

Burkina Faso Nutrition Survey Round 2: Service Delivery Point Questionnaire

001a. Your ID: \${your_name} Is this your ID?	<input type="radio"/> Yes <input type="radio"/> No
001b. Enter your ID below. <i>Please record your ID</i>	
002a. Current date and time.	Day: Month: Year:
Is this date and time correct?	<input type="radio"/> Yes <input type="radio"/> No
002b. Record the correct date and time.	Day: Month: Year:
003a. Region	<input type="radio"/> BOUCLE DU MOUHOUN <input type="radio"/> CASCADES <input type="radio"/> CENTRE <input type="radio"/> CENTRE EST <input type="radio"/> CENTRE NORD <input type="radio"/> CENTRE OUEST <input type="radio"/> CENTRE SUD <input type="radio"/> EST <input type="radio"/> HAUTS BASSINS <input type="radio"/> NORD <input type="radio"/> PLATEAU CENTRAL <input type="radio"/> SAHEL <input type="radio"/> SUD OUEST
003b. Province	<input type="radio"/> BALE <input type="radio"/> BANWA <input type="radio"/> KOSSI <input type="radio"/> MOUHOUN <input type="radio"/> NAYALA <input type="radio"/> COMOIE <input type="radio"/> LERABA <input type="radio"/> KADIOGO <input type="radio"/> BOULGOU <input type="radio"/> KOULPELGO <input type="radio"/> KOURITENGA

	<ul style="list-style-type: none"> <input type="radio"/> BAM <input type="radio"/> NAMENTENGA <input type="radio"/> SANMATENGA <input type="radio"/> BOULKIEMDE <input type="radio"/> SANGUIE <input type="radio"/> SISSILI <input type="radio"/> ZIRO <input type="radio"/> BAZEGA <input type="radio"/> NAHOURI <input type="radio"/> GNAGNA <input type="radio"/> GOURMA <input type="radio"/> TAPOA <input type="radio"/> HOUET <input type="radio"/> KENEDOUGOU <input type="radio"/> PASSORE <input type="radio"/> YATENGA <input type="radio"/> ZONDOMA <input type="radio"/> GANZOURGOU <input type="radio"/> KOURWEOGO <input type="radio"/> OUBRITENGA <input type="radio"/> OUDALAN <input type="radio"/> SOUM <input type="radio"/> YAGHA <input type="radio"/> BOUGOURIBA <input type="radio"/> NOUMBIEL <input type="radio"/> PONI
<p>003c. Commune, village</p>	<ul style="list-style-type: none"> <input type="radio"/> FARA <input type="radio"/> KOUKA <input type="radio"/> SOLENZO <input type="radio"/> DOUMBALA <input type="radio"/> DEDOUGOU <input type="radio"/> DOUROULA <input type="radio"/> YABA <input type="radio"/> BANFORA <input type="radio"/> OUO <input type="radio"/> SOUBAKANIEDOUGOU <input type="radio"/> SINDOU <input type="radio"/> ARDT DE BASKUY <input type="radio"/> ARDT DE BOGODOGO <input type="radio"/> ARDT DE BOULMIOUGOU <input type="radio"/> ARDT DE SIG-NOGHIN <input type="radio"/> ARDT DE NONGREMASSOM <input type="radio"/> SAABA <input type="radio"/> TENKODOGO <input type="radio"/> YARGATENGA

