

PMA Ethiopia 2023 Cross-Sectional Survey Service Delivery Point Questionnaire

Section 1—Facility Identification	
001a. Enter the three digits of your id Hint: If it contains only two digits start with 0 followed by two digits, Eg: 014.	
SDP101. Your name: <code> \${your_name} </code> Is this your name? 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).	<div style="text-align: right;"><code> \${your_name} != '' </code></div> <input type="radio"/> Yes <input type="radio"/> No
WARNING - Unable to find your name for the ID your provided - <code> \${phone_id_calc} </code> . Please enter your full name in the next screen.	<div style="text-align: right;"><code> \${your_name} = '' </code></div>
SDP102. Enter your name below. Please record your name	<div style="text-align: right;"><code> \${your_name_check} = 'no' or \${your_name} = '' </code></div>
SDP103. Current date and time.	
Date	Day: Month: Year:
Is this date and time correct?	<input type="radio"/> Yes <input type="radio"/> No
SDP104. Record the correct date and time.	<div style="text-align: right;"><code> \${system_date_check} = 'no' </code></div> 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"/> Oromia <input type="radio"/> Somale <input type="radio"/> Benishangul Gumuz <input type="radio"/> Central Ethiopia <input type="radio"/> South Ethiopia <input type="radio"/> South West Ethiopia Peoples <input type="radio"/> Gambela <input type="radio"/> Hareri <input type="radio"/> Addis Ababa

	<input type="radio"/> Dire Dawa Astedadar <input type="radio"/> Sidama filter_list=\${this_country}												
SDP106. Zone <i>Please select the name of the zone where the facility is located.</i>													
SDP107. Woreda/District <i>Please record the name of the district where the facility is located.</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>													
SDP109. Enumeration Area													
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> filter_list=\${level3}													
	\${facility_id} != '96' Facility Information Confirmation												
Are the following correct about the facility ? 1 = Yes 0 = No													
	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Facility name - \${facility_name_auto}</td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Facility type - \${facility_type_auto_lab}</td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Managing authority - \${managing_authority_auto}</td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </tbody> </table>		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"/>
	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 <i>Please record the facility name.</i>	\${facility_name_cnf}='no'												
Select the correct facility type <i>Please select the type of facility.</i>	\${facility_type_cnf}='no' <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 <i>Please select the managing authority for the facility.</i>	\${facility_mauth_cnf}='no' <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 appropriate respondent present and available to be interviewed today?	<input type="radio"/> Yes <input type="radio"/> No
SDP111. Type of facility <i>Please select the type of facility.</i>	\${respondent_available} <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
SDP111b. Type of hospital <i>Please select the type of hospital.</i>	\${respondent_available} and \${facility_type} = 'hospital' <input type="radio"/> Primary Hospital <input type="radio"/> District Hospital <input type="radio"/> General Hospital <input type="radio"/> Referral/Specialized/Tertiary Hospital <input type="radio"/> Zonal Hospital <input type="radio"/> Regional Hospital <input type="radio"/> Other
SDP112. Managing authority <i>Please select the managing authority for the facility.</i>	\${respondent_available} <input type="radio"/> Government <input type="radio"/> NGO <input type="radio"/> Faith-based organization <input type="radio"/> Private <input type="radio"/> Other
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>	\${respondent_available} and (\${hospital_type} = 'general' or \${hospital_type} = 'referral' or \${ho ... <input type="radio"/> Yes <input type="radio"/> No
SDP113c. Has this SDP previously participated in the 2021 PMA survey? <i>You do not need to ask this question to the respondent and refer the facility list to select the appropriate response.</i>	\${respondent_available} and \${facility_id}='96' <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
SDP113d. Is this SDP located in an urban area or a rural settlement?	\${respondent_available}

<p><i>Hint: As per the country's classification</i></p>	<input type="radio"/> Rural <input type="radio"/> Urban <input type="radio"/> Do not know <input type="radio"/> No response
<p>INFORMED CONSENT <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>	<p style="text-align: right;">\${respondent_available}</p>
<p>Hello, I am \${re_name}, 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 30-40 minutes in each department of this facility. There will be no direct benefit to you from assisting with this activity. Your name will not be recorded. The information collected will be used by the Ministry of Health and partner organizations to improve services. Do you have any questions?</p>	<p style="text-align: right;">\${respondent_available}</p>
<p>SDP114. Explain the informed consent form. Then, ask: May I begin the interview now?</p>	<p style="text-align: right;">\${respondent_available}</p> <input type="radio"/> Yes <input type="radio"/> No
<p>SDP115. Interviewer's name: \${your_name} <i>Mark your name as a witness to the consent process.</i></p>	<p style="text-align: right;">\${consent_obtained} and \${your_name_check} = 'yes'</p> <input type="radio"/>
<p>SDP115. Interviewer's name Please record your name as a witness to the consent process. You previously entered "\${name_typed}."</p>	<p style="text-align: right;">\${consent_obtained} and \${name_typed} != ''</p>
<p>SDP117. What is your position in this facility? <i>Select the highest managerial qualification of the respondent.</i> <i>Hint: if HEW, select "Staff"</i></p>	<p style="text-align: right;">\${consent_obtained}</p> <input type="radio"/> Owner <input type="radio"/> In-charge / manager <input type="radio"/> Staff <input type="radio"/> No response
<p>SDP117b. What is the gender of the person who is in-charge/manager of this facility?</p>	<p style="text-align: right;">\${consent_obtained}</p> <input type="radio"/> Male <input type="radio"/> Female <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;">\${consent_obtained}</p> <p style="text-align: right;">Day: Month: Year:</p>
<p>SDP113b. How many days each week is the facility open on regular basis? Number of days</p>	<p style="text-align: right;">\${consent_obtained}</p>

Enter a number between 0 and 7. Enter -88 for do not know, -99 for no response.

Section 2—Information About Services

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

<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><code> \${consent_obtained} and (\${facility_type} = 'hospital' or \${facility_type} = 'health_center' or \$...</code></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><code> \${consent_obtained} and (\${facility_type} = 'hospital' or \${facility_type} = 'health_center' or \$...</code></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><code> \${consent_obtained} and (\${facility_type} = 'hospital' or \${facility_type} = 'health_center' or \${ ...</code></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><code> \${consent_obtained} and (\${facility_type} = 'hospital' or \${facility_type} = 'health_center' or \${ ...</code></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><code> \${consent_obtained} and (\${facility_type} = 'hospital' or \${facility_type} = 'health_center' or \${ ...</code></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 style="text-align: right;">\${consent_obtained}</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 style="text-align: right;">\${consent_obtained} and (\${facility_type} = 'hospital' or \${facility_type} = 'health_center' or \$...</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 style="text-align: right;">\${consent_obtained} and (\${facility_type} = 'hospital' or \${facility_type} = 'health_center' or \$...</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 style="text-align: right;">\${blood_transfusion_yn} = 'yes'</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 style="text-align: right;">\${consent_obtained} and (\${facility_type} = 'hospital' or \${facility_type} = 'health_center' or \$...</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 style="text-align: right;">\${consent_obtained} and (\${facility_type} = 'hospital' or \${facility_type} = 'health_center' or \$...</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 style="text-align: right;">\${consent_obtained} and (\${facility_type} = 'hospital' or \${facility_type} = 'health_center' or \${ ...</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>

	<input type="radio"/> Do not know <input type="radio"/> No response
SDP200L. Is LABORATORY TESTING provided at this facility? <i>Hint: This does not include rapid diagnostic tests (RDT)</i>	<p style="text-align: right;">\${consent_obtained} and \${facility_type_1}</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
SDP200M. Does your facility offer psychosocial care, counseling, or support services for any of the following? <i>Select all that apply</i>	<p style="text-align: right;">\${consent_obtained} and \${facility_type_1}</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"/> Do not know <input type="checkbox"/> No response
SDP200N. Does the psychosocial care package include any of the following? <i>Read all option loud one by one. Select all that apply</i>	<p style="text-align: right;">\${consent_obtained} and \${facility_type_1} and \${psyc_care_ser}</p> <input type="checkbox"/> Medical care for sexual and/or physical assault victims <input type="checkbox"/> Post exposure prophylaxis (PrEP) 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"/> None of the above <input type="checkbox"/> Do not know <input type="checkbox"/> No response
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 style="text-align: right;">\${consent_obtained} and \${facility_type_1}</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
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 style="text-align: right;">\${consent_obtained} and \${facility_type_1}</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
SDP201. If a woman came in for her child's immunization, would health workers at this facility also offer her family planning counseling and services during this visit? <i>Hint: For HEWs, family planning provided includes both in the community and at the facility</i>	<p style="text-align: right;">\${imunization_yn} = 'yes'</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response

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". No response -99</i>	{consent_obtained}
	{consent_obtained} and ({facility_type} = 'hospital' or {facility_type} = 'health_clinic')
A) Medical doctors with any specialty Number of Medical doctors with any specialty	
Male	
Female	
	{consent_obtained} and ({facility_type} = 'hospital' or {facility_type} = 'health_center' or { ...
B) General practitioner (physician) Number of General Practitioners	
Male	
Female	
	{consent_obtained} and ({facility_type} = 'hospital' or {facility_type} = 'health_center' or { ...
C) Health officer Number of Health Officers	
Male	
Female	
	{consent_obtained} and ({facility_type} = 'hospital' or {facility_type} = 'health_center' or { ...
D) Emergency surgery and obstetrics officer (M.Sc. level) Number of Emergency surgery and obstetrics officers	
Male	
Female	
	{consent_obtained} and ({facility_type} = 'hospital' or {facility_type} = 'health_center' or { ...

E) Pediatrics Officer (M.Sc. level)	
Number of Pediatrics Officers (M.Sc.)	
Male	
Female	
	<code>\${consent_obtained} and (\${facility_type} = 'hospital' or \${facility_type} = 'health_center' or \$...</code>
F) Nurse (non-midwife, BSc, diploma)	
Number of Nurses/Midwives	
Male	
Female	
	<code>\${consent_obtained} and (\${facility_type} = 'hospital' or \${facility_type} = 'health_center' or \$...</code>
G) Midwife (BSc, diploma)	
Male	
Female	
	<code>\${consent_obtained} and \${facility_type} = 'health_center' or \${facility_type} = 'health_post'</code>
H) Health extension worker (HEW) - Level III	
Number of HEWs (Level III) 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.	
Male	
Female	
	<code>\${consent_obtained} and (\${facility_type} = 'health_center' or \${facility_type} = 'health_post')</code>
I) Health extension worker (HEW)-Level IV	
Number of HEWs (Level IV) 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.	

Male	
Female	
	<pre> \${consent_obtained} and (\${facility_type} = 'hospital' or \${facility_type} = 'health_center' or \$... </pre>
J) Pharmacist/Pharmacy technician	
Pharmacist/Pharmacy technician	
Male	
Female	
	<pre> \${consent_obtained} and (\${facility_type} = 'hospital' or \${facility_type} = 'health_center' or \${ ... </pre>
K) Lab Technologist/Lab Technician	
Male	
Female	
	<pre> \${consent_obtained} and (\${facility_type} = 'hospital' or \${facility_type} = 'health_center' or \$... </pre>
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?	
Hint for each: Count each service individually. For example, implant and IUD services are counted separately, even if provided by the same mobile outreach clinic. If no service was provided, enter 0 for each service. No response -99	
A) Obstetric fistula repair <i>Number of times</i>	
B) IUD insertion/removal services <i>Number of times</i>	
C) Implant insertion/removal services <i>Number of times</i>	
D) Tubal ligation services <i>Number of times</i>	

E) Vasectomy services <i>Number of times</i>	
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Section 3—Infrastructure And Referral System Readiness

Now, the next few questions I would like to ask you are related to the facility's infrastructure and referral systems. If there is another provider who would be better able to answer my questions on INFRASTRUCTURE AND REFERRAL SYSTEMS in this facility, I would appreciate if you could refer me to the appropriate person.

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><code> \${consent_obtained} and (\${facility_type} = 'hospital' or \${facility_type} = 'health_center' or \$...</code></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"/> Do not know <input type="radio"/> No response </p>
SDP302. Does this facility have other sources of electricity, such as a functioning generator or solar system?	<p><code> \${consent_obtained} and (\${facility_type} = 'hospital' or \${facility_type} = 'health_center' or \$...</code></p> <p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response </p>
SDP303. Is a water outlet available onsite?	<p><code> \${consent_obtained} and (\${facility_type} = 'hospital' or \${facility_type} = 'health_center' or \$...</code></p> <p> <input type="radio"/> Yes <input type="radio"/> No water outlet <input type="radio"/> Do not know <input type="radio"/> No response </p>
SDP304. What is the primary water source used at this facility? <i>Read all options and select one.</i>	<p><code> \${water_outlet_avail} = 'yes'</code></p> <p> <input type="radio"/> Piped <input type="radio"/> Bucket with tap <input type="radio"/> Bucket or basin <input type="radio"/> Non of the above <input type="radio"/> Do not know <input type="radio"/> No response </p>
SDP305. During the past 7 days, was water from the <code> \${water_system_type_lab}</code> available during all times when the facility was open for ESSENTIAL services?	<p><code> \${consent_obtained}='yes' and \${water_outlet_avail} = 'yes'</code></p>

<p><i>Hint: Water availability refers to water supply for ESSENTIAL SERVICES (ex. staff handwashing). If water was unavailable for even 1 minute on a day, consider this an interruption.</i></p>	<p> <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"/> Do not know <input type="radio"/> No response </p>
<p>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></p>	<p> <code> \${consent_obtained} and (\${facility_type} = 'hospital' or \${facility_type} = 'health_center') and ... </code> </p> <p> <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 </p>
<p>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></p>	<p> <code> \${consent_obtained} and (\${facility_type} = 'hospital' or \${facility_type} = 'health_center' or \$... </code> </p> <p> <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 </p>
<p>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></p>	<p> <code> \${internet_access} = 'yes' or \${internet_access} = 'only_hmis' </code> </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"/> Do not know <input type="radio"/> No response </p>
<p>SDP308. Does this facility have access to a working phone or radio system to call outside that is available at ALL TIMES patient services are offered? <i>Hint: Select the main source. Specify that this is a phone within the facility or within 5 minutes walking from the facility. If more than 5 minutes away, select "no."</i></p>	<p> <code> \${consent_obtained} and (\${facility_type} = 'hospital' or \${facility_type} = 'health_center' or \$... </code> </p> <p> <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 </p>
	<p> <code> \${consent_obtained} and (\${facility_type} = 'hospital' or </code> </p>

	\${facility_type} = 'health_center' or \$...				
SDP309. Does this facility refer any of the following to another facility for care:					
	Yes, for all services	Yes, but when only required	No	Do not know	No response
A) Pregnant women	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B) Laboring women	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C) Postpartum women	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D) Newborns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E) Women seeking safe abortion care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F) Women seeking postabortion care services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SDP310. Does this facility have a printed referral form that is used to accompany patients who are referred for maternal and newborn health services?	(\${refer_preg_women} = 'yes_all' or \${refer_lab_women} = 'yes_all' or \${refer_pp_women} = 'yes_all ... <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> [Std_medical_referral_form_2.png]	\${has_referral_form} = 'yes' and (\${facility_type} = 'hospital' or \${facility_type} = 'health_cent ... <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>	\${consent_obtained} and \${facility_type_1} <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				
SDP314. What strategies does this facility use to transport emergency patients from this facility to other facilities?	\${consent_obtained} and \${facility_type_1}				

