VIETNAM DEMOGRAPHIC AND HEALTH SURVEY II
COMMUNITY/HEALTH FACILITY QUESTIONNAIRE

IDENTIFICATION

PROVINCE/MUNICIPALITY _____ ☐☐

DISTRICT _____

COMMUNE _____

CLUSTER NAME _____

CLUSTER NUMBER..... ☐☐☐

URBAN/RURAL (urban=1, rural=2)..... ☐

LARGE CITY/SMALL CITY/TOWN/COUNTRYSIDE..... ☐
(large city=1, small city=2, town=3, countryside=4)

DATE OF VISIT _____

DAY	☐☐
MONTH	☐☐
YEAR	☐☐☐☐
NAME	☐☐
RESULT	☐

INTERVIEWER NAME _____

RESULT*..... ☐

*RESULT CODES:
1=COMPLETED
2=UNABLE TO COMPLETE (SPECIFY REASON BELOW)

_____

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____ ☐☐	NAME _____ ☐☐	☐☐	☐☐
DATE _____	DATE _____		

SECTION 1A. LOCALITY CHARACTERISTICS

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
101	TYPE OF LOCALITY IN WHICH CLUSTER IS LOCATED	LARGE CITY.....1 SMALL CITY.....2 TOWN.....3 VILLAGE.....4	
102	What are the major economic activities of the people living in this locality? *RECORD UP TO THREE ACTIVITIES*	AGRICULTURE.....A LIVESTOCK.....B FISHING.....C TRADING/MARKETING.....D MANUFACTURING.....E MINING.....F GOVERNMENT.....G OTHER_____X (SPECIFY)	
103	Is there telephone service in the locality?	YES.....1 NO.....2	

SECTION 1B. COMMUNITY CHARACTERISTICS

THE FOLLOWING QUESTIONS PERTAIN TO THE IMMEDIATE COMMUNITY IN WHICH THE SAMPLE CLUSTER IS LOCATED. THIS COULD BE A NEIGHBORHOOD IN THE CASE OF AN URBAN AREA (CITY OR TOWN) OR A VILLAGE IN THE CASE OF A RURAL AREA.

104	CHECK 101: TYPE OF LOCALITY IN WHICH CLUSTER IS LOCATED	LARGE CITY.....1 → 109 SMALL CITY.....2 → 109 TOWN.....3 → 109 VILLAGE.....4	
105	What is the name of the nearest urban area (town or city)?	_____	
106	How far is it in kilometers to this place?	KM. TO NEAREST URBAN CENTER..... ☐☐☐	
107	What are the most commonly used types of transportation to go from this place to the nearest urban center? (CIRCLE ALL APPLICABLE) [MODIFY RESPONSE CATEGORIES TO BE APPROPRIATE FOR VIETNAM]	MOTORIZED.....A BICYCLE.....B ANIMAL.....C BOAT.....D WALKING.....E OTHER_____X (SPECIFY)	
108	What is the main access route to this village?	ALL WEATHER ROAD.....1 SEASONAL ROAD.....2 OTHER (RIVER/RAILWAY).....3 PATH.....4	

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
109	Sometimes children who play normally in the day have difficulty seeing and moving around in the twilight after the sun goes down. In the evening these children may sit alone, hold onto their mother's clothes, be unable to find their toys, or see to eat. Are you familiar with this condition?	YES.....1 NO.....2	→112
110	What do you call this condition? TRY TO GET THE LOCAL NAME OF THIS CONDITION	_____ ☐☐ _____	
111	Do you know of any children in the community who have had this condition in the past month?	YES.....1 NO.....2	
112	How far from this community are the following things?	KILOMETERS	
	A primary school?	PRIMARY SCHOOL..... ☐☐	
	A lower secondary school?	LOWER SECONDARY SCHOOL... ☐☐	
	A secondary school?	SECONDARY SCHOOL..... ☐☐	
	A post office?	POST OFFICE..... ☐☐	
	A local market?	LOCAL MARKET..... ☐☐	
	A cinema?	CINEMA..... ☐☐	
	A bank?	BANK..... ☐☐	
	Public transportation?	PUBLIC TRANSPORTATION.... ☐☐	
	IF IN LOCALITY, WRITE "00". IF NOT, WRITE KILOMETERS. IF MORE THAN 95 KM, WRITE "95". IF DO NOT KNOW, WRITE "98".		

SECTION 1C. HEALTH AND FAMILY PLANNING PROGRAMS IN THE COMMUNITY

113	Does a community-based family planning distribution program cover this community?	YES.....1 NO.....2	→115
113A	In what year did the community-based family planning distribution program first cover this community?	YEAR..... ☐☐☐☐ DON'T KNOW.....9998	

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
114	Are the following methods available from the community based distribution program? a: Pill? b: Condom?	PILL: YES.....1 NO.....2 CONDOM: YES.....1 NO.....2	
115	Does a family planning field worker visit this community?	YES.....1 NO.....2	→120
116	How often does a family planning field worker visit?	NO. OF TIMES [ ][ ] PER MONTH..1 YEAR...2	
116A	In what year did family planning field workers first provide services to this community?	YEAR..... [ ][ ][ ][ ] DON'T KNOW.....9998	
117	Does a family planning field worker provide family planning counselling?	YES.....1 NO.....2	
118	Are the following methods available from the family planning field worker? a: Pill? b: Condom?	PILL: YES.....1 NO.....2 CONDOM: YES.....1 NO.....2	
119	How many family planning field workers visit this community?	TOTAL NO. OF FP WORKERS..... [ ][ ]	
120	Is this community visited regularly by a mobile family planning team?	YES.....1 NO.....2	→123
121	How often does the mobile family planning team visit?	NO. OF TIMES [ ][ ] PER MONTH..1 YEAR...2	
121A	In what year did the mobile family planning team first make regular visits to this community?	YEAR..... [ ][ ][ ][ ] DON'T KNOW.....9998	