	<ul style="list-style-type: none"> <input type="radio"/> POUYTENGA <input type="radio"/> BOURZANGA <input type="radio"/> KONGOUSSI <input type="radio"/> YALGO <input type="radio"/> BOUSSOUMA <input type="radio"/> KORSIMORO <input type="radio"/> KOUDOUGOU <input type="radio"/> SABOU <input type="radio"/> POUNI <input type="radio"/> LEO <input type="radio"/> DALO <input type="radio"/> SAPONE <input type="radio"/> ZIOU <input type="radio"/> BOGANDE <input type="radio"/> FADA N'GOURMA <input type="radio"/> KANTCHARI <input type="radio"/> LOGOBOU <input type="radio"/> BOBO DIOULASSO-DAFRA <input type="radio"/> BOBO DIOULASSO-Do <input type="radio"/> BOBO DIOULASSO-KONSA <input type="radio"/> KARANKASSO-VIGUE <input type="radio"/> KAYAN <input type="radio"/> SINDO <input type="radio"/> BOKIN <input type="radio"/> SAMBA <input type="radio"/> NAMISSIGUIMA <input type="radio"/> OUAHIGOUYA <input type="radio"/> GOURCY <input type="radio"/> BOUDRY <input type="radio"/> NIOU <input type="radio"/> ZINIARE <input type="radio"/> GOROM-GOROM <input type="radio"/> ARBINDA <input type="radio"/> SOLHAN <input type="radio"/> DIEBOUGOU <input type="radio"/> BATIE <input type="radio"/> GBOMBLORA
<p>004. Enumeration area</p>	<ul style="list-style-type: none"> <input type="radio"/> 1_B006 <input type="radio"/> 2_H039 <input type="radio"/> 3_P076b <input type="radio"/> 4_C014 <input type="radio"/> 5_L063 <input type="radio"/> 6_C013 <input type="radio"/> 7_C015 <input type="radio"/> 8_L061

-
- 9_D016
 - 10_B011
 - 11_A004
 - 12_D022
 - 13_D020
 - 14_B006
 - 15_A001
 - 16_I045
 - 17_M062
 - 18_O072
 - 19_A003
 - 21_K054
 - 22_M063
 - 23_N071
 - 20_E026
 - 26_A005
 - 27_H039
 - 28_H036
 - 24_A005
 - 25_F027
 - 29_H039
 - 30_A006
 - 31_H045
 - 32_I047
 - 33_L065
 - 34_I043
 - 35_I044
 - 36_C014
 - 37_D020
 - 38_B008
 - 39_P085
 - 40_I042
 - 41_B006
 - 42_B007
 - 43_G036
 - 44_B006
 - 45_G032
 - 46_F024
 - 47_C012
 - 48_C013
 - 49_F026
 - 50_G031
 - 51_J049
 - 52_L060
 - 53_BB138
 - 54_E023

	<input type="radio"/> 55_C012 <input type="radio"/> 56_P076 <input type="radio"/> 57_B007 <input type="radio"/> 58_B009 <input type="radio"/> 59_F032 <input type="radio"/> 60_A003 <input type="radio"/> 61_A004 <input type="radio"/> 62_A004 <input type="radio"/> 63_B008 <input type="radio"/> 64_A005 <input type="radio"/> 65_L064 <input type="radio"/> 66_D017 <input type="radio"/> 67_B010 <input type="radio"/> 68_C013 <input type="radio"/> 69_D019 <input type="radio"/> 70_C013 <input type="radio"/> 71_D016 <input type="radio"/> 72_B008 <input type="radio"/> 73_G031 <input type="radio"/> 74_B007 <input type="radio"/> 75_B006 <input type="radio"/> 76_L055 <input type="radio"/> 77_N075 <input type="radio"/> 78_P086 <input type="radio"/> 79_S093 <input type="radio"/> 80_B009 <input type="radio"/> 81_D017 <input type="radio"/> 82_A002 <input type="radio"/> 83_D017
<p>005. Facility number <i>Please record the number of the facility from the listing form.</i></p>	
<p>006. Type of facility <i>Please select the type of facility.</i></p>	<input type="radio"/> National Hospital Center <input type="radio"/> Teaching Hospital (University) <input type="radio"/> Regional Hospital Center <input type="radio"/> Medical center with surgical branch <input type="radio"/> Health and Social Promotion Center <input type="radio"/> Private hospital/polyclinic/clinic <input type="radio"/> Private health center <input type="radio"/> Bulk pharmacy <input type="radio"/> Pharmacy <input type="radio"/> Pharmaceutical shop <input type="radio"/> Other

