

PMA-Ethiopia 2019 SDP Questionnaire

Section 1 – Facility Identification	
<p>SDP101. Your name: Is this your name? <i>Check the button next to the name if that is your name and select 'yes' here. Do not check the button if that is not your name and select 'no' here (long press to remove response next to the name if needed).</i></p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>SDP102. Enter your name below. <i>Please record your name</i></p>	
<p>SDP103. Current date and time.</p>	<p>Day: Month: Year:</p>
<p>Is this date and time correct?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>SDP104. Record the correct date and time.</p>	<p>Day: Month: Year:</p>
<p>SDP105. Region <i>Please select the name of the region where the facility is located.</i></p>	<p><input type="radio"/> Tigray <input type="radio"/> Afar <input type="radio"/> Amhara <input type="radio"/> Oromiya <input type="radio"/> Ethiopia Somali <input type="radio"/> Benishangul Gumuz <input type="radio"/> Snp <input type="radio"/> Gambela <input type="radio"/> Hareri <input type="radio"/> Addis Ababa <input type="radio"/> Dire Dawa Astedadar</p>
<p>SDP106. Zone <i>Please select the name of the zone where the facility is located.</i></p>	<p><i>ODK will populate a list of appropriate zones based on the selected region.</i></p>
<p>SDP107. Woreda/District <i>Please record the name of the district where the facility is located.</i></p>	<p><i>ODK will populate a list of appropriate districts based on the selected zone.</i></p>

SDP108. Kebele/Locality name <i>Please choose the name of the locality where the facility is located. There may be only one choice.</i>	<i>ODK will populate a list of appropriate localities based on the selected district. There may be only one choice.</i>
SDP109. Enumeration Area	<i>ODK will populate the appropriate EA.</i>
SDP110a. Facility number <i>Please record the number of the facility from the listing form.</i>	
SDP110b. Name of the facility <i>Please record the name of the facility.</i>	
SDP110c. Is a competent respondent present and available to be interviewed today?	<input type="radio"/> Yes <input type="radio"/> No
SDP111. Type of facility <i>Please select the type of facility.</i>	<input type="radio"/> Hospital <input type="radio"/> Health center <input type="radio"/> Health post <input type="radio"/> Health clinic <input type="radio"/> Pharmacy <input type="radio"/> Drug Shop/Rural Drug Vendor
SDP112. Managing authority <i>Please select the managing authority for the facility.</i>	<input type="radio"/> Government <input type="radio"/> NGO <input type="radio"/> Faith-based organization <input type="radio"/> Private <input type="radio"/> Other
SDP113a. Is this a teaching facility? <i>This is where facility where medical students or residents do rotations. The hospital must be affiliated with a university to be qualified as a teaching facility.</i>	<input type="radio"/> Yes <input type="radio"/> No
SDP113b. How many days each week is the facility open? Number of days <i>Enter a number between 0 and 7. Enter 0 for less than 1 day per week. Enter -88 for do not know, -99 for no response.</i>	
INFORMED CONSENT <i>Find the facility director or in-charge responsible for patient services who is present at the facility. Read the greeting on the next screen:</i>	
<p>Hello, I am _____. I am representing the Ministry of Health. We are conducting a study of health facilities in this country, with the goal of finding ways to improve the quality of maternal and newborn health services. We are asking for your cooperation and assistance to conduct an inventory of key supplies and equipment available for antenatal care, labor and delivery care, postnatal care, and family planning at this facility. We will also examine the existing systems for referrals and record keeping. This interview should take no more than 30 minutes in each department of this facility.</p>	

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. May I begin the interview now?	<input type="radio"/> Yes <input type="radio"/> No
SDP115. Interviewer's name: \${your_name} <i>Mark your name as a witness to the consent process.</i>	<input type="radio"/>
SDP115. Interviewer's name Please record your name as a witness to the consent process. You previously entered "\${name_typed}."	
SDP117. What is your position in this facility? <i>Select the highest managerial qualification of the respondent.</i> <i>Hint: if HEW, select "Staff"</i>	<input type="radio"/> Owner <input type="radio"/> In-charge / manager <input type="radio"/> Staff <input type="radio"/> No response
SDP118. What year did you first begin working at this facility? <i>Enter '2030 for do not know (2030 is 2022 in the Ethiopian calendar)</i>	Year:
<h2>Section 2 - Information About Services</h2> <p>Now, I would like to understand the service provision activities in this facility.</p> <p>If there is another provider who would be better able to answer my questions on SERVICES AVAILABLE in this facility, I would appreciate if you could refer me to the appropriate person.</p>	
SDP200A. Is ANTENATAL CARE provided at this facility? <i>Hint: For HEWs, ANC provided includes both in the community and at the facility</i>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
SDP200AA. Is ANTENATAL CARE available at this facility TODAY? <i>Hint: For HEWs, ANC provided includes both in the community and at the facility</i>	<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
SDP200BB. Is LABOR AND DELIVERY CARE available at this facility TODAY?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
SDP200C. Is MAJOR OBSTETRIC SURGERY (eg: 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
SDP200CC. Is MAJOR OBSTETRIC SURGERY (E.G. CESAREAN, HYSTERECTOMY) available at this facility TODAY?	<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
SDP200DD. Is SAFE ABORTION CARE available at this facility TODAY?	<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
SDP200EE. Is POSTABORTION CARE available at this facility TODAY?	<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? <i>Hint: For HEWs, family planning provided includes both in the community and at the facility</i>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
SDP200FF. Is FAMILY PLANNING available at this facility TODAY? <i>Hint: For HEWs, family planning provided includes both in the community and at the facility</i>	<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? <i>Hint: Immediate postpartum family planning is when providers counsel women on contraceptive methods after delivery and provide them with their selected method.</i>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
SDP200GG. Is IMMEDIATE POSTPARTUM FAMILY PLANNING available at this facility TODAY? <i>Hint: Immediate postpartum family planning is when providers counsel women on contraceptive methods after delivery and provide them with their selected method.</i>	<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? <i>Hint: For HEWs, postnatal care provided includes both in the community and at the facility</i>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
SDP200II. Is POSTNATAL CARE available at this facility TODAY? <i>Hint: For HEWs, postnatal care provided includes both in the community and at the facility</i>	<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
SDP200JJ. Is INTENSIVE CARE UNIT for adult patient services available at this facility TODAY?	<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
SDP200KK. Is NEONATAL INTENSIVE CARE available at this facility TODAY?	<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? <i>Hint: This does not include rapid diagnostic tests (RDT)</i>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
SDP200LL. Is LABORATORY TESTING available at this facility TODAY?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
SDP200Q. Are IMMUNIZATION SERVICES provided at this facility? <i>Hint: For HEWs, immunizations provided includes both in the community and at the facility</i>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
SDP200QQ. Are IMMUNIZATION SERVICES available at this facility TODAY? <i>Hint: For HEWs, immunizations provided includes both in the community and at the facility</i>	<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

