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**Collection:** LOGIN  
**Contains:** DATSTAT\_ALTPID



**Banco Interamericano de Desarrollo**

### Salud Mesoamerica 2015 (SM2015)

#### Login page for health facility survey

**Question:** DATSTAT\_ALTPID  
**Required**



ID:

**Collection:** LOG\_IN  
**Contains:** FACILITY\_ID, DATE, INTERVW\_ID1, INTERVW\_ID2, CONSENT\_OBTAINED

**Question:** FACILITY\_ID

Scale Summary		
Code	Label	Show-If
1	Orange Walk Town / Northern Regional Hospital	
2	San Jose Village / Zenobia Meggs Health Center	
3	San Felipe Village / San Felipe Health Center	
4	August Pine Ridge Village / August Pine Ridge Health Center	
5	Guinea Grass Village / Guinea Grass Health Center	
6	Santa Martha Village / Santa Martha Health Post	
7	Carmelita Village / Carmelita Health Post	
8	Lousiana Area, Orange Walk town / Lousiana Health post	
9	Fireburn Village / Fireburn Health Post (non functioning due to infrastructure)	
10	San Lazaro Village / Ignacia Moguel Health Post	
11	San Carlos Village / San Carlos Health Post	
12	Indian Church village / Indian Church Health Post	
13	San Antonio Village / San Antonio Health Post	
14	San Roman Village / San Roman Health Post	
15	Orange Walk Town / Mobile Clinic	
16	Corozal Town / Corozal Community Hospital	
17	San Narciso Village / San Narciso Health Center	
18	Caledonia Village / Caledonia Health Center	
19	Libertad Village / Libertad Health Center	
20	Sarteneja Village / Sarteneja Health Center	
21	Progreso Village / Progreso Health Center	
22	Chunox Village / Chunox Health Post	
23	Concepcion Village / Concepcion Health Post	
24	San Joaquin Village / San Joaquin Health Post	
25	Xaibe Village / Xiabe Health Post	
26	Chan Chen Village / Chan Chen Health Post	
27	Corozal Town / Mobile Clinic	

28	Belmopan City / Western Regional Hospital	
29	Belmopan City / Belmopan Health Center	
30	Valley of Peace Village / Valley of Peace	
31	Cotton Tree Village / Cotton Tree Health post	
32	St Matthews Village / St Matthews Health Post	
33	Franks Eddy Village / Franks Eddy Health Post	
34	Santa Martha /St Margaret Village / Santa Martha Health Post (St Margaret)	
35	Belmopan City / Mobile Clinic	
36	San Ignacio / San Ignacio Community Hospital	
37	Benque Viejo Del Carmen / Mopan Clinic	
38	Georgeville / Georgeville Health Center	
39	San Antonio Village / San Antonio Health Post	
995	other	



## 1. Facility ID:

- ☐ Orange Walk Town / Northern Regional Hospital
- ☐ San Jose Village / Zenobia Meggs Health Center
- ☐ San Felipe Village / San Felipe Health Center
- ☐ August Pine Ridge Village / August Pine Ridge Health Center
- ☐ Guinea Grass Village / Guinea Grass Health Center
- ☐ Santa Martha Village / Santa Martha Health Post
- ☐ Carmelita Village / Carmelita Health Post
- ☐ Lousiana Area, Orange Walk town / Lousiana Health post
- ☐ Fireburn Village / Fireburn Health Post (non functioning due to infrastructure)
- ☐ San Lazaro Village / Ignacia Moguel Health Post
- ☐ San Carlos Village / San Carlos Health Post
- ☐ Indian Church village / Indian Church Health Post
- ☐ San Antonio Village / San Antonio Health Post
- ☐ San Roman Village / San Roman Health Post
- ☐ Orange Walk Town / Mobile Clinic
- ☐ Corozal Town / Corozal Community Hospital
- ☐ San Narciso Village / San Narciso Health Center
- ☐ Caledonia Village / Caledonia Health Center
- ☐ Libertad Village / Libertad Health Center
- ☐ Sarteneja Village / Sarteneja Health Center
- ☐ Progreso Village / Progreso Health Center
- ☐ Chunox Village / Chunox Health Post
- ☐ Concepcion Village / Concepcion Health Post
- ☐ San Joaquin Village / San Joaquin Health Post
- ☐ Xaibe Village / Xiabe Health Post
- ☐ Chan Chen Village / Chan Chen Health Post
- ☐ Corozal Town / Mobile Clinic
- ☐ Belmopan City / Western Regional Hospital
- ☐ Belmopan City / Belmopan Health Center
- ☐ Valley of Peace Village / Valley of Peace
- ☐ Cotton Tree Village / Cotton Tree Health post
- ☐ St Matthews Village / St Matthews Health Post
- ☐ Franks Eddy Village / Franks Eddy Health Post
- ☐ Santa Martha /St Margaret Village / Santa Martha Health Post (St Margaret)
- ☐ Belmopan City / Mobile Clinic
- ☐ San Ignacio / San Ignacio Community Hospital
- ☐ Benque Viejo Del Carmen / Mopan Clinic

- ☐ Georgeville / Georgeville Health Center
- ☐ San Antonio Village / San Antonio Health Post
- ☐ other

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**Question:** DATE  
**Required**



2. Date:

(DD/MM/YYYY)

**Question:** INTERVW\_ID1  
**Required**



3. Interviewer ID 1

**Question:** INTERVW\_ID2



4. Interviewer ID 2

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

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

Hello. My name is \_\_\_\_\_. We are asking for your consent to participate in the survey conducted by \_\_\_\_\_ to study characteristics of medical units and the services they provide.

We have previously contacted and obtained consent from the authorities of the Ministry of Health to conduct this study. Your facility was selected to participate in this survey. The survey will include an interview with yourself, a visit to the unit doing an observation of its characteristics, and a review of medical records. The information about your facility may be used by the Ministry of Health and organizations supporting services in your facility, for planning service improvement or further studies of health services. The data collected from your facility may also be provided to researchers for analyses, however, the name of your facility will not be provided, and any reports by these researchers that use your facility data will only present information in aggregate form so that your facility cannot be identified.

That is, the information you provide will be completely confidential. Your participation in this survey is completely voluntary. You may refuse to answer any question or choose to stop the interview at any time. Declining participation will have no impact on your job or your future relationship with the Ministry of Health.

We are asking for your help to ensure that the information we collect is accurate. If there are questions for which someone else is the most appropriate person to provide the information, we would appreciate your introducing us to that person.

Do you have any questions about the survey?

Do I have your agreement to proceed?

**Question:** CONSENT\_OBTAINED  
**Required**

**Scale Summary**

Code	Label	Show-If
1	Yes	
0	No	



5. Was consent obtained?

- ☐ Yes  
☐ No

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**Jump-To:** JMP1  
**Description:**  
**Jump-To-Item:** END  
**Jump-If:** (CONSENT\_OBTAINED = 0:[No])

**Collection:** CHECKLIST  
**Contains:** SELECTION\_AREA, SURVEY\_SUBMIT, ANTENATAL\_POSTNATAL\_CARE, DELIVERY\_ROOM, EMERGENCY\_CARE, FAMILY\_PLANNING, CHILD\_HEALTH\_SERVICES, VACCINATION, COLD\_CHAIN, DIAGNOSTIC\_IMAGING, BIO\_HAZARD, PHARMACY, LAB\_SERVICES, GENERAL\_CONDITIONS, COMMENT\_CHECKLIST

### Observation checklist

**Question:** SELECTION\_AREA  
**Required**

Scale Summary		
Code	Label	Show-If
1	Antenatal and postnatal care room	
2	Delivery room	(Error!)
3	Emergency delivery room	(Error!)
4	Family planning room	
5	Child health services room	
6	Immunization room	
7	Vaccine supply and cold chain	
8	Diagnostic imaging area	(Error!)
9	Bio hazardous waste disposal area	
10	Pharmacy	
11	Laboratory	(Error!)
12	General facility characteristics	
13	End of the survey	



6. Which room / service area are you going?

- ☐ Antenatal and postnatal care room
- ☐ Delivery room
- ☐ Emergency delivery room
- ☐ Family planning room
- ☐ Child health services room
- ☐ Immunization room
- ☐ Vaccine supply and cold chain
- ☐ Diagnostic imaging area
- ☐ Bio hazardous waste disposal area
- ☐ Pharmacy
- ☐ Laboratory
- ☐ General facility characteristics
- ☐ End of the survey

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**Question:** SURVEY\_SUBMIT

**Required**

**Show if:** (SELECTION\_AREA = 13:[End of the survey])

**Scale Summary**

Code	Label	Show-If
1	Yes	
0	No	



7. Are you sure to send this survey?

☐ Yes

☐ No

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**Jump-To:** JUMP\_SELECTION  
**Description:**  
**Jump-To-Item:** SELECTION\_AREA  
**Jump-If:** (SURVEY\_SUBMIT = 0:[No])

**Collection:** ANTENATAL\_POSTNATAL\_CARE  
**Contains:** CL\_ANPST\_RM, COL\_ANC  
**Show if:** (SELECTION\_AREA = 1:[Antenatal and postnatal care room]) or (TRASH = 1:[show all folders])

### Pre and postnatal care

**Question:** CL\_ANPST\_RM  
**Required**

Scale Summary		
Code	Label	Show-If
1	Private room with visual and auditory privacy	
2	Non-private room with auditory and visual privacy	
3	Visual privacy only	
0	No privacy	
995	Other	
-1	Don't provide service	
-2	Decline to show	



8. Ask to see where antenatal and postnatal care services are conducted and indicate the setting.

Setting characteristics:

(Select one option)

- ☐ Private room with visual and auditory privacy
- ☐ Non-private room with auditory and visual privacy
- ☐ Visual privacy only
- ☐ No privacy
- ☐ Other
- ☐ Don't provide service
- ☐ Decline to show

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**Collection:** COL\_ANC**Contains:** AVAIL\_PRO\_1, AVAIL\_PRO\_2, CLN\_ANC\_DOC, CLN\_PNC\_DOC**Show if:** (CL\_ANPST\_RM is-any-of 1:[Private room with visual and auditory privacy] or 2:[Non-private room with auditory and visual privacy] or 3:[Visual privacy only] or 0:[No privacy] or 995:[Other])

Please note availability of the following supplies and equipment

**Custom Layout Question:** C\_ANC\_INPUT1\_AMB

9.	Observed (yes/no)	Total observed	Total working
Scale with measuring rod	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Gynecological examination table or stretcher	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Obstetric tape for CLAP	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Instrument / equipment cart or stand	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Gestogram	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Swan neck lamp or pelvic examination lamp	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Sphygmomanometer (tensiometer)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Stethoscope	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
IUD insertion kit	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Fetoscope (pinard stetoscope)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Oral/axillary thermometer	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Reflex hammer	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

**Custom Layout Question:** C\_ANC\_INPUT1\_BC

10.	Observed (yes/no)	Total observed	Total working
Scale with measuring rod	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Gynecological examination table or stretcher	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Obstetric tape for CLAP / measuring tape	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Instrument / equipment cart or stand	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Gestogram	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Swan neck lamp pelvic examination lamp	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Sphygmomanometer (tensiometer)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Stethoscope	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Set for IUD insertion	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Fetoscope (Pinard stetoscope)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Oral / axillary thermometer	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Reflex hammer	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>



Page Break


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Please check availability of the following inputs:

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**Custom Layout Question: C\_ANC\_INPUT2\_AMB**


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-  11. Observed (yes/no)
- |                                    |                          |
|------------------------------------|--------------------------|
| Perinatal maternal medical history | <input type="checkbox"/> |
| Perinatal maternal card            | <input type="checkbox"/> |
| Referral forms                     | <input type="checkbox"/> |
| Stretcher sheets                   | <input type="checkbox"/> |
| Robes for the patients             | <input type="checkbox"/> |
- 

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**Custom Layout Question: C\_ANC\_INPUT2\_BC**

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-  12. Observed (yes/no)
- |                                    |                          |
|------------------------------------|--------------------------|
| Perinatal maternal medical history | <input type="checkbox"/> |
| Perinatal maternal card            | <input type="checkbox"/> |
| Referral forms                     | <input type="checkbox"/> |
| Stretcher sheets                   | <input type="checkbox"/> |
| Robes for the patients             | <input type="checkbox"/> |

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**Question Block:** AVAIL\_PRO\_1**Contains:** AVAIL\_PRO\_1\_1, AVAIL\_PRO\_1\_2, AVAIL\_PRO\_1\_3, AVAIL\_PRO\_1\_4**Required**

Scale Summary		
Code	Label	Show-If
1	Observed	
0	Not observed	
-2	Decline to show	



13. Note the availability of protocols and teaching materials.

SELECT ONE OPTION	Observed	Not observed	Decline to show
National policy, guidelines, protocol for family planning and reproductive health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other guidelines for antenatal care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other guidelines for postpartum care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Printed materials on nutrition counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Question Block:** AVAIL\_PRO\_2**Contains:** AVAIL\_PRO\_2\_1, AVAIL\_PRO\_2\_2**Required**

Scale Summary		
Code	Label	Show-If
1	Observed	
0	Not observed	
-2	Decline to show	



14. Please note that the following materials should be placed on the wall or in any visible place

SELECT ONE OPTION	Observed	Not observed	Decline to show
Visual aids for client education on subjects related to pregnancy or antenatal care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Printed materials on hygiene	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Question:** CLN\_ANC\_DOC**Required**

Scale Summary		
Code	Label	Show-If
1	Observed	
0	Not observed	
-2	Decline to show	



15. If available, ask to see registries where ANC client information is recorded

- ☐ Observed  
☐ Not observed  
☐ Decline to show

**Question:** CLN\_PNC\_DOC**Required**

Scale Summary		
Code	Label	Show-If

1	Observed	
0	Not observed	
-2	Decline to show	



16. If available, ask to see registries where postpartum care information is recorded

- ☐ Observed
- ☐ Not observed
- ☐ Decline to show

**Collection:** DELIVERY\_ROOM

**Contains:** CL\_DEL\_RM, COL\_DEL

**Show if:** (FACILITY\_TYPE >= 2) and ((TRASH = 1:[show all folders]) or (SELECTION\_AREA = 2:[Delivery room]))

### Delivery room

**Question:** CL\_DEL\_RM

**Required**

Scale Summary		
Code	Label	Show-If
1	Private room with visual and auditory privacy	
2	Non-private room with auditory and visual privacy	
3	Visual privacy only	
0	No privacy	
995	Other	
-1	Don't provide such service	
-2	Decline to show	



17. Ask to see where delivery room and indicate the setting

- ☐ Private room with visual and auditory privacy
- ☐ Non-private room with auditory and visual privacy
- ☐ Visual privacy only
- ☐ No privacy
- ☐ Other
- ☐ Don't provide such service
- ☐ Decline to show

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**Collection:** COL\_DEL**Contains:** CL\_DEL\_SABAG, DEL\_ROOM\_COND, DEL\_ROOM\_INDIG\_POP, DEL\_ROOM\_BED**Show if:** (CL\_DEL\_RM is-any-of 1:[Private room with visual and auditory privacy] or 2:[Non-private room with auditory and visual privacy] or 3:[Visual privacy only] or 0:[No privacy] or 995:[Other])

Note availability, condition and number of the following equipment and supplies

**Custom Layout Question:** INP\_DEL\_NEW1

18.	Observed (yes/no)	Total number	Number of working
Equipment p / serum c / macrogotero and microgotero	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Sterile fields or sheltering for a baby	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Nasogastric tube K 33	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

Please check availability of the following inputs

**Custom Layout Question:** INP\_DEL\_NEW2

19.	Observed (yes/no)
Intravenous catheter sterile N ° 18	<input type="checkbox"/>
Metallic Clamp or umbilical tape or adimtamento for clamping umbilical	<input type="checkbox"/>

**Question:** CL\_DEL\_SABAG**Required**

Scale Summary		
Code	Label	Show-If
1	Observed	
0	Bag not seen	
-2	Declined to show	

20. Ask to see the delivery bag or kit used for emergency delivery in the facility

☐ Observed  
☐ Bag not seen  
☐ Declined to show

**Question Block:** DEL\_ROOM\_COND**Contains:** DEL\_ROOM\_COND\_1, DEL\_ROOM\_COND\_2, DEL\_ROOM\_COND\_3, DEL\_ROOM\_COND\_4**Required**

Show if: (CL\_DEL\_RM is-none-of -1:[Don't provide such service] or -2:[Decline to show])

Scale Summary		
Code	Label	Show-If
1	Observed	
0	Not observed	
995	Other	
-2	decline to show	

21. Please assess condition of delivery room

	Observed	Not observed	Other	decline to show
Floor: swept, no obvious dirt or waste [re- arrange ordering]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Counters/tables/chairs: wiped clean- no obvious dust or waste	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Equipment, papers, boxes shelved and clean	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walls: reasonably clean	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Question:** DEL\_ROOM\_INDIG\_POP

**Required**

**Show if:** (CL\_DEL\_RM is-none-of -1:[Don't provide such service] or -2:[Decline to show])

Scale Summary		
Code	Label	Show-If
1	Observed	
0	Not observed	
-2	decline to show	



22. Ask to see delivery room for indigenous population

- ☐ Observed
- ☐ Not observed
- ☐ decline to show

**Question:** DEL\_ROOM\_BED

**Required**

**Show if:** (CL\_DEL\_RM is-none-of -1:[Don't provide such service] or -2:[Decline to show])

Scale Summary		
Code	Label	Show-If
1	Observed	
0	Not observed	
-2	decline to show	



23. Check if delivery room for indigenous (native) population have bed for vertical delivery

- ☐ Observed
- ☐ Not observed
- ☐ decline to show

**Collection:** EMERGENCY\_CARE

**Contains:** CL\_EM\_RM, COL\_EMER

**Show if:** (FACILITY\_TYPE >= 2) and ((TRASH = 1:[show all folders]) or (SELECTION\_AREA = 3:[Emergency delivery room]))

### Emergency care room

**Question:** CL\_EM\_RM

**Required**

Scale Summary		
Code	Label	Show-If
1	Private room with visual and auditory privacy	
2	Non-private room with auditory and visual privacy	
3	Visual privacy only	
0	No privacy	
-1	Don't provide such service	
-2	Decline to show	



24. Ask to see where delivery room and indicate the setting (Select one answer)

- ☐ Private room with visual and auditory privacy
- ☐ Non-private room with auditory and visual privacy
- ☐ Visual privacy only
- ☐ No privacy
- ☐ Don't provide such service
- ☐ Decline to show

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**Collection:** COL\_EMER**Contains: Show if:** (CL\_EM\_RM is-any-of 1:[Private room with visual and auditory privacy] or 2:[Non-private room with auditory and visual privacy] or 3:[Visual privacy only] or 0:[No privacy])

Record the availability, condition and number of the following equipment and supplies

**Custom Layout Question:** C\_EMG\_INPUT\_BASIC1

25.	Observed (yes/no)	Total observed	Total number of working
Blood pressure apparatus	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Stethoscope	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Portable Doppler	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Dry heat sterilizer	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Tank of oxygen	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Adult resuscitation bag	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Neonatal resuscitation bag	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Laryngoscope	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Uterine curettage kit	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

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**Custom Layout Question:** C\_EMG\_INPUT\_BASIC2



26. Observed (yes/no) Functioning

Central oxygen supply ☐

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**Custom Layout Question:** C\_EMG\_INPUT\_BASIC3

27.

Observed  
(yes/no)

Total observed

total functioning

Pinard  
stethoscope☐Page Break

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**Custom Layout Question: C\_EMG\_INPUT\_BASIC4**

28.	Observed (yes/no)	Total observed	Total functioning
Autoclave	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

Record the availability, condition and number of the following equipment and supplies

**Custom Layout Question: C\_EMG\_INPUT\_COMP1**

29.	Observed (yes/no)	Total observed	Total functioning
Blood pressure apparatus	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Stethoscope	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Pediatric stethoscope	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Portable Doppler	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Dry heat sterilizer	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Tank of oxygen	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Adult resuscitation bag	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Neonatal resuscitation bag	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Laryngoscope	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
MVA kit	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Equipment for anesthesia	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
C-section kit	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

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**Custom Layout Question:** C\_EMG\_INPUT\_COMP2



30.

Observed (yes/no) Functioning

Central oxygen supply ☐

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**Custom Layout Question:** C\_EMG\_INPUT\_COMP3

31.

Observed  
(yes/no)

Total observed

Total functioning

Neonatal  
stethoscope☐Page Break

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**Custom Layout Question:** C\_EMG\_INPUT\_COMP4

32.

Observed  
(yes/no)

Total observed

Total functioning

Pinard  
stethoscope☐

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**Custom Layout Question: C\_EMG\_INPUT\_COMP5**

33.

Observed (yes/no) Total observed

Total functioning

Autoclave ☐**Collection:** FAMILY\_PLANNING**Contains:** CL\_FP\_RM, COL\_FP**Show if:** (TRASH = 1:[show all folders]) or (SELECTION\_AREA = 4:[Family planning room])**Family planning room****Question:** CL\_FP\_RM**Required**

Scale Summary		
Code	Label	Show-If
1	Private room with visual and auditory privacy	
2	Non-private room with auditory and visual privacy	
3	Visual privacy only	
0	No privacy	
995	Other	
-1	Don't provide such service	
-2	decline to show	



34. Ask to see where counseling for family planning is provided and indicate the setting. (SELECT ONE OPTION):

- ☐ Private room with visual and auditory privacy
- ☐ Non-private room with auditory and visual privacy
- ☐ Visual privacy only
- ☐ No privacy
- ☐ Other
- ☐ Don't provide such service
- ☐ decline to show

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**Collection:** COL\_FP**Contains:** CONTRA\_AV, CONTRA\_STORE, CONTRA\_SUP\_TM1, FP\_AV\_REG, FP\_OUT, AVAIL\_PRO, FP\_MATERIALS, FP\_COUN\_MAT, EDU\_MAT\_ADOLESC**Show if:** (CL\_FP\_RM is-any-of 1:[Private room with visual and auditory privacy] or 2:[Non-private room with auditory and visual privacy] or 3:[Visual privacy only] or 0:[No privacy] or 995:[Other])**Question:** CONTRA\_AV**Required**

Scale Summary		
Code	Label	Show-If
1	Yes, in family planning (FP) service area	
2	Yes, in pharmacy or other site not FP service area	
3	Yes, area locked, no access	
0	No	
-1	Don't know	



35. Please check if any contraceptive methods stored in this facility? (SELECT ONE OPTION)

- ☐ Yes, in family planning (FP) service area
- ☐ Yes, in pharmacy or other site not FP service area
- ☐ Yes, area locked, no access
- ☐ No
- ☐ Don't know

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**Question:** CONTRA\_STORE**Required****Show if:** (CONTRA\_AV is-any-of 1:[Yes, in family planning (FP) service area] or 2:[Yes, in pharmacy or other site not FP service area] or 3:[Yes, area locked, no access])**Scale Summary**

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



36. Please check if contraceptive supplies stored in the same location as other medicines?


(SELECT ONE OPTION)

- ☐ Yes
- ☐ No
- ☐ Don't know

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Record the availability, condition and number of the following equipment and supplies

**Custom Layout Question:** C\_FP\_INPUT1\_BC

	Observed (yes/no)	Total observed
 37.		
IUD insertion kit	<input type="checkbox"/>	
Surgical equipment for bilateral tubal ligation	<input type="checkbox"/>	
Surgical equipment for vasectomy	<input type="checkbox"/>	

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Record the availability of the following equipment

**Custom Layout Question:** C\_FP\_INPUT2\_AMB



38.