<p>Select all that apply</p>	<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, ambulance service provider, or the fire department <input type="checkbox"/> Request vehicles from other offices that do not provide health services <input type="checkbox"/> Hire a car (e.g. taxi, van) <input type="checkbox"/> Use organized community volunteers to transport the patient <input type="checkbox"/> Use the patient's family/friend transportation <input type="checkbox"/> None of the above <input type="checkbox"/> Do not know <input type="checkbox"/> No response
<p>SDP313. Is this service offered free of charge to patients?</p>	<p style="text-align: right;"> \${access_transport} = 'yes_bring_in' or \${access_transport} = 'yes_bring_out' or \${access_transpor ... </p> <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
<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><i>If you select hours or minutes, you will enter a number for x on the next screen. Hint: This question is asking about the average time to transport patients to the nearest referral facility using typical transport strategies identified in SDP314. If a vehicle is typically not available on-site, include the average time it takes to request or hire a vehicle in addition to the time to transport the patient from this facility to the nearest referral facility.</i></p>	<p style="text-align: right;"> \${consent_obtained} and \${facility_type_1} </p> <input type="radio"/> Hours <input type="radio"/> Minutes <input type="radio"/> Do not know <input type="radio"/> No response
	<p style="text-align: right;"> \${average_time} = 'hour' or \${average_time} = 'minute' </p>
<p>SDP314c. Number of hours</p>	<p style="text-align: right;"> \${average_time}='hour' </p>
<p>SDP314c. Number of minutes</p>	<p style="text-align: right;"> \${average_time}='minute' </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 style="text-align: right;"> \${consent_obtained} and \${facility_type_2} </p> <input type="radio"/> Yes <input type="radio"/> No

	<input type="radio"/> Do not know <input type="radio"/> No response
SDP818. Does the facility have a functional mechanism for recording and sharing outcomes of cases referred in and out?	\${consent_obtained} and \${facility_type_2} <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
<h3>Section 4 Health Management Information Systems</h3> <p><i>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.</i></p> <p>\${consent_obtained} and \${facility_type_1}</p>	
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.	\${consent_obtained} and \${facility_type_1}
SDP800a. Does this facility regularly report maternal and child health related data to a reporting system?	\${consent_obtained} and \${facility_type_1} <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
SDP800b. What type of system is regularly used to submit the compiled report? <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 (Select all that apply)</i>	\${report_mch_data} = 'yes' <input type="checkbox"/> Manual/paper-based <input type="checkbox"/> Electronic database/DHIS2 <input type="checkbox"/> Electronic Community Health Information System (eCHIS) <input type="checkbox"/> Electronic Medical Record <input type="checkbox"/> No system <input type="checkbox"/> Do not know <input type="checkbox"/> No response
SDP802. How frequently are reports on maternal and child health generated from this functional HMIS?	\${report_mch_data} = 'yes' <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"/> Do not know <input type="radio"/> No response

<p>SDP803. Does this facility receive feedback reports from the Region/Zone/Woreda health office based on HMIS information in the review month (September 2023)? <i>Hint: OBSERVE THE REPORT AND SELECT ACCORDINGLY</i></p>	<p style="text-align: right;">\${report_mch_data} = 'yes'</p> <p><input type="radio"/> Yes, observed and matches with the reported month <input type="radio"/> Yes, observed but DO NOT match with the reported month <input type="radio"/> No, not observed <input type="radio"/> No response</p>					
<p style="text-align: right;">\${receive_feedback} = 'observed_matches' or \${receive_feedback} = 'observed_doesnt_match'</p>						
<p>SDP804. If yes, indicate the types of feedback reports:</p>						
<p>A. Feedback on data quality (including data accuracy, reporting timeliness, and/or report completeness) B. Feedback on service performance based on reported HMIS data (e.g., appreciation/ acknowledgement of good performance; resource allocation/mobilization)</p>	<p style="text-align: center;">Yes, observed</p> <p style="text-align: center;"><input type="radio"/></p> <p style="text-align: center;"><input type="radio"/></p>	<p style="text-align: center;">No, not observed</p> <p style="text-align: center;"><input type="radio"/></p> <p style="text-align: center;"><input type="radio"/></p>	<p style="text-align: center;">No response</p> <p style="text-align: center;"><input type="radio"/></p> <p style="text-align: center;"><input type="radio"/></p>			
<p>HIMS Section 8.2: ROUTINE DECISION-MAKING FORUMS AND PROCESSES AT HEALTH FACILITY.</p>						
<p style="text-align: right;">\${consent_obtained}</p>						
<p>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></p>	<p style="text-align: right;">\${consent_obtained} and \${facility_type_3} and \${managing_authority} = 'government'</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>					
<p style="text-align: right;">\${facility_has_pmt} = 'yes'</p>						
<p>SDP806b. Does the PMT team comprise the:</p>						
<p>A) Head of the institution B) HMIS in charge C) All representatives of the case teams</p>	<p style="text-align: center;">Yes</p> <p style="text-align: center;"><input type="radio"/></p> <p style="text-align: center;"><input type="radio"/></p> <p style="text-align: center;"><input type="radio"/></p>	<p style="text-align: center;">No</p> <p style="text-align: center;"><input type="radio"/></p> <p style="text-align: center;"><input type="radio"/></p> <p style="text-align: center;"><input type="radio"/></p>	<p style="text-align: center;">Do not know</p> <p style="text-align: center;"><input type="radio"/></p> <p style="text-align: center;"><input type="radio"/></p> <p style="text-align: center;"><input type="radio"/></p>	<p style="text-align: center;">No response</p> <p style="text-align: center;"><input type="radio"/></p> <p style="text-align: center;"><input type="radio"/></p> <p style="text-align: center;"><input type="radio"/></p>		
<p>SDP809. How often are the performance monitoring team (PMT) meetings are held in this facility?</p>	<p style="text-align: right;">\${facility_has_pmt} = 'yes'</p> <p><input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Biannually (twice a year) <input type="radio"/> Annually <input type="radio"/> Less than once a year</p>					

	<input type="radio"/> No Schedule or predefined frequency <input type="radio"/> Do not know <input type="radio"/> No response
SDP812a. When was the last performance monitoring team (PMT) meeting? <i>Hint: Select "Not yet" only if they have never held a PMT meeting</i>	<pre> \${facility_has_pmt} = 'yes' </pre> <input type="radio"/> Enter date <input type="radio"/> Not yet <input type="radio"/> Do not know <input type="radio"/> No response
Please enter the last meeting date	<pre> \${last_meeting_date_avl} = 'enter_date' </pre> Day: Month: Year:
SDP809b. How many times did the performance monitoring team (PMT) meetings take place during the review month (September 2023)?	<pre> \${facility_has_pmt} = 'yes' and \${last_meeting_date_avl} != 'not_yet' </pre> <input type="radio"/> More than two times <input type="radio"/> Two times <input type="radio"/> One time <input type="radio"/> None <input type="radio"/> Do not know <input type="radio"/> No response
SDP813. Were minutes of performance monitoring team meetings maintained?	<pre> \${facility_has_pmt} = 'yes' and \${last_meeting_date_avl} != 'not_yet' </pre> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
SDP814. May I see the meeting minutes for the review month (September 2023) or for the most recent meeting or for a meeting held at anytime before? <i>Record whether or not you observed the meeting minutes and confirm it matches with the review month or the reported date for the most recent meeting in SDP812a, not the respondent's reply to your request</i>	<pre> \${pmt_meeting_minutes} = 'yes' </pre> <input type="radio"/> Yes, minutes observed and matches with the REVIEW MONTH <input type="radio"/> Yes, minutes observed and matches with the MOST RECENT MEETING but DO NOT match with the review month <input type="radio"/> Yes, but DO NOT match with the review month or most recent meeting <input type="radio"/> No, minutes not observed <input type="radio"/> No response
SDP814b. Is the PMT using a standard PMT minute record/logbook? <i>Image of Standard logbook: Data Quality and Performance Monitoring logbook</i>	<pre> \${pmt_meeting_minutes_observed} = 'observed_matches_rm' or \${pmt_meeting_minutes_observed} = 'obse ... </pre> <input type="radio"/> Yes, observed <input type="radio"/> No, not a standard logbook <input type="radio"/> No response
SDP814c. Please indicate the reason(s) for not using the standard minute record/logbook.	<pre> \${pmt_meeting_logbook} = 'not_standard' </pre>

<i>Hint: Select all that apply</i>	<input type="checkbox"/> Standard logbook is not available <input type="checkbox"/> Staff not trained/familiar with the logbook <input type="checkbox"/> Logbook is not user friendly <input type="checkbox"/> Other (Specify) <input type="checkbox"/> No response
Please specify	<code>selected({no_logbook_reason}, '96')</code>
NOTE to Data Collectors: For Questions SDP820-825, please examine/check the performance monitoring team minute/records for the review month (or most recent meeting) and see if the following topics were discussed.	<code>{pmt_meeting_minutes_observed} = 'observed_matches_rm' or</code> <code>{pmt_meeting_minutes_observed} = 'obse ...'</code>

	<code>{pmt_meeting_minutes_observed} = 'observed_matches_rm' or</code> <code>{pmt_meeting_minutes_observed} = 'obse ...'</code>		
SDP820. In the PMT meetings, were discussions held to review the following key performance targets (e.g., tracking progress against targets/plan): Hint: Please DO NOT ask these questions to the respondent and record the answers by reviewing the PMT meeting minute			
	Yes	No	No response
A) Maternal and Child health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B) Health Promotion and Disease prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C) Public health emergency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D) Human resource management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E) Pharmaceuticals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F) Finance and Resource	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G) Health Information System	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

HMIS821. Has the PMT identified and prioritized performance issues?	<code>{mch_pt} = 'yes' or {hpdp_pt} = 'yes' or {phe_pt} = 'yes' or {hrm_pt} = 'yes' or {pharma_pt} ...</code> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
HMIS822. Did the PMT conduct root cause analysis for the prioritized performance related issues? <i>Hint: Root cause analysis (RCA) is a systematic process for identifying "root causes" of problems or events and an approach for responding to them. RCA is based on the basic idea that effective management requires more than merely "putting out fires" for problems that develop but finding a way to prevent them.</i>	<code>{perf_issues_identified} = 'yes'</code> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response

	$\${perf_issues_identified} = 'yes'$		
SDP823. Has the PMT made any of the following decisions based on the discussion of the health facility's performance?			
	Yes	No	No response
A) Formulation of plans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B) Budget preparation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C) Budget reallocation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D) Medicine supply and drug management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E) Human resource management (training, reallocation, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F) Advocacy for policy, programmatic, or strategic decisions from the higher level	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G) Health services (preventive, promotive, clinical, rehabilitative) planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H) Promotion of service quality/improvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I) Reducing the gender gap in the provision of health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
J) Involvement of the community and local government	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	$\${perf_issues_identified} = 'yes'$		
HMIS824. Was an action plan developed?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response		
SDP825. Has any follow-up action taken place based on the decisions made during the previous meetings on performance-related issues? (e.g., referring performance-related issues for solution to the higher level)	$\${pmt_meeting_minutes_observed} = 'observed_matches_rm'$ or $\${pmt_meeting_minutes_observed} = 'obse ...'$ <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response		
SDP826. Is there a designated person(s) to enter data/compile reports from the different units in the health facility?	$\${report_mch_data} = 'yes'$ <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response		
HMIS827. Does the PMT review the quality of compiled data prior to submission to the next level, e.g., to Woreda health office, ZHD, RHB, FMOH, etc?	$\${facility_has_pmt} = 'yes'$ <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response		
HMIS Section 8.3 DATA QUALITY ASSESSMENT MECHANISM $\${designated_person} = 'yes'$ or $\${facility_has_pmt} = 'yes'$			
SDP828. Are designated staff/PMT members trained in HMIS related data entry/compilation?	$\${designated_person} = 'yes'$ or $\${facility_has_pmt} = 'yes'$		

<p><i>Read each of the following:</i></p>	<p><input type="radio"/> Yes, all designated staff or PMT members have received training in the past 12 months</p> <p><input type="radio"/> Yes, all designated staff or PMT members have received training but not in the past 12 months</p> <p><input type="radio"/> Yes, some designated staff or PMT members have received training in the past 12 months</p> <p><input type="radio"/> Yes, some designated staff or PMT members have received training but not in the past 12 months</p> <p><input type="radio"/> Not at all</p> <p><input type="radio"/> No response</p>
<p>SDP829. Are designated staff/PMT members trained in HMIS related data review and quality control?</p> <p><i>Read each of the following:</i></p>	<p><code>#{designated_person} = 'yes' or #{facility_has_pmt} = 'yes'</code></p> <p><input type="radio"/> Yes, all designated staff or PMT members have received training in the past 12 months</p> <p><input type="radio"/> Yes, all designated staff or PMT members have received training but not in the past 12 months</p> <p><input type="radio"/> Yes, some designated staff or PMT members have received training in the past 12 months</p> <p><input type="radio"/> Yes, some designated staff or PMT members have received training but not in the past 12 months</p> <p><input type="radio"/> Not at all</p> <p><input type="radio"/> No response</p>
<p>SDP830. Does the health facility have data quality self-assessment tools called LQAS ?</p> <p><i>Hint: Please observe the availability of the LQAS tool regardless of the timing.</i></p>	<p><code>#{report_mch_data} = 'yes'</code></p> <p><input type="radio"/> Yes, observed</p> <p><input type="radio"/> Yes, reported but not seen</p> <p><input type="radio"/> No</p> <p><input type="radio"/> No response</p>
<p>SDP831. Did the health facility conduct LQAS in the review month (September 2023)? If yes, may I see a record of LQAS check sheets conducted in the review month (September 2023)?</p> <p><i>Hint: Please observe</i></p>	<p><code>#{qa_assessment_tool} = 'observed'</code></p> <p><input type="radio"/> Yes, observed and matches with the review month</p> <p><input type="radio"/> Yes, observed but DO NOT match with the review month</p> <p><input type="radio"/> No</p> <p><input type="radio"/> No response</p>
<p>SDP833. Does the health facility maintain records of feedback to staff on data quality self-assessment findings?</p> <p><i>Hint: Please observe</i></p>	<p><code>#{qa_assessment_tool} = 'observed'</code></p> <p><input type="radio"/> Yes, observed and matches with the review month</p> <p><input type="radio"/> Yes, observed but DO NOT match with the review month</p> <p><input type="radio"/> No</p> <p><input type="radio"/> No response</p>
<p>HMIS Section 8.4 Verification of Reporting Consistency</p>	

