



MOMENTUM MODULAR HEALTH FACILITY ASSESSMENT

Note: Interview start time, end time, start date, end date, duration, and interviewer SIM card number will all automatically be captured by the software.

INTRODUCTION:

Note: Modules will populate in the survey based on the selections below.

NO.	QUESTION	RESPONSE OPTIONS	NOTES/SKIP LOGIC
	<p>INTERVIEWER: PLEASE INDICATE WHICH MODULES YOU INTEND TO ADMINISTER AT THIS FACILITY [SELECT ALL THAT APPLY].</p> <p>(select_multiple)</p>	<ul style="list-style-type: none"> Module 1: Visit Record, Introduction, and Consent [Required] Module 2: Health Facility Background [Required] Module 3: Service Availability Module 4: Service Readiness Module 5: Quality and Safety of Patient Care Module 6: Experience of Care Module 7: Availability of Register Module 8: Community Services and Mobilization Module 9: Health Facility Oversight, Quality Improvement, and Use of Data 	<p>Note: Modules will populate in questionnaire based on selections.</p>

MODULE 1: VISIT RECORD, INTRODUCTION, AND CONSENT

NO.	QUESTION	RESPONSE OPTIONS	NOTES/SKIP LOGIC
1.1	<p>Province</p> <p>(select_one)</p> <p>[COUNTRIES TO ADAPT]</p>	<ol style="list-style-type: none"> Province A Province B Province C Province Z 	<p>Note: Provinces could be pre-programmed into the survey tool.</p>

I.2	District (select_one) [COUNTRIES TO ADAPT]	1. District A 2. District B 3. District C 4. District Z	Note: Districts could be pre-programmed into the survey tool.
I.3	Facility Number (integer)	-----	
I.4	Facility Name (select_one) [COUNTRIES TO ADAPT]	1. Facility A 2. Facility B 3. Facility C 4. Facility Z	Note: Facilities could be pre-programmed into the survey tool.
I.5	Interviewer Name (text)	_____	Note: Interview names could be pre-programmed, if known, to avoid text entry.
I.6	Supervisor Name (text)	_____	Note: Supervisor names could be pre-programmed, if known, to avoid text entry.
I.7	Visit Date (date)	- / - / ----	Note: Date will be collected for each module in the event that a visit takes more than one day.
I.8	<p>Note: ADMINISTER CONSENT TO THE RESPONDENT.</p> Does the respondent consent to participating in the survey? (select_one)	1. Yes 0. No	If “No,” skip to the end. The respondent does not consent to participation.
I.9	a. Respondent Name (text)	_____	Note: You will have the opportunity to add respondent name and details before each section in the event that the respondent has changed.
	b. Respondent Title (text)	_____	
	c. Respondent Phone Number (integer)	-----	
	d. Respondent Signature (signature)	_____	Note: Software allows for a signature to be collected by signing on the screen.

MODULE 2: HEALTH FACILITY BACKGROUND

Part 1: General Background Information

NO.	QUESTION	RESPONSE OPTIONS	NOTES/SKIP LOGIC
2.1.1	GPS Coordinates (*optional) (geopoint)	____,____/____,____	Note: GPS coordinates will be programmed, but can be removed if not required during survey.
2.1.2	Record Facility Location: Urban, Rural or Peri-urban (select_one)	1. Urban 2. Rural 3. Peri-urban	
2.1.3	Facility Level (select_one) [COUNTRIES TO ADAPT]	1. National Referral Hospital 2. Regional (Provincial) Referral Hospital 3. District Hospital 4. Other General Hospital 5. Specialty Hospital 6. Comprehensive Health Center/Poly-clinic 7. Health Center 8. Clinic/Dispensary 9. Health Post 10. Maternal/Child Health Clinic 96. Other	If "Other," continue to 2.1.3a. Otherwise, skip to 2.1.4.
2.1.3a	Specify "Other" level of facility. (text)	_____	
2.1.4	Managing Authority (select_one) [COUNTRIES TO ADAPT]	1. Government/Public 2. NGO/Not for Profit 3. Private—For Profit b4. Mission/Faith-Based 96. Other	If "Other," continue to 2.1.4a. Otherwise, skip to 2.1.5.
2.1.4a	Specify "Other" managing authority (text)	_____	

2.1.5	What is the estimated catchment area population for this facility? (integer)	-----	
2.1.6	Service levels available: (select_one)	1. Outpatient only 2. Inpatient only 3. Both inpatient and outpatient	

Part 2: Service Statistics

INTERVIEWER: NOTIFY THE RESPONDENT THAT THIS SUBSECTION REQUIRES THAT FACILITY LEVEL STATISTICS ARE GATHERED. THE INTERVIEW SHOULD BE CONDUCTED WHERE RELEVANT INFORMATION IS READILY AVAILABLE. THESE QUESTIONS ARE ALSO INCLUDED IN THE SERVICE AVAILABILITY SECTION OF THE SURVEY. IF IT IS MORE CONVENIENT TO COLLECT THEM AT ONE TIME, SELECT “ENTER NOW FOR ALL” TO QUESTION 2.2.0. IF YOU WOULD PREFER TO ENTER THE DATA DURING THE SERVICE-SPECIFIC SECTIONS, SELECT “ENTER NOW FOR OUTPATIENT ONLY”. YOU WILL STILL BE PROMPTED TO ENTER OUTPATIENT DATA, BUT THE OTHER ITEMS WILL BE COLLECTED LATER IN THE ASSESSMENT.

No.	Question	Response Options	Notes/Skip Logic
2.2.0	This section collects information regarding patient case load across various service types in the facility. Would you like to enter this data for all types of visits now or later, in the service availability sections of the questionnaire? (select_one)	1. Enter now for all 2. Enter now for outpatient only and for others in service availability sections	
<p>INTERVIEWER: Now, I would like to ask about service statistics in the last completed calendar month in this facility. The last completed calendar month refers to [MONTH].</p> <p>Note: If interview date is 15th of the month or later, the completed calendar month is the previous month (i.e. if the interview is on May 15—May 31, April is the last completed calendar month). If the interview date is earlier than the 15th of the month, the last completed calendar month is the month before the previous month (i.e. if the interview is on May 1—May 14, the last completed calendar month is March).</p>			
2.2.1	How many outpatient client visits were made to this facility in the last completed calendar month for both adults and children? ENTER 9997 IF NOT APPLICABLE/SERVICES ARE NOT OFFERED. (integer)	_____	If 2.2.0=1, continue to 2.2.2. Otherwise skip to next section.

<p>2.2.2</p>	<p>How many sick-child care visits among children under 5 were made to this facility in the last completed calendar month [MONTH]?</p> <p>ENTER 9997 IF NOT APPLICABLE/SERVICES ARE NOT OFFERED.</p> <p>(integer)</p>	<p>_____</p>	
<p>2.2.3</p>	<p>How many family planning client visits were made to this facility in the last completed calendar month [MONTH]?</p> <p>ENTER 9997 IF NOT APPLICABLE/SERVICES ARE NOT OFFERED.</p> <p>(integer)</p>	<p>_____</p>	
<p>2.2.4</p>	<p>How many antenatal care client visits were made to this facility in the last completed calendar month [MONTH]?</p> <p>ENTER 9997 IF NOT APPLICABLE/SERVICES ARE NOT OFFERED.</p> <p>(integer)</p>	<p>_____</p>	<p>If “not applicable”, skip to question 2.2.5. Otherwise, continue to 2.2.4a.</p>
<p>2.2.4a</p>	<p>a. How many of these visits were for the first ANC visit (ANC1)?</p> <p>ENTER 9999 IF INFORMATION NOT AVAILABLE.</p> <p>(integer)</p>	<p>_____</p>	
<p>2.2.4b</p>	<p>b. How many of these visits were the fourth (or more) ANC visit (ANC4+)?</p> <p>ENTER 9999 IF INFORMATION NOT AVAILABLE.</p> <p>(integer)</p>	<p>_____</p>	
<p>2.2.5</p>	<p>How many deliveries took place at this facility in the last completed calendar month [MONTH]?</p> <p>(integer)</p>	<p>_____</p>	

MODULE 3: SERVICE AVAILABILITY

Note: Interviewer will be given the opportunity at the beginning of the module to update the interview date, interviewer name, and respondent name/title and contact information. Interview start time, end time, start date, end date, duration and interviewer SIM card number will all automatically be captured by the software.

NO.	QUESTION	RESPONSE OPTIONS	NOTES/SKIP LOGIC
3.0.1	Respondent Name (text)	_____	
3.0.2	Respondent Title (text)	_____	
3.0.3	Respondent Phone Number (integer)	-----	
3.0.4	Note: ADMINISTER CONSENT TO THE RESPONDENT. Does the respondent consent to participating in the survey? (select_one)	1. Yes 0. No	If “No,” skip to the end. The respondent does not consent to participation.
3.0.5	Respondent Signature (signature)	_____	Note: Software allows for a signature to be collected by signing on the screen.

Part 1: Staffing and Training

[This set of questions will repeat for **each** cadre: generalist (non-specialist) medical doctor, specialist medical doctor, non-physician clinicians/paramedical professionals, nursing professionals, midwifery professionals, pharmacists, laboratory technicians]. Please note that these questions refer to both weekday and weekend staff.

NO.	QUESTION	RESPONSE OPTIONS	NOTES/SKIP LOGIC
3.1.1	Are any generalist (non-specialist) medical doctors employed in the facility? (select_one)	1. Yes 0. No	If “No,” skip questions 3.1.2 through 3.1.47. Then repeat question 3.1.1 for the next cadre.

3.1.2	How many full-time generalist (non-specialist) medical doctors are employed in the facility? (integer)	_____	
3.1.3	How many part-time generalist (non-specialist) medical doctors are employed in the facility? (integer)	_____	
3.1.4	Is at least one generalist (non-specialist) medical doctor on duty and physically present at the facility 24 hours a day? (integer)	1. Yes 0. No	
3.1.5	How many generalist (non-specialist) medical doctors are on morning shift? (integer)	_____	
3.1.6	How many generalist (non-specialist) medical doctors are on afternoon shift? (integer)	_____	
3.1.7	How many generalist (non-specialist) medical doctors are on night shift? (integer)	_____	
3.1.8	How many generalist (non-specialist) medical doctors are trained in ANC? (integer)	_____	
3.1.9	How many generalist (non-specialist) medical doctors are trained in focused antenatal care (FANC)? (integer)	_____	
3.1.10	How many generalist (non-specialist) medical doctors are trained on anemia diagnosis and management in pregnancy? (integer)	_____	
3.1.11	How many generalist (non-specialist) medical doctors are trained on diagnosis and treatment of malaria in pregnancy? (integer)	_____	

3.1.12	How many generalist (non-specialist) medical doctors are trained on management of pre-eclampsia/eclampsia and preterm birth (administration of antenatal corticosteroids) according to WHO guidelines? (integer)		
3.1.13	How many generalist (non-specialist) medical doctors are trained to assist deliveries? (integer)	_____	
3.1.14	How many generalist (non-specialist) medical doctors are trained on basic emergency obstetric care (BEmONC)? (integer)	_____	
3.1.15	How many generalist (non-specialist) medical doctors are trained on assistive delivery (i.e. forceps, vacuum)? (integer)	_____	
3.1.16	How many generalist (non-specialist) medical doctors are trained to provide Caesarean sections? (integer)	_____	
3.1.17	How many generalist (non-specialist) medical doctors are trained to assist during Caesarean sections? (integer)	_____	
3.1.18	How many generalist (non-specialist) medical doctors are trained on blood administration (as part of transfusions) for labor and delivery patients? (integer)	_____	
3.1.19	How many generalist (non-specialist) medical doctors are trained to provide active management of the third stage of labor? (integer)	_____	
3.1.20	How many generalist (non-specialist) medical doctors are trained on asphyxia management/neonatal resuscitation? (integer)	_____	

3.1.21	<p>How many generalist (non-specialist) medical doctors are trained in providing essential newborn care at birth (i.e. delayed cord clamping, assessment of breathing, skin-to-skin contact, early initiation of breastfeeding)?</p> <p>(integer)</p>	_____	
3.1.22	<p>How many generalist (non-specialist) medical doctors are trained in providing essential newborn care after birth (i.e. thermal care, resuscitation, support for breastmilk feeding, nurturing care, infection prevention and assessment of health problems)?</p> <p>(integer)</p>	_____	
3.1.23	<p>How many generalist (non-specialist) medical doctors are trained on kangaroo mother care (KMC) for small (preterm and low-birth weight) babies?</p> <p>(integer)</p>	_____	
3.1.24	<p>How many generalist (non-specialist) medical doctors are trained to manage small (preterm and low birth weight (LBW)) babies?</p> <p>(integer)</p>	_____	
3.1.25	<p>How many generalist (non-specialist) medical doctors are trained to provide inpatient care of small and/or sick newborn babies in incubators, radiant heaters, ventilators or continuous positive airway pressure (CPAP)?</p> <p>(integer)</p>	_____	
3.1.26	<p>How many generalist (non-specialist) medical doctors are trained in emergency triage and treatment of newborns and pediatric age group children (ETAT)?</p> <p>(integer)</p>	_____	
3.1.27	<p>How many generalist (non-specialist) medical doctors are trained to diagnose and manage sick newborns (including sepsis)?</p> <p>(integer)</p>	_____	

3.1.28	<p>How many generalist (non-specialist) medical doctors are trained to manage newborn infections (including injectable antibiotics)?</p> <p>(integer)</p>	_____	
3.1.29	<p>How many generalist (non-specialist) medical doctors are trained in postnatal care for mothers?</p> <p>(integer)</p>	_____	
3.1.30	<p>How many generalist (non-specialist) medical doctors are trained in postnatal care for newborns?</p> <p>(integer)</p>	_____	
3.1.31	<p>How many generalist (non-specialist) medical doctors are trained in early and exclusive breastfeeding?</p> <p>(integer)</p>	_____	
3.1.32	<p>How many generalist (non-specialist) medical doctors are trained to provide supplementary feeding support?</p> <p>(integer)</p>	_____	
3.1.33	<p>How many generalist (non-specialist) medical doctors are trained in respectful maternal and newborn care?</p> <p>(integer)</p>	_____	
3.1.34	<p>How many generalist (non-specialist) medical doctors are trained/oriented on maternal death audits (i.e. Maternal Death Surveillance and Response)?</p> <p>(integer)</p>	_____	
3.1.35	<p>How many generalist (non-specialist) medical doctors are trained/oriented on newborn and perinatal death audits (i.e. Perinatal Death Surveillance and Response)?</p> <p>(integer)</p>	_____	
3.1.36	<p>How many generalist (non-specialist) medical doctors are trained on integrated management of neonatal and childhood illnesses services (IMNCI)?</p> <p>(integer)</p>	_____	

3.1.37	How many generalist (non-specialist) medical doctors are trained in diagnosis and treatment of malaria in children? (integer)	_____	
3.1.38	How many generalist (non-specialist) medical doctors are trained in child immunization services? (integer)	_____	
3.1.39	How many generalist (non-specialist) medical doctors are trained in growth monitoring? (integer)	_____	
3.1.40	How many generalist (non-specialist) medical doctors are trained in the management of moderate and severe acute malnutrition? (integer)	_____	
3.1.41	How many generalist (non-specialist) medical doctors are trained in nurturing care for newborns, infants and young children? (integer)	_____	
3.1.42	How many generalist (non-specialist) medical doctors are trained/oriented on pediatric death audits? (integer)	_____	
3.1.43	How many generalist (non-specialist) medical doctors are trained on adolescent sexual and reproductive health? (integer)	_____	
3.1.44	How many generalist (non-specialist) medical doctors are trained in family planning counseling? (integer)	_____	
3.1.45	How many generalist (non-specialist) medical doctors are trained in family planning counseling for adolescents? (integer)	_____	

3.1.46	How many generalist (non-specialist) medical doctors are trained in no scalpel vasectomy (NSV)? (integer)	_____	
3.1.47	How many generalist (non-specialist) medical doctors are trained in tubal ligation? (integer)	_____	
3.1.48	How many generalist (non-specialist) medical doctors are trained on integrated family planning (FP), including implant services? (integer)	_____	
3.1.49	How many generalist (non-specialist) medical doctors are trained on post-partum family planning (PPFP), including: <ul style="list-style-type: none"> • Lactational amenorrhea method • Postpartum IUD • Postpartum tubal ligation (integer)	_____	
3.1.50	How many generalist (non-specialist) medical doctors are trained in gender-based violence services? (integer)	_____	
3.1.51	How many generalist (non-specialist) medical doctors are trained in post-abortion care? (integer)	_____	
3.1.52	How many generalist (non-specialist) medical doctors are trained on health care waste management practices? (integer)	_____	

Part 2: Inpatient and Observation Beds

NO.	RESPONSE OPTIONS	NOTES/SKIP LOGIC	NO.
3.2.1	How many delivery beds do you have for the current caseload? (integer)	_____	

3.2.2	<p>Excluding any delivery beds, how many overnight/inpatient beds in total does this facility have, both for adults and children?</p> <p>(integer)</p>	_____	If "0," skip to the end of Part 2.
3.2.3	<p>Of the overnight/inpatient beds in this facility, how many are dedicated maternity beds? THIS DOES NOT INCLUDE DELIVERY BEDS</p> <p>(integer)</p>	_____	
3.2.4	<p>Do you think the number of overnight/inpatient maternity beds is adequate for the current caseload of obstetrics and gynecology clients?</p> <p>(select_one)</p>	<p>1. Yes</p> <p>0. No</p>	
3.2.5	<p>What is the condition of the beds?</p> <p>CHECK TO ASCERTAIN THE CONDITION OF THE BEDS.</p> <p>(select_one)</p>	<p>1. All are in good shape</p> <p>2. Half need minor repair</p> <p>3. One-quarter need minor repair</p> <p>4. All need minor repair</p> <p>5. Half need major repair</p> <p>6. One-quarter need major repair</p> <p>7. All need major repair or replacement</p>	
3.2.6	<p>Are empty beds clean and ready for the next patient?</p> <p>(select_one)</p>	<p>1. Yes</p> <p>0. No</p>	
3.2.7	<p>Does this facility have designated staff for facility cleaning/housekeeping?</p> <p>(select_one)</p>	<p>1. Yes</p> <p>0. No</p>	
3.2.8	<p>Who provides linens for patients?</p> <p>(select_one)</p>	<p>1. Health facility</p> <p>2. Family</p> <p>3. Both family and facility</p> <p>0. No one</p>	
3.2.9	<p>Are there beds/cots for newborns in postnatal care (PNC) wards?</p> <p>(select_one)</p>	<p>1. Yes</p> <p>0. No</p>	

3.2.10	<p>Are there cots in the newborn special care units (level II) and neonatal intensive care unit (NICU) for small and/or sick newborns?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	<p>If no, skip to 3.2.12.</p>
3.2.11	<p>Are there beds or space for caregivers to stay overnight with infants in the NICU?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	
3.2.12	<p>Are there inpatient beds for kangaroo mother care (KMC)?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	
3.2.13	<p>Of the overnight/inpatient beds in this facility, how many are dedicated pediatric beds?</p> <p>(integer)</p>	<p>_____</p>	<p>If "0," skip to question 3.2.16.</p>
3.2.14	<p>What is the condition of the pediatric beds?</p> <p>CHECK TO ASCERTAIN THE CONDITION OF THE BEDS.</p> <p>(select_one)</p>	<p>1. All are in good shape 2. Half need minor repair 3. One-quarter need minor repair 4. Half need major repair 5. One-quarter need major repair 6. All need major repair or replacement</p>	
3.2.15	<p>Are there beds or space for caregivers to stay overnight with children in the inpatient pediatric unit?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	
3.2.16	<p>Are there beds in an isolated room for tuberculosis (TB) patients and patients with other contagious diseases, including COVID-19?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	

MODULE 4. SERVICE READINESS

Note: Interviewer will be given the opportunity at the beginning of the module to update the interview date, interviewer name, and respondent name/title and contact information. Interview start time, end time, start date, end date, duration, and interviewer SIM card number will all automatically be captured by the software.

NO.	QUESTION	RESPONSE OPTIONS	NOTES/SKIP LOGIC
4.0.0.1	Respondent Name (text)	_____	
4.0.0.2	Respondent Title (text)	_____	
4.0.0.3	Respondent Phone Number (integer)	-----	
4.0.0.4	Note: ADMINISTER CONSENT TO THE RESPONDENT. Does the respondent consent to participating in the survey? (select_one)	1. Yes 0. No	If “No,” skip to the end. The respondent does not consent to participation.
4.0.0.5	Respondent Signature (signature)	_____	Note: Software allows for a signature to be collected by signing on the screen.

Part 1. Infrastructure

SECTION 1: COMMUNICATIONS

NO.	QUESTION	RESPONSE OPTIONS	NOTES/SKIP LOGIC
	INTERVIEWER: I would like to know about the infrastructure resources available in this facility as well as systems for final waste disposal and transportation that are used by this facility. If conditions are different in different sections of the facility, for example, for outpatient and inpatient services, please provide the response for the highest level of infrastructure that is available for the facility.		

<p>4.1.1.1</p>	<p>Does this facility have a functioning landline telephone that is available to call outside at all times client services are offered?</p> <p>CLARIFY THAT IF FACILITY OFFERS 24-HOUR EMERGENCY SERVICES, THEN THIS REFERS TO 24-HOUR AVAILABILITY.</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	<p>If “Yes,” continue to next question. Otherwise, skip to 4.1.1.3.</p>
<p>4.1.1.2</p>	<p>Is there a functioning landline in the maternity area?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	
<p>4.1.1.3</p>	<p>Does this facility have a functioning cellular telephone or a private cellular phone that is supported by the facility?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	
<p>4.1.1.4</p>	<p>Do individual staff (in the maternity) have cell phones?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	<p>If “Yes,” continue to 4.1.1.4a. Otherwise, skip to 4.1.1.5.</p>
<p>4.1.1.4a</p>	<p>Do staff with cell phones have reliable airtime and credits on their phones to ensure available use?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	
<p>4.1.1.5</p>	<p>Is there a cell phone signal at this facility?</p> <p>(INTERVIEWER: CHECK FOR SIGNAL TO CONFIRM)</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	<p>If “Yes,” continue to 4.1.1.5a. Otherwise, continue to 4.1.1.6.</p>
<p>4.1.1.5a</p>	<p>During the past 7 days, was the cell phone signal reliable at all times?</p> <p>(select_one)</p>	<p>1. Always reliable 2. Often reliable 3. Sometimes reliable 4. Rarely available 96. Other (specify) 98. Don’t know</p>	<p>If “Other,” please continue to 4.1.1.5b. Otherwise, continue to 4.1.1.6.</p>

4.1.1.5b	Please specify other description of the cell phone signal reliability. (text)	_____	
4.1.1.6	Does this facility have a functioning short-wave radio for radio calls? (select_one)	1. Yes 0. No	
4.1.1.7	Does this facility have a functioning computer? (select_one)	1. Yes 0. No	
4.1.1.8	Is there access to email or internet within the facility today? (select_one)	1. Yes 0. No	
4.1.1.9	Does this facility have a system for determining clients' opinions about the health facility or its services? PROBE FOR ALL METHODS USED. SELECT ALL THAT APPLY [COUNTRIES TO ADAPT] (select_multiple)	1. Suggestion box 2. Client survey form 3. Client interview form 4. Official meeting with community leaders 5. Informal discussions with client or community 96. Other (specify) 97. No system for feedback 98. Don't know	XCUT.HFA.4 If "Other" selected, continue to 4.1.1.9a. If any methods selected, skip to 4.1.1.10. If "No system for feedback" selected, skip to Section 2.
4.1.1.9a	Specify "Other" system for determining clients' opinions. (text)	_____	
4.1.1.10	Is there a procedure for reviewing or reporting on clients' opinions? IF YES, ask to see a report or form on which data are compiled or discussion is reported. (select_one)	1. Yes, reported and observed 2. Yes, reported but not observed 0. No	If "Yes" (1 or 2), continue to 4.1.1.11. Otherwise, skip to Section 2.

4.1.1.11	<p>In the past three months, have any changes been made in the facility as a result of client opinion?</p> <p>IF YES, indicate if the change(s) are related to any of the listed topics.</p> <p>NOTE: SELECT ALL THAT APPLY</p> <p>(select_multiple)</p>	<p>1. Yes, change in services or times offered or way services are provided</p> <p>2. Yes, change for client comfort</p> <p>96. Other (specify)</p> <p>0. No</p> <p>98. Don't know</p>	<p>If "Other" selected, continue to 4.1.1.12. Otherwise, skip to Section 2.</p>
4.1.1.12	<p>Specify "Other" change/s made by the facility as a result of client opinion.</p> <p>(text)</p>	<p>_____</p>	

SECTION 2: EMERGENCY AND REFERRAL TRANSPORT

NO.	QUESTION	RESPONSE OPTIONS	NOTES/SKIP LOGIC
4.1.2.1	<p>Does this facility have a functional ambulance or other vehicle for emergency transportation for clients that is located at this facility or operates from this facility?</p> <p>(select_one)</p>	<p>1. Yes</p> <p>0. No</p>	<p>If "Yes," continue to 4.1.2.1a. Otherwise, skip to 4.1.2.2.</p>
	<p>Now, I would like to know about the facility resources and practices related to patient referral and emergency preparedness plans.</p>		
4.1.2.1a	<p>Is fuel for the ambulance or other emergency vehicles available today?</p> <p>(select_one)</p>	<p>1. Yes</p> <p>0. No</p>	
4.1.2.2	<p>Does this facility have access to an ambulance or other vehicle for emergency transport for clients that is located at another facility or that operates from another facility?</p> <p>(select_one)</p>	<p>1. Yes</p> <p>0. No</p>	

<p>4.1.2.3</p>	<p>If a vehicle is not available from the facility or district, are there funds (or vouchers) available at the facility to pay for private transport of emergency referrals?</p> <p>(select_one)</p>	<p>1. Yes, always 2. Yes, sometimes 3. Yes, rarely 0. No 97. Not applicable, referral/emergency transport is always available or facility does not refer</p>	
<p>4.1.2.4</p>	<p>Who pays for transportation when referring patients?</p> <p>NOTE: SELECT ALL THAT APPLY</p> <p>(select_multiple)</p>	<p>1. Health facility 2. Patients/relations 3. Free/no payment 4. Medical insurance</p>	
<p>4.1.2.5</p>	<p>What is the main (most commonly used) means of transport to this health facility for women in labor?</p> <p>NOTE: SELECT ALL THAT APPLY</p> <p>[COUNTRIES TO ADAPT]</p> <p>(select_multiple)</p>	<p>1. Public bus 2. Public taxi 3. Personal cars 4. Motor bike 5. Bicycle 6. Walking/on foot 96. Other (specify)</p>	<p>If “Other” selected, continue to 4.1.2.5a. Otherwise, skip to 4.1.2.6.</p>
<p>4.1.2.5a</p>	<p>Specify “Other” commonly used means of transport to this facility for women in labor.</p> <p>(text)</p>	<p>_____</p>	
<p>4.1.2.6</p>	<p>How far is the nearest referral hospital that provides surgical care?</p> <p>NOTE: ENTER 0000 IF SURGICAL SERVICES ARE PROVIDED AT THIS FACILITY. ENTER 9997 IF FACILITY DOES NOT REFER. ENTER 9998 IF RESPONDENT DOES NOT KNOW.</p> <p>(integer)</p>	<p>___ ___ ___ KM (range=1-995;)</p>	<p>If 0000, 9997 or 9998, skip to 4.1.2.7. Otherwise, continue to 4.1.2.6a.</p>
<p>4.1.2.6a</p>	<p>Please enter the name of the nearest referral hospital that provides surgical care.</p> <p>(text)</p>	<p>_____</p>	

<p>4.1.2.7</p>	<p>Is there a formal written protocol for referring patients from this facility?</p> <p>NOTE: REQUEST TO OBSERVE</p> <p>(select_one)</p>	<p>1. Yes, reported and observed 2. Yes, reported but not observed 0. No 97. Not applicable (does not refer)</p>	<p>If not applicable, skip to 4.1.2.11.</p>
<p>4.1.2.8</p>	<p>When referring a patient, how do staff inform the referral clinic or hospital about the patients and needed services?</p> <p>NOTE: SELECT ALL THAT APPLY</p> <p>(select_multiple)</p>	<p>0. Do not inform 1. Inform immediately by phone/ radio 2. Inform immediately by text message 3. Inform upon referral by paper 98. Don't know</p>	
<p>4.1.2.9</p>	<p>For what purpose/s is the referral transportation used in this facility?</p> <p>NOTE: SELECT ALL THAT APPLY</p> <p>(select_multiple)</p>	<p>1. Maternal emergencies 2. Newborn emergencies 3. All emergencies 96. Other (specify)</p>	<p>Only populates if referral transportation available. (i.e., 4.1.2.2=1) If "Other," continue to 4.1.2.9a. Otherwise, skip to 4.1.2.10.</p>
<p>4.1.2.9a</p>	<p>Specify the "Other" purposes for which referral transportation is used in this facility.</p> <p>(text)</p>	<p>_____</p>	
<p>4.1.2.11</p>	<p>Is there a vehicle used to conduct outreach visits from this facility to community or other health facility sites?</p> <p>(select_one)</p>	<p>1. Yes 0. No 98. Don't know</p>	

SECTION 3: POWER SUPPLY

NO.	QUESTION	RESPONSE OPTIONS	NOTES/SKIP LOGIC
4.1.3.1	<p>Does your facility have electricity from any source (e.g., electricity grid, generator, solar, or other) including for stand-alone devices (EPI cold chain)?</p> <p>(select_one)</p>	<p>1. Yes</p> <p>0. No</p>	<p>If “Yes,” continue to 4.1.3.2. Otherwise, skip to Section 4.</p>
4.1.3.2	<p>What is the electricity used for in the facility?</p> <p>(select_multiple)</p>	<p>1. Only stand-alone electric medical devices/appliances (e.g., EPI cold room, refrigerator, suction apparatus, etc.)</p> <p>2. Electric lighting (excluding flashlights) and communications (including phone charging)</p> <p>3. Heating, hot water, and water pumps</p> <p>4. All electrical needs of facility</p> <p>96. Other (specify)</p>	<p>If “Other” selected, continue to 4.1.3.2a. Otherwise, skip to 4.1.3.3.</p>
4.1.3.2a	<p>Specify “Other” uses of electricity in the facility</p> <p>(text)</p>	<p>_____</p>	
4.1.3.3	<p>What is the facility’s main source of electricity?</p> <p>[COUNTRIES TO ADAPT]</p> <p>(select_one)</p>	<p>1. Central supply of electricity (e.g., national or community grid)</p> <p>2. Generator (fuel or battery-operated)</p> <p>3. Solar</p> <p>96. Other (specify)</p>	<p>If “Other,” continue to 4.1.3.3a. Otherwise, skip to 4.1.3.4.</p>
4.1.3.3a	<p>Specify “Other” main source of electricity in the facility</p> <p>(text)</p>	<p>_____</p>	

<p>4.1.3.4</p>	<p>Other than the main or primary source, does the facility have functional secondary or backup source of electricity?</p> <p>IF YES: What is the secondary source of electricity?</p> <p>[COUNTRIES TO ADAPT]</p> <p>(select_multiple)</p>	<p>0. No secondary source</p> <p>1. Central supply of electricity (e.g., national or community grid)</p> <p>2. Generator (fuel or battery-operated generator)</p> <p>3. Solar system</p> <p>96. Other (specify)</p>	<p>If “Other,” continue to 4.1.3.4a. Otherwise, skip to 4.1,3.5.</p>
<p>4.1.3.4a</p>	<p>Please specify the “Other” secondary or backup source of electricity.</p> <p>(text)</p>	<p>_____</p>	
<p>4.1.3.5</p>	<p>During the past 7 days, was electricity available at all times from the main or any backup source when the facility was open for services?</p> <p>(select_one)</p>	<p>1. Always available (no Interruptions)</p> <p>2. Often available (interruptions of less than 2 hours per day)</p> <p>3. Sometimes available (frequent or prolonged interruptions of more than 2 hours per day)</p> <p>4. Rarely available (frequent or prolonged interruptions for more than 6 hours per day)</p> <p>5. Never available</p> <p>96. Other (specify)</p> <p>98. Don’t know</p>	
<p>4.1.3.5a</p>	<p>Please specify “Other” description of the electricity availability at the facility.</p> <p>(text)</p>	<p>_____</p>	

SECTION 4: WATER SOURCE

NO.	QUESTION	RESPONSE OPTIONS	NOTES/SKIP LOGIC
4.1.4.1	What is the most commonly used source of water for the facility at this time ? (select_one)	1. Piped into facility 2. Piped onto facility grounds 3. Public tap/standpipe 4. Tube well/borehole 5. Protected dug well 6. Unprotected dug well 7. Protected spring 8. Unprotected spring 9. Rainwater collection 10. Bottled water 11. Cart w/small tank/drum 12. Tanker truck 13. Surface water 96. Other (specify) 98. Don't know 0. No water source	If "Other," continue to 4.1.4.1a. Otherwise, skip to 4.1.4.2. If "Don't Know" or "No water source," skip to Section 5.
4.1.4.1a	Please specify the "Other" most commonly used source of water for the facility at this time. (text)	_____	
4.1.4.2	Is there a backup water tank? CHECK TO ASCERTAIN. (select_one)	1. Yes 0. No	
4.1.4.3	Is the water system currently functioning in the: (read each item) CHECK TO ASCERTAIN.		
	a. Operating theater? Note: Enter "Not applicable" if the facility does not have an operating theater. (select_one)	1. Yes 0. No 97. Not applicable	

	<p>b. Delivery room?</p> <p>Note: Enter “Not applicable” if the facility does not have a delivery room.</p> <p>(select_one)</p>	<p>1. Yes</p> <p>0. No</p> <p>97. Not applicable</p>	
	<p>c. Postnatal room?</p> <p>Note: Enter “Not applicable” if the facility does not have a postnatal room.</p> <p>(select_one)</p>	<p>1. Yes</p> <p>0. No</p> <p>97. Not applicable</p>	
	<p>d. Nursery</p> <p>Note: Enter “Not applicable” if the facility does not have a nursery.</p> <p>(select_one)</p>	<p>1. Yes</p> <p>0. No</p> <p>97. Not applicable</p>	
	<p>e. KMC unit</p> <p>Note: Enter “Not applicable” if the facility does not have a KMC unit.</p> <p>(select_one)</p>	<p>1. Yes</p> <p>0. No</p> <p>97. Not applicable</p>	
	<p>f. Oral Rehydration Therapy (ORT) corner</p> <p>Note: Enter “Not applicable” if the facility does not have an ORT corner.</p> <p>(select_one)</p>	<p>1. Yes</p> <p>0. No</p> <p>97. Not applicable</p>	
	<p>g. Where the first dose of drugs are given to sick children</p> <p>Note: Enter “Not applicable” if the facility does not have a separate location where first doses are given to sick children.</p> <p>(select_one)</p>	<p>1. Yes</p> <p>0. No</p> <p>97. Not applicable</p>	
	<p>h. COVID/Infection prevention and control unit or triage area</p> <p>Note: Enter “Not applicable” if the facility does not have a COVID/IPC unit or triage area.</p> <p>(select_one)</p>	<p>1. Yes</p> <p>0. No</p> <p>97. Not applicable</p>	

	<p>i. Adult ICU</p> <p>Note: Enter “Not applicable” if the facility does not have an adult ICU.</p> <p>(select_one)</p>	<p>1. Yes</p> <p>0. No</p> <p>97. Not applicable</p>	
	<p>j. TB/Contagious disease wards</p> <p>Note: Enter “Not applicable” if the facility does not have a TB/other contagious disease ward.</p> <p>(select_one)</p>	<p>1. Yes</p> <p>0. No</p> <p>97. Not applicable</p>	
	<p>k. other [specify]</p> <p>[COUNTRIES TO ADAPT AND ADD OTHER AREAS OF INTEREST HERE]</p> <p>(select_one)</p>	<p>1. Yes</p> <p>0. No</p> <p>97. Not applicable</p>	
	<p>l. other [specify]</p> <p>[COUNTRIES TO ADAPT AND ADD OTHER AREAS OF INTEREST HERE]</p> <p>(select_one)</p>	<p>1. Yes</p> <p>0. No</p> <p>97. Not applicable</p>	
4.1.4.4	<p>In the past month, how often has there been interruption to the water supply?</p> <p>(select_one)</p>	<p>0. Never</p> <p>1. Rarely (less than 24 hours per week)</p> <p>2. Sometimes (at least once per week)</p> <p>3. Often (at least daily)</p>	
4.1.4.5	<p>Is the water outlet from the mostly commonly used source of water available onsite, within 500 meters, or beyond 500 meters of the facility?</p> <p>REPORTED RESPONSE IS ACCEPTABLE.</p> <p>ONSITE MEANS WITHIN THE BUILDING OR FACILITY GROUNDS. THIS QUESTION REFERS TO THE LOCATION FROM WHERE THE WATER IS ACCESSED FOR USE IN THE HEALTH FACILITY (E.G., TAP, BOREHOLE), RATHER THAN THE SOURCE WHERE IT ORIGINATES.</p> <p>(select_one)</p>	<p>1. Onsite</p> <p>2. Within 500 meters of facility</p> <p>3. Beyond 500 meters of facility</p>	

SECTION 5: BASIC CLIENT AMENITIES

NO.	QUESTION	RESPONSE OPTIONS	NOTES/SKIP LOGIC
4.1.5.1	On average, how many hours per day is this facility open? (select_one)	1. 4 hours or less 2. 5 to 8 hours 3. 9 to 16 hours 4. 17 to 23 hours 5. 24 hours	
4.1.5.2	Who provides food for patients in this facility? (select_one)	1. Health facility 2. Family 96. Other (specify)	If "Other," continue to 4.1.5.2a. Otherwise, skip to 4.1.5.3.
4.1.5.2a	Specify "Other" provider of food for patients. (text)	_____	
4.1.5.3	Is there a trained health provider assigned to and present at the facility at all times (24 hours a day) for emergencies? (select_one)	1. Yes 0. No	If "Yes," continue to 4.1.5.4. Otherwise, skip to 4.1.5.5.
4.1.5.4	Is there a duty schedule for 24-hour staff coverage? NOTE: IF YES, ASK TO SEE THIS. (select_one)	1. Yes, 24 hour onsite duty schedule observed 2. Yes, 24 hour onsite duty schedule exists, but not observed 3. No onsite duty schedule exists	
4.1.5.5	Is there a trained health provider available away from the facility, but officially on-call, at all times (24 hours a day) for emergencies? (select_one)	1. Yes 0. No	If "Yes," continue to 4.1.5.6. Otherwise, skip to 4.1.5.7.
4.1.5.6	Is there a duty schedule for 24-hour staff coverage? NOTE: IF YES, ASK TO SEE THIS. (select_one)	1. Yes, 24-hour on-call duty schedule observed 2. Yes, 24-hour on-call duty schedule exists, but not observed 3. No on-call duty schedule exists	

<p>4.1.5.7</p>	<p>How often do obstetric patients share beds? (select_one)</p>	<p>0. Never 1. Sometimes (at least once per month) 2. Often (at least once per week) 3. Most of the time (daily) 98. Don't know</p>	
<p>4.1.5.8</p>	<p>How often do pediatric patients share beds? (select_one)</p>	<p>0. Never 1. Sometimes (at least once per month) 2. Often (at least once per week) 3. Most of the time (daily) 98. Don't know</p>	
<p>4.1.5.9</p>	<p>How often do small and sick newborn patients share beds? (select_one)</p>	<p>0. Never 1. Sometimes (at least once per month) 2. Often (at least once per week) 3. Most of the time (daily) 98. Don't know</p>	
<p>4.1.5.10</p>	<p>How long do women who have uncomplicated delivery in this facility most commonly remain prior to being sent home? (select_one)</p>	<p>1. Less than 6 hours 2. 6–24 hours 3. 25–48 hours 4. 2 or more full days 5. Wide variation 98. Don't know</p>	
<p>4.1.5.11</p>	<p>Does this facility have a mothers' shelter or a temporary place to stay within the health facility premises? (select_one)</p>	<p>1. Yes 0. No</p>	

SECTION 6: PAYMENT FOR SERVICES

NO.	QUESTION	RESPONSE OPTIONS	NOTES/SKIP LOGIC
4.1.6.1	<p>What is the procedure if a client is unable to pay for any of the fees associated with health care provided in this facility and emergency care is required?</p> <p>SELECT ALL THAT APPLY</p> <p>(select_multiple)</p>	<p>1. Fee exempted/discounted/covered by free MCH care schemes—no payment expected</p> <p>2. Fee exempted/discounted—payment expected later</p> <p>3. Service not provided, asked to come back when able to pay</p> <p>4. Accept payment in-kind</p> <p>96. Other</p>	<p>If “Other,” continue to 4.1.6.1a. Otherwise, skip to next Section.</p>
4.1.6.1a	<p>Specify “Other” arrangements for payment if a client is unable to pay.</p> <p>(text)</p>	_____	

SECTION 7A: INFECTION CONTROL

NO.	QUESTION	RESPONSE OPTIONS	NOTES/SKIP LOGIC
SUBSECTION I. GUIDELINES AND PLANS			
	<p>INTERVIEWER: FIND THE PERSON MOST KNOWLEDGEABLE ABOUT INFECTION PREVENTION AND CONTROL IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY, AND ASK THE FOLLOWING QUESTIONS:</p>		
4.1.7.1.1	<p>Does this facility have any guidelines for standard precautions for infection prevention?</p> <p>IF YES, ASK TO SEE THE GUIDELINES.</p> <p>(select_one)</p>	<p>1. Yes, observed</p> <p>2. Yes, reported but not seen</p> <p>0. No</p>	
SUBSECTION II. HYGIENE AND INFECTION PREVENTION			
4.1.7.2.1	<p>Is a 0.5% chlorine solution for disinfection of surfaces/bodily fluid spills available at the time of the visit?</p> <p>(select_one)</p>	<p>1. Yes</p> <p>0. No</p>	

4.1.7.2.2	Is equipment (such as an autoclave) used for sterilization and disinfection available and functional? (select_one)	1. Yes 0. No	
4.1.7.2.3	Is a stock of sterile gloves available in the facility at the time of the survey? (select_one)	1. Reported in stock and observed 2. Reported in stock but not observed 3. Not in stock today 4. Never stocked	If reported in stock, continue to 4.1.7.2.4. Otherwise, skip to 4.1.7.2.5.
4.1.7.2.4	Has the facility experienced a stockout of this commodity at any time in the past three months? (select_one)	1. Yes 0. No	WASH.3
4.1.7.2.5	Is a stock of examination gloves (non-sterile) available within the facility at the time of the survey? (select_one)	1. Reported in stock and observed 2. Reported in stock but not observed 3. Not in stock today 4. Never stocked	If reported in stock, continue to 4.1.7.2.6. Otherwise, skip to 4.1.7.2.7.
4.1.7.2.6	Has the facility experienced a stockout of this commodity at any time in the past three months? (select_one)	1. Yes 0. No	WASH.3
4.1.7.2.7	Are there sufficient laundry services available to wash and disinfect soiled linens? (select_one)	1. Yes 0. No	WASH.3
4.1.7.2.8	Is a stock of medical masks (surgical masks, N95, FFP2, or equivalent) available for medical staff? (select_one)	1. Reported in stock and observed 2. Reported in stock but not observed 3. Not in stock today 4. Never stocked	If reported in stock, continue to 4.1.7.2.8a. Otherwise, skip to 4.1.7.2.9.
4.1.7.2.8a	Has the facility experienced a stockout of this commodity at any time in the past three months? (select_one)	1. Yes 0. No	WASH.3

4.1.7.2.9	Is a stock of disposable surgical masks available for staff? (select_one)	1. Reported in stock and observed 2. Reported in stock but not observed 3. Not in stock today 4. Never stocked	If reported in stock, continue to 4.1.7.2.9a. Otherwise, skip to 4.1.7.2.10.
4.1.7.2.9a	Has the facility experienced a stockout of this commodity at any time in the past three months? (select_one)	1. Yes 0. No	WASH.3
4.1.7.2.10	Is a stock of eye protection (goggles or face shields) available for medical staff? (select_one)	1. Reported in stock and observed 2. Reported in stock but not observed 3. Not in stock today 4. Never stocked	If reported in stock, continue to 4.1.7.2.10a. Otherwise, skip to 4.1.7.2.11.
4.1.7.2.10a	Has the facility experienced a stockout of this commodity at any time in the past three months? (select_one)	1. Yes 0. No	WASH.3
4.1.7.2.11	Is a stock of heavy-duty utility gloves available for cleaning staff? (select_one)	1. Reported in stock and observed 2. Reported in stock but not observed 3. Not in stock today 4. Never stocked	If reported in stock, continue to 4.1.7.2.11a. Otherwise, skip to 4.1.7.2.12.
4.1.7.2.11a	Has the facility experienced a stockout of this commodity at any time in the past three months? (select_one)	1. Yes 0. No	WASH.3
4.1.7.2.12	Is a stock of waterproof aprons available? (select_one)	1. Reported in stock and observed 2. Reported in stock but not observed 3. Not in stock today 4. Never stocked	If reported in stock, continue to 4.1.7.2.12a. Otherwise, skip to 4.1.7.2.13.

4.1.7.2.12a	Has the facility experienced a stockout of this commodity at any time in the past three months? (select_one)	1. Yes 0. No	WASH.3
4.1.7.2.13	Is a stock of post-exposure prophylaxis (PEP) kits for HIV available?	1. Reported in stock and observed 2. Reported in stock but not observed 3. Not in stock today 4. Never stocked	If reported in stock, continue to 4.1.7.2.13a. Otherwise, skip to 4.1.7.2.14.
4.1.7.2.13a	Has the facility experienced a stockout of this commodity at any time in the past three months? (select_one)	1. Yes 0. No	
4.1.7.2.13	Is a stock of surgical masks for patients with suspected COVID-19 available? (select_one)	1. Reported in stock and observed 2. Reported in stock but not observed 3. Not in stock today 4. Never stocked	If reported in stock, continue to 4.1.7.2.14a. Otherwise, skip to 4.1.7.2.15.
4.1.7.2.13a	Has the facility experienced a stockout of this commodity at any time in the past three months? (select_one)	1. Yes 0. No	WASH.3
4.1.7.2.14	Is PPE available for visitors of patients with suspected COVID-19, including: long-sleeved gown, gloves, medical masks (select_one)	1. Yes 0. No	
4.1.7.2.15	Is a ventilation system that drives air out of the health care facility through natural ventilation, including windows, doors, solar chimneys, wind towers or trickle ventilators available? (select_one)	1. Yes 0. No	

<p>4.1.7.2.16</p>	<p>Is there a stock ordering book in use at the facility?</p> <p>IF YES, ASK TO SEE THE STOCK ORDERING BOOK</p> <p>(select_one)</p>	<p>1. Yes, observed 2. Reported, but not seen 0. No</p>	
<p>4.1.7.2.17</p>	<p>Is there a standard operating procedure (SOP) for handling linen?</p> <p>IF YES, ASK TO SEE PHYSICAL COPY OF SOP</p> <p>(select_one)</p>	<p>1. Yes, observed 2. Reported, but not seen 0. No</p>	
<p>4.1.7.2.18</p>	<p>Is an SOP for disinfecting all reusable PPE available?</p> <p>IF YES, ASK TO SEE PHYSICAL COPY OF SOP</p> <p>(select_one)</p>	<p>1. Yes, observed 2. Reported, but not seen 0. No</p>	
<p>SUBSECTION III. HEALTH CARE WASTE MANAGEMENT</p>			

<p>4.1.7.3.1</p>	<p>Now I would like to ask you a few questions about waste management practices for sharps waste, such as needles or blades.</p> <p>How does this facility finally dispose of sharps waste (e.g., filled sharps boxes)?</p> <p>PROBE TO ARRIVE AT CORRECT RESPONSE.</p> <p>IF ANY OF THE RESPONSES 1-8 TAKE PLACE OUTSIDE THE FACILITY, THEN THE CORRECT RESPONSE TO CIRCLE WILL BE IN THE CATEGORY OF "REMOVE OFFSITE."</p> <p>PREMISES MEANS THE BUILDING OR FACILITY GROUNDS.</p> <p>IF MORE THAN ONE APPLIES, SELECT THE METHOD USED MOST OFTEN.</p> <p>(select_one)</p>	<ol style="list-style-type: none"> 1. Burn in incinerator: Two-chamber industrial (800–1000+°C) 2. Burn in incinerator: One-chamber drum/brick 3. Open burning: Flat ground—no protection 4. Open burning: Pit or protected ground 5. Dump without burning: Flat ground—no protection 6. Dump without burning: Covered pit or pit latrine 7. Dump without burning: Open pit—no protection 8. Dump without burning: Protected ground or pit 9. Remove offsite: Stored in covered container 10. Remove offsite: Stored in other protected environment 11. Remove offsite: Stored unprotected 96. Other 97. Never have sharps waste 	<p>WASH.2</p> <p>If “other”, continue to 4.1.7.3.1a. Otherwise, skip to next question.</p>
<p>4.1.7.3.1a</p>	<p>Please specify “Other” method of disposing of sharps waste.</p> <p>(text)</p>	<p>_____</p>	
<p>4.1.7.3.2</p>	<p>Does this facility treat sharps waste using autoclave or medical waste microwave before final disposal?</p> <p>(select_one)</p>	<ol style="list-style-type: none"> 1. Yes 0. No 	<p>WASH.2</p>

<p>4.1.7.3.4</p>	<p>Now I would like to ask you a few questions about waste management practices for medical waste other than sharps, such as used bandages, placentas and other biohazard material.</p> <p>How does this facility finally dispose of medical waste other than sharps boxes?</p> <p>PROBE TO ARRIVE AT CORRECT RESPONSE.</p> <p>IF ANY OF THE RESPONSES 1-8 TAKE PLACE OUTSIDE THE FACILITY, THEN THE CORRECT RESPONSE TO CIRCLE WILL BE IN THE CATEGORY OF "REMOVE OFFSITE."</p> <p>PREMISES MEANS THE BUILDING OR FACILITY GROUNDS.</p> <p>IF MORE THAN ONE APPLIES, SELECT THE METHOD USED MOST OFTEN.</p> <p>(select_one)</p>	<ol style="list-style-type: none"> 1. Burn in incinerator: Two-chamber industrial (800–1000+°C) 2. Burn in incinerator: One-chamber drum/brick 3. Open burning: Flat ground—no protection 4. Open burning: Pit or protected ground 5. Dump without burning: Flat ground—no protection 6. Dump without burning: Covered pit or pit latrine 7. Dump without burning: Open pit—no protection 8. Dump without burning: Protected ground or pit 9. Remove offsite: Stored in covered container 10. Remove offsite: Stored in other protected environment 11. Remove offsite: Stored unprotected 96. Other 97. Never have medical waste 	<p>WASH.2</p> <p>If “other”, continue to 4.1.7.3.4a. Otherwise, skip to next question.</p>
<p>4.1.7.3.4a</p>	<p>Please specify “Other” method of disposing of medical waste.</p> <p>(text)</p>	<p>_____</p>	
<p>4.1.7.3.5</p>	<p>Does this facility treat medical waste using autoclave or medical waste microwave before final disposal?</p> <p>(select_one)</p>	<ol style="list-style-type: none"> 1. Yes 0. No 	<p>WASH.2</p>
<p>4.1.7.3.6</p>	<p>INTERVIEWER: Ask to be shown the incinerator.</p> <p>(select_one)</p>	<ol style="list-style-type: none"> 1. Incinerator observed 2. Incinerator reported, not seen 	<p>This question appears only if 4.1.7.3.1 = 1 OR 2, OR IF 4.1.7.3.4 = 1 OR 2.</p>

4.1.7.3.7	Is the incinerator functional today? ACCEPT REPORTED RESPONSE FROM KNOWLEDGEABLE RESPONDENT. (select_one)	1. Yes 2. No 98. Don't know	If "Yes," continue to 4.1.7.3.8. Otherwise, skip to 4.1.7.4.1.
4.1.7.3.8	Is fuel available today for the incinerator? ACCEPT REPORTED RESPONSE. (select_one)	1. Yes 2. No 98. Don't know	
SUBSECTION IV. CLEANING AND ADMINISTRATION			
4.1.7.4.1	Does the facility have cleaning protocols that include step-by-step techniques for specific tasks, such as cleaning a floor, cleaning a sink, and cleaning a spillage of blood or bodily fluids? IF YES, ASK TO SEE PROTOCOLS (select_one)	1. Yes, observed 2. Reported, but not seen 0. No	
4.1.7.4.2	Is there an SOP on cleaning, disinfection, and/or sterilization of surgical instruments and other medical devices? IF YES, ASK TO SEE PHYSICAL COPY OF SOP (select_one)	1. Yes, observed 2. Reported, but not seen 0. No	
4.1.7.4.3	Does the facility have a roster or schedule specifying the frequency at which cleaning tasks should be performed? IF YES, ASK TO SEE SCHEDULE OR ROSTER (select_one)	1. Yes, observed 2. Reported, but not seen 0. No	
4.1.7.4.4	Are cleaning materials (mops, detergent, bleach, etc.) available? (select_one)	1. Yes 0. No	
4.1.7.4.5	Are all chlorine solutions (0.05%, 0.1%, 0.5%) available at the moment of the visit stored in a clearly labelled (type of solution and danger, warning sign!) plastic container with lid? (select_one)	1. Yes 0. No	

4.1.7.4.6	Are signs or posters that remind health workers to wash their hands at critical times placed on walls or doors? (select_one)	1. Yes 0. No	
4.1.7.4.7	Does the health care facility have an annual improvement/management plan that includes WASH and/or infection prevention action items? (select_one)	1. Yes 0. No	
4.1.7.4.8	Is there a designated maintenance focal person appointed for the facility? (select_one)	1. Yes 0. No	

SECTION 7B: COVID-19 SPECIFIC INFECTION CONTROL

NO.	QUESTION	RESPONSE OPTIONS	NOTES/SKIP LOGIC
SUBSECTION I. COVID-19 SCREENING			
4.1.7.5.1	Does the facility have a COVID-19 response and mitigation plan? IF YES, ASK TO SEE THE PLAN (select_one)	1. Yes, observed 2. Yes, reported but not seen 0. No	If “Yes, observed” or “Yes, reported but not seen,” continue to 4.1.7.5.1a. Otherwise, skip to 4.1.7.5.2.
4.1.7.5.1a	Have facility staff been oriented to both on the COVID-19 response and mitigation plan? (select_one)	1. Yes 0. No	
4.1.7.5.2	Is the facility implementing alternative ways for patients seeking care with respiratory symptoms to communicate before presenting to the facility (i.e., telephone hotline or other communication systems)? (select_one)	1. Yes 0. No	If “Yes,” continue to 4.1.7.5.2a. Otherwise, skip to 4.1.7.5.3.
4.1.7.5.2a	Specify alternative ways for patients seeking care with respiratory symptoms to communicate before presenting to the facility. (text)	_____	

<p>4.1.7.5.3</p>	<p>Does the facility have a plan in place for screening/monitoring health care workers (HCWs) exposed to patients with COVID-19?</p> <p>IF YES, ASK TO SEE THE PLAN</p> <p>(select_one)</p>	<p>1. Yes, observed 2. Yes, reported but not seen 0. No</p>	
<p>4.1.7.5.4</p>	<p>Does the facility have a policy in place for determining when HCWs with suspected or confirmed COVID-19 may return to work?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	
<p>4.1.7.5.5</p>	<p>Do providers caring for patients with COVID-19 also care for patients without COVID-19?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	
<p>4.1.7.5.6</p>	<p>Does the facility have a process to identify inpatients with COVID-19 symptoms?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	<p>If “Yes,” continue to 4.1.7.5.6a. Otherwise, skip to 4.1.7.5.7.</p>
<p>4.1.7.5.6a</p>	<p>Is the screening station outside or well-ventilated?</p> <p>WELL-VENTILATED MEANS THERE IS A MECHANISM FOR DRIVING AIR OUT OF THE HEALTH CARE FACILITY THROUGH NATURAL VENTILATION, INCLUDING WINDOWS, DOORS, SOLAR CHIMNEYS, WIND TOWERS OR TRICKLE VENTILATORS.</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	
<p>4.1.7.5.7</p>	<p>Is the entrance and exit of the facility clearly identified with personnel stationed to control traffic flow?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	
<p>4.1.7.5.8</p>	<p>Is the patient flow clearly signed?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	
<p>4.1.7.5.9</p>	<p>Is at least a one-meter spacing maintained between people at the screening location?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	

4.1.7.5.10	Are HCWs present at the screening station at the time of survey? (select_one)	1. Yes 0. No	If “Yes,” continue to 4.1.7.5.10a. Otherwise, skip to 4.1.7.5.11.
4.1.7.5.10a	Does the HCW manning the screening station report receiving training to operate the screening area? (select_one)	1. Yes 0. No	
4.1.7.5.10b	Are the staff manning the screening station wearing appropriate personal protective equipment (PPE)? (select_one)	1. Yes 0. No	WASH.2
4.1.7.5.11	Is PPE for staff and suspected COVID-19 patients readily available? (select_one)	1. Yes 0. No	WASH.2
4.1.7.5.12	Is there a screening questionnaire available at the screening station for reference? (select_one)	1. Yes 0. No	If “Yes,” continue to 4.1.7.5.12a. Otherwise, skip to 4.1.7.5.13.
4.1.7.5.12a	Are the screening questionnaire and the case definition for COVID-19 clear and being administered/used at the first triage level area? (select_one)	1. Yes 0. No	
4.1.7.5.13	Is there at least one designated handwashing station at the screening location? (select_one)	1. Yes 0. No	If “Yes,” continue to 4.1.7.5.13a. Otherwise, skip to 4.1.7.5.14.
4.1.7.5.13a	Does the designated handwashing station have either soap and water OR alcohol-based hand rub available at the time of visit? (select_one)	1. Yes 0. No	
4.1.7.5.14	Are there posters present in the screening area on the following topics: (select_one)		

	a. Early signs and symptoms of COVID-19? (select_one)	1. Yes 0. No	
	b. hand washing? (select_one)	1. Yes 0. No	
	c. social distancing? (select_one)	1. Yes 0. No	
	d. respiratory hygiene? (select_one)	1. Yes 0. No	
	e. information about which health care facility patients should go to if they start to have signs or symptoms? (select_one)	1. Yes 0. No	
4.1.7.5.15	Are all patients, staff, and visitors screened for COVID-19 symptoms (fever, respiratory illness, and recent contacts with suspected cases)? (select_one)	1. Yes 0. No	
4.1.7.5.16	Are all suspected COVID-19 cases provided with a surgical mask? (select_one)	1. Yes 0. No	
<i>Subsection i. COVID-19 Triage</i>			
4.1.7.5.17	Is there a physical COVID-19 triage area? (select_one)	1. Yes 0. No	If “Yes,” continue to 4.1.7.2.18. Otherwise, skip to 4.1.7.2.22.
4.1.7.5.18	Does the triage area have adequate space (at least 1 meter) between persons? (select_one)	1. Yes 0. No	

4.1.7.5.19	<p>Does the triage area have a handwashing point that is refilled with water and soap, or alcohol-based hand rub, or water with 0.05% chlorine solution, and with staff to ensure all patients wash/disinfect their hands when entering and exiting the triage?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	
4.1.7.5.20	<p>Is the COVID-19 triage area well-ventilated?</p> <p>WELL-VENTILATED MEANS THERE IS A MECHANISM FOR DRIVING AIR OUT OF THE HEALTH CARE FACILITY THROUGH NATURAL VENTILATION, INCLUDING WINDOWS, DOORS, SOLAR CHIMNEYS, WIND TOWERS OR TRICKLE VENTILATORS.</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	
4.1.7.5.21	<p>Is a COVID-19 algorithm for triage available? IF YES, ASK TO SEE THE ALGORITHM</p> <p>(select_one)</p>	<p>1. Yes, observed 2. Yes, reported but not seen 0. No</p>	
SUBSECTION II. COVID-19 ISOLATION			
4.1.7.6.22	<p>Is a separate isolation room available in the health care facility where suspected COVID-19 cases can wait while being referred to specific COVID-19 management facilities?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	<p>If “Yes,” continue to 4.1.7.6.23. Otherwise, skip to 4.1.7.6.38.</p>
4.1.7.6.23	<p>Is the isolation room clearly signed?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	
4.1.7.6.24	<p>Are there surgical masks available for patients in the isolation room?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	
4.1.7.6.25	<p>Are there clear guidelines for staff to follow on how to deal with the patient while waiting to be transferred?</p> <p>IF YES, ASK TO SEE THE GUIDELINES.</p> <p>(select_one)</p>	<p>1. Yes, observed 2. Reported, but not seen 0. No</p>	

4.1.7.6.26	<p>Within the isolation room, is there a handwashing point refilled with water and soap, or alcohol-based hand rub, or water with 0.05% chlorine solution, and with staff to ensure all patients wash/disinfect their hands?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	
4.1.7.6.27	<p>Is there a dedicated toilet facility available within the isolation area?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	<p>If “Yes,” continue to 4.1.7.6.28. Otherwise, skip to 4.1.7.6.29.</p>
4.1.7.6.28	<p>Is the dedicated toilet facility functional at the time of visit?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	
4.1.7.6.29	<p>Is a waste bin for general (non-hazardous) waste available in the toilets and clearly labeled and color-coded?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	
4.1.7.6.30	<p>Is a waste bin for general bio-hazardous waste available in the toilets and clearly labeled and color-coded?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	
4.1.7.6.31	<p>Are there clear guidelines on how to disinfect the isolation area once the patient has left the room and has been transferred?</p> <p>IF YES, ASK TO SEE THE GUIDELINES.</p> <p>(select_one)</p>	<p>1. Yes, observed 2. Reported, but not seen 0. No</p>	
4.1.7.6.32	<p>Are face masks available for staff in the isolation area?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	
4.1.7.6.33	<p>Are examination gloves (or surgical gloves) available for staff in the isolation area?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	

4.1.7.6.34	Are face shields available in the isolation area? (select_one)	1. Yes 0. No	
4.1.7.6.35	Are gowns and aprons available in the isolation area? (select_one)	1. Yes 0. No	
4.1.7.6.36	Are scrub suits available in the isolation area? (select_one)	1. Yes 0. No	
4.1.7.6.37	Is dedicated cleaning equipment available in the isolation area (mops, buckets, cleaning cloths, detergent, disinfectants)? (select_one)	1. Yes 0. No	
4.1.7.6.38	Have facility cleaning staff received training on cleaning procedures in the last 24 months? (select_one)	1. Yes 0. No	
4.1.7.6.39	Have clinical staff received training on cleaning procedures in the last 24 months? (select_one)	1. Yes 0. No	
4.1.7.6.40	Is the facility able to call the COVID-19 hotline (117) [COUNTRIES TO ADAPT]? (select_one)	1. Yes 0. No	
4.1.7.6.41	Does the facility have procedures to follow when a patient, staff or visitor is identified as a suspected COVID-19 case? (select_one)	1. Yes 0. No	
4.1.7.6.42	Is there is a register form with a list of screened individuals? IF YES, ASK TO SEE THE REGISTER FORM (select_one)	1. Yes, observed 2. Reported, but not seen 0. No	

SECTION 8. PROCESSING OF EQUIPMENT FOR REUSE

NO.	QUESTION	RESPONSE OPTIONS	NOTES/SKIP LOGIC
	INTERVIEWER: ASK IF THE FOLLOWING ITEMS USED FOR PROCESSING OF EQUIPMENT FOR REUSE ARE AVAILABLE AND FUNCTIONAL IN THE FACILITY TODAY. IF AVAILABLE, ASK TO SEE IT AND INDICATE IF IT IS FUNCTIONING OR NOT.		Note: informs WASH.2
4.1.8.1	Electric autoclave (pressure and wet heat) (select_one)	1. Available [observed] 2. Available [reported, not observed] 3. Not available	If “Available [observed],” continue to 4.1.8.1a. Otherwise, skip to 4.1.8.2.
4.1.8.1a	Is the equipment functional today? (select_one)	1. Yes 0. No 98. Don’t know	
4.1.8.2	Non-electric autoclave (select_one)	1. Available [observed] 2. Available [reported, not observed] 3. Not available	If “Available [observed],” continue to 4.1.8.2a. Otherwise, skip to 4.1.8.3.
4.1.8.2a	Is the equipment functional today? (select_one)	1. Yes 0. No 98. Don’t know	
4.1.8.3	Electric dry heat sterilizer (select_one)	1. Available [observed] 2. Available [reported, not observed] 3. Not available	If “Available [observed],” continue to 4.1.8.3a. Otherwise, skip to 4.1.8.4.
4.1.8.3a	Is the equipment functional today? (select_one)	1. Yes 0. No 98. Don’t know	
4.1.8.4	Electric boiler or steamer (no pressure) (select_one)	1. Available [observed] 2. Available [reported, not observed] 3. Not available	If “Available [observed],” continue to 4.1.8.4a. Otherwise, skip to 4.1.8.5.
4.1.8.4a	Is the equipment functional today? (select_one)	1. Yes 0. No 98. Don’t know	

4.1.8.5	Non-electric pot with cover for boiling/steam (select_one)	1. Available [observed] 2. Available [reported, not observed] 3. Not available	If “Available [observed],” continue to 4.1.8.5a. Otherwise, skip to 4.1.8.6.
4.1.8.5a	Is the equipment functional today? (select_one)	1. Yes 0. No 98. Don’t know	
4.1.8.6	Heat source for non-electric equipment (select_one)	1. Available [observed] 2. Available [reported, not observed] 3. Not available	If “Available [observed],” continue to 4.1.8.6a. Otherwise, skip to 4.1.8.7.
4.1.8.6a	Is the equipment functional today? (select_one)	1. Yes 0. No 98. Don’t know	

Part 2. Available Services

This section will focus on questions related to available services.

