

PMA Ethiopia 2021 Cross-Sectional Survey Service Delivery Point Questionnaire

Section 1 – Facility Identification

001a. Enter the three digits of your id

SDP101. Your name: \${your_name}
Is this your name?

Yes
 No

WARNING - Unable to find your name for the ID your provided - \${phone_id_calc}. Please enter your full name in the next screen.

SDP102. Enter your name below.

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

SDP104. Record the correct date and time.

Day:
Month:
Year:

SDP105. Region

Afar
 Amhara
 Oromiya
 Somali
 Benishangul Gumuz
 Snnp
 Gambela
 Hareri
 Addis Ababa
 Dire Dawa Astedadar
 Sidama

SDP106. Zone

SDP107. Woreda/District

SDP108. Kebele/Locality name

SDP109. Enumeration Area

SDP110. Using the list below select the facility you are about to interview.

Are the following correct about the facility ?

	Yes	No
Facility name - \${facility_name_auto}	<input type="radio"/>	<input type="radio"/>
Facility type - \${facility_type_auto_lab}	<input type="radio"/>	<input type="radio"/>
Managing authority - \${managing_authority_auto}	<input type="radio"/>	<input type="radio"/>

Enter the correct facility name

Select the correct facility type

- Hospital
- Health center
- Health post
- Health clinic
- Pharmacy
- Drug Shop/Rural Drug Vendor

Select the correct facility's managing authority

- Government
- NGO
- Faith-based organization
- Private
- Other

Facility Name

Facility Type

- Hospital
- Health center
- Health post
- Health clinic
- Pharmacy
- Drug Shop/Rural Drug Vendor

Facility's managing authority

- Government
- NGO
- Faith-based organization
- Private
- Other

SDP110c. Is a competent respondent present and available to be interviewed today?	<input type="radio"/> Yes <input type="radio"/> No
SDP113a. Is this a teaching facility?	<input type="radio"/> Yes <input type="radio"/> No
SDP113c. Has this SDP previously participated in the 2019 or 2020 PMA survey?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response

INFORMED CONSENT

Hello, I am \${re_name}. I am representing the Ministry of Health. We are conducting a study of health facilities in this country, with the goal of finding ways to improve the quality of maternal and newborn health services. We are asking for your cooperation and assistance to conduct an inventory of key supplies and equipment available for antenatal care, labor and delivery care, postnatal care, and family planning at this facility. We will also examine the existing systems for referrals and record keeping. This interview should take no more than 30 minutes in each department of this facility.

There will be no direct benefit to you from assisting with this activity. Your name will not be recorded. The information collected will be used by the Ministry of Health and partner organizations to improve services.

Do you have any questions?

SDP114. Explain the informed consent form. Then, ask: May I begin the interview now?	<input type="radio"/> Yes <input type="radio"/> No
SDP115. Interviewer's name: \${your_name}	
SDP115. Interviewer's name Please record your name as a witness to the consent process. You previously entered "\${name_typed}."	
SDP117. What is your position in this facility?	<input type="radio"/> Owner <input type="radio"/> In-charge / manager <input type="radio"/> Staff <input type="radio"/> No response
SDP118. What year did you first begin working at this facility?	Year:
SDP113b. How many days each week is the facility open on regular basis? Number of days	

Section 2—Information About Services

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

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

SDP200A. Is ANTENATAL CARE provided at this facility?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
SDP200B. Is LABOR AND DELIVERY CARE provided at this facility?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
SDP200C. Is MAJOR OBSTETRIC SURGERY (E.G. CESAREAN, HYSTERECTOMY) provided at this facility?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
SDP200D. Is SAFE ABORTION CARE provided at this facility?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
SDP200E. Is POSTABORTION CARE provided at this facility?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
SDP200F. Is FAMILY PLANNING provided at this facility?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
SDP200G. Is IMMEDIATE POSTPARTUM FAMILY PLANNING provided at this facility?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
SDP200H. Is BLOOD TRANSFUSION provided at this facility?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
SDP200HH. Is BLOOD TRANSFUSION available at all times this facility is open?	<input type="radio"/> Yes <input type="radio"/> No

	<input type="radio"/> Do not know <input type="radio"/> No response
SDP200I. Is POSTNATAL CARE provided at this facility?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
SDP200J. Does this facility have an INTENSIVE CARE UNIT for adult patients?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
SDP200K. Is NEONATAL INTENSIVE CARE provided at this facility?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
SDP200L. Is LABORATORY TESTING provided at this facility?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
SDP200M. Does your facility offer psychosocial care, counseling, or support services for any of the following?	<input type="checkbox"/> Physical intimate partner violence <input type="checkbox"/> Sexual intimate partner violence <input type="checkbox"/> Non-partner sexual assault <input type="checkbox"/> Physical and/or sexual violence against children <input type="checkbox"/> None of the above <input type="checkbox"/> Don't know <input type="checkbox"/> No response
SDP200N. Does the psychosocial care package include any of the following?	<input type="checkbox"/> Medical care for sexual and/or physical assault victims <input type="checkbox"/> Post exposure prophylaxis (PrEP) for potential HIV exposure <input type="checkbox"/> Referral/linkage to safety and temporary housing (either formal or community-based) <input type="checkbox"/> Referral/linkage to legal aid <input type="checkbox"/> None of the above <input type="checkbox"/> Don't know <input type="checkbox"/> No response
SDP200Q. Are IMMUNIZATION SERVICES provided at this facility?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response

SDP200T. Does this facility provide care to SICK CHILDREN aged 0-59 months?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
SDP201. If a woman came in for her child's immunization, would health workers at this facility also offer her family planning counseling and services during this visit?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
SDP203. How many health workers with the following qualifications work in this facility?	
SDP203. Total number of Medical doctors with any speciality	
SDP203. Total number of General practitioner (physician)	
SDP203. Total number of Health officer	
SDP203. Total number of Emergency surgery and obstetrics officer (M.Sc. Level)	
SDP203. Total number of Pediatrics Officer (M.Sc. Level)	
SDP203. Total number of Nurse (non-midwife, BSc, diploma)	
SDP203. Total number of Midwife (BSc, diploma)	
SDP203. Total number of Health extension worker (HEW) - Level III	
SDP203. Total number of Health extension worker (HEW) - Level IV	
SDP203. Total number of Pharmacist/Pharmacy technician	
SDP203. Total number of Laboratory technologist/technician	
SDP204b. How many times in the last 12 months has a mobile outreach team visited your facility to deliver each of the following additional services?	
SDP204b. Number of times: Obstetric fistula repair	

SDP204b. Number of times: IUD insertion/removal services

SDP204b. Number of times: Implant insertion/removal services

SDP204b. Number of times: Tubal ligation services

SDP204b. Number of times: Vasectomy services

Section 3 – Infrastructure and Referral System Readiness

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

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

SDP301. During the past 7 days, was electricity available during all times when the facility was open for ESSENTIAL services, including the use of generator or solar power?

