
249	INDICATE NUMBER OF MONTHS OF DATA REPRESENTED.	MONTHS OF DATA..... <input type="text"/> <input type="text"/>			
250	Are individual child health cards /records maintained? IF YES, ASK TO SEE A BLANK CARD/RECORD	YES, OBSERVED CARD ..... 1 YES, CARD NOT SEEN..... 2 NO INDIVIDUAL CARDS ..... 3			
251	Does this facility routinely charge for consultation services for the sick child? IF YES, CIRCLE ALL ROUTINE CHARGING PRACTICES THAT ARE USED	YES, FIXED FEE FOR HEALTH CARD ..... A YES, FIXED FEE EACH CONSULT ..... B YES, CHARGE FOR MEDICATIONS/TESTS ..... C OTHER _____ X (SPECIFY) NO ..... Y DON'T KNOW ..... Z			→300 →300
252	Are the indicated fees posted in the area where fees are collected in a manner that the client can easily see the official charges?	YES ALL FEES POSTED..... 1 YES, SOME, NOT ALL FEES POSTED..... 2 NO POSTED FEES ..... 3 DON'T KNOW ..... 8			



NO.	QUESTIONS	CODE CLASSIFICATION	GO TO	
<p><b>CONTRACEPTIVES:</b> FOR EACH METHOD THAT THE FACILITY OFFER (QUESTION 303) ASK TO SEE THE METHOD AND PROVIDE THE INFORMATION REQUESTED BELOW. FOR ALL ITEMS, CHECK THAT AT LEAST ONE VALID UNIT IS AVAILABLE. FOR COMBINED ORAL PILL, DPOPROVERA, AND CONDOMS, CHECK ALL TO VERIFY IF (A) THEY ARE ARRANGED BY EXPIRY DATE, (B) WERE THERE ANY EXPIRED UNITS PRESENT, AND (C) VERIFY THAT INVENTORY AND SUPPLY MATCH. IF NECESSARY, ADD ITEMS FROM DAILY REGISTER OR PRESCRIPTION AND SUBTRACT THESE FROM INVENTORY TO DETERMINE THE SUPPLY THAT SHOULD BE AVAILABLE TODAY. NOTE: IF YOU ARE UNABLE TO SEE AN ITEM, ASK IF IT IS AVAILABLE. FOR EACH ITEM, CIRCLE THE APPROPRIATE CODE:</p>				
305	Contraceptive Methods	<p>(a) AVAILABILITY OF METHODS  1=OBSERVED AT LEAST ONE VALID,  2 REPORTED AVAILABLE  3=NOT AVAILABLE  8=NOT DETERMINED</p>	<p>(b) VALIDITY  1=ALL VALID  2=SOME EXPIRED  8=DON'T KNOW</p>	<p>(c)  SUPPLY AND INVENTORY (w/ REGISTER) SAME   1=YES  2=NO  8=DON'T KNOW</p>
1	Combined Oral Pill	1→b 2↓ 3↓ 8↓	1 2 8	1 2 8
2	Oral Pill (progesterone only)	1 2 3 8		
3	Injectable (3 monthly) Depoprovera	1→b 2↓ 3↓ 8↓	1 2 8	1 2 8
3a	Injectable (2 monthly) Noristerat	1 2 3 8		
4	Injectable(monthly) Mesigyna	1 2 3 8		
5	Norplant	1 2 3 8		
6	Implanon	1 2 3 8		
7	Condom (male)	1→b 2↓ 3↓ 8↓	1 2 8	1 2 8
8	Intrauterine device (IUD)	1 2 3 8	1 2 8	1 2 8
9	Emergency contraceptive pill	1 2 3 8		
10	Spermicide (tablet or foam)	1 2 3 8		
11	Diaphragm	1 2 3 8		
306	WERE THE METHODS ORGANIZED ACCORDING TO EXPIRY DATE, ("FIRST-EXPIRE FIRST-OUT) ON THE SHELVES? (VERIFY WHEN COMPLETING 1,3, 7 and 8 for question 305).	YES, VERIFIED ..... 1 NO ..... 2 DON'T KNOW ..... 8		
307	ARE CONTRACEPTIVE SUPPLIES STORED IN THE GENERAL PHARMACY WITH OTHER MEDICINES?	YES ..... 1 NO ..... 2		→311
OBSERVE THE PLACE WHERE CONTRACEPTIVE SUPPLIES ARE STORED AND INDICATE THE CORRECT RESPONSE FOR EACH OF THE FOLLOWING CONDITIONS:				
308	ARE THE METHODS OFF THE FLOOR AND PROTECTED FROM WATER?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8		
309	ARE THE METHODS PROTECTED FROM THE SUN?	YES ..... 1 NO ..... 2 DON'T' KNOW ..... 8		
310	IS THE ROOM CLEAR OF ANY EVIDENCE OF PESTS (RATS, BATS, ETC.)	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8		

NO.	QUESTIONS	CODE CLASSIFICATION	GO TO
311	Do you have the logistic protocol? IF YES, ASK TO SEE THE PROTOCOL	YES, OBSERVED ..... 1 YES, NOT SEEN ..... 2 NOT AVAILABLE ..... 3 DON'T KNOW ..... 8	
312	Does this facility determine the amount of each contraceptive required and order this amount, or is the amount that you receive determined elsewhere?	DETERMINES OWN NEED AND ORDERS ..... 1 NEED DETERMINED ELSEWHERE..... 2	→ 314a
313	IF DETERMINED ELSEWHERE: Do you always receive a standard fixed supply or does the amount you receive vary with the activity level that you report?	AMOUNT BASED ON ACTIVITY LEVEL..... 1 STANDARD FIXED SUPPLY ..... 2 DON'T KNOW ..... 8	→ 316 → 316 → 316
314a	When was the last time that you received a routine supply of <b>contraceptive methods</b> ?	WITHIN PRIOR 4 FULL WEEKS ... 1 WITHIN PRIOR 12 FULL WEEKS . 2 MORE THAN 12 WEEKS AGO ..... 3 DON'T KNOW ..... 8	
314b	Routinely, when you order <b>contraceptive methods</b> , which best describes the system you use to determine how much of each to order:  1) Do you review the amount of each <b>contraceptive method</b> remaining, and order to bring the stock amount to a pre-determined (fixed) amount?  2) Do you order the exact same amount each time?  3) Do you look at the amount used since the previous order, and plan based on prior utilization and expected future activity?  4) Others  5) RESPONDENT FAMILIAR WITH ORDERING SYSTEM IS NOT AVAILABLE	ORDER TO MAINTAIN FIXED STOCK LEVEL ..... 1 ORDER SAME AMOUNT..... 2 ORDER BASED ON UTILIZATION..... 3 OTHER _____ ... 6 (SPECIFY) DON'T KNOW ..... 8	→ 315a → 315a  → 315a → 316
314c	When deciding how much of each <b>contraceptive method</b> to order, based on prior utilization and planned activities, do you have a mathematical formula for calculating how much to use, or do you use your judgment?	MATHEMATICAL FORMULA ..... 1 JUDGMENT..... 2	
315a	Which of the following best describes the system for deciding when to order <b>contraceptive methods</b> ?  1) Whenever stock levels fall to a predetermined level  2) There is a fixed time that orders are accepted. IF YES, INDICATE THE NORMAL FIXED TIME FOR SUBMITTING ORDERS.  3) An order is placed at no fixed time, but rather whenever there is a need.  4) Other	PREDETERMINED LEVEL ..... 1 EVERY <input type="text"/> <input type="text"/> WEEKS..... 2 ORDER AS NEEDED..... 3 OTHER _____ ... 6 (SPECIFY)	

NO.	QUESTIONS	CODE CLASSIFICATION	GO TO			
315b	If there is a shortage of specific <b>contraceptive method</b> between routine orders, what is most common procedure followed by this facility?  1) Submit special order to normal supplier. 2) Facility purchases from private market 3) Clients must purchase from outside the facility.	SPECIAL ORDER ..... A FACILITY PURCHASE..... B CLIENT PURCHASE..... C NO SHORTAGE.....D				
316	<b>During the past 3 months</b> , have you received the amount of each contraceptive supply that you order (or that you are suppose to routinely receive)?	ALWAYS ..... 1 SOMETIMES ..... 2 ALMOST NEVER..... 3 DON'T KNOW..... 8				
IF YOU ARE NOT IN THE SERVICE DELIVERY AREA FOR FAMILY PLANNING, ASK TO GO TO THE SERVICE DELIVERY AREA AND EXPLAIN THAT YOU WOULD LIKE TO ASK QUESTIONS ABOUT HOW THE SERVICES ARE OFFERED AND SEE THE SERVICE DELIVERY CONDITIONS.						
317	How many days in a week are family planning services provided at the facility.	# DAYS ..... <input type="text"/>				
318	Are family planning services being provided today?	YES..... 1 NO ..... 2				
319	Does this facility have a system where measurements or activities are routinely carried out for FP clients prior to seeing the primary service provider?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 321 → 321			
320	IF YES, ASK TO SEE WHERE FAMILY PLANNING CLIENTS ARE SEEN PRIOR TO THE CONSULTATION AND INDICATE WHICH OF THE FOLLOWING ACTIVITIES ARE ROUTINELY CARRIED OUT THERE.					
	PART OF ROUTINE SERVICES	1 OBSERVED	2 REPORTED DONE, NOT OBSERVED	3 NOT DONE ROUTINELY	8 DON'T KNOW	
	1) Take weight	1	2	3	8	
	2) Take blood pressure	1	2	3	8	
	3) Group health education	1	2	3	8	
	6) Other (SPECIFY) _____	1	2	3	8	
321	If a family planning client has a reproductive tract infection (RTI) or a sexually transmitted infection (STI), is treatment provided from this clinic, or is the client referred to elsewhere?	ROUTINELY TREATS RTI/STI..... 1 REFERS ELSEWHERE..... 2 NO TREATMENT/NO REFERRAL..... 3 TREATS SOME AND REFERS SOME.. 4				
322	ASK TO SEE WHERE <u>COUNSELING</u> FOR FAMILY PLANNING IS PROVIDED AND INDICATE THE SETTING.	PRIVATE ROOM ..... 1 ROOM WITH OTHER PEOPLE W/ SEPARATING BARRIER ..... 2 ROOM WITH OTHER PEOPLE AND NO VISUAL BARRIER ..... 3				

Are any of the following available, in the counseling or the examination room?		1 OBSERVED	2 REPORTED AVAILABLE	3 NOT AVAILABLE	4 NOT DETERM INED
323	<b>VISUAL AIDS FOR TEACHING</b>				
	1) Samples of different family planning methods	1	2	3	8
	2) About family planning issues (side-effects, how method works, etc.)	1	2	3	8
	3) About STIs	1	2	3	8
	4) About HIV/AIDS	1	2	3	8
	5) About hepatitis	1	2	3	8
	6) Model for demonstrating use of condom	1	2	3	8
	7) Posters on family planning	1	2	3	8
324	<b>INFORMATION BOOKLET/PAMPHLET FOR CLIENT TO TAKE HOME</b>				
	1) On family planning	1	2	3	8
	2) On STIs	1	2	3	8
	3) On HIV/AIDS	1	2	3	8
	4) On Hepatitis	1	2	3	8
325	<b>SERVICE DELIVERY PROTOCOLS</b>				
	1) Reproductive health guidelines / protocols	1	2	3	8
	2) WHO Guidelines for Syndromic Approach diagnosis and treatment of STIs	1	2	3	8
	3) Guidelines for clinical diagnosis of STIs	1	2	3	8
	4) Do you have a copy of the MOHP Infection Control Guidelines? If YES, may I see them?	1	2	3	8
	5) Do you have a copy of the OTHER Infection Control Guidelines? If YES, may I see them?	1	2	3	8