SECTION 1: RMNCH SERVICES

SUBSECTION I: FP SERVICES

NO.	QUESTION	RESPONSE OPTIONS	NOTES/SKIP LOGIC
4.2.1.1	Does this facility offer family planning (FP) services? (select_one)	1. Yes 0. No	If “No,” skip to next subsection.
4.2.1.1a	How many family planning client visits were made to this facility in the last completed calendar month [MONTH]? (integer)	_____	Note: question will only appear if 4.2.1.1=Yes AND 2.2.0=2.
4.2.1.2	Is there a designated FP counseling and examination/procedure unit established? (select_one)	1. Yes 0. No	
4.2.1.3	Do FP services include modern FP methods? (select_one)	1. Yes 0. No	

	<p>ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE FAMILY PLANNING SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT FAMILY PLANNING SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY, AND ASK THE FOLLOWING QUESTIONS.</p>		
4.2.1.4	<p>Is there a seating area available for FP clients in the waiting area?</p> <p>(select_one)</p>	<p>1. Observed 2. Reported, not observed 3. Not available</p>	
4.2.1.5	<p>Is there a table and seat available for a FP provider and clients?</p> <p>(select_one)</p>	<p>1. Observed 2. Reported, not observed 3. Not available</p>	
4.2.1.6	<p>Is a FP flip chart available</p> <p>(select_one)</p>	<p>1. Observed 2. Reported, not observed 3. Not available</p>	
4.2.1.7	<p>Are educational materials that are used by providers during counseling, such as flipchart, brochures, sample contraceptives, available?</p> <p>(select_one)</p>	<p>1. Observed 2. Reported, not observed 3. Not available</p>	
4.2.1.8	<p>Are information, education and communication materials available to give to FP clients?</p> <p>(select_one)</p>	<p>1. Observed 2. Reported, not observed 3. Not available</p>	
4.2.1.9	<p>Is a hand washing stand, with soap, available in the FP unit for providers?</p> <p>(select_one)</p>	<p>1. Observed 2. Reported, not observed 3. Not available</p>	
4.2.1.10	<p>Is adequate lighting available in the FP procedure unit?</p> <p>(select_one)</p>	<p>1. Observed 2. Reported, not observed 3. Not available</p>	
4.2.1.11	<p>Is a sharps container/safety box available?</p> <p>(select_one)</p>	<p>1. Observed 2. Reported, not observed 3. Not available</p>	
4.2.1.12	<p>a. Does the FP unit have auditory privacy available for patient consultations?</p> <p>(select_one)</p>	<p>1. Observed 2. Reported, not observed 3. Not available</p>	

	b. Does the FP unit have auditory privacy available for patient procedures? (select_one)	1. Observed 2. Reported, not observed 3. Not available	
4.2.1.13	a. Does the FP unit have visual privacy available for patient consultations? (select_one)	1. Observed 2. Reported, not observed 3. Not available	
	b. Does the FP unit have visual privacy available for patient procedures? (select_one)	1. Observed 2. Reported, not observed 3. Not available	
4.2.1.14	Do you provide group education to clients on family planning? (select_one)	1. Observed 2. Reported, not observed 3. Not available	
4.2.1.15	Does this facility stock contraceptive commodities at this service site? (select_one)	1. Yes 0. No	If “Yes,” stock information will be collected about each method of contraceptive provided or prescribed below. If “No,” stock information questions will not be asked.
4.2.1.16	Does this facility provide or prescribe modern methods of contraception to <u>unmarried adolescents</u> ? (select_one)	1. Yes 0. No	If “Yes,” method-specific questions regarding unmarried adolescents below will be asked. If “No,” method-specific questions regarding unmarried adolescents will not be asked.
4.2.1.17	For each of the following methods, ask if the facility provides or prescribes each method. If yes, ask to observe stocks to capture stock information. [COUNTRIES TO ADAPT LIST OF METHODS]		Note: informs FP.HFA.1, FP.HFA.2, FP.HFA.3

	<p>a1. Does this facility provide or prescribe combined estrogen progesterone oral contraceptive pills?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	<p>If “Yes,” continue to a1b. If “No,” continue to b1.</p>
	<p>a1b. Does this facility provide or prescribe combined estrogen progesterone oral contraceptive pills to <u>unmarried adolescents</u>?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	<p>Asked only if a1 is “Yes” and facility provides or prescribes modern methods of contraception to unmarried adolescents (Q4.2.1.16=1).</p>
	<p>a2. Are combined estrogen progesterone oral contraceptive pills available in this service site today?</p> <p>(select_one)</p>	<p>1. Observed—at least one not expired 2. Observed—available but expired 3. Not observed—reported available but not seen 4. Not observed—not available today 5. Never available</p>	
	<p>b1. Does this facility provide or prescribe progestin-only contraceptive pills?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	<p>If “Yes,” continue to b1b. Otherwise, skip to c1.</p>
	<p>b1b. Does this facility provide or prescribe progestin-only contraceptive pills to <u>unmarried adolescents</u>?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	<p>Asked only if b1 is “Yes” and facility provides or prescribes modern methods of contraception to unmarried adolescents (Q4.2.1.16=1).</p>
	<p>b2. Are progestin-only contraceptive pills available in this service site today?</p> <p>(select_one)</p>	<p>1. Observed—at least one not expired 2. Observed—available but expired 3. Not observed—reported available but not seen 4. Not observed—not available today 5. Never available</p>	

	<p>c1. Does this facility provide or prescribe estrogen progesterone injectable contraceptives?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	<p>If “Yes,” continue to c1c. Otherwise, skip to d1.</p>
	<p>c1b. Does this facility provide or prescribe estrogen progesterone injectable contraceptives to <u>unmarried adolescents</u>?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	<p>Asked only if c1 is “Yes” and facility provides or prescribes modern methods of contraception to unmarried adolescents (Q4.2.1.16=1).</p>
	<p>c2. Are combined estrogen progesterone injectable contraceptives available in this service site today?</p> <p>(select_one)</p>	<p>1. Observed—at least one not expired 2. Observed—available but expired 3. Not observed—reported available but not seen 4. Not observed—not available today 5. Never available</p>	
	<p>d1. Does this facility provide or prescribe progestin-only injectable contraceptives (i.e., Noristerat)?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	<p>If “Yes,” continue to d1b. Otherwise, skip to e1.</p>
	<p>d1b. Does this facility provide or prescribe estrogen progesterone injectable contraceptives to <u>unmarried adolescents</u>?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	<p>Asked only if d1 is “Yes” and facility provides or prescribes modern methods of contraception to unmarried adolescents (Q4.2.1.16=1).</p>
	<p>d2. Are progestin-only injectable contraceptives (i.e., Noristerat) available in this service site today?</p> <p>(select_one)</p>	<p>1. Observed—at least one not expired 2. Observed—available but expired 3. Not observed—reported available but not seen 4. Not observed—not available today 5. Never available</p>	<p>Asked only if d1 is “Yes” and facility stocks contraceptive commodities.</p>

e1. Does this facility provide or prescribe progestin-only injectables (DMPA)? (select_one)	1. Yes 0. No	If “Yes,” continue to e1b. Otherwise, skip to f1.
e1b. Does this facility provide or prescribe progestin-only injectables (DMPA) to <u>unmarried adolescents</u> ? (select_one)	1. Yes 0. No	Asked only if e1 is “Yes” and facility provides or prescribes modern methods of contraception to unmarried adolescents (Q4.2.1.16=1).
e2. Are progestin-only injectables (DMPA) available in this service site today? (select_one)	1. Observed—at least one not expired 2. Observed—available but expired 3. Not observed—reported available but not seen 4. Not observed—not available today 5. Never available	If observed and available, continue to e3. Otherwise, skip to f1.
e3. INTERVIEWER: Check the validity of the DMPA stock. Are vials stored upright in a climate-controlled room (i.e., between 20° and 30°C) ¹ ? (select_one)	1. Yes, vials are stored both upright and temperature is correct. 2. No, vials are not stored upright OR temperature is outside the ideal range.	
f1. Does this facility provide or prescribe male condoms? (select_one)	1. Yes 0. No	If “Yes,” continue to f1b. Otherwise, skip to g1.
f1b. Does this facility provide or prescribe male condoms to <u>unmarried adolescents</u> ? (select_one)	1. Yes 0. No	Asked only if f1 is “Yes” and facility provides or prescribes modern methods of contraception to unmarried adolescents (Q4.2.1.16=1).

¹ https://www.rhsupplies.org/fileadmin/uploads/rhsc/Tools/DMPA_Kit/Files/Handouts_for_decision_makers/DMPA-SC_advocacy_handouts_4_facts_2019.pdf

	<p>f2. Are male condoms available in this service site today?</p> <p>(select_one)</p>	<p>1. Observed—at least one not expired</p> <p>2. Observed—available but expired</p> <p>3. Not observed—reported available but not seen</p> <p>4. Not observed—not available today</p> <p>5. Never available</p>	
	<p>g1. Does this facility provide or prescribe female condoms?</p> <p>(select_one)</p>	<p>1. Yes</p> <p>0. No</p>	<p>If “Yes,” continue to g1b. Otherwise, skip to h0.</p>
	<p>g1b. Does this facility provide or prescribe female condoms to <u>unmarried adolescents</u>?</p> <p>(select_one)</p>	<p>1. Yes</p> <p>0. No</p>	<p>Asked only if g1 is “Yes” and facility provides or prescribes modern methods of contraception to unmarried adolescents (Q4.2.1.16=1).</p>
	<p>g2. Are female condoms available in this service site today?</p> <p>(select_one)</p>	<p>1. Observed—at least one not expired</p> <p>2. Observed—available but expired</p> <p>3. Not observed—reported available but not seen</p> <p>4. Not observed—not available today</p> <p>5. Never available</p>	
	<p>h0. Does the facility provide or prescribe ANY vaginal barrier methods (diaphragm, cervical cap, spermicidal foam, jelly, or cream and sponge)?</p> <p>(select_one)</p>	<p>1. Yes</p> <p>0. No</p>	<p>If “Yes,” continue to h1 to answer questions about vaginal barrier methods. Otherwise, skip to i1.</p>
	<p>h1a. Does this facility provide or prescribe diaphragms with spermicide (nonoxynol)?</p> <p>(select_one)</p>	<p>1. Yes</p> <p>0. No</p>	<p>If “Yes,” continue to h1b. Otherwise, skip to h2a.</p>

	<p>h1b. Does this facility provide or prescribe diaphragms with spermicide (nonoxynol) to <u>unmarried adolescents</u>?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	<p>Asked only if h1a is “Yes” and facility provides or prescribes modern methods of contraception to unmarried adolescents (Q4.2.1.16=1).</p>
	<p>h1c. Are diaphragms with spermicide (nonoxynol) available in this service site today?</p> <p>(select_one)</p>	<p>1. Observed—at least one not expired 2. Observed—available but expired 3. Not observed—reported available but not seen 4. Not observed—not available today 5. Never available</p>	<p>Asked only if h1a is “Yes” and facility stocks contraceptive commodities.</p>
	<p>h2a. Does the facility provide or prescribe cervical caps?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	<p>If “Yes,” continue to h2b. Otherwise, skip to h3a.</p>
	<p>h2b. Does this facility provide or prescribe cervical caps to <u>unmarried adolescents</u>?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	<p>Asked only if h2a is “Yes” and facility provides or prescribes modern methods of contraception to unmarried adolescents (Q4.2.1.16=1).</p>
	<p>h2c. Are cervical caps available in this service site today?</p> <p>(select_one)</p>	<p>1. Observed—at least one not expired 2. Observed—available but expired 3. Not observed—reported available but not seen 4. Not observed—not available today 5. Never available</p>	<p>Asked only if h2a is “Yes” and facility stocks contraceptive commodities.</p>
	<p>h3a. Does the facility provide or prescribe spermicidal foam?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	<p>If “Yes,” continue to h3b. Otherwise, skip to h4a.</p>

	<p>h3b. Does this facility provide spermicidal foam to <u>unmarried adolescents</u>?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	<p>Asked only if h3a is “Yes” and facility provides or prescribes modern methods of contraception to unmarried adolescents (Q4.2.1.16=1).</p>
	<p>h3c. Is spermicidal foam available in this service site today?</p> <p>(select_one)</p>	<p>1. Observed—at least one not expired 2. Observed—available but expired 3. Not observed—reported available but not seen 4. Not observed—not available today 5. Never available</p>	<p>Asked only if h3a is “Yes” and facility stocks contraceptive commodities.</p>
	<p>h4a. Does the facility provide or prescribe spermicidal jelly?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	<p>If “Yes,” continue to h4b. Otherwise, skip to i1.</p>
	<p>h4b. Does this facility provide or prescribe spermicidal jelly to <u>unmarried adolescents</u>?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	<p>Asked only if h4a is “Yes” and facility provides or prescribes modern methods of contraception to unmarried adolescents (Q4.2.1.16=1).</p>
	<p>h4c. Is spermicidal jelly available in this service site today?</p> <p>(select_one)</p>	<p>1. Observed—at least one not expired 2. Observed—available but expired 3. Not observed—reported available but not seen 4. Not observed—not available today 5. Never available</p>	<p>Asked only if h4a is “Yes” and facility stocks contraceptive commodities.</p>
	<p>i1. Does this facility provide or prescribe intrauterine contraceptive devices (IUCDs)?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	<p>If “Yes,” continue to i1b. Otherwise, skip to i2.</p>

	<p>i1b. Does this facility provide or prescribe IUCDs to <u>unmarried adolescents</u>?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	<p>Asked only if i1 is “Yes” and facility provides or prescribes modern methods of contraception to unmarried adolescents (Q4.2.1.16=1).</p>
	<p>i2. Are IUCDs available in this service site today?</p> <p>(select_one)</p>	<p>1. Observed—at least one not expired 2. Observed—available but expired 3. Not observed—reported available but not seen 4. Not observed—not available today 5. Never available</p>	<p>Asked only if i1 is “Yes” and facility stocks contraceptive commodities.</p>
	<p>j0. Does this facility provide or prescribe implants (of any kind)?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	<p>If “Yes,” continue to j1a to ask about specific implant types. Otherwise, skip to k1.</p>
	<p>j1a. Does this facility provide or prescribe Jadelle® implants?</p> <p>[COUNTRY TO ADAPT]</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	<p>If “Yes,” continue to j1b. Otherwise, skip to j2a.</p>
	<p>j1b. Does this facility provide or prescribe Jadelle® implants to <u>unmarried adolescents</u>?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	<p>Asked only if j1a is “Yes” and facility provides or prescribes modern methods of contraception to unmarried adolescents (Q4.2.1.16=1).</p>
	<p>j1c. Are Jadelle® implants available in this service site today?</p> <p>(select_one)</p>	<p>1. Observed—at least one not expired 2. Observed—available but expired 3. Not observed—reported available but not seen 4. Not observed—not available today 5. Never available</p>	<p>Asked only if j1a is “Yes” and facility stocks contraceptive commodities.</p>

<p>j2a. Does this facility provide or prescribe Implanon® implants?</p> <p>[COUNTRY TO ADAPT]</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	<p>If “Yes,” continue to j2b. Otherwise, skip to k1.</p>
<p>j2b. Does this facility provide or prescribe Implanon® implants to <u>unmarried adolescents</u>?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	<p>Asked only if j2a is “Yes” and facility provides or prescribes modern methods of contraception to unmarried adolescents (Q4.2.1.16=1).</p>
<p>j2c. Are Implanon® implants available in this service site today?</p> <p>(select_one)</p>	<p>1. Observed—at least one not expired 2. Observed—available but expired 3. Not observed—reported available but not seen 4. Not observed—not available today 5. Never available</p>	<p>Asked only if j2a is “Yes” and facility stocks contraceptive commodities.</p>
<p>k1. Does this facility provide or prescribe cycle beads for standard days methods?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	<p>If “Yes,” continue to k1b. Otherwise, skip to l1.</p>
<p>k1b. Does this facility provide or prescribe cycle beads to <u>unmarried adolescents</u>?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	<p>Asked only if k1 is “Yes” and facility provides or prescribes modern methods of contraception to unmarried adolescents (Q4.2.1.16=1).</p>
<p>k2. Are cycle beads available in this service site today?</p> <p>(select_one)</p>	<p>1. Observed and available 2. Not observed—reported available but not seen 3. Not observed—not available today 4. Never available</p>	<p>Asked only if k1 is “Yes” and facility stocks contraceptive commodities.</p>
<p>11. Does this facility provide or prescribe emergency contraceptive pills?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	<p>If “Yes,” continue to l1b. Otherwise, skip to m1.</p>

	<p>l1b. Does this facility provide or prescribe emergency contraceptive pills to <u>unmarried adolescents</u>?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	<p>Asked only if l1 is “Yes” and facility provides or prescribes modern methods of contraception to unmarried adolescents (Q4.2.1.16=1).</p>
	<p>l2. Are emergency contraceptives available in this service site today?</p> <p>(select_one)</p>	<p>1. Observed—at least one not expired 2. Observed—available but expired 3. Not observed—reported available but not seen 4. Not observed—not available today 5. Never available</p>	<p>Asked only if l1 is “Yes” and facility stocks contraceptive commodities.</p>
	<p>m1. Does this facility provide or prescribe contraceptive patches?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	<p>If “Yes,” continue to m1b. Otherwise, skip to n1.</p>
	<p>m1b. Does this facility provide or prescribe contraceptive patches to <u>unmarried adolescents</u>?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	<p>Asked only if m1 is “Yes” and facility provides or prescribes modern methods of contraception to unmarried adolescents (Q4.2.1.16=1).</p>
	<p>m2. Are contraceptive patches available in this service site today?</p> <p>(select_one)</p>	<p>1. Observed—at least one not expired 2. Observed—available but expired 3. Not observed—reported available but not seen 4. Not observed—not available today 5. Never available</p>	<p>Asked only if m1 is “Yes” and facility stocks contraceptive commodities.</p>
	<p>n1. Does this facility provide or prescribe vaginal rings?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	<p>If “Yes,” continue to n1b. Otherwise, skip to o1.</p>

	n1b. Does this facility provide or prescribe vaginal rings to <u>unmarried adolescents</u> ? (select_one)	1. Yes 0. No	Asked only if n1 is “Yes” and facility provides or prescribes modern methods of contraception to unmarried adolescents (Q4.2.1.16=1).
	n2. Are vaginal rings available in this service site today? (select_one)	1. Observed—at least one not expired 2. Observed—available but expired 3. Not observed—reported available but not seen 4. Not observed—not available today 5. Never available	Asked only if n1 is “Yes” and facility stocks contraceptive commodities.
	o1. Does this facility provide or refer for male sterilization services? (select_one)	1. Yes 0. No	
	p1. Does the facility provide or refer for female sterilization services? (select_one)	1. Yes 0. No	
4.2.1.18	Is there a complete equipment kit available to do the following FP procedures:		
	a. IUD interval insertion/IUD removal? (select_one)	1. Observed 2. Reported, not observed 3. Not available	
	b. Implant removal? (select_one)	1. Observed 2. Reported, not observed 3. Not available	
	c. Mini-laparotomy? (select_one)	1. Observed 2. Reported, not observed 3. Not available	

	d. No scalpel vasectomy (NSV)? (select_one)	1. Observed 2. Reported, not observed 3. Not available	
4.2.1.19	Have short-term FP methods (pills, injectables or condoms) been provided in the last three months? (select_one)	1. Yes 0. No	
4.2.1.20	Have long acting FP methods (IUD or implants) been provided in the last three months? (select_one)	1. Yes 0. No	
4.2.1.21	Has a female surgical method or permanent contraception been performed in the last three months? (select_one)	1. Yes 0. No	
4.2.1.22	Has a male surgical method or permanent contraception been performed in the last three months? (select_one)	1. Yes 0. No	
4.2.1.23	Does the facility routinely provide post-abortion contraception to women? (select_one)	1. Yes 0. No	
4.2.1.24	Please tell me if the following documents are available in the facility today: IF AVAILABLE, ASK TO SEE THE DOCUMENT		
	a. National FP guidelines (select_one)	1. Observed 2. Reported, not observed 3. Not available	
	b. Any FP checklists and/or job-aids (select_one)	1. Observed 2. Reported, not observed 3. Not available	

4.2.1.25	Have you or other staff in this facility received any FP training in the last two years? (select_one)	1. Yes 0. No	
4.2.1.26	Have you or other staff in this facility received any training on implants in the last two years? (select_one)	1. Yes 0. No	
4.2.1.27	Have you or other staff in this facility received any training on IUDs in the last two years? (select_one)	1. Yes 0. No	
4.2.1.28	Have you or other staff in this facility received any training in adolescent sexual and reproductive health in the last two years? (select_one)	1. Yes 0. No	

SUBSECTION II: ANTENATAL CARE SERVICES

NO.	QUESTION	RESPONSE OPTIONS	NOTES/SKIP LOGIC
4.2.1.2.0	Does this facility offer antenatal care (ANC) services? (select_one)		If “No,” skip to next subsection.
	INTERVIEWER: ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE ANTENATAL CARE SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT ANTENATAL CARE SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY, AND ASK THE FOLLOWING QUESTIONS.		
	a. How many antenatal care client visits were made to this facility in the last completed calendar month [MONTH]? ENTER 9997 IF NOT APPLICABLE/SERVICES ARE NOT OFFERED. (integer)	_____	Note: Question will only appear if 4.2.1.2.0=Yes AND 2.2.0=2. If “not applicable”, skip to question 4.2.1.2.1. Otherwise, continue to 4.2.1.2.0b.

	<p>b. How many of these visits were for the first ANC visit (ANC1)?</p> <p>ENTER 9999 IF INFORMATION NOT AVAILABLE.</p> <p>(integer)</p>	_____	
	<p>a. How many of these visits were the fourth (or more) ANC visit (ANC4+)?</p> <p>ENTER 9999 IF INFORMATION NOT AVAILABLE.</p> <p>(integer)</p>	_____	
4.2.1.2.1	<p>Do ANC providers provide any of the following services to pregnant women as part of routine ANC services?</p>		
	<p>a. Iron and folic acid supplementation (i.e. iron-only and IFA; or multiple micronutrient supplements)</p> <p>(select_one)</p>	<p>1. Yes</p> <p>0. No</p>	
	<p>b. Tetanus toxoid vaccination</p> <p>(select_one)</p>	<p>1. Yes</p> <p>0. No</p>	
	<p>c. Monitoring for hypertensive disorder of pregnancy</p> <p>(select_one)</p>	<p>1. Yes</p> <p>0. No</p>	
	<p>d. Blood pressure screening</p> <p>(select_one)</p>	<p>1. Yes</p> <p>0. No</p>	
	<p>e. Urine protein testing</p> <p>(select_one)</p>	<p>1. Yes</p> <p>0. No</p>	
	<p>f. Counseling on FP</p> <p>(select_one)</p>	<p>1. Yes</p> <p>0. No</p>	
	<p>g. Intermittent preventive treatment in pregnancy (IPTp) for malaria</p> <p>[WHERE APPLICABLE]</p> <p>(select_one)</p>	<p>1. Yes</p> <p>0. No</p>	

	<p>h. Provision of insecticide-treated bed nets (ITNs) or vouchers for ITNs for pregnant women</p> <p>[WHERE APPLICABLE]</p> <p>(select_one)</p>	<p>1. Yes</p> <p>0. No</p>	
	<p>i. Rapid diagnostic test (RDT) for diagnosing malaria in pregnancy</p> <p>(select_one)</p>	<p>1. Yes</p> <p>0. No</p>	
	<p>j. Rapid plasma regain (RPR) testing for syphilis</p> <p>(select_one)</p>	<p>1. Yes</p> <p>0. No</p>	
	<p>k. HIV counseling and testing services to HIV positive pregnant women for PMTCT during ANC</p> <p>(select_one)</p>	<p>1. Yes</p> <p>0. No</p>	
	<p>l. Ultrasound imaging</p> <p>(select_one)</p>	<p>1. Yes</p> <p>0. No</p>	
4.2.1.2.2	<p>Please tell me if the following documents are available in this service area today:</p> <p>IF YES, ASK TO SEE THE GUIDELINES.</p>		
	<p>a. National ANC guidelines</p> <p>(select_one)</p>	<p>1. Yes, observed</p> <p>2. Yes, reported but not seen</p> <p>3. No</p>	MNH.HFA.1
	<p>b. Any ANC checklists and/or job aids</p> <p>(select_one)</p>	<p>1. Yes, observed</p> <p>2. Yes, reported but not seen</p> <p>3. No</p>	MNH.HFA.1
	<p>c. National guidelines on IPTp</p> <p>[WHERE APPLICABLE]</p> <p>Note: Also acceptable if part of ANC guidelines</p> <p>(select_one)</p>	<p>1. Yes, observed</p> <p>2. Yes, reported but not seen</p> <p>3. No</p>	MNH.HFA.1

	d. IPTp checklists and/or job aids (including wall charts) [WHERE APPLICABLE] (select_one)	1. Yes, observed 2. Yes, reported but not seen 3. No	MNH.HFA.1
4.2.1.2.3	In the past two years, have you or any provider(s) of ANC services received training in any of the following topics:		
	a. Any aspect of ANC? (select_one)	1. Yes 0. No	MNH.HFA.1
	b. IPTp? (select_one)	1. Yes 0. No	MNH.HFA.1
4.2.1.2.4	I would like to know if the following basic equipment items are available in this service area today. For each piece of equipment or item that is observed, please tell me if it is available today and functioning. ASK TO SEE THE ITEMS.		
	a1. Blood pressure apparatus (may be digital sphygmomanometer or manual sphygmomanometer with stethoscope) (select_one)	1. Yes, available and observed 2. Yes available, but reported, not seen 3. Not available	MNH.HFA.1 If “Available and observed,” continue to a2. Otherwise, skip to b1.
	a2. Is the equipment functioning today? (select_one)	1. Yes 0. No 98. Don’t know	
	b1. Pregnancy wheel or digital pregnancy calculator (for calculation of gestational age and estimated due date) (select_one)	1. Yes, available and observed 2. Yes available, but reported, not seen 3. Not available	If “Available and observed,” continue to b2. Otherwise, skip to c1.
	b2. Is the equipment functioning today? (select_one)	1. Yes 0. No 98. Don’t know	

c. Fetoscope or Pinard stethoscope (select_one)	1. Yes, available and observed 2. Yes available, but reported, not seen 3. Not available	MNH.HFA.1 If “Available and observed,” continue to c2. Otherwise, skip to d1.
c2. Is the equipment functioning today? (select_one)	1. Yes 0. No 98. Don’t know	
d1. Doppler to check fetal heart rate (select_one)	1. Yes, available and observed 2. Yes available, but reported, not seen 3. Not available	If “Available and observed,” continue to d2. Otherwise, skip to e1.
d2. Is the equipment functioning today? (select_one)	1. Yes 0. No 98. Don’t know	
e1. Ultrasound machine (select_one)	1. Yes, available and observed 2. Yes available, but reported, not seen 3. Not available	If “Available and observed,” continue to e2. Otherwise, skip to f1.
e2. Is the equipment functioning today? (select_one)	1. Yes 0. No 98. Don’t know	
f1. Adult weighing scale (select_one)	1. Yes, available and observed 2. Yes available, but reported, not seen 3. Not available	MNH.HFA.1, MNH.HFA.22 If “Available and observed,” continue to f2. Otherwise, skip to g1.
f2. Is the equipment functioning today? (select_one)	1. Yes 0. No 98. Don’t know	
g1. Examination bed (select_one)	1. Yes, available and observed 2. Yes available, but reported, not seen 3. Not available	MNH.HFA.1 If “Available and observed,” continue to g2. Otherwise, skip to h.

	g2. Is the equipment functioning today? (select_one)	1. Yes 0. No 98. Don't know	
	h. Flexible tape measure (select_one)	1. Yes, available and observed 2. Yes available, but reported, not seen 3. Not available	MNH.HFA.1
	i. Adult mid-upper arm circumference (MUAC) tape (select_one)	1. Yes, available and observed 2. Yes available, but reported, not seen 3. Not available	MNH.HFA.22
	j. ITNs or vouchers for ITNs (adult/pediatric) [WHERE APPLICABLE] (select_one)	1. Yes, available and observed 2. Yes available, but reported, not seen 3. Not available	MNH.HFA.1
4.2.1.2.5	Are any of the following commodities available in the ANC service area today? CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)		
	a1. Urine protein tests (select_one)	1. Observed—at least one not expired 2. Observed—available but expired 3. Not observed—reported available but not seen 4. Not observed—not available today 5. Never available	MNH.HFA.1 If observed and at least one not expired (1) or reported available but not seen (3), continue to a2. Otherwise, skip to b1.
	a2. Has the facility experienced a stockout of this commodity at any time in the past three months? (select_one)	1. Yes 0. No	MNH.HFA.1

	<p>b1. RPR syphilis test kits</p> <p>(select_one)</p>	<ol style="list-style-type: none"> 1. Observed—at least one not expired 2. Observed—available but expired 3. Not observed—reported available but not seen 4. Not observed—not available today 5. Never available 	<p>MNH.HFA.1</p> <p>If observed and at least one not expired (1) or reported available but not seen (3), continue to b2. Otherwise, skip to c1.</p>
	<p>b2. Has the facility experienced a stockout of this commodity at any time in the past three months?</p> <p>(select_one)</p>	<ol style="list-style-type: none"> 1. Yes 0. No 	<p>MNH.HFA.1</p>
	<p>c1. HIV tests</p> <p>(select_one)</p>	<ol style="list-style-type: none"> 1. Observed—at least one not expired 2. Observed—available but expired 3. Not observed—reported available but not seen 4. Not observed—not available today 5. Never available 	<p>MNH.HFA.1</p> <p>If observed and at least one not expired (1) or reported available but not seen (3), continue to c2. Otherwise, skip to d1.</p>
	<p>c2. Has the facility experienced a stockout of this commodity at any time in the past three months?</p> <p>(select_one)</p>	<ol style="list-style-type: none"> 1. Yes 0. No 	<p>MNH.HFA.1</p>
	<p>d1. RDT for malaria</p> <p>(select_one)</p>	<ol style="list-style-type: none"> 1. Observed—at least one not expired 2. Observed—available but expired 3. Not observed—reported available but not seen 4. Not observed—not available today 5. Never available 	<p>If observed and at least one not expired (1) or reported available but not seen (3), continue to d2. Otherwise, skip to e.</p>

	<p>d2. Has the facility experienced a stockout of this commodity at any time in the past three months?</p> <p>(select_one)</p>	<p>1. Yes</p> <p>0. No</p>	
	<p>e. Does this facility stock any medicines for ANC in this service site?</p> <p>(select_one)</p>	<p>1. Yes</p> <p>0. No</p>	<p>If "Yes," continue to 4.2.1.2.6. Otherwise, skip to the end of this sub-section.</p>
4.2.1.2.6	<p>Are any of the following medicines available in the ANC service area today?</p> <p>CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)</p>		
	<p>a1. Iron tablets</p> <p>(select_one)</p>	<p>1. Observed—at least one not expired</p> <p>2. Observed—available but expired</p> <p>3. Not observed—reported available but not seen</p> <p>4. Not observed—not available today</p> <p>5. Never available</p>	<p>MNH.HFA.1</p> <p>If observed and at least one not expired (1) or reported available but not seen (3), continue to a2. Otherwise, skip to b1.</p>
	<p>a2. Has the facility experienced a stockout of this commodity at any time in the past three months?</p> <p>(select_one)</p>	<p>1. Yes</p> <p>0. No</p>	
	<p>b1. Folic acid tablets</p> <p>(select_one)</p>	<p>1. Observed—at least one not expired</p> <p>2. Observed—available but expired</p> <p>3. Not observed—reported available but not seen</p> <p>4. Not observed—not available today</p> <p>5. Never available</p>	<p>MNH.HFA.1</p> <p>If observed and at least one not expired (1) or reported available but not seen (3), continue to b2. Otherwise, skip to c1.</p>

	<p>b2. Has the facility experienced a stockout of this commodity at any time in the past three months?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	
	<p>c1. Iron and folic acid combination tablets</p> <p>(select_one)</p>	<p>1. Observed—at least one not expired 2. Observed—available but expired 3. Not observed—reported available but not seen 4. Not observed—not available today 5. Never available</p>	<p>MNH.HFA.1</p> <p>If observed and at least one not expired (1) or reported available but not seen (3), continue to c2. Otherwise, skip to d1.</p>
	<p>c2. Has the facility experienced a stockout of this commodity at any time in the past three months?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	
	<p>d1. Tetanus toxoid vaccine</p> <p>(select_one)</p>	<p>1. Observed—at least one not expired 2. Observed—available but expired 3. Not observed—reported available but not seen 4. Not observed—not available today 5. Never available</p>	<p>MNH.HFA.1</p> <p>If observed and at least one not expired (1) or reported available but not seen (3), continue to d2. Otherwise, skip to e1.</p>
	<p>d2. Has the facility experienced a stockout of this commodity at any time in the past three months?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	

	<p>e1. Penicillin injection (for syphilis treatment)</p> <p>(select_one)</p>	<ol style="list-style-type: none"> 1. Observed—at least one not expired 2. Observed—available but expired 3. Not observed—reported available but not seen 4. Not observed—not available today 5. Never available 	<p>MNH.HFA.1</p> <p>If observed and at least one not expired (1) or reported available but not seen (3), continue to e2. Otherwise, skip to f1.</p>
	<p>e2. Has the facility experienced a stockout of this commodity at any time in the past three months?</p> <p>(select_one)</p>	<ol style="list-style-type: none"> 1. Yes 0. No 	
	<p>f1. Low dose aspirin</p> <p>(select_one)</p>	<ol style="list-style-type: none"> 1. Observed—at least one not expired 2. Observed—available but expired 3. Not observed—reported available but not seen 4. Not observed—not available today 5. Never available 	<p>MNH.HFA.1</p> <p>If observed and at least one not expired (1) or reported available but not seen (3), continue to f2. Otherwise, skip to g1.</p>
	<p>f2. Has the facility experienced a stockout of this commodity at any time in the past three months?</p> <p>(select_one)</p>	<ol style="list-style-type: none"> 1. Yes 0. No 	
	<p>g1. Calcium supplements</p> <p>(select_one)</p>	<ol style="list-style-type: none"> 1. Observed—at least one not expired 2. Observed—available but expired 3. Not observed—reported available but not seen 4. Not observed—not available today 5. Never available 	<p>MNH.HFA.1</p> <p>If observed and at least one not expired (1) or reported available but not seen (3), continue to g2. Otherwise, skip to h1.</p>

	g2. Has the facility experienced a stockout of this commodity at any time in the past three months? (select_one)	1. Yes 0. No	
	h1. Sulfadoxine-pyrimethamine (SP) for IPTp [WHERE APPLICABLE] (select_one)	1. Observed—at least one not expired 2. Observed—available but expired 3. Not observed—reported available but not seen 4. Not observed—not available today 5. Never available	MNH.HFA.1 If observed and at least one not expired (1) or reported available but not seen (3), continue to h2. Otherwise, skip to end of this Sub-section.
	h2. Has the facility experienced a stockout of this commodity at any time in the past three months? (select_one)	1. Yes 0. No	

SUBSECTION III: OBSTETRIC AND NEWBORN CARE

NO.	QUESTION	RESPONSE OPTIONS	NOTES/SKIP LOGIC
4.2.1.3.1	Does this facility offer delivery care (including normal delivery, basic emergency obstetric care, and/or comprehensive emergency obstetric care) and/or newborn care services? (select_one)	1. Yes 0. No	If “No,” skip to next section.
4.2.1.3.2	Is there a separate maternity ward? CHECK TO ASCERTAIN (select_one)	1. Yes 0. No	
	ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE OBSTETRIC AND NEWBORN CARE SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT OBSTETRIC AND NEWBORN CARE SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.		

4.2.1.3.3	Is the maternity ward clean (absence of dust, cobwebs, dirt and blood stains, etc.)? (select_one)	1. Yes 0. No	
4.2.1.3.4	Is water and liquid soap available by the hand washing stand in the maternity ward? CHECK TO ASCERTAIN (select_one)	1. Yes 0. No	
4.2.1.3.5	Is there adequate lighting for procedures? (select_one)	1. Yes 0. No	
4.2.1.3.6	a. Is there a functioning toilet in the labor and delivery room for clients? (select_one)	1. Yes 0. No	If "No," skip to 4.2.1.3.7.
	b. Is the labor and delivery room toilet clean (absence of dust, cobwebs, dirt, and blood stains, etc.)? (select_one)	1. Yes 0. No	
4.2.1.3.7	Are there curtains or other means used to maintain privacy in the delivery room? (select_one)	1. Yes 0. No	
4.2.1.3.8	In the delivery room, is there a newborn corner that includes a table that is well-lit and warm for newborn resuscitation if required? (select_one)	1. Yes 0. No	
4.2.1.3.9	Are labor and delivery services available at this facility 24 hours a day, 7 days a week? (select_one)	1. Yes 0. No	

4.2.1.3.10	<p>Is the operating theater available for procedures, such as Caesarean section, at this facility 24 hours a day, 7 days a week?</p> <p>Note: Not applicable to most PHCs.</p> <p>(select_one)</p>	<p>1. Yes 0. No 97. Not applicable</p>	
4.2.1.3.11	<p>Approximately how many women per year come to the facility with symptoms and/or signs of obstetric fistula (e.g., leaking urine and/or feces)?</p> <p>(select_one)</p>	<p>0. None 1. 1–4 2. 5–9 3. 10 or more</p>	
4.2.1.3.12	<p>a. Does this facility offer surgical repair for women who present with symptoms and/or signs of obstetric fistula?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	<p>If “No,” skip to 4.2.1.3.13. Otherwise, continue to 4.2.1.3.12b.</p>
	<p>b. If surgical repair is offered, are surgical services provided by in-house staff, visiting staff, or both in-house staff and visiting staff?</p> <p>(select_one)</p>	<p>1. In-house staff 2. Visiting staff 3. Both in-house staff and visiting staff</p>	
4.2.1.3.13	<p>Please tell me if the following interventions and screening procedures are routinely carried out by providers of delivery services in this facility:</p>		
	<p>a. BP screening at admission in labor</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	
	<p>b. Routine urine protein testing at admission in labor</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	
	<p>c. Fetal heart tone measurement at admission in labor</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	

	d. Administration of oxytocin injection immediately after birth to all women for the prevention of postpartum hemorrhage (select_one)	1. Yes 0. No	
	e. Monitoring and management of labor using partograph (select_one)	1. Yes 0. No	
	f. Immediate drying of the newborn (select_one)	1. Yes 0. No	
	g. Immediate skin-to-skin care of the newborn (select_one)	1. Yes 0. No	
	h. Immediate and exclusive breastfeeding (select_one)	1. Yes 0. No	
	i. Episiotomies (select_one)	1. Yes 0. No	
	j. Breech delivery (select_one)	1. Yes 0. No	
	k. Newborn resuscitation, when needed (select_one)	1. Yes 0. No	
	l. Kangaroo mother care (KMC) for mothers with preterm births and low birth weight (LBW) babies (select_one)	1. Yes 0. No	
	m. Rapid testing for mothers with unknown HIV status (performed in the last three months) (select_one)	1. Yes 0. No	

	n. Antiretrovirals (ARVs) given to HIV-infected mothers (in the last three months) (select_one)	1. Yes 0. No	
	o. ARVs given to HIV-exposed newborns (in the last three months) (select_one)	1. Yes 0. No	
	p. Postpartum IUDs (select_one)	1. Yes 0. No	
	q. Hygienic cord care (dry cord care OR cut with sterile item and apply disinfectant to tip and stump, and no application of other substances) (select_one)	1. Yes 0. No	
	r. Thermal protection (drying baby immediately after birth and wrapping OR placing baby skin to skin and covering both mother and baby) (select_one)	1. Yes 0. No	
4.2.1.3.14	Is there a stock of emergency medications (e.g., oxytocin, MgSO4)? (select_one)	1. Yes 0. No	
4.2.1.3.15	a. When emergency medications are not available, what do you do? (select_one)	1. Patients are given a shopping list to go and buy 2. Patients are referred elsewhere 3. We do nothing 96. Other (specify)	If "Other," continue to 4.2.1.3.15b. Otherwise, skip to 4.2.1.3.16.
	b. Please specify "other" action taken when emergency medications are not available. (text)	_____	

4.2.1.3.16	a. Are there separate labor (1 st stage) and delivery rooms? (select_one)	1. Yes 0. No	
4.2.1.3.17	Please tell me if any of the following interventions for the management of complications during and after pregnancy and childbirth have been carried out in the last 12 months by providers of delivery services as part of their work in this facility.		
	a. Parenteral administration of antibiotics (IV or IM) for mothers (select_one)	1. Yes 0. No	MNH.HFA.6
	b. Parenteral administration of oxytocic for treatment of postpartum hemorrhage (IV or IM) (select_one)	1. Yes 0. No	MNH.HFA.6
	c. Parenteral administration of magnesium sulphate for management of preeclampsia and eclampsia (IV or IM) (select_one)	1. Yes 0. No	MNH.HFA.6
	d. Assisted vaginal delivery (select_one)	1. Yes 0. No	MNH.HFA.6
	e. Manual removal of placenta (select_one)	1. Yes 0. No	MNH.HFA.6
	f. Removal of retained products of conception (select_one)	1. Yes 0. No	MNH.HFA.6
	g. Neonatal resuscitation with bag and mask (select_one)	1. Yes 0. No	MNH.HFA.6

	h. Caesarean section (select_one)	1. Yes 0. No	MNH.HFA.6
	i. Blood transfusion in this area of services (select_one)	1. Yes 0. No	MNH.HFA.6
	j. Antibiotics for preterm or prolonged PROM (premature rupture of membranes) to prevent infection (select_one)	1. Yes 0. No	
	k. Corticosteroids in preterm labor (select_one)	1. Yes 0. No	
	l. KMC for premature/very small babies (select_one)	1. Yes 0. No	
	m. Thermal care for preterm/LBW (incubator/warmer care) (select_one)	1. Yes 0. No	
4.2.1.3.18	Are the following documents available in the facility today: IF AVAILABLE, ASK TO SEE THE DOCUMENT		
	a. Any national guideline for essential intrapartum care? (select_one)	1. Yes, observed 2. Yes, reported but not seen 3. No	
	b. Any checklists and/or job-aids for essential intrapartum care? (e.g., the Helping Babies Breathe action plan poster, Helping Mothers Survive materials) (select_one)	1. Yes, observed 2. Yes, reported but not seen 3. No	

4.2.1.3.19	Have you received training in newborn resuscitation using the newborn bag and mask in the last two years? (select_one)	1. Yes 0. No	
4.2.1.3.20	Apart from newborn resuscitation, have you received training in essential intrapartum care in the last two years? (select_one)	1. Yes 0. No	
4.2.1.3.21	I would like to know if the following basic equipment items are available in this service area today. For each equipment item, please tell me if it is available today and functioning. ASK TO SEE THE ITEMS		
	a. Blank partograph (select_one)	1. Yes, available and observed 2. Yes available, but reported, not seen 3. Not available today	MNH.HFA.7
	b1. Delivery bed with stirrups (select_one)	1. Yes, available and observed 2. Yes available, but reported, not seen 3. Not available	MNH.HFA.7
	b2. Is the equipment functioning today? (select_one)	1. Yes 0. No 98. Don't know	
	c1. Disposable non-sterile latex gloves? (select_one)	1. Observed 2. Not observed—reported available but not seen 3. Not observed—not available today 4. Never available	MNH.HFA.7
	c2. Has the facility experienced a stockout of this commodity at any time in the past three months? (select_one)	1. Yes 0. No	

	<p>d1. Disposable sterile latex gloves?</p> <p>(select_one)</p>	<p>1. Observed</p> <p>2. Not observed—reported available but not seen</p> <p>3. Not observed—not available today</p> <p>4. Never available</p>	<p>MNH.HFA.7</p>
	<p>d2. Has the facility experienced a stockout of this commodity at any time in the past three months?</p> <p>(select_one)</p>	<p>1. Yes</p> <p>0. No</p>	
	<p>e1. Examination light (flashlight ok)</p> <p>(select_one)</p>	<p>1. Yes, available and observed</p> <p>2. Yes available, but reported, not seen</p> <p>3. Not available</p>	<p>MNH.HFA.7</p>
	<p>e2. Is the equipment functioning today?</p> <p>(select_one)</p>	<p>1. Yes</p> <p>0. No</p> <p>98. Don't know</p>	
	<p>f. Delivery pack?</p> <p>Note: A delivery pack should include a (1) cord clamp, (2) episiotomy scissors, (3) scissors or blade to cut cord, (4) suture thread with needle, and (5) needle holder.</p> <p>ASK IF EACH OF THESE ITEMS IS INCLUDED IN THE DELIVERY PACK. IF THEY ARE IN THE PACK AND IT IS SEALED, MARK THE ITEMS AS "REPORTED, NOT SEEN." IF THE ITEM CAN BE OBSERVED (EITHER FROM A USED PACK OR BECAUSE IT IS OUTSIDE THE PACK) MARK IT AS "OBSERVED."</p> <p>(select_one)</p>	<p>1. Yes, available and observed</p> <p>2. Yes available, but reported, not seen</p> <p>3. Not available</p>	<p>MNH.HFA.7</p>
	<p>g1. Cord clamp</p> <p>(select_one)</p>	<p>1. Yes, available and observed</p> <p>2. Yes available, but reported, not seen</p> <p>3. Not available</p>	<p>MNH.HFA.7</p>

g2. Is the equipment functioning today? (select_one)	1. Yes 0. No 98. Don't know	
h1. Episiotomy scissors (select_one)	1. Yes, available and observed 2. Yes available, but reported, not seen 3. Not available	MNH.HFA.7
h2. Is the equipment functioning today? (select_one)	1. Yes 0. No 98. Don't know	
i1. Scissors or blade to cut cord (select_one)	1. Yes, available and observed 2. Yes available, but reported, not seen 3. Not available	MNH.HFA.7
i2. Is the equipment functioning today? (select_one)	1. Yes 0. No 98. Don't know	
j. Suture or thread with needle (select_one)	1. Yes, available and observed 2. Yes available, but reported, not seen 3. Not available	MNH.HFA.7
k1. Needle holder (select_one)	1. Yes, available and observed 2. Yes available, but reported, not seen 3. Not available	MNH.HFA.7
k2. Is the equipment functioning today? (select_one)	1. Yes 0. No 98. Don't know	
l1. Manual vacuum extractor (select_one)	1. Yes, available and observed 2. Yes available, but reported, not seen 3. Not available	MNH.HFA.7
l2. Is the equipment functioning today? (select_one)	1. Yes 0. No 98. Don't know	

m1. Forceps for outlet application (select_one)	1. Yes, available and observed 2. Yes available, but reported, not seen 3. Not available	MNH.HFA.7
m2. Is the equipment functioning today? (select_one)	1. Yes 0. No 98. Don't know	
n1. Vacuum aspirator (select_one)	1. Yes, available and observed 2. Yes available, but reported, not seen 3. Not available	MNH.HFA.7
n2. Is the equipment functioning today? (select_one)	1. Yes 0. No 98. Don't know	
o1. D&C kit (select_one)	1. Yes, available and observed 2. Yes available, but reported, not seen 3. Not available	MNH.HFA.7
o2. Is the equipment functioning today? (select_one)	1. Yes 0. No 98. Don't know	
p1. Speculum (select_one)	1. Yes, available and observed 2. Yes available, but reported, not seen 3. Not available	MNH.HFA.7
p2. Is the equipment functioning today? (select_one)	1. Yes 0. No 98. Don't know	
q1. Pulse oximeter (select_one)	1. Yes, available and observed 2. Yes available, but reported, not seen 3. Not available	MNH.HFA.7
q2. Is the equipment functioning today? (select_one)	1. Yes 0. No 98. Don't know	

r1. Blood pressure apparatus (select_one)	1. Yes, available and observed 2. Yes available, but reported, not seen 3. Not available	MNH.HFA.7
r2. Is the equipment functioning today? (select_one)	1. Yes 0. No 98. Don't know	
s1. Fetal stethoscope/pinard/ fetoscope/digital Doppler (select_one)	1. Yes, available and observed 2. Yes available, but reported, not seen 3. Not available	MNH.HFA.7
s2. Is the equipment functioning today? (select_one)	1. Yes 0. No 98. Don't know	
t. Towel for drying newborn (select_one)	1. Yes, available and observed 2. Yes available, but reported, not seen 3. Not available	MNH.HFA.7
u1. Infant scale (with 100g gradation) (select_one)	1. Yes, available and observed 2. Yes available, but reported, not seen 3. Not available	MNH.HFA.7
u2. Is the equipment functioning today? (select_one)	1. Yes 0. No 98. Don't know	
v1. Ultrasound (anywhere in delivery service area) (select_one)	1. Yes, available and observed 2. Yes available, but reported, not seen 3. Not available	MNH.HFA.7
v2. Is the equipment functioning today? (select_one)	1. Yes 0. No 98. Don't know	
w1. Resuscitation table (with heat source) (for newborn resuscitation) (select_one)	1. Yes, available and observed 2. Yes available, but reported, not seen 3. Not available	MNH.HFA.7

w2. Is the equipment functioning today? (select_one)	1. Yes 0. No 98. Don't know	
x1. Infant incubator (anywhere in facility) (select_one)	1. Yes, available and observed 2. Yes available, but reported, not seen 3. Not available	MNH.HFA.7
x2. Is the equipment functioning today? (select_one)	1. Yes 0. No 98. Don't know	
y1. Electric or manual suction pump (select_one)	1. Yes, available and observed 2. Yes available, but reported, not seen 3. Not available	MNH.HFA.7
y2. Is the equipment functioning today? (select_one)	1. Yes 0. No 98. Don't know	
z1. Suction catheter for suctioning newborn (select_one)	1. Yes, available and observed 2. Yes available, but reported, not seen 3. Not available	MNH.HFA.7
z2. Is the equipment functioning today? (select_one)	1. Yes 0. No 98. Don't know	
aa1. Suction bulb (single use) (select_one)	1. Yes, available and observed 2. Yes available, but reported, not seen 3. Not available	MNH.HFA.7
aa2. Is the equipment functioning today? (select_one)	1. Yes 0. No 98. Don't know	
ab1. Suction bulb (sterilizable multi-use) (select_one)	1. Yes, available and observed 2. Yes available, but reported, not seen 3. Not available	MNH.HFA.7

	ab2. Is the equipment functioning today? (select_one)	1. Yes 0. No 98. Don't know	
	ac1. Thermometer (select_one)	1. Yes, available and observed 2. Yes available, but reported, not seen 3. Not available	MNH.HFA.7
	ac2. Is the equipment functioning today? (select_one)	1. Yes 0. No 98. Don't know	
4.2.1.3.22	a. Does this unit have an adult-sized resuscitation bag and mask size? (select_one)	1. Yes, available and observed 2. Yes available, but reported, not seen 3. Not available	If "Not available," skip to next question. Otherwise, continue to b. MNH.HFA.7
	b. Is the equipment functioning today? (select_one)	1. Yes 0. No 98. Don't know	
	c. At any time during the past three months has the adult-sized resuscitation bag and mask been unavailable for this unit for any reason? (select_one)	1. Yes 0. No 98. Don't know	
4.2.1.3.23	a. Does this unit have a resuscitation bag and mask size 0 for preterm infants? (select_one)	1. Yes, available and observed 2. Yes available, but reported, not seen 3. Not available	If "Not available," skip to next question. Otherwise, continue to b. MNH.HFA.7
	b. Is the equipment functioning today? (select_one)	1. Yes 0. No 98. Don't know	

	<p>c. At any time during the past three months has the resuscitation bag and mask for preterm babies been unavailable for this unit for any reason?</p> <p>(select_one)</p>	<p>1. Yes 0. No 98. Don't know</p>	
4.2.1.3.24	<p>a. Does this unit have a resuscitation bag and mask size 1 for term infants?</p> <p>(select_one)</p>	<p>1. Yes, available and observed 2. Yes available, but reported, not seen 3. Not available</p>	MNH.HFA.7
	<p>b. Is the equipment functioning today?</p> <p>(select_one)</p>	<p>1. Yes 0. No 98. Don't know</p>	
	<p>c. At any time during the past three months has the resuscitation bag and mask for term infants been unavailable for this unit for any reason?</p> <p>(select_one)</p>	<p>1. Yes 0. No 98. Don't know</p>	
4.2.1.3.25	<p>Now I would like to know about the availability of oxygen for patients in this unit. Does this unit ever provide oxygen to patients?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	<p>If "Yes," continue to 4.2.1.3.26. If "No," skip to 4.2.1.3.30.</p>
4.2.1.3.26	<p>Is there any oxygen currently in the unit?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	
4.2.1.3.27	<p>How is oxygen provided to patients in this unit?</p>		
	<p>a1. Bedside oxygen cylinders</p> <p>(select_one)</p>	<p>1. Yes, available and observed 2. Yes available, but reported, not seen 3. Not available</p>	<p>If "Not available," skip to b1. Otherwise, continue to a2.</p> <p>MNH.HFA.7</p>

a2. Is the equipment functioning today? (select_one)	1. Yes 0. No 98. Don't know	
b1. Bedside oxygen concentrators (select_one)	1. Yes, available and observed 2. Yes available, but reported, not seen 3. Not available	If "Not available," skip to c1. Otherwise, continue to b2. MNH.HFA.7
b2. Is the equipment functioning today? (select_one)	1. Yes 0. No 98. Don't know	
c1. Oxygen cylinder manifold piped to a bedside wall outlet (select_one)	1. Yes, available and observed 2. Yes available, but reported, not seen 3. Not available	If "Not available," skip to d1. Otherwise, continue to c2. MNH.HFA.7
c2. Is the equipment functioning today? (select_one)	1. Yes 0. No 98. Don't know	
d1. Central piping from a pressure swing adsorption (PSA) plant to a bedside wall outlet (select_one)	1. Yes, available and observed 2. Yes available, but reported, not seen 3. Not available	If "Not available," skip to e1. Otherwise, continue to d2. MNH.HFA.7
d2. Is the equipment functioning today? (select_one)	1. Yes 0. No 98. Don't know	
e1. Central piping from a bulk liquid oxygen tank to a bedside wall outlet (select_one)	1. Yes, available and observed 2. Yes available, but reported, not seen 3. Not available	If "Not available," skip to 4.2.1.3.28. Otherwise, continue to e2. MNH.HFA.7
e2. Is the equipment functioning today? (select_one)	1. Yes 0. No 98. Don't know	

