

## PMA Ethiopia 2022 Cross-Sectional Survey Service Delivery Point Questionnaire

### Section 1 – Facility Identification

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| <p>001a. Enter the three digits of your id<br/><i>Hint: If it contains only two digits start with 0 followed by two digits, Eg: 014.</i></p>  |   |
| <p>SDP101. Your name: \${your_name}<br/>Is this your name?<br/><i>Check the button next to the name if that is your name and select 'yes' here. Do not check the button if that is not your name and select 'no' here (long press to remove response next to the name if needed).</i></p> | <p style="text-align: right;">\${your_name} != ''</p> <p><input type="radio"/> Yes<br/><input type="radio"/> No</p> |
| <p>WARNING - Unable to find your name for the ID your provided - \${phone_id_calc}. Please enter your full name in the next screen.</p>   | <p style="text-align: right;">\${your_name} = ''</p>  |
| <p>SDP102. Enter your name below.<br/><i>Please record your name</i></p>  | <p style="text-align: right;">\${your_name_check} = 'no' or \${your_name} = ''</p>                                  |

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| SDP103. Current date and time. |   |
| Date                           | Day:<br>Month:<br>Year:                               |
| Is this date and time correct? | <input type="radio"/> Yes<br><input type="radio"/> No |

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| SDP104. Record the correct date and time.  | <p style="text-align: right;">\${system_date_check} = 'no' or today() &gt; date("2022-12-30")</p> <p style="text-align: right;">Day:<br/>Month:<br/>Year:</p>   |
| SDP105. Region<br><i>Please select the name of the region where the facility is located.</i> | <p><input type="radio"/> Amhara<br/><input type="radio"/> Oromiya<br/><input type="radio"/> Snnp<br/><input type="radio"/> Addis Ababa</p> <p style="text-align: right;">filter_list=\${this_country}</p> |
| SDP106. Zone<br><i>Please select the name of the zone where the facility is located.</i>     | <p style="text-align: right;">filter_list=\${level1}</p>  |

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| SDP107. Woreda/District<br><i>Please record the name of the district where the facility is located.</i>                                    | filter_list=\${level2} |
| SDP108. Kebele/Locality name<br><i>Please choose the name of the locality where the facility is located. There may be only one choice.</i> | filter_list=\${level3} |
| SDP109. Enumeration Area   | filter_list=\${level4} |

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| SDP110. Using the list below select the facility you are about to interview.<br><i>If the facility name is not listed, select "Other" and you will enter the facility information on the next screen.</i> | filter_list=\${EA} |
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|   | \${facility_id} != 'other'<br><b>Facility Information Confirmation</b> |                       |
| Are the following correct about the facility ?<br><i>1 = Yes 0 = No</i> |  |                       |
|   | Yes  | No                    |
| Facility name - \${facility_name_auto}                                  | <input type="radio"/>  | <input type="radio"/> |
| Facility type - \${facility_type_auto_lab}                              | <input type="radio"/>  | <input type="radio"/> |
| Managing authority - \${managing_authority_auto}                        | <input type="radio"/>  | <input type="radio"/> |

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| Enter the correct facility name<br><i>Please record the facility name.</i>  | \${facility_name_cnf}='no'   |  |
| Select the correct facility type<br><i>Please select the type of facility.</i>                                    | \${facility_type_cnf}='no'<br><input type="radio"/> Hospital<br><input type="radio"/> Health center<br><input type="radio"/> Health post<br><input type="radio"/> Health clinic<br><input type="radio"/> Pharmacy<br><input type="radio"/> Drug Shop/Rural Drug Vendor |  |
| Select the correct facility's managing authority<br><i>Please select the managing authority for the facility.</i> | \${facility_mauth_cnf}='no'<br><input type="radio"/> Government<br><input type="radio"/> NGO<br><input type="radio"/> Faith-based organization<br><input type="radio"/> Private<br><input type="radio"/> Other   |  |
| Facility Name   |  |  |
| Facility Type   | <input type="radio"/> Hospital<br><input type="radio"/> Health center<br><input type="radio"/> Health post   |  |

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|  | <input type="radio"/> Health clinic<br><input type="radio"/> Pharmacy<br><input type="radio"/> Drug Shop/Rural Drug Vendor  |
| Facility's managing authority  | <input type="radio"/> Government<br><input type="radio"/> NGO<br><input type="radio"/> Faith-based organization<br><input type="radio"/> Private<br><input type="radio"/> Other   |
| SDP110c. Is a competent respondent present and available to be interviewed today?  | <input type="radio"/> Yes<br><input type="radio"/> No   |
| SDP113a. Is this a teaching facility?<br><i>This is where facility where medical students or residents do rotations. The hospital must be affiliated with a university to be qualified as a teaching facility.</i>   | <div style="text-align: right;"> <code>#{facility_type} = 'hospital' and<br/>         #{available} = 'yes'</code> </div> <input type="radio"/> Yes<br><input type="radio"/> No  |
| SDP113c. Has this SDP previously participated in the 2021 PMA survey?<br><i>You do not need to ask this question to the respondent and refer the facility list to select the appropriate response.</i>   | <div style="text-align: right;"> <code>#{available} = 'yes' and<br/>         #{facility_id}='other'</code> </div> <input type="radio"/> Yes<br><input type="radio"/> No<br><input type="radio"/> Do not know<br><input type="radio"/> No response |
| <b>INFORMED CONSENT</b><br><i>Find the facility director or in-charge responsible for patient services who is present at the facility. Read the greeting on the next screen:</i>   | <div style="text-align: right;"> <code>#{available} = 'yes'</code> </div>   |
| <p>Hello, I am <code>#{re_name}</code>. I am representing the Ministry of Health. We are conducting a study of health facilities in this country, with the goal of finding ways to improve the quality of maternal and newborn health services. We are asking for your cooperation and assistance to conduct an inventory of key supplies and equipment available for antenatal care, labor and delivery care, postnatal care, and family planning at this facility. We will also examine the existing systems for referrals and record keeping. This interview should take no more than 30 minutes in each department of this facility.</p> <p>There will be no direct benefit to you from assisting with this activity. Your name will not be recorded. The information collected will be used by the Ministry of Health and partner organizations to improve services. Do you have any questions?</p> | <div style="text-align: right;"> <code>#{available} = 'yes'</code> </div>   |

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| <p>SDP114. Explain the informed consent form. Then, ask: May I begin the interview now?</p>  | <p style="text-align: right;">\${available} = 'yes'</p> <p><input type="radio"/> Yes<br/><input type="radio"/> No</p>   |
| <p>SDP115. Interviewer's name: \${your_name}<br/><i>Mark your name as a witness to the consent process.</i></p>  | <p style="text-align: right;">\${consent_obtained} and<br/>\${your_name_check} = 'yes'</p> <p><input type="radio"/></p>   |
| <p>SDP115. Interviewer's name<br/>Please record your name as a witness to the consent process. You previously entered "\${name_typed}."</p>  | <p style="text-align: right;">\${consent_obtained} and \${name_typed} !=<br/>' '</p>  |
| <p>SDP117. What is your position in this facility?<br/><i>Select the highest managerial qualification of the respondent.<br/>Hint: if HEW, select "Staff"</i></p>                            | <p style="text-align: right;">\${consent_obtained}</p> <p><input type="radio"/> Owner<br/><input type="radio"/> In-charge / manager<br/><input type="radio"/> Staff<br/><input type="radio"/> No response</p> |
| <p>SDP118. What year did you first begin working at this facility?<br/><i>Enter '2030 for do not know (2030 is 2022 in the Ethiopian calendar)</i></p>                                       | <p style="text-align: right;">\${consent_obtained}</p> <p style="text-align: right;">Day:<br/>Month:<br/>Year:</p>  |
| <p>SDP113b. How many days each week is the facility open on regular basis?<br/>Number of days<br/><i>Enter a number between 0 and 7. Enter -88 for do not know, -99 for no response.</i></p> | <p style="text-align: right;">\${begin_interview} = 'yes'</p>   |

## Section 2—Information About Services

Now, I would like to understand the service provision activities in this facility.

If there is another provider who would be better able to answer my questions on SERVICES AVAILABLE in this facility, I would appreciate if you could refer me to the appropriate person.

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| <p>SDP200A. Is ANTENATAL CARE provided at this facility?<br/><i>Hint: For HEWs, ANC provided includes both in the community and at the facility</i></p> | <p style="text-align: right;">\${consent_obtained} and (<br/>\${facility_type} = 'hospital' or<br/>\${facility_type} = 'health_center' or \$ ...</p> <p><input type="radio"/> Yes<br/><input type="radio"/> No<br/><input type="radio"/> Do not know<br/><input type="radio"/> No response</p> |
| <p>SDP200B. Is LABOR AND DELIVERY CARE provided at this facility?</p>   | <p style="text-align: right;">\${consent_obtained} and (<br/>\${facility_type} = 'hospital' or<br/>\${facility_type} = 'health_center' or \$ ...</p> <p><input type="radio"/> Yes<br/><input type="radio"/> No</p>   |

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|   | <input type="radio"/> Do not know<br><input type="radio"/> No response  |
| SDP200C. Is MAJOR OBSTETRIC SURGERY (E.G. CESAREAN, HYSTERECTOMY) provided at this facility?  | <pre>                 \${consent_obtained} and (                 \${facility_type} = 'hospital' or                 \${facility_type} = 'health_center' or \$ ...             </pre> <input type="radio"/> Yes<br><input type="radio"/> No<br><input type="radio"/> Do not know<br><input type="radio"/> No response |
| SDP200D. Is SAFE ABORTION CARE provided at this facility?   | <pre>                 \${consent_obtained} and (                 \${facility_type} = 'hospital' or                 \${facility_type} = 'health_center' or \$ ...             </pre> <input type="radio"/> Yes<br><input type="radio"/> No<br><input type="radio"/> Do not know<br><input type="radio"/> No response |
| SDP200E. Is POSTABORTION CARE provided at this facility?  | <pre>                 \${consent_obtained} and (                 \${facility_type} = 'hospital' or                 \${facility_type} = 'health_center' or \$ ...             </pre> <input type="radio"/> Yes<br><input type="radio"/> No<br><input type="radio"/> Do not know<br><input type="radio"/> No response |
| SDP200F. Is FAMILY PLANNING provided at this facility?<br><i>Hint: For HEWs, family planning provided includes both in the community and at the facility</i>  | <pre>                 \${consent_obtained}             </pre> <input type="radio"/> Yes<br><input type="radio"/> No<br><input type="radio"/> Do not know<br><input type="radio"/> No response   |
| SDP200G. Is IMMEDIATE POSTPARTUM FAMILY PLANNING provided at this facility?<br><i>Hint: Immediate postpartum family planning is when providers counsel women on contraceptive methods after delivery and provide them with their selected method.</i> | <pre>                 \${consent_obtained} and (                 \${facility_type} = 'hospital' or                 \${facility_type} = 'health_center' or \$ ...             </pre> <input type="radio"/> Yes<br><input type="radio"/> No<br><input type="radio"/> Do not know<br><input type="radio"/> No response |
| SDP200H. Is BLOOD TRANSFUSION provided at this facility?  | <pre>                 \${consent_obtained} and (                 \${facility_type} = 'hospital' or                 \${facility_type} = 'health_center' or \$ ...             </pre> <input type="radio"/> Yes<br><input type="radio"/> No<br><input type="radio"/> Do not know<br><input type="radio"/> No response |
| SDP200HH. Is BLOOD TRANSFUSION available at all times this facility is open?  | <pre>                 \${blood_transfusion_yn} = 'yes'             </pre>   |

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|  | <input type="radio"/> Yes<br><input type="radio"/> No<br><input type="radio"/> Do not know<br><input type="radio"/> No response  |
| <p>SDP200I. Is POSTNATAL CARE provided at this facility?<br/><i>Hint: For HEWs, postnatal care provided includes both in the community and at the facility</i></p> | <p style="text-align: right;">\${consent_obtained} and (<br/>         \${facility_type} = 'hospital' or<br/>         \${facility_type} = 'health_center' or \$ ...</p> <input type="radio"/> Yes<br><input type="radio"/> No<br><input type="radio"/> Do not know<br><input type="radio"/> No response   |
| <p>SDP200J. Does this facility have an INTENSIVE CARE UNIT for adult patients?</p>   | <p style="text-align: right;">\${consent_obtained} and (<br/>         \${facility_type} = 'hospital' or<br/>         \${facility_type} = 'health_center' or ...</p> <input type="radio"/> Yes<br><input type="radio"/> No<br><input type="radio"/> Do not know<br><input type="radio"/> No response  |
| <p>SDP200K. Is NEONATAL INTENSIVE CARE provided at this facility?</p>  | <p style="text-align: right;">\${consent_obtained} and (<br/>         \${facility_type} = 'hospital' or<br/>         \${facility_type} = 'health_center' or ...</p> <input type="radio"/> Yes<br><input type="radio"/> No<br><input type="radio"/> Do not know<br><input type="radio"/> No response  |
| <p>SDP200L. Is LABORATORY TESTING provided at this facility?<br/><i>Hint: This does not include rapid diagnostic tests (RDT)</i></p>                               | <p style="text-align: right;">\${consent_obtained} and (<br/>         \${facility_type} = 'hospital' or<br/>         \${facility_type} = 'health_center' or \$ ...</p> <input type="radio"/> Yes<br><input type="radio"/> No<br><input type="radio"/> Do not know<br><input type="radio"/> No response   |
| <p>SDP200M. Does your facility offer psychosocial care, counseling, or support services for any of the following?<br/><i>Select all that apply</i></p>             | <p style="text-align: right;">\${consent_obtained} and (<br/>         \${facility_type} = 'hospital' or<br/>         \${facility_type} = 'health_center' or \$ ...</p> <input type="checkbox"/> Physical intimate partner violence<br><input type="checkbox"/> Sexual intimate partner violence<br><input type="checkbox"/> Non-partner sexual assault<br><input type="checkbox"/> Physical and/or sexual violence against children<br><input type="checkbox"/> None of the above<br><input type="checkbox"/> Don't know<br><input type="checkbox"/> No response |
| <p>SDP200N. Does the psychosocial care package include any of the following?</p>   | <p style="text-align: right;">\${consent_obtained} and (<br/>         \${facility_type} = 'hospital' or<br/>         \${facility_type} = 'health_center' or \$ ...</p>   |

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| <p>Read all option loud one by one. Select all that apply</p>   | <p><input type="checkbox"/> Medical care for sexual and/or physical assault victims</p> <p><input type="checkbox"/> Post exposure prophylaxis (PrEP) for potential HIV exposure</p> <p><input type="checkbox"/> Referral/linkage to safety and temporary housing (either formal or community-based)</p> <p><input type="checkbox"/> Referral/linkage to legal aid</p> <p><input type="checkbox"/> None of the above</p> <p><input type="checkbox"/> Don't know</p> <p><input type="checkbox"/> No response</p> |
| <p>SDP200Q. Are IMMUNIZATION SERVICES provided at this facility?</p> <p><i>Hint: For HEWs, immunizations provided includes both in the community and at the facility</i></p>  | <p><code> \${consent_obtained} and ( \${facility_type} = 'hospital' or \${facility_type} = 'health_center' or \$ ...</code></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>SDP200T. Does this facility provide care to SICK CHILDREN aged 0-59 months?</p> <p><i>Hint: For HEWs, infant care provided includes both in the community and at the facility</i></p>  | <p><code> \${consent_obtained} and ( \${facility_type} = 'hospital' or \${facility_type} = 'health_center' or \$ ...</code></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>SDP201. If a woman came in for her child's immunization, would health workers at this facility also offer her family planning counseling and services during this visit?</p> <p><i>Hint: For HEWs, family planning provided includes both in the community and at the facility</i></p> | <p><code> (\${fp_offered_yn} = 'yes' and \${immunization_yn} = 'yes')</code></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>SDP203. How many health workers with the following qualifications work in this facility?</p> <p><i>Hint: If no provider of the qualification exists at the facility, enter "0".</i></p>  | <p><code> \${consent_obtained}</code></p>  |
| <p>SDP203. Total number of Medical doctors with any speciality</p> <p><i>Enter -88 for do not know, -99 for no response. 0 is a possible answer.</i></p> <p><i>Hint: If no provider of the qualification exists at the facility, enter "0".</i></p>                                       | <p><code> \${consent_obtained} and not(( \${facility_type} = 'pharmacy' or \${facility_type} = 'drug_shop' or ...</code></p>   |
| <p>SDP203. Total number of General practitioner (physician)</p> <p><i>Enter -88 for do not know, -99 for no response. 0 is a possible answer.</i></p> <p><i>Hint: If no provider of the qualification exists at the facility, enter "0".</i></p>  | <p><code> \${consent_obtained} and not(( \${facility_type} = 'pharmacy' or \${facility_type} = 'drug_shop' or ...</code></p>   |

