

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 <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> DISTRICT <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> FACILITY CODE <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> FACILITY TYPE <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> AND OPERATING AUTHORITY
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Date: _____ Name of the interviewer _____	DAY <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> MONTH <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> YEAR..... <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> INTERVIEWER CODE.. <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div>
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**Number of questionnaires completed
at facility:**

Questionnaire Type

1	Sick Child Observations _____	CHILD OBSERVATION	<div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div>	
2	Sick Child Exit Interviews _____	CHILD EXIT	<div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div>	
3	FP Observations _____	FP OBSERVATION	<div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div>	
4	FP Exit Interviews _____	FP EXIT	<div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div>	
5	ANC Observations _____	ANC OBSERVATION	<div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div>	
6	ANC Exit Interviews _____	ANC EXIT	<div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div>	
7	STI Observation _____	STI OBSERVATION	<div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div>	
8	STI Exit Interviews _____	STI EXIT	<div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div>	
9	Provider Interviews _____	PROVIDER INTERVIEWS	<div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div>	
10	Injection Observ _____	INJECTION OBSERVATION	<div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div>	

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.	YES1 NO2	→003
002	Is this facility with or adjacent to a Health Office?	YES1 NO2	
003	If this facility a Health Office(see cover page), circle 1 and ask Q 004. If not, circle 2 and go to Q100	YES1 NO2	→100
004	Is this facility with or adjacent to a hospital, MCH center or urban health unit?	YES1 NO2	

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.....	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>		
ALTITUDE.....	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>		
LATITUDE.....	<div style="display: flex; justify-content: space-around;"> N/S/W/E </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> DEGREES </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	
LONGITUDE.....	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	

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 OUTPATIENT SERVICES 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</p> <p>(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; border: 1px solid black;" type="text"/> DON'T KNOW 8	
101a	Is there a physician who lives onsite 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 SEEN2 NO3				
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) NO2 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 NO2 DON'T KNOW.....8	→117 →117			
114	Is this system implemented throughout the facility, or is it within specific services only?	THROUGHOUT FACILITY1 ONLY SPECIFIC SERVICES2				
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
118	The most recent time within the last 6 months that a supervisor from outside the facility visited, did the supervisor:	YES NO DK	
	1) Check some registers/books?	CHECKED REGISTERS..... 1 2 8	
	2) Discuss problems?	DISCUSSED PROBLEMS .. 1 2 8	
	3) Discuss policy/administrative issues?	DISCUSSED POLICY 1 2 8	
	4) Discuss technical protocols or issues related to service delivery practices?	DISCUSSED TECHNICAL MATTERS 1 2 8	
	5) Hold an official staff meeting?	HELD STAFF MEETING..... 1 2 8	
	6) Observe individual staff providing services?	OBSERVE SERVICE PROVISION 1 2 8	
	7) Record observations in supervision book	RECORD IN BOOK..... 1 2 8	
	8) Do anything else?	OTHER..... 1 2 8 (SPECIFY)	
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 preventive 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	CIRCLE ALL CHARGING PRACTICES USED	ECONOMIC	FREE SECTION
	1 Fixed fee for registration ticket or consultation	A	B
	2 Fixed fee health card	A	B
	3 Charge for medications	A	B
	4 Charge for tests	A	B
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	CHECK QUESTION 129 C. DOES THE FACILITY OFFER EXEMPTIONS OR DISCOUNTS FOR SOME CLIENTS?	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 days during the past week was the electricity not available for two (2) or more hours?	ALWAYS AVAILABLE..... 0 <div style="text-align: right;"><input type="text"/></div> # OF DAYS NOT AVAILABLE PAST WEEK	
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 who provide OUTPATIENT services .</p> <p>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>	
	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"/>
	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.	YES, NUMBER CORRECT 1 NO 2
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?</p> <p>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 DISINFECTANT2 BRUSH SCRUBBED WITH SOAP AND WATER3 SOAKED IN DISINFECTANT ONLY, NOT SCRUBBED4 OTHER6 NONE7 DON'T KNOW8	
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 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 USED1 NOT USED2→b	USED1 NOT USED2→c	USED1 NOT USED2→d	USED1 NOT USED2→e	USED1 NOT USED2→f	USED1 NOT USED2→159			
02	Temperature (centigrade) 666 998 DON'T KNOW	Temperature 666 998 DON'T KNOW				Temperature 666 998 DON'T KNOW			
03	PRESSURE	AUTOMATIC666 DK PRESSURE998 UNITS OF PRESSURE DK UNITS OF PRESSURE...8 POUNDS/SQ.IN1 ATM PRESSURE2 KILOPASCAL3 MILLIMETER HG4				AUTOMATIC666 DON'T KNOW998 UNITS OF PRESSURE DK UNITS OF PRES...8 POUNDS/SQ.IN1 ATM PRESSURE2 KILOPASCAL3 MILLIMETER HG4			
04	Minutes when equipment is not wrapped in cloth	Minutes	Minutes	Minutes	Minutes	Minutes			
05	Minutes when equipment is wrapped	AUTOMATIC666 DON'T KNOW998 Minutes wrapped	AUTOMATIC666 DON'T KNOW998 Minutes wrapped	DON'T KNOW998	DON'T KNOW998	AUTOMATIC666 DON'T KNOW998 Minutes Wrapped			
06	Chemical solution (DISINFECTANT)								
07	Percent solution (Concentration before diluted)								
08	Mixture, parts disinfectant and water								