4.2.1.3.28	Now I would like to see the following items and to know if they are functional or not:		
	a1. Flowmeter for oxygen source, with gradations in mL (select_one)	1. Yes, available and observed 2. Yes available, but reported, not seen 3. Not available	If “Not available,” skip to b1. Otherwise, continue to a2. MNH.HFA.7
	a2. Is the equipment functioning today? (select_one)	1. Yes 0. No 98. Don’t know	
	b1. Humidifier (select_one)	1. Yes, available and observed 2. Yes available, but reported, not seen 3. Not available	If “Not available,” skip to c1. Otherwise, continue to b2. MNH.HFA.7
	b2. Is the equipment functioning today? (select_one)	1. Yes 0. No 98. Don’t know	
	c1. Oxygen delivery apparatus (key connecting tubes and mask/nasal prongs) (select_one)	1. Yes, available and observed 2. Yes available, but reported, not seen 3. Not available	If “Not available,” skip to d1. Otherwise, continue to c2. MNH.HFA.7
	c2. Is the equipment functioning today? (select_one)	1. Yes 0. No 98. Don’t know	
	d1. Pediatric-sized oxygen delivery apparatus (key connecting tubes and mask/nasal prongs) (select_one)	1. Yes, available and observed 2. Yes available, but reported, not seen 3. Not available	If “Not available,” skip to 4.2.1.3.29. Otherwise, continue to d2. MNH.HFA.7
	d2. Is the equipment functioning today? (select_one)	1. Yes 0. No 98. Don’t know	

4.2.1.3.29	At any time during the past three months has oxygen been unavailable for this unit for any reason? (select_one)	1. Yes 0. No	
4.2.1.3.30	Does this facility stock any medicines for obstetric care and delivery services in this service site? (select_one)	1. Yes 0. No	If “No,” skip to the end of this section.
4.2.1.3.31	Are any of the following medicines and commodities available today in the delivery area? CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)		
	a1. Magnesium sulfate injection (select_one)	1. Observed—at least one not expired 2. Observed—available but expired 3. Not observed—reported available but not seen 4. Not observed—not available today 5. Never available	MNH.HFA.7 If observed and at least one not expired (1) or reported available but not seen (3), continue to a2. Otherwise, skip to b1.
	a2. Has the facility experienced a stockout of this commodity at any time in the past three months? (select_one)	1. Yes 0. No	
	b1. Betamethasone injection (select_one)	1. Observed—at least one not expired 2. Observed—available but expired 3. Not observed—reported available but not seen 4. Not observed—not available today 5. Never available	MNH.HFA.7 If observed and at least one not expired (1) or reported available but not seen (3), continue to b2. Otherwise, skip to c1.
	b2. Has the facility experienced a stockout of this commodity at any time in the past three months? (select_one)	1. Yes 0. No	

	<p>c1. Dexamethasone injection</p> <p>(select_one)</p>	<p>1. Observed—at least one not expired</p> <p>2. Observed—available but expired</p> <p>3. Not observed—reported available but not seen</p> <p>4. Not observed—not available today</p> <p>5. Never available</p>	<p>MNH.HFA.7</p> <p>If observed and at least one not expired (1) or reported available but not seen (3), continue to c2. Otherwise, skip to d1.</p>
	<p>c2. Has the facility experienced a stockout of this commodity at any time in the past three months?</p> <p>(select_one)</p>	<p>1. Yes</p> <p>0. No</p>	
	<p>d1. Intravenous infusion set</p> <p>(select_one)</p>	<p>1. Observed—at least one not expired</p> <p>2. Observed—available but expired</p> <p>3. Not observed—reported available but not seen</p> <p>4. Not observed—not available today</p> <p>5. Never available</p>	<p>MNH.HFA.7</p> <p>If observed and at least one not expired (1) or reported available but not seen (3), continue to d2. Otherwise, skip to e1.</p>
	<p>d2. Has the facility experienced a stockout of this commodity at any time in the past three months?</p> <p>(select_one)</p>	<p>1. Yes</p> <p>0. No</p>	
	<p>e1. Dextrose and water 5% (D5W) intravenous solution</p> <p>(select_one)</p>	<p>1. Observed—at least one not expired</p> <p>2. Observed—available but expired</p> <p>3. Not observed—reported available but not seen</p> <p>4. Not observed—not available today</p> <p>5. Never available</p>	<p>MNH.HFA.7</p> <p>If observed and at least one not expired (1) or reported available but not seen (3), continue to e2. Otherwise, skip to f1.</p>
	<p>e2. Has the facility experienced a stockout of this commodity at any time in the past three months?</p> <p>(select_one)</p>	<p>1. Yes</p> <p>0. No</p>	

	<p>f1. Sodium chloride (.09NS) intravenous solution</p> <p>(select_one)</p>	<p>1. Observed—at least one not expired</p> <p>2. Observed—available but expired</p> <p>3. Not observed—reported available but not seen</p> <p>4. Not observed—not available today</p> <p>5. Never available</p>	<p>MNH.HFA.7</p> <p>If observed and at least one not expired (1) or reported available but not seen (3), continue to f2. Otherwise, skip to g1.</p>
	<p>f2. Has the facility experienced a stockout of this commodity at any time in the past three months?</p> <p>(select_one)</p>	<p>1. Yes</p> <p>0. No</p>	
	<p>g1. Other plasma expander, such as Ringer’s lactate (RL)</p> <p>(select_one)</p>	<p>1. Observed—at least one not expired</p> <p>2. Observed—available but expired</p> <p>3. Not observed—reported available but not seen</p> <p>4. Not observed—not available today</p> <p>5. Never available</p>	<p>MNH.HFA.7</p> <p>If observed and at least one not expired (1) or reported available but not seen (3), continue to g2. Otherwise, skip to h1.</p>
	<p>g2. Has the facility experienced a stockout of this commodity at any time in the past three months?</p> <p>(select_one)</p>	<p>1. Yes</p> <p>0. No</p>	
	<p>h1. Any skin disinfectant</p> <p>(select_one)</p>	<p>1. Observed—at least one not expired</p> <p>2. Observed—available but expired</p> <p>3. Not observed—reported available but not seen</p> <p>4. Not observed—not available today</p> <p>5. Never available</p>	<p>MNH.HFA.7</p> <p>If observed and at least one not expired (1) or reported available but not seen (3), continue to h2. Otherwise, skip to i1.</p>
	<p>h2. Has the facility experienced a stockout of this commodity at any time in the past three months?</p> <p>(select_one)</p>	<p>1. Yes</p> <p>0. No</p>	

	<p>i1. Misoprostol tablet 200 mcg (select_one)</p>	<p>1. Observed—at least one not expired 2. Observed—available but expired 3. Not observed—reported available but not seen 4. Not observed—not available today 5. Never available</p>	<p>MNH.HFA.7 If observed and at least one not expired (1) or reported available but not seen (3), continue to i2. Otherwise, skip to j1.</p>
	<p>i2. Has the facility experienced a stockout of this commodity at any time in the past three months? (select_one)</p>	<p>1. Yes 0. No</p>	
	<p>j1. Oxytocin injection (select_one)</p>	<p>1. Observed—at least one not expired 2. Observed—available but expired 3. Not observed—reported available but not seen 4. Not observed—not available today 5. Never available</p>	<p>MNH.HFA.7 If observed and at least one not expired (1) or reported available but not seen (3), continue to j1a. Otherwise, skip to k1.</p>
	<p>j1a. Is the oxytocin stored in cold storage? (select_one)</p>	<p>1. Yes 0. No</p>	
	<p>j2. Has the facility experienced a stockout of this commodity at any time in the past three months? (select_one)</p>	<p>1. Yes 0. No</p>	
	<p>k1. Antibiotic eye ointment for newborn (select_one)</p>	<p>1. Observed—at least one not expired 2. Observed—available but expired 3. Not observed—reported available but not seen 4. Not observed—not available today 5. Never available</p>	<p>If observed and at least one not expired (1) or reported available but not seen (3), continue to k2. Otherwise, skip to l1.</p>
	<p>k2. Has the facility experienced a stockout of this commodity at any time in the past three months? (select_one)</p>	<p>1. Yes 0. No</p>	

	<p>l1. Gentamicin injection (concentration in one vial)</p> <p>(select_one)</p>	<p>1. Observed—at least one not expired 2. Observed—available but expired 3. Not observed—reported available but not seen 4. Not observed—not available today 5. Never available</p>	<p>If observed and at least one not expired (1) or reported available but not seen (3), continue to l2. Otherwise, skip to m1.</p>
	<p>l2. Has the facility experienced a stockout of this commodity at any time in the past three months?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	
	<p>m1. Ampicillin powder for injection</p> <p>(select_one)</p>	<p>1. Observed—at least one not expired 2. Observed—available but expired 3. Not observed—reported available but not seen 4. Not observed—not available today 5. Never available</p>	<p>If observed and at least one not expired (1) or reported available but not seen (3), continue to m2. Otherwise, skip to n1.</p>
	<p>m2. Has the facility experienced a stockout of this commodity at any time in the past three months?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	
	<p>n1. Hydralazine injection</p> <p>(select_one)</p>	<p>1. Observed—at least one not expired 2. Observed—available but expired 3. Not observed—reported available but not seen 4. Not observed—not available today 5. Never available</p>	<p>If observed and at least one not expired (1) or reported available but not seen (3), continue to n2. Otherwise, skip to o1.</p>
	<p>n2. Has the facility experienced a stockout of this commodity at any time in the past three months?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	

	<p>o1. Metronidazole injection</p> <p>(select_one)</p>	<p>1. Observed—at least one not expired</p> <p>2. Observed—available but expired</p> <p>3. Not observed—reported available but not seen</p> <p>4. Not observed—not available today</p> <p>5. Never available</p>	<p>If observed and at least one not expired (1) or reported available but not seen (3), continue to o2. Otherwise, skip to p1.</p>
	<p>o2. Has the facility experienced a stockout of this commodity at any time in the past three months?</p> <p>(select_one)</p>	<p>1. Yes</p> <p>0. No</p>	
	<p>p1. Azithromycin cap/tab or oral liquid</p> <p>(select_one)</p>	<p>1. Observed—at least one not expired</p> <p>2. Observed—available but expired</p> <p>3. Not observed—reported available but not seen</p> <p>4. Not observed—not available today</p> <p>5. Never available</p>	<p>If observed and at least one not expired (1) or reported available but not seen (3), continue to p2. Otherwise, skip to q1.</p>
	<p>p2. Has the facility experienced a stockout of this commodity at any time in the past three months?</p> <p>(select_one)</p>	<p>1. Yes</p> <p>0. No</p>	
	<p>q1. Cefixime cap/tab</p> <p>(select_one)</p>	<p>1. Observed—at least one not expired</p> <p>2. Observed—available but expired</p> <p>3. Not observed—reported available but not seen</p> <p>4. Not observed—not available today</p> <p>5. Never available</p>	<p>If observed and at least one not expired (1) or reported available but not seen (3), continue to q2. Otherwise, skip to r1.</p>
	<p>q2. Has the facility experienced a stockout of this commodity at any time in the past three months?</p> <p>(select_one)</p>	<p>1. Yes</p> <p>0. No</p>	

	<p>r1. Benzathine benzylpenicillin powder for injection</p> <p>(select_one)</p>	<p>1. Observed—at least one not expired</p> <p>2. Observed—available but expired</p> <p>3. Not observed—reported available but not seen</p> <p>4. Not observed—not available today</p> <p>5. Never available</p>	<p>If observed and at least one not expired (1) or reported available but not seen (3), continue to r2. Otherwise, skip to s1.</p>
	<p>r2. Has the facility experienced a stockout of this commodity at any time in the past three months?</p> <p>(select_one)</p>	<p>1. Yes</p> <p>0. No</p>	
	<p>s1. Nifedipine cap/tab (10mg)</p> <p>(select_one)</p>	<p>1. Observed—at least one not expired</p> <p>2. Observed—available but expired</p> <p>3. Not observed—reported available but not seen</p> <p>4. Not observed—not available today</p> <p>5. Never available</p>	<p>If observed and at least one not expired (1) or reported available but not seen (3), continue to s2. Otherwise, skip to t1.</p>
	<p>s2. Has the facility experienced a stockout of this commodity at any time in the past three months?</p> <p>(select_one)</p>	<p>1. Yes</p> <p>0. No</p>	
	<p>t1. Methyldopa tablet</p> <p>(select_one)</p>	<p>1. Observed—at least one not expired</p> <p>2. Observed—available but expired</p> <p>3. Not observed—reported available but not seen</p> <p>4. Not observed—not available today</p> <p>5. Never available</p>	<p>If observed and at least one not expired (1) or reported available but not seen (3), continue to t2. Otherwise, skip to u1.</p>
	<p>t2. Has the facility experienced a stockout of this commodity at any time in the past three months?</p> <p>(select_one)</p>	<p>1. Yes</p> <p>0. No</p>	

	<p>u1. Calcium gluconate injection</p> <p>(select_one)</p>	<p>1. Observed—at least one not expired</p> <p>2. Observed—available but expired</p> <p>3. Not observed—reported available but not seen</p> <p>4. Not observed—not available today</p> <p>5. Never available</p>	<p>If observed and at least one not expired (1) or reported available but not seen (3), continue to u2. Otherwise, skip to next section.</p>
	<p>u2. Has the facility experienced a stockout of this commodity at any time in the past three months?</p> <p>(select_one)</p>	<p>1. Yes</p> <p>0. No</p>	

SUBSECTION IV: CAESAREAN SECTION

NO.	QUESTION	RESPONSE OPTIONS	NOTES/SKIP LOGIC
4.2.1.4.1	Is Caesarean section offered in this facility? (select_one)	1. Yes 0. No	If “No,” skip to next section.
4.2.1.4.2	On average, how many Caesarean sections does the facility perform per month? (integer)	_____	
4.2.1.4.3	Do you have the national guidelines for Comprehensive Emergency Obstetric Care (CEmOC) available in this facility today? IF AVAILABLE, ASK TO SEE THE DOCUMENT. (select_one)	1. Yes, observed 2. Yes, reported not seen 0. No	
4.2.1.4.4	Are there any checklists or job aids for CEmOC available in the surgical service area? IF YES ASK: May I see the job aids or checklists? (select_one)	1. Yes, observed 2. Yes, reported not seen 0. No	
4.2.1.4.5	Have you or any provider(s) of delivery service received any training in CEmOC in the past two years? (select_one)	1. Yes 0. No 98. Don’t know	
4.2.1.4.6	Does this facility have a health professional who can perform a Caesarean section present in the facility or on-call 24 hours a day (including weekends and on public holidays)? (select_one)	1. Yes, 24 hours onsite 2. Yes, not 24 hours onsite, but 24 hours on-call 3. No 24-hour coverage	
4.2.1.4.7	Does this facility have an anesthetist (or doctor with anesthetics training) present in the facility or on-call 24 hours a day (including weekends and on public holidays)? (select_one)	1. Yes, 24 hours onsite 2. Yes, not 24 hours onsite, but 24 hours on-call 3. No 24-hour coverage	

SUBSECTION V. OTHER FP/OB/GYN SURGICAL PROCEDURES

NO.	QUESTION	RESPONSE OPTIONS	NOTES/SKIP LOGIC
4.2.1.5.1	<p>Does the facility perform any other types of surgical procedures?</p> <p>(select_one)</p>	<p>1. Yes</p> <p>0. No</p>	<p>If “No,” skip to next section.</p>
4.2.1.5.2	<p>Please tell me if this facility provides the following services:</p>		
	<p>a. Tubal ligation</p> <p>(select_one)</p>	<p>1. Yes, outpatient only</p> <p>2. Yes, inpatient only</p> <p>3. Yes, both out-and inpatient</p> <p>0. No</p>	
	<p>b. Vasectomy</p> <p>(select_one)</p>	<p>1. Yes, outpatient only</p> <p>2. Yes, inpatient only</p> <p>3. Yes, both out-and inpatient</p> <p>0. No</p>	
	<p>c. Dilatation and curettage (D&C) or vacuum aspiration for evacuation of uterus</p> <p>(select_one)</p>	<p>1. Yes, outpatient only</p> <p>2. Yes, inpatient only</p> <p>3. Yes, both out-and inpatient</p> <p>0. No</p>	
	<p>d. Episiotomy, cervical, and vaginal laceration repair</p> <p>(select_one)</p>	<p>1. Yes, outpatient only</p> <p>2. Yes, inpatient only</p> <p>3. Yes, both out-and inpatient</p> <p>0. No</p>	
	<p>e. Obstetric fistula repair</p> <p>(select_one)</p>	<p>1. Yes, outpatient only</p> <p>2. Yes, inpatient only</p> <p>3. Yes, both out-and inpatient</p> <p>0. No</p>	

	<p>f1. Abortions</p> <p>(select_one)</p>	<p>1. Yes, outpatient only</p> <p>2. Yes, inpatient only</p> <p>3. Yes, both out-and inpatient</p> <p>0. No</p>	<p>If “No,” skip to g1. Otherwise, continue to f2.</p>
	<p>f2. Under what conditions are abortion services provided?</p> <p>(select_one)</p>	<p>1. Medical emergency only</p> <p>2. Both medical emergency and elective as allowed by law</p>	
	<p>f3. Does this facility offer abortion services for minor adolescents?</p> <p>IF YES, ASK: Is guardian consent required for minor adolescents to receive an abortion?</p> <p>(select_one)</p>	<p>1. Yes, guardian consent required</p> <p>2. Yes, but no guardian consent required</p> <p>0. No adolescent abortion services</p>	
	<p>g1. Post-abortion care?</p> <p>(select_one)</p>	<p>1. Yes, outpatient only</p> <p>2. Yes, inpatient only</p> <p>3. Yes, both out-and inpatient</p> <p>0. No</p>	<p>If “No,” skip to 4.2.1.5.3. Otherwise, continue to g2.</p>
	<p>g2. Does the facility provide post-abortion family planning counseling and service delivery?</p> <p>(select_one)</p>	<p>1. Yes</p> <p>0. No</p>	
4.2.1.5.3	<p>Does this facility have a health professional trained in general surgery present in the facility or on-call in near proximity (within 30 minutes) 24 hours a day, including weekends and on public holidays?</p> <p>(select_one)</p>	<p>1. Yes, 24 hours onsite</p> <p>2. Yes, not 24 hours onsite, but 24 hours on-call</p> <p>3. No 24-hour coverage</p>	
4.2.1.5.4	<p>Do you have materials on integrated management of emergency and essential surgical care (IMEESC), such as best practices, protocols or other materials available today in the surgical service area?</p> <p>IF YES, ASK: May I see the guidelines or other documents?</p> <p>(select_one)</p>	<p>1. Yes, observed</p> <p>2. Yes, reported not seen</p> <p>0. Not available</p>	

4.2.1.5.5	<p>Is the WHO surgical safety checklist, or a similar tool, utilized routinely in the operating theatres?</p> <p>IF YES, ASK: May I see a copy of the checklist that is used?</p> <p>(select_one)</p>	<p>1. Yes, observed</p> <p>2. Yes, reported not seen</p> <p>0. Not available</p>	
4.2.1.5.6	<p>Have you or any provider(s) of basic surgical services received any training in IMEESC in the past two years?</p> <p>(select_one)</p>	<p>1. Yes</p> <p>0. No</p> <p>98. Don't know</p>	

SUBSECTION VI. SSNB CARE

NO.	QUESTION	RESPONSE OPTIONS	NOTES/SKIP LOGIC
4.2.1.6.1	<p>Does this facility provide any inpatient services for the small or sick newborns?</p> <p>IF YES, ASK: Are there any special inpatient units for small or sick infants?</p> <p>CHECK TO ASCERTAIN</p> <p>(select_one)</p>	<p>1. Yes, at least one special care unit for small/sick infants</p> <p>2. Yes, but with no special unit for small/sick infants</p> <p>0. No inpatient care of sick infants</p>	<p>If no inpatient care, skip to next section.</p>
<p>ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE SMALL AND SICK NEWBORN CARE SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT SMALL AND SICK NEWBORN CARE SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.</p>			
4.2.1.6.2	<p>Does this facility provide SSNB/neonatal care 24 hours a day, seven days a week?</p> <p>(select_one)</p>	<p>1. Yes</p> <p>0. No</p> <p>98. Don't know</p>	
4.2.1.6.3	<p>What is the total capacity of your neonatal unit if you have one baby per bed, including cots, radiant warmers, incubators, etc.?</p> <p>(integer)</p>	<p>— —</p>	
<p><i>Management of Complications for Small and Sick Newborns</i></p>			

<p>4.2.1.6.4</p>	<p>Now, I would like to ask some questions about services that are available for inpatient newborns and young infants.</p> <p>For each condition/treatment I mention, please tell me if the facility provides the services in this or another unit in the facility, if the patient is referred outside of the facility for the service, if the parent is counseled because of no treatment options, or if there are no services at all related to this item:</p>		
	<p>a. Respiratory conditions</p> <p>(select_one)</p>	<ol style="list-style-type: none"> 1. Provides service at this facility—at this unit 2. Provides service at this facility—at another unit 3. Does not provide service—refer patients requiring the service to outside facility 4. Does not provide service—counsel patient but no referral/no treatment 0. Does not provide service—no service, referral, or counseling 	
	<p>b. Nutritional support for newborns (includes lactation support and management, fortification and supplementation)</p> <p>(select_one)</p>	<ol style="list-style-type: none"> 1. Provides service at this facility—at this unit 2. Provides service at this facility—at another unit 3. Does not provide service—refer patients requiring the service to outside facility 4. Does not provide service—counsel patient but no referral/no treatment 0. Does not provide service—no service, referral, or counseling 	

	<p>c. Hyperbilirubinemia</p> <p>(select_one)</p>	<p>1. Provides service at this facility—at this unit</p> <p>2. Provides service at this facility—at another unit</p> <p>3. Does not provide service—refer patients requiring the service to outside facility</p> <p>4. Does not provide service—counsel patient but no referral/no treatment</p> <p>0. Does not provide service—no service, referral, or counseling</p>	
	<p>d. Seizures (diagnosis and investigation of causes)</p> <p>(select_one)</p>	<p>1. Provides service at this facility—at this unit</p> <p>2. Provides service at this facility—at another unit</p> <p>3. Does not provide service—refer patients requiring the service to outside facility</p> <p>4. Does not provide service—counsel patient but no referral/no treatment</p> <p>0. Does not provide service—no service, referral, or counseling</p>	
	<p>e. Seizures (treatment)</p> <p>(select_one)</p>	<p>1. Provides service at this facility—at this unit</p> <p>2. Provides service at this facility—at another unit</p> <p>3. Does not provide service—refer patients requiring the service to outside facility</p> <p>4. Does not provide service—counsel patient but no referral/no treatment</p> <p>0. Does not provide service—no service, referral, or counseling</p>	

	<p>f. Neonatal encephalopathy</p> <p>(select_one)</p>	<p>1. Provides service at this facility—at this unit</p> <p>2. Provides service at this facility—at another unit</p> <p>3. Does not provide service—refer patients requiring the service to outside facility</p> <p>4. Does not provide service—counsel patient but no referral/no treatment</p> <p>0. Does not provide service—no service, referral, or counseling</p>	
	<p>g. Anemia and hemolytic disease of newborns</p> <p>(select_one)</p>	<p>1. Provides service at this facility—at this unit</p> <p>2. Provides service at this facility—at another unit</p> <p>3. Does not provide service—refer patients requiring the service to outside facility</p> <p>4. Does not provide service—counsel patient but no referral/no treatment</p> <p>0. Does not provide service—no service, referral, or counseling</p>	
	<p>h. Necrotizing enterocolitis</p> <p>(select_one)</p>	<p>1. Provides service at this facility—at this unit</p> <p>2. Provides service at this facility—at another unit</p> <p>3. Does not provide service—refer patients requiring the service to outside facility</p> <p>4. Does not provide service—counsel patient but no referral/no treatment</p> <p>0. Does not provide service—no service, referral, or counseling</p>	

	<p>i. Retinopathy of prematurity (select_one)</p>	<p>1. Provides service at this facility—at this unit 2. Provides service at this facility—at another unit 3. Does not provide service—refer patients requiring the service to outside facility 4. Does not provide service—counsel patient but no referral/no treatment 0. Does not provide service—no service, referral, or counseling</p>	
	<p>j. Intraventricular hemorrhage (select_one)</p>	<p>1. Provides service at this facility—at this unit 2. Provides service at this facility—at another unit 3. Does not provide service—refer patients requiring the service to outside facility 4. Does not provide service—counsel patient but no referral/no treatment 0. Does not provide service—no service, referral, or counseling</p>	
	<p>k. Surgical care (select_one)</p>	<p>1. Provides service at this facility—at this unit 2. Provides service at this facility—at another unit 3. Does not provide service—refer patients requiring the service to outside facility 4. Does not provide service—counsel patient but no referral/no treatment 0. Does not provide service—no service, referral, or counseling</p>	

	<p>I. Hypothermia (select_one)</p>	<p>1. Provides service at this facility—at this unit 2. Provides service at this facility—at another unit 3. Does not provide service—refer patients requiring the service to outside facility 4. Does not provide service—counsel patient but no referral/no treatment 0. Does not provide service—no service, referral, or counseling</p>	
	<p>m. CPAP (select_one)</p>	<p>1. Provides service at this facility—at this unit 2. Provides service at this facility—at another unit 3. Does not provide service—refer patients requiring the service to outside facility 4. Does not provide service—counsel patient but no referral/no treatment 0. Does not provide service—no service, referral, or counseling</p>	
	<p>n. Phototherapy (select_one)</p>	<p>1. Provides service at this facility—at this unit 2. Provides service at this facility—at another unit 3. Does not provide service—refer patients requiring the service to outside facility 4. Does not provide service—counsel patient but no referral/no treatment 0. Does not provide service—no service, referral, or counseling</p>	
<p><i>Kangaroo Mother Care (KMC)</i></p>			

<p>4.2.1.6.5</p>	<p>Does this facility practice KMC for small (preterm and/or low-birth weight) babies (<2000 grams)?</p> <p>KMC is the early, prolonged, and continuous skin-to-skin contact between the mother (or substitute) and her baby with support for positioning, feeding (ideally exclusive breastfeeding), early discharge and follow-up care (WHO definition).</p> <p>(select_one)</p>	<p>1. Yes 0. No 98. Don't know</p>	
<p>4.2.1.6.6</p>	<p>Did this facility practice KMC for low-birth-weight babies (<2000 grams) in the last three months?</p> <p>(select_one)</p>	<p>1. Yes 0. No 98. Don't know</p>	
<p><i>Neonatal Sepsis</i></p>			
<p>4.2.1.6.7</p>	<p>Are newborns or neonates with symptoms of sepsis provided services or referral in the inpatient service area?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	<p>If "No," skip to next section.</p>
<p>4.2.1.6.8</p>	<p>When there is a probable case of neonatal sepsis, what routine practices are taken for managing the case?</p> <p>FOR EACH PRACTICE, CLARIFY IF THIS IS ALWAYS, SOMETIMES OR NEVER PRACTICED.</p>		
	<p>a. Immediately refer to another facility without providing any treatment</p> <p>(select_one)</p>	<p>1. Yes, always 2. Yes, sometimes 0. No, never</p>	
	<p>b. Immediately refer to another unit in this facility without providing any treatment</p> <p>(select_one)</p>	<p>1. Yes, always 2. Yes, sometimes 0. No, never</p>	

	c. Provide one dose injectable antibiotic and then refer to another facility (select_one)	1. Yes, always 2. Yes, sometimes 0. No, never	
	d. Provide one dose injectable antibiotic and then refer to another unit in this facility (select_one)	1. Yes, always 2. Yes, sometimes 0. No, never	
	e. Prescribe the full antibiotic regimen and follow-up in this unit (select_one)	1. Yes, always 2. Yes, sometimes 0. No, never	
<i>Medication and Drugs</i>			
4.2.1.6.9	Please tell me which of these commodities are available in the facility today. I would like to see them: [COUNTRIES TO ADAPT/REMOVE MEDICATIONS BASED ON WHO OR NATIONAL GUIDELINES]		
	a1. Cloxacillin injections (select_one)	1. Observed – at least one not expired 2. Observed – available but expired 3. Not observed – reported available but not seen 4. Not observed – not available today 5. Never available	If observed or reported in stock, continue to a2. Otherwise, skip to b1.
	a2. Has the facility experienced a stockout of this commodity at any time in the past three months? (select_one)	1. Yes 0. No	

	<p>b1. Gentian violet (crystals or reconstituted)</p> <p>(select_one)</p>	<ol style="list-style-type: none"> 1. Observed – at least one not expired 2. Observed – available but expired 3. Not observed – reported available but not seen 4. Not observed – not available today 5. Never available 	<p>If observed or reported in stock, continue to b2. Otherwise, skip to c1.</p> <p>MNH.HFA.20</p>
	<p>b2. Has the facility experienced a stockout of this commodity at any time in the past three months?</p> <p>(select_one)</p>	<ol style="list-style-type: none"> 1. Yes 0. No 	
	<p>c1. Mycostatin liquid</p> <p>(select_one)</p>	<ol style="list-style-type: none"> 1. Observed – at least one not expired 2. Observed – available but expired 3. Not observed – reported available but not seen 4. Not observed – not available today 5. Never available 	<p>If observed or reported in stock, continue to c2. Otherwise, skip to d1.</p> <p>MNH.HFA.20</p>
	<p>c2. Has the facility experienced a stockout of this commodity at any time in the past three months?</p> <p>(select_one)</p>	<ol style="list-style-type: none"> 1. Yes 0. No 	
	<p>d1. Phenobarbital injection</p> <p>(select_one)</p>	<ol style="list-style-type: none"> 1. Observed – at least one not expired 2. Observed – available but expired 3. Not observed – reported available but not seen 4. Not observed – not available today 5. Never available 	<p>If observed or reported in stock, continue to d2. Otherwise, skip to e1.</p> <p>MNH.HFA.20</p>

	d2. Has the facility experienced a stockout of this commodity at any time in the past three months? (select_one)	1. Yes 0. No	
	e1. Phenytoin injection (select_one)	1. Observed – at least one not expired 2. Observed – available but expired 3. Not observed – reported available but not seen 4. Not observed – not available today 5. Never available	If observed or reported in stock, continue to e2. Otherwise, skip to f1. MNH.HFA.20
	e2. Has the facility experienced a stockout of this commodity at any time in the past three months? (select_one)	1. Yes 0. No	
	f1. Lorazepam injection (select_one)	1. Observed – at least one not expired 2. Observed – available but expired 3. Not observed – reported available but not seen 4. Not observed – not available today 5. Never available	If observed or reported in stock, continue to f2. Otherwise, skip to g1. MNH.HFA.20
	f2. Has the facility experienced a stockout of this commodity at any time in the past three months? (select_one)	1. Yes 0. No	

	<p>g1. Midazolam injection</p> <p>(select_one)</p>	<ol style="list-style-type: none"> 1. Observed – at least one not expired 2. Observed – available but expired 3. Not observed – reported available but not seen 4. Not observed – not available today 5. Never available 	<p>If observed or reported in stock, continue to g2. Otherwise, skip to h1.</p> <p>MNH.HFA.20</p>
	<p>g2. Has the facility experienced a stockout of this commodity at any time in the past three months?</p> <p>(select_one)</p>	<ol style="list-style-type: none"> 1. Yes 0. No 	
	<p>h1. Diazepam suppository</p> <p>(select_one)</p>	<ol style="list-style-type: none"> 1. Observed – at least one not expired 2. Observed – available but expired 3. Not observed – reported available but not seen 4. Not observed – not available today 5. Never available 	<p>If observed or reported in stock, continue to h2. Otherwise, skip to i1.</p> <p>MNH.HFA.20</p>
	<p>h2. Has the facility experienced a stockout of this commodity at any time in the past three months?</p> <p>(select_one)</p>	<ol style="list-style-type: none"> 1. Yes 0. No 	
	<p>i1. Nevirapine syrup</p> <p>(select_one)</p>	<ol style="list-style-type: none"> 1. Observed – at least one not expired 2. Observed – available but expired 3. Not observed – reported available but not seen 4. Not observed – not available today 5. Never available 	<p>If observed or reported in stock, continue to i2. Otherwise, skip to j1.</p> <p>MNH.HFA.20</p>

	<p>i2. Has the facility experienced a stockout of this commodity at any time in the past three months?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	
	<p>j1. Caffeine citrate injection</p> <p>(select_one)</p>	<p>1. Observed – at least one not expired 2. Observed – available but expired 3. Not observed – reported available but not seen 4. Not observed – not available today 5. Never available</p>	<p>If observed or reported in stock, continue to j2. Otherwise, skip to k1.</p> <p>MNH.HFA.20</p>
	<p>j2. Has the facility experienced a stockout of this commodity at any time in the past three months?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	
	<p>k1. Dopamine injection</p> <p>(select_one)</p>	<p>1. Observed – at least one not expired 2. Observed – available but expired 3. Not observed – reported available but not seen 4. Not observed – not available today 5. Never available</p>	<p>If observed or reported in stock, continue to k2. Otherwise, skip to l1.</p> <p>MNH.HFA.20</p>
	<p>k2. Has the facility experienced a stockout of this commodity at any time in the past three months?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	

	<p>l1. Theophylline/aminophylline injection</p> <p>(select_one)</p>	<p>1. Observed – at least one not expired</p> <p>2. Observed – available but expired</p> <p>3. Not observed – reported available but not seen</p> <p>4. Not observed – not available today</p> <p>5. Never available</p>	<p>If observed or reported in stock, continue to l2. Otherwise, skip to m1.</p> <p>MNH.HFA.20</p>
	<p>l2. Has the facility experienced a stockout of this commodity at any time in the past three months?</p> <p>(select_one)</p>	<p>1. Yes</p> <p>0. No</p>	
	<p>m1. Vitamin K injection</p> <p>(select_one)</p>	<p>1. Observed – at least one not expired</p> <p>2. Observed – available but expired</p> <p>3. Not observed – reported available but not seen</p> <p>4. Not observed – not available today</p> <p>5. Never available</p>	<p>If observed or reported in stock, continue to m2. Otherwise, skip to n1.</p> <p>MNH.HFA.20</p>
	<p>m2. Has the facility experienced a stockout of this commodity at any time in the past three months?</p> <p>(select_one)</p>	<p>1. Yes</p> <p>0. No</p>	
	<p>n1. Magnesium sulfate</p> <p>(select_one)</p>	<p>1. Observed – at least one not expired</p> <p>2. Observed – available but expired</p> <p>3. Not observed – reported available but not seen</p> <p>4. Not observed – not available today</p> <p>5. Never available</p>	<p>If observed or reported in stock, continue to n2. Otherwise, skip to o1.</p> <p>MNH.HFA.20</p>

	n2. Has the facility experienced a stockout of this commodity at any time in the past three months? (select_one)	1. Yes 0. No	
	o1. Betamethasone (select_one)	1. Observed – at least one not expired 2. Observed – available but expired 3. Not observed – reported available but not seen 4. Not observed – not available today 5. Never available	If observed or reported in stock, continue to o2. Otherwise, skip to p1. MNH.HFA.20
	o2. Has the facility experienced a stockout of this commodity at any time in the past three months? (select_one)	1. Yes 0. No	
	p1. Dexamethasone (select_one)	1. Observed – at least one not expired 2. Observed – available but expired 3. Not observed – reported available but not seen 4. Not observed – not available today 5. Never available	If observed or reported in stock, continue to p2. Otherwise, skip to q1. MNH.HFA.20
	p2. Has the facility experienced a stockout of this commodity at any time in the past three months? (select_one)	1. Yes 0. No	

	<p>q1. Dextrose and water 5% (D5W) intravenous solution</p> <p>(select_one)</p>	<ol style="list-style-type: none"> 1. Observed – at least one not expired 2. Observed – available but expired 3. Not observed – reported available but not seen 4. Not observed – not available today 5. Never available 	<p>If observed or reported in stock, continue to q2. Otherwise, skip to r1.</p> <p>MNH.HFA.20</p>
	<p>q2. Has the facility experienced a stockout of this commodity at any time in the past three months?</p> <p>(select_one)</p>	<ol style="list-style-type: none"> 1. Yes 0. No 	
	<p>r1. Dextrose and water 10% (D10W) intravenous solution</p> <p>(select_one)</p>	<ol style="list-style-type: none"> 1. Observed – at least one not expired 2. Observed – available but expired 3. Not observed – reported available but not seen 4. Not observed – not available today 5. Never available 	<p>If observed or reported in stock, continue to r2. Otherwise, skip to s1.</p> <p>MNH.HFA.20</p>
	<p>r2. Has the facility experienced a stockout of this commodity at any time in the past three months?</p> <p>(select_one)</p>	<ol style="list-style-type: none"> 1. Yes 0. No 	
	<p>s1. Sodium Chloride (.09NS) intravenous solution</p> <p>(select_one)</p>	<ol style="list-style-type: none"> 1. Observed – at least one not expired 2. Observed – available but expired 3. Not observed – reported available but not seen 4. Not observed – not available today 5. Never available 	<p>If observed or reported in stock, continue to s2. Otherwise, skip to t1.</p> <p>MNH.HFA.20</p>

	s2. Has the facility experienced a stockout of this commodity at any time in the past three months? (select_one)	1. Yes 0. No	
	t1. Other plasma expander such as Ringers Lactate (RL) (select_one)	1. Observed – at least one not expired 2. Observed – available but expired 3. Not observed – reported available but not seen 4. Not observed – not available today 5. Never available	If observed or reported in stock, continue to t2. Otherwise, skip to 4.2.1.6.10. MNH.HFA.20
	t2. Has the facility experienced a stockout of this commodity at any time in the past three months? (select_one)	1. Yes 0. No	
<i>Equipment</i>			
4.2.6.10	Please tell me if any of the following items are available at this service site today. I would like to see them: NOTE: FOR EQUIPMENT, ONLY SELECT “OBSERVED” OR “REPORTED” IF EQUIPMENT IS FUNCTIONAL. IF NOT FUNCTIONAL, SELECT “NOT AVAILABLE”.		
	a. Radiant warmer (select_one)	1. Observed 2. Reported, but not seen 0. Not available	
	b. Incubator (select_one)	1. Observed 2. Reported, but not seen 0. Not available	
	c. Resuscitation table (with heat source) (for newborn resuscitation) (select_one)	1. Observed 2. Reported, but not seen 0. Not available	
	d. Resuscitation table (without heat source) (for newborn resuscitation) (select_one)	1. Observed 2. Reported, but not seen 0. Not available	

e. Newborn bag and mask size 1 for term babies (newborn resuscitation) (select_one)	1. Observed 2. Reported, but not seen 0. Not available	
f. Newborn bag and mask size 0 for term babies (newborn resuscitation) (select_one)	1. Observed 2. Reported, but not seen 0. Not available	
g. Electric suction pump (for suction apparatus) (select_one)	1. Observed 2. Reported, but not seen 0. Not available	
h. Suction catheter (for suction apparatus) for suctioning newborn (select_one)	1. Observed 2. Reported, but not seen 0. Not available	
i. Suction bulb, single use (select_one)	1. Observed 2. Reported, but not seen 0. Not available	
j. Suction bulb, sterilizable multi-use (select_one)	1. Observed 2. Reported, but not seen 0. Not available	
k. Examination light (flashlight ok) (select_one)	1. Observed 2. Reported, but not seen 0. Not available	
l. Ventilator (MAY BE ANYWHERE IN FACILITY) (select_one)	1. Observed 2. Reported, but not seen 0. Not available	
m. Penguin sucker for mucus extraction (select_one)	1. Observed 2. Reported, but not seen 0. Not available	
n. Suction machine for bulb suction or DeLee suction (tube and reservoir) (select_one)	1. Observed 2. Reported, but not seen 0. Not available	

	<p>o. Pulse oximeter (select_one)</p>	<p>1. Observed 2. Reported, but not seen 0. Not available</p>	<p>MNH.HFA.20</p>
	<p>o2. Pulse oximeter sensors (select_one)</p>	<p>1. Observed 2. Reported, but not seen 0. Not available</p>	
	<p>p. CPAP equipment (CPAP) (driver system (standard or bubble) with accessories) (select_one)</p>	<p>1. Observed 2. Reported, but not seen 0. Not available</p>	
	<p>q. Oxygen analyzer (select_one)</p>	<p>1. Observed 2. Reported, but not seen 0. Not available</p>	<p>MNH.HFA.20</p>
	<p>r. Pressure regulator (select_one)</p>	<p>1. Observed 2. Reported, but not seen 0. Not available</p>	<p>MNH.HFA.20</p>
	<p>s. Cylinder gauges (select_one)</p>	<p>1. Observed 2. Reported, but not seen 0. Not available</p>	<p>MNH.HFA.20</p>
	<p>t. Surfactant therapy (select_one)</p>	<p>1. Observed 2. Reported, but not seen 0. Not available</p>	
	<p>u. Intravenous infusion pump (select_one)</p>	<p>1. Observed 2. Reported, but not seen 0. Not available</p>	
	<p>v. Micro-infusion pump (select_one)</p>	<p>1. Observed 2. Reported, but not seen 0. Not available</p>	
	<p>w. Micro-dip infusion set (select_one)</p>	<p>1. Observed 2. Reported, but not seen 0. Not available</p>	

	x. Laryngoscope (select_one)	1. Observed 2. Reported, but not seen 0. Not available	
	y. Endotracheal tubes (2.5 to 4 sizes) (select_one)	1. Observed 2. Reported, but not seen 0. Not available	
	z. Chest tubes for neonate (select_one)	1. Observed 2. Reported, but not seen 0. Not available	
	aa. Respiration monitor (select_one)	1. Observed 2. Reported, but not seen 0. Not available	
	ab. Apnea monitor (select_one)	1. Observed 2. Reported, but not seen 0. Not available	
	ac. Digital thermometer that measures 32-43 degrees Celsius (select_one)	1. Observed 2. Reported, but not seen 0. Not available	
	ad. Continuous temperature monitoring for infant (select_one)	1. Observed 2. Reported, but not seen 0. Not available	
	ae. Clean incubators (select_one)	1. Observed 2. Reported, but not seen 0. Not available	
	af. Radiant warmers with temperature probe (select_one)	1. Observed 2. Reported, but not seen 0. Not available	
	ag. Phototherapy lamp or units with fluorescent tubes or LED phototherapy (select_one)	1. Observed 2. Reported, but not seen 0. Not available	

	ah. Mask for covering infant's eyes (select_one)	1. Observed 2. Reported, but not seen 0. Not available	
	ai. Lumbar puncture kit/set (select_one)	1. Observed 2. Reported, but not seen 0. Not available	
	aj. Physiologic monitor for temperature, pulse, respiration, and EKG (select_one)	1. Observed 2. Reported, but not seen 0. Not available	
	ak. Gloves (disposable) (select_one)	1. Observed 2. Reported, but not seen 0. Not available	
	al. Gloves (reusable) (select_one)	1. Observed 2. Reported, but not seen 0. Not available	
	am. Face mask (dust/debris) (select_one)	1. Observed 2. Reported, but not seen 0. Not available	
	an. Face mask (surgical) (select_one)	1. Observed 2. Reported, but not seen 0. Not available	
	ao. Face mask (N95) (select_one)	1. Observed 2. Reported, but not seen 0. Not available	
	ap. Face shield (N95) (select_one)	1. Observed 2. Reported, but not seen 0. Not available	
	aq. Face shield (select_one)	1. Observed 2. Reported, but not seen 0. Not available	

ar. Chlorhexidine (7%) (select_one)	1. Observed 2. Reported, but not seen 0. Not available	
as. Ethanol (select_one)	1. Observed 2. Reported, but not seen 0. Not available	
at. Povidone iodine (select_one)	1. Observed 2. Reported, but not seen 0. Not available	
au. Alcohol-based rub (select_one)	1. Observed 2. Reported, but not seen 0. Not available	
av. Neonatal nasal prongs (select_one)	1. Observed 2. Reported, but not seen 0. Not available	MNH.HFA.20
aw. Low-flow meters (select_one)	1. Observed 2. Reported, but not seen 0. Not available	MNH.HFA.20
ax. Nasal catheters (select_one)	1. Observed 2. Reported, but not seen 0. Not available	MNH.HFA.20
ay. Neonatal oxygen masks (select_one)	1. Observed 2. Reported, but not seen 0. Not available	MNH.HFA.20
az. Air oxygen blender (select_one)	1. Observed 2. Reported, but not seen 0. Not available	MNH.HFA.20
ba. Air oxygen meters (select_one)	1. Observed 2. Reported, but not seen 0. Not available	

	bb. Humidifiers (select_one)	1. Observed 2. Reported, but not seen 0. Not available	MNH.HFA.20
	bc. T piece resuscitator (select_one)	1. Observed 2. Reported, but not seen 0. Not available	
	bd. Plastic bags/cling film (select_one)	1. Observed 2. Reported, but not seen 0. Not available	
	be. KMC wrappers (select_one)	1. Observed 2. Reported, but not seen 0. Not available	
	bf. Adhesive tape (select_one)	1. Observed 2. Reported, but not seen 0. Not available	
	bg. Intravenous infusion set (select_one)	1. Observed 2. Reported, but not seen 0. Not available	
	bh. Blood donation set (select_one)	1. Observed 2. Reported, but not seen 0. Not available	
	bi. Intravenous needle for children (select_one)	1. Observed 2. Reported, but not seen 0. Not available	
	bj. Sterile needles (select_one)	1. Observed 2. Reported, but not seen 0. Not available	
	bk. Disposable syringes 2mL (select_one)	1. Observed 2. Reported, but not seen 0. Not available	

	bl. Disposable syringes 10mL (select_one)	1. Observed 2. Reported, but not seen 0. Not available	
	bm. Stopcocks 2 or 3 way (select_one)	1. Observed 2. Reported, but not seen 0. Not available	
	bn. Rapid blood sugar testing strips/paper reagent strips or equivalent (select_one)	1. Observed 2. Reported, but not seen 0. Not available	
	bo Feeding bottles (select_one)	1. Observed 2. Reported, but not seen 0. Not available	
	bp. Breast model to demonstrate how to express milk (select_one)	1. Observed 2. Reported, but not seen 0. Not available	
	bq. Feeding cups (select_one)	1. Observed 2. Reported, but not seen 0. Not available	
	br. Feeding spoons (select_one)	1. Observed 2. Reported, but not seen 0. Not available	
	bs. Breast pumps (manual) (select_one)	1. Observed 2. Reported, but not seen 0. Not available	
	bt. Breast pumps (electric) (select_one)	1. Observed 2. Reported, but not seen 0. Not available	
	bu. Infant formula (term and pre-term) (select_one)	1. Observed 2. Reported, but not seen 0. Not available	

	bv. Nasogastric (NG) tube size 4 or 5 FG (select_one)	1. Observed 2. Reported, but not seen 0. Not available	
	bw. NG tube size 6 or 7 or 8 FG (select_one)	1. Observed 2. Reported, but not seen 0. Not available	
	bx. NG tube size 9 or 10 FG (select_one)	1. Observed 2. Reported, but not seen 0. Not available	
<i>Supplies for Diagnostic Capacity</i>			
4.2.1.6.11	Does the facility have the following for diagnostic capacity for caring small and sick newborns? I would like to see them.		
	a. Fasting plasma glucose (select_one)	1. Observed 2. Reported, but not seen 0. Not available	
	b.1 h plasma glucose (select_one)	1. Observed 2. Reported, but not seen 0. Not available	
	c. 2 h plasma glucose (select_one)	1. Observed 2. Reported, but not seen 0. Not available	
	d. Bilirubinometer transcutaneous (select_one)	1. Observed 2. Reported, but not seen 0. Not available	
	e. Bilirubinometer micro-method (select_one)	1. Observed 2. Reported, but not seen 0. Not available	
	f. Reticulocyte count (select_one)	1. Observed 2. Reported, but not seen 0. Not available	

	<p>g. Pulsometer (select_one)</p>	<p>1. Observed 2. Reported, but not seen 0. Not available</p>	
	<p>h. Molecular biological technique for HIV viral load or HIV early infant diagnosis (PCR) (select_one)</p>	<p>1. Observed 2. Reported, but not seen 0. Not available</p>	
	<p>i. Lytes (measure of electrolytes. E.g., potassium, sodium, phosphorus, magnesium, and calcium in the blood) (select_one)</p>	<p>1. Observed 2. Reported, but not seen 0. Not available</p>	
	<p>j. Culture for CSF (select_one)</p>	<p>1. Observed 2. Reported, but not seen 0. Not available</p>	
	<p>k. Culture for blood (select_one)</p>	<p>1. Observed 2. Reported, but not seen 0. Not available</p>	
	<p>l. Culture for urine (select_one)</p>	<p>1. Observed 2. Reported, but not seen 0. Not available</p>	
	<p>m. Antibiotic sensitivity (select_one)</p>	<p>1. Observed 2. Reported, but not seen 0. Not available</p>	
	<p>n. Cryptococcal antigen testing (select_one)</p>	<p>1. Observed 2. Reported, but not seen 0. Not available</p>	
	<p>o. Blood gases (select_one)</p>	<p>1. Observed 2. Reported, but not seen 0. Not available</p>	
	<p>p. Screening tests for newborn hypothyroid (select_one)</p>	<p>1. Observed 2. Reported, but not seen 0. Not available</p>	

	q. Screening tests for newborn phenylketonuria (PKU) (select_one)	1. Observed 2. Reported, but not seen 0. Not available	
	r. Screening tests for newborn cystic fibrosis (select_one)	1. Observed 2. Reported, but not seen 0. Not available	
	s. X-ray (including g mobile x-ray) (select_one)	1. Observed 2. Reported, but not seen 0. Not available	
	t. Cranial ultrasound (select_one)	1. Observed 2. Reported, but not seen 0. Not available	
	u. Electroencephalogram (EEG) (select_one)	1. Observed 2. Reported, but not seen 0. Not available	
4.2.1.6.12	For the following conditions, treatments, and services please answer the following: Does your facility have the following?		
	a1. Guidelines/protocols for phototherapy (select_one)	1. Yes, observed 2. Yes, reported not seen 0. Not available	
	a2. Treatment thresholds for phototherapy (select_one)	1. Yes, observed 2. Yes, reported not seen 0. Not available	
	b1. Guidelines/protocols for exchange transfusion (select_one)	1. Yes, observed 2. Yes, reported not seen 0. Not available	
	b2. Treatment thresholds for exchange transfusion (select_one)	1. Yes, observed 2. Yes, reported not seen 0. Not available	

	<p>b3. Job aids for bilirubin levels with exchange transfusion thresholds</p> <p>(select_one)</p>	<p>1. Yes, observed 2. Yes, reported not seen 0. Not available</p>	
	<p>c1. Procedural guidelines/protocols for blood transfusion</p> <p>(select_one)</p>	<p>1. Yes, observed 2. Yes, reported not seen 0. Not available</p>	
	<p>c2. Monitoring chart for blood transfusion</p> <p>(select_one)</p>	<p>1. Yes, observed 2. Yes, reported not seen 0. Not available</p>	
	<p>d1. Guidelines/protocols for CPAP</p> <p>(select_one)</p>	<p>1. Yes, observed 2. Yes, reported not seen 0. Not available</p>	
	<p>d2. Initiation and weaning protocols for CPAP</p> <p>(select_one)</p>	<p>1. Yes, observed 2. Yes, reported not seen 0. Not available</p>	
	<p>d3. Wall chart for CPAP</p> <p>(select_one)</p>	<p>1. Yes, observed 2. Yes, reported not seen 0. Not available</p>	
	<p>e1. Guidelines/protocols for assessment of causes for neonatal encephalopathy</p> <p>(select_one)</p>	<p>1. Yes, observed 2. Yes, reported not seen 0. Not available</p>	
	<p>e2. Guidelines/protocols for management of cases neonatal encephalopathy</p> <p>(select_one)</p>	<p>1. Yes, observed 2. Yes, reported not seen 0. Not available</p>	
	<p>f1. Guidelines/protocols for assessment for hyperbilirubinemia</p> <p>(select_one)</p>	<p>1. Yes, observed 2. Yes, reported not seen 0. Not available</p>	
	<p>f2. Guidelines/protocols for management for hyperbilirubinemia</p> <p>(select_one)</p>	<p>1. Yes, observed 2. Yes, reported not seen 0. Not available</p>	

	g1. Guidelines/protocols for assessment of seizures (select_one)	1. Yes, observed 2. Yes, reported not seen 0. Not available	
	g2. Guidelines/protocols for assessment of seizures: serum glucose, serum calcium (select_one)	1. Yes, observed 2. Yes, reported not seen 0. Not available	
	h1. Guidelines/protocols for assessing management of women who are Rh-D negative (select_one)	1. Yes, observed 2. Yes, reported not seen 0. Not available	
	h2. Guidelines/protocols for assessment and management of newborns with anemia (select_one)	1. Yes, observed 2. Yes, reported not seen 0. Not available	
	i. Guidelines/protocols for diagnosis and management of necrotizing enterocolitis (select_one)	1. Yes, observed 2. Yes, reported not seen 0. Not available	
	j. Guidelines/protocols for diagnosis of surgical conditions (select_one)	1. Yes, observed 2. Yes, reported not seen 0. Not available	
	k. Guidelines/protocols for detection and management of hypothermia (select_one)	1. Yes, observed 2. Yes, reported not seen 0. Not available	
	l. Guidelines/protocols for intraventricular hemorrhage (select_one)	1. Yes, observed 2. Yes, reported not seen 0. Not available	
	m. Guidelines/protocols for management of apnea (select_one)	1. Yes, observed 2. Yes, reported not seen 0. Not available	

	n. Guidelines/protocols for bronchopulmonary dysplasia (select_one)	1. Yes, observed 2. Yes, reported not seen 0. Not available	
	o. Guidelines/protocols for mechanical ventilation (select_one)	1. Yes, observed 2. Yes, reported not seen 0. Not available	
	p1. Guidelines/protocols for safe oxygen delivery (select_one)	1. Yes, observed 2. Yes, reported not seen 0. Not available	
	p2. Classifications for breathing difficulty and SpO2 thresholds and protocols for oxygen therapy and monitoring (select_one)	1. Yes, observed 2. Yes, reported not seen 0. Not available	
	p3. Guidelines/protocols for assessment, management, and prevention of apnea (select_one)	1. Yes, observed 2. Yes, reported not seen 0. Not available	
	q1. Guidelines/protocols for maternal, infant, and young child nutrition (select_one)	1. Yes, observed 2. Yes, reported not seen 0. Not available	
	q2. Guidelines/protocols for infant feeding for the neonatal unit, including enteral and parenteral feeding volumes by weight and age (select_one)	1. Yes, observed 2. Yes, reported not seen 0. Not available	
	q3. Guidelines/protocols for alternative feeding and nutrition (select_one)	1. Yes, observed 2. Yes, reported not seen 0. Not available	
	q4. Standards on immediate initiation and exclusive breastfeeding (select_one)	1. Yes, observed 2. Yes, reported not seen 0. Not available	

	<p>q5. Guidelines and protocols for assisted feeding with mother's milk</p> <p>(select_one)</p>	<p>1. Yes, observed</p> <p>2. Yes, reported not seen</p> <p>0. Not available</p>	
	<p>q6. Guidelines/protocols for assessing and managing feeding problems</p> <p>(select_one)</p>	<p>1. Yes, observed</p> <p>2. Yes, reported not seen</p> <p>0. Not available</p>	
	<p>q7. Fluid balance and feeding chart (fluid input and output)</p> <p>(select_one)</p>	<p>1. Yes, observed</p> <p>2. Yes, reported not seen</p> <p>0. Not available</p>	
	<p>q8. Guidelines/protocols for providing vitamin D, calcium, phosphorus, and iron supplements for very-low-birth-weight newborns</p> <p>(select_one)</p>	<p>1. Yes, observed</p> <p>2. Yes, reported not seen</p> <p>0. Not available</p>	
	<p>q9. Guidelines/protocols for prevention and management of hypoglycemia in those at risk of impaired metabolic adaption</p> <p>(select_one)</p>	<p>1. Yes, observed</p> <p>2. Yes, reported not seen</p> <p>0. Not available</p>	
	<p>r1. Guidelines/protocols for IV fluid volumes</p> <p>(select_one)</p>	<p>1. Yes, observed</p> <p>2. Yes, reported not seen</p> <p>0. Not available</p>	
	<p>r2. Guidelines/protocols for fluid, volume, and medications</p> <p>(select_one)</p>	<p>1. Yes, observed</p> <p>2. Yes, reported not seen</p> <p>0. Not available</p>	
	<p>r3. Job aids for calculating amount of intravenous rehydration fluid for hydration</p> <p>(select_one)</p>	<p>1. Yes, observed</p> <p>2. Yes, reported not seen</p> <p>0. Not available</p>	

	<p>r4. Job aids for calculating medication dosage for newborns/young infant (for any medicine)</p> <p>(select_one)</p>	<p>1. Yes, observed</p> <p>2. Yes, reported not seen</p> <p>0. Not available</p>	
	<p>s1. Guidelines or written policies for waste management</p> <p>(select_one)</p>	<p>1. Yes, observed</p> <p>2. Yes, reported not seen</p> <p>0. Not available</p>	
	<p>s2. Guidelines or written policies for unit infection prevention infrastructural issues (e.g. ventilation, hand washing station, etc.)</p> <p>(select_one)</p>	<p>1. Yes, observed</p> <p>2. Yes, reported not seen</p> <p>0. Not available</p>	
	<p>s3. Guidelines or written policies for irrational use of antibiotics</p> <p>(select_one)</p>	<p>1. Yes, observed</p> <p>2. Yes, reported not seen</p> <p>0. Not available</p>	
	<p>s4. Guidelines or written policies for routine interventions that prevent infections</p> <p>(select_one)</p>	<p>1. Yes, observed</p> <p>2. Yes, reported not seen</p> <p>0. Not available</p>	
	<p>s5. Guidelines or written policies for disinfecting practices</p> <p>(select_one)</p>	<p>1. Yes, observed</p> <p>2. Yes, reported not seen</p> <p>0. Not available</p>	
	<p>s6. Guidelines or protocols for prevention of neonatal infections</p> <p>(select_one)</p>	<p>1. Yes, observed</p> <p>2. Yes, reported not seen</p> <p>0. Not available</p>	
	<p>s7. Handwashing wall chart</p> <p>(select_one)</p>	<p>1. Yes, observed</p> <p>2. Yes, reported not seen</p> <p>0. Not available</p>	
	<p>s8. Guidelines or protocols for cleaning the neonatal unit</p> <p>(select_one)</p>	<p>1. Yes, observed</p> <p>2. Yes, reported not seen</p> <p>0. Not available</p>	

	s9. Guidelines or protocols for cleaning medical equipment (select_one)	1. Yes, observed 2. Yes, reported not seen 0. Not available	
	s10. Guidelines or protocols for early diagnosis and management of neonatal infections (select_one)	1. Yes, observed 2. Yes, reported not seen 0. Not available	
	s11. Guidelines or protocols for drug doses, dilutions, and preparations for the neonatal unit guidelines (select_one)	1. Yes, observed 2. Yes, reported not seen 0. Not available	
	s12. Guidelines or protocols for safe and rational use of antibiotics and other medications based on weight and age (select_one)	1. Yes, observed 2. Yes, reported not seen 0. Not available	
	s13. Prescription chart (select_one)	1. Yes, observed 2. Yes, reported not seen 0. Not available	
	s14. Guidelines or protocols for case of small and sick newborns in outbreak (select_one)	1. Yes, observed 2. Yes, reported not seen 0. Not available	
	s15. Guidelines or protocols for needle prick (select_one)	1. Yes, observed 2. Yes, reported not seen 0. Not available	

SUBSECTION VII. GBV SERVICES

NO.	QUESTION	RESPONSE OPTIONS	NOTES/SKIP LOGIC
4.2.1.7.1	Does this facility offer gender-based violence (GBV) services? (select_one)	1. Yes 0. No	If "No," skip to next section.