Observed (yes/no)

- |   |                          |
|---|--------------------------|
| Male condom   | <input type="checkbox"/> |
| Female condom   | <input type="checkbox"/> |
| Combined oral pill  | <input type="checkbox"/> |
| Progestin-only pill   | <input type="checkbox"/> |
| Combined injectable (with estrogen) (1monthly)                      | <input type="checkbox"/> |
| Progestin-only injectable (2 or 3 monthly) (e.g.,depoor microgynon) | <input type="checkbox"/> |
| Emergency contraceptive pill  | <input type="checkbox"/> |
| Spermicides   | <input type="checkbox"/> |
| Diaphragm   | <input type="checkbox"/> |
| Intrauterine device   | <input type="checkbox"/> |
| Other (specify): <input type="text"/>                               | <input type="checkbox"/> |

**Custom Layout Question:** C\_FP\_INPUT2\_BC



39.

Observed (yes/no)

- |   |                          |
|---|--------------------------|
| Male condom   | <input type="checkbox"/> |
| Female condom   | <input type="checkbox"/> |
| Combined oral pill  | <input type="checkbox"/> |
| Progestin-only pill   | <input type="checkbox"/> |
| Combined injectable (with estrogen) (1monthly)                      | <input type="checkbox"/> |
| Progestin-only injectable (2 or 3 monthly) (e.g.,depoor microgynon) | <input type="checkbox"/> |
| Emergency contraceptive pill  | <input type="checkbox"/> |
| Intrauterine device   | <input type="checkbox"/> |
| Implant(6rod,1rod,implanon,jadelle,norplant)                        | <input type="checkbox"/> |
| Spermicides   | <input type="checkbox"/> |
| Diaphragm   | <input type="checkbox"/> |
| Other (specify): <input type="text"/>                               | <input type="checkbox"/> |

Page Break

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Please ask to see cardex / registry where information about stock of inputs is recorded and note the following information

**Custom Layout Question: C\_FP\_INPUT3\_1\_AMB**

 40. Progestin-only pill

Run out in the last 1 month (yes/no) ☐

Run out in the last 2 months (yes/no) ☐

Run out in the last 3 months (yes/no) ☐

**Custom Layout Question: C\_FP\_INPUT3\_2\_AMB**

 41. Combined oral pill

Run out in the last 1 month (yes/no) ☐

Run out in the last 2 months (yes/no) ☐

Run out in the last 3 months (yes/no) ☐

**Custom Layout Question: C\_FP\_INPUT3\_3\_AMB**

 42. Progestin-only injectable

Run out in the last 1 month (yes/no) ☐

Run out in the last 2 months (yes/no) ☐

Run out in the last 3 months (yes/no) ☐

**Custom Layout Question: C\_FP\_INPUT3\_4\_AMB**

 43. Combined injectable

Run out in the last 1 month (yes/no) ☐

Run out in the last 2 months (yes/no) ☐

Run out in the last 3 months (yes/no) ☐

**Custom Layout Question: C\_FP\_INPUT3\_5\_AMB**

 44. Male condom

Run out in the last 1 month (yes/no) ☐

Run out in the last 2 months (yes/no) ☐

Run out in the last 3 months (yes/no) ☐

**Custom Layout Question: C\_FP\_INPUT3\_1\_BC**

 45. Progestin-only pill

Run out in the last 1 month (yes/no) ☐

Run out in the last 2 months (yes/no) ☐

Run out in the last 3 months (yes/no) ☐

**Custom Layout Question: C\_FP\_INPUT3\_2\_BC**

 46. Combined oral pill

Run out in the last 1 month (yes/no) ☐

Run out in the last 2 months (yes/no) ☐

Run out in the last 3 months (yes/no) ☐

**Custom Layout Question: C\_FP\_INPUT3\_3\_BC**



47.

Progestin-only injectable

Run out in the last 1 month (yes/no) ☐Run out in the last 2 months (yes/no) ☐Run out in the last 3 months (yes/no) ☐**Custom Layout Question:** C\_FP\_INPUT3\_4\_BC

48.

Combined injectable

Run out in the last 1 month (yes/no) ☐Run out in the last 2 months (yes/no) ☐Run out in the last 3 months (yes/no) ☐**Custom Layout Question:** C\_FP\_INPUT3\_5\_BC

49.

Male condom

Run out in the last 1 month (yes/no) ☐Run out in the last 2 months (yes/no) ☐Run out in the last 3 months (yes/no) ☐Page Break

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**Question:** CONTRA\_SUP\_TM1**Required****Show if:** (CONTRA\_AV is-any-of 1:[Yes, in family planning (FP) service area] or 2:[Yes, in pharmacy or other site not FP service area] or 3:[Yes, area locked, no access])

Scale Summary		
Code	Label	Show-If
1	Within prior 4 weeks	
2	Between 4 and 12 weeks	
3	More than 12 weeks	
0	There is no routine supply system	
-1	Don't know	



50. Please check when was the last time that this health facility received supply of contraceptives, either that this health facility ordered, or that is part of routine supply system?

(SELECT ONE OPTION).

- ☐ Within prior 4 weeks
- ☐ Between 4 and 12 weeks
- ☐ More than 12 weeks
- ☐ There is no routine supply system
- ☐ Don't know

**Question:** FP\_AV\_REG**Required****Show if:** (CONTRA\_AV is-any-of 1:[Yes, in family planning (FP) service area] or 2:[Yes, in pharmacy or other site not FP service area] or 3:[Yes, area locked, no access])

Scale Summary		
Code	Label	Show-If
1	Observed	
0	Not observed	
995	Other (specify)	
-1	Declined to show	



51. If available, ask to see register(s) where information about counseling on family planning is recorded.

- ☐ Observed
- ☐ Not observed
- ☐ Other (specify)
- ☐ Declined to show

**Question:** FP\_OUT**Required****Show if:** (CONTRA\_AV is-any-of 1:[Yes, in family planning (FP) service area] or 2:[Yes, in pharmacy or other site not FP service area] or 3:[Yes, area locked, no access])

Scale Summary		
Code	Label	Show-If
1	Yes, number of days:	
0	No outreach service	
-1	Don't know	
-2	Decline to respond	



52. Please ask to outreach family planning services registry and check how many days in a month is family planning outreach services offered at this facility.

(Use a 4-week month to calculate number of days)

(SELECT ONE OPTION)

- ☐ Yes, number of days:

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

**Question Block:** AVAIL\_PRO

**Contains:** FAMILY\_PLANNING\_1, FAMILY\_PLANNING\_2, FAMILY\_PLANNING\_3

**Required**

Show if: (CONTRA\_AV is-any-of 1:[Yes, in family planning (FP) service area] or 2:[Yes, in pharmacy or other site not FP service area] or 3:[Yes, area locked, no access])

Scale Summary		
Code	Label	Show-If
1	Observed	
0	Not observed	
-1	Declined to show	



53. Note the availability of protocols and teaching materials

(Select one in each)	Observed	Not observed	Declined to show
Any guideline or protocol on family planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Guidelines for syndromic approach for STIs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other guidelines or protocols for diagnosing or treating STIs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Question Block:** FP\_MATERIALS

**Contains:** FP\_MATERIALS\_1, FP\_MATERIALS\_2, FP\_MATERIALS\_3, FP\_MATERIALS\_4, FP\_MATERIALS\_5, FP\_MATERIALS\_6, FP\_MATERIALS\_7

**Required**

Show if: (CONTRA\_AV is-any-of 1:[Yes, in family planning (FP) service area] or 2:[Yes, in pharmacy or other site not FP service area] or 3:[Yes, area locked, no access])

Scale Summary		
Code	Label	Show-If
1	Observed	
0	Not observed	
-1	Declined to show	



54. Ask to see the following types of information booklets or pamphlets for clients to take home in local (native) language

	Observed	Not observed	Declined to show
Printed materials on hygiene	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Printed materials on nutrition counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Printed materials on danger signs and symptoms of children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Printed materials on child growth and child development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Printed materials on breastfeeding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Posters on family planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Posters for general awareness of STIs or HIV/AIDS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>


**Question Block:** FP\_COUN\_MAT

**Contains:** FAMILY\_PLANNING\_8, FAMILY\_PLANNING\_9, FAMILY\_PLANNING\_10, FAMILY\_PLANNING\_11, FAMILY\_PLANNING\_12

**Required**

Show if: (CONTRA\_AV is-any-of 1:[Yes, in family planning (FP) service area] or 2:[Yes, in pharmacy or other site not FP service area] or 3:[Yes, area locked, no access])

Scale Summary		
Code	Label	Show-If
1	Observed	
0	Not observed	
-2	Decline to show	

 55. Ask to see the following counseling materials on family planning


	Observed	Not observed	Decline to show
Anatomical models	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Flip charts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Brochures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tapes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Videos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Question Block:** EDU\_MAT\_ADOLESC

**Contains:** FAMILY\_PLANNING\_14, FAMILY\_PLANNING\_15

**Required**

Scale Summary		
Code	Label	Show-If
1	Observed	
0	Not observed	
-2	Decline to respond	

 56. Please check the availability of the following educational materials specifically targeted at adolescents:

	Observed	Not observed	Decline to respond
Educational materials on menstrual period	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reproductive life plan worksheet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Collection:** CHILD\_HEALTH\_SERVICES

**Contains:** CL\_CHILD\_RM, COL\_CHLD


**Show if:** (TRASH = 1:[show all folders]) or (SELECTION\_AREA = 5:[Child health services room])

**Child health services room**

**Question:** CL\_CHILD\_RM

**Required**

Scale Summary		
Code	Label	Show-If
1	Private room with visual and auditory privacy	
2	Non-private room with auditory and visual privacy	
3	Visual privacy only	
0	No privacy	
995	Other	
-1	Don't provide such service	
-2	decline to show	

 57. Ask to see where child health room and indicate the setting (Select one option)

☐ Private room with visual and auditory privacy



- ☐ Non-private room with auditory and visual privacy
- ☐ Visual privacy only
- ☐ No privacy
- ☐ Other
- ☐ Don't provide such service
- ☐ decline to show

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**Collection:** COL\_CHLD**Contains:** GROW\_DEV\_CHART\_BC, CH\_MATERIALS\_1, REG\_CHL\_SER**Show if:** (CL\_CHILD\_RM is-any-of 1:[Private room with visual and auditory privacy] or 2:[Non-private room with auditory and visual privacy] or 3:[Visual privacy only] or 0:[No privacy] or 995:[Other])