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| <p>SDP203. Total number of Health officer<br/><i>Enter -88 for do not know, -99 for no response.<br/>0 is a possible answer.</i><br/><i>Hint: If no provider of the qualification exists at the facility, enter "0".</i></p>  | <p><code> \${consent_obtained} and not((<br/> \${facility_type} = 'pharmacy' or<br/> \${facility_type} = 'drug_shop' or ...</code></p> |
| <p>SDP203. Total number of Emergency surgery and obstetrics officer (M.Sc. Level)<br/><i>Enter -88 for do not know, -99 for no response.<br/>0 is a possible answer.</i><br/><i>Hint: If no provider of the qualification exists at the facility, enter "0".</i></p>  | <p><code> \${consent_obtained} and not((<br/> \${facility_type} = 'pharmacy' or<br/> \${facility_type} = 'drug_shop' or ...</code></p> |
| <p>SDP203. Total number of Pediatrics Officer (M.Sc. Level)<br/><i>Enter -88 for do not know, -99 for no response.<br/>0 is a possible answer.</i><br/><i>Hint: If no provider of the qualification exists at the facility, enter "0".</i></p>  | <p><code> \${consent_obtained} and not((<br/> \${facility_type} = 'pharmacy' or<br/> \${facility_type} = 'drug_shop' or ...</code></p> |
| <p>SDP203. Total number of Nurse (non-midwife, BSc, diploma)<br/><i>Enter -88 for do not know, -99 for no response.<br/>0 is a possible answer.</i><br/><i>Hint: If no provider of the qualification exists at the facility, enter "0".</i></p>   | <p><code> \${consent_obtained} and not(<br/> \${facility_type} = 'health_post' )</code></p>  |
| <p>SDP203. Total number of Midwife (BSc, diploma)<br/><i>Enter -88 for do not know, -99 for no response.<br/>0 is a possible answer.</i><br/><i>Hint: If no provider of the qualification exists at the facility, enter "0".</i></p>  | <p><code> \${consent_obtained} and not((<br/> \${facility_type} = 'pharmacy' or<br/> \${facility_type} = 'drug_shop' or ...</code></p> |
| <p>SDP203. Total number of Health extension worker (HEW) - Level III<br/><i>Enter -88 for do not know, -99 for no response.<br/>0 is a possible answer.</i><br/><i>Hint: Hint: Only count HEWs that physically work in this health facility. Do not include HEWs that work in the facility's catchment area, but NOT at this health facility.</i></p> | <p><code> \${consent_obtained} and not((<br/> \${facility_type} = 'pharmacy' or<br/> \${facility_type} = 'drug_shop' ))</code></p>     |
| <p>SDP203. Total number of Health extension worker (HEW) - Level IV<br/><i>Enter -88 for do not know, -99 for no response.<br/>0 is a possible answer.</i><br/><i>Hint: Only count HEWs that physically work in this health facility. Do not include HEWs that work in the facility's catchment area, but NOT at this health facility.</i></p>        | <p><code> \${consent_obtained} and not((<br/> \${facility_type} = 'pharmacy' or<br/> \${facility_type} = 'drug_shop' ))</code></p>     |
| <p>SDP203. Total number of Pharmacist/Pharmacy technician<br/><i>Enter -88 for do not know, -99 for no response.<br/>0 is a possible answer.</i><br/><i>Hint: If no provider of the qualification exists at the facility, enter "0".</i></p>  | <p><code> \${consent_obtained} and not(<br/> \${facility_type} = 'health_post' )</code></p>  |



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| <p>SDP203. Total number of Laboratory technologist/technician</p> <p><i>Enter -88 for do not know, -99 for no response. 0 is a possible answer.</i></p> <p><i>Hint: If no provider of the qualification exists at the facility, enter "0".</i></p>   | <p><math>\\${\text{consent\_obtained}}</math> and not(<br/><math>\\${\text{facility\_type}} = \text{'pharmacy'}</math> or<br/><math>\\${\text{facility\_type}} = \text{'drug\_shop'}</math> or ...</p>     |
| <p>SDP204b. How many times in the last 12 months has a mobile outreach team visited your facility to deliver each of the following additional services?</p> <p><i>Hint for each: Count each service individually. For example, implant and IUD services are counted separately, even if provided by the same mobile outreach clinic. If no service was provided, enter 0 for each service.</i></p> | <p><math>\\${\text{consent\_obtained}}</math> and (<br/><math>\\${\text{facility\_type}} = \text{'hospital'}</math> or<br/><math>\\${\text{facility\_type}} = \text{'health\_center'}</math> or \$ ...</p> |
| <p>SDP204b. Number of times: Obstetric fistula repair</p> <p><i>How many times in the last 12 months has a mobile outreach team visited your facility to deliver each of the following additional services?</i></p>  | <p><math>\\${\text{consent\_obtained}}</math> and (<br/><math>\\${\text{facility\_type}} = \text{'hospital'}</math> or<br/><math>\\${\text{facility\_type}} = \text{'health\_center'}</math> or \$ ...</p> |
| <p>SDP204b. Number of times: IUD insertion/removal services</p> <p><i>How many times in the last 12 months has a mobile outreach team visited your facility to deliver each of the following additional services?</i></p>  | <p><math>\\${\text{consent\_obtained}}</math> and (<br/><math>\\${\text{facility\_type}} = \text{'hospital'}</math> or<br/><math>\\${\text{facility\_type}} = \text{'health\_center'}</math> or \$ ...</p> |
| <p>SDP204b. Number of times: Implant insertion/removal services</p> <p><i>How many times in the last 12 months has a mobile outreach team visited your facility to deliver each of the following additional services?</i></p>  | <p><math>\\${\text{consent\_obtained}}</math> and (<br/><math>\\${\text{facility\_type}} = \text{'hospital'}</math> or<br/><math>\\${\text{facility\_type}} = \text{'health\_center'}</math> or \$ ...</p> |
| <p>SDP204b. Number of times: Tubal ligation services</p> <p><i>How many times in the last 12 months has a mobile outreach team visited your facility to deliver each of the following additional services?</i></p>   | <p><math>\\${\text{consent\_obtained}}</math> and (<br/><math>\\${\text{facility\_type}} = \text{'hospital'}</math> or<br/><math>\\${\text{facility\_type}} = \text{'health\_center'}</math> or \$ ...</p> |
| <p>SDP204b. Number of times: Vasectomy services</p> <p><i>How many times in the last 12 months has a mobile outreach team visited your facility to deliver each of the following additional services?</i></p>  | <p><math>\\${\text{consent\_obtained}}</math> and (<br/><math>\\${\text{facility\_type}} = \text{'hospital'}</math> or<br/><math>\\${\text{facility\_type}} = \text{'health\_center'}</math> or \$ ...</p> |

### Section 3—Infrastructure And Referral System Readiness

Now, the next few questions I would like to ask you are related to the facility's infrastructure and referral systems.

If there is another provider who would be better able to answer my questions on **INFRASTRUCTURE AND REFERRAL SYSTEMS** in this facility, I would appreciate if you could refer me to the appropriate person.

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| <p>SDP301. During the past 7 days, was electricity available during all times when the facility was open for ESSENTIAL services, including the use of generator or solar power?<br/><i>Hint: This only includes electricity for ESSENTIAL SERVICES. If electricity was unavailable for even 1 minute on a day, consider this an interruption.</i></p>            | <p style="text-align: right;">\${consent_obtained} and (<br/>\${facility_type} = 'hospital' or<br/>\${facility_type} = 'health_center' or \$ ...</p> <p> <input type="radio"/> Available at all times<br/> <input type="radio"/> Interruptions on 1 day<br/> <input type="radio"/> Interruptions on 2-3 days<br/> <input type="radio"/> Interruptions on 4-5 day<br/> <input type="radio"/> Interruptions on 6+ days<br/> <input type="radio"/> Not available at all<br/> <input type="radio"/> Don't know<br/> <input type="radio"/> No response         </p> |
| <p>SDP302. Does this facility have other sources of electricity, such as a functioning generator or solar system?</p>  | <p style="text-align: right;">\${consent_obtained} and (<br/>\${facility_type} = 'hospital' or<br/>\${facility_type} = 'health_center' or \$ ...</p> <p> <input type="radio"/> Yes<br/> <input type="radio"/> No<br/> <input type="radio"/> Do not know<br/> <input type="radio"/> No response         </p>  |
| <p>SDP303. Is a water outlet available onsite?</p>   | <p style="text-align: right;">\${consent_obtained} and (<br/>\${facility_type} = 'hospital' or<br/>\${facility_type} = 'health_center' or \$ ...</p> <p> <input type="radio"/> Yes<br/> <input type="radio"/> No water outlet<br/> <input type="radio"/> Do not know<br/> <input type="radio"/> No response         </p>   |
| <p>SDP304. What is the primary water source used at this facility?<br/><i>Read all options and select one.</i></p>   | <p style="text-align: right;">\${water_outlet_avail} = 'yes'</p> <p> <input type="radio"/> Piped<br/> <input type="radio"/> Bucket with tap<br/> <input type="radio"/> Bucket or basin<br/> <input type="radio"/> Non of the above<br/> <input type="radio"/> Do not know<br/> <input type="radio"/> No response         </p>  |
| <p>SDP305. During the past 7 days, was water from the \${water_system_type_lab} available during all times when the facility was open for ESSENTIAL services?<br/><i>Hint: Water availability refers to water supply for ESSENTIAL SERVICES (ex. staff handwashing). If water was unavailable for even 1 minute on a day, consider this an interruption.</i></p> | <p style="text-align: right;">\${consent_obtained}='yes' and<br/>\${water_outlet_avail} = 'yes'</p> <p> <input type="radio"/> Available at all times<br/> <input type="radio"/> Interruptions on 1 day<br/> <input type="radio"/> Interruptions on 2-3 days<br/> <input type="radio"/> Interruptions on 4-5 day<br/> <input type="radio"/> Interruptions on 6+ days<br/> <input type="radio"/> Not available at all<br/> <input type="radio"/> Don't know<br/> <input type="radio"/> No response         </p>  |

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| <p>SDP307. Does this facility have access to a blood bank?<br/><i>Hint: If the facility owns blood bank select "Yes, at the facility" irrespective of blood availability. For facilities which gets blood from other supplier, If at least 1 unit of blood is available on site, select "Yes, at the facility" irrespective of supplier; if only outside the facility, select "Yes, outside the facility" irrespective of supplier.</i></p> | <p style="text-align: right;">\${consent_obtained} and ( \${facility_type} = 'hospital' or \${facility_type} = 'health_center') an ...</p> <p><input type="radio"/> Yes, within the facility<br/><input type="radio"/> Yes, outside the facility<br/><input type="radio"/> No<br/><input type="radio"/> Do not know<br/><input type="radio"/> No response</p>   |
| <p>SDP307a. Does this facility have access to internet connectivity?<br/><i>Hint: Internet connectivity refers to availability of internet within the facility for staff use through an ethernet cable, wireless connection or other type of internet system.</i></p>   | <p style="text-align: right;">\${consent_obtained} and ( \${facility_type} = 'hospital' or \${facility_type} = 'health_center' or \$ ...</p> <p><input type="radio"/> Yes<br/><input type="radio"/> Yes, but only for HMIS<br/><input type="radio"/> No<br/><input type="radio"/> Do not know<br/><input type="radio"/> No response</p>   |
| <p>SDP307b. During the past 7 days, was internet available during all times when the facility was open for services?<br/><i>Hint: If internet was unavailable for even 1 minute on a day, consider this an interruption.</i></p>  | <p style="text-align: right;">\${internet_access} = 'yes' or \${internet_access} = 'only_hmis'</p> <p><input type="radio"/> Available at all times<br/><input type="radio"/> Interruptions on 1 day<br/><input type="radio"/> Interruptions on 2-3 days<br/><input type="radio"/> Interruptions on 4-5 day<br/><input type="radio"/> Interruptions on 6+ days<br/><input type="radio"/> Not available at all<br/><input type="radio"/> Don't know<br/><input type="radio"/> No response</p> |
| <p>SDP308. Does this facility have access to a working phone or radio system to call outside that is available at ALL TIMES patient services are offered?<br/><i>Hint: Select the main source. Specify that this is a phone within the facility or within 5 minutes walking from the facility. If more than 5 minutes away, select "no."</i></p>  | <p style="text-align: right;">\${consent_obtained} and ( \${facility_type} = 'hospital' or \${facility_type} = 'health_center' or \$ ...</p> <p><input type="radio"/> Yes, facility-owned<br/><input type="radio"/> Yes, provider-owned<br/><input type="radio"/> Yes, outside the facility<br/><input type="radio"/> No<br/><input type="radio"/> Do not know<br/><input type="radio"/> No response</p>  |

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| \${consent_obtained} and ( \${facility_type} = 'hospital' or \${facility_type} = 'health_center' or \$ ... |                       |                             |                       |                       |                       |
| SDP309. Does this facility refer any of the following to another facility for care:                        |                       |                             |                       |                       |                       |
|  | Yes, for all services | Yes, but when only required | No                    | Don't know            | No response           |
| A) Pregnant women  | <input type="radio"/> | <input type="radio"/>       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| B) Laboring women  | <input type="radio"/> | <input type="radio"/>       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

|   |                       |                       |                       |                       |                       |
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| C) Postpartum women                         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| D) Newborns                                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| E) Women seeking safe abortion care         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| F) Women seeking postabortion care services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

SDP310. Does this facility have a printed referral form that is used to accompany patients who are referred for maternal and newborn health services?

(`{refer_preg_women} = 'yes_all'` or `{refer_lab_women} = 'yes_all'` or `{refer_pp_women} = 'yes_all ...`)

Yes  
 No  
 Do not know  
 No response

SDP311. May I see the patient referral form for maternal and newborn health services?

*If form observed: A standard referral form must be a printed form that includes patient information, diagnosis, management, and feedback section.*

[Std\_medical\_referral\_form\_2.png]

`{has_referral_form} = 'yes'` and (`{facility_type} = 'hospital'` or `{facility_type} = 'health_cen ...`)

Form observed (Standard MOH)  
 Form observed (Non-standard)  
 Form not observed  
 No response

SDP312. Does this facility have access to a functional ambulance/car on-site for emergency transportation of patients to/from this facility?

*Hint: If the facility shares the Ambulance with other facilities select 'No'. Functional refers to all working status, fuel and driver availability within 15 minutes of need being recognized.*

`{consent_obtained}` and (`{facility_type} = 'hospital'` or `{facility_type} = 'health_center'` or \$ ...)

Yes, to bring patients to this facility  
 Yes, to transport patients to other facilities  
 Yes, to transport both to/from this facility  
 No  
 Do not know  
 No response

SDP314. What strategies does this facility use to transport emergency patients from this facility to other facilities?

*Select all that apply*

`{consent_obtained}` and (`{facility_type} = 'hospital'` or `{facility_type} = 'health_center'` or \$ ...)