4.2.1.7.2	<p>On WEEKDAYS, during what hours are GBV services available in this area or room?</p> <p>a. Enter OPENING TIME</p> <p>(integer)</p>	<p>__ : __</p>	
	<p>b. Enter CLOSING TIME</p> <p>(integer)</p>	<p>__ : __</p>	
4.2.1.7.3	<p>Are services available on the weekends and public holidays?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	<p>If “No,” skip to 4.2.1.7.5. Otherwise, continue to 4.2.1.7.4.</p>
4.2.1.7.4	<p>On WEEKENDS/PUBLIC HOLIDAYS, during what hours are GBV services available in this area or room?</p> <p>a. Enter OPENING TIME</p> <p>(integer)</p>	<p>__ : __</p>	
	<p>b. Enter CLOSING TIME</p> <p>(integer)</p>	<p>__ : __</p>	
4.2.1.7.5	<p>Is there a specific area or room dedicated for GBV services?</p> <p>ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE GBV SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT GBV SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY, AND ASK THE FOLLOWING QUESTIONS. IF NO AREA OR ROOM EXISTS IN THIS FACILITY, SKIP TO NEXT SECTION.</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	<p>If “No,” skip to 4.2.1.7.9. Otherwise, continue to X.</p>
4.2.1.7.6	<p>Where are GBV services conducted?</p> <p>(select_multiple)</p>	<p>1. FP unit 2. ANC unit 3. Maternity unit 96. Other</p>	<p>If “Other,” continue to 4.2.1.7.6a. Otherwise, skip to 4.2.1.7.7.</p>

4.2.1.7.6a	Please specify where GBV services are conducted. (text)	_____	
4.2.1.7.7	What GBV services are offered in this area or room? Note: SELECT ALL THAT APPLY (select_multiple)	1. Medical Care 2. HIV Post-Exposure Prophylaxis services 3. Emergency contraception 4. Forensic examination 5. Counseling 6. Police services	
4.2.1.7.8	Is this area or room available at all times when GBV services are offered? (select_one)	1. Yes 0. No	
4.2.1.7.9	If there is no dedicated area or room for GBV services, in what department/location are GBV medical examinations most frequently conducted? ENTER NAME OF DEPARTMENT OR LOCATION (text)	_____	5
4.2.1.7.10	What cadre of staff are available where GBV services are offered? Note: SELECT ALL THAT APPLY (select_multiple)	1. Doctor 2. Nurse 3. Counselor 4. Police Officer 96. Other	If "Other," continue to 4.2.1.7.10a. Otherwise, skip to 4.2.1.7.11.
4.2.1.7.10a	Please specify other cadre of staff available and offering GBV related services. (text)	_____	
4.2.1.7.11	Are there adequately trained staff available at all times where GBV services are offered? (select_one)	1. Yes 0. No	

4.2.1.7.12	Is the person who accompanies the survivor allowed to be in the room or area where GBV services are provided? (select_one)	1. Yes 0. No	
INTERVIEWER: Ask to see the area or room where clients receive medical services and/or counseling for GBV services and conduct a room assessment (even if the room as already been assessed as part of this survey):			
4.2.1.7.13	Is auditory and visual privacy available for patient consultations? (select_one)	1. Auditory privacy only 2. Visual privacy only 3. Both auditory and visual privacy 4. No privacy	
4.2.1.7.14	Is there an angle lamp? (select_one)	1. Yes, available and observed 2. Yes available, but reported, not seen 3. Not available	If “Available and observed,” continue to 4.2.1.7.14a. Otherwise, skip to 4.2.1.7.15.
4.2.1.7.14a	Is the equipment functioning today? (select_one)	1. Yes 0. No	
4.2.1.7.15	Is there an examination couch or bed? (select_one)	1. Yes, available and observed 2. Yes available, but reported, not seen 3. Not available	
4.2.1.7.15a	Is the equipment functioning today? (select_one)	1. Yes 0. No	
4.2.1.7.16	Is there a speculum? (select_one)	1. Yes, available and observed 2. Yes available, but reported, not seen 3. Not available	
4.2.1.7.17	Are there examination gloves? (select_one)	1. Yes, available and observed 2. Yes available, but reported, not seen 3. Not available	
4.2.1.7.18	Is there a sharps container/safety box? (select_one)	1. Yes, available and observed 2. Yes available, but reported, not seen 3. Not available	

4.2.1.7.19	Is there a lockable cupboard for the storage of forensic/ medico-legal evidence? (select_one)	1. Yes, available and observed 2. Yes available, but reported, not seen 3. Not available	
4.2.1.7.20	Are there sanitary towels? (select_one)	1. Yes, available and observed 2. Yes available, but reported, not seen 3. Not available	
4.2.1.7.21	Is there emergency clothing? (select_one)	1. Yes, available and observed 2. Yes available, but reported, not seen 3. Not available	
4.2.1.7.22	Is there a consent form for the examination? (select_one)	1. Yes, available and observed 2. Yes available, but reported, not seen 3. Not available	
4.2.1.7.23	Are there swabs? (select_one)	1. Yes, available and observed 2. Yes available, but reported, not seen 3. Not available	
4.2.1.7.24	Are there blood tubes? (select_one)	1. Yes, available and observed 2. Yes available, but reported, not seen 3. Not available	
4.2.1.7.25	Are there special aids for examining child survivors of GBV (dolls, paper and pens for drawing pictures?) (select_one)	1. Yes, available and observed 2. Yes available, but reported, not seen 3. Not available	
4.2.1.7.26	Is there a pregnancy test kit? (select_one)	1. Yes, available and observed 2. Yes available, but reported, not seen 3. Not available	
4.2.1.7.27	Are there emergency contraceptive pills? (select_one)	1. Yes, available and observed 2. Yes available, but reported, not seen 3. Not available	If "Available and observed," continue to 4.2.1.7.27a. otherwise, skip to 4.2.1.7.28.

4.2.1.7.27a	If yes, what brand of emergency contraceptive pills are available? (text)	_____	
4.2.1.7.28	Is STI prophylaxis/treatment available? (select_one)	1. Yes, available and observed 2. Yes available, but reported, not seen 3. Not available	
4.2.1.7.29	Do facility registers clearly indicate if a client presents for GBV services? (select_one)	1. Yes, available and observed 2. Yes available, but reported, not seen 3. No	
4.2.1.7.30	Do facility records indicate if a client receives follow-up care? (select_one)	1. Yes, available and observed 2. Yes available, but reported, not seen 3. No	
4.2.1.7.31	Does the facility have written guidelines for referral of survivors to other services located in or nearby the room where medical examinations take place? (select_one)	1. Yes, available and observed 2. Yes available, but reported, not seen 3. Not available	If “Not available,” skip to 4.2.1.7.35.
4.2.1.7.32	Do referral guidelines explicitly address procedures for removing a child from an unsafe domestic environment? (select_one)	1. Yes 0. No 98. Don’t know	
4.2.1.7.33	What services are included in the referral guidelines? SELECT ALL THAT APPLY (select_multiple)	1. Police 2. Safe house/ shelter 3. Legal services 4. Counseling/psychosocial support 5. HIV/AIDS care and treatment 96. Other (specify)	If “Other,” continue to 4.2.1.7.33a. Otherwise, skip to 4.2.1.7.34.
4.2.1.7.33a	Please specify “Other” services that are included in the referral guidelines. (text)	_____	

4.2.1.7.34	Do the referral guidelines include phone numbers and contact people at each referral point? (select_one)	1. Yes 0. No	
4.2.1.7.35	Does the facility have a copy of the national guidelines for providing GBV care located in or nearby the room or area where GBV services are provided? (select_one)	1. Yes, available and observed. 2. Yes available, but reported, not seen. 3. Not available	
4.2.1.7.36	Are there special guidelines for examining and treating infants and children? (select_one)	1. Yes, available and observed. 2. Yes available, but reported, not seen. 3. Not available	
4.2.1.7.37	Are leaflets or handouts on medication or support services provided to GBV survivors? (select_one)	1. Yes, available and observed. 2. Yes available, but reported, not seen. 3. Not available	
4.2.1.7.38	Have you or members of your staff received any GBV training in the last two years? (select_one)	1. Yes 0. No	

SECTION 2: CHILD AND ADOLESCENT HEALTH

SUBSECTION I. CHILD IMMUNIZATION

NO.	QUESTION	RESPONSE OPTIONS	NOTES/SKIP LOGIC
4.2.2.1.1	Does this facility provide child immunization services, either at the facility or as mobile or outreach? (select_one)	1. Yes 0. No	If “No,” skip to next section.
4.2.2.1.2	Is this facility providing routine immunization services as a fixed site today? (select_one)	1. Yes 0. No	

	<p>ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE IMMUNIZATION SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT IMMUNIZATION SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY, AND ASK THE FOLLOWING QUESTIONS.</p>		
4.2.2.1.3	<p>Does this facility provide any of the following routine immunization services in the facility as a fixed site only, as outreach or mobile services only, or both?</p> <p>[VACCINES SCHEDULE SHOULD BE SPECIFIED AS PART OF COUNTRY ADAPTATION]</p>		
	<p>a1. Birth doses (hepB0)</p> <p>(select_one)</p>	<p>1. Both in facility and as outreach/mobile 2. In the facility only 3. Outreach/mobile only 4. Service not offered</p>	<p>If service provided in the facility (1 or 2), continue to a2. Otherwise, skip to b1.</p>
	<p>a2. In the last month, how many days per month was this service provided at the facility?</p> <p>(integer)</p>	--	<p>Answer if service availability question indicates that service provided in facility.</p> <p>IMM.HFA.4</p>
	<p>b1. Birth doses (BCG)</p> <p>(select_one)</p>	<p>1. Both in facility and as outreach/mobile 2. In the facility only 3. Outreach/mobile only 4. Service not offered</p>	<p>If service not provided, skip to next antigen.</p>
	<p>b2. In the last month, how many days per month was this service provided at the facility?</p> <p>(integer)</p>	--	<p>Answer if service availability question indicates that service provided in facility.</p> <p>IMM.HFA.4</p>
	<p>b3. In the last month, how many days per month was this service provided via outreach?</p> <p>(integer)</p>	--	<p>Answer if service availability question indicates that service provided via outreach.</p> <p>IMM.HFA.4</p>

	<p>c1. Birth doses (OPV0)</p> <p>(select_one)</p>	<ol style="list-style-type: none"> 1. Both in facility and as outreach/mobile 2. In the facility only 3. Outreach/mobile only 4. Service not offered 	<p>If service not provided, skip to next antigen.</p>
	<p>c2. In the last month, how many days per month was this service provided at the facility?</p> <p>(integer)</p>	<p>--</p>	<p>Answer if service availability question indicates that service provided in facility.</p> <p>IMM.HFA.4</p>
	<p>c3. In the last month, how many days per month was this service provided via outreach?</p> <p>(integer)</p>	<p>--</p>	<p>Answer if service availability question indicates that service provided via outreach.</p> <p>IMM.HFA.4</p>
	<p>d1. Infant vaccines (under 1 year): BCG</p> <p>(select_one)</p>	<ol style="list-style-type: none"> 1. Both in facility and as outreach/mobile 2. In the facility only 3. Outreach/mobile only 4. Service not offered 	<p>If service not provided, skip to next antigen.</p>
	<p>d2. In the last month, how many days per month was this service provided at the facility?</p> <p>(integer)</p>	<p>--</p>	<p>Answer if service availability question indicates that service provided in facility.</p> <p>IMM.HFA.4</p>
	<p>d3. In the last month, how many days per month was this service provided via outreach?</p> <p>(integer)</p>	<p>--</p>	<p>Answer if service availability question indicates that service provided via outreach.</p> <p>IMM.HFA.4</p>
	<p>e1. Infant vaccines: polio</p> <p>(select_one)</p>	<ol style="list-style-type: none"> 1. Both in facility and as outreach/mobile 2. In the facility only 3. Outreach/mobile only 4. Service not offered 	<p>If service not provided, skip to next antigen.</p>

e2. In the last month, how many days per month was this service provided at the facility? (integer)	--	Answer if service availability question indicates that service provided in facility. IMM.HFA.4
e3. In the last month, how many days per month was this service provided via outreach? (integer)	--	Answer if service availability question indicates that service provided via outreach. IMM.HFA.4
f1. Infant vaccines: DPT-containing vaccine (DPT, DPT-Hib-HepB/pentavalent) (select_one)	1. Both in facility and as outreach/mobile 2. In the facility only 3. Outreach/mobile only 4. Service not offered	If service not provided, skip to next antigen.
f2. In the last month, how many days per month was this service provided at the facility? (integer)	--	Answer if service availability question indicates that service provided in facility. IMM.HFA.4
f3. In the last month, how many days per month was this service provided via outreach? (integer)	--	Answer if service availability question indicates that service provided via outreach. IMM.HFA.4
g1. Infant vaccines: rotavirus (select_one)	1. Both in facility and as outreach/mobile 2. In the facility only 3. Outreach/mobile only 4. Service not offered	If service not provided, skip to next antigen.
g2. In the last month, how many days per month was this service provided at the facility? (integer)	--	Answer if service availability question indicates that service provided in facility. IMM.HFA.4

<p>g3. In the last month, how many days per month was this service provided via outreach?</p> <p>(integer)</p>	--	<p>Answer if service availability question indicates that service provided via outreach.</p> <p>IMM.HFA.4</p>
<p>h1. Infant vaccines: IPV (inactivated polio vaccine)</p> <p>(select_one)</p>	<ol style="list-style-type: none"> 1. Both in facility and as outreach/mobile 2. In the facility only 3. Outreach/mobile only 4. Service not offered 	<p>If service not provided, skip to next antigen.</p>
<p>h2. In the last month, how many days per month was this service provided at the facility?</p> <p>(integer)</p>	--	<p>Answer if service availability question indicates that service provided in facility.</p> <p>IMM.HFA.4</p>
<p>h3. In the last month, how many days per month was this service provided via outreach?</p> <p>(integer)</p>	--	<p>Answer if service availability question indicates that service provided via outreach.</p> <p>IMM.HFA.4</p>
<p>i1. Measles-containing Vaccine or MCV (e.g. measles-rubella/MMR)</p> <p>(select_one)</p>	<ol style="list-style-type: none"> 1. Both in facility and as outreach/mobile 2. In the facility only 3. Outreach/mobile only 4. Service not offered 	<p>If service not provided, skip to next antigen.</p>
<p>i2. In the last month, how many days per month was this service provided at the facility?</p> <p>(integer)</p>	--	<p>Answer if service availability question indicates that service provided in facility.</p> <p>IMM.HFA.4</p>
<p>i3. In the last month, how many days per month was this service provided via outreach?</p> <p>(integer)</p>	--	<p>Answer if service availability question indicates that service provided via outreach.</p> <p>IMM.HFA.4</p>

	<p>j. Child immunizations (1-5 years)</p> <p>Note: "Child immunizations" are all childhood vaccines included in the national immunization schedule for children aged 1-5 years.</p> <p>(select_one)</p>	<p>1. Both in facility and as outreach/mobile</p> <p>2. In the facility only</p> <p>3. Outreach/mobile only</p> <p>4. Service not offered</p>	
	<p>k. Adolescent/adult vaccines: HPV</p> <p>(select_one)</p>	<p>1. Both in facility and as outreach/mobile</p> <p>2. In the facility only</p> <p>3. Outreach/mobile only</p> <p>4. Service not offered</p>	
	<p>l. Adolescent/adult vaccines: tetanus (TT) or tetanus/ diphtheria (TD)</p> <p>(select_one)</p>	<p>1. Both in facility and as outreach/mobile</p> <p>2. In the facility only</p> <p>3. Outreach/mobile only</p> <p>4. Service not offered</p>	
	<p>m. Adolescent/adult vaccines: any flu vaccines</p> <p>(select_one)</p>	<p>1. Both in facility and as outreach/mobile</p> <p>2. In the facility only</p> <p>3. Outreach/mobile only</p> <p>4. Service not offered</p>	
	<p>n. Adolescent/adult vaccines: any COVID-19 vaccines</p> <p>(select_one)</p>	<p>1. Both in facility and as outreach/mobile</p> <p>2. In the facility only</p> <p>3. Outreach/mobile only</p> <p>4. Service not offered</p>	
	<i>Equipment and Supplies for Immunization Services:</i>		
4.2.2.1.4	<p>I would like to know if the following items for immunization are available in this service area today. For each item, please tell me if it is available today, and then I would like to see it.</p>		

	<p>a. Single-use syringes and needles – not auto-disable</p> <p>(select_one)</p>	<p>1. Yes, available and observed</p> <p>2. Yes available, but reported, not seen</p> <p>3. Not available</p>	
	<p>b. Auto-disable syringes</p> <p>(select_one)</p>	<p>1. Yes, available and observed</p> <p>2. Yes available, but reported, not seen</p> <p>3. Not available</p>	
	<p>c. Cold box with set of ice packs for vaccine carriers (note: 4-5 ice packs make one set)</p> <p>(select_one)</p>	<p>1. Yes, available and observed</p> <p>2. Yes available, but reported, not seen</p> <p>3. Not available</p>	
	<p>d. Vaccine carrier with set of ice packs for vaccine carriers (note: 4–5 ice packs make one set)</p> <p>(select_one)</p>	<p>1. Yes, available and observed</p> <p>2. Yes available, but reported, not seen</p> <p>3. Not available</p>	
	<p>e. Immunization cards (or child health booklet)</p> <p>(select_one)</p>	<p>1. Yes, available and observed</p> <p>2. Yes available, but reported, not seen</p> <p>3. Not available</p>	
	<p>f. Official immunization tally sheets or integrated tally sheet</p> <p>(select_one)</p>	<p>1. Yes, available and observed</p> <p>2. Yes available, but reported, not seen</p> <p>3. Not available</p>	
	<p>g. Official immunization registers or equivalent</p> <p>(select_one)</p>	<p>1. Yes, available and observed</p> <p>2. Yes available, but reported, not seen</p> <p>3. Not available</p>	

<p>4.2.2.1.5</p>	<p>Does this facility have a refrigerator available and functioning for the storage of infant/child vaccines?</p> <p>IF THERE ARE DIFFERENT FRIDGES, GO TO THE MAIN STORAGE FRIDGE FOR CHILD IMMUNIZATIONS. NOTE: FOR A REFRIGERATOR TO BE FUNCTIONAL IT MUST HAVE SUFFICIENT CAPACITY TO ACCOMMODATE ALL NEEDED VACCINES.</p> <p>(select_one)</p>	<p>1. Available and functional 2. Available, not functional 3. Available, don't know if functioning 4. Not available</p>	<p>IMM.HFA.1</p> <p>If available and functioning, continue to next section. Otherwise, skip to 4.2.2.1.12.</p>
<p>4.2.2.1.6</p>	<p>Is the refrigerator temperature currently monitored with a functional temperature monitoring device?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	<p>IMM.HFA.1</p> <p>If "Yes," continue to next question. Otherwise, skip to 4.2.2.1.12.</p>
<p>4.2.2.1.7</p>	<p>Which of the following devices for monitoring refrigerator temperature are available and functioning in the refrigerator today:</p> <p>ASK TO SEE THE ITEMS.</p>		
<p>a1. Continuous temperature recorder/logger (i.e. built in digital thermometer, fridgetag or remote temperature monitoring device)?</p> <p>(select_one)</p>		<p>1. Yes, available and observed 2. Yes available, but reported, not seen 3. Not available</p>	<p>If "Yes" (response options 1 or 2), continue to next question. If "Not available," skip to 4.2.2.1.7b1.</p>
<p>a2. Is the continuous temperature recorder/logger functional today?</p> <p>(select_one)</p>		<p>1. Yes 0. No</p>	<p>IMM.HFA.1</p> <p>If "Yes," skip to 4.2.2.1.9. Otherwise, continue to next question.</p>
<p>b1. Thermometer (dial or stem)?</p> <p>(select_one)</p>		<p>1. Yes, available and observed 2. Yes available, but reported, not seen 3. Not available</p>	<p>If "Yes"(response options 1 or 2), continue to next question. If "Not available," skip to 4.2.2.1.12.</p>

	<p>b2. Is the thermometer functional today?</p> <p>(select_one)</p>	<p>1. Yes</p> <p>0. No</p> <p>98. Don't know</p>	<p>IMM.HFA.1</p> <p>If "Yes," continue to next question. Otherwise, skip to 4.2.2.1.12</p>
4.2.2.1.8	<p>Is the temperature of the refrigerator monitored at least once every 24 hours?</p> <p>IF YES, ASK TO SEE THE LOG USED TO RECORD THE TEMPERATURE.</p> <p>(select_one)</p>	<p>1. Yes, log observed for checking temperature</p> <p>2. Yes, log reported, not seen</p> <p>3. Yes, temperature monitored but not recorded anywhere</p> <p>0. No, temperature not monitored</p>	<p>If "Yes, log observed," continue to next question. Otherwise, skip to 4.2.2.1.11.</p>
4.2.2.1.9	<p>Has the temperature log been completed for the past 30 days?</p> <p>REVIEW LOG AND CHECK FOR COMPLETENESS (TEMPERATURE RECORDED AT LEAST ONCE DAILY DURING THE PAST 30 DAYS).</p> <p>(select_one)</p>	<p>1. Yes, fully complete</p> <p>2. No, at least one day not completed</p>	<p>If "Yes, fully complete," continue to next question. Otherwise, skip to 4.2.2.1.11.</p>
4.2.2.1.10	<p>Has the temperature been out of the range 2–8 °C inclusive in the past 30 days?</p> <p>PLEASE CHECK THE TEMPERATURE RECORD AND VERIFY THE TEMPERATURE FOR THE PRIOR 30 DAYS IN ORDER TO ANSWER THE QUESTION</p> <p>(select_one)</p>	<p>1. Never out of range</p> <p>2. Out of range at least once</p>	
4.2.2.1.11	<p>What is the temperature in the fridge now?</p> <p>(select_one)</p>	<p>1. Between 2–8 °C (Inclusive)</p> <p>2. Out of range</p> <p>98. Don't know/cannot determine</p>	<p>IMM.HFA.1</p>
4.2.2.1.12	<p>MARK IF THE FACILITY IS OFFERING CHILD IMMUNIZATION SERVICES TODAY OR IF THERE IS A FUNCTIONING REFRIGERATOR FOR THE STORAGE OF VACCINES.</p> <p>(select_one)</p>	<p>1. Yes, both vaccine fridge and services today</p> <p>2. Yes, vaccine fridge, no services today</p> <p>3. Yes, services today, no vaccine fridge</p> <p>4. No vaccine fridge or services today</p>	<p>If "No vaccine fridge or services today," skip to 4.2.2.1.14. Otherwise, continue to next question.</p>

<p>4.2.2.1.13</p>	<p>Now I would like to see the vaccines that are available today. For each vaccine I mention, please show me at least one vial that has a valid date of expiration and (if present) the vial monitor (VVM) on the vaccine vial has not turned.</p> <p>COUNTRY TO CUSTOMIZE BASED ON NATIONAL CHILDHOOD VACCINATION SCHEDULE</p> <p>Are any of the following vaccines available in this service site today?</p>		
<p>a1. Measles vaccine and diluent?</p> <p>(select_one)</p>		<ol style="list-style-type: none"> 1. Observed—at least one not expired 2. Observed—available but expired 3. Not observed—reported available but not seen 4. Not observed—not available today 5. Never available 	<p>IMM.HFA.2</p> <p>If “Not available today” (4) or “Never available” (5), skip to next antigen.</p>
<p>a2. Has the facility experienced a stockout of this vaccine or diluent at any time in the past three months?</p> <p>(select_one)</p>		<ol style="list-style-type: none"> 1. Yes 0. No 	
<p>b1. DPT+Hib+HepB (pentavalent)?</p> <p>(select_one)</p>		<ol style="list-style-type: none"> 1. Observed—at least one not expired 2. Observed—available but expired 3. Not observed—reported available but not seen 4. Not observed—not available today 5. Never available 	<p>IMM.HFA.2</p> <p>If “Not available today” (4) or “Never available” (5), skip to next antigen.</p>
<p>b2. Has the facility experienced a stockout of this vaccine at any time in the past three months?</p> <p>(select_one)</p>		<ol style="list-style-type: none"> 1. Yes 0. No 	

	<p>c1. Oral polio vaccine</p> <p>(select_one)</p>	<p>1. Observed—at least one not expired</p> <p>2. Observed—available but expired</p> <p>3. Not observed—reported available but not seen</p> <p>4. Not observed—not available today</p> <p>5. Never available</p>	<p>IMM.HFA.2</p> <p>If “Not available today” (4) or “Never available” (5), skip to next antigen.</p>
	<p>c2. Has the facility experienced a stockout of this vaccine at any time in the past three months?</p> <p>(select_one)</p>	<p>1. Yes</p> <p>0. No</p>	
	<p>d1. BCG vaccine and diluent</p> <p>(select_one)</p>	<p>1. Observed—at least one not expired</p> <p>2. Observed—available but expired</p> <p>3. Not observed—reported available but not seen</p> <p>4. Not observed—not available today</p> <p>5. Never available</p>	<p>IMM.HFA.2</p> <p>If “Not available today” (4) or “Never available” (5), skip to next antigen.</p>
	<p>d2. Has the facility experienced a stockout of this vaccine at any time in the past three months?</p> <p>(select_one)</p>	<p>1. Yes</p> <p>0. No</p>	
	<p>e1. Rotavirus vaccine</p> <p>(select_one)</p>	<p>1. Observed—at least one not expired</p> <p>2. Observed—available but expired</p> <p>3. Not observed—reported available but not seen</p> <p>4. Not observed—not available today</p> <p>5. Never available</p>	<p>IMM.HFA.2</p> <p>If “Not available today” (4) or “Never available” (5), skip to next antigen.</p>
	<p>e2. Has the facility experienced a stockout of this vaccine at any time in the past three months?</p> <p>(select_one)</p>	<p>1. Yes</p> <p>0. No</p>	

	<p>f1. Pneumococcal vaccine</p> <p>(select_one)</p>	<p>1. Observed—at least one not expired</p> <p>2. Observed—available but expired</p> <p>3. Not observed—reported available but not seen</p> <p>4. Not observed—not available today</p> <p>5. Never available</p>	<p>IMM.HFA.2</p> <p>If “Not available today” (4) or “Never available” (5), skip to next antigen.</p>
	<p>f2. Has the facility experienced a stockout of this vaccine at any time in the past three months?</p> <p>(select_one)</p>	<p>1. Yes</p> <p>0. No</p>	
	<p>g1. IPV (inactivated polio vaccine)</p> <p>(select_one)</p>	<p>1. Observed—at least one not expired</p> <p>2. Observed—available but expired</p> <p>3. Not observed—reported available but not seen</p> <p>4. Not observed—not available today</p> <p>5. Never available</p>	<p>IMM.HFA.2</p> <p>If “Not available today” (4) or “Never available” (5), skip to next antigen.</p>
	<p>g2. Has the facility experienced a stockout of this vaccine at any time in the past three months?</p> <p>(select_one)</p>	<p>1. Yes</p> <p>0. No</p>	
	<p>h1. HPV (human papillomavirus vaccine)</p> <p>(select_one)</p>	<p>1. Observed—at least one not expired</p> <p>2. Observed—available but expired</p> <p>3. Not observed—reported available but not seen</p> <p>4. Not observed—not available today</p> <p>5. Never available</p>	<p>IMM.HFA.2</p> <p>If “Not available today” (4) or “Never available” (5), skip to next antigen.</p>
	<p>h2. Has the facility experienced a stockout of this vaccine at any time in the past three months?</p> <p>(select_one)</p>	<p>1. Yes</p> <p>0. No</p>	

	i1. Tetanus toxoid (TT) or tetanus/diphtheria (TD) vaccine (select_one)	<ol style="list-style-type: none"> 1. Observed—at least one not expired 2. Observed—available but expired 3. Not observed—reported available but not seen 4. Not observed—not available today 5. Never available 	
	i2. Has the facility experienced a stockout of this vaccine at any time in the past three months? (select_one)	<ol style="list-style-type: none"> 1. Yes 0. No 	
4.2.2.1.14	Do you have copies of national guidelines for routine immunization available in this facility today? IF AVAILABLE, ASK TO SEE THE DOCUMENT. (select_one)	<ol style="list-style-type: none"> 1. Yes, available and observed 2. Yes available, but reported, not seen 3. Not available 	
4.2.2.1.15	Have you or any provider(s) of infant or child immunization service delivery received any training in any aspect of immunization services in the past two years? (select_one)	<ol style="list-style-type: none"> 1. Yes 0. No 	If Yes, continue to 4.2.2.1.15a. Otherwise, skip to 4.2.2.1.16.
4.2.2.1.15a		<ol style="list-style-type: none"> 1. Immunization basics and schedule 2. Vaccine management 3. Cold chain 4. New vaccine introduction 5. Polio or measles campaign orientation 6. Adverse events following immunization (AEFI) 7. Vaccine preventable disease (VPD) surveillance 8. Other (specify 	If Other, continue to 4.2.2.1.15b. Otherwise, skip to 4.2.2.1.16.

4.2.2.1.15b	Specify “other” type of training (text)	_____	
4.2.2.1.16	Does the facility have an immunization microplan? IF YES, ASK TO SEE THE DOCUMENT. (select_one)	1. Yes, available and observed. 2. Yes available, but reported, not seen. 3. Not available	IMM.HFA.3 If Yes, available and observed or reported, continue to 4.2.2.1.17. Otherwise, skip to next section.
4.2.2.1.17	Has the microplan been updated in the past year? (select_one)	1. Yes 0. No	IMM.HFA.3 If Yes, continue to 4.2.2.1.17a. Otherwise, skip to next section.
4.2.2.1.17a	Has the updated microplan been costed? (select_one)	1. Yes 0. No	
4.2.2.1.17b	Is the updated microplan being currently implemented? (select_one)	1. Yes 0. No	

SUBSECTION II. CHILD PREVENTATIVE AND CURATIVE CARE

NO.	QUESTION	RESPONSE OPTIONS	NOTES/SKIP LOGIC
4.2.2.2.1	Does this facility offer preventative and curative care services for children under 5? (select_one)	1. Yes 0. No	If “Yes,” continue to next question. Otherwise, skip to next section.

4.2.2.2.1a	<p>How many sick-child care visits among children under 5 were made to this facility in the last completed calendar month [MONTH]?</p> <p>Note: If interview date is 15th of the month or later, the completed calendar month is the previous month. If the interview date is earlier than the 15th of the month, the last completed calendar month is the month before the previous month.</p> <p>(integer)</p>	_____	Note: question will only appear if 4.2.2.1=Yes AND 2.2.0=2.
<p>ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE CHILD PREVENTATIVE AND CURATIVE CARE SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT CHILD PREVENTATIVE AND CURATIVE CARE SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.</p>			
4.2.2.2.2	Please tell me if providers in this facility provide the following services:		
	<p>a. Diagnose and treat acute child malnutrition as an outpatient service</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	
	<p>b. Refer children suffering from severe acute malnutrition (SAM) for inpatient care</p> <p>(select_one)</p>	<p>1. Yes, refer elsewhere within this facility 2. Yes, refer outside of this facility 0. No, do not refer</p>	
	<p>c. Provide vitamin A supplementation</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	
	<p>d. Provide iron supplementation</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	
	<p>e. Provide ORS and zinc supplementation to children with diarrhea</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	

	f. Child growth monitoring (select_one)	1. Yes 0. No	
	g. Administration of amoxicillin for the treatment of pneumonia in children (select_one)	1. Yes 0. No	
	h. Oxygen therapy for respiratory distress in children (select_one)	1. Yes 0. No	
	i. Diagnosis and treatment of malaria in children (select_one)	1. Yes 0. No	
4.2.2.2.3	Does this facility have a place to treat and observe moderately dehydrated children/Some dehydration (ORT corner)? (select_one)	1. Yes 0. No	
4.2.2.2.4	Do you have the IMCI guidelines for the diagnosis and management (assessment, classification and treatment) of childhood illnesses available in this facility today? IF YES, ASK TO SEE THE GUIDELINES (select_one)	1. Yes, available and observed 2. Yes available, but reported, not seen 3. Not available	
4.2.2.2.5	Do you have an IMCI register (paper or digital) available in this facility today? IF YES, ASK TO SEE THE REGISTER (select_one)	1. Yes, available and observed 2. Yes available, but reported, not seen 3. Not available	Include photo of IMCI register as an example.
4.2.2.2.6	Have you received any training in Integrated Management of Childhood Illnesses (IMCI) in the last two years? (select_one)	1. Yes 0. No	

4.2.2.2.7	<p>Have you or any provider(s) of growth monitoring services for children received any training in growth monitoring in the last two years?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	
4.2.2.2.8	<p>I would like to know if the following basic equipment or supplies are available in this service area today. For each equipment or supply, please tell me if it is available today and functioning.</p> <p>ASK TO SEE THE ITEMS.</p>		
	<p>a1. Infant weighing scale- 100 gram gradation</p> <p>(select_one)</p>	<p>1. Yes, available and observed 2. Yes available, but reported, not seen 3. Not available</p>	<p>CH.HFA.1</p> <p>If “Yes, available and observed,” continue to a2. Otherwise, skip to b1.</p>
	<p>a2. Is the equipment functional today?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	
	<p>b1. Child weighing scale</p> <p>(select_one)</p>	<p>1. Yes, available and observed 2. Yes available, but reported, not seen 3. Not available</p>	<p>CH.HFA.1, MNH.HFA.22</p> <p>If “Yes, available and observed,” continue to b2. Otherwise, skip to c1.</p>
	<p>b2. Is the equipment functional today?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	
	<p>c1. Length/height measuring equipment</p> <p>(select_one)</p>	<p>1. Yes, available and observed 2. Yes available, but reported, not seen 3. Not available</p>	<p>CH.HFA.1, MNH.HFA.22</p> <p>If “Yes, available and observed,” continue to c2. Otherwise, skip to d1.</p>
	<p>c2. Is the equipment functional today?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	
	<p>d1. Thermometer</p> <p>(select_one)</p>	<p>1. Yes, available and observed 2. Yes available, but reported, not seen 3. Not available</p>	<p>CH.HFA.1</p> <p>If “Yes, available and observed,” continue to d2. Otherwise, skip to e1.</p>

	d2. Is the equipment functional today? (select_one)	1. Yes 0. No	
	e1. Stethoscope (select_one)	1. Yes, available and observed 2. Yes available, but reported, not seen 3. Not available	CH.HFA.1 If “Yes, available and observed,” continue to e2. Otherwise, skip to f1.
	e2. Is the equipment functional today? (select_one)	1. Yes 0. No	
	f1. Respiratory rate counter/timer or clock (select_one)	1. Yes, available and observed 2. Yes available, but reported, not seen 3. Not available	CH.HFA.1 If “Yes, available and observed,” continue to f2. Otherwise, skip to g.
	f2. Is the equipment functional today? (select_one)	1. Yes 0. No	
	g. Pediatric MUAC tape (select_one)	1. Yes, available and observed 2. Yes available, but reported, not seen 3. Not available	CH.HFA.1, MNH.HFA.22
	h1. Pulse oximeter (select_one)	1. Yes, available and observed 2. Yes available, but reported, not seen 3. Not available	CH.HFA.1 If “Yes, available and observed,” continue to h2. Otherwise, skip to i.
	h2. Is the equipment functional today? (select_one)	1. Yes 0. No	
	i. Jar/jug for ORS (select_one)	1. Yes, available and observed 2. Yes available, but reported, not seen 3. Not available	CH.HFA.1
	j. Cup/spoon (select_one)	1. Yes, available and observed 2. Yes available, but reported, not seen 3. Not available	CH.HFA.1

	<p>k. Pediatric IV set (select_one)</p>	<p>1. Yes, available and observed 2. Yes available, but reported, not seen 3. Not available</p>	<p>CH.HFA.2</p>
	<p>l. IV cannulas (select_one)</p>	<p>1. Yes, available and observed 2. Yes available, but reported, not seen 3. Not available</p>	<p>CH.HFA.2</p>
	<p>m. Volume replacement intravenous solutions—dextrose 5% and normal saline (D5NS) or normal saline (NS) or Ringer’s lactate (RL) (select_one)</p>	<p>1. Observed – at least one not expired 2. Observed – available but expired 3. Not observed – reported available but not seen 4. Not observed – not available today 5. Never available</p>	<p>CH.HFA.2</p>
	<p>n. Growth chart (select_one)</p>	<p>1. Yes, available and observed 2. Yes available, but reported, not seen. 3. Not available</p>	
	<p>o. Disposable latex gloves (nonsterile) (select_one)</p>	<p>1. Yes, available and observed 2. Yes available, but reported, not seen 3. Not available</p>	
	<p>p. Decontamination container solution (select_one)</p>	<p>1. Yes, available and observed 2. Yes available, but reported, not seen 3. Not available</p>	
	<p>q. Waste bin for general (non-hazardous) waste (select_one)</p>	<p>1. Yes 0. No</p>	
	<p>r. Handwashing station (select_one)</p>	<p>1. Yes 0. No</p>	

	s. Soap & water OR alcohol-based hand rand available at the handwashing station at the time of visit? (select_one)	1. Yes 0. No	
4.2.2.2.9	Does this facility stock any medicines or diagnostic tests for child health curative care in this service site? (select_one)	1. Yes 0. No	If “No,” skip to next section.
4.2.2.2.10	Are any of the following medicines and commodities available in this service site today? CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)		
	a1. Malaria rapid diagnostic tests (select_one)	1. Observed—at least one not expired 2. Observed—available but expired 3. Not observed—reported available but not seen 4. Not observed—not available today 5. Never available	If 1-3, continue to a2. If 4 or 5, skip to b1. CH.HFA.1
	a2. Has the facility experienced a stockout of this commodity at any time in the past three months? (select_one)	1. Yes 0. No	
	b1. Oral rehydration salts (ORS) sachets (select_one)	1. Observed—at least one not expired 2. Observed—available but expired 3. Not observed—reported available but not seen 4. Not observed—not available today 5. Never available	If 1-3, continue to b2. If 4 or 5, skip to c1. CH.HFA.2

	<p>b2. Has the facility experienced a stockout of this commodity at any time in the past three months?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	
	<p>c1. Zinc tablets</p> <p>(select_one)</p>	<p>1. Observed—at least one not expired 2. Observed—available but expired 3. Not observed—reported available but not seen 4. Not observed—not available today 5. Never available</p>	<p>If 1-3, continue to c2. If 4 or 5, skip to d1.</p> <p>CH.HFA.2</p>
	<p>c2. Has the facility experienced a stockout of this commodity at any time in the past three months?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	
	<p>d1. Gentamicin Injection</p> <p>(select_one)</p>	<p>1. Observed—at least one not expired 2. Observed—available but expired 3. Not observed—reported available but not seen 4. Not observed—not available today 5. Never available</p>	<p>If 1-3, continue to d2. If 4 or 5, skip to e1.</p> <p>CH.HFA.2</p>
	<p>d2. Has the facility experienced a stockout of this commodity at any time in the past three months?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	

	<p>e1. Ampicillin powder for injection</p> <p>(select_one)</p>	<p>1. Observed—at least one not expired</p> <p>2. Observed—available but expired</p> <p>3. Not observed—reported available but not seen</p> <p>4. Not observed—not available today</p> <p>5. Never available</p>	<p>If 1-3, continue to e2. If 4 or 5, skip to f1.</p> <p>CH.HFA.2</p>
	<p>e2. Has the facility experienced a stockout of this commodity at any time in the past three months?</p> <p>(select_one)</p>	<p>1. Yes</p> <p>0. No</p>	
	<p>f1. Benzathine benzylpenicillin powder for injection (long-acting)</p> <p>(select_one)</p>	<p>1. Observed—at least one not expired</p> <p>2. Observed—available but expired</p> <p>3. Not observed—reported available but not seen</p> <p>4. Not observed—not available today</p> <p>5. Never available</p>	<p>If 1-3, continue to f2. If 4 or 5, skip to g1.</p> <p>CH.HFA.2</p>
	<p>f2. Has the facility experienced a stockout of this commodity at any time in the past three months?</p> <p>(select_one)</p>	<p>1. Yes</p> <p>0. No</p>	
	<p>g1. Ceftriaxone Injection</p> <p>[COUNTRIES TO ADAPT/REMOVE IF NOT REQUIRED IN PRIMARY HEALTH CARE]</p> <p>(select_one)</p>	<p>1. Observed—at least one not expired</p> <p>2. Observed—available but expired</p> <p>3. Not observed—reported available but not seen</p> <p>4. Not observed—not available today</p> <p>5. Never available</p>	<p>If 1-3, continue to g2. If 4 or 5, skip to h1.</p> <p>CH.HFA.2</p>

	<p>g2. Has the facility experienced a stockout of this commodity at any time in the past three months?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	
	<p>h1. Amoxicillin tablets (250 or 500 mg)</p> <p>(select_one)</p>	<p>1. Observed—at least one not expired 2. Observed—available but expired 3. Not observed—reported available but not seen 4. Not observed—not available today 5. Never available</p>	<p>If 1-3, continue to h2. If 4 or 5, skip to i1.</p>
	<p>h2. Has the facility experienced a stockout of this commodity at any time in the past three months?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	
	<p>i1. Amoxicillin suspension/or dispersible tablet (250 or 500 mg)</p> <p>(select_one)</p>	<p>1. Observed—at least one not expired 2. Observed—available but expired 3. Not observed—reported available but not seen 4. Not observed—not available today 5. Never available</p>	<p>If 1-3, continue to i2. If 4 or 5, skip to j1.</p> <p>CH.HFA.2</p>
	<p>i2. Has the facility experienced a stockout of this commodity at any time in the past three months?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	

	<p>j1. Artemether lumefantrine tablets</p> <p>(select_one)</p>	<p>1. Observed—at least one not expired</p> <p>2. Observed—available but expired</p> <p>3. Not observed—reported available but not seen</p> <p>4. Not observed—not available today</p> <p>5. Never available</p>	<p>If 1-3, continue to j2. If 4 or 5, skip to k1.</p> <p>CH.HFA.2</p>
	<p>j2. Has the facility experienced a stockout of this commodity at any time in the past three months?</p> <p>(select_one)</p>	<p>1. Yes</p> <p>0. No</p>	
	<p>k1. Artesunate-amodiaquine tablets</p> <p>(select_one)</p>	<p>1. Observed—at least one not expired</p> <p>2. Observed—available but expired</p> <p>3. Not observed—reported available but not seen</p> <p>4. Not observed—not available today</p> <p>5. Never available</p>	<p>If 1-3, continue to k2. If 4 or 5, skip to l1.</p> <p>CH.HFA.2</p>
	<p>k2. Has the facility experienced a stockout of this commodity at any time in the past three months?</p> <p>(select_one)</p>	<p>1. Yes</p> <p>0. No</p>	
	<p>l1. Artesunate injection</p> <p>(select_one)</p>	<p>1. Observed—at least one not expired</p> <p>2. Observed—available but expired</p> <p>3. Not observed—reported available but not seen</p> <p>4. Not observed—not available today</p> <p>5. Never available</p>	<p>If 1-3, continue to l2. If 4 or 5, skip to m1.</p> <p>CH.HFA.2</p>

	<p>l2. Has the facility experienced a stockout of this commodity at any time in the past three months?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	
	<p>m1. Artesunate suppositories/ rectal</p> <p>(select_one)</p>	<p>1. Observed—at least one not expired 2. Observed—available but expired 3. Not observed—reported available but not seen 4. Not observed—not available today 5. Never available</p>	<p>If 1-3, continue to m2. If 4 or 5, skip to n1.</p> <p>CH.HFA.2</p>
	<p>m2. Has the facility experienced a stockout of this commodity at any time in the past three months?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	
	<p>n1. Quinine tablets or injection</p> <p>(select_one)</p>	<p>1. Observed—at least one not expired 2. Observed—available but expired 3. Not observed—reported available but not seen 4. Not observed—not available today 5. Never available</p>	<p>If 1-3, continue to n2. If 4 or 5, skip to o1.</p> <p>CH.HFA.2</p>
	<p>n2. Has the facility experienced a stockout of this commodity at any time in the past three months?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	

	o1. Albendazole (select_one)	1. Observed—at least one not expired 2. Observed—available but expired 3. Not observed—reported available but not seen 4. Not observed—not available today 5. Never available	If 1-3, continue to o2. If 4 or 5, skip to p1.
	o2. Has the facility experienced a stockout of this commodity at any time in the past three months? (select_one)	1. Yes 0. No	
	p1. Mebendazole (select_one)	1. Observed—at least one not expired 2. Observed—available but expired 3. Not observed—reported available but not seen 4. Not observed—not available today 5. Never available	If 1-3, continue to p2. If 4 or 5, skip to next section.
	p2. Has the facility experienced a stockout of this commodity at any time in the past three months? (select_one)	1. Yes 0. No	

SUBSECTION III. ADOLESCENT HEALTH SERVICES

NO.	QUESTION	RESPONSE OPTIONS	NOTES/SKIP LOGIC
4.2.2.3.1	Does this facility offer adolescent health services? (select_one)	1. Yes 0. No	If “No,” skip to next section.

4.2.2.3.2	Where are adolescent health services provided? (select_one)	1. FP unit 2. Maternity unit 3. Separate adolescent health unit 4. Child health unit 5. Adolescent services are available in all units/points of care 96. Other	If “Other,” continue to next question. Otherwise, skip to 4.2.2.3.3.
4.2.2.3.2a	Specify “Other” area where adolescent health services are offered. (text)	_____	
4.2.2.3.3	Is auditory and visual privacy available where adolescent health services are provided? (select_one)	1. Auditory privacy only 2. Visual privacy only 3. Both auditory and visual privacy 4. No privacy	
4.2.2.3.4	Do you have the national guidelines for service provision to adolescents available in this facility today? IF YES, ASK TO SEE THE GUIDELINES. (select_one)	1. Yes, observed 2. Yes, reported not seen 0. No	
4.2.2.3.5	Have you, a provider of adolescent health services, received any training on the provision of adolescent health services in the last two years? (select_one)	1. Yes 0. No	
4.2.2.3.6	Do providers require parental consent or husband’s consent to provide any health services to adolescents? (select_one)	1. Yes 0. No	
4.2.2.3.7	Is there a transparent, confidential mechanism for adolescents to submit complaints or feedback about health services at the facility? (select_one)	1. Yes, observed 2. Yes, reported not seen 0. No	

<p>4.2.2.3.8</p>	<p>Are adolescents provided with linkages or referrals to community support, such as peer counselors or peer support groups?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	
<p>4.2.2.3.9</p>	<p>Is the provision of services to adolescents assessed using quality standard checklists?</p> <p>IF YES, ASK TO SEE CHECKLIST.</p> <p>(select_one)</p>	<p>1. Yes, observed 2. Yes, reported not seen 0. No</p>	
<p>4.2.2.3.10</p>	<p>Is there a mechanism by which adolescents (of all genders) can participate in holding the facility accountable for the provision of quality health services, such as participating in community-facility management committees, community scorecards, or other mechanisms?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	
<p>4.2.2.3.11</p>	<p>Which of the following health services available for adolescents?</p> <p>SELECT ALL THAT APPLY.</p> <p>(select_multiple)</p>	<p>1. Contraceptive counseling 2. Nutrition counseling and care 3. STI treatment and prevention 4. HIV counseling and testing 5. Antenatal and postnatal care 6. Delivery care 7. Postabortion care 8. Response and referral for gender-based violence 9. Mental health care 0. None</p>	
<p>4.2.2.3.12</p>	<p>Are there health educational materials, posters or job aids onsite, which are designed to reach adolescents?</p> <p>IF YES, ASK TO SEE.</p> <p>(select_one)</p>	<p>1. Yes, observed 2. Yes, reported not seen 0. No</p>	

4.2.2.3.13	Does the facility monitor service delivery data disaggregated by sex and by five-year age groups (10-14, 15-19, 20-24)? (select_one)	1. Yes 0. No	
------------	---	-----------------	--

SUBSECTION IV. NUTRITION READINESS

NO.	QUESTION	RESPONSE OPTIONS	NOTES/SKIP LOGIC
4.2.2.4.1	Does this facility provide inpatient care for the management of severe acute malnutrition (SAM) with medical complications? (select_one)	1. Yes 0. No	If "No," skip to next section.
<p style="color: purple;">ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE INPATIENT CARE FOR MANAGEMENT OF SAM WITH MEDICAL COMPLICATIONS IS PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT INPATIENT CARE FOR MANAGEMENT OF SAM WITH MEDICAL COMPLICATIONS IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY, AND ASK THE FOLLOWING QUESTIONS.</p>			
4.2.2.4.2	Please tell me if providers in this facility provide the following services:		
	a. Treatment of dehydration/electrolyte imbalance (select_one)	1. Yes 0. No	
	b. Treatment/prevention of hypoglycemia (select_one)	1. Yes 0. No	
	c. Treatment/prevention of hypothermia (select_one)	1. Yes 0. No	
	d. Treatment of (presumed or confirmed) infection with antibiotics (select_one)	1. Yes 0. No	
	e. Diagnosis and management of anemia (select_one)	1. Yes 0. No	
	f. Treatment of eye signs of Vitamin A deficiency (select_one)	1. Yes 0. No	

4.2.2.4.3	Are any of the following medicines and commodities available in this service site today? CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)		
	a1. Ready-to-use therapeutic food (RUTF) (select_one)	1. Observed—at least one not expired 2. Observed—available but expired 3. Not observed—reported available but not seen 4. Not observed—not available today 5. Never available	If 1-3, continue to a2. If 4 or 5, skip to b1.
	a2. Has the facility experienced a stockout of this commodity at any time in the past three months? (select_one)	1. Yes 0.No	
	b1. Formula 75 (F-75) (select_one)	1. Observed—at least one not expired 2. Observed—available but expired 3. Not observed—reported available but not seen 4. Not observed—not available today 5. Never available	If 1-3, continue to b2. If 4 or 5, skip to c1.
	b2. Has the facility experienced a stockout of this commodity at any time in the past three months? (select_one)	1. Yes 0. No	
	c1. Formula100 (F-100) (select_one)	1. Observed—at least one not expired 2. Observed—available but expired 3. Not observed—reported available but not seen 4. Not observed—not available today 5. Never available	If 1-3, continue to c2. If 4 or 5, skip to d1.

	<p>c2. Has the facility experienced a stockout of this commodity at any time in the past three months?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	
	<p>d1. Rehydration Solution for Malnutrition (ReSoMal)</p> <p>(select_one)</p>	<p>1. Observed—at least one not expired 2. Observed—available but expired 3. Not observed—reported available but not seen 4. Not observed—not available today 5. Never available</p>	<p>If 1-3, continue to d2. If 4 or 5, skip to e1.</p>
	<p>d2. Has the facility experienced a stockout of this commodity at any time in the past three months?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	
	<p>e1. Therapeutic complex of vitamins and minerals (CMV)</p> <p>(select_one)</p>	<p>1. Observed—at least one not expired 2. Observed—available but expired 3. Not observed—reported available but not seen 4. Not observed—not available today 5. Never available</p>	<p>If 1-3, continue to e2. If 4 or 5, skip to f1.</p>
	<p>e2. Has the facility experienced a stockout of this commodity at any time in the past three months?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	
	<p>f1. Folic acid</p> <p>(select_one)</p>	<p>1. Observed—at least one not expired 2. Observed—available but expired 3. Not observed—reported available but not seen 4. Not observed—not available today 5. Never available</p>	<p>If 1-3, continue to f2. If 4 or 5, skip to g1.</p>

	f2. Has the facility experienced a stockout of this commodity at any time in the past three months? (select_one)	1. Yes 0. No	
	g1. Vitamin A capsules (select_one)	1. Observed—at least one not expired 2. Observed—available but expired 3. Not observed—reported available but not seen 4. Not observed—not available today 5. Never available	If 1-3, continue to g2. If 4 or 5, skip to 4.2.2.4.4.
	g2. Has the facility experienced a stockout of this commodity at any time in the past three months? (select_one)	1. Yes 0. No	
4.2.2.4.4	Have you, a provider of nutrition services, received any training on inpatient management of SAM with medical complications in the last two years? (select_one)	1. Yes 0. No	
4.2.2.4.5	Does the facility have the national protocol or guideline for Community Management of Acute Malnutrition (CMAM)? (select_one)	1. Yes 0. No	

Part 3: Diagnostics

NO.	QUESTION	RESPONSE OPTIONS	NOTES/SKIP LOGIC
4.3.1.1	Does this facility conduct any diagnostic testing, including any rapid diagnostic testing? (select_one)	1. Yes 0. No	If “No,” skip to next section.
ASK TO BE SHOWN THE MAIN LABORATORY OR LOCATION IN THE FACILITY WHERE MOST TESTING IS DONE TO START DATA COLLECTION. INTRODUCE YOURSELF AND EXPLAIN THE PURPOSE OF THE SURVEY, THEN ASK THE FOLLOWING QUESTIONS.			

<p>4.3.1.2</p>	<p>I would like to know if the following diagnostic tests and associated equipment are available today in this facility.</p> <p>Does this facility conduct the following tests onsite or offsite?</p>		
	<p>a. Blood glucose tests using a glucometer</p> <p>(select_one)</p>	<p>1. Yes, Onsite</p> <p>2. Yes, Offsite</p> <p>3. Don't conduct the test</p>	
	<p>b. Hemoglobin testing</p> <p>(select_one)</p>	<p>1. Yes, Onsite</p> <p>2. Yes, Offsite</p> <p>3. Don't conduct the test</p>	
	<p>c. General microscopy/wet-mounts</p> <p>(select_one)</p>	<p>1. Yes, Onsite</p> <p>2. Yes, Offsite</p> <p>3. Don't conduct the test</p>	
	<p>d. Malaria smear tests</p> <p>(select_one)</p>	<p>1. Yes, Onsite</p> <p>2. Yes, Offsite</p> <p>3. Don't conduct the test</p>	
	<p>e. HIV antibody testing by ELISA</p> <p>(select_one)</p>	<p>1. Yes, Onsite</p> <p>2. Yes, Offsite</p> <p>3. Don't conduct the test</p>	
<p>4.3.1.3</p>	<p>I would like to know if the following equipment items for rapid diagnostic testing are available and functional today or not available or not functioning today.</p> <p>ASK TO SEE THE ITEMS.</p>		
	<p>a. Malaria rapid diagnostic kit</p> <p>(select_one)</p>	<p>1. Observed—at least one not expired</p> <p>2. Observed—available but expired</p> <p>3. Not observed—reported available but not seen</p> <p>4. Not observed—not available today</p> <p>5. Never available</p>	

	<p>b. Syphilis rapid test kit</p> <p>(select_one)</p>	<ol style="list-style-type: none"> 1. Observed—at least one not expired 2. Observed—available but expired 3. Not observed—reported available but not seen 4. Not observed—not available today 5. Never available 	
	<p>c. HIV rapid test kit</p> <p>(select_one)</p>	<ol style="list-style-type: none"> 1. Observed—at least one not expired 2. Observed—available but expired 3. Not observed—reported available but not seen 4. Not observed—not available today 5. Never available 	
	<p>d. Urine pregnancy test</p> <p>(select_one)</p>	<ol style="list-style-type: none"> 1. Observed—at least one not expired 2. Observed—available but expired 3. Not observed—reported available but not seen 4. Not observed—not available today 5. Never available 	
	<p>e. Dipsticks for urine protein</p> <p>(select_one)</p>	<ol style="list-style-type: none"> 1. Observed—at least one not expired 2. Observed—available but expired 3. Not observed—reported available but not seen 4. Not observed—not available today 5. Never available 	

	<p>f. Dipstick for urine glucose</p> <p>(select_one)</p>	<ol style="list-style-type: none"> 1. Observed—at least one not expired 2. Observed—available but expired 3. Not observed—reported available but not seen 4. Not observed—not available today 5. Never available 	
	<p>g. Dipsticks for urine ketone bodies</p> <p>(select_one)</p>	<ol style="list-style-type: none"> 1. Observed—at least one not expired 2. Observed—available but expired 3. Not observed—reported available but not seen 4. Not observed—not available today 5. Never available 	
	<p>h. Dry Blood Spot (DBS) collection for HIV viral load or Early Infant Diagnosis (EID)</p> <p>(select_one)</p>	<ol style="list-style-type: none"> 1. Observed—at least one not expired 2. Observed—available but expired 3. Not observed—reported available but not seen 4. Not observed—not available today 5. Never available 	
	<p>i. Needles and syringes (10–20cc)</p> <p>(select_one)</p>	<ol style="list-style-type: none"> 1. Yes, available and observed. 2. Yes available, but reported, not seen. 3. Not available 	

	<p>j. Point-of-care hemoglobin cuvettes</p> <p>(select_one)</p>	<ol style="list-style-type: none"> 1. Observed—at least one not expired 2. Observed—available but expired 3. Not observed—reported available but not seen 4. Not observed—not available today 5. Never available 	
	<p>k. Specimen tubes to collect blood for CD4 tests</p> <p>(select_one)</p>	<ol style="list-style-type: none"> 1. Observed—at least one not expired 2. Observed—available but expired 3. Not observed—reported available but not seen 4. Not observed—not available today 5. Never available 	
	<p>l. Glucometer</p> <p>(select_one)</p>	<ol style="list-style-type: none"> 1. Available and functioning 2. Available, but not functioning 3. Available—don't know if functioning 4. Not functioning 	
	<p>m. Glucometer test strips (with valid expiration date)</p> <p>(select_one)</p>	<ol style="list-style-type: none"> 1. Observed—at least one not expired 2. Observed—available but expired 3. Not observed—reported available but not seen 4. Not observed—not available today 5. Never available 	
<p>4.3.1.4</p>	<p>I would like to know if the following general equipment items are available and functional today.</p> <p>ASK TO SEE THE ITEMS.</p>		

a1. Light microscope (select_one)	1. Yes, available and observed 2. Yes available, but reported, not seen 3. Not available	
a2. Is the equipment functional today? (select_one)	1. Yes 0. No	
b. Glass slides and cover slips (select_one)	1. Yes, available and observed 2. Yes available, but reported, not seen 3. Not available	
c1. Refrigerator (select_one)	1. Yes, available and observed 2. Yes available, but reported, not seen 3. Not available	If "Yes" (1 or 2), continue to 4.3.1.4c2. Otherwise, skip to 4.3.1.4.d1.
c2. Is the equipment functional today? (select_one)	1. Yes 0. No	
d1. Colorimeter or hemoglobinometer (select_one)	1. Yes, available and observed 2. Yes available, but reported, not seen 3. Not available	If "Yes" (1 or 2), continue to 4.3.1.4d2. Otherwise, skip to 4.3.1.4.e2.
d2. Is the equipment functional today? (select_one)	1. Yes 0. No	
e1. HemoCue (select_one)	1. Yes, available and observed 2. Yes available, but reported, not seen 3. Not available	If "Yes" (1 or 2), continue to 4.3.1.4e2. Otherwise, skip to 4.3.1.4f1.
e2. Is the equipment functional today? (select_one)	1. Yes 0. No	
f1. Wright-Giemsa stain or other acceptable malaria parasite stain (e.g. Field Stain A and B) (select_one)	1. Yes, available and observed 2. Yes available, but reported, not seen 3. Not available	If "Yes" (1 or 2), continue to 4.3.1.4.f2. Otherwise, skip to 4.3.1.4.g1.

	f2. Is the equipment functional today? (select_one)	1. Yes 0. No	
	g1. ELISA washer (select_one)	1. Yes, available and observed 2. Yes available, but reported, not seen 3. Not available	If “Yes” (1 or 2), continue to 4.3.1.4.g2. Otherwise, skip to 4.3.1.4h1.
	g2. Is the equipment functional today? (select_one)	1. Yes 0. No	
	h1. ELISA reader (select_one)	1. Yes, available and observed 2. Yes available, but reported, not seen 3. Not available	If “Yes” (1 or 2), continue to 4.3.1.4.h2. Otherwise, skip to 4.3.1.4.i1.
	h2. Is the equipment functional today? (select_one)	1. Yes 0. No	
	i1. Incubator (select_one)	1. Yes, available and observed 2. Yes available, but reported, not seen 3. Not available	If “Yes” (1 or 2), continue to 4.3.1.4.i2. Otherwise, skip to 4.3.1.4.j1.
	i2. Is the equipment functional today? (select_one)	1. Yes 0. No	
	j1. Specific assay kit – HIV antibody testing by ELISA (select_one)	1. Yes, available and observed 2. Yes available, but reported, not seen 3. Not available	If “Yes” (1 or 2), continue to 4.3.1.4.j2. Otherwise, skip to 4.3.1.5.
	j2. Is the equipment functional today? (select_one)	1. Yes 0. No	
4.3.1.5	Does this facility have an accredited/certified microscopist? (select_one)	1. Yes 0. No	

Part 4. Provider Knowledge and Competency

NO.	QUESTION	RESPONSE OPTIONS	NOTES/SKIP LOGIC
	<p>INTERVIEWER: The next set of questions will focus on provider knowledge and competency to provide a variety of reproductive, maternal, newborn and child health (RMNCH) services.</p> <p>BEFORE ADMINISTERING THE QUESTIONS TO THE PROVIDER, MAKE SURE THAT THE PROVIDER KNOWS THAT YOU ARE NOT THERE TO EVALUATE HIM OR HER, AND THAT YOU ARE NOT AN “EXPERT” TO BE CONSULTED DURING THE SESSION.</p> <p>Each section will have a vignette or set of questions to be asked of a certain type of provider which will be identified in the introduction to the vignette or set of questions. For each section, you will be asked to provide information about the provider and at the end of each section, you will be asked if you would like to administer the questions to another provider. If you select “Yes,” a blank form will appear and you can administer the questions again. If you select “No,” you will be taken to the next section.</p>		
4.4.0	<p>Please indicate which of the following sections you would like to complete as part of this module.</p> <p>SELECT ALL THAT APPLY</p> <p>(select_multiple)</p>	<ol style="list-style-type: none"> 1. ANC: Provider Knowledge/Competency of the management of malaria in pregnancy 2. Delivery Services: Provider knowledge of hypertensive disorders in pregnancy 3. Delivery Services: Provider knowledge of management of prolonged labor 4. Newborn Care: Provider competency to provide care to very low birth weight infants 	Note: Sections will populate in questionnaire based on selections.