- Available at all times
- Interruptions on 1 day
- Interruptions on 2-3 days
- Interruptions on 4-5 day
- Interruptions on 6+ days
- Not available at all
- Don't know
- No response

SDP302. Does this facility have other sources of electricity, such as a functioning generator or solar system?

- Yes
- No
- Do not know
- No response

SDP303. Is a water outlet available onsite?

- Yes
- No water outlet
- Do not know
- No response

SDP304. What is the primary water source used at this facility?

- Piped
- Bucket with tap
- Bucket or basin
- None of the above
- Do not know
- No response

SDP305. During the past 7 days, was water from the `{water_system_type_lab}` available during all times when the facility was open for ESSENTIAL services?

- Available at all times
- Interruptions on 1 day
- Interruptions on 2-3 days

	<input type="radio"/> Interruptions on 4-5 day <input type="radio"/> Interruptions on 6+ days <input type="radio"/> Not available at all <input type="radio"/> Don't know <input type="radio"/> No response
SDP307. Does this facility have access to a blood bank?	<input type="radio"/> Yes, within the facility <input type="radio"/> Yes, outside the facility <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
SDP307a. Does this facility have access to internet connectivity?	<input type="radio"/> Yes <input type="radio"/> Yes, but only for HMIS <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
SDP307b. During the past 7 days, was internet available during all times when the facility was open for services?	<input type="radio"/> Available at all times <input type="radio"/> Interruptions on 1 day <input type="radio"/> Interruptions on 2-3 days <input type="radio"/> Interruptions on 4-5 day <input type="radio"/> Interruptions on 6+ days <input type="radio"/> Not available at all <input type="radio"/> Don't know <input type="radio"/> No response
SDP308. Does this facility have access to a working phone or radio system to call outside that is available at ALL TIMES patient services are offered?	<input type="radio"/> Yes, facility-owned <input type="radio"/> Yes, provider-owned <input type="radio"/> Yes, outside the facility <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response

SDP309. Does this facility refer any of the following to another facility for care:				
	Yes	No	Do not know	No response
A) Pregnant women	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B) Laboring women	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C) Postpartum women	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D) Newborns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E) Women seeking safe abortion care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F) Women seeking postabortion care services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<p>SDP310. Does this facility have a printed referral form that is used to accompany patients who are referred for maternal and newborn health services?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response </p>
<p>SDP311. May I see the patient referral form for maternal and newborn health services?</p>	<p> <input type="radio"/> Form observed (Standard MOH) <input type="radio"/> Form observed (Non-standard) <input type="radio"/> Form not observed <input type="radio"/> No response </p>
<p>SDP312. Does this facility have access to a functional ambulance/car on-site for emergency transportation of patients to/from this facility?</p>	<p> <input type="radio"/> Yes, to bring patients to this facility <input type="radio"/> Yes, to transport patients to other facilities <input type="radio"/> Yes, to transport both to/from this facility <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response </p>
<p>SDP313. Is this service offered free of charge to patients?</p>	<p> <input type="radio"/> Yes, to all patients <input type="radio"/> Yes, to some patients <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response </p>
<p>SDP314. What strategies does this facility use to transport emergency patients from this facility to other facilities?</p>	<p> <input type="checkbox"/> Use facility's own means of transportation <input type="checkbox"/> Request vehicles from the District/Zonal Health office <input type="checkbox"/> Request vehicles from the nearest health facility <input type="checkbox"/> Request vehicles from the nearest Red Cross Center, ambulance service provider, or the fire department <input type="checkbox"/> Request vehicles from other offices that do not provide health services <input type="checkbox"/> Hire a car (e.g. taxi, van) <input type="checkbox"/> Use organized community volunteers to transport the patient <input type="checkbox"/> Use the patient's family/friend transportation <input type="checkbox"/> None of the above <input type="checkbox"/> Do not know <input type="checkbox"/> No response </p>
<p>SDP314b. How much time is it expected to take ON AVERAGE to transport emergency patients from this facility to the nearest referral facility, including the time to request/hire a vehicle if one is not available on-site?</p>	<p> <input type="radio"/> Hours <input type="radio"/> Minutes <input type="radio"/> Don't know <input type="radio"/> No response </p>

SDP314c. Number of hours	
SDP314c. Number of minutes	

SDP316. Does this facility have a designated liaison officer who manages the communication with other facilities about patients being referred to and/or from this facility for maternal and newborn services?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
SDP318. Does the facility have a functional mechanism for recording and sharing outcomes of cases referred in and out?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response

Section 4 – COVID-19 Services Availability and Readiness

Cov001. Are COVID-19 screening, testing, treatment, vaccination and/or referral services currently available at this facility?	<input type="checkbox"/> Yes, screening <input type="checkbox"/> Yes, testing <input type="checkbox"/> Yes, treatment <input type="checkbox"/> Yes, referral <input type="checkbox"/> Yes, vaccination <input type="checkbox"/> Don't know <input type="checkbox"/> None of the above <input type="checkbox"/> No response
Cov002. Have all the facility staff been trained or oriented to the signs, symptoms, and modes of transmission of COVID-19?	<input type="radio"/> Yes, all staff <input type="radio"/> Yes, all clinical staff <input type="radio"/> Yes, some clinical staff only <input type="radio"/> Yes, all ancillary staff <input type="radio"/> Yes, some ancillary staff <input type="radio"/> Yes, some ancillary and some clinical staff <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> No response
Cov003. Does this facility accept patients who are infected with COVID-19 for services and/or treatment?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
Cov004. Have all the facility staff been trained or oriented on COVID-19 Infection Prevention and Control protocols?	<input type="radio"/> Yes, all staff <input type="radio"/> Yes, all clinical staff <input type="radio"/> Yes, some clinical staff only <input type="radio"/> Yes, all ancillary staff <input type="radio"/> Yes, some ancillary staff <input type="radio"/> Yes, some ancillary and some clinical staff

