

NATIONAL HEALTH FACILITY SURVEY

OCTOBER, 2023

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Number	Question	Result
SECTION 1: COVER PAGE AND FACILITY IDENTIFIERS		
INTERVIEWER VISITS		
Facility number (State+LGA+Ward+facility)		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
1002	Is this a supervisor validation check of a facility?	DATA COLLECTION FOR FACILITY ASSESSMENT 1 SUPERVISOR VALIDATION 2
Date Interviewer Name	<div style="text-align: center;">1</div> <hr/> <hr/>	<div style="text-align: center;">2</div> <hr/> <hr/>
	<div style="text-align: center;">3</div> <hr/> <hr/>	FINAL VISIT DAY <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div> MONTH <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div> YEAR <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div> INT. NUMBER <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div>
FACILITY IDENTIFICATION		
1003	Name of facility	_____
1003a	Is this facility known by any other names? IF YES, PLEASE SPECIFY.	YES 1 <hr/> (SPECIFY) NO 2
1004	Location of facility	_____
1005	State	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
1006	Local Government Area (LGA)	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
1006a	Ward Name	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>

GEOGRAPHIC COORDINATES

Record the GPS reading according to the instructions.

Set default settings for GPS:

1. Set coordinate system to latitude/longitude
2. Set coordinate format to decimal degrees
3. Set datum to WGS84

Move to main entrance of the building. Stand within 30 meters of door where entrance is in plain view to the sky.

1. TURN GPS MACHINE ON AND WAIT UNTIL SATELLITE PAGE CHANGES TO "POSITION".
2. WRITE ALTITUDE
3. PRESS "MARK"
4. HIGHLIGHT "AVERAGE" AND PRESS "ENTER"
5. HIGHLIGHT "WAYPOINT NUMBER" AND PRESS "ENTER"
6. ENTER FACILITY CODE
7. WAIT 5 MINUTES
8. HIGHLIGHT "SAVE" AND PRESS "ENTER"
9. PAGE TO MAIN MENU, HIGHLIGHT "WAYPOINT LIST" AND PRESS "ENTER"
10. HIGHLIGHT YOUR WAYPOINT
11. COPY INFORMATION FROM WAYPOINT LIST PAGE- THIS IS THE AVERAGE OF ALL

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

1007	Waypoint name (Facility number)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
1008	Altitude	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
1009	Latitude	N/S..... a <input type="text"/> DEGREES/DEC b <input type="text"/> <input type="text"/> . c <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
1010	Longitude	E/W..... a <input type="text"/> DEGREES/DEC b <input type="text"/> <input type="text"/> <input type="text"/> . c <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

INFORMED CONSENT STATEMENT

The Federal Ministry of Health in collaboration with the National Bureau of Statistics is working to collect information on health sector indicators which include financial management and reporting, supervision of health facilities, diagnostic accuracy and adherence to guidelines, availability of essential medicines and other health related medicines, equipment as well as readiness of facilities to provide key health services. This information will be collected in selected primary health care and secondary referral facilities across the country. The survey is part of government's efforts to improve quality and utilization of service in health facilities.

The study is being conducted in all thirty-six states and FCT. The facilities that will be visited in each state have been randomly selected from the Nigeria Health Facility Registry. The selection process was done in a manner that ensures equal chance for every facility in each state to be included in the sample. Survey instruments which have been developed to effectively measure the indicators of interest will be used to solicit information from respondents.

There are five survey instruments developed for the purpose of this survey. The first instrument is the main facility questionnaire which contains six modules. The first module will be used to elicit information about the services provided by the facility, its management and other staff - number, cadre and qualification; including medical and non-medical staff at the facility. The second module will be used to collect general information about the facility as well as information about available infrastructure, equipment, materials and supplies and medical supplies/vaccines. Module 3 contains information about outpatient services such as general outpatient services and resources, reproductive, maternal and newborn health, child and adolescent health, communicable and non-communicable diseases and malaria. The fourth module will be used to collect information about delivery, surgical services and resources. Module 5 is dedicated to data on blood transfusion, diagnostics and pharmacy while module 6 is about National Health Management Information System (NHMIS).

In addition to the main facility questionnaire, there are other four survey instruments that will also be used for collecting data at this facility. These are.

1. Questionnaire on budget, expenditure and finance
2. Observation of sick children – contains a checklist that will be used during clinician's consultation of sick children.
3. Vignettes to assess what clinicians know.
4. Exit interview to assess the level of patient satisfaction.

As the **officer-in-charge** of this facility, we will require you to provide answers to the main facility questionnaire, and the questionnaire on expenditure, budget and finance. In case there is another person who can attend to some parts of the instrument other than you such as a pharmacist or an account clerk, please feel free to refer us to such a person. We anticipate that each module will take about 45 minutes to complete.

Your participation in this survey is voluntary and at no cost to you as an individual. You may choose not to participate at all or to stop at any time before the end of the survey. You may also choose not to answer any question that you are not comfortable with.

Although we will ask for names of participants, we want to assure you that adequate steps to ensure everyone's identity is protected have been put in place. No information collected will be traced to you in any way because data will be kept and processed in an anonymous manner.

In case you have any question(s) about this survey at any time, please feel free to contact any of the following people.

Dr. Abolade Surajudeen (08033610311)
National Bureau of Statistics (NBS)

AFTER OBTAINING THE SIGNED INFORMED CONSENT, CONTINUE WITH THE FOLLOWING QUESTIONS			
1010a	Are you the Officer in charge of this facility?	YES.....1 NO2	➔ 1010d
1010b	What is your professional cadre?	DOCTOR1 NURSE2 MIDWIFE3 SENIOR CHEW4 JUNIOR CHEW5 OTHERS (SPECIFY)_____96	
1010c	What is your position?	_____ (SPECIFY)	➔ 1011
1010d	What is your qualification?	DOCTOR1 NURSE2 MIDWIFE3 SENIOR CHEW4 JUNIOR CHEW5 OTHERSS (SPECIFY)_____96 _____	

FACILITY CATEGORIZATION			
1011	INTERVIEWER: CHECK THAT THE FACILITY IS CORRECTLY CATEGORIZED	<u>SECONDARY FACILITY</u> GENERAL HOSPITAL 1 <u>PRIMARY HEALTH FACILITIES</u> COMPREHENSIVE HEALTH CENTRE2 PRIMARY HEALTH CENTER 3 HEALTH CLINIC 4 HEALTH POST 5 OTHERS (SPECIFY) 96	
1012	Which of the responses best describes the managing authority for this facility? That is, the authority that makes policy decisions and provides supervision for the facility?	GOVERNMENT/PUBLIC STATE GOVERNMENT 1 L.G.A2 PRIVATE NGO/NOT-FOR-PROFIT 3 MISSION/FAITH-BASED 4 PRIVATE-FOR-PROFIT 5 OTHERS (SPECIFY) 96	
1013	INTERVIEWER: RECORD FACILITY SECTOR: URBAN OR RURAL (FROM SURVEY LIST)	URBAN 1 RURAL 2	
1014	What is the service level available in this facility?	OUTPATIENT ONLY 1 OUTPATIENT AND INPATIENT 2	

MODULE 1 SERVICES, MANAGEMENT, STAFF

1200 SECTION 1.2 CATCHMENT AREA, REFERRALS, EMERGENCY TRANSPORTATION

A. CATCHMENT AREA POPULATION

First, I would like to understand how this facility links with Others health services and facilities, and to know more about the clients who utilize services.

1201	Does this facility have a specified catchment area—that is a defined geographic area for which the facility has direct responsibility for serving?	YES.....1 NO2 DON'T KNOW98	→1211 →1211
1202	How many people live in the catchment area for this facility?	<div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> DON'T KNOW999998	
1203	What is the basis for the catchment population number?	GOVERNMENT CENSUS 1 LGA 2 PHYSICAL COUNT..... 3 OTHERS (SPECIFY)..... 96 DON'T KNOW 98	

B. REFERRAL RESOURCES

1211	Does the facility maintain records of patients who are received through referral from Others facilities? IF YES, ASK TO SEE EVIDENCE OF DOCUMENTED REFERRALS IN	YES, SEEN 1 YES, REPORTED, NOT SEEN..... 2 NO..... 3 NO REFERRALS TO THIS FACILITY . 4	
1212	Does the facility use a pre-printed referral form when patients are referred elsewhere? IF YES, ASK TO SEE A COPY OF THE FORM	YES, SEEN 1 YES, REPORTED, NOT SEEN..... 2 NO..... 3 NEVER REFER PATIENTS..... 4	→1301
1213	Does the facility maintain records of patients who are referred out? IF YES, ASK TO SEE EVIDENCE OF DOCUMENTED REFERRALS OUT	YES, SEEN 1 YES, REPORTED, NOT SEEN..... 2 NO..... 3	
1214	Using the most common means for transportation, how long does it take for a referred patient to go from your facility to the most used next facility? If the time is different at different times of the year, tell me how long during the dry season?	MINUTES <div style="border: 1px solid black; width: 100px; height: 30px; display: inline-block; vertical-align: middle;"></div> DON'T KNOW 998	

1300 SECTION 1.3 GOVERNANCE AND MANAGEMENT

Now, I would like to ask you questions related to governance and routine management practices for this facility. If someone else in the facility is more familiar with the topic, please let me know so that I can arrange to meet with him/her.

1300	SECTION 1.3 GOVERNANCE AND MANAGEMENT				
A. GOVERNANCE					
1301	Is there a functional Ward Development Committee (WDC)/Village Development Committee (VDC)/Community Development Committee (CDC) in place in this facility?	YES1 NO2	→ 1306		
1302	Do the members of the WDC/VDC/CDC meet regularly?	YES1 NO2	→ 1304		
1303	How often do they meet? (Ask to see minutes of meeting)	MONTHLY.....1 QUARTERLY2 BI-QUARTERLY.....3 2 TIMES YEARLY4 YEARLY5 OTHERSS (SPECIFY).....96			
1304	Did any member of this WDC/VDC/CDC visit the PHC in the last 3 months? IF YES, ASK: How many visits were made during the past 3 months?	YES, NUMBER OF VISITSPRIOR 3 MONTHS <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> NO VISITS PRIOR 3 MONTHS.....00			
1305	Which of the following activities did the WDC/VDC/CDC carry out in the last 12months? [READ OUT EACH RESPONSE]	YES	NO	DON'T KNOW	
01	Supported or helped improve the health facility (e.g. land, supplies, extensions, etc.	1	2	98	
02	Repairs to facility	1	2	98	
03	Mobilized community to use facility	1	2	98	
04	Provided transportation	1	2	98	
05	Gave in-kind contributions	1	2	98	
06	Improved security (facility)	1	2	98	
07	Improved water supply	1	2	98	
08	Improved water quality	1	2	98	
09	Supported training for CHEWs	1	2	98	
10	Support to outreach teams	1	2	98	
11	Provided new infrastructure	1	2	98	
12	Provided drugs	1	2	98	
96	Others (SPECIFY).....	1	2	98	
1306	Does this facility have a core management team or a management committee that is responsible for oversight of the day-to-day functioning of the facility? PROBE TO ENSURE THAT THE MANAGEMENT TEAM IDENTIFIED ADDRESSES DAY TO DAY MANAGEMENT ISSUES. IN SMALL FACILITIES, THIS RESPONSIBILITY MAY BE FILLED BY A STAFF MEETING.	YES1 NO2			→ 1311

Q1306 A	What is the name of this management team?	_____			
1307	Is there any routine system for including community representation for some aspects of the management team or committee work? By routine system, I mean community participation is sought for either all or specified meetings of the management team, or community meetings are held at set intervals.	YES.....1 NO2			
1308	When was the most recent management team or management committee meeting?	WITHIN PAST 1 MONTH1 WITHIN PAST 2-3 MONTHS2 WITHIN PAST 4-6 MONTHS3 MORE THAN 6 MONTHS AGO4 DON'T KNOW98			
1309	Are there any written notes or minutes from the most recent management committee meeting? IF YES, ASK TO SEE THE DOCUMENT	YES, SEEN.....1 YES, REPORTED, NOT SEEN2 NO3			→1311 →1311
1310	INTERVIEWER: SCAN THROUGH THE NOTES AND NOTE IF THERE IS ANY MENTION OF THE INDICATED TOPIC. IF THE TOPIC IS MENTIONED INDICATE IF SPECIFIC RECOMMENDATIONS, OR GENERAL "MUST IMPROVE" WERE MADE	YES, SPECIFIC RECOMMENDATIONS MADE	YES, GENERAL RECOMMENDATIONS MADE	TOPIC MENTIONED, NO RECOMMENDATIONS	TOPIC NOT MENTIONED
	Finance issues	1	2	3	4
	Staffing issues	1	2	3	4
	General management	1	2	3	4
	Service issues	1	2	3	4
	Patient care issues	1	2	3	4
	Supply issues	1	2	3	4
	Facility performance	1	2	3	4
1311	At the facility level, is there a routine process for reviewing data on facility services, outcomes, or patient feedback?	YES.....1 NO2			→1313
1312	IF YES, ASK TO SEE ANY DOCUMENTATION RELEVANT TO THE TOPIC MENTIONED AND CHECK THE MOST RECENT DATE FOR WHICH THE INFORMATION IS AVAILABLE				
	DATA ITEM	DOCUMENTATION OBSERVED		ROUTINE REVIEW REPORTED, NO DOCUMENTATION OBSERVED	INFORMATION NOT ROUTINELY REVIEWED
		CURRENT WITHIN THE PAST 3 MONTHS	MOST RECENT DATA > 3 MONTHS AGO		
01	Information from routine HMIS reports (e.g., numbers of patients, numbers by diagnoses, etc.)	1	2	3	4

	DATA ITEM	DOCUMENTATION OBSERVED		ROUTINE REVIEW REPORTED, NO DOCUMENTATION OBSERVED	INFORMATION NOT ROUTINELY REVIEWED
		CURRENT WITHIN THE PAST 3 MONTHS	MOST RECENT DATA > 3 MONTHS AGO		
02	Information from special reports such as quality indicators	1	2	3	4
03	Information from patient surveys	1	2	3	4
04	Information from staff surveys or audit	1	2	3	4
05	Any tables or reports that present immunization data	1	2	3	4
06	Any tables or reports that present data Others than immunization?	1	2	3	4
07	Any graphic presentation of immunization data?	1	2	3	4
08	Any graphic presentation of data Others than immunization?	1	2	3	4
96	Others information source routinely reviewed	1 (SPECIFY)	2	3	4
1313	Does this facility monitor any indicators for quality or coverage for services?		YES 1 NO..... 2		
1314	IF YES, ASK: Does the facility monitor any of the following indicators? FOR EACH OF THE BELOW, REPORTED TO BE MONITORED ASK TO SEE ANY DOCUMENTATION		MONITORED AND DOCUMENTATION OBSERVED		INDICATOR NOT ROUTINELY MONITORED
			CURRENT WITHIN THE PAST 3 MONTHS	MOST RECENT DATA > 3 MONTHS AGO	
INDICATORS BASED ON CATCHMENT AREA POPULATION					
01	Child immunization coverage	1	2	3	4
02	ANC x 8 visits	1	2	3	4
03	Contraceptive prevalence rate	1	2	3	4
04	Delivery by skilled provider (Doctors, Nurses, Midwives and Trained Modified Lifesaving Skill CHEWS)	1	2	3	4
05	Vitamin A coverage for <5 population	1	2	3	4
06	Number of outpatient visits	1	2	3	4
07	Malaria cases (all ages)	1	2	3	4
08	Malaria cases <5 years old	1	2	3	4
09	IPTp services	1	2	3	4
10	Pregnant women tested for HIV	1	2	3	4
11	Number of maternal deaths				
12	Cord care using 4% chlorhexidine gel				

➔1400A

1314	IF YES, ASK: Does the facility monitor any of the following indicators? FOR EACH OF THE BELOW, REPORTED TO BE MONITORED ASK TO SEE ANY DOCUMENTATION	MONITORED AND DOCUMENTATION OBSERVED		ROUTINE MONITORING REPORTED, NO DOCUMENTATION OBSERVED	INDICATOR NOT ROUTINELY MONITORED
		CURRENT WITHIN THE PAST 3 MONTHS	MOST RECENT DATA > 3 MONTHS AGO		
13	Under 5 children with malnutrition				
96a	Others (SPECIFY) _____	1	2	3	4
96b	Others (SPECIFY) _____	1	2	3	4
96c	Others (SPECIFY) _____	1	2	3	4

SECTION 1.4 PERSONNEL MANAGEMENT AND SUPERVISION			
Q1400A	Please tell me the last month/year for which health workers in this facility received salary.	-----/-----	
Q1400B	When was the last time health workers in this facility received their salary(month and year)	-----/-----	
Q1400C	Was this last salary paid in full? Yes or No		
1401	Did the facility receive a supervision visit from the LGA/LGHA in the last one year?	YES.....1 NO2	➔1406
1402	How often did the LGA/LGAHA supervisor visit this facility in the last one year?	MONTHLY.....1 QUARTERLY2 BI-QUARTERLY.....3 HALF YEARLY4 YEARLY5 OTHERS (SPECIFY)_____96	
1403	When was the most recent visit by the LGA/LGAHA?	THIS MONTH1 WITHIN PAST 2-3 MONTHS2 MORE THAN 3 MONTHS AGO3 DON'T KNOW98	
1404	During the most recent visit by the LGA/LGHA, do they use a checklist?	YES.....1 NO2	➔1406
1405	Did they leave a copy of the checklist, or any written comments related to their supervision observations? IF YES, ASK TO SEE THE WRITTEN DOCUMENT	YES, SEEN.....1 YES, REPORTED, NOT SEEN2 NO3	
1406	Does this facility receive any external supervision, apart from the LGA/LGAHA?	YES.....1 NO2	➔1408

1407	Please tell me if this facility has received external supervision from the indicated source, and, if yes, is this within the past 3 months or only within the past 4-6 months or not within the past 6 months.	WITHIN PAST 3 MONTHS	WITHIN PAST 4-6 MONTHS	NEVER OR MORE THAN 6 MONTHS AGO	
01	National level	1	2	3	
02	State level	1	2	3	
03	Implementing Partner	1	2	3	
96	Others (SPECIFY) _____	1	2	3	
1408	When was the last time a supervisor from outside this facility, either LGA, state, zonal, or federal, came here on a supervisory visit? Was it within the past 3 months, the past 4-6 months, or longer than 6 months ago? INTERVIEWER: DO NOT INCLUDE VISITS WHERE GUESTS WERE BROUGHT OR THAT WERE FOR SUPPLIES ONLY.	THIS MONTH1 WITHIN PAST 2-3 MONTHS2 MORE THAN 3 MONTHS AGO3 4-6 months.....4 Longer than 6 months ago.....5 DON'T KNOW98			→1500 →1500
1409	<u>How many times in the past 3 months</u> did this facility receive any supervision from outside the facility?	ONCE1 TWICE2 THREE3 MORE THAN THREE TIMES4			
1410	Now, I would like to ask you some questions about the most recent supervisory visit from outside the facility and the content of the supervision. During the most recent visit, did the supervisor do any of the following:				
	SUPERVISION ACTIVITY	YES	NO	DON'T KNOW	
01	Use a checklist?	1	2	8	
02	Have any discussion with any providers of health services?	1	2	8	
03	Observe outpatient consultations?	1	2	8	
	Discuss any of the following				
04	Management or service delivery problem(s) the facility is encountering?	1	2	8	
05	Service quality such as guidelines and protocols, patient care issues?	1	2	8	
06	Staff availability for training?	1	2	8	
	Staff availability for mentoring?	1	2	8	
07	Special activities that are upcoming?	1	2	8	
	Check any of the following types of records:				
08	Medicine stocks, records, storage conditions	1	2	8	
09	Financial records	1	2	8	

	SUPERVISION ACTIVITY	YES	NO	DON'T KNOW	
10	Data (e.g. completeness, quality, and timely reporting)	1	2	8	
11	Any Others administrative records	1	2	8	
1411	Is there any documentation from supervisory visits during the past 3 months? IF YES, ASK TO SEE DOCUMENTATION	YES, SEEN 1 YES, REPORTED, NOT SEEN 2 NO 3			\ ➔ 1500 ➔ 1500
1411A	Is a supervisory checklist left with the facility? IF YES, ASK TO SEE IT.	YES, SEEN 1 YES, REPORTED, NOT SEEN 2 NO 3			
1412	LOOK THROUGH ANY DOCUMENTATION AND NOTE THE TYPE OF TOPIC MENTIONED AND IF THERE IS A SPECIFIC RECOMMENDATION ("MUST DO BETTER" IS GENERAL, AND NOT SPECIFIC). RECORD WHAT IS OBSERVED FOR NOTES FROM <u>ANY</u> EXTERNAL SUPERVISION VISITS THE PAST 3 MONTHS				
	DOCUMENTATION	DOCUMENTATION OBSERVED			
		SPECIFIC RECOMMENDATION TO RESOLVE AN ISSUES RECORDED	ITEMS DOCUMENTED BUT NO SPECIFIC RECOMMENDATIONS	RECORD WHAT IS OBSERVED	NO DOCUMENTATION
01	Item related to facility management such as finance, staff, resources, infrastructure, HMIS data reports, management records, general facility activities are recorded	1	2	_____	3
02	Item related to specific service(s) or topics relevant to quality of care (resources specific to a service, observation of provider practice, discussion of case management, adherence to guidelines, indicators for quality)	1	2	_____	3
03	Any other topic documented (Specify) _____	1	2	_____	3

SECTION 1.5 SYSTEMS AND PRACTICES FOR QUALITY

1500 Now, I would like to talk with the person most familiar with activities related to quality improvement and quality assurance for this facility.

