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Collection: LOGIN
Contains: DATSTAT_ALTPID

**Salud Mesoamerica Initiative (SMI)****Login page for health facility survey**

Question: DATSTAT_ALTPID
Required



ID:

Collection: GEOGRAPHY
Contains: GEO_ID_CODE, GEO_REC_NUM, GEO_LONG, GEO_LAT, GEO_ALTITUDE

Question: GEO_ID_CODE
Required



1. Enter the name used to identify these GPS coordinates:

Question: GEO_REC_NUM
Required



2. Enter the GPS number:

Question: GEO_LONG
Required



3. Enter the longitude coordinates:

Question: GEO_LAT
Required



4. Enter the latitude coordinates:

Question: GEO_ALTITUDE
Required



5. Enter the altitude (in meters)

 Meters

Collection: LOG_IN
Contains: DISTRICT_ID, FACILITY_ID2, DATE, INTERVW_ID1, INTERVW_ID2, CONSENT_OBTAINED, QUESTIONNAIRE

Question: DISTRICT_ID
Required

Scale Summary		
Code	Label	Show-If
2001	Orange Walk	
2002	Corozal District	
2004	Cayo District	
995	Other	



6. District ID:

- ☐ Orange Walk
☐ Corozal District
☐ Cayo District
☐ Other

Question: FACILITY_ID2

Scale Summary		
Code	Label	Show-If
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995	Other (specify):	Never Shown

 7. Facility ID:

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☐ Other (specify):

Question: DATE
Required

 8. Date:
 (DD/MM/YYYY)

Question: INTERVW_ID1
Required

 9. Interviewer ID 1

Question: INTERVW_ID2

 10. Interviewer ID 2

Find the manager or most senior health worker responsible for patient services who is present at the facility.

Read the following and sign the hard copy of the consent form.

Hello. My name is _____.

The Investigation and Marketing Unit (UNIMER), in collaboration with the Institute for Health Metrics and Evaluation (IHME), is conducting a follow-up survey of the Mesoamerica Health Initiative in the northern and western districts in Belize, with approval by the Ministry of Health.

This survey is being conducted in Community and Regional Hospitals and Health centers in urban and rural communities. The survey consists of the following parts: 1) an interview with the person in charge of the health facility, and 2) application of a checklist for direct observation and 3) medical records review.


The survey that will be applied is electronic, and anonymous, with no identifier for persons interviewed or patient name or medical record number. The data collected will be handled confidentially and systematized anonymously.

Do you have any questions about the survey?

Do I have your agreement to proceed?

Question: CONSENT_OBTAINED
Required

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	

 11. Was consent obtained?

- ☐ Yes
☐ No

Jump-To: JMP1

Description:

Jump-To-Item: END

Jump-If: (CONSENT_OBTAINED = 0:[No])

Collection: QUESTIONNAIRE

Contains: FACILITY_CHARACTERISTICS, FACILITY_SUPERVISION, EDUCATION_TRAINING, ANTENATAL_CARE, DELIVERY_CARE, POSTNATAL_CARE, CHILD_HEALTH_SERVICES1, VACCINE_LOGISTICS, FAMILY_PLANNING1, CONTRACEPTIVE_SUPPLIES, MEDICINE_SUPPLIES, INFECTION_CONTROL, DATA_EVAL, JUMPS, COMMENT_QUESTION

Collection: FACILITY_CHARACTERISTICS

Contains: FAC_TYPE, OP_DAYS, SERV_24_7_Q, PER_24_7, FAC_MOB, AMBULANCE, REFRNET_REC, REFRNET_REC_ROUTDELIV, REFRNET_REC_ROUTMAT, REFRNET_REC_COMPDELIV,

REFRNET_REC_COMPMAT, REFRNET_REC_NAME1, REFRNET_REC_NAME2, REFRNET_REC_NAME3, REFRNET_SEND, REFRNET_SEND_ROUTDELIV, REFRNET_SEND_ROUTMAT, REFRNET_SEND_COMPDELIV, REFRNET_SEND_COMPMAT, REFRNET_SEND_HOW, REFRNET_SEND_NAME1, REFRNET_SEND_NAME2, REFRNET_SEND_NAME3, OUTREACH, OUTREACH_ACTIVITIES, OUTREACH_SRCH_WMN, OUTREACH_WMN_REG, ALL_PERSONNEL, TIME_BLOOD, AC_SAFE_BLOOD, ELECT, ELECT_POWER, ELECT_HRS, ELECT_DAYS, ELECT_SRC, EMER_GEN, EMER_GEN_WORK, EMER_GEN_FUEL, FAC_WAT, FAC_WAT_SOUR, INTER_ACCES, DEVICE_OWN, DEVICE_ACCESS, DEVICE_FUNC, CON_HIS, MEETINGS, HOS_SER, FOOD_PAT, ACOM_PER_STAY, ACOM_PER_SER

General facility characteristics**Question:** FAC_TYPE**Required**

Scale Summary		
Code	Label	Show-If
1	Health Clinic / Polyclinic / Health Post / Mobile Unit	
2	Community Hospital	
3	Regional Hospital	

12. First I have some questions related to the general characteristics of this property. What type of medical facility is this?
(CHOOSE ONE):

- ☐ Health Clinic / Polyclinic / Health Post / Mobile Unit
☐ Community Hospital
☐ Regional Hospital

Custom Layout Question: OP_TIME

13. What are the working hours of this health facility

from AM PM

Question: OP_DAYS**Minimum checks:** 1

14. What days of the week is this health facility open?

- ☐ Monday
☐ Tuesday
☐ Wednesday
☐ Thursday
☐ Friday
☐ Saturday
☐ Sunday
☐ Other (specify):
☐ Don't know
☐ Decline to respond

Question: SERV_24_7_Q**Required****Show if:** (FACILITY_TYPE = 3)

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	

15. Does this health facility provide services 24/7?

- ☐ Yes
☐ No
☐ Don't know
☐ Decline to respond

Question: PER_24_7**Required****Show if:** (FACILITY_TYPE = 3)

Scale Summary		
Code	Label	Show-If
1	Yes, every day including weekends and holidays	
2	Yes, but only on weekdays, on weekends and holidays only occasionally	
0	No	
-1	Don't know	
-2	Decline to respond	

16. Is a physician available on call 24/7?

- ☐ Yes, every day including weekends and holidays
☐ Yes, but only on weekdays, on weekends and holidays only occasionally
☐ No
☐ Don't know
☐ Decline to respond

Question: FAC_MOB**Required**

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	

17. Is there a mobile clinic component to this facility? (SELECT ONE OPTION)

- ☐ Yes
☐ No
☐ Don't know
☐ Decline to respond

Collection: AMBULANCE

Contains: TRANS_AMB_AVAIL, TRANS_AMB_ACCESS, TRANS_AMB_USE, TRANS_AMB_NOREAS, TRANS_AMB_PAYHOME, TRANS_AMB_PAYFAC

Question: TRANS_AMB_AVAIL

Required

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



18. Does this facility own an ambulance(s)?

- ☐ Yes
☐ No
☐ Don't know
☐ Decline to respond

Question: TRANS_AMB_ACCESS

Required

Show if: (TRANS_AMB_AVAIL = 0:[No])

Scale Summary		
Code	Label	Show-If
1	Yes, available immediately	
2	Yes, available within an hour	
3	Yes, available within two hours	
4	Yes, available within a day	
5	Yes, available in more than a day	
995	Other (specify)	
-1	Don't know	
-2	Decline to respond	



19. Does this facility have access to an ambulance?

- ☐ Yes, available immediately
☐ Yes, available within an hour
☐ Yes, available within two hours
☐ Yes, available within a day
☐ Yes, available in more than a day
☐ Other (specify)
☐ Don't know
☐ Decline to respond

Question: TRANS_AMB_USE

Required

Show if: (TRANS_AMB_AVAIL = 1:[Yes]) or (TRANS_AMB_ACCESS = 1:[Yes, available immediately])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



20. Can the ambulance be used to transport patients?

- ☐ Yes
☐ No
☐ Don't know
☐ Decline to respond

Question: TRANS_AMB_NOREAS

Minimum checks: 1

Show if: (TRANS_AMB_USE = 0:[No])



21. If not, why not?

- ☐ There's no gasoline
☐ There's no driver
☐ Mechanical problem
☐ Blockages caused by social unrest
☐ Lack of adequate equipment
☐ Other (specify)
☐ Don't know
☐ Decline to respond

Question: TRANS_AMB_PAYHOME

Required

Show if: (TRANS_AMB_AVAIL = 1:[Yes]) or (TRANS_AMB_ACCESS is-any-of 1:[Yes, available immediately] or 2:[Yes, available within an hour] or 3:[Yes, available within two hours] or 4:[Yes, available within a day] or 5:[Yes, available in more than a day] or 995:[Other (specify)])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



22. Does the patient pay for transport in an ambulance from their home or workplace to this health facility?

- ☐ Yes
☐ No
☐ Don't know
☐ Decline to respond


Question: TRANS_AMB_PAYFAC

Required

Show if: (TRANS_AMB_AVAIL = 1:[Yes]) or (TRANS_AMB_ACCESS is-any-of 1:[Yes, available immediately] or 2:[Yes, available within an hour] or 3:[Yes, available within two hours] or 4:[Yes, available within a day] or 5:[Yes, available in more than a day] or 995:[Other (specify)])

[Yes, available within a day] or 5:[Yes, available in more than a day] or 995:[Other (specify)]]

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	

 23. Does the patient pay for transport in an ambulance between this health facility and others?

- ☐ Yes
☐ No
☐ Don't know
☐ Decline to respond

Question: REFRNET_REC

Required

Show if: (FAC_TYPE = 3:[Regional Hospital])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	

 24. Do you usually receive referred patients from another health facility? (SELECT ONE OPTION):


- ☐ Yes
☐ No
☐ Don't know
☐ Decline to respond

Question: REFRNET_REC_ROUTDELIV

Required

Show if: (REFRNET_REC = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	


 25. Do you receive women transferred for routine deliveries?

- ☐ Yes
☐ No
☐ Don't know
☐ Decline to respond

Question: REFRNET_REC_ROUTMAT

Minimum checks: 1

Show if: (REFRNET_REC_ROUTDELIV = 1:[Yes])