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
122	Are the following methods available from the mobile family planning team? a: Pill?	PILL: YES.....1 NO.....2	
	b: IUD?	IUD: YES.....1 NO.....2	
	c: Female Sterilization?	FEMALE STERILIZATION: YES.....1 NO.....2	
	d: Male Sterilization?	MALE STERILIZATION: YES.....1 NO.....2	
	e: Injection?	INJECTION: YES.....1 NO.....2	
123	Have there been any family planning campaigns in this community in the last year?	YES.....1 NO.....2	→125
124	What specifically was this campaign promoting? (CIRCLE ALL APPLICABLE)	CHILD SPACING.....A BENEFITS OF BIRTH CONTROL.....B USE OF FAMILY PLANNING.....C BREAST FEEDING.....D SPECIFIC METHOD(S) PROMOTION....E WHERE METHODS AVAILABLE.....F OTHER (SPECIFY)_____.X	
125	Where do women who live in this community usually give birth?	AT HOME.....1 AT HEALTH CENTER/HOSPITAL.....2	
126	Is there a traditional birth attendant available to women here who regularly assists during delivery?	YES.....1 NO.....2	→129
127	Does the traditional birth attendant provide iron supplements?	YES.....1 NO.....2	
128	Has the traditional birth attendant had any special training from the government or Ministry of Health or other organization?	YES.....1 NO.....2 DON'T KNOW.....8	
129	Is the area covered by a trained midwife?	YES.....1 NO.....2	→131
130	Does the trained midwife provide iron supplements?	TES.....1 NO.....2	
131	Is there a health worker in this area?	YES.....1 NO.....2	→134

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
132	Does the health worker provide: a: Basic medications?	BASIC MEDICATIONS: YES.....1 NO.....2	
	b: ORT instruction or ORS packets?	ORT/ORS: YES.....1 NO.....2	
	c: Vitamin A capsules?	VITAMIN A: YES.....1 NO.....2	
	d: Growth promotion?	GROWTH PROMOTION: YES.....1 NO.....2	
	e: Iron tablets?	IRON TABLETS: YES.....1 NO.....2	
	f: Iodized oil capsules/injections?	IODIZED OIL: YES.....1 NO.....2	
	g: Antenatal care?	ANTENATAL CARE: YES.....1 NO.....2	
	h: Immunizations?	IMMUNIZATIONS: YES.....1 NO.....2	
	i: Family planning services?	FAMILY PLANNING: YES.....1 NO.....2	
133	How often does the health worker visit?	NO. OF TIMES [ ][ ] PER MONTH..1 YEAR...2	
134	Have there been any health campaigns in this (LOCALITY) in last year?	YES.....1 NO.....2	→SECT 2
135	What was the health campaign promoting? (CIRCLE ALL APPLICABLE)	BENEFITS OF BREASTFEEDING.....A IMMUNIZATION.....B DIARRHEAL DISEASE CONTROL.....C AIDS.....D DRUG ABUSE.....E GROWTH PROMOTION/NUTRITION.....F VITAMIN A.....G IODINE DEFICIENCY.....H SANITATION.....I OTHER (SPECIFY)_____.X	

SECTION 2. FACILITY IDENTIFICATION SECTION

What is the name of the nearest doctor with a private practice to this community?

_____

What is the name of the nearest pharmacy to this community?

_____

What is the name of the nearest commune health center?

_____

Aside from the commune health center, what is the name of the nearest health center, intercommune health center, or hospital to this community?

_____

SECTION 2A. PRIVATE DOCTOR

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
A201	NAME OF PRIVATE DOCTOR (COPY FROM SECTION 2 COVER PAGE).	PRIVATE DOCTOR'S NAME _____ NOT APPLICABLE.....000	→B201
A203	How far is this practice (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 94 KILOMETERS, WRITE IN NUMBER AS GIVEN. IF 95 KILOMETERS OR MORE, WRITE IN '95'.)	KILOMETERS..... ☐☐	
A204	What is the most common type of transport to the doctor's practice?	MOTORIZED (E.G. BUS).....1 BICYCLE.....2 ANIMAL.....3 BOAT.....4 WALKING.....5 OTHER _____ (SPECIFY) 6	
A205	How long does it take to get from here to (PRIVATE DOCTOR'S NAME) using the most common type of transport? IF LESS THAN ONE HOUR, RECORD MINUTES. OTHERWISE, RECORD HOURS.	HOURS.....1 ☐☐ MINUTES.....2 ☐☐	
A205A	In what year did (PRIVATE DOCTOR'S NAME) first offer services to this community?	YEAR..... ☐☐☐☐ DON'T KNOW.....9998	
A206	Does this private doctor provide : antenatal care? delivery care? child immunization? family planning services?	YES NO DK ANTENATAL CARE.....1 2 8 DELIVERY CARE.....1 2 8 CHILD IMMUNIZATION...1 2 8 FAMILY PLANNING.....1 2 8	→B201
A207	Who is the nearest doctor with a private practice who provides family planning services to this community?	PRIVATE DOCTOR'S NAME _____ DON'T KNOW.....98	→B201
A209	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 94 KILOMETERS, WRITE IN NUMBER AS GIVEN. IF 95 KILOMETERS OR MORE, WRITE IN '95'.)	KILOMETERS..... ☐☐	
A210	What is the most common type of transport to the doctor's practice?	MOTORIZED (E.G. BUS).....1 BICYCLE.....2 ANIMAL.....3 BOAT.....4 WALKING.....5 OTHER _____ (SPECIFY) 6	

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
A211	How long does it take to get from here to (PRIVATE DOCTOR'S NAME) using the most common type of transport? IF LESS THAN ONE HOUR, RECORD MINUTES. OTHERWISE, RECORD HOURS.	HOURS.....1 ☐☐ MINUTES.....2 ☐☐	
A211A	In what year did (PRIVATE DOCTOR'S NAME) first offer services to this community?	YEAR..... ☐☐☐☐ DON'T KNOW.....9998	

SECTION 2B. PHARMACY

B201	NAME OF PHARMACY (COPY FROM SECTION 2 COVER PAGE).	PHARMACY NAME _____ NOT APPLICABLE.....000	→C201
B202	Is that a government pharmacy or is it operated by a non-government organization ?	GOVERNMENT .....1 NON-GOVERNMENT.....2	
B203	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 94 KILOMETERS, WRITE IN NUMBER AS GIVEN. IF 95 KILOMETERS OR MORE, WRITE IN '95'.)	KILOMETERS..... ☐☐	
B204	What is the most common type of transport to the pharmacy?	MOTORIZED (E.G. BUS).....1 BICYCLE.....2 ANIMAL.....3 BOAT.....4 WALKING.....5 OTHER_____6 (SPECIFY)	
B205	How long does it take to get from here to (PHARMACY NAME) using the most common type of transport? IF LESS THAN ONE HOUR, RECORD MINUTES. OTHERWISE, RECORD HOURS.	HOURS.....1 ☐☐ MINUTES.....2 ☐☐	
B205A	In what year did (PHARMACY NAME) first sell supplies to this community?	YEAR..... ☐☐☐☐ DON'T KNOW.....9998	
B206	Does this pharmacy sell family planning supplies?	YES.....1 NO.....2 DON'T KNOW.....8	→C201
B207	What is the name of the nearest pharmacy which sells family planning supplies to this community?	PHARMACY NAME _____ DON'T KNOW.....98	→C201