A. QUALITY ASSURANCE/IMPROVEMENT

1500A	Is there any individual or group of individuals responsible for quality assurance (QA) in this facility? IF YES, MARK THE RESPONSE THAT BEST INDICATES THE SITUATION.	YES, COMMITTEE 1 YES, INDIVIDUAL 2 NO 3	
1500B	Did the person/committee responsible for QA receive any training in QA?	YES 1 NO 2	
1500C	Has any Other staff received training in QA?	YES 1 NO 2	

➔ 1501

SECTION 1.5 SYSTEMS AND PRACTICES FOR QUALITY			
1501	Does this facility routinely carry out quality assurance activities for any service areas? By this, I mean some formal review system or comparison of work or systems to a standard.	YES1 NO2	➔1503
1502	Is this system implemented throughout the facility or only in specific services?	THROUGHOUT FACILITY1 ONLY SPECIFIC SERVICES2	
1503	Does this facility systematically practice any other type of continuous quality improvement? This refers to a systematic process of identifying and addressing, such as COPE ¹ ? IF YES, ASK: Is this for a specific service or across service sites in the facility	YES, SERVICE SPECIFIC1 YES, ACROSS FACILITY2 NO3	➔1600
1504	Is there any documentation of the continuous quality improvement activities? IF YES, ASK: May I see documentation?	YES, DOCUMENTATION SEEN1 YES, DOCUMENTATION REPORTED, NOT SEEN2 NO3	

SECTION 1.6 FACILITY BED COUNT			
A. FACILITY BEDS			
1600	Now, I would like to ask you questions on facility beds. If someone else in the facility is more familiar with the topic, please tell me so that I can arrange to talk to him/her.		
1601	Excluding any delivery beds, how many overnight/inpatient beds with mattress in total does this facility have, for adults and children?	# OF OVERNIGHT/ INPATIENT BEDS. . . . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NO BEDS FOR OVERNIGHT CARE 0000	➔1700
Q1601a	How many of these beds are in use?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
1602	Out of the overnight/inpatient beds in this facility, how many are dedicated maternity beds? THIS DOES NOT INCLUDE DELIVERY BEDS	# OF DEDICATED MATERNITY BEDS. . . <input type="text"/> <input type="text"/> <input type="text"/> NO DEDICATED MATERNITY BEDS 000	

¹COPE, "client-oriented, provider-efficient" services is a process for problem identification and resolution.

SECTION 1.7 STAFFING

1700 Now, I want to know about staffing numbers and types of staff who work at this facility. If someone else in the facility is more familiar with the topic, please tell me so that I can arrange to talk him/her.

ASK TO GO TO WHERE STAFF INFORMATION, INCLUDING NAMES, PROFESSIONAL QUALIFICATION AND NUMBER OF EACH ARE MAINTAINED AND TO SPEAK WITH THE PERSON MOST FAMILIAR WITH STAFF INFORMATION. IF THIS IS A NEW RESPONDENT, EXPLAIN THE SURVEY AND THAT THE IN-CHARGE HAS GIVEN PERMISSION TO COLLECT THIS INFORMATION. ASK FOR ASSISTANCE IN COLLECTING INFORMATION ON STAFFING.

I would like to know about your staffing patterns. First, I would like to know about the professional qualification of each staff and numbers officially authorized for this facility. READ EACH QUALIFICATION. IF THERE IS NO AUTHORIZED STAFFING NUMBER WRITE 000 IN ALL BOXES IN COLUMN A.

For each professional qualification, how many of these positions have been vacant for more than 1 month in the past 12 months?

Next, I would like to know about the numbers of staff within each professional qualification category who are currently assigned to, employed by, or seconded to this facility. Please count each staff member only once, based on the highest technical or professional qualification. READ EACH CADRE. IF THERE ARE NO STAFF OF THAT QUALIFICATION, ENTER 000.

For doctors and nursing or midwifery staff, I would also like to know, their total number, how many are part-time in this facility. Please include all staff who provide inpatient, outpatient and outreach services.

Among each staff with the professional qualification assigned to, employed by, or seconded to this facility, how many are casual or seconded staff.

A. STAFF NUMBERS AND PROFESSIONAL QUALIFICATION

1701	PROFESSIONAL QUALIFICATION	(A) OFFICIAL AUTHORIZED/ ALLOCATED NUMBERS OF STAFF FOR EACH QUALIFICATION	(B) TOTAL POSITIONS VACANT FOR MORE THAN 6 MONTHS IN THE PAST 12 MONTHS	(C) TOTAL STAFF ASSIGNED, EMPLOYED SECONDED (INCLUDING PART- TIME/EMPLOYEES)	(D) TOTAL PART- TIME/ (FROM AMONG THOSE IN COL. C)	(E) TOTAL CASUAL/CONTRACTED STAFF (FROM AMONG THOSE IN COL. C)
	HEALTH PROFESSIONAL					
1701A	Does this facility have a staffing plan, with authorized allocated numbers of staff, by qualification?		YES1 NO2	→ COMPLETE ALL COLUMNS → COMPLETE COLUMNS C-E		
01	Medical Officer	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
02	Dental Officer	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>
03	Specialists/Consultants	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
05	Nurse	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

06	Midwife	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
07	Nurse-midwife	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
08	Pharmacist	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>
09	Pharmacist Technician	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>
10	Medical Laboratory Scientist	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>
11	Medical Laboratory Technician	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>
12	Community Health Officer	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>
13	Community Health Extension Worker	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>
14	Junior Community Health Extension Worker	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>
15	Other health professional or technical staff not elsewhere classified	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>
43	All Other non-technical staff	<input type="text"/>	<input type="text"/>			<input type="text"/>

1702	CHECK Q1701 COL. E: ANYCASUAL/CONTRACTED STAFF USED BY FACILITY		NO CASUAL/CONTRACTED STAFF USED BY FACILITY	1800
1703	What is the source of funding for each of the casual and contracted staff listed previously?			
	FUNDING SOURCE	(A) NUMBER OF CASUAL STAFF	(B) NUMBER OF CONTRACTED STAFF	
01	LGA	<input type="text"/>	<input type="text"/>	
02	STATE	<input type="text"/>	<input type="text"/>	
03	NGO/DONOR	<input type="text"/>	<input type="text"/>	
04	FACILITY	<input type="text"/>	<input type="text"/>	
	FEDERAL			
96	OTHERS (SPECIFY) _____	<input type="text"/>	<input type="text"/>	

SECTION 1.8 BUDGET, EXPENDITURE, AND FINANCE

1800	ASK TO SPEAK WITH THE PERSON WHO IS MOST FAMILIAR WITH USER FEES FOR THE FACILITY. THIS MAY BE A SPECIAL FINANCE PERSON, THE IN-CHARGE, OR THE FACILITY ADMINISTRATOR OR ALL OF THESE.				
	Now I have some questions about this facility's sources of funding and budget. If I ask something where another person can provide the exact information, please call that person or direct me to his/her office to get the information. I will be asking to see ledgers, records, reports, and any other record related to finance and financial management.				
A. USER FEES					
1800	First, I want to know about user fees and how they are managed.				
1800	Does this facility charge user fees for any outpatient services?	YES	1	NO	2 →1802
1800a	Is there a record maintained for collected user fees? IF YES, ASK TO SEE THE RECORD AND CHECK THAT IT IS UP TO DATE (ITEM RECORDED FOR TODAY OR YESTERDAY OR CREDIBLE EXPLANATION FOR WHY MOST RECENT DATE IS NOT THE MOST RECENT TIME USER FEES WERE COLLECTED).	YES, SEEN, UP TO DATE.....	1	YES, OBSERVED, NOT UP TO DATE	2
		YES, REPORTED, NOT SEEN	3	NO.....	4
1801	What types of services does user fees have? ASK FOR EACH SERVICE. AFTER COLLECTING INFORMATION ON WHICH SERVICES HAVE USER FEES, ASK TO SEE IF THE FEES ARE POSTED WHERE PATIENTS CAN READILY SEE THEM. THIS COULD BE AT THE SERVICE SITE OR WHERE THE FEES ARE PAID.				
	SERVICE	(a)		(b)	
		USER FEE CHARGED		FEES ARE POSTED AND OBSERVED	
		YES	NO	YES	NO
01	Outpatient consultation	1	2→02	1	2
02	Antenatal care service	1	2→03	1	2
03	Family planning service	1	2→04	1	2
04	Laboratory tests	1	2→05	1	2
05	Drugs or other commodities	1	2→06	1	2
06	Delivery services	1	2→07	1	2
07	Child immunization services	1	2→08	1	2
08	Others (SPECIFY)_____	1	2→08	1	2
1802	Does the facility have an exemption policy? IF YES, ASK TO SEE ANY WRITTEN DOCUMENTATION		YES, SEEN	1	→1811
			YES, REPORTED, NOT SEEN	2	
			NO	3	
1803	Where are the user fees collected?		ONE CENTRAL LOCATION.....	1	
			WHERE SERVICE IS PROVIDED	2	
			OTHERS (SPECIFY)_____	96	

1804	Where are the funds from the user fees are commonly kept during normal working hours, evenings, nights and holidays, and at the end of the normal working day. CIRCLE the number for the '1' FOR THE MOST COMMONLY USED PRACTICE FOR THE TIME PERIOD INDICATED. IF THE PRACTICE IS DIFFERENT IN EACH SERVICE SITE, CHECK THE PHARMACY AND THE LAB.	(a)	(b)	(c)	
		NORMAL WORKING HOURS	EVENING/ NIGHTS/ HOLIDAYS	ROUTINELY, AT END OF WORKING DAY	
01	DEPOSIT IN BANK			1	
02	KEPT IN SAFE IN FACILITY	2	2	2	
03	KEPT IN LOCKED DRAWER/CABINET IN FACILITY	3	3	3	
04	KEPT IN UNLOCKED DRAWER/CABINET IN FACILITY, OR WITH RESPONSIBLE PERSON	4	4	4	
05	INCHARGE TAKES HOME		5	5	
06	NO FUNDS ON PREMISES		6		
96	OTHERS (SPECIFY)_____96	7	7	7	

1805	Are there written guidelines regarding user fees? These would specify how the funds can be used, and the records that need to be maintained. IF YES, ASK: May I see any written guidelines?	YES, SEEN 1 YES, REPORTED, NOT SEEN 2 NO 3	
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B. MANAGEMENT OF FACILITY FUNDS			
1811	May I see where you record information for funds received? CHECK TO SEE THAT THERE IS AN ENTRY FOR THE MOST RECENT ELIGIBILITY (USUALLY THE DAY OF THE SURVEY, BUT THIS MAY BE SEVERAL DAYS PRIOR)	SEEN, UP TO DATE 1 OBSERVED, NOT UP TO DATE 2 NO RECORD 3 NEVER RECEIVE FUNDS FROM ANY SOURCE..... 4	→1814 →1814
1812	INDICATE EACH ITEM THAT IS COMPLETED FOR ALL OF THE PAST 10 ENTRIES FOR FUNDS RECEIVED	YES	NO
01	Date	1	2
02	Patient name/Identifier or other source of fund	1	2
03	General category for which funds were received, such as "drugs", "lab", etc.	1	2
04	Specific service received/charged for (e.g type of laboratory, test, type of outpatient services)	1	2
05	Amount received	1	2
1813	Are there any other record for funds received outside of user fees? IF YES, ASK TO SEE OTHER RECORD FOR FUNDS RECEIVED	YES, SEEN 1 YES, REPORTED, NOT SEEN 2 NO 3	
	Does this facility ever make purchases or payments from the funds? IF YES, ASK: How are the purchases or payments made?	YES, CASH ONLY 1	

	PROBE FOR ALL OPTIONS	YES,CHEQUE/BANK/ELECTRONIC TRANSFER ONLY..... 2 BOTH CASH AND CHEQUE/BANK/ELECTRONIC TRANSFER. 3 NO PURCHASES/PAYMENTS 4			
1814	May I see where you record expenditures—either cash or through a bank account—by this facility? CLARIFY WHEN THE MOST RECENT EXPENDITURE WAS MADE AND CHECK TO SEE THAT THERE IS AN ENTRY FOR THAT EXPENDITURE—INDICATING RECORD IS UP TO DATE	SEEN, UP TO DATE 1 OBSERVED, NOT UP TO DATE 2 NO RECORD 3 NEVER MAKE EXPENDITURES 4			→1819 →1819
1815	CHECK IF THE FOLLOWING ARE ROUTINELY RECORDED IN A LEDGER/REGISTER/DATABASE FOR EXPENDITURES	YES	NO		
01	Date	1	2		
02	Reason for disbursement/expenditure	1	2		
03	Amount disbursed	1	2		
04	Balance on hand	1	2		
1816	Are there any Others records for facility expenditures for funds received outside of user fees? IF YES, ASK TO SEE OTHER RECORD FOR EXPENDITURES	YES, SEEN 1 YES, REPORTED, NOT SEEN 2 NO 3			
1817	ASK TO BALANCE THE AMOUNT OF CASH AT HAND WITH THE AMOUNT IN THE EXPENDITURE REGISTER. IT IS OK TO USE TODAY'S RECEIPTS TO BALANCE IF NEEDED.	AMOUNTS RECONCILE 1 AMOUNTS NOT RECONCILED 2 UNABLE TO CHECK..... 98			
1818	RANDOMLY CHECK THE 3 MOST RECENT EXPENDITURES RECORDED AND ASK FOR ANY EVIDENCE TO VALIDATE THESE EXPENDITURES, SUCH AS RECEIPTS, PERSONS SIGNING FOR RECEIVING MONEY, ETC.	EVIDENCE SEEN FOR ALL..... 1 EVIDENCE NOT AVAILABLE FOR ALL 2 UNABLE TO CHECK..... 98			
1819	In the last 3 months have staff bought any drugs for facility use using their own money?	YES 1 NO 2			→1821
1820	How many times in the last 3 months have staff bought drugs for facility use using their own money. IF UNCERTAIN, ASK FOR A “BEST ESTIMATE”	ONCE 1 TWICE..... 2 THREE TIMES..... 3 FOUR OR MORE TIMES 4			
1821	As of today, does this facility have a bank account?	YES 1 NO 2			→1825
1822	Does the facility have more than one bank account?	YES 1 NO 2			
1823	Who are the signatories on the bank account(s)?	YES	NO	DON'T KNOW	
01	Officer-In-charge	1	2	98	
02	Finance officer	1	2	98	
96	Others (SPECIFY) _____	1	2	98	

1824	<p>Do you have a bank statement for any of the account for the most recently completed month?</p> <p>IF YES, ASK TO SEE THE BANK STATEMENTS FOR EACH BANK ACCOUNT FOR THE PAST TWO MONTHS</p>	<p>YES, SEEN 2 MONTHS FOR EACH ACCOUNT 1</p> <p>YES, SEEN 1 MONTH ANY ACCOUNT 2</p> <p>REPORTED, NOT SEEN..... 3</p> <p>NO 4</p>											
1825	<p>Now, I have some questions about this facility's sources of funding and budget. If I ask something where another person can provide the exact information, please call that person or I can go to his/her office to get the information.</p>												
	<p>Does this facility receive an annual external audit of facility accounts?</p>	<p>YES 1</p> <p>NO 2</p>											
C. BUDGET AND FINANCIAL RESOURCES													
1831	<p>What is your total official allocated recurrent budget for this year, excluding salaries?</p> <p>PROVIDE ANSWER IN NAIRA</p>	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> <p>DON'T KNOW 999999998</p> <p>NO OFFICIAL BUDGET 000000000</p>											<p>→1841</p> <p>→1841</p>
1832	<p>What percentage of your recurrent budget have you received as of today?</p>	<p>PERCENT</p> <table border="1"> <tr> <td></td><td></td><td></td> </tr> </table> <p>DON'T KNOW 998</p> <p>NONE 000</p>											

D. SOURCES OF FINANCIAL (CASH) SUPPORT

1841	Now, I want to ask for more detailed information on sources of funding for this facility and financial management practices.						
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Source Code	Source Description	Did this facility receive financial support (in cash) from any of the following governmental and non-governmental sources in the last fiscal year (i.e. Jan-Dec, 2022)?	Total Amount Received (ESTIMATE IF EXACT AMOUNT NOT KNOW)	What was the Total Entitled Expected Amount in Naira from FMOH (ESTIMATE IF EXACT AMOUNT NOT KNOW)	How were these funds provided by Federal Ministry of Health received?	2. Were these funds earmarked for particular purpose?	3. For what purpose(s) were these funds earmarked? Expenditure type codes 1) Paying medical staff 2) Paying non-medical staff 3) Medicines 4) Other medical materials 5) Administrative expenses 6) Construction or expansion of facilities 7) Special programs Expenditure type: READ ALL AND ENTER Yes=1, No =2 FOR EACH TYPE OF EARMARK

