

## PMA Ethiopia 2020 Cross-Sectional Survey Service Delivery Point Questionnaire

SECTION 1—FACILITY IDENTIFICATION	
SDP101. Your name: \${your_name} Is this your name? <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>	<input type="radio"/> Yes <input type="radio"/> No
SDP102. Enter your name below. <i>Please record your name</i>	
SDP103. Current date and time.	Day: Month: Year:
Is this date and time correct?	<input type="radio"/> Yes <input type="radio"/> No
SDP104. Record the correct date and time.	Day: Month: Year:
SDP105. Region <i>Please select the name of the region where the facility is located.</i>	<input type="radio"/> Tigray <input type="radio"/> Afar <input type="radio"/> Amhara <input type="radio"/> Oromiya <input type="radio"/> Ethiopia Somali <input type="radio"/> Benishangul Gumuz <input type="radio"/> Snnp <input type="radio"/> Gambela <input type="radio"/> Hareri <input type="radio"/> Addis Ababa <input type="radio"/> Dire Dawa Astedadar
SDP106. Zone <i>Please select the name of the zone where the facility is located.</i>	<i>ODK populates a list of appropriate zones based on the selected region.</i>
SDP107. Woreda/District <i>Please record the name of the district where the facility is located.</i>	<i>ODK populates a list of appropriate districts based on the selected zone.</i>

SDP108. Kebele/Locality name <i>Please choose the name of the locality where the facility is located. There may be only one choice.</i>	<i>ODK populates a list of appropriate localities based on the selected district.</i>	
SDP109. Enumeration Area	<i>ODK populates the appropriate EA based on the selected locality.</i>	
SDP110. Using the list below select the facility you are about to interview. <i>If the facility name is not listed, select "Other" and you will enter the facility information on the next screen.</i>		
	Facility Information Confirmation	
Are the following correct about the facility ? <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"/>
Enter the correct facility name		
Select the correct facility type	<input type="radio"/> Hospital <input type="radio"/> Health center <input type="radio"/> Health post <input type="radio"/> Health clinic <input type="radio"/> Pharmacy <input type="radio"/> Drug Shop/Rural Drug Vendor	
Select the correct facility's managing authority	<input type="radio"/> Government <input type="radio"/> NGO <input type="radio"/> Faith-based organization <input type="radio"/> Private <input type="radio"/> Other	
Facility Name		
Facility Type	<input type="radio"/> Hospital <input type="radio"/> Health center <input type="radio"/> Health post <input type="radio"/> Health clinic <input type="radio"/> Pharmacy <input type="radio"/> Drug Shop/Rural Drug Vendor	
Facility's managing authority	<input type="radio"/> Government <input type="radio"/> NGO	

	<input type="radio"/> Faith-based organization <input type="radio"/> Private <input type="radio"/> Other
SDP110c. Is a competent respondent present and available to be interviewed today?	<input type="radio"/> Yes <input type="radio"/> No
SDP113a. Is this a teaching facility? <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>	<input type="radio"/> Yes <input type="radio"/> No
SDP113b. How many days each week is the facility open? Number of days <i>Enter a number between 0 and 7. Enter 0 for less than 1 day per week. Enter -88 for do not know, -99 for no response.</i>	
SDP113c. Has this SDP previously participated in the 2019 PMA survey? <i>Hint: You do not need to ask this question to the respondent and refer the facility list to select the appropriate response.</i>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
<b>INFORMED CONSENT</b> <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>	
<p>Hello, I am _____. 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.</p> <p>Do you have any questions?</p>	
SDP114. May I begin the interview now?	<input type="radio"/> Yes <input type="radio"/> No
SDP115. Interviewer's name: \${your_name} <i>Mark your name as a witness to the consent process.</i>	<input type="radio"/>
SDP115. Interviewer's name Please record your name as a witness to the consent process. You previously entered "\${name_typed}."	
SDP117. What is your position in this facility? <i>Select the highest managerial qualification of the respondent. Hint: if HEW, select "Staff"</i>	<input type="radio"/> Owner <input type="radio"/> In-charge / manager <input type="radio"/> Staff <input type="radio"/> No response

<p>SDP118. What year did you first begin working at this facility? <i>Enter '2030 for do not know (2030 is 2022 in the Ethiopian calendar)</i></p>	<p style="text-align: right;">Year:</p>
<p><b>SECTION 2—INFORMATION ABOUT SERVICES</b></p> <p>Now, I would like to understand the service provision activities in this facility.</p> <p>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.</p>	
<p>SDP200A. Is ANTENATAL CARE provided at this facility? <i>Hint: For HEWs, ANC provided includes both in the community and at the facility</i></p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>SDP200B. Is LABOR AND DELIVERY CARE provided at this facility?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>SDP200C. Is MAJOR OBSTETRIC SURGERY (E.G. CESAREAN, HYSTERECTOMY) provided at this facility?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>SDP200D. Is SAFE ABORTION CARE provided at this facility?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>SDP200E. Is POSTABORTION CARE provided at this facility?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>SDP200F. Is FAMILY PLANNING provided at this facility? <i>Hint: For HEWs, family planning provided includes both in the community and at the facility</i></p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>SDP200G. Is IMMEDIATE POSTPARTUM FAMILY PLANNING provided at this facility? <i>Hint: Immediate postpartum family planning is when providers counsel women on contraceptive methods after delivery and provide them with their selected method.</i></p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>SDP200H. Is BLOOD TRANSFUSION provided at this facility?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>

<p>SDP200HH. Is BLOOD TRANSFUSION available at all times this facility is open?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>SDP200I. Is POSTNATAL CARE provided at this facility? <i>Hint: For HEWs, postnatal care provided includes both in the community and at the facility</i></p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>SDP200J. Does this facility have an INTENSIVE CARE UNIT for adult patients?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>SDP200K. Is NEONATAL INTENSIVE CARE provided at this facility?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>SDP200L. Is LABORATORY TESTING provided at this facility? <i>Hint: This does not include rapid diagnostic tests (RDT)</i></p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>SDP200M. Does your facility offer psychosocial care, counseling, or support services for any of the following? <i>Select all that apply.</i></p>	<p><input type="checkbox"/> Physical intimate partner violence <input type="checkbox"/> Sexual intimate partner violence <input type="checkbox"/> Non-partner sexual assault <input type="checkbox"/> Physical and/or sexual violence against children <input type="checkbox"/> None of the above <input type="checkbox"/> Don't know <input type="checkbox"/> No response</p>
<p>SDP200N. Does the psychosocial care package include any of the following? <i>Read all option out loud one by one. Select all that apply.</i></p>	<p><input type="checkbox"/> Medical care for sexual and/or physical assault victims <input type="checkbox"/> Post exposure prophylaxis (PEP) for potential HIV exposure <input type="checkbox"/> Referral/linkage to safety and temporary housing (either formal or community-based) <input type="checkbox"/> Referral/linkage to legal aid <input type="checkbox"/> Don't know <input type="checkbox"/> None of the above <input type="checkbox"/> No response</p>

<p>SDP200Q. Are IMMUNIZATION SERVICES provided at this facility? <i>Hint: For HEWs, immunizations provided includes both in the community and at the facility</i></p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>SDP200T. Does this facility provide care to SICK CHILDREN aged 0-59 months? <i>Hint: For HEWs, infant care provided includes both in the community and at the facility</i></p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>SDP201. If a woman came in today for her child's immunization, would health workers at this facility also offer her family planning counseling and services during this visit? <i>Hint: For HEWs, family planning provided includes both in the community and at the facility</i></p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>SDP203. How many health workers with the following qualifications work in this facility? <i>Hint: If no provider of the qualification exists at the facility, enter "0".</i></p>	
<p>SDP203. Medical doctors with any specialty <i>Enter -88 for do not know,-99 for no response. 0 is a possible answer. Hint: If no provider of the qualification exists at the facility, enter "0".</i></p>	
<p>SDP203. General practitioner (physician) <i>Enter -88 for do not know,-99 for no response. 0 is a possible answer. Hint: If no provider of the qualification exists at the facility, enter "0".</i></p>	
<p>SDP203. Health officer <i>Enter -88 for do not know,-99 for no response. 0 is a possible answer. Hint: If no provider of the qualification exists at the facility, enter "0".</i></p>	
<p>SDP203. Emergency surgery and obstetrics officer (M.Sc. Level) <i>Enter -88 for do not know,-99 for no response. 0 is a possible answer. Hint: If no provider of the qualification exists at the facility, enter "0".</i></p>	
<p>SDP203. Pediatrics Officer (M.Sc. level) <i>Enter -88 for do not know,-99 for no response. 0 is a possible answer. Hint: If no provider of the qualification exists at the facility, enter "0".</i></p>	
<p>SDP203. Nurse (non-midwife, BSc, diploma) <i>Enter -88 for do not know,-99 for no response. 0 is a possible answer. Hint: If no provider of the qualification exists at the facility, enter "0".</i></p>	
<p>SDP203. Midwife (BSc, diploma) <i>Enter -88 for do not know,-99 for no response. 0 is a possible answer. Hint: If no provider of the qualification exists at the facility, enter "0".</i></p>	
<p>SDP203. Health extension worker (HEW) - Level III <i>Enter -88 for do not know,-99 for no response. 0 is a possible answer. 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. If no provider of the qualification exists at the facility, enter "0".</i></p>	
<p>SDP203. Health extension worker (HEW) - Level IV <i>Enter -88 for do not know,-99 for no response. 0 is a possible answer.</i></p>	