 26. If yes, what materials are required when women are transferred to this facility for routine deliveries?


- ☐ Transfer sheet
☐ Patient's medical record
☐ Laboratory tests
☐ Proof of insurance coverage
☐ Other documents (specify):
☐ Don't know
☐ Decline to respond

Question: REFRNET_REC_COMPDELIV

Required

Show if: (REFRNET_REC = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	


 27. Do you receive women transferred for complicated deliveries?

- ☐ Yes
☐ No
☐ Don't know
☐ Decline to respond

Question: REFRNET_REC_COMPMAT

Minimum checks: 1

Show if: (REFRNET_REC_COMPDELIV = 1:[Yes])

 28. If yes, what materials are required when women are transferred to this facility for complicated deliveries?

- ☐ Transfer sheet
☐ Patient's medical record
☐ Laboratory tests
☐ Proof of insurance coverage
☐ Other documents (specify):
☐ Don't know
☐ Decline to respond

Question: REFRNET_REC_NAME1

Show if: (REFRNET_REC = 1:[Yes])

Scale Summary		
Code	Label	Show-If
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95	Other (specify):	
-3	Not Applicable, No Nearby Health Centers	
-1	Don't Know	
-2	Refused to Respond	

29. What is the name of the health facility from which you get referred patients?

--- Select one ---

Question: REFRNET_REC_NAME2
Show if: (REFRNET_REC = 1:[Yes])

Scale Summary		
Code	Label	Show-If
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95	Other (specify):	
-1	Don't Know	
-2	Refused to Respond	
-3	Not Applicable, No Nearby Health Centers	

30. What is the name of the health facility from which you get referred patients?

--- Select one ---

Question: REFRNET_REC_NAME3
Show if: (REFRNET_REC = 1:[Yes])

Scale Summary		
Code	Label	Show-If
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95	Other (specify):	
-1	Don't Know	
-2	Refused to Respond	
-3	Not Applicable, No Nearby Health Centers	

31. What is the name of the health facility from which you get referred patients?

--- Select one ---


Question: REFRNET_SEND

Required

Show if: (FAC_TYPE = 3:[Regional Hospital])

Scale Summary

Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	

 32. Do you usually refer patients to other health facilities? (SELECT ONE OPTION):


- ☐ Yes
☐ No
☐ Don't know
☐ Decline to respond

Question: REFRNET_SEND_ROUTDELIV

Required

Show if: (REFRNET_SEND = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	


 33. Do you transfer women for routine deliveries?

- ☐ Yes
☐ No
☐ Don't know
☐ Decline to respond

Question: REFRNET_SEND_ROUTMAT

Minimum checks: 1

Show if: (REFRNET_SEND_ROUTDELIV = 1:[Yes])

 34. If yes, what materials are sent when women are transferred to other facilities for routine deliveries?


- ☐ Transfer sheet
☐ Patient's medical record
☐ Laboratory tests
☐ Proof of insurance coverage
☐ Other documents (specify):
☐ Don't know
☐ Decline to respond

Question: REFRNET_SEND_COMPDELIV

Required

Show if: (REFRNET_SEND = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	


 35. Do you transfer women for complicated deliveries?

- ☐ Yes
☐ No
☐ Don't know
☐ Decline to respond

Question: REFRNET_SEND_COMPMAT

Minimum checks: 1


Show if: (REFRNET_SEND_COMPDELIV = 1:[Yes])

 36. If yes, what materials are sent when women are transferred to other facilities for complicated deliveries?

- ☐ Transfer sheet
☐ Patient's medical record
☐ Laboratory tests
☐ Proof of insurance coverage
☐ Other documents (specify):
☐ Don't know
☐ Decline to respond

Question: REFRNET_SEND_HOW

Minimum checks: 1

 37. How do you decide which hospital patients are referred to?

- ☐ Referred based on the referral network
☐ Based on the condition of the patient
☐ Based on the capacity of the referral facility
☐ Based on patient's health insurance
☐ There are no requirements
☐ Other (specify)
☐ Don't know
☐ Decline to respond

Question: REFRNET_SEND_NAME1

Show if: (REFRNET_SEND = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1		

38. What is the name of the health facility to which you refer patients?

--- Select one ---

39. What is the name of the health facility to which you refer patients?

--- Select one ---

40. What is the name of the health facility to which you refer patients?

--- Select one ---

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	

|-2 | Decline to respond |

41. Does this facility conduct any outreach activities?

- ☐ Yes
☐ No
☐ Don't know
☐ Decline to respond

Question: OUTREACH_ACTIVITIES**Minimum checks:** 1**Show if:** (OUTREACH = 1:[Yes])

42. What kind of outreach activities does this facility conduct? (Select all that apply)

- ☐ Vaccination
☐ Child health care
☐ Health awareness campaigns (general)
☐ Health awareness campaigns (maternal)
☐ Health awareness campaigns (children)
☐ Antenatal care
☐ Maternal followup
☐ Patient followup
☐ Other (specify)
☐ Don't know
☐ Decline to respond

Question: OUTREACH_SRCH_WMN**Required**

Scale Summary		
Code	Label	Show-if
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	

43. Does the staff at this facility conduct searches for pregnant women in the communities?

- ☐ Yes
☐ No
☐ Don't know
☐ Decline to respond

Question: OUTREACH_WMN_REG**Required****Show if:** (OUTREACH_SRCH_WMN = 1:[Yes])

Scale Summary		
Code	Label	Show-if
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	

44. Does this facility create a registry of pregnant women in its catchment area in order to identify and follow up with them?

- ☐ Yes
☐ No
☐ Don't know
☐ Decline to respond

Collection: ALL_PERSONNEL**Contains:** SUP_STAFF_24_2, CB_PERS2

Now I am going to ask you about specialties / health care personnel at this facility. For each category of personnel I list, please indicate whether they work here, how many, and for which shifts they are available.

Interviewer: For each specialty / personnel type, ask (1) whether they work at this facility, (2) how many, (3) how many are available for each shift. If the respondent indicates that the personnel do not work at this facility, enter 0 for the number of personnel and each shift count.

Custom Layout Question: SERV_24_7_PART1

45. Type of Staff

Employed

Total employed

Number of people in each shift

Day

Evening

Night

General physician

Pediatrician

Nutritionist/Dietician

Pharmacist

Auxiliary nurse

Practical nurse

Registered nurse

Professional midwife

Social worker

Lab technician

Health promoter/Community health educator

Dispenser at pharmacy

Other medical personnel (please specify)

Now, for each specialty / category of health facility personnel I mention, please indicate if they work here and, if so, how many.

Interviewer: These personnel are asked of Ambulatory and Basic facilities.

Custom Layout Question: SUP_STAFF_AB

46.	Employed	Total employed
Internist	<input type="text"/>	<input type="text"/>
Gynecologist –obstetrician	<input type="text"/>	<input type="text"/>
Surgeon	<input type="text"/>	<input type="text"/>
Anesthesiologist	<input type="text"/>	<input type="text"/>
Emergency medical technicians (e.g., paramedics)	<input type="text"/>	<input type="text"/>
Radiology technician	<input type="text"/>	<input type="text"/>
Other medical personnel (please specify) <input type="text"/>	<input type="text"/>	<input type="text"/>

Now, for each specialty / category of health facility personnel I mention, please indicate if they work here and, if so, how many.

Interviewer: These personnel are asked of Complete facilities.

Custom Layout Question: SUP_STAFF_24

47.	Employed	Total employed	Number of people in each shift		
			Day	Evening	Night
Internist	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gynecologist –obstetrician	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surgeon	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Anesthesiologist	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Emergency medical technicians (e.g., paramedics)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Radiology technician	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other medical personnel (please specify) <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Question Block: SUP_STAFF_24_2

Contains: SERV_24_7_PED_PR_CALL, SUP_STAFF_24_INT_CALL, SUP_STAFF_24_GYN_CALL, SUP_STAFF_24_SURG_CALL, SUP_STAFF_24_ANE_CALL, SUP_STAFF_24_EMT_CALL, SUP_STAFF_24_RAD_CALL

Required

Show if: (FACILITY_TYPE = 3)

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	

48. Now I am going to ask about personnel on call. Please indicate if the following specialties / health care personnel are on call 24/7 at this facility, and if so how many.

	Yes	No	Don't know	Decline to respond
Pediatrician	<input type="radio"/> Number on Call: <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Internist	<input type="radio"/> Number on Call: <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gynecologist / Obstetrician	<input type="radio"/> Number on Call: <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Surgeon	<input type="radio"/> Number on Call: <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anesthesiologist	<input type="radio"/> Number on Call: <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency medical technicians (e.g., paramedics)	<input type="radio"/> Number on Call: <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Radiology technician	<input type="radio"/> Number on Call: <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please indicate if the following staff are present.

Interviewer: These staff are asked of all facility types.

Custom Layout Question: SUP_STAFF2


55.	Present
Technicians for maintaining equipment	<input type="text"/>
Technicians for building maintenance	<input type="text"/>

Question: CB_PERS2

Required

Show if: (FACILITY_TYPE >= 2)


Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	

 56. If the necessary data is not available right now, do you want to return to this section about personnel at a later time?

- ☐ Yes
☐ No

Question: TIME_BLOOD
Required

Scale Summary		
Code	Label	Show-If
1	By vehicle	
2	By foot	
3	Blood bank within this health facility	
0	Don't use blood bank	
-1	Don't know	
-2	Decline to respond	


 57. How long does it take to get to the closest blood bank?

Duration:

- ☐ By vehicle minutes
☐ By foot minutes
☐ Blood bank within this health facility
☐ Don't use blood bank
☐ Don't know
☐ Decline to respond

Question: AC_SAFE_BLOOD
Required


Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	

 58. Do you have access to safe blood?

- ☐ Yes
☐ No
☐ Don't know
☐ Decline to respond

Question: ELECT
Required


Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	

 59. Does this facility have a functional electricity connection?

- ☐ Yes
☐ No
☐ Don't know
☐ Decline to respond

Question: ELECT_POWER
Required
Show if: (ELECT = 1:[Yes])


Scale Summary		
Code	Label	Show-If
1	Yes, all equipment	
2	Some equipment	
0	No equipment	
-1	Don't know	
-2	Decline to respond	

 60. Is the electricity supply power enough to maintain running equipment in this unit?

- ☐ Yes, all equipment
☐ Some equipment
☐ No equipment
☐ Don't know
☐ Decline to respond

Question: ELECT_HRS
Required
Show if: (ELECT = 1:[Yes])

Scale Summary		
Code	Label	Show-If
2	Record number of hours	
-1	Don't know	
-2	Decline to respond	

 61. On a typical day, how many hours of electricity are there at the facility?

- ☐ Record number of hours
☐ Don't know
☐ Decline to respond

Question: ELECT_DAYS
Required
Show if: (ELECT = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Total number of days	
0	No interruptions in electricity	
-1	Don't know	
-2	Decline to respond	
-3	Not applicable	

62. During the past week on how many days was the electricity not available for at least two hours during a time the facility was open for services (including emergency services)?