Source Code	Source Description	YES	NO	DON'T KNOW	RECEIVED NAIRA	EXPECTED NAIRA	1=ELECTRONIC 2=CHECK 3=CASH	YES	NO	DON'T KNOW	1	2	3	4	5	6	7
01	Federal MOH	1	2→02	98→02			1 2 3	1	2→02	98→02							
02	Other Federal funds	1	2→03	98→03			1 2 3	1	2→03	98→03							
03	State MOH	1	2→04	98→04			1 2 3	1	2→04	98→04							
04	Other state funds	1	2→05	98→05			1 2 3	1	2→05	98→05							
05	Local Government funds	1	2→06	98→06			1 2 3	1	2→06	98→06							
06	NHIS	1	2→07	98→07			1 2 3	1	2→07	98→07							
07	User fees (Patients fees)	1	2→08	98→08			1 2 3	1	2→08	98→08							
08	Drug Revolving Fund	1	2→09	98→09			1 2 3	1	2→09	98→09							
09	Other Revolving Funds	1	2→10	98→10			1 2 3	1	2→10	98→10							
10	International Donors/NGOs	1	2→11	98→11			1 2 3	1	2→11	98→11							
11	Private Donors	1	2→12	98→12			1 2 3	1	2→12	98→12							

Source Code	Source Description	YES	NO	DON'T KNOW	RECEIVED NAIRA	EXPECTED NAIRA	1=ELECTRONIC 2=CHECK 3=CASH			YES	NO	DON'T KNOW	1	2	3	4	5	6	7
12	Community	1	2→13	98→13			1	2	3	1	2→13	98→13							
13	Other Cash Receipts (SPECIFY)	1	2→14	98→14			1	2	3	1	2→14	98→14							
14	Social Insurance (Mandatory)	1	2→15	98→15			1	2	3	1	2→15	98→15							
15	Private Insurance (voluntary)	1	2→1851	98→1851			1	2	3	1	2→1851	98→1851							

E. SOURCES OF NON-CASH SUPPORT TO FACILITIES							
1851	Now, I want to know about specific goods or supplies received during the last fiscal year, and the source of those goods and supplies						
	(a)	(b)			(c)	(d)	(e)
	Item Description	RECEIVED IN-KIND			SOURCE OF IN-KIND CONTRIBUTION (Source Codes)		
					1=Federal MOH 2=Other Federal funds 3=State MOH 4=Other state funds 5=Local Government funds 6=NHIS 7=Drug Revolving Fund 8=Other Revolving Funds 9=International Donors/NGOs 10=Private Donors 11=Community		
	YES	NO	DON'T KNOW	FIRST SOURCE	SECOND SOURCE	THIRD SOURCE	
01	Medicines Other than ARVs	1	2→02	98→02			
02	Antiretroviral drugs	1	2→03	98→03			
03	Vaccines	1	2→04	98→04			
04	Supplemental food for managing malnutrition	1	2→05	98→05			
05	Laboratory/Medical/Dental Equipment and Supplies	1	2→06	98→06			
06	Medical records/registers/report forms	1	2→07	98→07			
07	Dressings and Other Non-Pharmaceuticals Medical Items	1	2→08	98→08			
08	Sanitary and Cleaning Materials, Supplies and Services	1	2→09	98→09			
09	Utilities (Electricity, Water & Waste disposal)	1	2→10	98→10			
10	Transport (e.g. fuel) and Communication	1	2→11	98→11			
11	Vehicles	1	2→12	98→12			
12	Full-time staff	1	2→13	98→13			
13	Part-time/occasional staff	1	2→14	98→14			
14	Computers, Software, Printers & others IT Equipment	1	2→15	98→15			
15	General Office Supplies	1	2→16	98→16			
16	Printing & publishing	1	2→17	98→17			
17	Advertising, Publicity and Awareness	1	2→18	98→18			
18	Furniture & fittings	1	2→19	98→19			

19	Appliances & other equipment	1	2→20	98→20			
20	Construction, civil works and Maintenance of Buildings	1	2→21	98→21			
96	Others (Specify)_____	1	2→1871	98→1871			

F. EXPENDITURES				
	Now, I would like to know about expenditures made by this facility. Please tell me if there have been any expenditures by this facility for the item I ask about during the last fiscal year.			
1861	Expenditure Category	YES	NO	DON'T KNOW
01	Antiretroviral drugs	1	2→02	98→02
02	Medicines on the essential drug list, other than Antiretroviral drugs (ARVs)	1	2→03	98→03
03	Vaccines	1	2→04	98→04
04	Supplemental food for managing malnutrition	1	2→05	98→05
05	Laboratory/Medical/Dental Equipment and Supplies	1	2→06	98→06
06	Medical records/registers/ report forms	1	2→07	98→07
07	Dressings and other Non-Pharmaceuticals Medical Items	1	2→08	98→08
08	Sanitary and Cleaning Materials, Supplies and Services	1	2→09	98→09
09	Utilities (Electricity, Water & waste disposal)	1	2→10	98→10
10	Transport (e.g. fuel) and Communication	1	2→11	98→11
11	Vehicles purchase	1	2→12	98→12
12	Wages for Health workers	1	2→13	98→13
13	Wages for non-Health workers	1	2→14	98→14
14	Training and workshops	1	2→15	98→15
15	Accommodation & Catering services	1	2→16	98→16
16	Boards, Committees allowance, Conferences and Seminars	1	2→17	98→17
17	Computers, Software, Printers & other IT Equipment	1	2→18	98→18
18	General Office Supplies	1	2→19	98→19
19	Printing & Publishing, Publicity & Awareness	1	2→20	98→20
20	Advertising, Publicity and Awareness	1	2→21	98→21
21	Furniture & fittings	1	2→22	98→22
22	Appliances & other equipment	1	2→23	98→23
23	Construction, civil works and Maintenance of Buildings	1	2→96	98→96
96	Others (Specify)_____	1	2→1871	98→1871

G. FINANCIAL DOCUMENTS							
1871	Which of the following financial management tools do you have? FOR EACH ITEM, CLARIFY IF IT IS THE NATIONAL DOCUMENT OR FROM ANOTHER SOURCE AND ASK TO SEE IT						
	TYPE OF DOCUMENT	(a)		(b)			
		DOCUMENT OBSERVED		SOURCE			
		YES	NO	FMOH	OTHERS	DON'T KNOW	
01	Receipt books	1	2	1	2	98	
02	Payment voucher	1	2	1	2	98	
03	Cash Books	1	2	1	2	98	
04	Cheque Issue/Register	1	2	1	2	98	
05	General Ledger/Vote Book	1	2	1	2	98	
06	Stores Records	1	2	1	2	98	
07	Statement of expenditure	1	2	1	2	98	
96	Others (specify)	1	2	1	2	98	
1872	Did this facility submit a financial report for the last quarter? IF YES, ASK TO SEE EVIDENCE			YES, SEEN.....1 YES, REPORTED NOT SEEN2 NO3			→ 1874 → 1874
1873	Why wasn't a financial report submitted for the last quarter?			REPORT NOT READY1 NOT REQUIRED.....2 BANK RECONCILIATION NOT DONE3 NO QUALIFIED STAFF4 OTHERS96 (SPECIFY)			
1874	Do you have a staff member responsible for financial accounting?			YES, DEDICATED STAFF1 YES, AMONG OTHERS RESPONSIBILITIES2 NO3			

SECTION BREAK

RECORD THE NAMES AND CONTACT INFORMATION OF ALL MAIN RESPONDENTS FOR THIS SECTION.			
	RESPONDENT(S)	NAME(S) AND DESIGNATION(S)	CELL PHONE CONTACT
	SECTION 1.1		
	SECTION 1.2		
	SECTION 1.3		
	SECTION 1.4		
	SECTION 1.5		
	SECTION 1.6		
	SECTION 1.7		
	SECTION 1.8		

SECTION 1.9: INTERVIEWER'S OBSERVATIONS

1991	INTERVIEW END TIME (use the 24 hour-clock system)	<div><div></div><div></div></div> <div><div></div><div></div></div>	
1992	RESULT CODES (LAST VISIT):	COMPLETED..... 1 RESPONDENT NOT AVAILABLE 2 REFUSED 3 PARTIALLY COMPLETED 4 OTHERS _____ (SPECIFY)..... 96	
1993COMMENTS ABOUT THE RESPONDENT(S):			
<div><div></div><div></div><div></div></div>			
1994COMMENTS ON SPECIFIC QUESTIONS:			
<div><div></div><div></div><div></div></div>			
1995ANY OTHERS COMMENTS: NOTE HERE IF Q1020=1 (FACILITY OFFERS NO INPATIENT SERVICES). EXPLAIN (E.G., WAS THE FACILITY WRONGLY CLASSIFIED, IS THERE A TEMPORARY CLOSURE DUE TO RENNOVATION, ETC?)			
<div><div></div><div></div><div></div></div>			
1996SUPERVISOR'S OBSERVATIONS:			
<div><div></div><div></div><div></div><div></div><div></div></div>			
NAME OF SUPERVISOR: _____		DATE: _____	

MODULE 2 FACILITY INFRASTRUCTURE			
SECTION 2.1 FACILITY INFRASTRUCTURE			
FACILITY NUMBER		INTERVIEWER CODE	
<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>		<div> <div></div> <div></div> </div>	
INTERVIEWER: EXPLAIN THAT YOU WANT TO GET AN OVERVIEW OF CONDITIONS IN THE FACILITY AND FIRST WOULD LIKE TO ASK ABOUT FACILITY INFRASTRUCTURE RESOURCE. IF THE CONDITIONS ARE NOT THE SAME IN ALL FACILITY BUILDINGS OR SERVICE AREAS, PROVIDE THE RESPONSE THAT BEST REFLECTS THE OVERALL SITUATION IN PATIENT SERVICE AREAS. IF INPATIENT AND OUTPATIENT CONDITIONS ARE DIFFERENT, RECORD THE BEST SITUATION THAT EXISTS.			
A. COMMUNICATIONS			
2101	Does this facility have a means of communicating outside the facility such as a functional phone or radio that are supported by the facility?	YES1 NO, ONLY PRIVATE PHONES2 NO, OUTSIDE COMMUNICATION .3	
2102	Does this facility have <u>a functioning computer</u> ?	YES1 NO2	
2103	Is there access to email or internet within the facility today?	YES1 NO2	
2104	Is the connecting time for the internet paid or reimbursed by the management?	YES1 NO2	
B. POWER SUPPLY			
[FOCUS RESPONSE ON INPATIENT SITUATION IF INPATIENT AND OPD ARE DIFFERENT]			
2111	Does your facility have electricity from any source such as electricity grid, generator, solar, or others, including for stand-alone devices such as those used to maintain the NPI cold chain?	YES1 NO2	→ 2121
2112	What is the facility's <u>main source</u> of electricity?	CENTRAL SUPPLY OF ELECTRICITY (e.g. national or community grid)1 GENERATOR)2 SOLAR SYSTEM3 INVERTER.....4 OTHERS (SPECIFY)_____96	
2113	Other than the main or primary source, does the facility have a secondary or backup source of electricity? IF YES, ASK: What is the secondary source of electricity?	NO SECONDARY SOURCE0 CENTRAL SUPPLY OF ELECTRICITY (e.g. national or community grid).1 GENERATOR.....2 SOLAR SYSTEM/INVERTER3 OTHERS (SPECIFY) _____96	

2121b	During the past 2 weeks, how many days was the water supply from <u>this source</u> interrupted for more than two hours at a time?	NUMBER..... <div style="display: inline-block; width: 30px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> <div style="display: inline-block; width: 30px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> DON'T KNOW98	
2121c	Is there a seasonal difference in water availability?	YES1 NO2	→ 2122
2121d	During other seasons is the water more available, less available, or not available?	MORE AVAILABLE1 LESS AVAILABLE2 NOT AVAILABLE3	
2122	Is water available from this source on facility premises? IF YES, ASK: May I see water from this source that is available today? If the water is inside, please show me that, otherwise, show me the water on the premises.	YES, OBSERVED INSIDE THE FACILITY1 YES, OBSERVED WITHIN THE PREMISES OF THE FACILITY2 YES, REPORTED, NOT SEEN.....3 NO, OUTSIDE THE FACILITY PREMISES4	
D. HEALTH CARE WASTE MANAGEMENT			
	Now, I would like to ask you a few questions about waste management practices for sharps waste, such as needles or blades.		
2131	How does this facility finally dispose of sharps waste (e.g., filled sharps boxes)? PROBE TO ARRIVE AT CORRECT RESPONSE. NOTE: IF ANY OF THE RESPONSES 2-9 TAKE PLACE OUTSIDE THE FACILITY, THEN THE CORRECT RESPONSE TO CIRCLE WILL BE IN THE CATEGORY OF "REMOVE OFFSITE".	BURN INCINERATOR 2-chamber industrial (800-1000+° C)2 1-chamber drum/brick3 OPEN BURNING Flat ground - no protection4 Pit or protected ground/burn in metal container5 DUMP WITHOUT BURNING Flat ground - no protection6 Covered pit or pit latrine7 Open-pit - no protection8 Protected ground or pit9 REMOVE OFFSITE Stored in covered container10 Stored in other protected environment11 Stored unprotected12 Others (SPECIFY)96 Never has sharp waste95	→ 2133

E. CENTRAL PROCESSING OF EQUIPMENT FOR REUSE			
2141	ASK TO GO TO THE MAIN LOCATION WHERE EQUIPMENT IS FINALLY PROCESSED FOR REUSE. INDICATE WHERE THIS IS LOCATED	SURGICAL SERVICE AREA 1 OTHER SITE DIFFERENT FROM SURGERY 96 <hr/> (SPECIFY LOCATION AND GO THERE TO ASSESS EQUIPMENT) NO CENTRAL LOCATION, EQUIPMENT PROCESSED OUTSIDE FACILITY 2	→ 2201
2142	Now, I would like to know about items for sterilizing or high-level disinfecting equipment used for emergency walk-in services. For each item I ask about, please tell me if it is available, and show me the item. Where relevant, also please tell me if the item is functioning today.		

	ITEM	A) AVAILABLE			B) FUNCTIONING		
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01	Electric autoclave (pressure and wet heat)	1 → b	2 → b	3 → 02	2	2	8
02	Non-electric autoclave (pressure and wet heat)	1 → b	2 → b	3 → 03	1	2	8
03	Electric dry heat sterilizer	1 → b	2 → b	3 → 04	1 → 02	2	8
04	Electric boiler or steamer (no pressure)	1 → b	2 → b	3 → 05	1	2	8
05	Non-electric pot with cover for boiling/steam	1	2	3			
06	Heat source for non-electric equipment	1 → b	2 → b	3 → 07	1	2	8
07	Automatic timer (may be on equipment)	1 → b	2 → b	3 → 08	1	2	8
08	Temperature-Steam-Time (TST) indicator strips or other item that indicates process is complete	1	2	3			
09	Any chemicals for chemical high-level disinfecting (HLD)	1	2	3			
2143	Are there any guidelines on final processing, that is sterilizing or high-level disinfecting, equipment available in this site today? IF YES, ASK: May I see the guidelines?	YES, SEEN 1 YES, REPORTED NOT SEEN 2 NO 3					

SECTION 2.2 EMERGENCY TRANSPORTATION			
2201	Does the facility have the following arrangement for emergency transport?	YES	NO
01	Ambulance owned by facility	1	2
02	Ambulance available on call	1	2

03	Official vehicle (not an ambulance) owned by facility	1	2
04	Official vehicle (not an ambulance) available on call	1	2
05	Private vehicles (not ambulance) available on call	1	2
06	Self-arranged by patient	1	2
96	Any other (SPECIFY) _____ 96	1	2
2202	Does this facility have a <i>functional ambulance</i> or <i>other vehicle for emergency transportation</i> for clients that is stationed at this facility or operates from this facility?	YES, AMBULANCE1 YES, OTHERS TYPE OF VEHICLE.....2 NO3	→ 2204
2203	Is fuel available today for the ambulance or other emergency transportation vehicle?	YES1 NO2 DON'T KNOW8	
2203a	Is there a driver available onsite or on call today?	YES, ONSITE1 YES, ONCALL2 NO3	
2204	Does this facility have access to an ambulance or other vehicle for emergency transport for clients that is stationed at another facility or that operates from another facility in near proximity?	YES1 NO2	

SECTION 2.3: INTERVIEWER'S OBSERVATIONS			
2301	INTERVIEW END TIME (use the 24 hour-clock system)	<div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px;"></div>	
2302	RESULT CODES (LAST VISIT):	COMPLETED.....1 RESPONDENT NOT AVAILABLE2 REFUSED3 PARTIALLY COMPLETED 4 OTHERS (SPECIFY) _____ 96	
2203 COMMENTS ABOUT THE RESPONDENT:			
<hr/> <hr/>			
2204 COMMENTS ON SPECIFIC QUESTIONS:			
<hr/> <hr/> <hr/>			
2205 ANY OTHERS COMMENTS:			
<hr/> <hr/> <hr/>			
2206 SUPERVISOR'S OBSERVATIONS:			

<hr/> <hr/>	
NAME OF SUPERVISOR: _____	DATE: _____

SECTION BREAK

MODULE 3: OUTPATIENT SERVICES

SECTION 3.0 COMMUNITY SERVICES

GO TO THE OUTPATIENT SERVICE AREA, AND ASK TO SPEAK WITH THE PERSON MOST FAMILIAR WITH COMMUNITY LINKAGES AND SERVICES PROVIDED IN THE COMMUNITY

A. LINKAGES WITH COMMUNITY VOLUNTEERS

3001	Does this facility have any formal systems for linking with community-based volunteers?	YES1 NO2	→3010
------	---	-------------------------	-------

For each activity that I mention, please tell me whether this is a part of the linkages the facility has with community health workers

3002	COMMUNITY HEALTH WORKERACTIVITY	YES	NO
01	Does the facility manage any community-based volunteers?	1	2
02	Does the facility provide supplies, receive reports, or train community-based volunteers who are not managed by the facility?	1	2
03	Does the facility refer patients to community-based volunteers or receive referrals from community-based volunteers?	1	2

B. FACILITY ROUTINE OUTREACH ACTIVITIES

3010	Do the staffs of this facility routinely provide any services through outreach into the community?	YES..... 1 NO 2	→3031
3011	On average, how many days in a month are services provided routinely through extension or outreaches into the community?	<input type="text"/> <input type="text"/>	

For each service I mentioned, please tell me how many days this was provided through extension or outreach into the community during the past 6 months. Do not report services provided as a part of MNCH day. FOR EACH SERVICE PROVIDED ASK: May I see records that show the numbers of persons reached by the service during the most recent day outreach services of this type were provided? IF RECORDS FOR THE MOST RECENT OUTREACH FOR THE SERVICE ARE OBSERVED, RECORD THE NUMBER OF THE SERVICE THAT WERE PROVIDED.