	\${consent_obtained}
HIMS Section 8.5 HIS Infrastructure Availability	\${consent_obtained} and (\${facility_type} = 'hospital' or \${facility_type} = 'health_center' or \${ ...
SDP856. Does the health facility have standardized medical record unit? <i>Please observe and record the appropriate response</i>	\${consent_obtained} and (\${facility_type} = 'hospital' or \${facility_type} = 'health_center' or \${ ... <input type="checkbox"/> Adequate room with height 3m and 2 (inside) windows <input type="checkbox"/> Fulfill the minimum space required (Health centers=24m2; Hospitals=60m2) <input type="checkbox"/> Has adequate light <input type="checkbox"/> None of the above <input type="checkbox"/> No response
SDP857. Does the health facility have standard shelves? <i>Please observe and record the appropriate response</i>	\${consent_obtained} and (\${facility_type} = 'hospital' or \${facility_type} = 'health_center' or \${ ... <input type="checkbox"/> Has the recommended number of shelves (Minimum of 3 for Health center and 6 for hospital) <input type="checkbox"/> Shelves have 4 columns and 8-10 rows <input type="checkbox"/> Shelves have at least 2.75m height by 2m length <input type="checkbox"/> Each cell has at least 25cm height, 35cm width, 50cm length <input type="checkbox"/> None of the above <input type="checkbox"/> No response
SDP858. Does the health facility have dedicated desk/office for HMIS staff? (See standards in Data Collection Guide) <i>Hint: HIMS staffs can share room/office with monitoring and evaluation team, Planning team, and DE team.</i> <i>Please observe and record the appropriate response</i>	\${consent_obtained} and (\${facility_type} = 'hospital' or \${facility_type} = 'health_center' or \${ ... <input type="radio"/> Yes, observed <input type="radio"/> No, not observed <input type="radio"/> No response
SDP859. Does the facility have a functioning computer (or tablet for health posts) dedicated for DHIS2/eHMIS is in place? <i>Please observe and record the appropriate response</i>	\${consent_obtained} and (\${facility_type} = 'hospital' or \${facility_type} = 'health_center' or \${ ... <input type="radio"/> Yes, computer observed <input type="radio"/> Yes, tablet observed <input type="radio"/> No <input type="radio"/> No response

Section 5 - Facility Information on Health Financing and Accounting

`\${consent_obtained}` and ((`\${facility_type}` = 'hospital' and
`\${managing_authority}` = 'government') ...

9.1. BUDGET AND RESOURCES	`\${consent_obtained}` and ((`\${facility_type}` = 'hospital' and `\${managing_authority}` = 'government') ...
BUDGET INFORMATION FOR MOST RECENT COMPLETED BUDGET YEAR Now I want to ask you about the facility resources for the most recent completed financial or budget year.	`\${consent_obtained}` and ((`\${facility_type}` = 'hospital' and `\${managing_authority}` = 'government') ...
SDP901. Was there an official allocated budget for this facility for the last completed financial year? <i>IF YES, ASK: May I see a copy of the allocated budget?</i>	`\${consent_obtained}` and ((`\${facility_type}` = 'hospital' and `\${managing_authority}` = 'government') ... <input type="radio"/> Yes, observed <input type="radio"/> Yes, reported but not seen <input type="radio"/> No <input type="radio"/> No response
SDP902a. What percentage of the total official allocated budget did this facility receive for the last completed financial year? <i>Hint: Insert 0 if none received</i>	`\${budget_allocated}` = 'observed' or `\${budget_allocated}` = 'reported_not_seen'
SDP902b. What percentage of the official allocated recurrent budget (excluding salaries) did this facility receive for the last completed financial year? <i>Hint: Insert 0 if none received</i>	`\${budget_allocated}` = 'observed' or `\${budget_allocated}` = 'reported_not_seen'
SDP903. What percentage of the disbursed budget for the last complete financial year was utilized (execution rate)? <i>Hint: Insert 0 if none received</i>	`\${budget_allocated}` = 'observed' or `\${budget_allocated}` = 'reported_not_seen'
SDP904. Over the last completed financial year, did this facility experience any delays in receiving disbursements of allocated funds?	`\${budget_allocated}` = 'observed' or `\${budget_allocated}` = 'reported_not_seen' <input type="radio"/> Always delayed <input type="radio"/> Frequently delayed <input type="radio"/> Sometimes delayed <input type="radio"/> Never delayed <input type="radio"/> Do not know <input type="radio"/> No response
9.2. CHARGING AND COSTS FOR SERVICES	`\${consent_obtained}` and (`\${facility_type}` = 'hospital' or `\${facility_type}` = 'health_center' or \${ ...

\${consent_obtained} and (\${facility_type} = 'hospital' or \${facility_type} = 'health_center' or \${ ...				
SDP905. Please tell me if this facility charges patients for any of the following services:				
	Yes	No	Not available	No response
A) Outpatient consultation services for adults?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B) Outpatient consultation services for children?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C) Any routine child immunizations?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D) Any contraceptive commodities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E) Delivery?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F) Caesarean section?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G) Management of incomplete abortion?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H) Induced abortion services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I) All outpatient medicines?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
J) Some outpatient medicines?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K) All inpatient medicines?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
L) Some inpatient medicines?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section 6 - Implementation Status of Community Score Card at Health Centers and Primary Hospitals

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

Now I would like to ask about the implementation Status of an initiative or a process called Community Score Card at this facility. Community Score Card process is a community-based monitoring tool that enables citizens to voice their assessment of a priority health services. It is an instrument used to elicit social and public accountability and increases the responsiveness of health service provider. Block Relevance to Health Centers and Primary Hospitals ONLY

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

CSC101. Is Community Score Card (CSC) integrated or implemented into this facility's standard operating practices?

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

Yes
 No
 Do not know
 No response

	\${csc_sop_integrated} = 'yes'				
<p>CSC102. Have you conducted the full cycle of Community Scorecard in your Primary Health Care Unit (PHCU) in the last quarter or any time before the last quarter? Read and ask all items one by one:</p>					
	Yes, in the last quarter	Yes, any time before the last quarter	No	Do not know	No response
A. CSC scoring conducted in all catchment Kebeles?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Facility visited by client council	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Interface meeting conducted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Joint action plan developed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<p>CSC103. May I see the CSC scoring document for the last quarter?</p>	<p style="text-align: right;">\${consent_obtained} and (\${all_kebeles} = 'yes_any_time' or \${all_kebeles} = 'yes_last_quarter' or ...</p> <p><input type="radio"/> Yes, CSC scoring document observed and matches with the review quarter <input type="radio"/> Yes, CSC scoring document observed but DO NOT match with the review quarter <input type="radio"/> No, CSC scoring document not observed <input type="radio"/> No response</p>
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Section 7—Antenatal Care, Labor & Delivery, and Postnatal Care Service Readiness

Now I would like to ask about antenatal, labor and delivery, and postnatal services provided at this facility. If there is another provider who would be better able to answer my questions on ANTENATAL CARE, LABOR AND DELIVERY, AND POSTNATAL CARE SERVICES AVAILABLE in this facility, I would appreciate if you could refer me to the appropriate person.

	\${antenatal_yn} = 'yes'			
SDP403. Please tell me if the following activity is routinely completed as part of ANC:				
	Yes	No	Do not know	No response
A) Weighing patients?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B) Taking blood pressure?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C) Urine test for protein?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D) Blood test for anemia?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E) Blood test for syphilis?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F) Blood group?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

G) Test for Rh factor?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H) Breastfeeding or infant feeding counseling?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I) Counseling about HIV/AIDs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
J) Testing for HIV/AIDS?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K) Blood glucose testing?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
L) Counseling on postpartum family planning?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
M) Ultrasonography examination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SDP860. Does this facility report Antenatal Care data to a reporting system?	<pre> \${antenatal_yn} = 'yes' and (\${facility_type} = 'health_center' or \${facility_type} = 'hospital' o ... </pre> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response			
SDP861. What is the source document used by this facility for monthly reporting of ANC services? We are primarily interested in the document that is used for compiling the total number of pregnant women who made 4 or more ANC visits (ANC4+) and who received 90+ Iron Folic Acid tablets (IFA90+) at this facility. Please report if any customized documents are used.	<pre> \${antenatal_yn} = 'yes' and \${report_anc_data} = 'yes' </pre> <input type="radio"/> ANC register <input type="radio"/> ANC Tally sheets <input type="radio"/> Integrated RH Register <input type="radio"/> Other (specify) <input type="radio"/> Do not know <input type="radio"/> No response			
Please specify other	<pre> \${anc_data_source} = '96'</pre>			
	<pre> \${antenatal_yn} = 'yes' and \${report_anc_data} = 'yes'</pre>			
SDP862. Please observe and confirm the availability of ANC REGISTER, ANC Tally Sheet, Monthly paper format Reporting document, & Integrated RH Register (for private SDPs) for the month of September 2023 HMIS reporting Period (August 27 - October 01 2023). Hint: Integrated RH register is applicable only for private SDPs but there is still a possibility that few private facilities could use the FMOH's register/log-book.				
	Yes, available	Yes, available but no data recorded	No, it is NOT available	No response
A. ANC Register	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. ANC Tally Sheet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. ANC Monthly paper format Reporting document	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Integrated RH Register (IRHR)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<p>SDP863. From the ANC Register, please recount the number of pregnant women who made 4 or more ANC visits (ANC4+) during the month of September 2023 HMIS reporting period. <i>Hint: This includes all pregnant women who received ONLY the 4th ANC follow-ups in the facility during the review month. Hint: Don't count women who are transferred from other facilities since they are reported in the referring facility. Hint: Use the appropriate Routine ANC REGISTER or IRHR for private facilities (not the Tally-Sheet, MONTHLY paper summary Report or DHIS2 summary report) to recount the total number of ANC4+. Record 0 if the register shows no services were provided for the specified month. Record -77 if the data are not legible. Record -99 if no response.</i></p>	<pre> \${antenatal_yn} = 'yes' and \${report_anc_data} = 'yes' and ((\${anc_register_av1} != 'no' and \${anc ... </pre>
<p>SDP864. From the ANC Tally Sheet, please recount the number of pregnant women who made 4 or more ANC visits (ANC4+) during the month of September 2023 HMIS reporting period. <i>Hint: This includes all pregnant women who received ONLY the 4th ANC contact in the facility during the review month. Hint: Don't count women who are transferred from other facilities since they are reported in the referring facility. Hint: Use the appropriate ANC TALLY SHEET (not the MONTHLY paper summary Report or DHIS2 summary report) to record the total number of ANC4+. Record 0 if the Tally Sheet shows no services were provided for the specified month. Record -77 if the data are not legible. Record -99 if no response.</i></p>	<pre> \${antenatal_yn} = 'yes' and \${report_anc_data} = 'yes' and (\${anc_sheet_av1} != 'no' and \${anc_she ... </pre>
<p>SDP9865. Record the number of reported ANC4+ for the month of September 2023 HMIS reporting period in the monthly paper form report document. <i>Hint: This includes all pregnant women who received 4 ANC follow-ups in the facility. Hint: Don't count women who are transferred from other facilities since they are reported in the referring facility. Hint: Use the appropriate MONTHLY paper summary Report (NOT the Routine Immunization Register or Tally Sheet or DHIS2 summary report) to record the total number of reported ANC4+. Record 0 if the monthly report shows no services were provided for the specified month. Record -77 if the data are not legible. Record -99 if no response.</i></p>	<pre> \${antenatal_yn} = 'yes' and \${report_anc_data} = 'yes' and (\${anc_report_paper_av1} != 'no' and \${ ... </pre>
<p>SDP866. From the ANC Register, please recount the number of pregnant women who received 90 or more Iron Folic Acid tablets (IFA90+) during the month of September 2023 HMIS reporting period. <i>Hint: This includes all pregnant women who received who received 90+ Iron Folic Acid tablets (IFA90+) in the facility. Hint: Use the appropriate Routine ANC REGISTER or IRHR for private facilities (not the Tally-Sheet, MONTHLY paper summary Report or DHIS2 summary report) to recount the total number of IFA90+. Record 0 if the register shows no services were provided for the specified month. Record -77 if the data are not legible. Record -99 if no response.</i></p>	<pre> \${antenatal_yn} = 'yes' and \${report_anc_data} = 'yes' and ((\${anc_register_av1} != 'no' and \${anc ... </pre>
<p>SDP867. From the ANC Tally Sheet, please recount the number of pregnant women who received 90 or more Iron</p>	<pre> \${antenatal_yn} = 'yes' and \${report_anc_data} = 'yes' and </pre>

<p>Folic Acid tablets (IFA90+) during the month of September 2023 HMIS reporting period. <i>Hint: This includes all pregnant women who received 90+ Iron Folic Acid tablets (IFA90+) in the facility. Hint: Use the appropriate ANC TALLY SHEET (not the MONTHLY paper summary Report or DHIS2 summary report) to record the total number of IFA90+. Record 0 if the Tally Sheet shows no services were provided for the specified month. Record -77 if the data are not legible. Record -99 if no response.</i></p>	<p><code>(\${anc_sheet_av1} != 'no' and \${anc_she ...</code></p>
<p>SDP9868. From the monthly paper form reporting document, record the number of women who received 90 or more Iron Folic Acid tablets (IFA90+) for the month of September 2023 HMIS reporting period. <i>Hint: This includes all pregnant women who received 90+ Iron Folic Acid tablets (IFA90+) in the facility. Hint: Use the appropriate MONTHLY paper summary Report (NOT the Routine Immunization Register or Tally Sheet or DHIS2 summary report) to record the total number of reported IFA90+. Record 0 if the monthly report shows no services were provided for the specified month. Record -77 if the data are not legible. Record -99 if no response.</i></p>	<p><code>\${antenatal_yn} = 'yes' and \${report_anc_data} = 'yes' and (\${anc_report_paper_av1} != 'no' and \${ ...</code></p>
<p>SDP404. How many maternity waiting rooms does this facility have? Number of maternity waiting rooms <i>Hint: Maternity waiting rooms are for women who are not yet in labor. Ask to see the rooms to verify. Enter -88 for do not know, -99 for no response.</i></p>	<p><code>\${labor_delivery_yn} = 'yes'</code></p>
<p>SDP404a. How many beds does this facility have in the maternity waiting rooms? <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><code>\${labor_delivery_yn} = 'yes' and \${maternity_rm_num} != 0</code></p>
<p>SDP404b. As per the FMoH standard guideline, for how many pregnant women can this facility currently provide maternity waiting service at a time? <i>Hint: Please consider the total number of women that the facility can provide service at its full capacity but should be at an acceptable service quality standard. at a minimum. Enter -88 for do not know, -99 for no response.</i></p>	<p><code>\${labor_delivery_yn} = 'yes' and \${maternity_rm_num} != 0</code></p>
<p>SDP405. How many rooms does this facility have for labor, delivery, and postpartum care? Number of labor rooms <i>Hint: Ask to see the rooms to verify. Enter -88 for do not know, -99 for no response.</i></p>	<p><code>\${labor_delivery_yn} = 'yes'</code></p>
<p>SDP406b. Is there a functional heat source in the delivery room? <i>Hint: Record for heat in at least one delivery room. The heat source must be electrical and does not include extra clothing or blankets. Only include heat sources that are within the room and functioning. If only heat source is for newborn corner, select "No".</i></p>	<p><code>\${labor_delivery_yn} = 'yes'</code></p> <ul style="list-style-type: none"> <input type="radio"/> Yes, functional <input type="radio"/> No, not available or not functional <input type="radio"/> Do not know <input type="radio"/> No response