Use facility's own means of transportation  
 Request vehicles from the District/Zonal Health office  
 Request vehicles from the nearest health facility  
 Request vehicles from the nearest Red Cross Center, ambulance service provider, or the fire department  
 Request vehicles from other offices that do not provide health services  
 Hire a car (e.g. taxi, van)  
 Use organized community volunteers to transport the patient  
 Use the patient's family/friend transportation  
 None of the above

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|   | <input type="checkbox"/> Do not know<br><input type="checkbox"/> No response   |
| SDP313. Is this service offered free of charge to patients? | <pre>         \${access_transport} = 'yes_bring_in' or         \${access_transport} = 'yes_bring_out' or         \${access_transp ...       </pre> <input type="radio"/> Yes, to all patients<br><input type="radio"/> Yes, to some patients<br><input type="radio"/> No<br><input type="radio"/> Do not know<br><input type="radio"/> No response |

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| SDP314b. How much time is it expected to take ON AVERAGE to transport emergency patients from this facility to the nearest referral facility, including the time to request/hire a vehicle if one is not available on-site?<br><br><i>If you select hours or minutes, you will enter a number for x on the next screen. Hint: This question is asking about the average time to transport patients to the nearest referral facility using typical transport strategies identified in SDP314. If a vehicle is typically not available on-site, include the average time it takes to request or hire a vehicle in addition to the time to transport the patient from this facility to the nearest referral facility.</i> | <pre>         \${consent_obtained} and (         \${facility_type} = 'hospital' or         \${facility_type} = 'health_center' or \$ ...       </pre> <input type="radio"/> Hours<br><input type="radio"/> Minutes<br><input type="radio"/> Don't know<br><input type="radio"/> No response |
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|                            | <pre>         \${average_time} = 'hour'         or \${average_time} =         'minute'       </pre> |
| SDP314c. Number of hours   | <pre>         \${average_time}='hour'       </pre>  |
| SDP314c. Number of minutes | <pre>         \${average_time}='minute'       </pre>  |

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| SDP316. Does this facility have a designated liaison officer who manages the communication with other facilities about patients being referred to and/or from this facility for maternal and newborn services? | <pre>         \${consent_obtained} and (         \${facility_type} = 'hospital' or         \${facility_type} = 'health_center' or \$ ...       </pre> <input type="radio"/> Yes<br><input type="radio"/> No<br><input type="radio"/> Do not know<br><input type="radio"/> No response |
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| SDP318. Does the facility have a functional mechanism for recording and sharing outcomes of cases referred in and out? | <pre>         \${consent_obtained} and (         \${facility_type} = 'hospital' or         \${facility_type} = 'health_center' or \$ ...       </pre> <input type="radio"/> Yes<br><input type="radio"/> No<br><input type="radio"/> Do not know<br><input type="radio"/> No response |
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| <p>SECTION 10 – COVID-19 Services<br/>Availability and Readiness</p>   | <p style="text-align: right;">\${consent_obtained} and (<br/>\${facility_type} = 'hospital' or<br/>\${facility_type} = 'health_center' or \$ ...</p>   |
| <p>Cov001. Are COVID-19 screening, testing, treatment, vaccination and/or referral services currently available at this facility?<br/><i>Select all that apply</i></p> | <p style="text-align: right;">\${consent_obtained} and (<br/>\${facility_type} = 'hospital' or<br/>\${facility_type} = 'health_center' or \$ ...</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes, screening</li> <li><input type="checkbox"/> Yes, testing</li> <li><input type="checkbox"/> Yes, treatment</li> <li><input type="checkbox"/> Yes, referral</li> <li><input type="checkbox"/> Yes, vaccination</li> <li><input type="checkbox"/> Don't know</li> <li><input type="checkbox"/> None of the above</li> <li><input type="checkbox"/> No response</li> </ul>   |
| <p>Cov002. Have all the facility staff been trained or oriented to the signs, symptoms, and modes of transmission of COVID-19?</p>                                     | <p style="text-align: right;">\${consent_obtained} and (<br/>\${facility_type} = 'hospital' or<br/>\${facility_type} = 'health_center' or \$ ...</p> <ul style="list-style-type: none"> <li><input type="radio"/> Yes, all staff</li> <li><input type="radio"/> Yes, all clinical staff</li> <li><input type="radio"/> Yes, some clinical staff only</li> <li><input type="radio"/> Yes, all ancillary staff</li> <li><input type="radio"/> Yes, some ancillary staff</li> <li><input type="radio"/> Yes, some ancillary and some clinical staff</li> <li><input type="radio"/> No</li> <li><input type="radio"/> Don't know</li> <li><input type="radio"/> No response</li> </ul> |
| <p>Cov003. Does this facility accept patients who are infected with COVID-19 for services and/or treatment?</p>  | <p style="text-align: right;">\${consent_obtained} and (<br/>\${facility_type} = 'hospital' or<br/>\${facility_type} = 'health_center' or \$ ...</p> <ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> <li><input type="radio"/> Do not know</li> <li><input type="radio"/> No response</li> </ul>   |
| <p>Cov004. Have all the facility staff been trained or oriented on COVID-19 Infection Prevention and Control protocols?</p>  | <p style="text-align: right;">\${consent_obtained} and (<br/>\${facility_type} = 'hospital' or<br/>\${facility_type} = 'health_center' or \$ ...</p> <ul style="list-style-type: none"> <li><input type="radio"/> Yes, all staff</li> <li><input type="radio"/> Yes, all clinical staff</li> <li><input type="radio"/> Yes, some clinical staff only</li> <li><input type="radio"/> Yes, all ancillary staff</li> <li><input type="radio"/> Yes, some ancillary staff</li> <li><input type="radio"/> Yes, some ancillary and some clinical staff</li> <li><input type="radio"/> No</li> <li><input type="radio"/> Don't know</li> <li><input type="radio"/> No response</li> </ul> |

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| <p>Cov005. Are all relevant health workers at this facility trained or oriented in conducting community surveillance for COVID-19?</p> | <p style="text-align: right;">                     \${consent_obtained} and (                     <br/>                     \${facility_type} = 'hospital' or                     <br/>                     \${facility_type} = 'health_center' or \$ ...                 </p> <p> <input type="radio"/> Yes, all clinical staff<br/> <input type="radio"/> Yes, some clinical staff only<br/> <input type="radio"/> No<br/> <input type="radio"/> Don't know<br/> <input type="radio"/> No response                 </p> |
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| \${begin_interview}='yes' and \${consent_obtained} and (<br>\${facility_type} = 'hospital' or \${facility ...                                   |                       |                       |                       |                       |
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| Cov006. Are all relevant health workers at this facility trained or oriented on COVID-19:<br>\${consent_obtained} and \${begin_interview}='yes' |                       |                       |                       |                       |
|   | Yes all R Staff       | Yes Some R Staff      | No                    | No response           |
| A) Screening /Pre-Triage  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| B) Triage   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| C) Diagnosis  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| D) Vaccination  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| E) Referral   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| F) Transferring/deploying suspected case to treatment center  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| G) Management   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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| <p>Cov007a. Is there a designated COVID-19 response team/committee at this facility?</p> | <p style="text-align: right;">                     \${consent_obtained} and (                     <br/>                     \${facility_type} = 'hospital' or                     <br/>                     \${facility_type} = 'health_center' or \$ ...                 </p> <p> <input type="radio"/> Yes<br/> <input type="radio"/> No<br/> <input type="radio"/> Do not know<br/> <input type="radio"/> No response                 </p> |
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| <p>Cov007b. Is there a person assigned to lead/coordinate Infection Prevention and Control activities dedicated for COVID-19 pandemic response?</p> | <p style="text-align: right;">                     \${consent_obtained} and (                     <br/>                     \${facility_type} = 'hospital' or                     <br/>                     \${facility_type} = 'health_center' or \$ ...                 </p> <p> <input type="radio"/> Yes<br/> <input type="radio"/> No<br/> <input type="radio"/> Do not know<br/> <input type="radio"/> No response                 </p> |
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| <p>Cov010. Is there a separate patient waiting room/area designated for COVID-19 suspected cases?</p> | <p style="text-align: right;">                     \${consent_obtained} and (                     <br/>                     \${facility_type} = 'hospital' or                     <br/>                     \${facility_type} = 'health_center' or \$ ...                 </p> <p> <input type="radio"/> Yes, observed<br/> <input type="radio"/> Yes, reported, not seen                 </p> |
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|   | <input type="radio"/> Not available<br><input type="radio"/> Don't know<br><input type="radio"/> No response   |
| <p>Cov011. Is there a hand-washing facility or facilities dedicated for clients and staff near the area where COVID-19 patients are screened, tested, vaccinated, and/or treated at this facility?<br/><i>Enter -88 for do not know, -99 for no response</i></p>                            | <p style="text-align: center;"> <code>           \${begin_interview}='yes' and (           \${facility_type} = 'hospital' or           \${facility_type} = 'health_center' ...         </code> </p> <input type="radio"/> Yes<br><input type="radio"/> No<br><input type="radio"/> Do not know<br><input type="radio"/> No response  |
| <p>Cov012. How many hand-washing facilities are available for this use?<br/><i>If there are more than one water outlet faucets in a single handwashing facility, count them individually. Enter -88 for do not know, -99 for no response.</i></p>   | <code>           \${hand_wash_facil}='yes'         </code>   |
| <p>Cov013. May I see a handwashing facility that is dedicated for this purpose?<br/><i>If there are multiple Handwashing facilities observe the handwashing facility located near to the entry/gate of the facility. At the handwashing facility, OBSERVE: (Select all that apply.)</i></p> | <p style="text-align: center;"> <code>           \${numb_hand_wash_facil}&gt;0         </code> </p> <input type="checkbox"/> Soap is present<br><input type="checkbox"/> Stored water is present<br><input type="checkbox"/> Running water is present<br><input type="checkbox"/> Handwashing area is at the entry/gate of the facility<br><input type="checkbox"/> None of the above<br><input type="checkbox"/> Did not see the handwashing facility<br><input type="checkbox"/> No response |

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| <code>           \${available} = 'yes' and \${begin_interview}='yes'         </code>  |  |
| <p>Cov016. For each of the following personal protective equipment (PPE) listed, can you please tell me if the PPE is available for staff use TODAY? If available today, can you please show me the item?</p> |  |
| <p>A) Medical masks (e.g. N95, FFP2, or equivalent)</p>   | <p style="text-align: center;"> <code>           \${consent_obtained} and (           \${facility_type} =           'hospital' or           \${facility_type} =           'health_center' or \$ ...         </code> </p> <input type="radio"/> Observed ≥1 available<br><input type="radio"/> Reported not seen<br><input type="radio"/> Not available |
| <p>B) Eye protection (goggles or face shield)</p>   | <p style="text-align: center;"> <code>           \${consent_obtained} and (           \${facility_type} =           'hospital' or           \${facility_type} =           'health_center' or \$ ...         </code> </p> <input type="radio"/> Observed ≥1 available<br><input type="radio"/> Reported not seen<br><input type="radio"/> Not available |
| <p>C) Examination gloves</p>  | <p style="text-align: center;"> <code>           \${consent_obtained} and (           \${facility_type} =         </code> </p>   |



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|                       | <p>'hospital' or<br/> <math>\text{\\$}\{\text{facility\_type}\} =</math><br/> 'health_center' or <math>\text{\\$} \dots</math></p> <p><input type="radio"/> Observed <math>\geq 1</math> available<br/> <input type="radio"/> Reported not seen<br/> <input type="radio"/> Not available</p>  |
| D) Surgical gloves    | <p><math>\text{\\$}\{\text{consent\_obtained}\}</math> and (<br/> <math>\text{\\$}\{\text{facility\_type}\} =</math><br/> 'hospital' or<br/> <math>\text{\\$}\{\text{facility\_type}\} =</math><br/> 'health_center' or <math>\text{\\$} \dots</math></p> <p><input type="radio"/> Observed <math>\geq 1</math> available<br/> <input type="radio"/> Reported not seen<br/> <input type="radio"/> Not available</p> |
| E) Long cuffed gloves | <p><math>\text{\\$}\{\text{consent\_obtained}\}</math> and (<br/> <math>\text{\\$}\{\text{facility\_type}\} =</math><br/> 'hospital' or<br/> <math>\text{\\$}\{\text{facility\_type}\} =</math><br/> 'health_center' or <math>\text{\\$} \dots</math></p> <p><input type="radio"/> Observed <math>\geq 1</math> available<br/> <input type="radio"/> Reported not seen<br/> <input type="radio"/> Not available</p> |
| F) Heavy duty gloves  | <p><math>\text{\\$}\{\text{consent\_obtained}\}</math> and (<br/> <math>\text{\\$}\{\text{facility\_type}\} =</math><br/> 'hospital' or<br/> <math>\text{\\$}\{\text{facility\_type}\} =</math><br/> 'health_center' or <math>\text{\\$} \dots</math></p> <p><input type="radio"/> Observed <math>\geq 1</math> available<br/> <input type="radio"/> Reported not seen<br/> <input type="radio"/> Not available</p> |
| G) Long sleeved gown  | <p><math>\text{\\$}\{\text{consent\_obtained}\}</math> and (<br/> <math>\text{\\$}\{\text{facility\_type}\} =</math><br/> 'hospital' or<br/> <math>\text{\\$}\{\text{facility\_type}\} =</math><br/> 'health_center' or <math>\text{\\$} \dots</math></p> <p><input type="radio"/> Observed <math>\geq 1</math> available<br/> <input type="radio"/> Reported not seen<br/> <input type="radio"/> Not available</p> |
| H) Waterproof aprons  | <p><math>\text{\\$}\{\text{consent\_obtained}\}</math> and (<br/> <math>\text{\\$}\{\text{facility\_type}\} =</math><br/> 'hospital' or<br/> <math>\text{\\$}\{\text{facility\_type}\} =</math><br/> 'health_center' or <math>\text{\\$} \dots</math></p> <p><input type="radio"/> Observed <math>\geq 1</math> available<br/> <input type="radio"/> Reported not seen<br/> <input type="radio"/> Not available</p> |

|                           |  |
|---------------------------|--|
| I) Surgical scrubs        | <p><code>#{consent_obtained}</code> and (<br/> <code>#{facility_type}</code> =<br/> 'hospital' or<br/> <code>#{facility_type}</code> =<br/> 'health_center' or \$ ...</p> <p><input type="radio"/> Observed ≥1 available<br/> <input type="radio"/> Reported not seen<br/> <input type="radio"/> Not available</p> |
| J) Shoe covers            | <p><code>#{consent_obtained}</code> and (<br/> <code>#{facility_type}</code> =<br/> 'hospital' or<br/> <code>#{facility_type}</code> =<br/> 'health_center' or \$ ...</p> <p><input type="radio"/> Observed ≥1 available<br/> <input type="radio"/> Reported not seen<br/> <input type="radio"/> Not available</p> |
| K) Infrared thermometer   | <p><code>#{consent_obtained}</code> and (<br/> <code>#{facility_type}</code> =<br/> 'hospital' or<br/> <code>#{facility_type}</code> =<br/> 'health_center' or \$ ...</p> <p><input type="radio"/> Observed ≥1 available<br/> <input type="radio"/> Reported not seen<br/> <input type="radio"/> Not available</p> |
| L) Alcohol/hand sanitizer | <p><code>#{consent_obtained}</code> and (<br/> <code>#{facility_type}</code> =<br/> 'hospital' or<br/> <code>#{facility_type}</code> =<br/> 'health_center' or \$ ...</p> <p><input type="radio"/> Observed ≥1 available<br/> <input type="radio"/> Reported not seen<br/> <input type="radio"/> Not available</p> |

|  |                       |                       |                       |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| <code>#{available}</code> = 'yes' and <code>#{begin_interview}</code> ='yes'   |                       |                       |                       |                       |
| Cov017. For each of the following personal protective equipment (PPE) listed, can you please tell me if the PPE has been out of stock at any point in the last three months? |                       |                       |                       |                       |
|  | Yes                   | No                    | Do not know           | No response           |
| A) Medical masks (e.g. N95, FFP2, or equivalent)   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| B) Eye protection (goggles or face shield)   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| C) Examination gloves  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| D) Surgical gloves   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| E) Long cuffed gloves  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

|                           |                       |                       |                       |                       |
|---------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| F) Heavy duty gloves      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| G) Long sleeved gown      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| H) Waterproof aprons      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I) Surgical scrubs        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| J) Shoe covers            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| K) Infrared thermometer   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| L) Alcohol/hand sanitizer | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Cov018. Does this facility have the National Comprehensive COVID-19 Management Handbook prepared by the Federal Ministry of Health? If available, can you please show it to me?  
*(Image of National Comprehensive COVID-19 Management Handbook above)*  
[National\_COVID19\_mgmt\_handbook.png]

`{consent_obtained}`

- Yes, observed
- Yes, reported, not seen
- Not available
- Don't know
- No response

### Section 4—Health Management Information Systems

Now I would like to ask about health management information systems at this facility.

If there is another provider who would be better able to answer my questions on health management information systems in this facility, I would appreciate if you could refer me to the appropriate person.

SDP800a. Does the facility have a functional mechanism for summarizing key outcome data, such as the number of monthly deliveries, live births, maternal or neonatal deaths?

- `{consent_obtained}` and (  
`{facility_type} = 'hospital' or`  
`{facility_type} = 'health_center' or $ ...`
- Yes
  - No
  - Do not know
  - No response

SDP800b. What type of functional mechanism is used to summarize key outcome data?  
*(Select all that apply)*  
*Hint: If the facility is a health post (HP), probe if the health post is using an electronic Community Health Information System (eCHIS). HPs do not have a computer-based HMIS system, so select "eCHIS" if the HP is using one.*

- `{hmis_system_yn} = 'yes'`
- Manual/paper-based
  - Electronic database/DHIS2/HMIS
  - Electronic Community Health Information System (eCHIS)
  - No system
  - Do not know
  - No response

SDP800b2. Has COVID-19 changed the way that key outcome data, such as the number of monthly deliveries, live births, and maternal or neonatal deaths, are reported?