NO.	QUESTIONS	CODE CLASSIFICATION	GO TO
	ASK TO SEE THE ROOM WHERE EXAMINATIONS FOR FAMILY PLANNING CLIENTS ARE CONDUCTED. FOR THE FOLLOWING ITEMS, CHECK TO SEE IF THE ITEM IS IN THE ROOM WHERE THE EXAMINATION IS CONDUCTED OR IN AN IMMEDIATELY ADJACENT ROOM.		
326	If <u>same examination room</u> has already been observed for items in 327-329 note for which section the room was assessed:	ANTENATAL [410-412].....1 DELIVERY [451-453].....2 STI [510-512].....3 NOT PREVIOUSLY SEEN.....4	→ 330 → 330 → 330
327	DESCRIBE THE SETTING FOR THE EXAMINATION ROOM  IF THIS IS THE SAME ROOM AS THAT USED FOR COUNSELING(322),CIRCLE "4"	PRIVATE ROOM.....1 ROOM WITH OTHER PEOPLE W/ SEPARATING BARRIER.....2 ROOM WITH OTHER PEOPLE AND NO VISUAL BARRIER.....3 SAME ROOM FOR COUNSELING.....4	

FAMILY PLANNING SUPPLIES		(a) AVAILABILITY				(b) FUNCTIONS		
328	FACILITY AND EQUIPMENT	1 OBSERVED	2 REPORTED AVAILABLE	3 NOT AVAILABLE	8 NOT DETER- MINED	1 YES	2 NO	8 NOT DETER- MINED
	1) Spotlight source (flashlight or examination light accepted)	1→b	2→b	3↓	8↓	1	2	8
	2) Table for gynecological exam	1	2	3	8			
	3) Clean gloves(latex)	1	2	3	8			
	4) Safety box for needles	1	2	3	8			
	5) 5 or more 2 or 3 ml disposable syringes (w/ 21 gauge needles)	1	2	3	8			
	6) Decontamination solution for clinical equipment	1	2	3	8			
	7) Waste receptacle with lid and plastic liner	1	2	3	8			
	8) Hand-washing items (soap)	1	2	3	8			
	9) Water for hand-washing	1	2	3→330	8→330			
329	How is water made available for use in the family planning examination area <u>today</u> ?	PIPED..... 1 BUCKET W/ TAP ..... 2 BUCKET/BASIN..... 3						
SPECIFIC ITEMS FOR FAMILY PLANNING SERVICES		(a) AVAILABILITY				(b) FUNCTIONS		
330	EQUIPMENT (may be in room where measure is taken)	1 OBSERVED	2 REPORTED AVAILABLE	3 NOT AVAILAB LE	8 NOT DETER- MINED	1 YES	2 NO	8 NOT DETER- MINED
	1) Blood pressure apparatus	1→b	2→b	3↓	8↓	1	2	8
	2) Stethoscope	1→b	2→b	3↓	8↓	1	2	8
	3) Weighing scale	1→b	2→b	3↓	8↓	1	2	8
331	CHECK 303 (5)(6) AND (8) AND INDICATE IF THE FACILITY OFFERS EITHER THE IUD OR IMPLANT. IF YES, CHECK FOR AVAILABILITY OF EQUIPMENT	YES ..... 1 NO ..... 2						→337
332	EQUIPEMENT AND SUPPLIES FOR BOTH PROCEDURES	1 OBSERVED	2 REPORTED AVAILABLE	3 NOT AVAILABLE	8 NOT DETERMINED			
	1) Sterile gloves	1	2	3	8			
	2) Antiseptic solution (e.g.Iodine)	1	2	3	8			
	3) Sponge holding forceps	1	2	3	8			
333	INDICATE IF THE IUD IS OFFERED.			IUD OFFERED..... 1 IUD NOT OFFERED ..... 2				→335
334	MATERIALS FOR IUD	OBSERVED	REPORTED	NOT AVAIL.	NOT DETERMINED			
	1) Speculum	1	2	3	8			
	2) Tenacula	1	2	3	8			
	3) Uterine sound	1	2	3	8			
	4) Curved scissor	1	2	3	8			
	5) Crocodile forceps	1	2	3	8			
	6) handling forceps	1	2	3	8			
335	INDICATE IF NORPLANT/IMPLANON IS OFFERED.			NORPLANT OFFERED ..... A IMPLANON OFFERED ..... B SERVICE IS NOT PROVIDED.Y				→337
	MATERIALS FOR NORPLANT/IMPLANON	OBSERVED	REPORTED	NOT AVAIL.	NOT DETERMINED			

336	1) Local anesthetic (E.g. lidocaine)	1	2	3	8		
	2) Sterile syringe and needle	1	2	3	8		
	3) Canula and trochar for inserting NORPLANT	1	2	3	8		
	4) scalpel with blade	1	2	3	8		
	5) Mosquito forceps (2)	1	2	3	8		
	6) Other forceps for grasping implant (artery forceps or only 1 mosquito forceps)	1	2	3	8		
	7) Sealed Implanon Pack(with disposable sterile applicator)	1	2	3	8		
337	After completing an examination, what procedures does this service follow for initial handling of contaminated equipment (such as used speculums, scalpel handles, etc.) that will be reused another time? IF THE UNIT PROCESSES SOME EQUIPMENT AND SENDS OTHER EQUIPMENT ELSEWHERE, INDICATE THE PROCEDURE FOR EQUIPMENT PROCESSED IN THIS SERVICE DELIVERY UNIT.	SOAKED IN DISINFECTANT SOLUTION BRUSH SCRUBBED WITH SOAP AND WATER..... 1 BRUSH SCRUBBED W/ SOAP AND WATER AND THEN SOAKED IN DISINFECTANT .....2 BRUSH SCRUBBED WITH SOAP AND WATER.....3 SOAKED IN DISINFECTANT ONLY, NOT SCRUBBED .....4 OTHER .....6 NONE .....7 DON'T KNOW ..... 8					
338	Where is this equipment then processed prior to reuse? IF THE SYSTEM AT THAT LOCATION HAS ALREADY BEEN SEEN, INDICATE WHICH SECTION THE INFORMATION IS IN. IF NOT YET SEEN, CIRCLE "4 " AND CONTINUE	SECTION 1 [Q152-158]..... 1 →344 DELIVERY [Q469-472]..... 2 →344 STI [Q517-520]..... 3 →344 NOT PREVIOUSLY SEEN ..... 4 PROCESS OUTSIDE FACILITY.....5 →344					
339	After cleaning, what is the final process most commonly used for disinfecting or sterilizing equipment prior to reuse? IF MORE THAN ONE METHOD IS USED CIRCLE ALL METHODS THAT THIS UNIT CARRY OUT. AND PROVIDE THE PROCESSING INFORMATION INDICATED IN QUESTION 340.	DRY HEAT STERILIZATION..... A AUTOCLAVE ..... B STEAM STERILIZATION ..... C BOILING ..... D CHEMICAL ..... E PROCESS OUTSIDE FACILITY....F →344 OTHER ..... X NONE ..... Y →344					

GO TO WHERE EQUIPMENT IS STERILIZED AND ASSESS AVAILABILITY OF EQUIPMENT REQUIRED FOR PROCEDURES.								
340	ITEM	(a) AVAILABILITY				(b) FUNCTIONING		
		OBSERVED	REPORTED AVAILABLE	NOT AVAILABLE	NOT DETERMINED	YES	NO	NOT DETER
01	Electric dry heat sterilizer	1→b	2→b	3↓	8↓	1	2	8
02	Electric autoclave (pressure; wet heat)	1→b	2→b	3↓	8↓	1	2	8
03	Non-electric autoclave	1→b	2→b	3↓	8↓	1	2	8
04	Pot with cover (for steaming or boiling)	1	2	3	8			
05	Other method _____ (SPECIFY)	1	2	3	8			
06	Heat source (stove/Cooker w/fuel or power present) For steaming, boiling, or using non-electric autoclave)	1→b	2→b	3↓	8↓	1	2	8
07	Automatic timer (MAY BE ON MACHINE)	1→b	2→b	3↓	8↓	1	2	8
340a	TST Indicator strips (Tape indicating sterilization)	1	2	3	8			
341	Biological indicator for testing effectiveness of sterilization	1	2	3	8			
342	Written guidelines for disinfection and sterilization	1	2	3	8			

343 FOR EACH OF THE FOLLOWING METHODS FOR STERILIZATION/DISINFECTION AND CHEMICAL DECONTAMINATION USED IN THE FACILITY, INDICATE THE PROCESSING DETAILS INCLUDING TIME PROCESSED AFTER THE REQUIRED TEMPERATURE/ PRESSURE/ BOILING IS REACHED

	(a) Dry heat sterilization	(b) Autoclave	(c) Boil or steam (high level disinfectant ,HLD)	(d) Chemical decontaminant	(e) Chemical High Level Disinfectant (HLD)	(f) OTHER
01	Method USED ..... 1 NOT USED ..... 2 → b	USED ..... 1 NOT USED ..... 2 → c	USED ..... 1 NOT USED ..... 2 → d	USED ..... 1 NOT USED ..... 2 → e	USED ..... 1 NOT USED ..... 2 → f	Temperature Temperature
02	Temperature (centigrade)	Temperature	Temperature	Temperature	Temperature	Temperature
	AUTOMATIC ..... 666 DON'T KNOW ..... 998	AUTOMATIC ..... 666 DON'T KNOW ..... 998	AUTOMATIC ..... 666 DON'T KNOW ..... 998	AUTOMATIC ..... 666 DON'T KNOW ..... 998	AUTOMATIC ..... 666 DON'T KNOW ..... 998	AUTOMATIC ..... 666 DON'T KNOW ..... 998
03	Pressure	Pressure	Pressure	Pressure	Pressure	Pressure
	AUTOMATIC ..... 666 DON'T KNOW ..... 998	AUTOMATIC ..... 666 DON'T KNOW ..... 998	AUTOMATIC ..... 666 DON'T KNOW ..... 998	AUTOMATIC ..... 666 DON'T KNOW ..... 998	AUTOMATIC ..... 666 DON'T KNOW ..... 998	AUTOMATIC ..... 666 DON'T KNOW ..... 998
04	Minutes when equipment is not wrapped in cloth	Minutes	Minutes	Minutes	Minutes	Minutes
	AUTOMATIC ..... 666 DON'T KNOW ..... 998	AUTOMATIC ..... 666 DON'T KNOW ..... 998	AUTOMATIC ..... 666 DON'T KNOW ..... 998	AUTOMATIC ..... 666 DON'T KNOW ..... 998	AUTOMATIC ..... 666 DON'T KNOW ..... 998	AUTOMATIC ..... 666 DON'T KNOW ..... 998
05	Minutes when equipment is wrapped	Minutes wrapped	Minutes wrapped	Minutes wrapped	Minutes wrapped	Minutes wrapped
	AUTOMATIC ..... 666 DON'T KNOW ..... 998	AUTOMATIC ..... 666 DON'T KNOW ..... 998	AUTOMATIC ..... 666 DON'T KNOW ..... 998	AUTOMATIC ..... 666 DON'T KNOW ..... 998	AUTOMATIC ..... 666 DON'T KNOW ..... 998	AUTOMATIC ..... 666 DON'T KNOW ..... 998
06	Chemical solution (DISINFECTANT)					
07	Percent solution (Concentration before diluted)					
08	Mixture, parts disinfectant and water					

