

THE DHS PROGRAM SERVICE PROVISION ASSESSMENT SURVEY
 HEALTH WORKER'S INTERVIEW QUESTIONNAIRE

[NAME OF COUNTRY]
 [NAME OF ORGANIZATION]

FACILITY IDENTIFICATION				
FACILITY NUMBER	QTYPE <table border="1" style="display: inline-table; text-align: center; width: 60px; height: 20px;"> <tr> <td style="width: 20px;">H</td> <td style="width: 20px;">W</td> <td style="width: 20px;">I</td> </tr> </table>	H	W	I
H	W	I		
PROVIDER SERIAL NUMBER [FROM STAFF LISTING FORM]	<table border="1" style="display: inline-table; text-align: center; width: 60px; height: 20px;"> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table>			
PROVIDER SEX: (1=MALE; 2=FEMALE)	<table border="1" style="display: inline-table; text-align: center; width: 60px; height: 20px;"> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table>			
PROVIDER STATUS: (1=ASSIGNED; 2=SECONDED)	<table border="1" style="display: inline-table; text-align: center; width: 60px; height: 20px;"> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table>			

INTERVIEWER'S VISIT				
DATE	<table border="1" style="display: inline-table; text-align: center; width: 60px; height: 20px;"> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table>			
INTERVIEWER'S NAME _____	DAY MONTH YEAR INTERVIEWER'S NUMBER:			
	<table border="1" style="display: inline-table; text-align: center; width: 60px; height: 20px;"> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table>			

OBSERVATIONS AND SIMULATIONS ASSOCIATED WITH PROVIDER		
NUMBER OF ANC OBSERVATIONS ASSOCIATED WITH PROVIDER	<table border="1" style="display: inline-table; text-align: center; width: 30px; height: 20px;"> <tr> <td style="width: 30px;"> </td> </tr> </table>	
NUMBER OF FP OBSERVATIONS ASSOCIATED WITH PROVIDER	<table border="1" style="display: inline-table; text-align: center; width: 30px; height: 20px;"> <tr> <td style="width: 30px;"> </td> </tr> </table>	
NUMBER OF SICK CHILD OBSERVATIONS ASSOCIATED WITH PROVIDER	<table border="1" style="display: inline-table; text-align: center; width: 30px; height: 20px;"> <tr> <td style="width: 30px;"> </td> </tr> </table>	
NUMBER OF NEWBORN RESUSCITATION SIMULATIONS ASSOCIATED WITH PROVIDER	<table border="1" style="display: inline-table; text-align: center; width: 30px; height: 20px;"> <tr> <td style="width: 30px;"> </td> </tr> </table>	

PREVIOUS INTERVIEW ASSOCIATED WITH PROVIDER							
CHECK IF PROVIDER WAS PREVIOUSLY INTERVIEWED IN ANOTHER FACILITY.	YES, PREVIOUSLY INTERVIEWED 1]						
	(RECORD NAME AND FACILITY NUMBER) ←						
IF YES, RECORD NAME AND FACILITY NUMBER WHERE HE/ SHE WAS INTERVIEWED	NAME OF FACILITY						
	<table border="1" style="display: inline-table; text-align: center; width: 60px; height: 20px;"> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table>						
	NUMBER OF FACILITY → END						
	NO, NOT PREVIOUSLY INTERVIEWED 2]						
	GOTO CONSENT AND INTRODUCTION ←						

LANGUAGE OF QUESTIONNAIRE** <table border="1" style="display: inline-table; text-align: center; width: 40px; height: 20px;"> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table>			LANGUAGE OF INTERVIEW** <table border="1" style="display: inline-table; text-align: center; width: 40px; height: 20px;"> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table>			NATIVE LANGUAGE OF RESPONDENT** <table border="1" style="display: inline-table; text-align: center; width: 40px; height: 20px;"> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table>			TRANSLATOR USED (YES = 1, NO = 2) <table border="1" style="display: inline-table; text-align: center; width: 40px; height: 20px;"> <tr> <td style="width: 40px;"> </td> </tr> </table>	
LANGUAGE OF QUESTIONNAIRE** ENGLISH	**LANGUAGE CODES: 01 ENGLISH 03 LANGUAGE 3 05 LANGUAGE 5 02 LANGUAGE 2 04 LANGUAGE 4 06 LANGUAGE 6									

TEAM <table border="1" style="display: inline-table; text-align: center; width: 40px; height: 20px;"> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table> NUMBER			TEAM SUPERVISOR _____ NAME	
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
103	<p>What year did you graduate (or complete studies) with this qualification?</p> <p>IF NO TECHNICAL QUALIFICATION (102=95), ASK:</p> <p>What year did you complete any basic training for your current occupational category?</p>	<p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	
104	<p>In what year did you start working in this facility?</p>	<p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	
105	<p>How long have you worked in the current capacity/ position?</p>	<p>MONTHS <input type="text"/> <input type="text"/></p> <p>YEARS <input type="text"/> <input type="text"/></p>	
106	<p>Have you received any dose of the COVID-19 vaccination?</p>	<p>YES 1</p> <p>NO 2</p> <p>REFUSED TO ANSWER 3</p>	
107	<p>Are you a manager or in-charge for any clinical services?</p>	<p>YES 1</p> <p>NO 2</p>	

