

THE DHS PROGRAM

SERVICE PROVISION ASSESSMENT SURVEY

[COUNTRY AND YEAR]

INVENTORY QUESTIONNAIRE



FACILITY IDENTIFICATION

001	NAME OF FACILITY	
002	LOCATION OF FACILITY (TOWN/CITY/VILLAGE)	
003	REGION	<table border="1" style="display: inline-table; width: 20px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px; vertical-align: middle;"></table>
004	DISTRICT	<table border="1" style="display: inline-table; width: 20px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px; vertical-align: middle;"></table>
005	FACILITY NUMBER	<table border="1" style="display: inline-table; width: 20px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px; vertical-align: middle;"></table>
006	TYPE OF FACILITY (COUNTRY SPECIFIC)	
	FACILITY TYPE 1	01
	FACILITY TYPE 2	02
	FACILITY TYPE 3	03
	FACILITY TYPE 4	04
	FACILITY TYPE 5	05
	FACILITY TYPE 6	06
	FACILITY TYPE 7	07
	FACILITY TYPE 8	08
	FACILITY TYPE 9	09
007	MANAGING AUTHORITY (OWNERSHIP)	
	GOVERNMENT/PUBLIC	1
	NGO/PRIVATE NOT-FOR-PROFIT	2
	PRIVATE-FOR-PROFIT	3
	MISSION/FAITH-BASED	4
008	URBAN/RURAL	
	URBAN	1
	RURAL	2
009	INPATIENT ONLY	
	YES	1
	NO	2

INTERVIEWER VISITS

	1	2	3	FINAL VISIT									
DATE				DAY MONTH YEAR <table border="1" style="display: inline-table; width: 40px; height: 40px; vertical-align: middle; margin-left: 10px;"> <tr><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td></tr> <tr><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td></tr> <tr><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td></tr> </table>									
INTERVIEWER NAME				INT. NUMBER									
RESULT				RESULT									

RESULT CODES (LAST VISIT):

- 1 = FACILITY COMPLETED
- 2 = FACILITY RESPONDENTS NOT AVAILABLE
- 3 = POSTPONED / PARTIALLY COMPLETED
- 4 = FACILITY REFUSED
- 5 = FACILITY CLOSED / NOT YET FUNCTIONAL
- 6 = OTHER _____

(SPECIFY)

TOTAL NUMBER OF PROVIDER INTERVIEWS AND OBSERVATIONS

TOTAL NUMBER OF PROVIDERS INTERVIEWED..... TOTAL NUMBER OF ANC OBSERVATIONS..... TOTAL NUMBER OF FAMILY PLANNING OBSERVATIONS..... TOTAL NUMBER OF SICK CHILD OBSERVATIONS.....	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>									TOTAL # CLIENT VISITS <table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>												

FACILITY GEOGRAPHIC COORDINATES

SET DEFAULT SETTINGS FOR GPS UNIT

- SET COORDINATE SYSTEM TO LATITUDE / LONGITUDE
- SET COORDINATE FORMAT TO DECIMAL DEGREE
- SET DATUM TO WGS84

STAND IN A LOCATION AT THE ENTRANCE OF THE FACILITY WITH PLAIN VIEW OF THE SKY

- 1 TURN GPS MACHINE ON AND WAIT UNTIL SATELITE PAGE CHANGES TO "POSITION"
- 2 WAIT 5 MINUTES
- 3 PRESS "MARK"
- 4 HIGHLIGHT "WAYPOINT NUMBER" AND PRESS "ENTER"
- 5 ENTER X-DIGIT FACILITY CODE / FACILITY NUMBER
- 6 HIGHLIGHT "SAVE" AND PRESS "ENTER"
- 7 PAGE TO MAIN MENU, HIGHLIGHT "WAYPOINT LIST" AND PRESS "ENTER"
- 8 HIGHLIGHT YOUR WAYPOINT
- 9 COPY INFORMATION FROM WAYPOINT LIST PAGE
- 10 WRITE ELEVATION [ALTITUDE]

BE SURE TO COPY THE WAYPOINT NAME FROM THE WAYPOINT LIST PAGE TO VERIFY THAT YOU ARE ENTERING THE CORRECT WAYPOINT INFORMATION ON THE DATA FORM

010 WAYPOINT NAME (FACILITY NUMBER)	WAYPOINT NAME <input style="width: 100px;" type="text"/>
011 ELEVATION	ELEVATION <input style="width: 100px;" type="text"/>
012 LATITUDE	N/S a <input style="width: 20px;" type="text"/>
	DEGREES/DECIM b <input style="width: 20px;" type="text"/> . c <input style="width: 100px;" type="text"/>
013 LONGITUDE	E/W a <input style="width: 20px;" type="text"/>
	DEGREES/DECIM b <input style="width: 20px;" type="text"/> . c <input style="width: 100px;" type="text"/>

CONSENT

FIND THE MANAGER, THE PERSON IN-CHARGE OF THE FACILITY, OR THE MOST SENIOR HEALTH WORKER RESPONSIBLE FOR CLIENT SERVICES WHO IS PRESENT AT THE FACILITY. READ THE FOLLOWING GREETING:

Good day! My name is _____. We are here on behalf of the [IMPLEMENTING AGENCY] conducting a survey of health facilities to assist the government in knowing more about health services in [COUNTRY]

Now I will read a statement explaining the study.

Your facility was selected to participate in this study. We will be asking you questions about various health services. Information collected about your facility during this study may be used by the [IMPLEMENTING AGENCY], organizations supporting services in your facility, and researchers, for planning service improvement or for conducting further studies of health services.

Neither your name nor the names of any other health workers who participate in this study will be included in the dataset or in any report; however, there is a small chance that any of these respondents may be identified later. Still, we are asking for your help in order to collect this information.

You may refuse to answer any question or choose to stop the interview at any time. However, we hope you will answer the questions, which will benefit the services you provide and the nation.

If there are questions for which someone else is the most appropriate person to provide the information, we would appreciate if you introduce us to that person to help us collect that information.

At this point, do you have any questions about the study? Do I have your agreement to proceed?

_____ INTERVIEWER'S SIGNATURE INDICATING CONSENT OBTAINED	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">2</td> <td style="width: 20px; height: 20px; text-align: center;">0</td> <td style="width: 20px; height: 20px; text-align: center;">2</td> </tr> <tr> <td colspan="2" style="text-align: center;">DAY</td> <td colspan="2" style="text-align: center;">MONTH</td> <td colspan="3" style="text-align: center;">YEAR</td> </tr> </table>					2	0	2	DAY		MONTH		YEAR		
				2	0	2									
DAY		MONTH		YEAR											

100	May I begin the interview?	YES 1 NO 2	→ STOP										
101	INTERVIEW START TIME	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 10px; text-align: center;">:</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td colspan="2" style="text-align: center;">HOURS</td> <td></td> <td colspan="2" style="text-align: center;">MINUTES</td> </tr> </table>			:			HOURS			MINUTES		
		:											
HOURS			MINUTES										

EXPLAIN TO THE RESPONDENT AT THE START OF THIS INTERVIEW THAT THERE ARE QUESTIONS ON MANAGEMENT MEETINGS AND QUALITY ASSURANCE ACTIVITIES THAT REQUIRE LOOKING AT RECORDS OF THOSE MEETINGS AND ACTIVITIES. IT WILL THEREFORE BE HELPFUL IF RECORDS PERTAINING TO MANAGEMENT MEETINGS AND QUALITY ASSURANCE ACTIVITIES ARE GATHERED, IF THEY ARE NOT READILY AVAILABLE AT THE LOCATION WHERE YOU ARE CONDUCTING THE INTERVIEW.

EXPLAIN ALSO THAT THERE IS A SUBSECTION ON HEALTH STATISTICS (NUMBER OF OUTPATIENT VISITS AND INPATIENT DISCHARGES) FOR THE IMMEDIATE PAST ONE COMPLETE MONTH. IT WILL BE HELPFUL TO ALSO START GATHERING SUCH INFORMATION IF INFORMATION IS NOT READILY AVAILABLE WHERE THE INTERVIEW IS BEING CONDUCTED.

NOTE!!!!

THANK THE RESPONDENT AT THE END OF EACH SECTION OR SUBSECTION BEFORE PROCEEDING TO THE NEXT DATA COLLECTION POINT

MODULE 1: GENERAL INFORMATION AND SERVICE AVAILABILITY

SECTION 1: GENERAL SERVICE AVAILABILITY AND INPATIENT SERVICES

SERVICE AVAILABILITY

102	Does this facility offer any of the following client services? In other words, is there any location in this facility where clients can receive any of the following services:	YES	NO	DONE
01	Child vaccination services, either at the facility or as outreach.	1	2	<input type="checkbox"/>
02	Growth monitoring services, either at the facility or as outreach	1	2	<input type="checkbox"/>
03	Curative care services for children under age 5, either at the facility or as outreach	1	2	<input type="checkbox"/>
04	Any family planning services-- including modern methods, fertility awareness methods (natural family planning), male or female surgical sterilization	1	2	<input type="checkbox"/>
05	Antenatal care (ANC) services	1	2	<input type="checkbox"/>
06	Services for the prevention of mother-to-child transmission of HIV, either with ANC or delivery services	1	2	<input type="checkbox"/>
07	Normal delivery	1	2	<input type="checkbox"/>
08	Diagnosis or treatment of malaria	1	2	<input type="checkbox"/>
09	Diagnosis or treatment of STIs, excluding HIV	1	2	<input type="checkbox"/>
10	Diagnosis, treatment prescription or treatment follow-up for TB	1	2	<input type="checkbox"/>
11	HIV testing and counseling services	1	2	<input type="checkbox"/>
12	HIV/AIDS antiretroviral prescription or antiretroviral treatment follow-up services	1	2	<input type="checkbox"/>
13	HIV/AIDS care and support services, including treatment of opportunistic infections and provision of palliative care	1	2	<input type="checkbox"/>
14	Diagnosis or management of non-communicable diseases, specifically diabetes cardiovascular diseases, and chronic respiratory conditions in adults.	1	2	<input type="checkbox"/>
15	Minor surgical services, such as incision and drainage of abscesses and suturing of lacerations that do not require the use of a theatre?	1	2	<input type="checkbox"/>
16	Cesarean delivery (Cesarean section)	1	2	<input type="checkbox"/>
17	Laboratory diagnostic services, including any rapid diagnostic testing.	1	2	<input type="checkbox"/>
18	Blood typing services	1	2	<input type="checkbox"/>
19	Blood transfusion services	1	2	<input type="checkbox"/>

INPATIENT SERVICES

110	Does this facility routinely provide in-patient care?	YES..... 1 NO..... 2	→ 112
111	Does this facility have beds for overnight observation?	YES..... 1 NO..... 2	→ 200
112	Excluding any delivery and/or maternity beds, how many <i>(overnight or (in-patient))</i> beds in total does this facility have, both for adults and children?	# OF OVERNIGHT/ INPATIENT BEDS <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW998	

SECTION 2: GENERAL FILTER QUESTIONS

PROCESSING OF INSTRUMENTS

200	I have a few questions about how surgical instruments, such as speculums, forceps, and other metal equipment are processed for re-use in this facility. Are instruments that are used in the facility processed (i.e., sterilized or high-level disinfected) for re-use?	YES..... 1 NO..... 2	→ 210
201	Is the final processing done in this facility, outside this facility, or both?	ONLY IN THIS FACILITY..... 1 BOTH IN THIS FACILITY AND OUTSIDE..... 2 ONLY AT AN OUTSIDE FACILITY..... 3	

STORAGE OF MEDICINES

210	Does this facility store any medicines (including ARVs), vaccines or contraceptive commodities? PROBE	YES..... 1 FACILITIES STOCKS NO MEDICINES... 2	→ 300
211	CHECK Q102.04 FAMILY PLANNING SERVICES AVAILABLE <input type="checkbox"/>	NO FAMILY PLANNING SERVICES <input type="checkbox"/>	→ 213
212	Are contraceptive commodities generally stored in the family planning service area, or are they stored in a common area with other medicines?	STORED IN FP SERVICE AREA..... 1 STORED WITH OTHER MEDICINES... 2 FP COMMODITIES NOT STOCKED.... 3	
213	CHECK Q102.10 TUBERCULOSIS SERVICES AVAILABLE <input type="checkbox"/>	NO TUBERCULOSIS SERVICES <input type="checkbox"/>	→ 215
214	Are medicines for the treatment of TB generally stored in the TB service area or are they stored in a common area with other medicines?	STORED IN TB SERVICE AREA..... 1 STORED WITH OTHER MEDICINES... 2 TB MEDICINES NOT STOCKED..... 3	
215	CHECK Q102.06 AND Q102.12 ARV TREATMENT OR PMTCT SERVICES AVAILABLE <input type="checkbox"/>	NEITHER ARV TREATMENT NOR PMTCT SERVICES AVAILABLE <input type="checkbox"/>	→ 300
216	Are antiretroviral (ARV) medicines generally stored in the ARV treatment service area, in the PMTCT service area, or are they stored in a common area with other medicines?	STORED IN ART SERVICE AREA..... 1 STORED WITH OTHER MEDICINES... 2 ARV MEDICINES NOT STOCKED..... 3 STORED IN PMTCT SERVICE AREA..... 4 STORED IN ART AND PMTCT SERVICE AREA 5	

MODULE 2: GENERAL SERVICE READINESS

SECTION 3: 24-HOUR STAFF COVERAGE - INFRASTRUCTURE EXTERNAL SUPERVISION - USER FEES - SOURCES OF REVENUE

24-HOUR STAFF COVERAGE

300	Is there a health care worker present at the facility at all times, or officially on call for the facility at all times (24 hours a day) for emergencies? Specifically, I am referring to medical specialists, medical officers, assistant medical officers, clinical officers, assistant clinical officers, registered nurses and	YES, 24-HR STAFF. 1 NO 24-HOUR STAFF. 2	→ 310
301	Is there a duty schedule or call list for 24-hour staff coverage?	YES. 1 DUTY SCHEDULE NOT MAINTAINED. . . 2	→ 310
302	May I see the duty schedule or call list for 24-hour staff coverage?	SCHEDULE OBSERVED. 1 SCHEDULE REPORTED NOT SEEN. . . . 2	

COMMUNICATION

310	Does this facility have a <u>land line telephone</u> that is available to call outside at all times client services are offered? CLARIFY THAT IF FACILITY OFFERS 24-HOUR EMERGENCY SERVICES, THEN THIS REFERS TO 24-HOUR AVAILABILITY.	YES. 1 NO. 2	→ 313
311	May I see the land line telephone?	OBSERVED 1 REPORTED NOT SEEN. 2	
312	Is it functioning? ACCEPT REPORTED RESPONSE	YES. 1 NO. 2	
313	Does this facility have a <u>cellular telephone or a private cellular phone</u> that is supported by the facility?	YES. 1 NO. 2	→ 316
314	May I see either the facility-owned cellular phone or the private cellular phone that is supported by the facility?	OBSERVED 1 REPORTED NOT SEEN. 2	
315	Is it functioning? ACCEPT REPORTED RESPONSE	YES. 1 NO. 2	
316	Does this facility have a <u>short-wave radio</u> for radio calls?	YES. 1 NO. 2	→ 319
317	May I see the short-wave radio?	OBSERVED 1 REPORTED NOT SEEN. 2	
318	Is it functioning? ACCEPT REPORTED RESPONSE	YES. 1 NO. 2	
319	Does this facility have <u>a computer?</u>	YES. 1 NO. 2	→ 322
320	May I see the computer?	OBSERVED 1 REPORTED NOT SEEN. 2	
321	Is it functioning? ACCEPT REPORTED RESPONSE	YES. 1 NO. 2	
322	Is there access to email or internet via computer and/or mobile phone within the facility? ACCEPT REPORTED RESPONSE.	YES. 1 NO. 2	→ 330
323	Is the email or internet routinely available for <u>at least 2 hours</u> on days that client services are offered? ACCEPT REPORTED RESPONSE.	YES. 1 NO. 2	

SOURCE OF WATER

330	<p>What is the <i>most commonly used</i> source of water for the facility at this time?</p> <p>OBSERVE THAT WATER IS AVAILABLE FROM SOURCE OR IN THE FACILITY ON THE DAY OF THE VISIT. E.G., CHECK THAT THE PIPE IS FUNCTIONING.</p>	<p>PIPED INTO FACILITY. 01</p> <p>PIPED ONTO FACILITY GROUNDS. 02</p> <p>PUBLIC TAP/STANDPIPE. 03</p> <p>TUBEWELL/BOREHOLE 04</p> <p>PROTECTED DUG WELL 05</p> <p>UNPROTECTED DUG WELL. 06</p> <p>PROTECTED SPRING 07</p> <p>UNPROTECTED SPRING. 08</p> <p>RAINWATER. 09</p> <p>BOTTLED WATER. 10</p> <p>CART W/SMALL TANK/DRL 11</p> <p>TANKER TRUCK 12</p> <p>SURFACE WATER (RIVER/DAM/LAKE/POND). 13</p> <p>OTHER (SPECIFY) _____ 96</p> <p>DON'T KNOW 98</p> <p>NO WATER SOURCE 00</p>	<p>→ 332</p> <p>→ 332</p> <p>→ 332</p> <p>→ 340</p>
331	<p>Is water outlet from this source available onsite, within 500 meters of the facility, or beyond 500M of facility? REPORTED RESPONSE IS ACCEPTABLE</p>	<p>ONSITE. 1</p> <p>WITHIN 500M OF FACILITY. 2</p> <p>BEYOND 500M OF FACILITY. 3</p>	
332	<p>Is there routinely a time of year when the facility has a severe shortage or lack of water?</p>	<p>YES. 1</p> <p>NO. 2</p>	

POWER SUPPLY

340	<p>Is this facility connected to the national electricity grid?</p>	<p>YES. 1</p> <p>NO. 2</p> <p>DON'T KNOW. 8</p>	<p>→ 342</p>
341	<p>During the past 7 days, was electricity (excluding any back-up generator) available during the times when the facility was open for services, or was it ever interrupted for more than 2 hours at a time?</p> <p>CONSIDER ELECTRICITY TO BE ALWAYS AVAILABLE IF INTERRUPTED FOR LESS THAN 2 HOURS AT A TIME.</p>	<p>ALWAYS AVAILABLE. 1</p> <p>SOMETIMES INTERRUPTED. 2</p> <p>DON'T KNOW. 8</p>	
342	<p>Does this facility have other sources of electricity, such as a generator or solar system?</p>	<p>YES. 1</p> <p>NO OTHER SOURCE. 2</p>	<p>→ 350</p>
343	<p>What other sources of electricity does this facility have?</p> <p>PROBE FOR ANSWERS AND CIRCLE ALL THAT APPLY</p>	<p>FUEL-OPERATED GENERATOR. A</p> <p>BATTERY-OPERATED GENERATOR. B</p> <p>SOLAR SYSTEM. C</p>	
344	<p>CHECK Q343</p> <p style="text-align: center;">GENERATOR USED <input type="checkbox"/> (EITHER "A" OR "B" CIRCLED)</p>	<p style="text-align: center;">GENERATOR NOT USED <input type="checkbox"/> (NEITHER "A" NOR "B" CIRCLED)</p>	<p>→ 350</p>
345	<p>Is the generator functional?</p> <p>ACCEPT REPORTED RESPONSE FROM KNOWLEDGEABLE RESPONDENT.</p>	<p>YES. 1</p> <p>NO. 2</p> <p>DON'T KNOW. 8</p>	<p>→ 350</p>
346	<p>Is fuel (or a charged battery) available today for the generator?</p> <p>ACCEPT REPORTED RESPONSE FROM KNOWLEDGEABLE RESPONDENT.</p>	<p>YES. 1</p> <p>NO. 2</p> <p>DON'T KNOW. 8</p>	

EXTERNAL SUPERVISION

350	Does this facility receive any external supervision, e.g., from the district, regional, zonal or national office?	YES..... 1 NO..... 2	→ 360
351	When was the last time a supervisor from outside this facility came here on a supervisory visit? Was it within the past 6 months or more than 6 months ago?	WITHIN THE PAST 6 MONTHS..... 1 MORE THAN 6 MONTHS AGO..... 2	→ 360
352	The last time during the past 6 months that a supervisor from outside the facility visited, did he or she do any of the following:	YES NO DONT KNOW	
01	Use a checklist to assess the quality of available health services data?	1 2 8	
02	Discuss performance of the facility based on available health services data?	1 2 8	
03	Help the facility make any decisions based on available health services data?	1 2 8	

USER FEES

360	Does this facility have any <i>routine user-fees or charges</i> for client services, including charges for health cards/health passports and for client registration?	YES..... 1 NO..... 2	→ 370																																																																				
361	Does the facility charge a fixed fee that covers all services that a client receives, or are there separate fees for different components of the services provided by the facility? PROBE.	FIXED FEE COVERING ALL SERVICES..... 1 NO, CHARGE FEE FOR SEPARATE ITEMS... 2	→ 363																																																																				
362	Does this facility have a fee for the following items: READ OUT EACH RESPONSE CATEGORY AND CIRCLE APPROPRIATELY	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 45%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">01</td><td>CLIENT HEALTH CARD</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td style="text-align: center;">02</td><td>REGISTRATION</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td style="text-align: center;">03</td><td>CONSULTATION</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td style="text-align: center;">04</td><td>MEDICINES (OTHER THAN ARVs)</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td style="text-align: center;">05</td><td>VACCINES</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td style="text-align: center;">06</td><td>CONTRACEPTIVE COMMODITIES.</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td style="text-align: center;">07</td><td>NORMAL DELIVERIES</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td style="text-align: center;">08</td><td>SYRINGES AND NEEDLES.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td style="text-align: center;">09</td><td>CESAREAN SECTION</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td style="text-align: center;">10</td><td>HIV DIAGNOSTIC TEST</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td style="text-align: center;">11</td><td>MALARIA RAPID DIAGNOSTIC TEST</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td style="text-align: center;">12</td><td>MALARIA MICROSCOPY</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td style="text-align: center;">13</td><td>OTHER LABORATORY TESTS</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td style="text-align: center;">14</td><td>ARV FOR TREATMENT</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td style="text-align: center;">15</td><td>ARV FOR PMTCT.</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td style="text-align: center;">16</td><td>MINOR SURGICAL PROCEDURES.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> </tbody> </table>			YES	NO	01	CLIENT HEALTH CARD	1	2	02	REGISTRATION	1	2	03	CONSULTATION	1	2	04	MEDICINES (OTHER THAN ARVs)	1	2	05	VACCINES	1	2	06	CONTRACEPTIVE COMMODITIES.	1	2	07	NORMAL DELIVERIES	1	2	08	SYRINGES AND NEEDLES.....	1	2	09	CESAREAN SECTION	1	2	10	HIV DIAGNOSTIC TEST	1	2	11	MALARIA RAPID DIAGNOSTIC TEST	1	2	12	MALARIA MICROSCOPY	1	2	13	OTHER LABORATORY TESTS	1	2	14	ARV FOR TREATMENT	1	2	15	ARV FOR PMTCT.	1	2	16	MINOR SURGICAL PROCEDURES.....	1	2	
		YES	NO																																																																				
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09	CESAREAN SECTION	1	2																																																																				
10	HIV DIAGNOSTIC TEST	1	2																																																																				
11	MALARIA RAPID DIAGNOSTIC TEST	1	2																																																																				
12	MALARIA MICROSCOPY	1	2																																																																				
13	OTHER LABORATORY TESTS	1	2																																																																				
14	ARV FOR TREATMENT	1	2																																																																				
15	ARV FOR PMTCT.	1	2																																																																				
16	MINOR SURGICAL PROCEDURES.....	1	2																																																																				
363	Are the official fees posted or displayed so that the client can easily see them?	YES..... 1 NO POSTED FEES..... 2	→ 365																																																																				
364	May I see the posted fees? REVIEW THE POSTED FEES AGAINST THE LIST OF ITEMS IN Q632 TO DETERMINE IF ALL FEES ARE POSTED	OBSERVED, ALL FEES POSTED..... 1 OBSERVED, SOME BUT NOT ALL FEES. 2																																																																					
365	What is the procedure if a client is unable to pay for any of the fees associated with health care provided in this facility? CIRCLE ALL THAT APPLY. PROBE TO ARRIVE AT APPROPRIATE RESPONSE	FEE EXEMPTED/DISCOUNTED, NO PAYMENT EXPECTED..... A FEE EXEMPTED/DISCOUNTED, PAYMENT EXPECTED LATER..... B SERVICE NOT PROVIDED, ASKED TO COME BACK WHEN ABLE TO PAY.. C ACCEPT PAYMENT IN-KIND..... D OTHER (SPECIFY)..... X																																																																					

SOURCES OF REVENUE

370	Now, I would like to ask about the sources of revenue or funding for this facility. Tell me if the facility received any revenue or funding from any of the listed resources during the 20XX - 20XX financial year. If someone else is more appropriate to provide financial information, please feel free to invite that person or refer me to that person. CIRCLE ALL THAT APPLY. PROBE FOR EACH.	MINISTRY OF HEALTH..... A OTHER PUBLIC MINISTRIES..... B MEDICAL SCHEMES (INSURANCE).... C SOCIAL SECURITY FUND..... D REIMBURSEMENT BY EMPLOYER..... E GOVT. CONTRIBUTION TO PRIVATE... F DONOR AGENCIES/NGOs..... G FAITH-BASED..... H COMMUNITY PROGRAMS..... I NONE..... Y OTHER (SPECIFY)..... X	
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**SECTION 4: STAFFING - MANAGEMENT - CLIENT OPINION
QUALITY ASSURANCE - TRANSPORT - HMIS AND HEALTH STATISTICS**

STAFFING

400	Please tell me how many staff in each of the following occupational categories are currently assigned to, employed by, or seconded to this facility, whether full time or part-time. I am interested in the highest occupational category (such as nurse or doctor) regardless of the person's actual assignments or duties. For doctors, I would like to know how many are part-time in this facility.	(a)	(b)
		ASSIGNED, EMPLOYED, OR SECONDED	PART TIME
	OCCUPATIONAL CATEGORIES (COUNTRY SPECIFIC)		
01	GENERALIST [NON-SPECIALIST] MEDICAL DOCTORS	<input type="text"/>	<input type="text"/>
02	SPECIALISTS MEDICAL DOCTORS [INCLUDING ANESTHESIOLOGISTS & PATHOLOGISTS]	<input type="text"/>	<input type="text"/>
03	ASSISTANT MEDICAL OFFICER	<input type="text"/>	
04	CLINICAL OFFICER	<input type="text"/>	
05	ASSISTANT CLINICAL OFFICER	<input type="text"/>	
06	ANESTHETIST	<input type="text"/>	
07	REGISTERED NURSE (INCLUDING NURSING OFFICERS AND MIDWIVES)	<input type="text"/>	
08	ENROLLED NURSE (INCLUDING TRAINED NURSES AND PUBLIC HEALTH NURSE)	<input type="text"/>	
09	NURSE ASSSISTANT/ATTENDANT	<input type="text"/>	
10	PHARMACIST	<input type="text"/>	
11	PHARMACEUTICAL TECHNICIAN	<input type="text"/>	
12	PHARMACEUTICAL ASSISTANT	<input type="text"/>	
13	LABORATORY SCIENTIST	<input type="text"/>	
14	LABORATORY TECHNOLOGIST	<input type="text"/>	
15	LABORATORY TECHNICIAN	<input type="text"/>	
16	LABORATORY ASSISTANT	<input type="text"/>	
17	SUM THE NUMBER OF STAFF REPORTED. VERIFY AND CORRECT THE TOTALS	<input type="text"/>	

MANAGEMENT MEETINGS

NOTIFY THE RESPONDENT THAT THIS SUBSECTION REQUIRES LOOKING AT RECORDS OF MEETINGS. IT WILL THEREFORE BE HELPFUL IF SUCH RECORDS ARE GATHERED BEFORE PROCEEDING WITH THE INTERVIEW.

