

SMI BLZ HF QUESTIONNAIRE 54[illegible]

Field	Question	Answer																				
	<p>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 and Wellness.</p> <p>This survey is being conducted in regional hospitals, community 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.</p> <p>Do you have any questions about the survey?</p>																					
CONSENT_OBTAINED <i>(required)</i>	Was consent obtained?	<table> <tr> <td>1</td><td>Yes</td></tr> <tr> <td>0</td><td>No</td></tr> </table>	1	Yes	0	No																
1	Yes																					
0	No																					
Consent Obtained																						
Consent Obtained > General facility characteristics																						
FAC_TYPE <i>(required)</i>	<p>First I have some questions related to the general characteristics of this property.</p> <p>What type of medical facility is this? <i>Select one option.</i></p>	<table> <tr> <td>1</td><td>Health Clinic / Health Post / Mobile Unit / Polyclinic</td></tr> <tr> <td>2</td><td>Community Hospital</td></tr> <tr> <td>3</td><td>Regional hospital</td></tr> </table>	1	Health Clinic / Health Post / Mobile Unit / Polyclinic	2	Community Hospital	3	Regional hospital														
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2	Community Hospital																					
3	Regional hospital																					
OP_TIME_SPEC <i>(required)</i>	Is this facility open 24 hours a day?	<table> <tr> <td>1</td><td>Yes</td></tr> <tr> <td>0</td><td>No</td></tr> <tr> <td>-1</td><td>Don't know</td></tr> <tr> <td>-2</td><td>Decline to respond</td></tr> </table>	1	Yes	0	No	-1	Don't know	-2	Decline to respond												
1	Yes																					
0	No																					
-1	Don't know																					
-2	Decline to respond																					
Consent Obtained > General facility characteristics > Working hours																						
OP_TIME_AM <i>(required)</i>	<p>What are the working hours of this health facility?</p> <p>Time open in the morning (AM): <i>HH:MM</i> <i>Question relevant when: selected(\${OP_TIME_SPEC} , '0') or selected(\${OP_TIME_SPEC} , '-1')</i></p>																					
OP_TIME_PM <i>(required)</i>	<p>What are the working hours of this health facility?</p> <p>Time closed in the evening (PM): <i>HH:MM</i> <i>Question relevant when: selected(\${OP_TIME_SPEC} , '0') or selected(\${OP_TIME_SPEC} , '-1')</i></p>																					
Consent Obtained > General facility characteristics > Availability																						
OP_DAYS <i>(required)</i>	What days of the week is this health facility open?	<table> <tr> <td>MO</td><td>Monday</td></tr> <tr> <td>TU</td><td>Tuesday</td></tr> <tr> <td>WE</td><td>Wednesday</td></tr> <tr> <td>TH</td><td>Thursday</td></tr> <tr> <td>FR</td><td>Friday</td></tr> <tr> <td>SA</td><td>Saturday</td></tr> <tr> <td>SU</td><td>Sunday</td></tr> <tr> <td>OTH</td><td>Other (specify):</td></tr> <tr> <td>DK</td><td>Don't know</td></tr> <tr> <td>DTR</td><td>Decline to respond</td></tr> </table>	MO	Monday	TU	Tuesday	WE	Wednesday	TH	Thursday	FR	Friday	SA	Saturday	SU	Sunday	OTH	Other (specify):	DK	Don't know	DTR	Decline to respond
MO	Monday																					
TU	Tuesday																					
WE	Wednesday																					
TH	Thursday																					
FR	Friday																					
SA	Saturday																					
SU	Sunday																					
OTH	Other (specify):																					
DK	Don't know																					
DTR	Decline to respond																					
SERV_24_7_Q <i>(required)</i>	<p>Does this health facility provide services 24/7? <i>Question relevant when: selected(\${FAC_TYPE} , '3')</i></p>	<table> <tr> <td>1</td><td>Yes</td></tr> <tr> <td>0</td><td>No</td></tr> <tr> <td>-1</td><td>Don't know</td></tr> <tr> <td>-2</td><td>Decline to respond</td></tr> </table>	1	Yes	0	No	-1	Don't know	-2	Decline to respond												
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0	No																					
-1	Don't know																					
-2	Decline to respond																					
PER_24_7 <i>(required)</i>	<p>Is a physician available on call 24/7? <i>Question relevant when: selected(\${FAC_TYPE} , '3')</i></p>	<table> <tr> <td>1</td><td>Yes, every day including weekends and holidays</td></tr> <tr> <td>2</td><td>Yes, but only on weekdays, on weekends and holidays only occasionally</td></tr> <tr> <td>0</td><td>No</td></tr> <tr> <td>-1</td><td>Don't know</td></tr> <tr> <td>-2</td><td>Decline to respond</td></tr> </table>	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										
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2	Yes, but only on weekdays, on weekends and holidays only occasionally																					
0	No																					
-1	Don't know																					
-2	Decline to respond																					
FAC_MOB <i>(required)</i>	<p>Is there a mobile clinic component to this facility? <i>Select one option.</i></p>	<table> <tr> <td>1</td><td>Yes</td></tr> <tr> <td>0</td><td>No</td></tr> <tr> <td>-1</td><td>Don't know</td></tr> </table>	1	Yes	0	No	-1	Don't know														
1	Yes																					
0	No																					
-1	Don't know																					

Field	Question	Answer	
		-2	Decline to respond
TRANS_AMB_AVAIL <i>(required)</i>	Does this facility own an ambulance(s)?	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
TRANS_AMB_ACCESS <i>(required)</i>	Does this facility have access to an ambulance? <i>Question relevant when: selected(\${TRANS_AMB_AVAIL} , '0')</i>	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
		0	No access
		995	Other (specify):
		-1	Don't know
		-2	Decline to respond
TRANS_AMB_USE <i>(required)</i>	Can the ambulance be used to transport patients? <i>Question relevant when: selected(\${TRANS_AMB_AVAIL} , '1') or selected(\${TRANS_AMB_ACCESS} , '1')</i>	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
TRANS_AMB_NOREAS <i>(required)</i>	If not, why not? <i>Question relevant when: selected(\${TRANS_AMB_USE} , '0')</i>	GAS	There's no gasoline
		DRIVER	There's no driver
		MECH	Mechanical problem
		BLOCK	Blockages caused by social unrest
		EQUIP	Lack of adequate equipment
		OTH	Other (specify):
		DK	Don't know
		DTR	Decline to respond
TRANS_AMB_PAYHOME <i>(required)</i>	Does the patient pay for transport in an ambulance from their home or workplace to this health facility? <i>Question relevant when: selected(\${TRANS_AMB_AVAIL} , '1') or selected(\${TRANS_AMB_ACCESS} , '1') or selected(\${TRANS_AMB_ACCESS} , '2') or selected(\${TRANS_AMB_ACCESS} , '3') or selected(\${TRANS_AMB_ACCESS} , '4') or selected(\${TRANS_AMB_ACCESS} , '5') or selected(\${TRANS_AMB_ACCESS} , '995')</i>	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
TRANS_AMB_PAYFAC <i>(required)</i>	Does the patient pay for transport in an ambulance between this health facility and others? <i>Question relevant when: selected(\${TRANS_AMB_AVAIL} , '1') or selected(\${TRANS_AMB_ACCESS} , '1') or selected(\${TRANS_AMB_ACCESS} , '2') or selected(\${TRANS_AMB_ACCESS} , '3') or selected(\${TRANS_AMB_ACCESS} , '4') or selected(\${TRANS_AMB_ACCESS} , '5') or selected(\${TRANS_AMB_ACCESS} , '995')</i>	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
REFRNET_REC <i>(required)</i>	Do you usually receive referred patients from another health facility? <i>Select one option.</i> <i>Question relevant when: selected(\${FAC_TYPE} , '3')</i>	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
REFRNET_REC_ROUTDELIV <i>(required)</i>	Do you receive women transferred for routine deliveries? <i>Question relevant when: selected(\${REFRNET_REC} , '1')</i>	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
REFRNET_REC_ROUTMAT <i>(required)</i>	If yes, what materials are required when women are transferred to this facility for routine deliveries? <i>Question relevant when: selected(\${REFRNET_REC_ROUTDELIV} , '1')</i>	1	Transfer sheet
		2	Patient's medical record
		3	Laboratory tests
		4	Proof of insurance coverage
		995	Other documents (specify):
		-1	Don't know
		-2	Decline to respond
REFRNET_REC_COMPDELIV <i>(required)</i>	Do you receive women transferred for complicated deliveries? <i>Question relevant when: selected(\${REFRNET_REC} , '1')</i>	1	Yes
		0	No
		-1	Don't know

Field	Question	Don't Know	
		Answer	
		-2	Decline to respond
REFRNET_REC_COMPMAT <i>(required)</i>	If yes, what materials are required when women are transferred to this facility for complicated deliveries? <i>Question relevant when: selected(\${REFRNET_REC_COMPDELIV} , '1')</i>	1	Transfer sheet
		2	Patient's medical record
		3	Laboratory tests
		4	Proof of insurance coverage
		995	Other documents (specify):
		-1	Don't know
		-2	Decline to respond
REFRNET_REC_NAME1 <i>(required)</i>	What is the name of the health facility from which you get referred patients? <i>Question relevant when: selected(\${REFRNET_REC} , '1')</i>	05	August Pine Ridge Health Center
		20	Caledonia Health Center
		17	Corozal Community Hospital
		18	Corozal Health Center (Urban)
		42	Georgeville Health Center
		06	Guinea Grass Health Center
		21	Libertad Health Center
		01	Northern Regional Hospital
		02	Orange Walk Health Center (Urban)
		23	Progreso Health Center
		46	San Antonio Health Center
		04	San Felipe Health Center
		39	San Ignacio Community Hospital
		40	San Ignacio Health Center (Urban)
		19	San Narciso Health Center
		45	San Pedro Health Center
		22	Sarteneja Health Center
		33	Valley of Peace Health Center
		31	Western Regional Hospital
		03	Zenobia Meggs Health Center
		32	Belmopan Health Center (Urban)
		41	Dr. Kevin & Kenneth Gurrea Polyclinic II (Mopan Clinic)
		60	National Hospital Belize City (KMHM)
		995	Other (specify):
		-3	Not Applicable, No Nearby Health Centers
		-1	Don't Know
		-2	Refused to Respond
REFRNET_REC_NAME2 <i>(required)</i>	What is the name of the health facility from which you get referred patients? <i>Question relevant when: selected(\${REFRNET_REC} , '1')</i>	05	August Pine Ridge Health Center
		20	Caledonia Health Center
		17	Corozal Community Hospital
		18	Corozal Health Center (Urban)

Field	Question	Answer
		42 Georgeville Health Center
		06 Guinea Grass Health Center
		21 Libertad Health Center
		01 Northern Regional Hospital
		02 Orange Walk Health Center (Urban)
		23 Progreso Health Center
		46 San Antonio Health Center
		04 San Felipe Health Center
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		40 San Ignacio Health Center (Urban)
		19 San Narciso Health Center
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		22 Sarteneja Health Center
		33 Valley of Peace Health Center
		31 Western Regional Hospital
		03 Zenobia Meggs Health Center
		32 Belmopan Health Center (Urban)
		41 Dr. Kevin & Kenneth Gurrea Polyclinic II (Mopan Clinic)
		60 National Hospital Belize City (KMHM)
		995 Other (specify):
		-3 Not Applicable, No Nearby Health Centers
		-1 Don't Know
		-2 Refused to Respond
REFRNET_REC_NAME3 <i>(required)</i>	What is the name of the health facility from which you get referred patients? <i>Question relevant when: selected(\${REFRNET_REC} , '1')</i>	05 August Pine Ridge Health Center
		20 Caledonia Health Center
		17 Corozal Community Hospital
		18 Corozal Health Center (Urban)
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Field	Question	Answer
		19 San Narciso Health Center
		45 San Pedro Health Center
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		03 Zenobia Meggs Health Center
		32 Belmopan Health Center (Urban)
		41 Dr. Kevin & Kenneth Gurrea Polyclinic II (Mopan Clinic)
		60 National Hospital Belize City (KMHM)
		995 Other (specify):
		-3 Not Applicable, No Nearby Health Centers
		-1 Don't Know
		-2 Refused to Respond
REFRNET_SEND <i>(required)</i>	Do you usually refer patients to other health facilities? <i>Select one option.</i> <i>Question relevant when: selected(\${FAC_TYPE} , '3')</i>	1 Yes
		0 No
		-1 Don't know
		-2 Decline to respond
REFRNET_SEND_ROUTDELIV <i>(required)</i>	Do you transfer women for routine deliveries? <i>Question relevant when: selected(\${REFRNET_SEND} , '1')</i>	1 Yes
		0 No
		-1 Don't know
		-2 Decline to respond
REFRNET_SEND_ROUTMAT <i>(required)</i>	If yes, what materials are sent when women are transferred to other facilities for routine deliveries? <i>Question relevant when: selected(\${REFRNET_SEND_ROUTDELIV} , '1')</i>	1 Transfer sheet
		2 Patient's medical record
		3 Laboratory tests
		4 Proof of insurance coverage
		995 Other documents (specify):
		-1 Don't know
		-2 Decline to respond
REFRNET_SEND_COMPDELIV <i>(required)</i>	Do you transfer women for complicated deliveries? <i>Question relevant when: selected(\${REFRNET_SEND} , '1')</i>	1 Yes
		0 No
		-1 Don't know
		-2 Decline to respond
REFRNET_SEND_COMPMAT <i>(required)</i>	If yes, what materials are sent when women are transferred to other facilities for complicated deliveries? <i>Question relevant when: selected(\${REFRNET_SEND_COMPDELIV} , '1')</i>	1 Transfer sheet
		2 Patient's medical record
		3 Laboratory tests
		4 Proof of insurance coverage
		995 Other documents (specify):
		-1 Don't know
		-2 Decline to respond
REFNET_SEND_HOW <i>(required)</i>	How do you decide which hospital patients are referred to?	1 Referred based on the referral network
		2 Based on the condition of the patient
		3 Based on the capacity of the referral facility
		4 Based on patient's health insurance
		5 There are no

Field	Question	Answer	
			requirements
		995	Other (specify):
		-1	Don't know
		-2	Decline to respond
REFRNET_SEND_NAME1 <i>(required)</i>	What is the name of the health facility to which you refer patients? <i>Question relevant when: selected(\${REFRNET_SEND} , '1')</i>	05	August Pine Ridge Health Center
		20	Caledonia Health Center
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		60	National Hospital Belize City (KMH)
		995	Other (specify):
		-3	Not Applicable, No Nearby Health Centers
		-1	Don't Know
		-2	Refused to Respond
REFRNET_SEND_NAME2 <i>(required)</i>	What is the name of the health facility to which you refer patients? <i>Question relevant when: selected(\${REFRNET_SEND} , '1')</i>	05	August Pine Ridge Health Center
		20	Caledonia Health Center
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		18	Corozal Health Center (Urban)
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		21	Libertad Health Center
		01	Northern Regional Hospital

Field	Question	Answer
		02 Orange Walk Health Center (Urban)
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		-3 Not Applicable, No Nearby Health Centers
		-1 Don't Know
		-2 Refused to Respond
REFRNET_SEND_NAME3 <i>(required)</i>	What is the name of the health facility to which you refer patients? <i>Question relevant when: selected(\${REFRNET_SEND} , '1')</i>	05 August Pine Ridge Health Center 20 Caledonia Health Center 17 Corozal Community Hospital 18 Corozal Health Center (Urban) 42 Georgeville Health Center 06 Guinea Grass Health Center 21 Libertad Health Center 01 Northern Regional Hospital 02 Orange Walk Health Center (Urban) 23 Progreso Health Center 46 San Antonio Health Center 04 San Felipe Health Center 39 San Ignacio Community Hospital 40 San Ignacio Health Center (Urban) 19 San Narciso Health Center 45 San Pedro Health Center 22 Sarteneja Health Center 33 Valley of Peace Health Center

Field	Question	Answer
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OUTREACH <i>(required)</i>	Does this facility conduct any outreach activities?	<div>1 Yes</div> <div>0 No</div> <div>-1 Don't know</div> <div>-2 Decline to respond</div>
OUTREACH_ACTIVITIES <i>(required)</i>	What kind of outreach activities does this facility conduct? <i>Select all that apply.</i> <i>Question relevant when: selected(\${OUTREACH} , '1')</i>	<div>1 Vaccination</div> <div>2 Child health care</div> <div>3 Health awareness campaigns (general)</div> <div>4 Health awareness campaigns (maternal)</div> <div>5 Health awareness campaigns (children)</div> <div>6 Antenatal care</div> <div>7 Maternal followup</div> <div>8 Patient followup</div> <div>995 Other (specify):</div> <div>DK Don't know</div> <div>DTR Decline to respond</div>
OUTREACH_SRCH_WMN <i>(required)</i>	Does the staff at this facility conduct searches for pregnant women in the communities?	<div>1 Yes</div> <div>0 No</div> <div>-1 Don't know</div> <div>-2 Decline to respond</div>
OUTREACH_WMN_REG <i>(required)</i>	Does this facility create a registry of pregnant women in its catchment area in order to identify and follow up with them? <i>Question relevant when: selected(\${OUTREACH_SRCH_WMN} , '1')</i>	<div>1 Yes</div> <div>0 No</div> <div>-1 Don't know</div> <div>-2 Decline to respond</div>
CB_PERS2 <i>(required)</i>	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. If they do work here, we will follow with questions about how many, and for which shifts they are available. Interviewer: If the necessary data is not available right now, do you want to return to this section about personnel at a later time?	<div>1 Yes</div> <div>0 No</div>
Consent Obtained > Specialties / health care personnel <i>Group relevant when: selected(\${CB_PERS2} , '0') or \${calc_end_survey} = 1</i>		
Consent Obtained > Specialties / health care personnel > group_serv_24_7_part1		
note_serv_24_7_part1	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. If they do work here, we will follow with questions about how many, and for which shifts they are available.	
label_serv_24_7_part1	Options: <i>Interviewer: For each specialty / personnel type, ask (1) whether they work at this facility first. The following pages will ask (2) how many, (3) how many are available for each shift.</i>	<div>1 Yes</div> <div>0 No</div> <div>-1 Don't know</div> <div>-2 Decline to respond</div>
SERV_24_7_MED_PR <i>(required)</i>	General physician: Employed	<div>1 Yes</div> <div>0 No</div> <div>-1 Don't know</div> <div>-2 Decline to respond</div>

Field	Question	Answer
SERV_24_7_PED_PR <i>(required)</i>	Pediatrician: Employed	1 Yes
		0 No
		-1 Don't know
		-2 Decline to respond
SERV_24_7_NUTR_PR <i>(required)</i>	Nutritionist/Dietician: Employed	1 Yes
		0 No
		-1 Don't know
		-2 Decline to respond
SERV_24_7_PHARM_PR <i>(required)</i>	Pharmacist: Employed	1 Yes
		0 No
		-1 Don't know
		-2 Decline to respond
SERV_24_7_ANUR_PR <i>(required)</i>	Auxiliary nurse / Patient care assistant (PCA): Employed	1 Yes
		0 No
		-1 Don't know
		-2 Decline to respond
SERV_24_7_PNUR_PR <i>(required)</i>	Practical nurse: Employed	1 Yes
		0 No
		-1 Don't know
		-2 Decline to respond
SERV_24_7_ENF_PR <i>(required)</i>	Registered nurse: Employed	1 Yes
		0 No
		-1 Don't know
		-2 Decline to respond
SERV_24_7_PMW_PR <i>(required)</i>	Professional midwife: Employed	1 Yes
		0 No
		-1 Don't know
		-2 Decline to respond
SERV_24_7_OPER_PR <i>(required)</i>	Social worker: Employed	1 Yes
		0 No
		-1 Don't know
		-2 Decline to respond
SERV_24_7_LAB_PR <i>(required)</i>	Lab technician: Employed	1 Yes
		0 No
		-1 Don't know
		-2 Decline to respond
SERV_24_7_PROM_PR <i>(required)</i>	Health promoter/Community health educator: Employed	1 Yes
		0 No
		-1 Don't know
		-2 Decline to respond
SERV_24_7_DISP_PR <i>(required)</i>	Dispenser at pharmacy: Employed	1 Yes
		0 No
		-1 Don't know
		-2 Decline to respond
SERV_24_7_OTH_PR	Other (specify):	1 Yes
		0 No
		-1 Don't know
		-2 Decline to respond
Consent Obtained > Specialties / health care personnel > General physicians		
Group relevant when: selected(\${SERV_24_7_MED_PR} , '1')		
note_group_phys	Now I am going to ask you about general physicians at this facility. For each category of personnel I list, please how many, and for which shifts they are available. <i>Interviewer: For general physicians, ask how many are employed and how many are available for each shift.</i>	
SERV_24_7_MED_PR_NUM	Total number of general physicians employed:	
SERV_24_7_MED_DAY <i>(required)</i>	Number of general physicians in the day shifts:	
SERV_24_7_MED_EVE <i>(required)</i>	Number of general physicians in the evening shifts:	
SERV_24_7_MED_NI <i>(required)</i>	Number of general physicians in the night shifts:	
SERV_24_7_MED_ALT <i>(required)</i>	Number of general physicians on Saturdays:	
SERV_24_7_MED_SUN <i>(required)</i>	Number of general physicians on Sundays:	
Consent Obtained > Specialties / health care personnel > Pediatricians		