- ☐ Total number of days
☐ No interruptions in electricity
☐ Don't know
☐ Decline to respond
☐ Not applicable

Question: ELECT_SRC
Required
Show if: (ELECT = 1:[Yes])

63. What is (are) your source(s) of electricity? (Select all that apply)

- ☐ Central supply
☐ Private supply (BEL / Belize Electricity Limited)
☐ In-facility generator
☐ Solar source
☐ Other (specify)
☐ Don't know
☐ Decline to respond

Question: EMER_GEN
Required
Show if: (ELECT = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	

64. Do you have an emergency generator?

- ☐ Yes
☐ No
☐ Don't know
☐ Decline to respond

Question: EMER_GEN_WORK
Required
Show if: (EMER_GEN = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	

65. Does the emergency generator work?

- ☐ Yes
☐ No
☐ Don't know
☐ Decline to respond

Question: EMER_GEN_FUEL
Required
Show if: (EMER_GEN = 1:[Yes])


Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	

66. Do you have fuel for the emergency generator?

- ☐ Yes
☐ No
☐ Don't know
☐ Decline to respond

Question: FAC_WAT
Required

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	


 67. Does this facility have a water source? (SELECT ONE OPTION)

- ☐ Yes
☐ No
☐ Don't know
☐ Decline to respond

Question: FAC_WAT_SOUR

Minimum checks: 1

Show if: (FAC_WAT = 1:[Yes])


 68. What are the most commonly used sources of water used at this facility? (SELECT ALL THAT APPLY)

- ☐ Piped water
☐ Well (public protected)
☐ Well (facility protected)
☐ Well (unprotected)
☐ Hand pump
☐ Bottled water
☐ Tanker
☐ Rainwater
☐ Other
☐ Don't know
☐ Decline to respond

Question: INTER_ACCES

Required


Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	

 69. Does this health facility have access to the internet?

- ☐ Yes
☐ No
☐ Don't know
☐ Decline to respond

Question: DEVICE_OWN

Minimum checks: 1


 70. Does this facility have any of the following items?

- ☐ Computer
☐ Tablet
☐ Smartphone
☐ Other (specify)
☐ Don't know
☐ Decline to respond

Question: DEVICE_ACCESS

Minimum checks: 1

Show if: (DEVICE_OWN is-none-of)


 71. Does this facility have access to any of the following?

- ☐ Computer
☐ Tablet
☐ Smartphone
☐ Don't know
☐ Decline to respond

Question: DEVICE_FUNC

Minimum checks: 1

Show if: (DEVICE_OWN is-none-of) or (DEVICE_ACCESS is-any-of)


 72. Are any of the following functional?

- ☐ Computer
☐ Tablet
☐ Smartphone
☐ Don't know
☐ Decline to respond

Question: CON_HIS

Required

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	

 73. Is this health facility connected to the Belize Health Information system network?

- ☐ Yes
☐ No
☐ Don't know

☐ Decline to respond

Collection: MEETINGS

Contains: MET_ROU, MET_ROU_OFTEN, KEEP_REC_ROU, REC_SUB_ROU, MET_MED, MET_MED_OFTEN, KEEP_REC_MED, REC_SUB_MED

Question: MET_ROU

Required

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	

 74. Does this facility hold routine meetings to discuss facility managerial and administrative matters?


- ☐ Yes
☐ No
☐ Don't know
☐ Decline to respond

Question: MET_ROU_OFTEN

Required

Show if: (MET_ROU = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Monthly or more often	
2	Every 2-3 months	
3	Every 4-6 months	
4	Less often than every 6 months or irregularly	
-1	Don't know	
-2	Decline to respond	

 75. How often do these meetings, to discuss facility managerial and administrative matters, take place?


- ☐ Monthly or more often
☐ Every 2-3 months
☐ Every 4-6 months
☐ Less often than every 6 months or irregularly
☐ Don't know
☐ Decline to respond

Question: KEEP_REC_ROU

Required

Show if: (MET_ROU = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Yes	
2	Yes, when needed	
0	No	
-1	Don't know	
-2	Decline to respond	

 76. Do you keep records of each meeting?


- ☐ Yes
☐ Yes, when needed
☐ No
☐ Don't know
☐ Decline to respond

Question: REC_SUB_ROU

Required

Show if: (KEEP_REC_ROU is-any-of 1:[Yes] or 2:[Yes, when needed])

Scale Summary		
Code	Label	Show-If
0	Do not have any authority	
1	Municipal health authority	
2	Regional health authority	
3	Don't submit anywhere	
995	Other (specify)	
-1	Don't know	
-2	Decline to respond	


 77. Where do you submit records of each meeting?

- ☐ Do not have any authority
☐ Municipal health authority
☐ Regional health authority
☐ Don't submit anywhere
☐ Other (specify)
☐ Don't know
☐ Decline to respond

Question: MET_MED

Required

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	

 78. Does this facility hold routine meetings to discuss medical issues?

- ☐ Yes
☐ No


- ☐ Don't know
- ☐ Decline to respond

Question: MET_MED_OFTEN

Required

Show if: (MET_MED = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Monthly or more often	
2	Every 2-3 months	
3	Every 4-6 months	
4	Less often than every 6 months or irregularly	
-1	Don't know	
-2	Decline to respond	

 79. How often do these meetings to discuss medical issues take place?


- ☐ Monthly or more often
- ☐ Every 2-3 months
- ☐ Every 4-6 months
- ☐ Less often than every 6 months or irregularly
- ☐ Don't know
- ☐ Decline to respond

Question: KEEP_REC_MED

Required

Show if: (MET_MED = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Yes	
2	Yes, when needed	
0	No	
-1	Don't know	
-2	Decline to respond	

 80. Do you keep records of each meeting?


- ☐ Yes
- ☐ Yes, when needed
- ☐ No
- ☐ Don't know
- ☐ Decline to respond

Question: REC_SUB_MED

Required

Show if: (KEEP_REC_MED is-any-of 1:[Yes] or 2:[Yes, when needed])

Scale Summary		
Code	Label	Show-If
0	Do not have any authority	
1	Municipal health authority	
2	Regional health authority	
3	Don't submit anywhere	
995	Other (specify)	
-1	Don't know	
-2	Decline to respond	


 81. Where do you submit records of each meeting?

- ☐ Do not have any authority
- ☐ Municipal health authority
- ☐ Regional health authority
- ☐ Don't submit anywhere
- ☐ Other (specify)
- ☐ Don't know
- ☐ Decline to respond

Question: HOS_SER

Required

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	
-3	Not applicable	

 82. Does this health facility provide hospitalization services (for inpatients)?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Decline to respond
- ☐ Not applicable

Question: FOOD_PAT

Required

Show if: (HOS_SER = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	
-3	Not applicable	

83. Now I would like to ask questions about additional services provided to the patients and accompanying persons.



Do you have food services for admitted patients?

- ☐ Yes
☐ No
☐ Don't know
☐ Decline to respond
☐ Not applicable

Question: ACOM_PER_STAY

Required

Show if: (HOS_SER = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Yes, all the time	
2	Yes, sometimes	
0	No	
-1	Don't know	
-2	Decline to respond	



84. Does this health facility allow persons accompanying patient to stay in the health facility together with the patient?

- ☐ Yes, all the time
☐ Yes, sometimes
☐ No
☐ Don't know
☐ Decline to respond

Question: ACOM_PER_SER

Minimum checks: 1

Show if: (HOS_SER = 1:[Yes]) and (ACOM_PER_STAY is-any-of 1:[Yes, all the time] or 2:[Yes, sometimes])



85. What services are provided for the accompanying person? (Select all that apply)

- ☐ Food only
☐ Place to sleep
☐ Both food and place to sleep
☐ Hostels
☐ Other (specify)
☐ Nothing
☐ Don't know
☐ Decline to respond

Collection: FACILITY_SUPERVISION

Contains: FAC_SUPERVISED, FAC_SUPER_WHO, FAC_SUPER_NUM_VIS, FAC_EVAL_REP, FAC_EVAL_REP_SEE, HUM_RES_EVAL, HUM_RES_EVALYR, HUM_RES_EVALWHO

Supervisory visits conducted at this facility

Question: FAC_SUPERVISED

Required

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



86. Has this health facility ever received a supervisory visit?

- ☐ Yes
☐ No
☐ Don't know
☐ Decline to respond

Question: FAC_SUPER_WHO

Required

Show if: (FAC_SUPERVISED = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	The administration of the health facility	
2	Health jurisdiction leader	
3	Municipal health authority	
4	National health authority	
5	Non-governmental evaluator	
6	External evaluator	
995	Other (specify)	
-1	Don't know	
-2	Decline to respond	



87. Who conducts this supervisory visit?


- ☐ The administration of the health facility
☐ Health jurisdiction leader
☐ Municipal health authority
☐ National health authority
☐ Non-governmental evaluator
☐ External evaluator
☐ Other (specify)
☐ Don't know
☐ Decline to respond

Question: FAC_SUPER_NUM_VIS

Required

Show if: (FAC_SUPERVISED = 1:[Yes])

Scale Summary		
Code	Label	Show-If
0	0	
1	1	
2	2	
3	3	
4	4	
5	5	
6	6	
7	7	
8	8	
9	9	
10	10	
11	11	
12	12	
-1	Don't know	
-2	Decline to respond	