410	Does this facility have routine facility management meetings?	YES..... 1 NO..... 2	→ 417
411	How frequently do these facility management meetings take place?	MONTHLY OR MORE FREQUENTLY..... 1 ONCE EVERY 2-3 MONTHS..... 2 ONCE EVERY 4-6 MONTHS..... 3 LESS FREQ. THAN EVERY 6 MONTHS..... 4 DON'T KNOW..... 8	↓ → 417
412	Does the facility maintain official records of facility management meetings?	YES..... 1 NO, RECORDS NOT MAINTAINED..... 2	→ 417
413	May I see the records or minutes from the most recent meeting that took place within the last 6 months?	OBSERVED..... 1 REPORTED, NOT SEEN..... 2	→ 417
414	REVIEW THE RECORDS OR MINUTES OF THE MOST RECENT MEETING NO OLDER THAN 6 MONTHS AND CIRCLE THE LETTER FOR ANY OF THE LISTED TOPICS THAT ARE MENTIONED IN THE REPORT.	RHIS DATA QUALITY..... A RHIS REPORTING..... B TIMELINESS OF RHIS REPORTING..... C QUALITY OF SERVICES..... D CLIENT UTILIZATION..... E DISEASE DATA..... F EMPLOYMENT CONDITIONS (E.G., SALARIES, DUTY SCHEDULES)..... G FINANCES OR BUDGET..... H OTHER..... X NONE OF THE ABOVE..... Y	→ 417
415	Did the facility make any decisions based on what was discussed at the last meeting and covered in this report?	YES..... 1 NO..... 2 DON'T KNOW..... 8	↓ → 417
416	Has the facility taken any follow-up action regarding the decisions made during the last meeting?	YES..... 1 NO..... 2 DON'T KNOW..... 8	
417	Are there any <i>routine</i> meetings about facility activities or management issues that include both facility staff and community / community committee members?	YES..... 1 NO..... 2 DON'T KNOW..... 8	↓ → 430
418	How frequently are routine meetings held with both facility staff and community / community committee members?	MONTHLY OR LESS FREQUENTLY..... 1 EVERY 2-3 MONTHS..... 2 EVERY 4-6 MONTHS..... 3 LESS FREQ. THAN EVERY 6 MONTHS..... 4 DON'T KNOW..... 8	↓ → 430
419	Is an official record of the meetings with both facility staff and community members maintained?	YES..... 1 NO, RECORDS NOT MAINTAINED..... 2	→ 430
420	May I see the records or minutes from the most recent meeting that took place within the last 6 months?	OBSERVED..... 1 REPORTED, NOT SEEN..... 2	

CLIENT OPINION AND FEEDBACK

430	Does this facility have any system for determining clients' opinions about the health facility or its services?	YES..... 1 NO..... 2	→ 440
431	Please tell me all the methods that this facility uses to elicit client opinion CIRCLE ALL METHODS MENTIONED AND PROBE: ANY MORE?	SUGGESTION BOX..... A CLIENT SURVEY FORM..... B CLIENT INTERVIEW FORM..... C OFFICIAL MEETING WITH COMMUNITY LEADERS..... D INFORMAL DISCUSSION WITH CLIENTS OR THE COMMUNITY..... E EMAIL..... F FACILITY'S WEBSITE..... G LETTERS FROM CLIENTS/COMMUNITY..... H OTHER..... X DON'T KNOW..... Z	→ 440
432	Is there a procedure for reviewing or reporting on clients' opinion? IF YES, ASK TO SEE A REPORT OR FORM ON WHICH DATA ARE COMPILED OR DISCUSSION IS REPORTED	YES..... 1 NO PROCEDURE..... 2 DON'T KNOW..... 8	→ 440
433	May I see a report on the review of client opinion, or any document on such a review?	OBSERVED..... 1 REPORTED, NOT SEEN..... 2 REPORTS NEVER COMPILED..... 3	

QUALITY ASSURANCE

NOTIFY THE RESPONDENT THAT THIS SUBSECTION REQUIRES LOOKING AT RECORDS OF QUALITY ASSURANCE ACTIVITIES. IT WILL THEREFORE BE HELPFUL IF SUCH RECORDS ARE GATHERED BEFORE PROCEEDING WITH THE INTERVIEW.

440	Does this facility routinely carry out quality assurance activities? An example may be facility-wide review of mortality, or periodic audit of registers.	YES..... 1 NO..... 2 DON'T KNOW..... 8	→ 450
441	Is there an official record of any quality assurance activities carried out during the past year?	YES..... 1 NO, RECORDS NOT MAINTAINED..... 2	→ 450
442	May I see a record of any quality assurance activity? A REPORT OR MINUTES OF A QA MEETING, A SUPERVISORY CHECKLIST, A MORTALITY REVIEW, AN AUDIT OF RECORDS OR REGISTERS ARE ALL ACCEPTABLE.	OBSERVED..... 1 REPORTED NOT SEEN..... 2	

TRANSPORT FOR EMERGENCIES

450	Does this facility have a functional ambulance or other vehicle for emergency transportation for clients that is stationed at this facility and that operates from this facility?	YES..... 1 NO..... 2	→ 452
451	May I see the ambulance (or other vehicle)?	OBSERVED..... 1 REPORTED NOT SEEN..... 2	→ 453
452	Does this facility have access to an ambulance or other vehicle for emergency transportation for clients that is stationed at another facility or that operates from another facility?	YES..... 1 NO..... 2	→ 460
453	Is fuel available today? ACCEPT REPORTED RESPONSE FROM KNOWLEDGEABLE RESPONDENT.	YES..... 1 NO..... 2 DON'T KNOW..... 8	

HMIS

FIND THE PERSON RESPONSIBLE FOR HEALTH INFORMATION SYSTEMS. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE ASSESSMENT BEFORE PROCEEDING WITH QUESTIONS IN THIS SUBSECTION

460	Does this facility have a system in place to regularly collect health services data?	YES. 1 NO. 2	
461	Does this facility regularly compile any reports containing health services information?	YES. 1 NO. 2	→ 464
462	How frequently are these reports compiled?	MONTHLY OR MORE OFTEN. 1 EVERY 2-3 MONTHS. 2 EVERY 4-6 MONTHS. 3 LESS OFTEN THAN EVERY 6 MONTHS. 4	
463	May I see a copy of the most recent report?	RECORD OBSERVED. 1 REPORTED, NOT SEEN. 2	
464	Does this facility have a designated person, such as a data manager, who is responsible for health services data in this facility?	YES. 1 NO DEDICATED PERSON. 2	→ 470
465	Who is responsible for health services data in this facility? PROBE TO DETERMINE WHO THIS PERSON IS	DATA MANAGER/HMIS PERSON. 1 FACILITY IN-CHARGE. 2 OTHER SERVICE PROVIDER. 3	

HEALTH STATISTICS

NOTIFY THE RESPONDENT THAT THIS SUBSECTION REQUIRES THAT SOME STATISTICS ARE GATHERED, IF SUCH INFORMATION IS NOT READILY AVAILABLE AT THE LOCATION WHERE THE INTERVIEW IS BEING CONDUCTED.

470	CHECK Q110	INPATIENT CARE SERVICES AVAILABLE <input type="checkbox"/>	NO INPATIENT CARE SERVICES <input type="checkbox"/>	→ 472
471	How many <i>live</i> discharges were made in the last completed calendar month [MONTH], for all conditions, both for adults and children?	# OF DISCHARGES <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> DON'T KNOW. 9998		
472	How many outpatient client visits were made to this facility in the last completed calendar month [MONTH] for both adults and children?	# OF CLIENT VISITS <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> DON'T KNOW. 9998		

SECTION 5: PROCESSING OF INSTRUMENTS FOR REUSE

ASK TO BE SHOWN THE MAIN LOCATION WHERE SURGICAL INSTRUMENTS ARE PROCESSED/STERILIZED IN THE FACILITY FOR REUSE. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT PROCESSING OF SURGICAL INSTRUMENTS IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND PROCEED.

500	CHECK Q501: ARE ANY EQUIPMENT PROCESSED IN THE FACILITY?						
	YES (CODES 1 or 2 CIRCLED)	NO (CODE 3 CIRCLED)					
	<input type="checkbox"/>	<input type="checkbox"/>	GO TO NEXT SECTION OR SERVICE SITE				
501	ASK IF EACH OF THE INDICATED ITEMS BELOW IS USED BY THE FACILITY AND AVAILABLE. IF AVAILABLE, ASK TO SEE IT. ASK IF IT IS FUNCTIONING OR NOT FOR EXAMPLE: "Do you use [METHOD] in facility?" IF YES, ASK: "May I see it?" THEN "Is it functioning?"						
	ITEM	(A) USE AND AVAILABILITY			(B) FUNCTIONING		
		OBSERVED	REPORTED NOT SEEN	NOT USED	YES	NO	DON'T KNOW
01	ELECTRIC AUTOCLAVE (PRESSURE & WET HEAT)	1 → b	2 → b	3 2 ↘	1	2	8
02	NON-ELECTRIC AUTOCLAVE (PRESSURE & WET HEAT)	1 → b	2 → b	3 3 ↘	1	2	8
03	ELECTRIC DRY HEAT STERILIZER	1 → b	2 → b	3 4 ↘	1	2	8
04	ELECTRIC BOILER OR STEAMER (NO PRESSURE)	1 → b	2 → b	3 5 ↘	1	2	8
05	NON-ELECTRIC POT WITH COVER FOR BOILING/STEAM	1	2	3			
06	HEAT SOURCE FOR NON-ELECTRIC EQUIPMENT (STOVE OR COOKER)	1 → b	2 → b	3 7 ↘	1	2	8
07	AUTOMATIC TIMER (MAY BE ON EQUIPMENT)	1 → b	2 → b	3 8 ↘	1	2	8
08	TST INDICATOR STRIPS/OTHER ITEM THAT INDICATES PROCESS IS COMPLETE	1	2	3			
09	ANY CHEMICALS FOR CHEMICAL HLD	1	2	3			
502	CHECK Q501. FOR EACH OF THE FOLLOWING METHODS OF STERILIZATION/HIGH LEVEL DISINFECTION THAT IS USED IN THE FACILITY, ASK YOUR RESPONDENT AND INDICATE THE PROCESSING DETAILS, INCLUDING PROCESSING TIME, RECOMMENDED PRESSURE, ETC.						
		(1) AUTOCLAVE (steam with pressure)	(2) DRY HEAT STERILIZATION	(3) BOILING (HLD)	(4) STEAM HIGH LEVEL DISINFECTION (HLD)	(5) CHEMICAL HIGH LEVEL DISINFECTION (HLD)	
A	Method	USED 1 NOT USED .. 2 → 2	USED 1 NOT USED .. 2 → 3	USED 1 NOT USED 2 → 4	USED 1 NOT USED .. 2 → 5	USED 1 NOT USED .. 2 → 503	
B	Temperature (centigrade)	TEMPERATURE <input type="text"/> <input type="text"/> <input type="text"/> AUTOMATIC 666 DON'T KNOW 998	TEMPERATURE <input type="text"/> <input type="text"/> <input type="text"/> AUTOMATIC 666 DON'T KNOW 998				
C	Pressure	PRESS- URE <input type="text"/> <input type="text"/> <input type="text"/> AUTOMATIC 666 DON'T KNOW 998 → 1E					
D	Units of pressure	UNITS OF PRESSURE: KG/SQ CM 1 ATM PRESSURE 2 KILOPASCAL 3 MILLIMETER HG 4 DON'T KNOW 8					
E	What is the duration in minutes when instrument is not wrapped in cloth for [METHOD]?	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> AUTOMATIC 666 NOT USED 995 DON'T KNOW 998	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> AUTOMATIC 666 DON'T KNOW 998	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	
F	What is the duration in minutes when instrument is wrapped in cloth for autoclave?	MINUTES WRAPPED <input type="text"/> <input type="text"/> <input type="text"/> AUTOMATIC 666 NOT USED 995 DON'T KNOW 998					
G	Chemical disinfectant used						ALCOHOL 01 BETADINE 02 CHLORINE 03 CIDEX 04 FORMALDEHYDE 05 GLUTERALDEHYDE 06 DON'T KNOW 98
503	Does this facility have any guidelines on final processing or sterilization of surgical instruments?	YES 1 NO 2			→ NEXT SECTION		
504	May I see the guidelines on processing or sterilization of instruments? HAND-WRITTEN GUIDELINES POSTED ON WALLS IN AREA WHERE EQUIPMENT IS PROCESSED OR STERILIZED IS ACCEPTABLE	OBSERVED 1 REPORTED NOT SEEN 2					

SECTION 6: HEALTH CARE WASTE MANAGEMENT AND CLIENT LATRINE

FIND THE PERSON RESPONSIBLE FOR WASTE MANAGEMENT ACTIVITIES IN THE FACILITY. INTRODUCE YOURSELF AND EXPLAIN THE PURPOSE OF THE ASSESSMENT BEFORE PROCEEDING WITH THE QUESTIONS

600	<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>NOTE!</p> <p>IF ANY OF THE RESPONSES 02 - 09 TAKE PLACE OUTSIDE THE FACILITY, THEN THE CORRECT RESPONSE TO CIRCLE WILL BE IN THE CATEGORY OF "REMOVE OFFSITE"</p>	<p>BURN IN INCINERATOR:</p> <p>2 CHAMBER INDUSTRIAL (800-1000+°C). 02</p> <p>1 CHAMBER DRUM/BRICK. 03</p> <p>OPEN BURNING</p> <p>FLAT GROUND-NO PROTECTION. 04</p> <p>PIT OR PROTECTED GROUND. 05</p> <p>DUMP WITHOUT BURNING</p> <p>FLAT GROUND-NO PROTECTION. 06</p> <p>COVERED PIT OR PIT LATRINE. 07</p> <p>OPEN PIT-NO PROTECTION. 08</p> <p>PROTECTED GROUND OR PIT. 09</p> <p>REMOVE OFFSITE</p> <p>STORED IN COVERED CONTAINER. 10</p> <p>STORED IN OTHER PROTECTED ENVIRONMENT. 11</p> <p>STORED UNPROTECTED. 12</p> <p>OTHER _____ 96</p> <p style="text-align: center;">(SPECIFY)</p> <p>NEVER HAVE SHARPS WASTE 95</p>	
601	<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</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>NOTE!</p> <p>IF ANY OF THE RESPONSES 02 - 09 TAKE PLACE OUTSIDE THE FACILITY, THEN THE CORRECT RESPONSE TO CIRCLE WILL BE IN THE CATEGORY OF "REMOVE OFFSITE"</p>	<p>SAME AS FOR SHARP ITEMS. 01</p> <p>BURN IN INCINERATOR:</p> <p>2-CHAMBER INDUSTRIAL (800-1000+°C). 02</p> <p>1-CHAMBER DRUM/BRICK. 03</p> <p>OPEN BURNING</p> <p>FLAT GROUND-NO PROTECTION. 04</p> <p>PIT OR PROTECTED GROUND. 05</p> <p>DUMP WITHOUT BURNING</p> <p>FLAT GROUND-NO PROTECTION. 06</p> <p>COVERED PIT OR PIT LATRINE. 07</p> <p>OPEN PIT-NO PROTECTION. 08</p> <p>PROTECTED GROUND OR PIT. 09</p> <p>REMOVE OFFSITE</p> <p>STORED IN COVERED CONTAINER. 10</p> <p>STORED IN OTHER PROTECTED ENVIRONMENT. 11</p> <p>STORED UNPROTECTED. 12</p> <p>OTHER _____ 96</p> <p style="text-align: center;">(SPECIFY)</p> <p>NEVER HAVE OTHER MEDICAL WASTE. 95</p>	
602	<p>CHECK Q600</p> <p style="display: flex; justify-content: space-between;"> <input type="checkbox"/> FACILITY-BASED WASTE DISPOSAL OR WASTE REMOVED OFFSITE (ANY CODE OTHER THAN "95" CIRCLED) <input type="checkbox"/> NEITHER FACILITY-BASED WASTE DISPOSAL NOR REMOVAL OFFSITE (CODE "95" CIRCLED) </p> <p style="text-align: right; margin-right: 20px;">→ 604</p>		
603	<p>ASK TO SEE THE PLACE USED BY THIS FACILITY FOR DISPOSAL OF SHARPS WASTE AND INDICATE THE CONDITION OBSERVED. IF SHARPS WASTE IS DISPOSED OFF-SITE, OBSERVE THE SITE WHERE IT IS STORED PRIOR TO COLLECTION FOR OFF-SITE DISPOSAL. IF SITE NOT INSPECTED, CIRCLE '8'.</p>	<p>NO WASTE VISIBLE. 1</p> <p>WASTE VISIBLE, BUT PROTECTED AREA. 2</p> <p>WASTE VISIBLE, NOT PROTECTED. 3</p> <p>WASTE SITE NOT INSPECTED. 8</p>	
604	<p>CHECK Q601</p> <p style="display: flex; justify-content: space-between;"> <input type="checkbox"/> FACILITY-BASED WASTE DISPOSAL OR WASTE REMOVED OFFSITE (ANY CODE "02" TO "96" CIRCLED) <input type="checkbox"/> NEITHER FACILITY-BASED WASTE DISPOSAL NOR REMOVAL OFFSITE (CODE "01" OR "95" CIRCLED) </p> <p style="text-align: right; margin-right: 20px;">→ 606</p>		
605	<p>ASK TO SEE THE PLACE USED BY THIS FACILITY FOR DISPOSAL OF MEDICAL WASTE AND INDICATE THE CONDITION OBSERVED. IF MEDICAL WASTE IS DISPOSED OFF-SITE, OBSERVE THE SITE WHERE IT IS STORED PRIOR TO COLLECTION FOR OFF-SITE DISPOSAL. IF SITE NOT INSPECTED, CIRCLE '8'.</p>	<p>NO WASTE VISIBLE. 1</p> <p>WASTE VISIBLE, BUT PROTECTED AREA. 2</p> <p>WASTE VISIBLE, NOT PROTECTED. 3</p> <p>WASTE SITE NOT INSPECTED. 8</p>	

606	CHECK Q600 AND Q601	INCINERATOR USED (EITHER "2" OR "3" CIRCLED) <input type="checkbox"/>	INCINERATOR NOT USED (NEITHER "2" NOR "3" CIRCLED) <input type="checkbox"/>	→ 610
607	ASK TO BE SHOWN THE INCINERATOR	INCINERATOR OBSERVED..... 1 INCINERATOR REPORTED NOT SEEN..... 2		
608	Is the incinerator functional today? ACCEPT REPORTED RESPONSE FROM KNOWLEDGEABLE RESPONDENT.	YES..... 1 NO..... 2 DON'T KNOW..... 8		→ 610
609	Is fuel available today for the incinerator? ACCEPT REPORTED RESPONSE	YES..... 1 NO..... 2 DON'T KNOW..... 8		
610	Do you have any guidelines on health care waste management available in this service area? This may be part of the infection prevention guideline or protocol.	YES..... 1 NO GUIDELINE AVAILABLE..... 2		→ 620
611	May I see the guidelines on health care waste management?	OBSERVED..... 1 REPORTED NOT SEEN..... 2		

CLIENT LATRINE

620	Is there a toilet (latrine) in functioning condition that is available for general outpatient client use? IF YES, ASK TO SEE THE CLIENT TOILET AND INDICATE THE TYPE. THIS MUST BE TOILET FACILITIES FOR THE MAIN OUTPATIENT SERVICE AREA.	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM.....11 FLUSH TO SEPTIC TANK.....12 FLUSH TO PIT LATRINE.....13 FLUSH TO SOMEWHERE ELSE.....14 FLUSH, DON'T KNOW WHERE.....15 PIT LATRINE VENTILATED IMPROVED PIT LATRINE.....21 PIT LATRINE WITH SLAB.....22 PIT LATRINE WITHOUT SLAB / OPEN PIT.....23 COMPOSTING TOILET.....31 BUCKET TOILET.....41 HANGING TOILET / HANGING LATRINE.....51 NO FUNCTIONING FACILITY / BUSH / FIELD.....61		
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SECTION 7: BASIC SUPPLIES - CLIENT EXAMINATION ROOM CLIENT WAITING AREA

AT THIS POINT TELL YOUR RESPONDENT THAT YOU WOULD LIKE TO SEE SOME BASIC SUPPLIES AND EQUIPMENT USED IN THE PROVISION OF CLIENT SERVICES. YOU WOULD LIKE TO SEE IF THESE SUPPLIES AND EQUIPMENT ARE AVAILABLE IN THE GENERAL OUTPATIENT AREA. IF YOU ARE NOT IN THE GENERAL OUTPATIENT AREA, ASK TO BE TAKEN TO THE GENERAL OUTPATIENT AREA.

BASIC SUPPLIES AND EQUIPMENT

700	I would like to know if the following items are available today in the main service area and are functioning ASK TO SEE ITEMS.	(A) AVAILABLE			(B) FUNCTIONING		
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01	ADULT WEIGHING SCALE	1 → b	2 → b	3	1	2	8
02	CHILD WEIGHING SCALE [250 GRAM GRADATION]	1 → b	2 → b	3	1	2	8
03	INFANT WEIGHING SCALE [100 GRAM GRADATION]	1 → b	2 → b	3	1	2	8
04	STADIOMETER (OR HEIGHT ROD) FOR MEASURING HEIGHT	1 → b	2 → b	3	1	2	8
05	MEASURING TAPE [FOR HEAD CIRCUMFERENCE]	1	2	3			
06	THERMOMETER	1 → b	2 → b	3	1	2	8
07	STETHOSCOPE	1 → b	2 → b	3	1	2	8
08	DIGITAL BP APPARATUS	1 → b	2 → b	3	1	2	8
09	MANUAL BP APPARATUS	1 → b	2 → b	3	1	2	8
10	LIGHT SOURCE (FLASHLIGHT ACCEPTABLE)	1 → b	2 → b	3	1	2	8
11	SELF-INFLATING BAG AND MASK [ADULT]	1 → b	2 → b	3	1	2	8
12	SELF-INFLATING BAG AND MASK [PEDIATRIC]	1 → b	2 → b	3	1	2	8
13	MICRONEBULIZER	1 → b	2 → b	3	1	2	8
14	SPACERS FOR INHALERS	1	2	3			
15	PEAK FLOW METERS	1 → b	2 → b	3	1	2	8
16	PULSE OXIMETER	1 → b	2 → b	3	1	2	8
17	OXYGEN CONCENTRATORS	1 → b	2 → b	3	1	2	8
18	FILLED OXYGEN CYLINDER	1 → b	2 → b	3	1	2	8
19	OXYGEN DISTRIBUTION SYSTEM	1 → b	2 → b	3	1	2	8
20	INTRAVENOUS INFUSION KITS - ADULT	1	2	3			
21	INTRAVENOUS INFUSION KITS - PEDIATRIC	1	2	3			

CLIENT EXAMINATION ROOM

AT THIS POINT ASK TO BE SHOWN THE ROOM OR AREA IN THE GENERAL OUTPATIENT AREA WHERE MOST CLIENT SERVICES ARE OFFERED. OBSERVE THE CONDITION UNDER WHICH MOST CLIENT EXAMINATION TAKE PLACE. INDICATE IF THE FOLLOWING ITEMS ARE AVAILABLE IN THE ROOM OR AREA. ASK TO BE SHOWN ITEMS THAT YOU DO NOT SEE.

710	STANDARD PRECAUTIONS AND CONDITIONS FOR CLIENT EXAMINATION	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE
01	RUNNING WATER (PIPED, BUCKET WITH TAP OR POUR PITCHER)	1	2	3
02	HAND-WASHING SOAP (MAY BE LIQUID SOAP)	1	2	3
03	ALCOHOL-BASED HAND RUB	1	2	3
04	WASTE RECEPTACLE (PEDAL BIN) WITH LID AND PLASTIC BIN LINER	1 06 ↙	2	3
05	OTHER WASTE RECEPTACLE	1	2	3
06	SHARPS CONTAINER ("SAFETY BOX")	1	2	3
07	DISPOSABLE LATEX GLOVES	1	2	3
08	DISINFECTANT/ANTISEPTICS [E.G., CHLORINE, HIBITANE, ALCOHOL]	1	2	3
09	SINGLE-USE STANDARD DISPOSABLE SYRINGES WITH NEEDLES OR AUTO-DISABLE SYRINGES WITH NEEDLES	1	2	3
10	MEDICAL MASKS	1	2	3
11	GOWNS	1	2	3
12	EYE PROTECTION [GOGGLES OR FACE PROTECTION]	1	2	3
13	GUIDELINES FOR STANDARD PRECAUTIONS	1	2	3
711	DESCRIBE THE SETTING OF THE ROOM OR SERVICE AREA	PRIVATE ROOM. 1 OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY. 2 VISUAL PRIVACY ONLY. 3 NO PRIVACY. 4		

CLIENT WAITING AREA

720	Is there a waiting area for clients where they <u>are protected from the sun and rain?</u> ASK TO SEE THE CLIENT WAITING AREA. MUST BE THE WAITING AREA IN THE MAIN OUTPATIENT SERVICE AREA.	YES. 1 NO PROTECTED CLIENT WAITING AREA 2	
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SECTION 8: DIAGNOSTICS

800	CHECK Q102.17	DIAGNOSTIC SERVICES AVAILABLE IN FACILITY <input type="checkbox"/>	NO DIAGNOSTIC SERVICES <input type="checkbox"/> GO TO NEXT SECTION OR SERVICE SITE ←
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. FOR EACH OF THE TEST OF INTEREST, ASK AND GO TO THE MAIN LOCATION IN THE FACILITY WHERE THE INFORMATION WILL BE AVAILABLE. IF INFORMATION IS NOT IN THAT LOCATION ASK IF IT IS ANYWHERE ELSE IN THE FACILITY AND GO THERE TO COMPLETE THE QUESTIONNAIRE.			