- `{hmis_system_yn} = 'yes'`
- Yes
  - No

|  |   |
|--|---|
|  | <input type="radio"/> Do not know<br><input type="radio"/> No response  |
| SDP817. Does the facility have a functional mechanism for reporting data on maternal deaths to the Maternal and Perinatal Death Surveillance Response?<br><i>Hint: Maternal and perinatal deaths that occur in the community are recorded by health posts, while deaths that occur in the facility are reported by health centers and hospitals.</i> | ( \${antenatal_yn} = 'yes' or<br>\${labor_delivery_yn} = 'yes' or<br>\${operation_surgery_yn} = 'yes' or \${p ...<br><input type="radio"/> Yes<br><input type="radio"/> No<br><input type="radio"/> Do not know<br><input type="radio"/> No response  |
| SDP801. Does this facility regularly produce reports for the zonal, district, regional, zonal, or national Health Management Information System (HMIS)?<br><i>Hint: The HMIS may be paper-based or electronic</i>  | \${consent_obtained} and (<br>\${facility_type} = 'hospital' or<br>\${facility_type} = 'health_center' or \$ ...<br><input type="radio"/> Yes<br><input type="radio"/> No<br><input type="radio"/> Do not know<br><input type="radio"/> No response   |
| SDP802. How frequently are summary reports generated from this functional HMIS?  | \${hmis_report_yn} = 'yes'<br><input type="radio"/> Monthly or more often<br><input type="radio"/> Quarterly<br><input type="radio"/> Biannually (twice a year)<br><input type="radio"/> Annually<br><input type="radio"/> Less than once a year<br><input type="radio"/> No predefined frequency (as requested)<br><input type="radio"/> Don't know<br><input type="radio"/> No response |
| SDP802b. Has COVID-19 changed the frequency that summary reports on maternal and newborn health that are generated from the functional HMIS?   | \${hmis_report_yn} = 'yes'<br><input type="radio"/> Yes<br><input type="radio"/> No<br><input type="radio"/> Do not know<br><input type="radio"/> No response   |

| \${hmis_report_yn} = 'yes'  |                       |                       |                       |                       |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| SDP803. Does this facility receive feedback on the facility's HMIS reports from any of the following: |                       |                       |                       |                       |
|   | Yes                   | No                    | Do not know           | No response           |
| A) Wordea health office   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| B) Zonal health department  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| C) Regional health bureau   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| D) Implementing non-governmental organizations (NGOs)   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| E) Federal Ministry of Health (FMOH)  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| F) This facility's leadership team  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

|                  |                       |                       |                       |                       |
|------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| G) Health Center | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|------------------|-----------------------|-----------------------|-----------------------|-----------------------|

|  |   |
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| SDP803b. Has COVID-19 changed if or how this facility receives feedback on HMIS reports? | <p style="text-align: right;">                 \${woreda}='yes' or \${zonal_dept}='yes' or<br/>                 \${health_bureau}='yes' or \${ngo}='yes' or<br/>                 \${fmoh}='yes' ...             </p> <p> <input type="radio"/> Yes<br/> <input type="radio"/> No<br/> <input type="radio"/> Do not know<br/> <input type="radio"/> No response             </p> |
|--|---|

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|--|---|
| SDP804. Does feedback provided generally include recommendations for action to improve the quality of care in this facility? | <p style="text-align: right;">                 \${woreda} = 'yes' or \${zonal_dept} =<br/>                 'yes' or \${health_bureau} = 'yes' or<br/>                 \${ngo} = 'yes' or \${fmoh} ...             </p> <p> <input type="radio"/> Yes<br/> <input type="radio"/> No<br/> <input type="radio"/> Do not know<br/> <input type="radio"/> No response             </p> |
|--|---|

|  |                       |                       |                       |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| \${woreda} = 'yes' or \${zonal_dept} = 'yes' or \${health_bureau} = 'yes'<br>or \${ngo} = 'yes' or \${fmoh} ...  |                       |                       |                       |                       |
| <i>Read each of the following:</i>   |                       |                       |                       |                       |
| SDP805. Have any of the following types of action-oriented recommendations been made based on most recent HMIS data or in any other report generated from these data?              |                       |                       |                       |                       |
|  | Yes                   | No                    | Do not know           | No response           |
| A) Review effort by examining service performance target and actual performance from month to month  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| B) Review facility personnel responsibilities  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| C) Quality of care improvement   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| D) Resource allocation based on comparison by services   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| E) Advocacy for more resources by showing gaps in ability to meet targets, commodity stocks, human resources, infrastructure improvements, training needs, and/or referral changes | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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| SDP806. Does this facility have a performance monitoring team (PMT)?<br><i>Hint: This is an established group of staff members that meets to use facility information regularly to monitor progress, enhance data quality, and improve performance at all levels of the health system.</i> | <p style="text-align: right;">                 \${consent_obtained} and (<br/>                 \${facility_type} = 'hospital' or<br/>                 \${facility_type} = 'health_center' ) an ...             </p> <p> <input type="radio"/> Yes<br/> <input type="radio"/> No<br/> <input type="radio"/> Do not know<br/> <input type="radio"/> No response             </p> |
|--|--|

|   |                             |
|---|-----------------------------|
| SDP809. How frequently are performance monitoring team meetings held to discuss key performance indicators (KPIs) and | \${perform_team_yn} = 'yes' |
|---|-----------------------------|

|  |   |
|--|---|
| maternal and child health indicators from this facility?   | <input type="radio"/> Monthly or more often<br><input type="radio"/> Quarterly<br><input type="radio"/> Biannually (twice a year)<br><input type="radio"/> Annually<br><input type="radio"/> Less than once a year<br><input type="radio"/> No predefined frequency (as requested)<br><input type="radio"/> Don't know<br><input type="radio"/> No response   |
| SDP813. Were the performance monitoring team meeting minutes compiled?   | <p style="text-align: right;">\${perform_team_yn} = 'yes'</p> <input type="radio"/> Yes<br><input type="radio"/> No<br><input type="radio"/> Do not know<br><input type="radio"/> No response   |
| SDP814. May I see the meeting minutes from the most recent meeting?<br><i>Record only whether or not you observed the meeting minutes, not the respondent's reply to your request.</i>   | <p style="text-align: right;">\${perform_team_notes_yn} = 'yes'</p> <input type="radio"/> Yes, minutes observed<br><input type="radio"/> No, minutes not observed<br><input type="radio"/> No response  |
| SDP810. Are maternal deaths at the facility reviewed by obstetric providers, physicians, nurses, performance monitoring team or Maternal, Perinatal Deaths Surveillance Response Team (MPDSRT) in the facility?                            | <p style="text-align: right;">(\${antenatal_yn} = 'yes' or<br/>         \${labor_delivery_yn} = 'yes' or<br/>         \${operation_surgery_yn} = 'yes' or \${p ...</p> <input type="radio"/> Yes<br><input type="radio"/> No<br><input type="radio"/> Do not know<br><input type="radio"/> No response  |
| SDP811. How frequently are obstetric providers, physicians, nurses, performance monitoring team or Maternal, Perinatal Deaths Surveillance Response Team (MPDSRT) meetings held to discuss maternal deaths that occurred at this facility? | <p style="text-align: right;">\${death_talk_yn} = 'yes'</p> <input type="radio"/> Immediately after a death has occurred<br><input type="radio"/> Monthly or more often<br><input type="radio"/> Quarterly<br><input type="radio"/> Biannually (twice a year)<br><input type="radio"/> Annually<br><input type="radio"/> Less than once a year<br><input type="radio"/> No predefined frequency (as requested)<br><input type="radio"/> Don't know<br><input type="radio"/> No response |

|  |   |
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|  | \${death_talk_yn} = 'yes'   |
| SDP812. When was the last meeting held to discuss maternal deaths that occurred at this facility?<br><i>Enter '2030 for do not know (2030 is 2022 in the Ethiopian calendar)</i> | <p>not(selected(\${death_meeting_no_death}, '1'))<br/>         and<br/>         not(selected(\${death_meeting_date_na}, '1'))</p> <p style="text-align: right;">Day:<br/>Month:<br/>Year:</p> |

|  |                       |
|--|-----------------------|
| Check here if no maternal death occurred yet | <input type="radio"/> |
| Check here if Not Applicable (No date)       | <input type="radio"/> |

|  |  |
|--|--|
| <p>SDP813b. Were the obstetric providers, physicians, nurses, performance monitoring team meeting or Maternal, Perinatal Deaths Surveillance Response Team (MPDSRT) to discuss maternal deaths minutes compiled?</p>   | <pre>int(format-date(\${death_meeting_date}, '%Y')) = 2030 or int(format-date(\${death_meeting_date}, '%Y ...</pre> <p><input type="radio"/> Yes<br/><input type="radio"/> No<br/><input type="radio"/> Do not know<br/><input type="radio"/> No response</p>  |
| <p>SDP814b. May I see the meeting minutes from the most recent meeting to discuss maternal deaths?<br/><i>Record whether or not you observed the meeting minutes and confirm it matches with the reported date for the most recent meeting in SDP812, not the respondent's reply to your request.</i></p>  | <pre>\${discuss_mathernal_death}='yes'</pre> <p><input type="radio"/> Yes, minutes observed and matches with the reported recent date<br/><input type="radio"/> Yes, minutes observed but DO NOT match with the reported recent date<br/><input type="radio"/> No, minutes not observed<br/><input type="radio"/> No response</p>  |
| <p>SDP815. Does the facility conduct participatory performance review meetings on a regular basis?<br/><i>Hint: During participatory performance review meetings, facilities share information about their services and outcomes with different external stakeholders, such as NGOs, community representatives, and private organizations.</i></p> | <pre>\${consent_obtained} and ( \${facility_type} = 'hospital' or \${facility_type} = 'health_center')</pre> <p><input type="radio"/> Yes<br/><input type="radio"/> No<br/><input type="radio"/> Do not know<br/><input type="radio"/> No response</p>   |
| <p>SDP816. How frequently are the review meetings held?</p>  | <pre>\${perform_review_yn} = 'yes'</pre> <p><input type="radio"/> Monthly or more often<br/><input type="radio"/> Quarterly<br/><input type="radio"/> Biannually (twice a year)<br/><input type="radio"/> Annually<br/><input type="radio"/> Less than once a year<br/><input type="radio"/> No predefined frequency (as requested)<br/><input type="radio"/> Don't know<br/><input type="radio"/> No response</p> |

**Section 5—Antenatal Care, Labor & Delivery, And Postnatal Care Service Readiness**

Now I would like to ask about antenatal, labor and delivery, and postnatal services provided at this facility.

If there is another provider who would be better able to answer my questions on ANTENATAL CARE, LABOR AND DELIVERY, AND POSTNATAL CARE SERVICES AVAILABLE in this facility, I would appreciate if you could refer me to the appropriate person.

$\${antenatal\_yn} = 'yes'$

SDP403. Please tell me if the following activity is routinely completed as part of ANC:

|  | Yes                   | No                    | Do not know           | No response           |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| A) Weighing patients?                          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| B) Taking blood pressure?                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| C) Urine test for protein?                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| D) Blood test for anemia?                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| E) Blood test for syphilis?                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| F) Blood group?                                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| G) Test for Rh factor?                         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| H) Breastfeeding or infant feeding counseling? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I) Counseling about HIV/AIDS?                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| J) Testing for HIV/AIDS?                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| K) Blood glucose testing?                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| L) Counseling on postpartum family planning?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

SDP404. How many maternity waiting rooms does this facility have?

Number of maternity waiting rooms

*Hint: Maternity waiting rooms are for women who are not yet in labor. Ask to see the rooms to verify.*

*Enter -88 for do not know, -99 for no response.*

$\${labor\_delivery\_yn} = 'yes'$

SDP404a. How many beds does this facility have in the maternity waiting rooms?

*Hint: This includes only beds used for labor, delivery, and postpartum care. Do not count delivery-couch/labor table or examination beds. Enter -88 for do not know, -99 for no response.*

$\${labor\_delivery\_yn} = 'yes'$  and  
 $\${maternity\_rm\_num} > 0$

SDP404b. As per the FMoH standard guideline, for how many pregnant women can this facility currently provide maternity waiting service at a time?

*Hint: Please consider the total number of women that the facility can provide service at its full capacity but should be at an acceptable*

$\${labor\_delivery\_yn} = 'yes'$  and  
 $\${maternity\_rm\_num} > 0$



|   |  |
|---|--|
| <p>service quality standard. at a minimum. Enter -88 for do not know, -99 for no response.</p>  |  |
| <p>SDP405. How many rooms does this facility have for labor, delivery, and postpartum care?<br/>Number of labor rooms<br/><i>Hint: Ask to see the rooms to verify.</i><br/>Enter -88 for do not know, -99 for no response.</p>  | <p><code>#{labor_delivery_yn} = 'yes'</code></p>   |
| <p>SDP406b. Is there a functional heat source in the delivery room?<br/><i>Hint: Record for heat in at least one delivery room. The heat source must be electrical and does not include extra clothing or blankets. Only include heat sources that are within the room and functioning. If only heat source is for newborn corner, select "No".</i></p>   | <p><code>#{labor_delivery_yn} = 'yes'</code></p> <p><input type="radio"/> Yes, functional<br/><input type="radio"/> No, not available or not functional<br/><input type="radio"/> Don't know<br/><input type="radio"/> No response</p>   |
| <p>SDP407. Describe the setting of the delivery room(s).<br/><i>Hint: Do not read this item aloud. Visual privacy refers to a space that cannot be observed by other people who are not involved in the healthcare interaction, for example, other patients or people in the waiting areas. Visual privacy may be provided by walls, draperies or other forms of partitions to create private spaces for patients. If multiple rooms, report on room offering most privacy.</i></p> | <p><code>#{labor_delivery_yn} = 'yes'</code></p> <p><input type="radio"/> Private room(s) with visual privacy<br/><input type="radio"/> No private room, but visual privacy ensured (e.g., draperies)<br/><input type="radio"/> No privacy offered<br/><input type="radio"/> No response</p> |
| <p>SDP408. How many beds does this facility have for labor, delivery and postpartum care?<br/><i>Hint: This includes only beds used for labor, delivery, and postpartum care. Do not count delivery-couch/labor table or examination beds.</i><br/>Enter -88 for do not know, -99 for no response.<br/>Number of delivery beds used for labor, delivery, and postpartum care?</p>   | <p><code>#{labor_delivery_yn} = 'yes'</code></p>   |
| <p>SDP409. Is there a newborn corner or room(s) in this facility?<br/><i>Hint: Ask them to show you the newborn corner/room(s) to verify.</i></p>   | <p><code>#{labor_delivery_yn} = 'yes'</code></p> <p><input type="radio"/> Yes<br/><input type="radio"/> No<br/><input type="radio"/> Do not know<br/><input type="radio"/> No response</p>   |
| <p>SDP410. How many newborn resuscitation table(s) with light source does this facility have?<br/><i>Hint: Ask them to show you the tables to verify. Confirm that it is functional by witnessing that it is in use or asking the respondent to turn in ON/OFF. Only count the tables that are functional.</i><br/>Enter -99 for no response, -88 for Do not know<br/>Number of functional newborn resuscitation table(s) with light</p>  | <p><code>#{labor_delivery_yn} = 'yes'</code></p>   |

|   |  |
|---|--|
| <p>SDP412. Is a skilled birth attendant present at the facility or on call 24 hours a day, including weekends, to provide delivery care?<br/><i>Hint: Providers who are considered "on call" must be able to arrive to the facility and provide labor and delivery services within 30 minutes of being called. Specify cadres who are skilled and cadres that are not.</i></p>  | <p style="text-align: right;">\${labor_delivery_yn} = 'yes'</p> <p><input type="radio"/> Yes<br/><input type="radio"/> No<br/><input type="radio"/> Do not know<br/><input type="radio"/> No response</p>  |
| <p>SDP413. Is there a skilled provider who can perform a caesarean section present in the facility or on-call 24 hours a day, including weekends?<br/><i>Hint: Providers who are considered "on call" must be able to arrive to the facility and provide labor and delivery services within 30 minutes of being called.</i></p>   | <p style="text-align: right;">\${operation_surgery_yn} = 'yes'</p> <p><input type="radio"/> Yes<br/><input type="radio"/> No<br/><input type="radio"/> Do not know<br/><input type="radio"/> No response</p>   |
| <p>SDP413b. Has COVID-19 affected the availability of skilled providers to be present in the facility or on-call to deliver caesarian section 24 hours a day, including weekends? If so, how?<br/><i>Hint: If changes are reported, as to specify whether providers were more or less available.</i></p>  | <p style="text-align: right;">\${operation_surgery_yn} = 'yes'</p> <p><input type="radio"/> Yes, less available<br/><input type="radio"/> Yes, more available.<br/><input type="radio"/> No<br/><input type="radio"/> Don't know<br/><input type="radio"/> No response</p> |
| <p>SDP414a. Is there a schedule that is used to record which skilled provider is present or on-call to perform cesarean deliveries at any given time?</p>   | <p style="text-align: right;">\${caesarean_worker_yn} = 'yes'</p> <p><input type="radio"/> Yes<br/><input type="radio"/> No<br/><input type="radio"/> Do not know<br/><input type="radio"/> No response</p>  |
| <p>SDP414b. May I see the schedule for on-duty or on-call providers to perform cesarean section?</p>  | <p style="text-align: right;">\${oncall_schedule_yn} = 'yes'</p> <p><input type="radio"/> Schedule observed<br/><input type="radio"/> No schedule observed<br/><input type="radio"/> No response</p>   |
| <p><b>PROVISION OF EMERGENCY OBSTETRIC AND ESSENTIAL NEWBORN SERVICES</b><br/>Now, I am going to ask you about key interventions for management of normal and complicated labor and delivery. For each intervention, please tell me if it has been provided at this facility within the past 3 months.<br/>If there is another provider who would be better able to answer my questions on EMERGENCY OBSTETRIC CARE in this facility, I would appreciate if you could refer me to the appropriate person.</p> | <p style="text-align: right;">\${labor_delivery_yn} = 'yes'</p>  |

|  |
|--|
| <p>\${labor_delivery_yn} = 'yes' or \${postpartum_yn} = 'yes'</p>          |
| <p>SDP420. In the past 3 months, have health workers at this facility:</p> |

|  | Yes                   | No                    | Do not know           | No response           |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| A) Provided PARENTERAL ANTICONVULSANTS to manage high blood pressure in pregnancy?           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| B) Provided ANTIHYPERTENSIVES to treat pregnancy-related hypertension?                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| C) Provided parenteral or oral UTEROTONICS to prevent or treat pregnancy-related hemorrhage? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| D) Provided immediate postpartum implant insertion?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| E) Provided immediate postpartum IUD insertion (PP-IUD)?                                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| F) Provided immediate postpartum tubal ligation (TL)?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

\${labor\_delivery\_yn} = 'yes'

SDP421. In the past 3 months, have health workers at this facility:  
Hint: This question is about health services actually provided in the PAST 3 MONTHS, not the training of staff members to provide this service.

|  | Yes                   | No                    | Do not know           | No response           |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| G) Provided parenteral antibiotics for infections related to pregnancy, abortion, labor or delivery? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| H) Performed manual removal of placenta?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I) Used partographs to monitor labor?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <i>(image of partograph above)</i>   |                       |                       |                       |                       |
|  | Yes                   | No                    | Do not know           | No response           |
| K) Provided instrument/assisted deliveries—that is, use forceps or vacuum extractor?                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <i>(image of manual vacuum extractor above)</i><br>[manual_vacuum_extractor.png]                     |                       |                       |                       |                       |
|  | Yes                   | No                    | Do not know           | No response           |
| M) Performed blood transfusions for maternity care?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| N) Provided antenatal corticosteroids for fetal lung maturation?                                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| O) Performed newborn resuscitation?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

SDP422\_n1. Does this facility have a policy that allows the “rooming-in” of a mother and her baby?