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
B208	Is that a government pharmacy or is it operated by a non-government organization ?	GOVERNMENT .....1 NON-GOVERNMENT.....2	
B209	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 94 KILOMETERS, WRITE IN NUMBER AS GIVEN. IF 95 KILOMETERS OR MORE, WRITE IN '95'.)	KILOMETERS..... ☐☐	
B210	What is the most common type of transport to the pharmacy?	MOTORIZED (E.G. BUS).....1 BICYCLE.....2 ANIMAL.....3 BOAT.....4 WALKING.....5 OTHER_____6 (SPECIFY)	
B211	How long does it take to get from here to (PHARMACY NAME) using the most common type of transport? IF LESS THAN ONE HOUR, RECORD MINUTES. OTHERWISE, RECORD HOURS.	HOURS.....1 ☐☐ MINUTES.....2 ☐☐	
B211A	In what year did (PHARMACY NAME) first sell supplies to this community?	YEAR..... ☐☐☐☐ DON'T KNOW.....9998	

SECTION 2C. COMMUNE HEALTH CENTER

C201	NAME OF COMMUNE HEALTH CENTER (FROM SECTION 2 COVER PAGE).	COMMUNE HEALTH CENTER NAME _____ NOT APPLICABLE.....000 →	→D201
C203	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 94 KILOMETERS, WRITE IN NUMBER AS GIVEN. IF 95 KILOMETERS OR MORE, WRITE IN '95'.)	KILOMETERS..... ☐☐	
C204	What is the most common type of transport to the commune health center?	MOTORIZED (E.G. BUS).....1 BICYCLE.....2 ANIMAL.....3 BOAT.....4 WALKING.....5 OTHER_____6 (SPECIFY)	
C205	How long does it take to get from here to (COMMUNE HEALTH CENTER NAME) using the most common type of transport? IF LESS THAN ONE HOUR, RECORD MINUTES. OTHERWISE, RECORD HOURS.	HOURS.....1 ☐☐ MINUTES.....2 ☐☐	

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
C206	Does this facility provide: antenatal care? delivery care? growth promotion? child immunization? family planning services?	YES NO DK ANTENATAL CARE.....1 2 8 DELIVERY CARE.....1 2 8 GROWTH PROMOTION.....1 2 8 CHILD IMMUNIZATION...1 2 8 FAMILY PLANNING.....1 2 8	→D201
C207	What is the name of the nearest commune health center providing family planning services to this community?	COMMUNE HEALTH CENTER NAME _____	
C209	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 94 KILOMETERS, WRITE IN NUMBER AS GIVEN. IF 95 KILOMETERS OR MORE, WRITE IN '95'.)	KILOMETERS..... ☐☐	
C210	What is the most common type of transport to that facility?	MOTORIZED (E.G. BUS).....1 BICYCLE.....2 ANIMAL.....3 BOAT.....4 WALKING.....5 OTHER_____6 (SPECIFY)	
C211	How long does it take to get from here to that facility using the most common type of transport? IF LESS THAN ONE HOUR, RECORD MINUTES. OTHERWISE, RECORD HOURS.	HOURS.....1 ☐☐ MINUTES.....2 ☐☐	

SECTION 2D. NEAREST HEALTH CENTER (ASIDE FROM COMMUNE HEALTH CENTER)

D201	NAME OF NEAREST HEALTH CENTER (COPY FROM SECTION 2 OF COVER PAGE)	NEAREST HEALTH CENTER NAME _____ NOT APPLICABLE.....000	→E201
D203	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 94 KILOMETERS, WRITE IN NUMBER AS GIVEN. IF 95 KILOMETERS OR MORE, WRITE IN '95'.)	KILOMETERS..... ☐☐	

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
D204	What is the most common type of transport to this facility?	MOTORIZED (E.G. BUS).....1 BICYCLE.....2 ANIMAL.....3 BOAT.....4 WALKING.....5 OTHER_____6 (SPECIFY)	
D205	How long does it take to get from here to (HEALTH CENTER NAME) using the most common type of transport? IF LESS THAN ONE HOUR, RECORD MINUTES. OTHERWISE, RECORD HOURS.	HOURS.....1 ☐☐ MINUTES.....2 ☐☐	
D206	Does this facility provide : antenatal care? delivery care? growth promotion? child immunization? family planning services?	YES NO DK ANTENATAL CARE.....1 2 8 DELIVERY CARE.....1 2 8 GROWTH PROMOTION.....1 2 8 CHILD IMMUNIZATION...1 2 8 FAMILY PLANNING.....1 2 8	→E201
D207	What is the name of the nearest health center, aside from the commune health center, providing family planning services to this community?	HEALTH CENTER NAME _____	
D209	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 94 KILOMETERS, WRITE IN NUMBER AS GIVEN. IF 95 KILOMETERS OR MORE, WRITE IN '95'.)	KILOMETERS..... ☐☐	
D210	What is the most common type of transport to this facility?	MOTORIZED (E.G. BUS).....1 BICYCLE.....2 ANIMAL.....3 BOAT.....4 WALKING.....5 OTHER_____6 (SPECIFY)	
D211	How long does it take to get from here to (HEALTH CENTER NAME) using the most common type of transport? IF LESS THAN ONE HOUR, RECORD MINUTES. OTHERWISE, RECORD HOURS.	HOURS.....1 ☐☐ MINUTES.....2 ☐☐	

SECTION 2E. NEAREST PLACE OFFERING CONTRACEPTIVE METHODS AND HEALTH SERVICES

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
E201	What is the name of the nearest place where birth control pills can be obtained?	NEAREST PILL PROVIDER NAME _____	
E202	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 94 KILOMETERS, WRITE IN NUMBER AS GIVEN. IF 95 KILOMETERS OR MORE, WRITE IN '95'.)	KILOMETERS..... ☐☐	
E203	What is the name of the nearest place or provider to this community where condoms can be obtained?	NEAREST CONDOM PROVIDER NAME _____	
E204	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 94 KILOMETERS, WRITE IN NUMBER AS GIVEN. IF 95 KILOMETERS OR MORE, WRITE IN '95'.)	KILOMETERS..... ☐☐	
E205	What is the name of the nearest place to this community where family planning injections can be obtained?	NEAREST INJECTION PROVIDER NAME _____	
E206	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 94 KILOMETERS, WRITE IN NUMBER AS GIVEN. IF 95 KILOMETERS OR MORE, WRITE IN '95'.)	KILOMETERS..... ☐☐	
E207	What is the name of the nearest facility or provider to this community where IUDs can be inserted?	NEAREST IUD PROVIDER NAME _____	
E208	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 94 KILOMETERS, WRITE IN NUMBER AS GIVEN. IF 95 KILOMETERS OR MORE, WRITE IN '95'.)	KILOMETERS..... ☐☐	
E209	What is the name of the nearest facility or provider to this community where female sterilization can be obtained?	NEAREST STERILIZATION PROVIDER NAME _____	
E210	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 94 KILOMETERS, WRITE IN NUMBER AS GIVEN. IF 95 KILOMETERS OR MORE, WRITE IN '95'.)	KILOMETERS..... ☐☐	