3012	SERVICE	(a)	(b)	(c)		(d)
		DAYS SERVICE WAS OFFERED THROUGH EXTENSION OR OUTREACH DURING PAST 6 MONTHS	DAYS SERVICE WAS OFFERED THROUGH OUTREACH DURING PAST FULL MONTH	DOCUMENTATION OBSERVED FOR THE MOST RECENT TIME SERVICE WAS PROVIDED THROUGH OUTREACH		NUMBER OF PATIENTS RECEIVING SERVICE MOST RECENT OUTREACH
				YES	NO	
01	Child immunization, NPI	<input type="text"/> <input type="text"/> 00→02	<input type="text"/> <input type="text"/>	1	2→02	<input type="text"/> <input type="text"/> <input type="text"/>
02	Vitamin A distribution to children	<input type="text"/> <input type="text"/> 00→03	<input type="text"/> <input type="text"/>	1	2→03	<input type="text"/> <input type="text"/> <input type="text"/>

03	Growth monitoring/ nutritional screening	<input type="text"/> <input type="text"/> 00→04	<input type="text"/> <input type="text"/>	1	2→04	<input type="text"/> <input type="text"/> <input type="text"/>
04	Curative care for the child	<input type="text"/> <input type="text"/> 00→05	<input type="text"/> <input type="text"/>	1	2→05	<input type="text"/> <input type="text"/> <input type="text"/>
05	Curative care for adults	<input type="text"/> <input type="text"/> 00→06	<input type="text"/> <input type="text"/>	1	2→06	<input type="text"/> <input type="text"/> <input type="text"/>
06	HIV test for the general population	<input type="text"/> <input type="text"/> 00→07	<input type="text"/> <input type="text"/>	1	2→07	<input type="text"/> <input type="text"/> <input type="text"/>
07	Provision of HIV test for pregnant woman	<input type="text"/> <input type="text"/> 00→08	<input type="text"/> <input type="text"/>	1	2→08	<input type="text"/> <input type="text"/> <input type="text"/>
08	Provision of antimalarial drugs for pregnant women (IPTp)	<input type="text"/> <input type="text"/> 00→09	<input type="text"/> <input type="text"/>	1	2→09	<input type="text"/> <input type="text"/> <input type="text"/>
09	Provision of iron/folic tablet for pregnant women	<input type="text"/> <input type="text"/> 00→10	<input type="text"/> <input type="text"/>	1	2→10	<input type="text"/> <input type="text"/> <input type="text"/>
10	Postnatal care (PNC) examination	<input type="text"/> <input type="text"/> 00→11	<input type="text"/> <input type="text"/>	1	2→11	<input type="text"/> <input type="text"/> <input type="text"/>
11	Provision of ITN (bed nets)	<input type="text"/> <input type="text"/> 00→12	<input type="text"/> <input type="text"/>	1	2→12	<input type="text"/> <input type="text"/> <input type="text"/>
12	Provision of family planning commodities	<input type="text"/> <input type="text"/> 00→96	<input type="text"/> <input type="text"/>	1	2→13	<input type="text"/> <input type="text"/> <input type="text"/>
96	Others (SPECIFY)_____	<input type="text"/> <input type="text"/> 00→3030	<input type="text"/> <input type="text"/>	1	2→3030	<input type="text"/> <input type="text"/> <input type="text"/>

C. MNCH WEEKS			
3031	When was the most recent MNCH week that this facility participated in?	WITHIN PAST 6 MONTHS..... 1 WITHIN PAST 7-12 MONTHS... 2 LONGER THAN 12 MONTHS.... 3 NEVER 4	→3101 →3101
3032	Please tell me which of the following services were provided during the most recent MNCH week and show me records of the services from that MNCH week.		



	SERVICE	SERVICE PROVIDED MOST RECENT MNCH WEEK		DOCUMENTATION OBSERVED SHOWING SERVICE NUMBERS	
		YES	NO	YES	NO
01	Child immunization, NPI	1	2→02	1	2
02	Vitamin A distribution to children	1	2→03	1	2
03	Deworming	1	2→04	1	2
04	Growth monitoring/ nutritional screening	1	2→05	1	2
05	Curative care for the child	1	2→06	1	2
06	Curative care for adults	1	2→07	1	2

	SERVICE	SERVICE PROVIDED MOST RECENT MNCH WEEK		DOCUMENTATION OBSERVED SHOWING SERVICE NUMBERS	
		YES	NO	YES	NO
07	Provide iron/folic for pregnant woman	1	2→08	1	2
08	Distribute antimalarial for pregnant women (IPTp)	1	2→09	1	2
09	Distribute insecticide treated bednets (ITN)	1	2→10	1	2
10	Provide family planning commodities	1	2→11	1	2
11	Health education such as promoting preventive interventions such as family planning, ANC, insecticide treated bednets, WASH, Food Demonstration and delivery with skilled provider.	1	2→12	1	2
12	Birth registration	1	2→13	1	2
13	Death Registration	1	2→14	1	2
14	Others provided during the most recent MNCH week	1	2→96	1	2
96	Others (SPECIFY) _____	1	2→3101	1	2

SECTION 3.1: FACILITY-BASED OUTPATIENT SERVICES

A. OUTPATIENT SERVICE INFRASTRUCTURE AND HOURS

3101	<p>Now, I would like to know the infrastructure conditions that exist for outpatient services.</p> <p>IF OUTPATIENT SERVICES ARE OFFERED IN DIFFERENT BUILDINGS, PROVIDE THE RESPONSE THAT REFLECTS THAT SITUATION WHERE CURATIVE CARE SERVICES FOR ADULTS ARE PROVIDED.</p>		
	Is the outpatient service area located in the main facility building that is assessed in module 2?	YES 1 NO 2 NO OUTPATIENT SERVICES 3	→3104a →3121
3102	Is electricity in the outpatient service area functioning today?	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3 NEVER HAVE ELECTRICITY 4	→3104a
3103	During the past 7 days, was always electricity available at all times from the main or any backup source when outpatient services were being provided?	ALWAYS AVAILABLE (NO INTERRUPTIONS) 1 OFTEN AVAILABLE (INTERRUPTIONS OF LESS THAN 2 HOURS PER DAY) 2 SOMETIMES AVAILABLE (FREQUENT OR PROLONGED INTERRUPTIONS OF MORE THAN 2 HOURS PER DAY) 3	
3104a	Where is equipment from the outpatient curative care service processed for reuse?	MAIN PROCESSING AREA 1 NEVER PROCESS EQUIPMENT FOR REUSE) 2 OTHERS (SPECIFY 3	

3104	How is outpatient equipment processed for reuse? IF MULTIPLE PROCESSES ARE USED, CIRCLE THE HIGHEST-LEVEL PROCESS USED.	STERILIZED (AUTOCLAVE/ DRY HEAT) 1 HIGH LEVEL DISINFECTED (BOIL/ STEAM/CHEMICAL) 2 OTHERS (SPECIFY) 96 NO PROCESSING EQUIPMENT FOR REUSE 0	→ 3106						
3105	Is this system functional today?	YES 1 NO 2							
3106	Is there a room/location with auditory and visual privacy available for patient consultations?	AUDITORY PRIVACY ONLY 1 VISUAL PRIVACY ONLY 2 BOTH AUDITORY AND VISUAL PRIVACY 3 NO PRIVACY 4							
3107	Is there a toilet (latrine) on the premises in functioning condition that is accessible for general outpatient client use? IF YES ASK: What type of toilet? May I see the toilet? OBSERVE THAT THE TOILET (LATRINE) IS ACCESSIBLE (UNLOCKED OR KEY AVAILABLE) AND FUNCTIONING IF MULTIPLE TOILETS ARE AVAILABLE, CONSIDER THE MOST MODERN TYPE.	FLUSH TOILET 1 VENTILATED IMPROVED PIT LATRINE (VIP) 2 PIT LATRINE WITH SLAB 3 PIT LATRINE WITHOUT SLAB/OPEN PIT 4 COMPOSTING TOILET 5 BUCKET 6 HANGING TOILET/ HANGING LATRINE 7 NO FACILITIES ON PREMISES/BUSH/FIELD 8	→ 3108						
3107a	How many of these toilets are there in total?	NUMBER OF TOILETS <input type="text"/>							
3108b	How many of these toilets are functional today?	NUMBER OF FUNCTIONAL TOILETS <input type="text"/>							
3108	How many days per week is this facility open for outpatient services? THIS MAY BE ROUTINE SERVICES OR EMERGENCY SERVICES	DAYS OPEN FOR OUTPATIENT SERVICES <input type="text"/>							
3109	How many hours a day does this facility offer outpatient consultation? Number (0-24) (ROUND DOWN) THIS MAY BE ROUTINE SERVICES OR EMERGENCY SERVICES	HOURS OUTPATIENT CONSULTATION SERVICES OFFERED <input type="text"/> <input type="text"/>							
3110	CHECK Q: 3109 24 HOUR SERVICES AVAILABLE 	NO 24 HOUR SERVICES 	3121						
3111	What is the staffing strategy for service provided evenings or holidays?	AT LEAST 1 ONSITE DUTY STAFF....1 ONLY ON CALL DUTY STAFF.....2							
3112	Clarify the hours per day the following services are available	<table border="1"> <thead> <tr> <th>Hours per day</th> <th>Days per week</th> <th>Service not offered</th> </tr> </thead> <tbody> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>	Hours per day	Days per week	Service not offered	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Hours per day	Days per week	Service not offered							
<input type="text"/>	<input type="text"/>	<input type="text"/>							

01	Emergency curative care						95
02	Delivery services						95
03	Laboratory diagnostic services						95
04	Access to drugs						95

B. BASIC EQUIPMENT							
3121	Now, I would like to see equipment and resources that are available in the outpatient service area. IF THERE ARE MULTIPLE OUTPATIENT SERVICE AREAS, ASSESS THE RESOURCES AND EQUIPMENT THAT ARE IN THE SERVICE AREA FOR OUTPATIENT CURATIVE CARE FOR ADULTS.						
	Please tell me if the following basic equipment and supplies used in the provision of client services are available anywhere in the outpatient service area and are functional.	A) AVAILABLE			B) FUNCTIONING		
		OBSERVED	REPORTED, NOT SEEN	NO	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	Height board/stadiometre	1 → B	2 → B	3 05	1	2	8
05	Thermometer	1 → B	2 → B	3 06	1	2	8
06	Stethoscope	1 → B	2 → B	3 07	1	2	8
07	Wall mounted measuring tape or wall chart for measuring height	1 → B	2 → B	3 08	1	2	8
08	Uncalibrated Blood pressure apparatus (may be digital or manual sphygmomanometer with stethoscope)	1 → B	2 → B	3 09	1	2	8
09	Light source that can be pointed for client examination (flashlight acceptable)	1 → B	2 → B	3 10	1	2	8
10	Examination couch/bed	1 → B	2 → B	3 11	1	2	8
11	Calibrated Blood pressure apparatus (may be digital or manual sphygmomanometer with stethoscope)	1 → B	2 → B	3 12	1	2	8
12	Intravenous infusion sets	1 → B	2 → B	3			
13	Normal saline or ringers lactate intravenous solution	1 → B	2 → B	3			

3122	Now, I would like to know about the availability of oxygen for patients in the outpatient service area. Does this unit ever provide oxygen to patients?	YES..... 1 NO 2	→3131
3123	Is there any oxygen currently in the unit?	YES..... 1 NO, BUT UNIT CAN CALL FOR OXYGEN FROM CENTRAL LOCATION IF NEEDED 2 NO 3	→3131 →3131

3124 Now, I would like to see the following items and to know if they are functional or not

	GENERAL OXYGEN EQUIPMENT	A) AVAILABLE IN EMERGENCY SERVICE AREA			B) FUNCTIONING		
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01	Flowmeter for oxygen therapy (with humidification)	1 → b	2 → b	3 05	1	2	8
02	Oxygen delivery apparatus (key connecting tubes and mask/nasal prongs)	1 → b	2 → b	3 3130	1	2	8
3125	At any time during the past 3 months has oxygen been unavailable for this unit for any reason?	YES..... 1 NO 2					

C. INFECTION CONTROL SUPPLIES

3131	Please tell me if the following resources/supplies used for infection control are available in the general outpatient area of this facility today. ASK TO SEE EACH ITEM THAT IS AVAILABLE	OBSERVED	REPORTED, NOT SEEN	NO	
01	Clean running water (piped, bucket with tap, or pour pitcher)	1	2	3	
02	Hand-washing soap/liquid soap	1	2	3	
03	Alcohol based hand rub	1	2	3	
03a	Disposable towel for drying hands	1	2	3	
04	Disposable latex gloves	1	2	3	
05	Waste receptacle bin with lid and plastic bin liner	1	2	3	
05a	Is the waste bin clearly marked for infectious non-sharp waste, for example, by label or colour,	1	2	3	
06	Sharps container ("safety box")	1	2	3	
07	Environmental disinfectant (e.g. chlorine, izal, jik, hypo)	1	2	3	
08	Disposable syringes with disposable needles	1	2	3	
09	Auto-disable syringes	1	2	3	
10	Surgical masks for patients	1	2	3	

11	Tissues for patients with cough/runny nose	1	2	3	
3132	Does this facility have any guidelines for standard precautions in this service area? IF YES, ASK: May I see the guidelines?	YES, SEEN.....1 YES, REPORTED, NOT SEEN2 NO3			
3133	Are there any job aids about practices for standard precautions in the outpatient service area?	YES, SEEN.....1 YES, REPORTED, NOT SEEN2 NO3			
3134	Does this facility have the National Guidelines for TB Infection Control? (2008) IF YES, ASK: May I see the guidelines?	YES, SEEN.....1 YES, REPORTED, NOT SEEN2 NO3			→ 3201
3135	Does this facility have any guidelines for isolation or additional transmission-based precautions? IF YES, ASK: May I see the guidelines?	YES, SEEN.....1 YES, REPORTED, NOT SEEN2 NO3			

SECTION 3.2 REPRODUCTIVE, MATERNAL AND NEW-BORN HEALTH

A. FAMILY PLANNING SERVICES

3201	Does this facility offer family planning services?	YES..... 1 NO2	→ 3221
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ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE FAMILY PLANNING SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT FAMILY PLANNING SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.

3202	Does this facility <i>provide, prescribe or refer</i> for any of the following methods of family planning?	YES, PROVIDE	PRESCRIBE OR REFER ONLY	NO
01	Combined Oestrogen progesterone oral contraceptive pills	1	2	3
02	Progestin-only contraceptive pills	1	2	3
03	Combined Oestrogen progesterone injectable contraceptives	1	2	3
04	Progestin-only injectable contraceptives	1	2	3
05	Male condoms	1	2	3
06	Female condoms	1	2	3
07	Intrauterine contraceptive device (IUCD)	1	2	3
08	Implants	1	2	3
09	Cycle beads for standard days method	1	2	3
10	Emergency contraceptive pills	1	2	3
11	Male sterilization	1	2	3
12	Female sterilization	1	2	3

3202	Does this facility provide, prescribe or refer for any of the following methods of family planning?	YES, PROVIDE PRESCRIBE OR REFER ONLY NO			
3203	Does this facility provide, prescribe or refer for any contraceptives for unmarried adolescents ? IF YES, ASK: Is guardian consent required for providing contraceptives?	YES, GUARDIAN CONSENT REQUIRED 1 YES, NO GUARDIAN CONSENT REQUIRED 2 NO 3			→ 3204
3203a	Does this facility provide, prescribe or refer for any of the following methods of family planning for unmarried adolescents (10 -19 years) :	YES, PROVIDE	PRESCRIBE OR REFER ONLY	NO	
01	Combined Oestrogen progesterone oral contraceptive pills	1	2	3	
02	Male condoms	1	2	3	
03	Emergency contraceptive pills	1	2	3	
04	Intrauterine contraceptive device (IUCD)	1	2	3	
3204	Are any of the following guidelines available in this service site? IF YES, ASK: May I see them?	OBSERVED	REPORTED, NOT SEEN	NO	
01	National Reproductive Health Policy	1	2	3	
02	National Family Planning Blueprint (2021)	1	2	3	
03	Other checklists and/or job-aids (including wall charts) for family planning services?	1	2	3	
3205	Does this facility stock contraceptive commodity at this service site?	YES 1 NO 2			→ 3207

3206	CHECK TO SEE IF AT LEAST ONE OF EACH MEDICINE/COMMODITY IS VALID (NOT EXPIRED)	(a)					(b)	
		AVAILABILITY					Any stock out in the last 3 months?	
		OBSERVED		NOT OBSERVED				
		AT LEAST ONE NOT EXPIRED	AVAILABLE BUT EXPIRED	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE	YES	NO
01	Combined Oestrogen progesterone oral contraceptive pills	1	2	3	4 02	5 02	1	2
02	Progestin-only contraceptive pills	1	2	3	4 03	5 03	1	2
03	Combined Oestrogen progesterone injectable contraceptives	1	2	3	4 04	5 04	1	2

3206	CHECK TO SEE IF AT LEAST ONE OF EACH MEDICINE/COMMODITY IS VALID (NOT EXPIRED)	(a)					(b)	
		AVAILABILITY					Any stock out in the last 3 months?	
		OBSERVED		NOT OBSERVED				
		AT LEAST ONE NOT EXPIRED	AVAILABLE BUT EXPIRED	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE	YES	NO
04	Progestin-only injectable contraceptives (2 monthly)	1	2	3	4 05	5 05	1	2
05	Progestin-only injectable contraceptives (3 monthly)	1	2	3	4 06	5 06	1	2
06	Male condoms	1	2	3	4 07	5 07	1	2
07	Female condoms	1→b	2 08	3→b	4 08	5 08	1	2
08	Implant (e.g., Levonorgestrel implant (Jadelle) or Etonogestrel implants(Implanon)	1→b	2 09	3→b	4 09	5 09	1	2
09	Emergency contraceptive (e.g., Levonorgestrel, Ulipistal acetate, mifepristone tablet	1→b	2 09	3→b	4 10	5 10	1	2
10	DMPA SC (Self injectable)	1→b	2 09	3→b	4 11	5 11	1	2
11	Intra-Uterine Device (IUD)	1	2 3207	3	4 3207	5 3207	1	2
3207	Is a functional blood pressure apparatus available in this service area? IF YES, ASK TO SEE THE APPARATUS			YES, OBSERVED AND FUNCTIONAL 1 YES, REPORTED, NOT SEEN 2 REPORTED NOT FUNCTIONAL 3 NO 4				
B. ANTENATAL CARE SERVICES								
3221	Does this facility offer antenatal care (ANC) services?			YES 1 NO..... 2			→3251	
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.								
3222	Do ANC providers provide any of the following services to pregnant women as part of routine ANC services?			YES		NO		
01	Iron supplementation			1		2		
02	Folic acid supplementation			1		2		

03	Multivitamin			
04	Calcium			
05	Intermittent preventive treatment in pregnancy (IPTp) for malaria	1	2	
06	Tetanus toxoid immunization	1	2	
07	Monitoring for hypertensive disorder of pregnancy	1	2	
08	Corticosteroid use for risk of pre-term	1	2	
09	HIV testing	1	2	
10	Provision of ARV treatment for HIV positive ANC patients	1	2	
11	Counselling about birth spacing or family planning	1	2	
12	Diagnosis and treatment for sexually transmitted infections	1	2→3222a	
3222_13	What is the most common process for providing services for sexually transmitted infections for ANC clients?	DIAGNOSE AND PROVIDE TREATMENT IN ANC SERVICE AREA 1 REFER PATIENT TO OTHERS SERVICE AREA FOR TREATMENT 2 OTHERS (SPECIFY) 96		
3222a	Do ANC providers conduct the following diagnostic tests for pregnant women as part of routine ANC services?	YES, ROUTINELY	SOMETIMES, NOT ROUTINELY	NO
01	PCV test	1	2	3
02	Hepatitis test	1	2	3
03	Syphilis test	1	2	3
04	Blood grouping	1	2	3
05	Genotype	1	2	3
06	HIV test	1	2	3
07	Urinalysis	1	2	3
3223	Please tell me if the following documents are available in this service area today. IF YES ASK: May I see the document?	YES, OBSERVED	YES, REPORTED, NOT SEEN	NO
01a	National Elimination of Obstetric Fistula (2021)	1→02	2	3
01	National ANC guidelines 2017/2018	1	2	3
02	Any ANC checklists and/or job-aids	1	2	3
03	National Guidelines for Diagnosis and Treatment of Malaria (2020)	1	2	3
04	Other checklists and/or job-aids (including wall charts) for IPTp services?	1	2	3

05	Other checklists and/or job-aids (including wall charts) for ANC services?	1	2	3			
06	Blank individual client record/chart/card	1	2	3			
3224	Now, I want to know about a few items for providing ANC. For each item I ask about please tell me if it's available and functional and then show it to me	a) AVAILABLE			b) FUNCTIONING		
		OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01	Blood pressure apparatus (sphygmomanometer and stethoscope)	1➔b	2➔b	3➔02	1	2	8
02	Fetal stethoscope	1➔b	2➔b	3➔03	1	2	8
03	Adult weighing scale	1➔b	2➔b	3➔04	1	2	8
04	Examination bed	1	2	3			
05	Tape measurer	1	2	3			

C. PREVENTION OF MOTHERS-TO-CHILD TRANSMISSION

3231	Does this facility offer services for the Prevention of Mother-to-Child Transmission of HIV (PMTCT)?	YES..... 1 NO 2	→3251
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ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE PMTCT SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT PMTCT SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.