 88. In the last 6 months, how many supervisory visits were conducted at this facility?

- ☐ 0
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9
☐ 10
☐ 11
☐ 12
☐ Don't know
☐ Decline to respond

Question: FAC_EVAL_REP**Required****Show if:** (FAC_SUPERVISED = 1:[Yes])


Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	

 89. Is there a record kept of each supervisory visit?

- ☐ Yes
☐ No
☐ Don't know
☐ Decline to respond

Question: FAC_EVAL_REP_SEE**Required****Show if:** (FAC_EVAL_REP = 1:[Yes])


Scale Summary		
Code	Label	Show-If
1	Yes, report/notes/minutes are observed	
2	Respondent declines to show report/notes/minutes	
3	Respondent does not have or could not find report/notes/minutes	

 90. Could you please show us a copy of the records, notes, or minutes from the last supervisory visit?

- ☐ Yes, report/notes/minutes are observed
☐ Respondent declines to show report/notes/minutes
☐ Respondent does not have or could not find report/notes/minutes

Question: HUM_RES_EVAL**Required****Show if:** (FACILITY_TYPE = 2) or (FACILITY_TYPE = 3)

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	


 91. Since 2012, has there been a formal assessment of human resource capacity at this hospital?

- ☐ Yes
☐ No
☐ Don't know
☐ Decline to respond

Question: HUM_RES_EVALYR**Required****Show if:** (HUM_RES_EVAL = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	2017	
2	2016	
3	2015	
4	2014	
5	2013	

6	2012	
0	No se realizó ninguna evaluación	
-1	Don't know	
-2	Decline to respond	

 92. In what year did this assessment take place?


- ☐ 2017
- ☐ 2016
- ☐ 2015
- ☐ 2014
- ☐ 2013
- ☐ 2012
- ☐ No se realizó ninguna evaluación
- ☐ Don't know
- ☐ Decline to respond

Question: HUM_RES_EVALWHO

Required

Show if: (HUM_RES_EVAL = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	The administration of the health facility	
2	Health jurisdiction leader	
3	Municipal health authority	
4	National health authority	
5	Non-governmental evaluator	
6	External evaluator	
995	Other (specify)	
-1	Don't know	
-2	Decline to respond	

 93. Who conducted this assessment?

- ☐ The administration of the health facility
- ☐ Health jurisdiction leader
- ☐ Municipal health authority
- ☐ National health authority
- ☐ Non-governmental evaluator
- ☐ External evaluator
- ☐ Other (specify)
- ☐ Don't know
- ☐ Decline to respond

Collection: EDUCATION_TRAINING

Contains: TRAIN_STUD, TYPE_TRAIN_STU, TRA_OTH_LOC, NEW_EQUIP, TRA_NEW_EQUIP, TRA_CULT, TRA_CULT_STFF, TRA_CULT_DEL, TRA_CULT_DEL_STFF


Education and training of personnel

In the space below, please provide information for the training courses that have been provided for staff that work at this facility.

Question: TRAIN_STUD

Required

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	


 94. Do you receive students or other personnel for training in this health facility?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Decline to respond

Question: TYPE_TRAIN_STU

Minimum checks: 1

Show if: (TRAIN_STUD = 1:[Yes])


 95. Who comes for training in this health facility? (SELECT ALL THAT APPLY)

- ☐ Undergraduate students
- ☐ Undergraduate interns
- ☐ Social service interns
- ☐ Specialty residents
- ☐ Nursing students
- ☐ Don't know
- ☐ Decline to respond
- ☐ Not applicable

Question: TRA_OTH_LOC

Required

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	


 96. Do staff at this facility attend trainings at other locations?

- ☐ Yes

- ☐ No
☐ Don't know
☐ Decline to respond

Question: NEW_EQUIP
Required

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	


 97. Has this facility received new equipment in the past 12 months?

- ☐ Yes
☐ No
☐ Don't know
☐ Decline to respond

Question: TRA_NEW_EQUIP
Required

Show if: (NEW_EQUIP = 1:[Yes])


Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	

 98. Do staff who will be using this equipment attend trainings on how to operate them?

- ☐ Yes
☐ No
☐ Don't know
☐ Decline to respond

Question: TRA_CULT
Required


Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	

 99. Do staff receive training on topics related to cultural sensitivity?

- ☐ Yes
☐ No
☐ Don't know
☐ Decline to respond

Question: TRA_CULT_STFF
Minimum checks: 1

Show if: (TRA_CULT = 1:[Yes])


 100. What type of staff are trained on cultural sensitivity?

- ☐ Doctors
☐ Specialists
☐ Professional nurses
☐ Auxiliary nurses
☐ Receptionists and administrative staff
☐ Laboratory technicians
☐ All personnel
☐ Don't know
☐ Decline to respond

Question: TRA_CULT_DEL
Required

Show if: (TRA_CULT = 1:[Yes])


Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	

 101. Do staff receive training on provision of culturally adapted delivery services?

- ☐ Yes
☐ No
☐ Don't know
☐ Decline to respond

Question: TRA_CULT_DEL_STFF
Minimum checks: 1

Show if: (TRA_CULT_DEL = 1:[Yes])

 102. What type of staff receive training on the provision of culturally adapted delivery services?

- ☐ Doctors
☐ Specialists
☐ Professional nurses

- ☐ Auxiliary nurses
☐ Receptionists and administrative staff
☐ Laboratory technicians
☐ All personnel
☐ Don't know
☐ Decline to respond

Custom Layout Question: TRA_FAC_INFO1

103. Course	Has course been offered in the past 3 years?	Has course been offered in the past 12 months?	How many times this course was offered in the past year?	Who taught the course?
Immunization training	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Integrated management of childhood illness (IMCI)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Newborn care training (cord care, warming, breastfeeding, neonatal resuscitation)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Custom Layout Question: TRA_FAC_INFO2

104. Course	Has course been offered in the past 3 years?	Has course been offered in the past 12 months?	How many times this course was offered in the past year?	Who taught the course?
Family Planning (IUD & implants insertion and removal, general counseling)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Ante-natal and post-natal care	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Routine care for labor and normal vaginal delivery	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Custom Layout Question: TRA_FAC_INFO3

105. Course	Has course been offered in the past 3 years?	Has course been offered in the past 12 months?	How many times this course was offered in the past year?	Who taught the course?
Basic emergency obstetric care (EmOC)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Management of maternal complications (hemorrhage, pre-eclampsia, eclampsia, sepsis)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Management of neonatal complications (prematurity, low birth weight, sepsis, asphyxia)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Custom Layout Question: TRA_FAC_INFO4

106. Course	Has course been offered in the past 3 years?	Has course been offered in the past 12 months?	How many times this course was offered in the past year?	Who taught the course?
Training to perform bilateral tubal occlusion	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Training to perform vasectomy	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Collection: ANTENATAL_CARE
Contains: ANC_PNC

Antenatal care

Question: ANC_PNC
Required

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	

107. Does this facility offer antenatal services on a routine basis?

☐ Yes
☐ No
☐ Don't know
☐ Decline to respond

Collection: DELIVERY_CARE
Contains: CAP_DEL_SER, DEL_ATTEN, NORM_DEL_SER, DEL_MATER_WARD, DEL_BEDS, EMER_DEL, DEL_ACCOM, DEL_ACCOM_NAME, DEL_ACCOM_BIRTH, DEL_IP_CARE, DEL_IP_CARE_COSTS, TAMPONADE_USE_TRAIN, TAMPONADE_ASSEM_TRAIN, TAMPONADE_USE, UTERINE_BALLOON
Show if: (FACILITY_TYPE >= 2)

Delivery and newborn care**Question:** CAP_DEL_SER**Required****Show if:** (FACILITY_TYPE >= 2)

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



108. Now I would like to ask questions about delivery and newborn care services provided in this health facility.

Is this health facility capable of attending normal deliveries routinely (does not include emergency deliveries)?

- ☐ Yes
☐ No
☐ Don't know
☐ Decline to respond

Question: DEL_ATTEN**Required****Show if:** (FACILITY_TYPE >= 2)

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



109. Does this health facility attend normal deliveries routinely (excluding emergency deliveries)?

- ☐ Yes
☐ No
☐ Don't know
☐ Decline to respond

Question: NORM_DEL_SER**Required****Show if:** (DEL_ATTEN = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Yes, only in-facility deliveries	
2	Yes, only home deliveries	
3	Both in-facility and home deliveries	
-1	Don't know	
-2	Decline to respond	



110. Do staff at this facility attend births in the health facility, at home or both?

- ☐ Yes, only in-facility deliveries
☐ Yes, only home deliveries
☐ Both in-facility and home deliveries
☐ Don't know
☐ Decline to respond

Question: DEL_MATER_WARD**Required****Show if:** (FACILITY_TYPE >= 2)

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



111. Does this health facility have a maternity ward?

- ☐ Yes
☐ No
☐ Don't know
☐ Decline to respond

Question: DEL_BEDS**Required****Show if:** (FACILITY_TYPE > 1)

Scale Summary		
Code	Label	Show-If
1	Number:	
-1	Don't know	
-2	Decline to respond	



112. In total, how many beds can be used for delivery in this facility?

- ☐ Number:
☐ Don't know
☐ Decline to respond

Question: EMER_DEL**Required****Show if:** (DEL_ATTEN = 0:[No])


Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	

 113. Although this facility does not routinely attend deliveries, did it attend any emergency delivery over the past year?