<p><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. If no provider of the qualification exists at the facility, enter "0".</i></p>	
<p>SDP203. Pharmacist/Pharmacy technician <i>Enter -88 for do not know,-99 for no response. 0 is a possible answer. Hint: If no provider of the qualification exists at the facility, enter "0".</i></p>	
<p>SDP203. Lab Technologist/Lab Technician <i>Enter -88 for do not know,-99 for no response. 0 is a possible answer. Hint: If no provider of the qualification exists at the facility, enter "0".</i></p>	
<h3>HEW Listing</h3> <p>I am going to ask you a very short series of questions about each Health Extension Worker that works at this facility. We will be following up with each HEW to ask that they complete a short survey</p>	
<p>HEW001. How many Level III and Level IV HEWs are working at this facility who are currently not in an extended leave?</p>	
<p>Number of HEWs (Level III and Level IV) <i>Enter -88 for do not know,-99 for no response. 0 is a possible answer.</i></p>	
<p>HEW name</p>	
<p>HEW002. Can you give me the name of each HEW working at this facility who are currently not in an extended leave?</p>	
<p>Are there any other HEW?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>There are other HEW. Move forward and select "Add Group"</p>	
<p>Are there any other HEWs? Move forward and select "Do Not Add"</p>	
<p>READ THIS CHECK OUT LOUD: There are \${num_hew_members} HEW members who are named \${names}. Is this a complete list of the HEW members?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>SDP204a. Have there been any changes to the number of medical staff working at this facility at any time since the emergence of Coronavirus (COVID-19)? <i>Read all option one by one. Consider any change that occurred regardless of the current status</i></p>	<p><input type="radio"/> Increased <input type="radio"/> The same/No change <input type="radio"/> Decreased <input type="radio"/> Don't know <input type="radio"/> No response</p>
<p>SDP204aa. What is the number of medical staff that \${covid_staff_lab} since the emergence of Coronavirus (COVID-19)?</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>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.</p>	
<p>SDP204b. Number of times: Obstetric fistula repair 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. Enter -88 for do not know, -99 for no response. 0 is a possible answer.</p>	
<p>SDP204b. Number of times: IUD insertion/removal services 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. Enter -88 for do not know, -99 for no response. 0 is a possible answer.</p>	
<p>SDP204b. Number of times: Implant insertion/removal services 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. Enter -88 for do not know, -99 for no response. 0 is a possible answer.</p>	
<p>SDP204b. Number of times: Tubal ligation services 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. Enter -88 for do not know, -99 for no response. 0 is a possible answer.</p>	
<p>SDP204b. Number of times: Vasectomy services 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. Enter -88 for do not know, -99 for no response. 0 is a possible answer.</p>	
<p><b>SECTION 3—INFRASTRUCTURE AND REFERRAL SYSTEM READINESS</b></p> <p>Now, the next few questions I would like to ask you are related to the facility's infrastructure and referral systems.</p> <p>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.</p>	
<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? <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><input type="radio"/> Available at all times <input type="radio"/> Interruptions on 1 day <input type="radio"/> Interruptions on 2-3 days <input type="radio"/> Interruptions on 4-5 day <input type="radio"/> Interruptions on 6+ days <input type="radio"/> Not available at all <input type="radio"/> Don't know <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><input type="radio"/> Yes <input type="radio"/> No</p>



	<input type="radio"/> Do not know <input type="radio"/> No response
SDP303. Is a water outlet available onsite?	<input type="radio"/> Yes <input type="radio"/> No water outlet <input type="radio"/> Do not know <input type="radio"/> No response
SDP304. What is the primary water source used at this facility? <i>Read all options and select one.</i>	<input type="radio"/> Piped <input type="radio"/> Bucket with tap <input type="radio"/> Bucket or basin <input type="radio"/> Do not know <input type="radio"/> No response
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? <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>	<input type="radio"/> Available at all times <input type="radio"/> Interruptions on 1 day <input type="radio"/> Interruptions on 2-3 days <input type="radio"/> Interruptions on 4-5 day <input type="radio"/> Interruptions on 6+ days <input type="radio"/> Not available at all <input type="radio"/> Don't know <input type="radio"/> No response
SDP307. Does this facility have access to a blood bank? <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>	<input type="radio"/> Yes, within the facility <input type="radio"/> Yes, outside the facility <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
SDP307a. Does this facility have access to internet connectivity? <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>	<input type="radio"/> Yes <input type="radio"/> Yes, but only for HMIS <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
SDP307b. During the past 7 days, was internet available during all times when the facility was open for services? <i>Hint: If internet was unavailable for even 1 minute on a day, consider this an interruption.</i>	<input type="radio"/> Available at all times <input type="radio"/> Interruptions on 1 day <input type="radio"/> Interruptions on 2-3 days <input type="radio"/> Interruptions on 4-5 day <input type="radio"/> Interruptions on 6+ days <input type="radio"/> Not available at all <input type="radio"/> Don't know <input type="radio"/> No response
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? <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>	<input type="radio"/> Yes, facility-owned <input type="radio"/> Yes, provider-owned <input type="radio"/> Yes, outside the facility <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response

SDP309. Does this facility refer any of the following to another facility for care:				
	Yes	No	Do not know	No response
A) Pregnant women	<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"/>
C) Postpartum women	<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"/>
E) Women seeking safe abortion care	<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"/>
SDP310. Does this facility have a printed referral form that is used to accompany patients who are referred for maternal and newborn health services?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response			
SDP311. May I see the patient referral form for maternal and newborn health services? <i>If form observed: A standard referral form must be a printed form that includes patient information, diagnosis, management, and feedback section.</i>	<input type="radio"/> Form observed (Standard MOH) <input type="radio"/> Form observed (Non-standard) <input type="radio"/> Form not observed <input type="radio"/> No response			
SDP312. Does this facility have access to a functional ambulance/car on-site for emergency transportation of patients to/from this facility? <i>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.</i>	<input type="radio"/> Yes, to bring patients to this facility <input type="radio"/> Yes, to transport patients to other facilities <input type="radio"/> Yes, to transport both to/from this facility <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response			
SDP313. Is this service offered free of charge to patients?	<input type="radio"/> Yes, to all patients <input type="radio"/> Yes, to some patients <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response			
SDP314. What strategies does this facility use to transport emergency patients from this facility to other facilities? <i>Select all that apply</i>	<input type="checkbox"/> Use facility's own means of transportation <input type="checkbox"/> Request vehicles from the District/Zonal Health office <input type="checkbox"/> Request vehicles from the nearest health facility <input type="checkbox"/> Request vehicles from the nearest Red Cross Center,			