*Hint: “Rooming-in” refers to the policy of not separating a mother and her baby in the post-delivery period.*

- Yes
- No
- Do not know
- No response

\${labor\_delivery\_yn} = 'yes'

|   |   |
|---|---|
| <p>SDP422_n2. Does this facility have a policy that allows women to have a companion of her choice with her during labor and/or delivery?</p> | <p style="text-align: right;">\${labor_delivery_yn} = 'yes'</p> <p> <input type="radio"/> Yes, during labor<br/> <input type="radio"/> Yes, during delivery<br/> <input type="radio"/> Yes, during labor and delivery<br/> <input type="radio"/> No<br/> <input type="radio"/> Don't know<br/> <input type="radio"/> No response         </p> |
|---|---|

|   |  |
|---|--|
| <p>SDP422a. Following delivery, does the provider put the baby on the mother's chest?</p> | <p style="text-align: right;">\${labor_delivery_yn} = 'yes'</p> <p> <input type="radio"/> Yes<br/> <input type="radio"/> No<br/> <input type="radio"/> Do not know<br/> <input type="radio"/> No response         </p> |
|---|--|

|  |   |
|--|---|
| <p>SDP422b. When the baby is put on the mother's chest, is the baby's bare skin touching the mother's bare skin?</p> | <p style="text-align: right;">\${assisted_chest_contact} = 'yes'</p> <p> <input type="radio"/> Yes<br/> <input type="radio"/> No<br/> <input type="radio"/> Do not know<br/> <input type="radio"/> No response         </p> |
|--|---|

|   |   |
|---|---|
| <p>SDP422c. How long after delivery is the baby typically put on the bare skin of the mother's chest?</p> | <p style="text-align: right;">\${baby_skin_contact}='yes'</p> <p> <input type="radio"/> Immediately<br/> <input type="radio"/> Hours<br/> <input type="radio"/> Minutes<br/> <input type="radio"/> Don't know<br/> <input type="radio"/> No response         </p> |
|---|---|

|         |  |
|---------|--|
|         | <p> <input type="radio"/> \${how_long}='hours' or<br/> <input type="radio"/> \${how_long}='minutes'         </p> |
| Hours   | <p><input type="radio"/> \${how_long}='hours'</p>  |
| Minutes | <p><input type="radio"/> \${how_long}='minutes'</p>  |

|   |  |
|---|--|
| <p>SDP422d. Before discharge, is the mother assisted by the provider to put the baby to the breast?</p> | <p style="text-align: right;">\${labor_delivery_yn} = 'yes'</p> <p> <input type="radio"/> Yes<br/> <input type="radio"/> No<br/> <input type="radio"/> Do not know<br/> <input type="radio"/> No response         </p> |
|---|--|

|   |  |
|---|--|
| <p>SDP422d2. Is it the policy of this facility to routinely encourage exclusive breast feeding?</p> | <p style="text-align: right;">\${labor_delivery_yn} = 'yes'</p> <p> <input type="radio"/> Yes<br/> <input type="radio"/> No<br/> <input type="radio"/> Do not know<br/> <input type="radio"/> No response         </p> |
|---|--|

|   |   |
|---|---|
| <p>SDP422e. How long after delivery is the mother assisted by the provider to put the baby to the breast?</p> | <p style="text-align: right;">\${assisted_breast_contact}='yes'</p> <p> <input type="radio"/> Immediately<br/> <input type="radio"/> Hours         </p> |
|---|---|

If less than an hour, record '00' hours. If less than 24 hours, record hours. Otherwise, record days.

- Days
- Don't know
- No response

|   |                                 |
|---|---------------------------------|
| \${how_long_assis_moth}='hours' or \${how_long_assis_moth}='days'<br>SDP422e. How long after delivery is the mother assisted by the provider to put the baby to the breast? |                                 |
| Hours assisted  | \${how_long_assis_moth}='hours' |
| Days Assisted   | \${how_long_assis_moth}='days'  |

|   |  |
|---|--|
| SDP422e1. Is KMC (kangaroo mother care) for premature/very small babies) used in this facility? | \${labor_delivery_yn} = 'yes'<br><br><input type="radio"/> Yes<br><input type="radio"/> No<br><input type="radio"/> Do not know<br><input type="radio"/> No response |
|---|--|

|   |  |
|---|--|
| SDP422e2. Has KMC been provided at any time during the past 3 months? | \${labor_delivery_yn} = 'yes' and<br>\${kmc_samll_baby}='yes'<br><br><input type="radio"/> Yes<br><input type="radio"/> No<br><input type="radio"/> Do not know<br><input type="radio"/> No response |
|---|--|

|   |  |
|---|--|
| SDP423. Before discharge, do providers routinely discuss family planning with the mother? | \${labor_delivery_yn} = 'yes'<br><br><input type="radio"/> Yes<br><input type="radio"/> No<br><input type="radio"/> Do not know<br><input type="radio"/> No response |
|---|--|

|  |                               |
|--|-------------------------------|
| <b>STANDARD INFECTION CONTROL PRECAUTIONS</b><br>Now I want to ask you about how this facility handles contaminated reusable equipment. If the unit processes some equipment and sends other equipment elsewhere, indicate the procedure for equipment processed IN THIS FACILITY ONLY.<br><br>If there is another provider who would be better able to answer my questions on <b>EQUIPMENT STERILIZATION PROCEDURES</b> in this facility, I would appreciate if you could refer me to the appropriate person. | \${labor_delivery_yn} = 'yes' |
|--|-------------------------------|

|   |  |
|---|--|
| SDP427. After completing a delivery, what procedures do health workers most frequently follow for initial handling of contaminated equipment, such as scissors or clamps, that will be reused?<br><br><i>Hint: Do not read out options. Select ONLY ONE option.</i> | \${labor_delivery_yn} = 'yes'<br><br><input type="radio"/> Nothing is done<br><input type="radio"/> Decontaminate in 0.5% chlorine solution, soap and water scrub, and then rinse<br><input type="radio"/> Soap and water scrub, then decontaminate<br><input type="radio"/> Soap and water brush scrub only |
|---|--|

|   |  |
|---|--|
|   | <input type="radio"/> Disinfectant soak, not scrubbed<br><input type="radio"/> Soap and water, not brush scrubbed<br><input type="radio"/> Other<br><input type="radio"/> Do not know<br><input type="radio"/> No response   |
| <p>SDP428. What is the final process most commonly used for disinfecting or sterilizing medical equipment, before they are reused?<br/><i>Hint: off-site means outside of the facility or facility's campus</i></p> | <p style="text-align: right;">\${labor_delivery_yn} = 'yes'</p> <input type="radio"/> Nothing is done on-site<br><input type="radio"/> Dry heat sterilization on-site<br><input type="radio"/> Autoclaving on-site<br><input type="radio"/> Steam sterilization on-site<br><input type="radio"/> Boiling on-site<br><input type="radio"/> Chemical method on-site<br><input type="radio"/> Off-site sterilization<br><input type="radio"/> Other<br><input type="radio"/> Do not know<br><input type="radio"/> No response |

**Supplies And Equipment**

Now I would like to ask you about the availability and condition of the following supplies needed for antenatal, delivery, and postnatal services. For each item I list, please indicate if it is available, and if available, please show me the item.

*Hint: Items may be in several rooms where the various services are offered. Please check to see if the item is available onsite and assess the functionality (if item is electric).*

|   |   |
|---|---|
| \${labor_delivery_yn} = 'yes'   |   |
| SDP429c. Record if the following supplies are either observed, reported and not seen, or not available:   |   |
| <p>A) Already mixed decontaminating solution (e.g. 0.5% chlorine)</p>   | <input type="radio"/> Observed<br><input type="radio"/> Reported not seen<br><input type="radio"/> Not available<br><input type="radio"/> No response |
| <p>B) Waste receptacle with lid and plastic liner</p>   | <input type="radio"/> Observed<br><input type="radio"/> Reported not seen<br><input type="radio"/> Not available<br><input type="radio"/> No response |
| <p>C) Hand washing facility<br/><i>Hint: This should be a handwashing facility that is separate from any handwashing facility at the entrance of the building for Covid-related purposes.</i></p> | <input type="radio"/> Observed<br><input type="radio"/> Reported not seen<br><input type="radio"/> Not available<br><input type="radio"/> No response |

|  |  |
|--|--|
| \${labor_delivery_yn} = 'yes'  |  |
| SDP429. Record if the following supplies are either observed, reported and not seen, or not available: |  |

|  |   |
|--|---|
| A) Water for staff hand washing                                    | <input type="radio"/> Observed<br><input type="radio"/> Reported not seen<br><input type="radio"/> Not available<br><input type="radio"/> No response |
| B) Soap for staff hand washing                                     | <input type="radio"/> Observed<br><input type="radio"/> Reported not seen<br><input type="radio"/> Not available<br><input type="radio"/> No response |
| C) Blood pressure apparatus (e.g., cuff to measure blood pressure) | <input type="radio"/> Observed<br><input type="radio"/> Reported not seen<br><input type="radio"/> Not available<br><input type="radio"/> No response |
| D) Resuscitation table/trolley                                     | <input type="radio"/> Observed<br><input type="radio"/> Reported not seen<br><input type="radio"/> Not available<br><input type="radio"/> No response |
| E) Pulse oximeter  | <input type="radio"/> Observed<br><input type="radio"/> Reported not seen<br><input type="radio"/> Not available<br><input type="radio"/> No response |
| F) Refridgerator   | <input type="radio"/> Observed<br><input type="radio"/> Reported not seen<br><input type="radio"/> Not available<br><input type="radio"/> No response |

|  |   |
|--|---|
| \${labor_delivery_yn} = 'yes'  |   |
| SDP430. Record if the following supplies are either observed, reported and not seen, or not available: |   |
| A) Syringes and needles  | <input type="radio"/> Observed<br><input type="radio"/> Reported not seen<br><input type="radio"/> Not available<br><input type="radio"/> No response |
| B) Sterile scissors or blade   | <input type="radio"/> Observed<br><input type="radio"/> Reported not seen<br><input type="radio"/> Not available<br><input type="radio"/> No response |
| C) Sterile disposable cord ties or clamp   | <input type="radio"/> Observed<br><input type="radio"/> Reported not seen<br><input type="radio"/> Not available<br><input type="radio"/> No response |

|   |   |
|---|---|
| D) Clean towel or blanket to wrap baby    | <input type="radio"/> Observed<br><input type="radio"/> Reported not seen<br><input type="radio"/> Not available<br><input type="radio"/> No response |
| E) Ambu Bag (for infant resuscitation)    | <input type="radio"/> Observed<br><input type="radio"/> Reported not seen<br><input type="radio"/> Not available<br><input type="radio"/> No response |
| F) Mask (infant size 0) for resuscitation | <input type="radio"/> Observed<br><input type="radio"/> Reported not seen<br><input type="radio"/> Not available<br><input type="radio"/> No response |
| G) Mask (infant size 1) for resuscitation | <input type="radio"/> Observed<br><input type="radio"/> Reported not seen<br><input type="radio"/> Not available<br><input type="radio"/> No response |

|   |   |
|---|---|
| \${labor_delivery_yn} = 'yes'   |   |
| SDP430. Record if the following supplies are either observed, reported and not seen, or not available:                            |   |
| H) Manual suction device for fluid extraction   | <input type="radio"/> Observed<br><input type="radio"/> Reported not seen<br><input type="radio"/> Not available<br><input type="radio"/> No response |
| I) Obstetric forceps<br><i>(image of obstetric forceps above)</i><br>[obstetrics_forceps.png]                                     | <input type="radio"/> Observed<br><input type="radio"/> Reported not seen<br><input type="radio"/> Not available<br><input type="radio"/> No response |
| J) Manual vacuum aspirator (MVA) and cannula<br><i>(image of manual vacuum aspirator above)</i><br>[manual_vacuum_aspiration.png] | <input type="radio"/> Observed<br><input type="radio"/> Reported not seen<br><input type="radio"/> Not available<br><input type="radio"/> No response |
| K) Dilatation and curettage (D&C) kit<br><i>(image of dilation and curettage kit above)</i><br>[dilatation_curettage.png]         | <input type="radio"/> Observed<br><input type="radio"/> Reported not seen<br><input type="radio"/> Not available<br><input type="radio"/> No response |
| L) Sealed delivery kit with instruments ready for use, including scissors and clamp   | <input type="radio"/> Observed<br><input type="radio"/> Reported not seen<br><input type="radio"/> Not available<br><input type="radio"/> No response |



|  |   |
|--|---|
| M) Surgical sutures  | <input type="radio"/> Observed<br><input type="radio"/> Reported not seen<br><input type="radio"/> Not available<br><input type="radio"/> No response |
| N) Stadiometer or height rod to measure height   | <input type="radio"/> Observed<br><input type="radio"/> Reported not seen<br><input type="radio"/> Not available<br><input type="radio"/> No response |
| O) Infant weight scale   | <input type="radio"/> Observed<br><input type="radio"/> Reported not seen<br><input type="radio"/> Not available<br><input type="radio"/> No response |
| P) Fetal scope<br><i>(image of fetal scope above)</i><br>[fetal_scope.png]                                     | <input type="radio"/> Observed<br><input type="radio"/> Reported not seen<br><input type="radio"/> Not available<br><input type="radio"/> No response |
| Q) Examination light<br><i>Hint: Flashlight is considered a form of exam light.</i><br>[examination_light.png] | <input type="radio"/> Observed<br><input type="radio"/> Reported not seen<br><input type="radio"/> Not available<br><input type="radio"/> No response |

|   |   |
|---|---|
| SDP431. Is an INCUBATOR available and functioning?<br><i>Hint: Verify that it is functional by witnessing that it is in use or asking the respondent to turn in ON/OFF.</i><br><i>(image of incubator above)</i><br>[incubator.png]   | $\${labor\_delivery\_yn} = 'yes'$<br><input type="radio"/> Observed, functional<br><input type="radio"/> Observed, not functional<br><input type="radio"/> Observed, don't know if functioning<br><input type="radio"/> Reported not seen<br><input type="radio"/> Not available<br><input type="radio"/> No response |
| SDP432. Is a SUCTION APPARATUS FOR USE WITH CATHETER (ELECTRIC OR MANUAL) available and functioning?<br><i>Hint: This is NOT the same as an ELECTRICAL VACUUM EXTRACTOR. Confirm with respondent that you are observing the correct device. Verify that it is functional by witnessing that it is in use or asking the respondent to turn in ON/OFF.</i><br><i>(image of suction apparatus above)</i><br>[suction_apparatus2.png] | $\${labor\_delivery\_yn} = 'yes'$<br><input type="radio"/> Observed, functional<br><input type="radio"/> Observed, not functional<br><input type="radio"/> Observed, don't know if functioning<br><input type="radio"/> Reported not seen<br><input type="radio"/> Not available<br><input type="radio"/> No response |
| SDP433. Is an OXYGEN SUPPLY FROM OXYGEN TANK available and functioning?<br><i>(image of oxygen supply tank above)</i><br>[oxygen_tank_cylinder.png]   | $\${labor\_delivery\_yn} = 'yes'$<br><input type="radio"/> Observed, functional<br><input type="radio"/> Observed, not functional<br><input type="radio"/> Observed, don't know if functioning<br><input type="radio"/> Reported not seen   |



Hint: This includes deliveries that ended with live birth or stillbirth. Should be from the Delivery Register/Log-Book but NOT from HMIS Report Hint: Use the appropriate REGISTER (not the HMIS summary report) to record the total number of cases for each indicator. Record 0 if the register shows no services were provided for the specified month. Record -77 if this service is provided at the facility, but there is not a register to record the service. Record -88 if the data are not legible. Record -99 if no response. Record 0 if the register shows no services were provided for the specified month. Record -77 if this service is provided at the facility, but there is not a register to record the service. Record -88 if the data are not legible. Record -99 if no response.