NO.	QUESTIONS	CODE CLASSIFICATION				GO TO
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 OBSERVED	2 REPORTED AVAILABLE	3 NOT AVAILABLE	8 NOT DETERMINED	
	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	

2a. VACCINE LOGISTIC SYSTEM

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
200	Now I would like to find out information about immunization services provided to children or pregnant women either by or at your facility? Are any immunization services provided either as outreach or at the facility. IF YES, ASK WHO RECEIVES IMMUNIZATIONS, AND CIRCLE THE APPROPRIATE RESPONSE	YES, CHILDREN ONLY 1 YES PREGNANT WOMEN ONLY 2 BOTH CHILDREN AND PREGNANT WOMEN..... 3 NO IMMUNIZATION SERVICES EVER PROVIDED 4	→219
<p>FIND THE MANAGER OR MOST SENIOR HEALTH WORKER INVOLVED IN MANAGEMENT OF IMMUNIZATION SERVICES. IF DIFFERENT FROM INDIVIDUALS RESPONDING PREVIOUSLY, INTRODUCE YOURSELF AS FOLLOWS. IF THE PERSON IS THE SAME, CONTINUE WITH 201.</p> <p>READ TO INFORMANT (IF DIFFERENT FROM INFORMANT FOR PREVIOUS SECTIONS)</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 with the system for providing vaccine services. 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?</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; text-align: center;"> _____ INTERVIEWER'S SIGNATURE (Indicates respondent's willingness to participate) </div> <div style="width: 45%; text-align: center;"> _____ DATE </div> </div>			
201	May I begin the interview?	YES..... 1 NO..... 2	→219
202	Does this facility routinely store <u>any</u> vaccines or are all vaccines either picked up from another facility or delivered when providing services?	STORES SOME VACCINES 1 STORES NO VACCINES 2	→212
203	ASK TO GO WHERE VACCINES ARE STORED AND EXPLAIN. I want to find out about your system for keeping vaccines. What type of equipment do you use to store your vaccines?	REFRIGERATOR 1 COLD BOX 2	
204	INTERVIEWER: INDICATE THE TEMPERATURE INSIDE THE FRIDGE OR COLD BOX	TEMPERATURE CENTIGRADE <div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px; vertical-align: middle;"></div> <div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px; vertical-align: middle;"></div> THERMOMETER BROKEN 66 NOT OBSERVED 88 NO THERMOMETER 97	→208 →208 →208
205	INDICATE IF TEMPERATURE IS + OR – (00=+)	+ 1 – 2	
206	Do you have a cold chain temperature monitoring chart? IF YES: may I see it?	YES, SEEN 1 YES, NOT SEEN 2 NO..... 3	→208 →208
207	INTERVIEWER: CHECK THAT THE TEMPERATURE RECORD IS COMPLETED TWICE DAILY FOR EACH OF THE LAST 30 DAYS.	YES, COMPLETED 1 NO, NOT COMPLETED 2	
208	INDICATE IF THE FRIDGE OR COLD BOX PROTECTED FROM DIRECT SUNLIGHT.	YES..... 1 NO..... 2 DON'T KNOW..... 8	

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 →214a NEED DETERMINED ELSEWHERE..... 2 BOTH (DIFFER BY VACCINE)..... 3 OTHER 6 (SPECIFY)		
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 →216 STANDARD FIXED SUPPLY..... 2 →216 DON'T KNOW 8 →216		
214a	When was the last time that you received a routine supply of vaccines ?	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 vaccines, 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 vaccine 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 LEVEL1</p> <p>ORDER SAME AMOUNT2</p> <p>ORDER BASED ON UTILIZATION3</p> <p>OTHER6 (SPECIFY)</p> <p>DON'T KNOW8</p>	<p>→ 215a</p> <p>→ 215a</p> <p>→ 215a</p> <p>→ 215a</p> <p>→ 216</p>
214c	<p>When deciding how much of each vaccine 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 FORMULA1</p> <p>JUDGMENT2</p>	
215a	<p>Which of the following best describes the system for deciding when to order vaccines?</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 LEVEL1</p> <p>EVERY <input type="text"/> <input type="text"/> WEEKS2</p> <p>ORDER AS NEEDED3</p> <p>OTHER6 (SPECIFY)</p>	
215b	<p>If there is a shortage of specific vaccine 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 ORDER1</p> <p>CLIENT MUST RETURN2</p> <p>NO SHORTAGE3</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>ALWAYS1</p> <p>SOMETIMES2</p> <p>ALMOST NEVER3</p> <p>D.K.8</p>	
217	<p>How many vaccine carriers do you have available?</p>	<p>ONE1</p> <p>TWO OR MORE2</p> <p>NONE3</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</u> <u>facility</u>	(b) # Days per month service provided through outreach (village level)activities	
	1) Consultation / curative services for the sick child?	# DAYS <input type="text"/> 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="text"/> 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="text"/> 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="text"/> 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	YES1 NO2		→235
223	Are immunization services being offered at the facility today?	YES, ALL1 YES, ALL BUT BCG2 NO3 OTHER6 (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"/> 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"/> 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"/> 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				