HEMATOLOGY

801	Does this facility do any hemoglobin testing on site, i.e. in the facility?	YES 1 NO 2	→ 803						
802	Please tell me if: a) Any of the following hemoglobin test equipment is used in this facility, b) All items needed for the test are available, and c) Equipment is in working order	(a)	(b)	(c)					
		USED	EQUIPMENT/ALL ITEMS FOR TEST AVAILABLE?			IS THE ITEM IN WORKING ORDER?			
		Yes	No	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DONT KNOW
01	Hematology analyzer (for total lymphocyte count, full blood count, platelet count, etc.)	1 → b 2 ↘ 02 ←	1 → c 2 → c 3 ↘ 02 ←	1	2	3	1	2	8
02	HemoCue	1 → b 2 ↘ 04 ←	1 → c 2 → c 3 ↘ 04 ←	1	2	3	1	2	8
03	Microcuvette (with valid expiration date)		1	2	3				
04	Colorimeter or hemoglobinometer	1 → b 2 ↘ 07 ←	1 → c 2 → c 3 ↘ 07 ←	1	2	3	1	2	8
05	Drabkin's solution (for colorimeter and hemoglobinometer)		1	2	3				
06	Pipette (for measuring blood volume)	1 → b 2 ↘ 07 ←	1	2	3				
07	Litmus paper for hemoglobin test (with valid expiration date)	1 → b 2 ↘ 803 ←	1	2	3				
803	Does this facility do CD4 testing?				YES..... 1 NO..... 2	→ 806			
804	Please tell me if: a) Any of the following CD4 test equipment or assay is used in this facility, b) Equipment or items needed for the test are available, and c) Equipment is in working order	(a)	(b)	(c)					
		USED	EQUIPMENT/ALL ITEMS FOR TEST AVAILABLE?			IS THE ITEM IN WORKING ORDER OR UNEXPIRED?			
		Yes	No	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DONT KNOW
01	Flow cytometer analyzer e.g., FACS count machine	1 → b 2 ↘ 03 ←	1 → c 2 → c 3 ↘ 03 ←	1	2	3	1	2	8
02	Reagent kits for flow cytometer analyzer		1	2	3				
03	Fluorescent cartridge / PIMA analyzer	1 → b 2 ↘ 05 ←	1 → c 2 → c 3 ↘ 05 ←	1	2	3	1	2	8
04	Cartridges for fluorescent cartridge analyzer		1	2	3				
05	Rapid CD4 test strips	1 → b 2 ↘ 806 ←	1 → c 2 → c 3 ↘ 806 ←	1	2	3	1	2	8

HIV TESTING

806	Does this facility conduct any HIV tests, including HIV RDT, either in the facility or through referral?	YES..... 1 NO..... 2	→ 827	
807	Is HIV rapid diagnostic testing available from this service site?	YES..... 1 NO..... 2	→ 809	
808	May I see a sample HIV rapid diagnostic test (RDT) kit? CHECK TO SEE IF AT LEAST ONE IS VALID	OBSERVED, AT LEAST 1 VALID..... 1 OBSERVED, NONE VALID..... 2 REPORTED AVAILABLE, NOT SEEN..... 3 NONE AVAILABLE TODAY..... 4		
809	Do you use filter paper to collect dried blood spots (DBS) at this site for HIV diagnosis?	YES..... 1 NO..... 2	→ 811	
810	May I see a sample DBS filter paper card? CHECK TO SEE IF AT LEAST ONE IS VALID	OBSERVED, AT LEAST 1 VALID..... 1 OBSERVED, NONE VALID..... 2 REPORTED AVAILABLE, NOT SEEN..... 3 NONE AVAILABLE TODAY..... 4		
811	Please tell me if: a) Any of the following HIV test or test equipment is used in this facility, b) All items needed for the test are available, and c) Equipment is in working order or kit unexpired	(a) EQUIPMENT USED/ TEST CONDUCTED	(b) ARE ALL ITEMS FOR TEST AVAILABLE?	(c) IS THE ITEM IN WORKING ORDER OR UNEXPIRED?
		Yes No	OBSERVED REPORTED NOT SEEN NOT AVAILABLE	YES NO DON'T KNOW
01	HIV testing using ELISA assay	1 2 06 ←		
02	ELISA/EIA scanner or reader	1 → b 2 06 ←	1 → c 2 → c 3 03 ←	1 2 8
03	Plate Washer [ACCEPTABLE IF MANUAL WASHING]		1 → c 2 → c 3 04 ←	1 2 8
04	Specific ELISA assay kit E.G., ENZYGNOST, VIRONOSTICA, MUREX		1 → c 2 → c 3 05 ←	1 2 8
05	INCUBATOR	1 → b 2 06 ←	1 → c 2 → c 3 06 ←	1 2 8
06	Dynabeads with vortex mixer	1 → b 2 07 ←	1 → c 2 → c 3 07 ←	1 2 8
07	Western Blot test (assay)	1 → b 2 08 ←	1 2 3	
08	PCR for viral load	1 → b 2 09 ←	1 → c 2 → c 3 09 ←	1 2 8
09	PCR for DNA-EID	1 → b 2 812 ←	1 → c 2 → c 3 812 ←	1 2 8
812	Do you have any written guidelines on how to conduct HIV test (may be manufacturers instructions, SOP, etc.)		YES..... 1 NO..... 2	→ 814
813	May I see the guidelines, instructions or SOP?		OBSERVED..... 1 REPORTED NOT SEEN..... 2	
814	Do you have written guidelines on confidentiality and disclosure of HIV test results MAY BE PART OF ANOTHER GUIDELINE		YES..... 1 NO..... 2	→ 816
815	May I see the guidelines on confidentiality and disclosure of HIV results?		OBSERVED..... 1 REPORTED NOT SEEN..... 2	
816	Do you have other guidelines relevant to HIV/AIDS or related services		YES..... 1 NO..... 2	→ 818
817	May I see the other HIV/AIDS-related guidelines?		OBSERVED..... 1 REPORTED NOT SEEN..... 2	

818	Is there an established system for external quality control for the HIV tests conducted by this laboratory?	YES..... 1 NO..... 2	→ 823
819	What system of external quality control for HIV tests is used in this laboratory? PROBE FOR SYSTEM USED. CIRCLE ALL THAT APPLY	PROFICIENCY PANEL..... A EXTERNAL INSPECTION/ OBSERVATION OF TECHNIQUE..... B BLOOD SENT OUTSIDE FOR RETESTING.. C OTHER..... X	
820	Is there a record of the results from the external quality check?	YES..... 1 NO..... 2	→ 823
821	May I see the records or results from the external quality check?	OBSERVED..... 1 REPORTED, NOT SEEN..... 2	→ 823
822	WHAT IS THE MOST RECENT ERROR RATE RECORDED BY THE EXTERNAL QUALITY CONTROL, ACCORDING TO THE REGISTER	PERCENT ERROR RATE <input type="text"/> <input type="text"/> NOT AVAILABLE..... 95	
823	Do you send blood outside the facility for HIV diagnostic testing?	YES..... 1 NO..... 2	→ 827
824	For which HIV test do you send blood outside? PROBE	ELISA/EIA..... A WESTERN BLOT..... B PCR FOR EID..... C RAPID TESTING..... D OTHER..... X	
825	Do you maintain records of test result of HIV tests that are conducted outside of this facility?	YES..... 1 NO..... 2	→ 827
826	May I see records of recent tests conducted outside this facility?	OBSERVED..... 1 REPORTED, NOT SEEN..... 2	

STANDARD PRECAUTIONS

ASSESS THE HIV TESTING AREA (OR GENERAL LAB AREA IF NO HIV TESTING) FOR THE FOLLOWING ITEMS. FOR ITEMS THAT YOU DO NOT SEE, ASK YOUR RESPONDENT TO SHOW THEM TO YOU.				
827	STANDARD PRECAUTIONS AND CONDITIONS FOR CLIENT EXAMINATION	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE
01	RUNNING WATER (PIPED, BUCKET WITH TAP OR POUR PITCHER)	1	2	3
02	HAND-WASHING SOAP (MAY BE LIQUID SOAP)	1	2	3
03	ALCOHOL-BASED HAND RUB	1	2	3
04	WASTE RECEPTACLE (PEDAL BIN) WITH LID AND PLASTIC BIN LINER	1 06 ↙	2	3
05	OTHER WASTE RECEPTACLE	1	2	3
06	SHARPS CONTAINER ("SAFETY BOX")	1	2	3
07	DISPOSABLE LATEX GLOVES	1	2	3
08	DISINFECTANT [E.G., CHLORINE, HIBITANE, ALCOHOL]	1	2	3
09	SINGLE-USE STANDARD DISPOSABLE SYRINGES WITH NEEDLES OR AUTO-DISABLE SYRINGES WITH NEEDLES	1	2	3
10	MEDICAL MASKS	1	2	3
11	GOWNS	1	2	3
12	EYE PROTECTION [GOGGLES OR FACE PROTECTION]	1	2	3
13	GUIDELINES FOR STANDARD PRECAUTIONS	1	2	3

CLINICAL CHEMISTRY

830	Does this facility do any blood glucose testing in the facility?	YES 1 NO 2	→ 832					
831	Please tell me if: a) Any of the following blood glucose test equipment is used in this facility b) Equipment is available, and c) Equipment is in working order	(a)	(b)	(c)				
		USED		EQUIPMENT/ALL ITEMS FOR TEST AVAILABLE?		IS THE ITEM IN WORKING ORDER OR UNEXPIRED?		
		Yes	No	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO
01	Glucometer	1 → b 2 ↙ 832 ↘	1 → c	2 → c	3 ↙ 832 ↘	1	2	8
02	Glucometer test strips		1 → c	2 → c	3 ↙ 832 ↘	1	2	8
832	Does this facility do any liver function tests (such as ALT & AST) or renal function tests (such as serum creatinine) on site?	YES..... 1 NO..... 2	→ 836					
833	Does this facility have a blood chemistry analyzer that provides serum creatinine, LFTs and glucose?	YES..... 1 NO..... 2	→ 836					
834	May I see the blood chemistry analyzer?	OBSERVED..... 1 REPORTED, NOT SEEN..... 2						
835	Is the blood chemistry analyzer functioning? ACCEPT REPORTED RESPONSE	YES..... 1 NO..... 2						
836	Does this facility do any urine chemistry testing using dipsticks and/or urine pregnancy test on site?	YES..... 1 NO..... 2	→ 838					
837	Please tell me if any of the following dipstick test is done (or used) in this location. If done or used, I will like to see one. IF DONE/USED ASK TO SEE IT AND NOTE IF VALID/ UNEXPIRED	(A) USED	(B) OBSERVED AVAILABLE					
		Yes	No	AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED NOT SEEN	NORMALLY AVAILABLE NOT TODAY	
		01	Dip sticks for urine protein	1 → b 2 ↙ 02 ↘	1	2	3	4
		02	Dip sticks for urine glucose	1 → b 2 ↙ 03 ↘	1	2	3	4
03	Urine pregnancy test	1 → b 2 ↙ 838 ↘	1	2	3	4		
838	Do you ever send blood or urine outside the facility for blood chemistries, LFTs, urinalysis or pregnancy tests?	YES..... 1 NO..... 2	→ 840					
839	INDICATE IF THERE IS AN OBSERVED RECORD OF RESULTS FOR TESTS CONDUCTED OUTSIDE	(A) SEND SPECIMEN OUTSIDE FOR TEST		(B) RECORD OF TEST RESULTS OBSERVED				
		YES	NO	YES	NO			
	01	Blood chemistries (e.g. glucose, sodium, potassium etc.)	1 → b 2 ↙ 02 ↘	1	2			
	02	Liver Function Test (LFT)	1 → b 2 ↙ 03 ↘	1	2			
	03	Urinalysis	1 → b 2 ↙ 04 ↘	1	2			
04	Pregnancy test	1 → b 2 ↙ 840 ↘	1	2				

PARASITOLOGY/BACTERIOLOGY

840	Please tell me if: a) Any of the following EQUIPMENT is used in the facility b) Is available, and c) Equipment is functioning	(a)		(b)			(c)			
		EQUIPMENT/ TEST USED		EQUIPMENT/ALL ITEMS FOR TEST AVAILABLE?			IS THE ITEM IN WORKING ORDER?			
		Yes	No	OBSERVED	REPORTED NOT SEEN	NORMALLY AVAILABLE NOT TODAY	YES	NO	DONT KNOW	
01	LIGHT MICROSCOPE	1 → b	2] 02 ←	1 → c	2 → c	3] 02 ←	1	2	8	
02	ELECTRON MICROSCOPE	1 → b	2] 03 ←	1 → c	2 → c	3] 03 ←	1	2	8	
03	REFRIGERATOR IN LAB AREA	1 → b	2] 04 ←	1 → c	2 → c	3] 04 ←	1	2	8	
04	INCUBATOR	1 → b	2] 05 ←	1 → c	2 → c	3] 05 ←	1	2	8	
05	TEST TUBES	1 → b	2] 06 ←	1	2	3				
06	CENTRIFUGE FOR CSF MICROSCOPY	1 → b	2] 07 ←	1 → c	2 → c	3] 7 ←	1	2	8	
07	CULTURE MEDIUM	1 → b	2] 08 ←	1	2	3				
08	GLASS SLIDES AND COVERS	1 → b	2] 841 ←	1	2	3				
841	Does this facility do any MALARIA tests (microscopy or mRDT) on site, i.e., in the facility?	YES..... 1 NO..... 2						→ 848		
842	Do you use malaria rapid diagnostic test to diagnose malaria at this laboratory/service site?	YES..... 1 NO..... 2						→ 847		
843	May I see a sample malaria rapid diagnostic test (RDT) kit? CHECK TO SEE IF AT LEAST ONE IS VALID	OBSERVED, AT LEAST 1 VALID..... 1 OBSERVED, NONE VALID..... 2 REPORTED AVAILABLE, NOT SEEN..... 3 NONE AVAILABLE TODAY..... 4								
844	OBSERVE OR ASK THE BRAND OR TYPE OF MALARIA RDT KIT COUNTRY-SPECIFIC	SD BIOLINE..... A FIRST RESPONSE..... B PARAHIT..... C ICT..... D OTHER _____ X (SPECIFY)								
845	Do you have a training manual, poster or other job aid for using malaria rapid diagnostic test?	YES..... 1 NO..... 2						→ 847		
846	May I see the training manual, poster or other job aid for using malaria rapid diagnostic test?	OBSERVED..... 1 REPORTED, NOT SEEN..... 2								
847	Please tell me if: a) Any of the following malaria tests or equipment is used in the facility b) All items needed for the test are available	(a)		(b)						
		EQUIPMENT/ TEST USED		EQUIPMENT/ALL ITEMS FOR TEST AVAILABLE?						
		Yes	No	OBSERVED	REPORTED NOT SEEN	NORMALLY AVAILABLE NOT TODAY				
		01	GIEMSA STAIN	1 → b	2] 02 ←	1				2
02	FIELD STAIN	1 → b	2] 03 ←	1	2	3				
03	ACRIDINE ORANGE (AO microscope, and Acridine orange stain)	1 → b	2] 848 ←	1	2	3				

848	Does this facility do any GRAM STAINING ?		YES..... 1 NO..... 2			→ 850
849	Please tell me if the following are used and are available today.	(a)		(b)		
		USED		EQUIPMENT/ALL ITEMS FOR TEST AVAILABLE?		
	IF USED ASK TO SEE IT	Yes	No	OBSERVED	REPORTED, NOT SEEN	NORMALLY AVAILABLE NOT TODAY
	01	Crystal violet or Gentian violet	1 → b 2] 02 ↓	1	2	3
	02	Lugol's iodine / Lugol's solution	1 → b 2] 03 ↓	1	2	3
03	Acetone or Acetone alcohol	1 → b 2] 04 ↓	1	2	3	
04	Neutral red, carbol fuchsin, or other counter stain	1 → b 2] 850 ↓	1	2	3	
850	Do you ever send any specimen outside for Gram staining, India Ink staining, malaria testing or for culture?		YES..... 1 NO..... 2			→ 852
851	INDICATE IF THERE IS AN OBSERVED RECORD OF RESULTS FOR TESTS CONDUCTED OUTSIDE		(A) SEND SPECIMEN OUTSIDE FOR TEST		(B) RECORD OF TEST RESULTS OBSERVED	
			YES	NO	YES	NO
	01	Gram stain	1 → b 2] 02 ↓	1	2	
	02	India ink stain	1 → b 2] 03 ↓	1	2	
	03	Malaria	1 → b 2] 04 ↓	1	2	
04	Specimen for culture	1 → b 2] 852 ↓	1	2		
852	Does this facility do STOOL MICROSCOPY ?		YES..... 1 NO..... 2			→ 854
853	Please tell me if the following are used and are available today.	(a)		(b)		
		USED		EQUIPMENT/ALL ITEMS FOR TEST AVAILABLE?		
		Yes	No	OBSERVED	REPORTED, NOT SEEN	NORMALLY AVAILABLE NOT TODAY
	01	Formal saline (for concentration method)	1 → b 2] 02 ↓	1	2	3
02	Normal saline (for direct microscopy)	1 → b 2] 03 ↓	1	2	3	
03	Lugol's iodine / Lugol's solution	1 → b 2] 854 ↓	1	2	3	

TUBERCULOSIS

861	Does this facility do any TB tests on site?	YES..... 1 NO..... 2	→ 865							
862	Please tell me IF: a) Any of the following TB tests or equipment is used in the facility b) All items needed for the test are available c) Equipment is functioning	(a)	(b)	(c)						
		EQUIPMENT/ TEST USED	EQUIPMENT/ALL ITEMS FOR TEST AVAILABLE?	IS THE ITEM IN WORKING ORDER?						
		Yes	No	OBSERVED	REPORTED NOT SEEN	NORMALLY AVAILABLE NOT TODAY	YES	NO	DON'T KNOW	
		01	Ziehl-Neelson test for AFB	1 2 05 ↙						
		02	Carbol-Fuchsin	1 → b 2 03 ↙	1	2	3			
		03	Sulphuric Acid (20 - 25% concentration) or Acid Alcohol	1 → b 2 04 ↙	1	2	3			
		04	Methylene Blue	1 → b 2 05 ↙	1	2	3			
		05	Fluorescence Microscope (FM) - LED	1 → b 2 06 ↙	1 → c	2 → c	3 06 ↙	1	2	8
		06	Culture / growth medium for Mycobacterium Tuberculosis (e.g., MGIT 960)	1 → b 2 07 ↙	1	2	3			
		07	Biosafety hood / cabinet	1 → b 2 08 ↙	1	2	3			
08	Auramine stain for Fluorescence Microscope	1 → b 2 863 ↙	1	2	3					
863	Do you use TB rapid diagnostic test (such as GeneExpert) to diagnose TB at this laboratory / service site?	YES..... 1 NO..... 2	→ 865							
864	May I see a sample TB rapid diagnostic test (RDT) kit? CHECK TO SEE IF AT LEAST ONE IS VALID	OBSERVED, AT LEAST 1 VALID..... 1 OBSERVED, NONE VALID..... 2 REPORTED AVAILABLE, NOT SEEN..... 3 NONE AVAILABLE TODAY..... 4								
865	Do you maintain any sputum containers at this service site for collecting sputum specimen?	YES..... 1 NO..... 2	→ 867							
866	May I see a sample sputum container?	OBSERVED..... 1 REPORTED, NOT SEEN..... 3 NONE AVAILABLE TODAY..... 4								
867	Does this laboratory send sputum outside the facility for TB testing?	YES..... 1 NO..... 2 DON'T KNOW..... 8	→ 870							
868	Do you maintain records of result of sputum tests conducted elsewhere?	YES..... 1 NO..... 2	→ 870							
869	May I see the record or register?	OBSERVED..... 1 REPORTED, NOT SEEN..... 2								
870	Is there a system for quality control (either internal or external) for the TB sputum smears assessed in this laboratory?	YES..... 1 NO..... 2	→ 880							
871	Please tell me which type of Quality Control / Quality Assurance practice is followed by this facility PROBE TO DETERMINE WHICH TYPE OF QUALITY CONTROL IS USED	INTERNAL QC / QA ONLY..... 1 EXTERNAL QC / QA ONLY..... 2 INTERNAL & EXTERNAL QC / QA..... 3 SEND SLIDE FOR RE-READING..... 4 OTHER (SPECIFY)..... 6								
872	Are records maintained of the results from the quality control (internal or external) procedures?	YES..... 1 NO..... 2	→ 880							
873	Are records maintained for the internal QC / QA procedures, the external QC / QA procedures, or for both internal and external QC / QA procedures?	RECORDS FOR IQC / IQA ONLY..... 1 RECORDS FOR EQC / EQA ONLY..... 2 RECORDS FOR BOTH INTERNAL AND EXTERNAL QC / QA PROCEDURES..... 3								

DIAGNOSTIC IMAGING

880	Does this facility perform diagnostic X-rays, ultrasound, or computerized tomography? IF YES, ASK TO GO TO WHERE THE EQUIPMENT IS LOCATED AND SPEAK WITH THE MOST KNOWLEDGEABLE PERSON.	YES..... 1 NO..... 2 <p style="text-align: center;">SKIP TO NEXT SECTION</p>						
881	Please tell me if: a) If any of the following imaging equipment is used in the facility b) if it is available today, and c) if it is functioning today	(a)	(b)	(c)				
		EQUIPMENT USED	EQUIPMENT AVAILABLE?		IS THE ITEM IN WORKING ORDER?			
		Yes No	OBSERVED	REPORTED NOT SEEN	NORMALLY AVAILABLE NOT TODAY	YES	NO	DON'T KNOW
01	DIGITAL X-RAY MACHINE NOT REQUIRING FILM	1→b 2 02←	1→c	2→c	3 02←	1	2	8
02	X-RAY MACHINE	1→b 2 04←	1→c	2→c	3 03←	1	2	8
03	UNEXPIRED FILM FOR X-RAY		1	2	3 04←			
04	ULTRASOUND SYSTEM / MACHINE	1→b 2 05←	1→c	2→c	3 05←	1	2	8
05	CT SCAN	1→b 2 NEXT SECTION←	1→c 2→c 3 SKIP TO NEXT SECTION←			1 ↓	2 ↓	8 ↓
THANK YOUR RESPONDENT FOR THE TIME AND HELP PROVIDED AND PROCEED TO THE NEXT DATA COLLECTION SITE								

SECTION 9: MEDICINES AND COMMODITIES

900	CHECK Q210	FACILITY STORES MEDICINES <input type="checkbox"/>	FACILITY STORES NO MEDICINES <input type="checkbox"/> GO TO NEXT SECTION ←
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SECTION 9.1: GENERAL MEDICINES AND SUPPLY ITEMS

ASK TO BE SHOWN THE MAIN LOCATION IN THE FACILITY WHERE MEDICINES AND OTHER SUPPLIES ARE STORED.
 FIND THE PERSON MOST KNOWLEDGEABLE ABOUT STORAGE AND MANAGEMENT OF MEDICINES AND SUPPLIES
 IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS

I would like to know if the following medicines are available today in this facility. If any of the medicines I mention is stored in another location in the facility, please tell me where in the facility it is stored so I can go there to verify.

ANTIBIOTICS

901	Are any of the following antibiotics available in this facility/location today? CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE
01	AMOXICILLIN TABLET/CAPSULE (Bacterial infections in adults)	1	2	3	4	5
02	AMOXICILLIN SYRUP/SUSPENSION OR DISPERSIBLE PEDIATRIC-DOSED TABLETS (Oral antibiotics for children)	1	2	3	4	5
03	AMOXICILIN/CLAVULINATE (AUGMENTIN) TABS (broad spectrum antibiotics)	1	2	3	4	5
04	AMPICILLIN (POWDER) INJECTION (Broad spectrum antibiotic)	1	2	3	4	5
05	AZITHROMYCIN TABS/CAPS (antibiotic)	1	2	3	4	5
06	AZITHROMYCIN SYR/SUSPENSION (antibiotic)	1	2	3	4	5
07	BENZATHINE BENZYL PENICILLIN (POWDER) FOR INJECTION	1	2	3	4	5
08	CEFIXIME TABS/CAPS (antibiotic)	1	2	3	4	5
09	CEFTRIAZONE INJECTION (Injectable antibiotic)	1	2	3	4	5
10	CIPROFLOXACIN (2nd-line oral antibiotic)	1	2	3	4	5
11	CO-TRIMOXAZOLE (TABS) (Oral antibiotics-adult formation)	1	2	3	4	5
12	CO-TRIMOXAZOLE SUSPENSION OR DISPERSIBLE PEDIATRIC-DOSED TABLET (Oral antibiotics for children)	1	2	3	4	5
13	DOXYCYCLINE TABS/CAPS [Broad spectrum antibiotic]	1	2	3	4	5
14	ERYTHROMYCIN [Broad spectrum antibiotic, oral tabs]	1	2	3	4	5
15	ERYTHROMYCIN [oral suspension]	1	2	3	4	5
16	GENTAMYCIN INJECTION (Broad spectrum injectable antibiotic)	1	2	3	4	5
17	METRONIDAZOLE TABLETS [antibiotic/amebicide/antiprotozoal]	1	2	3	4	5
18	METRONIDAZOLE INJECTION	1	2	3	4	5
19	PENICILLIN INJECTION (Broad spectrum injectable antibiotic)	1	2	3	4	5
20	TETRACYCLINE [Broad spectrum antibiotic, oral caps]	1	2	3	4	5
21	TETRACYCLINE EYE OINTMENT	1	2	3	4	5
22	OTHER ANTIBIOTIC EYE OINTMENT FOR NEWBORN	1	2	3	4	5

MEDICINES FOR WORM INFESTATION

902	Are any of the following medicines for the treatment of worm infestations available in the facility/location today? CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE
01	ALBENDAZOLE	1	2	3	4	5
02	MEBENDAZOLE	1	2	3	4	5

MEDICINES FOR NON-COMMUNICABLE DISEASES

903	Are any of the following medicines for the management of non-communicable diseases available in the facility/location today? CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE
01	AMITRIPTYLINE (Depression)	1	2	3	4	5
02	AMLODIPINE TABLETS (CCB for high blood pressure)	1	2	3	4	5
03	ATENOLOL (Beta-blocker, Angina/hypertension)	1	2	3	4	5
04	BECLOMETHASONE INHALER	1	2	3	4	5
05	BETAMETHASONE INJECTION	1	2	3	4	5
06	CAPTOPRIL (Vaso-dilatation, cardiac hypertension)	1	2	3	4	5
07	DEXAMETHASONE INJECTION	1	2	3	4	5
08	DIAZEPAM INJECTION (Anxiety/muscle relaxant/anticonvulsant)	1	2	3	4	5
09	ENALAPRIL CAPSULE/TABLET (A.C.E INHIBITOR)	1	2	3	4	5
10	OTHER A.C.E INHIBITOR	1	2	3	4	5
11	EPINEPHRINE INJECTION	1	2	3	4	5
12	FUROSEMIDE (DIURETIC)	1	2	3	4	5
13	THIAZIDE DIURETIC	1	2	3	4	5
14	GLIBENCLAMIDE (Oral treatment for type-2 diabetes)	1	2	3	4	5
15	GLUCOSE INJECTABLE SOLUTION	1	2	3	4	5
16	HEPARIN INJECTION	1	2	3	4	5
17	HYDROCORTISONE	1	2	3	4	5
18	INSULIN INJECTIONS [DIABETES]	1	2	3	4	5
19	ISOSORBIDE DINITRATE	1	2	3	4	5
20	METFORMIN TABLETS	1	2	3	4	5
21	NIFEDIPINE TABLETS/CAPSULES (CCB for high blood pressure)	1	2	3	4	5
22	OMEPRAZOLE (Gastro-esophageal reflux)	1	2	3	4	5
23	PREDNISOLONE	1	2	3	4	5
24	SALBUTAMOL INHALER (Bronchospasms/Chronic asthma)	1	2	3	4	5
25	SIMVASTATIN (High cholesterol)	1	2	3	4	5
26	ASPIRIN CAPSULES/TABLETS	1	2	3	4	5

ANTI-FUNGAL MEDICINES

904	Are any of the following anti-fungal medicines available in the facility/location today? CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE
01	FLUCONAZOLE					
02	MICONAZOLE VAGINAL PESSARIES	1	2	3	4	5
03	MICONAZOLE CREAM	1	2	3	4	5
04	NYSTATIN ORAL SUSPENSION	1	2	3	4	5
05	NYSTATIN VAGINAL PESSARIES/CREAM	1	2	3	4	5

ANTIMALARIAL MEDICINES

905	Are any of the following antimalarial medicines available in the facility/location today? CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE
01	ARTEMETHER LUMEFANTRINE (ALU) 6 TABLETS/PACK	1	2	3	4	5
02	ARTEMETHER LUMEFANTRINE (ALU) 12 TABLETS/PACK	1	2	3	4	5
03	ARTEMETHER LUMEFANTRINE (ALU)18 TABLETS/PACK	1	2	3	4	5
04	ARTEMETHER LUMEFANTRINE (ALU) 24 TABLETS/PACK	1	2	3	4	5
05	SULFADOXINE + PYRIMETHAMINE (SP)	1	2	3	4	5
06	QUININE TABLETS	1	2	3	4	5
07	QUININE INJECTION	1	2	3	4	5
08	INJECTABLE ARTESUNATE	1	2	3	4	5
09	ARTESUNATE SUPPOSITORIES / RECTAL ARTESUNATE	1	2	3	4	5
10	OTHER ANTI-MALARIAL MEDICINE [OTHER THAN ARTESUNATE + AMODIAQUINE TABS]	1	2	3	4	5

MATERNAL AND CHILD HEALTH

906	Are any of the following medicines for maternal health available in the facility/location today? CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE
01	CALCIUM GLUCONATE INJECTION	1	2	3	4	5
02	FOLIC ACID TABLETS	1	2	3	4	5
03	IRON TABLETS	1	2	3	4	5
04	IRON + FOLIC ACID COMBINATION TABLET	1	2	3	4	5
05	MAGNESIUM SULPHATE INJECTION	1	2	3	4	5
06	MISOPROSTOL TABLETS/CAPSULES	1	2	3	4	5
07	OXYTOCIN OR OTHER INJECTABLE UTEROTONIC	1	2	3	4	5
08	TETANUS TOXOID VACCINE	1	2	3	4	5
09	ORAL REHYDRATION SALTS (ORS) SACHETS	1	2	3	4	5
10	VITAMIN A CAPSULES	1	2	3	4	5
11	ZINC TABLETS	1	2	3	4	5

INTRAVENOUS FLUIDS

907	Are any of the following intravenous fluids available in the facility/location today? CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE
01	NORMAL SALINE / SODIUM CHLORIDE INJECTABLE SOLUTION	1	2	3	4	5
02	RINGERS LACTATE	1	2	3	4	5
03	5% DEXTROSE - NORMAL SALINE	1	2	3	4	5

FEVER REDUCING AND PAIN MEDICINES

908	Are any of the following OTHER medicines available in the facility/location today? CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE
01	DICLOFENAC TABLETS (Strong oral pain medicine)	1	2	3	4	5
02	PARACETAMOL TABLETS	1	2	3	4	5
03	PARACETAMOL SYRUP OR DISPERSIBLE PEDIATRIC-DOZED TABLETS	1	2	3	4	5

