

FACILITY CENSUS QUESTIONNAIRE

FOR USE IN HEALTH CARE FACILITIES. ONE QUESTIONNAIRE SHOULD BE USED *PER* FACILITY.

Please fill the information below before beginning.

Please write clearly, in ink:

001.	Date (dd/mm/yyyy):	/ /
002.	District* name: * Or equivalent administrative unit	_____
003.	Facility name:	_____
004.	Ownership*: * Adapt as required at country level	Please check one box below:
	Government (public) facility	
	Private, non profit facility. These include mission and faith based facilities.	
	Private, for profit facility.	
005.	Facility type*: * Adapt as required at country level	Please check one box below.
	Tertiary/third level hospital. These generally provide training as well as specialized care.	
	Second level referral hospital. This is generally the provincial level hospital.	
	First level hospital. District level hospital.	
	Hospital affiliated health center.	
	Health center.	

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	Health post/dispensary.	
006.	Interviewer name (last, first):	_____
007.	Respondent name (last, first):	_____
008.	Respondent job title:	_____
009.	Facility telephone, email and fax numbers (including local telephone codes):	Telephone: _____ Fax: _____ Email: _____
010.	Facility geographic co-ordinates*: * Specify North (N) or South (S) for latitude and East (E) or West (W) for longitude. Indicate if these are negative (-) accordingly.	Latitude: N/S _____ Longitude: E/W _____

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Questionnaire overview:

Section 1: General characteristics

Section 2: General purpose equipment

Section 3: Injection and sterilization equipment

Section 4: Human resources

Section 5: Trained staff

Section 6: Drugs and commodities

Section 7: Lab tests

Section 8: Information on interventions available in the facility

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Section 1. General characteristics. This section of the questionnaire focuses on basic characteristics of the facility including the number of outpatients, inpatient and maternity beds available. It also asks about the availability of specific resources such as water, telephones and radios.

Note to interviewers: Please indicate respondent's answers in the grey, rightmost column. By **previous month** we mean the last **completed** calendar month.

No.	Question	Answer
We are interested in knowing how many patients and beds are available in this facility. We would also like to ask about the types of beds available.		
101	How many out-patients were seen in this facility during the previous month?	
102	Does this facility have in-patient beds (excluding baby cots and maternity beds)? By in-patient beds we mean physical beds with mattresses in good condition (i.e., no springs breaking through) that can be used by patients for overnight stays in the facility.	Yes.....1 IF YES, ENTER THE NUMBER OF BEDS: No.....2
103	Does this facility have delivery beds?	Yes.....1 IF YES, ENTER THE NUMBER OF BEDS: No.....2
104	Does this facility have maternity beds?	Yes.....1 IF YES, ENTER THE NUMBER OF BEDS: No.....2

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105	How many in-patients were admitted in this facility during the previous month?	ENTER "0" if none .
The following questions ask about general resources available in the facility.		
108	What is the main source of water in this facility?	Piped water.....1 Water from open well.....2 Water from covered well or borehole.....3 Surface water.....4 Rain water.....5 Tanker truck.....6
109	Does the facility have a functioning land line telephone?	Yes.....1 No.....2
110	Does the facility have functioning cellular telephones (either private or supported by the facility)?	Yes.....1 No.....2
111	Does the facility have a functioning short-wave radio for radio calls?	Yes.....1 No.....2
112	Does the facility have a functioning computer for staff use?	Yes.....1 No.....2 SKIP TO 114
113	Does this facility have functioning internet services for staff use?	Yes.....1 No.....2
We would now like to ask you about guidelines available in this facility. Are guidelines for the following available, and accessible, here:		
114	Management of malaria	Yes.....1 No.....2

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115	Integrated Management of Childhood Illness (IMCI)	Yes.....1 No.....2
116	Treatment and care of opportunistic infections for people living with HIV/AIDS	Yes.....1 No.....2
117	HIV antibody testing and counselling	Yes.....1 No.....2
118	Prevention of Mother To Child Transmission (PMTCT)	Yes.....1 No.....2
119	Management of TB/HIV co-infection	Yes.....1 No.....2
118	Integrated management of adult illness (IMAI)	Yes.....1 No.....2
120	STI diagnosis and treatment	Yes.....1 No.....2
121	Family Planning	Yes.....1 No.....2
122	Maternal health	Yes.....1 No.....2

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Section 2. General purpose equipment. This section of the questionnaire explores the availability of specific health-related resources.