Please note availability of the following supplies and equipment

**Custom Layout Question:** C\_CLD\_INPUT1\_AMB

58.	Observed (yes/no)	Total observed	Total functioning
Pediatric scales	<input type="checkbox"/>		
Measuring tape	<input type="checkbox"/>		
Height rod	<input type="checkbox"/>		
Stethoscope	<input type="checkbox"/>		
Pediatric stethoscope	<input type="checkbox"/>		
Oto-ophthalmoscope	<input type="checkbox"/>		
Hand lamp	<input type="checkbox"/>		
Examination table or stretcher	<input type="checkbox"/>		

**Custom Layout Question:** C\_CLD\_INPUT1\_BC

59.	Observado (si/no)	Total observados	Total funcionando
Pediatric scales	<input type="checkbox"/>		
Height rod	<input type="checkbox"/>		
Measuring tape	<input type="checkbox"/>		
Pediatric blood pressure apparatus	<input type="checkbox"/>		
Neonatal tensiometer	<input type="checkbox"/>		
Pediatric stethoscope	<input type="checkbox"/>		
Hand lamp	<input type="checkbox"/>		
Binaural stethoscope for newborns	<input type="checkbox"/>		
Reflex hammer	<input type="checkbox"/>		
Negatoscopio	<input type="checkbox"/>		
Pantascope	<input type="checkbox"/>		
Examination table or stretcher	<input type="checkbox"/>		

**Question:** GROW\_DEV\_CHART\_BC**Required****Show if:** (FACILITY\_TYPE >= 2)

Scale Summary		
Code	Label	Show-If
1	Observed	
0	Not observed	

60. Please check availability of growth and development card

- ☐ Observed
- ☐ Not observed

C

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**Custom Layout Question:** C\_CLD\_INPUT2\_AMB

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61.

Observed (yes/no)

Oral thermometer

☐

Growth and development card

☐

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**Custom Layout Question:** C\_CLD\_INPUT3\_AMB



62.

Observed (yes/no)

Axillar thermometer ☐

Page Break

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**Question Block:** CH\_MATERIALS\_1**Contains:** CH\_MATERIALS\_1\_1, CH\_MATERIALS\_1\_2**Required**

Scale Summary		
Code	Label	Show-If
1	Observed	
0	Not observed	
-2	decline to show	



63. Please note that the following materials should be placed on the wall or in any visible place

	Observed	Not observed	decline to show
Printed materials on danger signs and symptoms of children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Printed materials on child growth and child development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Question:** REG\_CHL\_SER**Required**

Scale Summary		
Code	Label	Show-If
1	Observed	
0	Not observed	
995	Other (specify)	
-2	Declined to show	



64. If available, ask to see the register(s) where child service information is recorded

(Select one option).

☐ Observed☐ Not observed☐ Other (specify) ☐ Declined to show**Collection:** VACCINATION**Contains:** CL\_IMM\_RM, COL\_VACC**Show if:** (TRASH = 1:[show all folders]) or (SELECTION\_AREA = 6:[Immunization room])**Immunization room****Question:** CL\_IMM\_RM**Required**

Scale Summary		
Code	Label	Show-If
1	Private room with visual and auditory privacy	
2	Non-private room with auditory and visual privacy	
3	Visual privacy onlye	
0	No privacy	
995	Other	
-1	Don't provide such service	
-2	decline to show	



65. Ask to see where immunization services are provided and indicate the setting (Select one answer)

☐ Private room with visual and auditory privacy☐ Non-private room with auditory and visual privacy☐ Visual privacy onlye

- ☐ No privacy
- ☐ Other
- ☐ Don't provide such service
- ☐ decline to show

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**Collection:** COL\_VACC**Contains:** CL\_VAC\_INJ\_TYPE\_, CL\_CHILD\_VAC\_ITEMS, REG\_IMM\_SER**Show if:** (CL\_IMM\_RM is-any-of 1:[Private room with visual and auditory privacy] or 2:[Non-private room with auditory and visual privacy] or 3:[Visual privacy only] or 0:[No privacy])**Question:** CL\_VAC\_INJ\_TYPE\_**Minimum checks:** 1

66. Ask to see the injection equipment used during routine immunization sessions at this facility. Note the type too.

(Select all that apply)

- ☐ Observed, single use
- ☐ Observed, sterilizable
- ☐ Observed, auto-disable
- ☐ Not observed
- ☐ Observed, other
- ☐ Declined to show

**Question Block:** CL\_CHILD\_VAC\_ITEMS**Contains:** CL\_CHILD\_VAC\_ITEMS\_1, CL\_CHILD\_VAC\_ITEMS\_2**Required**

Scale Summary		
Code	Label	Show-If
1	Observed	
0	Bag not seen	
995	Other	
-2	Declined to show	



67. Check for items required for immunization services

	Observed	Bag not seen	Other	Declined to show
National vaccination scheme	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Summary sheet or vaccination cards	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Question:** REG\_IMM\_SER**Required**

Scale Summary		
Code	Label	Show-If
1	Observed	
0	Not observed	
995	Other (specify)	
-2	Declined to show	



68. If available, ask to see the register(s) where child immunization service information is recorded

(SELECT ONE OPTION).

- ☐ Observed
- ☐ Not observed
- ☐ Other (specify)
- ☐ Declined to show

**Collection:** COLD\_CHAIN**Contains:** VACC\_STR1, COL\_COLD\_CHAIN**Show if:** (TRASH = 1:[show all folders]) or (SELECTION\_AREA = 7:[Vaccine supply and cold chain])**Cold chain**



**Question:** VACC\_STR1**Required**

Scale Summary		
Code	Label	Show-If
1	Yes, stores vaccines	
2	Collected from another health facility before use	
0	No vaccines are stored	
-2	Decline to respond	



69. Please check if this health facility stores any vaccines, or are all its vaccines either picked up from another facility or delivered when services are being provided?(Keeping vaccines 1-2days only for immediate use is not considered as storing vaccines)

(SELECT ONE OPTION)

- ☐ Yes, stores vaccines
- ☐ Collected from another health facility before use
- ☐ No vaccines are stored
- ☐ Decline to respond

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**Collection:** COL\_COLD\_CHAIN**Contains:** CL\_VAC\_TEMP, CL\_VAC\_TEMP\_PRT, REF\_DIS, CL\_VAC\_CARR, CL\_VAC\_CARR\_ICE, VAC\_SUPPLY**Show if:** (VACC\_STR1 is-any-of 1:[Yes, stores vaccines] or 2:[Collected from another health facility before use])

Ask to go where vaccines are stored, and check the equipment used to store vaccines

**Custom Layout Question:** C\_VAC\_STR

70.

Total Quantity

Number of working

0=none; -2=decline to show

0=none; -2=decline to show

Electric refrigerator

Kerosene refrigerator

Gas refrigerator

Solar refrigerator

Cold box

Page Break

Ask to see thermometers and indicate the following

**Custom Layout Question:** C\_VAC\_THERM



71.

Total Quantity

Number of working

0=none; -2=decline to show

0=none; -2=decline to show

Digital thermometers

Alcohol thermometers

Other

(specify)

Page Break

Please answer the following set of questions for each functioning refrigerator and cold box in this health facility

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**Collection:** CL\_VAC\_TEMP**Contains:** CL\_VAC\_TEMP1, CL\_VAC\_TEMP\_CHRT, CL\_VAC\_TEMP\_REC, CL\_VAC\_TEMP\_REC\_BELOW, CL\_VAC\_TEMP\_REC\_ACT**Show if:** (FRIDGE > 0)**Question:** CL\_VAC\_TEMP1**Required**

Scale Summary		
Code	Label	Show-If
1	Temperature centigrade	
0	Not observed	
2	Thermometer not functioning	
3	No thermometer	
995	Other (specify)	
-2	Declined to show	



72. Indicate the temperature inside the refrigerator or cold box. If more than one system/storage equipment is used, select the one where DPT-Hib is stored and check the temperature.  
(SELECT ONE OPTION)

- ☐ Temperature centigrade
- ☐ Not observed
- ☐ Thermometer not functioning
- ☐ No thermometer
- ☐ Other (specify)
- ☐ Declined to show

**Question:** CL\_VAC\_TEMP\_CHRT**Required**

Scale Summary		
Code	Label	Show-If
1	Observed	
0	Bag not seen	
995	Other	
-2	Declined to show	



73. Ask to see the cold-chain temperature-monitoring chart.

(SELECT ONE OPTION)

- ☐ Observed
- ☐ Bag not seen
- ☐ Other
- ☐ Declined to show

Auto Page Break

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**Question:** CL\_VAC\_TEMP\_REC**Required****Show if:** (CL\_VAC\_TEMP\_CHRT = 1:[Observed])

Scale Summary		
Code	Label	Show-If
1	Yes, completed	
2	No, not completed	
0	Bag not seen	
995	Other	
-2	Declined to show	



74. Check whether the temperature record was completed twice daily for each of the past 30 days.

(Select one option):

- ☐ Yes, completed  
☐ No, not completed  
☐ Bag not seen  
☐ Other  
☐ Declined to show

**Question:** CL\_VAC\_TEMP\_REC\_BELOW**Required****Show if:** (CL\_VAC\_TEMP\_CHRT = 1:[Observed])

Scale Summary		
Code	Label	Show-If
1	Number of days	
-1	Not recorded	



75. Please check the registry and indicate on how many days during the last 30 days the temperature de was out of 2-8 C?

- ☐ Number of days   
☐ Not recorded

**Question:** CL\_VAC\_TEMP\_REC\_ACT**Required****Show if:** (CL\_VAC\_TEMP\_CHRT = 1:[Observed]) and (CL\_VAC\_TEMP\_REC\_BELOW.DAY > 0)

Scale Summary		
Code	Label	Show-If
1	Specify action	
-1	Not recorded	



76. Specify what was done on the days when temperature wasn't 2-8 C?

- ☐ Specify action   
☐ Not recorded

Auto Page Break

**Question:** CL\_VAC\_TEMP\_PRT**Required**

Scale Summary		
Code	Label	Show-If
1	Yes, protected	
2	Some of them protected	
0	Not protected	
995	Other	
-2	Declined to show	



77. Indicate whether the refrigerator(s) or cold box(es) is protected from direct sunlight

- ☐ Yes, protected  
☐ Some of them protected  
☐ Not protected  
☐ Other  
☐ Declined to show

**Question:** REF\_DIS**Required**

Scale Summary		
Code	Label	Show-If
1	Less than 10 cm	
2	10-30 cm	
3	More than 30 cm	
-1	Don't know	
-2	Declined to show	



78. How far are the refrigerators located from the wall?

- ☐ Less than 10 cm  
☐ 10-30 cm  
☐ More than 30 cm  
☐ Don't know  
☐ Declined to show

**Question:** CL\_VAC\_CARR**Required**

Scale Summary		
Code	Label	Show-If
1	Observed, # of carries seen:	
2	Reported, but not seen	
0	Not observed	
995	Other	
-2	Declined to show	



79. Ask to see the vaccine carriers and assess condition

- ☐ Observed, # of carries seen:   
☐ Reported, but not seen  
☐ Not observed  
☐ Other  
☐ Declined to show

Auto Page Break

**Question:** CL\_VAC\_CARR\_ICE**Required****Show if:** (CL\_VAC\_CARR = 1:[Observed, # of carries seen:])

Scale Summary		
Code	Label	Show-If
1	Observed, one set	
2	Observed, two or more sets	
0	Number of seen	
995	Other	
-2	Declined to show	



80. Ask to see the ice packs used for the vaccine carriers(set = four or five per carrier)

- ☐ Observed, one set
- ☐ Observed, two or more sets
- ☐ Number of seen
- ☐ Other
- ☐ Declined to show

Page Break

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**Collection:** VAC\_SUPPLY  
**Contains:** REG\_SUP\_VAC, VAC\_SUP\_TM1

### Vaccine supply

**Question:** REG\_SUP\_VAC  
**Required**

Scale Summary		
Code	Label	Show-If
1	Register observed	
0	Not observed	
995	Other	
-2	Declined to show	
-3	don't provide immunization services	



81. If available, ask to see register(s) where supply of vaccine is recorded

- ☐ Register observed
- ☐ Not observed
- ☐ Other
- ☐ Declined to show
- ☐ don't provide immunization services

Auto Page Break

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**Jump-To:** JUMP\_DIAGNOSTIC**Description:****Jump-To-Item:** SELECTION\_AREA**Jump-If:** (REG\_SUP\_VAC is-none-of 1:[Register observed])

Please check the place where vaccines are stored and note the following information

**Custom Layout Question:** C\_VAC\_REG\_1

82.