2. GENERAL TRAINING

200	<p>I would like to ask you a few questions about in-service training you have received related to your work. In-service training refers to training you have received related to your work since you started working. I will start with some general topics. Note that the training topics I will mention may have been covered as stand alone trainings, or they may have been covered under another training topic.</p> <p>Have you received any in-service training, training updates, or refresher training in any of the following topics [READ TOPIC]</p> <p>IF YES, ASK: Was the training, training update, or refresher training within the past 24 months or more than 24 months ago?</p>	<table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th></th> <th>YES, WITHIN PAST 24 MONTHS</th> <th>YES, OVER 24 MONTHS AGO</th> <th>NO IN- SERVICE TRAINING OR UPDATES</th> </tr> </thead> <tbody> <tr> <td>01 STANDARD PRECAUTIONS</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>02 INJECTION SAFETY</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>03 HMIS</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>04 GBV VICTIMS CARE/ REFERRAL</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>05 PPE USE</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>06 TRIAGE/ ISOLATION</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>07 ANEMIA ASSESMENT DIAGNOSIS/ TREATMENT ..</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		YES, WITHIN PAST 24 MONTHS	YES, OVER 24 MONTHS AGO	NO IN- SERVICE TRAINING OR UPDATES	01 STANDARD PRECAUTIONS	1	2	3	02 INJECTION SAFETY	1	2	3	03 HMIS	1	2	3	04 GBV VICTIMS CARE/ REFERRAL	1	2	3	05 PPE USE	1	2	3	06 TRIAGE/ ISOLATION	1	2	3	07 ANEMIA ASSESMENT DIAGNOSIS/ TREATMENT ..	1	2	3	
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07 ANEMIA ASSESMENT DIAGNOSIS/ TREATMENT ..	1	2	3																																
01	<p>Standard precautions, including hand hygiene, cleaning and disinfection, waste management, needle stick and sharp injury prevention?</p>	<p>01 STANDARD PRECAUTIONS</p>																																	
02	<p>Any specific training related to injection safety practices or safe injection practices?</p>	<p>02 INJECTION SAFETY</p>																																	
03	<p>Health Management Information Systems (HMIS) or reporting requirements for any service?</p>	<p>03 HMIS</p>																																	
04	<p>How to care and/or refer victims of gender-based violence(GBV)?</p>	<p>04 GBV VICTIMS CARE/ REFERRAL</p>																																	
05	<p>Use of personal protective equipment (PPE) to prevent infection at work?</p>	<p>05 PPE USE</p>																																	
06	<p>Triage and isolation of patients with suspected or confirmed infectious diseases?</p>	<p>06 TRIAGE/ ISOLATION</p>																																	
07	<p>Anemia assessment, diagnosis, and treatment?</p>	<p>07 ANEMIA ASSESMENT DIAGNOSIS/ TREATMENT ..</p>																																	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	CHECK [Q102] FOR PROVIDER OCCUPATIONAL CATEGORY / QUALIFICATION CODE [11, 12, 13 OR 14, 96] NOT CIRCLED <input type="checkbox"/>	CODE [11, 12, 13 OR 14] (i.e., LABORATORY-RELATED) CIRCLED <input type="checkbox"/> → 700 CODE '95 CIRCLED <input type="checkbox"/> → END	
	I will now ask you a few questions about services you personally provide in your current position in this facility and any in-service training, training updates, or refresher trainings you may have received related to that service. Please remember we are talking about services you provide in your current position in this facility. The training topics I will mention may have been covered as a stand-alone training, or covered as part of another training topic.		

MALARIA

202	In your current position, and as a part of your work for this facility, do you personally diagnose and/or treat malaria?	YES 1 NO 2																									
203	Have you received any in-service training, training updates, or refresher trainings on topics related to diagnosis and/or treatment of malaria?	YES 1 NO 2	→ 205																								
204	Have you received on the job mentorship, or onsite job training related to diagnosis and/or treatment of malaria?	YES 1 NO 2	→ 206																								
205	Have you received any in-service training, training updates, or refresher trainings in any of the following topics [READ TOPIC]: IF YES: Was the training, training update, or refresher training within the past 24 months or more than 24 months ago?																										
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01	Diagnosis of malaria, including through on the job mentorship, or onsite job training?																										
02	Malaria rapid diagnostic test (mRDT), including through on the job mentorship, or onsite job training?																										
03	Malaria microscopy, including through on the job mentorship, or onsite job training?																										
04	Case management / treatment of malaria, including through on the job mentorship, or onsite job training?																										

DIABETES

206	In your current position, and as a part of your work for this facility, do you personally diagnose and/or manage diabetes?	YES 1 NO 2	
207	Have you received any in-service training, training updates, or refresher training on topics specific to the diagnosis and/or management of diabetes? IF YES: Was the training, training update, or refresher training within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS 1 YES, OVER 24 MONTHS AGO 2 NO TRAINING OR UPDATES 3	

CARDIO-VASCULAR DISEASES

208	In your current position, and as a part of your work for this facility, do you personally diagnose and/or manage cardio-vascular diseases?	YES 1 NO 2	
209	Have you received any in-service training, training updates, or refresher training on the diagnosis and/or management of cardio-vascular diseases? IF YES: Was the training, training update, or refresher training within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS 1 YES, OVER 24 MONTHS AGO 2 NO TRAINING OR UPDATES 3	

CHRONIC RESPIRATORY DISEASES

210	In your current position, and as a part of your work for this facility, do you personally diagnose and/or manage chronic respiratory conditions such as chronic obstructive pulmonary disease (COPD)?	YES 1 NO 2	
211	Have you received any in-service training, training updates, or refresher training on the diagnosis and/or management of chronic respiratory diseases? IF YES: Was the training, training update, or refresher training within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS 1 YES, OVER 24 MONTHS AGO 2 NO TRAINING OR UPDATES 3	

BREAST CANCER AND CERVICAL CANCER

212	In your current position, and as part of your work for this facility, do you personally provide any reproductive cancer screening, diagnosis and/or treatment services, that is for breast cancer and/or cervical cancer?	YES 1 NO 2				
213	Have you received any in-service training, training updates, or refresher training on topics related to breast cancer and/or cervical cancer services?	YES 1 NO 2	→ 300			
214	Have you received any in-service training, training updates, or refresher training in any of the following topics [READ TOPIC] IF YES: Was the training, training update, or refresher training within the past 24 months or more than 24 months ago?	<table style="margin:auto; border-collapse: collapse;"> <tr> <td style="border-right: 1px solid black; padding: 5px;">YES, WITHIN PAST 24 MONTHS</td> <td style="border-right: 1px solid black; padding: 5px;">YES, OVER 24 MONTHS AGO</td> <td style="padding: 5px;">NO IN- SERVICE TRAINING OR UPDATES</td> </tr> </table>	YES, WITHIN PAST 24 MONTHS	YES, OVER 24 MONTHS AGO	NO IN- SERVICE TRAINING OR UPDATES	
YES, WITHIN PAST 24 MONTHS	YES, OVER 24 MONTHS AGO	NO IN- SERVICE TRAINING OR UPDATES				
01	Clinical breast examinations?	01 BREAST EXAM .. 1 2 3				
02	Mammography?	02 MAMMOGRAM .. 1 2 3				
03	Cytology based screening such as the Papanicolaou ("Pap") smear or liquid-based cytology to screen for cervical cancer?	03 PAP SMEAR OR LBC .. 1 2 3				
04	The HPV testing to screen for cervical cancer?	04 HPV TEST .. 1 2 3				