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
E211	What is name of the nearest place to this community where immunizations for children can be obtained?	NEAREST IMMUNIZATION PROVIDER NAME _____	
E212	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 94 KILOMETERS, WRITE IN NUMBER AS GIVEN. IF 95 KILOMETERS OR MORE, WRITE IN '95'.)	KILOMETERS..... ☐☐	
E213	What is the name of the nearest place to this community where Oredon packets can be obtained?	NEAREST ORS PLACE NAME _____	
E214	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 94 KILOMETERS, WRITE IN NUMBER AS GIVEN. IF 95 KILOMETERS OR MORE, WRITE IN '95'.)	KILOMETERS..... ☐☐	
E215	If child is sick with cough (respiratory illness), what is the name of the nearest place where treatment can be obtained?	NEAREST RESP. DISEASE TREATMENT PLACE _____	
E216	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 94 KILOMETERS, WRITE IN NUMBER AS GIVEN. IF 95 KILOMETERS OR MORE, WRITE IN '95'.)	KILOMETERS..... ☐☐	
E217	What is the name of the nearest place to this community where antenatal care can be obtained?	NEAREST ANTENATAL PROVIDER NAME _____	
E218	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 94 KILOMETERS, WRITE IN NUMBER AS GIVEN. IF 95 KILOMETERS OR MORE, WRITE IN '95'.)	KILOMETERS..... ☐☐	
E219	If a woman has a complication in delivery, what is the name of the nearest place she can be treated?	NEAREST DELIVERY PLACE NAME _____	
E220	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 94 KILOMETERS, WRITE IN NUMBER AS GIVEN. IF 95 KILOMETERS OR MORE, WRITE IN '95'.)	KILOMETERS..... ☐☐	

E221. CLUSTER INFORMANTS

	NAME	POSITION/TITLE/OCCUPATION
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

E222. TOTAL NUMBER OF INFORMANTS IN THE CLUSTER..... ☐☐

END OF CLUSTER INTERVIEW.

SECTION 3. **COMMUNE HEALTH CENTER VISIT**

NAME OF FACILITY _____ DATE:_____

IF THE COMMUNE HEALTH CENTER IS WITHIN 30 KILOMETERS, IT IS TO BE VISITED. COMPLETE QUESTIONS 300, 301 AND 302 UPON ARRIVAL AT THE FACILITY BASED ON YOUR OWN OBSERVATIONS. THEN FIND A KNOWLEDGEABLE STAFF PERSON AT THE FACILITY TO ANSWER THE REMAINING QUESTIONS.

IF THIS FACILITY HAS ALREADY BEEN VISITED FOR A DIFFERENT CLUSTER, RECORD DHS CLUSTER NUMBER HERE: ☐☐☐
IF THE FACILITY HAS ALREADY BEEN VISITED, A SECOND VISIT IS NOT NEEDED. END YOUR VISIT.

300	IF THIS IS THE FIRST FACILITY VISITED AFTER THE CLUSTER VISIT RECORD DISTANCE FROM CLUSTER FROM THE ODOMETER.	DISTANCE FROM CLUSTER.... ☐☐ NOT FIRST FACILITY VISITED.....95 CHC IN CLUSTER.....96	
301	DO YOU THINK THAT THE ESTIMATE OF DISTANCE TO THE FACILITY GIVEN IN THE CLUSTER IS REASONABLE?	REASONABLE.....1 OVERESTIMATED.....2 UNDERESTIMATED.....3	
302	DO YOU THINK THAT THE ESTIMATE OF THE TIME TO THE FACILITY GIVEN IN THE CLUSTER IS REASONABLE?	REASONABLE.....1 OVERESTIMATED.....2 UNDERESTIMATED.....3	

QUESTIONS TO BE ASKED OF STAFF PERSON AT FACILITY:

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
303	In what year did this commune health center open?	YEAR OPENED..... ☐☐☐☐	
306	How many beds does this commune health center have?	NUMBER OF BEDS..... ☐☐☐	
307	On average, how many outpatients are seen daily at this facility? (Outpatients are people seen for preventive care and sick people who go home the same day)	NUMBER OF DAILY OUTPATIENTS..... ☐☐☐☐	
308	How many regular staff of the following types does this commune health center have?	NUMBER OF:	
	Doctors	DOCTORS..... ☐☐	
	Doctor's assistants	DOCTOR'S ASSISTANTS..... ☐☐	
	Nurses	NURSES..... ☐☐	
	Midwives	MIDWIVES..... ☐☐	
	MCH/FP workers	MCH/FP WORKDERS..... ☐☐	
	Other staff	OTHER STAFF..... ☐☐	

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
309	Does this facility normally use disposable needles when giving injections for MCH immunizations?	YES.....1 NO.....2	→312
310	Is this facility out now or has it run out of its supply of disposable needles at any time in the last 6 months?	YES.....1 NO.....2	
311	Does this facility ever reuse disposable needles?	YES.....1 NO.....2	
312	Does this facility normally use disposable gloves?	YES.....1 NO.....2	→314
313	Is this facility out now or has it run out of its supply of disposable gloves at any time in the last 6 months?	YES.....1 NO.....2	
314	What is the method MOST frequently used for the sterilization of medical instruments? (CIRCLE ONE)	ELECTRIC STERILIZER.....1 AUTOCLAVE.....2 STEAM PRESSURE STERILIZER.....3 BOIL OVER KEROSENE STOVE.....4 BOIL OVER CHARCOAL/WOOD STOVE.....5 NONE.....6 OTHER_____7 (SPECIFY)	→316
315	Has the facility NOT been able to sterilize medical instruments for any reason (e.g. equipment broken, no electricity, no fuel) at any time in the last six months?	HAS NOT BEEN ABLE.....1 HAS BEEN ABLE.....2	
316	Does the facility have the following items in working order/ in stock:	YES NO	
	Running water?	RUNNING WATER.....1 2	
	Electricity?	ELECTRICITY.....1 2	
	Refrigerator?	REFRIGERATOR.....1 2	
	Kerosene?	KEROSENE.....1 2	
	Telephone or radio transmitter?	TELEPHONE.....1 2	
	Vehicle?	VEHICLE.....1 2	
	Motorbike?	MOTORBIKE.....1 2	
	Bicycle?	BICYCLE.....1 2	
	Delivery bed?	DELIVERY BED.....1 2	
	Delivery kit?	DELIVERY KIT.....1 2	
	Waiting area for women in labor?	WAITING AREA.....1 2	
	Blood bank?	BLOOD BANK.....1 2	
	Examination couch?	EXAM COUCH.....1 2	
	Examination light for gynecological examination?	LIGHT-GYN EXAMS.....1 2	
	IUCD (loop insertion) kit?	IUCD KIT.....1 2	
	Vacuum aspiration kit for menstrual regulation?	VACUUM ASPIRATION KIT.....1 2	
	Weighing scales for children?	WEIGHING SCALE-CHILD.....1 2	
	Adult weighing scale?	ADULT SCALE.....1 2	
	Growth cards?	GROWTH CARDS.....1 2	
	Linens?	LINENS.....1 2	
	Gauze?	GAUZE.....1 2	
	Cotton wool?	COTTON WOOL.....1 2	
	Antiseptics?	ANTISEPTICS.....1 2	
	Blood pressure machine?	BLOOD PRESSURE MACHINE....1 2	
	Talquist method for diagnosis of anemia?	TALQUIST METHOD.....1 2	
	Microscope?	MICROSCOPE.....1 2	
	AIDS test (Elisa test)?	AIDS TEST.....1 2	