Field	Question	Answer								
<i>Group relevant when: selected(\${SERV_24_7_PED_PR} , '1')</i>										
note_group_ped	Now I am going to ask you about pediatricians at this facility. For each category of personnel I list, please how many, and for which shifts they are available. <i>Interviewer: For pediatricians, ask how many are employed and how many are available for each shift.</i>									
SERV_24_7_PED_PR_NUM	Total number of pediatricians employed:									
SERV_24_7_PED_DAY <i>(required)</i>	Number of pediatricians in the day shifts:									
SERV_24_7_PED_EVE <i>(required)</i>	Number of pediatricians in the evening shifts:									
SERV_24_7_PED_NI <i>(required)</i>	Number of pediatricians in the night shifts:									
SERV_24_7_PED_ALT <i>(required)</i>	Number of pediatricians on Saturdays:									
SERV_24_7_PED_SUN <i>(required)</i>	Number of pediatricians on Sundays:									
SERV_24_7_PED_PR_CALL <i>(required)</i>	Are any pediatricians on call 24/7 at this facility? If so, how many? <i>Question relevant when: selected(\${FAC_TYPE} , '3')</i>	<table> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-1</td><td>Don't know</td></tr> <tr><td>-2</td><td>Decline to respond</td></tr> </table>	1	Yes	0	No	-1	Don't know	-2	Decline to respond
1	Yes									
0	No									
-1	Don't know									
-2	Decline to respond									
Consent Obtained > Specialties / health care personnel > Nutritionists/dieticians <i>Group relevant when: selected(\${SERV_24_7_NUTR_PR} , '1')</i>										
note_group_nutr	Now I am going to ask you about nutritionists/dieticians at this facility. For each category of personnel I list, please how many, and for which shifts they are available. <i>Interviewer: For nutritionists/dieticians, ask how many are employed and how many are available for each shift.</i>									
SERV_24_7_NUTR_PR_NUM <i>(required)</i>	Total number of nutritionists/dieticians employed:									
SERV_24_7_NUTR_DAY <i>(required)</i>	Number of nutritionists/dieticians in the day shifts:									
SERV_24_7_NUTR_EVE <i>(required)</i>	Number of nutritionists/dieticians in the evening shifts:									
SERV_24_7_NUTR_NI <i>(required)</i>	Number of nutritionists/dieticians in the night shifts:									
SERV_24_7_NUTR_ALT <i>(required)</i>	Number of nutritionists/dieticians on Saturdays:									
SERV_24_7_NUTR_SUN <i>(required)</i>	Number of nutritionists/dieticians on Sundays:									
Consent Obtained > Specialties / health care personnel > Pharmacists <i>Group relevant when: selected(\${SERV_24_7_PHARM_PR} , '1')</i>										
note_group_pharm	Now I am going to ask you about pharmacists at this facility. For each category of personnel I list, please how many, and for which shifts they are available. <i>Interviewer: For pharmacists, ask how many are employed and how many are available for each shift.</i>									
SERV_24_7_PHARM_PR_NUM	Total number of pharmacists employed:									
SERV_24_7_PHARM_DAY <i>(required)</i>	Number of pharmacists in the day shifts:									
SERV_24_7_PHARM_EVE <i>(required)</i>	Number of pharmacists in the evening shifts:									
SERV_24_7_PHARM_NI <i>(required)</i>	Number of pharmacists in the night shifts:									
SERV_24_7_PHARM_ALT <i>(required)</i>	Number of pharmacists on Saturdays:									
SERV_24_7_PHARM_SUN <i>(required)</i>	Number of pharmacists on Sundays:									
Consent Obtained > Specialties / health care personnel > Auxiliary nurses / Patient care assistant (PCA) <i>Group relevant when: selected(\${SERV_24_7_ANUR_PR} , '1')</i>										
note_group_anur	Now I am going to ask you about auxiliary nurses at this facility. For each category of personnel I list, please how many, and for which shifts they are available. <i>Interviewer: For auxiliary nurses, ask how many are employed and how many are available for each shift.</i>									
SERV_24_7_ANUR_PR_NUM <i>(required)</i>	Total number of auxiliary nurses / PCA employed:									
SERV_24_7_ANUR_DAY <i>(required)</i>	Number of auxiliary nurses / PCA in the day shifts:									
SERV_24_7_ANUR_EVE <i>(required)</i>	Number of auxiliary nurses / PCA in the evening shifts:									
SERV_24_7_ANUR_NI <i>(required)</i>	Number of auxiliary nurses / PCA in the night shifts:									
SERV_24_7_ANUR_ALT <i>(required)</i>	Number of auxiliary nurses / PCA on Saturdays:									
SERV_24_7_ANUR_SUN <i>(required)</i>	Number of auxiliary nurses / PCA on Sundays:									
Consent Obtained > Specialties / health care personnel > Practical nurses <i>Group relevant when: selected(\${SERV_24_7_PNUR_PR} , '1')</i>										
note_group_pnur	Now I am going to ask you about practical nurses at this facility. For each category of personnel I list, please how many, and for which shifts they are available. <i>Interviewer: For practical nurses, ask how many are employed and how many are available for each shift.</i>									
SERV_24_7_PNUR_PR_NUM <i>(required)</i>	Total number of practical nurses employed:									
SERV_24_7_PNUR_DAY <i>(required)</i>	Number of practical nurses in the day shifts:									
SERV_24_7_PNUR_EVE <i>(required)</i>	Number of practical nurses in the evening shifts:									
SERV_24_7_PNUR_NI <i>(required)</i>	Number of practical nurses in the night shifts:									
SERV_24_7_PNUR_ALT <i>(required)</i>	Number of practical nurses on Saturdays:									
SERV_24_7_PNUR_SUN <i>(required)</i>	Number of practical nurses on Sundays:									
Consent Obtained > Specialties / health care personnel > Registered nurses <i>Group relevant when: selected(\${SERV_24_7_ENF_PR} , '1')</i>										
note_group_enf	Now I am going to ask you about registered nurses at this facility. For each category of personnel I list, please how many, and for which shifts they are available.									

Field	Question	Answer
	<i>Interviewer: For registered nurses, ask how many are employed and how many are available for each shift.</i>	
SERV_24_7_ENF_PR_NUM <i>(required)</i>	Total number of registered nurses employed:	
SERV_24_7_ENF_DAY <i>(required)</i>	Number of registered nurses in the day shifts:	
SERV_24_7_ENF_EVE <i>(required)</i>	Number of registered nurses in the evening shifts:	
SERV_24_7_ENF_NI <i>(required)</i>	Number of registered nurses in the night shifts:	
SERV_24_7_ENF_ALT <i>(required)</i>	Number of registered nurses on Saturdays:	
SERV_24_7_ENF_SUN <i>(required)</i>	Number of registered nurses on Sundays:	
Consent Obtained > Specialties / health care personnel > Professional midwives <i>Group relevant when: selected(\${SERV_24_7_PMW_PR} , '1')</i>		
note_group_pmw	Now I am going to ask you about professional midwives at this facility. For each category of personnel I list, please how many, and for which shifts they are available. <i>Interviewer: For professional midwives, ask how many are employed and how many are available for each shift.</i>	
SERV_24_7_PMW_PR_NUM <i>(required)</i>	Total number of professional midwives employed:	
SERV_24_7_PMW_DAY <i>(required)</i>	Number of professional midwives in the day shifts:	
SERV_24_7_PMW_EVE <i>(required)</i>	Number of professional midwives in the evening shifts:	
SERV_24_7_PMW_NI <i>(required)</i>	Number of professional midwives in the night shifts:	
SERV_24_7_PMW_ALT <i>(required)</i>	Number of professional midwives on Saturdays:	
SERV_24_7_PMW_SUN <i>(required)</i>	Number of professional midwives on Sundays:	
Consent Obtained > Specialties / health care personnel > Social workers <i>Group relevant when: selected(\${SERV_24_7_OPER_PR} , '1')</i>		
note_group_oper	Now I am going to ask you about social workers at this facility. For each category of personnel I list, please how many, and for which shifts they are available. <i>Interviewer: For social workers, ask how many are employed and how many are available for each shift.</i>	
SERV_24_7_OPER_PR_NUM <i>(required)</i>	Total number of social workers employed:	
SERV_24_7_OPER_DAY <i>(required)</i>	Number of social workers in the day shifts:	
SERV_24_7_OPER_EVE <i>(required)</i>	Number of social workers in the evening shifts:	
SERV_24_7_OPER_NI <i>(required)</i>	Number of social workers in the night shifts:	
SERV_24_7_OPER_ALT <i>(required)</i>	Number of social workers on Saturdays:	
SERV_24_7_OPER_SUN <i>(required)</i>	Number of social workers on Sundays:	
Consent Obtained > Specialties / health care personnel > Lab technicians <i>Group relevant when: selected(\${SERV_24_7_LAB_PR} , '1')</i>		
note_group_lab	Now I am going to ask you about lab technicians at this facility. For each category of personnel I list, please how many, and for which shifts they are available. <i>Interviewer: For lab technicians, ask how many are employed and how many are available for each shift.</i>	
SERV_24_7_LAB_PR_NUM <i>(required)</i>	Total number of lab technicians employed:	
SERV_24_7_LAB_DAY <i>(required)</i>	Number of lab technicians in the day shifts:	
SERV_24_7_LAB_EVE <i>(required)</i>	Number of lab technicians in the evening shifts:	
SERV_24_7_LAB_NI <i>(required)</i>	Number of lab technicians in the night shifts:	
SERV_24_7_LAB_ALT <i>(required)</i>	Number of lab technicians on Saturdays:	
SERV_24_7_LAB_SUN <i>(required)</i>	Number of lab technicians on Sundays:	
Consent Obtained > Specialties / health care personnel > Health promoters / Community health educators <i>Group relevant when: selected(\${SERV_24_7_PROM_PR} , '1')</i>		
note_group_prom	Now I am going to ask you about health promoters/community health educators at this facility. For each category of personnel I list, please how many, and for which shifts they are available. <i>Interviewer: For health promoters/community health educators, ask how many are employed and how many are available for each shift.</i>	
SERV_24_7_PROM_PR_NUM <i>(required)</i>	Total number of health promoters/community health educators employed:	
SERV_24_7_PROM_DAY <i>(required)</i>	Number of health promoters/community health educators in the day shifts:	
SERV_24_7_PROM_EVE <i>(required)</i>	Number of health promoters/community health educators in the evening shifts:	
SERV_24_7_PROM_NI <i>(required)</i>	Number of health promoters/community health educators in the night shifts:	
SERV_24_7_PROM_ALT <i>(required)</i>	Number of health promoters/community health educators on Saturdays:	
SERV_24_7_PROM_SUN <i>(required)</i>	Number of health promoters/community health educators on Sundays:	
Consent Obtained > Specialties / health care personnel > Dispensers at pharmacy <i>Group relevant when: selected(\${SERV_24_7_DISP_PR} , '1')</i>		
note_group_24_7_disp	Now I am going to ask you about dispensers at pharmacy at this facility. For each category of personnel I list, please how many, and for which shifts they are available <i>Interviewer: For dispensers at pharmacy, ask how many are employed and how many are available for each shift.</i>	
SERV_24_7_DISP_PR_NUM <i>(required)</i>	Total number of dispensers at pharmacy employed:	
SERV_24_7_DISP_DAY <i>(required)</i>	Number of dispensers at pharmacy in the day shifts:	
SERV_24_7_DISP_EVE <i>(required)</i>	Number of dispensers at pharmacy in the evening shifts:	
SERV_24_7_DISP_NI <i>(required)</i>	Number of dispensers at pharmacy in the night shifts:	

Field	Question	Answer
SERV_24_7_DISP_ALT <i>(required)</i>	Number of dispensers at pharmacy on Saturdays:	
SERV_24_7_DISP_SUN <i>(required)</i>	Number of dispensers at pharmacy on Sundays:	
Consent Obtained > Specialties / health care personnel > '[SERV_24_7_OTH_NAME]'		
<i>Group relevant when: selected(\${SERV_24_7_OTH_PR} , '1')</i>		
note_group_24_7_oth	Now I am going to ask you about '[SERV_24_7_OTH_NAME]' personnel at this facility. For each category of personnel I list, please how many, and for which shifts they are available. <i>Interviewer: For '[SERV_24_7_OTH_NAME]', ask how many are employed and how many are available for each shift.</i>	
SERV_24_7_OTH_PR_NUM	Total number of '[SERV_24_7_OTH_NAME]' employed:	
SERV_24_7_OTH_DAY	Number of '[SERV_24_7_OTH_NAME]' in the day shifts:	
SERV_24_7_OTH_EVE	Number of '[SERV_24_7_OTH_NAME]' in the evening shifts:	
SERV_24_7_OTH_NI	Number of '[SERV_24_7_OTH_NAME]' in the night shifts:	
SERV_24_7_OTH_ALT	Number of '[SERV_24_7_OTH_NAME]' on Saturdays:	
SERV_24_7_OTH_SUN	Number of '[SERV_24_7_OTH_NAME]' on Sundays:	
Consent Obtained > Specialties / health care personnel > group_sup_staff_ab		
<i>Group relevant when: selected(\${CB_PERS2} , '0') and (selected(\${FAC_TYPE} , '1') or selected(\${FAC_TYPE} , '2'))</i>		
label_sup_staff_ab	Now, for each specialty / category of health facility personnel I mention, please indicate if they work here. On the following page you will enter how many. <i>Interviewer: These personnel are asked of Ambulatory and Basic facilities.</i>	<div>1 Yes</div> <div>0 No</div> <div>-1 Don't know</div> <div>-2 Decline to respond</div>
SUP_STAFF_AB_INT_PR <i>(required)</i>	Internist: Employed	<div>1 Yes</div> <div>0 No</div> <div>-1 Don't know</div> <div>-2 Decline to respond</div>
SUP_STAFF_AB_GYN_PR <i>(required)</i>	Gynecologist –obstetrician: Employed	<div>1 Yes</div> <div>0 No</div> <div>-1 Don't know</div> <div>-2 Decline to respond</div>
SUP_STAFF_AB_SURG_PR <i>(required)</i>	Surgeon: Employed	<div>1 Yes</div> <div>0 No</div> <div>-1 Don't know</div> <div>-2 Decline to respond</div>
SUP_STAFF_AB_ANE_PR <i>(required)</i>	Anesthesiologist: Employed	<div>1 Yes</div> <div>0 No</div> <div>-1 Don't know</div> <div>-2 Decline to respond</div>
SUP_STAFF_AB_EMT_PR <i>(required)</i>	Emergency medical technicians (e.g., paramedics): Employed	<div>1 Yes</div> <div>0 No</div> <div>-1 Don't know</div> <div>-2 Decline to respond</div>
SUP_STAFF_AB_RAD_PR <i>(required)</i>	Radiology technician: Employed	<div>1 Yes</div> <div>0 No</div> <div>-1 Don't know</div> <div>-2 Decline to respond</div>
SUP_STAFF_AB_OTH_PR	Other medical personnel: Total employed	<div>1 Yes</div> <div>0 No</div> <div>-1 Don't know</div> <div>-2 Decline to respond</div>
Consent Obtained > Specialties / health care personnel > Now, for each specialty / category of health facility personnel I mention, please note the total number employed.		
<i>Group relevant when: selected(\${SUP_STAFF_AB_INT_PR} , '1') or selected(\${SUP_STAFF_AB_GYN_PR} , '1') or selected(\${SUP_STAFF_AB_SURG_PR} , '1') or selected(\${SUP_STAFF_AB_ANE_PR} , '1') or selected(\${SUP_STAFF_AB_EMT_PR} , '1') or selected(\${SUP_STAFF_AB_RAD_PR} , '1') or selected(\${SUP_STAFF_AB_OTH_PR} , '1')</i>		
SUP_STAFF_AB_INT_PR_NUM <i>(required)</i>	Internist: Total employed <i>Question relevant when: selected(\${SUP_STAFF_AB_INT_PR} , '1')</i>	
SUP_STAFF_AB_GYN_PR_NUM <i>(required)</i>	Gynecologist –obstetrician: Total employed <i>Question relevant when: selected(\${SUP_STAFF_AB_GYN_PR} , '1')</i>	
SUP_STAFF_AB_SURG_PR_NUM <i>(required)</i>	Surgeon: Total employed <i>Question relevant when: selected(\${SUP_STAFF_AB_SURG_PR} , '1')</i>	
SUP_STAFF_AB_ANE_PR_NUM <i>(required)</i>	Anesthesiologist: Total employed <i>Question relevant when: selected(\${SUP_STAFF_AB_ANE_PR} , '1')</i>	
SUP_STAFF_AB_EMT_PR_NUM <i>(required)</i>	Emergency medical technicians (e.g., paramedics): Total employed <i>Question relevant when: selected(\${SUP_STAFF_AB_EMT_PR} , '1')</i>	
SUP_STAFF_AB_RAD_PR_NUM <i>(required)</i>	Radiology technician: Total employed	

Field	Question	Answer
	<i>Question relevant when: selected(\${SUP_STAFF_AB_RAD_PR} , '1')</i>	
SUP_STAFF_AB_OTH_PR_NUM	[SUP_STAFF_AB_OTH_NAME] personnel: Total employed <i>Question relevant when: selected(\${SUP_STAFF_AB_OTH_PR} , '1')</i>	
Consent Obtained > Specialties / health care personnel > group_sup_staff_24 <i>Group relevant when: selected(\${CB_PERS2} , '0') and selected(\${FAC_TYPE} , '3')</i>		
label_sub_staff_24	Now, for each specialty / category of health facility personnel I mention, please indicate if they work here. On the following page you will enter how many. <i>Interviewer: These personnel are asked of Complete facilities.</i>	<div>1 Yes</div> <div>0 No</div> <div>-1 Don't know</div> <div>-2 Decline to respond</div>
SUP_STAFF_24_INT_PR <i>(required)</i>	Internist: Employed	<div>1 Yes</div> <div>0 No</div> <div>-1 Don't know</div> <div>-2 Decline to respond</div>
SUP_STAFF_24_GYN_PR <i>(required)</i>	Gynecologist –obstetrician: Employed	<div>1 Yes</div> <div>0 No</div> <div>-1 Don't know</div> <div>-2 Decline to respond</div>
SUP_STAFF_24_SURG_PR <i>(required)</i>	Surgeon: Employed	<div>1 Yes</div> <div>0 No</div> <div>-1 Don't know</div> <div>-2 Decline to respond</div>
SUP_STAFF_24_ANE_PR <i>(required)</i>	Anesthesiologist: Employed	<div>1 Yes</div> <div>0 No</div> <div>-1 Don't know</div> <div>-2 Decline to respond</div>
SUP_STAFF_24_EMT_PR <i>(required)</i>	Emergency medical technicians (e.g., paramedics): Employed	<div>1 Yes</div> <div>0 No</div> <div>-1 Don't know</div> <div>-2 Decline to respond</div>
SUP_STAFF_24_RAD_PR <i>(required)</i>	Radiology technician: Employed	<div>1 Yes</div> <div>0 No</div> <div>-1 Don't know</div> <div>-2 Decline to respond</div>
SUP_STAFF_24_OTH_PR	Other medical personnel: Total employed	<div>1 Yes</div> <div>0 No</div> <div>-1 Don't know</div> <div>-2 Decline to respond</div>
Consent Obtained > Specialties / health care personnel > Internists <i>Group relevant when: selected(\${SUP_STAFF_24_INT_PR} , '1')</i>		
note_group_int_24	Now I am going to ask you about internists at this facility. For each category of personnel I list, please how many, and for which shifts they are available. <i>Interviewer: For internists, ask how many are employed and how many are available for each shift.</i>	
SUP_STAFF_24_INT_PR_NUM <i>(required)</i>	Total number of internists employed:	
SUP_STAFF_24_INT_DAY <i>(required)</i>	Number of internists in the day shifts: <i>Question relevant when: selected(\${FAC_TYPE} , '3') or selected(\${FAC_TYPE} , '3')</i>	
SUP_STAFF_24_INT_EVE <i>(required)</i>	Number of internists in the evening shifts: <i>Question relevant when: selected(\${FAC_TYPE} , '3') or selected(\${FAC_TYPE} , '3')</i>	
SUP_STAFF_24_INT_NI <i>(required)</i>	Number of internists in the night shifts: <i>Question relevant when: selected(\${FAC_TYPE} , '3') or selected(\${FAC_TYPE} , '3')</i>	
SUP_STAFF_24_INT_ALT <i>(required)</i>	Number of internists on Saturdays: <i>Question relevant when: selected(\${FAC_TYPE} , '3') or selected(\${FAC_TYPE} , '3')</i>	
SUP_STAFF_24_INT_SUN <i>(required)</i>	Number of internists on Sundays: <i>Question relevant when: selected(\${FAC_TYPE} , '3') or selected(\${FAC_TYPE} , '3')</i>	
SUP_STAFF_24_INT_CALL <i>(required)</i>	Are any internists on call 24/7 at this facility? If so, how many? <i>Question relevant when: selected(\${FAC_TYPE} , '3')</i>	<div>1 Yes</div> <div>0 No</div> <div>-1 Don't know</div> <div>-2 Decline to respond</div>
Consent Obtained > Specialties / health care personnel > Gynecologist-obstetricians <i>Group relevant when: selected(\${SUP_STAFF_24_GYN_PR} , '1')</i>		
note_group_gyn_24	Now I am going to ask you about gynecologist –obstetricians at this facility. For each category of personnel I list, please how many, and for which shifts they are available.	