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP	
05	Visual inspection with acetic acid (VIA) to inspect the cervix for visual signs suspicious for cancer or pre-cancer?	05 VIA TEST	1	2	3	
06	Cryotherapy, or thermal ablation also called cold coagulation or thermal coagulation for treatment of cervical intraepithelial neoplasia?	06 CRYOTHERAPY OR THERMAL ABLATION	1	2	3	

3. CHILD HEALTH SERVICES

300	In your current position, and as a part of your work for this facility, do you personally provide any child vaccination services?	YES	1			
		NO	2			
301	In your current position, and as a part of your work for this facility, do you personally provide any child growth monitoring services?	YES	1			
		NO	2			
302	In your current position, and as a part of your work for this facility, do you personally provide any child curative care services (includes inpatient, outpatient, emergency/triage, malaria, tuberculosis and HIV)?	YES	1			
		NO	2			
303	Have you received any in-service training, training updates, or refresher training on topics related to child health or childhood illnesses?	YES	1			→ 305
		NO	2			
304	Have you received any in-service training or training updates in any of the following topics [READ TOPIC] IF YES: Was the training, training update, or refresher training within the past 24 months or more than 24 months ago?			YES, WITHIN PAST 24 MONTHS	YES, OVER 24 MONTHS AGO	NO IN-SERVICE TRAINING OR UPDATES
01	Expanded programme on immunization (EPI) or cold chain monitoring?	01 EPI OR COLD CHAIN MONITORING	1	2	3	
02	Integrated management of childhood illness (IMCI)?	02 IMCI	1	2	3	
03	Diagnosis and/or treatment of acute respiratory infections?	03 DIAGNOSIS AND/OR TREATMENT OF ARI	1	2	3	
04	Diagnosis and/or treatment of diarrhea?	04 DIAGNOSIS AND/ OR TREATMENT OF DIARRHEA	1	2	3	
05	Nutritional assessment of child growth and/or screening for acute malnutrition?	05 NUTRITIONAL ASSESSMENT	1	2	3	
06	Assessment and/or treatment of micronutrient deficiencies in children?	06 MICRONUTRIENT DEFICIENCIES	1	2	3	
07	Breastfeeding?	07 BREASTFEEDING	1	2	3	
08	Complementary feeding in infants?	08 COMPLEMENTARY FEEDING IN INFANTS	1	2	3	
09	Pediatric HIV/AIDS?	09 PEDIATRIC HIV/AIDS	1	2	3	
10	Pediatric ART?	10 PEDIATRIC ART	1	2	3	
11	Pediatric emergency triage?	11 PEDIATRIC TRIAGE	1	2	3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
305	CHECK 205 MALARIA TRAINING NOT ASKED <input type="checkbox"/> ↓	ANY CODE '1','2' OR '3' CIRCLED <input type="checkbox"/>			→ 400
306	Have you received any in-service training, training updates, or refresher training in any of the following topics related to malaria [READ TOPIC] IF YES: Was the training, training update, or refresher training within the past 24 months or more than 24 months ago?		YES, WITHIN PAST 24 MONTHS	YES, OVER 24 MONTHS AGO	NO TRAINING OR UPDATES
01	Diagnosis of malaria, including through on the job mentorship, or onsite job training?	01	DIAGNOSING MALARIA .. 1	2	3
02	Malaria rapid diagnostic test (mRDT), including through on the job mentorship, or onsite job training?	02	MALARIA RDT .. 1	2	3
03	Malaria microscopy, including through on the job mentorship, or onsite job training?	03	MALARIA MICROSCOPY .. 1	2	3
04	Case management / treatment of malaria, including through on the job mentorship, or onsite job training?	04	TREATMENT OF MALARIA .. 1	2	3

4. FAMILY PLANNING SERVICES

400	In your current position, and as a part of your work for this facility, do you personally provide any family planning services?	YES	1		
		NO	2		
401	Have you received any in-service training, training updates, or refresher training on topics related to family planning?	YES	1		→ 500
		NO	2		
402	Have you received any in-service training, training updates, or refresher training in any of the following topics [READ TOPIC] IF YES: Was the training, training update, or refresher training within the past 24 months or more than 24 months ago?		YES, WITHIN PAST 24 MONTHS	YES, OVER 24 MONTHS AGO	NO IN-SERVICE TRAINING OR UPDATES
01	General counseling for family planning?	01	GENERAL COUNSELING .. 1	2	3
02	IUD insertion and/or removal?	02	IUD INSERTION/ .. 1	2	3
03	Implant insertion and/or removal?	03	IMPLANT INSERT/ REMOVAL .. 1	2	3
04	Injectable administration and counseling?	04	INJECTABLE .. 1	2	3
(FN02)					
05	Performing sterilization?	05	STERILIZATION .. 1	2	3
06	Counseling on family planning side effects and how to manage them?	06	FP SIDE EFFECTS .. 1	2	3
07	Family planning for HIV positive women?	07	FP FOR HIV POSITIVE WOMEN .. 1	2	3
08	Lactation Amenorrhea Method (LAM)	08	LAM .. 1	2	3
09	Post-partum family planning counseling?	09	POST-PARTUM FP .. 1	2	3
10	Post-abortion family planning counseling?	10	POST-ABORTION FP COUNSELING .. 1	2	3