	<input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> No response
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Cov005. Are all relevant health workers at this facility trained or oriented in conducting community surveillance for COVID-19?	<input type="radio"/> Yes, all clinical staff <input type="radio"/> Yes, some clinical staff only <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> No response
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Cov006. Are all relevant health workers at this facility trained or oriented on COVID-19:				
	Yes all R Staff	Yes Some R Staff	No	No response
A) Screening /Pre-Triage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B) Triage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C) Diagnosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D) Vaccination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E) Referral	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F) Transferring/deploying suspected case to treatment center	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G) Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Cov007a. Is there a designated COVID-19 response team/committee at this facility?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
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Cov007b. Is there a person assigned to lead/coordinate Infection Prevention and Control activities dedicated for COVID-19 pandemic response?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
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Cov010. Is there a separate patient waiting room/area designated for COVID-19 suspected cases?	<input type="radio"/> Yes, observed <input type="radio"/> Yes, reported, not seen <input type="radio"/> Not available <input type="radio"/> Don't know <input type="radio"/> No response
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Cov011. Is there a hand-washing facility or facilities dedicated for clients and staff near the area where COVID-19 patients are screened, tested, vaccinated, and/or treated at this facility?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
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Cov012. How many hand-washing facilities are available for this use?	
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Cov013. May I see a handwashing facility that is dedicated for this purpose?

- Soap is present
- Stored water is present
- Running water is present
- Handwashing area is at the entry/gate of the facility
- None of the above
- Did not see the handwashing facility
- No response

Cov016. For each of the following personal protective equipment (PPE) listed, can you please tell me if the PPE is available for staff use TODAY? If available today, can you please show me the item?

A) Medical masks (e.g. N95, FFP2, or equivalent)	<input type="radio"/> Observed ≥ 1 available <input type="radio"/> Reported not seen <input type="radio"/> Not available
B) Eye protection (goggles or face shield)	<input type="radio"/> Observed ≥ 1 available <input type="radio"/> Reported not seen <input type="radio"/> Not available
C) Examination gloves	<input type="radio"/> Observed ≥ 1 available <input type="radio"/> Reported not seen <input type="radio"/> Not available
D) Surgical gloves	<input type="radio"/> Observed ≥ 1 available <input type="radio"/> Reported not seen <input type="radio"/> Not available
E) Long cuffed gloves	<input type="radio"/> Observed ≥ 1 available <input type="radio"/> Reported not seen <input type="radio"/> Not available
F) Heavy duty gloves	<input type="radio"/> Observed ≥ 1 available <input type="radio"/> Reported not seen <input type="radio"/> Not available
G) Long sleeved gown	<input type="radio"/> Observed ≥ 1 available <input type="radio"/> Reported not seen <input type="radio"/> Not available
H) Waterproof aprons	<input type="radio"/> Observed ≥ 1 available <input type="radio"/> Reported not seen <input type="radio"/> Not available
I) Surgical scrubs	<input type="radio"/> Observed ≥ 1 available <input type="radio"/> Reported not seen <input type="radio"/> Not available
J) Shoe covers	<input type="radio"/> Observed ≥ 1 available <input type="radio"/> Reported not seen <input type="radio"/> Not available

K) Infrared thermometer	<input type="radio"/> Observed ≥ 1 available <input type="radio"/> Reported not seen <input type="radio"/> Not available
L) Alcohol/hand sanitizer	<input type="radio"/> Observed ≥ 1 available <input type="radio"/> Reported not seen <input type="radio"/> Not available

Cov017. For each of the following personal protective equipment (PPE) listed, can you please tell me if the PPE has been out of stock at any point in the last three months?

	Yes	No	Do not know	No response
A) Medical masks (e.g. N95, FFP2, or equivalent)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B) Eye protection (goggles or face shield)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C) Examination gloves	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D) Surgical gloves	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E) Long cuffed gloves	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F) Heavy duty gloves	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G) Long sleeved gown	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H) Waterproof aprons	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I) Surgical scrubs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
J) Shoe covers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K) Infrared thermometer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
L) Alcohol/hand sanitizer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Cov018. Does this facility have the National Comprehensive COVID-19 Management Handbook prepared by the Federal Ministry of Health? If available, can you please show it to me?

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

Section 5 – Health Management Information Systems

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

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

SDP800a. Does the facility have a functional mechanism for summarizing key outcome data, such as the number of monthly deliveries, live births, maternal or neonatal deaths?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
SDP800b. What type of functional mechanism is used to summarize key outcome data?	<input type="checkbox"/> Manual/paper-based <input type="checkbox"/> Electronic database/DHIS2/HMIS <input type="checkbox"/> Electronic Community Health Information System (eCHIS) <input type="checkbox"/> No system <input type="checkbox"/> Do not know <input type="checkbox"/> No response
SDP800b2. Has COVID-19 changed the way that key outcome data, such as the number of monthly deliveries, live births, and maternal or neonatal deaths, are reported?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
SDP817. Does the facility have a functional mechanism for reporting data on maternal deaths to the Maternal and Perinatal Death Surveillance Response?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
SDP801. Does this facility regularly produce reports for the zonal, district, regional, zonal, or national Health Management Information System (HMIS)?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
SDP802. How frequently are summary reports generated from this functional HMIS?	<input type="radio"/> Monthly or more often <input type="radio"/> Quarterly <input type="radio"/> Biannually (twice a year) <input type="radio"/> Annually <input type="radio"/> Less than once a year <input type="radio"/> No predefined frequency (as requested) <input type="radio"/> Don't know <input type="radio"/> No response
SDP802b. Has COVID-19 changed the frequency that summary reports on maternal and newborn health that are generated from the functional HMIS?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response

SDP803. Does this facility receive feedback on the facility's HMIS reports from any of the following:				
	Yes	No	Do not know	No response
A) Wordea health office	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B) Zonal health department	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C) Regional health bureau	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D) Implementing non-governmental organizations (NGOs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E) Federal Ministry of Health (FMOH)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F) This facility's leadership team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G) Health Center	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SDP803b. Has COVID-19 changed if or how this facility receives feedback on HMIS reports?