STORAGE CONDITION: ANTIBIOTICS & GENERAL MEDICINES

909	OBSERVE THE PLACE WHERE THE MEDICINES ASSESSED SO FAR ARE STORED AND INDICATE THE PRESENCE (OR ABSENCE) OF EACH OF THE FOLLOWING STORAGE CONDITIONS.	YES	NO
01	ARE THE MEDICINES OFF THE FLOOR?	1	2
02	ARE THE MEDICINES PROTECTED FROM WATER	1	2
03	ARE THE MEDICINES PROTECTED FROM THE SUN?	1	2
04	IS THE ROOM CLEAN OF EVIDENCE OF RODENTS (BATS, RATS) OR PESTS (ROACHES, ETC)?	1	2
05	IS THE STORAGE ROOM WELL VENTILATED?	1	2
910	ARE THE MEDICINES ORGANIZED ACCORDING TO DATE OF EXPIRATION ("first expire, first out")?	YES, ALL MEDICINES. 1 YES, ONLY SOME MEDICINES. 2 NO. 3	
911	What system does this facility use to monitor the amount of medicines received, the amount issued, and the amount present today?	COMPUTER SYSTEM UPDATED DAILY. 1 LEDGER/STOCK CARD UPDATED DAILY. 2 COMPUTER SYSTEM NOT UPDATED DAILY, BUT THERE IS DAILY RECORD OF DISTRIBUTED MEDICINES. 3 LEDGER/STOCK CARD NOT UPDATED DAILY, BUT THERE IS DAILY RECORD OF DISTRIBUTED MEDICINES. 4 OTHER SYSTEM (SPECIFY) 6	
	ASK TO SEE THE SYSTEM AND RECORD OBSERVATION		

SUPPLY ITEMS

912	Do you have the following supply items available in the facility/location today?	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE
01	SINGLE-USE STANDARD DISPOSABLE SYRINGES WITH NEEDLES OR AUTO-DESTRUCT SYRINGES WITH NEEDLES	1	2	3
02	INFUSION SET FOR IV SOLUTION	1	2	3
03	CANULA FOR ADMINISTERING IV FLUIDS	1	2	3
04	LATEX GLOVES	1	2	3
05	ALCOHOL-BASED HAND RUB	1	2	3
06	HAND WASHING SOAP	1	2	3
07	DISINFECTING SOLUTION	1	2	3
08	INSECTICIDE TREATED MOSQUITO NETS	1	2	3

SECTION 9.2: CONTRACEPTIVE COMMODITIES

920	CHECK Q212 CONTRACEPTIVES STORED WITH OTHER MEDICINES IN COMMON LOCATION (RESPONSE 2 CIRCLED) <input type="checkbox"/>	CONTRACEPTIVES STORED IN FP SERVICE AREA OR NOT STOCKED AT ALL IN FACILITY (RESPONSE 1 OR 3 CIRCLED) <input type="checkbox"/> PROCEED TO NEXT SECTION (TB MEDS?) <input type="checkbox"/>					
921	Are any of the following CONTRACEPTIVE commodities available in the facility/location today? CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE (B) NOT OBSERVED					
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 15%;">AT LEAST ONE VALID</th> <th style="width: 15%;">AVAILABLE NONE VALID</th> <th style="width: 15%;">REPORTED AVAILABLE NOT SEEN</th> <th style="width: 15%;">NOT AVAILABLE TODAY/DK</th> <th style="width: 15%;">NEVER AVAILABLE</th> </tr> </table>	AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE
AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE			
01	COMBINED ORAL CONTRACEPTIVE PILLS	1 2 3 4 5					
02	PROGESTIN-ONLY CONTRACEPTIVE PILLS	1 2 3 4 5					
03	COMBINED INJECTABLE CONTRACEPTIVES	1 2 3 4 5					
04	PROGESTIN-ONLY INJECTABLE CONTRACEPTIVES (DEPO)	1 2 3 4 5					
05	MALE CONDOMS	1 2 3 4 5					
06	FEMALE CONDOMS	1 2 3 4 5					
07	INTRAUTERINE CONTRACEPTIVE DEVICE	1 2 3 4 5					
08	IMPLANT	1 2 3 4 5					
09	EMERGENCY CONTRACEPTIVE PILLS (E.G., PROSTINOL 2)	1 2 3 4 5					
10	CYCLE BEADS FOR STANDARD DAYS METHOD	1 2 3 4 5					

STORAGE CONDITION - CONTRACEPTIVE COMMODITIES

922	OBSERVE THE LOCATION WHERE CONTRACEPTIVE COMMODITIES ARE STORED AND INDICATE THE PRESENCE (OR ABSENCE) OF EACH OF THE FOLLOWING STORAGE CONDITIONS	YES	NO
01	ARE THE COMMODITIES OFF THE FLOOR?	1	2
02	ARE THE COMMODITIES PROTECTED FROM WATER	1	2
03	ARE THE COMMODITIES PROTECTED FROM THE SUN?	1	2
04	IS THE ROOM CLEAN OF EVIDENCE OF RODENTS (BATS, RATS) OR PESTS (ROACHES, ETC)?	1	2
05	IS THE STORAGE ROOM WELL VENTILATED?	1	2
923	ARE THE CONTRACEPTIVE COMMODITIES ORGANIZED ACCORDING TO DATE OF EXPIRATION ("first expire, first out")	YES, ALL COMMODITIES..... 1 NOT ALL COMMODITIES..... 2 NO..... 3	
924	What type of system does this facility use to monitor the amount of contraceptive commodities received, the amount issued, and the amount present today? ASK TO SEE THE SYSTEM AND RECORD OBSERVATION	COMPUTER SYSTEM UPDATED DAILY..... 1 LEDGER/STOCK CARD UPDATED DAILY..... 2 COMPUTER SYSTEM NOT UPDATED DAILY, BUT THERE IS DAILY RECORD OF DISTRIBUTED COMMODITIES..... 3 LEDGER/STOCK CARD NOT UPDATED DAILY, BUT THERE IS DAILY RECORD OF DISTRIBUTED COMMODITIES..... 4 OTHER SYSTEM _____ 6 (SPECIFY)	
925	PRESENTLY INTERVIEWING IN PHARMACY <input type="checkbox"/> PROCEED TO NEXT SECTION OR SERVICE SITE <input type="checkbox"/>	PRESENTLY INTERVIEWING IN FAMILY PLANNING SERVICE AREA <input type="checkbox"/> THANK THE RESPONDENT IN THE FP SERVICE AREA AND CONTINUE TO NEXT SECTION OR SERVICE SITE <input type="checkbox"/>	

SECTION 9.3: ANTI-TB DRUGS

930	CHECK Q214 ANTI-TB MEDICINES STORED WITH OTHER MEDICINES IN COMMON LOCATION (RESPONSE 2 CIRCLED) <input type="checkbox"/>	ANTI-TB MEDICINES STORED IN TB SERVICE AREA OR NOT STOCKED AT ALL IN FACILITY (RESPONSE 1 OR 3 CIRCLED) <input type="checkbox"/> PROCEED TO NEXT SECTION (ARV MEDS?) ←										
931	Are any of the following TB medicines available in the facility/location today? CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">(A) OBSERVED AVAILABLE</th> <th colspan="3" style="text-align: center;">(B) NOT OBSERVED</th> </tr> <tr> <th style="text-align: center;">AT LEAST ONE VALID</th> <th style="text-align: center;">AVAILABLE NONE VALID</th> <th style="text-align: center;">REPORTED AVAILABLE NOT SEEN</th> <th style="text-align: center;">NOT AVAILABLE TODAY/DK</th> <th style="text-align: center;">NEVER AVAILABLE</th> </tr> </table>	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED			AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE
(A) OBSERVED AVAILABLE		(B) NOT OBSERVED										
AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE								
01	ETHAMBUTOL TABS (E)	1	2	3	4	5						
02	ISONIAZID TABS (INH, H)	1	2	3	4	5						
03	PYRAZINAMIDE (Z)	1	2	3	4	5						
04	RIFAMPICIN (R)	1	2	3	4	5						
05	ISONIAZID + RIFAMPICIN	1	2	3	4	5						
06	ISONIAZID + ETHAMBUTOL (EH) (2FDC)	1	2	3	4	5						
07	ISONIAZID + RIFAMPICIN + PYRAZINAMIDE (RHZ) (3FDC)	1	2	3	4	5						
08	ISONIAZID + RIFAMPICIN + ETHAMBUTOL (RHE) (3FDC)	1	2	3	4	5						
09	ISONIAZID + RIFAMPICIN + PYRAZINAMIDE + ETHAMBUTOL (4FDC)	1	2	3	4	5						
10	STREPTOMYCIN INJECTABLE	1	2	3	4	5						

STORAGE CONDITION: ANTI-TB MEDICINES

932	OBSERVE THE PLACE WHERE THE TB MEDICINES ARE STORED AND INDICATE THE PRESENCE (OR ABSENCE) OF EACH OF THE FOLLOWING STORAGE CONDITIONS.	YES	NO
01	ARE THE MEDICINES OFF THE FLOOR?	1	2
02	ARE THE MEDICINES PROTECTED FROM WATER	1	2
03	ARE THE MEDICINES PROTECTED FROM THE SUN?	1	2
04	IS THE ROOM CLEAN OF EVIDENCE OF RODENTS (BATS, RATS) OR PESTS (ROACHES, ETC)?	1	2
05	IS THE STORAGE ROOM WELL VENTILATED?	1	2
933	ARE THE MEDICINES ORGANIZED ACCORDING TO DATE OF EXPIRATION ("first expire, first out")?	YES, ALL MEDICINES. 1 YES, ONLY SOME MEDICINES. 2 NO. 3	
934	What system does this facility use to monitor the amount of medicines received, the amount issued, and the amount present today? ASK TO SEE THE SYSTEM AND RECORD OBSERVATION	COMPUTER SYSTEM UPDATED DAILY. 1 LEDGER/STOCK CARD UPDATED DAILY. 2 COMPUTER SYSTEM NOT UPDATED DAILY, BUT THERE IS DAILY RECORD OF DISTRIBUTED VACCINES. 3 LEDGER/STOCK CARD NOT UPDATED DAILY, BUT THERE IS DAILY RECORD OF DISTRIBUTED MEDICINES. 4 OTHER SYSTEM _____ 6 (SPECIFY)	
935	PRESENTLY INTERVIEWING IN PHARMACY <input type="checkbox"/> PROCEED TO NEXT SECTION OR SERVICE SITE ←		PRESENTLY INTERVIEWING IN TB SERVICE AREA <input type="checkbox"/> THANK THE RESPONDENT IN THE TB SERVICE AREA AND CONTINUE TO NEXT SECTION OR SERVICE SITE ←

SECTION 9.4: ANTIRETROVIRAL MEDICINES

940	CHECK Q216 ARV MEDICINES STORED WITH OTHER MEDICINES <input type="checkbox"/> IN COMMON LOCATION (RESPONSE 2 CIRCLED)	ARV MEDICINES STORED IN ART SERVICE AREA OR NOT STOCKED AT ALL IN FACILITY <input type="checkbox"/> (RESPONSE 1 OR 3 CIRCLED) PROCEED TO NEXT SECTION ←										
941	Are any of the following Nucleoside Reverse Transcriptase Inhibitor (NRTI) ARVs available in the facility/location today? CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">(A) OBSERVED AVAILABLE</th> <th colspan="3" style="text-align: center;">(B) NOT OBSERVED</th> </tr> <tr> <th style="text-align: center;">AT LEAST ONE VALID</th> <th style="text-align: center;">AVAILABLE NONE VALID</th> <th style="text-align: center;">REPORTED AVAILABLE NOT SEEN</th> <th style="text-align: center;">NOT AVAILABLE TODAY/DK</th> <th style="text-align: center;">NEVER AVAILABLE</th> </tr> </table>	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED			AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE
(A) OBSERVED AVAILABLE		(B) NOT OBSERVED										
AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE								
01	ZIDOVUDINE (ZDV, AZT) TABLETS	1	2	3	4	5						
02	ZIDOVUDINE (ZDV, AZT) SYRUP OR DISPERSIBLE TABLETS	1	2	3	4	5						
03	ABACAVIR (ABC) TABLETS	1	2	3	4	5						
04	DIDANOSINE (ddl) TABLETS	1	2	3	4	5						
05	LAMIVUDINE (3TC) TABLETS	1	2	3	4	5						
06	LAMIVUDINE (3TC) SYRUP	1	2	3	4	5						
07	STAVUDINE 30 (D4T)	1	2	3	4	5						
08	STAVUDINE SYRUP	1	2	3	4	5						
09	TENOFOVIR DISOPROXIL FUMARATE (TDF)	1	2	3	4	5						
10	EMTRICITABINE (FTC)	1	2	3	4	5						
942	Are any of the following Non-Nucleoside Reverse Transcriptase Inhibitor (NNRTI) ARVs available in the facility/location today? CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">(A) OBSERVED AVAILABLE</th> <th colspan="3" style="text-align: center;">(B) NOT OBSERVED</th> </tr> <tr> <th style="text-align: center;">AT LEAST ONE VALID</th> <th style="text-align: center;">AVAILABLE NONE VALID</th> <th style="text-align: center;">REPORTED AVAILABLE NOT SEEN</th> <th style="text-align: center;">NOT AVAILABLE TODAY/DK</th> <th style="text-align: center;">NEVER AVAILABLE</th> </tr> </table>	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED			AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE
(A) OBSERVED AVAILABLE		(B) NOT OBSERVED										
AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE								
01	NEVIRAPINE (NVP) TABLETS	1	2	3	4	5						
02	NEVIRAPINE (NVP) SYRUP	1	2	3	4	5						
03	EFAVIRENZ (EFV) TABLETS/CAPSULES	1	2	3	4	5						
04	EFAVIRENZ (EFV) SYRUP	1	2	3	4	5						
05	DELAVIRDINE (DLV)	1	2	3	4	5						

943	Are any of the following Protease Inhibitor ARVs available in this facility/location today? CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE
01	LOPINAVIR (LPV)	1	2	3	4	5
02	INDINAVIR (IDV)	1	2	3	4	5
03	NELFINAVIR (NFV)	1	2	3	4	5
04	SAQUINAVIR (SQV)	1	2	3	4	5
05	RITONAVIR (RTV)	1	2	3	4	5
06	ATAZANAVIR (ATV)	1	2	3	4	5
07	FOSAMPRENAVIR (FPV)	1	2	3	4	5
08	TIPRANAVIR (TPV)	1	2	3	4	5
09	DARUNAVIR (DRV)	1	2	3	4	5
944	Are any of the following Fusion Inhibitor or Combined ARVs available in this facility/location today? CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE
01	ENFUVIDITE (T-20)	1	2	3	4	5
02	STAVUDINE + LAMIVUDINE [D4T + 3TC]	1	2	3	4	5
03	STAVUDINE + LAMIVUDINE + NEVIRAPINE [D4T + 3TC + NVP]	1	2	3	4	5
04	ZIDOVUDINE + LAMIVUDINE [AZT + 3TC]	1	2	3	4	5
05	ZIDOVUDINE + LAMIVUDINE + ABACAVIR [AZT + 3TC + ABC]	1	2	3	4	5
06	ZIDOVUDINE + LAMIVUDINE + NEVIRAPINE [AZT + 3TC + NVP]	1	2	3	4	5
07	TENOFOVIR + EMTRICITABINE [TDF + FTC]	1	2	3	4	5
08	TENOFOVIR + LAMIVUDINE [TDF + 3TC]	1	2	3	4	5
09	TENOFOVIR + LAMIVUDINE + EFAVIRENZ [TDF + 3TC + EFV]	1	2	3	4	5
10	TENOFOVIR + EMTRICITABINE + EFAVIRENZ [TDF + FTC + EFV]	1	2	3	4	5

STORAGE CONDITION - ARV MEDICINES

945	OBSERVE THE LOCATION WHERE ARVs ARE STORED AND INDICATE THE PRESENCE (OR ABSENCE) OF EACH OF THE FOLLOWING STORAGE CONDITIONS	YES	NO
01	ARE THE ARVs OFF THE FLOOR?	1	2
02	ARE THE ARVs PROTECTED FROM WATER	1	2
03	ARE THE ARVs PROTECTED FROM THE SUN?	1	2
04	IS THE ROOM CLEAN OF EVIDENCE OF RODENTS (BATS, RATS) OR PESTS (ROACHES, ETC)?	1	2
05	IS THE STORAGE ROOM WELL VENTILATED?	1	2

946	ARE THE ARVS ORGANIZED ACCORDING TO DATE OF EXPIRATION ("first expire, first out")	YES, ALL MEDICINES. 1 YES, ONLY SOME MEDICINES. 2 NO. 3	
947	What system does this facility use to monitor the amount of ARV medicines received, the amount issued, and the amount present today? ASK TO SEE THE SYSTEM AND RECORD OBSERVATION	COMPUTER SYSTEM UPDATED DAILY. 1 LEDGER/STOCK CARD UPDATED DAILY. 2 COMPUTER SYSTEM NOT UPDATED DAILY, BUT THERE IS DAILY RECORD OF DISTRIBUTED ARVS. 3 LEDGER/STOCK CARD NOT UPDATED DAILY, BUT THERE IS DAILY RECORD OF DISTRIBUTED ARVS. 4 OTHER SYSTEM _____ 6 (SPECIFY)	
948	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p style="text-align: center;">PRESENTLY INTERVIEWING IN PHARMACY</p> <p style="text-align: center;">PROCEED TO NEXT SECTION OR SERVICE SITE ←</p> </div> <div style="width: 45%;"> <p style="text-align: center;">PRESENTLY INTERVIEWING IN ART SERVICE AREA</p> <p style="text-align: center;">THANK THE RESPONDENT IN THE ART SERVICE AREA AND CONTINUE TO NEXT SECTION OR SERVICE SITE ←</p> </div> </div>		

MODULE 3: SERVICE-SPECIFIC READINESS

CHILD HEALTH SERVICES

SECTION 10: CHILD VACCINATION

1000	CHECK Q102.01 CHILD VACCINATION SERVICES AVAILABLE <input type="checkbox"/>	NO CHILD VACCINATION SERVICES <input type="checkbox"/> NEXT SECTION OR SERVICE SITE <input type="checkbox"/>		
ASK TO BE SHOWN THE MAIN LOCATION WHERE CHILD VACCINATION SERVICES ARE PROVIDED IN THE FACILITY. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT CHILD VACCINATION SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.				
1001	Now I would like to ask you specifically about vaccination services for children under 5 years. For each of the following services, please tell me whether the service is offered by your facility, and if so, <i>how many days</i> per month the service is provided <i>at the facility</i> , and <i>how many days per month as outreach</i> , if any.			
	CHILD VACCINATION SERVICE (USE A 4-WEEK MONTH TO CALCULATE # OF DAYS)	(a) # OF DAYS PER MONTH SERVICE IS PROVIDED AT FACILITY	(b) # OF DAYS PER MONTH SERVICE IS PROVIDED THROUGH OUTREACH	
01	Routine DPT+HepB+Hib (i.e., pentavalent)	# OF DAYS 00=NO SERVICE <input type="text"/> <input type="text"/>	# OF DAYS 00=NO SERVICE <input type="text"/> <input type="text"/>	
02	Routine polio vaccination	# OF DAYS 00=NO SERVICE <input type="text"/> <input type="text"/>	# OF DAYS 00=NO SERVICE <input type="text"/> <input type="text"/>	
03	Routine measles vaccination	# OF DAYS 00=NO SERVICE <input type="text"/> <input type="text"/>	# OF DAYS 00=NO SERVICE <input type="text"/> <input type="text"/>	
04	BCG vaccination	# OF DAYS 00=NO SERVICE <input type="text"/> <input type="text"/>	# OF DAYS 00=NO SERVICE <input type="text"/> <input type="text"/>	
1002	Do you have the <i>national guidelines</i> for child vaccinations available in this service area today?	YES 1 NO 2	→ 1004	
1003	May I see the guidelines?	OBSERVED..... 1 REPORTED NOT SEEN..... 2	→ 1006	
1004	Do you have <i>any other guidelines</i> for child vaccinations available in this service area today?	YES 1 NO 2	→ 1006	
1005	May I see the other guidelines?	OBSERVED..... 1 REPORTED NOT SEEN..... 2		
1006	ASK YOUR RESPONDENT TO SHOW YOU ITEMS REQUIRED FOR VACCINATION SERVICES	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE
01	Blank/unused individual child vaccination cards or booklets	1	2	3
02	Tally sheets	1	2	3
03	Summary forms	1	2	3

1007	Does this facility routinely store any vaccines, or are all its vaccines either picked up from another facility or delivered when services are being provided?	ROUTINELY STORE VACCINES. 1 STORES NO VACCINES. 2	→ 1014				
1008	ASK TO BE TAKEN TO THE AREA WHERE VACCINES ARE STORED. ASK TO SEE THE VACCINE REFRIGERATOR.	REFRIGERATOR OBSERVED. 1 REFRIGERATOR NOT OBSERVED. 2	→ 1014				
1009	Do you maintain a cold-chain temperature monitoring chart?	YES. 1 NO 2	→ 1012				
1010	May I see the cold-chain temperature monitoring chart?	OBSERVED. 1 REPORTED NOT SEEN. 2	→ 1012				
1011	CHECK WHETHER THE TEMPERATURE RECORD WAS COMPLETED TWICE DAILY FOR EACH OF THE PAST 30 DAYS, INCLUDING WEEKENDS AND PUBLIC HOLIDAYS.	YES, COMPLETED 1 NO, NOT COMPLETED 2					
1012	Please tell me if each of the following vaccines is available in the facility today. If available, I would like to see it. IF AVAILABLE, CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED, VVM CHANGED< NOT FROZEN))	(A) OBSERVED AVAILABLE	(B) NOT OBSERVED				
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE	
	01	DPT+HepB+Hib [PENTAVALENT]	1	2	3	4	5
	02	ORAL POLIO VACCINE	1	2	3	4	5
	03	MEASLES VACCINE AND DILUENT	1	2	3	4	5
04	BCG VACCINE AND DILUENT	1	2	3	4	5	
1013	WHAT IS THE TEMPERATURE IN THE VACCINE REFRIGERATOR?	BETWEEN +2 AND +8 DEGREES. 1 ABOVE +8 DEGREES. 2 BELOW +2 DEGREES. 3 THERMOMETER NOT FUNCTIONAL. 4					
1014	How many vaccine carriers do you have? ASK TO SEE THE VACCINE CARRIERS. REPORTED RESPONSE FROM KNOWLEDGEABLE RESPONDENT IS ACCEPTABLE.	ONE. 1 TWO OR MORE SETS. 2 NONE. 3	→ 1050				
1015	How many sets of ice packs or cool water packs do you have? ASK TO SEE THE ICE PACKS. REPORTED RESPONSE ACCEPTABLE NOTE: 4-5 ICE PACKS MAKE ONE SET	ONE SET. 1 TWO OR MORE SETS. 2 NO ICE PACKS, USE PURCHASED ICE. 3 NO ICE PACKS. 4					

STANDARD PRECAUTIONS

1050	<p>ASSESS THE ROOM OR AREA FOR THE ITEMS LISTED BELOW. FOR ITEMS THAT YOU DO NOT SEE, ASK YOUR RESPONDENT TO SHOW THEM TO YOU.</p> <p>IF THE SAME ROOM OR AREA HAS ALREADY BEEN ASSESSED, INDICATE WHERE THE DATA ARE RECORDED</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">GENERAL INFORMATION [Q710].</td> <td style="text-align: right; padding: 2px;">11</td> </tr> <tr> <td style="padding: 2px;">CHILD CURATIVE CARE [Q1251].</td> <td style="text-align: right; padding: 2px;">13</td> </tr> <tr> <td style="padding: 2px;">FAMILY PLANNING [Q1351].</td> <td style="text-align: right; padding: 2px;">14</td> </tr> <tr> <td style="padding: 2px;">ANTENATAL CARE [Q1451].</td> <td style="text-align: right; padding: 2px;">15</td> </tr> <tr> <td style="padding: 2px;">PMTCT [Q1551].</td> <td style="text-align: right; padding: 2px;">16</td> </tr> <tr> <td style="padding: 2px;">DELIVERY [Q1651].</td> <td style="text-align: right; padding: 2px;">17</td> </tr> <tr> <td style="padding: 2px;">STI SERVICES [Q1851].</td> <td style="text-align: right; padding: 2px;">18</td> </tr> <tr> <td style="padding: 2px;">TUBERCULOSIS [Q1951].</td> <td style="text-align: right; padding: 2px;">19</td> </tr> <tr> <td style="padding: 2px;">HIV TESTING [Q2051].</td> <td style="text-align: right; padding: 2px;">21</td> </tr> <tr> <td style="padding: 2px;">NCD [Q2351].</td> <td style="text-align: right; padding: 2px;">22</td> </tr> <tr> <td style="padding: 2px;">MINOR SURGERY [Q2451].</td> <td style="text-align: right; padding: 2px;">23</td> </tr> <tr> <td style="padding: 2px;">NOT PREVIOUSLY SEEN.</td> <td style="text-align: right; padding: 2px;">31</td> </tr> </table>	GENERAL INFORMATION [Q710].	11	CHILD CURATIVE CARE [Q1251].	13	FAMILY PLANNING [Q1351].	14	ANTENATAL CARE [Q1451].	15	PMTCT [Q1551].	16	DELIVERY [Q1651].	17	STI SERVICES [Q1851].	18	TUBERCULOSIS [Q1951].	19	HIV TESTING [Q2051].	21	NCD [Q2351].	22	MINOR SURGERY [Q2451].	23	NOT PREVIOUSLY SEEN.	31	<div style="border-left: 1px solid black; border-right: 1px solid black; border-bottom: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;">NEXT SECTION / SERVICE SITE</p> </div>
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1051	<p>STANDARD PRECAUTIONS AND CONDITIONS FOR CLIENT EXAMINATION</p>	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE																							
01	RUNNING WATER (PIPED, BUCKET WITH TAP OR POUR PITCHER)	1	2	3																							
02	HAND-WASHING SOAP (MAY BE LIQUID SOAP)	1	2	3																							
03	ALCOHOL-BASED HAND RUB	1	2	3																							
04	WASTE RECEPTACLE (PEDAL BIN) WITH LID AND PLASTIC BIN LINER	1 06 ↙	2	3																							
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<p>THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.</p>																											

SECTION 11: CHILD GROWTH MONITORING SERVICES

1100	CHECK Q102.02	GROWTH MONITORING SERVICES AVAILABLE <input type="checkbox"/>	NO GROWTH MONITORING SERVICES <input type="checkbox"/>				
		↓	←				
NEXT SECTION OR SERVICE SITE							
ASK TO BE SHOWN THE MAIN LOCATION WHERE GROWTH MONITORING SERVICES ARE PROVIDED IN THE FACILITY. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT GROWTH MONITORING SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.							
1101	Please tell me the number of days per month that growth monitoring services are offered in this facility, and the number of days per month as outreach, if any. USE A 4-WEEK MONTH TO CALCULATE # OF DAYS	(a) # OF DAYS PER MONTH SERVICE IS PROVIDED AT FACILITY	(b) # OF DAYS PER MONTH SERVICE IS PROVIDED THROUGH OUTREACH				
01	Child growth monitoring	# OF DAYS <input style="width: 30px; height: 20px;" type="text"/>	# OF DAYS <input style="width: 30px; height: 20px;" type="text"/> 00=NO SERVICE				
1102	Do you have any guidelines for growth monitoring available in this service area today?	YES..... 1 NO GUIDELINE AVAILABLE..... 2	→ 1104				
1103	May I see the guidelines for growth monitoring?	OBSERVED..... 1 REPORTED NOT SEEN..... 2					
1104	I would like to know if the following items are available in this service area and are functioning. I would like to see them.	(A) AVAILABLE			(B) FUNCTIONING		
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01	CHILD WEIGHING SCALE (250GRAM GRADATION)	1 b	2 b	3 <input style="width: 20px; height: 15px;" type="text"/> 02 ←	1	2	8
02	INFANT WEIGHING SCALE (100 GRAM GRADATION)	1 b	2 b	3 <input style="width: 20px; height: 15px;" type="text"/> 03 ←	1	2	8
03	HEIGHT OR LENGTH BOARD	1 b	2 b	3 <input style="width: 20px; height: 15px;" type="text"/> 04 ←	1	2	8
04	TAPE FOR MEASURING HEAD CIRCUMFERENCE	1	2	3			
05	GROWTH CHARTS	1	2	3			
THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.							