Field	Question	Answer								
	<i>Interviewer: For gynecologist –obstetricians, ask how many are employed and how many are available for each shift.</i>									
SUP_STAFF_24_GYN_PR_NUM <i>(required)</i>	Total number of gynecologist –obstetricians employed:									
SUP_STAFF_24_GYN_DAY <i>(required)</i>	Number of gynecologist –obstetricians in the day shifts: <i>Question relevant when: selected(\${FAC_TYPE} , '3') or selected(\${FAC_TYPE} , '3')</i>									
SUP_STAFF_24_GYN_EVE <i>(required)</i>	Number of gynecologist –obstetricians in the evening shifts: <i>Question relevant when: selected(\${FAC_TYPE} , '3') or selected(\${FAC_TYPE} , '3')</i>									
SUP_STAFF_24_GYN_NI <i>(required)</i>	Number of gynecologist –obstetricians in the night shifts: <i>Question relevant when: selected(\${FAC_TYPE} , '3') or selected(\${FAC_TYPE} , '3')</i>									
SUP_STAFF_24_GYN_ALT <i>(required)</i>	Number of gynecologist –obstetricians on Saturdays: <i>Question relevant when: selected(\${FAC_TYPE} , '3') or selected(\${FAC_TYPE} , '3')</i>									
SUP_STAFF_24_GYN_SUN <i>(required)</i>	Number of gynecologist –obstetricians on Sundays: <i>Question relevant when: selected(\${FAC_TYPE} , '3') or selected(\${FAC_TYPE} , '3')</i>									
SUP_STAFF_24_GYN_CALL <i>(required)</i>	Are any gynecologist –obstetricians on call 24/7 at this facility? If so, how many? <i>Question relevant when: selected(\${FAC_TYPE} , '3')</i>	<table> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-1</td><td>Don't know</td></tr> <tr><td>-2</td><td>Decline to respond</td></tr> </table>	1	Yes	0	No	-1	Don't know	-2	Decline to respond
1	Yes									
0	No									
-1	Don't know									
-2	Decline to respond									
Consent Obtained > Specialties / health care personnel > Surgeons <i>Group relevant when: selected(\${SUP_STAFF_24_SURG_PR} , '1')</i>										
note_group_surg_24	Now I am going to ask you about surgeons at this facility. For each category of personnel I list, please how many, and for which shifts they are available. <i>Interviewer: For surgeons, ask how many are employed and how many are available for each shift.</i>									
SUP_STAFF_24_SURG_PR_NUM <i>(required)</i>	Total number of surgeons employed:									
SUP_STAFF_24_SURG_DAY <i>(required)</i>	Number of surgeons in the day shifts: <i>Question relevant when: selected(\${FAC_TYPE} , '3') or selected(\${FAC_TYPE} , '3')</i>									
SUP_STAFF_24_SURG_EVE <i>(required)</i>	Number of surgeons in the evening shifts: <i>Question relevant when: selected(\${FAC_TYPE} , '3') or selected(\${FAC_TYPE} , '3')</i>									
SUP_STAFF_24_SURG_NI <i>(required)</i>	Number of surgeons in the night shifts: <i>Question relevant when: selected(\${FAC_TYPE} , '3') or selected(\${FAC_TYPE} , '3')</i>									
SUP_STAFF_24_SURG_ALT <i>(required)</i>	Number of surgeons on Saturdays: <i>Question relevant when: selected(\${FAC_TYPE} , '3') or selected(\${FAC_TYPE} , '3')</i>									
SUP_STAFF_24_SURG_SUN <i>(required)</i>	Number of surgeons on Sundays: <i>Question relevant when: selected(\${FAC_TYPE} , '3') or selected(\${FAC_TYPE} , '3')</i>									
SUP_STAFF_24_SURG_CALL <i>(required)</i>	Are any surgeons on call 24/7 at this facility? If so, how many? <i>Question relevant when: selected(\${FAC_TYPE} , '3')</i>	<table> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-1</td><td>Don't know</td></tr> <tr><td>-2</td><td>Decline to respond</td></tr> </table>	1	Yes	0	No	-1	Don't know	-2	Decline to respond
1	Yes									
0	No									
-1	Don't know									
-2	Decline to respond									
Consent Obtained > Specialties / health care personnel > Anesthesiologists <i>Group relevant when: selected(\${SUP_STAFF_24_ANE_PR} , '1')</i>										
note_group_ane_24	Now I am going to ask you about anesthesiologists at this facility. For each category of personnel I list, please how many, and for which shifts they are available. <i>Interviewer: For anesthesiologists, ask how many are employed and how many are available for each shift.</i>									
SUP_STAFF_24_ANE_PR_NUM <i>(required)</i>	Total number of anesthesiologists employed:									
SUP_STAFF_24_ANE_DAY <i>(required)</i>	Number of anesthesiologists in the day shifts: <i>Question relevant when: selected(\${FAC_TYPE} , '3') or selected(\${FAC_TYPE} , '3')</i>									
SUP_STAFF_24_ANE_EVE <i>(required)</i>	Number of anesthesiologists in the evening shifts: <i>Question relevant when: selected(\${FAC_TYPE} , '3') or selected(\${FAC_TYPE} , '3')</i>									
SUP_STAFF_24_ANE_NI <i>(required)</i>	Number of anesthesiologists in the night shifts: <i>Question relevant when: selected(\${FAC_TYPE} , '3') or selected(\${FAC_TYPE} , '3')</i>									
SUP_STAFF_24_ANE_ALT <i>(required)</i>	Number of anesthesiologists on Saturdays: <i>Question relevant when: selected(\${FAC_TYPE} , '3') or selected(\${FAC_TYPE} , '3')</i>									
SUP_STAFF_24_ANE_SUN <i>(required)</i>	Number of anesthesiologists on Sundays: <i>Question relevant when: selected(\${FAC_TYPE} , '3') or selected(\${FAC_TYPE} , '3')</i>									
SUP_STAFF_24_ANE_CALL <i>(required)</i>	Are any anesthesiologists on call 24/7 at this facility? If so, how many? <i>Question relevant when: selected(\${FAC_TYPE} , '3')</i>	<table> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-1</td><td>Don't know</td></tr> <tr><td>-2</td><td>Decline to respond</td></tr> </table>	1	Yes	0	No	-1	Don't know	-2	Decline to respond
1	Yes									
0	No									
-1	Don't know									
-2	Decline to respond									
Consent Obtained > Specialties / health care personnel > Emergency medical technicians <i>Group relevant when: selected(\${SUP_STAFF_24_EMT_PR} , '1')</i>										
note_group_emt_24	Now I am going to ask you about Emergency medical technicians (e.g., paramedics) at this facility. For each category of personnel I list, please how many, and for which shifts they are available.									

Field	Question	Answer								
	Interviewer: For Emergency medical technicians (e.g., paramedics), ask how many are employed and how many are available for each shift.									
SUP_STAFF_24_EMT_PR_NUM <i>(required)</i>	Total number of Emergency medical technicians (e.g., paramedics) employed:									
SUP_STAFF_24_EMT_DAY <i>(required)</i>	Number of Emergency medical technicians (e.g., paramedics) in the day shifts: <i>Question relevant when: selected(\${FAC_TYPE} , '3') or selected(\${FAC_TYPE} , '3')</i>									
SUP_STAFF_24_EMT_EVE <i>(required)</i>	Number of Emergency medical technicians (e.g., paramedics) in the evening shifts: <i>Question relevant when: selected(\${FAC_TYPE} , '3') or selected(\${FAC_TYPE} , '3')</i>									
SUP_STAFF_24_EMT_NI <i>(required)</i>	Number of Emergency medical technicians (e.g., paramedics) in the night shifts: <i>Question relevant when: selected(\${FAC_TYPE} , '3') or selected(\${FAC_TYPE} , '3')</i>									
SUP_STAFF_24_EMT_ALT <i>(required)</i>	Number of Emergency medical technicians (e.g., paramedics) on Saturdays: <i>Question relevant when: selected(\${FAC_TYPE} , '3') or selected(\${FAC_TYPE} , '3')</i>									
SUP_STAFF_24_EMT_SUN <i>(required)</i>	Number of Emergency medical technicians (e.g., paramedics) on Sundays: <i>Question relevant when: selected(\${FAC_TYPE} , '3') or selected(\${FAC_TYPE} , '3')</i>									
SUP_STAFF_24_EMT_CALL <i>(required)</i>	Are any emergency medical technicians (e.g., paramedics) on call 24/7 at this facility? If so, how many? <i>Question relevant when: selected(\${FAC_TYPE} , '3')</i>	<table> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-1</td><td>Don't know</td></tr> <tr><td>-2</td><td>Decline to respond</td></tr> </table>	1	Yes	0	No	-1	Don't know	-2	Decline to respond
1	Yes									
0	No									
-1	Don't know									
-2	Decline to respond									
Consent Obtained > Specialties / health care personnel > Radiology technicians <i>Group relevant when: selected(\${SUP_STAFF_24_RAD_PR} , '1')</i>										
note_group_rad_24	Now I am going to ask you about radiology technicians at this facility. For each category of personnel I list, please how many, and for which shifts they are available. Interviewer: For radiology technicians, ask how many are employed and how many are available for each shift.									
SUP_STAFF_24_RAD_PR_NUM <i>(required)</i>	Total number of radiology technicians employed:									
SUP_STAFF_24_RAD_DAY <i>(required)</i>	Number of radiology technicians in the day shifts: <i>Question relevant when: selected(\${FAC_TYPE} , '3') or selected(\${FAC_TYPE} , '3')</i>									
SUP_STAFF_24_RAD_EVE <i>(required)</i>	Number of radiology technicians in the evening shifts: <i>Question relevant when: selected(\${FAC_TYPE} , '3') or selected(\${FAC_TYPE} , '3')</i>									
SUP_STAFF_24_RAD_NI <i>(required)</i>	Number of radiology technicians in the night shifts: <i>Question relevant when: selected(\${FAC_TYPE} , '3') or selected(\${FAC_TYPE} , '3')</i>									
SUP_STAFF_24_RAD_ALT <i>(required)</i>	Number of radiology technicians on Saturdays: <i>Question relevant when: selected(\${FAC_TYPE} , '3') or selected(\${FAC_TYPE} , '3')</i>									
SUP_STAFF_24_RAD_SUN <i>(required)</i>	Number of radiology technicians on Sundays: <i>Question relevant when: selected(\${FAC_TYPE} , '3') or selected(\${FAC_TYPE} , '3')</i>									
SUP_STAFF_24_RAD_CALL <i>(required)</i>	Are any radiology technicians on call 24/7 at this facility? If so, how many? <i>Question relevant when: selected(\${FAC_TYPE} , '3')</i>	<table> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-1</td><td>Don't know</td></tr> <tr><td>-2</td><td>Decline to respond</td></tr> </table>	1	Yes	0	No	-1	Don't know	-2	Decline to respond
1	Yes									
0	No									
-1	Don't know									
-2	Decline to respond									
Consent Obtained > Specialties / health care personnel > '[SUP_STAFF_24_OTH_NAME]' <i>Group relevant when: selected(\${SUP_STAFF_24_OTH_PR} , '1')</i>										
note_group_disp	Now I am going to ask you about '[SUP_STAFF_24_OTH_NAME]' personnel at this facility. For each category of personnel I list, please how many, and for which shifts they are available. Interviewer: For '[SUP_STAFF_24_OTH_NAME]', ask how many are employed and how many are available for each shift.									
SUP_STAFF_24_OTH_PR_NUM	Total number of '[SUP_STAFF_24_OTH_NAME]' employed:									
SUP_STAFF_24_OTH_DAY	Number of '[SUP_STAFF_24_OTH_NAME]' in the day shifts: <i>Question relevant when: selected(\${FAC_TYPE} , '3') or selected(\${FAC_TYPE} , '3')</i>									
SUP_STAFF_24_OTH_EVE	Number of '[SUP_STAFF_24_OTH_NAME]' in the evening shifts: <i>Question relevant when: selected(\${FAC_TYPE} , '3') or selected(\${FAC_TYPE} , '3')</i>									
SUP_STAFF_24_OTH_NI	Number of '[SUP_STAFF_24_OTH_NAME]' in the night shifts: <i>Question relevant when: selected(\${FAC_TYPE} , '3') or selected(\${FAC_TYPE} , '3')</i>									
SUP_STAFF_24_OTH_ALT	Number of '[SUP_STAFF_24_OTH_NAME]' on Saturdays: <i>Question relevant when: selected(\${FAC_TYPE} , '3') or selected(\${FAC_TYPE} , '3')</i>									
SUP_STAFF_24_OTH_SUN	Number of '[SUP_STAFF_24_OTH_NAME]' on Sundays: <i>Question relevant when: selected(\${FAC_TYPE} , '3') or selected(\${FAC_TYPE} , '3')</i>									
Consent Obtained > Specialties / health care personnel > group_sup_staff2_q										
label_sup_staff2_q	Please indicate if the following staff are present: Interviewer: These staff are asked of all facility types.	<table> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-1</td><td>Don't know</td></tr> <tr><td>-2</td><td>Decline to respond</td></tr> </table>	1	Yes	0	No	-1	Don't know	-2	Decline to respond
1	Yes									
0	No									
-1	Don't know									
-2	Decline to respond									
SUP_STAFF_MAINT_EQUIP_PR <i>(required)</i>	Technicians for maintaining equipment	<table> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-1</td><td>Don't know</td></tr> <tr><td>-2</td><td>Decline to respond</td></tr> </table>	1	Yes	0	No	-1	Don't know	-2	Decline to respond
1	Yes									
0	No									
-1	Don't know									
-2	Decline to respond									

Field	Question	Answer	
SUP_STAFF_MAINT_BUILD_PR <i>(required)</i>	Technicians for building maintenance	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
Consent Obtained > group_other			
TIME_BLOOD <i>(required)</i>	How long does it take to get to the closest blood bank? Duration:	1	By vehicle (enter time on the following page)
		2	By foot (enter time on the following page)
		3	Blood bank within this health facility
		0	Don't use blood bank
		-1	Don't know
		-2	Decline to respond
TIME_BLOOD_VEH_MIN <i>(required)</i>	How long does it take to get to the closest blood bank by vehicle? Duration (in minutes) <i>Question relevant when: selected(\${TIME_BLOOD} , '1')</i>		
TIME_BLOOD_FT_MIN <i>(required)</i>	How long does it take to get to the closest blood bank by foot? Duration (in minutes) <i>Question relevant when: selected(\${TIME_BLOOD} , '2')</i>		
Consent Obtained > group_other > group_other_1			
AC_SAFE_BLOOD <i>(required)</i>	Do you have access to safe blood?	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
ELECT <i>(required)</i>	Does this facility have a functional electricity connection?	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
Consent Obtained > group_other > group_other_2			
ELECT_POWER <i>(required)</i>	Is the electricity supply power enough to maintain running equipment in this unit? <i>Question relevant when: selected(\${ELECT} , '1')</i>	1	Yes, all equipment
		2	Some equipment
		0	No equipment
		-1	Don't know
		-2	Decline to respond
ELECT_HRS <i>(required)</i>	On a typical day, how many hours of electricity are there at the facility? <i>Question relevant when: selected(\${ELECT} , '1')</i>	2	Record number of hours
		-1	Don't know
		-2	Decline to respond
validate_elect_hrs_num	You have entered an invalid value. Please enter a number between 0 and 24. <i>Question relevant when: selected(\${ELECT_HRS} , '2') and (\${ELECT_HRS_NUM} <0 or \${ELECT_HRS_NUM} >24 or number(\${ELECT_HRS_NUM} != \${ELECT_HRS_NUM}))</i>		
ELECT_DAYS <i>(required)</i>	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)? <i>Question relevant when: selected(\${ELECT} , '1')</i>	1	Total number of days
		0	No interruptions in electricity
		-1	Don't know
		-2	Decline to respond
		-3	Not applicable
validate_elect_days_num	You have entered an invalid value. Please enter a number between 0 and 7. <i>Question relevant when: selected(\${ELECT_DAYS} , '1') and (\${ELECT_DAYS_NUM} <0 or \${ELECT_DAYS_NUM} >7 or number(\${ELECT_DAYS_NUM} != \${ELECT_DAYS_NUM}))</i>		
ELECT_SRC <i>(required)</i>	What is (are) your source(s) of electricity? <i>Select all that apply.</i> <i>Question relevant when: selected(\${ELECT} , '1')</i>	1	Central supply
		2	Private supply
		3	In-facility generator
		4	Solar source
		5	BEL / Belize Electricity Limited
		995	Other (specify):
		-1	Don't know
		-2	Decline to respond

Field	Question	Answer	
EMER_GEN <i>(required)</i>	Do you have an emergency generator? <i>Question relevant when: selected(\${ELECT} , '1')</i>	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
Consent Obtained > group_other > group_other_3			
EMER_GEN_WORK <i>(required)</i>	Does the emergency generator work? <i>Question relevant when: selected(\${EMER_GEN} , '1')</i>	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
EMER_GEN_FUEL <i>(required)</i>	Do you have fuel for the emergency generator? <i>Question relevant when: selected(\${EMER_GEN} , '1')</i>	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
FAC_WAT <i>(required)</i>	Does this facility have a water source? <i>Select one option.</i>	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
Consent Obtained > group_other > group_other_4			
FAC_WAT_SOUR <i>(required)</i>	What are the most commonly used sources of water used at this facility? <i>Select all that apply.</i> <i>Question relevant when: selected(\${FAC_WAT} , '1')</i>	1	Piped water
		2	Well (public protected)
		3	Well (facility protected)
		4	Well (unprotected)
		5	Hand pump
		6	Bottled water
		7	Tanker
		8	Rainwater
		995	Other
		DK	Don't know
INTER_ACCES <i>(required)</i>	Does this health facility have access to the internet?	DTR	Decline to respond
		1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
		Consent Obtained > group_other > group_other_4 > Devices	
		label_group_devices	Does this facility own or have access to any of the following devices?
2	Facility has access to item		
0	Facility does not own or have access to item		
-1	Don't know		
-2	Decline to respond		
DEVICE_OWN_ACCESS_COMP <i>(required)</i>	Computer	1	Facility owns item
		2	Facility has access to item
		0	Facility does not own or have access to item
		-1	Don't know
		-2	Decline to respond
DEVICE_OWN_ACCESS_TABLET <i>(required)</i>	Tablet	1	Facility owns item
		2	Facility has access to item
		0	Facility does not own or have access to item
		-1	Don't know
		-2	Decline to respond
DEVICE_OWN_ACCESS_SMRTPH <i>(required)</i>	Smartphone	1	Facility owns item
		2	Facility has access to item
		0	Facility does not own or have access to item
		-1	Don't know
		-2	Decline to respond
DEVICE_OWN_ACCESS_OTHER	Other (specify on next page)	1	Facility owns item
		2	Facility has access to item

Field	Question	Answer
		0 Facility does not own or have access to item
		-1 Don't know
		-2 Decline to respond
DEVICE_OWN_ACCESS_OTHER_SPEC <i>(required)</i>	<p>Does this facility own or have access to any of the following devices?</p> <p>Other (specify): <i>Question relevant when: selected(\${DEVICE_OWN_ACCESS_OTHER} , '1') or selected(\${DEVICE_OWN_ACCESS_OTHER} , '2')</i></p>	
Consent Obtained > group_other > group_other_4 > Devices <i>Group relevant when: selected(\${DEVICE_OWN_ACCESS_COMP} , '1') or selected(\${DEVICE_OWN_ACCESS_COMP} , '2') or selected(\${DEVICE_OWN_ACCESS_TABLET} , '1') or selected(\${DEVICE_OWN_ACCESS_TABLET} , '2') or selected(\${DEVICE_OWN_ACCESS_SMRTPH} , '1') or selected(\${DEVICE_OWN_ACCESS_SMRTPH} , '2') or selected(\${DEVICE_OWN_ACCESS_OTHER} , '1') or selected(\${DEVICE_OWN_ACCESS_OTHER} , '2')</i>		
label_group_devices_func	Are any of the following devices functional ?	1 Functional 0 Not functional -1 Don't know -2 Decline to respond
DEVICE_FUNC_COMP <i>(required)</i>	<p>Computer</p> <p><i>Question relevant when: selected(\${DEVICE_OWN_ACCESS_COMP} , '1') or selected(\${DEVICE_OWN_ACCESS_COMP} , '2')</i></p>	1 Functional 0 Not functional -1 Don't know -2 Decline to respond
DEVICE_FUNC_TABLET <i>(required)</i>	<p>Tablet</p> <p><i>Question relevant when: selected(\${DEVICE_OWN_ACCESS_TABLET} , '1') or selected(\${DEVICE_OWN_ACCESS_TABLET} , '2')</i></p>	1 Functional 0 Not functional -1 Don't know -2 Decline to respond
DEVICE_FUNC_SMRTPH <i>(required)</i>	<p>Smartphone</p> <p><i>Question relevant when: selected(\${DEVICE_OWN_ACCESS_SMRTPH} , '1') or selected(\${DEVICE_OWN_ACCESS_SMRTPH} , '2')</i></p>	1 Functional 0 Not functional -1 Don't know -2 Decline to respond
DEVICE_FUNC_OTHER	<p>[DEVICE_OWN_ACCESS_OTHER_SPEC]</p> <p><i>Question relevant when: selected(\${DEVICE_OWN_ACCESS_OTHER} , '1') or selected(\${DEVICE_OWN_ACCESS_OTHER} , '2')</i></p>	1 Functional 0 Not functional -1 Don't know -2 Decline to respond
CON_HIS <i>(required)</i>	Is this health facility connected to the Belize Health Information system network?	1 Yes 0 No -1 Don't know -2 Decline to respond
Consent Obtained > meetings		
MET_ROU <i>(required)</i>	Does this facility hold routine meetings to discuss facility managerial and administrative matters?	1 Yes 0 No -1 Don't know -2 Decline to respond
Consent Obtained > meetings > meetings_1		
MET_ROU_OFTEN <i>(required)</i>	<p>How often do these meetings, to discuss facility managerial and administrative matters, take place?</p> <p><i>Question relevant when: selected(\${MET_ROU} , '1')</i></p>	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
KEEP_REC_ROU <i>(required)</i>	<p>Do you keep records of each meeting?</p> <p><i>Question relevant when: selected(\${MET_ROU} , '1')</i></p>	1 Yes 2 Yes, when needed 0 No -1 Don't know -2 Decline to respond
REC_SUB_ROU <i>(required)</i>	<p>To whom do you submit records of each meeting?</p> <p><i>Question relevant when: selected(\${KEEP_REC_ROU} , '1') or selected(\${KEEP_REC_ROU} , '2')</i></p>	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