Section 2c. Child Health Services-sick children

235	CHECK 221a (1): ARE SICK CHILD CONSULTATIONS OFFERED AT FACILITY? CIRCLE APPROPRIATE RESPONSE.						
	SICK CHILD CONSULTATIONS	YES ✓ ↓	NO ✓ →				→ 300
NO.	QUESTIONS		CODE CLASSIFICATION				GO TO
235a	Does this facility following IMCI guidelines? (Ask if the medical staff is trained on IMCI guidelines and is following them).		YES..... 1 NO 2				
236	Does this facility have a system where certain measurements and activities are routinely carried out for sick children prior to the consultation for the illness?		YES..... 1 NO 2 DON'T KNOW 8				→ 238 → 238
237	IF YES, ASK TO SEE WHERE SICK CHILDREN 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 SEEN	3 NOT DONE ROUTINELY	8 DON'T KNOW		
	1) Take weight	1	2	3	8		
	2) Plot weight on graph	1	2	3	8		
	3) Take temperature	1	2	3	8		
	4) Assess immunization status	1	2	3	8		
	5) Group health education	1	2	3	8		
	6) Other (SPECIFY) _____	1	2	3	8		
ASK TO SEE WHERE CONSULTATION SERVICES FOR SICK CHILDREN ARE PROVIDED							
INDICATE IF THE FOLLOWING ITEMS ARE AVAILABLE IN THE ROOM WHERE THE SERVICE IS BEING PROVIDED OR IN AN IMMEDIATELY ADJACENT ROOM.							
238	ITEMS REQUIRED FOR CONSULTATION AREA FOR SICK CHILDREN	1 OBSERVED	2 REPORTED AVAILABLE	3 NOT AVAILABLE	8 NOT DETERMINED		
	1) Waste receptacle with lid and plastic liner	1	2	3	8		
	2) Hand-washing items (soap)?	1	2	3	8		
	3) Water for hand-washing?	1	2	3 → 240	8 → 240		
239	How is water made available for use in the area where consultations for sick children are being conducted today?	PIPED 1 BUCKET W/ TAP 2 BUCKET/BASIN 3					

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				(b) FUNCTIONS		
		1 OBSERVED	2 REPORTED AVAILABLE	3 NOT AVAILABLE	8 NOT DETER- MINED	1 YES	2 NO	8 NOT DETERM INED
241	PROTOCOLS/TEACHING MATERIALS							
	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 NO INJECTION ROOM2 NOT PREVIOUSLY SEEN3	→245 →245
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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/ TAP2 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 SEEN2 NO3 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 KEPT3								
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 DAYS3								
248	How many sick children (below 5 years of age) received consultation services during the previous twelve (12) completed months?	NUMBER OF CHILDREN <table><tr><td></td><td></td><td></td><td></td><td></td></tr></table>								
249	INDICATE NUMBER OF MONTHS OF DATA REPRESENTED.	DON'T KNOW 99998								
250	Are individual child health cards /records maintained? IF YES, ASK TO SEE A BLANK CARD/RECORD	MONTHS OF DATA..... <table><tr><td></td><td></td></tr></table>								
251	Does this facility routinely charge for consultation services for the sick child? IF YES, CIRCLE ALL ROUTINE CHARGING PRACTICES THAT ARE USED	YES, OBSERVED CARD1 YES, CARD NOT SEEN.....2 NO INDIVIDUAL CARDS3								
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, FIXED FEE FOR HEALTH CARDA YES, FIXED FEE EACH CONSULTB YES, CHARGE FOR MEDICATIONS/TESTS C OTHERX (SPECIFY) NOY DON'T KNOWZ								

Section 3. Family Planning Services

NO.	QUESTIONS	CODE CLASSIFICATION	GO TO																																																								
300	Does this facility ever provide sterilization procedures for women?	YES 1 NO 2																																																									
301	Does this facility offer any other family planning services? This includes clinical methods or counseling on natural family planning.	YES 1 NO 2	→400																																																								
301a	Is this facility currently a Gold Star facility?	YES 1 NO 2																																																									
<p>FIND THE MANAGER OR MOST SENIOR HEALTH WORKER INVOLVED IN THE DELIVERY OF FAMILY PLANNING SERVICES. IF DIFFERENT FROM INDIVIDUAL RESPONDING TO EARLIER SECTIONS, INTRODUCE YOURSELF AS FOLLOWS. IF THE PERSON IS THE SAME, CONTINUE WITH 302.</p> <p>READ TO FAMILY PLANNING SERVICES INFORMANT (IF DIFFERENT FROM INFORMANT FOR PREVIOUS SECTIONS):</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. 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> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;"> <p>_____ INTERVIEWER'S SIGNATURE (Indicates respondent's willingness to participate)</p> </div> <div style="text-align: center;"> <p>_____ DATE</p> </div> </div>																																																											
302	May I begin the interview?	YES 1 NO 2	→400																																																								
303	For each of the methods I will name, tell me if the method of contraceptive is routinely provided at this facility.	<table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th></th><th>1 YES</th><th>2 NO</th><th>8 DON'T KNOW</th></tr> </thead> <tbody> <tr><td>1) Combined oral pill</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>2) Progesterone only pill</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>3) Depoprovera (3 monthly)</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>3a) Noristerat (2 monthly)</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>4) Mesigyna (monthly)</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>5) NORPLANT</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>6) Implanon</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>7) Male condom</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>8) IUD</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>9) Emergency contraceptive pill</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>10) Spermicides (tablet or foam)</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>11) Diaphragm</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>12) Counseling on natural family planning</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		1 YES	2 NO	8 DON'T KNOW	1) Combined oral pill	1	2	8	2) Progesterone only pill	1	2	8	3) Depoprovera (3 monthly)	1	2	8	3a) Noristerat (2 monthly)	1	2	8	4) Mesigyna (monthly)	1	2	8	5) NORPLANT	1	2	8	6) Implanon	1	2	8	7) Male condom	1	2	8	8) IUD	1	2	8	9) Emergency contraceptive pill	1	2	8	10) Spermicides (tablet or foam)	1	2	8	11) Diaphragm	1	2	8	12) Counseling on natural family planning	1	2	8	
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<p>ASK TO GO FIRST TO WHERE THE SUPPLIES AND THE RECORDS FOR THE SUPPLIES ARE KEPT AND ASK TO SPEAK WITH THE PERSON RESPONSIBLE FOR THE CONTRACEPTIVE SUPPLIES.</p>																																																											
304	Do you have a system that allows you to check the amount of each contraceptive method that is available daily? IF YES, ASK TO SEE THE RECORDS AND INDICATE THE METHOD FOR WHICH YOU OBSERVED RECORDS.	<p>INVENTORY NOT UPDATED DAILY BUT REGISTER OF DISTRIBUTED METHODS KEPT DAILY 1</p> <p>INVENTORY UPDATED DAILY 2</p> <p>NO INVENTORY RECORDS SEEN 3</p>																																																									