- ☐ Yes
☐ No
☐ Don't know
☐ Decline to respond


Question: DEL_ACCOM
Required
Show if: (DEL_ATTEN = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	

 114. Does anyone accompany women to come have their normal delivery in the health facility?

- ☐ Yes
☐ No
☐ Don't know
☐ Decline to respond


Question: DEL_ACCOM_NAME
Minimum checks: 1
Show if: (DEL_ATTEN = 1:[Yes]) and (DEL_ACCOM = 1:[Yes])

 115. Generally, who accompanies women to have their normal delivery in the health facility?

(SELECT ALL THAT APPLY)


- ☐ Community Health Worker
☐ Midwife
☐ Mother
☐ Spouse
☐ Other family or friend
☐ Other (specify) SPECIFY
☐ Don't know
☐ Decline to respond

Question: DEL_ACCOM_BIRTH
Minimum checks: 1
Show if: (DEL_ACCOM = 1:[Yes])

 116. Who is allowed to be present during the birth?

- ☐ Community Health Worker
☐ Midwife
☐ Mother
☐ Spouse
☐ Other family or friend
☐ Other (specify) SPECIFY
☐ Don't know
☐ Decline to respond


Question: DEL_IP_CARE
Minimum checks: 1
Show if: (DEL_ATTEN = 1:[Yes])

 117. What is provided for women who deliver at this facility?

Interviewer: Read options aloud; mark all that apply

- ☐ Bed
☐ Blanket and sheets
☐ Food
☐ Shower
☐ A space for family to wait
☐ Help caring for other children
☐ None of the above
☐ Other (specify)
☐ Don't know
☐ Decline to respond

Question: DEL_IP_CARE_COSTS
Minimum checks: 1
Show if: (DEL_IP_CARE is-any-of)

 118. Which of these do patients pay for?


- ☐ Bed
☐ Blanket and sheets

- ☐ Food
☐ Shower
☐ A space for family to wait
☐ Help caring for other children
☐ None of the above
☐ Don't know
☐ Decline to respond

Question: TAMPONADE_USE_TRAIN

Required

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	


 119. Has the health staff of this facility received training in the last year on how to use a hydrostatic balloon/uterine tamponade for the treatment of obstetric hemorrhage?

- ☐ Yes
☐ No
☐ Don't know
☐ Decline to respond

Question: TAMPONADE_ASSEM_TRAIN

Required

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	


 120. Has the health staff of this facility received training in the last year on how to assemble a hydrostatic balloon/uterine tamponade for the treatment of obstetric hemorrhage?

- ☐ Yes
☐ No
☐ Don't know
☐ Decline to respond

Question: TAMPONADE_USE

Required

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	

 121. In this facility, is the uterine balloon tamponade used for the treatment of obstetric hemorrhage?

- ☐ Yes
☐ No
☐ Don't know
☐ Decline to respond


Collection: UTERINE_BALLOON

Contains: TAMPONADE_USUAL, TAMPONADE_KIT, TAMPONADE_TYPE

Question: TAMPONADE_USUAL

Required

Scale Summary		
Code	Label	Show-If
1	Bakri	
2	Rusch	
3	Ebb (Belfort-Dildy)	
4	Sengstaken-Blakemore tube	
5	Condom-based balloon	
6	Foley catheter alone	
995	Other (specify):	
0	None of these	
-1	Don't know	
-2	Decline to respond	

 122. What type of uterine balloon tamponade is used *most often* at this facility?

Interviewer: Read options aloud and select one


- ☐ Bakri
☐ Rusch
☐ Ebb (Belfort-Dildy)
☐ Sengstaken-Blakemore tube
☐ Condom-based balloon
☐ Foley catheter alone
☐ Other (specify):
☐ None of these
☐ Don't know
☐ Decline to respond

Question: TAMPONADE_KIT

Required

Scale Summary		
Code	Label	Show-If

Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	

 123. Does this facility currently have a uterine balloon tamponade kit?


- ☐ Yes
☐ No
☐ Don't know
☐ Decline to respond

Question: TAMPONADE_TYPE

Required

Show if: (TAMPONADE_KIT = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Commercially packaged	
2	Prepared by staff with materials available at this facility	
-1	Don't know	
-2	Decline to respond	

 124. Was the kit commercially assembled and packaged, or prepared with materials available by staff at this facility?

- ☐ Commercially packaged
☐ Prepared by staff with materials available at this facility
☐ Don't know
☐ Decline to respond

Collection: POSTNATAL_CARE


Contains: POST_FIL

Postnatal care

Question: POST_FIL

Required

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	

 125. Now I would like to ask a question about postnatal care services provided within 48 hours of delivery in this health facility.

Does this health facility provide immediate postpartum care (within 48 hours after delivery)?

- ☐ Yes
☐ No
☐ Don't know
☐ Decline to respond

Collection: CHILD_HEALTH_SERVICES1


Contains: CHLDSERV

Child health services

Question: CHLDSERV

Required

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	

 126. Now I would like to ask questions about child health services provided in this health facility.

Does this facility provide any services for children below 5 years of age, either at the facility or on an outreach basis?

- ☐ Yes
☐ No
☐ Don't know
☐ Decline to respond

Collection: VACCINE_LOGISTICS


Contains: CHLD_VAC, CHLD_VAC_STORAGE, CHLD_VAC_QUANT, VACCA_SUP_TM2, VACC_SHRT, VACC_ORD4, VAC_FRIDGE, VACC_CARR2, VACC_CARR3

Vaccine logistics

Question: CHLD_VAC

Required

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	

 127. Now I would like to ask questions about vaccination and immunization services provided in this health facility.

Does this facility provide immunization services for children below 5 years of age?

- ☐ Yes
☐ No
☐ Don't know
☐ Decline to respond

Question: CHLD_VAC_STORAGE

Required**Show if:** (CHLD_VAC = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Yes, stores vaccines	
2	No, picked up from another facility	
3	No, delivered when services are being provided	
0	None of the above	
-1	Don't know	
-2	Decline to respond	



128. Does this facility routinely store any vaccines?

[Keeping vaccines 1-2 days only for immediate use is not considered as storing vaccines]

- ☐ Yes, stores vaccines
☐ No, picked up from another facility
☐ No, delivered when services are being provided
☐ None of the above
☐ Don't know
☐ Decline to respond

Jump-To: JMP2**Description:****Jump-To-Item:** FP_INSTR**Jump-If:** (CHLD_VAC_STORAGE is-any-of 0:[None of the above] or -1:[Don't know] or -2:[Decline to respond])**Question:** CHLD_VAC_QUANT**Required****Show if:** (CHLD_VAC = 1:[Yes]) and (CHLD_VAC_STORAGE = 1:[Yes, stores vaccines])

Scale Summary		
Code	Label	Show-If
1	Determines own need and orders	
2	Need determined elsewhere	
3	Both (differ by method)	
-1	Don't know	
-2	Decline to respond	

129. Does this facility determine the quantity of each vaccine that it needs and orders them, **OR** is the quantity that you receive determined elsewhere?

- ☐ Determines own need and orders
☐ Need determined elsewhere
☐ Both (differ by method)
☐ Don't know
☐ Decline to respond

Question: VACC_SUP_TM2**Required****Show if:** (CHLD_VAC = 1:[Yes]) and (CHLD_VAC_STORAGE = 1:[Yes, stores vaccines]) and (CHLD_VAC_QUANT is-any-of 1:[Determines own need and orders] or 2:[Need determined elsewhere] or 3:[Both (differ by method)])

Scale Summary		
Code	Label	Show-If
1	Number of days	
2	Number of weeks	
3	Number of months	
-1	Don't know	
-2	Decline to respond	



130. On average, how long does it take to receive your supplies after you have placed an order?

- ☐ Number of days
☐ Number of weeks
☐ Number of months
☐ Don't know
☐ Decline to respond

Question: VACC_SHRT**Minimum checks:** 1**Show if:** (CHLD_VAC = 1:[Yes]) and (CHLD_VAC_STORAGE = 1:[Yes, stores vaccines])


131. If there is a shortage of a specific vaccine between routine orders, what is the most common procedure followed by this facility?

(Select all that apply)

- ☐ Special order
☐ Facility purchases
☐ Patient purchases outside the facility
☐ Borrow from another health facility
☐ Nothing can be done
☐ Other (specify)
☐ Don't know
☐ Decline to respond

Question: VACC_ORD4**Required****Show if:** (CHLD_VAC = 1:[Yes]) and (CHLD_VAC_STORAGE = 1:[Yes, stores vaccines])

Scale Summary		
Code	Label	Show-If
1	Always	
2	Almost always	
0	Almost never	
-1	Don't know	
-2	Decline to respond	


-  132. During the past 6 months, have you always, almost always, or almost never received the amount of vaccines that you ordered (or that you are supposed to routinely receive)?
- ☐ Always
☐ Almost always
☐ Almost never
☐ Don't know
☐ Decline to respond

Question: VAC_FRIDGE

Required

Show if: (CHLD_VAC = 1:[Yes]) and (CHLD_VAC_STORAGE = 1:[Yes, stores vaccines])

Scale Summary		
Code	Label	Show-If
1	Number	
0	None	
-1	Don't know	
-2	Decline to respond	


-  133. How many refrigerators do you have for storing vaccines?
- ☐ Number
☐ None
☐ Don't know
☐ Decline to respond

Question: VACC_CARR2

Required

Show if: (CHLD_VAC = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	One	
2	Two or more	
0	None	
-1	Don't know	
-2	Decline to respond	


-  134. How many vaccine carriers do you have?
- ☐ One
☐ Two or more
☐ None
☐ Don't know
☐ Decline to respond

Question: VACC_CARR3

Required

Show if: (VACC_CARR2 is-any-of 1:[One] or 2:[Two or more])

Scale Summary		
Code	Label	Show-If
1	Yes, one set	
2	Yes, two or more sets	
3	No, use purchased ice	
0	No	
-1	Don't know	
-2	Decline to respond	

-  135. Are there ice packs for the vaccine carriers?
- ☐ Yes, one set
☐ Yes, two or more sets
☐ No, use purchased ice
☐ No
☐ Don't know
☐ Decline to respond

Collection: FAMILY_PLANNING1


Contains: FP_AV, FP_FAC_COUN, FP_GRP_COUN, FP_ADOL_FEMALE, FP_ADOL_MALE, FP_IUD_INSERT_DOC, FP_IUD_INSERT_NRS, FP_IMP_INSERT_DOC, FP_IMP_INSERT_NRS, FP_VOLUN_STER_FEMALE, FP_VOLUN_STER_MALE, FP_TYPE1, FP_TYPE1_OTHER, FP_BEFORE_METHOD, FP_NAT_COUN, FP_CONDOM_COUN, FP_CNLS, FP_ERCONTRA, FP_PREG_TEST

Family planning services

Question: FP_AV

Required

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	

-  136. Now I would like to ask questions about family planning services provided in this health facility.
- Does this facility offer any family planning services (for example clinical methods or counseling on natural family planning)?
- ☐ Yes
☐ No
☐ Don't know
☐ Decline to respond