<p><i>Hint: For HEWs, infant care provided includes both in the community and at the facility</i></p>	<input type="radio"/> Do not know <input type="radio"/> No response
<p>SDP200TT. Is care available at this facility TODAY to SICK CHILDREN aged 0-59 months? <i>Hint: For HEWs, infant care provided includes both in the community and at the facility</i></p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
<p>SDP201. If a woman came in today for her child's immunization, would health workers at this facility also offer her family planning counseling and services during this visit? <i>Hint: For HEWs, family planning provided includes both in the community and at the facility</i></p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
<p>SDP203. How many health workers with the following qualifications work in this facility? <i>Hint: If no provider of the qualification exists at the facility, enter "0".</i></p>	
<p>SDP203. Total number of Obstetrician-Gynecologist <i>Enter -88 for do not know,-99 for no response. 0 is a possible answer. Hint: If no provider of the qualification exists at the facility, enter "0".</i></p>	
<p>SDP203. Total number of Neonatologist <i>Enter -88 for do not know,-99 for no response. 0 is a possible answer. Hint: If no provider of the qualification exists at the facility, enter "0".</i></p>	
<p>SDP203. Total number of Pediatrician <i>Enter -88 for do not know,-99 for no response. 0 is a possible answer. Hint: If no provider of the qualification exists at the facility, enter "0".</i></p>	
<p>SDP203. Total number of General practitioner (physician) <i>Enter -88 for do not know,-99 for no response. 0 is a possible answer. Hint: If no provider of the qualification exists at the facility, enter "0".</i></p>	
<p>SDP203. Total number of Health officer <i>Enter -88 for do not know,-99 for no response. 0 is a possible answer. Hint: If no provider of the qualification exists at the facility, enter "0".</i></p>	
<p>SDP203. Total number of Emergency surgery and obstetrics officer (M.Sc. Level) <i>Enter -88 for do not know,-99 for no response. 0 is a possible answer. Hint: If no provider of the qualification exists at the facility, enter "0".</i></p>	
<p>SDP203. Total number of Pediatrics Officer (M.Sc. Level)</p>	

<p>Enter -88 for do not know,-99 for no response. 0 is a possible answer. Hint: If no provider of the qualification exists at the facility, enter "0".</p>	
<p>SDP203. Total number of Anesthesiologist Enter -88 for do not know,-99 for no response. 0 is a possible answer. Hint: If no provider of the qualification exists at the facility, enter "0".</p>	
<p>SDP203. Total number of Other specialist physician Enter -88 for do not know,-99 for no response. 0 is a possible answer. Hint: If no provider of the qualification exists at the facility, enter "0".</p>	
<p>SDP203. Total number of Anesthetist/Anesthesia technician Enter -88 for do not know,-99 for no response. 0 is a possible answer. Hint: If no provider of the qualification exists at the facility, enter "0".</p>	
<p>SDP203. Total number of Nurse (non-midwife, BSc, diploma) Enter -88 for do not know,-99 for no response. 0 is a possible answer. Hint: If no provider of the qualification exists at the facility, enter "0".</p>	
<p>SDP203. Total number of Midwife (BSc, diploma) Enter -88 for do not know,-99 for no response. 0 is a possible answer. Hint: If no provider of the qualification exists at the facility, enter "0".</p>	
<p>SDP203. Total number of Urban health extension professional Enter -88 for do not know,-99 for no response. 0 is a possible answer. Hint: If no provider of the qualification exists at the facility, enter "0".</p>	
<p>SDP203. Total number of Health extension worker (HEW) - Level III Enter -88 for do not know,-99 for no response. 0 is a possible answer. Hint: Hint: Only count HEWs that physically work in this health facility. Do not include HEWs that work in the facility's catchment area, but NOT at this health facility.</p>	
<p>SDP203. Total number of Health extension worker (HEW) - Level IV Enter -88 for do not know,-99 for no response. 0 is a possible answer. Hint: Only count HEWs that physically work in this health facility. Do not include HEWs that work in the facility's catchment area, but NOT at this health facility.</p>	

<p>SDP203. Total number of Pharmacist/Pharmacy technician</p> <p><i>Enter -88 for do not know, -99 for no response. 0 is a possible answer.</i></p> <p><i>Hint: If no provider of the qualification exists at the facility, enter "0".</i></p>	
<p>SDP203. Total number of Laboratory technologist/technician</p> <p><i>Enter -88 for do not know, -99 for no response. 0 is a possible answer.</i></p> <p><i>Hint: If no provider of the qualification exists at the facility, enter "0".</i></p>	
<p>SDP204a. Has a mobile outreach team visited your facility to deliver any maternal or reproductive health services in the past 12 months?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Do not know</p> <p><input type="radio"/> No response</p>
<p>SDP204b. How many times in the last 12 months has a mobile outreach team visited your facility to deliver each of the following additional services?</p> <p><i>Hint for each: Count each service individually. For example, implant and IUD services are counted separately, even if provided by the same mobile outreach clinic.</i></p>	
<p>SDP204b. Number of times: Obstetric fistula repair</p> <p><i>Hint for each: Count each service individually. For example, implant and IUD services are counted separately, even if provided by the same mobile outreach clinic.</i></p> <p><i>Enter -88 for do not know, -99 for no response. 0 is a possible answer.</i></p>	
<p>SDP204b. Number of times: IUD insertion/removal services</p> <p><i>Hint for each: Count each service individually. For example, implant and IUD services are counted separately, even if provided by the same mobile outreach clinic.</i></p> <p><i>Enter -88 for do not know, -99 for no response. 0 is a possible answer.</i></p>	
<p>SDP204b. Number of times: Implant insertion/removal services</p> <p><i>Hint for each: Count each service individually. For example, implant and IUD services are counted separately, even if provided by the same mobile outreach clinic.</i></p> <p><i>Enter -88 for do not know, -99 for no response. 0 is a possible answer.</i></p>	
<p>SDP204b. Number of times: Tubal ligation services</p> <p><i>Hint for each: Count each service individually. For example, implant and IUD services are counted separately, even if provided by the same mobile outreach clinic.</i></p> <p><i>Enter -88 for do not know, -99 for no response. 0 is a possible answer.</i></p>	
<p>SDP204b. Number of times: Vasectomy services</p>	

Hint for each: Count each service individually. For example, implant and IUD services are counted separately, even if provided by the same mobile outreach clinic.
Enter -88 for do not know, -99 for no response. 0 is a possible answer.

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.

<p>SDP301. During the past 7 days, was electricity available during all times when the facility was open for services, including the use of generator or solar power? <i>Hint: This only includes electricity for ESSENTIAL SERVICES. If electricity was unavailable for even 1 minute on a day, consider this an interruption.</i></p>	<p><input type="radio"/> Available at all times <input type="radio"/> Interruptions on 1 day <input type="radio"/> Interruptions on 2-3 days <input type="radio"/> Interruptions on 4-5 day <input type="radio"/> Interruptions on 6+ days <input type="radio"/> Not available at all <input type="radio"/> Don't know <input type="radio"/> No response</p>
<p>SDP302. Does this facility have other sources of electricity, such as a functioning generator or solar system?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>SDP303. Is a water outlet available onsite?</p>	<p><input type="radio"/> Yes <input type="radio"/> No water outlet <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>SDP304. What is the primary water source used at this facility? <i>Read all options and select one.</i></p>	<p><input type="radio"/> Piped <input type="radio"/> Bucket with tap <input type="radio"/> Bucket or basin <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>SDP305. During the past 7 days, was water from the $\{water_system_type_lab\}$ available during all times when the facility was open for services? <i>Hint: Water availability refers to water supply for ESSENTIAL SERVICES (ex. staff handwashing). If water was unavailable for even 1 minute on a day, consider this an interruption.</i></p>	<p><input type="radio"/> Available at all times <input type="radio"/> Interruptions on 1 day <input type="radio"/> Interruptions on 2-3 days <input type="radio"/> Interruptions on 4-5 day <input type="radio"/> Interruptions on 6+ days <input type="radio"/> Not available at all <input type="radio"/> Don't know <input type="radio"/> No response</p>
<p>SDP306a. Is there a functional toilet available for staff use in the facility? <i>Hint: Must be functional on day of interview.</i></p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>