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
317	Do you have an outreach program?	YES.....1 NO.....2	→319
318	How many villages/communities do you regularly visit?	NUMBER OF SITES..... ☐☐	

SERVICES AVAILABLE AT THE COMMUNE HEALTH CENTER:
Now I would like to ask you about maternal and child health services available at this commune health center.

ASK Q.320 FOR THE FIRST SERVICE. IF THIS SERVICE IS AVAILABLE, CONTINUE ACROSS THE TABLE, IF NOT, ASK ABOUT THE NEXT SERVICE.

	SERVICE	320 Is (SERVICE) available?	321 How many days per week is (SERVICE) available?	322 In what year was (SERVICE) first offered here?
1	Antenatal care	YES.....1 NO.....2	☐	☐☐☐☐
2	Delivery care	YES.....1 NO.....2		☐☐☐☐
3	Postnatal care	YES.....1 NO.....2	☐	☐☐☐☐
4	Child immunization	YES.....1 NO.....2	☐	☐☐☐☐
5	Child growth monitoring	YES.....1 NO.....2 323←	☐	☐☐☐☐

MEDICATION AVAILABILITY AT THE FACILITY:
Now I would like to ask you about medications and other supplies available at this facility. When I have finished, I will need to see the medications you have in stock.

ASK Q. 323 FOR EACH MEDICATION. IF THE MEDICATION IS AVAILABLE, ASK Q. 324, IF NOT AVAILABLE, ASK Q.325. IF THE MEDICATION HAS AT SOME TIME BEEN AVAILABLE, ASK Q.326. IF Q. 323 IS YES, RECORD WHETHER YOU SAW THE MEDICATION.

	MEDICATION	323 Is (MEDICATION) available now?	324 At any time in the last 6 months did you run out of (MEDICATION)?	325 Have you ever had (MEDICATION)?	326 Why do you not have (MEDICATION) now?	327 MEDICATION SEEN/NOT SEEN
1	Chloroquine	YES.....1 NO.....2 → 325	YES.....1 NO.....2 → 327	YES.....1 NO.....2 → 323	→ 323	SEEN.....1 NOT SEEN..2 → 323
2	Quinine or similar medication	YES.....1 NO.....2 → 325	YES.....1 NO.....2 → 327	YES.....1 NO.....2 → 323	→ 323	SEEN.....1 NOT SEEN..2 → 323
3	Penicillin	YES.....1 NO.....2 → 325	YES.....1 NO.....2 → 327	YES.....1 NO.....2 → 323	→ 323	SEEN.....1 NOT SEEN..2 → 323
4	Iron tablets	YES.....1 NO.....2 → 325	YES.....1 NO.....2 → 327	YES.....1 NO.....2 → 323	→ 323	SEEN.....1 NOT SEEN..2 → 323
5	Folic acid	YES.....1 NO.....2 → 325	YES.....1 NO.....2 → 327	YES.....1 NO.....2 → 323	→ 323	SEEN.....1 NOT SEEN..2 → 323
6	Oredon	YES.....1 NO.....2 → 325	YES.....1 NO.....2 → 327	YES.....1 NO.....2 → 323	→ 323	SEEN.....1 NOT SEEN..2 → 323
7	Vitamin A	YES.....1 NO.....2 → 325	YES.....1 NO.....2 → 327	YES.....1 NO.....2 → 323	→ 323	SEEN.....1 NOT SEEN..2 → 323
8	Condoms	YES.....1 NO.....2 → 325	YES.....1 NO.....2 → 327	YES.....1 NO.....2 → 329	→ 329	SEEN.....1 NOT SEEN..2 → 329

CODES FOR Q.326: 1= INSUFFICIENT FUNDS
2= UNABLE TO GET RESUPPLY
3= NOT DESIGNATED TO CARRY
4= OUT OF CURRENT MONTH'S SUPPLY
5= OTHER

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
329	Are immunizations available for children now?	YES.....1 NO.....2	→332
330	At any time in the last 6 months have you run out of vaccines?	YES.....1 NO.....2	
331	I need to see your supply of vaccines now.	VACCINES SEEN IN REFRIGERATOR.....1 VACCINES SEEN NOT IN REFRIGERATOR.2 VACCINES NOT SEEN.....3	
332	Does this facility perform induced abortions?	YES.....1 NO.....2	→ 335
332A	In what year were abortion services first offered at this facility?	YEAR..... ☐☐☐☐ DON'T KNOW.....9998	
333	Are the following types of staff, if available, trained in providing abortion services? IF YES: Have any of these staff received training in the last three years?	YES, LESS THAN 3 YRS / YES, 3 YRS OR MORE / NO / NA DOCTORS.....1 2 3 7 DOC. ASSTS.....1 2 3 7 NURSES.....1 2 3 7 MIDWIVES.....1 2 3 7 FP WORKDERS....1 2 3 7	
	Doctors? Doctor's assistants? Nurses? Midwives? Family planning workers?		
334	During an average month, how many women come to this facility for an induced abortion?	PATIENTS..... ☐☐☐	
335	Does this facility provide menstrual regulation services?	YES.....1 NO.....2	→ 338
335A	In what year were menstrual regulation services first offered at this facility?	YEAR..... ☐☐☐☐ DON'T KNOW.....9998	
336	Are the following types of staff, if available, trained in providing menstrual regulation services? IF YES: Have any of these staff received training in the last three years?	YES, LESS THAN 3 YRS / YES, 3 YRS OR MORE / NO / NA DOCTORS.....1 2 3 7 DOC. ASSTS.....1 2 3 7 NURSES.....1 2 3 7 MIDWIVES.....1 2 3 7 FP WORKDERS....1 2 3 7	
	Doctors? Doctor's assistants? Nurses? Midwives? Family planning workers?		
337	During an average month, how many women come to this facility for menstrual regulation?	PATIENTS..... ☐☐☐	
338	Does this facility provide family planning services?	YES.....1 NO.....2	→ 354