3232	As part of PMTCT services, please tell me if this facility provides the following services to clients:	YES	NO	
01	Provide HIV Counselling and testing services to all pregnant women attending ANC	1	2	
02	Provide early infant diagnosis (EID) services for all HIV exposed infants. IF YES, CLARIFY THE INFANT TEST PROCESS IN 02A-02C	1	2→04	
02a	Is HIV Testing conducted in facility	1→04	2	
02b	Is Blood sample drawn/collected and sent outside for VIRAL LOAD testing with results returned to facility	1	2→04	
02c	On average, how long does it take from when the VIRAL LOAD sample is drawn to receiving results back?	DAYS <input type="text"/> <input type="text"/>		
04	Provide ARV prophylaxis to new-born of HIV positive pregnant women for PMTCT	1	2	
05	Does the facility refer all HIV positive pregnant woman for ART in this facility	1	2	
05a	Does the facility provide all HIV positive pregnant woman for ART in this facility	1	2	

3233	Please tell me if the following guidelines are available in this service. IF YES, ASK: May I see		YES, SEEN	YES, REPORTED, NOT SEEN	NO	
01	National Guideline for HIV Prevention, Treatment and Care (2020)		1	2	3	
02	Guideline for Infant and Young Child Feeding Counselling (Young Child Nutrition (2022))		1	2	3	
03	National Reproductive Health Policy (2017)		1	2	3	
	National HIV Testing Services Guideline (2021)					
04	Other checklists and/or job-aids (including wall charts) for PMTCT services?		1	2	3	
3234	Is the PMTCT service room or area a private room/area with auditory and visual privacy?	AUDITORY PRIVACY ONLY 1 VISUAL PRIVACY ONLY 2 BOTH AUDITORY AND VISUAL PRIVACY 3 NO PRIVACY 4				
3234a	Does this facility have a routine system for follow-up for HIV positive pregnant women who do not return for ANC? (Defaulters)	YES 1 NO 2				→ 3235
3234b	Please tell me if any of the methods I mention are part of the system for following up HIV positive pregnant women during ANC	YES, MECHANISM USED				
		OBSERVED	REPORTED, NOT SEEN	NO		
01	Trace through phone calls/text message	1	2	3		
02	Trace through community volunteers or facility outreach	1	2	3		
96	Others (SPECIFY) _____	<u>1</u>	2	3		
3235	Does this facility have a routine system for supporting follow-up for HIV positive pregnant women for delivery and postnatal services? (mothers/baby pair)	YES 1 NO 2				→ 3237
3236	For each type of follow-up system for the mothers/baby pair when the mothers is HIV positive, please tell me if the system is used by this facility and show me any documentation that shows the system being implemented.	YES, MECHANISM USED			NO	
		OBSERVED	REPORTED, NOT SEEN			
01	Trace through phone calls/text message	1	2	3		
02	Trace through community volunteers or facility outreach	1	2	3		
03	Referral forms used or other linkages with delivery services	1	2	3		
04	Receive feedback from delivery services	1	2	3		
05	Referral forms used or other linkages with MCH services	1	2	3		
06	Receive feedback from MCH services	1	2	3		

07	HIV information recorded on MCH cards retained by mothers	1	2	3	
08	Linkages between mothers-baby unique patient ID numbers	1	2	3	
96	Others (SPECIFY) _____	1 _____	2	3	
3237	Does this facility have a routine system for follow-up for HIV positive pregnant women who are referred for ARV treatment?	YES 1 NO 2			

3238	Please tell me if any of the methods I mention are part of the system for following up HIV positive pregnant women referred for ARV treatment. IF YES, ASK: May I see any record or documentation that shows the system is functioning?	YES, MECHANISM USED			
		OBSERVED	REPORTED, NOT SEEN	NO	
01	Trace through phone calls/text message	1	2	3	
02	Trace through community volunteers or facility outreach	1	2	3	
03	Referral forms used or other linkages with ART services	1	2	3	
04	Feedback from ART services	1	2	3	
05	ART information recorded on MCH cards	1	2	3	
06	Unique ID numbers with interlinked monitoring system for PMTCT and ART services	1	2	3	
96	Others (SPECIFY) _____	1 _____	2	3	

3239	POSTNATAL CARE						
	Does this facility provide PNC as an outpatient service?	YES.....1 NO2				→3251	
3240	ASK TO GO TO WHERE OUTPATIENT PNC SERVICES ARE PROVIDED						
	Is there an NHMIS register where PNC client information is recorded? IF YES, ASK: May I see the register?	YES, SEEN.....1 YES, REPORTED, NOT SEEN2 NO3 Others (specify)96					
3240A	Which of the following information is observed routinely recorded in the PNC register-that is there is a column/line where the information should be recorded	YES		NO			
01	Date of birth	1		2			
02	Date of PNC visit	1		2			
03	Delivery location	1		2			

3241	Are individual client charts/cards maintained for PNC clients? IF YES, ASK: May I see a blank chart/card?	YES, SEEN.....1 YES, REPORTED, NOT SEEN2 NO3	
3242	Does this facility have any guidelines for postnatal care in this service area? IF YES, ASK: May I see the guidelines?	YES, SEEN.....1 YES, REPORTED, NOT SEEN2 NO3	
3243	Does this facility have other checklists and/or job-aids (including wall charts) for PNC services? IF YES ASK: May I see?	YES, SEEN1 YES, REPORTED, NOT SEEN2 NO3	

D. POST ABORTION CARE (PAC)

3251	Does this facility provide any post-abortion care such as vacuum aspiration or D&C services to remove retained products of conception, or treatment of infections?	YES..... 1 NO 2	→3261
3252	Are there any post abortion care guidelines in this service area? IF YES, ASK: May I see the guidelines?	YES, SEEN.....1 YES, REPORTED, NOT SEEN.....2 NO 3	
3253	Does this facility have other checklists and/or job-aids (including wall charts) for post abortion care services? IF YES ASK: May I see?	YES, SEEN.....1 YES, REPORTED, NOT SEEN.....2 NO3	

E. CERVICAL CANCER DIAGNOSIS

3261	Do providers in this facility take a specimen to send for diagnosing cervical cancer in patients, that is, PAP smears?	YES..... 1 NO 2			➔ 3301
3262	Do you have the national guidelines for cervical cancer prevention and control in this service site today? IF YES ASK: May I see the guidelines?	YES, SEEN..... 1 YES, REPORTED, NOT SEEN..... 2 NO 3			
3263	Are the following available in the site where PAP smears are taken? IF YES, ASK TO SEE THE ITEM	YES, SEEN	REPORTED, NOT SEEN	NO	
01	Glass slides	1	2	3	
02	Acetic acid	1	2	3	
03	Vaginal speculum	1	2	3	

SECTION 3.3 CHILD AND ADOLESCENT HEALTH

A. IMMUNIZATION

3301	Does this facility offer immunization services?	YES1 NO2	→3321
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ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE IMMUNIZATION SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT IMMUNIZATION SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.

3302	Is the facility providing immunization services today?	YES.....1 NO2				
3303	Does this facility provide any of the following immunization services? IF YES, CLARIFY: Are these antigens provided in the facility only, as outreach at fixed posts only, or both?	BOTH IN THE FACILITY AND AS OUTREACH	IN THE FACILITY ONLY	OUTREACH ONLY	SERVICE NOT OFFERED	
01	Birth doses e.g. hepB0, BCG, OPV0, ...)	1	2	3	4	
02	Infant vaccines (under 1 year) (e.g. OPV1, Penta, IPV, PCV, Measles 1, Yellow Fever, Meningitis, and Rota 1)	1	2	3	4	
03	Adolescent/adult vaccines (e.g. HPV, tetanus, Yellow Fever, Meningitis)	1	2	3	4	
3304	Now I want to ask specifically about child immunization. How often does this facility offer all child immunization services at the facility?	DAILY..... 1 WEEKLY..... 2 MONTHLY..... 3 QUARTERLY OTHERS (SPECIFY)_____96				
3305	How often does this facility offer all child immunization services as outreach?	DAILY..... 1 WEEKLY..... 2 MONTHLY..... 3 QUARTERLY..... 4 OTHERS (SPECIFY)_____96				
3306	Do you have the national guidelines for routine child immunization available in this facility today? IF YES, ASK: May I see the guidelines?	YES, SEEN.....1 YES, REPORTED, NOT SEEN2 NO3				
3307	Do you have any other checklist and/or job-aids (including immunization monitoring charts) for EPI services? IF YES ASK: May I see?	YES, SEEN.....1 YES, REPORTED, NOT SEEN.....2 NO 3				
3308	I would like to know if the following items for immunization are available in this service area today. For each item, please tell me if it is available today, and then I would like to see it.	YES, OBSERVED	YES, REPORTED, NOT SEEN	NO		
01	Single use syringes and needles—not auto-disable	1	2	3		
02	Auto-disable syringes	1	2	3		
03	Sharps container/safety box	1	2	3		
04	Vaccine carrier(s)/cold box	1	2	3		

05	Set of ice packs for vaccine carriers (Note: 4-5 ice packs make one set)	1	2	3				
06	Immunization cards (or child health booklet)	1	2	3				
07	immunization tally sheets	1	2	3				
08	Official immunization registers or equivalent	1	2	3				
3309	Does this facility have a refrigerator available and functioning with sufficient storage capacity to accommodate all needed vaccines?	AVAILABLE AND FUNCTIONAL.....1 AVAILABLE NOT FUNCTIONAL.....2 AVAILABLE DON'T KNOW IF FUNCTIONING.....3 NOT AVAILABLE4						
3310	Is the temperature of the refrigerator monitored twice daily? IF YES: PLEASE ASK TO SEE THE LOG USED TO RECORD THE TEMPERATURE	YES, LOG OBSERVED1 YES, LOG REPORTED NOT SEEN2 NO3						
3310a	Has the temperature log been completed for the last 30 days? PLEASE REVIEW LOG AND CHECK FOR COMPLETENESS (TEMPERATURE RECORDED 2 TIMES / DAY DURING THE LAST 30 DAYS)	YES1 YES, PARTIALLY2 NO3						
3311	Has the temperature been out of the range 2 to 8°C inclusive in the last 30 days? PLEASE CHECK THE TEMPERATURE RECORD AND VERIFY THE TEMPERATURE FOR THE LAST 30 WORKING DAYS IN ORDER TO ANSWER THE QUESTION.	OBSERVED NOT OUT OF RANGE 1	OBSERVED OUT OF RANGE 2	REPORTED NOT OUT OF RANGE BUT NOT SEEN 3				
		RECORD NOT AVAILABLE 4						
3312	CHECK IF Q.3302=1OR Q.3309=1: FACILITY IS OFFERING IMMUNIZATION SERVICES TODAY OR HAS A FUNCTIONNING REFRIGERATOR FOR THE STORAGE OF VACCINES	FACILITY DOES NOT OFFER IMMUNIZATION SERVICES TODAY (Q.3302= 2) AND DOES NOT HAVE A FUNCTIONAL REFRIGERATOR FOR THE STORAGE OF VACCINES (Q.3309 NE 1)						
3313	Now, I would like to see the vaccines that are available today. For each vaccine I mention, please show me at least one vial that has a valid date of expiration AND (IF PRESENT) THE VIAL MONITOR (VVM) ON THE VACCINE VIAL HAS NOT TURNED. Are any of the following vaccines available in this service site today?							
	VACCINE	(a)					(b)	
		AVAILABILITY					Any stockout in the last 3 months?	
		OBSERVED		NOT OBSERVED				
		AT LEAST ONE NOT EXPIRED	AVAILABLE BUT EXPIRED	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE	YES	NO
01	Measles vaccine and diluents	1	2	3	4 02	4 02	1	2
02	DPT-Hib+HepB (pentavalent)	1	2	3	4 03	4 03	1	2
03	Oral polio vaccine	1	2	3	4 04	4 04	1	2

	VACCINE	(a)					(b)	
		AVAILABILITY					Any stockout in the last 3 months?	
		OBSERVED		NOT OBSERVED				
		AT LEAST ONE NOT EXPIRED	AVAILABLE BUT EXPIRED	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE	YES	NO
04	BCG vaccine and diluents	1	2	3	4 05	4 05	1	2
05	Rotavirus vaccine	1	2	3	4 06	4 06	1	2
06	Pneumococcal vaccine	1	2	3	4 07	4 07	1	2
07	IPV (Inactivated polio vaccine)	1	2	3	4 08	4 08	1	2
08	HPV (Human papillomavirus vaccine)	1	2	3	4 09	5 09	1	2
09	Tetanus Toxoid vaccine	1	2	3	4 10	5 10	1	2
10	Yellow fever	1 3314	2 3314	3 3314	4 3314	5 3314	1 3314	2 3314
11	Hep B Vaccine	1	2	3	4	4	1	2

3314	Were any of the following vaccines available during the most recent day of vaccination?							
	VACCINE	(a)					(b)	
		AVAILABILITY					Any stock out in the last 3 months?	
		OBSERVED		NOT OBSERVED				
		AT LEAST ONE NOT EXPIRED	AVAILABLE BUT EXPIRED	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE MOST RECENT IMMUNIZATION DAY	NEVER AVAILABLE	YES	NO
01	Measles vaccine and diluents			3	4 02	4 02	1	2
02	DPT-Hib+HepB (pentavalent)			3	4 03	4 03	1	2
03	Oral polio vaccine			3	4 04	4 04	1	2
04	BCG vaccine and diluents			3	4 05	4 05	1	2
05	Rotavirus vaccine			3	4 06	4 06	1	2
06	Pneumococcal vaccine			3	4 07	4 07	1	2

	VACCINE	(a)					(b)	
		AVAILABILITY					Any stock out in the last 3 months?	
		OBSERVED		NOT OBSERVED				
		AT LEAST ONE NOT EXPIRED	AVAILABLE BUT EXPIRED	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE MOST RECENT IMMUNIZATION DAY	NEVER AVAILABLE	YES	NO
07	IPV (Inactivated polio vaccine)			3	4 08	4 08	1	2
08	HPV (Human papillomavirus vaccine)			3	4 09	5 09	1	2
09	Yellow fever			3	4 3318	5 3318	1	2

B. OTHER PREVENTIVE AND CURATIVE CARE SERVICES FOR CHILDREN UNDER 5				
3321	Does this facility offer other preventative and curative care services for children under 5?	YES..... 1 NO 2	→3341	
ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE CHILD PREVENTATIVE AND CURATIVE CARE SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT CHILD PREVENTATIVE AND CURATIVE CARE SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.				
	Please tell me if this facility provides the following services for children less than 5, and for each service, IF YES, ASK: When a child is eligible is the service always provided, provided sometimes, but not always, or is the service not provided.			
	SERVICE AND TREATMENT	YES ALWAYS	YES, SOMETIMES	NO
3322	Routine child growth monitoring	1		3
3323	Diagnosis and/or treatment of child malnutrition IF YES, ASK:	1	2	3 3324
01	Is micro-nutrient powder provided?	1	2	3
02	Is therapeutic feeding provided onsite? (example: RUTF)	1	2	3
03	Are feeding supplements prescribed for home treatment?	1	2	3
04	Are severely malnourished children referred for treatment?	1	2	3
3324	Routine vitamin A supplementation?	1		3
3324a	Treat anaemia (with iron supplements)	1	2	3
3325	Provide treatment for pneumonia in children	1	2	3 3326
01	Prescribe amoxicillin for the first-line treatment for pneumonia in children	1	2	3

	SERVICE AND TREATMENT	YES ALWAYS	YES, SOMETIMES	NO
3326	Provide treatment for malaria in children	1	2	3 3327
01	Conduct blood test for malaria prior to prescribing treatment	1	2	3
02	Provide ITN or voucher for ITN	1	2	3
3327	Diagnosis and treatment of watery diarrhoea?	1	2	3 3328
01	Provide zinc supplementation	1	2	3
02	Provide oral rehydration solution	1	2	3
03	Does this facility routinely provide ORS in the facility prior to sending children with watery diarrhoea home?	1	2	3 3328
04	Does this facility have an area set aside for oral rehydration for children? IF YES ASK: Please show me the area	YES, SEEN 1 YES, REPORTED, NOT SEEN 2 NO 3		
05	Is safe water for mixing ORS available? IF YES, VERIFY THE AVAILABILITY OF SAFE WATER ONSITE	YES, SEEN 1 YES, REPORTED, NOT SEEN 2 NO 3		
06	Are there cups and spoons available for providing ORS onsite? IF YES, ASK TO SEE CUPS AND SPOONS	YES, SEEN 1 YES, REPORTED, NOT SEEN 2 NO 3		
3328	Please tell me if the following documents are available in the facility today. IF YES, ASK TO SEE THE DOCUMENTS	YES, SEEN	YES, REPORTED, NOT SEEN	NOT AVAILABLE
01	IMCI guidelines for the diagnosis and management of childhood illnesses	1	2	3
02	Other checklists and/or job-aids (including wall charts) for curative care services for the child?	1	2	3
03	National HMIS Health Facility Daily OPD Register is being used for sick child consultations	1	2	3
3329	Within the past two years, have you or any provider(s):	YES	NO	
01	Of curative care services for sick children received any training in the Integrated Management of Childhood Illnesses (IMCI)?	1	2	
3330	Are severely ill new-borns ever brought to this facility for care?	YES 1 NO 2		
3331	When there is a new-born with probable severe infection or sepsis, what is the routine practice by outpatient providers? FOR EACH PRACTICE, CLARIFY IF THIS IS ALWAYS, SOMETIMES, OR NEVER PRACTICED	YES ALWAYS	YES SOMETIMES	NEVER

→ 3341

01	Immediate referral without providing any medicine?	1	2	3	
02	Provide one dose injectable antibiotic and then refer?	1	2	3	
03	Prescribe the full antibiotic regimen and follow up	1	2	3	
3332	Are there any job aids or guidelines related to new-born sepsis? IF YES, ASK: May I see the guidelines or job aids?	YES, SEEN 1 YES, REPORTED, NOT SEEN 2 NO 3			
3333	Are there referral guidelines for the sick new-born? IF YES, ASK: May I see the guidelines	YES, SEEN 1 YES, REPORTED, NOT SEEN 2 NO 3			
3334	Have there been any cases of new-born sepsis that arrived in the outpatient service area in the past 3 months?	YES 1 NO 2			
3335	Have you or another provider received training related to new-born sepsis during the past 2 years?	YES 1 NO 2			