Yes
 No
 Do not know
 No response

SDP804. Does feedback provided generally include recommendations for action to improve the quality of care in this facility?

Yes
 No
 Do not know
 No response

SDP805. Have any of the following types of action-oriented recommendations been made based on most recent HMIS data or in any other report generated from these data?

	Yes	No	Do not know	No response
A) Review effort by examining service performance target and actual performance from month to month	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B) Review facility personnel responsibilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C) Quality of care improvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D) Resource allocation based on comparison by services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E) Advocacy for more resources by showing gaps in ability to meet targets, commodity stocks, human resources, infrastructure improvements, training needs, and/or referral changes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SDP806. Does this facility have a performance monitoring team (PMT)?

Yes
 No
 Do not know
 No response

SDP809. How frequently are performance monitoring team meetings held to discuss key performance indicators (KPIs) and maternal and child health indicators from this facility?

Monthly or more often
 Quarterly
 Biannually (twice a year)
 Annually
 Less than once a year
 No predefined frequency (as requested)

	<input type="radio"/> Don't know <input type="radio"/> No response
SDP813. Were the performance monitoring team meeting minutes compiled?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
SDP814. May I see the meeting minutes from the most recent meeting?	<input type="radio"/> Yes, minutes observed <input type="radio"/> No, minutes not observed <input type="radio"/> No response
SDP810. Are maternal deaths at the facility reviewed by obstetric providers, physicians and nurses or performance monitoring team in the facility in the facility?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
SDP811. How frequently are the obstetric providers, physicians, nurses or performance monitoring team meetings held to discuss maternal deaths that occurred at this facility?	<input type="radio"/> Immediately after a death has occurred <input type="radio"/> Monthly or more often <input type="radio"/> Quarterly <input type="radio"/> Biannually (twice a year) <input type="radio"/> Annually <input type="radio"/> Less than once a year <input type="radio"/> No predefined frequency (as requested) <input type="radio"/> Don't know <input type="radio"/> No response

SDP812. When was the last meeting held to discuss maternal deaths that occurred at this facility?	Day: Month: Year:
Check here if no maternal death occurred yet	<input type="radio"/>
Check here if Not Applicable (No date)	<input type="radio"/>

SDP813b. Were the obstetric providers, physicians, nurses or performance monitoring team meeting to discuss maternal deaths minutes compiled?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
SDP814b. May I see the meeting minutes from the most recent meeting to discuss maternal deaths?	<input type="radio"/> Yes, minutes observed and matches with the reported recent date <input type="radio"/> Yes, minutes observed but DO NOT match with the reported recent date <input type="radio"/> No, minutes not observed <input type="radio"/> No response

SDP815. Does the facility conduct participatory performance review meetings on a regular basis?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
SDP816. How frequently are the review meetings held?	<input type="radio"/> Monthly or more often <input type="radio"/> Quarterly <input type="radio"/> Biannually (twice a year) <input type="radio"/> Annually <input type="radio"/> Less than once a year <input type="radio"/> No predefined frequency (as requested) <input type="radio"/> Don't know <input type="radio"/> No response

Section 6 – Antenatal Care, Labor & Delivery, and Postnatal Care Service Readiness

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

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

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

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

<p>SDP404. How many maternity waiting rooms does this facility have? Number of maternity waiting rooms</p>	
<p>SDP404a. How many beds does this facility have in the maternity waiting rooms?</p>	
<p>SDP404b. As per the FMoH standard guideline, for how many pregnant women can this facility currently provide maternity waiting service at a time?</p>	
<p>SDP405. How many rooms does this facility have for labor, delivery, and postpartum care? Number of labor rooms</p>	
<p>SDP406b. Is there a functional heat source in the delivery room?</p>	<p><input type="radio"/> Yes, functional <input type="radio"/> No, not available or not functional <input type="radio"/> Don't know <input type="radio"/> No response</p>
<p>SDP407. Describe the setting of the delivery room(s).</p>	<p><input type="radio"/> Private room(s) with visual privacy <input type="radio"/> No private room, but visual privacy ensured (e.g., draperies) <input type="radio"/> No privacy offered <input type="radio"/> No response</p>
<p>SDP408. How many beds does this facility have for labor, delivery and postpartum care?</p>	
<p>SDP409. Is there a newborn corner or room(s) in this facility?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>SDP410. How many newborn resuscitation table(s) with light source does this facility have?</p>	
<p>SDP412. Is a skilled birth attendant present at the facility or on call 24 hours a day, including weekends, to provide delivery care?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>SDP413. Is there a skilled provider who can perform a caesarean section present in the facility or on-call 24 hours a day, including weekends?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>

SDP413b. Has COVID-19 affected the availability of skilled providers to be present in the facility or on-call to deliver caesarean section 24 hours a day, including weekends? If so, how?	<input type="radio"/> Yes, less available <input type="radio"/> Yes, more available. <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> No response
SDP414a. Is there a schedule that is used to record which skilled provider is present or on-call to perform cesarean deliveries at any given time?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
SDP414b. May I see the schedule for on-duty or on-call providers to perform cesarean section?	<input type="radio"/> Schedule observed <input type="radio"/> No schedule observed <input type="radio"/> No response

PROVISION OF EMERGENCY OBSTETRIC AND ESSENTIAL NEWBORN SERVICES

Now, I am going to ask you about key interventions for management of normal and complicated labor and delivery. For each intervention, please tell me if it has been provided at this facility within the past 3 months. If there is another provider who would be better able to answer my questions on EMERGENCY OBSTETRIC CARE in this facility, I would appreciate if you could refer me to the appropriate person.