5. MATERNAL HEALTH SERVICES

ANC - PNC - PMTCT

500	In your current position, and as a part of your work for this facility, do you personally provide any antenatal care or postnatal care services? IF YES, PROBE AND INDICATE WHICH SERVICES ARE PROVIDED	YES, ANTENATAL 1 YES, POSTNATAL 2 YES, BOTH 3 NO, NEITHER 4																					
501	Have you received any in-service training, training updates, or refresher training on topics related to antenatal care or postnatal care?	YES 1 NO 2	→ 503																				
502	Have you received any in-service training, training updates, or refresher training in any of the following topics [READ TOPIC] IF YES: Was the training, training update, or refresher training within the past 24 months or more than 24 months ago?	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;"></th> <th style="width:15%;">YES, WITHIN PAST 24 MONTHS</th> <th style="width:15%;">YES, OVER 24 MONTHS AGO</th> <th style="width:15%;">NO IN-SERVICE TRAINING OR UPDATES</th> </tr> </thead> <tbody> <tr> <td>01 ANC screening (e.g., blood pressure, urine glucose, and protein)?</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>02 Counseling for ANC (e.g., nutrition, FP, and newborn care)?</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>03 Micronutrient supplementation of pregnant women, such as iron and folic acid containing supplements, multiple micronutrient supplements, calcium, and others?</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>04 Post-abortion family planning counseling?</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>		YES, WITHIN PAST 24 MONTHS	YES, OVER 24 MONTHS AGO	NO IN-SERVICE TRAINING OR UPDATES	01 ANC screening (e.g., blood pressure, urine glucose, and protein)?	1	2	3	02 Counseling for ANC (e.g., nutrition, FP, and newborn care)?	1	2	3	03 Micronutrient supplementation of pregnant women, such as iron and folic acid containing supplements, multiple micronutrient supplements, calcium, and others?	1	2	3	04 Post-abortion family planning counseling?	1	2	3	
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04 Post-abortion family planning counseling?	1	2	3																				
503	Do you personally provide any services that are specifically geared toward preventing mother-to-child transmission of HIV?	YES 1 NO 2																					
504	Have you received any in-service training, training updates, or refresher training on topics related to prevention of mother-to-child transmission (PMTCT) of HIV? IF YES: Was the training, training update, or refresher training within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS 1 YES, OVER 24 MONTHS AGO 2 NO TRAINING OR UPDATES 3																					

DELIVERY SERVICES

505	In your current position, and as a part of your work for this facility, do you personally provide delivery services? By that I mean conducting the actual delivery of newborns?	YES 1 NO 2	→ 510			
506	During the past 6 months, approximately how many deliveries have you conducted as the main provider (include deliveries conducted for private practice and for facility)?	TOTAL DELIVERIES <table border="1" style="display:inline-table; vertical-align: middle;"> <tr> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> </tr> </table>				

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP	
507	When was the last time you used a partograph?	NEVER	0				
		WITHIN PAST WEEK	1				
		WITHIN PAST MONTH	2				
		WITHIN PAST 6 MONTHS	3				
		OVER 6 MONTHS AGO	4				
508 (FN3)	Have you used a WHO Labour Care Guide that is the new generation partograph?	YES	1			→ 510	
		NO	2				
509 (FN3)	When was the last time you used a WHO Labour Care Guide that is the new generation partograph?	WITHIN PAST WEEK	1				
		WITHIN PAST MONTH	2				
		WITHIN PAST 6 MONTHS	3				
		OVER 6 MONTHS AGO	4				
510	Have you received any in-service training, training updates, or refresher training on topics related to delivery care?	YES	1			→ 512	
		NO	2				
511	Have you received any in-service training, training updates, or refresher training in any of the following topics [READ TOPIC] IF YES: Was the training, training update, or refresher training within the past 24 months or more than 24 months ago?			YES, WITHIN PAST 24 MONTHS	YES, OVER 24 MONTHS AGO	NO IN- SERVICE TRAINING OR UPDATES	
01	Integrated Management of Pregnancy and Childbirth (IMPAC)?	01 IMPAC	1	2	3		
02	Comprehensive Emergency Obstetric and Newborn Care (CEmONC)?	02 CEmONC	1	2	3		
03	Routine care for labor and normal vaginal delivery?	03 CARE NORMAL VAGINAL L&D	1	2	3		
04	Active Management of Third Stage of Labor (AMTSL)?	04 AMTSL	1	2	3		
05	Basic Emergency obstetric and Newborn care (BEmONC)/Life saving skills (LSS) - in general?	05 BEmONC/LSS	1	2	3		
06	Post abortion care?	06 POST ABORTION CARE ..	1	2	3		
07	Special delivery care practices for preventing mother-to-child transmission of HIV?	07 DELIVERY CARE FOR PMTCT	1	2	3		