C. ADOLESCENT HEALTH SERVICES

3341	Does this facility offer adolescent health services, that is services for children 10-19 years of age?	YES 1 NO 2			→ 3401
3341a	Are any of the following relevant to improving utilization of adolescent health services?	All services	Some services	No	
	Special hours or days to accommodate youth	1	2	3	
	Special service location	1	2	3	
	Services offered without guardian consent	1	2	3	
	Peer counselling	1	2	3	
	OTHERS (SPECIFY) _____	1	2	3	
3342	Do you have the national guidelines for service provision to adolescents available in this service site today? IF YES, ASK: May I see the guidelines?	YES, SEEN 1 YES, REPORTED, NOT SEEN 2 NO 3			

SECTION 3.4 COMMUNICABLE DISEASES: HIV SERVICES

	A. COMMUNITY HIV SERVICES		
3401	Does the facility have links with community volunteers for any HIV related services?	YES.....1 NO2	➔3411

3402	Does the facility receive reports from community volunteers on community services for HIV positive clients?	YES.....1 NO2		
3403	Which of the following HIV services does the facility link within the community?	YES	NO	
01	HIV testing—that is either the community volunteer tests and refers positive clients or the volunteer identifies clients for HIV testing in the facility	1	2	
02	ARV compliance for daily drug regimen	1	2	
03	HIV infected patient compliance and follow up for appointments	1	2	
96	OTHERS (SPECIFY) _____	1 _____	2	
B. HIV COUNSELLING & TESTING				
3411	Does this facility offer HIV counselling and testing services?	YES..... 1 NO 2		→3421
ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE HIV COUNSELLING AND TESTING SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT HIV COUNSELLING AND TESTING SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.				
3411a	Does this facility provide HIV counselling and testing services to adolescents?	YES, GUARDIAN CONSENT REQUIRED.....1 YES, NO GUARDIAN CONSENT REQUIRED.....2 NO.....3		
3412	Do you have any guidelines or job aids for HIV counselling and testing guidelines available in this facility today? IF YES, ASK: May I see the guidelines?	YES, SEEN	YES, REPORTED NOT SEEN	NO
01	National Guideline for HIV counselling and testing	1	2	3
02	Other checklists and/or job-aids (including wall charts) for HIV testing services?	1	2	3
3413	Does this facility have a routine system for promoting the enrolment of HIV infected patients in care and support services?	YES1 NO2		→3415
3414	Please tell me if any of the systems I ask about are routinely used to promote enrolment of HIV positive patients in care and support services. IF YES, FOR EACH SYSTEM, ASK TO SEE EVIDENCE THAT THE SYSTEM FUNCTIONS	YES, SEEN	REPORTED, NOT SEEN	NO
01	Trace through phone calls/text messages	1	2	3

02	Trace through community volunteers or facility outreach	1	2	3	
03	Referral forms used or other linkages with care and support services	1	2	3	
04	Feedback from care and support services	1	2	3	
96	OTHERS (SPECIFY) _____	1 _____	2	3	

3415	Does this facility provide HIV counselling and testing services to minor adolescents?	YES, GUARDIAN CONSENT REQUIRED 1 YES, NO GUARDIAN CONSENT REQUIRED 2 NO 3		
3416	Does this facility have condoms available in this service site today to give to clients receiving services? IF YES ASK: May I see the condoms?	YES, SEEN 1 YES, REPORTED, NOT SEEN 2 NO 3		
3417	Is the HIV counselling service room or area a private room/area with auditory and visual privacy?	AUDITORY PRIVACY ONLY 1 VISUAL PRIVACY ONLY 2 BOTH AUDITORY AND VISUAL PRIVACY 3 NO PRIVACY 4		
3418	Where is the HIV test conducted? IF OTHERS THAN LABORATORY, GO TO SITE.	LABORATORY 1 OTHERS SITE 2	➔ 3431	
3419	GO TO WHERE HIV COUNSELLING/ TESTING IS CONDUCTED			
	Does this facility have HIV rapid test kits (with valid expiration date) in stock in this service site today? CHECK TO SEE IF VALID (NOT EXPIRED)	YES 1 NO 2		
3420	Has there been any stockout of the HIV rapid test in the past 3 months?	YES 1 NO 2		
3421	Please tell me if the following resources/supplies used for infection control are available in this service area today. ASK TO SEE EACH ITEM	YES, SEEN	YES, REPORTED, NOT SEEN	NO
01	Clean running water (piped, bucket with tap, or pour pitcher)	1	2	3
02	Hand-washing soap/liquid soap	1	2	3
03	Alcohol based hand rub	1	2	3
03a	Disposable towel for drying hands	1	2	3
04	Disposable latex gloves	1	2	3
05	Waste receptacle bin with lid and plastic bin liner	1	2	3
				06

05a	Is the waste bin clearly marked, for example, by label or colour, for infectious non-sharp waste	1	2	3
06	Sharps container ("safety box")	1	2	3
07	Environmental disinfectant (e.g.,chlorine, Izal, jik)	1	2	3
08	Disposable syringes with disposable needles	1	2	3
09	Auto-disable syringes	1	2	3

C. HIV ANTIRETROVIRAL TREATMENT (ART)				
3431	Does this facility offer HIV & AIDS antiretroviral prescription or antiretroviral treatment follow-up services?	YES..... 1 NO 2		→ 3436
ASK TO BE SHOWN THE 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.				
3432	Do providers in this facility:	YES	NO	
01	Prescribe ART to adults Others than PMTCT patients?	1	2	
02	Prescribe ART for PMTCT patients?	1	2	
03	Prescribe ART to adolescents?	1	2 → 05	
04	Prescribe ART to adolescents without requiring guardian consent	1	2	
05	Prescribe ART to paediatric patients?	1	2	
06	Routinely provide adherence counselling?	1	2	
3433	Does this facility provide treatment follow-up services for persons on ART, either in the facility or the community?	YES.....1 NO2		
3433a	Have you or any provider(s) of ART participated in the National Training course on Adult and Paediatric HIV/AIDS treatment and Care in the last two years?	YES.....1 NO2		
3434	Does this facility have a system to support treatment adherence in ART patients?	YES.....1 NO2		→ 3441
3435	Please tell me if any of the systems I ask about are routinely used to promote Art adherence. FOR EACH SYSTEM, ASK TO SEE EVIDENCE THAT THE SYSTEM IS FUNCTIONING	YES, SEEN REPORTED, NOT SEEN NO		
01	Community follow-up (phone/text message, volunteer, or outreach)	1	2	3
02	Treatment buddies	1	2	3
03	Identify late drug pick-up and ensuring follow-up	1	2	3
04	Identify missed appointments for clinical follow-up and ensuring follow-up	1	2	3

3435	Please tell me if any of the systems I ask about are routinely used to promote Art adherence. FOR EACH SYSTEM, ASK TO SEE EVIDENCE THAT THE SYSTEM IS FUNCTIONING	YES, SEEN	REPORTED, NOT SEEN	NO
05	Clinical monitoring by staff	1	2	3
06	Pill counts	1	2	3
07	Appointment systems	1	2	3
08	Appointment reminder systems	1	2	3
96	OTHERS (SPECIFY) _____	1	2	3
D. HIV CARE AND SUPPORT SERVICES				
3441	Does this facility offer any HIV & AIDS care and support services? By this I mean specific follow up for HIV and AIDs patients	YES1 ONLY AS ROUTINE OUTPATIENT CARE2 NO HIV/AIDS CARE AND SUPPORTSERVICES2		
				→3501 →3501
ASK TO BE SHOWN THE 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.				
3442	Please tell me if this facility provides the following services for HIV/AIDS clients:	YES	NO	
01	Administer treatment for any opportunistic infections or symptoms related to HIV/AIDS? This includes treating topical fungal infections.	1	2	
02	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	
03	Provide systemic intravenous treatment of specific fungal infections such as cryptococcal meningitis?	1	2	
04	Provide treatment for Kaposi's sarcoma?	1	2	
05	Provide nutritional rehabilitation services? e.g., client education and provision of nutritional supplements?	1	2	
06	Prescribe or provide fortified protein supplementation (FPS)?	1	2	
07	Care for paediatric HIV/AIDS patients?	1	2	
08	Prescribe or provide preventive treatment for TB (INH + Pyridoxine)?	1	2	
09	Primary preventive treatment for opportunistic infections, such as co-trimoxazole preventive treatment (CPT)?	1	2	
10	Provide or prescribe micronutrient supplementation, such as vitamins or iron?	1	2	
11	Family planning counselling for HIV/AIDS clients?	1	2	

3442	Please tell me if this facility provides the following services for HIV/AIDS clients:	YES	NO
12	Provide condoms for preventing further transmission of HIV?	1	2
13	Management of TB and HIV coinfection	1	2
14	Counsel on risk reduction in TB and HIV co-infected patients	1	2
15	Routine HIV testing and counselling for partner of HIV infected patient	1	2
16	Routine STI screening tests and diagnosis	1	2
17	STI treatment	1	2
18	Routine screening for TB?	1	2→3445
3443	Is there a system to support HIV infected patients being screened or tested for TB?	YES.....1 NO2	
		→3445	

3444	Please tell me if any of the following systems is routinely used to support HIV positive patients being screened or tested for TB. IF YES, ASK TO SEE EVIDENCE THAT THE SYSTEM FUNCTIONS	YES, OBSERVED	YES, REPORTED, NOT SEEN	NO
01	Health worker provides clinical screening for TB	1	2	3
02	Take sputum specimen and send to laboratory for testing	1	2	3
03	Referral form	1	2	3
04	Results of TB test returned to HIV follow-up unit	1	2	3
96	OTHERS (SPECIFY)_____	1 _____	2	3
3445	Is there a register or record of HIV positive clients who were tested for TB? IF YES, ASK: May I see the register or record?	YES, SEEN.....1 YES, REPORTED, NOT SEEN.....2 NO3		
3446	Please tell me if the following guidelines are available in this service area today. IF YES, ASK: May I see the documents?	YES, SEEN	YES, REPORTED, NOT SEEN	NO
01	National Package of Care for Adolescent and Young People Living with HIV (2021)	1→02	2	3
02	National Guidelines for HIV Prevention, Treatment and Care (2020)	1→03	2	3
03	National TB-HIV Guidelines (2021)	1→04	2	3
04	Other checklists and/or job-aids (including wall charts) for ART services?	1→05	2	3

05	Other checklists and/or job-aids (including wall charts) for care and support for the HIV AIDS patient	1→3501	2	3
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SECTION 3.5 OTHER COMMUNICABLE DISEASES.

A. SERVICES FOR SEXUALLY TRANSMITTED INFECTIONS

3501	Does this facility offer diagnosis or treatment of STIs other than HIV?	YES.....1 NO2	→3511
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ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE STI SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT STI SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.

3502	Do providers in this facility diagnose STIs?	YES.....1 NO2	
3503	Do providers in this facility prescribe treatment for STIs?	YES.....1 NO2	
3504	Do you have the national guidelines on the Syndromic Management of STIs and available in this facility today?	YES, SEEN.....1 YES, REPORTED, NOT SEEN2 NO3	
3505	Does this facility have any other checklists and/or job-aids (including wall charts) for STI services? IF YES, ASK: May I see?	YES, SEEN.....1 YES, REPORTED, NOT SEEN2 NO3	

B. TUBERCULOSIS

3511	Does this facility offer diagnosis, treatment prescription, or treatment follow-up for tuberculosis?	YES.....1 NO2	→3512a
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ASK TO GO TO THE MAIN SITE WHERE TB PATIENTS RECEIVE SERVICES AND ASK TO SPEAK WITH THE MOST KNOWLEDGEABLE PERSON FOR TB SERVICES

3512	Does this facility ever refer presumptive tuberculosis case outside this facility for diagnosis or send sputum outside the facility for testing?	YES.....1 NO2	→3600
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ASK TO GO TO WHERE PRESUMPTIVE TB PATIENTS RECEIVE SERVICES AND ASK TO SPEAK WITH THE MOST KNOWLEDGEABLE PERSON FOR SERVICES FOR PRESUMPTIVE TB PATIENTS

3512a	Are the following materials available in this service site for coughing patients?	YES	NO	
	Tissues	1	2	
	Masks and/or cloths for covering mouth	1	2	
3512b	Which of the following are true for conditions in this service area:	YES	NO	
01	Doors and windows open with good airflow	1	2	

02	Signage is in place to keep doors and windows open	1	2		
03	good airflow in the patient waiting area	1	2		
04	Patients are not crowded in hallways or waiting areas	1	2		
3513	<p>Does this facility collect sputum specimens and send either to the facility lab or outside facility for diagnosis?</p> <p>GO TO THE SERVICE SITE WHERE THE SPUTUM SPECIMEN FOR INITIAL SCREENING IS COLLECTED</p>	<p>YES, SEND SPECIMEN OUTSIDE1</p> <p>YES, SPECIMEN SENT TO LAB in this FACILITY2</p> <p>PATIENT SENT TO LAB FOR SPECIMEN COLLECTION3</p> <p>NO SPECIMEN COLLECTED4</p>			<p>→3516</p> <p>→3516</p>
3514	Please tell me if any of the items I ask about is available, and if so, please show them to me	YES, SEEN	YES, REPORTED, NOT SEEN	NO	
01	Sputum cup	1	2	3	
02	Referral form for sputum specimen	1	2	3	
3515	<p>Does this facility receive the TB sputum test results for the patient or specimen sent elsewhere for testing?</p> <p>IF YES, ASK: May I see a record that shows specimens or , and results returned?</p>	<p>YES, OBSERVED.....1</p> <p>YES, REPORTED, NOT SEEN.....2</p> <p>NO3</p> <p>NEVER SEND PATIENT OR SPUTUM FOR TB DIAGNOSIS.....5</p>			
3516	Does this facility have a routine system for promoting the enrolment of TB patients in treatment programs?	<p>YES.....1</p> <p>NO2</p>			→3518
3517	<p>Please tell me if any of the systems I ask about are routinely used to promote enrolment of TB infected patients in TB treatment programs.</p> <p>IF YES, FOR EACH SYSTEM, ASK TO SEE EVIDENCE THAT THE SYSTEM FUNCTIONS</p>	OBSERVED	REPORTED, NOT SEEN	NO	
01	Trace through phone calls/text messages	1	2	3	
02	Trace through community volunteers or facility outreach	1	2	3	
03	Referral forms used or other linkages with TB diagnosis and treatment services	1	2	3	
04	Feedback from TB services	1	2	3	
96	OTHERS (SPECIFY) _____	1	2	3	
3518	<p>ASK TO BE SHOWN THE MAIN LOCATION IN THE FACILITY WHERE TUBERCULOSIS SERVICES FOR DIAGNOSIS, TREATMENT, OR FOLLOW-UP ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT TUBERCULOSIS SERVICES. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.</p>				
3518	Does the facility have links with community volunteers for any TB related services?	<p>YES.....1</p> <p>NO2</p>			→3522

3519	Does the facility receive reports from community volunteers on community services for TB case detection or patient follow up?	YES1 NO2		
3520	Does the facility provide supervision for the community volunteers who are providing services related to TB?	YES1 NO2		
3521	Which of the following TB services do community volunteers linked with the facility provide?	YES	NO	
01	Promote general awareness of TB in the community	1	2	
02	Identification of presumptive TB cases and referral of patient for testing	1	2	
03	Community volunteers sends sputum specimens from presumptive TB case to the facility for testing	1	2	
04	Compliance for daily drug regimen (DOTS)	1	2	
05	TB patients follow up for ambulatory care, treatment adherence, and appointment follow up	1	2	
3522	Does this facility diagnose tuberculosis for children or for adults?	YES, IN FACILITY1 YES, SEND SPUTUM OUTSIDE AND RECEIVE RESULTS TO MAKE DIAGNOSIS2 NO, SEND PATIENT OR SPUTUM OUTSIDE FOR DIAGNOSIS3		→ 3528
3523	What is the standard protocol used by the facility for diagnosing TB?	1 positive test1 2 positive test2 3 positive test3 OTHERS96 (SPECIFY)		
3524	Do providers in this facility <u>diagnose</u> TB for adults?	YES1 NO2		→ 3526
3525	Which of the following methods are used at this facility for diagnosing TB for adults?	YES	NO	
01	Clinical symptoms	1	2	
02	Sputum smear microscopy examination	1	2	
06	Culture	1	2	
07	Rapid test (GeneXpert MTB/RIF)	1	2	
08	Chest X-ray	1	2	
3526	Do providers in this facility <u>diagnose</u> TB for children?	YES1 NO2		→ 3528

3527	Which of the following methods are used at this facility for diagnosing TB for children?	YES	NO	
01	Clinical symptoms	1	2	
02	Sputum smear microscopy examination	1	2	
03	Culture	1	2	
04	Rapid test (GeneXpert MTB/RIF)	1	2	
05	Chest X-ray	1	2	
3528	Do <u>providers</u> in this facility prescribe the drugs for TB treatment for adults?	YES.....1 NO2		
3529	Do providers in this facility <u>prescribe</u> the drugs for TB treatment for children?	YES.....1 NO2		
3530	Which of the following Others TB services are provided by this facility?	YES	NO	
01	Diagnose Drug Resistant (MDR) TB by testing in facility	1	2	
02	Diagnose Drug Resistant (MDR) TB by referring patient or sending specimen outside facility for testing	1	2	
03	Prescribe treatment for drug resistant TB	1	2	
04	Refer drug resistant TB patient outside facility for treatment prescription	1	2	
05	Does this facility provide clinical follow up for TB patients?	1	2	
3531	Are TB patients routinely offered an HIV test?	YES.....1 NO2		→3537
3532	Is there a register or record of TB patients who were tested for HIV? IF YES, ASK: May I see any record or other evidence that shows TB patients are routinely tested for HIV?	YES, SEEN1 YES, REPORTED, NOT SEEN2 NO3		→3537 →3537
3533	Does the register indicate if HIV positive patients were enrolled in HIV follow-up services or on ART?	YES.....1 NO2		
3534	How is the HIV test provided?	PATIENT REFERRED TO HIV C&T SITE1 SPECIMEN SENT TO LAB OR OUTSIDE.....2 TEST CONDUCTED IN TB SERVICE AREA3 OTHERS96 (SPECIFY)		→3537
3535	Is a referral form used? IF YES ASK: May I see a referral form?	YES, SEEN1 YES, REPORTED, NOT SEEN2 NO3		

3536	Are the HIV test results returned to this service site for follow-up? IF YES ASK: May I see records that show a specimen or patient was referred and where returned test results are recorded?	YES, SEEN1 YES, REPORTED, NOT SEEN2 NO3	
3537	Does this facility provide treatment <u>monitoring and follow up</u> for TB patients?	YES.....1 NO2	➔ 3539
3538	Please tell me if any of the systems I ask about are routinely used by this facility for follow up to promote compliance for TB treatment. FOR EACH SYSTEM, ASK TO SEE EVIDENCE THAT THE SYSTEM IS FUNCTIONING	YES, SEEN	YES, REPORTED, NOT SEEN
01	Community follow-up (phone/text message, volunteer, or outreach)	1	2
02	Treatment supporter	1	2
03	Identify late drug pick-up and ensuring follow-up	1	2
04	Identify missed appointments for clinical follow-up and ensuring follow-up	1	2
05	Clinical monitoring by staff	1	2
06	Pill counts	1	2
07	Appointment systems	1	2
08	Appointment reminder systems	1	2
09	TB focal person at the facility to manage community follow-up	1	2
96	OTHERS (SPECIFY) _____	1	2
3539	Does this facility have any of the following documents available in this service site today? IF YES, ASK: May I see the documents?	YES, OBSERVED	YES, REPORTED, NOT SEEN
01	National Tuberculosis, Leprosy and Buruli Ulcer Management and Control Guidelines, Seventh Edition (2019)	1➔04	2
02	Any other standard operating procedures, checklists and/or job-aids for TB infection control	1	2
TB DRUGS			
3540	Does the facility provide follow-up for enrolled TB patient by supplying drugs? IF YES, ASK:	YES1 NO.....2	➔ 3600