Note to interviewers: This section is divided into two sections. The first section should be applied in hospitals only. The second section should be applied in all other health facilities. Please indicate respondent's answers in the grey, rightmost column.

FOR HOSPITALS ONLY:

No.	Question	Answer
We are interested in knowing if the following health-specific resources are available in this hospital. These are all yes/no questions.		
Please indicate whether or not the following are available and functional in this facility:		
201	X-ray machine	Yes.....1 No.....2
202	Oxygen system/cylinders	Yes.....1 No.....2
203	Autoclave for sterilization	Yes.....1 No.....2
204	Infusion kits for intravenous solution	Yes.....1 No.....2
205	Operating theatre with basic equipment* * Basic equipment to be defined at country level	Yes.....1 No.....2
206	Anaesthetic machine	Yes.....1 No.....2
207	Hemocytometer (for total lymphocyte and full blood counts)	Yes.....1 No.....2
208	Cytoflowmeter (for CD4 counts)	Yes.....1 No.....2
209	Ambulance or other emergency transportation service	Yes.....1 No.....2
210	Latex gloves	Yes.....1 No.....2

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211	Refrigerator	Yes.....1 No.....2
212	Microscope	Yes.....1 No.....2
213	Slides	Yes.....1 No.....2

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For all other health facilities:

No.	Question	Answer
<p>We are interested in knowing if the following health-specific resources are available in this facility. These are all yes/no questions.</p> <p>Please indicate whether or not the following are available and functional in this facility:</p>		
201	Blood pressure machine/cuff	Yes.....1 No.....2
202	Stethoscope(s)	Yes.....1 No.....2
203	Microscope	Yes.....1 No.....2
204	Slides	Yes.....1 No.....2
205	Adult weighing scale	Yes.....1 No.....2
206	Weighing equipment (i.e. Salter scale or similar hanging scale) for under-five-year-olds	Yes.....1 No.....2
207	Thermometer(s)	Yes.....1 No.....2
208	Latex gloves	Yes.....1 No.....2
209	Refrigerator	Yes.....1 No.....2

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Section 3. Injection and sterilization equipment. This section of the questionnaire asks about the main types of injection equipment used in this facility.

Note to interviewers: Please indicate respondent's answers in the grey, rightmost column.

No.	Question	Answer
We are interested in knowing what type of injection and sterilization equipment is available in this facility. You will be asked to choose the most common type of needles and syringes used for general health services (apart from immunization activities). We would also like to ask the most common type of sterilization equipment used. Finally, we will ask whether or not disinfectants are available in this facility.		
301	Please indicate which of the following is the most commonly used type of needles and syringes for general health services (apart from immunization activities) in this facility:	<div>Disposable.....1</div> <div>Re-usable.....2</div> <div>Auto-destruct.....3</div>
302	Please indicate which of the following is the most commonly used method of sterilisation for general health services:	<div>Autoclave.....1</div> <div>Sterilizers.....2</div> <div>Pressure pots.....3</div> <div>Boiling pot.....4</div> <div>Other5 (please specify): _____ _____</div>
303	Is environmental disinfectant (i.e., bleach, Lysol, or other nationally accepted disinfectant) available in this facility?	<div>Yes.....1</div> <div>No.....2</div>

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Section 4. Human resources. This section of the questionnaire asks about the human resources available in this facility.

Note to interviewers: Please indicate respondent's answers in the grey, rightmost column. Questions ask about whether a human resource is available and the number present **on the day of the interview**.

