



0%



BID

Banco Interamericano de Desarrollo

## Salud Mesoamerica 2015 (SM2015)

Login page for health facility survey

ID:

## 1. District ID:

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

## 2. Facility ID:

- ☐ Orange Walk Town / Northern Regional Hospital  
☐ Orange Walk Town / Orange Walk Health Center (Urban)  
☐ 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 (non functioning due to infrastructure)  
☐ 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  
☐ Corozal Town / Corozal Health Center (Urban)  
☐ 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  
☐ Copper Bank Village / Copper Bank Health Post  
☐ San Victor Village / San Victor Health Post  
☐ Corozal Town / Mobile Clinic  
☐ Belmopan City / Western Regional Hospital  
☐ Belmopan City / Belmopan Health Center (Urban)  
☐ 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  
☐ San Ignacio / San Ignacio Health Center (Urban)  
☐ Benque Viejo Del Carmen / Mopan Clinic Health Center  
☐ Georgeville / Georgeville Health Center  
☐ San Antonio Village / San Antonio Health Post  
☐ San Ignacio / Mobile Clinic  
☐ Other (specify):

## 3. Date:

 (DD/MM/YYYY)

## 4. Interviewer ID 1

---

5. 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 a survey conducted by The University of Belize 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 of the unit to observe its characteristics, and a review of medical records. The information collected 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 that include your facility data will only present information in aggregate form so that your facility cannot be identified.

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?

6. Was consent obtained?

- ☐ Yes  
☐ No

---

#### General facility characteristics

7. First I have some questions related to the general characteristics of this property. What type of medical unit is this?

(CHOOSE ONE):

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

---

8. What are the working hours of this health facility

from  AM  PM

---

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

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

---

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

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

---

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

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

---

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

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

---

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

--- Select one ---

---

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

--- Select one ---

---

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

--- Select one ---

---

16. Do you usually refer patients to another health facility? (SELECT ONE OPTION):

- ☐ Yes  
☐ No  
☐ Don't know

☐ Decline to respond

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

--- Select one ---

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

--- Select one ---

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

--- Select one ---

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

Duration:

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

21. Do you have access to safe blood?

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

22. Does this facility have a functional electricity connection?

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

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

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

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

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

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

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

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

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

27. Do you have an emergency generator?

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

28. Does the emergency generator work?

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

29. Do you have fuel for the emergency generator?

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

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

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

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

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

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

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

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

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

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

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

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

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

36. Do you keep records of each meeting?

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

37. Where do you submit records of each meeting?

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

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

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

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

- ☐ Monthly or more often
- ☐ Every 2-3 months
- ☐ Every 4-6 months

- ☐ Less often than every 6 months or irregularly
- ☐ Don't know
- ☐ Decline to respond

40. Do you keep records of each meeting?

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

41. Where do you submit records of each meeting?

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

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

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

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

Do you have food services for admitted patients?

(ONLY APPLIES TO UNITS THAT HAVE BEDS AND AN EMERGENCY DEPARTMENT)

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

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

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

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

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

Please indicate if this health facility has the following specialties / health care personnel and ask about the shift for each type of personnel.

46. Type of Staff	Employed	Total employed	Number of people in each shift		
			Day	Evening	Night
General physician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pediatrician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nutritionist/Dietician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pharmacist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Practical nurse/Auxiliary nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Midwife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Practical midwife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Lab technician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Health promoter/Community health educator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dispenser at pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other medical personnel (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please indicate if this health facility has the following specialties / health care personnel

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

Please indicate if this health facility has the following specialties / health care personnel

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

  

	Available 24/7	Number available 24/7
Internist	<input type="text"/>	<input type="text"/>
Gynecologist –obstetrician	<input type="text"/>	<input type="text"/>
Surgeon	<input type="text"/>	<input type="text"/>
Anesthesiologist	<input type="text"/>	<input type="text"/>
Emergency medical technicians (e.g., paramedics)	<input type="text"/>	<input type="text"/>
Radiology technician	<input type="text"/>	<input type="text"/>
Other medical personnel (please specify) <input type="text"/>	<input type="text"/>	<input type="text"/>

Please indicate which of the following personnel work in your center

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

50. If the necessary data is not available right now, do you want to return to the table at the top at a later time?

- ☐ Yes  
☐ No

#### Education and training of personnel

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

51.	Course	Has this course ever been offered?	Has course been offered in the past 3 years?	Has course been offered in the past 12 months?	Duration of the course in days	How many times this course was offered in the past year?	Total number of days course has been offered in the last year
	Immunization training	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Integrated management of childhood illness (IMCI)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Newborn care training (cord care, warming, breastfeeding, neonatal resuscitation)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