<p>007. Managing authority <i>Please select the managing authority for the facility.</i></p>	<p><input type="radio"/> Government <input type="radio"/> NGO <input type="radio"/> Faith-based organization <input type="radio"/> Private <input type="radio"/> Other</p>				
<p>008. Is a competent respondent present and available to be interviewed today?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>				
<p>INFORMED CONSENT <i>Find the competent respondent responsible for patient services (main administrator and family planning in-charge) who is present at the facility. Read the greeting on the next screen:</i></p>					
<p>Bonjour. Je m'appelle _____ et je travaille pour l'Institut Supérieur des Sciences de la Population (ISSP) pour aider le gouvernement et les communautés à en savoir plus sur les services de santé. À présent je vais vous lire une déclaration expliquant cette enquête. Votre établissement a été sélectionné au hasard pour participer à cette étude. Les informations sur votre établissement pourront être utilisées par des organisations de santé afin d'améliorer la planification de services ou pour de futures études sur les services de santé. Les données collectées dans cette formation sanitaire seront également utilisées et analysées par des chercheurs. Cependant, le nom de votre établissement ne sera pas fourni, et les rapports des chercheurs qui utiliseront les données de votre structure ne seront présentés que sous forme agrégée afin qu'elle ne puisse être identifiée. Nous vous demandons de nous aider à assurer l'exactitude des informations collectées. Si il y a des questions auxquelles d'autres personnes sont plus à même de pouvoir répondre, nous serions très reconnaissants si vous pouviez nous présenter cette personne. Vous pouvez refuser de répondre à toute question ou choisir d'interrompre l'interview à tout moment. Avez-vous des questions sur cette enquête ?</p>					
<p>009a. Provide a paper copy of the Consent Form to the respondent and explain it. Then, ask: May I begin the interview now?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>				
<table border="1"> <tr> <td data-bbox="198 1402 938 1514"> <p>009b. Respondent's signature <i>Please ask the respondent to sign or check the box in agreement of their participation.</i></p> </td> <td data-bbox="938 1402 1430 1514"></td> </tr> <tr> <td data-bbox="198 1514 938 1585"> <p>Checkbox</p> </td> <td data-bbox="938 1514 1430 1585"> <p><input type="checkbox"/></p> </td> </tr> </table>		<p>009b. Respondent's signature <i>Please ask the respondent to sign or check the box in agreement of their participation.</i></p>		<p>Checkbox</p>	<p><input type="checkbox"/></p>
<p>009b. Respondent's signature <i>Please ask the respondent to sign or check the box in agreement of their participation.</i></p>					
<p>Checkbox</p>	<p><input type="checkbox"/></p>				
<p>WARNING: the respondent has not signed or checked the box, despite agreeing to be interviewed in question I. To conduct the survey, the respondent must sign or touch the checkbox. <i>You may go back to obtain a signature or check the box or you should go back to question I to indicate the respondent does not want to be interviewed.</i></p>					
<p>010c. Interviewer's ID: \${your_name} <i>Mark your ID as a witness to the consent process.</i></p>	<p><input type="checkbox"/></p>				
<p>010c. Interviewer's ID</p>					