NO.	QUESTIONS	CODE CLASSIFICATION	GO TO	
CONTRACEPTIVES: 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:				
305	Contraceptive Methods	(a) AVAILABILITY OF METHODS 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	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 contraceptive methods ?	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 contraceptive methods , which best describes the system you use to determine how much of each to order: 1) Do you review the amount of each contraceptive method 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 _____ (SPECIFY) ... 6 DON'T KNOW 8	→ 315a → 315a → 315a → 316
314c	When deciding how much of each contraceptive method to order, based on prior utilization and planned activities, do you have a mathematical formal 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 contraceptive methods ? 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 _____ (SPECIFY) ... 6	

NO.	QUESTIONS	CODE CLASSIFICATION	GO TO
315b	If there is a shortage of specific contraceptive method 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	During the past 3 months , 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
	2) Take blood pressure	1	2
	3) Group health education	1	2
	6) Other (SPECIFY) _____	1	2
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	VISUAL AIDS FOR TEACHING				
	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	INFORMATION BOOKLET/PAMPHLET FOR CLIENT TO TAKE HOME				
	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	SERVICE DELIVERY PROTOCOLS				
	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/ TAP2 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				YES1 NO2 →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 OFFERED2		→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 DISINFECTANT2 BRUSH SCRUBBED WITH SOAP AND WATER.....3 SOAKED IN DISINFECTANT ONLY, NOT SCRUBBED4 OTHER6 NONE7 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 DELIVERY [Q469-472]..... 2 STI [Q517-520]..... 3 NOT PREVIOUSLY SEEN 4 PROCESS OUTSIDE FACILITY.....5					→344 →344 →344 →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 OTHER X NONE Y					→344 →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	USED 1 NOT USED 2 → 344
02	Temperature (centigrade)	Temperature				Temperature
	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
		UNITS OF PRESSURE DK UNITS OF PRESSURE...8 POUNDS/SQ.IN 1 ATM PRESSURE 2 KILOPASCAL 3 MILLIMETER HG 4				UNITS OF PRESSURE DK UNITS OF PRESSURE...8 POUNDS/SQ.IN 1 ATM PRESSURE 2 KILOPASCAL 3 MILLIMETER HG 4
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	DON'T KNOW 998	DON'T KNOW 998	DON'T KNOW 998	AUTOMATIC 666 DON'T KNOW 998
05	Minutes when equipment is wrapped	Minutes wrapped				Minutes Wrapped
		AUTOMATIC 666 DON'T KNOW 998				AUTOMATIC 666 DON'T KNOW 998
06	Chemical solution (DISINFECTANT)					
				CHLOR 1 BETADINE 2 ALCOHOL 3 SAVON 4 OTHER 6 DON'T KNOW 8	CIDEX/GLUTARAL- DEHYDE/SEPTAID 1 CHLOR 2 BETADINE 3 ALCOHOL 4 SAVON 5 OTHER 6 DON'T KNOW 8	
07	Percent solution (Concentration before diluted)			Percent DK=98	Percent DK=98	
				Mixture parts a) Disinfectant	Mixture parts a) Disinfectant	
08	Mixture, parts disinfectant and water			b) Water DK=998	b) Water DK=998	

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 DELIVERY [474-476] 2 STI [522-524] 3 NOT PREVIOUSLY SEEN..... 4			→348 →348 →348					
345	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 _____ (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 <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>								
353	INDICATE NUMBER OF MONTHS OF DATA REPRESENTED.	DON'T KNOW 99998 MONTHS OF DATA..... <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>					→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								