	<p>ambulance service provider, or the fire department</p> <p><input type="checkbox"/> Request vehicles from other offices that do not provide health services</p> <p><input type="checkbox"/> Hire a car (e.g. taxi, van)</p> <p><input type="checkbox"/> Use organized community volunteers to transport the patient</p> <p><input type="checkbox"/> Use the patient's family/friend transportation</p> <p><input type="checkbox"/> None of the above</p> <p><input type="checkbox"/> Do not know</p> <p><input type="checkbox"/> No response</p>
<p>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?</p> <p>If you select hours or minutes, you will enter a number for x on the next screen.</p> <p><i>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></p>	<p><input type="radio"/> Minutes</p> <p><input type="radio"/> Hours</p> <p><input type="radio"/> Do not know</p> <p><input type="radio"/> No response</p>
<p>Enter duration in <math>\{how\_long\_transport\_lab\}</math></p>	
<p>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?</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>SDP818. Does the facility have a functional mechanism for recording and sharing outcomes of cases referred in and out?</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><b>SECTION 10 — COVID-19 Services Availability, Readiness and COVID-19 Related Stigma against Healthcare Providers</b></p>	
<p>Cov001. Are COVID-19 screening, testing, treatment or referral services available at this facility?</p> <p><i>Select all that apply.</i></p>	<p><input type="checkbox"/> Yes, screening</p> <p><input type="checkbox"/> Yes, testing</p> <p><input type="checkbox"/> Yes, treatment</p> <p><input type="checkbox"/> Yes, referral</p> <p><input type="checkbox"/> Don't know</p> <p><input type="checkbox"/> None of the above</p> <p><input type="checkbox"/> No response</p>

Cov002. Have all the facility staff been trained or oriented on the signs, symptoms, and modes of transmission about COVID-19?	<input type="radio"/> Yes, all staff <input type="radio"/> Yes, all clinical staff <input type="radio"/> Yes, some clinical staff only <input type="radio"/> Yes, all ancillary staff <input type="radio"/> Yes, some ancillary staff only <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> No response
Cov003. Have all the facility staff been trained or oriented on personal protective equipment (PPE) use and its importance?	<input type="radio"/> Yes, all staff <input type="radio"/> Yes, all clinical staff <input type="radio"/> Yes, some clinical staff only <input type="radio"/> Yes, all ancillary staff <input type="radio"/> Yes, some ancillary staff only <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> No response
Cov004. Have all the facility staff been trained or oriented on COVID-19 Infection Prevention and Control protocols?	<input type="radio"/> Yes, all staff <input type="radio"/> Yes, all clinical staff <input type="radio"/> Yes, some clinical staff only <input type="radio"/> Yes, all ancillary staff <input type="radio"/> Yes, some ancillary staff only <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> No response
Cov005. Are all relevant health workers at this facility trained or oriented in conducting community surveillance for COVID-19?	<input type="radio"/> Yes, all clinical staff <input type="radio"/> Yes, some clinical staff only <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
Cov006. Are all relevant health workers at this facility trained or oriented on COVID-19:	
Screening / pre-triage	<input type="radio"/> Yes – All staff <input type="radio"/> Yes – Some staff <input type="radio"/> No <input type="radio"/> No response
Triage	<input type="radio"/> Yes – All staff <input type="radio"/> Yes – Some staff <input type="radio"/> No <input type="radio"/> No response
Diagnosis	<input type="radio"/> Yes – All staff <input type="radio"/> Yes – Some staff

	<input type="radio"/> No <input type="radio"/> No response
Referral	<input type="radio"/> Yes – All staff <input type="radio"/> Yes – Some staff <input type="radio"/> No <input type="radio"/> No response
Transferring/deploying suspected case to treatment center	<input type="radio"/> Yes – All staff <input type="radio"/> Yes – Some staff <input type="radio"/> No <input type="radio"/> No response
Management	<input type="radio"/> Yes – All staff <input type="radio"/> Yes – Some staff <input type="radio"/> No <input type="radio"/> No response
Cov007a. Is there a designated COVID-19 response team/committee at this facility?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
Cov007b. Is there a person assigned to lead/coordinate Infection Prevention and Control activities dedicated for COVID-19 pandemic response?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
Cov008a. Does this facility screen CLIENTS for COVID-19 symptoms or signs before entering to the compound/structure?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
Cov008b. Does this facility screen STAFF for COVID-19 symptoms or signs before entering to the compound/structure?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
Cov009a. What kind of methods does this facility use to screen CLIENTS at the entry point?	<input type="checkbox"/> Measuring temperature <input type="checkbox"/> Completing COVID-19 screening questions <input type="checkbox"/> Taking test sample <input type="checkbox"/> Lab testing <input type="checkbox"/> None of the above <input type="checkbox"/> Don't know <input type="checkbox"/> No response
Cov009b. What kind of methods does this facility use to screen STAFF at the entry point?	<input type="checkbox"/> Measuring temperature <input type="checkbox"/> Completing COVID-19 screening questions <input type="checkbox"/> Taking test sample

	<input type="checkbox"/> Lab testing <input type="checkbox"/> None of the above <input type="checkbox"/> Don't know <input type="checkbox"/> No response
Cov010. Is there a separate patient waiting room/area designated for COVID-19 suspected cases?	<input type="radio"/> Yes, observed <input type="radio"/> Yes, reported, not seen <input type="radio"/> Not available <input type="radio"/> Don't know <input type="radio"/> No response
Cov011. Is there a hand-washing facility or facilities dedicated for clients and staff at the entry/gate of the facility?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
Cov012. How many hand-washing facilities are available for this use? <i>If there are more than one water outlet faucets in a single handwashing facility, count them individually.</i> <i>Enter -88 for do not know, -99 for no response.</i>	
Cov013. May I see a handwashing facility that is dedicated for this purpose? 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.)	<input type="checkbox"/> Soap is present <input type="checkbox"/> Stored water is present <input type="checkbox"/> Running water is present <input type="checkbox"/> Handwashing area is at the entry/gate of the facility <input type="checkbox"/> None of the above <input type="checkbox"/> Did not see the handwashing facility <input type="checkbox"/> No response
Cov014. Is there alcohol, alcohol-based hand sanitizer or hand sanitizing gel available for staff working in this facility today?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
Cov015. Has alcohol, alcohol-based hand sanitizer or hand sanitizing gel been out of stock at any time in the last 3 months?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
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?	
A. Medical masks (e.g. N95, FFP2, or equivalent)	<input type="radio"/> Observed $\geq$ 1 available <input type="radio"/> Reported not seen <input type="radio"/> Not available

B. Eye protection (goggles or face shield)	<input type="radio"/> Observed $\geq$ 1 available <input type="radio"/> Reported not seen <input type="radio"/> Not available
C. Examination gloves	<input type="radio"/> Observed $\geq$ 1 available <input type="radio"/> Reported not seen <input type="radio"/> Not available
D. Surgical gloves	<input type="radio"/> Observed $\geq$ 1 available <input type="radio"/> Reported not seen <input type="radio"/> Not available
E. Long-cuffed gloves	<input type="radio"/> Observed $\geq$ 1 available <input type="radio"/> Reported not seen <input type="radio"/> Not available
F. Heavy-duty gloves	<input type="radio"/> Observed $\geq$ 1 available <input type="radio"/> Reported not seen <input type="radio"/> Not available
G. Long-sleeved gown	<input type="radio"/> Observed $\geq$ 1 available <input type="radio"/> Reported not seen <input type="radio"/> Not available
H. Waterproof aprons	<input type="radio"/> Observed $\geq$ 1 available <input type="radio"/> Reported not seen <input type="radio"/> Not available
I. Surgical scrubs	<input type="radio"/> Observed $\geq$ 1 available <input type="radio"/> Reported not seen <input type="radio"/> Not available
J. Shoe covers	<input type="radio"/> Observed $\geq$ 1 available <input type="radio"/> Reported not seen <input type="radio"/> Not available
K. Infrared Thermometer	<input type="radio"/> Observed $\geq$ 1 available <input type="radio"/> Reported not seen <input type="radio"/> Not available
L. Alcohol/Hand Sanitizer	<input type="radio"/> Observed $\geq$ 1 available <input type="radio"/> Reported not seen <input type="radio"/> Not available
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?	
A. Medical masks (e.g. N95, FFP2, or equivalent)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response

B. Eye protection (goggles or face shield)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
C. Examination gloves	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
D. Surgical gloves	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
E. Long-cuffed gloves	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
F. Heavy-duty gloves	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
G. Long-sleeved gown	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
H. Waterproof aprons	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
I. Surgical scrubs	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
J. Shoe covers	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
K. Infrared Thermometer	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response