  

52.	Course	Has this course ever been offered?	Has course been offered in the past 3 years?	Has course been offered in the past 12 months?	Duration of the course	How many times this course was offered in the past year?	Total number of days course has been offered in the last year
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Family  
Planning  
(IUD &  
implants  
insertion  
and  
removal,  
general  
counseling)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

-----  
Ante-natal  
and post-  
natal care

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

-----  
Routine  
care for  
labor and  
normal  
vaginal  
delivery

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

53. 

Course	Has this course ever been offered?	Has course been offered in the past 3 years?	Has course been offered in the past 12 months?	Duration of the course	How many times this course was offered in the past year?	Total number of days co been offered in the last
--------	------------------------------------	--	--	------------------------	--	--

Basic  
emergency  
obstetric care  
(EmOC)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

-----  
Management  
of maternal  
complications  
(hemorrhage,  
pre-  
eclampsia,  
eclampsia,  
sepsis)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

-----  
Management  
of neonatal  
complications  
(prematurity,  
low birth  
weight,  
sepsis,  
asphyxia)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

54. 

Course	Has this course ever been offered?	Has course been offered in the past 3 years?	Has course been offered in the past 12 months?	Duration of the course	How many times this course was offered in the past year?	Total number of days co been offered in the last )
--------	------------------------------------	--	--	------------------------	--	--

Training  
to perform  
bilateral  
tubal  
occlusion

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

-----  
Training  
to perform  
vasectomy

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

55. Does anyone from outside of this health facility come for training?

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

56. Who comes for training from outside the facility? (Select all that apply)

- ☐ Undergraduates  
☐ Students from medical schools (interns)  
☐ Social service workers  
☐ Specialty residents  
☐ Nursing students  
☐ Medical students from abroad  
☐ Staff from other facilities  
☐ Other  
☐ Don't know  
☐ Decline to respond  
☐ Not applicable

#### Antenatal care

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

- ☐ Yes  
☐ No

- ☐ Don't know
- ☐ Decline to respond

58. Who delivers ANC services? (select all that apply)

- ☐ Doctor
- ☐ Nurse
- ☐ Midwife
- ☐ Community Health Coordinator
- ☐ Other (specify)
- ☐ Don't know
- ☐ Decline to respond

**Delivery and newborn care**

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

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

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

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

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

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

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

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

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

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

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

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

- ☐ Community Health Worker
- ☐ Midwife
- ☐ Other SPECIFY
- ☐ Don't know
- ☐ Decline to respond

**Postnatal care**

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

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

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

66. Who provides postnatal care for women right after delivery? (select all that apply)

- ☐ Doctor
- ☐ Nurse
- ☐ Midwife
- ☐ Community Health Coordinator
- ☐ Other (specify)
- ☐ Don't know
- ☐ Decline to respond

67. Who provides postnatal care for neonates right after birth? (select all that apply)

- ☐ Doctor
- ☐ Nurse
- ☐ Midwife



- ☐ Community Health Coordinator  
☐ Other (specify)   
☐ Don't know  
☐ Decline to respond

#### Child health services

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

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

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

#### Vaccine logistics

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

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

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

70. Does this facility routinely store any vaccines?

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

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

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

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

72. Does this facility determine the quantity for each vaccine in the same way?

- ☐ Yes, in the same way  
☐ No, determined differently  
☐ Don't know  
☐ Decline to respond

73. How do you determine needs for the following vaccines? (select one for each method)

	Determines own need and orders	Need determined elsewhere	Other (specify)	Don't know	Decline to respond	Doesn't apply
Pentavalent (includes DPT, Hib, Hepb)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
DPT [separate, not as part of the pentavalent vaccine]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hepb [separate, not as part of the pentavalent vaccine]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hib [separate, not as part of the pentavalent vaccine]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Polio	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MMR vaccine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Influenza	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
BCG	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
DT (Tetanus)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

74. Which of the following best describes the routine system for deciding when to order vaccines?

*(READ THE OPTIONS AND SELECT ONE OPTION)*

- ☐ Fixed time every  weeks  
☐ Order when needed  
☐ Other (specify)   
☐ Don't know