NO.	QUESTIONS	CODE CLASSIFICATION			GO TO
344	INDICATE STORAGE CONDITIONS IN THIS SERVICE DELIVERY AREA FOR PROCESSED EQUIPMENT (E.G. SPECULUM, FORCEPS) READY FOR REUSE. IF LOCATION HAS ALREADY BEEN SEEN INDICATE WHICH MODULE THE INFORMATION IS IN.	SECTION 1b [159-161].....	1		→348
		DELIVERY [474-476].....	2		→348
		STI [522-524].....	3		→348
		NOT PREVIOUSLY SEEN.....	4		
345	STORAGE CONDITIONS FOR PROCESSED EQUIPMENT	OBSERVED	REPORTED AVAILABLE	NOT AVAILAB LE	ND
	1) Wrapped in sterile cloth, sealed with TST tape.	1	2	3	8
	2) Stored in sterile container with lid which clasps shut	1	2	3	8
	3) Stored unwrapped inside autoclave or dry heat sterilizer	1	2	3	8
	4) On tray, covered with cloth or wrapped without TST sealing tape	1	2	3	8
	5) In container w/ antiseptic/disinfectant	1	2	3	8
	6) Other _____ (SPECIFY)	1	2	3	8
346	Is the date of sterilization for the stored items indicated?	1	2	3	8
347	Is the storage area for sterilized items clean and dry?	1	2	3	8
348	Does this facility routinely charge for any family planning consultation services? IF YES, CIRCLE ALL ROUTINE CHARGING PRACTICES THAT ARE USED	YES, FIXED FEE FOR FP CARD .A YES, FIXED CONSULT FEE ..... B YES, CHARGE FOR METHOD..... C YES, CHARGE FOR LAB TESTS .D OTHER _____ ..... X (SPECIFY) NO..... Y DON'T KNOW..... Z			→350 →350
349	Are the indicated fees posted in the area where fees are collected in a manner that the client can easily see the official charges?	YES ALL FEES POSTED..... 1 YES, SOME,NOT ALL FEES POSTED ..... 2 NO POSTED FEES ..... 3 DON'T KNOW..... 8			
350	Is there a register where family planning consultation information is recorded? IF YES, ASK TO SEE REGISTER. REGISTER MUST HAVE METHOD AND NEW/CONTINUING STATUS INDICATED FOR EACH CLIENT, TO BE VALID.	YES, REGISTER SEEN..... 1 YES, REGISTER NOT SEEN ..... 2 NO REGISTER KEPT ..... 3			→352 →352
351	How recent is the date of the most recent entry?	WITHIN THE PAST 7 DAYS..... 1 > 7 DAYS ..... 2 > 30 DAYS..... 3			
352	How many <u>total</u> clients (new and continuing) received family planning services during the previous twelve (12) completed months?	NUMBER OF FP CLIENTS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
353	INDICATE NUMBER OF MONTHS OF DATA REPRESENTED.	DON'T KNOW ..... 99998 MONTHS OF DATA..... <input type="text"/> <input type="text"/>			→354
354	Are individual client cards/records maintained? IF YES, ASK TO SEE A BLANK CARD/RECORD.	YES, OBSERVED CARD..... 1 YES, CARD NOT SEEN ..... 2 NO INDIVIDUAL CARDS..... 3			



407	TREATMENT AND SERVICES FOR ANC CLIENTS							
	1) Are clients routinely counseled about family planning or birth spacing methods during the third trimester?	1	2	8				
	2) Are tetanus toxoid vaccination services available each day ANC services are provided?	1	2	8				
	3) How many days each week is tetanus toxoid offered at this facility?	DAYS PER WEEK.....						
		NEVER OFFERED .....			0			
		DON'T KNOW .....			8			
408	If an ANC client has a reproductive tract infection (RTI) or a sexually transmitted infection (STI), is treatment provided from this clinic, or is the client referred elsewhere?	ROUTINELY TREATS RTI/STI .....			1			
		REFERRED ELSEWHERE.....			2			
		NO TREATMENT/NOREFERRAL.....			3			
		TREATS SOME AND REFERS SOME.			4			
ASK TO SEE THE ROOM WHERE EXAMINATIONS FOR ANTENATAL OR POSTPARTUM CLIENTS ARE CONDUCTED. FOR THE FOLLOWING ITEMS, CHECK TO SEE IF THE ITEM IS IN THE ROOM WHERE THE EXAMINATION IS CONDUCTED OR IN AN IMMEDIATELY ADJACENT ROOM.								
409	If <u>same examination room</u> has already been observed for items in 410-412, indicate for which section the room was assessed:	FAMILY PLANNING [327-329] .....			1			→413
		DELIVERY [451-453] .....			2			→413
		STI [510-512] .....			3			→413
		NOT PREVIOUSLY SEEN.....			4			
410	DESCRIBE THE SETTING FOR THE EXAMINATION ROOM	PRIVATE ROOM.....			1			
		ROOM WITH OTHER PEOPLE W/ SEPARATING BARRIER .....			2			
		ROOM WITH OTHER PEOPLE AND NO VISUAL BARRIER .....			3			
411	ITEMS FOR EXAMINATION FOR ANC/POST NATAL CARE	(a) AVAILABILITY				(b) FUNCTIONS		
		1 OBSERVED	2 REPORTED AVAILABLE	3 NOT AVAILABLE	8 NOT DETER- MINED	1 YES	2 NO	8 NOT DETER- MINED
	1) Spotlight source (flashlight or examination light accepted)	1→b	2→b	3↓	8↓	1	2	8
	2) Table for gynecological exam	1	2	3	8			
	3) Clean gloves	1	2	3	8			
	4) Safety box for needles	1	2	3	8			
	5) 5 or more 2 or 3 ml disposable syringes (w/ 21 gauge needles)	1	2	3	8			
	6) Decontamination solution for clinical equipment	1	2	3	8			
	7) Waste receptacle with lid and plastic liner	1	2	3	8			
	8) Hand-washing items (soap and towel)	1	2	3	8			
	9) Water for hand-washing	1	2	3→413	8→413			
412	How is water made available for use in the antenatal care service area <u>today</u> ?	PIPED.....			1			
		BUCKET W/ TAP .....			2			
		BUCKET/BASIN.....			3			
413	OTHER EQUIPMENT ( may be in room where measure is taken)	(a) AVAILABILITY				(b) FUNCTIONS		
		Observed	Reported Available	Not Available	Not Determined	Yes	No	Not Determined
	1) Blood pressure apparatus	1→b	2→b	3↓	8↓	1	2	8
	2) Stethoscope	1→b	2→b	3↓	8↓	1	2	8
	3) Fetal Stethoscope	1→b	2→b	3↓	8↓	1	2	8
	4) Thermometer	1→b	2→b	3↓	8↓	1	2	8
	5) Infant scale	1→b	2→b	3↓	8↓	1	2	8
	6) Ultrasound machine	1→b	2→b	3→416	8→416	1	2	8

NO.	QUESTIONS	CODE CLASSIFICATION				GO TO		
414	Is there a provider trained in using ultrasound who works in this service?	YES.....	1	NO .....	2	DON'T KNOW.....	8	
415	Is ultrasound routinely conducted for each ANC client?	YES.....	1	NO .....	2	DON'T KNOW.....	8	
416	<b>PROTOCOLS/TEACHING MATERIALS</b>	Observed	Reported Available	Not Available	Not Determined			
	1) Guidelines/protocols for maternal health care	1	2	3	8			
	2) Teaching aids for ANC	1	2	3	8			
	3) Do you have a copy of the MOHP Infection Control Guidelines? If YES, may I see them?	1	2	3	8			
	4) Do you have a copy of the OTHER Infection Control Guidelines? If YES, may I see them?	1	2	3	8			
417	Does this facility have a formal relationship with traditional birth attendants where training or other types of support are provided to the TBAs?	YES .....	1	NO .....	2			→419
418	Is there any documentation available on the TBA program, e.g. lists of affiliated TBAs or TBA training records? IF YES, ASK TO SEE DOCUMENTATION	YES, DOCUMENT SEEN.....	1	YES, DOCUMENT NOT SEEN.....	2	NO DOCUMENTATION .....	3	
419	Is there a register where client information from ANC visits is recorded? IF YES, ASK TO SEE REGISTER. ANC STATUS (1 <sup>ST</sup> OR FOLLOW-UP) MUST BE INDICATED FOR THE REGISTER TO BE VALID.	YES, REGISTER SEEN .....	1	YES, REGISTER NOT SEEN .....	2	NO REGISTER KEPT .....	3	→421 →421
420	How recent is the date of the most recent entry for ANC?	WITHIN THE PAST 7 DAYS .....	1	> 7 DAYS BUT WITHIN 30 DAYS ..	2	> 30 DAYS.....	3	
421	How many antenatal visits (new and follow-up) took place during the previous twelve (12) complete months?	NUMBER ANC ...	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	→423
		VISITS						
		DON'T KNOW .....	99998					
422	INDICATE NUMBER OF MONTHS OF DATA REPRESENTED.	MONTHS OF DATA.....	<input type="text"/>	<input type="text"/>				
423	Is there a register where client information from postpartum visits (BOTH FOR OUTREACH AND FOR FACILITY PP CARE) is recorded? IF YES, ASK TO SEE REGISTER. DAYS PP AND WHETHER COMPLICATIONS WERE PRESENT OR NOT SHOULD BE INDICATED FOR THE REGISTER TO BE VALID.	YES, REGISTER SEEN .....	1	YES, REGISTER NOT SEEN .....	2	NO REGISTER KEPT .....	3	→425 →425
424	How recent is the date of the most recent entry for postpartum care?	WITHIN THE PAST 7 DAYS .....	1	> 7 DAYS.....	2			
425	How many postpartum visits took place during the previous twelve (12) complete months?	NUMBER OF PP VISITS.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	→427
		DON'T KNOW .....	99998					
426	INDICATE NUMBER OF MONTHS OF DATA REPRESENTED.	MONTHS OF DATA.....	<input type="text"/>	<input type="text"/>				

NO.	QUESTIONS	CODE CLASSIFICATION	GO TO
427	Do you have an estimate of the annual number of deliveries (births) in the facility's catchment area?	NUMBER OF BIRTHS ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW ..... 99998 NO CATCHMENT AREA..... 99995	→431 →431
428	What is the estimate for the annual antenatal coverage rate for this facility?	ANC % COVERAGE ..... <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW ..... 998	→431
429	What is the definition used by this facility when calculating the antenatal coverage for a pregnant women?	AT LEAST 1 VISIT ..... 1 AT LEAST 4 VISITS ..... 2 OTHER ..... 6 (SPECIFY) DON'T KNOW ..... 8	
430	RECORD THE SOURCE OF INFORMATION FOR % ANTENATAL COVERAGE ESTIMATES	WRITTEN REPORT ..... A WALL GRAPH ..... B OTHER ..... X (SPECIFY) NOT KNOWN ..... Z	
431	What is the average number of visits for ANC clients?	AVERAGE NUMBER ..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	
432	Are individual ANC cards/records maintained? IF YES, ASK TO SEE A BLANK CARD/RECORD?	YES, OBSERVED BLANK CARD .. 1 YES, NO BLANK CARD OBSERVED ..... 2 NO INDIVIDUAL CARDS ..... 3	
433	Does this facility routinely charge for antenatal care consultation? IF YES, CIRCLE ALL ROUTINE CHARGING PRACTICES THAT ARE USED	YES, FIXED FEE FOR ANC/ HEALTH CARD ..... A YES, FIXED FEE EACH CONSULT ..... B YES, FIXED FEE FOR ALL ANC SERVICES ..... C YES, FIXED FEE FOR ALL ANC SERVICES + DELIVERY ..... D YES, CHARGE FOR MEDICATIONS/TESTS ..... E OTHER ..... X (SPECIFY) NO ..... Y DON'T KNOW ..... Z	→435 →435
434	Are the indicated fees posted in the area where fees are collected in a manner that the client can easily see the official charges?	YES ALL FEES POSTED ..... 1 YES, SOME, NOT ALL FEES POSTED ..... 2 NO POSTED FEES ..... 3 DON'T KNOW ..... 8	
435	What is the <b>most common</b> means by which women are transported from home to this facility for help during obstetric emergencies? IF MORE THAN ONE MOST COMMON MEANS, CIRCLE ALL THAT APPLY.	PEOPLE CARRY ..... A ANIMAL DRAWN VEHICLE ..... B MOTOR VEHICLE ..... C COMBINATION OF ABOVE ..... D OTHER ..... X (SPECIFY) NEVER RECEIVE OBSTETRIC CASES ..... Y DON'T KNOW ..... Z	→441