3541	What is the system for receiving and storing TB drugs?	RECEIVE PATIENT SPECIFIC SUPPLY ONLY, FROM OUTSIDE FACILITY 1 ROUTINELY STOCK BULK DRUGS ONLY ... 2 BOTH RECEIVE PATIENT SPECIFIC SUPPLY AND ROUTINELY STOCK BULK DRUGS 3	→ 3544
3542	During the past 3 months has there been any stock out of anti-TB drugs?	YES 1 NO 2	
3543	On average, how long does it take from when a patient is diagnosed with TB and when this facility receives the individual patient drugs for treatment follow-up?	AVERAGE DAYS FROM CONFIRMED DIAGNOSIS TO RECEIVING INDIVIDUAL DRUG SUPPLY <input type="text"/> <input type="text"/> <input type="text"/>	
3544	BULK STOCK SUPPLY OF TB DRUGS		
	How long was it from the time you submitted your most recent order for any first line TB drugs from outside the facility, and when you received the drugs? ASK TO SEE RECORDS IF THE RESPONDENT IS UNCERTAIN	NUMBER OF DAYS FROM PLACING ORDER TO RECEIVING ORDER FOR BULK TB DRUGS <input type="text"/> <input type="text"/> <input type="text"/> NO STORAGE OF BULK TB DRUGS 95	→ 3600

3545	Are any of the following medicines available in this service site today? CHECK TO SEE IF AT LEAST ONE OF EACH MEDICINE IS VALID (NOT EXPIRED)	(a)					(b)	
		AVAILABILITY					STOCKOUT PAST 3 MONTHS	
		OBSERVED	NOT OBSERVED				YES	NO
		AT LEAST ONE VALID	AVAILABLE NON VALID	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE		
01	Ethambutol	1→b	2 02	3→b	4 02	5 02	1	2
02	Isoniazid	1→b	2 03	3→b	4 03	5 03	1	2
03	Pyrazinamide	1→b	2 04	3→b	4 04	5 04	1	2
04	Rifampicin	1→b	2 05	3→b	4 05	5 05	1	2
05	Rifapentine and INH							
06	Isoniazid + Rifampicin (2FDC)	1→b	2 06	3→b	4 06	5 03	1	2
07	Isoniazid + Ethambutol (EH) (2FDC)	1→b	2 07	3→b	4 07	5 03	1	2
08	Isoniazid + Rifampicin + Pyrazinamide (RHZ) (3FDC)	1→b	2 08	3→b	4 08	5 08	1	2
09	Isoniazid + Rifampicin + Ethambutol (RHE) (3FDC)	1	2 09	3→b	4 09	5 09	1	2
10	Isoniazid + Rifampicin + Pyrazinamide + Ethambutol (4FDC)	1→b	2 10	3→b	4 10	5 10	1	2

3545	Are any of the following medicines available in this service site today? CHECK TO SEE IF AT LEAST ONE OF EACH MEDICINE IS VALID (NOT EXPIRED)	(a)					(b)	
		AVAILABILITY					STOCKOUT PAST 3 MONTHS	
		OBSERVED	NOT OBSERVED				YES	NO
		AT LEAST ONE VALID	AVAILABLE NON VALID	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE		
11	Paediatric formulation for INH –as a single drug for IPT	1→b	2 11	3→b	4 11	5 11	1	2
12	Paediatric formulation for Rifampicin (may be in a combined formulation)	1→b	2 12	3→b	4 12	5 12	1	2
13	Paediatric formulation for Pyrazinamide (may be in a combined formulation)	1→b	2 13	3→b	4 13	5 13	1	2
14	Paediatric formulation for Ethambutol (may be in a combined formulation)	1→b	2 14	3→b	4 14	5 16	1	2
15	Streptomycin Injectable	1→b	2 15	3→b	4 15	5 15	1	2
16	National 2 nd line MDR treatment regimen	1→b	2 16	3→b	4 16	5 16	1	2
17	Cotrimoxazole tablet	1→b	2 17	3→b	4 17	5 17	1	2
18	Cotrimoxazole syrup	1→b	2 3580	3→b	4 3580	5 3580	1	2

TB DRUG STORAGE CONDITIONS				
3546	Is this the <u>main</u> storage site for TB drugs?	YES 1 NO 2		→3600
3547	OBSERVE THE PRIMARY PHARMACY FOR TUBERCULOSIS MEDICINES AND INDICATE THE PRESENCE (OR ABSENCE) FOR EACH OF THE FOLLOWING CONDITIONS	YES	NO	
01	ARE THE MEDICINES OFF THE FLOOR?	1	2	
02	Are the medicines at risk of water damage from leaks or other sources?	1	2	
03	Are the medicines protected from direct sunlight?	1	2	
04	Is the room clean of evidence of rodents (bats, rats) or pests (cockroaches, etc.)	1	2	
05	Airflow sufficient to reduce risk of mold and mildew	1	2	

SECTION 3.6 MALARIA			
3600	Does this facility offer diagnosis or treatment of malaria?	YES..... 1 NO 2	→3701

ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE MALARIA SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT MALARIA SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.				
3601	Does the facility have links with community volunteers for any malaria related services?	YES 1 NO 2		
01	Does the facility receive reports from community volunteers on community services for malaria?	YES 1 NO 2		
3602	Which of the following malaria services does the facility link within the community?	YES	NO	
01	Malaria testing—the community volunteer might actually test the suspect malaria patients or might refer suspect malaria patients to the facility for testing	1	2	
02	Malaria treatment—that is either the community volunteer provides treatment or refers positive patients for treatment	1	2	
03	Insecticide treated bednets—that is either the community volunteer distributes ITNs or follows up in households who received the ITNs from the facility.	1	2	
3603	Do providers in this facility <u>diagnose</u> malaria?	YES 1 NO 2		→ 3607
3604	Which of the following methods are used at this facility for diagnosing malaria?	YES	NO	
01	Clinical symptoms without parasitology test verification	1	2	→ 3605
02	Microscopy (blood smear)	1	2	
03	Rapid diagnostic testing (RDT)	1	2	→ 3605
3604b	What do you do when the rapid diagnostic test result is negative? (MULTIPLE RESPONSE POSSIBLE)	Request for Widal test.....1 Give patients ACTs.....2 Give patients antibiotics.....3 Refer patients for microscopy.....4 Do nothing.....5 OTHERS (SPECIFY) _____ 96		
	CHECK Q.3604_02: FACILITY CONDUCTS MALARIA RDTs:	FACILITY DOES NOT CONDUCT MALARIA RDTs:		→ 3607
3605	Does this facility have malaria rapid diagnostic test kits (with valid expiration date) in stock in this service site today? CHECK TO SEE IF VALID (NOT EXPIRED)	YES 1 NO 2		
3606	Has there been a stock-out of malaria RDT kits in the past 4 weeks?	YES 1 NO 2		→ 3607

01	How many days of stock-out?	LESS THAN 7 DAYS 1 7 TO 14 DAYS 2 MORE THAN 14 DAYS 3			
3607	Do providers in this facility <u>prescribe</u> treatment for malaria?	YES 1 NO 2			
3608	Do you have any of the following documents or job aids. IF YES, ASK: May I see?	YES, SEEN	YES, REPORTED NOT SEEN	NO	
01	National Guidelines for Diagnosis and Treatment of Malaria (2020)	1	2	3	
02	Others National Guidelines for Malaria	1	2	3	
03	Any other checklists and/or job-aids (including wall charts) for malaria services	1	2	3	
SECTION 3.7 NON-COMMUNICABLE DISEASES					
3701	Does this facility offer diagnosis or management of non-communicable diseases, such as diabetes, cardiovascular disease, chronic respiratory disease, or cervical cancer?	YES..... 1 NO 2			→ 3712
ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE NON-COMMUNICABLE DISEASE SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT NCD SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.					
3702	Do providers in this facility diagnose and/or manage diabetes in patients?	YES 1 NO 2			→ 3705
3703	Do you have the national guidelines for the diagnosis and management of diabetes available in this facility today? IF YES ASK; May I see the guidelines?	YES, SEEN..... 1 YES, REPORTED, NOT SEEN 2 NO 3			
3704	Have you or any provider(s) of diabetes services received any training in the diagnosis and management of diabetes in the last two years?	YES 1 NO 2			
3705	Do providers in this facility diagnose and/or manage any cardiovascular diseases, such as hypertension or congestive heart failure?	YES 1 NO 2			→ 3708
3705a	Do providers in this facility diagnose and/or manage hypertension?	YES 1 NO 2			
3706	Do you have the national guidelines for the diagnosis and management of cardiovascular diseases e.g hypertension available in this facility today?	YES, SEEN..... 1 YES, REPORTED, NOT SEEN 2 NO 3			

3707	Have you or any provider(s) of services for cardiovascular diseases received any training in the diagnosis and management of cardiovascular diseases such as hypertension in the last two years?	YES1 NO2				
3708	Do providers in this facility diagnose and/or manage chronic respiratory diseases in patients?	YES1 NO2		→3712		
3709	Do you have the national guidelines for the diagnosis and management of chronic respiratory disease available in this facility today?	YES, SEEN.....1 YES, REPORTED, NOT SEEN2 NO3				
3710	Have you or any provider(s) of chronic respiratory disease services received any training in the diagnosis and management of chronic respiratory diseases in the last two years?	YES1 NO2				
3711A	Please tell me if the following basic equipment items are available and functional in this service area today.	A) AVAILABLE		B) FUNCTIONING		
		YES	NO	YES	NO	DON'T KNOW
01	Peak flow meters	1 → B	2 02	1	2	8
02	Spacers for inhalers	1 → B	2 3798	1	2	8

3712	INDICATE IF THE FOLLOWING WAS OBSERVED IN THE UNIT	YES	NO	
01	FLOOR: SWEEPED, 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	WERE STAFF WEARING APPROPRIATE UNIFORMS IN THIS UNIT?	1	2	
07	WERE STAFF WEARING ID BADGES IN THIS UNIT?	1	2	
08	WERE NON-SMOKING SIGNS OBSERVED IN THIS UNIT?	1	2	
THANK YOUR RESPONDENT AND MOVE TO THE NEXT ARA FOR DATA COLLECTION				

Number	Question	Result	Skip
SECTION 3.8: INTERVIEWER'S OBSERVATIONS			
3801	INTERVIEW END TIME (use the 24 hour-clock system)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

Number	Question	Result	Skip
3802	RESULT CODES (LAST VISIT):	COMPLETED..... 1 RESPONDENT NOT AVAILABLE ... 2 REFUSED 3 PARTIALLY COMPLETED 4 OTHERS (SPECIFY)_____ 96	
3803. COMMENTS ABOUT THE RESPONDENT:			
<hr/> <hr/> <hr/> <hr/>			
3804. COMMENTS ON SPECIFIC QUESTIONS:			
<hr/> <hr/> <hr/> <hr/> <hr/>			
3805. ANY OTHERS COMMENTS:			
<hr/> <hr/> <hr/>			
3806. SUPERVISOR'S OBSERVATIONS:			
<hr/> <hr/> <hr/> <hr/>			
NAME OF SUPERVISOR: _____		DATE: _____	

MODULE 4: DELIVERY AND SURGICAL SERVICES	
SECTION 4.1 DELIVERY SERVICES	
	<p>ASK TO SPEAK WITH THE PERSON MOST KNOWLEDGEABLE ABOUT DELIVERY SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN:</p> <p>The in-charge has agreed that this facility can participate in this national survey of health facilities conducted by the Ministry of Health. I am interested in learning about the delivery services available in this facility. First, I will be asking about practices and staffing and then I would like to go into the delivery room to assess equipment and supplies.</p>

MODULE 4: DELIVERY AND SURGICAL SERVICES			
SECTION 4.1 DELIVERY SERVICES			
	INTERVIEW START TIME (use the 24 hour-clock system)	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	
4101	Does this facility offer delivery services?	YES 1 NO 2	→ END
4101a	IF YES, what type of delivery is obtainable at this facility?	Spontaneous Vaginal Delivery (SVD) 1 Basic Emergency Obstetric Care 2 Comprehensive emergency obstetric care 3 new-born care services 4	
4101b	How many deliveries did you have in the last 12 months?	<input type="text"/> <input type="text"/> <input type="text"/>	
4101c	How many deliveries are livebirths over 12 months?	<input type="text"/> <input type="text"/> <input type="text"/>	
4103	Are delivery and new-born care services offered in the outpatient or inpatient service area?	OUTPATIENT 1 BOTH OUT AND INPATIENT 2	
A. HUMAN RESOURCES AND GUIDELINES FOR DELIVERY SERVICES			
4111	Does the facility provide 24-hour coverage for delivery services?	YES 1 NO 2	→ 4105
4112	Is a person skilled in conducting deliveries present at the facility or on-Call in near proximity 24 hours a day, including weekends, to provide delivery care? IF YES, INDICATE WHICH RESPONSE BEST REFLECTS THE NORMAL SITUATION	YES, 24 HOURS ONSITE 1 YES, NOT 24 HOURS ONSITE, BUT 24 HOURS ON-CALL 2 NO 24-HOUR COVERAGE 3	
4113	During the day, what is the <u>lowest</u> level of provider who ever conducts deliveries?	OBSTETRICIAN/GYNECOLOGIST 1 OTHERS DOCTOR/SPECIALIST 2 MEDICAL OFFICER 3 NURSE/MIDWIFE (DUAL TRAINED) 4 NURSE 5 MIDWIFE 6 SENIOR CHEW 7 JUNIOR CHEW 8 OTHERS (SPECIFY) 96	
4114	During the day is there <u>always</u> a delivery provider who has been trained in new-born resuscitation using a bag and mask?	YES, ALWAYS 1 YES, NOT ALWAYS 2 NO 3	

4115	During nights and holidays, what is the <u>lowest</u> level of provider who ever conducts deliveries?	OBSTETRICIAN/GYNECOLOGIST1 OTHERS DOCTOR/SPECIALIST2 CLINICAL OFFICER3 NURSE/MIDWIFE (DUAL TRAINED)4 NURSE5 MIDWIFE6 SENIOR CHEW.....7 JUNIOR CHEW8 NO NIGHT AND HOLIDAY SERVICES.....8 OTHERS (SPECIFY)96			→4117
4116	During nights and holidays is there <u>always</u> a delivery provider who has been trained in new-born resuscitation using a bag and mask?	YES, ALWAYS1 YES, NOT ALWAYS2 NO.....3			
4117	Does this facility have a maternity waiting center (first stage room) where women can stay prior to giving birth?	YES.....1 NO2			
4118	Does this facility have a labour room?	YES1 NO2			
4119	Does this facility have a maternity delivery room where the actual delivery occurs?	Yes.....1 NO.....2			
4121	Please tell me for each type of document I ask about if it is present in the delivery service area, or if the topic is included in existing guidelines, and if yes, please show it to me.	YES, SEEN ←	YES, REPORTED, NOT SEEN	NO	
01	National guidelines for Integrated Management of Pregnancy and Childbirth (IMPAC)/ LSS/ELSS/MLSS/ENC Manuals	1→04	2	3	
02	Others national guidelines for essential childbirth care	1	2	3	
03	Guidelines for safe birth practices for PMTCT	1 ↘	2	3	
04	Any other job aids for Integrated Management of Pregnancy and Childbirth, lifesaving skills, or any other aspects of childbirth and new-born care services?	1→4122	2	3	
06	Any checklists and/or job-aids for safe birth practices for PMTCT	1	2	3	
4122	Have you or any provider(s) of delivery service received any training in neonatal resuscitation using the new-born bag (ambu bag) and mask the last two years?	YES 1 NO 2			
4123	Have you or any provider(s) of delivery service received any training in any other aspect of delivery or essential new-born care, or lifesaving skills in the last two years?	YES 1 NO 2			
B. ROUTINE DELIVERY AND NEW-BORN CARE PRACTICES					

4124	Please tell me if any of the following are routine practices for deliveries in this facility.			
	ROUTINE DELIVERY PRACTICE	YES	NO	
01	Active Management of Third Stage Labour (AMTSL) including all of the following: oxytocin or ergometrine within one minute after delivery, controlled cord traction, and fundal massage after delivery of placenta?	1 →03	2	
02	Administration of oxytocin immediately after birth to all women for the prevention of post-partum haemorrhage?	1	2 →03	
03	Administration of misoprostol immediately after birth to all women for the prevention of post-partum haemorrhage?	1	2	
04	Monitor and manage labour using a partograph	1	2	
4125	Now, I want to know about routine practices in this facility for new-born care immediately postpartum. For each practice I mention, please tell me If this is a <u>routine</u> practice that is expected to be implemented for all new-born in this facility.			
	ROUTINE NEW-BORN CARE PRACTICES	YES	NO	
01	Hygienic cord care (cut with sterile item and apply 4% chlorhexidine gel from stump to tip and no application of other substance)	1	2	
02	Apply methylated spirit for cord care	1	2	
03	Thermal protection (drying baby immediately after birth and wrapping)	1	2	
04	Immediate skin to skin contact	1	2	
05	Delayed cord clamping	1	2	
06	Counselling on exclusive breastfeeding	1	2	
07	Initiate breast feeding within 1 hour postpartum	1	2	

C. MANAGEMENT OF COMPLICATIONS OF DELIVERIES				
4131	Please tell me if any of the following interventions for the management of complications during and after pregnancy and childbirth have been carried out in the last 12 months by providers of delivery services as part of their work in this facility. IF NOT WITHIN THE LAST 12 MONTHS ASK: is this because the service is not offered or because there were not cases requiring the service?			
	DELIVERY INTERVENTION	YES	NO	
			SERVICE NOT OFFERED	TRAINED STAFF BUT NO CASES
01	Parenteral administration of antibiotics (IV or IM) for mothers for postpartum sepsis?	1	2	5
02	Parenteral administration of oxytocin or misoprostol for treatment of post-partum haemorrhage (IV or IM)	1	2	5
03	Parenteral administration of magnesium sulphate for management of preeclampsia and eclampsia (IV or IM)	1	2	5
04	Parenteral administration of Labetalol or Hydralazine for management of severe preeclampsia and eclampsia (IV or IM).	1	2	5
05	Misoprostol Tablet (Oral or vaginal)			
06	Assisted vaginal delivery	1	2	5
07	Manual removal of placenta	1	2	5
08	Removal of retained products of conception	1	2	5

	DELIVERY INTERVENTION	YES	NO		
			SERVICE NOT OFFERED	TRAINED STAFF BUT NO CASES	
08	Neonatal resuscitation with bag and mask	1	2	5	
09	Caesarean section	1	2	5	
10	Blood transfusion?	1	2	5	
4132	Does this facility routinely provide antibiotics for preterm or prolonged PROM (premature rupture of membranes) to prevent infection?	YES.....1 NO2			→4134
4133	Has this service been provided in the past 12 months?	YES.....1 NO3			
4134	Does this facility routinely provide corticosteroids for preterm labour	YES.....1 NO2			→4136
4135	Has this service been provided in the past 12 months?	YES.....1 NO3			
4136	Does this facility provide any PMTCT services for women who deliver in the facility?	YES.....1 NO2			→4138
4137	Which of the following are <u>routinely</u> provided as part of delivery services?		YES	NO	
01	Assess maternal HIV status		1	2	
02	Provide HIV counselling and testing services to all pregnant women in labour whose status is not known		1	2	
03	HIV test if status is not known		1	2	
04	Provide maternal ARV to infected mothers for PMTCT		1	2	
05	Provide ARV to new-born of infected mothers for PMTCT		1	2	
4138	Has there been a delivery for an HIV positive woman during the past 3 months?	YES 1 NO 2 DON'T KNOW 98			