`#{labor_delivery_yn} = 'yes' and #{operation_surgery_yn}='yes'`  
SDP901. Cesarean deliveries for EACH COMPLETED MONTH (April 2021 & September 2021).

SDP901. Number of cesarean deliveries between March 30- April 28,2022

SDP901. Number of cesarean deliveries between August 27-September 30, 2022

`(#{begin_interview}='yes') and (#{facility_type} = 'hospital' or  
#{facility_type} = 'health_center ...`

SDP1000. Maternal deaths for EACH specified HMIS reporting period indicated here (March 30-April 28 2022 & August 27- September 30 2022).

*Hint: Count number of maternal deaths for each completed month.*

Number of maternal deaths between March 30- April 28,2022  
*must be 0, or greater than 0*

Number of maternal deaths between August 27-September 30, 2022  
*must be 0, or greater than 0*

SDP1001a. Does this facility distinguish between FRESH and MACERATED stillbirths in the maternity register?

*Hint: Separate codes or columns for inpatients and outpatients will be listed AND used in the register if the facility distinguishes between patient types.*

`#{begin_interview}='yes' and #{available} = 'yes' and (#{labor_delivery_yn} = 'yes' or #{operati ...`

- Yes
- No
- Do not know
- No response

`#{begin_interview}='yes' and  
#{dist_fresh_macerated}='yes'`  
SDP1001b. Fresh stillbirths for EACH COMPLETED MONTH (April 2021 & September 2021)

Number of fresh stilbirths between March 30- April 28,2022

Number of fresh stilbirths between August 27-September 30, 2022

`#{begin_interview}='yes' and  
#{dist_fresh_macerated}='yes'`

|  |  |
|--|--|
|  | SDP1002a. Macerated stillbirths for EACH COMPLETED MONTH (April 2021 & September 2021) |
| Number of macerated stilbirths between March 30- April 28,2022       |  |
| Number of macerated stilbirths between August 27- September 30, 2022 |  |

|   |  |
|---|--|
| $\${dist\_fresh\_macerated}='no'$ or $\${dist\_fresh\_macerated}='-99'$<br>SDP1002b. Total number of TOTAL stillbirths for EACH COMPLETED MONTH (April 2021 & September 2021) |  |
| Number of total stilbirths between March 30- April 28,2022  |  |
| Number of total stilbirths between August 27-September 30, 2022   |  |

|   |  |
|---|--|
| $\${labor\_delivery\_yn} = 'yes'$ or $\${postnatal\_yn}='yes'$<br>SDP1003. Very early neonatal deaths (first 24 hours of life) for EACH COMPLETED MONTH (April 2021 & September 2021) |  |
| Number of total very early neonatal death between March 30- April 28,2022   |  |
| Number of total very early neonatal death in Sept 2021  |  |

|   |  |
|---|--|
| $\${labor\_delivery\_yn} = 'yes'$ or $\${postnatal\_yn}='yes'$<br>SDP1004. Early neonatal deaths (total deaths) |  |
| Number of early neonatal deaths between March 30- April 28,2022   |  |
| Number of early neonatal deaths between August 27- September 30, 2022   |  |

**MEDICATIONS IN THE FACILITY**  
 Now I would like to ask you about the availability and condition of the following medications needed for delivery services. For each item I list, please indicate if the item is available, and if available, please show me the item.  
*Hint: If medications are packaged together in a combo-pack for deliveries, select 1 for "observed > 1 valid dose" for each individual medication in the pack.*

$\${labor\_delivery\_yn} = 'yes'$

|  |  |
|--|--|
| $\${labor\_delivery\_yn} = 'yes'$  |  |
| SDP435b. Record if the following medications are either observed $\geq 1$ valid dose, reported and not seen, or not available: |  |

|   |   |
|---|---|
| A1) ORS Sachet                              | <input type="radio"/> Observed $\geq 1$ valid dose<br><input type="radio"/> Reported not seen<br><input type="radio"/> Not available<br><input type="radio"/> No response |
| A2) Zink Tablet Form                        | <input type="radio"/> Observed $\geq 1$ valid dose<br><input type="radio"/> Reported not seen<br><input type="radio"/> Not available<br><input type="radio"/> No response |
| A3) Zink Syrup form                         | <input type="radio"/> Observed $\geq 1$ valid dose<br><input type="radio"/> Reported not seen<br><input type="radio"/> Not available<br><input type="radio"/> No response |
| A) Methyldopa (Tablet)                      | <input type="radio"/> Observed $\geq 1$ valid dose<br><input type="radio"/> Reported not seen<br><input type="radio"/> Not available<br><input type="radio"/> No response |
| B) Amoxicillin (Capsule)                    | <input type="radio"/> Observed $\geq 1$ valid dose<br><input type="radio"/> Reported not seen<br><input type="radio"/> Not available<br><input type="radio"/> No response |
| C) Injectable ampicillin                    | <input type="radio"/> Observed $\geq 1$ valid dose<br><input type="radio"/> Reported not seen<br><input type="radio"/> Not available<br><input type="radio"/> No response |
| D) Injectable gentamicin                    | <input type="radio"/> Observed $\geq 1$ valid dose<br><input type="radio"/> Reported not seen<br><input type="radio"/> Not available<br><input type="radio"/> No response |
| E) Azithromycin (Capsule/Oral liquid)       | <input type="radio"/> Observed $\geq 1$ valid dose<br><input type="radio"/> Reported not seen<br><input type="radio"/> Not available<br><input type="radio"/> No response |
| F) Benzathine benzylpenicillin (Injectable) | <input type="radio"/> Observed $\geq 1$ valid dose<br><input type="radio"/> Reported not seen<br><input type="radio"/> Not available<br><input type="radio"/> No response |
| G) Cefixime (Capsule)                       | <input type="radio"/> Observed $\geq 1$ valid dose<br><input type="radio"/> Reported not seen<br><input type="radio"/> Not available<br><input type="radio"/> No response |

|                            |   |
|----------------------------|---|
| H) Ceftriaxone (Injection) | <input type="radio"/> Observed $\geq 1$ valid dose<br><input type="radio"/> Reported not seen<br><input type="radio"/> Not available<br><input type="radio"/> No response |
|----------------------------|---|

|  |   |
|--|---|
| \${labor_delivery_yn} = 'yes'  |   |
| SDP435b. Record if the following medications are either observed $\geq 1$ valid dose, reported and not seen, or not available: |   |
| I) Injectable Metronidazole  | <input type="radio"/> Observed $\geq 1$ valid dose<br><input type="radio"/> Reported not seen<br><input type="radio"/> Not available<br><input type="radio"/> No response |
| J) Mebendazole/Albendazole (Tablet/liquid form)  | <input type="radio"/> Observed $\geq 1$ valid dose<br><input type="radio"/> Reported not seen<br><input type="radio"/> Not available<br><input type="radio"/> No response |
| K) Artemether and lumefantrine (Coartem)   | <input type="radio"/> Observed $\geq 1$ valid dose<br><input type="radio"/> Reported not seen<br><input type="radio"/> Not available<br><input type="radio"/> No response |
| L) Iron and/or folic acid  | <input type="radio"/> Observed $\geq 1$ valid dose<br><input type="radio"/> Reported not seen<br><input type="radio"/> Not available<br><input type="radio"/> No response |
| M) Syphilis testing (VDRL)   | <input type="radio"/> Observed $\geq 1$ valid dose<br><input type="radio"/> Reported not seen<br><input type="radio"/> Not available<br><input type="radio"/> No response |
| N) Zidovudine  | <input type="radio"/> Observed $\geq 1$ valid dose<br><input type="radio"/> Reported not seen<br><input type="radio"/> Not available<br><input type="radio"/> No response |

|  |   |
|--|---|
| \${labor_delivery_yn} = 'yes'  |   |
| SDP435c. Record if the following medications are either observed $\geq 1$ valid dose, reported and not seen, or not available: |   |
| O) Intravenous solutions: either Ringers lactate, D5NS, or NS infusion   | <input type="radio"/> Observed $\geq 1$ valid dose<br><input type="radio"/> Reported not seen<br><input type="radio"/> Not available<br><input type="radio"/> No response |

|   |   |
|---|---|
| P) Injectable ergometrine / methergine                        | <input type="radio"/> Observed $\geq 1$ valid dose<br><input type="radio"/> Reported not seen<br><input type="radio"/> Not available<br><input type="radio"/> No response |
| Q) Injectable oxytocin  | <input type="radio"/> Observed $\geq 1$ valid dose<br><input type="radio"/> Reported not seen<br><input type="radio"/> Not available<br><input type="radio"/> No response |
| JJ) Intravenous Tranexamic acid                               | <input type="radio"/> Observed $\geq 1$ valid dose<br><input type="radio"/> Reported not seen<br><input type="radio"/> Not available<br><input type="radio"/> No response |
| R) Misoprostol tablet (600mcg/ $\mu$ g; not in combined form) | <input type="radio"/> Observed $\geq 1$ valid dose<br><input type="radio"/> Reported not seen<br><input type="radio"/> Not available<br><input type="radio"/> No response |
| S) Misoprostol tablet (200mcg/ $\mu$ g; not in combined form) | <input type="radio"/> Observed $\geq 1$ valid dose<br><input type="radio"/> Reported not seen<br><input type="radio"/> Not available<br><input type="radio"/> No response |
| T) Injectable diazepam  | <input type="radio"/> Observed $\geq 1$ valid dose<br><input type="radio"/> Reported not seen<br><input type="radio"/> Not available<br><input type="radio"/> No response |
| U) Injectable magnesium sulfate                               | <input type="radio"/> Observed $\geq 1$ valid dose<br><input type="radio"/> Reported not seen<br><input type="radio"/> Not available<br><input type="radio"/> No response |

|  |   |
|--|---|
| \${labor_delivery_yn} = 'yes'  |   |
| SDP435c. Record if the following medications are either observed $\geq 1$ valid dose, reported and not seen, or not available: |   |
| V) Injectable Ca Gluconate   | <input type="radio"/> Observed $\geq 1$ valid dose<br><input type="radio"/> Reported not seen<br><input type="radio"/> Not available<br><input type="radio"/> No response |
| W) Hydralazine (Powder for injection or tablet 25mg)   | <input type="radio"/> Observed $\geq 1$ valid dose<br><input type="radio"/> Reported not seen<br><input type="radio"/> Not available<br><input type="radio"/> No response |

|                                 |   |
|---------------------------------|---|
| X) Lignocaine/Lidocaine 1 or 2% | <input type="radio"/> Observed $\geq 1$ valid dose<br><input type="radio"/> Reported not seen<br><input type="radio"/> Not available<br><input type="radio"/> No response |
| Y) Tetracycline ointment        | <input type="radio"/> Observed $\geq 1$ valid dose<br><input type="radio"/> Reported not seen<br><input type="radio"/> Not available<br><input type="radio"/> No response |
| Z) Dexamethasone/betamethasone  | <input type="radio"/> Observed $\geq 1$ valid dose<br><input type="radio"/> Reported not seen<br><input type="radio"/> Not available<br><input type="radio"/> No response |

|   |   |
|---|---|
|   | $\${labor\_delivery\_yn} =$<br>'yes'  |
| SDP435c. Record if the following medications are either observed $\geq 1$ valid dose, reported and not seen, or not available:<br>Hint: If HIV drugs are available in a form Fixed-Dose Combination (FDC), consider them as available |   |
| AA) Chlorhexidine gel   | <input type="radio"/> Observed $\geq 1$ valid dose<br><input type="radio"/> Reported not seen<br><input type="radio"/> Not available<br><input type="radio"/> No response |
| BB) Injectable vitamin K  | <input type="radio"/> Observed $\geq 1$ valid dose<br><input type="radio"/> Reported not seen<br><input type="radio"/> Not available<br><input type="radio"/> No response |
| CC) Nifedipine (Capsule immediate release)  | <input type="radio"/> Observed $\geq 1$ valid dose<br><input type="radio"/> Reported not seen<br><input type="radio"/> Not available<br><input type="radio"/> No response |
| DD) HIV rapid test / HIV $\frac{1}{2}$ STAT PACTM, ABONTM HIV 1/2/o, SD BIOLINE HIV $\frac{1}{2}$ v3.0, Determine, Beijing wanti, Uni gold, or Vikia  | <input type="radio"/> Observed $\geq 1$ valid dose<br><input type="radio"/> Reported not seen<br><input type="radio"/> Not available<br><input type="radio"/> No response |
| EE) Nevirapine  | <input type="radio"/> Observed $\geq 1$ valid dose<br><input type="radio"/> Reported not seen<br><input type="radio"/> Not available<br><input type="radio"/> No response |
| FF) Lamivudine (3TC)  | <input type="radio"/> Observed $\geq 1$ valid dose<br><input type="radio"/> Reported not seen   |



|                        |   |
|------------------------|---|
|                        | <input type="radio"/> Not available<br><input type="radio"/> No response  |
| GG) Tenofovir (TDF)    | <input type="radio"/> Observed ≥1 valid dose<br><input type="radio"/> Reported not seen<br><input type="radio"/> Not available<br><input type="radio"/> No response |
| HH) Efavirenz (EFV)    | <input type="radio"/> Observed ≥1 valid dose<br><input type="radio"/> Reported not seen<br><input type="radio"/> Not available<br><input type="radio"/> No response |
| II) Dolutegravir (DTG) | <input type="radio"/> Observed ≥1 valid dose<br><input type="radio"/> Reported not seen<br><input type="radio"/> Not available<br><input type="radio"/> No response |

For the following guidelines that I list, please indicate if the guideline is available IN THE FACILITY.

$\${labor\_delivery\_yn} = 'yes'$

| $\${labor\_delivery\_yn} = 'yes'$  |                       |                       |                       |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| SDP436. Record if the following guidelines or protocols are either observed (in the delivery room), reported and not seen, or not available: |                       |                       |                       |                       |
|  | Observed              | Reported not seen     | Not available         | No response           |
| A) Management Protocol on Selected Obstetric Topics (FMOH, 2010)   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| B) National Comprehensive and Integrated Prevention of Mother-to-Child Transmission of HIV Guideline (FMOH, 2015)                            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| C) National Guideline for Family Planning Services in Ethiopia (FMOH, 2011)  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| D) Baby Friendly Initiative guidelines   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| E) Toolkit for pain management practices during labor and delivery   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| F) Provider-Client Promise poster and/or paper version   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

## Section 6—Immunization Service Readiness

Now, the next few questions I would like to ask you are related to the facility's immunization service readiness.

If there is another provider who would be better able to answer my questions on IMMUNIZATION SERVICES at this facility, I would appreciate if you could refer me to the appropriate person.

\${immunization\_yn} = 'yes'

SDP500. Record if the following medications are either observed  $\geq 1$  valid dose, reported and not seen, or not available:

|                   | Observed $\geq 1$ valid dose | Reported not seen     | Not available         | No response           |
|-------------------|------------------------------|-----------------------|-----------------------|-----------------------|
| A) Tetanus toxoid | <input type="radio"/>        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| B) BCG            | <input type="radio"/>        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| C) Polio - Oral   | <input type="radio"/>        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| D) Polio - IPV    | <input type="radio"/>        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| E) Pentavalent    | <input type="radio"/>        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| F) Rota           | <input type="radio"/>        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| G) Measles        | <input type="radio"/>        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| H) Vitamin A      | <input type="radio"/>        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I) PCV            | <input type="radio"/>        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| J) COVID Vaccine  | <input type="radio"/>        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

SDP501. Since the Coronavirus (COVID-19) restrictions began, has this facility been able to provide IMMUNIZATION SERVICES regularly as it had before the restrictions were put in place?

*Hint: COVID19 restriction began on March 16, 2020 For HEWs, immunization services includes both in the community and at the health post.*

\${immunization\_yn} = 'yes'

- Yes
- No, more frequently
- No, less frequently
- No, service(s) are temporarily suspended
- Don't know
- No response

SDP502. What is/are the reasons for not being able to provide immunization services as before?