NEWBORN CARE SERVICES

512	In your current position, and as a part of your work for this facility, do you personally provide care for the newborn?	YES	1			
		NO	2			
513	Have you received any in-service training, training updates, or refresher training on topics related to newborn care?	YES	1			→ 515
		NO	2			
514	Have you received any in-service training, training updates, or refresher training on essential newborn care? IF YES: Was the training, training update, or refresher training within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS	1			
		YES, OVER 24 MONTHS AGO	2			
		NO TRAINING OR UPDATES	3			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
TRAINING ON IPTP-EXCLUSIVE BF-NEONATAL RESUSCITATION			
515	CHECK Q 202, 302 AND 500: IF PERSONALLY PROVIDES MALARIA CARE THAT IS CODE '1' CIRCLED IN 202, AND/ OR CHILD CURATIVE CARE THAT IS CODE '1' CIRCLED IN 302, AND /OR ANC THAT IS CODE '1' CIRCLED IN 500 YES, PROVIDES MALARIA CARE, AND /OR ANC, AND/OR CHILD CARE <input type="checkbox"/> NO <input type="checkbox"/>		517
516	Have you received any in-service training, training updates, or refresher training related to Intermittent preventive treatment of malaria during pregnancy, including through on the job mentorship, or onsite job training? IF YES: Was the training, training update, or refresher training within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS 1 YES, OVER 24 MONTHS AGO 2 NO TRAINING OR UPDATES 3	
517	CHECK Q 500, 505, 512: IF PERSONALLY PROVIDES ANTENATAL CARE, POSTNATAL CARE OR BOTH THAT IS CODE '1' OR '2' OR '3' IS CIRCLED IN 500, AND/ OR DELIVERY CARE THAT IS CODE '1' CIRCLED IN 505, AND/ OR NEWBORN CARE THAT IS CODE '1' CIRCLED IN 512 YES, PROVIDES ANC AND/OR PNC AND/OR DELIVERY CARE AND /OR NEWBORN CARE <input type="checkbox"/> NO <input type="checkbox"/>		519
518	Have you received any in-service training, training updates, or refresher training related to early and exclusive breastfeeding? IF YES: Was the training, training update, or refresher training within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS 1 YES, OVER 24 MONTHS AGO 2 NO TRAINING OR UPDATES 3	
519	CHECK Q 505 AND 512: IF PERSONALLY PROVIDES DELIVERY CARE THAT IS CODE '1' CIRCLED IN 505, AND/ OR NEWBORN CARE THAT IS CODE '1' CIRCLED IN 512 YES, PROVIDES DELIVERY CARE AND /OR NEWBORN CARE <input type="checkbox"/> NO <input type="checkbox"/>		600
520	Have you received any in-service training, training updates, or refresher training related to neonatal resuscitation using bag and mask? IF YES: Was the training, training update, or refresher training within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS 1 YES, OVER 24 MONTHS AGO 2 NO TRAINING OR UPDATES 3	

6. SEXUALLY TRANSMITTED INFECTIONS - TB - HIV/AIDS

SEXUALLY TRANSMITTED INFECTIONS

600	In your current position, and as part of your work for this facility, do you personally provide any STI services?	YES 1 NO 2	
601	Have you received any in-service training, training updates, or refresher training related to diagnosing and treating sexually transmitted infections (STIs)? IF YES: Was the training, training update, or refresher training within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS 1 YES, OVER 24 MONTHS AGO 2 NO TRAINING OR UPDATES 3	

TUBERCULOSIS (TB)

602	In your current position, and as part of your work for this facility, do you personally provide any TB screening, diagnostic or management services?	YES 1 NO 2																																																																																									
603	In your current position, and as a part of your work for this facility, do you personally provide diagnosis of TB based on sputum tests using an AFB smear microscopy and or a TB diagnostic algorithm?	YES 1 NO 2																																																																																									
604	In your current position, and as a part of your work for this facility, do you personally provide treatment prescription for TB?	YES 1 NO 2																																																																																									
605	In your current position, and as a part of your work for this facility, do you personally provide management of TB-HIV co-infection?	YES 1 NO 2																																																																																									
606	Have you received any in-service training, training updates, or refresher training on topics related to TB services?	YES 1 NO 2	→ 608																																																																																								
607	Have you received any in-service training, training updates, or refresher training in any of the following topics [READ TOPIC] IF YES: Was the training, training update, or refresher training within the past 24 months or more than 24 months ago?	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;"></th> <th style="width:10%;">YES, WITHIN PAST 24 MONTHS</th> <th style="width:10%;">YES, OVER 24 MONTHS AGO</th> <th style="width:10%;">NO IN-SERVICE TRAINING OR UPDATES</th> </tr> </thead> <tbody> <tr> <td>01</td> <td colspan="3">Screening for TB infection or TB disease:</td> </tr> <tr> <td>a)</td> <td colspan="3">Mantoux tuberculin skin test</td> </tr> <tr> <td>01a)</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>b)</td> <td colspan="3">The whole blood tests based on interferon-gamma release assays (IGRAs)</td> </tr> <tr> <td>01b)</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>c)</td> <td colspan="3">Mtb antigen-based skin tests (TBST)</td> </tr> <tr> <td>01c)</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>d)</td> <td colspan="3">Molecular WHO-recommended rapid diagnostic tests(mWRDs), alone or in combination</td> </tr> <tr> <td>01d)</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>e)</td> <td colspan="3">Chest radiography such as X-ray</td> </tr> <tr> <td>01e)</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>f)</td> <td colspan="3">The WHO-recommended four-symptom screen (W4SS), comprising screening for a current cough, fever, night sweats or weight loss.</td> </tr> <tr> <td>01f)</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>02</td> <td colspan="3">Diagnosis of TB based on a sputum microscopy?</td> </tr> <tr> <td>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>03</td> <td colspan="3">Diagnosis of TB based on a TB diagnostic algorithm?</td> </tr> <tr> <td>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>04</td> <td colspan="3">Treatment prescription for TB?</td> </tr> <tr> <td>04</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>05</td> <td colspan="3">Management of TB-HIV co-infection?</td> </tr> <tr> <td>05</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>		YES, WITHIN PAST 24 MONTHS	YES, OVER 24 MONTHS AGO	NO IN-SERVICE TRAINING OR UPDATES	01	Screening for TB infection or TB disease:			a)	Mantoux tuberculin skin test			01a)	1	2	3	b)	The whole blood tests based on interferon-gamma release assays (IGRAs)			01b)	1	2	3	c)	Mtb antigen-based skin tests (TBST)			01c)	1	2	3	d)	Molecular WHO-recommended rapid diagnostic tests(mWRDs), alone or in combination			01d)	1	2	3	e)	Chest radiography such as X-ray			01e)	1	2	3	f)	The WHO-recommended four-symptom screen (W4SS), comprising screening for a current cough, fever, night sweats or weight loss.			01f)	1	2	3	02	Diagnosis of TB based on a sputum microscopy?			02	1	2	3	03	Diagnosis of TB based on a TB diagnostic algorithm?			03	1	2	3	04	Treatment prescription for TB?			04	1	2	3	05	Management of TB-HIV co-infection?			05	1	2	3	
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HIV/AIDS SERVICES