<p>013. Does this facility provide clinical services such as consultation, counseling, and laboratory services?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>Section 1 – Information About Services <i>Now I would like to ask about the services provided at this facility.</i></p>	
<p>101. How many days each week is the facility routinely open? <i>Enter a number between 0 and 7. Enter 0 for less than 1 day per week. Enter -88 for do not know, -99 for no response.</i></p>	
<p>102. Now I have some questions about staffing for this facility. For the following questions, please tell me how many staff with this qualification are currently assigned to this facility. We want to know the highest technical qualification that any staff may hold regardless of the person’s actual assignment or specialist studies. Enter -88 for do not know and -99 for no response. 0 is a possible answer.</p>	
<p>102. Total number of nutritionists <i>Enter -88 for do not know, -99 for no response. 0 is a possible answer.</i></p>	
<p>102. Total number of doctors <i>Enter -88 for do not know, -99 for no response. 0 is a possible answer.</i></p>	
<p>102. Total specialist nurses <i>Enter -88 for do not know, -99 for no response. 0 is a possible answer.</i></p>	
<p>102. Total nurses credentialed by the state or total certified nurses <i>Enter -88 for do not know, -99 for no response. 0 is a possible answer.</i></p>	
<p>102. Total midwives / male midwives (midhusband) <i>Enter -88 for do not know, -99 for no response. 0 is a possible answer.</i></p>	
<p>102. Total number of certified birth attendants /aides <i>Enter -88 for do not know, -99 for no response. 0 is a possible answer.</i></p>	
<p>102. Total fieldworkers <i>Enter -88 for do not know, -99 for no response. 0 is a possible answer.</i></p>	
<p>102. Total technicians <i>Enter -88 for do not know, -99 for no response. 0 is a possible answer.</i></p>	
<p>102. Total number of pharmacists <i>Enter -88 for do not know, -99 for no response. 0 is a possible answer.</i></p>	
<p>102. Total number of pharmaceutical store owners <i>Enter -88 for do not know, -99 for no response. 0 is a possible answer.</i></p>	
<p>102. Total number of other medical staff <i>Enter -88 for do not know, -99 for no response. 0 is a possible answer.</i></p>	
<p>Section 2 – Maternal Child Health Services</p>	
<p>201. Does this facility provide antenatal services?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>

<p>201b. How many days in a week are antenatal care services offered at this facility?</p> <p><i>Enter a number between 0 and 7. Enter 0 for less than 1 day per week. Enter -88 for do not know, -99 for no response.</i></p> <p><i>Must be consistent with days that facility is open. Number of days the facility is open: \${days_open} jours.</i></p>	
<p>202. Is there a healthcare worker who is skilled in delivery present at the facility at all times or officially on call for the facility at all times (24 hours a day) for emergencies?</p>	<p><input type="radio"/> Yes, 24-hr staff</p> <p><input type="radio"/> No, no 24-hr staff</p> <p><input type="radio"/> No response</p>
<p>203. Which of the following activities are performed as part of routine ANC services? That is, each client has this test at least once or receives the service at every visit.</p> <p><i>Read all options aloud. Remember to only check the box if the activities are for ANC serves.</i></p>	<p><input type="checkbox"/> Weighing clients</p> <p><input type="checkbox"/> Taking blood pressure</p> <p><input type="checkbox"/> Group education for Maternal, Infant and Young Child Nutrition</p> <p><input type="checkbox"/> Individual counseling for Maternal, Infant and Young Child Nutrition</p> <p><input type="checkbox"/> Blood test for anemia</p> <p><input type="checkbox"/> Blood test for syphilis</p> <p><input type="checkbox"/> Blood test for Rh factor</p> <p><input type="checkbox"/> Blood test for HIV</p> <p><input type="checkbox"/> Iron or iron folic acid supplementation</p> <p><input type="checkbox"/> Calcium supplementation</p> <p><input type="checkbox"/> Multiple micronutrient</p> <p><input type="checkbox"/> Supplements / powder / sachets for women (other than IFA or calcium)</p> <p><input type="checkbox"/> Intermittent preventive treatment-malaria</p> <p><input type="checkbox"/> Tetanus toxoid vaccination</p> <p><input type="checkbox"/> None of the above</p> <p><input type="checkbox"/> Do not know</p> <p><input type="checkbox"/> No response</p>
<p>Check here to acknowledge you considered all options.</p>	<p><input type="radio"/></p>
<p>204. Does each woman who comes for antenatal care to the health clinic get a Maternal and Child Booklet?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Do not know</p> <p><input type="radio"/> No response</p>
<p>205. Is this a certified Baby Friendly Facility?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Do not know</p> <p><input type="radio"/> No response</p>
<p>206a. Does this facility provide pediatric consultation including well-baby visits and/or curative services for sick children?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>