Question: FP_FAC_COUN

Required

Show if: (FP_AV = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	

|-2 | Decline to respond |



137. Does this health facility offer individualized family planning counseling?

- ☐ Yes
☐ No
☐ Don't know
☐ Decline to respond

Question: FP_GRP_COUN**Required****Show if:** (FP_AV = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



138. Does this health facility offer group family planning counseling?

- ☐ Yes
☐ No
☐ Don't know
☐ Decline to respond

Question: FP_ADOL_FEMALE**Minimum checks:** 1**Show if:** (FP_AV = 1:[Yes])

139. Which of the following are required in order to give contraceptives to adolescent females?

Interviewer: Read Responses Out Loud

- ☐ Prescription
☐ Out-of-pocket payment
☐ Written permission from the parents
☐ Presence of a parent
☐ Counseling session
☐ Other (specify)
☐ None
☐ Don't know
☐ Decline to respond

Question: FP_ADOL_MALE**Minimum checks:** 1**Show if:** (FP_AV = 1:[Yes])

140. Which of the following are required in order to give contraceptives to adolescent males?

Interviewer: Read Responses Out Loud

- ☐ Prescription
☐ Out-of-pocket payment
☐ Written permission from the parents
☐ Presence of a parent
☐ Counseling session
☐ Other (specify)
☐ None
☐ Don't know
☐ Decline to respond

Question: FP_IUD_INSERT_DOC**Required****Show if:** (FP_AV = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



141. Does this health facility have a doctor trained to perform IUD insertion?

- ☐ Yes
☐ No
☐ Don't know
☐ Decline to respond

Question: FP_IUD_INSERT_NRS**Required****Show if:** (FP_AV = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



142. Does this health facility have a nurse trained to perform IUD insertion?

- ☐ Yes
☐ No


- ☐ Don't know
- ☐ Decline to respond

Question: FP_IMP_INSERT_DOC

Required

Show if: (FP_AV = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	

 143. Does this health facility have a doctor trained to perform contraceptive implant insertion?


- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Decline to respond

Question: FP_IMP_INSERT_NRS

Required

Show if: (FP_AV = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	

 144. Does this health facility have a nurse trained to perform contraceptive implant insertion?


- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Decline to respond

Question: FP_VOLUN_STER_FEMALE

Required

Show if: (FACILITY_TYPE >= 2)

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	

 145. Does this health facility have a doctor trained to perform tubal ligation?


- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Decline to respond

Question: FP_VOLUN_STER_MALE

Required

Show if: (FACILITY_TYPE >= 2)

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	

 146. Does this health facility have a doctor trained to perform vasectomy?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Decline to respond


Question Block: FP_TYPE1

Contains: Q22, Q23, Q24, Q25, Q26, Q27, Q28, Q29, Q30, Q31, Q32, Q33, Q34, Q35

Required

Show if: (FP_AV = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Provided	
2	Prescribed or counseling provided only	
0	Not offered	
-1	Don't know	
-2	Decline to respond	

 147. For the following methods of contraception in this facility, is the contraception provided or is the contraception prescribed/counseling? (select one option for each method)

	Provided	Prescribed or counseling provided only	Not offered	Don't know	Decline to respond
Combined oral pill	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Progestin-only pill	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Combined injectable(with estrogen) (1monthly)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Progestin-only injectable (2 or 3 monthly)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patch	<input type="radio"/>	<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"/>	<input type="radio"/>
Intrauterine device	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Implant(6rod,1rod,implanon,jadelle,norplant)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spermicides	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diaphragm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency contraceptive pill	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Male sterilization / vasectomy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Female sterilization / tubal ligation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Question: FP_TYPE1_OTHER**Required****Show if:** (Q35 = 1:[Provided]) or (Q35 = 2:[Prescribed or counseling provided only])

161. What other method of contraception is provided, prescribed, or provided counseling for?

Question: FP_BEFORE_METHOD**Minimum checks:** 1**Show if:** (FP_AV = 1:[Yes])

162. Does this health facility require women to take a pregnancy test before receiving the following family planning method?

- ☐ Pregnancy tests are never required
- ☐ Yes, before inserting IUDs
- ☐ Yes, before inserting implants
- ☐ Yes, before providing other family planning methods
- ☐ Other (specify)
- ☐ Don't know
- ☐ Decline to respond

Question: FP_NAT_COUN**Required****Show if:** (FP_AV = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



163. Does this health facility provide counseling on natural methods (calendar method for example)?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Decline to respond

Question: FP_CONDOM_COUN**Required****Show if:** (FP_AV = 1:[Yes])


Scale Summary		
Code	Label	Show-If
1	Provided	
2	Prescribed or counseled only	
3	Distributed, but not as a family planning method (for example as a STD's prevention)	
0	Not offered	
-1	Don't know	
-2	Decline to respond	

164. Does this health facility: provide, prescribe or give counseling, **OR** distribute male condoms but **NOT** as a family planning method (select one option):

- ☐ Provided
- ☐ Prescribed or counseled only
- ☐ Distributed, but not as a family planning method (for example as a STD's prevention)
- ☐ Not offered
- ☐ Don't know
- ☐ Decline to respond

Question: FP_CNSL**Required****Show if:** (FP_AV = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	


 165. Is family planning counseling part of a permanent services program? (SELECT ONE OPTION)

- ☐ Yes
☐ No
☐ Don't know
☐ Decline to respond

Question: FP_ERCONTRA

Required

Scale Summary		
Code	Label	Show-If
1	Yes prescribed and provided	
2	Prescribed, but not provided	
0	Prescribed or provided	Never Shown
4	Provided only in the case of sexual assault	
3	Neither prescribed nor provided	
-1	Don't know	
-2	Decline to respond	


 166. Do you provide emergency contraception when a woman asks for services to prevent pregnancy after unprotected sex?

- ☐ Yes prescribed and provided
☐ Prescribed, but not provided
☐ Prescribed or provided
☐ Provided only in the case of sexual assault
☐ Neither prescribed nor provided
☐ Don't know
☐ Decline to respond

Question: FP_PREG_TEST

Required

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	

 167. Does this facility offer pregnancy tests?

- ☐ Yes
☐ No
☐ Don't know
☐ Decline to respond

Collection: CONTRACEPTIVE_SUPPLIES


Contains: CONTRA_SUPPLIES, CONTRACEPTION_Q

Contraceptives supplies

Question: CONTRA_SUPPLIES

Required

Scale Summary		
Code	Label	Show-If
1	Yes, stores contraceptives	
2	No, picked up from another facility	
0	No contraceptives provided	
-1	Don't know	
-2	Decline to respond	

 168. Now I would like to ask questions about contraceptives supplies in this health facility. Does this facility routinely store any contraceptives?

[Keeping contraceptives 1-2 days only for immediate use is not considered as storing contraceptives.]

- ☐ Yes, stores contraceptives
☐ No, picked up from another facility
☐ No contraceptives provided
☐ Don't know
☐ Decline to respond

Collection: CONTRACEPTION_Q


Contains: CONTRA_SUP_QNT1, CONTRA_SUP_TM2, CONTRA_SHRT, CONTRA_ORD_RCV

Show if: (CONTRA_SUPPLIES = 1:[Yes, stores contraceptives])

Question: CONTRA_SUP_QNT1

Required

Scale Summary		
Code	Label	Show-If
1	Determines own need and orders	
2	Need determined elsewhere	
3	Both (differ by method)	
-1	Don't know	
-2	Decline to respond	

 169. Does this facility determine the quantity of each contraceptive method that it needs and orders them, **OR** is the quantity that you receive determined elsewhere?

- ☐ Determines own need and orders
☐ Need determined elsewhere
☐ Both (differ by method)
☐ Don't know
☐ Decline to respond

Question: CONTRA_SUP_TM2

Required

Scale Summary		
Code	Label	Show-If
1	Number of days	

2	Number of weeks	
3	Number of months	
-1	Don't know	
-2	Decline to respond	

170. On average, how long does it take to receive your supplies after you have placed an order? (SELECT ONE OPTION)

- ☐ Number of days
☐ Number of weeks
☐ Number of months
☐ Don't know
☐ Decline to respond

Question: CONTRA_SHRT
Minimum checks: 1

171. If there is a shortage of a specific method between routine orders, what is the most common procedure followed by this facility?

(Select all that apply)

- ☐ Special order
☐ Facility purchases
☐ Patients are advised to purchase elsewhere
☐ Borrow from another health facility
☐ Don't know
☐ Decline to respond

Question: CONTRA_ORD_RCV
Required

Scale Summary		
Code	Label	Show-If
1	Always	
2	Almost always	
0	Almost never	
-1	Don't know	
-2	Decline to respond	

172. During the past 6 months, have you always, almost always, or almost never received the amount of each contraceptive method that you ordered (or that you are supposed to routinely receive)?

- ☐ Always
☐ Almost always
☐ Almost never
☐ Don't know
☐ Decline to respond

Collection: MEDICINE_SUPPLIES

Contains: PHAR_TYPE, MED_SUP_QNT1, MED_SUP_TM2, MED_SHRT, MED_ORD_RCV

Medicines Supply

Question: PHAR_TYPE
Required

Scale Summary		
Code	Label	Show-If
1	Ministry of Health	
2	Private company	
995	Other (specify)	
0	No pharmacy	
-1	Don't know	
-2	Decline to respond	

173. Now I would like to ask you about the system you have in this health facility to obtain medicines.

Who operates the pharmacy?

(READ ANSWER OPTIONS AND SELECT ONE)

- ☐ Ministry of Health
☐ Private company
☐ Other (specify)
☐ No pharmacy
☐ Don't know
☐ Decline to respond

Question: MED_SUP_QNT1

Required

Show if: (PHAR_TYPE is-any-of 1:[Ministry of Health] or 2:[Private company] or 995:[Other (specify)])

Scale Summary		
Code	Label	Show-If
1	Determines own need and orders	
2	Need determined elsewhere	
3	Both (differ by method)	
-1	Don't know	
-2	Decline to respond	


174. Does this facility determine the quantity of each medicine that it needs and orders them, **OR** is the quantity that you receive determined elsewhere?