☐ Decline to respond

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

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

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

(Select all that apply)

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

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

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

78. During the past 6 months which of the following vaccines were in shortage?

	Yes	No	Don't know	Decline to respond	Doesn't apply
Pentavalent (includes DPT, Hib, Hepb)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
DPT [separate, not as part of the pentavalent vaccine]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hepb [separate, not as part of the pentavalent vaccine]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hib [separate, not as part of the pentavalent vaccine]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Polio	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MMR	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Influenza	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
BCG immunizations for premature babies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

79. During the last 3 months did you feel that you would run out of vaccines?

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

80. How many refrigerators do you have for storing vaccines?

- ☐ Number
- ☐ None
- ☐ Don't know
- ☐ Decline to respond

81. How many vaccine carriers do you have?

- ☐ One
- ☐ Two or more
- ☐ None
- ☐ Don't know
- ☐ Decline to respond

82. Are there ice packs for the vaccine carriers?

- ☐ Yes, one set
- ☐ Yes, two or more sets
- ☐ No, use purchased ice
- ☐ No
- ☐ Don't know
- ☐ Decline to respond

#### Family planning services

83. Now I would like to ask questions about family planning services provided in this health facility.

Does this facility offer any family planning services (for example clinical methods or counseling on natural family planning)?

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

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

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

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

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

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

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

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

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

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

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

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

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

90. If the necessary data is not available right now, do you want to return to the table at the top at a later time?

- ☐ Yes  
☐ No

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

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

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

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

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

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

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

- ☐ Yes prescribed and provided
- ☐ Prescribed, but not provided
- ☐ Prescribed or provided
- ☐ Neither prescribed nor provided
- ☐ Don't know
- ☐ Decline to respond

95. Does this facility offer pregnancy tests?

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

#### Contraceptives supplies

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

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

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

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

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

98. Does this facility determine the quantity of each contraceptive method in the same way?

- ☐ Yes it's the same
- ☐ No it's different
- ☐ Don't know
- ☐ Decline to respond

99. Which of the following best describes the routine system for deciding when to order contraceptive methods?

*(READ THE OPTIONS AND SELECT ONE OPTION)*

- ☐ Fixed time every  weeks
- ☐ Order when needed
- ☐ External provider
- ☐ Other (specify)
- ☐ Don't know
- ☐ Decline to respond

100. How do you determine needs for the following family planning services?

	Determines own need and orders	Need determined elsewhere	Other	Don't know	Decline to respond
Combined oral pill	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Progestin only pill	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Combined injectable (with estrogen) (1 monthly)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Progestin-only injectable (2 or 3 monthly)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Contraceptive patch	<input type="radio"/>	<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"/>	<input type="radio"/>

Female condom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intrauterine device	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Implant (6 rod, 1 rod, implanon, jadelle, Norplant)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spermicides	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diaphragm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency contraceptive pill	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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

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

(Select all that apply)

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

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

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

104. During the last 6 months were any of the following family planning methods in shortage?

	Yes	No	Don't know	Decline to respond
Combined oral pill	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Progestin only pill	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Combined injectable (with estrogen) (1 monthly)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Progestin-only injectable (2 or 3 monthly)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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"/>
Intrauterine device	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Implant (6 rod, 1 rod, implanon, jadelle, norplant)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spermicides	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diaphragm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency contraceptive pill	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

105. During the last 3 months did you feel that you'll run out of the contraceptive methods? (SELECT ONE OPTION)

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

#### Medicines Supply

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

Who operates the pharmacy?

(READ ANSWER OPTIONS AND SELECT ONE)

- ☐ Ministry of Health  
☐ Private company  
☐ Other (specify)

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

---

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

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

---

108. Which of the following best describes the routine system for deciding when to order medicines?

*(READ THE OPTIONS AND SELECT ONE OPTION)*

- ☐ Fixed time every  weeks
- ☐ Order when needed
- ☐ External provider
- ☐ Other (specify)
- ☐ Don't know
- ☐ Decline to respond

---

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

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

---

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

*(Select all that apply)*

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

---

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

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

---

112. During the last 3 months did you feel that you would run out of any medicines?

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

---

**Infection control**

113. Now I would like to ask questions about infection control in this health facility.

Are syringes for client injections or drawing blood ever reused?