	<input type="radio"/> Do not know <input type="radio"/> No response			
SDP306b. Is there a functional toilet available for patient use in the facility? <i>Hint: If the same toilet is used for patients and staff, select "yes".</i>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response			
SDP307. Does this facility have access to a blood bank? <i>Hint: If at least 1 unit of blood is available on site, select "Yes, at the facility" irrespective of supplier; if only outside the facility, select "Yes, outside the facility" irrespective of supplier.</i>	<input type="radio"/> Yes, within the facility <input type="radio"/> Yes, outside the facility <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response			
SDP307a. Does this facility have access to internet connectivity? <i>Hint: Internet connectivity refers to availability of internet within the facility for staff use through an ethernet cable, wireless connection or other type of internet system.</i>	<input type="radio"/> Yes <input type="radio"/> Yes, but only for HMIS <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response			
SDP307b. During the past 7 days, was internet available during all times when the facility was open for services? <i>Hint: If internet was unavailable for even 1 minute on a day, consider this an interruption.</i>	<input type="radio"/> Available at all times <input type="radio"/> Interruptions on 1 day <input type="radio"/> Interruptions on 2-3 days <input type="radio"/> Interruptions on 4-5 day <input type="radio"/> Interruptions on 6+ days <input type="radio"/> Not available at all <input type="radio"/> Don't know <input type="radio"/> No response			
SDP308. Does this facility have access to a working phone or radio system to call outside that is available at ALL TIMES patient services are offered? <i>Hint: Specify that this is a phone within the facility or within 5 minutes walking from the facility. If more than 5 minutes away, select "no."</i>	<input type="radio"/> Yes, facility-owned <input type="radio"/> Yes, provider-owned <input type="radio"/> Yes, outside the facility <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response			
SDP309. Does this facility refer any of the following to another facility for care:				
	Yes	No	Do not know	No response
A) Pregnant women	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B) Laboring women	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C) Postpartum women	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D) Newborns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<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? <i>If form observed: A standard referral form must be a printed form that includes patient information, diagnosis, management, and feedback section.</i></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? <i>Hint: Functional refers to all working status, fuel and driver availability within 15 minutes of need being recognized.</i></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? <i>Select all that apply</i></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>SDP315. Does this facility receive any patients by referral from other facilities of this level? <i>Hint: This does not include referrals from facilities of lower levels—for examples, health posts to health centers or health centers to hospitals</i></p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>

<p>SDP316. Does this facility have a designated liaison officer who manages the communication with other facilities about patients being referred to and/or from this facility for maternal and newborn services?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>Section 4 - Health Management Information Systems</p> <p>Now I would like to ask about health management information systems at this facility.</p> <p>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.</p>	
<p>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?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>SDP800b. What type of functional mechanism is used to summarize key outcome data? <i>(Select all that apply)</i> <i>Hint: If the facility is a health post (HP), probe if the health post is using an electronic Community Health Information System (eCHIS). HPs do not have a computer-based HMIS system, so select "eCHIS" if the HP is using one.</i></p>	<p><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</p>
<p>SDP817. Does the facility have a functional mechanism for reporting data on maternal deaths to the Maternal and Perinatal Death Surveillance Response? <i>Hint: Maternal and perinatal deaths that occur in the community are recorded by health posts, while deaths that occur in the facility are reported by health centers and hospitals.</i></p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>SDP801. Does this facility regularly produce reports for the zonal, district, regional, zonal, or national Health Management Information System (HMIS)? <i>Hint: The HMIS may be paper-based or electronic</i></p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>SDP802. How frequently are summary reports generated from this functional HMIS?</p>	<p><input type="radio"/> Monthly or more often <input type="radio"/> Quarterly <input type="radio"/> Biannually (twice a year) <input type="radio"/> Annually <input type="radio"/> Less than once a year <input type="radio"/> No predefined frequency (as requested) <input type="radio"/> Don't know <input type="radio"/> No response</p>

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"/>
SDP804. Does feedback provided generally include recommendations for action to improve the quality of care in this facility?		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response		
		<i>Read each of the following:</i>		
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"/>
MEETINGS RELATED TO FACILITY DATA AND OUTCOMES				
SDP806. Does this facility have a performance monitoring team (PMT)? <i>Hint: This is an established group of staff members that meets to use facility information regularly to monitor progress, enhance data quality, and improve performance at all levels of the health system.</i>		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response		

<p>SDP807. Does the performance monitoring team (PMT) at this facility meet regularly to discuss key performance indicators (KPIs), including maternal and child health indicators?</p> <p><i>Hint: KPIs include, but are not restricted to, the facility's contraceptive acceptance rate, coverage rate for ANC 1st and 4th visit, and child deworming rate.</i></p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>SDP809. How frequently are performance monitoring team meetings held to discuss key performance indicators (KPIs) and maternal and child health indicators from this facility?</p>	<p><input type="radio"/> Monthly or more often <input type="radio"/> Quarterly <input type="radio"/> Biannually (twice a year) <input type="radio"/> Annually <input type="radio"/> Less than once a year <input type="radio"/> No predefined frequency (as requested) <input type="radio"/> Don't know <input type="radio"/> No response</p>
<p>SDP813. Were the performance monitoring team meeting minutes compiled?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>SDP814. May I see the meeting minutes from the most recent meeting?</p> <p><i>Record only whether or not you observed the meeting minutes, not the respondent's reply to your request.</i></p>	<p><input type="radio"/> Yes, minutes observed <input type="radio"/> No, minutes not observed</p>
<p>SDP810. Are maternal deaths at the facility reviewed by obstetric providers, physicians and nurses in the facility?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>SDP811. How frequently are performance monitoring team meetings held to discuss maternal deaths that occurred at this facility?</p>	<p><input type="radio"/> Immediately after a death has occurred <input type="radio"/> Monthly or more often <input type="radio"/> Quarterly <input type="radio"/> Biannually (twice a year) <input type="radio"/> Annually <input type="radio"/> Less than once a year <input type="radio"/> No predefined frequency (as requested) <input type="radio"/> Don't know <input type="radio"/> No response</p>
<p>SDP812. When was the last meeting held to discuss maternal deaths that occurred at this facility?</p> <p><i>Enter '2030 for do not know (2030 is 2022 in the Ethiopian calendar)</i></p>	<p>Day: Month: Year:</p>
<p>Check here if Not Applicable (No date)</p>	<p><input type="radio"/></p>

<p>SDP815. Does the facility conduct participatory performance review meetings on a regular basis? <i>Hint: During participatory performance review meetings, facilities share information about their services and outcomes with different external stakeholders, such as NGOs, community representatives, and private organizations.</i></p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>SDP816. How frequently are the review meetings held?</p>	<p><input type="radio"/> Monthly or more often <input type="radio"/> Quarterly <input type="radio"/> Biannually (twice a year) <input type="radio"/> Annually <input type="radio"/> Less than once a year <input type="radio"/> No predefined frequency (as requested) <input type="radio"/> Don't know <input type="radio"/> No response</p>
<p>SDP818. Does the facility have a functional mechanism for recording and sharing outcomes of cases referred in and out?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>Section 5 - Antenatal Care, Labor & Delivery, And Postnatal Care Service Readiness</p> <p>Now I would like to ask about antenatal, labor and delivery, and postnatal services provided at this facility.</p> <p>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.</p>	
<p>SDP401. How many rooms are used for antenatal care? Number of ANC rooms <i>Hint: Ask to see the rooms to verify. Enter -88 for do not know, -99 for no response.</i></p>	
<p>SDP402. Describe the setting of the ANC room(s). <i>Hint: Do not read this item aloud. Visual privacy refers to a space that cannot be observed by other people who are not involved in the healthcare interaction, for example, other patients or people in the waiting areas. Visual privacy may be provided by walls, draperies or other forms of partitions to create private spaces for patients. If multiple rooms, report on room offering most privacy. Describe the setting of the ANC room(s).</i></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>SDP403. Please tell me if the following activity is routinely completed as part of ANC:</p>	

	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"/>

SDP404. How many maternity waiting rooms does this facility have?