SDP420. In the past 3 months, have health workers at this facility:				
	Yes	No	Do not know	No response
A) Provided PARENTERAL ANTICONVULSANTS to manage high blood pressure in pregnancy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B) Provided ANTIHYPERTENSIVES to treat pregnancy-related hypertension?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C) Provided parenteral or oral UTEROTONICS to prevent or treat pregnancy-related hemorrhage?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D) Provided immediate postpartum implant insertion?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E) Provided immediate postpartum IUD insertion (PP-IUD)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F) Provided immediate postpartum tubal ligation (TL)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SDP421. In the past 3 months, have health workers at this facility:				
	Yes	No	Do not know	No response
G) Provided parenteral antibiotics for infections related to pregnancy, abortion, labor or delivery?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H) Performed manual removal of placenta?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I) Used partographs to monitor labor?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Yes	No	Do not know	No response
K) Provided instrument/assisted deliveries—that is, use forceps or vacuum extractor?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
M) Performed blood transfusions for maternity care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
N) Provided antenatal corticosteroids for fetal lung maturation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
O) Performed newborn resuscitation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SDP422_n1. Does this facility have a policy that allows the “rooming-in” of a mother and her baby?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
SDP422_n2. Does this facility have a policy that allows women to have a companion of her choice with her during labor and/or delivery?	<input type="radio"/> Yes, during labor <input type="radio"/> Yes, during delivery <input type="radio"/> Yes, during labor and delivery <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> No response
SDP422a. Following delivery, does the provider put the baby on the mother's chest?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
SDP422b. When the baby is put on the mother's chest, is the baby's bare skin touching the mother's bare skin?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
SDP422c. How long after delivery is the baby typically put on the bare skin of the mother's chest?	<input type="radio"/> Immediately <input type="radio"/> Hours <input type="radio"/> Minutes <input type="radio"/> Don't know <input type="radio"/> No response

Hours	
Minutes	

SDP422d. Before discharge, is the mother assisted by the provider to put the baby to the breast?	<input type="radio"/> Yes <input type="radio"/> No
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	<input type="radio"/> Do not know <input type="radio"/> No response
SDP422d2. Is it the policy of this facility to routinely encourage exclusive breast feeding?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
SDP422e. How long after delivery is the mother assisted by the provider to put the baby to the breast?	<input type="radio"/> Immediately <input type="radio"/> Hours <input type="radio"/> Days <input type="radio"/> Don't know <input type="radio"/> No response

SDP422e. How long after delivery is the mother assisted by the provider to put the baby to the breast?	
Hours assisted	
Days Assisted	

SDP422e1. Is KMC (kangaroo mother care) for premature/very small babies) used in this facility?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
SDP422e2. Has KMC been provided at any time during the past 3 months?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
SDP423. Before discharge, do providers routinely discuss family planning with the mother?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response

STANDARD INFECTION CONTROL PRECAUTIONS

Now I want to ask you about how this facility handles contaminated reusable equipment. If the unit processes some equipment and sends other equipment elsewhere, indicate the procedure for equipment processed **IN THIS FACILITY ONLY**.

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

SDP427. After completing a delivery, what procedures do health workers most frequently follow for initial handling of contaminated equipment, such as scissors or clamps, that will be reused?	<input type="radio"/> Nothing is done <input type="radio"/> Decontaminate in 0.5% chlorine solution, soap and water scrub, and then rinse <input type="radio"/> Soap and water scrub, then decontaminate <input type="radio"/> Soap and water brush scrub only <input type="radio"/> Disinfectant soak, not scrubbed
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	<input type="radio"/> Soap and water, not brush scrubbed <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response
SDP428. What is the final process most commonly used for disinfecting or sterilizing medical equipment, before they are reused?	<input type="radio"/> Nothing is done on-site <input type="radio"/> Dry heat sterilization on-site <input type="radio"/> Autoclaving on-site <input type="radio"/> Steam sterilization on-site <input type="radio"/> Boiling on-site <input type="radio"/> Chemical method on-site <input type="radio"/> Off-site sterilization <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response

Section 7 – Supplies and Equipment

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

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

SDP429c. Record if the following supplies are either observed, reported and not seen, or not available:	
A) Already mixed decontaminating solution (e.g. 0.5% chlorine)	<input type="radio"/> Observed <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
B) Waste receptacle with lid and plastic liner	<input type="radio"/> Observed <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
C) Hand washing facility	<input type="radio"/> Observed <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response

SDP429. Record if the following supplies are either observed, reported and not seen, or not available:	
D) Water for staff hand washing	<input type="radio"/> Observed <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response

E) Soap for staff hand washing	<input type="radio"/> Observed <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
F) Blood pressure apparatus (e.g., cuff to measure blood pressure)	<input type="radio"/> Observed <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
G) Resuscitation table/trolley	<input type="radio"/> Observed <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
H) Pulse oximeter	<input type="radio"/> Observed <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
I) Refrigerator	<input type="radio"/> Observed <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response

SDP430. Record if the following supplies are either observed, reported and not seen, or not available:	
A) Syringes and needles	<input type="radio"/> Observed <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
B) Sterile scissors or blade	<input type="radio"/> Observed <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
C) Sterile disposable cord ties or clamp	<input type="radio"/> Observed <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
D) Clean towel or blanket to wrap baby	<input type="radio"/> Observed <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
E) Ambu Bag (for infant resuscitation)	<input type="radio"/> Observed <input type="radio"/> Reported not seen

	<input type="radio"/> Not available <input type="radio"/> No response
F) Mask (infant size 0) for resuscitation	<input type="radio"/> Observed <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
G) Mask (infant size 1) for resuscitation	<input type="radio"/> Observed <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
H) Manual suction device for fluid extraction	<input type="radio"/> Observed <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
I) Obstetric forceps	<input type="radio"/> Observed <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
J) Manual vacuum aspirator (MVA) and cannula	<input type="radio"/> Observed <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
K) Dilatation and curettage (D&C) kit	<input type="radio"/> Observed <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
L) Sealed delivery kit with instruments ready for use, including scissors and clamp	<input type="radio"/> Observed <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
M) Surgical sutures	<input type="radio"/> Observed <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
N) Stadiometer or height rod to measure height	<input type="radio"/> Observed <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
O) Infant weight scale	<input type="radio"/> Observed <input type="radio"/> Reported not seen

	<input type="radio"/> Not available <input type="radio"/> No response
P) Fetal scope	<input type="radio"/> Observed <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
Q) Examination light	<input type="radio"/> Observed <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
Q) Examination light	<input type="radio"/> Observed <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response