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

---

114. If yes, what is the final method most commonly used to sterilize syringes prior to reuse?

*(Select all that apply)*

- ☐ Dry-heat sterilization
- ☐ Autoclaving
- ☐ Boiling
- ☐ Steam sterilization
- ☐ Chemical method
- ☐ Don't sterilize
- ☐ Other (specify)
- ☐ Don't know
- ☐ Decline to respond

---

115. What procedure is used for decontaminating and cleaning equipment before its final processing for reuse?

(SELECT ALL THAT APPLY)

[Probe ,if necessary ,to determine correct response.]

- ☐ Soaked in disinfectant solution and then brush scrubbed with soap and water
- ☐ Brush scrubbed with soap and water and then soak in disinfectant
- ☐ Brush scrubbed with soap and water only
- ☐ Soaked in disinfectant, not brush scrubbed
- ☐ Clean with soap and water, not brush scrubbed
- ☐ Never sterilize medical equipment
- ☐ No decontamination
- ☐ Other (specify)
- ☐ Don't know
- ☐ Decline to respond

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

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

117. Does this health facility have an incinerator?

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

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

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

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

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

120. What is the final method most commonly used for disinfecting or sterilizing medical equipment (such as speculums and/or surgical instruments) before they are reused??

[If different methods are used for different types of equipment, indicate the method(s) used for metal equipment such as speculums or forceps]

(Select all that apply):

- ☐ Dry-heat sterilization
- ☐ Autoclaving
- ☐ Boiling
- ☐ Steam sterilization
- ☐ Chemical method
- ☐ Processed outside facility
- ☐ Never sterilize medical equipment
- ☐ Other (specify)
- ☐ Don't know
- ☐ Decline to respond

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

(for example: used needles)

(SELECT ALL THAT APPLY)

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

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

(SELECT ALL THAT APPLY)

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

123. How often are biohazard waste items disposed of?

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

#### Information from registries and reports

124. Does this health facility prepare its own quality of care reports (such as quality improvement reports), besides the routine reports submitted to the information system? In other words, does the facility use some review system or compare work/systems to a standard?

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

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

- ☐ Yes  
☐ No  
☐ Decline to respond

126. Now we would like to ask some questions about information from registries/reports

	Number:	None	Don't know	Decline to respond
How many pregnant women were seen for prenatal care in this health facility in the last 2 years?	<input type="radio"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How many total deliveries did this health facility have in the last 2 years?	<input type="radio"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How many C-sections did this health facility have in the last 2 years?	<input type="radio"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How many live births did this health facility have in the last 2 years?	<input type="radio"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How many children 6-23 months were seen in this health facility in the last 2 years?	<input type="radio"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How many maternal deaths did this health facility have in the last year?	<input type="radio"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How many neonatal deaths did this health facility have in the last year?	<input type="radio"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How many female patients of reproductive age (15-49 years) did this health facility see in the last 2 years?	<input type="radio"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

(Select all that are OBSERVED)

#### 1. MCH Reports

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

#### 2. Nutrition

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

#### 3. Immunizations

- ☐ Immunizations by location  
  
☐ None observed  
☐ Decline to show



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

- ☐ Yes  
☐ No  
☐ Decline to show

---

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

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

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

*(Select all that are OBSERVED)*

**1. MCH Reports**

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

**2. Nutrition**

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

**3. Immunizations**

- ☐ Immunizations by location

- ☐ None observed  
☐ Decline to show
- 

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

- ☐ Yes  
☐ No  
☐ Decline to show
- 

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

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

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

*(Select all that are OBSERVED)*

**1. MCH Reports**

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

**2. Nutrition**

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

**3. Immunizations**

- ☐ Immunizations by location

- ☐ None observed  
☐ Decline to show
- 

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

- ☐ Yes  
☐ No  
☐ Decline to show
- 

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

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

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

- ☐ Yes  
☐ No  
☐ Don't know
- 

137. Does this facility provide a suggestion box?

- ☐ Yes  
☐ No  
☐ Don't know
- 

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

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

139. Check if questionnaire is available in a place that is easily accessible to patients.

- ☐ Yes  
☐ No  
☐ Conducted in ward  
☐ Don't know  
☐ Declined to show
- 

140. Check if pen / pencil is available in that place for the patient to fill out the questionnaire.

- ☐ Yes  
☐ No  
☐ Don't know
- 

141. Check if there is a mailbox available to deposit questionnaires.

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

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

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

143. Enter relevant comments about this section

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

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

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

Thank you for your time today.

Powered by DatStat