Number of maternity waiting rooms

Hint: Maternity waiting rooms are for women who are not yet in labor. Ask to see the rooms to verify.

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

SDP405. How many labor rooms does this facility have?

Number of labor rooms

Hint: Ask to see the rooms to verify.

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

SDP406a. How many delivery rooms does this facility have?

Number of delivery rooms

Hint: Ask to see the rooms used for vaginal deliveries to verify. If these rooms are the same rooms used for labor rooms, record -77. Enter -88 for do not know, -99 for no response.

SDP406b. Is there a functional heat source in the delivery room?

Hint: Record for heat in at least one delivery room. The heat source must be electrical and does not include extra clothing or blankets. Only include heat sources that are within the room and functioning. If only heat source is for newborn corner, select "No".

- Yes, functional
- No, not available or not functional
- Don't know
- No response

SDP407. Describe the setting of the delivery room(s).

Hint: Do not read this item aloud. Visual privacy refers to a space that cannot be observed by other people who are not involved in the healthcare interaction, for example, other patients or people in the waiting areas. Visual privacy may be provided by walls, draperies or other forms of partitions to create private spaces for patients. If multiple rooms, report on room offering most privacy.

- Private room(s) with visual privacy
- No private room, but visual privacy ensured (e.g., draperies)
- No privacy offered
- No response

<p>SDP408. How many delivery beds in the delivery department does this facility have? <i>Hint: This includes only beds used for labor and delivery, not postpartum care or general gynecology care. Enter -88 for do not know, -99 for no response.</i> Number of delivery beds</p>	
<p>SDP409. Is there a newborn corner or room(s) in this facility? <i>Hint: Ask them to show you the newborn corner/room(s) to verify.</i></p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>SDP410. How many newborn resuscitation table(s) with light source does this facility have? <i>Hint: Ask them to show you the tables to verify. Confirm that it is functional by witnessing that it is in use or asking the respondent to turn in ON/OFF. Only count the tables that are functional.</i> Enter -99 for no response, -88 for Do not know Number of functional newborn resuscitation table(s) with light</p>	
<p>SDP411. How many postnatal rooms does this facility have? Number of postnatal rooms <i>Hint: Postnatal rooms are for women who have delivered irrespective of mode of delivery or rooming in status. Ask to show you the rooms to verify.</i> <i>If these rooms are the same rooms used for delivery, record -77.</i> Enter -99 for no response, -88 for do not know.</p>	
<p>SDP412. Is a skilled birth attendant present at the facility or on call 24 hours a day, including weekends, to provide delivery care? <i>Hint: Specify cadres who are skilled and cadres that are not.</i></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>
<p>SDP414a. Is there a schedule that is used to record which skilled provider is present or on-call to perform cesarean deliveries at any given time?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>SDP414b. May I see the schedule for on-call providers to perform cesarean section?</p>	<p><input type="radio"/> Schedule observed <input type="radio"/> No schedule observed <input type="radio"/> No response</p>
<p>PROVISION OF EMERGENCY OBSTETRIC AND ESSENTIAL NEWBORN SERVICES Now, I am going to ask you about key interventions for management of normal and complicated labor and delivery. For each intervention, please tell me if it has been provided at this facility within the past 3 months.</p>	

If there is another provider who would be better able to answer my questions on EMERGENCY OBSTETRIC CARE in this facility, I would appreciate if you could refer me to the appropriate person.				
SDP415. IN THE PAST 3 MONTHS, have health workers at this facility provided PARENTERAL ANTICONVULSANTS to manage high blood pressure in pregnancy? <i>Hint: Remind the respondent to report on this from his/her memory, without referring to any registers or logs.</i>				
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response				
SDP416. Which types of anticonvulsants were used? <i>Read each item to the respondent.</i>				
	Yes	No	Do not know	No response
A) Magnesium sulfate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B) Diazepam	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C) Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SDP417. Which types of drugs were used to treat pregnancy related hypertension? <i>Read each item to the respondent.</i>				
	Yes	No	Do not know	No response
A) Hydralazine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B) Nifedipine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C) Methyldopa	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D) Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SDP418. In the past 3 months, have health workers at this facility provided parenteral or oral UTEROTONICS to prevent or treat pregnancy-related hemorrhage?				
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response				
SDP419. Which types of uterotonic were used? <i>Read each item to the respondent.</i>				
	Yes	No	Do not know	No response
A) Oxytocin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B) Ergometrine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C) Misoprostol tablet (200mg; not in combined form)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D) Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SDP420. In the past 3 months, have health workers at this facility:				
	Yes	No	Do not know	No response
A) Provided immediate postpartum implant insertion?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B) Provided immediate postpartum IUD insertion (PP-IUD)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C) Provided immediate postpartum tubal ligation (TL)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SDP421. In the past 3 months, have health workers at this facility: <i>Hint: This question is about health services actually provided in the PAST 3 MONTHS, not the training of staff members to provide this service.</i>				
	Yes	No	Do not know	No response
D) Provided parenteral antibiotics for infections related to pregnancy, abortion, labor or delivery?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E) Performed manual removal of placenta?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F) Used partographs to monitor labor?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Yes	No	Do not know	No response
G) Provided instrument/assisted deliveries—that is, use forceps or vacuum extractor?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H) Performed caesarean sections?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I) Performed blood transfusions for maternity care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
J) Provided antenatal corticosteroids for fetal lung maturation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K) Performed newborn resuscitation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<p>SDP422a. Following delivery when the baby is put to the mother's chest, is the baby's bare skin touching the mother's bare skin?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>SDP422b. Before discharge, is the mother assisted by the provider to put the baby to the breast?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>SDP423. Before discharge, do providers routinely discuss family planning with the mother?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>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.</p>	
<p>SDP427. After completing a delivery, what procedures do health workers most frequently follow for initial handling of contaminated equipment, such as scissors or clamps, that will be reused? <i>Hint: Do not read out options. Select all that apply.</i></p>	<p><input type="checkbox"/> Nothing is done <input type="checkbox"/> Decontaminate in 0.5% chlorine solution, soap and water scrub, and then rinse <input type="checkbox"/> Soap and water scrub, then decontaminate <input type="checkbox"/> Soap and water brush scrub only <input type="checkbox"/> Disinfectant soak, not scrubbed <input type="checkbox"/> Soap and water, not brush scrubbed <input type="checkbox"/> Other <input type="checkbox"/> Do not know <input type="checkbox"/> No response</p>
<p>SDP428. What is the final process most commonly used for disinfecting or sterilizing medical equipment, before they are reused? <i>Hint: off-site means outside of the facility or facility's campus</i></p>	<p><input type="radio"/> Nothing is done on-site <input type="radio"/> Dry heat sterilization on-site <input type="radio"/> Autoclaving on-site <input type="radio"/> Steam sterilization on-site <input type="radio"/> Boiling on-site <input type="radio"/> Chemical method on-site <input type="radio"/> Off-site sterilization <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response</p>

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).