<p>SDP407. Describe the setting of the delivery room(s). <i>Hint: Do not read this item aloud. Visual privacy refers to a space that cannot be observed by other people who are not involved in the healthcare interaction, for example, other patients or people in the waiting areas. Visual privacy may be provided by walls, draperies or other forms of partitions to create private spaces for patients. If multiple rooms, report on room offering most privacy.</i></p>	<p style="text-align: right;">\${labor_delivery_yn} = 'yes'</p> <p><input type="radio"/> Private room(s) with visual privacy <input type="radio"/> No private room, but visual privacy ensured (e.g., draperies) <input type="radio"/> No privacy offered <input type="radio"/> No response</p>
<p>SDP408. How many beds does this facility have for labor, delivery and postpartum care? <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. Number of delivery beds used for labor, delivery, and postpartum care?</i></p>	<p style="text-align: right;">\${labor_delivery_yn} = 'yes'</p>
<p>SDP409. Is there a newborn corner or room(s) in this facility? <i>Hint: Ask them to show you the newborn corner/room(s) to verify.</i></p>	<p style="text-align: right;">\${labor_delivery_yn} = 'yes'</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>SDP410. How many newborn resuscitation table(s) with light source does this facility have? <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. Enter -99 for no response, -88 for Do not know Number of functional newborn resuscitation table(s) with light</i></p>	<p style="text-align: right;">\${labor_delivery_yn} = 'yes'</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? <i>Hint: Providers who are considered "on call" must be able to arrive to the facility and provide labor and delivery services within 30 minutes of being called. Specify cadres who are skilled and cadres that are not.</i></p>	<p style="text-align: right;">\${labor_delivery_yn} = 'yes'</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <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? <i>Hint: Providers who are considered "on call" must be able to arrive to the facility and provide labor and delivery services within 30 minutes of being called.</i></p>	<p style="text-align: right;">\${operation_surgery_yn} = 'yes'</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>SDP414a. Is there a schedule that is used to record which skilled provider is present or on-call to perform cesarean deliveries at any given time?</p>	<p style="text-align: right;">\${caesarean_worker_yn} = 'yes'</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>SDP414b. May I see the schedule for on-duty or on-call providers to perform cesarean section?</p>	<p style="text-align: right;">\${oncall_schedule_yn} = 'yes'</p> <p><input type="radio"/> Schedule observed <input type="radio"/> No schedule observed <input type="radio"/> No response</p>

PROVISION OF EMERGENCY OBSTETRIC AND ESSENTIAL NEWBORN SERVICES Now, I am going to ask you about key interventions for management of normal and complicated labor and delivery. For each intervention, please tell me if it has been provided at this facility within the past 3 months. 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.

`#{labor_delivery_yn} = 'yes'`

`#{labor_delivery_yn} = 'yes'`

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"/>

`#{labor_delivery_yn} = 'yes'`

SDP421. In the past 3 months, have health workers at this facility:

Hint: This question is about health services actually provided in the PAST 3 MONTHS, not the training of staff members to provide this service.

	Yes	No	Do not know	No response
G) Provided parenteral antibiotics for infections related to pregnancy, abortion, labor or delivery?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H) Performed manual removal of placenta?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I) Used partographs to monitor labor?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K) Provided instrument/assisted deliveries—that is, use forceps or vacuum extractor?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
M) Performed blood transfusions for maternity care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
N) Provided antenatal corticosteroids for fetal lung maturation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

O) Performed newborn resuscitation?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SDP422_n1. Does this facility have a policy that allows the “rooming-in” of a mother and her baby? <i>Hint: “Rooming-in” refers to the policy of not separating a mother and her baby in the post-delivery period.</i>	<p style="text-align: right;">\${labor_delivery_yn} = 'yes'</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response				
SDP422_n2. Does this facility have a policy that allows women to have a companion of her choice with her during labor and/or delivery?	<p style="text-align: right;">\${labor_delivery_yn} = 'yes'</p> <input type="radio"/> Yes, during labor <input type="radio"/> Yes, during delivery <input type="radio"/> Yes, during labor and delivery <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> No response				
SDP422a. Following delivery, does the provider put the baby on the mother's chest?	<p style="text-align: right;">\${labor_delivery_yn} = 'yes'</p> <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?	<p style="text-align: right;">\${assisted_chest_contact} = 'yes'</p> <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?	<p style="text-align: right;">\${baby_skin_contact}='yes'</p> <input type="radio"/> Immediately <input type="radio"/> Hours <input type="radio"/> Minutes <input type="radio"/> Do not know <input type="radio"/> No response				
	\${how_long}='hours' or \${how_long}='minutes'				
Hours	\${how_long}='hours'				
Minutes	\${how_long}='minutes'				
SDP422d. Before discharge, is the mother assisted by the provider to put the baby to the breast?	<p style="text-align: right;">\${labor_delivery_yn} = 'yes'</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response				
SDP422d2. Is it the policy of this facility to routinely encourage exclusive breast feeding?	<p style="text-align: right;">\${labor_delivery_yn} = 'yes'</p> <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? <i>If less than an hour, record '00' hours. If less than 24 hours, record hours. Otherwise, record days.</i>	\${assisted_breast_contact}='yes' <input type="radio"/> Immediately <input type="radio"/> Hours <input type="radio"/> Days <input type="radio"/> Do not know <input type="radio"/> No response
	\${how_long_assis_moth}='hours' or \${how_long_assis_moth}='days' SDP422e. How long after delivery is the mother assisted by the provider to put the baby to the breast?
Hours assisted	\${how_long_assis_moth}='hours'
Days Assisted	\${how_long_assis_moth}='days'
SDP422e1. Is KMC (kangaroo mother care) for premature/very small babies) used in this facility?	\${labor_delivery_yn} = 'yes' <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
SDP422e2. Has KMC been provided at any time during the past 3 months?	\${labor_delivery_yn} = 'yes' and \${kmc_samll_baby}='yes' <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
SDP423. Before discharge, do providers routinely discuss family planning with the mother?	\${labor_delivery_yn} = 'yes' <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. 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.	\${labor_delivery_yn} = 'yes'

<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><code>\\${labor_delivery_yn} = 'yes'</code></p> <ul style="list-style-type: none"> <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>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</i></p>	<p><code>\\${labor_delivery_yn} = 'yes'</code></p> <ul style="list-style-type: none"> <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

Supplies and Equipment

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

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

	\${labor_delivery_yn} = 'yes'
SDP429c. Record if the following supplies are either observed, reported and not seen, or not available:	
A) Already mixed decontaminating solution (e.g. 0.5% chlorine)	<input type="radio"/> Observed <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
B) Waste receptacle with lid and plastic liner	<input type="radio"/> Observed <input type="radio"/> Reported not seen <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
	\${labor_delivery_yn} = 'yes'
SDP429. Record if the following supplies are either observed, reported and not seen, or not available:	
A) Water for staff hand washing	<input type="radio"/> Observed <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
F) Refridgerator	<input type="radio"/> Observed <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
	<code>#{labor_delivery_yn} = 'yes'</code>
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
	<code>#{labor_delivery_yn} = 'yes'</code>
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_2.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
M) Surgical sutures	<input type="radio"/> Observed <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
N) Stadiometer or height rod to measure height	<input type="radio"/> Observed <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
O) Infant weight scale	<input type="radio"/> Observed <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
P) Fetal scope <i>(image of fetal scope above)</i> [fetal_scope.png]	<input type="radio"/> Observed <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
Q) Examination light <i>Hint: Flashlight is considered a form of exam light.)</i> [examination_light.png]	<input type="radio"/> Observed <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response

SDP431. Is an INCUBATOR available and functioning?
Hint: Verify that it is functional by witnessing that it is in use or asking the respondent to turn in ON/OFF. (image of incubator above)

`§{labor_delivery_yn} = 'yes'`
 Observed, functional
 Observed, not functional
 Observed, don't know if functioning

<p>[incubator.png]</p>	<p><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. (image of suction apparatus above)</i></p> <p>[suction_apparatus2.png]</p>	<p>$\{\text{labor_delivery_yn}\} = \text{'yes'}$ <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></p> <p>[oxygen_tank_cylinder.png]</p>	<p>$\{\text{labor_delivery_yn}\} = \text{'yes'}$ <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. (image of electrical vacuum extractor above)</i></p> <p>[electrical_vacuum_extractor.png]</p>	<p>$\{\text{labor_delivery_yn}\} = \text{'yes'}$ <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>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. (image of fetal doppler above)</i></p> <p>[fetal_doppler.png]</p>	<p>$\{\text{labor_delivery_yn}\} = \text{'yes'}$ <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>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. (image of fetal ultrasound machine above)</i></p> <p>[fetal_ultrasound_machine.png]</p>	<p>$\{\text{labor_delivery_yn}\} = \text{'yes'}$ <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>SDP434d. Is there a health worker at this facility who is trained to use the ultrasound?</p>	<p>$((\{\text{fetal_ultrasound}\} = \text{'observed_func'}) \text{ or } (\{\text{fetal_ultrasound}\} = \text{'observed_unfunc'}) \text{ or } (\{\text{fetal_unfunc}\} = \text{'observed_func'}))$ <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>

<p>MEDICATIONS IN THE FACILITY Now I would like to ask you about the availability and condition of the following medications needed for delivery services. For each item I list, please indicate if the item is available, and if available, please show me the item. <i>Hint: If medications are packaged together in a combo-pack for deliveries, select 1 for "observed > 1 valid dose" for each individual medication in the pack.</i></p>	<p>$\\${labor_delivery_yn} = 'yes'$</p>
	<p>$\\${labor_delivery_yn} = 'yes'$</p>
<p>SDP435b. Record if the following medications are either observed ≥ 1 valid dose, reported and not seen, or not available:</p>	
<p>A1) ORS Sachet</p>	<p><input type="radio"/> Observed ≥ 1 valid dose <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response</p>
<p>A2) Zink Tablet Form</p>	<p><input type="radio"/> Observed ≥ 1 valid dose <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response</p>
<p>A3) Zink Syrup form</p>	<p><input type="radio"/> Observed ≥ 1 valid dose <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response</p>
<p>A) Methyldopa (Tablet)</p>	<p><input type="radio"/> Observed ≥ 1 valid dose <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response</p>
<p>B) Amoxicillin (Capsule)</p>	<p><input type="radio"/> Observed ≥ 1 valid dose <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response</p>
<p>C) Injectable ampicillin</p>	<p><input type="radio"/> Observed ≥ 1 valid dose <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response</p>
<p>D) Injectable gentamicin</p>	<p><input type="radio"/> Observed ≥ 1 valid dose <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response</p>
<p>E) Azithromycin (Capsule/Oral liquid)</p>	<p><input type="radio"/> Observed ≥ 1 valid dose <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response</p>
<p>F) Benzathine benzylpenicillin (Injectable)</p>	<p><input type="radio"/> Observed ≥ 1 valid dose <input type="radio"/> Reported not seen</p>

	<input type="radio"/> Not available <input type="radio"/> No response
G) Cefixime (Capsule)	<input type="radio"/> Observed ≥ 1 valid dose <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
H) Ceftriaxone (Injection)	<input type="radio"/> Observed ≥ 1 valid dose <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
	<code>#{labor_delivery_yn} = 'yes'</code>
SDP435b. Record if the following medications are either observed ≥ 1 valid dose, reported and not seen, or not available:	
I) Injectable Metronidazole	<input type="radio"/> Observed ≥ 1 valid dose <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
J) Mebendazole/Albendazole (Tablet/liquid form)	<input type="radio"/> Observed ≥ 1 valid dose <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
K) Artemether and lumefantrine (Coartem)	<input type="radio"/> Observed ≥ 1 valid dose <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
L) Iron and/or folic acid	<input type="radio"/> Observed ≥ 1 valid dose <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
M) Syphilis testing (VDRL)	<input type="radio"/> Observed ≥ 1 valid dose <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
N) Zidovudine	<input type="radio"/> Observed ≥ 1 valid dose <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
	<code>#{labor_delivery_yn} = 'yes'</code>
SDP435c. Record if the following medications are either observed ≥ 1 valid dose, reported and not seen, or not available:	
O) Intravenous solutions: either Ringers lactate, D5NS, or NS infusion	<input type="radio"/> Observed ≥ 1 valid dose <input type="radio"/> Reported not seen

	<input type="radio"/> Not available <input type="radio"/> No response
P) Injectable ergometrine / methergine	<input type="radio"/> Observed ≥ 1 valid dose <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
Q) Injectable oxytocin	<input type="radio"/> Observed ≥ 1 valid dose <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
JJ) Intravenous Tranexamic acid	<input type="radio"/> Observed ≥ 1 valid dose <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
R) Misoprostol tablet (600mcg/ μ g; not in combined form)	<input type="radio"/> Observed ≥ 1 valid dose <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
S) Misoprostol tablet (200mcg/ μ g; not in combined form)	<input type="radio"/> Observed ≥ 1 valid dose <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
T) Injectable diazepam	<input type="radio"/> Observed ≥ 1 valid dose <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
U) Injectable magnesium sulfate	<input type="radio"/> Observed ≥ 1 valid dose <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
	<code>\\${labor_delivery_yn} = 'yes'</code>
SDP435c. Record if the following medications are either observed ≥ 1 valid dose, reported and not seen, or not available:	
V) Injectable Ca Gluconate	<input type="radio"/> Observed ≥ 1 valid dose <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
W) Hydralazine (Powder for injection or tablet 25mg)	<input type="radio"/> Observed ≥ 1 valid dose <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
X) Lignocaine/Lidocaine 1 or 2%	<input type="radio"/> Observed ≥ 1 valid dose <input type="radio"/> Reported not seen

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

HH) Efavirenz (EFV)	<input type="radio"/> Observed ≥1 valid dose <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response			
II) Dolutegravir (DTG)	<input type="radio"/> Observed ≥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.	\${consent_obtained}			
	\${labor_delivery_yn} = 'yes' or \${operation_surgery_yn} = 'yes' or \${fp_offered_yn} = 'yes'			
SDP436. Record if the following guidelines or protocols are either observed (in the delivery room), reported and not seen, or not available:				
	Observed	Reported not seen	Not available	No response
A) Management Protocol on Selected Obstetric Topics (FMOH, 2010)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B) National Comprehensive and Integrated Prevention of Mother-to-Child Transmission of HIV Guideline (FMOH, 2015)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C) National Guideline for Family Planning Services in Ethiopia (FMOH, 2011)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D) Baby Friendly Initiative guidelines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E) Toolkit for pain management practices during labor and delivery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F) Provider-Client Promise poster and/or paper version	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G) BEmONC Guideline or Training Manual (image of BEmONC taining Manual)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H) CEmONC Guideline or Training Manual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SERVICE STATISTICS FOR SBA, IMMEDIATE PPFP AND PNC WITHIN 2 DAYS OF DELIVERY	\${labor_delivery_yn} = 'yes' and (\${facility_type} = 'health_center' or \${facility_type} = 'hospit ...			
SDP834. Does this facility report facility delivery/Skilled Birth Attendants (SBA) data to a reporting system?	\${labor_delivery_yn} = 'yes' and (\${facility_type} = 'health_center' or \${facility_type} = 'hospit ... <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response			