	<input type="radio"/> Do not know <input type="radio"/> No response
206b. How many days in a week are sick-child consultations offered at this facility? <i>Enter a number between 0 and 7. Enter 0 for less than 1 day per week. Enter -88 for do not know, -99 for no response.</i> <i>Must be consistent with days that facility is open. Number of days the facility is open: \${days_open}</i>	
207. Which of the following activities are REGULARLY performed as part of pediatric consultations or services	<input type="checkbox"/> Growth monitoring <input type="checkbox"/> Screening of children for acute malnutrition <input type="checkbox"/> Group education for Infant and Young Child Nutrition <input type="checkbox"/> Individual counseling for Infant and Young Child Nutrition <input type="checkbox"/> Vitamin A <input type="checkbox"/> Zinc for children with diarrhea <input type="checkbox"/> Provision of micronutrient powders or sachets to children under 5 <input type="checkbox"/> Provision of other micronutrient supplements to children under 5 <input type="checkbox"/> Provision of food or food-based supplements to children under 5 <input type="checkbox"/> Treatment of severe acute malnutrition <input type="checkbox"/> Treatment of moderate acute malnutrition <input type="checkbox"/> None of the above <input type="checkbox"/> Do not know <input type="checkbox"/> No response
208. Does the facility have any posters publicly displayed about nutrition? Can you show them to me?	<input type="radio"/> Yes, observed <input type="radio"/> Yes, not observed <input type="radio"/> No <input type="radio"/> No response
Section 3 – Child Growth Monitoring and Feeding Counseling	
302. How many days in a week are well baby services offered at this facility? <i>Enter a number between 0 and 7. Enter 0 for less than 1 day per week. Enter -88 for do not know, -99 for no response.</i> <i>Must be consistent with days that facility is open. Number of days the facility is open: \${days_open}</i>	
303. Can you show me the job aids for the following items? Maternal, infant and young child nutrition	<input type="radio"/> Yes, seen <input type="radio"/> Yes, but not seen <input type="radio"/> No, not seen

PMTCT (Prevention of Mother to Child Transmission)	<input type="radio"/> Yes, seen <input type="radio"/> Yes, but not seen <input type="radio"/> No, not seen
Infant feeding during HIV	<input type="radio"/> Yes, seen <input type="radio"/> Yes, but not seen <input type="radio"/> No, not seen
CMAM (Community Management of Acute Malnutrition)	<input type="radio"/> Yes, seen <input type="radio"/> Yes, but not seen <input type="radio"/> No, not seen
304a. What measurements are used to screen for acute malnutrition?	<input type="checkbox"/> Height <input type="checkbox"/> Weight <input type="checkbox"/> MUAC <input type="checkbox"/> No response
304b. What measurements are used for regular growth monitoring?	<input type="checkbox"/> Height <input type="checkbox"/> Weight <input type="checkbox"/> MUAC <input type="checkbox"/> No response
305a. Do facility staff or CHVs conduct community based screening for malnutrition?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
305b. How are community based screening services delivered?	<input type="checkbox"/> CHV home visits <input type="checkbox"/> Mobile clinic <input type="checkbox"/> None of the above <input type="checkbox"/> No response
306a. Does this facility provide treatment to children identified as malnourished without complications?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
306b. What treatment does this facility provide for malnourished children without complications? <i>Mark all that apply</i>	<input type="checkbox"/> RUTF/Plumpy' product (packaged peanut-paste) <input type="checkbox"/> F75 or F100 milk <input type="checkbox"/> Special flour (Corn Soy Blend/CSB with added vitamins) <input type="checkbox"/> Food Basket with mix of products (for example: rice, oil, beans) <input type="checkbox"/> Other <input type="checkbox"/> Do not know <input type="checkbox"/> No response
306c. Does this facility provide referrals to treatment for children identified as malnourished without complications?	<input type="radio"/> Yes <input type="radio"/> No