SDP429. Record if the following supplies are either observed, reported and not seen, or not available:	
A) Sterile gloves	<input type="radio"/> Observed <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
B) Sharps container	<input type="radio"/> Observed <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
C) 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
D) Alcohol hand scrub	<input type="radio"/> Observed <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
E) 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
F) 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:	
G) 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

H) 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
I) Eye/face protection goggles	<input type="radio"/> Observed <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
J) Medical mask	<input type="radio"/> Observed <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
K) Delivery gown for provider	<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:	
L) Thermometer	<input type="radio"/> Observed <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
M) Blood pressure apparatus	<input type="radio"/> Observed <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
N) Fetal stethoscope	<input type="radio"/> Observed <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
O) Urine dipstick	<input type="radio"/> Observed <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
P) Intravenous cannula	<input type="radio"/> Observed <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
Q) Resuscitation table/trolley	<input type="radio"/> Observed <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response

R) Pulse oximeter	<input type="radio"/> Observed <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
SDP430. Record if the following supplies are either observed, reported and not seen, or not available:	
A) Syringes and needles	<input type="radio"/> Observed <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
B) Sterile scissors or blade	<input type="radio"/> Observed <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
C) Sterile disposable cord ties or clamp	<input type="radio"/> Observed <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
D) Clean towel or blanket to wrap baby	<input type="radio"/> Observed <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
E) Bag (for infant resuscitation)	<input type="radio"/> Observed <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
F) Mask (infant size 0) for resuscitation	<input type="radio"/> Observed <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
G) Mask (infant size 1) for resuscitation	<input type="radio"/> Observed <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
SDP430. Record if the following supplies are either observed, reported and not seen, or not available:	
H) Manual suction device for fluid extraction	<input type="radio"/> Observed <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
I) Obstetric forceps (<i>image of obstetric forceps above</i>)	<input type="radio"/> Observed <input type="radio"/> Reported not seen

[obstetrics_forceps.png]	<input type="radio"/> Not available <input type="radio"/> No response
<p>J) Manual vacuum aspirator (MVA) and cannula <i>(image of manual vacuum aspirator above)</i> [manual_vacuum_aspiration.png]</p>	<input type="radio"/> Observed <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
<p>K) Dilatation and curettage (D&C) kit <i>(image of dilation and curettage kit above)</i> [dilatation_curettage.png]</p>	<input type="radio"/> Observed <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
<p>L) Sealed delivery kit with instruments ready for use, including scissors and clamp</p>	<input type="radio"/> Observed <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
<p>M) Surgical sutures</p>	<input type="radio"/> Observed <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
<p>N) Stadiometer or height rod to measure height</p>	<input type="radio"/> Observed <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
<p>O) Infant weight scale</p>	<input type="radio"/> Observed <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
<p>P) Fetal scope <i>(image of fetal scope above)</i> [fetal_scope.png]</p>	<input type="radio"/> Observed <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
<p>SDP431. Is an INCUBATOR available and functioning? <i>Hint: Verify that it is functional by witnessing that it is in use or asking the respondent to turn in ON/OFF.</i> <i>(image of incubator above)</i> [incubator.png]</p>	<input type="radio"/> Observed, functional <input type="radio"/> Observed, not functional <input type="radio"/> Observed, don't know if functioning <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
<p>SDP432. Is a SUCTION APPARATUS FOR USE WITH CATHETER (ELECTRIC OR MANUAL) available and functioning? <i>Hint: This is NOT the same as an ELECTRICAL VACUUM EXTRACTOR. Confirm with respondent that you are observing the correct device. Verify that it is functional by witnessing that it is in use or asking the respondent to turn in ON/OFF.</i> <i>(image of suction apparatus above)</i> [suction_apparatus.png]</p>	<input type="radio"/> Observed, functional <input type="radio"/> Observed, not functional <input type="radio"/> Observed, don't know if functioning <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response

<p>SDP433. Is an OXYGEN SUPPLY FROM OXYGEN TANK available and functioning? <i>(image of oxygen supply tank above)</i> [oxygen_tank_cylinder.png]</p>	<p><input type="radio"/> Observed, functional <input type="radio"/> Observed, not functional <input type="radio"/> Observed, don't know if functioning <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response</p>
<p>SDP434a. Is an ELECTRICAL VACUUM EXTRACTOR available and functioning? <i>Hint: This is NOT the same as a SUCTION APPARATUS FOR USE WITH CATHETER. Confirm with respondent that that you are observing the correct device. Verify that it is functional by witnessing that it is in use or asking the respondent to turn in ON/OFF.</i> <i>(image of electrical vacuum extractor above)</i> [electrical_vacuum_extractor.png]</p>	<p><input type="radio"/> Observed, functional <input type="radio"/> Observed, not functional <input type="radio"/> Observed, don't know if functioning <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response</p>
<p>SDP434b. Is a FETAL DOPPLER available and functioning? <i>Hint: Verify that it is functional by witnessing that it is in use or asking the respondent to turn in ON/OFF.</i> <i>(image of fetal doppler above)</i> [fetal_doppler.png]</p>	<p><input type="radio"/> Observed, functional <input type="radio"/> Observed, not functional <input type="radio"/> Observed, don't know if functioning <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response</p>
<p>SDP434c. Is a FETAL ULTRASOUND available and functioning? <i>Hint: Verify that it is functional by witnessing that it is in use or asking the respondent to turn in ON/OFF.</i> <i>(image of fetal ultrasound machine above)</i> [fetal_ultrasound_machine.png]</p>	<p><input type="radio"/> Observed, functional <input type="radio"/> Observed, not functional <input type="radio"/> Observed, don't know if functioning <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response</p>
<p>SDP434d. Is there a health worker at this facility who is trained to use the ultrasound?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>SDP434e. Is the trained health worker available TODAY?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>MEDICATIONS IN THE DELIVERY ROOM OR NURSE/STAFF STATION ROOM Now I would like to ask you about the availability and condition of the following medications needed for delivery services. For each item I list, please indicate if the item is available, and if available, please show me the item. <i>Hint: Items may be in the room where delivers take place or in a room that is quickly accessible from the delivery room (1 valid dose" for each individual medication in the pack.</i></p>	

SDP435a. Record if the following medications are either observed ≥ 1 valid dose, reported and not seen, or not available:	
A) 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
B) 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
C) 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
D) Misoprostol tablet (600mg; 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
E) 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
F) 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
G) 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
SDP435a. Record if the following medications are either observed ≥ 1 valid dose, reported and not seen, or not available:	
H) Hydralazine	<input type="radio"/> Observed ≥ 1 valid dose <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
I) 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

J) 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
K) 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
L) 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
M) 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
N) Mifepristone	<input type="radio"/> Observed ≥ 1 valid dose <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
SDP435a. Record if the following medications are either observed ≥ 1 valid dose, reported and not seen, or not available:	
O) Nifedipine	<input type="radio"/> Observed ≥ 1 valid dose <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
P) HIV rapid test / HIV 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
Q) Nevirapine	<input type="radio"/> Observed ≥ 1 valid dose <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
R) 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
S) 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
T) 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
<p>MEDICATIONS OUTSIDE OF THE DELIVERY ROOM</p> <p>Now I would like to ask you about the availability and condition of the following medications. For each item I list, please indicate if the item is available, and if available, please show me the item.</p> <p><i>Hint: These medications may be located in the delivery room, in the pharmacy of the facility or in a room that is >1 minute away from the delivery room. If medications are packaged together in a combo-pack for deliveries, select 1 for "observed > 1 valid dose" for each individual medication in the pack.</i></p>	
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

SDP435b. Record if the following medications are either observed ≥ 1 valid dose, reported and not seen, or not available:	
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) 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
I) 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
J) 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
K) 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
L) 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
M) 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:	
N) 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
O) 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

P) 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
Q) Misoprostol tablet (600mg; 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
R) 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
S) 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
T) 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
SDP435c. Record if the following medications are either observed ≥ 1 valid dose, reported and not seen, or not available:	
U) Hydralazine	<input type="radio"/> Observed ≥ 1 valid dose <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
V) 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
W) 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
X) 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
Y) 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

Z) 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
AA) Mifepristone	<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:	
BB) Nifedipine	<input type="radio"/> Observed ≥ 1 valid dose <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
CC) HIV rapid test / HIV 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
DD) Nevirapine	<input type="radio"/> Observed ≥ 1 valid dose <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
EE) Lamivudine (3TC)	<input type="radio"/> Observed ≥ 1 valid dose <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
FF) Tenofovir (TDF)	<input type="radio"/> Observed ≥ 1 valid dose <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
GG) Efavirenz (EFV)	<input type="radio"/> Observed ≥ 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 DELIVERY ROOM.	