SECTION 12: CHILD CURATIVE CARE SERVICES

1200	CHECK Q102.03	CURATIVE CARE SERVICES AVAILABLE <input type="checkbox"/>	NO CURATIVE CARE SERVICES <input type="checkbox"/>		
		NEXT SECTION OR SERVICE SITE ←			
<p>ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE CURATIVE CARE SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT CURATIVE CARE SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.</p>					
1201	<p>Please tell me the number of days per month that consultations or curative care for children under 5 are offered in this facility, and the number of days per month as outreach, if any.</p> <p>USE A 4-WEEK MONTH TO CALCULATE # OF DAYS</p>	(a) # OF DAYS PER MONTH SERVICE IS PROVIDED AT FACILITY	(b) # OF DAYS PER MONTH SERVICE IS PROVIDED THROUGH OUTREACH (VILLAGE LEVEL) ACTIVITIES		
01	Consultation or curative care services for sick children	# OF DAYS <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	# OF DAYS <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> 00=NO SERVICE		
1202	Please tell me if providers of child health services in this facility provide the following services	YES	NO		
01	DIAGNOSE AND/OR TREAT CHILD MALNUTRITION	1	2		
02	PROVIDE VITAMIN A SUPPLEMENTATION TO CHILDREN	1	2		
03	PROVIDE IRON SUPPLEMENTATION TO CHILDREN	1	2		
04	PROVIDE ZINC SUPPLEMENTATION TO CHILDREN	1	2		
1203	Do providers of services for sick children in this facility follow the IMCI guidelines in the provision of services to children under 5 years?	YES..... 1 NO..... 2			
1204	Do you have the IMCI guidelines (chart booklet) for the diagnosis and management of childhood illnesses available in this service area today?	YES..... 1 NO..... 2		→ 1206	
1205	May I see the IMCI guidelines?	OBSERVED..... 1 REPORTED NOT SEEN..... 2		→ 1208	
1206	Do you have any (other) guidelines for the diagnosis and management of childhood illnesses available in this service site today?	YES..... 1 NO..... 2		→ 1208	
1207	May I see the other guidelines?	OBSERVED..... 1 REPORTED NOT SEEN..... 2			
1208	Does this facility have a system whereby certain observations and parameters are routinely carried out on sick children before the consultation for the presenting illness? IF YES, ASK TO SEE THE PLACE WHERE THESE ACTIVITIES TAKE PLACE BEFORE THE CONSULTATION	YES..... 1 NO..... 2		→ 1210	
1209	OBSERVE IF THE BELOW ACTIVITIES ARE BEING DONE ROUTINELY. IF YOU DO NOT SEE AN ACTIVITY, ASK: Is [ACTIVITY YOU DO NOT SEE] routinely conducted for all sick children?	ACTIVITY OBSERVED	ACTIVITY REPORTED NOT SEEN	ACTIVITY NOT ROUTINELY CONDUCTED	DON'T KNOW
01	Weighing the child	1	2	3	8
02	Plotting child's weight on graph	1	2	3	8
03	Taking child's temperature	1	2	3	8
04	Assessing child's vaccination status	1	2	3	8
05	Providing group health education	1	2	3	8
06	Administer fever-reducing medicines and/or sponge for fever	1	2	3	8
07	Triaging of sick children, i.e., prioritizing sick children based on the severity of their condition	1	2	3	8

1210	I would like to know if the following items are available in this service area. I would like to see them. For equipment and instruments, I would like to know if they are functioning.	(A) AVAILABLE			(B) FUNCTIONING		
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01	CHILD WEIGHING SCALE (250GRAM GRADATION)	1 b	2 b	3 02 ←	1	2	8
02	INFANT WEIGHING SCALE (100 GRAM GRADATION)	1 b	2 b	3 03 ←	1	2	8
03	THERMOMETER	1 b	2 b	3 04 ←	1	2	8
04	STETHOSCOPE	1 b	2 b	3 05 ←	1	2	8
05	Timer or watch with seconds hand	1 b	2 b	3 06 ←	1	2	8
06	Staff has watch with seconds hand or other device (e.g., cell phone) that can measure seconds	1	2	3			
07	Calibrated 1/2 or 1-liter measuring jar for ORS	1	2	3			
08	Cup and spoon	1	2	3			
09	ORS PACKETS OR SACHETS	1	2	3			
10	At least 3 buckets (for cleaning used cups)	1	2	3			
11	Examination bed or couch	1	2	3			
1211	Please tell me if you have any of the following materials. IF YES, ASK TO SEE						
01	IMCI chart booklet	1	2	3			
02	IMCI mother's cards	1	2	3			
03	Other visual aids for teaching caretakers	1	2	3			
1212	Are individual health records (i.e., child welfare card or booklet) for sick children maintained at this service site?						
1213	May I see an unused copy of the individual records?				OBSERVED..... 1 REPORTED NOT SEEN..... 2		

STANDARD PRECAUTIONS

1250	<p>ASSESS THE ROOM OR AREA FOR THE ITEMS LISTED BELOW. FOR ITEMS THAT YOU DO NOT SEE, ASK YOUR RESPONDENT TO SHOW THEM TO YOU.</p> <p>IF THE SAME ROOM OR AREA HAS ALREADY BEEN ASSESSED, INDICATE WHERE THE DATA ARE RECORDED</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">GENERAL INFORMATION [Q710].</td> <td style="text-align: right; padding: 2px;">11</td> </tr> <tr> <td style="padding: 2px;">CHILD VACCINATION [Q1051].</td> <td style="text-align: right; padding: 2px;">12</td> </tr> <tr> <td style="padding: 2px;">FAMILY PLANNING [Q1351].</td> <td style="text-align: right; padding: 2px;">14</td> </tr> <tr> <td style="padding: 2px;">ANTENATAL CARE [Q1451].</td> <td style="text-align: right; padding: 2px;">15</td> </tr> <tr> <td style="padding: 2px;">PMTCT [Q1551].</td> <td style="text-align: right; padding: 2px;">16</td> </tr> <tr> <td style="padding: 2px;">DELIVERY [Q1651].</td> <td style="text-align: right; padding: 2px;">17</td> </tr> <tr> <td style="padding: 2px;">STI SERVICES [Q1851].</td> <td style="text-align: right; padding: 2px;">18</td> </tr> <tr> <td style="padding: 2px;">TUBERCULOSIS [Q1951].</td> <td style="text-align: right; padding: 2px;">19</td> </tr> <tr> <td style="padding: 2px;">HIV TESTING [Q2051].</td> <td style="text-align: right; padding: 2px;">21</td> </tr> <tr> <td style="padding: 2px;">NCD [Q2351].</td> <td style="text-align: right; padding: 2px;">22</td> </tr> <tr> <td style="padding: 2px;">MINOR SURGERY [Q2451].</td> <td style="text-align: right; padding: 2px;">23</td> </tr> <tr> <td style="padding: 2px;">NOT PREVIOUSLY SEEN.</td> <td style="text-align: right; padding: 2px;">31</td> </tr> </table>	GENERAL INFORMATION [Q710].	11	CHILD VACCINATION [Q1051].	12	FAMILY PLANNING [Q1351].	14	ANTENATAL CARE [Q1451].	15	PMTCT [Q1551].	16	DELIVERY [Q1651].	17	STI SERVICES [Q1851].	18	TUBERCULOSIS [Q1951].	19	HIV TESTING [Q2051].	21	NCD [Q2351].	22	MINOR SURGERY [Q2451].	23	NOT PREVIOUSLY SEEN.	31	<div style="border-left: 1px solid black; border-right: 1px solid black; border-bottom: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;">NEXT SECTION / SERVICE SITE</p> </div>
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<p>THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.</p>																											

SECTION 13: FAMILY PLANNING

1300	CHECK Q102.04	FAMILY PLANNING SERVICES <input type="checkbox"/>	NO FAMILY PLANNING SERVICES <input type="checkbox"/>	
		↓	←	
NEXT SECTION OR SERVICE SITE				
ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE FAMILY PLANING 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.				
1301	How many days in a month are family planning services offered at this facility? USE A 4-WEEK MONTH TO CALCULATE # OF DAYS	NUMBER OF DAYS	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>	
1302	Does this facility provide (i.e., stock the commodity) or prescribe, counsel or refer clients for any of the following modern methods of family planning:	PROVIDE (STOCK THE COMMODITY)	PRESCRIBE/ COUNSEL, OR REFER	NO
01	COMBINED ORAL CONTRACEPTIVE PILLS	1	2	3
02	PROGESTIN-ONLY CONTRACEPTIVE PILLS	1	2	3
03	COMBINED INJECTABLE CONTRACEPTIVES	1	2	3
04	PROGESTIN-ONLY INJECTABLE CONTRACEPTIVES (DEPO)	1	2	3
05	MALE CONDOMS	1	2	3
06	FEMALE CONDOMS	1	2	3
07	INTRAUTERINE CONTRACEPTIVE DEVICE (IUCD)	1	2	3
08	IMPLANT	1	2	3
09	EMERGENCY CONTRACEPTIVE PILLS (E.G., PROSTINOL 2)	1	2	3
10	CYCLE BEADS FOR STANDARD DAYS METHOD	1	2	3
11	COUNSEL CLIENTS ON PERIODIC ABSTINENCE	1	2	3
12	VASECTOMY (MALE STERILIZATION)	1	2	3
13	TUBAL LIGATION (FEMALE STERILIZATION)	1	2	3
14	OTHER METHODS (E.G., SPERMICIDE OR DIAPHRAGM)	1	2	3
1303	Do you have the national family planning guidelines available at this service area today?	YES..... 1 NO..... 2		→ 1305
1304	May I see the national family planning guidelines?	OBSERVED..... 1 REPORTED NOT SEEN..... 2		→ 1307
1305	Do you have any other guidelines on family planning available at this service area today?	YES..... 1 NO..... 2		→ 1307
1306	May I see the other guidelines?	OBSERVED..... 1 REPORTED NOT SEEN..... 2		
1307	Are individual records or cards maintained at this service site for family planning clients?	YES..... 1 NO..... 2		→ 1309
1308	May I see a blank copy of the individual records or card?	OBSERVED..... 1 REPORTED NOT SEEN..... 2		

1309	Does this facility have a system whereby certain observations and parameters are routinely carried out on family planning clients before the consultation takes place? IF YES, ASK TO SEE THE PLACE WHERE THESE ACTIVITIES TAKE PLACE.	YES. 1 NO. 2	→ 1311		
1310	OBSERVE IF THE BELOW ACTIVITIES ARE BEING DONE ROUTINELY. IF YOU DO NOT SEE AN ACTIVITY, ASK: Is [ACTIVITY YOU DO NOT SEE] routinely done for all family planning clients?	ACTIVITY OBSERVED	ACTIVITY REPORTED NOT SEEN	ACTIVITY NOT ROUTINELY DONE	DON'T KNOW
01	Weighing of clients	1	2	3	8
02	Taking blood pressure	1	2	3	8
03	Conducting group health education sessions	1	2	3	8
1311	Do family planning providers in this facility routinely diagnose and treat STIs, or are STIs clients referred to another provider or location for STI diagnosis and treatment? PROBE TO ARRIVE AT THE RIGHT ANSWER	ROUTINELY DIAGNOSE AND TREAT STIs. 1 DIAGNOSE BUT REFER ELSEWHERE FOR TREATMENT. 2 REFER ELSEWHERE IN FACILITY FOR DIAGNOSIS AND TREATMENT. 3 REFER OUTSIDE FACILITY FOR DIAG & TREATMENT. . 4 NO DIAGNOSIS / TREATMENT / REFERRAL. 5			
1312	Do providers of family planning conduct HIV testing from this service site?	YES. 1 NO. 2	→ 1314		
1313	May I see a sample HIV rapid diagnostic test (RDT) kit? CHECK TO SEE IF AT LEAST ONE IS VALID	OBSERVED, AT LEAST 1 VALID. 1 OBSERVED, NONE VALID. 2 REPORTED AVAILABLE, NOT SEEN. 3 NOT AVAILABLE TODAY. 4			

EQUIPMENT AND SUPPLIES

1314	I would like to know if the following items are available in this service area today and are functioning	(A) AVAILABLE			(B) FUNCTIONING		
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01	DIGITAL BP APPARATUS	1 b	2 b	3 02 ←	1	2	8
02	MANUAL BP APPARATUS	1 b	2 b	3 03 ←	1	2	8
03	STETHOSCOPE	1 b	2 b	3 04 ←	1	2	8
04	EXAMINATION LIGHT (FLASHLIGHT OK)	1 b	2 b	3 05 ←	1	2	8
05	EXAMINATION BED OR COUCH	1	2	3			
06	SAMPLE OF FP METHODS	1	2	3			
07	OTHER FP-SPECIFIC VISUAL AIDS [E.G., FLIP CHARTS, LEAFLETS]	1	2	3			
08	PELVIC MODEL FOR IUCD	1	2	3			
09	MODEL FOR SHOWING CONDOM USE	1	2	3			

1315	CHECK Q1302.07 & Q1302.08.	IUCD OR IMPLANT PROVIDED IN FACILITY <input type="checkbox"/>	NEITHER IUCD NOR IMPLANT PROVIDED IN FACILITY <input type="checkbox"/>	1321	
ASK TO BE TAKEN TO THE ROOM OR LOCATION WHERE IUCDs AND/OR IMPLANTS ARE INSERTED OR REMOVED					
1316	Please show me the following items for the provision of IUCD or Implant methods:	OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	
01	STERILE GLOVES	1	2	3	
02	ANTISEPTIC SOLUTION	1	2	3	
03	SPONGE HOLDING FORCEPS	1	2	3	
04	STERILE GAUZE PAD OR COTTON WOOL	1	2	3	
1317	CHECK Q1302.07	IUCD PROVIDED IN FACILITY <input type="checkbox"/>	IUCD NOT PROVIDED IN FACILITY <input type="checkbox"/>	1319	
1318	Please show me the following items for the provision of IUCD:	OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	
01	VAGINAL SPECULUM - SMALL	1	2	3	
02	VAGINAL SPECULUM - MEDIUM	1	2	3	
03	VAGINAL SPECULUM - LARGE	1	2	3	
04	TENACULA (VOLSELLUM FORCEPS)	1	2	3	
05	UTERINE SOUND	1	2	3	
1319	CHECK Q1302.08.	IMPLANT PROVIDED IN FACILITY <input type="checkbox"/>	IMPLANT NOT PROVIDED IN FACILITY <input type="checkbox"/>	1321	
1320	Please show me the following items for the provision of Implant:	OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	
01	LOCAL ANESTHETIC	1	2	3	
02	STERILE SYRINGE AND NEEDLE	1	2	3	
03	CANULA AND TROCHAR FOR INSERTING IMPLANT	1	2	3	
04	SEALED IMPLANT PACK	1	2	3	
05	SCAPEL WITH BLADE	1	2	3	
06	MINOR SURGERY KIT (E.G., WITH ARTERY FORCEPS)	1	2	3	
1321	Where are equipment such as specula or forceps that are used in the provision of family planning services processed for re-use?	FP SERVICE SITE.	1		→ 1350
		CENTRAL LOCATION IN FACILITY.	2		
		BOTH LOCATIONS.	3		
		NO EQUIPMENT PROCESSED IN FACILITY.	4		→ 1350
1322	What is the final processing method used for family planning equipment at this service site? PROBE FOR ALL METHODS USED	AUTOCLAVE.	A		
		DRY HEAT STERILIZATION.	B		
		SOAK IN CHLORINE SOLUTION.	C		
		BOIL OR STEAM.	D		
		WASH WITH SOAP AND WATER.	E		
		SOAK IN OTHER CHEMICAL SOLUTION.	F		

STANDARD PRECAUTIONS

1350	ASSESS THE ROOM OR AREA FOR THE ITEMS LISTED BELOW. FOR ITEMS THAT YOU DO NOT SEE, ASK YOUR RESPONDENT TO SHOW THEM TO YOU. IF THE SAME ROOM OR AREA HAS ALREADY BEEN ASSESSED, INDICATE WHERE THE DATA ARE RECORDED	GENERAL INFORMATION [Q710]. 11 CHILD VACCINATION [Q1051]. 12 CHILD CURATIVE CARE [Q1251] 13 ANTENATAL CARE [Q1451]. 15 PMTCT [Q1551]. 16 DELIVERY [Q1651]. 17 STI SERVICES [Q1851] 18 TUBERCULOSIS [Q1951]. 19 HIV TESTING [Q2051]. 21 NCD [Q2351]. 22 MINOR SURGERY [Q2451]. 23 NOT PREVIOUSLY SEEN. 31	→ 1353	
1351	STANDARD PRECAUTIONS AND CONDITIONS FOR CLIENT EXAMINATION	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE
01	RUNNING WATER (PIPED, BUCKET WITH TAP OR POUR PITCHER)	1	2	3
02	HAND-WASHING SOAP (MAY BE LIQUID SOAP)	1	2	3
03	ALCOHOL-BASED HAND RUB	1	2	3
04	WASTE RECEPTACLE (PEDAL BIN) WITH LID AND PLASTIC BIN LINER	1 06 ↙	2	3
05	OTHER WASTE RECEPTACLE	1	2	3
06	SHARPS CONTAINER ("SAFETY BOX")	1	2	3
07	DISPOSABLE LATEX GLOVES	1	2	3
08	DISINFECTANT/ANTISEPTICS [E.G., CHLORINE, HIBITANE, ALCOHOL]	1	2	3
09	SINGLE USE STANDARD DISPOSABLE SYRINGES WITH NEEDLES OR AUTO-DISABLE SYRINGES WITH NEEDLES	1	2	3
10	MEDICAL MASKS	1	2	3
11	GOWNS	1	2	3
12	EYE PROTECTION [GOGGLES OR FACE PROTECTION]	1	2	3
13	GUIDELINES FOR STANDARD PRECAUTIONS	1	2	3
1352	DESCRIBE THE SETTING OF THE FP SERVICE ROOM OR AREA.	PRIVATE ROOM. 1 OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY. 2 VISUAL PRIVACY ONLY. 3 NO PRIVACY. 4		
1353	CHECK Q212 FP COMMODITIES STORED IN OTHER LOCATION <input type="checkbox"/> OR NOT STOCKED (RESPONSE 1 NOT CIRCLED)	FP COMMODITIES STORED IN FP SERVICE AREA (RESPONSE 1 CIRCLED) <input type="checkbox"/>		→ 921
THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.				

SECTION 14: ANTENATAL CARE

1400	CHECK Q.102.05	ANC SERVICES AVAILABLE IN FACILITY <input type="checkbox"/>	ANC SERVICES NOT AVAILABLE IN FACILITY <input type="checkbox"/> NEXT SECTION OR SERVICE SITE ←				
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.							
1401	How many days in a month are antenatal care services offered at this facility? USE A 4-WEEK MONTH TO CALCULATE # OF DAYS	NUMBER OF DAYS/MONTH <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>					
1402	Do ANC providers provide any of the following services to pregnant women as part of routine ANC?	YES	NO				
01	IRON SUPPLEMENTATION	1	2				
02	FOLIC ACID SUPPLEMENTATION	1	2				
03	INTERMITTENT PREVENTIVE TREATMENT (IPT) FOR MALARIA	1	2				
04	TETANUS TOXOID VACCINATION	1	2				
1403	CHECK Q1402.04	TT VACCINATION PROVIDED <input type="checkbox"/>	TT VACCINATION NOT PROVIDED <input type="checkbox"/> → 1406				
1404	Is tetanus toxoid vaccination available on all days that ANC services are available in this facility?	YES..... 1 NOT ALL ANC DAYS..... 2	→ 1406				
1405	How many days each week are tetanus toxoid vaccinations available at this facility?	DAYS PER WEEK..... <input style="width: 30px; height: 20px;" type="text"/> LESS OFTEN THAN ONCE/WEEK..... 0					
1406	Do ANC providers in this facility provide any of the following tests from this site to pregnant women as part of ANC? IF YES, ASK TO SEE THE TEST KIT OR EQUIPMENT. IF TEST NOT DONE IN ANC, PROBE TO DETERMINE IF THE TEST IS DONE ELSEWHERE IN THE FACILITY CHECK TO SEE IF AT LEAST ONE TEST KIT OF EACH TEST IS VALID/UNEXPIRED	(A) OBSERVED AVAILABLE	(B) NOT OBSERVED				
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NONE AVAILABLE TODAY	NO, OR NEVER AVAILABLE	AVAILABLE ELSEWHERE IN FACILITY
01	HIV RAPID DIAGNOSTIC TEST	1	2	3	4	5	6
02	URINE PROTEIN TEST	1	2	3	4	5	6
03	URINE GLUCOSE TEST	1	2	3	4	5	6
04	ANY RAPID TEST FOR HEMOGLOBIN	1	2	3	4	5	6
05	SYPHILIS RAPID DIAGNOSTIC TEST	1	2	3	4	5	6

1407	As part of ANC services, please tell me if providers in this facility provide the following services to ANC clients	YES	NO
01	COUNSELING ON RECOMMENDED MINIMUM OF 4 ANC VISITS FOR EACH PREGNANCY	1	2
02	COUNSELING ON BIRTH PREPAREDNESS OR PREPARATION FOR DELIVERY	1	2
03	COUNSELING ABOUT FAMILY PLANNING	1	2
04	COUNSELING ABOUT HIV/AIDS	1	2
05	COUNSELING ABOUT USE OF ITNs TO PREVENT MOSQUITO BITES AND MALARIA	1	2
06	COUNSELING ABOUT BREASTFEEDING	1	2
07	COUNSELING ABOUT NEWBORN CARE	1	2
08	COUNSELING ON POSTNATAL CARE VISITS	1	2
1408	Do ANC providers in this facility routinely diagnose and treat STIs, or are STI clients referred to another provider or location for diagnosis and treatment?	ROUTINELY DIAGNOSE AND TREAT STIs. 1 DIAGNOSE BUT REFER ELSEWHERE FOR TREATMENT. 2 REFER ELSEWHERE IN FACILITY FOR DIAG & TREATME 3 REFER OUTSIDE FACILITY FOR DIAG & TREATMENT. . . 4 NO DIAGNOSIS / TREATMENT / REFERRAL. 5	
1409	Do you have the national ANC guidelines available in this service area today?	YES. 1 NO. 2	→ 1411
1410	May I see the national ANC guidelines? ACCEPTABLE IF PART OF OTHER GUIDELINES	OBSERVED. 1 REPORTED NOT SEEN. 2	→ 1413
1411	Do you have any other ANC guidelines available in this service area today?	YES. 1 NO. 2	→ 1413
1412	May I see the other guidelines?	OBSERVED. 1 REPORTED NOT SEEN. 2	
1413	Do you have IPT guidelines available in this service area?	YES. 1 NO. 2	→ 1415
1414	May I see the IPT guidelines? ACCEPTABLE IF PART OF OTHER GUIDELINES	OBSERVED. 1 REPORTED NOT SEEN. 2	
1415	Do you have visual aids for client education on subjects related to pregnancy or antenatal care available in this service area today?	YES. 1 NO. 2	→ 1417
1416	May I see the visual aids for client education?	OBSERVED. 1 REPORTED NOT SEEN. 2	
1417	Are individual client cards or records for ANC and PNC clients maintained at this service site?	YES. 1 NO. 2	→ 1419
1418	May I see a blank copy of the client records or cards?	OBSERVED. 1 REPORTED NOT SEEN. 2	
1419	Does this facility have a system whereby observation or parameters for ANC clients are routinely carried out before the consultation? IF YES, ASK TO SEE THE PLACE WHERE THESE ACTIVITIES TAKE PLACE.	YES. 1 NO. 2	→ 1421

1420	OBSERVE IF THE BELOW ACTIVITIES ARE BEING DONE ROUTINELY. IF YOU DO NOT SEE AN ACTIVITY, ASK: Is [ACTIVITY YOU DO NOT SEE] routinely done for all antenatal care clients?	ACTIVITY OBSERVED	ACTIVITY REPORTED NOT SEEN	ACTIVITY NOT ROUTINELY DONE	DON'T KNOW
01	Weighing of clients	1	2	3	8
02	Taking blood pressure	1	2	3	8
03	Conducting group health education sessions	1	2	3	8
04	Urine test for protein	1	2	3	8
05	Blood test for anemia	1	2	3	8
06	Malaria rapid diagnostic testing	1	2	3	8
07	HIV testing and counseling (HTC) for pregnant women	1	2	3	8
08	Measuring client's height	1	2	3	8

EQUIPMENT AND SUPPLIES FOR ROUTINE ANC

1421	I would like to know if the following items are available in this service area and are functioning.	(A) AVAILABLE			(B) FUNCTIONING		
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01	DIGITAL BP APPARATUS	1 b	2 b	3 02 ↙	1	2	8
02	MANUAL BP APPARATUS	1 b	2 b	3 03 ↙	1	2	8
03	STETHOSCOPE	1 b	2 b	3 04 ↙	1	2	8
04	EXAMINATION LIGHT (FLASHLIGHT OK)	1 b	2 b	3 05 ↙	1	2	8
05	FETAL STETHOSCOPE/PINNARD	1 b	2 b	3 06 ↙	1	2	
06	ADULT WEIGHING SCALE	1 b	2 b	3 07 ↙	1	2	8
07	EXAMINATION BED OR COUCH	1	2	3			
08	TAPE MEASURE FOR FUNDAL HEIGHT	1	2	3			
1422	Please tell me if any of the following medicines are available at this services site today. I would like to see them. CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED			
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NO, OR NEVER AVAILABLE	
01	IRON TABLETS (INDIVIDUAL TABLETS)	1	2	3	4	5	
02	FOLIC ACID TABLETS (INDIVIDUAL TABLETS)	1	2	3	4	5	
03	COMBINED IRON AND FOLIC ACID TABLETS	1	2	3	4	5	
04	SP FOR IPT _p	1	2	3	4	5	
05	TETANUS TOXOID VACCINE	1	2	3	4	5	
06	INSECTICIDE TREATED BEDNETS (ITNs, LLINs)	1	2	3	4	5	

STANDARD PRECAUTIONS

1450	<p>ASSESS THE ROOM OR AREA FOR THE ITEMS LISTED BELOW. FOR ITEMS THAT YOU DO NOT SEE, ASK YOUR RESPONDENT TO SHOW THEM TO YOU.</p> <p>IF THE SAME ROOM OR AREA HAS ALREADY BEEN ASSESSED, INDICATE WHERE THE DATA ARE RECORDED</p>	<table style="width: 100%; border-collapse: collapse;"> <tr><td>GENERAL INFORMATION [Q710].</td><td style="text-align: right;">11</td></tr> <tr><td>CHILD VACCINATION [Q1051].</td><td style="text-align: right;">12</td></tr> <tr><td>CHILD CURATIVE CARE [Q1251]</td><td style="text-align: right;">13</td></tr> <tr><td>FAMILY PLANNING [Q1351].</td><td style="text-align: right;">14</td></tr> <tr><td>PMTCT [Q1551].</td><td style="text-align: right;">16</td></tr> <tr><td>DELIVERY [Q1651].</td><td style="text-align: right;">17</td></tr> <tr><td>STI SERVICES [Q1851]</td><td style="text-align: right;">18</td></tr> <tr><td>TUBERCULOSIS [Q1951].</td><td style="text-align: right;">19</td></tr> <tr><td>HIV TESTING [Q2051].</td><td style="text-align: right;">21</td></tr> <tr><td>NCD [Q2351].</td><td style="text-align: right;">22</td></tr> <tr><td>MINOR SURGERY [Q2451].</td><td style="text-align: right;">23</td></tr> <tr><td>NOT PREVIOUSLY SEEN.</td><td style="text-align: right;">31</td></tr> </table>	GENERAL INFORMATION [Q710].	11	CHILD VACCINATION [Q1051].	12	CHILD CURATIVE CARE [Q1251]	13	FAMILY PLANNING [Q1351].	14	PMTCT [Q1551].	16	DELIVERY [Q1651].	17	STI SERVICES [Q1851]	18	TUBERCULOSIS [Q1951].	19	HIV TESTING [Q2051].	21	NCD [Q2351].	22	MINOR SURGERY [Q2451].	23	NOT PREVIOUSLY SEEN.	31	<div style="border-left: 1px solid black; border-right: 1px solid black; border-bottom: 1px solid black; padding: 5px;"> NEXT SECTION / SERVICE SITE </div>
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NOT PREVIOUSLY SEEN.	31																										
1451	STANDARD PRECAUTIONS AND CONDITIONS FOR CLIENT EXAMINATION	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE																							
01	RUNNING WATER (PIPED, BUCKET WITH TAP OR POUR PITCHER)	1	2	3																							
02	HAND-WASHING SOAP (MAY BE LIQUID SOAP)	1	2	3																							
03	ALCOHOL-BASED HAND RUB	1	2	3																							
04	WASTE RECEPTACLE (PEDAL BIN) WITH LID AND PLASTIC BIN LINER	1 06 ↙	2	3																							
05	OTHER WASTE RECEPTACLE	1	2	3																							
06	SHARPS CONTAINER ("SAFETY BOX")	1	2	3																							
07	DISPOSABLE LATEX GLOVES	1	2	3																							
08	DISINFECTANT/ANTISEPTICS [E.G., CHLORINE, HIBITANE, ALCOHOL]	1	2	3																							
09	SINGLE-USE STANDARD DISPOSABLE SYRINGES WITH NEEDLES OR AUTO-DISABLE SYRINGES WITH NEEDLES	1	2	3																							
10	MEDICAL MASKS	1	2	3																							
11	GOWNS	1	2	3																							
12	EYE PROTECTION [GOGGLES OR FACE PROTECTION]	1	2	3																							
13	GUIDELINES FOR STANDARD PRECAUTIONS	1	2	3																							
1452	DESCRIBE THE SETTING OF THE ANC SERVICE ROOM OR AREA.	<table style="width: 100%; border-collapse: collapse;"> <tr><td>PRIVATE ROOM.</td><td style="text-align: right;">1</td></tr> <tr><td>OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY.</td><td style="text-align: right;">2</td></tr> <tr><td>VISUAL PRIVACY ONLY.</td><td style="text-align: right;">3</td></tr> <tr><td>NO PRIVACY.</td><td style="text-align: right;">4</td></tr> </table>		PRIVATE ROOM.	1	OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY.	2	VISUAL PRIVACY ONLY.	3	NO PRIVACY.	4																
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VISUAL PRIVACY ONLY.	3																										
NO PRIVACY.	4																										
THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.																											