SDP431. Is an INCUBATOR available and functioning?	<input type="radio"/> Observed, functional <input type="radio"/> Observed, not functional <input type="radio"/> Observed, don't know if functioning <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
SDP432. Is a SUCTION APPARATUS FOR USE WITH CATHETER (ELECTRIC OR MANUAL) available and functioning?	<input type="radio"/> Observed, functional <input type="radio"/> Observed, not functional <input type="radio"/> Observed, don't know if functioning <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
SDP433. Is an OXYGEN SUPPLY FROM OXYGEN TANK available and functioning?	<input type="radio"/> Observed, functional <input type="radio"/> Observed, not functional <input type="radio"/> Observed, don't know if functioning <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
SDP434a. Is an ELECTRICAL VACUUM EXTRACTOR available and functioning?	<input type="radio"/> Observed, functional <input type="radio"/> Observed, not functional <input type="radio"/> Observed, don't know if functioning <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
SDP434b. Is a FETAL DOPPLER available and functioning?	<input type="radio"/> Observed, functional <input type="radio"/> Observed, not functional

	<input type="radio"/> Observed, don't know if functioning <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
SDP434c. Is a FETAL ULTRASOUND available and functioning?	<input type="radio"/> Observed, functional <input type="radio"/> Observed, not functional <input type="radio"/> Observed, don't know if functioning <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
SDP434d. Is there a health worker at this facility who is trained to use the ultrasound?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response

SDP900. Delivery volume (total number of deliveries irrespective of mode of delivery or outcome) for the EACH COMPLETED MONTH (April 2021 & September 2021).	
SDP900. Number of deliveries in April 2021	
SDP900. Number of deliveries in September 2021	

SDP901. Cesarean deliveries for EACH COMPLETED MONTH (April 2021 & September 2021).	
SDP901. Number of cesarean deliveries in April 2021	
SDP901. Number of cesarean deliveries in September 2021	

SDP1000. Maternal deaths for EACH COMPLETED MONTH (April 2021 & September 2021).	
Number of maternal deaths in April 2021	
Number of maternal deaths in September 2021	

SDP1001a. Does this facility distinguish between FRESH and MACERATED stillbirths in the maternity register?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
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SDP1001b. Fresh stillbirths for EACH COMPLETED MONTH (April 2021 & September 2021)	
Number of fresh stillbirths in April 2021	
Number of fresh stillbirths in September 2021	

SDP1002a. Macerated stillbirths for EACH COMPLETED MONTH (April 2021 & September 2021)	
Number of macerated stillbirths in April 2021	
Number of macerated stillbirths in September 2021	

SDP1002b. Total number of TOTAL stillbirths for EACH COMPLETED MONTH (April 2021 & September 2021)	
Number of total stillbirths in April 2021	
Number of total stillbirths in September 2021	

SDP1003. Very early neonatal deaths (first 24 hours of life) for EACH COMPLETED MONTH (April 2021 & September 2021)	
Number of total very early neonatal death in April 2021	
Number of total very early neonatal death in Sept 2021	

SDP1004. Early neonatal deaths (total deaths	
Number of early neonatal deaths in April 2021	
Number of early neonatal deaths in September 2021	

MEDICATIONS IN THE FACILITY

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

SDP435b. Record if the following medications are either observed ≥ 1 valid dose, reported and not seen, or not available:	
A) Methyldopa	<input type="radio"/> Observed ≥ 1 valid dose <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
B) Amoxicillin	<input type="radio"/> Observed ≥ 1 valid dose <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
C) Injectable ampicillin	<input type="radio"/> Observed ≥ 1 valid dose <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
D) Injectable gentamicin	<input type="radio"/> Observed ≥ 1 valid dose <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response

E) Azithromycin	<input type="radio"/> Observed ≥ 1 valid dose <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
F) Benzathine benzylpenicillin	<input type="radio"/> Observed ≥ 1 valid dose <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
G) Cefixime	<input type="radio"/> Observed ≥ 1 valid dose <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
H) Ceftriaxone	<input type="radio"/> Observed ≥ 1 valid dose <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
I) Injectable Metronidazole	<input type="radio"/> Observed ≥ 1 valid dose <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
J) Mebendazole/Albendazole	<input type="radio"/> Observed ≥ 1 valid dose <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
K) Artemether and lumefantrine (Coartem)	<input type="radio"/> Observed ≥ 1 valid dose <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
L) Iron and/or folic acid	<input type="radio"/> Observed ≥ 1 valid dose <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
M) Syphilis testing (VDRL)	<input type="radio"/> Observed ≥ 1 valid dose <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
N) Zidovudine	<input type="radio"/> Observed ≥ 1 valid dose <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response

SDP435c. Record if the following medications are either observed ≥ 1 valid dose, reported and not seen, or not available:	
O) Intravenous solutions: either Ringers lactate, D5NS, or NS infusion	<input type="radio"/> Observed ≥ 1 valid dose <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
P) Injectable ergometrine / methergine	<input type="radio"/> Observed ≥ 1 valid dose <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
Q) Injectable oxytocin	<input type="radio"/> Observed ≥ 1 valid dose <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
R) Misoprostol tablet (600mcg/ μ g; not in combined form)	<input type="radio"/> Observed ≥ 1 valid dose <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
S) Misoprostol tablet (200mcg/ μ g; not in combined form)	<input type="radio"/> Observed ≥ 1 valid dose <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
T) Injectable diazepam	<input type="radio"/> Observed ≥ 1 valid dose <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
U) Injectable magnesium sulfate	<input type="radio"/> Observed ≥ 1 valid dose <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
V) Injectable Ca Gluconate	<input type="radio"/> Observed ≥ 1 valid dose <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
W) Hydralazine	<input type="radio"/> Observed ≥ 1 valid dose <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
X) Lignocaine/Lidocaine 1 or 2%	<input type="radio"/> Observed ≥ 1 valid dose <input type="radio"/> Reported not seen