Section 4 Maternal Health Services

SECTION 4a: MATERNITY CARE

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
400	Does this facility offer antenatal and/or postpartum services? Indicate the services provided from this facility.	YES, ANTENATALA YES, POSTPARTUMB NO, NEITHER SERVICEY	→435
	<p>FIND THE MANAGER OR MOST SENIOR HEALTH WORKER INVOLVED IN THE DELIVERY OF ANTENATAL CARE. IF DIFFERENT FROM INDIVIDUAL RESPONDING TO EARLIER SECTIONS, INTRODUCE YOURSELF AS FOLLOWS. IF THE PERSON IS THE SAME, CONTINUE WITH 403.</p> <p>READ TO ANTENATAL HEALTH SERVICES INFORMANT (IF DIFFERENT FROM INFORMANT FOR PREVIOUS SECTIONS):</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. 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> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 50%; text-align: center;"> <p>_____ INTERVIEWER'S SIGNATURE (Indicates respondent's willingness to participate)</p> </div> <div style="width: 40%; text-align: center;"> <p>_____ DATE</p> </div> </div>		
401	May I begin the interview?	YES1 NO2	→500
402	How many days in a week are antenatal care services provided at the facility?	# DAYS <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>	
403	Are antenatal care services being provided at the facility today?	YES.....1 NO2	
404	Does this facility have a system where measurements or activities are routinely carried out for ANC clients prior to the consultation?	YES.....1 NO.....2 DON'T KNOW8	→406 →406
405	IF YES, ASK TO SEE WHERE ANTENATAL CLIENTS ARE SEEN PRIOR TO THE CONSULTATION AND INDICATE WHICH OF THE FOLLOWING ACTIVITIES ARE ROUTINELY CARRIED OUT THERE.		
	PART OF ROUTINE SERVICES	OBSERVED REPORTED DONE, NOT OBSERVED NOT DONE ROUTINELY DON'T KNOW	
	1) Take weight	1 2 3 8	
	2) Take height	1 2 3 8	
	3) Take Blood Pressure	1 2 3 8	
	4) Group health education	1 2 3 8	
	6) Other (SPECIFY) _____	1 2 3 8	
	Now I would like to know about different services and tests that are routine parts of ANC in this facility. For each item I ask about please tell me if this is a routine part of ANC or not routine.		
406	LABORATORY OR OTHER TESTS	YES NO DON'T KNOW	
	1) Test blood for anemia?	1 2 8	
	2) Test blood group?	1 2 8	
	2a) Test blood RH factor?	1 2 8	
	3) Test urine for sugar	1 2 8	
	4) Test urine for protein?	1 2 8	

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 OFFERED0			
						DON'T KNOW8			
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 DELIVERY [451-453]2 STI [510-512]3 NOT PREVIOUSLY SEEN.....4				→413 →413 →413		
410	DESCRIBE THE SETTING FOR THE EXAMINATION ROOM		PRIVATE ROOM..... 1 ROOM WITH OTHER PEOPLE W/ SEPARATING BARRIER2 ROOM WITH OTHER PEOPLE AND NO VISUAL BARRIER3						
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/ TAP2 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 NO2 DON'T KNOW.....8				
415	Is ultrasound routinely conducted for each ANC client?	YES.....1 NO2 DON'T KNOW.....8				
416	PROTOCOLS/TEACHING MATERIALS	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 ST 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"/> <input type="text"/> VISITS DON'T KNOW 99998				→423
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"/> <input type="text"/> DON'T KNOW 99998				→427
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 most common 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	<table border="1"> <thead> <tr> <th colspan="4">AVAILABILITY</th> </tr> <tr> <th>24 Hours</th> <th>Normal facility hours (<24 Hours)</th> <th>No set times</th> <th>Not used</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>2</td> <td>3</td> <td>8</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>8</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>8</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>8</td> </tr> </tbody> </table>	AVAILABILITY				24 Hours	Normal facility hours (<24 Hours)	No set times	Not used	1	2	3	8	1	2	3	8	1	2	3	8	1	2	3	8	
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1	2	3	8																								
1	2	3	8																								
1	2	3	8																								
1	2	3	8																								
	1) Emergency vehicle onsite at facility																										
	2) Multi-use vehicle available at facility. May be used for emergencies																										
	3) Call other facility to send emergency vehicle																										
	4) Rental/hire vehicle arrangement when needed (with facility financial support)																										
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 most common means by which women are transported from this facility to the nearest referral facility to receive help during an obstetric emergency?	PEOPLE CARRYA ANIMAL DRAWN VEHICLEB MOTOR VEHICLE.....C COMBINATION OF ABOVED OTHER.....X DON'T KNOWZ																									
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: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table> DON'T KNOW 998																									

SECTION 4b: DELIVERY AND NEWBORN CARE

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
441	Does this facility offer normal delivery services?	YES 1 NO 2 DELIVERY ROOM BUT NO STAFF 3 ONLY HOME DELIVERIES 4	→ 493 → 446 → 478
	<p>FIND THE MANAGER OR MOST SENIOR HEALTH WORKER INVOLVED IN DELIVERY SERVICES. IF DIFFERENT FROM INDIVIDUAL RESPONDING TO THE EARLIER SECTIONS, INTRODUCE YOURSELF AS FOLLOWS. IF THE PERSON IS THE SAME, CONTINUE WITH 432.</p> <p>READ TO DELIVERY SERVICES INFORMANT (IF DIFFERENT FROM INFORMANT FOR PREVIOUS SECTIONS):</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. 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>		
442	May I begin the interview?	YES 1 NO 2	→ 461
443	Is there a qualified delivery service provider present (assigned) at the facility at all times (24 hours/day) for delivery services? IF YES, ASK TO SEE DUTY SCHEDULE.	YES, SCHEDULE SEEN 1 YES, SCHEDULE NOT SEEN 2 NO, 3	→ 446 → 446
444	Is there a qualified delivery service provider available away from the facility, but officially on call at all times after hours for delivery services? IF YES, ASK TO SEE ON CALL DUTY SCHEDULE.	YES, SCHEDULE SEEN 1 YES, SCHEDULE NOT SEEN 2 NO 3	
445	During the night-time, what level of provider most commonly is on duty to conduct deliveries? IF DIFFERENT LEVELS ARE COMMONLY AVAILABLE, CIRCLE ALL RELEVANT LEVELS.	DOCTOR A NURSE TRAINED IN MIDWIFERY B GRADUATE NURSE C OTHER X (SPECIFY) DON'T KNOW Z	
	ASK TO SEE THE ROOM WHERE NORMAL DELIVERIES ARE CONDUCTED. FOR THE FOLLOWING ITEMS, CHECK TO SEE IF THE ITEM IS IN THE ROOM WHERE THE DELIVERY IS CONDUCTED OR IN AN IMMEDIATELY ADJACENT ROOM.		
446	Is the delivery room floor tiled (Either porcelain or plastic)?	YES 1 NO 2 DON'T KNOW 8	→ 449
447	Are the screens/ net on windows in good condition to prevent flies/mosquitoes from entering	YES EFFECTIVE NETTING 1 NOT EFFECTIVE NETTING 2 NO WINDOW 3	
448	Is the delivery room free of observable dust, dirt, spider webs?	YES 1 NO 2 DON'T KNOW 8	
449	Is there a pre-delivery (labour) room that is separate from the delivery room or postpartum recovery room?	YES 1 NO 2 DON'T KNOW 8	