SECTION 15: PMTCT OF HIV INFECTION

1500	CHECK Q102.06 PMTCT SERVICES OFFERED IN FACILITY <input type="checkbox"/>	NO PMTCT SERVICES IN FACILITY <input type="checkbox"/> NEXT SECTION OR SERVICE SITE ←	
CAUTION!!! THIS SECTION SHOULD BE COMPLETED ONLY AFTER COMPLETING THE ANC SECTION			
ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE PMTCT SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT PROVISION OF PMTCT SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.			
1501	As part of PMTCT services, please tell me if providers in this facility provide the following services to clients	YES	NO
01	PROVIDE HIV COUNSELING AND TESTING SERVICES TO PREGNANT WOMEN. THIS INCLUDES TESTING DONE OUTSIDE THIS LOCATION BUT RESULTS PROVIDED TO CLIENT HERE	1	2
02	PROVIDE HIV TESTING SERVICES TO INFANTS BORN TO HIV POSITIVE WOMEN. THIS INCLUDES TESTING DONE OUTSIDE THIS LOCATION BUT RESULTS PROVIDED TO CLIENT HERE. FOR EXAMPLE, BLOOD COLLECTED HERE AS DBS BUT TESTING DONE ELSEWHERE	1	2
03	PROVIDE ARV PROPHYLAXIS TO HIV POSITIVE PREGNANT WOMEN	1	2
04	PROVIDE ARV PROPHYLAXIS TO NEWBORNS OF HIV POSITIVE WOMEN	1	2
05	PROVIDE INFANT AND YOUNG CHILD FEEDING COUNSELING FOR PMTCT	1	2
06	PROVIDE NUTRITIONAL COUNSELING FOR HIV POSITIVE PREGNANT WOMEN AND THEIR INFANTS	1	2
07	PROVIDE FAMILY PLANNING COUNSELING TO HIV POSITIVE PREGNANT WOMEN	1	2
1502	CHECK Q1501.01 HIV COUNSELING AND TESTING FOR PREGNANT WOMEN <input type="checkbox"/>	NO HIV COUNSELING AND TESTING FOR PREGNANT WOMEN <input type="checkbox"/>	1506
1503	IS THIS THE SAME LOCATION AS THE ANC SERVICE SITE?	YES, ANC SERVICE SITE. 1 NO, DIFFERENT LOCATION. 2	→ 1506
1504	Is HIV rapid diagnostic testing available from this service site?	YES. 1 NO. 2	→ 1506
1505	May I see a sample HIV rapid diagnostic test (RDT) kit? CHECK TO SEE IF AT LEAST ONE IS VALID	OBSERVED, AT LEAST 1 VALID. 1 OBSERVED, NONE VALID. 2 REPORTED AVAILABLE, NOT SEEN. 3 NOT AVAILABLE TODAY. 4	
1506	CHECK Q1501.02 INFANT HIV COUNSELING AND TESTING <input type="checkbox"/>	NO INFANT HIV COUNSELING AND TESTING <input type="checkbox"/>	1509
1507	Do providers use filter paper to collect dried blood spots (DBS) for HIV diagnosis in infants at this service site?	YES. 1 NO. 2	→ 1509
1508	May I see sample DBS filter paper cards? CHECK TO SEE IF AT LEAST ONE IS VALID	OBSERVED, AT LEAST 1 VALID. 1 OBSERVED, NONE VALID. 2 REPORTED AVAILABLE, NOT SEEN. 3 NOT AVAILABLE TODAY. 4	

1509	Do you have the national guidelines for PMTCT available in this service area?	YES..... 1 NO..... 2	→ 1511					
1510	May I see the national PMTCT guidelines? MAY BE PART OF ANOTHER GUIDELINE	OBSERVED..... 1 REPORTED NOT SEEN..... 2	→ 1513					
1511	Do you have any other guidelines for PMTCT available in this service area?	YES..... 1 NO..... 2	→ 1513					
1512	May I see the other guidelines?	OBSERVED..... 1 REPORTED NOT SEEN..... 2						
1513	Do you have guidelines for infant and young child feeding counseling available in this service area?	YES..... 1 NO..... 2	→ 1515					
1514	May I see the guidelines for infant and young child feeding and counseling? MAY BE PART OF ANOTHER GUIDELINE	OBSERVED..... 1 REPORTED NOT SEEN..... 2						
1515	Do you stock any ARVs for PMTCT in this service area?	YES..... 1 NO..... 2	→ 1550					
1516	Please tell me if any of the following antiretroviral medicines/drugs are available at this services site today. I would like to see them. CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE	(B) NOT OBSERVED					
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NO, OR NEVER AVAILABLE		
		01	ZIDOVUDINE (AZT) TABS	1	2	3	4	5
		02	NEVIRAPINE (NVP) TABS	1	2	3	4	5
		03	LAMIVUDINE (3TC) TABS	1	2	3	4	5
		04	LOPINAVIR (LPV/r) TABS	1	2	3	4	5
		05	ABACAVIR (ABC) TABS	1	2	3	4	5
		06	EFAVIRENZ (EFV) TABS	1	2	3	4	5
		07	TENAFOVIR DISOPROXIL FUMARATE (TDF) TABS	1	2	3	4	5
		08	EMTRICITABINE (FTC)	1	2	3	4	5
		09	ZIDOVUDINE (ZDV) + LAMIVUDINE (3TC)	1	2	3	4	5
		10	NEVIRAPINE (NVP) SYRUP	1	2	3	4	5
		11	ZIDOVUDINE (AZT) SYRUP OR DISPERSIBLE PEDIATRIC TABS	1	2	3	4	5
12	LAMIVUDINE (3TC) + EFAVIRENZ (EFV) + TENAFOVIR (TDF)	1	2	3	4	5		

STANDARD PRECAUTIONS

1550	ASSESS THE ROOM OR AREA FOR THE ITEMS LISTED BELOW. FOR ITEMS THAT YOU DO NOT SEE, ASK YOUR RESPONDENT TO SHOW THEM TO YOU. IF THE SAME ROOM OR AREA HAS ALREADY BEEN ASSESSED, INDICATE WHERE THE DATA ARE RECORDED	GENERAL INFORMATION [Q710]. 11 CHILD VACCINATION [Q1051] 12 CHILD CURATIVE CARE [Q1251]. 13 FAMILY PLANNING [Q1351]. 14 ANTENATAL CARE [Q1451]. 15 DELIVERY [Q1651]. 17 STI SERVICES [Q1851] 18 TUBERCULOSIS [Q1951]. 19 HIV TESTING [Q2051]. 21 NCD [Q2351]. 22 MINOR SURGERY [Q2451]. 23 NOT PREVIOUSLY SEEN. 31	NEXT SECTION / SERVICE SITE 	
1551	STANDARD PRECAUTIONS AND CONDITIONS FOR CLIENT EXAMINATION	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE
01	RUNNING WATER (PIPED, BUCKET WITH TAP OR POUR PITCHER)	1	2	3
02	HAND-WASHING SOAP (MAY BE LIQUID SOAP)	1	2	3
03	ALCOHOL-BASED HAND RUB	1	2	3
04	WASTE RECEPTACLE (PEDAL BIN) WITH LID AND PLASTIC BIN LINER	1 06 ↙	2	3
05	OTHER WASTE RECEPTACLE	1	2	3
06	SHARPS CONTAINER ("SAFETY BOX")	1	2	3
07	DISPOSABLE LATEX GLOVES	1	2	3
08	DISINFECTANT/ANTISEPTICS [E.G., CHLORINE, HIBITANE, ALCOHOL]	1	2	3
09	SINGLE-USE STANDARD DISPOSABLE SYRINGES WITH NEEDLES OR AUTO-DISABLE SYRINGES WITH NEEDLES	1	2	3
10	MEDICAL MASKS	1	2	3
11	GOWNS	1	2	3
12	EYE PROTECTION [GOGGLES OR FACE PROTECTION]	1	2	3
13	GUIDELINES FOR STANDARD PRECAUTIONS	1	2	3
1552	ASK TO SEE ROOM OR AREA WHERE PMTCT SERVICES ARE PROVIDED DESCRIBE THE SETTING OF THE ROOM OR AREA.	PRIVATE ROOM. 1 OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY. 2 VISUAL PRIVACY ONLY. 3 NO PRIVACY. 4		
THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.				

SECTION 16: DELIVERY AND NEWBORN CARE

1600	CHECK Q102.07	NORMAL DELIVERY AVAILABLE <input type="checkbox"/>	NORMAL DELIVERY NOT AVAILABLE <input type="checkbox"/>
		NEXT SECTION OR SERVICE SITE <input type="checkbox"/>	
ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE NORMAL DELIVERY SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT DELIVERY SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.			
1601	Is a person skilled in conducting deliveries present at the facility today or on call at all times (24 hours a day), including weekends, to provide care? Specifically, I am referring to medical specialists, medical officers, assistant medical officers, clinical officers, assistant clinical officers, registered nurses and enrolled nurses.	YES 1 NO 2	→ 1604
1602	Is there a duty schedule or call list for 24-hr staff assignment?	YES 1 NO 2	→ 1604
1603	May I see the duty schedule or call list for 24-HR staff assignment?	OBSERVED 1 REPORTED, NOT SEEN. 2	

SIGNAL FUNCTIONS

1604	Please tell me if any of the following interventions have ever been carried out by providers as part of their work in this facility, and if so, whether the intervention has been carried out at least once during the past 3 months.	(A) EVER PROVIDED IN FACILITY			(B) PROVIDED IN PAST 3 MONTHS		
		YES	NO	DK	YES	NO	DK
01	PARENTERAL ADMINISTRATION OF ANTIBIOTICS (IV OR IM)	1 b	2 <input type="checkbox"/> 02 ←	8 <input type="checkbox"/> 02 ←	1	2	8
02	PARENTERAL ADMINISTRATION OF OXYTOCIC (IV OR IM)	1 b	2 <input type="checkbox"/> 03 ←	8 <input type="checkbox"/> 03 ←	1	2	8
03	PARENTERAL ADMINISTRATION OF ANTICONVULSANT FOR HYPERTENSIVE DISORDERS OF PREGNANCY (IV OR IM)	1 b	2 <input type="checkbox"/> 04 ←	8 <input type="checkbox"/> 04 ←	1	2	8
04	ASSISTED VAGINAL DELIVERY	1 b	2 <input type="checkbox"/> 05 ←	8 <input type="checkbox"/> 05 ←	1	2	8
05	MANUAL REMOVAL OF PLACENTA	1 b	2 <input type="checkbox"/> 06 ←	8 <input type="checkbox"/> 06 ←	1	2	8
06	REMOVAL OF RETAINED PRODUCTS OF CONCEPTAION	1 b	2 <input type="checkbox"/> 07 ←	8 <input type="checkbox"/> 07 ←	1	2	8
07	NEONATAL RESUSCITATION	1 b	2 <input type="checkbox"/> 08 ←	8 <input type="checkbox"/> 08 ←	1	2	8
08	CORTICOSTEROIDS FOR PRE-TERM LABOR NOTE: THIS IS NOT A SIGNAL FUNCTION	1 b	2 <input type="checkbox"/> 1605 ←	8 <input type="checkbox"/> 1605 ←	1	2	8
1605	Do you have the national guidelines for BEmONC available in this service site?				YES 1 NO 2	→ 1607	
1606	May I see the guidelines for BEmONC ?				OBSERVED 1 REPORTED NOT SEEN. 2		
1607	Do you have the national guidelines for CEmOC? ACCEPTABLE IF PART OF ANOTHER GUIDELINE.				YES 1 NO 2	→ 1609	
1608	May I see the national guidelines for CEmOC?				OBSERVED 1 REPORTED NOT SEEN. 2		

1609	Do you have guidelines or protocols on management of pre-term labor? ACCEPTABLE IF PART OF ANOTHER GUIDELINE.	YES. 1 NO. 2	→ 1611
1610	May I see the guidelines or protocols on management of pre-term labor?	OBSERVED. 1 REPORTED NOT SEEN. 2	
1611	Does this facility practice Kangaroo Mother Care for low birth weight babies?	YES. 1 NO. 2	→ 1613
1612	Is there a separate room or space for Kangaroo Mother Care or is it integrated into the main postnatal ward?	YES, SEPARATE ROOM. 1 YES, INTEGRATED. 2	
1613	Do providers of delivery services in this facility use partograph to monitor labor and delivery?	YES. 1 NO USE OF PARTOGRAPH. 2	→ 1615
1614	Are partographs used routinely (for all cases) or selectively (only for some cases) to monitor labor and delivery in this facility?	ROUTINELY. 1 SELECTIVELY. 2	
1615	How many dedicated maternity beds are available in this facility?	# OF DEDICATED MATERNITY BEDS. ... <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW. 998	
1616	How many dedicated delivery beds are available in this facility?	# OF DEDICATED DELIVERY BEDS. ... <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW. 998	
1617	Does the facility conduct regular reviews of maternal or newborn deaths or "near-misses"?	YES. 1 NO, DOES NOT PARTICIPATE. 2	→ 1622
1618	Are reviews done for mothers only, newborns only, or for both mothers and newborns?	FOR MOTHERS ONLY. 1 FOR NEWBORNS ONLY. 2 FOR BOTH MOTHERS AND NEWBORNS. 3	→ 1621
1619	How often are reviews of <u>maternal deaths</u> or " <u>near misses</u> " carried out?	EVERY: <input type="text"/> <input type="text"/> WEEKS ONLY WHEN CASE OCCURS. 53 DON'T KNOW. 98	
1620	CHECK Q1618: RESPONSE "3" <input type="checkbox"/> CIRCLED	RESPONSE "3" <input type="checkbox"/> NOT CIRCLED	→ 1622
1621	How often are reviews of <u>newborn deaths</u> or " <u>near misses</u> " carried out?	EVERY: <input type="text"/> <input type="text"/> WEEKS ONLY WHEN CASE OCCURS. 53 ALWAYS WITH MATERNAL REVIEWS. 95 DON'T KNOW. 98	

EQUIPMENT AND SUPPLIES FOR ROUTINE DELIVERIES

1622	I would like to know if the following items are available in this delivery area and are functioning.	(A) AVAILABLE			(B) FUNCTIONING		
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01	INCUBATOR	1 → b	2 → b	3 } 02 ←	1	2	8
02	OTHER EXTERNAL HEAT SOURCE	1 → b	2 → b	3 } 03 ←	1	2	8
03	EXAMINATION LIGHT (FLASHLIGHT OK)	1 → b	2 → b	3 } 04 ←	1	2	8
04	SUCTION APPARATUS WITH CATHETER	1 → b	2 → b	3 } 05 ←	1	2	8
05	SUCTION BULB OR PENGUIN SUCKER	1 → b	2 → b	3 } 06 ←	1	2	8
06	MANUAL VACUUM EXTRACTOR (FOR VACUUM-ASSISTED DELIVERY)	1 → b	2 → b	3 } 07 ←	1	2	8
07	VACUUM ASPIRATION KIT OR D&C KIT	1 → b	2 → b	3 } 08 ←	1	2	8
08	NEWBORN BAG & MASK (AMBU BAG & MASK)	1 → b	2 → b	3 } 09 ←	1	2	8
09	THERMOMETER	1 → b	2 → b	3 } 10 ←	1	2	8
10	THERMOMETER FOR LOW-BODY TEMPERATURE	1 → b	2 → b	3 } 11 ←	1	2	8
11	INFANT SCALE	1 → b	2 → b	3 } 12 ←	1	2	8
12	FETAL STETHOSCOPE	1 → b	2 → b	3 } 13 ←	1	2	8
13	DIGITAL BLOOD PRESSURE APPARATUS	1 → b	2 → b	3 } 14 ←	1	2	8
14	MANUAL BLOOD PRESSURE MACHINE	1 → b	2 → b	3 } 15 ←	1	2	8
15	STETHOSCOPE	1 → b	2 → b	3 } 1623 ←	1	2	8
1623	Do you have any of the following items? If yes, I would like to see them				OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE
01	DELIVERY BED				1	2	3
02	DELIVERY PACK				1	2	3
03	CORD CLAMP				1	2	3
04	SPECULUM				1	2	3
05	EPISIOTOMY SCISSORS				1	2	3
06	SCISSORS OR BLADE TO CUT CORD				1	2	3
07	SUTURE MATERIAL WITH NEEDLE				1	2	3
08	NEEDLE HOLDER				1	2	3
09	FORCEPS (LARGE)				1	2	3
10	FORCEPS (MEDIUM)				1	2	3
11	SPONGE HOLDER				1	2	3
12	BLANK PARTOGRAPH				1	2	3

1624	Does this facility <i>routinely</i> observe any of the following postpartum or newborns related practices?	YES	NO	DON'T KNOW		
01	Delivery to the abdomen (Skin to Skin)	1	2	8		
02	Drying and wrapping newborns to keep them warm	1	2	8		
03	Initiation of breastfeeding within the first hour	1	2	8		
04	Routine, complete (head-to-toe) examination of newborn before discharge	1	2	8		
05	Suction of the newborn by means of catheter	1	2	8		
06	Suction of the newborn by means of suction bulb or penguin sucker	1	2	8		
07	Weigh the newborn immediately	1	2	8		
08	Administer Vitamin K to newborn	1	2	8		
09	Apply Tetracycline eye ointment to both eyes	1	2	8		
10	Give full bath (immerse newborn in water) shortly (i.e., within a few minutes/hours) after birth	1	2	8		
11	Give the newborn prelacteal liquids	1	2	8		
12	Give the newborn OPV (oral polio vaccine/ polio zero vaccine) prior to discharge	1	2	8		
13	Give the newborn BCG prior to discharge	1	2	8		
1625	Please tell me if any of the following medicines or items are available at this service site today. I would like to see them. CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NO, OR NEVER AVAILABLE
01	TETRACYCLINE EYE OINTMENT FOR NEWBORN	1	2	3	4	5
02	INJECTABLE ANTIBIOTIC (E.G., CEFTRIAZONE)	1	2	3	4	5
03	INJECTABLE UTEROTONIC (E.G., OXYTOCIN)	1	2	3	4	5
04	MAGNESIUM SULPHATE	1	2	3	4	5
05	INJECTABLE DIAZEPAM	1	2	3	4	5
06	IV SOLUTION (RINGER LACTATE) WITH INFUSION SET	1	2	3	4	5
07	SKIN DISINFECTANT (OTHER THAN CHLORHEXIDINE)	1	2	3	4	5
08	4% CHLORHEXIDINE SOLUTION (UMBILICAL CORD CLEANSING)	1	2	3	4	5
09	HYDRALAZINE INJECTION	1	2	3	4	5

PMTCT DURING LABOR AND DELIVERY

1626	Do you provide or offer any PMTCT service at this service site for women who come in to deliver?	YES. 1 NO. 2					
1627	Do providers of delivery services conduct HIV testing from this service site?	YES. 1 NO. 2	→ 1629				
1628	May I see a sample HIV rapid diagnostic test (RDT) kit? CHECK TO SEE IF AT LEAST ONE IS VALID	OBSERVED, AT LEAST 1 VALID. 1 OBSERVED, NONE VALID. 2 REPORTED AVAILABLE, NOT SEEN. 3 NOT AVAILABLE TODAY. 4					
1629	Do you stock any ARVs for PMTCT in this service area?	YES. 1 NO. 2	→ 1650				
1630	Please tell me if any of the following antiretroviral medicines for PMTCT are available at this service site today. I would like to see them. CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE	(B) NOT OBSERVED				
		AT LEAST ONE VALID	AVAILABLE NON VALID	REPORTED AVAILABLE NOT SEEN			
				NOT AVAILABLE TODAY/DK			
				NO, OR NEVER AVAILABLE			
01		ZIDOVUDINE (AZT) TABS	1	2	3	4	5
02		NEVIRAPINE (NVP) TABS	1	2	3	4	5
03		LAMIVUDINE (3TC) TABS	1	2	3	4	5
04		LOPINAVIR (LPV/r) TABS	1	2	3	4	5
05		ABACAVIR (ABC) TABS	1	2	3	4	5
06		EFAVIRENZ (EFV) TABS	1	2	3	4	5
07		TENAFOVIR DISOPROXIL FUMARATE (TDF) TABS	1	2	3	4	5
08		EMTRICITABINE (FTC)	1	2	3	4	5
09		ZIDOVUDINE (ZDV) + LAMIVUDINE (3TC)	1	2	3	4	5
10	NEVIRAPINE (NVP) SYRUP	1	2	3	4	5	
11	ZIDOVUDINE (AZT) SYRUP	1	2	3	4	5	
12	LAMIVUDINE (3TC) + EFAVIRENZ (EFV) + TENAFOVIR (TDF)	1	2	3	4	5	

STANDARD PRECAUTIONS

1650	<p>ASSESS THE ROOM OR AREA FOR THE ITEMS LISTED BELOW. FOR ITEMS THAT YOU DO NOT SEE, ASK YOUR RESPONDENT TO SHOW THEM TO YOU.</p> <p>IF THE SAME ROOM OR AREA HAS ALREADY BEEN ASSESSED, INDICATE WHERE THE DATA ARE RECORDED</p>	<table style="width: 100%; border-collapse: collapse;"> <tr><td>GENERAL INFORMATION [Q710].</td><td style="text-align: right;">11</td></tr> <tr><td>CHILD VACCINATION [Q1051]</td><td style="text-align: right;">12</td></tr> <tr><td>CHILD CURATIVE CARE [Q1251].</td><td style="text-align: right;">13</td></tr> <tr><td>FAMILY PLANNING [Q1351].</td><td style="text-align: right;">14</td></tr> <tr><td>ANTENATAL CARE [Q1451].</td><td style="text-align: right;">15</td></tr> <tr><td>PMTCT [Q1551].</td><td style="text-align: right;">16</td></tr> <tr><td>STI SERVICES [Q1851]</td><td style="text-align: right;">18</td></tr> <tr><td>TUBERCULOSIS [Q1951].</td><td style="text-align: right;">19</td></tr> <tr><td>HIV TESTING [Q2051].</td><td style="text-align: right;">21</td></tr> <tr><td>NCD [Q2351].</td><td style="text-align: right;">22</td></tr> <tr><td>MINOR SURGERY [Q2451].</td><td style="text-align: right;">23</td></tr> <tr><td>NOT PREVIOUSLY SEEN.</td><td style="text-align: right;">31</td></tr> </table>	GENERAL INFORMATION [Q710].	11	CHILD VACCINATION [Q1051]	12	CHILD CURATIVE CARE [Q1251].	13	FAMILY PLANNING [Q1351].	14	ANTENATAL CARE [Q1451].	15	PMTCT [Q1551].	16	STI SERVICES [Q1851]	18	TUBERCULOSIS [Q1951].	19	HIV TESTING [Q2051].	21	NCD [Q2351].	22	MINOR SURGERY [Q2451].	23	NOT PREVIOUSLY SEEN.	31	<div style="border-left: 1px solid black; border-right: 1px solid black; padding: 5px;"> NEXT SECTION / SERVICE SITE ↓ </div>
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1651	STANDARD PRECAUTIONS AND CONDITIONS FOR CLIENT EXAMINATION	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE																							
01	RUNNING WATER (PIPED, BUCKET WITH TAP OR POUR PITCHER)	1	2	3																							
02	HAND-WASHING SOAP (MAY BE LIQUID SOAP)	1	2	3																							
03	ALCOHOL-BASED HAND RUB	1	2	3																							
04	WASTE RECEPTACLE (PEDAL BIN) WITH LID AND PLASTIC BIN LINER	1 06 ↙	2	3																							
05	OTHER WASTE RECEPTACLE	1	2	3																							
06	SHARPS CONTAINER ("SAFETY BOX")	1	2	3																							
07	DISPOSABLE LATEX GLOVES	1	2	3																							
08	DISINFECTANT/ANTISEPTICS [E.G., CHLORINE, HIBITANE, ALCOHOL]	1	2	3																							
09	SINGLE-USE STANDARD DISPOSABLE SYRINGES WITH NEEDLES OR AUTO-DISABLE SYRINGES WITH NEEDLES	1	2	3																							
10	MEDICAL MASKS	1	2	3																							
11	GOWNS	1	2	3																							
12	EYE PROTECTION [GOGGLES OR FACE PROTECTION]	1	2	3																							
13	GUIDELINES FOR STANDARD PRECAUTIONS	1	2	3																							
1652	DESCRIBE THE SETTING OF THE DELIVERY SERVICE ROOM OR AREA.	<table style="width: 100%; border-collapse: collapse;"> <tr><td>PRIVATE ROOM.</td><td style="text-align: right;">1</td></tr> <tr><td>OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY.</td><td style="text-align: right;">2</td></tr> <tr><td>VISUAL PRIVACY ONLY.</td><td style="text-align: right;">3</td></tr> <tr><td>NO PRIVACY.</td><td style="text-align: right;">4</td></tr> </table>		PRIVATE ROOM.	1	OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY.	2	VISUAL PRIVACY ONLY.	3	NO PRIVACY.	4																
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VISUAL PRIVACY ONLY.	3																										
NO PRIVACY.	4																										
THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.																											

SECTION 17: MALARIA

1700	CHECK Q102.08: MALARIA SERVICES AVAILABLE <input type="checkbox"/>	NO MALARIA SERVICES <input type="checkbox"/> NEXT SECTION OR SERVICE SITE ←	
ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE CLIENTS WITH MALARIA ARE SEEN. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT PROVISION OF MALARIA SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.			
1701	How many days in a month are malaria services available in this facility? [USE A 4-WEEK MONTH TO CALCULATE DAYS]	DAYS/MONTH. <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>	
1702	Do providers in this facility diagnose malaria?	YES 1 NO 2	→ 1710
1703	Do providers in this facility use blood tests to verify the diagnosis of malaria, either by microscopy or mRDT?	YES 1 NO 2	→ 1710
1704	Do providers use blood test to verify the diagnosis of malaria for all suspected cases (always), or only sometimes?	ALWAYS 1 ONLY SOMETIMES 2	
1705	Do providers use malaria rapid diagnostic test (mRDT) to diagnose malaria at this service site?	YES 1 NO 2	→ 1710
1706	May I see a sample malaria RDT kit? CHECK THAT AT LEAST ONE IS VALID	OBSERVED, AT LEAST 1 VALID 1 OBSERVED, NONE VALID 2 REPORTED AVAILABLE, NOT SEEN 3 NONE AVAILABLE TODAY 4	
1707	OBSERVE OR ASK THE BRAND OR TYPE OF MALARIA RDT KIT COUNTRY-SPECIFIC	SD BIOLINE A FIRST RESPONSE B PARACHECK C PARAHIT D ICT E OTHER (SPECIFY) X	
1708	Do you have a training manual, poster or other job aid for using malaria rapid diagnostic test?	YES 1 NO 2	→ 1710
1709	May I see the training manual, poster or other job aid for using malaria rapid diagnostic test?	OBSERVED 1 REPORTED, NOT SEEN 2	
1710	Do providers in this facility prescribe treatment for uncomplicated malaria?	YES 1 NO 2	
1711	Do you have the national guidelines for the diagnosis and treatment of malaria available in this service area? ACCEPTABLE IF PART OF ANOTHER GUIDELINE.	YES 1 NO 2	→ 1713
1712	May I see the national guidelines for the diagnosis and treatment of malaria?	OBSERVED 1 REPORTED, NOT SEEN 2	<input style="width: 30px; height: 20px;" type="text"/> NEXT SECTION OR SERVICE SITE ←
1713	Do you have any other guidelines for the diagnosis and treatment of malaria in this service area? ACCEPTABLE IF PART OF ANOTHER GUIDELINE.	YES 1 NO 2	<input style="width: 30px; height: 20px;" type="text"/> NEXT SECTION OR SERVICE SITE ←
1714	May I see the other guidelines for the diagnosis and treatment of malaria?	OBSERVED 1 REPORTED, NOT SEEN 2	
THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.			