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
340	Are the following types of staff, if available, trained in providing family planning services? IF YES: Have any of these staff received training in the last three years?	YES, LESS THAN 3 YRS / YES, 3 YRS OR MORE / NO / NA	
	Doctors?	DOCTORS.....1 2 3 7	
	Doctor's assistants?	DOC. ASSTS.....1 2 3 7	
	Nurses?	NURSES.....1 2 3 7	
	Midwives?	MIDWIVES.....1 2 3 7	
	Family planning workers?	FP WORKERS.....1 2 3 7	
341	Are the following types of staff, if available, trained in IUCD (loop) insertion? IF YES: Have any of these staff received training in the last three years?	YES, LESS THAN 3 YRS / YES, 3 YRS OR MORE / NO / NA	
	Doctors?	DOCTORS.....1 2 3 7	
	Doctor's assistants?	DOC. ASSTS.....1 2 3 7	
	Nurses?	NURSES.....1 2 3 7	
	Midwives?	MIDWIVES.....1 2 3 7	
	Family planning workers?	FP WORKERS.....1 2 3 7	
342	During an average month, how many women come to get family planning for the first time?	NEW PATIENTS..... [ ][ ][ ]	
343	During an average month, how many women come because they need more family planning (resupply)?	RESUPPLY PATIENTS..... [ ][ ][ ]	
343A	Does this facility have educational materials (posters, flip charts) which are used to educate women about family planning?	YES.....1 NO.....2	
343B	Have any group education meetings been held by staff from this facility in the last 12 months?	YES.....1 NO.....2	

344. CONTRACEPTIVE METHOD AVAILABILITY:

Now I would like to ask you about which family planning methods are available at this facility. I must also see the methods when we are finished.

ASK ABOUT THE FIRST METHOD. IF THIS METHOD IS AVAILABLE AT THIS FACILITY, MOVE ACROSS THE TABLE.
IF THE METHOD IS NOT AVAILABLE NOW, ASK Q.350.

METHOD	345 Is (METHOD) available now?	346 How many days per week is (METHOD) available?	347 In what year did you first offer (METHOD)?	348 Is your stock of (METHOD) in date or out of date?	349 METHOD SEEN/ NOT SEEN STATUS	350 Have you ever stocked (METHOD)?	351 How many weeks ago did you run out of (METHOD)?
01 Pill	YES.....1 NO.....2 350 ↵			IN DATE.....1 OUT OF DATE.2 BOTH.....3	SEEN.....1 NOT SEEN.2	YES....1 NO.....2 345 ↵	wks.
02 IUD (LOOP)	YES.....1 NO.....2 350 ↵			IN DATE.....1 OUT OF DATE.2 BOTH.....3	SEEN.....1 NOT SEEN.2	YES....1 NO.....2 345 ↵	wks.
03 Injection	YES.....1 NO.....2 350 ↵			IN DATE.....1 OUT OF DATE.2 BOTH.....3	SEEN.....1 NOT SEEN.2	YES....1 NO.....2 345 ↵	wks.
04 Foaming tablets/ foam/jelly	YES.....1 NO.....2 350 ↵			IN DATE.....1 OUT OF DATE.2 BOTH.....3	SEEN.....1 NOT SEEN.2	YES....1 NO.....2 345 ↵	wks.
06 Other SPECIFY	YES.....1 NO.....2 352 ↵						

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
352	Do you have your contraceptives delivered or must you go get them?	DELIVERED.....1 PICK THEM UP.....2	→ 354
353	How far (in kilometers) must you go to get them?	KM. TO PICK UP CONTRACEPTIVES.....	
354	What is your position or title here?	_____	

QUESTIONS 355 AND 356 ARE TO BE ANSWERED BY THE INTERVIEWER AFTER THE FACILITY VISIT IS COMPLETE.

355	DID THE INFORMANT SEEM KNOWLEDGEABLE?	YES.....1 NO.....2	
356	INTERVIEWER COMMENTS:		

SECTION 4. **VISIT TO NEAREST HEALTH CENTER**

NAME OF FACILITY _____ Date:_____

IF THE NEAREST HEALTH CENTER (OTHER THAN THE COMMUNE HEALTH CENTER IS WITHIN 30 KILOMETERS, IT IS TO BE VISITED. COMPLETE QUESTIONS 400, 401 AND 402 UPON ARRIVAL AT THE FACILITY BASED ON YOUR OWN OBSERVATIONS. THEN FIND A KNOWLEDGEABLE STAFF PERSON AT THE FACILITY ANSWER THE REMAINING QUESTIONS.

IF THIS FACILITY HAS ALREADY BEEN VISITED FOR A DIFFERENT CLUSTER, RECORD DHS CLUSTER NUMBER HERE: ☐☐☐
IF THE FACILITY HAS ALREADY BEEN VISITED, A SECOND VISIT IS NOT NEEDED. END YOUR VISIT.

400	IF THIS IS THE FIRST FACILITY VISITED AFTER THE CLUSTER VISIT RECORD DISTANCE FROM CLUSTER FROM THE ODOMETER.	DISTANCE FROM CLUSTER.... ☐☐ NOT FIRST FACILITY VISITED.....95	
401	DO YOU THINK THAT THE ESTIMATE OF DISTANCE TO THE FACILITY GIVEN IN THE CLUSTER IS REASONABLE?	REASONABLE.....1 OVERESTIMATED.....2 UNDERESTIMATED.....3	
402	DO YOU THINK THAT THE ESTIMATE OF THE TIME TO THE FACILITY GIVEN IN THE CLUSTER IS REASONABLE?	REASONABLE.....1 OVERESTIMATED.....2 UNDERESTIMATED.....3	

QUESTIONS TO BE ASKED OF STAFF PERSON AT FACILITY:

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
403	In what year did this facility open?	YEAR OPENED..... ☐☐☐☐	
406	How many beds does this facility have?	NUMBER OF BEDS..... ☐☐☐	
407	On average, how many outpatients are seen daily at this facility? (Outpatients are people seen for preventive care and sick people who go home the same day)	NUMBER OF DAILY OUTPATIENTS..... ☐☐☐☐	
408	How many regular staff of the following types does this commune health center have?	NUMBER OF:	
	Doctors	DOCTORS..... ☐☐	
	Doctor's assistants	DOCTOR'S ASSISTANTS..... ☐☐	
	Nurses	NURSES..... ☐☐	
	Midwives	MIDWIVES..... ☐☐	
	MCH/FP workers	MCH/FP WORKERS..... ☐☐	
	Other staff	OTHER STAFF..... ☐☐	

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
409	Does this facility normally use disposable needles when giving injections for MCH immunizations?	YES.....1 NO.....2	→412
410	Is this facility out now or has it run out of its supply of disposable needles at any time in the last 6 months?	YES.....1 NO.....2	
411	Does this facility ever reuse disposable needles?	YES.....1 NO.....2	
412	Does this facility normally use disposable gloves?	YES.....1 NO.....2	→414
413	Is this facility out now or has it run out of its supply of disposable gloves at any time in the last 6 months?	YES.....1 NO.....2	
414	What is the method MOST frequently used for the sterilization of medical instruments? (CIRCLE ONE)	ELECTRIC STERILIZER.....1 AUTOCLAVE.....2 STEAM PRESSURE STERILIZER.....3 BOIL OVER KEROSENE STOVE.....4 BOIL OVER CHARCOAL/WOOD STOVE.....5 NONE.....6 OTHER_____7 (SPECIFY)	→416
415	Has the facility NOT been able to sterilize medical instruments for any reason (e.g. equipment broken, no electricity, no fuel) at any time in the last six months?	HAS NOT BEEN ABLE.....1 HAS BEEN ABLE.....2	

416	Does the facility have the following items in working order/ in stock:		YES	NO
	Running water?	RUNNING WATER	1	2
	Electricity?	ELECTRICITY	1	2
	Refrigerator?	REFRIGERATOR	1	2
	Kerosene?	KEROSENE	1	2
	Telephone or radio transmitter?	TELEPHONE	1	2
	Vehicle?	VEHICLE	1	2
	Motorbike?	MOTORBIKE	1	2
	Bicycle?	BICYCLE	1	2
	Delivery bed?	DELIVERY BED	1	2
	Delivery kit?	DELIVERY KIT	1	2
	Waiting area for women in labor?	WAITING AREA	1	2
	Blood bank?	BLOOD BANK	1	2
	Examination couch?	EXAM COUCH	1	2
	Examination light for gynecological examination?	LIGHT-GYN EXAMS	1	2
	IUCD (loop insertion) kit?	IUCD KIT	1	2
	Vacuum aspiration kit for menstrual regulation?	Vacuum aspiration kit	1	2
	Weighing scales for children?	WEIGHING SCALE-CHILD	1	2
	Adult weighing scale?	ADULT SCALE	1	2
	Growth cards?	GROWTH CARDS	1	2
	Linens?	LINENS	1	2
	Gauze?	GAUZE	1	2
	Cotton wool?	COTTON WOOL	1	2
	Antiseptics?	ANTISEPTICS	1	2
	Blood pressure machine?	BLOOD PRESSURE MACHINE	1	2
	Talquist method for diagnosis of anemia?	TALQUIST METHOD	1	2
	Microscope?	MICROSCOPE	1	2
	AIDS test (Elisa test)?	AIDS TEST	1	2

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
417	Do you have an outreach program?	YES.....1 NO.....2	→419
418	How many villages/communities do you regularly visit?	NUMBER OF SITES..... ☐☐	

SERVICES AVAILABLE AT THE FACILITY:
Now I would like to ask you about maternal and child health services available at this facility.

ASK Q.420 FOR THE FIRST SERVICE. IF THIS SERVICE IS AVAILABLE, CONTINUE ACROSS THE TABLE, IF NOT, ASK ABOUT THE NEXT SERVICE.

SERVICE	420 Is (SERVICE) available?	421 How many days per week is (SERVICE) available?	422 In what year was (SERVICE) first offered here?
1 ☐ Antenatal care	YES.....1 NO.....2	☐	☐☐☐☐
2 ☐ Delivery care	YES.....1 NO.....2	→	☐☐☐☐
3 ☐ Postnatal care	YES.....1 NO.....2	☐	☐☐☐☐
4 ☐ Child immunization	YES.....1 NO.....2	☐	☐☐☐☐
5 ☐ Child growth monitoring	YES.....1 NO.....2 → 423	☐	☐☐☐☐

MEDICATION AVAILABILITY AT THE FACILITY:
Now I would like to ask you about medications and other supplies available at this facility. When I have finished, I will need to see the medications you have in stock.

ASK Q. 423 FOR EACH MEDICATION. IF THE MEDICATION IS AVAILABLE, ASK Q. 424, IF NOT AVAILABLE, ASK Q.425. IF THE MEDICATION HAS AT SOME TIME BEEN AVAILABLE, ASK Q.426. IF Q. 423 IS YES, RECORD WHETHER YOU SAW THE MEDICATION.

	MEDICATION	423 Is (MEDICATION) available now?	424 At any time in the last 6 months did you run out of (MEDICATION)?	425 Have you ever had (MEDICATION)?	426 Why do you not have (MEDICATION) now?	427 MEDICATION SEEN/NOT SEEN
1	Chloroquine	YES.....1 NO.....2 → 425	YES.....1 NO.....2 → 427	YES.....1 NO.....2 → 423	→ 423	SEEN.....1 NOT SEEN..2 → 423
2	Quinine or similar medication	YES.....1 NO.....2 → 425	YES.....1 NO.....2 → 427	YES.....1 NO.....2 → 423	→ 423	SEEN.....1 NOT SEEN..2 → 423
3	Penicillin	YES.....1 NO.....2 → 425	YES.....1 NO.....2 → 427	YES.....1 NO.....2 → 423	→ 423	SEEN.....1 NOT SEEN..2 → 423
4	Iron tablets	YES.....1 NO.....2 → 425	YES.....1 NO.....2 → 427	YES.....1 NO.....2 → 423	→ 423	SEEN.....1 NOT SEEN..2 → 423
5	Folic acid	YES.....1 NO.....2 → 425	YES.....1 NO.....2 → 427	YES.....1 NO.....2 → 423	→ 423	SEEN.....1 NOT SEEN..2 → 423
6	Oredon	YES.....1 NO.....2 → 425	YES.....1 NO.....2 → 427	YES.....1 NO.....2 → 423	→ 423	SEEN.....1 NOT SEEN..2 → 423
7	Vitamin A	YES.....1 NO.....2 → 425	YES.....1 NO.....2 → 427	YES.....1 NO.....2 → 423	→ 423	SEEN.....1 NOT SEEN..2 → 423
8	Condoms	YES.....1 NO.....2 → 425	YES.....1 NO.....2 → 427	YES.....1 NO.....2 → 429	→ 429	SEEN.....1 NOT SEEN..2 → 429