SECTION 1. ANTENATAL CARE

NO.	QUESTION	RESPONSE OPTIONS	NOTES/SKIP LOGIC
SUBSECTION I. PROVIDER KNOWLEDGE/COMPETENCY OF THE MANAGEMENT OF MALARIA IN PREGNANCY			
4.4.1.1.1	<p>Date of administration</p> <p>(date)</p>	__/__/__	
4.4.1.1.2	<p>Name of interviewer</p> <p>(text)</p>	_____	

	<p>INSTRUCTIONS TO INTERVIEWER: For the following questions, read the question aloud to the health worker. <u>Do not read the answer choices aloud.</u> Mark all answers the health worker mentions. If you are not sure whether an answer given by the health worker matches that listed, probe for more detail. If they give an answer that is not listed, move on to their next answer. Use the probe to encourage health workers to give as many answers as they can think of. If they cannot give an answer, or give only answers that do not appear in the list, mark “Don’t know.” For open-ended questions, do not prompt the health worker and simply write down everything they say. The health worker should not refer to any printed materials, the internet, or discuss the case with anyone else.</p>		
	<p>READ TO HEALTH CARE WORKER. Hello, I am _____.</p> <p>I am representing MOMENTUM [AWARD]. We are conducting a study of health facilities with the goal of finding ways to improve maternal and newborn health services. I would like to read a case study aloud to you to learn more about how services are provided at this facility. If you agree to participate, I will read you a scenario, and ask you to tell me how you would manage the patient, including diagnosis, observation, and treatment.</p> <p>You may experience some discomfort when asked these questions. There may be no direct benefit to you from being in this study but the findings will inform activities at this facility. Information from this assessment is confidential. Your name will not be recorded. The information acquired during this activity may be used by the Ministry of Health or other organizations to improve services, or for research on health services; however, your name will not be entered into the database. You do not have to agree to be in this study, and you may change your mind at any time.</p> <p>Do you have any questions for me? You may call the lead local investigator [insert phone number] if you have questions or complaints about being in this study. If you have any questions about your rights as a research participant, or if you think you have not been treated fairly, you may also contact the Ethics Committee which approved this study about any problems or concerns at [insert phone number].</p>		
<p>4.4.1.1.3</p>	<p>Does the provider consent to the assessment?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	
<p>4.4.1.1.4</p>	<p>Cadre of Provider</p> <p>[COUNTRY TO CUSTOMIZE. NOTE THAT CUSTOMIZATION TO DIFFERENT CADRES AND FACILITY LEVELS MAY CHANGE THE CORRECT DIAGNOSIS AND TREATMENT PATHWAYS, WHICH SHOULD ALSO BE UPDATED.]</p> <p>(select_one)</p>	<p>1. Midwife 2. Nurse 3. Medical Officer 4. Doctor 5. Specialist Doctor 96. Other</p>	<p>If “Other,” continue to next question. Otherwise, skip to 4.4.1.1.4a.</p>
<p>4.4.1.1.4a</p>	<p>Specify “Other” cadre of provider.</p> <p>(text)</p>	<p>_____</p>	

READ TO THE HEALTH CARE WORKER:

In this exercise we will lead you through hypothetical patient case descriptions while asking you case management questions along the way. We want you to form an image of the patient presented in the case description and to imagine that this person is sitting in front of you in your consultation room. The answers you provide will be confidential and will only be used for scientific research. You will not personally be evaluated based on your responses and the information you provide will not be shared with your facility's administration.

First, I will give a short description of the patient and their symptoms. I want to know what questions you would ask the patient in order to fully understand their situation. These questions could be about their health, their personal characteristics, and their family. Once you have asked your questions, I will give you more information about the patient.

Second, I will ask you to tell me how you would conduct your physical exam. I will tell you the results of the physical exam.

Third, based on the patient's symptoms and the physical examination, I will ask for your differential diagnosis. That means I would like to know which illnesses or conditions you most strongly suspect that the patient has.

Fourth, I will ask you which tests you would order. I will then give you the results of the tests.

Fifth, I will ask you for your final diagnosis of the patient.

Sixth, you should tell me what medicines and/or treatments you would give.

Lastly, please describe the counseling that you would give to the patient before they leave your office. You will not personally be evaluated based on your responses and the information you provide will not be shared with your facility's administration.

READ CASE SCENARIO TO HEALTH WORKER

Ada is 23 years old and has been married for four years. She arrives for her second visit to the ANC clinic at 26 weeks after her last menstrual period. Ada's husband works in a distant village and visits her occasionally. She lives with her mother, father and sister-in-law. Her mother-in-law has accompanied her to the clinic. Ada complains of feeling tired. She has to carry buckets of water from a nearby tube well every day.

<p>4.4.1.1.5</p>	<p>INTERVIEWER: ASK HEALTH CARE WORKER.</p> <p>What questions do you ask her? Anything else?</p> <p>INTERVIEWER: MARK ALL ITEMS THE RESPONDENT MENTIONS.</p> <p><u>DO NOT PROMPT.</u></p> <p>(select_multiple)</p>	<p>1. Reproductive History (select if any of the following asked)</p> <ul style="list-style-type: none"> a. Number of pregnancies b. Number of deliveries (live births) c. Number of miscarriages d. Number of children alive e. Number of children born alive who have died <p>2. Medical History (select if any of the following asked)</p> <ul style="list-style-type: none"> a. History of hypertension b. History of diabetes c. Family health history d. Past illnesses <p>3. Complaints during this pregnancy; feeding/nutrition</p> <p>4. Other background (select if any of the following asked)</p> <ul style="list-style-type: none"> a. Sexual history (e.g., sexual activity, number of sexual partners) b. Relationship with her husband/whether she feels safe at home, etc. c. Whether her partner knows she is here d. Occupation e. Education level f. Family/support network g. Religious affiliation <p>96. Other questions not listed above</p> <p>0. No questions</p>	<p>If “Other,” continue to 4.4.1.1.5a.</p>
<p>4.4.1.1.5a</p>	<p>Specify “Other” questions asked by the provider not detailed in the previous question.</p> <p>(text)</p>	<p>_____</p>	
<p>READ CONTINUATION OF CASE SCENARIO ALOUD TO THE HEALTH WORKER.</p> <p>She tells you that this is her second pregnancy. She has had chills and a fever for a few days and also complains of headaches. The only notable elements from her social history are that she has been married for four years and works on her family’s farm.</p>			

<p>4.4.1.1.6</p>	<p>INTERVIEWER: ASK HEALTH CARE WORKER.</p> <p>What does your physical examination of the patient include? Anything else?</p> <p>INTERVIEWER: MARK ALL ITEMS THE RESPONDENT MENTIONS.</p> <p><u>DO NOT PROMPT.</u></p> <p>(select_multiple)</p>	<ol style="list-style-type: none"> 1. Vital signs <ol style="list-style-type: none"> a. Temperature b. Blood pressure c. Pulse d. Respiratory rate 2. Other physical exams <ol style="list-style-type: none"> a. Height b. Weight c. Check for anemia (examine eyes) d. Nutritional assessment e. Dehydration f. Abdominal palpation g. Fetal heart rate h. Fundal height i. Presence of edema in hands and face 3. Breast exam 4. Vaginal exam 5. Signs of GBV 96. Other 0. No physical examination 	<p>If "Other," continue to 4.4.1.1.6a.</p>
<p>4.4.1.1.6a</p>	<p>Specify "Other" physical exam performed by the provider not detailed in the previous question.</p> <p>(text)</p>	<p>_____</p>	
<p>READ CONTINUATION OF CASE SCENARIO ALOUD TO THE HEALTH WORKER.</p> <p>Ada is 1.5 m tall and weighs 70 kgs. Her blood pressure is normal, pulse is 65 beats per minute and no edema. But her body feels warm and temperature reading is 37.8. You detect fetal movement.</p>			

<p>4.4.1.1.7</p>	<p>INTERVIEWER: ASK HEALTH CARE WORKER.</p> <p>What tests, if any, do you order? Assume that the needed tests can be conducted at your facility.</p> <p>INTERVIEWER: MARK ALL ITEMS THE RESPONDENT MENTIONS.</p> <p><u>DO NOT PROMPT.</u></p> <p>(select_multiple)</p>	<ol style="list-style-type: none"> 1. Urine protein test 2. HIV 3. Syphilis 4. Malaria/mRDT 5. Hemoglobin/Hematocrit 6. Blood grouping 7. Echography 96. Other 0. No tests 	<p>If “Other,” continue to 4.4.1.1.7a.</p>
<p>4.4.1.1.7a</p>	<p>Specify “Other” tests ordered by the provider not detailed in the previous question.</p> <p>(text)</p>	<p>_____</p>	
<p>READ CONTINUATION OF CASE SCENARIO ALOUD TO THE HEALTH WORKER.</p> <p>The mRDT test is positive. She is not anemic and urine protein levels fall within a normal range.</p>			
<p>4.4.1.1.8</p>	<p>INTERVIEWER: ASK HEALTH CARE WORKER.</p> <p>Based on the history, exam and test results, what is your assessment of the patient?</p> <p>INTERVIEWER: MARK ALL ITEMS THE RESPONDENT MENTIONS.</p> <p><u>DO NOT PROMPT.</u></p> <p>(select_multiple)</p>	<ol style="list-style-type: none"> 1. Malaria 2. Pneumonia 3. Influenza 4. Typhoid fever 5. Pregnancy-induced hypertension 6. Pre-eclampsia 7. Healthy pregnancy 96. Other 98. Don’t know 	<p>If “Other,” continue to 4.4.1.1.8a.</p>
<p>4.4.1.1.8a</p>	<p>Specify “Other” assessment not detailed in the previous question.</p> <p>(text)</p>	<p>_____</p>	

<p>4.4.1.1.9</p>	<p>INTERVIEWER: ASK HEALTH CARE WORKER.</p> <p>What is your next step? Assume that everything that is needed is in stock in the facility. Indicate the frequency and dose if applicable.</p> <p>INTERVIEWER: MARK ALL ITEMS THE RESPONDENT MENTIONS.</p> <p><u>DO NOT PROMPT.</u></p> <p>(select_multiple)</p>	<p>1. ACT (specify dose, type and route)</p> <p>2. Antipyretics/analgesics</p> <p>3. Induction of labor</p> <p>4. GBV screening questions</p> <p>5. Transfer to hospital</p> <p>96. Other (actions or medications – i.e., quinine or SP)</p> <p>0. No treatment</p>	<p>If “ACT,” specify dose, type, and route. If “Other,” continue to 4.4.1.1.9a. If “Other,” continue to 4.4.1.1.9b. Otherwise, skip to If “Other,” continue to 4.4.1.1.10.</p>
<p>4.4.1.1.9a</p>	<p>Specify dose, type and route of ACT treatment.</p> <p>(text)</p>	<p>_____</p>	
<p>4.4.1.1.9b</p>	<p>Specify “Other” steps or medications prescribed in the previous question.</p> <p>(text)</p>	<p>_____</p>	
<p>4.4.1.1.10</p>	<p>INTERVIEWER: Tell the health worker that this case scenario is over. Enter any comments you may have.</p> <p>(text)</p>	<p>_____</p>	
<p>4.4.1.1.11</p>	<p>Would you like to administer this set of case scenarios to another provider?</p> <p>(select_one)</p>	<p>1. Yes</p> <p>0. No</p>	<p>If “Yes,” case scenario questions will re-set and repeat. If “No,” skip to next section.</p>

SECTION 2. DELIVERY SERVICES

NO.	QUESTION	RESPONSE OPTIONS	NOTES/SKIP LOGIC
SUBSECTION I. PROVIDER KNOWLEDGE OF HYPERTENSIVE DISORDERS OF PREGNANCY—MNH.HFA.11			
<p>4.4.2.1.1</p>	<p>Date of administration</p> <p>(date)</p>	<p>__/__/__</p>	
<p>4.4.2.1.2</p>	<p>Name of interviewer</p> <p>(text)</p>	<p>_____</p>	

	<p>INSTRUCTIONS TO INTERVIEWER: For the following questions, read the question aloud to the health worker. <u>Do not read the answer choices aloud.</u> Mark all answers the health worker mentions. If you are not sure whether an answer given by the health worker matches that listed, probe for more detail. If they give an answer that is not listed, move on to their next answer. Use the probe to encourage health workers to give as many answers as they can think of. If they cannot give an answer, or give only answers that do not appear in the list, mark “Don’t know.”</p>		
	<p>READ TO HEALTH CARE WORKER. Hello, I am _____.</p> <p>I am representing MOMENTUM [AWARD]. We are conducting a study of health facilities with the goal of finding ways to improve maternal and newborn health services. I would like to read a case study aloud to you to learn more about how services are provided at this facility. If you agree to participate, I will read you a scenario, and ask you to tell me how you would manage the patient, including diagnosis, observation, and treatment.**</p> <p>You may experience some discomfort when asked these questions. There may be no direct benefit to you from being in this study but the findings will inform activities at this facility. Information from this assessment is confidential. Your name will not be recorded. The information acquired during this activity may be used by the Ministry of Health or other organizations to improve services, or for research on health services; however, your name will not be entered into the database. You do not have to agree to be in this study, and you may change your mind at any time.</p> <p>Do you have any questions for me? You may call the lead local investigator [insert phone number] if you have questions or complaints about being in this study. If you have any questions about your rights as a research participant, or if you think you have not been treated fairly, you may also contact the Ethics Committee which approved this study about any problems or concerns at [insert phone number].</p>		
4.4.2.1.3	<p>Does the provider consent?</p> <p>(select_one)</p>	<p>1. Yes</p> <p>0. No</p>	<p>If “No,” skip to next section.</p>
	<p>Cadre of Provider</p> <p>[COUNTRY TO CUSTOMIZE. NOTE THAT CUSTOMIZATION TO DIFFERENT CADRES AND FACILITY LEVELS MAY CHANGE THE CORRECT DIAGNOSIS AND TREATMENT PATHWAYS, WHICH SHOULD ALSO BE UPDATED.]</p> <p>(select_one)</p>	<p>1. Midwife</p> <p>2. Nurse</p> <p>3. Medical Officer</p> <p>4. Doctor</p> <p>5. Specialist Doctor</p> <p>96. Other</p>	<p>If “Other,” continue to next question. Otherwise, skip to 4.4.2.1.4.</p>
4.4.2.1.3a	<p>Specify “Other” cadre of provider.</p> <p>(text)</p>	<p>_____</p>	
	<p>READ TO THE HEALTH CARE WORKER: Please answer the following questions on maternal health to the best of your knowledge. Most of the questions I ask you will require multiple responses from you. Assume all needed supplies, medications, and equipment are available. When thinking about your answers, you should include actions or interventions that could be performed at your facility. Please provide all responses that come to mind.</p>		

	<p>READ FIRST CASE SCENARIO ALOUD TO THE HEALTH WORKER.</p> <p>A 28-year-old patient, gravidity 3, parity 2, reports for a first antenatal visit at 12 weeks pregnant. For her first two births, she attended a different clinic that has since closed. She recalls that during her most recent pregnancy 1.5 years ago, the midwife said that she had high blood pressure close to when she delivered. She cannot remember how or if the midwife treated it. She has been experiencing headaches during her pregnancy. You measure her blood pressure and find that it is 145/95. You repeat the blood pressure measure a few hours later and find it is 143/96.</p>		
4.4.2.1.4	<p>INTERVIEWER: ASK HEALTH CARE WORKER.</p> <p>What is your diagnosis?</p> <p>INTERVIEWER: MARK ALL ITEMS THE RESPONDENT MENTIONS.</p> <p><u>DO NOT PROMPT.</u></p> <p>(select_multiple)</p>	<ol style="list-style-type: none"> 1. Chronic hypertension 2. Hypertension 3. High blood pressure 98. Don't know 	MNH.HFA.11
4.4.2.1.5	<p>INTERVIEWER: ASK HEALTH CARE WORKER.</p> <p>What would you do at this visit? Answer assuming that equipment and medications that you would normally use to manage patients at this level are stocked and functional.</p> <p>INTERVIEWER—<u>DO NOT PROMPT.</u> MARK ALL ITEMS MENTIONED BY RESPONDENT.</p> <p>(select_multiple)</p>	<ol style="list-style-type: none"> 1. Collect baseline labs [COUNTRY TO ADAPT BY ADDING LABS DESIGNATED IN THE NATIONAL GUIDELINES] 2. 24-hour urine collection OR urine protein dipstick 3. Refer to primary care doctor or specialist to control hypertension 98. Don't know 	MNH.HFA.11
4.4.2.1.6	<p>INTERVIEWER: ASK HEALTH CARE WORKER.</p> <p>What would you recommend for the remainder of the pregnancy?</p> <p>INTERVIEWER—<u>DO NOT PROMPT.</u> MARK ALL ITEMS MENTIONED BY RESPONDENT.</p> <p>(select_multiple)</p>	<ol style="list-style-type: none"> 1. Low-dose acetylsalicylic acid starting immediately for the remainder of the pregnancy (aspirin, 75mg, or adapt to national or facility guidelines) [COUNTRY TO ADAPT] 2. Ongoing regular antenatal screenings/testing throughout pregnancy (reference national or facility guidelines for frequency) [COUNTRY TO ADAPT] 3. Discuss possible need for early induction or delivery in higher-level facility 98. Don't know 	MNH.HFA.11

4.4.2.1.7	<p>OBSERVER: Tell the health worker that this case scenario is over. Enter any comments you may have.</p> <p>(text)</p>	<p>_____</p>	
<p>READ SECOND CASE SCENARIO ALOUD TO THE HEALTH WORKER.</p> <p>A 24-year-old patient, gravidity 2, parity 1 with a previous uncomplicated birth two years ago, reports for an antenatal care visit at 30 weeks pregnant. This is her second visit to the clinic during this pregnancy. She reports that she has been having persistent headaches for the last two weeks. Her blood pressure is 175/100. When looking at her chart, you see that when she came in at 16 weeks, her blood pressure was 130/80 with a normal urine analysis. Fetal well-being is reassuring.</p>			
4.4.2.1.8	<p>INTERVIEWER: ASK HEALTH CARE WORKER.</p> <p>What would you do at this visit? Answer assuming that equipment and medications that you would normally use to manage patients at this level are stocked and functional.</p> <p>INTERVIEWER: MARK ALL ITEMS THE RESPONDENT MENTIONS.</p> <p><u>DO NOT PROMPT.</u></p> <p>(select_multiple)</p>	<ol style="list-style-type: none"> 1. Repeat the blood pressure measurement after at least four hours 2. 24-hour urine collection or urine protein dipstick 3. Provide medications to manage headache (reference national or facility guidelines for choice, route, and dose) [COUNTRY TO ADAPT] 4. Prescribe magnesium sulfate (reference national or facility guidelines for route and dose) [COUNTRY TO ADAPT] 5. Prescribe antihypertensive drugs (reference national or facility guidelines for choice, route, and dose) [COUNTRY TO ADAPT] 6. Prescribe beta course for fetal lung maturity (reference national or facility guidelines for choice, route, and dose) [COUNTRY TO ADAPT] 98. Don't know 	<p>MNH.HFA.11</p>
<p>INTERVIEWER, READ TO HEALTH CARE WORKER: The patient's blood pressure four hours later is 170/80, and urine dipstick revealed 2+ proteinuria.</p>			

<p>4.4.2.1.9</p>	<p>INTERVIEWER: ASK HEALTH CARE WORKER.</p> <p>What is your diagnosis?</p> <p>INTERVIEWER: MARK ALL ITEMS THE RESPONDENT MENTIONS.</p> <p><u>DO NOT PROMPT.</u></p> <p>(select_one)</p>	<p>1. Pre-eclampsia with severe features</p> <p>2. Severe pre-eclampsia</p> <p>98. Don't know</p>	<p>MNH.HFA.11</p>
<p>4.4.2.1.10</p>	<p>INTERVIEWER: ASK HEALTH CARE WORKER.</p> <p>What would you recommend for the remainder of the pregnancy?</p> <p>INTERVIEWER—<u>DO NOT PROMPT.</u> MARK ALL ITEMS MENTIONED BY RESPONDENT.</p> <p>(select_multiple)</p>	<p>1. Make a plan for delivery/induction</p> <p>2. Ongoing fetal surveillance throughout pregnancy (reference national or facility guidelines for frequency and type of fetal surveillance) [COUNTRY TO ADAPT]</p> <p>98. Don't know</p>	<p>MNH.HFA.11</p>
<p>4.4.2.1.11</p>	<p>INTERVIEWER: Tell the health worker that this case scenario is over. Enter any comments you may have.</p> <p>(text)</p>	<p>_____</p>	
<p>READ THIRD CASE SCENARIO ALOUD TO THE HEALTH WORKER.</p> <p>A 41-year-old patient, gravidity 1, parity 0 at 38 weeks comes to the clinic in active labor complaining of headache. The patient's blood pressure is 140/90. The fetal status is reassuring, and she is 4 cm dilated. The patient seizes during initial evaluation.</p>			
<p>4.4.2.1.12</p>	<p>INTERVIEWER: ASK HEALTH CARE WORKER.</p> <p>How would you manage the patient?</p> <p>Answer assuming that equipment and medications that you would normally use to manage patients at this level are stocked and functional.</p> <p>INTERVIEWER: MARK ALL ITEMS THE RESPONDENT MENTIONS.</p> <p><u>DO NOT PROMPT.</u></p> <p>(select_multiple)</p>	<p>1. Ensure that the patient is in the left lateral position</p> <p>2. Regularly monitor vital signs and reflexes</p> <p>3. Administer magnesium sulfate (reference national or facility guidelines for route and dose) [COUNTRY TO ADAPT]</p> <p>4. Regularly monitor fetal heart rate</p> <p>5. Make a plan for and delivery the baby (reference local guidelines for type of delivery) [COUNTRY TO ADAPT]</p> <p>98. Don't know</p>	<p>MNH.HFA.11</p>

4.4.2.1.13	INTERVIEWER: Tell the health worker that this case scenario is over. Enter any comments you may have. (text)	_____	
4.4.2.1.14	Would you like to administer this set of case scenarios to another provider? (select_one)	1. Yes 0. No	If “Yes,” case scenario questions will re-set and repeat. If “No,” skip to next section.

NO.	QUESTION	RESPONSE OPTIONS	NOTES/SKIP LOGIC
SUBSECTION II. PROVIDER KNOWLEDGE OF PROLONGED LABOR MANAGEMENT—MNH.HFA.12			
4.4.2.2.1	Date of administration (date)	_/_/___	
4.4.2.2.2	Name of interviewer (text)	_____	
<p>INSTRUCTIONS TO INTERVIEWER: For the following questions, read the question aloud to the health worker. <u>Do not read the answer choices aloud.</u> Mark all answers the health worker mentions. If you are not sure whether an answer given by the health worker matches that listed, probe for more detail. If they give an answer that is not listed, move on to their next answer. Use the probe to encourage health workers to give as many answers as they can think of. If they cannot give an answer, or give only answers that do not appear in the list, mark “Don’t know.”</p>			

	<p>READ TO HEALTH CARE WORKER. Hello, I am _____.</p> <p>I am representing MOMENTUM [AWARD]. We are conducting a study of health facilities with the goal of finding ways to improve maternal and newborn health services. I would like to read a case study aloud to you to learn more about how services are provided at this facility. If you agree to participate, I will read you a scenario, and ask you to tell me how you would manage the patient, including diagnosis, observation and treatment. **</p> <p>You may experience some discomfort when asked these questions. There may be no direct benefit to you from being in this study but the findings will inform activities at this facility. Information from this assessment is confidential. Your name will not be recorded. The information acquired during this activity may be used by the Ministry of Health or other organizations to improve services, or for research on health services; however, your name will not be entered into the database. You do not have to agree to be in this study, and you may change your mind at any time.</p> <p>Do you have any questions for me? You may call the lead local investigator [insert phone number] if you have questions or complaints about being in this study. If you have any questions about your rights as a research participant, or if you think you have not been treated fairly, you may also contact the Ethics Committee which approved this study about any problems or concerns at [insert phone number].</p>		
4.4.2.2.3	<p>Does the provider consent?</p> <p>(select_one)</p>	<p>1. Yes</p> <p>0. No</p>	<p>If “No,” skip to next section.</p>
	<p>Cadre of Provider</p> <p>[COUNTRY TO CUSTOMIZE. NOTE THAT CUSTOMIZATION TO DIFFERENT CADRES AND FACILITY LEVELS MAY CHANGE THE CORRECT DIAGNOSIS AND TREATMENT PATHWAYS, WHICH SHOULD ALSO BE UPDATED.]</p> <p>(select_one)</p>	<p>1. Midwife</p> <p>2. Nurse</p> <p>3. Medical Officer</p> <p>4. Doctor</p> <p>5. Specialist Doctor</p> <p>96. Other</p>	<p>If “Other,” continue to next question. Otherwise, skip to 4.4.2.2.4.</p>
4.4.2.2.3a	<p>Specify “Other” cadre of provider.</p> <p>(text)</p>	<p>_____</p>	
	<p>READ TO THE HEALTH CARE WORKER: Please answer the following questions on maternal health to the best of your knowledge. Most of the questions I ask you will require multiple responses from you. Assume all needed supplies, medications, and equipment are available. When thinking about your answers, you should include actions or interventions that could be performed at your facility. Please provide all responses that come to mind.</p>		

	<p>READ CASE SCENARIO ALOUD TO THE HEALTH WORKER.</p> <p>A 30-year-old woman (gravidity 1) at 40 weeks' gestation is admitted to the facility at 10am with membranes intact. The fetal head is at -3 station; her cervix is 4 cm dilated and 80% effaced. There are two contractions in 10 minutes, each lasting less than 20 seconds. The fetal heart rate is 136. Her blood pressure is 120/70, and her pulse is 80. By noon, the fetal heart rate is 136, contractions remain two every 10 minutes and last 20 seconds each, her pulse is 88 and temperature is 36.2 Celsius. The fetal head remains in the same position with her cervix unchanged and membranes still intact.</p>		
4.4.2.2.4	<p>INTERVIEWER: ASK HEALTH CARE WORKER.</p> <p>What are your concerns, if any?</p> <p>INTERVIEWER—DO NOT PROMPT.</p> <p>(select_one)</p>	<p>1. Prolonged latent phase</p> <p>98. Don't know</p>	<p>MNH.HFA.12</p>
4.4.2.2.5	<p>INTERVIEWER: ASK HEALTH CARE WORKER.</p> <p>What would you do to manage this patient?</p> <p>INTERVIEWER: MARK ALL ITEMS THE RESPONDENT MENTIONS.</p> <p>DO NOT PROMPT.</p> <p>(select_multiple)</p>	<p>1. Encourage her to rest and hydrate</p> <p>2. Encourage emptying of bladder every 2-4 hours</p> <p>OR</p> <p>3. Refer to higher level facility [COUNTRY TO ADAPT]</p> <p>98. Don't know</p>	<p>MNH.HFA.12</p> <p>Note: For this question, countries will need to adapt. The correct response is either (1 & 2) OR 3, depending on facility level. If lower level facility and referral is required, question should be changed to (select_one).</p>
	<p>Note: If administering case scenario at a higher level facility (hospital), please continue to the next section. Otherwise, remove the next section from the survey as it is not applicable.</p> <p>[COUNTRY TO ADAPT]</p>		
	<p>READ CONTINUATION OF CASE SCENARIO ALOUD TO THE HEALTH WORKER.</p> <p>By 3 pm, the fetal heart rate is consistently 180 beats per minute, her contractions are still two every 10 minutes and last 20 seconds. Her heart rate is 90, and her cervix remains unchanged with membranes still intact.</p>		

<p>4.4.2.2.6</p>	<p>INTERVIEWER: ASK HEALTH CARE WORKER.</p> <p>What would you do to manage this patient?</p> <p>Answer assuming that equipment and medications that you would normally use to manage patients at this level are stocked and functional.</p> <p>INTERVIEWER: MARK ALL ITEMS THE RESPONDENT MENTIONS.</p> <p><u>DO NOT PROMPT.</u></p> <p>(select_multiple)</p>	<p>1. Artificial rupture of membranes</p> <p>2. Labor augmentation with oxytocin</p> <p>98. Don't know</p>	<p>MNH.HFA.12</p>
<p>4.4.2.2.7</p>	<p>INTERVIEWER: Tell the health worker that this case scenario is over. Enter any comments you may have.</p> <p>(text)</p>	<p>_____</p>	
<p>4.4.2.2.8</p>	<p>Would you like to administer this set of case scenarios to another provider?</p> <p>(select_one)</p>	<p>1. Yes</p> <p>0. No</p>	<p>If "Yes," case scenario questions will re-set and repeat. If "No," skip to next section.</p>

SECTION 3. NEWBORN CARE

NO.	QUESTION	RESPONSE OPTIONS	NOTES/SKIP LOGIC
SUBSECTION I. PROVIDER KNOWLEDGE TO PROVIDE CARE FOR VERY LOW BIRTH WEIGHT INFANTS			
<p>4.4.3.1.1</p>	<p>Date of administration</p> <p>(date)</p>	<p>__/__/__</p>	
<p>4.4.3.1.2</p>	<p>Name of interviewer</p> <p>(text)</p>	<p>_____</p>	
<p>INSTRUCTIONS TO INTERVIEWER: For the following questions, read the question aloud to the health worker. <u>Do not read the answer choices aloud.</u> Mark all answers the health worker mentions. If you are not sure whether an answer given by the health worker matches that listed, probe for more detail. If they give an answer that is not listed, move on to their next answer. Use the probe to encourage health workers to give as many answers as they can think of. If they cannot give an answer, or give only answers that do not appear in the list, mark "Don't know."</p>			

	<p>READ TO HEALTH CARE WORKER. Hello, I am _____.</p> <p>I am representing MOMENTUM [AWARD]. We are conducting a study of health facilities with the goal of finding ways to improve maternal and newborn health services. I would like to read a case study aloud to you to learn more about how services are provided at this facility. If you agree to participate, I will read you a scenario, and ask you to tell me how you would manage the patient, including diagnosis, observation and treatment. **</p> <p>You may experience some discomfort when asked these questions. There may be no direct benefit to you from being in this study but the findings will inform activities at this facility. Information from this assessment is confidential. Your name will not be recorded. The information acquired during this activity may be used by the Ministry of Health or other organizations to improve services, or for research on health services; however, your name will not be entered into the database. You do not have to agree to be in this study, and you may change your mind at any time.</p> <p>Do you have any questions for me? You may call the lead local investigator [insert phone number] if you have questions or complaints about being in this study. If you have any questions about your rights as a research participant, or if you think you have not been treated fairly, you may also contact the Ethics Committee which approved this study about any problems or concerns at [insert phone number].</p>		
4.4.3.1.3	<p>Does the provider consent to the assessment?</p> <p>(select_one)</p>	<p>1. Yes</p> <p>0. No</p>	
4.4.3.1.4	<p>Cadre of Provider</p> <p>[COUNTRY TO CUSTOMIZE. NOTE THAT CUSTOMIZATION TO DIFFERENT CADRES AND FACILITY LEVELS MAY CHANGE THE CORRECT DIAGNOSIS AND TREATMENT PATHWAYS, WHICH SHOULD ALSO BE UPDATED.]</p> <p>(select_one)</p>	<p>1. Midwife</p> <p>2. Nurse</p> <p>3. Medical Officer</p> <p>4. Nurse specialist/Neonatal nurse</p> <p>5. Doctor</p> <p>6. Specialist Doctor</p> <p>96. Other</p>	<p>If “Other,” continue to next question. Otherwise, skip to 4.4.3.1.5.</p>
4.4.3.1.4a	<p>Specify “Other” cadre of provider.</p> <p>(text)</p>	<p>_____</p>	
	<p>READ TO THE HEALTH CARE WORKER: Please answer the following questions on newborn health to the best of your knowledge. Most of the questions I ask you will require multiple responses from you. Assume all needed supplies, medications, and equipment are available. When thinking about your answers, you should include actions or interventions that could be performed at your facility. Please provide all responses that come to mind.</p>		
	<p>READ CASE SCENARIO ALOUD TO THE HEALTH WORKER.</p> <p>A 17-year-old woman pregnant for eight months delivered a baby at home. A trained community volunteer weighed the baby and found it to be 1.4 kg. As a result, she referred the baby to your facility.</p>		

<p>4.4.3.1.5</p>	<p>INTERVIEWER: ASK HEALTH CARE WORKER.</p> <p>What would you do for this baby?</p> <p>INTERVIEWER: MARK ALL ITEMS THE RESPONDENT MENTIONS.</p> <p><u>DO NOT PROMPT.</u></p> <p>(select_multiple)</p>	<ol style="list-style-type: none"> 1. Detain for thorough examination 2. Ensure breastfeeding is established and provide support if necessary 3. Put the baby in an incubator OR skin-to-skin with the mother 4. Teach the mother to keep baby skin-to-skin/kangaroo mother care position (if in incubator, when taken out) 5. Check cord dressing and other potential sources of infection 6. Encourage and ensure hygiene in care 96. Other 98. Don't Know 0. Would not do anything 	
<p>READ CONTINUATION OF CASE SCENARIO ALOUD TO THE HEALTH WORKER.</p> <p>The mother says the baby is not breastfeeding and was contemplating giving glucose solution.</p>			
<p>4.4.3.1.6</p>	<p>INTERVIEWER: ASK HEALTH CARE WORKER.</p> <p>What would you do?</p> <p>INTERVIEWER: MARK ALL ITEMS THE RESPONDENT MENTIONS.</p> <p><u>DO NOT PROMPT.</u></p> <p>(select_multiple)</p>	<ol style="list-style-type: none"> 1. Watch her breastfeed her baby and teach her good positioning and attachment 2. Examine the baby's mouth to ensure there are no anatomical deformities 3. If baby is not breastfeeding, teach her to express the milk and feed with a clean cup 4. Encourage infant formula only if exclusive breast milk is not possible and mother can afford 5. Educate her and encourage her to practice exclusive breastfeeding for the first six months of the baby's life 96. Other 98. Don't know 0. Would not do anything 	
<p>4.4.3.1.7</p>	<p>INTERVIEWER: Tell the health worker that this case scenario is over. Enter any comments you may have.</p> <p>(text)</p>	<p>_____</p>	

4.4.3.1.8	Would you like to administer this set of case scenarios to another provider? (select_one)	1. Yes 0. No	If “Yes,” case scenario questions will re-set and repeat. If “No,” skip to next section.
-----------	--	-----------------	--

NO.	QUESTION	RESPONSE OPTIONS	NOTES/SKIP LOGIC
SUBSECTION II. NEWBORN RESUSCITATION SIMULATION QUESTIONNAIRE – MNH.HFA.13			
* NOTE: Items with an asterisk in this section are particularly important for scoring purposes. See User Guide for more detail on scoring.			
4.4.3.2.1	Date of administration (date)	_/_/___	
4.4.3.2.2	Name of interviewer (text)	_____	
<p>INSTRUCTIONS TO INTERVIEWER: BEFORE OBSERVING THE NEWBORN RESUSCITATION SIMULATION, OBTAIN PERMISSION FROM THE SERVICE PROVIDER. MAKE SURE THAT THE PROVIDER KNOWS THAT YOU ARE NOT THERE TO EVALUATE HIM OR HER, AND THAT YOU ARE NOT AN “EXPERT” TO BE CONSULTED DURING THE SESSION.</p> <p>THE NEWBORN RESUSCITATION SIMULATION IS USED TO DETERMINE WHETHER RESPONDENTS KNOW THE ESSENTIAL STEPS TO HELP A BABY BREATHE. READ THE CASE SCENARIO ALOUD TO THE PARTICIPANT.</p> <p>PROVIDE THE PROMPTS SHOWN IN CAPITAL LETTERS, AND ASK THE QUESTION SHOWN IN SENTENCE CASE.</p> <p>INDICATE THE BABY’S RESPONSE TO THE PARTICIPANT’S ACTIONS USING THE NEONATAL SIMULATOR OR WORDS IF USING A MANNEQUIN. FOR EXAMPLE, WHEN THE PARTICIPANTS EVALUATE CRYING, SHOW THAT THE BABY IS NOT CRYING WITH A SIMULATOR. SAY THAT THE BABY IS NOT CRYING IF USING A MANNEQUIN.</p> <p>AS YOU OBSERVE THE RESPONDENT, CIRCLE THE CODE "1" FOR OBSERVED ACTION “DONE” OR CODE 2 FOR “NOT DONE” FOR EACH ACTIVITY. APART FROM GIVING THESE PROMPTS, KEEP SILENT DURING THE EVALUATION. FINDINGS ARE NOT REPORTED BACK TO THE RESPONDENT.</p>			

	<p>READ TO HEALTH CARE WORKER: Hello, I am _____.</p> <p>I am representing MOMENTUM [AWARD].</p> <p>We are conducting a study of health facilities with the goal of finding ways to improve the delivery of services. I would like to ask you to demonstrate a simulated management of a baby that does not breathe at birth in order to understand how delivery and newborn care services are provided in this facility. The simulation usually takes about 5-10 minutes. Information from this simulation is confidential. Your name will not be recorded. The information acquired during this observation may be used by the MOH or other organizations to improve services, or for research on health services. Your name will not be entered in any database; however, there is a small chance that the facility can be identified later. Participation in the simulation is voluntary, you may refuse to answer any question or choose to stop the simulation at any time. There is no penalty for refusing to participate; however, your experience and views are important, and we hope you will agree to participate in the simulation.</p> <p>You may call the lead local investigator [insert phone number] if you have questions or complaints about being in this study. If you have any questions about your rights as a research participant, or if you think you have not been treated fairly, you may also contact the Ethics Committee which approved this study about any problems or concerns at [insert phone number].</p> <p>Do you have any questions for me? Do I have your permission to conduct the simulation?</p>		
4.4.3.2.3	<p>Does the provider consent to the assessment?</p> <p>(select_one)</p>	<p>1. Yes</p> <p>0. No</p>	
4.4.3.2.4	<p>Cadre of Provider</p> <p>[COUNTRY TO CUSTOMIZE. NOTE THAT CUSTOMIZATION TO DIFFERENT CADRES AND FACILITY LEVELS MAY CHANGE THE CORRECT DIAGNOSIS AND TREATMENT PATHWAYS, WHICH SHOULD ALSO BE UPDATED.]</p> <p>(select_one)</p>	<p>1. Midwife</p> <p>2. Nurse</p> <p>3. Medical Officer</p> <p>4. Doctor</p> <p>5. Specialist Doctor</p> <p>6. Specialist Nurse</p> <p>96. Other</p>	<p>If “Other,” continue to next question. Otherwise, skip to 4.4.3.2.4a.</p>
4.4.3.2.4a	<p>Specify “Other” cadre of provider.</p> <p>(text)</p>	<p>_____</p>	
4.4.3.2.5	<p>You said that you personally deliver or provide care for the newborn. Do you personally conduct only delivery of newborns, or only provide care for the newborn, or both delivery and newborn care services?</p> <p>(select_one)</p>	<p>1. Yes, delivery only</p> <p>2. Yes, newborn care</p> <p>3. Yes, both delivery and newborn care</p> <p>0. No, none of them</p>	<p>If “No, none of them,” identify a provider who conducts delivery and/or newborn services or skip to the next section.</p>

4.4.3.2.6	<p>READ TO THE HEALTH CARE WORKER:</p> <p>Now I would like to ask you to demonstrate a simulated management of the newborn. I am going to read a role play case. Please listen carefully, and then show me the actions you would take. I will indicate the baby's responses, but I will provide no other feedback.</p> <p>You are called to assist at the birth of 34 week (7-1/2 months) gestation baby. You have identified a helper, prepared an area for ventilation, washed your hands, and checked your equipment. The baby is born, and the amniotic fluid is clear. Show how you will care for the baby.</p>		
	a. Dries thoroughly (select_one)	1. Done 0. Not done	
	b. Removes wet cloth (select_one)	1. Done 0. Not done	
4.4.3.2.7	<p>PROMPT: SHOW THE BABY IS NOT CRYING.</p> <p>SAY: You do not see or hear secretions in the baby's mouth or nose.</p>		
	a. Recognizes baby is not crying (select_one)	1. Done 0. Not done	
	b. *Stimulated breathing by rubbing the back (select_one)	1. Done 0. Not done	
4.4.3.2.8	<p>PROMPT: SHOW THE BABY IS NOT BREATHING.</p>		
	a. Recognizes baby is not breathing (select_one)	1. Done 0. Not done	
	b. Cuts cord and moves to area for ventilation of positions by mother for ventilation (select_one)	1. Done 0. Not done	
	c. Ventilates with bag and mask within the golden minute (at __ seconds) (integer)	___ seconds	
	d. *Achieves a firm seal as demonstrated by chest movement (select_one)	1. Done 0. Not done	
	e. Time of effective ventilation (chest moving gently at __ seconds) (integer)	___ seconds	

	f. *Ventilates at 40 breaths/minute Note: A range of 30-50 breaths per minute is acceptable to be considered “done” (select_one)	1. Done 0. Not done	
	g. *Evaluates for breathing or chest movement (select_one)	1. Done 0. Not done	
4.4.3.2.9	PROMPT: SHOW THE BABY IS NOT BREATHING.		
	a. Recognizes baby is not breathing (select_one)	1. Done 0. Not done	
	b. Calls for help (select_one)	1. Done 0. Not done	
	c. Continues ventilation (select_one)	1. Done 0. Not done	
4.4.3.2.10	PROMPT, SAY: Please show what to do if the chest is not moving with ventilation. AFTER ONE OR MORE STEPS TO IMPROVE VENTILATION, SAY: The chest is moving now.		
	a. *Reapplies mask (select_one)	1. Done 0. Not done	
	b. *Repositions head (select_one)	1. Done 0. Not done	
	c. Clears secretions from the mouth and nose as needed (select_one)	1. Done 0. Not done	
	d. Opens mouth slightly (select_one)	1. Done 0. Not done	
	e. Squeezes bag harder (select_one)	1. Done 0. Not done	
4.4.3.2.11	PROMPT: SHOW THE BABY IS NOT BREATHING		
	a. Recognizes baby is not breathing (select_one)	1. Done 0. Not done	

	b. Continues ventilation (select_one)	1. Done 0. Not done	
4.4.3.2.12	PROMPT: AFTER 3 MINUTES SHOW THE BABY IS BREATHING		
	a. Recognizes baby is breathing (select_one)	1. Done 0. Not done	
	b. Stops ventilation (select_one)	1. Done 0. Not done	
	c. Provides close observation for the baby and communicates with the mother (select_one)	1. Done 0. Not done	
4.4.3.2.13	OBSERVER: FOR EACH ACTION LISTED BELOW (“a” THROUGH “d”), CIRCLE “1” DONE IF THE ACTION IS TAKEN BY THE PROVIDER. IF NO ACTION IN THE GROUP IS TAKEN, CIRCLE “0” NOT DONE, RESPECTIVELY AS OBSERVED.		
	a. Slapping newborn (select_one)	1. Done 0. Not done	
	b. Holding the newborn’s head down (select_one)	1. Done 0. Not done	
	c. Milking the newborn’s chest or squeezing the newborn’s ribs (select_one)	1. Done 0. Not done	
	d. Pumping of legs (select_one)	1. Done 0. Not done	
	OBSERVER: YOU HAVE REACHED THE END OF THE SIMULATION. THANK THE PARTICIPANT FOR THEIR TIME AND INDICATE BELOW IF YOU WOULD LIKE TO REPEAT THE SIMULATION FOR ANOTHER PROVIDER OR CONTINUE TO THE NEXT SECTION.		
4.4.3.2.14	Would you like to repeat the simulation section for another provider? (select_one)	1. Yes 0. No	If “Yes,” the simulation section will repeat. If “No,” the survey will skip to the next section.

MODULE 5: QUALITY AND SAFETY OF PATIENT CARE

Part 1. Facility Adherence to Standards

SECTION 1. ACCREDITATIONS AND CERTIFICATIONS

NO.	QUESTION	RESPONSE OPTIONS	NOTES/SKIP LOGIC
	<p>INTERVIEWER: ASK TO SPEAK WITH THE PERSON MOST FAMILIAR WITH ACTIVITIES RELATED TO QUALITY IMPROVEMENT AND QUALITY ASSURANCE FOR THIS FACILITY.</p>		
5.1.1.1	<p>Does this facility participate in any periodic external assessment of conditions in the facility against standards, where a resulting score or status is provided? This might be accreditation or certification, or some other indication of the result of the assessment.</p> <p>(select_one)</p>	<p>1. Yes 0. No 98. Don't know</p>	<p>If "Yes," continue to 5.1.1.2. Otherwise, skip to 5.1.1.4.</p>
5.1.1.2	<p>Which of the following external assessment processes are used for certifying the facility or a specific service for meeting standards?</p> <p>IF RESPONDENT DOES NOT KNOW, ASK TO CALL SOMEONE WHO WILL KNOW.</p> <p>[COUNTRIES TO ADAPT]</p>		
	<p>a. Accreditation</p> <p>(select_one)</p>	<p>1. Currently certified 2. Process used, but not currently certified 3. Process not used</p>	
	<p>b. Licensed or registered with government authority</p> <p>(select_one)</p>	<p>1. Currently certified 2. Process used, but not currently certified 3. Process not used</p>	
	<p>c. National external quality assurance (NEQA)</p> <p>(select_one)</p>	<p>1. Currently certified 2. Process used, but not currently certified 3. Process not used</p>	

	d. Service specific certification (select_one)	1. Currently certified (specify) 2. Process used, but not currently certified (specify) 3. Process not used	If “Currently certified” or “Process used, but not currently certified,” continue to 5.1.1.2d1. Otherwise, skip to 5.1.1.2e.
	d1. Specify service specific certification (text)	_____	
	e. Does the facility have any other accreditation or certification? (select_one)	1. Yes, currently certified (specify) 2. Process used, but not currently certified (specify) 3. No	If “Currently certified” or “Process used, but not currently certified,” continue to 5.1.1.2e1. Otherwise, skip to 5.1.1.3.
	e1. Specify other accreditation or certification (text)	_____	
5.1.1.3	When was the most recent accreditation or certification process completed? IF MORE THAN ONE SYSTEM IS IN USE, RECORD THE DATE FOR THE MOST RECENT. ENTER A 4-DIGIT NUMBER FOR THE YEAR THAT THE MOST RECENT ACCREDITATION OR CERTIFICATION WAS COMPLETED. IF THE YEAR IS UNKNOWN, ENTER 9998. (integer)	____	

SECTION 2. PHARMACY AND DRUG STORAGE CONDITIONS

NO.	QUESTION	RESPONSE OPTIONS	NOTES/SKIP LOGIC
SUBSECTION I. MAIN PHARMACEUTICAL COMMODITY STORAGE			
	INTERVIEWER: FIND THE PERSON MOST KNOWLEDGEABLE ABOUT THE PHARMACEUTICAL COMMODITIES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY, AND ASK TO BE SHOWN THE PRIMARY MEDICINE STORAGE PHARMACY. IF THERE ARE SEPARATE PHARMACIES FOR IN- AND OUTPATIENT, ASSESS THE OUTPATIENT PHARMACY.		
5.1.2.1	INTERVIEWER: Indicate the presence (or absence) or each of the following conditions:		

	a. Are medicines off the floor? (select_one)	1. Yes 0. No	
	b. Are the medicines at risk of water damage from leaks or other sources? (select_one)	1. Yes 0. No	
	c. Are the medicines protected from direct sunlight? (select_one)	1. Yes 0. No	
	d. Is the room clean of evidence of rodents (bats, rats) or pests (cockroaches, etc.)? (select_one)	1. Yes 0. No	
	e. Is the room swept, with no spills or obvious dirt on counters or floor? (select_one)	1. Yes 0. No	
	f. Is the airflow sufficient to reduce risk of mold and mildew? (select_one)	1. Yes 0. No	
5.1.2.2	INTERVIEWER: LOOK AT THE STORAGE AREA AND VERIFY ITEM WITH THE RESPONDENT:		
	a. Can the main pharmaceutical storage area(s) be locked? (select_one)	1. Yes 0. No	
	b. Is there limited access to the main pharmaceutical storage areas? (select_one)	1. Yes 0. No	
	c. INTERVIEWER: OBSERVE IF ALL DOORS THAT SEPARATE THE PHARMACEUTICAL STORAGE AREA FROM NON-PHARMACEUTICAL STORAGE AREAS ARE SOLID. (select_one)	1. Yes 0. No	

	<p>d. INTERVIEWER: OBSERVE IF WINDOWS HAVE BARS OR SHUTTERS OR OTHER MEANS FOR SECURITY. IF NO WINDOWS, MARK “1” FOR YES.</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	
	<p>e1. Is there a thermometer/ thermostat for the room? IF YES, ASK: May I see the thermometer/ thermostat?</p> <p>CHECK TO SEE IF THE THERMOMETER/THERMOSTAT IS FUNCTIONING.</p> <p>(select_one)</p>	<p>1. Yes, functioning 2. Yes, not functional 0. No</p>	<p>If “Yes, functioning,” continue to e2. Otherwise, skip to f.</p>
	<p>e2. What is the temperature in the room now?</p> <p>(select_one)</p>	<p>1. Below 15°C 2. Between 15-25°C (inclusive) 3. Above 25°C 98. Don’t know</p>	
	<p>f1. Is there a functioning refrigerator, separate from one used for vaccines that is used to store some medicines or reconstituted vials?</p> <p>IF YES, ASK TO SEE THE REFRIGERATOR AND INDICATE IF IT IS FUNCTIONING OR NOT.</p> <p>(select_one)</p>	<p>1. Observed, functioning 2. Observed, not functioning 3. No fridge for medicines</p>	<p>If “Observed, functioning,” continue to f2. Otherwise, skip to 5.1.2.3.</p>
	<p>f2. CHECK THE THERMOMETER FOR THE REFRIGERATOR AND RECORD THE TEMPERATURE AT THE TIME OF THE SURVEY.</p> <p>(select_one)</p>	<p>1. Between 2-8°C (inclusive) 2. Out of range 98. Don’t know</p>	
	<p>f3. OBSERVE INSIDE REFRIGERATOR. IS IT CLEAN (E.G., NO SPILLED MEDICINES, NO GARBAGE, ETC.)?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	
	<p>f4. ARE THERE ANY FOOD PRODUCTS OR OTHER NONPHARMACEUTICALS STORED IN THE REFRIGERATOR TODAY?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	

5.1.2.3	<p>Are there written policies and procedures for identifying and managing medicine-use problems, including: monitoring adverse reactions, prescription monitoring and medicine utilization?</p> <p>IF YES, ASK: May I see any written instructions for reporting on adverse reactions or pharmacovigilance (PV) guidelines?</p> <p>(select_one)</p>	<p>1. Yes, observed 2. Yes, reported, not seen 3. No</p>	<p>If “No,” skip to 5.1.2.5. Otherwise, continue to next question.</p>
5.1.2.4	<p>Which of the following medicine-use problems are monitored in this facility:</p>		
	<p>a. Adverse reactions</p> <p>(select_one)</p>	<p>1. Yes, monitored 0. No, not monitored</p>	
	<p>b. Prescription practices for specific types of medicines, such as pain medicine or antibiotics</p> <p>(select_one)</p>	<p>1. Yes, monitored 0. No, not monitored</p>	
	<p>c. General prescription practices, such as numbers and combinations of medicines prescribed</p> <p>(select_one)</p>	<p>1. Yes, monitored 0. No, not monitored</p>	
	<p>d. Medicine utilization, such as comparing medicine use to types of patients being treated</p> <p>(select_one)</p>	<p>1. Yes, monitored 0. No, not monitored</p>	
	<p>e1. Other</p> <p>(select_one)</p>	<p>1. Yes, monitored 0. No, not monitored</p>	<p>If “Yes, monitored,” continue to e2. Otherwise, continue to 5.1.2.5.</p>
	<p>e2. Specify</p> <p>(text)</p>	<p>_____</p>	
SUBSECTION II. PHARMACEUTICAL COMMODITY MANAGEMENT			
	<p>INTERVIEWER: Now I would like to go to where pharmaceutical commodities are stored to learn more about stock management practices.</p>		

5.1.2.5	<p>Does the pharmacy have documentation for any of the following? These may be registers/stock cards or any other type of documentation that achieves the objectives.</p> <p>IF YES, ASK TO SEE THE DOCUMENTATION.</p> <p>(select_one)</p>		
	<p>a. Record that shows individual pharmacy commodities received, disbursed, and the balance. THIS IS USUALLY A REGISTER OR STOCK CARD.</p> <p>(select_one)</p>	<p>1. Yes, observed 2. Yes, reported, not seen 0. No</p>	
	<p>b. Record that shows expired/unusable medicines being removed from inventory. THIS MAY BE IN THE SAME RECORD FOR STOCK RECEIVED AND DISBURSED.</p> <p>(select_one)</p>	<p>1. Yes, observed 2. Yes, reported, not seen 0. No</p>	
5.1.2.6	<p>Does the pharmacy have any of the following documentation for policies or guidelines:</p> <p>IF YES, ASK TO SEE THE DOCUMENTS.</p>		
	<p>a. Guidelines/ protocols for pharmacovigilance (PV), that include guidelines for reporting on adverse reactions</p> <p>(select_one)</p>	<p>1. Yes, observed 2. Yes, reported, not seen 0. No</p>	
	<p>b. Guidelines for monitoring, documenting, and reporting on adverse reactions</p> <p>(select_one)</p>	<p>1. Yes, observed 2. Yes, reported, not seen 0. No</p>	
	<p>c. Guidelines for monitoring prescription practices at any level</p> <p>IF YES, ASK FOR EVIDENCE OF MONITORING FOR THE SPECIFIC PRESCRIPTION PRACTICES LISTED BELOW.</p> <p>(select_one)</p>	<p>1. Yes, observed 2. Yes, reported, not seen 0. No</p>	<p>If “No,” skip to the next section. Otherwise, continue to next question.</p>

	d. Guidelines for monitoring prescription practices for specific types of medicines, such as pain medicine or antibiotics (select_one)	1. Yes, observed 2. Yes, reported, not seen 0. No	
	e. Guidelines for monitoring general prescription practices, such as numbers and combinations of medicines prescribed (select_one)	1. Yes, observed 2. Yes, reported, not seen 0. No	
	f. Guidelines for monitoring medicine utilization, such as comparing medicine use with types of patients being treated (select_one)	1. Yes, observed 2. Yes, reported, not seen 0. No	
SUBSECTION III. BULK PHARMACEUTICAL COMMODITY STORAGE			
5.1.3.1	Is there a bulk store in this facility for pharmaceuticals? IF YES, ASK TO BE TAKEN TO THE BULK STORE FOR PHARMACEUTICALS. (select_one)	1. Yes 0. No	If “No”, skip to next section.
	INTERVIEWER. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT THE BULK STORE FOR PHARMACEUTICAL COMMODITIES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS. Now I would like to assess the storage conditions in the bulk store for pharmaceutical commodities		
5.1.3.2	INTERVIEWER: OBSERVE THE BULK PHARMACY STORE AND INDICATE THE PRESENCE (OR ABSENCE) OF EACH OF THE FOLLOWING CONDITIONS:		
	a. Are the medicines off the floor? (select_one)	1. Yes 0. No	
	b. Are the medicines at risk of water damage from leaks or other sources? (select_one)	1. Yes 0. No	
	c. Are the medicines protected from direct sunlight? (select_one)	1. Yes 0. No	

	d. Is the room clean of evidence of rodents (bats, rats) or pests (roaches, etc.)? (select_one)	1. Yes 0. No	
5.1.3.3	INTERVIEWER: LOOK AT THE STORAGE AREA AND VERIFY ITEM WITH RESPONDENT:		
	a. Can the bulk pharmaceutical storage area(s) be locked? (select_one)	1. Yes 0. No	
	b. Is there limited access to the bulk pharmaceutical storage areas? (select_one)	1. Yes 0. No	
	c. INTERVIEWER: OBSERVE IF ALL DOORS THAT SEPARATE THE PHARMACEUTICAL STORAGE AREA FROM NONPHARMACEUTICAL STORAGE AREAS ARE SOLID (select_one)	1. Yes 0. No	
	d. INTERVIEWER: OBSERVE IF WINDOWS HAVE BARS OR SHUTTERS OR OTHER MEANS FOR SECURITY (select_one)	1. Yes 0. No 97. Not applicable	
5.1.3.4	Is there a thermometer for the room? IF YES, ASK: May I see the thermometer? INTERVIEWER: CHECK TO SEE IF THE THERMOMETER IS FUNCTIONING. (select_one)	1. Yes, functional 2. Yes, not functional 0. No	If “yes, not functional” or not available, skip to 5.1.3.6.
5.1.3.5	What is the temperature in the room now? (select_one)	1. Below 15 °C 2. Between 15-25 °C (inclusive) 3. Above 25 °C 98. Don’t Know	

5.1.3.6	<p>Is there a functioning refrigerator, separate from one used to store vaccines that is used to store medicines or reconstituted vials?</p> <p>INTERVIEWER: IF YES, ASK TO THE SEE THE REFRIGERATOR AND INDICATE IF IT IS FUNCTIONING OR NOT.</p> <p>(select_one)</p>	<p>1. Observed, functioning</p> <p>0. Observed, not functioning</p> <p>97. Not applicable/No refrigerator for medicines</p>	<p>If “observed and not functioning”, or “not applicable/no refrigerator”, skip to next section.</p>
5.1.3.7	<p>INTERVIEWER: CHECK THE THERMOMETER FOR THE REFRIGERATOR AND RECORD THE TEMPERATURE AT THE TIME OF THE SURVEY.</p> <p>(select_one)</p>	<p>1. Between 2-8 °C (inclusive)</p> <p>2. Out of range</p> <p>98. Don’t know/ Not applicable – no thermometer</p>	
5.1.3.7	<p>INTERVIEWER: OBSERVE INSIDE REFRIGERATOR. IS IT CLEAN? E.G., NO SPILLED MEDICINES, NO GARBAGE, ETC.</p> <p>(select_one)</p>	<p>1. Yes</p> <p>0. No</p>	
5.1.3.8	<p>INTERVIEWER: ARE THERE ANY FOOD PRODUCTS OR OTHER NONPHARMACEUTICALS STORED IN THE REFRIGERATOR TODAY?</p> <p>(select_one)</p>	<p>1. Yes</p> <p>0. No</p>	

Part 2. General/Patient Outcomes

NO.	QUESTION	RESPONSE OPTIONS	NOTES/SKIP LOGIC
	<p>INTERVIEWER: ASK TO GO TO WHERE OUTCOME INDICATORS FOR FACILITY SERVICES ARE KEPT. THIS WILL OFTEN BE HEALTH MANAGEMENT INFORMATION SYSTEM (HMIS) OR A MANAGER’S OFFICE.</p> <p>Now I want to ask you about outcome indicators that are sometimes monitored as indicators of quality inpatient and patient follow-up services. I would like to speak with the person most familiar with quality indicators.</p>		
SUBSECTION I. DEATHS WITHIN 30 DAYS OF ADMISSION			
5.2.1	<p>Does this facility monitor deaths within 30 days of admission for any identified diagnoses?</p> <p>(select_one)</p>	<p>1. Yes</p> <p>0. No</p>	<p>If “Yes,” continue to 5.2.2. Otherwise, skip to 5.2.3.</p>

5.2.2	INTERVIEWER: ASK TO SEE THE FOLLOWING INFORMATION FOR EACH INDICATOR:		
	a1. Does this facility monitor deaths within 30 days of admission for [DIAGNOSIS NO. 1 - COUNTRIES TO ADAPT] ? (select_one)	1. Yes 0. No	If “Yes,” continue to 5.2.2a2. If “No,” skip to 5.2.2b1.
	a2. What was the most recent rate? IF THIS INFORMATION IS NOT KNOWN, ENTER 998. (integer)	_ _ _ _	If “998,” skip to 5.2.2.b1. Otherwise, continue to 5.2.2a3.
	a3. Specify the number of months covered by this rate: (integer)	_ _	
	a4. Specify the year of information for this rate: (integer)	_ _ _ _	
	b1. Does this facility monitor deaths within 30 days of admission for [DIAGNOSIS NO. 2 - COUNTRIES TO ADAPT] ? (select_one)	1. Yes 0. No	If “Yes,” continue to 5.2.2b2. If “No,” skip to 5.2.2.c1.
	b2. What was the most recent rate? IF THIS INFORMATION IS NOT KNOWN, ENTER 998. (integer)	_ _ _ _	If “998,” skip to 5.2.2.c1. Otherwise, continue to 5.2.2b3.
	b3. Specify the number of months covered by this rate: (integer)	_ _	
	b4. Specify the year of information for this rate: (integer)	_ _ _ _	
	c1. Does this facility monitor deaths within 30 days of admission for [DIAGNOSIS NO. 3 - COUNTRIES TO ADAPT] ? (select_one)	1. Yes 0. No	
	c2. What was the most recent rate? IF THIS INFORMATION IS NOT KNOWN, ENTER 998. (integer)	_ _ _ _	If “998,” skip to 5.2.3. Otherwise, continue to 5.2.2c3.

	c3. Specify the number of months covered by this rate: (integer)	___	
	c4. Specify the year of information for this rate: (integer)	_____	
SUBSECTION II. HOSPITAL RE-ADMISSIONS			
5.2.3	Does this facility monitor unplanned or unexpected hospital re-admissions for any conditions? (select_one)	1. Yes 0. No	If “Yes,” continue to 5.2.4. Otherwise, skip to 5.2.5.
INTERVIEWER: ASK TO SEE THE FOLLOWING INFORMATION FOR EACH INDICATOR:			
5.2.4	a1. Does this facility monitor re-admission for [CONDITION NO. 1 - COUNTRIES TO ADAPT] ? (select_one)	1. Yes 0. No	If “Yes,” continue to 5.2.4a2. If “No,” skip to 5.2.4b1.
	a2. What was the most recent rate? IF THIS INFORMATION IS NOT KNOWN, ENTER 998. (integer)	_____	If “998,” skip to 5.2.4b1. Otherwise, continue to 5.2.4a3.
	a3. Specify the number of months covered by this rate: (integer)	___	
	a4. Specify the year of information for this rate: (integer)	_____	
	b1. Does this facility monitor re-admission for [CONDITION NO. 2 - COUNTRIES TO ADAPT] ? (select_one)	1. Yes 0. No	If “Yes,” continue to 5.2.4b2. If “No,” skip to 5.2.4c1.
	b2. What was the most recent rate? IF THIS INFORMATION IS NOT KNOWN, ENTER 998. (integer)	_____	If “998,” skip to 5.2.4c1. Otherwise, continue to 5.2.4b3.
	b3. Specify the number of months covered by this rate: (integer)	___	
	b4. Specify the year of information for this rate: (integer)	_____	

	c1. Does this facility monitor re-admission for [CONDITION NO. 3 - COUNTRIES TO ADAPT] ? (select_one)	1. Yes 0. No	If "Yes," continue to 5.2.4c2. If "No," skip to 5.2.4d1.
	c2. What was the most recent rate? IF THIS INFORMATION IS NOT KNOWN, ENTER 998. (integer)	___	If "998," skip to 5.2.4d1. Otherwise, continue to 5.2.4c3.
	c3. Specify the number of months covered by this rate: (integer)	___	
	c4. Specify the year of information for this rate: (integer)	_____	
	d1. Does this facility monitor re-admission for [CONDITION NO. 4 - COUNTRIES TO ADAPT] ? (select_one)	1. Yes 0. No	If "Yes," continue to 5.2.4d2. If "No," skip to 5.2.5.
	d2. What was the most recent rate? IF THIS INFORMATION IS NOT KNOWN, ENTER 998. (integer)	___	If "998," skip to 5.2.5. Otherwise, continue to 5.2.4d3.
	d3. Specify the number of months covered by this rate: (integer)	___	
	d4. Specify the year of information for this rate: (integer)	_____	
SUBSECTION III. AVOIDABLE ADMISSIONS			
5.2.5	Does this facility monitor admissions for conditions where quality outpatient follow-up can reduce the need for hospitalization (avoidable hospital admissions) for any conditions? (select_one)	1. Yes 0. No	If "Yes," continue to 5.2.6. Otherwise, skip to 5.2.7.
INTERVIEWER: ASK TO SEE THE FOLLOWING INFORMATION FOR EACH INDICATOR:			
5.2.6	a1. Does this facility monitor avoidable admissions for [CONDITION NO. 1 - COUNTRIES TO ADAPT] ? (select_one)	1. Yes 0. No	If "Yes," continue to 5.2.6a2. If "No," skip to 5.2.6b1.