L. Alcohol/Hand Sanitizer	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response			
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?	<input type="radio"/> Yes, observed <input type="radio"/> Yes, reported but not seen <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> No response			
<h3>COVID-related stigma against healthcare workers</h3> <p>Now, I will be asking you a few questions regarding the experience of stigma among health workers who work at this facility. Specifically, we are interested in understanding any stigma that health workers may have faced since the emergence of COVID-19. Thinking about the experiences of staff at this facility, please comment about the following events since the emergence of COVID-19.</p>				
Cov019. What is your highest professional qualification?	<input type="radio"/> Medical doctors with any specialty <input type="radio"/> General practitioner (physician) <input type="radio"/> Emergency surgery and obstetrics officer (M.Sc. level) <input type="radio"/> Pediatrics Officer (M.Sc. level) <input type="radio"/> Nurse (non-midwife, BSc, diploma) <input type="radio"/> Midwife (BSc, diploma) <input type="radio"/> Health extension worker (HEW) – Level III <input type="radio"/> Health extension worker (HEW)-Level IV <input type="radio"/> Health officer <input type="radio"/> Pharmacist <input type="radio"/> Other <input type="radio"/> No response			
Cov020. Since the emergence of COVID-19, have health workers at this facility				
	Yes	No	Do not know	No response
A. Reported being physically threatened or attacked because of their profession?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Reported being discriminated against by TRANSPORTATION SERVICE PROVIDERS because of their profession?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C. Reported being discriminated against by NEIGHBORS AND THE LOCAL COMMUNITY because of their profession?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Reported being discriminated against by LANDLORDS/RENTERS because of their profession?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. Expressed concern about how other people would react if they learned about the health workers' profession?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 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?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
SDP800b. What type of functional mechanism is used to summarize key outcome data? <i>(Select all that apply)</i> <i>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.</i>	<input type="checkbox"/> Manual/paper-based <input type="checkbox"/> Electronic database/DHIS2/HMIS <input type="checkbox"/> Electronic Community Health Information System (eCHIS) <input type="checkbox"/> No system <input type="checkbox"/> Do not know <input type="checkbox"/> No response
SDP817. Does the facility have a functional mechanism for reporting data on maternal deaths to the Maternal and Perinatal Death Surveillance Response? <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>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
SDP801. Does this facility regularly produce reports for the zonal, district, regional, or national Health Management Information System (HMIS) on maternal and newborn health? <i>Hint: The HMIS may be paper-based or electronic</i>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
SDP802. How frequently are summary reports on maternal and newborn health generated from this functional HMIS?	<input type="radio"/> Monthly or more often <input type="radio"/> Quarterly <input type="radio"/> Biannually (twice a year) <input type="radio"/> Annually <input type="radio"/> Less than once a year <input type="radio"/> No predefined frequency (as requested)

	<input type="radio"/> Don't know <input type="radio"/> No response			
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 or PMT 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"/>
SDP804. Does feedback provided generally include recommendations for action to improve the quality of care in this facility?				
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response				
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? <i>Read each of the following:</i>				
	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"/>
SDP806. Does this facility have a performance monitoring team (PMT)? <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>				
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response				

<p>SDP809. How frequently are performance monitoring team meetings held to discuss key performance indicators (KPIs) and maternal and child health indicators from this facility?</p>	<p><input type="radio"/> Monthly or more often  <input type="radio"/> Quarterly  <input type="radio"/> Biannually (twice a year)  <input type="radio"/> Annually  <input type="radio"/> Less than once a year  <input type="radio"/> No predefined frequency (as requested)  <input type="radio"/> Don't know  <input type="radio"/> No response</p>
<p>SDP810. Are maternal deaths at the facility reviewed by obstetric providers, physicians, nurses or performance monitoring team in the facility?</p>	<p><input type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> Do not know  <input type="radio"/> No response</p>
<p>SDP811. How frequently are performance monitoring team meetings held to discuss maternal deaths that occurred at this facility?</p>	<p><input type="radio"/> Immediately after a death has occurred  <input type="radio"/> Monthly or more often  <input type="radio"/> Quarterly  <input type="radio"/> Biannually (twice a year)  <input type="radio"/> Annually  <input type="radio"/> Less than once a year  <input type="radio"/> No predefined frequency (as requested)  <input type="radio"/> Don't know  <input type="radio"/> No response</p>
<p>SDP812. When was the last meeting held to discuss maternal deaths that occurred at this facility?  <i>Enter '2030 for do not know (2030 is 2022 in the Ethiopian calendar)</i></p>	<p>Day: Month: Year:</p>
<p>Check here if no maternal death occurred yet</p>	<p><input type="radio"/></p>
<p>Check here if Not Applicable (No date)</p>	<p><input type="radio"/></p>
<p>SDP815. Does the facility conduct participatory performance review meetings on a regular basis?  <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>	<p><input type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> Do not know  <input type="radio"/> No response</p>
<p>SDP816. How frequently are the review meetings held?</p>	<p><input type="radio"/> Monthly or more often  <input type="radio"/> Quarterly  <input type="radio"/> Biannually (twice a year)  <input type="radio"/> Annually  <input type="radio"/> Less than once a year  <input type="radio"/> No predefined frequency (as requested)</p>

- Don't know  
 No response

## 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.

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. 0 is a possible answer*

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

SDP405. How many rooms does this facility have for labor, delivery and postpartum care?

Number of labor, delivery and postpartum care rooms

*Hint: Ask to see the rooms to verify.*

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

<p>SDP406b. Is there a functional heat source in the delivery room?</p> <p><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><input type="radio"/> Yes, functional</p> <p><input type="radio"/> No, not available or not functional</p> <p><input type="radio"/> Don't know</p> <p><input type="radio"/> No response</p>
<p>SDP407. Describe the setting of the delivery room(s).</p> <p><i>Hint: If there are multiple delivery rooms in a facility, observe the one considered as main delivery room.</i></p> <p><i>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><input type="radio"/> Private room(s) with visual privacy</p> <p><input type="radio"/> No private room, but visual privacy ensured (e.g., draperies)</p> <p><input type="radio"/> No privacy offered</p> <p><input type="radio"/> No response</p>
<p>SDP408. How many beds does this facility have for labor, delivery and postpartum care?</p> <p><i>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.</i></p> <p><i>Number of delivery beds</i></p>	
<p>SDP409. Is there a newborn corner or room(s) in this facility?</p> <p><i>Hint: Ask them to show you the newborn corner/room(s) to verify.</i></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>SDP410. How many newborn resuscitation table(s) with light source does this facility have?</p> <p><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></p> <p><i>Enter -99 for no response, -88 for Do not know</i></p> <p><i>Number of functional newborn resuscitation table(s) with light</i></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?</p> <p><i>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><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>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?</p> <p><i>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><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>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><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>

SDP414b. May I see the schedule for on-duty or on-call providers to perform cesarean section?	<input type="radio"/> Schedule observed <input type="radio"/> No schedule observed <input type="radio"/> No response			
<p><b>PROVISION OF EMERGENCY OBSTETRIC AND ESSENTIAL NEWBORN SERVICES</b></p> <p>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 three months.</p> <p>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>				
SDP420. In the past 3 months, have health workers at this facility:				
	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"/>
SDP421. In the past 3 months, have health workers at this facility: <i>Hint: This question is about health services actually provided in the PAST 3 MONTHS, not the training of staff members to provide this service.</i>				
	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
<i>(image of manual vacuum extractor above)</i> [manual_vacuum_extractor.png]				

[manual_vacuum_aspiration.png]				
	Yes	No	Do not know	No response
L) Performed blood transfusions for maternity care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
M) Provided antenatal corticosteroids for fetal lung maturation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
N) Performed newborn resuscitation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SDP422a. Following delivery, does the provider put the baby on the mother's chest?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response			
SDP422b. When the baby is put on the mother's chest, is the baby's bare skin touching the mother's bare skin?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response			
SDP422c. How long after delivery is the baby typically put on the bare skin of the mother's chest?	<input type="radio"/> Immediately <input type="radio"/> Hours <input type="radio"/> Minutes <input type="radio"/> Don't know <input type="radio"/> No response			
Enter duration in \${how_long_chest_lab}				
SDP422d. Before discharge, is the mother assisted by the provider to put the baby to the breast?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response			
SDP422e. How long after delivery is the mother assisted by the provider to put the baby to the breast?	<input type="radio"/> Immediately <input type="radio"/> Hours <input type="radio"/> Days <input type="radio"/> Don't know <input type="radio"/> No response			
Enter duration in \${how_long_assisted_chest_lab}				
<i>If less than an hour, record '00' hours. If less than 24 hours, record hours. Otherwise, record days.</i>				
SDP423. Before discharge, do providers routinely discuss family planning with the mother?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response			
STANDARD INFECTION CONTROL PRECAUTIONS 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.				