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
A) Management Protocol on Selected Obstetric Topics (FMOH, 2010)	<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"/>
C) National Guideline for Family Planning Services in Ethiopia (FMOH, 2011)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D) Baby Friendly Initiative guidelines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SDP436a1A. Is this facility CURRENTLY using young infant (0–2 month) iCCM registration book to assess and treat sick infants? <i>Hint: "CURRENTLY" refers to if the facility is using this registration book on the day of the visit.</i>		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response	
SDP436a1B. Is this facility CURRENTLY using young infant (0–2 month) IMNCI registration book to assess and treat sick infants? <i>Hint: "CURRENTLY" refers to if the facility is using this registration book on the day of the visit.</i>		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response	
SDP436a2A. May I see the sick young infant (0–2 month) iCCM registration book? <i>Hint: Record only whether or not you observed the registration book.</i>		<input type="radio"/> Yes, registration book observed <input type="radio"/> No, registration book not observed <input type="radio"/> Do not know	
SDP436a2B. May I see the sick young infant (0–2 month) IMNCI registration book? <i>Hint: Record only whether or not you observed the registration book.</i>		<input type="radio"/> Yes, registration book observed <input type="radio"/> No, registration book not observed <input type="radio"/> Do not know	
SDP436a3A. Record the last date the young infant (0–2 month) iCCM registration book was used. <i>Enter '2030 for do not know (2030 is 2022 in the Ethiopian calendar)</i>		Day: Month: Year:	
Check here if Not Applicable (No date)		<input type="radio"/>	
SDP436a3B. Record the last date the young infant (0–2 month) IMNCI registration book was used. <i>Enter '2030 for do not know (2030 is 2022 in the Ethiopian calendar)</i>		Day: Month: Year:	

Check here if Not Applicable (No date)	<input type="radio"/>
SDP436a4A. For what reason is the sick young infant (0–2 month) iCCM registration book not being used or is unavailable at this facility?	<input type="radio"/> Facility stated service not appropriate for their facility <input type="radio"/> Service not started in the facility <input type="radio"/> No trained HEW for this service in the facility <input type="radio"/> Registration book stocked out <input type="radio"/> Registration book is difficult to use <input type="radio"/> Don't know <input type="radio"/> No response
SDP436a4B. For what reason is the sick young infant (0–2 month) IMNCI registration book not being used or is unavailable at this facility?	<input type="radio"/> Facility stated service not appropriate for their facility <input type="radio"/> Service not started in the facility <input type="radio"/> No trained HEW for this service in the facility <input type="radio"/> Registration book stocked out <input type="radio"/> Registration book is difficult to use <input type="radio"/> Don't know <input type="radio"/> No response
SDP436b1A. Is this facility CURRENTLY (on the day of the visit) using sick child (2–59 month) iCCM registration book to assess and treat sick children? <i>Hint: "CURRENTLY" refers to if the facility is using this registration book on the day of the visit.</i>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
SDP436b1B. Is this facility CURRENTLY (on the day of the visit) using sick child (2–59 month) IMNCI registration book to assess and treat sick children? <i>Hint: "CURRENTLY" refers to if the facility is using this registration book on the day of the visit.</i>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
SDP436b2A. May I see the sick child (2–59 month) iCCM registration book? <i>Hint: Record only whether or not you observed the registration book.</i>	<input type="radio"/> Yes, registration book observed <input type="radio"/> No, registration book not observed <input type="radio"/> Do not know
SDP436b2B. May I see the sick child (2–59 month) IMNCI registration book? <i>Hint: Record only whether or not you observed the registration book.</i>	<input type="radio"/> Yes, registration book observed <input type="radio"/> No, registration book not observed <input type="radio"/> Do not know
SDP436b3A. Record the last date the sick child (2–59 month) iCCM registration book was used. <i>Enter '2030 for do not know (2030 is 2022 in the Ethiopian calendar)</i>	Day: Month: Year:
Check here if Not Applicable (No date)	<input type="radio"/>

<p>SDP436b3B. Record the last date the sick child (2–59 month) IMNCI registration book was used. <i>Enter '2030 for do not know (2030 is 2022 in the Ethiopian calendar)</i></p>	<p>Day: Month: Year:</p>
<p>Check here if Not Applicable (No date)</p>	<p><input type="radio"/></p>
<p>SDP436b4A. For what reason is the sick young infant (0–2 month) iCCM registration book not being used or is unavailable at this facility?</p>	<p><input type="radio"/> Facility stated service not appropriate for their facility <input type="radio"/> Service not started in the facility <input type="radio"/> No trained HEW for this service in the facility <input type="radio"/> Registration book stocked out <input type="radio"/> Registration book is difficult to use <input type="radio"/> Don't know <input type="radio"/> No response</p>
<p>SDP436b4B. For what reason is the sick young infant (0–2 month) IMNCI registration book not being used or is unavailable at this facility?</p>	<p><input type="radio"/> Facility stated service not appropriate for their facility <input type="radio"/> Service not started in the facility <input type="radio"/> No trained HEW for this service in the facility <input type="radio"/> Registration book stocked out <input type="radio"/> Registration book is difficult to use <input type="radio"/> Don't know <input type="radio"/> No response</p>
<p>Can you please show me where the delivery equipment is sterilized? <i>Hint: Continue to read each item to the health worker. If he/she states that the item is available onsite, ask him/her to show you the item and assess the functionality (if item is electric).</i></p>	
<p>SDP441. Electric autoclave (Pressure/Wet Heat) <i>(image of electric autoclave above)</i> <i>Hint: Verify that it is functional by witnessing that it is in use or asking the respondent to turn in ON/OFF.</i> [electric_autoclave.png]</p>	<p><input type="radio"/> Observed, functional <input type="radio"/> Observed, not functional <input type="radio"/> Observed, don't know if functioning <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response</p>
<p>SDP442. Non-electric autoclave (Pressure/Wet Heat) <i>(image of non-electric autoclave above)</i> [non_electric_autoclave.png]</p>	<p><input type="radio"/> Observed <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response</p>
<p>SDP443. Electric dry heat sterilizer <i>Hint: Verify that it is functional by witnessing that it is in use or asking the respondent to turn in ON/OFF.</i></p>	<p><input type="radio"/> Observed, functional <input type="radio"/> Observed, not functional <input type="radio"/> Observed, don't know if functioning <input type="radio"/> Reported not seen</p>