No.	Question	Answer
In this section we would like to know how many of the following health personnel are available. We would also like to ask about the number for each resource that is present here today. If a human resource is not applicable, please indicate this to the interviewer.		
401	Medical doctors/physicians:	
	(a) How many medical doctors/physicians work full time at this facility?	ENTER "0" if none.
	(b) How many medical doctors/physicians work part time at this facility?	ENTER "0" if none.
	(c) How many medical doctors/physicians are present at this facility today?	ENTER "0" if none.
402	Clinical officers/assistant medical officers:	
	(a) How many clinical officers/assistant medical officers work at this facility?	ENTER "0" if none.
	(b) How many clinical officers/assistant medical officers are present at this facility today?	ENTER "0" if none.
403	Certified/registered midwives (including nurse midwives):	

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No.	Question	Answer
	(a) How many certified/registered midwives work at this facility?	ENTER "0" if none.
	(b) How many certified/registered midwives are present at this facility today?	ENTER "0" if none.
404	Certified/registered nurses:	
	(a) How many certified/registered nurses work at this facility?	ENTER "0" if none.
	(b) How many certified/registered nurses are present at this facility today?	ENTER "0" if none.
405	Nursing assistants/nursing aides:	
	(a) How many nursing assistants/nursing aides work at this facility?	ENTER "0" if none.
	(b) How many nursing assistants/nursing aides are present at this facility today?	ENTER "0" if none.

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406	Laboratory technicians/technologists:	
	(a) How many laboratory technicians/technologists work at this facility?	ENTER "0" if none .
	(b) How many laboratory technicians/technologists are present at this facility today?	ENTER "0" if none .
407	Pharmacists and dispensers:	
	(a) How many pharmacists and dispensers work at this facility?	ENTER "0" if none .
	(b) How many pharmacists and dispensers are present at this facility today?	ENTER "0" if none .
408	Health management information system (HMIS) personnel/records assistants:	
	(a) How many HMIS personnel/records assistants work at this facility?	ENTER "0" if none .
	(b) How many HMIS personnel/records assistants are present at this facility today?	ENTER "0" if none .

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409	Full time or dedicate health service managers:	
	(a) How many full time or dedicated health service managers work at this facility?	ENTER "0" if none .
	(b) How many full time or dedicated health service managers are present at this facility today?	ENTER "0" if none .
410	Certified/registered HIV counsellors:	
	(a) How many certified/ registered HIV counsellors work at this facility?	ENTER "0" if none .
	(b) How many certified/ registered HIV counsellors are present at this facility today?	ENTER "0" if none .
411	Community health workers:	
	(a) How many community health workers are supervised by this facility?	ENTER "0" if none .
	(b) How many community health workers have you met during the last month to discuss work-related issues?	ENTER "0" if none .

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412	Social workers:	
	(a) How many social workers work at this facility?	ENTER "0" if none.
	(b) How many social workers are present at this facility today?	ENTER "0" if none.

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Section 5. Trained staff. This section of the questionnaire asks about the number of staff in this facility that have received training in a number of specific interventions.

Note to interviewers: Please indicate respondent's answers in the grey, rightmost column.

No.	Question	Answer
In this section we would like to know how many of your staff have received training on the delivery of specific health interventions. For each intervention, please indicate the number of staff that have received pre- or in-service training during the last two (2) years.		
501	Integrated management of childhood illness (IMCI)	ENTER "0" if none. ENTER "999" if don't know.
502	Delivery care* * Formerly called "Safe motherhood/life-saving skills"	ENTER "0" if none. ENTER "999" if don't know.
503	Adolescent sexual and reproductive health (ASRH)	ENTER "0" if none. ENTER "999" if don't know.
504	HIV/AIDS opportunistic infection treatment and care	ENTER "0" if none. ENTER "999" if don't know.

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No.	Question	Answer
505	HIV/AIDS counselling only	ENTER "0" if none . ENTER "999" if don't know .
506	HIV/AIDS counselling and testing	ENTER "0" if none . ENTER "999" if don't know .
507	HIV antibody testing including using HIV rapid testing	ENTER "0" if none . ENTER "999" if don't know .
508	Prevention of mother to child transmission (PMTCT) of HIV	ENTER "0" if none . ENTER "999" if don't know .
509	Family planning	ENTER "0" if none . ENTER "999" if don't know .