Field	Question	-2 Decline to respond Answer	
MET_MED <i>(required)</i>	Does this facility hold routine meetings to discuss medical issues?	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
Consent Obtained > meetings > meetings_2			
MET_MED_OFTEN <i>(required)</i>	How often do these meetings to discuss medical issues take place? <i>Question relevant when: selected(\${MET_MED} , '1')</i>	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
KEEP_REC_MED <i>(required)</i>	Do you keep records of each meeting? <i>Question relevant when: selected(\${MET_MED} , '1')</i>	1	Yes
		2	Yes, when needed
		0	No
		-1	Don't know
		-2	Decline to respond
REC_SUB_MED <i>(required)</i>	To whom do you submit records of each meeting? <i>Question relevant when: selected(\${KEEP_REC_MED} , '1') or selected(\${KEEP_REC_MED} , '2')</i>	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
HOS_SER <i>(required)</i>	Does this health facility provide hospitalization services (for inpatients)?	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
		-3	Not applicable
Consent Obtained > meetings > meetings_3			
FOOD_PAT <i>(required)</i>	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? <i>Question relevant when: selected(\${HOS_SER} , '1')</i>	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
		-3	Not applicable
ACOM_PER_STAY <i>(required)</i>	Does this health facility allow persons accompanying patient to stay in the health facility together with the patient? <i>Question relevant when: selected(\${HOS_SER} , '1')</i>	1	Yes, all the time
		2	Yes, sometimes
		0	No
		-1	Don't know
		-2	Decline to respond
ACOM_PER_SER <i>(required)</i>	What services are provided for the accompanying person? <i>Select all that apply.</i> <i>Question relevant when: selected(\${HOS_SER} , '1') and (selected(\${ACOM_PER_STAY} , '1') or selected(\${ACOM_PER_STAY} , '2'))</i>	1	Food only
		2	Place to sleep
		3	Both food and place to sleep
		4	Hostels
		99	Other (specify):
		0	Nothing
		DK	Don't know
		DTR	Decline to respond
Consent Obtained > Supervisory visits conducted at this facility			
FAC_SUPERVISED <i>(required)</i>	Has this health facility ever received a supervisory visit?	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
Consent Obtained > Supervisory visits conducted at this facility > Supervisory visits conducted at this facility			
FAC_SUPER_WHO <i>(required)</i>	Who conducts this supervisory visit? <i>Question relevant when: selected(\${FAC_SUPERVISED} , '1')</i>	1	The administration of the health facility
		2	Health jurisdiction leader
		3	Municipal health authority
		4	National health authority

Field	Question	Answer
		<div>5 Non-governmental evaluator</div> <div>6 External evaluator</div> <div>995 Other (specify):</div> <div>DK Don't know</div> <div>DTR Decline to respond</div>
FAC_SUPER_NUM_VIS <i>(required)</i>	In the last 6 months, how many supervisory visits were conducted at this facility? <i>Question relevant when: selected(\${FAC_SUPERVISED} , '1')</i>	<div>0 0</div> <div>1 1</div> <div>2 2</div> <div>3 3</div> <div>4 4</div> <div>5 5</div> <div>6 6</div> <div>7 7</div> <div>8 8</div> <div>9 9</div> <div>10 10</div> <div>11 11</div> <div>12 12</div> <div>-1 Don't know</div> <div>-2 Decline to respond</div>
FAC_EVAL_REP <i>(required)</i>	Is there a record kept of each supervisory visit? <i>Question relevant when: selected(\${FAC_SUPERVISED} , '1')</i>	<div>1 Yes</div> <div>0 No</div> <div>-1 Don't know</div> <div>-2 Decline to respond</div>
Consent Obtained > Supervisory visits conducted at this facility > Supervisory visits conducted at this facility		
FAC_EVAL_REP_SEE <i>(required)</i>	Could you please show us a copy of the records, notes, or minutes from the last supervisory visit? <i>Question relevant when: selected(\${FAC_EVAL_REP} , '1')</i>	<div>1 Yes, report/notes/minutes are observed</div> <div>2 Respondent declines to show report/notes/minutes</div> <div>3 Respondent does not have or could not find report/notes/minutes</div>
HUM_RES_EVAL <i>(required)</i>	Since 2012, has there been a formal assessment of human resource capacity at this hospital? <i>Question relevant when: selected(\${FAC_TYPE} , '2') or selected(\${FAC_TYPE} , '3')</i>	<div>1 Yes</div> <div>0 No</div> <div>-1 Don't know</div> <div>-2 Decline to respond</div>
Consent Obtained > Supervisory visits conducted at this facility > Supervisory visits conducted at this facility		
HUM_RES_EVALYR <i>(required)</i>	In what year did this assessment take place? <i>Question relevant when: selected(\${HUM_RES_EVAL} , '1')</i>	<div>1 2017</div> <div>2 2016</div> <div>3 2015</div> <div>4 2014</div> <div>5 2013</div> <div>6 2012</div> <div>0 No se realizó ninguna evaluación</div> <div>-1 Don't know</div> <div>-2 Decline to respond</div>
HUM_RES_EVALWHO <i>(required)</i>	Who conducted this assessment? <i>Question relevant when: selected(\${HUM_RES_EVAL} , '1')</i>	<div>1 The administration of the health facility</div> <div>2 Health jurisdiction leader</div> <div>3 Municipal health authority</div> <div>4 National health authority</div> <div>5 Non-governmental evaluator</div> <div>6 External evaluator</div> <div>995 Other (specify):</div> <div>DK Don't know</div> <div>DTR Decline to respond</div>
Consent Obtained > Education and training of personnel		
TRAIN_STUD <i>(required)</i>	Do you recieve students or other personnel for training in this health facility?	<div>1 Yes</div> <div>0 No</div>

Field	Question	U	NO	Answer
			-1	Don't know
			-2	Decline to respond
Consent Obtained > Education and training of personnel > Education and training of personnel				
TYPE_TRAIN_STU <i>(required)</i>	Who comes for training in this health facility? <i>Select all that apply.</i> <i>Question relevant when: selected(\${TRAIN_STUD} , '1')</i>		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):
			DK	Don't know
			DTR	Decline to respond
TRA_OTH_LOC <i>(required)</i>	Do staff at this facility attend trainings at other locations?		1	Yes
			0	No
			-1	Don't know
			-2	Decline to respond
NEW_EQUIP <i>(required)</i>	Has this facility received new equipment in the past 12 months?		1	Yes
			0	No
			-1	Don't know
			-2	Decline to respond
TRA_NEW_EQUIP <i>(required)</i>	Do staff who will be using this equipment attend trainings on how to operate them? <i>Question relevant when: selected(\${NEW_EQUIP} , '1')</i>		1	Yes
			0	No
			-1	Don't know
			-2	Decline to respond
TRA_CULT <i>(required)</i>	Do staff receive training on topics related to cultural sensitivity?		1	Yes
			0	No
			-1	Don't know
			-2	Decline to respond
Consent Obtained > Education and training of personnel > Education and training of personnel				
TRA_CULT_STFF <i>(required)</i>	What type of staff are trained on cultural sensitivity? <i>Question relevant when: selected(\${TRA_CULT} , '1')</i>		1	Doctors
			2	Specialists
			3	Professional nurses
			5	Auxiliary nurses
			4	Receptionists and administrative staff
			6	Laboratory technicians
			7	All personnel
			DK	Don't know
			DTR	Decline to respond
TRA_CULT_DEL <i>(required)</i>	Do staff receive training on provision of culturally adapted delivery services? <i>Question relevant when: selected(\${TRA_CULT} , '1')</i>		1	Yes
			0	No
			-1	Don't know
			-2	Decline to respond
TRA_CULT_DEL_STFF <i>(required)</i>	What type of staff receive training on the provision of culturally adapted delivery services? <i>Question relevant when: selected(\${TRA_CULT_DEL} , '1')</i>		1	Doctors
			2	Specialists
			3	Professional nurses
			5	Auxiliary nurses
			4	Receptionists and administrative staff
			6	Laboratory technicians
			7	All personnel
			DK	Don't know
			DTR	Decline to respond
Consent Obtained > Education and training of personnel > Immunization training				
note_group_im_	On the following page, please provide information for the Imunization training training courses that have been provided for staff that work at this facility			
TRA_IM_3 <i>(required)</i>	Has the immunization training course been offered in the past 3 years?		1	Yes
			0	No
			-1	Don't know

Field	Question	Answer
		<div>-1 Don't know</div> <div>-2 Decline to respond</div> <div>-3 Not applicable</div>
TRA_IM_12 <i>(required)</i>	Has the immunization training course been offered in the past 12 months? <i>Question relevant when: selected(\${TRA_IM_3} , '1')</i>	<div>1 Yes</div> <div>0 No</div> <div>-1 Don't know</div> <div>-2 Decline to respond</div> <div>-3 Not applicable</div>
Consent Obtained > Education and training of personnel > Immunization training > group_im_1		
TRA_IM_TIMES <i>(required)</i>	How many times was the immunization training course offered in the past year? <i>Question relevant when: selected(\${TRA_IM_12} , '1')</i>	
TRA_IM_WHO <i>(required)</i>	Who taught the immunization training course? <i>Question relevant when: selected(\${TRA_IM_12} , '1')</i>	<div>1 Ministry of Health</div> <div>2 Doctor of this health facility</div> <div>5 Chief of staff</div> <div>3 Nurse of this health facility</div> <div>6 Supervisory nurse / sister</div> <div>4 Other</div>
Consent Obtained > Education and training of personnel > Integrated management of childhood illness (IMCI)		
note_group_imci_	On the following page, please provide information for the Integrated management of childhood illness (IMCI) training courses that have been provided for staff that work at this facility	
TRA_IMCI_3 <i>(required)</i>	Has the integrated management of childhood illness (IMCI) course been offered in the past 3 years?	<div>1 Yes</div> <div>0 No</div> <div>-1 Don't know</div> <div>-2 Decline to respond</div> <div>-3 Not applicable</div>
TRA_IMCI_12 <i>(required)</i>	Has the integrated management of childhood illness (IMCI) course been offered in the past 12 months? <i>Question relevant when: selected(\${TRA_IMCI_3} , '1')</i>	<div>1 Yes</div> <div>0 No</div> <div>-1 Don't know</div> <div>-2 Decline to respond</div> <div>-3 Not applicable</div>
Consent Obtained > Education and training of personnel > Integrated management of childhood illness (IMCI) > group_imci__1		
TRA_IMCI_TIMES <i>(required)</i>	How many times was the integrated management of childhood illness (IMCI) course offered in the past year? <i>Question relevant when: selected(\${TRA_IMCI_12} , '1')</i>	
TRA_IMCI_WHO <i>(required)</i>	Who taught the integrated management of childhood illness (IMCI) course? <i>Question relevant when: selected(\${TRA_IMCI_12} , '1')</i>	<div>1 Ministry of Health</div> <div>2 Doctor of this health facility</div> <div>5 Chief of staff</div> <div>3 Nurse of this health facility</div> <div>6 Supervisory nurse / sister</div> <div>4 Other</div>
Consent Obtained > Education and training of personnel > Newborn care training		
note_group_nb_	On the following page, please provide information for the Newborn care training (cord care, warming, breastfeeding, neonatal resuscitation) training courses that have been provided for staff that work at this facility	
TRA_NB_3 <i>(required)</i>	Has the newborn care training (cord care, warming, breastfeeding, neonatal resuscitation) course been offered in the past 3 years?	<div>1 Yes</div> <div>0 No</div> <div>-1 Don't know</div> <div>-2 Decline to respond</div> <div>-3 Not applicable</div>
TRA_NB_12 <i>(required)</i>	Has the newborn care training (cord care, warming, breastfeeding, neonatal resuscitation) course been offered in the past 12 months? <i>Question relevant when: selected(\${TRA_NB_3} , '1')</i>	<div>1 Yes</div> <div>0 No</div> <div>-1 Don't know</div> <div>-2 Decline to respond</div> <div>-3 Not applicable</div>
Consent Obtained > Education and training of personnel > Newborn care training > group_nb_1		
TRA_NB_TIMES <i>(required)</i>	How many times was the newborn care training (cord care, warming, breastfeeding, neonatal resuscitation) course offered in the past year? <i>Question relevant when: selected(\${TRA_NB_12} , '1')</i>	
TRA_NB_WHO <i>(required)</i>	Who taught the newborn care training (cord care, warming, breastfeeding, neonatal resuscitation) course? <i>Question relevant when: selected(\${TRA_NB_12} , '1')</i>	<div>1 Ministry of Health</div> <div>2 Doctor of this health facility</div> <div>5 Chief of staff</div>

Field	Question	Answer
		<div>3 Nurse of this health facility</div> <div>6 Supervisory nurse / sister</div> <div>4 Other</div>
Consent Obtained > Education and training of personnel > Family planning course		
note_group_fp_	On the following page, please provide information for the Family planning (IUD & implants insertion and removal, general counseling) training courses that have been provided for staff that work at this facility:	
TRA_FP_3 <i>(required)</i>	Has the family planning (IUD & implants insertion and removal, general counseling) course been offered in the past 3 years?	<div>1 Yes</div> <div>0 No</div> <div>-1 Don't know</div> <div>-2 Decline to respond</div> <div>-3 Not applicable</div>
TRA_FP_12 <i>(required)</i>	Has the family planning (IUD & implants insertion and removal, general counseling) course been offered in the past 12 months? <i>Question relevant when: selected(\${TRA_FP_3} , '1')</i>	<div>1 Yes</div> <div>0 No</div> <div>-1 Don't know</div> <div>-2 Decline to respond</div> <div>-3 Not applicable</div>
Consent Obtained > Education and training of personnel > Family planning course > group_fp__1		
TRA_FP_TIMES <i>(required)</i>	How many times was the family planning (IUD & implants insertion and removal, general counseling) course offered in the past year? <i>Question relevant when: selected(\${TRA_FP_12} , '1')</i>	
TRA_FP_WHO <i>(required)</i>	Who taught the family planning (IUD & implants insertion and removal, general counseling) course? <i>Question relevant when: selected(\${TRA_FP_12} , '1')</i>	<div>1 Ministry of Health</div> <div>2 Doctor of this health facility</div> <div>5 Chief of staff</div> <div>3 Nurse of this health facility</div> <div>6 Supervisory nurse / sister</div> <div>4 Other</div>
Consent Obtained > Education and training of personnel > Ante-natal and post-natal care		
note_group_care_	On the following page, please provide information for the Ante-natal and post-natal care training courses that have been provided for staff that work at this facility:	
TRA_CARE_3 <i>(required)</i>	Has the Ante-natal and post-natal care course been offered in the past 3 years?	<div>1 Yes</div> <div>0 No</div> <div>-1 Don't know</div> <div>-2 Decline to respond</div> <div>-3 Not applicable</div>
TRA_CARE_12 <i>(required)</i>	Has the Ante-natal and post-natal care course been offered in the past 12 months? <i>Question relevant when: selected(\${TRA_CARE_3} , '1')</i>	<div>1 Yes</div> <div>0 No</div> <div>-1 Don't know</div> <div>-2 Decline to respond</div> <div>-3 Not applicable</div>
Consent Obtained > Education and training of personnel > Ante-natal and post-natal care > group_care_1		
TRA_CARE_TIMES <i>(required)</i>	How many times was the Ante-natal and post-natal care course offered in the past year? <i>Question relevant when: selected(\${TRA_CARE_12} , '1')</i>	
TRA_CARE_WHO <i>(required)</i>	Who taught the Ante-natal and post-natal care course? <i>Question relevant when: selected(\${TRA_CARE_12} , '1')</i>	<div>1 Ministry of Health</div> <div>2 Doctor of this health facility</div> <div>5 Chief of staff</div> <div>3 Nurse of this health facility</div> <div>6 Supervisory nurse / sister</div> <div>4 Other</div>
Consent Obtained > Education and training of personnel > Routine care for labor and normal vaginal delivery		
note_group_labor_	On the following page, please provide information for the Routine care for labor and normal vaginal delivery training courses that have been provided for staff that work at this facility:	
TRA_LABOR_3 <i>(required)</i>	Has the Routine care for labor and normal vaginal delivery course been offered in the past 3 years?	<div>1 Yes</div> <div>0 No</div> <div>-1 Don't know</div> <div>-2 Decline to respond</div> <div>-3 Not applicable</div>
TRA_LABOR_12 <i>(required)</i>	Has the Routine care for labor and normal vaginal delivery course been offered in the past 12 months? <i>Question relevant when: selected(\${TRA_LABOR_3} , '1')</i>	<div>1 Yes</div> <div>0 No</div> <div>-1 Don't know</div> <div>-2 Decline to respond</div>

Field	Question	-3 Not applicable Answer	
Consent Obtained > Education and training of personnel > Routine care for labor and normal vaginal delivery > group_labor_1			
TRA_LABOR_TIMES <i>(required)</i>	How many times was the Routine care for labor and normal vaginal delivery course offered in the past year? <i>Question relevant when: selected(\${TRA_LABOR_12} , '1')</i>		
TRA_LABOR_WHO <i>(required)</i>	Who taught the Routine care for labor and normal vaginal delivery course? <i>Question relevant when: selected(\${TRA_LABOR_12} , '1')</i>	1	Ministry of Health
		2	Doctor of this health facility
		5	Chief of staff
		3	Nurse of this health facility
		6	Supervisory nurse / sister
		4	Other
Consent Obtained > Education and training of personnel > EmOC			
note_group_emoc_	On the following page, please provide information for the Basic emergency obstetric care (EmOC) training courses that have been provided for staff that work at this facility		
TRA_EMOC_3 <i>(required)</i>	Has the Basic emergency obstetric care (EmOC) course been offered in the past 3 years?	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
		-3	Not applicable
TRA_EMOC_12 <i>(required)</i>	Has the Basic emergency obstetric care (EmOC) course been offered in the past 12 months? <i>Question relevant when: selected(\${TRA_EMOC_3} , '1')</i>	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
		-3	Not applicable
Consent Obtained > Education and training of personnel > EmOC > group_emoc_1			
TRA_EMOC_TIMES <i>(required)</i>	How many times was the Basic emergency obstetric care (EmOC) course offered in the past year? <i>Question relevant when: selected(\${TRA_EMOC_12} , '1')</i>		
TRA_EMOC_WHO <i>(required)</i>	Who taught the Basic emergency obstetric care (EmOC) course? <i>Question relevant when: selected(\${TRA_EMOC_12} , '1')</i>	1	Ministry of Health
		2	Doctor of this health facility
		5	Chief of staff
		3	Nurse of this health facility
		6	Supervisory nurse / sister
		4	Other
Consent Obtained > Education and training of personnel > Management of maternal complications			
note_group_mat_	On the following page, please provide information for the Management of maternal complications (hemorrhage, pre-eclampsia, eclampsia, sepsis) training courses that have been provided for staff that work at this facility:		
TRA_MAT_3 <i>(required)</i>	Has the Management of maternal complications (hemorrhage, pre-eclampsia, eclampsia, sepsis) course been offered in the past 3 years?	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
		-3	Not applicable
TRA_MAT_12 <i>(required)</i>	Has the Management of maternal complications (hemorrhage, pre-eclampsia, eclampsia, sepsis) course been offered in the past 12 months? <i>Question relevant when: selected(\${TRA_MAT_3} , '1')</i>	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
		-3	Not applicable
Consent Obtained > Education and training of personnel > Management of maternal complications > group_mat_1			
TRA_MAT_TIMES <i>(required)</i>	How many times was the Management of maternal complications (hemorrhage, pre-eclampsia, eclampsia, sepsis) course offered in the past year? <i>Question relevant when: selected(\${TRA_MAT_12} , '1')</i>		
TRA_MAT_WHO <i>(required)</i>	Who taught the Management of maternal complications (hemorrhage, pre-eclampsia, eclampsia, sepsis) course? <i>Question relevant when: selected(\${TRA_MAT_12} , '1')</i>	1	Ministry of Health
		2	Doctor of this health facility
		5	Chief of staff
		3	Nurse of this health facility
		6	Supervisory nurse / sister
		4	Other
Consent Obtained > Education and training of personnel > Management of neonatal complications			
note_group_neo_	On the following page, please provide information for the Management of neonatal complications (prematurity, low birth weight, sepsis, asphyxia) training courses that have		