*Select all that apply. Do not read answer options.*

\${covid\_immun\_serv}='no\_less\_freq' or  
\${covid\_immun\_serv}='no\_service\_temp\_susp'

- No/inadequate skilled provider
- Insufficient supplies
- Insufficient infrastructures
- Services are limited due to COVID-19
- Demand has decreased
- Services are available only for emergency cases

- Vaccination outreach program interrupted due to COVID/19
- Other
- Don't know
- No response

|  |  |
|--|--|
| <code>#{immunization_yn} = 'yes'</code>  |  |
| <p>SDP503. Record the total number of children who are vaccinated with Pentavalent 1, Pentavalent 3 and Measles 1 for the indicated HMIS reporting period indicated here (March 30 - April 28 2022).</p> <p><i>Hint: Do not consider vaccination services provided in a form of campaign (like the Measles campaign). Use the appropriate TALLY SHEET (not the HMIS summary report) to record the total number of cases for each vaccine. Record 0 if the tally sheet shows no services were provided for the specified month. Record -77 if this service is provided at the facility, but there is not tally sheet or a register to record the service. Record -88 if the data are not legible. Record -99 if no response</i></p> |  |
| Number of penta 1 vaccinated children between March 30 - April 28,2022<br><i>must be 0, or greater than 0</i>  |  |
| Number of penta 3 vaccinated children between March 30 - April 28,2022<br><i>must be 0, or greater than 0</i>  |  |
| Number of measles 1 vaccinated children between March 30 - April 28,2022<br><i>must be 0, or greater than 0</i>  |  |

### Section 7—Abortion And Postabortion Care Service Readiness

Now I would like to ask about safe abortion or postabortion counseling or care services to women with complications from either miscarriage or induced abortion provided at this facility.

If there is another provider who would be better able to answer my questions on safe abortion services or postabortion care services in this facility, I would appreciate if you could refer me to the appropriate person.

*Hint: This may be the same person who is in charge of family planning services.*

|   |  |
|---|--|
| SDP600. Does this facility COUNSEL women on options for receiving safe abortion services? | <div style="text-align: right;"><code>#{consent_obtained}</code></div> <ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> <li><input type="radio"/> Do not know</li> <li><input type="radio"/> No response</li> </ul> |
|---|--|

|  |  |
|--|--|
| SDP602. During postabortion care visits, which of the following is usually discussed with the client:<br><i>Do not read response options. Select all that are mentioned.</i> | <div style="text-align: right;"><code>#{postabortion_yn} = 'yes'</code></div> <ul style="list-style-type: none"> <li><input type="checkbox"/> Return to fertility</li> <li><input type="checkbox"/> Healthy timing and spacing of pregnancies</li> <li><input type="checkbox"/> Long-acting method options</li> <li><input type="checkbox"/> FP methods for birth spacing</li> <li><input type="checkbox"/> None of the above</li> <li><input type="checkbox"/> No response</li> </ul> |
|--|--|

SDP603. In this facility, are postabortion patients treated as outpatients only, inpatients only, or both?

*If respondent is unsure, you can remind them that outpatients are not admitted and inpatients are admitted.*

{postabortion\_yn} = 'yes'

- Inpatient only
- Outpatient only
- Both
- Do not know
- No response

{abortion\_yn} = 'yes' or {postabortion\_yn}='yes') and  
{facility\_type}='hospital' or {facili ...

SDP607. in the LAST THREE MONTHS, have health workers at this facility:

|  | Yes                   | No                    | Do not know           | No response           |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| A) Performed Manual Vacuum Aspiration (MVA) for PAB or safe abortion care?                                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| B) Performed dilation and curettage (D&C) for post abortion or safe abortion care?                         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| C) Performed dilation and evacuation (D&E) for post abortion or safe abortion care?                        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| D) Performed removal of retained products?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| E) Provided abortion services through medical abortion (misoprostol, mifepristone) for safe abortion care? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

{postabortion\_yn} = 'yes' or {abortion\_yn} = 'yes') and  
{facility\_type}='hospital' or {facil ...

SDP607a. In the LAST COMPLETED MONTH, have health workers at this facility:

|  | Yes                   | No                    | Do not know           | No response           |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| A) Performed Manual Vacuum Aspiration (MVA) for POST abortion or safe abortion care?                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| B) Performed dilation and curettage (D&C) for POST abortion or safe abortion care?                         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| C) Performed dilation and evacuation (D&E) for POST abortion or safe abortion care?                        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| D) Performed removal of retained products?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| E) Provided abortion services through medical abortion (misoprostol, mifepristone) for safe abortion care? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

SDP609. Does this facility provide any of the following medicines that a woman could use to bring back her period or have an abortion?

*Read all options and select all that apply.*

{consent\_obtained}

- Mifepristone
- Misoprostol
- Other
- None of the above

|   |  |
|---|--|
|   | <input type="checkbox"/> Do not know<br><input type="checkbox"/> No response   |
| SDP608. Does this facility currently have mifepristone in stock?<br><i>If no, probe: is mifepristone out of stock?</i>  | <pre>selected(\${pac_meds}, 'mife')</pre> <input type="radio"/> In-stock and observed<br><input type="radio"/> In-stock reported but not observed<br><input type="radio"/> Out of stock<br><input type="radio"/> No Response |
| SDP610. Does this facility currently have misoprostol in stock?<br><i>If no, probe: is misoprostol out of stock?</i>  | <pre>selected(\${pac_meds}, 'miso')</pre> <input type="radio"/> In-stock and observed<br><input type="radio"/> In-stock reported but not observed<br><input type="radio"/> Out of stock<br><input type="radio"/> No Response |
| SDP611. Does this facility distinguish between INPATIENTS and OUTPATIENTS for postabortion care services in the abortion care register?<br><i>Hint: Separate codes or columns for inpatients and outpatients will be listed AND used in the register if the facility distinguishes between patient types.</i> | <pre>\${postabortion_yn} = 'yes' and<br/> (\${facility_type}='hospital' or<br/> \${facility_type}='health_center' or ...</pre> <input type="radio"/> Yes<br><input type="radio"/> No<br><input type="radio"/> No response    |
| SDP612. Total number of INPATIENTS who received postabortion care services for the LAST COMPLETED MONTH<br><i>Hint: Use the appropriate REGISTER (not the HMIS summary report) to record the total number of cases for each indicator.</i>  | <pre>\${dist_inpat_outpat_ac}='yes'</pre>  |
| SDP613. Total number of OUTPATIENTS who received postabortion care services for the LAST COMPLETED MONTH<br><i>Hint: Use the appropriate REGISTER (not the HMIS summary report) to record the total number of cases for each indicator.</i>   | <pre>\${dist_inpat_outpat_ac}='yes'</pre>  |
| SDP614. Total number of patients who received postabortion care services for the LAST COMPLETED MONTH<br><i>Hint: Use the appropriate REGISTER (not the HMIS summary report) to record the total number of cases for each indicator.</i>  | <pre>selected(\${dist_inpat_outpat_ac}, 'no' ) or<br/> selected(\${dist_inpat_outpat_ac}, '-99')</pre>   |
| SDP615. Total number of patients who received safe abortion care services for the LAST COMPLETED MONTH  | <pre>\${abortion_yn} = 'yes' and<br/> (\${facility_type}='hospital' or<br/> \${facility_type}='health_center' or \${f ...</pre>  |

```
(${abortion_yn} = 'yes') and (${facility_type}='hospital' or  

${facility_type}='health_center' or $ ...
```

SDP616. Total number of caseloads who received safe abortion and postabortion care services for the EACH COMPLETED MONTH and year indicated here.  
*Hint: Use the appropriate REGISTER (not the HMIS summary report) to record the total number of cases for each indicator.*

|   |  |
|---|--|
| Record 0 if the register shows no services were provided for the specified month. Record -77 if this service is provided at the facility, but there is not a register to record the service. Record -88 if the data are not legible. Record -99 if no response. |  |
| Number of Safe abortion clients: April 2021   |  |
| Number of Safe abortion clients : Sept 2021   |  |

|  |  |
|--|--|
| ( \${postabortion_yn} = 'yes' ) and ( \${facility_type}='hospital' or<br>\${facility_type}='health_center' ...   |  |
| SDP616. Total number of caseloads who received safe abortion and postabortion care services for EACH HMIS reporting period indicated here (March 30-April 28 2022 & August 27- September 30 2022).<br><i>Hint: Use the appropriate REGISTER (not the HMIS summary report) to record the total number of cases for each indicator.</i><br>Record 0 if the register shows no services were provided for the specified month. Record -77 if this service is provided at the facility, but there is not a register to record the service. Record -88 if the data are not legible. Record -99 if no response. |  |
| Number of Postabortion clients : between March 30 - April 28,2022  |  |
| Number of Postabortion clients : between August 27- September 30, 2022   |  |

## Section 8—Family Planning Service Readiness

Now I would like to ask about FAMILY PLANNING services provided at this facility.

If there is another provider who would be better able to answer my questions on family planning services in this facility, I would appreciate if you could refer me to the appropriate person.

|   |   |
|---|---|
| SDP700. Which of the following family planning services do you offer to unmarried adolescents aged 10-19?<br><i>Read all options and select all that apply.</i> | <div style="text-align: right;">\${fp_offered_yn} = 'yes'</div> <input type="checkbox"/> Counsel for contraceptive methods<br><input type="checkbox"/> Provide contraceptive methods<br><input type="checkbox"/> Prescribe / refer for contraceptive methods<br><input type="checkbox"/> None of the above<br><input type="checkbox"/> No response  |
| SDP701. Which of the following methods are provided to clients at this facility?<br><i>Read all options out loud.</i>   | <div style="text-align: right;">\${fp_offered_yn} = 'yes'</div> <input type="checkbox"/> Female sterilization<br><input type="checkbox"/> Male sterilization<br><input type="checkbox"/> Implant<br><input type="checkbox"/> IUD<br><input type="checkbox"/> Injectables<br><input type="checkbox"/> Pill<br><input type="checkbox"/> Emergency contraception<br><input type="checkbox"/> Male condom<br><input type="checkbox"/> Female condom<br><input type="checkbox"/> Std. Days / Cycle beads<br><input type="checkbox"/> No response |

SDP702a. Do family planning clients need to pay any fees in order to be seen by a provider in this facility even if they do not obtain a method of contraception?

*Hint: These may be a consultation or registration fee charged to everyone who is seen in this facility or may be specific to family planning clients.*

`#{fp_offered_yn} = 'yes'`

- Yes
- No
- Do not know
- No response

`(count-selected(#{fp_provided}) > 0) and (#{fp_provided} != '-99') and (#{fp_provided} != '-77')`

SDP702b. Are clients charged for obtaining any of the following at this facility?

*Read all options out loud.*

Hint: Charge is for the method itself.

|                             | Yes                   | No                    | Do not know           | No response           |
|-----------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Female sterilization        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Male sterilization          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Implant                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| IUD                         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Injectables                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Pill                        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Emergency contraception     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Male condom                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Female condom               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Standard days / cycle beads | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

SDP703. You mentioned that you typically provide Implants at this facility, can you show them to me?

*[SDP805a-c will repeat for each of the methods that are provided at the facility according to SDP802b, except Female and Male Sterilization]*

`selected(#{fp_provided}, 'impl')`

- In-stock and observed
- In-stock reported but not observed
- Out of stock
- No response

SDP704. Have Implants been out of stock at any time in the last 3 months?

- Yes
- No
- Do not know
- No response

`(#{stock_implants} = 'instock_obs') or (#{stock_implants} = 'instock_unobs') or (#{stock_implants} ...`

SDP703. You mentioned that you typically provide IUDs at this facility, can you show them to me?

`selected(#{fp_provided}, 'iud')`

|  |   |
|--|---|
|  | <input type="radio"/> In-stock and observed<br><input type="radio"/> In-stock reported but not observed<br><input type="radio"/> Out of stock<br><input type="radio"/> No response  |
| <p>SDP704. Have IUDs been out of stock at any time in the last 3 months?</p>   | <p style="text-align: center;">             ( \${stock_IUD} = 'instock_obs' ) or<br/>             ( \${stock_IUD} = 'instock_unobs' ) or<br/>             ( \${stock_IUD} = '-99' )           </p> <input type="radio"/> Yes<br><input type="radio"/> No<br><input type="radio"/> Do not know<br><input type="radio"/> No response          |
| <p>SDP703. You mentioned that you typically provide Injectables at this facility, can you show them to me?</p>           | <p style="text-align: center;">selected( \${fp_provided}, 'inj' )</p> <input type="radio"/> In-stock and observed<br><input type="radio"/> In-stock reported but not observed<br><input type="radio"/> Out of stock<br><input type="radio"/> No response  |
| <p>SDP704. Have Injectables been out of stock at any time in the last 3 months?</p>                                      | <p style="text-align: center;">             ( \${stock_injectables} = 'instock_obs' ) or<br/>             ( \${stock_injectables} = 'instock_unobs' )<br/>             or ( \${stock_inj ...           </p> <input type="radio"/> Yes<br><input type="radio"/> No<br><input type="radio"/> Do not know<br><input type="radio"/> No response |
| <p>SDP703. You mentioned that you typically provide Pills at this facility, can you show it to me?</p>                   | <p style="text-align: center;">selected( \${fp_provided}, 'pill' )</p> <input type="radio"/> In-stock and observed<br><input type="radio"/> In-stock reported but not observed<br><input type="radio"/> Out of stock<br><input type="radio"/> No response   |
| <p>SDP704. Have Pills been out of stock at any time in the last 3 months?</p>  | <p style="text-align: center;">             ( \${stock_pills} = 'instock_obs' ) or<br/>             ( \${stock_pills} = 'instock_unobs' ) or<br/>             ( \${stock_pills} = '-99' )           </p> <input type="radio"/> Yes<br><input type="radio"/> No<br><input type="radio"/> Do not know<br><input type="radio"/> No response    |
| <p>SDP703. You mentioned that you typically provide Emergency Contraception at this facility, can you show it to me?</p> | <p style="text-align: center;">selected( \${fp_provided}, 'ec' )</p> <input type="radio"/> In-stock and observed<br><input type="radio"/> In-stock reported but not observed<br><input type="radio"/> Out of stock<br><input type="radio"/> No response   |
| <p>SDP704. Has Emergency Contraception been out of stock at any time in the last 3 months?</p>                           | <p style="text-align: center;">             ( \${stock_ec} = 'instock_obs' ) or<br/>             ( \${stock_ec} = 'instock_unobs' ) or<br/>             ( \${stock_ec} = '-99' )           </p>   |



|  |   |
|--|---|
|  | <input type="radio"/> Yes<br><input type="radio"/> No<br><input type="radio"/> Do not know<br><input type="radio"/> No response   |
| <p>SDP703. You mentioned that you typically provide Male condoms at this facility, can you show it to me?</p>                            | <p style="text-align: right;">selected(\${fp_provided}, 'mc')</p> <input type="radio"/> In-stock and observed<br><input type="radio"/> In-stock reported but not observed<br><input type="radio"/> Out of stock<br><input type="radio"/> No response  |
| <p>SDP704. Have Male condoms been out of stock at any time in the last 3 months?</p>   | <p style="text-align: right;">(\${stock_male_condoms} = 'instock_obs') or<br/>         (\${stock_male_condoms} = 'instock_unobs')<br/>         or (\${stock_m ...</p> <input type="radio"/> Yes<br><input type="radio"/> No<br><input type="radio"/> Do not know<br><input type="radio"/> No response |
| <p>SDP703. You mentioned that you typically provide Female condoms at this facility, can you show it to me?</p>                          | <p style="text-align: right;">selected(\${fp_provided}, 'fc')</p> <input type="radio"/> In-stock and observed<br><input type="radio"/> In-stock reported but not observed<br><input type="radio"/> Out of stock<br><input type="radio"/> No response  |
| <p>SDP704. Have Female condoms been out of stock at any time in the last 3 months?</p>   | <p style="text-align: right;">(\${stock_female_condoms} = 'instock_obs')<br/>         or (\${stock_female_condoms} =<br/>         'instock_unobs') or (\${sto ...</p> <input type="radio"/> Yes<br><input type="radio"/> No<br><input type="radio"/> Do not know<br><input type="radio"/> No response |
| <p>SDP703. You mentioned that you typically provide Standard Days/Cycle Beads at this facility, can you show them to me?</p>             | <p style="text-align: right;">selected(\${fp_provided}, 'beads')</p> <input type="radio"/> In-stock and observed<br><input type="radio"/> In-stock reported but not observed<br><input type="radio"/> Out of stock<br><input type="radio"/> No response   |
| <p>SDP704. Have Standard Days/Cycle Beads been out of stock at any time in the last 3 months?</p>  | <p style="text-align: right;">(\${stock_beads} = 'instock_obs') or<br/>         (\${stock_beads} = 'instock_unobs') or<br/>         (\${stock_beads} = '-99')</p> <input type="radio"/> Yes<br><input type="radio"/> No<br><input type="radio"/> Do not know<br><input type="radio"/> No response     |
| <p>SDP705a. On days when you offer family planning services, does this facility have trained personnel available to remove IMPLANTS?</p> | <p style="text-align: right;">selected(\${fp_provided}, 'impl')</p> <input type="radio"/> Yes<br><input type="radio"/> No   |