436	Does this facility have a procedure for transporting women to another facility if necessary in an obstetric emergency? IF THIS IS THE REFERRAL FACILITY, RECORD "4" FOR "REFERRAL FACILITY".	YES ..... 1 NO ..... 2 REFERRAL FACILITY ..... 4 DON'T KNOW ..... 8	→439 →441 →439			
437	Which of the following emergency transportation procedures are commonly used by this facility? PROVIDE A RESPONSE FOR EACH POSSIBILITY	<b>AVAILABILITY</b>				
		24 Hours	Normal facility hours (<24 Hours)	No set times	Not used	
	1) Emergency vehicle onsite at facility	1	2	3	8	
	2) Multi-use vehicle available at facility. May be used for emergencies	1	2	3	8	
	3) Call other facility to send emergency vehicle	1	2	3	8	
	4) Rental/hire vehicle arrangement when needed (with facility financial support)	1	2	3	8	
438	Is the vehicle available and operational today? If yes, may I see the vehicle?	YES SEEN/FUNCTIONING ..... 1 YES SEEN/NOT FUNCTIONING... 2 VEHICLE AWAY FOR EMERGENCY ..... 3 NOT SEEN ..... 4		→440 →440 →440 →440		
439	What is the <b>most common</b> means by which women are transported from this facility to the nearest referral facility to receive help during an obstetric emergency?	PEOPLE CARRY .....A ANIMAL DRAWN VEHICLE .....B MOTOR VEHICLE.....C COMBINATION OF ABOVE .....D OTHER.....X DON'T KNOW .....Z				
440	How long does it take, using this form of transportation, to get to the nearest referral facility? (NOTE: IF CALL ELSEWHERE TO OBTAIN VEHICLE, RECORD AVERAGE TIME FROM CALL TO PATIENT ARRIVAL AT REFERRAL FACILITY)	MINUTES ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				DON'T KNOW ..... 998



NO.	QUESTIONS	CODING CLASSIFICATION				GO TO		
450	If <u>same examination room</u> has already been observed for items in 451-453 indicate for which section the room was assessed:	FAMILY PLANNING [327-329] ..... 1				→454		
		ANTENATAL [410-412] ..... 2				→454		
		STI [510-512] ..... 3				→454		
		NOT PREVIOUSLY SEEN ..... 4						
451	DESCRIBE THE SETTING FOR THE DELIVERY ROOM	PRIVATE ROOM ..... 1						
		ROOM WITH OTHER PEOPLE W/ SEPARATING BARRIER ..... 2						
		ROOM WITH OTHER PEOPLE AND NO VISUAL BARRIER ..... 3						
452	ITEMS REQUIRED TO PROVIDE DELIVERY SERVICES	(a) AVAILABILITY				(b) FUNCTIONS		
		1 OBSERVED	2 REPORTED AVAILABLE	3 NOT AVAILABLE	8 NOT DETER- MINED	1 YES	2 NO	8 NOT DETER- MINED
	1) Spotlight source (flashlight or examination light accepted)	1→b	2→b	3↓	8↓	1	2	8
	2) Table for gynecological exam	1	2	3	8			
	3) Clean gloves	1	2	3	8			
	4) Safety box for needles	1	2	3	8			
	5) 5 or more 2 or 3 ml disposable syringes (w/ 21 gauge needles)	1	2	3	8			
	6) Decontamination solution for clinical equipment	1	2	3	8			
	7) Waste receptacle with lid and plastic liner	1	2	3	8			
	8) Hand-washing items (soap and towel)	1	2	3	8			
	9) Water for hand-washing	1	2	3→454	8→454			
453	How is water made available for use in the delivery area <u>today</u> ?	PIPED ..... 1						
		BUCKET W/ TAP ..... 2						
		BUCKET/BASIN ..... 3						

OTHER EQUIPMENT AND SUPPLIES REQUIRED FOR DELIVERY SERVICES	(a) AVAILABILITY				(b) FUNCTIONS		
	1 OBSERVED	2 REPORTED AVAILABLE	3 NOT AVAILA BLE	8 NOT DETER- MINED	1 YES	2 NO	8 NOT DETER- MINED
1) Air conditioner	1→b	2→b	3↓	8↓	1	2	8
2) Water Heater	1→b	2→b	3↓	8↓	1	2	8
3) 24-hour functioning light source	1→b	2→b	3↓	8↓	1	2	8
4) 1 full oxygen cylinder	1→b	2→b	3↓	8↓	1	2	8
5) Oxygen cylinder regulator	1→b	2→b	3↓	8↓	1	2	8
6) Blood pressure apparatus	1→b	2→b	3↓	8↓	1	2	8
7) Adult Stethoscope	1→b	2→b	3↓	8↓	1	2	8
8) Fetal Heart Detector (Sonicaid)	1→b	2→b	3↓	8↓	1	2	8
9) Gel for fetal heart detector	1	2	3	8			
10) Neonatal stethoscope	1→b	2→b	3↓	8↓	1	2	8
11) Fetal stethoscope (Pinard)	1	2	3	8			
12) 2 Forceps (Kocher)- sterile	1	2	3	8			
13) Sterile scissors/blade	1	2	3	8			
14) Needle Holder(sterile)	1	2	3	8			
15) Clean Mackintosh oilcloth for delivery table	1	2	3	8			
16) Sterile gloves	1	2	3	8			
17) Sterile Foley catheter size 18 or 20 (plastic)	1	2	3	8			
18) Sterile straight urinary catheter size 18 or 20 (plastic)	1	2	3	8			
19) Suture material w/needle	1	2	3	8			
20) Skin antiseptic (e.g. betadine, chlorhexadine (savlon);dette	1	2	3	8			
<b>MEDICATIONS</b>	<b>Observed</b>	<b>Reported</b>	<b>NA</b>	<b>ND</b>			
21) Intravenous:either Ringers lactate, D5NS, or NS infusion (w/valid expiry date)	1	2	3	8			
21a) D5W(dextrose 5%)	1	2	3	8			
22) IV infusion set w/ cannula	1	2	3	8			
23) Injectable ergometrine/ methergine w/valid expiry date)	1	2	3	8			
24) Syntocin/oxytocin	1	2	3	8			
25) Injectable diazepam or magnesium sulfate	1	2	3	8			
26) Hydralazine (apresoline) INJ	1	2	3	8			
27) Vitamin K (1 mg)	1	2	3	8			
28) Antibiotic Eye drops (NO CHLORAMPHENICOL]	1	2	3	8			
29) Syringes and needles?	1	2	3	8			
30) Vitamin A	1	2	3	8			

	SUPPLIES REQUIRED FOR NEONATAL CARE	(a) AVAILABILITY				(b) FUNCTIONS		
		1 OBSERVED	2 REPORTED AVAILABLE	3 NOT AVAILABLE	8 NOT DETERMINED	1 YES	2 NO	8 NOT DETERMINED
	31) Resusiteur (Radiant Warmer)	1→b	2→b	3↓	8↓	1	2	8
	32) Suction device for resuscitation (foot or electric power)	1→b	2→b	3↓	8↓	1	2	8
	33) Heat source for baby	1→b	2→b	3↓	8↓	1	2	8
	34) Incubator	1→b	2→b	3↓	8↓	1	2	8
	35) Bag and mask or tube and mask (baby) for resuscitation	1→b	2→b	3↓	8↓	1	2	8
	36) Resuscitation table for baby	1	2	3	8			
	37) Baby scale	1→b	2→b	3↓	8↓	1	2	8
	38) Bulb Mucus extractor	1→b	2→b	3↓	8↓	1	2	8
	39) Pediatric suction catheters	1	2	3	8			
	40) Cord ties	1	2	3	8			
	41) Measuring tape	1	2	3	8			
	42) Towel/blanket to wrap baby	1	2	3	8			
455	<b>PROTOCOLS/EDUCATIONAL MATERIALS</b>							
	1) Essential Obstetric Care Protocols	1	2	3	8			
	2) Basic Essential Obstetric Care Service Standards	1	2	3	8			
	3) Other guidelines for delivery care/emergency care?	1	2	3	8			
	4) Referral Forms	1	2	3	8			
	5) Partographs	1	2	3	8			
	6) Delivery Sheet	1	2	3	8			
	7) Delivery Register	1	2	3	8			
	8) Do you have a copy of the MOHP Infection Control Guidelines? If YES, may I see them?	1	2	3	8			
	9) Do you have a copy of the OTHER Infection Control Guidelines? If YES, may I see them?	1	2	3	8			
456	Is rooming-in the normal practice in this facility? That is, does the baby stay in the same room with the mother?	YES.....1 NO.....2 DON'T KNOW.....8						
457	Does this facility routinely provide Vitamin A to the mother prior to discharge?	YES.....1 NO.....2 DON'T KNOW.....8						
458	Is there routine counseling to newly delivered women to encourage breast-feeding within the first few hours of birth?	YES.....1 NO.....2 DON'T KNOW.....8						

NO.	QUESTIONS	CODE CLASSIFICATION			GO TO			
459	Now I want to ask you about routine practices for the newborn infant at this facility. This means the activity is conducted for essentially all newborns. Indicate for each of the following if it is done routinely for newborns:	1 YES	2 NO	8 DON'T KNOW				
	1) Suction newborn using catheter or bulb mucus extractor	1	2	8				
	2) Weigh newborn	1	2	8				
	3) Give full bath (immerse in water) within first 24 hours (or prior to discharge if less than 24 hours postpartum)	1	2	8				
	4) Give pre-lacteal liquids?	1	2	8				
	5) Give vitamin K (1 mg) prior to discharge?	1	2	8				
	6) Give first dose of OPV prior to discharge?	1	2	8				
	7) Give BCG prior to discharge?	1	2	8				
460	How does this facility routinely care for the umbilical cord?	70% ALCOHOL .....A BETADINE.....B ANTIBIOTIC OINTMENT.....C DRY DRESSING ONLY .....D OTHER .....X (SPECIFY) DON'T KNOW .....Z						
461	Does the facility participate in regular reviews of maternal or newborn deaths or "near miss deaths"?	YES, FOR MOTHERS.....1 YES, FOR NEWBORNS .....2 YES, FOR BOTH.....3 NO DO NOT PARTICIPATE .....4						
462	Does this facility handle assisted deliveries, that is using forceps or ventouse (vacuum extractor)?	YES .....1 NO .....2			→464			
463	CHECK IF THE FOLLOWING EQUIPMENT IS AVAILABLE IN THE DELIVERY ROOM OR AN IMMEDIATELY ADJACENT ROOM	(a) AVAILABILITY				(b) FUNCTIONS		
		1 OBSERVED	2 REPORTED AVAILABLE	3 NOT AVAILABLE	8 NOT DETER- MINED	1 YES	2 NO	8 NOT DETER- MINED
	1) Forceps?	1→b	2→b	3↓	8↓	1	2	8
	2) Ventouse (vacuum extractor)?	1→b	2→b	3↓	8↓	1	2	8
464	Is this facility able to perform vacuum aspiration for post-abortion cases when necessary?	YES .....1 NO .....2				→466		
465	ASK TO SEE EQUIPEMENT	Observed	Reported Available	Not Available	Not Determined	Yes	No	ND
	1) Manual vacuum aspirator (MVA)	1→b	2→b	3↓	8↓	1	2	8
	2) Dilate and curettage (D&C) kit	1→b	2→b	3↓	8↓	1	2	8
	6) Other (specify)	1→b	2→b	3	8	1	2	8