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510	STI diagnosis and treatment	<p>ENTER "0" if none.</p> <p>ENTER "999" if don't know.</p>
511	Infection control/ universal precautions for handling blood and other bodily fluids	<p>ENTER "0" if none.</p> <p>ENTER "999" if don't know.</p>
512	Diagnosis and treatment of malaria	<p>ENTER "0" if none.</p> <p>ENTER "999" if don't know.</p>
513	Drug and supplies management	<p>ENTER "0" if none.</p> <p>ENTER "999" if don't know.</p>
514	Health management information system (HMIS) training	<p>ENTER "0" if none.</p> <p>ENTER "999" if don't know.</p>

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515	Health services management	<p>ENTER "0" if none.</p> <p>IF "0" SKIP TO Section 6. Drugs and commodities.</p> <p>ENTER "999" if don't know.</p>
515a.	<p>Of the total number of persons identified in 515, how many received this training as part of their pre-service training?</p> <p>Note: Pre-service training is defined as training in the area of health services management which leads to a degree in this specific area, or related areas (e.g. health services administration; public administration; health planning and management, etc), training in the area of health services management which is clearly stated as part of a broader curriculum, e.g. if the curriculum for medicine or nursing or public has management related topics listed.</p>	<p>a.</p> <p>ENTER "0" if none.</p> <p>ENTER "999" if don't know.</p>
515b.	<p>Of the total number of persons identified in 515, how many received this training as part of their in-service training?</p> <p>Note: In-service training is defined as any formal course/workshop/seminar which has been provided during the last two years in the area of health services management.</p> <p>Check: 515a and 515b should add up to the total number indicated in 515.</p>	<p>b.</p> <p>ENTER "0" if none.</p> <p>ENTER "999" if don't know.</p>

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Section 6. Drugs and commodities. This section of the questionnaire asks about the availability of specific drugs and commodities in the facility. These are all yes/no questions.

Note for adaptation: During the national adaptation process, please include a National Medicines Officer (NMO) if they are working in the WHO Country office and the Chief Pharmacist in the Ministry of Health in the process to assure relevance. Drugs can be substituted on a **one-for-one basis** up to 30 drugs.

Several resources are available to you during the adaptation process, these include:

- The national essential medical list (EML)
- If such a list is not available, you may want to use WHO's model list, which will be updated in April, 2007. This list can be accessed at the following internet address:
http://whqlibdoc.who.int/hq/2005/a87017_eng.pdf
- Health Action International (HAI) has information on drug pricing surveys, which may be helpful in identifying those drugs most commonly used at the country level. Their website is:
<http://www.haiweb.org/medicineprices>

Note to interviewers: Please indicate respondent's answers in the grey, rightmost column.

No.	Question	Answer
Read to the respondent: In this section we would like to know if the following drugs or commodities are available today in this facility. These are all yes/no questions. For a "yes" reply, drugs must be present in the form and dosage indicated.		
601	Salbutamol inhaler for asthma (0.1mg/dose)	Yes.....1 No.....2
602	Glibenclamide capsules or tabs for diabetes (5 mg)	Yes.....1 No.....2
603	Atenolol capsules or tabs for cardiovascular disease (50 mg)	Yes.....1 No.....2
604	Captopril (25 mg) OR Enalapril (2.5mg) capsules or tabs for cardiovascular disease* * Specify either Captopril OR Enalapril depending on national standards.	Yes.....1 No.....2

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No.	Question	Answer
605	Simvastatin capsules or tabs for cardiovascular disease (20 mg)	Yes.....1 No.....2
606	Amitriptyline capsules or tabs for depression (25mg)	Yes.....1 No.....2
607	Ciprofloxacin capsules or tabs for infectious disease (500 mg)	Yes.....1 No.....2
608	Co-trimoxazole suspension for paediatric infectious disease (8+40mg/ml)	Yes.....1 No.....2
609	Amoxicillin capsules or tabs for infectious disease (500 mg)	Yes.....1 No.....2
610	Ceftriaxone injection for infectious disease (1g/vial)	Yes.....1 No.....2
611	Fluconazole capsules or tabs for infectious disease (150 mg)	Yes.....1 No.....2
612	Diclofenac capsules or tabs for pain relief (150 mg)	Yes.....1 No.....2
613	Paracetamol suspension for paediatric pain relief (125mg/ml)	Yes.....1 No.....2
614	Omeprazole capsules or tabs for peptic ulcers and reflux (20 mg)	Yes.....1 No.....2
615	Albendazole (400 mg) OR Mebendazole tablets (100 mg or 500 mg) chewable tablets for the treatment of parasitic infestations* * Specify either Albendazole OR Mebendazole depending on national standards.	Yes.....1 No.....2
616	Vitamin A capsules 200,000 IU	Yes.....1 No.....2
617	Oxytocin injection for use during second and third stage of labor and for treatment of postpartum hemorrhage (10 IU in 1 ml ampoule)	Yes.....1 No.....2
618	Magnesium Sulphate for prevention and treatment	Yes.....1