Observed (yes/no)

Pentavalent (includes DPT, Hib, Hepb)

☐

Polio

☐

MRR

☐

Influenza

☐

BCG immunizations for premature babies

☐

Page Break

**Custom Layout Question:** C\_VAC\_REG\_2

83.

Observed (yes/no)

DPT[alone and not as part of the pentavalent vaccine] ☐Hepb[alone and not as part of the pentavalent vaccine] ☐Hib[alone and not as part of the pentavalent vaccine] ☐Page Break

---

Please ask to see cardex / registry where information about stock of inputs is recorded and note the following information

**Custom Layout Question:** C\_VAC\_SUP



84.

BCG    MRR

Run out in the last 1 month    ☐    ☐

Run out in the last 2 months    ☐    ☐

Run out in the last 3 months    ☐    ☐

Page Break

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**Question:** VAC\_SUP\_TM1**Required****Show if:** (REG\_SUP\_VAC = 1:[Register observed])

Scale Summary		
Code	Label	Show-If
1	Within prior 4 weeks	
2	Between 4 and 12 weeks	
3	More than 12 weeks	
0	here is no routine system	
-1	Don't know	



85. Please check when was the last time that this health facility received supply of vaccines, either that this health facility ordered, or that is part of routine supply system? (SELECT ONE OPTION)

- ☐ Within prior 4 weeks  
☐ Between 4 and 12 weeks  
☐ More than 12 weeks  
☐ here is no routine system  
☐ Don't know

**Collection:** DIAGNOSTIC\_IMAGING**Contains:** DIAGNOSTIC\_IMAGING\_1, DIAGNOSTIC\_IMAGING\_1\_FUNC**Show if:** (TRASH = 1:[show all folders]) or (SELECTION\_AREA = 8:[Diagnostic imaging area])**Diagnostic imaging area****Question Block:** DIAGNOSTIC\_IMAGING\_1**Contains:** DIAGNOSTIC\_IMAGING\_1\_1, DIAGNOSTIC\_IMAGING\_1\_2, DIAGNOSTIC\_IMAGING\_1\_3, DIAGNOSTIC\_IMAGING\_1\_4**Required**

Scale Summary		
Code	Label	Show-If
1	Observed number	
0	Not observed	
-2	Declined to show	



86.

Please note the availability and number of the following equipment and supplies.

(SELECCIONE UNA RESPUESTA PARA CADA PREGUNTA)	Observed number	Not observed	Declined to show
Doppler ultrasound to detect fetal heartbeat	<input type="radio"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>
X-ray	<input type="radio"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>
Ultrasound equipment	<input type="radio"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>
Portable ultrasound	<input type="radio"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>

**Question Block:** DIAGNOSTIC\_IMAGING\_1\_FUNC**Contains:** DIAGNOSTIC\_IMAGING\_1\_FUNC\_1, DIAGNOSTIC\_IMAGING\_1\_FUNC\_2, DIAGNOSTIC\_IMAGING\_1\_FUNC\_3, DIAGNOSTIC\_IMAGING\_1\_FUNC\_4**Required**

Scale Summary		
Code	Label	Show-If
1	Yes, it works	
0	Not working	
-1	Don't know	



87.

Please note working condition of the following items:

	Yes, it works	Not working	Don't know
Doppler ultrasound to detect fetal heartbeat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
X-ray	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ultrasound equipment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Portable ultrasound	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Collection:** BIO\_HAZARD**Contains:** WASTE\_DIS, COL\_BIOHAZARD**Show if:** (TRASH = 1:[show all folders]) or (SELECTION\_AREA = 9:[Bio hazardous waste disposal area])**Bio hazardous waste disposal area peligrosos****Question:** WASTE\_DIS**Required**

Scale Summary		
Code	Label	Show-If
1	Observed	
0	Not observed	
-2	Declined to show	



88. Ask to the representative of this health facility to show you bio hazardous waste disposal SELECT ONE OPTION)

- ☐ Observed  
☐ Not observed  
☐ Declined to show

Auto Page Break

**Collection:** COL\_BIOHAZARD  
**Contains:** REG\_WASTE\_DIS, AUTOCLAVES  
**Show if:** (WASTE\_DIS = 1:[Observed])

**Question:** REG\_WASTE\_DIS  
**Required**

Scale Summary		
Code	Label	Show-If
1	Observed	
0	Not observed	
-2	Declined to show	



89. If available, ask to see register(s) where information about bio hazard waste is recorded

(Select one option)

- ☐ Observed  
☐ Not observed  
☐ Declined to show

**Question:** AUTOCLAVES  
**Required**

Scale Summary		
Code	Label	Show-If
1	Observed; number:	
0	Not observed	
-2	Declined to show	



90. Ask to see autoclaves

- ☐ Observed; number:   
☐ Not observed  
☐ Declined to show

**Collection:** PHARMACY  
**Contains:** C\_PH\_CHECK1, C\_PH\_SUP1, C\_PH\_CHECK2, C\_PH\_SUP2, C\_PH\_CHECK3, C\_PH\_SUP3, C\_PH\_CHECK4, C\_PH\_SUP4  
**Show if:** (TRASH = 1:[show all folders]) or (SELECTION\_AREA = 10:[Pharmacy])

### Pharmacy

**Collection:** C\_PH\_CHECK1  
**Contains:** C\_PH\_CHECK1\_AMB, C\_PH\_CHECK1\_BASIC, C\_PH\_CHECK1\_COMP

Please indicate the following information for the medicines listed below:

**Question Block:** C\_PH\_CHECK1\_AMB

**Contains:** C\_PH\_CHECK\_AMB\_OBS\_MULTI, C\_PH\_CHECK\_AMB\_OBS\_TET, C\_PH\_CHECK\_AMB\_OBS\_NITRO, C\_PH\_CHECK\_AMB\_OBS\_CEF, C\_PH\_CHECK\_AMB\_OBS\_PAL, C\_PH\_CHECK\_AMB\_OBS\_PLATE, C\_PH\_CHECK\_AMB\_OBS\_IRON, C\_PH\_CHECK\_AMB\_OBS\_FOLIC  
**Show if:** (FACILITY\_TYPE = 1)



91. Please check if the following items are observed:

Multivitamin	<input type="checkbox"/>
Tetanus	<input type="checkbox"/>
Nitrofurantoin	<input type="checkbox"/>
Cefalexin	<input type="checkbox"/>
Ayre palettes (for consideration of cervical cytology) / swabs	<input type="checkbox"/>
Plate for carrying objects	<input type="checkbox"/>

Iron	<input type="checkbox"/>
Folic acid	<input type="checkbox"/>

**Question Block:** C\_PH\_CHECK1\_BASIC

**Contains:** C\_PH\_CHECK\_BASIC\_OBS\_MULTI, C\_PH\_CHECK\_BASIC\_OBS\_TET, C\_PH\_CHECK\_BASIC\_OBS\_NITRO, C\_PH\_CHECK\_BASIC\_OBS\_CEF, C\_PH\_CHECK\_BASIC\_OBS\_PAL, C\_PH\_CHECK\_BASIC\_OBS\_PLATE, C\_PH\_CHECK\_BASIC\_OBS\_IRON, C\_PH\_CHECK\_BASIC\_OBS\_FOLIC

Show if: (FACILITY\_TYPE = 2)



92. Please check if the following items are observed:

Multivitamin	<input type="checkbox"/>
Tetanus	<input type="checkbox"/>
Nitrofurantoin	<input type="checkbox"/>
Cefalexin	<input type="checkbox"/>
Ayre palettes (for consideration of cervical cytology) / swabs	<input type="checkbox"/>
Plate for carrying objects	<input type="checkbox"/>
Iron	<input type="checkbox"/>
Folic acid	<input type="checkbox"/>

**Question Block:** C\_PH\_CHECK1\_COMP

**Contains:** C\_PH\_CHECK\_COMP\_OBS\_MULTI, C\_PH\_CHECK\_COMP\_OBS\_TET, C\_PH\_CHECK\_COMP\_OBS\_NITRO, C\_PH\_CHECK\_COMP\_OBS\_CEF, C\_PH\_CHECK\_COMP\_OBS\_PAL, C\_PH\_CHECK\_COMP\_OBS\_PLATE, C\_PH\_CHECK\_COMP\_OBS\_IRON, C\_PH\_CHECK\_COMP\_OBS\_FOLIC

Show if: (FACILITY\_TYPE = 3)



93. Please check if the following items are observed:

Multivitamin	<input type="checkbox"/>
Tetanus	<input type="checkbox"/>
Nitrofurantoin	<input type="checkbox"/>
Cefalexin	<input type="checkbox"/>
Ayre palettes (for consideration of cervical cytology) / swabs	<input type="checkbox"/>
Plate for carrying objects	<input type="checkbox"/>
Iron	<input type="checkbox"/>
Folic acid	<input type="checkbox"/>


Page Break




**Collection:** C\_PH\_SUP1**Contains:**

Please ask to see cardex / registry where information about stock of inputs is recorded and note the following information


**Custom Layout Question:** C\_PH\_SUP1\_1\_AMB

-  94. Folic acid
- Run out in the last 1 month (yes/no) ☐
- Run out in the last 2 months (yes/no) ☐
- Run out in the last 3 months (yes/no) ☐


**Custom Layout Question:** C\_PH\_SUP1\_2\_AMB

-  95. Iron
- Run out in the last 1 month (yes/no) ☐
- Run out in the last 2 months (yes/no) ☐
- Run out in the last 3 months (yes/no) ☐


**Custom Layout Question:** C\_PH\_SUP1\_3\_AMB

-  96. Tetanus
- Run out in the last 1 month (yes/no) ☐
- Run out in the last 2 months (yes/no) ☐
- Run out in the last 3 months (yes/no) ☐


**Custom Layout Question:** C\_PH\_SUP1\_4\_AMB

-  97. Multivitamin
- Run out in the last 1 month (yes/no) ☐
- Run out in the last 2 months (yes/no) ☐
- Run out in the last 3 months (yes/no) ☐