NO.	QUESTIONS	CODE CLASSIFICATION	GO TO
466	<p>After completing an examination, what procedures does this service follow for initial handling of contaminated equipment (such as used speculums, scalpel handles, etc.) that will be reused another time?</p> <p>IF THE UNIT PROCESSES SOME EQUIPMENT AND SENDS OTHER EQUIPMENT ELSEWHERE, INDICATE THE PROCEDURE FOR EQUIPMENT PROCESSED IN THIS SERVICE DELIVERY UNIT.</p>	<p>SOAKED IN DISINFECTANT SOLUTION BRUSH SCRUBBED WITH SOAP AND WATER..... 1</p> <p>BRUSH SCRUBBED W/ SOAP AND WATER AND THEN SOAKED IN DISINFECTANT .....2</p> <p>BRUSH SCRUBBED WITH SOAP AND WATER.....3</p> <p>SOAKED IN DISINFECTANT ONLY, NOT SCRUBBED .....4</p> <p>OTHER .....6</p> <p>NONE .....7</p> <p>DON'T KNOW ..... 8</p>	
467	<p>Where is this equipment then processed prior to reuse? IF THE SYSTEM AT THAT LOCATION HAS ALREADY BEEN SEEN, INDICATE WHICH SECTION THE INFORMATION IS IN. IF NOT YET SEEN, CIRCLE "4 " AND CONTINUE</p>	<p>SECTION 1 [Q152-158] ..... 1</p> <p>FAMILY PLANNING [Q340-343]..... 2</p> <p>STI [Q517-520]..... 3</p> <p>NOT PREVIOUSLY SEEN ..... 4</p> <p>PROCESS OUTSIDE FACILITY.....5</p>	<p>→473</p> <p>→473</p> <p>→473</p> <p>→473</p>
468	<p>After cleaning, what is the final process most commonly used for disinfecting or sterilizing equipment prior to reuse? IF MORE THAN ONE METHOD IS USED CIRCLE ALL METHODS THAT THIS UNIT CARRY OUT. AND PROVIDE THE PROCESSING INFORMATION INDICATED IN QUESTION 469.</p>	<p>DRY HEAT STERILIZATION..... A</p> <p>AUTOClave ..... B</p> <p>STEAM STERILIZATION ..... C</p> <p>BOILING ..... D</p> <p>CHEMICAL ..... E</p> <p>PROCESS OUTSIDE FACILITY....F</p> <p>OTHER ..... X</p> <p>NONE ..... Y</p>	<p>→473</p> <p>→473</p>

GO TO WHERE EQUIPMENT IS STERILIZED AND ASSESS AVAILABILITY OF EQUIPMENT REQUIRED FOR PROCEDURES.								
469	ITEM	(a) AVAILABILITY				(b) FUNCTIONING		
		OBSERVED	REPORTED AVAILABLE	NOT AVAILABLE	NOT DETERMINED	YES	NO	NOT DETER
01	Electric dry heat sterilizer	1→b	2→b	3↓	8↓	1	2	8
02	Electric autoclave (pressure; wet heat)	1→b	2→b	3↓	8↓	1	2	8
03	Non-electric autoclave	1→b	2→b	3↓	8↓	1	2	8
04	Pot with cover (for steaming or boiling)	1	2	3	8			
05	Other method _____ (SPECIFY)	1	2	3	8			
06	Heat source (stove/Cooker w/fuel or power present) For steaming, boiling, or using non-electric autoclave)	1→b	2→b	3↓	8↓	1	2	8
07	Automatic timer (MAY BE ON MACHINE)	1→b	2→b	3↓	8↓	1	2	8
469a	TST Indicator strips (Tape indicating sterilization)	1	2	3	8			
470	Biological indicator for testing effectiveness of sterilization	1	2	3	8			
471	Written guidelines for disinfection and sterilization	1	2	3	8			

472 FOR EACH OF THE FOLLOWING METHODS FOR STERILIZATION/DISINFECTION AND CHEMICAL DECONTAMINATION USED IN THE FACILITY, INDICATE THE PROCESSING DETAILS INCLUDING TIME PROCESSED AFTER THE REQUIRED TEMPERATURE/ PRESSURE/BOILING IS REACHED						
	(a) Dry heat sterilization	(b) Autoclave	(c) Boil or steam (high level disinfectant ,HLD)	(d) Chemical decontaminant	(e) Chemical High Level Disinfectant (HLD)	(f) OTHER
01	Method USED.....1 NOT USED.....2→b Temperature	USED.....1 NOT USED.....2→c Temperature	USED.....1 NOT USED.....2→d Temperature	USED.....1 NOT USED.....2→e	USED.....1 NOT USED.....2→f Temperature	USED.....1 NOT USED.....2→473 Temperature
02	Temperature (centigrade)	Temperature	Temperature			
03	Pressure	Pressure	Pressure			
04	Minutes when equipment is not wrapped in cloth	Minutes	Minutes	Minutes	Minutes	Minutes
05	Minutes when equipment is wrapped	Minutes wrapped	Minutes wrapped	Minutes wrapped	Minutes wrapped	Minutes wrapped
06	Chemical solution (DISINFECTANT)	Chemical solution (DISINFECTANT)	Chemical solution (DISINFECTANT)	Chemical solution (DISINFECTANT)	Chemical solution (DISINFECTANT)	Chemical solution (DISINFECTANT)
07	Percent solution (Concentration before diluted)	Percent DK=98	Percent DK=98	Percent DK=98	Percent DK=98	Percent DK=98
08	Mixture, parts disinfectant and water	Mixture parts a) Disinfectant b) Water DK=998	Mixture parts a) Disinfectant b) Water DK=998	Mixture parts a) Disinfectant b) Water DK=998	Mixture parts a) Disinfectant b) Water DK=998	Mixture parts a) Disinfectant b) Water DK=998

NO.	QUESTIONS	CODE CLASSIFICATION				GO TO
473	INDICATE STORAGE CONDITIONS IN THIS SERVICE DELIVERY AREA FOR PROCESSED EQUIPMENT (E.G. speculum, forceps) READY FOR REUSE. IF LOCATION HAS ALREADY BEEN SEEN INDICATE WHICH SECTION THE INFORMATION IS IN.	SECTION 1b [159-161] ..... 1 FAMILY PLANNING [344-347]..... 2 STI [521-524]..... 3 NOT PREVIOUSLY SEEN..... 4				→477 →477 →477
474	STORAGE CONDITIONS FOR PROCESSED EQUIPMENT	1 OBSERVED	2 REPORTED AVAILABLE	3 NOT AVAILABLE	8 ND	
	1) Wrapped in sterile cloth, sealed with TST tape.	1	2	3	8	
	2) Stored in sterile container with lid which clasps shut	1	2	3	8	
	3) Stored unwrapped inside autoclave or dry heat sterilizer	1	2	3	8	
	4) On tray, covered with cloth or wrapped without TST tape	1	2	3	8	
	5) In container w/ antiseptic/disinfectant	1	2	3	8	
	6) Other (SPECIFY)	1	2	3	8	
475	Is the date of sterilization for the stored items indicated?	1	2	3	8	
476	Is the storage area for sterilized items clean and dry?	1	2	3	8	
477	Does this facility conduct blood transfusion? IF YES, IS THERE A BLOOD BANK OR ARE THERE TRANSFUSION SERVICES ONLY?	YES, BLOOD BANK.....1 YES, TRANSFUSION, NO BLOOD BANK.....2 NO BLOOD TRANSFUSION .....3				
478	Do facility staff routinely provide home-deliveries or attend home delivery emergencies as a part of the facility service?	YES, ROUTINELY..... 1 YES, EMERGENCY ONLY ..... 2 NO ..... 3				→485
479	Is there bag where supplies for home deliveries are kept? IF YES, ASK TO SEE THE DELIVERY BAG	YES, BAG SEEN..... 1 YES, BAG NOT SEEN ..... 2 NO ..... 3				→481 →481
480	ASK TO SEE THE EMERGENCY DELIVERY BAG AND INDICATE WHETHER THE ITEMS LISTED ARE PRESENT OR NOT.	ITEM PRESENT		NOT PRESENT	NOT DETERMINED	
		STERILE	NOT STERILE			
	1) Sterile instrument package	1	2	3	8	
	2) 1 Scissors (straight) (maybe in packet)	1	2	3	8	
	3) 2 Forceps (Kocher) (maybe in packet)	1	2	3	8	
	4) 1 Fetal Stethoscope		2	3	8	
	5) 1 Mucous Suction Bulb		2	3	8	
	6) 1 Adult Thermometer		2	3	8	
	7) 1 Plastic gown		2	3	8	
	8) 1 Macintosh oilcloth/plastic for under mother		2	3	8	
	9) Sterile dressings, Cotton, Gauze	1	2	3	8	
	10) Betadine solution		2	3	8	
	11) Alcohol		2	3	8	
	12) Antibiotic eye drops [NO CHLORAMPHENICOL]		2	3	8	
	13) Syringe and needle (sterile)	1	2	3	8	
	14) Soap		2	3	8	
	15) Measuring tape		2	3	8	
	16) Newborn scale (hanging)		2	3	8	
	17) 2 pair sterile gloves	1	2	3	8	
	18) Disposable plastic gloves		2	3	8	
	19) Cord clamp/ cord ties		2	3	8	

481	Is there a register where information on home deliveries conducted by facility staff is recorded?	YES, OBSERVED.....1 YES, NOT SEEN .....2 NO REGISTER .....3	→483 →483
482	WHAT IS THE MONTH AND YEAR OF THE LAST HOME DELIVERY CONDUCTED THROUGH THIS FACILITY?	MONTH..... <input type="text"/> <input type="text"/> YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
483	How many home deliveries were conducted from this facility during the previous twelve (12) completed months?	HOME DELIVERIES ..... <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW ..... 998	→485
484	INDICATE NUMBER OF MONTHS REPRESENTED IN DATA	MONTHS OF DATA ..... <input type="text"/> <input type="text"/>	
485	Is there a register where client information from deliveries conducted by facility staff is recorded? IF YES, ASK TO SEE REGISTER. BIRTH OUTCOME FOR MOTHER AND INFANT MUST BE INCLUDED TO BE VALID.	YES, REGISTER SEEN ..... 1 YES, REGISTER NOT SEEN ..... 2 NO REGISTER KEPT ..... 3	→487 →487
486	How recent is the date of the most recent entry for a delivery conducted at this facility?	WITHIN THE PAST 30 DAYS ..... 1 > 30 DAYS..... 2	
487	How many women delivered at this facility during the previous twelve (12) completed months? (VAGINAL DELIVERIES)	# DELIVERIES ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW ..... 9998	→489
488	INDICATE NUMBER OF MONTHS OF DATA REPRESENTED .	MONTHS OF DATA..... <input type="text"/> <input type="text"/>	
489	What percentage of deliveries in your catchment area are conducted in this facility? (e.g. your annual coverage rate?).	% COVERAGE <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW ..... 998 NO CATCHMENT AREA..... 995	→491 →491
490	RECORD THE SOURCE OF INFORMATION FOR DELIVERY COVERAGE ESTIMATE	WRITTEN REPORT .....A WALL GRAPH.....B OTHER .....X (SPECIFY) NOT KNOWN .....Z	
491	Does this facility routinely charge for normal deliveries? IF YES, CIRCLE ALL ROUTINE CHARGING PRACTICES THAT ARE USED	YES, FIXED FEE FOR ALL DELIVERY COSTS .....A YES, FIXED FEE FOR ANC PLUS DELIVERY .....B YES, CHARGE FOR MEDICATIONS/ TESTS.....C OTHER .....X (SPECIFY) NO .....Y DON'T KNOW .....Z	→493 →493
492	Are the indicated fees posted in the area where fees are collected in a manner that the client can easily see the official charges?	YES ALL FEES POSTED ..... 1 YES, SOME,NOT ALL FEES POSTED ..... 2 NO POSTED FEES ..... 3 DON'T KNOW ..... 8	
493	Does this facility <u>ever</u> perform Caesarean Section?	YES ..... 1 NO ..... 2	→500