|   |   |
|---|---|
|   | <input type="radio"/> Do not know<br><input type="radio"/> No response  |
| SDP705b. If a woman came in today needing an IMPLANT inserted, could that service be provided to her today onsite?                                      | <pre>selected(\${fp_provided}, 'impl') and (\${stock_implants} = 'instock_obs' or \${stock_implants} = 'ins ...</pre> <input type="radio"/> Yes<br><input type="radio"/> No<br><input type="radio"/> Do not know<br><input type="radio"/> No response |
| SDP706. If a woman came today needing her IMPLANT removed, could that service be provided to her today onsite?  | <pre>selected(\${fp_provided}, 'impl')</pre> <input type="radio"/> Yes<br><input type="radio"/> No<br><input type="radio"/> Do not know<br><input type="radio"/> No response  |
| SDP707. If a woman comes to your facility today needing her IMPLANT removed, but it is not palpable, could the removal be provided to her today onsite? | <pre>selected(\${fp_provided}, 'impl')</pre> <input type="radio"/> Yes<br><input type="radio"/> No<br><input type="radio"/> Do not know<br><input type="radio"/> No response  |
| SDP708. Would someone at this facility know where to send her to have the non-palpable IMPLANT removed?   | <pre>\${onsite_impl_deep_rem} = 'no' or \${onsite_impl_deep_rem} = -88</pre> <input type="radio"/> Yes<br><input type="radio"/> No<br><input type="radio"/> Do not know<br><input type="radio"/> No response  |
| SDP709. On days when you offer family planning services, does this facility have trained personnel available to remove IUDs?                            | <pre>selected(\${fp_provided}, 'iud')</pre> <input type="radio"/> Yes<br><input type="radio"/> No<br><input type="radio"/> Do not know<br><input type="radio"/> No response   |

|  |  |                       |                       |                       |
|--|--|-----------------------|-----------------------|-----------------------|
| <pre>(\${trained_pers_rm_implant}='yes' or \${offer_fp_remove_iud}='yes') and \${available} = 'yes'</pre>  |  |                       |                       |                       |
| SDP709a. Now I would like to know about supplies necessary for implant and IUD removal services. For each of the following supplies listed, can you please tell me if the item is available, and, if so, can you please show it to me?<br><br><i>Record if the following equipment are either observed, reported and not seen, or not available:</i> | <pre>\${offer_fp_remove_iud}='yes'</pre> |                       |                       |                       |
|  | Observed                                 | Reported not seen     | Not available         | NR                    |
| A. Cup/bowl/gallipot   | <input type="radio"/>                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| B. Povidone iodine   | <input type="radio"/>                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

|                          |                       |                       |                       |                       |
|--------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| C. Sterile gauze sponges | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|--------------------------|-----------------------|-----------------------|-----------------------|-----------------------|

\${trained\_pers\_rm\_implant}='yes' and \${available} = 'yes'

SDP709b. Now I would like to know about supplies necessary for implant and IUD removal services. For each of the following supplies listed, can you please tell me if the item is available, and, if so, can you please show it to me?

Record if the following equipment are either observed, reported and not seen, or not available:

|  | Observed              | Reported not seen     | Not available         | NR                    |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| D. Scalpel with corresponding handle or a disposable scalpel with handle | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| E. Mosquito artery forceps straight                                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| F. Mosquito forceps curved   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

\${trained\_pers\_rm\_implant}='yes' and \${available} = 'yes'

SDP709c. Now I would like to know about supplies necessary for implant and IUD removal services. For each of the following supplies listed, can you please tell me if the item is available, and, if so, can you please show it to me?

Record if the following equipment are either observed, reported and not seen, or not available:

|  | Observed              | Reported not seen     | Not available         | NR                    |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| G. Kidney dish   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| H. Standard artery forceps   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I. Modified vasectomy straight blunt 12.5 cm forceps (also known as "U clamp", NSV ringed clamp or "Norgrasp") | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

\${offer\_fp\_remove\_iud}='yes' and \${available} = 'yes'

SDP709d. Now I would like to know about supplies necessary for implant and IUD removal services. For each of the following supplies listed, can you please tell me if the item is available, and, if so, can you please show it to me?

Record if the following equipment are either observed, reported and not seen, or not available:

|  | Observed              | Reported not seen     | Not available         | NR                    |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| J. Forceps, sponge, Foerster, straight         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| K. Speculum, vaginal, Graves, medium           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| L. Forceps, Bozeman uterine dressing, straight | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| M. IUD removal forceps, alligator jaw          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| N. IUD string retriever                        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

\${trained\_pers\_rm\_implant}='yes' and \${available} = 'yes'

SDP709e. Now I would like to know about supplies necessary for implant and IUD removal services. For each of the following supplies listed, can you please tell me if the item is available, and, if so, can you please show it to me?

Record if the following equipment are either observed, reported and not seen, or not available:

|   | Observed              | Reported not seen     | Not available         | NR                    |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| O. Local anesthetic, such as lidocaine (without epinephrine, 1% or 2%)    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| P. Scalpel blade #11 with handle or disposable scalpel no. 11 with handle | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Q. Adhesive tape/Elastoplast  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| R. Arm bandage  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| S. Safety box for disposing supplies                                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Ask the respondent to show you the area where the family planning methods are stored.  
Answer the following two questions based on your observation only.

SDP710. Are all of the methods protected from water?

*Hint: Do not read out this question.*

*SDP710. Are all the methods protected from water?*

- Yes  
 No  
 Not observed  
 Do not know  
 No response

`${fp_offered_yn} = 'yes'`

SDP711. Are all of the methods protected from sun?

*Hint: Do not read out this question.*

*SDP711. Are all the methods protected from the sun?*

- Yes  
 No  
 Not observed  
 Do not know  
 No response

`${fp_offered_yn} = 'yes'`

`( ${facility_type} =  
'hospital' or  
${facility_type} =  
'health_center' or  
${facility_type} = 'healt  
...`

SDP712. FP total caseload for EACH HMIS reporting period indicated here (March 30-April 28 2022 & August 27-September 30 2022).

*Hint: Use the appropriate REGISTER (not the HMIS summary report) to record the total number of cases for each indicator.*

*Record 0 if the register shows no services were provided for the specified month. Record -77 if this service is provided at the facility, but there is not a register to record the service. Record -88 if the data are not legible. Record -99 if no response.*

|   |  |
|---|--|
| Number of FP clients who obtained any of the FP methods :<br>between March 30 - April 28,2022     |  |
| Number of FP clients who obtained any of the FP methods :<br>between August 27-September 30, 2022 |  |

SDP713. From family planning register for the HMIS reporting period of August 27 - September 30, 2022, record:  
*Hint: If unclear on condom number or method is given out in mass supply, record as -88. If method is only recorded as "Other", record as -88.*

`( ${fp_offered_yn} = 'yes' ) and ( ${facility_type} = 'hospital' or ${facility_type} = 'health_cen ...`

|  |  |
|--|--|
| <code>( \${facility_type} = 'hospital' or \${facility_type} = 'health_center' or \${facility_type} = 'healt ...</code>     |  |
| (1) The total number of family planning visits (new and continuing) from August 27 to September 30, 2022, for each method. |  |
| (2) The number of new clients who received family planning services from August 27 to September 30, 2022, for each method. |  |
| Total number of visits: Female Sterilization   |  |
| Number of new clients: Female Sterilization  |  |

|  |  |
|--|--|
| <code>( \${facility_type} = 'hospital' or \${facility_type} = 'health_center' or \${facility_type} = 'healt ...</code>     |  |
| (1) The total number of family planning visits (new and continuing) from August 27 to September 30, 2022, for each method. |  |
| (2) The number of new clients who received family planning services from August 27 to September 30, 2022, for each method. |  |
| Total number of visits: Male Sterilization   |  |
| Number of new clients: Male Sterilization  |  |

|  |  |
|--|--|
| <code>( \${facility_type} = 'hospital' or \${facility_type} = 'health_center' or \${facility_type} = 'healt ...</code>     |  |
| (1) The total number of family planning visits (new and continuing) from August 27 to September 30, 2022, for each method. |  |
| (2) The number of new clients who received family planning services from August 27 to September 30, 2022, for each method. |  |
| Total number of visits: Implants   |  |
| Number of new clients: Implants  |  |

|  |  |
|--|--|
| <code>( \${facility_type} = 'hospital' or \${facility_type} = 'health_center' or \${facility_type} = 'healt ...</code>     |  |
| (1) The total number of family planning visits (new and continuing) from August 27 to September 30, 2022, for each method. |  |

|  |  |
|--|--|
| (2) The number of new clients who received family planning services from August 27 to September 30, 2022, for each method. |  |
| Total number of visits: IUD  |  |
| Number of new clients: IUD   |  |

|  |  |
|--|--|
| ( \${facility_type} = 'hospital' or \${facility_type} = 'health_center' or \${facility_type} = 'health ...                 |  |
| (1) The total number of family planning visits (new and continuing) from August 27 to September 30, 2022, for each method. |  |
| (2) The number of new clients who received family planning services from August 27 to September 30, 2022, for each method. |  |
| Total number of visits: Injectables  |  |
| Number of new clients: Injectables   |  |

|  |  |
|--|--|
| ( \${facility_type} = 'hospital' or \${facility_type} = 'health_center' or \${facility_type} = 'health ...                 |  |
| (1) The total number of family planning visits (new and continuing) from August 27 to September 30, 2022, for each method. |  |
| (2) The number of new clients who received family planning services from August 27 to September 30, 2022, for each method. |  |
| Total number of visits: Pill   |  |
| Number of new clients: Pill  |  |

|  |  |
|--|--|
| ( \${facility_type} = 'hospital' or \${facility_type} = 'health_center' or \${facility_type} = 'health ...                 |  |
| (1) The total number of family planning visits (new and continuing) from August 27 to September 30, 2022, for each method. |  |
| (2) The number of new clients who received family planning services from August 27 to September 30, 2022, for each method. |  |
| Total number of visits: Emergency contraception  |  |
| Number of new clients: Emergency contraception   |  |

|   |  |
|---|--|
| ( \${facility_type} = 'hospital' or \${facility_type} = 'health_center' or \${facility_type} = 'health ...  |  |
| (1) The total number of family planning visits (new and continuing) from August 27 to September 30, 2022, for each method.  |  |
| (2) The number of new clients who received family planning services from August 27 to September 30, 2022, for each method.  |  |
| Hint: Last completed month refers to the last CALENDAR month completed. Enter -88 for do not know, enter -99 for no response. If unclear on condom number or given out in mass supply, record as -88. If method is only recorded as "Other", record as -88. |  |
| Total number of visits: Male condom   |  |
| Number of new clients: Male condom  |  |

|   |  |
|---|--|
| <code>( \${facility_type} = 'hospital' or \${facility_type} = 'health_center'<br/>or \${facility_type} = 'health_center'</code>   |  |
| (1) The total number of family planning visits (new and continuing) from August 27 to September 30, 2022, for each method.  |  |
| (2) The number of new clients who received family planning services from August 27 to September 30, 2022, for each method.  |  |
| Hint: Last completed month refers to the last CALENDAR month completed. Enter -88 for do not know, enter -99 for no response. If unclear on condom number or given out in mass supply, record as -88. If method is only recorded as "Other", record as -88. |  |
| Total number of visits: Female condom   |  |
| Number of new clients: Female condom  |  |

|   |  |
|---|--|
| <code>( \${facility_type} = 'hospital' or \${facility_type} = 'health_center'<br/>or \${facility_type} = 'health_center'</code>   |  |
| (1) The total number of family planning visits (new and continuing) from August 27 to September 30, 2022, for each method.  |  |
| (2) The number of new clients who received family planning services from August 27 to September 30, 2022, for each method.  |  |
| Hint: Last completed month refers to the last CALENDAR month completed. Enter -88 for do not know, enter -99 for no response. If unclear on condom number or given out in mass supply, record as -88. If method is only recorded as "Other", record as -88. |  |
| Total number of visits: Standard days / cycle beads   |  |
| Number of new clients: Standard days / cycle beads  |  |

SDP714. May I see your family planning record book for the HMIS reporting period of August 27 - September 30, 2022?

`(${fp_offered_yn} = 'yes') and  
(${facility_type} = 'drug_shop' or  
${facility_type} = 'pharmacy')`

- Yes
- No
- No response

|   |  |
|---|--|
| <code>(\${fp_offered_yn} = 'yes') and (\${fp_record_book_obs} = 'yes') and (<br/>\${facility_type} = 'pharm ...</code>  |  |
| SDP715. From family planning record book, record:<br>The total number of family planning products sold/provided for the HMIS reporting period of August 27 - September 30, 2022, for each method. |  |
| Hint: If unclear on condom number or method is given out in mass supply, record as -88. If method is only recorded as "Other", record as -88.   |  |
| Number of units sold or provided: Implants  | <code>selected(\${fp_provided}, 'impl')</code> |
| Number of units sold or provided: IUD   | <code>selected(\${fp_provided}, 'iud')</code>  |
| Number of units sold or provided: Injectables   | <code>selected(\${fp_provided}, 'inj')</code>  |
| Number of units sold or provided: Pill  | <code>selected(\${fp_provided}, 'pill')</code> |
| Number of units sold or provided: Emergency contraception   | <code>selected(\${fp_provided}, 'ec')</code>   |
| Number of units sold or provided: Male condom   | <code>selected(\${fp_provided}, 'mc')</code>   |

|   |   |
|---|---|
| Number of units sold or provided: Female condom               | <code>selected({fp_provided}, 'fc')</code>    |
| Number of units sold or provided: Standard days / cycle beads | <code>selected({fp_provided}, 'beads')</code> |

|  |                                    |
|--|------------------------------------|
| SDP716. How many rooms are used for Family Planning Services? Number of FP Service rooms<br><i>Hint: Ask to see the rooms to verify Enter -99 for no response.</i> | <code>{fp_offered_yn}='yes'</code> |
|--|------------------------------------|

|   |  |
|---|--|
| SDP717. In this facility, how often are clients provided family planning services at the same time and in the same room as clients receiving maternal or child health services (such as ANC, PNC, | <code>{numb_fp_serv_room}&gt;0</code><br><br><input type="radio"/> Never<br><input type="radio"/> Rarely<br><input type="radio"/> Sometimes<br><input type="radio"/> Frequently<br><input type="radio"/> Always<br><input type="radio"/> Don't know<br><input type="radio"/> No response |
|---|--|

|   |  |
|---|--|
| SDP719. Describe the setting of the Family Planning Services room(s).<br><i>Hint: Do not read this item aloud. Visual privacy refers to a space that cannot be observed by other people who are not involved in the healthcare interaction, for example, other patients or people in the waiting areas. Visual privacy may be provided by walls, draperies or other forms of partitions to create private spaces for patients. If multiple rooms, report on room offering most privacy.</i> | <code>{numb_fp_serv_room}&gt;0</code><br><br><input type="radio"/> Private room(s) with visual privacy<br><input type="radio"/> No private room, but visual privacy ensured (e.g., draperies)<br><input type="radio"/> No privacy offered<br><input type="radio"/> Don't know<br><input type="radio"/> No response |
|---|--|

**SECTION 9 – Future Follow-Up Study And Contact Address**

|   |  |
|---|--|
| SDP1202. Thank you for the time you have kindly granted us.<br>Would you be willing to participate in another survey in the future? | <code>{available} = 'yes' and {begin_interview}='yes'</code><br><br><input type="radio"/> Yes<br><input type="radio"/> No<br><input type="radio"/> No response |
|---|--|

|   |   |
|---|---|
| SDP1200. Can I have this facility's primary phone number in case we would like to follow up with this facility in the future?<br><i>Hint: Enter a 10-digit number without the country code. Do not include spaces or dashes. Enter 0 for no response.</i> | <code>{will_future_part} = 'yes'</code> |
|---|---|

|   |   |
|---|---|
| SDP1201. Can I have this facility's secondary phone number for this facility in case we would like to follow up with this facility in the future? | <code>{begin_interview}='yes' and {available} = 'yes' and {will_future_part} !=0</code> |
|---|---|



*Hint: Enter a 10-digit number without the country code. Do not include spaces or dashes. Enter 0 for no response.*

## Section 10—Facility Information For Survey Completion

Thank the respondent for his / her time.

The respondent is finished, but there are still more questions for you to complete outside the facility.

### SDP1100. Location

Take a GPS point outside near the entrance to the facility.

Take a GPS point outside near the entrance to the facility. Record location when the accuracy is smaller than 6m.

SDP1101. How many times have you visited this service delivery point for this interview?

- 1st time
- 2nd time
- 3rd time

SDP1102. In what language was this interview conducted?

- English
- Amharic
- Afan Oromo
- Tigrigna
- Sidamigna
- Wolayitigna
- Afar
- Somali
- Kefigna
- Other

SDP1103. Was a translator used for this interview?

- Yes
- No

SDP1104. Questionnaire Result

*Record the result of the questionnaire.*

- Completed
- Not at facility
- Postponed
- Refused
- Partly completed
- Facility not found/not functional/demolished