SECTION 18: SEXUALLY TRANSMITTED INFECTIONS

1800	CHECK Q102.09	STI SERVICE OFFERED <input type="checkbox"/> STI SERVICE NOT OFFERED <input type="checkbox"/> NEXT SECTION OR SERVICE SITE ←
ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE STI SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT PROVISION OF STI SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.		
1801	How many days in a month are STI services available in this facility? [USE A 4-WEEK MONTH TO CALCULATE DAYS]	DAYS/MONTH <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>
1802	Do providers in this facility make diagnosis that a client has a sexually transmitted infection (STI)?	YES. 1 NO. 2 → 1804
1803	How are diagnoses of STIs made in this facility?	SYNDROMIC APPROACH ONLY. 1 ETIOLOGIC (LAB) ONLY. 2 BOTH SYNDROMIC AND ETIOLOGIC. 3
1804	Do providers in this facility prescribe treatment for STIs?	YES. 1 NO. 2
1805	CHECK Q1802 AND Q1804 RESPONSE "1" CIRCLED IN EITHER Q1802 OR Q1804 OR BOTH <input type="checkbox"/>	RESPONSE "1" CIRCLED IN NEITHER Q1802 NOR Q1804 <input type="checkbox"/> NEXT SECTION OR SERVICE SITE ←
1806	Are STI clients seen by this service ever referred for HIV counseling and testing, or offered the service from this service site?	YES. 1 NO. 2 → 1810
1807	Are STI clients seen by this service routinely referred for, or offered HIV counseling and testing, or they are referred / offered only if they are suspected to be infected with HIV?	ROUTINELY REFERRED OR OFFERED SERVICE. 1 ONLY IF CLIENT SUSPECTED TO BE HIV INFECTED. . . 2
1808	Do STI service providers in this facility provide HIV testing from this service site?	YES. 1 NO. 2 → 1810
1809	May I see a sample HIV rapid diagnostic test (RDT) kit? CHECK TO SEE IF AT LEAST ONE IS VALID	OBSERVED, AT LEAST 1 VALID. 1 OBSERVED, NONE VALID. 2 REPORTED AVAILABLE, NOT SEEN. 3 NOT AVAILABLE TODAY. 4
1810	Do you have the national guidelines for the diagnosis and treatment of STIs available in this service area? ACCEPTABLE IF PART OF ANOTHER GUIDELINE.	YES. 1 NO. 2 → 1812
1811	May I see the national guidelines for the diagnosis and treatment of STIs?	OBSERVED. 1 REPORTED NOT SEEN. 2 → 1814
1812	Do you have any other guidelines for the diagnosis and treatment of STIs available in this service area? ACCEPTABLE IF PART OF ANOTHER GUIDELINE.	YES. 1 NO. 2 → 1814
1813	May I see the other guidelines for the diagnosis and treatment of STIs?	OBSERVED. 1 REPORTED NOT SEEN. 2
1814	Does the facility normally perform partner notification for sexually transmitted infections?	YES. 1 NO PARTNER NOTIFICATION. 2 → 1816
1815	Is the notification ever active (where the facility makes contact with the partner) or is it only passive (where the facility asks the clients to inform or bring their partners)?	ALWAYS ACTIVE. 1 SOMETIMES ACTIVE. 2 ONLY PASSIVE. 3
1816	Are individual client health records or booklets used?	YES. 1 NO. 2 → 1818
1817	May I see a copy of the client health card? It could either be a used or and unused copy.	OBSERVED. 1 REPORTED NOT SEEN. 2

1818	ASK TO SEE EACH OF THE FOLLOWING ITEMS, AND ASSESS IF THE ITEM IS IN THE ROOM WHERE COUNSELING OR EXAMINATION OF STI CLIENTS TAKES PLACE OR AN IMMEDIATELY ADJACENT ROOM.					
	VISUAL AIDS FOR TEACHING CLIENT:	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW	
	01	About STIs	1	2	3	8
	02	About HIV/AIDS	1	2	3	8
	03	About cervical cancer	1	2	3	8
	04	Posters on STIs (MAY INCLUDE HIV/AIDS)	1	2	3	8
	05	Posters on HIV/AIDS	1	2	3	8
	06	Model to demonstrate use of male condom	1	2	3	8
	07	Model to demonstrate use of female condom	1	2	3	8
		INFORMATION FOR CLIENT TO TAKE HOME				
	08	About STIs	1	2	3	8
	09	About HIV/AIDS	1	2	3	8
	10	About cervical cancer	1	2	3	8
	11	IEC materials on male condoms	1	2	3	8
	12	IEC materials on female condoms	1	2	3	8
13	Male condoms that can be given to the client	1	2	3	8	
14	Female condoms that can be given to the client	1	2	3	8	

STANDARD PRECAUTIONS

1850	<p>ASSESS THE ROOM OR AREA FOR THE ITEMS LISTED BELOW. FOR ITEMS THAT YOU DO NOT SEE, ASK YOUR RESPONDENT TO SHOW THEM TO YOU.</p> <p>IF THE SAME ROOM OR AREA HAS ALREADY BEEN ASSESSED, INDICATE WHERE THE DATA ARE RECORDED</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">GENERAL INFORMATION [Q710]</td> <td style="text-align: right; padding: 2px;">11</td> </tr> <tr> <td style="padding: 2px;">CHILD VACCINATION [Q1051]</td> <td style="text-align: right; padding: 2px;">12</td> </tr> <tr> <td style="padding: 2px;">CHILD CURATIVE CARE [Q1251]</td> <td style="text-align: right; padding: 2px;">13</td> </tr> <tr> <td style="padding: 2px;">FAMILY PLANNING [Q1351]</td> <td style="text-align: right; padding: 2px;">14</td> </tr> <tr> <td style="padding: 2px;">ANTENATAL CARE [Q1451]</td> <td style="text-align: right; padding: 2px;">15</td> </tr> <tr> <td style="padding: 2px;">PMTCT [Q1551]</td> <td style="text-align: right; padding: 2px;">16</td> </tr> <tr> <td style="padding: 2px;">DELIVERY SERVICES [Q1651]</td> <td style="text-align: right; padding: 2px;">17</td> </tr> <tr> <td style="padding: 2px;">TUBERCULOSIS [Q1951]</td> <td style="text-align: right; padding: 2px;">19</td> </tr> <tr> <td style="padding: 2px;">HIV TESTING [Q2051]</td> <td style="text-align: right; padding: 2px;">21</td> </tr> <tr> <td style="padding: 2px;">NCD [Q2351]</td> <td style="text-align: right; padding: 2px;">22</td> </tr> <tr> <td style="padding: 2px;">MINOR SURGERY [Q2451]</td> <td style="text-align: right; padding: 2px;">23</td> </tr> <tr> <td style="padding: 2px;">NOT PREVIOUSLY SEEN.</td> <td style="text-align: right; padding: 2px;">31</td> </tr> </table>	GENERAL INFORMATION [Q710]	11	CHILD VACCINATION [Q1051]	12	CHILD CURATIVE CARE [Q1251]	13	FAMILY PLANNING [Q1351]	14	ANTENATAL CARE [Q1451]	15	PMTCT [Q1551]	16	DELIVERY SERVICES [Q1651]	17	TUBERCULOSIS [Q1951]	19	HIV TESTING [Q2051]	21	NCD [Q2351]	22	MINOR SURGERY [Q2451]	23	NOT PREVIOUSLY SEEN.	31	<div style="border-left: 1px solid black; border-right: 1px solid black; padding: 0 5px;"> NEXT SECTION / SERVICE SITE ↓ </div>
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1851	<p>STANDARD PRECAUTIONS AND CONDITIONS FOR CLIENT EXAMINATION</p>	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE																							
01	RUNNING WATER (PIPED, BUCKET WITH TAP OR POUR PITCHER)	1	2	3																							
02	HAND-WASHING SOAP (MAY BE LIQUID SOAP)	1	2	3																							
03	ALCOHOL-BASED HAND RUB	1	2	3																							
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09	SINGLE USE STANDARD DISPOSABLE SYRINGES AND NEEDLES OR AUTO-DISABLE SYRINGES WITH NEEDLES	1	2	3																							
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1852	<p>DESCRIBE THE SETTING OF THE ROOM OR AREA</p>	<p>PRIVATE ROOM. 1</p> <p>OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY. 2</p> <p>VISUAL PRIVACY ONLY. 3</p> <p>NO PRIVACY. 4</p>																									
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SECTION 19: TUBERCULOSIS

1900	CHECK Q102.10	TB SERVICES OFFERED IN FACILITY <input type="checkbox"/>	NO TB SERVICES IN FACILITY <input type="checkbox"/> NEXT SECTION OR SERVICE SITE
ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE TB SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT PROVISION OF TB SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.			
1901	How many days in a month are tuberculosis services offered at this facility? USE A 4-WEEK MONTH TO CALCULATE # OF DAYS	NUMBER OF DAYS / MONTH	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>

TB DIAGNOSIS

1902	Do providers in this facility make diagnosis that a client has tuberculosis?	YES..... 1 NO..... 2	→ 1904
1903	What is the most common method used by providers in this facility for diagnosing TB? PROBE TO DETERMINE METHOD USED.	SPUTUM SMEAR ONLY..... 1 X-RAY ONLY..... 2 EITHER SPUTUM OR X-RAY..... 3 BOTH SPUTUM AND X-RAY..... 4 CLINICAL SYMPTOMS ONLY..... 5	
1904	Do providers in this facility ever refer clients outside this facility for TB diagnosis?	YES..... 1 NO..... 2	→ 1908
1905	Does this facility have an agreement with a referral site for TB test results to be returned to the facility either directly or through the client?	YES..... 1 NO..... 2	
1906	Is there a record/register of clients who are referred for TB diagnosis?	YES..... 1 REGISTER NOT KEPT..... 2	→ 1908
1907	May I see the records or register of clients referred for TB testing? CHECK THE RECORDS TO SEE TB DIAGNOSIS RESULTS ARE RECORDED	REGISTER SEEN (PAPER)..... 1 REGISTER SEEN (ELECTRONIC)..... 2 REGISTER REPORTED, NOT SEEN..... 3	

TB TREATMENT

1908	Do providers in this facility prescribe treatment for TB or manage patients who are on TB treatment?	YES..... 1 NO..... 2	→ 1910
1909	What treatment regimen or approach is followed by providers in this facility for <i>newly diagnosed TB</i> ? i.e., for new patients, not for retreatment? PROBE TO ARRIVE AT CORRECT RESPONSE	2M INTENSIVE PHASE, 4M CONTINUATION PHASE..... 1 6M INTENSIVE PHASE..... 2 FOLLOW UP CLIENTS ONLY AFTER FIRST 2M INTENSIVE PHASE ELSEWHERE..... 3 DIAGNOSE AND TREAT WHILE INPATIENT DISCHARGE ELSEWHERE FOR F/UP..... 4 PROVIDE FULL TREATMENT, WITH NO ROUTINE DIRECT OBSERVATION PHASE..... 5 DIAGNOSE, PRESCRIBE/PROVIDE MEDICINES ONLY, NO F/UP..... 6 DIAGNOSE ONLY, NO TREATMENT OR PRESCRIPTION OF MEDICINE..... 7	
1910	CHECK Q1902 AND Q1908	TB DIAGNOSIS OR TREATMENT IN FACILITY <input type="checkbox"/>	NO TB DIAGNOSIS OR TREATMENT IN FACILITY <input type="checkbox"/> NEXT SECTION OR SERVICE SITE
1911	Does this facility have a system for testing TB patients for HIV infection?	YES..... 1 NO SYSTEM..... 2	→ 1913
1912	May I see the system, or evidence of such a system? THE SYSTEM MAY BE IN THE FORM OF A REGISTER	SYSTEM OR REGISTER OBSERVED..... 1 SYSTEM OR REGISTER REPORTED, NOT SEEN..... 2	

STANDARD PRECAUTIONS

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1953	<p>CHECK Q214</p> <p>TB MEDS STORED IN OTHER LOCATION OR NOT STOCKED (RESPONSE 1 NOT CIRCLED) <input type="checkbox"/></p>	<p>TB MEDICINES STORED IN TB SERVICE AREA (RESPONSE 1 CIRCLED) <input type="checkbox"/></p>	931																																																								
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SECTION 20: HIV TESTING

2000	<p>CHECK Q102.11</p> <p style="text-align: center;">HIV TESTING AVAILABLE IN FACILITY <input type="checkbox"/></p>	<p style="text-align: right;">NO HIV TESTING SERVICES IN FACILITY <input type="checkbox"/></p> <p style="text-align: center;">NEXT SECTION OR SERVICE SITE ←</p>	
<p>ASK TO BE SHOWN THE MAIN LOCATION IN THE FACILITY WHERE HIV COUNSELING AND TESTING SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT HIV COUNSELING & TESTING SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.</p>			
2001	<p>How many days in a month are HIV testing services offered at this facility?</p> <p>USE A 4-WEEK MONTH TO CALCULATE # OF DAYS</p>	<p>NUMBER OF DAYS..... <input style="width: 40px; height: 20px;" type="text"/></p>	
2002	<p>When a provider wants a client to receive an HIV test, or when a client agrees to an HIV test, what is the procedure that is followed? In other words, what are the possible options for the client to receive the test?</p> <p>AFTER RESPONSE IS PROVIDED, PROBE FOR ANY OTHER PROCEDURES USED FOR PROVIDING THE HIV TEST.</p> <p>CIRCLE ALL THAT APPLY</p>	<p>HIV RAPID TEST THIS SERVICE SITE..... A BLOOD DRAWN HERE, SENT TO LAB IN FACILITY..... B CLIENT SENT TO OTHER SITE IN FACILITY..... C CLIENT SENT TO LAB IN FACILITY..... D CLIENT SENT TO EXTERNAL SITE..... E BLOOD DRAWN HERE SENT TO EXTERNAL SITE..... F</p>	
2003	<p>CHECK Q2002</p> <p style="text-align: center;">HIV RAPID TESTING THIS SERVICE SITE ("A" CIRCLED) <input type="checkbox"/></p>	<p style="text-align: center;">NO HIV RAPID TESTING AT THIS SERVICE SITE ("A" NOT CIRCLED) <input type="checkbox"/></p>	→ 2005
2004	<p>May I see a sample HIV rapid diagnostic test (RDT) kit?</p> <p>CHECK TO SEE IF AT LEAST ONE IS VALID</p>	<p>OBSERVED, AT LEAST 1 VALID..... 1 OBSERVED, NONE VALID..... 2 REPORTED AVAILABLE, NOT SEEN..... 3 NOT AVAILABLE TODAY..... 4</p>	
2005	<p>Is an individual client chart/record/card/ maintained for clients who receive services through this service site? (e.g., health booklet) This refers to any system, where individual information about a client is recorded so that a record of all care and services is available in one document?</p>	<p>YES..... 1 NO INDIVIDUAL CLIENT CHART/RECORD..... 2</p>	→ 2007
2006	<p>May I see a copy of the individual client chart or record</p>	<p>OBSERVED..... 1 REPORTED, NOT SEEN..... 2</p>	
2007	<p>Do you have the national HIV counseling and testing guidelines available in this service area?</p>	<p>YES..... 1 NO..... 2</p>	→ 2009
2008	<p>May I see the national HIV testing and counseling guidelines?</p>	<p>OBSERVED..... 1 REPORTED, NOT SEEN..... 2</p>	→ 2011
2009	<p>Do you have any other guidelines on HIV testing available in this service area?</p>	<p>YES..... 1 NO..... 2</p>	→ 2011
2010	<p>May I see the other guidelines?</p>	<p>OBSERVED..... 1 REPORTED, NOT SEEN..... 2</p>	
2011	<p>Do staff working in this facility have access to HIV post-exposure prophylaxis, i.e., PEP?</p>	<p>YES..... 1 NO..... 2</p>	
2012	<p>Are there any written protocols/guidelines for post-exposure prophylaxis available in this site?</p> <p>MAY BE PART OF ANOTHER DOCUMENT</p>	<p>YES..... 1 NO..... 2</p>	→ 2014
2013	<p>May I see the protocols or guidelines on PEP?</p>	<p>OBSERVED..... 1 REPORTED, NOT SEEN..... 2</p>	
2014	<p>CHECK Q2002</p> <p style="text-align: center;">BLOOD DRAWN THIS SERVICE SITE ("A" OR "B" OR "F" CIRCLED) <input type="checkbox"/></p>	<p style="text-align: center;">NO BLOOD DRAWN THIS SERVICE SITE (NEITHER "A" NOR "B" NOR "F" CIRCLED) <input type="checkbox"/></p>	→ 2052

STANDARD PRECAUTIONS

2050	<p>ASSESS THE HIV COUNSELING AND TESTING ROOM OR AREA FOR THE ITEMS LISTED BELOW. FOR ITEMS THAT YOU DO NOT SEE, ASK YOUR RESPONDENT TO SHOW THEM TO YOU.</p> <p>IF THE SAME ROOM OR AREA HAS ALREADY BEEN ASSESSED, INDICATE WHERE THE DATA ARE RECORDED</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">GENERAL INFORMATION [Q710].</td> <td style="text-align: right; padding: 2px;">11</td> </tr> <tr> <td style="padding: 2px;">CHILD VACCINATION [Q1051].</td> <td style="text-align: right; padding: 2px;">12</td> </tr> <tr> <td style="padding: 2px;">CHILD CURATIVE CARE [Q1251].</td> <td style="text-align: right; padding: 2px;">13</td> </tr> <tr> <td style="padding: 2px;">FAMILY PLANNING [Q1351].</td> <td style="text-align: right; padding: 2px;">14</td> </tr> <tr> <td style="padding: 2px;">ANTENATAL CARE [Q1451].</td> <td style="text-align: right; padding: 2px;">15</td> </tr> <tr> <td style="padding: 2px;">PMTCT [Q1551].</td> <td style="text-align: right; padding: 2px;">16</td> </tr> <tr> <td style="padding: 2px;">DELIVERY SERVICES [Q1651].</td> <td style="text-align: right; padding: 2px;">17</td> </tr> <tr> <td style="padding: 2px;">STI [Q1851].</td> <td style="text-align: right; padding: 2px;">18</td> </tr> <tr> <td style="padding: 2px;">TUBERCULOSIS [Q1951].</td> <td style="text-align: right; padding: 2px;">19</td> </tr> <tr> <td style="padding: 2px;">NCD [Q2351].</td> <td style="text-align: right; padding: 2px;">22</td> </tr> <tr> <td style="padding: 2px;">MINOR SURGERY [Q2451].</td> <td style="text-align: right; padding: 2px;">23</td> </tr> <tr> <td style="padding: 2px;">NOT PREVIOUSLY SEEN.</td> <td style="text-align: right; padding: 2px;">31</td> </tr> </table>	GENERAL INFORMATION [Q710].	11	CHILD VACCINATION [Q1051].	12	CHILD CURATIVE CARE [Q1251].	13	FAMILY PLANNING [Q1351].	14	ANTENATAL CARE [Q1451].	15	PMTCT [Q1551].	16	DELIVERY SERVICES [Q1651].	17	STI [Q1851].	18	TUBERCULOSIS [Q1951].	19	NCD [Q2351].	22	MINOR SURGERY [Q2451].	23	NOT PREVIOUSLY SEEN.	31	→ 2053																																
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2051	<p>STANDARD PRECAUTIONS AND CONDITIONS FOR CLIENT EXAMINATION</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 40%;">OBSERVED</th> <th style="width: 35%;">REPORTED, NOT SEEN</th> <th style="width: 20%;">NOT AVAILABLE</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">01</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td style="text-align: center;">02</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td style="text-align: center;">03</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td style="text-align: center;">04</td> <td style="text-align: center;">1 06 ↙</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td style="text-align: center;">05</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td style="text-align: center;">06</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td style="text-align: center;">07</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td style="text-align: center;">08</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td style="text-align: center;">09</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td style="text-align: center;">10</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td style="text-align: center;">11</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td style="text-align: center;">12</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td style="text-align: center;">13</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> </tbody> </table>		OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	01	1	2	3	02	1	2	3	03	1	2	3	04	1 06 ↙	2	3	05	1	2	3	06	1	2	3	07	1	2	3	08	1	2	3	09	1	2	3	10	1	2	3	11	1	2	3	12	1	2	3	13	1	2	3	
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2052	<p>DESCRIBE THE SETTING OF THE ROOM OR AREA</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">PRIVATE ROOM.</td> <td style="text-align: right; padding: 2px;">1</td> </tr> <tr> <td style="padding: 2px;">OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY.</td> <td style="text-align: right; padding: 2px;">2</td> </tr> <tr> <td style="padding: 2px;">VISUAL PRIVACY ONLY.</td> <td style="text-align: right; padding: 2px;">3</td> </tr> <tr> <td style="padding: 2px;">NO PRIVACY.</td> <td style="text-align: right; padding: 2px;">4</td> </tr> </table>	PRIVATE ROOM.	1	OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY.	2	VISUAL PRIVACY ONLY.	3	NO PRIVACY.	4																																																	
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2053	<p>Do you have condoms available in this service site to give to clients receiving HIV counseling and testing services?</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">YES.</td> <td style="text-align: right; padding: 2px;">1</td> </tr> <tr> <td style="padding: 2px;">NO.</td> <td style="text-align: right; padding: 2px;">2</td> </tr> </table>	YES.	1	NO.	2	→ 2055																																																				
YES.	1																																																										
NO.	2																																																										
2054	<p>May I see some of the condoms?</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">OBSERVED, AT LEAST ONE VALID.</td> <td style="text-align: right; padding: 2px;">1</td> </tr> <tr> <td style="padding: 2px;">OBSERVED, NONE VALID.</td> <td style="text-align: right; padding: 2px;">2</td> </tr> <tr> <td style="padding: 2px;">REPORTED AVAILABLE, NOT SEEN.</td> <td style="text-align: right; padding: 2px;">3</td> </tr> <tr> <td style="padding: 2px;">NOT AVAILABLE TODAY.</td> <td style="text-align: right; padding: 2px;">4</td> </tr> </table>	OBSERVED, AT LEAST ONE VALID.	1	OBSERVED, NONE VALID.	2	REPORTED AVAILABLE, NOT SEEN.	3	NOT AVAILABLE TODAY.	4																																																	
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2055	<p style="text-align: center;">CHECK Q2002</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center; padding: 5px;"> EXTERNAL HIV TESTING (EITHER "E" OR "F" CIRCLED) <input type="checkbox"/> </td> <td style="width: 50%; text-align: center; padding: 5px;"> NO EXTERNAL HIV TESTING (NEITHER "E" NOR "F" CIRCLED) <input type="checkbox"/> </td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 5px;"> NEXT SECTION OR SERVICE SITE ← </td> </tr> </table>		EXTERNAL HIV TESTING (EITHER "E" OR "F" CIRCLED) <input type="checkbox"/>	NO EXTERNAL HIV TESTING (NEITHER "E" NOR "F" CIRCLED) <input type="checkbox"/>	NEXT SECTION OR SERVICE SITE ←																																																						
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2056	<p>Does this facility have an agreement with the referral site for HIV tests that test results will be returned to the facility, usually directly or through the client?</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">YES.</td> <td style="text-align: right; padding: 2px;">1</td> </tr> <tr> <td style="padding: 2px;">NO AGREEMENT</td> <td style="text-align: right; padding: 2px;">2</td> </tr> </table> <p style="text-align: center;">NEXT SECTION OR SERVICE SITE ←</p>	YES.	1	NO AGREEMENT	2																																																					
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2057	<p>May I see some evidence of the agreement?</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">OBSERVED.</td> <td style="text-align: right; padding: 2px;">1</td> </tr> <tr> <td style="padding: 2px;">REPORTED, NOT SEEN.</td> <td style="text-align: right; padding: 2px;">2</td> </tr> <tr> <td style="padding: 2px;">VERBAL AGREEMENT ONLY.</td> <td style="text-align: right; padding: 2px;">3</td> </tr> </table>	OBSERVED.	1	REPORTED, NOT SEEN.	2	VERBAL AGREEMENT ONLY.	3																																																			
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SECTION 21: HIV TREATMENT

2100	<p>CHECK Q102.12</p> <p style="text-align: center;">HIV TREATMENT SERVICES OFFERED IN FACILITY <input type="checkbox"/></p>	<p>NO HIV TREATMENT SERVICES IN FACILITY <input type="checkbox"/></p> <p>NEXT SECTION OR SERVICE SITE ←</p>	
<p>ASK TO BE SHOWN THE MAIN LOCATION IN THE FACILITY WHERE HIV TREATMENT SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT HIV TREATMENT SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.</p>			
2101	Do providers in this facility prescribe ART?	YES..... 1 NO..... 2	
2102	Do providers in this facility provide treatment follow-up services for persons on ART, including providing community-based services?	YES..... 1 NO..... 2	
2103	<p>CHECK Q2101 AND Q2102</p> <p>RESPONSE "1" CIRCLED IN EITHER Q2101 OR Q2102 OR IN BOTH <input type="checkbox"/></p>	RESPONSE "1" CIRCLED IN NEITHER Q2101 NOR Q2102 <input type="checkbox"/> NEXT SECTION OR SERVICE SITE ←	
2104	Do you have the <i>National guideline for the management of HIV/AIDS</i> available in this service area?	YES..... 1 NO..... 2	→ 2106
2105	May I see the <i>National guideline for the management of HIV/AIDS</i> ?	OBSERVED..... 1 REPORTED, NOT SEEN..... 2	→ 2108
2106	Do you have <i>any other ART guidelines</i> available in this service area?	YES..... 1 NO..... 2	→ 2108
2107	May I see the other ART guidelines?	OBSERVED..... 1 REPORTED, NOT SEEN..... 2	

PRE-ART BASELINE TESTS

2108	For each of the following tests, please tell me if it is conducted as <u>baseline</u> routinely, selectively, or never, <u>before starting</u> a client on ART.				
		BASELINE TEST CONDUCTED			
	TEST	ROUTINELY	SELECTIVELY	NO/NEVER	DK
01	Hemoglobin/hematocrit	1	2	3	8
02	Full blood count (Hemogram)	1	2	3	8
03	CD4 T Cell count	1	2	3	8
04	HIV RNA Viral load	1	2	3	8
05	Pregnancy test for women	1	2	3	8
06	Renal function tests (serum creatinine and U&E)	1	2	3	8
07	Urinalysis	1	2	3	8
08	Liver function tests	1	2	3	8
09	TB sputum test	1	2	3	8
10	Hepatitis B	1	2	3	8
11	Chest X-ray	1	2	3	8
12	Any other routine tests _____ (SPECIFY)	1	2	3	8

TESTS TO MONITOR CLIENTS ON ART

2109	For each of the following tests, please tell me if a <i>follow-up test</i> is conducted routinely, selectively, or never <i>while the client is on</i> ART (i.e., for monitoring).				
		FOLLOW-UP TEST CONDUCTED			
	TEST	ROUTINELY	SELECTIVELY	NO/NEVER	DK
01	Hemoglobin/hematocrit	1	2	3	8
02	Full blood count	1	2	3	8
03	CD4 T Cell count	1	2	3	8
04	HIV RNA Viral load	1	2	3	8
05	Pregnancy test for women	1	2	3	8
06	Renal function tests (serum creatinine and U&E)	1	2	3	8
07	Urinalysis	1	2	3	8
08	Liver function tests	1	2	3	8
09	TB sputum test	1	2	3	8
10	Hepatitis B	1	2	3	8
11	Chest X-ray	1	2	3	8
12	Any other routine tests _____ (SPECIFY)	1	2	3	8
2110	CHECK Q216 ARV MEDICINES STORED IN OTHER LOCATION OR NOT STOCKED (RESPONSE 1 OR 5 NOT CIRCLED) <input type="checkbox"/>			ARV MEDICINES STORED IN ART SERVICE AREA (RESPONSE 1 OR 5 CIRCLED) <input type="checkbox"/> → 941	
THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.					