	<p>a2. What was the most recent rate? IF THIS INFORMATION IS NOT KNOWN, ENTER 998. (integer)</p>	<p>___ _ _</p>	<p>If "998," skip to 5.2.6b1. Otherwise, continue to 5.2.6a3.</p>
	<p>a3. Specify the number of months covered by this rate: (integer)</p>	<p>___ _</p>	
	<p>a4. Specify the year of information for this rate: (integer)</p>	<p>___ _ _ _ _</p>	
	<p>b1. Does this facility monitor avoidable admissions for [CONDITION NO. 2 - COUNTRIES TO ADAPT]? (select_one)</p>	<p>1. Yes 0. No</p>	<p>If "Yes," continue to 5.2.6b2. If "No," skip to 5.2.6c1.</p>
	<p>b2. What was the most recent rate? IF THIS INFORMATION IS NOT KNOWN, ENTER 998. (integer)</p>	<p>___ _ _</p>	<p>If "998," skip to 5.2.6c1. Otherwise, continue to 5.2.6b3.</p>
	<p>b3. Specify the number of months covered by this rate: (integer)</p>	<p>___ _</p>	
	<p>b4. Specify the year of information for this rate: (integer)</p>	<p>___ _ _ _ _</p>	
	<p>c1. Does this facility monitor avoidable admissions for [CONDITION NO. 3 - COUNTRIES TO ADAPT]? (select_one)</p>	<p>1. Yes 0. No</p>	<p>If "Yes," continue to 5.2.6c2. If "No," skip to 5.2.7.</p>
	<p>c2. What was the most recent rate? IF THIS INFORMATION IS NOT KNOWN, ENTER 998. (integer)</p>	<p>___ _ _</p>	<p>If "998," skip to 5.2.7. Otherwise, continue to 5.2.6c3.</p>
	<p>c3. Specify the number of months covered by this rate: (integer)</p>	<p>___ _</p>	
	<p>c4. Specify the year of information for this rate: (integer)</p>	<p>___ _ _ _ _</p>	

SUBSECTION IV. CASE FATALITY RATES

5.2.7	Does this facility monitor case fatality rates for any conditions? (select_one)	1. Yes 0. No	If “Yes,” continue to 5.2.8. Otherwise, skip to next section.
INTERVIEWER: ASK TO SEE THE FOLLOWING INFORMATION FOR EACH INDICATOR:			
5.2.8	a1. Does this facility monitor case fatality rates for [CONDITION NO. 1 - COUNTRIES TO ADAPT] ? (select_one)	1. Yes 0. No	If “Yes,” continue to 5.2.8a2. If “No,” skip to 5.2.8b1.
	a2. What was the most recent rate? IF THIS INFORMATION IS NOT KNOWN, ENTER 998. (integer)	___ _ _	If “998,” skip to 5.2.8b1. Otherwise, continue to 5.2.8a3.
	a3. Specify the number of months covered by this rate: (integer)	___	
	a4. Specify the year of information for this rate: (integer)	___ _ _ _	
	b1. Does this facility monitor case fatality rates for [CONDITION NO. 2 - COUNTRIES TO ADAPT] ? (select_one)	1. Yes 0. No	If “Yes,” continue to 5.2.8b2. If “No,” skip to 5.2.8c1.
	b2. What was the most recent rate? IF THIS INFORMATION IS NOT KNOWN, ENTER 998. (integer)	___ _ _	If “998,” skip to 5.2.8c1. Otherwise, continue to 5.2.8b3.
	b3. Specify the number of months covered by this rate: (integer)	___	
	b4. Specify the year of information for this rate: (integer)	___ _ _ _	
	c1. Does this facility monitor case fatality rates for [CONDITION NO. 3 - COUNTRIES TO ADAPT] ? (select_one)	1. Yes 0. No	If “Yes,” continue to 5.2.8c2. If “No,” skip to 5.2.8d1.
	c2. What was the most recent rate? IF THIS INFORMATION IS NOT KNOWN, ENTER 998. (integer)	___ _ _	If “998,” skip to 5.2.8d1. Otherwise, continue to 5.2.8c3.

c3. Specify the number of months covered by this rate: (integer)	___	
c4. Specify the year of information for this rate: (integer)	_____	
d1. Does this facility monitor case fatality rates for [CONDITION NO. 4 - COUNTRIES TO ADAPT] ? (select_one)	1. Yes 0. No	If “Yes,” continue to 5.2.8d2. If “No,” skip to next section.
d2. What was the most recent rate? IF THIS INFORMATION IS NOT KNOWN, ENTER 998. (integer)	_____	If “998,” skip to next section. Otherwise, continue to 5.2.8d3.
d3. Specify the number of months covered by this rate: (integer)	___	
d4. Specify the year of information for this rate: (integer)	_____	

Part 3. Patient Care Process (Observations)

SECTION 1. ANTENATAL CARE

NO.	QUESTION	RESPONSE OPTIONS	NOTES/SKIP LOGIC
5.3.1.1	Date of observation (date)	__/__/__	
5.3.1.2	Name of observer (text)	_____	
	INSTRUCTIONS TO OBSERVER: Before observing the consultation, obtain permission from both the service provider and the client. Make sure that the provider knows that you are not there to evaluate him or her, and that you are not an “expert” to be consulted during the session.		

	<p>READ TO HEALTH CARE WORKER. Hello, I am _____.</p> <p>I am representing MOMENTUM [AWARD]. We are conducting a study of health facilities with the goal of finding ways to improve maternal, newborn, and child health services. I would like to observe your consultation with this client in order to understand how ANC services are provided in this facility. Information from this assessment is confidential. Your name will not be recorded. The information acquired during this activity may be used by the Ministry of Health or other organizations to improve services, or for research on health services; however, your name will not be entered into the database. You do not have to agree to be in this study, and you may change your mind at any time.</p> <p>You may experience some discomfort when asked these questions. There may be no direct benefit to you from being in this study but the findings will inform activities at this facility. Information from this assessment is confidential. Your name will not be recorded. The information acquired during this activity may be used by the Ministry of Health or other organizations to improve services, or for research on health services; however, your name will not be entered into the database. You do not have to agree to be in this study, and you may change your mind at any time.</p> <p>Do you have any questions for me? If at any point you feel uncomfortable you can ask me to leave. However, we hope you won't mind our observing your consultation. You may call the lead local investigator [insert phone number] if you have questions or complaints about being in this study. If you have any questions about your rights as a research participant, or if you think you have not been treated fairly, you may also contact the Ethics Committee which approved this study about any problems or concerns at [insert phone number].</p>		
5.3.1.3	<p>Do I have your permission to be present at this consultation?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	<p>If “No,” skip to the end of this section.</p>
5.3.1.4	<p>Interviewer’s Signature (to indicate respondent’s willingness to participate)</p> <p>(signature)</p>	<p>_____</p>	
5.3.1.5	<p>Cadre of Provider</p> <p>[COUNTRY TO CUSTOMIZE. NOTE THAT CUSTOMIZATION TO DIFFERENT CADRES AND FACILITY LEVELS MAY CHANGE THE CORRECT DIAGNOSIS AND TREATMENT PATHWAYS, WHICH SHOULD ALSO BE UPDATED.]</p> <p>(select_one)</p>	<p>1. Midwife 2. Nurse 3. Medical Officer 4. Doctor 5. Specialist Doctor 96. Other</p>	<p>If “Other,” continue to 5.3.1.5a. Otherwise, skip to 5.3.1.6.</p>
5.3.1.5a	<p>Specify “Other” cadre of provider.</p> <p>(text)</p>	<p>_____</p>	

	<p>READ TO CLIENT: Hello, I am _____.</p> <p>I am representing MOMENTUM [AWARD]. We are conducting a study of health facilities with the goal of finding ways to improve maternal and newborn health services.</p> <p>I would like to be present while you are receiving services today in order to understand how ANC services are provided in this facility. We are not evaluating the [NURSE/DOCTOR/PROVIDER] or the facility. And although information from this observation may be provided to researchers for analyses, neither your name nor the date of service will be provided in any shared data, so your identity and any information about you will remain completely confidential. Please know that whether you decide to allow me to observe your visit is completely voluntary and that whether you agree to participate or not will not affect the services you receive. If at any point you would prefer I leave, please feel free to tell me. After the consultation, my colleague would like to talk with you about your experience here today. Do you have any questions for me at this time?</p>		
5.3.1.6	Do I have your permission to be present at this consultation? (select_one)	1. Yes 0. No	If "No," skip to end of this section.
5.3.1.6a	Interviewer's Signature (to indicate respondent's willingness to participate) (signature)	_____	
5.3.1.7	Interviewer: Record the time the observation started using the 24 hour format. (time)	-- : --	
<p>INTERVIEWER:</p> <p>FOR EACH OF THE GROUPS THAT FOLLOW, SELECT ALL ACTIONS TAKEN BY THE PROVIDER OR THE CLIENT. IF NO ACTION IN THE GROUP IS OBSERVED, SELECT "NONE OF THE ABOVE" FOR EACH GROUP AT THE END OF THE OBSERVATION.</p>			
<p>SUBSECTION I: CLIENT HISTORY</p>			
5.3.1.8	<p>INTERVIEWER: RECORD WHETHER THE PROVIDER ASKED ABOUT OR THE CLIENT MENTIONED ANY OF THE FOLLOWING FACTS:</p> <p>SELECT ALL THAT APPLY. DO NOT PROBE OR READ ALOUD.</p> <p>(select_multiple)</p>	1. Client's age 2. Medications the client is taking 3. Date client's last menstrual period began 4. Number of prior pregnancies client has had 0. None of the above	
<p>SUBSECTION 2: PHYSICAL EXAMINATION</p>			

5.3.1.9	<p>INTERVIEWER: RECORD WHETHER THE PROVIDER PERFORMED THE FOLLOWING PROCEDURES:</p> <p>SELECT ALL THAT APPLY. DO NOT PROBE OR READ ALOUD.</p> <p>(select_multiple)</p>	<ol style="list-style-type: none"> 1. Take the client’s blood pressure 2. Weigh the client 3. Measure the client’s height 4. Measure fundal height using tape measure 5. Listen to client’s abdomen for fetal heartbeat 6. Auscultation of heart and lungs 7. Assessed the client’s nutritional status (measured her MUAC) 0. None of the above 	<p>MNH.HFA.2</p> <p>MNH.HFA.23</p>
SUBSECTION 3: ROUTINE TESTS			
5.3.1.10	<p>INTERVIEWER: RECORD WHETHER THE PROVIDER ASKED ABOUT, PERFORMED OR REFERRED THE CLIENT FOR THE FOLLOWING TESTS:</p>		
	<p>a. Hemoglobin Test</p> <p>(select_one)</p>	<ol style="list-style-type: none"> 1. Provider asked 2. Provider performed 3. Provider referred 0. No action taken 	<p>MNH.HFA.2</p>
	<p>b. Urine test</p> <p>(select_one)</p>	<ol style="list-style-type: none"> 1. Provider asked 2. Provider performed 3. Provider referred 0. No action taken 	
	<p>c. Blood Grouping</p> <p>(select_one)</p>	<ol style="list-style-type: none"> 1. Provider asked 2. Provider performed 3. Provider referred 0. No action taken 	
	<p>d. Syphilis test</p> <p>(select_one)</p>	<ol style="list-style-type: none"> 1. Provider asked 2. Provider performed 3. Provider referred 0. No action taken 	<p>MNH.HFA.2</p>
SUBSECTION 4: HIV TESTING AND COUNSELING			

5.3.1.11	<p>RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING: SELECT ALL THAT APPLY</p> <p>(select_multiple)</p>	<ol style="list-style-type: none"> 1. Asked if the client knew her HIV status 2. Provide counseling related to HIV test 3. Refer for counseling related to HIV test 4. Perform HIV test 5. Refer for HIV test 0. None of the above 	<p>MNH.HFA.2</p>
<p>SUBSECTION 5: PREVENTIVE INTERVENTIONS</p>			
5.3.1.12	<p>RECORD WHETHER THE PROVIDER GAVE THE CLIENT ANY OF THE FOLLOWING TREATMENT OR COUNSELING:</p> <p>[COUNTRY TO ADAPT BASED ON NATIONAL GUIDELINES]</p> <p>SELECT ALL THAT APPLY</p> <p>(select_multiple)</p>	<ol style="list-style-type: none"> 1. Prescribed or gave iron pills or folic acid or both 2. Prescribed or gave malaria prophylaxis medicine (SP) to client [COUNTRY TO ADAPT] 3. Provided ITN to client as part of consultation of instructed client where to obtain ITN [COUNTRY TO ADAPT] 4. Prescribed or gave mebendazole 5. Prescribed or gave a tetanus toxoid (TT) injection 0. None of the above 	<p>MNH.HFA.3</p>
<p>NOTE: THE OBSERVATION PORTION IS COMPLETE. ASK THE PROVIDER THE FOLLOWING QUESTIONS AND VERIFY IN THE ANC REGISTER OR ON CLIENT'S ANC CARD.</p>			
5.3.1.13	<p>What is the client's age?</p> <p>(integer)</p>	<p>___</p>	
5.3.1.14	<p>How many weeks pregnant is the client?</p> <p>(integer)</p>	<p>__ weeks of pregnancy</p>	
5.3.1.15	<p>Is this client's 1st, 2nd, 3rd, 4th or 5th visit for ANC at this facility for this pregnancy?</p> <p>(select_one)</p>	<ol style="list-style-type: none"> 1. First visit 2. Second visit 3. Third visit 4. Fourth visit 5. Fifth or more visit 98. Don't know 	

5.3.1.16	INTERVIEWER: Record the time the observation ended using the 24 hour format. (time)	__ : __	
5.3.1.17	INTERVIEWER: Include any additional comments about the observation here. (text)	_____	
5.3.1.18	INTERVIEWER: Would you like to administer the exit interview to this ANC client? (select_one)	1. Yes 0. No	If “Yes,” exit interview questions will populate. If not, continue to next question.
5.3.1.19	INTERVIEWER: Would you like to observe another ANC client visit? (select_one)	1. Yes 0. No	If “Yes,” observation questions will repeat. If not, will skip to next section.
NOTE: Although not shown here, if the interviewer opts to administer the exit interview to an ANC client, it will populate here.			

SECTION 2. DELIVERY SERVICES - ADMISSION

NO.	QUESTION	RESPONSE OPTIONS	NOTES/SKIP LOGIC
5.3.2.1	Date of observation (date)	__/__/__	
5.3.2.2	Name of observer (text)	_____	
<p>INSTRUCTIONS TO OBSERVER: Before observing the services provided, obtain permission from both the service provider and the client. Make sure that the provider knows that you are not there to evaluate him or her, and that you are not an “expert” to be consulted during the session.</p> <p>NOTE: This first set of observations take place during <u>admission</u> to labor and delivery.</p>			

	<p>READ TO HEALTH CARE WORKER. Hello, I am _____.</p> <p>I am representing MOMENTUM [AWARD]. We are conducting a study of health facilities with the goal of finding ways to improve maternal and newborn health services. I would like to observe your interactions with this client in order to understand how labor, delivery and postnatal services are provided in this facility. Information from this assessment is confidential. Your name will not be recorded. The information acquired during this activity may be used by the Ministry of Health or other organizations to improve services, or for research on health services; however, your name will not be entered into the database. You do not have to agree to be in this study, and you may change your mind at any time.</p> <p>You may experience some discomfort when asked these questions. There may be no direct benefit to you from being in this study but the findings will inform activities at this facility. Information from this assessment is confidential. Your name will not be recorded. The information acquired during this activity may be used by the Ministry of Health or other organizations to improve services, or for research on health services; however, your name will not be entered into the database. You do not have to agree to be in this study, and you may change your mind at any time.</p> <p>Do you have any questions for me? If at any point you feel uncomfortable you can ask me to leave. However, we hope you won't mind our observing your care. You may call the lead local investigator [insert phone number] if you have questions or complaints about being in this study. If you have any questions about your rights as a research participant, or if you think you have not been treated fairly, you may also contact the Ethics Committee which approved this study about any problems or concerns at [insert phone number].</p>		
5.3.2.3	<p>Do I have your permission to be present during your care of this client?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	<p>If “No,” skip to end of this section.</p>
5.3.2.3a	<p>Interviewer’s Signature (to indicate respondent’s willingness to participate)</p> <p>(signature)</p>	<p>_____</p>	
5.3.2.4	<p>Cadre of Provider</p> <p>[COUNTRY TO CUSTOMIZE. NOTE THAT CUSTOMIZATION TO DIFFERENT CADRES AND FACILITY LEVELS MAY CHANGE THE CORRECT DIAGNOSIS AND TREATMENT PATHWAYS, WHICH SHOULD ALSO BE UPDATED.]</p> <p>(select_one)</p>	<p>1. Midwife 2. Nurse 3. Medical Officer 4. Doctor 5. Specialist Doctor 96. Other</p>	<p>If “Other,” continue to 5.3.2.5a Otherwise, skip to 5.3.2.6.</p>
5.3.2.4a	<p>Specify “Other” cadre of provider.</p> <p>(text)</p>	<p>_____</p>	

	<p>READ TO CLIENT: Hello, I am _____.</p> <p>I am representing MOMENTUM [AWARD]. We are conducting a study of health facilities with the goal of finding ways to improve maternal and newborn health services.</p> <p>I would like to be present while you are receiving services today in order to understand how labor, delivery and postnatal services are provided in this facility. We are not evaluating the [NURSE/DOCTOR/PROVIDER] or the facility. And although information from this observation may be provided to researchers for analyses, neither your name nor the date of service will be provided in any shared data, so your identity and any information about you will remain completely confidential. Please know that whether you decide to allow me to observe your visit is completely voluntary and that whether you agree to participate or not will not affect the services you receive. If at any point you would prefer I leave, please feel free to tell me. After the consultation, my colleague would like to talk with you about your experience here today. Do you have any questions for me at this time?</p>		
5.3.2.5	<p>Do I have your permission to be present while you receive care today?</p> <p>(select_one)</p>	<p>1. Yes</p> <p>0. No</p>	If “No,” skip to end of this section.
5.3.2.5a	<p>Interviewer’s Signature (to indicate respondent’s willingness to participate)</p> <p>(signature)</p>	_____	
5.3.2.6	<p>INTERVIEWER: Record the time the observation started using the 24 hour format.</p> <p>(time)</p>	__ : __	
5.3.2.7	<p>INTERVIEWER: Record whether the provider carried out the following steps and/or examinations <u>during the admission process</u>. Note: Some of the following steps may be performed simultaneously or by more than one provider.</p> <p>SELECT ALL THAT APPLY. If none of the actions were taken, select “None of the above.”</p> <p>(select_multiple)</p>	<p>1. Takes client’s temperature on admission</p> <p>2. Takes client’s pulse</p> <p>3. Takes blood pressure</p> <p>4. Checks fetal heart rate with fetoscope, doppler or ultrasound</p> <p>0. None of the above</p>	MNH.HFA.9
5.3.2.8	<p>INTERVIEWER: Record the time the observation ended using the 24-hour format.</p> <p>(time)</p>	__ : __	

5.3.2.9	INTERVIEWER: Include any additional comments about the observation here. (text)	_____	
---------	---	-------	--

SECTION 3. DELIVERY SERVICES – POSTPARTUM MONITORING

NO.	QUESTION	RESPONSE OPTIONS	NOTES/SKIP LOGIC
5.3.3.1	Date of observation (date)	_/_/____	
5.3.3.2	Name of observer (text)	_____	
<p>INSTRUCTIONS TO OBSERVER: Before observing the services provided, obtain permission from both the service provider and the client. Make sure that the provider knows that you are not there to evaluate him or her, and that you are not an “expert” to be consulted during the session.</p> <p>Note: This set of observations takes place <u>after</u> delivery.</p>			
<p>READ TO HEALTH CARE WORKER. Hello, I am _____.</p> <p>I am representing MOMENTUM [AWARD]. We are conducting a study of health facilities with the goal of finding ways to improve maternal and newborn health services. I would like to observe your interactions with this client in order to understand how labor, delivery, and postnatal services are provided in this facility. Information from this assessment is confidential. Your name will not be recorded. The information acquired during this activity may be used by the Ministry of Health or other organizations to improve services, or for research on health services; however, your name will not be entered into the database. You do not have to agree to be in this study, and you may change your mind at any time.</p> <p>You may experience some discomfort when asked these questions. There may be no direct benefit to you from being in this study but the findings will inform activities at this facility. Information from this assessment is confidential. Your name will not be recorded. The information acquired during this activity may be used by the Ministry of Health or other organizations to improve services, or for research on health services; however, your name will not be entered into the database. You do not have to agree to be in this study, and you may change your mind at any time.</p> <p>Do you have any questions for me? If at any point you feel uncomfortable you can ask me to leave. However, we hope you won't mind our observing your care. You may call the lead local investigator [insert phone number] if you have questions or complaints about being in this study. If you have any questions about your rights as a research participant, or if you think you have not been treated fairly, you may also contact the Ethics Committee which approved this study about any problems or concerns at [insert phone number].</p>			

5.3.3.3	Do I have your permission to be present during your care of this client? (select_one)	1. Yes 0. No	If “No,” skip to the end of this section.
5.3.3.3a	Interviewer’s Signature (to indicate respondent’s willingness to participate) (signature)	_____	
5.3.3.4	Cadre of Provider [COUNTRY TO CUSTOMIZE. NOTE THAT CUSTOMIZATION TO DIFFERENT CADRES AND FACILITY LEVELS MAY CHANGE THE CORRECT DIAGNOSIS AND TREATMENT PATHWAYS, WHICH SHOULD ALSO BE UPDATED.] (select_one)	1. Midwife 2. Nurse 3. Medical Officer 4. Doctor 5. Specialist Doctor 96. Other	If “Other,” continue to 5.3.3.4a. Otherwise, skip to 5.3.3.5.
5.3.3.4a	Specify “Other” cadre of provider. (text)	_____	
<p>READ TO CLIENT: Hello, I am _____.</p> <p>I am representing MOMENTUM [AWARD]. We are conducting a study of health facilities with the goal of finding ways to improve maternal and newborn health services.</p> <p>I would like to be present while you are receiving services today in order to understand how labor, delivery, and postnatal services are provided in this facility. We are not evaluating the [NURSE/DOCTOR/PROVIDER] or the facility. And although information from this observation may be provided to researchers for analyses, neither your name nor the date of service will be provided in any shared data, so your identity and any information about you will remain completely confidential. Please know that whether you decide to allow me to observe your visit is completely voluntary and that whether you agree to participate or not will not affect the services you receive. If at any point you would prefer I leave, please feel free to tell me. After the consultation, my colleague would like to talk with you about your experience here today. Do you have any questions for me at this time?</p>			
5.3.3.5	Do I have your permission to be present while you receive care today? (select_one)	1. Yes 0. No	If “No,” skip to the end of this section.
5.3.3.5a	Interviewer’s Signature (to indicate respondent’s willingness to participate) (signature)	_____	

5.3.3.6	INTERVIEWER: Record the time the observation started using the 24 hour format. (time)	-- : --	
5.3.3.7	OBSERVER: Record whether the provider carried out the following steps and/or examinations <u>in the 15 minutes following delivery</u> . Note: Some of the following steps may be performed simultaneously or by more than one provider. SELECT ALL THAT APPLY. IF NONE OF THE ACTIONS WERE TAKEN, SELECT "NONE OF THE ABOVE." (select_multiple)	<ol style="list-style-type: none"> 1. Takes client's temperature 2. Takes client's pulse 3. Takes blood pressure 4. Monitors bleeding 0. None of the above 	MNH.HFA.10
5.3.3.8	INTERVIEWER: Record the time the observation ended using the 24-hour format. (time)	-- : --	
5.3.3.9	INTERVIEWER: Include any additional comments about the observation here. (text)	_____	

SECTION 4. CHILD HEALTH – SICK CHILD EVALUATION

NO.	QUESTION	RESPONSE OPTIONS	NOTES/SKIP LOGIC
	Note: This observation covers assessment, diagnosis, and treatment of sick children ages 0–5. Clinical re-examination is the gold standard for sick child visit observations, but it is not included here. The tool also focuses on assessment for danger signs as well as diagnosis and treatment of three major illnesses— malaria, diarrhea, and pneumonia. COUNTRIES SHOULD ADAPT THE OBSERVATION FORM TO INCLUDE OTHER OUTCOMES OF INTEREST AS NEEDED.		
5.3.4.2.1	Date of observation (date)	__/__/__	
5.3.4.2.2	Name of observer (text)	_____	

	<p>INSTRUCTIONS TO OBSERVER: Before observing the consultation, obtain permission from both the service provider and the client. Make sure that the provider knows that you are not there to evaluate him or her, and that you are not an “expert” to be consulted during the session.</p>		
	<p>READ TO HEALTH CARE WORKER.</p> <p>Hello, my name is _____. I am here on behalf of MOMENTUM [AWARD] conducting a survey of health facilities to assist the government in knowing more about health services in [COUNTRY].</p> <p>Your facility was selected to participate in this study. We will be observing your consultation with this client in order to understand how services for sick children are provided in this facility. At the end of the consultation, we will ask you questions about the types of services that you provided. The observation usually takes about 15-20 minutes.</p> <p>Information from this observation is confidential and will not be shared with anyone other than members of our survey team. The information acquired during this observation may be used by MOMENTUM [AWARD], other organizations or researchers for planning service improvements or further studies of services.</p> <p>Neither your name nor the names of your clients participating in this study will be included in the dataset or in any report; however, there is a small chance that the facility can be identified. Still, we are asking for your help to ensure that the information we collect is accurate.</p> <p>Participation in the survey is voluntary. You may refuse to answer any question, or you can ask me to leave at any point, if you feel uncomfortable. There is no penalty for refusing to participate, however, we hope you won't mind our observing your consultation.</p> <p>You may call the lead local investigator [insert phone number] if you have questions or complaints about being in this study. If you have any questions about your rights as a research participant, or if you think you have not been treated fairly, you may also contact the Ethics Committee which approved this study about any problems or concerns at [insert phone number].</p> <p>Do you have any questions?</p>		
<p>5.3.4.2.3</p>	<p>Do I have your permission to be present during your care of this client?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	<p>If “No,” skip to the end of this subsection.</p>
<p>5.3.4.2.4</p>	<p>Interviewer’s Signature (to indicate respondent’s willingness to participate)</p> <p>(signature)</p>	<p>_____</p>	

<p>5.3.4.2.5</p>	<p>Cadre of Provider</p> <p>[COUNTRY TO CUSTOMIZE. NOTE THAT CUSTOMIZATION TO DIFFERENT CADRES AND FACILITY LEVELS MAY CHANGE THE CORRECT DIAGNOSIS AND TREATMENT PATHWAYS, WHICH SHOULD ALSO BE UPDATED.]</p> <p>(select_one)</p>	<ol style="list-style-type: none"> 1. Midwife 2. Nurse 3. Medical Officer 4. Doctor 5. Specialist Doctor 96. Other 	<p>If “Other,” continue to next question. Otherwise, skip to Client Consent.</p>
<p>5.3.4.2.5a</p>	<p>Specify “Other” cadre of provider.</p> <p>(text)</p>	<p>_____</p>	
<p>READ TO CLIENT’S CAREGIVER:</p> <p>Hello, my name is _____. I am here on behalf of MOMENTUM [AWARD] conducting a survey of health facilities to assist the government in knowing more about health services in [COUNTRY].</p> <p>This facility was selected to participate in the study. I would like to be present while you are receiving services today in order to understand how sick child services are provided in this facility. The observation usually takes about 15-20 minutes.</p> <p>We are not evaluating the [NURSE/DOCTOR/PROVIDER] or the facility. Information from this observation is confidential and will not be shared with anyone other than members of our survey team. The information acquired during this observation may be used by MOMENTUM [AWARD], other organizations or researchers, for planning service improvements or further studies of services.</p> <p>Neither your name nor the date of service will be provided in any shared data, so your identity and any information about you will remain completely confidential.</p> <p>Please know that whether you decide to allow me to observe your visit is completely voluntary and that whether you agree to participate or not will not affect the services you receive. If at any point you would prefer I leave, please feel free to tell me. There is no penalty for refusing to participate, however, we hope you won't mind our observing the consultation.</p> <p>After the consultation, my colleague would like to talk with you about your experience here today. In case you need more information about the survey, you may contact the in-charge manager of this health facility.</p> <p>Do you have any questions for me at this time?</p>			
<p>5.3.4.2.6</p>	<p>Do I have your permission to be present during this consultation today?</p> <p>(select_one)</p>	<ol style="list-style-type: none"> 1. Yes 0. No 	<p>If “No,” skip to the end of this subsection.</p>

5.3.4.2.7	Interviewer's Signature (to indicate respondent's willingness to participate) (signature)	_____	
5.3.4.2.8	INTERVIEWER: Record the time the observation started using the 24 hour format. (time)	__ : __	
5.3.4.2.9	Is this the first observation for this provider for this service? (select_one)	1. Yes 0. No	
5.3.4.2.10	a. Record sex of the child. Note: Confirm sex of child with the provider. (select_one)	1. Male 2. Female	
5.3.4.2.11	b. Record child's age in months. Note: Confirm age of child with the provider. (integer)	__ __	MNH.HFA.23 CH.HFA.11 Integer has to be between 0–60.
<p>INTERVIEWER:</p> <p>FOR EACH OF THE GROUPS THAT FOLLOW, SELECT ALL ACTIONS TAKEN BY THE PROVIDER OR THE CLIENT. IF NO ACTION IN THE GROUP IS OBSERVED, SELECT "NONE OF THE ABOVE" FOR EACH GROUP AT THE END OF THE OBSERVATION.</p>			
SUBSECTION I: CLIENT HISTORY			
5.3.4.2.12	INTERVIEWER: RECORD WHETHER A PROVIDER ASKED ABOUT OR WHETHER THE CARETAKER MENTIONED THAT THE CHILD HAD ANY OF THE FOLLOWING <u>MAIN</u> SYMPTOMS: SELECT ALL THAT APPLY. (select_multiple)	1. Fever 2. Cough or difficult breathing (e.g., fast breathing or chest in-drawing) 3. Diarrhea/loose stools 96. Any other problems 0. None of the above	CH.HFA.4 CH.HFA.6 If "Any other problems" selected, continue to 5.3.4.2.12a. Otherwise, skip to 5.3.4.2.13.

5.3.4.2.12a	Indicate “any other problems” mentioned by caregiver. (text)	_____	
5.3.4.2.13	<p>INTERVIEWER: RECORD WHETHER PROVIDER ASKED ABOUT OR WHETHER THE CAREGIVER MENTIONED ANY OF THE FOLLOWING GENERAL DANGER SIGNS.</p> <p>SELECT ALL THAT APPLY.</p> <p>(select_multiple)</p>	<ol style="list-style-type: none"> 1. Child is unable to drink or breastfeed 2. Child vomits everything 3. Child has had convulsions with this illness 4. Child has had lethargy. If child is asleep, tried to rouse child 0. None of the above 	CH.HFA.3
SUBSECTION II: PHYSICAL EXAMS/ASSESSMENT AND CLASSIFICATION			

<p>5.3.4.2.14</p>	<p>INTERVIEWER: RECORD WHETHER A PROVIDER PERFORMED ANY OF THE FOLLOWING PHYSICAL EXAMINATIONS ON THE SICK CHILD: SELECT ALL THAT APPLY.</p> <p>(select_multiple)</p>	<ol style="list-style-type: none"> 1. Took child’s temperature by thermometer 2. Felt the child for fever or body hotness 3. Counted respiration (breaths) for 60 seconds 4. Auscultated child (listen to chest with stethoscope) or counted pulse 5. Checked SPO2 using pulse oximetry 6. Checked skin turgor for dehydration (e.g., pinch abdominal skin) 7. Checked for pallor by looking at palms 8. Checked for pallor by looking at conjunctiva 9. Checked for pallor by looking at nails 10. Undressed child to examine (up to shoulders/down to ankles) 11. Pressed both feet to check for edema 12. Weighed the child 13. Measured the child height/length 14. Plotted weight on growth chart 15. Plotted height/length on growth chart 16. Checked for enlarged lymph nodes in 2 or more of the following sites (neck, axillae, groin) 17. Measured mid-upper arm circumference (or MUAC) 0. None of the above 	<p>CH.HFA.4</p> <p>CH.HFA.11</p> <p>CH.HFA.12</p> <p>MNH.HFA.23</p>
--------------------------	--	--	---

SUBSECTION III: OTHER ASSESSMENTS

<p>5.3.4.2.15</p>	<p>INTERVIEWER: RECORD WHETHER A PROVIDER ASKED ABOUT OR PERFORMED OTHER ASSESSMENTS OF THE CHILD'S HEALTH BY DOING ANY OF THE FOLLOWING: SELECT ALL THAT APPLY.</p> <p>(select_multiple)</p>	<ol style="list-style-type: none"> 1. Offered the child something to drink or asked the mother to put the child to the breast 2. Mentioned the child’s weight or growth to the caretaker, or discussed growth chart 3. Asked if child received vitamin A within the past 6 months 4. Asked if child received mebendazole within the past 6 months 0. None of the above 	
--------------------------	--	---	--

SUBSECTION IV: COUNSELING OF CARETAKER

5.3.4.2.16

INTERVIEWER: RECORD WHETHER A PROVIDER DID ANY OF THE FOLLOWING:

SELECT ALL THAT APPLY.

(select_multiple)

1. Provided general information about feeding or breastfeeding the child even when not sick
2. Told the caretaker to give extra fluids to the child during this illness
3. Told the caretaker to continue feeding solid food to the child during the illness
4. Told the caretaker to continue breastfeeding the child during this illness
5. Told the caretaker what illness(es) the child has
6. Described signs and/or symptoms in the child for which to immediately bring child back
7. Asked if the caretaker had any questions and encouraged questions
8. Asked permission before carrying out any exams or procedures
9. Explained to caretaker why they were carrying out examinations or procedures
10. Explained the findings of any exams or consultations
11. Explained why they were giving the child any medicine
0. None of the above

SUBSECTION V: ADDITIONAL COUNSELING

<p>5.3.4.2.17</p>	<p>INTERVIEWER: RECORD WHETHER A PROVIDER DID ANY OF THE FOLLOWING. THIS REFERS ONLY TO COUNSELING TO BE APPLIED AFTER THE VISIT OR MEDICINES THAT THE CARETAKER WILL GIVE TO THE SICK CHILD AT HOME AND DOES NOT INCLUDE START DOSES OR ONE TIME MEDICINES GIVEN TO THE CHILD DURING THE VISIT (E.G., ORAL REHYDRATION SALTS (ORS) OR PAIN MEDICINE) FOR URGENT TREATMENT OF SYMPTOMS. SELECT ALL THAT APPLY.</p> <p>(select_multiple)</p>	<ol style="list-style-type: none"> 1. Prescribed or provided oral medications during or after consultation 2. Explained how to administer oral treatment(s) 3. Discuss follow-up visit for the sick child 0. None of the above 	
--------------------------	--	--	--

SUBSECTION VI: REFERRALS AND ADMISSIONS

<p>5.3.4.2.18</p>	<p>INTERVIEWER: RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING: SELECT ALL THAT APPLY.</p> <p>(select_multiple)</p>	<ol style="list-style-type: none"> 1. Recommend that child be hospitalized urgently (i.e., admitted to the hospital or referred to another hospital) 2. Referred child to another provider within facility for other care 3. Referred child to a nutrition center 4. Referred child for a laboratory test within facility 5. Referred child for a laboratory test outside facility 6. Explained the reason for (any) referral 7. Gave referral slip to caretaker 8. Gave pre-referral treatment to child for diagnosed condition 9. Explained where (or to whom) to go 10. Explained when to go for referral 0. None of the above 	
--------------------------	--	--	--

SUBSECTION VII: ADDITIONAL PROVIDER ACTIONS

r5.3.4.2.19	<p>INTERVIEWER: RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING:</p> <p>SELECT ALL THAT APPLY.</p> <p>(select_multiple)</p>	<ol style="list-style-type: none"> 1. Looked at the child’s immunization card or asked caretaker about child vaccination history 2. Looked at the child’s health card (either vaccination card or other health card) either before beginning the consultation, or while collecting information from the caretaker, or while examining the child 3. Wrote on the child’s health card 4. Used any visual aids for health education or counseling 5. Washed hands before and after any procedure 0. None of the above 	<p>IMM.HFA.5</p> <p>IMM.HFA.6</p>
<p>NOTE: THE OBSERVATION PORTION IS COMPLETE.</p> <p>INTERVIEWER: AFTER THE CONSULTATION, ASK THE PROVIDER THE FOLLOWING QUESTIONS.</p>			
5.3.4.2.20	<p>What was the outcome of this consultation?</p> <p>READ EACH ANSWER OPTION AND SELECT YES OR NO.</p>		
	<p>a. Treated and sent home</p> <p>(select_one)</p>	<ol style="list-style-type: none"> 1. Yes 0. No 	
	<p>b. Child referred to provider, same facility</p> <p>(select_one)</p>	<ol style="list-style-type: none"> 1. Yes 0. No 	
	<p>c. Child admitted, same facility</p> <p>(select_one)</p>	<ol style="list-style-type: none"> 1. Yes 0. No 	
	<p>d. Child sent to lab for testing</p> <p>(select_one)</p>	<ol style="list-style-type: none"> 1. Yes 0. No 	
	<p>e. Child referred to other facility</p> <p>(select_one)</p>	<ol style="list-style-type: none"> 1. Yes 0. No 	
<p>SUBSECTION VIII: DIAGNOSIS</p>			
<p>INTERVIEWER: ASK THE PROVIDER TO TELL YOU THE DIAGNOSIS FOR THE SICK CHILD. FOR ANY DIAGNOSIS, SELECT ONE ANSWER.</p>			

5.3.4.2.21	Dehydration (select_one)	1. Severe dehydration 2. Some dehydration 0. None of the above/no dehydration	
5.3.4.2.22	Respiratory system (select_one)	1. Pneumonia/ Bronchopneumonia 2. Upper Respiratory Infection (URI)/ Acute Respiratory Illness (ARI)	CH.HFA.5
5.3.4.2.23	Digestive system/Intestinal (select_one)	1. Diarrhea 2. Dysentery 3. Other gastrointestinal tract infection 0. None of the above	
5.3.4.2.24	Malaria (select_one)	1. Malaria (uncomplicated) 2. Malaria (severe) 0. None of the above	CH.HFA.7
5.3.4.2.25	Fever, Measles, and other infections (select_one)	1. Fever of unknown origin 2. Possible serious bacterial infection (PSBI) 3. Measles 96. Other infections 0. None of the above	
5.3.4.2.26	Other diagnosis (select_one)	1. Abscess 2. Ear infection 3. Throat infection 4. Anemia 5. Moderate acute malnutrition (MAM) 6. Severe acute malnutrition (SAM) 96. Other diagnosis 0. No other diagnosis	CH.HFA.12 If “Other diagnosis,” continue to 5.3.4.2.26a. Otherwise, skip to 5.3.4.2.27.
5.3.4.2.26a	Specify “Other” diagnosis. (text)	_____	
SUBSECTION IX: ADDITIONAL QUESTIONS ON PHYSICAL EXAMINATION AND TEST RESULTS			

5.3.4.2.27	Is this the child's first visit to this facility for this illness, or is this a follow-up visit? (select_one)	1. First visit 2. Follow-up 98. Don't know	
5.3.4.2.28	What is the child's date of birth? (date)	__/__/__	
5.3.4.2.29	Did the child receive vitamin A within the past 6 months? (select_one)	1. Yes 0. No 98. Don't know	
5.3.4.2.30	Did the child receive Mebendazole within the past 6 months? (select_one)	1. Yes 0. No 98. Don't know	
5.3.4.2.31	You checked the child's palms for a pallor today. Did you find that the child had a palmar pallor? (select_one)	1. Yes 0. No 98. Don't know	This question appears only if 5.3.4.2.14 = 7, 8 or 9.
5.3.4.2.32	Did you or other health care provider in this facility test/request a hemoglobin test for the child? (select_one)	1. Yes 0. No 98. Don't know	If "No" or "Don't know," skip to question 5.3.4.2.35.
5.3.4.2.33	Is the child's hemoglobin result available? (select_one)	1. Yes 0. No 98. Don't know	If "No" or "Don't know," skip to question 5.3.4.2.35.
5.3.4.2.34	Can you tell me/show me the child's hemoglobin concentration level? (select_one)	1. Yes 0. Decline to answer 98. Don't know	If "Yes," continue to next question. Otherwise, skip to 5.3.4.2.35.
5.3.4.2.34a	INTERVIEWER: RECORD HEMOGLOBIN CONCENTRATION LEVEL IN 00.0 FORMAT. ADD PRECEDING "0" IN THE FIRST BOX IF HB LEVEL IS LESS THAN 10.0 G/DL. (integer)	__ _ G/DL	

5.3.4.2.35	Has the child had a fever with this illness [if child received diagnosis during this visit] or any time in the past two days? (select_one)	1. Yes 0. No 98. Don't know	
5.3.4.2.36	Have you or another health care provider in this facility measured the child's temperature today? (select_one)	1. Yes 0. No 98. Don't know	If "No" or "Don't know," skip to question 5.3.4.2.38.
5.3.4.2.37	Can you tell me/show me the child's body temperature? (select_one)	1. Yes 0. Decline to answer 98. Don't know	If "Yes," continue to next question. Otherwise, skip to 5.3.4.2.38.
5.3.4.2.37a	What is the child's body temperature? RECORD BODY TEMPERATURE IN BOXES IN THE UNIT DEGREES CELSIUS IN 00.0 FORMAT. (integer)	__ . __ Degrees Celsius	
5.3.4.2.38	Did the child have a malaria rapid diagnostic test (RDT) done anywhere in this facility before coming into this consultation room to see you today? (select_one)	1. Yes 0. No 98. Don't know	If "No" or "Don't know," skip to question 5.3.4.2.41.
5.3.4.2.39	Did you see, or did the caretaker show you the child's malaria RDT result as part of this consultation? (select_one)	1. Yes 0. No 98. Don't know	If "No" or "Don't know," skip to question 5.3.4.2.41.
5.3.4.2.40	What is the child's result of the malaria RDT test? (select_one)	1. Positive 2. Negative 98. Don't know	

5.3.4.2.41	<p>Were any child measurements taken by you or another health care provider before the consultation today, for example during group counseling or while the child was waiting?</p> <p>If yes, ask “Which measurements?”</p> <p>(select_multiple)</p>	<p>1. Weight 2. Height 3. Temperature 96. Other 0. None</p>	<p>If “Other,” continue to next question. Otherwise, skip to 5.3.4.2.42.</p>
5.3.4.2.41a	<p>Specify “Other.”</p> <p>(text)</p>	<p>_____</p>	
			<p>Ask questions 5.3.4.2.42-5.3.4.2.47 only if: 5.3.4.2.12=1; and/or 5.3.4.2.24=1 or 2; and/or 5.3.4.2.25=1-4; and/or 5.3.4.2.31=1; and/or 5.3.4.2.35=1)</p>
5.3.4.2.42	<p>The child had fever and/or was diagnosed with [DIAGNOSIS FROM 5.3.4.2.24, 5.3.4.2.25, AND/OR 5.3.4.2.31], did you or other health care provider perform/request an mRDT test to confirm malaria?</p> <p>(select_one)</p>	<p>1. Yes 0. No 98. Don’t know</p>	<p>If “Yes,” continue to next question. If no or don’t know, skip to question 5.3.4.2.45.</p>
5.3.4.2.43	<p>Is the child’s malaria rapid diagnostic test (mRDT) result available?</p> <p>(select_one)</p>	<p>1. Yes, at the provider site 2. Yes, at the laboratory 0. No 98. Don’t know</p>	<p>If “No” or “Don’t know,” skip to question 5.3.4.2.45.</p>
5.3.4.2.44	<p>What is the child’s result of the mRDT test?</p> <p>(select_one)</p>	<p>1. Positive 2. Negative 98. Don’t know</p>	

5.3.4.2.45	The child had fever and/or was diagnosed with [DIAGNOSIS FROM 5.3.4.2.24, 5.3.4.2.25, AND/OR 5.3.4.2.31], did you or other health care provider perform/request a malaria microscopy to confirm malaria? (select_one)	1. Yes 0. No 98. Don't know	If "No" or "Don't know," skip to question 5.3.4.2.48.
5.3.4.2.46	Is the child's malaria microscopy result available? (select_one)	1. Yes 0. No 98. Don't know	If "No" or "Don't know," skip to question 5.3.4.2.48.
5.3.4.2.47	What is the child's result of the malaria microscopy? (select_one)	1. Positive 2. Negative 98. Don't know	
5.3.4.2.48	Did you vaccinate the child during the visit or refer the child for vaccination today other than for vitamin A supplementation? If "No," ask: Why not? (select_one)	1. Yes, vaccinated child 2. Yes, referred 3. Not due for vaccination 4. Vaccine not available 5. Child too sick 6. Not day for vaccination 7. Did not check for vaccination 8. Vaccination completed	IMM.HFA.6
SUBSECTION X: TREATMENT			
5.3.4.2.49	Did you prescribe or provide any treatment today for this child? (select_one)	1. Yes 0. No	If "No," skip to question 5.3.4.2.55.

<p>5.3.4.2.50</p>	<p>Did you prescribe or provide any general treatment today for this child?</p> <p>SELECT ALL THAT APPLY. PROMPT IF NECESSARY.</p> <p>(select_multiple)</p>	<ol style="list-style-type: none"> 1. Benzyl penicillin injection 2. Gentamycine injection 3. Ceftriaxone injection 4. Ampiciline injection 5. Other antibiotic infection 6. Other injection 7. Co-trimoxazole tablet/syrup 8. Amoxicillin syrup 9. Amoxicillin dispersible tablets 10. Ciprofloxacin tablets 11. Azithromycin tablets 12. Other antibiotic tablet/syrup 13. Paracetamol 14. Other fever reducing medicine 15. Zinc 16. Iron 17. Vitamins (other than vitamin A) 18. Mebendazole (if not given for last 6 months) 19. Cough syrups/other medication 0. None of the above 	<p>CH.HFA.5</p>
--------------------------	--	--	------------------------

<p>5.3.4.2.51</p>	<p>Did you prescribe or provide any treatment for malaria today for this child?</p> <p>SELECT ALL THAT APPLY. PROMPT IF NECESSARY.</p> <p>(select_multiple)</p>	<ol style="list-style-type: none"> 1. Injectable quinine 2. Injectable artemether 3. Injectable artesunate 4. Other injectable antimalarial (e.g., Fansidar) 5. Suppository artesunate 6. Artemisinin combination therapy (ACT) [COUNTRY TO ADAPT BASED ON COUNTRY-SPECIFIC BRAND FIRST LINE TREATMENT] 7. Oral fansidar (SP) 8. Oral chloroquine 9. Oral amodiaquine 10. Oral quinine 11. Other oral antimalarial 0. None of the above 	<p>CH.HFA.7</p>
<p>5.3.4.2.52</p>	<p>Did you prescribe or provide any treatment for dehydration today for this child?</p> <p>SELECT ALL THAT APPLY. PROMPT IF NECESSARY.</p> <p>(select_multiple)</p>	<ol style="list-style-type: none"> 1. Home ORT (Plan A) 2. Initial ORT in facility (4 hours – Plan B) 3. Intravenous fluids (Plan C) 4. Home ORT (Plan A) with zinc 0. None of the above 	<p>CH.HFA.6</p>
<p>5.3.4.2.53</p>	<p>Did you prescribe or provide any treatment for malnutrition today for this child?</p> <p>[COUNTRY TO ADAPT BASED ON NATIONAL GUIDELINES]</p> <p>SELECT ALL THAT APPLY. PROMPT IF NECESSARY.</p> <p>(select_multiple)</p>	<ol style="list-style-type: none"> 1. Ready-to-us therapeutic food (RUTF) 2. F-75 feeding formula 3. F-100 feeding formula 4. Any other treatment (specify) 0. None of the above 	

5.3.4.2.54	<p>Did you prescribe or provide any other treatments today for this child?</p> <p>SELECT ALL THAT APPLY. PROMPT IF NECESSARY.</p> <p>(select_multiple)</p>	<p>1. Vitamin A (may also be for immunization)</p> <p>2. Feeding solid foods</p> <p>3. Feeding extra liquids</p> <p>4. Continued breastfeeding</p> <p>5. Any other treatment (specify)</p> <p>0. None of above</p>	
5.3.4.2.55	<p>Record the time the observation ended using the 24 hour format</p> <p>(time)</p>	<p>-- : --</p>	

Part 4. Patient Outcomes – record review

SECTION 1. ANTENATAL CARE

NO.	QUESTION	RESPONSE OPTIONS	NOTES/SKIP LOGIC
5.4.1.1	<p>Are ANC services offered in this facility?</p> <p>(select_one)</p>	<p>1. Yes</p> <p>0. No</p>	<p>If “No,” skip to next section.</p>

	<p>INTERVIEWER INSTRUCTIONS: Record review requires two steps: 1) Identifying a sample of eligible client records, AND 2) obtaining and assessing the eligible records.</p> <p>Access to a list of clients that have used the facility for ANC care in the record review is required. The list may be found in a register, appointment book, appointment card box, database, or other list. This list will be the source document for the sample. Ask for the source document/register and identify the most recent complete month where clients can be identified. Counting backwards from the end of the most recent complete month, identify 10 clients who meet the eligibility criteria for this record review. Continue counting all eligible clients in each preceding month to a maximum of six full months, if needed, to identify at least 10 clients meeting the eligibility criteria. DO NOT exceed six months even if 10 clients have not been identified. Toss a coin to determine a starting point for sample selection. One side means you start with number 1 on the list and the other side you start with number 2. From the list of eligible clients, select five clients using the randomly selected starting point and then select every OTHER eligible client for record review.</p> <p>Ask to see the individual record for each identified client for the sample. A record refers to a document that contains information on individual client care (e.g., register, individual client card/file/chart, etc.). It must be recorded at the client level and provide specifics on the content of care delivered to the individual. In some cases, the information will be available in a register and individual cards/charts will not need to be located. If the individual client card/file/chart for a selected individual CANNOT be located, the individual may be replaced with the next eligible person on the sample selection list. Record the required information for each selected individual in the client sampling list. A total of five client records should be reviewed.</p> <p>[COUNTRIES TO ADAPT STARTING MONTH AND DIRECTION OF COUNTING ACCORDING TO REGISTER FORMAT IN USE]</p>		
	<p>ELIGIBILITY CRITERIA: Client attended ANC and was at least 32 or more weeks pregnant during most recent visit OR country specific eligibility criteria NOT based on gestational age. [COUNTRIES TO ADAPT ELIGIBILITY CRITERIA]</p>		
<p>5.4.1.2</p>	<p>Enter the number of different months from which the sample was selected.</p> <p>(integer)</p>	<p>— —</p>	
<p>5.4.1.3</p>	<p>Enter the number of eligible clients identified.</p> <p>IF NO ELIGIBLE CLIENTS IDENTIFIED, ENTER 0.</p> <p>(integer)</p>	<p>— —</p>	<p>If “0,” skip to next section.</p>

5.4.1.4	<p>Enter the source data for sample selection.</p> <p>SOURCE DOCUMENT REFERS TO REGISTERS AND RECORDS THAT CONTAIN INFORMATION ON CLIENTS WHO HAVE RECEIVED ANC SERVICES AND CAN SERVE AS A SAMPLING LIST FOR THE RECORD REVIEW.</p> <p>IF MORE THAN ONE SOURCE IS USED TO IDENTIFY THE SAMPLE, CIRCLE ALL THAT APPLY.</p> <p>(select_multiple)</p>	<ol style="list-style-type: none"> 1. Antenatal care register 2. Individual client ANC/MNCH/PMTCT Cards/Charts/Records 3. Prevention of mother to child transmission (PMTCT) Register 4. Outpatient Department (OPD) Register 5. Laboratory register 6. Pharmacy register 7. Labor and delivery register 8. ITN register 96. Other 	<p>If "Other," continue to 5.4.1.4a. Otherwise, skip to 5.4.1.5</p>
5.4.1.4a	<p>Specify "Other" source data for sample selection:</p> <p>(text)</p>	<p>_____</p>	
5.4.1.5	<p>Record start time for review of sample of individual records using the 24-hour format.</p> <p>(time)</p>	<p>__ : __</p>	
SUBSECTION I. CLIENT INFORMATION			
5.4.1.6	<p>INTERVIEWER: PLEASE ANSWER ALL THE QUESTIONS FOR EACH CLIENT (USING INFORMATION FROM THE REGISTER AND/OR INDIVIDUAL CLIENT RECORDS). THIS SECTION WILL REPEAT A TOTAL OF FIVE TIMES TO ALLOW YOU TO ENTER INFORMATION ABOUT FIVE CLIENTS.</p>		<p>The remainder of this section will be programmed to repeat 5 times to collect information about 5 clients.</p>
5.4.1.6a	<p>a. What was the recorded gestational age (in weeks) at the first ANC visit?</p> <p>IF NOT RECORDED, ENTER 0.</p> <p>(integer)</p>	<p>__ __</p>	<p>If question is answered, skip to 5.4.1.8.</p>
5.4.1.6b	<p>b. What was the recorded date of last menstrual period (LMP) at the first ANC visit?</p> <p>ENTER ALL 0 IF NOT RECORDED.</p> <p>(date)</p>	<p>__/__/____ DD/MM/YYYY</p>	<p>If date note recorded, skip to 5.4.1.8.</p>

5.4.1.6c	c. What was the recorded date at the first ANC visit? (date)	__/__/____ DD/MM/YYYY	
5.4.1.7 PLEASE ANSWER THE FOLLOWING QUESTIONS FOR THE MOST RECENT ANC VISIT.			
5.4.1.7a	a. What was the recorded gestational age (in weeks) at the most recent ANC visit? ENTER 00 IF NOT RECORDED. (integer)	__ __	If question is answered, skip to 5.4.1.7d.
5.4.1.7b	b. What was the recorded date of last menstrual period at the first ANC visit? ENTER ALL 0 IF NOT RECORDED. (date)	__/__/____ DD/MM/YYYY	
5.4.1.7c	c. What was the recorded date at the most recent ANC visit? (date)	__/__/____ DD/MM/YYYY	
5.4.1.7d	d. What was the age (in years) of the client at the most recent visit? ENTER 00 IF NOT RECORDED. (integer)	__ __	If question is answered, skip to 5.4.1.7g.
5.4.1.7e	e. What was the recorded client date of birth? ENTER 00 IF NOT RECORDED. (date)	__/__/____ DD/MM/YYYY	If “Not recorded,” skip to 5.4.1.7g.
5.4.1.7f	f. What was the recorded date at the most recent ANC visit? (date)	__/__/____ DD/MM/YYYY	
5.4.1.7g	g. Which ANC visit (number) does the most recent visit represent? ENTER 00 IF NOT RECORDED. (integer)	__ __	

5.4.1.7h	h. Is the client's blood pressure documented for the most recent visit? (select_one)	1. Yes 0. No	
5.4.1.7i	i. Is any hemoglobin or hematocrit result documented for the most recent visit? (select_one)	1. Yes 0. No	
5.4.1.7j	j. Is it documented that the client was provided or prescribed iron and folic acid during the most recent visit? (select_one)	1. Yes 0. No	
5.4.1.7k	k. Is there documentation that the client received counseling on pregnancy danger signs at the most recent visit? (select_one)	1. Yes 0. No	

SUBSECTION II. DOCUMENTATION OF ROUTINE ANC SCREENING AND INTERVENTIONS

5.4.1.9	Is a syphilis blood test result documented at any ANC visit? (select_one)	1. Yes 0. No	
5.4.1.10	Is there documentation that the client received any medicine for the treatment of intestinal worms (e.g., albendazole, mebendazole)? (select_one)	1. Yes 0. No	
5.4.1.11	Is there documentation that the client was offered oral pre-exposure prophylaxis (PrEP) containing tenofovir disoproxil fumarate (TDF)? (select_one)	1. Yes 0. No	
5.4.1.12	Is there documentation that the baby's heartbeat was listened to at least once during ANC? (select_one)	1. Yes 0. No	

5.4.1.13	Is any hemoglobin or hematocrit result documented for any ANC visit during this pregnancy? (select_one)	1. Yes 0. No	
SUBSECTION III. INTERMITTENT PREVENTIVE TREATMENT (IPT) SERVICES (FOR MALARIA)			
5.4.1.14	Are IPT services for malaria offered for ANC clients? (select_one)	1. Yes 0. No	If “No,” skip to 5.4.1.22.
5.4.1.15	Is there documentation at any visit that the client was provided or prescribed three or more doses of IPT? (select_one)	1. Yes 2. No, but documented that client not eligible because on Cotrim 0. No	If “Yes,” skip to 5.4.1.18. If “No” because on Cotrim, skip to 5.4.1.21. Otherwise, continue to next question.
5.4.1.16	Is there documentation at any visit that the client received two doses of IPT? (select_one)	1. Yes 0. No	If “Yes,” skip to 5.4.1.18. Otherwise, continue to next question.
5.4.1.17	Is there documentation at any visit that the client received one dose of IPT? (select_one)	1. Yes 0. No	If “No,” skip to 5.4.1.21. Otherwise, continue to next question.
5.4.1.18	What was the documented gestational age (in weeks) at first IPT dose? ENTER 00 IF NOT RECORDED. (integer)	__ __	If question is answered, skip to question 5.4.1.21.
5.4.1.19	What was the recorded date of last menstrual period at the first ANC visit? ENTER ALL 0 IF NOT RECORDED. (date)	__/__/____ DD/MM/YYYY	If not recorded, skip to 5.4.1.21.
5.4.1.20	What was the recorded date when the first IPT dose was delivered? (date)	__/__/____ DD/MM/YYYY	

5.4.1.21	Is there documentation at any visit that the client received an insecticide treated net (ITN) or voucher for ITN? (select_one)	1. Yes 0. No	
SUBSECTION IV. HIV SERVICES			
5.4.1.22	Are PMTCT services offered for ANC clients? (select_one)	1. Yes 0. No	If “No,” skip to 5.4.1.36.
5.4.1.23	Was the client on life-long antiretroviral therapy (ART) prior to attending ANC? (select_one)	1. Yes 2. Not documented 0. No	If “Yes,” skip to 5.4.1.32. Otherwise, continue to next question.
5.4.1.24	Is there documentation at any visit that the client was offered and received an HIV test or was referred for an HIV test during ANC? (select_one)	1. Yes 0. No	If “No,” skip to 5.4.1.33.
5.4.1.25	Is there documentation at any visit that the client received the results of her first HIV test? (select_one)	1. Yes 0. No	
5.4.1.26	What is the result documented for the client’s first HIV test during ANC? (select_one)	1. Positive 2. Negative 0. Not documented	If “Positive,” skip to 5.4.1.30. If not documented, skip to 5.4.1.33.
5.4.1.27	Is there documentation that the client had another ANC visit 12 or more weeks after the HIV negative result? (select_one)	1. Yes 0. No	
5.4.1.28	Is there documentation that the client received a second HIV test in the third trimester? (select_one)	1. Yes 0. No	If “No,” skip to 5.4.1.33.