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 ANTENATAL [410-412] 2 STI [510-512] 3 NOT PREVIOUSLY SEEN 4				→454 →454 →454		
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			
MEDICATIONS	Observed	Reported	NA	ND			
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 AVAILABL E	8 NOT DETER- MINED	1 YES	2 NO	8 NOT DETER- MINED
	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	PROTOCOLS/EDUCATIONAL MATERIALS							
	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% ALCOHOLA BETADINE.....B ANTIBIOTIC OINTMENT.....C DRY DRESSING ONLYD OTHERX (SPECIFY) DON'T KNOWZ						
461	Does the facility participate in regular reviews of maternal or newborn deaths or "near miss deaths"?	YES, FOR MOTHERS.....1 YES, FOR NEWBORNS2 YES, FOR BOTH.....3 NO DO NOT PARTICIPATE4						
462	Does this facility handle assisted deliveries, that is using forceps or ventouse (vacuum extractor)?	YES1 NO2			→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?	YES1 NO2				→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	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 DISINFECTANT2 BRUSH SCRUBBED WITH SOAP AND WATER3 SOAKED IN DISINFECTANT ONLY, NOT SCRUBBED4 OTHER6 NONE7 DON'T KNOW 8	
467	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 FAMILY PLANNING [Q340-343] 2 STI [Q517-520] 3 NOT PREVIOUSLY SEEN 4 PROCESS OUTSIDE FACILITY5	→473 →473 →473 →473
468	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.	DRY HEAT STERILIZATION..... A AUTOCLAVE B STEAM STERILIZATION C BOILING D CHEMICAL E PROCESS OUTSIDE FACILITY....F OTHER X NONE Y	→473 →473

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			

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 Ib [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 IN THE ROOM 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						

Section 5. Specific Infections diseases Services				
NO.	QUESTIONS	CODING CLASSIFICATION		GO TO
500	Does this facility offer any services related to diagnosis, treatment or supportive services for RTIs, STIs, or HIV/AIDS or Tuberculosis?	YES1 NO2		→600
501	<p>FIND THE MANAGER OR MOST SENIOR HEALTH WORKER INVOLVED IN THE DELIVERY OF STI/HIV/AIDS SERVICES. IF DIFFERENT FROM INDIVIDUAL(S) RESPONDING TO THE PREVIOUS SECTIONS INTRODUCE YOURSELF AS FOLLOWS. IF THE PERSON IS THE SAME, CONTINUE WITH 502.</p> <p>READ TO INFORMANT (IF DIFFERENT FROM INFORMANT FOR EARLIER SECTIONS):</p> <p>Hello. I am representing the Ministry of Health. We are carrying out a survey of health facilities that provide services for sexually transmitted infections, 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. 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>			
501	May I begin the interview?	YES1 NO2		→600
502	First I want to ask specifically about services for reproductive tract infections (RTIs) or sexually transmitted infections (STIs). Does this facility offer services for these types of cases?	YES1 NO2		→537
503	Are services being offered at the facility today for reproductive tract infections?	YES1 NO2		
504	Are these services offered in a special clinic or through general outpatient services?	SPECIAL CLINIC1 GENERAL OUTPATIENT2		
505	How many days per week are services for clients with symptoms of reproductive tract infection available in either the special or general clinic?	# DAYS <input type="text"/>		
506	ASK TO SEE WHERE COUNSELING FOR CLIENTS WITH RTIs or SUSPECTED STI'S IS PROVIDED AND INDICATE THE SETTING.	PRIVATE ROOM1 ROOM WITH OTHER PEOPLE W/ SEPARATING BARRIER2 ROOM WITH OTHER PEOPLE AND NO VISUAL BARRIER3		
507	Are any of the following available, in the counseling or the examination room?	1 Observed	2 Reported Available	3 Not Available
	Visual Aids for Teaching			4 Not Determined
	1) About STIs	1	2	3
	2) About HIV/AIDS	1	2	3
	3) About Hepatitis	1	2	3
	4) Model for demonstrating use of condom	1	2	3
	Information Booklet/Pamphlet for Client to take home:			
	5) On STIs	1	2	3
	6) On HIV/AIDS	1	2	3
	7) On hepatitis	1	2	3
	8) Are there Condoms present in the room?	1	2	3

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						
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						
513	OTHER EQUIPMENT	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	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 DISINFECTANT2 BRUSH SCRUBBED WITH SOAP AND WATER.....3 SOAKED IN DISINFECTANT ONLY, NOT SCRUBBED4 OTHER6 NONE7 DON'T KNOW..... 8	
515	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 FAMILY PLANNING [Q340-343] 2 DELIVERY [Q469-472] 3 NOT PREVIOUSLY SEEN 4 PROCESS OUTSIDE FACILITY.....5	→521 →521 →521 →521
516	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.	DRY HEAT STERILIZATION..... A AUTOCLAVE B STEAM STERILIZATION C BOILING D CHEMICAL E PROCESS OUTSIDE FACILITY...F OTHER X NONE Y	→521 →521