Field	Question	Answer
	been provided for staff that work at this facility	
TRA_NEO_3 <i>(required)</i>	Has the Management of neonatal complications (prematurity, low birth weight, sepsis, asphyxia) course been offered in the past 3 years?	<div>1 Yes</div> <div>0 No</div> <div>-1 Don't know</div> <div>-2 Decline to respond</div> <div>-3 Not applicable</div>
TRA_NEO_12 <i>(required)</i>	Has the Management of neonatal complications (prematurity, low birth weight, sepsis, asphyxia) course been offered in the past 12 months? <i>Question relevant when: selected(\${TRA_NEO_3} , '1')</i>	<div>1 Yes</div> <div>0 No</div> <div>-1 Don't know</div> <div>-2 Decline to respond</div> <div>-3 Not applicable</div>
Consent Obtained > Education and training of personnel > Management of neonatal complications > group_neo_1		
TRA_NEO_TIMES <i>(required)</i>	How many times was the Management of neonatal complications (prematurity, low birth weight, sepsis, asphyxia) course offered in the past year? <i>Question relevant when: selected(\${TRA_NEO_12} , '1')</i>	
TRA_NEO_WHO <i>(required)</i>	Who taught the Management of neonatal complications (prematurity, low birth weight, sepsis, asphyxia) course? <i>Question relevant when: selected(\${TRA_NEO_12} , '1')</i>	<div>1 Ministry of Health</div> <div>2 Doctor of this health facility</div> <div>5 Chief of staff</div> <div>3 Nurse of this health facility</div> <div>6 Supervisory nurse / sister</div> <div>4 Other</div>
Consent Obtained > Education and training of personnel > Training to perform bilateral tubal occlusion <i>Group relevant when: selected(\${FAC_TYPE} , '2') or selected(\${FAC_TYPE} , '3')</i>		
note_group_bt_	On the following page, please provide information for the Training to perform bilateral tubal occlusion training courses that have been provided for staff that work at this facility:	
TRA_BT_3 <i>(required)</i>	Has the Training to perform bilateral tubal occlusion course been offered in the past 3 years?	<div>1 Yes</div> <div>0 No</div> <div>-1 Don't know</div> <div>-2 Decline to respond</div> <div>-3 Not applicable</div>
TRA_BT_12 <i>(required)</i>	Has the Training to perform bilateral tubal occlusion course been offered in the past 12 months? <i>Question relevant when: selected(\${TRA_BT_3} , '1')</i>	<div>1 Yes</div> <div>0 No</div> <div>-1 Don't know</div> <div>-2 Decline to respond</div> <div>-3 Not applicable</div>
Consent Obtained > Education and training of personnel > Training to perform bilateral tubal occlusion > group_bt_1		
TRA_BT_TIMES <i>(required)</i>	How many times was the Training to perform bilateral tubal occlusion course offered in the past year? <i>Question relevant when: selected(\${TRA_BT_12} , '1')</i>	
TRA_BT_WHO <i>(required)</i>	Who taught the Training to perform bilateral tubal occlusion course? <i>Question relevant when: selected(\${TRA_BT_12} , '1')</i>	<div>1 Ministry of Health</div> <div>2 Doctor of this health facility</div> <div>5 Chief of staff</div> <div>3 Nurse of this health facility</div> <div>6 Supervisory nurse / sister</div> <div>4 Other</div>
Consent Obtained > Education and training of personnel > Training to perform vasectomy <i>Group relevant when: selected(\${FAC_TYPE} , '2') or selected(\${FAC_TYPE} , '3')</i>		
note_group_vas_	On the following page, please provide information for the Training to perform vasectomy training courses that have been provided for staff that work at this facility	
TRA_VAS_3 <i>(required)</i>	Has the Training to perform vasectomy course been offered in the past 3 years?	<div>1 Yes</div> <div>0 No</div> <div>-1 Don't know</div> <div>-2 Decline to respond</div> <div>-3 Not applicable</div>
TRA_VAS_12 <i>(required)</i>	Has the Training to perform vasectomy course been offered in the past 12 months? <i>Question relevant when: selected(\${TRA_VAS_3} , '1')</i>	<div>1 Yes</div> <div>0 No</div> <div>-1 Don't know</div> <div>-2 Decline to respond</div> <div>-3 Not applicable</div>
Consent Obtained > Education and training of personnel > Training to perform vasectomy > group_vas_1		
TRA_VAS_TIMES <i>(required)</i>	How many times was the Training to perform vasectomy course offered in the past year?	

Field	Question	Answer																
	<i>Question relevant when: selected(\${TRA_VAS_12} , '1')</i>																	
TRA_VAS_WHO <i>(required)</i>	Who taught the Training to perform vasectomy course? <i>Question relevant when: selected(\${TRA_VAS_12} , '1')</i>	<table> <tr><td>1</td><td>Ministry of Health</td></tr> <tr><td>2</td><td>Doctor of this health facility</td></tr> <tr><td>5</td><td>Chief of staff</td></tr> <tr><td>3</td><td>Nurse of this health facility</td></tr> <tr><td>6</td><td>Supervisory nurse / sister</td></tr> <tr><td>4</td><td>Other</td></tr> </table>	1	Ministry of Health	2	Doctor of this health facility	5	Chief of staff	3	Nurse of this health facility	6	Supervisory nurse / sister	4	Other				
1	Ministry of Health																	
2	Doctor of this health facility																	
5	Chief of staff																	
3	Nurse of this health facility																	
6	Supervisory nurse / sister																	
4	Other																	
Consent Obtained > Antenatal care																		
ANC_PNC <i>(required)</i>	Does this facility offer antenatal services?	<table> <tr><td>rout</td><td>Yes, routinely</td></tr> <tr><td>some</td><td>Yes, sometimes</td></tr> <tr><td>no</td><td>No</td></tr> <tr><td>dk</td><td>Don't know</td></tr> <tr><td>dtr</td><td>Decline to respond</td></tr> </table>	rout	Yes, routinely	some	Yes, sometimes	no	No	dk	Don't know	dtr	Decline to respond						
rout	Yes, routinely																	
some	Yes, sometimes																	
no	No																	
dk	Don't know																	
dtr	Decline to respond																	
Consent Obtained > Delivery and newborn care																		
<i>Group relevant when: selected(\${FAC_TYPE} , '2') or selected(\${FAC_TYPE} , '3')</i>																		
Consent Obtained > Delivery and newborn care > Delivery and newborn care																		
CAP_DEL_SER <i>(required)</i>	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)?	<table> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-1</td><td>Don't know</td></tr> <tr><td>-2</td><td>Decline to respond</td></tr> </table>	1	Yes	0	No	-1	Don't know	-2	Decline to respond								
1	Yes																	
0	No																	
-1	Don't know																	
-2	Decline to respond																	
DEL_ATTEN <i>(required)</i>	Does this health facility attend normal deliveries routinely (excluding emergency deliveries)?	<table> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-1</td><td>Don't know</td></tr> <tr><td>-2</td><td>Decline to respond</td></tr> </table>	1	Yes	0	No	-1	Don't know	-2	Decline to respond								
1	Yes																	
0	No																	
-1	Don't know																	
-2	Decline to respond																	
Consent Obtained > Delivery and newborn care > Delivery and newborn care																		
NORM_DEL_SER <i>(required)</i>	Do staff at this facility attend births in the health facility, at home or both? <i>Question relevant when: selected(\${DEL_ATTEN} , '1')</i>	<table> <tr><td>1</td><td>Yes, only in-facility deliveries</td></tr> <tr><td>2</td><td>Yes, only home deliveries</td></tr> <tr><td>3</td><td>Both in-facility and home deliveries</td></tr> <tr><td>-1</td><td>Don't know</td></tr> <tr><td>-2</td><td>Decline to respond</td></tr> </table>	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						
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																	
DEL_MATER_WARD <i>(required)</i>	Does this health facility have a maternity ward?	<table> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-1</td><td>Don't know</td></tr> <tr><td>-2</td><td>Decline to respond</td></tr> </table>	1	Yes	0	No	-1	Don't know	-2	Decline to respond								
1	Yes																	
0	No																	
-1	Don't know																	
-2	Decline to respond																	
DEL_BEDS <i>(required)</i>	In total, how many beds can be used for delivery in this facility?	<table> <tr><td>1</td><td>Number:</td></tr> <tr><td>-1</td><td>Don't know</td></tr> <tr><td>-2</td><td>Decline to respond</td></tr> </table>	1	Number:	-1	Don't know	-2	Decline to respond										
1	Number:																	
-1	Don't know																	
-2	Decline to respond																	
validate_del_beds_num	You have entered an invalid value. Please enter a number greater than 0. <i>Question relevant when: selected(\${DEL_BEDS} , '1') and (\${DEL_BEDS_NUM} <0 or number(\${DEL_BEDS_NUM} != \${DEL_BEDS_NUM}))</i>																	
Consent Obtained > Delivery and newborn care > Delivery and newborn care																		
EMER_DEL <i>(required)</i>	Although this facility does not routinely attend deliveries, did it attend any emergency delivery over the past year? <i>Question relevant when: selected(\${DEL_ATTEN} , '0')</i>	<table> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-1</td><td>Don't know</td></tr> <tr><td>-2</td><td>Decline to respond</td></tr> </table>	1	Yes	0	No	-1	Don't know	-2	Decline to respond								
1	Yes																	
0	No																	
-1	Don't know																	
-2	Decline to respond																	
DEL_ACCOM <i>(required)</i>	Does anyone accompany women to come have their normal delivery in the health facility? <i>Question relevant when: selected(\${DEL_ATTEN} , '0')</i>	<table> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-1</td><td>Don't know</td></tr> <tr><td>-2</td><td>Decline to respond</td></tr> </table>	1	Yes	0	No	-1	Don't know	-2	Decline to respond								
1	Yes																	
0	No																	
-1	Don't know																	
-2	Decline to respond																	
Consent Obtained > Delivery and newborn care > Delivery and newborn care																		
DEL_ACCOM_NAME <i>(required)</i>	Generally, who accompanies women to have their normal delivery in the health facility? <i>Select all that apply.</i> <i>Question relevant when: selected(\${DEL_ATTEN} , '1') and selected(\${DEL_ACCOM} , '1')</i>	<table> <tr><td>1</td><td>Community Health Worker</td></tr> <tr><td>2</td><td>Midwife</td></tr> <tr><td>3</td><td>Mother</td></tr> <tr><td>4</td><td>Spouse</td></tr> <tr><td>5</td><td>Other family or friend</td></tr> <tr><td>OTH</td><td>Other (specify):</td></tr> <tr><td>DK</td><td>Don't know</td></tr> <tr><td>DTR</td><td>Decline to respond</td></tr> </table>	1	Community Health Worker	2	Midwife	3	Mother	4	Spouse	5	Other family or friend	OTH	Other (specify):	DK	Don't know	DTR	Decline to respond
1	Community Health Worker																	
2	Midwife																	
3	Mother																	
4	Spouse																	
5	Other family or friend																	
OTH	Other (specify):																	
DK	Don't know																	
DTR	Decline to respond																	

Field	Question	Answer	
DEL_ACCOM_BIRTH <i>(required)</i>	Who is allowed to be present during the birth? <i>Question relevant when: selected(\${DEL_ACCOM} , '1')</i>	1	Community Health Worker
		2	Midwife
		3	Mother
		4	Spouse
		5	Other family or friend
		OTH	Other (specify):
		DK	Don't know
		DTR	Decline to respond
DEL_IP_CARE <i>(required)</i>	What is provided for women who deliver at this facility? <i>Interviewer: Read options aloud; mark all that apply.</i> <i>Question relevant when: selected(\${DEL_ATTEN} , '1')</i>	1	Bed
		2	Blanket and sheets
		3	Food
		4	Shower
		5	A space for family to wait
		6	Help caring for other children
		7	None of the above
		995	Other (specify):
		DK	Don't know
		DTR	Decline to respond
		Consent Obtained > Delivery and newborn care > Delivery and newborn care	
DEL_IP_CARE_COSTS <i>(required)</i>	Which of these do patients pay for? <i>Question relevant when: selected(\${DEL_IP_CARE} , '1') or selected(\${DEL_IP_CARE} , '2') or selected(\${DEL_IP_CARE} , '3') or selected(\${DEL_IP_CARE} , '4') or selected(\${DEL_IP_CARE} , '5') or selected(\${DEL_IP_CARE} , '6')</i>	1	Bed
		2	Blanket and sheets
		3	Food
		4	Shower
		5	A space for family to wait
		6	Help caring for other children
		7	None of the above
		DK	Don't know
		DTR	Decline to respond
TAMPONADE_USE_TRAIN <i>(required)</i>	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?	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
TAMPONADE_ASSEM_TRAIN <i>(required)</i>	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?	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
TAMPONADE_USE <i>(required)</i>	In this facility, is the uterine balloon tamponade used for the treatment of obstetric hemorrhage?	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
TAMPONADE_USUAL <i>(required)</i>	What type of uterine balloon tamponade is used most often at this facility? <i>Interviewer: Read options aloud and select one</i>	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
TAMPONADE_KIT <i>(required)</i>	Does this facility currently have a uterine balloon tamponade kit?	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond

Field	Question	Answer
TAMPONADE_TYPE <i>(required)</i>	Was the kit commercially assembled and packaged, or prepared with materials available by staff at this facility? <i>Question relevant when: selected(\${TAMPONADE_KIT} , '1')</i>	<div>1 Commercially packaged</div> <div>2 Prepared by staff with materials available at this facility</div> <div>3 Don't know</div> <div>4 Decline to respond</div>
Consent Obtained > Postnatal care		
POST_FIL <i>(required)</i>	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)?	<div>1 Yes</div> <div>0 No</div> <div>-1 Don't know</div> <div>-2 Decline to respond</div>
Consent Obtained > Child health services		
CHLDSERV <i>(required)</i>	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?	<div>1 Yes</div> <div>0 No</div> <div>-1 Don't know</div> <div>-2 Decline to respond</div>
Consent Obtained > Vaccine logistics		
CHLD_VAC <i>(required)</i>	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?	<div>1 Yes</div> <div>0 No</div> <div>-1 Don't know</div> <div>-2 Decline to respond</div>
CHLD_VAC_STORAGE <i>(required)</i>	Does this facility routinely store any vaccines? [Keeping vaccines 1-2 days only for immediate use is not considered as storing vaccines] <i>Question relevant when: selected(\${CHLD_VAC} , '1')</i>	<div>1 Yes, stores vaccines</div> <div>2 No, picked up from another facility</div> <div>3 No, delivered when services are being provided</div> <div>0 None of the above</div> <div>-1 Don't know</div> <div>-2 Decline to respond</div>
CHLD_VAC_QUANT <i>(required)</i>	Does this facility determine the quantity of each vaccine that it needs and orders them, OR is the quantity that you receive determined elsewhere? <i>Question relevant when: selected(\${CHLD_VAC} , '1') and selected(\${CHLD_VAC_STORAGE} , '1')</i>	<div>1 Determines own need and orders</div> <div>2 Need determined elsewhere</div> <div>3 Both (differ by method)</div> <div>-1 Don't know</div> <div>-2 Decline to respond</div>
VACCA_SUP_TM2 <i>(required)</i>	On average, how long does it take to receive your supplies after you have placed an order? <i>Question relevant when: selected(\${CHLD_VAC} , '1') and (selected(\${CHLD_VAC_STORAGE} , '1')) and (selected(\${CHLD_VAC_QUANT} , '1') or selected(\${CHLD_VAC_QUANT} , '2') or selected(\${CHLD_VAC_QUANT} , '3'))</i>	<div>1 Number of days (enter on the following page)</div> <div>2 Number of weeks (enter on the following page)</div> <div>3 Number of months (enter on the following page)</div> <div>-1 Don't know</div> <div>-2 Decline to respond</div>
VACCA_SUP_TM2_DAY <i>(required)</i>	On average, how long does it take to receive your supplies after you have placed an order? Number of days: <i>Question relevant when: selected(\${VACCA_SUP_TM2} , '1')</i>	
VACCA_SUP_TM2_WK <i>(required)</i>	On average, how long does it take to receive your supplies after you have placed an order? Number of weeks: <i>Question relevant when: selected(\${VACCA_SUP_TM2} , '2')</i>	
VACCA_SUP_TM2_MONTH <i>(required)</i>	On average, how long does it take to receive your supplies after you have placed an order? Number of months: <i>Question relevant when: selected(\${VACCA_SUP_TM2} , '3')</i>	
Consent Obtained > Vaccine logistics > Vaccine logistics		
VACC_SHRT <i>(required)</i>	If there is a shortage of a specific vaccine between routine orders, what is the most common procedure followed by this facility? <i>Select all that apply.</i> <i>Question relevant when: selected(\${CHLD_VAC} , '1') and selected(\${CHLD_VAC_STORAGE} , '1')</i>	<div>1 Special order</div> <div>2 Facility purchases</div> <div>3 Patient purchases outside the facility</div> <div>4 Borrow from another health facility</div> <div>5 Nothing can be done</div> <div>6 Other (specify):</div> <div>DK Don't know</div>

Field	Question	Answer	
		DTR	Decline to respond
VACC_ORD4 <i>(required)</i>	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)? <i>Question relevant when: selected(\${CHLD_VAC} , '1') and selected(\${CHLD_VAC_STORAGE} , '1')</i>	1	Always
		2	Almost always
		0	Almost never
		-1	Don't know
		-2	Decline to respond
VAC_FRIDGE <i>(required)</i>	How many refrigerators do you have for storing vaccines? <i>Question relevant when: selected(\${CHLD_VAC} , '1') and selected(\${CHLD_VAC_STORAGE} , '1')</i>	1	Number
		0	None
		-1	Don't know
		-2	Decline to respond
validate_vac_fridge_num	You have entered an invalid value. Please enter a number greater than 0. <i>Question relevant when: selected(\${VAC_FRIDGE} , '1') and (\${VAC_FRIDGE_NUM} <0 or number(\${VAC_FRIDGE_NUM} != \${VAC_FRIDGE_NUM}))</i>		
VACC_CARR2 <i>(required)</i>	How many vaccine carriers do you have? <i>Question relevant when: selected(\${CHLD_VAC} , '1')</i>	1	One
		2	Two or more
		0	None
		-1	Don't know
		-2	Decline to respond
VACC_CARR3 <i>(required)</i>	Are there ice packs for the vaccine carriers? <i>Question relevant when: selected(\${VACC_CARR2} , '1') or selected(\${VACC_CARR2} , '2')</i>	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
Consent Obtained > Family planning services			
FP_AV <i>(required)</i>	Now I would like to ask questions about family planning services provided in this health facility.	1	Yes
		0	No
	Does this facility offer any family planning services (for example clinical methods or counseling on natural family planning)?	-1	Don't know
		-2	Decline to respond
Consent Obtained > Family planning services > Family planning services			
FP_FAC_COUN <i>(required)</i>	Does this health facility offer individualized family planning counseling? <i>Question relevant when: selected(\${FP_AV} , '1')</i>	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
FP_GRP_COUN <i>(required)</i>	Does this health facility offer group family planning counseling? <i>Question relevant when: selected(\${FP_AV} , '1')</i>	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
FP_ADOL_FEMALE <i>(required)</i>	Which of the following are required in order to give contraceptives to adolescent females? <i>Interviewer: Read Responses Out Loud</i> <i>Question relevant when: selected(\${FP_AV} , '1')</i>	1	Prescription
		2	Out-of-pocket payment
		3	Written permission from the parents
		4	Presence of a parent
		5	Counseling session
		995	Other (specify):
		0	None
		DK	Don't know
		DTR	Decline to respond
FP_ADOL_MALE <i>(required)</i>	Which of the following are required in order to give contraceptives to adolescent males? <i>Interviewer: Read Responses Out Loud</i> <i>Question relevant when: selected(\${FP_AV} , '1')</i>	1	Prescription
		2	Out-of-pocket payment
		3	Written permission from the parents
		4	Presence of a parent
		5	Counseling session
		995	Other (specify):
		0	None
		DK	Don't know
		DTR	Decline to respond
Consent Obtained > Family planning services > Family planning services			
FP_IUD_INSERT_DOC <i>(required)</i>	Does this health facility have a doctor trained to perform IUD insertion?	1	Yes
		0	No