- ☐ Determines own need and orders
☐ Need determined elsewhere
☐ Both (differ by method)
☐ Don't know
☐ Decline to respond

Question: MED_SUP_TM2


Required**Show if:** (PHAR_TYPE = 1:[Ministry of Health]) or (PHAR_TYPE = 2:[Private company])

Scale Summary		
Code	Label	Show-If
1	Number of days	
2	Number of weeks	
3	Number of months	
-1	Don't know	
-2	Decline to respond	

 175. On average, how long does it take to receive medicine after you have placed an order?

- ☐ Number of days
☐ Number of weeks
☐ Number of months
☐ Don't know
☐ Decline to respond

Question: MED_SHRT**Minimum checks:** 1**Show if:** (PHAR_TYPE is-any-of 1:[Ministry of Health] or 2:[Private company] or 995:[Other (specify)])


 176. If there is a shortage of a specific medicine between routine orders, what is the most commonly used procedure in this facility?

(Select all that apply)

- ☐ Special order
☐ Facility purchases
☐ Patient purchases outside this facility
☐ Borrow from another health facility
☐ Don't know
☐ Decline to respond

Question: MED_ORD_RCV**Required****Show if:** (PHAR_TYPE is-any-of 1:[Ministry of Health] or 2:[Private company] or 995:[Other (specify)])


Scale Summary		
Code	Label	Show-If
1	Always	
2	Almost always	
0	Almost never	
3	Never	
-1	Don't know	
-2	Decline to respond	

 177. During the past 6 months, have you always, almost always, or almost never received the amount of each medicine that you ordered (or that you are supposed to routinely receive)?

- ☐ Always
☐ Almost always
☐ Almost never
☐ Never
☐ Don't know
☐ Decline to respond

Collection: INFECTION_CONTROL**Contains:** INFCTRL_GUID, AVAI_INCIN, COM_INCIN, FRE_DIS_COL, SHARP_DIS, BAN_DIS, BIOHAZ_DIS_OF**Infection control****Question:** INFCTRL_GUID**Required**


Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	

 178. Are there written guidelines on how to decontaminate equipment?

- ☐ Yes
☐ No
☐ Don't know
☐ Decline to respond

Question: AVAI_INCIN**Required**

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	


 179. Does this health facility have an incinerator?

- ☐ Yes
☐ No
☐ Don't know
☐ Decline to respond

Question: COM_INCIN**Required**

Scale Summary		
Code	Label	Show-If
1	Yes	

0	No	
-1	Don't know	
-2	Decline to respond	

 180. Does this health facility have a contract with another health facility /company to dispose of biohazardous materials?


- ☐ Yes
☐ No
☐ Don't know
☐ Decline to respond

Question: FRE_DIS_COL

Required

Show if: (COM_INCIN = 1:[Yes])


Scale Summary		
Code	Label	Show-If
1	Number of days in a week	
2	Number of days in a month	
-1	Don't know	
-2	Decline to respond	

 181. How often are biohazardous materials collected / sent to that company/health facility?

- ☐ Number of days in a week
☐ Number of days in a month
☐ Don't know
☐ Decline to respond

Question: SHARP_DIS

Minimum checks: 1

 182. How are sharp items ultimately disposed of, or in other words, what is the final disposal process for filled sharps boxes?


(for example: used needles)

(SELECT ALL THAT APPLY)

- ☐ Burn in incinerator
☐ Open burning
☐ Dump without burning
☐ Remove offsite
☐ Never have needles or sharps
☐ Other (specify)
☐ Don't know
☐ Decline to respond

Question: BAN_DIS

Minimum checks: 1

 183. How are bio-hazard waste items, such as used bandages, ultimately disposed of?


(SELECT ALL THAT APPLY)

- ☐ Burn in incinerator
☐ Open burning
☐ Dump without burning
☐ Remove offsite
☐ Never have biological waste products such as bandages and gauze risk
☐ Other (specify)
☐ Don't know
☐ Decline to respond
☐ Not applicable

Question: BIOHAZ_DIS_OF

Required

Scale Summary		
Code	Label	Show-If
1	Number of days in a week	
995	Other (specify)	
-1	Don't know	
-2	Decline to respond	
-3	Not applicable	

 184. How often are biohazard waste items disposed of?

- ☐ Number of days in a week
☐ Other (specify)
☐ Don't know
☐ Decline to respond
☐ Not applicable

Collection: DATA_EVAL

Contains: PER_REP, REP_SEE, SAT_SUR, SUGG_BOX, SAT_SUR_QUES, DATA_HIS, DATA_ETAB, DATA_ANALYZE, DATA_QUAL, DATA_QUAL_INSTR, DATA_QUAL_INSTR_SEE, DATA_QUAL_OFTEN, DATA_QUAL_REP, DATA_QUAL_REP_SEE, ACTION_PLAN, ACTION_PLAN_SEE, BHIS, SERVICE_UTIL

Information from registries and reports

Question: PER_REP

Required

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	

185. Does this health facility prepare its own quality of care reports (such as quality improvement reports), besides the routine reports submitted to the



information system? In other words, does the facility use some review system or compare work/systems to a standard?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Decline to respond

Question: REP_SEE

Required

Show if: (PER_REP = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-2	Decline to respond	



186. May I please have a copy of the latest report?

- ☐ Yes
- ☐ No
- ☐ Decline to respond

Question: SAT_SUR

Required

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	



187. Does this health facility carry out patient satisfaction surveys?

- ☐ Yes
- ☐ No
- ☐ Don't know

Question: SUGG_BOX

Required

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	



188. Does this facility provide a suggestion box?

- ☐ Yes
- ☐ No
- ☐ Don't know

Question: SAT_SUR_QUES

Required

Show if: (SAT_SUR = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Yes, observed	
0	Not observed	
-1	Don't know	
-2	Decline to respond	



189. Please ask to see the patient satisfaction survey questionnaire.

- ☐ Yes, observed
- ☐ Not observed
- ☐ Don't know
- ☐ Decline to respond

Question: DATA_HIS

Required

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



190. Does this health facility capture data for the health information system?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Decline to respond

Question: DATA_ETAB

Required

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	




191. Does this health care facility have access to an electronic dashboard representing the data reported in the information system? That is, a computer tool that allows them to visualize the results of different indicators.

- ☐ Yes
- ☐ No
- ☐ Don't know

☐ Decline to respond

Question: DATA_ANALYZE
Required

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	


 192. In this facility, is information about the care provided to patients analyzed (for example, graphics, trends, and indicators)?

- ☐ Yes
☐ No
☐ Don't know
☐ Decline to respond

Question: DATA_QUAL
Required

Show if: (DATA_ANALYZE = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	

 193. In this facility, is the information collected on patient care used to perform quality improvement?


- ☐ Yes
☐ No
☐ Don't know
☐ Decline to respond

Question: DATA_QUAL_INSTR

Required

Show if: (DATA_QUAL = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	

 194. Is there an instrument, checklist, or survey available for monitoring quality improvement indicators at this facility?


- ☐ Yes
☐ No
☐ Don't know
☐ Decline to respond

Question: DATA_QUAL_INSTR_SEE

Required

Show if: (DATA_QUAL_INSTR = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	


 195. If yes, may we see it?

- ☐ Yes
☐ No
☐ Don't know
☐ Decline to respond

Question: DATA_QUAL OftEN

Required

Scale Summary		
Code	Label	Show-If
1	Number of times:	
-1	Don't know	
-2	Decline to respond	

 196. In the last year, how many quality improvement meetings have been conducted?


- ☐ Number of times:
☐ Don't know
☐ Decline to respond

Question: DATA_QUAL_REP

Required

Show if: (DATA_QUAL OftEN.TEXT > 0)

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	

 197. Are records kept of each meeting about quality improvement?

- ☐ Yes
☐ No
☐ Don't know


☐ Decline to respond

Question: DATA_QUAL_REP_SEE

Required

Show if: (DATA_QUAL_REP = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Yes, report/notes/minutes are observed	
2	Respondent declines to show report/notes/minutes	
3	Respondent does not have or could not find report/notes/minutes	


 198. Could you please show us a copy of the report, notes, or minutes from the last quality improvement meeting?

- ☐ Yes, report/notes/minutes are observed
- ☐ Respondent declines to show report/notes/minutes
- ☐ Respondent does not have or could not find report/notes/minutes

Question: ACTION_PLAN

Required

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	

 199. Do you have an action plan available? (Action plans are created after each quality improvement meeting. Based on the analysis of the data, the action plan is created to respond to any issues identified)


- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Decline to respond

Question: ACTION_PLAN_SEE

Required

Show if: (ACTION_PLAN = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	

 200. If yes, may we see it?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Decline to respond


Collection: BHIS

Contains: REPORT_REG, REPORT_4WEEKS, REPORT_DATE, REPORT_REG_MAT, REPORT_4WEEKS_MAT, REPORT_DATE_MAT, REPORT_REG_MCH, REPORT_4WEEKS_MCH, REPORT_DATE_MCH

Question: REPORT_REG

Minimum checks: 1

Show if:

 201. Please ask the to see the following reports. This report can be generated live and only applies to facilities with access to BHIS.

(Select all that are OBSERVED)

1. MCH Reports

- ☐ Pregnancies by age range
- ☐ Antenatal Gestational Encounter 16 wks
- ☐ Antenatal Related Diagnoses
- ☐ Antenatal Preexisting Diagnoses
- ☐ Postnatal Related Diagnoses
- ☐ Live Births by Gender
- ☐ Nutrition

2. Nutrition

- ☐ Feeding practices of children aged 6 months
- ☐ Feeding practices of children aged 12 months
- ☐ Nutritional status children < 5 years
- ☐ Weight for length/height
- ☐ Height for age
- ☐ Immunizations

3. Immunizations

- ☐ Immunizations by location

☐ None observed

☐ Decline to show

Question: REPORT_4WEEKS

Required

Show if:

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-2	Decline to show	

202. Please ask the facility to generate a report from the BHIS with a date within the last 4 weeks. Was the facility able to generate a report from the BHIS with a



date within the last 4 weeks?