ASK TO SEE THE ROOM WHERE CAESAREAN SECTIONS ARE PERFORMED. CHECK WHETHER THE FOLLOWING EQUIPMENT & SUPPLIES ARE AVAILABLE <b>IN THE ROOM</b> OR IN AN IMMEDIATELY ADJACENT ROOM		(a) AVAILABILITY				(b) FUNCTIONS		
494	FACILITY AND EQUIPMENT	1 OBSERVED	2 REPORTED AVAILABLE	3 NOT AVAILABLE	8 NOT DETER- MINED	1 YES	2 NO	8 NOT DETER- MINED
	1) Operating table	1→b	2→b	3↓	8↓	1	2	8
	2) Operating light	1→b	2→b	3↓	8↓	1	2	8
	3) Scrub area adjacent to or in the operating room	1	2	3	8			
	4) Tray, drum, or package with sterilized instruments ready for use	1	2	3	8			
	5) Drum with sterile gowns and towels/sheets for surgery	1	2	3	8			
	6) Anesthesia giving set	1	2	3	8	1	2	8
	7) Anesthetist	1	2	3	8			
495	Does this facility have a provider who can perform a caesarean section present in the facility or on call 24 hours a day ( including weekends) . IF YES, ASK TO SEE SCHEDULE.	YES, PRESENT,SCHEDULE SEEN..... 1 YES, PRESENT SCHEDULE NOT SEEN ..... 2 YES, ON CALL, SCHEDULE SEEN..... 3 YES, ON CALL, SCHEDULE NOT SEEN ..... 4 NO ..... 5						
496	How many caesarean sections were conducted at this facility during the past twelve (12) completed months?	NO. CAESAREAN ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW ..... 9998 →498						
497	INDICATE NUMBER OF MONTHS OF DATA REPRESENTED.	MONTHS OF DATA..... <input type="text"/> <input type="text"/>						
498	What is the date of the last caesarean section? TAKE THE DATE FROM A REGISTER OR REPORT FORM.	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW ..... 99999998						



NO.	QUESTIONS	CODING CLASSIFICATION			GO TO			
		OBSERVED	REPORTED	NOT AVAILABLE	NOT DETERMINED			
508	Service Delivery Protocols							
	1) Clinical guidelines for diagnosing and treating RTIs or STI?	1	2	3	8			
	2) Guidelines for using syndromic approach for diagnosing and treating RTIs or STI's	1	2	3	8			
	3) Guidelines for diagnosing HIV/AIDS?	1	2	3	8			
	4) Clinical guidelines for treating HIV/AIDS? (e.g. opportunistic infection, anti-retroviral therapy)	1	2	3	8			
	5) Do you have a copy of the MOHP Infection Control Guidelines? If YES, may I see them?	1	2	3	8			
	6) Do you have a copy of the OTHER Infection Control Guidelines? If YES, may I see them?	1	2	3	8			
ASK TO SEE THE ROOM WHERE EXAMINATIONS FOR RTIS or STIS ARE CONDUCTED. FOR THE FOLLOWING ITEMS, CHECK TO SEE IF THE ITEM IS IN THE ROOM WHERE THE EXAMINATION IS CONDUCTED OR IN AN IMMEDIATELY ADJACENT ROOM.								
509	If <u>same examination room</u> has already been observed for items in 510-512 indicate for which section the room was assessed:	FAMILY PLANNING [327-329]..... 1 ANTENATAL [410-412]..... 2 DELIVERY [451-453] ..... 3 NOT PREVIOUSLY SEEN ..... 4				→513 →513 →513		
510	DESCRIBE THE SETTING FOR THE EXAMINATION ROOM	PRIVATE ROOM..... 1 ROOM WITH OTHER PEOPLE W/ SEPARATING BARRIER..... 2 ROOM WITH OTHER PEOPLE AND NO VISUAL BARRIER..... 3						
<b>ITEMS REQUIRED FOR STI EXAMINATION</b>								
511	ITEMS REQUIRED FOR STI EXAMINATION	(a) AVAILABILITY				(b) FUNCTIONS		
		1 OBSERVED	2 REPORTED AVAILABLE	3 NOT AVAILABLE	8 NOT DETER- MINED	1 YES	2 NO	8 NOT DETER- MINED
	1) Spotlight source (flashlight or examination light accepted)	1→b	2→b	3↓	8↓	1	2	8
	2) Table for gynecological exam	1	2	3↓	8↓			
	3) Clean gloves	1	2	3	8			
	4) Safety box for needles	1	2	3	8			
	5) 5 or more 2 or 3 ml disposable syringes (w/ 21 gauge needles)	1	2	3	8			
	6) Decontamination solution for clinical equipment	1	2	3	8			
	7) Waste receptacle with lid and plastic liner							
	8) Hand-washing items (soap )	1	2	3	8			
	9) Water for hand-washing	1	2	3→513	8→513			
512	How is water made available for use in the STI service area <u>today?</u>	PIPED ..... 1 BUCKET W/ TAP ..... 2 BUCKET/BASIN..... 3						
<b>OTHER EQUIPMENT</b>								
513		1 OBSERVED	2 REPORTED	3 NOT AVAILABLE	8 NOT DETERMINED			
	1) Speculum	1	2	3	8			
	2) Swab sticks	1	2	3	8			

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
514	<p>After completing an examination, what procedures does this service follow for initial handling of contaminated equipment (such as used speculums, scalpel handles, etc.) that will be reused another time?</p> <p>IF THE UNIT PROCESSES SOME EQUIPMENT AND SENDS OTHER EQUIPMENT ELSEWHERE, INDICATE THE PROCEDURE FOR EQUIPMENT PROCESSED IN THIS SERVICE DELIVERY UNIT.</p>	<p>SOAKED IN DISINFECTANT SOLUTION BRUSH SCRUBBED WITH SOAP AND WATER..... 1</p> <p>BRUSH SCRUBBED W/ SOAP AND WATER AND THEN SOAKED IN DISINFECTANT .....2</p> <p>BRUSH SCRUBBED WITH SOAP AND WATER.....3</p> <p>SOAKED IN DISINFECTANT ONLY, NOT SCRUBBED .....4</p> <p>OTHER .....6</p> <p>NONE .....7</p> <p>DON'T KNOW..... 8</p>	
515	<p>Where is this equipment then processed prior to reuse? IF THE SYSTEM AT THAT LOCATION HAS ALREADY BEEN SEEN, INDICATE WHICH SECTION THE INFORMATION IS IN. IF NOT YET SEEN, CIRCLE "4 " AND CONTINUE</p>	<p>SECTION 1 [Q152-158] ..... 1</p> <p>FAMILY PLANNING [Q340-343]..... 2</p> <p>DELIVERY [Q469-472]..... 3</p> <p>NOT PREVIOUSLY SEEN ..... 4</p> <p>PROCESS OUTSIDE FACILITY.....5</p>	<p>→521</p> <p>→521</p> <p>→521</p> <p>→521</p>
516	<p>After cleaning, what is the final process most commonly used for disinfecting or sterilizing equipment prior to reuse? IF MORE THAN ONE METHOD IS USED CIRCLE ALL METHODS THAT THIS UNIT CARRY OUT. AND PROVIDE THE PROCESSING INFORMATION INDICATED IN QUESTION 517.</p>	<p>DRY HEAT STERILIZATION..... A</p> <p>AUTOCLAVE..... B</p> <p>STEAM STERILIZATION ..... C</p> <p>BOILING ..... D</p> <p>CHEMICAL ..... E</p> <p>PROCESS OUTSIDE FACILITY...F</p> <p>OTHER..... X</p> <p>NONE ..... Y</p>	<p>→521</p> <p>→521</p>

GO TO WHERE EQUIPMENT IS STERILIZED AND ASSESS AVAILABILITY OF EQUIPMENT REQUIRED FOR PROCEDURES.								
517	ITEM	(a) AVAILABILITY				(b) FUNCTIONING		
		OBSERVED	REPORTED AVAILABLE	NOT AVAILABLE	NOT DETERMINED	YES	NO	NOT DETER
01	Electric dry heat sterilizer	1→b	2→b	3↓	8↓	1	2	8
02	Electric autoclave (pressure; wet heat)	1→b	2→b	3↓	8↓	1	2	8
03	Non-electric autoclave	1→b	2→b	3↓	8↓	1	2	8
04	Pot with cover (for steaming or boiling)	1	2	3	8			
05	Other method _____ (SPECIFY)	1	2	3	8			
06	Heat source (stove/Cooker w/fuel or power present) For steaming, boiling, or using non-electric autoclave)	1→b	2→b	3↓	8↓	1	2	8
07	Automatic timer (MAY BE ON MACHINE)	1→b	2→b	3↓	8↓	1	2	8
517a	TST Indicator strips (Tape indicating sterilization)	1	2	3	8			
518	Biological indicator for testing effectiveness of sterilization	1	2	3	8			
519	Written guidelines for disinfection and sterilization	1	2	3	8			

FOR EACH OF THE FOLLOWING METHODS FOR STERILIZATION/DISINFECTION AND CHEMICAL DECONTAMINATION USED IN THE FACILITY, INDICATE THE PROCESSING DETAILS INCLUDING TIME PROCESSED AFTER THE REQUIRED TEMPERATURE/ PRESSURE/ BOILING IS REACHED						
	(a) Dry heat sterilization	(b) Autoclave	(c) Boil or steam (high level disinfectant ,HLD)	(d) Chemical decontaminant	(e) Chemical High Level Disinfectant (HLD)	(f) OTHER
01	Method USED .....1 NOT USED .....2→b Temperature	USED .....1 NOT USED .....2→c Temperature	USED .....1 NOT USED .....2→d Temperature	USED .....1 NOT USED .....2→e Temperature	USED .....1 NOT USED .....2→f Temperature	USED .....1 NOT USED .....2→521 Temperature
02	Temperature (centigrade)	AUTOMATIC .....666 DON'T KNOW .....998	AUTOMATIC .....666 DON'T KNOW .....998			AUTOMATIC .....666 DON'T KNOW .....998
03	Pressure	AUTOMATIC .....666 DK PRESSURE .....998	AUTOMATIC .....666 DK PRESSURE .....998			AUTOMATIC .....666 DK PRESSURE .....998
04	Minutes-when equipment is not wrapped in cloth	Minutes AUTOMATIC .....666 DON'T KNOW .....998	Minutes DON'T KNOW .....998	Minutes DON'T KNOW .....998	Minutes DON'T KNOW .....998	Minutes AUTOMATIC .....666 DON'T KNOW .....998
05	Minutes when equipment is wrapped	Minutes wrapped AUTOMATIC .....666 DON'T KNOW .....998	Minutes wrapped			Minutes Wrapped AUTOMATIC .....666 DON'T KNOW .....998
06	Chemical solution (DISINFECTANT)			CHLOR .....1 BETADINE .....2 ALCOHOL .....3 SAVLON .....4 OTHER .....6 DON'T KNOW .....8	CIDEX/GLUTARAL- DEHYDE/SEPTAID .....1 CHLOR .....2 BETADINE .....3 ALCOHOL .....4 SAVLON .....5 OTHER .....6 DON'T KNOW .....8	
07	Percent solution (Concentration before diluted)			Percent DK=98	Percent DK=98	
08	Mixture, parts disinfectant and water			Mixture parts a) Disinfectant b) Water DK=998	Mixture parts a) Disinfectant b) Water DK=998	