ASK TO GO TO WHERE THE DELIVERIES ARE ACTUALLY CONDUCTED TO ASSESS CONDITIONS IN THE DELIVERY ROOM

D. STANDARD PRECAUTIONS FOR INFECTION PREVENTION AND CONTROL FOR DELIVERY

4141	I am interested in knowing if the following resources and supplies used for infection control are available in the delivery service area or are in reasonable proximity that they can be easily used by providers for maternity patients.				
	ITEM	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
01	Clean running water (piped, bucket with tap, or pour pitcher)	1	2	3	
02	Hand-washing soap or liquid soap	1	2	3	
03	Alcohol based hand rub (hand sanitizers)	1	2	3	
05	Waste receptacle bin with lid and plastic bin liner	1	2 →06	3 →06	

05a	Waste bin is clearly marked, for example, by label or colour, for infectious non-sharp waste	1	2	3	
06	Sharps container ("safety box")	1	2	3	
07	Environmental disinfectant (e.g. jik, hypo, lizal, chlorine, alcohol)	1	2	3	
08	Disposable syringes with disposable needles	1	2	3	
09	Auto-disable syringes	1	2	3	
4142	Is there electricity in this service area that is functioning now? IF YES, VERIFY ELECTRICITY IS FUNCTIONAL.	YES, OBSERVED 1 NO, NOT TODAY 2 NO, NEVER HAVE ELECTRICITY 3			

E. EQUIPMENT FOR DELIVERY							
4151	<p>Now, I would like to ask about equipment for delivery services. For each item that I ask about, please show me the item and when relevant, tell me if it is functioning or not.</p> <p><u>TO COUNT AS PRESENT ITEM MUST BE IN THE DELIVERY SERVICE AREA OR IMMEDIATE PROXIMITY SUCH THAT A PROVIDER COULD BE REASONABLY BE EXPECTED TO USE IT.</u></p>						
	ITEM	OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	FUNCTIONAL	NOT FUNCTION AL	DON'T KNOW
1	Blank partograph	1	2	3			
2	Delivery bed	1	2	3			
3	Disposable non-sterile latex gloves	1	2	3			
4	Disposable sterile latex gloves	1	2	3			
5	Examination light (flashlight ok)	1 → b	2 → b	3 → 06	1	2	8
6	Delivery pack (should include items 3 to 11) PLEASE ASK IF ITEMS 3 TO 11 ARE INCLUDED AND OBSERVE. IF IN SEALED PACK, MARK THEM AS "REPORTED, NOT SEEN"	1	2	3			
7	Cord clamp	1 → b	2 → b	3 → 08	1	2	8
8	Episiotomy scissors	1 → b	2 → b	3 → 09	1	2	8
9	Scissors or blade to cut cord	1 → b	2 → b	3 → 10	1	2	8
10	Suture material with needle	1	2	3 → 11			
11	Needle holder	1 → b	2 → b	3 → 12	1	2	8
12	Manual vacuum extractor	1 → B	2 → B	3 → 13	1	2	8
13	Manual Vacuum Aspirator Kit	1 → b	2 → b	3 → 14	1	2	8
14	Speculum	1 → b	2 → b	3 → 15	3	2	8
15	Digital or Manual with Stethoscope	1 → b	2 → b	3 → 16	1	2	8
16	Foetal stethoscope	1 → b	2 → b	3 → 17	1	2	8
17	Towel for drying new-born	1 → b	2 → b	3 → 18	1	2	8
18	Infant scale (with 100-gram gradation)	1 → b	2 → b	3 → 19	1	2	8

19	Incubator (MAY BE IN NURSERY)	1 → b	2 → b	3 → 20	1	2	8
20	Resuscitation table (with heat source) (for new-born resuscitation)	1 → b	2 → b	3 → 21	1	2	8
21	Electric or manual suction pump	1 → b	2 → b	3 → 22	1	2	8
22	Suction catheter (for suction apparatus) for suctioning new-born	1 → b	2 → b	3 → 23	1	2	8
23	Suction bulb (single use)	1 → b	2 → b	3 → 24	1	2	8
24	Suction bulb (sterilizable multi-use)	1 → b	2 → b	3 → 25	1	2	8
25	Thermometer	1 → b	2 → b	3 → 26	1	2 → 30	8 → 30
26	Self-inflating bag and mask for resuscitation- <u>adult</u>	1 → b	2 → b	3 → 27	1	2 → 31	8 → 31
27	New-born bag and mask size 0 for resuscitation of pre-term babies	1 → b	2 → b	3 → 28	1	2 → 32	8 → 32
28	New-born bag and mask size 1 for resuscitation of term babies	1 → b	2 → b	3 → 29	1	2 → 33	8 → 33
29	During the past 3 months, is there any time the new-born bag and mask for term babies been unavailable for this unit for any reason?	YES.....1 NO2					
4151a	Now, I would like to know about the availability of oxygen for patients in this unit. Does this unit ever provide oxygen to patients?	YES 1 NO..... 2					
4151a_01	Is there any oxygen currently in the unit?	YES.....1 NO, CALL FOR OXYGEN FROM ANOTHERS UNIT IF NEEDED 2 NO 3					→4161 →4161

GENERAL EQUIPMENT						
4152	Now I would like to see the following items and to know if they are functional or not					
4152a	GENERAL EQUIPMENT	A) AVAILABLE IN EMERGENCY SERVICE AREA			B) FUNCTIONING	
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO DON'T KNOW

01	Flowmeter for oxygen therapy (with humidification)	1 → b	2 → b	3 → 05	1	2	8
02	Oxygen delivery apparatus (key connecting tubes and mask/nasal prongs)		2 → b	3 → 4152	1	2	8

At any time during the past 3 months
4152b has oxygen been unavailable for this unit for any reason?

YES 1
NO 2

F. DRUGS FOR DELIVERY SERVICES

4161	Does this facility stock any drugs for obstetric care and delivery services in this service site?	YES 1 NO 2	→
4163	Please tell me if any of the following drugs are available <u>in the delivery service area</u> . If the drug is available, I would like to see it. CHECK TO SEE IF AT LEAST ONE OF EACH ITEM IS VALID (NOT EXPIRED). DO NOT GO TO A PHARMACY OUTSIDE OF THE DELIVERY SERVICE AREA TO ASSESS THESE ITEMS.		

	MEDICINES	(a)					(b)	
		AVAILABILITY					Any stock out in the last 3 months?	
		OBSERVED		NOT OBSERVED			OBSERVED	
		AT LEAST ONE NOT EXPIRED	AVAILABLE BUT EXPIRED	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE	YES	NO
01	Antibiotic eye ointment for new-born	1→b	2 02	3→b	4 02	5 02	1	2
02	Hydralazine injection	1→b	2 06	3→b	4 06	5 06	1	2
03	Labetalol injection	1→b	2	3→b	4	5	1	2
04	Nifedipine cap/tab (10 mg)	1→b	2 11	3→b	4 11	5 11	1	2
05	Magnesium sulphate injection	1→b	2 14	3→b	4 14	5 14	1	2
06	Intravenous infusion set	1→b	2 17	3→b	4 17	5 17	1	2
17	Dextrose 5% in water (D5W) intravenous solution	1→b	2 18	3→b	4 18	5 18	1	2
18	Sodium Chloride (0.9NS) intravenous solution or Ringers Lactate	1→b	2 19	3→b	4 19	5 19	1	2
22	Skin disinfectant	1→b	2 23	3→b	4 23	5 23	1	2
23	4% chlorhexidine gel in 25g tube for umbilical cord care	1→b	2 24	3→b	4 24	5 24	1	2
24	Oxytocin injection	1→b	2 24	3→b	4	5	1	2

	MEDICINES	(a)					(b)	
		AVAILABILITY					Any stock out in the last 3 months?	
		OBSERVED		NOT OBSERVED			OBSERVED	
		AT LEAST ONE NOT EXPIRED	AVAILABLE BUT EXPIRED	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE	YES	NO
25	Mostoprosol	1→b	2 26	3→b	4	5	1	2
4163_11	Is the oxytocin stored in cold storage? Refrigerator or cold box)		YES 1 NO 2					

SECTION 4.2 POSTPARTUM CARE

A. ROUTINE POSTPARTUM CARE

	Now, I am interested in knowing more about the postpartum care provided for the healthy new-born and mothers.				
4201	Are healthy new-born routinely monitored postpartum for symptoms of possible risk?		YES 1 NO 2		→4204
4202	Which of the following are routinely monitored for the newborn?	ROUTINE FOR ALL NEW BORN	SOMETIMES IF SYMTPOMS INDICATE	RARE/NEVER PART OF NEW-BORN MONITORING	
01	Temperature	1	2	3	
02	Respiratory rate	1	2	3	
03	Assess for jaundice	1	2	3	
04	Umbilical cord status	1	2	3	
05	Feeding status	1	2	3	
4203	Are healthy mothers routinely monitored postpartum for symptoms of possible risk?		YES 1 NO 2		→4205
4203 cont..	Which of the following are routinely monitored for the postpartum woman?	ROUTINE FOR ALL WOMEN	SOMETIMES IF SYMTPOMS INDICATE	RARE/NEVER PART OF PNC	
01	Blood pressure	1	2	3	
02	Temperature	1	2	3	
03	Fundal status	1	2	3	
04	Check pads for bleeding	1	2	3	
4204	Are there any guidelines or job aids in this service site for postpartum care?		YES 1 NO 2		→4206
4205	ASK TO SEE DOCUMENTS OR JOB AIDS RELATED TO THE FOLLOWING TOPICS		YES, SEEN	YES, REPORTED, NOT SEEN	NO
01	Any guidelines or job aids for routine monitoring of the new-born		1	2	3
02	Standard records with preprinted columns for information to be recorded for new-born		1	2	3

	monitoring such as jaundice, feeding, respiratory rate, and temperature.				
03	Any guidelines or job aids for routine monitoring of the postpartum woman?	1	2	3	

B. POSTPARTUM CARE FOR THE SMALL OR SICK NEW-BORN					
4211	Now, I would like to know about services provided in this facility for the small or sick newborn.				
IF THE INDICATED SERVICE IS PROVIDED MAKE SURE YOU SPEAK TO THE MOST KNOWLEDGEABLE PERSON ABOUT THE SERVICE. THIS MAY REQUIRE GOING TO ANOTHERS SERVICE SITE SUCH AS A POSTPARTUM UNIT					
4211	Is KMC (Kangaroo Mothers Care) for premature/very small babies) routinely used in this facility?	YES.....1 NO2			→4215
4212	Has KMC been provided at any time during the past 3 months?	YES.....1 NO2			
4213	Are there any job aids or guidelines for KMC? IF YES, ASK: May I see the guidelines or job aids?	YES, OBSERVED.....1 YES, REPORTED, NOT SEEN.....2 NO3			
4214	Have you or another provider received training in KMC during the past 2 years?	YES.....1 NO2			
4215	Has this facility ever seen cases of severely ill new-born, with probable severe infection or sepsis among inpatients?	YES.....1 NO2			→4216
4216	When there is a newborn with probable severe infection or sepsis, what is the routine practice by inpatient service providers? FOR EACH PRACTICE, CLARIFY IF THIS IS ALWAYS, SOMETIMES, OR NEVER PRACTICED	YES ALWAYS	YES SOMETIMES	NEVER	
01	Immediate referral without providing any medicine?	1 SKIP TO 4217	2 SKIP TO 4217	3	
02	Provide one dose injectable antibiotic and then refer?	1	2	3	
03	Prescribe the full antibiotic regimen and follow up	1	2	3	
4217	Are there any job aids or guidelines related to newborn sepsis? IF YES, ASK: May I see the guidelines or job aids?	YES, SEEN.....1 YES, REPORTED, NOT SEEN2 NO3			
4218	Has this facility had a new-born sepsis case within the past 3 months?	YES.....1 NO2			
4219	Have you or another provider received training related to newborn sepsis during the past 2 years?	YES.....1 NO2			

B. REVIEWS FOR QUALITY OF DELIVERY SERVICES				
Finally, I want to know about reviews and records maintained for deliveries				
4220	Are maternal death reviews carried out on a routine basis? By routine, I mean there are defined criteria for when a maternal death review will be carried out and a defined process for conducting the review.	YES 1 NO 2 NEVER HAD A MATERNAL DEATH 3		
4221	Are neonatal death reviews carried out on a routine basis? By routine, I mean there is a defined criteria for when a neonatal death review will be carried out and a defined process for conducting the review.	YES 1 NO 2 NEVER HAD A NEONATAL DEATH 3		
4221A	Are neonatal death recorded in a register? IF YES, ASK: May I see	YES, OBSERVED 2 REPORTED, NOT SEEN 3 NO 4		
4222	Are perinatal death reviews carried out on a routine basis? This includes stillbirths.	YES 1 NO 2 NEVER HAD A PERINATAL DEATH 3		
4222A	Are perinatal death recorded in a register? IF YES, ASK: May I see	YES, OBSERVED 2 REPORTED, NOT SEEN 3 NO 4		
4223	Is there NHMIS labour and delivery register available in the facility today. IF YES, ASK TO SEE THE REGISTER	YES, SEEN NATIONAL DELIVERY REGISTER 1 YES, SEEN OTHERS REGISTER 2 REPORTED, NOT SEEN 3 NO 4		
4224	INDICATE IF THE FOLLOWING WAS OBSERVED IN THE UNIT	YES	NO	
01	FLOOR: SWEEPED, 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	WERE STAFF WEARING APPROPRAITE UNIFORMS IN THIS UNIT?	1	2	
07	WERE STAFF WEARING ID BADGES IN THIS UNIT?	1	2	
08	WERE NON-SMOKING SIGNS OBSERVED IN THIS UNIT?	1	2	

FACILITY NUMBER <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	INTERVIEWER CODE <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
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FIND THE PERSON MOST KNOWLEDGABLE ABOUT MINOR SURGICAL SERVICES. EXPLAIN THAT THE INCHARGE HAS AGREED FOR THE FACILITY TO PARTICIPATE IN THE SURVEY AND EXPLAIN THE OBJECTIVES OF THE SURVEY. ASK FOR ASSISTANCE IN IDENTIFYING THE APPROPRIATE PERSONS TO ANSWER QUESTIONS AND GOING TO DIFFERENT SERVICE SITES.

SECTION 4.3 SURGERY

4300	Does this facility offer any minor surgical services either for out or inpatients (such as suturing, circumcision, wound debridement, etc.)?	YES 1 NO 2 SKIP TO 4302	
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A. SURGICAL PROCEDURES

4301	Now, I want to know about a few surgical procedures that may be performed here or in another site in the facility. Please tell me if this facility performs any of the following procedures, and indicate if the procedure is provided for outpatients, inpatient, or both out and inpatients, or if the procedure is not available in this facility. IF THIS RESPONDENT DOES NOT KNOW, ASK TO SPEAK WITH THE PERSON MOST FAMILIAR WITH THESE PROCEDURES.
------	---

PROCEDURE		YES			NO
		OUTPATIENT	INPATIENT	BOTH OUT AND INPATIENT	
01	Vasectomy	1	2	3	4
02	Voluntary male medical circumcision	1	2	3	4
OBSTETRIC/GYNECOLOGIC PROCEDURES					
03	Tubal ligation	1	2	3	4
04	Dilatation & Curettage or vacuum aspiration for evacuation of uterus	1	2	3	4
05	Episiotomy, cervical and vaginal laceration repair	1	2	3	4
06	Caesarean section	1	2	3	4

4302	Are any general surgical procedures requiring anesthesia carried out by this facility, either as out or inpatient procedures?	YES 1 NO 2	
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B. HUMAN RESOURCES FOR CAESAREAN SECTION

	CHECK Q.4301_06: CESAREAN SECTION OFFERED	CESAREAN SECTION NOT OFFERED	
4311	Does this facility have a health professional who can perform caesarean section present in the facility or on call 24 hours a day (including weekends and on public holidays)?	YES, 24 HOURS ONSITE 1 YES, NOT 24 HOURS ONSITE, BUT 24 HOURS ON-CALL 2 NO 24-HOUR COVERAGE 3	
4312	Does this facility have an anaesthetist (or doctor with anaesthetics training) present in the facility or on call 24 hours a day (including weekends and on public holidays)?	YES 1 NO 2	

4313	Have you or any provider(s) of delivery service received any training in Comprehensive Emergency Obstetric Care (CEmOC) in the last two years?	YES..... 1 NO 2 DON'T KNOW 98	
4314	Do you have any guidelines related to Comprehensive Emergency Obstetric Care (CEmOC) such as Essential Life Saving Skills (ELSS) available today in the surgical service area? IF YES, ASK: May I see the guidelines?	YES, OBSERVED 1 YES, REPORTED NOT SEEN 2 NOT AVAILABLE..... 3	
4315	Are there any checklists or job aids for CEmOC or ELSS available in the surgical service area? IF YES ASK: May I see the job aids or checklists?	YES, OBSERVED 1 YES, REPORTED NOT SEEN 2 NOT AVAILABLE..... 3	
4316	Do you have maternal deaths from pregnancy, labour or deliveries?	YES..... 1 NO..... 2	
4316a	If yes, count numbers in last 12 months	<input type="text"/> <input type="text"/>	
4316b	Put total numbers of deaths in the last 12 months due to the following cause	Haemorrhage <input type="text"/> <input type="text"/> Preeclampsia /Eclampsia <input type="text"/> <input type="text"/> Sepsis <input type="text"/> <input type="text"/> Unsafe abortion <input type="text"/> <input type="text"/> Obstructed labour <input type="text"/> <input type="text"/> Others (SPECIFY) <input type="text"/> <input type="text"/>	
4317	Did you perform Caesarean section in the last 12months?	YES..... 1 NO..... 2	
4137a	If yes, write Total number of deliveries by Caesarean Section	<input type="text"/> <input type="text"/>	

	RESPONDENT(S)	NAME(S) DESIGNATION(S)	AND	CELL PHONE CONTACT	
	SECTION 4.1				
	SECTION 4.5				
	SECTION 4.3				

SECTION 4.4: INTERVIEWER OBSERATIONS			
4401	INTERVIEW END TIME (use the 24 hour-clock system)	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	
4402	RESULT CODES (LAST VISIT):	COMPLETED..... 1 RESPONDENT NOT AVAILABLE 2 REFUSED 3 PARTIALLY COMPLETED 4 OTHERS (SPECIFY) _____ 96	
4403 COMMENTS ABOUT THE RESPONDENT:			

<hr/> <hr/> <hr/> <hr/>	
4404 COMMENTS ON SPECIFIC QUESTIONS:	
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
4405 ANY OTHERS COMMENTS:	
<hr/> <hr/> <hr/> <hr/> <hr/>	
4406 SUPERVISOR'S OBSERVATIONS:	
<hr/> <hr/> <hr/> <hr/> <hr/>	
NAME OF SUPERVISOR: _____	DATE: _____