- ☐ Yes
☐ No
☐ Decline to show

Question: REPORT_DATE

Required

Show if: (REPORT_REG is-none-of)

Scale Summary		
Code	Label	Show-If
1	Date:	
0	Date is not recorded	
-2	Decline to show	



203. Please record the date of the most recent BHIS report.

- ☐ Date: (DD/MM/YYYY)
☐ Date is not recorded
☐ Decline to show

Question: REPORT_REG_MAT

Minimum checks: 1

Show if:



204. Please ask to see the following reports **in the maternity ward**. This report can be generated live and only applies to facilities with access to BHIS.

(Select all that are OBSERVED)

1. MCH Reports

- ☐ Pregnancies by age range
☐ Antenatal Gestational Encounter 16 wks
☐ Antenatal Related Diagnoses
☐ Antenatal Preexisting Diagnoses
☐ Postnatal Related Diagnoses
☐ Live Births by Gender
☐ Nutrition

2. Nutrition

- ☐ Feeding practices of children aged 6 months
☐ Feeding practices of children aged 12 months
☐ Nutritional status children < 5 years
☐ Weight for length/height
☐ Height for age
☐ Immunizations

3. Immunizations

- ☐ Immunizations by location

☐ None observed
☐ Decline to show

Question: REPORT_4WEEKS_MAT

Required

Show if:

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-2	Decline to show	



205. Please ask the **maternity ward** to generate a report from the BHIS with a date within the last 4 weeks. Was the facility able to generate a report from the BHIS with a date within the last 4 weeks?

- ☐ Yes
☐ No
☐ Decline to show

Question: REPORT_DATE_MAT

Required

Show if: (REPORT_REG_MAT is-none-of)

Scale Summary		
Code	Label	Show-If
1	Date:	
0	Date is not recorded	
-2	Decline to show	



206. Please record the date of the most recent BHIS report **from the maternity ward**.

- ☐ Date: (DD/MM/YYYY)
☐ Date is not recorded
☐ Decline to show

Question: REPORT_REG_MCH

Minimum checks: 1

Show if:



207. Please ask the to see the following reports **in the Family and Community Health Department (maternal and child health unit)**. This report can be generated live and only applies to facilities with access to BHIS.

(Select all that are OBSERVED)

1. MCH Reports

- ☐ Pregnancies by age range
☐ Antenatal Gestational Encounter 16 wks
☐ Antenatal Related Diagnoses
☐ Antenatal Preexisting Diagnoses
☐ Postnatal Related Diagnoses
☐ Live Births by Gender
☐ Nutrition

2. Nutrition

- ☐ Feeding practices of children aged 6 months
☐ Feeding practices of children aged 12 months
☐ Nutritional status children < 5 years
☐ Weight for length/height
☐ Height for age
☐ Immunizations


3. Immunizations

- ☐ Immunizations by location

☐ None observed
☐ Decline to show

Question: REPORT_4WEEKS_MCH**Required****Show if:** [REDACTED]

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-2	Decline to show	

 208. Please ask the **Family and Community Health Department (maternal and child health unit)** to generate a report from the BHIS with a date within the last 4 weeks. Was the facility able to generate a report from the BHIS with a date within the last 4 weeks?

- ☐ Yes
☐ No
☐ Decline to show

Question: REPORT_DATE_MCH**Required****Show if:** (REPORT_REG_MCH is=none-of)


Scale Summary		
Code	Label	Show-If
1	Date:	
0	Date is not recorded	
-2	Decline to show	

 209. Please record the date of the most recent BHIS report **from the Family and Community Health Department (maternal and child health unit)**.

- ☐ Date: (DD/MM/YYYY)
☐ Date is not recorded
☐ Decline to show

Collection: SERVICE_UTIL**Contains:** SERV_UTIL_PRENATAL, SERV_UTIL_TOTDEL, SERV_UTIL_CSEC, SERV_UTIL_BABY, SERV_UTIL_CHILD, SERV_UTIL_PNEU, SERV_UTIL_MATDEATH, SERV_UTIL_NEODEATH, CATCHMENT_AREA**Question Block:** SERV_UTIL_PRENATAL**Contains:** PRENATAL_2017, PRENATAL_2016, PRENATAL_2015, PRENATAL_2014, PRENATAL_2013, PRENATAL_2012**Required**


Scale Summary		
Code	Label	Show-If
1	Number	
0	None	
-1	Don't know	
-2	Decline to respond	

 210. How many pregnant women were seen for antenatal care in this facility?

	Number	None	Don't know	Decline to respond
2017	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2016	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2015	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2014	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2013	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2012	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Question Block: SERV_UTIL_TOTDEL**Contains:** TOTDEL_2017, TOTDEL_2016, TOTDEL_2015, TOTDEL_2014, TOTDEL_2013, TOTDEL_2012**Required**

Scale Summary		
Code	Label	Show-If
1	Number	
2	None	
-1	Don't know	
-2	Decline to respond	

 216. How many deliveries were attended in this facility?

	Number	None	Don't know	Decline to respond
2017	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2016	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2015	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2014	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2013	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2012	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>


Question Block: SERV_UTIL_CSEC

Contains: CSEC_2017, CSEC_2016, CSEC_2015, CSEC_2014, CSEC_2013, CSEC_2012

Required

Show if: (FAC_TYPE >= 2:[Community Hospital])

Scale Summary		
Code	Label	Show-If
1	Number	
0	None	
-1	Don't know	
-2	Decline to respond	

 222. How many C-sections were performed in this facility?


	Number	None	Don't know	Decline to respond
2017	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2016	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2015	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2014	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2013	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2012	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Question Block: SERV_UTIL_BABY

Contains: BABY_2017, BABY_2016, BABY_2015, BABY_2014, BABY_2013, BABY_2012

Required

Scale Summary		
Code	Label	Show-If
1	Number	
0	None	
-1	Don't know	
-2	Decline to respond	

 228. How many patients were seen for neonatal care in this facility?


	Number	None	Don't know	Decline to respond
2017	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2016	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2015	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2014	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2013	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2012	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Question Block: SERV_UTIL_CHILD

Contains: CHILD_2017, CHILD_2016, CHILD_2015, CHILD_2014, CHILD_2013, CHILD_2012

Required

Scale Summary		
Code	Label	Show-If
1	Number	
0	None	
-1	Don't know	
-2	Decline to respond	


 234. How many children 6 to 23 months old were seen in this facility?

	Number	None	Don't know	Decline to respond
2017	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2016	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2015	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2014	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2013	<input type="radio"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2012	<input type="radio"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Question Block: SERV_UTIL_PNEU**Contains:** PNEU_2017, PNEU_2016, PNEU_2015, PNEU_2014, PNEU_2013, PNEU_2012**Required**


Scale Summary		
Code	Label	Show-If
1	Number	
0	None	
-1	Don't know	
-2	Decline to respond	

 240. How many children 0 to 59 months old were diagnosed with pneumonia in this facility?

	Number	None	Don't know	Decline to respond
2017	<input type="radio"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2016	<input type="radio"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2015	<input type="radio"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2014	<input type="radio"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2013	<input type="radio"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2012	<input type="radio"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Question Block: SERV_UTIL_MATDEATH**Contains:** MATDEATH_2017, MATDEATH_2016, MATDEATH_2015, MATDEATH_2014, MATDEATH_2013, MATDEATH_2012**Required**


Scale Summary		
Code	Label	Show-If
1	Number	
0	None	
-1	Don't know	
-2	Decline to respond	

 246. How many maternal deaths occurred in this facility?

	Number	None	Don't know	Decline to respond
2017	<input type="radio"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2016	<input type="radio"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2015	<input type="radio"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2014	<input type="radio"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2013	<input type="radio"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2012	<input type="radio"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Question Block: SERV_UTIL_NEODEATH**Contains:** NEODEATH_2017, NEODEATH_2016, NEODEATH_2015, NEODEATH_2014, NEODEATH_2013, NEODEATH_2012**Required**

Scale Summary		
Code	Label	Show-If
1	Number	
0	None	
-1	Don't know	
-2	Decline to respond	


 252. How many neonatal deaths occurred in this facility?

	Number	None	Don't know	Decline to respond
2017	<input type="radio"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2016	<input type="radio"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2015	<input type="radio"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2014	<input type="radio"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2013	<input type="radio"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2012	<input type="radio"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Question Block: CATCHMENT_AREA**Contains:** CATCHMENT_2017, CATCHMENT_2016, CATCHMENT_2015, CATCHMENT_2014, CATCHMENT_2013, CATCHMENT_2012**Required**

Scale Summary		
Code	Label	Show-If
1	Number	
0	None	

-1	Don't know	
-2	Decline to respond	

 258. Size of the catchment area for this health facility:

	Number	None	Don't know	Decline to respond
2017	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2016	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2015	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2014	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2013	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2012	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>


Collection: JUMPS
Contains: JUMPBK_INCOMPLETE

Question: JUMPBK_INCOMPLETE

Required

Show if: (CB_PERS2 = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Personnel Tables	
2	Vaccinations	
3	Family Planning Services	Never Shown
13	At the end of the survey	

 264. Please select the area you would like to return to:

- ☐ Personnel Tables
- ☐ Vaccinations
- ☐ Family Planning Services
- ☐ At the end of the survey

Jump-To: JMP_PERS

Description:

Jump-To-Item: SERV_24_7_INSTR

Jump-If: (JUMPBK_INCOMPLETE = 1:[Personnel Tables])

Jump-To: JMP_VACUNACION

Description:

Jump-To-Item: VACCINE_INSTR

Jump-If: (JUMPBK_INCOMPLETE = 2:[Vaccinations])

Jump-To: JMP_FP

Description:

Jump-To-Item: FP_TYPE1

Jump-If: (CB_FP = 1:[Yes])

Jump-To: JMP_END

Description:

Jump-To-Item: COMMENT QUEST

Jump-If: (JUMPBK_INCOMPLETE = 13:[At the end of the survey])

Question: COMMENT QUEST

 265. Enter relevant comments about this section

You've reached the end of this part of the survey.

Please click the button 'Submit' to send your responses and close the survey. You may not revise any of the responses after submitting the survey.

If you think you have reached this page by error, please click on 'Previous' and revise your responses as necessary.

Thank you for your time today.

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