<p>SDP835. What is the source document used by this facility for monthly reporting of SBA services? We are primarily interested in the document that is used for compiling the total number of SBA at this facility. Please report if any customized documents are used. <i>Select all that apply</i></p>	<p><code>{report_sba_data} = 'yes' and {labor_delivery_yn} = 'yes' and ({facility_type} = 'health_center ...</code></p> <p> <input type="radio"/> Delivery register <input type="radio"/> Tally sheets <input type="radio"/> Patient cards <input type="radio"/> Electronic Medical Records <input type="radio"/> Integrated RH Register <input type="radio"/> Other (specify) <input type="radio"/> Do not know <input type="radio"/> No response </p>			
<p>Please specify other</p>	<p><code>{sba_service_rpt_source} = '96'</code></p>			
<p><code>{report_sba_data} = 'yes' and {labor_delivery_yn} = 'yes'</code></p>				
<p>SDP836. Please observe and confirm the availability of Facility Delivery/SBA REGISTER, SBA Tally Sheet, Monthly paper format Reporting document, & Integrated RH Register (for private SDPs) for the month of September 2023 HMIS reporting Period (August 27 - October 01 2023). Hint: Integrated RH register is applicable only for private SDPs but there is still a possibility that few private facilities could use the FMOH's register/log-book.</p>				
<p>A. SBA Register</p> <p>B. Monthly paper format Reporting document for SBA</p> <p>C. Integrated RH Register (IRHR) for SBA</p>	<p>Yes, available</p> <p><input type="radio"/></p> <p><input type="radio"/></p> <p><input type="radio"/></p>	<p>Yes, available but no data recorded</p> <p><input type="radio"/></p> <p><input type="radio"/></p> <p><input type="radio"/></p>	<p>No, it is NOT available</p> <p><input type="radio"/></p> <p><input type="radio"/></p> <p><input type="radio"/></p>	<p>No response</p> <p><input type="radio"/></p> <p><input type="radio"/></p> <p><input type="radio"/></p>
<p>SDP837. From the SBA Register or IRHR, recount the number of deliveries attended by SBA (total number of deliveries irrespective of mode of delivery or outcome) for the month of September 2023 HMIS reporting period. <i>Hint: This includes deliveries that ended with live birth or stillbirth. Hint: Use the appropriate DELIVERY REGISTER or IRHR (not the MONTHLY paper format Report or DHIS2 summary report) to record the total number of Deliveries. Record 0 if the register shows no services were provided for the specified month. Record -77 if the data are not legible. Record -99 if no response.</i></p>	<p><code>{consent_obtained} and ({labor_delivery_yn} = 'yes' and {report_sba_data} = 'yes' and ({sba_r ...</code></p>			
<p>SDP839. From the monthly paper form reporting document, record the number deliveries attended by SBA for the month of September 2023 HMIS reporting period. <i>Hint: This includes deliveries that ended with live birth or stillbirth. Hint: Use the appropriate MONTHLY paper summary Report (not the Delivery Register or DHIS2 summary report) to record the total number of reported Deliveries. Record 0 if the monthly report shows no services were provided for the</i></p>	<p><code>{consent_obtained} and ({labor_delivery_yn} = 'yes' and {report_sba_data} = 'yes' and ({sba_re ...</code></p>			

specified month. Record -77 if the data are not legible. Record -99 if no response.	
SDP901. From the Delivery Register, please count the number of cesarean deliveries for the month of September 2023 HMIS reporting period.	$\${labor_delivery_yn} = 'yes'$ and $\${operation_surgery_yn} = 'yes'$ and $\${report_sba_data} = 'yes'$ an ...
SDP1000. From the Delivery Register, please count the number of Maternal deaths for the month of September 2023 HMIS reporting period.	$\${labor_delivery_yn} = 'yes'$ and $(\${facility_type} = 'health_center'$ or $\${facility_type} = 'hospit ...$
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>	$(\${labor_delivery_yn} = 'yes'$ or $\${operation_surgery_yn} = 'yes')$ and $\${report_sba_data} = 'yes'$ a ... <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
SDP1001b. From the Delivery Register, please count the number of Fresh stillbirths for the month of September 2023 HMIS reporting period	$\${distinguish_still_births} = 'yes'$
SDP1002a. From the Delivery Register, please count the number of Macerated stillbirths for the month of September 2023 HMIS reporting period.	$\${distinguish_still_births} = 'yes'$
SDP1002b. From the Delivery Register, please count the Total number of stillbirths for the month of September 2023 HMIS reporting period.	$\${distinguish_still_births} = 'no'$ or $\${distinguish_still_births} = '-99'$
SDP1003. From the Delivery or/and NICU Register(s), please count the number of Very early neonatal deaths (first 24 hours of life) for the month of September 2023 HMIS reporting period.	$(\${labor_delivery_yn} = 'yes'$ or $\${postnatal_yn} = 'yes'$ or $\${neonatal_yn} = 'yes')$ and $(\${facili ...$
SDP1004. From the Delivery or/and NICU Register(s), please count the number of Early neonatal deaths (total deaths <i>Hint: Please note that early neonatal death includes all deaths that occurred in the first 7 days of deliver, including those deaths that occurred in the first 24 Hours of delivery as well.</i>	$(\${labor_delivery_yn} = 'yes'$ or $\${postnatal_yn} = 'yes'$ or $\${neonatal_yn} = 'yes')$ and $(\${facili ...$
SDP869. Does this facility report Immediate Post Natal Care (Immediate PNC) data to a reporting system? <i>Hint: Immediate PNC is healthcare services provided to mothers and their newborn within 2 days of delivery.</i>	$\${labor_delivery_yn} = 'yes'$ and $(\${facility_type} = 'health_center'$ or $\${facility_type} = 'hospit ...$ <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
SDP870. What is the source document used by this facility for monthly reporting of Immediate PNC services? We are primarily interested in the document that is used for compiling the total number of women who received PNC service within the first 48 Hours of delivery at this facility. Please report if any customized documents are used.	$\${labor_delivery_yn} = 'yes'$ and $\${report_ipnc} = 'yes'$ <input type="radio"/> PNC register <input type="radio"/> PNC Tally sheets <input type="radio"/> Integrated RH Card/Register

	<input type="radio"/> Other (specify) <input type="radio"/> Do not know <input type="radio"/> No response			
Please specify other	$\{ipnc_service_rpt_source\} = '96'$			
	$\{labor_delivery_yn\} = 'yes'$ $and \{report_ipnc\} = 'yes'$			
<p>SDP871. Please observe and confirm the availability of PNC REGISTER, PNC Monthly paper format Reporting document, & Integrated RH Register/Card (for private SDPs) for the month of September 2023 HMIS reporting Period (August 27 - October 01 2023).</p> <p>Hint: Integrated RH register/card is applicable only for private SDPs but there is still a possibility that few private facilities could use the FMOH's register/log-book.</p>				
	Yes, available	Yes, available but no data recorded	No, it is NOT available	No response
A. PNC Register	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. PNC Monthly paper format Reporting document	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Integrated RH Register/Card (IRHR)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>SDP872. From the PNC Register/IRHR, please recount the total number of postpartum women who received Immediate PNC services, which is within the first 2 days (48 Hours) of delivery at this facility during the month of September 2023 HMIS reporting period.</p> <p><i>Hint: This includes all postpartum women who received PNC services with 48 Hrs of Delivery in the facility, which is available at column 10 of the PNC Register. Hint: Use the appropriate PNC REGISTER or IRHR for private facilities (not the Tally-Sheet, MONTHLY paper summary Report or DHIS2 summary report) to recount the total number of Immediate PNC. Record 0 if the register shows no services were provided for the specified month. Record -77 if the data are not legible. Record -99 if no response.</i></p>				
	$\{labor_delivery_yn\} = 'yes'$ $and \{report_ipnc\} = 'yes'$ and $((\{pnc_register_avl\} != 'no'$ $and \{pn ...$			
<p>SDP873. From the monthly paper form report document, record the number of reported Immediate PNC data for the month of September 2023 HMIS reporting period.</p> <p><i>Hint: This includes all postpartum women who received PNC services with 48 Hrs of Delivery in the facility. Hint: Use the appropriate MONTHLY paper summary Report (NOT the Routine Immunization Register or Tally Sheet or DHIS2 summary report) to record the total number of reported Immediate PNC. Record 0 if the monthly report shows no services were provided for the specified month. Record -77 if the data are not legible. Record -99 if no response.</i></p>				
	$\{labor_delivery_yn\} = 'yes'$ $and \{report_ipnc\} = 'yes'$ and $(\{pnc_report_paper_avl\} !=$ $'no' and ...$			

<p>SDP874. Does this facility report data of premature AND Low Birth Weight (LBW) newborns who received Kangaroo Mother Care (KMC) to a reporting system?</p>	<p><code>\${labor_delivery_yn} = 'yes'</code> <code>and (\${facility_type} = 'health_center' or \${facility_type} = 'hospit ...</code></p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>			
<p>SDP875. What is the source document used by this facility for monthly reporting of premature AND Low Birth Weight (LBW) newborns who received Kangaroo Mother Care (KMC) services? We are primarily interested in the document that is used for compiling the total number of LBW and prematurely born infants who received KMC services at this facility. Please report if any customized documents are used.</p>	<p><code>\${labor_delivery_yn} = 'yes'</code> <code>and \${report_prelbw_kmc} = 'yes'</code></p> <p><input type="radio"/> PNC register <input type="radio"/> NICU Register <input type="radio"/> Other (specify) <input type="radio"/> Do not know <input type="radio"/> No response</p>			
<p>Please specify other</p>	<p><code>\${pre_lbw_kmc_src} = '96'</code></p>			
<p><code>\${labor_delivery_yn} = 'yes'</code> <code>and \${report_prelbw_kmc} = 'yes'</code></p>				
<p>SDP876. Please observe and confirm the availability of PNC REGISTER, NICU Register, and PNC Monthly paper format Reporting document for the month of September 2023 HMIS reporting Period (August 27 - October 01 2023).</p>				
<p>A. PNC Register B. NICU Register C. Monthly paper format Reporting document</p>	<p>Yes, available</p> <p><input type="radio"/></p>	<p>Yes, available but no data recorded</p> <p><input type="radio"/></p>	<p>No, it is NOT available</p> <p><input type="radio"/></p>	<p>No response</p> <p><input type="radio"/></p>
<p><code>\${labor_delivery_yn} = 'yes'</code> <code>and \${report_prelbw_kmc} = 'yes'</code> <code>and (\${pnc_register_av12} != 'no' and ...</code></p>				
<p>SDP877. From the PNC Register, please recount the total number of LBW (Hint: The data for LBW is located in column 31 and the status of prematurity is located at Column-33 where #2 code is assigned in the PNC register. Additionally, the data for the status of receiving KMC services is available in column-34 coded with #2 in the PNC register. Hint: Use the appropriate PNC REGISTER (not the Tally-Sheet, MONTHLY paper summary Report or DHIS2 summary report) to recount the total number of KMC services provided. Record 0 if the register shows no services were provided for the specified month. Record -77 if the data are not legible. Record -99 if no response.</p>				
<p>Recount the number of KMC services provided for LBW (</p>				
<p>Total # of LBW (</p>				
<p>Total # of LBW (</p>				

	<pre> \${labor_delivery_yn} = 'yes' and \${report_prelbw_kmc} = 'yes'and (\${nicu_register_avl} != 'no' and ... </pre>
<p>SDP878. From the NICU Register, please recount the total number of LBW (</p> <p>Hint: The data for the status of LBW and prematurity is located at Column-** where ** and ** codes are assigned in the NICU register, respectively. Additionally, the data for the status of receiving KMC services is available in column-** coded with ** in the NICU register. Hint: Use the appropriate NICU REGISTER (not the Tally-Sheet, MONTHLY paper summary Report or DHIS2 summary report) to recount the total number of KMC services provided. Record 0 if the register shows no services were provided for the specified month. Record -77 if the data are not legible. Record -99 if no response.</p>	
Recount the number of KMC services provided for LBW (
Total # of LBW (
Total # of LBW (
	<pre> \${labor_delivery_yn} = 'yes' and \${report_prelbw_kmc} = 'yes'and (\${monthly_rptppr_avl} != 'no' an ... </pre>
<p>SDP879. From the monthly paper form report document, the total number of LBW (</p> <p>Hint: Use the appropriate MONTHLY paper summary Report (NOT the Routine Immunization Register or Tally Sheet or DHIS2 summary report) to record the total number of reported ANC4+. Record 0 if the monthly report shows no services were provided for the specified month. Record -77 if the data are not legible. Record -99 if no response.</p>	
Record the number of KMC treatment provided for LBW (
Total # of LBW (
Total # of LBW (

<p>SDP880. Is immediate PPFp service provided within the postpartum/delivery care units, within the FP units or both? <i>Hint: Immediate PPFp service is provided to postpartum mothers who delivered in the facility within the first 48 hours of delivery.</i></p>	<p><code>\${fp_offered_yn} = 'yes' and (\${facility_type} = 'health_center' or \${facility_type} = 'hospital' ...</code></p> <p><input type="radio"/> Yes, within the PNC/Delivery units only <input type="radio"/> Yes, at the FP unit only <input type="radio"/> Both at the PNC/Delivery & FP units <input type="radio"/> No, IPPFP is not available <input type="radio"/> Do not know <input type="radio"/> No response</p>			
<p>SDP881. Does this facility report data of postpartum mothers who received modern contraceptives immediately after delivery or within 48 hours of delivery to a reporting system? <i>Hint: Immediate modern contraceptive users are postpartum mothers who received modern contraceptive IMMEDIATELY after Delivery, which is within the first 48 hours of delivery.</i></p>	<p><code>\${labor_delivery_yn} = 'yes' and \${fp_offered_yn} = 'yes' and (\${ippfp_service_location} = 'pnc_un ...</code></p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>			
<p>SDP882. What is the source document used by this facility for monthly reporting of Immediate PPFp users? We are primarily interested in the document that is used for compiling the total number of women who received Immediate PPFp services within the first 48 Hours of delivery at this facility. Please report if any customized documents are used.</p>	<p><code>(\${ippfp_service_location} = 'pnc_unit' or \${ippfp_service_location} = 'fp_unit' or \${ippfp_servic ...</code></p> <p><input type="radio"/> PNC/Delivery register <input type="radio"/> PNC/Delivery Tally sheets <input type="radio"/> Integrated RH Card/Register <input type="radio"/> Other (specify) <input type="radio"/> Do not know <input type="radio"/> No response</p>			
<p>Please specify other</p>	<p><code>\${imc_data_src} = '96'</code></p>			
<p><code>(\${ippfp_service_location} = 'pnc_unit' or \${ippfp_service_location} = 'fp_unit' or \${ippfp_servic ...</code></p>				
<p>SDP883. Please observe and confirm the availability of PNC REGISTER, PNC Monthly paper format Reporting document, & Integrated RH Register/Card (for private SDPs) for the month of September 2023 HMIS reporting Period (August 27 - October 01 2023). <i>Hint: Integrated RH register/card is applicable only for private SDPs but there is still a possibility that few private facilities could use the FMOH's register/log-book.</i></p>				
<p>A. PNC/Delivery Register B. PNC/Delivery Monthly paper format Reporting document C. Integrated RH Register/Card (IRHR)</p>	<p>Yes, available</p> <p><input type="radio"/></p>	<p>Yes, available but no data recorded</p> <p><input type="radio"/></p>	<p>No, it is NOT available</p> <p><input type="radio"/></p>	<p>No response</p> <p><input type="radio"/></p>