Field	Question	Answer
	<i>Question relevant when: selected(\${FP_AV} , '1')</i>	-1 Don't know
		-2 Decline to respond
FP_IUD_INSERT_NRS <i>(required)</i>	Does this health facility have a nurse trained to perform IUD insertion? <i>Question relevant when: selected(\${FP_AV} , '1')</i>	1 Yes
		0 No
		-1 Don't know
		-2 Decline to respond
FP_IMP_INSERT_DOC <i>(required)</i>	Does this health facility have a doctor trained to perform contraceptive implant insertion? <i>Question relevant when: selected(\${FP_AV} , '1')</i>	1 Yes
		0 No
		-1 Don't know
		-2 Decline to respond
FP_IMP_INSERT_NRS <i>(required)</i>	Does this health facility have a nurse trained to perform contraceptive implant insertion? <i>Question relevant when: selected(\${FP_AV} , '1')</i>	1 Yes
		0 No
		-1 Don't know
		-2 Decline to respond
FP_VOLUN_STER_FEMALE <i>(required)</i>	Does this health facility have a doctor trained to perform tubal ligation? <i>Question relevant when: selected(\${FACILITY_ID} , '2') or selected(\${FACILITY_ID} , '3')</i>	1 Yes
		0 No
		-1 Don't know
		-2 Decline to respond
FP_VOLUN_STER_MALE <i>(required)</i>	Does this health facility have a doctor trained to perform vasectomy? <i>Question relevant when: selected(\${FACILITY_ID} , '2') or selected(\${FACILITY_ID} , '3')</i>	1 Yes
		0 No
		-1 Don't know
		-2 Decline to respond
Consent Obtained > Family planning services > group_fp_type1 <i>Group relevant when: selected(\${FP_AV} , '1')</i>		
label_fp_type1	For the following methods of contraception in this facility, when they are available in the facility, is the contraception provided or is the contraception prescribed/counseling? <i>Select one option for each method.</i>	1 Provided
		2 Prescribed or counseling provided only
		0 Not offered
		-1 Don't know
		-2 Decline to respond
Q22 <i>(required)</i>	Combined oral pill	1 Provided
		2 Prescribed or counseling provided only
		0 Not offered
		-1 Don't know
		-2 Decline to respond
Q23 <i>(required)</i>	Progestin-only pill	1 Provided
		2 Prescribed or counseling provided only
		0 Not offered
		-1 Don't know
		-2 Decline to respond
Q24 <i>(required)</i>	Combined injectable (with estrogen) (1 monthly)	1 Provided
		2 Prescribed or counseling provided only
		0 Not offered
		-1 Don't know
		-2 Decline to respond
Q25 <i>(required)</i>	Progestin-only injectable (2 or 3 monthly)	1 Provided
		2 Prescribed or counseling provided only
		0 Not offered
		-1 Don't know
		-2 Decline to respond
Q26 <i>(required)</i>	Patch	1 Provided
		2 Prescribed or counseling provided only
		0 Not offered
		-1 Don't know
		-2 Decline to respond

Field	Question	Answer
Q27 <i>(required)</i>	Female condom	<div>1 Provided</div> <div>2 Prescribed or counseling provided only</div> <div>0 Not offered</div> <div>-1 Don't know</div> <div>-2 Decline to respond</div>
Q28 <i>(required)</i>	Intrauterine device	<div>1 Provided</div> <div>2 Prescribed or counseling provided only</div> <div>0 Not offered</div> <div>-1 Don't know</div> <div>-2 Decline to respond</div>
Q29 <i>(required)</i>	Implant (6rod, 1rod, implanon, jadelle, norplant)	<div>1 Provided</div> <div>2 Prescribed or counseling provided only</div> <div>0 Not offered</div> <div>-1 Don't know</div> <div>-2 Decline to respond</div>
Q30 <i>(required)</i>	Spermicides	<div>1 Provided</div> <div>2 Prescribed or counseling provided only</div> <div>0 Not offered</div> <div>-1 Don't know</div> <div>-2 Decline to respond</div>
Q31 <i>(required)</i>	Diaphragm	<div>1 Provided</div> <div>2 Prescribed or counseling provided only</div> <div>0 Not offered</div> <div>-1 Don't know</div> <div>-2 Decline to respond</div>
Q32 <i>(required)</i>	Emergency contraceptive pill	<div>1 Provided</div> <div>2 Prescribed or counseling provided only</div> <div>0 Not offered</div> <div>-1 Don't know</div> <div>-2 Decline to respond</div>
Q33 <i>(required)</i>	Male sterilization / vasectomy	<div>1 Provided</div> <div>2 Prescribed or counseling provided only</div> <div>0 Not offered</div> <div>-1 Don't know</div> <div>-2 Decline to respond</div>
Q34 <i>(required)</i>	Female sterilization / tubal ligation	<div>1 Provided</div> <div>2 Prescribed or counseling provided only</div> <div>0 Not offered</div> <div>-1 Don't know</div> <div>-2 Decline to respond</div>
Q35	Other	<div>1 Provided</div> <div>2 Prescribed or counseling provided only</div> <div>0 Not offered</div> <div>-1 Don't know</div> <div>-2 Decline to respond</div>
FP_TYPE1_OTHER <i>(required)</i>	What other method of contraception is provided, prescribed, or provided counseling for? (specify): <i>Question relevant when: selected(\${Q35} , '1') or selected(\${Q35} , '2')</i>	
Consent Obtained > Family planning services > Family planning services		
FP_BEFORE_METHOD <i>(required)</i>	Does this health facility require women to take a pregnancy test before receiving the following family planning method? <i>Select all that apply.</i>	<div>0 Pregnancy tests are never required</div>

Field	Question	Answer
	Question relevant when: selected(\${FP_AV} , '1')	<div><div>1</div><div>Yes, before inserting IUDs</div></div> <div><div>2</div><div>Yes, before inserting implants</div></div> <div><div>3</div><div>Yes, before providing other family planning methods</div></div> <div><div>995</div><div>Other (specify):</div></div> <div><div>DK</div><div>Don't know</div></div> <div><div>DTR</div><div>Decline to respond</div></div>
FP_NAT_COUN (required)	Does this health facility provide counseling on natural methods (calendar method for example)? Question relevant when: selected(\${FP_AV} , '1')	<div><div>1</div><div>Yes</div></div> <div><div>0</div><div>No</div></div> <div><div>-1</div><div>Don't know</div></div> <div><div>-2</div><div>Decline to respond</div></div>
FP_CONDOM_COUN (required)	Does this health facility: provide, prescribe or give counseling, OR distribute male condoms but NOT as a family planning method? Select one option. Question relevant when: selected(\${FP_AV} , '1')	<div><div>1</div><div>Provided</div></div> <div><div>2</div><div>Prescribed or counseled only</div></div> <div><div>3</div><div>Distributed, but not as a family planning method (for example as a STD's prevention)</div></div> <div><div>0</div><div>Not offered</div></div> <div><div>-1</div><div>Don't know</div></div> <div><div>-2</div><div>Decline to respond</div></div>
FP_CNSL (required)	Is family planning counseling part of a permanent services program? Select one option. Question relevant when: selected(\${FP_AV} , '1')	<div><div>1</div><div>Yes</div></div> <div><div>0</div><div>No</div></div> <div><div>-1</div><div>Don't know</div></div> <div><div>-2</div><div>Decline to respond</div></div>
FP_ERCONTRA (required)	Do you provide emergency contraception when a woman asks for services to prevent pregnancy after unprotected sex?	<div><div>1</div><div>Yes prescribed and provided</div></div> <div><div>2</div><div>Prescribed, but not provided</div></div> <div><div>0</div><div>Prescribed or provided</div></div> <div><div>4</div><div>Provided only in the case of sexual assault</div></div> <div><div>3</div><div>Neither prescribed nor provided</div></div> <div><div>-1</div><div>Don't know</div></div> <div><div>-2</div><div>Decline to respond</div></div>
FP_PREG_TEST (required)	Does this facility offer pregnancy tests?	<div><div>1</div><div>Yes</div></div> <div><div>0</div><div>No</div></div> <div><div>-1</div><div>Don't know</div></div> <div><div>-2</div><div>Decline to respond</div></div>
Consent Obtained > Contraceptive supplies		
CONTRA_SUPPLIES (required)	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.]	<div><div>1</div><div>Yes, stores contraceptives</div></div> <div><div>2</div><div>No, picked up from another facility</div></div> <div><div>0</div><div>No contraceptives provided</div></div> <div><div>-1</div><div>Don't know</div></div> <div><div>-2</div><div>Decline to respond</div></div>
Consent Obtained > Contraceptive supplies > Contraceptive supplies Group relevant when: selected(\${CONTRA_SUPPLIES} , '1')		
CONTRA_SUP_QNT1 (required)	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?	<div><div>1</div><div>Determines own need and orders</div></div> <div><div>2</div><div>Need determined elsewhere</div></div> <div><div>3</div><div>Both (differ by method)</div></div> <div><div>-1</div><div>Don't know</div></div> <div><div>-2</div><div>Decline to respond</div></div>
CONTRA_SUP_TM2 (required)	On average, how long does it take to receive your supplies after you have placed an order? Select one option.	<div><div>1</div><div>Number of days</div></div> <div><div>2</div><div>Number of weeks</div></div> <div><div>3</div><div>Number of months</div></div> <div><div>-1</div><div>Don't know</div></div> <div><div>2</div><div>Decline to respond</div></div>

Field	Question	Answer	
Consent Obtained > Contraceptive supplies > Contraceptive supplies			
CONTRA_SUP_TM2_DAY <i>(required)</i>	On average, how long does it take to receive your supplies after you have placed an order? Number of days: <i>Question relevant when: selected(\${CONTRA_SUP_TM2} , '1')</i>		
CONTRA_SUP_TM2_WK <i>(required)</i>	On average, how long does it take to receive your supplies after you have placed an order? Number of weeks: <i>Question relevant when: selected(\${CONTRA_SUP_TM2} , '2')</i>		
CONTRA_SUP_TM2_MONTH <i>(required)</i>	On average, how long does it take to receive your supplies after you have placed an order? Number of months: <i>Question relevant when: selected(\${CONTRA_SUP_TM2} , '3')</i>		
CONTRA_SHRT <i>(required)</i>	If there is a shortage of a specific method between routine orders, what is the most common procedure followed by this facility? <i>Select all that apply.</i> <i>Question relevant when: selected(\${CONTRA_SUPPLIES} , '1')</i>	1	Special order
		2	Facility purchases
		3	Patients are advised to purchase elsewhere
		4	Borrow from another health facility
		-1	Don't know
		-2	Decline to respond
CONTRA_ORD_RCV <i>(required)</i>	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)? <i>Question relevant when: selected(\${CONTRA_SUPPLIES} , '1')</i>	1	Always
		2	Almost always
		0	Almost never
		-1	Don't know
		-2	Decline to respond
Consent Obtained > Medicines supply			
PHAR_TYPE <i>(required)</i>	Now I would like to ask you about the system you have in this health facility to obtain medicines.Who operates the pharmacy? <i>Read answer options aloud and select one.</i>	1	Ministry of Health
		2	Private company
		995	Other (specify):
		0	No pharmacy
		-1	Don't know
		-2	Decline to respond
MED_SUP_QNT1 <i>(required)</i>	Does this facility determine the quantity of each medicine that it needs and orders them, OR is the quantity that you receive determined elsewhere? <i>Question relevant when: selected(\${PHAR_TYPE} , '1') or selected(\${PHAR_TYPE} , '2') or selected(\${PHAR_TYPE} , '995')</i>	1	Determines own need and orders
		2	Need determined elsewhere
		3	Both (differ by method)
		-1	Don't know
		-2	Decline to respond
MED_SUP_TM2 <i>(required)</i>	On average, how long does it take to receive medicine after you have placed an order? <i>Question relevant when: selected(\${PHAR_TYPE} , '1') or selected(\${PHAR_TYPE} , '2')</i>	1	Number of days
		2	Number of weeks
		3	Number of months
		-1	Don't know
		-2	Decline to respond
MED_SUP_TM2_DAY <i>(required)</i>	On average, how long does it take to receive medicine after you have placed an order? Number of days: <i>Question relevant when: selected(\${MED_SUP_TM2} , '1')</i>		
MED_SUP_TM2_WK <i>(required)</i>	On average, how long does it take to receive medicine after you have placed an order? Number of weeks: <i>Question relevant when: selected(\${MED_SUP_TM2} , '2')</i>		
MED_SUP_TM2_TEXT <i>(required)</i>	On average, how long does it take to receive medicine after you have placed an order? Number of months: <i>Question relevant when: selected(\${MED_SUP_TM2} , '3')</i>		
MED_SHRT <i>(required)</i>	If there is a shortage of a specific medicine between routine orders, what is the most commonly used procedure in this facility? <i>Select all that apply.</i> <i>Question relevant when: selected(\${PHAR_TYPE} , '1') or selected(\${PHAR_TYPE} , '2') or selected(\${PHAR_TYPE} , '995')</i>	1	Special order
		2	Facility purchases
		3	Patient purchases outside this facility
		4	Borrow from another health facility
		-1	Don't know
		-2	Decline to respond
MED_ORD_RCV <i>(required)</i>	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)?	1	Always
		2	Almost always
		0	Almost never

Field	Question	3 Never Answer	
	Question relevant when: selected(\${PHAR_TYPE} , '1') or selected(\${PHAR_TYPE} , '2') or selected(\${PHAR_TYPE} , '995')		
		-1	Don't know
		-2	Decline to respond
Consent Obtained > Infection control			
Consent Obtained > Infection control > Infection control			
INFCTRL_GUID (required)	Are there written guidelines on how to decontaminate equipment?	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
AVAL_INCIN (required)	Does this health facility have an incinerator?	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
COM_INCIN (required)	Does this health facility have a contract with another health facility /company to dispose of biohazardous materials?	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
FRE_DIS_COL (required)	How often are biohazardous materials collected / sent to that company/health facility? Question relevant when: selected(\${COM_INCIN} , '1')	1	Number of days in a week (enter on the next page)
		2	Number of days in a month (enter on the next page)
		-1	Don't know
		-2	Decline to respond
Consent Obtained > Infection control > Infection control			
FRE_DIS_COL_WK (required)	How often are biohazardous materials collected / sent to that company/health facility? Number of days in a week: Question relevant when: selected(\${FRE_DIS_COL} , '1')		
FRE_DIS_COL_MON (required)	How often are biohazardous materials collected / sent to that company/health facility? Number of days in a month: Question relevant when: selected(\${FRE_DIS_COL} , '2')		
SHARP_DIS (required)	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.	1	Burn in incinerator
		2	Open burning
		3	Dump without burning
		4	Remove offsite
		5	Never have needles or sharps
		995	Other (specify):
		DK	Don't know
		DTR	Decline to respond
BAN_DIS (required)	How are bio-hazard waste items, such as used bandages, ultimately disposed of? Select all that apply.	1	Burn in incinerator
		2	Open burning
		3	Dump without burning
		4	Remove offsite
		5	Never have biological waste products such as bandages and gauze risk
		995	Other (specify):
		DK	Don't know
		DTR	Decline to respond
		NA	Not applicable
BIOHAZ_DIS_OF (required)	How often are biohazard waste items disposed of?	1	Number of days in a week (enter on next page)
		995	Other (specify on next page)
		-1	Don't know
		-2	Decline to respond
		-3	Not applicable
BIOHAZ_DIS_OF_NUM (required)	How often are biohazard waste items disposed of?: Number of days in a week Question relevant when: selected(\${BIOHAZ_DIS_OF} , '1')		
BIOHAZ_DIS_OF_SPEC (required)	How often are biohazard waste items disposed of?: Other (specify)		

Field	Question	Answer
	Question relevant when: selected(\${BIOHAZ_DIS_OF} , '995')	
Consent Obtained > Infection control		
PER_REP (required)	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?	1 Yes
		0 No
		-1 Don't know
		-2 Decline to respond
REP_SEE (required)	May I please have a copy of the latest report? Question relevant when: selected(\${PER_REP} , '1')	1 Yes
		0 No
		-2 Decline to respond
Consent Obtained > Infection control > Infection control		
SAT_SUR (required)	Does this health facility carry out patient satisfaction surveys?	1 Yes
		0 No
		-2 Decline to respond
SUGG_BOX (required)	Does this facility provide a suggestion box?	1 Yes
		0 No
		-2 Decline to respond
SAT_SUR_QUES (required)	Please ask to see the patient satisfaction survey questionnaire. Question relevant when: selected(\${SAT_SUR} , '1')	1 Yes, observed
		0 Not observed
		-1 Don't know
		-2 Decline to respond
Consent Obtained > Infection control > Infection control		
DATA_HIS (required)	Does this health facility capture data for the health information system?	1 Yes
		0 No
		-1 Don't know
		-2 Decline to respond
DATA_ETAB (required)	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.	1 Yes
		0 No
		-1 Don't know
		-2 Decline to respond
DATA_ANALYZE (required)	In this facility, is information about the care provided to patients analyzed (for example, graphics, trends, and indicators)?	1 Yes
		0 No
		-1 Don't know
		-2 Decline to respond
DATA_QUAL (required)	In this facility, is the information collected on patient care used to perform quality improvement? Question relevant when: selected(\${DATA_ANALYZE} , '1')	1 Yes
		0 No
		-1 Don't know
		-2 Decline to respond
DATA_QUAL_INSTR (required)	Is there an instrument, checklist, or survey available for monitoring quality improvement indicators at this facility? Question relevant when: selected(\${DATA_QUAL} , '1')	1 Yes
		0 No
		-1 Don't know
		-2 Decline to respond
DATA_QUAL_INSTR_SEE (required)	If yes, may we see it? Question relevant when: selected(\${DATA_QUAL_INSTR} , '1')	1 Yes
		0 No
		-1 Don't know
		-2 Decline to respond
DATA_QUAL_OFTEN (required)	In the last year, how many quality improvement meetings have been conducted?	1 Number of times:
		-1 Don't know
		-2 Decline to respond
DATA_QUAL_REP (required)	Are records kept of each meeting about quality improvement?	1 Yes
		0 No
		-1 Don't know
		-2 Decline to respond
DATA_QUAL_REP_SEE (required)	Could you please show us a copy of the report, notes, or minutes from the last quality improvement meeting? Question relevant when: selected(\${DATA_QUAL_REP} , '1')	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

Field	Question	Answer
ACTION_PLAN <i>(required)</i>	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)	<div>1 Yes</div> <div>0 No</div> <div>-1 Don't know</div> <div>-2 Decline to respond</div>
ACTION_PLAN_SEE <i>(required)</i>	If yes, may we see it? <i>Question relevant when: selected(\${ACTION_PLAN} , '1')</i>	<div>1 Yes</div> <div>0 No</div> <div>-1 Don't know</div> <div>-2 Decline to respond</div>
Consent Obtained > group_covid		
covid_questions	Now, we will ask questions about the facility throughout the COVID-19 pandemic.	
covid_vacc <i>(required)</i>	Has this facility ever administer vaccines for COVID-19?	<div>1 Yes</div> <div>0 No</div> <div>-1 Don't know</div> <div>-2 Decline to respond</div>
covid_vacc_site <i>(required)</i>	Do you supervise any COVID-19 vaccination sites?	<div>1 Yes</div> <div>0 No</div> <div>-1 Don't know</div> <div>-2 Decline to respond</div>
covid_demand <i>(required)</i>	In your opinion, did you notice an increase in demand for routine health services in your clinic during COVID-19 vaccination periods? <i>Question relevant when: selected(\${covid_vacc} , '1')</i>	<div>1 Yes</div> <div>0 No</div> <div>-1 Don't know</div> <div>-2 Decline to respond</div>
Consent Obtained > group_covid > COVID-19 vaccines administered <i>Group relevant when: selected(\${covid_vacc} , '1')</i>		
note_group_serv_util_COVID	How many COVID-19 vaccines were administered in this facility in the following years and months?	
COVID_2021_4_TEXT <i>(required)</i>	COVID-19 vaccines administered in this facility in April 2021 :	
COVID_2021_5_TEXT <i>(required)</i>	COVID-19 vaccines administered in this facility in May 2021 :	
COVID_2021_6_TEXT <i>(required)</i>	COVID-19 vaccines administered in this facility in June 2021 :	
COVID_2021_7_TEXT <i>(required)</i>	COVID-19 vaccines administered in this facility in July 2021 :	
COVID_2021_8_TEXT <i>(required)</i>	COVID-19 vaccines administered in this facility in August 2021 :	
COVID_2021_9_TEXT <i>(required)</i>	COVID-19 vaccines administered in this facility in September 2021 :	
COVID_2021_10_TEXT <i>(required)</i>	COVID-19 vaccines administered in this facility in October 2021 :	
COVID_2021_11_TEXT <i>(required)</i>	COVID-19 vaccines administered in this facility in November 2021 :	
COVID_2021_12_TEXT <i>(required)</i>	COVID-19 vaccines administered in this facility in December 2021 :	
COVID_2022_1_TEXT <i>(required)</i>	COVID-19 vaccines administered in this facility in January 2021 :	
COVID_2022_2_TEXT <i>(required)</i>	COVID-19 vaccines administered in this facility in February 2022 :	
COVID_2022_3_TEXT <i>(required)</i>	COVID-19 vaccines administered in this facility in March 2022 :	
COVID_2022_4_TEXT <i>(required)</i>	COVID-19 vaccines administered in this facility in April 2022 :	
COVID_2022_5_TEXT <i>(required)</i>	COVID-19 vaccines administered in this facility in May 2022 :	
COVID_2022_6_TEXT <i>(required)</i>	COVID-19 vaccines administered in this facility in June 2022 :	
COVID_2022_7_TEXT <i>(required)</i>	COVID-19 vaccines administered in this facility in July 2022 :	
Consent Obtained > group_covid > COVID-19 vaccines administered <i>Group relevant when: selected(\${covid_vacc} , '1')</i>		
note_group_serv_util_COVID_2	How many COVID-19 vaccines were administered as a part of facility outreach (mobile clinics / home visits) in the following years and months?	
COVID_2021_OUT4_TEXT <i>(required)</i>	COVID-19 vaccines administered as a part of outreach in April 2021 :	
COVID_2021_OUT5_TEXT <i>(required)</i>	COVID-19 vaccines administered as a part of outreach in May 2021 :	
COVID_2021_OUT6_TEXT <i>(required)</i>	COVID-19 vaccines administered as a part of outreach in June 2021 :	
COVID_2021_OUT7_TEXT <i>(required)</i>	COVID-19 vaccines administered as a part of outreach in July 2021 :	
COVID_2021_OUT8_TEXT <i>(required)</i>	COVID-19 vaccines administered as a part of outreach in August 2021 :	
COVID_2021_OUT9_TEXT <i>(required)</i>	COVID-19 vaccines administered as a part of outreach in September 2021 :	
COVID_2021_OUT10_TEXT <i>(required)</i>	COVID-19 vaccines administered as a part of outreach in October 2021 :	
COVID_2021_OUT11_TEXT <i>(required)</i>	COVID-19 vaccines administered as a part of outreach in November 2021 :	
COVID_2021_OUT12_TEXT <i>(required)</i>	COVID-19 vaccines administered as a part of outreach in December 2021 :	
COVID_2022_OUT1_TEXT <i>(required)</i>	COVID-19 vaccines administered as a part of outreach in January 2021 :	
COVID_2022_OUT2_TEXT <i>(required)</i>	COVID-19 vaccines administered as a part of outreach in February 2022 :	
COVID_2022_OUT3_TEXT <i>(required)</i>	COVID-19 vaccines administered as a part of outreach in March 2022 :	
COVID_2022_OUT4_TEXT <i>(required)</i>	COVID-19 vaccines administered as a part of outreach in April 2022 :	
COVID_2022_OUT5_TEXT <i>(required)</i>	COVID-19 vaccines administered as a part of outreach in May 2022 :	
COVID_2022_OUT6_TEXT <i>(required)</i>	COVID-19 vaccines administered as a part of outreach in June 2022 :	