5.4.1.29	What was the result of the second HIV test? (select_one)	1. Positive 2. Negative 0. Not documented	If “Negative” or “Not documented,” skip to 5.4.1.33.
5.4.1.30	Is there documentation that the client began lifelong ART during ANC? (select_one)	1. Yes 0. No	If “Yes,” skip to 5.4.1.32.
5.4.1.31	Is there documentation that the client was either referred for or provided with preventive antiretroviral (ARV) (and not life-long ART) during ANC? (select_one)	1. Yes 0. No	If “No,” skip to 5.4.1.32.
5.4.1.32	What was the preventative ARV regimen that was prescribed? (select_one)	1. A three-drug regimen 2. A drug regimen of less than three drugs 0. Not documented	
5.4.1.33	Is there documentation that the client received cotrimoxazole preventive therapy (CPT)? (select_one)	1. Yes 0. No	
5.4.1.34	Is there documentation of the partner’s HIV status? (select_one)	1. Yes 0. No	If “Yes,” skip to 5.4.1.36.
5.4.1.35	Is there documentation that the partner was offered an HIV test? (select_one)	1. Yes 0. No	

<p>5.4.1.36.</p>	<p>Circle the letter for each type of record that was used to collect ANC information for this facility.</p> <p>RECORD REFERS TO DOCUMENTS THAT CONTAIN INFORMATION ON INDIVIDUAL CLIENT CARE. THIS INFORMATION MAY BE CONTAINED IN A REGISTER, INDIVIDUAL CLIENT CHART, ETC., BUT MUST BE RECORDED AT THE CLIENT LEVEL AND PROVIDE SPECIFICS ON THE CONTENT OF CARE DELIVERED.</p> <p>(select_multiple)</p>	<p>1. Antenatal care register 2. Individual client ANC/MNCH/PMTCT Cards/Charts/Records 3. PMTCT register 4. Outpatient Department (OPD) register 5. Laboratory register 6. Pharmacy register 7. Labor and delivery register 8. ITN register 96. Other (specify)</p>	
<p>5.4.2.37</p>	<p>Enter the number of originally selected sample clients replaced due to missing individual client records.</p> <p>IF NO REPLACEMENTS WERE MADE, ENTER 0.</p> <p>(integer)</p>	<p>__ __</p>	
<p>5.4.2.38</p>	<p>Record time that review was completed using the 24-hour format.</p> <p>(time)</p>	<p>__ : __</p>	
<p>5.4.2.39</p>	<p>Are there any issues or explanations about the ANC record review to document?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	<p>If “Yes,” continue to 5.4.2.29a. Otherwise, skip to next section.</p>
<p>5.4.2.39a</p>	<p>Specify issues or explanations.</p> <p>(text)</p>	<p>_____</p>	

SECTION 2. MALARIA

NO.	QUESTION	RESPONSE OPTIONS	NOTES/SKIP LOGIC
5.4.2.1	<p>Does this facility offer outpatient curative services for malaria?</p> <p>(select_one)</p>	<p>1. Yes</p> <p>0. No</p>	<p>If “No,” skip to next section.</p>
<p>INTERVIEWER INSTRUCTIONS: Record review requires two steps: 1) Identifying a sample of eligible client records, AND 2) obtaining and assessing the eligible records.</p> <p>Access to a list of clients that have used the facility for malaria in the record review is required. The list may be found in a register, appointment book, appointment card box, database, or other list. This list will be the source document for the sample. Ask for the source document/register and identify the most recent complete month where clients can be identified. Counting backwards from the end of the most recent complete month, identify 10 clients who meet the eligibility criteria for this record review. Continue counting all eligible clients in each preceding month to a maximum of six full months, if needed, to identify at least 10 clients meeting the eligibility criteria. DO NOT exceed six months even if 10 clients have not been identified. Toss a coin to determine a starting point for sample selection. One side means you start with number 1 on the list and the other side you start with number 2. From the list of eligible clients, select five clients using the randomly selected starting point and then select every OTHER eligible client for record review.</p> <p>Ask to see the individual record for each identified client for the sample. A record refers to a document that contains information on individual client care (e.g., register, individual client card/file/chart, etc.). It must be recorded at the client level and provide specifics on the content of care delivered to the individual. In some cases, the information will be available in a register and individual cards/charts will not need to be located. If the individual client card/file/chart for a selected individual CANNOT be located, the individual may be replaced with the net eligible person on the sample selection list. Record the required information for each selected individual in the client sampling list. A total of five client records should be reviewed. [COUNTRY ADAPT STARTING MONTH AND DIRECTION OF COUNTING ACCORDING TO REGISTER FORMAT IN USE]</p>			
<p>ELIGIBILITY CRITERIA: Children <5 years of age with a diagnosis of malaria OR that have received OR been prescribed antimalarials. Diagnosis may be based on a positive malaria test OR based only on clinical symptoms and signs without a positive malaria test. EXCLUDE: clients admitted as inpatients OR referred based on the outpatient malaria diagnosis.</p> <p>[COUNTRY ADAPT ELIGIBILITY CRITERIA. If there is a desire to conduct the malaria record review for additional age groups (i.e., 5-14 years, adults over 15 years), please duplicate the malaria record review and implement the malaria record review procedures separately for each age group of interest.]</p>			
5.4.2.2	<p>Enter the number of different months from which the sample was selected</p> <p>(integer)</p>	<p>— —</p>	

5.4.2.3	Enter the number of eligible clients identified (integer)	__ Number of eligible clients 0. No eligible clients identified	If no eligible clients are identified, skip to next section.
5.4.2.4	Enter the source data for sample selection. IF MORE THAN ONE SOURCE IS USED TO IDENTIFY THE SAMPLE, CIRCLE ALL THAT APPLY. SOURCE DOCUMENT REFERS TO REGISTERS AND RECORDS THAT CONTAIN INFORMATION ON CLIENTS WHO HAVE RECEIVED MALARIA SERVICES AND CAN SERVE AS A SAMPLING LIST FOR THE RECORD REVIEW. SELECT ALL THAT APPLY. (select_multiple)	1. Outpatient Department (OPD) register 2. Individual client child health cards/charts/records 3. Laboratory register 4. Pharmacy register 96. Other (specify)	If "Other," continue to 5.4.2.4a. Otherwise, skip to 5.4.2.5
5.4.2.4a	Specify "other" source data for sample selection (text)	_____	
5.4.2.5	Time review of sample of individual records started (24-hour clock) (time)	__ : __	
	PLEASE ANSWER THE FOLLOWING QUESTIONS FOR EACH CLIENT (USING INFORMATION FROM THE REGISTER(S) AND/OR INDIVIDUAL CLIENT RECORDS).		Repeat questions 5.4.2.6 - 5.4.2.28a five times to collect information about five clients.
SUBSECTION I. SYMPTOMS AND CONDITIONS ASSESSED			
5.4.2.6	Are any client-reported symptoms or conditions documented? (select_one)	1. Yes 0. No	If "No," skip to 5.4.2.10. Otherwise, continue to next question.
5.4.2.7	Is there documentation that the client had symptoms of fever? (select_one)	1. Yes 0. No	

5.4.2.8	Is there documentation that the client had symptoms of anemia (e.g., tiredness/listlessness)? (select_one)	1. Yes 0. No	
5.4.2.9	Is there documentation that the client/caregiver was asked if the client had symptoms of convulsions or loss of consciousness? (select_one)	1. Yes 0. No	
SUBSECTION II. PHYSICAL EXAMINATION			
5.4.2.10	Are any physical examination findings / signs documented? THIS INCLUDES FINDINGS FROM PHYSICALLY ASSESSING THE CLIENT (E.G., MEASURING TEMPERATURE, MEASURING WEIGHT, PHYSICALLY CHECKING FOR DEHYDRATION, LISTENING TO HEART OR LUNGS, DIAGNOSTIC TEST RESULTS, ETC.). THESE ARE CALLED SIGNS AND ARE DIFFERENT FROM SYMPTOMS, WHICH ARE SELF-PERCEIVED BY THE CLIENT. (select_one)	1. Yes 0. No	If “No,” skip to 5.4.2.14. Otherwise, continue to next question.
5.4.2.11	What was the temperature of the client? (CELSIUS) ENTER 0 IF CLIENT’S TEMPERATURE WAS NOT RECORDED. (integer)	__ . __	
5.4.2.12	Is there documentation that indicates that the client was assessed for anemia (e.g., hemoglobin or hematocrit test or palms checked for pallor)? (select_one)	1. Yes 0. No	
5.4.2.13	Is there documentation that the client was anemic? (select_one)	1. Yes 0. No	
SUBSECTION III. MALARIA SCREENING AND TREATMENT			

5.4.2.14	Is there a diagnosis of malaria without documentation of a positive malaria blood test (e.g., rapid diagnostic test [RDT], or blood smear microscopy)? (select_one)	1. Yes 0. No	If “Yes,” skip to question 5.4.2.20.
5.4.2.15	Is there documentation that a malaria blood test was prescribed/ordered (e.g., RDT or blood smear microscopy)? (select_one)	1. Yes 0. No	If “No,” skip to question 5.4.2.20.
5.4.2.16	Which malaria blood test was prescribed/ordered? (select_one)	1. RDT 2. Blood smear 96. Other/not specified	
5.4.2.17	Which malaria blood test was performed? (select_one)	1. RDT 2. Blood smear 96. Other	
5.4.2.18	What was the malaria blood test result documented in the individual client record or OPD register? (select_one)	1. Positive 2. Negative 0. Not documented	If “Positive” or “Negative,” skip to question 5.4.2.20. Otherwise, continue to next question.
5.4.2.19	What was the malaria blood test result documented in the laboratory register? GO TO THE LOCATION WHERE THE LAB REGISTER IS STORED TO COLLECT THIS INFORMATION. (select_one)	1. Positive 2. Negative 0. Not documented	
5.4.2.20	Is there documentation that any antimalarial medicine was prescribed? [COUNTRIES TO ADAPT LIST OF ANTIMALARIALS] (select_one)	1. Yes 0. No	If “No,” skip to question 5.4.2.25.
5.4.2.21	Is there documentation that an artemisinin-based combination therapy (ACT) was provided? (select_one)	1. Yes 0. No	If “No,” skip to question 5.4.2.23.

<p>5.4.2.22</p>	<p>Does the documentation indicate that the ACT was prescribed at dosages as per national treatment guidelines?</p> <p>CORRECT DOSAGE REQUIRES THE CORRECT MEDICINE AMOUNT PER DOSE, FREQUENCY OF DOSES, AND NUMBER OF TREATMENT DAYS.</p> <p>[COUNTRIES TO ADAPT – SPECIFY DOSAGE FOR FIRST LINE TREATMENT BASED ON WEIGHT]</p> <p>(select_one)</p>	<p>1. Yes 2. Dose not documented 0. No</p>	
<p>5.4.2.23</p>	<p>Is there documentation that antimalarial medicines other than ACTs were prescribed or provided?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	<p>If “No,” skip to question 5.4.2.25.</p>
<p>5.4.2.24</p>	<p>What other antimalarials were prescribed or provided?</p> <p>(text)</p>	<p>_____</p>	
<p>5.4.2.25</p>	<p>Circle the letter for each type of record that was used to collect malaria information for this facility.</p> <p>RECORD REFERS TO DOCUMENTS THAT CONTAIN INFORMATION ON INDIVIDUAL CLIENT CARE. THIS INFORMATION MAY BE CONTAINED IN A REGISTER, INDIVIDUAL CLIENT CHART, ETC., BUT MUST BE RECORDED AT THE CLIENT LEVEL AND PROVIDE SPECIFICS ON THE CONTENT OF CARE DELIVERED.</p> <p>(select_multiple)</p>	<p>1. Outpatient Department (OPD) register 2. Individual client child health cards/charts/records 3. Laboratory register 4. Pharmacy register 96. Other (specify)</p>	<p>If “Other,” continue to 5.4.2.25a. Otherwise, skip to 5.4.2.27.</p>
<p>5.4.2.25a</p>	<p>Specify other type of record used to collect malaria information</p> <p>(text)</p>	<p>_____</p>	

5.4.2.26	Enter the number of originally selected sample clients replaced due to missing individual client records. IF NO REPLACEMENTS WERE MADE, ENTER 0. (integer)	__ __	
5.4.2.27	Record time that review was completed using the 24-hour format. (time)	__ : __	
5.4.2.28	Are there any issues or explanations about the malaria record review to document? (select_one)	1. Yes 0. No	If “Yes,” continue to 5.4.2.29a. Otherwise, skip to next section.
5.4.2.28a	Specify issues or explanations. (text)	_____	

MODULE 6: EXPERIENCE OF CARE

NO.	QUESTION	RESPONSE OPTIONS	NOTES/SKIP LOGIC
	<p>Which experience of care modules would you like to complete?</p> <p>SELECT ALL THAT APPLY</p> <p>(select_multiple)</p>	<p>1. ANC</p> <p>2. Labor, Delivery and Postnatal Care</p> <p>3. Child Health</p> <p>4. Family Planning</p>	<p>Note: Modules will populate in questionnaire based on selections.</p>

Part 1. Antenatal Care

	<p>READ TO CLIENT: Good day! My name is _____. We are here on behalf of MOMENTUM [AWARD] conducting a survey of health facilities with the goal of finding ways to improve maternal, newborn, and child health services. This facility was selected to participate in the study. I would like to ask you some questions about your experiences here today to better understand how antenatal care services are provided in this facility. These questions usually take about 10-15 minutes.</p> <p>We are not evaluating the [NURSE/DOCTOR/PROVIDER] or the facility. Information from this interview is confidential and will not be shared with anyone other than members of our survey team. The information acquired during this interview may be used by MOMENTUM [AWARD], other organizations or researchers, for planning service improvements or further studies of services. Neither your name nor the date of service will be provided in any shared data, so your identity and any information about you will remain completely confidential.</p> <p>Please know that the decision to participate in this interview is completely voluntary and that your decision will not affect the services you receive. If at any point you would prefer to end the interview, please feel free to tell me. There is no penalty for refusing to participate; however, we hope you will choose to participate.</p> <p>In case you need more information about the survey, you may contact the in-charge manager of this health facility. Do you have any questions for me at this time?</p>		
6.1.0	<p>a. Do I have your permission to continue with the interview?</p> <p>(select_one)</p>	<p>1. Yes</p> <p>0. No</p>	<p>If “No,” skip to the end of this section.</p>
	<p>b. Interviewer’s signature (indicates respondent’s willingness to participate)</p> <p>(signature)</p>	<p>_____</p>	

	c. INTERVIEWER: Record the time the observation started using the 24 hour format. (time)	__ : __	
SECTION 1: INFORMATION ABOUT CLIENT			
6.1.1.1	Was this client’s ANC visit observed in a previous section and pregnancy details collected at that time? (select_one)	1. Yes 0. No	If “Yes,” skip to 6.2.1.1. Otherwise, continue to 6.1.1.2
6.1.1.2	What is the client’s age? (integer)	___	
6.1.1.3	How many weeks pregnant is the client? Note: Confirm weeks of pregnancy using the ANC card, if available. (integer)	__ weeks of pregnancy	
6.1.1.4	Is this client’s first, second, third, fourth, or fifth visit for ANC at this facility for this pregnancy? Note: Confirm number of ANC visits using the ANC card, if available. (select_one)	1. First visit 2. Second visit 3. Third visit 4. Fourth visit 5. Fifth or more visit 98. Don’t know	
SECTION 2: ANTENATAL EXPERIENCE OF CARE			
READ TO CLIENT: Now, I am going to ask you about specific services that you received across all your antenatal visits. I know some of these are difficult to remember, so it is OK if you don't remember, but do try to tell me what you remember as it will be very useful in checking the quality of antenatal care provided in the facilities around here.			
As part of your ANC during this pregnancy, were any of the following done:			
6.2.1.1	a. Were you weighed? If so, were you weighed all the time, most of the time, or a few times? (select_one)	0. No, never 1. Yes, a few times 2. Yes, most of the time 3. Yes, all of the time 98. Don’t Know/Can't Remember	If “Yes,” (1-3), continue to 6.2.1.1b. Otherwise, skip to 6.2.1.2.

	<p>b. Were you told the results after you were weighed? If yes, were you told the results all the time, most of the time, or a few times?</p> <p>(select_one)</p>	<p>0. No, never 1. Yes, a few times 2. Yes, most of the time 3. Yes, all of the time 98. Don't Know/Can't Remember</p>	MNH.HFA.4
6.2.1.2	<p>a. Was your blood pressure taken If so, was your blood pressure taken all the time, most of the time, or a few times?</p> <p>(select_one)</p>	<p>0. No, never 1. Yes, a few times 2. Yes, most of the time 3. Yes, all of the time 98. Don't Know/Can't Remember</p>	If "Yes," (1-3), continue to 6.2.1.2b. Otherwise, skip to 6.2.1.3.
	<p>b. Were you told the results after your blood pressure was taken? If yes, were you told the results all the time, most of the time, or a few times?</p> <p>(select_one)</p>	<p>0. No, never 1. Yes, a few times 2. Yes, most of the time 3. Yes, all of the time 98. Don't Know/Can't Remember</p>	MNH.HFA.4
6.2.1.3	<p>a. Did you give a urine sample? If yes, did you give a urine sample all the time, most of the time, or a few times?</p> <p>(select_one)</p>	<p>0. No, never 1. Yes, a few times 2. Yes, most of the time 3. Yes, all of the time 98. Don't Know/Can't Remember</p>	If "Yes," (1-3), continue to 6.2.1.3b. Otherwise, skip to 6.2.1.4.
	<p>b. Were you told the results of the urine test? If yes, were you told the results all the time, most of the time, or a few times?</p> <p>(select_one)</p>	<p>0. No, never 1. Yes, a few times 2. Yes, most of the time 3. Yes, all of the time 98. Don't Know/Can't Remember</p>	MNH.HFA.4
6.2.1.4	<p>a. Did you give a blood sample ? If yes, did you do a blood test once or more than once?</p> <p>(select_one)</p>	<p>0. No, never 1. Yes, once 2. Yes, more than once 98. Don't know/Can't remember</p>	If "Yes," (1-2), continue to 6.2.1.4b. Otherwise, skip to 6.2.1.5.

	<p>b. Were you told the results of the blood test? If yes, were you told the results all the time, most of the time, or a few times?</p> <p>(select_one)</p>	<p>0. No, never 1. Yes, a few times 2. Yes, most of the time 3. Yes, all of the time 98. Don't Know/Can't Remember</p>	MNH.HFA.4
6.2.1.5	<p>During any of your ANC visit(s), were you told about the signs of pregnancy complications?</p> <p>(select_one)</p>	<p>0. No 1. Yes 98. Don't know/Can't remember</p>	MNH.HFA.4
6.2.1.6	<p>During any of your ANC visit(s), were you told where to go if you had any complications?</p> <p>(select_one)</p>	<p>0. No 1. Yes 98. Don't know/Can't remember</p>	MNH.HFA.4
6.2.1.7	<p>During any of your ANC visits, were you ever told how to monitor your baby's movements or to alert a health care provider if you felt fewer movements or no movement?</p> <p>(select_one)</p>	<p>0. No 1. Yes 98. Don't know/Can't remember</p>	MNH.HFA.5
6.2.1.8	<p>During any of your ANC visits, were you ever told what to expect in the course of your pregnancy and delivery?</p> <p>(select_one)</p>	<p>0. No 1. Yes 98. Don't know/Can't remember</p>	MNH.HFA.4
6.2.1.9	<p>During any of your ANC visits, did a health provider ever talk to you about making prior arrangements for how to get to the health facility when you go into labor?</p> <p>(select_one)</p>	<p>0. No 1. Yes 98. Don't know/Can't remember</p>	MNH.HFA.4
6.2.1.10	<p>During any of your ANC visits, did a health provider discuss things you should have in preparation for delivery? This may include planning in case of emergency, things you should bring to a facility or things you should prepare at home for this delivery.</p> <p>(select_one)</p>	<p>0. No 1. Yes 98. Don't know/Can't remember</p>	MNH.HFA.5

6.2.1.11	<p>During any of your ANC visits, did a health provider ever talk to you about what to eat or how to eat well?</p> <p>(select_one)</p>	<p>0. No 1. Yes 98. Don't know/Can't remember</p>	<p>MNH.HFA.4</p>
6.2.1.12	<p>During any of your ANC visits, did a health provider ever talk to you about iron pills, folic acid or iron with folic acid, how to take them, and any possible side effects?</p> <p>(select_one)</p>	<p>0. No 1. Yes 98. Don't know/Can't remember</p>	<p>MNH.HFA.5</p>
6.2.1.13	<p>During any of your ANC visits, were you given any information or counseled about breastfeeding?</p> <p>(select_one)</p>	<p>0. No 1. Yes 98. Don't know/Can't remember</p>	<p>MNH.HFA.4 If "Yes," continue to 6.2.1.14. Otherwise, skip to 6.2.1.16.</p>
6.2.1.14	<p>During any of your ANC visits, has a provider given you advice on the importance of exclusively breastfeeding – that is, about giving your baby nothing apart from breast milk for a specific period?</p> <p>(select_one)</p>	<p>0. No 1. Yes 98. Don't know/Can't remember</p>	<p>MNH.HFA.5</p>
6.2.1.15	<p>During any of your ANC visits, has a provider given you advice on the importance of early initiation of breastfeeding – that is, putting the baby to the breast in the first hours after the baby is born?</p> <p>(select_one)</p>	<p>0. No 1. Yes 98. Don't know/Can't remember</p>	<p>MNH.HFA.5</p>
6.2.1.16	<p>During any of your ANC visits, has a provider advised you to use a mosquito net that has been treated with an insecticide?</p> <p>[COUNTRY TO ADAPT]</p> <p>(select_one)</p>	<p>0. No 1. Yes 98. Don't know/Can't remember</p>	<p>MNH.HFA.5</p>
6.2.1.17	<p>During any of your ANC visits, has a health care provider talk with you about using family planning after the birth of your baby?</p> <p>(select_one)</p>	<p>0. No 1. Yes 98. Don't know/Can't remember</p>	<p>MNH.HFA.5</p>

6.2.1.18	Thinking about all your ANC visits, did you feel the doctors, nurses or other staff treated you with respect? If yes, would you say you were treated with respect all the time, most of the time, or only a few times? (select_one)	0. No, never 1. Yes, a few times 2. Yes, most of the time 3. Yes, all of the time 98. Don't Know/Can't Remember	MNH.HFA.4
6.2.1.19	Thinking about all your ANC visits, did you feel the doctors, nurses or other staff treated you in a friendly manner? If yes, would you say you were treated in a friendly manner all the time, most of the time, or only a few times? (select_one)	0. No, never 1. Yes, a few times 2. Yes, most of the time 3. Yes, all of the time 98. Don't Know/Can't Remember	MNH.HFA.4
6.2.1.20	Thinking about all your ANC visits, do you feel you could discuss your problems with the doctors, nurses or other providers, without others not involved in your care overhearing your conversations? If yes, would you say you had privacy all the time, most of the time, or only a few times? (select_one)	0. No, never 1. Yes, a few times 2. Yes, most of the time 3. Yes, all of the time 98. Don't Know/Can't Remember	MNH.HFA.4
6.2.1.21	Thinking about all your ANC visits, did you feel you understood the purpose of any tests you were asked to do? If yes, would you say this was all the time, most of the time, or only a few times? (select_one)	0. No, never 1. Yes, a few times 2. Yes, most of the time 3. Yes, all of the time 98. Don't Know/Can't Remember	MNH.HFA.4
6.2.1.22	Thinking about all your ANC visits, did you feel you understood the purpose of any medicines you were given? If yes, would you say this was all the time, most of the time, or only a few times? (select_one)	0. No, never 1. Yes, a few times 2. Yes, most of the time 3. Yes, all of the time 98. Don't Know/Can't Remember	MNH.HFA.4
6.2.1.23	Thinking about all your ANC visits, did you feel you could ask the doctors, nurses or other staff at the facility any questions you had? If yes, would you say this was all the time, most of the time, or only a few times? (select_one)	0. No, never 1. Yes, a few times 2. Yes, most of the time 3. Yes, all of the time 98. Don't Know/Can't Remember	MNH.HFA.4

6.2.1.24	Thinking about all your ANC visits, did the doctors, nurses or other staff at the facility ask you if you had any questions? If yes, would you say this was all the time, most of the time, or only a few times? (select_one)	0. No, never 1. Yes, a few times 2. Yes, most of the time 3. Yes, all of the time 98. Don't Know/Can't Remember	MNH.HFA.4
6.2.1.25	Thinking about all your ANC visits, did you feel the health facility environment, including the washrooms were clean? If yes, would you say this was all the time, most of the time, or only a few times? (select_one)	0. No, never 1. Yes, a few times 2. Yes, most of the time 3. Yes, all of the time 98. Don't Know/Can't Remember	MNH.HFA.4

SECTION 3: ACCESS TO CARE

<p>READ TO CLIENT: Thank you for answering my questions about your antenatal care experience. Now I am going to ask you a few questions about some common problems clients have at health facilities. As I mention each one, please tell me whether any of these were problems for you today, and if so, whether they were major or minor problems for you.</p>			
6.3.1.1	Was the time you waited to see a provider a problem? Note: If YES, PROBE: Would you say this was a major problem or a minor problem? (select_one)	1. Yes, major problem 2. Yes, minor problem 0. No, not a problem 98. Don't know	
6.3.1.2	Were the hours of service at this facility, that is, when the facility opens and closes, a problem? Note: If YES, PROBE: Would you say this was a major problem or a minor problem? (select_one)	1. Yes, major problem 2. Yes, minor problem 0. No, not a problem 98. Don't know	
6.3.1.3	Were the number of days services are available to you at this facility a problem? Note: If YES, PROBE: Would you say this was a major problem or a minor problem? (select_one)	1. Yes, major problem 2. Yes, minor problem 0. No, not a problem 98. Don't know	

<p>6.3.1.4</p>	<p>Was the cost for services or treatments at this facility a problem?</p> <p>Note: If YES, PROBE: Would you say this was a major problem or a minor problem?</p> <p>(select_one)</p>	<p>1. Yes, major problem 2. Yes, minor problem 0. No, not a problem 98. Don't know</p>	
<p>6.3.1.5</p>	<p>Is this the closest health facility to your home?</p> <p>(select_one)</p>	<p>1. Yes 0. No 98. Don't know</p>	<p>If "Yes" or "Don't know," skip to question 6.3.4.1.</p>
<p>6.3.1.6</p>	<p>What was the main reason you did not go to the facility nearest to your home?</p> <p>Note: If client mentions several reasons, probe for the most important, or main reason.</p> <p>(select_one)</p>	<p>1. Inconvenient operation hours 2. Bad reputation 3. Don't like personnel 4. No medicine 5. Prefers to remain anonymous 6. It is more expensive 7. Was referred 8. Service not offered at facility nearest to home 96. Other 98. Don't know</p>	
<p>6.3.1.7</p>	<p>INTERVIEWER: Thank the woman for her time and responses and ask if there is anything else she would like to add.</p> <p>(text)</p>	<p>_____</p>	

Part 2. Labor, Delivery and Postnatal Care

	<p>READ TO CLIENT: Good day! My name is _____. We are here on behalf of the MOMENTUM [AWARD] conducting a survey of health facilities with the goal of finding ways to improve maternal, newborn, and child health services. This facility was selected to participate in the study. I would like to ask you some questions about your experiences here today to better understand how delivery services are provided in this facility. These questions usually take about 10-15 minutes.</p> <p>We are not evaluating the [NURSE/DOCTOR/PROVIDER] or the facility. Information from this interview is confidential and will not be shared with anyone other than members of our survey team. The information acquired during this interview may be used by MOMENTUM [AWARD], other organizations or researchers, for planning service improvements or further studies of services.</p> <p>Neither your name nor the date of service will be provided in any shared data, so your identity and any information about you will remain completely confidential.</p> <p>Please know that the decision to participate in this interview is completely voluntary and that your decision will not affect the services you receive. If at any point you would prefer to end the interview, please feel free to tell me. There is no penalty for refusing to participate; however, we hope you will choose to participate.</p> <p>In case you need more information about the survey, you may contact the in-charge manager of this health facility. Do you have any questions for me at this time?</p>		
6.2.1	<p>Do I have your permission to continue with the interview?</p> <p>(select_one)</p>	<p>1. Yes</p> <p>0. No</p>	<p>If “No,” skip to the end of the interview.</p>
6.2.2	<p>Interviewer’s signature (indicates respondent’s willingness to participate)</p> <p>(signature)</p>	<p>_____</p>	
6.2.3	<p>INTERVIEWER: Record the time the observation started using the 24-hour format.</p> <p>(time)</p>	<p>__ : __</p>	
6.2.4	<p>What is the client’s age?</p> <p>(integer)</p>	<p>_____</p>	
<h3>SECTION 1. INFORMATION ABOUT DELIVERY</h3>			
	<p>READ TO CLIENT: I understand you recently delivered at this facility. I would like to ask you some questions about your experience with labor, delivery and postnatal care at this facility during this time.</p>		

6.2.5	<p>Did you plan to deliver your baby in this facility?</p> <p>(select_one)</p>	<p>1. Yes</p> <p>2. No, had problem during delivery at home</p> <p>3. No, came after a delivery at home</p> <p>96. No, other reason</p>	<p>If “Yes,” skip to 6.2.9</p>
6.2.6	<p>Did you plan to deliver your baby at another health facility?</p> <p>(select_one)</p>	<p>1. Yes</p> <p>0. No</p>	<p>If “Yes,” skip to 6.2.8</p>
6.2.7	<p>What is the main reason you did not plan to deliver at <u>a</u> facility?</p> <p>IF CLIENT MENTIONS SEVERAL REASONS, PROBE FOR THE MOST IMPORTANT, OR MAIN REASON.</p> <p>(select_one)</p>	<p>1. Inconvenient operating hours</p> <p>2. Location (access or transportation)</p> <p>3. Delivering at facility is unnecessary for childbirth</p> <p>4. Bad previous experience at health facilities</p> <p>5. Afraid of being cut</p> <p>6. Lack of privacy at facilities</p> <p>7. Cost</p> <p>8. Lack of supportive attendance at facility</p> <p>9. Others made the decision for me</p> <p>96. Other</p> <p>98. Don’t know</p>	<p>For all response options, skip to 6.2.9</p>
6.2.8	<p>What is the main reason you did not plan to deliver at <u>this</u> facility?</p> <p>IF CLIENT MENTIONS SEVERAL REASONS, PROBE FOR THE MOST IMPORTANT, OR MAIN REASON.</p> <p>(select_one)</p>	<p>1. Inconvenient operating hours</p> <p>2. Location (access or transportation)</p> <p>3. Bad reputation</p> <p>4. Bad previous experience at this facility</p> <p>5. Facility does not have medicine</p> <p>6. Prefers to remain anonymous</p> <p>7. It is more expensive</p> <p>8. Was referred to other facility</p> <p>96. Other</p> <p>98. Don’t know</p>	

6.2.9	What month was your baby born? (integer)	— —	
6.2.10	What day was your baby born? (integer)	— —	
6.2.11	What time was your baby born? RECORD TIME USING 24-HOUR FORMAT. IF WOMAN DOES NOT KNOW THE HOUR AND MINUTE OF BIRTH, PROBE FOR AT LEAST THE HOUR AND NOTE 00 FOR MINUTES. (time)	-- : --	
READ TO CLIENT: Now I am going to ask you some questions about how you were treated during your time at this facility for childbirth.			
6.2.12a	During labor, did you want to have someone outside of facility staff, such as a family member or friend in the room to support you? (select_one)	1. Yes 0. No	If “No,” skip to 6.2.13
6.2.12b	Were you able to have that person with you during labor? (select_one)	1. Yes 0. No	MNH.HFA.15
6.2.13a	During childbirth, did you want to have someone outside of facility staff, such as a family member or friend in the room to support you? (select_one)	1. Yes 0. No	If “No,” skip to 6.2.14
6.2.13b	Were you able to have that person with you during childbirth? (select_one)	1. Yes 0. No	MNH.HFA.15
6.2.14a	After birth, did you want to have someone outside of facility staff, such as a family member or friend in the room to support you? (select_one)	1. Yes 0. No	If “No,” skip to 6.2.15

6.2.14b	Were you able to have that person with you after birth? (select_one)	1. Yes 0. No	MNH.HFA.15
6.2.15a	Was your baby weighed at birth? (select_one)	1. Yes 0. No 98. Don't know	MNH.HFA.17 If yes, continue to 6.2.15b. Otherwise, skip to 6.2.16.
6.2.15b	How much did your baby weigh (in grams)? ENTER 9998 if "don't know" (integer)	__grams	If less than 2000g, continue to 6.2.15c. Otherwise, skip to 6.2.16.
6.2.15c	Did someone place the baby on your chest, against your skin, immediately after delivery of the baby? (select_one)	1. Yes 0. No 98. Don't know	MNH.HFA.21
6.2.16	After your baby was born, were you and your baby separated for more than one hour at any one time? (select_one)	1. Yes 0. No 98. Don't know	
6.2.17	After your baby was born, did your baby receive any other liquids or foods other than breastmilk? (select_one)	1. Yes 0. No 98. Don't know	MNH.HFA.18
6.2.18	Before you were discharged from the facility for this delivery, did any health care provider in this facility talk with you about taking care of yourself and/or your baby? (select_one)	1. Yes 0. No	MNH.HFA.19 If "No," skip to 6.2.20
6.2.19	What topics did the provider talk with you about? READ EACH TOPIC AND RECORD THE CLIENT'S ANSWER.		

6.2.19a	a. Using family planning after the birth of your baby to prevent unwanted pregnancy or to space your next birth (select_one)	1. Yes 0. No	MNH.HFA.19
6.2.19b	b. Exclusive breastfeeding, that is, not giving your baby any fluids or food in addition to breastmilk (select_one)	1. Yes 0. No	MNH.HFA.19
6.2.19c	c. Where to access breastfeeding support in the community (select_one)	1. Yes 0. No	
6.2.19d	d. Signs that the baby has had enough to eat (select_one)	1. Yes 0. No	MNH.HFA.19
6.2.19e	e. Signs that the baby is hungry (select_one)	1. Yes 0. No	MNH.HFA.19
6.2.19f	f. Dangers of using feeding bottles, teats, and pacifiers (select_one)	1. Yes 0. No	MNH.HFA.19
6.2.19g	g. Nutrition, or what is good for you to be eating after having your baby (select_one)	1. Yes 0. No	MNH.HFA.19
6.2.19h	h. The importance of taking iron folic acid tablets after having your baby (select_one)	1. Yes 0. No	MNH.HFA.19
6.2.19i	i. What to do if you feel sad or depressed after giving birth (select_one)	1. Yes 0. No	MNH.HFA.19
6.2.19j	j. Signs and symptoms for mother to check for which you must immediately come back to the facility (select_one)	1. Yes 0. No	MNH.HFA.19

6.2.19k	k. Signs and symptoms to check on the baby for which you must immediately bring the baby back (select_one)	1. Yes 0. No	MNH.HFA.19
6.2.19l	l. Registering the birth of your baby (select_one)	1. Yes 0. No	MNH.HFA.19
6.2.19m	m. The importance of newborn and childhood immunizations (select_one)	1. Yes 0. No	MNH.HFA.19
6.2.19n	n. The importance of stimulation and play for the child’s cognitive development (select_one)	1. Yes 0. No	MNH.HFA.19
6.2.19o	o. When the mother and child should return for follow-up appointments (select_one)	1. Yes 0. No	MNH.HFA.19

SECTION 2. DELIVERY EXPERIENCE OF CARE

READ TO CLIENT: Thank you for answering my questions about your delivery. Now I am going to ask you about specific aspects of your delivery experience. I know some of these are difficult to remember, so it is OK if you don’t remember but do try to tell me what you remember as it will be very useful in checking the quality of labor and delivery care provided in this facility.			
6.2.20	Did the doctors, nurses or other health care providers introduce themselves to you when they first came to see you? (select_one)	0. No, none of them 1. Yes, a few of them 2. Yes, most of them 3. Yes, all of them	MNH.HFA.16 Long Scale (LS)
6.2.21	Did the doctors, nurses or other health care providers call you by your name? (select_one)	0. No, none of them 1. Yes, a few of them 2. Yes, most of them 3. Yes, all of them	MNH.HFA.16 Short Scale (SS)
6.2.22	Did the doctors, nurses or other staff at the facility treat you with respect? (select_one)	0. No, never 1. Yes, a few times 2. Yes, most of the time 3. Yes, all the time	MNH.HFA.16 Short Scale (SS)

6.2.23	<p>Did the doctors, nurses or other staff at the facility treat you in a friendly manner?</p> <p>(select_one)</p>	<p>0. No, never</p> <p>1. Yes, a few times</p> <p>2. Yes, most of the time</p> <p>3. Yes, all the time</p>	<p>MNH.HFA.16 Short Scale (SS)</p>
6.2.24	<p>How did you feel about the amount of time you waited? Would you say that it was very short, just a little long, somewhat long, or very long?</p> <p>(select_one)</p>	<p>0. Very short</p> <p>1. Somewhat short</p> <p>2. Somewhat long</p> <p>3. Very long</p>	<p>MNH.HFA.16 Long Scale (LS)</p> <p>Note: Reverse code to construct experience of care indicator.</p>
6.2.25	<p>Did you feel the doctors, nurses or other health care providers shouted at you, scolded you, insulted, threatened or talked to you rudely?</p> <p>(select_one)</p>	<p>0. No, never</p> <p>1. Yes, once</p> <p>2. Yes, a few times</p> <p>3. Yes, many times</p>	<p>MNH.HFA.16 Long Scale (LS)</p> <p>Note: Reverse code to construct experience of care indicator.</p>
6.2.26	<p>Did you feel like you were treated roughly, for instance, were you pushed, beaten, slapped, pinched, physically restrained, or gagged?</p> <p>(select_one)</p>	<p>0. No, never</p> <p>1. Yes, once</p> <p>2. Yes, a few times</p> <p>3. Yes, many times</p>	<p>MNH.HFA.16 Long Scale (LS)</p> <p>Note: Reverse code to construct experience of care indicator.</p>
6.2.27	<p>Do you feel like your health information was or will be kept confidential in this facility?</p> <p>(select_one)</p>	<p>0. No, never</p> <p>1. Yes, a few times</p> <p>2. Yes, most of the time</p> <p>3. Yes, all the time</p>	<p>MNH.HFA.16 Long Scale (LS)</p>
6.2.28	<p>During examinations in the labor room, were you covered up with a cloth or blanket or screened with a curtain so that you did not feel exposed?</p> <p>(select_one)</p>	<p>0. No, never</p> <p>1. Yes, a few times</p> <p>2. Yes, most of the time</p> <p>3. Yes, all of the time</p> <p>97. Not applicable</p>	<p>MNH.HFA.16 Short Scale (SS)</p>

6.2.29	<p>Did you feel like the doctors, nurses or other staff at the facility involved you in decisions about your care?</p> <p>(select_one)</p>	<p>0. No, never</p> <p>1. Yes, a few times</p> <p>2. Yes, most of the time</p> <p>3. Yes, all of the time</p> <p>97. Not applicable/did not have to make any decisions</p>	<p>MNH.HFA.16 Short Scale (SS)</p>
6.2.30	<p>Did the doctors, nurses or other staff at the facility ask your permission/consent before carrying out procedures and examinations?</p> <p>(select_one)</p>	<p>0. No, never</p> <p>1. Yes, a few times</p> <p>2. Yes, most of the time</p> <p>3. Yes, all the time</p>	<p>MNH.HFA.16 Short Scale (SS)</p>
6.2.31	<p>During the delivery, do you feel like you were you able to be in the position of your choice?</p> <p>(select_one)</p>	<p>0. No, never</p> <p>1. Yes, for a short time</p> <p>2. Yes, most of the time</p> <p>3. Yes, all the time</p>	<p>MNH.HFA.16 Short Scale (SS)</p>
6.2.32	<p>Did the doctors, nurses or other staff at the facility speak to you in a language you could understand?</p> <p>(select_one)</p>	<p>0. No, never</p> <p>1. Yes, for a short time</p> <p>2. Yes, most of the time</p> <p>3. Yes, all the time</p>	<p>MNH.HFA.16 Long Scale (LS)</p>
6.2.33	<p>Did the doctors and nurses explain to you why they were carrying out examinations or procedures?</p> <p>(select_one)</p>	<p>0. No, never</p> <p>1. Yes, for a short time</p> <p>2. Yes, most of the time</p> <p>3. Yes, all the time</p>	<p>MNH.HFA.16 Short Scale (SS)</p>
6.2.34	<p>Did the doctors and nurses explain to you why they were giving you any medicine?</p> <p>(select_one)</p>	<p>0. No, never</p> <p>1. Yes, for a short time</p> <p>2. Yes, most of the time</p> <p>3. Yes, all the time</p>	<p>MNH.HFA.16 Short Scale (SS)</p>
6.2.35	<p>Did you feel you could ask the doctors, nurses or other staff at the facility any questions you had?</p> <p>(select_one)</p>	<p>0. No, never</p> <p>1. Yes, for a short time</p> <p>2. Yes, most of the time</p> <p>3. Yes, all the time</p>	<p>MNH.HFA.16 Short Scale (SS)</p>

6.2.36	<p>Did the doctors and nurses at the facility talk to you about how you were feeling?</p> <p>(select_one)</p>	<p>0. No, never</p> <p>1. Yes, for a short time</p> <p>2. Yes, most of the time</p> <p>3. Yes, all the time</p>	<p>MNH.HFA.16 Short Scale (SS)</p>
6.2.37	<p>Did the doctors, nurses or other staff at the facility support your anxieties and fears?</p> <p>(select_one)</p>	<p>0. No, never</p> <p>1. Yes, for a short time</p> <p>2. Yes, most of the time</p> <p>3. Yes, all the time</p>	<p>MNH.HFA.16 Long Scale (LS)</p>
6.2.38	<p>When you needed help, did you feel the doctors, nurses or other staff at the facility paid attention?</p> <p>(select_one)</p>	<p>0. No, never</p> <p>1. Yes, for a short time</p> <p>2. Yes, most of the time</p> <p>3. Yes, all the time</p>	<p>MNH.HFA.16 Short Scale (SS)</p>
6.2.39	<p>Do you feel the doctors or nurses did everything they could to help control your pain?</p> <p>(select_one)</p>	<p>0. No, never</p> <p>1. Yes, for a short time</p> <p>2. Yes, most of the time</p> <p>3. Yes, all the time</p>	<p>MNH.HFA.16 Long Scale (LS)</p>
6.2.40	<p>Did you feel the doctors, nurses or other staff at the facility took the best care of you?</p> <p>(select_one)</p>	<p>0. No, never</p> <p>1. Yes, a few times</p> <p>2. Yes, most of the time</p> <p>3. Yes, all the time</p>	<p>MNH.HFA.16 Short Scale (SS)</p>
6.2.41	<p>Did you feel you could completely trust the doctors, nurses or other staff at the facility with regard to your care?</p> <p>(select_one)</p>	<p>0. No, never</p> <p>1. Yes, a few times</p> <p>2. Yes, most of the time</p> <p>3. Yes, all the time</p>	<p>MNH.HFA.16 Long Scale (LS)</p>
6.2.42	<p>Did you think there was a sufficient number of health care staff in the facility to care for you?</p> <p>(select_one)</p>	<p>0. No, never</p> <p>1. Yes, a few times</p> <p>2. Yes, most of the time</p> <p>3. Yes, all the time</p>	<p>MNH.HFA.16 Long Scale (LS)</p>
6.2.43	<p>Thinking about the labor and postnatal wards, did you feel the health facility was crowded?</p> <p>(select_one)</p>	<p>0. No, never</p> <p>1. Yes, a few times</p> <p>2. Yes, most of the time</p> <p>3. Yes, all the time</p>	<p>MNH.HFA.16 Long Scale (LS)</p> <p>Note: Reverse code to construct experience of care indicator.</p>

6.2.44	Thinking about the wards, washrooms, and the general environment of the health facility, would you say the facility was very clean, clean, dirty or very dirty? (select_one)	0. Very dirty 1. Dirty 2. Clean 3. Very clean	MNH.HFA.16 Long Scale (LS)
6.2.45	In general, did you feel safe in the health facility? (select_one)	0. No, never 1. Yes, a few times 2. Yes, most of the time 3. Yes, all the time	MNH.HFA.16 Long Scale (LS)
6.2.46	Was there water in the facility? (select_one)	0. No, never 1. Yes, a few times 2. Yes, most of the time 3. Yes, all the time	MNH.HFA.16 Long Scale (LS)
6.2.47	Was there electricity in the facility? (select_one)	0. No, never 1. Yes, a few times 2. Yes, most of the time 3. Yes, all the time	MNH.HFA.16 Long Scale (LS)
6.2.48	After your delivery, did a health worker talk with you about using family planning after the birth of your baby? (select_one)	1. Yes 0. No	FP.HFA.4 If “yes”, continue to 6.2.49. Otherwise, skip to the end of the section.

6.2.49	<p>Which family planning methods did the health worker discuss?</p> <p>DO NOT PROBE – SELECT ALL THAT APPLY.</p> <p>(select_multiple)</p>	<ol style="list-style-type: none"> 1. Female sterilization 2. Male sterilization 3. Contraceptive pill 4. Intrauterine contraceptive devices (IUCDs) 5. Injectable contraceptive 6. Implants 7. Male condoms 8. Female condoms 9. Diaphragm 10. Foam/Jelly 12. Contraceptive patches 13. Vaginal rings 14. Cervical caps 15. Lactational amenorrhea 16. Standard days method 96. Other 	<p>FP.HFA.4</p> <p>If “other”, continue to 6.2.50. Otherwise, skip to the end of the section.</p>
6.2.50	<p>SPECIFY “OTHER” family planning methods discussed.</p>		
6.2.51			
6.2.51	<p>INTERVIEWER: Thank the woman for her time and responses and ask if there is anything else she would like to add.</p> <p>(text)</p>	<p>_____</p>	

Part 3. Child Health

	<p>READ TO CLIENT: Good day! My name is _____. We are here on behalf of MOMENTUM [AWARD] conducting a survey of health facilities with the goal of finding ways to improve maternal, newborn, and child health services. This facility was selected to participate in the study. I would like to ask you some questions about your experiences here today to better understand how child health services are provided in this facility. These questions usually take about 10-15 minutes.</p> <p>We are not evaluating the [NURSE/DOCTOR/PROVIDER] or the facility. Information from this interview is confidential and will not be shared with anyone other than members of our survey team. The information acquired during this interview may be used by MOMENTUM [AWARD], other organizations or researchers for planning service improvements or further studies of services. Neither your name nor the date of service will be provided in any shared data, so your identity and any information about you will remain completely confidential.</p> <p>Please know that the decision to participate in this interview is completely voluntary and that your decision will not affect the services you receive. If at any point you would prefer to end the interview, please feel free to tell me. There is no penalty for refusing to participate; however, we hope you will choose to participate.</p> <p>In case you need more information about the survey, you may contact the in-charge manager of this health facility. Do you have any questions for me at this time?</p>		
6.3.0	<p>a. Do I have your permission to continue with the interview?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	<p>If “No,” skip to the end of this section.</p>
	<p>b. Interviewer’s signature (indicates respondent’s willingness to participate)</p> <p>(signature)</p>	<p>_____</p>	
	<p>c. INTERVIEWER: Record the time the interview started using the 24 hour format.</p> <p>(time)</p>	<p>__ : __</p>	
<h3>SECTION 1: INFORMATION ABOUT SICK CHILD</h3>			
6.3.1.1	<p>What is the name of the sick child?</p> <p>(text)</p>	<p>_____</p>	

6.3.1.2	<p>What time did you arrive at the facility?</p> <p>RECORD THE TIME IN HOURS AND MINUTES. IF THEY DON'T KNOW THE EXACT TIME, ASK THEM TO APPROXIMATE. IF THEY CAN'T GIVE AN APPROXIMATE TIME, ENTER 9998.</p> <p>(time)</p>	--:--	
6.3.1.3	<p>What time did you see the provider?</p> <p>RECORD THE TIME IN HOURS AND MINUTES. IF THEY DON'T KNOW THE EXACT TIME, ASK THEM TO APPROXIMATE. IF THEY CAN'T GIVE AN APPROXIMATE TIME, ENTER 9998.</p> <p>(integer)</p>	--:--	
6.3.1.4	<p>In what year was the child born?</p> <p>If the respondent does not know, enter 9998.</p> <p>(integer)</p>	-----	
6.3.1.4	<p>In what month was the child born?</p> <p>If the respondent does not know, enter 98.</p> <p>(integer)</p>	---	
SUBSECTION I: PREVIOUS VISITS FOR CURRENT ILLNESS			
6.3.1.1.1	<p>Has the child been brought to see a health provider, community worker or traditional healer before this same illness?</p> <p>Note: If YES, ask: Whom did you see and where?</p> <p>(select_one)</p>	<ol style="list-style-type: none"> 1. Yes, this facility 2. Yes, different facility 3. Yes, community worker 4. Yes, traditional healer 0. Saw no one 	<p>If “Yes, different facility,” continue to 6.3.1.1.2. If “Yes, this facility,” skip to question 6.3.1.1.3. Otherwise, skip to question 6.3.1.2.1.</p>
6.3.1.1.2	<p>Was the child referred to this facility from the other provider at the different facility?</p> <p>(select_one)</p>	<ol style="list-style-type: none"> 1. Yes 0. No 98. Don't know 	
6.3.1.1.3	<p>When did you bring the child to this facility for this same illness?</p> <p>(select_one)</p>	<ol style="list-style-type: none"> 1. Within the past week 2. Within the past 2-4 weeks 3. More than 4 weeks ago 98. Don't know 	
SUBSECTION II: INFORMATION PROVIDED TO CARETAKER			

6.3.1.2.1	<p>Did the provider you saw today tell you what illness the child has?</p> <p>(select_one)</p>	<p>1. Yes 0. No 98. Don't know</p>	CH.HFA.9
6.3.1.2.2	<p>What would you do if the child does not get completely better or becomes worse?</p> <p>(select_one)</p>	<p>1. Return to facility 2. Go to other facility 3. Go to other health worker or pharmacy 4. Go to traditional healer 0. Nothing, just wait 98. Don't know</p>	CH.HFA.10
6.3.1.2.3	<p>Did the provider tell you about any signs or symptoms you may see for which you must immediately bring the child back to a health facility?</p> <p>SELECT ALL THAT APPLY</p> <p>Note: IF YES, ASK: Can you tell me what these are?</p> <p>If necessary, PROBE: Were there any serious symptoms or danger signs for which you were told to bring the child back immediately?</p> <p>(select_multiple)</p>	<p>1. Fever 2. Breathing problems 3. Becomes sicker 4. Blood in stool 5. Vomiting 6. Poor/not eating 7. Poor/not drinking 8. Convulsion 96. Other (specify) 0. No, none 98. Don't know</p>	CH.HFA.10
SUBSECTION III: TREATMENT AND CARETAKER COMFORT LEVEL			
6.3.1.3.1	<p>Did the provider give or prescribe any medicines for the child to take at home?</p> <p>(select_one)</p>	<p>1. Yes, gave meds 2. Yes, gave prescription 3. Gave meds and prescription 0. No</p>	If "No," skip to question 6.3.1.3.6.
6.3.1.3.2	<p>May I see all medications that the child received and any prescriptions that have not yet been filled?</p> <p>Note: Circle the response describing the medications and prescriptions you see.</p> <p>(select_one)</p>	<p>1. Has all medications 2. Has some meds, some unfilled 3. No medication seen, has prescriptions only</p>	

<p>6.3.1.3.3</p>	<p>Indicate whether the child has received or was prescribed any of these medications.</p> <p>SELECT ALL THAT APPLY.</p> <p>COUNTRIES TO ADAPT - FIRST LINE MALARIA TREATMENT WILL BE ADAPTED FOR EACH COUNTRY USING LOCAL BRAND NAME FOR ACT.</p> <p>(select_multiple)</p>	<p>Antimalarial medicine</p> <ol style="list-style-type: none"> 1. Artemisinin combination therapy (ACT) 2. SP/Fansidar 3. Chloroquine 4. Amodiaquine 5. Quinine pills 6. Quinine injection/IV 7. Artesunate (rectal) 8. Artesunate (injection/IV) 9. Other (specify which antimalarial) <p>Antibiotic Drugs</p> <ol style="list-style-type: none"> 10. Pill/syrup 11. Injection/IV <p>Other Drugs</p> <ol style="list-style-type: none"> 12. Aspirin 13. Acetaminophen 14. Ibuprofen 15. ORS 16. Zinc 96. Other (specify) 98. Don't know 	
<p>6.3.1.3.4a</p>	<p>Do you know the reason that the provider gave this treatment for the child?</p> <p>(select_one)</p>	<ol style="list-style-type: none"> 1. Yes 0. No 98. Don't know 	<p>CH.HFA.9</p>
<p>6.3.1.3.4b</p>	<p>Do you know how to give the medication (how much to give and how many days to give it)?</p>	<ol style="list-style-type: none"> 1. Yes 0. No 98. Don't know 	<p>CH.HFA.9</p>

6.3.1.3.5	<p>Do you feel comfortable that you know how much of each medication to give the child each day and for how many days to give it?</p> <p>Note: If “No” or “Don’t know,” send the client back to provider at the end of the interview.</p> <p>(select_one)</p>	<p>1. Yes</p> <p>0. No</p> <p>98. Don’t know</p>	CH.HFA.9
6.3.1.3.6	<p>What did the provider tell you about feeding solid foods to the child during this illness?</p> <p>(select_one)</p>	<p>1. Give less than usual</p> <p>2. Give same as usual</p> <p>3. Give more than usual</p> <p>4. Give nothing/don’t feed</p> <p>5. Didn’t discuss</p> <p>98. Not certain/can’t remember</p>	CH.HFA.10
6.3.1.3.7	<p>What did the provider tell you about giving fluids (or breast milk, if the child is breastfed) to the child during this illness?</p> <p>(select_one)</p>	<p>1. Give less than usual</p> <p>2. Give same as usual</p> <p>3. Give more than usual</p> <p>4. Give nothing/don’t feed</p> <p>5. Didn’t discuss</p> <p>98. Not certain/can’t remember</p>	CH.HFA.10
SUBSECTION IV: OUTCOME			
6.3.1.4.6	<p>What was the outcome of this consultation?</p> <p>Note: Read each outcome option and select answer for each.</p>		
	<p>a. Treated and sent home</p> <p>(select_one)</p>	<p>1. Yes</p> <p>0. No</p>	
	<p>b. Child referred to provider, same facility</p> <p>(select_one)</p>	<p>1. Yes</p> <p>0. No</p>	
	<p>c. Child admitted, same facility</p> <p>(select_one)</p>	<p>1. Yes</p> <p>0. No</p>	
	<p>d. Child sent to lab for testing</p> <p>(select_one)</p>	<p>1. Yes</p> <p>0. No</p>	

	e. Child referred to other facility (select_one)	1. Yes 0. No	
SECTION 2: SICK CHILD EXPERIENCE OF CARE			
	READ TO CLIENT: Thank you for answering my questions about the care the child received today. Now I am going to ask you about specific services that your child received in this visit to the health facility today. I know some of these are difficult to remember, so it is OK if you don't remember, but do try to tell me what you remember as it will be very useful in checking the quality of sick child care provided in the facilities around here.		
6.3.2.1	a. Thinking about your visit with the child today, did you feel the doctors, nurses or other staff treated you with respect? Note: If YES, ASK: Would you say you were treated with respect all the time, most of the time, or a few times? (select_one)	1. Yes, all the time 2. Yes, most of the time 3. Yes, a few times 0. No, never 98. Don't know/Can't remember	
	b. Thinking about your visit with the child today, did you feel the doctors, nurses or other staff treated the child with respect? Note: If YES, ASK: Would you say the child was treated with respect all the time, most of the time, or a few times? (select_one)	1. Yes, all the time 2. Yes, most of the time 3. Yes, a few times 0. No, never 98. Don't know/Can't remember	
6.3.2.2	Thinking about your visit with the child today, did you feel the doctors, nurses or other staff treated you and the child in a friendly manner? Note: If YES, ASK: Would you say you were treated in a friendly manner all the time, most of the time, or a few times? (select_one)	1. Yes, all the time 2. Yes, most of the time 3. Yes, a few times 0. No, never 98. Don't know/Can't remember	