	<pre> ({ippfp_service_location} = 'pnc_unit' or \${ippfp_service_location} = 'fp_unit' or \${ippfp_servic ... </pre>
<p>SDP884. From the PNC/Delivery Register/IRHR, please recount the total number of postpartum women who received modern contraceptive Immediately after delivery, which is within the first 2 days (48 Hours) of delivery at this facility during the month of September 2023 HMIS reporting period.</p> <p><i>Hint label different in the paper q:</i></p> <p><i>Hint: The data for the status of Immediate PFPF users is located at Column-38 for new users and Column-39 for repeat users in the PNC register while it is available in Columns 49, 50, & 51 in the Delivery Register.</i></p> <p>Hint: Immediate modern contraceptive users are postpartum mothers who received modern contraceptive IMMEDIATELY after Delivery, which is within the first 48 hours of delivery. Hint: Use the appropriate PNC REGISTER, DELIVERY REGISTER or IRHR for private facilities (not the Tally-Sheet, MONTHLY paper summary Report or DHIS2 summary report) to recount the total number of Immediate PFPF users.</p>	
Recount the number of Immediate PFPF users from the PNC/Delivery/IRHR registers	
New users	
Repeat users	
Total IPPFP users	
	<pre> ({ippfp_service_location} = 'pnc_unit' or \${ippfp_service_location} = 'fp_unit' or \${ippfp_servic ... </pre>
<p>SDP885. From the monthly paper form report document, record the number of reported immediate PFPF users' data for the month of September 2023 HMIS reporting period.</p> <p>Hint: This includes all postpartum women who received modern contraceptives immediately after delivery, which is within the first 48 Hrs of Delivery in the facility. Hint: Use the appropriate MONTHLY paper summary Report (NOT the Routine Immunization Register or Tally Sheet or DHIS2 summary report) to record the total number of reported Immediate PNC. Record 0 if the monthly report shows no services were provided for the specified month. Record -77 if the data are not legible. Record -99 if no response.</p>	
New users	
Repeat Users	
Total IPPFP users	

Section 8—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.

	\${imunization_yn} = 'yes'			
SDP500. Record if the following medications are either observed ≥ 1 valid dose, reported and not seen, or not available:				
	Observed ≥ 1 valid dose	Reported not seen	Not available	No response
A) Tetanus toxoid/TTD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B) BCG	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C) Polio - Oral	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D) Polio - IPV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E) Pentavalent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F) Rota	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G) Measles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H) Vitamin A	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I) PCV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
J) COVID Vaccine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K) HPV Vaccine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SDP501. Does this SDP have its own cold chain to store the vaccines?				
\${imunization_yn} = 'yes'				
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response				
SDP502. What type of cold chain does the SDP have?				
\${own_cold_chain} = 'yes'				
<input type="radio"/> Fridge <input type="radio"/> Ice box (SDP have to regularly replenish ice supply) <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response				
SDP503. If the type of cold chain is an electric fridge, please indicate the main source of power for this?				
\${cold_chain_type} = 'fridge'				
<i>Hint: If multiple sources are available indicate the main source that is used to power the refrigerator used to store the vaccines</i> <input type="radio"/> Electricity from national grid <input type="radio"/> Generator plant at the SDP <input type="radio"/> Portable generator at the SDP <input type="radio"/> Kerosene/paraffin fuel <input type="radio"/> Solar power				

	<input type="radio"/> Any other <input type="radio"/> Do not know <input type="radio"/> No response	
SDP504. If the SDP does not have its own cold chain, how does it preserve items that are supposed to be in cold chain?	<pre> \${own_cold_chain} = 'no' </pre> <input type="radio"/> Vaccines are stored in the nearest health facility <input type="radio"/> Vaccines are stored at private commercial entities <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response	
	<pre> \${own_cold_chain} = 'yes' and \${observed_vaccs} </pre>	
SDP505. Please check and verify the list vaccines that this SDP stores in cold chain?		
	Yes	No
A) Tetanus toxoid/TTD	<input type="radio"/>	<input type="radio"/>
B) BCG	<input type="radio"/>	<input type="radio"/>
C) Polio - Oral	<input type="radio"/>	<input type="radio"/>
D) Polio - IPV	<input type="radio"/>	<input type="radio"/>
E) Pentavalent	<input type="radio"/>	<input type="radio"/>
F) Rota	<input type="radio"/>	<input type="radio"/>
G) Measles	<input type="radio"/>	<input type="radio"/>
H) Vitamin A	<input type="radio"/>	<input type="radio"/>
I) PCV	<input type="radio"/>	<input type="radio"/>
J) COVID Vaccine	<input type="radio"/>	<input type="radio"/>
K) HPV Vaccine	<input type="radio"/>	<input type="radio"/>
SDP840. Does this facility report facility immunization data to a reporting system?	<pre> \${immunization_yn} = 'yes' and (\${facility_type} = 'hospital' or \${facility_type} = 'health_center' ... </pre> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response	
SDP841. What is the source document used by this facility for monthly reporting of immunization services? We are primarily interested in the document that is used for compiling the total number of Penta1 at this facility. Please report if any customized documents are used.	<pre> \${immunization_yn} = 'yes' and \${report_immu_data} = 'yes' and (\${facility_type} = 'hospital' or \${ ... </pre> <input type="radio"/> EPI register <input type="radio"/> Immunization Tally sheets <input type="radio"/> Other (specify)	

	<input type="radio"/> Do not know <input type="radio"/> No response			
Please specify other	\${sba_data_src} = '96'			
	\${imunization_yn} = 'yes' and \${report_immu_data} = 'yes'			
SDP842. Please observe and confirm the availability of Routine Immunization REGISTER, Tally Sheet, and Monthly paper format Reporting document for the month of September 2023 HMIS reporting Period (August 27 - October 01 2023).				
	Yes, available	Yes, available but no data recorded	No, it is NOT available	No response
A. Routine Immunization Register	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Routine Immunization Tally Sheet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Monthly paper format Reporting document for Routine Immunization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SDP843. Please recount the number of Penta-1 immunizations recorded in the Routine Immunization Register for the month of September 2023 HMIS reporting period. <i>Hint: This includes Penta-1 vaccinations provided for children under one-years old. Hint: Use the appropriate Routine Immunization REGISTER (not the Tally-Sheet, MONTHLY paper summary Report or DHIS2 summary report) to record the total number of Penta3. Record 0 if the register shows no services were provided for the specified month. Record -77 if the data are not legible. Record -99 if no response.</i>	\${imunization_yn} = 'yes' and \${report_immu_data} = 'yes' and (\${routine_imu_reg_avl} != 'no' and ...			
SDP844. Please recount the number of Penta-1 immunizations recorded in the Routine Immunization Tally Sheet for the month of September 2023 HMIS reporting period. <i>Hint: This includes Penta-1 vaccinations provided for children under one-years old. Hint: Use the appropriate Routine Immunization TALLY SHEET (not the MONTHLY paper summary Report or DHIS2 summary report) to record the total number of Penta3. Record 0 if the Tally Sheet shows no services were provided for the specified month. Record -77 if the data are not legible. Record -99 if no response.</i>	\${imunization_yn} = 'yes' and \${report_immu_data} = 'yes' and (\${routine_imu_sheet_avl} != 'no' an ...			
SDP9845. Record the number of reported Penta-1 for the month of September 2023 HMIS reporting period in the monthly paper form report document. <i>Hint: This includes Penta-1 vaccinations provided for children under one-years old. Hint: Use the appropriate MONTHLY paper summary Report (NOT the Routine Immunization Register or Tally Sheet or DHIS2 summary report) to record the total number of reported Penta3. Record 0 if the monthly report shows no services were provided for the specified month. Record -77 if the data are not legible. Record -99 if no response.</i>	\${imunization_yn} = 'yes' and \${report_immu_data} = 'yes' and (\${routine_imu_rptppr_avl} != 'no' a ...			

Immunization Service Statistics For Health Posts	<pre> \${immunization_yn} = 'yes' and \${facility_type} = 'health_post' </pre>			
SDP840b. Does this Health Post report facility immunization data to a reporting system?	<pre> \${immunization_yn} = 'yes' and \${facility_type} = 'health_post' </pre> <p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response </p>			
SDP841b. What is the source document used by this Health Post for monthly reporting of immunization services? We are primarily interested in the document that is used for compiling the total number of Penta-1 at this facility. Please report if any customized documents are used.	<pre> \${immunization_yn} = 'yes' and \${report_immu_data_hp} = 'yes' </pre> <p> <input type="radio"/> Service tally sheets <input type="radio"/> Field book <input type="radio"/> EPI register <input type="radio"/> Integrated MCH card (inside Family folder) <input type="radio"/> Other (specify) <input type="radio"/> Do not know <input type="radio"/> No response </p>			
Please specify other	<pre> \${imu_data_src_hp} = '96' </pre>			
<pre> \${immunization_yn} = 'yes' and \${report_immu_data_hp} = 'yes' </pre>				
SDP842b. Please observe and confirm the availability of Integrated MCH card, Service Tally Sheet, and Monthly paper format Reporting document for the month of September 2023 HMIS reporting Period (August 27 - October 01 2023).				
	Yes, available	Yes, available but no data recorded	No, it is NOT available	No response
A. Integrated MCH card	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Service Tally Sheet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Monthly paper format Reporting document for Routine Immunization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SDP843b. Please recount the number of Penta-1 immunizations recorded in the Integrated MCH cards for the month of September 2023 HMIS reporting period. <i>Hint: This includes Penta-1 vaccinations provided for children under one-years old. Hint: Use the appropriate Integrated MCH cards usually located within a Family Folder (not the Tally-Sheet, MONTHLY paper summary Report or DHIS2 summary report) to record the total number of Penta1. Record 0 if the register shows no services were provided for the specified month. Record -77 if the data are not legible. Record -99 if no response.</i>	<pre> \${immunization_yn} = 'yes' and \${report_immu_data_hp} = 'yes' and \${hp_imu_reg_av1} != '-99' and \${ ... </pre>			

<p>SDP844b. Please recount the number of Penta-1 immunizations recorded in the Service Tally Sheet for the month of September 2023 HMIS reporting period.</p> <p><i>Hint: This includes Penta-1 vaccinations provided for children under one-years old. Hint: Use the appropriate Routine Immunization Service TALLY SHEET (not the MONTHLY paper summary Report or DHIS2 summary report) to record the total number of Penta3. Record 0 if the Tally Sheet shows no services were provided for the specified month. Record -77 if the data are not legible. Record -99 if no response.</i></p>	<p><code>#{immunization_yn} = 'yes' and #{report_immu_data_hp} = 'yes' and #{hp_imu_sheet_avl} != '- 99' and ...</code></p>
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<p>SDP845b. Record the number of reported Penta-1 for the month of September 2023 HMIS reporting period in the monthly paper form report document.</p> <p><i>Hint: This includes Penta-1 vaccinations provided for children under one-years old. Hint: Use the appropriate MONTHLY paper summary Report (NOT DHIS2 summary report) to record the total number of reported Penta3. Record 0 if the monthly report shows no services were provided for the specified month. Record -77 if the data are not legible. Record -99 if no response.</i></p>	<p><code>#{immunization_yn} = 'yes' and #{report_immu_data_hp} = 'yes' and #{hp_imu_rptppr_avl} != '- 99' and ...</code></p>
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Section 9—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.

<p>SDP600. Does this facility COUNSEL women on options for receiving safe abortion services?</p>	<p align="right"><code>#{consent_obtained}</code></p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
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<p>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></p>	<p align="right"><code>#{postabortion_yn} = 'yes'</code></p> <p><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</p>
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<p>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></p>	<p align="right"><code>#{postabortion_yn} = 'yes'</code></p> <p><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</p>
--	---

<p>For the next questions, please provide your responses from memory without referring to log books.</p>	<p align="right"><code>(#{abortion_yn} = 'yes' or #{postabortion_yn} = 'yes') and</code></p>
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	({\$facility_type} = 'hospital' or {\$fac ...			
	({\$abortion_yn} = 'yes' or {\$postabortion_yn}='yes') and ({\$facility_type}='hospital' or {\$facilit ...			
SDP607. in the LAST THREE MONTHS, have health workers at this facility:				
	Yes	No	Do not know	No response
A) Performed Manual Vacuum Aspiration (MVA) for PAB or safe abortion care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B) Performed dilation and curettage (D&C) for post abortion or safe abortion care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C) Performed dilation and evacuation (D&E) for post abortion or safe abortion care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D) Performed removal of retained products?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E) Provided abortion services through medical abortion (misoprostol, mifepristone) for safe abortion care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	({\$postabortion_yn} = 'yes' or {\$abortion_yn} = 'yes') and ({\$facility_type}='hospital' or {\$facil ...			
SDP607a. In the LAST COMPLETED MONTH, have health workers at this facility:				
	Yes	No	Do not know	No response
A) Performed Manual Vacuum Aspiration (MVA) for POST abortion or safe abortion care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B) Performed dilation and curettage (D&C) for POST abortion or safe abortion care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C) Performed dilation and evacuation (D&E) for POST abortion or safe abortion care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D) Performed removal of retained products?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E) Provided abortion services through medical abortion (misoprostol, mifepristone) for safe abortion care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SDP609. Does this facility provide any of the following medicines that a woman could use to bring back her period or have an abortion? <i>Read all options and select all that apply.</i>	{\$consent_obtained} <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			
SDP608. Does this facility currently have mifepristone in stock? <i>If no, probe: is mifepristone out of stock?</i>	selected({\$pac_meds}, 'mife')			