Field	Question	Answer										
COVID_2022_OUT7_TEXT <i>(required)</i>	COVID-19 vaccines administered as a part of outreach in July 2022 :											
Consent Obtained > group_covid > group_covid_policy												
note_covid_policy	In 2020 and 2021, did this facility implement any of the following policy changes in response to the COVID-19 pandemic? Interviewer: Read options out loud to interviewee.											
label_covid_policy	Options:	<table><tr><td>2020</td><td>Yes, in 2020 only</td></tr><tr><td>2021</td><td>Yes, in 2021 only</td></tr><tr><td>BOTH</td><td>Yes, in BOTH 2020 and 2021</td></tr><tr><td>NO</td><td>No</td></tr><tr><td>NA</td><td>Not applicable (N/A)</td></tr></table>	2020	Yes, in 2020 only	2021	Yes, in 2021 only	BOTH	Yes, in BOTH 2020 and 2021	NO	No	NA	Not applicable (N/A)
2020	Yes, in 2020 only											
2021	Yes, in 2021 only											
BOTH	Yes, in BOTH 2020 and 2021											
NO	No											
NA	Not applicable (N/A)											
COVID_POLICY_MASKSTAFF <i>(required)</i>	Requiring the use of masks for staff	<table><tr><td>2020</td><td>Yes, in 2020 only</td></tr><tr><td>2021</td><td>Yes, in 2021 only</td></tr><tr><td>BOTH</td><td>Yes, in BOTH 2020 and 2021</td></tr><tr><td>NO</td><td>No</td></tr><tr><td>NA</td><td>Not applicable (N/A)</td></tr></table>	2020	Yes, in 2020 only	2021	Yes, in 2021 only	BOTH	Yes, in BOTH 2020 and 2021	NO	No	NA	Not applicable (N/A)
2020	Yes, in 2020 only											
2021	Yes, in 2021 only											
BOTH	Yes, in BOTH 2020 and 2021											
NO	No											
NA	Not applicable (N/A)											
COVID_POLICY_MASKPAT <i>(required)</i>	Requiring the use of masks for patients	<table><tr><td>2020</td><td>Yes, in 2020 only</td></tr><tr><td>2021</td><td>Yes, in 2021 only</td></tr><tr><td>BOTH</td><td>Yes, in BOTH 2020 and 2021</td></tr><tr><td>NO</td><td>No</td></tr><tr><td>NA</td><td>Not applicable (N/A)</td></tr></table>	2020	Yes, in 2020 only	2021	Yes, in 2021 only	BOTH	Yes, in BOTH 2020 and 2021	NO	No	NA	Not applicable (N/A)
2020	Yes, in 2020 only											
2021	Yes, in 2021 only											
BOTH	Yes, in BOTH 2020 and 2021											
NO	No											
NA	Not applicable (N/A)											
COVID_POLICY_SCREENSTAFF <i>(required)</i>	Symptom screening for staff	<table><tr><td>2020</td><td>Yes, in 2020 only</td></tr><tr><td>2021</td><td>Yes, in 2021 only</td></tr><tr><td>BOTH</td><td>Yes, in BOTH 2020 and 2021</td></tr><tr><td>NO</td><td>No</td></tr><tr><td>NA</td><td>Not applicable (N/A)</td></tr></table>	2020	Yes, in 2020 only	2021	Yes, in 2021 only	BOTH	Yes, in BOTH 2020 and 2021	NO	No	NA	Not applicable (N/A)
2020	Yes, in 2020 only											
2021	Yes, in 2021 only											
BOTH	Yes, in BOTH 2020 and 2021											
NO	No											
NA	Not applicable (N/A)											
COVID_POLICY_SCREENPAT <i>(required)</i>	Symptom screening for patients	<table><tr><td>2020</td><td>Yes, in 2020 only</td></tr><tr><td>2021</td><td>Yes, in 2021 only</td></tr><tr><td>BOTH</td><td>Yes, in BOTH 2020 and 2021</td></tr><tr><td>NO</td><td>No</td></tr><tr><td>NA</td><td>Not applicable (N/A)</td></tr></table>	2020	Yes, in 2020 only	2021	Yes, in 2021 only	BOTH	Yes, in BOTH 2020 and 2021	NO	No	NA	Not applicable (N/A)
2020	Yes, in 2020 only											
2021	Yes, in 2021 only											
BOTH	Yes, in BOTH 2020 and 2021											
NO	No											
NA	Not applicable (N/A)											
COVID_POLICY_REFERRAL <i>(required)</i>	Referral changes for potential COVID-19 cases	<table><tr><td>2020</td><td>Yes, in 2020 only</td></tr><tr><td>2021</td><td>Yes, in 2021 only</td></tr><tr><td>BOTH</td><td>Yes, in BOTH 2020 and 2021</td></tr><tr><td>NO</td><td>No</td></tr><tr><td>NA</td><td>Not applicable (N/A)</td></tr></table>	2020	Yes, in 2020 only	2021	Yes, in 2021 only	BOTH	Yes, in BOTH 2020 and 2021	NO	No	NA	Not applicable (N/A)
2020	Yes, in 2020 only											
2021	Yes, in 2021 only											
BOTH	Yes, in BOTH 2020 and 2021											
NO	No											
NA	Not applicable (N/A)											
COVID_POLICY_CHILD <i>(required)</i>	Reduced recommended frequency of well child visits	<table><tr><td>2020</td><td>Yes, in 2020 only</td></tr><tr><td>2021</td><td>Yes, in 2021 only</td></tr><tr><td>BOTH</td><td>Yes, in BOTH 2020 and 2021</td></tr><tr><td>NO</td><td>No</td></tr><tr><td>NA</td><td>Not applicable (N/A)</td></tr></table>	2020	Yes, in 2020 only	2021	Yes, in 2021 only	BOTH	Yes, in BOTH 2020 and 2021	NO	No	NA	Not applicable (N/A)
2020	Yes, in 2020 only											
2021	Yes, in 2021 only											
BOTH	Yes, in BOTH 2020 and 2021											
NO	No											
NA	Not applicable (N/A)											
COVID_POLICY_ANC <i>(required)</i>	Reduced recommended number of prenatal care visits	<table><tr><td>2020</td><td>Yes, in 2020 only</td></tr><tr><td>2021</td><td>Yes, in 2021 only</td></tr><tr><td>BOTH</td><td>Yes, in BOTH 2020 and 2021</td></tr><tr><td>NO</td><td>No</td></tr><tr><td>NA</td><td>Not applicable (N/A)</td></tr></table>	2020	Yes, in 2020 only	2021	Yes, in 2021 only	BOTH	Yes, in BOTH 2020 and 2021	NO	No	NA	Not applicable (N/A)
2020	Yes, in 2020 only											
2021	Yes, in 2021 only											
BOTH	Yes, in BOTH 2020 and 2021											
NO	No											
NA	Not applicable (N/A)											
COVID_POLICY_SUSCHW <i>(required)</i>	Suspended community health worker programs	<table><tr><td>2020</td><td>Yes, in 2020 only</td></tr><tr><td>2021</td><td>Yes, in 2021 only</td></tr><tr><td>BOTH</td><td>Yes, in BOTH 2020 and 2021</td></tr><tr><td>NO</td><td>No</td></tr><tr><td>NA</td><td>Not applicable (N/A)</td></tr></table>	2020	Yes, in 2020 only	2021	Yes, in 2021 only	BOTH	Yes, in BOTH 2020 and 2021	NO	No	NA	Not applicable (N/A)
2020	Yes, in 2020 only											
2021	Yes, in 2021 only											
BOTH	Yes, in BOTH 2020 and 2021											
NO	No											
NA	Not applicable (N/A)											
COVID_POLICY_EXPCHW <i>(required)</i>	Expanded or started community health worker programs	<table><tr><td>2020</td><td>Yes, in 2020 only</td></tr></table>	2020	Yes, in 2020 only								
2020	Yes, in 2020 only											

Field	Question	2021 Yes, in 2021 only	
		Answer	
		BOTH	Yes, in BOTH 2020 and 2021
		NO	No
		NA	Not applicable (N/A)
COVID_POLICY_EXPHV <i>(required)</i>	Expanded or started offering home visits	2020	Yes, in 2020 only
		2021	Yes, in 2021 only
		BOTH	Yes, in BOTH 2020 and 2021
		NO	No
		NA	Not applicable (N/A)
COVID_POLICY_REASSIGN <i>(required)</i>	Reassigned facility space to care for COVID-19 patients	2020	Yes, in 2020 only
		2021	Yes, in 2021 only
		BOTH	Yes, in BOTH 2020 and 2021
		NO	No
		NA	Not applicable (N/A)
COVID_POLICY_REDUCE <i>(required)</i>	Reduce the number of appointments	2020	Yes, in 2020 only
		2021	Yes, in 2021 only
		BOTH	Yes, in BOTH 2020 and 2021
		NO	No
		NA	Not applicable (N/A)
COVID_POLICY_TELE <i>(required)</i>	Provide telehealth appointments	2020	Yes, in 2020 only
		2021	Yes, in 2021 only
		BOTH	Yes, in BOTH 2020 and 2021
		NO	No
		NA	Not applicable (N/A)
COVID_POLICY_SCHED <i>(required)</i>	Allow scheduling appointments in new ways (eg via WhatsApp)	2020	Yes, in 2020 only
		2021	Yes, in 2021 only
		BOTH	Yes, in BOTH 2020 and 2021
		NO	No
		NA	Not applicable (N/A)
COVID_POLICY_WAITING <i>(required)</i>	Restricted the number of patients that can wait in the facility	2020	Yes, in 2020 only
		2021	Yes, in 2021 only
		BOTH	Yes, in BOTH 2020 and 2021
		NO	No
		NA	Not applicable (N/A)
COVID_POLICY_APPT <i>(required)</i>	Forbid patients from having someone accompany them to appointments	2020	Yes, in 2020 only
		2021	Yes, in 2021 only
		BOTH	Yes, in BOTH 2020 and 2021
		NO	No
		NA	Not applicable (N/A)
COVID_POLICY_BIRTH <i>(required)</i>	Forbid patients from having someone accompany them to give birth	2020	Yes, in 2020 only
		2021	Yes, in 2021 only
		BOTH	Yes, in BOTH 2020 and 2021
		NO	No
		NA	Not applicable (N/A)
COVID_POLICY_OTH	Other (specify on following page)	2020	Yes, in 2020 only
		2021	Yes, in 2021 only
		BOTH	Yes, in BOTH 2020 and 2021
		NO	No
		NA	Not applicable (N/A)
COVID_POLICY_OTH_SPEC <i>(required)</i>	Specify other COVID-19 policies:		

Field	Question	Answer	
	<i>Question relevant when: selected(\${COVID_POLICY_OTH} , '2020') or selected(\${COVID_POLICY_OTH} , '2021') or selected(\${COVID_POLICY_OTH} , 'BOTH')</i>		
COVID_CHALLENGE <i>(required)</i>	In your opinion, what were the main challenges of this health facility during the first 2 years of the pandemic? <i>Select all that apply.</i>	PROTEQ	Shortages of personal protective equipment
		SUPTREAT	Shortages of supplies to treat COVID-19 patients
		GENSUP	Shortages of general supplies
		COST	Supply costs
		STAFFILL	Staff illness
		ABSENT	Staff absenteeism
		QUIT	Staff quitting
		KNOWL	Lack of training or knowledge to treat COVID-19 patients
		HIRING	Difficulty hiring staff
		CASH	Cash shortfalls or financial instability
		FACMAN	Poor management or coordination in the facility
		CENTMAN	Poor management or coordination at the central level
		BALANC	Balancing care of COVID-19 patients with care of other patients
		ALLOC	Decision-making about allocation of care and supplies to COVID-19 patients
		OTH	Other, specify:
		NONE	No challenges
		DK	Don't know
		DTR	Decline to respond
COVID_CHALLENGE_MOST <i>(required)</i>	Of these challenges, which was the main one? <i>Question relevant when: not(selected(\${COVID_CHALLENGE} , 'DK')) and not(selected(\${COVID_CHALLENGE} , 'DTR')) and not(selected(\${COVID_CHALLENGE} , 'NONE'))</i>	1	Shortages of personal protective equipment
		2	Shortages of supplies to treat COVID-19 patients
		3	Shortages of general supplies
		4	Supply costs
		5	Staff illness
		6	Staff absenteeism
		7	Staff quitting
		8	Lack of training or knowledge to treat COVID-19 patients
		9	Difficulty hiring staff
		10	Cash shortfalls or financial instability

Field	Question	Answer
		<div>11</div> <div>Poor management or coordination in the facility</div>
		<div>12</div> <div>Poor management or coordination at the central level</div>
		<div>13</div> <div>Balancing care of COVID-19 patients with care of other patients</div>
		<div>14</div> <div>Decision-making about allocation of care and supplies to COVID-19 patients</div>
		995 ...
COVID_REDUCE <i>(required)</i>	In your opinion, was there a reduction in demand for routine health services during the pandemic?	<div>1</div> <div>Yes</div>
		<div>0</div> <div>No</div>
		<div>-1</div> <div>Don't know</div>
		<div>-2</div> <div>Decline to respond</div>
COVID_REDUCE_TIME <i>(required)</i>	During what timeframe was this reduction in demand? (select all that apply) <i>Question relevant when: selected(\${COVID_REDUCE} , '1')</i>	<div>1</div> <div>The first half of 2020 (January to June)</div>
		<div>2</div> <div>The second half of 2020 (July to December)</div>
		<div>3</div> <div>The first half of 2021 (January to June)</div>
		<div>4</div> <div>The second half of 2021 (July to December)</div>
		<div>5</div> <div>The first half of 2022 (January to June)</div>
		<div>6</div> <div>The entire time (demand for routine services has not returned to pre-pandemic levels)</div>
		<div>-1</div> <div>Don't know</div>
		<div>-2</div> <div>Decline to respond</div>
COVID_TEST <i>(required)</i>	Does this facility test patients for COVID-19?	<div>1</div> <div>Yes</div>
		<div>0</div> <div>No</div>
		<div>-1</div> <div>Don't know</div>
		<div>-2</div> <div>Decline to respond</div>
COVID_TEST_ROUTINE <i>(required)</i>	Has this facility routinely treated COVID-19 patients? <i>Question relevant when: selected(\${COVID_TEST} , '1')</i>	<div>1</div> <div>Yes</div>
		<div>0</div> <div>No</div>
		<div>-1</div> <div>Don't know</div>
		<div>-2</div> <div>Decline to respond</div>
COVID_TREAT <i>(required)</i>	Has this facility routinely treated patients with symptoms of COVID-19 or suspected cases of COVID-19? <i>Question relevant when: selected(\${COVID_TEST} , '0')</i>	<div>1</div> <div>Yes</div>
		<div>0</div> <div>No</div>
		<div>-1</div> <div>Don't know</div>
		<div>-2</div> <div>Decline to respond</div>
COVID_SUSPECT <i>(required)</i>	Are suspected or confirmed COVID-19 patients referred elsewhere?	<div>1</div> <div>Yes</div>
		<div>0</div> <div>No</div>
		<div>-1</div> <div>Don't know</div>
		<div>-2</div> <div>Decline to respond</div>
Consent Obtained > Temporary closure		
TEMPORARY_CLOSURE <i>(required)</i>	Was this facility temporarily closed at all throughout 2020, 2021, 2022?	<div>2020</div> <div>Yes, in 2020</div>
		<div>2021</div> <div>Yes, in 2021</div>
		<div>2022</div> <div>Yes, in 2022</div>
		<div>NONE</div> <div>No temporary closures</div>
		<div>DK</div> <div>Don't know</div>
		<div>DTR</div> <div>Decline to respond</div>
CLOSURE_ROUTINE_SERVICES <i>(required)</i>	During the time when the facility was shut down were there any routine services provided by the clinic staff in order to serve its catchment area? Routine services do not include any COVID-19 related testing or vaccination activities.	<div>1</div> <div>Yes</div>
		<div>0</div> <div>No</div>
		<div>-1</div> <div>Don't know</div>
		<div>-2</div> <div>Decline to respond</div>

Field	Question	Answer		
	<p>Question relevant when: selected(\${TEMPORARY_CLOSURE} , "2020") or selected(\${TEMPORARY_CLOSURE} , "2021") or selected(\${TEMPORARY_CLOSURE} , "2022")</p>			
MONTHS_CLOSED_2020 <i>(required)</i>	<p>Which months during the year of 2020 was this facility closed?</p> <p>Please note that we are only considering entire months where the facility was shut down, not partial.</p> <p>Question relevant when: selected(\${TEMPORARY_CLOSURE} , "2020")</p>		JAN	January
			FEB	February
			MAR	March
			APR	April
			MAY	May
			JUN	June
			JUL	July
			AUG	August
			SEP	September
			OCT	October
			NOV	November
			DEC	December
		NOTCLOSE	This facility was not closed for a full month at any given time	
		NONE	None	
		DK	Don't know	
		DTR	Decline to respond	
MONTHS_CLOSED_ROUTSER_2020 <i>(required)</i>	<p>During the months when the facility was shut down during 2020, when were routine outreach activities conducted?</p> <p>Question relevant when: selected(\${CLOSURE_ROUTINE_SERVICES} , '1') and (selected(\${MONTHS_CLOSED_2020} , 'JAN') or selected(\${MONTHS_CLOSED_2020} , 'FEB') or selected(\${MONTHS_CLOSED_2020} , 'MAR') or selected(\${MONTHS_CLOSED_2020} , 'APR') or selected(\${MONTHS_CLOSED_2020} , 'MAY') or selected(\${MONTHS_CLOSED_2020} , 'JUN') or selected(\${MONTHS_CLOSED_2020} , 'JUL') or selected(\${MONTHS_CLOSED_2020} , 'AUG') or selected(\${MONTHS_CLOSED_2020} , 'SEP') or selected(\${MONTHS_CLOSED_2020} , 'OCT') or selected(\${MONTHS_CLOSED_2020} , 'NOV') or selected(\${MONTHS_CLOSED_2020} , 'DEC'))</p>		JAN	January
			FEB	February
			MAR	March
			APR	April
			MAY	May
			JUN	June
			JUL	July
			AUG	August
			SEP	September
			OCT	October
			NOV	November
			DEC	December
		NOTCLOSE	This facility was not closed for a full month at any given time	
		NONE	None	
		DK	Don't know	
		DTR	Decline to respond	
MONTHS_CLOSED_ROUTSER_2020_WHAT <i>(required)</i>	<p>During the months when the facility was shut down during 2020, what routine outreach activities were conducted? (Read options out loud)</p> <p>Question relevant when: selected(\${CLOSURE_ROUTINE_SERVICES} , '1') and (selected(\${MONTHS_CLOSED_ROUTSER_2020} , 'JAN') or selected(\${MONTHS_CLOSED_ROUTSER_2020} , 'FEB') or selected(\${MONTHS_CLOSED_ROUTSER_2020} , 'MAR') or selected(\${MONTHS_CLOSED_ROUTSER_2020} , 'APR') or selected(\${MONTHS_CLOSED_ROUTSER_2020} , 'MAY') or selected(\${MONTHS_CLOSED_ROUTSER_2020} , 'JUN') or selected(\${MONTHS_CLOSED_ROUTSER_2020} , 'JUL') or selected(\${MONTHS_CLOSED_ROUTSER_2020} , 'AUG') or selected(\${MONTHS_CLOSED_ROUTSER_2020} , 'SEP') or selected(\${MONTHS_CLOSED_ROUTSER_2020} , 'OCT') or selected(\${MONTHS_CLOSED_ROUTSER_2020} , 'NOV') or selected(\${MONTHS_CLOSED_ROUTSER_2020} , 'DEC'))</p>	VACC	Routine childhood vaccination	
		GROW	Child growth and development check ups	
		ANC	Antenatal check ups	
		PPM	Postpartum or postnatal check ups	
		CHRON	Chronic disease management (hypertension, diabetes)	
		MEDS	Medication distribution	
		VECTOR	Vector control activities	
		CHW	Community health worker outreach or education	
		OTH	Other, specify	