608	In your current position, and as part of your work for this facility, do you personally provide any HIV/AIDS services?	YES 1 NO 2	
609	In your current position, and as a part of your work for this facility, do you personally provide HIV testing and counseling?	YES 1 NO 2	
610	In your current position, and as a part of your work for this facility, do you personally provide HIV care and treatment including ART?	YES 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
611	In your current position, and as a part of your work for this facility, do you personally provide post-exposure prophylaxis (PEP) services?	YES	1		
		NO	2		
612	Have you received any in-service training, training updates, or refresher training on topics related to HIV/AIDS services?	YES	1		→ 700
		NO	2		
613	Have you received any in-service training, training updates, or refresher training in any of the following topics [READ TOPIC] IF YES: Was the training, training update, or refresher training within the past 24 months or more than 24 months ago?		YES, WITHIN PAST 24 MONTHS	YES, OVER 24 MONTHS AGO	NO IN- SERVICE TRAINING OR UPDATES
01	HIV testing and counseling?	01 HIV TESTING & COUNSELING	1	2	3
02	HIV care and treatment including ART?	02 HIV CARE AND TREATMENT	1	2	3
03	Post-exposure prophylaxis (PEP) services?	03 PEP	1	2	3

7. DIAGNOSTIC SERVICES

700	In your current position, and as a part of your work for this facility, do you personally conduct laboratory tests including rapid diagnostic tests? CIRCLE 'NO' IF THE PROVIDER ONLY COLLECTS SPECIMENS.	YES	1		→ 706
		NO	2		
701	Please tell me if you personally conduct any of the following laboratory tests as part of your work in this facility		YES	NO	
01	Microscopic examining of sputum for diagnosing TB?	01 SPUTUM MICROSCOPY	'1	'2	
02	Any other TB screening or diagnostics tests?	02 OTHER TB SCREENING OR DIAGNOSTIC TESTS	'1	'2	
03	HIV rapid testing?	03 HIV RDT	'1	'2	
04	Any other HIV test, such as PCR, ELISA, or Western Blot?	04 OTHER HIV TEST	'1	'2	
05	Hematology testing, such as anemia testing?	05 ANEMIA	'1	'2	
06	Malaria microscopy?	06 MALARIA MICROSCOPY	'1	'2	
07	Malaria rapid diagnostic test (mRDT)?	07 MALARIA RDT	'1	'2	
08	Cytology based screening such as the Papanicolaou ("Pap") smear or liquid-based cytology to screen for cervical cancer?	08 PAP SMEAR OR LBC	'1	'2	
09	The HPV testing to screen for cervical cancer?	09 HPV TESTING	'1	'2	
10	Syphilis rapid diagnostic test?	10 SYPHILIS RDT	'1	'2	
11	Any other Syphilis test, such as the rapid plasma reagin (RPR) or venereal disease research laboratory (VDRL)?	11 OTHER SYPHILIS TEST RPR/VDRL	'1	'2	
12	Urine tests including dipstick and 24-hour for proteinuria?	12 URINE TEST	'1	'2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP	
702	Have you received any in-service training, training updates, or refresher training on topics related to the tests you conduct?	YES	1		→ 704	
		NO	2			
703	Have you received any in-service training, training updates, or refresher training in any of the following topics [READ TOPIC] IF YES: Was the training, training update, or refresher training within the past 24 months or more than 24 months ago?		YES, WITHIN PAST 24 MONTHS	YES, OVER 24 MONTHS AGO	NO IN- SERVICE TRAINING OR UPDATES	
01	a) Mantoux tuberculin skin test for TB screening	01a) TUBERCULIN SKIN TEST ..	1	2	3	
	b) The whole blood tests based on interferon-gamma release assays (IGRAs) for TB screening	01b) BLOOD IGRA ..	1	2	3	
	c) Mtb antigen-based skin tests (TBST) for TB screening	01c) TBST	1	2	3	
	d) Molecular WHO-recommended TB rapid diagnostic tests(mWRDs), alone or in combination	01d) TB mWRDs ..	1	2	3	
	e) Chest radiography such as X-ray for TB screening	01e) CHEST X-RAY ..	1	2	3	
	f) Microscopic examination of sputum for diagnosing TB	01f) TB MICROSCOPY	1	2	3	
02	HIV rapid diagnostic test (HIV RDT)?	02 HIV	1	2	3	
03	Other HIV test, such as PCR, ELISA, or Western Blot?	03 OTHER HIV TEST	1	2	3	
04	Anemia testing?	04 ANEMIA TEST	1	2	3	
05	Malaria microscopy, including through on the job mentorship, or onsite job training?	05 MALARIA MICROSCOPY	1	2	3	
06	Malaria rapid diagnostic test (mRDT), including through on the job mentorship, or onsite job training?	06 MALARIA RDT	1	2	3	
07	Cytology based screening such as the Papanicolaou ("Pap") smear or liquid-based cytology to screen for cervical cancer?	07 PAP SMEAR OR LBC	1	2	3	
08	The HPV testing to screen for cervical cancer?	08 HPV TESTING	1	2	3	
09	Syphilis rapid diagnostic test?	09 SYPHILIS RDT	1	2	3	
10	Any other Syphilis test, such as the rapid plasma reagin (RPR) or venereal disease research laboratory (VDRL)?	10 OTHER SYPHILIS TEST RPR/VDRL	1	2	3	
11	Urine tests including dipstick and 24-hour for proteinuria?	11 URINE TEST	1	2	3	
704	Have you received on the job mentorship, or onsite job training related to malaria microscopy? IF YES: Was the on the job mentorship, or onsite job training on malaria microscopy within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS	1			
		YES, OVER 24 MONTHS AGO	2			
		NO TRAINING OR UPDATES	3			
705	Have you received on the job mentorship, or onsite job training related to malaria rapid diagnostic test (mRDT)? IF YES: Was the on the job mentorship, or onsite job training on malaria rapid diagnostic test within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS	1			
		YES, OVER 24 MONTHS AGO	2			
		NO TRAINING OR UPDATES	3			
706	CHECK Q 302, 500, 503, 608: IF PERSONALLY PROVIDES CHILD CURATIVE CARE THAT IS CODE '1' CIRCLED IN 302, AND/ OR ANC THAT IS CODE '1' CIRCLED IN 500, AND/ OR PMTCT CARE THAT IS CODE '1' CIRCLED IN 503, AND /OR HIV/AIDS CARE THAT IS CODE '1' YES, PROVIDES CHILD CURATIVE CARE AND/OR ANC, AND/OR PMTCT AND /OR HIV/AIDS CARE <input type="checkbox"/>	NO <input type="checkbox"/>				→ 800