	<input type="radio"/> Not available <input type="radio"/> No response
Y) Tetracycline ointment	<input type="radio"/> Observed ≥ 1 valid dose <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
Z) Dexamethasone/betamethasone	<input type="radio"/> Observed ≥ 1 valid dose <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
AA) Chlorhexidine gel	<input type="radio"/> Observed ≥ 1 valid dose <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
BB) Injectable vitamin K	<input type="radio"/> Observed ≥ 1 valid dose <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
CC) Nifedipine	<input type="radio"/> Observed ≥ 1 valid dose <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
DD) HIV rapid test / HIV ½ STAT PACTM, ABONTM HIV 1/2/o, SD BIOLINE HIV ½ v3.0, Determine, Beijing wanti, Uni gold, or Vikia	<input type="radio"/> Observed ≥ 1 valid dose <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
EE) Nevirapine	<input type="radio"/> Observed ≥ 1 valid dose <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
FF) Lamivudine (3TC)	<input type="radio"/> Observed ≥ 1 valid dose <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
GG) Tenofovir (TDF)	<input type="radio"/> Observed ≥ 1 valid dose <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
HH) Efavirenz (EFV)	<input type="radio"/> Observed ≥ 1 valid dose <input type="radio"/> Reported not seen

	<input type="radio"/> Not available <input type="radio"/> No response
II) Dolutegravir (DTG)	<input type="radio"/> Observed ≥ 1 valid dose <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response

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

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

Section 8 – Immunization Service Readiness

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

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

SDP500. Record if the following medications are either observed ≥ 1 valid dose, reported and not seen, or not available:				
	Observed ≥ 1 valid dose	Reported not seen	Not available	No response
A) Tetanus toxoid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B) BCG	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C) Polio – Oral	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D) Polio – IPV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E) Pentavalent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F) Rota	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G) Measles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H) Vitamin A	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I) PCV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
J) COVID Vaccine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<p>SDP501. Since the Coronavirus (COVID-19) restrictions began, has this facility been able to provide IMMUNIZATION SERVICES regularly as it had before the restrictions were put in place?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No, more frequently <input type="radio"/> No, less frequently <input type="radio"/> No, service(s) are temporarily suspended <input type="radio"/> Don't know <input type="radio"/> No response </p>
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<p>SDP502. What is/are the reasons for not being able to provide immunization services as before?</p>	<p> <input type="checkbox"/> No/inadequate skilled provider <input type="checkbox"/> Insufficient supplies <input type="checkbox"/> Insufficient infrastructures <input type="checkbox"/> Services are limited due to COVID-19 <input type="checkbox"/> Demand has decreased <input type="checkbox"/> Services are available only for emergency cases <input type="checkbox"/> Vaccination outreach program interrupted due to COVID/19 <input type="checkbox"/> Other <input type="checkbox"/> Don't know <input type="checkbox"/> No response </p>
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<p>SDP503. Record the total number of children who are vaccinated with Pentavalent 1, Pentavalent 3 and Measles 1 for the indicated COMPLETED MONTH and year (Apr 2021)</p>	
Number of penta 1 vaccinated children April 2021	
Number of penta 3 vaccinated children April 2021	
Number of measles 1 vaccinated children April 2021	

Section 9 – Abortion and Postabortion Care Service Readiness

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

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

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

SDP600. Does this facility COUNSEL women on options for receiving safe abortion services?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
SDP602. During postabortion care visits, which of the following is usually discussed with the client:	<input type="checkbox"/> Return to fertility <input type="checkbox"/> Healthy timing and spacing of pregnancies <input type="checkbox"/> Long-acting method options <input type="checkbox"/> FP methods for birth spacing <input type="checkbox"/> None of the above <input type="checkbox"/> No response
SDP603. In this facility, are postabortion patients treated as outpatients only, inpatients only, or both?	<input type="radio"/> Inpatient only <input type="radio"/> Outpatient only <input type="radio"/> Both <input type="radio"/> Do not know <input type="radio"/> No response

SDP607. in the LAST THREE MONTHS, have health workers at this facility:				
	Yes	No	Do not know	No response
A) Performed Manual Vacuum Aspiration (MVA) for PAB or safe abortion care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B) Performed dilation and curettage (D&C) for post abortion or safe abortion care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C) Performed dilation and evacuation (D&E) for post abortion or safe abortion care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D) Provided abortion services through medical abortion (misoprostol, mifepristone) for safe abortion care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SDP607a. In the LAST COMPLETED MONTH, have health workers at this facility:				
	Yes	No	Do not know	No response

A) Performed Manual Vacuum Aspiration (MVA) for POST abortion or safe abortion care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B) Performed dilation and curettage (D&C) for POST abortion or safe abortion care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C) Performed dilation and evacuation (D&E) for POST abortion or safe abortion care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D) Performed removal of retained products?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E) Provided abortion services through medical abortion (misoprostol, mifepristone) for safe abortion care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SDP609. Does this facility provide any of the following medicines that a woman could use to bring back her period or have an abortion?	<input type="checkbox"/> Mifepristone <input type="checkbox"/> Misoprostol <input type="checkbox"/> Other <input type="checkbox"/> None of the above <input type="checkbox"/> Do not know <input type="checkbox"/> No response
SDP608. Does this facility currently have mifepristone in stock?	<input type="radio"/> In-stock and observed <input type="radio"/> In-stock reported but not observed <input type="radio"/> Out of stock <input type="radio"/> No Response
SDP610. Does this facility currently have misoprostol in stock?	<input type="radio"/> In-stock and observed <input type="radio"/> In-stock reported but not observed <input type="radio"/> Out of stock <input type="radio"/> No Response
SDP611. Does this facility distinguish between INPATIENTS and OUTPATIENTS for postabortion care services in the abortion care register?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
SDP612. Total number of INPATIENTS who received postabortion care services for the LAST COMPLETED MONTH	
SDP613. Total number of OUTPATIENTS who received postabortion care services for the LAST COMPLETED MONTH	
SDP614. Total number of patients who received postabortion care services for the LAST COMPLETED MONTH	
SDP615. Total number of patients who received safe abortion care services for the LAST COMPLETED MONTH	

SDP616. Total number of caseloads who received safe abortion and postabortion care services for the EACH COMPLETED MONTH and year indicated here.	
Number of Safe abortion clients: April 2021	
Number of Safe abortion clients : Sept 2021	

SDP616. Total number of caseloads who received safe abortion and postabortion care services for the EACH COMPLETED MONTH and year indicated here.	
Number of Postabortion clients : Apr 2021	
Number of Postabortion clients : Sept 2021	