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			

520	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	USED 1 NOT USED 2→e	USED 1 NOT USED 2→f Temperature	USED 1 NOT USED 2→521 Temperature
02		AUTOMATIC 666 DON'T KNOW 998				AUTOMATIC 666 DON'T KNOW 998
03	Pressure	AUTOMATIC 666 DK PRESSURE 998				AUTOMATIC 666 DK PRESSURE 998
04	Minutes-when equipment is not wrapped in cloth	Minutes	Minutes	Minutes	Minutes	Minutes
05	Minutes when equipment is wrapped	AUTOMATIC 666 DON'T KNOW 998 Minutes wrapped	AUTOMATIC 666 DON'T KNOW 998 Minutes wrapped	DON'T KNOW 998	DON'T KNOW 998	AUTOMATIC 666 DON'T KNOW 998 Minutes Wrapped
06	Chemical solution (DISINFECTANT)					
07	Percent solution (Concentration before diluted)					
08	Mixture, parts disinfectant and water					

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 SEEN4				→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/CLINICALA 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 AVAILABLE	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 ACTIVE1 YES, ONLY PASSIVE2 NO3				→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 SEEN1 YES, REGISTER SEEN2 YES, FORM/REGISTER NOT SEEN3 NO FORM/REGISTER4				
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 SEEN1 YES, REGISTER NOT SEEN2 NO REGISTER KEPT3				→532 →532
530	Does the register indicate a specific type of RTI/STI diagnosed?	YES1 NO2				
531	How recent is the date of the most recent entry?	WITHIN THE PAST 7 DAYS1 >7 BUT WITHIN 30 DAYS2 > 30 DAYS3				
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				

NO.	QUESTIONS	CODING CLASSIFICATION				GO TO
535	Does this facility routinely charge for RTI/STI consultation services? IF YES, CIRCLE ALL ROUTINE CHARGING PRACTICES THAT ARE USED	YES, FIXED FEE FOR HEALTH CARDA YES, FIXED FEE EACH CONSULTB YES, CHARGE FOR MEDICATIONS/TESTS.....C OTHERX (SPECIFY) NOY DON'T KNOWZ				→537 →537
536	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				
537	Does this facility provide treatment for any Tuberculosis patients? If Yes, Does the facility follow DOTS protocol?	YES, DOTS TREATMENT 1 YES, NOT DOTS 2 NO 3				→538 →538
537a	Does this facility store any TB-DOTS drugs (pre-packed by the pharmacy or outside the pharmacy)? If YES, may I see them?	YES, OBSERVED.....1 YES,NOT SEEN.....2 NOT AVAILABLE.....3 DON'T KNOW.....8				
538	Does this facility have the capacity to run the following tests? IF NOT: Do you collect the specimen and send it elsewhere for the test or does the client have to go somewhere else for the test?(check section6 for equipment and supplies required for any test conducted in the facility)	1 CONDUCT TEST	2 COLLECT SPEC-MEN	3 SEND CLIENT ELSE-WHERE	4 TEST NOT UTILIZED	
	1) Syphilis?	1	2	3	4	
	2) Gonorrhea?	1	2	3	4	
	3) Sputum test for Tuberculosis	1	2	3	4	
	4) HIV/AIDS?	1	2	3	4	
	5) CD4 Count? (HIV)	1	2	3	4	
	6) HIV Viral Load?	1	2	3	4	
	7) Bedside Test for STI's?	1	2	3	4	