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
707	<p>Have you received any in-service training, training updates, or refresher training related to anemia testing, point of care or in a laboratory?</p> <p>IF YES: Was the training, training update, or refresher training within the past 24 months or more than 24 months ago?</p>	<p>YES, WITHIN PAST 24 MONTHS 1</p> <p>YES, OVER 24 MONTHS AGO 2</p> <p>NO TRAINING OR UPDATES 3</p>	

8. WORKING CONDITIONS IN FACILITY

800	<p>Now I want to ask you a few more questions about your work in this facility. In an average week, how many hours do you work in this facility?</p> <p>IF WEEKS ARE NOT CONSISTENT, ASK THE RESPONDENT TO AVERAGE OUT HOW MANY HOURS PER MONTH AND THEN DIVIDE THIS BY 4.</p>	<p>AVERAGE HOURS PER WEEK WORKING IN THIS FACILITY <input type="text"/> <input type="text"/></p>					
801	<p>Now I would like to ask you some questions about supervision you have personally received. This supervision may have been from a supervisor either from this facility or outside the facility. Do you receive technical support or supervision in your work?</p> <p>IF YES, ASK: When was the most recent time?</p>	<p>YES, IN THE LAST 3 MONTHS 1</p> <p>YES, IN THE LAST 4-6 MONTHS 2</p> <p>YES, IN THE LAST 7-12 MONTHS 3</p> <p>YES, MORE THAN 12 MONTHS AGO 4</p> <p>NO 5</p>	} → 804				
802	<p>How many times in the past six months has your work been supervised?</p>	<p>NUMBER OF TIMES <input type="text"/> <input type="text"/></p> <p>EVERY DAY 96</p>					
803	<p>The last time you were personally supervised, did your supervisor do any of the following:</p>	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DON'T KNOW</td> </tr> </table>		YES	NO	DON'T KNOW	
	YES	NO	DON'T KNOW				
01	Check your records or reports?	01 CHECKED RECORD 1 2 8					
02	Observe your work?	02 OBSERVED WORK 1 2 8					
03	Provide any feedback (either positive or negative) on your performance?	03 FEEDBACK 1 2 8 05 ← 05 →					
04	Give you verbal or written feedback that you were doing your work well?	04 VERBAL PRAISE 1 2 8					
05	Provide updates on administrative or technical issues related to your work?	05 UPDATES 1 2 8					
06	Discuss problems you have encountered?	06 PROBLEMS 1 2 8					
07	Discuss clinical skills?	07 CLINICAL SKILLS 1 2 8					
08	Discuss interpersonal skills?	08 INTERPERSONAL 1 2 8					
804	<p>Do you have a written job description of your current job or position in this facility?</p> <p>IF YES, ASK: May I see it?</p>	<p>YES, OBSERVED 1</p> <p>YES, REPORTED, NOT SEEN 2</p> <p>NO 3</p>					
805	<p>Are there any opportunities for promotion in your current job?</p>	<p>YES 1</p> <p>NO 2</p> <p>UNCERTAIN/ DON'T KNOW 8</p>					
806	<p>Have you ever been offered any continued professional development opportunities in this facility to facilitate your professional development or move up to career advancement?</p> <p>IF YES, ASK: When was the most recent time?</p>	<p>YES, IN THE LAST 6 MONTHS 1</p> <p>YES, IN THE LAST 7-12 MONTHS 2</p> <p>YES, MORE THAN 12 MONTHS AGO 3</p> <p>NO 4</p>					