**Custom Layout Question:** C\_PH\_SUP1\_1\_BASIC

-  98. Folic acid
- Run out in the last 1 month (yes/no) ☐
- Run out in the last 2 months (yes/no) ☐
- Run out in the last 3 months (yes/no) ☐


**Custom Layout Question:** C\_PH\_SUP1\_2\_BASIC

-  99. Iron
- Run out in the last 1 month (yes/no) ☐
- Run out in the last 2 months (yes/no) ☐
- Run out in the last 3 months (yes/no) ☐


**Custom Layout Question:** C\_PH\_SUP1\_3\_BASIC

-  100. Tetanus
- Run out in the last 1 month (yes/no) ☐
- Run out in the last 2 months (yes/no) ☐
- Run out in the last 3 months (yes/no) ☐


**Custom Layout Question: C\_PH\_SUP1\_4\_BASIC**

-  101. Multivitamin
- Run out in the last 1 month (yes/no) ☐
- Run out in the last 2 months (yes/no) ☐
- Run out in the last 3 months (yes/no) ☐


**Custom Layout Question: C\_PH\_SUP1\_1\_COMP**

-  102. Folic acid
- Run out in the last 1 month (yes/no) ☐
- Run out in the last 2 months (yes/no) ☐
- Run out in the last 3 months (yes/no) ☐


**Custom Layout Question: C\_PH\_SUP1\_2\_COMP**

-  103. Iron
- Run out in the last 1 month (yes/no) ☐
- Run out in the last 2 months (yes/no) ☐
- Run out in the last 3 months (yes/no) ☐

**Custom Layout Question: C\_PH\_SUP1\_3\_COMP**

-  104. Tetanus
- Run out in the last 1 month (yes/no) ☐
- Run out in the last 2 months (yes/no) ☐
- Run out in the last 3 months (yes/no) ☐

**Custom Layout Question: C\_PH\_SUP1\_4\_COMP**

-  105. Multivitamin
- Run out in the last 1 month (yes/no) ☐
- Run out in the last 2 months (yes/no) ☐
- Run out in the last 3 months (yes/no) ☐

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**Collection:** C\_PH\_CHECK2**Contains:** C\_PH\_CHECK2\_AMB, C\_PH\_CHECK2\_BASIC, C\_PH\_CHECK2\_COMP

Please indicate the following information for the medicines listed below:

**Question Block:** C\_PH\_CHECK2\_AMB**Contains:** C\_PH\_CHECK\_AMB\_OBS\_ORS, C\_PH\_CHECK\_AMB\_OBS\_FERR, C\_PH\_CHECK\_AMB\_OBS\_SULFZINC, C\_PH\_CHECK\_AMB\_OBS\_ALBEN, C\_PH\_CHECK\_AMB\_OBS\_AMOXI, C\_PH\_CHECK\_AMB\_OBS\_GLUZINC, C\_PH\_CHECK\_AMB\_OBS\_MEBEN, C\_PH\_CHECK\_AMB\_OBS\_PENIBEN, C\_PH\_CHECK\_AMB\_OBS\_ERYTH, C\_PH\_CHECK\_AMB\_OBS\_AZITRO

Show if: (FACILITY\_TYPE = 1)



106. Please check if the following items are observed:

Sachets of oral rehydration salt	<input type="checkbox"/>
Ferrous sulfate drops	<input type="checkbox"/>
Sulfate of Zinc	<input type="checkbox"/>
Albendazol	<input type="checkbox"/>
Amoxicillin	<input type="checkbox"/>
Gluconate of zinc	<input type="checkbox"/>
Mebendazol	<input type="checkbox"/>
Benzatinic penicillin	<input type="checkbox"/>
Erythromycin trimetropin sulfa	<input type="checkbox"/>
Azitromicin	<input type="checkbox"/>

**Question Block:** C\_PH\_CHECK2\_BASIC**Contains:** C\_PH\_CHECK\_BASIC\_OBS\_CLAMP, C\_PH\_CHECK\_BASIC\_OBS\_ERGOMAL, C\_PH\_CHECK\_BASIC\_OBS\_LODO, C\_PH\_CHECK\_BASIC\_OBS\_INSUL, C\_PH\_CHECK\_BASIC\_OBS\_LIDO, C\_PH\_CHECK\_BASIC\_OBS\_HYOBR, C\_PH\_CHECK\_BASIC\_OBS\_OXY, C\_PH\_CHECK\_BASIC\_OBS\_RINGLAC, C\_PH\_CHECK\_BASIC\_OBS\_CHLOR, C\_PH\_CHECK\_BASIC\_OBS\_VITK, C\_PH\_CHECK\_BASIC\_OBS\_ERGOMET, C\_PH\_CHECK\_BASIC\_OBS\_EPIN, C\_PH\_CHECK\_BASIC\_OBS\_BUTI, C\_PH\_CHECK\_BASIC\_OBS\_HARTMAN, C\_PH\_CHECK\_BASIC\_OBS\_SILVER, C\_PH\_CHECK\_BASIC\_OBS\_SALINE

Show if: (FACILITY\_TYPE = 2)



107. Please check if the following items are observed:

Plastic clamp or umbilical tape or equipment for clamping umbilical cord	<input type="checkbox"/>
Ergonovine maleate 0.2 mg	<input type="checkbox"/>
Iodopovidona	<input type="checkbox"/>
C / mounted needle syringe (syringe insulin)	<input type="checkbox"/>
S lidocaine	<input type="checkbox"/>
Hyoscine bromide	<input type="checkbox"/>
Oxytocin 5 I.U/ 10 IU	<input type="checkbox"/>
Ringer lactate	<input type="checkbox"/>
Drops of chloramphenicol ophthalmology	<input type="checkbox"/>

Vitamin K 1mg	<input type="checkbox"/>
Ergometrine 0.2 mg	<input type="checkbox"/>
S epinephrine 2%	<input type="checkbox"/>
Butilioscina	<input type="checkbox"/>
Hartman solution	<input type="checkbox"/>
1% silver nitrate	<input type="checkbox"/>
Saline solution	<input type="checkbox"/>

**Question Block:** C\_PH\_CHECK2\_COMP

**Contains:** C\_PH\_CHECK\_COMP\_OBS\_CLAMP, C\_PH\_CHECK\_COMP\_OBS\_ERGOMAL, C\_PH\_CHECK\_COMP\_OBS\_LODO, C\_PH\_CHECK\_COMP\_OBS\_INSUL, C\_PH\_CHECK\_COMP\_OBS\_LIDO, C\_PH\_CHECK\_COMP\_OBS\_HYOBR, C\_PH\_CHECK\_COMP\_OBS\_OXY, C\_PH\_CHECK\_COMP\_OBS\_RINGLAC, C\_PH\_CHECK\_COMP\_OBS\_CHLOR, C\_PH\_CHECK\_COMP\_OBS\_VITK, C\_PH\_CHECK\_COMP\_OBS\_ERGOMET, C\_PH\_CHECK\_COMP\_OBS\_EPIN, C\_PH\_CHECK\_COMP\_OBS\_BUTI, C\_PH\_CHECK\_COMP\_OBS\_HARTMAN, C\_PH\_CHECK\_COMP\_OBS\_SILVER, C\_PH\_CHECK\_COMP\_OBS\_SALINE

Show if: (FACILITY\_TYPE = 3)



108. Please check if the following items are observed:

Plastic clamp or umbilical tape or equipment for clamping umbilical cord	<input type="checkbox"/>
Ergonovine maleate 0.2 mg	<input type="checkbox"/>
Iodopovidona	<input type="checkbox"/>
C / mounted needle syringe (syringe insulin)	<input type="checkbox"/>
S lidocaine	<input type="checkbox"/>
Hyoscine bromide	<input type="checkbox"/>
Oxytocin 5 I.U/ 10 IU	<input type="checkbox"/>
Ringer lactate	<input type="checkbox"/>
Drops of chloramphenicol ophthalmology	<input type="checkbox"/>
Vitamin K 1mg	<input type="checkbox"/>
Ergometrine 0.2 mg	<input type="checkbox"/>
S epinephrine 2%	<input type="checkbox"/>
Butilioscina	<input type="checkbox"/>
Hartman solution	<input type="checkbox"/>
1% silver nitrate	<input type="checkbox"/>
Saline solution	<input type="checkbox"/>


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**Collection:** C\_PH\_SUP2**Contains:**

Please ask to see cardex / registry where information about stock of inputs is recorded and note the following information


**Custom Layout Question:** C\_PH\_SUP2\_1\_AMB

-  109. Sachets of oral rehydration salt
- Run out in the last 1 month (yes/no) ☐
- Run out in the last 2 months (yes/no) ☐
- Run out in the last 3 months (yes/no) ☐


**Custom Layout Question:** C\_PH\_SUP2\_2\_AMB

-  110. Albendazol
- Run out in the last 1 month (yes/no) ☐
- Run out in the last 2 months (yes/no) ☐
- Run out in the last 3 months (yes/no) ☐


**Custom Layout Question:** C\_PH\_SUP2\_3\_AMB

-  111. Mebendazol
- Run out in the last 1 month (yes/no) ☐
- Run out in the last 2 months (yes/no) ☐
- Run out in the last 3 months (yes/no) ☐


**Custom Layout Question:** C\_PH\_SUP2\_4\_AMB

-  112. Sulfate of Zinc
- Run out in the last 1 month (yes/no) ☐
- Run out in the last 2 months (yes/no) ☐
- Run out in the last 3 months (yes/no) ☐

**Custom Layout Question:** C\_PH\_SUP2\_5\_AMB

-  113. Gluconate of Zinc
- Run out in the last 1 month (yes/no) ☐
- Run out in the last 2 months (yes/no) ☐
- Run out in the last 3 months (yes/no) ☐

**Custom Layout Question:** C\_PH\_SUP2\_6\_AMB

-  114. Amoxicillin
- Run out in the last 1 month (yes/no) ☐
- Run out in the last 2 months (yes/no) ☐
- Run out in the last 3 months (yes/no) ☐

**Custom Layout Question:** C\_PH\_SUP2\_7\_AMB

-  115. Benzatinic penicillin
- Run out in the last 1 month (yes/no) ☐
- Run out in the last 2 months (yes/no) ☐
- Run out in the last 3 months (yes/no) ☐

**Custom Layout Question: C\_PH\_SUP2\_8\_AMB**

116.

Erythromycin trimetropin sulfa

Run out in the last 1 month (yes/no) ☐Run out in the last 2 months (yes/no) ☐Run out in the last 3 months (yes/no) ☐**Custom Layout Question: C\_PH\_SUP2\_9\_AMB**

117.

Azitromicin

Run out in the last 1 month (yes/no) ☐Run out in the last 2 months (yes/no) ☐Run out in the last 3 months (yes/no) ☐**Custom Layout Question: C\_PH\_SUP2\_1\_BASIC**

118.

Plastic clamp or umbilical tape or equipment for clamping umbilical cord

Run out in the last 1 month  
(yes/no) ☐Run out in the last 2 months  
(yes/no) ☐Run out in the last 3 months  
(yes/no) ☐**Custom Layout Question: C\_PH\_SUP2\_2\_BASIC**

119.

Oxytocin 5 I.U./10 I.U.

Run out in the last 1 month (yes/no) ☐Run out in the last 2 months (yes/no) ☐Run out in the last 3 months (yes/no) ☐**Custom Layout Question: C\_PH\_SUP2\_3\_BASIC**

120.