	<input type="radio"/> Do not know <input type="radio"/> No response
307a. Does this facility provide in-patient treatment for malnutrition with complications for children?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
307b. For children identified as being severely malnourished with complications, do you refer them to another facility for treatment?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
Section 4 – CHV Services <i>Now I would like to ask about any services provided by community health volunteers supported by this facility</i>	
401. Does this facility provide supervision, support, or supplies to paid or unpaid community-based workers or volunteers to provide nutrition services in the community? <i>PROMPT: like supplementary food, IFA or other nutritional supplements, nutrition counseling and education, or measuring weight, height or arm circumference.</i>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
402. How many paid or unpaid community-based workers are supported by this facility to provide nutrition services? <i>Record only CHVs who receive supervision, support, or supplies for nutrition outreach services.</i> <i>If CHVs were recorded as employees in SQ 102, please do not include them here as well.</i> <i>Enter -88 for do not know, -99 for no response.</i>	
403. For volunteers, how are these individuals remunerated for their activities? <i>Select all that apply.</i>	<input type="checkbox"/> No remuneration <input type="checkbox"/> Salary <input type="checkbox"/> Other financial incentives <input type="checkbox"/> In kind <input type="checkbox"/> Do not know <input type="checkbox"/> No response
404. Do the community health volunteers or workers provide any of the following services:	<input type="checkbox"/> Growth monitoring <input type="checkbox"/> Screening of children for acute malnutrition <input type="checkbox"/> Referral of children for acute malnutrition <input type="checkbox"/> Treatment of children for acute malnutrition <input type="checkbox"/> Group education for Maternal, Infant and Young Child Nutrition <input type="checkbox"/> Individual counseling for Maternal, Infant and Young Child Nutrition (1-on-1) <input type="checkbox"/> Cooking demonstrations <input type="checkbox"/> Distribution of supplementary or special food to women, children, or households

	<input type="checkbox"/> Iron or IFA supplementation for women <input type="checkbox"/> Calcium supplementation for pregnant women <input type="checkbox"/> Multiple micronutrient supplements/powder/sachets for women (other than IFA or calcium) <input type="checkbox"/> Vitamin A supplementation <input type="checkbox"/> Zinc supplementation for kids with diarrhea <input type="checkbox"/> Multiple micronutrient supplements / powders / sachets for children (other than Vitamin A or zinc with diarrhea) <input type="checkbox"/> None of the above <input type="checkbox"/> No response
Check here to acknowledge you considered all options.	<input type="radio"/>

Section 5: Equipment for Provision of Services

<p>501. Does the facility have the following equipment:</p>	<input type="checkbox"/> Weighing scale to measure adults or children <input type="checkbox"/> Weighing scale to measure infants <input type="checkbox"/> Equipment to measure standing height <input type="checkbox"/> Equipment to measure infant/child length <input type="checkbox"/> Tape to measure arm circumference <input type="checkbox"/> Growth chart <input type="checkbox"/> Equipment to measure blood pressure <input type="checkbox"/> None of the above <input type="checkbox"/> No response
Check here to acknowledge you considered all options.	<input type="radio"/>

501. Which of the following equipment is functional today?	
Weighing scale to measure adults or children	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
Weighing scale to measure infants	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response

Equipment to measure standing height	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
Equipment to measure infant/child length	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
Tape to measure arm circumference	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
Growth chart	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
Equipment to measure blood pressure	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response