<p>If there is another provider who would be better able to answer my questions on EQUIPMENT STERILIZATION PROCEDURES in this facility, I would appreciate if you could refer me to the appropriate person.</p>	
<p>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? <i>Hint: Do not read out options. Select ONLY ONE option.</i></p>	<p> <input type="radio"/> Nothing is done  <input type="radio"/> Decontaminate in 0.5% chlorine solution, soap and water scrub, and then rinse  <input type="radio"/> Soap and water scrub, then decontaminate  <input type="radio"/> Soap and water brush scrub only  <input type="radio"/> Disinfectant soak, not scrubbed  <input type="radio"/> Soap and water, not brush scrubbed  <input type="radio"/> Other  <input type="radio"/> Do not know  <input type="radio"/> No response         </p>
<p>SDP428. What is the final process most commonly used for disinfecting or sterilizing medical equipment, before they are reused? <i>Hint: off-site means outside of the facility or facility's campus. Select ONLY ONE option</i></p>	<p> <input type="radio"/> Nothing is done on-site  <input type="radio"/> Dry heat sterilization on-site  <input type="radio"/> Autoclaving on-site  <input type="radio"/> Steam sterilization on-site  <input type="radio"/> Boiling on-site  <input type="radio"/> Chemical method on-site  <input type="radio"/> Off-site sterilization  <input type="radio"/> Other  <input type="radio"/> Do not know  <input type="radio"/> No response         </p>
<p><b>SUPPLIES AND EQUIPMENT</b></p> <p>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 at this facility, and if available, please show me the item. <i>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).</i></p>	
<p>SDP429c. Record if the following supplies are either observed, reported and not seen, or not available:</p>	
<p>A) Already mixed decontaminating solution (e.g. 0.5% chlorine)</p>	<p> <input type="radio"/> Observed  <input type="radio"/> Reported not seen  <input type="radio"/> Not available  <input type="radio"/> No response         </p>
<p>B) Waste receptacle with lid and plastic liner</p>	<p> <input type="radio"/> Observed  <input type="radio"/> Reported not seen         </p>

	<input type="radio"/> Not available <input type="radio"/> No response
C) Hand washing facility <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>	<input type="radio"/> Observed <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
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 <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
B) Soap for staff hand washing	<input type="radio"/> Observed <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
C) Blood pressure apparatus (e.g., cuff to measure blood pressure)	<input type="radio"/> Observed <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
D) Resuscitation table/trolley	<input type="radio"/> Observed <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
E) Pulse oximeter	<input type="radio"/> Observed <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
SDP430. Record if the following supplies are either observed, reported and not seen, or not available:	
A) Syringes and needles	<input type="radio"/> Observed <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
B) Sterile scissors or blade	<input type="radio"/> Observed <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
C) Sterile disposable cord ties or clamp	<input type="radio"/> Observed <input type="radio"/> Reported not seen

	<input type="radio"/> Not available <input type="radio"/> No response
D) Clean towel or blanket to wrap baby	<input type="radio"/> Observed <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
E) Ambu Bag (for infant resuscitation)	<input type="radio"/> Observed <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
F) Mask (infant size 0) for resuscitation	<input type="radio"/> Observed <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
G) Mask (infant size 1) for resuscitation	<input type="radio"/> Observed <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
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 <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
I) Obstetric forceps <i>(image of obstetric forceps above)</i> [obstetrics_forceps.png]	<input type="radio"/> Observed <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
J) Manual vacuum aspirator (MVA) and cannula <i>(image of manual vacuum aspirator above)</i> [manual_vacuum_aspiration.png]	<input type="radio"/> Observed <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
K) Dilatation and curettage (D&C) kit <i>(image of dilation and curettage kit above)</i> [dilatation_curettage.png]	<input type="radio"/> Observed <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
L) Sealed delivery kit with instruments ready for use, including scissors and clamp	<input type="radio"/> Observed <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response

<p>M) Surgical sutures</p>	<p><input type="radio"/> Observed <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response</p>
<p>N) Stadiometer or height rod to measure height</p>	<p><input type="radio"/> Observed <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response</p>
<p>O) Infant weight scale</p>	<p><input type="radio"/> Observed <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response</p>
<p>P) Fetal scope <i>(image of fetal scope above)</i> [fetal_scope.png]</p>	<p><input type="radio"/> Observed <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response</p>
<p>SDP431. Is an INCUBATOR available and functioning? <i>Hint: Verify that it is functional by witnessing that it is in use or asking the respondent to turn in ON/OFF.</i> <i>(image of incubator above)</i> [incubator.png]</p>	<p><input type="radio"/> Observed, functional <input type="radio"/> Observed, not functional <input type="radio"/> Observed, don't know if functioning <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response</p>
<p>SDP432. Is a SUCTION APPARATUS FOR USE WITH CATHETER (ELECTRIC OR MANUAL) available and functioning? <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> <i>(image of suction apparatus above)</i> [suction_apparatus2.png]</p>	<p><input type="radio"/> Observed, functional <input type="radio"/> Observed, not functional <input type="radio"/> Observed, don't know if functioning <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response</p>
<p>SDP433. Is an OXYGEN SUPPLY FROM OXYGEN TANK available and functioning? <i>(image of oxygen supply tank above)</i> [oxygen_tank_cylinder.png]</p>	<p><input type="radio"/> Observed, functional <input type="radio"/> Observed, not functional <input type="radio"/> Observed, don't know if functioning <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response</p>
<p>SDP434a. Is an ELECTRICAL VACUUM EXTRACTOR available and functioning? <i>Hint: This is NOT the same as a SUCTION APPARATUS FOR USE WITH CATHETER. Confirm with respondent that 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> <i>(image of electrical vacuum extractor above)</i></p>	<p><input type="radio"/> Observed, functional <input type="radio"/> Observed, not functional <input type="radio"/> Observed, don't know if functioning <input type="radio"/> Reported not seen</p>

[electrical_vacuum_extractor.png]	<input type="radio"/> Not available <input type="radio"/> No response
SDP434b. Is a FETAL DOPPLER available and functioning? <i>Hint: Verify that it is functional by witnessing that it is in use or asking the respondent to turn in ON/OFF.</i> <i>(image of fetal doppler above)</i> [fetal_doppler.png]	<input type="radio"/> Observed, functional <input type="radio"/> Observed, not functional <input type="radio"/> Observed, don't know if functioning <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
SDP434c. Is a FETAL ULTRASOUND available and functioning? <i>Hint: Verify that it is functional by witnessing that it is in use or asking the respondent to turn in ON/OFF.</i> <i>(image of fetal ultrasound machine above)</i> [fetal_ultrasound_machine.png]	<input type="radio"/> Observed, functional <input type="radio"/> Observed, not functional <input type="radio"/> Observed, don't know if functioning <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
SDP434d. Is there a health worker at this facility who is trained to use the ultrasound?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
<hr/>	
SDP900. Delivery volume (total number of deliveries irrespective of mode of delivery or outcome) for the EACH COMPLETED MONTHS <i>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.</i> Number of Deliveries	
April 2019	
September 2019	
April 2020	
September 2020	
<hr/>	
SDP901. Cesarean deliveries for EACH COMPLETED MONTH (April 2019/20) <i>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.</i> Number of cesarean deliveries	
April 2019	

April 2020	
<p>SDP1000. Maternal deaths for EACH COMPLETED MONTH.  <i>Hint: Count number of maternal deaths for each month starting with last completed month.</i>  <i>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.</i></p>	
April 2019	
September 2019	
April 2020	
September 2020	
<p>SDP1001a. Does this facility distinguish between FRESH and MACERATED stillbirths in the maternity register?  <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></p>	<p><input type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> No response</p>
<p>SDP1001b. Fresh stillbirths for EACH COMPLETED MONTH  <i>Number of Fresh Still Births</i></p>	
April 2019	
April 2020	
<p>SDP1002a. Macerated stillbirths for EACH COMPLETED MONTH  <i>Number of Macerated Still Births</i></p>	
April 2019	
April 2020	
<p>SDP1002b. Total number of TOTAL stillbirths for EACH COMPLETED MONTH  <i>Number of Total Still Births</i></p>	
April 2019	
April 2020	
<p>SDP1003. Very early neonatal deaths (first 24 hours of life) for EACH COMPLETED MONTH  <i>Number of Very Early Neonatal Deaths</i></p>	
April 2019	
April 2020	
<p>SDP1004. Early neonatal deaths (total deaths  <i>Number of Early Neonatal Deaths</i></p>	