CODES FOR Q.426: 1= INSUFFICIENT FUNDS
2= UNABLE TO GET RESUPPLY
3= NOT DESIGNATED TO CARRY
4= OUT OF CURRENT MONTH'S SUPPLY
5= OTHER

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
429	Are immunizations available for children now?	YES.....1 NO.....2	→432
430	At any time in the last 6 months have you run out of vaccines?	YES.....1 NO.....2	
431	I need to see your supply of vaccines now.	VACCINES SEEN IN REFRIGERATOR.....1 VACCINES SEEN NOT IN REFRIGERATOR.2 VACCINES NOT SEEN.....3	
432	Does this facility perform induced abortions?	YES.....1 NO.....2	→ 435
432A	In what year were abortion services first offered at this facility?	YEAR..... ☐☐☐☐ DON'T KNOW.....9998	
433	Are the following types of staff, if available, trained in providing abortion services? IF YES: Have any of these staff received training in the last three years?	YES, LESS THAN 3 YRS / YES, 3 YRS OR MORE / NO / NA DOCTORS.....1 2 3 7 DOC. ASSTS.....1 2 3 7 NURSES.....1 2 3 7 MIDWIVES.....1 2 3 7 FP WORKDERS....1 2 3 7	
	Doctors?		
	Doctor's assistants?		
	Nurses?		
	Midwives?		
	Family planning workers?		
434	During an average month, how many women come to this facility for an induced abortion?	PATIENTS..... ☐☐☐	
435	Does this facility provide menstrual regulation services?	YES.....1 NO.....2	→ 438
435A	In what year were menstrual regulation services first offered at this facility?	YEAR..... ☐☐☐☐ DON'T KNOW.....9998	
436	Are the following types of staff, if available, trained in providing menstrual regulation services? IF YES: Have any of these staff received training in the last three years?	YES, LESS THAN 3 YRS / YES, 3 YRS OR MORE / NO / NA DOCTORS.....1 2 3 7 DOC. ASSTS.....1 2 3 7 NURSES.....1 2 3 7 MIDWIVES.....1 2 3 7 FP WORKDERS....1 2 3 7	
	Doctors?		
	Doctor's assistants?		
	Nurses?		
	Midwives?		
	Family planning workers?		
437	During an average month, how many women come to this facility for menstrual regulation?	PATIENTS..... ☐☐☐	
438	Does this facility provide family planning services?	YES.....1 NO.....2	→ 454

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
440	Are the following types of staff, if available, trained in providing family planning services? IF YES: Have any of these received training in the last three years?	YES, LESS THAN 3 YRS / YES, 3 YRS OR MORE / NO / NA	
	Doctors?	DOCTORS.....1 2 3 7	
	Doctor's assistants?	DOC. ASSTS.....1 2 3 7	
	Nurses?	NURSES.....1 2 3 7	
	Midwives?	MIDWIVES.....1 2 3 7	
	Family planning workers?	FP WORKERS.....1 2 3 7	
441	Are the following types of staff, if available, trained in IUD (loop) insertion? IF YES: Have any of these staff received training in the last three years?	YES, LESS THAN 3 YRS / YES, 3 YRS OR MORE / NO / NA	
	Doctors?	DOCTORS.....1 2 3 7	
	Doctor's assistants?	DOC. ASSTS.....1 2 3 7	
	Nurses?	NURSES.....1 2 3 7	
	Midwives?	MIDWIVES.....1 2 3 7	
	Family planning workers?	FP WORKERS.....1 2 3 7	
442	During an average month, how many women come to get family planning for the first time?	NEW PATIENTS..... [ ][ ][ ]	
443	During an average month, how many women come because they need more family planning (resupply)?	RESUPPLY PATIENTS..... [ ][ ][ ]	
443A	Does this facility have educational materials (posters, flip charts) which are used to educate women about family planning?	YES.....1 NO.....2	
443B	Have any group education meetings been held by staff from this facility in the last 12 months?	YES.....1 NO.....2	

444. CONTRACEPTIVE METHOD AVAILABILITY:

Now I would like to ask you about which family planning methods are available at this facility. I must also see the methods when we are finished.

ASK ABOUT THE FIRST METHOD. IF THIS METHOD IS AVAILABLE AT THIS FACILITY, MOVE ACROSS THE TABLE.
IF THE METHOD IS NOT AVAILABLE NOW, ASK Q.450.

METHOD	445 Is (METHOD) available now?	446 How many days per week is (METHOD) available?	447 In what year did you first offer (METHOD)?	448 Is your stock of (METHOD) in date or out of date?	449 METHOD SEEN/ NOT SEEN STATUS	450 Have you ever stocked (METHOD)?	451 How many weeks ago did you run out of (METHOD)?
01 Pill	YES.....1 NO.....2 450 ↵			IN DATE.....1 OUT OF DATE.2 BOTH.....3	SEEN.....1 NOT SEEN.2	YES....1 NO.....2 445 ↵	wks.
02 IUD (LOOP)	YES.....1 NO.....2 450 ↵			IN DATE.....1 OUT OF DATE.2 BOTH.....3	SEEN.....1 NOT SEEN.2	YES....1 NO.....2 445 ↵	wks.
03 Injection	YES.....1 NO.....2 450 ↵			IN DATE.....1 OUT OF DATE.2 BOTH.....3	SEEN.....1 NOT SEEN.2	YES....1 NO.....2 445 ↵	wks.
04 Foaming tablets/ foam/jelly	YES.....1 NO.....2 450 ↵			IN DATE.....1 OUT OF DATE.2 BOTH.....3	SEEN.....1 NOT SEEN.2	YES....1 NO.....2 445 ↵	wks.
06 Other SPECIFY	YES.....1 NO.....2 452 ↵						

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
452	Do you have your contraceptives delivered or must you go get them?	DELIVERED.....1 PICK THEM UP.....2	→ 454
453	How far (in kilometers) must you go to get them?	KM. TO PICK UP CONTRACEPTIVES.....	
454	*What is your position or title here?*	_____	

QUESTIONS 455 AND 456 ARE TO BE ANSWERED BY THE INTERVIEWER AFTER THE FACILITY VISIT IS COMPLETE.

455	DID THE INFORMANT SEEM KNOWLEDGEABLE?	YES.....1 NO.....2	
456	INTERVIEWER COMMENTS:		