502. Does the facility have the following lab supplies?

- Equipment to measure hemoglobin
- Equipment to measure blood glucose
- Equipment to measure urine protein
- Urine test for pregnancy
- HIV diagnostic test
- Syphilis diagnostic test
- Malaria diagnostic test
- Equipment to diagnose parasites in stool
- None of the above
- No response

502. Which of the following lab items are functional today?	
Equipment to measure hemoglobin	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
Equipment to measure blood glucose	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
Equipment to measure urine protein	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response

Urine test for pregnancy	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
HIV diagnostic test	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
Syphilis diagnostic test	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
Malaria diagnostic test	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
Equipment to diagnose parasites in stool	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response

Section 6 – Medication Stock

601. Do you have a room or area where medications are stored?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
602a. May I see the room? <i>Select yes if you are already in the room.</i>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response

602b. Observe the place where supplies and medications are stored and report on the following.		
	Yes	No
All medications off the floor	<input type="radio"/>	<input type="radio"/>
All medications protected from water	<input type="radio"/>	<input type="radio"/>
All medications protected from sunlight	<input type="radio"/>	<input type="radio"/>
Room is clean of evidence of rodents or pests (bats, rats, roaches)	<input type="radio"/>	<input type="radio"/>

603. Which of the following medications are provided to clients? <i>Select all that apply.</i>	<input type="checkbox"/> Ready-to-use therapeutic food <input type="checkbox"/> Ready-to-use supplementary food <input type="checkbox"/> F75 or F100 milk <input type="checkbox"/> Iron folic acid tablets <input type="checkbox"/> Multiple micronutrient supplement (tablet) <input type="checkbox"/> Multiple micronutrient powder
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	<input type="checkbox"/> Zinc supplement <input type="checkbox"/> Vitamin A capsules <input type="checkbox"/> Calcium supplements <input type="checkbox"/> Antibiotics for treatment of malnutrition (oral amoxicillin, injectable benzyl penicillin, injectable ampicillin, or injectable gentamicin) <input type="checkbox"/> IV solution for treatment of malnutrition <input type="checkbox"/> Co-trimoxazole <input type="checkbox"/> Oral rehydration solution (ORS) <input type="checkbox"/> Me-/albendazole cap/tablets <input type="checkbox"/> None of the above <input type="checkbox"/> Do not know <input type="checkbox"/> No response
Check here to acknowledge you considered all options.	<input type="radio"/>

604. Are the following medications currently in stock?	
Ready-to-use therapeutic food	<input type="radio"/> In-stock and observed <input type="radio"/> In-stock but not observed <input type="radio"/> Out of stock <input type="radio"/> No response
Ready-to-use supplementary food	<input type="radio"/> In-stock and observed <input type="radio"/> In-stock but not observed <input type="radio"/> Out of stock <input type="radio"/> No response
F75/F100 Milk	<input type="radio"/> In-stock and observed <input type="radio"/> In-stock but not observed <input type="radio"/> Out of stock <input type="radio"/> No response
Iron folic acid tablets	<input type="radio"/> In-stock and observed <input type="radio"/> In-stock but not observed <input type="radio"/> Out of stock <input type="radio"/> No response
Multiple micronutrient supplement (tablet)	<input type="radio"/> In-stock and observed <input type="radio"/> In-stock but not observed <input type="radio"/> Out of stock <input type="radio"/> No response
Multiple micronutrient powder	<input type="radio"/> In-stock and observed <input type="radio"/> In-stock but not observed <input type="radio"/> Out of stock <input type="radio"/> No response