April 2019	
April 2020	
<p><b>MEDICATIONS IN THE FACILITY</b></p> <p>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.</p> <p><i>Hint: If medications are packaged together in a combo-pack for deliveries, select 1 for "observed &gt; 1 valid dose" for each individual medication in the pack.</i></p>	
<p>SDP435b. Record if the following medications are either observed <math>\geq 1</math> valid dose, reported and not seen, or not available:</p>	
A) Methyldopa	<input type="radio"/> Observed $\geq 1$ valid dose <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
B) Amoxicillin	<input type="radio"/> Observed $\geq 1$ valid dose <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
C) Injectable ampicillin	<input type="radio"/> Observed $\geq 1$ valid dose <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
D) Injectable gentamicin	<input type="radio"/> Observed $\geq 1$ valid dose <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
E) Azithromycin	<input type="radio"/> Observed $\geq 1$ valid dose <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
F) Benzathine benzylpenicillin	<input type="radio"/> Observed $\geq 1$ valid dose <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
<p>SDP435b. Record if the following medications are either observed <math>\geq 1</math> valid dose, reported and not seen, or not available:</p>	
G) Cefixime	<input type="radio"/> Observed $\geq 1$ valid dose <input type="radio"/> Reported not seen

	<input type="radio"/> Not available <input type="radio"/> No response
H) Injectable Metronidazole	<input type="radio"/> Observed $\geq 1$ valid dose <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
I) Mebendazole/Albendazole	<input type="radio"/> Observed $\geq 1$ valid dose <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
J) Artemether and lumefantrine (Coartem)	<input type="radio"/> Observed $\geq 1$ valid dose <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
K) Iron and/or folic acid	<input type="radio"/> Observed $\geq 1$ valid dose <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
L) Syphilis testing (VDRL)	<input type="radio"/> Observed $\geq 1$ valid dose <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
M) Zidovudine	<input type="radio"/> Observed $\geq 1$ valid dose <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
SDP435c. Record if the following medications are either observed $\geq 1$ valid dose, reported and not seen, or not available:	
N) Intravenous solutions: either Ringers lactate, D5NS, or NS infusion	<input type="radio"/> Observed $\geq 1$ valid dose <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
O) Injectable ergometrine / methergine	<input type="radio"/> Observed $\geq 1$ valid dose <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
P) Injectable oxytocin	<input type="radio"/> Observed $\geq 1$ valid dose <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response



Q) Misoprostol tablet (600mg; not in combined form)	<input type="radio"/> Observed $\geq 1$ valid dose <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
R) Misoprostol tablet (200mg; not in combined form)	<input type="radio"/> Observed $\geq 1$ valid dose <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
S) Injectable diazepam	<input type="radio"/> Observed $\geq 1$ valid dose <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
T) Injectable magnesium sulfate	<input type="radio"/> Observed $\geq 1$ valid dose <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
U) Injectable Ca Gluconate	<input type="radio"/> Observed $\geq 1$ valid dose <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
SDP435c. Record if the following medications are either observed $\geq 1$ valid dose, reported and not seen, or not available:	
V) Hydralazine	<input type="radio"/> Observed $\geq 1$ valid dose <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
W) Lignocaine/Lidocaine 1 or 2%	<input type="radio"/> Observed $\geq 1$ valid dose <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
X) Tetracycline ointment	<input type="radio"/> Observed $\geq 1$ valid dose <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
Y) Dexamethasone/betamethasone	<input type="radio"/> Observed $\geq 1$ valid dose <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
Z) Chlorhexidine gel	<input type="radio"/> Observed $\geq 1$ valid dose <input type="radio"/> Reported not seen

	<input type="radio"/> Not available <input type="radio"/> No response
AA) Injectable vitamin K	<input type="radio"/> Observed $\geq 1$ valid dose <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
SDP435c. Record if the following medications are either observed $\geq 1$ valid dose, reported and not seen, or not available: <i>If HIV drugs are available in a form Fixed-Dose Combination (FDC), consider them as available</i>	
BB) Nifedipine	<input type="radio"/> Observed $\geq 1$ valid dose <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
CC) HIV rapid test / HIV 1/2 STAT PACTM, ABONTM HIV 1/2/o, SD BIOLINE HIV 1/2 v3.0, Determine, Beijing wanti, Uni gold, or Vikia	<input type="radio"/> Observed $\geq 1$ valid dose <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
DD) Nevirapine	<input type="radio"/> Observed $\geq 1$ valid dose <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
EE) Lamivudine (3TC)	<input type="radio"/> Observed $\geq 1$ valid dose <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
FF) Tenofovir (TDF)	<input type="radio"/> Observed $\geq 1$ valid dose <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
GG) Efavirenz (EFV)	<input type="radio"/> Observed $\geq 1$ valid dose <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
For the following guidelines that I list, please indicate if the guideline is available IN THE FACILITY.	
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 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.

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"/>

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?

- Yes
- No, more frequently
- No, less frequently

<p><i>Hint: COVID19 restriction began on March 16, 2020 For HEWs, immunization services includes both in the community and at the health post.</i></p>	<p><input type="radio"/> No, service(s) are temporarily suspended</p> <p><input type="radio"/> Don't know</p> <p><input type="radio"/> No response</p>
<p>SDP502. What is/are the reasons for not being able to provide immunization services as before? <i>Select all that apply.</i> <i>Do not read answer options.</i></p>	<p><input type="checkbox"/> No/inadequate skilled provider</p> <p><input type="checkbox"/> Insufficient supplies</p> <p><input type="checkbox"/> Insufficient infrastructures</p> <p><input type="checkbox"/> Services are limited due to COVID-19</p> <p><input type="checkbox"/> Demand has decreased</p> <p><input type="checkbox"/> Services are available only for emergency cases</p> <p><input type="checkbox"/> Vaccination outreach program interrupted due to COVID/19</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Don't know</p> <p><input type="checkbox"/> No response</p>
<hr/>	
<p>SDP503. Record the total number of children who are vaccinated with Pentavalent 1, Pentavalent 3 and Measles 1 for the indicated COMPLETED MONTH and year . Do not consider vaccination services provided in a form of campaign (like the Measles campaign). <i>Hint: Use the appropriate TALLY SHEET (not the HMIS summary report) to record the total number of cases for each vaccine.</i> <i>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 a tally sheet or a register to record the service.</i> <i>Record -88 if the data are not legible. Record -99 if no response.</i></p>	
<p>April 2019 - Pentavalent 1</p>	
<p>April 2019 - Pentavalent 3</p>	
<p>April 2019 - Measles 1</p>	
<p>April 2020 - Pentavalent 1</p>	
<p>April 2020 - Pentavalent 3</p>	
<p>April 2020 - Measles 1</p>	

## 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?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
SDP602. During postabortion care visits, which of the following is usually discussed with the client: <i>Do not read response options. Select all that are mentioned.</i>	<input type="checkbox"/> Return to fertility <input type="checkbox"/> Healthy timing and spacing of pregnancies <input type="checkbox"/> Long-acting method options <input type="checkbox"/> FP methods for birth spacing <input type="checkbox"/> None of the above <input type="checkbox"/> No response
SDP603. In this facility, are postabortion patients treated as outpatients only, inpatients only, or both? <i>If respondent is unsure, you can remind them that outpatients are not admitted and inpatients are admitted.</i>	<input type="radio"/> Inpatient only <input type="radio"/> Outpatient only <input type="radio"/> Both <input type="radio"/> Do not know <input type="radio"/> No response
For the next questions, please provide your responses from memory without referring to log books.	