Section 10 – Family Planning Service Readiness

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

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

SDP700. Which of the following family planning services do you offer to unmarried adolescents aged 10-19?	<input type="checkbox"/> Counsel for contraceptive methods <input type="checkbox"/> Provide contraceptive methods <input type="checkbox"/> Prescribe / refer for contraceptive methods <input type="checkbox"/> None of the above <input type="checkbox"/> No response
SDP701. Which of the following methods are provided to clients at this facility?	<input type="checkbox"/> Female sterilization <input type="checkbox"/> Male sterilization <input type="checkbox"/> Implant <input type="checkbox"/> IUD <input type="checkbox"/> Injectables <input type="checkbox"/> Pill <input type="checkbox"/> Emergency contraception <input type="checkbox"/> Male condom <input type="checkbox"/> Female condom <input type="checkbox"/> Std. Days / Cycle beads <input type="checkbox"/> No response

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

- Yes
- No
- Do not know
- No response

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

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

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

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

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

- Yes
- No
- Do not know
- No response

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

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

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

- Yes
- No
- Do not know
- No response

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

- In-stock and observed
- In-stock reported but not observed

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

	<input type="radio"/> Out of stock <input type="radio"/> No response
SDP704. Have Standard Days/Cycle Beads been out of stock at any time in the last 3 months?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
SDP705a. On days when you offer family planning services, does this facility have trained personnel available to remove IMPLANTS?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
SDP705b. If a woman came in today needing an IMPLANT inserted, could that service be provided to her today onsite?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
SDP706. If a woman came today needing her IMPLANT removed, could that service be provided to her today onsite?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
SDP707. If a woman comes to your facility today needing her IMPLANT removed, but it is not palpable, could the removal be provided to her today onsite?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
SDP708. Would someone at this facility know where to send her to have the non-palpable IMPLANT removed?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
SDP709. On days when you offer family planning services, does this facility have trained personnel available to remove IUDs?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response

SDP709a. Now I would like to know about supplies necessary for implant and IUD removal services. For each of the following supplies listed, can you please tell me if the item is available, and, if so, can you please show it to me?				
	Observed	Reported not seen	Not available	NR
A. Cup/bowl/gallipot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Povidone iodine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Sterile gauze sponges	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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

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

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

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

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

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

	Observed	Reported not seen	Not available	NR
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

O. Local anesthetic, such as lidocaine (without epinephrine, 1% or 2%)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P. Scalpel blade #11 with handle or disposable scalpel no. 11 with handle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q. Adhesive tape/Elastoplast	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
R. Arm bandage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
S. Safety box for disposing supplies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

SDP710. Are all of the methods protected from water?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not observed <input type="radio"/> Do not know <input type="radio"/> No response
SDP711. Are all of the methods protected from sun?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not observed <input type="radio"/> Do not know <input type="radio"/> No response

SDP712. FP total caseload for EACH COMPLETED MONTH and year indicated here.	
Number of FP clients who obtained any of the FP methods: Apr 2021	
Number of FP clients who obtained any of the FP methods: Sept 2021	

SDP713. From family planning register for the LAST COMPLETED MONTH, record:

- (1) The total number of family planning visits (new and continuing) in the last completed month, for each method.
- (2) The number of new clients who received family planning services in the last completed month, for each method.

Total number of visits: Female Sterilization	
Number of new clients: Female Sterilization	

Total number of visits: Male Sterilization	
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Number of new clients: Male Sterilization	
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Total number of visits: Implants	
Number of new clients: Implants	

Total number of visits: IUD	
Number of new clients: IUD	

Total number of visits: Injectables	
Number of new clients: Injectables	

Total number of visits: Pill	
Number of new clients: Pill	

Total number of visits: Emergency contraception	
Number of new clients: Emergency contraception	

Total number of visits: Male condom	
Number of new clients: Male condom	

Total number of visits: Female condom	
Number of new clients: Female condom	

Total number of visits: Standard days / cycle beads	
Number of new clients: Standard days / cycle beads	

SDP714. May I see your family planning record book for the LAST COMPLETED MONTH?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
--	--

SDP715. From family planning record book, record: The total number of family planning products sold/provided in the last completed month, for each method.	
Number of units sold or provided: Implants	
Number of units sold or provided: IUD	
Number of units sold or provided: Injectables	
Number of units sold or provided: Pill	
Number of units sold or provided: Emergency contraception	

Number of units sold or provided: Male condom	
Number of units sold or provided: Female condom	
Number of units sold or provided: Standard days / cycle beads	

SDP716. How many rooms are used for Family Planning Services? Number of FP Service rooms

SDP717. In this facility, how often are clients provided family planning services at the same time and in the same room as clients receiving maternal or child health services (such as ANC, PNC,

- Never
- Rarely
- Sometimes
- Frequently
- Always
- Don't know
- No response

SDP719. Describe the setting of the Family Planning Services room(s).

- Private room(s) with visual privacy
- No private room, but visual privacy ensured (e.g., draperies)
- No privacy offered
- Don't know
- No response

Section 11 – Future Follow-up Study and Contact Address

SDP1202. Thank you for the time you have kindly granted us.
Would you be willing to participate in another survey in the future?

- Yes
- No
- No response

SDP1200. Can I have this facility's primary phone number in case we would like to follow up with this facility in the future?

SDP1201. Can I have this facility's secondary phone number for this facility in case we would like to follow up with this facility in the future?

Section 12 – Facility Information for Survey Completion

Thank the respondent for his / her time.

SDP1100. Location
Take a GPS point outside near the entrance to the facility.

SDP1101. How many times have you visited this service delivery point for this interview?	<input type="radio"/> 1st time <input type="radio"/> 2nd time <input type="radio"/> 3rd time
SDP1102. In what language was this interview conducted?	<input type="radio"/> English <input type="radio"/> Amharic <input type="radio"/> Afan Oromo <input type="radio"/> Tigrigna <input type="radio"/> Sidamigna <input type="radio"/> Wolayitigna <input type="radio"/> Afar <input type="radio"/> Somali <input type="radio"/> Kefigna <input type="radio"/> Other
SDP1103. Was a translator used for this interview?	<input type="radio"/> Yes <input type="radio"/> No
SDP1104. Questionnaire Result	<input type="radio"/> Completed <input type="radio"/> Not at facility <input type="radio"/> Postponed <input type="radio"/> Refused <input type="radio"/> Partly completed <input type="radio"/> Facility not found/not functional/demolished