Zinc supplement	<input type="radio"/> In-stock and observed <input type="radio"/> In-stock but not observed <input type="radio"/> Out of stock <input type="radio"/> No response
Vitamin A capsules	<input type="radio"/> In-stock and observed <input type="radio"/> In-stock but not observed <input type="radio"/> Out of stock <input type="radio"/> No response
Antibiotics for treatment of malnutrition (oral amoxicillin, injectable benzyl penicillin, injectable ampicillin, or injectable gentamicin)	<input type="radio"/> In-stock and observed <input type="radio"/> In-stock but not observed <input type="radio"/> Out of stock <input type="radio"/> No response
IV solution for treatment of malnutrition	<input type="radio"/> In-stock and observed <input type="radio"/> In-stock but not observed <input type="radio"/> Out of stock <input type="radio"/> No response
Co-trimoxazole	<input type="radio"/> In-stock and observed <input type="radio"/> In-stock but not observed <input type="radio"/> Out of stock <input type="radio"/> No response
Oral rehydration solution (ORS)	<input type="radio"/> In-stock and observed <input type="radio"/> In-stock but not observed <input type="radio"/> Out of stock <input type="radio"/> No response
Me-/albendazole cap/tablets	<input type="radio"/> In-stock and observed <input type="radio"/> In-stock but not observed <input type="radio"/> Out of stock <input type="radio"/> No response
Calcium supplements	<input type="radio"/> In-stock and observed <input type="radio"/> In-stock but not observed <input type="radio"/> Out of stock <input type="radio"/> No response

605. For how many days have the following items been unavailable for in the last month? <i>Enter -77 for item not stocked, -88 for do not know, -99 for no response.</i>	
Ready-to-use therapeutic food	
Ready-to-use supplementary food	
F75/F100 Milk	
Iron folic acid tablets	

Multiple micronutrient supplement (tablet)	
Multiple micronutrient powder	
Zinc supplement	
Vitamin A capsules	
Antibiotics for treatment of malnutrition (oral amoxicillin, injectable benzyl penicillin, injectable ampicillin, or injectable gentamicin)	
IV solution for treatment of malnutrition	
Co-trimoxazole	
Oral rehydration solution (ORS)	
Me-/albendazole cap/tablets	
Calcium supplements	

Section 7 – Fees and Referrals	
<p>701. Do clients need to pay any fees in order to be seen by a provider in this facility even if they do not obtain any medications?</p> <p><i>These may be consultation or registration fees charged to everyone who is seen in this facility.</i></p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
<p>702. Does the facility charge a fixed fee that covers all services that a client receives, or are there separate fees for different components of the services provided by the facility?</p>	<input type="radio"/> Fixed fee <input type="radio"/> Charge fee for separate items <input type="radio"/> No response
<p>703. Are the official fees posted so that the client can easily see them?</p> <p><i>If yes, posted fees must be observed.</i></p>	<input type="radio"/> Yes, all fees are posted <input type="radio"/> Some, not all fees posted <input type="radio"/> No posted fees <input type="radio"/> No response
<p>094. Ask permission to take a photo to the entrance of the facility Did you get consent to take the photo?</p>	<input type="radio"/> Yes <input type="radio"/> No
<p>Thank the respondent for his / her time. <i>The respondent is finished, but there are still more questions for you to complete outside the facility.</i></p>	
Location and Questionnaire result	
<p>095. Take a GPS point outside near the entrance to the facility. <i>Record location when the accuracy is smaller than 6m.</i></p>	
<p>096. Ensure that no people are in the photo.</p>	
<p>097. How many times have you visited this service delivery point for this interview?</p>	<input type="radio"/> 1st time <input type="radio"/> 2nd time <input type="radio"/> 3rd time
<p>098. In what language was this interview conducted?</p>	<input type="radio"/> English <input type="radio"/> French <input type="radio"/> Moore

	<ul style="list-style-type: none"><input type="radio"/> Gourmantchema<input type="radio"/> Fulfulde<input type="radio"/> Dioula<input type="radio"/> Autre
099. Record the result of the service delivery point survey	<ul style="list-style-type: none"><input type="radio"/> Completed<input type="radio"/> Not at facility<input type="radio"/> Postponed<input type="radio"/> Refused<input type="radio"/> Partly completed<input type="radio"/> Other