	<input type="radio"/> Not available <input type="radio"/> No response
SDP444. Electric boiler or steamer (no pressure) <i>Hint: Verify that it is functional by witnessing that it is in use or asking the respondent to turn in ON/OFF.</i>	<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
SDP445. Non-electric pot with cover (for steam/boil)	<input type="radio"/> Observed <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
SDP446. Heat source for non-electric equipment	<input type="radio"/> Observed <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
SDP447. Automatic timer for autoclave (May be on equipment) <i>Hint: If electric, verify that it is functional by witnessing that it is in use or asking the respondent to turn in ON/OFF.</i>	<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
SDP448. TST Indicator strips or other item that indicates when sterilization is complete	<input type="radio"/> Observed <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
SDP449. Chlorine-based or glutaraldehyde solution (for chemical method)	<input type="radio"/> Observed <input type="radio"/> Reported not seen <input type="radio"/> Not available <input type="radio"/> No response
<p>Section 6 - Immunization Service Readiness</p> <p>Now, the next few questions I would like to ask you are related to the facility's immunization service readiness.</p> <p>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.</p>	
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"/>

Section 7 - Abortion and Post-abortion Care Service Readiness

<p>Now I would like to ask about safe abortion or post-abortion counseling or care services to women with complications from either miscarriage or induced abortion provided at this facility.</p> <p>If there is another provider who would be better able to answer my questions on safe abortion services or post-abortion care services in this facility, I would appreciate if you could refer me to the appropriate person.</p> <p><i>Hint: This may be the same person who is in charge of family planning services.</i></p>	
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
SDP601. Does this facility REFER women for safe abortion services to other facilities?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
SDP602. During postabortion care visits, which of the following is usually discussed with the client: <i>Read all options and select all that apply.</i>	<input type="checkbox"/> Return to fertility <input type="checkbox"/> Healthy timing and spacing of pregnancies <input type="checkbox"/> Long-acting method options <input type="checkbox"/> FP methods for birth spacing <input type="checkbox"/> None of the above <input type="checkbox"/> No response
SDP603. In this facility, are postabortion patients treated as outpatients only, inpatients only, or both? <i>If respondent is unsure, you can remind them that outpatients are not admitted and inpatients are admitted.</i>	<input type="radio"/> Inpatient only <input type="radio"/> Outpatient only <input type="radio"/> Both <input type="radio"/> Do not know <input type="radio"/> No response
For the next questions, please provide your responses from memory without referring to log books.	
SDP604. Has this facility treated at least 1 patient for postabortion care in the last 12 months?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
SDP605. In the LAST COMPLETED MONTH, about how many postabortion care patients would you estimate are treated as OUTPATIENTS in this facility as a whole? Number of PAC outpatient <i>Hint: If respondent is unsure, you can remind them that outpatients are not admitted and inpatients are admitted. The last completed month refers to the last CALENDAR month completed. For example, from July 1-July 31. Enter -88 for don't know and -99 for no response.</i>	
SDP606. In the LAST COMPLETED MONTH, about how many postabortion care patients would estimate are	

<p>treated as INPATIENTS in this facility as a whole? Number of PAC inpatients</p> <p><i>Hint: If respondent is unsure, you can remind them that outpatients are not admitted and inpatients are admitted. The last completed month refers to the last CALENDAR month completed. For example, from July 1-July 31. Enter -88 for don't know and -99 for no response.</i></p>				
<p>SDP607. In the LAST COMPLETED MONTH, have health workers at this facility:</p>				
	Yes	No	Do not know	No response
A) Performed Manual Vacuum Aspiration (MVA) for safe abortion care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B) Performed dilation and curettage (D&C) for safe abortion care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C) Performed dilation and evacuation (D&E) for safe abortion care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D) Provided abortion services through medical abortion (misoprostol, mifepristone) for safe abortion care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>SDP608a. In the LAST COMPLETED MONTH, how many safe abortions were provided?</p> <p>Number of abortions</p> <p><i>Hint: This includes both surgical and medical abortions provided at the facility. The last completed month refers to the last CALENDAR month completed. For example, from July 1-July 31. Enter -88 for don't know and -99 for no response.</i></p>				
<p>SDP609. Does this facility provide any of the following medicines that a woman could use to bring back her period or have an abortion?</p> <p><i>Read all options and select all that apply.</i></p>			<input type="checkbox"/> Mifepristone <input type="checkbox"/> Misoprostol <input type="checkbox"/> Other <input type="checkbox"/> None of the above <input type="checkbox"/> Do not know <input type="checkbox"/> No response	
<h2>Section 8 - Family Planning Service Readiness</h2> <p>Now I would like to ask about FAMILY PLANNING services provided at this facility.</p> <p>If there is another provider who would be better able to answer my questions on family planning services in this facility, I would appreciate if you could refer me to the appropriate person.</p>				
<p>SDP700. Which of the following family planning services do you offer to unmarried adolescents aged 10-19?</p> <p><i>Read all options and select all that apply.</i></p>			<input type="checkbox"/> Counsel for contraceptive methods <input type="checkbox"/> Provide contraceptive methods <input type="checkbox"/> Prescribe / refer for contraceptive	

	<p>methods</p> <p><input type="checkbox"/> None of the above</p> <p><input type="checkbox"/> No response</p>			
<p>SDP701. Which of the following methods are provided to clients at this facility? <i>Read all options out loud.</i></p>	<p><input type="checkbox"/> Female sterilization</p> <p><input type="checkbox"/> Male sterilization</p> <p><input type="checkbox"/> Implant</p> <p><input type="checkbox"/> IUD</p> <p><input type="checkbox"/> Injectables</p> <p><input type="checkbox"/> Pill</p> <p><input type="checkbox"/> Emergency contraception</p> <p><input type="checkbox"/> Male condom</p> <p><input type="checkbox"/> Female condom</p> <p><input type="checkbox"/> Std. Days / Cycle beads</p> <p><input type="checkbox"/> None of the above</p> <p><input type="checkbox"/> No response</p>			
<p>SDP702a. Do family planning clients need to pay any fees in order to be seen by a provider in this facility even if they do not obtain a method of contraception? <i>Hint: These may be a consultation or registration fee charged to everyone who is seen in this facility or may be specific to family planning clients.</i></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Do not know</p> <p><input type="radio"/> No response</p>			
<p>SDP702b. Are clients charged for obtaining any of the following at this facility? <i>Read all options out loud.</i> <i>Hint: Charge is for the method itself.</i></p>				
	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"/>
<p>SDP703. You mentioned that you typically provide Implants at this facility, can you show them to me? <i>[SDP805a-c will repeat for each of the methods that are provided at the facility according to SDP802b, except Female and Male Sterilization]</i></p>	<p><input type="radio"/> In-stock and observed</p> <p><input type="radio"/> In-stock reported but not observed</p> <p><input type="radio"/> Out of stock</p> <p><input type="radio"/> No response</p>			

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

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
SDP705. 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