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 LAB5	→607 →700 →700																		
601	ITEMS FOR LABORATORY EXAMINATION	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p style="text-align: center;">(a) AVAILABILITY</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">OBSERVED PRESENT</th> <th style="width: 15%;">REPORTED AVAILABLE</th> <th style="width: 15%;">NOT AVAILABLE</th> <th style="width: 15%;">NOT DETERMINED</th> </tr> </thead> <tbody> <tr> <td>1→b</td> <td>2→b</td> <td>3</td> <td>8</td> </tr> <tr> <td></td> <td></td> <td>next line.↓</td> <td>next line.↓</td> </tr> </tbody> </table> </div> <div style="width: 45%;"> <p style="text-align: center;">(b) FUNCTIONING</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">YES</th> <th style="width: 15%;">NO</th> <th style="width: 15%;">ND</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table> </div> </div>	OBSERVED PRESENT	REPORTED AVAILABLE	NOT AVAILABLE	NOT DETERMINED	1→b	2→b	3	8			next line.↓	next line.↓	YES	NO	ND	1	2	8	
OBSERVED PRESENT	REPORTED AVAILABLE	NOT AVAILABLE	NOT DETERMINED																		
1→b	2→b	3	8																		
		next line.↓	next line.↓																		
YES	NO	ND																			
1	2	8																			
01	Microscope	1→b 2→b 3 next line.↓ 8 next line.↓	1 2 8																		
02	Centrifuge	1→b 2→b 3 next line.↓ 8 next line.↓	1 2 8																		
03	Refrigerator	1→b 2→b 3 next line.↓ 8 next line.↓	1 2 8																		
04	Glass slides and covers	1 2 3 8																			
602	HIV/AIDS TESTS	2 3 603.↓																			
01	Rapid test	1 2 3 8																			
02	ELISA + scanner/reader	1→b 2→b 3 next line.↓ 8 next line.↓	1 2 8																		
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	SYPHILIS TESTS	2 3 604a.↓																			
01	VDRL (syphilis)	1 2 3 8																			
02	RPR (syphilis)	1 2 3 8																			
03	Rotator/ Shaker	1 2 3 next line.↓ 8 next line.↓																			
604	GONORRHEA TESTS	2 3 604b.↓																			
a																					
01	Chocolate agar (culture medium)	1 2 3 8																			
02	Incubator	1→b 2→b 3 next line.↓ 8 next line.↓	1 2 8																		
604	GRAM STAIN	2 3 605.↓																			
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	CHLAMYDIA TESTS	2 3 606.↓																			
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	TUBERCULOSIS TEST		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	URINE TESTS		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	TEST FOR ANEMIA		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	Blood Grouping Materials		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 DAILY1 INVENTORY UPDATED DAILY2 NO INVENTORY RECORDS SEEN.....3 NO PHARMACY IN THE FACILITY...4 NO ACCESS TO PHARMACY6	→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 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 3=DON'T KNOW
	Oral			
1	<i>Amoxicillin oral</i> ^{1,2}	1→b 2↓ 3↓ 8↓	1 2 8	1 2 8
2	<i>Aspirin oral</i> ^{1,2,3}	1 2 3 8		
3	<i>Ciprofloxacin PO</i> ³	1→b 2↓ 3↓ 8↓	1 2 8	1 2 8
4	<i>Cotrimoxazole oral</i> ^{1,2}	1→b 2↓ 3↓ 8↓	1 2 8	1 2 8
5	<i>Doxycycline PO</i> ^{2,3}	1→b 2↓ 3↓ 8↓	1 2 8	1 2 8
6	<i>Ergometrine/methergine</i> ²	1↓ 2↓ 3↓ 8		
7	<i>Erythromycin oral</i> ^{2,3}	1 2 3 8		
8	<i>Ethambutol PO</i> ⁴	1 2 3 8		
9	<i>Folic acid</i> ²	1 2 3 8		
10	<i>Iron</i> ^{1,2}	1 2 3 8		
11	<i>Iron with Folic Acid</i> ²	1 2 3 8		
12	<i>Isoniazid</i> ^{4,1} inhbx	1 2 3 8		
13	<i>Mebendazole oral</i> ^{1,2}	1 2 3 8		
14	<i>Methyldopa</i> ²	1 2 3 8		
15	<i>Metronidazole</i> ^{2,3} (FLAGYL)	1 2 3 8		
16	<i>Multivitamins</i> ¹	1 2 3 8		
17	<i>Naladixic acid oral</i> ^{1,2}	1→b 2↓ 3↓ 8↓	1 2 8	1 2 8
18	<i>Paracetamol oral</i> ¹	1 2 3 8		
19	<i>Penicillin oral</i> ^{1,2}	1→b 2↓ 3↓ 8↓	1 2 8	1 2 8
20	<i>Pyrazinamide PO</i> ⁴	1 2↓ 3 8		
21	<i>Rifampicin</i> ⁴	1 2↓ 3 8		
22	<i>Remactazid/Riozid</i>	1 2 3 8		
23	<i>Tetracycline oral</i> ^{2,3}	1→b 2↓ 3↓ 8↓	1 2 8	1 2 8

24	Vitamin A high dose (200,000 iu) ^{1,2}	1	2	3	8		
25	Vitamin A low dose ^{1,2} (25,000 or 50,000iu)	1	2	3	8		
26	Oral rehydration salts ¹	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	
	OTHER MEDICINE						
27	Nystatin Vaginal Tablet ³	1	2	3	8		
28	Antibiotic eye Ointment ¹ , [NOT CHLORAMPHENICOL]	1	2	3	8		
	INJECTIONS						
29	Ampicillin. ²	1→b	2↓	3↓	8↓	1 2 8	1 2 8
30	Benzathine benzyl pen ^{1,3}	1→b	2↓	3↓	8↓	1 2 8	1 2 8
31	Benzyl Penicillin (Procaine) ^{1,2}	1→b	2↓	3↓	8↓	1 2 8	1 2 8
32	Ceftriaxone ³	1	2	3	8		
33	Diazepam ²	1	2	3	8		
34	Ergometrine/oxytocin ²	1	2	3	8		
35	Gentamycin ^{1,2}	1→b	2↓	3↓	8↓	1 2 8	1 2 8
36	Magnesium sulfate ²	1	2	3	8		
37	Streptomycin ⁴	1	2	3	8		
38	Xylocaine or lidocaine 1% ^{2,5}	1	2	3	8		
39	Chloramphenicol ¹	1	2	3	8	1 2 8	1 2 8
	INTRAVENOUS						
40	Normal Saline ²	1	2	3	8		
41	Dextrose and water ^{1,2}	1	2	3	8		
42	Ringers Lactate ^{1,2}	1	2	3	8	1 2 8	1 2 8
43	D5NS ²	1	2	3	8	1 2 8	1 2 8
	TB DOTS drugs						
44	TB-DOTS drugs ⁴ (pre-packed by the pharmacy)	1→b	2↓	3↓	8↓	1 2 8	1 2 8
45	TB-DOTS drugs ⁴ (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 medications ?	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 medicines , which best describes the system you use to determine how much of each to order: 1) Do you review the amount of each medicine 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 medicine 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 medicines?</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 medicines 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 PURCHASEB</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