Vitamin K 1mg

Run out in the last 1 month (yes/no) ☐Run out in the last 2 months (yes/no) ☐Run out in the last 3 months (yes/no) ☐**Custom Layout Question: C\_PH\_SUP2\_1\_COMP**

121.

Plastic clamp or umbilical tape or equipment for clamping umbilical cord

Run out in the last 1 month  
(yes/no) ☐Run out in the last 2 months  
(yes/no) ☐Run out in the last 3 months  
(yes/no) ☐**Custom Layout Question: C\_PH\_SUP2\_2\_COMP**

122.

Oxytocin 5 I.U./10 I.U.

Run out in the last 1 month (yes/no) ☐

Run out in the last 2 months (yes/no) ☐

Run out in the last 3 months (yes/no) ☐

---

**Custom Layout Question:** C\_PH\_SUP2\_3\_COMP



123.

Vitamin K 1mg

Run out in the last 1 month (yes/no) ☐

Run out in the last 2 months (yes/no) ☐

Run out in the last 3 months (yes/no) ☐

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**Collection:** C\_PH\_CHECK3

**Contains:** C\_PH\_CHECK3\_BASIC, C\_PH\_CHECK3\_COMP

**Show if:** (FACILITY\_TYPE >= 2)

Please indicate the following information for the medicines listed below:

**Question Block:** C\_PH\_CHECK3\_BASIC

**Contains:** C\_PH\_CHECK\_BASIC\_DEXA, C\_PH\_CHECK\_BASIC\_ATROP, C\_PH\_CHECK\_BASIC\_PENICRY,  
C\_PH\_CHECK\_BASIC\_PENIPRO, C\_PH\_CHECK\_BASIC\_DOXY, C\_PH\_CHECK\_BASIC\_CLINDA,  
C\_PH\_CHECK\_BASIC\_AMIKA, C\_PH\_CHECK\_BASIC\_CHLOR, C\_PH\_CHECK\_BASIC\_CEF, C\_PH\_CHECK\_BASIC\_GENTA,  
C\_PH\_CHECK\_BASIC\_MGS, C\_PH\_CHECK\_BASIC\_HIDRA, C\_PH\_CHECK\_BASIC\_DIAZE, C\_PH\_CHECK\_BASIC\_CALC,  
C\_PH\_CHECK\_BASIC\_BETA, C\_PH\_CHECK\_BASIC\_EPIN, C\_PH\_CHECK\_BASIC\_AMPI, C\_PH\_CHECK\_BASIC\_AMOXI  
**Show if:** (FACILITY\_TYPE = 2)



124. Please check if the following items are observed:

Dexamethasone ampullas	<input type="checkbox"/>
Atropine 1mg/ml	<input type="checkbox"/>
Penicillin crystals	<input type="checkbox"/>
Benzylpenicillin G Procainic 800,000 UI	<input type="checkbox"/>
Doxycycline 100mg	<input type="checkbox"/>
Clindamycin	<input type="checkbox"/>
Amikacin	<input type="checkbox"/>
Chloramphenicol	<input type="checkbox"/>
Cefotaxime	<input type="checkbox"/>
Gentamicin ampullas 80 mg	<input type="checkbox"/>
Magnesium sulfate	<input type="checkbox"/>
Hydralazine ampulla 20 mg	<input type="checkbox"/>
Diazepam	<input type="checkbox"/>
Calcium gluconate	<input type="checkbox"/>
Betamethasone	<input type="checkbox"/>
Epinephrine	<input type="checkbox"/>
IV ampicillin 1 gr	<input type="checkbox"/>
Amoxicillin	<input type="checkbox"/>

**Question Block:** C\_PH\_CHECK3\_COMP

**Contains:** C\_PH\_CHECK\_COMP\_OBS\_DEXA, C\_PH\_CHECK\_COMP\_OBS\_AMIKA, C\_PH\_CHECK\_COMP\_OBS\_AMPI,  
C\_PH\_CHECK\_COMP\_OBS\_CEFTR, C\_PH\_CHECK\_COMP\_OBS\_CLORA, C\_PH\_CHECK\_COMP\_OBS\_MGS,  
C\_PH\_CHECK\_COMP\_OBS\_HIDRA, C\_PH\_CHECK\_COMP\_OBS\_NIFE, C\_PH\_CHECK\_COMP\_OBS\_FURO,  
C\_PH\_CHECK\_COMP\_OBS\_DIAZE, C\_PH\_CHECK\_COMP\_OBS\_SEVO, C\_PH\_CHECK\_COMP\_OBS\_SUCCINI,  
C\_PH\_CHECK\_COMP\_OBS\_BETA, C\_PH\_CHECK\_COMP\_OBS\_PENICRY, C\_PH\_CHECK\_COMP\_OBS\_METRO,  
C\_PH\_CHECK\_COMP\_OBS\_HIDRACL, C\_PH\_CHECK\_COMP\_OBS\_MIDAZO, C\_PH\_CHECK\_COMP\_OBS\_AMOXI  
**Show if:** (FACILITY\_TYPE = 3)



125. Please check if the following items are observed:

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Dexamethasone ampullas	<input type="checkbox"/>
Amikacin sulfate 100mg	<input type="checkbox"/>
IV ampicillin	<input type="checkbox"/>
Ceftriaxona 1gr IV	<input type="checkbox"/>
Cloranfenicol 1 gr IV	<input type="checkbox"/>
Magnesium sulfate	<input type="checkbox"/>
Hidralazin 50 mg	<input type="checkbox"/>
Nifedipine 10 mg	<input type="checkbox"/>
Furosemide	<input type="checkbox"/>
Diazepam 10 mg IM-IV	<input type="checkbox"/>
Sevofluran 100% Fco 250ml	<input type="checkbox"/>
Succinilcolina Cloruro (Suxametonio)	<input type="checkbox"/>
Betamethasone	<input type="checkbox"/>
Penicillin cystals	<input type="checkbox"/>
Metronidazole 500 mg IV	<input type="checkbox"/>
Hidralazin chlorhidrato 20 mg IM-IV	<input type="checkbox"/>
Midazolam Chlorhidrato 5mg/5ml	<input type="checkbox"/>
Amoxicillin	<input type="checkbox"/>

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**Collection:** C\_PH\_SUP3  
**Contains: Show if:** (FACILITY\_TYPE >= 2)

Please ask to see cardex / registry where information about stock of inputs is recorded and note the following information


**Custom Layout Question:** C\_PH\_SUP3\_1\_BASIC

-  126. Gentamicin ampullas 80 mg
- Run out in the last 1 month (yes/no) ☐
- Run out in the last 2 months (yes/no) ☐
- Run out in the last 3 months (yes/no) ☐


**Custom Layout Question:** C\_PH\_SUP3\_2\_BASIC

-  127. Magnesium sulfate
- Run out in the last 1 month (yes/no) ☐
- Run out in the last 2 months (yes/no) ☐
- Run out in the last 3 months (yes/no) ☐


**Custom Layout Question:** C\_PH\_SUP3\_3\_BASIC

-  128. Dexamethasone ampullas
- Run out in the last 1 month (yes/no) ☐
- Run out in the last 2 months (yes/no) ☐
- Run out in the last 3 months (yes/no) ☐


**Custom Layout Question:** C\_PH\_SUP3\_4\_BASIC

-  129. Betamethasone
- Run out in the last 1 month (yes/no) ☐
- Run out in the last 2 months (yes/no) ☐
- Run out in the last 3 months (yes/no) ☐


**Custom Layout Question:** C\_PH\_SUP3\_1\_COMP

-  130. Ceftriaxona 1gr IV
- Run out in the last 1 month (yes/no) ☐
- Run out in the last 2 months (yes/no) ☐
- Run out in the last 3 months (yes/no) ☐

**Custom Layout Question:** C\_PH\_SUP3\_2\_COMP

-  131. Magnesium sulfate
- Run out in the last 1 month (yes/no) ☐
- Run out in the last 2 months (yes/no) ☐
- Run out in the last 3 months (yes/no) ☐

**Custom Layout Question:** C\_PH\_SUP3\_3\_COMP

-  132. Diazepam 10 mg IM-IV
- Run out in the last 1 month (yes/no) ☐
- Run out in the last 2 months (yes/no) ☐
- Run out in the last 3 months (yes/no) ☐

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**Collection:** C\_PH\_CHECK4**Contains:** C\_PH\_CHECK4\_BASIC, C\_PH\_CHECK4\_COMP**Show if:** (FACILITY\_TYPE >= 2)

Please indicate the following information for the medicines listed below:

**Question Block:** C\_PH\_CHECK4\_BASIC**Contains:** C\_PH\_CHECK\_BASIC\_OBS\_ORs, C\_PH\_CHECK\_BASIC\_OBS\_FERR, C\_PH\_CHECK\_BASIC\_OBS\_SULFZINC, C\_PH\_CHECK\_BASIC\_OBS\_ALBEN, C\_PH\_CHECK\_BASIC\_OBS\_PENIBEN, C\_PH\_CHECK\_BASIC\_OBS\_VEIN, C\_PH\_CHECK\_BASIC\_OBS\_GLUZINC, C\_PH\_CHECK\_BASIC\_OBS\_MEBEN, C\_PH\_CHECK\_BASIC\_OBS\_ERYTH, C\_PH\_CHECK\_BASIC\_OBS\_AZITRO**Show if:** (FACILITY\_TYPE = 2)

133. Please check if the following items are observed:

Sachets of oral rehydration salt	<input type="checkbox"/>
Ferrous sulfate drops	<input type="checkbox"/>
Sulfate of Zinc	<input type="checkbox"/>
Albendazol	<input type="checkbox"/>
Benzatinic penicillin	<input type="checkbox"/>
Scalp vein set	<input type="checkbox"/>
Gluconate of zinc	<input type="checkbox"/>
Mebendazol	<input type="checkbox"/>
Erythromycin trimetropin sulfa	<input type="checkbox"/>
Azitromicin	<input type="checkbox"/>

**Question Block:** C\_PH\_CHECK4\_COMP**Contains:** C\_PH\_CHECK\_COMP\_OBS\_ORs, C\_PH\_CHECK\_COMP\_OBS\_FERR, C\_PH\_CHECK\_COMP\_OBS\_SULFZINC, C\_PH\_CHECK\_COMP\_OBS\_ALBEN, C\_PH\_CHECK\_COMP\_OBS\_PENIBEN, C\_PH\_CHECK\_COMP\_OBS\_VEIN, C\_PH\_CHECK\_COMP\_OBS\_GLUZINC, C\_PH\_CHECK\_COMP\_OBS\_MEBEN, C\_PH\_CHECK\_COMP\_OBS\_ERYTH, C\_PH\_CHECK\_COMP\_OBS\_AZITRO**Show if:** (FACILITY\_TYPE = 3)

134. Please check if the following items are observed:

Sachets of oral rehydration salt	<input type="checkbox"/>
Ferrous sulfate drops	<input type="checkbox"/>
Sulfate of Zinc	<input type="checkbox"/>
Albendazol	<input type="checkbox"/>
Benzatinic penicillin	<input type="checkbox"/>
Scalp vein set	<input type="checkbox"/>
Gluconate of zinc	<input type="checkbox"/>
Mebendazol	<input type="checkbox"/>
Erythromycin trimetropin sulfa	<input type="checkbox"/>
Azitromicin	<input type="checkbox"/>




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**Collection:** C\_PH\_SUP4**Contains: Show if:** (FACILITY\_TYPE >= 2)