<p>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.</p>	
<p><i>Hint: Do not read out this question.</i> SDP710. Are all the methods protected from water?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not observed <input type="radio"/> Do not know</p>
<p><i>Hint: Do not read out this question.</i> SDP711. Are all the methods protected from the sun?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not observed <input type="radio"/> Do not know</p>
<p>Section 9 - Facility Statistics - Key Services Provided</p>	
<p>Now I would like to review key service statistics for the LAST COMPLETED MONTH. Please show me where I can find the service statistics for these specific services. <i>Hint: Use the appropriate REGISTER (not the HMIS summary report) to record the total number of cases for each indicator below for the LAST COMPLETED MONTH. Last completed month refers to the last completed CALENDAR month (for example, July 1-July 31). Record 0 if the register shows no services were provided for the last completed month. Record -77 if this service is provided at the facility, but there is not a register to record the service. Record -88 if the data are not legible. Record -99 if no response.</i></p>	
<p>SDP900. Delivery volume (total number of deliveries irrespective of mode of delivery or outcome) for the LAST COMPLETED MONTH <i>Hint: This includes deliveries that ended with live birth or stillbirth.</i> Number of deliveries</p>	
<p>SDP901. Cesarean deliveries for the LAST COMPLETED MONTH Number of cesarean deliveries</p>	
<p>SDP902. FP caseload (total visits) for the LAST COMPLETED MONTH Number of FP clients</p>	
<p>SDP903. From family planning register for the LAST COMPLETED MONTH, record: <i>Hint: If unclear on condom number or method is given out in mass supply, record as -88. If method is only recorded as "Other", record as -88.</i></p>	
<p>(1) The total number of family planning visits (new and continuing) in the last completed month, for each method.</p>	

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

<p>(1) The total number of family planning visits (new and continuing) in the last completed month, for each method.</p> <p>(2) The number of new clients who received family planning services in the last completed month, for each method.</p>	
<p>Total number of visits: Pill</p>	
<p>Number of new clients: Pill</p>	
<p>(1) The total number of family planning visits (new and continuing) in the last completed month, for each method.</p> <p>(2) The number of new clients who received family planning services in the last completed month, for each method.</p>	
<p>Total number of visits: Emergency contraception</p>	
<p>Number of new clients: Emergency contraception</p>	
<p>(1) The total number of family planning visits (new and continuing) in the last completed month, for each method.</p> <p>(2) The number of new clients who received family planning services in the last completed month, for each method.</p> <p><i>Hint: Last completed month refers to the last CALENDAR month completed. Enter -88 for do not know, enter -99 for no response. If unclear on condom number or given out in mass supply, record as -88. If method is only recorded as "Other", record as -88.</i></p>	
<p>Total number of visits: Male condom</p>	
<p>Number of new clients: Male condom</p>	
<p>(1) The total number of family planning visits (new and continuing) in the last completed month, for each method.</p> <p>(2) The number of new clients who received family planning services in the last completed month, for each method.</p> <p><i>Hint: Last completed month refers to the last CALENDAR month completed. Enter -88 for do not know, enter -99 for no response. If unclear on condom number or given out in mass supply, record as -88. If method is only recorded as "Other", record as -88.</i></p>	
<p>Total number of visits: Female condom</p>	
<p>Number of new clients: Female condom</p>	

<p>(1) The total number of family planning visits (new and continuing) in the last completed month, for each method.</p> <p>(2) The number of new clients who received family planning services in the last completed month, for each method.</p> <p><i>Hint: Last completed month refers to the last CALENDAR month completed. Enter -88 for do not know, enter -99 for no response. If unclear on condom number or given out in mass supply, record as -88. If method is only recorded as "Other", record as -88.</i></p>	
<p>Total number of visits: Standard days / cycle beads</p>	
<p>Number of new clients: Standard days / cycle beads</p>	
<p>SDP904. May I see your family planning record book for the LAST COMPLETED MONTH?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>SDP905. From family planning record book, record: The total number of family planning products sold/provided in the last completed month, for each method.</p> <p><i>Hint: If unclear on condom number or method is given out in mass supply, record as -88. If method is only recorded as "Other", record as -88.</i></p>	
<p>Number of units sold or provided: Implants</p>	
<p>Number of units sold or provided: IUD</p>	
<p>Number of units sold or provided: Injectables</p>	
<p>Number of units sold or provided: Pill</p>	
<p>Number of units sold or provided: Emergency contraception</p>	
<p>Number of units sold or provided: Male condom</p>	
<p>Number of units sold or provided: Female condom</p>	
<p>Number of units sold or provided: Standard days / cycle beads</p>	
<p>SDP906. Does this facility distinguish between INPATIENTS and OUTPATIENTS for postabortion care services in the abortion care register?</p> <p><i>Hint: Separate codes or columns for inpatients and outpatients will be listed AND used in the register if the facility distinguishes between patient types.</i></p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>SDP907. Total number of INPATIENTS who received postabortion care services for the LAST COMPLETED MONTH</p> <p>Number of inpatients for postabortion</p>	

SDP908. Total number of OUTPATIENTS who received postabortion care services for the LAST COMPLETED MONTH Number of outpatients for postabortion	
SDP909. Total number of patients who received postabortion care services for the LAST COMPLETED MONTH Number of total postabortion	
SDP910. Total number of patients who received safe abortion care services for the LAST COMPLETED MONTH	
<p>Section 10 - Service Statistics - Key Patient Outcomes</p> <p><i>Continue to review the maternity, labor and delivery and/or neonatal registers. Hint: Use the appropriate REGISTER (not the HMIS summary report) to record the total number of cases for each indicator below for the LAST COMPLETED MONTH. Last completed month refers to the last completed CALENDAR month (for example, July 1-July 31).</i></p> <p><i>Record 0 if the register shows no services were provided for the last completed month. Record -77 if this service is provided at the facility, but there is not a register to record the service. Record -88 if the data are not legible. Record -99 if no response.</i></p>	
SDP1000. Maternal deaths for the LAST COMPLETED MONTH Number of maternal deaths	
SDP1001a. Does this facility distinguish between FRESH and MACERATED stillbirths in the maternity register? <i>Hint: Separate codes or columns for inpatients and outpatients will be listed AND used in the register if the facility distinguishes between patient types.</i>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
SDP1001b. Fresh stillbirths for the LAST COMPLETED MONTH Number of fresh stillbirths	
SDP1002a. Macerated stillbirths for the LAST COMPLETED MONTH Number of macerated stillbirths	
SDP1002b. Total number of stillbirths for the LAST COMPLETED MONTH	
SDP1003. Very early neonatal deaths (first 24 hours of life) for the LAST COMPLETED MONTH Number of very early neonatal deaths <i>Hint: Last completed month refers to the last CALENDAR month completed. Enter -99 for no response. Enter -88 for not legible.</i>	
SDP1004. Early neonatal deaths (total deaths) Number of early neonatal deaths <i>Hint: Record for the last completed month. Last completed month refers to the last CALENDAR month completed. Enter -99 for no response. Enter -88 for not legible.</i>	

Section 11 - Facility Information For Survey Completion	
Thank the respondent for his / her time. <i>The respondent is finished, but there are still more questions for you to complete outside the facility.</i>	
SDP1100. Location Take a GPS point outside near the entrance to the facility. <i>Record location when the accuracy is smaller than 6m.</i>	
SDP1101. How many times have you visited this service delivery point for this interview?	<input type="radio"/> 1st time <input type="radio"/> 2nd time <input type="radio"/> 3rd time
SDP1102. In what language was this interview conducted?	<input type="radio"/> English <input type="radio"/> Amharic <input type="radio"/> Afan Oromo <input type="radio"/> Tigrigna <input type="radio"/> Sidamigna <input type="radio"/> Wolayitigna <input type="radio"/> Afar <input type="radio"/> Somali <input type="radio"/> Kefigna <input type="radio"/> Other
SDP1103. Was a translator used for this interview?	<input type="radio"/> Yes <input type="radio"/> No
SDP1104. Questionnaire Result <i>Record the result of the questionnaire.</i>	<input type="radio"/> Completed <input type="radio"/> Not at facility <input type="radio"/> Postponed <input type="radio"/> Refused <input type="radio"/> Partly completed <input type="radio"/> Other