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
807	Do you think that you have equal treatment and opportunities as your colleagues of the opposite sex a) in terms of training? b) in terms of professional advancement? c) in terms of preferred geographic posts? d) in terms of time off? e) in terms of work schedule?	<table border="0"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> <td style="text-align: center;">DON'T KNOW</td> </tr> <tr> <td>a) TRAINING</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>b) ADVANCEMENT</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>c) GEOGRAPHIC POST</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>d) TIME OFF</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>e) WORK SCHEDULE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </table>		YES	NO	DON'T KNOW	a) TRAINING	1	2	8	b) ADVANCEMENT	1	2	8	c) GEOGRAPHIC POST	1	2	8	d) TIME OFF	1	2	8	e) WORK SCHEDULE	1	2	8	
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d) TIME OFF	1	2	8																								
e) WORK SCHEDULE	1	2	8																								
808	Are you paid salary for the work you do in your current position at this facility or are you not paid at all?	YES PAID SALARY 1 NOT PAID 2	→ 810																								
809	When was the last time you received your salary for the work you do in this facility?	PAID WITHIN THE LAST 6 MONTHS 1 PAID IN LAST 7-12 MONTHS 2 PAID IN MORE THAN 12 MONTHS AGO 3																									
810	While working in your current position at this facility, have you received any monetary salary supplement for the work you do? IF YES, PROBE: When was the last time you received a monetary salary supplement?	YES, WITHIN THE LAST 6 MONTHS 1 YES, IN THE LAST 7-12 MONTHS 2 YES, MORE THAN 12 MONTHS AGO 3 NO/ NEVER 4	→ 812																								
811	Which types of monetary salary supplements did you receive, if any? PROBE: Anything else?	MONTHLY OR DAILY SALARY SUPPLEMENT A PERDIEM WHEN ATTENDING TRAINING B DUTY ALLOWANCE C PAYMENT FOR EXTRA ACTIVITIES (NOT ROUTINELY PROVIDED) D OTHER X (SPECIFY) _____ NONE Y																									
812	While working in your current position at this facility, have you received any non-monetary incentives for the work you do? IF YES, ASK: When was the most recent time?	YES, IN THE LAST 6 MONTHS 1 YES, IN THE LAST 7-12 MONTHS 2 YES, MORE THAN 12 MONTHS AGO 3 NO/ NEVER 4	→ 814																								
813	What non-monetary incentives have you received? PROBE: Anything else?	TIME OFF / VACATIONS A UNIFORMS, BACKPACKS, CAPS, ETC. B DISCOUNT MEDICINES, FREE TICKETS FOR CARE, VOUCHERS, ETC. C TRAINING D FOOD RATION / MEALS E SUBSIDIZED HOUSING F NONE Y																									
814	CHECK Q 202, 302, 701 IF DIAGNOSING AND/OR TREATING MALARIA THAT IS CODE '1' CIRCLED IN 202, AND /OR PROVIDES CHILD CURATIVE CARE CODE '1' CIRCLED IN 302, AND /OR CONDUCTS MALARIA LABORATORY TESTS: MALARIA MICROSCOPY CODE '1' CIRCLED IN 701(05), AND/OR MALARIA RAPID DIAGNOSTIC TEST CODE '1' CIRCLED IN 701(06) YES, PROVIDES MALARIA CARE, AND/OR CHILD CARE AND/OR MALARIA LAB TEST <input type="checkbox"/>	NO <input type="checkbox"/>	→ 817																								
815	In the last 24 months, has someone provided supportive supervision as part of your malaria specific work in this facility? This supportive supervision may have been from a supervisor outside the facility.	YES 1 NO 2 UNCERTAIN/ DON'T KNOW 8	→ 817																								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP						
816	<p>In the last 24 months, how many supportive supervision visits did you have?</p> <p>FOR DON'T KNOW OR UNCERTAIN, CIRCLE 98</p>	<p>NUMBER OF TIMES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>UNCERTAIN/ DON'T KNOW 98</p>							
817	<p>Now I would like to talk about your time working in this facility. Would you say that you are very satisfied, satisfied, not satisfied, or very dissatisfied about working here?</p>	<p>VERY SATISFIED 1</p> <p>SATISFIED 2</p> <p>NOT SATISFIED 3</p> <p>VERY DISSATISFIED 4</p>							
818	<p>Among the various things related to your working situation that you would like to see improved, can you tell me the three that you think would most improve your ability to provide good quality of care services?</p> <p>Please rank them in order of importance, with 1 being the most important.</p> <p>DO NOT READ CHOICES TO YOUR RESPONDENT</p> <p>ENTER LETTER CORRESPONDING WITH THE 1ST MENTIONED INTO THE 1ST BOX, AND REPEAT WITH THE 2ND AND 3RD.</p> <p>IF THE PROVIDER ONLY MENTIONS 1 OR 2 ITEMS THEN PUT "Y" IN THE REMAINING BOX/ES.</p> <p>DO NOT LEAVE ANY BOX EMPTY. THERE MUST BE 3 ENTRY.</p>	<p>MORE SUPPORT FROM SUPERVISOR A</p> <p>MORE KNOWLEDGE / UPDATES TRAINING B</p> <p>MORE SUPPLIES/STOCK C</p> <p>BETTER QUALITY EQUIPMENT/SUPPLIES D</p> <p>LESS WORKLOAD (i.e. MORE STAFF) E</p> <p>BETTER WORKING HOURS / FLEXIBLE TIMES F</p> <p>MORE INCENTIVES (SALARY,PROMOTION, HOLIDAYS) G</p> <p>TRANSPORTATION FOR REFERRAL PATIENTS H</p> <p>PROVIDING ART I</p> <p>PROVIDING PEP J</p> <p>INCREASED SECURITY K</p> <p>BETTER FACILITY INFRASTRUCTURE L</p> <p>MORE AUTONOMY / INDEPENDENCE M</p> <p>EMOTIONAL SUPPORT FOR STAFF (COUNSELING / SOCIAL ACTIVITIES) N</p> <p>OTHER BOX 1 _____ (SPECIFY) V</p> <p>OTHER BOX 2 _____ (SPECIFY) W</p> <p>OTHER BOX 3 _____ (SPECIFY) X</p> <p>NO PROBLEM Y</p> <p style="text-align: right;">RANKING</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> <tr> <td style="text-align: center; font-size: 8px;">BOX 1</td> <td style="text-align: center; font-size: 8px;">BOX 2</td> <td style="text-align: center; font-size: 8px;">BOX 3</td> </tr> </table>				BOX 1	BOX 2	BOX 3	
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
819	CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL PRIVACY IS ENSURED. PRIVACY OBTAINED 1 ↓ PRIVACY NOT POSSIBLE 2	→ 825																
820	READ TO THE RESPONDENT: Now I would like to ask you questions about some other important aspects of your work. You may find some of these questions very personal. However, your answers are crucial for helping to understand the condition of health providers in [COUNTRY]. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else in your health facility will know that you were asked these questions. If I ask you any question you don't want to answer, just let me know and I will go on to the next question.																	
821	At any time during your work in this health facility, did any staff member a) Slap you? b) Hit or punch you? c) Physically threaten you? d) Physically mistreat or harm you in any other way?	<table border="0"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>a) SLAP</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b) HIT OR PUNCH</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c) PHYSICALLY THREATEN</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>d) OTHER PHYSICAL HARM</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	a) SLAP	1	2	b) HIT OR PUNCH	1	2	c) PHYSICALLY THREATEN	1	2	d) OTHER PHYSICAL HARM	1	2	
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THANK THE RESPONDENT AND MOVE TO THE NEXT DATA COLLECTION POINT																		

HEALTH WORKER INTERVIEW. FOOTNOTES

(FN1) Change the Integrated management of childhood illness (IMCI) according to the country specific adaptation of the IMCI guidelines, for example to the Integrated Management of Newborn & Childhood Illnesses (IMNCI), or Integrated Management of Neonatal and Childhood Illness (IMNCI) as appropriate

(FN2) Adapt as per country needs or specific injectable. For example, in countries with a Sayna Press program, you may specify "DMPA-SC/ Sayana Press administration and counseling?"

(FN3) Only include if a country has accepted new WHO Labour Care Guide that is the new generation partograph. If a country includes both the old type partograph and the new generation partograph, retain both items. Remove this question in countries that do not have a nationally accepted WHO Labor Guide that is the new generation partograph.