<p>6.3.2.3</p>	<p>Thinking about your visit with the child today, did you feel you could discuss your problems with the doctors, nurses, or other providers, without others not involved in your care overhearing your conversations?</p> <p>Note: If YES, ASK: Would you say this was the case all the time, most of the time, or a few times?</p> <p>(select_one)</p>	<p>1. Yes, all the time 2. Yes, most of the time 3. Yes, a few times 0. No, never 98. Don't know/Can't remember</p>	
<p>6.3.2.4</p>	<p>Thinking about your visit with the child today, did you feel that during your consultation, no other clients or patients in the facility could see you?</p> <p>Note: If YES, ASK: Would you say this was the case all the time, most of the time, or a few times?</p> <p>(select_one)</p>	<p>1. Yes, all the time 2. Yes, most of the time 3. Yes, a few times 0. No, never 98. Don't know/Can't remember</p>	
<p>6.3.2.5</p>	<p>Thinking about your visit with the child today, would you say you were treated poorly because of any personal attribute, like your age, marital status, language, number of children, your education, wealth, or something like that?</p> <p>Note: If YES, ASK: Would you say this was the case all the time, most of the time, or a few times?</p> <p>(select_one)</p>	<p>1. Yes, all the time 2. Yes, most of the time 3. Yes, a few times 0. No, never 98. Don't know/Can't remember</p>	
<p>6.3.2.6</p>	<p>Thinking about your visit with the child today, did you feel you understood the purpose of any tests you were asked to do?</p> <p>Note: If YES, ASK: Would you say this was the case all the time, most of the time, or a few times?</p> <p>If the client didn't have any tests, select "Not applicable."</p> <p>(select_one)</p>	<p>1. Yes, all the time 2. Yes, most of the time 3. Yes, a few times 0. No, never 98. Don't know/Can't remember 97. Not applicable</p>	

<p>6.3.2.7</p>	<p>Thinking about your visit with the child today, did you feel you understood the purpose of any medicines you were given?</p> <p>Note: If YES, ASK: Would you say this was the case all the time, most of the time, or a few times?</p> <p>If the client weren't given any medicines, select "Not applicable."</p> <p>(select_one)</p>	<p>1. Yes, all the time 2. Yes, most of the time 3. Yes, a few times 0. No, never 98. Don't know/Can't remember 97. Not applicable</p>	<p>CH.HFA.9</p>
<p>6.3.2.8</p>	<p>Thinking about your visit with the child today, did you feel you could ask the doctors, nurses, or other staff at the facility any question you had?</p> <p>Note: If YES, ASK: Would you say this was the case all the time, most of the time, or a few times?</p> <p>(select_one)</p>	<p>1. Yes, all the time 2. Yes, most of the time 3. Yes, a few times 0. No, never 98. Don't know/Can't remember</p>	
<p>6.3.2.9</p>	<p>Thinking about your visit with the child today, did you feel the health facility environment, including the washrooms were clean?</p> <p>Note: If YES, ASK: Would you say this was the case all the time, most of the time, or a few times?</p> <p>(select_one)</p>	<p>1. Yes, all the time 2. Yes, most of the time 3. Yes, a few times 0. No, never 98. Don't know/Can't remember</p>	
<p>6.3.2.10</p>	<p>Thinking about your visit with the child today, did the doctors, nurses, or other health care providers involve you in decisions about the child's care?</p> <p>Note: If YES, ASK: Would you say this was the case all the time, most of the time, or a few times?</p> <p>If the client says they didn't make any decisions, select "Not applicable."</p> <p>(select_one)</p>	<p>1. Yes, all the time 2. Yes, most of the time 3. Yes, a few times 0. No, never 98. Don't know/Can't remember 97. Not applicable</p>	

<p>6.3.2.11</p>	<p>Thinking about your visit with the child today, did you feel you were able to discuss any problems or concerns you had with the health staff?</p> <p>Note: If YES, ASK: Would you say this was the case all the time, most of the time, or a few times?</p> <p>(select_one)</p>	<p>1. Yes, all the time 2. Yes, most of the time 3. Yes, a few times 0. No, never 98. Don't know/Can't remember</p>	
<p>6.3.2.12</p>	<p>Thinking about your visit with the child today, did you feel your concerns were taken seriously by the health staff?</p> <p>Note: If YES, ASK: Would you say this was the case all the time, most of the time, or a few times?</p> <p>(select_one)</p>	<p>1. Yes, all the time 2. Yes, most of the time 3. Yes, a few times 0. No, never 98. Don't know/Can't remember</p>	
<p>6.3.2.13</p>	<p>a. Thinking about your visit with the child today, did you feel like you were treated roughly, for instance, were you pushed, beaten, slapped, pinched, physically restrained or gagged, or physically mistreated in any other way?</p> <p>Note: If YES, ASK: Would you say this was the case all the time, most of the time, or a few times?</p> <p>(select_one)</p>	<p>1. Yes, all the time 2. Yes, most of the time 3. Yes, a few times 0. No, never 98. Don't know/Can't remember</p>	<p>CH.HFA.8</p>
	<p>b. Thinking about your visit with the child today, did you feel like the child was treated roughly, for instance, was s/he pushed, beaten, slapped, pinched, physically restrained or gagged, or physically mistreated in any other way?</p> <p>Note: If YES, ASK: Would you say this was the case all the time, most of the time, or a few times?</p> <p>(select_one)</p>	<p>1. Yes, all the time 2. Yes, most of the time 3. Yes, a few times 0. No, never 98. Don't know/Can't remember</p>	<p>CH.HFA.8</p>

<p>6.3.2.14</p>	<p>Thinking about your visit with the child today, did you feel the doctors, nurses, or other health care providers shouted at you, scolded you, insulted, threatened or talked to you rudely?</p> <p>Note: If YES, ASK: Would you say this was the case all the time, most of the time, or a few times?</p> <p>(select_one)</p>	<p>1. Yes, all the time 2. Yes, most of the time 3. Yes, a few times 0. No, never 98. Don't know/Can't remember</p>	<p>CH.HFA.8</p>
------------------------	---	---	------------------------

SECTION 3: ACCESS TO CARE

	<p>READ TO CLIENT: Thank you for answering my questions about your child's health care experience. Now I am going to ask you a few questions about some common problems clients have at health facilities. As I mention each one, please tell me whether any of these were problems for you today, and if so, whether they were major or minor problems for you.</p>		
<p>6.3.3.1</p>	<p>Was the time you waited to see a provider a problem?</p> <p>Note: If YES, PROBE: Would you say this was a major problem or a minor problem?</p> <p>(select_one)</p>	<p>1. Yes, major problem 2. Yes, minor problem 0. No, not a problem 98. Don't know</p>	
<p>6.3.3.2</p>	<p>Were the hours of service at this facility, that is, when the facility opens and closes, a problem?</p> <p>Note: If YES, PROBE: Would you say this was a major problem or a minor problem?</p> <p>(select_one)</p>	<p>1. Yes, major problem 2. Yes, minor problem 0. No, not a problem 98. Don't know</p>	
<p>6.3.3.3</p>	<p>Were the number of days services are available to you at this facility a problem?</p> <p>Note: If YES, PROBE: Would you say this was a major problem or a minor problem?</p> <p>(select_one)</p>	<p>1. Yes, major problem 2. Yes, minor problem 0. No, not a problem 98. Don't know</p>	
<p>6.3.3.4</p>	<p>Was the cost for services or treatments at this facility a problem?</p> <p>Note: If YES, PROBE: Would you say this was a major problem or a minor problem?</p> <p>(select_one)</p>	<p>1. Yes, major problem 2. Yes, minor problem 0. No, not a problem 98. Don't know</p>	

6.3.3.5	Is this the closest health facility to your home? (select_one)	1. Yes 0. No 98. Don't know	If "Yes" or "Don't know," skip to question 6.3.4.1.
6.3.3.6	What was the main reason you did not go to the facility nearest to your home? <i>Note: If client mentions several reasons, probe for the most important, or main reason.</i> (select_one)	1. Inconvenient operating hours 2. Bad reputation 3. Don't like personnel 4. No medicine 5. Prefers to remain anonymous 6. It is more expensive 7. Was referred 8. Service not offered at facility nearest to home 96. Other 98. Don't know	

SECTION 4: SICK CHILD CLIENT PERSONAL CHARACTERISTICS

	Thank you for answering my questions about your experience at this facility. My final questions are about yourself.		
6.3.4.1	How old were you at your last birthday? <i>RECORD AGE IN YEARS. IF THE RESPONDENT DOESN'T KNOW HIS/HER AGE, ENTER 98.</i> (integer)	— —	
6.3.4.2	Have you ever attended school? (select_one)	1. Yes 0. No	If "No," skip to question 6.3.4.4.
6.3.4.3	What is the highest level of school you attended: Primary, Secondary, or Higher? [COUNTRIES TO ADAPT] (select_one)	1. Primary 2. Secondary 3. Higher	
6.3.4.4	Are you currently married or living together with a man/woman as if married? (select_one)	1. Yes, currently married 2. Yes, living with a man/woman 0. No, not in union	

6.3.4.5	Record the time the observation ended using the 24-hour format. (time)	__ : __	
READ TO CLIENT: Thank you very much for taking the time to answer my questions. Once again, any information you have given will be kept completely confidential. Have a good day!			

Part 4. Family Planning

<p>READ TO CLIENT: Good day! My name is _____. We are here on behalf of MOMENTUM [AWARD] conducting a survey of health facilities with the goal of finding ways to improve maternal, newborn, and child health services. This facility was selected to participate in the study. I would like to ask you some questions about your experiences here today to better understand how family planning services are provided in this facility. These questions usually take about 10-15 minutes.</p> <p>We are not evaluating the [NURSE/DOCTOR/PROVIDER] or the facility. Information from this interview is confidential and will not be shared with anyone other than members of our survey team. The information acquired during this interview may be used by MOMENTUM [AWARD], other organizations or researchers for planning service improvements or further studies of services. Neither your name nor the date of service will be provided in any shared data, so your identity and any information about you will remain completely confidential.</p> <p>Please know that the decision to participate in this interview is completely voluntary and that your decision will not affect the services you receive. If at any point you would prefer to end the interview, please feel free to tell me. There is no penalty for refusing to participate, however, we hope you will choose to participate.</p> <p>In case you need more information about the survey, you may contact the in-charge manager of this health facility. Do you have any questions for me at this time?</p>			
6.4.0	a. Do I have your permission to continue with the interview? (select_one)	1. Yes 0. No	If “No,” skip to the end of the interview.
b. Interviewer’s signature (indicates respondent’s willingness to participate) (signature)		_____	
c. Interviewer: Record the time the observation started using the 24 hour format. (time)		__ : __	

SECTION 1: INFORMATION ABOUT FAMILY PLANNING VISIT

<p>6.4.1.1</p>	<p>What time did you arrive at the facility?</p> <p>RECORD THE TIME IN HOURS AND MINUTES. IF THEY DON'T KNOW THE EXACT TIME, ASK THEM TO APPROXIMATE. IF THEY CAN'T GIVE AN APPROXIMATE TIME, ENTER 9998.</p> <p>(time)</p>	<p>__ : __</p>	
<p>6.4.1.2</p>	<p>What time did you see the provider?</p> <p>RECORD THE TIME IN HOURS AND MINUTES. IF THEY DON'T KNOW THE EXACT TIME, ASK THEM TO APPROXIMATE. IF THEY CAN'T GIVE AN APPROXIMATE TIME, ENTER 9998.</p> <p>(time)</p>	<p>__ : __</p>	
<p>6.4.1.3</p>	<p>Before coming to this facility today, were you taking any steps or using any methods to prevent a pregnancy?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	<p>If "No," skip to question 6.4.9</p>

6.4.1.4	<p>What methods were you (last) using?</p> <p>PROBE.</p> <p>(select_multiple)</p>	<ol style="list-style-type: none"> 1. Combined oral pill 2. Progestin-only oral pill 3. Oral pill (type unspecified) 4. Combined injectable (monthly) 5. Progestin-only injection (2 to 3-monthly) intramuscular (DMPA-IM) 6. Progestin-only injection (2 to 3-monthly) subcutaneous (DMPA-SC) 7. Male condom 8. Female condom 9. IUD 10. Implant 11. Emergency contraceptive pill 12. Fertility awareness methods (e.g., standard days method (SDM)) 13. Male sterilization (vasectomy) 14. Female sterilization (tubal ligation) 15. Lactational amenorrhea 16. Spermicide 17. Diaphragm 96. Other (specify) 	
6.4.1.5	<p>Have you been having (did you have) any problems with the method(s)?</p> <p>(select_one)</p>	<ol style="list-style-type: none"> 1. Yes 0. No 	
6.4.1.6	<p>What was the outcome of this visit –did you decide to continue (restart) the same method or to switch methods?</p> <p>(select_one)</p>	<ol style="list-style-type: none"> 1. Continue with or restart same method 2. Switch method 3. Stop using method (due to problems) 4. Stop using method (elective-no problems) 	<p>If “Stop using method (elective-no problems),” skip to Section 2.</p>
6.4.1.7	<p>Had you thought about switching methods before you came here today?</p> <p>(select_one)</p>	<ol style="list-style-type: none"> 1. Yes 0. No 	<p>If “No,” skip to question 6.4.12.</p>

6.4.1.8	<p>Had you thought about what FP method you wanted to switch to before you came here today?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	<p>If “Yes,” skip to question 6.4.11. If “No,” skip to question 6.4.12.</p>
6.4.1.9	<p>Had you thought about starting to use a method of FP before you came here today?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	<p>If “No,” skip to question 6.4.12.</p>
6.4.1.10	<p>Had you thought about what FP method you wanted to use before you came here today?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	<p>If “No,” skip to question 6.4.12.</p>
6.4.1.11	<p>What method or methods were you thinking about?</p> <p>IF WOMAN MENTIONS MULTIPLE METHODS, SELECT ALL THAT APPLY.</p> <p>(select_multiple)</p>	<p>1. Combined oral pill 2. Progestin-only oral pill 3. Oral pill (type unspecified) 4. Combined injectable (monthly) 5. Progestin-only injection (2 to 3-monthly) intramuscular (DMPA-IM) 6. Progestin-only injection (2 to 3-monthly) subcutaneous (DMPA-SC) 7. Male condom 8. Female condom 9. IUD 10. Implant 11. Emergency contraceptive pill 12. Fertility awareness methods (e.g., standard days method (SDM)) 13. Male sterilization (vasectomy) 14. Female sterilization (tubal ligation) 15. Lactational amenorrhea 16. Spermicide 17. Diaphragm 96. Other (specify)</p>	

<p>6.4.1.12</p>	<p>What FP method did you either receive or get a prescription or referral for?</p> <p>SELECT ALL THE METHODS FOR WHICH THE CLIENT HAS A PRESCRIPTION OR A REFERRAL, OR HAS RECEIVED IN THE FACILITY.</p> <p>IF THE CLIENT IS CONTINUING WITH A PRIOR METHOD AND DID NOT RECEIVE ANY METHOD, PRESCRIPTION OR REFERRAL DURING THIS VISIT, CIRCLE 18.</p> <p>CHECK PACKET OR PRESCRIPTION TO CONFIRM TYPE OF PILL OR INJECTION.</p> <p>(select_multiple)</p>	<ol style="list-style-type: none"> 1. Combined oral pill 2. Progestin-only oral pill 3. Oral pill (type unspecified) 4. Combined injectable (monthly) 5. Progestin-only injection (2 to 3-monthly) intramuscular (DMPA-IM) 6. Progestin-only injection (2 to 3-monthly) subcutaneous (DMPA-SC) 7. Male condom 8. Female condom 9. IUD 10. Implant 11. Emergency contraceptive pill 12. Fertility awareness methods (e.g., standard days method (SDM)) 13. Male sterilization (vasectomy) 14. Female sterilization (tubal ligation) 15. Lactational amenorrhea 16. Spermicide 17. Diaphragm 18. Continuing with method in Q6.4.1.4 96. Other (specify) 0. No method 	<p>FP.HFA.5</p> <p>If “Continuing with method in Q6.4.1.4” (18) and “No method” (0), skip to Section 2. Otherwise, continue to 6.4.1.13.</p>
<p>6.4.1.13</p>	<p>Did you get a prescription for [method selected] or did you receive the [method selected] in the facility?</p> <p>(select_one)</p>	<ol style="list-style-type: none"> 1. Prescribed 2. Received in facility 	<p>Repeat this question for every family planning method selected in 6.4.12.</p>
<p>SECTION 2: FAMILY PLANNING EXPERIENCE OF CARE</p>			
	<p>READ TO CLIENT: Thank you for answering my questions about your family planning consultation. Now I am going to ask you about specific services that you received in your family planning visit today. I know some of these are difficult to remember, so it is ok if you don't remember, but do try to tell me what you remember as it will be very useful in checking the quality of family planning provided in the facilities around here.</p>		
	<p>During your consultation today, did the provider:</p>		

6.4.2.1	Ask about whether you would like to have a/another child? (select_one)	1. Yes 0. No 98. Don't know	
6.4.2.2	Ask about when you would like to have a/another child? (select_one)	1. Yes 0. No 98. Don't know	
6.4.2.3	Ask about your previous experience using FP? (select_one)	1. Yes 0. No 98. Don't know	
6.4.2.4	Ask about your FP method preference? (select_one)	1. Yes 0. No 98. Don't know	
6.4.2.4b	Talk to you about other types of FP methods? (select_one)	1. Yes 0. No 98. Don't know	FP.HFA.6
6.4.2.5	Talk about possible side effects or problems with the method you selected? (select_one)	1. Yes 0. No 98. Don't know	FP.HFA.6
6.4.2.6	Tell you what to do if you experience any side effects or problems with the method you selected? (select_one)	1. Yes 0. No 98. Don't know	FP.HFA.6
6.4.2.7	Talk about warning signs associated with the method you selected? (select_one)	1. Yes 0. No 98. Don't know	
6.4.2.8	Talk about the possibility of switching to another method if the method you selected was not suitable? (select_one)	1. Yes 0. No 98. Don't know	FP.HFA.6

<p>6.4.2.9</p>	<p>Did you feel that during your consultation, no other clients or patients at the facility could see you?</p> <p>IF YES, PROBE: Would you say all the time, most of the time, or a few times?</p> <p>(select_one)</p>	<p>1. Yes, all of the time 2. Yes, most of the time 3. Yes, a few times 4. No, never 98. Don't know/Can't remember</p>	
<p>6.4.2.10</p>	<p>Did you feel you could discuss your problems with the doctors, nurses or other providers, without others not involved in your care overhearing your conversations?</p> <p>IF YES, PROBE: Would you say all the time, most of the time, or a few times?</p> <p>(select_one)</p>	<p>1. Yes, all of the time 2. Yes, most of the time 3. Yes, a few times 4. No, never 98. Don't know/Can't remember</p>	
<p>6.4.2.11</p>	<p>Did the doctors, nurses or other staff treat you with respect?</p> <p>IF YES, PROBE: Would you say all the time, most of the time, or a few times?</p> <p>(select_one)</p>	<p>1. Yes, all of the time 2. Yes, most of the time 3. Yes, a few times 4. No, never 98. Don't know/Can't remember</p>	
<p>6.4.2.12</p>	<p>Did the doctors, nurses or other staff treat you in a friendly manner?</p> <p>IF YES, PROBE: Would you say all the time, most of the time, or a few times?</p> <p>(select_one)</p>	<p>1. Yes, all of the time 2. Yes, most of the time 3. Yes, a few times 4. No, never 98. Don't know/Can't remember</p>	
<p>6.4.2.13</p>	<p>Did you feel the health facility environment, including the washrooms were clean?</p> <p>IF YES, PROBE: Would you say all the time, most of the time, or a few times?</p> <p>(select_one)</p>	<p>1. Yes, all of the time 2. Yes, most of the time 3. Yes, a few times 4. No, never 98. Don't know/Can't remember</p>	
<p>6.4.2.14</p>	<p>Did you feel you could ask the doctors, nurses or other staff at the facility any questions you had?</p> <p>IF YES, PROBE: Would you say all the time, most of the time, or a few times?</p> <p>(select_one)</p>	<p>1. Yes, all of the time 2. Yes, most of the time 3. Yes, a few times 4. No, never 98. Don't know/Can't remember</p>	

6.4.2.15	<p>Did you feel like the doctors, nurses or other staff at the facility involved you in decisions about your care?</p> <p>IF YES, PROBE: Would you say all the time, most of the time, or a few times?</p> <p>IF CLIENT SAYS THEY DID NOT MAKE ANY DECISIONS, SELECT “NOT APPLICABLE.”</p> <p>(select_one)</p>	<p>1. Yes, all of the time</p> <p>2. Yes, most of the time</p> <p>3. Yes, a few times</p> <p>0. No, never</p> <p>97. Not applicable</p> <p>98. Don't know/Can't remember</p>	
6.4.2.16	<p>Did you feel that you received all of the information you wanted to know about your options for contraceptive methods?</p> <p>IF YES, PROBE: Would you say all the time, most of the time, or a few times?</p> <p>(select_one)</p>	<p>1. Yes, all of the time</p> <p>2. Yes, most of the time</p> <p>3. Yes, a few times</p> <p>4. No, never</p> <p>98. Don't know/Can't remember</p>	
6.4.2.17	<p>During your consultation today, did the provider strongly recommend one method over others?</p> <p>IF YES, PROBE: Would you say all the time, most of the time, or a few times?</p> <p>(select_one)</p>	<p>1. Yes, all of the time</p> <p>2. Yes, most of the time</p> <p>3. Yes, a few times</p> <p>4. No, never</p> <p>98. Don't know/Can't remember</p>	

SECTION 3: ACCESS TO CARE

<p>READ TO CLIENT: Thank you for answering my questions about your family planning visit. Now I am going to ask you a few questions about some common problems clients have at health facilities. As I mention each one, please tell me whether any of these were problems for you today, and if so, whether they were major or minor problems for you.</p>			
6.4.3.1	<p>Was the time you waited to see a provider a problem?</p> <p>IF YES, PROBE: Would you say this was a major problem or a minor problem?</p> <p>(select_one)</p>	<p>1. Yes, major problem</p> <p>2. Yes, minor problem</p> <p>3. No, not a problem</p> <p>98. Don't know</p>	
6.4.3.2	<p>Were the hours of service at this facility, that is, when the facility opens and closes, a problem?</p> <p>IF YES, PROBE: Would you say this was a major problem or a minor problem?</p> <p>(select_one)</p>	<p>1. Yes, major problem</p> <p>2. Yes, minor problem</p> <p>3. No, not a problem</p> <p>98. Don't know</p>	

6.4.3.3	<p>Were the number of days services are available to you at this facility a problem?</p> <p>IF YES, PROBE: Would you say this was a major problem or a minor problem?</p> <p>(select_one)</p>	<p>1. Yes, major problem 2. Yes, minor problem 3. No, not a problem 98. Don't know</p>	
6.4.3.4	<p>Was the cost for services or treatments at this facility a problem?</p> <p>IF YES, PROBE: Would you say this was a major problem or a minor problem?</p> <p>(select_one)</p>	<p>1. Yes, major problem 2. Yes, minor problem 3. No, not a problem 98. Don't know</p>	
6.4.3.5	<p>Is this the closest health facility to your home?</p> <p>(select_one)</p>	<p>1. Yes 2. No 98. Don't know</p>	<p>If "Yes" or "Don't know," skip to section 6.4.4.1.</p>
6.4.3.6	<p>What was the main reason you did not go to the facility nearest your home?</p> <p>IF CLIENT MENTIONS SEVERAL REASONS, PROBE FOR THE MOST IMPORTANT, OR MAIN REASON.</p> <p>(select_one)</p>	<p>1. Inconvenient operating hours 2. Bad reputation 3. Don't like personnel 4. No medicine 5. Prefers to remain anonymous 6. It is more expensive 7. Was referred 8. Service not offered at facility nearest to home 96. Other 98. Don't know</p>	

SECTION 4: FAMILY PLANNING CLIENT CHARACTERISTICS

	<p>READ TO CLIENT: Thank you for answering my questions about your experience at this facility. My final questions are about yourself.</p>		
6.4.4.1	<p>How old were you at your last birthday?</p> <p>RECORD AGE IN YEARS. IF THE RESPONDENT DOESN'T KNOW HIS/HER AGE, ENTER 98.</p> <p>(integer)</p>	<p>__ __</p>	

6.4.4.2	Have you ever attended school? (select_one)	1. Yes 0. No	If “No,” skip to question 6.4.4.4.
6.4.4.3	What is the highest level of school you attended: Primary, Secondary or Higher? [COUNTRIES TO ADAPT] (select_one)	1. Primary 2. Secondary 3. Higher	
6.4.4.4	How many times have you been pregnant? IF NONE, ENTER 00. (integer)	__ __	
6.4.4.5	Are you currently married or living together with a man as if married? (select_one)	1. Yes, currently married 2. Yes, living with a man 0. No, not in union	
6.4.4.6	Record the time the interview ended (time)	__ : __	
READ TO CLIENT: Thank you very much for taking the time to answer my questions. Once again, any information you have given will be kept completely confidential. Have a good day!			

MODULE 7: AVAILABILITY OF REGISTER AND DATA MANAGEMENT

NO.	QUESTION	RESPONSE OPTIONS	NOTES/SKIP LOGIC
7.1	a. Is there a general admission register available and used by the facility? (select_one)	1. Yes 0. No	If “No,” skip to 7.2. Otherwise, continue to 7.1b.
	b. Are the general admission register columns filled completely? (select_one)	1. Yes 0. No	
	c. Are the general admission register rows up to date? (select_one)	1. Yes 0. No	

7.2	a. Is there a labor and delivery register available and used by the facility? (select_one)	1. Yes 0. No	If “No,” skip to 7.3. Otherwise, continue to 7.2b.
	b. Are the labor and delivery register columns filled completely? (select_one)	1. Yes 0. No	
	c. Are the labor and delivery register rows up to date? (select_one)	1. Yes 0. No	
7.3	a. Is there an ANC register available and used by the facility? (select_one)	1. Yes 0. No	If “No,” skip to 7.4. Otherwise, continue to 7.3b.
	b. Are the ANC register columns filled completely? (select_one)	1. Yes 0. No	
	c. Are the ANC register rows up to date? (select_one)	1. Yes 0. No	
7.4	a. Is there a postnatal care register available and used by the facility? (select_one)	1. Yes 0. No	If “No,” skip to 7.5. Otherwise, continue to 7.4b.
	b. Are the postnatal care register columns filled completely? (select_one)	1. Yes 0. No	
	c. Are the postnatal care register rows up to date? (select_one)	1. Yes 0. No	
7.5	a. Is there a post-partum family planning (PPFP) register available and used by the facility? (select_one)	1. Yes 0. No	If “No,” skip to 7.6. Otherwise, continue to 7.5b.
	b. Are the PPFP register columns filled completely? (select_one)	1. Yes 0. No	
	c. Are the PPFP register rows up to date? (select_one)	1. Yes 0. No	

7.6	a. Is there an inpatient pediatric register (for sick newborns and children under 5 on admission) available and used by the facility? (select_one)	1. Yes 0. No	If “No,” skip to 7.7. Otherwise, continue to 7.6b.
	b. Are the inpatient pediatric register columns filled completely? (select_one)	1. Yes 0. No	
	c. Are the inpatient pediatric register rows up to date? (select_one)	1. Yes 0. No	
7.7	a. Is there an outpatient pediatric register available and used by the facility? (select_one)	1. Yes 0. No	If “No,” skip to 7.8. Otherwise, continue to 7.7b.
	b. Are the outpatient pediatric register columns filled completely? (select_one)	1. Yes 0. No	
	c. Are the outpatient pediatric register rows up to date? (select_one)	1. Yes 0. No	
7.8	a. Is there an operating theater register available and used by the facility? (select_one)	1. Yes 0. No	If “No,” skip to 7.9. Otherwise, continue to 7.8b.
	b. Are the operating theater register columns filled completely? (select_one)	1. Yes 0. No	
	c. Are the operating theater register rows up to date? (select_one)	1. Yes 0. No	
7.9	a. Is there a gynecology register available and used by the facility? (select_one)	1. Yes 0. No	If “No,” skip to 7.10. Otherwise, continue to 7.9b.
	b. Are the gynecology register columns filled completely? (select_one)	1. Yes 0. No	
	c. Are the gynecology register rows up to date? (select_one)	1. Yes 0. No	

7.10	a. Is there an FP register available and used by the facility? (select_one)	1. Yes 0. No	If “No,” skip to 7.11. Otherwise, continue to 7.10b.
	b. Are the FP register columns filled completely? (select_one)	1. Yes 0. No	
	c. Are the FP register rows up to date? (select_one)	1. Yes 0. No	
7.11	a. Is there a post-abortion register available and used by the facility? (select_one)	1. Yes 0. No	If “No,” skip to 7.12. Otherwise, continue to 7.11b.
	b. Are the post-abortion register columns filled completely? (select_one)	1. Yes 0. No	
	c. Are the post-abortion register rows up to date? (select_one)	1. Yes 0. No	
7.12	a. Is there a death register available and used by the facility? (select_one)	1. Yes 0. No	If “No,” skip to 7.13. Otherwise, continue to 7.12b.
	b. Are the death register columns filled completely? (select_one)	1. Yes 0. No	
	c. Are the death register rows up to date? (select_one)	1. Yes 0. No	
7.13	a. Is there a prevention of mother to child transmission (PMTCT) labor and delivery register available and used by the facility? (select_one)	1. Yes 0. No	If “No,” skip to 7.14. Otherwise, continue to 7.13b.
	b. Are the PMTCT labor and delivery register columns filled completely? (select_one)	1. Yes 0. No	
	c. Are the PMTCT labor and delivery register rows up to date? (select_one)	1. Yes 0. No	

7.14	a. Is there a referral register available and used by the facility? (select_one)	1. Yes 0. No	If “No,” skip to 7.15. Otherwise, continue to 7.14b.
	b. Are the referral register columns filled completely? (select_one)	1. Yes 0. No	
	c. Are the referral register rows up to date? (select_one)	1. Yes 0. No	
7.15	a. Is there a drug inventory register available and used by the facility? (select_one)	1. Yes 0. No	If “No,” skip to 7.16. Otherwise, continue to 7.15b.
	b. Are the drug inventory register columns filled completely? (select_one)	1. Yes 0. No	
	c. Are the drug inventory register rows up to date? (select_one)	1. Yes 0. No	
7.16	a. Is there a discharge register (labor and delivery) available and used by the facility? (select_one)	1. Yes 0. No	If “No,” skip to 7.17. Otherwise, continue to 7.16b.
	b. Are the discharge register (labor and delivery) columns filled completely? (select_one)	1. Yes 0. No	
	c. Are the discharge register (labor and delivery) rows up to date? (select_one)	1. Yes 0. No	
7.17	a. Is there a death/morgue register available and used by the facility? (select_one)	1. Yes 0. No	If “No,” skip to 7.18. Otherwise, continue to 7.17b.
	b. Are the death/morgue register columns filled completely? (select_one)	1. Yes 0. No	
	c. Are the death/morgue register rows up to date? (select_one)	1. Yes 0. No	

7.18	a. Is there a gender-based violence (GBV) register available and used by the facility? (select_one)	1. Yes 0. No	If “No,” skip to 7.19. Otherwise, continue to 7.18b.
	b. Are the GBV register columns filled completely? (select_one)	1. Yes 0. No	
	c. Are the GBV register rows up to date? (select_one)	1. Yes 0. No	
7.19	a. Is there any separate register for adolescent reproductive health (RH) services provided available and used by the facility? (select_one)	1. Yes 0. No	If “No,” skip to next module. Otherwise, continue to 7.19b.
	b. Are the RH services register columns filled completely? (select_one)	1. Yes 0. No	
	c. Are the RH services register rows up to date? (select_one)	1. Yes 0. No	

MODULE 8: COMMUNITY SERVICES AND MOBILIZATION

Part 1. Community Outreach

NO.	QUESTION	RESPONSE OPTIONS	NOTES/SKIP LOGIC
8.1.1	Does this health facility have a health committee or health management committee? (select_one)	1. Yes 0. No	If “No,” skip to 8.1.2
8.1.1a	Is the community represented in the committee? (select_one)	1. Yes 0. No	
8.1.2	Are women’s health groups or any other community groups in existence to improve maternal, newborn, and child health working in the facility catchment area? (select_one)	1. Yes 0. No	If “No,” skip to 8.1.1 and 8.1.2, skip to 8.1.9. If “Yes,” skip to 8.1.1 and “no” to 8.1.2, skip to 8.1.7

8.1.3	Does any community group (health committee, health management committee, women’s group, etc.) have a written action plan? (select_one)	1. Yes 0. No	If “No,” skip to 8.1.5
8.1.4	Does the action plan include activities / interventions related to the following topics: SELECT ALL THAT APPLY. (select_multiple)	1. ANC 2. PNC 3. Health facility delivery 4. Quality improvement 5. Immunization 6. Family planning 7. Newborn care 8. Birth preparedness 9. Emergency transportation	
8.1.5	Can the community group show evidence of regular documented meetings? (select_one)	1. Yes 0. No	
8.1.6	Can the community group show evidence of regular implementation of its action plan? (select_one)	1. Yes 0. No	
8.1.7	Have the community group or health committee members benefited from any trainings / refreshers in the last year? (select_one)	1. Yes 0. No	If “No,” skip to 8.1.8
8.1.7a	What topic(s) were covered during the training? [COUNTRIES TO CUSTOMIZE MULTIPLE CHOICE SELECTION IF POSSIBLE] (text)	_____	
8.1.7b	Who provided the training? [COUNTRIES TO CUSTOMIZE MULTIPLE CHOICE SELECTION IF POSSIBLE] (text)	_____	

8.1.8	Does the health committee receive any kind of supervision/coaching? (select_one)	1. Yes 0. No	If “No,” skip to 8.1.9
8.1.8a	Who provides the supervision / coaching to the health committee? [COUNTRIES TO CUSTOMIZE MULTIPLE CHOICE SELECTION IF POSSIBLE] (text)	_____	
The next series of questions relates to community health workers (CHWs):			
8.1.9	Does the health facility catchment area benefit from the work of a cadre of CHWs (including volunteers)? (select_one)	1. Yes 0. No	If “No,” skip to Part 2.
8.1.10	How many CHWs are working in the facility’s catchment area? (integer)	__ __	
8.1.11	What type of health services do the various CHWs offer to the communities? SELECT ALL THAT APPLY. (select_multiple)	1. ICCM 2. ANC 3. PNC 4. Health facility delivery 5. Immunization 6. Family planning 7. Newborn care 8. HIV/AIDS 9. Community mobilization 10. Other	If “Other,” continue to 8.1.11a. Otherwise, skip to 8.1.12.
8.1.11a	Please specify what other services CHWs offer. (text)	_____	
8.1.12	On average, how many hours per week do CHWs work? (integer)	__ __	

8.1.13	<p>Who supervises the CHW?</p> <p>[COUNTRIES TO CUSTOMIZE MULTIPLE CHOICE SELECTION IF POSSIBLE]</p> <p>(text)</p>	_____	
8.1.13a	<p>What does the CHW supervision include/cover?</p> <p>[COUNTRIES TO CUSTOMIZE MULTIPLE CHOICE SELECTION IF POSSIBLE]</p> <p>(text)</p>	_____	
8.1.13b	<p>Are any CHW supervision tools available?</p> <p>(select_one)</p>	<p>1. Yes</p> <p>0. No</p>	
8.1.14	<p>Are supplies regularly provided to CHWs?</p> <p>(select_one)</p>	<p>1. Yes</p> <p>0. No</p>	If “No,” skip to 8.1.15.
8.1.14a	<p>Who provides supplies to CHWs?</p> <p>[COUNTRIES TO CUSTOMIZE MULTIPLE CHOICE SELECTION IF POSSIBLE]</p> <p>(text)</p>	_____	
8.1.14b	<p>How often are supplies provided to CHWs?</p> <p>(select_one)</p>	<p>1. Once a week</p> <p>2. Once a month</p> <p>3. Once every other month</p> <p>4. Once a quarter</p> <p>5. Other (specify)</p>	If “Other,” continue to 8.1.1.14c. Otherwise, continue to 8.1.15.
8.1.14c	<p>Specify how often CHWs are provided with supplies.</p> <p>(text)</p>	_____	
8.1.15	<p>What feedback mechanisms exist from the health facility to the CHW to inform the CHW about the cases the CHW receives?</p> <p>[COUNTRIES TO CUSTOMIZE MULTIPLE CHOICE SELECTION IF POSSIBLE]</p> <p>(text)</p>	_____	

Part 2. Demand Creation

NO.	QUESTION	RESPONSE OPTIONS	NOTES/SKIP LOGIC
8.2.1	Is there a community-based organization that links the community to this health facility to improve community health and increase demand for the following services:		
	a1. HIV testing (select_one)	1. Yes, ongoing and frequent 2. Yes, sometimes 3. Yes, rarely 0. No 98. Don't know	If "No" or "Don't know" skip to b1.
	a2. What is/are the name(s) of the organizations? (text)	_____	Open-ended response option. If there is a list of known organizations in a country, question can be adapted to be multiple choice with option for "other (specify)."
	b1. Prevention of mother to child transmission (select_one)	1. Yes, ongoing and frequent 2. Yes, sometimes 3. Yes, rarely 0. No 98. Don't know	If "No" or "Don't know," skip to c1.
	b2. What is/are the name(s) of the organization? (text)	_____	Open-ended response option. If there is a list of known organizations in a country, question can be adapted to be multiple choice with option for "other (specify)."
	c1. Antenatal Care (select_one)	1. Yes, ongoing and frequent 2. Yes, sometimes 3. Yes, rarely 0. No 98. Don't know	If "No" or "Don't know," skip to d1.
	c2. What is/are the name(s) of the organization? (text)	_____	Open-ended response option. If there is a list of known organizations in a country, question can be adapted to be multiple choice with option for "Other (specify)."

d1. Facility-based deliveries (select_one)	1. Yes, ongoing and frequent 2. Yes, sometimes 3. Yes, rarely 0. No 98. Don't know	If "No" or "Don't know," skip to e1.
d2. What is/are the name(s) of the organization? (text)	_____	Open-ended response option. If there is a list of known organizations in a country, question can be adapted to be multiple choice with option for "Other (specify)."
e1. Newborn care (select_one)	1. Yes, ongoing and frequent 2. Yes, sometimes 3. Yes, rarely 0. No 98. Don't know	If "No" or "Don't know," skip to f1.
e2. What is/are the name(s) of the organization? (text)	_____	Open-ended response option. If there is a list of known organizations in a country, question can be adapted to be multiple choice with option for "Other (specify)."
f1. Family planning (select_one)	1. Yes, ongoing and frequent 2. Yes, sometimes 3. Yes, rarely 0. No 98. Don't know	If "No" or "Don't know," skip to g1.
f2. What is/are the name(s) of the organization? (text)	_____	Open-ended response option. If there is a list of known organizations in a country, question can be adapted to be multiple choice with option for "Other (specify)."
g1. Gender-based violence (select_one)	1. Yes, ongoing and frequent 2. Yes, sometimes 3. Yes, rarely 0. No 98. Don't know	If "No" or "Don't know," skip to h1.
g2. What is/ are the name(s) of the organization? (text)	_____	Open-ended response option. If there is a list of known organizations in a country, question can be adapted to be multiple choice with option for "Other (specify)."

h1. Male involvement in maternal and neonatal health (select_one)	1. Yes, ongoing and frequent 2. Yes, sometimes 3. Yes, rarely 0. No 98. Don't know	If "No" or "Don't know" skip to i1.
h2. What is/are the name(s) of the organization? (text)	_____	Open-ended response option. If there is a list of known organizations in a country, question can be adapted to be multiple choice with option for "Other (specify)."
i1. Identification and management of sick newborns, care of very small babies (select_one)	1. Yes, ongoing and frequent 2. Yes, sometimes 3. Yes, rarely 0. No 98. Don't know	If "No" or "Don't know," skip to j1.
i2. What is/are the name(s) of the organization? (text)	_____	Open-ended response option. If there is a list of known organizations in a country, question can be adapted to be multiple choice with option for "Other (specify)."
j1. Sick child care (select_one)	1. Yes, ongoing and frequent 2. Yes, sometimes 3. Yes, rarely 0. No 98. Don't know	If "No" or "Don't know," skip to k1.
j2. What is/are the name(s) of the organization? (text)	_____	Open-ended response option. If there is a list of known organizations in a country, question can be adapted to be multiple choice with option for "Other (specify)."
k1. Well baby care/immunization for under fives (select_one)	1. Yes, ongoing and frequent 2. Yes, sometimes 3. Yes, rarely 0. No 98. Don't know	If "No" or "Don't know," skip to next section
k2. What is/are the name(s) of the organization? (text)	_____	Open-ended response option. If there is a list of known organizations in a country, question can be adapted to be multiple choice with option for "Other (specify)."

MODULE 9: HEALTH FACILITY OVERSIGHT, QUALITY IMPROVEMENT, AND USE OF DATA

NO.	QUESTION	RESPONSE OPTIONS	NOTES/SKIP LOGIC
	The questions in this section should ideally be asked to a medical officer in-charge of the facility. In case the medical officer is not available, please ask (an) other doctor(s) engaged in providing reproductive, maternal, newborn and child health (RMNCH) services or nurses / midwives or monitoring and evaluation (M&E)/ health information system (HIS) officers.		
9.0.1	What is the job title of the person responding to this section of the questionnaire? (select_one)	1. Medical officer in-charge of facility 2. Other doctor 3. Nurse/midwife 4. M&E officer/HIS officer 96. Other	If "Other," continue to 9.0.1a. Otherwise, skip to 9.0.2.
9.0.1a	Please specify the respondent's job title. (text)	_____	
9.0.2	Is the health facility using [INSERT MOST RECENT STANDARDIZED NATIONAL REGISTERS AND FORMS] ? (select_one)	1. Yes 0. No	
9.0.3	Does the facility have a list of priority indicators for RMNCH that should be monitored on a regular (quarterly) basis and used to make decisions about service delivery at this facility? (select_one)	1. Yes 0. No	
9.0.4	Does the facility ensure that there are appropriate job aids (e.g., partograph, counseling flipcharts) available for the services provided in each RMNCH service room (i.e., on the wall, on the desk, in providers' pockets)? (select_one)	1. Yes 0. No	

Part 1. Data Visualization and Use

NO.	QUESTION	RESPONSE OPTIONS	NOTES/SKIP LOGIC
-----	----------	------------------	------------------

9.1.1	Do the health facility staff regularly (monthly) conduct analysis and create graphs, tables, or charts for service statistics related to the following topics (for the priority RMNCH interventions)?		
	a. Postpartum hemorrhage (select_one)	<ol style="list-style-type: none"> 1. Graphs, tables, or charts are displayed and updated and indicator targets are included 2. Graphs, tables, or charts are displayed but targets are not included 3. Indicator targets are available but graphs, tables, or charts are not updated 0. No graphs, charts, or targets are available 	X-CUT.HFA.3
	b. Eclampsia/Pre-eclampsia (select_one)	<ol style="list-style-type: none"> 1. Graphs, tables, or charts are displayed and updated and indicator targets are included 2. Graphs, tables, or charts are displayed but targets are not included 3. Indicator targets are available but graphs, tables, or charts are not updated 0. No graphs, charts, or targets are available 	X-CUT.HFA.3
	c. Very early maternal deaths (prior to discharge) (select_one)	<ol style="list-style-type: none"> 1. Graphs, tables, or charts are displayed and updated and indicator targets are included 2. Graphs, tables, or charts are displayed but targets are not included 3. Indicator targets are available but graphs, tables, or charts are not updated 0. No graphs, charts, or targets are available 	X-CUT.HFA.3
	d. Very early neonatal deaths (prior to discharge) (select_one)	<ol style="list-style-type: none"> 1. Graphs, tables, or charts are displayed and updated and indicator targets are included 2. Graphs, tables, or charts are displayed but targets are not included 3. Indicator targets are available but graphs, tables, or charts are not updated 0. No graphs, charts, or targets are available 	X-CUT.HFA.3

	<p>e. Caesarean section (select_one)</p>	<ol style="list-style-type: none"> 1. Graphs, tables, or charts are displayed and updated and indicator targets are included 2. Graphs, tables, or charts are displayed but targets are not included 3. Indicator targets are available but graphs, tables, or charts are not updated 0. No graphs, charts, or targets are available 	<p>X-CUT.HFA.3</p>
	<p>f. Diagnosis and treatment of ARI (select_one)</p>	<ol style="list-style-type: none"> 1. Graphs, tables, or charts are displayed and updated and indicator targets are included 2. Graphs, tables, or charts are displayed but targets are not included 3. Indicator targets are available but graphs, tables, or charts are not updated 0. No graphs, charts, or targets are available 	<p>X-CUT.HFA.3</p>
	<p>g. Assisted delivery (select_one)</p>	<ol style="list-style-type: none"> 1. Graphs, tables, or charts are displayed and updated and indicator targets are included 2. Graphs, tables, or charts are displayed but targets are not included 3. Indicator targets are available but graphs, tables, or charts are not updated 0. No graphs, charts, or targets are available 	<p>X-CUT.HFA.3</p>
	<p>h. Newborn resuscitation (select_one)</p>	<ol style="list-style-type: none"> 1. Graphs, tables, or charts are displayed and updated and indicator targets are included 2. Graphs, tables, or charts are displayed but targets are not included 3. Indicator targets are available but graphs, tables, or charts are not updated 0. No graphs, charts, or targets are available 	<p>X-CUT.HFA.3</p>
	<p>i. Intra-partum/fresh still births (select_one)</p>	<ol style="list-style-type: none"> 1. Graphs, tables, or charts are displayed and updated and indicator targets are included 2. Graphs, tables, or charts are displayed but targets are not included 3. Indicator targets are available but graphs, tables, or charts are not updated 0. No graphs, charts, or targets are available 	<p>X-CUT.HFA.3</p>

	j. Essential newborn care, such as drying, skin to skin care and/or immediate breastfeeding (select_one)	1. Graphs, tables, or charts are displayed and updated and indicator targets are included 2. Graphs, tables, or charts are displayed but targets are not included 3. Indicator targets are available but graphs, tables, or charts are not updated 0. No graphs, charts, or targets are available	X-CUT.HFA.3
9.1.2	Is there a process in place at the facility to review and discuss this information on a routine basis? (select_one)	1. Yes 0. No	
9.1.3	Is there a report submitted to districts on the analysis of these priority RMNCH indicators? (select_one)	2. Yes, observed 1. Yes, not observed 0. No	X-CUT.HFA.3 If “No,” skip to next section.
9.1.3a	What is the frequency of these reports? (select_one)	1. Monthly 2. Quarterly 3. Bi-annual 4. Annual	X-CUT.HFA.3

Part 2. Health Facility Quality Improvement Process

NO.	QUESTION	RESPONSE OPTIONS	NOTES/SKIP LOGIC
9.2.1	Does the facility have a “quality committee” that works to promote quality improvement (QI) of RMNCH services? (select_one)	1. Yes 0. No	X-CUT.HFA.2 If “No,” skip to 9.2.4
9.2.2	How many times did the “quality committee” meet during the last three months? (integer)	— —	X-CUT.HFA.2
9.2.3	INTERVIEWER: PLEASE CHECK OFFICIAL RECORD OF THE MEETING FOR THE LAST THREE MONTHS TO SEE IF THE FOLLOWING TOPICS WERE DISCUSSED—		

	a. Data quality, reporting, or timeliness of RMNCH indicators (select_one)	1. Yes, reported and observed 2. Yes, reported but not observed 0. No	X- CUT.HFA.2
	b. Data analysis, service coverage, medicine stockout (select_one)	1. Yes, reported and observed 2. Yes, reported but not observed 0. No	X- CUT.HFA.2
	c. Any HIS-related issues/problems referred to the regional/national level for actions (select_one)	1. Yes, reported and observed 2. Yes, reported but not observed 0. No	
	d. Recognize exemplary performance by staff (select_one)	1. Yes, reported and observed 2. Yes, reported but not observed 0. No	X- CUT.HFA.2
	e. Identify areas of weakness and encourage staff facing challenges	1. Yes, reported and observed 2. Yes, reported but not observed 0. No	X- CUT.HFA.2
	f. Were any decisions made based on the above discussions? (select_one)	1. Yes, reported and observed 2. Yes, reported but not observed 0. No	X- CUT.HFA.2 If "No," skip to 9.2.4
	g. Has any follow-up action been taken on the decisions made during the previous meetings? (select_one)	1. Yes, reported and observed 2. Yes, reported but not observed 0. No	
	h. INTERVIEWER: List the top three decisions made: (text)	1. _____ 2. _____ 3. _____	
INTERVIEWER: The following questions ask about other management meetings at the health facility level. ASK THE RESPONDENT:			
9.2.4	Do daily handover meetings occur on the delivery wards? (select_one)	1. Yes, observed 0. No	

9.2.5	Are there regular clinical team/ward meetings that occur at least monthly? (select_one)	1. Yes, observed 0. No	
9.2.6	Do management committee meetings occur regularly—with written agenda, minutes, and action items with follow-up at the next meeting? (select_one)	1. Yes 0. No	
9.2.7	Do management committees use data to assess progress and identify gaps from other meetings (i.e., quality committee, audit committee, clinical teams, etc.) within three months? (select_one)	1. Yes 0. No	

Part 3. Decision-Making Using Data

NO.	QUESTION	RESPONSE OPTIONS	NOTES/SKIP LOGIC
9.3.1	What kinds of decisions or actions have been made/taken in the past three months based on the use of RMNCH service statistics? Please check on types of decisions based on types of analyses present in reports.		
	a. Review strategy by examining service performance targets (select_one)	1. Yes 0. No	
	b. Review facility personnel responsibilities (select_one)	1. Yes 0. No	
	c. Mobilization/shifting of resources based on comparison by services (select_one)	1. Yes 0. No	
	d. Advocacy for more resources (select_one)	1. Yes 0. No	
	e. Review or revise policies/protocols (select_one)	1. Yes 0. No	
	f. Staff training or supervision (select_one)	1. Yes 0. No	

	g. Community education or mobilization (select_one)	1. Yes 0. No	
	h. Improve data quality, use, or analysis (select_one)	1. Yes 0. No	
	Commodity procurement (select_one)	1. Yes 0. No	
9.3.2	Please give examples of decisions made or actions taken in the past three months based on the use of RMNCH service statistics (text)	_____	
9.3.3	Does the facility have an annual plan showing that data on the interventions listed above is used during annual planning? (select_one)	1. Yes 0. No	
9.3.4	Do the staff in this facility have regular (quarterly) opportunities to update skills in data analysis, data use, and problem solving? (select_one)	1. Yes 0. No	

Part 4. District-Level Support

NO.	QUESTION	RESPONSE OPTIONS	NOTES/SKIP LOGIC
9.4.1	Have staff from the facility attended meetings at the district level related to the review of RMNCH performance? (select_one)	1. Yes 0. No	If “No,” skip to Part 5.
9.4.2	Number of meetings in the last three months (integer)	— —	
9.4.3	Were any decisions made? (select_one)	1. Yes 0. No	

Part 5. Supervision by DHO

NO.	QUESTION	RESPONSE OPTIONS	NOTES/SKIP LOGIC
-----	----------	------------------	------------------

9.5.1	<p>Did the district supervisor or district health management team visit the facility during the last three months?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	<p>If “No,” skip to Part 6.</p>
9.5.2	<p>How many times did the district supervisor or district health management team visit the facility during the last three months?</p> <p>(integer)</p>	<p>— —</p>	
9.5.3	<p>Which services were supervised in the last three months?</p> <p>SELECT ALL THAT APPLY.</p> <p>[COUNTRIES TO ADAPT]</p> <p>(select_multiple)</p>	<p>1. Reproductive health services 2. Maternal health services 3. Neonatal health services 4. Child health services 5. Adolescent health services 6. Other (specify)</p>	<p>If “Other,” continue to 9.5.3a. Otherwise, skip to 9.5.4.</p>
9.5.3.a	<p>Specify other service(s) supervised in the last three months.</p> <p>(text)</p>	<p>_____</p>	
9.5.4	<p>Did the supervisor or district health management team check staff availability and training for RMNCH services?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	
9.5.5	<p>Did the district supervisor or district health management team review performance on RMNCH service statistics when they visited your facility?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	
9.5.6	<p>Did the supervisor or district health management team help make a decision based on RMNCH-HIS information?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	
9.5.7	<p>Did the supervisor or district health management team send a report/feedback/note on the last two supervisory visits for RMNCH indicators?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	

9.5.8	<p>Did the supervisor or district health management team identify staff capacity building needs in data analysis, problem solving, and/or use?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	
-------	--	-------------------------	--

Part 6. Data Dissemination and Community Engagement

NO.	QUESTION	RESPONSE OPTIONS	NOTES/SKIP LOGIC
9.6.1	<p>Do health facility staff document problems associated with lower performance?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	
9.6.2	<p>Are RMNCH service statistics shared with community members?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	<p>If “No,” skip to Part 7.</p>
9.6.2a	<p>In the last three months, how has the facility made RMNCH information available to members of community or other partners?</p> <p>(select_multiple)</p>	<p>1. Displayed on the wall of health facility 2. Respond to request from community or NGOs 3. Shared at community meetings 4. Media—radio or television 5. None of the above</p>	

Part 7. Data Collection and Use at Health Facility - Death Audits

NO.	QUESTION	RESPONSE OPTIONS	NOTES/SKIP LOGIC
9.7.1	<p>Are all maternal, perinatal and neonatal deaths reported to higher levels?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	<p>If “No,” skip to 9.7.2</p>
9.7.1a	<p>To which level are deaths reported?</p> <p>SELECT ALL THAT APPLY</p> <p>(select_multiple)</p>	<p>1. Community 2. District 3. Central</p>	

9.7.2	Does this facility conduct a formal audit or case review of maternal deaths that occur at the facility? (select_one)	1. Yes 0. No 97. Not applicable (never had a death)	
9.7.3	How often are maternal deaths audited or reviewed? (select_one)	0. Never 1. After every maternal death 2. On a scheduled basis 3. Only occasionally or rarely 96. Other	MNH.HFA.8
9.7.4	Has every maternal death within the last six months been audited? (select_one)	1. Yes 0. No	
9.7.5	Does the health facility have a functioning committee for maternal, perinatal, and neonatal death audits? (select_one)	1. Yes 0. No	
9.7.6	Approximately what percentage of maternal, perinatal, and neonatal death reported are reviewed? ENTER 997 IF REPORTS ARE NOT REVIEWED. (integer)	— —	
9.7.7	Does the health facility have a written standard operating procedure (SOP) on audit implementation? (select_one)	1. Yes 0. No	MNH.HFA.8
9.7.8	Does this facility conduct a formal audit or case review of perinatal deaths that occur at the facility? (select_one)	1. Yes 0. No 97. Not applicable, never had a death	

9.7.9	<p>How often are perinatal deaths audited or reviewed?</p> <p>(select_one)</p>	<p>0. Never</p> <p>1. After every perinatal death</p> <p>2. On a scheduled basis</p> <p>3. Only occasionally or rarely</p> <p>96. Other</p>	<p>MNH.HFA.8</p> <p>If “Never,” skip to 9.7.10.</p>
9.7.9a	<p>Has every perinatal death within the last six months been audited?</p> <p>(select_one)</p>	<p>1. Yes</p> <p>0. No</p>	
9.7.10	<p>How often are stillbirths audited or reviewed?</p> <p>(select_one)</p>	<p>0. Never</p> <p>1. After every stillbirth</p> <p>2. On a scheduled basis</p> <p>3. Only occasionally or rarely</p> <p>96. Other</p>	<p>MNH.HFA.8</p> <p>If “Never,” skip to 9.7.11.</p>
9.7.10a	<p>Has every stillbirth within the past six months been audited?</p> <p>(select_one)</p>	<p>1. Yes</p> <p>0. No</p>	
9.7.11	<p>Does the death audit committee meet regularly (i.e., monthly if a death or near-miss occurs) with attendance by related professionals (i.e., ob/gyns, pediatrician, anesthesiologist, general practitioners, midwives, and nurses)?</p> <p>(select_one)</p>	<p>1. Yes</p> <p>0. No</p>	
9.7.12	<p>Does the health facility have records of regular maternal, perinatal, and neonatal death audit committee meetings during the last year?</p> <p>(select_one)</p>	<p>1. Yes</p> <p>0. No</p>	
9.7.13	<p>Does the health facility have records of maternal, perinatal, and neonatal death audits and written conclusions, recommendations, and action plans?</p> <p>(select_one)</p>	<p>1. Yes</p> <p>0. No</p>	

9.7.14	<p>Does the health facility have records that maternal, perinatal, and neonatal death audit and Committee recommendations were implemented and action plans were completed?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	
9.7.15	<p>When you carry out a maternal death review, are the findings and recommendations shared with anyone outside of the health facility?</p> <p>(select_one)</p>	<p>1. Yes 0. No</p>	<p>If “Yes,” continue to 9.7.15a. Otherwise, skip to 9.7.16.</p>
9.7.15a	<p>With whom are the findings shared?</p> <p>SELECT ALL THAT APPLY</p> <p>(select_multiple)</p>	<p>1. Ministry of Health (national or state level) 2. District health management 3. Local council 4. Civil society organization(s) 5. Public 96. Other</p>	<p>If “Other,” continue to 9.7.15b. Otherwise, skip to 9.7.16.</p>
9.7.15b	<p>Specify “Other” entity with whom findings are shared.</p> <p>(text)</p>	<p>_____</p>	
9.7.16	<p>To what extent do maternal death review results inform this facility’s strategy to decrease maternal mortality?</p> <p>(select_one)</p>	<p>1. Maternal death reviews are a strong influence on our mortality reduction strategy 2. Maternal death reviews don’t influence our mortality reduction strategy 98. Don't know</p>	
9.7.17	<p>What percentage of maternal death reviews in this facility are carried out according to the official Maternal Death Surveillance and Response guidelines?</p> <p>Enter 9997 if not applicable / no official guidelines</p> <p>(integer)</p>	<p>__ __</p>	

9.7.18	<p>What management decisions, if any, were taken at the most recent maternal death review meeting?</p> <p>If no decisions were made, write "NONE".</p> <p>(text)</p>	<p>_____</p>	
9.7.19	<p>Does anything prevent this facility from using RMNCH service statistics data for decision-making?</p> <p>SELECT ALL THAT APPLY</p> <p>(select_multiple)</p>	<ol style="list-style-type: none"> 1. Nothing, we make good use of data 2. We don't get data on priority interventions in MNCH 3. The format is difficult to understand and use 4. Shortage of time 5. Low capacity and confidence in using data 6. No motivation to use data 7. No resources to take action 8. No support/interest from management 9. Poor data quality/missing data 96. Other 	<p>If "Other," continue to 9.7.19a. Otherwise, skip to end of the tool.</p>
9.7.19a	<p>Please specify</p> <p>(text)</p>	<p>_____</p>	