SDP607. 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 safe abortion care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B) Performed dilation and curettage (D&C) for safe abortion care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C) Performed dilation and evacuation (D&E) for safe abortion care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D) Provided abortion services through medical abortion (misoprostol, mifepristone) for safe abortion care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SDP607a. in the LAST COMPLETED MONTH, have health workers at this facility:																	
	<table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> <th>Do not know</th> <th>No response</th> </tr> </thead> <tbody> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </tbody> </table>	Yes	No	Do not know	No response	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Yes	No	Do not know	No response														
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>														
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>														
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>														
<p>A) Performed Manual Vacuum Aspiration (MVA) for POST abortion care?</p> <p>B) Performed dilation and curettage (D&amp;C) for POST abortion care?</p> <p>C) Performed dilation and evacuation (D&amp;E) for POST abortion care?</p>																	
<p>SDP609. Does this facility provide any of the following medicines that a woman could use to bring back her period or have an abortion? <i>Read all options and select all that apply.</i></p>	<input type="checkbox"/> Mifepristone <input type="checkbox"/> Misoprostol <input type="checkbox"/> Other <input type="checkbox"/> None of the above <input type="checkbox"/> Do not know <input type="checkbox"/> No response																
<p>SDP608. Does this facility currently have mifepristone in stock? <i>If no, probe: is mifepristone out of stock?</i></p>	<input type="radio"/> In-stock and observed <input type="radio"/> In-stock reported but not observed <input type="radio"/> Out of stock <input type="radio"/> No response																
<p>SDP610. Does this facility currently have misoprostol in stock? <i>If no, probe: is misoprostol out of stock?</i></p>	<input type="radio"/> In-stock and observed <input type="radio"/> In-stock reported but not observed <input type="radio"/> Out of stock <input type="radio"/> No response																
<p>SDP611. Does this facility distinguish between INPATIENTS and OUTPATIENTS for postabortion care services in the abortion care register? <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></p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response																
<p>SDP612. Total number of INPATIENTS who received postabortion care services for the LAST COMPLETED MONTH <i>Hint: Use the appropriate REGISTER (not the HMIS summary report) to record the total number of cases for each indicator.</i></p>																	
<p>SDP613. Total number of OUTPATIENTS who received postabortion care services for the LAST COMPLETED MONTH <i>Hint: Use the appropriate REGISTER (not the HMIS summary report) to record the total number of cases for each indicator.</i></p>																	
<p>SDP614. Total number of patients who received postabortion care services for the LAST COMPLETED MONTH <i>Hint: Use the appropriate REGISTER (not the HMIS summary report) to record the total number of cases for each indicator.</i></p>																	

<p>SDP615. Total number of patients who received safe abortion care services for the LAST COMPLETED MONTH</p> <p><i>Hint: Use the appropriate REGISTER (not the HMIS summary report) to record the total number of cases for each indicator.</i></p>	
<p>SDP616. Total number of caseloads who received safe abortion and postabortion care services for the EACH COMPLETED MONTH and year indicated here.</p> <p><i>Hint: Use the appropriate REGISTER (not the HMIS summary report) to record the total number of cases for each indicator.</i></p> <p><i>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.</i></p>	
<p>April 2019</p>	
<p>September 2019</p>	
<p>April 2020</p>	
<p>September 2020</p>	

## 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.

<p>SDP700. Which of the following family planning services do you offer to unmarried adolescents aged 10-19?</p> <p><i>Read all options and select all that apply.</i></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Counsel for contraceptive methods</li> <li><input type="checkbox"/> Provide contraceptive methods</li> <li><input type="checkbox"/> Prescribe / refer for contraceptive methods</li> <li><input type="checkbox"/> None of the above</li> <li><input type="checkbox"/> No response</li> </ul>
<p>SDP701. Which of the following methods are provided to clients at this facility?</p> <p><i>Read all options out loud.</i></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Female sterilization</li> <li><input type="checkbox"/> Male sterilization</li> <li><input type="checkbox"/> Implant</li> <li><input type="checkbox"/> IUD</li> <li><input type="checkbox"/> Injectables</li> <li><input type="checkbox"/> Pill</li> <li><input type="checkbox"/> Emergency contraception</li> <li><input type="checkbox"/> Male condom</li> <li><input type="checkbox"/> Female condom</li> <li><input type="checkbox"/> Std. Days / Cycle beads</li> </ul>

	<input type="checkbox"/> None of the above <input type="checkbox"/> No response																																																							
<p>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? <i>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.</i></p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response																																																							
<p>SDP702b. Are clients charged for obtaining any of the following at this facility? <i>Read all options out loud.</i> <i>Hint: Charge is for the method itself.</i></p> <table border="1" data-bbox="190 667 1015 1283"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>Do not know</th> <th>No response</th> </tr> </thead> <tbody> <tr><td>Female sterilization</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>Male sterilization</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>Implant</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>IUD</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>Injectables</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>Pill</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>Emergency contraception</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>Male condom</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>Female condom</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>Standard days / cycle beads</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> </tbody> </table>		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"/>	
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<p>SDP703. You mentioned that you typically provide Implants at this facility, can you show them to me? If no, probe: Is the Implant out of stock today? <i>[SDP805a-c will repeat for each of the methods that are provided at the facility according to SDP802b, except Female and Male Sterilization]</i></p>	<input type="radio"/> In-stock and observed <input type="radio"/> In-stock reported but not observed <input type="radio"/> Out of stock <input type="radio"/> No response																																																							
<p>SDP704. Have Implants been out of stock at any time in the last 3 months?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response																																																							
<p>SDP703. You mentioned that you typically provide IUDs at this facility, can you show them to me? If no, probe: Is the IUD out of stock today?</p>	<input type="radio"/> In-stock and observed <input type="radio"/> In-stock reported but not observed <input type="radio"/> Out of stock <input type="radio"/> No response																																																							



<p>SDP704. Have IUDs been out of stock at any time in the last 3 months?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>SDP703. You mentioned that you typically provide Injectables at this facility, can you show them to me? If no, probe: Is the Injectable out of stock today?</p>	<p><input type="radio"/> In-stock and observed <input type="radio"/> In-stock reported but not observed <input type="radio"/> Out of stock <input type="radio"/> No response</p>
<p>SDP704. Have Injectables been out of stock at any time in the last 3 months?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>SDP703. You mentioned that you typically provide Pills at this facility, can you show it to me? If no, probe: Is the Pills out of stock today?</p>	<p><input type="radio"/> In-stock and observed <input type="radio"/> In-stock reported but not observed <input type="radio"/> Out of stock <input type="radio"/> No response</p>
<p>SDP704. Have Pills been out of stock at any time in the last 3 months?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>SDP703. You mentioned that you typically provide Emergency Contraception at this facility, can you show it to me? If no, probe: Is the Emergency Contraception out of stock today?</p>	<p><input type="radio"/> In-stock and observed <input type="radio"/> In-stock reported but not observed <input type="radio"/> Out of stock <input type="radio"/> No response</p>
<p>SDP704. Has Emergency Contraception been out of stock at any time in the last 3 months?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>SDP703. You mentioned that you typically provide Male condoms at this facility, can you show it to me? If no, probe: Is the Male condoms out of stock today?</p>	<p><input type="radio"/> In-stock and observed <input type="radio"/> In-stock reported but not observed <input type="radio"/> Out of stock <input type="radio"/> No response</p>
<p>SDP704. Have Male condoms been out of stock at any time in the last 3 months?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>SDP703. You mentioned that you typically provide Female condoms at this facility, can you show it to me? If no, probe: Is the Female condoms out of stock today?</p>	<p><input type="radio"/> In-stock and observed <input type="radio"/> In-stock reported but not observed</p>

	<input type="radio"/> Out of stock <input type="radio"/> No response
SDP704. Have Female condoms been out of stock at any time in the last 3 months?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
SDP703. You mentioned that you typically provide Standard Days/Cycle Beads at this facility, can you show them to me? If no, probe: Is the Standard Days/Cycle Beads out of stock today?	<input type="radio"/> In-stock and observed <input type="radio"/> In-stock reported but not observed <input type="radio"/> Out of stock <input type="radio"/> No response
SDP704. Have Standard Days/Cycle Beads been out of stock at any time in the last 3 months?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
SDP705a. On days when you offer family planning services, does this facility have trained personnel available to remove IMPLANTS?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <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?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
SDP706. If a woman came today needing her IMPLANT removed, could that service be provided to her today onsite?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <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?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
SDP708. Would someone at this facility know where to send her to have the non-palpable IMPLANT removed?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
SDP709. On days when you offer family planning services, does this facility have trained personnel available to remove IUDs?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
SDP709a. Now I would like to know about supplies necessary for implant and IUD removal services. For each of the	