	<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
SDP610. Does this facility currently have misoprostol in stock? <i>If no, probe: is misoprostol out of stock?</i>	selected(\${pac_meds}, 'miso') <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
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>	\${postabortion_yn} = 'yes' and (\${facility_type}='hospital' or \${facility_type}='health_center' ' or ... <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
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>	\${dist_inpat_outpat_ac}='yes'
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>	\${dist_inpat_outpat_ac}='yes'
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>	selected(\${dist_inpat_outpat_ac}, 'no') or selected(\${dist_inpat_outpat_ac}, '-99')
SDP615. Total number of patients who received safe abortion care services for the LAST COMPLETED MONTH	\${abortion_yn} = 'yes' and (\${facility_type}='hospital' or \${facility_type}='health_center' ' or \${f ...
	(\${postabortion_yn} = 'yes' or \${abortion_yn} = 'yes') and (\${facility_type}='hospital' or \${facil ...
SDP616. Total number of caseloads who received safe abortion and postabortion care services for the HMIS reporting period indicated here (August 27- October 01, 2023). Hint: Use the appropriate REGISTER (not the HMIS summary report) to record the total number of cases for each indicator. Record 0 if the register shows no services were provided for the specified month. Record -77 if this service is provided at the facility, but there is not a register to record the service. Record -88 if the data are not legible. Record -99 if no response.	
Number of Safe abortion clients	\${abortion_yn} = 'yes'
Number of Postabortion clients	\${postabortion_yn} = 'yes'

Section 10—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? <i>Read all options and select all that apply.</i></p>	<p style="text-align: right;">\${fp_offered_yn} = 'yes'</p> <p><input type="checkbox"/> Counsel for contraceptive methods</p> <p><input type="checkbox"/> Provide contraceptive methods</p> <p><input type="checkbox"/> Prescribe / refer for contraceptive methods</p> <p><input type="checkbox"/> None of the above</p> <p><input type="checkbox"/> No response</p>																																			
<p>SDP701. Which of the following methods are provided to clients at this facility? <i>Read all options out loud.</i></p>	<p style="text-align: right;">\${fp_offered_yn} = 'yes'</p> <p><input type="checkbox"/> Female sterilization</p> <p><input type="checkbox"/> Male sterilization</p> <p><input type="checkbox"/> Implant</p> <p><input type="checkbox"/> IUD</p> <p><input type="checkbox"/> Injectables</p> <p><input type="checkbox"/> Pill</p> <p><input type="checkbox"/> Emergency contraception</p> <p><input type="checkbox"/> Male condom</p> <p><input type="checkbox"/> Female condom</p> <p><input type="checkbox"/> Std. Days / Cycle beads</p> <p><input type="checkbox"/> No response</p>																																			
<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>	<p style="text-align: right;">\${fp_offered_yn} = 'yes'</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 style="text-align: right;">(count-selected(\${fp_provided}) > 0 and (\${fp_provided} != '-99') and (\${fp_provided} != '-77'))</p>																																			
<p>SDP702b. Are clients charged for obtaining any of the following at this facility? <i>Read all options out loud. Hint: Charge is for the method itself.</i></p>																																				
	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 12.5%;">Yes</th> <th style="width: 12.5%;">No</th> <th style="width: 12.5%;">Do not know</th> <th style="width: 12.5%;">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> </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"/>
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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"/>
Std. days / Cycle beads	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SDP703. You mentioned that you typically provide Implants at this facility, can you show them to me? <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>	selected(\${fp_provided}, 'impl') <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 Implants been out of stock at any time in the last 3 months?	(\${stock_implants} = 'instock_obs') or (\${stock_implants} = 'instock_unobs') or (\${stock_implants} = '-99') <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 IUDs at this facility, can you show them to me?	selected(\${fp_provided}, 'iud') <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 IUDs been out of stock at any time in the last 3 months?	(\${stock_IUD} = 'instock_obs') or (\${stock_IUD} = 'instock_unobs') or (\${stock_IUD} = '-99') <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 Injectables at this facility, can you show them to me?	selected(\${fp_provided}, 'inj') <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 Injectables been out of stock at any time in the last 3 months?	(\${stock_injectables} = 'instock_obs') or (\${stock_injectables} = 'instock_unobs') or (\${stock_inj} = '-99') <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 Pills at this facility, can you show it to me?</p>	<p>selected(\${fp_provided}, 'pill')</p> <p><input type="radio"/> In-stock and observed</p> <p><input type="radio"/> In-stock reported but not observed</p> <p><input type="radio"/> Out of stock</p> <p><input type="radio"/> No response</p>
<p>SDP704. Have Pills been out of stock at any time in the last 3 months?</p>	<p>(\${stock_pills} = 'instock_obs') or (\${stock_pills} = 'instock_unobs') or (\${stock_pills} = '-99')</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>SDP703. You mentioned that you typically provide Emergency Contraception at this facility, can you show it to me?</p>	<p>selected(\${fp_provided}, 'ec')</p> <p><input type="radio"/> In-stock and observed</p> <p><input type="radio"/> In-stock reported but not observed</p> <p><input type="radio"/> Out of stock</p> <p><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>(\${stock_ec} = 'instock_obs') or (\${stock_ec} = 'instock_unobs') or (\${stock_ec} = '-99')</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>SDP703. You mentioned that you typically provide Male condoms at this facility, can you show it to me?</p>	<p>selected(\${fp_provided}, 'mc')</p> <p><input type="radio"/> In-stock and observed</p> <p><input type="radio"/> In-stock reported but not observed</p> <p><input type="radio"/> Out of stock</p> <p><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>(\${stock_male_condoms} = 'instock_obs') or (\${stock_male_condoms} = 'instock_unobs') or (\${stock_m ...</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>SDP703. You mentioned that you typically provide Female condoms at this facility, can you show it to me?</p>	<p>selected(\${fp_provided}, 'fc')</p> <p><input type="radio"/> In-stock and observed</p> <p><input type="radio"/> In-stock reported but not observed</p> <p><input type="radio"/> Out of stock</p> <p><input type="radio"/> No response</p>

<p>SDP704. Have Female condoms been out of stock at any time in the last 3 months?</p>	<p>(<code>{stock_female_condoms} = 'instock_obs'</code>) or (<code>{stock_female_condoms} = 'instock_unobs'</code>) or (<code>{sto ...</code></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 Standard Days/Cycle Beads at this facility, can you show them to me?</p>	<p><code>selected({fp_provided}, 'beads')</code></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 Standard Days/Cycle Beads been out of stock at any time in the last 3 months?</p>	<p>(<code>{stock_beads} = 'instock_obs'</code>) or (<code>{stock_beads} = 'instock_unobs'</code>) or (<code>{stock_beads} = '-99'</code>)</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>SDP705a. On days when you offer family planning services, does this facility have trained personnel available to remove IMPLANTS?</p>	<p><code>selected({fp_provided}, 'impl')</code></p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>SDP705b. If a woman came in today needing an IMPLANT inserted, could that service be provided to her today onsite?</p>	<p><code>selected({fp_provided}, 'impl') and ({stock_implants} = 'instock_obs' or {stock_implants} = 'ins ...</code></p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>SDP706. If a woman came today needing her IMPLANT removed, could that service be provided to her today onsite?</p>	<p><code>selected({fp_provided}, 'impl')</code></p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>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?</p>	<p><code>selected({fp_provided}, 'impl')</code></p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>

SDP708. Would someone at this facility know where to send her to have the non-palpable IMPLANT removed?	<pre> \${onsite_impl_deep_rem} = 'no' or \${onsite_impl_deep_rem} = - 88 </pre> <p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response </p>																				
SDP709. On days when you offer family planning services, does this facility have trained personnel available to remove IUDs?	<pre> selected(\${fp_provided}, 'iud') </pre> <p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response </p>																				
SDP709a. Now I would like to know about supplies necessary for implant and IUD removal services. For each of the following supplies listed, can you please tell me if the item is available, and, if so, can you please show it to me? <i>Record if the following equipment are either observed, reported and not seen, or not available:</i>	<pre> (\${trained_pers_rm_implant}='yes' or \${offer_fp_remove_iud}='yes') and \${respondent_available} </pre> <p style="text-align: right;"> \${offer_fp_remove_iud}='yes' </p>																				
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C. Sterile gauze sponges	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																	
SDP709b. Now I would like to know about supplies necessary for implant and IUD removal services. For each of the following supplies listed, can you please tell me if the item is available, and, if so, can you please show it to me? <i>Record if the following equipment are either observed, reported and not seen, or not available:</i>	<pre> \${trained_pers_rm_implant}='yes' and \${respondent_available} </pre>																				
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 12.5%;">Observed</th> <th style="width: 12.5%;">Reported not seen</th> <th style="width: 12.5%;">Not available</th> <th style="width: 12.5%;">No response</th> </tr> </thead> <tbody> <tr> <td>D. Scalpel with corresponding handle or a disposable scalpel with handle</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>E. Mosquito artery forceps straight</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>F. Mosquito forceps curved</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> </tbody> </table>		Observed	Reported not seen	Not available	No response	D. Scalpel with corresponding handle or a disposable scalpel with handle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	E. Mosquito artery forceps straight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	F. Mosquito forceps curved	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
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D. Scalpel with corresponding handle or a disposable scalpel with handle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																	
E. Mosquito artery forceps straight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																	
F. Mosquito forceps curved	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																	
	<pre> \${trained_pers_rm_implant}='yes' and \${respondent_available} </pre>																				

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

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

	Observed	Reported not seen	Not available	No response
G. Kidney dish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H. Standard artery forceps	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I. Modified vasectomy straight blunt 12.5 cm forceps (also known as "U clamp", NSV ringed clamp or "Norgrasp")	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

`${offer_fp_remove_iud}='yes'`
and `${respondent_available}`

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

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

	Observed	Reported not seen	Not available	No response
J. Forceps, sponge, Foerster, straight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K. Speculum, vaginal, Graves, medium	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
L. Forceps, Bozeman uterine dressing, straight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
M. IUD removal forceps, alligator jaw	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
N. IUD string retriever	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

`${trained_pers_rm_implant}='yes'`
and `${respondent_available}`

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

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

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

SDP720. On days when you offer family planning services, does this facility have trained personnel available to insert immediate postpartum IUD?	selected(\${fp_provided}, 'iud') <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response																																																												
SDP721. If a postpartum woman need an immediate Postpartum IUD inserted TODAY, could that service be provided to her today onsite?	selected(\${fp_provided}, 'iud') and (\${stock_IUD} = 'instock_obs' or \${stock_IUD} = 'instock_unobs') <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response																																																												
\${personnel_ip_iud} = 'yes'																																																													
SDP722a. Now I would like to know about supplies necessary for immediate postpartum IUD insertion services. For each of the following supplies listed, can you please tell me if the item is available in the place where immediate postpartum IUD insertion is performed, and, if so, can you please show it to me?																																																													
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SDP722c.	Observed	Reported not seen	Not available	No response
E. Forceps, sponge, Foerster, straight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. Speculum, vaginal, Graves, medium	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G. Ring Forceps	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H. Immediate PP IUD Insertion tube	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I. Immediate PP IUD Insertion Rod	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
J. Examination couch (Gyne - with stirrups and Macintosh or rubber sheet)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K. Stepping stool	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
L. Light source	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
M. Auxiliary table	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
N. Chairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
O. Table	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P. Storage cupboard/cabinet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q. Waste disposal bins	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

SDP710. Are all of the methods protected from water? <i>Hint: Do not read out this question. SDP710. Are all the methods protected from water?</i>	<p style="text-align: right;">\${fp_offered_yn} = 'yes'</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not observed <input type="radio"/> Do not know <input type="radio"/> No response
SDP711. Are all of the methods protected from sun? <i>Hint: Do not read out this question. SDP711. Are all the methods protected from the sun?</i>	<p style="text-align: right;">\${fp_offered_yn} = 'yes'</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not observed <input type="radio"/> Do not know <input type="radio"/> No response
Family Planning Service Statistics For Health Posts	<p style="text-align: right;">\${fp_offered_yn} = 'yes' and \${facility_type} = 'health_post'</p>
SDP846b. Does this facility report family planning data to a reporting system?	<p style="text-align: right;">\${fp_offered_yn} = 'yes' and \${facility_type} = 'health_post'</p>

	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response																				
SDP847b. What is the main source document used by this facility for monthly reporting of Family Planning services? We are primarily interested in the document that is used for compiling the total number of Family Planning at this facility. Please report if any customized documents are used.	<pre> \${fp_offered_yn} = 'yes' and \${facility_type} = 'health_post' and \${report_fp_data_hp} = 'yes' </pre> <input type="radio"/> Service tally sheets <input type="radio"/> Field book <input type="radio"/> Family planning register <input type="radio"/> Female health card (Family Folder) <input type="radio"/> Other (specify) <input type="radio"/> Don't know <input type="radio"/> No response																				
Please specify other	<pre> \${fd_data_src} = '96' </pre>																				
	<pre> \${fp_offered_yn} = 'yes' and \${facility_type} = 'health_post' and \${report_fp_data_hp} = 'yes' </pre>																				
SDP848b. Please observe and confirm the availability of Female health card, Service Tally Sheet, and Monthly paper format Reporting document for the month of September 2023 HMIS reporting Period (August 27 - October 01 2023).																					
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	<pre> \${fp_offered_yn} = 'yes' and \${report_fp_data_hp} = 'yes' and \${fhc_avl_hp} != '-99' and \${fhc_avl ... </pre>																				
SDP849b. From the Female health card (located within Family Folder), please recount the number of Family Planning Users (new and repeat) recorded for the month of September 2023 HMIS reporting period. Hint: This includes only users who are primarily recorded in the FP register starting August 27 to September 2023. Hint: Use the appropriate FEMALE HEALTH CARD (not the Tally-Sheet, MONTHLY paper summary Report or DHIS2 summary report) to record the total number of FP users. Record 0 if the register shows no services were provided for the specified month. Record -77 if the data are not legible. Record -99 if no response.																					
New users																					
Repeat users																					
Total users																					

<p>SDP849e. Would you explain it to me on how you classify and record new and repeat family planning users in this facility; when do you consider FP clients as a new users and repeat users? <i>Hint: Listen to the respondent feedback and record the appropriate answer options. Prompt whenever necessary.</i></p>	<p><code>{fp_offered_yn} = 'yes' and {report_fp_data_hp} = 'yes' and {fhc_avl_hp} != '-99' and {fhc_avl ...</code></p> <p><input type="checkbox"/> New users defined as per the standard <input type="checkbox"/> Repeat users defined as per the standard <input type="checkbox"/> Both new and repeat users are wrongly classified <input type="checkbox"/> Do not know <input type="checkbox"/> No response</p>
	<p><code>{fp_offered_yn} = 'yes' and {report_fp_data_hp} = 'yes' and {sheet_avl_hp} != '-99' and {sheet ...</code></p>
<p>SDP850b. From the FP SERVICE Tally Sheet, recount the number of FP users (new & repeat) recorded in the for the month of September 2023 HMIS reporting period. <i>Hint: Use the appropriate Service TALLY SHEET (not the FP Dispensing Tally Sheet, the MONTHLY paper summary Report or DHIS2 summary report) to record the total number of FP users. Record 0 if the Tally Sheet shows no services were provided for the specified month. Record -77 if the data are not legible. Record -99 if no response.</i></p>	
New users	
Repeat users	
Total users	
	<p><code>{fp_offered_yn} = 'yes' and {report_fp_data_hp} = 'yes' and ({rptppr_avl_hp} != 'no' and {rptp ...</code></p>
<p>SDP851b. From the monthly paper form report document, record the number of reported FP users (new & repeat) for the month of September 2023 HMIS reporting period. <i>Hint: Record the reported totals of new and repeat FP users under the section disaggregated by age category. Hint: Use the appropriate MONTHLY paper summary Report (NOT the FP Register or Tally Sheet or DHIS2 summary report) to record the total number of reported FP users. Record 0 if the monthly report shows no services were provided for the specified month. Record -77 if the data are not legible. Record -99 if no response.</i></p>	
New users	
Repeat users	
Total users	
<p>SDP9846. Does this facility report family planning data to a reporting system?</p>	<p><code>{fp_offered_yn} = 'yes' and ({facility_type} = 'health_center' or {facility_type} = 'hospital' ...</code></p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>