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No.	Question	Answer
	of eclampsia-related seizures 500 mg/ml in 2-ml ampoule* * Ask only if national policies exist outlining the use of this drug for this purpose	No.....2
619	Oral rehydration salts (ORS) sachets* * Ask only if national policies exist outlining the use of this drug for this purpose at this level of facility	Yes.....1 No.....2
620	Artemisinin combination therapy (ACT) for the treatment of malaria* * Dose or formulation should be included here according to national malaria treatment policies	Yes.....1 No.....2
621	Insert most frequently provided fixed dose combination ARV, if fixed dose combination therapy is not used, ask about the availability of Nevirapine (NVP) tablets (200 mg)	Yes.....1 No.....2
622	Isoniazid tablets for TB treatment (100 - 300 mg)	Yes.....1 No.....2
623	Fansidar (SP, sulfadoxine + pyrimethamine) tablet (500mg + 25mg) for treatment of malaria	Yes.....1 No.....2
624	Combined oral contraceptive pills	Yes.....1 No.....2
625	Injectable contraceptives* * Insert the most common injectable contraceptive available in all health care facilities	Yes.....1 No.....2
626	Male condoms	Yes.....1 No.....2
627	Brochures, posters, or other materials on safe sex practices* * We are interested in knowing that these are present and appropriate. By appropriate we mean that the brochures, posters and materials are accessible to people with limited literacy, they have pictures and use words that are widely understood.	Yes.....1 No.....2

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Section 7. Laboratory tests. This section of the questionnaire asks about the availability of specific laboratory tests in the facility. We are interested in knowing what normal procedure is for laboratory tests.

Note to interviewers: Please indicate respondent's answers in the grey, rightmost column.

No.	Question	Respondent answer
In this section of the questionnaire, we would like to ask if the following laboratory tests can be carried out in this facility. For each test, please indicate whether or not this test can be done and results received on-site today , if the test can be done off site and results can be received within two days (that is, a sample is sent to a lab for analysis and results are returned to the facility), or if the service is not available (that is, you cannot take a sample, nor refer the patient to another facility).		
701	HIV antibody test	<div>The test can be done on-site today.....1</div> <div>The test can be done off site and results can be received within two days time.....2</div> <div>Service is not available3</div>
702	CD4 cell count	<div>The test can be done on-site today.....1</div> <div>The test can be done off site and results can be received within two days time.....2</div> <div>Service is not available3</div>
703	Haemoglobin	<div>The test can be done on-site today.....1</div> <div>The test can be done off site and results can be received within two days time.....2</div>

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No.	Question	Respondent answer
		Service is not available3
704	Blood count	<p>The test can be done on-site today.....1</p> <p>The test can be done off site and results can be received within two days time.....2</p> <p>Service is not available3</p>
705	Blood glucose level	<p>The test can be done on-site today.....1</p> <p>The test can be done off site and results can be received within two days time.....2</p> <p>Service is not available3</p>
706	Giemsa stain for malaria	<p>The test can be done on-site today.....1</p> <p>The test can be done off site and results can be received within a few hours.....2</p> <p>Service is not available3</p>
707	RPR or VDRL for syphilis	<p>The test can be done on-site today.....1</p> <p>The test can be done off site and results can be received within two days time.....2</p> <p>Service is not available3</p>

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Section 8. Information on interventions available in the facility. This is the final section of the questionnaire. It asks for information about some of the health interventions that may be offered in this facility.

Note to interviewers: Please indicate respondent's answers in the grey, rightmost column.