Please ask to see cardex / registry where information about stock of inputs is recorded and note the following information


**Custom Layout Question:** C\_PH\_SUP4\_1\_BASIC

-  135. Sachets of oral rehydration salt
- Run out in the last 1 month (yes/no) ☐
- Run out in the last 2 months (yes/no) ☐
- Run out in the last 3 months (yes/no) ☐


**Custom Layout Question:** C\_PH\_SUP4\_2\_BASIC

-  136. Albendazol
- Run out in the last 1 month (yes/no) ☐
- Run out in the last 2 months (yes/no) ☐
- Run out in the last 3 months (yes/no) ☐


**Custom Layout Question:** C\_PH\_SUP4\_3\_BASIC

-  137. Mebendazol
- Run out in the last 1 month (yes/no) ☐
- Run out in the last 2 months (yes/no) ☐
- Run out in the last 3 months (yes/no) ☐


**Custom Layout Question:** C\_PH\_SUP4\_4\_BASIC

-  138. Sulfate of Zinc
- Run out in the last 1 month (yes/no) ☐
- Run out in the last 2 months (yes/no) ☐
- Run out in the last 3 months (yes/no) ☐


**Custom Layout Question:** C\_PH\_SUP4\_5\_BASIC

-  139. Gluconate of Zinc
- Run out in the last 1 month (yes/no) ☐
- Run out in the last 2 months (yes/no) ☐
- Run out in the last 3 months (yes/no) ☐

**Custom Layout Question:** C\_PH\_SUP4\_1\_COMP

-  140. Sachets of oral rehydration salt
- Run out in the last 1 month (yes/no) ☐
- Run out in the last 2 months (yes/no) ☐
- Run out in the last 3 months (yes/no) ☐

**Custom Layout Question:** C\_PH\_SUP4\_2\_COMP

-  141. Albendazol
- Run out in the last 1 month (yes/no) ☐
- Run out in the last 2 months (yes/no) ☐
- Run out in the last 3 months (yes/no) ☐

**Custom Layout Question:** C\_PH\_SUP4\_3\_COMP

142.

Mebendazol

Run out in the last 1 month (yes/no) ☐Run out in the last 2 months (yes/no) ☐Run out in the last 3 months (yes/no) ☐**Custom Layout Question:** C\_PH\_SUP4\_4\_COMP

143.

Sulfate of Zinc

Run out in the last 1 month (yes/no) ☐Run out in the last 2 months (yes/no) ☐Run out in the last 3 months (yes/no) ☐**Custom Layout Question:** C\_PH\_SUP4\_5\_COMP

144.

Gluconate of Zinc

Run out in the last 1 month (yes/no) ☐Run out in the last 2 months (yes/no) ☐Run out in the last 3 months (yes/no) ☐

Page Break

**Collection:** LAB\_SERVICES**Contains:** LAB\_ROOM, COL\_LAB**Show if:** ((DOCTOR = 1) or (FACILITY\_TYPE >= 2)) and ((TRASH = 1:[show all folders]) or (SELECTION\_AREA = 11: [Laboratory]))**Laboratory services****Question:** LAB\_ROOM**Required**

Scale Summary		
Code	Label	Show-If
1	Private room with visual and auditory privacy	
2	Private room with visual and auditory privacy	
3	Visual privacy only	
0	No privacy	
995	Other	
-1	Don't provide such service	
-2	decline to show	



145. Ask to see where laboratory analysis is performed and indicate the setting:

(Select one option)

- ☐ Private room with visual and auditory privacy
- ☐ Private room with visual and auditory privacy
- ☐ Visual privacy only
- ☐ No privacy
- ☐ Other
- ☐ Don't provide such service
- ☐ decline to show

Auto Page Break

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**Collection:** COL\_LAB**Contains:** C\_LAB\_CHECK1, C\_LAB\_SUP1, C\_LAB\_CHECK2, C\_LAB\_REAG\_AVAIL**Show if:** (LAB\_ROOM is-any-of 1:[Private room with visual and auditory privacy] or 2:[Private room with visual and auditory privacy] or 3:[Visual privacy only] or 0:[No privacy] or 995:[Other])**Question Block:** C\_LAB\_CHECK1**Contains:** C\_LAB\_CHECK\_SYPH, C\_LAB\_CHECK\_HIV, C\_LAB\_CHECK\_URINEPRO, C\_LAB\_CHECK\_BLGLU, C\_LAB\_CHECK\_HEMO, C\_LAB\_CHECK\_MICRO, C\_LAB\_CHECK\_PREG

Show if: (FACILITY\_TYPE &lt;= 2)



146. Note availability and condition of the following equipment and supplies

Rapid syphilis test's kit	<input type="checkbox"/>
Rapid HIV/AIDS test's kit	<input type="checkbox"/>
Urine protein strips	<input type="checkbox"/>
Blood glucose strip	<input type="checkbox"/>
Hemocue	<input type="checkbox"/>
Microcubetas	<input type="checkbox"/>
Pregnancy test kit	<input type="checkbox"/>

Page Break

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**Question Block:** C\_LAB\_SUP1

**Contains:** C\_LAB\_SUP\_HIV\_1MO, C\_LAB\_SUP\_HIV\_2MO, C\_LAB\_SUP\_HIV\_3MO

Show if: (C\_LAB\_CHECK\_SYPH is-checked) and (C\_LAB\_CHECK\_HIV is-checked) and (C\_LAB\_CHECK\_URINEPRO is-checked) and (C\_LAB\_CHECK\_BLGLU is-checked) and (C\_LAB\_CHECK\_HEMO is-checked) and (C\_LAB\_CHECK\_MICRO is-checked) and (C\_LAB\_CHECK\_PREG is-checked)



147. Please ask to see cardex/registry where information about stock of inputs is recorded and note the following information

Rapid HIV/AIDS test's kit

Run out in the last 1 month (yes/no)	<input type="checkbox"/>
Run out in the last 2 months (yes/no)	<input type="checkbox"/>
Run out in the last 3 months (yes/no)	<input type="checkbox"/>

Page Break

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**Question Block:** C\_LAB\_CHECK2**Contains:** C\_LAB\_CHECK\_DFMICRO, C\_LAB\_CHECK\_ENZYME, C\_LAB\_CHECK\_FLUOR, C\_LAB\_CHECK\_URINE, C\_LAB\_CHECK\_GLUCO, C\_LAB\_CHECK\_CELL

148. Note availability and condition of the following equipment and supplies

Dark field microscope	<input type="checkbox"/>
Equipment for enzyme immunoassay	<input type="checkbox"/>
Fluorescence Microscope	<input type="checkbox"/>
Urinanalysis equipment	<input type="checkbox"/>
Glucose meter	<input type="checkbox"/>
Automated cell counter	<input type="checkbox"/>

Page Break

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**Question Block:** C\_LAB\_REAG\_AVAIL

**Contains:** C\_LAB\_REAG\_AVAIL\_FERRI, C\_LAB\_REAG\_AVAIL\_SULFO, C\_LAB\_REAG\_AVAIL\_PICRIC, C\_LAB\_REAG\_AVAIL\_ANTSYPH, C\_LAB\_REAG\_AVAIL\_ANTHIV, C\_LAB\_REAG\_AVAIL\_CYAN, C\_LAB\_REAG\_AVAIL\_ANTICOAG, C\_LAB\_REAG\_AVAIL\_BLTYPE, C\_LAB\_REAG\_AVAIL\_RH  
Show if: (FACILITY\_TYPE >= 2)

**Scale Summary**

Code	Label	Show-If
1	Observed	
0	Not observed	



149. Ask to see the following reagents and note availability

	Observed	Not observed
Potassium ferricyanide	<input type="radio"/>	<input type="radio"/>
Sulfosalicylic acid	<input type="radio"/>	<input type="radio"/>
Picric acid	<input type="radio"/>	<input type="radio"/>
Syphilis antigen	<input type="radio"/>	<input type="radio"/>
HIV/AIDS antigen	<input type="radio"/>	<input type="radio"/>
Cyanmethemoglobin	<input type="radio"/>	<input type="radio"/>
Anticoagulants	<input type="radio"/>	<input type="radio"/>
Blood group antibodies	<input type="radio"/>	<input type="radio"/>
Rh antibodies	<input type="radio"/>	<input type="radio"/>

Page Break

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Please ask to see cardex / registry where information about stock of inputs is recorded and note the following information

**Custom Layout Question:** C\_LAB\_SUP\_1\_BC



150.

Anticoagulants

Run out in the last 1 month (yes/no) ☐

Run out in the last 2 months (yes/no) ☐

Run out in the last 3 months (yes/no) ☐

**Custom Layout Question:** C\_LAB\_SUP\_2\_BC



151.

Rh factor antibody

Run out in the last 1 month (yes/no) ☐

Run out in the last 2 months (yes/no) ☐

Run out in the last 3 months (yes/no) ☐

**Collection:** GENERAL\_CONDITIONS

**Contains:** EMER\_GEN\_, COL\_GEN, IT\_AVAIL, REPORT\_DATE

**Show if:** (TRASH = 1:[show all folders]) or (SELECTION\_AREA = 12:[General facility characteristics])

### General facility characteristics salud

**Question:** EMER\_GEN\_

**Required**

Scale Summary		
Code	Label	Show-If
1	Observed	
0	Not observed	
-2	decline to show	



152. Ask to see emergency generator

☐ Observed

☐ Not observed

☐ decline to show

Auto Page Break

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**Collection:** COL\_GEN  
**Contains:** EMER\_WORK, EMER\_FUEL  
**Show if:** (EMER\_GEN\_ = 1:[Observed])

**Question:** EMER\_WORK

**Required**

Scale Summary		
Code	Label	Show-If
1	Yes, it works	
0	Not working	
-1	Don't know	



153. Check if emergency generator works

- ☐ Yes, it works  
☐ Not working  
☐ Don't know

**Question:** EMER\_FUEL

**Required**

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



154. Do you have fuel for emergency generator?

- ☐ Yes  
☐ No  
☐ Don't know

**Question Block:** IT\_AVAIL

**Contains:** IT\_AVAIL\_COMP, IT\_AVAIL\_PRINTER, IT\_AVAIL\_NETWORK

**Required**

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



155. Please check if the following is available in the health facility for official us

Computer	<input type="text" value="--- Select one ---"/>
Printer	<input type="text" value="--- Select one ---"/>
Network connection	<input type="text" value="--- Select one ---"/>

**Question:** REPORT\_DATE

**Required**

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



156. Please ask to see latest report from health information system and record the date

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

**Question:** COMMENT\_CHECKLIST  
**Required**



157. Enter relevant comments about this section

*(Please continue to add comments, if necessary, at the end of each section)*

**Jump-To:** JMP\_END\_1

**Description:**

**Jump-To-Item:** End and Submit

**Jump-If:** (SELECTION\_AREA = 13:[End of the survey]) and (SURVEY\_SUBMIT = 1:[Yes])

**Jump-To:** JUMP\_SELECTION\_2

**Description:**

**Jump-To-Item:** SELECTION\_AREA

### Usted ha llegado al final de la encuesta.

Por favor haga clic en el botón "enviar" para enviar sus respuestas y cerrar la encuesta. Usted no podrá revisar ninguno de los ingresos luego de hacer clic en el botón "enviar".

Si piensa que ha llegado a esta página por error, sírvase hacer clic en el botón "anterior" y revisar sus respuestas según sea necesario.

Gracias por su tiempo el día de hoy.

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