NO.	QUESTIONS	CODE CLASSIFICATION				GO TO
521	INDICATE STORAGE CONDITIONS IN THIS SERVICE DELIVERY AREA FOR PROCESSED EQUIPMENT (E.G. speculum, forceps), READY FOR REUSE. IF LOCATION HAS ALREADY BEEN ASSESSED INDICATE WHICH SECTION THE INFORMATION IS IN.	GENERAL FACILITY [159-161] ....1 FAMILY PLANNING [344-347] .....2 DELIVERY [473-476].....3 NOT PREVIOUSLY SEEN .....4				→525 →525 →525
522	STORAGE CONDITIONS FOR PROCESSED EQUIPMENT	OBSERVED	REPORTED AVAILABLE	NOT AVAILABLE	ND	
	1) Wrapped in sterile cloth, sealed with TST tape.	1	2	3	8	
	2) Stored in sterile container with lid which clasps shut	1	2	3	8	
	3) Stored unwrapped inside autoclave or dry heat sterilizer	1	2	3	8	
	4) On tray, covered with cloth or wrapped without TST sealing tape	1	2	3	8	
	5) In container w/ antiseptic/disinfectant	1	2	3	8	
	6) Other	1	2	3	8	
523	Is the date of sterilization for the stored items indicated?	1	2	3	8	
524	Is the storage area for sterilized items clean and dry?	1	2	3	8	
525	How are diagnoses of STIs made in this facility? CIRCLE ALL THAT APPLY	SYNDROMIC/CLINICAL .....A ETIOLOGIC (LABORATORY).....B				
526	Does this facility have protocols on the following: IF YES, ASK TO SEE A COPY.	1 OBSERVED	2 REPORTED AVAILABLE	3 NOT AVAILA BLE.	4 NOT DETERMINED	
	1) Confidentiality Protocol for STI clients?	1	2	3	8	
	2) Informed Consent Protocol for STI testing?	1	2	3	8	
527	Does the facility normally perform partner notification or follow-up for sexually transmitted infections? IF YES, Is the follow up ever active (where the facility makes contact with the partner) or is it only passive (where the facility asks the client to inform or bring their partner(s).	YES, SOMETIMES ACTIVE .....1 YES, ONLY PASSIVE.....2 NO.....3				→529 →529
528	Do you have a form or register where clients for active follow-up are listed? IF YES, ASK TO SEE.	YES, FORM SEEN .....1 YES, REGISTER SEEN.....2 YES, FORM/REGISTER NOT SEEN.....3 NO FORM/REGISTER.....4				
529	Is there a register where RTI/STI consultation information is recorded? IF YES, ASK TO SEE REGISTER. CLIENT NAME, AGE, SEX, AND DIAGNOSIS MUST BE INDICATED FOR REGISTER TO BE VALID.	YES, REGISTER SEEN.....1 YES, REGISTER NOT SEEN .....2 NO REGISTER KEPT .....3				→532 →532
530	Does the register indicate a specific type of RTI/STI diagnosed?	YES .....1 NO.....2				
531	How recent is the date of the most recent entry?	WITHIN THE PAST 7 DAYS.....1 >7 BUT WITHIN 30 DAYS .....2 > 30 DAYS .....3				
532	RECORD THE NUMBER OF CLIENTS WHO RECEIVED RTI/STI SERVICES DURING THE LAST TWELVE (12) COMPLETED MONTHS	NUMBER OF RTI/STI CLIENTS.... <input type="text"/> <input type="text"/> <input type="text"/>				
533	INDICATE NUMBER OF MONTHS OF DATA REPRESENTED.	DON'T KNOW ..... 998 MONTHS OF DAT. <input type="text"/> <input type="text"/>				→534
534	Do you submit an official report externally (usually to the MoH or a communicable disease department) for cases of VENERAL DISEASES (SYPHILIS, GONORRHEA) OR HIV/AIDS. IF YES, is the report generated from consultation records or from the laboratory?	YES, CONSULTATION..... 1 YES, LABORATORY ..... 2 YES, BOTH..... 3 NO..... 4 DON'T KNOW ..... 8				



## 6. Laboratory Diagnostics

NO	QUESTIONS	CODING CLASSIFICATION	GO TO																												
600	ARE ANY OF THE LABORATORY TESTS RELATED TO STIs OR HIV OR TB (563), OR MCH (406) MARKED WITH THE NUMERAL 1? IF YES: GO TO WHERE LABORATORY TESTS ARE CONDUCTED AND ASK TO SEE THE FOLLOWING EQUIPMENT AND SUPPLIES.	YES,BOTH(STIs and/or TB and MCH)....1 YES, TESTS OTHER THAN MCH.....2 YES, MCH LAB TESTS ONLY, (Q 406).....3 NO LAB TESTS.....4 NO ACCESS TO LAB .....5	→607  →700 →700																												
601	ITEMS FOR LABORATORY EXAMINATION	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="4">(a) AVAILABILITY</th> <th colspan="3">(b) FUNCTIONING</th> </tr> <tr> <th>OBSERVED PRESENT</th> <th>REPORTED AVAILABLE</th> <th>NOT AVAILABLE</th> <th>NOT DETERMINED</th> <th>YES</th> <th>NO</th> <th>ND</th> </tr> </thead> <tbody> <tr> <td>1→b</td> <td>2→b</td> <td>3</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td></td> <td></td> <td>next line.↓</td> <td>next line.↓</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	(a) AVAILABILITY				(b) FUNCTIONING			OBSERVED PRESENT	REPORTED AVAILABLE	NOT AVAILABLE	NOT DETERMINED	YES	NO	ND	1→b	2→b	3	8	1	2	8			next line.↓	next line.↓				
(a) AVAILABILITY				(b) FUNCTIONING																											
OBSERVED PRESENT	REPORTED AVAILABLE	NOT AVAILABLE	NOT DETERMINED	YES	NO	ND																									
1→b	2→b	3	8	1	2	8																									
		next line.↓	next line.↓																												
01	Microscope	1→b	2→b	3	8	1	2	8																							
02	Centrifuge	1→b	2→b	3	8	1	2	8																							
03	Refrigerator	1→b	2→b	3	8	1	2	8																							
04	Glass slides and covers	1	2	3	8																										
602	<b>HIV/AIDS TESTS</b>		2	3	8																										
				603.↓																											
01	Rapid test	1	2	3	8																										
02	ELISA + scanner/reader	1→b	2→b	3	8	1	2	8																							
				next line.↓	next line.↓																										
03	Western Blot	1	2	3	8																										
04	CD4	1	2	3	8																										
05	HIV viral load	1	2	3	8																										
06	Other HIV test _____ (SPECIFY TYPE)	1	2	3	8																										
603	<b>SYPHILIS TESTS</b>		2	3	8																										
				604a.↓																											
01	VDRL (syphilis)	1	2	3	8																										
02	RPR (syphilis)	1	2	3	8																										
03	Rotator/ Shaker	1	2	3	8																										
				next line.↓	next line.↓																										
604	<b>GONORRHEA TESTS</b>		2	3	8																										
				604b.↓																											
a																															
01	Chocolate agar (culture medium)	1	2	3	8																										
02	Incubator	1→b	2→b	3	8	1	2	8																							
				next line.↓	next line.↓																										
604	<b>GRAM STAIN</b>		2	3	8																										
				605.↓																											
b																															
04	Crystal violet	1	2	3	8																										
05	Lugol's iodine	1	2	3	8																										
06	Acetone, Ethyl alcohol, other decolorisation	1	2	3	8																										
07	Neutron red, carbol fushin, or other counterstain	1	2	3	8																										
08	Other _____ (SPECIFY TYPE)	1	2	3	8																										
605	<b>CHLAMYDIA TESTS</b>		2	3	8																										
				606.↓																											
01	Giemsa Stain	1	2	3	8																										
02	Distilled water	1	2	3	8																										
03	Other _____ (SPECIFY TYPE)	1	2	3	8																										

### 6. Laboratory Diagnostics (continued)

NO	QUESTIONS	CODING CLASSIFICATION				GO TO		
	ITEMS FOR LABORATORY EXAMINATION	(a) AVAILABILITY				(b) FUNCTIONING		
		OBSERVED PRESENT	REPORTED AVAILABLE	NOT AVAILABLE	NOT DETERMINED	YES	NO	ND
606	<b>TUBERCULOSIS TEST</b>		2	3 607.↓				
01	AFB or Ziehl-Neelson test, with stain e.g., methyl blue) present	1	2	3	8			
02	All items for other test for TB (SPECIFY TYPE)	1	2	3	8			
607	<b>URINE TESTS</b>		2	3 608.↓				
01	Any dip sticks for urine protein (with valid expiry date) (Campus 3 or 9)	1	2	3	8			
02	Any dipsticks for urine glucose (Campus 3 or 9)	1	2	3	8			
03	Acetic Acid (albumin)	1	2	3	8			
04	Flame	1→b	2→b	3 next line.↓	8 next line.↓	1	2	8
05	Test tubes	1	2	3	8			
06	Benedict's solution (glucose test)	1	2	3	8			
07	Stove and container for boiling	1→b	2→b	3 next line.↓	8 next line.↓	1	2	8
608	<b>TEST FOR ANEMIA</b>		2	3 609.↓				
01	Hemoglobinometer	1→b	2→b	3 next line.↓	8 next line.↓	1	2	8
02	Colorimeter or spectroscope	1→b	2→b	3 next line.↓	8 next line.↓	1	2	8
03	Drabkin's solution	1	2	3	8			
04	Capillary tubes and a centrifuge	1→b	2→b	3 next line.↓	8 next line.↓	1	2	8
05	Other test (SPECIFY)_____	1	2	3	8			
06	Paper for hemoglobin tests (w/ valid expiry date)	1	2	3	8			
609	<b>Blood Grouping Materials</b>		2	3 700.↓				
01	Anti-A(with valid expiry date)	1	2	3	8			
02	Anti-B(with valid expiry date)	1	2	3	8			
03	Anti-D(Rh factor) (with valid expiry date)	1	2	3	8			

**Section 7. Essential Medications And Supplies For Providing Services For Sick Clients Children, Maternal Health Clients , and Clients With some Infectious Diseases**

FIND THE CHIEF PHARMACIST OR OTHER HEALTH WORKER RESPONSIBLE FOR PHARMACEUTICAL SERVICES AT THE OUTPATIENT FACILITY. IF DIFFERENT FROM INDIVIDUAL RESPONDING TO THE EARLIER SECTIONS, INTRODUCE YOURSELF.