No.	Question	Answer
We are interested in knowing more information about health interventions that may be offered in this facility. By previous month we mean the last completed calendar month.		
801	Is HIV antibody testing and counselling available in this facility?	The facility provides HIV antibody testing and counselling.....1 The facility provides counselling only.....2 The facility does not provide counselling nor testing.....3 SKIP TO 804
802	How many HIV antibody testing and counselling clients did the facility see in the previous month?	ENTER "0" if none .
803	How many HIV antibody testing and counselling clients returned for their results in the previous month?	ENTER "0" if none .
804	Are antenatal services provided in this facility?	Yes.....1 No.....2 SKIP TO 811
805	How many antenatal clients were seen in the previous month?	ENTER "0" if none .
806	Is HIV counselling provided to pregnant women?	Yes.....1 No.....2

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No.	Question	Answer
807	Is HIV testing provided to pregnant women?	Yes.....1 No.....2
808	Is nevirapine or AZT provided to prevent mother to child transmission of HIV?	Yes.....1 No.....2 SKIP TO 811
809	How many patients received nevirapine or AZT in the previous month?	ENTER "0" if none .
810	How many of the patients that received nevirapine or AZT were referred to postpartum family planning in the previous month?	ENTER "0" if none .
811	Is ARV therapy offered at this facility?	Yes.....1 No.....2 SKIP TO 815
812	How many patients are currently enrolled in the ARV program?	ENTER "0" if none . If "0" SKIP TO 815
813a.	Of the total number of patients provided in 812, how many of them are children under 15 years of age?	a. b. c.
813b.	Of the total number of patients provided in 812, how many of them are women 15 years of age or older?	
813c.	Of the total number of patients provided in 812, how many of them are men 15 years of age or older? CHECK: 813a through 813c should add up to the total number indicated in 812.	
814	How many patients picked up their ARV drugs in the previous month?	

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No.	Question	Answer
815	Does this facility provide STI diagnosis and treatment?	Yes.....1 No.....2 SKIP TO 817
816	How many patients were seen for STI diagnosis and treatment in the previous month?	ENTER "0" if none .
817	Does this facility receive any funding supported by the US President's Emergency Plan for AIDS Relief (PEPFAR)?	Yes.....1 No.....2
818	Does your facility have a working relationship with any NGO or CBO for HIV prevention activities?	Yes.....1 No.....2
819	Does your facility conduct any HIV prevention outreach in the community?	Yes.....1 No.....2
820	Is a register of suspected TB cases kept at this facility?	Yes.....1 No.....2
821	Is smear microscopy available in this facility for TB diagnosis?	Yes.....1 No.....2
822	Is TB treatment available in this facility?	Yes.....1 No.....2
823	Is direct observation of short course chemotherapy for TB provided in this facility or in the surrounding community?	Yes.....1 No.....2

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824	Is HIV antibody testing available in this facility for all TB patients (suspected or confirmed)?	The facility provides HIV antibody testing for all TB patients.....1 The facility provides a referral to HIV testing services2 The facility does not test TB patients.....3
825	Are there any sexual and reproductive health services provided in this facility tailored* specifically to adolescents and young people? *Note: By "tailored" we mean a service provided by a health provider specifically trained to work with adolescent clients; and/or an area designated specifically to receive adolescent clients; and/or a specific time during the day/week designated to receive adolescent clients	Yes.....1 No.....2
826	Does this facility offer child immunization services?	Yes.....1 No.....2 SKIP TO 828
827	How many children were immunized* in the previous month? * All vaccinations combined	ENTER "0" if none .
828	Does this facility provide outreach services for immunization?	Yes.....1 No.....2 SKIP TO 830
829	Did the facility carry out any outreach services for immunization in the previous month?	Yes.....1 No.....2
830	Does this facility provide blood transfusion services?	Yes.....1 No.....2
831	Does this facility provide emergency Caesarean sections?	Yes.....1 No.....2
832	Does this facility provide permanent contraceptive options such as tubal ligation and vasectomies?	Yes.....1 No.....2

This is the end of the questionnaire. We thank you very much for the time you have taken to answer these questions.

Questionnaire identification number: <F_____>

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