SECTION 22: HIV CARE AND SUPPORT

2200	CHECK Q102.13 <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> HIV CARE AND SUPPORT SERVICES AVAILABLE IN FACILITY <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> NO HIV CARE AND SUPPORT SERVICES IN FACILITY <input type="checkbox"/> ← NEXT SECTION OR SERVICE SITE </div> </div>																																																					
ASK TO BE SHOWN THE MAIN LOCATION IN THE FACILITY WHERE HIV CARE AND SUPPORT SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT HIV CARE AND SUPPORT SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS																																																						
2201	Please tell me if providers in this facility provide the following services for HIV/AIDS clients:	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 15%;">YES</th> <th style="width: 15%;">NO</th> <th style="width: 10%;">DON'T KNOW</th> </tr> </thead> <tbody> <tr> <td>01 Prescribe treatment for any opportunistic infections or symptoms related to HIV/AIDS? This includes treating topical fungal infections.</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>02 Provide systemic intravenous treatment of specific fungal infections such as cryptococcal meningitis</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>03 Provide treatment for Kaposi's sarcoma</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>04 Provide or prescribe palliative care for patients, such as symptom or pain management, or nursing care for the terminally ill, or severely debilitated clients</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>05 Provide nutritional rehabilitation services? i.e., client education and provision of nutritional supplements</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>06 Prescribe or provide fortified protein supplementation (FPS)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>07 Care for pediatric HIV/AIDS patients</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>08 Prescribe or provide preventive treatment for TB (INH + Pyridoxine prophylaxis)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>09 Primary preventive treatment for opportunistic infections, such as Cotrimoxazole preventive treatment (CPT)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>10 Provide or prescribe micronutrient supplementation, such as vitamins or iron</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>11 Family planning counseling and/or services</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>12 Provide condoms for preventing further transmission of HIV</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		YES	NO	DON'T KNOW	01 Prescribe treatment for any opportunistic infections or symptoms related to HIV/AIDS? This includes treating topical fungal infections.	1	2	8	02 Provide systemic intravenous treatment of specific fungal infections such as cryptococcal meningitis	1	2	8	03 Provide treatment for Kaposi's sarcoma	1	2	8	04 Provide or prescribe palliative care for patients, such as symptom or pain management, or nursing care for the terminally ill, or severely debilitated clients	1	2	8	05 Provide nutritional rehabilitation services? i.e., client education and provision of nutritional supplements	1	2	8	06 Prescribe or provide fortified protein supplementation (FPS)	1	2	8	07 Care for pediatric HIV/AIDS patients	1	2	8	08 Prescribe or provide preventive treatment for TB (INH + Pyridoxine prophylaxis)	1	2	8	09 Primary preventive treatment for opportunistic infections, such as Cotrimoxazole preventive treatment (CPT)	1	2	8	10 Provide or prescribe micronutrient supplementation, such as vitamins or iron	1	2	8	11 Family planning counseling and/or services	1	2	8	12 Provide condoms for preventing further transmission of HIV	1	2	8
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12 Provide condoms for preventing further transmission of HIV	1	2	8																																																			
2202	Is there a system for routinely screening and testing HIV-positive clients for TB?	YES..... 1 NO SYSTEM..... 2	→ 2204																																																			
2203	May I see the system, or evidence of such a system?	SYSTEM OR REGISTER OBSERVED..... 1 SYSTEM OR REGISTER REPORTED, NOT SEEN..... 2																																																				
2204	Do you have the national guidelines for the clinical management of HIV/AIDS available in this service area?	YES..... 1 NO..... 2	→ 2206																																																			
2205	May I see the national guidelines for the clinical management of HIV/AIDS?	OBSERVED..... 1 REPORTED, NOT SEEN..... 2	→ 2208																																																			
2206	Do you have any guidelines for palliative care available in this service area?	YES..... 1 NO..... 2	→ 2208																																																			
2207	May I see the other guidelines?	OBSERVED..... 1 REPORTED, NOT SEEN..... 2																																																				
2208	Do you have condoms available in this service site to give to clients receiving services?	YES..... 1 NO..... 2	→ <input type="checkbox"/> NEXT SECTION ←																																																			
2209	May I see some condoms?	OBSERVED, AT LEAST ONE VALID..... 1 OBSERVED, NONE VALID..... 2 REPORTED AVAILABLE, NOT SEEN..... 3 NOT AVAILABLE TODAY..... 4																																																				
THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.																																																						

SECTION 23: NON-COMMUNICABLE DISEASES

2300	CHECK Q102.14	CHRONIC DISEASE SERVICES AVAILABLE FROM FACILITY <input type="checkbox"/>	CHRONIC DISEASE SERVICES NOT AVAILABLE FROM FACILITY <input type="checkbox"/>
		NEXT SECTION OR SERVICE SITE ←	
ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE CLIENTS WITH NON-COMMUNICABLE OR CHRONIC CONDITIONS SUCH AS DIABETES AND CARDIOVASCULAR DISEASES ARE SEEN. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT PROVISION OF SUCH SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.			

DIABETES

2301	Do providers in this facility diagnose and/or manage diabetes .	YES, DIAGNOSE ONLY..... 1 YES, TREAT ONLY..... 2 YES, DIAGNOSE AND TREAT..... 3 NO..... 4	→ 2310
2302	Do you have the national guidelines for the diagnosis and management of diabetes available in this service area?	YES..... 1 NO..... 2	→ 2304
2303	May I see the national guidelines?	OBSERVED..... 1 REPORTED, NOT SEEN..... 2	→ 2310
2304	Do you have any other guidelines for the diagnosis and management of diabetes available in this service area?	YES..... 1 NO..... 2	→ 2310
2305	May I see the other guidelines?	OBSERVED..... 1 REPORTED, NOT SEEN..... 2	

CARDIO-VASCULAR DISEASES

2310	Do providers in this facility diagnose and/or manage cardiovascular diseases such as hypertension in patients?	YES, DIAGNOSE ONLY..... 1 YES, TREAT ONLY..... 2 YES, DIAGNOSE AND TREAT..... 3 NO..... 4	→ 2320
2311	Do you have the national guidelines for the diagnosis and management of cardio-vascular diseases available in this service area?	YES..... 1 NO..... 2	→ 2313
2312	May I see the national guidelines for the diagnosis and management of cardio-vascular diseases?	OBSERVED..... 1 REPORTED, NOT SEEN..... 2	→ 2320
2313	Do you have any other guidelines for the diagnosis and management of cardio-vascular diseases available in this service area?	YES..... 1 NO..... 2	→ 2320
2314	May I see the other guidelines?	OBSERVED..... 1 REPORTED, NOT SEEN..... 2	

RESPIRATORY

2320	Do providers in this facility diagnose and/or manage chronic respiratory diseases such as COPD in patients?	YES, DIAGNOSE ONLY..... 1 YES, TREAT ONLY..... 2 YES, DIAGNOSE AND TREAT..... 3 NO..... 4	→ 2330
2321	Do you have the national guidelines for the diagnosis and management of chronic respiratory diseases available in this service area?	YES..... 1 NO..... 2	→ 2323
2322	May I see the national guidelines for the diagnosis and management of chronic respiratory diseases?	OBSERVED..... 1 REPORTED, NOT SEEN..... 2	→ 2330
2323	Do you have any other guidelines for the diagnosis and/ management of chronic respiratory diseases available in this service area?	YES..... 1 NO..... 2	→ 2330
2324	May I see the other guidelines?	OBSERVED..... 1 REPORTED, NOT SEEN..... 2	

BASIC SUPPLIES AND EQUIPMENT

2330	ASSESS THE ROOM OR AREA FOR THE BASIC SUPPLIES AND EQUIPMENT LISTED BELOW. IF THE SAME ROOM OR AREA HAS ALREADY BEEN ASSESSED, INDICATE WHERE THE DATA ARE RECORDED	GENERAL INFORMATION SECTION (Q700)..... 1 NOT PREVIOUSLY SEEN..... 2	→ 2350				
2331	I would like to know if the following items are available today in the main service area and are functioning ASK TO SEE ITEMS.	(A) AVAILABLE	(B) FUNCTIONING				
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01	ADULT WEIGHING SCALE	1 → b	2 → b	3 ↘ 02 ←	1	2	8
02	CHILD WEIGHING SCALE [250 GRAM GRADATION]	1 → b	2 → b	3 ↘ 03 ←	1	2	8
03	INFANT WEIGHING SCALE [100 GRAM GRADATION]	1 → b	2 → b	3 ↘ 04 ←	1	2	8
04	STADIOMETER [OR HEIGHT ROD] FOR MEASURING HEIGHT	1 → b	2 → b	3 ↘ 05 ←	1	2	8
05	MEASURING TAPE [FOR CIRCUMFERENCE]	1	2	3			
06	THERMOMETER	1 → b	2 → b	3 ↘ 07 ←	1	2	8
07	STETHOSCOPE	1 → b	2 → b	3 ↘ 08 ←	1	2	8
08	DIGITAL BP APPARATUS	1 → b	2 → b	3 ↘ 09 ←	1	2	8
09	MANUAL BP APPARATUS	1 → b	2 → b	3 ↘ 10 ←	1	2	8
10	LIGHT SOURCE (FLASHLIGHT ACPTABLE)	1 → b	2 → b	3 ↘ 11 ←	1	2	8
11	SELF-INFLATING BAG AND MASK [ADULT]	1 → b	2 → b	3 ↘ 12 ←	1	2	8
12	SELF-INFLATING BAG AND MASK [PEDIATRIC]	1 → b	2 → b	3 ↘ 13 ←	1	2	8
13	MICRONEBULIZER	1 → b	2 → b	3 ↘ 14 ←	1	2	8
14	SPACERS FOR INHALERS	1	2	3			
15	PEAK FLOW METERS	1 → b	2 → b	3 ↘ 16 ←	1	2	8
16	PULSE OXIMETER	1 → b	2 → b	3 ↘ 17 ←	1	2	8
17	OXYGEN CONCENTRATORS	1 → b	2 → b	3 ↘ 18 ←	1	2	8
18	FILLED OXYGEN CYLINDER	1 → b	2 → b	3 ↘ 19 ←	1	2	8
19	OXYGEN DISTRIBUTION SYSTEM	1 → b	2 → b	3 ↘ 20 ←	1	2	8
20	INTRAVENOUS INFUSION KITS - ADULT	1	2	3			
21	INTRAVENOUS INFUSION KITS - PEDIATRIC	1	2	3			

CLIENT EXAMINATION ROOM

2350	<p>ASSESS THE ROOM OR AREA FOR THE ITEMS LISTED BELOW. FOR ITEMS THAT YOU DO NOT SEE, ASK YOUR RESPONDENT TO SHOW THEM TO YOU.</p> <p>IF THE SAME ROOM OR AREA HAS ALREADY BEEN ASSESSED, INDICATE WHERE THE DATA ARE RECORDED</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">GENERAL INFORMATION [Q710].</td> <td style="text-align: right; padding: 2px;">11</td> </tr> <tr> <td style="padding: 2px;">CHILD VACCINATION [Q1051].</td> <td style="text-align: right; padding: 2px;">12</td> </tr> <tr> <td style="padding: 2px;">CHILD CURATIVE CARE [Q1251].</td> <td style="text-align: right; padding: 2px;">13</td> </tr> <tr> <td style="padding: 2px;">FAMILY PLANNING [Q1351].</td> <td style="text-align: right; padding: 2px;">14</td> </tr> <tr> <td style="padding: 2px;">ANTENATAL CARE [Q1451].</td> <td style="text-align: right; padding: 2px;">15</td> </tr> <tr> <td style="padding: 2px;">PMTCT [Q1551].</td> <td style="text-align: right; padding: 2px;">16</td> </tr> <tr> <td style="padding: 2px;">DELIVERY SERVICES [Q1651].</td> <td style="text-align: right; padding: 2px;">17</td> </tr> <tr> <td style="padding: 2px;">STI [Q1851].</td> <td style="text-align: right; padding: 2px;">18</td> </tr> <tr> <td style="padding: 2px;">TUBERCULOSIS [Q1951].</td> <td style="text-align: right; padding: 2px;">19</td> </tr> <tr> <td style="padding: 2px;">HIV TESTING [Q2051].</td> <td style="text-align: right; padding: 2px;">21</td> </tr> <tr> <td style="padding: 2px;">MINOR SURGERY [Q2451].</td> <td style="text-align: right; padding: 2px;">23</td> </tr> <tr> <td style="padding: 2px;">NOT PREVIOUSLY SEEN.</td> <td style="text-align: right; padding: 2px;">31</td> </tr> </table>	GENERAL INFORMATION [Q710].	11	CHILD VACCINATION [Q1051].	12	CHILD CURATIVE CARE [Q1251].	13	FAMILY PLANNING [Q1351].	14	ANTENATAL CARE [Q1451].	15	PMTCT [Q1551].	16	DELIVERY SERVICES [Q1651].	17	STI [Q1851].	18	TUBERCULOSIS [Q1951].	19	HIV TESTING [Q2051].	21	MINOR SURGERY [Q2451].	23	NOT PREVIOUSLY SEEN.	31	<div style="border-left: 1px solid black; border-right: 1px solid black; border-bottom: 1px solid black; padding: 2px;"> NEXT SECTION / SERVICE SITE ↓ </div>
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NOT PREVIOUSLY SEEN.	31																										
2351	STANDARD PRECAUTIONS AND CONDITIONS FOR CLIENT EXAMINATION	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE																							
01	RUNNING WATER (PIPED, BUCKET WITH TAP OR POUR PITCHER)	1	2	3																							
02	HAND-WASHING SOAP (MAY BE LIQUID SOAP)	1	2	3																							
03	ALCOHOL-BASED HAND RUB	1	2	3																							
04	WASTE RECEPTACLE (PEDAL BIN) WITH LID AND PLASTIC BIN LINER	1 06 ↙	2	3																							
05	OTHER WASTE RECEPTACLE	1	2	3																							
06	SHARPS CONTAINER ("SAFETY BOX")	1	2	3																							
07	DISPOSABLE LATEX GLOVES	1	2	3																							
08	DISINFECTANT/ANTISEPTICS [E.G., CHLORINE, HIBITANE, ALCOHOL]	1	2	3																							
09	SINGLE USE STANDARD DISPOSABLE SYRINGES WITH NEEDLES, OR AUTO-DISABLE SYRINGES WITH NEEDLES	1	2	3																							
10	MEDICAL MASKS	1	2	3																							
11	GOWNS	1	2	3																							
12	EYE PROTECTION [GOGGLES OR FACE PROTECTION]	1	2	3																							
13	GUIDELINES FOR STANDARD PRECAUTIONS	1	2	3																							
2352	DESCRIBE THE SETTING OF THE ROOM OR SERVICE AREA	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">PRIVATE ROOM.</td> <td style="text-align: right; padding: 2px;">1</td> </tr> <tr> <td style="padding: 2px;">OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY.</td> <td style="text-align: right; padding: 2px;">2</td> </tr> <tr> <td style="padding: 2px;">VISUAL PRIVACY ONLY.</td> <td style="text-align: right; padding: 2px;">3</td> </tr> <tr> <td style="padding: 2px;">NO PRIVACY.</td> <td style="text-align: right; padding: 2px;">4</td> </tr> </table>		PRIVATE ROOM.	1	OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY.	2	VISUAL PRIVACY ONLY.	3	NO PRIVACY.	4																
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THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.																											

SECTION 24: MINOR SURGICAL SERVICES

2400	CHECK Q102.15	MINOR SURGERY AVAILABLE <input type="checkbox"/>	MINOR SURGERY NOT AVAILABLE <input type="checkbox"/>	NEXT SECTION OR SERVICE SITE <input type="checkbox"/>			
ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE MINOR SURGERIES ARE DONE. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT PROVISION OF MINOR SURGERIES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.							
ASK TO SEE THE ROOM OR AREA WHERE MINOR SURGERIES TAKE PLACE AND ASK TO SEE THE ITEMS BELOW							
2401	Please tell me if the following equipment are available at this site today and is functioning. I would like to see them	(A) AVAILABLE			(B) FUNCTIONING		
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01	NEEDLE HOLDER	1 b	2 b	3 } 02 ←	1	2	8
02	SCAPEL HANDLE WITH BLADE	1 b	2 b	3 } 03 ←	1	2	8
03	RETRACTOR	1 b	2 b	3 } 04 ←	1	2	8
04	SURGICAL SCISSORS	1 b	2 b	3 } 05 ←	1	2	8
05	NASOGASTRIC TUBE (10-16G)	1 b	2 b	3 } 06 ←	1	2	8
06	TORNQUET	1 b	2 b	3 } 2402 ←	1	2	8
2402	Please tell me if any of the following materials or medicines is available at this services site today. I would like to see them. CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE			(B) NOT OBSERVED		
		AT LEAST ONE VALID	AVAILABLE, NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE	
01	ABSORBABLE SUTURE MATERIAL	1	2	3	4	5	
02	NON-ABSORBABLE SUTURE MATERIAL	1	2	3	4	5	
03	SKIN DISINFECTANT	1	2	3	4	5	
04	LIDOCAINE / LIGNOCAINE INJECTION	1	2	3	4	5	
05	KETAMINE INJECTION	1	2	3	4	5	
2403	Do you have guidelines on Integrated management of emergency and essential surgical care (IMEESC)?				YES 1	NO 2	→ 2450
2404	May I see the guidelines on Integrated management of emergency and essential surgical care?				OBSERVED. 1	REPORTED NOT SEEN. 2	

STANDARD PRECAUTIONS

2450	<p>ASSESS THE ROOM OR AREA FOR THE ITEMS LISTED BELOW. FOR ITEMS THAT YOU DO NOT SEE, ASK YOUR RESPONDENT TO SHOW THEM TO YOU.</p> <p>IF THE SAME ROOM OR AREA HAS ALREADY BEEN ASSESSED, INDICATE WHERE THE DATA ARE RECORDED</p>	<p>GENERAL INFORMATION [Q710]. 11</p> <p>CHILD VACCINATION [Q1051] 12</p> <p>CHILD CURATIVE CARE [Q1251]. 13</p> <p>FAMILY PLANNING [Q1351]. 14</p> <p>ANTENATAL CARE [Q1451]. 15</p> <p>PMTCT [Q1551]. 16</p> <p>DELIVERY SERVICES [Q1651]. 17</p> <p>STI [Q1851]. 18</p> <p>TUBERCULOSIS [Q1951]. 19</p> <p>HIV TESTING [Q2051]. 21</p> <p>NCD [Q2351]. 22</p> <p>NOT PREVIOUSLY SEEN. 31</p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">NEXT SECTION / SERVICE SITE</p>	
2451	<p>STANDARD PRECAUTIONS AND CONDITIONS FOR CLIENT EXAMINATION</p>	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE
01	RUNNING WATER (PIPED, BUCKET WITH TAP OR POUR PITCHER)	1	2	3
02	HAND-WASHING SOAP (MAY BE LIQUID SOAP)	1	2	3
03	ALCOHOL-BASED HAND RUB	1	2	3
04	WASTE RECEPTACLE (PEDAL BIN) WITH LID AND PLASTIC BIN LINER.	1 06 ↙	2	3
05	OTHER WASTE RECEPTACLE	1	2	3
06	SHARPS CONTAINER ("SAFETY BOX")	1	2	3
07	DISPOSABLE LATEX GLOVES	1	2	3
08	DISINFECTANT/ANTISEPTICS [E.G., CHLORINE, HIBITANE, ALCOHOL]	1	2	3
09	SINGLE USE STANDARD DISPOSABLE SYRINGES WITH NEEDLES, OR AUTO-DISABLE SYRINGES WITH NEEDLES	1	2	3
10	MEDICAL MASKS	1	2	3
11	GOWNS	1	2	3
12	EYE PROTECTION [GOGGLES OR FACE PROTECTION]	1	2	3
13	GUIDELINES FOR STANDARD PRECAUTIONS	1	2	3
2452	DESCRIBE THE SETTING OF THE ROOM OR AREA	<p>PRIVATE ROOM. 1</p> <p>OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY. 2</p> <p>VISUAL PRIVACY ONLY. 3</p> <p>NO PRIVACY. 4</p>		
<p>THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.</p>				

SECTION 25: CESAREAN DELIVERY

2500	CHECK Q102.16	CESAREAN SECTION DONE IN FACILITY <input type="checkbox"/>	CESAREAN DELIVERY NOT DONE IN FACILITY <input type="checkbox"/>
		↓ NEXT SECTION OR SERVICE SITE ←	

ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE CESAREAN DELIVERIES ARE DONE.
 FIND THE PERSON MOST KNOWLEDGEABLE ABOUT PROVISION OF SUCH SERVICES IN THE FACILITY.
 INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.

2501	Does the facility have a health worker who can perform Cesarean delivery (section) present at the facility or on call 24 hours a day (including weekends and on public holidays)?	YES. 1 NO. 2	→ 2504
2502	Is there a duty schedule or call list for 24-hr staff assignment?	YES. 1 24-HOUR DUTY SCHEDULE NOT MAINTAINED. . . 2	→ 2504
2503	May I see the duty schedule or call list for 24-HR staff assignment?	SCHEDULE OBSERVED. 1 SCHEDULE REPORTED, NOT SEEN. 2	
2504	Does this facility have an anesthetist present in the facility or on call 24 hours a day (including weekends and on public holidays?)	YES. 1 NO. 2	→ 2507
2505	Is there a duty schedule or call list?	YES. 1 24-HOUR DUTY SCHEDULE NOT MAINTAINED. . . 2	→ 2507
2506	May I see the duty schedule or call list?	SCHEDULE OBSERVED. 1 SCHEDULE REPORTED, NOT SEEN. 2	
2507	Have Cesarean deliveries been performed in this facility during the past 3 months?	YES. 1 NO. 2	

ASK TO SEE THE ROOM OR AREA WHERE CESAREAN DELIVERIES ARE DONE AND ASK TO SEE THE ITEMS BELOW

	Please tell me if the following equipment are available at this site today and is functioning. I would like to see them	(A) AVAILABLE			(B) FUNCTIONING		
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01	ANESTHESIA MACHINE	1 b	2 b	3 } 02 ←	1	2	8
02	TUBINGS AND CONNECTORS (TO CONNECT ENDOTRACHEAL TUBE)	1 b	2 b	3 } 03 ←	1	2	8
03	OROPHARYNGEAL AIRWAY (ADULT)	1 b	2 b	3 } 04 ←	1	2	8
04	OROPHARYNGEAL AIRWAY (PEDIATRIC)	1 b	2 b	3 } 05 ←	1	2	8
05	MAGILLS FORCEPS - ADULT	1 b	2 b	3 } 06 ←	1	2	8
06	MAGILLS FORCEPS - PEDIATRIC	1 b	2 b	3 } 07 ←	1	2	8
07	ENDOTRACHEAL TUBE CUFFED SIZES 3.0 - 5.0	1 b	2 b	3 } 08 ←	1	2	8
08	ENDOTRACHEAL TUBE CUFFED SIZES 5.5 - 9.0	1 b	2 b	3 } 09 ←	1	2	8
09	INTUBATING STYLET	1 b	2 b	3 } 10 ←	1	2	8
10	SPINAL NEEDLE	1 b	2 b	3 } NEXT SECTION/SERVICE SITE ←	1	2	8

THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.

SECTION 26: BLOOD TYPING AND COMPATIBILITY TESTING

2600	CHECK Q102.18	BLOOD TYPING SERVICES AVAILABLE FROM FACILITY <input type="checkbox"/>	BLOOD TYPING SERVICES NOT AVAILABLE FROM FACILITY <input type="checkbox"/> NEXT SECTION OR SERVICE SITE ←			
2601	Please tell me if any of the following reagents or equipment is available at this services site today. I would like to see them. CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE
01	Anti-A Reagent	1	2	3	4	5
02	Anti-B Reagent	1	2	3	4	5
03	Anti-D Reagent	1	2	3	4	5
04	COOMB'S REAGENT	1	2	3	4	5
05	Anti-A,B Reagent	1	2	3	4	5

SECTION 27: BLOOD TRANSFUSION SERVICES

2700	CHECK Q102.19	BLOOD TRANSFUSION AVAILABLE FROM FACILITY <input type="checkbox"/>	BLOOD TRANSFUSION NOT AVAILABLE FROM FACILITY <input type="checkbox"/>		
		↓ NEXT SECTION OR SERVICE SITE ←			
ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE BLOOD IS COLLECTED, STORED, PROCESSED OR HANDLED PRIOR TO TRANSFUSION. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT PROVISION OF BLOOD TRANSFUSION SERVICES IN THE FACILITY INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.					
2701	What is the source of the blood that is transfused in this facility? PROBE FOR A COMPLETE LIST OF SOURCES OF BLOOD.	NATIONAL BLOOD BANK. A REGIONAL BLOOD BANK. B RELATIVES DONATING DIRECTLY. C OTHER _____ X (SPECIFY)			
2702	Has blood transfusion been done in this facility in an obstetric context (i.e., for maternal care) during the past 3 months?	YES. 1 NO. 2			
SCREENING FOR INFECTIOUS DISEASES					
2710	Is blood that is transfused in this facility screened, <i>either in this facility or externally</i> , for any infectious diseases prior to transfusion?	YES. 1 NO. 2	→ 2720		
2711	Is the blood that is transfused screened only in the facility, only at an external facility, or both?	ONLY IN THIS FACILITY. 1 ONLY AT AN EXTERNAL FACILITY. 2 BOTH INTERNALLY AND EXTERNALLY. 3			
2712	Is the blood that is transfused in the facility screened, <i>either in this facility or externally</i> , for any of the following infectious diseases? IF YES, ASK: Is the blood "always", "sometimes", or "rarely" screened?	ALWAYS	SOMETIMES	RARELY	NO
01	HIV	1	2	3	4
02	SYPHILIS	1	2	3	4
03	HEPATITIS B	1	2	3	4
04	HEPATITIS C	1	2	3	4
05	MALARIA	1	2	3	4
2713	Do you ever send blood sample outside the facility for screening for any of the tests mentioned above?	YES 1 NO 2	→ 2720		
2714	For which of the following tests do you send blood sample outside the facility for screening? ASK TO SEE DOCUMENTATION	(A) SEND SPECIMEN OUT		(B) RECORD OF OUTSIDE TEST	
		YES	NO	YES	NO
01	HIV	1	b 2 02 ↙	1	2
02	SYPHILIS	1	b 2 03 ↙	1	2
03	HEPATITIS B	1	b 2 04 ↙	1	2
04	HEPATITIS C	1	b 2 05 ↙	1	2
05	MALARIA	1	b 2 2720 ↙	1	2

BLOOD STORAGE

2720	Has the facility run out of blood for more than one day anytime during the past 3 months?	YES..... 1 NO..... 2	
2721	Is there a blood bank fridge or other refrigerator available for blood storage in this service area?	YES..... 1 NO..... 2	→ 2724
2722	May I see the blood bank fridge or other refrigerator?	OBSERVED..... 1 REPORTED NOT SEEN..... 2	→ 2724
2723	WHAT IS THE TEMPERATURE IN THE BLOOD BANK FRIDGE OR OTHER REFRIGERATOR?	BETWEEN +2 AND +6 DEGREES..... 1 ABOVE +6 DEGREES..... 2 BELOW +2 DEGREES..... 3 THERMOMETER NOT FUNCTIONAL..... 4	
2724	Do you have any guidelines on the appropriate use of blood and safe transfusion practices?	YES..... 1 NO..... 2	←
		NEXT SECTION OR SERVICE SITE	
2725	May I see the guidelines on appropriate use of blood and safe blood transfusion?	OBSERVED..... 1 REPORTED NOT SEEN..... 2	

SECTION 30: GENERAL FACILITY LEVEL CLEANLINESS

	ASSESS GENERAL CLEANLINESS / CONDITIONS OF FACILITY	YES	NO
3000			
01	FLOOR: SWEPT, NO OBVIOUS DIRT OR WASTE	1	2
02	COUNTERS/TABLES/CHAIRS: WIPED CLEAN- NO OBVIOUS DUST OR WASTE	1	2
03	NEEDLES, SHARPS OUTSIDE SHARPS BOX	1	2
04	SHARPS BOX OVERFLOWING OR TORN/PIERCED	1	2
05	BANDAGES/INFECTIOUS WASTE LYING UNCOVERED	1	2
06	WALLS: SIGNIFICANT DAMAGE	1	2
07	DOORS: SIGNIFICANT DAMAGE	1	2
08	CEILING: WATER STAINS OR DAMAGE	1	2
	INTERVIEW END TIME	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> : <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.			

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF THE SUPERVISOR: _____ DATE: _____