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
700	Do you have a system that allows you to check the amount of each medicine that is available daily? IF YES, ASK TO SEE THE RECORDS AND INDICATE THE METHOD FOR WHICH YOU OBSERVED RECORDS.	INVENTORY NOT UPDATED DAILY WITH REGISTER OF DISTRIBUTED MEDICINE KEPT DAILY ..... 1 INVENTORY UPDATED DAILY ..... 2 NO INVENTORY RECORDS SEEN..... 3 NO PHARMACY IN THE FACILITY... 4 NO ACCESS TO PHARMACY ..... 6	→800 →800

ASK TO SEE THE MEDICINE STORE. FOR ALL ITEMS, CHECK THAT AT LEAST ONE VALID UNIT IS AVAILABLE. FOR NON-SHADED MEDICINES, CHECK ALL TO VERIFY IF (A) THEY ARE ARRANGED BY EXPIRY DATE, (B) WERE THERE ANY EXPIRED UNITS PRESENT, AND (C) VERIFY THAT INVENTORY AND SUPPLY MATCH. IF NECESSARY, ADD ITEMS FROM DAILY REGISTER OR PRESCRIPTION AND SUBTRACT THESE FROM INVENTORY TO DETERMINE THE SUPPLY THAT SHOULD BE AVAILABLE TODAY. NOTE: IF YOU ARE UNABLE TO SEE AN ITEM, ASK IF IT IS AVAILABLE. FOR EACH ITEM, CIRCLE THE APPROPRIATE CODE:

701	Medications	(a) AVAILABILITY OF MEDICATIONS				(b) VALIDITY			(c) STOCK AND INVENTORY (W/ REGISTER) SAME		
		1=OBSERVED AT LEAST ONE VALID, 2 REPORTED AVAILABLE 3=NOT AVAILABLE 8=NOT DETERMINED				1=ALL VALID 2=SOME EXPIRED 8=DON'T KNOW			1=YES 2=NO 3=DON'T KNOW		
	Oral										
1	Amoxicillin oral <sup>1,2</sup>	1→b	2↓	3↓	8↓	1	2	8	1	2	8
2	Aspirin oral <sup>1,2,3</sup>	1	2	3	8						
3	Ciprofloxin PO <sup>3</sup>	1→b	2↓	3↓	8↓	1	2	8	1	2	8
4	Cotrimoxazole oral <sup>1,2</sup>	1→b	2↓	3↓	8↓	1	2	8	1	2	8
5	Doxycycline PO <sup>2,3</sup>	1→b	2↓	3↓	8↓	1	2	8	1	2	8
6	Ergometrine/methergine <sup>2</sup>	1↓	2↓	3↓	8						
7	Erythromycin oral <sup>2,3</sup>	1	2	3	8						
8	Ethambutol PO <sup>4</sup>	1	2	3	8						
9	Folic acid <sup>2</sup>	1	2	3	8						
10	Iron <sup>1,2</sup>	1	2	3	8						
11	Iron with Folic Acid <sup>2</sup>	1	2	3	8						
12	Isoniazid <sup>4</sup> /inhbex	1	2	3	8						
13	Mebendazole oral <sup>1,2</sup>	1	2	3	8						
14	Methyldopa <sup>2</sup>	1	2	3	8						
15	Metronidiazole <sup>2,3</sup> (FLAGYL)	1	2	3	8						
16	Multivitamins <sup>1</sup>	1	2	3	8						
17	Naladixic acid oral <sup>1,2</sup>	1→b	2↓	3↓	8↓	1	2	8	1	2	8
18	Paracetamol oral <sup>1</sup>	1	2	3	8						
19	Penicillin oral <sup>1,2</sup>	1→b	2↓	3↓	8↓	1	2	8	1	2	8
20	Pyrazinamide PO <sup>4</sup>	1	2↓	3	8						
21	Rifampicin <sup>4</sup>	1	2↓	3	8						
22	Remactazid/Riozid	1	2	3	8						
23	Tetracycline oral <sup>2,3</sup>	1→b	2↓	3↓	8↓	1	2	8	1	2	8

24	Vitamin A high dose (200,000 iu) <sup>1,2</sup>	1	2	3	8						
25	Vitamin A low dose <sup>1,2</sup> (25,000 or 50,000iu)	1	2	3	8						
26	Oral rehydration salts <sup>1</sup>	1	2	3	8						
		(a) AVAILABILITY OF MEDICATIONS 1=OBSERVED AT LEAST ONE VALID, 2 REPORTED AVAILABLE 3=NOT AVAILABLE 8=NOT DETERMINED				(b) VALIDITY 1=ALL VALID 2=SOME EXPIRED 8=DON'T KNOW			(c) STOCK AND INVENTORY (W/REGISTER) SAME  1=YES 2=NO 8=DON'T KNOW		
	<b>OTHER MEDICINE</b>										
27	Nystatin Vaginal Tablet <sup>3</sup>	1	2	3	8						
28	Antibiotic eye Ointment <sup>1</sup> [NOT CHLORAMPHENICOL]	1	2	3	8						
	<b>INJECTIONS</b>										
29	Ampicillin. <sup>2</sup>	1→b	2↓	3↓	8↓	1	2	8	1	2	8
30	Benzathine benzyl pen <sup>1,3</sup>	1→b	2↓	3↓	8↓	1	2	8	1	2	8
31	Benzyl Penicillin (Procaine) <sup>1,2</sup>	1→b	2↓	3↓	8↓	1	2	8	1	2	8
32	Ceftriaxone <sup>3</sup>	1	2	3	8						
33	Diazepam <sup>2</sup>	1	2	3	8						
34	Ergometrine/oxytoxin <sup>2</sup>	1	2	3	8						
35	Gentamycin <sup>1,2</sup>	1→b	2↓	3↓	8↓	1	2	8	1	2	8
36	Magnesium sulfate <sup>2</sup>	1	2	3	8						
37	Streptomycin <sup>4</sup>	1	2	3	8						
38	Xylocaine or lidocaine 1% <sup>2,5</sup>	1	2	3	8						
39	Chloramphenicol <sup>1</sup>	1	2	3	8	1	2	8	1	2	8
	<b>INTRAVENOUS</b>										
40	Normal Saline <sup>2</sup>	1	2	3	8						
41	Dextrose and water <sup>1,2</sup>	1	2	3	8						
42	Ringers Lactate <sup>1,2</sup>	1	2	3	8	1	2	8	1	2	8
43	D5NS <sup>2</sup>	1	2	3	8	1	2	8	1	2	8
	<b>TB DOTS drugs</b>										
44	TB-DOTS drugs <sup>4</sup> ( pre-packed by the pharmacy)	1→b	2↓	3↓	8↓	1	2	8	1	2	8
45	TB-DOTS drugs <sup>4</sup> ( pre-packed outside the pharmacy)	1→b	2↓	3↓	8↓	1	2	8	1	2	8

- 1) Child Health
- 2) Maternal Health
- 3) Reproductive tract Infections
- 4) Tuberculosis
- 5) Family Planning

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
702	Were the medications organized according to expiry date "first-expire first-out" on the shelf? (VERIFY WHEN COMPLETING 701(1-45) FOR INDICATED MEDICINES)	YES..... 1 NO..... 2 DON'T KNOW..... 8	
	OBSERVE THE PLACE WHERE MEDICINES ARE STORED AND INDICATE THE CORRECT RESPONSE FOR EACH OF THE FOLLOWING CONDITIONS:		
703	ARE THE MEDICINES OFF THE FLOOR PROTECTED FROM WATER/DAMPNESS?	YES..... 1 NO..... 2 DON'T KNOW..... 8	
704	ARE THE MEDICINES PROTECTED FROM THE SUN?	YES..... 1 NO..... 2 DON'T KNOW..... 8	
705	IS THE ROOM CLEAR OF ANY EVIDENCE OF PESTS?	YES..... 1 NO..... 2 DON'T KNOW..... 8	
706	Does this facility determine the amount of each medication required and order this amount, or is the amount that you receive determined elsewhere?	DETERMINES OWN NEED AND ORDERS..... 1 NEED DETERMINED ELSEWHERE ..... 2 DON'T KNOW..... 8	→708a →800
707	IF DETERMINED ELSEWHERE: Do you always receive a standard fixed supply or does the amount you receive vary with the activity level that you report?	AMOUNT BASED ON ACTIVITY LEVEL ..... 1 STANDARD FIXED SUPPLY ..... 2 DON'T KNOW..... 8	→710 →710 →710
708a	When was the last time that you received a routine supply of <b>medications</b> ?	WITHIN PRIOR 4 FULL WEEKS ... 1 WITHIN PRIOR 12 FULL WEEKS . 2 MORE THAN 12 WEEKS AGO .... 3 DON'T KNOW ..... 8	
708b	Routinely, when you order <b>medicines</b> , which best describes the system you use to determine how much of each to order:  1) Do you review the amount of each <b>medicine</b> remaining, and order to bring the stock amount to a pre-determined (fixed) amount?  2) Do you order the exact same amount each time?  3) Do you look at the amount used since the previous order, and plan based on prior utilization and expected future activity?  4) Others  5) RESPONDENT FAMILIAR WITH ORDERING SYSTEM IS NOT AVAILABLE	ORDER TO MAINTAIN FIXED STOCK LEVEL..... 1 ORDER SAME AMOUNT ..... 2 ORDER BASED ON UTILIZATION ..... 3 KNOWLEDGEABLE PERSON IS NOT AVAILABLE..... 5 OTHER _____ 6 (SPECIFY) DON'T KNOW ..... 8	→ 709a → 709a →709a →709a →710
708c	When deciding how much of each <b>medicine</b> to order, based on prior utilization and planned activities, do you have a mathematical formula for calculating how much to use, or do you use your judgment?	MATHEMATICAL FORMULA..... 1 JUDGMENT ..... 2	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
709a	<p>Which of the following best describes the system for deciding when to order <b>medicines</b>?</p> <p>1) Whenever stock levels fall to a predetermined level</p> <p>2) There is a fixed time that orders are accepted. IF YES, INDICATE THE NORMAL FIXED TIME FOR SUBMITTING ORDERS.</p> <p>3) An order is placed at no fixed time, but rather whenever there is a need.</p> <p>4) Other</p>	<p>PREDETERMINED LEVEL..... 1</p> <p>EVERY <input type="text"/> <input type="text"/> WEEKS..... 2</p> <p>ORDER AS NEEDED ..... 3</p> <p>OTHER _____ ..... 6 (SPECIFY)</p>	
709b	<p>If there is a shortage of specific <b>medicines</b> between routine orders, what is most common procedure followed by this facility?</p> <p>1) Submit special order to normal supplier.</p> <p>2) Facility purchases from private market</p> <p>3) Clients must purchase from outside the facility.</p>	<p>SPECIAL ORDER.....A</p> <p>FACILITY PURCHASE .....B</p> <p>CLIENT PURCHASE ..... C</p> <p>NO SHORTAGE.....D</p>	
710	<p>During the past 3 months, have you received the amount of each medication that you order (or that you are suppose to routinely receive)?</p>	<p>ALWAYS..... 1</p> <p>SOMETIMES ..... 2</p> <p>ALMOST NEVER..... 3</p> <p>D.K.....8</p>	

## Section 8. Supplies

800	SUPPLY ITEM	1 OBSERVED	2 REPORTED AVAILABLE	3 NOT AVAILABLE	8 NOT DETERMINED
1	Disinfectant for cleaning surfaces (bleach or other cleaning solution)	1	2	3	8
2	Sterile gloves	1	2	3	8
3	Clean gloves	1	2	3	8
4	Swab containers with sterile swabs or sterile gauze	1	2	3	8
5	Skin antiseptic (iodine or chlorhexidine)	1	2	3	8
6	I.V. giving set	1	2	3	8
7	I.V. canulae	1	2	3	8
8	Injection needles (19 or 21 gauge)	1	2	3	8
9	Sterile syringes (3 or 5 ml)	1	2	3	8