<p>SDP9847 . What is the source document used by this facility for monthly reporting of Family Planning services? We are primarily interested in the document that is used for compiling the total number of Family Planning at this facility. Please report if any customized documents are used.</p>	<p> $\{fp_offered_yn\} = 'yes'$ and $\{report_fp_data\} = 'yes'$ and $(\{facility_type\} = 'health_center'$ or ... </p> <p> <input type="radio"/> Family planning register <input type="radio"/> Family planning Tally sheets <input type="radio"/> Integrated RH Register/Card (IRHR) <input type="radio"/> Other (specify) <input type="radio"/> Do not know <input type="radio"/> No response </p>			
<p>Please specify other</p>	<p>$\{fp_data_src\} = '96'$</p>			
	<p> $\{fp_offered_yn\} = 'yes'$ and $\{report_fp_data\} = 'yes'$ and $(\{facility_type\} = 'health_center'$ or ... </p>			
<p>SDP848. Please observe and confirm the availability of Family Planning REGISTER, Tally Sheet, and Monthly paper format Reporting document for the month of September 2023 HMIS reporting Period (August 27 - October 01 2023).</p>				
	<p>Yes, available</p>	<p>Yes, available but no data recorded</p>	<p>No, it is NOT available</p>	<p>No response</p>
<p>A. FP Register</p>	<p><input type="radio"/></p>	<p><input type="radio"/></p>	<p><input type="radio"/></p>	<p><input type="radio"/></p>
<p>B. FP Tally Sheet</p>	<p><input type="radio"/></p>	<p><input type="radio"/></p>	<p><input type="radio"/></p>	<p><input type="radio"/></p>
<p>C. Monthly paper format Reporting document for FP</p>	<p><input type="radio"/></p>	<p><input type="radio"/></p>	<p><input type="radio"/></p>	<p><input type="radio"/></p>
<p>D. Integrated RH Register/Card (IRHR)</p>	<p><input type="radio"/></p>	<p><input type="radio"/></p>	<p><input type="radio"/></p>	<p><input type="radio"/></p>
	<p> $\{fp_offered_yn\} = 'yes'$ and $\{report_fp_data\} = 'yes'$ and $((\{fp_reg_avl\} != 'no'$ and $\{fp_reg_av ...$ </p>			
<p>SDP849. From the FP Register, please recount the number of Family Planning Users (new and repeat) recorded for the month of September 2023 HMIS reporting period.</p>				
<p>Hint: The data for the FP users is located at Column-18 for specific date of visit, Column-7 for new users, and Column-8 for repeat users in the FP register. Hint: This includes only users who are primarily recorded in the FP register starting August 27 to September 2023. Hint: Use the appropriate FP REGISTER (not the Tally-Sheet, MONTHLY paper summary Report or DHIS2 summary report) to record the total number of FP users. Record 0 if the register shows no services were provided for the specified month. Record -77 if the data are not legible. Record -99 if no response.</p>				
<p>New users</p>				
<p>Repeat users</p>				
<p>Total users</p>				

<p>SDP849c. When you review the family planning register, does this facility record/register family planning users as per the FMOH standard way of registering FP clients? <i>Hint: Do NOT ask this to the respondent; complete the response by observing the way how they record the FP users in the register you reviewed.</i></p>	<p>$\{fp_offered_yn\} = 'yes'$ and $\{report_fp_data\} = 'yes'$ and $(\{fp_reg_avl\} \neq 'no')$ and $\{fp_reg_av \dots$</p> <p><input type="radio"/> Yes, as per the standard <input type="radio"/> No, mixed standard & substandard ways <input type="radio"/> No, fully/mostly register clients by assigning new rows during each visit <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>SDP849d. Would you explain it to me on how you classify and record new and repeat family planning users in this facility; when do you consider FP clients as a new users and repeat users? <i>Hint: Listen to the respondent feedback and record the appropriate answer options. Prompt whenever necessary.</i></p>	<p>$\{fp_offered_yn\} = 'yes'$ and $\{report_fp_data\} = 'yes'$ and $(\{fp_reg_avl\} \neq 'no')$ and $\{fp_reg_av \dots$</p> <p><input type="checkbox"/> New users defined as per the standard <input type="checkbox"/> Repeat users defined as per the standard <input type="checkbox"/> Both new and repeat users are wrongly classified <input type="checkbox"/> Do not know <input type="checkbox"/> No response</p>
	<p>$\{fp_offered_yn\} = 'yes'$ and $\{report_fp_data\} = 'yes'$ and $(\{fp_sheet_avl\} \neq 'no')$ and $\{fp_sheet \dots$</p>
<p>SDP850. From the FP SERVICE Tally Sheet, recount the number of FP users (new & repeat) recorded in the for the month of September 2023 HMIS reporting period. <i>Hint: Use the appropriate TALLY SHEET (not the FP Dispensing Tally Sheet, the MONTHLY paper summary Report or DHIS2 summary report) to record the total number of FP users. Record 0 if the Tally Sheet shows no services were provided for the specified month. Record -77 if the data are not legible. Record -99 if no response.</i></p>	
New users	
Repeat users	
Total users	
	<p>$\{fp_offered_yn\} = 'yes'$ and $\{report_fp_data\} = 'yes'$ and $(\{fp_rptppr_avl\} \neq 'no')$ and $\{fp_rptp \dots$</p>
<p>SDP851. From the monthly paper form report document, record the number of reported FP users (new & repeat) for the month of September 2023 HMIS reporting period. <i>Hint: Record the reported totals of new and repeat FP users under the section disaggregated by age category. Hint: Use the appropriate MONTHLY paper summary Report (NOT the FP Register or Tally Sheet or DHIS2 summary report) to record the total number of reported FP users. Record 0 if the monthly report shows no services were provided for the specified month. Record -77 if the data are not legible. Record -99 if no response.</i></p>	
New users	

Repeat users	
Total users	
SDP713. From family planning register for the for the month of September 2023 HMIS reporting period (August 27 - October 01, 2023), 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>	<code>\${fp_offered_yn} = 'yes' and \${facility_type_1}</code>
	<code>\${facility_type_1} and selected(\${fp_provided}, 'fster ')</code>
(1) The total number of family planning visits (new and continuing) for the month of September 2023 HMIS reporting period, (August 27 - October 01, 2023), for each method. (2) The number of new clients who received family planning services for the month of September 2023 HMIS reporting period, (August 27 - October 01, 2023), for each method.	
Female Sterilization <i>Total # visits</i>	
Female Sterilization <i>Total # new clients</i>	
	<code>\${facility_type_1} and selected(\${fp_provided}, 'mster ')</code>
(1) The total number of family planning visits (new and continuing) from August 27 to September 30, 2022, for each method. (2) The number of new clients who received family planning services from August 27 to September 30, 2022, for each method.	
Male Sterilization <i>Total # visits</i>	
Male Sterilization <i>Total # new clients</i>	
	<code>\${facility_type_1} and selected(\${fp_provided}, 'impl')</code>
(1) The total number of family planning visits (new and continuing) from August 27 to September 30, 2022, for each method. (2) The number of new clients who received family planning services from August 27 to September 30, 2022, for each method.	
Implants <i>Total # visits</i>	
Implants <i>Total # new clients</i>	
	<code>\${facility_type_1} and selected(\${fp_provided}, 'iud')</code>

(1) The total number of family planning visits (new and continuing) from August 27 to September 30, 2022, for each method. (2) The number of new clients who received family planning services from August 27 to September 30, 2022, for each method.	
IUD <i>Total # visits</i>	
IUD <i>Total # new clients</i>	
	<code>#{facility_type_1} and selected(#{fp_provided}, 'inj')</code>
(1) The total number of family planning visits (new and continuing) from August 27 to September 30, 2022, for each method. (2) The number of new clients who received family planning services from August 27 to September 30, 2022, for each method.	
Injectables <i>Total # visits</i>	
Injectables <i>Total # new clients</i>	
	<code>#{facility_type_1} and selected(#{fp_provided}, 'pill')</code>
(1) The total number of family planning visits (new and continuing) from August 27 to September 30, 2022, for each method. (2) The number of new clients who received family planning services from August 27 to September 30, 2022, for each method.	
Pill <i>Total # visits</i>	
Pill <i>Total # new clients</i>	
	<code>#{facility_type_1} and selected(#{fp_provided}, 'ec')</code>
(1) The total number of family planning visits (new and continuing) from August 27 to September 30, 2022, for each method. (2) The number of new clients who received family planning services from August 27 to September 30, 2022, for each method.	
Emergency contraception <i>Total # visits</i>	
Emergency contraception <i>Total # new clients</i>	
	<code>#{facility_type_1} and selected(#{fp_provided}, 'mc')</code>
(1) The total number of family planning visits (new and continuing) from August 27 to September 30, 2022, for each method. (2) The number of new clients who received family planning services from August 27 to September 30, 2022, for each method.	

Hint: Last completed month refers to the last CALENDAR month completed. Enter -88 for do not know, enter -99 for no response. If unclear on condom number or given out in mass supply, record as -88. If method is only recorded as "Other", record as -88.

Male condom
Total # visits

--

Male condom
Total # new clients

--

`#{facility_type_1} and
selected(#{fp_provided}, 'fc')`

(1) The total number of family planning visits (new and continuing) from August 27 to September 30, 2022, for each method. (2) The number of new clients who received family planning services from August 27 to September 30, 2022, for each method.

Hint: Last completed month refers to the last CALENDAR month completed. Enter -88 for do not know, enter -99 for no response. If unclear on condom number or given out in mass supply, record as -88. If method is only recorded as "Other", record as -88.

Female condom
Total # visits

--

Female condom
Total # new clients

--

`#{facility_type_1} and
selected(#{fp_provided}, 'beads
')`

(1) The total number of family planning visits (new and continuing) from August 27 to September 30, 2022, for each method. (2) The number of new clients who received family planning services from August 27 to September 30, 2022, for each method.

Hint: Last completed month refers to the last CALENDAR month completed. Enter -88 for do not know, enter -99 for no response. If unclear on condom number or given out in mass supply, record as -88. If method is only recorded as "Other", record as -88.

Standard days / cycle beads
Total # visits

--

Standard days / cycle beads
Total # new clients

--

SDP714. May I see your family planning record book for the for the month of September 2023 HMIS reporting period, (August 27 - October 01, 2023)?

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

Yes
 No
 No response

`(#{fp_offered_yn} = 'yes') and
(#{fp_record_book_obs} =
'yes') and (#{facility_type}
= 'pharmacy' ...`

<p>SDP715. From family planning record book, record: The total number of family planning products sold/provided for the month of September 2023 HMIS reporting period, (August 27 - October 01, 2023), for each method. Hint: If unclear on condom number or method is given out in mass supply, record as -88. If method is only recorded as "Other", record as -88.</p>	
# of units sold or provided: Implants	selected({fp_provided}, 'impl')
# of units sold or provided: IUD	selected({fp_provided}, 'iud')
# of units sold or provided: Injectables	selected({fp_provided}, 'inj')
# of units sold or provided: Pill	selected({fp_provided}, 'pill')
# of units sold or provided: Emergency contraception	selected({fp_provided}, 'ec')
# of units sold or provided: Male condom	selected({fp_provided}, 'mc')
# of units sold or provided: Female condom	selected({fp_provided}, 'fc')
# of units sold or provided: Standard days / cycle beads	selected({fp_provided}, 'beads')
<p>SDP716. How many rooms are used for Family Planning Services? Number of FP Service rooms Hint: Ask to see the rooms to verify Enter -99 for no response.</p>	<p>{fp_offered_yn}='yes'</p>
<p>SDP717. In this facility, how often are clients provided family planning services at the same time and in the same room as clients receiving maternal or child health services (such as ANC, PNC,</p>	<p>{numb_fp_serv_room}>0</p> <p> <input type="radio"/> Never <input type="radio"/> Rarely <input type="radio"/> Sometimes <input type="radio"/> Frequently <input type="radio"/> Always <input type="radio"/> Do not know <input type="radio"/> No response </p>
<p>SDP719. Describe the setting of the Family Planning Services room(s). Hint: Do not read this item aloud. Visual privacy refers to a space that cannot be observed by other people who are not involved in the healthcare interaction, for example, other patients or people in the waiting areas. Visual privacy may be provided by walls, draperies or other forms of partitions to create private spaces for patients. If multiple rooms, report on room offering most privacy.</p>	<p>{numb_fp_serv_room}>0</p> <p> <input type="radio"/> Private room(s) with visual privacy <input type="radio"/> No private room, but visual privacy ensured (e.g., draperies) <input type="radio"/> No privacy offered <input type="radio"/> Do not know <input type="radio"/> No response </p>
<p>SECTION 11 – Future Follow-up Study and Contact Address</p>	
<p>SDP1202. Thank you for the time you have kindly granted us. Would you be willing to participate in another survey in the future?</p>	<p>{consent_obtained}</p> <p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response </p>
<p>SDP1200. Can I have this facility's primary phone number in case we would like to follow up with this facility in the future?</p>	<p>{will_future_part} = 'yes'</p>

<p><i>Hint: Enter a 10-digit number without the country code. Do not include spaces or dashes. Enter 0 for no response.</i></p>	
<p>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>Hint: Enter a 10-digit number without the country code. Do not include spaces or dashes. Enter 0 for no response.</i></p>	<pre>{consent_obtained} and ({will_future_part} != '0' and {facilty_prim_phon_num} != '0')</pre>
<p>Section 12–Facility Information for Survey Completion</p> <p><i>The respondent is finished, but there are still more questions for you to complete outside the facility.</i></p>	
<p>SDP1100. Location Take a GPS point outside near the entrance to the facility. Take a GPS point outside near the entrance to the facility. Record location when the accuracy is smaller than 6m.</p>	
<p>SDP1101. How many times have you visited this service delivery point for this interview?</p>	<p><input type="radio"/> 1st time <input type="radio"/> 2nd time <input type="radio"/> 3rd time</p>
<p>SDP1102. In what language was this interview conducted?</p>	<p><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</p>
<p>SDP1103. Was a translator used for this interview?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>SDP1104. Questionnaire Result <i>Record the result of the questionnaire.</i></p>	<p><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</p>