<p>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:</p>	
<p>A) Cup/bowl/gallipot [gallipot.png]</p>	<p><input type="radio"/> Observed <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response</p>
<p>B) Povidone iodine [iodine.png]</p>	<p><input type="radio"/> Observed <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response</p>
<p>C) Sterile gauze sponges [gauze.png]</p>	<p><input type="radio"/> Observed <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response</p>
<p>D) Scalpel with corresponding handle or a disposable scalpel with handle [scalpel.png]</p>	<p><input type="radio"/> Observed <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response</p>
<p>E) Mosquito artery forceps straight, 5 inches (12.7 cm) [forceps_straight.png]</p>	<p><input type="radio"/> Observed <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response</p>
<p>F) Mosquito forceps curved, 5 inches (12.7 cm) [forceps_curved.png]</p>	<p><input type="radio"/> Observed <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response</p>
<p>G) Kidney dish [kidney_dish.png]</p>	<p><input type="radio"/> Observed <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response</p>
<p>H) Standard artery forceps 5.5 inches (14 cm) [artery_forceps.png]</p>	<p><input type="radio"/> Observed <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response</p>
<p>I) Modified vasectomy straight blunt 12.5 cm forceps (also known as "U clamp", NSV ringed clamp or "Norgrasp" with a diameter of 2.2mm.) [u_clamp.png]</p>	<p><input type="radio"/> Observed <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response</p>
<p>J) Forceps, sponge, Foerster, straight, 9.5 inches (24.1 cm) [sponge_forceps.png]</p>	<p><input type="radio"/> Observed <input type="radio"/> Reported not seen</p>

	<input type="radio"/> Not available <input type="radio"/> No response
K) Speculum, vaginal, Graves, medium (1.38 inches [3.5 cm] x 4 inches [10.2cm]) [speculum.png]	<input type="radio"/> Observed <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
L) Forceps, Bozeman uterine dressing, straight, 10.5 inches (26.7 cm) [bozeman_forceps.png]	<input type="radio"/> Observed <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
M) IUD removal forceps, alligator jaw, 8 inches [iud_forceps.png]	<input type="radio"/> Observed <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
N) IUD string retriever [IUD_Thread_Retriever.jpg]	<input type="radio"/> Observed <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
O) Local anesthetic, such as lidocaine (without epinepherine, 1% or 2%) [anesthetic.png]	<input type="radio"/> Observed <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
P) Scalpel blade #11 with handle or disposable scalpel no. 11 with handle [scalpel_11.png]	<input type="radio"/> Observed <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
Q) Adhesive tape/Elastoplast [bandaid.png]	<input type="radio"/> Observed <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
R) Arm bandage [arm_bandage.png]	<input type="radio"/> Observed <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
S) Safety box for disposing supplies [safety_box.png]	<input type="radio"/> Observed <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response

<p><b>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.</b></p>	
<p>SDP710. Are all the methods protected from water? <i>Hint: Do not read out this question.</i></p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not observed <input type="radio"/> Do not know</p>
<p>SDP711. Are all the methods protected from the sun? <i>Hint: Do not read out this question.</i></p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not observed <input type="radio"/> Do not know</p>
<p>SDP712. FP total caseload for EACH COMPLETED MONTH and year indicated here. <i>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</i></p>	
<p>April 2019</p>	
<p>September 2019</p>	
<p>April 2020</p>	
<p>September 2020</p>	
<p>SDP713. From family planning register for the LAST COMPLETED MONTH, record: <i>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.</i></p>	
<p>(1) The total number of family planning visits (new and continuing) in the last completed month, for each method. (2) The number of new clients who received family planning services in the last completed month, for each method. <i>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.</i></p>	
<p>Total number of visits: Female Sterilization</p>	
<p>(1) The total number of family planning visits (new and continuing) in the last completed month, for each method. (2) The number of new clients who received family planning services in the last completed month, for each method.</p>	

<i>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.</i>	
Total number of visits: Male Sterilization	
(1) The total number of family planning visits (new and continuing) in the last completed month, for each method. (2) The number of new clients who received family planning services in the last completed month, for each method. <i>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.</i>	
Total number of visits: Implants	
Number of new clients: Implants	
(1) The total number of family planning visits (new and continuing) in the last completed month, for each method. (2) The number of new clients who received family planning services in the last completed month, for each method. <i>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.</i>	
Total number of visits: IUD	
Number of new clients: IUD	
(1) The total number of family planning visits (new and continuing) in the last completed month, for each method. (2) The number of new clients who received family planning services in the last completed month, for each method. <i>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.</i>	
Total number of visits: Injectables	
Number of new clients: Injectables	
(1) The total number of family planning visits (new and continuing) in the last completed month, for each method. (2) The number of new clients who received family planning services in the last completed month, for each method. <i>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.</i>	
Total number of visits: Pill	
Number of new clients: Pill	
(1) The total number of family planning visits (new and continuing) in the last completed month, for each method.	

<p>(2) The number of new clients who received family planning services in the last completed month, for each method. <i>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.</i></p>	
<p>Total number of visits: Emergency contraception</p>	
<p>Number of new clients: Emergency contraception</p>	
<p>(1) The total number of family planning visits (new and continuing) in the last completed month, for each method. (2) The number of new clients who received family planning services in the last completed month, for each method. <i>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.</i></p>	
<p>Total number of visits: Male condom</p>	
<p>Number of new clients: Male condom</p>	
<p>(1) The total number of family planning visits (new and continuing) in the last completed month, for each method. (2) The number of new clients who received family planning services in the last completed month, for each method. <i>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.</i></p>	
<p>Total number of visits: Female condom</p>	
<p>Number of new clients: Female condom</p>	
<p>(1) The total number of family planning visits (new and continuing) in the last completed month, for each method. (2) The number of new clients who received family planning services in the last completed month, for each method. <i>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.</i></p>	
<p>Total number of visits: Standard days / cycle beads</p>	
<p>Number of new clients: Standard days / cycle beads</p>	
<p>SDP714. May I see your family planning record book for the LAST COMPLETED MONTH?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>SDP715. From family planning record book, record: The total number of family planning products sold/provided in the last completed month, for each method. <i>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.</i></p>	

Number of units sold or provided: Implants	
Number of units sold or provided: IUD	
Number of units sold or provided: Injectables	
Number of units sold or provided: Pill	
Number of units sold or provided: Emergency contraception	
Number of units sold or provided: Male condom	
Number of units sold or provided: Female condom	
Number of units sold or provided: Standard days / cycle beads	

## SECTION 12 — Future Follow-up Study and Contact Address

SDP1200. Can I have this facility's primary phone number in case we would like to follow up with this facility in the future? <i>Enter an 10-digit number without the country code. Do not include spaces or dashes. Enter 0 for no response.</i>	
SDP1200. Can you repeat the number again? <i>Enter an 10-digit number without the country code. Do not include spaces or dashes. Enter 0 for no response.</i>	
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? <i>Enter an 10-digit number without the country code. Do not include spaces or dashes. Enter 0 for no response.</i>	
SDP1201. Can you repeat the number again? <i>Enter an 10-digit number without the country code. Do not include spaces or dashes. Enter 0 for no response.</i>	
SDP1202. Thank you for the time you have kindly granted us. Would you be willing to participate in another survey in the future?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
SDP1203. Can I have your primary phone number in case we would like to follow up with you in the future? <i>Enter an 10-digit number without the country code. Do not include spaces or dashes. Enter 0 for no response.</i>	
SDP1203. Can you repeat the number again? <i>Enter an 10-digit number without the country code. Do not include spaces or dashes. Enter 0 for no response.</i>	
SDP1204. Can I have your secondary phone number in case we would like to follow up with you in the future? <i>Enter an 10-digit number without the country code. Do not include spaces or dashes. Enter 0 for no response.</i>	
SDP1204. Can you repeat the number again? <i>Enter an 10-digit number without the country code. Do not include spaces or dashes. Enter 0 for no response.</i>	



SECTION 11—FACILITY INFORMATION FOR SURVEY COMPLETION	
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. <i>Record location when the accuracy is smaller than 6m.</i>	
SDP1101. How many times have you visited this service delivery point for this interview?	<input type="radio"/> 1st time <input type="radio"/> 2nd time <input type="radio"/> 3rd time
SDP1102. In what language was this interview conducted?	<input type="radio"/> English <input type="radio"/> Amharic <input type="radio"/> Afan Oromo <input type="radio"/> Tigrigna <input type="radio"/> Sidamigna <input type="radio"/> Wolayitigna <input type="radio"/> Afar <input type="radio"/> Somali <input type="radio"/> Kefigna <input type="radio"/> Other
SDP1103. Was a translator used for this interview?	<input type="radio"/> Yes <input type="radio"/> No
SDP1104. Questionnaire Result <i>Record the result of the questionnaire.</i>	<input type="radio"/> Completed <input type="radio"/> Not at facility <input type="radio"/> Postponed <input type="radio"/> Refused <input type="radio"/> Partly completed <input type="radio"/> Facility not found/not functional/demolished