Field	Question	Answer	
MONTHS_CLOSED_ROUTSER_2020_WHAT_SPEC <i>(required)</i>	Other (specify): <i>Question relevant when: selected(\${MONTHS_CLOSED_ROUTSER_2020} , '995')</i>		
MONTHS_CLOSED_2021 <i>(required)</i>	Which months during the year of 2021 was this facility closed? Please note that we are only considering entire months where the facility was shut down, not partial. <i>Question relevant when: selected(\${TEMPORARY_CLOSURE} , "2021")</i>	JAN	January
		FEB	February
		MAR	March
		APR	April
		MAY	May
		JUN	June
		JUL	July
		AUG	August
		SEP	September
		OCT	October
		NOV	November
		DEC	December
		NOTCLOSE	This facility was not closed for a full month at any given time
		NONE	None
		DK	Don't know
		DTR	Decline to respond
MONTHS_CLOSED_ROUTSER_2021 <i>(required)</i>	During the months when the facility was shut down during 2021 , when were routine outreach activities conducted? <i>Question relevant when: selected(\${CLOSURE_ROUTINE_SERVICES} , '1') and (selected(\${MONTHS_CLOSED_2021} , 'JAN') or selected(\${MONTHS_CLOSED_2021} , 'FEB') or selected(\${MONTHS_CLOSED_2021} , 'MAR') or selected(\${MONTHS_CLOSED_2021} , 'APR') or selected(\${MONTHS_CLOSED_2021} , 'MAY') or selected(\${MONTHS_CLOSED_2021} , 'JUN') or selected(\${MONTHS_CLOSED_2021} , 'JUL') or selected(\${MONTHS_CLOSED_2021} , 'AUG') or selected(\${MONTHS_CLOSED_2021} , 'SEP') or selected(\${MONTHS_CLOSED_2021} , 'OCT') or selected(\${MONTHS_CLOSED_2021} , 'NOV') or selected(\${MONTHS_CLOSED_2021} , 'DEC'))</i>	JAN	January
		FEB	February
		MAR	March
		APR	April
		MAY	May
		JUN	June
		JUL	July
		AUG	August
		SEP	September
		OCT	October
		NOV	November
		DEC	December
		NOTCLOSE	This facility was not closed for a full month at any given time
		NONE	None
		DK	Don't know
		DTR	Decline to respond
MONTHS_CLOSED_ROUTSER_2021_WHAT <i>(required)</i>	During the months when the facility was shut down during 2021 , what routine outreach activities were conducted? (Read options out loud) <i>Question relevant when: selected(\${CLOSURE_ROUTINE_SERVICES} , '1') and (selected(\${MONTHS_CLOSED_ROUTSER_2021} , 'JAN') or selected(\${MONTHS_CLOSED_ROUTSER_2021} , 'FEB') or selected(\${MONTHS_CLOSED_ROUTSER_2021} , 'MAR') or selected(\${MONTHS_CLOSED_ROUTSER_2021} , 'APR') or selected(\${MONTHS_CLOSED_ROUTSER_2021} , 'MAY') or selected(\${MONTHS_CLOSED_ROUTSER_2021} , 'JUN') or selected(\${MONTHS_CLOSED_ROUTSER_2021} , 'JUL') or selected(\${MONTHS_CLOSED_ROUTSER_2021} , 'AUG') or selected(\${MONTHS_CLOSED_ROUTSER_2021} , 'SEP') or selected(\${MONTHS_CLOSED_ROUTSER_2021} , 'OCT') or selected(\${MONTHS_CLOSED_ROUTSER_2021} , 'NOV') or selected(\${MONTHS_CLOSED_ROUTSER_2021} , 'DEC'))</i>	VACC	Routine childhood vaccination
		GROW	Child growth and development check ups
		ANC	Antenatal check ups
		PPM	Postpartum or postnatal check ups
		CHRON	Chronic disease management (hypertension, diabetes)
		MEDS	Medication distribution
		VECTOR	Vector control activities
		CHW	Community health worker outreach or education
		OTH	Other, specify

Field	Question	Answer	
MONTHS_CLOSED_ROUTSER_2021_WHAT_SPEC <i>(required)</i>	Other (specify): <i>Question relevant when: selected(\${MONTHS_CLOSED_ROUTSER_2021} , '995')</i>		
MONTHS_CLOSED_2022 <i>(required)</i>	Which months during the year of 2022 was this facility closed? Please note that we are only considering entire months where the facility was shut down, not partial. <i>Question relevant when: selected(\${TEMPORARY_CLOSURE} , "2022")</i>	JAN	January
		FEB	February
		MAR	March
		APR	April
		MAY	May
		JUN	June
		JUL	July
		AUG	August
		SEP	September
		OCT	October
		NOV	November
		DEC	December
		NOTCLOSE	This facility was not closed for a full month at any given time
		NONE	None
		DK	Don't know
		DTR	Decline to respond
MONTHS_CLOSED_ROUTSER_2022 <i>(required)</i>	During the months when the facility was shut down during 2022 , when were routine outreach activities conducted? <i>Question relevant when: selected(\${CLOSURE_ROUTINE_SERVICES} , '1') and (selected(\${MONTHS_CLOSED_2022} , 'JAN') or selected(\${MONTHS_CLOSED_2022} , 'FEB') or selected(\${MONTHS_CLOSED_2022} , 'MAR') or selected(\${MONTHS_CLOSED_2022} , 'APR') or selected(\${MONTHS_CLOSED_2022} , 'MAY') or selected(\${MONTHS_CLOSED_2022} , 'JUN') or selected(\${MONTHS_CLOSED_2022} , 'JUL') or selected(\${MONTHS_CLOSED_2022} , 'AUG') or selected(\${MONTHS_CLOSED_2022} , 'SEP') or selected(\${MONTHS_CLOSED_2022} , 'OCT') or selected(\${MONTHS_CLOSED_2022} , 'NOV') or selected(\${MONTHS_CLOSED_2022} , 'DEC'))</i>	JAN	January
		FEB	February
		MAR	March
		APR	April
		MAY	May
		JUN	June
		JUL	July
		AUG	August
		SEP	September
		OCT	October
		NOV	November
		DEC	December
		NOTCLOSE	This facility was not closed for a full month at any given time
		NONE	None
		DK	Don't know
		DTR	Decline to respond
MONTHS_CLOSED_ROUTSER_2022_WHAT <i>(required)</i>	During the months when the facility was shut down during 2022 , what routine outreach activities were conducted? (Read options out loud) <i>Question relevant when: selected(\${CLOSURE_ROUTINE_SERVICES} , '1') and (selected(\${MONTHS_CLOSED_ROUTSER_2022} , 'JAN') or selected(\${MONTHS_CLOSED_ROUTSER_2022} , 'FEB') or selected(\${MONTHS_CLOSED_ROUTSER_2022} , 'MAR') or selected(\${MONTHS_CLOSED_ROUTSER_2022} , 'APR') or selected(\${MONTHS_CLOSED_ROUTSER_2022} , 'MAY') or selected(\${MONTHS_CLOSED_ROUTSER_2022} , 'JUN') or selected(\${MONTHS_CLOSED_ROUTSER_2022} , 'JUL') or selected(\${MONTHS_CLOSED_ROUTSER_2022} , 'AUG') or selected(\${MONTHS_CLOSED_ROUTSER_2022} , 'SEP') or selected(\${MONTHS_CLOSED_ROUTSER_2022} , 'OCT') or selected(\${MONTHS_CLOSED_ROUTSER_2022} , 'NOV') or selected(\${MONTHS_CLOSED_ROUTSER_2022} , 'DEC'))</i>	VACC	Routine childhood vaccination
		GROW	Child growth and development check ups
		ANC	Antenatal check ups
		PPM	Postpartum or postnatal check ups
		CHRON	Chronic disease management (hypertension, diabetes)
		MEDS	Medication distribution
		VECTOR	Vector control activities
		CHW	Community health worker outreach or education
		OTH	Other, specify

Field	Question	Answer
MONTHS_CLOSED_ROUTSER_2022_WHAT_SPEC <i>(required)</i>	Other (specify): <i>Question relevant when: selected(\${MONTHS_CLOSED_ROUTSER_2022} , '995')</i>	
Consent Obtained > ANC		
note_group_serv_util_prenatal	How many pregnant women were seen for antenatal care in this facility in the following years?	
PRENATAL_2022_TEXT <i>(required)</i>	Pregnant women seen for antenatal care in 2022 :	
PRENATAL_2021_TEXT <i>(required)</i>	Pregnant women seen for antenatal care in 2021 : <i>Question relevant when: \${CLOSED_ALL_2021_NOROUTSER} = 0</i>	
note_prenatal_2021_not_collected	Data not collected for 2021 because you indicated the facility was closed the entire year. <i>Question relevant when: \${CLOSED_ALL_2021_NOROUTSER} = 1</i>	
PRENATAL_2020_TEXT <i>(required)</i>	Pregnant women seen for antenatal care in 2020 : <i>Question relevant when: \${CLOSED_ALL_2020_NOROUTSER} = 0</i>	
note_prenatal_2020_not_collected	Data not collected for 2020 because you indicated the facility was closed the entire year. <i>Question relevant when: \${CLOSED_ALL_2020_NOROUTSER} = 1</i>	
PRENATAL_2019_TEXT <i>(required)</i>	Pregnant women seen for antenatal care in 2019 :	
PRENATAL_2018_TEXT <i>(required)</i>	Pregnant women seen for antenatal care in 2018 :	
PRENATAL_2017_TEXT <i>(required)</i>	Pregnant women seen for antenatal care in 2017 :	
Consent Obtained > Deliveries		
note_group_serv_util_totdel	How many deliveries were attended in this facility in the following years?	
TOTDEL_2022_TEXT <i>(required)</i>	Deliveries attended in this facility in 2022 :	
TOTDEL_2021_TEXT <i>(required)</i>	Deliveries attended in this facility in 2021 : <i>Question relevant when: \${CLOSED_ALL_2021_NOROUTSER} = 0</i>	
note_totdel_2021_not_collected	Data not collected for 2021 because you indicated the facility was closed the entire year. <i>Question relevant when: \${CLOSED_ALL_2021_NOROUTSER} = 1</i>	
TOTDEL_2020_TEXT <i>(required)</i>	Deliveries attended in this facility in 2020 : <i>Question relevant when: \${CLOSED_ALL_2020_NOROUTSER} = 0</i>	
note_totdel_2020_not_collected	Data not collected for 2020 because you indicated the facility was closed the entire year. <i>Question relevant when: \${CLOSED_ALL_2020_NOROUTSER} = 1</i>	
TOTDEL_2019_TEXT <i>(required)</i>	Deliveries attended in this facility in 2019 :	
TOTDEL_2018_TEXT <i>(required)</i>	Deliveries attended in this facility in 2018 :	
TOTDEL_2017_TEXT <i>(required)</i>	Deliveries attended in this facility in 2017 :	
Consent Obtained > C-sections		
<i>Group relevant when: selected(\${FAC_TYPE} , '2') or selected(\${FAC_TYPE} , '3')</i>		
note_group_serv_util_csec	How many C-sections were performed in this facility in the following years?	
CSEC_2022_TEXT <i>(required)</i>	C-sections performed in this facility in 2022 :	
CSEC_2021_TEXT <i>(required)</i>	C-sections performed in this facility in 2021 : <i>Question relevant when: \${CLOSED_ALL_2021_NOROUTSER} = 0</i>	
note_csec_2021_not_collected	Data not collected for 2021 because you indicated the facility was closed the entire year. <i>Question relevant when: \${CLOSED_ALL_2021_NOROUTSER} = 1</i>	
CSEC_2020_TEXT <i>(required)</i>	C-sections performed in this facility in 2020 : <i>Question relevant when: \${CLOSED_ALL_2020_NOROUTSER} = 0</i>	
note_csec_2020_not_collected	Data not collected for 2020 because you indicated the facility was closed the entire year. <i>Question relevant when: \${CLOSED_ALL_2020_NOROUTSER} = 1</i>	
CSEC_2019_TEXT <i>(required)</i>	C-sections performed in this facility in 2019 :	
CSEC_2018_TEXT <i>(required)</i>	C-sections performed in this facility in 2018 :	
CSEC_2017_TEXT <i>(required)</i>	C-sections performed in this facility in 2017 :	
Consent Obtained > Neonatal care		
note_group_serv_util_baby	How many patients were seen for neonatal care in this facility in the following years?	
BABY_2022_TEXT <i>(required)</i>	Patients seen for neonatal care in this facility in 2022 :	
BABY_2021_TEXT <i>(required)</i>	Patients seen for neonatal care in this facility in 2021 : <i>Question relevant when: \${CLOSED_ALL_2021_NOROUTSER} = 0</i>	
note_baby_2021_not_collected	Data not collected for 2021 because you indicated the facility was closed the entire year. <i>Question relevant when: \${CLOSED_ALL_2021_NOROUTSER} = 1</i>	
BABY_2020_TEXT <i>(required)</i>	Patients seen for neonatal care in this facility in 2020 : <i>Question relevant when: \${CLOSED_ALL_2020_NOROUTSER} = 0</i>	
note_baby_2020_not_collected	Data not collected for 2020 because you indicated the facility was closed the entire year. <i>Question relevant when: \${CLOSED_ALL_2020_NOROUTSER} = 1</i>	
BABY_2019_TEXT <i>(required)</i>	Patients seen for neonatal care in this facility in 2019 :	
BABY_2018_TEXT <i>(required)</i>	Patients seen for neonatal care in this facility in 2018 :	
BABY_2017_TEXT <i>(required)</i>	Patients seen for neonatal care in this facility in 2017 :	
Consent Obtained > Children		
note_group_serv_util_child	How many children 6 to 23 months old were seen in this facility in the following years?	
CHILD_2022_TEXT <i>(required)</i>	Children 6 to 23 months old in this facility in 2022 :	

Field	Question	Answer
CHILD_2021_TEXT <i>(required)</i>	Children 6 to 23 months old in this facility in 2021 : <i>Question relevant when: \${CLOSED_ALL_2021_NOROUTSER} = 0</i>	
note_child_2021_not_collected	Data not collected for 2021 because you indicated the facility was closed the entire year. <i>Question relevant when: \${CLOSED_ALL_2021_NOROUTSER} = 1</i>	
CHILD_2020_TEXT <i>(required)</i>	Children 6 to 23 months old in this facility in 2020 : <i>Question relevant when: \${CLOSED_ALL_2020_NOROUTSER} = 0</i>	
note_child_2020_not_collected	Data not collected for 2020 because you indicated the facility was closed the entire year. <i>Question relevant when: \${CLOSED_ALL_2020_NOROUTSER} = 1</i>	
CHILD_2019_TEXT <i>(required)</i>	Children 6 to 23 months old in this facility in 2019 :	
CHILD_2018_TEXT <i>(required)</i>	Children 6 to 23 months old in this facility in 2018 :	
CHILD_2017_TEXT <i>(required)</i>	Children 6 to 23 months old in this facility in 2017 :	
Consent Obtained > Pneumonia		
note_group_serv_util_pneu	How many Children 0 to 59 months old who were diagnosed with pneumonia were seen in this facility in the following years?	
PNEU_2022_TEXT <i>(required)</i>	Children 0 to 59 months old who were diagnosed with pneumonia in this facility in 2022 :	
PNEU_2021_TEXT <i>(required)</i>	Children 0 to 59 months old who were diagnosed with pneumonia in this facility in 2021 : <i>Question relevant when: \${CLOSED_ALL_2021_NOROUTSER} = 0</i>	
note_pneu_2021_not_collected	Data not collected for 2021 because you indicated the facility was closed the entire year. <i>Question relevant when: \${CLOSED_ALL_2021_NOROUTSER} = 1</i>	
PNEU_2020_TEXT <i>(required)</i>	Children 0 to 59 months old who were diagnosed with pneumonia in this facility in 2020 : <i>Question relevant when: \${CLOSED_ALL_2020_NOROUTSER} = 0</i>	
note_pneu_2020_not_collected	Data not collected for 2020 because you indicated the facility was closed the entire year. <i>Question relevant when: \${CLOSED_ALL_2020_NOROUTSER} = 1</i>	
PNEU_2019_TEXT <i>(required)</i>	Children 0 to 59 months old who were diagnosed with pneumonia in this facility in 2019 :	
PNEU_2018_TEXT <i>(required)</i>	Children 0 to 59 months old who were diagnosed with pneumonia in this facility in 2018 :	
PNEU_2017_TEXT <i>(required)</i>	Children 0 to 59 months old who were diagnosed with pneumonia in this facility in 2017 :	
Consent Obtained > Maternal deaths		
note_group_serv_util_matdeath	How many maternal deaths occurred in this facility in the following years?	
MATDEATH_2022_TEXT <i>(required)</i>	Maternal deaths that occurred in this facility in 2022 :	
MATDEATH_2021_TEXT <i>(required)</i>	Maternal deaths that occurred in this facility in 2021 : <i>Question relevant when: \${CLOSED_ALL_2021_NOROUTSER} = 0</i>	
note_matdeath_2021_not_collected	Data not collected for 2021 because you indicated the facility was closed the entire year. <i>Question relevant when: \${CLOSED_ALL_2021_NOROUTSER} = 1</i>	
MATDEATH_2020_TEXT <i>(required)</i>	Maternal deaths that occurred in this facility in 2020 : <i>Question relevant when: \${CLOSED_ALL_2020_NOROUTSER} = 0</i>	
note_matdeath_2020_not_collected	Data not collected for 2020 because you indicated the facility was closed the entire year. <i>Question relevant when: \${CLOSED_ALL_2020_NOROUTSER} = 1</i>	
MATDEATH_2019_TEXT <i>(required)</i>	Maternal deaths that occurred in this facility in 2019 :	
MATDEATH_2018_TEXT <i>(required)</i>	Maternal deaths that occurred in this facility in 2018 :	
MATDEATH_2017_TEXT <i>(required)</i>	Maternal deaths that occurred in this facility in 2017 :	
Consent Obtained > Neonatal deaths		
note_group_serv_util_neodeath	How many neonatal deaths occurred in this facility in the following years?	
NEODEATH_2022_TEXT <i>(required)</i>	Neonatal deaths that occurred in this facility in 2022 :	
NEODEATH_2021_TEXT <i>(required)</i>	Neonatal deaths that occurred in this facility in 2021 : <i>Question relevant when: \${CLOSED_ALL_2021_NOROUTSER} = 0</i>	
note_neodeath_2021_not_collected	Data not collected for 2021 because you indicated the facility was closed the entire year. <i>Question relevant when: \${CLOSED_ALL_2021_NOROUTSER} = 1</i>	
NEODEATH_2020_TEXT <i>(required)</i>	Neonatal deaths that occurred in this facility in 2020 : <i>Question relevant when: \${CLOSED_ALL_2020_NOROUTSER} = 0</i>	
note_neodeath_2020_not_collected	Data not collected for 2020 because you indicated the facility was closed the entire year. <i>Question relevant when: \${CLOSED_ALL_2020_NOROUTSER} = 1</i>	
NEODEATH_2019_TEXT <i>(required)</i>	Neonatal deaths that occurred in this facility in 2019 :	
NEODEATH_2018_TEXT <i>(required)</i>	Neonatal deaths that occurred in this facility in 2018 :	
NEODEATH_2017_TEXT <i>(required)</i>	Neonatal deaths that occurred in this facility in 2017 :	
Consent Obtained > ANC		
note_group_serv_util_catchment	What is the size of the catchment area for this health facility in the following years?	
CATCHMENT_2022_TEXT <i>(required)</i>	Size of the catchment area for this health facility in 2022 :	
CATCHMENT_2021_TEXT <i>(required)</i>	Size of the catchment area for this health facility in 2021 :	
CATCHMENT_2020_TEXT <i>(required)</i>	Size of the catchment area for this health facility in 2020 :	
CATCHMENT_2019_TEXT <i>(required)</i>	Size of the catchment area for this health facility in 2019 :	
CATCHMENT_2018_TEXT <i>(required)</i>	Size of the catchment area for this health facility in 2018 :	
CATCHMENT_2017_TEXT <i>(required)</i>	Size of the catchment area for this health facility in 2017 :	

Field	Question	Answer
CATCHENT_HOW_TEXT	Please describe how the catchment area is reported (whether it is reported by number of households, total population, or some other metric):	
Consent Obtained > fieldlist_ask_personnel_questions_later <i>Group relevant when: selected(\${CB_PERS2} , '1') and \${SUP_STAFF_MAINT_BUILD_PR} = null</i>		
note_ask_personnel_questions_later	Please click here to fill out the personnel section you indicated you would fill out later: Specialties / health care personnel	
group_final_comments		
COMMENT_QUEST	Enter relevant comments about this survey:	
note_conclusion	You have reached the end of the survey. Please click the button 'submit' to submit your responses and close the survey. You cannot modify any responses after the survey has been submitted. If you believe that this page was reached in error, please click 'Previous' and revise your responses as necessary. Thank you for your time today.	